



American Healthcare Professionals and Friends for Medicine in Israel

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Award-winning Dr. Emad Matanes brings something special to his work as a gynecologic oncologist – a battle with cancer.

Matanes, 35, an APF 2019-2020 Research and Clinical Fellow in Gynecologic Oncology at McGill University, leads a rich life with a future brimming with promise. Even during residency, he won an international cancer research prize.

But things looked very different at 20 when he was forced to abandon his second year of medical school while he wrestled with lymphoma.

“Many people choose not to enter the field of oncology because it’s a very ‘heavy’ specialty,” he says. “Usually doctors who go into this area have a family history with cancer. In my case it’s more than that.”

Matanes underwent surgery and a massive regimen of chemotherapy to treat cancer in his back. A year later he resumed school and today remains cancer-free.

“Once I got the lymphoma and got cured, I realized I wanted to deal with cancer as a caregiver. I felt that I had some qualifications after being treated with these therapies. I have added experience and added value. I think I have something more to give these patients.”

“I always share my experience with my patients. And I think they like it very much, to see that they can go back to their lives after cancer.”

While still in medical school, Matanes acted on his decision to study and treat cancer. During his last two years at Technion he worked as a physician assistant in oncology at Rambam Healthcare Campus.

The Nahariya native chose to combine oncology with another field he loves – gynecological surgery. “With colon cancer, for example, surgery usually is performed by a surgeon, and a non-surgical oncologist provides follow-up treatment, such as chemotherapy. That’s how it was in gynecologic oncology 20 or 30 years ago.

“But today in gynecologic oncology one person does both – the surgery and the follow-up treatment,” he says. “I’m going to accompany the patient through the entire tough process. It’s very beautiful and unique. That’s why I chose this particular subspecialty.”

Matanes says that when he was 19 he really didn’t know what being a doctor was all about. He had high grades and exam scores and knew it was a privilege to study medicine. But it was his parents who suggested it. Their son considered many career options before making a choice.

“Now, 15 years later, I definitely can tell you it’s one of the best decisions I’ve made in my life. It’s a huge opportunity to be with patients at these most challenging times. To help them is an honor.”

After Technion he completed an internship at Bnai Zion Medical Center in Haifa. Then it was to Rambam for an obstetrics and gynecology (OB/GYN) residency, two years of which was spent in gynecologic oncology.

During residency Matanes completed a six-month rotation at the same McGill site, overseen by the same world-renowned physician/scientist, Dr. Walter Gotlieb, who is responsible for his fellowship. While there he evaluated an innovative drug candidate for the treatment of ovarian cancer and won an award at the Canadian Conference of Ovarian Cancer Research.

He also successfully finalized a clinical research project on the role of robotic radical hysterectomy in the treatment of cervical cancer.

After residency Matanes became a Rambam OB/GYN attending. When he concludes his three-year fellowship, he will be a certified gynecologic oncologist and will assume that subspecialty back home.

DOES A FELLOWSHIP MAKE A BETTER DOCTOR?

“Sure, especially in the surgical field. In Israel, although we are a very small country, we have a lot of hospitals. For example, in Haifa we have three hospitals in the space of 20 kilometers. But we don’t have referral hospitals. When I say ‘referral,’ Rambam *is* a referral hospital, but not like here.

“Here in Montreal we have more than three million people to cover. Here they do between six and eight of these specialized surgeries every week; whereas at Rambam it would be about six a month. Here we have the volume.

“In the United States and Canada there are very big referral centers for specific conditions. And that’s how we increase our surgical skills, with volume.

“Here about 90 percent of my work is minimally invasive, done with the da Vinci robotic assisted surgical system. This is costly technology and not readily available all the time and everywhere in Israel.

“But we improve more than just surgical skills. It’s a great program for advanced research – a massive program, for both clinical and basic science.

“That’s something we have less of in Israel and I’d like to see more. We have very good research centers, Technion and Weizmann. But we don’t always have the connection between clinical and basic science.”

WHAT’S A DAY LIKE? A WEEK?

