

Margaret Spitz, MD

Interview Navigation Materials

Interview #81

Interview Information

Two sessions: 13 October 2016, 1 November 2016

Total approximate duration: 3 hours.

Interviewer: Tacey A. Rosolowski, Ph.D.

Note: for the interview subject's CV and other materials, please contact Tacey A. Rosolowski or Javier Garza at the Research Medical Library: trosolowski@mdanderson.org or jjgarza@mdanderson.org.

About the Interview Subject

Margaret Spitz, MD (b. 11 August 1943 in Johannesburg, South Africa) came to MD Anderson in 1981 as an Assistant Professor in the newly created Department of Cancer Prevention and Control in the Division of Medicine. Between 1995 and 2008, Dr. Spitz served as founding Chair of the Department of Epidemiology. When she left the institution in 2011, she was a full Professor in the Department of Epidemiology, Division of Cancer Prevention and Population Sciences. Dr. Spitz joined the Baylor College of Medicine in 2009. At the time of the interview she was serving as a Professor in the Department of Molecular and Cellular Biology at the Dan L. Duncan Center.

Dr. Spitz is known for her work on predictive models for lung cancer and for conceptualizing and promoting the sub-field of integrative epidemiology.

Major Topics Covered:

Personal background, education, emigration from South Africa

History of the Division of Cancer Prevention

History of the Department of Epidemiology

History of the field of Epidemiology

Epidemiology research: predictive models, lung cancer

Conceptualizing "integrative epidemiology"

Women at MD Anderson

Training and education for a new generation of epidemiologists

About transcription and the transcript

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Chapter Summaries

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Interview Session One: 13 October 2016

Chapter 00A
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Chapter 01
Family and Educational Path in South Africa
A: Educational Path;

Codes
A: Personal Background;
A: Character, Values, Beliefs, Talents;
C: Mentoring; D: On Mentoring;
A: Experiences Related to Gender, Race, Ethnicity;

Dr. Spitz begins this chapter by sketching her family background, her original dream of becoming a nuclear scientist, and her transition to medicine because her father thought the field was “transportable.”

She talks about her experiences as a woman in medical school in South Africa, where she was told she was “taking the place of a man” and where even nurses were unsupportive of women students and physicians. She explains that she and her husband, Lewis Berman, left South Africa because of their opposition to Apartheid. Dr. Spitz also notes that, at the time, she didn’t realize how submissive and deferential she was.

Next, Dr. Spitz sketches her educational background, noting stark differences between education for boys and the curriculum she followed at an all-girls high school, where no physics or chemistry was taught. She also notes the lack of mentoring she received, which has motivated her to serve as a mentor in her own professional life.

Turning to her medical education, Dr. Spitz notes that her clinical training in South Africa was “exceptional” (1966 Medicine, MB, BCh, University of Witwatersrand, Medical School, Johannesburg, South Africa). She tells an anecdote from her internship at the same University, where she turned down an internship with an anti-female surgeon and was blackballed.

Dr. Spitz then explains that she took a hiatus from work for a time after her daughter was born in 1968; she began to do research out of convenience and discovered she really liked it.

Chapter 02
Leaving South Africa and A Focus on Oncology and Epidemiology

A: Professional Path;

Codes

A: Professional Path;

A: Joining MD Anderson;

A: Personal Background;

A: Professional Values, Ethics, Purpose;

A: Experiences Related to Gender, Race, Ethnicity;

Dr. Spitz begins this chapter by explaining that she and her family left South Africa in 1978. She notes that “emigration isn’t for sissies,” talks about the decision to come to Houston and then sketches the process of settling in. Dr. Spitz explains that she worked as a physician at an old age home and then decided to do a master’s in public health. Her interest in cancer evolved during this time; she also talks about how family issues influenced her career’s evolution. She notes that she always make family her priority.

Chapter 03

A Job in a New Department and Research Successes

A: The Researcher;

Codes

B: MD Anderson History;

A: Joining MD Anderson;

A: Educational Path;

C: Discovery and Success;

B: Building the Institution;

C: Discovery, Creativity and Innovation;

Dr. Spitz begins by noting that she received her MPH from the University of Texas School of Public Health in 1981 and began to look at job offers. This was when Guy Newell offered her an assistant professorship in the new Department of Cancer Prevention and Control. She briefly sketches Dr. Charles LeMaistre’s vision of cancer prevention.

Next, Dr. Spitz tells the story of discovering salivary gland cancer, which led to several publications, then her work linking parental occupations and pediatric neuroblastoma. The latter work gave her exposure. She then discusses her study of lung cancer and mutations to the p53 gene in Mexican Americans and African-Americans. She notes that this study marked the beginning of her real success.

Chapter 04

Epidemiology in the Eighties

A: Overview;

Codes

A: Overview;

A: Definitions, Explanations, Translations;

D: Understanding Cancer, the History of Science, Cancer Research;

D: The History of Health Care, Patient Care;

D: Politics and Cancer/Science/Care;

In this chapter, Dr. Spitz talks about the state of the field of epidemiology in the Eighties. She notes that it was generally regarded as a “second-class science.” She quotes a colleague who made dismissive comments about the field. This situation began to change when the NCI required SPORE programs to have a population science component. At that point, Dr. Spitz explains, epidemiologists became very much in demand at MD Anderson. MD Anderson’s growing focus on prevention under Charles LeMaistre also created demand, as “epidemiology was the basic science of cancer prevention.”

Chapter 05

The New Division of Cancer Prevention and Department of Epidemiology

B: Building the Institution

Codes

C: Leadership; D: On Leadership;

C: Mentoring; D: On Mentoring;

A: The Researcher;

B: Research;

C: The Professional at Work;

B: MD Anderson Culture;

B: Working Environment;

B: MD Anderson Impact; C: MD Anderson Impact;

In this chapter, Dr. Spitz talks about the creation of the new Division of Cancer Prevention and Population Science under Dr. Charles LeMaistre and her role heading the new Department of Epidemiology. She notes that she suggested Dr. Bernard Levin [oral history interview] to head the Division. She also notes that MD Anderson had three population sciences programs at the time, which was “unheard of” in a cancer center.

Dr. Spitz then talks about why the Department of Epidemiology was formed at this time she then talks about her activities as Acting Chair and then Chair of the Department (1992 – 1995; 1995 – 2008). She lists her recruits and tells an anecdote about securing laboratory space for them.

Dr. Spitz notes that the Department was “my baby.” She talks about intentionally creating an environment to provide a good quality of life. She notes that many of the supports for staff and faculty that she instituted are no longer in existence.

Next, Dr. Spitz notes some particular achievements in the Department. Lung cancer research became a focus and the Department created a Lung Cancer Database that continues to serve as a great resource. She lists several activities that focus on lung cancer.

Dr. Spitz next explains why she stepped down as Chair in 2008.

Chapter 06

A Research Focus on Lung Cancer and Views on Evolution of the Field

A: The Researcher;

Codes

C: Discovery and Success;
A: The Researcher;
B: Education; D: On Education;
B: Research; Disco and succ
D: Understanding Cancer, the History of Science, Cancer Research;
D: The History of Health Care, Patient Care;
D: Technology and R&D;
B: MD Anderson Impact; C: MD Anderson Impact;

Dr. Spitz talks about her research interests in lung cancer in this chapter, beginning with the idea that captured her intellectual interest: only a small percentage of people who smoke develop lung cancer. This led to her major contribution to the field: creation of a lung cancer prediction model that was used for many years (she notes that another, better one is now in use). She then talks about her other roles as a consultant and as a recently appointed member of the National Cancer Advisory Board.

Dr. Spitz then gives an overview of the evolution of the field since the eighties. She notes that in the nineties, the concept of molecular epidemiology furthered the understanding of carcinogenesis. (MD Anderson was one of the first places to operationalize this research.) She then cites technology as an important factor in conducting genome-wide association studies. Now, she says, basic science functional studies are advancing the field and creates the need for epidemiologists to work with basic science colleagues, creating “team science at its best.”

Chapter 07

Founding Integrative Epidemiology and New Training for the New Era of Team Science

B: Building the Institution;

Codes

A: The Researcher;
C: Discovery and Success;
A: Definitions, Explanations, Translations;
A: Overview;
B: MD Anderson Culture;
B: Multi-disciplinary Approaches;
D: On Research and Researchers;
D: Understanding Cancer, the History of Science, Cancer Research;
C: Education at MD Anderson;

Dr. Spitz next observes that this has created the need for training programs to provide researchers with the necessary skills to work on teams. She also states that the culture of institutions needs to change to adequately recognize team science. Dr. Spitz talks about her pride in having developed the Integrative Epidemiology Workshop, an outgrowth of her innovative concept of integrative epidemiology. She explains this concept and talks about the mindset, skills, and temperament that researchers need to bring to work in this area. She explains how academic science needs to change to foster more team science. She reflects on the legacy she has left in MD Anderson’s research culture.

Interview Session Two: 1 November 2016

Chapter 00B
Interview Identifier

Chapter 08
Reflections on Career, Mentoring and Leadership
A: View on Career and Accomplishments;

Codes
A: Personal Background;
A: Definitions, Explanations, Translations;
C: Leadership; D: On Leadership;
C: Mentoring; D: On Mentoring;

Dr. Spitz notes that she would like to be able to spend more time with her grandchildren, an observation that leads her to share that mentoring has been both the most challenging and rewarding dimension of her career.

Dr. Spitz explains that she had no real mentors, which made her realize how important this is. She talks about the ways in which she has mentored others and distinguishes scientific mentors from career mentors. She also explains that she didn't really plan her career, but was in the "right place at the right time."

She next talks about her leadership style and explains that to be a leader, one must have reached a career pinnacle and leave competition behind. She talks about participating in leadership training and offers advice to young leaders.

Chapter 09
Working through Challenges for Women at MD Anderson
A: Obstacles, Challenges, Barriers;

Codes
A: Experiences Related to Gender, Race, Ethnicity;
B: Building/Transforming the Institution;
C: Mentoring; D: On Mentoring;
C: Diversity at MD Anderson;
A: Personal Background;

In this chapter, Dr. Spitz talks about challenges and changes for women faculty at MD Anderson. She recalls the salary review spearheaded by Elizabeth Travis and others and changes that came from that initiative. She notes that she herself was the first female MD to become a department chair. She also recalls the dinner for senior women at which she received the Faculty Alumnus Award. She talks about contributing an essay to the book about senior women, *Legends and Legacies* and shares her views about the group photo of the contributors in eveningwear.

Chapter 10

A Look Back at Institutional Change and a Legacy Left

A: View on Career and Accomplishments;

Codes

B: Growth and/or Change;

B: MD Anderson Culture;

B: Working Environment;

C: Discovery and Success;

D: On Research and Researchers;

D: Understanding Cancer, the History of Science, Cancer Research;

Dr. Spitz first talks about big changes she saw at MD Anderson during her career and then reviews her contributions to the Department of Epidemiology.

She first talks about the impact of the requirement under Dr. Mendelsohn's presidency that faculty supply 30% of their salaries from grants. She talks about the effect of rapid growth on the culture of the institution.

Dr. Spitz then turns to a discussion of the culture of the Department, noting her efforts to create a collegial environment with good quality of life.

At the end of the interview, she talks about the sub-area she created, integrative epidemiology that leverages the strengths of multiple sciences.

Margaret Spitz, MD

Interview Session One: October 13, 2016

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Chapter 00A

Interview Identifier

T. A. Rosolowski, PhD

0:00:00.0

The time is about 9:16 on the 13th of October, 2016. And today I am at the Baylor College of Medicine in the Department of Epidemiology, is that correct?

Margaret Spitz, MD

0:00:14.8

No.

T. A. Rosolowski, PhD

0:00:16.3

I'm sorry.

Margaret Spitz, MD

0:00:16.5

At the moment it's Molecular and Cellular Biology [Department of].

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T. A. Rosolowski, PhD

0:00:18.7

And Cellular Biology.

Margaret Spitz, MD

0:00:19.8

But we're moving to the Department of Medicine.

T. A. Rosolowski, PhD

0:00:21.3

Oh, excellent.

Margaret Spitz, MD

0:00:23.0

And we've actually already moved there as a section.

T. A. Rosolowski, PhD

0:00:24.7

Oh, interesting. Okay.

Margaret Spitz, MD

0:00:27.7

And it's to be called the Section of Epidemiology and Population Sciences.

T. A. Rosolowski, PhD

0:00:32.6

Okay. So that's your current position, since 2010? Is that correct?

Margaret Spitz, MD

0:00:35.7

Yes. About there, yes.

T. A. Rosolowski, PhD

0:00:37.9

Okay.

Female Voice

0:00:38.8

Okay, well, I didn't want to bother you.

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T. A. Rosolowski, PhD

0:00:39.8

Oops, we have—let me just put this on pause.

(The recorder is paused.)

All right. And we are recording again, after coffee was brought in and water, and we're both grateful for that. So I wanted to just resume the identifier, and say I'm Tacey Ann Rosolowski. And today I'm interviewing Dr. Margaret R. Spitz for the Making Cancer History Voices Oral History Project, run by the Historical Resources Center at MD Anderson Cancer Center in Houston, Texas. Dr. Spitz came to MD Anderson in 1981 as an assistant professor in the newly created Department of Cancer Prevention and Control in the Division of Cancer Medicine. Between 1995 and 2008, Dr. Spitz served as chair of the Department of Epidemiology. When she left the institution in 2010, she was a full professor in the Department of Epidemiology, in the Division of Cancer Prevention and Population Sciences. So I wanted to thank you for—

Margaret Spitz, MD

0:01:43.5

It's my pleasure.

T. A. Rosolowski, PhD

0:01:44.5

—yeah, joining me today, or allowing me to join you today.

Margaret Spitz, MD

0:01:47.7

Sure. I'm happy to do this. MD Anderson was my home away from home. I spent the happiest years of my career there.

