David C. Sabiston Oral History Project

Interview with Craig Slingluff, 18 April 2021

Telephone interview with Justin Barr

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Justin: Good evening, this is the interview for the Dave Sabiston Oral History Project with Dr. Craig Slingluff over the telephone. My name is Justin Barr, it's 18th of April 2021. Thanks so much for joining us, Dr. Slingluff. I really appreciate your participation in this project.

Dr. Slingluff: It's my pleasure.

Justin: If you don't mind just getting started with a little bit of where you came from, where you went to undergraduate, and what made you decide to enter medicine as a field.

Dr. Slingluff: Sure. I'm from Virginia Beach. I grew up there. Then came to college at the University of Virginia, stayed for medical school-

Justin: Did you go to college planning on being a physician?

Dr. Slingluff: I went to college thinking that it might be a good idea to become a physician but not totally sure. It was a rational perspective, meaning that I liked science and math, and, it seemed like a good profession. There were a lot of family friends, friends of my parents, who were physicians, mostly surgeons, and they were role models in some ways. Nobody in medicine directly in my family. Then in college, I enjoyed lots of different things, and I confess I didn't have a passion to go into medicine, but it seemed like a good idea, so I applied to medical school.

Justin: I'd like to ask you, as a quick diversion, where did you go to high school in Virginia Beach?

Dr. Slingluff: Well, actually at Norfolk Academy.

Justin: What year did you graduate, sir?

Dr. Slingluff: In 1976.

Justin: I graduated in 2002 from Norfolk Academy.

Dr. Slingluff: Oh, is that right?

Justin: Yes, Sir. We just missed each other.

Dr. Slingluff: In 2002, we had just missed each other by 25 years…but my nieces were there around then. Hannah Ill and Emmy Ill.

Justin: Yes, Hannah was in my sister's class, a couple of years after me.

Dr. Slingluff: There you go.

Justin: Small world.

Dr. Slingluff: Yes.

Justin: Did you go straight from University of Virginia undergraduate to medical school?

Dr. Slingluff: I did. I applied to Harvard and UVA. I applied to Harvard because one of my family friends who was a role model for me, George Harkins, had gone to Harvard and raved about it and encouraged me to apply there. I went up to Harvard and visited but didn't do any rotations or anything like that up there. I did not get in there, which was a big disappointment to me because, as is true probably for most people who have gone into surgery residency, you succeed at almost everything, so not getting in was disappointing.

I liked UVA, and I knew I'd be happy there so I figured if I didn't get in Harvard, I'd go to UVA. One could imagine lots of different perspectives than that, but that's what I did. I got in UVA and was happy to stay in Charlottesville. I still was not totally passionate about it; it just seemed like a thing to do that makes sense to me. The first year of medical school was busy and challenging, as it is typically. Then we had the summer off between the first and second years. Not a long summer but our last summer. Obviously, you can just play around or you can do something related to your career. I winded up connecting with a family friend who was plastic surgeon, Jerry Adamson down in Norfolk, Virginia Beach area.

He had told my mother multiple times that if I ever wanted to do something in medicine to get in touch with him. She did on my behalf. He was a plastic surgeon. He had someone coming work with him who was a very energetic, very bright female plastic surgeon, and that I could maybe work with her. So he hooked me up with her.

Justin: Did you know you wanted to do surgery at this point?

Dr. Slingluff: No, I didn't. Again, it wasn't a crazy thought. I liked doing stuff with my hands, that sort of thing. Again, lots of the physicians who were family friends were surgeons, so reasonable but I didn't really know. Well, I guess, I did. One thing I did was this relevant was when I was between high school and college. I don't remember how I got set up, but I just volunteered to help out somebody who was

doing research at Norfolk General Hospital. I can't remember how it happened, but I connected with this resident, a senior resident who was a surgeon who was doing research on a highly selective vagotomy, which used to be a thing. It was dog surgery. I went in -- not a lot actually—I mostly spent the spent sailing boats off the beach with friends -- but I went in one day a week for 10 weeks, maybe more or less. The first day that I was there just to be an assistant in the dog operating room, I gowned up, and I didn't have any idea what was going to be going on or how I was going to react to anything. He made the incision in the belly, and I saw the blood pooling in the incision. I felt very sweaty and faint. Fortunately, I said I had to lie down before I fell. I laid down on the floor in that procedure room. They were all very nice to me and didn't make fun of me, which was good. I laid there for pretty much the whole procedure. I felt okay, but I took off my hat and it was dripping wet. I felt okay lying down but a little embarrassed, of course.

They were encouraging, saying "This happens. Blah, blah, blah," but I didn't know what I was going to do. We come back another day. I don't know if there's anything else that I did, but I remember feeling a little better during the procedure. At one point, we had to put a drain in or do something, but we had to make a stab wound in the abdominal wall. He handed me the knife and he said, "Here, just poke a hole through." It was a transformative moment. I appreciate you helping me to remember this. He handed me the knife, and I didn't have any idea whether I could do that or whether I'd freak out or whether I'd pass out again or something, but I felt totally fine doing it, made this hole in the belly. Obviously, a tiny little nothing procedure, but what I perceived, later on, was that by being the surgeon and doing something rather than just watching, it's a very different interaction. Part of it is, if you're watching, it's easier to sympathize with what's happening. You feel like it could be happening to me. Not that you think it is, but it is easier to sympathize like that.

By holding the scalpel, I am doing something. It's like I'm doing something to another being, so it's obviously not me. Somehow it gave me a sense of calm and comfort to do that. That was helpful, and then I did a little bit more with them. It wasn't really a lot and I don't even know what they found out, but obviously, nobody does selective vagatomies anymore. It doesn't really matter, but it was an exposure to medicine. Again, after that, I still wasn't totally convinced I wanted to do all that, but that was one other experience that was important.

I was talking about doing this plastic surgery rotation. Again because it was a family friend, and it was a great group. The group is still there, I think that they may have changed a bit. They've definitely changed most of the people, but at the time it was this plastic surgery group, it used to be called Plastic Surgery Associates or something like that. Like a lot of the groups there, it was a private practice group. Eastern Virginia Medical School wasn't in existence, or hadn't been there a long time. They had an appointment at the medical school, but they really existed primarily as this private practice group.

They had world-class people there, some of the people that were really key developers of free flaps worked there. People who did urologic plastic surgery that were world-class, and then this woman Julia Terzis who I worked with.

Justin: How do you spell her name?

Dr. Slingluff: T-E-R-Z-I-S. She was a character. I could tell stories about her that rival those of Sabiston. She was about 5'2", stocky, short, blonde hair, piercing blue eyes, and not much patience. She had gotten an MD PhD, had gone to McGill for her PhD and I think maybe for medical school, too I can't remember. She had studied nerve reconstruction, basically. That's what I did with her. She pioneered a lot of things in nerve reconstruction.

She would take on cases that were crazy, at the time anyway, avulsions of the brachial plexus or sacral plexus and do 12-hour operations fixing these things and muscle transfers, nerve repairs, grafts, and stuff like that. Through that summer, I shadowed her, but I also got involved in a research project that I ended up doing through the rest of medical school, which was studying the microanatomy of the brachial plexus, which led to a presentation, which was nice.

My presentation was at the American Society of the Hand, something like that, in New Orleans. That was fun. I did the research, and after, she arranged to get me cadavers, fresh cadavers, which was great for doing these dissections. I did like 25 of them or something. That was the experience that convinced me I wanted to be a surgeon, that I was excited about being in medicine. Again, I shadowed her, so I'd go to the operating room with her, but also if she was on call, I would run around with her, and literally running was the right verb. We got called to see somebody one day who was over in the hospital in what was the then Norfolk General. The patient was on the eighth floor, and so we moved quickly, as she always did. She was shorter than I am, stocky. She wasn't fat, just muscle. We went to the elevator, and I pushed the button, and she was like, "Come on." and she just ran up the steps. So we go running up the steps. We go see this patient. I don't remember if it was this particular one, but one of the patients we saw was somebody who had tried to commit suicide by cutting his wrists with a razor blade. And you know what happens, obviously, you cut tendons and the median nerve and stuff like that. He had had those things reconstructed and apparently had function of his thumb but persistent numbness of the palm of his hand. He had been treated at Harvard, actually, so by people that were really good. They sent him down to her because they didn't know what to do. Their sense was, if the thumb was working, the median nerve must be partially intact. To go in an cut the median nerve and perform a reconstruction would be a bad thing to do just to get some sensation back. They were worried about it, and of course, I didn't know anything about all this.

