

Cora Sternberg: An American in Rome

→ Marc Beishon

When Cora Sternberg left the Memorial Sloan-Kettering in New York to make her way in Italy, she brought with her more than just expertise. From patient care to fundraising, the department of oncology which she heads at the San Camillo and Forlanini hospital complex in Rome now has a marked American flavour.

“When in Rome do as the Romans” is an old proverb that Dr Cora Sternberg, head of medical oncology at the city’s sprawling San Camillo and Forlanini hospital complex, has distinctly mixed feelings about. A high-energy American by birth, she was smitten by the cultural attractions of Italy when she first came to live in Rome nearly 16 years ago. But, having already made her name as a top cancer researcher in the US, Sternberg has found the professional transition rather more of a challenge in terms of establishing a solid base for her primary goal – first rate clinical cancer care and research.

After working in several of Rome’s hospitals and institutes, she became chief of medical oncology at the San Camillo and Forlanini hospital in 2002, and in a short time has transformed the department from a place carrying out only standard treatment to a clinical trials centre with a growing reputation. Patient care, too, has been upgraded greatly since her arrival, using a holistic model in which Sternberg firmly believes.

And from the start of her move to Italy, she was eagerly embraced by the European Organisation for the Research and Treatment of Cancer (EORTC), such that her involvement with research has hardly faltered. “At my very first EORTC meeting I was asked to take over bladder cancer research in Europe,” says Sternberg. “I was surprised – but they said they needed new blood.”

As a medical oncologist her speciality is genito-urinary cancers and, as her lengthy resumé testifies, her name is on an exhaustive list of papers and worldwide conference sessions. At present, Sternberg is principal investigator on several major protocols on prostate and bladder cancer, and last year she was elected by her colleagues to the board of the EORTC.

Like most top cancer doctors, her life is a dizzying whirl of international travel, long days and late nights spent writing and reviewing papers, consultancy and faculty positions in Europe and the US – all in addition to running a department.

If the logistics of managing an international career have been well in hand, Sternberg has faced a bit of a struggle with Italian bureaucracy – for example,



her medical oncology accreditation was only recognised relatively recently in the country. But, having started her career at a time when even in the US women were still relatively rare in the world of medicine, she was no stranger to adversity.

It was Sternberg's first professional trip to Europe that was the catalyst for her move from America – in short, she met her husband, top laparoscopic urology surgeon Vito Pansadoro, at a conference and moved to Rome in 1988. Up to that point, she had been set for outstanding success at the Memorial Sloan-Kettering Cancer Center in New York, an institution she considers to be among the best in the world.

"My parents came to the US from Poland during World War Two – they were both professors of mathematics," says Sternberg. "My mother had always wanted to be a doctor, but because of the war

this wasn't possible – and it was natural for me to think of becoming one."

Always a good student at school, Sternberg was accepted at the University of Pennsylvania, where she studied psychology and art history – but the notion to become a doctor took hold and she went for it, taking all the maths, physics and other modules necessary to get into the university's medical school.

"When I arrived it was the first year they'd had as many as 20% women – there were only a handful before – and it was particularly competitive for us. We were told: 'Look to your right and to your left – one of you will not be here when you finish.'"

Once enrolled, Sternberg loved everything she did – "If I was on a cardiology rotation, I wanted to be a cardiologist; likewise neurology and so on."

After graduation, as an intern at Temple University hospital in Philadelphia, she became slightly

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disillusioned by general hospital work and switched to psychiatry for a year at the Mount Sinai Medical Center in New York. “This has helped me a lot to understand what depressed patients are going through,” she says, adding that at San Camillo she’s brought in two psychologists and a psychiatrist as part of the team who routinely work with the cancer patients.

“I think it is a very important part of getting better – it is impossible for either patients or their family not

to help people who were sick mostly due to no fault of their own and I saw a great need.”

Spurred on by the excellent medical oncology department at Stanford – and by a few great women role models – Sternberg returned first to Mount Sinai, then to a fellowship position in medical oncology at Memorial Sloan-Kettering in New York.

There, after being involved with a variety of research projects, she started working under her main academic mentor, Professor Alan Yagoda, whom she had identified as “a brilliant man”. “He was head of the solid tumour services at Memorial and his research interest was genito-urinary cancers, which is why I started working in this area.”

Sternberg is very much a believer in slow but steady progress. She has seen good advances in cancer treatment since she started her career – “For example, there are patients who are cured today with testicular cancer, and a better understanding of the biology of cancer has led to some breakthroughs in such hard to treat cancers as gastrointestinal stromal tumors. Patients are doing better today because of wider public knowledge about cancer and its symptoms, and screening programmes have led to earlier diagnosis.

