



**Episode 43: Leading with Grit**  
**Nicole B. Saphier, MD**

February 24, 2022

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**Dr. Rubin:** Hello and welcome to "Taking the Lead," a podcast from the Radiology Leadership Institute that profiles radiologists as leaders, seeking insight and inspiration from a variety of perspectives and experiences. I'm Geoff Rubin. Today, I am speaking with Nicole Saphier, assistant professor of radiology at Wild Cornell Medical College and director of breast imaging at Memorial Sloan Kettering Monmouth in New Jersey. Since completing her fellowship in 2013, Dr. Saphier has had a meteoric rise in national prominence, serving as a regular contributor on "Fox News" and "Fox Business" programming, writing two books, one a national bestseller, leading advocacy efforts to achieve breast density legislation in both Arizona and New Jersey, running for political office, serving on her township's health board and vice chairing the Economic Development Advisory Committee of the township and serving as a member of the Centers of Disease Control Advisory Committee on Breast Cancer in Young Women. Nicole, welcome.

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**Dr. Saphier:** Well, thank you so much for having me.

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**Dr. Rubin:** Let's start at the very beginning. Where were you born?

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**Dr. Saphier:** I was born and raised Scottsdale, Arizona, your neck of the woods.

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**Dr. Rubin:** Yeah. And what was your home life like when you were growing up?

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**Dr. Saphier:** My parents are both from the East Coast. My mom's from Upstate, New York. My dad's from Philly. They went out to Arizona State, went to undergraduate there, and they met and fell in love in a criminal justice class. And I believe I was conceived on a camping trip because that's what people did back then. And then I was born to a couple of hippies and I have a couple of siblings. My parents are now since divorced, but interestingly enough, they still vacation together and hang out every weekend. So, just living separately, but essentially still a married couple. And it wasn't until I finished fellowship that I moved to the East Coast.

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**Dr. Rubin:** Yeah. So, growing up there in Scottsdale, you mentioned you had a couple of siblings, older, younger, brothers, sisters.

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**Dr. Saphier:** So, I have a brother and sister both much younger than me, eight and nine years. So, I was essentially an only child for about eight years and then I have two siblings who are both incredible, both still live out in Arizona, and who I try to see as often as I can.

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**Dr. Rubin:** And what did your parents do for a living?

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**Dr. Saphier:** Both of my parents actually still work. My father is a defense attorney, mainly criminal, as well as malpractice. And my mother, she has her master's in public education, but she works as a director of counseling and therapy and mental health treatments for children, especially those who are victims of sex trafficking.

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**Dr. Rubin:** Wow. Those are both pretty intense positions. Do you remember their work-life coming into dinner table conversations and what was sort of the vibe like as a child growing up with parents with those professions?

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**Dr. Saphier:** Absolutely. Well, first of all, I think every time that I got in trouble, I would have to yell at my father, "I'm not someone on the stand. Stop interrogating me." And now her focus is more on sex trafficking. But when I was growing up, my mom worked in a couple of group homes locally and a lot of the children there were runaways and even sex offenders. It was something very difficult for her because she loved these children. She always saw the best in them, but then sometimes, she would be disappointed that she would spend so much time with the children, and no matter what was done, how much love was shown, either their home life or something was still stopping them from really receiving that care and improving. And I think she felt a lot of disappointment sometimes. And at the end of the day, we all have to realize that we can put our best foot forward and we can always do our best efforts, but,

you know, you can always take a horse to water, but you can't always make them drink.

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**Dr. Rubin:** Yeah. Did your mom ever bring you on side or expose you to the lives of some of these kids?

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**Dr. Saphier:** In the sense that I would go to any group home function. They had a lot of social functions. They had talent shows. They had award shows for their academic achievements. And so, my mom would bring us all there. I think it was very important for her to make sure that the kids in the group home knew that they had support outside of just their normal counselors and teachers and to have some level of normalcy. So, I got to know a lot of the kids, I knew a lot of their counselors. And so, my mom did a very good job at integrating that.

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**Dr. Rubin:** And what was that like for you? Was that something that you enjoyed and looked forward to or was it something that was less on the fun side?

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**Dr. Saphier:** I enjoyed it very much, but then sometimes I would hear my mom on the phone taking a call from the police or one of the kids had run away, or we couldn't find the child, or there was an overdose and someone died. And so, I had known these kids. And so, that brought a level of sadness and devastation into my life. Obviously, I didn't know them very well, but for being a young child, that wasn't my normal life. So, to hear about runaways and drug overdoses, and other things, and so forth, you know, that was a little bit shocking. But then on the flip side, I can tell you, my father being a criminal justice defense attorney, you know, there was a time we were driving, going to a Phoenix Suns game, and for anybody who's gone to that stadium, you know, there are some shifty parts to the town surrounding the stadium. And we actually had a gentleman come up to our cars. We were at a red light and it was one of my dad's clients, his criminal clients. And I could tell my dad had some trepidation when the gentleman approached our car. He knew him, but he very quickly said, "Okay, all right, we will talk this week. Okay. Let's go." It's an interesting childhood in that sense.

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**Dr. Rubin:** Well, absolutely. I mean, the demographic that you interacted with as a child is not the norm for most physicians when they're kids. How do you see those experiences playing into your view of the world today and the things that you do?

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**Dr. Saphier:** You know, I think it was very important for me, someone who grew up in a relatively stable household. I never worried about when my next meal was. If there was an activity I wanted to do, I was always able to do it. We were by no means upper class, but I never wanted for anything at the time. And so, it was good for me in the sense that I wasn't living in this bubble. It wasn't a microcosm. I was exposed to a diverse way of living and I've been able to bring that with me throughout my life, to be appreciative of what I have, and then having my mother in me also making sure that I can help those around me.

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**Dr. Rubin:** What were your hobbies growing up? Did you have any as a kid?

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**Dr. Saphier:** I mainly did a lot of gymnastics and stunt cheerleading. I was a bit of a tomboy, man. Unfortunately, because of those extreme sport beginnings, I had many orthopedic injuries, which I am now paying for much, much later, but that was a big thing that I did. I would do early morning practice. I had practice before school, after school. I would get up at about 4:15, get taken to the gym. We'd always have to start by running a mile out in the pitch black. In the winter, it was a little bit cold. Then we would have practice and then we would shower and get dressed and then be shipped off to the school. And then on the weekends, we tended to have travel meets. So, we were all on buses and a lot of times they were in California and it was a great team atmosphere. I was very close with my team. It was boys and girls, and that became kind of a family. It was arduous long hours, hard physically and mentally, certain things wouldn't necessarily work these days. But I had a coach that was a bit tough on us, maybe for the good, maybe for the bad. I can tell you, if something happens in my professional life these days that maybe I feel like I could have done it better or I'm disappointed in something, I will usually have a dream that night about my coach way back when, telling me that I was doing something wrong. And so, I don't know if that's PTSD. That's probably

not the most healthy thing, but I can tell you that some of that coaching and that discipline truly made me, I believe, the person that I am today.

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**Dr. Rubin:** And until what age were you engaged in these activities?

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**Dr. Saphier:** Well, I tore my ACL for the third time by the age of 17. And seeing as I wanted to be a doctor and not an Olympic gymnast, I kind of scratched my head, I'm like, "What am I doing? What am I doing here?" So, I decided to stop after that. And so, that was the end of it. When I was in college, I did some dancing, but that was the end of my stunt cheer and gymnastics career.

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**Dr. Rubin:** Yeah. Best to protect those knees for the long run. What was your first job?

