

IN CONVERSATION WITH

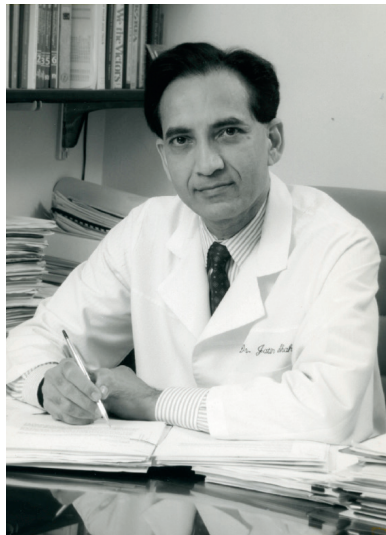
Professor Jatin Shah

We are honoured to welcome renowned head and neck surgeon, **Professor Jatin Shah** as Guest Editor of this edition of ENT and Audiology News. Here he speaks to Section Editor, **Charlie Giddings**, about his career, memorable achievements and advice for future head and neck surgeons.

Tell us about your early career and how you came to be a successful head and neck surgeon. Who most inspired you and mentored you in your career?

My early career in surgery was influenced by some remarkable surgeons whose skills, knowledge, judgment and wisdom, I tried to emulate during my training period. The late Drs Manubhai Patel and AB Kothari stand out amongst my teachers in surgery at the S S G Hospital of the M S University in Baroda, India. However, I got drawn to surgical oncology following the death of my Dad, who lost his life to lung cancer. I simply wanted to be trained at the world's best cancer center, and that was then the Memorial Hospital for Cancer and Allied Diseases in New York. Here, I delved into all aspects of surgical oncology, and was particularly influenced by the skills, courage and mastery of surgery of Ted Miller, a true giant in all aspects of surgical oncology. However, I got progressively attracted to head and neck surgery, due to the diverse nature of surgical procedures we did, and realised that each and every patient we treated was 'different', with their unique challenges to 'cure cancer' but preserve or restore form and function. This was my calling, and during my fellowship training years, I managed to get extra time on the head and neck service, by swapping rotations with my colleagues. There were no specialised fellowships in head and neck surgery in those days. Drs H Randall Tollefsen and Hollon Farr,

took special interest in me and my career, during this time and brought out many hidden talents I had, by challenging my intellect and skills during the fellowship. By now, I was 'hooked' on head and neck surgery, which eventually would become my passion and addiction for the rest of my life. I am indebted to Dr Elliott Strong who gave me the opportunity to foster my interest, and invited me to join the faculty of the Department of Head and Neck Surgery at Memorial Sloan Kettering Cancer Center (MSKCC). He would also eventually become my mentor, guide, counsellor and advisor, until I succeeded him to chair the department in 1992.



1992, appointed Chief of Head and Neck at MSKCC.

Having founded the International Federation of Head and Neck Oncologic Societies in 1986, could you tell us about the achievements of this organisation?

I became increasingly involved with the Society of Head and Neck Surgeons (SHNS), and rapidly rose to its leadership, to eventually, become its President in 1991. It was during my tenure as a council member that an idea came to my mind, to create a global platform

