



Season 2, Episode 9: The Myths of Menopause Debunked and Much More.

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 the 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 everybody, and welcome to the show. Today, I am super excited to be joined by Barbara Sofer, the Director of Public Relations for the Hadassah Office in Israel. Barbara, thanks for joining me.

Barbara Sofer:

Oh, it's my pleasure. Welcome everybody to Jerusalem.

Benyamin Cohen:

And our guest today is Professor Drorit Hochner. She was the long-time head of the OB-GYN department at Hadassah Hospital's Mount Scopus campus. And now she's working as a senior physician teaching residents and medical students, as well as seeing patients for things like maybe deliveries and operations. Professor Hochner, welcome to the show.

Dr. Drorit Hochner:

Hi. Good evening, everybody.

Benyamin Cohen:

I know you've played a very important role in the development of obstetrics and gynecology in Israel. And I'm just curious, looking back at all those years of work, if you were talking to your younger self, would you still decide to go into this field?

Dr. Drorit Hochner:

Absolutely. Yes.

Benyamin Cohen:

Yeah.

Dr. Drorit Hochner:

I think I was lucky to do this choice and I meant it's quite difficult for me to understand how come I was taking the right choice. Because when you start your career in medicine – and I'm not a daughter of a physician or a gynecologist or an obstetrician, how come I knew that this is going to be such a fascinating, interesting and fulfilling field and definitely I would have done the same.

Benyamin Cohen:

Yeah. Why do you think... Today on the show we're talking a lot about menopause, and I know here in the States and I'm sure in Israel it's very similar. It's a very taboo topic. Why do you think that is?

Dr. Drorit Hochner:

I don't think it's a taboo. I don't think it's very interesting, or let's say it's not very sexy field, but it's absolutely not a taboo. I think the interest in menopause parallels to prolonged life expectancy, because now we know that a woman who reaches 50 and has at least a third of her life to go on with menopause, with all the symptoms and the signs and metabolic changes associated with menopause. And it's interesting. However, aging in general is not such a sexy thing. We are very much interested in fertility, in genetics and all those kinds of things, which look very interesting. Menopause seems to be something which is old, aged, but I don't think it's a taboo. Absolutely no. And now, a menopausal woman is usually in... as long as she's healthy, she has actually very much interest in her life and she can look forward to many more achievements during her menopausal years.

Barbara Sofer:

Do you think there's been a change though? When people used to use that as an awful Hebrew word that means worn out, right? Isn't that right?

Dr. Drorit Hochner:

The name in Hebrew is awful, because a woman who comes in the room you say, "Ah, you are actually worn out." So, this is something that we can never use. That's why we use "menopause." And menopause actually is pause is the stop, the stop of a menses of... I mean, the disappearance of menstrual bleeding, which means that actually there's no functioning ovaries. That's actually menopause even though we say that it's because we don't have any menstruation. I think if we look a hundred years ago, life expectancy was something like 50. So usually, most women died at the age of 50 when they reached menopause. And there was no interest at all in the menopausal women. Nowadays, with the prolonged life expectancy, we are looking at all those symptoms and signs and metabolic change that happens.

Dr. Drorit Hochner:

But there's also andropause, which we don't look at it at all. What does it mean, andropause? It's the same as menopause, but we speak about men's. That the production of the testicles, the production of the testosterone and androgen and male hormones is gradually decreased and not abrupt discontinuation of the function of the ovaries, which happens something around the age of 50. But I don't think there's a taboo. And I think there's much interest and also much research done on menopausal women, especially on diseases associated with in menopausal years, such as breast cancer, heart disease, declined cognitive function.

Barbara Sofer:

People don't talk about male menopause. And when you go into the many times into a gynecologist, they use that horrible term, atrophy vaginas. So, the whole language of that seems to be negative. And how do we get over that? When you tell a woman she's starting menopause, what is the look on her face? So, don't we have to overcome a kind of negativity about the subject?