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**Dr. Saphier:** When I was about 14 years old, I was sweeping hair at a hair salon and then I graduated to being able to wash hair and help manage the appointment books. And then I transitioned to working at a gymnastics gym, teaching kids gymnastics, and then I got my pharmacy technician certification. And at about the age of 16, I started working in a pharmacy pretty regularly and I did that through college.

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**Dr. Rubin:** Wow. So, working from the time you were a young teenager was something that was pretty fundamental to what you were doing?

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**Dr. Saphier:** Oh, absolutely. I definitely liked to have my own means. And, you know, my parents, as I mentioned, I mean, we had enough, but they certainly didn't have an abundance of income by any stretch of the imagination. And so, it was important that if I wanted to be able to go to the movies or go to lunch, that I also contributed and had my own money.

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**Dr. Rubin:** Clearly, the gymnastics and cheerleading was an important part of your high school years. What other aspects would you point to as being particularly formative during your high school years?

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**Dr. Saphier:** Well, I would say the most formative aspect of my high school year was when I became pregnant between my junior and senior year of high school. That summer, I had just torn my ACL again. And I did go into quite a depression because I was out from some big competitions that I had been very much looking forward to and my gymnastics coach informed me that I wasn't able to enter the gym until I was ready to compete again. And that was despite my mom calling him, asking if I could come in, maybe coach the younger kids, something just to get me back in the gym, and that request was denied. And so, I kind of went into a very negative mental spiral. I threw away just about every trophy I had and, you know, 17-year-old girls, you know, sometimes we tend to get like that, but it had been a very difficult spring. And then the summer, I became pregnant and that's when I made the decision that I was going to have the baby. So, I spent my senior year of high school pregnant and I delivered him in the spring and I graduated high school six weeks later. And then I had that final ACL surgery three weeks after he was born.

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**Dr. Rubin:** Wow. That is an uncommon high school experience, no doubt. And, you know, thank you for sharing that story with such candor. Were you 17 or 18 at the time that your son was born?

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**Dr. Saphier:** I had already turned 18 by the time he was born and, you know, we just didn't skip a beat. He was born, I graduated, had the ACL surgery, and then started college, you know, and that's what you do. You just keep going.

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**Dr. Rubin:** Yeah. And so, what kind of support did you have for childcare and for rearing your young newborn when you were trying to get started in college?

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**Dr. Saphier:** Well, you know, thankfully, I had extremely supportive parents, especially my mom. My original goal was to try and go to NYU for undergrad. That was kind of my ultimate goal. When I found out I was pregnant and

decided to keep the baby, I made the decision to stay close to home because that was the only way that made sense, which is why I went to Arizona State. It was within 20 minutes of both of my parents' households. And my mom supported me. I lived with her for the first three months while I had the surgery. It's very hard having a newborn and being on crutches. So, she helped me through that. And by the end of summer, we moved into an apartment. And a good friend of mine from my church offered to take care of Nicholas while I went to school, free of charge, which was the most incredible thing that could have ever happened. I had known her for a while. She stayed at home. And so, I took him to her for the first year and a half of his life while I started college. And if it wasn't for her, I'm not quite sure if I would've been able to go as full force as I did.

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**Dr. Rubin:** Yeah. I mean, that's amazing. What a wonderful gift that she gave to you. And so, you know, as you're transitioning into your college career at Arizona State, help us understand how Nicholas affected the pursuit of your education and your career aspirations.

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**Dr. Saphier:** Well, you know, it was interesting, when I found out I was pregnant, I had a lot of friends that stopped being my friend. I had people tell me that I was ruining my life by doing it. And I had a very astute friend who said to me, "Your plan was going from point A to point B. You were on your straight trajectory to get there. You're still going from A to B, you're just gonna take a little bit different of a path." And that was probably the best thing that I've ever heard. And he was absolutely right. You know, I was planning on going to an East Coast school. Well, all right, well, I still got my undergraduate degree, but we went to Arizona State. I studied microbiology and Spanish and I had to make my core schedule to make it so that I needed the least amount of childcare.

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I also breastfed the entire first year of his life. So, first year, I was on crutches, breastfeeding, and having a newborn. So, we coordinated it so I would actually go to him in between classes, feed him, come back. And it was exhausting. I mean, I'm not gonna lie. It was not an easy time. That was a very, very difficult year of my life. But, you know, there was purpose in it. And I think I had a little bit of a chip on my shoulder that, "Well, so many people told me I couldn't do



this, just watch. And I will show them I can do this." And I think that mentality has just stayed with me for a very long time, but I wouldn't say that I excelled in my undergraduate. I was working 30 to 40 hours a week still at the pharmacy, and in my opinion, at the time, I was doing the best I could.

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**Dr. Rubin:** Yeah. It sounds like it was a education multitasking as well as all of the individual domains that you were engaged in committing so much to raising your son. That's really remarkable. You know, as you think back to those days, what traits or personal characteristics would you say you called upon in order to achieve all that you did during those years?

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**Dr. Saphier:** I don't know if I actually had the traits yet, but that's when I certainly developed a lot of who I am. There was, you know, a lot of rejection. There was just keeping my head down and moving forward, even in times of physical and emotional exhaustion, still being a young girl wanting to have a college experience. That was something I had to accept, was that was not going to be my path. And seeing new friends that I was making kind of doing something else, knowing that I had a different path, you have to be accepting of that and understanding of that. And my goal was always to get to medical school, but it wasn't as linear as so many other people, they started thinking about volunteer work, their MCATs, and everything else, and I just was trying to make sure that I had my courses in, you know, what do I have to do? Being able to spend a year studying for the MCAT wasn't necessarily a luxury that I afforded myself. So, you know, we just had very different goals and ways at that point.

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**Dr. Rubin:** And when did you do decide to become a physician?

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**Dr. Saphier:** I knew I wanted to become a doctor from an early age, anywhere from 8, 9, 10 years of age. I hit my head really hard when I was doing gymnastics shocking and I developed really severe headaches. And I went to Barrow and got an MRI and I met with a pediatric neurologist and that was a moment for me where I'm like, "this is really interesting." And ever since then, I kind of had an idea I wanted to get into medicine. I had no idea what that really entailed, but I wanted to do something in medicine.

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**Dr. Rubin:** As you were progressing toward your bachelor's degree, you mentioned you studied microbiology and Spanish. Did you ever waiver from your choice of medicine, knowing the rigor, the education and training, and the demands of concurrent childrearing?

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**Dr. Saphier:** The short answer is no. Sometime during the undergraduate degree, I started working in a microbiology lab at Good Samaritan Hospital, one of the largest hospitals in Phoenix, as you're aware. And I saw that people were there working full-time jobs, living normal life with their microbiology degree. I'm like, "I could actually have this job very soon. It's not easy, but that would be so much easier than what I'm planning on doing." And I had been tired at that point for nearly four years. And so, I would say that the temptation was there, but never in reality. I never wavered from wanting to go into medicine.

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**Dr. Rubin:** Did you formulate any specific plans to balance your time with your sons and the demands of medical education and training? How did you sort of strategize all that?

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**Dr. Saphier:** There was no strategy. You're giving me way too much credit. I was just moving like head down, keep moving at the time. I didn't have much of a social life in college. So, if I wasn't at school, if I wasn't working, I was with my son. After he went to bed is when I would write papers and do some studying. But outside of that, it was 100% just with him.

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**Dr. Saphier:** So, you graduated after four years and without a break, began medical school in the fall at Ross University School of Medicine in Portsmouth, Dominica. That's a relatively isolated destination from your family in Scottsdale. Did you spend all four years on the island or did you pursue your clinical rotations on the mainland?

