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# ESMO Women for Oncology 2016: a very personal tale of my professional life in Asia

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In Thailand, 30 years ago, when I started my career as the first medical oncologist at the Faculty of Medicine, Chiang Mai University, cancer was considered to be an incurable disease and treatment with chemotherapy was generally considered ineffective. In the Department of Medicine, the only cancers that received chemotherapy were the haematological malignancies, and these were treated by haematologists. Solid tumours such as breast, lung and colorectal cancers were treated by surgeons and radiation therapists. During that period there was a limited number of chemotherapeutic agents available and no good supportive medicines such as the new antiemetics and growth factor support. In the West, medical oncology was established in USA and Europe around 1960 and this initiative led to many improvements in cancer care, especially in cancer research.

## THE CREATION OF MEDICAL ONCOLOGY IN THAILAND

In 1986, there were only two medical oncologists in Thailand. I myself worked at the Faculty of Medicine, Chiang Mai University; the other one worked at the National Cancer Institute (NCI) in Bangkok. Both of us had started working in oncology in Thailand at the same period. We took care of cancer patients with chemotherapy and hormonal therapy, giving several lectures and organising conferences together with the surgeons and radiation oncologists. Under the support of WHO and the Thai National Cancer Institute (NCI), the short course training in oncology and a local cancer conference were established. Since 1987, many medical oncologists have returned from abroad to work in Thailand and created a lot of interest for clinicians to work in this field. However, several criticism regarding the effectiveness of cancer treatment especially with chemotherapy has remained.

## HOW TO FACE THESE PROBLEM AT WORK?

Both male and female oncologists face many problems during their work; the problems depend on the specific circumstances at the place of work.

In Thailand, besides the shortage of manpower, the main problems are those related to the cost of drugs and the death rate of patients, especially due to lung cancer. As medical oncologists, it is our responsibility to prove that the treatment provided to the patients was proper. Thus, a study on the quality of life in patients with non-small cell lung cancer (NSCLC) who received chemotherapy versus best supportive care was initiated in 1991 and the results were first reported at the American Society of Clinical Oncology (ASCO) meeting in 1995, followed by a full article published in *Lung Cancer* in 1999.<sup>1,2</sup>

In 2005 paclitaxel was registered in Thailand, and the drug was used in NSCLC, but again the issue of cost was raised. This time a study on cost-effectiveness was performed, comparing the outcomes of carboplatin plus paclitaxel versus cisplatin plus etoposide.<sup>3</sup>

These two scenarios were examples of problem solving via research and I hope that it will inspire oncologists, both men and women, to be more proactive and find ways to cope with problems. In my opinion the research offers us one of the best means of support for overcoming our problems. For women oncologists, sometimes the problem may be related to the imbalance of work and life; however, I think the best way to solve this problem is to find ways to talk to your colleagues and to your family openly and to ask for help: don't let yourself fall into stress and depression.

## MEDICAL ONCOLOGY TRAINING IN THAILAND

In 1990, a group of Thai medical oncologists came together and agreed to found the Thai

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Society of Clinical Oncology (TSCO); after that the formal training program for medical oncologist was established. Initially the training was set to be a 2-year fellowship which the trainee must complete 3 years of Internal medicine prior to entering the medical oncology training. However there were few internists interested in training in oncology. Moreover, the demand of the country for more medical oncologists to serve patients with cancer was very high, and thus a new training programme called 'Fast Track' was started in 2006. The programme accepts trainees who graduate from medical school and enter the 4-year program which consists of 2 years in internal Medicine and 2 years of oncology. After this programme was initiated, there was increasing interest in medical oncology and led to a real increase in the number of medical oncologists in Thailand. In 2016 there are 202 members of TSCO, and half of those are women. Thus, there is a growing number of medical oncologists in Thailand serving at academic centres, provincial hospitals and also in the private sector.

## SOCIETIES

The beauty of working within the international professional societies is the fact that it does not matter whether you are a man or a woman but rather that you are able to demonstrate your capacities in several ways, such as serving in the committees. Via committee meetings such as the European Society Of Medical Oncology (ESMO), it is possible to share ideas, network with members from many countries and bring your own ideas to the society and thus to a wider audience. As a member of the ESMO Developing Country Task Force (DCTF), I have learnt many things and been able to set up several meetings

through the support of ESMO DCTF. Also working with ESMO's regional representatives in the far East has led me to a greater understanding of the mission of ESMO and the importance and value of being the member of the Society.

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## REFERENCES

1. Thongprasert S, Sanquanmitr P. Usefulness of the thai modified functional living index-cancer (T-FLIC) and the Thai modified quality of life index (T-QLI) for advanced non-small cell lung cancer. *Gan To Kagaku Ryoho* 1995;22:226–9.
2. Thongprasert S, Sanguanmitra P, Juthapan W, *et al.* Relationship between quality of life and clinical outcomes in advanced non-small cell lung cancer: best supportive care (BSC) versus BSC plus chemotherapy. *Lung Cancer* 1999;24:17–24.
3. Thongprasert S, Permsuwan U, Ruengorn C, *et al.* Cost-effectiveness analysis of cisplatin plus etoposide and carboplatin plus paclitaxel in a phase III randomised trial for non-small cell lung cancer. *Asia Pac J Clin Oncol* 2011;7:369–75.