



Editorial

Reflection on Black History Month

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Black History Month last October was a time of reflection for all of us. As clinical oncologists working in the UK, our main reflection this year was on the contributions of Black oncologists and other health professionals, both the ones we hear about and the ones quietly doing an excellent job every day to improve the care delivered to our patients. Therefore, we chose to showcase the work of four exceptional individuals, Professor Jane Cooke Wright, Professor Francis Durosinmi-Etti, Dr Nicola Thorp and Professor Dean Fennell, who have all contributed enormously to research and the improvement of oncology services.

Professor Jane Cooke Wright (November 20, 1919 - February 19, 2013)



Professor Jane Cooke Wright was a pioneer of chemotherapy. Her career in cancer research began in 1949, when the only recognised anticancer treatment was surgery or radiotherapy. She worked with her father at Harlem

Hospital Cancer Research Foundation; together, they tested several potential anticancer agents in tissue culture and humans, developing the technique of tissue culture [1]. She pioneered methotrexate use in solid tumours, breast cancer in 1951 [2] and mycosis fungoides in 1960 [1]. Her desire to expand knowledge in the new field of chemotherapy and make information available led to her and six other oncologists forming the Association of Clinical Oncology (ASCO) in 1964, making her the only woman and person of a minority among ASCO's founders [3].

She was quoted in 1967 in the *New York Post* saying, 'I know I'm a member of two minority groups, but I don't think of myself that way. Sure, a woman has to try twice as hard. But — racial prejudice? I've met very little of it. It could be I met it — and wasn't intelligent enough to recognise it.' [4] She was a brilliant oncologist who refused to be limited by the opinions and beliefs of others. She broke several racial and gender barriers, accomplishing much even before the Civil Rights Act was passed in 1964, which banned discrimination based on sex, race and religion. She was named Professor of Surgery, Head of the Cancer Chemotherapy Department and Associate Dean at the New York Medical College in 1967, making her the highest-ranking Black woman among all American medical institutes at that time. Dr Wright was the first female President of the New York Cancer Society in 1971. She retired in 1987; during her 40-year career she published many research papers on cancer chemotherapy and led delegations of cancer researchers to Africa, China, Eastern Europe and the Soviet Union. Her contributions to oncology are of great inspiration to us all.

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Professor Francis Durosinmi-Etti



Professor Francis Abayomi Durosinmi-Etti began his career with a medical degree from the University of Lagos, Nigeria, in 1972. From 1975 to 1979, he trained in clinical oncology at the Christie Hospital in Manchester. On return to Nigeria in 1980, he was appointed as a consultant in radiation oncology at the University Teaching Hospital Lagos and lecturer at their College of Medicine. He subsequently became the first Professor of Radiation Oncology in Nigeria [5].

In 1988 he was appointed as a Radiotherapy Specialist by the International Atomic Energy Agency (IAEA) in Vienna, where he oversaw cancer management policy and helped in developing radiotherapy services in 45 developing countries around the world, including in Asia, Africa, Latin America and Eastern Europe until 1995. He has also served his homeland Nigeria in many leadership positions, including as the Chief Medical Director and Chief Executive Officer of the National Hospital in Nigeria's capital Abuja and Secretary to the Federal Character Commission. His commitment to improving the standard of radiotherapy led him to help establish cancer treatment and training services in many world regions. He worked tirelessly to educate and give back to the University of Lagos, where he started his career as a medical student and retired in 2018 as a professor and consultant in radiation and clinical oncology. He continues to be a committed and outspoken advocate for the increased awareness of cancer and the improvement of timely access to affordable cancer treatment until the present day.

Dr Nicola Thorp



Of Jamaican heritage, Dr Nicola Thorp grew up in Birmingham and gained her medical degree from the

University of Leicester in 1990. She moved to Liverpool in 1991 to complete her basic medical training. As a medical student and during her early medical career, she was drawn to oncology by the combination of innovative treatments and the holistic approach to patient care [6]. She started her clinical oncology training in 1995 and was appointed as consultant clinical oncologist at the Clatterbridge Cancer Centre-Liverpool in 2001, specialising in breast and upper gastrointestinal cancers, as well as paediatric radiotherapy and the late effects of children's cancer management. As her interest in paediatric radiotherapy grew, she joined the NHS England Proton Overseas Panel in 2009. As well as reviewing referrals to the panel, this involved collaborating with proton beam therapy centres in the USA and Europe, refining treatment pathways and expanding the eligibility criteria for UK children to access proton therapy overseas. More latterly, she has worked with the NHS England team to develop the proton services at The Christie and University College Hospital London. In 2019, she took up an honorary consultant post at the Proton Beam Therapy Centre at The Christie. She now works between the Clatterbridge Cancer Centre and The Christie, specialising in paediatric radiotherapy and leading the Late Effects Service at the Clatterbridge Cancer Centre. Her research interests are focused on radiotherapy for paediatric brain tumours and she is the UK radiotherapy lead for the SIOP Ependymoma II study.

