What Makes Edith Perez Run
Combining Multiple Passions to Benefit Breast Cancer Research

BY ERIC T. ROSENTHAL

The Director of Mayo Clinic’s Breast Program and Chair of the Clinical Study Unit at Mayo Florida, Edith Perez, MD, created a mechanism to fund a translational breast cancer genomics program: An annual marathon started with one of her patients, a TV newscaster, to support breast cancer research and women living with the disease, preceded by a day of CME on genetics and breast cancer. About half the attendees run, walk, or serve as crew for the fundraising event, with data culled from runners to aid another project done in collaboration with Mayo’s Runners Science program.
Hubris in Medicine and Academia

BY JOSEPH V. SIMONE, MD

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Remember an event some time ago that made a lasting impression on me and ultimately triggered this column. I was sitting with top officials of a university and medical school. I was one of several people who had been invited to give advice concerning the cancer center, which had been an underachiever for many years. The cancer center also suffered from a serious lack of cohesion due in part to a common malady, departmental silos. The leaders of this highly-regarded university were disappointed in the cancer center’s performance and vowed to do something about it. In the course of discussions, I named some university-based cancer centers that had been very successful for many years and suggested that they visit them. The idea was to have them see and hear what those centers had taken to develop and sustain the functional model that not only satisfied the requirements of the National Cancer Institute, but that also created a highly collaborative and academically productive environment.

The response was surprising. About one of the centers the first official said something like, “Who do they have there? I don’t know of any top scientists there.” I knew first-hand that this was nonsense, of course; in reality the speaker actually knew nothing about that center.

Another official dismissed a center I suggested because, “We have many more cancer patients than they do,” which was irrelevant to the issues at hand; he continued to make a serious misattribution that will result from the excessive pride.

Hubris was a major issue in Greek tragedies, but also in Shakespeare’s plays. In Julius Caesar, after denying the request of noblemen to repeal the banishment of a respected colleague, and receiving three warnings not to go to the Senate that day, the hubristic hero says on the Ides of March,

“I am constant as the northern star, Of whose true-fix’d and resting quality There is no fellow in the firmament.”

After describing himself as the unequalled star in the sky, he later compares himself to an Olympian god, with fatal weeping pride, arrogance, snobbery, or haughtiness. For the ancient Greeks, hubris had a broader definition that included shaming and humiliating both a victim and the perpetrator as well, usually a person of wealth or power. In ancient Greece, and to some extent today, it also implies that a serious misattribution will result from the excessive pride.

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“Some time ago I was one of several people invited to give advice to top officials of a highly regarded but underachieving cancer center. Their dismissive responses to the thought that they could learn from certain other successful centers led me to recall similar experiences and, eventually, to dig deeper into the issue of hubris in medicine and academia in general for this column.”

These responses reflected a classic case of hubris. These officials knew little to nothing of the workings of a modern cancer center, but because the centers I suggested were not in Ivy League institutions like the ones the officials had come from, the centers were dismissed as having nothing to teach them.

This encounter led me to recall other experiences in past years and, finally, to dig deeper into the issue of hubris in medicine and academia.

A modern definition of hubris is “overconfidence when he goes to the Senate.” In Macbeth, the king admits to himself that he has no justification (“spur”) for murdering Duncan, a relative of his, a good king, and a guest in his castle. But it is ambition and hubris that drive him and “o’er-leaps” to unknown consequences. He says,

“I have no spur
To prick the sides of my intent, but only
Vaulting ambition, which o’erleaps itself.
And falls on th’other…”

One finds hubris in every walk of life; academia and medicine are no exception. The easiest target in medicine is the legendary surgeon who throws instruments when he doesn’t get what he wants in the operating room. Fortunately, this is less common today.

Perhaps a more serious offense by a cancer surgeon is telling the family or the patient that he “got it all,” without adding or emphasizing that he only got all that he could see and that in most cases microscopic residual disease remains and can be deadly.

I hasten to add that most surgeons say just that. But there are still those who are so arrogant and full of themselves that they dramatically walk from the OR in their greens and cap and mask hanging around their necks to announce triumphantly that he “got it all.”

