



Academic Mentors, Peers, and Friendtots Make the Difference

Diane Mulligan:

Curing lung cancer. It may be a dream, but there are amazing people who are getting closer to a cure every day. Could you or someone join them? It takes a special person to become a doctor. Then to decide to become a lung cancer researcher, there's even a more select group of these doctors who are from minority groups. They face unique challenges, but also unique opportunities that impact them as well as lung cancer patients.

Sarah Beatty:

We know it takes dedication, fortitude, years of study. But today, we also learn that mentors can pave the way for our lung cancer researchers, and not just at the Ivy League schools. Our guests talk about how peers, friendtots and academic mentors can help you see potential in yourself that you may not have known is there. One of our guests sums it up this way.

Dr Jarushka Naidoo:

Mentors are those guiding lights that help us to progress to the next stage and to see paths where we may not have seen them before.

Diane Mulligan:

Advances in lung cancer treatments over the last few years have made it possible to live with lung cancer for years after diagnosis. Today we look at how lung cancer research can benefit from an increase in investigators from minority and ethnic communities. I'm Diane Mulligan.

Sarah Beatty:

And I'm Sarah Beatty. Why is this important? Because researchers who bring a culturally sensitive perspective to lung cancer, can make a huge difference in research and in the communities they represent. We will learn more on this in today's Living With Lung Cancer: Hope With Answers podcast.

Diane Mulligan:

Lung cancer is a tough topic. It's a disease that affects patients, families, friends, co-workers. But first, it's a disease that affects people. The Hope With Answers: Living With Lung Cancer podcast brings you stories about people living, truly living with lung cancer. The researchers dedicated to finding new breakthrough treatments and others who are working to bring hope into the lung cancer experience.

Sarah Beatty:

Our discussion about how lung cancer researchers who represent minority and ethnic communities, have navigated their own careers is fascinating.

Diane Mulligan:

It was Sarah. You will hear how mentors have paved the way for these doctors. You will also here why this is so important getting the right care to all people, especially those in underserved areas. Today we



are talking to Dr Jarushka Naidoo, a Consultant Medical Oncologist at Beaumont Hospital in Dublin, Ireland and Adjunct Assistant Professor at Johns Hopkins University who focuses on immunotherapy and is an LCFA Young Investigator Grant Recipient. Also Dr. David Tom Cooke, a cardiothoracic surgeon and Chief of General Thoracic Surgery at the University of California Davis Health System specializing in cancer surgery.

Diane Mulligan:

And Dr. Christian Rolfo, a thoracic oncologist, Professor of Icahn School of Medicine, who is Associate Director for Clinical Research in the Center for Thoracic Oncology, Tisch Cancer Institute, Mount Sinai, New York, and welcome to all of you. Thanks so much for joining us today.

Dr. David Tom Cooke:

Thank you.

Dr Jarushka Naidoo:

You're welcome.

Diane Mulligan:

Let's talk about the difficulty of becoming a lung cancer young investigator or should I say cancer researcher, which do you guys prefer?

Dr. David Tom Cooke:

I would say a researcher is fine.

Diane Mulligan:

Great. We're going to go with researcher then. Thank you so much. So Dr. Cooke, you do a lot of work in the equity space for young physicians. If an aspiring doctor isn't able to attend one of the top rated University Medical School Programs, many of which are Ivy League schools, are there unique challenges to specializing in lung cancer research for graduates from the smaller schools, many of whom are from minority groups?

Dr. David Tom Cooke:

Well, thank you again Diane for having me today. And I'm really excited to talk about lung cancer research with this wonderful panel. So, one misperception is that investigative science and research only occurs in the Ivy League level. And that misperception is not amongst researchers throughout this country and others, but mainly in the lay population. If you look at say the National Cancer Institute comprehensive Designated Cancer Centers, there are over 40 and the majority of whom do not reside within Ivy League environment.

