

The Benefits of Reducing My Hours to Half-Time (That Is, Three-Quarter Time)



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Reading Dr Paul Bunn's essay in the January 2020 issue, "How Gradual Retirement Has Allowed Me to Spend More Time With Family and Being Physically Active," inspired me to think further about the benefits of having transitioned from full-time academic activities to a half-time position.

How My Career Evolved

Many factors shaped my career in oncology, including exposure to David Karnofsky lectures while a student at Cornell, and rotations at Memorial Sloan Kettering Cancer Center and Bellevue Hospital. My fellowship at Columbia, which was directed by Dr Alfred Gellhorn, led me to a faculty position that was interrupted by draft regulations. I chose to join the Public Health Service, and in 1969 was assigned to the medicine branch (led by Dr Paul Carbone) within the chemotherapy program (later the Division of Cancer Treatment) of the National Cancer Institute (NCI), directed by Dr Gordon Zubrod. After serving for nearly 3 years, I returned to the Albert Einstein College of Medicine and its new cancer center, which was directed by Dr Harry Eagle. I returned to the NCI in 1975 to join Dr Vincent DeVita, who had succeeded Dr Zubrod as division director, to head the Cancer Therapy Evaluation Program. Shortly after settling into my new office, I met Dr Bunn, who was setting up his laboratory as a physician-scientist in the lung cancer program. This leadership position provided opportunities for mentoring young clinical associates (many of whom have gone on to prominent roles), and strengthened my experience in drug development, clinical trials, and health care in the national and international arenas. Those who wish to hear more can listen to my interview with Dr Daniel Hayes, who conducted a series of interviews called "Conversations With the Pioneers of Oncology" that can be found on the *Cancer Stories: The Art of Oncology* podcast.

In 1979, I returned to full-time clinical plus administrative work as the head of medical oncology and director of clinical programs at New York University (NYU),

which was then headed by Dr Vittorio Defendi. After 7 years at this rapidly growing program, I decided to accept a position at the University of Southern California Norris Comprehensive Cancer Center. I worked there from 1986 to 1996, first under the direction of Dr Brian Henderson and subsequently under Dr Peter Jones, whose leadership qualities assured the integration of clinical, basic science, and epidemiologic research. Catalyzed in part by the 1994 Northridge earthquake, my wife and I opted to return to New York. The best fit was to rejoin my colleagues at NYU, resuming the same position I had held 10 years previously. My clinical work, which became principally focused on gynecologic oncology, has gradually become the dominant activity.

Switching to a Half-Time Schedule

In 2014, I stepped down from administrative roles and switched from full-time to half-time work. I also narrowed my commitments to twice-weekly patient days at our clinical cancer center on 34th Street, precepting fellows at Bellevue Hospital clinics about once per month, and supervising fellows conducting inpatient medical oncology consultations.

"Gradual retirement" or "going part-time" seems like a better approach for me than spending all my time on leisurely endeavors. Although many view retirement as idyllic, my thoughts often go to a leading radiation oncologist who confided a year into his retirement that a major pastime after moving to the tropics was meeting up with colleagues to complain about their boredom. On one trip, I met a retiree who traveled nearly every week to his former warehouse in Queens just to "be energized."

A wise friend from my college days cautioned me that cutting down from 150% (normal for a physician) to 100% of a normal schedule does not constitute a part-time job. I am glad to report that my "half-time" position takes up less than three-quarters of my time. This schedule allows me to keep up with advances, make good use of my extra leisure time, and share my philosophical musings.

Keeping Up With Patient Care and Scientific Advances

Since stepping down from my administrative roles, I have renewed my focus on patient interactions by caring for long-standing patients and by selectively taking on patient consultations. I have continued to serve as a clinical preceptor at Bellevue Hospital, where I often treat economically disadvantaged patients. At the same time, I have curtailed certain activities that are best left to my younger colleagues, such as presenting at meetings and applying for grants. My clinical work is rendered easier than it otherwise would be because I work in the academic setting of a Comprehensive Cancer Center, where we learn from colleagues' stimulating activities and have ongoing contact with outstanding researchers.

Another of my regular activities is serving as Editor-in-Chief of the Adult Treatment Editorial Board of Physician Data Query (PDQ), which has helped me stay abreast of advances in evolving cancer therapeutics. Co-leading a winter semester course in clinical trial design has taken the place of long-standing involvement in investigator-initiated clinical trials.

It has taken me 2 decades to shed so many time-consuming efforts. Most recently, I ended my 30-year record of attending every CTEP semiannual drug development/phase 1 meeting. Certainly, the increasing complexity of conducting collaborative clinical research activities requires representation by more nimble participants. However, given that these activities have always been at the heart of how I function as a medical oncologist, I relish maintaining an interest in such projects. My primary goal, however, has shifted to acting as a catalyst to spur colleagues into transmitting ideas into action.

Even in this genomic era, the complexity of precision oncology continues to require seeking answers to vexing old problems. What is the best way to modify drug delivery? How can we explain what causes platinum resistance? How can we most effectively use fluoropyrimidines and anti-folates? (A note about fluoropyrimidines: nearly 60 years ago, more than one colleague asked me: "Why bother learning about 5-fluorouracil? Nobody will be using it in 10 years.")

Wise Utilization of Leisure Time

Taking off time to vacation with grandchildren creates an invaluable bond. Two weeks in Italy's Valle d'Aosta during early August was a must in our family for nearly 20 years, until 2017. Our eldest grandchildren enjoyed hiking in the Alps with my wife Anna and me, an activity they dubbed "Camp Nonno" (*nonno* being Italian for grandfather). We have since switched to Ontario, Canada for Shakespeare and Shaw theater festivals. Our now-medical student granddaughter joined us in Stratford and

Niagara-on-the-Lake in 2018. More time with family is indeed a priority. After turning 70, my physician father often emphasized that "we must give way for youngsters to take over" our professional responsibilities. Pursuing selective aspects of our lifetime work is indeed a source of satisfaction, with the added benefit of allowing more time with family.

Philosophical Musings and Leaving a Legacy

Starting in medical oncology before the subspecialty was recognized has granted me the title *pioneer*. Actually, I regard as pioneers those professors I had the good fortune to encounter during my medical school training, the attendings I worked with during residency, the preceptors and mentors I met during my fellowship, and many people at the NCI beyond those I already mentioned. I also recognize that my family background in medicine, the culture that I absorbed after being transplanted with my parents at the age of 3 from my native Italy to Ecuador, and my graduate education in the United States were paramount in my formation. While at CTEP, this cultural admixture often aided me in extending the global outreach of the NCI. If my stamina continues to be satisfactory over the next decade, I intend to write down much of what I have stored in memory, and reflect on the protagonists who were responsible for many of the advances that have taken place in my chosen field. I hope that such recollections will enable me to give further perspective on developments in therapeutic cancer research, and will complement some of the outstanding publications that are already out there, such as *The Emperor of All Maladies*, *The Death of Cancer*, and *Therapeutic Revolution: The History of Medical Oncology*. Starting such an ambitious effort without sacrificing personal time or curtailment of professional activities is an ongoing challenge, and I hope to be up to the task.

Summary

- Giving up administrative roles presents an opportunity to do more things you enjoy, but beware: cutting from 150% to 100% is not enough
- Build on what you most enjoy: continue with patient care, but ensure that you are keeping up with all advances in your area (best done in an academic institution)
- Allow time to spend with family; this is essential
- Make the most of your professional satisfactions and friendships, and be open to future endeavors