



**“Hadassah On Call” podcast
Transcript for episode with Dr. Itay Lavi**

Benyamin Cohen: This is Hadassah On Call: New Frontiers in Medicine. I'm your host, Benyamin Cohen. In each episode of this podcast, we'll get an inside look at what goes on behind the scenes at one of Israel's premier medical centers. We'll travel to Jerusalem to meet up with the doctors and nurses at Hadassah Medical Organization. From striving for peace through medicine to performing surgeries with robots, they're working on medical breakthroughs that are impacting people around the world. That's what Hadassah is all about, the power to heal our world together. From cornea transplants to developments in pediatric oncology, we'll learn about the latest cutting edge research coming out of Hadassah Hospital. All that, plus the inspiring stories of patients who have recovered from near-death experiences. Our appointment starts now. This is Hadassah On Call.

Benyamin Cohen: Hello everyone and welcome to the show. I'm your host Benyamin Cohen. Today, I've traveled to Hadassah Hospital's Ein Kerem campus in Jerusalem to meet with Dr. Itay Lavi, a senior ophthalmologist and surgeon. The 41-year-old is one of Israel's leading cornea specialists. We had a fascinating conversation about the future of eye research, about how he's using STEM cells in his work, and perhaps most interestingly, about an eye bank he helps run at Hadassah Hospital so that he can perform cornea transplants. And being that he's an eye specialist, I also asked him about what his favorite things to look at are.

Benyamin Cohen: So you'll hear all that. I really enjoyed our chat, and I hope you do as well. So without any further ado, here's my conversation with Dr. Itay Lavi Of Hadassah Hospital.

Benyamin Cohen: Hello everyone and welcome to today's show. We are at Hadassah hospital, Ein Kerem in Jerusalem, and today we are joined by Dr. Itay Lavi, the senior ophthalmologist and surgeon here at the hospital. Welcome to the show.

Itay Lavi: Thank you. Well, good to be here.

Benyamin Cohen: So every doctor I interview here, I always try to figure out where they are from based on their accent, and I think I can safely say you were born in Israel?

Itay Lavi: Yes.

Benyamin Cohen: Let me hear you say "hummus".

Itay Lavi: Hummus. Yes. I was born in Israel, in Beersheba in the South of Israel.

Benyamin Cohen: Oh, yeah.

Itay Lavi: I actually made my residency there.

Benyamin Cohen: At Ben-Gurion University?

Itay Lavi: Yes. Then I did my sub specialty in Cornea, in the Netherlands with Dr. Melfi, who's a very well known surgeon who invented a very, very sophisticated method of cornea transplantation, which is called DMEK, and we're probably going to talk about it later. And then I moved to Odessa.

Benyamin Cohen: Uh-huh (affirmative). And when you were growing up, did you want to be a doctor?

Itay Lavi: Nope. I just decided at the age, after I was released from the army, I sign up for university for, actually was communication engineering, and then I thought, "Well, I'm not going to see a lot of people, I'm not going to talk to a lot of people, just write on the computer." And then I thought, "I want this communication with people." And actually, there is always work when you're a doctor.

Benyamin Cohen: Right.

Itay Lavi: So yeah, so I decided at the age of 23 actually.

Benyamin Cohen: And how did you land on ophthalmology?

Itay Lavi: Well, after finishing med school, and we have this period here, which is the one year internship. I was actually more interested in neurosurgery. I actually almost started the residency in the Ichilov Hospital, it's Tel Aviv hospital.

Benyamin Cohen: Okay.

Itay Lavi: At the neurosurgery department. And when you were there, I mean, it's not as interesting as it looks from outside. I wanted the hardcore surgery, and ophthalmology is, I mean it's like the Everest of surgery.

Benjamin Cohen: Really?

Itay Lavi: Yeah. Especially the cornea surgery. There are always new inventions, it's always getting better. I mean the pace of advancement in ophthalmology is much higher than in other places, because, I mean, the technology is amazing right now, especially what we have here. And it's very hard to get into ophthalmology, much harder than getting into neurosurgery actually. In Israel, I'm not sure how it goes elsewhere, but it was worth it.