Dr. David Tom Cooke:

If you look at the hundreds and hundreds of millions of dollars of research funds that goes in to in this country, both in the public and private sector in research centers, the vast majority of that goes into other institutions, such as UC Davis Health and Johns Hopkins Medical Center, amongst others. The key



here is, if you are an individual, especially a person from an underrepresented medicine background, who wants to go into investigative sciences, then it's important to establish a mentor, someone who introduces you to the scientific method from an early age, and guides you through a proper development pathway to understanding investigated research.

Dr. David Tom Cooke:

That might mean going into a PhD environment, it might mean going to an MD environment, MD-PhD, but there's lots of different resources, funding that's available, maybe less funding than before, but still available, and also funding sources and mechanisms and programs that are targeting underrepresented medicine individuals to encourage them to go into the investigative sciences. And that includes lung cancer research.

Diane Mulligan:

That's really good to hear. And Dr. Naidoo, you've completed your training in Ireland. And as we said before, you're associated with Johns Hopkins University and Beaumont Hospital in Ireland. Can you talk about how mentorship has helped you make the connections necessary to advance your career and access lung cancer research funding?

Dr Jarushka Naidoo:

Sure. I think I have a very unusual path. I think it highlights that a mentor can mean different things at different stages in your career. To me, I think a mentor fundamentally means a teacher. Like teachers, we need a different type of teaching at different times in our careers. So I'm originally South African, but I'm of Asian ethnicity. I won a scholarship to go to medical school in Europe, in Ireland, and then I did all my medical oncology training in the United States. So I feel that I have perspectives from Africa, Asia, Europe and America. And really, I've had mentorship from all of these different cultures and different levels of mentorship that have fundamentally I think, shaped me as a researcher.

Dr Jarushka Naidoo:

I think one of the things that is important about mentors is to realize that not all mentors are going to teach you the same lessons, but you will carry those lessons through your career. And there are some things such as peer mentors, mentors, who are maybe at your stage or a little bit senior to you, who might teach you how to get things done, friendtots, people who are at your stage and understand what you might need day-to-day. And then of course the classic academic mentor, senior mentor who has a bird's eye view of careers and how they can guide your career forward, as Dr. Cooke said.

Dr Jarushka Naidoo:

And really at different stages in our careers, mentors are those guiding lights that help us to progress to the next stage and to see paths where we may not have seen them before. And I've been very privileged to have a series of mentors, I think I had very formative mentors in Ireland, who encouraged me to go to the US for my training. And then in the US, I had stellar mentors at Memorial Sloan Kettering and then specifically at Johns Hopkins with Dr. Julie Brahmer and Dr. Liz Jaffe, who I think may have seen potential in me that I didn't see in myself. I think that that is something that a mentor can give you, which can be truly formative. So I think mentorship is truly critical to achieving one's potential.



Diane Mulligan:

I love that and I love friendtots, I've never heard that before, but I love that term. That's a great term. So Dr. Rolfo you're fluent in English, Spanish, Dutch, Portuguese and Italian. That's a lot. Did your ability to communicate in several languages help you as you were looking for a specialty in lung cancer research?

Dr. Christian Rolfo:

I will answer him in bad English, that is the most important one. So thank you Diane having me on. Between me and Dr. Naidoo, we are covering the entire globe because I was born in Argentina. I was educated in Italy, then I was working in Spain, in Belgium, then in Maryland, and now here in New York. So it's a long trip to arrive here and I agree with Dr. Cooke that not all the investigators need to go to the major universities to be investigators. I come from a second city of South American country, they have the opportunity to grow through the mentors and I completely agree with Dr. Naidoo.

Dr. Christian Rolfo:

So we have the opportunity to grow with the different teachers I think this is not only related to a period of our life is continuous. I have now my position, I'm currently mentoring people but I am also mentor and a mentee for example for my current director is Dr. Pierce so I'm learning and continue to learn several things so that I think we need to be ... There is another side of the coin that is the mentees. As a mentees piece we need to be very proactive, searching these mentors and the mentors are not always in your institutions, they are not always in your country that they are not always doing your own job.

