From Physician to Patient – Dr. Edmond Ghosn's Journey with a Rare Brain Tumor Transcript

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Introduction and Guest Background

This is the Doctors Making a Difference podcast, living with metastatic cancer, highlighting patients, doctors, and researchers who are fighting to win against cancer.

You know, this is interesting because Dr. Goson is a physician. And so it's interesting that we have that connection. We also have kind of an unfortunate connection in that, we both have this disease called solitary fibrous tumor.

I thought it was an interesting connection with someone who has kind walk a similar path. Although I live very far from Dubai and you live, very, far, from Idaho, but Dr, Gosin, would you mind introducing yourself to our audience?

No, thank you, Peter. It's a pleasure being here with you. So my name is Edmund. I'm a physician. Originally from a small country called Lebanon and where I did my medical school.

And afterwards, I was not really interested in practicing, so I went for a business school in healthcare strategy and management. simply because I wanted to have an impact on the bigger number of patients at a more larger scale rather than the doctor to patient individual relationship.

So after my business school, I started working in different capacities with the biotech companies, with pharma companies. And I tried to create one of the first electronic health records for cancer in France.

Now, unfortunately, that didn't work out. And that's when I joined the pharma industry in Dubai, where I currently live. So today, in my capacity, I work in a department called Medical Affairs, Where we really help different patients and physicians, of course, and institutions overcome very serious disease with high unmet needs, such as cancer.

In my capability today together with my teams, we do work on cancer, We help sharing the updates, conducting research, et cetera. So that's where I am.

And that is what I do. Interesting path. Some of the listeners will be familiar with Lebanon and maybe have visited there, have ties to the area. Many will not.

I'm curious. What was it like to go to medical school? Most of people listening are probably doctors in US and Canada, or maybe parts of Northern Europe.

But what was that experience like, to going to Medical School in Lebanon? Well, it's similar to any other country. Now, the medical school I went to was based on the French system.

It's called St. Joseph University. So it is more or less the similar French way of medical education. And in Lebanon, because Lebanon has multiple cultures, its very diverse, you do have also different kinds of Medical schools.

You have the American University of Beirut, which is similar any American med school. And you do have also other medical schools. Now, maybe some of the listeners might connect or already know some Lebanese medical doctors, simply because there are plenty of Lebanes medical doctor who continue their studies abroad, either in the U. S., in UK, in Europe, as the Lebanis people were well spread across the world.

Another question, Edmund, is most people, when they start medical school, think they're going to be a doctor and they are going help diagnose disease or do surgery or help people individually.

How did that transition happen? As you finished up your medical education, you decided to take a different path,

which impacts perhaps a much larger group of people.

And you became interested in systems analysis and developing things that interacted with so many patients. Correct. Maybe like you, like many other medical doctors, we start from the beginning having this idea that, okay, I want to become a doctor and help patients.

Now throughout my studies, my seven years of studies especially the last couple of years where I was in the hospital during my rotations. I started noticing that throughout the value chain between a physician and his patient, there are many elements that needs to be perfectly aligned for the patient to get the maximum benefit and the highest value in terms of care.

Some of those elements are controlled by the physician, like if he's updated, if she's aware of the data, et cetera, which is becoming more and more challenging today with all the updates that are coming every single day.

On the other hand, at the level of patient, you also have some personal challenges, whether you understand, or you're asking the right questions, sometimes you want to challenge something that is told to you.

Plus you have the culture aspect as well. But in between those two elements, you'll have multiple points that are completely independent from the physician and from patient.

And that's what I was interested in. So for example, healthcare policies, access to medicine, appropriate pricing for medication, etc. Those are the topics that I'm interested.

From experience, and probably you've seen it as many of the listeners would have seen in their practice, systems do not work as we want them to work.

Why He Chose Pharma and Medical Affairs

Sometimes it's challenging, sometimes it is not for the benefit of the patient, and sometimes its slow. So for me, addressing this middle part for myself was way more impactful and way interesting.

Which I did. So what I've mentioned before, I tried creating an electronic health records when patient records were still on paper or on Word documents, like more than 10 years ago.

Today, it's becoming very common. I also very early tried to utilize health data with predictive model that's mainly with insurance company on how to incentivize patients to stay healthy.

That's become also quite common today. Those are the systems that I was mainly interested in. And frankly, if I look back at, even in the pharma industry, If I did back in my last 12 years in pharmo, I can tell you that indirectly for cancer specifically, together with my teams and my colleagues, we have probably more than 10,000 patients across multiple countries, which is something that I'm absolutely proud of.