Itay Lavi: And I love it. I mean I love this type of surgery, you have instant improvement in people life. You change people life every five or 10 minutes in the OR. You get such an amount of, I mean, of changing people life, which is amazing. I mean, if you see people start seeing after they are blind for so many years, and suddenly there is a new procedures that you're doing, even a cataract or cornea transplantation, and suddenly they start seeing. And seeing their grandchildren, or just doing those simple basic actions, like make yourself a cup of coffee, go to the toilet alone. I mean, take a shower, look at the TV, read a book. And when you see the gratitution, this is how we say-

Benjamin Cohen: Yeah. Appreciation and gratitude. I like how you put the two words together.

Itay Lavi: Of people after that. I mean you can't compare it. I mean, and you see it many times a day.

Benjamin Cohen: Yeah. So there's a lot of job satisfaction.

Itay Lavi: Yes.

Benjamin Cohen: And you're really, you're making these patients be self-reliant. They don't have to rely on other people now that they can see again.

Itay Lavi: Exactly. Exactly.

Benjamin Cohen: Yeah. Do you have a particular patient story that you can remember off the top of your head of someone who just sticks with you, whether it was an inspiring story?

Itay Lavi: Well, yeah, actually recently, we had a patient here in Odessa actually, she is working here in Odessa. And she had a congenital cataract, which means she was born with cataracts, and she had surgeries in previous USSR, and the surgery weren't very good, and gradually she lost her vision in both eyes because of these type of lenses that were implanted in both eyes. And one eye had a cornea transportation because of that, a full cornea

transportation before I came to Odessa. And she got an infection after that, and she lost the vision in that eye and the other eye also started to decompensate, and then she became blind.

Benjamin Cohen: And how old was she about?

Itay Lavi: She is about 53 or something like that. She's young. And you see fully functional person becomes blind, I mean, this is heartbreaking. And when I came here, we started with a blind eye, with a completely blind eye and with the help of Dr. Averbukh, which is an amazing surgeon, one of the best that I've seen.

Itay Lavi: And we somehow eventually saved this eye from total blindness. She became functional, and then the other eye. And then I did a cornea transplantation, we replaced the lens on the other eye, and now she is fully functional, working again, smiling every time I see her. I mean, it's just amazing because you see her every week or every couple of days, and you see she's returned to life actually. And she's a young person and it's not the only stories, but I think this one really represents what we are doing here.

Benjamin Cohen: When we return, Dr. Lavi tells us about a unique eye bank at Hadassah Hospital, which allows him to perform cornea transplants. That and much more after the break.

Benjamin Cohen: Hadassah, the Women's Zionist Organization of America leads several trips to Israel every year. And guess what? You're invited. The trips for 2020 are already filling up. In February, the trip will highlight Israel's bountiful nature and ecology. In March, we will unmask the country's vibrant art scene. In April, trip will celebrate Yom Ha'atzmaut, Israel's independence. In May, participants will visit Israeli wineries. And the August trip, we'll explore the country's vast archeological sites. If this sounds like a can't-miss opportunity, head on over to hadassah.org/missions to explore the full year's itineraries, and to sign up. That's hadassah.org/missions. And now back to today's interview with Dr. Itay Lavi.

Benjamin Cohen: So let's talk about the cornea for a second. Where is the cornea located as far as in the eye?

Itay Lavi: The cornea is the outermost part of the eye. This is what you actually see. It's the outermost part. It is composed of five, actual-

Benjamin Cohen: I'm staring into your eyes as you're talking to try to see what you're talking about. Yeah.

Itay Lavi: Okay, so the cornea is the outermost part of the eye.

Benjamin Cohen: Okay.

Itay Lavi: This is the transparent part that you see through.

Benyamin Cohen: Okay.

Itay Lavi: And this part is responsible for most of the power of the eye. And the cornea is composed of five actual layers, but only three layers that are functional actually. So the outermost part is the epithelial, the middle part is the stroma, and the inner part is the endothelium. and then the endothelium is actually responsible for pumping fluid from the cornea. So if the endothelium is damaged, the cornea becomes edematous, which means it becomes full with fluid and a more opaque, and less transparent.

Benyamin Cohen: So having a corneal disease could eventually lead to a to blindness.

Itay Lavi: Yes. I mean even very minor injury to the cornea can lead to blindness, especially in the terms of astigmatism, scarring in the center of the cornea, and then we need to do cornea transplantation.