T. A. Rosolowski, PhD

0:01:58.3

Really?

Margaret Spitz, MD

0:01:59.6

Absolutely no doubt about it.

T. A. Rosolowski, PhD

0:02:01.8

Oh, that's a wonderful statement to make.

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Margaret Spitz, MD

0:02:02.2

It's a wonderful, nurturing environment.

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Chapter 01

Family and Educational Path in South Africa

A: Educational Path;

Codes

A: Personal Background;

A: Character, Values, Beliefs, Talents;

C: Mentoring; D: On Mentoring;

A: Experiences Related to Gender, Race, Ethnicity;

T. A. Rosolowski, PhD

0:02:04.2

Wow, that's a wonderful statement to make. I usually start these interviews kind of in the traditional oral history place, which was, tell me where you were born, and when. And tell me a little bit about your family background.

Margaret Spitz, MD

0:02:17.4

Sure. Well, I—

T. A. Rosolowski, PhD

0:02:17.8

And do feel like you can make yourself comfortable. This is an extremely sensitive audio recorder, so you can lean back, and no worries about pickup.

Margaret Spitz, MD

0:02:28.2

Okay. Well, I was born in Johannesburg, South Africa. My father was a physician, my brother is a physician. And I married in South Africa. My husband is also a physician, he's a rheumatologist.

T. A. Rosolowski, PhD

0:02:47.1

And your husband's name?

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Margaret Spitz, MD

0:02:49.2

Louis Berman. And we—

T. A. Rosolowski, PhD

0:02:52.5

Can I interrupt you just for a minute, and ask you your father's name?

Margaret Spitz, MD

0:02:56.5

Harry Spitz.

T. A. Rosolowski, PhD

0:02:59.9

Spitz. And your mom?

Margaret Spitz, MD

0:03:02.4

Sheila Spitz.

T. A. Rosolowski, PhD

0:03:03.2

And your brothers?

Margaret Spitz, MD

0:03:04.3

Well, I have one brother, Irving Spitz, who now lives in Israel, Jerusalem, Israel. And I have a sister, Shirley Gamsu, and she lives in London, England. So we're spread all over.

T. A. Rosolowski, PhD

0:03:17.4

Gosh, you certainly are. Right. Now, obviously you grew up in kind of a medical family. How did that influence you?

Margaret Spitz, MD

0:03:28.3

Well, it's interesting. I wanted to become a nuclear scientist. I don't think I really knew what it was.

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T. A. Rosolowski, PhD

0:03:34.3

Why did that capture your imagination?

Margaret Spitz, MD

0:03:36.1

It just sounded so exciting, the whole concept of nuclear medicine, nuclear science, nuclear physics. My father, who had been born in Lithuania and had to flee the country and went to Germany to study medicine, he felt that I should study medicine, because one never knew about the future. He felt very insecure for many reasons. And he thought that medicine was a great, transportable profession. And he proved to be quite prophetic about that.

T. A. Rosolowski, PhD

0:04:11.6

Now, was it unusual at the time for a father to be so supportive of a daughter who wanted to go into the sciences?

Margaret Spitz, MD

0:04:18.9

Well, this was in the 1960s, and yes, in my medical school class of about 200, maybe there were seven [] women. And for the full six years, we went straight from high school to medical school. Sad to say we never had a traditional broad college education, which I think is a mistake. But for the six years, I was told very often that I was taking the place of a man, and I shouldn't be there because the men needed the slot so that they could graduate and become physicians and support their families. And some women did drop out. It was certainly not a nurturing environment for women in those days. And the strangest part of all is that even the nurses were not supportive of the women medical students. For example, when we did our rotation in the Obstetrics hospital, the nurses used to help the men set up their trays, and so on. But they were very resistant to helping the women. It was a strange setup. But of course, the way they treated women paled in significance compared with the way the black people were treated in South Africa. And that was the reason, eventually, we left. We felt that in the apartheid system, there was very little future for us and our family.

T. A. Rosolowski, PhD

0:05:52.3

You are not the first person who was originally from South Africa who has told me that was the reason for leaving.

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Margaret Spitz, MD

0:05:58.4

Yes. When we left South Africa in 1978, we came to America. It was at the height of the apartheid system still. We were fortunate, my husband was offered a job at the UT Health Science Center. And I just came along for the ride.

T. A. Rosolowski, PhD

0:06:17.3

Can I interrupt you just in kind of moving forward with that story, and go back a little bit? Because I wanted to get a picture—first of all, I wanted to ask you, what were some of your reactions as a girl and young woman when people said that to you? About you taking a place of a man, or kind of being discouraging?

Margaret Spitz, MD

0:06:37.4

Well, I kept very quiet about it. And I didn't realize how submissive I was until I watched my own daughter, who went to medical school. And by the time she went to medical school, I think the class was 50 percent women. But she would not tolerate any thoughts of discrimination against women. And she was very vocal about it. And I thought, how different she was to my generation. We didn't—we didn't speak up. And sad to say, we didn't speak up against the anti—or the apartheid system, either. For example, when we did pathology in our maybe third year of medical school, the black students—and there were only a handful in our class—they were not allowed to attend the post mortems of white patients. When I think about it now, I'm outraged. But we never said or did anything. And that is, I think, to some extent shameful. But we didn't.

T. A. Rosolowski, PhD

0:07:43.0

How were your interests evolving? You said that you originally wanted to be a nuclear scientist, nuclear physicist.

Margaret Spitz, MD

0:07:49.7

Well, it's another interesting story. I went to an all-girls' high school, and we were not offered Physics and Chemistry as classes. We were only—we could study Biology and French. And the boys' schools were not offered French. They did Physics and Chemistry. And I often wondered, what did the South African authorities think that men in France spoke? (laughter) It made no sense at all. So there I was a very good student in high school. When I arrived at medical school, I was so behind the ball, because I had never studied Physics and Chemistry. And it was an incredible struggle just to keep up. And I actually did consider dropping out. But I didn't, and—

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T. A. Rosolowski, PhD

0:08:37.9

What made you stay?

Margaret Spitz, MD

0:08:40.4

I'm not sure. Maybe just I didn't want to admit defeat. And I weathered my way through it, and after the first year in the Physics and Chemistry, it was much easier.

T. A. Rosolowski, PhD

0:08:53.0

Were there certain people that you found were kind of role models or inspirations for you at the time?

Margaret Spitz, MD

0:09:01.1

I've never—you know, I tell students all the time that it's so important to have role models and mentors. And I know it is important. But I'm afraid I never had such luck. Maybe I didn't look hard enough to find a mentor, but I never really had outstanding role models. And I think that's a deficit.

T. A. Rosolowski, PhD

0:09:23.2

You had to kind of go it alone.

Margaret Spitz, MD

0:09:25.2

Yes, I did.

T. A. Rosolowski, PhD

0:09:25.5

Self-formation, you know.

Margaret Spitz, MD

0:09:27.1

Yes.

T. A. Rosolowski, PhD

0:09:27.3

Which, I think, it happens to people. It really does.

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Margaret Spitz, MD

0:09:29.8

Oh, but less so now.

T. A. Rosolowski, PhD

0:09:31.3

Yeah.

Margaret Spitz, MD

0:09:33.3

It was more the era that I grew up in.

T. A. Rosolowski, PhD

0:09:34.1

Did that lack when you were in your formative time?

Margaret Spitz, MD

0:09:37.7

It made me much more focused on helping junior people now. And in fact, now, my research career has ended. I only now spend my time helping the junior faculty, helping them with their grants. And I am the PI of a CPRIT training program in integrative epidemiology. And I'm recruiting post-docs, epidemiology post-docs, and helping train them to become state of the art, twenty-first century epidemiologists. And that's exciting to me.

T. A. Rosolowski, PhD

0:10:11.3

It's amazing how often people are inspired by negative models. (laughter)

Margaret Spitz, MD

0:10:15.2

That's right. Interesting, yes.

T. A. Rosolowski, PhD

0:10:17.5

It is, yes. So in medical school, then, why don't we turn a little bit to that. In medical school, you talked about some of the—you know, your more or less pleasant memories about the situation there. How did you feel you were growing as a mind, as a physician, during that time?

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Margaret Spitz, MD

0:10:37.4

Well, the clinical training in South Africa was exceptional. We were actually taught to be hands-on physicians. Of course, there were no computers in those days, so we actually examined the patients carefully. We took a detailed history and were taught the importance of clinical signs and symptoms. So I think most of the physicians that came out of the medical school were extremely well-trained clinically. Maybe in terms of basic sciences, we weren't as well-trained. And of course, the extent of the knowledge was not there at the time. This was in the 1960s, when you think how science has escalated since then. But certainly we were trained as great diagnosticians.

T. A. Rosolowski, PhD

0:11:23.5

Interesting. I'm just checking a few dates here. Let's see, you graduated—you got your medical degree in '66?

Margaret Spitz, MD

0:11:30.2

Yeah, so actually, we just are celebrating our fiftieth reunion. The [] reunion is in February, I was unable to go. But from all accounts, it was a great success. People came from all over the world. I would say more physicians have left the country than are still there, which is very sad for South Africa.

T. A. Rosolowski, PhD

0:11:51.6

Has that created a kind of crisis? A shortage of physicians, or—?

Margaret Spitz, MD

0:11:56.1

Well, there's certainly a crisis in education in South Africa now, because there's a lot of revolt and unrest in the universities, because many of the students are demanding free education. And the University of Cape Town has closed for the academic year. And at my university, which is the University of Witwatersrand, it is closed now, although they're going to be reopening, I think, next week, or this week. So there's certainly a lot of turmoil, and it can only have an adverse influence on training of academics.

T. A. Rosolowski, PhD

0:12:34.6

Now tell me about after medical school. Residency, internship? Or internship, residency? And your choice of specialty at that time?

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Margaret Spitz, MD

0:12:43.8

Well, interesting. There was a—we had a professor of surgery who was very against women. He felt that the only women—he was a wonderful surgeon and a wonderful teacher, but he thought that the place of any women in the OR was as a nurse, not as a medical student. And his internship was really highly sought-after, and he usually took the top candidates. People vied to become appointed to his program. My brother had done it, and many others I knew had done it. They'd all tell me what a difficult experience it was, long hours, and a lot of excessive rules, and very little experience, on-the-job training. So a really unusual thing happened. I was contacted and offered, and asked to apply for his internship. And I decided not to do it, because I felt that I didn't want to do it, A, and I wasn't that interested in surgery, anyway. And I didn't want to be exposed to such a brutal regimen. I hadn't given thought to the fact that I was probably setting women's issues back even further. I wasn't mature enough to think broadly. And as a result, I was pretty much blackballed—is that the expression?

T. A. Rosolowski, PhD

0:15:13.5

Yeah.

Margaret Spitz, MD

0:14:15.4

It was very difficult for me to get another internship. But I managed to get one, and I did Obstetrics and Gynecology. And then I did one in Internal Medicine.

T. A. Rosolowski, PhD

0:14:30.6

Wow. Do you think that if you'd been in a place where you were looking more broadly at women's issues, that you might have taken it? Or how would you have weighed that in that situation?

Margaret Spitz, MD

0:14:42.3

Well, I suppose I still probably wouldn't have taken it, because I probably wouldn't have been very good at it. And it would have still set women's issues back. So either way, it was a non-winning situation.

T. A. Rosolowski, PhD

0:14:55.4

Yeah, and a wise decision.

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Margaret Spitz, MD

0:14:57.4

Probably. In retrospect, I have no regrets.

T. A. Rosolowski, PhD

0:14:58.7

Yeah.

Margaret Spitz, MD

0:15:00.7

But the interesting part is that many years later, I did some research on salivary gland cancers, and this was his area of expertise and interest. And I sent him some of my papers, and we had a very nice communication. So I felt that I had closed that circle.

T. A. Rosolowski, PhD

0:15:18.9

Yeah. God, what a strange interaction. And you still remember it so well.

Margaret Spitz, MD

0:15:23.7

Yes. Oh, it's a long—50 years ago.

T. A. Rosolowski, PhD

0:15:25.9

Now how did you feel your interests were evolving during that time? I mean, you know, did you have a sense that the entire world of medicine was open to you, except for surgery, which you didn't want—

Margaret Spitz, MD

0:15:37.2

No. What happened was, I got married and I had my daughter. I think she—in '68, she was born. I actually didn't work for a while, and then I only went back part-time to do some research. And then we moved to America. So when I came to America—

T. A. Rosolowski, PhD

0:16:00.8

Oh, but let me—

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Margaret Spitz, MD

0:16:01.7

Okay.

T. A. Rosolowski, PhD

0:16:02.1

—before you start that, let me ask you about the research piece. So when did your interest in research take place? I mean, I have to pick up that piece, because research has been so important to you.

Margaret Spitz, MD

0:16:08.7

Yes. Well, that was the only thing I could sort of do part-time, which is all I wanted to work, because I had little children at home. So it was more a matter of convenience than anything else.

T. A. Rosolowski, PhD

0:16:22.7

Interesting.

Margaret Spitz, MD

0:16:25.5

And in those days, there was a new type of microscope [electron microscope] I'm blocking on, and that's what I was focusing on. I've always—I'm actually a frustrated pathologist. I would have loved to have done pathology.

T. A. Rosolowski, PhD

0:16:39.9

Huh. Interesting. Why were you drawn to that area?

Margaret Spitz, MD

0:16:44.5

I've always liked pathology. In fact, I tried to specialize in pathology when I came here, but I was told I couldn't do it part-time. So I didn't.

T. A. Rosolowski, PhD

0:16:54.8

Interesting. A lot of pathologists I've interviewed have talked about their visual acuity. I guess, did you feel you had that too? That sort of ability to read slides? The "pathologist's eye," as they call it?

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Margaret Spitz, MD

0:17:07.3

I don't know. I hadn't thought of it that way. But I just loved looking at the cellular level. You know, we didn't have such sophisticated microscopes. We had one eye microscopes in those days. And when I see the fantastic sophistication of the microscopes now, where you can train students, it's just amazing and exciting.

