Women In Oncology
at Moffitt

2021
Dear Colleagues and Friends,

We are pleased to present the fourth Celebration of Women in Oncology at Moffitt Cancer Center. The Women in Oncology Interest Group at Moffitt was created to celebrate the essential roles women faculty members have in making a difference at the cancer center and in the communities they serve, and in driving our mission to contribute to the prevention and cure of cancer. This was initiated by Yvette Tremonti, executive vice president and chief financial & administrative officer, and Dr. Asmita Mishra, associate member, Blood and Marrow Transplant and Cellular Immunotherapy. They subsequently launched Moffitt’s Women in Oncology Mentoring Program to encourage women faculty to incorporate best mentoring practices and serve as role models, and to provide guidance, training and support for their clinical and research colleagues.

Last year, Yvette Tremonti’s role expanded to encompass leading all the Team Member Engagement Networks, and we are pleased to introduce Dr. Edmondo Robinson, senior vice president and chief digital innovation officer, as he assumes the role of executive sponsor for the Women in Oncology Interest Group. Dr. Mishra continues to lead the group.

Our women faculty members come from different backgrounds and cultures across the globe. Their areas of research and clinical care cut across the entire cancer continuum, including clinical science and trials, basic science, epidemiology, health outcomes, integrated mathematical oncology, biostatistics and much more. The practice areas of the women clinicians who treat our patients go across all cancer disease sites.

The importance of community involvement, mentorship and inclusion among the women faculty at Moffitt is foundational. While this publication celebrates women physicians and researchers, the insightful articles are relevant for everyone who is committed to inclusion and diversity, and with the desire to make a difference in reducing the cancer burden and caring for our patients.

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

Patrick Hwu, MD
President and CEO

John L. Cleveland, PhD
Executive Vice President
Center Director

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HOW OLD WERE YOU WHEN YOU FIRST REALIZED YOU WANTED TO BE A LAWYER AND WORK IN GOVERNMENT?
I made the decision the summer I was 17 years old. I participated in Florida Girls State. It’s an amazing experience. Around 300 high schoolers from Florida traveled to Tallahassee to learn about government at every level. It teaches you how to run for office and we held elections. I decided to run for governor and I won. I thought to myself, someday I want to run for office. That’s when I also decided to go to law school and learn more about policy because law really is the language of government.

WHAT FIGURE WAS MOST INFLUENTIAL TO YOUR SUCCESS?
I give a lot of credit to my big sister. She was the first Black student to serve as class president at her high school. I remember always looking up to her and thinking, “Wow, if my sister can do that, then maybe I can, too.” My student government career started in high school and I was the first student to be class president all four years.

DO YOU THINK LEADERSHIP IS SOMETHING YOU’RE BORN WITH OR CAN PEOPLE LEARN IT OVER TIME—OR BOTH?
Both. Oftentimes in the personalities of leaders, you’ll see a certain drive that comes out from them. They might have interpersonal skills innate to them that allow them to connect with and motivate people. Some of that comes naturally and that’s great. But in my personal journey as a leader, I’ve gained a lot from real life experience, reading books and taking leadership courses. Even if you have those innate skills and qualities, you can always improve upon both through study and real-life experience. Becoming a better leader is a lifelong process.

HOW DO YOU BEGIN TO BREAK A GLASS CEILING?
When I was a first year at Harvard, they had recently elected the first woman to serve as president of student government. I met her as a freshman on campus at a student activities fair. She was so dynamic, and I thought to myself that this was someone I can learn from. She seemed like a good leader, certainly inspirational to me. Because of her, I decided to run. I was able to get on the student council and work my way up through leadership to break through that barrier of being the first Black woman to become president of the Harvard’s Student Government.

This is why representation matters. It matters to have women, and particularly women of color in positions of influence so they can inspire others to do the same. We also need to think differently about the roles that we are used to seeing women in. We need to normalize seeing women in leadership roles. You’re opening a door for yourself and others to be able to pass through it. Kamala Harris said it best when she said, “I may be the first, but I won’t be the last.”

WHY SHOULD WOMEN HAVE A SEAT AT THE TABLE WHEN DECISIONS ARE MADE?
Women should be at the table, but we also need everybody at the table. Anytime we’re sitting around the table, we always need to ask the question, “Who is missing and who should be here?” If we did that more, ideas like inclusion, diversity and equity would become a part of our DNA instead of nice buzzwords. Diversity and inclusion only work when put in action. Inclusion is more action.

HOW CAN WE BE MORE INCLUSIVE OF WOMEN?
First, thinking about who needs to be at the table. Start by making sure she’s not the only one at the table. Anytime you have a woman alone in a room of men, it becomes a great burden to her. There may be barriers. She may not feel as free to speak out. And even if she does, she doesn’t have the support of other women in the room to help amplify her message and make sure she’s heard. Second, when women are at the table, make sure you support them. Give them space to fully express themselves and contribute to the project. And third, think outside your box and reach out beyond who you normally interact with so you can build relationships with women and bring them along with you.

WHAT KIND OF POLICIES BEST BENEFIT WOMEN TO SUSTAIN A CAREER AND ACHIEVE POSITIONS IN LEADERSHIP?
One of the best policies that I’ve seen in my career is the shift from maternity leave to parental leave. Having gender neutral policies help. I’ve observed in my own career that more fathers are taking advantage of those policies, particularly when their partners have careers that don’t allow them to be the primary caregiver. I think that’s fantastic because it’s showing how difficult it can be to onboard your career after you take leave. Women have had to bear that burden alone for too long. As we’re able to share that experience, hopefully, we’ll see more companies ensure that we’re more understanding for young families.

WHAT CAN WOMEN DO TO OPEN MORE DOORS FOR OTHER WOMEN?
You do have to always ask that question of who else needs to be at this table. If there are not enough women there, then perhaps you should think beyond the safety and protection of your own position. Make sure you’re reaching back and including more women. As I’ve broken barriers, I’ve always kept the mindset that I do not want to be the only one to accomplish this. You actively have to reach back and invest in others to make sure they have the same opportunities you had.

WHAT CAN MEN DO TO BE BETTER ALLIES TO WOMEN?
We tend to gravitate toward people that are like us. Just simply going out of your way to expand your world and be more inclusive in your relationships can make a huge difference. When I was a young associate at a law firm, a white male partner passed by my office and said, “I just read an article that Black women leave the law profession in droves. I would hate to see you leave this firm. Could we go to lunch sometime?” I know that was very awkward for him to do at that moment. But as the female associate, I appreciated it so much. It would’ve been so easy for him to just go to lunch with his regular crew. But to reach out to me in that way meant a lot.