Now patients don't know my name and I absolutely fine with this. We work in background. And if you can share an example. The moment you have a physician sharing with you a story that his patient survived better than expected his cancer due to our science, that's something very fulfilling and very interesting.

And we hear the story very, very frequently. You know, I've found just like you have Edmund, that every business is just made up of people. And when you look at what makes people care is when it's a story about a person.

When you say I'm doing this work, this research, the system. So we make a difference for an individual. and when hear those stories back, then you're gratified.

I am a primary care physician. so on the front line of medicine, when lots of things happen, The thing that keeps you coming back for more is well, That person really improved because of what I did, or we gave them this treatment or did this intervention.

And now look, they're out there doing sports or they are doing all these activities that they would not have been able to do. So when it comes to cancer research, you know, what means more to the researchers than those stories?

So I think it's nice when you can connect with those 10,000 people. That really does keep you coming back for more and more. can share this story. I just remember something.

So that was the turning point between my med school and my business school. And it was again in Healthcare Strategy. Like I think on the first day of one of the First Weeks of Business School, one to write down on the small metro ticket, or like in Paris, they used to be the Small Metro Tickets, your ultimate goal.

And my ultimate goals was, and is still the same, it was helping as many patients as I can on a large scale. So I've put it, of course, in French. That's something that's very aligned with my values and that something I aspire to do every single day at work and on personal.

Well, that has to be the core driving force behind the whole business and behind, the doctors that worked for them. Another question, I'm sure somebody listening to this says, all right, in surgery, or work in primary care, my specialty, but I am interested in doing something more aligned with the pharmaceutical industry.

How does a doctor make him or herself more employable or more a candidate for that kind of work? Well, that's a big question. There are no golden rules from that perspective though.

Definitely. Like familiarize with what pharma does. So because in pharma, you, we have very specific routes. For example, I'm in medical affairs. You have also some, like a research department.

you do have some commercial departments. All departments are interesting and are more or less serving the same, at the end of the day, serving same objective.

so my first advice would be contact people in Pharma, ask them about their job, Ask them what they do on a daily basis. What's their objective, et cetera.

Two, there are plenty of pretty decent material available online and also use AI, ChatGPT or any other tool to give you some kind of summary of what someone in pharma does depending on the roles.

And three, the best way is find a job, just apply, go through interviews. It's an interesting way of getting live feedback. So in the interview, you can just ask, those are my credentials.

That's what you're looking for. Tell me for next time how we can connect. What do I need to do to connect? Maybe it's about having a little bit of more business acumen, more, business training, maybe starting in research, may be doing an additional course, Maybe starting.

In this department. So that's also a way to really know how to transfer from practice to farm. Interesting. I appreciate your thoughts on that. That's not something that a lot of doctors would consider, but somebody listening is probably thinking, hey, maybe I want to be a little bit more like Edmund and start things from these systems and trying to connect people with the treatments and research and development side of us.

And I would like to add one more thing, please. There's also this thought that very frankly, the thought of it's big pharma. It's very stigmatized, if I can say.

That's not true. Of course, everyone has his belief and assumptions, et cetera. But the best way is again, by connecting us asking, you know, like real questions and getting real answers rather than just being influenced by those assumptions.

No, that's a good point. Like I said a minute ago, businesses are made of people. And if you get to know the people, you realize the core driving force for the individual that showed up at work is to do good.

You can look at corporate goals and look profit chains and all those different things. But the individuals you're talking to are people just like you and me who want to some good and want come back at the end of each day to their family and be responsible and a member of their community.

It's really an interesting path and again most listeners don't live in Dubai either. It is an intresting place and it's a very multinational place to live.

I bet that's been an intersting for you and your family to leave. Absolutely. It's like, it's a melting pot. Very diverse, very dynamic. What I can say as well about Dubai and the region, that's maybe one of the regions that is investing heavily in healthcare, meaning that they have the will, the capacity, of upscaling everything related to healthcare.

So you would find incredible doctors trained everywhere, incredible institutions. And we're just starting as a region to be on the map for research as well in clinical trials.

This whole region was not really represented in pinnacle trials, so it's starting. It's really a very fertile ground for healthcare in general. Oh, it's exciting stuff.

Well, Edmund, tell us your story about finding this tumor.

Advice for Doctors Entering the Pharmaceutical Industry

We talked at the beginning, you and I have this unfortunate connection that we both have SFT, solitary fibrous tumor, which for those listening who may not know, Solitary Fibrose Tumor is a rare type of sarcoma.

It can arise in the central nervous system. It can arise in the soft tissues of the extremities. It could arise. In the abdomen, it can rise almost anywhere.