T. A. Rosolowski, PhD

0:17:30.3

Yeah. It is amazing.

Margaret Spitz, MD

0:17:30.8

And exciting.

T. A. Rosolowski, PhD

0:17:33.2

So what was it that you were doing research on during this time?

Margaret Spitz, MD

0:17:40.8

It was at the—you know that I never published anything. It was only part-time. It was looking at—

T. A. Rosolowski, PhD

0:17:54.3

It doesn't matter. I guess a more important question would be, you know, what did you take away from that experience?

Margaret Spitz, MD

0:18:01.0

Well, I enjoyed research. I really did enjoy it. It was something—I found it exciting. It's interesting to delve deeply and to tell a story, to go from one finding to the next finding. Although I got no formal training in research there in South Africa at all. Nor did any of us, really, get training in how to conduct research. That only I learned later when I came to America.

T. A. Rosolowski, PhD

0:18:28.1

But you got the bug.

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Margaret Spitz, MD

0:18:29.3

I got the bug. That's the way to put it, yes.

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Chapter 02

Leaving South Africa and A Focus on Oncology and Epidemiology

A: Professional Path;

Codes

A: Professional Path;

A: Personal Background;

A: Professional Values, Ethics, Purpose;

A: Experiences Related to Gender, Race, Ethnicity;

T. A. Rosolowski, PhD

0:18:32.6

So tell me about the decision to leave South Africa. And this was in what year?

Margaret Spitz, MD

0:18:36.9

Well, it took a long time. We moved in 1978. But we started in, I would say, at least two years earlier. It was a long, involved process. You know, we had to go to the American Embassy and apply, and my husband had to get a job, so he came several times to America. And he was offered a job at the University of Texas Health Science Center. He was offered several other jobs, which I'm very happy he didn't take, like one in Wisconsin. I don't think I would have done well there.

T. A. Rosolowski, PhD

0:19:08.9

It's cold there.

Margaret Spitz, MD

0:19:09.4

It's pretty cold. And one in Philadelphia, which might have been great. But we settled on this one in Houston. And my favorite story is, I didn't even know, I'd heard of Dallas, obviously, because President Kennedy was assassinated there. I hadn't even heard of Houston. I had to look it up in a map. And my favorite story is when—as we were about to leave, my daughter, who was maybe in first or second grade, wrote a little note in her class, and she wrote, “We are leaving South Africa. We are going to live in Texas, which is in Houston.” (laughter) And the teacher gave her a star, and 10 out of 10. I don't even think the teacher knew how crazy that was. It's my favorite story.

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T. A. Rosolowski, PhD

0:19:57.3

That's a good one. Even people within the U.S. tell stories about how when they were contemplating coming to Houston, there was a lot of ignorance and assumptions and all of that. So was it difficult to leave South Africa? What was that emigration process like?

Margaret Spitz, MD

0:20:13.8

Well, there's leaving the family, although most of my family were also thinking of leaving. That's the one aspect. It's moving to the unknown, which is another aspect. And then from the medical point of view we had all these exams to pass. There was a visa qualifying exam. There was the FLEX, which you had to write in America. We came—my husband had passed a long time before, but we especially flew to Austin for me to write it, and that's a story unto itself.

T. A. Rosolowski, PhD

0:20:49.0

I'm sorry, I don't know what you're referring to.

Margaret Spitz, MD

0:20:51.0

It's FLEX, F-L-E-X, it's called the—I don't know what it stands—it's a licensing exam.

T. A. Rosolowski, PhD

0:20:56

Oh, okay.

Margaret Spitz, MD

0:20:57.3

It's probably a federal, but I'm not sure.

T. A. Rosolowski, PhD

0:20:59.2

Okay.

Margaret Spitz, MD

0:21:00.8

I can't remember. But it was a very difficult exam. It was an almost all day, multiple choice exam. And then there was the whole political upheavals that were going on in South Africa. And people didn't talk about leaving. And you went to the American Embassy, and there you met your relatives, who were also lining up to leave. It was quite a strange situation.

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T. A. Rosolowski, PhD

0:21:26.7

Now, why didn't anyone talk about it?

Margaret Spitz, MD

0:21:28.3

I'm not sure, because it was a lot of competition to get in.

T. A. Rosolowski, PhD

0:21:32.1

Oh, I see.

Margaret Spitz, MD

0:21:32.7

So what happened was, there was apparently a shortage of physicians in Houston, and somebody advertised in the South African Medical Journal that they needed physicians in Houston. And that is why there's a large group of South African physicians who moved to Houston. And you know, there's quite a large South African Houston community here now.

T. A. Rosolowski, PhD

0:22:01.6

Interesting. No one had ever mentioned that to me before. Huh. Interesting. So did you bring—you came over on a boat, by plane?

Margaret Spitz, MD

0:22:15.4

Oh, we came by [plane], and we had our green cards already, but we only received them at the airport in New York. I can't remember if it was LaGuardia or JFK. I can't even remember. I remember thinking, it's called a green card, but it was blue. (laughter) And we moved into Houston. We moved to Houston. We came straight to Houston. And it took us five years, and then we became citizens.

T. A. Rosolowski, PhD

0:22:42.3

Oh, wow. So tell me about the work you were doing, and settling in during that time.

Margaret Spitz, MD

0:22:49.9

Well, of course it was very difficult, because the way of life was so different. And we came and we lived in a rented little house, and it was so tiny. We'd come from a beautiful home on an acre, with a built-in trampoline and a tennis court. And we came to this awful home that

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somebody had rented for us. And it had no garden, and there was rented furniture. And the dining room table was unstable, and we had to put newspaper under one leg. And it was—you know, my husband said, “What have we done?” I was far more positive than him. And he had to start work almost immediately, and I had to get the children into school. It was very difficult. I wouldn’t say that immigration is for sissies, but I think if you’re young, you don’t think of all the adverse consequences. You don’t think, what happens if we become ill, or what happens if we lose a job. Fortunately, I was too naïve, and maybe even stupid, to think of all these dire things that could happen. But fortunately, my children settled into school very nicely. And I actually started working as a physician at an old aged home near where we lived. And my husband was full-time at the medical school. And I didn’t enjoy clinical medicine. And somebody told me that I should go and do a degree in public health. And the public health in South Africa was all focused on infectious diseases, sanitation. Very different from the public health I was fortunate enough to learn at the school. So I enrolled in the School of Public Health in about maybe ’79 or ’80. And I got my master’s in Public Health.

T. A. Rosolowski, PhD

0:24:53.1

What was your focus during that? Or, how did your focus evolve during that time?

Margaret Spitz, MD

0:24:56.9

Well, I did—my thesis was on pancreatic cancer in the Golden Triangle, that’s Beaumont, around Beaumont, Texas. And actually, those data were never published. They’re lying in a blue folder, gathering dust somewhere on my bookshelf. It’s quite sad. But fortunately, that didn’t put me off. I became very interested in cancer and I wanted to pursue a career in cancer epidemiology.

T. A. Rosolowski, PhD

0:25:29.5

Why cancer?

Margaret Spitz, MD

0:25:31.8

I just was very interested. I can’t explain why. And maybe that’s because it is the subject of my thesis.

T. A. Rosolowski, PhD

0:25:38.2

Why—were you advised? Did your advisor suggest you work on that topic?

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Margaret Spitz, MD

0:25:43.4

Yes. I think they did, yes. My training was not outstanding, and that was partly my own fault, because I had three children at school. I had very little social network. And before I selected the classes, I looked at what time they were offered. And if they were morning classes, I could take them. If they were afternoon, I couldn't, because I had to pick up the children and be with them. So I had not the best education, and I learned most of my epidemiology on the job.

T. A. Rosolowski, PhD

0:26:17.4

I want to kind of interrupt just for a moment here, because we've got a lot of construction noise, which I'm sure is being picked up here. So I will say that for the record. Maybe the next time we get together we can choose a little bit—

Margaret Spitz, MD

0:26:30.1

Okay.

T. A. Rosolowski, PhD

0:26:30.9

Something on the other side, or—

Margaret Spitz, MD

0:26:31.5

Sure. Or, I can come to you.

T. A. Rosolowski, PhD

0:26:33.6

Oh no, I wouldn't want you to have to inconvenience yourself. I'm happy to come here if there is another place we can do it.

Margaret Spitz, MD

0:26:39.0

I'm sure we can find, excellent.

T. A. Rosolowski, PhD

0:26:40.7

Yeah. Yeah, okay. I kind of lost my place in my mind—

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Margaret Spitz, MD

0:26:48.3

Well, we were just saying—

T. A. Rosolowski, PhD

0:26:52.5

Oh, I know what I was going to say. That often, because women have those other responsibilities to family, I mean, those are just practical, logistical aspects of making career choices.

Margaret Spitz, MD

0:27:08.0

Yes, well, I tell women now that you have to prioritize, and that your priorities change at different phases of your life. You can have it all, but just not at the same time. That's what I tell them. And I always made my family my priority, and I actually—I know a lot of women might have guilt at the end of their careers. But I feel that I didn't deprive my children, nor do I think they suffered from my working. I always put their needs over and above my own.

T. A. Rosolowski, PhD

0:27:42.9

That's a nice place to be.

Margaret Spitz, MD

0:27:44.4

Yes.

T. A. Rosolowski, PhD

0:27:45.4

Look back and not have regrets.

Margaret Spitz, MD

0:27:45.9

Because most people, at the end of their lives say, "I wish I had worked less." I don't say that, but I also don't say I wish I would have worked more. I did work very hard, and I have no regrets about that, either.

T. A. Rosolowski, PhD

0:28:01.7

Yeah, I know that with some interview subjects I've interviewed, it's almost as if they have no life outside the walls of the institution.

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Margaret Spitz, MD

0:28:08.4

It's difficult to balance the two, but I think it is possible.

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Chapter 03

A Job in a New Department and Research Successes

A: The Researcher;

Codes

B: MD Anderson History;

A: Joining MD Anderson;

A: Educational Path;

C: Discovery and Success;

B: Building the Institution;

C: Discovery, Creativity and Innovation;

T. A. Rosolowski, PhD

0:28:10.4

Now tell me, so you got your master's, and I'm just quickly checking—

Margaret Spitz, MD

0:28:18.4

In 1981.

T. A. Rosolowski, PhD

0:28:19.6

Nineteen eighty-one. Okay.

Margaret Spitz, MD

0:28:22.7

Then what did I do?

T. A. Rosolowski, PhD

0:28:23.2

What did you do at that point?

Margaret Spitz, MD

0:28:24.9

Well, I had two job offers straight away. One was with Texaco as an occupational physician. And I even went to interview in White Plains, New York, and I was offered the job.

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T. A. Rosolowski, PhD

0:28:35.8

Oh, interesting.

Margaret Spitz, MD

0:28:37.7

And I was thinking of taking it, but they refused to give me any flexibility in hours. So I didn't take it. Then I was offered a job by Guy Newell, who was chairman of—I think it was called the Department of Cancer Prevention and Control. It was in the division of, I think, Medicine, I don't know what it was called. Maybe Cancer Medicine in those days.

T. A. Rosolowski, PhD

0:29:01.1

I actually have it on the—let's see. It was—yes. In the Department of Cancer Prevention and Control—

Margaret Spitz, MD

0:29:10.3

Control.

T. A. Rosolowski, PhD

0:29:10.5

Division of Medicine—

Margaret Spitz, MD

0:29:11.6

Medicine.

T. A. Rosolowski, PhD

0:29:11.9

—at that time.

Margaret Spitz, MD

0:29:12.6

Yes.

T. A. Rosolowski, PhD

0:29:12.8

And it's just—for the record, there have been so many name changes—

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Margaret Spitz, MD

0:29:15.2

Yes.

T. A. Rosolowski, PhD

0:29:15.8

—at MD Anderson.

Margaret Spitz, MD

0:29:16.2

That's right. And so I took that. And he took me on faith, because my resume was like one page, double-spaced. I always tell people I had no publications. And I'm quite amazed that he even hired me. And I was given the position of assistant professor, non-tenure track, part-time.

T. A. Rosolowski, PhD

0:29:39.6

Now you've mentioned, you know, a few times people offering you these jobs. I'm thinking of the surgeon who offered—who wanted you to apply. And now Guy Newell kind of taking you on faith. When you look back and kind of see that young woman, what do you think they saw that made them want to take a chance, or thought, yeah, this is a caring person?

Margaret Spitz, MD

0:30:00.0

I'm not sure, because I don't think in those days I had much to offer. I'm often quite astounded by it. And I wonder if I would have hired me. Something I've thought about.

T. A. Rosolowski, PhD

0:30:11.7

Yeah, interesting. Now tell me about this department that you were stepping into.

Margaret Spitz, MD

0:30:17.6

Okay. Well, Guy had come from the NCI, where he had been, I think, deputy director. And there was at that time only one other faculty in the department, and that was Barbara Tilley. I think she's a biostatistician. I think she's currently at the School of Public Health.

T. A. Rosolowski, PhD

0:30:36.3

When was the department actually founded?

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Margaret Spitz, MD

0:30:39.5

I think shortly, it may be in '80 or '81, I don't know, they didn't tell us.

T. A. Rosolowski, PhD

0:30:42.9

Because it was shortly after Charles LeMaistre began.

Margaret Spitz, MD

0:30:46.3

Yes. Yes.

T. A. Rosolowski, PhD

0:30:48.1

Okay?

Margaret Spitz, MD

0:30:49.8

Yes, I—and I have to tell you that Charles LeMaistre had this wonderful vision about cancer prevention. And I think all the success in the current division is owed to the vision of Charles LeMaistre. So but when I started, we were physically located in what's now, I think, is it still called the Smith Building—

T. A. Rosolowski, PhD

0:31:12.1

Yes.