WHAT IS YOUR PROUDEST ACCOMPLISHMENT?
Making it to partner at my law firm mattered a lot to me. At that point, I think we had only a handful of Black women that made partner. Achieving that in my lifetime and still being one of the firsts— it mattered a lot to me. It gave me a mantle to reach back and help young women associates that came after me.

“It matters to have women, and particularly women of color in positions of influence so they can inspire others to do the same.”
What is the best career advice you received?

Since I was a child, I’ve always been a curious person. I became interested in just looking around in nature and seeing the diversity of organisms. I wondered things like why we are different from fish. And that led me to study biology in college. From there, I started understanding physiology and the complexity of the human body. One thing led to another and I started my PhD in aging.

What does community mean to you?

I think community is being a part of something that is bigger than yourself. This idea that together we can make a difference. Even in science, it’s very rare that you will have the best ideas in the world. A lot of time you don’t even see it until you’re talking to someone else. That happens to me all the time. I’m in my office stuck, but then I talk to someone and it suddenly clicks. This idea of being a part of something bigger, a community — whether it’s through mentoring or affecting patient lives — I think it’s very important in one’s life.

What else still needs to be done to promote equality in research?

Especially in terms of diversity, I think we tend to put Band-Aids on problems so that it looks good. But that doesn’t quite solve an issue. When you look around the world, there’s really a great need to fix these types of problems at the source. I think a part of solving the problem comes from getting disadvantaged kids into places like this. If you can take high school students and bring them in for a summer and get them to experience what we do, you can get them excited. That kind of excitement when you’re that young — that will never leave you. It makes you work hard. It’s life changing.

What smalls acts can a faculty member like yourself do everyday to promote workplace equity?

You can treat everybody with the same respect. No matter where they come from, their religion, skin color, if they’re a student, a post-doc or fellow faculty, everybody should be treated with the same respect. We should give everyone the same opportunities. Just starting with that, we will go a long way.

Do you feel it is beneficial for women in research and medicine to have male allies?

I think as a scientist and a faculty member, you need to have as many allies as possible. It doesn’t quite matter whether they’re female or male. What matters is having someone in your corner.

What do you do like to do to unwind and recharge?

I love reading biographies. I’ll always learn something from someone else’s mistakes. You gain so much knowledge about the world and how things move. I also really love to travel. I want to see new things, eat new food and see the world. This pandemic is killing me. I canceled plans to go to Canada, Dominican Republic and Hawaii. Recently, I went to St. Augustine and loved it. It reminded me of the cultural part of Europe. I also visited Tarpon Springs and that was very cool. It resets me to see new things.
AN INTERVIEW WITH
Dr. Asha Ramsakal

“We have to treat each other like family, regardless of our background. We all come from diverse backgrounds…”

What has been your department’s involvement with the COVID-19 pandemic?

My department takes care of more than 90% of the symptomatic COVID-19 positive patients who require inpatient care. I’m very proud of my faculty and the advanced practice providers who manage these patients, with, of course, the entire Moffitt multidisciplinary team involving practice providers who manage these patients, with, of course, the entire Moffitt multidisciplinary team involving our department, as well as infectious disease, pulmonary critical care, pharmacists and others.

Is there a certain person who was especially helpful in making you feel a part of Moffitt?

Oh, definitely. I would have to say Dr. Doug Letson because he was the one who trusted me enough to offer me the position of chair of Internal and Hospital Medicine. It meant a lot to me that he valued my skillsets sufficiently to appoint me to this role.

Do you have a specific memory at Moffitt in which you especially experienced inclusion, and what did it mean for you?

Yes, I would have to say it was at a Moffitt Medical Group executive chair meeting that I realized that I was the only female of Indian descent. We were seated at this huge, beautiful oval table in the trustee boardroom, and I felt included because I was treated as an equal with equal access to resources and given an equal voice. Me! Who when in elementary school in the island of Trinidad walked to school barefoot! It was so surreal and mind-blowing for me, and I remember sharing that experience with my family.

When did you know that you were going to go into medicine?

I was about 5 years old in Trinidad and they brought in a flight attendant to tell us little kindergartners about her job description, and then we were asked what we all wanted to be. And, of course, all the girls wanted to be flight attendants – except for me. I had little abrasions on my feet, some little infections from walking to school barefoot, and all I could think about was, “Nap! I want to be a doctor because I want to take care of not only my illnesses, but also those of other people.” I wanted a job where I could use my brain NOT my feet! And that was it. I never left the country until I was 18 years old. I attended college in Trinidad and then went to medical school in the United States.

Do you feel it’s beneficial for women in medicine and research to have male allies?

We have to. Otherwise, we won’t be successful. One-third of the practicing physicians in the United States are women. So, we have to work with twice as many men as there are women. In order to succeed we must be able to collaborate with our male colleagues. That applies to the success of an institution as well, not just as women faculty, but also in a broader sense.

What is the best career advice that you have received?

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Business Association of Women in Oncology at Moffitt
Leidy Isenalumhe, MD, MS, is an assistant member of the Department of Malignant Hematology at Moffitt Cancer Center. Uniquely trained in both pediatric and adult hematology-oncology, her clinical focus is malignant hematology. She emigrated from the Dominican Republic at age 8 and her identity as a Latina has shaped her approach to medicine. Her research focuses on leukemia and lymphoma in the Adolescent and Young Adult population. She loves speaking Spanish with her patients, enjoys a tidy office and adores her two daughters.

Did you always want to go into medicine and oncology?
I did! I always knew I wanted to be a doctor. When I was in medical school, I always ended up rotating through the hematology oncology practices and ironically with residents that were training in combined internal medicine-pediatrics. I simply loved it. I just made sense for me. I had to make my own path though. There weren’t really any combined internal medicine-pediatrics hematology-oncology programs at the time. I did consider another field in medicine though, endocrinology, but it didn’t feel as enticing to me as hematology oncology. I just knew the first day after my rotation with hematology oncology that this was what I wanted to do. I even called my now husband and told him back then, “This is it, this is what I’m going to do. I’m sure of it.”

Who was most influential in your career choices?
I got lucky to have someone by my side when I was very young that led me to that road. She was my high school teacher, who I still talk to! She was the one that said, “You know you can be a doctor, you can take it as far as you want to.” She plugged me into all these programs and kind of forced me into those opportunities. If I didn’t have her, I truly do believe that I wouldn’t have made it into medicine. She got me into research very early and because of her I was just being able to be myself. I could state my fears and have them speak to those fears for me. Communication is so important. That’s the kind of mentorship I want to offer. I want to be able to say, here are articles you should be reading, I have these opportunities for you and this is what you need to be doing to find a job. I want to be able to have that conversation in an informal manner, without fear or judgement. My best mentors were the ones who listened to my wishes for my career. I want to provide the same.

