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You specialize in the treatment of neuroendocrine tumors (NETs), which is a rare diagnosis. What brought you to subspecialize in this field?
During my fellowship in oncology, very little was known about neuroendocrine tumors (NETs) and there were few treatment options for patients diagnosed with NETs. One of my mentors encouraged me to write a review of the field at the time and that research endeavor launched my interest in clinical research and treatment of NETs and quickly concentrated my career. Because it’s a small subspecialty, it has enabled me to partner with colleagues from institutions across the country to create broad collaborations to care for patients with NETs, and to best develop clinical trials and other treatment advances for our patients. I am proud of my leadership roles in the National Cancer Institute NET Task Force, the North American Neuroendocrine Tumor Society, and past participation on NCCN’s guidelines committee for NETs. I know that together with my colleagues throughout the country we are making an impact for our patients.

How do clinical care and research motivate one another?
How do you balance the two?
One of the reasons I love academic medicine is the constant collaboration and balance between clinical care, research, and education. Our clinic and our lab both go hand in hand, very much informing one another. The intensity of the doctor-patient relationship in oncology helps us to tackle the questions that matter through research, and our research endeavors help to bring hope to our patients through clinical trials. The entire process is very forward thinking and continually challenges me, both as a clinician and a researcher.

You recently joined Yale from Stanford and are extremely focused on building and mentoring the Gastrointestinal Cancers team. How do you network with your team in the COVID-era?
What principles are you focused on?
I came to Yale with a goal of building a collaborative, respectful, and diverse community focused on gastrointestinal cancers, and quickly had an added challenge of doing this in a virtual environment during the COVID pandemic. My hope is that our team includes everyone that plays a role in the care and research for patients with GI cancers—physicians, basic and translational scientists, advanced practice providers, nurses, clinical research staff, and others. When I first arrived, I began on a listening tour to meet all of the stakeholders and learn more about each area. As a leader, my goal is to ensure that all team members feel that we are part of the same mission—to provide the best care for patients with GI malignancies, educate trainees, and conduct leading research in the field. During the pandemic, I have been trying to build a sense of connectedness and community and hope this will make our Gastrointestinal Cancers Program stronger over time. We have an excellent foundation and I am excited to be part of a team that will do great things.