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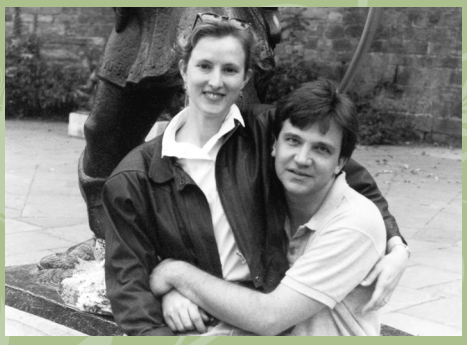
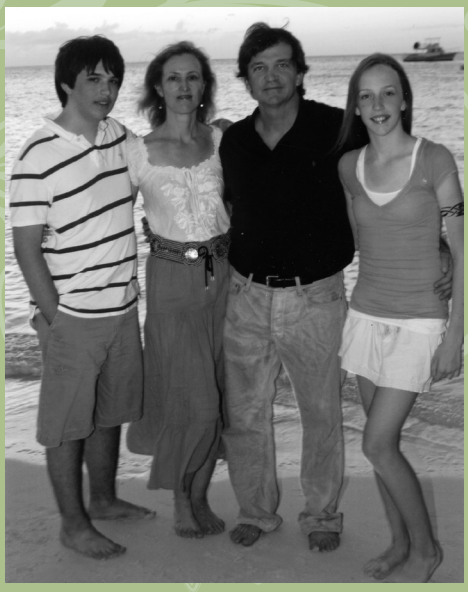
Professor of Surgical Oncology

Kelly was getting ready for competition as a member of her high school track team in 1980.



Kelly and husband Steve Swisher, M.D., enjoyed outings while taking their surgical training in Nottingham, England, in 1991.



Son Chris and daughter Shannon pose with their parents Kelly and Steve during a family vacation in 2007 to the Turks and Caicos Islands.

In my current role as a professor of surgery and chief of the Surgical Breast Service at M. D. Anderson Cancer Center, I have the privilege of caring for patients who not only are dealing with the physical effects of receiving several types of treatment simultaneously but also are struggling with the emotional trauma of having a life-threatening illness. Working with patients and families who confront such heavy issues of life and death on a daily basis helps keep my own life and career in perspective. Just when I start to feel sorry for myself because of the demands of my career, I witness a young man with bone cancer who has a prosthetic limb and who is having difficulty walking from the parking lot to the clinic for his appointment. Such things, viewed nearly every day, serve as a wake-up call that helps keep me focused on what is important.

Working in a comprehensive cancer center allows me to pursue both clinical and translational research programs while also maintaining a busy surgical practice. I spend about 50 percent of my time taking care of patients with breast cancer and other soft tissue malignant tumors; the rest of my time is divided between clinical and translational research, teaching and administration. Dividing my time this way works well to keep me engaged because, just when things start to get tough in the clinic, some exciting new piece of data emerges in the laboratory. Similarly, when things become frustrating in the lab, I can turn my focus to clinical care and try to affect a patient's life through surgical and medical interventions. Thus, the blend of clinical and research duties provides an ideal work mix, allowing me to remain energized and focused on the task at hand, namely, fighting cancer.

Entering the medical profession was hardly a sudden decision for me; in fact, I can remember telling people that I was going to be a doctor ever since I was in the first grade. Of course, back then I had no idea of what was involved in terms of the years required for education and training or of the sacrifices that I would have to make in my personal life. I was born in a very small town in Montana and am the middle child, with two older brothers and a younger sister. We were very close in age but had very different interests and talents. We moved every few years due to my father's employment in the retail business. I was always up for the adventure of a new town and a new school, but it was very tough on my mother, who had to move our entire household so many times, often on very short notice. My parents were always extremely supportive of my goals and never told me that I should or should not pursue a particular career. Our family life was very traditional. My mother was a homemaker who did all of the cooking and cleaning and even made all of our clothes. My father was in the retail business and worked such long hours that we usually only saw him on Sundays. I knew that both of my parents worked extremely hard, but I really only saw my mother in action. She gave my sister and me typical chores for young girls,

