Q&A With Ninja Surgeon Mark Shrime, MD, MPH, PhD

"Stop being afraid of what could go wrong and start thinking about what could go right."

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You may have heard the phrase, "I'm not a doctor, but I play one on TV?" What about, "I am a doctor, and I play a ninja warrior on TV?"

That doctor, or @ninjasurgeon, as he's known on social media, is Mark G. Shrime, MD, MPH, PhD. Mark is a Damon Runyon Clinical Investigator who will compete on the upcoming season of NBC's American Ninja Warrior (season premieres Wednesday, May 29, at 8/7c on NBC). Mark is the founder and director of the Center for Global Surgery Evaluation at the Massachusetts Eye and Ear Infirmary, an assistant professor of otolaryngology and global health and social medicine at the Harvard Medical School, and a visiting research scholar at Princeton University's Center for Health and Wellbeing. This isn't Mark's first American Ninja Warrior competition. He competed previously on seasons 8 and 9. We recently had the opportunity to chat with Mark about training for his upcoming competition and what he has been up to with his research.

What inspired you to go into cancer research?

I've been in cancer research since I was an undergraduate. My senior thesis was a computer model of the protein-DNA interaction for a tumor suppressor gene in breast cancer. I've always found the biology of cancer fascinating, but now, I find questions of access to cancer treatment even more trenchant and vital. I admire, so much, the researchers who devote their careers to creating newer and safer cancer diagnostic and treatment options. Without them, we would be fighting a very different fight than we are now.

No matter how novel, how innovative, how efficacious treatment is, it's utterly ineffective if patients can't access it.

How do you balance training for American Ninja Warrior and working on your research?

This is my hobby. For as much time as I spend on it, the work I do in West Africa, both clinical and research, is my primary passion.

What motivates you through training for American Ninja Warrior?

It's facing your fears, the rising to the challenge—but it's also just the incredibly cool things this

sport makes you do! I love pushing my body to do things that, three years ago, seemed superhuman to me. I love seeing that my body, even at 44, can do these things.

I want to motivate others. Especially the shy, quiet, introverted, nerdy kids, like me who may have been bullied or bad at sports. I want to tell kids —and the adults who still hear that voice in their heads—that they, too, can rise to the challenge.

What's a typical training?

On-season training is rigorous. I'll do an HIIT (high-intensity interval training) workout 3-4 mornings a week, spend 2-3 evenings a week in the ninja or a climbing gym. Add to that a dedicated core workout five days a week and one day of yoga.

I find the mental prep to be more than half of what makes for a successful run. I spend five mornings a week in some form of mindfulness and visualization.

Finally, there's nutrition. The key to this sport is your strength-to-weight ratio. Most of us aren't huge; we tend to be in the 5'6"-5'8" range (for men), 140-170 pounds. Maintaining a clean diet, high in protein, is super crucial. Mine is almost exclusively plant-based, but you'll find ninjas across the diet spectrum.

Can you summarize your research for us?

First, I focus on access, and the hidden barriers to care that patients face. With my Damon Runyon-funded research, I'm undertaking a randomized controlled trial of a financial intervention to improve access to surgical oncology patients in Guinea, West Africa. I'm working closely with an organization called Mercy Ships, a surgical NGO that delivers surgical oncology (among other specialties) from the decks of hospital ships. They offer surgery for free, but the no-show rate for the organization, as with many other hospitals in low- and middle-income countries (LMICs), can be quite high, despite the free surgery. In a paper, we published a couple of years ago, we followed up with some of these no-show patients to find out why they didn't come for their scheduled surgery. The most commonly cited reason was, still, cost. What patients couldn't afford was either the cost of transportation or the opportunity cost of being away from their jobs and their farms for the time needed to get surgery. So, this randomized controlled trial is providing patients a small financial incentive, in three different ways, to improve their compliance with scheduled surgery.

The second thrust of my research is unpacking the trade-off patients make between their health and other things they find important (specifically, so far, their financial solvency). Patients choose between these, implicitly or explicitly, when they seek care. We have evidence, in the US and LMICs, that patients risk financial ruin when seeking care (especially expensive care like cancer therapies and surgery). We also have evidence that is decreasing the cost of care—through, say, Medicaid expansion—will, at least temporarily, increase utilization. This means some patients are forgoing care because of cost, while others are choosing to access care despite the risk it poses to their financial security. How these decisions are made, and how policymakers should factor in these decisions, is the second part of my research.

Finally, I’m interested in evaluating the effectiveness of interventions in the global surgery arena. Because global surgery is a relatively new academic field, and because we know that 30 percent of the world’s disease burden requires surgery, but 4.8 billion people can’t get it when they need it, we have a lot of energy to do things. In the rush to “fix” the problem, we aren’t doing a lot of evaluation of whether our solutions have the intended effect on the ground.

Are you excited about any new, innovative cancer research trends?

In the US, it’s mainly the recognition, over the last five to 10 years, that cancer treatment can have toxic, downstream side effects on someone’s financial well-being, and that we need to address this with as much vigor as we address cancer itself.

“Stop being afraid of what could go wrong and start thinking about what could go right.” Mark has this quote posted on his Instagram account. We can’t help but think that he applies this mantra to his research as well as his competitive training.

Mark’s dedication, passion, and innovative approach to cancer research are why Damon Runyon funded him. We’ll continue to support and cheer him on as he takes on this exciting challenge again. We hoe you’ll join us in cheering him on from the sidelines. Stay up to date on Mark’s progress on American Ninja Warrior and his research on our social media sites. Good luck, Mark!

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