



American Healthcare Professionals and Friends for Medicine in Israel

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Young breast cancer patients have particular problems. Oncologist Dr. Tal Sella has a particular interest in caring for these women.

“In this group (women under the ages of 40-45) we’re looking at many unique issues around diagnosis, treatment and survivorship. For example, there is endocrine therapy, sometime involving suppression of ovarian hormones. That typically makes young women ‘postmenopausal’ and that is a whole basket of side effects: the issue of compliance to therapy, sexuality, fertility, weight gain, body-image and more.”

Thirty-nine-year-old Sella is a 2018-2019 APF clinical and research fellow in breast cancer at Boston’s Dana Farber Cancer Institute.

As part of his fellowship, the Givatayim native has joined a special program focusing on breast cancer in young women lead by Dana Farber’s Dr. Ann Partridge. It’s one of the reasons he came to Boston.

“Young women with breast cancer want to be cured; but they also expect, as they should, to continue with their lives, build families, excel professionally, etc.”

Sella spent 12 years in the United States as a child (ages 2-14) while his father was a staff physician at The University of Texas MD Anderson Cancer Center in Houston, specializing in genitourinary cancer.

The former head of oncology at Yizhak Shamir Medical Center (about 9 miles from Tel Aviv) is still practicing.

“With a physician in the family, you can go either way – toward medicine or against.”

Sella chose medicine while in an IDF artillery unit. “The army put me in situations where I had to work very closely with people. I was in charge of them,

tried to take care of their needs, their development. I guess that put me in a place where I liked the personal interaction. And I thought I would like to have that be a large part of my profession, rather than working by myself.

“Then, of course, I had at home an excellent model that involved a high degree of intimate interaction with a high degree of integrity, scientific understanding and research and continuous learning. So I decided to go that route.”

He attended medical school at Tel Aviv University’s Sackler Faculty of Medicine, discovering that the curriculum included little in the way of oncology. “We learned about cancer biology, for example, but not about medications, treatment or clinical management, nor about the human intricacies of cancer care – about supportive care and palliative care.

“But I knew a lot about that, probably more than some of my fellow students, because I’d been exposed to it from a young age. It took me some time to understand that oncology truly was what I wanted because I came with a very open mind.”

As he studied different fields, in his mind Sella kept returning to oncology. “It seemed to fit the reasons that I went to medical school and I knew I didn’t have the skills to do surgery.” Near the end of school he took an elective oncology rotation at Chaim Sheba Medical Center.

Next came an internship at Sheba followed by an oncology residency with a specialty in breast cancer. “During my internship I found that oncology really speaks to me and that Sheba is a great place and I really clicked with the people and the program, so I decided to do my residency there.”

He elected to focus on breast cancer, feeling “a little more optimism” in that branch of oncology.

“The high rate of cure is part of it,” he says. “Most women with early breast cancer will be cured. And even with metastatic breast cancer, with regular treatment, women can continue with a lot of their daily activities in a great way for years.

“If you compare it to say... pancreatic cancer, the chances of patients doing well in the long term are much higher.”

Sella is a physician/scientist with about 20 studies in peer-reviewed journals and research presented abroad. He began research in 2008, while in medical school, with Maccabi Healthcare Services, a large Israeli managed health organization, doing epidemiology and database research with medical informatics.

During residency he won Sheba’s prestigious “Talpiot” medical leadership grant, acknowledging the recipient’s commitment to merge intensive clinical duties with clinical data-driven research. Sella was allotted a day a week of protected research time. “But it was often not that clear-cut. Sometimes clinical work was very urgent and required more time and I had to squeeze in research at night, on the weekend and during vacation time.”

With Maccabi he undertook a major study with an important public health message. It was the work that introduced him to compliance in adjuvant breast cancer treatment, daily medication taken for five years after completing primary treatment.

“Taking a pill every day for five years is not a simple or easy task, especially for younger women. And while we found compliance to be very high overall, some groups were more at risk for non-compliance. Mainly what we found was that younger women, under 45, were stopping early or not adhering to everyday treatment. Breast cancer, relatively speaking, affects more young people than other cancers.

“One of the reasons for non-compliance is symptom burdens – side effects. Fertility is one of the important reasons women stop early. Chemotherapy is known to affect fertility. But endocrine therapy, due to the fact that you are delaying having a child by five or six years, also may

affect fertility. You may be 35 today and 40 when you’re done with treatment. There are very significant reasons young women stop early and this is one of the things I’m looking at here in the U.S.”

Sella and his family: Dad; Mom Aluma Chovel-Sella, 38, a pediatrician doing a pediatric endocrinology fellowship at Massachusetts General Hospital; a 7-year-old son and two daughters, 4 and 1 ½, arrived in August, 2018.

Speaking of family – one of the things that drew Sella to oncology is the building of strong long-term relationships with patients and their support systems – family and friends. “If you go into oncology you should want to be a part of their lives. You will see them several times a year for the long haul and be involved in some of the more important decisions of their lives. You should really want to be there and be a part of that.”

At Dana Farber Sella has already built some long-term relationships. “There are people I’ve seen several times and people call me on the phone. He describes oncology as “a profession of words.

“Nurses can administer treatment; surgeons can operate. But mostly what oncologists are doing is talking with patients.

“If you don’t ask certain questions, you won’t know. By asking and trying to understand you can solve a lot of issues and help complete treatment. You can help promote adherence. For example, ‘What do you feel?’ is a deal-breaker. Whereas, ‘What do you feel would help you and support you?’ is much more likely to further a meaningful conversation.

