



Dr. Pedro T. Ramirez: the textbook of *Principles of Gynecologic Oncology Surgery*

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Editor's note

With an emphasis on a practical, “how-to” approach, the textbook *Principles of Gynecologic Oncology Surgery*, 1st edition was released in 2018. It was written by leaders in the field, addressing the most important and commonly performed procedures in gynecologic oncology surgery today. To benefit the physicians and patients in China and to further the communication in the field, we tried to approach Dr. Pedro T. Ramirez, one of the editors of this excellent textbook to conduct an interview. In this interview, Dr. Ramirez has shared with us his experience and research in the field of gynecologic oncology, and stories of the book.

Expert's introduction

Pedro T. Ramirez, M.D. (*Figure 1*) is a professor and the director of minimally invasive surgical research and education in the Department of Gynecologic Oncology. He graduated residency in obstetrics and gynecology from Columbia-Presbyterian Medical Center in New York in 1998. He then completed his fellowship in gynecologic oncology at MD Anderson Cancer Center in 2001.

As director of minimally invasive surgical research and education, Dr. Ramirez oversees training of surgeons in the use of minimally invasive techniques. These techniques not only enhance surgeons' skills but also improve patients' quality of life by decreasing pain and blood loss, reducing hospital stays and facilitating quicker returns to daily activities when compared with conventional open surgical techniques. Dr. Ramirez is also recognized as one of the leading surgeons in this country in the field of fertility preservation in young women with early cervical cancer.

He has authored and co-authored over 232 scientific publications and has written numerous book chapters, monographs, and invited articles. He also the editor-in-chief of the *International Journal of Gynecological Cancer*. He is also the chair of the Enhanced Recovery After Surgery (ERAS) Gynecologic Oncology Program at MD Anderson



Figure 1 Pedro T. Ramirez, M.D.

Cancer Center.

Dr. Ramirez recently published a landmark trial (LACC Trial) in the *New England Journal of Medicine (NEJM)* and was selected as one of the 12 most influential articles in medicine in 2018 by the editor-in-chief of the *NEJM*. He also received the Randall Award in 2018 which is given to individuals who have made a major and lasting contribution to patient care at MD Anderson Cancer Center.

Dr. Ramirez is also committed to the education of physicians throughout the world. For example, he frequently speaks at international surgical conferences. In addition, Dr Ramirez serves as a mentor and host to numerable international surgeons who seek to expand their expertise and skills. He is a frequently invited lecturer for national and international conferences and meetings where he continues to foster international scientific collaboration.

During his time at MD Anderson, Dr. Ramirez has been the principal investigator for several grant-funded research projects. His areas of research interest include minimally invasive surgery, fertility preservation in women with gynecologic malignancies, and strategies for improvement

in peri-operative care in gynecologic oncology surgery.

Interview questions

About the journey as gynecologic surgeon

GPM: What inspired you to become an expert in this field—gynecology oncology?

Dr. Ramirez: I was inspired to become a gynecologic oncologist after I had an opportunity to care for women with cancer during my residence in obstetrics and gynecology. I knew that this was the ideal specialty for me given my interest in cancer development and treatment, combined with my enthusiasm for surgery. In addition, I felt that gynecologic oncology would provide an opportunity to engage in clinical and surgical research that would ultimately make an impact on patient care.

GPM: MD Anderson Cancer Center has rich traditions. What was it like completing your fellowship there?

Dr. Ramirez: MD Anderson fellowship in gynecologic oncology was a fantastic experience because it gave me the opportunity to learn from the leaders in the field of gynecologic oncology. My mentors were the most recognized individuals in the field and this allowed me to “learn from the best”. It offered me an opportunity to see and value a multidisciplinary approach to patient care. My training encompassed great exposure to surgical expertise, outstanding clinical and therapeutics education, and ultimately, it gave me a tremendous opportunity to do very innovative research.

GPM: During your career, who are some of the key people that have been critical to your career?

Dr. Ramirez: Dr. David Gershenson is one of my mentors and role models. He was the department chair throughout my training as a fellow and subsequent during my early career. He was always someone that was extremely supportive and dedicated to promoting my career. Although he is a world-renowned gynecologic oncologist, he has always shown me the value of humility. One of the greatest honors in my academic career has been to have been named the David Gershenson Distinguished Professor in Ovarian Cancer Research.

GPM: As director of minimally invasive surgical research an education, you are responsible for the training of surgeons in the use of techniques such as laparoscopy and the da Vinci robotic surgical system. Can you please introduce the study program of these techniques in MD Anderson Cancer Center?

