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Recommended Citation
Meric-Bernstam, Funda MD, "Funda Meric-Bernstam, MD" (2008). Legends and Legacies Book Chapters. 16.
https://openworks.mdanderson.org/legendsandlegacieschapters/16

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Funda Meric-Bernstam, M.D.

Associate Professor of Surgical Oncology
Funda and her parents, Gulser (left) and Ilhan Meric (center), on Thanksgiving Day, in Bethesda, Maryland, 1994.

Funda and Elmer Bernstam were married in 2003 on the Big Island, Hawaii.

(Photograph courtesy of Joyce Haverkate, Zac’s Photo)

As a physician-scientist, Funda combines conducting translational research with providing surgical expertise to breast cancer patients.

(Photograph by Karen Hensley)
am the only child of two professors of finance, which ensured that I would never overvalue money or pursue a career in business. However, my choice of an academic career appears to have been genetically predetermined. Even when our family went on vacation, my parents were planning their next paper together. Also, it was quite clear (to me) that academic success led to trips to exotic locations. I am still not sure whether my parents travel for work or work for travel. In any case, they travel constantly, and, therefore, it appears that they are successful.

Apparently, I declared my interest in medicine at age four when I fell off of a radiator and split my lower lip. After the doctor had sutured my lip, I announced to my grandmother that I, too, wanted to be a doctor. That remained my goal throughout childhood and led me to make some strange requests (such as for an anatomy model for my 13th birthday). I briefly considered other career options. In junior high, I considered a career with Charlie’s Angels or Jacques Cousteau. In high school, I very seriously considered physics and electrical engineering. I finally settled on academic surgical oncology, a career to which I appear to be well suited. Still, since I am generally a happy person, I probably also would have been happy as a Charlie’s Angel or in many other careers.

My parents have always been pathologically supportive of me. I suppose many parents think that their children are the best, the smartest and the most successful. But my parents constantly remind me (and anyone else who will listen) of their conviction. My father tells his students, gas station attendants and random grocery store employees about his amazing daughter. Although English is my parents’ second language, they are able to maintain a constant stream of superlatives. In fact, not a single day goes by without my mother telling me how much prouder she is of me today than yesterday or the day before. Perhaps this is one of the reasons I still talk to her every day. This positive reinforcement has served me well — but more about that later.

I moved around a lot as a child, which I think made me tougher, more flexible and adaptable to change. My parents came to the United States from Turkey to pursue their Ph.D.s in finance. I was born in the United States but lived with my grandparents in Turkey while my mom was finishing her Ph.D. When I was 4 years old and had just learned Turkish, my mom finished her Ph.D., and I was moved back to the United States. By the time I was 8 years old, I had forgotten Turkish but had learned fluent English. Unfortunately, my parents’ scholarship required them, and by extension, me, to return to Turkey. Then, when I was a junior in high school, we again returned to the United States for my parents’ sabbatical. Shortly thereafter, I moved back to Turkey, where I finished high school and started medical school at Hacettepe University in Ankara. At the time, my parents were
junior faculty in the United States. Four years later, my dad got tenure, so I returned to the United States to join my parents.

In Turkey, I attended three schools. I started second grade in a public school, but everything was in Turkish, so I can’t really tell you much about those six months, since that was during one of my English-speaking periods. Then I went to a private school where math, science and English were taught in English. I learned much more at this school, and indeed, I did not have to work very hard to be one of the top students. Throughout junior high, my parents kept telling me that the smartest kids went to “Science High School.” (Think “Fame,” but for bookworms rather than aspiring performers.) Admission was based on results of an entrance exam; the 96 students with the top scores were sent to this government-run boarding school, which was on the top of a mountain near Ankara. There, I went from being the smartest kid in most classes to one among many smart kids. It quickly became apparent that I had to work hard to excel in this group. On the other hand, I was now the most athletic; it helped that I was a foot taller than any of the boys. Alas, my basketball career was discouraged by a rigorous academic schedule and a lack of heat in the gymnasium. I also became involved in theater and played the lead (“Jo”) in a school production of “Little Women.” I like to think that my brief time as a thespian made me more comfortable in front of an audience.

