2023

WOMEN in ONCOLOGY

at Moffitt

MOFFITT CANCER CENTER

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Dear Colleagues and Friends,

We are pleased to share with you the sixth edition publication of Women in Oncology at Moffitt Cancer Center. This publication highlights the women physicians and researchers at Moffitt who are making a difference in the lives of our patients and breaking ground in the field of oncology. The publication is sponsored by Moffitt's Women in Oncology, which aims to develop and deliver ways to engage, promote and retain women faculty by offering opportunities for women to connect, explore ideas and receive support.

Moffitt's women faculty members are a diverse group of clinicians and researchers with unique areas of expertise and interests. Yet they share a common goal: to contribute to the prevention and cure of cancer. In this issue, we profile six outstanding women who are committed to our mission.

Lia Perez, MD, is a hematologist and researcher who is an expert in allogeneic hematopoietic stem cell transplantation. Doratha A. Byrd, PhD, focuses her research on the interrelationships among modifiable dietary and lifestyle exposures, the microbiome, and cancer risk and progression. Jobelle Baldonado, MD, is a thoracic surgeon with clinical interests in minimally invasive lung cancer and esophageal cancer surgery. Claudia Paba Prada, MD, is an oncologist/hematologist with Moffitt Malignant Hematology and Cellular Therapy at Memorial Healthcare System, where she focuses on management of plasma cell disorders such as multiple myeloma. Jasmine Graham, PhD, investigates extractable quantitative medical imaging features such as imaging biomarkers to adapt radiation therapy and predict outcomes. Shahla Bari, MD, is focused on immuno-oncology, particularly on the role of microbial metabolomics in modulating host immune responses.

This edition of Women in Oncology also highlights the women genitourinary oncologists at Moffitt who are breaking barriers in a male-dominated field. We also hear from the women at the forefront of President Joe Biden's Cancer Moonshot initiative and how Moffitt is leading the charge in expanding lung cancer prevention and screening efforts, which is being spearheaded by Jhanelle Gray, MD.

This Women in Oncology publication coincides with the group's Grand Rounds on Feb. 3. This year, we are honored to welcome Danielle Carnival, PhD, as the guest speaker. Carnival serves as the Cancer Moonshot coordinator in the White House Office of Science and Technology Policy. In this role, she leads the effort to achieve President Biden's vision to end cancer as we know it.

We hope you enjoy the Grand Rounds and this publication. And we look forward to working together to make Moffitt a tremendous place for women oncologists to grow and enjoy their careers.

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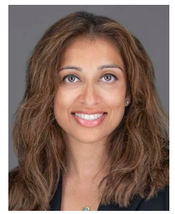

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INTRODUCING

Dr. Danielle Carnival

Cancer Moonshot Coordinator

Danielle Carnival, PhD, serves as the Cancer Moonshot coordinator in the White House Office of Science and Technology Policy. In this role, she leads the effort to realize President Joe Biden's vision to end cancer as we know it.

Carnival joins Moffitt Cancer Center as the guest speaker for Women in Oncology's 7th annual presentation, in which she will deliver an update on the national Cancer Moonshot initiative.

Prior to her current tenure at the White House, Carnival served as CEO of I AM ALS, a patient-driven community that improves public understanding of ALS, provides key resources to the community, and creates opportunities for patients to lead the fight against ALS and search for cures. Amyotrophic lateral sclerosis, or Lou Gehrig's disease, progressively attacks nerve cells that control muscles throughout the body. Carnival also served as vice president of the Biden Cancer Initiative, where she led organizational, program, policy and partnership development.

Carnival helped oversee the Cancer Moonshot program in the Obama-Biden administration as chief of staff and senior policy director. In this role, she leveraged her technical scientific expertise to develop programs and policies in partnership with federal agencies and the private, academic and philanthropic sectors. Carnival assumed leadership roles for some of the administration's signature initiatives and events, most notably the White House Cancer Moonshot, White House Science Fairs, College Opportunity Days of Action, and Computer Science for All and Diversity in STEM initiatives.

Carnival received her doctorate in neuroscience from Georgetown University and her bachelor's degree from Boston College.

In Appreciation

Moffitt Cancer Center founder H. Lee Moffitt joined the co-founding team of Women in Oncology, current steering committee members and the first set of women faculty members featured in the inaugural issue of the publication during a luncheon in November 2022. Left to right: Lauren Massie, Dr. Mihaela Druta, Dr. Julie Hallanger-Johnson, Yvette Tremonti, Dr. Asmita Mishra, H. Lee Moffitt, Dr. Kaaron Benson, Liz Vogel, Dr. Aliyah Baluch, Dr. Heather Jim, Dr. Zeynep Eroglu and Dr. Randa Perkins.

The Women in Oncology Mentoring Program started in 2018 and provides clinical and research faculty the opportunity to attend group events, as well as establish mentoring relationships. We would like to thank the steering committee, executive leadership and participants for their contributions to Women in Oncology.

An Interview with

Dr. Lia Perez

Lia Perez, MD, is a hematologist and researcher who is an expert in allogeneic hematopoietic stem cell transplantation. She is a senior member of Moffitt Cancer Center's Blood and Marrow Transplant and Cellular Immunotherapy Program and a professor in the University of South Florida College of Medicine's Department of Oncologic Sciences. Perez graduated from the University of Buenos Aires School of Medicine in 1991. She completed her internship and residency both in Argentina and New York City. She completed a fellowship in hematology and medical oncology at Yale University and a fellowship in hematopoietic stem cell transplantation at Memorial Sloan Kettering Cancer Center. Perez cares for patients in need of bone marrow transplants from donors and has been at Moffitt for almost 20 years.

What made you want to go into medicine/ research as a career?

When I was a teenager, I wanted to be an architect. I like buildings and utilization of living spaces. Then one day in high school, my biology teacher drew a cell on the blackboard. She showed us everything inside the cell and how it works. And pretty much it's a network – like architecture – and at the same time is functional, too. I thought it was even more interesting than a building, and I wanted to decipher how it works like scientists do.

Then my parents, who are also physicians, inspired me, explaining that medicine is a great venue to understand how the human body works and also a means to help others in need. I understood then that medicine is a broad field that can open your horizons to do anything you want in life – from clinical care to science to education and/or administration. So that's how I ended up in medicine.

What are your research and clinical interests?

What I do here at Moffitt clinically is allogenic bone marrow transplants. Researchwise, my main interest is in graft-versus-host disease, where the donor attacks the transplant recipient's organs. I have done many years of work in the laboratory to understand how this process works, which allows me to design clinical trials to test new medicines and provides another perspective when I treat patients.

What are you working on right now that you are most excited about?

I get very excited about taking care of patients as I can make a difference in their lives or even just be there for them in moments of despair. I also understand the precious need for advanced medicine. I continue to be involved in research designing clinical trials to prevent or treat transplant complications, while monitoring patients enrolled in trials.

What would you say is one of the biggest challenges in your field?

In my 20 years of being a transplanter, we have made this treatment option accessible to a lot more patients beyond the prior age limits that had been set due to transplant complications. So we now can provide more access to transplants than when I started my hematology career. Now we have more supportive care, medicines and so forth. Where the challenge comes, after the successful transplant, is trying to improve the quality of life for our patients.

Even those patients whom the medical team considers a success report fatigue and a lot of limitations mentally and physically. Life is not static, and recovery is a long process. My hope is that if we can minimize the impact of all the comorbidities in the long run, our impact will be greater.

