



Episode 36: Legacy, Passion and Moving Towards a Cure for Cancer with Dr. Aron Popovtzer

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. October is National Breast Cancer Awareness Month, and so today's guest is Dr. Aron Popovtzer. He's the new director of Hadassah's Sharett Institute of Oncology in Jerusalem. He deals with all types of cancer, and the doctor is seen as a pioneer in his field, particularly for his innovative work with brachytherapy, which we talk about on today's show. It involves treating cancer by inserting radioactive implants directly into a patient's body. We also chatted about how the coronavirus is impacting his department at the hospital, as well as how they're using genome mapping to individually tailor treatment for specific patients. Many, if not all of us, have been impacted by cancer in one way or another. And as you'll soon hear in our conversation, Dr. Popovtzer sees reason for hope in the future. So, with that, I hope you enjoy our latest episode.

Benyamin Cohen:

Hello, everyone, and welcome to the show. We are fortunate today to be joined by Dr. Aron Popovtzer. He is the new head of Hadassah's Sharett Institute of Oncology. Doctor, welcome to the show.

Dr. Aron Popovtzer:

Hi. It's nice seeing you and I hope you enjoy the show.

Benyamin Cohen:

Thank you. I know because of COVID, we're not in the same room but at least, through the modern technology, we're at least able to see each other. There's so many questions I have to talk to you about different cancer research that's going on at Hadassah, but before we jump into that, I just for a few minutes just wanted to talk about you and how you got into this field. So if you could, tell us where did you grow up?

Dr. Aron Popovtzer:

So actually, I was born in America. I was raised in Philadelphia. My parents made aliyah when I was nine years old. When I moved to Israel, I moved to Jerusalem. My father moved to Israel to become the head of the nephrology department here in Hadassah. And he was the head of the department for 24 years until he retired in 2001. So that's my initial connection with Hadassah. That's actually the reason my parents moved to Israel. Otherwise I might have been still living in United States. That's how I grew up.

Dr. Aron Popovtzer:

Later on, I learned medicine here in Hebrew University. Actually, my first residency was in ENT, otolaryngology and head and neck surgery. And it's an interesting story. During my residency, I must say, it's something that has changed. But in the past, when patients used to come with very large larynx tumors – larynx is the throat –and they had breathing problems, we used to do what we called an emergency laryngectomy, meaning that we would take out the throat right away. There was a feeling then... This was not that much long ago, it was like in 2001, 2002, that if you don't do the surgery right away, and you only open the airway, the patient will have problems later on. The tumor will recur.

Dr. Aron Popovtzer:

And I remember one night, I spent time with my boss who came in the middle of the night at 10 o'clock in the evening, and we did a total laryngectomy. We finished at three o'clock in the morning and I remember him telling me, "Aron, you saved this guy's life." And then I remember seeing the patient two months later, he was walking around in the oncology department. I was there by a coincidence, and I asked the patient, "How are you doing?" I said, "You look great." He said, "I'm not that great actually. My lungs are full with metastatic disease."

Dr. Aron Popovtzer:

And then I started understanding actually that if you really are interested in cancer and you want to cure the patients, the opportunities you have through a surgeon are important, they're very good, but you don't have the whole picture, and the future. And actually the way to do it today if you're really interesting in curing patient who has cancer, is getting into a field of oncology, which in many ways is frustrating. We see patients who die all the time. On the other hand, your successes are so strong that you cannot compare them to anything else. My wife always asks me, "Aron, how can you spend every day and come home at 10:00? Why are you doing this?" The self-fulfillment you have from curing patients with cancer is so high, you get addicted to it. That's why I'm in oncology.

Dr. Aron Popovtzer:

And I think what's important in life is that if you love what you do and you enjoy what you're doing, nothing's as good as that, and the passion that I have toward this occupation is nothing I could compare to anything else. And I hope that everyone enjoys what they do as much as I do.

Benyamin Cohen:

I was going to say, did you have a clear idea when you were growing up, especially as you said your dad was a doctor, did you have a clear idea, "I want to be a medical professional?"