Dr. Christian Rolfo:

So you can take skills from mentors from different areas covering your needs, and giving you expertise in different fields. So, the language certainly coming to your person, the language was an extra skill that helped me a lot, was a necessity go into with 40 years almost to work in Belgium, need to learn Dutch or I ... my colleagues will say you're not fluent in Dutch, obviously I agree with that, it's a very difficult language. But the idea that you can communicate with the patients and be in the challenge and always in the edge to try to improve yourself, that I think require an extra effort that is not only the lucky to be in one place or another is an absolutely effort depending on the mentees and be guided by the mentors.

Dr. Jarushka Naidoo:

I'd love to add to that and say I think Dr. Rolfo makes a great point about the ability to speak other languages also transcends into research. Because in team science, we have to learn to speak the language of other researchers. So to understand the language of biostatistics, bioinformatics, translational science, clinical science, so an open-minded attitude to learning the language of others, and understanding how that impacts us is critical to being a researcher.

Diane Mulligan:

So both on the research side as well, on the patient side, this is something that really helps. I think that's great. So each of you comes from a background that's underrepresented in medicine. How has this impacted your careers as researchers?

Dr. David Tom Cooke:

Yeah, sure, I can start off with that from my perspective being an African American male in this country and in medicine. When you look at clinical trials, we do know from lung cancer standpoint, that the actual participation in a lung cancer clinical trial, effects a survival advantage. Now, that could be because of the intervention, or it could be because that the control is standard of care, and therefore you're guaranteed of getting standard of care therapy for your lung cancer. But when you look at clinical trials across the board, whether it's cancer or cardiovascular disease, there's an under enrollment of individuals who are underrepresented in medicine, specifically black African American individuals.

Dr. David Tom Cooke:

As well as other groups such as Latinos. In fact, we are in a golden age of science within lung cancer. We have wonderful results of targeted therapy clinical trials, as well as immunotherapy clinical trials. And one of the key immunotherapy adjuvant clinical trials for early stage lung cancer, which showed disease free survival, very beneficial trial, had very few people of color enrolled in that trial, other than Asian Americans, because it was an international trial that include Asian countries. But there were very few black African Americans enrolled in that trial.

Dr. David Tom Cooke:

But, being a underrepresented medicine physician, I do understand in a cultural competent way, the mistrust of the healthcare system, from the black and African American community, and also the misunderstanding of the healthcare system of the black and African American community. And when I just sit down and talk with patients, I come from that understanding and I help to allay their fear of a clinical trial, and I help our institution understand how best to support these patients to promote them enrolling into clinical trials.

Diane Mulligan:

I think that's very insightful. Dr. Naidoo, what do you think?

Dr Jarushka Naidoo:

Yeah, I think that's a great point. I think working in Baltimore for many years, a lot of what Dr. Cooke says resonates with me, and I think it resonates as well as a physician of color. Because, for example in my current institution, I am the only woman and the only person of color in my division. I think that when you are in a position like that, you represent a group and when they look to you, you know that how you behave and how you treat others and how you encourage young people to develop, is very much a responsibility that lies on your shoulders, that you fly the flag for this group of emerging investigators and trainees.

Dr Jarushka Naidoo:

That's something I take very seriously, and I think we should, particularly as those who come from underrepresented minorities, try to encourage, obviously all of our trainees, but also, we have a responsibility to make sure that the views of those groups are brought forward and are shown to be



important and that we represent an important seat at the table. And hopefully, that there will be more seats at the table from those who may not necessarily come from a typical background.

Diane Mulligan:

That's very interesting. And it's true that, you do represent and all of you represent minority populations and bringing the culture, the attitudes, all of that is as important as bringing the medicine and the science. So Dr. Rolfo, do you think in general, it is harder for young doctors of color to become involved in the lung cancer specialty?

Dr. Christian Rolfo:

I don't believe so. To be honest it depends obviously of your predisposition. So, I prefer to think that we need to focus more in how to become good doctors, how to become with researchers, and not trying to victimize ourselves for where we are or we don't have the opportunities, I was not certainly going to Harvard for my education, but I have the opportunity to be now in a good position and enjoying what I'm doing. So I think we as a doctor sometimes we are a little bit selfish, thinking a lot about our necessities, when the real disparity is what Dr. Cooke said before, in the patients, in the community. So we have there a lot of the focus more than the ... I consider myself a privilege.

