



# Gynecologic Cancer News from Columbia University

Division of Gynecologic Oncology at Columbia University Irving Medical Center, Winter 2019

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## Letter from the Division Chief



Jason Wright, MD

Dear Friends,  
Happy New Year! On behalf of the Gynecologic Oncology team at Columbia University Irving Medical Center, I want to sincerely thank you for entrusting us with your care and the care of your patients.

Our division plays an integral part in Columbia University Irving Medical Center's academic and clinical community. Our physicians work with researchers at the Herbert Irving

Comprehensive Cancer Center to translate advances in research into clinical practice and to investigate new treatments to improve patient outcomes. We collaborate to deliver the best patient care, to educate future leaders in the field, and to advance research to improve patient health and quality of life.

With this newsletter, I would like to keep you up to date on the latest developments in our division and some of our recent accomplishments and activities.

Warmest wishes,

Jason D. Wright, MD

## Columbia University welcomes Dr. Fady Khoury Collado

This fall, the Division of Gynecologic Oncology welcomed Fady Khoury Collado, MD, a new full-time faculty member in the division. Dr. Khoury Collado is a leader in the field and an experienced multidisciplinary collaborator, who will help serve the department's goal of providing convenient, coordinated care to all patients.

Dr. Khoury Collado is a gynecologic oncologist specializing in surgeries for gynecologic cancers, including cancers of the ovary, uterus, cervix, vulva and vagina. He joins

Columbia from the Department of Obstetrics and Gynecology at Maimonides Medical Center in Brooklyn, where he became the Director of Gynecology and Gynecologic Oncology.

In addition to the surgical management of gynecologic malignancies, Dr. Khoury Collado has a special in-



Fady Khoury Collado, MD

terest in the surgical management of patients with abnormal placentation. He has several years of experience in the surgical management of patients with placenta accreta, increta, and percreta. He collaborates with the other members of the Division of Gynecologic Oncology and the Division of Maternal-Fetal Medicine in order to provide the most comprehensive management for pregnant patients facing this life-threatening condition.

For an appointment with Dr. Khoury Collado, please call 212-305-3410.

# Columbia launches new multidisciplinary Hereditary Breast and Ovarian Cancer Program

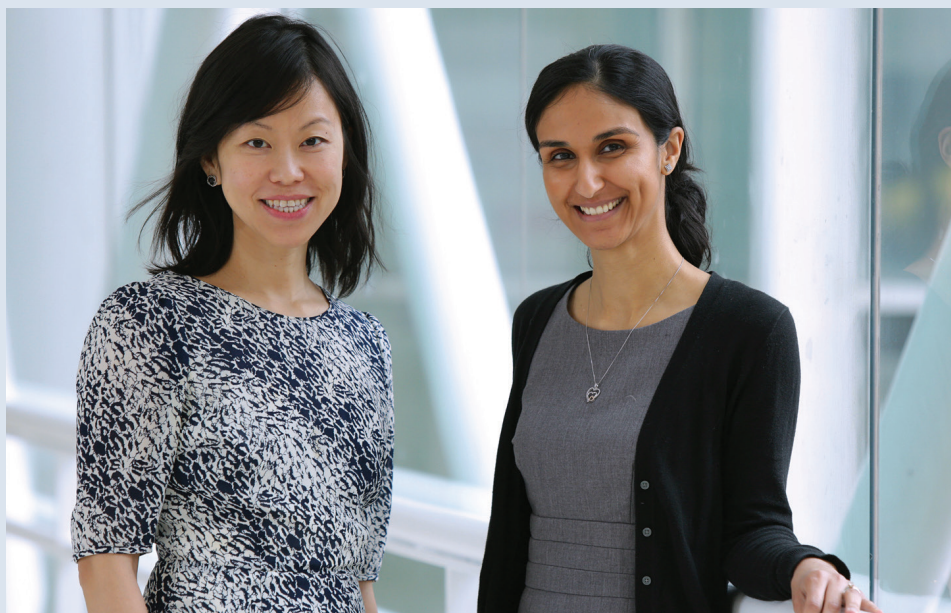
The Department of Obstetrics and Gynecology and the Department of Medicine at NewYork-Presbyterian/Columbia University Irving Medical Center have announced a comprehensive, multidisciplinary initiative aimed at screening, preventing, diagnosing, and treating hereditary breast and ovarian cancer.

Led by June Y. Hou, MD, a gynecologic cancer specialist and Assistant Professor of Ob/Gyn at CUIMC, and Meghna S. Trivedi, MD, a breast cancer specialist and Assistant Professor of Medicine at CUIMC, the initiative aims to empower women with knowledge about their individualized risk and to provide seamless integration of diagnostic testing, risk-reducing strategies, and clinical research trials to achieve a personalized strategy for cancer prevention and treatment.

