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S. Eva Singletary, MD

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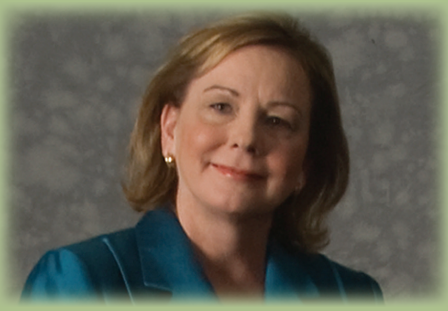

Professor of Surgical Oncology

Eva's parents Joe and Agnes, whom he met during World War II.

(Photo courtesy of Springer Science and Business Media)

At age 3, Eva was already practicing the manual dexerity necessary to be a surgeon.

(Photo courtesy of Springer Science and Business Media)

Eva schedules surgery for breast cancer patients most Tuesdays and Thursdays.

(Photo by F. Carter Smith)

Houston, Texas, where I have lived and practiced medicine for almost 25 years, could not be more different from the farm just outside of Coward, South Carolina, where I grew up. Although Coward was "town" when I was young, it was (and is) very small, not more than about three square miles, with around 600 people. Set in the lower watershed of the Pee Dee River in northeastern South Carolina, the country there is agricultural, producing crops of tobacco, cotton and soybeans. My father Joe returned there after serving in the European theater during World War II, but, rather than marrying the preacher's daughter as everyone had anticipated, he brought over and married Agnes, a stylish and refined woman he had met in Estonia.

Looking back, I am amazed and filled with admiration for how hard my mother worked to be a good farmer's wife and to contribute wherever she could. We had a small farm, growing tobacco and cotton as cash crops. Mother grew vegetables for us in a family garden. She also worked out in the fields, planting tobacco and picking cotton because it was a family farm and you did what was needed. She didn't let it bother her that people thought of her as a foreigner (at least at first) or that she had not really been raised for this kind of life. She got involved with the church, the 4-H club, the garden club — she was always ready to learn about something new, even if it wasn't in an ideal setting. I like to think of how valuable it was for her children to learn this important lesson early on.

There are things from those years that remain so vivid in my memory: seeing Mother with a kerchief on her head and a bucket in her hand, tending to the vegetable garden; assisting at my first "surgery" — an orchiectomy of a bull — at the age of 10; reading to my 4-H chickens to make them lay more eggs (an activity suggested by Mother). We were always encouraged — but not forced — to put ourselves out there and get involved, to not be afraid of competition, and to go after what we wanted, even if the circumstances were not ideal.

So, it was no surprise that when I was in junior high school and first announced that I wanted to be a doctor, I was met with encouragement from my parents, although they must have been gravely concerned about their daughter's venturing into a field where there were so few women. I was a good student, especially in science, so I don't think they ever doubted that I could succeed, and they were determined to give me the freedom to do what I wanted. They believed, and it proved to be true, that the things I had learned growing up on the farm — how to work hard, be well organized, never procrastinate and meet multiple deadlines — would be good tools for venturing into the world beyond.

When it was time for college, I chose Clemson University, located about

200 miles west of my home town. Clemson is a beautiful little college town with a lakefront setting against a backdrop of mountains and forests. It was originally part of the Cherokee Indian Nation, and you still see that influence in some of the geographic names: Issaqueena Falls, lakes Keowee and Jocasee, and Table Rock Mountain. The university was founded in 1893 by Thomas Green Clemson, a son-in-law of John C. Calhoun, South Carolina's favorite son. Thomas Clemson left his estate to be used to establish the school. At the time I was ready to enter college, Clemson University had just what I was looking for: a major emphasis in science taught in a small college atmosphere. Many of my classes had fewer than 20 students, so there was a lot of personal attention. It was exciting (and a little scary) being away from home for the first time, but I really had my eye on a more distant goal — medical school — so I devoted myself almost entirely to my studies and completed my bachelor's degree in a little over two years. Then it was time to engage the dream I had had since I was 12 and start the long, hard process of becoming a doctor.

The Medical University of South Carolina (MUSC) is located in Charleston, one of the oldest and most beautiful cities on the Atlantic seaboard. Home to one of the most active seaports in the world, Charleston is graced with huge oak trees and stately antebellum mansions. The College of Medicine at MUSC was the first medical school in the southern United States. When it opened in 1824 as a private institution, it had a faculty of seven Charleston physicians and 30 students. MUSC pioneered in clinical teaching, and its faculty members were responsible for some of the first medical textbooks in the United States.