Dr. Christian Rolfo:

I think the people that is here with me in the panel as well, so we have a good job, we are lucky to work in an area that we are enjoying what we are doing. So obviously in the life, we have always challenges and you will not be able to please to everyone. But I think the real focus here is have the patients. I think we need to do a lot, if you are looking for example, the testing in molecular what we are doing in this country, this is a real disparity, this is a real problem that we have and we need to face. And they are from our privileged situation, we need to invest a lot in education for the community. And that is the way that we can improve this.

Dr. David Tom Cooke:

I would like to add on to Dr. Rolfo's excellent point, we have to focus on the patients, and often oftentimes, a best way to understand how to best treat our patients is to have a healthcare population that reflects our patient population. For example, according to the Association of American Medical Colleges or AAMC, only 5% of faculty in American Medical Colleges are African American, compared to 12% of the population. Only 8% are Latino-Hispanic compared to 18% of the population. Also, if you look at in the last 30 years of black and African American graduates of US medical schools, it's been rising in black females.

Dr. David Tom Cooke:

But it's been dropping in black males. So in 2015, the number of black male graduates of medical school, was less than in 1980. That's despite the fact that the number of African American males in college has been linearly rising. And then finally, according to AAMC, when you look at percentage of individuals admitted to medical schools, across the board, Caucasian, Asian, Hispanic, the percent of enrolled in the medical school is about 40 to 44%. That's across the board. Obviously, a less different applicants, but the



percentage is the same. But the percentage of African Americans enrolled in medical school, is only 35% of applicants.

Dr. David Tom Cooke:

So we need to re-look how we address our input into medical education. And that is the pipeline for lung cancer research really, because it's those researchers who are MDS or MD-PhDs are a part of that pipeline. And if I look at that data, and I'm an African American male, I say to myself, "How can I get to point B, and able to do high level lung cancer research, if there's something involved with the system that is disparate between the person sitting to the left of me and a person sitting to the right of me in college or high school?"

Dr. Christian Rolfo:

I want to say something Diane if you allow me. So I think it's a very good point what the Dr. Cooke is doing. When I came here to the United States, it was difficult to me to understand that doctors are having a mortgage to pay their own career. So it's something is very unusual. I became a doctor without paying a coin in my country in Argentina. So I think this is something that we need to work because another disparity is the access to the education, and that is not depending if you are African American, Latino, Asiatic. So I think this is a common problem with the incomes and there are white people that is also having ... they're facing a lot of economical problems to go to the school.

Dr. Christian Rolfo:

So I think this is something that we need to work a lot if we want to have an access to the education and be equally for the population, regardless of your origin.

Diane Mulligan:

These doctors brought up so many interesting angles in this discussion. From the decline in the number of African American medical students, to how other countries help their doctors pay the bills while they're in school.

Sarah Beatty:

Diane, economic factors are always a part of the disparities conversation. And in our next segment, I'm looking forward to hearing how the choice of a medical school, impacts a researcher's ability to focus on the lung cancer specialty.

Diane Mulligan:

Are you enjoying the Hope With Answers: Living With Lung Cancer podcast? Consider making a donation to help LCFA produce this resource for patients or anyone seeking answers, hope and access to updated treatment information, scientific investigation, and clinical trials. Just text LCF America to 41444 to join in this important fight. Each of our guests today represents a different minority group. Their insight into how this has impacted their lives as lung cancer researchers, sheds light on what can be done for other researchers from minority or ethnic communities.



Sarah Beatty:

We have talked a bit about mentors, but now we look at some of the barriers and the changes in the system, that bring hope into creating more opportunities for these researchers.

Diane Mulligan:

Some medical schools that aren't Ivy League schools are a little less expensive and so more people will go there as well. Do you think that if you go to a non Ivy League institution, and you graduate, you have more difficulty getting research funding than someone who is affiliated with Harvard or Johns Hopkins, or a very major institution when you're going after lung cancer funding?

