Moffitt Cancer Center gratefully acknowledges the assistance of:

All the women faculty members and leaders who participated in this publication

Asmita Mishra, MD, associate member, Blood and Marrow Transplant and Cellular Immunotherapy

Yvette Tremonti, CPA, MBA, executive vice president and chief financial and administrative officer

Alan F. List, MD, president and CEO

G. Douglas Letson, MD, executive vice president, physician-in-chief, MMG President

Thomas A. Sellers, PhD, MPH, center director and executive vice president, distinguished Moffitt scholar

Mary Coffeen, chief of staff to the CEO

Cathy Clark, APR, senior managing editor, Department of Public Relations

Nick Gould, lead digital imaging UX designer, Department of Web and CS Development

Design: Delta Blue Studio

Table of Contents

Leadership Message 4
A Letter from Our Sponsors 5
A Letter from The Editors 6
Women in Oncology-Did You Know? 7
Dr. Avan Armaghani 8
Dr. P.K. Epling-Burnette 10
Catching Up with the Clinical Women Faculty Mentoring Program 12
Mentoring Pair Spotlight 14
Dr. Jhanelle Gray 16
Dr. Karen Mann 18
Hidden Talents of Women Faculty 20
Dr. Marilin Rosa 22
An Interview with the Physician of the Year 2017 24
Women Senior Leader Roundtable 26
Dr. Ann Chen 28
An Update on the Road to Resilience 30
Dr. Shannon Christy 32
Dr. Neha Verma 34
Creating a Culture of Respect 36
Paying it Forward 38
Dear Colleagues and Friends,

We are pleased to present the second edition of Women in Oncology at Moffitt. Moffitt Cancer Center continues to build on its culture of empowerment, respect and inclusion by supporting interdisciplinary interest groups such as Women in Oncology at Moffitt. As you will see in the following pages, women at Moffitt are engaged in an impressive array of important topics ranging from resilience to respect, to community outreach and mentoring. Through their faculty profiles, you have an opportunity to meet eight amazing individuals from our clinical and research areas.

Whether women contribute to Moffitt’s success as clinicians or researchers, as leaders or team members, we want to congratulate all of them for their accomplishments and hard work.

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

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

Dear Colleagues and Friends,

We are pleased to share this issue of Women in Oncology at Moffitt with you. Since our inaugural issue last year, we are continuing our efforts to develop effective strategies for supporting, promoting and retaining our women faculty.

And we are happy to report that the Clinical Women Faculty Mentoring Program – created to help Moffitt’s women faculty navigate various challenges encountered and to provide strategies to positively shape interactions among colleagues – has been well received. This program continues to expand as more of our faculty members are asking for help through mentorship and more of our senior faculty are stepping up to mentor their junior colleagues.

The clinical and research faculty profiles featured in this issue exemplify how these women support and benefit each other through mentoring, networking and collaboration. We find it encouraging that these faculty members are committed to building community through communication and collaboration. It is through this mutual support that we all become stronger and more secure.

The women profiled in this issue discuss what they find fascinating in the field of medicine and how they are excited to play a role in advancing the field of oncology. Many actively volunteer in the community while also managing their research and clinical work, coupled with family responsibilities. The advice shared is as varied as the multifaceted individuals profiled, but commonly repeated themes focus on being true to oneself, working hard and being both bold and kind.

We were encouraged to learn that our female faculty scored high in the area of resilience in the cancer center’s annual engagement survey. The diverse, talented women highlighted in the pages that follow have experienced various life challenges. Read on as they share what they do to stay resilient, including spending time with loved ones, engaging in hobbies and the importance of self-care.

We hope you enjoy this issue. The features are relevant for everyone desiring to make a positive difference. We believe the progress we are making will benefit not only our women faculty but also other cancer center team members as well as our patients and their loved ones.

From Our Sponsors
Dear Colleagues and Friends,

It is with great pleasure that we present the second edition of *Women in Oncology at Moffitt*. In this issue we continue to spotlight women faculty by sharing their experiences and wisdom. While the inaugural issue in 2018 focused exclusively on clinical faculty, this year we are excited to also expand our coverage to include faculty from various research areas.

We are continuing the publication’s focus on highlighting women faculty members with eight individual profiles and an interview with Moffitt’s 2017 Physician of the Year, Dr. Pamela Hodul (page 24). We found the experience of getting to know these nine colleagues and their stories extremely inspiring and hope you feel the same.

We have also included several feature articles that we hope you will find thought-provoking including a continuation of our resiliency series (page 30), an update on the Clinical Women Faculty Mentoring Program (page 12), which we introduced last year, a conversation starter on women’s experience with gender bias (page 36), and a fascinating compilation of our faculty’s many Hidden Talents (page 20).

In last year’s welcome letter to you, we expressed our hope that the *Women in Oncology at Moffitt* publication would serve as a platform for women to connect, explore ideas and support one another. Perhaps the greatest theme that we saw reflected in this year’s publication was the profound ways that women faculty are creating strong communities and networks. You will find testimony of shared experiences in the report out from our Women in Senior Leadership Roundtable discussion (page 26) and be inspired by the reciprocal support described in our mentor-mentee interview with Drs. Kristine Donovan and Ritika Oberoi-Jassal (page 14). We think you will also be moved by the many ways women faculty support their communities through service and outreach initiatives (page 38).

We had the great honor and privilege to meet and talk with a group of remarkable women while working on this second edition, and we thank all of them for their time and enthusiastic participation. We are also grateful for the organizational support from executive leadership, who make this publication possible through their tireless commitment to empowerment, inclusion and openness to a variety of voices here at Moffitt.

Working on this publication has deepened our sense of belonging to this extraordinary place, and we continue to feel very lucky to be part of the Moffitt community.

Sincerely yours,

Lauren Massie, MA
Organizational Development Consultant

Dörte Heimbeck, PhD
Senior Leadership Advisor and Coach

---

**Data from Moffitt Cancer Center Human Resources Analytics and internal Moffitt survey sent to all women faculty December 2018 with 42 responses.**
Avan Armaghani, MD, joined Moffitt in 2018 and is an assistant member in the Breast Oncology Department. She is a member of the American Society of Clinical Oncology and the American College of Physicians. Dr. Armaghani specializes in the treatment of men and women with breast cancer. She has participated in various research projects, most recently investigating the effects of neoadjuvant chemotherapy on stromal tumor infiltrating lymphocytes in breast cancer. Dr. Armaghani describes the lessons her patients have taught her, challenges women physicians may face around work-life balance and the importance of women standing up for themselves.

What excites you right now about the field of oncology and the role that you play in it?

There have been leaps and bounds made in the field of oncology even in the last few years. We are living in a world of precision and personalized medicine. No two patients are alike. We know a lot more about genetic and environmental factors and how these influence the development of cancer. I’m really excited to be a part of this field and look forward to contributing to future advancements in the prevention and cure of cancer.

What book is currently on your nightstand?

I like suspense novels. I recently finished *The Girl on the Train* by Paula Hawkins. It’s always nice to read books that take you away from everything at the end of the day and put you in whole different world.

What do you wish others at Moffitt knew about you as a woman physician?

I want people to know I’m dedicated to patient care and I’m passionate about medical education. I’ve had some great mentors throughout my medical training. I hope I can pay that forward to the next generation of physicians through teaching and mentoring.

What is an epiphany that has shaped you into the physician you are today?

Throughout my medical training, we spent hours reading textbooks, looking underneath microscopes and taking a lot of exams. But our patients teach us lessons that we can never find in a textbook. For example, during my fellowship I had a patient that had acute leukemia. He was in the hospital for two months because of complications. He hung a sign above his bed that said “think positive.” Every morning I would come in and see him and he would always point to that sign and say, “This is what gets me through each and every day.” Two years out from his diagnosis he is doing really well. The patients that we have the privilege to take care of teach us a lot about courage, perseverance and strength. They’ve made me not only a better physician but also a better person. I’ll carry those lessons with me forever.

What would you like your legacy at Moffitt to be?

I want people to think of me as very kind, compassionate and dedicated to patient care. I would like them to know that I’m committed to our Moffitt mission of the prevention and cure of cancer.

Do you have any advice for other women faculty?

It’s important to be strong, confident and persistent. It can be hard sometimes to find balance in life as a woman, and especially as a woman physician. We can help find this balance by making sure we do things outside of work that we love to do, whether it’s spending time with family or doing hobbies that we enjoy. I also think it is important to always take time to reflect and remember how lucky we are every day to get to do this job and take care of a special population of patients, who trust us and have confidence in us to care for them in their most vulnerable state.