Her passion for improving cancer services has led her to participate in various local and national committees. She has played an active role in the Children's Cancer and Leukaemia Group (CCLG) and served as the CCLG Radiotherapy Special Interest Group Chair between 2009 and 2013, and then the CCLG Brain Tumour Group Chair from 2014 to 2018. She sat on the CCLG Executive between 2013 and 2019. She was the Associate Medical Director at the Clatterbridge Cancer Centre between 2010 and 2016. During this period, she was clinical lead for Clatterbridge Cancer Centre-Liverpool's new build, which opened its doors in 2020.

Dr Thorp strongly believes that although our primary responsibility as doctors is to deliver the best possible care to our patients, we have a secondary obligation to institute change for all patients, our colleagues and the wider community. She is currently the Medical Director, Professional Practice (MDPP) for Clinical Oncology for the Royal College of Radiologists and has a major interest in medics' wellbeing, recognising the individual, organisational and societal cost of burnout in doctors. She is a Schwartz Round Facilitator, consultant mentor and Clinical Oncology Co-Lead for the Royal College of Radiologists' Wellbeing and Support Group.

Outside of medicine, she sat on the Board of Trustees for the National Museums Liverpool between 2011 and 2019 [7]. She now lives 'across the water' on the Wirral with her husband (a vascular surgeon), three children and a very indolent greyhound and spends as much time as possible walking in the north Welsh hills.

Professor Dean Fennell



Music has always been a significant part of Professor Fennell's life, partly because of his Caribbean roots. His love for making electronic music made him seriously consider pursuing this as a career when he was a teenager. Still, his passion for the sciences led him down a different path, to become the academic and clinician he is today.

Professor Fennell's interest in therapeutics began with a degree in pharmacology at the University of London, where he graduated first class. The untimely loss of his brother to asthma motivated him to pursue a degree in medicine. Although respiratory was his initial focus, his interactions with multiple patients with cancer on his very first weekend on call as a doctor would have a profound impact on him. He developed a fascination with cancer biology, and a realisation that the field of lung cancers was underserved mainly led to the pursuit of a PhD in apoptosis, which he completed in 2001. He completed higher speciality training in medical oncology, with his focus remaining on thoracic malignancies. He soon established himself as an academic, and during his training he continued to create opportunities to engage in research, write grants and raise funding. He was appointed as a clinician scientist and undertook multiple research fellowships with the Cancer Research UK Centre in Belfast and later as a consultant at the University Hospitals of Leicester NHS Trust in 2012. He serves as Chair of the Thoracic Medical Oncology department and leads a translational research laboratory at Leicester [8,9], where his passion for thoracic cancers, mesothelioma especially, remains the focus of his research.

Despite a paucity of prior research on mesothelioma, he has since led the first ever phase III trial to show improved survival in patients with relapsed mesothelioma (CONFIRM) [10] and the first molecularly stratified umbrella trial for mesothelioma (MIST) [11] as well as many other studies to identify effective treatments for this disease [10,12] thereby improving the lives of patients with this incurable cancer. On the translational side, his laboratory focuses on identifying new stratified treatments for mesothelioma, harnessing genomics [13]. He was a board member of the European Organisation for Research and Treatment of Cancer (EORTC) [14], and served as the President of the International Mesothelioma Interest Group, co-chairing the global meeting in the UK in 2016. He currently directs the Leicester Mesothelioma Research Programme, a collaboration that places Leicester's hospitals at the forefront of mesothelioma research.

These achievements have not come easy. Role models who looked like him were indeed few and far between. The importance of both identifying his goals and working towards them with a deep focus enabled him to attain them and weather any obstacles along the way. An early casual comment that he would never do medicine only pushed his ambitions further and helped develop a strong mindset, which has served him well to this day.

Professor Fennell has earned the respect of his patients, who describe him as warm and 'filled with sincerity' [15], and they remain his driving focus. He remains ambitious to improve the outcomes of patients with mesothelioma through innovative research. In his spare time, he enjoys both photography and the study of geopolitics and economics.

Finally, as we set future goals as an oncology community, we need to encourage diversity and inclusion. In England, people of Black or Black British heritage make up 4.21% of hospital doctors and only 2.75% of consultants [16]. Demographic data obtained from the UK Royal College of Radiologists showed that only 2% of clinical oncologists registered with the college identify as Black. We need to promote inclusivity among physicians and a more diverse workforce. This benefits our patients by improving their trust in the health system, access to healthcare and even increased participation in research [17].

Lastly, we are all inspired by the exceptional people who have come before us, and although many of us will not be mentioned in history books, we can all work together to shape our future for the better.

Conflicts of interest

The authors declare no conflicts of interest.

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