What do you see as the future of cancer screening and prevention efforts?

My mother used to run a vaccination program in Argentina. So my mom is all about prevention and vaccines. She used to say, "I hate disease, and I don't want to see people sick when it can be avoided." So prevention I think is where we need to put more effort.

Of course, there's a limit to what we can do. Not all the cancers are preventable, but screening with annual exams helps. In my field, most of those cases are not exposure related. So there's not that much to blame. But it comes back to the science – we're learning a lot, and we have made a lot of progress, but if we knew how all these cancers develop and what causes them, we could help more.

Who is the person who encouraged you the most in your career and how did they impact you?

When I was a medical student, I did a rotation at Yale University. One day I saw this sign in the hospital hallway that said "Bone Marrow Transplant Unit." I had no idea what this meant. So I contacted the student dean and was put in touch with Dr. Joel Rappeport. He was not very interested in having a student for just one week – he even challenged me with what I could possibly learn from him in such a short time. My answer was: "I just want to see what you do with your life this week." This was enough to connect us for the rest of our professional careers. This was a crucial week for the life of a transplant patient, when chemotherapy was given and I participated in harvesting bone marrow in the OR from the patient's relative – my first time doing this.

I have been lucky in my mentee experience. I always found the right mentor who gave me the guidance I needed while I trained at Yale (Drs. Nancy Berliner and Diane Krause) and at Memorial Sloan Kettering (Drs. Richard O'Reilly, Malcolm Moore and Marcel van den Brink). I was fortunate to be part of Moffitt's transplant team and gained valuable experience from Drs. Claudio Anasetti and William Dalton.

What advice would you give a younger colleague about balancing work responsibilities, personal responsibilities and self-care?

As you age and gain knowledge and confidence, you cope with things differently. The pressure is always there, obviously. You try to do your best, but never let yourself get to a point where you're frustrated. You need to learn how to let go and just be happy with yourself so you can make others happy, too. If you are in that state, everything else goes more smoothly in your professional and personal life. You just have to find the right balance in your life – easier said than done. I love to work. I love what I do here. But what defines me is my family and friends who contribute so much to who I am so I can help others.

"It comes back to the science ... if we knew how all these cancers develop and what causes them, we could help more."

An Interview with

Dr. Doratha A. Byrd

Doratha A. Byrd, PhD, focuses her research on the interrelationships among modifiable dietary and lifestyle exposures, the microbiome, and cancer risk and progression. Byrd completed her PhD in epidemiology at Emory University, where her research focused on the development and validation of novel, inflammation biomarker panel-weighted dietary and lifestyle inflammation scores and their associations with colorectal neoplasms. She completed a postdoctoral fellowship in the Metabolic Epidemiology Branch of the Division of Cancer Epidemiology and Genetics at the National Cancer Institute, where she was involved in studies to establish the best standard methods for collecting fecal samples for 16S rRNA and shotgun metagenomic microbiome studies. In January 2021, she joined Moffitt Cancer Center as an assistant member in the Cancer Epidemiology Program, where she is continuing her methodological and etiological microbiome research.

What made you want to go into medicine/research as a career?

I have always been inspired by my grandmothers, who were passionate about eating well and being physically active. When I began to learn about the higher incidence of cancer and other chronic diseases that plague the Black and African American community, I became interested in how healthy lifestyle behaviors can potentially reduce disparities. I believe that by eating healthy and exercising, we not only reduce our risk for cancer but also improve our overall quality of life.

What are your research interests?

My research focuses on understanding the interrelationships among modifiable dietary and lifestyle exposures, the gastrointestinal microbiome, and cancer risk and progression. Ultimately, my goal is to use multilevel approaches to address cancer disparities with my etiological microbiome research.

What are you working on right now that you are most excited about?

I have several studies ongoing that I hope will address worse outcomes among Black and African American populations, who are more likely to develop and die from certain cancers. I am also interested in understanding why more individuals are being diagnosed with colorectal cancer at younger ages. Race- and age-related differences in cancer development and outcomes could be related to the trillions of microbes living in the gut (the gut microbiome), which may be modified such as through diet. Therefore, I am measuring the gut microbiome in large study populations including in diverse community clinic populations, among Black and African American breast cancer patients and in a cohort of newly diagnosed colorectal cancer patients, many of whom were diagnosed before age 50. I hope these studies will shed light on how to better prevent and treat cancer, particularly among disproportionately affected populations.

What is one of the biggest challenges in your field?

There are multiple challenges in the field that hinder progress toward understanding the associations of the microbiome with health and health disparities. First, availability of pre-diagnostic fecal specimens is limited among diverse populations to study how the microbiome is involved in the development of disease. Second, it is critical to collect detailed data, especially on potentially modifiable exposures – but doing so is often challenging. Finally, many existing microbiome studies lack representation of historically underrepresented individuals. I am hoping to address these challenges by developing large, population-based prospective studies with microbiome samples, identifying exposures that may be driving microbiome-related disparities by collecting detailed participant data, and recruiting diverse participants, such as from community health centers.

What do you see as the future of cancer care?

I hope that across the cancer continuum, we will be able to integrate established cancer biomarkers, such as the gut microbiome, into standard clinical practice. I also think it will be critical to develop evidence-based diet and lifestyle recommendations that reduce cancer burden across diverse populations.

What comes to mind when you hear the term "Superwoman Syndrome"?

I think of women in the workplace like myself, who find it difficult to balance both career and life responsibilities.

Have you ever experienced the pressures of Superwoman Syndrome?

I have. I became a mom in September 2021, which has been a roller coaster experience of learning how to work toward achieving my career goals while being the best mom that I can to my little girl.

How have you overcome those pressures?

I am working to overcome these pressures by learning to ask for help and learning to prioritize my time to focus on the things that matter most. I am also working to develop and utilize an extensive support system. This support system includes an incredible research team comprising stellar individuals, such as Stephanie Hogue, a dedicated research project specialist who has been instrumental in helping to move my projects forward. I have also learned to adjust the expectations that I have for myself and give myself grace. I also created habits and routines that help me to manage my time, such as meal prepping on Sundays and waking up early to fit in writing and reading.

What advice would you give a colleague about balancing work responsibilities, personal responsibilities and self-care?

Don't be ashamed to ask for help, and it is OK to say "no" sometimes. Also, to take the best care of those around you, it is important to first take the time to take care of yourself.

Who is the person who encouraged you the most in your career and how did they impact you?

I have been incredibly lucky to have mentors who took the time to foster my career development. My PhD mentor, Dr. Roberd "Robin" Bostick, was instrumental in encouraging my career trajectory. He taught me how to work in interdisciplinary teams, conduct careful science, write competitive grants and lead a team. His encouragement motivated me to continue in my mission to study diet and cancer as a principal investigator. I went on to have mentors in the microbiome at NCI (Drs. Rashmi Sinha and Emily Vogtmann) and here at Moffitt (for example, Drs. Kathleen Egan and Tiffany Carson). These mentors were critical in helping me to learn how to implement methodologically sound microbiome and molecular epidemiology studies as a principal investigator. I am grateful to have been able to learn from these incredible individuals.

"I believe that by eating healthy and exercising, we not only reduce our risk for cancer but also improve our overall quality of life."