AN INTERVIEW WITH

Dr. Avan Armaghani

“We have the opportunity to make a difference in the lives of our patients. It’s a privilege to be able to do this work.”

AVAN J. ARMAGHANI, M.D.
BREAST ONCOLOGY

WOMEN IN ONCOLOGY AT MOFFITT

MOFFITT.org
P.K. Epling-Burnette, PharmD, PhD, joined Moffitt 30 years ago as one of the first pharmacy residents and one of the first post-doctoral fellows recruited to the organization. She is now a senior faculty member in the Immunology Program, and she studies the basic science of anti-tumor immunity. Read on as Dr. Epling-Burnette describes her unique path to becoming a researcher and shares what inspires her every day.

What excites you right now about the field of oncology and the role that you play in it?

After 50 years of tireless research, the field of immunology is finally hitting its stride. This is highlighted by the two scientists in immunology whose work in cancer immunotherapy was recognized with the Nobel Prize in 2018. Over the last three to five years immunotherapy has really been on the forefront of cancer therapy. There are endless opportunities now with immunotherapy to fight cancer – much more effectively than drugs alone ever could fight cancer.

What book is currently on your nightstand?

I am primarily keeping up with current news events on my iPad. However, when I choose a book it is usually a literary classic.

What do you wish others at Moffitt knew about you as a woman researcher?

I would like others to know that I am the first generation college graduate in my family – my mother only had an 8th grade education and my father finished 10th grade with a GED. They always encouraged me to get the highest level of education possible. Also, my sister happened to be my biology teacher in high school and she made science and research so much fun. It’s what I felt most comfortable with so I went to college to do research. During that time, though, I saw lots of postdocs struggling to find jobs, so I switched to pharmacy. After I got my degree in pharmacy I did several rotations at Tampa General Hospital and at All Children’s. I was the first pharmacy resident here at Moffitt. The required research project during that 18-month residency here at Moffitt brought me back to research. My first research project was to study the excitation of muscle cells at the neuromuscular junction.

What is an epiphany that has shaped you into the researcher you are today?

It’s the individual successes we have in the lab that build so much excitement. And every discovery leads to more questions, it is a never ending quest and that is really what keeps me going.

If you had the opportunity to meet one particular person who would that be, why and what would you want to talk about?

I would love to meet my maternal and paternal grandparents. Unfortunately, I never had the chance to talk to them and I would love to hear about their lives. They lived such difficult and strenuous lives – one grandmother had 12 children, and the other died in childbirth. I would love to learn from them and how they made it through hardship and challenges.

What keeps you up at night?

Nothing really keeps me up at night. It’s more excitement about what we can accomplish the next day in the lab. The only worry would probably be whether I can get my students in the lab to graduate on time.

What would you like your legacy at Moffitt to be?

Being a good collaborator and a nice person that is always there for others – that’s how I would like to be remembered. A researcher who collaborated with lots of people on complex projects involving multiple disciplines.

Do you have any advice for other women faculty?

I have never perceived myself as a woman researcher. I am just trying to do a good job and that would be my advice for everyone – just do a good job and find your passion!
Catching Up with The Clinical Women Faculty Mentoring Program

To help increase mentoring and to provide additional support for women faculty members, Moffitt launched a new clinical faculty mentoring program. The program was designed to provide women faculty with opportunities to connect, explore ideas and receive support through one-on-one mentoring relationships and group discussion sessions. The mentoring program is sponsored by the Women in Oncology Interest Group, a multidisciplinary committee that was created to help explore and address the needs of women faculty. The mentoring program is led by Asmita Mishra, MD, associate member, Blood and Marrow Transplant and Cellular Immunotherapy, sponsored by Yvette Tremonti, executive vice president and chief financial and administrative officer and coordinated by Lauren Massie, organizational development consultant.

The Clinical Women Faculty Mentoring Program kicked off on Feb. 13, 2018, with an event designed to bring potential mentors and mentees together. Before the event, mentoring applicants were asked to complete brief biographies. During the event, mentoring candidates had the opportunity to distribute these profiles and to network with one another. After the kickoff, 11 pairs were matched for one-on-one mentoring relationships based on shared goals. All mentoring pairs were invited to attend an orientation where they received training on the purpose and goals of the program, strategies for setting their mentoring relationship up for success and best practices for addressing common mentoring challenges. Mentoring pairs were asked to meet for at least one year in order to build a strong foundation for their relationship. During their initial touch point they were encouraged to complete a mentoring agreement, which helped them to clarify their goals and expectations for the mentoring relationship. The goals of each mentoring pair were specific to the needs of the mentee and included topics such as professional development, leadership development, work life integration, research, time management and managing up.

Program participants, as well as all other faculty members, were invited to attend discussion sessions throughout the year, with the goal of providing a forum for shared dialogue and fellowship. The first session titled “Strategies for Strengthening Resiliency” occurred on June 21, 2018. An interactive panel of women leaders including Kaaron Benson, MD, senior member, Department of Pathology, Susan Vadaparampil, PhD, MPH, associate center director, Community Outreach and Engagement, Pamela Hedul, MD, associate member, Department of Gastrointestinal Oncology, and Dörte Heimbeck, PhD, Sr. Leadership Advisor & Coach, shared strategies to excel in academia including: resiliency best practices, overcoming challenges and personal lessons learned.

The next session, “The ART of Leadership Communication: Presence & Presentation,” took place on September 24, 2018, and featured guest speaker Hilary Blair, CEO and executive communication coach, ARTiculate: Real & Clear. The program’s interactive keynote offered tools and coaching for delivering clear, efficient and powerful leadership communication. This session addressed the unique challenges facing women leaders and created a space to openly and honestly examine them. During the session, participants discovered opportunities for building credibility and authority through presence and presentation.

Mentors and mentees also are invited to attend the third annual Women in Medicine Grand Rounds event on Feb. 1, 2019. Margaret Foti, PhD, MD (hc), the chief executive officer of the American Association for Cancer Research, will present “The Vital Role of Women in Cancer Science and Medicine: A Matter of Great Urgency for Patients.”
I have never had a formal mentor, but I would consider my fellowship director and chairman informal mentors during my training. Kris has seniority and experience at the institution, and her advice is helping me tremendously as a junior faculty member who may not know who to go to or how to get something started. I realized if I talked to Kris she could suggest a contact or a template so that I did not need to reinvent the wheel. This advice helps my confidence and the speed at which I get things done.

What surprised you about being a mentor/mentee?

Dr. Oberoi-Jassal: I was not aware of the time it takes to get projects completed, whether it is research or starting a new group. There is a lot of behind-the-scenes work in terms of funding and logistics. Since I am not as familiar with the organizational culture or institution, having a mentor to guide me through the process is helpful.

Dr. Donovan: I have to be conscious of my tendency to say, “We tried that and it didn’t work.” That isn’t always constructive, and so I have to remember to listen to what she is proposing with an open mind.

What have you learned about each other through this process?

Dr. Oberoi-Jassal: This is a few doors down. We first met by discussing mutual patients and later collaborated on a research project. What makes this process so enjoyable for me is her openness to feedback.

Dr. Donovan: Kris is a brilliant researcher and clinical psychologist. I learn from every opportunity I have to talk to her. Our conversations do not have to be groundbreaking; it is the little things like recommendations about who to contact to get a project started that are extremely helpful. The beauty of this mentoring relationship is that we learn from each other’s experiences and there is tremendous value and knowledge to be gained.

What has been the most rewarding part of being a mentor/mentee so far?

Dr. Donovan: We are still early in the process, but I’m hoping Rikita will be able to make good progress in her goal for promotion. As a mentor, the most rewarding part would be for me to see her accomplish her goals that she has set for herself during the next year.

Dr. Oberoi-Jassal: Reaching our goals would be the most rewarding part. It is still a work in progress.

What is one challenge you’ve faced during the mentoring process?

Dr. Oberoi-Jassal: Making the time to meet and work on our mentorship goals with our demanding clinical and non-clinical duties is a challenge. You have to commit yourself and carve out the time.

Dr. Donovan: Time, time, and more time. Meeting regularly whether it’s once every two weeks or once a month has to be a priority. If there’s not a deadline, it’s easy to let the clinical responsibilities fill up the time.

What advice would you offer to other mentor/mentee relationships?

Dr. Oberoi-Jassal: Do not undervalue informal or casual encounters because we have so much to gain from each other. Every time I talk to Kris, I learn so much.

Dr. Donovan: If possible, have measurable goals that are stated at the beginning of the relationship. If someone says, “I just need discussion around competing priorities, short and long-term plans, etc.,” that is and of itself can be a very beneficial conversation provided that goal is stated upfront. If someone says their goal is to have two published articles and one research project, then that is what we are held to.

