



### **Transcript: Ovarian Cancer: Understanding the Silent Killer**

#### **Benyamin Cohen:**

Hello everyone, and welcome to “Hadassah On Call.” I'm your host, Benyamin Cohen. We've got a special episode for you. That's because March is Ovarian Cancer Awareness Month, and it's a pretty common disease. One in 78 women will get ovarian cancer, and for Jewish women that number is double. And while a diagnosis of ovarian cancer used to be a death sentence, it isn't always that way anymore.

#### **Benyamin Cohen:**

So, today we'll be speaking with both a doctor and a patient. First up, you'll hear from Dr. Tamar Perri, the Director of the Gynecologic Oncology Department at Hadassah, and then we'll be joined by Dr. Rivka Brooks. She also works at Hadassah and became a patient of Dr. Perri when she discovered that she had ovarian cancer. So without further ado, I hope you enjoy our conversation.

#### **Benyamin Cohen:**

Hello everybody, and welcome to the show. I'm your host, Benyamin Cohen. I am happy today to be joined by Dr. Tamar Perri, the Director of the Gynecologic Oncology Department at Hadassah Hospital in Israel. Welcome to the show Dr. Perri.

#### **Dr. Tamar Perri:**

Thank you very much, and thanks for having me.

#### **Benyamin Cohen:**

So, today we are going to be talking about ovarian cancer. March is Ovarian Cancer Awareness Month. And is it true ovarian cancer is the fifth deadliest cancer for women?

#### **Dr. Tamar Perri:**

It is the fifth cancer for women, but in Israel, even more than that, for reasons that would be probably detailed soon.

**Benyamin Cohen:**

Yeah, we're going to talk about that. But I also was reading, there's been a lot of medical developments in the past few years, in that it's not the death sentence that it once used to be. Is that correct?

**Dr. Tamar Perri:**

Very true. There's been a lot going on in ovarian cancer and we have new treatments and exciting opportunities to offer for patients now that we didn't have only a few years ago.

**Benyamin Cohen:**

Yeah. So, I want to talk about that. So, you have at Hadassah a woman's cancer center. Can you tell us about that?

**Dr. Tamar Perri:**

Yeah. We're exactly now celebrating a year to the foundation of a new department in Hadassah. It is called the Gynecological Oncology Department, and it was just brought together this year. Very exciting for all of us, and I think for the patients as well. It's a new center, meaning that we brought to Hadassah all new staff with doctors and nurses, all dedicated to treat gynecological oncology patients, together with cutting-edge equipment, operating room equipment and new biological and chemotherapies that were not available before. All brought together to Hadassah to treat those patients in one specialized center. This is actually a new concept in Hadassah.

**Benyamin Cohen:**

What do you mean it's a new concept?

**Dr. Tamar Perri:**

Before that, patients were treated by different teams during the course of the disease. From diagnosis, they were diagnosed in one place then went to another place to get the chemotherapy by an oncologist, then got the surgery by gynecologist, and then were followed up usually outside Hadassah. Now the new concept is bringing it all together in one center, putting the patient in the center, not letting her look for answers and look for tests and look for treatments, but bringing it all to her. And that's the new concept.

**Benyamin Cohen:**

What's been the response from the patients? What have you seen?

**Dr. Tamar Perri:**

Well, luckily we have a patient today, a former patient, so we can ask her. But I think the new thing is catching up very, very nicely. I think patients like to be in the center and not having to deal with all the bureaucracy and not having to look for stuff, and it's very, very convenient. Also, I think we offer, or at least we're trying to offer an atmosphere that will be embracing and nice for the patients, kind of a little home to come to when you have to get treatments. And that also was received very warmly by patients and families.

**Benyamin Cohen:**

Yeah. As you said, we're going to have one of your former patients join us later in the episode. Before we get to that, I want our listeners to learn more about ovarian cancer in general. What are some of the main risk factors for ovarian cancer, and are certain people more at risk for ovarian cancer?

