

Enticing the Medical Student: How to Get Students Interested in Neuro-oncology

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Introduction

I always feel re-invigorated every August/September as campus is filled with 150 new, fresh and young faces that fill the incoming medical school class. In attempting to keep myself “young”, I have participated in a mentorship program, in this case, specifically to young female medical students to help guide them through this phase of their medical career. I have been doing this over the last 6 years and have found it extremely rewarding. I recently met my two new “mentees” this week. In a time when attempts to balance work and life are ever present, (and increasingly more difficult) some would say I was crazy to do it. However, as I have progressed through my career, I have come to reflect on all those individuals, both male and female, who have influenced so many of my decisions and career choices. That is why it is with great anticipation that I meet the next generation of innovative and resourceful physicians and physician-scientists.

Having said that, I have come to realize that I entered a field that is quite specialized and more importantly, my sub-specialty is at a crossroads in regards to management, care, and training. I became a radiation oncologist for the wonderful balance of patient care, technology and research that was translational. My interest in diseases of the central nervous system (CNS), in particular gliomas, began during my PhD training as I entered a laboratory that I thought was working on leukemia only to transform into one examining death pathways in gliomas and later in my residency, examined the role of potentiators of the immune system in combination with radiation. It was here that my love of CNS began and I have watched it evolve over the last two decades. More importantly, the field of neuro-oncology has been transformed and there are greater treatment possibilities now than ever before. Is there a difference between the neuro-oncologist trained via neurology with a fellowship, the neuro-oncologist trained via medical oncology, the radiation oncologist that “does” CNS and the neurosurgeon who decides to be the “tumor” person in their group? There are very strong opinions on both sides and my purpose here is to not debate this point. However, in an era where standard systemic options for gliomas have evolved, there needs to be a more dedicated route for training which would now include neurology, medical oncology, immunology and infectious diseases.

How is this relevant to the two new students whose careers I hope to support, advance and influence? Both unfortunately did not know much about radiation oncology except for one whose aunt

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was treated with radiation for breast cancer. When discussing what I actually do, they were surprised to hear I saw patients daily. Even more surprising, when I discussed what sub-specialty I practiced, both immediately discussed the poor outcome, how systemic therapy was not useful for this group of patients and did I only do palliation for these patients. I do not argue the poor outcome for our patients however their outlook has changed considerably over the last 2 decades and I foresee it will continue to do so over the next 10 years. More disturbing was the little that is known about our field so early in the career of medicine in an era of easy access to all information via the internet and social networking sites.

There is typically a very small window of opportunity for our sub-specialty to pique the interest of these up and coming physicians. Any lectures during the early years must be attractive, innovative and emphasize the positive of our field. It is a difficult and grandiose task. As you may or may not remember your own early years of education, if half your class showed up for lectures that were a lot. Most now listen to recordings, spending the time memorizing rather than learning about potentials of their career in the future. The second opportunity only comes to fruition if the student ends up with a patient with a glioma—either in medicine, surgery, neurology or even psychiatry. Given the rarity of these tumors compared to all other diagnoses seen “on the

floors”, the chance that a student will find CNS tumors interesting is low. Even in students that enter residencies in neurology, neurosurgery, medical oncology and radiation oncology, there are very few looking to specialize in tumors of the CNS. In an era where our field is evolving (note the recent FDA approval of the use of Optune), there is concern that there will be few physicians that will want to get appropriate training for this field.

The solution for this will not be easy or quick. Some have advocated a dedicated residency—but under which umbrella and how do we expose students early on and interest them into pursuing options. In my department, we have been very open to having students do research projects in the summer between first and second year. This has allowed early exposure to not only research but also the clinic. Most of those students have pursued a career in oncology and some, have even been influenced to consider CNS as a sub-specialty.

As for me, I plan to subliminally influence my mentees into consideration of my field of expertise. If I think back, that is what my mentors did and more importantly, they identified my love

of this field early and fostered it, developed that interest and allowed it to grow. My prior mentees have gone on to careers in medical oncology and obstetrics and oncology. I am just as proud of them as I am of our own residents. My hope is that when they reflect on their careers—I come to mind as someone that influenced or shaped even a fraction of their lives. Regardless, I will be paying more attention to my future mentees when I provide them options in regards to careers—take a look outside your ‘core blocks’ and experience something different and new. Consider neuro-oncology, it will satisfy your curiosity for so many fields and is extremely multi-disciplinary. I believe my colleagues would agree and regardless of which department is responsible for the training, consider all the possibilities of where the field will take you.

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