An Interview with Dr. Jobelle Baldonado

Jobelle Baldonado, MD, is a thoracic surgeon with clinical interests in minimally invasive lung cancer and esophageal cancer surgery, including lobectomy, segmentectomy, esophagectomy and the management of chest wall tumors. Her research interests focus on thoracic surgical outcomes. Baldonado received her medical degree from the University of the Philippines College of Medicine. She remained at the University of the Philippines to complete an integrated residency in thoracic and cardiovascular surgery. She then completed a Minimally Invasive Thoracic Surgical Oncology Fellowship at Moffitt Cancer Center, followed by a Cardiovascular Surgery Fellowship at the Mayo Clinic in Rochester, Minnesota.

What made you want to go into medicine as a career?

There is no other physician in the family, and every time we went to one, I was always fascinated with the physician's job as a child. I enjoy fixing things and/or making them better if I can. This was reinforced even more when I lost my mother at 12 years old. She always brought us to the doctors, but I never saw her go to one herself. She suffered an early cardiac death. I think that is one of the reasons I chose medicine and cardiothoracic surgery in particular.

What are your clinical and research interests?

My research focus is on thoracic surgical outcomes. There is a lot of anxiety and fear regarding chest surgery, and rightfully so. I see that every time I speak with a patient in clinic and discuss the risks of surgery. My focus with research is to keep working on improving these outcomes by looking at risk factors and making the surgery a better experience for our future patients.

What are you working on right now that you are most excited about?

I am interested in achieving good surgical lung or esophageal resections using the robotic technology. Currently, I am working on our technique for a total robotic approach to esophagectomy for esophageal cancers. I have only performed a few, but I find it challenging as I discover many different ways to do the same procedure and find out which works best for a patient. It is a work in progress.

What is one of the biggest challenges in your field?

One of the biggest challenges in the field of thoracic oncology is early detection. When I was in the Philippines, a majority of the patients I saw had locally advanced or metastatic lung cancers. I was only able to resect a few. There was no concept of lung cancer screening. Here in the U.S., I am glad that we have that, but it is unfortunately underutilized. The challenge to us providers lies in getting the word out there in the communities, that if they have risk factors, they need to get screened.

What do you see as the future of cancer screening and prevention efforts?

The future of cancer screening and prevention lies in a concerted effort at education, not just directed to the population but to providers who see the patients in the communities. It has to be a long-term campaign and not simply something that pops up intermittently on an awareness month.

What comes to mind when you hear the term "Superwoman Syndrome"?

What comes to mind is doing everything, all at once, for everyone, at the highest possible level. It is the constant pressure to meet expectations one sets for herself, to be great at the things you need to do or the person you need to be for the people around you – be it a clinician, a researcher, a child, a mother, a sister, a friend – whatever you need to be for someone.

Have you ever experienced the pressures of Superwoman Syndrome, and how have you overcome those pressures?

Absolutely. It remains a daily battle to not be a superwoman in the field of medicine. There is this nagging feeling that you need to be productive each day of each week. There is this feeling of guilt when I find myself watching a movie, reading a book or taking time away. During my first year as faculty, I did not use up all my time off until the very last week, when I realized there was still a lot of time left. It requires constant reminding of oneself to take a break and enjoy life, too. It requires being able to say "no" at times.

Who is the person who encouraged you the most in your career and how did they impact you?

It would definitely be my mother. She was widowed in 1986 and had to raise four young children all by herself.

"The future of cancer screening and prevention lies in a concerted effort at education, not just directed to the population but to providers who see the patients in the communities."

She was an English teacher to high school students in our small town in the Philippines. She prepared meals for her children early in the morning, got us all ready for school, taught other kids from 8 to 5, then came home to care for her own children once more at night. I do not know how, but she always had a way to make ends meet. She managed to send all of us to school with the meager salary that a teacher makes back home. She managed to do her chores at home and always made us feel loved and protected. She unfortunately passed away when I was 12, and although she did not have a lot of chances to encourage me with words, her whole life was more than enough encouragement and motivation for me. She lived an extremely difficult life but she kept persevering. She's been gone a while now and she was not even a physician, but I feel she holds the biggest influence in my career and in the decisions I have made in my life.

Have you ever had a mentor or been a mentor?

Yes. When I was training as a resident, there were times when I would question my career choice, especially when it got tough. I almost left and went into another surgical sub-specialization on my second year of residency. At that time, I remember going to lunch with my mentor, and he listened. He gave me clarity and guided me. He was around for the lows and the highs. I am fortunate to have him still. We always meet whenever I am in Manila to catch up and talk about our professional and life experiences. I think it is extremely important to have a mentor and to be a mentor to someone. I hope to do the same as my mentor did for me.

An Interview with

Dr. Claudia Paba Prada

Claudia Paba Prada, MD, is an oncologist/hematologist with Moffitt Malignant Hematology and Cellular Therapy at Memorial Healthcare System. She earned her medical degree from Universidad Industrial de Santander in Bucaramanga, Colombia, and completed an internal medicine residency at Pennsylvania Hospital in Philadelphia. She completed a hematology/oncology fellowship at The University of Tennessee Health Science Center in Memphis and an advanced fellowship in hematologic malignancies at Dana-Farber Cancer Institute in Boston. Paba Prada was an attending physician in both the Department of Medical Oncology at Brigham and Women's Hospital and the Department of Hematologic Malignancies at Dana-Farber Cancer Institute and a clinical instructor at Harvard Medical School. Before joining Moffitt in 2020, she was also a clinical physician in the Department of Hematologic Malignancies at Miami Cancer Institute. Paba Prada has a clinical interest in the management of plasma cell disorders, including monoclonal gammopathy of unknown significance, multiple myeloma, AL amyloidosis, POEMS syndrome and Waldenstrom's macroglobulinemia.

What made you want to go into medicine as a career?

I chose a career in malignant hematology as this is an exciting, rapidly evolving field with breakthroughs being achieved at an almost daily rate. This is due to groundbreaking clinical research that investigates new methods to improve treatment outcomes while ensuring that patients receive the best care possible.

Did you almost go into another field?

Early in medical school, I was interested in malignant hematology as I have always thought of it to be incredibly fascinating. I was initially interested in pursuing a career in hematopathology. After completing medical school in Colombia, I moved to the United States to validate my medical degree and continue with my post-graduate training. During this transition, I had the opportunity to work in a hematopathology laboratory and rotated through the different pathology departments at the University of Pennsylvania. While it proved to be an amazing learning experience, I found myself longing for the direct interaction and connection with my patients. This realization helped me to decide to pursue a career in medicine and clinical hematology oncology.

What is one of the biggest challenges in your field?

Implementation of new sophisticated therapeutic modalities such as CAR T-cell therapy into routine clinical practice remains a challenge due to multiple factors, including the complex manufacturing process, the need for highly specialized cancer centers to manage these patients, and the high cost and government regulations. Despite promising response rates in trials, the availability and equal access of these treatments continues to be limited.

What do you see as the future of cancer care?

Cancer care has advanced at an amazing pace in recent years! New insights into the biology of tumors, genetic engineering and sequencing, and tumor microenvironments have led to the development of new targeted treatments including exciting immunotherapies and cellular therapies. These advances have led to improved treatment outcomes and have translated into longer time to disease progression and survival. Ongoing research to improve cancer treatments provides hope that soon we may be able to achieve a cure.

What do you see as the future of cancer screening and prevention efforts?

