

## Mentor Assessment 2

**Name of Mentor:** Dr. John Mansour

**Profession:** Surgical Oncologist

**Location:** U.T. Southwestern Medical Center- Pickens Biomedical Building

**Date of Visit:** December 21, 2016

**Time:** 12:00 - 1:00 p.m.

### **Assessment:**

Over the winter break, I was able to attend a full day of clinic with Dr. Mansour, but I was also able to attend my first tumor board. I was incredibly excited for this opportunity, and I was completely engaged throughout the conference, trying to soak up every bit of information I could. Tumor boards are the gathering of medical oncologists, surgical oncologists, and radiation oncologists. The doctors will bring in their complicated cases, or their confusing cases, or cases that may need an outside eye, and present them to the other doctors in the room. They then proceed to discuss the various cases and come up with a plan, taking into account the opinions of all the doctors in the room.

I listened to the oncologists present various interesting cases, however there were two in particular that interested me the most. The first case was a case that I saw the previous day when I attended clinic with Dr. Mansour. It was a middle aged woman who previously presented with renal cell carcinoma in her left kidney. To treat this cancer, she had a left nephrectomy which was followed with six months of chemotherapy to prevent further metastases or relapse. The patient at this current time presented with a vast array of hemangiomas in her liver, however there was one main hemangioma that stretched 3 centimeters. Her doctors had been following this hemangioma closely with CT scans every year. Her primary care physician (PCP) however, had most recently decided to perform a PET scan with contrast, which revealed something abnormal. On this PET scan, the hemangioma was read as a metastasis of the previously treated renal cell carcinoma. This conflicted with her previous scans and she was referred to Dr. Mansour. Dr. Mansour presented this case at the GIDOT (gastrointestinal disease oriented team) tumor board to get the opinion of the radiation oncologists at U.T. Southwestern. After further deliberation and discussion with the radiation oncologists at the tumor board, Dr. Mansour determined that it was in fact a hemangioma, not a renal cell met. This was good news for us and for the patient.

The next case was the case of a 16 year old boy who presented with peritoneal adenocarcinoma. This is an incredibly rare form of cancer for a 16 year old to have, which is

why his pediatric oncologist came over to this particular tumor board. The father was refusing treatment because he believed God had cured his son, and the doctors knew that if he didn't receive treatment for the cancer, he would die soon. The doctors debated whether the court should take custody of the patient knowing that the cancer is incurable, or whether they should leave the family intact for the patient's last few months. This led to a fairly heated discussion, with many differing opinions on the matter. In the end, they found a trace of cancer on the scans and decided to present this information to the father in hopes that he would allow for a few more scans to be run.

This particular tumor board taught me quite a bit. It truly opened my eyes to the "team" aspect of oncology, one that I knew existed but never got to experience firsthand. I find this aspect to be intriguing and exciting, because there is truly no other field in medicine in which you work with a team on daily matters. I really enjoy that aspect of oncology, because in my opinion, it promotes better patient care. The other thing that I learned was how much the field of oncology is governed by ethics. With the case of this young patient, the doctors risked uprooting his family and his support system in order to treat him, knowing that they can only extend his life by a few months at most, or whether it was better to allow him to spend his last few months with his family, providing comfort and treating the symptoms. In the end, you have to put the patient first, and if that means allowing him to pass with his family, then you have to allow that knowing that you are truly making the best decision for the patient.