Describe your clinical interests and how this work ultimately might benefit cancer patients.
The AYA population encompasses all races or ethnicities and is an underserved population. They are considered a group of patients with a lot of disparities. They’re not doing well compared to other ages. One of the causes was a lack of clinical trials in that field and a lack of standardization for treatment. For example, if you’re a 20-year-old and live close to a pediatric center, you’re more likely to receive a pediatric treatment regimen. However, if that same 20-year-old goes to an adult center, they’ll get treated by an adult regimen. There was no consistency. I think the difference in biology and looking at toxicities, which are my interests, are going to help gear the treatment regimens for those patients. That’s one of the ways we’ve been able to move this field forward. Using data, we’ve been able to determine which regimens are best for certain patients.

What did mentorship mean for you when you were starting your career?
I felt like I got very lucky. Most of the time, I had great mentorship. There were times when I didn’t. I can’t say it was perfect every time. What I liked about my mentors was just being able to be myself. I could state my fears and have them speak to those fears for me. Communication is so important. That’s the kind of mentorship I want to offer. I want to be able to say, here are articles you should be reading, I have these opportunities for you and this is what you need to be doing to find a job. I want to be able to have that conversation in an informal manner, without fear or judgement. My best mentors were the ones who listened to my wishes for my career. I want to provide the same.

Describe your clinical interests and how this work ultimately might benefit cancer patients.

What does inclusion mean to you?
To me, inclusion is when people are actively trying to include more people that look like me into their institution. I don’t want to be the only female Hispanic hematologist-oncologist. When I was going through training, there weren’t that many women of color or Latinas in medicine. I think Moffitt is the first place I’ve worked at where there are a lot of Hispanic women working as physicians. That made me feel more comfortable, included and valued. Nurturing and mentoring Hispanic medical students – I think that would be inclusion.

Do you feel it’s beneficial for women in medicine and research to have male allies?
When I had my first child, it was a male ally that reassured me that my career wouldn’t stop during maternity leave. He said, “I can guarantee you that we will help your career. You should not be ashamed to take time off with your children.”

What is the best career advice you’ve received?
No one is going to care as much as you. You must do what you think is right and use your gut feeling to go for it. No one is ever going to petition for you as much as you will. You have to be the one to push for your ideas. And honestly, just remember to be yourself. If they don’t like you, you shouldn’t stay there. It’s not the place for you.

What do you do to unwind at the end of the day?
I have two children under 2. I don’t think I know what to do to unwind anymore! Before COVID-19, I worked out with a personal trainer and I’m hoping to get back to that. My husband and I also used to dance a lot. We try dancing with the kids. I also love going to church and praying.
When did you know you would go into research as a career?
I was very lucky to grow up in a place that had a big research community, and in high school I participated in a program where I spent 20 hours a week at a research job. I spent half a day at high school my senior year and half a day in the research job, and I just loved it. Much of the research involved how to deal with nuclear waste, and the research group I worked with was doing a mathematical modeling at the molecular level to understand interactions at the atomic level. I really like to solve problems, and I realized that was definitely my calling. Now it took me a while to get to the discipline that I’m in today. I thought I was going to be a basic scientist, and then I worked in a biochemistry lab, and I realized it wasn’t for me. Then in college I met a friend’s dad who was a biostatistician and he introduced me to the field of epidemiology. I realized it combines statistics, which I really enjoy, and the human aspect; the population science aspect, of trying to help large groups of people. I realized you could make impactful change very quickly with research, and that’s what snagged me.

Did you ever consider another field?
No, not seriously. I did consider possibly getting an MD, but really liked research and didn’t want to be distracted from that.

Describe your research interests and how this work ultimately might benefit cancer patients.
For my own personal research, I hope we can both help identify women at higher risk of ovarian cancer who could benefit from targeted prevention approaches and also to help women who have developed ovarian cancer to have alternative strategies beyond chemotherapy, surgery or immunotherapy by thinking a little bit more broadly about what women can do for themselves to address their cancer. Things like taking aspirin, physical activity and stopping smoking, focusing on those things that can empower women to improve their outcomes.

Also, in my leadership role as associate center director, I hope that I can facilitate the work of other people by giving them the support they need to do their research to impact patient lives for the better. That’s why I like this part of my job. I can have a bigger impact by helping the people in my division to be able to do their research, which is going to impact others in so many different ways.

Do you feel it is beneficial for women in research and medicine to have male allies?
When we’re thinking about inclusion, having those different perspectives is always going to give you new ideas or a new sense of direction or support. I think it’s important that all faculty and all of us in our (various) jobs have those who can mentor and support us in our career development. Sometimes in my life that has been men, and other times, that has been women. From each I’ve learned something new and different. I think it’s important to have that mentorship and support, and it can come from a variety of different places.

In your experience, when women are making decisions, what are the factors women are more likely to consider than men?
I think that in science and medicine in particular, many women, not all, myself included, to some degree may have experienced some type of discrimination or harassment. I do think that sometimes those experiences may bring a different color to trying to make a decision that could influence people and trying to make sure that it’s fair for all people. That’s one way where potentially many women may have had a different experience that may lead them to think about decision-making differently. I also think that it’s not just gender that’s important, but it’s really that we’ve come from different experiences and whether that means different educational backgrounds or whether that means that we’re coming from different countries, racial/ethnic backgrounds, gender or sexual identity. We all have those experiences that we bring to the table that can help us make a more informed decision overall.

What is the best career advice you received?
The best career advice I’ve ever received is to choose the job where you are going to have a fantastic mentor or sponsor. That’s more important than working with the most famous scientist or having the highest-level job. What’s really important is working with people who you can learn from. I got that piece of advice when I was in graduate school, and it has served me throughout my whole career and has framed a lot of my career decisions.

What advice would you give a new faculty member?
Find who you click with and be willing to expand your network. I always encourage junior faculty and postdocs to work with more than one collaborator so that they get a variety of experiences.

What do you do to unwind or to recharge?
This is going to sound nerdy, but I like to do crossword puzzles. Also, my husband and I do music together. I play the piano and sing, and he plays all the other instruments. And we enjoy cooking and going for walks and bike riding.

What’s really important is working with people who you can learn from.”
PROFILE OF DR. IMAN WASHINGTON:
Fostering a Caring, Safe Place for Women with Cancer

Iman Washington, MD, a radiation oncologist in the Breast section of Moffitt Cancer Center’s Department of Radiation Oncology, had considered whether to pursue a career in the nonprofit sector while in college but opted for the premed track. “I developed other interests in addition to medicine, including efforts to reduce the recidivism rate and to improve conditions for at-risk youth, along with improving educational resources for that population,” said Washington. “If I had chosen a different path from medicine, it probably would have been in that area.”

