

Featuring:

Dr. Jean-François Boileau

Dr. Boileau is a surgical oncologist and clinician scientist at the Montreal Jewish General Hospital. He is an assistant professor in the Department of Surgery at McGill University. He has worked as staff surgeon at the Centre Hospitalier Universitaire de Montréal (CHUM) and at the Sunnybrook Odette Cancer Centre in Toronto before transferring to his current position.

His research interests are in breast cancer and clinical trials. The main focus of his research aims at using primary systemic therapy, or neoadjuvant therapy, as a more efficient way to study the effects of systemic treatments in people with breast cancer. Dr. Boileau is the principle investigator of the SN FNAC Trial, a Canadian multicenter study evaluating the accuracy of sentinel node biopsy in node positive breast cancer patients following neoadjuvant chemotherapy. Other research interests include the identification of better predictors of response to neoadjuvant chemotherapy and early detection of breast cancer.



Why did you choose a career in surgical oncology?

It's mainly due to the influence from mentors and peer. I was a resident in surgery, doing my general surgery. My extra training and my fellowship was in surgical oncology, and now I do clinical trials to do with oncology and systemic therapies. At first when I was in residency, I worked with some mentors at the University of Montreal who were themselves surgical oncologists participating in running clinical trials. That's when I had the first exposure to clinical trials. I became really interested in pursuing a career in surgical oncology. At first my interests were quite broad in oncology. In time, it has become more and more focussed on surgical breast oncology.

What inspired you to get into research and what helped to jump start your career in research when you were first starting off?

It was during my fellowship. I knew I was interested in clinical trials, but typically surgeons don't get much exposure to clinical trials. It's not part of our regular curriculum, but I knew because of those previous mentors that it was a possible avenue. During my fellowship in Toronto, I requested to have some training in clinical trials. Since there are a lot of surgeons involved in clinical trials in the province of Quebec, I then did part of my University of Toronto fellowship in Montreal. I came to Montreal, and did a fellowship with Dr. André Robidoux who is a surgical oncologist heavily involved in clinical trials. That is how I learned how people get involved and write clinical trials. I guess that ignited my passion for trials. I knew from that moment on that's what I wanted to do.

What was one of the most important lessons that you learned outside of school?

Outside of school, the hospital and the academic milieu, I learned from friends or people that we know who have been affected by cancer. I work in breast cancer. When we have had close friends affected by the disease, then you can really see what is important for people. It's not just the disease itself, it's their family and their other goals in life. They are affected by the same things as anyone else, but they have to deal with cancer at the same time. All the complexities of the disease is what you learn when you see the people that are affected, but from the outside of the hospital or clinic. That is when you learn to see people with many many different dimensions.

How do you avoid complacency after all the work you have already accomplished?

The great thing about doing a practice in clinical trials is that you are always at the cutting edge. You're always studying or involved with new treatments. It's always pushing forward. When you have an academic practice that has a lot of research it is hard to become complacent, because every single day brings new discoveries and new trials. I can't say that we have a practice that is compatible with complacency. We are always revisiting the concepts that we learned and reevaluating our hypotheses. We are always pushing the knowledge, the new techniques and the new treatments forward. I think research actually gets you completely out of complacency.

What was the greatest challenge that you faced to get where you are today? How did you overcome it?

I have been quite blessed. All these opportunities have always been quite positive - never really a challenge. Canada is a big country; not in term of numbers but in terms of volume. Our presence is always a little washed out in North America, but our participation in trials is highly recognized. I think the work in silos - that different groups are separated has always been quite a challenge. Trying to unite people to do projects together can be a challenge. The motivation is there, but it's tough to organise. One of the reasons I am back in the province of Quebec is because we are building a consortium of clinical trials. The goal is to bring the clinical trials to the patients, because Canada has a very wide geography and few people. The coverage is very difficult, it's hard to centralize all the treatment in just a couple of centres. So instead of doing that we are actually building a consortium to try to involve people in different centres across the provinces to act as other research sites. We are just starting, the founding members are just activating our first trials now. The project is moving along well. I don't see big barriers to overcome other than this.

How do you manage a work-life balance?

The best tip I have for anyone working in oncology is not to bring the work home. It's not easy! We deal with tough situations. We're all human and we are all affected by what is happening to our patients. It's always been very important for me to stop it at the door before getting home. I have a wife and kids and people at home who don't necessarily need to be exposed to these things. I am blessed with an incredible family, lots of support and that's incredibly helpful. It's also good to have activities with friends, you have to maintain this. It's hard to do only oncology all the time. You have to take care of the people who are close to you. That is my best advice.