“There have been improvements in surgical techniques in addition to the progress that has been made with newer chemotherapeutic agents, and we have better methods of overcoming the side effects of chemotherapy.”

An important breakthrough came for Sternberg while working with Yagoda. He had been active in bladder cancer for years, she says, and proposed a new combination of chemotherapy based on his research. However, Yagoda became ill and Sternberg and a colleague, Howard Scher (now chief of genito-urinary oncology at Memorial), took the work forward and developed what has become the “gold standard” for treating relatively fit patients with advanced bladder cancer, namely the M-VAC chemotherapy regimen.

“Before, patients with advanced bladder cancer



With her mentor, Professor Alan Yagoda, at the Memorial Sloan-Kettering Cancer Center in New York

to be scared about cancer, and we can really make a big difference with a multidisciplinary team approach that includes psychologists, psychiatrists, dedicated nurses and volunteers.”

However, after one year of psychiatry training, she transferred to Stanford University to complete her internal medicine training. It was there that she decided to specialise in medical oncology. “Back then there were many physicians who wanted to become surgeons,” she says. “Oncology was something people didn’t understand and it was a big challenge, and in any case it was also very difficult at that time for a woman to become a surgeon in the US. I wanted

either died or lived at most six months,” says Sternberg. “We started seeing cures – it was absolutely amazing. The first presentations of this work at the American Urological Association and at the American Society of Clinical Oncology were greeted with both scepticism and enthusiasm by the medical community. However, today no regimen has yet proven to be more effective.”

As Yagoda wanted to cut down on his workload, he sent his young colleagues off to international conferences – Scher to Australia and Sternberg to a urology conference in Erice, Sicily. It was her first professional trip to Europe and turned out to be a life changing experience.

“As I was first author on the M-VAC papers, the Europeans were expecting to see an elderly professor and were rather surprised,” she says. “Since this was my first important European meeting, I spent a lot of time in my room studying, to make the most of the conference. The last thing I thought was that I’d meet my future husband there.”

However, on the last day, at a social event after the meeting, “Vito Pansadoro, a urology professor, asked me to dance. We fell in love on the dance floor, with everyone else stopping to watch. It really happened as though in a fairy tale.”

With M-VAC so new, she continued on to London on that European trip to give further talks. “I’ll never forget an English physician who asked, ‘Would you give your mother this therapy?’ and I looked at him and said, ‘You don’t know my mother – she doesn’t listen to anything I say,’ and everyone just broke up laughing.”

The work on M-VAC brought Sternberg to international attention, but at Memorial she also worked on kidney cancer – she was head of the interleukin 2 LAK programme there – and on prostate and testicular cancers. So it took a while to wind down her commitments in New York. She got married in 1988 and moved to Italy.

She’s since been much in demand at many oncology and urology conferences – “There are fewer

genito-urinary oncologists than let’s say breast cancer specialists,” she says. But she doesn’t feel her field has a less high profile than breast or lung cancer – certainly not now that prostate cancer has become recognised as one of the most common forms of the disease.

“It’s true that prostate cancer was felt in the past not to respond well to therapy,” she says. “But more has become known about discovering it earlier, and there has been an important decrease in mortality since there has been widespread PSA [prostate specific antigen] testing. There were two highlighted papers at the plenary session of the American Society of Clinical Oncology (ASCO) conference in June on this disease.”

She adds that prostate cancer has also become recognised as a chemosensitive disease, and there is a series of new molecular targeted therapies. “There is plenty of interesting research to be done. We have many protocols running at present for patients with all stages of prostate cancer.”

Other studies she has in course include an intergroup protocol on bladder cancer, a US trial where she is the European coordinator, several others with promising molecular targeted therapies and new chemotherapeutic agents for colon, kidney, stomach, breast and lung cancers and melanoma. At San Camillo and Forlanini hospital the major specialist pathologies are gastro-intestinal and lung cancers, while of course Sternberg has been attracting much interest in genito-urinary research. But there was little cancer research of any kind in her department before her arrival at the hospital.

Up until 2002, Sternberg had worked in several hospitals in Rome, first as a medical oncology consultant at the well-known Regina Elena Cancer Institute. As she notes, it is hard to penetrate the Italian health system – there is a lot of bureaucracy in filling public appointments, and she ruffled some feathers by being invited in as a consultant and being sent to international meetings.

