



American Healthcare Professionals and Friends for Medicine in Israel

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Some say some doctors are “born with stethoscopes in their ears,” dreaming physician futures back near toddlerhood.

Dr. Noa Shrem was close. The APF 2019-2020 Genitourinary Oncology (GU) Fellow at The Ottawa Hospital Cancer Center chose her profession when she was only six.

“My father was a very sick person; he had a lot of serious hospitalizations with cancer and heart problems,” says the 43-year-old. “I knew how to wait for the ambulance at the end of our street and guide it to our door. And I carefully watched the physicians who took care of him.

“When I was six he had his first bypass; I visited him every day. And as I saw the physicians work, I dreamt of being like them and curing my father. While I realized I didn’t have the ability to cure him, I knew then that I wanted to be on the other side. It had become important to me to someday give the right treatment to those who need it.

“Later on, of course, I realized medicine was a fascinating field and teaching it too was interesting. But my first ambition was to help.”

The genitourinary (GU) system includes: the kidneys, the ureters, the bladder and the urethra. It also involves male reproductive organs: the prostate, penis, testicles and epididymis (a highly convoluted duct behind the testis, along which sperm passes to the vas deferens).

“It’s a great field for me, she says. “There are so many different organ systems – bladder, kidney, testicular, etc. Each is different from the other and each requires different treatment. You must keep your knowledge up in so many kinds of medicine.

“Testicular cancer, mostly appearing in young people, you treat to cure. Prostate cancer may be treated for lots of years, but not always for cure.

Bladder and kidney cancer are aggressive and need the proper medical and social support. It’s always interesting because of the variety in the disease courses and the treatments. There is no one disease I prefer.

“I have patients that are with me for a long time and I get to know their families. There are patients I must help to die with dignity in a relatively short period of time. And then I have the privilege of patients I get to cure.”

Shrem, an attending oncologist at Soroka University Medical Center in Beersheba, is working and studying in Ontario for two years.

After high school the Kfar Saba native joined the IDF, serving as an air force museum guide. In addition to traditional guide responsibilities, she created tours and exhibits for people with special needs. “We worked with the blind, deaf, people with autism and others. It was, in my opinion, a great mission.”

It was one she took with her to the next stage of life. “I learned how to behave around all kinds of disabilities and really feel the people, not just the disability. From this experience I also took the attitude that I have with my patients that I really try to understand their needs not only medical, but social and emotional. It’s not just giving the medication.”

Shrem attended medical school at Ben Gurion University of the Negev. During her internship at Soroka she met Dr. Sophia Mann, “a great medical oncologist,” who was treating a metastatic pancreatic cancer patient. “It was just amazing to see both how she cared for him medically and how she also cared *about* him. I met with her and decided that’s what I wanted to do. I wanted to be like her.

“I was drawn to oncology. I wanted to escort people all the way from the start of the disease to death.”

During her internship, Shrem did some oncology electives and realized she could handle the ups and downs of this stressful field. From there it was onto a residency in oncology at Soroka.

“I wanted to stay on the periphery of Israel. There are lots of hospitals in the center and very few in the peripheral areas. I can do more out here for people. Also, my husband and I (we met in the air force and were both stationed in the South) decided after the military that we like the South; it’s quieter and less competitive.”

Shrem found, by the time she completed her residency, that she liked all fields of oncology. However, she liked lung and GU cancer best and she’d run a nine-month GU-only clinic. “But you also need to go where there is a position.” At Soroka there was a GU opening in the oncology department.

IS IT NECESSARY TO LEAVE ISRAEL FOR THIS KIND OF EDUCATION?

“Yes. Everything here is state-of-the-art.

“Volume is another thing. The more patients you see, the more you learn. Ottawa’s cancer center is four times larger than mine back home. Here we have about 50 beds in medical oncology and about 30 in radiation oncology. At Soroka we have only 24 beds, shared by both medical and radiation oncology.

“I see three times the patients I do in Israel. For example, in Israel I see nine testicular cancer patients a year and here I see three every week. “Here you also see more inherited cancers, kidney for example. This is great because I had one case in Israel and in Ottawa I’ve seen 10 so far.

“And variety is something else to consider. We see more complicated and metastatic patients here. Cancer cases tend to come in at later stages.

“With all of this comes excellent teaching by excellent physicians.”