The pinnacle of my academic career came early. In Turkey, all graduating high school students who wish to attend university must take an entrance examination, somewhat similar to taking the SAT in the United States. In 1983, approximately 500,000 students in Turkey took the exam, and I had the top score. The press interviewed my parents and me, and this gave my father plenty of opportunity to discuss his favorite subject — me. In addition to providing my proverbial 15 minutes of fame, this external validation of my parents’ praise gave me lasting confidence. To this day, my husband jokingly introduces me as “the smartest person in Turkey.”

After completing the first four years of a premed-medical program in Turkey, I decided to join my parents in the United States. Yale Medical School will always have a special place in my heart because they took a chance on me — a student from a foreign school. The years I spent at Yale were some of the happiest and most fruitful of my life thus far. Yale has a unique educational system: Because all Yale students are above average, there is no need for grades, so we studied for ourselves rather than “to make the grade.” I believe that this approach provided me with the foundation for lifelong learning.

In addition, Yale required every graduating student to write a thesis. That thesis was my first clinical research experience, produced my first publication, and got me addicted to academic medicine. I think that this
along with other research experiences during medical school led me to pursue research in molecular biology. Consider this my plug for involving students in research — it’s not a waste of time.

Residency in general surgery was a, shall we say, “unique” experience. I am sorry to report that the events of my residency are not accurately represented on “Grey’s Anatomy.” In my experience, there was more work, less romance and less camaraderie. Before the 80-hour workweek rules came into effect, a surgery residency could be summarized as five years spent in the hospital. Perhaps I exaggerate — there were some nights spent in my own bed. On a positive note, it was great surgical training that taught me to “operate in my sleep.” In fact, every few years, the local paper would (again) “discover” that surgery residents were working more than 100 hours per week and do an “expose.”

During residency, there were never enough hours in the day to get everything done. We were forced to learn how to be as efficient as possible and to prioritize and multitask, skills that I now use every day. My fear of missing something and getting yelled at by a chief resident was eventually replaced by the fear of missing something that could hurt a patient. To this day, I maintain an intense — maybe too intense — sense of personal responsibility for my patients. I often wake up in the middle of the night to double-check test results.

At one point, during one of my general surgery interviews I was told that if I were accepted into the residency program, my ovaries would “shrink to the size of raisins.” This comment heightened my awareness of the degree of gender bias that existed in the field of surgery. Finally, I chose a residency program at the University of Michigan, which was considered at that time to be one of the “woman-friendly” programs. Alas, many of the female surgery residents who were ahead of me there are now pursuing other careers. On one occasion, when I was playing with a young patient, an attending physician commented, “If you weren’t wasting time doing this doctor stuff, you could have a few of your own one day.” Chief residents also were fond of mentioning that there was “too much estrogen on the team.” To this day, I believe that an important difference between me and those women who did not finish the program was the endless supply of positive reinforcement that I received from my parents.

Then, after years of being encouraged to be “one of the boys,” when the time came to apply for fellowships, I was advised by an attending surgeon to wear a skirt and get a feminine haircut for the interviews (as if these superficial efforts were needed on top of all my hard work, studies and accomplishments). However, I took the advice. I got into M. D. Anderson Cancer Center, the premier surgical oncology fellowship.

As residents, we were encouraged to do research. For those of us
interested in academic careers, this meant a two-year hiatus from clinical training between the third and fourth years of the general surgery residency program. I chose to spend this time at the National Institutes of Health (NIH) in Bethesda, Maryland. I chose the NIH because of its reputation but also because I was sick of the cold winters in Michigan.

I joined a large laboratory where I was the only M.D. among 20 Ph.D.s. This was a completely new world with its own traditions, language and expectations. During the first few months, I only understood about 20 percent of what was said at lab meetings. To make matters worse, my boss suggested that I pursue a general area of study (the process of generating protein from RNA) and gave me little guidance. I was mostly left to my own devices. I had to choose, design and carry out my own research project. That was challenging because many of my colleagues in the lab did not believe that surgeons could (or should, for that matter) be successful scientists. Therefore, to many of them, helping me was an unwelcome distraction unlikely to lead to anything productive. Fortunately, this turned out to be a growth opportunity in disguise. At the end of my two years at NIH, I left with the confidence that I could ask and answer the critical questions in any field.