Back then, we were seeing the patient in the hospital, not at the clinic. She very quickly said, "Oh yes, there's a variant where you can have a separate nerve that supplies the motor function. Obviously, this is what's happened here if that's the case, and the median nerve is clearly out and we should re-do the median nerve

repair," which she did. She was an expert, and I was impressed. I liked the notion of being so good at what you do that you know all the details that lots of other experts don't know, so that she could get things referred to her to take care of and she knew all the details.

That continued to be the case in a lot of things that I did with her. That was interesting. I also liked being with her in the clinic where there would be a problem and she would say, "We're going to fix it." That's what surgery is, right? You see somebody and there's a problem, you fix it, and you do a definitive fix. All that was very appealing to me, so I was very convinced after that experience that I wanted to go into surgery. I thought I wanted to go into plastic surgery and do nerve reconstruction, of course, because that's what she did, and that was still the way I was thinking all along the way.

Finishing medical school, I was thinking about where to go. I talked to my advisor who suggested a number of places that I could look if I was interested in academic surgery, and he said, "If you go to Duke, it will take you longer than anywhere else but you'll get to be an associate professor faster than anywhere else."

Justin: This was at a time when there was no integrated pathway for plastics, correct? If you wanted to do plastics, you do general and then plastics fellowship?

Dr. Slingluff: Yes. That's true. I was leaning to plastics. I wasn't totally sure, but yes.

That was interesting. I thought, "I should go do a rotation at Duke to see what it's like." Duke had a reputation then, which was deserved to some degree, about being really challenging. I thought, "Before I just jump into doing that, I think I should spend a month down there and see about it."

I also did a rotation at Harvard, at Mass General because there was some people up there that seemed good to work with. Again, this family friend was a connection. I went up to Harvard for a month. It didn't connect for me for various reasons, which I can go into if you want, but it's not something you need to hear. I went to Duke for a month and I did cardiac, because I hadn't done cardiac as a student. I thought, this will be good exposure, and I'll be at Duke and see what that's like too.

It was busy. I just decided to go ahead and take call every other night with the residents, because that's what they were doing anyway and that's what I would be doing when I got there, so I figured I would see what that's like, and so I did. It was really busy. I didn't really know what "really busy" was as a student compared to being a resident.

I remember talking to my mother on the phone partway through that, maybe a couple of weeks down or something. She said, "Are you liking it?" I said, "I'm having a great time, but there's no way I would ever come here." That's not true, it turns out.

I had a good experience. I worked with Randy Chitwood, was the super chief on the cardiac service. Randy was great. Randy was either chief or super chief.

Anyway, they were great. Ross Ungerleider was there. I loved Ross. I remember Ross telling me if I had a day free sometime, suggested to go to the Eno River and just hang out there, Eno River Park, which I loved and spent a lot of time in the future after that. That was great. Ross said also, I think it was him that said, "Durham's a great place to live, but you wouldn't want to visit there." Now it is a nice place to visit It was a nice place to visit then too, but nobody ever visited. They came to Chapel Hill. They've land at Raleigh-Durham airport, which was a hub for an airline for a while. I never saw people that I knew coming through town. That was prophetic. Anyway, that's beside the point.

I learned a lot and liked it. I worked with Andy Wexler, loved him. Anyway, lots of good folks. I went on and did the rest of my fourth year and then interviewed. It was very interesting. I interviewed a bunch of places, not many places compared to what a lot of people do now, but I think nine, including the west coast and east coast programs. Every place I went, without exception, pointed me to Duke.

Justin: Really?

Dr. Slingluff: Yes. First of all, I tended to meet people who had trained at Duke because a lot of people that trained at Duke were in prominent positions at good places. One of them was at UCLA. I'm going to forget his name. I was at UCLA. I was asking about research. He said that they did really good research, but he said, "Not as good as Duke of course." It was that kind of thing that just kept coming up. It made me think more about going back to Duke. I interviewed at Duke, of course, again.

Justin: Duke obviously had a fair representation in Charlottesville with Doctor Jones, Doctor Schirmer, Doctor Hanks, Doctor Schenk. Did that provide much of an influence or just for whatever reason had you ended up not working with those guys very much?

Dr. Slingluff: I worked with John Hanks, again, as a student. John and Sandy and Bruce and Scott Jones all came roughly at the same time, basically, after I'd been there for two years of medical school. They were there in my third and fourth years. Of course, it seemed to me like they been there forever. That’s the way it is.

I remember thinking, still, I think about rounding with John Hanks. Back then, we had these rooms that had little ward in them like four, five patients in the room. I was standing outside of the door. I remember John talking and thinking "This guy knows so much stuff. He's so experienced," and was of course, but he was right out of residency. It was great.

Actually, Bruce came later. Bruce was a resident at Duke when I was there, but it was not that much later. Sandy and John and Scott came at the same time. Bruce

came a few years later. I interacted with Sandy and John. Sandy got in his accident during my fourth year, I think, the beginning of my fourth year. I liked Scott Jones a lot. We talked about Duke, too. Anyway, he was very supportive of me being at Duke.

Anyhow, I kept getting pointed to Duke. I ranked Duke first. I ranked Virginia second. I felt like I could probably stay there if I wanted to, even if I didn't get into Duke. I ranked UCSF and Seattle third and fourth. I forget which order. That's what I did.

You don't need to hear this, but it was a good piece of advice, I thought, that I got from one of the surgery residents here who was a chief when I was a medical student and applying to residency. Actually, I don't remember his name. I may not pull it out. He was a mensch, very impressive to us students and very strong. I remember sitting there, there was some other procedure going on where we had to wait for it to finish up. I was with them for a few minutes. I didn't think he knew who I was or cared where I was. He may not of, but he just started talking. Anyway, he was very nice and gave me advice about residency. His point, if you had done well, you shouldn't settle for places you don't want to be. Don't rank places you don't want to be. If you've done well, and you don't match, then you'll get somewhere in the scramble. It'll be fine. It's better than ending up somewhere you don't want to be. That's why I only ranked four.

He also said, "During your internship, you're going to be exhausted. You're going to really question what you're doing. You're going to seriously contemplate suicide." Serious. He said this. It was really good. He said, "The key is just don't make any big decisions that year. You've made the decision to do it rationally when you're rested and when you're thoughtful." I forget his exact words, but that was the general point. "Don't make any big decisions. Don't decide to leave. Just don't." It was helpful. There were times when I was really stressed out. All of us were. I could just let this rational advice help me. That was good. I ended up matching at Duke.

Justin: Before we start intern year, you said you had a story about your flight when you were interviewing there?

Dr. Slingluff: Yes. We had this amazing deal back then where both Delta and Eastern Airlines, Eastern no longer exists, of course, but I had this deal and I did it with Delta for $800, I had a three-week ticket. It allowed me to fly anywhere I wanted to in the continental US, as many times as I wanted to, for three weeks for one price of $800. That was awesome. I had interviews on the East Coast and the West Coast and then back on the East Coast. It was a good deal.

Anyway, I was flying back from, I think, maybe LA, I can't remember for sure, flying to Durham. On the plane, I was sitting in an aisle seat, and there was a pretty girl, my age-ish, sitting across the aisle from me. I was trying to strike up a conversation. She was pleasant, but she wasn't revealing much about herself. I think she said, "What are you coming to Durham for?" I said, "I'm applying for residency or internship in surgery." She said she lived in Durham. I was like, "Oh, good."