Why is it important for women faculty to have a mentoring resource at Moffitt?

Dr. Oberoi-Jassal: It is important for anyone that is interested in having a mentor to have the opportunity to have access to guidance and career advancement. Although the supportive medicine team is a small part of the institution, the role we play in aggressive symptom management and addressing goals of care is a valuable part of cancer care provided at Moffitt.

Dr. Donovan: Rikita and I are trying to balance the clinical care we both provide with competing demands. I was told at the start of my career that you can’t do both clinical work and research, you have to choose. I’ve spent my career trying to do both. I feel very strongly that the work that we do in Palliative Care and Supportive Medicine has tremendous value for the patient.

Is there anything else you would like to share about your experience with the Clinical Women Faculty Mentoring Program?

Dr. Donovan: We all get caught up in our busy lives, and so this has been an opportunity to say, “What can I bring to the table to help Rikita?” and vice versa. When each of us is successful, it really does elevate the department and the work that we do.

Dr. Oberoi-Jassal: I recommend the mentoring program to other faculty. If you have a goal in mind and are willing to put the time and the work into it, mentoring will be rewarding for both sides.
Jhanelle Gray, MD, joined Moffitt in 2007 after completing her hematology/medical oncology fellowship through USF. Now an Associate member of the Department of Thoracic Oncology, she engages in translational research in the area of lung cancer with special emphasis on identifying new molecular targets for the treatment of chemotherapy naïve and resistant lung cancer. Dr. Gray has recently been named program co-leader of Chemical Biology & Molecular Medicine, which has 46 members and is the largest CCSG research program at Moffitt. Dr. Gray shares how hard work has impacted her career, describes her role in mentoring others and highlights the need for women to make their voices heard.

What excites you right now about the field of oncology and the role that you play in it?

What excites me most are the advances we’ve made in personalized medicine and having an active role in influencing the field. With detailed genetic information I can put together an individual treatment plan for each patient. My research publications allow me to leave a mark on my field.

What book is currently on your nightstand?

My 10-year old twins are reading the book Wonder (a children’s novel written by R. J. Palacio) in school so I am reading it alongside them so we can discuss what Augie, the boy with a rare deformity, experiences when he enters school outside of the home for the first time in fifth grade.

The other book on my nightstand is Born a Crime: Stories from a South African Childhood. It is a very interesting autobiographical story about the South African comedian Trevor Noah who grew up in post-apartheid South Africa as the son of a white father and a black mother and his struggles to fit into racial schemes.

What do you wish others at Moffitt knew about you as a woman physician?

First of all, I would like them to know that I work really hard – my work stands on its own, and nothing has been handed to me. Also, I am very compassionate and consider myself an advocate for the underdog. I advocate for my patients to the nth degree. All people deserve to be treated similarly. As a captain of the cheerleader team in high school, I noticed that some of the other cheerleaders did not always treat others with equality in mind – I challenged them on their behavior and tried to change the dynamics.

What is an epiphany that has shaped you into the physician you are today?

My mom passed away from cancer when I was in medical school. I understand what it means to be told that a person that is incredibly important to you is going to die. Her death really made me stop and assess what is important in life. I was thinking that of all the people who attended her funeral in church only her children will carry her legacy now over 15 years later. So, I vowed to always put my children and family first and spend as much time with them as possible.

If you had the opportunity to meet one particular person who would that be, why and what would you want to talk about?

Michelle Obama – hands down. She is just the most inspiring and captivating leader and role model who is still down to earth. I loved how we referred to her as FLOTUS – the first lady of the United States. Her work for veterans and their families as well as the focus on healthy living for kids was so inspiring and important. I would like to ask her how she dealt with the intense negative press she received - especially in the beginning – for not smiling, for example, which got her the label as being “mean.” How did she deal with that? Should one address something like that directly or how do you process this internally?

What keeps you up at night?

I worry about my kids and things that I was supposed to do. I am always worried that I forgot something. I also think a lot about relationships with people that are strained for some reason or another because I really prefer to resolve conflicts.

What would you like your legacy at Moffitt to be?

There are three things I would like to be my legacy: Having executed research that improved patient outcome, having been generally successful at my job and having been a good mentor, especially for other female, minority physicians who were interested in doing research.

Do you have any advice for other women faculty?

Take your time to figure out what you want to do. Work hard. Speak up. Learn how to say “No,” and be nice to each other.
Karen Mann, PhD, joined Moffitt in 2017 and is an assistant member in the Department of Molecular Oncology. She is a member of the Cancer Biology and Evolution Program as part of Moffitt’s Cancer Center Support Grants, and has secondary appointments in Gastrointestinal Oncology and Malignant Hematology. Dr. Mann specializes in cancer genetics and her primary research interests include identifying the molecular perturbations that drive cancer progression, with a focus on pancreatic cancer metastasis. Dr. Mann describes the woman researcher who serves as her role model, opens up about the challenges around equality in science and offers some advice for women on staying true to their career path.

What excites you right now about the field of oncology and the role that you play in it?

It’s an exciting time to be in the field of pancreatic cancer research because what we are discovering in the clinic and research labs is being translated to patients. Pancreatic cancer hasn’t had the needle move on patient survival in the past 30-40 years. There’s room for development and improvement in patient treatment from a therapeutic standpoint. Over the past 10 years there’s been an explosion in the number of scientists and clinicians in pancreatic cancer research, which has led to a more multidisciplinary approach. I’m trained as a geneticist and a mouse modeler so I bring an expertise in genetics and molecular markers to the field. My lab tries to understand the underlying genetic and non-genetic changes that occur in pancreatic cancer. Being at Moffitt is exciting because we have interactions with clinicians who are receptive to basic research.

What book is currently on your nightstand?

I just finished A Man Called Intrepid: The Incredible WWII Narrative of the Hero Whose Spy Network and Secret Diplomacy Changed the Course of History by William Stevenson. Stevenson was the mastermind behind the secret intelligence efforts orchestrated by Churchill and Roosevelt, that helped win WWII. I’m also reading a book called Pachinko by Min Jin Lee, which is about a Korean family displaced from their homeland during Japanese occupation and the politics and fallout after WWII that forces them to remain in Japan as non-citizens. It’s a beautiful and sad story.

What do you wish others at Moffitt knew about you as a woman researcher?

The question becomes, “Do you want to be known as a woman scientist or as a scientist?” I’d like to be known as a scientist. My identity as a woman scientist isn’t boxed in because I’m a woman. The perception of women as scientists still has a ways to grow in terms of equality in the way we are treated and perceived in our science. We train more women PhDs than men, and yet I am one of two women faculty in my department. This occurs across all scientific disciplines. I’ve had male mentors who have said, “You’re doing pretty well and you’re a mom too!” I kind of take offense to that because I’m doing my science, and yes I’m a mom, but I didn’t bring that up, they did. I also once had a female mentor who told me that having kids would kill my career. I thought to myself, “No, it won’t because I won’t let it.”

What is an epiphany that has shaped you into the researcher you are today?

As a post doc, I joined the lab of Neal Copeland and Nancy Jenkins, a married couple who are well known researchers in mouse cancer genetics. They moved their lab shortly after I joined from the National Cancer Institute to the Institute of Molecular and Cell Biology in Singapore. Working halfway around the world was an amazing experience scientifically, as well as character building. I’ve discovered science is a marathon, not a sprint. Facing ourselves is important; we could burn out if we feel like we have to do everything now.

If you had the opportunity to meet one particular person who would that be, why and what would you want to talk about?

I would like to meet Mary-Claire King. She is a geneticist and an amazing woman. She’s known for discovering the BRCA1 gene and that cancer risk can be inherited. Mary has taken her expertise in genetics and applied it to real world problems. She reunited children with their families in Argentina, after they were pulled apart during a war, using DNA evidence. Mary is also famously quoted for the adversity she’s experienced coming up as a scientist during the late ‘60s and early ‘70s. She was told she was hired to fill a quota and not on her merit. She was very strong to say, “Let me change your mind.” I’d want to know what her perspective is on how we can still engage women to become scientists.

What keeps you up at night?

If I work too late, the ideas percolating in the back of my mind put my brain in “hyper drive,” and I can’t unwind. Most of the time I’m good at it, but I do get into a zone. If I don’t take care of myself, I won’t be productive the next day. I have to learn to pace myself for my long hours in the lab and get in some time away from it.

What would you like your legacy at Moffitt to be?

I’d like to leave a lead in integrating molecular genomics data with clinical trials and bridging basic research and clinical research so that we have the tools and procedures in place to take technologies like single-cell RNA sequencing forward to advance our understanding of how therapies work or fail. Molecular medicine will be at the forefront of cancer care in the next 10-15 years, and we need to be on that wave.