During time between her undergraduate studies and medical school, Washington worked as a research intern for the Safer Foundation in Chicago. The nonprofit’s vision is achieving equal employment opportunities for people with criminal records, thereby transforming communities and generations. She also worked for a former professor who was writing a book on education reform.

Given her strong social conscience, her research and clinical interests that include improving cancer care for underserved populations are a natural tie-in. “I’m interested in the area of research aimed at investigating the disparities that exist for Black women with breast cancer,” said Washington.

According to the National Institutes of Health, Black women are less likely than white women to develop breast cancer, but they are more likely to die from it. Another serious disparity is that premenopausal Black women are more likely to have triple-negative breast cancer, which is a more aggressive subtype of the disease that is harder to treat.

“I’m working with colleagues to better understand why Black women with triple-negative breast cancer have higher rates of local regional recurrence,” she said.

In addition to her work in eliminating cancer health disparities, Washington is interested in early and locally advanced breast cancer, metastatic breast cancer and techniques aimed at minimizing radiation-related normal tissue complications.

“I’m interested in the treatment of women with breast cancer at all stages of disease and in the methods of delivering radiation, whether that be during the planning process or treatment delivery techniques,” said Washington. “I think it’s important for us to continue to investigate ways of avoiding overtreatment and exploring different radiation treatment strategies to reduce short-term side effects, as well as late complications.”

Side effects from radiation treatment can be reduced, based on the intensity of treatment or on planning of the administration of treatment.

Washington has a confident and calming demeanor, and she likes to see that her patients are at ease. “I think radiation is less intuitive than, say, surgery for instance. So, part of communicating with them involves describing the logistics and potential side effects in detail, as well as addressing fears that arise from the unknown,” said Washington. Women who are receiving whole breast radiation therapy after a lumpectomy, and even those receiving post-mastectomy radiation therapy generally do very well with treatment. “I often hear, ‘That went by faster than I thought,’ or ‘That wasn’t as bad as I thought.’”

Over the years, radiation therapy has become more advanced. “It’s definitely changed, and often you can tell the difference,” said Washington. “For example, if a woman who had breast cancer and was treated in the late 1980s and then treated more recently to the other breast, the appearance of the two breasts is different. There are more changes to the breast that was treated decades ago.”

She offers hope to women by reminding them that radiation therapy specifically helps improve survival and reduce the likelihood of cancer returning. “I think anytime one hears the ‘C’ word, that’s a frightening thing, but most women with early stage breast cancer have good overall survival and good cure rates,” said Washington. “I like to remind them of that, because I think that fact can get lost in all of the details of the treatment and as women are simply just trying to process the diagnosis itself. And for patients with metastatic disease that is not curable, radiation can offer palliation for sites that are causing symptoms or pain. I also believe from the standpoint of improving quality of life, radiation plays a big role for women with breast cancer.”

For her own self-care, Washington enjoys spending time with family and friends and incorporating meditation into her week when possible. To unwind, she enjoys painting.

“I find it very relaxing, and I’ve done some form of art for as long as I can remember, that form of expression is an important part of who I am,” Washington said.

Her office displays her creative side, a painting on one wall is done in bold red-orange shades, along with soothing lavender and green. A pillow with a flower design graces a small black rocking chair, and a decorative book sits on a side table beside a cut glass dish filled with lavender-colored candies, evoking cordiality and hospitality. Juxtaposed along another wall, a solid bookcase contains large medical and radiation oncology books, reflective of her years of dedicated study, medical training and expertise, and ongoing commitment to the well-being of her patients.

Washington sums up her key wish for the patients she sees: “My hope for the future is that all women feel like they have the resources and the opportunity to get adequate health care and screening. Further, that all women feel that their medical community is a caring and safe place for them to receive and be active participants in their care.”
MOFFITT WOMEN FACULTY
Did You Know?

WHAT DO YOU BELIEVE IS THE BIGGEST BARRIER THAT PREVENTS WOMEN FROM ATTAINING LEADERSHIP POSITIONS?

- 29% gender/racial bias and workplace discrimination
- 30% lack of mentoring and sponsors
- 10% lack of organizational policies that retain women
- 17% lack of professional development opportunities

WHAT FAMILY-FRIENDLY POLICIES COULD MOST BENEFIT WOMEN THROUGHOUT THEIR CAREER?

- 64% career flexibility
- 17% childcare services
- 3% family leave policies
- 8% parental leave

WHAT INSPIRED YOU TO BE A MENTOR?

- 25% Experience being mentored
- 5% Encouragement from someone reported to
- 8% Examples of leaders
- 9% Examples of colleagues
- 19% Interest in the field
- 31% Desire to help others

DO YOU BELIEVE THERE IS A PROFESSIONAL VALUE IN HAVING A MALE ALLY?

- 95% believe there is professional value in having a male ally
- 90% have benefited professionally from a male ally

HOW MANY MEDICAL OR RESEARCH ORGANIZATIONS (E.G., AMERICAN SOCIETY OF CANCER RESEARCH) ARE YOU A MEMBER OF?

- 56% of 1-3
- 38% of 4-6
- 5% of more than 7

WHAT DO YOU BELIEVE IS MOST NECESSARY TO SUCCEED AS A WOMAN WORKING IN ONCOLOGY?

- 36% Access to opportunities for development and advancement
- 27% Clear expectations about your role and the path of advancement
- 27% Equitable and diverse workplace

DATA FROM INTERNAL MOFFITT SURVEY SENT TO ALL WOMEN FACULTY NOVEMBER 2020 WITH 78 RESPONSES.

ON QUESTIONS WHERE PERCENTAGES ADDED UP GREATER THAN 100%, FACULTY HAD THE OPTION TO SELECT MORE THAN ONE RESPONSE.

ALLIANCES WITH
MALE COLLEAGUES HELP FOSTER LEADERSHIP

Allies, mentors and sponsors are all players in encouraging diverse leadership. At times these roles are clearly different while other times they overlap. What is constant is that each role is essential in fostering confidence and leadership.

“The more we can increase diversity in oncology, the more we can actually work and get all of the talent that’s out there working and focused on oncology, and in leadership as well,” said Moffitt Cancer Center President and CEO Patrick Hwu, MD. “And I think it’s not just a matter of fairness, it’s a matter of diversity, it’s a matter of harnessing all of the talent out there and if you do that, then it’s going to ultimately benefit patients.”

