

Report

MD Anderson Cancer Center

Japanese Medical Exchange Program 2018

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## Personal Mission and Vision from JME Program 2018

### •Mission:

(Japanese) 効果的な多職種チームで早期臨床試験やトランスレーショナル研究を行い、日本の新薬開発を促進する

(English) My mission is to promote the biomarker-driven drug development through early phase clinical trials and translational research with a multidisciplinary professional team.

### •Vision: (Long-term)

(Japanese) バイオマーカーや遺伝子変異に伴う個別化医療を確立させ、あらゆる進行がん患者に治療選択肢を提供する

(English) My vision is to provide the novel treatment options for all patients with advanced cancer through biomarker or genotype-based drug development.

### •Vision: (Mid-term)

(日本語) 乳癌を中心とする新規抗がん薬早期開発のリーダーとなり、世界に遅れることなく革新的な治療選択肢を提供する

(English) My vision is to become a leader of the early drug development focused on advanced breast cancer and provide novel anti-cancer treatment without delay to the world.

## **1. Purpose**

Purposes of the Japanese Medical Exchange 2018 (JME2018):

Through the program in MD Anderson Cancer Center (MDACC),

1. To develop leadership and communication skills to foster better multidisciplinary cancer care.
2. To get experience with the MD Anderson multidisciplinary cancer care approach in the clinical setting.
3. To understand the philosophical and practical differences in the Japanese and American medical systems.
4. To develop an individual career plan, which will lead to implementing their personal mission and vision.

Training period: from August 30 to October 7, 2018

## 2. Methods

### JME2018 Contents of Training

#### Training on Team Oncology

- Clinical observations with physicians, physician assistants (PA), nurse practitioners (NP), clinical nurses (CN), Clinical Pharmacists (CPh), and other professions.
  - Breast Medical Oncology outpatient clinic
  - Breast Surgical Oncology Clinic
  - Stem Cell Transplant in-patient round
  - Breast Surgical Oncology surgery observation
  - Radiation Oncology Clinic
  - Radiology Department
  - Pathology Department
  - Breast Survivorship Clinic
  - Infusion Clinic
  - WOCN (wound/ostomy/continence nursing) round
  - Ambulatory Treatment Center
- Observation in Multidisciplinary Clinic
  - Inflammatory Breast Cancer Consensus Conference
  - Gynecology Conference
- Lectures on Nursing
  - Education, professions, research in nursing, Nursing Practice Congress, Primary Team Nursing
  - Safety control/quality control system
- Observation of antimicrobial stewardship
- Special observation: Houston Hospice, MDACC Woodland (Breast Surgical Oncology)
- Participation in Nursing Ethics Round
- Participation in 22<sup>nd</sup> Annual Interdisciplinary Conference on Supportive Care, Hospice and Palliative Medicine
- Presentation of the JME2018 project

#### Training on Leadership/Career Development

- Lectures/workshop on leadership and communication
  - Difficult Conversations, Mentoring, Leadership, Team building
- Lectures on Ethics (Dr. Theriault)
- Meetings with Mentors
- Meetings with Dr. Ueno
  - Individual Development Plan, CV, career development, leadership, mentoring, and other topics

### **3. Results**

#### **3.1 Training on MDA**

I have studied at MDACC through training such as observation in the outpatient clinic, in-patient ward round, operation room in Breast Medical Oncology, Breast Surgical Oncology, and Stem Cell Transplant division, participation in multi-occupation/disciplinary conferences, other special observations.

In comparison with our institution, MDA has more staff (20,000 vs. 1,500) and outpatients (1440,000 vs. 640,000) through a year, but about the same number of inpatient (28,000 vs. 21,000). This indicates that medical care in the U.S. is mainly outpatient setting.

##### **3.1.1. Outpatient clinic**

In the outpatient clinic, Physician, Registered Nurse, Mid-level practitioners (Nurse practitioner; NP, Physician assistant; PA, Clinical Pharmacist; CPh) make the team. This team shares the working room which makes a team discussion easy.

Patient's examination was carried as follows. The RN performs vital sign measurement and history taking. NP or PA do further history taking and physical examination. After the discussion of the team, the doctor does the physical examination again and makes a decision. Meanwhile, CPh checks the blood test and orders the chemotherapy by double check with the doctor. I imagined that each profession divides the labor, but I got a different impression. There were many overlapping parts. The examination and explanation were repeated by each profession which ensures the quality and safety of medical care.

