

Prof. Tracy Hull: seeking out the mentor

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The 2017 Digestive Disease Institute Week (DDI Week) organized by the Cleveland Clinic was held successfully in Boca Raton, Florida, from Feb 14th to 18th. As a grand feast in the field of digestive disease, the symposium gathered numerous experts from all over the world to have deeper discussions on hot topics in the digestive field, including transanal endoscopic surgery (TES), transanal total mesorectal excision (TaTME), fecal incontinence and rectal prolapse, revisional bariatric/metabolic interventions (RBMI), etc.

During this symposium, Prof. Tracy Hull, from Cleveland Clinic, Florida, addressed an excellent presentation on “Special Precautions are Needed When Pre-operative Biologics are on Board”. Seizing this opportunity, the Editorial Office of *Annals of Laparoscopic and Endoscopic Surgery (ALES)* was honored to have an interview with Prof. Hull (Figure 1).

As a director of the DDI Week symposium, Prof. Hull briefly introduced the highlights of the symposium, which not only lied on its diverse ranges of topics but also the numerous international advanced experts’ joining.

On the second day of the symposium, an expert debate on best technique for rectal cancer attracted all participants’ attention. Prof. Hull humorously admitted it’s her favor as updates on many different topics, including colorectal cancer, IBD as well as new technique, noble ways and so on, were presented.

In her speech, Prof. Hull took IBD as an example to highlight that precautions are non-negligible before surgery. And she thinks the appearance of new medicine will tremendously push forward the therapy of IBD.

When talking about the focus of colorectal cancer, Prof. Hull quoted one speaker’s idea in DDI that we should concentrate on seeking out a quality, multidisciplinary approach to make the therapy easier. And the transanal total mesorectal excision (TaTME) which is in the new stage excites her, as it will become much more practical in the near future with the efforts of two professional surgeon teams.

Last but not the least, Prof. Hull narrated to us her story



Figure 1 Picture with Prof. Hull.

of being a colorectal surgeon. Initially she was inspired to be a doctor by her father who operated the animal surgeries at the kitchen table as a veterinarian, and she chose to be a plastic surgeon at the first place, but it turned out she really didn’t have enough interest in it. Then, she was fortunately trained by some remarkable experts in colorectal area, who helped her a lot to be a professional colorectal surgeon. What Prof. Hull had experienced made her grateful to the people around and takes it a duty to pay the kindness forward, as she always said to young doctors—seeking out the mentor.

At the end of the interview, Prof. Hull proudly told us the very advantage of being a female colorectal surgeon is the outstanding ability to make the communication overall quite different (Figure 2).

Interview questions

- (I) Brief self-introduction;
- (II) Would you like to share with us the highlights of the symposium with many topics about colorectal surgery covered? And which part do you like most or think most significant for the surgeons?
- (III) It is mentioned in your speech that special precautions are needed when pre-operative biologics



Figure 2 Interview with Prof. Hull (1).

Available online: <http://www.asvide.com/articles/1516>

- are on board, do you like to share more details to us?
- (IV) Based on your experience, currently which kind of new method is preferred for managing IBD? Advantages?
- (V) What do you think should be the focus for managing IBD or colorectal disease now or in the future?
- (VI) Are there any principles in the multidisciplinary cooperation in IBD?
- (VII) As the fact that not too many female surgeons in this field, why are you interested in colorectal surgery specifically?
- (VIII) Compared with male surgeon, what is the advantage being a female surgeon?

Expert introduction

Tracy Hull, MD, has been Staff Surgeon in the Department of Colon and Rectal Surgery at Cleveland Clinic since 1993. She received her Doctorate of Medicine, cum laude, from The Ohio State University in 1986. She did her surgical residency at SUNY Syracuse, New York from 1986–1991. Her fellowship was done at Cleveland Clinic from 1991–1992.

Prof. Hull is active in numerous professional societies including Alpha Omega Alpha, the American Society of Colon and Rectal Surgeons, the American College of Surgeon and many others. She has served on the Editorial Board for Diseases of the Colon and Rectum and has been in charge of the launching of the streaming video portion.

She has authored several peer reviews or been involved with published articles, and many book chapters. Additionally, she speaks at the major meetings around the world. Prof. Hull has a special interest in pelvic floor

dysfunction, anorectal physiology and ultrasonography. Her other interest are colon and rectal cancer, ulcerative colitis, Crohn's disease and diverticulitis.

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Footnote

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