

2018



WOMEN IN ONCOLOGY

AT MOFFITT 

Moffitt Cancer Center gratefully acknowledges the assistance of:

Joanna Bever, Moffitt Patient

All the women faculty members who participated in this publication

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Leadership Message



Alan F. List, MD
President and CEO



G. Douglas Letson, MD
Executive Vice President
Physician-in-Chief
MMC President

Dear Colleagues and Friends,

Welcome to the first edition of *Women In Oncology At Moffitt*.

In the pages that follow, you will find an important body of work that speaks to the leadership, wisdom and resilience of women physicians at Moffitt Cancer Center. . . .And it is something that is long overdue.

Women physicians have played a foundational role in the cancer center since its opening in 1986 – from leading programs and services to serving as members of our executive leadership team. By their voices and actions, they have helped to create a world-renowned facility as well as a workplace that values diversity, acceptance and respect.

This publication is testimony to a culture that seeks to empower each of us to reach higher and lift those around us as the tide rises. We celebrate your successes as fellow clinicians and look forward to a future rich with your accomplishments.

From Our Sponsors



Yvette Tremonti, CPA, MBA
Executive Vice President
Chief Financial Officer



Asmita Mishra, MD
Assistant Member,
Blood and Marrow Transplant
and Cellular Immunotherapy

Dear Colleagues and Friends,

We are proud to introduce the inaugural issue of *Women In Oncology At Moffitt*, in which we are excited to profile women physicians at Moffitt Cancer Center. The publication is sponsored by the multidisciplinary Women in Oncology Interest Group, formed in 2016 to help develop effective strategies to retain, promote and support women faculty.

2017 has been named by many as the “Year of the Women,” and certainly we endeavored to capture that spirit with this publication. We hope you will find the stories and insights shared by our women physicians as inspiring and invigorating as we did. In these pages you will meet extraordinary women from within our Moffitt walls, whose inspirational stories describe how and why they came into the medical profession, surprises and challenges encountered along the way – and, importantly – how they are overcoming huge obstacles and successfully managing demanding careers, along with day-to-day family responsibilities and community involvement.

We are aware of the increasing demands that women in the workplace experience and are honored that such accomplished women have chosen to practice medicine and lead cancer care at Moffitt. We are excited to launch Moffitt’s Clinical Women Faculty Mentoring Program in an effort to help better navigate these challenges. Within the magazine, you will find additional information on the program and how to participate. We hope that you will be able to participate in this opportunity.

Our female faculty members come from different backgrounds and cultures, and their areas of medicine range from oncology to surgery to radiation oncology to pathology and more. In addition to their clinical practices, many of them pursue scientific research interests and administrative paths. While these insightful articles celebrate women physicians, their stories are relevant for anyone and everyone willing to face challenges in a desire to make a difference. They encourage all of us to continue to work together towards achieving the mission of Moffitt Cancer Center: to contribute to the prevention and cure of cancer.

From Our Editors



Dörte Heimbeck, PhD
Director of Organizational
Development



Lauren Massie, MA
Organizational Development
Consultant

Dear Colleagues and Friends,

We are pleased to introduce the inaugural issue of *Women In Oncology At Moffitt*, an annual publication designed to spotlight women physicians at our organization. In this issue we focus exclusively on our women faculty and offer a collection of their experiences, insights and challenges. We hope that through their stories you will get to know your colleagues from a different, more personal side.

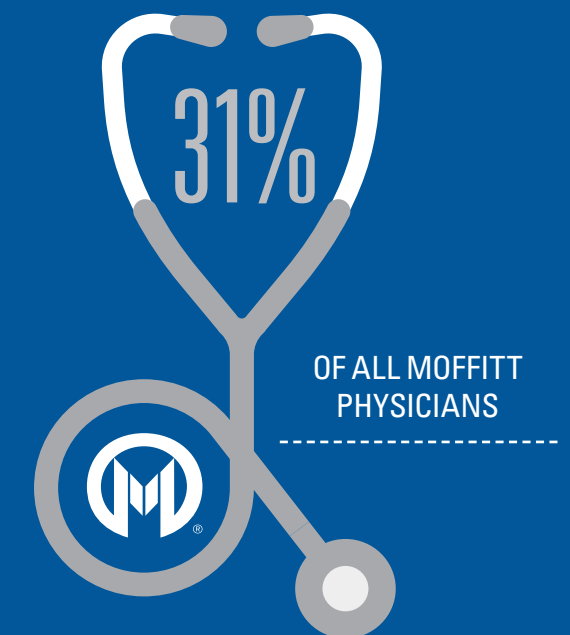
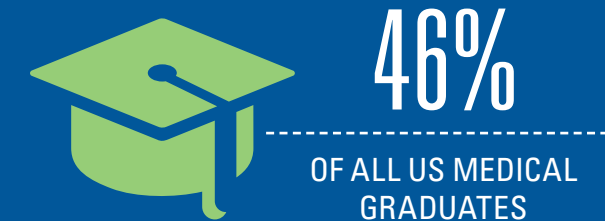
In addition to the key components of this publication – the interviews with the woman physicians, in their own words - there are several feature articles on a variety of topics we hope you will find interesting. These include an overview of the Women in Oncology Interest Group (page 12), our sponsor for this publication, the new Clinical Faculty Mentoring Program (page 13), which will be launching later this year, an interview between a woman physician and her patient (page 18), a closer look at women's resiliency at Moffitt (page 24), and the profound impact that women physicians' role models (page 30) have had on their personal and professional lives.

We had the honor and great pleasure to interview ten remarkable women this year and we were inspired and moved by the passion, creativity and compassion for their patients they shared in their stories. Women physicians described the unique perspective they bring to Moffitt, and it quickly becomes obvious what value they offer to the organization. They spoke candidly about the challenges they face in making their voices heard, balancing work and family life and seeking out leadership opportunities. They also discussed the important role that support networks have played in helping them achieve success in their careers. We hope that *Women In Oncology At Moffitt* will serve as a platform for women to connect, explore ideas and support one another.

Ideally, this edition is the first of many more to come and we therefore encourage you to share your feedback and ideas with us. We are grateful for the generous support from senior leadership that made this work possible and a lot of fun. Working on this publication has created an even deeper sense of pride in the work being done here at Moffitt by all of you, and we both feel very fortunate to be a part of it.

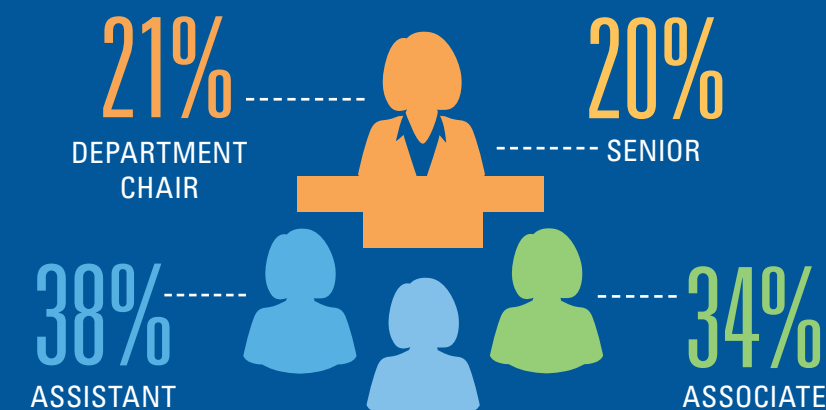
Dörte Heimbeck

Lauren Massie

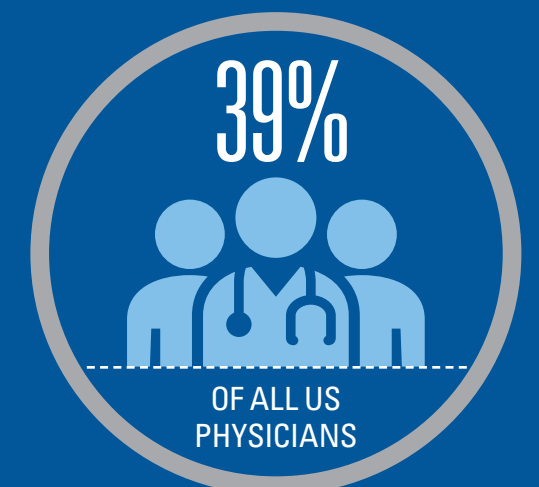


Women in Medicine

BY THE NUMBERS



Percentages of Women
in Clinical Faculty Positions at Moffitt



*Data from the State of Women in Academic Medicine, AAMC Report (2015-2016) and Moffitt Cancer Center Human Resources Analytics

“It’s rewarding to feel as if I am able to contribute to the field and make a difference. I know I’m equally as capable as my male colleagues.”