**Dr. Tamar Perri:**

This is an interesting question. Actually, the answer was changed during the last years. It was thought to be related to fertility issues. Nowadays, we know that many patients have the cancer coming from the fallopian tube and not from the ovary. Fallopian tube is near the ovary and it was found that the pre-cancerous lesion is in the fallopian tube. So it has nothing to do with fertility issues. Actually, the only sure risk factor that we know of is the genetic tendency to get ovarian cancer. This has to do with a special mutation called the BRCA mutation. And it also has to do with breast cancer and the lifetime risk of both cancers, breast, and ovarian cancer for BRCA mutation carriers is very, very high.

**Dr. Tamar Perri:**

So those patients that carry the mutation usually have family history, but not always, of ovarian or breast cancer and have to be tested. It's also new in Israel that they all can be tested through *kupat cholim* without having to pay for it and make sure that they're not carriers of the gene. If they are carriers of the gene, we know that their lifetime risk of ovarian or breast cancer is very high.

**Benyamin Cohen:**

Yeah. I've spoken to one of your colleagues in the breast cancer department. Is this something that's more common among Jewish women?

**Dr. Tamar Perri:**

Yes, it is. Actually, one in every 40 women will have this mutation in BRCA gene in Jewish community

**Benyamin Cohen:**

Compared to what in the general population?

**Dr. Tamar Perri:**

Oh, it's much higher. Much, much higher. So actually that's why, we were talking before, that's why ovarian cancer is more common in Israel than in many other parts of the world, because of this mutation.

**Benyamin Cohen:**

Does that mean that Hadassah can do more research on ovarian cancer because of the population?

**Dr. Tamar Perri:**

Yes, it does. Actually, we have one of the largest populations of ovarian cancer and breast cancer as well in the world. And when there is a new trial or new drugs to try out, we know that many drug companies turn to Israel and to Hadassah, of course, to try and recruit patients for the trials because we have those patients with BRCA mutation. Actually, one of the treatments that was offered only a few years ago was discovered, the PARP inhibitors, maybe we'll talk more about that later, was tested mainly in Israel because of this population of BRCA mutation.

**Benyamin Cohen:**

What kind of early detection, obviously early detection is important for all cancers, but what can a woman do as far as ovarian cancer and early detection?

**Dr. Tamar Perri:**

Yeah. Unfortunately, ovarian cancer cannot be early detected. And that's why, actually, when we know about the mutation for a patient that's more than 40 years old or finished her fertility desires, we offer those patients with a mutation to take out the ovaries and tubes before diagnosis of disease. This is the only thing we can do. Unfortunately, when ovarian cancer is diagnosed, in more than 90% of the times it's already spread.

**Benyamin Cohen:**

Wow. So what kind of treatment would you do at that point? And are there specific experimental treatments that you're working on at Hadassah? Immunotherapy, stem cells?

**Dr. Tamar Perri:**

Okay. So when a patient is diagnosed with ovarian cancer, as I said, it's usually spread. We usually take out all of the tumor, do a surgery for her. So we take out the ovaries and tubes and everything that involved in the tumor cells during surgery. Right now we do it with both laparotomies and laparoscopic, and we have also a robot surgery at Hadassah, which is new in gynecology in Hadassah. So we can do all those surgeries with a robot or most of those surgeries without opening the abdomen, after which we give the patient chemotherapy. And also, we usually would give some kind of biological treatment as a maintenance after chemotherapy.

**Dr. Tamar Perri:**

If she's a carrier of the BRCA mutation then we would give her, as I said before, PARP inhibitors, which is a drug given orally. She swallows tablets and it's given for two years now. If she's not, we can give her Avastin, which is another biological treatment given IV every three weeks, also, for 18 months. We try out new treatments now, and there's a trial going on with immunotherapy, for ovarian cancer, but not as a sole treatment, but in addition to chemotherapy and biological treatment that's already known.

**Benyamin Cohen:**

And can you customize treatment? You know, it's not always like a one size fits all, I'm guessing, you can customize it depending on the patient's needs.

**Dr. Tamar Perri:**

Yeah, you can customize treatment. Sometimes you would give less for a patient that's very frail. For instance, older patients will get easier treatments. Sometimes you can give more, some patients get all five options together. It's part of a trial. They get chemo, they get PARP inhibitors, they get Avastin, they get immunotherapy, all in addition to the surgery. So if a patient is really fit and she can, we think that she can bear all those treatments together, maybe she will be registered for a trial and we can try that.

