

Sketching an Ocular Oncology Fellowship Program

Potential applicants need to know what to expect of ocular oncology fellowships—and what the fellowships expect of them.

By Carol L. Shields, MD



Ocular oncologists help patients face some of the scariest diseases they will ever encounter, and, as in many ophthalmic subspecialties, science teaches us more each year about the complexity of the diseases we treat. The route

to ocular oncology specialization—a fellowship of 1 or 2 years—is not particularly unique in terms of time line, but the volume and types of cases seen offer fellows a singular experience. Retina doctors seeking more information about how ocular oncologists conduct clinic can benefit from knowing about their colleagues' training, and potential ocular oncology fellows must know the ins and outs of ocular oncology fellowships before applying to programs.

WHAT FELLOWSHIPS LOOK FOR

Many ophthalmologists were drawn to the eye because their desires fit the requirements: a hunger for treating eye disease, the ability to manage a particular patient demographic, and the discipline required to learn about the nuances of the eye. Likewise, many ocular oncology specialists gravitate toward this subspecialty because they check the necessary boxes on an ocular oncology fellowship's informal personality test. Three personality traits in particular are required to be successful in an ocular oncology fellowship: dedication, confidence, and the ability to share bad news.

Dedication

A good ocular oncology fellow (and future subspecialist) dedicates his or her work to the best interest of patients. An oncologist whose interests in other areas of medicine outweigh his or her dedication to patient management would be ill suited for a career in ocular oncology.

Confidence

The consequences of ocular cancer—possible blindness or death—scare patients, and a physician who exudes strength increases a patient's trust and confidence. An ocular oncology fellow must stay strong in front of patients, as emotional reactions may breed doubt about a physician's ability, leading to reduced hope in patients managing an already bleak outcome.

Delivering Bad News

Anyone considering an ocular oncology fellowship must be comfortable with delivering bad news honestly and coherently. Many ophthalmic subspecialists, such as those in the retina field, deliver bad news to large portions of their patients. However, the unique nature of eye cancer requires ocular oncology specialists to explain patiently and clearly the reality of a patient's particular disease. It is a tall order to tell a patient that a melanoma carries an approximately 25% risk of metastasis to the lungs or liver, or that systemic medication to treat such metastatic disease does not have a high success rate. Learning strategic delivery of bad news is part of ocular oncology fellowship training, but the capacity for honest communication of difficult diagnoses is a quality that ocular oncologists must possess before entering a fellowship program.

NUANCES OF OCULAR ONCOLOGY FELLOWSHIPS

Different ocular oncology fellowships have different focuses, program lengths, and international affiliations. A potential fellow should have a clear understanding of a program's goals before applying.

Program Focus and Length

In general, *ocular oncology* refers to treatment of cancer in and around the eye. Melanoma and retinoblastoma fall

tasize to several sites, and are likely to recur after attempted removal and to cause

on the intraocular side of the ocular oncology spectrum; tumors of the conjunctiva, eyelid, and globe fall on the extraocular side. Whether a prospective fellow is better suited for a fellowship in intraocular or extraocular oncology, or for a program that devotes equal time to both areas, depends on his or her aptitude and interests.

If, for example, a potential fellow is joining a large retina practice where he or she is expected to be the expert in melanoma, then a 1-year program focusing on melanoma would likely suit that applicant. For a prospective fellow interested in joining an academic institution or an ocular oncology service, a 2-year program focusing on intraocular and extraocular oncology would best prepare him or her. Two-year programs generally require fellows to observe in the clinic and OR for the first year; in the second year, these programs invite fellows to increase their clinical and surgical workload.

International Applicants

The 2-year ocular oncology fellowship at Wills Eye Hospital offers a 1-year fellowship to international stu-

dents who wish to research ocular oncology, many of whom return to their homes as experts in their field. Although these fellows do not perform surgery, they observe surgery in the OR and shadow ocular oncology specialists in the clinic. Given the volume of cases they see during fellowship, these fellows leave our program with a remarkable experience. American students applying to ocular oncology fellowships at academic institutions will likely find a similar international presence and should expect to stay in contact with these colleagues after fellowship ends.

A WEEK IN THE LIFE

Ocular oncology fellowships are demanding. Even though many retina specialists frequently interact with ocular oncology specialists, the high demand of our respective jobs sometimes means that we forget to peek over the fence to see how our neighbors conduct business. Potential ocular oncology fellowship applicants should have some concept of the week in the life of an ocular oncology fellow.