Margaret Spitz, MD

0:31:12.8

—on Knight Road? At that time it was just being converted from the food facility for the Texas Medical Center.

T. A. Rosolowski, PhD

0:31:20.0

That's right.

Margaret Spitz, MD

0:31:21.1

And I remember, I had a cubicle right next to a giant washing station, where they must have washed dishes, or something. And when I think about now how when faculty come in and they

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want offices, administrative support, and it's quite amazing. I just took it and I was happy with it. And I didn't care.

T. A. Rosolowski, PhD

0:31:40.7

Yeah. Let me ask you another question. I mean, how quickly did you kind of understand what Charles LeMaistre's vision was? What did Guy Newell feel was really his mission as being the person who was going to implement part of this?

Margaret Spitz, MD

0:31:57.5

Well, I was really far removed. I was multiple layers away from Charles LeMaistre—

T. A. Rosolowski, PhD

0:32:02.1

Oh, sure.

Margaret Spitz, MD

0:32:02.4

—for many years. So I had no idea what his vision was. And Guy really wanted to build a very strong program. And he did bring in Peter Mansell. I don't know if you've heard of him?

T. A. Rosolowski, PhD

0:32:15.2

No. Who was Peter Mansell?

Margaret Spitz, MD

0:32:19.4

He was, I think, an immunologist. What happened was, at that time, the AIDS epidemic started. And they both became very involved in the AIDS epidemic. And it was a very difficult time. They had many patients here, and I'm not sure that everybody in the institution felt totally positive about building a big AIDS program. Of course, I was at such a junior level, I wasn't privy to all the discussions. And that—

T. A. Rosolowski, PhD

0:32:49.9

It was highly controversial everywhere.

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Margaret Spitz, MD

0:32:50.9

Yes. Yes, it was controversial. And unfortunately, they had a large case control study, but never made the mark, so to speak. That was left to other programs like in California, San Francisco and so on. So it wasn't as successful as it might have been. And I started off, we had no research support at all. And there was a patient with salivary gland cancer. And he reported that another coworker also had salivary gland cancer, which is relatively rare. And he wondered if it was a potential occupational exposure. So I decided to conduct a case control study doing chart reviews. And I was fortunate to get two wonderful women who were research volunteers.

T. A. Rosolowski, PhD

0:33:42.8

Oh. I didn't even know they had research volunteers.

Margaret Spitz, MD

0:33:45.9

Yes. They still do.

T. A. Rosolowski, PhD

0:33:48.2

Interesting.

Margaret Spitz, MD

0:33:48.6

And these women helped me abstract over 300 charts of patients with salivary gland cancer, and an equal number of controls without salivary gland cancer. And we did this very interesting study. Maybe it wouldn't have gone anywhere, but I was fortunate that at that time, a new head of the Division of Pathology was hired, Dr. John Batsakis. And his focus of interest was salivary gland cancer. So I met with him several times. He was very excited about the data. He helped me. And the first three papers, we sent to journals. And they were all accepted. And I never realized that this was actually not the norm. I thought, you know, it sounds simple. And in fact, he also arranged for me to give a presentation—this was the first scientific presentation I had ever given, but sad to say it wasn't to a community of epidemiologists, but to an International Association of Pathologists in Boston. And I had a hard time answering the questions, because they were all related to pathology, and of course I'm not a pathologist, although I wanted to be one. (laughter) So that was the first. And that got me going. **0:35:08.6**

So that was the first successful study I did. And then we did a study looking at parental occupations and a childhood cancer called neuroblastoma. And we showed that fathers who were exposed to electromagnetic radiation had a higher risk of their children developing neuroblastoma. And this was looking—it was a birth certificate study looking at the occupation

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of the fathers, as recorded on the birth certificates. And this caused a lot of public health interest, and a lot of blowback from electrical industries, and so on. And it was very controversial. And I found myself being requested to do a lot of legal cases. And people used to call me up and say they want to buy a house, but it's near some electrical power plants. Should they buy the house? It was very difficult for me to answer those questions, because the science hadn't been validated. So I ended up saying, well, it's not a very attractive view, and maybe you should consider the resale value of the house. I'm giving them financial advice but not scientific advice.

T. A. Rosolowski, PhD

0:36:25.8

Yeah, yeah, very interesting. Well, and sort of unexpected role for you to serve.

Margaret Spitz, MD

0:36:32.0

Yes, of course. And I only once gave expert testimony to a lawyer, and I've never done it again. It's not something I ever wanted to participate in.

T. A. Rosolowski, PhD

0:36:49.5

Now, during these years, how did you feel you were evolving as a professional, you know, a member of the faculty here—

Margaret Spitz, MD

0:36:57.4

Well, it took me a long time to get integrated, because of course, eventually I moved full-time and into the tenure track, and from assistant to associate professor. And I became more integrated. But only when I—the National Cancer Institute put out an RFA, which is a Request For Applications, for studying cancer in minority populations. And I decided to look at lung cancer in African Americans and Mexican Americans. And the reason was, African Americans had higher incidence rates and poorer outcomes. And Mexican Americans had lower incidence rates, and also poorer outcome. So I thought that would be a good contrast. So I wrote a grant. And this was the first grant I'd ever written. No one told me how important it was to even write grants. So I wrote this grant, and I actually met Jack Roth, Dr. Jack Roth, who was chairman of Thoracic Surgery at the time. He's stepped on since.

T. A. Rosolowski, PhD

0:38:02.0

What year was this now?

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Margaret Spitz, MD

0:38:07.9

Maybe it was—I think it was maybe '91, 1991. And I met him when we were both in line to have some vaccination at Employee Health, and I told him about my grant. And he was interested. And he proposed a molecular add-on which I thought was fascinating.

T. A. Rosolowski, PhD

0:38:31.0

What was that?

Margaret Spitz, MD

0:38:31.5

To look at P53 germline mutations. And in those days, epidemiology was still fairly classical. It only came later that they added molecular components to the study. So it was quite new. I wrote this grant. And actually, I'd had a grant before, a small grant []. And it came quite easily. And it was a small grant. [I did not realize how difficult it was to get funding.] Anyway, so I wrote this R01, which you've heard of R01s. And I was getting on a plane to go somewhere, and the program officer called me up and congratulated me, told me my grant was funded. And there were several other grants from this institution going out, and I always assumed they'd have a much better chance than me. And I said, "Really?" And I was so amazed. And the whole way on the plane, I kept thinking, how could I have got this grant? So to my embarrassment, when I got off the plane, I called the program officer back, and I said, "Are you sure you didn't make a mistake?" I sort of remember, it was Dr. Joe Patel. And he thought I was crazy. And he said, "No, I didn't make a mistake. It is your grant." So that was the beginning of real success for me.

T. A. Rosolowski, PhD

0:39:54.2

Yeah.

Margaret Spitz, MD

0:39:55.5

And that program really helped my career, and that of many others as well, because many others built their careers on lung cancer after that, which is exactly what I had wanted and hoped for.

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Chapter 04

Epidemiology in the Eighties

A: Overview;

Codes

A: Overview;

A: Definitions, Explanations, Translations;

D: Understanding Cancer, the History of Science, Cancer Research;

D: The History of Health Care, Patient Care;

D: Politics and Cancer/Science/Care;

T. A. Rosolowski, PhD

0:40:09.4

Now tell me a little bit about the state of the field at the time. You know, what—

Margaret Spitz, MD

0:40:14.2

Well, interesting. Epidemiology, to be quite truthful, was regarded as a second-class science. And the chairman of medicine once said that epidemiologic research, and mine in particular, was phenomenologic. I actually hadn't heard the word, and I briefly wondered whether he meant phenomenal. But I had caught the disparaging tone in the voice, so I realized it wasn't a good compliment.

T. A. Rosolowski, PhD

0:40:47.8

I wonder if it means "subjective" in this case?

Margaret Spitz, MD

0:40:48.6

Well, I think he meant—I understood afterwards what he meant, that we did little bits of work here, there, and never joined it together, and never went in depth and pursued each topic. So I spent the rest of my career trying to show him that epidemiologic research was not phenomenologic. And then what happened was, the NCI started the SPORE program. And initially, each SPORE program had to have a population science project. And most of these, our colleagues were very interested in epidemiologic projects. So all of a sudden, we were in such great demand to provide epidemiologic projects for each of these new SPOREs that were going out. And at one stage, we had projects in six or seven SPOREs, and that really made our name

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and solidified the success of the epidemiology department. Of course, I've neglected to say how hard we worked at recruiting good faculty. And we can go into that, and I think we should.

T. A. Rosolowski, PhD

0:41:59.4

Yes, absolutely. But first, I did want to ask you a little bit more about just creating this presence of epidemiology at MD Anderson. Was that controversial? Was it difficult?

Margaret Spitz, MD

0:42:13.5

Well, it was disinterest. People were not probably really interested in epidemiology. But gradually, I think they saw that we were doing good studies. And certainly, when the discipline of molecular epidemiology emerged, and we actually were one of the first epidemiology programs to have our own lab, and that's an interesting story in its own right, which I will tell you the whole story.

T. A. Rosolowski, PhD

0:42:39.5

Now one other question, just to sort of context in background. Was the inclusion of epidemiology in this original vision of cancer prevention and control, was that, at the time, an understanding how prevention should operate? Was epidemiology considered an absolutely critical facet?

Margaret Spitz, MD

0:43:03.5

In fact, some people said it was the basic science of cancer prevention.

T. A. Rosolowski, PhD

0:43:05.3

Oh wow, okay. Okay.

Margaret Spitz, MD

0:43:08.8

And Dr. LeMaistre, of course, knew all this. And you know that Dr. LeMaistre was part of the 1964 Surgeon General's report on smoking.

T. A. Rosolowski, PhD

0:43:17.5

Yes.

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Margaret Spitz, MD

0:43:19.9

And lung cancer. I mean, he was right up there. He recognized the importance of prevention.

T. A. Rosolowski, PhD

0:43:27.4

Okay. Terrific. No, that's really, really helpful. Yeah, it's amazing as I interview people how so many individuals who came to the institution in the '60s and '70s were really very busy establishing new fields.

Margaret Spitz, MD

0:43:41.2

Yes. Absolutely.

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Chapter 05

The New Division of Cancer Prevention and Department of Epidemiology

B: Building the Institution;

Codes

C: Leadership; D: On Leadership;

C: Mentoring; D: On Mentoring;

A: The Researcher;

B: Research;

C: The Professional at Work;

B: MD Anderson Culture;

B: Working Environment;

B: MD Anderson Impact; C: MD Anderson Impact;

T. A. Rosolowski, PhD

0:43:42.2

So tell me those stories that you wanted, the lab?

Margaret Spitz, MD

0:43:47.8

Well, I don't know the exact years, but the Division of Prevention was established in—you'll know when, I think in—

T. A. Rosolowski, PhD

0:43:56.5

I don't have the date in my brain, but—

Margaret Spitz, MD

0:43:59.6

And actually, Dr. LeMaistre spoke to me about heading the division, but I suggested that he recruit Bernard Levin [oral history interview]. And that was a wonderful [choice]—Bernard did a fabulous job. He was kind and generous, and supportive, mostly. And he created the Department of Behavioral Science. And Ellen Gritz [oral history interview] came as the first chair. Then there was the Department of Epidemiology, and I was acting chair for, I think, two years, before I became a chair. And then there was the Department of Clinical Cancer Prevention. And this was unique among cancer centers, you have to realize. And towards the end, he also established the Department of Health Disparities. Now there's a fifth department, Health Services Research. And then I was obviously given some positions to recruit. And

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Melissa Bondy, whom you met, came. She was one of the first recruits. And then we brought in Chris Amos who was, at the time, at the National Cancer Institute. He was perhaps one of the best recruits I could possibly have brought in.

T. A. Rosolowski, PhD

0:45:19.0

Why was that?

Margaret Spitz, MD

0:45:20.7

Well, he was a brilliant scientist. He's a statistical geneticist. He was the first one not only at MD Anderson, but in the State of Texas. So he developed—we gave him the freedom to develop his own section within epidemiology, which we called CGE, Computational Genetic Epidemiology. And he recruited his own faculty and staff. In fact, he was in such demand that not only did he do cancer, but he developed research programs on rheumatoid arthritis, on dermatologic diseases. He was in great demand. And then I recruited Michele Forman from the NCI, who was in nutritional epidemiology. We had really a fantastic department.

T. A. Rosolowski, PhD

0:46:16.7

Now can I ask you, someplace in my background research I read that you are listed as founding chair.

Margaret Spitz, MD

0:46:22.4

I was the first chair, yes.

T. A. Rosolowski, PhD

0:46:23.8

Okay, you were the first chair.

Margaret Spitz, MD

0:46:24.3

Absolutely. I was the first acting chair, and then founding chair.

T. A. Rosolowski, PhD

0:46:28.2

And then the founding chair. So why was it actually formed as a department at that time?

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Margaret Spitz, MD

0:46:35.7

Well, because we already had a nucleus. It was clearly such an important topic. In fact, it became its own program within the Cancer Center, so that there were three programs, which is actually unheard of in Cancer Centers, three [population] science programs. There was Epidemiology, Behavioral Science and Clinical Cancer Prevention. And, in fact, epidemiology was twenty-seventh program out of twenty-seven programs. It's probably changed now, but [it was so] when I was there.

T. A. Rosolowski, PhD

0:47:09.6

So I hadn't realized the degree to which all of this activity really was unique in the country.

Margaret Spitz, MD

0:47:16.4

Oh, it certainly was. But I want to go back and talk about getting a lab for epidemiology.

T. A. Rosolowski, PhD

0:47:21.6

Yeah. Absolutely.

Margaret Spitz, MD

0:47:22.0

I recruited Qingyi Wei from—he was at Johns Hopkins. And he was truly a molecular epidemiologist. He did epidemiology studies, but he also—he worked in the lab, and he had assays to measure DNA repair capacity. And he agreed to come, but he said he needed his own lab. And how naïve I was, I can't believe. I called up Fred Becker, who was then the—

T. A. Rosolowski, PhD

0:47:50.9

VP of Research?