Benyamin Cohen: So, that's what I'm really curious to hear about. So, I mean, we've heard about transplantation with kidneys or livers or... So the cornea is not, I'm not going to get gross here. It's not the actual eyeball, it's probably the layer on top of the eyeball. Is that what we're-

Itay Lavi: No, it's part of the eyeball. The eyeball is composed from sclera, which is the whitish thing.

Benyamin Cohen: Okay.

Itay Lavi: Which is the whitish thing that you see. Then you see the transparent part. Through this transparent part, you see the pupil. This is the cornea.

Benyamin Cohen: Oh wow.

Itay Lavi: So we just take the cornea. I mean in part, very small part of the sclera to transplant it.

Benyamin Cohen: Where are you getting the cornea from?

Itay Lavi: The corneas are, we get them from cadavers. People donate their corneas. They actually active donations here in Israel. Active means that they need to sign a consent form.

Benyamin Cohen: Right.

Itay Lavi: Also the family has to consent.

Benyamin Cohen: Okay.

Itay Lavi: In many countries, it's not like this. Many countries are just taking the corneas and if you don't want to give them, then the family has to sign or the patient before he dies has to sign that he doesn't want-

Benyamin Cohen: So it's a little different than regular organ donation is what you're saying.

Itay Lavi: Yes, yes. And we just harvest the corneas from cadavers, until 24 hours after death.

Benyamin Cohen: So you couldn't do a live transplant-

Itay Lavi: No, no. You can't take somebody's cornea out and leave him without cornea. So-

Benyamin Cohen: Is there such thing as an eye bank?

Itay Lavi: Yes.

Benyamin Cohen: That you would go as a doctor and-

Itay Lavi: Yes. Well, we run the eye bank here.

Benyamin Cohen: Okay.

Itay Lavi: It's a semi eye bank, because we run it inside the department. Whoever takes care of the tissue is the doctors. It's not like an eye bank in the US, or the eye banks in Europe, which has a special staff that takes care of the graft and prepare the graft, and gives the graft already prepared to the surgeon. Here, we have the more humble way of treating grafts, and we have students, the med students, that are specialized in harvesting the tissue. They harvest the tissue. We take a lot of blood samples. We are very strict here. We actually take a lot of cultures for everything here, more than in the US and in Europe, because we don't want any surprises after surgeries. And we keep those corneas in a special kind of culture media, which is a fluid, and we keep it refrigerated. And at the day of the surgery, we prepare the grafts and do the surgery that day.

Benyamin Cohen: So those students that are helping you with the harvesting, are they doing anything else in it to help in the process?

Itay Lavi: Well, yes. They actually taking a very active role in persuading people, because Israel, especially Jerusalem, is a very religious area. And not many religious people wants to donate their corneas. They think they will take their organs to the grave and to the afterlife.

Benyamin Cohen: Right, right.

Itay Lavi: And I mean, we needed some help. And first of all, those students, they're doing great job, and they are going to seminars, they are doing lectures actually and they talk to the families-

Benyamin Cohen: So they're going out into the community.

Itay Lavi: Yeah. And they are talking to the families in a very sensitive way, and explaining them the need for cornea's. Professor Avi Solomon, which is the head of cornea clinic, he also spoke with the senior rabbi in Israel, and he wrote us a [inaudible 00:13:36] you know this-

Benyamin Cohen: Like a written, not a decree, but a written, almost like a permission slip almost.

Itay Lavi: Yeah, exactly.

Benyamin Cohen: Yeah.

Itay Lavi: That actually encourages people, and also religious people, to donate their corneas because you actually save people sight, which is comparable to save people life. In my point of view, saving people's sight is just saving their lives.

Benyamin Cohen: Right. Is there any work being done, a lot of the doctors I've spoken to here at Hadassah have told me that the next stage in their particular field, I was talking to someone in bone marrow, I was talking to somebody in kidney, and they were saying the next field is STEM cell. Using STEM cells to generate, instead of having to harvest it from a living donor or a dead donor, but just being able to make this thing in a lab. Is that something that's happening or going to happen in corneas?

Itay Lavi: Well, it happens in a partial way in the cornea, because I mean, for the outer part of the cornea, we have STEM cells and STEM cell transplantation. We also have STEM cells research here about doing that. We also have mesenchymal cells, which is embryonic mesenchymal cells, which is a placental cells that we also implant to make the STEM cells better. But in the cornea, it's quite limited the STEM cells. But the whole cornea, now we going to start someday, I'm not sure when in the next few years, to implant actual artificial cornea.

