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Razelle Kurzrock, M.D.

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Razelle was 4 in this picture with mother Matilda and father David Kurzrock at home in Toronto, Canada.

Razelle received her medical degree at age 22 from the University of Toronto in 1978.

Husband Philip Cohen, M.D., and Razelle with their children, from left, Benjamin, 18; Rena, 12; Tali, 9, and Jonathan, 15, in 2007.

(Mark Katz Photography)
was practically born wanting to be a scientist. I have known that I wanted to be a research scientist and to discover things since I was 6 years old, and this decision was reinforced with the death of my mother from rheumatic heart disease when I was 12. Several specific incidents during my childhood enforced that career decision and showed that I was fairly entrenched in the love of science at a very early age. For example, I remember in the second grade hiding my science book under the table and reading it while other classes were in progress. Unfortunately, I was “discovered,” which led to my nickname (mostly by the boys in my class) of “the scientist.” Given that I was a somewhat overweight, nerdy child to begin with, being made fun of was painful, but, like all the difficult experiences that could have turned me away from a future in science, it did not deter me from sticking to my early career choice. In the fourth grade, the principal took me aside, along with several other kids in the class, and told us that we were going to be placed into a combined fifth and sixth grade class, so that we would effectively skip a year of elementary school. The teacher of this combined class was excellent and probably was my most influential teacher, but she did one thing that angered me at the time and stuck with me for years. Everyone in the class was assigned the task of writing a biography of a well-known person, and everyone in the class got to choose whom they wrote about — except for me. Instead of letting me choose, my teacher told me that I had to write my assignment on Madame Curie. I was insulted and felt that she didn’t think highly enough of me to allow me to make my own choice. It wasn’t until years later, when I was in college, that I realized that what I had taken to be an insult years before was actually my teacher’s attempt to provide me with an early role model of a woman in science. Since Madame Curie was one of the few scientists to have been awarded two Nobel prizes, it is now clear to me that my teacher wanted Madame Curie’s story to inspire me.

Later, as a young adult, one of my earliest and most important choices was my decision to come to M. D. Anderson Cancer Center after leaving Canada and completing my residency in internal medicine at Tulane University. I had been looking for fellowships in oncology and had wanted to find one in a place that was involved in first-in-human studies. I wanted to leave Canada because, although the research in basic science there was innovative and top drawer, the clinical research tended to be conservative and to confirm results from the more advanced clinical studies being done in the United States. The wisdom of my decision to come to M. D. Anderson was reinforced soon after I arrived here, during a conference on bone marrow transplants. At this meeting, one of the faculty members opined that M. D. Anderson should not become involved in carrying out a particular transplant technique, since the leader in that field was in Seattle and this
technique was not being performed there. At that point, the moderator of
the conference, a scientist of considerable stature, became very agitated and
made it clear to the faculty member that M. D. Anderson was a leader at the
forefront of innovative science and medicine rather than a follower and,
indeed, that followers (such as he) did not belong here. Doing pioneering
work, I realized, was the predominant value at M. D. Anderson and was just
what I had sought — a place that was a leader in scientific discovery. Thus,
I knew that I had made the correct decision to come to M. D. Anderson, the
unpleasantness of the conference exchange notwithstanding.

If there is one characteristic needed by women to enable them to
succeed in medicine and science, it is a dogged persistence to stick by their
choices no matter what roadblocks are put in their way. Along my career
path, I encountered pivotal incidents and turning points. At some of these
junctures, it would have undoubtedly been easier to abandon my goal, but
I was resolute, and because my goal had been a focal point of my life for
so many years, I persisted. So many of these obstacles or difficulties center
around marriage and having children, blending schedules, coordinating
career paths, and nurturing one’s own career; thus, women in science have
to be stubbornly persistent along the way.