**Dr. Tamar Perri:**

Right now we don't have results for this trial yet, but this is the new thing going on. Another new thing going on now, personalized for patients, is if the disease recurs after treatment we now got to a process

of doing another surgery. Only two years ago it was one surgery for patients during the course of the disease. But now, when disease comes back in certain circumstances, we can do re-surgery or secondary debulking surgery for those patients. And we actually, we prolong lives and, of course, relieve symptoms by the second surgery.

**Benjamin Cohen:**

So if a patient is at risk of ovarian cancer, could they, like after they're done having children and after the birth years, could you remove the ovaries?

**Dr. Tamar Perri:**

Yes, exactly. This is what we offer them to do, when they finish their family planning or get to 40 years of age and they are carriers of the BRCA mutation, we would usually ask them to remove the ovaries and tubes to prevent cancer.

**Benjamin Cohen:**

And after you remove the ovaries, is that it as far as fertility or is there a way to freeze some of that tissue?

**Dr. Tamar Perri:**

Yeah. If she wants to, she can freeze the eggs or embryos before removing the ovaries and she can get pregnant without the ovaries. It's safer for her.

**Benjamin Cohen:**

Wow. If you're enjoying this conversation, you may want to check out our last episode, with three doctors who specialize in post-traumatic stress disorder. While many of us may think of PTSD as something that happens to soldiers on the battlefield, really the most common form occurs after things like car accidents. Let's listen in.

**Dr. Omer Bonne:**

Yeah, we usually, automatically jump to the more, I don't know if you say traumatic, sensational media related type of trauma, but usually all the boring day to day trauma will be much more a cause of PTSD than the sensational terrorist-related trauma.

**Benjamin Cohen:**

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**Benjamin Cohen:**

Welcome back, and thanks for listening to this episode of "Hadassah On Call." We are talking with Dr. Tamar Perri about ovarian cancer.

We have with us today, we're very fortunate to have one of your former patients, Dr. Rivka Brooks. She's also a doctor, happens to be a doctor at Hadassah. She's the founding Director of the Pediatric Intensive Care Unit at Hadassah's Mount Scopus campus also in Jerusalem. And I also want to bring into

the conversation, my friend, Barbara Sofer, the Israel Director of Public Relations at Hadassah. So, both of you welcome to the show.

**Barbara Sofer:**

Thank you. Always glad to be here, and I want to say that as a Jewish woman, ovarian cancer is always of tremendous interest to me. It's one of the things that we're very frightened of, and it's my pleasure to be able to interview Dr. Rivka Brooks who had ovarian cancer and is with us today and is willing to share her story in order to alert other women about the risks and the treatments of ovarian cancer.

**Barbara Sofer:**

So we're very fortunate today to have such wonderful cooperation. So Dr. Brooks, would you please tell us a little bit about your regular life, the life when you were just doctor and not doctor and patient. What do you do every day? I've witnessed you at work, so I know how amazing you are, but can you tell us a little bit about your daily life?

**Dr. Rivka Brooks:**

First of all, thank you for inviting me. I'm honored to be interviewed with Dr. Tamar Perri. Until about nine months ago, my path in Hadassah has been a doctor, physician for 25 years. I'm a pediatrician, Pediatric Intensive Care Unit, and also pediatric supportive care unit for children with multiple diseases. And yeah.

**Barbara Sofer:**

Do you spend your days in the Intensive Care Unit?

**Dr. Rivka Brooks:**

Yeah.

**Barbara Sofer:**

You get very involved with the families, with their complex patients.

**Dr. Rivka Brooks:**

Yes.

**Barbara Sofer:**

And if people are wondering about your wonderful British accent. Then you come from England and your father was a very well-known doctor in Israel as well.

**Dr. Rivka Brooks:**

My father was a GP. He was my role model. I became a doctor because of him. Yeah. So they made aliyah in '73 when I was three, but my life has been here in Israel. I studied medicine here. I did my residency here. So yeah.