Dr. Aron Popovtzer:

Well, I don't know, maybe in the subconscious. Actually, I was thinking of... They say every Jewish family has two options, either becoming a lawyer or a doctor. So actually, I was thinking of becoming a lawyer, and then, I don't know why, towards... Even when I finished the army and I went to a yeshiva, what we called a *yeshivat hesder* there, towards the end of yeshiva, I just said, "I'm not going to be a lawyer. I'm going to become a doctor. That's it." And I don't know. It's something probably... My parents did not preach. It's not something... I actually, maybe I'm trying to force my kids, but my parents were not involved in my decisions. And that's what happened. So probably, I thought about it, yes.

Benyamin Cohen:

So you're the new director of the Hadassah Medical Organization's Sharett Institute of Oncology. First of all, how many cancer patients does the hospital see each year?

Dr. Aron Popovtzer:

So we see something like 3,500 new patients a year, which is a lot. There's a lot of cancer, yes.

Benyamin Cohen:

Yeah. Can any cancer patient come to Hadassah for treatment? Like from around the world, you have people come?

Dr. Aron Popovtzer:

So any Israeli citizen can come to Hadassah and get the best treatment in the world. Regarding patients from abroad, until COVID... We used to get a lot of patients coming in from mainly Eastern Europe. As you know now, we don't see many tourists. Most of the patients are local.

Benyamin Cohen:

Right. Right. You mentioned the coronavirus and how that's impacted people traveling to your hospital. First of all, are cancer patients more susceptible? Is it considered a pre-existing condition? Are they more susceptible to COVID-19?

Dr. Aron Popovtzer:

So if we go over the studies, actually, as far as we know, it's not that clear. We do think that patients who are immunocompromised –meaning, basically, patients who are on chemotherapy, are more susceptible for getting COVID. I think that the studies now say that the chances of getting the disease are not higher. Having said so, the potential of having a worse disease are probably higher for patients who are under chemotherapy or are immunocompromised.

Dr. Aron Popovtzer:

But I must say that still there are some studies today that are coming out saying the opposite. That surprisingly, patients who have cancer, the disease is not as bad. So there are contradicting studies. I

don't know what to say. We do recommend patients who are under cancer treatment to avoid people as much as they can and try, if they're getting chemotherapy, to be very precautionous.

Benyamin Cohen:

I was speaking to a fertility doctor towards the beginning of the pandemic, a doctor at Hadassah, and he was telling me that a lot of his patients had to push off, postpone their fertility treatments because they were trying to leave all the extra hospital beds open, and if it wasn't essential... Did people who are going through cancer treatment, have they had to move around their treatment schedule because of coronavirus?

Dr. Aron Popovtzer:

So when we are talking about the coronavirus, we're talking about both waves. So in the initial wave, in the beginning, there was a total panic, and people, patients, just didn't come for a month. And then everyone, I think, went back to routine. Now we're talking about the second wave that in many ways in Israel, it's much worse than the first wave. We have much more patients and a lot of people, unfortunately, are dying. Having said so, I think that our patients are tired of COVID, and they're ignoring it and they are coming in as usual.

Dr. Aron Popovtzer:

Now, when we are talking about cancer, it's a little different, because when we talk about early stage cancer, we are dependent on the diagnosis. And the diagnosis of cancer is not made by the cancer doctors, obviously, but by the surgeons. And at this point, elective surgeries are postponed all over Israel because of the situation. And this will mean that cancers will be delayed in their diagnosis and this means that we will probably see less patients diagnosed in the next few months. We will have less cancer patients and we will treat less cancer patients, and unfortunately, patients will be diagnosed later.

Benyamin Cohen:

That's not good. Yeah. It will be late stage. Yeah.

Dr. Aron Popovtzer:

That's late stage. But when we think of the health minister in Israel, and you think of the fact that at this point, if we're talking about patients with COVID, if in severe patients in the beginning, there were 100, 200 patients, now we have 600 patients in ICUs all over the country, we're in a situation that we might need these beds and we might need doctors, unfortunately, for other reasons. And these are probably influencing the situation.

Dr. Aron Popovtzer:

Still, the hospital, as far as the hospitals concerned, the cancer department, oncology center does not postpone anything. All our treatments are going as usual.