Marriage and children present their own particular challenges. These
are partially due to the conflicting life plans of the parties involved and
also to the amount of time and energy that is required to have a successful
career in academics. Often the sheer amount of time and energy that must
be devoted to patient care, research and training is distinctly at odds with
maintaining a well-balanced family life. The Myth of Sisyphus is probably
an excellent metaphor for the struggle of women dedicated to an academic
career to stay on track. Like the boulder rolling back down the hill after it is
pushed (with great effort) to the top, many life events occur that sometimes
call into question whether one actually can do it all — have a demanding
career, a husband with his own career and life choices, and children with
lives to be managed and coordinated. There were many times in my life
during the course of forging my successful career that I had to just stick to it,
no matter what. But there is no such thing as a free lunch, and being resolute
carries its own set of emotional prices. Women who go into science and who
want to succeed must be prepared to face many obstacles, sometimes placed
there by the very people to whom they are closest.

Women in medicine face unique challenges. Women don’t, for the most
part, have the natural support system that men have; they often do not have
role models. Whereas men are generally appointed to the biggest leadership
roles based upon their potential, women have to reach their potential before
they become leaders in their field. Also, those men who are mentored by
other men have a great foot up on the ladder of success. Mentors have a
vested interest in the success of the people they choose to mentor. So, if the acolytes succeed, it reflects positively upon the mentor who selected them out of the professional crowd. Children and husbands also are frequently impediments to women in this field. Because women are often very attached to the children and go through pregnancies (and not always easy ones at that), they have an additional gradient, practical and emotional, that must be fit into their careers and squared away. Tradition has it that the husband’s career has primacy, whereas it is assumed that the woman’s career can wait. Even if husbands are supportive, decisions made on a day-to-day basis often involve compromise on the woman’s part. There often seems to be a pretext of why, for each minor event, it would be “easier” for the woman to compromise, especially when it involves children. Thus, in the end, many small compromises can lead to women losing their goals in the face of what appears to be an excellent support system. In my case, I found that standing my ground on each of the minor decisions felt petty and argumentative. It certainly would have been easier to give in each time. Ultimately, however, sticking to my position led to fewer arguments and a better relationship, as it established a fair balance. Indeed, I can now say that I have been fortunate in that successfully achieving this balance allowed me to have four children and that as they have been growing up, my husband has assumed an increasingly greater role in their day-to-day activities and the exigencies of their lives, which is not always the case for women in medicine. Further, if one were to ask him now, I am certain he would admit that my “forcing” him to share day-to-day childcare responsibilities has led to a type of fulfillment that he treasures.

For me, coping with the demands of my personal and professional life has been difficult in different ways at different stages of my career and at different ages. I suspect this is true for all women in medicine, particularly those who have achieved and function in leadership roles. When my children (who are now 18, 15, 12 and 9 years old) were younger, striking a workable balance was more stressful than it is now. That stress has been lessened because when we had our fourth child, my husband and I agreed that he would devote more time to the children. Because he is also a physician and our combined incomes allow us a very good standard of living, we have learned not to cut corners in solving the many needs of our children and our professional lives. We have adopted a philosophy of not being “pennywise and pound foolish.” So, for example, if the babysitter we hired is sick and cannot take the children to school, we will call a taxi for them. We pay our babysitter more than the going rate in the market place rather than try to economize and face having to hire one babysitter after another. Another key factor that has allowed me to cope with the demands of balancing a professional and personal life is that I do not succumb to guilt — guilt that
I am not providing my children with enough time or love. I feel that my professional success and the salary that goes with it, the important work that I am able to do, along with my husband’s contribution and the devotion and love that we have for our children, have provided our children with a standard of living, a home, role models and opportunities that far exceed those of the majority of people on this planet. Put in that perspective, I do not feel guilty over the time that I spend at work. My mother died when I was 12 years old and she was sick for most of my childhood, yet I still consider that my childhood was excellent, and my children’s lives are that much better. I do manage to spend quite a bit of time with my family despite the pressures of work. I attend most of their productions at school, we take vacations together, and we talk and share ideas. Additionally, I believe that my children benefit from being proud of me when they hear from their friends, some of whose parents also work at M. D. Anderson, that I am an excellent physician. Over the years my children have had lots of positive feedback about me and have increasingly come to understand that the job I do is very worthwhile.

