

ASPHO Career Path Spotlight

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Career Description

1. **Current position:** Associate Professor
2. **Institution:** Seattle Children's Hospital
3. **Years at institution:** 9 years
4. **Did you complete additional post-fellowship training? Was it an important factor in your current position?** No, I went straight into this role after fellowship, and it worked out well for me.
5. **Years out of Fellowship:** 9 years
6. **Type of institution: (Academic center, clinical center, private practice, Research facility, Industry, Non-profit)** Academic center
7. **Approximate number of attendings in your PHO department/division:** 50
8. **How do you allocate your effort? (*Please provide a % for each area)**
About 40% clinical, 40% research, 10% education, and 10% administrative
9. **Position Specifics (Please give a brief description of your current responsibilities in these areas)**
 - a. **Clinical activity**
I split my clinical time across inpatient leukemia/lymphoma, consults, the procedure clinic, and a continuity clinic. As a member of both the high-risk leukemia team and the immunotherapy program, a lot of my clinical focus is on patients with relapsed or refractory leukemia.
 - b. **Scholarship/Research**
My research is focused on high-risk leukemias and cellular immunotherapy. I have led multiple early phase clinical trials exploring novel immune based therapies in patients with hematologic malignancies. I've also been involved in a number of CAR T-related academic projects, including review articles and invited talks, particularly around expanding these therapies beyond B-cell malignancies.
 - c. **Education/Teaching**
I spend a lot of time teaching across different settings—on rounds, in clinic, in the procedure room, and through formal lectures. Most of it is pretty case-based and focused on practical decision-making, especially in leukemia and immunotherapy.

I also work closely with fellows in the procedure clinic, teaching bone marrows and LPs, which is a nice setting for hands-on learning and real-time feedback.

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On the more formal side, I give regular lectures to residents and fellows and contribute to fellowship teaching each year. I'm also involved in multidisciplinary education through the CAR T cell program, where we do case discussions and talk through toxicity management and logistics.

d. Administration

I serve as the Medical Director of the CAR T cell program, where I help oversee clinical operations, quality, and regulatory aspects of the program. A lot of that involves making sure we're meeting accreditation standards while also continuing to grow the program.

I'm also pretty involved on the informatics side as our division's Epic/Beacon lead, working on treatment plan builds and trying to improve workflows and safety.

In addition, I participate in a few institutional committees, including blood utilization and physician billing/education, which focus on things like resource stewardship and documentation.

e. Other

Nothing additional beyond the above—most of what I do fits into those categories pretty well.

Career Perspectives

1. What were important factors in your taking on this role (e.g., professional interest, family, geography, spousal profession)? What made this career path appealing?

I've always been really interested in the immune system, especially how it interacts with cancer—both in terms of how cancer develops and how we can treat it. During fellowship, I spent time in a cancer immunology lab working on T cells, which definitely shaped my interests.

When I was looking for jobs, I was drawn to this position largely because of the people and the opportunity to work on novel immune-based therapies. That ended up pulling me deeper into hematologic malignancies, and things sort of snowballed from there.

I had considered staying in the lab longer, but then I came across a job posting through ASPHO/COG that basically described my ideal role. Instead of spending a few more years in research hoping to land something similar, I decided to just go for it. I probably wasn't the most qualified candidate on paper, but they took a chance on me—and it worked out.

2. Is there specific training or experience that helped you obtain this position?

My lab experience during fellowship was really helpful. It gave me a solid understanding of the biology behind immune-based therapies, but also exposure to how clinical trials are actually built—from design to correlative studies. That's been really valuable in my current role.

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Mentorship also played a big role. I benefited from both internal mentors at my fellowship institution, OHSU, and external mentors, including through the ASPHO career mentoring program. Having people outside my immediate environment gave me broader perspective, helped me navigate the job search, and ultimately played an important role in landing my current position.

3. Is this career path what you expected? Please explain.

Not really. I always thought I'd be more of a general oncologist, covering a broad range of diagnoses. But as both my career and the field evolved, I realized I was more comfortable—and probably more effective—developing deeper expertise in a narrower area.

The field has gotten so complex that it's hard to truly know everything. For me, focusing on a specific area felt like a better way to take care of patients.

4. What do you find most rewarding about your current professional role?

I really enjoy being a resource—for both my patients and other providers. It's especially rewarding when people reach out from other institutions with questions about a case or a trial. Even though my focus is relatively narrow, it's nice to feel like I can contribute in a meaningful way beyond just my own patients.

5. What do you find most challenging about your current professional role?

The biggest challenge is balancing clinical work with research. The nice thing is they often complement each other—when things are tough clinically, I can shift focus to a research project, and when research hits a setback, connecting with patients reminds me why the work matters.

Work-life balance is another ongoing challenge. I love what I do, but my family is my top priority. I really value spending time with my wife and our three wonderful daughters, and making sure I'm present for those moments isn't always easy with the demands of the job. One upside of academic medicine is some flexibility—I can sometimes adjust my schedule to be at a school event or coach my kid's soccer team, even if it means working at less traditional hours.

6. What do you see yourself doing in 5 years and 10 years?

Honestly, doing the same thing. I feel really lucky to have landed what I consider my dream job right out of fellowship, and I'd be more than happy to still be in this role 5–10 years from now.

That said, I also recognize that's not always the case for everyone. Most people probably take time every 5–10 years to reassess whether their current role is still the right fit or if it's time for a change. One of the nice things about our field is that there are a lot of different ways to practice, and moving between roles or institutions can actually make you a better clinician and a more well-rounded person.