After another consultancy position, at Rome’s CTO

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such as barring visits from patients’ children

Hospital, she became head of medical oncology at a private hospital, the San Raffaele Scientific Institute, which was set up as an offshoot of Milan's hospital of the same name.

Then it was on to San Camillo and Forlanini, one of Europe's biggest hospitals. Sternberg's department is in one of many large, airy but dilapidated pre-World War Two buildings. While she's been promised major refurbishment – and the nearby remodelled emergency and surgical pavilion shows what can be done – she has transformed matters in other ways.

Out has gone an emphasis on very long admissions and arcane rules, such as barring visits from patients' children. Instead, she has put together a team of motivated doctors and nurses, focused on more day hospital treatments, and there's been a turnaround in attitudes towards patient care – as well as enrolment in clinical trials. She's also taken a lead in banning smoking from her department and from the hospital.

Playing the piano
with daughter
Tatiana



Sternberg has ushered in the kind of infrastructure she'd take for granted back in America – computerised records, proper patient charts, team meetings within the department and multidisciplinary meetings with colleagues in other departments.

At San Camillo, the critical resource is people – she is as yet only halfway through a recruitment programme for oncologists, and like many public hospitals in Europe, the department has suffered major nursing shortages. There's also the problem with a lengthy procedure to appoint staff – and while she works on permanent changes she's even brought in people on her own.

So the staff complement is a mix of official and unofficial personnel, plus volunteers – many of whom are personal friends of Sternberg who are enthusiastic and give their time for free.

She has recruited a Spanish data management specialist with great experience in clinical trial management; another physician, an Italian professor of pharmacology, has returned to Italy after working for more than seven years at the EORTC as a medical data manager in Brussels. These two specialists have been “brilliant in organising the clinical trial work,” says Sternberg. In a small way, too, she's also helping to reverse the country's oft-mentioned ‘brain drain’ – some Italian colleagues have either returned to the country to work with her, or have thought twice about leaving. Patient rights have been a major issue for Sternberg since coming to Italy. Slowly, she says, the idea of informed consent has taken hold, and cancer has become less of a taboo subject. “There is so much publicity now about new treatments that patients are interested and willing to be involved in trials most of the time. But I firmly believe that willingness depends on how much the doctor is convinced in what he or she is doing.”

Fifteen years ago, Sternberg's forthright, American approach may have caused some alarm, such as when, after a liver biopsy, a patient had asked whether his cancer had spread to the liver. “How could you tell him the truth?” asked her colleagues, “We would have said ‘we're not sure...’” This attitude has since changed dramatically.

“Truth telling” can differ widely between countries – for example a survey of cancer doctors in northern Italy (published in 2000, in *Supportive Care in Cancer* vol 8, pp 40-45), showed that one-third



With children Tatiana and Vincenzo and husband Vito Pansadoro (*front row*) and brother Harvey (*second row*) and his family in Philadelphia

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believed that “patients never want to know the truth”. And even a revised version of the Italian “deontology” code allows for some degree of withholding the truth from the patient, if not their family. While strongly defending the need to tell the truth, Sternberg admits to being “softer in her approach than perhaps I was in the US,” and the added psychological support she’s brought in has been crucial. “The patients know that we are ready to fight with them and they know that they can trust our team.” At the hospital, apart from promoting a positive, caring attitude for her staff, she’s had to tell patients and concerned family members that they have every right to make appointments with their physicians – but she has had to educate them in proper procedure. There’s certainly more calm and order since she has taken over.

There is a tremendous ambition to establish the hospital as a major cancer referral centre, working with colleagues at other important institutions in Italy such as the Regina Elena in Rome. Sternberg

is bringing in as many resources as she can muster in the fight against the disease generally, and knows she cannot do this alone.

In addition, she has started a fund-raising organisation, the Samuel and Barbara Sternberg Cancer Research Foundation. “It’s named after my parents, because they are responsible for who I am today.”

The foundation, set up in 2003, has an impressive list of members and a star cast of world cancer specialists, and “was initiated due to a dire and serious need for the support of cancer patients and research at San Camillo hospital.”

Sternberg says that some money has been raised primarily from banks and friends – but ideally she’d like a full-time fund raiser or chief executive on the job. She points to organisations such as the American Italian Cancer Foundation (AICF), which are quite capable of raising a million dollars at fund raising events. The AICF has granted \$25,000 to a research fellow who is doing basic scientific research in Italy under Sternberg’s guidance.