Dr. Ramirez: When I started on faculty at MD Anderson Cancer Center in 2001, minimally invasive surgery was rarely used in the setting of gynecologic oncology. At that point, we decided to implement a program in our institution and progressively we have built one of the most recognized minimally invasive surgery programs for gynecologic oncology in the country. We have trained countless fellows and residents over the last 18 years and numerable patients have benefited from the implementation of this program.

GPM: In November 2018, you published an article “Minimally Invasive versus Abdominal Radical Hysterectomy for Cervical Cancer” concluding that minimally invasive radical hysterectomy was associated with lower rates of disease-free survival and overall survival than open abdominal radical hysterectomy among women with early-stage cervical cancer. We are surprised at this result. What are influent factors of this result? Do you have any further trails?

Dr. Ramirez: We were all surprised at these results but since the publication of this trial, there have been a subsequent number of studies confirming the same findings, that minimally invasive radical hysterectomy is worse in terms of higher recurrences and shorter disease-free survival when compared to open radical hysterectomy. The impact of these findings is that at MD Anderson, as in many other institutions around the world, minimally invasive surgery is no longer performed. Guidelines have been changed and there has been an overall change in the standard of care in the surgical management of early cervical cancer.

GPM: Can you introduce us to your other research or trails? What are your future research directions?

Dr. Ramirez: There are several ongoing research trials. One of the major ones, is a trial exploring whether minimally invasive interval cytoreductive surgery impacts patient outcomes in the setting of advanced ovarian cancer. This trial is called the LANCE Trial. We are also exploring

several important clinical and peri-operative questions in our many trials in the ERAS program.

About the textbook of Principles of Gynecologic Oncology Surgery, 1st edition

GPM: As far as your specialty—gynecology oncology—what cancer is the most deadly and of what should patients to be aware?

Dr. Ramirez: In gynecologic oncology, the most common type of cancer is endometrial cancer as it pertains to the United States. This is secondary to the fact that the greatest risk factor for endometrial cancer is obesity and this is a major health care issue in our country. The most deadly type of cancer is ovarian cancer since most patients present with advanced stage disease. Patients should be aware of several factors as it pertains to this disease. First, it has been shown that patient outcomes are significantly improved when the patient sees a specialist, gynecologic oncologist, as opposed to a general surgeon or general gynecologist. Second, the type of surgery that is performed impacts the outcome with a much higher survival in patients that have no residual disease at the completion of surgery. Third, there are a number of novel therapeutics that were not available in the past when only chemotherapy was the option for treatment. All patients are encouraged to seek the care of a gynecologic oncologists who can expand on all of these points.

GPM: What is the genesis story of the book *Principles of Gynecologic Oncology Surgery* back then?

Dr. Ramirez: The idea for the textbook was based on the fact that we considered that in our specialty there was no source for information regarding the surgical aspects and techniques of the management of gynecologic cancers. We considered that our field needed a textbook that specifically focused on surgical technique and the details of procedures, on the evaluation of patients prior to surgery, and on the prevention and management of complications associated with each of these procedures.

GPM: What are the key features of this book?

Dr. Ramirez: There are several features of this book that make it a unique text for gynecologic oncologists and trainees. One of the best attributes of this textbook is the fact that it focuses on surgical techniques and the specific steps of procedures routinely performed by gynecologic oncologists. Each chapter focuses on the

evaluation of the patient prior to surgery, on the details of the procedure with an emphasis on tips and tricks to assure the highest likelihood of success, and on the prevention and management of complications from each of these procedures. There is material on both open and minimally invasive surgery, including laparoscopy and robotic surgery. In addition, there are special chapters on topics of relevance to all surgeons, such as ERAS programs. Lastly, the book also includes videos for a broad range of gynecologic oncology procedures.

GPM: What do you find rewarding about publishing this book?

Dr. Ramirez: The greatest reward is to see the feedback from all levels of individuals who care for women with gynecologic cancers. It is great to see fellows and residents learning from this book prior to entering the operating room and from faculty who turn to the book to see the latest approach on a particular procedure or management of a surgical complication. It is extremely rewarding to see that patients are benefiting from all the hard work and dedication that was put into the development of this textbook.

GPM: You are actively involved in clinical work, research, training younger physicians, and journal work. How do you strike a balance whilst having such a heavy workload? Which one you like the most and why?

Dr. Ramirez: In order to manage such a large amount of responsibilities, one must be able to prioritize and work extremely efficiently. I think my absolute love and dedication for what I do gives me the energy and motivation to achieve so much with limited time. These are all responsibilities that I enjoy and I don't favor one over the other as each is very different and the satisfaction from each is unique in its own way.

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