for head and neck surgeons to foster camaraderie, exchange ideas and experiences, and develop education and training programmes to uplift head and neck cancer care around the world. With initial support of 16 leaders from various head and neck societies around the world, the International Federation of Head and Neck Oncologic Societies (IFHNOS) was founded in 1987. Today, it is a thriving world body in our specialty with 53 national societies as its members, spanning the globe. Amongst the foremost activities of IFHNOS are the quadrennial world congresses (the largest world congresses in the specialty of head and neck surgery) and its very popular world tour programme of Current Concepts in Head and Neck Surgery and Oncology, given in 8-10 locations around the world by global leaders in the month of October every two years. In addition, IFHNOS offers a Global Online Fellowship (GOLF) in Head and Neck Surgery and Oncology, to create a cadre of the next generation of head and neck surgeons with global standards of knowledge, judgment and skills. Currently 189 trainee surgeons from 48 countries are pursuing this fellowship programme. At its fifth world congress, in New York in 2014, IFHNOS declared 27 July as World Head and Neck Cancer Day (WHNCD). On this day around the globe, all involved in the field of head and neck cancer organise screening and early detection programmes, post graduate courses, continuing medical education programmes, and events to raise public awareness of risk factors and prevention. Media campaigns and political rallies to increase awareness about head and neck cancer are also organised. IFHNOS also offers online education programmes in surgical techniques, and offers 'Observerships' to several candidates from resource poor nations to travel to centres of excellence. This programme is supported by a private foundation.

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What do you see as the future challenges that need to be overcome in head and neck surgery?

Head and neck cancer is a devastating disease that affects over 600,000 people around the world. This is the most 'visible' cancer, affecting the patient's life, looks and function. However, this is also one of the most preventable cancers. Our future efforts should be focused in reducing the incidence of these cancers around the globe, by increasing awareness and risk factors. In addition, new directions in developing therapeutic programmes that leave no or minimal treatment related morbidity need to be identified. These include minimally invasive and function preserving operative techniques, newer methods of reconstructive surgery to restore form and function, basic research to identify newer targets and newer more effective drugs to avoid surgery, and newer and more precise and safe techniques of delivering ionizing radiation to eradicate tumours, with minimal toxicity. These challenges will require time, effort and resources from governments, industry and society to work together to make an impact on this disease.

As Chairman of the AJCC task force on Head and Neck, can you reveal if any significant changes are planned with the upcoming edition?

I am honored to have lead the task force for Staging of Head and Neck Cancers for the American Joint Committee (AJCC), for the past two decades. This has been a daunting task, to improve the staging system with each edition of the staging manuals. In addition to the anatomic factors of tumour, node metastases (TNM), there are several other tumour and patient related prognostic factors

that influence outcome and prognosis. With each successive revision, improvements are made to include these prognostic factors into the staging system. For example, currently inclusion of depth of invasion (DOI) for oral cancer and presence of extra nodal extension (ENE) for lymph node metastases are under consideration for inclusion in the next edition of the staging manual. The ultimate goal of the staging systems is to produce personalised prognostic nomograms for each patient, which would be dynamic and will be current throughout the patient's life, unlike the 'static' current staging system.

What scientific collaboration are you most proud of?

I have been fortunate to be able to work with the most talented group of individuals at MSKCC throughout my career. These personal and institutional relationships with leading experts from medical oncology, radiation oncology, dentistry and prosthodontics, endocrinology and nuclear medicine, radiology, pathology and supporting services such as rehabilitation and nursing, as well as social work, have been a privilege that I am most proud of. In addition, collaboration with basic research scientists from the Sloan Kettering Institute is a refreshing intellectual exercise to probe into the biology of head and neck cancer, which is available to only a few fortunate individuals. I am blessed to be one amongst them.

As a former chairman of the Joint Council for Advanced Training in Head and Neck Oncologic Surgery, how would you like to see training change in the next decade?