WILLS EYE CONFERENCES

MON	TUE	WED	THU	FRI
<p><i>Ocular Oncology Conference</i></p> <ul style="list-style-type: none"> • Run by staff physicians • Cases are presented by fellows and staff docs • Fellows get to discuss how they would treat cases 		<p><i>Retina Imaging Day</i></p> <ul style="list-style-type: none"> • See how the retina docs are imaging with OCT and ICG • Important: Keeps us on our toes so we can easily recognize pseudoretinoblastoma and pseudomelanoma 		<p><i>Chief Rounds at Wills Eye</i></p> <ul style="list-style-type: none"> • All staff invited to attend. • 2 residents present cases • Staff discusses how they would handle the case and what's new in that condition • Broadcast online via the Wills website

death of the patient unless adequately treated; especially, any such carcinoma or

A FEW FACES AT WILLS OCULAR ONCOLOGY

The ocular oncology service at Wills Eye Hospital has a number of unique experts. Below, *NRMD* offers candid excerpts from an interview with Carol L. Shields, MD, who shares opinions about her teammates at the ocular oncology service.



Jerry Shields, MD
Director of Oncology Services

Jerry is an open pit of wisdom. He can look at a patient and give you a hunch, and his hunch is always right.

I'll never forget: We had a patient sent in years ago for a melanoma. The tumor was about 12 mm in thickness. Jerry looked in and said, "That's not melanoma, that's a giant nodular scleritis." And I was there, and I said, "Yeah, but the patient really doesn't have any pain." And he said, "I know. But it's going to be scleritis."

We got an ultrasound and an MRI, and he was dead on.



Arman Mashayekhi, MD
Ocular Oncology Specialist

Arman is a master of precision. He does a lot of our laser and our injections, and he really focuses on retina, mostly melanoma. He's precise, he's confident, and he could

put on the toughest plaque with the thinnest sclera in the longest myopic eye that you could imagine.



Sara Lally, MD
Ocular Oncology Specialist

Sara does most of our orbits and a lot of the conjunctival work, so she's mostly on the plastics side. She's courageous, takes on difficult cases, and always comes out

with good results. She has a real knack for knowing what to do, when to do it, and when not to do it. She's a pleasure to operate with.



Emil Say, MD
Ocular Oncology Specialist

Emil is a wonderful associate with a great understanding of both retina and ocular oncology. He is a surgeon of excellence, always striving for perfection. Emil is an

absolute master at research, leading large retrospective and prospective efforts looking for better patient outcomes.

Each day begins at 6:30 AM and ends at approximately 3:00 PM. Such an early start allows for patients with intra-ocular tumors to undergo proper imaging, which includes ultrasound, optical coherence tomography, autofluorescence, and fundus photography. Ocular oncology fellows arrive at 6:30 AM. On Mondays, Wednesday, and Fridays, the fellows attend a 1-hour conference; on Tuesdays and Thursdays, they prepare for clinic or surgery.

On Mondays, the ocular oncology service sees about 50 patients, most of whom are visiting for the first time. Two specialists in the ocular oncology service see each patient, a strategy that provides peace of mind to patients, especially those who have traveled long distances. On Tuesdays, approximately 80 to 100 patients visit the ocular oncology service for follow-up for intraocular tumors such as nevi or melanoma; as on Mondays, two specialists see each patient.

Wednesdays are a hybrid clinical and OR day. Roughly 45 patients present for follow-up in the clinic, and nearly 20 pediatric patients are scheduled for surgery. Thursdays are reserved for major surgery. Our team uses three ORs each Thursday, with fellows rotating between rooms so they can see the highest number of cases.

Fridays are for breathing room. I think every ocular oncology fellowship should include time for research. Our Fridays at Wills Eye are a time for fellows to put together case series for presentation, to conduct research, and to review cases with their mentors. Without Fridays, fellows would have little time to reflect on the week. Instead, given the chance to dive deeper into the cases they saw that week, fellows can grow.

THE FUTURE

The community of ocular oncologists is small, and we strive for effective treatments for dangerous diseases we treat each week. It takes a unique cocktail of intelligence, drive, and grit to survive as an ocular oncologist, and the reward is worth the work. ■

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NEED MORE ONCOLOGY UPDATES?

Check out the Ocular Oncology section in *NRMD's* sister publication *Retina Today* to review current cases from the files of Wills Eye Hospital.