Benyamin Cohen: Artificial.

Itay Lavi: Yeah, artificial. Which, imprinted cornea actually. And this is a tissue printing machine that-

Benyamin Cohen: Like a 3D printer thing?

Itay Lavi: Yeah, something like that.

Benjamin Cohen: Wow.

Itay Lavi: And some people do grow cornea on the mesh. Mesh-like semi round circle, and we also want to implant that.

Itay Lavi: And for the cornea transplantation for the DMEK, for example, well we cannot implant STEM cells inside the eye because these cells actually, if they are proliferate inside the eye, they actually can cause loss of the eye. So this is quite limited to what we are doing. So right now, doing the DMEKs or just endothelium transplantation, I mean, is limited to donor. Now we start also to give some drops that might encourage those cells to migrate better. Maybe to survive better, but I'm not sure they are doing divisions like STEM cells.

Benjamin Cohen: So how new is cornea transplantation?

Itay Lavi: Well, the cornea transplantation is the other transplantation actually.

Benjamin Cohen: Really?

Itay Lavi: Yeah, a full transplantation was made I think more than a hundred years ago.

Benjamin Cohen: Wow.

Itay Lavi: I think it was in Austria, I mean it was in Austria, and they actually took a cornea and sutured it. I mean then replaced the cornea. It was a cornea from a nucleated eye of a child. And the surgeon took the cornea out, and transplanted in another patient cornea, eyeball. I mean suture it to the eyeball. And this was the first successful transplantation ever. I mean, of any organ. Why is it that safe, or why is it that good? Because the cornea is actually a vascular tissue, which means it doesn't have blood vessels normally that comes to it. So the rejection rate of the cornea is very low because we don't have blood vessel. If we have blood vessels, the rejection rate is high. So this is why it's safe, and usually we don't use, usually, I'm saying we don't use systemic immunosuppression, which means that we don't use pills or injections or something like this. Just drops, we don't need to give immunosuppression to hold the cornea in. Usually the rejection rates are very low.

Benjamin Cohen: It's a very high stress situation being a surgeon. What are the some of the most challenging things for you as a doctor?

Itay Lavi: Sometimes it can be technically very demanding, but we explain to our patients that they to be patient actually.

Benjamin Cohen: Patients need to be patient.

Itay Lavi: Yeah, they need to be patient. And sometimes it takes from, when we explain them about the surgery, we explain that it can take for two, three hours surgery. Usually it doesn't take two, three hours. Usually it's half an hour to one hour, but we have to explain this. When patient starts to feel inconvenient or because it's local anesthesia.

Benjamin Cohen: So they're awake.

Itay Lavi: Yeah, they're awake. Most of the time when patient starts to suffer or I mean to have pain or something like this, we usually solve it, but those moments where the patient's complain, it squeezes the eye or something like this. These moments are usually not very pleasant, not for the surgeon and of course, not to the patient. So we take care of giving a very good anesthesia before surgery, and it usually doesn't happen. Usually it works out just fine. People actually, most of the time they don't feel anything. So very rarely when the surgery becomes long, then they can start complaining. But then also we say, we usually give more anesthesia, and it solves the problem completely.

Benjamin Cohen: When we return, Dr. Lavi reveals his hopes and dreams for the future of his department.

Itay Lavi: 50 years cornea surgery would be so much different than it is today. So I might sit next to a computer and just instruct a little button what to do.

Benjamin Cohen: All that and much more after the break.

Dina Craft: I'm Dina Kraft, the host of a podcast called The Branch, which tells the stories of relationships between everyday Israelis and Palestinians, Jews and Arabs. I've been reporting on the lives of Israelis and Palestinians for two decades, and people always ask me, "Will things ever get better?" No doubt, the road is long. But when peace does come, it will be thanks to the groundwork being laid by the people whose stories we tell on The Branch. On our show, you'll meet musicians who perform together every night, teachers in a bilingual school, social activists who share their struggle, and even parents whose children were killed in the conflict, but who have chosen reconciliation over revenge. The Branch, stories of real people forging strong connections and having important conversations, even when it's complicated. Brought to you by Hadassah. Find us anywhere you listen to your podcasts, or at hadassah.org/thebranch.

Benjamin Cohen: And now, back to today's interview with Dr. Itay Lavi.

Benjamin Cohen: So I know there's some exciting things happening here at the cornea department.