Dr Jarushka Naidoo:

I think as a lung cancer investigator myself, I think it's more about the research environment, that you are surrounded by a group of motivated researchers who are perhaps invested in you as a young investigator and invested in lung cancer research themselves and that you have members of a dynamic team. I'm of the belief that that can definitely happen in institutions outside of the Ivy League, and we do see researchers from a number of different institutions receiving funding, but I think how we will see more and more funding going to various different institutions is to focus on generating that environment.

Dr Jarushka Naidoo:

And being a little bit more creative, about how mentorship can happen across institutions, and even in a global research environment.

Dr. David Tom Cooke:

The environment is key and also expectations, right? Oftentimes leadership expects young researchers to go from zero to 60 in just a few seconds. And it takes time to develop a hypothesis, a research model, data, information that then could go on for application to a higher level, say NIH type of award, and especially for our scientists who are also MDs and have a clinical practice. And they need to be in an environment where they can balance the clinical time, the education time, the research time, and their own personal wellness and well-being time to be successful. The onus is on leadership to have realistic expectations of their young researchers.

Dr. Christian Rolfo:

Yeah, and also important that there need to be more education in how to write for example, a paper, how to start to collecting data in a proper manner. So there are several things that are not in the ... Sometimes obviously it's limited the time of education. And here in United States in three years, they need to become oncology and pathology expert with a dual board certification. So that is a little bit challenging to include that. But certainly there will be some opportunities for outside the programs that they can search for these.



Dr. Christian Rolfo:

Unprotected time is something that Dr. Cooke bring to the table, and I think is very important because, several institutions are demanding, especially with the junior faculty, a lot of commitments in clinics. And it's very difficult that this person is dedicated also to have some grants without even mentoring sometimes. So that is important to recognize.

Diane Mulligan:

So, we talked about some of the barriers that you see in the mentoring programs. So, do you think there need to be more mentoring programs? Are there mentoring programs out there that are doing it really well? And, do you think that there's enough? And if not, why hasn't more been done? Because from what you're saying, mentors for each and every one of you were extremely important? I my right there?

Dr Jarushka Naidoo:

Yeah, I think I can start with that. I think I had a really superb experience of mentoring at Hopkins. So, the Hopkins approach was each new young investigator, whether they be faculty or fellows, had a mentorship committee. And I think what that showed was that, there are a variety of approaches to mentoring and that different mentors may bring different skills. So usually there was a primary mentor who may be clinical if the fellow or the attending was a clinician, then a scientific mentor. And then two or three other mentors who had a big picture approach.

Dr Jarushka Naidoo:

This mentoring committee would meet usually twice a year to think about the projects of the mentee as a whole. And of course, like Dr. Rolfo said there was a lot of onus on the mentee as well, to drive forward what the goal of the mentorship committee was, and really together there was a symbiosis between the mentee and the mentorship committee. I think some of the challenges of course, are that generally like any skill, there are certain mentors that are particularly skilled at mentoring.

Dr Jarushka Naidoo:

And what generally happens is that those mentors, become somewhat famous and oversubscribed and then the challenge I think is in building or upskilling the mentorship skills of multiple different investigators. But I'd be interested to hear what Dr. Cooke and Dr. Rolfo think of this as obviously senior investigators in the space.

Dr. David Tom Cooke:

Yeah, I would agree. And also, I think there's also underutilized resources and they may be underutilized because many people aren't aware of them. And those range from young investigator awards, and also training awards from the NIH, from AAMC, from single institution resources that Dr. Naidoo alluded to, as well as our own alphabet societies for own specialties have resources for young investigators and even underrepresented minorities. At the very early end of the pipeline, we actually looked at in the cardiothoracic surgical training space, the availability of underrepresented medicine, visiting medical student clerkships.



Dr. David Tom Cooke:

What we found was that the majority of our cardiothoracic surgery training programs, were at medical school institutions that had such a visiting clerkship program. However, very few of our program directors actually even were aware of the existence of these programs, and very few of them utilized them. But when asked, the majority of said that now that they know, they will utilize them in the future. So, there's a lot of concern about young investigators and minority investigators in this country and around the world. Because of that has generated a lot of resources, but we just need to coalesce these resources to become aware of them.