It may not be entirely surprising that I met my husband in a medical library. We started out rollerblading and jogging together. Next came the dancing, which turned out to be false advertising: By the time we started officially dating, he claimed to have developed two left feet. There was also another, more serious problem: I had already matched at M. D. Anderson, and he was planning to train in biomedical informatics at Stanford. I don’t recommend long-distance relationships, but, after three years, if you are still together, you know it is meant to be. I am not just saying this because my husband is helping me write this chapter — he truly makes my life worth living. We are very different in some ways, and, yet, he completes me (as well as my sentences and paragraphs). In fact, we have written numerous grants and papers together.

Marriage changed my life. It helps me maintain perspective at work and decreases my propensity to bring work home. It caused me to learn how to cook and to ski and to forget how to ballroom dance... but I digress. Marriage gets me out of the hospital and onto a tennis court or jogging track and makes travels to exotic places more fun. I now see that it is important to maintain balance, and I believe that having a life outside of work increases productivity in the long run.

It was my honor and privilege to train at M. D. Anderson Cancer Center with some of the best surgical oncologists in the world. I guess that, as a faculty member here, I’m pretty much required to say that, but I really do feel that way, and I consider myself lucky to have joined this faculty.

I chose to focus my research and surgical practice on breast cancer
because to me, it is the most interesting disease in the world. There are not enough pages in this book to fully describe all of the facets of breast cancer that I find fascinating. Let’s just say that even with all we now know about this disease, thousands of women still die of it every year. It is hard to imagine another disease that is more compelling to a female scientist. Also, since many patients with breast cancer prefer a female surgeon, being a woman in this specialty is an asset rather than a liability.

I joined the M. D. Anderson faculty as a surgeon-scientist. That means that I spend half of my time treating breast cancer patients and half of my time doing research. Realistically, this means that I have two full-time jobs. Clinical work, especially surgery, rarely fits into allotted time slots. Similarly, there is always more to be done in the lab, always another question to be asked.

It takes a lot of hard work to succeed. While at Yale, I met the owner of a successful local hamburger stand. I thought he was lucky because he did not have to work as hard as we medical students did, but it turned out that his day began at 5 a.m. and didn’t end until he closed the store at midnight, seven days a week. It seems that in all careers, the top people work very hard. My mom says, “If you want to be more successful than your neighbor, work six days a week. If you want to be more successful than everyone else, work seven days a week.”

When I joined the M. D. Anderson faculty, I felt that I was well prepared to be a breast surgeon. However, I quickly discovered that none of my training really prepared me to manage a clinical or research team. It took me several years to create the productive research environment that I have today. I think that this is often the case; you’re trained to do something, and, if you do it well, you’re told to stop and do something else.

I had to come to understand that it is not my job to make everyone happy. Rather, I must create a productive, harmonious work environment in which happiness is possible. I also realized that it makes no sense to expect everyone to be like me. To be effective as a leader, I had to understand people better and had to leverage shared goals to inspire and motivate them.

In research, as in life, it’s easy to get distracted by minutiae. If you want to succeed, you have to set ambitious goals and then work to achieve them. Don’t sweat the small stuff; value quality over quantity. Your time and resources are limited, so focus on the truly important. This is an exciting time in biomedicine. We now have the technologies to address the big questions: How can we target the molecular causes of cancer? Can we personalize treatment to a given individual?

It is important to realize, however, that no single person can provide answers to such questions — these answers require collaborative efforts. Certainly, it is important to have one’s own niche, whether in clinical work
or in research, but it is more important to work well within a team. We must put our egos aside and collaborate for the greater good. Teamwork and coordinated research efforts allow us to do larger projects that have a greater and more immediate impact on patients’ lives.

Finally, I believe that success is a journey, not a destination. My advice: Enjoy the trip.