Somehow, it came out that her father worked at Duke. I said, "Really? I know some of the people there. What kind of doctor is he?" She said, "He's a surgeon." I said, "Okay, good." I said, "I know some of them. I'm applying for surgery. What's his name?" She said, "David Sabiston." Which is why she was not being very forthright. She didn't want me to go, "Oh my God, David Sabiston, he is amazing! So she said that and I said, "Oh my God, David Sabiston."

Justin: What was Sabiston's reputation at the time when you're interviewing? Obviously, he's internationally reknown.

Dr. Slingluff: He was very well-respected. He was an icon. He was also known for being tough. As being a medical student rotating through there, I had that same impression. He's always nice to students. I knew how he challenged people a lot. I learned more about it later, obviously.

Anyway. That was Sarah Sabiston. I got to know her. We ended up dating a little bit, she and I, a couple of times. The Sabistons were both very nice. Her parents. It didn't go on a long time but I, at one point-- It must have been our first year, internship year, a bunch of us went down to New Orleans for the American Association for Thoracic Surgery. We got a free trip somewhere, even though we weren't presenting anything in that case, a bunch of us went down because Sabiston was president of the AATS that year and he wanted a big presence.

A bunch of us, many different levels of years were there. We were having a fun time in New Orleans at night, and then we're going to all the sessions in the day, because you got to. We went out, a bunch of us, to some bar where there was music. I don't remember which one. There were a bunch of us there, 10 people or something. I remember one was Ralph Damiano. Somehow, I invited Sarah to come. She didn't come with me, I just said, "We're going to be there if you want to come." I told Ralph that. He was like, "No way. You can't ask the boss's daughter to be here. We can't relax." Anyway, she showed up and it was all fine. It was funny. She was great.

Then the other funny thing is that I did have-- All of us, I think -- had a lot of fun out and about. There were a couple of nights, I remember, it was really late. Then we had to be there for sessions starting at 8:00 AM. There was a particular session where- I shouldn't be saying this probably but anyhow - Sabiston was on the podium. He was moderating or whatever. It was a big single session with lots and lots of people there. I don't remember, but one of the plenary sessions or something. I was pretty exhausted. I got there. Of course, the lights were dark. We've had all, by then, become very good at falling asleep sitting up. I'm sitting there in a chair. These were all individual chairs. It's not that bleacher thing. You're the only one there. I was on the aisle. I think there was a couple of my classmates, if you will, a row or two behind me. I assume they're trying to stay awake too, and what I remember is, I was waking up as I'm falling to the floor. I caught myself. No damage done. Then got up and hoped nobody saw me. Anyway, I think people did. But Sabiston didn't, at least I don't think he did. It was a dark room. Anyway, we had a good time. It was good experience, obviously. It was nice to have him being the boss, being in the role of

president there. That helped us, I think, too. I didn't want to go into cardiac, but it was good.

Justin: Did he differentiate between residents who wanted to pursue cardiothoracic surgery and those who wanted to pursue other specialties?

Dr. Slingluff: He was aware of what people were going to do for sure, but I found him to be incredibly supportive of students and residents regardless of what they were going to do. Obviously, his support -- the more senior you got, the more it was tough love. As a medical student, I was always impressed that he knew everybody's name, he knew where they were from, he knew something about them. He was always very nice to them. Always.

Then, as you got further along, of course, he wouldn't let things slide. If you did something that wasn't right, you would know about it. It always felt overwhelming and a little smothering to have him criticize you, but it was clear that he was trying to teach you to do the right things or do what he perceived is right. I know that years later, as a junior faculty member, I found myself telling residents the same things that he had told me. Hopefully, not in a mean way, but still a lot of the advice was good. It's very good. That's just the way it was.

Justin: Did he criticize you directly or through the chief resident or a combination of both?

Dr. Slingluff: If he was going to really be firmly critical, he would get you in his office. He would ask the chief resident to get you to his office. That happened. An example was, again, a sleeping experience. Most people figured out ways to sit as close to the wall as possible and in something that might be perceived as his blind spot. If possible, obviously. The chiefs had to sit next to him on the front row in grand rounds or conference. But a lot of residents would sit in the back rows and fall asleep. Even some of the attendings would, for the same reason. One day, I was just thinking I would sit down there and be present. I was, I don't know, third row or something. The opposite side of the aisle from where he was sitting, and not against the wall by any means. Apparently, I fell asleep and looked a lot like one of those Dali paintings with the clocks that are draped over everything. I'm draped over the chairs, the seats. It was also a day when Duke was hosting people from other places. It was a surgical society meeting. I wasn't showing the best side of Duke. One of the chiefs after this, after their rounds, said, "Dr. Sabiston would like you see you in his office." And he talked to me. He was very firm, and I felt bad. He was very firm about not burning your candle at both ends this kind of stuff. Of course we were all burning our candles at both ends, because that is what you had to do, but that was the message. I was probably a mid-level resident and I don't remember exactly, but I wasn't an intern.

Then much later, when I was chief, and he and I connected, well, we got along well, but there's always some tension or some concern. Anyway, we had a visiting faculty member there and so however it worked out there were two or chiefs who would sit

with him, the two administrative chiefs would sit on the front row with him. The visiting professor, the speaker would sit there too, and there may have been an extra person. Somehow, I had to sit across the aisle from where he was. He was on the aisle seat and I was in the middle of the room on the aisle seat. I started dozing off. I didn't have a major collapse, but I woke up and I felt something hit me, and when you doze, you don't want to jump up and look around. I opened my eyes and looked forward and looked down. I saw a penny on the floor, and I looked to my left and Sabiston is just looking right at me, smiling. He had flicked this penny at me to keep me awake and got a kick out of it. It was okay. It was funny. It was very funny. I stayed awake after that.

Anyway, that's how it was. He would definitely correct people along the way. We had Monday afternoon conferences where there would be a topic. There were 10 maybe 15 topics that we would cover during a whole residency. They're always the same ones, atrial fibrillation or something, and then there'd be some valve issues or whatever, and then it'd be appendicitis and cholecystitis. Some basic bread and butter general and cardiac surgery. So there'd be a topic. There'd be a case that had been identified, and the chief would have told the intern. It was that person's turn to present the case and he must know about the topic. Usually, it would be the Friday before that Monday, and you scrambled to put it together. We'd all sit around together. It was pretty much a command performance. Everything else stopped unless it was an emergency for an hour or whatever it was. You'd present the case, then Sabiston would ask questions to that person, who was expected to know a lot including how old somebody was when they discovered or wrote the first paper about something kind of tangentially related to the topic. We didn't always know the answer, but the longer you stayed in the residency, the more you realize that he always asked the same questions about the topics. You needed to know, and you should have been able to figure it out, but somehow we never figured it out.

Some people did, invariably, there were people that did. What he would do, his technique was to ask a question, and it might be to the person who was presenting or by then he might be asking random people. He'd always ask an intern first. He always went up the ladder, and he never asked the chief because he never wanted to embarrass the chief in front of everybody else. The assumption was the chief always knew. So he'd ask the intern something like "how frequently this something happened," whatever it is. The person might say 10% or whatever. He said, "Okay, let me ask another resident." Turns to another intern and say, "How much do you think it is?"

That person might say, "I think it's about 80%." Then he'd say, "Oh, that's a pretty big range we've got now. Somewhere between 10% and 80%. Let me ask somebody else." then he might go for a second-year person and say, "What's the right answer here?" Everybody would see this whole process unfolding, and you'd realize that you were wrong, and it'd be very clear that you were wrong. There was one time where he asked a question and somebody gave the answer and then he turned to another resident he said, "Dr. So and So, is that answer exactly right or exactly

wrong?" And the answer was wrong. But you can't say, "Well, I don't know, sir." You have to say "exactly wrong," so those circumstances were challenging.