Do you have any advice for other women faculty?

Women know what they want. Don’t let anyone convince you that you can’t do it, you’re not good enough, or maybe that wasn’t really what you wanted. When you listen to yourself you will be on your best path.

“The question becomes, ‘Do you want to be known as a woman scientist or as a scientist?’ I’d like to be known as a scientist. My identity as a scientist isn’t boxed in because I’m a woman.”

AN INTERVIEW WITH

Dr. Karen Mann
Hidden Talents Of Women Faculty

Women faculty share skills that might surprise their colleagues, little known hobbies and what professions they might have pursued if they had taken a different career path outside of Oncology.

“If I hadn’t gone into cancer research, I would probably be a marine biologist. I have always been interested in studying and protecting marine life and I love to be near the ocean. I enjoy photography, singing and interior design. According to my family, I’m good at making up silly songs about just about anything we are doing at the time and jingles for random products around the house, which my family often continue singing days later.”

Dr. Ann Chen

“Of my five trips to India, my most memorable was when I first learned the art of Indian dance. I practiced diligently, synchronizing my movements and expressing my thoughts through my hands. In college, I became a choreographer of cultural dances, and I discovered that creating a successful dance requires one attention to detail, an ability to perform under pressure and strong interpersonal skills. These attributes have resonated within me, and I have built upon them on my path to becoming a physician. I would love to continue teaching and choreographing Indian dances for children.”

Dr. Neha Verma

“I actually made a pretty significant detour to pharmacy before settling back into research. I was Moffitt’s first pharmacy resident and worked on 5 North in pediatric oncology. During my 18-month residency I was required to do a research project and that brought me back to my first love – research, which I had initially abandoned out of concern about not finding employment. A lot of my friends from college were struggling to find a job, so I went a safer route by becoming a pharmacist first. In terms of hobbies I love skiing and running and simply being outdoors.”

Dr. P.K. Epling-Burnette

“I enjoy taking pictures of my friends, those candid shots and wildlife photography. I also do ballroom dancing, particularly the waltz, swing and salsa. I take lessons, sometimes private lessons or group lessons.”

Dr. Shannon Christy

“It actually was a florist before becoming a surgeon. I love all arts and crafts and really enjoyed working with flowers and expressing my creativity that way.”

Dr. Pamela Hodul

“I like to ski and started when I was 11 or 12. My dad and I are skiing buddies. We’ve gone to West Virginia, our West, Whistler and Vancouver. If I hadn’t become a physician I would be a teacher and continue to pursue my passion for teaching and mentoring.”

Dr. Avan Armaghani

“Of my five trips to India, my most memorable was when I first learned the art of Indian dance. I practiced diligently, synchronizing my movements and expressing my thoughts through my hands. In college, I became a choreographer of cultural dances, and I discovered that creating a successful dance required one attention to detail, an ability to perform under pressure and strong interpersonal skills. These attributes have resonated within me, and I have built upon them on my path to becoming a physician. I would love to continue teaching and choreographing Indian dances for children.”

Dr. Karen Mann

“I cannot imagine being anything else – I have always wanted to be a physician even before first grade, which is kind of interesting since both my parents are accountants. I am not sure where I got the idea to become a physician from, but it was always there. I grew up in a semirural environment with lots of animals around me – cats, dogs and chickens. I remember always trying to help them when they got sick.”

Dr. Marilin Rosa

“’If I hadn’t become a physician I would have liked to do something that involved orchestrating a business/department that made things better for people. I would have enjoyed the leadership aspect of that, the strategizing and implementing.’”

Dr. Jhanelle Gray

“When I was a kid I thought I’d be a veterinarian. I knew I wanted a job where I’d have intellectual challenges and stimulation because I really like to learn. I can sing. From elementary through high school I sang in the choir. I’ve always loved to dance; I danced all through college. My daughters dance now and their school has an adult tap class and so I decided to try; it’s great fun. I was also a gymnast and was best on the balance beam.”

Dr. Shannon Christy

“’I actually made a pretty significant detour to pharmacy before settling back into research. I was Moffitt’s first pharmacy resident and worked on 5 North in pediatric oncology. During my 18-month residency I was required to do a research project and that brought me back to my first love – research, which I had initially abandoned out of concern about not finding employment. A lot of my friends from college were struggling to find a job, so I went a safer route by becoming a pharmacist first. In terms of hobbies I love skiing and running and simply being outdoors.’”

Dr. P.K. Epling-Burnette

“’If I hadn’t become a physician I would have liked to do something that involved orchestrating a business/department that made things better for people. I would have enjoyed the leadership aspect of that, the strategizing and implementing.’”

Dr. Jhanelle Gray

“’I like to ski and started when I was 11 or 12. My dad and I are skiing buddies. We’ve gone to West Virginia, our West, Whistler and Vancouver. If I hadn’t become a physician I would be a teacher and continue to pursue my passion for teaching and mentoring.’”

Dr. Avan Armaghani

“’I enjoy taking pictures of my friends, those candid shots and wildlife photography. I also do ballroom dancing, particularly the waltz, swing and salsa. I take lessons, sometimes private lessons or group lessons.’”

Dr. Shannon Christy

“I actually was a florist before becoming a surgeon. I love all arts and crafts and really enjoyed working with flowers and expressing my creativity that way.”

Dr. Pamela Hodul

“’I like to ski and started when I was 11 or 12. My dad and I are skiing buddies. We’ve gone to West Virginia, our West, Whistler and Vancouver. If I hadn’t become a physician I would be a teacher and continue to pursue my passion for teaching and mentoring.’”

Dr. Avan Armaghani

“’If I hadn’t become a physician I would have liked to do something that involved orchestrating a business/department that made things better for people. I would have enjoyed the leadership aspect of that, the strategizing and implementing.’”

Dr. Jhanelle Gray

“When I was a kid I thought I’d be a veterinarian. I knew I wanted a job where I’d have intellectual challenges and stimulation because I really like to learn. I can sing. From elementary through high school I sang in the choir. I’ve always loved to dance; I danced all through college. My daughters dance now and their school has an adult tap class and so I decided to try; it’s great fun. I was also a gymnast and was best on the balance beam.”

Dr. Shannon Christy

“Of my five trips to India, my most memorable was when I first learned the art of Indian dance. I practiced diligently, synchronizing my movements and expressing my thoughts through my hands. In college, I became a choreographer of cultural dances, and I discovered that creating a successful dance required one attention to detail, an ability to perform under pressure and strong interpersonal skills. These attributes have resonated within me, and I have built upon them on my path to becoming a physician. I would love to continue teaching and choreographing Indian dances for children.”

Dr. Neha Verma

“I actually was a florist before becoming a surgeon. I love all arts and crafts and really enjoyed working with flowers and expressing my creativity that way.”

Dr. Pamela Hodul

“At the age of one year, I was feeling a religious calling, I was studying the Bible. I would dress up as a priest and read the Bible to my friends. I was also a gymnast and was best on the balance beam.”

Dr. Shannon Christy

“I actually made a pretty significant detour to pharmacy before settling back into research. I was Moffitt’s first pharmacy resident and worked on 5 North in pediatric oncology. During my 18-month residency I was required to do a research project and that brought me back to my first love – research, which I had initially abandoned out of concern about not finding employment. A lot of my friends from college were struggling to find a job, so I went a safer route by becoming a pharmacist first. In terms of hobbies I love skiing and running and simply being outdoors.”

Dr. P.K. Epling-Burnette

“I like to ski and started when I was 11 or 12. My dad and I are skiing buddies. We’ve gone to West Virginia, our West, Whistler and Vancouver. If I hadn’t become a physician I would be a teacher and continue to pursue my passion for teaching and mentoring.”

Dr. Avan Armaghani

“I enjoy taking pictures of my friends, those candid shots and wildlife photography. I also do ballroom dancing, particularly the waltz, swing and salsa. I take lessons, sometimes private lessons or group lessons.”

Dr. Shannon Christy

“I actually was a florist before becoming a surgeon. I love all arts and crafts and really enjoyed working with flowers and expressing my creativity that way.”

Dr. Pamela Hodul

“Of my five trips to India, my most memorable was when I first learned the art of Indian dance. I practiced diligently, synchronizing my movements and expressing my thoughts through my hands. In college, I became a choreographer of cultural dances, and I discovered that creating a successful dance required one attention to detail, an ability to perform under pressure and strong interpersonal skills. These attributes have resonated within me, and I have built upon them on my path to becoming a physician. I would love to continue teaching and choreographing Indian dances for children.”