Kendra Sweet, MD, joined Moffitt in 2010 as a hematology and medical oncology fellow. She currently serves as an assistant member in the Department of Malignant Hematology as well as an assistant professor in the Department of Oncologic Sciences at the University of South Florida Morsani College of Medicine. Dr. Sweet's clinical interests include myeloid malignancies with a particular focus on acute myeloid leukemia and chronic myeloid leukemia. Dr. Sweet describes the urgent need to address physician burnout, shares why a colleague's success inspires hers and describes what may be contributing to the positive outcomes women physicians are achieving with patients.

What attracted you to medicine?

I went to medical school because I wanted to be an oncologist. I was inspired by the idea of being part of a cure. I believed we would see a lot of significant improvements during my lifetime and I wanted to be on the front lines of those sorts of changes. My mom had breast cancer when I was 18, and that sparked my interest in oncology as well.

How did your family/friends respond when you shared your plans to become a physician?

Everyone was very supportive. Both my parents are in the medical field. My mom is a speech pathologist and she worked in brain injury rehab. My dad is in the biotech industry in cancer diagnostics. They were both thrilled with my decision to become a doctor.

Which book is currently on your nightstand?

The book I'm reading right now is *Stop Physician Burnout: What to Do When Working Harder Isn't Working* by Dike Drummond. Physician burnout is becoming a big issue for both women and men physicians. The current medical system asks physicians to do more than what most people are capable of doing in a day. There needs to be a greater sense of control over our work on a daily basis. Physicians need the chance to reconnect with why we started doing this work in the first place.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

I haven't met Mr. Moffitt yet. I'd like to ask him how close he thinks we are to achieving his vision. I'm curious about what he believes the organization's biggest strengths are and what areas he still thinks need to be worked on to make Moffitt even better.

What is your favorite Moffitt story?

Dr. Jeff Lancet, our department chair, was instrumental in developing and running the clinical trials for a new drug, CPX-351, to treat acute myeloid leukemia that was just FDA approved in August. One of my favorite moments at Moffitt was being with Dr. Lancet when he found out that CPX was able to prolong the lives of adults with AML. I saw how genuinely happy, proud and excited he was when he learned the news. This moment inspired me. The idea that someday I could be involved in something at Moffitt that could significantly improve the lives of many people motivates me to keep working hard on a daily basis.

What has been the biggest surprise thus far in your career as a woman physician?

I'm still surprised at the number of times I'm called a nurse or a tech. Many patients and families still make the assumption that a physician will always be a man. It's 2017, and I think it's pretty clear that women are capable of doing the same things men can do. A recent publication in the *Journal of the American Medical Association* found that patient outcomes are actually better when they are treated by a woman physician. That is not meant to be a criticism of my male colleagues. I only mention this to illustrate my point that women physicians are just as capable as men.

What are the most challenging and rewarding parts of being a woman physician?

I saw a quote once that said, "The plight of a working mother is to parent as if you don't have a job and to work as if you don't have children." I think this is true to some extent, but I will say that some of this is probably self inflicted. There's this sense that you have to prove yourself around your male colleagues so that they know you won't let your family life impact your career. For example, some women might feel they can't tell their colleagues where they are going when they take their child to the doctor because they are afraid of how it will be perceived. Personally, I don't think women should feel ashamed that they prioritize their family. I think they should be proud of that. I'm very lucky to be part of a collegial department that includes men who are very down to earth, driven, professional, family oriented and supportive of both men and women; but not everyone is this lucky.

Sometimes when I go to meetings outside of Moffitt, I look around and notice that I'm the only woman in the room, or maybe one of two. I feel proud of this at times, because I know I deserve to be there. It's rewarding to feel as if I am able to contribute to the field and make a difference. I know I'm equally as capable as my male colleagues. I may not always be home when my daughter wakes up in the morning but I know I'm a good role model for her.

Aliyah Baluch, MD, MSc, joined Moffitt in 2012 and is currently an associate member working as a Bone Marrow Transplant Infectious Diseases attending. Her interests include infections in immunosuppressed patients (BMT and solid organ transplant recipients) with a focus on microbiology with antimicrobial stewardship. As an educator, Dr. Baluch gives lectures at Moffitt, University of South Florida Morsani College of Medicine and outside facilities on various subjects pertinent to transplant infectious diseases. Dr. Baluch reveals how her own health challenges inspired her journey to become a physician, explores why women sometimes find it hard to ask for help and describes the important role that psychosocial support plays in the treatment of patients.

What attracted you to medicine?

I knew I wanted to be a physician since the first grade. Mommy tells the story of commenting on one of my first grade self-portraits. I drew myself as a wife, with my husband and our four children. She said, “that’s very admirable, but you can be a mommy and be whatever else you want to be - like a dentist, an astronaut or a doctor.” When I heard that doctor was a possibility for a profession, I knew that was what I wanted to do. I was a sickly child and spent a lot of time with our family physician who happened to also be a close family friend. I saw this physician helping other people and I thought I wanted to do that as well.

How did your family/friends respond when you shared your plans to become a physician?

My parents thought it was a normal choice, especially for an introverted “super nerd.” I had a speech impediment growing up making me recalcitrant to talk to others. I would play in the desert for hours and would read books like it was going out of style. During the Gulf War we moved from Saudi Arabia to the United States. During school, three teachers at different times took me aside and told me I was smart and had great potential. That experience allowed me to blossom and gain confidence. However, my mother was very clear with me from the beginning that I would have to work longer and harder to get the same recognition as a male equivalent.

Which book is currently on your nightstand?

I just finished one of the Dave Ramsey books. I also like to listen to a video blog by Rachel Cruze, Dave Ramsey’s daughter. Her blog focuses on helping people develop practical money skills. There is a trend for physicians to have lousy economic knowledge. As a result, approximately every fourth book I read is something business related. I’m proud of the fact that I have been able to accrue enough financial acumen that I have already paid off all of my medical student loans.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

No, I haven’t met Mr. Moffitt. I would ask him if he thinks we are creating a hospital in the image that he wanted.

What is your favorite Moffitt story?

There was a patient who was at Moffitt for her allogeneic stem cell transplant during Halloween 2017. I dressed up as a lady bug and the patient saw my costume during my clinical rounds. During one of her re-admissions much later and even during episodes of confusion she recognized me as the lady bug doctor and visibly perked up. I realized that a small thing such as my dressing up for Halloween was truly a big deal for her.

What has been the biggest surprise thus far in your career as a woman physician?

You think you’re busy and then somehow you become even busier. There seems to be no end to how busy you can become. I didn’t have a lot of mentors throughout my career to help me realize that it’s ok to say no to taking on extra things. Periodically, I try to take the opportunity to be introspective and ask myself, “How did the last six months go? Is this how I want to spend my time and energy? Am I where I want to be?” If not, I try to figure out how I can turn things around. I don’t want to spread myself too thin and lose sight of the goals that I have for myself. I’ve realized that women especially have to get better at asking for help. Over time, I’ve had to learn to ask for others’ opinions. In general, I think women struggle to do this because society doesn’t look well on women who ask questions. It takes a little extra gumption to do this.

What are the most challenging and rewarding parts of being a woman physician?

I think it’s rewarding to see the impact that women physicians can have on our patients. Statistically, female doctors allow their patients to talk longer before interrupting them. In the ideal world I would like to be done with work by 5 p.m., but if my patient is crying I will put everything aside and speak to them. We are treating incredibly sick patients and deal with very high mortality rates so I know that if someone is crying then it is for a very good reason. Usually, the patients feel a little better even if I haven’t done much more than listen to them and help them understand what is occurring. Over time, I have realized that the psychosocial component of patient care is so important but is quite challenging to teach others.

“I’ve realized that women especially have to get better at asking for help. Over time, I’ve had to learn to ask for others’ opinions. In general, I think women struggle to do this because society doesn’t look well on women who ask questions. It takes a little extra gumption to do this.”





Women in Oncology Interest Group

The Women in Oncology Interest Group at Moffitt was initiated after 2014-2016 data from our team member engagement survey showed that women faculty engagement scores were lower than those of their male colleagues on items associated with mentoring and career development.