While this feature focuses on the importance of allies, specifically male allies, a brief overview of the differences between allies, mentors and sponsors is fitting. Mentors are like coaches; they make recommendations and can help you envision your future. Sponsors help you get to your professional future; they are more directly involved in one’s success and often use their position or influence to help assure success.

WHAT IS AN ALLY?

While an ally relationship is less formal and less structured than those of a mentor or sponsor, allies also are essential for success. An ally is an associate who listens, shows support for ideas and promotes inclusion.

“I agree with Dr. Mishra that it’s a good, healthy perspective to take friends where you can get them,” said Edmondo Robinson, MD, MBA, senior vice president and chief digital innovation officer for Moffitt. Robinson says he has benefited from having sponsors and numerous mentors and allies – both male and female – throughout his career.

“I think it’s a privilege to say I’ve been fortunate at Moffitt in that regard and the importance of that cannot be understated, as this is not the experience everywhere.”

Mishra noted having had sponsors, mentors and allies, both male and female, throughout her career. “My personal experience is that I will take friends, wherever I can get them. It is a privilege to say I’ve been fortunate at Moffitt in that regard and the importance of that cannot be understated, as this is not the experience everywhere.”

Edmondo Robinson, MD, MBA
Asmita Mishra, MD
DEVELOPING PROFESSIONAL ALLIES

“It can be challenging to draw support outside of your immediate network. This is one of the reasons we developed the Women in Oncology mentorship program,” said Mishra. “Participants have noted that being able to draw upon support, friendship, comradeship, and diversity of ideas across the entire institution is impactful. It provides an avenue to tap into new perspectives, resources, and previously unknown avenues for assistance. Many of the women who participated continue to build upon their relationship after the program, and these relationships morph from mentorship to sponsorship or ally. However, the WIO is here to be a network of allies in an otherwise vast institution even beyond the formal programs. It is amazing what a simple email and a cup of coffee can kickstart.”

HOW IMPORTANT ARE MALE ALLIES?

Allies are not quite at the mentor level; they’re typically more like colleagues who are able to empathize with what someone might be going through and to support them in their journey, whether through a type of cheerleading or helping them through a rough patch or speaking up on their behalf.

“Allies often have similar personal or professional goals and you can often relate to each other that way.”

of our departments, particularly at the more senior and leadership positions,” said Mishra. “This is where building relationships can be valuable and bring the thoughts and the ideas of those that are often less heard to the forefront.”

THE IMPORTANCE OF COLLABORATION

“You cannot be successful at Moffitt without collaboration,” said Robinson. “The cancer center is not a place that’s built for individual silos. Here you cannot be truly successful if the interactions are just superficial. In order to be successful, you must build deep interaction and engagement with your colleagues.”

All but one survey respondent indicated that they collaborate with other faculty at Moffitt. It is not known whether that one respondent was a new faculty member or simply misread the survey question.

“This is extremely positive and quite honestly heartwarming to see that level of collaboration and collegiality among our women faculty,” said Mishra. “We are not just one entity. So, while I am a clinician, I also have taken on the role as an educator and researcher in my professional life. Then there is my personal life in which I am a mother, wife, volunteer and avid book reader among other things. Finding individuals at the institution in which to share such facets of who we are and also work together to advance the art of science at Moffitt is pretty phenomenal.”

OVERCOMING CULTURAL PERSPECTIVES

One of the survey questions was “What do you believe is the biggest barrier that prevents women from attaining leadership positions?” One faculty member responded, “The subconscious and the culture we grew up with. For example, an opinion from a male is much easier to be accepted.”

“I think that we would all like to believe that we have a good handle on certain aspects of our own biases. Some of these biases are so entrenched that even upon self-reflection, we underestimate the impact of bias and find it difficult to see.

“There is always room for improvement,” said Mishra. “There is always work to be done. And yes, there are many things that are culturally ingrained that we are all learning about and becoming more aware of.”

Mishra describes a simple example of how a male ally can help. “There are people who recognize women have challenges on a day-to-day basis. One example can be as simple as what we encounter in emails. In a given day we are often faced with men faculty and leaders identified by their titles, Dr. Such and Such, but the women are often addressed informally and by their first name only within the same email. Thankfully more people are becoming attuned to these micro-biases I will call them. Having a male colleague respond with ‘I believe that Dr. Mishra’ is impactful and helps to recalibrate the conversation.”

BELIEVE YOU CAN BE A LEADER

“One thing I have noticed when I see a woman leader in a high-level position and I dig into how she got there I find, in general, that they are highly qualified for whatever leadership role they are in. In fact, one could argue they may have been overqualified even before they obtained the position,” said Robinson. “I’ve observed men be more likely to stretch into certain leadership positions. They [men] get in when they have ability and potential, but they stretch into the next level of leadership. Women often are fully prepared before they get the leadership position.”

He adds it is not clear whether that’s entirely because many women don’t pursue those positions until they feel like they’re fully qualified for them or whether it’s an external perception that they’re not quite fully qualified yet. It’s probably some combination of both.

“We likely do not sponsor or stretch women leaders into roles as much as we could.” Robinson noted that the Women in Oncology group was designed to help address this situation so that women faculty at Moffitt could learn more about available paths to pursue from a leadership perspective. This helps give women insight into what else they need to learn and experience while pursuing a leadership role.

“You should just go for it,” said Robinson. “And also, maybe push. Let’s push ourselves to stretch into some of these roles without feeling like you have to be first fully qualified or overqualified for the role. And then see if there’s opportunities to change some mindsets about whether or not as a woman leader you’re appropriately positioned for that next role or opportunity.”

“I think one of the main things is people need to first look in the mirror and say, ‘I could be a leader.’”

“I think one of the main things is people need to first look in the mirror and say, ‘I could be a leader,’ said Hwu. “Because if they don’t believe in themselves, then they’ll never go out there and go for it. I think it’s a very important area.” Hwu said he mentors many people, with a diverse mentee list that includes many women. Additionally, in 2021 Hwu took over as president for the Society for Immunotherapy of Cancer, the world’s largest cancer immunotherapy group. Hwu and his colleagues at the society started a research group specific to women in oncology to help promote leadership.

“I think one of the main things is people need to first look in the mirror and say, ‘I could be a leader.’”

Dr. Patrick Hwu (right) and Leticia Tordesillas, staff scientist, discuss her research targeting primary antigen receptors against prostate cancer during an impromptu meeting.

Dr. Patrick Hwu, staff scientist, and Leticia Tordesillas, staff scientist, discuss her research targeting primary antigen receptors against prostate cancer during an impromptu meeting.
“Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.”