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**Dr. Saphier:** Well, when the time came to apply for medical school, I applied to several allopathic and osteopathic schools. My primary care physician my entire life had been a DO. And so, that was actually something that I had considered. Again, I didn't know what I was doing. I didn't have a mentor. I had no doctors in my family. There's really no one telling me how to do this. I just kind of did it. And now looking back, I'm like, "I did that all wrong." And so, I applied to a couple schools. My grades were good. They weren't great. My MCAT scores were okay. I thought I did good for my situation. I had, on a couple of interviews, some very negative derogatory comments made to me about the fact that I had a child. It was eye-opening experience. And then I did get a DO school. But my grandmother, when I told her I was gonna go... This is my old Italian grandmother for the record. Let me put things in perspective, set the story up. When I told her I was going to be a DO, her response was, "That's wonderful. Is that still kind of like a doctor?"

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And it was so funny, but I don't know why that really, really stuck with me. And I said, "All right. Well, now what am I gonna do?" So, I went and talked to my advisor, which is probably the only time I ever spoke to my advisor during my undergraduate career. And she said, "You need to get your MCAT scores up and then reapply." And she said, "We could work on a couple of things and I'd have a much better shot next year at reapplying." And I just said to her, "I can't take a year off. If I stop, I am not gonna make it. Like, I just have to keep going. If I don't, I'm not sure I'll ever get there." And so, she mentioned Ross University to me. I never knew these opportunities existed. And she called the school and they allowed me to apply. I flew out to LA, did an interview, and by August, I flew to the West Indies and started medical school. My son did not join me for that first semester because I had no idea what to expect. I was flying to a third-world country just about, so I had to leave him and that was difficult, but he stayed with my mom. At this point, he was four and a half. He was getting ready to start kindergarten soon. So, he was in preschool. And so, I left him and it was a hard first semester not being with him and the rigors of starting medical school. It was difficult. And then adding, living in a foreign country where you don't have a Target or a grocery store, it was difficult. And then I was excelling academically for the first time. All I had to do was focus on school.

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This sounds funny, but it was the easiest thing. Like, "This is all I have to do, study? That's it?" Oh, okay." But I didn't wanna continue it that way. So, I have to get my son here. So, what am I going to do? And I did everything I could. The school worked with me and they allowed him to come and he was able to go to school with the professor's kids in this small private school that they had. I worked it out with my professors that I spent a lot of lecture time just studying independently and I excelled. And I tutored other kids. I did study groups and that's how I gained some extra money. And after 16 months, we leave the island and most people go up to New York or Chicago. That's where the main hubs are for clinical rotations. But I knew I couldn't go to New York or Chicago with my child and I wasn't gonna leave him for the next two years. So the only, only word to describe what I did at this point is hustle. I hustled every hospital in the Phoenix area, begged them essentially, and I was able to do the majority of my third and fourth year in Phoenix. It helped, I did very well on my steps and I graduated with highest honors. So, having the good academic standings behind me definitely helped that as well as my perseverance and incessant calling.

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**Dr. Rubin:** Yeah. That is an amazing recounting. And when you went back to Phoenix, was your mom a major source of support to help raising Nicholas?

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**Dr. Saphier:** Well, absolutely. My mom and my dad did. And my dad, actually, when I came back from my third and fourth year, Nicholas and I moved in with my dad because I was taking call like a resident was, and it was difficult. So, I actually lived with my dad third and fourth year and my internship year just because of those 80-hour weeks, essentially, and the overnights. And so, they were both fundamental in helping me. Like, Nicholas, during the day, was in preschool, kindergarten, you know, started elementary school. But then just the same, as soon as I get off work, go straight and pick him up.

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**Dr. Rubin:** Fantastic to have such supportive family. It also sounds like Ross University was a very supportive place as well.

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**Dr. Saphier:** They absolutely were. And if they had not been, I'm not sure I could have stayed because I wasn't going to be away from my son for nearly two years.

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**Dr. Saphier:** What led you to become a radiologist?

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**Dr. Rubin:** That's a great question. And I can be honest, I have no idea. But I went through so many different things in my head of what I wanted to do. I always wanted to be a part of the mix. I like running on adrenaline. I am good in high-pressure settings. Everyone saw me being trauma, ICU. That was kind of what I gravitated towards. And I did actually like trauma anesthesia for a while. But when I had to start thinking about lifestyle, that is when I kind of went away from a little bit of trauma anesthesia. And I had no desire just to be an anesthesiologist, I find that to be very boring. The only aspect I liked of it was the trauma part. So, I wasn't just going to do general anesthesia. But when I was applying for residencies, I applied for anesthesia and I applied for other types as well, because, to be honest, I just didn't know what I wanted to do. But it wasn't until my fourth year that I did a radiology elective and I had an attending pediatric radiologist who was telling me about radiology. And at this time my grandmother was dying of breast cancer, advanced breast cancer. She didn't go to the doctor for her palp because she's old-school Italian and doesn't go to a doctor to talk about her breasts. And so, I was having conversations with that attending about early detection and why it's so important and the concept of breast imaging, that's when I actually learned about it. And it kind of just came at the exact right time as I was seeing what my grandmother was going through. And that is why I have a passion for education and early detection.

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**Dr. Rubin:** And you pursued a fellowship after you had your internship in residency in Maricopa County and your fellowship continued in Maricopa at the Mayo Clinic in Scottsdale, and it was focused on oncologic imaging. And so, was it this experience with your grandmother, in particular, that had you gravitating toward oncologic imaging?

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**Dr. Saphier:** Yes. And so, it's interesting, every step of the way, I kept trying to get back to the East Coast. So, when I was applying for residencies, I applied

up and down the East Coast and I actually got accepted into a couple in Boston, but then I always have to go back to, "What am I doing? Like, I'm a single mother to a young child. Why do I think I can do that?" Which is why I stayed in Phoenix for my residency. Same thing for fellowship. I got accepted to Sloan Kettering for my fellowship and a couple others in New York. And then, again, I'm like, "Nope, I still can't go to New York as a single mom and be a fellow. So, we're gonna just stay in Arizona." And those were all the best decisions of my life. And because of those opportunities, I gained the knowledge that I have. And the oncologic imaging fellowship that I did at Mayo clinic, they were also very flexible with me. They essentially said, "This can be whatever you want it to be." And so, essentially, half of the time, I did breast imaging, but then I also did all ultrasound-guided procedures. So, a ton of small-part biopsies, kidneys, livers, thyroids, lymph nodes. If you can get to it with an ultrasound probe, I biopsied it. Then I also read PET. So we didn't really know what to call this fellowship. So, oncologic imaging seemed like a good, all-encompassing.

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**Dr. Rubin:** So nice that you were able to define this fellowship. And you mentioned that it was one of the best decisions of your life to stay. Can you elaborate a little bit more on how you see that experience as being the right choice compared to, for example, spending your fellowship in New York and MSK?

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**Dr. Saphier:** Well, I was able to spend more time focusing on the fellowship, having the support of my friends and family in Arizona. Being able to just go to work, be at residency or fellowship and be learning and just be present in the moment there, instead of, "Where's my son gonna be after school," probably needing to work to gain extra money to help with any sort of childcare. Whereas, in Arizona, I had my siblings, I had my parents, I had my friends since childhood, everyone chipped in. This was not a sole effort to raise this child. Everyone chipped in. I did meet my now husband my fourth year of medical school and we started dating throughout my residency and we got married right before fellowship started. So, I was evolving into my adult life during this time as well.

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**Dr. Rubin:** After fellowship, you took some time off and then pursued community-based practice in Phoenix followed by a cross country move to a

community practice in New Jersey. Tell us about those years and this leg of your journey.