Asmita Mishra, MD, assistant member, Blood and Marrow Transplant and Cellular Immunotherapy Department, and Yvette Tremonti, executive vice president and chief financial officer, lead the group, which focuses on exploring ways to engage, promote and retain women faculty. Members of the group include Mariana Bugallo-Muros, vice president and chief human resources officer, Karen K. Fields, MD, medical director, Strategic Alliances, Mihaela Druta, MD, assistant member, Sarcoma Department, Heather S. Jim, PhD, associate member, Health Outcomes Behavior Department, Dörte Heimbeck, PhD, director, Organizational Development Department, and Lauren Massie, MA, organizational development consultant, Organizational Development Department.

With the aim of addressing female faculty concerns, the group hosted the inaugural Women in Medicine Grand Rounds in 2017 where Julie Vose, MD, MBA, and former president of the American Society of Clinical Oncology, shared research findings and best practices related to advancing women in academic oncology.

For the second annual Women in Medicine Grand Rounds on February 2, 2018, the Women in Oncology Interest Group is pleased to welcome

Elizabeth L. Travis, PhD, FASTRO, from University of Texas MD Anderson Cancer Center, Houston, Texas. Dr. Travis has a long-standing history of fostering a positive and empowering environment for women, serving as the associate vice president for Women and Minority Faculty Inclusion at MD Anderson. There she holds an endowed position as Mattie Allen Fair Professor in Cancer Research, and she is a tenured professor in the Department of Experimental Radiation Oncology, Division of Radiation Oncology, and the Department of Pulmonary Medicine, Division of Internal Medicine.

Additionally, Dr. Travis advocates for women career development through her many community appointments, which include serving as founder/chair, Texas Medical Center Women's Leadership Council, Houston; chair, Board of Directors, Greater Houston Women's Chamber of Commerce; member, Board of Directors, Girl Scouts of San Jacinto Council, Houston; and member, The University of Texas System, Gender Pay Equity Working Group, Austin.



ANNOUNCING THE Clinical Women Faculty Mentoring Program

The number of women oncologists at Moffitt Cancer Center is steadily rising, reflecting the trend in the US. Despite these strides, opportunities remain to better retain, promote and support women clinical faculty. Data from the 2014, 2015 and 2016 Moffitt Cancer Center team member engagement surveys have indicated a trend in which women clinical faculty reported lower engagement scores compared to their male counterparts on items related to mentoring and career development. Human Resources data from our institution also suggest that a smaller number of women faculty were promoted from 2008-2015 compared to male faculty during these years.

To help increase mentoring and to provide additional support for women faculty members, Moffitt has created a new clinical faculty mentoring program that will offer assistance on topics such as navigating career milestones and gender affairs. The mentoring program is sponsored by

the Women in Oncology Interest Group, a multidisciplinary group that was created to help explore and address the needs of women physicians. The mentoring program is led by Dr. Asmita Mishra, assistant member of the Department of Blood and Marrow Transplant and Cellular Immunotherapy, sponsored by Yvette Tremonti, executive vice president and chief financial officer, and coordinated by Lauren Massie, organizational development consultant.

The Women Clinical Faculty Mentoring Program kicks off on February 13, 2018, with an event bringing mentors and mentees together to create partnerships that align with the goals and challenges of the mentee. This event will also give mentees and mentors the opportunity to learn more about the objectives of the mentorship program and will offer a fun environment for them to build connections with one another. Additionally, participants will have the opportunity to meet with their mentors one-on-one and to attend informal group discussions on topics such as preparing for promotion reviews, exploring avenues for launching research studies, sharing best practices for promoting work-life balance and reviewing techniques for strengthening resiliency.

This program was designed based on the collective voices of female faculty; before structuring the program, organizers distributed an online questionnaire to gauge interest, better ascertain the mentoring needs of clinical women faculty and to help identify potential mentors and mentees. Program organizers are thankful to the respondents whose insights helped guide the structure of the program that is designed to address the mentoring needs of women physicians at Moffitt.

Kaaron Benson, MD, senior member of Hematopathology and Laboratory Medicine and director of Moffitt’s Blood Bank, joined Moffitt in 1989. Dr. Benson’s clinical interests are focused on current blood transfusion medicine issues like mitigation of adverse events and on HLA typing in support of allogeneic blood and marrow transplantation (BMT). She also directs the extracorporeal photopheresis program at Moffitt, which treats cutaneous T-cell lymphoma patients. Dr. Benson describes why she finds medicine inspiring, the strides that women physicians have made and the work that still needs to be done.

What attracted you to medicine?

My father was a physician, an obstetrician. I was introduced to a happy aspect of medicine. The women he treated weren’t sick; they were going through a normal part of life. Hearing his stories was an inspiration to me. The more I learned about medicine, the more I wanted to be involved. When I was little and I was asked what I wanted to do, I said, “nurse.” I told my family that, “women are nurses and men are doctors.” I assumed that if you are interested in medicine that is the path you had to take. I was quickly educated that this is not the case. I congratulate my mom for positively modeling the 3 roles of wife, mother and career woman. She applied to law school after my brother started school and was very successful.

How did your family/friends respond when you shared your plans to become a physician?

They have always been very supportive. When I was growing up women were challenging a lot of the traditional role models. A woman could become an orthopedic surgeon, astronaut or president and that was shocking. It was great to have that support. I know that for people in the past it was very daunting to do these traditional male roles.

Which book is currently on your nightstand?

I just finished *The Road from Coorain* by Jill Ker Conway, a woman who became the first woman president of Smith College. She grew up in rural Australia on a sheep farm in a male dominated society. She struggled against outdated views that women had to be in the kitchen, raise the kids and shouldn’t do anything outside that arena. She watched her mother struggle after her father’s passing, which is believed to have been a suicide. In spite of all this, she developed her own interests and went on to become an academic. The book is very inspiring. It is set during a time of early feminism in Australia and that was very interesting. I enjoyed the book because I’m always interested in learning about good role models, it was a travel log, a cultural history, and, bonus, I learned a little bit about sheep.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

I met him briefly at a fundraiser. I’d be curious about what was the biggest challenge in seeing Moffitt come to fruition. He’s learned enough about



AN INTERVIEW WITH
Dr. Kaaron Benson

“Medicine is always changing and that’s what makes it so exciting. I would hope young people would still consider a career in medicine today.”

medicine, cancer and research; so I’d like to know what his vision is for Moffitt’s future for the next 10-20 years. I think we have a very exciting future and I’d like to see how he thinks we could get there.

What is your favorite Moffitt story?

I work with a lot of the bone marrow transplant patients. Many have donors unrelated to them but the donor and recipient find connections. I enjoy hearing patients talk about their stories of meeting their donors. One patient I treated stands out since he now feels like he has a better quality of life than prior to his disease. He now finds his life more rewarding and he is physically, mentally and emotionally well. I also oversee the blood

bank here at Moffitt and in that role, I work to help our blood supplier, One Blood. I see the need for the success of this nonprofit center that relies on healthy volunteers to contribute their life-saving blood.

What has been the biggest surprise thus far in your career as a woman physician?

We have made so many strides. Women can now enter fields that were traditionally male dominated fields. I find it surprising when I hear the statistics that we are still not equal to men in all aspects. There is still gender inequality in salary, some fields are still predominantly male only. More work still needs to be done.

What are the most challenging and rewarding parts of being a woman physician?

The most challenging aspect is trying to achieve a work-life balance. Medicine can provide a very fulfilling career but it can also be time consuming and stressful. It can be difficult having a happy life outside of work. I knew I wanted to have a family, I have two daughters and I was married for a long time. When you can get it right, it can be very rewarding. I’d like to inspire other women and let them know that being a woman physician is achievable. Medicine is always changing and that’s what makes it so exciting. I would hope young people would still consider a career in medicine today.

“The biggest surprise for me was to find out that there is still a glass ceiling for women. I thought we had dealt with that in the ’80s, you know the time of Murphy Brown?”

AN INTERVIEW WITH Dr. Randa Perkins

Randa Perkins, MD, is Moffitt’s chief medical informatics officer (CMIO) and joined the organization in February 2017. In her role as CMIO she is responsible for contributing to the long-term vision of the electronic health record (EHR) at Moffitt, and the Clinical Informatics Department, which facilitates both implementation and optimization of the EHR and its various uses. Dr. Perkins describes success in her CMIO role as working towards the seamless integration of beneficial technology in healthcare. Read on as Dr. Perkins describes some of the surprises, challenges and rewards she experiences in her career.

