

# International Women's Day



**March 8 is International Women's Day. Today, we recognise the clinicians, patients and our colleagues whose stories always inspire us to be better at work, and in life. We know everyone has a story. These three women have generously shared some of the diverse experiences that have shaped their lives and careers.**

## **Kate's Story**

Royal Melbourne Hospital Head of Neurosurgery Associate Professor Kate Drummond toyed with the idea of teaching and science before finding her way into medicine. Born and bred in Sydney, she credits her parents for inspiring her academic achievement, with their never-ending encouragement instilling a firm belief she could do anything. And while brain matter is interesting enough, it is the people she treats every day who matter most. In this piece, she explains her motivation and outlines her next mission to improve global health.



**You were the first person in your family to attend university. What inspired this brilliant career?**

I don't think it was anything other than parents who were just totally encouraging. I was the long-awaited child of adoptive parents. They had been waiting for me for a long time and my Mum and Dad poured all their love into me. I was read to, constantly encouraged and told I could do anything. It did not strike me at the time, but this sort of culture of achievement was built into me and encouraged. Of course I would go to university! My family did not have medical backgrounds themselves. My mother teaches piano and my father started out as a draftsman but then worked in building management for fire protection. There are no medical people in my family at all.

It was not right until the end of school, until a teacher said to me, 'If you study hard you might get into medicine'. I thought it sounded interesting, but I was planning on teaching or maybe science. It was not until the end of school that I even considered medicine. I estimated I would need 430 out of 500 in the HSC to get into medicine at Sydney University. I had not hit 400 in my trials, but I got 431 in the finals. It was a bit of a late decision!

## **How did you find it initially?**

I really struggled at the beginning. We did not start out training in hospitals. The first two and a bit years were sitting in a lecture theatre, learning about comparative biology and other dry basic science topics. It was not until I started seeing patients that I thought 'okay, this is what I want to do'. I started out wanting to be an obstetrician and then I delivered a baby (which really changed my mind!). Seriously though, there are a lot of things about it that made me realise it was not going to be for me. There are a lot of moral dilemmas in obstetrics. I did quite like the gynaecological surgery in my rotation. I intended on doing general surgery, but when I was an intern I had to do a term in neurosurgery to get the general surgery rotation I wanted. The rest is history.

## **What is it about neurosurgery that fascinates you?**

A lot of people come into neurosurgery saying, 'I am really fascinated by neuroscience and the way the brain works'. It is kind of interesting, but I am actually much more fascinated by the people I look after. These are vulnerable people and I am really fascinated by how they respond and cope and be wonderful humans even when everything is going wrong.

You have been a practising neurosurgeon since 1997. Do any patients stand out?

There are so many. But I will never forget the young woman with brain cancer who, against all odds, felt that she had to have a child despite her limited prognosis. She wanted to leave a legacy and managed to deliver twins between radiation and chemotherapy. She started off with a low grade tumour but ended up a glioblastoma. She was only in her 30s, but fell pregnant while having treatment for cancer.

**Was falling pregnant against your advice?** Absolutely not. My job is to make things happen if I can. This is what she desperately wanted and she achieved her goal. She had a girl and a boy and was exhausted, but joyful.

Her twins were just over a year old when she passed away. And then there was the beautiful young couple who postponed their wedding for the brain surgery.

They took the wedding photos so you could not notice that one side of his face was drooping. He went through radiation and everything else. Just as they were about to go on their honeymoon, the tumour came back. He started on chemotherapy the night before they got on the plane. They went all over Europe on chemotherapy so they could still have a honeymoon. These people are extraordinary. I am always inspired by the lives that they make with what they have got. This man lived for maybe 18 months after the wedding.

### **Stage 4 brain cancers are incurable. What do you hope to achieve for your patients?**

I want to give them the longest good quality life that we can get. Ultimately, what we hope to achieve is some cure or longer term control. But at the moment, the reality of the job is I help them achieve their goals as best we can. I think long-term control is within our grasp. We need to translate what we are seeing in immunotherapy to other cancers. It has been disappointing so far, but sometimes it is just one piece of knowledge that drops in, like HER2 inhibitors for breast cancer and Glivec for leukaemia, or BRAF inhibitors and immunotherapy for melanoma.

### **What's a day in your life like?**

I generally start at 6am, so I am up at 5am. I try and get a bit of paperwork done, then hit the wards at 7 am for a ward round. My days are varied: it could be all day in clinic, all day operating, it could be meetings, it could be research. Outside work, I go to movies, I go to plays, I go to the symphony. I read books, I exercise and I hang out with my family. I mostly like superhero movies. I don't want to watch movies where people are having bad things happen to them. I work with people who have bad things happen every day. I don't need to see it to have a good cry. I want happy movies.