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**Dr. Saphier:** My timeline is off, so you're gonna have to forgive me. It adds up, I swear. My last year of residency, I had my child. So, I was married before that. And then during fellowship, I was pregnant with another child. So, the reason that I ended up staying in pursuing community practice for a bit was because I was still pregnant and I was just having a baby. So, I stayed local, made much more sense. And after we had the baby, we moved to New York, I was pregnant and my husband rejoined his private practice. He's an endovascular neurosurgeon. And I just had our second child in New Jersey. And then just to keep it easy again, I took a small community job, very close to home. That was just a transition from moving East Coast from West Coast. At this point, I had a child entering ninth grade as well and I just took him from the West Coast to the East Coast. So, that in itself wasn't the easiest thing. And now he has two little brothers, and, by the way, it's snowing. So, there was a lot of adjustments to be made.

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**Dr. Rubin:** So, you added two boys to the mix on top of the one that you've been raising all along. It sounds like a hectic time. It's interesting, your comment, that for many years, you sort of saw the East Coast as a place that you wanted to be. And growing up in Arizona and in the West, for a lot of people, that's kind of an idyllic place to be. What was the siren call to the East Coast?

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**Dr. Saphier:** Because my parents are both from the East Coast, every summer and a lot of winters, I would come and visit my grandparents and my cousins. And it was just a place that I always associated with family and I really enjoyed it. And so, I think a lot of people, as they're growing up, they always look for, you know, something new, something fresh. And it had just always been something that I wanted to be a part of that. I loved the persona of the East Coast. There's a little bit of an attitude, a little bit of an edge to it that I always have felt like I fit with. And so, I wanted to be a part of that.

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**Dr. Rubin:** Before moving to New Jersey, you became involved in the successful campaign for Arizona to become the 15th state to pass legislation requiring reporting of breast density on mammographic reports. Was this your first instance of legislative advocacy?

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**Dr. Saphier:** It certainly was. I think I was a fellow or a resident and Nancy Cappello, who I'm sure most people know of. She is the one who started the Are You Dense movement. She was giving a lecture, talking about breast density. And it was something that I had thought about a lot while reading mammograms, especially if you pull up an extremely dense mammogram, like, "Why do they think that we can find a cancer in this? This is beyond me." I think I even remember an attending joking around sometimes saying, you know, "I don't know, just, you know, flip a coin. Maybe there's something there, maybe not. We can't really see." And the fact that we were saying this, and we were reading these, you know, that kind of stuck with me. But then when I heard her speak about this, a light bulb went off and I just felt very impassioned about it.

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And so, I reached out to her and she put me in touch with some patients in Arizona who had already reached out to her, but she didn't have anybody in Arizona kind of willing to lead the effort. And so, after I did a lot of my own research, after talking to these patients, I thought, "You know, this is something that I'd like to be involved in." And so, I did, and that was, of course, my first legislative experience. And, again, it was met with criticism, resistance. It was not the easiest thing to do, which is shocking because I would assume that everybody would be on board with this. I'm like, "How could you not support this?" It made so much sense to me, but then I started hearing some of the other side of it and I started hearing the opposition. And while I could understand the opposition, I didn't agree with it. And I still felt strongly about the cause and pushed forward even in the face of some adversity.

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**Dr. Rubin:** What was the nature of the criticism and the adversity?

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**Dr. Saphier:** Well, it was just very early on in the process and it was before some of the societies and other people really were accepting of it. And, you



know, sometimes that happens, you know, when something is new and not everybody is on board yet, the kneejerk reflex is to say, "Well, we're not there yet. So let's just pump the brakes on this and not support it." But from professional societies, to attendings, to even colleagues that disagree with me, everyone gave me their opinion.

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**Dr. Rubin:** So, was the perception that we just don't know enough, and so, let's not change the way we work? Or was it the sense that calling out the nature of breast density and the performance of mammograms in patients with dense breasts was something that folks didn't want to potentially admit that there were limitations to the imaging studies that they were so invested in reading.

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**Dr. Saphier:** I think it's all of the above. I think there was not enough data demonstrating the limitations of mammography at that time. And I think that people were concerned that by highlighting the inability to really be a good screening modality and extremely dense breast parenchyma, that it would instill a level of hesitation and maybe people just won't get their mammograms at all. And then it gets a little maundy when you talk about insurance mandates and, "Well, who's going to pay for these?" It is complicated. Nothing is that simple, but at the end of the day, the message was right. And so, it's up to us as the professionals to figure it out for the benefit of the patient.

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**Dr. Rubin:** And what specifically was your involvement in this initiative?

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**Dr. Saphier:** Well, I cornered a state senator outside of a bathroom at a charity event. I stalked her, essentially, and I told her all about it and she loved it. And that was state senator at the time, Nancy Barto. And that was my first time ever speaking to a politician. And it was a moment for me and the fact that she was receptive to it, she handed me her card and asked me to put together something. And so, I did, and I sent it to her office and we worked on a bill together. And it was difficult because as it went through the different processes, we did get opposition, but it was largely because of the insurance carriers not wanting to cover ultrasound. And so, my passion was about getting women that letter to let them know, "Listen, a mammogram can certainly find a lot of cancer, but it doesn't find all of them." Because a lot of the stories that I was hearing was of

women who would go get a mammogram, then they'd be told everything's fine, three months later, would feel a lump, and then they would say, "It's okay. I just had a mammogram. It's fine."

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And then it wouldn't be until the next year that they would come with their now more advanced breast cancer. That was the big thing to me, is I wanted women to know the limitations of it. Not to say they shouldn't get it, but they needed to know it wasn't the end-all-be-all. So, if they do feel a mass, they need to come seek diagnostic imaging. But with that comes, "All right. Well, so what do we do with that?" And there was emerging data showing screening ultrasounds do help pick up some mammographically occult breast cancers. So, how can we get this covered? Well, I looked at the data, I looked at the price costs and I said, "Well, while ultrasounds do increase the upfront costs when you are detecting these earlier cancers, in the long run, you are not only saving lives, but saving money as well." I mean, I'm very fact-based data-driven. And so, by continuing to show as many numbers as possible was, I think, how this got through.

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**Dr. Rubin:** Once you arrived in New Jersey, your advocacy activities continued with your engagement around new Jersey's breast density legislation and several other legislative initiatives in New Jersey and New York. How did you pursue these initiatives with such vigor so soon after relocating your very young family across the country and starting in a new radiology practice?

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**Dr. Saphier:** Well, I will say that when I came here, I didn't have a support group at all. I didn't really know anybody except my husband and his practice, but the breast density advocacy community is very small. So, when I knew I was moving here, I immediately got plugged in with people, which was great because it did give me a sense of self, a sense of purpose, and kind of gave me some goals when I got here. And so, that was a very natural thing to happen when I moved here and it did, in my opinion, help me avoid maybe a feeling of loss and moving from my family. It helped me in many ways, I think. And I just found it invigorating speaking in front of political bodies. I think that it is a very important role that we play as professionals because we have a lot of politicians who make on-the-whim decisions about our profession that affect our everyday

lives as well as our patients. And so, if we aren't going to stand up for ourselves and our patients, no one is.

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**Dr. Rubin:** Yeah. Very well stated. Shortly thereafter, you were serving in several local governing bodies, including a stint chairing your township's board of health, serving as co-chair of its economic development advisory committee, as well as running for political office as a councilwoman for the Morris Township. What led to this burst of political engagement and ambition?