Itay Lavi: Yes.

Benyamin Cohen: You're one of the young guys on the block here, and I heard that the renovated round building here will be the new home of Hadassah's ophthalmology department. Housing, among other things, cutting edge STEM cell research.

Itay Lavi: Yes.

Benyamin Cohen: And the building's going to have an additional two new floors and that's going to be able to house more patients, and take care of more people in need. So what do all these changes mean for you, and where is the future of the department headed?

Itay Lavi: The first challenge is that we became the highest volume cornea clinic in Israel, which is also very demanding. But we are also very happy we can help a lot of people here. Second thing is for lamellar surgery, which means the DMEK surgery is well developed here. There are not a lot of places that, not only in Israel, but around the world that are doing what we are doing with lamellar surgery. For example-

Benyamin Cohen: Lamella?

Itay Lavi: Lamellar.

Benyamin Cohen: Oh, Lamellar.

Itay Lavi: Lamellar, I mean like-

Benyamin Cohen: Lamellar.

Itay Lavi: Part of the cornea.

Benyamin Cohen: All right.

Itay Lavi: And this is the innermost part. So some surgeon do not do, for example, if they have a lens inside the anterior chamber, we are the only ones who do it in Israel, and we are doing transportation with the lens inside already and we don't replace it. And we have very good results with that. We are doing it for eye syndrome patients where some surgeons do not want to do it. I mean, or are afraid of doing it. And we also have great results with that.

Itay Lavi: So we are doing things that here, especially in the lamellar surgery type, that are very unique in Israel, and also around the world. And we now we publish them and I think there's going to make a big difference in how we treat corneal diseases. Let's take, for example, an eye with an anterior chamber lens. I mean, it doesn't say a lot to you, but if we want to transplant a part of the cornea, so we have to take this lens and suture it behind the iris. We have to replace it. It's a surgery that sometimes takes an hour, sometimes takes an hour and a half, sometimes two hours, and it's not always successful.

Itay Lavi: And after that, it's very hard to put the lamellar graft inside. What we developed here is a special type of no-touch technique that we insert the graft and somehow with the special manipulations and we are now publishing it as a wave maneuver, we can do this surgery without replacing the lens. It's much faster. The eye recovery is much easier. There's less inflammation and the prognosis is very good also. So people can return to vision after about two, three weeks. They are already good. I mean they're already seeing very well, and they can function. So I think this is how cornea will progress and we also become better in what we are doing right now. Because we are getting the experience right now. So we are actually very unique in that, not only in Israel, as I said, around the world. Not many surgeons or departments are doing that.

Benyamin Cohen: If you and I were to have this conversation five years from now or 10 years from now, what are your dreams and aspirations between now and then?

Itay Lavi: My dreams and aspirations are, actually, that's a good question actually.

Benyamin Cohen: It's a thoughtful question.

Itay Lavi: Yeah.

Benyamin Cohen: It's not a yes or no answer.

Itay Lavi: Well, I mean we are always chasing something new.

Benyamin Cohen: Yeah.

Itay Lavi: So my dreams is to get many new things in five years. To get artificial corneas here, to inject only cells instead of doing a graft. I mean, just inject the cells to the eye, trying to get STEM cells, deficiency eyes. STEM cells, which means they [inaudible 00:24:37] deficiency to get better results than we have now, and actually be less invasive in what we're doing. I mean, when you're speaking to a surgeon-

Benyamin Cohen: Yeah.

Itay Lavi: You want surgeries.

Benyamin Cohen: Yeah, right.

Itay Lavi: Surgeons want surgeries, but actually cornea surgeons, we want less surgeries and we want to do the less damage as we can. I mean the less trauma as we can. So, our development is doing less actually, than doing more. And it works better, especially in the eye.

Benyamin Cohen: So you almost want to be put out of business. You're like, you hope-

Itay Lavi: Yeah. I think in, I mean, not in five years, but-

Benyamin Cohen: 50 years.

Itay Lavi: 50 years, cornea surgery would be so much different than it is today. So I might sit next to a computer and just instruct a robot what to do.

Benyamin Cohen: You'd do it from afar, not even in the same way. Remotely.

Itay Lavi: Yeah, it's actually, well, happening in an experimental way, but it's already happening. And everything will transform to some kind of laser, or laser treatments or I mean, or outside treatment or drops or cells injections. But it's not going to be as invasive as we are today. We are a much less invasive than ophthalmologist in the 80's, for example.

