

SAMPLE

Laurel W. Rice, M.D. **Personal Statement**

I believe that a profession in academic medicine, including the domains of patient care, teaching and research, is like no other. Every day I have a meaningful impact on the lives of my patients, medical students, residents and fellows. This gives me a sense of “contributing” that I do not believe I could find in any other profession. My sense of self (including worth) is derived in great measure from the work I do. Academic medicine is a privilege.

The single most important part of my job is patient care. Cancer patients need and deserve a high level of competency and commitment, not only in terms of the actual mechanics of providing excellent health care, but as importantly, the emotional connection and support to carry them through survival or death with grace and dignity. Gynecologic Oncology provides the opportunity to care for the patient from the moment of diagnosis. When a woman is diagnosed with endometrial carcinoma, and is referred to me, I am her surgeon. I prescribe radiation therapy if the disease is limited to the pelvis. I both prescribe and administer chemotherapy if distant metastatic disease is present. The doctor-patient relationship evolves into trust and intimacy. When a woman is dying from the malignancy, or any other gynecologic malignancy, I remain her primary care physician, working closely with family members and hospice to maximize the quality of her life.

Educating students, residents and fellows in the science and art of gynecologic oncology is a complementary goal. Teaching trainees about the intellectual aspects of gynecologic malignancies is necessary but the modeling of clinical practice itself offers the most meaningful teaching tool. In 2002, I saw a total of 1,630 patients in the office and performed 152 major operations. My clinical practice is essential for teaching and training at all levels, including students, residents and fellows. I derive enormous satisfaction in the professional growth and development of my trainees. I recently developed and now direct a Fellowship in Gynecologic Oncology at the University of Virginia. The Fellowship is a tremendous step forward for the Division of Gynecologic Oncology, not only in terms of the education and patient care missions, but in also bringing the Division towards becoming a premier program in the US. My leadership in establishing the fellowship, combined with the personal and Divisional increased research efforts, in both the clinical and basic science arenas, is paving the way towards greater involvement of our Division at the national level, including the patient care, teaching and research missions.

Caring for women with gynecologic malignancies, educating trainees about all aspects of the field, and carrying this forward in an investigative effort, completes the circle. My research is intellectually sustaining to me. Prior to my arrival at UVA 10 years ago, clinical research was my domain. At the University of Virginia, I initiated a basic science investigative effort and have been supported in my transition by mentors who have offered their time and resources. Endometrial carcinoma is the most common gynecologic malignancy effecting women in the US; greater than 250 new cases are diagnosed at UVA annually. This malignancy continues to be the focus of my research efforts. Seven years ago I was award a National Institute of Health, K08 Mentored Clinical Scientist Development Award, (“Estrogen Receptor Forms in Normal and Malignant Endometria” (06/01/1996 to 05/31/2002. \$417,150. Grant No. 1K08 Ca 73668). This support led to Publications # 26, 28, 29, 30 listed on my Curriculum Vitae. This work has established the importance of estrogen receptor isoforms in endometrial carcinoma.

I recently submitted an R21 grant to the NIH, the hypothesis of which is that the ER α and Akt signaling pathways are interrelated and critical in the progression towards endometrial carcinoma. Targeting these pathways may provide the opportunity for therapeutic intervention in women diagnosed with advanced or recurrent endometrial carcinoma. We will characterize mRNA and protein levels of Akt, PTEN, ErbB2, 4EBP1 and ER α (critical signaling molecules involved in these pathways), as well as examine the co-localization of these same molecules in the greater than 600 hysterectomy samples obtained over the last 3 years (Tissue Procurement Facility). This work is translating into the development of a Phase II clinical trial utilizing Rapamycin, a downstream inhibitor of the Akt pathway, in women with advanced or recurrent endometrial carcinoma.

The University of Virginia continues to be a rich environment for me to ask the questions that inform the practice and care of women with endometrial carcinoma.