

Eloise Miller – 2015

Visited Memorial Sloane Kettering Cancer Centre, New York City, for a 6-week observership. Eloise is head of the newly formed dedicated Sarcoma Surgery unit at CMJAH.

ASSA/Sanofi Travelling Fellowship Report 2015

Compiled by Dr Eloise Miller for the ASSA AGM and Exco , Port Elizabeth, August 2017

“The great thing in the world is not so much where we stand, as in what direction we are moving” Oliver Wendell Holmes (American Physician, Poet and Professor at Harvard 1809-1894)

My name is Dr Eloise Miller. I am a surgical consultant, working at Charlotte Maxeke Johannesburg Academic Hospital (CMJAH) in Gauteng, with a special interest in Sarcoma surgery.

I would like to thank both ASSA and SANOFI for awarding me the travelling fellowship for 2015 and allowing me to expand my skills and knowledge base in my particular area of interest. I humbly acknowledge the strength and validity of my fellow applicants that year, and consider myself fortunate to have been selected.

I would like to thank Prof. A Mannell, Prof. R Brits and Prof. T Luvhengo for their compelling letters of recommendation.

In 2014 we launched our fledging Sarcoma Unit, the first of its kind on the African continent. The aim is to provide a comprehensive sarcoma service to serve this ever-growing and often neglected group of patients. The goal is to provide a sarcoma referral centre for Gauteng as well as surrounding provinces.

I was fortunate to be able to attend a 6-week observership program at Memorial Sloan Kettering Cancer Centre in Manhattan, New York. This cancer treatment and research facility is world renowned. In addition, their contribution towards the management of soft tissue sarcomas has been substantial. They have a mature and respected sarcoma programme. Memorial Sloan Kettering Cancer Center is the world's oldest and largest private cancer center, and has been in existence for more than 130 years. They aim to deliver patient care, perform research, and further education in all fields of cancer. It is one of 45 National Cancer Institute–designated Comprehensive Cancer Centres.

My participation in the MSKCC programme was made possible by Dr. Aimee Crago, a senior sarcoma surgeon and research fellow in the department. She was gracious enough to host my observership involvement and to introduce me to the daily running of her unit. I am grateful for her warm welcome and making me feel part of their team. Additionally, I was privileged to be able to work with other senior members in their sarcoma department: Dr. Samuel Singer, Dr. Sam Yoon and Dr. Daniel Colt. Their sarcoma unit is made up of several full-time dedicated surgical staff, whose singular interest and responsibility is in treating sarcoma patients.

The surgical skills and techniques I was exposed to were remarkable, and have guided me in the service that I would like to make available to my patients here. Of exceptional note was how they tackle complex surgical resections that have traditionally been regarded as irresectable in our South African setting. This raises the complex debate of whether we are triaging patients with poor prognosis appropriately in our resource constrained environment or whether we should aspire to reset our boundaries of what is deemed treatable.

In the year since I have returned from my observership, I have readily implemented their surgical skills, normograms and organizational design in our unit at CMJAH. We are tackling more complex and surgically delicate cases in the unit. With the help of multiple specialties (e.g. plastics, vascular, GIT and orthopaedic surgeons) we are making constant strides in the right direction. To progress forward, this unit requires great courage and persistence, and I use my time at MSK as a daily reminder of this. We are already seeing the positive results in data bank records and look forward to publishing them for all see.

A particularly eye-opening and impressive facet of their programme was their bi-weekly multi-disciplinary meeting. Here dedicated sarcoma radiologists, pathologists, oncologists and radiation oncologists meet with the surgeons to develop specialized treatment plans for each patient. The enthusiastic interaction and respect among the specialists was remarkable and certainly something to which we have to strive for within our environment.

Part of my intention in New York was to explore the other specialties involved in Sarcoma care, so that we could work on establishing a holistic care centre to offer patients. I was fortunate to be able to attend a number of medical oncology outpatient clinics with the Chief of Memorial Sloan Kettering's Sarcoma Medical Oncology Service, Dr. William Tap. His hands-on and warm approach to the patient was an eye-opening experience. Their commitment and enthusiasm to new research and the enrollment of patients into novel studies is innovative, and groundbreaking research is being conducted on a routine basis. Another part of my undertaking at MSKCC was to explore their palliative care service – a prominent component of the South African sarcoma experience, which is so greatly underestimated and under-staffed. We currently have no dedicated palliative care service in the unit, and it is a massive undertaking to be responsible for the patient's palliation as well. I attended the palliative care outpatient clinic with Dr. Roma Tickoo. The care, attention to detail and available resources in this clinic was phenomenal and inspirational. While it was of great benefit to me seeing the level of palliation they are able to provide, it saddens me that these resources are not available in the South Africa setting, and that many of our patients with similar problems suffer, with neither physical, medical nor emotional support. It is part of my sarcoma strategy at CMJAH to ensure that this service is reinstated and reinforced and that our patients are afforded the relief and support that they deserve. Of noticeable relevance to me was that most specialists in their sarcoma unit are employed strictly on half-time clinical and half time research posts. This just served as a sobering indication of how large the research divide is between hospitals like MSKCC and our experience here in South Africa, and how far we still have to go.

Ultimately this fellowship served as an invaluable experience to me. It facilitated an opportunity, which surely would have been impossible and unachievable without the funding and support I received. From this, I was able to delve into the experiences of a first world sarcoma service, and explore the different facets that make it function so well. I have made invaluable contacts in New York that are more than happy to assist at any time with advice in complex and challenging cases. My hope now is to generate public interest in this field of surgery and ultimately benefit the South African community that we serve.

Lastly, a highlight of this fellowship for me was meeting and interacting with Sir Brendon Murray, the grandfather of sarcoma surgery and an international icon in surgery itself. Dr. Murray was Chair of the Department of Surgery at MSKCC from 1985-2006, and is currently Vice President of International Program. He continues to be an active and dedicated member of the sarcoma team, and is present daily in academic and multidisciplinary meetings. Dr Murray authored the ground-breaking textbook: "The Management of Soft Tissue Sarcoma", and his words of encouragement regarding our fledgling sarcoma unit in South Africa were refreshing and deeply appreciated. As evidenced by his inscription in my copy of his book, "*To Eloise Miller, with anticipation that she will write the South African version of this book in the next two decades*". May his encouragement become our reality.

Thank you
Dr. Eloise Miller
FCS (SA)