

In Previous Year, 70% of Oncologists Reported Sexual Harassment

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A new survey of sexual harassment among US oncologists has found that 70% reported incidents from peers and/or supervisors in the previous 12 months.

The incidence was higher among women than men (80% vs 56%), a difference that was statistically significant ($P < .0001$).

However, after experiencing sexual harassment from co-workers, men and women were alike in terms of reporting similarly negative outcomes in mental health, sense of safety, and turnover intentions (eg, leaving or quitting).



Dr Ishwaria Subbiah

"Our findings demonstrate that the impact of sexual harassment on both men and women is tangible and is not different," said lead author [Ishwaria Subbiah, MD](#), a medical oncologist at [the University of Texas MD Anderson Cancer Center](#), in Houston, Texas, during her presentation of the study on June 5 at the American Society of Clinical Oncology (ASCO) 2021. The meeting was held virtually because of the pandemic.

"The survey's recall period [about harassment] was in the previous 12 months. The respondents weren't reflecting on a lifetime of events," Subbiah told *Medscape Medical News*. "That's part of what makes the findings that much more sobering."

The release of the survey results roughly coincided with a furor within oncology circles over details that have [now come to light](#) about Axel Grothey, MD, a high-profile medical oncologist who was forced out of the Mayo Clinic in Rochester, Minnesota, after having unethical sexual relations with mentees — only to move on to another major center with more mentees.

The new survey, which included 153 women and 118 men, was conducted in 2020.

Overall, 69% of respondents reported gender-based harassment, 17% reported unwanted sexual attention, and 3% reported sexual coercion from peers/supervisors. For the three types of sexual harassment, women reported higher rates of incidence; the greatest proportional disparity was in unwanted sexual attention (22% of women vs 9% of men).

The types of sexual harassment are defined in a landmark [2018 report](#) from the National Academies of Sciences, Engineering, and Medicine. Gender harassment is nonverbal or verbal behaviors that are hostile, objectifying, and excluding of or conveying second-class status about a gender. Unwanted sexual attention is advances, including touching, and seeking a sexual relationship despite discouragement. Sexual coercion involves seeking compliance with sexual demands by making job-related threats or promising job-related benefits.

The commonality in the three harassments is their being "unwanted," Subbiah explained.

Sexual harassment is a tool of power that one person yields over another. Dr Marina Stastenko

Another commonality is that "sexual harassment is a tool of power that one person yields over another," commented [Marina Stastenko, MD](#), a gynecologic oncologist at NYU Langone's [Perlmutter Cancer Center](#) in New York City.

Stastenko led a [2018 study](#) that found that 64% of US gynecologic oncologists reported sexual harassment during training or practice, a much longer recall period than the 1 year in Subbiah's study.

However, things may be changing regarding sexual harassment — at least in terms of victims speaking out, said Stasenکو. Perhaps discussing personal experience "is becoming less taboo," she told *Medscape Medical News*. "The media spotlight on sexual harassment within medicine has been bright [recently]."

That was borne out last week — a number of [oncologists who had been harassed](#) told their stories on Twitter in reaction to the [report](#) about Grothey at one of America's top medical centers. Also, in another sign of the moment, an academic oncologist publicly said that rumors about Grothey were long-standing. "Heard from many colleagues that this behavior was known in the field and went on for years. Years," [tweeted](#) Charu Aggarwal, MD, MPH, from the University of Pennsylvania, in Philadelphia Pennsylvania.

Other outcomes seem to make Grothey's behavior at Mayo, which multiple oncologists said has occurred at every center, a watershed moment. Namely, he has been muted or dismissed by an array of organizations since the story broke.

ASCO disallowed Grothey from making presentations at the annual meeting (he was an author on 12 studies), the National Cancer Institute removed him from his position as co-chair of an influential steering committee that helps determine grant funding for research, and the OneOncology community care network dropped him as medical director of their research arm, as [reported](#) by *The Cancer Letter*. He was also removed from the OncoAlert Network, a global network of oncology professionals, and from the medical advisory board of Fight CRC, an advocacy group for patients with [colorectal cancer](#), as [reported](#) by *Medscape Medical News*. His current employer, West Cancer Center, in Germantown, Tennessee, has also started an investigation.

In her presentation, Subbiah acknowledged a changing landscape, with "increasing attention in recent years" to sexual harassment thanks to the "broader cultural movements" of #metoo and #TIMESUP social media-based campaigns.

Another oncologist nodded to the recent news about Grothey at the Mayo Clinic and suggested Subbiah's study was part of a historic struggle for equity for women. "Sadly, both timely and timeless," [tweeted](#) medical oncologist Tatiana Prowell, MD, of Johns Hopkins University, in Baltimore, Maryland, about the new study.

Academia Has a Problem

To conduct their survey, Subbiah and her co-investigators reached out to 1000 randomly selected US members of ASCO via the organization's research survey pool, as well as through Twitter and Facebook. The invitation to participate described the survey as being about the "workplace experience of oncologists" and that it aimed to mitigate response bias.

Of the 271 survey respondents, 250 were oncologists in practice and 21 were residents/fellows. Nearly all were heterosexual (94%) and US citizens (87%). A majority (53%) were White, 35% were Asian/Pacific Islander, and 11% were Black or Hispanic. Most (68%) were more than 5 years out from training.

Most of the respondents (62%) were from academia.

"There is a big problem of sexual harassment in academic medicine," said [Pamela Kunz, MD](#), of [Yale Cancer Center](#), in New Haven, Connecticut, who was asked for comment. Kunz left Stanford University in 2020 after 19 years, [citing repeated harassment](#).

"The institutions tend to protect the brand rather than the victim. Perpetrators are often not disciplined and may leave an institution under cover of a resignation only to go on and receive a better leadership role at another institution," she told *Medscape Medical News*.

A "revolution" is needed to address the problem, Kunz said, citing needs to routinely discuss the topic, systems to measure and track it, methods to hold perpetrators accountable, and meaningful educational opportunities.

Harassment From Patients/Families Also Tallied

The new survey also queried participants with regard to sexual harassment from patients and/or families, which was reported by 67% of women and 35% of men ($P < .0001$).

As with harassment from peers/supervisors, gender harassment was the most common form and was reported by significantly higher percentages of women.

And as with co-workers, sexual harassment from patients/families was also significantly associated with detriments to mental health, workplace safety, and turnover intentions.

Sexual harassment from "insiders" ($P = .001$) but not patients ($P = .55$) was significantly associated with a decrease in a fourth metric in the study — job satisfaction.

"The goal of medicine and oncology is 'ultimately to ease suffering,' " Subbiah said. That holds true for workplace wellness, including addressing harassment. "There should be no hesitation to go there and look at what is truly impacting the workplace," she said.

"This is a difficult topic," Subbiah acknowledged, adding that "the findings are sobering and merit open, global conversation among all oncology stakeholders."

The study authors, Ganz, and Stasenko have disclosed no relevant financial relationships.

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