Benyamin Cohen:

I was reading that you have some experience with an innovative cancer treatment called, and maybe I'm mispronouncing this, but brachytherapy. Can you explain what that is?

Dr. Aron Popovtzer:

So when we talk about radiations, we have two types of radiations. We have the classic radiation, which is called the external beam radiation, in which we have what we call accelerators. Accelerators create electrons, electrons create photons or electrons, and these create radiation from outside, and the radiation has an effect from far away to the tumor.

Dr. Aron Popovtzer:

Brachytherapy is what we call close therapy, in Latin. And this case is we put inside seeds, which radiate from the seeds or put in seeds and we connect them to external radiation. And the radiation starts from inside the tumor. Now, brachytherapy exists for a while. We do a lot of this. What is unique in Hadassah is that we're leading an experiment called DaRT, which is Diffuse Alpha Radiation Therapy, and this is something unique that it is a study that I have lead in my prior hospital, and now it's going to be the headquarters, the beta site of this study will be in Hadassah, and this is lead in Hadassah, meaning that the science behind it is done here. And now, after the studies we are performing will be done, later on in bigger hospitals all over the world –for example, in Sloan Kettering or Dana-Farber, or Madame Curie in Paris.

Dr. Aron Popovtzer:

And in this specific treatment, instead of using photons, which is the standard radiation, which have their effect, we are using the specific characteristics, alpha. Alpha has a different type of radiation. What alpha does, it is very, very strong. It is very effective. It is more effective than any other radiation. However, it breaks out right away, meaning that it treats for half a centimeter, but if you go over half a centimeter, it stops treating. So this has an advantage and a disadvantage. An advantage is clear, it is more effective because the type of treatment has a better biology. The disadvantage is obviously, if you're not accurate and you don't cover the whole area that you need to treat, the areas which are not exactly within the radiation field do not get any radiation at all.

Dr. Aron Popovtzer:

Now, what we are trying to do in this study, we are trying to fine tune this, and we're looking for ways to improve the coverage by the radiation. We want to make sure that we cover the whole treatment. At the same side, we're trying to avoid the toxicities of treating non-cancerous tissue. And this is one of the main advantages of alpha, that you're able to treat the tumor very high treatment without causing toxicity because you don't treat any healthy tissue.

Benyamin Cohen:

So it's almost like laser focused on the cancer as opposed to giving your whole body radiation?

Dr. Aron Popovtzer:

Right. So the standard radiation, we also try to be focused. But there's no way to avoid treating the normal tissue, meaning that you treat for a few centimeters from each side. And since it's three dimension, there's a lot of healthy areas receiving radiation. And this kind of radiation, you're very focused to only the area where you need to treat, and that's it. And therefore, we lower the toxicity. The second advantage is, due to the characteristic and the biology of the alpha, we are capable of treating patients who failed with standard radiation, with a different type of radiation and cure them. Those are the two advantages of an alpha.

Dr. Aron Popovtzer:

And now, our next step is we're trying to combine this with regular radiation in some cases. We're trying to combine the alpha with immunotherapy, thinking that alpha radiation has an immune effect from itself, and we're trying to combine it with different types of chemotherapy. This is definitely an exciting treatment. And if you think of the specific advantages of treating patients in Hadassah, this is a treatment that only exists in Hadassah, and actually, I was trying to bring in two patients from New York now who could not get any treatment in New York. And unfortunately, due to the COVID, it did not work. There was no way to bring them in time. Hopefully when the COVID goes down, we'll be able to bring in patients for this type of unique treatments.

Benyamin Cohen:

When we return, Dr. Popovtzer talks about why cancer is considered the emperor of all maladies. Plus, he explains the important role of hope in cancer treatment.

Dr. Aron Popovtzer:

And there are many studies proving that patients who are in a better mood and are feeling better and have better hope, do better.

Benyamin Cohen:

All that, and much more, after the break.