“My day starts at 6:30 a.m. doing rounds on all patients before and after surgery. Throughout the week and day, we have all kinds of rounds:

inpatient, chemotherapy clinics, follow-up clinics, radiotherapy clinics and colposcopy (a procedure to closely examine the cervix, vagina and vulva for signs of disease) clinics. But I would say I spend about 80 percent of my time during the day on the wards.

“We operate three days a week, doing two surgeries a day, mostly dealing with endometrial cancer, the most prevalent gynecological cancer. This surgery usually includes hysterectomy, bilateral salpingo-oophorectomy (when the ovaries and fallopian tubes are removed) and pelvic lymph node assessment.

“Each surgery lasts, on average, four to six hours. Some ovarian cancer surgeries last even longer. The longest one I can recall was 11 hours.

“The teaching process goes on all day, all week. In addition to discussions with senior physicians about patients and procedures all the time, we have two-hour meetings one-on-one with them.

“Then there is tumor board, for which I’m responsible for preparing and presenting cases on a weekly basis; morbidity and mortality conferences; journal club, for which members weekly research and present scholarly articles and numerous other conferences at which I present things including: special cases, special surgical procedures and more.

“Once a month I’m on call. Usually it’s answering phone calls, but sometimes I go into the hospital.

“My day can end as early as 5:30 p.m. or as late as 10.”

WHAT ABOUT RESEARCH?

Matanes has 28 scholarly publications from Israel; 20 of which were completed before Canada. Since he’s been in Canada, he’s finished five or six on his work there, he says. While 2019-2020 is technically a research year, obviously the Haifa resident has worked many clinical hours. In July he will begin two years of designated clinical work.

“I love research; it’s very important. This is how we discover new modalities. It’s essential to have a

research background; otherwise you will be stuck with what you learned in medical school and residency. Especially in oncology, when we are far away from being satisfied with what we are doing now.

“The ovarian cancer survival rate, for all, is only 30 percent after five years. We are far from curing patients. This is why we must continue the search for new modalities, new surgical techniques, new treatments.

“We are not satisfied with the present. We do our best, but we are not yet doing well. Improvement means, *keep searching*.

“Bottom line: what I want most is to provide my patients the best treatment, to cure them. Having research beside me is one of the most effective tools I can have to cure them, give them the best medical service.”

Matanes was part of a team that just published a clinical trial comparing a new selective pelvic lymph node removal technique with full pelvic lymph node removal as part of treating endometrial cancer.

He was also part of a team that recently published a study comparing radical hysterectomy done with a full “open” procedure with a minimally invasive procedure done with robotics.

In both cases the newer procedures did not impair survival rates. And each offered benefits including less hospital recovery time and less associated morbidity.

HOW HAS THE APF MONEY HELPED YOU AND YOUR FAMILY?

“My wife Raya Nasrallah, a dentist, and I arrived in June, toward the very end of her pregnancy. The money came when my wife was in her last week and could no longer walk, and we needed things for

the baby – Tim, now 10 months old. I was able to buy a car and we were able to get organized – buy a crib, etc.

“International fellows are limited by the sources of support we can get here. The fellow here before me said, ‘You have to apply for the APF.’

“I urge you, please keep doing this.”

HOW WILL YOUR FELLOWSHIP EXPERIENCE BENEFIT HEALTHCARE IN ISRAEL?

“A fellowship like this, with its research commitments, teaches you how better to juggle research with clinical work. This is something that will be of enormous value to any practitioner hoping to be a physician/scientist, since it’s always a struggle to balance both. And many places don’t have protected research time. When I get back to Rambam, however, I intend to ask for dedicated time. It’s important to support researchers.

“When I’m back I will try to push robotics because we now have a lot of publications about the cost effectiveness of it, even with the high cost of the equipment. And as I said before, you decrease hospitalization time, postoperative pain, complications and more. When you do the equation overall, robotics seems to save overall.

“Also, I’m part of the Arab minority. We are more than a million and a half but have no native gynecologic oncologist. I will be the first. To my community this means a lot. I have lots of plans to serve them, to open clinics in Arab villages and towns, to bring this service to the people so they don’t need to travel more than an hour for care.

“Back home we have, in general, a very small number of gynecologic oncologists. There is an urgent need to develop this field in Israel. I will be a part of that.”

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