Dr. Drorit Hochner:

Yes, I think so. But I think our life, I mean, in general... When you look on TV, do you see old women on TV or you see only young women and all the men, no? That's the way of life... regardless of their hormonal status, no? So, there is something about the vaginal atrophy... I think we can say definitely that we can overcome this problem at all. Because now we have medication that are totally safe and can preserve the function of the vagina and associated with no side effects, even in women who have contraindication for hormones, such as women experiencing breast cancer. So vaginal atrophy, which you spoke about... Listen, we don't look younger and prettier with the age, no? Don't you think?

Barbara Sofer:

I agree.

Dr. Drorit Hochner:

My father used to say something in Yiddish. I don't know exactly Yiddish, but he said: "You get old. And when you get older, things are not that great." What can you do? Benyamin looks better than me. What can I say?

Barbara Sofer:

Anyway, I think you look great. And I want to say that there's a book out that I read that just said that killer whales also go into menopause around the same time that we women do. And what happens with them? They become the leaders of the whale society.

Dr. Drorit Hochner:

They do?

Barbara Sofer:

Yeah.

Dr. Drorit Hochner:

Barbara, in Ethiopia for instance, the menopausal women have a very important role in the society because first of all, they stop giving birth because there's not so much contraception there. So, they can get rid of fertility and childbearing and everything, and they become the source of knowledge, of experience, and you go to them whom I'm going to marry. But listen, in the Western world, there's nothing like this. We don't rely on old women. Nowhere. Even though Glenn Close yesterday in the Oscars...

Benyamin Cohen:

Yeah.

Dr. Drorit Hochner:

...she's 74 and she started dancing, right? This was a viral...

Benyamin Cohen:

Yeah.

Dr. Drorit Hochner:

And she looked fantastic. She doesn't look menopausal. She doesn't look with a vaginal atrophy.

Barbara Sofer:

Yeah.

Benyamin Cohen:

Is that your professional medical opinion?

Dr. Drorit Hochner:

As you can understand, I can't see from the outside the status of her vagina.

Benyamin Cohen:

So, we're talking a lot about menopause, and I think there may be some confusion if you could explain the difference between perimenopause and menopause.

Dr. Drorit Hochner:

Okay. Perimenopause is actually the period between fertility, which we have a very regular ovarian function, and menopause when we don't have any ovarian function. And the perimenopause can last between two, three, five, and even ten years. And it's associated usually with irregular menses, with inappropriate or not inappropriate, this is not the right word, but irregular hormonal secretions and all kinds of symptoms, which are not still menopausal symptoms – but definitely not the fertility period in which you have regular menses and fertility and everything. So, this is the perimenopause, and the perimenopause can drive you crazy, especially when you're a religious woman and you have irregular menses, and you need to go every other day to the mikvah and everything. Women drive them crazy, this period. Especially if it is associated also with mood swings, with disturbances in quality of life. In the perimenopause, you might experience hot flashes, but very here and there, not like you experience hot flashes in the menopause, which usually are more often and most severe and interfere with the quality of your life.

Benyamin Cohen:

Why do women get hot flashes?

Dr. Drorit Hochner:

This is a very interesting question. Years ago, people thought that a woman at the age of 50, when her children are living home and her husband is busy with his job and career. The only thing that you she can do now is complain about hot flashes. Nobody wants to eat her soup or cooking or whatever. And you know that the beginning of understanding what menopause and what hot flashes are, the recommendation was to use all kinds of psychiatric antidepressant drugs and everything. We know that they are effective. And sometimes we use them even now, especially in women who cannot take hormones. Why do they occur? We don't know exactly the mechanism.

Dr. Drorit Hochner:

We know that this is because of some changes in the heat temperature centers in the brain, because we can measure it. It's not something that she complains on it. We can really see that the temperature in the ear, in the fingers is a much higher than in the inside of her body. So, this is something that you can really quantify, but we don't know exactly why, and we don't know why those hot flashes are only on the upper part of the body, especially on your face. We don't know why some women have them every 10 minutes and some have them once in a week. And the severity and the frequency are different between women.

Benyamin Cohen:

You mentioned hormone therapy as a possible way to help. What are your thoughts about that?