PERCEPTION VS. REALITY

Emotional, indecisive, too collaborative, bossy, aggressive, intuitive. These are just a few of the stereotypes applied to women. All of them undermine the autonomy and agency of every woman in a decision-making position. Too often, women are labeled and identified by their emotions instead of their analytical reasoning.

“Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.”

Florida House Rep. Fentrice Driskell says people will always use sensitivity as a weapon against women. “We’re labeled as emotional,” said Driskell. “When women are assertive and when we stick up for ourselves, we’re accused of being aggressive. Whereas, our male counterparts are perceived as taking charge and being a leader. In order to dispel those myths about women leaders, we must unlearn a flood of women representation. Women deserve the same equal opportunity as men to express themselves.”

“Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.”

GENDERED DIFFERENCES IN DECISION-MAKING

Studies have found that when people are under stress, men become more eager to take risks. Men become focused on rewards when their heart rates and cortisol levels run high — even when that reward isn’t guaranteed and has a tiny chance of success. Women, on the other hand, focus more on the risks and their long-lasting potential.

“Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.”

Women take more time weighing the possibilities, but remain focused on smaller, guaranteed rewards. Under stressful times in decision-making, women tend to become risk-averse. However, this doesn’t mean that one way is better than the other. It also doesn’t mean that every man and woman will fit this stereotype. What it does mean is that all gender identities are needed at the table to truly be inclusive.

“Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.”

Dr. Ana P. Gomes says there needs to be balance between risks and rewards. “You need to take risks, because if you don’t, you’re not being creative enough,” says Gomes. “If you don’t take risks, you’re just making small increments. If you do take risks, the possibility of failing is enormous while the reward is going to be worth it. There needs to be a balance where you are cautious but you’re not undermining yourself.

“Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.”

PERSPECTIVE MATTERS

When asked if there were differences in the way women are treated in meetings, we received these two perspectives:

“I don’t think I’ve ever really noticed a difference in the way that men and women communicate. It just isn’t like that in research. Maybe generations ago, but it’s different now. To be honest, I’ve never been in an environment where I’ve felt like I was treated differently for being a woman.”

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Not every woman will always feel the pangs of inequity during their careers. The most fortunate of women will always feel heard and represented. However, we must recognize that racial and gender inequity also exists in spaces that men don’t live. Within groups of women, there are great power imbalances. We are still only as strong as our most silenced voice.

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WOMEN AMPLIFYING WOMEN

As tables grow bigger and more women are included, it becomes necessary to evaluate the degree to which we’re considering all perspectives. “We all just don’t think the same,” says Dr. Leidy Isenalumhe. “When you have more people at the table, you’re going to have more perspectives and that’s important. Even different women think differently than others. The more diversity you have, the more you can actually create change and bring different perspectives that others don’t have.”

As a woman of color, Driskell offers solutions on how to be more inclusive and improve allyship.

“I feel it’s more difficult as a female to be taken seriously in research. Women aren’t directly asked questions in meetings and they tend not to be called upon by leadership.”

“If we truly want to move forward as an inclusive society, that means white women need to think about how we can help all women,” said Driskell. “Sometimes it may be the better thing to do to step back and let a woman of color have a chance to amplify her voice. Because ultimately, representation matters.”

“Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.”

POLICY REFLECTING EXPERIENCES

Women in decision-making positions of leadership have likely already experienced gender-biased inequality in their careers. The most fortunate of women will always have a chance to amplify her voice. Because ultimately, that’s important.

“I feel it’s more difficult as a female to be taken seriously in research. Women aren’t directly asked questions in meetings and they tend not to be called upon by leadership.”

“Many women — not all, but many — have experienced some type of discrimination or harassment to a degree. And I do think that sometimes those experiences can influence decisions that are fairer,” says Dr. Shelley Tworoger. “During COVID-19, it was women in the leadership group that pointed out that people who had family responsibilities might not be able to accommodate certain schedules during lockdown. A man could’ve easily had that same idea, but that different perspective can lead us to come to decisions in different ways.”

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PUSHING BEYOND THE BINARY

It’s important to recognize that decision-making goes beyond the binary portrayal of gender. While it’s easy to pit men against women, the truth is that people live intersectional identities. Views and opinions are shaped by unique, complex experiences. Tworoger says we must look beyond gender to truly be inclusive.

“It’s not just about gender,” says Tworoger. “That’s important, but it’s also important that we come from different educational backgrounds, different countries or racial/ethnic backgrounds and different sexual identities. All have those experiences that we bring to the table that can help us make more informed decisions.”

“Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.”

Ultimately, we each have a different perspective to bring to the table. When we collaborate across all spectrums of identities, it leads to a better outcome than if any one of us made that decision on our own.

“I feel it’s more difficult as a female to be taken seriously in research. Women aren’t directly asked questions in meetings and they tend not to be called upon by leadership.”

“When you have more people at the table, you’re going to have more perspectives and that’s important.”

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“The late Supreme Court Justice Ruth Bader Ginsburg once said, “Women belong in all places where decisions are being made. It shouldn’t be that women are the exception.” For too long in history, women haven’t had a seat at the table during pivotal moments in decision-making that directly impacted them. We asked women leaders and faculty members what women bring to the table, why they should be stakeholders in all decisions and what we can do to be more inclusive.
Navigating the waves
OF A PANDEMIC

When the COVID-19 pandemic hit, women-led teams at Moffitt sprang into action to keep patients and team members safe

Aliyah Baluch, MD, MSc, a bone marrow transplant infectious disease specialist, isn’t the type to wait for direction. So, in early March, when many were still watching and waiting as COVID-19 swept the nation, she jumped into action.

“My first concern was, how do I keep my patients safe?” said Baluch, Moffitt Cancer Center’s 2019 Physician of the Year.

“I had experienced, but you just need to have availability of transport when we never would have thought of that before because patients always had someone with them to help.”

Nurses not only had to help patients get where they needed to go, but once they got there, they often had to play the role of primary caregiver. Without a friend or family member accompanying patients, nurses had to offer emotional support, help take notes and make sure patients fully understood discharge instructions. Nurses worked diligently to help patients feel connected to their loved ones during their hospitalizations.

Nurses are known for rolling up their sleeves when times get tough and getting right to work, and the COVID-19 pandemic was no exception, Fusilero said. In the fall, the team opened a curbside clinic, which offers select nonchemotherapy injections and other services to patients without having to get out of their cars.

TAPPING INTO TELEMEDICINE

The virus primarily spreads through person-to-person contact, so Moffitt had to reduce the number of people at the hospital. The first step was setting up the infrastructure to transition thousands of team members to work from home. Then, Moffitt looked to convert a large number of patient appointments to virtual visits.