And then a small percentage will metastasize and cause future troubles. But they, you can imagine if you find a large tumor in an inconvenient place, that can cause terrible troubles, but with that in mind, tell us your story on that.

So like you said, it's incredibly rare and I'm just going to mention something and the learning that I got from this. So back in August, 2023, I was having headaches, just mild headaches.

Regular headaches and neck pain here on the right side. And of course, I thought, you know, like anyone else, okay, it's because I'm not sleeping well.

It's, because, the headache was constant. So I went to a neurologist and the neurologists determined that it was tension headache. and referred me to the physiotherapist to do some exercises for my neck and gave me some painkillers, which obviously didn't tell.

Maybe a week later, I was playing with my son and when I stood up, i got dizzy, really dizzy. And that's where like many of your previous medical education kicks in and you remember that, okay, headache for many days plus dizziness equal let me go and get a check.

So I went to the ER of a hospital here in Dubai that obviously had MRI. In the beginning they wanted to do an MRI because I was, you know, complaining from my neck.

They wanted to do a cervical MRI, but I insisted on having a brain MRI. Did the MRI and that was the shocking moment because my leg was fine. And that's what they told me first.

So the good news is like your cervical MRI is okay. The bad news. You have a big tumor. And of course, like, you know, similar to when you got your diagnosis.

Of course I was shocked. I didn't understand what was happening. So it was a big tumor of the size of like my fist

compressing my brain. There was midline shift.

And at this stage, we didn' know what it. Was there was the mid line shift? It was compressive. Also was starting to feel. like vision troubles, lack of focus and a little bit, but very mild.

Like I didn't notice it. But of course, once I saw the tumor, I'm like, okay, those symptoms are all linked to that. So immediately I was admitted to the ICU for an immediate surgery.

And before the surgery, the surgeon came to us and told me it looks like a meningioma, which is very common, this mistake. on imaging between the meningeal SFT and the meningioma is quite common.

So the neurosurgeon told me it's most probably a meningio and meningo are most likely benign. What do you want to do? Would you like to go for the surgery?

I said, yes. You know, if it looks straightforward, let's do it. Well, it was quite large, the size of your fist. I mean, that's, I don't know what is that?

10, 12 centimeters. It was large. To us five by six by seven centimeters, huge, enough that it was causing midline shift, very symptomatic. I suppose if you had left it there, knowing now that its a solitary fibrous tumor, it would have just kept growing and causing you more trouble.

So, you know, good thing you got it out. Absolutely. Now I didn't get it out the first time. So the surgeon, we went for surgery and obviously it was not the meningioma and solitary fibers too are very vascular.

During the surgery, I was bleeding a lot and the Surgeon unfortunately lost control. He was unable to get the proper help he needed during the procedure.

Luckily, and I'm going to tackle this point later on, He stopped, which if you're familiar with neurosurgeon, it's very difficult for a neuros surgeon, you know, to have a tumor and stop.

But luckily he stopped. Otherwise I was at high risk of bleeding and high-risk of eventually dying. That's something, a good decision that he took. So I wake up the next day with additional shocks.

One, that I wasn't about to die. Luckily I didn't. Two, It was not immunangioma. Three, it was malignant and four, It was something called solitary fibrous tumor.

And I'm like, I never heard of this. Even I work in cancer. I know glioblastomas, gliomas et cetera, all of that. But what the hell is a solitary fiber tumor?

So I started it. It's just so rare. It's incredibly here and meningeal solitary fibrous tumors that represent a small portion of all solitary fibers tumor.

So in terms of incidence, it's estimated to be around three to four cases per 10 million. Of course, my first reflex is, okay, this is wrong. This is absolutely wrong, I need to.

understand this. And plus I had to deal with the rest of the tumor because nothing was removed. At the same time, I forgot to mention this, my whole left side was very weak.

Living and Working in Dubai

So I have to do with all these kinds of things at the time. If you mess up with a tumor, you don't remove it completely. Things can get really complicated.

I was worried about seizures. Plenty of infections. So that's where I started and I got a lot of help. Like definitely my wife helped me a lots, my family was there, colleagues, friends.

So I start activating the whole support system to one, understand what is that. Two. have a treatment plan. Of course, I needed to get it removed completely, but at the same time, because it's so rare and you don't have data, you have guidelines, what treatment are you going to do?

So that's where luckily I contacted with an incredible neurosurgeon in Hopkins. And I got it removed two months later. So first surgery was first of September.

Second surgery he was the first off November. He was able to remove it completely. And then my oncologist in Hopkins, we agreed on a proper treatment plan.