I remember once he asked the question to one resident, and they gave whatever answer. Then he asked another, and he say's "Let me ask a smarter resident." There were things like that that were embarrassing, if you will, but you get over it, I think. He got very frustrated when we didn't know the answer to things that he'd asked us many, many, many times, and we should have known in retrospect, but that would go on, but it was a good teaching experience. There were definitely things we learned.

Justin: To go back chronologically a little bit, what year did you actually start as an intern? Then were you differentiated as a general surgery intern or were all the general surgery, neurosurgery, orthopedic, etc interns all the same pool?

Dr. Slingluff: The people going into cardiac were identified upfront and then the general surgery people, and there wasn't really much prelim stuff. There were some, but everybody who was categorical knew it, and you had signed up for the long haul. Again, I was leaning towards plastics, but I didn't know that for sure. I also had been told that in general surgery residency then -- none of this is true now -- but that if you said you were going into plastics people wouldn't take it very seriously. That may not have been totally true, but people said that. I thought, Well, I'm not going to tell people I'm not going to the plastics but secretly believe that I am, because I don't want to be dishonest about it. So I just convinced myself that I'm just going to be open. I don't know, which wound up being true. We were all in it together. Greg Georgiade was on the faculty then. Is Greg still active or is he retired?

Justin: No, he's still doing breast surgery. He was taking a trauma call when I was an intern and JAR. He stopped doing that a couple of years ago.

Dr. Slingluff: Greg was awesome to work with, we all loved working with him. He did general surgery and plastic surgery, and the plastics was mostly breast, but he also did breast surgery, cancer surgery, but he would never cancer surgery and the reconstruction of the same patient. He was very consistent about that.

He did trauma and general surgery, he just did anything. He was the guy…like in the middle of the night, we used to cover the ER. When we were residents we didn't have ER docs. In the ER, you'd see either the medicine person or surgeon down there. There'd be both, but every patient would come in to see the medicine or surgery. We saw the sprained ankles and anything that had something close to surgical. But there was always an attending on call for the ER, and sometimes the attending who was on call was somebody who was specialized in stuff, and he didn't have as much confidence about taking care of some nightmare train wreck. We would have somebody come in with just a mess and you look who was the attending, and you think, "Oh my I'm going to call Georgiade. He's going to hate it, but I'm going to do it anyway." And you call him up and he's saying, "Why are you calling me? He loved it, I think. He always would do it, and he did a great job, and it was

great. It was good to work with him. Greg was a plastic surgeon and a general surgeon. There wasn't really a sense that there would be some horrible negative view if I decided to do plastic surgery, but I just kept my mind open.

Justin: What was intern year like for you?

Dr. Slingluff: It was really busy, and what I remember is that we slept on average about an hour a night when we were on call. We got the other half-day off. We were on for 36 and off for 12. Then we had most of the day off, from end of rounds to beginning of rounds the next day, on a weekend for one of those days. Then we got a long weekend, a three day weekend, once every six weeks, which just seemed an unbelievably long time to be off. It was really busy and tiring, of course. The people were great. I was fortunate because Bruce Schirmer was my chief my intern year in my first rotation. Mike Skinner was my co-intern on that first rotation, green surgery, I think. It was great and Bruce, bless his heart, he just did whatever needed to be done. If I was running behind, he would do some work-ups. I always felt bad if I couldn't do them all. I felt like I wasn't keeping up enough, but with Bruce it was fine. He was nice and supportive, and we got through.

It was really challenging. There wasn't much rest. There were definitely times then and maybe even the following year where I just-- there were times I just felt like, "This is not great and I don't want to keep doing this," and I think other people felt that way, too. I always found that when I just got just a little sleep, when my life was 10% less busy. Instead of working 120 hours, if I somehow had a couple of hours free, I was working 115 hours or something. It was, “oh this is great. I love this!”

Again, there were the prophetic comments from the chief resident at UVA, which were very helpful in all that. And we had a great group. People were really supportive of each other. There were some pre-lim people because Sam Currin went into urology, so he wasn't with us the whole time, but he was there for the first, at least, couple of years. Sam was awesome, and we were all good friends. Dave Harpole, who went to cardiac, was a classmate of mine in medical school here. I didn't know him that well in medical school, but a little bit. We got to know each other quite well, there. It was just lots of good folks.

Justin: Dr. Harpole said that he and you invented the Baron's Dinner.

Dr. Slingluff: That's right, we did.

Justin: Where did that come from?

Dr. Slingluff: Actually, I think Dave deserves more credit. I think I did manage a lot of the logistics, the administrative aspects of it, but I think I maybe did one or two and I lost interest. I just had a lot else to do, but I think Dave kept on doing it, so he really deserves credit. I think it was just the thought we'd have something fun to do together. We started out just inviting the residents, and this is terrible, and you can quote me that it was terrible, but it was all guys initially. There weren't many women

in the program, there was one for a while, but then I think we did invite the women later. I'm quite sure we did. So it hadn't been all guys just for long.

We started out going to this steak house. Dave might remember the name. I don't think it's there anymore. We always went there, and we invited one faculty member to come as our guest to give a talk. The talk had to be something about surgery, but it could be something very fun. One of the attendings did music and surgery somehow, and talked about rock and roll and stuff. It was a whole range of different things. Once we invited them to speak as our guest, they were automatically now members of the Baron van Wassenaer Society, and they were invited to come all the time. Some did. Most didn't, I'd say. Some did.

Justin: It was an annual dinner? A monthly dinner? Irregular?

Dr. Slingluff: Good Lord. I think it was every three months. Feel free to ask Dave. I think that's about right. Time would slip by and we'd forget, but maybe a few times a year. We went to this steak house, and we always read an excerpt from the paper, Boerhaave's paper where he talked about Baron van Wassenaer. Of course, we would never write papers like that now. We don't give the patient's name, much less all the detail. There was all this stuff about Baron van Wassenaer and his official titles and all. It talks about all the food he ate, this big meal before he vomited. After, he goes, "Two larks," and all these different things. So we'd read that every time and it was fun.

Then, we'd just have a fun time. I think part of what he did, what Van Wassenaer did, is I think he also he drank port and smoked some cigars or something, so there was smoking of cigars and there was port. I don't drink or smoke, so I didn't do that. Not everybody did, but there was some of that. There was enough of it to count. That was fun. That place also had these fried banana peppers which were awesome. We got those, and the steak was great, and it had a great view out to this pond and it was in this wood-paneled room. It wasn't really, really fancy, but it was fancy enough for us. There used to be a crowd of 15 or 20 people. It was a good thing. Yes, we had a good time.

Justin: Do you remember what year it started, roughly?

Dr. Slingluff: It was probably our second year. I think it was early on, but Dave might remember more than I. I probably have some records somewhere, but I don't have them in front of me. Of course, email didn't exist then, so I can't search that way. Somewhere early on. It might have been we did it in our lab years, but I think it was before that. Dave might remember. We did that. That's true, yes. We had a good time with that.

Justin: You'll be glad to know it still exists, albeit in a modified form.

Dr. Slingluff: I am very glad. I had heard that. I think it went into hibernation for a while and then got resurrected, and I think that's really fun. We enjoyed doing it, and

there was a lot of camaraderie among us. Everyone was scared, maybe, of Sabiston. You could feel that he didn't like that scenario, but the reality was that he was teaching us in ways that were really good. Also, it built camaraderie among us in a big way. We all looked out for each other which is great and even with a lot of the faculty, so it was nice.

Justin: In that you and the junior faculty were comrades?

Dr. Slingluff: Yes. An example was, Jim Lowe, rest in peace, was very established as faculty when we were there, but I think he was still a relatively junior faculty when we started. Again, he seemed like he was quite established to us. We as residents were always looking out for Sabiston. He would often wander into the operating rooms and just see what you were doing. You didn't want to be dancing to music…

I think Dave Harpole once was on top of an operating table when he came in. I can't remember what happened; you could ask him, but it's not what you wanted to be doing. So we let each other know if he's coming in, if he's around. I think I was in the room. Jim Lowe was operating, and Sabiston walks in the door behind Jim, so Jim can't see him. Of course, Sabiston didn't just charge in and say, "Hey." He would be really, really quiet. One of the residents, I think the chief or someone, said just under his breath without moving or anything, he says-- whispers to Jim, "Sabiston just walked in," and Lowe says [whispers] "Thanks very much."

