

Prof. John Mansour: to be a good surgical oncologist, you can't be just one thing

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Expert's introduction

Dr. Mansour (*Figure 1*) is the Chief of the Division of Surgical Oncology at UT Southwestern Medical Center and Associate Professor of Surgery. He is also a surgical oncologist on the nationally recognized gastrointestinal cancer team at UT Southwestern Medical Center's Simmons Comprehensive Cancer Center.

Dr. Mansour is deeply involved in research on the genetic analysis of tumors and blood, which will help predict a tumor's behavior, how aggressive it will be, and how well patients will tolerate a major operation. He has published nearly hundred peer-reviewed publications and is an ad hoc reviewer for a number of journals.

Board certified in surgery, Dr. Mansour is a member of the American College of Surgeons, the American Society of Clinical Oncology, the Association for Academic Surgery, the American Hepato-Pancreato-Biliary Association, and the Society of Surgical Oncology. Recently, he was awarded the Patricia and William L. Watson Jr. Award for Excellence in Clinical Medicine.

Editor's note

The International Masters Frontier Forum was successfully held at Sun Yat-sen University, China on May 12th, 2018. Sun Yat-sen University is a top-tier comprehensive research university recognized both nationally and internationally for its remarkable strengths in a wide range of disciplines, including the humanities, natural sciences as well as engineering and medical sciences.

With renowned experts at home and abroad gathering together, this forum was no doubt a grand feast covering all the important topics and latest developments in the medical community. At the forum, Dr. John Mansour gave an impressive talk on extending survival of people with pancreatic cancer.

The editorial office of *Digestive Medicine Research (DMR)* had the great honor to interview Dr. Mansour about



Figure 1 John Mansour, MD.

his expertise in pancreatic cancer and the stories being a surgeon (*Figures 2,3*).

Interview

DMR: *Could you make a short introduction of yourself?*

Dr. Mansour: I'm Dr. John Mansour, a surgical oncologist at UT Southwestern in Dallas, Texas, USA, where I am the Chief of surgical oncology, the Chief of cancer surgery and the leader of the gastrointestinal cancer disease-oriented team. My specialty is in hepatopancreatobiliary cancers and gastric cancer.

DMR: *You presented a topic about extending the survival of patients with pancreatic cancer. Could you share some take-home messages of this topic to our readers? What would be the key points or principle for extending the survival?*

Dr. Mansour: I would say that there are three key principles. First, ensuring surgical quality. Pancreatic surgery should be conducted by experienced experts and specialists, instead of being considered as a specialty for people who do a



Figure 2 A photo with Prof. John Mansour.

pancreas operation every now and again. If that's the case, it will extend the survival of our patients and will improve our surgical outcomes.

Second, as our chemotherapy is getting better and better for pancreatic cancer, I think we should consider an approach where we use chemotherapy earlier before the pancreatic cancer resection, which I believe has the potential to extend survival.

But probably the most important thing we can do is to identify patients who are at very high risk for getting pancreatic cancer, either because of their family history, genetic mutation or pancreas cyst seen on imaging, and put those patients in a surveillance program where we can potentially identify lesions before they turn into pancreatic cancer. The outcomes for pancreatic cancer are really poor. If we can identify people who have lesions and resect before they become pancreatic cancer, we have the chance to essentially cure an incurable disease.

DMR: *How do you use genetic analysis to help the treatment of cancers work better? In what way will it bring the better result for the patient?*

Dr. Mansour: It's a very common strategy in some of the leukemia treatments that classify patients into groups. For instance, saying Group A responded to chemotherapy and Group B did not then use those tumor samples to find the genetic differences at the basis of that difference in behavior. It's really taking differential behavior and translating into differential genomic expression. Finding the difference then figuring out why it exists is the simplest way to think about genetic analysis.

Another interesting piece of this is gastric cancer. We've known for decades that gastric cancers in patients who live in the United States behave differently from those



Figure 3 Interview with Prof. John Mansour (1).

Available online: <http://www.asvide.com/article/view/25645>

who, for instance, in China. By comparing those tumors and populations through our international collaborations, we're now beginning to understand why these patients in China do better than United States patients. What lies in their genes may be an avenue to figure out ways to treat the cancers and improve patients' survival. Understanding the disease is really our only chance to improve survival for patients.

DMR: *One of your interesting studies is about multimodality treatment of gastrointestinal, pancreatic, and hepatic malignancy. Could you share what procedures would a common multimodality treatment includes? To achieve the better result, what would be the principle of cooperation with different departments?*

Dr. Mansour: In the best environment of a multidisciplinary therapy, everyone including the surgeon, the medical oncologist who gives chemotherapy, the radiation oncologist, the radiologist and the pathologist, understands that their job is to get a plan for one patient. So ten doctors with one plan. My job as a surgeon is not just to decide whether to perform a surgery or not but to determine the right time for surgery and see if there is something else that should come first. What's more, it's also important to know the role amongst this team—what do I need to work with others? What do I need from my pathologist to help understand what the next step should be? That's really multimodality therapy and multidisciplinary therapy.

We have Tumor Boards which is a very common thing for us where we get together in a room with all the specialists and go over a dozen patients to discuss the plan for each patient before we get started. It dramatically

improves patient outcomes if you can build that plan prospectively at the very beginning.

DMR: *In one of your previous interview, you mentioned that “To be a good surgical oncologist, you can’t be just one thing.” Here would you share with us your further ideas about this? What skills/qualities do you think a good surgical oncologist should possess?*

Dr. Mansour: I think to be a good surgical oncologist, you can’t just be a good surgeon. I take care of patients who have some of the worst diseases, whether it’s telling them if they can have surgery or whether is giving them the results of CAT scan to see if the tumor has come back after 5 years of their operation, when a patient seeing me in the clinic that is often a day they will never forget.

Being a surgical oncologist is not just about being a good surgeon and operating with your hands. It’s about understanding what the patient needs personally. They may need a joke, a smile or a hug. They may need just a very clear, straight answer. Apart from that, you have to know how to communicate with the team to get them on the same page, and always be curious and hungry for learning.

DMR: *What do you do in your free time? How do you balance the busy clinic work and your personal life?*

Dr. Manusour: I love my job and would not trade it for anything. I don’t want any other job. But the best thing in my life is my family. I have a beautiful wife who is the smartest person that I know. She is very patient and always puts up with me, and that’s wonderful. I have three really terrific children who are absolutely the joy of my life. I spend a lot of time following them around to their activities, whether it is sports, theater or music. It doesn’t leave a whole lot of time for myself for bike riding or anything like that, but I wouldn’t have it any other way.

When you have a job where you’re encountering people who are dealing with life-or-death situations, who you give terrible news to and who have really bad days with you, it really makes you value those simple little moments you get, like sitting at home having dinner or an ice cream cone with

your family. That’s how I maintain balance.

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Footnote

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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.

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