I think cancer prevention and screening has a crucial role in improving cancer-related mortality. Most cancers can be cured if they are diagnosed at their earliest stages, and when there is a delay in diagnosis or therapy, the chance of survival drops significantly. Early diagnosis is also critical in reducing morbidity and disability not only related to the malignancy itself but also to treatment-related side effects. We must implement cancer prevention strategies such as colonoscopy, mammography, and vaccinations against infection-related cancers like HPV and hepatitis B more effectively. We also need to emphasize the importance of lifestyle changes and avoidance of exposures to known carcinogens early in life. There is also a significant need for the development of new strategies for prevention and screening of many other cancers and premalignant conditions.

What comes to mind when you hear the term "Superwoman Syndrome"?

To me, it represents a woman who strives to be all conquering. Whether it's fulfilling all the responsibilities of her career, being ever present in her home and family life, or finding the time to simply enjoy life.

Have you experienced the pressures of Superwoman Syndrome, and how have you overcome those pressures?

Although I am passionate about what I do, I admit that sometimes I feel overwhelmed with the responsibilities of my position and the mental demands of caring for patients. Maintaining a good work-life balance is a priority so I can also be present for my family at home. I aspire to have quality time with my family, spend more time outside enjoying nature, and travel to new places to recharge and disconnect.

Who is the person who encouraged you the most in your career and how did they impact you?

I have been lucky to have several people in my life who have supported me throughout my career. My husband, who is also a physician, has been and continues to be the person who encourages me the most and helps me to overcome obstacles.

What are some of the big lessons you have taken from mentors?

I have been blessed to have amazing mentors from the Dana-Farber Cancer Institute, where I trained and was a junior faculty member. They have truly helped me become the oncologist I am today. One of the most important lessons my mentor has impressed upon me is to always try new projects or opportunities even if I feel they are out of my reach or comfort zone. This has helped me achieve my goals even when I thought they were impossible.

What advice do you wish someone had given you at the beginning of your career?

I wish I had been better prepared to weather the loss I suffered from every patient I lost at the beginning of my career. This is something I have learned with experience. Even though it can be heartbreaking, I now feel more joyful about the time I spent with my patients and feel fortunate to know that I have made a difference in their lives and that of their families.

"One of the most important lessons my mentor has impressed upon me is to always try new projects or opportunities even if I feel they are out of my reach or comfort zone."

Jasmine Graham, PhD, is a medical physicist and assistant member in the Department of Radiation Oncology. As the first Black woman to graduate with a PhD in applied physics from the University of South Florida, Graham joined Moffitt Cancer Center in 2019 after completing a postdoctoral research fellowship and a medical physics residency at UF Health Cancer Center–Orlando Health. Her clinical interests include applying medical physics to personalize and adapt state-of-the-art radiation therapy for each patient and ensuring the safety and quality of radiation planning and delivery procedures. Graham's research interests include investigating extractable quantitative medical imaging features as imaging biomarkers to adapt radiation therapy and predict outcomes and to advance image-guided adaptive radiation therapy using novel technologies.

An Interview with Dr. Jasmine Graham

What made you want to go into medicine/ research as a career?

I was heavily influenced by my parents, who both graduated from college with degrees in science. My father majored in biology and is a chemist, and my mother is a chemical engineer who is now working in environmental engineering. At the young age of 7, I made up my mind to pursue a career in the medical field. At that time, I thought I would become an obstetrician/ gynecologist and deliver babies, but that aspiration changed as I was exposed to other careers. It was at South Carolina State University, my undergraduate institution and a historically Black college/university, that I was introduced to the field of medical physics. I changed my major to physics, and the rest is history.

What are your research and clinical interests?

My clinical interests are in stereotactic radiosurgery, and my research interests are in adaptive radiotherapy.

What are you working on right now that you are most excited about?

I recently published a feasibility study of hippocampal avoidance whole brain radiotherapy using our MRI-guided linear accelerator. This study opens the possibility of radiomic analysis and potential adaptive treatments to metastatic lesions based on disease response. Previously, brain metastases treatment focused on increasing survival following treatment instead of improving quality of life following diagnosis. We hope our findings offer a newer approach for these patients that can transform their quality of life.

"I see the future of cancer care as a highly interdisciplinary effort. I believe that patients will continue living longer as our treatments become more personalized."

What do you see as the future of cancer care?

I see the future of cancer care as a highly interdisciplinary effort. I believe that patients will continue living longer as our treatments become more personalized.

What is one of the biggest challenges in your field?

In my opinion, one of the biggest challenges in medical physics is establishing a healthy work-life balance, especially in a busy cancer center like ours where we treat so many patients.

What comes to mind when you hear the term "Superwoman Syndrome"?

I immediately think of women who are attempting to be 100% at their jobs and at home. They're taking on extra roles at work and working the extended hours while attempting to be 100% at home also.

Have you ever experienced the pressures of Superwoman Syndrome? If so, how have you overcome those pressures?

Yes, every day. I overcome these pressures by prioritizing tasks and valuing my time. I know my limitations, and I'm honest with others about what I can and can't do. I also try not to compare myself to others (women and men) and realize when I need to ask for help.

What advice would you give a colleague about balancing work responsibilities, personal responsibilities and self-care?

First, remember that you are valuable. Second, know that your time is valuable – choose wisely where you spend it. Third, know that your worth is not defined by the quantity of work. Always do your best. Finally, ask for help when you need it. There's a balance between having everything done exactly as you want it to be done (which usually means you do it yourself) and accepting good help.

Who is the person who encouraged you the most in your career and how did they impact you?

There are two people who encouraged me the most during my career. They would be my mother and father. Whenever I felt like something was too difficult, it was my mother who encouraged me to finish strong and do my personal best. And my father always encouraged me to "run my race," which basically means to focus on my own path and not compare myself to others.

Have you ever had a mentor or been a mentor?

Yes, I have both had mentors and been a mentor. I have had mentors at every step of my journey to this point and even today. The biggest lessons I've taken from mentorship is the value of mentorship itself and the value of getting an outside perspective.

What advice do you wish someone had given you at the beginning of your career?

You have more time now than you realize. Use it wisely.

"There's a balance between having everything done exactly as you want it to be done (which usually means you do it yourself) and accepting good help."

Shahla Bari, MD, is an assistant member in the Department of Cutaneous Oncology. She earned her medical degree from Patna Medical College in India and, after moving to the U.S., completed an internal medicine residency at Morehouse School of Medicine in Atlanta. During her residency, she was a National Institutes of Health Scholar for Cancer Health Disparities Training and Research Education, and she completed a hematology/oncology fellowship at Moffitt Cancer Center and the University of South Florida. Bari's clinical interest is immuno-oncology, focused on the role of microbial metabolomics in modulating host immune responses. She is also working on expanding the understanding of how microbial metabolites may play a role in ancestry-based disparities in immunotherapy treatment outcomes.

An Interview with Dr. Shahla Bari

What made you want to go into medicine as a career?

I was born and raised in India. Back in India, we compete to enter medical school right after 12th grade. I really wanted to go into engineering because I loved physics and math, but my parents thought that medicine was the best field for a woman. At that time when you are just 17 or 18 years old, you believe that your parents are deciding the best for you. I trusted them, and now that I'm in medicine, I think it was an excellent decision. I now use my strength in math and statistics in research and solving crucial biological questions.