Dr. Drorit Hochner:

No questions that the best and most efficient treatment for hot flashes are hormones. The problem is not whether they are efficient or not, because absolutely there are efficient. The problem is what's the side effect and what's the cost. I mean, are they really safe for everybody? And we know that they're not safe for everybody. And some women will develop all kinds of complications, especially we are frightened about the association between hormones and breast cancer. It's not that hormones cause breast cancer. No. But once some cells in the breast are cancerous, maybe the environment of hormones might encourage them to grow and actually become breast cancer. We don't know exactly what's the reason for breast cancer, but we know there is an association and after five years of use of hormones, there is a slight increase in the incidence of breast cancer among hormone users.

Benyamin Cohen:

When we return, Dr. Hochner talks about the various side effects of menopause, including what it does to a woman's sex drive.

Barbara Sofer:

Well, I think I once heard from you that it's in your head and not in your vagina, this whole thing. Right?

Dr. Drorit Hochner:

It's true. But part of it is also in the vagina. No question.

Benyamin Cohen:

All that, and much more after a quick break.

Benyamin Cohen:

With the COVID-19 vaccine now being delivered across the globe, Hadassah Hospital is at the forefront of caring for patients in a post-pandemic era. Hadassah recently opened a multi-disciplinary clinic to help treat people suffering from COVID after-effects – everything from lung damage to mental health issues. Keep up to date with everything that Hadassah Hospital is doing to help combat this deadly disease by visiting 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 roll out the vaccine and prevent 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 Dr. Drorit Hochner.

Benyamin Cohen:

Are there other side effects? We've talked about the hot flashes as being a symptom, but are there side effects of going through menopause like your cognition or weight gain, or other things?

Dr. Drorit Hochner:

When we speak about the early symptoms of menopause, which are actually started the perimenopause period, we speak about the vasomotor symptoms, which are the hot flashes, but also the neuropsychiatric complaints. What does it mean? This is actually a decrease in concentration, some disturbances in memory, disturbances in sleep. And it's not only... and the woman doesn't feel well. And we know that it's associated because of the decline of estrogen in our body. And we also have the genital urinary symptoms of menopause, which also is a big problem. And it's not only the vaginal atrophy, but it makes you prone to develop urinary tract infection, which is a big problem in women. Especially the perimenopause and goes into the menopause and years later.

Dr. Drorit Hochner:

And those are the immediate symptoms of the disappearance or the discontinuation of production and secretion of estrogen by the ovaries. But we have lots of other metabolic changes, which sometimes occur 20 years later, such as increase in cardiovascular morbidity, increase in cognitive decline, osteoporosis, of course. Sarcopenia, which is a decrease of the muscle in body. All those kinds of things are associated with the hormonal depletion, but also with aging, and not always. We know exactly what's the role of aging and what's the role of hormone decline.

Barbara Sofer:

I'm sure everybody listening to this podcast, many of whom are certainly 50 and above want to know, if hormones aren't always the best choice for them, hormone supplements, then what else can we do in order to deal with all of these symptoms? We want to be smart, and we want to be a thinner and we want to be healthier. And what can we do?

Dr. Drorit Hochner:

Not every woman needs hormones, not every woman. It's not like when you reach the age of 45 and you don't see well, and you take glasses, right? Benjamin, you take already although you are only 25. We said that you're wearing glasses. But regarding hormones, you need to have a good indication for it. What's the indication? Usually symptoms, which interfere with your quality of life. And this is something which is very subjective. I can't tell the patient, "Listen, you need hormones." She needs to come to me and say, "Listen, my life is no good. I mean, the quality of my life is significantly interfered because of menopause, and I need something." If she has no contraindication for hormones, and usually the two main contraindication for hormones are breast cancer or all kinds of tumors, which are dependent on estrogen or tendency to clot your blood. Thrombophilia.

Dr. Drorit Hochner:

Sometimes, women would experience a pulmonary embolism or deep vein thrombosis or something like this. Those are contraindications for the use of hormones. If there's no contraindication for use, and the quality of life is not good, then we usually recommend on starting hormones. However, if there is contraindication, we use SSRI and SNRIs. All those treatments that we used 60, 70 years ago, when we started to realize what menopause is and what's hot flashes. There are also some other things which I think that are not available in the United States, like the black cohosh extract, which in Israel and Europe, we call Cimidona. And we recommend... I don't know if it's really helped, but we need to remember that hot flashes will disappear by themselves. It will take couple of years. What does it mean couple of years? Between 2 to 14 years is a lot.