The new program brings together the resources of a world-renowned academic institution, including cutting-edge genomic testing, clinical trials, and experts in hereditary cancers across different specialties.

"Women at risk for hereditary breast and ovarian cancer need multidisciplinary collaboration to achieve the best outcomes," said Jason D. Wright, MD, Chief of the Division of Gynecologic Oncology at CUIMC. "We are proud to partner with Dr. Trivedi and clinicians from across the Herbert Irving Comprehensive Cancer Center to address this significant need in order to advance women's health."

Columbia's hereditary breast and ovarian cancer program focuses on screening and prevention services



June Y. Hou, MD and Meghna S. Trivedi, MD

like ovarian/pelvic and breast imaging and counseling on risk-reducing lifestyle modifications, surgeries, supplements, and medications. Genetic testing and counseling offered in collaboration with the Clinical Genetics Program at CUIMC can help patients understand their personal risk factors for cancer after a thorough review of the patient's family history and other factors.

For patients at increased risk for cancer, the program will also offer novel and cutting-edge screening and risk-modifying strategies through clinical trials.

"Cancer care these days, especially at Columbia, is a personalized approach," Dr. Hou said. "Precision medicine gives us the opportunity to individualize every person's care based on their unique genetic makeup and not treat all cancer as one type of disease. The field of gynecologic oncology is expanding

- we're not here just for diagnosis and treatments, but also to provide screening, counseling, and education to give our patients the best possible chance at preventing cancer."

Approximately five to 10 percent of breast cancer and up to 25 percent of ovarian cancers are caused by a heritable genetic condition. The genes most commonly implicated in hereditary breast and ovarian cancer are BRCA1 and BRCA2. Women with a BRCA mutation have up to an 85 percent lifetime risk to develop breast cancer and up to a 64 percent chance to develop ovarian cancer. While ovarian cancer is more rare than breast cancer, it is also the most lethal of all female pelvic cancers combined.

To learn more about this program or to make an appointment, call 646-NYP-HBOC or visit [columbiadoctors.org/hboc](https://columbiadoctors.org/hboc).

# New study examines the safety of minimally invasive surgery for cervical cancer

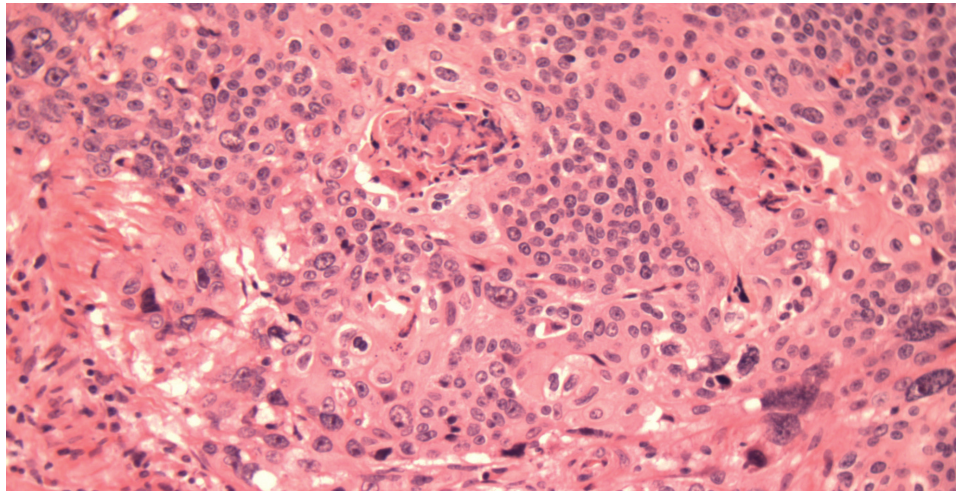
Jason D. Wright, MD, Chief of Gynecologic Oncology at Columbia University Irving Medical Center, recently co-authored a study published in the *New England Journal of Medicine* examining the safety of minimally invasive surgery for cervical cancer. We spoke with Dr. Wright to learn more about the surprising results.

**What were the benefits to the minimally invasive surgery approach for cervical cancer compared to the open abdominal procedure?**

Minimally invasive surgery was adopted as an alternative to laparotomy for radical hysterectomy in patients with early-stage cervical cancer before evidence regarding its effect on survival was available. Because the minimally invasive procedure is performed through small slits in the abdomen, rather than a large incision, it has allowed for shorter patient recovery times. For many cancer surgeries, the long-term outcomes of both types of surgery have been found to be equivalent with shorter recovery times for minimally invasive surgery.