“My approach to raising money is perhaps American”

“My approach to raising money is perhaps American,” she says. “I’d say also that organisations such as the EORTC need to raise funds in Europe for research without upsetting national institutions. They’ve been hesitant to do this so far, but this kind of work needs to be done by professional fund raisers.” Those funds are especially needed, she adds, for trials that may not interest the pharmaceutical companies. She’s particularly concerned, along with other members of the EORTC, about the European Union’s Clinical Trials Directive, which ostensibly aims to promote multinational trials. But it could pose a threat to non-commercial medical oncology research, one reason being that pharmaceutical companies may be unwilling to supply free, licensed drugs for trials as they could be deemed to be the trial “sponsor”, with onerous and costly responsibilities. Sternberg says that there’s also a problem for smaller institutions in simply complying with the directive’s paperwork. “I have two people working full time on regulatory affairs,” she points out – and the worry is that basic academic research in some less fashionable areas may fall by the wayside. She would like to see the rules on translational research clarified as well, noting that “a lot of trials have been done by giving drugs to patients without really studying the biology of the tumours.” There is a need for “more collaboration with basic research scientists.” Sternberg is building links at present with the Regina Elena Cancer Centre and other research organisations in Italy, and if she gets her wish San Camillo will become a centre for drug development trials and translational molecular research – bridging the laboratory and the clinic. She also has an agreement with La Sapienza University – although San Camillo is not a teaching hospital, physicians who are training to become oncologists now spend time in her department, and she hopes to increase their number.

Seminars and lectures are now playing a part in the day to day life of the department – the intention is also to invite staff from other parts of the hospital so they develop knowledge of oncology and clinical trials. Sternberg is also encouraging her doctors and nurses to attend national and international conferences and is always ready to help them prepare lectures. She recalls her formative period with Alan Yagoda. “The day that I was hired at Memorial he told me that I should take a public speaking course. I never found the time for this, but he helped me anyway, as I practised my first important public lectures with him.” After speaking in front of the vast audiences at ASCO, this now holds little fear for Sternberg, but she says she’s very hard on herself in preparing talks. “I take lectures seriously and make sure that each one is different, even lecturing in Italian.” She says that the secret is very simple: “You have to study if you want to be prepared.”

On top of all this, she has a very busy family life. Sternberg is also a mother of two children. “Vincenzo and Tatiana are my pride and joy.” And she puts being a good mother as her top priority, although time is an issue (a card from Tatiana on her office wall asks her not to go to so many conferences...). She drives her children to school every day and is not willing to give up that precious time with them in the mornings, and she is always ready to help them with their homework if needed.

It’s certainly hard not to be impressed by Sternberg’s personal life. Her home is a villa just outside Rome, which was in her husband’s family. It has a beautiful garden and simple but genuine Italian food is served. Like many Romans, they escape the city each August sailing, with Vito as captain and Cora as first mate. Sternberg is well established in Rome now – last year she received an award from the American International Club of Rome for her achievements in the Italian healthcare system.

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“When I think back, I believe the Italian medical community did not quite know what to make of me”

“When I think back, I believe the Italian medical community did not quite know what to make of me,” she told the audience at the awards dinner. While not one to seek media attention, she’s been featured by the BBC in rebutting the claims made in 1998 for a “miracle” cancer treatment by Dr Luigi Di Bella (and since disproved by the Italian government). She is a little wistful when she thinks about the kinds of facilities and opportunities that are available for research in America, but has made a major commitment to her family and to making things work in Italy. As she says, her present work-life balance in Rome would be hard to replicate in New York. “I also don’t think that I would have been able to have made all the contacts that I have in Europe if I’d stayed in America. Europe and my European colleagues have been good to me – and the EORTC has been particularly open towards me since my arrival.” She draws strength from women role models such as Eleanor Roosevelt, Margaret

Thatcher and Hillary Clinton – she’s an avid biography reader of such individuals – but apart from Alan Yagoda, she cites only her husband, Vito, and her parents as mentors in her life.

He taught me that the glass is always half full rather than half empty,” she says. As Vito Pansadoro is a surgeon, she adds, there is no professional tension in the family.

In their work, they have established a collaborative approach to cancer treatment, although they have to be careful not to discuss medicine too much at the dinner table.

For the refurbished oncology department at San Camillo hospital, Sternberg would like to make it a place that people want to visit rather than run away from. “This will be done by employing the proper use of colours and space and perhaps by inviting artists to paint – it should be bright and cheery,” she says. Given the preponderance of art in the city, this is certainly doing things the Roman way.