Margaret Spitz, MD

0:47:51.1

VP of Research. And I said, "Dr. Becker, good morning." I said, "I'm calling you because I need a laboratory for epidemiology. And he was a very dominant person, shall we say. And he said to me, "What? A laboratory for epidemiology? Never heard of it. You can't have it." And he put the phone down. And I was fortunate that Margaret Kripke [oral history interview] had been recruited at the time to the Smith Building. She and Josh Fidler [oral history interview], her husband. And she was given more lab space than she needed, and I can't remember how it

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turned out, but I did approach her, and she offered lab space. And that was how our laboratory, our epidemiology laboratory started, on the good will of someone else.

T. A. Rosolowski, PhD

0:48:38.1

That's an amazing story.

Margaret Spitz, MD

0:48:41.8

Oh, there are plenty of stories. And then eventually, after a lot of fighting and scars, to tell the tale, we did get our own lab. But it was moved more than once. We were in Naomi Street, we were in the Main Building, then eventually we ended up in the Mitchell Building. But we were never—if a department had to be moved, it was always thought this was the department that could move. And then they wanted to put us very far [out from the main campus]. And I tried to explain that our research, we contacted patients, we collected blood from patients, we got data from patients. And the blood had to be delivered to the lab. If all the time we were so far removed from our lab, this would never be successful. And it was very difficult. But I had some support of colleagues, and eventually we did get our own beautiful lab space.

T. A. Rosolowski, PhD

0:49:34.5

And where was that located?

Margaret Spitz, MD

0:49:36.1

In the Mitchell Building.

T. A. Rosolowski, PhD

0:49:37.7

In the Mitchell Building. Okay.

Margaret Spitz, MD

0:49:40.4

And that's where I understand it still is.

T. A. Rosolowski, PhD

0:49:42.5

Okay.

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Margaret Spitz, MD

0:49:44.0

But when they used to do reviews of lab space, which I think was a very good idea, and we always got an outstanding score, certainly when I was chair. I can't say anything about now. I don't know.

T. A. Rosolowski, PhD

0:49:55.6

What did these reviews involve?

Margaret Spitz, MD

0:49:57.3

Well, they used to review—they actually to decipher it to see how well you utilized the space. And then they reviewed each of the faculty, the grant dollars, the number of positions that they had, and dollars per square foot, and so on. And we always came out very well.

T. A. Rosolowski, PhD

0:50:17.8

Which, of course, encouraged people to keep supporting [that dimension?] of it.

Margaret Spitz, MD

0:50:21.8

That's right, yes.

T. A. Rosolowski, PhD

0:50:22.0

So you were [], acting chair and then chair until 2008. [].

Margaret Spitz, MD

0:50:31.6

Yes, it was my baby. And I constantly thought about how can I improve and build the department. And I have to say this, you can only be a successful leader when you feel that your own career, you've done everything that you wanted to do. And now you're thinking only of the good of the department and the good of others. And sad to say, this is not the case with all leaders. Certainly not at the time I was there, and probably currently, too. But we had a wonderfully happy, cohesive department. We developed a lot of very nice traditions. One was we had a lot of foreign students and foreign faculty in our department, so that every year in February, we used to have an international lunch. And everybody was asked to bring a dish from their home country and a flag, and we used to describe what the dish was. And we had this wonderful lunch. And then we used to select somebody to talk about their home country. And that was every single year. And I'm told now they no longer do it, and that saddens me.

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T. A. Rosolowski, PhD

0:51:45.1

I was going to ask if the inclusion of this international component went over into research, was the research globally focused as well?

Margaret Spitz, MD

0:51:55.9

No, most of our research was local.

T. A. Rosolowski, PhD

0:51:57.2

Okay.

Margaret Spitz, MD

0:51:58.0

And then I did another wonderful tradition, and that was a 9-11 commemoration every year. It's no longer done. And every year, we used to have a meeting, and we read the Gettysburg Address. And I chose that because it was relatively short. And we had it read by three people; one was an American citizen, one was a naturalized, and one was somebody on a foreign visa. And these three people would read the Gettysburg Address. And then some of us spoke about what our thoughts about 9-11, because we had a very diverse department. And we even had a map showing where all people came from. And then we used to also select somebody to tell us about their home country. So this was a wonderful tradition that we had. That, too, no longer is in existence.

T. A. Rosolowski, PhD

0:52:50.7

What do you think is the impact of establishing those kinds of traditions in a department?

Margaret Spitz, MD

0:52:57.0

I think it's quality of life. I did a lot for improving quality of life. We had a care team. And this was a group of faculty and staff who were there only to be sure to make the lives of everybody better. And if there was somebody who was ill or needed help the care team was there. Somebody had a fire, they were there to help raise money. And they also organized—every year, we used to have a holiday party. And although I knew what I would have liked as a party, I didn't interfere. I gave them a budget, and they decided where they wanted the party, what was the menu for the party, and what was the entertainment. And they were generally lovely parties. And I don't know whether that's still in existence. I've heard that the care team is no longer in

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existence, and all these things saddened me because I spent so much time building things up, and I don't want them to be lost.

T. A. Rosolowski, PhD

0:53:59.5

Right. I mean, I can imagine that it would do a lot for retention and attracting faculty to know that there was—

Margaret Spitz, MD

0:54:11.4

All these—yeah, absolutely. You know, in fact I used to—I was a firm believer in feedback from the faculty and staff. And some of my colleagues told me I needed anti-depressant medication, because I was wanting to hear the bad news, and you know, to improve. And they thought I was crazy, you know.

T. A. Rosolowski, PhD

0:54:36.0

But you took it really not as a downer, but as a—

Margaret Spitz, MD

0:54:39.2

No, it's to make myself better.

T. A. Rosolowski, PhD

0:54:39.8

Inspiration.

Margaret Spitz, MD

0:54:40.7

Yes. That's right.

T. A. Rosolowski, PhD

0:54:42.0

Yeah. I can understand that.

Margaret Spitz, MD

0:54:42.5

And most of the faculty were really very happy.

T. A. Rosolowski, PhD

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0:54:46.8

Now, I mean, you've told some individual stories about what went on during your period of leadership during this time. But when you came in, did you have a vision of what you wanted to accomplish?

Margaret Spitz, MD

0:54:58.9

I don't think I did. I think it developed over time.

T. A. Rosolowski, PhD

0:55:02.4

Interesting. And what were some of the milestones in the evolution of that?

Margaret Spitz, MD

0:55:07.1

I think one was the lung cancer research, because I started a database of lung cancer cases. And these were African Americans, whites and Mexican Americans, and matched controls with samples. We collected well-annotated information. And I knew this would be a great resource. And in fact, we had post-docs who worked on it and eventually became faculty. And Chris Amos built on it, and he published in *Nature*, *Genetics*, one of the first genome-wide association studies of lung cancer.

T. A. Rosolowski, PhD

0:55:47.0

Wow.

Margaret Spitz, MD

0:55:48.4

And that really solidified his reputation. And many other faculty worked on lung cancer as well. And that was the dominant part of the department. But then Melissa Bondy, for example, built a fantastic program in brain tumors. She created a Brain Cancer International Consortium, first focusing on familial gliomas and then on sporadic gliomas as well. We developed programs in prostate cancer, and a wide variety of other cancers; bladder cancer, head and neck cancers, and so on. And we worked very closely with Waun Ki Hong [oral history interview], who was a great supporter. I helped him with his former smokers, he had a chemo prevention in former smokers. In fact, it was our observation that over 50 percent of lung cancers were occurring in former smokers, of whom about 30 percent had quit smoking maybe 30 years before their diagnosis. **0:56:49.6**

So we realized that we needed to focus on former smokers. Even if you were to stop everybody from smoking on day one, we'd still have an epidemic of lung cancer for a long time. So that

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was the—and then also, we were given money by the State tobacco settlement fund. And this was the vision of the institution, I believe it was already in John Mendelsohn's time [oral history interview]. He gave substantial money to cancer prevention, and Bernard divided it out among the departments. And I decided that I didn't want to fund merely incremental research. I wanted something transformative. So what I did was, instead of funding research, which I felt should be funded by people's grants, I wanted to create research infrastructure. So we started a Mexican American cohort, which Melissa Bondy spearheaded. And that's still in existence today.

T. A. Rosolowski, PhD

0:57:50.6

What does that mean?

Margaret Spitz, MD

0:57:54.0

Well, we enrolled Mexican American households using a variety of different techniques in the Houston Metropolitan area. And it's a very important program, because they're understudied.

T. A. Rosolowski, PhD

0:58:09.5

Now are you studying this population from the perspective of only brain cancer? Or is this all—

Margaret Spitz, MD

0:58:14.7

No, all cancers.

T. A. Rosolowski, PhD

0:58:15.3

All cancers, okay.

Margaret Spitz, MD

0:58:19.2

Yes. And I wrote a grant looking at initiation of smoking cessation in Mexican American youth, building on that cohort, which was a very successful study.

T. A. Rosolowski, PhD

0:58:27.5

And that was established in the '90s sometime?

Margaret Spitz, MD

0:58:30.8

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Yes. Maybe even later. We'd have to look that up. And the other—the rest of the money I used to create the patient history database, which is ongoing now. And that was, we wanted a set of core epidemiologic data on every new patient who walks into the institution. And this would include family history, smoking history, alcohol abuse, previous medications, and so on. And originally, it was a paper form. And then it became electronic. Now I'm told it's part of the EPIC database. And this is an extremely valuable resource, because if you can link it with the tissue banks [], it enriches the tissue banks. And I'm hoping, although I don't know, that this is widely advertised and used.

T. A. Rosolowski, PhD

0:59:27.0

Yeah, it's always key to make sure people know about these resources.

Margaret Spitz, MD

0:59:31.3

And it probably should not belong in the Department of Epidemiology, but should be somewhere where it's accessible to everybody. But I don't know the status now. I can't say.

T. A. Rosolowski, PhD

0:59:42.4

Now when you—why did you step down as chair of the department?

Margaret Spitz, MD

0:59:46.3

Two reasons, maybe more. One was, I had spent a year, I had been three times to Israel to visit my mother, who was in late stage Alzheimer's. It was a very painful and difficult time. That was one reason. And on the plane coming home after her funeral, I thought there are more important things to life than just working nonstop. And number two, there were one or two very challenging faculty in the department, that I'm not going to go into any further, and that had made my life much more difficult. And I thought, number three, that it was time to turn the reins over to someone else who could take the vision and move along with it, and that I thought that I could carry on in a part-time capacity. I'd been longest in the division than anyone else. In those days, Bernard had left, and there was a new leader, Ernie Hawk. And I thought that I could provide the background and advice, and strategic direction for the division in a part-time capacity. And of course, there were financial reasons. I was on the old retirement plan, which was excellent. So those were the main reasons why I stepped down.

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Chapter 06

A Research Focus on Lung Cancer and Views on Evolution of the Field

A: The Researcher;

Codes

C: Discovery and Success;

A: The Researcher;

B: Education; D: On Education;

B: Research;

D: Understanding Cancer, the History of Science, Cancer Research;

D: The History of Health Care, Patient Care;

D: Technology and R&D;

B: MD Anderson Impact; C: MD Anderson Impact;

T. A. Rosolowski, PhD

1:01:05.0

And what did you do when you—and actually, now that we're at this place, I wanted to make sure that we picked up all of the evolutions of your own research during this time. I don't think we completed that story.

Margaret Spitz, MD

1:01:21.7

No, we didn't, probably.

T. A. Rosolowski, PhD

1:01:25.4

Yeah. So there are a couple of directions we can go, it's just sort of what next after you stepped down, in terms of administration—

Margaret Spitz, MD

1:01:29.6

Well that—

T. A. Rosolowski, PhD

1:01:29.9

Or would you like to talk about research? It's your choice.

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Margaret Spitz, MD

1:01:31.3

I think we should go back and finish that first.

T. A. Rosolowski, PhD

1:01:33.8

Okay.

Margaret Spitz, MD

1:01:34.6

So I focused almost exclusively on lung cancer. I did do head and neck cancer, because I was working with Ki Hong, but eventually I turned that over to others. And I was really interested in lung cancer because I realized that only a fraction of smokers developed lung cancer. And how did you identify that fraction of smokers who were at risk for lung cancer? And that was very important. And then the subject of lung cancer screening came up that showed that—there was a program that showed that lung cancer CT screening reduced mortality from lung cancer by 20 percent.

T. A. Rosolowski, PhD

1:02:16.9

Wow.

Margaret Spitz, MD

1:02:17.5

But the question was, there were about seven million eligible people to screen, and we couldn't afford that. How do we [identify] the highest risk smokers? I worked, and we developed a lung cancer risk prediction model, which has been changed. Now it's evolved into better models. But certainly, ours was one of the first to be published.

T. A. Rosolowski, PhD

1:02:40.7

Now tell me about that. Because that just seems like an amazing tool to have created.

Margaret Spitz, MD

1:02:48.5

Yes, but there are better ones. But we were the ones that showed that the family history was important, that a history of allergies—although that's not included in the model anymore, but we did show that people who had chronic obstructive pulmonary disease were at substantially higher risk for lung cancer. And that's now included in a model as well. So certainly we helped push the science forward, and that I'm proud of that.

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T. A. Rosolowski, PhD

1:03:18.2

So how would this actually be used? I mean, did you put it in the hands of—

Margaret Spitz, MD

1:03:24.2

Well, actually, it's on the website.

T. A. Rosolowski, PhD

1:03:24.9

Oh!

Margaret Spitz, MD

1:03:25.5

One of our younger faculty, Carol Etzel, helped to automate that model. And it's got a name. I think it's called CLEAR, C-L-E-A-R.

