# Crossing the finish line at the 75-metre mark

## To those of you stressing about CaRMS, relax. A statement that's easy to make, difficult to act on, but accurate and necessary to hear.

**Reem Habtezion**

The morning of 28 August 2012 felt fairly routine. I buzzed around my new apartment attending to insignificant tasks in an attempt to distract myself from the more substantial duties that lay ahead. Hunched over I spent the better part of an hour rearranging my closet, hoping to achieve some sense of order before I set off on the 7-minute trek to the UBC Life Sciences Centre to attend the first day of medical school.

Strangers who would later become friends, acquaintances, and colleagues were scattered throughout the atrium sheepishly affixing their name tags, attempting to act occupied while standing in the otherwise-stagnant lines. Superficial conversations about majors, previous universities, and the occasional MCAT joke were common. And I was not above it. I indulged. Schedules in hand, we made our way into the lecture hall with a sense of keenness that would quickly deteriorate over the coming weeks but, for now, the newness of it all filled us with excitement.

The week of orientation had no shortage of form filling, cheque signing, and lectures, the content of which I could not confidently recall. But one speaker did stand out. Dr Mark Vu, a young and charismatic anesthesiologist, spoke about the importance of living in the moment. It was refreshingly relatable and, while the overall message was appreciated, it was this offhand remark made by the young physician that resonated with me: "And by the way, any of you in the audience who are already stressing about CaRMS, relax!"

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I remained perplexed as apprehensive chuckles filled the room, suggesting an air of guilt. Taking to my phone I quickly Googled CaRMS in an attempt to absolve myself of ignorance. But I remained confused—in fact, more so. Things became much clearer following later conversations with classmates, and these conversations continue to this day, 2½ years later. Our lives have carried on in a predetermined fashion, guided by factors as random as the alphabetization of our surnames. To date we haven't had much in the way of choice. Yet now, in the midst of clerkship, we find ourselves reclaiming agency in a misleading manner.

My intention is not to write about the quality of the current system in which residents are chosen. Dr Cynthia Verchere covered this topic well in her editorial, "Choosing the right resident" [*BCMJ* 2011;53:62]. It is the steps preceding selection that are of particular interest to me.

It is unusual to get through a day without being asked what you want to specialize in upon graduation. And depending on who is asking, and who is being asked, the response may vary dramatically. Some students tout the necessity of remaining undifferentiated in an attempt to make a fully informed decision come CaRMS. But given the current system, open-mindedness can certainly be a liability. Those who think they have it figured out hold their cards close to their chest in an attempt to preserve the prospect of matching to their desired specialty, yet they're often no better

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off. We accept anecdotes from residents as dogma. We seek out opportunities to add depth to our CVs even though we may lack enthusiasm for the given undertakings. And these practices lead to the development of a self-selecting population of applicants who have overachieved but may end up underwhelmed. Such is the consequence of the pressures associated with deciding on your professional trajectory three-quarters of the way through your education.

I have toyed with these notions extensively for the past few months and I will admit that I am none the wiser. No amount of discussion on this subject will lead to a decision cushioned by comfort. Each attempt to figure out what you want to do—and, by extension, who you are—yields frustration. But it is much more important to figure out who you are *not*. That is when, for the most part, who you are tends to crest the horizon.

As CaRMS approaches I am certain that many of my classmates will busy themselves with unimportant distractions to keep from choosing their desired specialty. But each student must make the decision and, regardless of how they come to it, frustration is to be expected. What brings me solace, however, is understanding that the system need not be perceived to be more than it is. In medicine we tend to be individuals who overthink every decision in fear of being wrong. But when it comes to this one decision that all of us are facing, there are no wrong answers. Thankfully, this helps me relax.

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## Managing cancer of the uterus and ovary: BC has the right approach

Scientists at the BC Cancer Agency, Vancouver Coastal Health Research Institute, and UBC have come to a new understanding of the origin and development of cancer that occurs in the uterus and ovary simultaneously. Known as synchronous endometrial and ovarian (SEO) cancer, tumors on the endometrial lining of the uterus appear simultaneously with tumors on the ovary, and vice versa. SEO cancers have been reported in 5% to 10% of endometrial or ovarian cancers.

The spread of a tumor from one organ to another is virtually always an indication of an advanced-stage cancer that requires aggressive treatment with chemotherapy, radiation therapy, or both. However, SEO tumors behave as if they are independent, localized early-stage tumors that often respond well to surgery alone.

Controversy regarding whether SEO cancer is metastatic has led to widely differing treatments. A new study provides evidence that each pair of SEO tumors are genetically related clones and confirms for researchers that the right approach to SEO cancers is being taken in BC, where SEO cancer patients have generally been treated conservatively by surgically removing the tumors. The findings may also influence treatment of the disease elsewhere. Worldwide, many women with SEO tumors receive aggressive treatment designed to fight late-stage metastatic cancer.

Scientists point to pseudometastasis to explain the apparent paradox of the same cancer appearing simultaneously as two independent early-stage tumors on two different organs and propose that the process is distinct from usual metastasis in that the cancer likely spreads through the fallopian tube, not the bloodstream, and the host organs (ovary and uterus) provide a unique environment where these cancers are initially constrained. Researchers in the Department of Molecular Oncology at the BC Cancer Agency are now investigating whether the initial event takes place in the ovary or the endometrium, and what keeps cells temporarily restricted to these organs without metastasizing to the rest of the body.

The article "Synchronous Endometrial and Ovarian Carcinomas: Evidence of Clonality" is published in the June 2016 issue of the *Journal of the National Cancer Institute* (available online now at http://jnci.oxfordjournals.org/content/108/6). A complementary study from the Memorial Sloan Kettering Cancer Center is published in the same issue along with an editorial about the two studies.

## Rural practice: Funding to upgrade skills

If you are a new graduate, an international medical graduate, or a physician transitioning out of full-time practice who is interested in entering rural practice, you may be eligible to receive up to 20 days of funding for skills enhancement training through the Rural Skills Upgrade Program (RSUP).

RSUP funding is provided by the Rural Education Action Plan (REAP). Before applying for RSUP, physicians must be accepted into one of the Rural GP Locum Program, the Rural GPA Locum Program, or the Rural Specialist Locum Program. All applicants must be willing to complete a return of service to the locum program within 1 year of completion

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