# Jefferson Facult

# **Edouard Trabulsi:** Easing the Burden on Cancer Patients

patients his duty.

As director of the Genitourinary Multidisciplinary Cancer Center at the Kimmel Cancer Center, Trabulsi oversees an organization that allows patients with prostate, bladder, kidney or testicular cancer to consult with surgeons, radiation oncologists, radiologists, pathologists, medical oncologists, social workers and cancer nurses during a single visit – a rare convenience.

Trabulsi also serves as director of clinical trials in Jefferson's Department of Urology as well as director of minimally invasive urologic oncology. His current research focuses on minimally invasive and robotic surgical procedures for patients with urologic cancers as well as improved diagnostics for prostate cancer detection.

The "the luck of the match" brought Trabulsi to Jefferson for a surgical internship in 1995; he then completed residencies in general surgery and urology before leaving to pursue a fellowship in New York. He returned in 2004 when a position opened in Jefferson's Department of Urology.

The author of nine book chapters, 31 manuscripts and close to 50 abstracts on urology and urologic oncology, Trabulsi travels nationally and internationally to speak. Last year, he presented at the Arab

Edouard Trabulsi, MD, considers minimizing stress for cancer Health Congress 2nd Annual Middle East Urology Update in Dubai and the 21st Annual Saudi Urological Association Conference in Tabuk, Saudi Arabia.

Trabulsi recently shared his thoughts on Jefferson and his field.

### **Q:** What drew you back to Jefferson?

A: I sincerely missed Jefferson after my residency and fellowship. The multidisciplinary focus of the Kimmel Cancer Center was a major draw. Cancer will be cured with a team approach, with experts in many disciplines contributing. The structure here is well-suited for professional development and academic growth; I learn something from colleagues outside of my field every day. My ability to rely on other specialists not only helps me, but it also helps my patients.

### **Q:** How involved are you in teaching at Jefferson?

A: Very involved, though not necessarily in the classroom setting. For four years I co-directed the C.R. Bard Fellowship in Endourology and Minimally Invasive Urologic Oncology. I devote the majority of my time to direct patient care, and medical students, residents and fellows are right there beside me in the clinic and the operating room, so I am able to teach by example.

### **Q:** What inspired you to choose urology?

A: I like the balance of surgery and continuing care. That's a rarity in most surgical subspecialties; continuing care often falls to a nonsurgeon. I enjoy seeing the same patients both inside and outside of the O.R. and forming a long-term relationship.

## **Q:** Are there any current clinical trials you're particularly excited about?

A: I'm working with primary investigator Ethan Halpern, MD, of A: Professionally, I am most proud to lead the KCC's Genitourinary the Jefferson Prostate Diagnostic Center - which I co-direct - on Multidisciplinary Cancer Center. Traditionally, there is insuffian NCI-funded phase III clinical trial aiming to improve prostate cient collaboration across disciplines in medicine - and sometimes biopsy techniques by making biopsies more targeted. We're inveseven outright antagonism, especially when it comes to prostate tigating the use of contrast-enhanced ultrasound to visualize and cancer. The absence of competition among physicians here is not target prostate areas with increased blood flow, which have shown the case at every institution and benefits both patients and faculty increased likelihood of cancer. Diagnosing prostate cancer can be members. difficult, because standard methods can turn up false negatives, Personally, I am most proud to be a husband and father. I love my and screening studies can't always determine a cancer's exact locajob but am just as passionate about going home to my wife, Karen, tion. Cancerous tissue often has more blood vessels than healthy and my three sons, 6-year-old John and 17-month-old twins Marc tissue, and we think that we can target these areas of increased and Michael. The only thing that could possibly make me as blood flow to diagnose cancer more accurately.

# Q: What advances do you hope to see in your field over the next few years?

A: I hope to see a reduction in the urinary and sexual side effects that often result from prostate cancer treatment. These quality-of-life side effects are the biggest impediment to any of the common treatments for prostate cancer, be it surgery or radiotherapy.

### **Q:** What has been your proudest achievement?

happy as they do would be the discovery of a cure for cancer.