Dr. Neha Verma

“I actually made a pretty significant detour to pharmacy before settling back into research. I was Moffitt’s first pharmacy resident and worked on 5 North in pediatric oncology. During my 18-month residency I was required to do a research project and that brought me back to my first love – research, which I had initially abandoned out of concern about not finding employment. A lot of my friends from college were struggling to find a job, so I went a safer route by becoming a pharmacist first. In terms of hobbies I love skiing and running and simply being outdoors.”

Dr. P.K. Epling-Burnette

“I like to ski and started when I was 11 or 12. My dad and I are skiing buddies. We’ve gone to West Virginia, our West, Whistler and Vancouver. If I hadn’t become a physician I would be a teacher and continue to pursue my passion for teaching and mentoring.”

Dr. Avan Armaghani

“I enjoy taking pictures of my friends, those candid shots and wildlife photography. I also do ballroom dancing, particularly the waltz, swing and salsa. I take lessons, sometimes private lessons or group lessons.”

Dr. Shannon Christy

“I actually was a florist before becoming a surgeon. I love all arts and crafts and really enjoyed working with flowers and expressing my creativity that way.”

Dr. Pamela Hodul

“Of my five trips to India, my most memorable was when I first learned the art of Indian dance. I practiced diligently, synchronizing my movements and expressing my thoughts through my hands. In college, I became a choreographer of cultural dances, and I discovered that creating a successful dance required one attention to detail, an ability to perform under pressure and strong interpersonal skills. These attributes have resonated within me, and I have built upon them on my path to becoming a physician. I would love to continue teaching and choreographing Indian dances for children.”

Dr. Neha Verma

“I actually made a pretty significant detour to pharmacy before settling back into research. I was Moffitt’s first pharmacy resident and worked on 5 North in pediatric oncology. During my 18-month residency I was required to do a research project and that brought me back to my first love – research, which I had initially abandoned out of concern about not finding employment. A lot of my friends from college were struggling to find a job, so I went a safer route by becoming a pharmacist first. In terms of hobbies I love skiing and running and simply being outdoors.”

Dr. P.K. Epling-Burnette

“I like to ski and started when I was 11 or 12. My dad and I are skiing buddies. We’ve gone to West Virginia, our West, Whistler and Vancouver. If I hadn’t become a physician I would be a teacher and continue to pursue my passion for teaching and mentoring.”

Dr. Avan Armaghani

“I enjoy taking pictures of my friends, those candid shots and wildlife photography. I also do ballroom dancing, particularly the waltz, swing and salsa. I take lessons, sometimes private lessons or group lessons.”

Dr. Shannon Christy

“I actually was a florist before becoming a surgeon. I love all arts and crafts and really enjoyed working with flowers and expressing my creativity that way.”

Dr. Pamela Hodul
Marilin Rosa, MD, joined Moffitt in 2012 and is an associate member in the Department of Pathology. She is the section head of Breast Pathology and founder and program director of the Breast Pathology fellowship at Moffitt. Her areas of expertise are diagnostic breast pathology and cytopathology. Dr. Rosa is involved in multiple clinical trials at Moffitt and is part of several grants, including the Ponce Health Sciences University-Moffitt Cancer Center Partnership. Her research focuses on developing diagnostic and prognostic tools in breast cancer as well as the study of breast diseases in minorities/low-resource populations. Dr. Rosa reveals how her own experience with cancer has informed her approach as a physician and why women should feel empowered to ask for help.

What excites you right now about the field of oncology and the role that you play in it?

I am very happy in my role as a pathologist and feel fortunate that my career as a physician brought me to practicing pathology in a cancer center. As a pathologist, I can contribute to patients’ treatment and interact with other members of the clinical team. Medicine has evolved very much over the past decade, and now we can offer hope to patients diagnosed with cancer. As a pathologist, I feel I have an impact on patients’ lives every day.

What book is currently on your nightstand?

The book that is on my nightstand right now was written by a friend of mine from a cancer survivorship group. The book is called Left Boob Gone Rogue: My Life with Breast Cancer and describes the story of Dr. Uzma Yunus who at age 41 was diagnosed with stage III breast cancer. Dr. Yunus’ honesty about her struggles of living with cancer from the unique perspective of a clinician has earned her a loyal following of more than 300,000 readers in 172 countries.

What do you wish others at Moffitt knew about you as a woman physician?

From early age, my grandmother always told me to become an independent professional woman, even though she didn’t go beyond elementary school in her education. My father also set an example by going to school after work, at night, to become an accountant while I still was in elementary school. From my family I learned how important is to be persistent and resilient. I am originally from Cuba and immigrated to Costa Rica in the mid ’90s where I went to medical school. When I came to the U.S., I still had to learn how to drive a car, and my English was very limited. Fortunately, I had friends to lift me up and guide me along the way. Now, I am proud of what I have accomplished and how far I have come. I feel it is my responsibility to open the doors and support others like me.

What is an epiphany that has shaped you into the physician you are today?

There is really not just one single thing but many different insights from along the way that have influenced me. The person I am today has been shaped by many life experiences. I always try to learn something from each and every situation, especially from my mistakes. I learn from patients through the cases I see and from my colleagues as well. As a cancer survivor myself, I have a different perspective on this disease as I know firsthand what patients go through. I truly believe this experience made me a better physician.

If you had the opportunity to meet one particular person who would that be, why and what would you want to talk about?

This is a common but still a difficult question for me. I think there is not just one particular person I completely admire. I admire different personality traits or accomplishments from different people and try to get the best from all. I try to imitate what I see as positive in other people, although I admit, it can be difficult at times!

What keeps you up at night?

I think a lot about work and worry too much about the future. I think about cases, specific projects I am working on and deadlines. I also think about ways to become better and how can I avoid repeating the same mistakes again. It is difficult to separate yourself from work at home. My husband is also a physician, so we talk a lot about work at home.

What would you like your legacy at Moffitt to be?

I would like to be remembered as a person who always did her best to provide the best possible care to patients. I would also like to be remembered as a kind and good educator and mentor, as a person that made a difference in someone’s life.

Do you have any advice for other women faculty?

You have to reach out for help! Trying to put family and patients first at the same time is a very difficult but important balance to strike. I have a lot of help from my family. My husband is incredibly supportive and does everything in his power to help me shine. My mom helps me to care for my family. I would not be able to do what I do without their help!
An Interview with
The Physician of the Year 2017
Dr. Pamela Hodul

Pamela Hodul, MD, is an associate professor in the Gastrointestinal Oncology Department where she performs surgery primarily on patients with pancreatic cancers. She joined Moffitt in 2006. Her research is focused on outcomes research with respect to pancreatic cysts and pancreatic cancer. She has a special interest in addressing malnutrition in GI oncology patients.

Congratulations on winning Moffitt’s Dr. Charles C. Williams Physician of the Year Award! What was your reaction when you found out you had won the award? How did your family and friends react?

To be honest, I was all emotional and cried. It’s been a very moving and humbling experience. My family and friends were incredibly sweet and complimentary – they were less surprised by the recognition than I was.

What does it mean to you to be recognized as the recipient of the Dr. Charles C. Williams Physician of the Year Award?

The award is a very prestigious recognition that we all aspire to receive. I have to say though that the recognition goes definitely to the entire team and their joined effort and success. Most meaningful to me was reading the letters from the patients that were part of the nomination – the patients are everything to me.

What were there any challenges that you had to overcome on your path to becoming a physician?

There definitely was a challenge in college when I struggled with chemistry and let that undermine my confidence. For a little while it knocked me off my pre-med path. For a while I focused on neuroscience. During that time I volunteered at the University of Michigan Medical Center and met an 11-year-old boy with leukemia. We watched a lot of movies together, eating butterfingers and popcorn. I have stayed in touch with his mom even after he passed away. That’s where I rediscovered my love for medicine and get back on the pre-med track.

What is the most important lesson you have learned from your patients?

The most important lesson I learned from my patients is that life is precious and humbling. My patients have also taught me to be brave.

What is the secret to your success?

I think it is the fact that I am reliable, not just to my patients but to everyone. I stop and talk to everyone – nurses, housekeepers, students and physicians. When you want to get something done, you need to talk to people and basically be like the mayor of a little town who relates to everyone across all disciplines.

What are your future plans? Do you have any passion projects?

I don’t think that far ahead – I live in short spurts, maybe because of the particular patient population I am working with.

As a physician leader what advice would you offer to others who want to follow that path?

Find your passion, patience and compassion. Those are the most important qualities of a leader.

"Find your passion, patience and compassion. Those are the most important qualities of a leader."
Women Senior Leader Roundtable
Building a Community through Conversation

On December 5, 2018, a group of 11 senior leaders from clinical, research and administrative areas met to share their experiences as women leaders at Moffitt. During this forum, they candidly described lessons learned, shared challenges and provided advice to aspiring leaders. We have highlighted themes from their dialogue.