It was just like, "You're watching my back. Thank you very much." Exactly watching my back, and he appreciated that. It was funny because there was a dichotomy among the faculty. A lot of the faculty had been hired by Sabiston, most, probably, but there were some who'd been there a long time before that, one of whom was Billy Peete, whom I loved -- and all of us did. I think he was just a wonderful, wonderful guy. He was a very capable surgeon. It turns out I'm actually related to him, too, as a sixth or seventh cousin. I was operating with Billy, doing a hernia, some standard hernia. I was junior, and Sabiston walked in behind Billy Peete. I think, basically, Billy and any of those ones who'd been there for a long time, before didn't get all bent out of shape with Sabiston as much as the junior people. It wasn't antagonistic, I don't think. It was just a little different, a little more relaxed. I remember Sabiston walked in and he said, "Billy, what are you doing?" He says, "Well, we're doing an inguinal hernia."

Then, as always, he would then say is, "What kind of repair are you going to do?" He would ask these kind of questions with the expectation that you would have a certain answer. There was, as you say in certain situations, there was the right way, the wrong way, and the Duke way. It's never going to be right or wrong, but you know what the answer is supposed to be.

We always did the Bassini repairs which now, I think, have fallen out of favor, but that's what we always did. The right answer would have been a Bassini repair. Billy says, "I don't know. I think we're going to sew something strong down here to some strong up here."

Sabiston just let it go. It wasn't flippant. It was just, that's what we're going to do. That was funny. These little things were funny.

Justin: When you advanced to your second year, did they still have that teaching scholar rotation for you guys?

Dr. Slingluff: The teaching scholar? We had a path resident. I don't remember a teaching resident. I can't remember if that was second year, though. I know we did a path rotation. Basically, we were responsible for making sure all the presentations were straight for everybody. We did a little bit of stuff in pathology, but mostly our job was to get pictures taken of pathology specimens for the presentations that everybody was doing, and then to make sure the slides in the projector didn't mess up. That was one of the most nerve-wracking, but I don't remember teaching rotation. Maybe I've just forgotten it.

Justin: Maybe it didn't exist anymore. Then, after your second year, I suppose you went into the lab?

Dr. Slingluff: Yes.

Justin: Which lab did you go into and how did you pick your research experience?

Dr. Slingluff: I worked with Dr. Seigler.

Justin: Yes, he’s still there.

Dr. Slingluff: Yes, I know. He's awesome. It's interesting. I chose working for him for a few reasons. I really got turned on by immunology when I was a medical student, second year, I guess. I asked a faculty member then what kind of discipline I could go into in medicine and do immunology. At that point, in 1981 or something, he said rheumatology, and I didn't think that rheumatology is what I wanted to do. It was true. The immunology we know now is responsible for almost everything that we deal with one way or another, but back then it wasn't really perceived as much that way. Anyway, I found if fascinating.

When I was looking at the labs, he was doing work on cancer immunology, and there were some other people doing cancer immunology work. I thought, "Well, this is cool. I could do immunology in my surgery residency, and that would be great." I talked to a few people, Sig obviously being one of them, and not a lot of people, maybe two or three. Sig was just a character. I liked him. He was tough, too, and he'd harass you, but he and I got along well. He remembered my name early on which I thought was just nice, and I wasn't sure why I deserved that, but anyway.

There are lots of Sig stories that are great, and he's a fast surgeon. He knows anatomy really, really well, which is why he was fast. He made very little, if any, extra movement, and I aspire still to be able to be that good. I learned a lot of operative skills from him specifically. I'm trying to remember, I think he didn't get a PhD, but I

think he did some PhD -- I think he trained in the lab where he did some research before surgery. He's a smart guy. He knew a lot, and his lab was doing interesting things. He had two PhDs that worked with him and good technicians and stuff. Anyway, I liked it. I went to work with him.

It's interesting now because I'm the director of a training grant here, and so we work really hard to try to get people mentored well and get people to choose labs right. Sometimes, the process is not as objective or as thoughtful as it should be, and on behalf of the residents, we try to help them. In retrospect, I liked Sig. I liked him as a doctor, and I thought I wanted to work with him. I liked what he was doing, but I didn't have an overall view of all the possibilities I could do. I just didn't know enough to do that. Some of it was dumb luck. Some of it was directed, because I knew I was interested into immunology.

In that way I became interested in melanoma. Then melanoma, I think, is not a-- it's a weird cancer, right? You get used to colon cancer and breast cancer. Melanoma's a weird one. I really wasn't that excited about it, but I had interviewed with people and I applied for a residency that was in melanoma research. Sig was doing that as well. I learned about it, and I really thought I would learn about melanoma. We'd figure some stuff out there, and then I'd spend my career applying it to some other cancer. But I got excited about melanoma working with him, and that was great. He had a big database that he worked with. I was able to write a lot of papers from that as well as the lab work, so that was productive.

It was great. I think in retrospect-- I realized as we were going through it -- I think everybody else in my class was either told what lab to go into by Sabiston or chose a lab….for example, Mike Skinner worked with one person and it didn't play out very well. He was reassigned. He worked for somebody else in his second year. I think a lot of people didn't have much of a choice. I didn't even think about asking for permission. I just decided what I wanted to do and chose it. It wasn't a crazy thing to do. It was very much mainstream, and so I was allowed to, but I'm grateful for that.

Justin: Sabiston was supportive?

Dr. Slingluff: Yes, Sabiston was very supportive and Sig was great. I really liked working with him a lot, and he was a role model for a lot of the things that I still do.

Justin: Did you have to look for funding or was that pretty much guaranteed because you came to Duke?

Dr. Slingluff: No, that was really guaranteed. We didn't know much of anything back then about what was going on. We were supposed to apply for NRSA, and I didn't get one. I applied. I wrote a terrible grant. I still think about it. That basically said, "I'm going to study all the different immune cell types, figure out what they all do, and then figure out how to cure cancer based on that." So I was a little over-ambitious. It was absurd. Anyway, that's fine. We got papers written and learned a

lot and did some stuff that I was able to carry forward into my current career. It's made a huge difference, so that was great.

Justin: How many years did you spend in the lab with Sig?

Dr. Slingluff: Two.

Justin: Was that pretty standard, or was the lab course variable by resident and by project?

Dr. Slingluff: It was pretty standard by then, but there were exceptions. The story that I remember-- When I was in lab, almost everybody did just two years. We did exactly two years. It was just the way it was set up, and we followed what was done. I remember thinking I was getting a lot done at the end of my second year and it would be nice to stay a third, but it was also good to get back. That worked out well. What was I going to say?

Oh, yes Steve Rerych, did you run across him? Steve was a great guy to work with. He was a real character. He was an individual, and Duke's residency was not really built for individuals. Most of us were people who do what they're told. We all are individuals in some ways, but Steve was more so. He didn't take guff from people as much as most of us did. Most of us were like, "Yes, sir." I don't know the whole story. It would be lovely to reach out to Steve. I don't know if he's still in practice? He's not that much older than I am. He's probably a few years ahead of me, but he spent longer there than most, so he may be 70 or something now. It's just a wild guess. Steve's background is interesting because he was an Olympic swimmer and I don't know if he won a gold, but he medaled in the '76 or '72 Olympics. I never saw it, but I'm told he was on the back cover of *Sports Illustrated*.

Justin: Wow.

Dr. Slingluff: He was the real deal. Sabiston used to talk about him because he was in great shape at one point, before becoming a resident anyway. I don't know how it all happened, but he ended up having his cardiac output measured during a stress test at some experimental thing. I don't know if there was any IRB approval, but anyhow. Sabiston used to talk about it and he would say, "Who has the highest cardiac output of anybody ever or something?" It was Steve Rerych; he had some ungodly amount of blood flow. That was something we used to hear about a lot.