Diane Mulligan:

Dr. Cooke real quick, what's a visiting clerkship? I'm not sure that I've heard that before?

Dr. David Tom Cooke:

So that's when a medical student from another institution, comes to your institution to look around, do a rotation and understand if they perhaps want to do their next level graduate medical education at your institution.

Diane Mulligan:

Thank you. Thank you Dr. Rolfo, I know you had a comment as well.

Dr. Christian Rolfo:

The only thing that I want to say is, we have a lot of resources for young investigators to run for fellows. Obviously there are limitations of time, sometimes we have also the societies that are helping a lot, but I think we are missing one important part here. That is the mid career. So we are putting all the coins in the early careers, and then seeing that there is nothing, you need to be alone and get yourself the education. So I think mid career is very important because it's a crucial productive time that you have in your career. So if you are not also investing in there, you have the risk that these research will continue and the mentoring is also affected for young people.

Dr. Christian Rolfo:

So, we need to invest a little bit more, and that is a topic that I brought several attempts to different societies, because it's important that we involve people like we are here in the panel. So we are in the middle of our career or even more, and we need to continue to be mentoring and be creating networking.

Diane Mulligan:

That's a great point. Absolutely. So that it's something that goes ... it's seamless, it goes throughout your entire career, and really helps you move forward. So when applying for an NIH Grant, do you have to address questions about disparate populations and equal opportunities for participation? And if so, is this new? And how does that impact our research?



Dr. David Tom Cooke:

Applying for any federal award you have to look at ... And then also, any institutional ... what we call care equivalent or young investigator training award, you have to document how your research will reach out to underserved communities or underserved populations. And also, will women be enrolled in this trial? If it's not say a specific research question that only pertains to women such as gynecology, oncology type situations. So, that is key and your grant application will be evaluated, based on these rules.

Dr. David Tom Cooke:

Now ostensibly, this has been in fact for probably the last decade. But I think currently there is even more attention on the ability of your study to engage previously, under engaged communities for this research question.

Diane Mulligan:

Thank you so much for explaining that because I think that's really important that people understand that, yes there is a push out there whether it's been effective as a whole nother question but, there is something that's out there. So, our podcast is called Hope With Answers. So each of you has talked about that you've had some great mentors, I would like each of you to tell me about the hope that they instilled in you that you'd be able to achieve your goals, and how important your mentors have been to your career. And Dr. Rolfo I'd love to start with you.

Dr. Christian Rolfo:

Yeah, mentors were very important for me. When I started ...I can make a personal comment. So when I started my career, I arrived in Milan in Italy. And I have this person that is Professor Lucajani who was in a big entity in breast cancer and at that moment, and it is a person who changed the treatment of breast cancer. And he tell me, one thing that was changing my life now say, "I want to give you the opportunity to make your career international. And I know that in your country, you will not be able to get this opportunity." So, give me that opportunity was changing my life forever.

Dr. Christian Rolfo:

And then the opportunity that I have with different mentors the skills of like Dr. Naidoo was telling, different skills that you get from different mentors. One of my mentors, Dr. Casale he teach me how to communicate with patients. That is something that you are not prepared, and it's good that we recognized and we remember all this teaching because we need to apply this in the future. I know that we are very busy, we don't have time to sometimes spend a lot of time with the students or with their fellows. And it's something that we need to make in a space because, we are changing life.

Dr. Christian Rolfo:

And if we remember our own history, that is important. I think I continue with my own mentors in being contact. That is interesting. And then I was changing and I have other mentors that are new in this moment. I have for example, some mentoring for bioinformatics that is something that I am not having a skill or a mathematician or statistician for discover another point of the liquid biopsy that I'm working. So I there's a constant search and that's for the reason I say is very important that the mentees, are very



proactive. Because if you are sitting there, even if you are coming from a big institution you are sitting there and you don't take the opportunities, nobody will knock your door to say, "Hey, come with us to do this or that." So it's important that we are proactive.

Diane Mulligan:

Absolutely. Dr. Cooke, how about you?