What are your clinical and research interests?

My clinical interest is immune oncology, specifically checkpoint therapy and newer therapies, such as cellular therapy. In research, I have an interest in the microbiota. There are trillions of microorganisms that live in our gut, and believe it or not, they play a pivotal role in our physiology, our predisposition to diseases and how we respond to treatment. It is very similar to the billions of humans who live on the Earth and the effect that we collectively have on our ecosystem and Earth. We are now looking deeper into how these microorganisms in our gut produce metabolites and affect our immune responses.

What are you working on now that you are most excited about?

I am working on how to leverage microbiota and microbial metabolites to improve responses and toxicity to treatment, specifically immunotherapy. As a fellow, we did a study in head and neck cancer patients who responded fairly poorly to immunotherapy. We just did a simple thing: We asked these patients to fast at night – 13 to 14 hours of fasting – for three months and we found that response rates doubled. That was so exciting. It was nothing toxic, just utilizing host microbiome and metabolome to boost immune responses. I think expanding on that science and continuing innovative work is the most exciting thing that wakes me up every morning.

What do you see as the future of cancer care?

Right now, cancer care is pharma-driven, focusing on more drugs and different drug combinations. We have forgotten the host. As we move toward precision medicine, we look at the mutations in the tumor, but more needs to be done. We need to look into the physiology of the patient. Here's where the microbiota, diet, and the role of microbial metabolites and their effect on immune responses come in. We need to develop a holistic picture of the patient, as well as the tumor, to design the best treatment. I think that is how we can prevent cancer, improve treatment outcomes and ensure long-term survival. Appreciating the host and designing host-centered treatment also helps improve patients' perception of control over their well-being.

What is one of the biggest challenges in your field?

I would say the biggest challenge for a woman is being able to assert her desire to progress. This is not particular for cutaneous oncology or medicine, but professional life in general.

When a woman becomes ambitious, she is considered aggressive. This is not seen as much when a man is ambitious. "Aggressive" is a term that I have heard repeatedly since the beginning of my residency. I am told not to be so driven, not to aspire so high, while a man in the same position would just be called ambitious.

Have you ever experienced the pressures of Superwoman Syndrome, and how have you overcome those pressures?

I have experienced the Superwoman Syndrome since the start of my residency and fellowship. It still continues and I think it's a journey. It's a process where you learn to give up a few things that are not so important and work toward the things that are important. What is critical is having a mentor or a mentoring committee where you have both men as well as women who can guide you selflessly. The trick is to know when to say "no" to things. I am trying and hope to get better at saying "no" to a lot of things.

Who is the person who has encouraged you the most in your career and how have they impacted you?

My husband. I started as a radiology resident, and in the middle of the residency I found that I had a benign lesion in my brain that was growing, so I could not do any more radiation-related procedures that are a part of radiology training. My husband was an oncology fellow, and I truly admired what he was doing, the impact that he was making on cancer patients' lives and how fast the scientific world was expanding in oncology. That is the time I made the decision that if it is not radiology, it has to be oncology, and I think in retrospect, it was a great decision. He is a few years ahead of me, and he instilled the confidence in me that I can fly.

What advice do you wish someone had given you at the beginning of your career?

At the beginning of my oncology career, I really focused on the science – getting funded, getting published – and I had mentors who were mostly in basic/translational science. I wish somebody would have pushed me toward having a few clinical mentors so that I could have balanced the mentoring committee. Now, I really have a very strong basic science background with the help of my mentors, but I'm looking for clinical mentorship in addition to continued translational science mentoring.

"We need to develop a holistic picture of the patient, as well as the tumor, to design the best treatment."

OVERCOMING THE CHALLENGES OF LUNG CANCER SCREENING

Moffitt women faculty are focused on getting more smokers screened and finding innovative ways to help them quit

In early 2022, President Joe Biden announced the relaunch of the Cancer Moonshot initiative with the goals of reducing the cancer death rate by half within 25 years and improving the lives of patients and survivors. A key component of the initiative is to expand the use of proven cancer prevention and early detection strategies.

Millions of Americans, especially those among medically underserved populations, are at high risk for cancers that have proven prevention and screening strategies in place. Although breast, cervical, colorectal and lung cancers all have nationally recognized screening programs, lung cancer screening participation significantly lags behind.

According to the National Cancer Institute's Cancer Trends Progress Report, the most recent data available shows 76.4% of women ages 50 to 74 had a mammogram within the past two years, 73.5% of women ages 21 to 65 were up-to-date with cervical cancer screening and 67.1% of adults ages 50 to 75 had received colon cancer screening under current guidelines.

However, only 5.7% of those at high risk for lung cancer are screened, according to the American Lung Association's State of Lung Cancer 2020 Report.

In 2021, the U.S. Preventive Services Task Force expanded lung screening guidelines to include more people. Annual screening with a low-dose CT scan is now recommended for adults ages 50 to 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Early detection by low-dose CT scans can decrease lung cancer mortality by up to 20% among high-risk populations.

Dr. Jhanelle Gray
Chair, Thoracic Oncology Department

"If everyone who is eligible to undergo lung cancer screening actually had the screening done, 60,000 lives per year would be saved," said Jhanelle Gray, MD, chair of the Thoracic Oncology Department at Moffitt Cancer Center. "That's a significant amount, and when you look at the goals of the Cancer Moonshot project, this to me is low-hanging fruit. This is something we have to do."

DETECTING CANCER EARLY

Efforts are already in motion at Moffitt to improve lung cancer screening and prevention. Thoracic surgeon Lary Robinson, MD, leads the Lung Early Detection Program, which is dedicated to finding lung cancers earlier. Within that program is the Lung Cancer Screening Program, which facilitates all screenings; the Pulmonary Nodule Program, which is for patients who have had an abnormality identified on a screening; and the Surveillance Clinic, which is for lung cancer survivors who are also at risk for secondary cancers.

"All of these programs use very similar processes and procedures, like the low-dose CT scan, to help follow patients and promote early detection," Gray said. "This is critically important because the earlier we can detect lung cancer, the higher your chance of cure is."

The five-year survival rate for lung cancer is 56% for cases detected when the disease is still localized. However, only 16% of lung cancers are diagnosed at an early stage. For cases where the cancer has spread to other organs, the five-year survival rate is only 5%.

To increase the number of eligible individuals who undergo lung screening, thoracic physicians and researchers are trying to identify the barriers and solutions to overcome them. This includes creating shared documentation in the electronic health record to make scheduling screenings easier, increasing access to underserved populations, working to end the need for prior authorization for screening, eliminating stigma, and increasing awareness among communities and primary care providers.

U.S. Rep. Kathy Castor has requested $2.3 million in the fiscal year 2023 budget for Moffitt to purchase a mobile screening unit to reach underserved populations. Meanwhile, the Lung and Thoracic Tumor Education Program is working on developing new partnerships and appropriate educational tools that not only target current and former smokers to come in for first-time scans, but to keep them coming back annually.

"We want to eliminate any negative reassurance," Gray said. "For example, some may say, 'I smoked, I received a negative CT scan, so I can continue smoking.' This is not the correct thinking. Those at risk must continue to have annual low-dose CT scans and quit smoking."

The team is also looking into setting up an electronic system that can send out reminders to patients and create an opportunity to easily schedule annual scans.

