

Raymond Sawaya, MD, tells a story about Leading Leaders and the Institution

Raymond Sawaya, MD served as founding chair of the Department of Neurosurgery from 1990 until 2018). In an interview conducted in 2013, he describes the vision for neuro-services he brought to the institution.

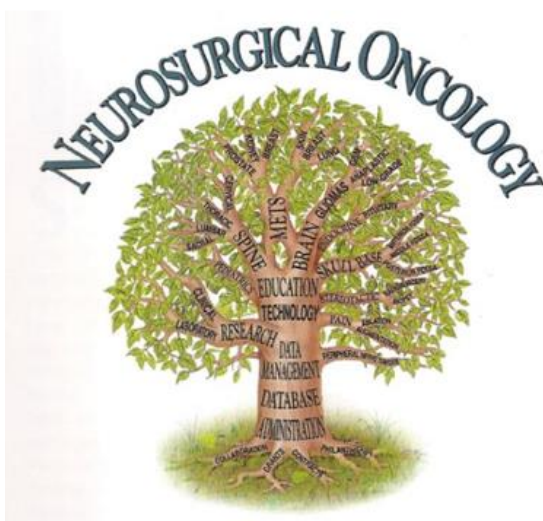


Envisioning a Comprehensive Neuro-Service

This was the vision that I believe I brought to this program—it was not only to have the best neurosurgical service, but it had to be comprehensive. In other words, we could not say, “Well, we are very good at these types of brain tumors, but those other types of brain tumors, well, we don’t have the expertise or we don’t handle them as well.” So the idea was to be a comprehensive neurosurgical oncology program. It had to cover the entire gamut—the entire aspect that would make it a serious program.

That tree is the basis of the establishment of this department. To make an impact, you cannot piecemeal it. You have to bring the whole thing together. And this includes the ability for the surgeons to do high-level surgery. That means technology. It includes infrastructure, such as a tissue bank for research, such as a database to collect the information prospectively, and therefore eventually be able to analyze and understand, what’s the impact of the work we’re doing?

It includes education and training, because there were very, very few neurosurgeons trained in the modern ways of treating brain tumor patients. And so I established the first clinical neurosurgical oncology program.... There were several research neuro-oncology fellowships, but there were none clinical, where people can come here and then spend a year or two with us doing actual surgery and doing research on patients.



This tree shows you that neurosurgical oncology is not only brain tumors, okay? Within brain tumors you have the gliomas. Then you have the metastatic brain tumors and you have spine tumors. Then you have skull-based tumors. Then you have peripheral nerve tumors, you have pediatric tumors, you have pain—neurosurgical management of pain is a major component of our efforts here, because cancer patients can be debilitated with intractable pain—no quality of life. We can put a needle in one part of the spinal cord and create a lesion that destroys the pathways that conduct pain. Then these patients don’t need

Figure I: Concept by Dr. Raymond Sawaya, MD; Drawing by Ian Suk, PhD. Reproduced with permission.

medicine anymore. There are so many aspects of caring for cancer patients and brain tumor patients, that this is really what created the base of the development of the department.

We went from 300 procedures a year in 1990 to 1700 procedures in 2012. It's a tremendous growth. We started with two neurosurgeons. We are now twelve neurosurgeons. I tell my faculty, they are wonderful people, extremely talented, and I said, "Well, you get all that merit, but you wouldn't be—and we, collectively, wouldn't be—today what we are if we didn't have the basis, the MD Anderson backing." And MD Anderson wouldn't be as strong if they didn't have our neuro program. It's a partnership, and no one person should feel so egocentric to think that they, by themselves, have done all of that. It's really—we all benefit from each other.

About This Content

This interview clip was taken from an in-depth interview conducted for the Making Cancer History Voices Oral History Project. This ongoing project currently contains almost 400 interview hours with MD Anderson institution builders.

The clip transcript has been edited from the original.

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Interview Clip Identification: Session number and date: 01, 06-04-2013, Segment: 02

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