What I can tell you about him is probably apocryphal. I don't know how much is true. I understand that he spent 12 years at Duke doing general surgery. I think he spent seven clinical years and five lab years. Again, this is what I'm told. Obviously, if you can find Steve, you can get it corrected. What I remember being told is he did some clinical time…well, a lot of people spent six clinical years. Bruce [Schirmer], I think, was the first one that did it in five clinical years, and seven total and went to general surgery, but it wasn't that crazy to do six, and eight years overall.

I think Steve did an extra clinical year somewhere along the way. My understanding is that he did some clinical years, did his lab time, came out, did some clinical time. The story I'm told, again, I hope I'm not just making rumors, but was that he gave Howard Filston a piece of his mind. Howard was head of pediatric surgery. Howard was wonderful but very stern and strong about a lot of things, and none of us would never imagine talking back to Howard Filston.

Apparently, I'm told, Steve did. What I remember being told, true or false, I don't know, was that Sabiston, when that happened, told Steve he needed to go back in the lab for a little while. He did, in a way, to regroup. Anyway, he spent 12 years. I guess he knows me pretty well, but even if I get some of those facts wrong, I go to know him pretty well. He was the senior resident when I was junior resident. We would work together in the ER and stuff; it was great.

He ended up going to practice in Asheville at, I think, St. Joseph's Hospital down there. But he had a part-time appointment at the VA, at the Asheville VA where we rotated back then. I don't know if you guys still go to that, but that was a great place to work. It was a great hospital, better than a lot of Vas.

Justin: I was actually one of the last residents to rotate out of the Asheville VA.

Dr. Slingluff: You're blessed.

Justin: It was great. Yes. It was terrific. It was like surgery camp. Compared to Duke, I'm sure you got a ton more autonomy than we did. We have even less now, but at Asheville, as I'm sure you recall, you ran the clinic, ran the service, did the cases with the attending sitting in the corner. It was formative.

Dr. Slingluff: Exactly. Yes, it was great. People got good care. It was a great place.

Justin: The hospital actually functions remarkably.

Dr. Slingluff: Yes. It functions really well. I agree. A lot of people who lived around there who could be patients at a private hospitals because they had the resources would choose to go to the Asheville VA if they were eligible, if they were prior military, because it was such a good hospital.

Justin: I had a veteran come from the Philippines, when I was there, because he heard it was the best VA in the country.

Dr. Slingluff: Oh, wow.

Justin: He brought an old printout of a CT scan. I'd never actually seen one before. We had to go hunting for a lightbox.

Dr. Slingluff: Yes. That's right. Yes. We did use to do that. Amazing.

Justin: What year did you guys go to Asheville?

Dr. Slingluff: When I was a senior resident, I think it was my first year out of the lab. I was down there with Tom Christopher, who was a little bit ahead of me. I'd worked with Tom in a couple of places, which is great. He and I had a good time down there, we then had Chinese food. I can't remember the other guy's name who was there who was also really good to work with. Shoot. He was cardiac – called the hammerhead because just nothing would slow him down. It'll come to me later, but anyway we had a good time and learned a lot.

Steve would work with us on some cases. He would effectively be the attending. I remember doing some really challenging cases. We had some guy came in with a perforated colon, half-dead colon. It was just horrible. The guy was a typical vet. He wasn't totally in perfect health to begin with. The whole case, Steve was saying, "I want you to lay a lot of crate for this family, to talk about how bad he's going to do because he's got a rough time ahead of him." I did. I laid these crates. It's going to be really horrible. I expected it to be. He just bounced back and did awesome. That was nice. I enjoyed working with Steve. That was one case we did together. He was great.

Justin: What other rotations were you doing as a SAR 1 or SAR 2?

Dr. Slingluff: We went to Durham County at one point, I'm sure I was there as a senior resident and maybe functioned as chief sometime, too. I think I went there twice, but I can't remember. I really don't remember exactly. That was a good experience as well. It was a bit different. There were good doctors there. It was great to be exposed to good doctors in private practice. Back then, it was not part of Duke, the Duke system. Obviously, the faculty knew us all well, and it was good, different but good. We had one or two surgeons who weren't quite as amazing as some others, but some were really, really good surgeons and all nice to work with.

Justin: Woody Burns was there?

Dr. Slingluff: Woody Burns was there. Yes. He was delightful. There were a lot of good folks. We had a good time there. I think that's all I did. The Durham VA. I spent a lot of time at the Durham VA. I spent a lot time there as the chief, too. Everything else was at Duke, and it was just general surgery stuff at Duke in the senior years.

Justin: What was Sabiston's interactions with you as a senior resident compared to when you were an intern or JAR?

Dr. Slingluff: He was just more demanding and expected more. It became a lot more when you were a chief and behind closed doors. I don't know that it was dramatically different between the intern and senior years. It was graded increase with responsibility, graded risk of critique.

Justin: You mentioned a little bit about how it changed when you became a chief. Were you meeting with him every morning when you were the administrative chief?

Dr. Slingluff: Yes. The chiefs met with him, I think, once a week, all of us. The administrative chiefs would alternate. There was a cardiac person on one night and the next night it was a general person. We stayed in that role for that month or whatever period of time. We met in the morning, and it was a very scripted interaction. We all knew what we had to do. He never had a to tell anybody because it was passed along, and he would then expect you to do it right. The first thing was VIPs in the hospital, we had to know who they were and what happened with them.

Justin: Just from the surgery service or any service in the hospital?

Dr. Slingluff: I think it was just the surgery services. That was a lot. I'm sure he wouldn't mind hearing about others, but I think that's all we did. Deaths overnight was the second thing. Then I think operations overnight. Other people might correct me but I think that's right. I haven't thought about it much for a while. There may be something else. Then we'd end up, I think, talking about cases the next day. We only had 15 minutes to talk about all this stuff. He expected us to be prepared with all that information, and he would ask things like, he'd say to us, "This 45-year-old guy came with appendectomy," and he could say, "What kind of suture did they use to tie off the stump.?" You had to know.

The administrative chief was spending hours the night before gathering data, writing it all down, preparing for the questions we might get. All of the other folks were all in it together. Half the team is there all night, right. Everybody else is preparing their data to hand off to the cheif. They'd have it all together. It worked. It was a lot of work, but it worked out. When he asked you questions, if you didn't know the answer, you'd have to just say, "I don't know the answer but I'll find out for you," and he'd say, "Just give me a call right back." That happened. I certainly had it happen to me, I'm sure other people did too. As soon as I broke from that meeting with him, I would scramble, nothing else mattered. I would find out the answers to the question or questions, and then I would call him back, and I would tell him the answer and he would just say, "Thank you very much." That was it. I don't know that he really cared to know the answers, but I think he just wanted to make sure that we knew that he was paying attention, and that there are certain things that should be done a certain way, and that is how it happened.

Justin: The meetings were helpful or useful or purely disciplinary?

Dr. Slingluff: It's not only disciplinary. It was really for him, serving him as the chair of the department, to be knowledgeable about everything going on. He didn't want the administrator of the hospital coming to him and saying, "How's the senator doing?" and him not knowing that there's a senator in the hospital, or even when somebody's family would call about a death overnight, and him not knowing that someone died. He wanted to be prepared. That's my view. It was all really about us helping him to be a good chair of the department.

He was obviously more than chair, he was really the most powerful person in the hospital. At least it seemed that way to us. I think that was that. I think it was

teaching for us, too. Again, that we needed to know what's going on on the surface, and we needed to know the details about what's going on. Not like this case is happening, I guess, I don't know. We have to know what's going on. I think it also meant that everybody knew that, if you used the suture other than what you're supposed to use, that Sabiston would find out about it. So maybe think about what you're doing, as you'd know what's expected. Some of that went on.