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**Dr. Saphier:** Well, as I mentioned, I really was enjoying the political aspect of things and I was still trying to figure out who I was gonna be when I grew up when I came here. I didn't know what New Jersey looked like for me quite yet. At this point, I had three kids. One was a moody high school child that just moved away from his friends and family. One was a toddler and the other was a newborn and I was working in a community practice and I just didn't know what I was doing yet. And so, the best way to figure out what you're doing is you kind of just put your hand in a whole bunch of pots and see which sticks. And I really enjoyed being a part of the board of health and the economic advisory. Running for political office wasn't necessarily something that I was quite ready for, but the opportunity arose and, you know, I was asked to do it and I did it, but I can tell you that I certainly was exposed to kind of the ugly side of politics that everyone knows is there, but when you see it, you know, it's a little disheartening and, you know, I've continued to see it throughout my legislative efforts. And I saw it in Arizona. I see it in New Jersey. And I will tell you that that is a disappointment. When you see that there's so much influence that isn't necessarily for the greater good, it's just... It's politics, right? Obviously, my campaign was unsuccessful. That was at the time when the political climate was getting very heated and probably the best thing that happened was I didn't win that election because from there, my journey in New Jersey took a different path.

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**Dr. Rubin:** It looks like it took you to Wild Cornell and Memorial Sloan Kettering Cancer Center, taking a role as director of breast imaging at MSK Monmouth. Tell us about that role and how you came to make that transition.

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**Dr. Saphier:** Well, that's right. So, when I didn't win the election, it was time to refocus. And I had spoken to Liz Morris about a couple of things, the wonderful Liz Morris. And she mentioned that they were getting ready to open up a site in New Jersey that was gonna be fully operational, operating room, radiation oncology, so on and so forth that it was a couple of years coming, but how would I feel about being there? And, essentially, you know, building that breast imaging department sounded great to me, but it was still a couple of years out. So, I applied to Sloan Kettering. I got the job. I was commuting into New York to really get to know the Memorial Sloan Kettering Wild Cornell way. And then the site opened up in New Jersey and I was splitting my time between the Monmouth site as well as main campus. And it was exactly what I wanted professionally.

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When we opened the breast imaging department, it was under Memorial Sloan Kettering. It had all of the incredible support of this well-known institution, but we were also able to provide a level of personalized care because it was a smaller site and we just had the resources that it was less of a machine and more of the concierge-type medicine that I've always desired for breast patients to really be able to have that conversation about why it's important for early detection, why you keep getting this? Are you getting the right screening regimen? And so, under Liz's leadership, she let me really build that breast imaging site into everything and anything that I think breast imaging should be.

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**Dr. Rubin:** Wow. Fantastic. What a great opportunity. Now, if I have the dates right, around December 2016, just four months after you began working at Memorial Sloan Kettering, you began appearing on "Fox Networks, Fox & Friends" as a commentator on public policy. How did that come to be?

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**Dr. Saphier:** It was actually November. And I know this because it was the week of the election. And I've always been shocking a little outspoken about my opinions. And when I was speaking at some function to a group of people, we were discussing the Affordable Care Act and we were discussing the pros and cons of it. And I was asserting my opinion on it and a week later was when the election was, and I got a phone call from a producer at "Fox & Friends" asking if I would come on to discuss the Affordable Care Act. Like, "Well, that's random. How did they get my number?" Turns out that Fox executive was

amongst the group that I was just giving my opinion to, which I didn't know at the time, but worked out quite nicely. And so, I started appearing on "Fox & Friends" maybe once a week, and that became pretty regular. And in about 2018, 2017, I'm not sure, I became a contracted contributor with them. And it evolved from just their medical contributor to, I started guest-hosting their weekend talk shows and some of their opinion shows, and it's just been a wonderful experience for me. And I find that sometimes I really enjoy giving my opinion more than being the doctor expert because I spend my day job being the doctor expert and if I'm doing TV, I find that fun. And I like to just have fun when I'm doing that.

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**Dr. Rubin:** It's fantastic that you have been able to sort of lean in and relax into this role. You know, public speaking is a skill that can be challenging to master, yet you seem to have remarkable poise and articulate messaging straight out of the gate. Were your skills the result of coaching and practice or did it just come to you naturally?

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**Dr. Saphier:** Well, I appreciate that. Sometimes I don't feel like I'm very eloquent in my speaking. No, I haven't done any media training. I haven't done any coaching. I'm very confident in my opinions, and I guess I've always been that way. If I'm going to say something, I better mean it and I better have data to back it up. I try very hard not to speak off the cuff and if there's something that I don't feel comfortable speaking about, I'm very comfortable just moving on. But the things that do come out of my mouth, I stand behind them wholeheartedly.

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**Dr. Rubin:** As you just recounted, since that initial broadcast, you've appeared hundreds of times in a variety of roles and on a variety of "Fox" programming. And speaking on widening breadth of topics, it seems that "Fox" is very happy with your work. To what do you attribute that?

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**Dr. Saphier:** When we first started going on, it was really just the Affordable Care Act. You know, a lot of doctors wanna stay in their box, and that makes complete sense. If I'm a cardiologist, I only wanna speak about heart health. If I'm a breast imager, I only wanna speak about mammograms. Well, I had a lot

of other opinions. I'm not a health policy expert. You know, I don't have my MBA in anything. What you see is what you get with me, but I'm allowed to have my own opinion. And I was not afraid to talk about them. I was okay talking about the Affordable Care Act even if I knew that some of my opinions were not necessarily following what the majority feels. But, again, as long as you know, I stand resolute with my opinion and I'm allowed to have my opinion. And I think that they really appreciated the fact that I would do that. And I don't really speak in hyperbole. I'm not trying to get clicks on social media, in that sense, or I'm not trying to go viral with my video.

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So, I speak in a matter of fact way, it's still my opinion. These are the reasons for my opinion and I'm okay with saying that. And so, they realize that I'm pretty much okay discussing a lot of things. And even if it's a topic that I'm not that comfortable with, I'll still do the interview, but I still only say what I feel comfortable saying. They're not able to get me into an uncomfortable position. And I think leadership really recognize that and they don't worry about me. I can be in any situation and they don't worry about me. And I think that's really important, when you have to maintain a level of professionalism. And so, I've really developed that relationship with a lot of people. And now, of course, over the last two years, my role, when I was doing a lot more hosting and fun things, really evolved into COVID and COVID itself became very political and they, again, needed to have people that they trusted, that they could put in any situation and it would be okay for them. And I think that is why I've just continued in my role with them because, again, we have a very mutual relationship in that regard.

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**Dr. Rubin:** To what extent is your commentary always extemporaneous? Do you think about what's coming up and what your answers are gonna be, or is it just mostly off-the-cuff your work?

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**Dr. Saphier:** Well, I mean, to be honest, I don't know what they're gonna ask me. I don't get a list of questions beforehand. And especially with me, you know, if someone who doesn't do TV regularly gets booked for a TV show, it's a little bit more formal. You maybe have a conversation with a producer, you get like a list of topics and a list of questions, but that's because they don't know you. They don't know what you're going to say. I'll get a text message, you

know, "In two hours, can you go on tomorrow morning at 7:00 a.m. Topic's news of the day." It's like, "Yup. Sure." For the last two years, news of the day has been COVID. So, it's really easy to keep up on that. For me, I know a generalized of what we're gonna talk about, but again, I talk about what I want to talk about. I'm not going to say things that I don't want to say. So, if COVID is the topic and I know that a new medication just came out, they will maybe ask me a question about, "Oh, case number is blah, blah, blah, blah, blah." And you just get into what you wanna talk about. "Yes, well, the case numbers are going up, but the good news is the FDA, blah, blah, blah, blah, blah." And you just kind of move it on. And so, for me, while I found in the very beginning, I was almost preparing monologues and that was the wrong thing to do. And I learned that very quickly. There's no reason to memorize. There's no reason to prepare a speech because you just need to make sure that you're comfortable with a general sense of the subject, know what points you wanna get out, and then just go from there.