I attended MUSC from 1977 to 1983. Early on, I made the decision to specialize in treating cancer patients. That meant going into surgery, since at that time, surgery was the only widely accepted treatment for many kinds of cancer. This was, I will admit, a little daunting: if there were *few women in medicine* at the time, there were almost *no women in surgery*. Surgical residencies were notoriously arduous, requiring a level of commitment that effectively ruled out having a normal life outside the hospital. Nonetheless, I was set on this goal. I figured that I had grown up on a farm and had already come this far, so a little more hard work wouldn't kill me.

My decision to become a surgeon was cemented during my last year of medical school, when students had the opportunity to rotate through the surgical services of several major medical centers. One of my rotations was at M. D. Anderson Hospital and Tumor Institute (as it was then named), where I had the privilege of meeting two individuals whose work was inspirational to an aspiring surgical oncologist. Dr. Richard Martin had just become chief of surgery at M. D. Anderson in 1977. He was one of four general surgeons, who did probably 95 percent of all the general surgical procedures

performed at the hospital. Dr. Bob Hickey was an internationally known cancer surgeon. He was famous not only for his pioneering clinical research in endocrine tumors but also for his fierce advocacy at the national level for rehabilitation services to enhance the quality of life for cancer patients. These two role models demonstrated to me the innovative quality of the work that could be done in an academic environment and also impressed me with the teamwork philosophy that was to contribute to the development of multidisciplinary care at M. D. Anderson over the next 20 years. But, first, I needed to get through the difficult years of a surgical residency.

My surgical training took place at Shands Teaching Hospital, the primary teaching hospital for the University of Florida College of Medicine. Over the six years that I spent at Shands, I was well instructed in the technical aspects of surgery, but the most important things I learned came from being under the mentorship of Dr. Ted Copeland. Dr. Copeland was chair of the Department of Surgery at the University of Florida in Gainesville for 11 years, during which time that department became known as a rich and stimulating learning environment for residents and junior faculty. Although Dr. Copeland had an almost unbelievable list of academic achievements and honors, what impressed me was that he was a tireless advocate for his residents, students and fellows, something that I strive to emulate every day. He learned his surgical core values from the late Dr. Jonathan E. Rhoads at the University of Pennsylvania and passed them on to us: honesty; respect for patients, colleagues and trainees; education of the next generation; adding to the clinical and scientific knowledge base; not letting surgical decisions be income driven; and respect for tradition. He taught us to pay attention to the basics, to listen to our patients and be attentive to their comfort and safety, and to be prepared for the unexpected in the operating room. Finally, and perhaps most important, he taught us through the example of his own life how to achieve a balance between our lives as surgeons and our lives outside the hospital, allowing each to enrich the other. Recently, at the end of my term as president of the Society of Surgical Oncology, I selected Dr. Copeland as the recipient of the SSO Heritage Award, in honor of all that he has contributed to the field during his distinguished career.

I returned to M. D. Anderson in 1983 to undertake a two-year surgical oncology fellowship, after which I was invited to join the faculty as a general surgeon. I worked on a few research projects that used tissue culture models to answer some basic biological questions about tumor cells but didn't really feel that basic science was a good fit for me. I was more interested in clinical questions having to do with melanoma, and concentrated in that area for awhile, becoming chief of the melanoma section in the Department of General Surgery. But that focus changed when I met Dr. Eleanor Montague, who was then a professor of radiation oncology at M. D. Anderson.

Dr. Montague was an early advocate of breast preservation, pioneering the treatment of breast cancer using radiation therapy as an alternative to surgery. Because radical surgery had always been the treatment standard for breast cancer, the use of any breast-conserving therapy, let alone one that didn't even include surgery, was greeted as heresy by many. But as it turned out, clinicians like Dr. Montague started a movement toward less invasive treatment that continues to this day and has revolutionized cancer management. Dr. Montague was profoundly patient-oriented in her work and was a strong advocate of public health education and patient participation in treatment decisions. In addition, she was a wonderful mother to four children and always made them the central priority in her life. Dr. Montague was a major influence on my thinking with regard to my career and my life, and I redirected my emphasis into the study and treatment of patients with breast cancer.