Benyamin Cohen:

Oh, wow.

Dr. Drorit Hochner:

We used to think that after two years no hot flashes exist anymore, but this is a mistake. We know that they can continue for many years and they really drive women crazy.

Barbara Sofer:

So, let's get to the big question. Are menopausal women more sexier or less sexy when they get to the age?

Dr. Drorit Hochner:

First of all, it's a matter of taste. Everybody has... I understand that you want me to say that they're more sexier, but I think that somehow, we get a bit less sexier with life, with age. Don't you think so Barbara? Let's be honest.

Barbara Sofer:

Well, I think I once heard from you that it's in your head and not in your vagina, this whole thing. Right?

Dr. Drorit Hochner:

It's true. But part of it is also in the vagina. No question.

Benyamin Cohen:

I'm glad our listeners can't see me because I'm blushing.

Barbara Sofer:

I told you, you couldn't ask these questions Benyamin.

Benyamin Cohen:

When we return, Dr. Hochner tells the inspiring story of a menopausal mother who wanted to have a baby after losing her son in a terrorist attack.

Dr. Drorit Hochner:

Listen, I saw a broken couple. The youngest son was killed, and they thought that the only way they can overcome this tragedy is by having a new baby.

Benyamin Cohen:

All that, and much more after a quick break.

Speaker 4:

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. Amid conflict, entangled histories, stories of human connections and friendships can get lost. The mission of this podcast is to find them and bring them to you. In this season, I talk to artists, midwives, soccer teammates and environmentalists. All of them and many others, too, who work together in spite of the barriers between them. "The Branch" brings you 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 Hadassah.org/thebranch.

Benyamin Cohen:

And now back to our conversation with Dr. Drorit Hochner.

Benyamin Cohen:

Is it possible that other age-related issues can be mistaken for menopause like hypertension or heart disease?

Dr. Drorit Hochner:

I don't think it's menopausal. I think because we now know that because with the epidemic of obesity, we see high blood pressure and we see high cholesterol and we see all those kinds of things in younger women, who's ovaries are functioning well. So, this is not really something... But most probably when you enter menopause and, together with all the aging and everything, also, you have less hormones, less estrogen in your circulation. This makes things more serious.

Barbara Sofer:

People are always concerned – women with like pelvic muscle deterioration or weakness. And can that be exercised away? Or does one have to think about... or think about surgery always.

Dr. Drorit Hochner:

It depends on the severity of the situation, because if you have a prolapse of your uterus, sometimes only exercise won't help and you need surgery. But even if you would need surgery, if you do surgery, you need also to exercise and increase the tone of your pelvic muscle. And this is something that we know is related to birth because women who gave birth, especially in Israel, when we see women who gave birth seven, eight, ten, or twelve times, the pelvic muscle is really not good. And we know also that with the decline or with the discontinuation of hormones, a production in the secretion, we also have a 50% decrease in the collagen quantity in our bodies. So, this is also something which really do... And there's a lot of things that can be done. For instance, in France, when you give birth, you get some lessons to increase the tone of your pelvic muscles.

Dr. Drorit Hochner:

You don't get on the instruction how to nurse your baby. It's also how to keep your pelvic muscle firm, but we don't pay attention to it so much. We all only pay attention when a woman comes and she complained that she has a pelvic floor prolapse or something like this, or she has stress urinary incontinence or flatus incontinence or whatever. But this is something that we really need to concentrate on and encourage women before menopause to start exercising and increase the tone of the pelvic muscle. And this is something that can be done.

Benyamin Cohen:

You work at Hadassah's Mount Scopus campus which has a very diverse patient population. And I'm wondering if you see any difference in the cultures of Ashkenazi Jews, Sephardi Jews, ultra-Orthodox Jews, Arab patients, and how they relate to menopause.