It was a lot of effort that I'm happy I don't have to spend my time doing right now. We could've all gotten a little more sleep if we didn't have to do that. I don't know that it's the right answer, but it was okay, and we learned how to make it work. That's my view.

Justin: At this point, had you decided to go into surgical oncology?

Dr. Slingluff: Yes. When I worked with Sig in the lab, I really liked it. I liked taking care of melanoma patients. I felt, and I still feel this way, that the vast majority of them, well you know the median age diagnosis is right around 50, so half are under 50, and half of them are probably almost completely healthy, and the ones over 50, a lot of them are healthy and they're productive people in society. They want to get back to being productive. I felt that there's some diseases and disciplines that take care of those diseases, where taking care of people that have their problem because they're not taking care of themselves, so whether it's obesity or smoking-related illness, you can fix the problem that they're there to see you for, but they're dying from other stuff at the same time.

It's appealing to me to think people that are healthy and want to be productive and try to help them with a bad problem. It is also very compelling to be….we grew T cells in the lab from patients that had melanoma that Sig had operated on, and those T cells could kill the patient's own tumor. That is the kind of motivation that has driven a lot of people in surgical oncology to do cancer immunology research. I felt compelled to figure out how can we keep these people alive by making their immune systems work better against their cancer?

There's a one guy I remember in particular with recurrent melanoma, and he was dying, we had T cells in the lab that killed his melanoma, and we wanted to make that better. We're still working on that. That was compelling. Like anything else, you get to know more about a disease. You get to know about some of the research you can do, and it becomes interesting. I thought this would be great to do. I like to do this. There's a lot of opportunities. I had a meeting with Sabiston to talk about it, because I wanted advice on whether I should do a formal surg onc fellowship or not. These days, that question's not as hard one to answer, but in those days it wasn't as typical. Some people were doing it but not everybody.

When I was in the lab with Sig, I did a lot of research, but I also joined him in the clinic every Monday. It was unbelievable. He saw 70 people on average every Monday, some new patients and a lot of people who were returning, some for vaccines and studies or whatever or people just coming back for routine follow-up.

Myself and a nurse practitioner and he would see those 70 patients. He was really quick, much better than I, and we'd see them all, and we'd be done at 2:00 in the afternoon. It's unbelievable. He'd do all his notes right there. We would help, the nurse practitioner would help too. But we saw a lot of people. I think I figured I had like 1500 patient visits with melanoma in a few years while also doing a lot or research related to that, so I knew a lot about it. At the time, the Duke melanoma experience was the busiest in the country, and between it and the Australia experience, was is one of the top three in the world. I learned a lot, so it was all good.

Anyway, I went to meet with Sabiston to get his advice. What I learned early on is that, if you walk in and ask him a question without some preparation, the conversation becomes not yours within a very short time, usually within the first sentence. What I would do routinely, and I did on this occasion, is to write a letter to him in advance that explains what I wanted to say. I was very thoughtful about it, and I said-- I was a third-year clinical resident at the time, first year out of the lab, I think -- I was trying to decide whether I start applying for stuff the following year. I said “I decided I wanted to go into surg onc. I'll be focusing on melanoma.” I was careful because he had mentioned several times that he thought it would be great for me to go back to UVA, and I think that he and Scott Jones had talked about that.

Justin: On faculty back at UVA?

Dr. Slingluff: Yes, to go back as faculty. He'd said that, and I didn't want to be reflexively going back there. I certainly thought about it but wanted to be objective about what I was doing. I wrote this letter and I said, "I would like to go in surg onc, and I want to be at an academic place. I would be inclined to go somewhere in the south, and I also tend to like smaller towns.” That of course does narrow the field a lot. That includes Durham obviously and includes Charlottesville and includes probably Florida and some other places, but it was a small group. I was very intentional not to say that I was planning to go to University of Virginia. Then I asked him about doing surg onc fellowships and whatever else I might have said.

So I walked in, he stood up behind his desk as he always did, shook my hand. He would always be very polite, gracious, "Come on in, Craig. I received your letter," and as we were sitting down he said, "and I totally agree with you, you should go to the University of Virginia."

[laughter]

Dr. Slingluff: Despite my effort, the conversation didn't go as I had in mind, but I had at least raised some questions. I said this is the question about the surg onc fellowship. He says, "Well, let me just call Scott Jones and see what he says." He called me back that day, I think that morning, and said, "I talked to Scott, he says you don't need to do a fellowship. He'll be happy to hire you." I'm like, "Okay, great." It sounded like a good idea.

Justin: Do you think Sabiston had bothered to read your letter and just missed your point, never read it or just had his agenda and ignored what you said?

Dr. Slingluff: I think he read it. I think he ignored my writing. I think he had his own agenda. It was not a bad agenda, and it was helpful. I felt like, well, I'm all set now. I didn't know what meant to be hired. I thought I'd just go on up and there'd be an office for me two years later, three years later. But then as we got closer to my finishing, I don't know if it was a year and a half later or something, I hadn't heard a word from Scott Jones, and I was getting a little worried because I hadn't really looked into anything else because I was thinking Charlottesville was a good choice. Anyway, I sent a letter to Scott Jones, because we didn't do email back then. I think twice I sent letters and didn't hear anything and thought, "Oh man, I'm in trouble." Anyway, finally he got back to me and he said, "Yes. I think we need to have you come here for an interview" I ended up doing the standard three interviews, but it was pretty straight forward. It was great because I ended up spending a lot of time learning about research opportunities at UVA.

I wanted to make sure they were good before I really settled into that. Sabiston did not encourage me to look other places, but I certainly could have. And I would have, if I didn't think it was a good opportunity, but it turned out there was a great mentorship opportunity here at UVA which has played out for 28 years, which is great.

What had had happened was, I had gone through maybe even all three interviews, and at one of the interview times…some advice I tell people all the time though…when I went through the interviews, I met with a bunch of people in the surgery department, but also a lot of people that did anything related to immunology or cancer immunology or cancer research at UVA. I requested to meet all these people. When people asked me what I saw my job like, I said, "I want to do surgery and research, so I think it's 50/50" Then one of the guys I met with, was an immunologist PhD, and I told him that when he asked him.

He said, "You can't be a serious researcher or can't be a serious scientist unless you spend at least 80% time in the lab." When I talked to Scott Jones at the end of that visit, I told him that, and he said, "Okay, do 80% time in the lab." I was like, "Okay, great."

Then he came down to Duke to give a talk sometime after that, but before I finished. He got in touch with me and said, "Can we just meet while I'm down there?" We just met in some random room wherever we were. He said, "I've been thinking about it." This is just so like him, he said, "I'm thinking that if you're going to spend 80% of your time in research, then you're doing 20% clinical time, but I got to pay all your malpractice insurance. You're going to have people like John Hanks going to ask you, "I'm going out of town, will you cover for me." Of course, you'll say yes and next thing you know, you're spending 50% time doing the research."

Then he got this twinkle in his eye, which again, it's just like him. He said, "But if I don't pay your malpractice insurance, you can't cover for anybody." He said, "Just go in the lab and do full-time research for three years." His term was, "Immerse yourself in the scientific method." He knew about it, he'd done a lot of research. He said, "Immerse yourself in the scientific method. Then we'll get you doing clinical stuff later." That was awesome, I did that. I did two years.

I didn't get paid that much. I got a lot more than I get paid as a resident, but not that much. I got to do what I wanted to do, and I was able to be in the lab. Because of Scott Jones' advice, which obviously was influenced by Duke plus his own background, I was able to get funding -- R-01 equivalent, an R-29 back then – in 12 months, working months, from when I started, so that made a big difference. John Hanks worked his butt off. There were not many clinicians taking call then. A lot of people were really busy, and I was not helpful in that. That's the way it was set up and it worked out well for me, and we have more people hired now.

Justin: Were you in touch with Dr. Sabiston during these years, or once you left it was pretty much, "Good bye, good luck. Call me if you need me," type of relationship?