### **You are now a department head. Where to from here?**

Being Head of Unit was kind of my end-game. So now, I think I would like to

probably have more influence in brain-tumour research. And I have a real commitment to global health education through my role as Chair of Pangea (formerly Specialists Without Borders). Growing that part of my career portfolio is something that is a real focus at the moment as well.

Tell us about Pangea, how it works and your long-term goals for this organisation.

Pangea began 13 years ago, originally as a lecture series in Africa. Basically it involves healthcare professionals from Australia and New Zealand travelling to developing countries to impart some of our knowledge to healthcare professionals working on the ground there.

These people (in developing countries) may be very good doctors, but they are living in a place where there is not very good infrastructure. What Pangea really wants to do is through education, leave behind the expertise to change the health system. We are leaving a sustainable legacy. The lessons we leave behind will benefit health outcomes for their communities for many years. These Australian and New Zealand health professionals pay their own way to do these trips and take annual leave to be part of it all. But it is incredibly rewarding and it is great fun.

My ambition for Pangea is that it becomes a massive organisation. I want it to be the go-to organisation for global medical education needs - providing flexible, practical, scalable, targeted health education in low-resource settings. We have now done several trips to Africa, teaching our counterparts in Malawi, Zimbabwe and Rwanda.

In 2019, we are hoping to go to Myanmar and start educating health professionals in that area to improve outcomes there. The possibilities are endless. Africa we love, but I think we need to have some programs a bit closer to home.

### **What would you say to a young person now contemplating a medical career?**

I would say 'Become a doctor'. It gives you an unlimited range of career possibilities. You might not end up in the clinical care of patients - you could end up in research, administration or international health. It is a ticket to so many

fulfilling careers, in specialty practice or general practice. You don't have to worry too much about where the end point will be, it is just a great thing to do. You will find your niche.

\*November 2018.

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### Vanessa's Story

**At STA, one of our core company values is PASSION. Senior brand manager Vanessa Vandenberg is responsible for marketing our novel brain tumour visualisation drug GLIOLAN and our first-in-class multiple myeloma drug, APLIDIN. Here, she tells of the personal experiences that have shaped her life and why this value resonates.**



"I'm a strong believer that our life-experiences prepare us for a greater plan. When we face challenges, we do not always see the bigger picture, but it always become apparent - almost like 'joining the dots'.

I was only 12 years old when my mum was diagnosed with a brain tumour. I grew up in South Africa and we had to travel about 380 kilometres to a hospital for her surgery.

Mum had her first surgery to remove the brain tumour and came out of the operation fairly well. She was only 38. Unfortunately, the tumour grew back within three months and when it did, it spread into an eloquent area of her brain and she went to hospital for further surgery.

The second surgery was almost a full day, about 19 hours. When we were allowed to see her, she could only say a few words and couldn't remember or pronounce our names.

My Mum's first language was English and ours was Afrikaans. When she started speaking again, she could only speak English, her mother tongue. She had to undergo extensive whole brain radiation, which was still very much the treatment of choice in the early 1980's.

While she did recover, her speech was permanently affected and she couldn't express herself, especially if we made her angry.

Mum survived another eight years, then died very suddenly of a brain haemorrhage. The post-mortem showed that she had an aggressive leukaemia, which was most likely the underlying cause of her haemorrhage.

It was 12 years after Mum's death that I lost my Dad to mesothelioma, a very aggressive lung cancer.

It is ironic that my professional life in the pharmaceutical industry has led me to work with oncology and haematology products. My role now is marketing two products, (brain tumour visualisation technology) GLIOLAN and (multiple myeloma therapy) APLIDIN.

**I am so passionate about this role and all my life experiences have created this passion. I have never been so passionate about products in my life. I have been privileged to sell products in the oncology/haematology space, however there is something with both APLIDIN and GLIOLAN that really resonates with me.**

When I speak to a surgeon about using GLIOLAN to improve the extent of resection, I want to say, 'I know what the risks (of brain surgery) because I have experienced it first hand'.

You never forget the shock of seeing your mother unable to speak, tears running down her cheek, as she tries to communicate. But she always said she just wanted to see us grow up and would have done anything to stay with us longer, even if there were deficits.

It makes me sad to think she never saw my graduation and was not there when I got married and had my son.

When I work now, I think of the extra time new therapies can give patients, even if it is only a small amount of time. Walking down the aisle with a child, going on a last family holiday, getting married. I am passionate about extending life.

I can tell you, those few months can mean so much. Mum was there to raise us. I would do anything to have that time again. I would have done anything to have my mother at my wedding ten years later. My experiences have created my passion to help other people and their families."

*\*Vanessa shared her story in December 2017.*