After my surgery, I went for chemo radio. And again, because the tumor was in the brain, I didn't want to affect the healthy areas of my brain. So I went for protein beam therapy, which is more targeted.

Did you stay? No, so I did my surgery at Hopkins and my initial assessment, the PET scan, CT scan. All of that. The protein being therapy is not available here in Dubai.

And I do it in Switzerland. in Switzerland, so where I stayed for two months. Then I came back to Dubai and continued six months of adjuvant chemotherapy, which I finished a little bit more than a year ago.

That's where i am today. You know, touch wood, you can see me. I'm doing well. i'm still doing, of course, checkups every few months, blood tests, MRI scans.

So you know the drill. so I am still in this phase now. What did they use for the adjugant chemotherapy? They used Temodart. Did they use Avastin or anything else, or was Temozolomide by itself?

Again, that's where I put my hat of medical affairs, medical doctor experience in cancer. There is no data, there are no clinical trials, of course. there is some retrospective analysis on different kinds of treatments, TKI's, etc.

including Temodor. Now I relied mainly on the experience of my oncologist in Hopkins, who is one of the top oncologists, I guess, in the setting in U. S.

Discovery of the Brain Tumor

and Hopkins being Hopkins in Baltimore, it's a big center. So he sees, just to tell you how rare it is, what I got to know is that he see also very few meningeal solitary fibrous tumors per year, maybe three, four.

maybe five, so he does have an experience with this number of patients over the years. And I really relied on his experience and it made sense as well.

So I read as, well, article on the mechanism of action on how the chemo radiation part on what's the benefit of having additional six months of treatment with immodern.

I would say like quite an aggressive. treatment protocol, it's similar to the treatment of glioblastoma if anyone's familiar with it, just to make sure that we attack whatever is left from this tumor as strongly as possible, if it makes sense.

It's interesting to kind of talk to other people who have had this tumor because it is so rare. And because its rare, the research available is small, it's missing, its not yet been done.

There's some things that have been and there's a whole bunch of ongoing research that I think will shed light on treatments and protocols that become a little bit more standardized across the spectrum.

But it it interesting, to rely upon the expertise of our doctors. You and I are physicians and yet in those moments you have to say, I must trust I can read the studies on my own and come to my conclusions, but I must trust the judgment of my oncology team because in this instance, I'm not a doctor.

I am a patient. And it does require a lot of humility to do that. Let me just mention something here. First of all, my oncologist suggested the protocol.

I said, no, there's no data. And that's where, you know, my very rational, very pragmatic mindset kicked in. But then I went back home, those were sleepless nights, but then, I took a step back and I really thought like, what are my options?

Okay, There's No Data. So based on what should I base my judgment? Like, of course, if there were randomized clinical trials or at least guidelines, What can I do?

Plus the context of Hopkins's experience and all of that. So end discussion, of course, with my family, et cetera, which I believe, you never know if it's 100% right or 100 percent wrong.

I think it is right, like the choice that I made. And I don't believe that it the best choice we made, so that's where your judgment comes. Just I wanted to mention that first I said no.

as a reflex. And then when I tried to read a little bit, understand a bit of it and put everything in context, it's not lung cancer. It's no melanoma that are studied by hundreds of clinical trials and data and guidelines and protocols.

So that's the judge that I made. But I told myself, the moment I choose something, I'm fully committed. That's what I did. Either you follow completely or not.

There's nothing in the middle from that perspective. And the other thing is I've kind of reflected on the same things, Edmund, the treatment protocols, because I have to take Timodar and the Treatment Protocols, you say like, well, that data is missing.

Should I do this? Is it the right thing? What does the data show? And really there's not that much data, so you have go on judgment. It's kind of like the question, well, do I take this or do nothing or just do observation only?

And a lot of tumors, especially in the metastatic state, they're not detectable. You can't define them on an MRI scan or a CT. Maybe some of the radiation targeted things where you can find a specific marker that will bind to it may help aid in detection of metostatic disease.

But if you leave it untreated and it's got a probability of metastasizing or reoccurring in the same location, it really kind of came down to that decision of do I treat it with nothing or do use what is available and then just hope and pray that there'll be more things that will come over time as this research is funded and is done properly so we have better treatment protocols.

Absolutely. And I didn't have metastasis. So I did a PET scan and you know, I was metatarsus free, which is the most stressful moment because I do know from now my training and my professional background, that's really a shifting point in your prognosis and in everything.

You know I, didn' t have Metastasist. Now at the same time, i did have like another discussion with my oncologist about the side effects. Because we all know that chemo side effects, those are not easy side-effects.