What attracted you to medicine?

There were really three things that attracted me to medicine: first, a reliable income that could provide for my own family; that was critical for me because I grew up seeing what it was like when that wasn’t secure. Second, medicine promised an opportunity to live in science, which I loved being a real science geek in school. Finally, and most importantly, as a physician you get to help people. All of these three elements in one job seemed like the coolest thing in the world to me. You are getting paid well, using science to help people when they need it most and learning something new every day for the rest of your life, how cool is that?

How did your family/friends respond when you shared your plans to become a physician?

They all assumed I would go into medicine because I was “the nerdy one” in the family. Actually they all hoped I’d go invent Google or something because I did some programming in school; clearly, they had a strong bias and a vast overestimation of my talents! The same with my friends, they were almost all into science (or at least sci-fi) or pre-med, so the assumption was I would do the same.

Which book is currently on your nightstand?

There are two very different books on my nightstand currently. The first one is *When Things Fall Apart: Heart Advice for Difficult Times* by Pema Chödrön. This is a collection of talks by a well-known spiritual author for Buddhists and non-Buddhists alike on how to work with chaotic situations, creating effective social action, dealing with pain, etc. The other one is a “Star Trek: Discovery” book called *Desperate Hours* by David Mack. No introduction or explanation necessary.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

I have not met Mr. Moffitt, but I would love for him to teach me everything about healthcare policy; where it is at the moment and where he thinks it is going in the future.

What is your favorite Moffitt story?

I am convinced that my favorite Moffitt story is yet to come...

What has been the biggest surprise thus far in your career as a woman physician?

The biggest surprise for me was to find out that there is still a glass ceiling for women. I thought we had dealt with that in the ’80s, you know, the time of Murphy Brown? I distinctly remember one of the reasons I worked so hard to get into medicine instead of pursuing a business degree was because it was so “black and white”: if you work hard you will be rewarded, a complete meritocracy. Delving into the business of medicine and healthcare, it became clear that it wasn’t quite that way. The hard work is rewarded, yes, but there is still a high degree of variability, a wage gap and glass ceilings left to shatter.

What are the most challenging and rewarding parts of being a woman physician?

Patients come to me because they need my help and they are receptive to my advice. Colleagues, on the other hand, may not perceive my role and therefore my advice with as much beneficence. Many, if not most, did not ask for technology to infiltrate their medical practice, certainly not in the obtrusive way it has. In addition, I’m part of a very “young” subspecialty that has only recently achieved board certification status, and I suspect it is usually not seen as a “legitimate” branch of medicine yet.

As to gender in medicine, within the business side of medicine I still see stereotypes being applied to women of all backgrounds, be it medicine, nursing, IT or business in general. I’ve seen women colleagues who stand up for themselves and their team being spoken about as non-collaborative and their style being valued and criticized over the concrete work they provide for the organization. I just do not hear comments like this about male colleagues demonstrating nearly exactly the same behavior. Personally, I’ve been told that I need to be “softer” and to focus on the emotional aspects of a presentation. I have never heard a male colleague receive the same advice and am finding it difficult to even imagine that occurring.

Fortunately, Moffitt values diversity in its organization, including its administrative departments. I feel fortunate to have such a great mix of female and male colleagues, and it’s refreshing to have leadership that “gets it.” So clearly things are improving.

In stark contrast to these challenges, the most rewarding part of my job is the patient contact and making a positive impact to patient care. I find it really rejuvenating to know that I am doing everything I can to improve the life of the patient in front of me. In my administrative role I am impacting patient care indirectly by improving the IT systems care providers are dealing with when seeing patients, and that is also very rewarding.



“The best advice I received was to treat every patient like my mother, my sister or how I would want to be treated.”

“I felt like I had a team of people to help me make the biggest decision of my life.”

Two Perspectives On A Path To A Cure.

Joanna Bever, breast cancer survivor, and her physician Amber Orman, MD, assistant member in the Department of Radiation Oncology who specializes in breast cancer, sat down with one another to share their individual perspectives of their time at Moffitt, to describe how these experiences have shaped their outlooks on life and to highlight the powerful impact that women can have by supporting one another.

Joanna: What made you decide on specializing in radiation oncology?

Dr. Orman: I was fascinated by cancer in medical school. It's unpredictable, yet can be modified via lifestyle changes. During my third year, I did a radiation oncology rotation and met Peter Johnstone. He introduced me to the field of radiation oncology, and has been an incredible mentor ever since.

Joanna: How did you get interested in the nutritional component?

Dr. Orman: I grew up on a farm, eating grass-fed, free-range, antibiotic-free, organic food. I went away to college and noticed that the meat tasted

completely foreign, so I stopped eating red meats. My fascination with nutrition has grown ever since, and I continued learning more about it alongside my traditional medical education. Now my radiation oncology practice focuses as much on prevention and lifestyle change as it does on treating the cancer at hand. A plant-based lifestyle is hugely beneficial, recommended by all major oncologic guidelines and data driven.

Joanna: When I started my treatment I remember being asked if I wanted to see a nutritionist and I thought “I know the difference between healthy and unhealthy food, I don't need a nutritionist to tell me what to eat,” but getting practical recipes and ideas about what to do was great.

Dr. Orman: What were you most surprised about when going through your treatment?

Joanna: It's funny I'm here talking to you because I found radiation to be the hardest. Everybody prepared me for chemo. With surgery I knew I would have to work my way back up to feeling 100%. Radiation was different in that I started going and felt fine and then it hit me. Everybody's different, but it affected me so much that I was completely surprised.

Dr. Orman: It's interesting you say that because I know patients can have very unique experiences to radiation. What was most helpful when going through your treatment?

Joanna: The physicians, the surgeons and the nurses were all easy to access. Some people even gave me their cell phone numbers. I've never gone through this before, and I had no idea what to expect. Being able to reach out for a quick call or even sending pictures and saying, “Is this normal?” eased my mind.

Dr. Orman: It's good to get that feedback; I've always found it's comforting to patients. What advice would you provide to other women facing a diagnosis of breast cancer?

Joanna: I would recommend they come to Moffitt. I liked that my medical oncologist, surgical oncologist, radiation oncologist, plastic surgeon and even gynecological oncologist all talked to each other and came up with a plan together. I felt like I had a team of people to help me make the biggest decision of my life.

Dr. Orman: I agree with you. If I were to go through this I would want to be treated by a cohesive team of specialists. That is a big strength of Moffitt.

Joanna: How did you decide on coming to work at Moffitt?

Dr. Orman: Moffitt came out of left field for me. I finished residency and I was about to accept a job on the east coast of Florida when I got a call from my mentor, Dr. Johnstone. He said, “I took a position at Moffitt and you should come work with us.” So I interviewed and before I knew it I had signed a contract. Moffitt is a wonderful place, and I'm so glad things worked out the way they did; I know I made the right decision.

What do you do to mentally move forward from a diagnosis of breast cancer?

Joanna: That's a hard question because it's always on my mind. I don't think a day goes by that I'm not thinking about cancer, but it does make me realize that we're here for a very short time so we should make use of it. For example, I won't miss one of my kids' games for work anymore. It's also important to take care of yourself. I thought I took good care of myself before and was pretty healthy, but there's always room for improvement. This experience puts what's important into focus.

Dr. Orman: Do you feel like your relationships with people have changed?

Joanna: Absolutely, I see some people worrying about things that I now think are silly. This experience has put into perspective what's not really that important in the big scheme of life. If no one's dying we can fix everything else. It's all going to be ok.

Dr. Orman: I learn so much from my patients, and they provide a great deal of perspective. It's an honor to watch people change their priorities, their relationships, their use of time and their whole view on life. It's wonderful.

Joanna: What is the best advice you have ever received about practicing medicine?



Dr. Orman: The best advice I received was to treat every patient like my mother, my sister or how I would want to be treated. When we are seeing 25-35 patients in a day, it's tempting to rush. However, we've got to keep in mind that when a patient meets with us, it's an individual experience for each patient.

On another note, we also need to remember that women physicians are often supporting a lot of people in their lives. We're taking care of families, husbands, maybe sick parents and of course our patients. While we're doing all of this we have to also take care of ourselves. It's important to take time every day to do something that allows us to mentally and physically be where we need to be to best care for others. For me, that's working out in the morning. It's also really important for women to be supportive of other women. We should give each other compliments, look out for one another and make sure everybody's getting the same opportunities and support.