One example of this understanding occurred when my now-15-year-old son was 8 years old and was starring in a school production that I had told him I would attend. At the last minute I couldn’t get out of the hospital in time to get there. A long-time patient of mine, with whom I had become very close, was in the hospital dying after 15 years in and out of remission from lymphoma. When we had first met, at the time of her diagnosis, her two sons were 8 and 9 years old and her primary goal was to live long enough to see them grow up. As she lay in the hospital, her boys were ages 22 and 23. Because I had been their mother’s doctor and had bonded with the family and they with me, they wanted me to stay with their mother during her last hours. Later, when my young son expressed his disappointment about my absence at his school function, I explained the situation to him. In fact, he started crying and felt very strongly that I had made the best choice under the circumstances. I am quite sure that he identified with my patient’s sons and their mother’s situation, since he was the same age they had been when she first fell ill.

I personally feel very fortunate to have spent my career doing things that I really love and to have been successful at my efforts. I also feel fortunate that my success has been recognized, as reflected by the fact that I now lead one of the best, if not the best, early cancer clinical trials program in the nation and the world. Achieving this position can be attributed in part to my abilities and persistence, but other factors, including having good luck and the support of people around me and being in the right place at the right time, have played a part in forging success in my professional life. I am fortunate that all of those factors came together in a way that has allowed
me to do what I set out to do so long ago. Most important, I am fortunate to have the privilege to do work that is meaningful and to have the opportunity to make an impact on a disease such as cancer.

I am often asked whether I have interests outside of work. I do, but to be frank, they are minor. My interests include skiing, running and reading. I have run the half-marathon thrice and will continue to do so yearly for as long as it is feasible. I tend to read books that relate to real life, such as biographies, rather than fiction, as I believe that real life is far more interesting. My major passion remains my family and children: Benjamin, who is 18 years old; Jonathan, 15; Rena, 12, and Tali, who was adopted at 14 months of age and is now 9. Although I never wanted children as a young woman, it turns out that despite my satisfaction and pride in my career and the good work that we do with cancer patients, my children top the list of what is truly important to me. I would have regretted not having them. The near-miss of almost forgoing this experience scares me when I think about how different and empty my life would have been without my children. I made a conscious decision to have children because Philip, the man I married and to whom I am still married, wanted children and it would not have been fair to him to marry him and not agree to have a family. I believe many women with demanding professional lives have conflicts about having children. There is such a strong bond between a mother and her children, but that bond is nearly impossible to understand before a woman has children. To have an active career and children requires a flexible and understanding husband. A firm partnership with and help from your husband is necessary. It is also best, I believe, not to be bullied by the many perceived needs of the children, particularly in today’s child-centered culture. Their needs are, of course, important, but centering your entire life around them ultimately helps neither the children nor the parents.

My three older children are similar. They are all good kids and all extroverted, but serious and social, with both feet on the ground. In fact, they are quite similar to their dad. Benjamin, a first-year student at college, is serious and interested in law, economics and business. Jonathan loves the theater, but I truly believe despite his current disavowals that he will end up in medicine. He is very caring and wants to do something meaningful for his career. Rena may take that same path. She is almost obsessed with books about youngsters and young adults with serious illnesses. Tali is the most like me, especially as I was as a child. She is conservative, reserved, shy and introverted, with a great love of horses. She is also very artistic. It is fascinating to watch each child grow and develop into an individual and to help them to develop the best possible life. I believe it is necessary to communicate with your children about real issues, careers, children and feelings, and my husband and I have made this a priority in our lives.
In summary, I believe that I have been blessed in many ways. I have worked in a field that I enjoy, at a great institution doing a job that is meaningful. I have a wonderful, warm and loving family. Looking back, besides simple good luck, the main things that I may have contributed to build this good fortune were a clear vision of what I wanted out of life and an absolute dogged persistence to get there.