Other specialties are not immune (except, perhaps, for pediatricians—just kidding). An example is the medical oncologist who derives his own, often bizarre, therapeutic regimen that has never been tested down since he makes substantial modifications for each patient based on “my experience treating other patients with good results.”

Of course no one else has examined his claims and he has never written the regimen down so he makes substantial modifications for each patient based on “my experience.” This hubristic approach is bad medicine and may be deadly and unnecessarily expensive.

Academia is Fertile Ground

Academia is fertile ground for hubris to grow because the professorial ranks, the obsession with national rankings, and the pomp and ceremony create an atmosphere of superiority. It is a short step to believing that one’s long CV, multitude of grants, and many honors (that academics give one another) have created a superior, all-knowing being.

The next step is arrogance, often evident by treating those below one’s rank dismissively and impolitely. If the very highest is very successful or powerful in academic terms, there is a slippery slope down to hubris.

The opposites of hubris include humility, continued on page 6
NCCN Updates Guidelines for Prostate & Ovarian Cancers

The updated prostate cancer guidelines include new recommendations for men who should consider active surveillance as well as a new “very low risk” category of the disease. The updated ovarian cancer guidelines include the addition of carboplatin/weekly paclitaxel and carboplatin/liposomal doxorubicin for cytotoxic therapy for patients with platinum-sensitive epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer that has recurred.

The updated guidelines stress that active surveillance involves actively monitoring the course of the disease with the expectation to intervene if the cancer progresses. Patients under active surveillance must commit to a regular schedule of follow-up, which may include a prostate exam and PSA test, and which may include repeat prostate needle biopsies.

For Ovarian Cancer, Two New Combinations for Certain Patients

Also newly updated are the organization’s Guidelines for Ovarian Cancer, which now include two additional combination therapy regimens for certain patients—i.e., the addition of carboplatin/weekly paclitaxel and carboplatin/liposomal doxorubicin for cytotoxic therapy for patients with platinum-sensitive epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer that has recurred.

The modifications are based on results from recent studies in Lancet and The Journal of Clinical Oncology showing that both combination regimens increased median progression-free survival in women with specific types of recurring ovarian cancer as compared with conventional regimens. In addition, the carboplatin/weekly paclitaxel regimen increased overall survival.

“Ovarian cancer is a challenge to treat because by the time the majority of the women are diagnosed with the disease, it has already progressed to Stage III or IV,” the Chair of the Panel, Robert J. Morgan, MD, of City of Hope Comprehensive Cancer Center, said in a news release. “Although finding effective screening tools remains a priority, new treatment options for women with ovarian cancer such as the ones outlined in the updated NCCN Guidelines, remains imperative to making steady progress against the disease.”

In doubt his Mind or Body to prefer,
Born but to die, and reasoning but to err;
Alike in ignorance, his reason such,
Whether he thinks too little, or too much:
Chaos of Thought and Passion, all confus’d;
Still by himself abuse’d, or disabuse’d;
Created half to rise, and half to fall;
Great lord of all things, yet prey to all;
The glory, jest and riddle of the world!”

I read "The proper study of Mankind is Man," when I was young. It strengthened my conviction to study medicine, for what else does a physician do but study Man? The study is a humbling experience, especially if within that study we are sure to include ourselves.

Corrections

In the Shop Talk section of the January 25th issue, the item about the Children’s Oncology Group (COG) had some incorrect information. The correct information is that Peter C. Adamson, MD, was elected Chair-Elect of COG, and assumed this position on January 1, 2010. The current Group Chair, Gregory H. Reaman, MD, remains in that position until the end of this year, when he will complete his second five-year term as Chair. Dr. Adamson will assume the position of COG Chair in January 2011.

Also in the January 25th issue, in the article about the change in leadership at Cancer Care, one sentence had incorrect statistics, taken from a previous year. The updated information is that in 2009 the organization helped more than 115,000 people and gave $4.4 million in financial assistance to more than 24,000 people.