**Barbara Sofer:**

When did you make that transition? Really, from being only doctor and then doctor and patient in the hospital where you've spent most of your life?

**Dr. Rivka Brooks:**

Exactly nine months ago. I was trekking in Georgia and I felt something was wrong.

**Barbara Sofer:**

That's Soviet Georgia, not American Georgia, right?

**Dr. Rivka Brooks:**

Absolutely, yes. It was just after the first corona wave, and we thought we were past it. I was trekking and I felt something was wrong with my period. And on the fifth or sixth day of trekking, I wrote to my gynecologist, Professor Hochner. I wrote, "I'm not hysterical, but I think I've got cancer." And she said, "When are you coming back?" "Friday." "Come and see me on Sunday." I came and saw her Sunday, by Tuesday I had the diagnosis. She said to me that she wants me to go and see Dr. Perri. I said, "No, I know you." She said, "She's the best." She gave me such confidence. I'm so happy that's what I did, but it was Professor Hochner that referred me to Dr. Perri.

**Dr. Rivka Brooks:**

So, that was Tuesday, by Thursday I was off to surgery. Within two weeks I'd started my chemotherapy, and I must admit that chemotherapy was nothing like I imagined, or I had been told. I think what Dr. Perri had described is so true. It's an amazing atmosphere. I think patients fight; I knew this is as a doctor. I've been fighting this ever since I work the bureaucracy for patients, but now to feel it as a patient, when you don't have the bureaucracy, when you go to the same place, you see the same people. It's just the most amazing center. That's it, I had my chemotherapy, finished chemotherapy and I'm back at work.

**Barbara Sofer:**

But you're continuing treatment, you told me.

**Dr. Rivka Brooks:**

I'm having, like Dr. Perri said, I'm having the PARP inhibitors, I'm BRCA positive, which surprised me. And that is my message because you know, people always ask, do you have family history? And I have a huge family on my mother's side, no family history. You forget about the side you don't know that much about, and apparently, I am BRCA positive. Yes, my message is to test, to have BRCA tested on anyone who has any Ashkenazi blood in her. It's free in Israel now and it's a life saver.

**Barbara Sofer:**

Since you've known that you're BRCA positive now, does it impact also your worries about getting breast cancer?

**Dr. Rivka Brooks:**

It's a good question. Had I not had ovarian cancer I would've probably been more worried, but as soon as I had ovarian cancer, I knew that my prognosis was better if I had BRCA. So I was actually pretty happy, is not the word, but yes, to know that I've got BRCA and that there is the PARP inhibitor

treatment. What I will do in the future about the breast cancer, I have to think about it. It's a big question whether to have a preventive mastectomy or not. In the meantime, I'm on the PARP for the next two years, and I'll have time to think about it. It's a big question.

**Barbara Sofer:**

How do you feel?

**Dr. Rivka Brooks:**

Wonderful.

**Benyamin Cohen:**

Dr. Brooks, what advice would you give to other women who are listening to your story? Is it just to get tested?

**Dr. Rivka Brooks:**

Number one, absolutely get tested. At what age? I don't know. But I think when a woman is nearing her 40th year, I think it's better to know than not know. And if it is positive, then take the ovaries out preventively because there's no – It's a silent killer. It's always, as a doctor, it's always worried me. I mean, the fact that I thought of it, I've always been thinking, how will I know if I get ovarian cancer because there's no signs? And there's this wonderful thing in Israel now that you can have it tested for free, or it's a blood test, and that's all you have to do. You have to test and see, and if a woman is positive, have the ovaries out.

**Dr. Rivka Brooks:**

There's so much talk about breast cancer, which is fine, but people don't know enough about ovarian cancer and that it is preventable. I find myself very, very lucky and I think it was a miracle that my cancer was diagnosed so early on. I think it was a miracle I was trekking and had time to think about it. I know it's a miracle. So, it's preventable with a blood test. That's my absolute suggestion to women.

**Barbara Sofer:**

I think that we have sort of went over it, when you said that you saw that there was something irregular in your period. So I think that's something that I didn't know about, is that a common source of understanding that you have ovarian cancer?