Joanna: During my treatment a lot of women friends and acquaintances stepped up to offer support. People who had gone through cancer before or who had a family member that they took care of reached out. Now at work, I feel like I've become this person people can reach out to if someone has cancer and they want to talk about it. It's important to let other people know there is a new normal after going through treatment. You can have your life back. The majority of my doctors were female. They were all extremely helpful and gave very practical advice. Everyone kept my best interests at heart and was receptive and reachable. The nurses were also wonderful. When you're going through this you're on the verge of a breakdown at any point. Everybody was very kind, and I think that goes a long way.

Dr. Orman: Moffitt is a fabulous place. I've met many wonderful people here, both patients and colleagues. I work with a phenomenal team. While I have four very busy clinic days, I never leave here thinking I don't want to come back here tomorrow. Moffitt is a great place for everybody involved.

“Sometimes you feel like you’re on an island and you’re the only one dealing with certain challenges. I don’t think that’s the case. You open yourself up and you find that other people, both men and women, are experiencing the same things as you.”

Kerry Thomas, MD, assistant member of Diagnostic Imaging, joined Moffitt’s Radiology Department in 2014. Dr. Thomas is a member of the Division of Body Imaging with clinical interest in multimodality imaging of the thorax, abdomen and pelvis as well as quality improvement initiatives for patients. Her research interests include resident education, genitourinary and hepatobiliary imaging. Dr. Thomas shares her journey from high school teacher to physician, what surprises her about being a woman physician today and the importance of breaking down silos.

What attracted you to medicine?

My dad is a physician, my mom is a nurse and my sister is a physician. They are all in Obstetrics, so it was not a stretch that I went into medicine.

How did your family/friends respond when you shared your plans to become a physician?

It wasn’t too surprising. I’m one of four. My sister also went into medicine. I was always kind of a science person. I had considered going into performing arts. I was a high school science teacher for a period of time. I taught biology, chemistry and anatomy for a year. I loved the teaching component, but I knew that I would eventually end up in academic medicine. Now I want to teach my patients.

Which book is currently on your nightstand?

I’m reading *Profiles in Courage* by John Kennedy. I just finished *Go Set a Watchman* by Harper Lee. I also just completed *The Emperor of All Maladies: A Biography of Cancer* by Siddhartha Mukherjee. It’s truly a fascinating book, I recommend it to anyone in medicine. I also do a lot of audiobooks. Currently, I’m listening to *Being Mortal: Medicine and What Matters in the End* by Atul Gawande, which focuses on aging in today’s world. It is very poignant. I also read to my daughters, and so I have a lot of children’s books on my shelves. Right now we are reading the *Goddess Girls* books and just finished a Junie B. Jones book about Thanksgiving.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

I have not. I’d like to ask about how he found the courage and tenacity to fight for creating Moffitt. What gave him the resilience to make sure it happened? Is Moffitt what he envisioned? Have we lived up to what he saw or do we have a ways to go? How can we create his vision?

What is your favorite Moffitt story?

I trained in medical school and residency here at Moffitt. I appreciate hearing that our patients feel like they get the best care that they can get and the staff here loves what they do. There is so much compassion here.

What has been the biggest surprise thus far in your career as a woman physician?

There is a still the cliché that this is not what a woman does. When someone hears you are in the medical field they think you are a nurse, not the physician. However, 50% of medical school classes are women. In my personal specialty, I find it surprising that we only comprise 25-30% of radiologists in the country. It’s surprising that people still sometimes don’t see women as physicians.

What are the most challenging and rewarding parts of being a woman physician?

Undoubtedly, the most challenging part is managing life. I have a parental role combined with working physician role. Both are very demanding jobs. My mom is an amazing role model and she was a stay at home mom. My dad went to work and did an amazing job. I have to find a way to combine both and do both successfully. It’s rewarding when you can find a way to do this, but trying to be successful at both is a challenge. It’s important for people not to feel like they are in a silo. Sometimes you feel like you’re on an island and you’re the only one dealing with certain challenges. I don’t think that’s the case. You open yourself up and you find that other people, both men and women, are experiencing the same things as you.

AN INTERVIEW WITH

Dr. Kerry Thomas



AN INTERVIEW WITH Dr. Marilyn Bui

Marilyn Bui, MD, PhD, joined Moffitt in 2005. She is a senior member of the Anatomic Pathology Department. Dr. Bui also serves as the scientific director of Analytic Microscopy Core, the program leader of Anatomic Pathology Education, the section head of Bone and Soft Tissue Pathology and the chair of the Digital Pathology Working Group at Moffitt. She is a professor and director of the Cytopathology Fellowship Program at the University of South Florida Morsani College of Medicine. Her research interests include the identification and validation of diagnostic, prognostic and predictive biomarkers for cancers, especially sarcoma and breast cancer. Dr. Bui highlights the key role that pathologists play in the field of oncology, describes how she collaborated with a patient to turn images of tumors into art and shares why she is optimistic about the future of women in medicine.

What attracted you to medicine?

I was drawn to Pathology because it's investigational. Pathology is a truth-seeking science, it involves interpreting and managing the pathology and laboratory data of patients, researching the unknowns to create new knowledge and it includes an educational component. As a pathologist, I'm like a co-pilot to my colleagues when I make a diagnosis of patient tissue that points to the direction of the patient's management plan. Pathologists also do research to help address gaps in our knowledge. In my role I'm able to answer clinical questions such as whether a patient with cancer is a candidate for a particular drug. All of this and more leads to better patient care. It is such a privilege to know medical science and to practice medicine. I became a doctor because it's a noble job.

How did your family/friends respond when you shared your plans to become a physician?

My parents were diplomats and worked for the Foreign Service in China. My parents and teachers encouraged me to also become a diplomat but I had set my heart on becoming a physician. Getting into medical school was highly competitive but I'm glad I was admitted and became a doctor.

After graduating from medical school in China, I came to the University of Florida to study Molecular Pathology & Immunology as a PhD student. When I was pregnant with my daughter during graduate school, everyone was very supportive. I was also blessed with a very supportive husband



who helped me to achieve a personal and professional work-life balance. I am grateful to my mentors and colleagues, but most blessed with having a supportive family which is one of the secrets to staying resilient.

Which book is currently on your nightstand?

I like nonfiction books that explore the mind, body and soul. I like to focus on the positive and strive to play a positive role in life. I finished reading a classic book called *Feeling Good: The New Mood Therapy* by Dr. David Burns. It offers insight and techniques that people can use to lift their spirits. I also read *The Art of Extreme Self Care: Transform Your Life One Month at a Time* by Cheryl Richardson. These books offer step-by-step instructions to help people stay resilient. I have the worksheet of the latter book on my nightstand along with aromatherapy necessities for a restful night.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

I would like to know how he perceives the pathologists at Moffitt and ask how he sees us bringing value to the organization.

What is your favorite Moffitt story?

I met with a patient who was an artist and biologist. He told me he wanted to see what his tumor looked like and to stare the devil in the eye. After seeing his tumor through the microscope with me and a discussion on how the mind does incredible things to dictate the body's response to disease, the patient felt empowered. He had the idea to put pictures of his tumors on canvases and to do interactive artwork on them. This experience transformed him. The patient contributed his artwork to a

book I co-edited and titled *The Healing Art of Pathology*. The book features artwork and essays from patients and pathologists that demonstrate what pathology means to them. This book is like chicken soup for the soul for our cancer patients who become inspired when they read it. Patients will be introduced to their pathologist partners in their clinical team. The meaning behind this book is why I come to work every day.

What has been the biggest surprise thus far in your career as a woman physician?

I never expected to be able to accomplish as much as I have. I feel fortunate to be living and practicing my specialty in a good era. In the past, women in medicine were not treated with fair respect. I'm in an era in which the people I encounter are respectful and supportive in general. I'm excited that my daughter is getting into medicine. As more women get involved in medicine there will be even more barriers removed. I came from China in my 20s to study science and medicine in the US and now here I am making a difference as a physician, leader, teacher and inventor. The sky is the limit.

What are the most challenging and rewarding parts of being a woman physician?

Balancing work and life is a constant challenge throughout different phases of my career. The work I do every day is rewarding. I was also humbled to be honored for my work by various awards including the Moffitt's Clinical Educator of the Year. It is good to know that the next generation of physicians are appreciative of what we do and our future is in great hands.