Dr. Aliyah Baluch (left) with Mike Drabek, RN, nurse manager. Baluch helped spearhead processes and procedures focused on keeping patients safe that were adapted by the hospital.

“When we stopped visitation, we had patients coming in by themselves and many needed escorts,” said Fusilero. “We needed to have availability of transport when we never would have thought of that before because patients always had someone with them to help.”

When the COVID-19 pandemic hit, women-led teams at Moffitt sprang into action to keep patients and team members safe

“Things were changing fast and furious,” recalls Chief Medical Information Officer Randa Perkins, MS. “We didn’t know what was safe and what wasn’t, we didn’t know how long this would last. There were so many questions and we didn’t have the luxury of time or comparison to other sites because every other site was trying to figure out the same thing.”

As the pandemic intensified, teams across Moffitt came up with a plan to continue treating some of the most immunocompromised patients while keeping them, their families and team members safe. Many of those teams were led by women, and together they were able to navigate the waves of the pandemic in a way many would not have thought possible.

“We all come together for the same mission, just like we do with Moffitt’s primary mission, and we will get things done,” Perkins said. “We have really great people, but in moments of crises, you start to realize the caliber of the colleagues next to you.”

BUILDING A NEW WORKFLOW

It may feel like the COVID-19 pandemic began a lifetime ago. But in reality, it has been a year since the novel coronavirus made its way to the United States. Those early months, especially for health care organizations, posed a foreign and urgent challenge characterized by fear and uncertainty, made even worse by constantly changing information and shifting government recommendations.

The Moffitt teams had to quickly rise above that confusion. They needed new plans for how to treat cancer patients and potential COVID-19 patients, while limiting exposure to the virus. Baluch and the Infectious Diseases Program turned to the Clinical Informatics Department for help. The department, led by Perkins, works as a bridge between IT and the clinics.

Together, they built a new workflow for COVID-19 testing from scratch, determined what baseline labs were necessary and created treatment algorithms. A protocol document on how to care for a COVID-19 patient was also created and updated each week. It has provided clinicians with a roadmap on how to test for COVID-19 and how to identify which COVID-19 positive patients meet the criteria for treatment.

Baluch lobbied alongside the Bone Marrow Transplant and Cellular Immunotherapy Program to Moffitt leadership for baseline negative COVID-19 testing prior to starting transplant-related therapy, followed by weekly COVID-19 testing for all hospitalized transplant patients. If a patient tested positive, the transplant would be delayed. Those processes and procedures then spilled over to the rest of the hospital, eventually requiring all patients to undergo COVID-19 testing prior to treatment and surgeries.

“It was the first full-on pandemic type of event we had experienced, but you just have to break it down into palatable pieces,” said Baluch.

It was no easy task. Perkins compares it to playing 4-dimensional chess. Empowering team members to be proactive and have confidence in their decisions made a big difference. “As a leader, sometimes the job is getting the right people in the right roles and giving them the space to do what they do best,” she said.

REALLOCATING RESOURCES

With the uncertainty of how the virus would affect the local community, Moffitt first had to prepare to treat COVID-19 patients. Led by Vice President and Chief Nursing Officer Jane Fusilero, MSN, MBA, RN, NEA-BC, nursing teams worked with Infection Prevention to delegate space and resources for caring for these potential patients. Simultaneously, they were creating educational programs to help those on the frontlines not only do their jobs safely, but also address their fears.

“At the beginning, things were changing almost daily and people were scared,” said Fusilero. “So, we wanted to educate staff about the facts. We rounded to help answer any questions and give the best information we had at the time.”

And we had to do this repeatedly because things changed all the time. It was a huge component of how we were able to address everyone’s fear and anxiety while providing the safest possible care for our patients.”

One of the biggest challenges was allocating resources and staff. Fusilero and her team had to figure out how to staff screening checkpoints for team members, visitors and patients at multiple hospital entrances and the COVID-19 screening clinic—all with existing team members.

Nurses were now needed not just on patient floors and in clinics, but in what felt like everywhere around the hospital. “When we stopped visitation, we had patients coming in by themselves and many needed escorts,” said Fusilero. “We needed to have availability of transport when we never would have thought of that before because patients always had someone with them to help.”

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While telemedicine was being largely used in primary care, “tele-oncology” has lagged behind because the unique and specialized care is best captured through face-to-face interaction. Before the pandemic, Moffitt was still in a pilot phase of telemedicine, with only 76 providers performing sporadic virtual visits. COVID-19 forced the Virtual Health team, led by Cristina Naso, to quickly ramp up efforts.

“I think the pandemic was an accelerant that threw gas on the fire,” said Naso. “Because of the organization’s commitment to the safety of our patients, it put out an appropriate-use case and guidance. That gave physicians a level of confidence to use the platform and then it became a shared experience.”

At the height of the first wave of the pandemic, more than 200 providers were offering telemedicine and about 30% of all outpatient visits were done virtually. In April, there were more than 6,000 virtual visits and in May, more than 4,000 – all of this happening while the teams were still working out the kinks.

A virtual health command center was set up and subgroups met every morning to discuss issues providers, schedulers and patients were having and find solutions. “It was truly triage on a daily basis,” said Naso. “This was the hardest time for everyone.”

The teams also worked hard to make sure translation services continued.

**LANGUAGE SERVICES FOCUSES ON MEETING NEEDS FOR PATIENT INTERACTION**

The teams also had to integrate language services into telemedicine. Moffitt has seven Spanish speaking interpreters and relies on a remote video platform for interpretation of other languages.

Whenever possible, in-person interpretation is always best, especially when providers are giving a serious diagnosis or having end-of-life conversations.

“Those types of interactions don’t lend themselves well to remote interpreting and can feel a bit less caring, distant and cold to a patient,” said Prado Antolino, manager of Language Services. “When they are looking at you and you are looking at them, it makes a huge difference.”

When Antolino saw how bad COVID-19 was in her native Spain, she knew she needed to start preparing for the virus here. The interpreters already had the equipment they would need to work remotely, but Antolino had to create guidelines and expectations for interpreters to provide their services virtually. Once those were in place, the team worked with the Virtual Health Department and providers to integrate interpreting services into a telemedicine visit.

“I think we succeeded because everyone had the same mentality, including the patients, that it is not safe for me to be at the hospital surrounded by people,” said Antolino. “The value we also brought into the equation was that even though the service was provided remotely, it was still provided by our own interpreters, not a stranger.”

The remote interpretation was also successful for deaf patients, who were able to stay safe and still have appropriate language access. Being on video meant they could see the interpreter’s facial expressions much easier than if they were in person wearing a mask.