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**Dr. Rubin:** I've heard you commenting on a variety of topics, the cost of military flyovers and South Carolina Senator, Tim Scott's perspectives on race relations in America. Do you ever feel that you are in a conversation that you just are ill-prepared to engage in or have you evolved this comfort level with this broad scope of topics?

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**Dr. Saphier:** Well, I think it's important to remember that I am not the expert on everything. I don't even feel like I'm an expert on breast imaging some days. So, we're always learning. And so, when I'm speaking, especially about non-medical things, I am speaking as a human. I don't feel ill-prepared because if I were at a social setting and someone brings up this topic, I'm not gonna walk away from the conversation because, "Whoa, I don't know what to say on this. I'm gonna walk away." It's like, "Well, I'm just gonna formulate something and maybe I'll sound like I don't know what I'm talking about. Maybe I sound like I will." But at the end of the day, we're all human. We all have opinions.

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**Dr. Rubin:** Yeah. It's very bold, and to a certain extent, brave, that you're comfortable. Because, certainly, you're sitting amongst experts, I imagine. And, you know, offering your opinion in that setting is something that some people might be reticent to do.

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**Dr. Saphier:** Well, I can tell you, if opinion commentators can talk about cancer and COVID, then I can talk just about anything as well. So, we come together.

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**Dr. Rubin:** That's awesome. Yeah. Is there anything particular about your training and practice as a radiologist that you feel somehow has prepared you to be as effective as you are, as you comment on these diverse topics?

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**Dr. Saphier:** You know, I deliver a cancer diagnosis probably almost every single workday, sometimes multiple times a day, and I think that has kept things in perspective for me moving forward through just daily life. And when you see people get very upset over certain things, whether they're on TV or anything else, I have a level of perspective that comes with my day job, that it's very hard to get a rise out of me for a lot of other things. I told a 24-year-old yesterday that she has diffused breast cancer. So, when you tell me something political going on or something else that for some reason is making headlines, it's like you have no idea what the real world is. And so, that in itself, I think gives me a leg-up on a lot because I don't get emotionally exhausted from just about anything that I talk about on TV.

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**Dr. Rubin:** Looking back on this remarkable five years of growing media presence, how do you view your practice of radiology? Do you see it as continuing to be fundamental to your professional life moving forward?

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**Dr. Saphier:** I think it's very important when you have a scientist, a physician, anybody on TV, that they actually work. You know, there's a lot of them that don't. Yes, they're on staff at hospitals and that makes for a very good tagline, but they don't actually work. They don't actually see patients. And, for me, at least for now, I think it's very important that I still see patients every day because, again, I am reminded about the real world and it maintains my perspective. But, you know, one thing that's been very interesting to me, especially throughout COVID, was I didn't realize how recognizable I am at this point. I didn't realize how many people actually watch the news. And so, I



have patients every day who recognize me, and it's fun for them, especially because I say, "Yeah. This is what I look like in real life. It's a little different than TV." But I think that's just a great thing in the sense that they do see me on TV, but then they see that I'm working every single day too. And there's a level of comfort there and a relationship. And that's been fun.

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**Dr. Rubin:** You've recently authored two books, " Make America Healthy Again: How Bad Behavior and Big Government Caused a Trillion-Dollar Crisis" was published in April of 2020, and "Panic Attack: Playing Politics with Science in the Fight Against COVID-19" was published in May of 2021. It took Neil Rofsky and me seven years to publish our book on CT and MR Angiography and yet you wrote two books on topics unrelated to medical imaging in a quarter of the time, and I'm guessing that you sold several orders of magnitude more books than us. Congratulations. That's a phenomenal accomplishment. How did you research and write two books in the midst of directing a division of breast imaging and providing regular commentary on "Fox" and raising a young family?

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**Dr. Saphier:** Great question. So, my first book, "Make America Healthy Again," I actually started writing that when Nicholas was getting ready to go to college during his senior year of high school. That was my catharsis because I didn't know how to handle that he had finally gotten to the point where he is going off to college. I was like, "He survived the last 18 years. That's amazing." And so, I needed to channel my emotions. And one thing that I've been very passionate about, "Make America Healthy Again," there was a lot of talk at that time for single-payer healthcare, privatized health insurance, you know, which is better, which is not. And the book was essentially, nothing is going to work when we have so much preventable illness that raises up our prices. So, maybe we should be focusing on individual efforts to be healthier, less in preventable illness, and then that would decrease overall cost.

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But then I also talk about some of the other things such as opioid crisis, physician burnout, and some of the other policies that have kind of inserted themselves into medicine that have really made things more difficult. And so, that book in itself took me a couple of years to write. And the publication of it was a little bit more drawn-out because I was originally going to publish it

independently. I never even considered getting it actually published, but I had to disclose it to "Fox News" because anything that I'm doing, I need to disclose to them. And God bless them. They're like, "Well, wait a minute. Why wouldn't we give this to a publisher?" I'm like, "Oh, no one's gonna publish this book. You know, who am I?" And I had a meeting at Harper Collins the next week and they took the book. We edited it for about eight months and they published it and it was a bestseller.

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It was unfortunate it came out May 2020 right as we were in a severe lockdown. So, every event signing that was scheduled didn't happen. So, I don't really know what a real book launch is, but it was wonderful. And, you know, proud of that book. When it came to the second book, "Panic Attack," it was a little bit different that it was not something that I had to spend years researching because COVID was new. It was constantly evolving. And since I was on TV multiple times a day every single day for about two years, it was very easy to do that research. And so, writing that book, I'm not gonna say it was easy by any stretch of the imagination, but it was fluid, and it was what I was talking about on a daily basis. And so, I found putting that manuscript together to be a little bit less arduous than the first one.

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**Dr. Rubin:** You recently first authored a manuscript entitled, "Preoperative Localization of Breast MR Lesions: MR-Guided Marker Placement with Radioactive Seed Localization as an Alternative to MR-Guided Wire Localization," which was published in the "Journal of Breast Imaging." How do you approach writing your books and the audience that you intend to read them, and when you think about, in particular, balancing citations and providing references to your writing?

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**Dr. Saphier:** You know, it's interesting, when I write, my book editors always say, "We're gonna need you to do a little less medical speak and put this in normal speak." So, I think when I'm writing, it is more natural to me to write to academics because that's kind of what I've done for the last two decades. When I speak on TV, the biggest compliment that I get from just about everyone is I'm really good at momsplaining. And I don't become very academic when I'm doing public speaking. And so, I have two different personas that I think work out very well when I'm writing opinion pieces for Wall Street Journal or

Washington Post, I usually write it a certain way, but then I have to go back and change a lot of the verbiage to make it sound less like an academic paper. But when I go on TV, sometimes I'm like, "Did I even say one thing scientific or was I just like, well, and blah, blah, blah." But that's what people like. And so, I don't actually know why I'm so different in that sense, but it seems to work quite well.

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**Dr. Rubin:** It sounds like in the course of the writing of your books, you have a relationship with folks who are editors and help advise you to direct your writing for the lay public. Can you talk about that interaction? I mean, many of us, yourself included, who write academically, don't usually have anybody sort of helping us to direct our message. Maybe talk a little bit about how that all works.

