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[Olufunmilayo Olopade, MD, FACP](#) [1]



After just one conversation with Dr. Olufunmilayo Olopade, it's hard to walk away believing that anything is truly impossible.

Dr. Olopade grew up in Nigeria, where opportunities and resources were much more limited than here in the United States. Yet she had a thirst for knowledge and persevered. After completing medical school at Nigeria's University of Ibadan, she came to the United States to advance her career and help answer some of the difficult scientific questions she encountered in her early training.

Today, she is internationally known for her research on breast cancer genetics, directs the University of Chicago's Cancer Risk Clinic, and even serves on the U.S. President's National Cancer Advisory Board.

Dr. Olopade's interest in oncology was first piqued during medical school in Nigeria, where she helped care for patients with Burkitt's lymphoma—a highly treatable form of lymphoma that is common in places, like Nigeria, that are hard-hit by malaria, but rare everywhere else. She

recalls, “I was amazed at the power of chemotherapy to melt these tumors away, often in just a few days.”



But when she continued her studies in the United States, she encountered many larger, solid tumors that did not simply “melt away.” Cures for these cancers were much harder to come by.

“I became really interested in the fundamental biology of cancer, and finding ways to translate genetics research into practical ways to improve care in the clinic,” she said. “We already knew ways to do this effectively in patients with some leukemias and lymphomas, so I wanted to find these answers in solid tumors.”

Her pursuit for answers led her to apply for one of the first Conquer Cancer Foundation Young Investigator Awards in the early 1980s. She won the grant, and used it to study chromosomal abnormalities involved in brain tumors—a relatively new field of research at the time. Her findings proved so insightful that she was asked to present them during the prestigious plenary session at the American Society of Clinical Oncology's (ASCO) Annual Meeting—an exciting but intimidating opportunity for a young physician.

“I remember being very nervous about presenting my research in that big room, in front of thousands of other doctors,” she recalled. “But once I overcame that fear, I became fearless. That experience at ASCO really motivated me, and I haven't looked back since.”

Her career in breast cancer research took off when she met now-renowned cancer researchers, Drs. Mary-Claire King, Francis Collins, and Dennis Slamon. “I was fascinated by the work they were doing on the genetic basis of breast cancer, and I wanted to be a part of it,” said Dr. Olopade.

She eventually joined Drs. King and Collins in their ground-breaking research on the BRCA1 gene, which they eventually linked to an increased risk of developing breast cancer.

“So much happened in just one decade. Researchers found two genes that were highly associated with breast cancer, and used genetics to turn one of the most aggressive forms of breast cancer into one of the most treatable,” she said, referring to the discovery of the targeted drug trastuzumab (Herceptin) for HER2-positive breast cancer. “It was incredibly exciting to see how the oncology community adopted genetics research, did the hard work of learning how to

use it and elevated it to the next level.”



Today, Dr. Olopade's work focuses on researching and counseling patients at high risk for breast cancer, and developing individualized prevention and treatment plans that are tailored to patients' unique genetic make-up.

Driven by her own ancestry and her experiences in Chicago's public hospitals, Dr. Olopade is also passionate about exploring the genetic factors behind disparities in breast cancer that affect women of African descent. Generally, these women are more likely than others to be diagnosed with breast cancer at a young age, and to have more aggressive forms of the disease.

“For my whole career we've been documenting these disparities, but I think we can do more,” she said. “We must put thinking and resources toward identifying and addressing the factors that cause these disparities. This can seem daunting, but I think it's simple. If we develop a global network of serious scientists and physicians who can work within different communities and populations to study the genetic differences between different groups of women with cancer and develop effective interventions, I believe we can leapfrog ahead.”

Dr. Olopade is confident that the next generation of cancer researchers will tackle these research challenges, and she is committed to doing everything possible to lure the brightest minds into the field.

“When I made the decision to study cancer in the late 1980s, it was because I was blessed with great mentors like Dr. Janet Rowley and Dr. Harvey Golomb, former ASCO President, who got me excited about the possibilities of what we could do,” she said. “Now I feel the onus is on us to excite the next generation about what is on the horizon.”

On this bright horizon, she says, are new and better ways to prevent cancer. She also believes that advances in genetics and cancer biomarkers will vastly speed the pace of cancer research. Finding these answers, she says, will both reduce the cost of cancer care and yield better treatments that cause fewer side effects.

As the daughter of a pastor, Dr. Olopade credits her drive and relentless optimism to her spiritual upbringing.

“More than anything, my spiritual discipline has always grounded me. Ever since I was young, it's helped me to wake up every day wanting to do my best for society, and now for my patients.”

Olufunmilayo Olopade, MD, FACP, is the recipient of the 2009 ASCO-American Cancer Society Award and Lecture for her extraordinary contributions to the prevention and management of cancer. She is currently Professor of Medicine and Human Genetics and Director of the Cancer Risk Clinic at the University of Chicago Medical Center and is an international leader in breast cancer research. She has a special interest in women of African descent, who are at higher risk for the more aggressive breast cancer and more likely to be diagnosed at a younger age.

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