> **"If everyone who is eligible to undergo lung cancer screening actually had the screening done, 60,000 lives per year would be saved."**
>
> – Dr. Jhanelle Gray

SMOKING CESSATION FOR PATIENTS

Smoking is the main cause of lung cancer and contributes to 80% to 90% of lung cancer deaths in women and men, respectively. Men who smoke are 23 times more likely to develop lung cancer and women are 13 times more likely compared to never-smokers. Exposure to secondhand smoke can also increase risk for lung cancer.

The National Cancer Institute has awarded funding to several projects that align with the Cancer Moonshot's recommendation to expand screening and prevention strategies, including the Cancer Center Cessation Initiative. The goal is to develop sustainable and effective tobacco cessation programs for patients with cancer while also evaluating approaches and outcomes.

Dr. Vani Simmons
Co-Director,
Tobacco Research and
Intervention Program

Moffitt is one of the NCI-designated cancer centers to receive funding. Vani Simmons, PhD, co-director of Moffitt's Tobacco Research and Intervention Program, is leading the two-year, $500,000 project aimed at building infrastructure to provide Moffitt patients access to smoking cessation resources. Studies show up to two-thirds of patients continue to smoke even after their cancer diagnosis.

"Some cancer patients think it's too late to quit smoking once they've been diagnosed with cancer," Simmons said. "However, there are a number of adverse outcomes that are related to continued smoking, including cancer treatment being less effective, increased risk of secondary cancers and greater side effects from treatment."

As part of the initiative, Moffitt developed an automated e-referral system to the Tobacco Free Florida Quitline. The goal is to ask every patient about their smoking history, advise current smokers to quit and refer them to Moffitt's tobacco treatment specialists or to other resources such as the quitline.

Simmons and the Tobacco Research and Intervention Program faculty are also applying for large grants to advance smoking cessation research with patients. Underreporting is a major challenge because of the stigma surrounding smoking, so they want to investigate better ways to ask patients about their smoking history and to develop more innovative ways to help them quit.

"Some cancer patients think it's too late to quit smoking once they've been diagnosed with cancer. However, there are a number of adverse outcomes that are related to continued smoking."

– Dr. Vani Simmons

Research shows that while the state tobacco quitline is a no-cost treatment resource, the number of patients referred to the quitline and percentage of smokers who actually get assistance is remarkably low.

"In terms of future directions, our team is interested in leveraging digital technology to increase the proportion of patients who are asked about their smoking," Simmons said. "We think using a digital method may result in patients feeling more comfortable reporting their smoking, and it can also take some burden off of the providers."

Researchers at Moffitt are also conducting research on low-nicotine cigarettes, how to best motivate patients with nonsmoking-related cancers to quit, and how to bring smoking cessation resources to racial and ethnic minorities. While Spanish speakers are the largest minority group in the country, there are surprisingly few evidence-based Spanish-language materials available for smokers. A large, randomized Moffitt study with more than 1,400 Spanish-speaking smokers demonstrated the efficacy of a self-help smoking cessation program culturally adapted for Hispanics.

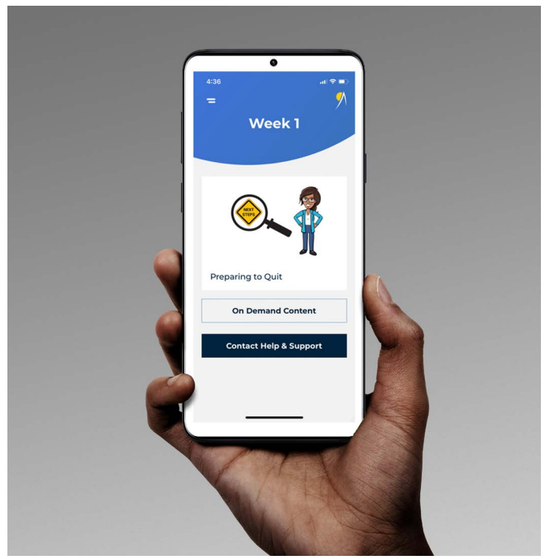
"Our next step for that line of research is to look into how to extend the reach of our work by translating and adapting our written intervention into a mobile health intervention," Simmons said.

NEED TO QUIT? THERE'S AN APP FOR THAT

While the national smoking average sits at around 12%, Jennifer Vidrine, PhD, MS, assistant center director for Research Strategic Partnerships, and Damon Vidrine, DrPH, MS, interim chair of the Health Outcomes and Behavior Department, conducted a pilot study in Oklahoma and found that about 50% of food bank clients they surveyed reported current smoking. Many did not have access to transportation and smoking cessation resources. But when offered the opportunity to participate in a pilot study evaluating a prototype of a fully automated, personally tailored, smartphone-delivered intervention for tobacco cessation at food distribution sites, a high proportion of smokers enrolled.

Jennifer and Damon Vidrine were awarded a five-year grant from the NCI to evaluate the efficacy of this novel treatment approach in a randomized controlled trial. Upon coming to Moffitt three years ago, the Vidrines worked with the cancer center's Office of Community Outreach, Engagement and Equity and the University of South Florida's Center for the Advancement of Food Security & Healthy Communities to develop a partnership with Feeding Tampa Bay to support recruitment for their study.

Drs. Jennifer Vidrine and Damon Vidrine are studying the efficacy of a personally tailored smoking cessation app that can be accessed 24/7. Participants are being recruited when they visit Feeding Tampa Bay food banks.



Dr. Jennifer Vidrine
Assistant Center Director,
Research Strategic
Partnerships

"We are getting people enrolled in the study at that initial in-person interaction when they are picking up their food," Jennifer Vidrine said. "They get a 10-week supply of combination nicotine replacement therapy, and we compensate them for their time. We follow them for a full year, and if they complete every single assessment, they can earn up to $510. That is a meaningful amount of money for those who are struggling financially."

The mobile app offers 12 weekly smoking cessation treatment videos in English or Spanish that are tailored to each smoker's unique needs, based on a series of questions they answer. The videos can be watched on demand and then rewatched later, and the app has a proven benefit that a manned quitline doesn't: It can be accessed 24/7. Studies also show gamification, such as receiving badges or trophies for completing tasks on an app, increases engagement.

The goal is to enroll 500 people into the app study within the next two years.

"As smoking has become more and more stigmatized, individuals are sometimes reluctant to admit to smoking, which can make it challenging for them to get help with quitting," Jennifer Vidrine said. "Through partnering with Feeding Tampa Bay, we can reach these individuals and offer help with the support of a trusted and well-respected community organization that they have already come to trust and rely on for assistance with food insecurity."

"As smoking has become more and more stigmatized, individuals are sometimes reluctant to admit to smoking, which can make it challenging for them to get help with quitting."

- Dr. Jennifer Vidrine

SAVING MORE LIVES

Now that the cancer center has established ways to increase lung cancer screenings, launched research projects and identified digital tools to help smokers quit, it's time to gain national support. In September 2022, Gray and other lung cancer screening advocates, patients and researchers traveled to Washington, D.C., to meet with congressional members and ask for support to increase access to and improve education about lung cancer screening.

"We got some really important questions on how to make this move forward in partnership," Gray said. "We have drafted a policy letter with multiple items such as potential barriers and how to address them. Each one of the items we have on there can be its own policy that a representative can sponsor and help support as a bill."