##### **3.1.2. Inpatient clinic**

As with outpatient clinic, Physician, NP/PA, and CPh make the team and manage about ten patients in the inpatient ward. It was surprising that they did inpatient round over the morning. I think it depends on the work pattern of the doctor. I heard that faculty in MDA are in charge of inpatient

ward for several weeks or months a year. During this period, it is the period of only managing inpatients, and they can spend time for the inpatient ward round and education. NP can adjust the dose of immunosuppressive drugs and do the bone marrow aspiration. This is about the same work as clinical fellow like me in Japan. Some NP said that doctors exist to decide difficult decision and to research on improving treatment for cancer patients. It was the moment I realized MDA is the best cancer center in the U.S.

### 3.1.3. Surgery and pathological department

I had the opportunity to observe breast surgery. I was surprised that the Operating room and pathology room were on the same floor. Once after submitting a specimen, pathologist slices it and takes X-ray imaging. Then, breast surgeons, pathologists, and radiologists discuss the assessment of margin status. This style is different from Japan because our pathologists slice the specimen after formalin fixation.

### 3.1.4. Special observations

We visited MD Anderson Woodlands, Houston Hospice. In observation at Houston Hospice, I was able to learn the team-based approach in the hospice setting, which involved professions such as nurses, social workers, chaplain, physicians, volunteers, and bereavement coordinator. However, physicians are not necessarily required for the team in the hospice. I didn't know that only about 30% of patients in Hospice had cancer.

MD Anderson woodlands is a hospital where MDA and St. Luke's Hospital is affiliated. The practice style was similar with MDA, but I felt MD Anderson woodlands offer the common practice as a community hospital (MDA offer more research-oriented practice).

### 3.2 Leadership and communication skills

Ms. Janis gave us wonderful lectures on this topic. Dr. Ueno also supplemented the content. I could learn about leadership development, team building, and difficult conversation. It was a precious experience for me because there are few chances to receive this type of training in Japan. She introduced us the book which she used for the lecture. What impressed me most was the word of psychosocial safety. Japanese do not speak much at conferences or meetings, especially at multidisciplinary conferences. The team leader has to create a psychosocial safety which makes it possible to talk about any trivial matter. I felt it is essential that each team members share their core values and vision as well as medical knowledge.

### 3.3 Career development and meeting with mentors

Based on the lecture of mission and vision which we received at J-TOP workshop on January, we create our mission and vision before the JME program. We discuss the vision, mission and SMART goals with our mentors and Dr. Ueno.

My mentors are two medical oncologists, Dr. Bora Lim, and Dr. Richard Theriault. I enjoyed talking with my mentors every week. Both of my mentors support my vision and mission. They gave me professional and personal advice through discussions based on their own experience.

We also received much guidance on the preparation of our Individual Development Plan (IDP) and CV from Dr. Ueno. This kind of lecture was a valuable experience that we usually cannot receive in Japan. I was able to set goals, missions, and visions in the future by reviewing the activities that I have done before. I want to continue updating this IDP and mentorship in the future and use it in my future career development.

In this training, I have created the following Mission and Vision. At the timing of my career, Dr. Ueno advised me to set long-term and middle-term vision.

**Mission:** My mission is to promote the biomarker-driven drug development through early phase clinical trials and translational research with a multidisciplinary professional team.

**Vision: (Long-term) :** My vision is to provide the novel treatment options for all patients with advanced cancer through biomarker or genotype-based drug development.

**Vision: (Mid-term) :** My vision is to become a leader of the early drug development focused on advanced breast cancer and provide novel anti-cancer treatment without delay to the world.

Recently, the clinical trials are designed for molecular or genotype based approach rather than only for cancer type. Immune checkpoint inhibitors are the best example to be successfully approved for clinical application based on the biomarker specific drug development, which can be used for Microsatellite instability (MSI)-High advanced solid tumors. I think medical oncologists could play an active role in the field of tumor-agnostic biomarker or genotype based drug development. In the MDA, almost all patients who considered participation in phase I trial had gene-panel testing. Although there is the basis of high-level of basic research in Japan, there are few experts in early drug development.

I would like to promote precision medicine using genome sequencing and provide the treatment option for all cancer patients. First of all, I created a mid-term vision to be a leader in the early drug development mainly in breast cancer in Japan and provide innovative treatment options without delay to the world.