The last part of the 20th century was an amazing and exciting time to be embarking on a career as a breast surgeon at a major cancer center. New treatments were being introduced every day, it seemed, and techniques that had been the cornerstone of breast cancer management for 100 years were being replaced. Standard treatment was becoming truly multidisciplinary, requiring input from radiation oncologists, medical oncologists, imaging specialists, plastic surgeons and pathologists. Patients with advanced disease, who 40 years earlier would have been dead within months, were now surviving much longer — sometimes for years. And advanced disease became much less common than before because more and more women were getting yearly mammograms, and the tumors being found were tiny and could often be treated with minimal surgery and radiation therapy. Staying up-to-date on the huge array of technical advances that had the potential to affect the treatment of breast cancer became almost a full-time job in itself, on top of the clinical work, research, teaching and mentoring that are part and parcel of a career in academic medicine.

Building a career in surgery involved overcoming numerous obstacles. Some were inherent to the field: meeting the physical requirements of numbingly hard work, juggling the multiple demands on my time, dealing with the grief and anger that arose on those occasions when I "failed" and a patient died. But some of the obstacles, trivial and not so trivial, stemmed specifically from being a woman in what has historically been an overwhelmingly male specialty. For example, until fairly recently, it was not uncommon for major institutions to have no separate dressing facilities for female surgeons, who were expected to share locker space with nurses. Many details about how academic medical departments were run (and are still run, in some cases) involved the expectation that clinicians would have no responsibilities or time commitments outside of their work. Critical

meetings might be scheduled after normal working hours or on weekends, the promotion track was rigidly defined with no wiggle room to accommodate part-time work or leaves of absence, and schedules were assigned with no regard for the circumstances of parents with young children. There continues to be a tendency to replicate traditional gender roles in assignments meted out to junior faculty. Women physicians tend to be over-represented on department committees and are frequently involved in "co-authoring" (i.e., writing) book chapters or review articles at the request of senior colleagues. When I was a new junior faculty member, I remember being asked to serve on a committee involved with the inventory of surplus office furniture! I learned, with the aid of some wonderful mentors, to always stay focused on "what I was there for" and, accordingly, to avoid taking on commitments that were more associated with staff than with leadership. It is important for mentors to teach this to their mentees and to insulate them from the pressure to accept these tasks.

It has now been nearly 25 years since I came back to M. D. Anderson, and my priorities have evolved with the passing years. As a full professor, the "publish or perish" mentality aimed at promotion and tenure has become less important, so I can spend fewer hours involved with publishing clinical studies and with crisscrossing the country to attend endless professional meetings. I think it is important at this stage of my career to focus on those areas where I can really make a difference.

First, I focus on keeping abreast of technical advances in all fields that will help improve the treatment of my patients. In a century of multidisciplinary care, I believe that surgeons need to be at the forefront of coordinating that care for their patients. My writing has become increasingly channeled into comprehensive reviews that make these technical advances more accessible to other breast surgeons.

Second, I focus on mentoring fellows and junior faculty who are new to the field of surgical oncology. I know from my own experience that a strong mentor can make a critical difference to a young surgeon just beginning a career. In the words of my early mentor, Dr. Ted Copeland: "It is a unique privilege to serve as a role model for those who assume responsibility for the lives of others."

Third, I am passionately committed to patient education. I have always believed that to offer the best to my patients, I needed to be much more than just a good technical surgeon. Regardless of the stage of their disease, when women come to me for treatment, they are afraid, confused, unsure and sometimes angry. At first, they may not hear anything I say other then "cancer," and the visceral reaction they have to this terrifying word needs to be overcome with caring, thoughtful education. In addition to counseling my own patients, I have devoted considerable time and resources over the

years to the development of educational materials for breast cancer patients, including pamphlets, books, videotapes, and most recently, interactive DVDs. The filmed materials provide new patients with the opportunity to "meet" women who have already undergone treatment and to learn how they handled the problems that arose along the way. The patients we have interviewed for these videos are nothing short of inspirational, and it is a privilege to be able to use their stories to help others.

I have saved the best and most important for last. My wisest role models over the course of my career always emphasized making your family a top priority. At one point, when my work was consuming my life, my mother said: "And let me remind you, young lady, that the walls of M. D. Anderson were standing before you got here, and they'll be standing after you leave. Don't think that you're the only one who can hold them up." That sage advice finally hit home with the birth of my son, Benjamin, the single most important person in my life. Watching him develop and grow and learn is an immeasurable joy every day. Sharing his experiences has given me new eyes through which to see the world and decide what is truly important. He has added a fresh focus that wonderfully informs and enriches both the personal and professional aspects of my life.