Benyamin Cohen:

It seems that news headlines about the coronavirus are changing each and every day. Keep up to date with everything that Hadassah Hospital is doing to help combat this deadly disease. From discovering ways to alleviate the symptoms of COVID-19, to being part of the global effort to develop a vaccine. To find out how we're dealing with the crisis, visit our website at [hadassah.org/covidupdates](https://www.hadassah.org/covidupdates). That's [hadassah.org/covidupdates](https://www.hadassah.org/covidupdates). We're posting frequently about how our doctors, nurses, and researchers are working to fight the further spread of COVID-19. You can also follow Hadassah's latest coronavirus updates on our social media accounts, on Facebook, Instagram, and Twitter.

And now, back to our conversation with the new director Hadassah's oncology department, Dr. Aron Popovtzer.

Benyamin Cohen:

What role does hope play in cancer treatment? You always hear, "I'm going to beat cancer. I'm going to get through this." And people try to have this positive attitude. Is there any medical basis for that, that you see with your patients?

Dr. Aron Popovtzer:

So you know, we say in Hebrew, we do this blessing every Saturday when we bless people for health, we say *refuat hanefesh, refuat haguf*. That the medicine for the soul is the medicine for the body. So obviously, that's something that has been known for thousands of years, and there are many studies proving that patients who are in better mood and are feeling better and have better hope, do better.

Dr. Aron Popovtzer:

It's interesting, by the way, that they found out also that patients who are married do better, meaning that the wife has some role in our lives, probably. Wives or husbands, whatever. The support you get from your family is important, and hope is an important issue, and patients who have hope do better.

Dr. Aron Popovtzer:

So I must say that sometimes you see patients, and you see that they lost hope and then you see how they deteriorate. So maybe it could be that they lose their hope because of their disease, they are deteriorating. But we see this many times, that patients, once they lose it, they just lose it, and there's nothing you can do.

Benyamin Cohen:

Yeah. I was interviewing one of your colleagues last year, who is an ALS doctor. And he actually worked on a study that showed with ALS, that people with a positive outlook fare better, which I thought was fascinating.

Dr. Aron Popovtzer:

So I think it is very important to have a positive attitude, and we are working with... We have a big psychology treatment team in Hadassah, and I think a psychologist... And I do think it's important to have hope and to give the patient hope.

Dr. Aron Popovtzer:

There is a question... This is a philosophical question. What you do with a patient that there's nothing to... And you know that he's going to die? I mean, what should you say? Should you always leave him hope? Should you tell them the truth? This is an ethical question we don't have answers for. I think in general, it is important to give the patient some hope and try always looking at the best potential you can get out of it, without obviously lying to the patient.

Dr. Aron Popovtzer:

I mean, if a patient, you think, is going to die in two months, you're not going to tell them that he has a chance to live forever. You're going to try and say that we still have treatments to offer. We'll do the best we can to prolong your life and to improve your quality of life. You have to look to something that you can give the patient some hope, at least for the specific situation, without promising something that you know is not going to work.

Benyamin Cohen:

Yeah. I'm going to ask you another philosophical question. We have so many deadly diseases unfortunately these days – whether it's coronavirus or Alzheimer's, dementia, heart attack. Why does cancer stand on a level of its own? Why does cancer strike such fear in the hearts and minds of patients?

Dr. Aron Popovtzer:

I think it's a good question, first of all. And I think that there are many reasons. There still is some enigma from cancer. People think that they... It's like a riddle that had been solved many years ago, and patients are hearing all the time that we have solved the issue of cancer, and that gives them the feeling that... People will meet you in the street and say, "Doctor, doctor, have you found the solution for cancer?" Or whatever. They see my name in the newspaper for some article, then they say, "So, you

solved the cancer?" So we haven't solved the cancer, obviously. We're looking for improving specific... We're trying to make a leap in every step we do, but still, that's giving the cancer a feeling that you know they expect it to be solved, and it's not solved. That's one issue. And that gives the patient some frustration, and this makes the patients frightened.

Dr. Aron Popovtzer:

The second issue is that I think there is a lot of talk and a lot of public relationship for the pain that there is from cancer and this frightens the patient. And third, the issue is something that I think is overestimated, which is the toxicity of the treatments. Patients think right away that they're going to lose their hair and they're going to have terrible vomiting, and this really frightens patients. And you know, most patients today do not lose their hair, and it's not the end of the world to lose your hair. And many patients that used to vomit, today do not vomit. We actually have good drugs for vomiting.