What advice would you give your younger self now that you have reached a senior leadership role?

Participants’ answers to this question were full of encouragement, and the advice centered on forming a stronger and more positive self-image, displaying confidence and exhibiting courage. Speaking up early, knowing that one deserves a seat at the table and getting comfortable with owning leadership roles were common themes that emerged throughout the conversation. Leaders encouraged women to exhibit confidence in their knowledge and abilities even if they do not feel they know 100 percent of everything there is to know quite yet. They noted that they would also remind their younger selves that not being liked by all is sometimes a challenging but necessary part of leadership. Leaders also discussed the importance of taking risks and learning to live with mistakes and the consequences of decisions—not overly dwelling on missteps but rather moving on as a wiser person.

Some of the more practical advice included to ask for input and critical feedback early and often and to build a base of collaborators and mentors. Leaders suggested that figuring out personal priorities early is critical to finding a path forward. Many senior leaders shared that they often find self-promotion challenging but recognized that it is important to advocate for oneself in order to ensure that appropriate credit is provided for work and to further advance one’s goals.

When did you start feeling like a senior leader?

The whole room erupted in laughter when the first woman spoke to say that she started feeling like a senior leader only very recently when she received the invitation to this meeting with the title: Senior Leader Roundtable. The humor was quickly replaced though by the sobering realization that one deserves a seat at the table and getting comfortable with owning leadership roles were common themes that emerged throughout the conversation. Leaders encouraged women to exhibit confidence in their knowledge and abilities even if they do not feel they know 100 percent of everything there is to know quite yet. They noted that they would also remind their younger selves that not being liked by all is sometimes a challenging but necessary part of leadership. Leaders also discussed the importance of taking risks and learning to live with mistakes and the consequences of decisions—not overly dwelling on missteps but rather moving on as a wiser person.

Some of the more practical advice included to ask for input and critical feedback early and often and to build a base of collaborators and mentors. Leaders suggested that figuring out personal priorities early is critical to finding a path forward. Many senior leaders shared that they often find self-promotion challenging but recognized that it is important to advocate for oneself in order to ensure that appropriate credit is provided for work and to further advance one’s goals.

What do you like the best about being in a leadership position?

Answers to this question unequivocally indicated that women in the room loved their jobs and that they found their leadership roles very meaningful. Some of the many aspects of leadership that were liked best included the intellectual challenge and the opportunity to problem solve. Big picture and strategic thinking were great motivators and were sustained by the fact that others were continuously asking for and listen to their opinions. Mentorship and advocacy for others was a critical and positive aspect for many women leaders at Moffitt. In conclusion, making a difference and having an impact on the field, the organization, or just one person was the underlying source of pride for women in leadership.

Several of the leaders noted that they sometimes experience discomfort when interacting with women who are in less visible roles. The fear of being perceived as elitist or being judged negatively was palpable in the room. Women described feeling embarrassed when introductions allowed others to recognize that there was a significant difference in status and perceived authority. This was especially pronounced when others assumed that the leadership position had much higher authority than was actually perceived by the leader herself.

What advice would you give your younger self now that you have reached a senior leadership role?

Participants’ answers to this question were full of encouragement, and the advice centered on forming a stronger and more positive self-image, displaying confidence and exhibiting courage. Speaking up early, knowing that one deserves a seat at the table and getting comfortable with owning leadership roles were common themes that emerged throughout the conversation. Leaders encouraged women to exhibit confidence in their knowledge and abilities even if they do not feel they know 100 percent of everything there is to know quite yet. They noted that they would also remind their younger selves that not being liked by all is sometimes a challenging but necessary part of leadership. Leaders also discussed the importance of taking risks and learning to live with mistakes and the consequences of decisions—not overly dwelling on missteps but rather moving on as a wiser person.

Some of the more practical advice included to ask for input and critical feedback early and often and to build a base of collaborators and mentors. Leaders suggested that figuring out personal priorities early is critical to finding a path forward. Many senior leaders shared that they often find self-promotion challenging but recognized that it is important to advocate for oneself in order to ensure that appropriate credit is provided for work and to further advance one’s goals.

When did you start feeling like a senior leader?

The whole room erupted in laughter when the first woman spoke to say that she started feeling like a senior leader only very recently when she received the invitation to this meeting with the title: Senior Leader Roundtable. The humor was quickly replaced though by the sobering realization that one deserves a seat at the table and getting comfortable with owning leadership roles were common themes that emerged throughout the conversation. Leaders encouraged women to exhibit confidence in their knowledge and abilities even if they do not feel they know 100 percent of everything there is to know quite yet. They noted that they would also remind their younger selves that not being liked by all is sometimes a challenging but necessary part of leadership. Leaders also discussed the importance of taking risks and learning to live with mistakes and the consequences of decisions—not overly dwelling on missteps but rather moving on as a wiser person.

Some of the more practical advice included to ask for input and critical feedback early and often and to build a base of collaborators and mentors. Leaders suggested that figuring out personal priorities early is critical to finding a path forward. Many senior leaders shared that they often find self-promotion challenging but recognized that it is important to advocate for oneself in order to ensure that appropriate credit is provided for work and to further advance one’s goals.

Mentorship and advocacy for others was a critical and positive aspect for many women leaders at Moffitt. In conclusion, making a difference and having an impact on the field, the organization, or just one person was the underlying source of pride for women in leadership.

In closing we would like to thank the following people for their enthusiastic participation in this roundtable:

Christine Chung, MD, department chair, Head & Neck and Endocrine Oncology
Martine Extermann, MD, program leader, Senior Adult Oncology
Elsa Flores, PhD, department chair, Molecular Oncology
Brooke Fridley, PhD, department chair, Biostatistics and Bioinformatics
Jhanelle Gray, MD, associate member, Thoracic Oncology; program co-leader, Chemical Biology & Molecular Medicine
Jennifer Greenman, MBA, vice president and chief information officer
Dana Rollison, PhD, vice president & chief data officer; associate center director, Data Sciences
Shelley Tworoger, PhD, associate center director, Population Science
Susan Vadaparampil, PhD, associate center director, Community Outreach and Engagement
Karen Wartenberg, vice president, Moffitt Medical Group
Joanna Weiss, CPA, vice president, Finance
What excites you right now about the field of oncology and the role that you play in it?

The advancements in my field of computation and the realization how incredibly complex cancer really is. Because of the complexity we need a big team with people from all kinds of disciplines to tackle the challenge. I am excited about how the field of computation can complement and contribute to patient care by identifying which treatments to prioritize for certain cancers or certain subgroups of patients. It is an exciting time because there are so many possibilities—not just in prioritizing treatment but also in providing risk analysis. That’s where computation works in predicting which treatments might work best for which individual patients or subgroups of patients.

What book is currently on your nightstand?

Most of the books on my nightstand are books I read to my four-year-old daughter. One of her favorite series is the Amelia Bedelia picture book series by Peggy Parish and, later, by her nephew Herman Parish about a housekeeper who understands English in a literal sense. She also loves the Tedd Arnold Fly Guy books about a boy and his pet fly and Noodledome tales which are silly, sleep-centric tales drawn from the folkloric tradition of the fool.

I am currently reading a book called Taking the Lead: Lessons from a Life in Motion by Derek Hough, the Emmy-Award winning and four-time champion of the hit ABC reality show Dancing with the Stars. In this book he shares the story of his life and career, and shares insider tips of how he transforms his celebrity dance partners into confident, charismatic champions. Moreover, he describes how his work ethic, enthusiasm for ecology before getting into the field of cancer research) would be worth the effort. Computational oncology is not just numbers, it has the potential to make a real difference in a patient’s life.

What keeps you up at night?

I always tell my daughter to not feel constrained. When she was really little, she loved to kick around a ball. She was really good at it and the teachers in kindergarten commented. When we switched to a different school she suddenly lost interest because she somehow had this idea that only boys can play soccer. I definitely want her to break free from traditional constraints.

What would you like your legacy at Moffitt to be?

I would love to be the person that discovered the combination therapy that cured advanced, metastatic melanoma. That might be wishful thinking for the moment, but it would be very cool when it happens.

Do you have any advice for other women faculty?

