

TIMOTHY G. MURRAY, MD, MBA

WHY DID YOU DECIDE TO SPECIALIZE IN OCULAR ONCOLOGY?

My interest in ocular oncology began early in my education. During my first year as an undergraduate at Johns Hopkins University, I researched how large T antigen affects tumor development in a rabbit model. Early in my career at the Johns Hopkins University School of Medicine, I worked with Stuart Fine, MD, and was involved in obtaining the first MRI scans of ocular melanoma. Dr. Fine helped steer my attention toward ocular oncology in all its complexities as a unique challenge dealing with a condition that is both vision- and life-threatening. I did my residency and chief residency at the University of California, San Francisco, with Devron Char, MD, whose clinical practice incorporated state-of-the-art imaging and treatment in the care of his patients with tumors. These unique physicians, and their unique patients, cemented my interest in ocular oncology and led me to the Bascom Palmer Eye Institute in 1991 as the final faculty recruit of Edward Norton, MD.

WHAT HAS IT BEEN LIKE TO WITNESS THE EVOLUTION OF TREATMENT FOR OCULAR ONCOLOGY?

When I began at Bascom Palmer, the most common treatment for ocular tumors was enucleation. Treatment of ocular oncology has changed in the 3 decades since I started practicing. The focus is now on decreasing patient mortality, avoiding enucleation, and enhancing anatomic and visual function. For 2 decades, our laboratory used animal models to enhance the treatment of children with life- and vision-threatening malignancies. Our patients have moved from a cancer with an almost 100% mortality rate to, with current therapies, tumor survival in almost 99% of patients. In no other field in oncology have such strides been made in survival rates with evolving treatment in the absence of clinical trial data. This is a strong testament to the efforts of many clinicians striving to continuously obtain better outcomes for our patients.

WHICH ASPECT OF YOUR CAREER DO YOU FIND MOST FULFILLING?

I have been blessed with the opportunity to have a career that involves complex surgical and medical care for my patients, incorporates an active teaching focus, and utilizes discoveries made in our translational research laboratory to improve care for our patients with complex malignant disease. I have also had the opportunity to take on leadership roles in our national and international societies, serving on the American Society of Retina Specialists board of directors and executive committee, and on the Retina Society's executive committee. I think being involved in these activities is what maintains the passion and focus that enables me to



Timothy G. Murray, MD, MBA, scuba diving in the Cayman Islands.

continue to practice at the best of my ability in the OR, the clinic, and the laboratory.

WHAT MAKES A GOOD VITREORETINAL SURGERY TEACHER AND TRAINER?

Great surgical teaching pushes a fellow or resident to perform just beyond his or her current abilities, allowing young surgeons to continue to grow their skill set. As an attending for young vitreoretinal surgeons, I have found the most important trait you can have is the ability to fix anything during surgery. Ultimately, the ability to verbally (and visually) describe the surgical approach, recognize potential complications, and remember your own first forays into vitreoretinal surgery are the keys to being a good teacher.

WHAT IS AN INTERESTING FACT THAT MOST PEOPLE MIGHT NOT KNOW ABOUT YOU?

Most people do not know that when I started at Bascom Palmer, I lived on a 42-ft sailboat. Funny side note: Dr. Norton was an avid sailor. His boat was named *Consultation*, as in the phrase, "I am on *Consultation*." Unfortunately, I found out the hard way that having a boat and living on a boat are viewed very differently by your senior faculty. Nonetheless, it was an amazing decade. Did I mention that I had never been on a boat before I bought a 42-ft center cockpit sloop? ■

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- Financial disclosure: None