**Dr. Tamar Perri:**

Actually, it's not. It's really, it's luck. It's coincidence, I don't know, but usually it's really silent until it's spread out. So there's no good way to know. Patients would come with a swollen abdomen, which Dr. Brooks did not have at the time. And when the abdomen is swollen, actually there is a cyst, which means that water is filling the abdominal cavity, and it means that it's already spread at that time. So there's actually no good way to discover beforehand. There's no early detection of ovarian cancer.

**Dr. Tamar Perri:**

So really the only good advice, as Dr. Brooks said, is to have your blood tested for BRCA mutations. Even if you don't have any family history, just being an Ashkenazi Jewish woman will mean that you might



have it. Get tested and remove the ovaries at the right time before it gets cancerous. That's the only thing you can do.

**Barbara Sofer:**

Many of our listeners are not in Israel, where we are privileged to have this as part of our health system. We don't have to pay for it, it's very convenient. But would you recommend that women add this really to their routine healthcare? We talk a lot about when you should have your first mammogram, how often you should have your mammogram, but people are more aware of that I think today, but many women know that they should be tested almost routinely at around age 40 or when they finish their families. Is that what you're recommending Dr. Perri?

**Dr. Tamar Perri:**

Yes, I would absolutely recommend that every woman be tested at least once a year at every age, actually, by a gynecologist and have an ultrasound, but it's not going to detect ovarian cancer early. It's good advice in general, but it's not going to help in this situation, unfortunately.

**Barbara Sofer:**

Not an ultrasound of the ovaries, either?

**Dr. Tamar Perri:**

Not even an ultrasound.

**Barbara Sofer:**

No.

**Dr. Rivka Brooks:**

My ultrasound was normal. I just want to make a point that my examination was normal and my ultrasound was normal two days before I was diagnosed. So I agree with Dr. Perri.

**Benyamin Cohen:**

On behalf of the whole team here at "Hadassah On Call," I just wanted to take a moment and personally thank you for being a fan of our show. When we're putting together each episode, we hope that once we hit the publish button, that you, the listener will enjoy it. And if you find that hearing from Hadassah's doctors is educational, is inspiring, please show your support for the Hadassah Medical Organization by going to [hadassah.org/hadassahoncall](https://hadassah.org/hadassahoncall) and clicking on the blue donate button. That's [hadassah.org/hadassahoncall](https://hadassah.org/hadassahoncall). And you'll see the blue donate button on the top of the screen. Again, thank you so much for your support. It means that we can continue to make this podcast for you each month. Thanks.

**Benyamin Cohen:**

And now back to our conversation about ovarian cancer.

**Barbara Sofer:**

Women are still having hysterectomies, right? So that's still a very common operation. And the question comes up very often, should you take the ovaries out at the same time? And I wondered if in lieu of new understanding of ovarian cancer and fallopian tubes, if those recommendations have changed.

**Dr. Tamar Perri:**

Actually yes, when a woman goes through a hysterectomy, when she's already menopause, when her periods are no longer coming, then we would definitely suggest to take out the ovaries as well, because they're not hormonally functioning anymore. But if she takes out the uterus when the ovaries are still functioning, when she's younger, then we would suggest to take out the fallopian tubes together with the uterus. The fallopian tubes have no hormonal function in the body, no role other than having children. So if she's taking out the uterus, for sure she won't have any more children, we would suggest to add taking out the fallopian tubes as well.

**Benyamin Cohen:**

We talked a lot about how there are genetic markers for ovarian cancer. Are there lifestyle changes that people can do to help avoid ovarian cancer, Dr. Perri?

**Dr. Tamar Perri:**

Unfortunately, not that I know of. I usually tell the patients that it's not up to them. You can't blame yourself for having ovarian cancer. It's nothing that you did or did not do. There's no life behavior that you can add or make sure that you don't have cancer. The usual advice for every disease is to keep healthy, do sports, eat healthy, but Dr. Brooks for sure is very fit and she didn't do anything wrong. She eats the right things, if she eats at all, I don't know. She practices sports and she's very active and still she had the ovarian cancer.