The interpreters returned to campus in June, and although they still believe in-person interpretation is best, they have realized how big of an asset virtual interpreting can be. It allows the small staff to be able to help even more patients across multiple campuses. Currently, about 30% of language services are being provided remotely.

Despite the challenges behind the scenes, telemedicine was a huge success from the patient perspective. In April, during the peak of the pandemic, Moffitt patients received the highest score in its history on the Press Ganey survey for patient satisfaction.

“Not only are we seeing the high patient satisfaction and the return users, but we are seeing our providers continue to want to offer virtual visits,” said Naso. “For me, that tells the story that it works for them, as providers and clinicians, and it works for the patients. So, I think it’s going to be sustainable moving forward.”

Months after the first wave of the pandemic, the new digital initiatives are still going strong.

About 12% of all outpatient visits are being done remotely, with more than 3,000 virtual visits completed in October. There are now more than 300 providers who offer the service, and up to 60% of patients who request a virtual visit have had one before.

**PATIENT EXPERIENCE TEAM LAUNCHES CAREGIVER SUPPORT**

Much of the success associated with high patient satisfaction scores and return users of telemedicine can be attributed to Cristina Perez, MBA, and her Patient Experience team. Not only was the team responsible for guiding patients through the virtual visit transition, but also for coming up with creative solutions when the no visitor policy went into effect.

In early April, Patient Experience launched the Caregiver Support Initiative to virtually connect patients and caregivers. Using their own device or a Moffitt-provided iPad, patients could now video chat with loved ones who couldn’t physically be there. The team deployed more than 2,000 iPads between April and November to patients who needed a device.

For those caregivers waiting outside or in cars during appointments, the Patient Experience team partnered with the Foundation to set up a caregiver lounge in the Stable Research Building atrium, equipped with comfortable socially distant seating, TVs, pre-packaged snacks and iPads to connect with patients.

For inpatients, Patient Experience relied on nurses to make sure everyone stayed connected.

“Some of our patients are hospitalized for weeks and that’s a long time for a cancer patient to be without a loved one, and caregivers are at home and worried,” said Perez. “So, we worked closely with the nursing team to ensure that caregivers were getting daily calls from patients and that they had the option to video chat with the patient with the iPads we had on the floors.”

Even though visitors are allowed back on campus, the Caregiver Support Initiative is still being used to connect out-of-town family members to patients. Using the platform, Patient Experience has connected eight family members during one virtual visit and even connected a patient with her husband serving in Afghanistan.

**NOT STOPPING THE SCIENCE**

The pandemic also changed the way Moffitt does research. With only essential personnel allowed on campus, many lab experiments had to stop. Research not conducted in the lab setting could continue remotely if possible, but several of those studies involved working directly with cancer patients.

Shelley Tworoger, PhD, associate center director of Population Science, led a task force to find ways to continue as much research as possible. Despite their efforts, only about one quarter of research activities could move forward.
“It’s going to slow down discovery, for example, in developing new therapies or figuring out better ways to allow people to get screening or to stop smoking,” said Tworoger. “Research surrounding human subjects is going to be delayed not just at Moffitt, but everywhere, and that has major implications for the advancement of how we prevent and cure cancer.”

Still, Moffitt was able to keep the majority of clinical trials open during the pandemic, at least for those patients already on the trial.

“Some sponsors did shut down the trials and that meant our patients for whom that might have been their best chance or best hope weren’t able to get access or get access as rapidly, so that has a direct clinical impact,” said Tworoger.

Once clinical operations were back up and running in the summer, it was time to get the scientists back into the lab. But before they could return, Moffitt set up new screening checkpoints at entrances and established new safety protocols, such as limiting lab capacity to 50%. All departments had to make sure they had an appropriate amount of personal protective equipment and cleaning supplies. Many lab teams decided to work in shifts to maintain the reduced capacity guidelines; those who can work off campus are continuing to do so as much as possible.

Still a work in progress: fully reopening human subject research back into the clinics. To reduce the number of people inside an exam room, researchers gathering data or working on lifestyle intervention studies have not been allowed, until recently, to attend patient appointments. Since the beginning of the pandemic, patient enrollment in Total Cancer Care has dropped from close to 1,000 patients a month to about 100. The confidence comes with success. Once your experiments start working, once you realize that you know what you’re doing — and that you’re good at it. Suddenly a day comes when you will be helping everyone else…For that, you need good mentors.”

“I think a lot of us wait until we’re at the top to help those behind us. Be mindful that you should be doing that at all time. You can do that anytime, not just when you reach the highest level. You never have to wait to help others.”

“Think that the biggest message is don’t undervalue yourself, that you are valuable at all different levels.”

“This really was a team effort. No one person at Moffitt could have addressed all of the things that needed to be worked out.”

EMBRACING INNOVATION

Now, instead of the pandemic evoking fear, it gives rise to feelings of solidarity and resiliency. Working together, the women-led teams at Moffitt faced COVID-19 head on. They had to balance the interests of team members, patients and caregivers to care for patients and continue day-to-day operations as safely as possible while information and recommendations were constantly changing. They then had to work together to bring team members back to campus and restart some pre-pandemic practices.

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Women Inspiring Women

Women faculty share their lived experiences, how they stay inspired, why they give back and what is left to be done to open the doors for the next generation of women in medicine.

“Women Inspiring Women

I think mentorship is vital for our junior colleagues.”

“One thing I’ve learned both personally and in my career is that people want to be invited to give their opinion or to participate or to contribute. And if you actively reach out to people from all different arenas and invite them, then that leads to more inclusion because everybody feels like their opinion or their contribution is going to be valued.”

“The confidence comes with success. Once your experiments start working, once you realize that you know what you’re doing — and that you’re good at it. Suddenly a day comes when you will be helping everyone else...For that, you need good mentors.”

“I think a lot of us wait until we’re at the top to help those behind us. Be mindful that you should be doing that at all time. You can do that anytime, not just when you reach the highest level. You never have to wait to help others.”

“I think that participating in, for example, the [Women in Oncology] mentorship program or the other ones that are available across the entire institution really do help...it helps to draw allies in other departments and other domains where we didn’t even recognize that those people existed or that there were avenues for assistance.”

“You have to be yourself. You want to end up at a place that really likes you and really wants you to be there. You want a place that’s going to invest in you. Your gut feeling is almost always correct.”

“One thing I’ve learned both personally and in my career is that people want to be invited to give their opinion or to participate or to contribute. And if you actively reach out to people from all different arenas and invite them, then that leads to more inclusion because everybody feels like their opinion or their contribution is going to be valued.”

“People at Moffitt are very collaborative. If you have an idea and want to collaborate with someone, all you need to do is send an email. It’s not that hard. It’s really a wonderful part of the culture here.”

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