Targeting lung cancer screenings for current or former smokers is just the beginning, and lung cancer advocates are also hoping to lay the groundwork for federal support for screening for nonsmokers in the future. About 15% of patients who develop lung cancer have never smoked, so it's also important to study other exposure risk factors like radon and air pollution and develop tests to identify genetic mutations that can cause cancer.

"The best-case scenario is that we are all working in partnership across every field to understand these patient populations and focus on increasing screening rates with the ultimate goal of saving lives," Gray said.

"The best-case scenario is that we are all working in partnership across every field to understand these patient populations and focus on increasing screening rates with the ultimate goal of saving lives."

– Dr. Jhanelle Gray

From left, Dr. Jhanelle Gray, research coordinator Monica Reyes and community relations specialist Haley Tolbert traveled to Washington, D.C., in September 2022 with other lung cancer screening advocates to meet with congressional members. The group was advocating for support for increased lung cancer screening efforts.

Women Genitourinary Oncologists Break Barriers in Male-Dominated Field

Drs. Monica Chatwal and Alice Yu are paving the way for more women to specialize in genitourinary oncology

Alice Yu, MD, always knew she wanted to be a surgeon. She spent her training years deciding what surgical specialty to pursue and found herself drawn to urology. There was a large diversity of cases, and surgeons had state-of-the-art technologies at their fingertips in the operating room.

While many women residents in this field tend to go into female urology or pediatric subspecialties, Yu applied for fellowships in urologic oncology, which is a male-dominated field – both in terms of doctors and patients. She quickly realized she was part of the minority.

"When I interviewed for fellowship, some programs commented on the fact they've never had a female fellow. Some never even had a female resident interview before," Yu said. "And this was only four years ago."

Yu had very few women mentors in her training, and the lack of women mentorship in urologic oncology

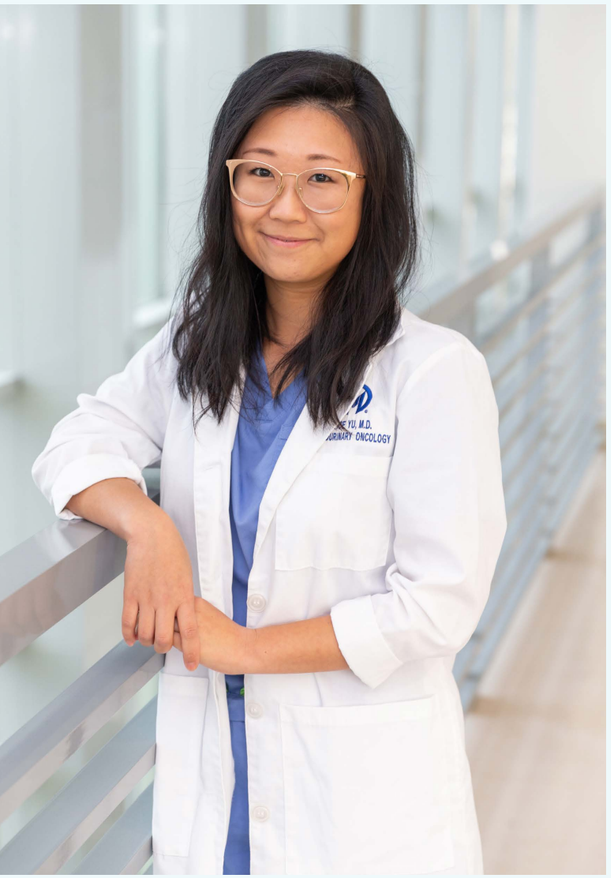
made her second-guess her decision throughout the application process.

“You can’t be what you can’t see,” she said. “There are very few female urologic oncologists. It’s changing, but still very few.”

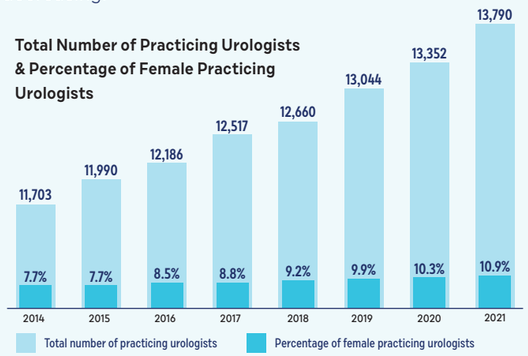
Only 10.9% of all practicing urologists in the U.S. are women, according to the 2021 American Urological Association Census. Although that number has increased from 7.7% in 2014, growth of women in the field compared to growth in the number of urologists overall is actually decreasing.

“You can’t be what you can’t see. There are very few female urologic oncologists. It’s changing, but still very few.”

– Dr. Alice Yu



Dr. Alice Yu became the first woman surgeon in Moffitt’s Genitourinary Oncology Department in 2020, opening new opportunities for patients who are looking for a woman oncologist.



Data sources: National Provider Identifier files and weighted samples from the AUA Annual Census from 2014-2021

Moffitt Cancer Center’s doors were open for 25 years before the first woman oncologist, Shilpa Gupta, MD, joined the Genitourinary (GU) Oncology Department. She left in 2015, and the department was once again solely made up of male physicians until Monica Chatwal, MD, joined in 2018.

Despite the lack of women in the field, Yu pursued a career in urologic oncology, and she became the first woman surgeon in Moffitt’s GU Department in 2020.

Today, Yu and Chatwal are the only women physicians in Moffitt’s GU Department, among a group of 13 doctors. Together, they are opening new opportunities for patients and offering different perspectives when it comes to care.

A PREDOMINANTLY MALE PATIENT POPULATION

Genitourinary oncology focuses on treatment of the urinary system in all genders and malignancies that affect predominantly the male reproductive organs. Many cancers that GU oncologists treat affect only men, such as prostate, testicular and penile cancers. While bladder and kidney cancers can affect everyone, they are more common in men.

For Chatwal, treating a predominately male patient population is interesting and exciting. After working as a satellite oncologist with a focus on genitourinary oncology at Moffitt at International Plaza, she became a full member of the Genitourinary Oncology Department in 2020.

“I enjoy working with men and male patients and have often gravitated toward male friends more than female friends,” Chatwal said. “At first, I was a little hesitant how I would fit into the picture as a medical oncologist and then as a female and on the lower end of the totem pole in terms of clinical and research experience. But it was probably the best decision I have ever made.”

Both Chatwal and Yu agree that the majority of the time, patients don’t view them differently from a male provider.

“I have had rare incidents where patients have asked to see a male provider, mostly for prostate cancer because that’s a sensitive area, and it’s understandable,” Yu said.

However, in the reverse situation both women offer extreme benefit.

“Before we brought on Alice, there was an email circulating about a VA patient who was female and was requesting to see a female urologist, and we didn’t have anybody,” Chatwal said. “It was so nice and refreshing to bring her on because it really did open up so many more opportunities to care for patients.”

There have even been cases where male patients have asked to transfer to a woman provider because they prefer a woman’s communication style and demeanor. However, that doesn’t mean there aren’t times when the women oncologists have faced gender discrimination from patients.

GENDER-BASED DISCRIMINATION

An analysis of patient-derived gender-based discrimination performed at Massachusetts General Hospital and published in The American Journal of Surgery found that 100% of women and 69% of men reported experiencing gender-based discrimination from patients during their residency. On a 0-10 scale, the average frequency of the discrimination for women was 6.4 compared with 1.6 for men. Women residents were significantly more likely than male residents to say gender-based discrimination affected their quality of care, personal safety, job satisfaction and risk of burnout.