Dr. Aron Popovtzer:

But these are things that are very strong within patients. And this leaves you with some fact that the patients are frightened. I think the last issue is obviously the fact that anybody can get cancer. So we know that patients who smoke, obviously, have a higher chance for getting cancer. But still, unfortunately patients who had nothing and who were totally healthy and were athletic and did sport, were skinny, were healthy, and no background, can come in one day with advanced pancreatic cancer and die within half a year. And there's nothing you can do of it.

Benyamin Cohen:

Right. You have kids with cancer.

Dr. Aron Popovtzer:

You have kids with cancer. And it's something that... It's true that the same thing is, for example, you mentioned ALS, it's a disease that comes with... And there's no reason for it. It just comes. Same thing with cancer, but cancer is more broad. It involves more type of people. And that's what makes it so frightening. And I think it has strong public relationship, which is good for us doctors.

Benyamin Cohen:

Yes. Yeah. I mean, I've heard it called, I think there is a famous book, it's called The Emperor of All Maladies, which refers to cancer. Do you think that, in your lifetime, cancer will ever be reduced from that emperor of all maladies to something that's a controllable chronic illness? I personally, I have Crohn's, and it's a chronic illness, but it doesn't impact my day to day life. I take medicine and I move on. Do you think cancer, in your lifetime, will reach that kind of level?

Dr. Aron Popovtzer:

Well, that's our dream. In some cancers, it already has changed. We have diseases like CML, which is a chronic leukemia. We have a disease like a tumor called GIST. Many of the thyroid cancers, they do become prolonged diseases. Still, if we look at type of cancer, we're looking of two types. We have the patients who are cured, and when we talk about cancers, we're trying to improve the chances to cure patients, which hopefully will happen. Many of the patients who have local disease will be cured in the higher rate. That means patients who don't have metastatic disease – that is improving all the time. And hopefully, we'll see the changes even better in 20 years.

Dr. Aron Popovtzer:

When we talk about metastatic disease... And, unfortunately, most patients who have metastatic disease die. In many diseases, we already have seen some changes. If I look back, for example, in lung cancer, when I started just 20 years ago, patients who had lung cancer would live for a year or two, and now they live for five or six years. It's a big difference. Melanoma used to be a very deadly disease, and patients used to die in half a year. And now, many of them, live for six, seven years. That's a big jump, and I hope that we'll see that in many other cancers.

Dr. Aron Popovtzer:

But still, I don't think that in my lifetime we'll reach the point that cancer will be like Crohn's disease, which has totally changed in the last 20-30 years, from a disease people die from to a disease people live with. I think that will take more time than that. And we still have many issues which we see that we're improving all the time, but we have not made the big leap yet and that still will take time.

Dr. Aron Popovtzer:

So when we talk about cancer, I think the main two big issues in cancer treatment today, I would say would be in personalized medicine, which means we are looking for specific or biological treatments according to the genomic sequencing of each patient's tumor. So this is something that started probably in 2013, 2014. And today, we see in some disease, it had totally affected the patients, for example patients who have lung cancer, this has totally changed the disease. We treat according to the person's specific genomic changes. On the other hand, in many other diseases, we're not capable of finding the genomic changes, or we find many genomic changes and the treatments, which are suggested according to the genomic findings, do not have an impact on patient's life.

Dr. Aron Popovtzer:

Now this is something that the more we get into it, the more we are improving. So today, if I just go back four or five years, we're learning about many more mutations we did not know about, and we have many more treatments to offer, according to these treatments. And by the way, this is something unique for Hadassah. Hadassah is going to be the first hospital in Israel. We're doing a collaboration with one of the big companies that all patients who come in with cancer in Hadassah will have a genomic sequencing done to their tumor. We'll have a big database to collect all information of patients, and we will be able to offer free of charge treatments according to these changes.