Dr. Slingluff: I didn't call him all the time to check in. We had the Sabiston Society meetings. I think I was pretty good about going to those, and so I'd see him some. I kept up with Sig some. I asked for advice occasionally about patients early on. I felt better after a while. We did a little bit of stuff together after that too, research wise. I finished up a paper I had started in the lab then as well as a little bit of stuff, but not much with Sabiston.

It is funny though, and it doesn't matter for your book but turns out that my mother went to college with Aggie Sabiston, that was his wife. Sweet Briar College. I think she just went for a year if I remember right, then transferred somewhere else, but they knew each other. I think that was something I wasn't aware of until either late in my residency or even in my faculty time. I connected with him indirectly through that connection, because my mom was in charge of their college reunion and found David and Aggie Sabiston on that mailing list. She was like, "Wait a minute." Because she didn't know -- Sabiston wasn't her name before. Then it turns out that her mother, Aggie's mother, and my mother's mother went to some house party together in Newburn when they were young ladies. So some funny connections that we had along the way with the Sabistons.

Justin: Any particularly good stories about Dr. Sabiston from any time in your residency that you want to make sure we get on record?

Dr. Slingluff: I don't know that I can tell you anything that John Hanks hasn't told you.

Justin: He left right before you got there?

Dr. Slingluff: He did. I'll tell one, which is a little self-deprecating for me. Sabiston used to require that we submit any manuscripts we're going to publish from research, that we submit it to him in advance for him to review before it goes out.

Justin: Really?

Dr. Slingluff: Yes. He didn't want to be a co-author. He wasn't doing that.

Justin: Sure. It's still incredibly time consuming.

Dr. Slingluff: Yes, but he liked to know everything going on. He was kind of micromanager, I guess, but he somehow managed to do it well. It was annoying to have to do that, because it was just one extra step. He did say, we had conversations about this, if the attending who we're working with said send in the publication and don't send it to Sabiston, he wouldn't overrule the attending. It was kind of a nice way to be actually.

Unless that was the case, he expected us to send it to him. And Sig never told me not to send it to Sabiston. Anyway, there were some occasions where I was ready to send the thing in and I sent it and maybe we had deadlines and I sent it to Sabiston a few days prior, and he didn't like that. He was very clear that we had to get it to him at least two weeks ahead, give him two weeks to review it.

You could easily think, "What's he doing with this?" But every time that I submitted him one, he always gave me a correction. I think this happened to other people. My guess is he flips through it. He might've read the abstract knowing him, but he's an editor. He was editor of Annals of Surgery. He was used to looking at lots and lots of papers, and getting a sense of them without a lot of effort. He would find a typo or a comma missing or something on page 6. When he tells you that, he'd say, "It looks good, except you got this thing on page 6." It's hard to say you don't need to send it to him, as opposed to him saying, "It's good, you're fine."

Anyway, we need to give it to him two weeks ahead, and after having been told that, I think at least twice, I don't remember exactly, I sent him another one at the last minute. I'm sure I -- well, I hope that I apologized for being late. His response to me was this short letter. Everything was written, a lot of it was written. He sends me a very short letter and it began with, "I am vexed." I don't remember the exact words that followed, but I remember, "I am vexed." It was, "I am vexed that you continue to send me things and not enough time to review them. I am vexxed." That was very stressful, actually, to me.

Justin: Unfortunate, to vex the old man. We've been chatting about 90 minutes or so. Is there anything else that I didn't ask you that you want to make sure we get on the record either about your experience or your interactions with Dr. Sabiston or his interactions with your co-residents that you think would be important?

Dr. Slingluff: I think I've talked about a lot that. I think I've covered some of them. There were so many faculty who were great. It's hard to talk about all of them enough. I'll tell you one story that you may enjoy. It's [Ruchard] McCann, who is no longer with us. He was great. I remember and I tell people this, and in fact, he was good at teaching things. One of the first cases I did with my own hands as an intern was an amputation, and the case was with him. I remember going in and getting into the OR early, getting the patient prepped and ready to go before he came in. I was determined to make sure that everything was right. My mind was blank. I knew nothing about what we're going to do. I was such a sponge. I was ready to soak up knowledge from him. You knew Dick, right?

Justin: Oh, yes. Yes, sir.

Dr. Slingluff: He's a man of few words, right?

Justin: Yes.

Dr. Slingluff: He comes into the room, and he doesn't say hello. He comes up to the table, and his first words are, "Do you play golf?" I thought, "Well, that's irrelevant." I answered it with this long-- I began a long rambling answer of, "Well, I played some. My dad played a lot. I'm not really very good." He interrupted me, and he said, "Do you know how to keep score?" Having been interrupted with my long answer, I knew the answer to that question is a brief answer, and I said, "Yes." He said, "This is just like that. The fewer the strokes, the better."

It's true in a lot of surgeries, a lot of whittling that goes on. That was a good, informative moment. Working with Ted Pappas was awesome. He had just finished his fellowship, whatever. He'd done, I think, a year fellowship at one of the Harvard schools [Brigham] before he came down after finishing his chief year, but he appeared fully a mature senior surgeon, basically. We all loved working with him. He let us do everything. He was there. He was the master of letting you believe you did the operation. It was just great. We enjoyed working with him a lot. The correction he gave me that I give my residents now, is to stop whittling. I talked about Sig and Georgiade. George Leight was great; lots of people were great.

Justin: Seems like an all-star crew back then.

Dr. Slingluff: It was a great crew. The residents were great. All my colleagues, a lot of them have gone on to do great things. It's excellent. I keep up with Dave Harpole a lot, not constantly, but we stay in touch. He is obviously very successful academically, so we have a lot in common. Arguably, he is more successful than I am. He's been a major national leader in a lot of things, but he's great. Duane Davis was there at Duke for a long time. I'm sorry he left and I hope he's doing well. And others too.

Justin: I can't thank you enough for your time and for sharing your memories. It's the stories that really make the history come alive. The dates, you can find in the archives, but this is what gives it a real personal touch.

Dr. Slingluff: Well, I hope it's all right. I hope it's helpful, and I hope I remember most of it right. It's filtered through memory.

Justin: That's true for everybody, that in 30 years, the memories won't be there at all.

Dr. Slingluff: Nice to do all this. One thing about Sabiston I can remember, you may have heard stories about him at the VA? Did you hear the one about the time the patient was put in the bathroom?

Justin: Oh, yes. I have heard the NG tube one. Yes, sir.

Dr. Slingluff: You heard that one. I wasn't part of that, but I heard about it. I remember, and it may not be a concrete enough story, but he would come over. He would come round. He would round with us once a month over there. I think that was right. We had a good group of people. I was not the chief then. Someone else was chief, and it did not go well. There was stuff that we didn't know, and the patients didn't know everything. We hadn't prepared well and whatever, and so Sabiston was very unhappy.

The term of “being under the microscope” was what our chief said. Now that he's upset with this, everything that we do is under the microscope. The next time he rounds, it's got to be picture perfect because we got to get out from under the microscope. We were rounding, we practiced rounds a lot. We talked to the patients, "Are you doing okay? Are you happy? What can we do for you?" Everything is got to be perfect, just making sure everything was good and nothing was in the wrong place, and it all went well.

The moment that was great was Dr. Sabiston asked one of the patients, who was just a classic vet, he said, "How are the residents treating you?" He just pulled his shoulders back and smiled, and said "They're treating me royal. They're treating me royal!" That was awesome. Got us out from under the microscope

Justin: Yes indeed. Dr. Shenk said he was the medical student on the NG tube story.

Dr. Slingluff: Oh, that's probably right. Okay, good. Exactly.

Justin: Ok, I'll get this interview transcribed and get you a copy of that transcription. I'll surely keep you posted on how things proceed from here. Thanks for taking so much of your Sunday with me. I really appreciate it.

Dr. Slingluff: It's a pleasure. Thanks for doing this.

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Justin: Yes, sir.

[01:47:07] [END OF AUDIO]