



American Healthcare Professionals and Friends for Medicine in Israel

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Liron Kogan's grandmother died of cancer when he was a teenager and the Tel Aviv native decided to become a doctor with a firm focus on medicine's human side.

"My grandmother really lost her dignity in her last days and I want, from diagnosis to death, for my cancer patients to have the best quality of life possible.

"Cancer is becoming a chronic illness. Our major focus should be on research to find targets to cure our patients and improve their quality of life."

Kogan, an APF 2017-2018 Clinical Fellow in Gynecologic Oncology at Jewish General Hospital in Quebec, is "absolutely passionate about this."

The 39-year-old is a senior physician in obstetrics and gynecology (OB-GYN) at Hadassah Medical Center's Ein Kerem Hospital. He's midway through a three-year McGill University-affiliated fellowship program. The first year involved basic science research. This year and next involve intense clinical work and include robotic surgery training.

It is so intense that many days he doesn't see his children because they are asleep when he gets home and still asleep when he leaves for work in the early morning's dark.

The Kogan family includes: Dad, Mom and three kids. Mom Neta, 39, is an OB-GYN specializing in benign gynecology and minimally invasive surgery. She will begin a fellowship in minimally invasive surgery this summer. The children are: daughters Mika and Alma, ages 8 and 6 and son Yotam, 15 months. Yotam was born in Canada. The parents, with the two older children, relocated from Paris where Dad had been participating in an eight-month clinical and research observation program at the Georges-Pompidou European Hospital.

But Paris was only one stop on their professional journey from Israel to Canada. The other had been in Equatorial Guinea, right after Kogan's residency. For a year, the family (with two children at the time) lived there while Dad and Mom fulfilled a long-time dream of providing OB-GYN care in underserved Africa.

Working with a La Paz medical center, Kogan performed surgeries for benign and malignant conditions. He also established a clinic for cervical pathology and provided other services previously unavailable in the area. "While it wasn't easy with two young kids, it was a wonderful experience – to work in an area where the population can't easily reach the basic normal medicine we're used to, even for childbirth."

After high school Kogan entered the military where he became an award-winning IT specialist. Now he serves as a captain in the reserves of the IDF Medical Corps and is attached to the infantry's historic Negev Brigade.

Kogan began medical school at Hadassah Hebrew University and finished at Sackler Faculty of Medicine, Tel Aviv University. He interned at Tel Aviv Sourasky Medical Center and completed his residency in OB-GYN at Hadassah's Ein Kerem Hospital.

Why Hadassah and Ein Kerem?

"I was always attracted to surgery (Kogan won an award for excellence in general surgery while still a medical student.) and wasn't sure whether my residency would be in general surgery or OB-GYN. But during my internship I came to Ein Kerem for a few weeks for a rotation in OB-GYN. After one week Prof. Neri Laufer, then chief of obstetrics and gynecology, recruited me by simply letting me know that in three months, I would be a resident in the OB-GYN department there. He didn't leave me any other option.

“He became my clinical mentor, even though he is a fertility expert, not a gynecologic oncologist. “

“He is a leader by all definitions. He is very charismatic and set an example of how a clinician should behave toward patients – the way he talks to patients, his clinical approach, the way patients look up to him. I learned so many things from him.”

How did you get to gynecologic oncology?

“As I said, I was always attracted to the operating room (O.R.). I love the technology.

“However, there was still my original mission of coming to medicine to be with people, to really interact with patients and have an impact on their lives. Gynecologic oncology combines the two, treating patients and doing surgery. I’m not only operating on patients, I’m seeing them regularly. For a lot of them I follow them from the day of diagnosis to the day of death.

“I tell them the good and bad news, see them during their treatments, after their treatments and help them with the side effects and anxieties, both theirs and their families’. If the cancer comes back, I see the patients when it does and sometimes I have to tell them we have no treatments.

“It’s very challenging -- you work hard in surgery and then to ‘be there’ for patients can be very demanding. It’s not just a surgical job.”

To preserve quality of care and quality of life, Kogan believes all gynecologic oncology patients should be in multi-disciplinary clinics. “These clinics should include not only gynecologists and gynecologic oncologists, but also: social workers, nurses, family physicians, general surgeons, psychologists, nutrition and genetics specialists and perhaps even more providers.”

Kogan, with an extensive research resume, considers himself a physician/scientist. Prior to his Canada stay, he had published 16 journal articles, most of which were presented at national and international conferences, and won several awards for his work.