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**Dr. Saphier:** Well, I can tell you the first time that I was writing, "Make America Healthy Again." So, that was my first experience with an editor. And I had already written the manuscript because I was ready to submit it. And so, we kind of had to go back. It's definitely easier to start with a blank slate and work with an editor than to have something created and then go back and edit it. At first, it feels like rejection criticism, almost like you're not good enough, but then you realize that every single suggestion they're giving you is just to formulate what you are trying to say and make it more readable for those who will read it. And it's a constant back and forth. It's exhausting. And you can have times of feeling negative, but I can tell you that ultimately the more you do it, the better it is, and you find that your writing evolves over time and you have less and less commentary from your editor, the longer you work with one.

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**Dr. Rubin:** You've accomplished and engaged effectively in so many different things over these last year since finishing fellowship. I'm interested in the role that teams play in your achievements, both within and outside of medicine.

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**Dr. Saphier:** So, I can tell you when it comes to working in teams, working at Memorial Sloan Kettering is probably the biggest team effort that I've ever been a part of. And it's wonderful in the sense that you always have support, and especially in the research, academics, there's always someone to be there to

push you and make you think about things that maybe you wouldn't necessarily think about. When I look on teamwork and being a part of a group, Memorial Sloan Kettering has just been that to me, and thankfully, has turned into a family. For some of the other endeavors that I do, specifically writing books, that in itself is a team effort. Sometimes you feel like you're out on the branch by yourself, but you have the editors, you have the marketers, and then you have all the producers that get you on TV. And everyone does work at the same goal, but I think those are a bit more of individual efforts. So, when it comes to working on teams, that is more my day job and the other stuff that I do, sometimes I feel like it would be much better if I had a team, that maybe I would be able to accomplish a little bit more if I did.

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**Dr. Rubin:** Do you ever think about acting on those considerations and trying to build a team to further your ability to do more of what you're doing?

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**Dr. Saphier:** You know, I think about that all of the time, but then I also just wonder, like, "What is my ultimate goal?" Publicist, agent, all of these other people that could really help elevate you in some of your goals. I don't have any of them, to be honest. And it's because I guess I still don't know what I wanna do when I grow up. My day job is still my favorite thing to do. And, you know, I pursue that, give that my 100%, when it comes to the TV, when it comes to writing. I don't know if that's who I am yet. And so, do I really want to invest a lot of time and money into this? I can say my answer's probably not right now. I don't know at what point you stop wondering what you're gonna be when you grow up, but I still am wondering.

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**Dr. Rubin:** What role have mentors played in your leadership journey?

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**Dr. Saphier:** You know, I would say mentorship has had a larger role in my more recent journeys, specifically, including Liz Morris, who is the reason I came to Sloan Kettering. She helped me evolve to be the breast imager I believe I am today. Although we lost her to the West Coast, I do not blame her for going and getting better weather. East Coast to West Coast, that seems to be a popular move these days, but I do miss her terribly. And, thankfully, I am surrounded by many other strong people at Sloan Kettering who will continue

to help me evolve as a breast imager and just an overall physician. There were some people who I believed to be mentors and close people to me earlier on in my career, but I found that not everybody is okay facing diversity. And I'm a very opinionated person. So, whether it is having a child in high school, choosing to do the breast density legislation, or speaking about the Affordable Care Act, there will be people who disagree with me, and that is okay. Everyone has a right to an opinion. I think the most important thing is that we all respect everybody else's opinion. And, unfortunately, a couple of people who I felt were mentors then tried to do things that would impede my success. And so, that has hurt me along the way. For me, it is about making sure that I'm surrounded by people who don't necessarily have to agree with me, but who accept me for who I am regardless of whether our opinions are always aligned.

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**Dr. Rubin:** Very well spoken and an interesting notion that it sounds like you've learned over time how to identify mentors and to use them effectively in advancing your goals.

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**Dr. Saphier:** Absolutely. And I think it is important, you should always be surrounded by people who will elevate you and who will help you with your goals, and who will also be there to give gentle criticism. But I think it is important to not blindly assume that everyone surrounding you is there to help and support you. I think just like anything in life, nothing is so black and white, but thankfully, I have found a place where I feel very comfortable that I am around people of support and who will only make me a better person.

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**Dr. Rubin:** When I looked maybe a couple of days ago, you were sitting just shy of 150,000 followers on Twitter. This is a tremendous platform for communication. What is your strategy toward the use of this platform?

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**Dr. Saphier:** Well, we are over 150,000 now.

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**Dr. Rubin:** Okay. Congratulations.

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**Dr. Saphier:** Well on our way to 151,000. Twitter is an ugly beast, but it's also really fun. First of all, I do put myself into a little safe space on Twitter. Majority of comments are muted. I don't see a lot of the things people say about me, and you know what, I'm okay with that because I'll put out what I'm going to say, but I'm not really asking for your opinion or your response. You're more than welcome to put whatever you want, but just know, I'm probably not seeing it. And that's the way that I'm able to wake up in the morning because I think if I saw negative commentary every single day, that would be pretty hard. It used to be a little bit more academic when I first started it, but I can tell you, it's really evolved into a little bit more of my political opinion.

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But, again, anything that I put out in the Twitter-sphere, just like anything that I say on TV, will always be there. So, I'm very careful with what I say on there. And sometimes it's a little provocative and sometimes it's not, but anything that I say on there, you can be sure it's not spoken in hyperbole, and it does come from a place that is data-driven. It's funny, because sometimes I will see a couple of comments like, "You need to cite your sources." I'm like, "It's Twitter. No, I don't. But I can tell you, if I'm saying it, there are sources. You can do your own lit search." Now, if I'm writing for the "Journal of Breast Imaging," yes, I will cite my sources. But I don't feel the need to post every article on Twitter. Twitter's fun. And people need to understand that social media is fun. We live in the real world in academics. We see people die. We tell them they have cancer and we write research. That's real. Twitter's fun.

[01:01:33]

**Dr. Rubin:** With over 18,000 tweets in the last seven years, you've spent a lot of time on Twitter. What is your approach to the preparation and execution of your message? Is it ever premeditated or is it always in the moment?

[01:01:46]

Dr. Saphier Well, you're giving me way too much credit to think that there's a lot of thought that goes into what goes out in Twitter. I don't use any of those programs that schedules tweets, I don't check analytics. I don't do any of that. It's usually on a whim, and that's about it. There's not much else. I mean, did you see my Valentine's Day tweet? Not a lot of thought went into that one. But, you know, it's fun. It usually has to do with something around news of the day. Sometimes it's something that happened in my personal life. I mean, I don't

necessarily tell you it's my personal life, but whatever has me jounced up that day, that's usually what I'll end up tweeting about.

[01:02:23]

**Dr. Rubin:** Nicole, you're carving a unique path in the radiology and healthcare landscape. Who do you look toward for inspiration?

[01:02:30]

**Dr. Saphier:** That's a great question. I can tell you that my patients are the ones that drive me professionally. I know that I am making a difference in many people's lives by the care that I provide. They tell me that, and I can just see that. And, for me, you can only see so many patients in a day in the hospital. That's why I got into legislation. So, if I can see X amount of patients today in the hospital, well, by changing legislation that will benefit all the women of Arizona, now I'm reaching all of the women in Arizona. Well, I've just taken that another step further. Now I just go on TV because I'm not limiting myself to Arizona and I'm not limiting myself to the hospital room. I am now talking internationally, not just nationally. And so, my goal has always been to reach as many people as possible to help them understand early detection, and prevention, as well as other things. And so, whatever I can continue to do to reach as many people as possible I will, but ultimately, the people who continue to motivate me, to drive me are all of the patients that I see every single day.