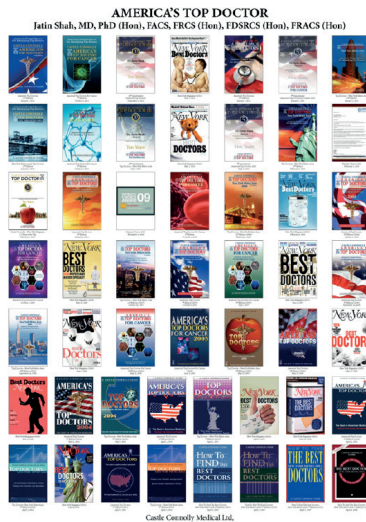
I had the distinct honor to steer the fellowship training programmes in the USA, as Chair of the Advanced Training Council (ATC) of the American Head and Neck Society (AHNS), for over 10 years. The effort to structure, approve and monitor the training programmes is a continuing challenge in these times of an ever-changing landscape of biological and technological revolutions in oncology. The specialty has become so diversified, that a 'General Head and Neck Surgeon' working in all aspects of head and neck surgery will be impractical in the years to come. Sub-specialisation into skull base surgery, micro surgery, endoscopic and robotic surgery, laryngology and voice disorders, endocrine surgery, and other emerging fields, will need to be addressed in the future. Thus, tailored fellowship programmes to fit an individual's interests will have to be created. This will need restructuring of the current curricula and diversification of the existing fellowship programmes.

What is your most memorable patient experience?

Ultimately all we do in our careers is for the benefit of our patients. Our patients teach us a lot, and it is a privilege to be able to take care of these special human beings who put their trust and their lives in our hands. Many patients leave an everlasting impression and an indelible mark in our memories, which is difficult to forget. I vividly remember a 22-year-old college student who came under my care, for a T3 N1 tongue cancer. She was terrified at the thought of losing a good part of her tongue, her ability to speak, swallow, and look and function normally in society. She required a 'significant glossectomy', neck dissection, radial forearm flap and postoperative radiotherapy. She cried, and cried, during her hospitalisation. I was touched, moved and emotionally distraught. But, I could do nothing less, since cure of her cancer was the first goal for me. But, we worked together. She mustered courage and took a positive attitude. She wrote a thesis on 'Hope', for her Master's degree, where she recounts her own experiences, and describes ways to overcome calamity. Today, she is a professional counsellor for head and neck cancer patients, is married and is the mother of a handsome young boy. She taught me that under the direst circumstances in life, where everything

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seems to be collapsing, there is the ray of hope that comes from your own inner strength to overcome disaster and move on in life. Her courage has been an inspiration for me.



Cited 51 times in national magazines as 'Top Doctor'.

What lessons have you learned that others could apply?

Although my career is not over, having been intimately involved in the specialty for over 40 years, I can share a few words of wisdom for the next generation of head and neck surgeons. There are opportunities in life all around you, you just have to 'see' it, seize it and work at it, to succeed in life. Remember, a success is not an achievement, it is only a door to the next challenge, and each successive challenge builds and strengthens your career, and along the way helps humanity. Remember to stretch your capacity, and you will soon find that it is elastic. In the end, hard work pays off. However, if you 'enjoy' what you do, then it is never work. And finally you only can enjoy your work, if you have passion for it.



Wearing the Blokhin Gold Medal from Russia, and the Ellis Island Medal of Honor from the USA.

You are exceptionally busy with a vast list of achievements – do you have any advice about work-life balance?

Maintaining balance in life is an essential aspect to succeed not only professionally, but personally. This is more difficult than it sounds. However, in order to succeed professionally one needs to be the best 'manager' of his / her time. Prioritising issues, and delegating some part of your work is essential to keeping 'all balls in the air'. This means that you need to build a team of people working with you, who are reliable, trustworthy, productive and as goal-oriented as you are. This is not difficult, but it takes a keen sense to identify team mates who will be excellent players on your team. Eventually, everybody succeeds through this philosophy. As to personal life, it is a more challenging task to carve out time for your family and loved ones. I have tried to develop a culture in my family that it is about the quality of time that I spend with them rather than the length of time. It took a while for everybody to accept this 'philosophy', but in the end I succeeded. Having said that, I did have to take out dedicated time on weekends, and designated vacation times to maintain the balance.



Vacationing in Antarctica.

In closing, I must say it has been a wonderful and fulfilling journey so far. If I had to do it over again, I would do exactly the same, with no change whatsoever. My experience has been that if you have the passion for what you do, then it is never 'work', and you are never 'working hard', you are simply in "ecstasy with your passion".

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