T. A. Rosolowski, PhD

1:03:38.1

So someone can go on the website and kind of tip boxes and figure out, wow, this is my risk?

Margaret Spitz, MD

1:03:45.3

Yes. They can.

T. A. Rosolowski, PhD

1:03:45.6

That's incredible!

Margaret Spitz, MD

1:03:47.7

Well, there are better models now.

T. A. Rosolowski, PhD

1:03:50.4

Right.

Margaret Spitz, MD

1:03:51.8

But certainly we were a little bit ahead of the game, which was great. And I also neglected to say that I had a—I was quite involved with the National Cancer Institute. I had a part-time role

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there. And Dr. von Eschenbach appointed me to co-chair the Lung Cancer Progress Review Group. And that was a very tough task. I did that with a clinician.

T. A. Rosolowski, PhD

1:04:24.8

Why was it difficult?

Margaret Spitz, MD

1:04:27.8

Jack Ruckdeschel—well, it was because our task was very difficult, A, and B, while we were writing our report and recommendations, the NCI leadership was changed. And the new leader, who was—I'm blocking on his name—he was not very supportive of our recommendations, and most of which weren't followed. So it was not the brightest. But since then, I've had many other roles at NCI, including I worked as a consultant for the extramural program, which is the Division of Cancer, DCCPS, Cancer Control and Population Sciences. But more importantly, I've worked with the Division of Cancer Epidemiology and Genetics, which is the intramural program, both when Dr. Fraumeni was in charge, and more recently with Dr. Chanock in charge. I've done a lot of work in helping to give strategic advice and direction, and reviewing tenure track faculty and non-tenure track faculty, and mentoring post-docs, and so on. So it's been a very enjoyable part of my career. I've loved it. Now I can't do any of that, because I've just been appointed to the National Cancer Advisory Board.

T. A. Rosolowski, PhD

1:06:05.3

Congratulations!

Margaret Spitz, MD

1:06:07.4

Thank you.

T. A. Rosolowski, PhD

1:06:10.3

Now, in those positions, you've also had the opportunity to watch the growth of the field.

Margaret Spitz, MD

1:06:17.3

Oh, absolutely. And we all—we know all the epidemiologists. And they know who the good players are and who the bad players are. I tell all my faculty that you have to do your best science. You have to behave collaboratively. You have to treat everybody with respect, because it's a closed, small community, and people know what's going on.

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T. A. Rosolowski, PhD

1:06:41.9

How has the field evolved since?

Margaret Spitz, MD

1:06:45.0

Oh, dramatically, because in the beginning, we had just classical epidemiology. When I was hired in the 1980s, it was epidemiology required a pen and paper. All you had was questionnaires. And in the 1990s, the concept of molecular epidemiology evolved, and we were among the first to do it. And that was including biomarkers of risk, biomarkers of susceptibility and biomarkers of exposure, in order that you could understand a little bit about the underpinnings of the process of carcinogenesis. And then in the more recently [still?] with the evolution of technology platforms, we had the ability to do genome-wide association studies. First we did candidate genes, because the technology wasn't there, so we studied small numbers of genes in small studies. And using PCR-based approaches.

T. A. Rosolowski, PhD

1:07:54.3

What would be an example of some of those studies?

Margaret Spitz, MD

1:07:55.7

Well, we looked at, for example, one or two genes and lung cancer risk. And most of these studies were underpowered. And we selected the wrong candidates. And they were never replicated, so people call this the "lost decade," when we were publishing these candidate gene studies. But with the development of high throughput technologies, it was possible to do genome-wide studies. And that really propelled the field forward. And as I said—and Melissa Bondy published a GWAS on brain tumors. I told you about Chris Amos and the lung. We published a head and neck cancer GWAS. We had never smokers lung cancer GWAS. And prostate [] and these are all large-scale collaborative studies. No one institution could do it on their own.

T. A. Rosolowski, PhD

1:08:55.0

When you're talking large-scale, how many—

Margaret Spitz, MD

1:08:55.5

Oh, thousands.

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T. A. Rosolowski, PhD

1:08:57.7

Thousands of patients involved.

Margaret Spitz, MD

1:08:59.2

And then, Chris Amos, there was an announcement, it was a U19 program for post-GWAS to begin to look at what in the era of post-GWAS, what are the next steps needed in epidemiology? And he did the lung cancer one, and I'm happy to say it was funded. And so we've had a prominent role in lung cancer since then, looking at functional studies. And now it's moved onto much more basic science functional studies, looking at gene expression, protein expression. And a lot of other interesting approaches, such as imputation of genes, and so on.

T. A. Rosolowski, PhD

1:09:44.0

What does that mean, "imputation?"

Margaret Spitz, MD

1:09:47.2

Well, because when you do GWAS, you identify a locus of interest. And this locus might contain several genes. And the locus might not be in a functional part of the gene. So we have to look and see, what is the gene involved? And what is the functional relevance of the locus? And that's the way the science is moving now. So it's very much more basic science than it's ever been before. And you have to now work with basic science colleagues. You have to work with people who would know genomics, and bioinformatics and statistical genetics. So it's team science at its best. And that is why we developed this new training program to train twenty-first century epidemiologists, because very few of them are being trained with the skills needed to conduct these very complex, high-dimensional-driven data and collaborative programs. And also, we have to change the culture at academic institutions, where they have to recognize the value of team science, because you might not—you have to be a team player, and you can't lead all the teams. So they have to recognize someone who's in the middle of a team science paper that's published.

T. A. Rosolowski, PhD

1:11:12.7

Interesting. Now when you say, "we," are you talking about Baylor? Or are you talking in general about the field?

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Margaret Spitz, MD

1:11:19.2

Well, the “we,” the Baylor has developed the training program. But “we” is much more in the general epidemiologic sense.

T. A. Rosolowski, PhD

1:11:26.8

Right.

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Chapter 07

Founding Integrative Epidemiology and New Training for the New Era of Team Science

B: Building the Institution

Codes

A: The Researcher;

C: Discovery and Success;

A: Definitions, Explanations, Translations;

A: Overview;

B: MD Anderson Culture;

B: Multi-disciplinary Approaches;

D: On Research and Researchers;

D: Understanding Cancer, the History of Science, Cancer Research;

C: Education at MD Anderson;

Margaret Spitz, MD

1:11:28.0

And the other thing I did, which I'm very proud of, is I helped—I worked with Tom Sellers from Moffitt and others, and with AACR, to develop an integrative epidemiology training workshop, which is now in its third year. It was funded by NCI, and it's very successful, highly competitive program. It's a week-long program, training epidemiologists in integrative epidemiology. And I should have said that's something I'm also very proud of. I developed the concept of integrative epidemiology.

T. A. Rosolowski, PhD

1:12:09.9

Yeah, I had that in my notes to ask you about. So maybe you can talk to me about, what is that concept that you developed?

Margaret Spitz, MD

1:12:17.1

Well, we believe—it's part of the fact that the technologies have changed so dramatically, and there is need to integrate all these omics data. And this is not only genomics, it's proteomics and metabolomics, microbiomics into epidemiologic research. And while we can't know all these omics approaches, we need to understand the language so that we can communicate with others. And we can—and this is the way epidemiology is moving. And we need to equip our

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epidemiologists with the skills and the tools to do this. So, for example, we've recruited three post-docs. And the one is focusing on integrating genomics into brain tumor research. One will be doing microbiomics of the developing gut and looking at risk of acute lymphocytic leukemia in children. And the third one will be looking at mitochondrial DNA and prostate cancer. So we have these very highly-sophisticated approaches. And each faculty, each trainee, will have a multi-disciplinary mentoring team with an epidemiologist, with one or two basic scientists with a statistician. And this is a whole new way of mentoring our [fellows]—there's no longer the one-on-one approach.

T. A. Rosolowski, PhD

1:13:54.9

Tell me what you believe are the skillsets that are needed, I mean beyond kind of the expertise in individual research areas. But what does this new team focused person need to have?

Margaret Spitz, MD

1:14:13.6

Well, I think they need to develop, to understand the lab skills in any particular area that they're interested in. So we're hoping that for a few months, they'll immerse themselves in a lab. They don't need to be doing lab research, but they need to understand it. And then they will do a project on their own, in which they will integrate data with epidemiologic data, with the help of their lab people, bioinformaticians, biostatistics and epidemiologists.

T. A. Rosolowski, PhD

1:14:44.2

It seems like that requires an unusual, really an unprecedented degree of mental flexibility.

Margaret Spitz, MD

1:14:50.5

Yes, absolutely.

T. A. Rosolowski, PhD

1:14:52.2

Yeah. And are there some people that are more suited to that kind of work?

Margaret Spitz, MD

1:14:56.7

Yes. We've had many more candidates who've applied that we've rejected, because we didn't see a focus or an interest in working with omics, or whose entire career until now had been purely classical epidemiology. We thought there would be too much of a learning curve. So we've been very restrictive in who we're inviting to participate.

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T. A. Rosolowski, PhD

1:15:26.7

Is there certain facets of culture in which team science can evolve? You know, do you—and I'm talking here not just people's technical or information-base areas, but you know, is there a certain personality type or a person who has certain kinds of interpersonal skills that you are—

Margaret Spitz, MD

1:15:51.3

Oh, absolutely, because people have to be willing to share their data and specimens, and to lose a little bit of control. And not everybody is willing to do that. Although now, the [genomic] data have to be published in dbGaP. Once the funding period is over and the first paper's published, then there's a mandate to make the data publicly available. But even then, the best way of doing research is in team science, where people understand the data and know the intricacies of the data, because some of the epidemiologic data, not only to talk about the omics data, but the epidemiology data are very complex.

T. A. Rosolowski, PhD

1:16:32.1

Now you mentioned earlier, that you said academic medicine needs to change in certain ways, to support team science.

Margaret Spitz, MD

1:16:41.0

Yes, or to recognize team science as one of the—you know, we look at papers, published grants funded, how much your educational role. But we don't give enough weight to participation in team science.

T. A. Rosolowski, PhD

1:16:55.4

What's the obstacle for doing that?

Margaret Spitz, MD

1:16:58.2

I think it's tradition. It just has to be changed.

T. A. Rosolowski, PhD

1:17:02.7

But what do those traditional academic science look at that makes team science fall through the tracks?

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Margaret Spitz, MD

1:17:10.0

Well, they look at first-authored or last-authored publications. And that doesn't always happen with team science. That's the issue.

T. A. Rosolowski, PhD

1:17:17.8

So what is—how are you thinking differently about how credit is given, or how credits should be evaluated in this kind of scenario, when multiple people are contributing?

Margaret Spitz, MD

1:17:31.5

I think there needs to be a—when I look at somebody's CV, there needs to be a good mix of first-authored, last-authored to show that they're mentoring others, and collaborative publications. There needs to be a mix and a balance. And I can't give you statistics, how much of each, it's just an impression.

T. A. Rosolowski, PhD

1:17:50.9

Yeah. No, I mean, that's kind of what I was asking. You know, what do these different mixes communicate to you about this individual's research values? So when you left MD Anderson and kind of had your track record there, what did you see in terms of the culture of team science that you were leaving behind there?

Margaret Spitz, MD

1:18:20.7

Well, I'll only speak about epidemiology. We had a lot of success in working with other programs and institutions, and forming collaborations and consortia. Not everybody in the department was on the same page, but most were.

T. A. Rosolowski, PhD

1:18:44.5

Were there training programs, or—?

Margaret Spitz, MD

1:18:46.0

Oh, yes. The training program was started by Robert Chamberlain, who you might consider interviewing as well.

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T. A. Rosolowski, PhD

1:18:53.8

Okay.

Margaret Spitz, MD

1:18:54.7

He would have a very interesting perspective. He became my deputy department chair. And he had the largest and longest standing training program in cancer prevention. And it's still ongoing now. But I think they're looking to refund it. I think they're resubmitting it.

T. A. Rosolowski, PhD

1:19:12.7

And he shared your vision for team science?

Margaret Spitz, MD

1:19:15.4

Well, it was different, because his was not only epidemiology, it was behavioral science, clinical cancer prevention. And so it was a different approach. Totally different approach. But he certainly shared my vision of where the department should be going. But his training program was different.

T. A. Rosolowski, PhD

1:19:35.7

Interesting. And this was for fellows?

Margaret Spitz, MD

1:19:39.7

Pre and post-docs.

T. A. Rosolowski, PhD

1:19:42.0

Pre and post-docs. Okay. Did we finish up the story of your research?

Margaret Spitz, MD

1:19:48.1

I think we covered enough.

T. A. Rosolowski, PhD

1:19:50.4

We did? Okay. I noticed you looking at your watch. Do you kind of want to—do you have things you need to turn to today?

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Margaret Spitz, MD

1:19:56.8

No, but I'm quite tired, actually.

T. A. Rosolowski, PhD

1:19:57.5

Oh, okay. Then that's a good reason to say let's stop for today.

Margaret Spitz, MD

1:20:02.0

Okay. I think I wouldn't—

T. A. Rosolowski, PhD

1:20:03.0

That's fine.

Margaret Spitz, MD

1:20:03.3

Because we've done one and a half hours.

T. A. Rosolowski, PhD

1:20:05.5

We have, yes.

Margaret Spitz, MD

1:20:06.2

And it went very quickly.

T. A. Rosolowski, PhD

1:20:09.3

It did. Well, good. Well, let me just close off for today. I just want to say for the record that the time is 10:37. And I wanted to thank you for your time today.

Margaret Spitz, MD

1:20:20.4

It's a pleasure. I actually enjoyed going back in time.

T. A. Rosolowski, PhD

1:20:22.6

Yeah? Good. Good. Well, I look forward to our next conversation.

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Margaret Spitz, MD

1:20:26.3

Absolutely.