Dr. Aron Popovtzer:

Anyways, to go back to the academic part: if we go back just five, six years ago, only 3%-4% of patients were affected, actually, by these genomic findings, or by the fact that they did genomic findings. And today, this has jumped, probably, three times as much to 15%. And hopefully, if we move in let's say five or 10 years, since the technology and the biology is developing so quickly, it potentially, this will jump by three times and maybe we will be able to offer help to 50% of these patients. And this might have a huge impact on our patients.

Benyamin Cohen:

It's offering them individually tailored treatments.

Dr. Aron Popovtzer:

It's offering individual... So we used to treat all patients, for example, with colon cancer, with a chemotherapy called FolFox, for example. And today, what we do, we look for the patient-specific changes in these genes and we try to treat according to his changes. Yes. Now, the second main change in cancer treatment is the immunotherapy, which has been around for the last five, six years. We don't know if it cures patients yet, but we do know that patients who respond to the immunotherapy can live for many years.

Dr. Aron Popovtzer:

Now, the issue with the immunotherapy that they have some diseases, like melanoma for example, in which up to 50% or 60% of patients respond to immunotherapy. And this is amazing because these patients can gain a long advantage and live for many years. There are still some disease in which only 10% or 15% of the patients are affected by the immunotherapy, and meaning that 85% of the patients are not affected. And I think the main advantage at this point and the main thing they're looking for is now just how to make the patients who are not affected, affected. I mean, take these colon patients. The patients who are not immune patients and have them become immune patients, and therefore have the tumors affected.

Dr. Aron Popovtzer:

Now, if these two fields develop more in the next five or 10 years, we might be seeing ourselves going towards what you believe, is which is having cancer become a chronic disease, instead of a deadly disease. Still, we still have some diseases, for example, like GBM, glioblastoma multiforme brain tumor, in which, unfortunately, nothing's happening. And that's a big problem.

Benyamin Cohen:

Yeah. There was a great Netflix series I watched recently called "Lenox Hill." It's all about these glioblastoma doctors. It was fascinating.

Dr. Aron Popovtzer:

It's fascinating but frustrating.

Benyamin Cohen:

Very. Yeah.

Benyamin Cohen:

When we return, Dr. Popovtzer reveals details about the new cancer center being built on Hadassah's campus. Plus, he explains what it's like to break cancer news to a patient.

Dr. Aron Popovtzer:

Sometimes I have families telling me not to tell the patient what he has. You must say the word cancer. It's important. The patient has to know he has cancer. You can't deny that.

Benyamin Cohen:

All that and much more after the break.

Dina Kraft:

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.

Dina Kraft:

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.

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Benyamin Cohen:

And now, back to our conversation with the new director of Hadassah's oncology department, Dr. Aron Popovtzer.

Benyamin Cohen:

We talked about smoking. I think we all know that we're all familiar that smoking leads to cancer. Obviously certain bad eating habits could lead to cancer. I always get nervous. One of my guilty pleasures is putting sugar substitutes in my coffee, like Splenda or Equal, and you always hear negative things about that. Is there stuff in our lifestyle that you would recommend to help with cancer prevention?

Dr. Aron Popovtzer:

So as of now, actually, other than not smoking, nothing has been really proven. We do believe that if you eat a lot of fibers, it's better for cancer. We do think that specific vegetables, turnips, cabbage, cauliflower do prevent cancer. Other than that, we don't have much data.

Dr. Aron Popovtzer:

There is a strong belief for many years that sugar causes cancer. Actually, sugar causes many problems. It causes diabetes, which is a deadly disease. It can cause vascular problems. It can cause kidney problems. It doesn't cause cancer. We do know that cigarettes cause cancer. Overexposure to sun, obviously. We have a lot of patients in Israel who are very tan skin, who are very pale – come from Poland or from Russia –and they come here and live in the Israeli desert, and we have a lot of skin cancer. This is something which easily can be avoided. It's funny, in Israel, in the '50s and '60s, they thought it was healthy to do sunbaths, to spend a lot of time in the sun. Today, we know the sun is deadly. So try to avoid sun.

Dr. Aron Popovtzer:

We do know that in general a healthy lifestyle is better for avoiding cancer. Just do the best you can and hopefully everything's fine.