“As more women get involved in medicine there will be even more barriers removed. I came from China in my 20s to study science and medicine in the US and now here I am making a difference as a physician, leader, teacher and inventor. The sky is the limit.”

Having Resiliency Down To A Science

Stress and burnout are key topics at any conference or publication that deal with physician retention, well-being, engagement or any other clinical faculty related issue; and rightfully so.

Current numbers often paint a worrisome picture of physicians nationwide and across all disciplines reporting record high burnout and stress symptoms. While the phenomenon of physician burnout is certainly not new, attention to the problem is now gaining momentum. Part of the discussion has focused on the role that physicians’ resilience can play in mitigating the negative effects of their often stressful profession.

Resilience describes the ability of a person to recover and remain engaged even when faced with challenging situations. It consists of two components: activation, which is defined as deriving intrinsic motivation from a task and decompression or the ability to disconnect and recharge from a taxing activity outside of work. Resilience is considered an important antidote to stress and burnout and is recognized as a critical ingredient in the ongoing success and satisfaction of physicians.

Moffitt 2017 survey data suggests that women generally report higher resiliency than men do (4.20 versus 4.15 on a five point scale with 5 being the highest). This pattern remains true when focusing on clinical faculty, where women physicians report higher resilience (3.89) than their male counterparts (3.84).

Taking a closer look at the two main components of resilience, we learn that women at Moffitt especially excel at recharging and disconnecting

from stressful tasks outside of work and exhibit higher decompression scores when compared to their male counterparts (3.18 versus 3.05). There are two key questions in which this difference is most pronounced: “I can enjoy my personal time without focusing on work matters” and “I am able to disconnect from work communications during my free time (emails/phone etc.).

Moffitt women physicians who are profiled throughout this publication share why they believe resiliency is important and offer their personal strategies for staying resilient. Dr. Marilyn Bui notes that her awareness of her own resilience has grown over time.

“I had the privilege and honor to graduate from the Moffitt Cancer Center Physician Leadership Academy. I remember that during the group discussion on resiliency, the facilitator asked what percentage of our time is spent on our professional lives and asked if we had a way to recharge and stay resilient. That really resonated with me. Resilience is very important” she says.

Dr. Randa Perkins maintains resiliency by trying not to constantly check emails, delaying non-critical tasks, asking for help and accepting help when it is offered from others. She believes we all have a responsibility to create a culture that encourages resiliency.

TEAM MEMBER SURVEY RESILIENCE ITEMS	FEMALE (3,357)	MALE (1,144)
I can enjoy my personal time without focusing on work matters.	3.91	3.79
I am able to disconnect from work communications during my free time (emails/phone etc.)	3.96	3.77
I rarely lose sleep over work issues.	3.80	3.76
I am able to free my mind from work when I am away from it.	3.78	3.71
I see every patient/client as an individual person with specific needs.	4.58	4.60
I care for all patients/clients equally even when it is difficult.	4.61	4.62
The work I do makes a real difference.	4.51	4.53

“I think it is really important to not shame others who are asking for help and not to contribute to a culture where we celebrate overworking and punish people for taking care of themselves. Instead, we should encourage staff to clock out at reasonable times and then to truly decompress when away from work wherever possible” says Dr. Perkins.

Many women physicians find that taking time away from work can help them to reenergize. Dr. Zeynep Eroglu notes that she tries to periodically take at least one weekend off.

“During the time I have away from Moffitt, it’s great to spend it with family and close friends, as it’s a good way to recharge. Planning a vacation is also always a good way to stay resilient” she says.

Outside of work, Dr. Solmaz Sahebjam, finds value in practicing several hobbies. She shares, “I read a lot, I am interested in art and I do photography. Travel is one of my favorite activities. Recently, I visited the Grand Canyon, which was amazing.”

Women physicians also cite efforts to maintain a healthy lifestyle as a key technique for combating stress. Dr. Kaaron Benson notes that she tries to promote healthy eating and staying active as a way to build resilience.

“I think it is really important to not shame others who are asking for help and not to contribute to a culture where we celebrate overworking and punish people for taking care of themselves.”

“I used to run marathons and now I do more yoga and cycling. I try to encourage others and promote healthy habits. Whether it’s gardening or dancing, it’s important to move. I rarely get tension headaches but when I do I walk or run a mile and that will take care of it” she says.

Women physicians also suggest that their work environment can have a positive impact on their resiliency.

Dr. Bui describes several changes she has made to her office, which have helped her decrease stress including altering the ceiling fluorescent lights to block UV light, adding plants and using an ergonomically designed chair and microscope.

“I pay closer attention to the synergy of my mind, body and spirit and how everything affects me. I want to continuously enjoy my work and all of this helps me to do that” she says.

According to women physicians, sometimes the best antidote to stress can be comradery and humor.

Dr. Aliyah Baluch says, “My brain has always been stronger than my body and so I have had to learn to pace myself. I enjoy giving my mom and my coworkers hugs. The nurses on BMT tease me that they know when I’m on the patient floor because they can hear the ripples of my laughter. On any given day I believe that our patients don’t deserve for their staff members to be grumpy on rounds.”

“I have accepted that there is no such thing as a super mom, a super physician. You won’t be perfect at everything. I just try to use the support I have, which includes leaning on family and friends.”

Other physicians also describe the important role that support networks play in helping to maintain their resiliency.

Dr. Zeynep Eroglu says, “I recommend having a supportive group of friends, whether at work or outside of work, that you are able to meet with regularly from time to time. Being able to share experiences at work, both the good and the bad, is very helpful. You realize that frustrations you may be experiencing, others may be going through as well, or they can help you navigate a difficult situation that you’re going through and help you find a way forward.”

Dr. Kendra Sweet echoes the value of women physicians having a support network and suggests, “It’s important to have friends and colleagues who understand what your day-to-day life is like. They can help you work through the stressors and laugh at the ridiculous parts of life.”

Women physicians acknowledge that they wear many hats, which may include wife, mother, daughter and friend. As a result, it can sometimes be challenging to maintain a work-life balance. Dr. Kerry Thomas says, “I have accepted that there is no such thing as a super mom, a super physician. You won’t be perfect at everything. I just try to use the support I have, which includes leaning on family and friends. I work for a great department. They try to help facilitate work-life balance. I know that sometimes I won’t be able to do everything.”

Dr. Hallanger-Johnson reinforces this and says that she has learned over time that, “It is ok to say no and it is ok to accept that some things don’t get done by me—but instead by someone else.”

Women physicians also remark that it is necessary to set realistic goals and to prioritize where they want to spend their time. Dr. Melissa Alsina says, “I try to concentrate on the things I like to do the most with my family, my patients and my research. We [women physicians] can be as good of doctors as any other doctors and as good of moms as any other moms.”

AN INTERVIEW WITH Dr. Julie Hallanger-Johnson

Julie Hallanger-Johnson, MD, is an associate member and program leader of the Endocrine Program within the Department of Head and Neck-Endocrine Oncology. She joined Moffitt in August 2016. Dr. Hallanger-Johnson has extensive experience in the diagnosis and evaluation of thyroid disease, and carries the Endocrine Certification in Neck Ultrasound (ECNU). Dr. Hallanger-Johnson is interested in the use of molecular markers and ultrasound information to guide decision-making in the evaluation of thyroid nodules, and the corresponding clinical outcomes research. She is also interested in systems improvement by creating timely and efficient pathways for patient care. Dr. Hallanger-Johnson shares some thoughts on her career in medicine and the importance of family.

What attracted you to medicine?

I initially thought about engineering, but quickly learned that there is not much interaction with people. Pursuing a major in chemical engineering, I started to quickly dislike calculus. I then underwent a complete shift and went into psychology, keeping my minor in chemistry and biology. The research I did in the psychology department was in behavioral medicine, which is a huge part of endocrinology and medicine in general. I found that to be a natural fit for me.

How did your family/friends respond when you shared your plans to become a physician?

They were all very supportive. I grew up in a family of people in helping professions: pastors, teachers and some of my uncles were family physicians. In our circle of friends it was about the same.

Which book is currently on your nightstand?

There are three books on my nightstand at the moment. The first one is *Braving the Wilderness* by Brené Brown who is a social scientist who writes about what it means to truly belong in an age of increased polarization. The second book is a novel called *Flame Fever: Lines of Power* and my best friend in medical school, B.K. Benz, wrote it. She actually wrote it as part of a trilogy and is just releasing the first part of it. The third book on my nightstand is more a motivational read and it is all about life, fitness and grit on the northern plains of North Dakota. It's called *Running with the Antelope*. It really speaks to me because I am from North Dakota and I heard the author speak at a conference.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

I met him briefly at a Miles for Moffitt event. I would like to ask him what he sees Moffitt doing in 10, 20 and 30 years.