### 3.1.3 Presentation of the group project

In the group project, our group decided on the theme of sexual dysfunction in male cancer survivors. It was determined from the fact that we heard the lecture of the same topic at palliative care conference participated during the period. Moreover, it was also contributing to that all members of our group were male. The discussion of fertility has become active in Japan, but sexual problems like erectile dysfunction and loss of libido have not been raised yet.

As the preparation proceed, we realized the importance of tackling this problem because male cancer survivors who have sexual dysfunction are as much as 30-50% and the score of depression and anxiety scales is high. We were able to talk to Professor Dr. Wang who specializes in men's health in urology with Joyce's help. He gave us a lecture on how to manage the patients with sexual dysfunction in MDA.

Using the experience of January's workshop, we could overcome the small conflict and finished the presentation successfully.

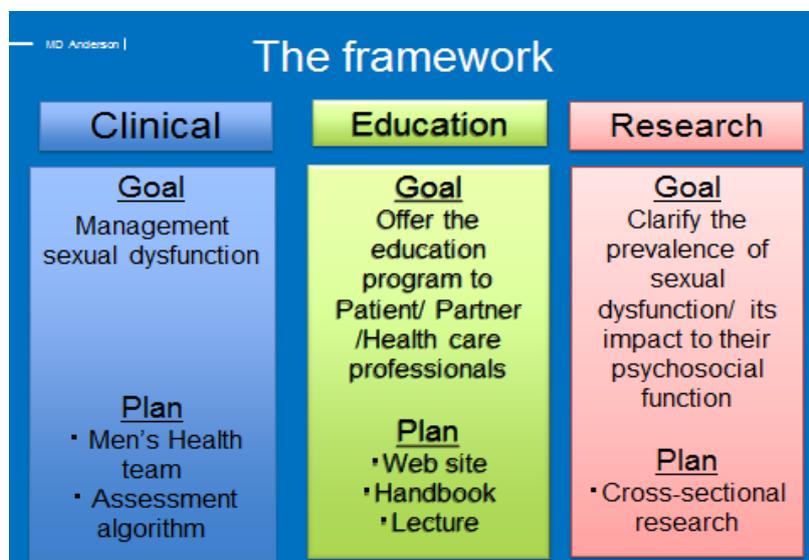
Finally, I introduced our group's mission, vision, and oncology program.

**Mission :**

To offer the educational and interventional program for male cancer survivors in order to reduce the sexual dysfunction.

**Vision:**

To create a society that relieves the suffering of sexual dysfunction from male cancer survivors



#### **4. Future Prospects**

I was able to understand multidisciplinary team care practiced in MDA as a real experience. Through this program, I realized that the most important factors for team-based care are understanding of each other and communication skill. I felt the trust like the patients could receive the treatment on the tightly stretched thread instead of walking a tightrope by demonstrating the individual leadership.

However, at the same time, I felt that the team-based care in our institution is also excellent. Although the discussion with nurses and pharmacists is less frequent than in MDA, I usually discuss with pharmacists on supportive care for chemotherapy, and drug interactions and nurses also have proposals to add tests based on the initial assessment. Social workers and clinical psychotherapists actively participate in inpatient conference. I am blessed in this great environment as usual.

Making use of this experience, I would like to demonstrate individual leadership and bring our patient's care to a higher level. Also in the future, I may lead an oncology team somewhere. At that time, it would be a big challenge to create a team like MDA or our institution. Firstly, I would like to develop individual leadership in my daily activities.

In the area of career development, I have set goals for the aspect of clinical, research and education as shown below.

- To learn about the principal (methodology, practice, regulation) of early phase clinical trial and anti-cancer drug development
- To write the protocol and conduct phase I/ II trial based on the proof of concept
- To contribute the education for a junior oncologist in oncology practice and clinical research.

While continuing the connection of J-TOP and relationship with mentors, I would like to pursue toward realizing my vision and mission.

## **Acknowledgment**

I would like to express my thanks for this valuable training opportunity. I would like to thank everyone who supported the JME Program 2018. In particular, I strongly appreciate Mr. Naoto Ueno and Dr. Joyce Neumann. Without support from Mr. Fueki, Ms. Marcy and members of JME program 2017, our training never started. I would like to thank my wonderful supervisors and loving family who forgave me for absence as well.