Benyamin Cohen:

I know we're running towards the end of our conversation. I have just a few more questions. I always see this in movies, when a doctor has to break news to a patient that they're sick, and I can only imagine when that disease is cancer because that word holds so much weight. So what's going through your mind as the doctor when you have to break such tough news to a patient?

Dr. Aron Popovtzer:

So it depends on the patient. Some patients expect to hear they have cancer. A patient who expects to hear he has cancer, you do it easier. So I would like to start with the good news, "Despite the fact that you have cancer, we have something to offer," so and so. And you try to right away focus on the good fact. That's what I usually try to do with any patient. Sometimes I think it's more difficult telling a patient that he has metastatic disease and you can't cure him. And there, I usually try to do it gradual. Try not to break in the news right away. I start saying, "Look, there are many things to offer today. We're looking for the fact that you have a certain disease that is cancer."

Dr. Aron Popovtzer:

But at the end of the day, when you finish the talk, the patient must know he has cancer and he must know his stage. He doesn't need to know his statistics if he doesn't ask for them. So sometimes, you know the classic question, you have the question that guy who says, "Doctor, doctor, how long I am going to live?" So you think that all patients ask this. Actually, most patients don't want to know. Don't want to know how long they live. They really don't want to know. If they don't want to know, you don't have to push them. If they want to know, you have to say the statistics. I mean, in order to treat the patient, you want to say that the statistics are so and so. We hope you do better. We have many things to offer, but these are the statistics. It's sometimes a little frightening. Some of the cancers are worse, some of them are better. If a patient has a better cancer, you want to right away emphasize the good part of the cancer and try putting aside the bad points.

Dr. Aron Popovtzer:

You must say the word cancer. It's important. The patient has to know he has cancer. You can't deny that. Unfortunately, you get used to it. The doctor gets used to saying it. There's no real answer. I think it's very personalized according to the patient. Sometimes I have families telling me not to tell the patient what he has. So the patient's 90 years old and he has Alzheimer's, I'm fine with it. But if you have a younger patient, I think it's not fair.

Benyamin Cohen:

Yeah. So looking ahead, if you and I were to have this conversation in five or 10 years from now, where do you see yourself? Where do you see the department?

Dr. Aron Popovtzer:

Okay. So first of all, I hope that you'll be here in Israel. You're maybe visiting your parents in Bet Shemesh, which would be nice. I'm not sure I'd like to come to Virginia, but other than that, I'll be happy to see you in the United States.

Dr. Aron Popovtzer:

So in Hadassah, in five years, as far as where is Hadassah standing, or the cancer standing? What's the question? It's two different-

Benjamin Cohen:

I want to know where you hope to be professionally, and where you hope the cancer department will be.

Dr. Aron Popovtzer:

So, okay. I'm just joking. Yeah. So the first thing is we're building a new comprehensive cancer center. So first of all, I hope in five years, physically, not to be in the room I am here now. I hope to be in the new cancer center, which will be a one-stop shop for all patients offering a comprehensive cancer center. And that's the first thing. And that's something that I hope to get support from all over the world. We're working on this right now.

Dr. Aron Popovtzer:

As far as where my specific expectations are from all my doctors, I think in five years our precision medicine, what we talked about, will be much stronger and we will be able to offer almost all patients who understand better the cancer, our treatment will be a bit more personalized, will have less toxicities. The patients will gain more, lose less. They will know exactly what they can gain. Our radiation treatments will be more accurate, and our radiation toxicities will be lower, hopefully. And patients will live better, live longer and have less side effects. This is the dream.

Benjamin Cohen:

Yeah. This is one last question I like to ask all people I interview. Is there anything I did not ask you that I should have asked you?

Dr. Aron Popovtzer:

No, I think you covered the main subjects of cancer. And I hope the people will enjoy our talk. Thank you very much.

Benjamin Cohen:

Well, thanks so much. I really appreciate it. And I learned a lot.

Dr. Aron Popovtzer:

Nice meeting you. Bye-bye.

Benjamin Cohen:

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helps others discover Hadassah on Call. The 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 Benjamin Cohen and thanks again for joining us today. We'll see you next month.