What is your favorite Moffitt story?

I haven't been here all that long but it is probably our founding story that is most fascinating to me. The fact that we have this level of support from the state legislature is very unique.

What has been the biggest surprise thus far in your career as a woman physician?

I grew up with the belief – instilled by my mother – that I could do anything. So, it has been quite a shock to realize that this is really not quite true in the sense of what a profound struggle it is to be a full-time MD and a mom to four children at the same time. I could actually not do this if it wasn't for my husband, Jason, who is really the support and coach for all of us.

What are the most challenging and rewarding parts of being a woman physician?

The biggest challenge is to keep a somewhat normal work-life balance, although I am not sure this is a unique challenge just for women physicians. Our male colleagues struggle with the same issue. The most rewarding aspect of being a physician for me is still the one-on-one patient interaction. In addition to that, having the opportunity to make a big difference on an entire group of patients through a major research discovery or implementing practice change is just so exciting.

“I grew up with the belief – instilled by my mother – that I could do anything. So, it has been quite a shock to realize...what a profound struggle it is to be a full-time MD and a mom to four children at the same time.”



Melissa Alsina, MD, joined Moffitt in 2000. She serves as a professor of medicine in the Blood and Marrow Transplant and Cellular Immunotherapy Department and is the head of the Multiple Myeloma Transplant Program. Dr. Alsina specializes in multiple myeloma, and her research focuses on the evaluation of novel drugs and treatments for both newly-diagnosed and relapsed myeloma. Dr. Alsina opens up about the challenges of balancing work and family life, explains why women should not place limits on themselves and discusses the important work that Moffitt physicians are doing in Puerto Rico to help patients affected by Hurricane Maria.

What attracted you to medicine?

I knew I wanted a profession where I could help people but I thought medical school was beyond my reach, both economically and intellectually. College opened up my mind. I learned I could do anything I wanted to and that I had been putting limits on myself. One of the best decisions of my life was to study medicine, to specialize in hematology-oncology and to focus my career on the management of multiple myeloma patients.

How did your family/friends respond when you shared your plans to become a physician?

My family was very supportive and proud. I’m from a middle class family in Puerto Rico and so I had to find a way to pay for my studies. In Puerto Rico you live in your family home until you get married so during college and medical school, that is what I did. My parents (especially my mom) did everything for me, from cooking to doing my laundry, to leaving her home in Puerto Rico behind to practically move to the United States to help with my kids for whole summers while I was still in training. My parents’ support was unconditional and I would not have been able to complete my training without my family.

Which book is currently on your nightstand?

I just finished reading a book which impacted me greatly. It was written by a Spanish musician, Pau Donés who plays in band called Jarabe de Palo whose music I love. He was recently diagnosed with metastatic colon cancer and he describes how this diagnosis changed his perspective of life. It was interesting to read his impression of the hospital where he received treatment and his perspective as a patient on how every single person throughout his care played an important role in his recovery.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

I met him briefly at an event. I would want to ask him if he ever thought Moffitt was going to become what it is today when he originally had the



idea to develop the center. I’d like to know if the organization matches his initial vision and how he feels about what he sees right now. I would like to know what inspires him.

What is your favorite Moffitt story?

I specialize in multiple myeloma and it has been so good to see how the treatment has advanced. My favorite Moffitt story is that I have been able to contribute and witness how a disease with a 3-year survival has evolved to become a chronic disease in many patients.

There are also many special stories related to my patients, but one in particular stands out. I was asked to see a young guy in his late 20s, who had been diagnosed with myeloma. When I first saw the patient his skin was splitting off, he was in a wheelchair and couldn’t walk or hardly talk. I admitted him to the hospital and treated him. That was three years ago. The patient is now doing great and is even back to working full time.

What has been the biggest surprise thus far in your career as a woman physician?

“Women physicians have the tools to achieve anything we want when we put our minds and hearts to it.”

The biggest surprise has been that I was able to make it! It is very challenging for women physicians because we have multiple roles through life. Many times I wondered if I was going to succeed in my career while being able to be a mom, a wife, a daughter, a sister and a friend. It is hard to balance a demanding full time job with family. Patients have to take priority and so I always felt like I was doing family things half way. I was late many times to my children’s events because I was taking care of a patient. Eventually, I realized that if I did the best I could, everything would work out in the end.

What are the most challenging and rewarding parts of being a woman physician?

Being a physician is a challenging profession for everyone but more so for women because of all the different hats we have to wear. However, it is doable, especially when you are surrounded like I am by so many amazing people: my nurses, my physician assistants and all the other support staff.

I wouldn’t change being a doctor in oncology for any other profession. Women physicians have the tools to achieve anything we want when we put our minds and hearts to it. The most rewarding part is seeing how our work helps very sick patients get better, while at the same time raising our children to become kind young adults.

For many years now, Dr. Leonel Ochoa and I have been going to Puerto Rico each month to see transplant and myeloma patients. When I treat patients in Puerto Rico, they are proud that I am Puerto Rican. This gives me a sense of belonging with the Puerto Rican oncologists. Since the hurricane, a group of Moffitt providers have been taking turns going to Puerto Rico every weekend to help take care of patients. I feel serving these patients in Puerto Rico is my duty, but to see other people who don’t have this connection helping these patients really inspires me.

The Value Of Role Models

Women physicians at Moffitt celebrate their role models and explain how these family members, teachers, mentors, women leaders and colleagues add meaning to their lives.

"There are many people who have been role models for me. Dr. Montalvo, a professor I had in Puerto Rico, was a role model for me in my professional life. He was a bright teacher and physician who explained complicated things in a way that allowed me to understand, learn and never forget them. I admired his compassion and patience. In my personal life, my dad is a role model. He lived his life trying to get the best out of each day. My dad was always laid-back, caring, gentle, honest and respectful. I always wanted to follow his character."

Dr. Melissa Alsina

Dr. Kaaron Benson

"My mom is my biggest role model but many successful women have served as role models for me. For example, Indira Gandhi was the first woman prime minister of India and I found her very inspiring. So many of the moms I knew growing up were stay-at-home moms. My mom got into an Ivy League school with three young children at home and made law review. I remember sitting at the kitchen table studying with my mom since she was in school too. She showed me that you could have a professional career and family. She was very inspirational at the time when feminism was just taking off. Everything was being challenged."

"My grandmothers were very strong women who instilled in me the importance of dreaming big, and having a professional career and financial independence. During my academic years, I had so many mentors. Dr. Azra Raza is a well-known hematologist/oncologist at Columbia University, and one of the leaders in research and treatment of myelodysplastic syndrome. I briefly worked with her at the University of Massachusetts, Worcester, where I learned how empathy is as important as advanced research and knowledge. Dr. Raza played a significant role in my professional development and helped me with choosing oncology as a career."

Dr. Solmaz Sahebjam

Dr. Kendra Sweet

"My mom is my role model. She is the most resilient person I've ever met. I have a sister who is 42 and has special needs. My mom still helps her with so much of her life. While I was growing up, my mom was able to get her master's degree, raise two kids, start a successful career and still be involved in her community. She always made sure my sister had everything she needed to become as successful and independent as possible, but I never felt like my needs were secondary to my sister's. My mom is now extremely involved in my daughter's life. Ultimately, she showed me how to be a good working mom."

"My mom is the person that I aspire to be as a parent. My dad is the role model for my career. He was an accomplished academic physician. I don't think I will ever obtain accolades like his but it's always good to have someone of which to aspire."

Dr. Kerry Thomas

"I take the best from a lot of people, both men and women. I interact with the brightest people at Moffitt and in my association with various professional societies. I am like a sponge, soaking in the positive energy from everyone. I also appreciate the opportunity to interact with residents and fellows. They truly inspire and invigorate me."

Dr. Marilyn Bui

Dr. Aliyah Baluch

"My mom is my main role model. She always went to bat for me with my doctors and teachers whenever she perceived things not being up to par. When I was in 8th grade I had a teacher who deliberately would berate me in front of my classmates until I would breakdown. She told my mother at parent teacher conference about making me cry in front of my classmates. My mom went straight to the principal's office to relay a complaint about the cruel teacher. Another role model was Mr. Guy, my 11th grade AP Chemistry teacher, who met with me for an extra hour each morning before class, during lunch and after school to help me catch up after I moved to the US from Pakistan. With his help I excelled in my AP chemistry class."

