



Walter Gotlieb: a pioneer of robotic surgery in gynecologic oncology in Canada

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Expert's introduction

Walter H. Gotlieb, Division of Gynecologic Oncology, Segal Cancer Center, Lady Davis Institute of Research, Jewish General Hospital, McGill University, Montreal, Canada.

Walter H. Gotlieb is presently a Professor of Ob-Gyn and of Oncology at McGill University. He is the Director of Gynecologic Oncology at the Jewish General Hospital and Director of Surgical Oncology at McGill University.

He recently completed an executive course in health care management and delivery at Harvard Business School.

Dr. Gotlieb obtained his medical degree summa cum laude at Université Libre de Bruxelles, in his native Belgium, where he went on to obtain board certification in Ob-Gyn.

After spending two years at the National Institutes of Health, where he obtained the National Cancer Institute Award for Outstanding Performance, he performed a three-year fellowship in Gyn-oncology at UCLA.

He was then recruited by Tel Aviv University & Tel Hashomer Hospital, where he co-founded and built up the Department of Gynecologic-Oncology from 1994 to 2003. In 2003, he was recruited by McGill University.

Over his professional career, Dr. Gotlieb obtained a license to practice in Belgium, Israel, California, and Quebec.

In addition to his clinical responsibilities, he is involved in scientific research in ovarian and endometrial cancer as a Project Director at the Lady Davis Research Institute.

Together with his team, and particularly Dr. Lau, they have pioneered and driven “robotic” surgery in gynecologic cancer in Canada. He has lectured around the world, and has proctored robotic surgery multiple times in Canada, China, India, and Israel.

A recipient of several national and international awards in the area of cancer research, Dr. Gotlieb is well published with over 150 peer-reviewed manuscripts in reputable international journals, as well as chapters in textbooks on gynecologic cancer.

Dr. Gotlieb is President of the Gynecologic Oncology Society of Canada and Secretary Treasurer of the

International Gynecologic Cancer Society. He is also the senior editor of the *International Journal of Gynecologic Cancer*, and a member of the Editorial Board of *Gynecology and Pelvic Medicine*.

Editor's notes

First Multidisciplinary Summit Forum on Gynecologic Oncology and Pelvic Floor Dysfunctional Disease was held during June 6–10, 2018 in Chengdu, China. During the conference, the Editorial Office of *Gynecology and Pelvic Medicine* was honored to do an interview with Prof. Walter Gotlieb, Editorial Board Member of *Gynecology and Pelvic Medicine*, to share his opinions regarding the field of gynecologic oncology.

Robotic surgery is a rapidly expanding technology in multiple different surgical specialties worldwide. Together with his team, Prof. Walter Gotlieb (*Figure 1*) have pioneered and driven robotic surgery in gynecologic oncology in Canada. According to Prof. Gotlieb, the use of robotic surgery in gynecologic oncology has been increasing in Canada and allowing to dramatically expand the access to minimally invasive surgery to the population in recent years. Prof. Gotlieb (*Figure 2*) mentioned that robotic surgery provides a wider surgical field of view and enables more accurate, stable and effective surgical procedures. What's more, in the medical system of Canada, the introduction of robotics has allowed to decrease the health care cost of each case by about 30% compared to the era before robotics.

Prof. Gotlieb has extensive experience in robotic surgery. He has lectured and has proctored robotic surgery multiple times in Canada, China, India, and Israel. In Prof. Gotlieb's opinion, once the surgeons know the anatomy and the surgery very well, the operation of robotic surgery is very much like the operation of open surgery for them. The difference between robotic surgery and open surgery is that the robotic system uses robotic arms and instruments aided



Figure 1 Walter Gotlieb.



Figure 2 Interview with Prof. Walter Gotlieb: a pioneer of robotic surgery in gynecologic oncology in Canada (1).

Available online: <http://www.asvide.com/article/view/26459>

by a highly sophisticated computer interface and three-dimensional camera to assist the surgeons to make the movements more very fine and more precise.

To better explain the learning process of robotic surgery, Prof. Gotlieb uses a metaphor, *“You just need to learn the tool, which is like learning how to drive a car. When you know how to drive the car, it will take you to every road. However, it is very important to know all the signals on the roads.”* *“After about 10 to 20 cases of robotic surgery, surgeons will be comfortable enough to perform surgical procedures with the robotic system and can perform as good as they do in open surgery.”* Prof. Gotlieb said.

Usually, it is normal for people to be resistant to

changes. While robotic surgery has many clear benefits and very promising, there are some difficulties that restrict its development. Prof. Gotlieb thinks that currently, the major difficulty is to overcome the resistance of people to the new technology. For instance, some surgeons who are good at laparoscopic surgery or open surgery, won't think it's very necessary to use a new tool to do surgeries. Therefore, to reduce people's resistance and drive adoption of the new technology, it is essential to use real world data showing improvement in patient outcomes to convince them.

When talking about the future of robotic surgery, Prof. Gotlieb said, *“It takes time for people to accept the new technology, but it is clear that because of the computer interface that can bring so much information to the surgeons to do the right things the right way, that robotic surgery is the future of surgery. When there are things to do right, you just get the right things done until people start realizing that it is the right thing to do.”*

In addition to clinical work, Prof. Gotlieb has been dedicated to the research of ovarian cancer and endometrial cancer. Leading his team, Prof. Gotlieb has been studying a lot on the efficacy of PARP inhibitors in the treatment of ovarian cancer. For instance, they found laboratory evidence that treating patients suffering from ovarian cancer with PARP inhibitors prior to the administration of chemotherapy should be better than after chemotherapy. For Prof. Gotlieb, research is always interesting, challenging and exciting. As an outstanding researcher, Prof. Gotlieb believes that it is important to look into the future, be drawn by the future rather than pushed by the past, try to be innovative, and always think of what will impact most on patients in the future, on our children and their children. The motivation of his dedication to clinical and scientific work is a sense of accomplishment achieved by helping and healing each patient, one by one.

Interview questions

- ❖ You have been the pioneer of robotic surgery in gynecologic oncology in Canada. Could you please share with us the current status of robotic surgery in gynecologic oncology in Canada?
- ❖ What's the major challenge for a doctor to do a perfect robotic surgery? And what would be your advice to young doctors when they begin to learn to do robotic surgery?
- ❖ What's the main difficulty that restricts the development of robotic surgery?
- ❖ Could you please share with us the recent research you and your team doing? And how you expect it to further

develop in the future?

- ❖ During research, what is the biggest challenge/problem you would face? And how do you deal with it?
- ❖ What makes a successful researcher? What are the key qualities one must possess?
- ❖ What motivates you to explore the treatment for gynecologic cancers?
- ❖ As a successful professor, researcher and director etc., how do you strike a balance among these roles and duties?

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Footnote

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Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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1. Li N. Professor Walter Gotlieb: A Pioneer of Robotic Surgery in Gynecologic Oncology in Canada. *Asvide* 2018;5:686. Available online: <http://www.asvide.com/article/view/26459>

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