

Report of the 2007 Recipient of the Traveling Fellowship  
for Surgeons within the U.S. or Canada



In 1918 an American journalist John Reed wrote a book “*Ten Days That Shook the World*” which describes the events of Soviet Revolution that took place in Russia in 1917. Well, the similarity is that ten days spent at MD Anderson Cancer Center in Houston as SSAT traveling fellow, definitely shook my world. The amount of surgery I observed and amount and value of knowledge I gained in such short period of time is difficult to describe.

First of all, the size and complexity of Texas Medical Center is overwhelming. MD Anderson, Baylor, UT, Texas Heart Institute, Children’s – a total of 45 medicine-related institutions including 13 hospitals, 2 medical schools, and four nursing schools. The first morning of my fellowship, Thursday, October 19, was quite challenging and I got quickly lost on campus. I arrived to the Department of Surgical Oncology around nine and, of course, missed Doctor Evans who by then was well underway with his first case. This was a case of a 78 year old male with pancreatic head cancer who unfortunately was found to have small liver metastases that precluded a curative resection.

My choice of institution and preceptor was dictated by the interest towards surgery of the pancreas that I developed since I was a fourth year medical student. I have kept that interest through out my research fellowship at Loyola University, residency at the University of Kentucky, and finally my current work as a private practice surgeon in Oakland. I have read multiple articles, book chapters, and finally the manuscript on pancreatic cancer written by Dr. Douglas Evans and his group (nicely given to me by Dr. Evans as a gift), and I thought that they have really perfected this area of surgical science. I was right.

My fellowship visit was well planned by Dr. Evans and his office staff to the point that I had an agenda for each day including the schedule of all surgical cases and all clinical and research conferences. After watching the case of double bypass, we toured the hospital and went to pancreatic conference where Doctor Evans apologized for having “only eight cases”. And those cases were not simple. I met his entire team including fellows, Drs Katz and Coudle, and faculty, Drs. Flemming and Dr. Lee. I finished the week next day with attending Neuroendocrine Tumor conference and spending half of the day with Dr. Eric Tamm, a nationally renowned expert in pancreatic imaging.

Next week was essentially packed with action and learning. Dr. Evans put together an impressive schedule of five Whipple procedures and distal pancreatectomy. I finally was able to watch his work – something I only knew through books. His step-wise approach to pancreaticoduodenectomy allows turning this complex procedure into a simple one. He starts by mobilizing right colon and exposing the SMV, and then proceeds with Kocher maneuver and dissection of the hepatic artery, ligation of GDA and portal exposure. His strongest point is the detailed knowledge of SMV-SMA anatomy and precise and meticulous dissection of the SMA to provide the best retroperitoneal margin. His approach to vascular resection is based on the notion that respectability is determined by preoperative imaging and if planned, the intraoperative strategy should be developed ahead of time. Needless to say, I am now a firm believer of this approach.

Overall, my week at MD Anderson went fast – perhaps faster than I wanted. Although I did not get to see a Whipple with portal vein resection, I came close by watching the case where extensive SMA and celiac dissection was required. I spent time in Dr. Evans’ clinic (impressive show and a great supporting team) and made rounds with him and his fellows. I had the opportunity to meet Dr. Vauthey and attended his clinic, learned surgical anatomy of the liver in half an hour observing him doing a liver resection – an extra-bonus I did not count on. The value of this short 10 day fellowship is hard to express in a short report.

I am currently very busy working on putting together a multidisciplinary GI cancer program at my community – Alta Bates Summit Medical Center in Oakland, CA. As once sad, “knowledge is power” – the treasure of knowledge gained at MD Anderson makes me feel very strong while pursuing this endeavor. I wish to thank SSAT and Dr. Traverso for this phenomenal opportunity – something I would strongly recommend to every surgeon in private practice. I wish to thank Dr. Evans and his staff, and the faculty of the Department of Surgical Oncology at MD Anderson Cancer Center for making my trip so productive and valuable.

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