During the first fellowship year one of his concentrations was endometrial cancer, the most common gynecological malignancy in developed

countries. Kogan contributed to seven published papers on the subject and has published others on different topics. He has several more on the way, on some of which he is the first author.

“It’s the combination of ‘the bench side with the bed side.’ I really believe these two things need to run together – combining clinical studies and work with things like analyzing biology of tumors. That’s how we come up with things like genetically targeted medications.

“Research is an integral part of my career as a clinician. In my free time during these clinical years I’m trying to continue my research from the first year.

“For example, we have been giving the same chemotherapy for the last 50 years with terrible side effects and sometimes it simply doesn’t work. During the last five years we have thought that we need to tailor our medications by ‘learning the tumor,’ learning which mutations it has and tailoring the medications to them.

“In one study we showed that a serous type of endometrial cancer (an aggressive type) cancer) in the lower uterus is worse than in the upper part. Then we went further and analyzed the genetics of these tumors. We found that those in the lower part of the uterus have different genetic mapping than those of the upper part of the uterus, and that they might benefit from different medication than those of the upper uterus.

“Also, as I now spend about 14-16 hours of my day in clinical activity, many new research questions and ideas come up all the time. So in addition to old projects, I’m working on new ones as well, running epidemiological studies and submitting research grants.

“We get ideas for treatment from research and ideas for research from clinic.”

Kogan is also an award-winning teacher. “I teach residents and medical students. It is a very high priority at Hadassah.

“I’m also learning a lot in Canada that might help me to change teaching at Hadassah and maybe in Israel as a whole. The Canadian system is very

teaching-oriented and it is a very important part of the daily practice here.”

How did you find this fellowship program?

My Canadian mentor, Dr. Walter H. Gotlieb, director of gynecologic oncology at Jewish General Hospital, is one of the world’s pioneers in robotic gynecologic oncology surgery and gynecologic oncology in general. I met him when he visited Hadassah to deliver a presentation on robotic surgery in 2013 during my residency. (Gotlieb, a native Belgian, co-founded the gynecologic oncology department at Tel Aviv University In 1994, where he continued his clinical research until 2003 when he left for McGill.)

“He suggested I come to Quebec for a month to observe the team. I went in 2014 and fell in love with the team and the program! But at that time there was no program available for my wife and so we looked elsewhere. But eventually we ended up back in Quebec and it has been a wonderful choice.

“Gotlieb is an amazing scholar and clinician. I think that every day I spend with him I learn so much – how to be with patients, how to operate, present my ideas and more. I’m really becoming to feel like an expert in my field. This is an experience I will remember for my entire career.”

What are your days like?

“I get up at 5 a.m. and by 5:30 I’m rounding on patients. The day ends whenever it ends.

“There is long O.R. time which is physically and mentally very demanding. Not only am I involved in tough surgeries, but I’m learning new techniques at the same time.

“We are in surgery two to four times a week, starting at 7:30 a.m. with two to three surgeries a day, depending on how complicated they are. Surgeries last three hours minimum and may last as long as 10 hours for say... a complicated case of ovarian cancer. It can be a lot of standing.

“Then I usually come back to the floor to see the patients with complicated cases.

“And while most of my time is spent on the gynecological services, I also spend time in medical oncology, radiation oncology and in palliative care.

“I’m lucky if I get home before 8 p.m. and see my kids awake. As I said before, many days I don’t.”

And then there’s the on-call schedule.

“I am on call during the 24 months of the clinical fellowship. But for 18 months of it, I am on call all the time, 24/7, for gynecologic oncology – weekends, nights, whenever they call me.

“It is also physically and psychologically taxing for my family.”

How about robotic surgery?

“I love it, it’s an amazing thing! It’s something we focus on at Jewish General. Robotics allows us a kind of tissue-sparing precision to our surgery. The patient can benefit from the surgery and have fewer complications.

“We are operating on 90-year-old patients and they go home that day or the next. And these are extensive cancer surgeries.”

What would you like to do in Israel with your Canada experience?

“I want to continue my work as a now more advanced physician/scientist and retain my Canadian ties. (Completing this fellowship gives Kogan certification from the Canadian Royal College of Physicians and Surgeons.)

“Part of that would include my desire to make some changes to the physician teaching system in Israel based on the Canadian method.

“It’s also my desire to lead Hadassah Medical Center into a new era of robotic surgery as well as minimally invasive surgery in gynecologic oncology.

“Each year in the Jerusalem area we have about 100 cases of ovarian cancer and about 200 cases of uterine cancer. My dream is to be part of the leading team that treats them and many other women in the coming years.”

American Physicians Fellowship for Medicine in Israel

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