[News * Analysis * Commentary * Controversy]

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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.

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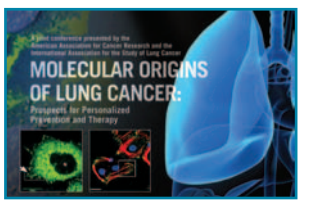

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PERIODICALS

Simone's OncOpinion

Hubris in Medicine and Academia

BY JOSEPH V. SIMONE, MD

I 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 steps 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 conveniently disregarded the fact that his own cancer center was underperforming despite the larger patient population.

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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 "overweening 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 retribution 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 unequaled star in the sky, he later compares himself to an Olympian god, with fatal consequences when he goes to the Senate.

> "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."

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'erleaps" 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 devises his own, often bizarre, therapeutic regimen that has never been tested and is 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 since 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 individual is very successful or powerful in academic terms, there is a slippery slope down to hubris.

The opposites of hubris include humility,

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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 National Comprehensive Cancer Network has updated its Guidelines for Prostate Cancer to include new recommendations for men who should consider active surveillance—i.e., watchful waiting—as well as a new "very low risk" category of the disease.

"The NCCN Prostate Cancer Guideline Panel and the NCCN Prostate Cancer Early Detection Panel remain concerned about over-diagnosis and over-treatment of prostate cancer," the panel's Chair, James L. Mohler, MD, of Roswell Park Cancer Institute, said in a news release. "Growing evidence suggests that overtreatment of prostate cancer commits too many men to side effects that outweigh a very small risk of prostate cancer death."

The panel took careful consideration, including a thorough review of evolving data, of which men should be recommended for active surveillance, he said. The updated NCCN Guidelines now recommend active surveillance for men with very-low-risk prostate cancer and a life expectancy estimated to be less than 20 years or men with low-risk prostate cancer and a life expectancy estimated at less than 10 years.

"Although the NCCN Guidelines Panel stresses the importance of considering active surveillance, ultimately this decision must be based on careful individualized weighting of a number of factors including life expectancy, disease characteristics, general health condition, potential side effects of treatment, and patient preference," Dr. Mohler said.

"It is an option that needs to be thoroughly discussed with the patient and all of his physicians, which may include his urologist, radiation oncologist, medical oncologist, and primary care physician."

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 includes 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."

→SIMONE

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good manners, and an open mind. The humility I speak of is not just taking care to admit one's limitations and the weakness of one's understanding or knowledge. It is much broader than that. It is trying to understand Man (our personal selves included) in all his contradictions, strengths and weaknesses.

Alexander Pope

I believe the most powerful statement in this regard was made by Alexander Pope in his *Essay on Man*. The relevant excerpt:

"One finds hubris in every walk of life; academia and medicine are no exception."

"Know then thyself, presume not God to scan;
The proper study of Mankind is Man.
Placed on this isthmus of a middle state,
A being darkly wise, and rudely great:
With too much knowledge for the Sceptic side,
With too much weakness for the Stoic's pride,
He hangs between; in doubt to act, or rest,
In doubt to deem himself a God, or Beast;
In doubt his Mind or Body to prefer,
Born but to die, and reas'ning 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 abus'd, or disabus'd;
Created half to rise, and half to fall;
Great lord of all things, yet prey to all;
Sole judge of Truth, in endless error hurl'd:
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.