such as cleaning up after dinner and doing the laundry. Meanwhile, my brothers were expected to take out the trash and occasionally help with the yard work. I wasn't really upset about the differences in the workload, but I do remember thinking that the boys should be able to clean and cook just as well as I could. And I thought that I should be able to drive the tractor and mow the lawn as well as they could. Why were there gender-specific tasks anyway? Nevertheless, both my mother and father set good examples for my siblings and me. For this reason, I always felt that "if you worked hard, you could succeed and achieve your goals." I believe that this mindset prepared me for a challenging career in surgery and academic medicine, but I would later encounter many people who carried the old gender-specific stereotypes beyond the home and into education and even into the profession of medicine.

From an early age, I enjoyed school work and had an inquisitive nature. When I was 4 years old, I watched my brothers leave for school in the morning and begged my mother to let me go with them. I wasn't satisfied to stay at home and play; I wanted to go out and explore. I enjoyed science and math in school but did not have any role models to show me how I might apply these studies to a career. My high school required all female students to take home economics. I already knew how to cook and sew, but I did not see how these things were going to prepare me for a career. I continued to think about becoming a physician but saw very few examples of women in medicine, so I was uncertain of how to proceed if I planned to have a career and a family.

After graduating from high school in Memphis, Tennessee, I chose to stay there for college as well. This was mostly for family reasons, but I think I was also a bit weary from the frequent moves during my childhood. As a freshman in college, I did not declare a major, but I did follow a premed curriculum. I finally decided to pursue a major in physical chemistry with a minor in mathematics. It was in the chemistry department that I first encountered professors who were less than enthusiastic about having a female student in their classes. I worked very hard and excelled in all of my classes and laboratories. Despite the fact that I had an A+ average in advanced physical chemistry, one of my professors was very cold to me and refused to acknowledge me in class. These were small classes, so the lack of interaction was quite obvious. One day, I mustered all my courage and went to his office to ask for help with a problem set that he had assigned. He was so rude to me that I finally asked him why he treated me so dismissively. He said that he didn't understand why I wanted to pursue these studies and that he did not feel it was a suitable career for women. I broke down and cried as I realized that the ability to succeed might depend on factors that were out of my control. It did not seem fair that even with a lot of hard work

and determination, the fact that I was a woman might affect my chances to succeed. The experience with my chemistry professor helped me understand that not everyone would be supportive of my goals and that it was up to me to seek out supportive mentors. Fortunately, another professor offered me a research elective in his laboratory, where I worked on geometric isomerism. This experience sparked my interest in a research career. The freedom to question, to create, and even to fail was exciting and fueled my desire to become a research investigator.

Although I probably would have been very happy pursuing a career in chemistry and basic research, I still had an interest in medicine and patient care. I had always enjoyed working with people, and the challenge of getting into medical school and becoming a physician intrigued me. I applied to medical schools with a backup plan to pursue a master's degree in chemistry if I did not get in. When I interviewed at different medical schools, I was asked many questions about how I would manage a career *and* a family. Did I plan to have children? Since my father was not a doctor, did I really know what I was getting into? I interviewed at a number of schools around the country but found that the University of Tennessee in Memphis had all of the elements I was searching for: a broad variety of clinical experiences and a large medical center with the opportunity for involvement in patient care activities very early in the curriculum. Once I was accepted into medical school, I found that the curriculum was indeed demanding. The sheer volume of knowledge we were expected to assimilate was daunting, but I was determined to make it and was not going to fail. I loved gross anatomy and was very meticulous with my dissections. One of the instructors suggested that I might pursue a surgical specialty, but I had no idea what that meant or what it would entail. At that time, only a few women were on the medical school faculty, and *none* specialized in surgery.