[01:03:35]

**Dr. Rubin:** You are tremendously busy and productive. What do you do to unwind?

[01:03:42]

**Dr. Saphier:** Well, I recently started the Peloton. I'm not very good at it quite yet, but I'm getting there. The first time I did it, I could do about 10 minutes and I felt like I was dying, which goes against my entire book of "Make America Healthy Again." Cardiovascular disease is a huge thing. So, the fact that I could barely do 10 minutes was not a good sign for me, but I have worked my way up, but to unwind, I'll be honest, if I'm not in the hospital, if I'm not doing TV, I have three kids who require equal amounts of attention. Even if one's a senior in college, they all require attention running around from basketball to soccer, to baseball, to play dates. But my favorite thing to do is if it's a rainy day, put on a mat and name, make some popcorn, we always pull out, we call it the cauldron. It's a big witches' cauldron from Halloween that we've continued to stuff candy

and all year round. And we just sit and watch a movie. I am a homebody to the core. I love being home. COVID was terrible for so many reasons, but I spent a lot more time at home. And, for me, that was a great thing.

[01:04:45]

**Dr. Rubin:** How do you approach making time for your family amongst your many professional responsibilities?

[01:04:51]

**Dr. Saphier:** My family is my first and foremost. It has been since I found out I was pregnant at 17 and it still continues to be. I get my professional and other responsibilities in order, but I will arrange my schedule so that I am able to take my son to soccer or basketball. And while we had nannies earlier on in their lives, my husband and I have really made an effort as they've gotten older to just arrange it so we can do it because we enjoy that. And you only have these young children with you for such a short amount of time. You can always work more, but you can't pick your son up from soccer or watch a soccer game forever. So, we've really tried to prioritize, doing everything that we can to maximize our time with them. So, I front-load my patients, for example, in the morning and I run around like crazy from 8:00 to 4:00 p.m. in the hospital. But that affords me to be able to get home a little bit earlier so that I can do homework and dinner with my children. But I definitely forget to use the restroom during the mornings, many days. If my husband's on call, then I try to work less that week. It's a constant balancing act.

[01:06:02]

**Dr. Rubin:** Are there any books that you've read recently that you think might be of interest to our listeners?

[01:06:06]

**Dr. Saphier:** I read some non-fiction books. Definitely, my guilty pleasure is reading fiction because our day-to-day lives are serious enough that I don't really wanna be serious when I'm reading in my leisure time. But if we wanna just keep that to non-fiction books, I've read "Grit" recently by Angela Duckworth. And it's really an interesting read because it talks about how when it comes to greatness, yes, it takes hard work, yes, some people are genetically predispositioned to be better at certain things, but it talks about the fundamental grit that you can study 24/7, it doesn't mean you're going to really understand a subject. It doesn't mean that you're going to be the best at it, but the person who



really wants it, that's something that's missing in a lot of people. And it talks about that a lot. And I really like that. And I'm also reading, "Quiet," which I'm drawing a blank on the author right now, but I haven't finished it. It's talking about how to be an introvert in a world of extroverts. And you wouldn't know this about me, but I'm a bit of an introvert. And one of my sons is actually very much an introvert. So, I want to read it to understand a little bit more because for me, even though I'm an introvert, even though I'm a homebody, I can go and speak on national television and not break a sweat, but not everyone's like that. And so, I have a son who I wanna understand a little bit better. So, that's my current read.

[01:07:35]

**Dr. Rubin:** If you close your eyes and imagine yourself 10 years from now, what are you doing? And what have you accomplished?

[01:07:44]

**Dr. Saphier:** What am I doing 10 years from now? Who knows? I don't know what I'm doing 10 hours from now. That's a great question. And that's part of where I'm at, is I don't know which way the wind is gonna take me. I am that person when I see an opportunity, it's a, "Why not?" moment for me. And I'm not necessarily the one to create the opportunity because I don't necessarily know what I wanna do. But if I see new things, I'm certainly not going to shy away from them. I would like to get another book out there, but I can be honest with you, I don't know what I wanna write about. "Make America Healthy Again" was something I was passionate about. "Panic Attack" was something that was hounded into me every single day during COVID. So, again, that came very natural to write, but I don't know what else I wanna write about. I would like to write something I feel more passionate about, and I don't know what that is yet. What am I willing to spend the next year to researching? And I'll be honest, right now, the answer to that is nothing. So, that is not happening at the moment.

[01:08:42]

**Dr. Rubin:** I imagine it will come to you in time. What advice would you give to a young radiologist who is inspired by you and your journey and would like to pursue a similar path?

[01:08:54]

**Dr. Saphier:** You know, anybody who's starting out even in their career or not even just young people, but just anyone in general, if you want to do something, you probably can do it. It's just a matter of garnering your resources around you and your support and working really hard towards it. And there will be a lot of people along the way, probably even including yourself, who tells you, "You can't do it," but ultimately, there's a lot of ways to advance yourself and reach certain goals. But you won't be able to do it alone. Certainly, myself, I couldn't have done anything that I've done if it hadn't been for the support of my friends, family, and then professional contacts along the way. So, you have to make sure that you are keeping your resources in your pocket and facilitating those relationships because relationships that you make with people, that is what is going to ultimately boost you and help you conquer any goal that you have set for yourself.

[01:09:46]

**Dr. Rubin:** Dr. Nicole Saphier, I have absolutely enjoyed and have been thrilled by this conversation. You are a truly inspiring and accomplished individual with a journey that really beautifully stresses the importance of being true to yourself and the independence of spirit and commitment to what propels you forward. And I can't thank you enough for spending the time on the podcast with us today.

[01:10:13]

**Dr. Saphier:** Well, thank you. I really appreciate being on. You know, I do podcasts, but I love doing ones with professional societies, especially people who really understand what our day jobs are because I don't think everyone really knows what we do and the importance that we add to medicine.

[01:10:37]

**Dr. Rubin:** Please join me next month when I speak with Robert Still, who since 2017, has served as executive director of the Radiology Business Management Association or RBMA. Bob has been involved in the organization since 1992, serving as past president on the RBMA Board of Directors and Federal Affairs Committee, and receiving RBMA's Calhoun Award in 2013, the organization's highest honor for contributions to radiology business management and the association. For 22 years, Bob was practice manager of Lancaster Radiology Associates, a 30-physician radiology practice. More recently, he was chief executive officer of Brain Orthopedic Spine Specialists, an eight-physician multi-specialty neurosurgical orthopedic neurology and

interventional pain management practice in central Pennsylvania, and served as chief clerk, the chief administrative officer of Lancaster County, Pennsylvania. Bob has an extensive background in community service, having served in the Delaware State Senate from 1986 to 1990 as president of the Hempfield School District Board of School Directors, past president of the Rotary Club of Lancaster, and on numerous boards of community organizations.

In early 2020, Bob launched his own podcast, "A Word with Bob." In it, he shares insightful conversations with various leaders and changemakers in radiology and healthcare at large.

[01:12:04]

"Taking the Lead" is a production of the Radiology Leadership Institute and the American College of Radiology. Special thanks go to Anne Marie Pascoe, Senior Director of the RLI and co-producer of this podcast. To Port City Films for production support, Linda Sowers, Meghan Swope, and Debbie Kakol for our marketing and social media. Bryan Russell, Jenn Pendo, and Crystal McIntosh for technical and web support, and Shane Yoder for our theme music. Finally, thank you, our audience, for listening and for your interest in Radiology Leadership. I'm your host, Geoff Rubin, from the University of Arizona College of Medicine in Tucson. We welcome your feedback, questions, and ideas for future conversations. You can reach me on Twitter @GeoffRubin or using the #RLITakingTheLead. Alternatively, send us an email at [rli@acr.org](mailto:rli@acr.org). I look forward to you joining me next time on "Taking the Lead."

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