Benyamin Cohen: Right, previous generation.

Itay Lavi: Yeah. Yeah.

Benyamin Cohen: What do you do when you're not at work to kind of de-stress?

Itay Lavi: When I'm not at work. Well, I'm a lot at work, so, but when I'm not at work, I like to run, bicycle, swimming and... Well actually, sports.

Benyamin Cohen: Any sports.

Itay Lavi: Yeah, any sports.

Benyamin Cohen: Yeah.

Itay Lavi: But usually that.

Benyamin Cohen: That's a good way to get off steam. It's just the-

Itay Lavi: Yeah, yeah, yeah, yeah.

Benyamin Cohen: Since you're an eye doctor, what's the nicest thing you've ever seen? Is it a beautiful mountain? Or, what's the most beautiful thing you've seen?

Itay Lavi: What's the most-

Benyamin Cohen: All right, let me ask you this. Obviously, you have your eyesight and so you're very thankful. What are you thankful that you have been able to see, as opposed to someone who couldn't see it?

Itay Lavi: That's a very good question, actually. You catch me unprepared. I was referred for professional... Yeah, but what's the nicest thing? I think the birth of my children. I think this is the nicest things I've seen. I mean, I was a med student, and I saw birth and it wasn't very impressive. Actually, it was quite, I mean, not impressive.

Benyamin Cohen: Right.

Itay Lavi: This is why I'm not a gynecologist. But seeing my children, I mean, at the delivery room was amazing. I think it's an amazing experience. I mean, and you think about a lot of stuff there, and life actually, and what you believe in. And that's amazing. That's really amazing. This is really a wonder-

Benyamin Cohen: Yeah.

Itay Lavi: To see that. And views and mountains and, and I mean, I love views. But nothing compares to the delivery of my kids.

Benyamin Cohen: And finally, I like to end all my interviews with this question. Is there anything I did not ask you that I should have asked you?

Itay Lavi: Well-

Benyamin Cohen: Probably lots of things.

Itay Lavi: Lots of things. But no. I think it was good. I think it was good. I think we we managed to answer all the right questions here, and it's also gave me a nice perspective of, what am I doing here actually?

Benyamin Cohen: Right.

Itay Lavi: What should I aim for? I mean in the next five years or so.

Benyamin Cohen: It's a good therapy session for you.

Itay Lavi: It is. It is. It is. It is. It makes you think. I mean, it's really interesting question, what's going to happen in five years actually.

Benyamin Cohen: Yeah.

Itay Lavi: What's going to happen. I'm not sure. I'm not sure what's going to happen. It's Israel. You don't know what's going to happen in five years.

Benyamin Cohen: Right. But even in my field, I'm a journalist. I don't know what's going to be in journalism in five years. A lot of fields are like that.

Itay Lavi: Yeah. Are you still going to do podcast, or something else?

Benyamin Cohen: Right. Right. Maybe there's something hasn't been invented yet.

Itay Lavi: Yeah.

Benyamin Cohen: Yeah, that's a good point.

Benyamin Cohen: Well, Dr. Lavi, I know you're busy making the rounds, so we appreciate you stopping by to chat with us today. It was very insightful.

Itay Lavi: Thank you. It was fun.

Benyamin Cohen: I didn't mean that as a pun there, I just said it, insightful. All right. Thank you so much.

Itay Lavi: Thank you so much.

Benyamin Cohen: All right.

Benyamin Cohen: Hadassah On Call: New Frontiers in Medicine is a production of Hadassah. The Women's Zionist Organization of America. Hadassah enhances the health of people around the world through medical education, care and research innovations at the Hadassah Medical Organization. For more information on the latest advances in medicine, please head on over to hadassah.org/news.

Benyamin Cohen: Extra notes and a transcript of today's episode can be found at hadassah.org/hadassahoncall. When you're there, you can also sign up to receive an email and be the first to know when new episodes of the show are released. Subscribe to our show on Apple podcast, Google Play, or your favorite podcast app. If you haven't already, please leave us a review on the Apple podcast store. It only takes a minute, and when you do, it helps others discover Hadassah On Call. This show is edited by Skyler Inman and produced by the team at the Hadassah offices in both New York and Israel. I'm your host Benyamin Cohen, and thanks again for joining us today. We'll see you next month.