Margaret Spitz, MD

Interview Session Two: November 1, 2016

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Interview Identifier

T. A. Rosolowski, PhD

0:00:01.3

Today is November 1st, 2016. And today I'm at the Baylor College of Medicine for my second session with Dr. Margaret Spitz. So thank you very much. And we found a quieter room today.

Margaret Spitz, MD

0:00:13.0

Yes, we sure did.

T. A. Rosolowski, PhD

0:00:13.9

No, none of the Texas Medical Center construction in the background.

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Chapter 08

Reflections on Career, Mentoring and Leadership

A: View on Career and Accomplishments;

Codes

A: Personal Background;

A: Definitions, Explanations, Translations;

C: Leadership; D: On Leadership;

C: Mentoring; D: On Mentoring;

Margaret Spitz, MD

0:00:17.8

Well, and November the 1st, is actually an interesting day, because it's my eldest, my oldest grandchild's birthday. And he turned 17.

T. A. Rosolowski, PhD

0:00:27.8

Wow.

Margaret Spitz, MD

0:00:29.0

So it makes me realize how time is marching on and how important it is to carpe diem and take advantage of every day.

T. A. Rosolowski, PhD

0:00:39.5

Is there something that you would like to plan to seize today, or in the near future?

Margaret Spitz, MD

0:00:46.3

Well, I think I would like to spend more time with my grandchildren, I think, and try and influence them the way I've tried to influence junior faculty—(cellphone rings)

T. A. Rosolowski, PhD

0:01:02.3

Well, that's quite a lovely ringtone.

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Margaret Spitz, MD

0:01:03.7

Sorry about that. (laughter)

T. A. Rosolowski, PhD

0:01:05.3

That's all right.

Margaret Spitz, MD

0:01:07.0

The way I was able to influence, or try and mentor young faculty, I would absolutely love to be able to do the same and more with my grandchildren.

T. A. Rosolowski, PhD

0:01:20.9

Tell me a bit about the whole mentoring piece. I was actually—that was one of the things on my list to ask you about later, because education is obviously really key, and you're doing a lot of mentoring.

Margaret Spitz, MD

0:01:30.7

Yes. Well, I think that was, to me, the most challenging, the most difficult, but the most rewarding part of my career. And as department chair, I spent more time helping the junior faculty than probably any other component, perhaps with the exception of dealing with some difficult administrative issues. It was certainly the part that I realized, or I believe was critical to a successful department chair.

T. A. Rosolowski, PhD

0:02:05.3

Now what were some of the issues that would arise that you found that you needed to bring a mentoring hand to?

Margaret Spitz, MD

0:02:11.8

Well, for example, in grant submission. I would always help defining the specific aims of a project, because I always told the young faculty that the reviewer had decided by the end of the first page of the grant, reading the specific aims and the significance, whether he or she was going to fund that project. And that was—that more time should be spent on that than on anything else. I also told them I had the philosophy of KISS—Keep It Simple, Stupid. And I always said that reviewers never said there were not enough specific aims. The criticism always was they had too many specific aims, and this project is over-ambitious. So those were the types

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of—and as I spent a lot of time helping them with specific aims of a project, less so with background, significance, preliminary data. But certainly I stressed the importance of the first page of any grant application. So that was one way. I helped with manuscript writing, with deciding who should be co-authoring the manuscript. I always taught them that inclusion was so much better than exclusion. You know, try and be as inclusive as possible. Rather err on the side of inclusion than exclusion.

T. A. Rosolowski, PhD

0:03:36.9

Why did you feel that was so important?

Margaret Spitz, MD

0:03:38.2

Because, so this is the era of team science. And we have to recognize everybody's contribution to a project, even if it was only by giving samples or data, or even advice. But I, myself, never really cared. I didn't want to be on any of their papers, unless I felt I had materially contributed to the science of the project. So very often I wasn't even featured on the paper. And that never bothered me at all. I always felt the success of the junior faculty was a reflection on my own success as a chair. So I felt that it was a win-win situation in all aspects.

T. A. Rosolowski, PhD

0:04:18.4

Now if I'm remembering correctly, you didn't have an awful lot of mentors in—

Margaret Spitz, MD

0:04:24.4

No, I had very few, if any. And that was why I realized how important it was to have mentors. So I always say, "Do as I say, but not do as I did."

T. A. Rosolowski, PhD

0:04:36.0

How do you think things would have been different if you had a mentor? What kind of mentor would you have found helpful?

Margaret Spitz, MD

0:04:42.8

Well, for example, I never knew how important it was to write grants and to be funded. Nobody told me how to write a grant, or how grants were reviewed. This was something I learned by trial and error. And perhaps when I went onto a study section was the first time I realized how important it was to be a fair and accurate reviewer, because one could destroy people's careers. In the very first days of study section, we used to get paper copies. And when we were finished

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with a grant, we used to throw them into big cardboard boxes. And I used to think we're throwing people's careers into the boxes.

T. A. Rosolowski, PhD

0:05:27.5

Wow. That's a very sad image.

Margaret Spitz, MD

0:05:30.1

And in those days, it was much easier to get funding, the percentile was much higher. Now it's really tough, especially for young people. And I feel very sorry for people struggling to get funding.

T. A. Rosolowski, PhD

0:05:43.0

What kind of mentor would have been helpful to you, do you think? What are some other key issues?

Margaret Spitz, MD

0:05:49.3

Well, I think scientific mentors and perhaps career mentors as well. Both types of mentors are helpful.

T. A. Rosolowski, PhD

0:05:56.7

What's the difference?

Margaret Spitz, MD

0:05:59.3

Well, a scientific mentor is somebody who will give you advice in terms of the science of your program. You know, help you with defining the aims, what preliminary data are important, what the translational potential of the grant is, what the next steps should be, and so on. A career mentor does not need to have technological expertise in your particular area of research; rather, they need to teach you how to mentor, how to become involved in team science, how to volunteer to serve on study sections, and how to become involved in committee meetings, programs, and so on. And they don't—of course, the two can be combined, and that's fantastic. But it's not always necessary. On the other hand, mentors must have the recognition, the national and international recognition, so that they can nominate you for awards. They can recommend you for study sections. They can suggest that you give a talk in a scientific national meeting, and so on. So they can play critical roles in helping junior faculty move forward in their careers.

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T. A. Rosolowski, PhD

0:07:27.0

When did you begin to think about your own professional path as a career, that you were making active choices in?

Margaret Spitz, MD

0:07:35.8

Well, you know, it just happened without—that's not the answer I should give, but that is the truth. It just happened. As I said before, I was lucky to be in the right place at the right time. But as I tell the young people, it's not enough to be in the right place at the right time. You have to recognize that you're in the right place at the right time. Otherwise, it's neither the right place nor the right time. So I was just lucky. And I jumped on opportunities that were offered. I don't think it would happen again so easily. I think I was just lucky. Very lucky.

T. A. Rosolowski, PhD

0:08:15.5

It's a different time now.

Margaret Spitz, MD

0:08:16.7

It's a different time now.

T. A. Rosolowski, PhD

0:08:17.6

Very different environment, too.

Margaret Spitz, MD

0:08:18.7

Absolutely, yes.

T. A. Rosolowski, PhD

0:08:22.2

Now, I wanted to ask you too about leadership issues, you know, because obviously you've had some really key roles in shaping departments, programs. How do you feel—maybe I should ask you what kind of leader do you feel you are? What are your real strengths?

Margaret Spitz, MD

0:08:44.2

Well, I try to be a democratic leader, in other words, to involve the faculty in decision making. It didn't always work, but when it did, it was great. And when it didn't work, I felt you had to be a

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benign despot, with an emphasis on benign. So that was number one. Number two, I think to be successful as a leader, you have to feel that you've achieved everything you want for yourself. And now, all the achievements must go to the department and to the faculty. And I always noted that department chairs who hadn't yet reached their peak in their scientific career were often not good department chairs, because they still were fighting for their own careers, and they didn't have the time and the broad perspective to help fight for their junior faculty's careers.

T. A. Rosolowski, PhD

0:09:37.6

That's a theme I've heard repeated in these interviews.

Margaret Spitz, MD

0:09:40.6

Oh, really?

T. A. Rosolowski, PhD

0:09:41.3

Yes. It's very interesting. Over and over, people say—

Margaret Spitz, MD

0:09:44.4

And I've often, you know, and I could see sometimes when people were selected to become department chairs, I could tell this one is ready, this one's not ready. And I was very sad to say I was often correct.

T. A. Rosolowski, PhD

0:09:59.0

Interesting. Now in terms of your developing yourself as a leader, how do you feel that happened? And what were the challenges for you along the way? And we can go into—

Margaret Spitz, MD

0:10:11.6

Well, I had no training as a leader at all. And I never thought of myself as leader. At one stage, I was sent by MD Anderson to an executive leadership program at Rice. And we met every Friday afternoon. And I loved those programs. They used the Harvard Business School model, and we often worked in teams. And I knew immediately whose team I wanted to be on, because there were certain people who were just innately good leaders and did well. And it was a great experience, and I did learn a lot from that experience.

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T. A. Rosolowski, PhD

0:10:48.8

What were your big takeaways from that? What did you learn about yourself? What did you learn about how to act?

Margaret Spitz, MD

0:10:58.2

Well, I learned that you had to look at the whole picture, you had to consider the circumstances. But in the end, the buck stops with you, and you have to make the decision. And you have to be proactive. And you have to address problems before they become pervasive.

T. A. Rosolowski, PhD

0:11:15.9

What were some of the biggest challenges you felt you had to confront in your leadership roles?

Margaret Spitz, MD

0:11:20.0

Well, I was representing epidemiology, which was not a top tier discipline early on. So I always—I felt that I was considered a second class citizen in the beginning, but then when the SPORE programs came on, it was required that each SPORE program had a population science project. And very often they wanted an epidemiology project. So all of a sudden, we were in tremendous demand. And all of a sudden, we became part of the scene, the MD Anderson scene. And that was very gratifying. And at one stage, I think we had projects in seven or eight spores.

T. A. Rosolowski, PhD

0:12:06.0

Oh my gosh. That's huge.

Margaret Spitz, MD

0:12:06.3

So it was great for the department.

T. A. Rosolowski, PhD

0:12:07.8

What advice would you give? What advice do you give as you're mentoring for younger people coming up, and trying to think about leadership roles?

Margaret Spitz, MD

0:12:19.4

That's an interesting question. I think they have to show innately that they are destined for a leadership role. Some people will never have a leadership role. And that's okay, too. There are

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many people whose science is outstanding, but who have very poor administrative skills. And they shouldn't try—they should try to focus on this science, and be a scientific leader in their team, and not worry about administrative roles. So I think it depends on the person and their own successes and failures. So I don't think you can give overall advice. Each person is unique, and has unique skills and attributes, and failures and difficulties and challenges.

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Chapter 09

Working through Challenges for Women at MD Anderson

A: Obstacles, Challenges, Barriers;

Codes

A: Experiences Related to Gender, Race, Ethnicity;

B: Building/Transforming the Institution;

C: Mentoring; D: On Mentoring;

T. A. Rosolowski, PhD

0:13:13.7

Do you see differences between young men coming up, young women coming up? And—

Margaret Spitz, MD

0:13:18.5

Yes. Well, of course, it's a much harder challenge for women because many of them are in their reproductive age and they want to have children, and some of them are dealing with—they're the sandwich generation; they have children and they have elderly parents to contend with. And it's a great challenge. And I always say you have to establish your priorities at each phase of your life. And the priorities change as the circumstances of your life change. And if you stick with your priorities, you will never have difficulties. And you can have everything, but not just at the same time. So those are some of the messages I've given women. But I've also said, you know, you can always write a grant, but you can never revisit your child's first steps or their first soccer game. And at the end of their careers, nobody ever says, "I wish I'd worked harder." But they do say, "I wish I'd spent more time with my family." So you have to be very careful, and you have to make wise choices all along the way.

T. A. Rosolowski, PhD

0:14:29.6

Now I remember the last time we spoke, you talked about making the very conscious decision to keep your family a very important part of your life.

Margaret Spitz, MD

0:14:35.7

Yes. Well, I worked part-time for quite a long time, until I felt my children were ready to care for themselves. And I've never felt guilty about my children, and I'm happy that I've nev— but I know it's a tough challenge. And I was luckier than most.

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T. A. Rosolowski, PhD

0:14:54.6

Now tell me about the situation for you and for other women at MD Anderson when you first came, because I'd like to get a picture—it was an interesting time.

Margaret Spitz, MD

0:15:07.5

Yes. Well, when I first came, I remember all the rules and regulations were written as if all the faculty were men, and everything was, “his.” And we had to change that. Then there was a Faculty Wife’s Association, as if all the faculty were men. But that eventually got changed to Faculty Spouse’s Organization, which was a good change. And I think it was in the beginning very male-dominated, the faculty. But there were a few senior women, and among them was Liz Travis [oral history interview] and Margaret Kripke [oral history interview]. And I remember that the three of us were asked to help women’s faculty issues, and we did a review of the salaries. And we actually found that there were inequities in salaries between men and women, I think particularly in the clinical arenas. And the institution adjusted the faculty salaries accordingly, and that was very gratifying.

T. A. Rosolowski, PhD

0:16:16.4

Was that controversial?

Margaret Spitz, MD

0:16:17.3

No, I don’t think so. Well, if it was, I certainly didn’t hear about it. And then we developed a plan for freezing tenure track. And this was for women who were planning to have babies, or maybe they were caring for a sick parent, and so on. And this was an approach that could only be done prospectively. You couldn’t look back and say, “Oh, I had a terrible year. I didn’t have any grants, and I’ve had very few publications. Let me ask for a tenure freeze.” It had to be prospectively. And in fact, the very first person who applied for one, received a freeze, was a male faculty. I think he was going to the Iraq War or something, but he got a tenure track freeze. And I think it was a very sane and humane law. And I’m sure it’s still ongoing now.