My best advice to others as well as to myself is: be firm, be bold, be free. When I was new here at Moffitt a colleague told me that I was talking too much — but I believe that one should always share one’s opinion when asked and even when not asked. Women shouldn’t shy away from sharing their opinions.
Resilience Survey Results

<table>
<thead>
<tr>
<th></th>
<th>Resilience</th>
<th>Activation</th>
<th>Decompression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Faculty</td>
<td>3.5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Male Faculty</td>
<td>2.5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Female Research Faculty</td>
<td>2.5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Male Research Faculty</td>
<td>1.5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Female Clinical Faculty</td>
<td>3.5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Male Clinical Faculty</td>
<td>2.5</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Group of researchers, women faculty seem to be more resilient, possibly because of their ability to decompress. This gender difference disappears within the clinical faculty.

Similar to last year’s interviews, we asked the women faculty featured in this year’s publication about their strategies to stay resilient. The majority of women describe various forms of exercise, time spent with family and friends as well as sufficient self-care as a key component to their resilience.

Dr. Avan Armaghani shares, “Exercise is really important for me. My mom and I run. Most of our races are 10ks or half marathons and we do the Disney runs together.”

Faculty also recognize the positive impact that interacting with others can have on their resiliency. Dr. Ann Chen loves ballroom dancing and explains that, “Taking time off and socializing while dancing is a great way for me to stay resilient.”

Dr. Marilin Rosa echoes this sentiment and describes how spending time with her son keeps her resilient.

“I try to relax with my family and spend a lot of time with my son playing games or watching silly cartoons. I play all sorts of games with my seven-year-old boy, and I enjoy every minute of my time with him. This helps me stay focused on what really matters in life. When I am playing with my son my whole mindset changes,” Dr. Rosa notes.

Faculty also recognize the importance of restorative activities like sleep. Dr. Karen Mann emphasizes that, “Sleep is very important. You can always feel more stressed when you are sleep deprived.”

Other faculty find that time away from work can help them recharge. For example, Dr. Avan Armaghani shares that she and her mom do weekend getaways.

“We try to take some time for ourselves to re-center and refocus. It’s amazing how just taking that time for yourself reenergizes you and gets you ready for next week.” Dr. Armaghani says.

Additionally, faculty advised that it is critically important to set boundaries.

Dr. Jhanelle Gray found that it is helpful to know her own limits and to note, “It is important to learn that one cannot do everything.” Dr. Gray says. Gratefulness is a key to resiliency for Dr. Shannon Christy and she shares, “For me part of being resilient is remembering to be grateful that I’m able to engage in work that I really love. I think about the fact that I have the opportunity to do something versus ‘I have to do something’ when reviewing a manuscript, submitting an abstract or putting in a grant.”

Faculty also found that focusing on Moffitt’s mission helped them maintain their resiliency. Dr. Marilin Rosa mentions that “Doing something extra for a patient in need always makes me feel good” and this reconnects her to the purpose of being a physician and staying resilient.

Finally, faculty share that it can be beneficial to lean on a support network. Dr. Neha Verma participates in a monthly support group with her social worker Camille Faunda.

“We like to talk about difficult cases at Moffitt and how to build resilience. These lectures help build my resilience as we teach communication skills and build confidence in dealing with dying patients and their families.” We also help enable the resident physician to identify and manage his or her emotional distress during an end-of-life discussion. I share my stories and experiences with them at Moffitt, which in turn helps me cope with difficult situations and stay resilient,” Dr. Verma says.

In closing, Dr. P.K. Epling-Burnette summarizes her experience at Moffitt by noting, “I haven’t even come close to burnout. For me it is most important to interact with students, they have so much energy.”
What keeps you up at night?
I love to read but it’s been a very busy time recently. When it is busier I usually read a couple of poems every night. What book is currently on your nightstand?
I have two jobs that I really love: researcher and mother. Moffitt is a great place that allows faculty to be able to do both. What do you wish others at Moffitt knew about you?
I refocused my academic career to conduct cancer prevention research. I decided that I wanted to develop interventions which would promote engaging in preventive behaviors to improve public health, so I refocused my academic career to conduct cancer prevention research. If you had the opportunity to meet one particular person who would that be, why and what would you want to talk about?
I’ve met him briefly before, but I would like the opportunity to again meet H. Lee Moffitt. I would appreciate hearing more about his experience obtaining support throughout the state to create the cancer center, any challenges he faced and how he overcame those challenges. I would also like to ask him to reflect on his favorite memories over the cancer center’s history. What do you believe is the most important role that Moffitt has in the fight against cancer?
I would like to be known as someone who has excellent application scores. Research is a greater focus on how we translate our science to the real world. Further, there is increased emphasis on community outreach and engagement. This is something that multiple individuals at Moffitt have been doing well for a long time, but it is exciting to see continued support for fostering the relationship between Moffitt and the community members in our catchment area as there is much that we can learn from each other in order to reduce cancer burden. What book is currently on your nightstand?
I love to read but it’s been a very busy time recently. When it is busier I usually read a couple of poems every night. It is a calming way to finish a busy day. A volume of Robert Frost poetry is on my night side table right now.
Do you have any advice for other women faculty?
To celebrate successes and accomplishments, even small ones; to find the work-life integration balance that works for you, including time to practice self-care; to recognize when you need support and to not be afraid to ask for help when you need it; and to seek out leadership positions. What is an epiphany that has shaped you into the researcher you are today?
I decided that I wanted to develop interventions which would promote engaging in preventive behaviors to improve public health, so I refocused my academic career to conduct cancer prevention research. What is your greatest source of inspiration?
I would like to be known as someone who has excellent application scores. Research is a greater focus on how we translate our science to the real world. Further, there is increased emphasis on community outreach and engagement. This is something that multiple individuals at Moffitt have been doing well for a long time, but it is exciting to see continued support for fostering the relationship between Moffitt and the community members in our catchment area as there is much that we can learn from each other in order to reduce cancer burden. What book is currently on your nightstand?
I love to read but it’s been a very busy time recently. When it is busier I usually read a couple of poems every night. It is a calming way to finish a busy day. A volume of Robert Frost poetry is on my night side table right now.
Do you have any advice for other women faculty?
To celebrate successes and accomplishments, even small ones; to find the work-life integration balance that works for you, including time to practice self-care; to recognize when you need support and to not be afraid to ask for help when you need it; and to seek out leadership positions.
AN INTERVIEW WITH
Dr. Neha Verma

Neha Verma, MD, joined Moffitt in 2018 as an assistant member in the Department of Internal Medicine and Hospital Medicine. She also serves as a faculty member at the USF Morsani College of Medicine. Her clinical interests focus on improving immunotherapy agents. She received recognition for the Golden Apple teaching award, a hospital-wide award for outstanding teaching of residents. Outside of work she organized a national chapter called “Physician Women Rally (PWR),” a group designed to help women network and support one another. Dr. Verma describes the power of connecting with others and why women need to get involved in leadership.

What excites you right now about the field of oncology and the role that you play in it?
Two things excite me most about my work – my patients and the opportunities to discover new therapies. There is nothing more rewarding than learning a cancer patient had a remarkable treatment response. The field of medical oncology is the perfect marriage of scientific discovery and patient care. I love taking care of my patients and developing a bond with them. Many times they are looking to us for answers and support during what is often an incredibly frightening time for them.

Being a part of the scientific enterprise at a world-renowned institution such as Moffitt and helping the field of oncology to advance therapeutically is an honor and a challenge. In the last few years, there have been several advances with immunotherapy agents in malignancies.

What book is currently on your nightstand?
I’m currently reading The Joy Luck Club by Amy Tan. It focuses on the complex relationships between a group of first generation Chinese American women and their mothers. Each family struggles with the difficulties of communicating across cultural and generational gaps. The daughters are growing up in a Western culture, while their parents grew up in a traditional Chinese culture. The stories remind me of the differences and similarities between me and my mother.

What do you wish others at Moffitt knew about you as a woman physician?
I helped start the Physician Women Rally (PWR), a network that connects women to support one another. It is a group for mentorship, finding new career opportunities, growing current practice and making friends in the community. Each event starts with a “power hour,” and then we have an informative guest speaker. Almost 100 female physicians participate in the Tampa area and 1,000 physicians at the national level. If anyone is interested in joining they can email me at neha.verma@moffitt.org, visit our website called physicianwomenrally.com, or check out our Facebook group, Physician Rally: Success in Networking, Entrepreneurship and Activism.

What is an epiphany that has shaped you into the physician you are today?
Through two years as an emergency medical technician at Cleveland Clinic’s Lutheran Hospital, I assisted in triage, providing health care to the underserved population of Cleveland. I gained tremendous experience in an emergency situation and discovered that I enjoyed a challenging fast-paced environment. However, I always wondered about the patient’s life beyond the emergency room. I wanted to develop a more long-term health care relationship with my patient. This is what draws me to the field of hospital medicine.

