ABR Spotlight: Geraldine M. Jacobson, MD, Radiation Oncologist

1. **How long have you been certified by the ABR?**
   I have been board certified since 1985.

2. **What does Board certification mean to you?**
   Obtaining my board certification was a major milestone in my professional life. The process solidified my knowledge and laid the groundwork for lifelong learning. Board certification signals attainment of a level of professional competence. I was relieved to pass my boards; 30-plus years later, I continue to be proud of my board certification.

3. **Where did you receive your education and training?**
   I received my undergraduate degree in human environment and design from Michigan State University, East Lansing. After graduation I worked in Germany and Taiwan and traveled around the world via multiple forms of transportation, including walking. I returned to the United States and completed my pre-med at the University of South Florida, Tampa, and the University of Miami. I graduated from the University of Utah School of Medicine, began training in pathology, and then transferred to a radiation oncology residency at LDS Hospital in Salt Lake City.

4. **How did your training prepare you for the ABR examinations?**
   I was the only resident in a very busy practice. We had excellent oncology surgeons, saw a wide variety of tumors, and had a high volume of low-dose-rate gynecologic implants. We were close to Primary Children’s Hospital and saw a significant number of pediatric patients. Radiation oncology had an inpatient service, so I admitted and managed patients with complications from radiation. Our department had a Cobalt machine, linear accelerator with electrons, orthovoltage, hyperthermia treatment, and did linac-based intraoperative radiation. I was expected to be proactive in my education. I met with the single physicist weekly to study physics and studied radiobiology on my own. My faculty were members of GOG, RTOG, SWOG, and other cooperative groups. We actively accrued protocol patients; reading the protocols provided an education in the disease process and a standardized approach to treatment. I was expected to complete...
and write up clinical studies, and to take in-training and RAPHEX exams. While my training was self-directed compared to today’s structured programs, it proved adequate to pass my written and oral board exams at the completion of my training.

5. **Were the examinations what you expected?**
   I don’t remember details of the written examinations, but recall that they covered material for which I had prepared. Like many radiation oncologists, I still have vivid memories of my oral examinations and remember the examiners and some of the questions. They were what I expected, in the sense that I prepared both for content knowledge and practiced mock oral exams with my faculty.

6. **Please tell us a little about your practice.**
   I am founding chair of a new academic radiation oncology department established in 2012 at West Virginia University, Morgantown. We have a fairly standard modern practice, including IMRT, IGRT, SBRT, gamma knife radiosurgery, and gynecologic HDR brachytherapy. We have five radiation oncologists and five physicists and hope to add one of each in the near future. We work in a cancer center with multidisciplinary teams and an effective clinical trials infrastructure. My daily professional life is defined by multitasking patient care, teaching, outreach, administration, and volunteer activities. As a new department, we are in a state of continuous development, a situation that is both exciting and challenging.

7. **Why did you decide to practice radiation oncology?**
   I selected radiation oncology when it was a little-known specialty. During my clinical rotations I found that I preferred working with oncology patients, and as a pre-med I had enjoyed physics. When I heard about the specialty of radiation oncology, it seemed a perfect fit. As a radiation oncologist, I feel that my treatment makes a difference for my patients. They have a definable problem, and radiation oncology offers effective treatment.

8. **How has practicing radiation oncology met or differed from your expectations? What do you most like, and what do you least like?**
   Radiation oncology is a specialty that has been transformed by technology. The tools available to image and deliver treatment far exceed what we could have imagined in the 1980s. In five years, we will have technology we cannot envision today. This aspect of radiation oncology is satisfying, not only for the “cool tools” aspect, but because we can see the clinical benefits to our patients in improved outcomes and reduced side effects. The least satisfying aspect is the increasing burden of documentation and the ever-present need to respond to policy changes and requirements of third-party payers.

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9. Please share a memorable interaction with a colleague and/or an accomplishment of which you are most proud.

As a clinician, I am most proud of transformations in my patients. I treated an elderly woman with head and neck cancer who expected to die. During her treatment, she sold her house, her car, and gave her dog away. A year later she was disease free, bought a condo, a sports car, and a new dog. A local patient with an advanced gynecologic cancer was sent to me for palliation. I treated her with definitive intent; she has complete resolution of her tumor and two years later was cooking Thanksgiving dinner for her whole family and even got a deer hunting license.

As chair of a new department, I gain enormous satisfaction from witnessing the step-by-step creation of services and organization that did not previously exist in our institution.

10. Tell us what you like to do in your spare time/something only few people know about you.

There is not enough spare time. I like to read, travel, and visit family. I’m an opportunistic exerciser, and I swim, walk, run, and bike on a regular basis. I enjoy quilting and designing. I like to study languages while I drink my morning coffee and am currently working my way slowly through an Arabic text.