**Benyamin Cohen:**

Is there any connections between fertility drugs or hormone replacement therapy, anything like that and ovarian cancer?

**Dr. Tamar Perri:**

Yeah, that's a very good question. It was actually tested before and as Israelis, we actually added to the literature a lot about that. I don't know if you are aware that in Israel, we do more fertility treatments than in almost every other part of the world because it's free here. And I don't know because Jewish women want to have more children, I'm not sure.

**Barbara Sofer:**

Arab women as well here. It's also a family center, Jewish and Arab women share that desire for children.

**Dr. Tamar Perri:**

Yeah, very true. So in Israel we have lots of fertility treatments. And one of the populations that we tested was the BRCA mutation carriers that have fertility treatment for different reasons. And we tested actually, if it was connected to having ovarian or breast cancer, and there was no connection. So there's not a known connection between treatments for infertility and ovarian or breast cancer. So it's considered safe.

**Benyamin Cohen:**

We've obviously, in the last two years, every doctor at Hadassah I've talked to, we somehow bring it back to COVID. And I'm wondering if you have seen any connections with COVID and ovarian cancer with long haulers, maybe, or people who have had COVID if they're more susceptible to ovarian cancer.

**Dr. Tamar Perri:**

Not that I know of. The issue with COVID in our practice would be when you get chemotherapy, your immune system is damaged. And the question with COVID is, does it put you in danger for having COVID because of your less good immune system? Also, when you need to get chemo during the COVID, sometimes it's delayed. Sometimes you have to get to, you can't come to the hospital for different reasons that have to do with COVID and stuff like that. But as far as my practice went so far, we didn't have many issues with COVID, and immune system was apparently good enough to fight COVID because we didn't have more COVID than the usual population.

**Benyamin Cohen:**

Right.

**Barbara Sofer:**

But you stressed something that I think that many people don't think of, is that the regularity of having gynecological examinations in a period like COVID, it's easy not to go. And I think that one of the takeaways I could get from this conversation is that I have daughters and daughters-in-law who are in their 40s, and I think that I would like to urge them to make sure that every year they have gynecological examinations. They're all busy, not to skip it, even if everything seems okay. And number two, of course, to test to see if they're BRCA positive.

**Barbara Sofer:**

So that's a very important lifesaving takeaway from this session. I mean, we have Dr. Brooks, a brilliant doctor, and she didn't know that she was BRCA positive. So who would know if you weren't tested and certainly here in Israel, it's a no-brainer to be tested. So thank you very much for raising our consciousness on this important issue.

**Benyamin Cohen:**

Dr. Perri, where do you see your field in the next, if we were to have this conversation in five years from now and 10 years from now, where do you hope the research is in your field?

**Dr. Tamar Perri:**

Actually, I feel very lucky to practice the medicine these days because the changes are so fast and so exciting. When I started practicing gynecologic oncology, my patients were not doing so well as they do now. PARP inhibitors prolonged lives in tremendous ways. Actually, patients with stage four disease, that means that the cancer was really spread, and maybe even went to the liver and to the lungs, do very well. Now seven years after diagnosis without a recurrence, and that's the new, exciting drug of the PARP inhibitors that actually fits not only BRCA mutation cares, but also other patients with somatic mutation in their tumors and more.

**Dr. Tamar Perri:**

So, I would anticipate that if we've prolonged life so far, we'll probably be able to prolong it much, much more, and hopefully we'll have a cure for the disease. We're looking for ways to detect ovarian cancer early. That's the very exciting new field of research. Because if we would be able to detect ovarian cancer in early stage, stage one or two, then we could cure 95% of the patients.

**Benyamin Cohen:**

Wow.

**Dr. Tamar Perri:**

So that's the new thing, and we're looking for new ways. There are some experiments going on, on that issue, I guess in five years we'll be there.

**Benyamin Cohen:**

Yeah, I think you referenced earlier, a lot of these experiments are happening at Hadassah.

**Dr. Tamar Perri:**

Yes.

**Benyamin Cohen:**

Because of the population there.

**Dr. Tamar Perri:**

Sure. Actually, every experiment, I think in the world, you won't be able to find the research that are not also being practiced in Hadassah.