“It’s no secret that as a female resident, you’re treated differently by the nurses and staff. Your judgment and authority are questioned a lot more than a male colleague,” Yu said. “These repeated episodes of microaggression can really damage a trainee’s confidence.”

Dr. Monica Chatwal enjoys working with a predominately male patient population. She and other women genitourinary oncologists bring different perspectives to the patients’ care.

“Getting called by your first name isn’t a big deal at the end of the day, but when you think of all the training we have gone through, it really hits a nerve in some ways.”

– Dr. Monica Chatwal

Other forms of gender-based discrimination reported by women residents included being mistaken for a nurse, being referred to by a term of endearment such as “honey,” receiving hugs or unwanted physical contact, and being called by their first name.

“Getting called by your first name isn’t a big deal at the end of the day, but when you think of all the training we have gone through, it really hits a nerve in some ways. It’s

just a question of respect, and I don't think it happens as often to our male colleagues," Chatwal said.

"When you have a strong male attending who is very definitive, clear-cut and straightforward who gives an order, no one questions it, but if you have the same type of female with a straightforward and determined personality, then that doctor is often labeled as 'difficult' to work with," Chatwal added.

CHALLENGES EVEN IN A POSITIVE ENVIRONMENT

Thanks to the strong leadership of chair Julio Pow-Sang, MD, and positive culture within the GU Department and the institution, both Chatwal and Yu have always felt included and supported by their male colleagues.

"When I joined the department, it was so inviting and no one made it seem like there was a major difference in my qualifications or abilities compared to my male colleagues," Chatwal said. "What you hear about regarding gender disparities in the workplace, I have luckily never encountered that."

"I've only had positive experiences with my male urology colleagues at Moffitt," Yu added. "Everyone is very supportive, and I have never felt like I was treated differently. This highlights the importance of male allies in creating an equitable culture in the workplace."

But there are still challenges.

"I think there are inherent differences that you can't get past when it comes to being a female in medicine," Chatwal said. "The superwoman and imposter syndromes – maybe some of it is what we put on ourselves, but there is this undercurrent that we have 'other' things we also have to take care of, like the home, family, etc., and that we have to do it all."

Chatwal led the department into uncharted territory when she started planning her maternity leave. No faculty in the department had given birth in recent memory, so administrators had to learn how to help her move forward in the process. But all were supportive.

WOMEN MENTORS NEEDED

For things to change, genitourinary oncology needs more women in the field and more women leaders. While the number is growing, it could take decades for the number of women to equal the number of men. Yu and Chatwal say the entire medical field needs to work harder to end gender bias.

"Culture is the main problem, and culture is hard to change," Yu said. "Most people do not recognize their bias toward women physicians, and talking about these issues helps promote awareness and introspection."

Women urologists around the country are working to increase their presence in the field and develop mentorship programs. The Society of Women in Urology and the Women in Urologic Oncology groups continue to grow. The American Society of Clinical Oncology also has a Women in Oncology Division for all women oncologists.

"I don't see more females going into genitourinary medical oncology unless there is more mentorship for other fellows to see and consider it a promising field without feeling ostracized or uncomfortable about the male-dominated environment," Chatwal said. "It's hard when you have so many other options in medical oncology."

In 1965, only 9.3% of medical school students were women. After the passage of Title IX in 1972, that number slowly grew, and in 2019, women comprised more than 50% of all medical school students in the U.S. for the first time. There is now a large pipeline of women students, and Yu and Chatwal say it's important to focus on exposing them early to a variety of specialties and showing them that there are strong women mentors within traditionally male-dominated specialties.

Although change has been slow and difficult, Yu and Chatwal have hope. They are prime examples of how successful women genitourinary oncologists can be and how women can thrive in a male-dominated field. They continue to help and encourage women trainees interested in GU oncology to pursue work in the field and maybe one day close the gender gap.

"We recognize how valuable mentorship has been in our careers, and we look for opportunities to pay it forward," Yu said.

"I've only had positive experiences with my male urology colleagues at Moffitt. … This highlights the importance of male allies in creating an equitable culture in the workplace."

– Dr. Alice Yu

Moffitt Women Faculty – A Closer Look

What advice would you give others in your field about how to "lose the cape" and prevent burnout?

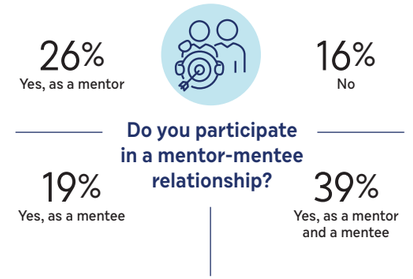
"Set limits and stick to them. Budget the time for yourself into your schedule before adding anyone (or anything) else. Your surroundings will continue to push in if you do not stand your ground."

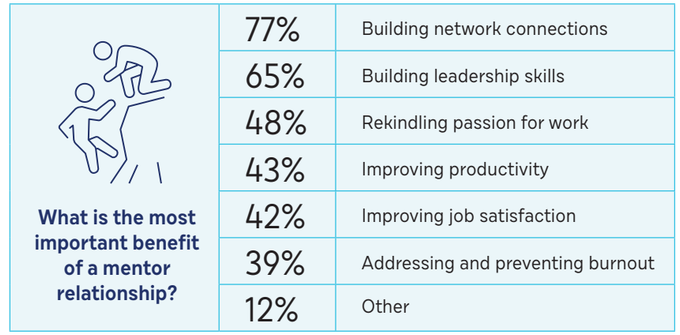
"Find ways to quantify your workload and articulate that to your superiors such that you can talk about your workload in terms of 'capacity and demand.' Be as explicit about what you CAN'T do with current resources as you are about what you CAN do."

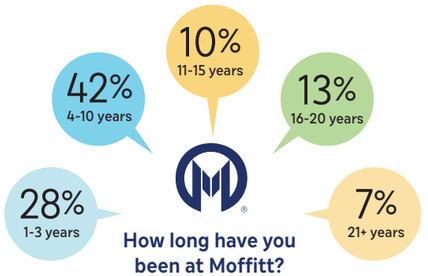
"Give yourself as much grace as you give others. Outsource tasks that do not bring you joy. Dedicate time to understand what tasks drain you vs. 'fill your bucket.' Find/create a support system."

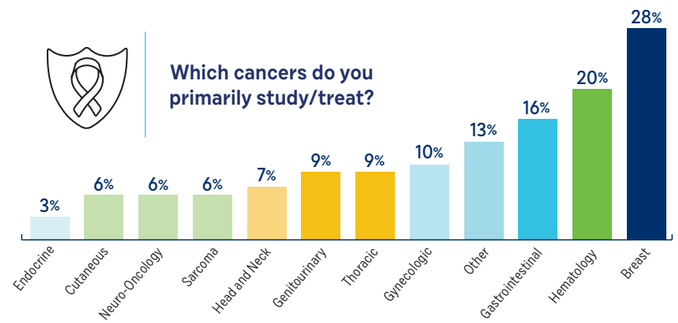
Do you feel like you do a good job of balancing professional/personal demands with the need to take care of yourself?

Have you experienced the pressure to be a Superwoman?









Data from internal survey sent to all women faculty in October 2022 with 70 responses. On questions where percentages add up to greater than 100%, faculty had the option to select more than one response.

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