T. A. Rosolowski, PhD

0:17:08.2

Many times when there are programs like that put into the institution, people who take advantage of them are considered kind of not serious about their work. Did you find that there was conversation about that? That it required—

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Margaret Spitz, MD

0:17:23.4

No, I never heard about that. I'm sure some people did think that. But of course, MD Anderson is unique. It was one of the first Cancer Centers to appoint Liz Travis as a vice president for women's faculty issues. And that was really far-seeing. And we did surveys. I think she's done a fantastic job. She was always nominating women to be on committees, and so on. And I remember once I was asked to be on some committee, and I thought to myself, I know I'm only being asked because I'm a woman. Should I do it, or shouldn't I? And then I thought, no, I must do it to show that they put me on for the wrong reasons. And I did it.

T. A. Rosolowski, PhD

0:18:06.9

Why was it the wrong reasons?

Margaret Spitz, MD

0:18:08.5

Well, the reason that they put me on, I felt, was only because I was a woman. Not because I was the right person for the committee membership.

T. A. Rosolowski, PhD

0:18:15.3

Interesting. And so you didn't feel you could contribute adequately?

Margaret Spitz, MD

0:18:20.4

So I went on the committee, and I felt that I showed them that not only was I a woman, but I was equal to the task.

T. A. Rosolowski, PhD

0:18:27.3

Oh, interesting. Okay. Very interesting. Okay. Okay, what are some changes that you saw? Because you were at the institution almost 20 years.

Margaret Spitz, MD

0:18:36.0

No, it was longer than that.

T. A. Rosolowski, PhD

0:18:37.6

Longer than that.

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Margaret Spitz, MD

0:18:40.0

But don't forget, for many of those years, I was very under the radar and pretty junior, and not really aware of the workings of the senior [leadership]. So it was only in the last few years that I was much more aware of what was going on.

T. A. Rosolowski, PhD

0:18:51.9

Well, what did you observe, though, in terms of changes for women? What were the changes that have occurred at the institution over the course of your tenure there?

Margaret Spitz, MD

0:19:03.3

Well, at the beginning, there were very few women in senior positions. I think Margaret Kripke was the first department chair. And Ellen Gritz [oral history interview] was, I think, the second. And I think I was the third. And I was the first MD to be a department chair. Now, of course, there are many department chairs. And in fact, what really brought this home to me, I received the Faculty—what is it called? After one has retired from MD Anderson, then there's a—for a certain number of years, there's an award that's given to—the [Distinguished] Faculty Alumnus [Award]. I received that this year.

T. A. Rosolowski, PhD

0:19:49.9

Oh!

Margaret Spitz, MD

0:19:50.3

And among perhaps the most exciting part of that award was a luncheon that was held for senior women faculty. And it was—I thought there would be maybe three or four women, but the room was full. There must have been over 20 women there. It was a really gratifying experience to know how many senior faculty women there were. And then, of course, you know the book that Liz created, *Legends*—

T. A. Rosolowski, PhD

0:20:16.2

Legends and Legacies.

Margaret Spitz, MD

0:20:18.6

—*and Legacies.* And that gorgeous photo.

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T. A. Rosolowski, PhD

0:20:22.1

That was such—

Margaret Spitz, MD

0:20:22.6

That was Photoshopped, but it was a fantastic picture. I have it hanging in my home.

T. A. Rosolowski, PhD

0:20:29.6

It's all of the pictures of all the women in cocktail dresses and eveningwear, and stuff.

Margaret Spitz, MD

0:20:31.8

Yes.

T. A. Rosolowski, PhD

0:20:34.1

Yeah, you can (inaudible).

Margaret Spitz, MD

0:20:34.6

And actually, I was opposed to that. I felt that it should show initially, but I realized I was wrong. I felt that the women should be in their workday clothes, because we're not trying to glorify women's looks and graces. But in fact, I was wrong, because it's a magnificent picture. And actually, I always tell a story. I told it last night to someone. I was on the study section for quite a long time, and then I rotated off, as one does. And I was at a scientific meeting, and one of the men said, "Oh, we've missed you so much on the study section." And I thought, how wonderful, he's going to say, "We miss your insightful reviews." But he said, "No," he said, "You always wore such bright, gorgeous colors. We miss the colors." And I was devastated! So that ties in with what clothes one wears, right?

T. A. Rosolowski, PhD

0:21:32.1

Well, hopefully he also missed your insightful—

Margaret Spitz, MD

0:21:33.8

Well, he didn't say that. (laughter) Anyway—

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Chapter 10

A Look Back at Institutional Change and a Legacy Left

A: View on Career and Accomplishments;

Codes

B: Growth and/or Change;

B: MD Anderson Culture;

B: Working Environment;

C: Discovery and Success;

D: On Research and Researchers;

D: Understanding Cancer, the History of Science, Cancer Research;

T. A. Rosolowski, PhD

0:21:38.1

Are there any other observations you have of how things have changed?

Margaret Spitz, MD

0:21:42.3

Well, you know, I haven't been at MD Anderson for quite some time. And certainly I left before Dr. DePinho [oral history interview] took over. So I cannot comment on anything since he's—but I felt that Dr. Mendelsohn was supportive of women and women's issues. He always treated women with respect.

T. A. Rosolowski, PhD

0:22:06.7

What are some other changes that you've seen, you saw at MD Anderson? I'm kind of looking at over the long-term. What were big periods of institutional change that you recall? And what happened at those moments?

Margaret Spitz, MD

0:22:24.0

Well, I remember one was MD Anderson originally had no requirements that there be faculty salaries on grants. And Dr. Mendelsohn put in place a very reasonable 30 percent of one's salary should be on grants. I mean, Harvard at that time was probably 80 percent on grant. I think it's now 90 percent. And some of the faculty were in an uproar about it. But in fact, I think it was probably a very wise decision. We needed to become much more like other cancer centers.

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T. A. Rosolowski, PhD

0:23:01.6

Why is that important?

Margaret Spitz, MD

0:23:01.9

Well, it's unheard of that there shouldn't be a requirement for faculty to have some of their salary on grants. Every cancer center does it. Every academic institution does it. Actually, it must make people envious of MD Anderson if they don't do it. I think the thought is, well, they're obviously so rich, they don't need the money. So I think it was a very wise decision. That was one major change. And then, of course, I think—you know, I think to ask about the climate at MD Anderson and the political changes, and the changes in referral of patients and so on, self-referral versus referral by physicians, there are people much better able to discuss that than me. Those didn't impact me directly, and therefore, I can't really comment on those, although they had major impacts on MD Anderson. I think MD Anderson grew very quickly. There were so many buildings built and changes made, that inevitably the culture of the institution changed. Originally it was a much smaller institution, and you knew many of the people, the junior and the senior, and you knew the administrators. And it was a much more personal relationship. Now it's so much bigger, and it's far less personal.

T. A. Rosolowski, PhD

0:24:33.0

Did you find that that growth and that kind of weakening of personal relationships changed the way you had to do your own work?

Margaret Spitz, MD

0:24:40.6

Yes, I'm sure it did.

T. A. Rosolowski, PhD

0:24:42.2

How—can you think of some ways?

T. A. Rosolowski, PhD

0:24:42.6

You didn't—there were more layers, you couldn't go directly to the person involved. You had to—there was much more bureaucracy, which is never efficient. But of course our own division grew rapidly, and we got our own building. And those were very trying times, when we had to plan the building, we had to plan the layout of our department. We had to plan on how we would situate the faculty, what sort of offices, and how the support staff would be situated, what would be the culture of the department.

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T. A. Rosolowski, PhD

0:25:16.9

Tell me about those decisions.

Margaret Spitz, MD

0:25:18.8

Well, many of them were made for us. For example, in the old days, there was great variation in department chair office size. And of course we moved around the Houston main building so much that I went from a tiny office, and at one stage they had no room for us, so we were placed in Dr. LeMaistre's old suite. And I had this enormous office with a private bathroom. And then at other times, I had a tiny office. But when we moved to the new building, there was strict criteria in place so that department chairs had an office configuration. The deputy department chair had a configuration. The faculty had specific office sizes. And not everybody was happy with those decision, but they were not my decisions. They were made by the institution.

T. A. Rosolowski, PhD

0:26:10.4

What about the decisions you referred to regarding culture? What was some of the issues you had to go through?

Margaret Spitz, MD

0:26:16.0

Well, I was a firm believer that it was not only the scientific culture, but the quality of life in the department. So, for example, I formed a care team, which were representatives of the faculty and the administrative staff and support staff, and program directors, and so on. And these people would—they had Jolly Trolley, for example. They'd hand out snacks and treats at certain times. They would organize the holiday party every year. They would organize special events, and recognize birthdays and special events in the people's lives. And I think that sort of quality of life is important. For example, after 9-11, every year we had a 9-11 commemoration event. Obviously it wasn't a party, but what we did was, we used to recite the Gettysburg Address. I don't know if I told you about that last time.

T. A. Rosolowski, PhD

0:27:29.0

I think you may have mentioned that last time.

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Margaret Spitz, MD

0:27:29.4

Yes.

T. A. Rosolowski, PhD

0:27:30.1

Yeah.

Margaret Spitz, MD

0:27:30.4

And unfortunately, it's no longer done, and I think that's sad.

T. A. Rosolowski, PhD

0:27:34.3

I think the recognition that they're actually human beings rather than functions in a department.

Margaret Spitz, MD

0:27:41.2

Yes. And we used to recognize all of the post-docs when they completed their program, or when the pre-docs completed their doctoral degrees, we tried to honor and recognize all these people. And then, of course, if there were tragedies, like somebody had a fire or a flood in their home, we tried to organize and help each person.

T. A. Rosolowski, PhD

0:28:09.9

What are some things that you hope, and when you left in 2010, what are some things that you hoped would be carried on?

Margaret Spitz, MD

0:28:18.4

Oh, I hoped the department would go from strength to strength and continue to be a first-rate department that was highly regarded throughout the epidemiology community. That was my hope, because it's like my baby or my grandbaby. I started it from nothing, and I worked very hard to achieve it.

T. A. Rosolowski, PhD

0:28:43.7

Yeah. I had just one additional question, which was about the field of integrative epidemiology. And you talked a good deal about that last time. But I wondered if you could tell me kind of, what do you think is the power of bringing all the sciences together, and kind of in the long-term?

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Margaret Spitz, MD

0:29:03.7

Well, I think this is the way epidemiology is moving. You know, when I started in the 1980s, our instruments of use were a pen and paper. That was all we had, and we could question patients and look at correlations between lifestyle and risk of cancer outcome. And all we had for genetic susceptibility to disease was family history. We've come a tremendous way now. We have these high throughput technologies. We have very advanced biostatistical and bioinformatical approaches to analyze these high dimensional data. We have brand new disciplines like System Biology, Functional Genomics, Microbiomics. And I think we have to educate epidemiologists to enter this new era of team science and multi-disciplinary research. Obviously, no one person can understand all these new technologies. But they need to understand and develop a common language so that they can interact with scientists and other disciplines, and they can become members of the team and conduct transdisciplinary research.

0:30:29.5

When we started with technology, we had PCR. And we could look at a specific polymorphism in a specific gene, in maybe 100 or 200 subjects, that was all we could do. And these studies were underpowered. And we selected candidate genes with very little knowledge of their functional relevance, and we found some significant results. I suppose you could consider it beginner's luck. But a few of these studies were replicated. We had no idea of the functional relevance of the genes that we identified. And we entered an era of—I think it was almost despair, where epidemiologists were considered to be promoting false hypotheses, they were over-exaggerating results. We'd found everything that we could possibly find, and we needed to leave all this work to lab scientists. That was the prevailing feeling. But fortunately, that didn't last too long.

T. A. Rosolowski, PhD

0:31:41.3

Wow. You hadn't mentioned that at that time. I mean, was that a period where it was difficult to attract people to the field, even?

Margaret Spitz, MD

0:31:44.7

No, not so much. But it was a difficult time to get recognition for epidemiology, because people were writing editorials criticizing epidemiology.

T. A. Rosolowski, PhD

0:31:57.0

Oh, well. So what made you keep the faith during that time?

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Margaret Spitz, MD

0:32:01.2

Well, I had no choice. I had no other training.

T. A. Rosolowski, PhD

0:32:07.5

Right. Right.

Margaret Spitz, MD

0:32:09.1

And I think we overcame those hurdles. We overcame—I think they called it the “lost decade.” And I think epidemiology now is going from strength to strength. And if I were a young person starting out now, I’d be thrilled to be studying epidemiology. I think the prospects are golden.

T. A. Rosolowski, PhD

0:32:33.4

Is there anything else that you would like to add this morning?

Margaret Spitz, MD

0:32:37.0

No. I think I’ve said more than enough. Probably regret 50 percent of what I’ve said. (laughter)

T. A. Rosolowski, PhD

0:32:43.8

Oh, I hope not! Well, I wanted to thank you for taking the time this morning.

Margaret Spitz, MD

0:32:47.4

It’s my pleasure.

T. A. Rosolowski, PhD

0:32:49.0

If there’s nothing else you’d like to add?

Margaret Spitz, MD

0:32:52.2

Well, MD Anderson was such a nurturing, caring, warm environment when I started. And when I look back, I realize, and I’ve visited many other cancer centers, and I’m at a different cancer center now. I think MD Anderson is unique in the resources it has in the caring clinicians, in the collaborative scientists. And I hope this won’t change. Perhaps it has. Many people—I read a lot, and I hear a lot. I have no way of knowing whether it’s true or not, but MD Anderson, in my

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day, certainly was a caring environment where money was not the bottom line. Caring for the patient was the bottom line. And the clinicians were truly exceptional. And they were very helpful in terms of generating research for us. They were wonderful collaborators as well.

T. A. Rosolowski, PhD

0:33:57.1

Well, thank you for that.

Margaret Spitz, MD

0:33:58.4

Sure.

T. A. Rosolowski, PhD

0:33:59.0

And I'm turning off the recorder at about 10 minutes after 10.