As a third-year student, I rotated through the general surgery service and noted that there were only a few female residents and that they did not seem very happy. Furthermore, none of these women were married or had children. I was very motivated to have a successful career, but I also wanted to have a family. I remember thinking that if I was going to become a surgeon, I would probably never have children. When I spoke to my advisor about pursuing surgery as a specialty, he told me that I would need to take an elective with one of the senior surgical faculty and impress him with my knowledge and skills so that I could get a strong letter of recommendation for my residency applications. I liked the fast pace of the surgical service and did not mind the long hours. I was, however, unprepared for the reaction of some of the attending surgeons whenever I discussed my plans to pursue a surgical career. One of the attending transplant surgeons told me to bail out and look for something that would give me more "personal time." Since

I was a good student and very hard working, I did not understand why the faculty were not more encouraging. As the time neared for me to apply for residency training, I remained unsure of a specialty and wondered whether I should consider medicine or pediatrics. Toward the end of my surgical elective, however, as I was making rounds with one of the senior surgeons, he said something that finally gave me the encouragement I needed. While removing the dressing from the incision in one of his post-op patients, he commented to the patient that he had always thought there were two places that women did not belong: the golf course and the operating room. He then paused and added, "I think I might have been wrong, at least about the second one." Although he was not talking *to* me, I decided that he was talking *about* me, and that was all the encouragement that I needed to forge ahead.

While most of the medical students in my class planned to remain in the southeast for their residency training, I sent applications to general surgery programs all over the country. When I visited programs on the west coast and the east coast, I was encouraged to find a few more women who were upper-level residents, and some of them even seemed to be enjoying themselves. I was particularly interested in the "seven-year" programs that allowed for two years of dedicated research time in the third and fourth postgraduate years. I was matched with the University of California-Los Angeles, where I was one of eight first-year residents (six men and two women). That first year was especially challenging since most of the surgical services required residents to take calls in the hospital every other night or to take calls from home every night. Many times I wondered if I could physically do the work and still have time to read about surgical diseases. Fortunately, the other residents in the program were extremely supportive and, overall, we had a great time despite being chronically sleep deprived. The program had recently changed from a pyramidal system in which many good residents were eliminated each year to one in which a spot was guaranteed to eight categorical residents. Nevertheless, we were still haunted by stories about residents being fired because they were a few minutes late for rounds or because they didn't have a patient's lab results memorized whenever an attending physician called (any time of the day or night). Regardless of how hard we worked, we didn't receive much positive feedback, so we joked that "if the attending physicians weren't yelling at you, you were probably doing a good job." Darwin would have been proud of our surgical training system.

It was during my research years that I met and married my husband Steve. We were actually in the same intern class but had very few interactions during our clinical rotations in the first two years of our training. He tells me that he thought I was very intense and intimidating. During our research

time, we were in neighboring laboratories and would see each other at weekly lab meetings and research conferences. I guess I seemed more relaxed to him in the research setting because he would often drop by to talk and discuss research. Even though we worked long hours in the laboratory, it seemed very easy because we were free of any clinical responsibilities. This allowed us to pursue our research interests and still have time to do things outside the hospital. We found that we shared many interests in common and decided to get married at the end of our research years before we went back to our clinical rotations.

Once we resumed our clinical rotations, things became quite challenging. We were always on different services and rarely had any time off together, but we tried to support each other as much as possible. When we were senior residents, we decided it was time to start a family. Although many people thought we were crazy, we were excited about having children but really couldn't determine an ideal time to get started. We met with our department chair to discuss the possibility, and he was completely at a loss about how to advise us. Hospital policy addressed neither the issue of maternity leave for surgical residents nor the very specific requirements as to how much time residents could be out during their chief year and still qualify to take their boards. By this time I was already well into my pregnancy, and my department chair said he would treat me as if I had a broken arm or some other physical impairment that would require me to be out for a period of time. To add insult to injury, the other female resident in the same year of the program was pregnant at the same time. I think we actually planned it this way because we figured that there was no way they would fire both of us. She and I were able to cross-cover for each other on our clinical services, which allowed us to each take about six weeks off to be at home with our newborns. Seeing two pregnant chief residents obviously had a big impact on the medical students interviewing for the UCLA residency program that year because six of the eight first-year residents who matched with the program that following year were women. Not all the faculty was supportive. One faculty member actually told me that he thought we needed to put birth control pills in the water! Having a newborn baby while also trying to meet the demands of being a surgical chief resident was an immense challenge. I felt like I was always in the wrong place at the wrong time and often doubted whether I was a good mother *or* a good chief resident. Fortunately, Steve was very supportive, and we were also able to find a nanny to help watch our son, Christopher, during the day. Even though Steve always assured me that I was doing a great job as both a mom and a surgeon, I still felt unsure about this.