**Benyamin Cohen:**

Leads me to my next question. I always like to ask the doctors that we interview on the show, what makes working at Hadassah unique for you?

**Dr. Tamar Perri:**

Dr. Brooks?

**Benyamin Cohen:**

Well, I was going to ask Dr. Brooks, what's it like being a patient at Hadassah?

**Dr. Tamar Perri:**

I'm new to Hadassah, and I've only worked here one year. I think it's a wonderful atmosphere. I think the very unique thing about Hadassah is the connection to the Hebrew University. It's next door, so every research is really there and we are having great relationship with researchers. I mean, clinical and lab go together, hand-in-hand in Hadassah. And it's a true thing, it's really going on so nicely, I didn't find it in other hospitals.

**Benyamin Cohen:**

And Dr. Brooks, you can answer both sides of the equation. What's it like being a doctor and what's it like being a patient at Hadassah?

**Dr. Rivka Brooks:**

I agree with Dr. Perri. I think working in Hadassah, and also being treated in Hadassah, you feel the cutting edge of medicine. It's the cutting edge, the best clinicians, the best research, amazing people. I find myself very, very fortunate that on top of all that I happened to fall into the one year that Dr. Perri had started working because, on top of all that, I had the most amazing experience as a patient. And I think that clinical and research is very important, but also the atmosphere that you can give the patient, that is something that I think Dr. Perri has brought into the field and it's amazing.

**Barbara Sofer:**

You have very close relationship with your patients, and some of them learned that you had a medical condition. How did they respond?

**Dr. Rivka Brooks:**

Someone said to me, "Now you've got cancer, you'll be able to laser people who are, those who are with you, those who support you." 99.9% of the people I know have been amazing. That's including professional people in Hadassah, it includes my patients. I got letters from them. I got photos from them. Both Jewish and Arab patients wrote to me, SMSed me. A lot of them have my phone number anyway, so they used it to send me get well. And it's been a very interesting experience.

**Benyamin Cohen:**

Dr. Perri.

**Dr. Tamar Perri:**

I think it was an amazing experience for me to treat a doctor, and it's not an easy task because she knows sometimes more than me. She reads, she's aware of all the little details and she consults other doctors that are friends. And for sure, I get lots of phone calls from colleagues and everybody's trying to add something to the treatment and more and more. But I have to say that with Dr. Brooks, it was so easy, and it went so well. I really want to thank her. Thank you for being such a wonderful patient and such a wonderful colleague because it makes my life so much easier and really it's a unique experience, and a good one too.

**Dr. Tamar Perri:**

I also want to add that, I also tend to give my phone number to patients and saying that, of course, being a doctor makes it sometimes more difficult, but sometimes more easy to get around the hospital and get all the tests you need and get the CT and get the MRI or anything, and get the diagnosis and be operated on so soon and then get the chemo within two weeks and stuff like that. But I think really all my patients, at least I try to get them very, very quickly to surgery and nobody with ovarian cancer will wait more than two weeks for surgery.

**Dr. Tamar Perri:**

Actually, they usually wait a few days only. It's not just because Dr. Brooks is a doctor. It helps, of course, but that's not the reason. That's the point of this center, actually. It's a small boutique center that because it's small, actually it allows itself to be warm and family treatable.

**Dr. Rivka Brooks:**

When the doctor thanks the patient, you can tell what personality she is and what a wonderful center it is. That says it all.

**Barbara Sofer:**

As a woman, I'm really thrilled by this new information. Very often, this information we get that we've already heard many, many times, but I think much of this is new. And it's very hopeful for all of us who always know, we're always afraid that ovarian cancer is waiting for us around the corner. So thank you for enlightening me and enlightening all our listeners. So again, a pleasure.

**Benyamin Cohen:**

I just want to echo that as well. Dr. Perri, Dr. Brooks, this has been, normally we just get to have the doctor on, so I think it added a whole other element today to have both of you on. And I know you're both very busy at the hospital, so I appreciate you taking the time to chat with us today.

**Dr. Tamar Perri:**

Thank you very much.

**Dr. Rivka Brooks:**

Thank you.

**Benyamin Cohen:**

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