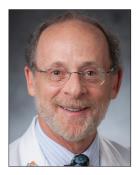
RESIDENT VOICE



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Journeys to radiation oncology

Anna M. Laucis, MD, MPhil

Radiation oncology is an amazing field with opportunities to foster meaningful patient relationships and professional collaborations. I have had the privilege to learn from many incredible mentors and was curious about their paths to radiation oncology. David Brizel, MD, a Leonard Prosnitz professor of radiation oncology at Duke University, and Caitlin Schonewolf, MD, assistant professor of radiation oncology at the University of Michigan, graciously took time to reflect on their journeys to this awesome specialty.

AL: What led you to consider a career in radiation oncology?

DB: This question really starts with Question 0, which is how did I find out about the field? My father is a retired radiation oncologist, so as a kid I have various memories of going to the radiation center at the University of Louisville with my father and seeing the equipment. The machines were massive. I didn't know what a tumor was but knew these were machines that my dad used to treat patients. One of them was one of the first isocentric cobalt machines, and it needed a trap door to open when it rotated to the PA (posterioanterior) position so it wouldn't slam into the floor. That was really cool to see. The other machine was a betatron. The betatron was massive and suspended from the ceiling. It was a fixed unit and patients were positioned by moving them on their stretchers beneath the treatment cone. That machine was to-tally impressive.

As I grew older, I knew he used radiation to treat cancer. It wasn't foreign to me. I knew it was out there as a career possibility. Nevertheless, in medical school, my dad didn't push me toward any particular specialty. I loved surgery, absolutely loved surgery, and I also liked oncology. So for some time, I thought about being a surgical oncologist.

Then toward the end of my third year, I was home for spring break. It was near the end of my vacation, in March/April of 1982. My father was involved in a symposium on the management of early stage breast cancer. Lumpectomy plus radiation therapy (RT) was a relatively new and controversial treatment. David Kinney from Memorial Sloan Kettering was advocating mastectomy and debating Jay Harris from Harvard, who was advocating lumpectomy plus RT. I went to the debate, was introduced to Jay Harris, and was invited to do a 4th-year rotation at the Joint Center for Radiation Therapy. So I went. I met many of the luminaries in our field, several of whom have gone on to win the ASTRO Gold Medal.

While at Harvard, I was impressed with the evidence-based approach of the program. I remember cases being presented and analyzed in an intellectually rigorous

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way with emphasis on the Socratic method. The focus was on "What are the issues" and "What are the data?" It was the first time in medical school that I had experienced this type of competitive challenge. I subsequently chose to go into radiation oncology. I liked seeing patients and there were plentiful opportunities for integrating them into research. I liked that it taught me how to think, to develop a set of tools to solve problems.

CS: I always had an interest in oncology, but I didn't consider radiation oncology until the end of my second year of medical school when I was paired with a radiation oncologist for our patient-centered medicine course. His rapport with patients, compassion, and depth of knowledge exemplified the type of doctor I wanted to become. I worked closely with him, not only to learn the mandatory H&P (history and physical) skills through the course, but also to explore radiation oncology. I enjoyed the clinic, learning about the technology and interacting with each part of the radiation team (therapy, physics, dosimetry, etc). I also enjoyed the translational research projects I was involved with in the lab, seeing the connection between radiation biology and the clinic. Through these interactions, I realized that radiation oncology was the right fit for me.

AL: What do you like the most about being a radiation oncologist?

DB: I like that it's a field that has evolved throughout my career. It's never the same job two days in a row. It provides the ability to be intellectually and emotionally fulfilling. The clinical and research challenges provide numerous opportunities to meaningfully improve patients' lives.

CS: The part I love most about being a radiation oncologist is the relationship I am able to have with my patients. Our field is unique in that we see patients for consultation and then at least once a week during treatment, which can be several weeks long. This allows an intense doctor-patient relationship to form. I think there is great satisfaction in developing a close relationship with patients and being able to have an impact on the patient, whether it is to cure or to help alleviate symptoms with radiation treatment.

AL: What advice do you have for students considering a career in radiation oncology?

DB: At your medical school, if there is an opportunity to spend time in the radiation oncology department during core clerkships, then do a rotation. Approach the program director and ask about opportunities to shadow. If there is time in medical school for blocked research, find a way to do research in radiation biology or other radiation sciences. It is also important to spend time gaining exposure to the oncologic disciplines. Radiation oncology also requires an understanding of both medical and surgical oncology. It is a hands-on field like surgery that requires an in-depth knowledge of anatomy. It's not just the knowledge but also the meticulous attention to technique that matters. We also understand and exploit cancer biology, which has traditionally and mistakenly been considered in the purview of medical oncology. Acquiring an understanding of the roles of the different oncologic disciplines can help with deciding whether radiation oncology aligns most with your interests.

CS: Radiation oncology is a wonderful field of medicine that brings together technology, imaging, and human connection through cancer care. If you are considering a career in radiation oncology, I would encourage you to get involved in all aspects of radiation treatment in the clinic and through research to make sure it's a good fit for you. When you come across a physician who exemplifies the type of doctor you want to be, work closely with that person to develop a good mentoring relationship and help guide your career path in radiation oncology.

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