“Also, there are things we just don’t have in Israel at all, like multidisciplinary tumor boards. These include representatives from every field of GU oncology including: pathology, urology, radiology, surgery and medical oncology.

“This makes the meetings much more interesting. There are 10 cases presented a week. When I present mine I get a lot of insights and information.

“And I can see why they hold mortality and morbidity meetings. It’s a great opportunity to see how doctors draw conclusions on particularly complicated cases. We don’t have them in Israel.

“Here we also have a Stage 1 research unit to which I can refer people as well as a large GU clinical trial unit. I’m exposed to and a part of clinical research. Some are very large research projects that might change the standard of care in a few years and it’s nice to be part of this.

“I think you can become a great physician without a fellowship, but you become a *better* physician after this kind of training. It really contributes to your professional ability.”

WHAT’S A DAY LIKE?

“I work from about 9 a.m. to 6 p.m. I’m on call about four times a month, once a month on the weekend and the others are overnight.

“I see 30-50 patients a week, depending on how busy we are. All the patients are metastatic; all are already under treatment. I prescribe medication, deal with the side effects and evaluate the treatment. An attending comes and looks at my work. It’s like having your own clinic.

“In addition, I have presentations in journal club (in which members receive assignments toward the rigorous examination of journal articles), deliver regular updates of my work at research rounds, presentations to attend by important specialists from all over Canada and the United States and tons of extra reading. In Israel I didn’t have a lot of time for extra reading. I did as much as I needed to keep up.

I’m also learning how medicine in North America works.

“It’s a lot; but it’s good.”

WHAT ABOUT RESEARCH?

“Back home we had no protected research time; it was only about 15 percent of my overall work. Here it’s more like 50/50.

“When you’re on a fellowship, your mind is free of so much else and it just opens to many more research possibilities – ideas pop up! Back home I’m much more frazzled. I’m a mother of four and a wife; I have a home to run and a clinic, not to mention other things. Research time is very expensive, virtually impossible to acquire. I like that here I have the time to write and do research. It’s a new thing for me.

“I’ve already co-authored a book chapter about pharmacology in oncology.

“We’re also trying to initiate research projects that interest me. We’re only starting.

“And here, as opposed to in Israel, we have many more independent trials, research that we initiate. Back home most of the trials involve industry or pharmaceutical companies choosing a hospital as a site for their research.”

HOW’S FAMILY LIFE?

I do bring work home sometimes and I am on call. But, overall, the family has grown closer. My husband, Amit, and I have four children: two daughters -- Yael, 4 and Maayan, 12 ½ and two sons -- Reem, 7 and Rotem, 16. My 82-year-old mother is also with us. Back in Israel the children have activities and their friends; a lot of time they’re just not at home, certainly not a 16-year-old. Here there’s no one else but us and everyone’s gotten closer. We have some real quality time; the children have a lot of time to be together as brothers and sisters.

“We do things like skating and skiing, obviously a lot of winter activities. There is an excellent second-hand sporting goods store here.”

HOW HAS THE APP MONEY HELPED YOU?

“We’ve used it for everything. We had to buy winter clothing for everyone. The money has also enabled

us to put three children in Jewish school. My husband gave up his job for us to come here. We’re down to basically one salary.

“While you have less income, it’s worth it both professionally and culturally. I will, for sure, be a better physician. But I also am working and living in a different country with people I wouldn’t meet in Israel. And we are friends. The same is true for my children and their friends. We see that people are people. We are not at war here and there is the hope that someday maybe we can all be together.”

WHAT WILL YOU TAKE BACK HOME FROM THIS EXPERIENCE TO IMPROVE HEALTHCARE IN ISRAEL?

“I will be a much better physician in general; I will have seen so much and learned so much. I will be much better able to deal with more complicated patients. In particular, I will have had a lot of experience in testicular cancer that I didn’t have before.

“Also, I will know, from both the physician and administrative perspective, how a big medical center manages treatment.

“I teach here and back home and there are elements of teaching residents that I’d like to try to start in Israel. A journal club for residents is one such thing – it teaches both theoretical and practical medicine. Students must be very well-prepared for each session.

“Every resident here also has a long-term research project and someone watching over them to ensure the research is progressing appropriately. This is another thing I’d like to see.

“I will know better how to do research and how to do it more effectively in the limited time I will have back home. I hope to continue to collaborate with my Canadian colleagues and perhaps establish other international connections.”