

Dr. Barish H. Edil: changes and future development on pancreatic cancer treatment

Received: 27 June 2018; Accepted: 30 July 2018; Published: 16 August 2018.

doi: 10.21037/apc.2018.08.03

View this article at: <http://dx.doi.org/10.21037/apc.2018.08.03>

Editor's note

The 4th International HBP Surgery Forum was held in Hangzhou, Zhejiang Province on 14–17 June, 2018. The Forum is organized by The Second Affiliated Hospital Zhejiang University School of Medicine (ZUSAH) and the Zhejiang Anti-Cancer Association. The International HBP Surgery Forum, held every two years, has now become a magnificent gathering for the researchers, whom are related to HBP surgery to share with us their recent research work.

The forum this year was split into several sessions of various events and activities, including operation videos' exchange, MDT discussion on challenging cases, keynote speeches, panel discussion and debate. During the Forum, AME was honored to have invited Dr. Barish H. Edil, the Chair of Department of Surgery from the University of Oklahoma Health Sciences Center, USA, to have an interview with us.

Expert introduction

Dr. Barish H. Edil (*Figure 1*), MD, FACS, is a Surgical Oncology Specialist. He is currently the Chair of the Department of Surgery at the University of Oklahoma Health Sciences Center in Aurora, USA. Prior to joining the University of Oklahoma, Dr. Edil served as the Chief of Surgical Oncology at the University of Colorado at Denver. He was also a faculty member at the Johns Hopkins University School of Medicine, where he was the Director and Coordinator of the physicians' assistant surgery residency and the medical student surgical oncology rotations.

Dr. Edil's research interest for patients focuses on vaccine therapy to treat patients with pancreas cancer. He has performed over 150 laparoscopic pancreaticoduodenectomies in his career and performed the first laparoscopic Pancreaticoduodenectomy at Johns Hopkins and the University of Colorado. His academic pursuit is translational research and development of Cancer Vaccines.



Figure 1 Dr. Barish H. Edil.

Interview

APC: *Could you share with us the reason why you are particularly interested in Pancreas and Biliary Surgery?*

Dr. Edil: The reason why I am interested in pancreas and biliary surgery is mainly because I see the field has a tremendous amount of potential. As a fact, it's a field where we have not made huge strides in survival, and we have not made huge strides in morbidity of the operation. Thus, I see that as an opportunity in making a big impact in patients' lives, and in an area where we can have a lot of improvements. So, that's exactly what draws me to the field right now.

APC: *As the Chair of the Surgery Department at the University of Oklahoma Health Sciences Center, how do you strike a balance between your private life and your work?*

Dr. Edil: As a surgeon, life is very challenging. However, as the Chair of the University of Oklahoma, I think

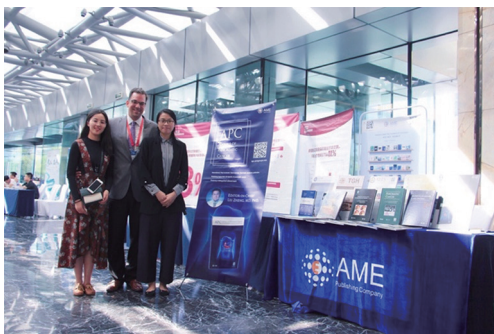


Figure 2 Dr. Barish H. Edil (middle) took a group photo with AME editors.



Figure 3 Interview with Dr. Barish H. Edil (1).
Available online: <http://www.asvide.com/article/view/26475>

family is very important, so I also see the department as my family. That's the way I balance it as I integrate it and hopefully, at the end of the day, every party is happy.

APC: *One of your lecture topics is “Update of our laparoscopic Whipple experience”, would you briefly introduce it to our readers?*

Dr. Edil: The laparoscopic Whipple Procedure or Pancreaticoduodenectomy is a very new way of operation. I started doing those operations in 2009. At that time, it was not done by many surgeons. And now, it's done much more commonly and especially in countries like China. Since 2009, we have continued to progress on the techniques and the process of it. I was interested in developing the laparoscopic Whipple operation. It is because my mentor has decreased the mortality rate of the operation from 30 percent down to 2 percent while I was at John Hopkins back then. After this, I felt that my contribution to the

operation could be done by reducing the morbidity.

Hence, through the next several years, we got the operation where we were doing it just as quickly as the open operation. We have now started to study our results and we found that when surgeons were doing it laparoscopically, it's just done the same oncologically as an open operation. There are many times patients are doing a little bit better when it comes to morbidity. Even when it comes to getting on adjuvant chemotherapy and potentially survival, which we are looking to see if there's a benefit to that. But I think this is a big contribution to field of pancreatic surgery. Pancreatic surgery really hasn't changed until the last five or six years. Before that, it has been done very similarly until we started incorporating minimally invasive techniques.

APC: *Your current research focuses on vaccine therapy to treat patients with pancreas cancer. What is your latest progress on vaccine therapy?*

Dr. Edil: I became interested in vaccine therapy at the same time when I was starting to develop laparoscopic pancreatic surgery. Because my vision at that time was decades from now, the laparoscopic operation would be less immunosuppressive, and we would add something that helped your immune system. By then, we would be adding to the treatment therapies of chemotherapy and radiation therapy. Vaccine therapy or immune therapy is the newest and hottest area in cancer care. It's a new modality that we are adding to chemo and radiation. Hence, it has different toxicities and different treatment profiles. Most recently, I have discovered a new target with my colleagues called “CD112R”, which we have transferred from the laboratory into industry. Hopefully, they will be developing a therapy, which we can study and help patients in the future.

APC: *What is the current clinical progress in pancreatic cancer treatment in USA? And, what do you think of the future development on treating pancreatic cancer?*

Dr. Edil: In the last ten years, pancreas cancer treatment has gone through major changes. For one, we are now treating pancreas cancer upfront with chemotherapy, which we never did ten years ago. Nowadays, we also have new chemotherapy treatment regimens that seem to be more effective. We are trying to change the way we use radiation therapy, where we are treating it in higher doses and in shorter time frames. Furthermore, we are also getting more and more people to the operating room. In other words, we

are expanding the potential for cure and lengthening of life.

There have been a lot of contributions to the pancreatic field over the last ten years. I think that the continuation of finding new therapies is on the horizon. In other areas, early detection and an operation to prevent cancer in the first place will also be a big potential target next since it is a very deadly cancer, and we don't have great therapies for now. Therefore, my hope is that we can have an early diagnosis and operation where we can potentially cure the patients (*Figures 2,3*).

Acknowledgments

Special thanks to Vicky Wong, AME Publishing Company, for the editorial support.

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Annals of Pancreatic Cancer* for the series "Meet the Professor". The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/apc.2018.08.03>). The series "Meet the Professor" was commissioned by the editorial office without any funding or sponsorship. Vicky Wong and Luna Young

report that they are full-time employees of AME Publishing Company (publisher of the journal). The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are 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.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

References

1. Wong V, Young L. Interview with Dr. Barish H. Edil. *Asvide* 2018;5:689. Available online: <http://www.asvide.com/article/view/26475>

(Science Editors: Vicky Wong, Luna Young, APC, apc@amegroups.com)

doi: 10.21037/apc.2018.08.03

Cite this article as: Wong V, Young L. Dr. Barish H. Edil: changes and future development on pancreatic cancer treatment. *Ann Pancreat Cancer* 2018;1:24.