Dr. Drorit Hochner:

Yeah, you're right. I think, if I look 20 years ago, I look at the Ashkenazi versus the Sephardi or versus Arabs. Sephardi and Arabs used to accept menopause as something sent from God. This is life. Her mother, her grandma, her great-grandma, they all suffered the same and there's nothing we could do about it. Nowadays, you see a difference in their attitude among everybody, and you see it also among Arabs. I don't remember seeing any Arab menopausal women taking hormones. Now I see a lot. So, there is a change. It's a slow change, but there is really a change, especially takes place in the Arab population, but also among the Sephardic. And yeah, I think everywhere.

Benyamin Cohen:

More and more we're seeing women in their forties having babies, and I'm curious: Does having a baby in your forties... Is that hold off or push off menopause?

Dr. Drorit Hochner:

You need to remember that it's not really a natural fertility. Many, many, many of those cases are associated not on the IVF, in vitro fertilization, but also egg donation. So, if you want, you can take a woman at the age of 60. You're not allowed because of the law, but not because of the biology because we don't have aging of the uterus. We have aging of the ovaries. So, you can do egg donation at the age of 60 also to women, and you don't do it because you're afraid of all those side effects. But don't think that those women who give birth at the age of 48, 50, it's their own eggs. Absolutely not. It's what we call artificial reproductive techniques, which are associated at this age with egg donation.

Barbara Sofer:

So, I'd like to talk a bit about that special case that we had. We had a woman who was your patient who had a son who was sitting, having ice cream with his friends on Ben Yehuda Street and was blown up that night in a terror attack. And while they were sitting shiva, the mother who was about 49 then, 48, 49.

Dr. Drorit Hochner:

No, I think she was already 50, and she was menopausal.

Barbara Sofer:

That you would know, I wouldn't know exactly. But she and her husband decided while there was still sitting shiva that they wanted to have another baby. And she came to you and told to you the whole story, and you knew her, all of her medical history. And you looked at her and she always told me, and just nodded your head, and you said, "I understand." And you helped her have that baby. That little girl is now a teenager. Artistic, beautiful. What went through your mind that day when Shoshana Weinstein sat down across from you at your desk?

Dr. Drorit Hochner:

Listen, I saw a broken couple. The youngest son was killed and they thought that the only way they can overcome this tragedy is by having a new baby. It's not instead of the baby, instead of the boy that they lost, but something to put some light in their life. And despite the fact that I knew that her pregnancies were very complicated, I knew that we will be able to help her go through the pregnancy and give her a C-section at the end. Not a vaginal delivery and help her recover. I thought this is going to... I don't know if it's the right word to say, cure her, but at least help her a lot. And I think it did help her. I think it helped the whole family.

Benjamin Cohen:

You just talked about the importance, almost the psychological impact of having a child later in life. I'm wondering when you're dealing with patients who are going through menopause, how do you encourage them that their best years could be ahead?

Dr. Drorit Hochner:

Listen, it also depends on what status the woman enters menopause. What have you done? At the age of 50 you can't break new fields. You can't do everything from the very beginning, but if you had succeeded in having a good profession and good status and everything, I think you can enjoy the next 20, 30 years very easily.

Benjamin Cohen:

Can I ask a follow-up question? There are some many classes on childbirth and classes on parenting. Do you think there should be classes in menopause?

Dr. Drorit Hochner:

I need to tell you a story. A couple of years ago, we decided me and two midwives to do as a school for menopause. As you prepare yourself for a retirement now. You prepare yourself for childbirth. Let's do a menopausal class. So, we had couple of women entering our class. And every Friday, from 8 to 12 in the morning, we gave them all lectures about the changes, the hormonal changes, the physiological

changes, what can be done. We spoke about the cardiovascular morbidity, about genital urinary symptoms of menopause, about everything. And we were so pleased with ourselves. A couple of weeks later, I see a woman and she comes to the clinic and I asked her, "Hey, I know you've somewhere from." Yeah. She said, "Yes, I'm from your class." I said, "No, did you enjoy the class?"