**What did you expect to conclude from this study?**

We expected to find that survival was similar for open and minimally invasive radical hysterectomy for



Moderately differentiated squamous cell carcinoma of the cervix

cervical cancer. Prior studies have found that for many cancer surgeries, the long-term outcomes of minimally invasive and open surgery are similar and that recovery times are shorter for minimally invasive surgery. Therefore, our findings were unexpected.

**What were your results?**

In the primary analysis, 1225 of 2461 women (49.8 percent) underwent minimally invasive surgery. Over a median follow-up of 45 months, the four-year mortality was nine percent among women who underwent minimally invasive surgery and five percent among those who underwent open surgery. Thus, minimally invasive radical hysterectomy was associated with shorter overall survival than open surgery among

women with stage IA2 or IB1 cervical carcinoma. Further, when the U.S. population was examined, we also found that around the time that minimally invasive hysterectomy began to be used in practice, the average survival of women with cervical cancer began to decline.

**Because of the findings, have you stopped performing minimally invasive surgery for cervical cancer at Columbia?**

For the majority of women with early stage cervical cancer who require radical hysterectomy, we have stopped performing minimally invasive surgery. There may be some women with very early cancers who may still consider this option, but most women should probably have an open radical hysterectomy.

## Support Our Work

Your support helps us to provide life-saving care and work toward our mission of advancing women's health. For information on giving opportunities, visit [columbiaobgyn.org/giving](https://columbiaobgyn.org/giving) and designate "Gynecologic Oncology" or call Jamie Bienstock at [jb3560@cumc.columbia.edu](mailto:jb3560@cumc.columbia.edu).



## Meet the Gynecologic Oncology team



**Jason D. Wright, MD**

Dr. Wright is the Chief of the Division of Gynecologic Oncology.

He cares for women with all gynecologic cancers and has extensive training in minimally invasive surgery, robotic surgery, extended pelvic resections, and pelvic reconstructive surgery. A major focus of his work is the delivery of quality care to women and the improvement of patient outcomes.



**June Y. Hou, MD**

Dr. Hou is certified in minimally invasive surgery, including robotic-assisted surgery.

Her expertise includes chemotherapeutics and complex pelvic surgeries. Her goal is to provide compassionate and individualized care to all women with pre-malignant or gynecological cancers.



**Fady Khoury Collado, MD**

Dr. Khoury Collado specializes in surgeries for gynecologic cancers, including cancers of the ovary, uterus, cervix, vulva and vagina. He also specializes in the sur-

gical management of patients with abnormal placentation in collaboration with the Maternal-Fetal Medicine Division.



**Caryn St. Clair, MD**

Dr. St. Clair has extensive training in minimally invasive surgical techniques and fertility-sparing surgeries, and also specializes in more extensive procedures for the treatment of recurrent cancer. Her clinical research interests include preoperative work-up and perioperative management of gynecologic patients, focusing on optimizing surgical outcomes.



**Ana I. Tergas, MD**

Dr. Tergas cares for women with all gynecologic cancers as well as women with precancerous conditions of the lower genital tract. She has extensive training in minimally invasive laparoscopic surgery and in radical cytoreductive surgery for advanced cancers. She has worked extensively in international cervical cancer prevention and is very involved with the gynecologic oncology division's survivorship program.

## Take control of your health: Know your risk!

Women at risk for hereditary breast and ovarian cancer usually have one or more of the following risk factors:

- A relative diagnosed with breast cancer/ovarian cancer in multiple generations
- A relative diagnosed with cancer at a young age (under age 50)
- A relative with both breast and ovarian cancer
- A relative with bilateral breast cancer
- A relative with a history of cancers related to a hereditary cancer syndrome, such as ovarian cancer, pancreatic cancer, male breast cancer, or melanoma
- Personal history of triple-negative breast cancer
- Certain ethnic backgrounds (such as Ashkenazi Jewish)

If you believe you may have increased risk for hereditary breast and ovarian cancer or are interested in speaking to one of our gynecologic oncology experts, please call 646-NYP-HBOC or visit [columbiadoctors.org/hboc](http://columbiadoctors.org/hboc).

## Make an Appointment: 212-305-3410

The Division of Gynecologic Oncology at NewYork-Presbyterian/Columbia University Irving Medical Center offers patients a multidisciplinary approach to gynecologic cancer prevention, diagnosis, treatment, and follow-up. Our team is internationally-recognized for translating the latest research into clinical advances that improve patient health and outcomes.

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