



MARIANNE PHILLIPS

AUSTRALIA

Dr Marianne Phillips is an Associate Professor and dual-trained Consultant Paediatric and Adolescent Oncologist and Palliative Care Physician with over 40 years' experience. Having trained across north-west England and London, she moved from consultant posts at Great Ormond Street Hospital for Children, London, to Cardiff in 1992 and to Perth Children's Hospital, Australia, in 1998. Dr Phillips advocates a holistic approach to patient care, integrating evidence-based research with patient-centred clinical practice. Her career has driven significant improvements in childhood and adolescent cancer outcomes through pioneering clinical trials and research projects that have shaped treatments.

She has published over 70 peer-reviewed journal articles, including on dose-intensive regimens and megatherapy protocols, significantly improving survival rates for solid tumours. She was instrumental in establishing the first adolescent oncology units in Wales and Australia and has contributed to the development of palliative care services internationally. As a humanitarian palliative care practitioner with non-governmental organisations, she champions paediatric

"Life isn't about waiting for the storm to pass, it's about learning to dance in the rain."

Vivian Greene

palliative care as a basic human right, delivering culturally and resource-appropriate training in regions affected by conflict, crises, and natural disasters in low- and middle-income countries (LMICs).

On Relationships that Influenced My Career

Professor Judith Chessells shaped my career in paediatric oncology. Despite my limited prior experience, she offered me a senior registrar role in haematology and oncology at Great Ormond Street Hospital in 1987. A pioneer in the field, she recognised the potential for genetics and biology to influence treatments, particularly for acute lymphoblastic leukaemia. The role was demanding, stimulating, and exciting as children's cancer cure rates improved from around 20% in the early 1980s through national collaborations. Her compassion, humour, and mentorship fuelled my passion for paediatric oncology and a lifelong dedication to improving cure rates.

Professor Ross Pinkerton, a mentor and friend, was another significant influence. He instilled the importance of inquiry and challenge, ensuring I understood the rationale behind existing therapies while encouraging novel approaches. He led by example, balancing hard work with deep compassion for patients, families, and colleagues. His foresight into molecular biology's role in cancer therapy ensured his trainees, including myself, gained expertise in this rapidly evolving field. His mentorship inspired my research into sarcomas and strengthened my commitment to integrating supportive care into paediatric oncology. It was an honour to work with him in the late 1980s, and our professional relationship developed into a valued friendship over the years.

On Challenges and Overcoming Them

The absence of formal training programmes in paediatric oncology or paediatric palliative care meant I had to carve my own path, necessitating frequent relocations to centres of expertise. This was socially disruptive and required constant rebuilding of professional and personal networks. The move to Australia was particularly daunting—we relocated with two young children to an isolated city in a vast country with minimal family support. Fortunately, a second cousin and her husband provided unwavering assistance, without which our family life would have been far more challenging.

These relocations, despite their challenges, strengthened my independence and commitment to addressing service gaps in adolescent cancer care and paediatric palliative care. I was privileged to work with exceptional colleagues throughout my career, supported by networks such as the UKCCSG (now CCLG), SIOP, ANZCHOG, and COG.

A persistent challenge remains the reality that some conditions still lack a realistic chance of cure. Confronting the inevitability of death in children who should have long lives ahead is deeply difficult. Advocating for oncologically trained palliative care as an integral part of treatment has been essential in ensuring the best possible quality of life for these patients. The knowledge that overall cure rates have risen from less than 20% to over 90% in my lifetime is heartening and fuels my drive to continue improving treatments and supportive care, striving for a future where no child dies from cancer.

On Balancing Career and Other Life Responsibilities

The unwavering support of my family and friends has been crucial. Balancing a demanding career with family life would not have been possible without my husband's steadfast support and my children's understanding as they grew older. They accepted long hours, frequent travel, and prolonged absences due to on-call duties, conferences, and teaching engagements across Oceania, Southeast Asia, and Africa. Family time is invaluable, and I made every effort not to miss too much, while my husband ensured the household ran smoothly. Learning to separate work from personal life was vital in preserving family wellbeing.

Friends who offered unconditional support were a lifeline, and collegial relationships within the field provided invaluable professional support throughout my career.

My Words of Wisdom for the Next Generation of Female Leaders

A career in paediatric oncology requires dedication and long hours, so it is essential to choose a path that excites and fulfils you. Work with compassion, balanced by realistic humour, and surround yourself with supportive, empathetic colleagues. Mutual respect and a strong team dynamic make the challenges more manageable and the journey more rewarding.

Find a work-life balance that suits you and your loved ones. Embrace opportunities, take risks, and seek mentors who will guide and support you. Most importantly, be bold in forging your own path and shaping the future of paediatric oncology.