Dr. Drorit Hochner:

She said, "Yeah, it was very interesting, but I didn't understand this "manfoosah". What was it? The manfoosah." So, are you understanding what I am saying? Instead of menopausal, she said manfoosah and she absolutely didn't understand what's going on. So, we were very pleased with our course, but I'm not sure that this was really the right thing to do. But we don't have classes for menopause, but we have books. I mean, we speak about it. We give lectures. I think we have some... I don't know if it's a course, but we have a preparation. A woman needs to know what's a hot flash because otherwise she'll wake up in the middle of the night and she thinks she's going to have a heart attack or something, because she's sweating, and her heart is beating, and she doesn't know what's going on. So, this is important to know what to expect.

Barbara Sofer:

Do you have the advice though to women who come into the clinic, and who are facing menopause, and who look a little worried about it? What do you say to them?

Dr. Drorit Hochner:

You know Barbara, with years, I can now see a woman at the age of 40 and I can not a hundred percent, but 90% precisely say how is she going to go through menopause. The way she looks on life. The way she takes changes. Because some women have lots of problems to overcome these years and they feel insulted. Well, how come? I'm not fertile. I'm not sexy. I don't have my period. My skin doesn't look the same. My hair doesn't look the same. My nails are broken. Okay. The vagina is dry, everything. But you can see those women who cannot, but some others they accept it, and they fight and they know that they can have solution for all those aspects of menopause. And they do fine.

Barbara Sofer:

If you could talk about how your field has changed over the course of your career.

Dr. Drorit Hochner:

When I graduated medical school and my year of internship, and I decided to go to gynecology, nobody understood how come a woman can be a gynecologist. A woman can have a knife in her hands to cut the cucumber or the tomato. You can be a pediatrician. You can be in internal medicine, but you can't be a surgeon. And I was the first resident in gynecology at Hadassah. Nowadays, most of our residents are women and most of the... And also in the beginning, patients wanted... When we did the round in the department, they always looked and asked me, "Do you have a vase for my flowers?" Because I'm like a nurse and the resident, the first-year resident, he is the doctor. Here's the one that we can rely on here. I think things have changed.

Dr. Drorit Hochner:

Women entered gynecology. Most of the residents are women and not most of the head of the departments are women. When you go up, and up, and up, you see less and less women. But it's not only because the society doesn't let them, because women are more... they want to be at home, they

have children, especially in Israel that they have many children. You don't see many childless gynecologists. It's not easy. It's not easy to have family, work, academic achievements and everything. This is something that takes care of... takes all of yourself into it.

Barbara Sofer:

And you brought up your own children.

Dr. Drorit Hochner:

It wasn't easy. And I had a partner who helped me a lot. I had a mother who helped me a lot. They didn't grow by themselves. No. And I think I'm very proud of having my five... I gave birth to my five grandchildren. So, this is kind of handiwork.

Barbara Sofer:

You delivered...

Dr. Drorit Hochner:

I C-section my daughter twice.

Benjamin Cohen:

Wow.

Dr. Drorit Hochner:

And I delivered my daughter-in-law three times, so I have five.

Benjamin Cohen:

Wow.

Dr. Drorit Hochner:

Unfortunately, only boys, but no girls, but five grandchildren.

Benjamin Cohen:

What's going through your mind delivering your own grandchildren.

Dr. Drorit Hochner:

Somebody asked me, "How can you C-section your daughter? How can you?" But I think this is something that also developed through the years. When my children were young, I used to take blood of them and everything, and they trusted me. And I believed in myself helping them, so this is not something that I'm going to harm them. And this was kind of interrelationship, which grew into it. And I was sure enough of myself to C-section her and everything. Baruch Hashem, it was okay. Two lovely grandchildren. One is 14 years old.

Barbara Sofer:

You delivered a number of my grandchildren too, so thank you very much.

Dr. Drorit Hochner:

Okay.

Benyamin Cohen:

Thank you so much. I know you're busy. Thank you so much for taking the time to chat with us.

Dr. Drorit Hochner:

Thank you.

Benyamin Cohen:

I really appreciate it.

Dr. Drorit Hochner:

Bye-bye. Take care. Bye-bye.

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. 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.

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