If you had the opportunity to meet one particular person who would that be, why and what would you want to talk about?
Michelle Obama is an inspiration to all women and has emerged as one of the most influential and iconic woman of my generation. She inspired so many young females to grow. For example, she started the “Let Girls Learn” program, to help young girls around the world to receive an education. She also organized many initiatives to support young children to be more active including “Let’s Move,” a campaign to combat childhood obesity. I would love to pick her brain or ask for further advice on becoming a powerful female within the community.

What keeps you up at night?
Terminal outcomes or unclear diagnoses keep me up at night as a physician. Despite our advances in technology and medicine many patients develop advanced, incurable and fatal diseases. As physicians, our duty is to cure a patient. However, we also have to keep in mind a patient’s quality of life and end-of-life care. It is always tough breaking bad news to the patient and a family after developing a close rapport with them.

What would you like your legacy at Moffitt to be?
I would like to be known for my teaching. I recently received a nomination for the Golden Apple Award, a statewide recognition for the teaching of residents. I want to further my teaching on rounds and continue mentoring residents and medical students. I also want to go above and beyond on my research. I recently published a case at the Society for Neuro-Oncology, and I hope to continue conducting research to give better treatment options to my patients.

Do you have any advice for other women faculty?
Moffitt has some of the brightest and most influential women faculty around the country. I would encourage women faculty to get involved in leadership early. This is the first year that there are more women than male medical students but there is still a lot of work that needs to be done. Some of the brightest women still are not confident in asserting themselves or putting themselves up for leadership positions. Women feel confident when they are perfect or practically perfect. We have high expectations in life and a tendency to second guess ourselves. Women should exude confidence no matter what. It is important to encourage more women to pursue higher level positions as they bring a different voice and different perspective that can help solve problems in academic medicine.
A recent article in the New England Journal of Medicine (Rabinowitz, LG, 2018) points out a societal issue of gender stereotypes and unconscious bias and how these might be observed in clinical settings on occasion. The author describes an example of a female physician in a senior position being taken for a medical student by a patient’s family. We all know that situations like this occur with no mal intent, but rather reflect past standards and behaviors. And addressing unconscious bias through education must never complicate an already difficult situation for patients. We believe, however, that there is value in discussing women faculty and leaders, including gender-specific role assumptions.

Several themes emerged during our interviews and conversations with women faculty and leaders. Research published in the Journal of Women’s Health (Files, J. et al., 2016, Journal of Women’s Health. 25, 5, May 1, 2017) found that there may be different standards for how many administrative and routine tasks faculty members are supposed to take on themselves, with women being expected to carry a larger burden of those supportive tasks. Dr. Gray notes that women faculty may be “labeled as demanding and difficult to work for when [they] ask for things to be done for [them].”

Women faculty shared that others often assume that they serve in specific support care roles in health care or at a junior level in their career rather than as physicians or at a leadership level.

Dr. P.K. Epling-Burnette finds that people may make gender stereotypes regarding roles but feels that improvements are occurring, noting, “Things have gotten better. There are more women now in dominant roles.”

Dr. Karen Maen agrees and suggests that although changing attitudes is very difficult she believes the strong presence of women in oncology will help to pave the way. She shares, “Our 2017 Physician of the Year is Pam Hodul. There are a lot of women who are doing well and are engaged. Recognizing women for their achievements pushes the culture towards equality.”

Another theme that emerged during our conversations with women faculty was the experience that women are frequently introduced to others without their respective title (Dr., MD, PhD). This occurred in meeting invites, casual introductions as well as during more formal events such as presentations and grand rounds. Research published in the Journal of Women’s Health confirmed this phenomenon across the board in medical and academic settings (Files, J. et al., 2018, Journal of Women’s Health, Vol. 26, No. 5).

Another common experience seems to occur in meetings when the contribution of a female team member receives less recognition (or is entirely ignored) while a male member of the team repeating the same idea or suggestion moments later may be acknowledged. Dr. Janelle Gray shares that she has observed that women faculty can experience challenges in getting their voice heard during meetings. “Sometimes, the same idea expressed by a man – after a woman has already mentioned it – is valued more or even heard for the first time than when mentioned by a female colleague,” Dr. Gray says.

Women also shared the perception that they are interrupted more often than men when speaking during meetings. “One of the faculty members would constantly interrupt me until I finally demanded to be allowed to finish my sentences,” Dr. Chen remembers.

We asked the faculty members profiled in this publication to share their experiences. We also brought up the topic during a Women Senior Leadership Roundtable on December 5, 2018, where 11 women shared their experiences as women leaders and faculty. Women faculty describe why they believe it is necessary to have dialogues about topics related to gender and work. Dr. Shannon Chantry shares that she has been fortunate to be at institutions or in departments where women faculty are well supported but feels it is important to discuss challenges that they may face.

“Ongoing conversations about gender bias are necessary in each profession, in each department and at each institution across the globe to ensure that all faculty are given opportunities for personal growth, professional growth and leadership positions.” Dr. Chantry says.

Dr. Avan Armaghani notes that women play a critical role in health care and suggests, “It is important for women to know that they have a voice and that we should empower them to use it.”

Several themes emerged during our interviews and conversations with women faculty and leaders, including gender-specific role assumptions.

We propose that we take this information and process it by:

- Reflecting on our own experiences
- Considering whether we have ever made biased assumptions or behaved in a biased way ourselves
- Asking others what they are experiencing at the moment or notice about their current environment
- Being mindful of how we respond to situations in which we detect biases

Concrete ideas on how we can all contribute to a more gender-neutral environment through our actions and behaviors may include:

- Acknowledging that our assumptions about the roles others have might be incorrect
- Asking what role someone serves instead of making an assumption
- Introducing ourselves and each other with our credentials and role titles
- Speaking up when we are (or witness someone else) being interrupted regularly
- Giving credit to each other’s contributions during meetings and helping others to do the same
- Making it easy for others to support us with administrative and routine tasks by asking for help in a way that shows our appreciation for their commitment to us

The women interviewed suggest that it’s up to all of us to create our desired culture. Dr. Neha Verma notes, “Medicine is a field where perfection is demanded and seconds matter. It can be challenging educating with compassion and patience. It is important to always treat everyone with respect.”

Between treating patients, conducting research, teaching medical students and residents, performing administrative duties and maintaining a home life, women faculty have busy schedules. Despite demands on their time, they have found inspiring ways to support their communities through service and outreach initiatives.

One of the ways faculty give back to their community is by helping to raise awareness around cancer prevention and treatment. Dr. Avan Armaghani shares that she recently participated in the phone bank for Fox 13 to help raise breast cancer awareness.

“A couple of other physicians and I took phone calls from people in the community to help answer various questions about breast cancer. Community outreach is really important, especially in breast cancer,” Dr. Armaghani says.

Faculty also highlighted their efforts to engage others through education. For example, Dr. Shannon Christy is involved with the “Ask the Scientist” program which includes sharing research or other cancer topics to various groups throughout the community.

“I really enjoy and appreciate the opportunity to discuss our science with community members in the Tampa Bay region, especially as much of my work is community-engaged research,” Dr. Christy notes.

Part of what inspires faculty to participate in community outreach programs is to have the opportunity to share their knowledge and skills with other generations. Dr. Karen Mann was invited to meet with USF Cancer Biology PhD students to offer feedback on their work and to help them develop their presentation skills, an activity that she hopes to continue in the future.

“Professionally, I’m committed to training scientists at all levels, early scientists in our schools through to postdocs. I especially enjoy interacting with young scientists because you can see their passion and enthusiasm for what they do. It’s important to foster that and keep people engaged in science…there are talented students here that we need to foster to the best of our ability,” Dr. Mann says.

Faculty shared their role in many programs that help support youth in the community. Dr. Marlin Rosa describes her participation in Moffitt’s Healthy Kids initiative, a community outreach program for children and adolescents of all ages focusing on cancer prevention, healthy living and positive life choices.

“This is a program that educates kids about medicine and health care careers. The last group of kids I had was from a local high school. I taught them about careers in pathology and the human body in general,” Dr. Rosa shares.

Other faculty members noted that they act as role models for youth in the community. Dr. Neha Verma describes her role as a Big Sister in which she served as an academic tutor to elementary and middle-school children including one special student named Christina.

“Through the Big Brothers and Big Sisters of America Program, I mentored Christina for three years, and spent time engaging in various activities with her, including tutoring her in math and science, helping her with her homework every week, playing in the park and enjoying ice cream sundaes. She asked me numerous questions about life and school, and I provided gentle encouragement and advice,” Dr. Verma remembers.

Whether by helping to raise cancer awareness, providing education or mentoring others, women faculty continue to make a positive impact at Moffitt and in the community at large.