"There are two critical role models for me: my dad taught me how to listen which is a critical skill in medicine and my mom taught me how to stand up for what I believe."

Dr. Julie Hallanger-Johnson

Dr. Randa Perkins

"My mom is really an important role model for me. She was incredibly stubborn and strong and raised me and my sisters through really difficult times. She somehow made it all work and I have no idea how she managed. Then there is of course Sally Ride, the first American woman in space, who I absolutely revered being a total science and space nerd."

"The first president of Turkey, Mustafa Kemal Atatürk, back in 1923, is someone I admire because of the reforms he instituted. He envisioned a modern, democratic country; he strongly supported women's rights, giving women the right to vote and emphasized the importance of science and education and equal opportunities for both men and women in society. Even for decades after his death, the reforms he put in place led to generations of children thinking they could grow up to be anything they wanted regardless of gender."

Dr. Zeynep Eroglu



AN INTERVIEW WITH
Dr. Zeynep Eroglu

Zeynep Eroglu, MD, joined Moffitt in 2015 and serves as a medical oncologist in the Department of Cutaneous Oncology as well as an assistant professor in the Department of Oncologic Sciences at the University of South Florida Morsani College of Medicine. Her clinical focus is treating patients with advanced melanoma and other skin cancers, including basal cell, squamous cell and Merkel cell carcinomas, and facilitating clinical trials. Dr. Eroglu's research interests are translational and clinical research in targeted therapies and combination immunotherapeutics for melanoma and other skin cancers, along with development of biomarkers and personalized treatment strategies for patients with melanoma. Dr. Eroglu addresses the challenges and benefits that new research brings to medicine and describes the responsibility that all physicians share.

What attracted you to medicine?

I was attracted to the idea that you could make a difference in people's lives for the better. In oncology you have the potential to take patients through the worst moments of their lives, when they find out they have a diagnosis of advanced cancer - but during their treatment, there is also the possibility to share some of the happiest moments in their lives, for example, when patients find out their cancer is responding to treatment, or they no longer need treatment and can just be on surveillance.

How did your family/friends respond when you shared your plans to become a physician?

I was talking about becoming a physician since I was about 5 or 6 years old. By the time I went through college and finished medical school they said, "It's about time! What took so long?" But they still never miss an opportunity to ask for medical advice, even in topics I know little about!

Which book is currently on your nightstand?

I'm currently reading *Dark Matter* by Blake Crouch. It's a thriller about a physicist who finds himself in alternate universes, based on quantum theory. It's very interesting. I was also recently reading *In a Dark, Dark Wood* by Ruth Ware; it's a mystery novel. I like these types of novels because the stories are very engaging and you sort of get lost in them, giving yourself a mental break from the day-to-day stresses and pressure of the work week.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

I haven't had the chance yet. I would ask how he sees Moffitt in the next 20-25 years. I'd also like to know his vision for the institute and how he sees its role not just in Florida, but also nationally and internationally.

"I was attracted to the idea that you could make a difference in people's lives for the better."

What is your favorite Moffitt story?

I recently had a chance to go to a melanoma meeting in Brisbane, Australia. I first went to Sydney, Australia, a few days before the conference started, to meet with a couple friends who are also female medical oncologists at other cancer centers across the country. We still keep in touch and meet at conferences; it's always nice to connect with them since we are all in the same field, same stage in our careers, and go through similar struggles. We spent three days together before the meeting, touring Sydney and nearby areas. The very last day of the conference, I had to give a talk, which had made me somewhat nervous the whole week – but in the end, the entire trip ended up being a lot of fun and very satisfying.

What has been the biggest surprise thus far in your career as a woman physician?

I'm always amazed by the sheer amount of research there is and all of the latest and newest advances within oncology. There are so many new updates on trials, presentations and publications all the time, and it's astounding how quickly the field seems to be moving forward. As a result, trying to stay up-to-date on every single research study and finding can feel challenging at times!

What are the most challenging and rewarding parts of being a woman physician?

I think one of the most challenging aspects is the responsibility that oncologists feel for the patients in their care. During training, you are closely involved in your patients' care, but the attending physician is the ultimate decision maker. Now, you have the responsibility to oversee your patients' care and to make those difficult decisions. Oftentimes even when you're not at work, or on vacation, or you wake up in the middle of the night, you can't stop thinking about the challenges and problems your patients may be facing. I'm always thinking whether I can do something better or if there is an opportunity to try a different treatment. And of course, it is rewarding when you see your patients improving during their treatment.

“When we have more women in leadership roles we will be able to tackle more problems and we will be able to better ensure that women’s voices are heard. Women physicians need to sit at the table so we have more of an opportunity to bring up the issues that we face.”

Solmaz Sahebjam, MD, is the director of the Clinical Research Unit at Moffitt Cancer Center. She is a medical oncologist/neuro-oncologist with a research interest in the development of new anti-cancer drugs, particularly for primary and metastatic brain tumors. Her clinical practice is devoted to the treatment of patients with primary central nervous system tumors, including malignant gliomas and brain metastases. Dr. Sahebjam discusses the importance of the “human” side of medicine, shares an inspiring collaboration with a patient and makes the case for why we need more women physician leaders.

What attracted you to medicine?

The complexity of medicine attracted me. I’ve been interested in medicine since I was a teenager. The combination of medicine’s scientific and humanistic aspects appealed to me.

How did your family/friends respond when you shared your plans to become a physician?

My parents and family were very supportive and pleased with my decision. My math and physics teachers thought I was strong in math and physics and suggested I choose engineering. Overall, I had the full support of family, friends and teachers, and this encouraged me.

Which book is currently on your nightstand?

I have been reading a book called *Guns, Germs, and Steel* by Jared Diamond. It’s a very interesting book that looks at human evolution and how the environment has played a role in society’s ability to succeed. The book is fascinating because it emphasizes the importance of taking care of our planet and nature. I highly recommend it.

Have you met our founder Lee Moffitt? What would you like to ask Lee Moffitt if you had a conversation with him?

I haven’t had the chance to meet him. I would congratulate him for his success in creating an internationally known cancer center and research institute that offers the best care to cancer patients. Within the past couple of decades, we have become a prominent cancer center that draws clinicians and scientists from different disciplines, to advance the field of cancer research and drug discovery. Patients have access to care by physicians who are leaders in their field, and receive treatment on clinical trials that few patients in the world have access to. I would like to know how he envisioned such a grand project and made it happen.

What is your favorite Moffitt story?

I designed a clinical trial for patients with aggressive brain tumors (glioblastoma) which opened at Moffitt about 2.5 years ago. Our first patient on the study had a very aggressive tumor which responded very well to treatment. During one of his visits, he brought up the concept of using the treatment early on before the cancer growth and he asked me to design another trial for patients who have just been diagnosed with glioblastoma - using the treatment that he was receiving. He had no formal training in medicine or health science. For me, this was an emotional moment. This reminded me how hard patients and physicians work together to fight the same difficult and complex disease called cancer and to improve the lives of all patients.

What has been the biggest surprise thus far in your career as a woman physician?

I am surprised that we still have few women in leadership roles in academia, private health systems and the pharmaceutical industry. I see very few women on advisory boards and in leadership meetings. I wonder why we still need to talk about this in the 21st century. It seems that not much has changed.

What are the most challenging and rewarding parts of being a woman physician?

In general, women physicians often need to prove themselves in the work environment. Sometimes they need to put forth more effort than others to get the same results. Practicing medicine and helping people battle their disease is such a privilege. I can’t see myself in another career. As women physicians, we bring a unique perspective to medicine. Also, as an academic woman physician, it is extremely fulfilling to mentor new women in medical school and different levels of training, with the hope of having more women in science and medicine across the world. I encourage other women physicians to try to get involved in leadership roles and to learn the required skills. When we have more women in leadership roles, we will be able to tackle more problems and will be able to better ensure that women’s voices are heard. Women physicians need to sit at the table so we have more of an opportunity to bring up the issues that we face. Some of these issues may include childcare, equal pay, or what is needed to have a balanced family, personal life and successful career. There may be issues that are currently not being recognized or addressed due to lack of women leadership.

AN INTERVIEW WITH
Dr. Solmaz Sahebjam





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