After finishing our surgical residencies at UCLA, Steve decided that he wanted to pursue a career in thoracic surgical oncology, which required

his becoming a cardiothoracic surgery resident at M. D. Anderson Cancer Center. This was not optimal for me because I had been offered a surgical oncology faculty position at UCLA, but M. D. Anderson did not want to offer me a faculty position unless I completed a surgical oncology fellowship at M. D. Anderson. Since Steve was so committed to becoming a thoracic surgical oncologist, I decided to accept the M. D. Anderson surgical oncology fellowship. In the long run, things ultimately worked out, but I was somewhat upset about having to become a fellow again even though I already had a surgical oncology faculty position at UCLA. To make things more challenging, we were expecting our second child, Shannon, at the end of June, just before I had to start my fellowship in Houston. Fortunately, we convinced the obstetrician to induce labor a few weeks early and, after I had delivered a healthy baby girl, we moved our family to Houston.

Even though we had already successfully raised our son Chris during my chief resident year at UCLA, the challenges of having two children, living in a new city and trying to complete two fellowships often was difficult. As fellows, we did not have much control over our time, and we also had many financial burdens. Because we were planning for academic careers, we were both pursuing research projects, which made it difficult to spend an adequate amount of time with our children. Luckily, my mother lived nearby, and we also had a very supportive nanny who spent many hours helping us raise our small children. I am not really certain how our marriage survived this very busy and complicated time in our lives, but I like to think it is because neither Steve nor I expected the other to do anything that we would not do ourselves, either at home or at work. Whoever was at home with the kids would cook, clean, do the laundry and try to fill in for the missing parent. As a result, our children were happy and healthy, and we were both able to fulfill our clinical responsibilities, present our research at national meetings, and publish papers.

Following completion of our surgical residencies, our next hurdle was to find faculty positions that would allow both of us to pursue our clinical interests and develop our research programs. We each knew what we wanted to do; the questions were whether we would both have the opportunity to pursue our goals and how we would decide who would give up what in order to keep our family together. We were each invited for interviews at several institutions across the country and anticipated that we would ultimately return to California, where we had great mentors and a network of family and friends. However, we were incredibly fortunate to be offered faculty positions at M. D. Anderson, which allowed us to remain in Houston and each pursue tenure track positions as clinician investigators. Now my biggest problem was trying to manage my time between clinical practice, research and family life. I felt like a kid in a candy store with so many great

opportunities — and I wanted them all! My training in surgical oncology was broad, and I wanted to keep my clinical skills sharp in different areas to keep all my options open. This meant that I had clinics in multiple centers and was always running from one place to another. My department chair once commented that I seemed to flourish in a state of dynamic tension. I didn't really like being so harried and hurried, but I was excited about the progress of my research, and my clinical practice was challenging and stimulating. Though one of the female faculty was openly disapproving of my efforts and commented that she thought I should be more focused, my department chair, in contrast, was very supportive of my clinical and research endeavors and put me up for early promotion. In fact, he asked me what I wanted to do and how he could help me achieve my goals. This made me think back to the earlier years of my training, when I had experienced some prejudice from male professors. Things had definitely changed!

I am frequently asked by female residents and students how best to balance career and family. Communication has been the key in my family. My husband and I are constantly calling and e-mailing each other to be certain we are on the same page with what is happening at home and at work. We both travel a lot, and we often take one or both of our children with us even if they have to miss a few days of school. Recently, my daughter and I were out walking our two dogs when she commented how much she loves her life. She even said that I was a "cool mom." That was really a defining moment for me because I have often felt guilty about not being the homemaker that my mother was, and I often worry that my busy career might somehow be a disadvantage to my children.

Finally, I believe that there is nothing wrong with wanting it all, but in successfully pursuing that path, we need to be happy with the choices we make and not worry about what others think. With dedication, focus and hard work, it is possible to successfully balance family priorities with those of a career in academic medicine. We all have different talents, and if we share them, we can definitely make this world a better place.