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Kathy Pritchard-Jones started university life reading Biochemistry but was able to change to Medicine after one year, thanks to the support of her tutor, Dr John Morris (St Hugh's College, Oxford). This was at a time when the majority of Oxford colleges did not accept women – something that is unthinkable now! After house jobs in the Welsh borders (Hereford) and Oxford, she trained in paediatrics in Oxford, Newcastle and Edinburgh, interspersed with a 6 month training fellowship in Adelaide, South Australia. She was an early recipient of a Medical Research Council 'recombinant DNA training fellowship', which allowed her to undertake a PhD in the molecular biology of Wilms tumour at the MRC Human Genetics Unit, Edinburgh. Thanks to a project grant from the Cancer Research Campaign (now Cancer Research UK), she established her post-doctoral research group at the Institute of Cancer Research and continued her clinical training under Professor Ross Pinkerton at the adjacent Royal Marsden Hospital, a specialist cancer hospital with a Children's unit located in the outer London suburbs (Sutton, Surrey). She spent 18 fulfilling years there, dividing her time between laboratory based, translational research mainly on Wilms tumour and rhabdomyosarcoma, and a very busy clinical role focused on solid tumours. In 2010, the opportunity arose to have a wider influence in designing cancer services for a newly formed entity, University

"Always look on the

bright side of life!

Make the most of

what you've got"

Monty Python

theme song

College London Partners. As cancer programme director for the partnership, she was tasked with creating a more integrated way of delivering cancer care across all ages for a population of 3.5 million served by 14 hospitals in North London. Alongside this, she moved her research group to University College London Institute of Child Health and participated in the non-acute care side of the oncology service at Great Ormond Street Hospital. After 8 years in the medical director role, she once again focused on research, especially biomarkers in Wilms tumour and secondary use of clinical trial and healthcare data for epidemiological and outcomes studies. Now working part-time, she has been able to find the time to fulfil the role of SIOB President and Board member (2019-2023), a position she has had the honour to serve in on behalf of all SIOB members and the wider childhood cancer community.

On Relationships that Influenced My Career

From my university days, I always knew that I wanted to combine clinical medicine and scientific research. Understanding why children develop cancer and why some do better than others on standard treatments has been a driving motivation throughout my career.

My PhD supervisor, Professor Nick Hastie, and the many scientists working in the MRC Human Genetics Unit were a very positive early influence and example of the power of clinicians and basic scientists working closely together to discover the genes that underlie the development of Wilms tumour and other cancers. The freedom to pursue one's own ideas, whilst guided by those with much more knowledge and experience of molecular biology, was liberating after the time constraints of training in paediatrics.

My decision to pursue a career in paediatric oncology and finding my niche was influenced by many clinicians along the way. Professor Alan Craft

and Professor Tim Eden, both SIOB Presidents in their time, encouraged me in my early clinical training and opened my eyes to the value and necessity of international collaborative research. Indeed, even for a country the size of the United Kingdom (66 million), it was becoming difficult to address therapeutic questions through national studies. Professor Ross Pinkerton was a huge support and critical friend, allowing me to develop my interests in childhood solid tumours, particularly Wilms tumour and sarcomas, and to lead a translational research group and be involved in multiple early phase trials offered at the Royal Marsden Hospital. He encouraged me to get more involved in the UK CCSG (now CCLG) and in SIOB, joining the Scientific Committee from 2001-2004, and to take on responsibility for the national renal tumour group, steering the UK to participate in the design of the next generation of international renal tumour trials under the SIOB Renal Tumours Study Group (SIOB-RTSG). This opened the door to meeting so many like-minded colleagues around the world, many of whom have become friends for life. Although all my mentors in the UK had been men, I was also very much influenced by and learnt a lot from the many inspirational women leaders all around the world whom I met through my time on the SIOB Board.

On Challenges and Overcoming Them

After my PhD, I was keen to get funding that would allow me to combine clinical training with protected time and resources for research. However, it was then (and still is) hard to get funding for a 50:50 clinical:research role. I applied unsuccessfully for a MRC clinician-scientist training fellowship. The interview was scary – about 20 eminent people sitting around a board-room table. I think one reason I failed was that during the interview, it became apparent that the interview panel members thought these positions were for people intending to spend 80% of their time in research labs, even though the small print of the job description stated that 'up to 50% of the candidate's time' could be

spent on completing their clinical specialist training. Lesson there was to be prepared that the panel members might have a different view of what makes for an optimal training pathway! Lesson two was to try again - thanks to a project grant from the Cancer Research Campaign (now Cancer Research UK), I was able to establish a small research group at the Institute of Cancer Research and continued my clinical training under Professor Ross Pinkerton at the adjacent Royal Marsden Hospital.

I faced a different type of challenge when I took on the clinical leadership role for reorganizing cancer services in North London. This involved engaging with hundreds of expert clinicians and multiple academic hospitals, many of whom were historical rivals. I needed to encourage these specialist services to aspire to being even better by working together in a different way. No one likes changes and I learnt to keep the focus on what outcomes and experience were being achieved for patients. Not an easy task when there was little comparable data at a local level. These changes then inspired the new specialist centres to collect better data and include measurement of what matters most to patients.

On Balancing Career and Other Life Responsibilities

The collegiality of our multi-disciplinary profession and the teamwork that it takes to care for children with cancer helped me keep the stresses of my patients' lives in perspective. The very different pace of success in the clinic versus research lab and clinical trials was also helpful in keeping a balance - if things were at a low point in one sphere, there was usually something more positive going on in the other!

Family and friends and life outside of work are essential. When my two children were young, my husband was very supportive and worked close to home. As the kids grew up, they understood the importance of the field I worked in. Prioritising

family time is essential - those years when you can read books together, sit down to regular family meals and attend their school events only lasts a few years, so I made sure I did not miss too much. Making time to support younger people in their career choices and development is also very rewarding - whether it is your own children's peer group at school or university or trainees in your own professional life, both keep you in touch with current opportunities to be part of creating a more positive future.

My Words of Wisdom for the Next Generation of Female Leaders

Looking back to when I was 25, I did not appreciate then the wide range of career opportunities that are open to those with a medical training. I have been very happy with my choice of paediatric oncology, but it is hard to do it full time throughout a whole career. Through having a research group, I naturally created a balance that was sustainable over decades. My advice to the younger generation is to identify a complementary line of interest and try it out - perhaps as part of your training rotation if this gives you the opportunity. If not, then look out for international workshops and 'global scholars' programmes, offered by several institutions. These will help you build your own network that will be a lifelong positive influence and source of peer support.

Take time to choose where you would like to focus your efforts and what success would look like. Take ownership of the things in your control. Don't waste time on trying to make things happen that are beyond your influence. Everyone can benefit from self-reflection and structured time to develop their leadership and communication skills. Find a relevant course and identify a mentor to help you develop yourself. If new opportunities arise that may stretch you beyond your comfort zone - you might enjoy a change in direction even later in your career, as I did.