Dr. David Tom Cooke:

Sure. In a previous life, I was an immunology researcher. And I was immunology major at UC Berkeley in California, and one of my earliest mentors one of my research mentor, Dr. Marion Katchlin. And I did my thesis in her lab. And if you stood next to each other, you would think that there's nothing in common between us. She was older, I was younger, she was wealthy, I was not. She was a smoker, I wasn't. But we both loved immunology. And she took a specific interest in my career, and she taught me that I shouldn't limit myself in any way, and I should strive for the best in any opportunity I want to strive for.

Dr. David Tom Cooke:

And that theme has progressed throughout my life and the common theme. And this is important message to potential mentees is that, there's a phrase that's common in the diversity and inclusion space which I hate, which is, you can't be what you can't see. And Dr. Naidoo just expressed that she's the only woman and only personal color in her division yet she's extremely successful. And the key is cross demographic mentorship. Your mentor doesn't have to look like you or come from the same background, or even quite frankly be in the same political persuasion. But they have to have faith in your abilities, and their only goal in mentoring you, is seeing your success.

Dr. David Tom Cooke:

I think that's an important message when it comes to the mentor-mentee relationship.

Diane Mulligan:

That's a great point and seeing your success. I think that's fabulous. Dr. Naidoo how about you?

Dr Jarushka Naidoo:

Well I think, I've also been privileged to have a number of stellar mentors. In Ireland, I was mentored by former president of the IASLC professor Desmond Carney and breast cancer researcher, Dr. John Kennedy, who was actually at Hopkins for many years, and prophesied that I would end up at Hopkins and I did. I think that he truly instilled in me the genuine love for the specialty, the complexity, the interplay between understanding the different specialties that contribute to the world of oncology, and the true commitment to lifelong learning.

Dr Jarushka Naidoo:

I brought that to my experience in the US, I think my experience at Hopkins with Jedd Wolchok and Naiyer Rizvi really opened doors for me to participate in fundamental educational activities such as the AACR-ASCO Vail workshop. And then at Hopkins, I think working with Elizabeth Jaffee and Julie Brahmer, I think again, as Dr. Cooke said, I think their commitment to your career and your goals, as part of their



goals, you really felt a sense that there is a celebration of the achievements of their mentee that is prized beyond their own achievements. And I think that that is something that you see that is common in really good mentors, is that they really value the successes and contributions of their mentees even more than their own and their contribution to the next generation.

Dr Jarushka Naidoo:

So I think certainly, that's something all mentors and mentees should aspire to in their relationship.

Dr. Christian Rolfo:

I have to say, just I will say humble advice for the mentees, don't believe that your mentor needs to be your mentor forever, that you are asking everything and you will get all the answers. So for the reason I think all of us we were discussing and stressing the point that we need to have different mentors with different skills in different points, and you don't need to feel bad if you are not having more connection with this person for this specific topic, because if you are taking the best of everyone to improve your career. And the mentors are agreeable to that. So you are not as a mentor supposed to give all the answers to all your mentees. So you need to give your skills and give the best that you have to them.

Diane Mulligan:

What a wonderful note to end on. So thank you so much. This was just a fascinating discussion today. And we really, really appreciate it. We appreciate your time and your thoughtful discussion here about mentorship and disparate populations and how it affects both the medical community as well as it affects the patient. So thanks so much. We really appreciate it.

Dr. David Tom Cooke:

Thank you very much for having us today.

Diane Mulligan:

What a thoughtful discussion with enlightening insights about doctors and patients from minority and ethnic communities, and the importance of mentors and expanding the ranks of minority researchers.

Sarah Beatty:

And thank you to Dr. David Tom Cooke of UC Davis, Dr. Christian Rolfo from Mount Sinai Hospital in New York, and Dr Jarushka Naidoo from Beaumont Hospital in Dublin, who's also an LCFA Young Investigator Grant Recipient. Thanks for listening.

Diane Mulligan:

Make sure to subscribe to the Hope With Answers: Living With Lung Cancer podcasts. You'll be notified every time a new episode is available. So visit us online at lcfamerica.org, where you can find more information about the latest in lung cancer research, new treatments and more. You can also join the conversation with LCFA on Facebook, Twitter and Instagram.