“I also believe that good communication certainly improves outcomes. While I have no statistics, I believe that being really interested in what patients are going through and how they’re feeling is very important. What’s also key is being cheery and optimistic and keeping patients hopeful – as well as understanding what’s making them hopeful or not and trying to solve that problem if you can.

“I have great mentors here who exemplify wonderful communication skills and I’m learning from them every day. Dr. Partridge, for example, is an excellent communicator, very dedicated and approachable. That’s what I try to be.”

Was it necessary to leave Israel for this educational opportunity?

"I believe so, yes."

Why?

"While I believe cancer treatment in Israel is state-of-the-art and there are world-renowned physician/scholars there, this is an eye-opening experience for me. It's showing me how things can be done differently. It's providing me with research opportunities that would not be as accessible for me in Israel with time restraints and the availability of cohorts, etc. Also, here I'm being exposed to more young women with breast cancer who are under the age of 40 than I'd see in Israel. Some are as young as early to mid-20's.

"I'm thinking bigger questions that I didn't think about because my time or resources were more limited. I think here they're kind of driving me to look at things differently and ask questions on a larger scope that might have a larger effect on the field."

Why did you choose Dana Farber?

"It's world-famous, state-of-the-art and has this unique program studying young women and breast cancer. It was the first place I applied to. And they said 'yes.' Dr. Partridge is a mentor to me in many facets of medicine."

Is the fellowship intense?

"The fellowship is certainly demanding, especially clinic days, and the whole experience is intense, what with the move and all. And now it's even more intense with my wife's fellowship. And last year she was busy preparing and applying. But my supervisors here are very understanding as to my family responsibilities."

What are clinic days like?

"Clinic work is 25 percent of the time. My hours are from about 9 a.m. to 5:30 or 6 p.m. Clinic days are more intense because you're seeing patients and writing notes and the notes are very detailed and in English and that takes time.

"I see about five or six diagnosed patients a day. That's less than I would see in Israel. Each patient

takes double the time because my work is all reviewed and presented by Dr. Partridge. Also, here we have patients slotted for more time. In Israel returning patients get 15 minutes, here they get 30.

Among other duties, I meet with patients, explain the treatment options and add my recommendations. I make sure the patients understand everything and we agree, hopefully, on a plan. Then I go back to Dr. Partridge and she will present it all to the patient. We then schedule the next steps and follow-up visits according to the plan and the patient.

"It's very different than in Israel and a nice change. In Israel each doctor has an office and patients come to them. They go into their offices in the morning, come out in the afternoon and again in the evening when they're done.

"Here all the doctors sit in the back room with computers and staff. There are patient rooms and the patients are escorted in and out. There is a lot of informal interaction in the back room. If you'd like another opinion you can easily reach out and catch anyone to have a discussion in the back room – 'These are the facts, what would you do in this case? Do you agree with my plan?'

"My clinical work is predominantly out-patient. That's how cancer treatment is today, not a lot of rounding. In-patient is usually for someone with some sort of severe deterioration, less common in breast cancer. I've had only a handful of hospitalized patients.

"I'm happy to have clinic work, it anchors me to patient care which I do miss."

Oncology has a high burn-out rate. How do you cope with that?

"Peer support is key."

How about research days?

"Research days are more relaxed. But I'm involved in lot of things.

"One of the projects I'm working on is based on a cohort of young women that Dr. Partridge put together over the course of about 10 years. She

recruited 1,300 young women diagnosed with breast cancer under the age of 40. They are now in follow-up.

“This is data that’s already been collected and I’m working from an established data base.

“Another project involves creating a survey to employ in that cohort. I will be running some focus groups I will use in the creation of those surveys. I will then send them out to the members of that cohort.

“And another thing I’m involved in is clinical trials. One is about trying to put together, with some partners here, an interventional *prospective* trial, not retrospective, asking the questions before you set out to collect the data, not after.”

Sella believes doing research helps make for a better oncologist. “It makes you think about the questions and helps you better answer them. One of the nice things about oncology is that research and clinical work often go hand-in-hand.

“I think more so in oncology research is engrained in our day-to-day thinking because we believe the tools we have today are not adequate.

“There are medications with many short- and long-term side effects and still many things we can’t cure. There’s a lot we can improve on.”

How has the APF grant helped you during your fellowship stay?

“We’ve found the APF grant incredibly useful,” he says. “Life in Boston is very expensive, especially with multiple children. We have used it for things including childcare and, in the beginning, buying the basic things we needed. Of course, later on we needed winter gear, something we’d never owned before. We actually had to buy it twice as we found

that the first set of gear we purchased wasn’t warm enough.

“Life expenses are high on a monthly basis and the APF support is amazing.”

How about family life?

“It’s been an opportunity for the family to spend much more time together. We have two full days on the weekend and we take a lot of trips. Altogether I’d say it develops a certain closeness. We’ve become very close here, my wife and I and our children. Without distractions and family support, it’s definitely strengthened our core.”

When you return to Israel what will your title be?

Senior Breast Oncologist at Chaim Sheba.

What, of your experience at Dana Farber, do you hope to take back to Israel?

“I’m learning different approaches to breast oncology, especially with young women, and that just makes the field better. I will take these with me.

“And while technologically Israel is top-notch, the support system offered cancer patients is not. The system at Dana Farber is much more holistic and the patients receive much more comprehensive support from it. That’s been very refreshing to see. Of course, it’s a private hospital.

“I would like to be able to introduce some of these things into Israel’s public health system, maybe even little things like schedulers, for example. In Israel patients have to work too hard for their health care -- to get appointments for exams, for problems like side effects, etc.

“I would also like to create and maintain the contacts I’ve made here for collaboration and mentoring in the future.”

American Physicians Fellowship for Medicine in Israel

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