And so the choice between Temodar and other things was also based on that, on the impact on quality of life, the impacts of, you know, like the side effect, et cetera.

Compared, for example, to Avastin or other, TKIs, that might come with additional, more detrimental side affects. There are lots of things being worked on.

They've tried a lot of medications on it and it's a little bit discouraging because the data is so rare. If you listen back to some of the other podcast episodes, you'll meet some other researchers I've spoken with and its kind of fun because they are interested and focused and really dialed in on finding things that get to the molecular mechanism on this type of cancer.

And I'm really hopeful that as time goes on, more of that happens.

Surgery, Diagnosis, and Treatment Plan

And the more we raise awareness of these kinds of diseases, the More doctors have heard of it, The more people get involved. and the pharmaceutical companies and NIH grants can focus on some of These more rare cancers.

There are treatments. We just have to find them. Absolutely, absolutely. And of course it's not optimal, but I think that it is going to get better and better, especially with AI and speed.

So now we're producing data and research faster than 10 years ago, for example, and treatment is advancing and we are understanding more and more the molecular side of cancer, the genetics, targets, et cetera, so I'm quite confident that In my mind, I don't have any proof now.

I know that many companies and many studies are working on sarcomas in general, including some SFTs, but I think, and I hope that it's going to come pretty fast.

Oh, it is exciting. So kind of another question, if you think back on this Edmund, so you're a doctor, you are a patient, You've worn both hats. And then you've also worked in the pharmaceutical industry where a lot of the research development is done on various treatments.

You had a particular emphasis on cancer. What would you tell someone who finds themselves in the same situation? Because it's overwhelming. It's shocking.

And studies have shown once you say the word cancer, the person doesn't hear anything else. The only thing going through their mind is, this can't be.

Are you really serious? I couldn't have cancer. What you would tell somebody who's facing that challenge for themselves or their family? I would say the first thing is let it out.

All the anger, the frustration, and the sadness, all of that. Just express yourself. Cry. Ask for help. And this is a part which is incredibly, extremely important.

I asked for a help very early, very quickly, beyond my wife. My wife was incredible throughout the whole journey, my family as well, My colleagues, like I've mentioned.

But I did ask for her. for two or three additional things. One, like I've said before, to understand. Contact people, contact experts, contacts friends who went through the same, et cetera.

So don't go sit in a corner all by yourself. Just connect with others to understanding and to ask for help. I did ask help from a psychologist, an incredible psychologist who helped me, but I also very early asked help a friend who's funny enough, he's a leadership coach.

And what he helped me, even if it's not tangible, he help me think properly. Because the moment you are faced with a shock, moment your face with such kind of terrible news, you go into, like a vicious circle, your mind goes in loops where you're not able to think proper.

Plus you were taking medications. I had terrible reactions on cortisone, adeptometasone. They had panic attacks, anxiety attacks. So you need to break the cycle.

And I really believe that by being proactive and asking for help very early, you'll be able to build foundations on which your treatment plan can be well elaborated, your recovery as well, getting back to work as.

Well, so that's my first advice. And the second thing I would say is what's helped me as what is I was very disciplined with immediately, like very. Disciplined with.

taking care of my body and my mental health. So I did meditations. I was exercising very early as well, because in my case, I knew that I had a second surgery and I lost 30% of muscle mass after the first surgery.

Definitely, of course I needed to eat well build muscles to be ready for the second surgeries. And this helped me disconnect a little bit from what was happening from cancer perspective, but also having some, you know, automatic autopilot routines.

That's something I have to do. I will do it. And then I'll focus on something else later on. very early, try to put things into perspective. When you work on all of these things together, you need to have an objective to.

Put things in perspective, there are some things we control. There are somethings we cannot control, for example, do I control where I'm going to do my next surgery?

The answer is yes. So I focus on that. Do I control the fact that I might relapse in five years, 10 years 15 years one year, two years? No. And whatever I do mentally or physically to try to control this will not work.

Coming to that realization very early helps. So those are the few advices that, you know, I would. tell someone who's diagnosed with cancer. And the example you gave is, you know, if it's a physician, let's say, who is diagnosed cancer, the read as well.

I think it is a blessing and a curse to be a doctor-patient because one, we can read about the articles, what's happening with the disease, and all of that.

You speak doctor. But at the same time, you understand ignorance is a bliss. In some cases, I would have preferred not understanding some of the few things I read.

But anyway, it goes back to controlling what you can control, asking for help, building the foundations for your recovery. And it really does help to connect with others who are going through the same journey.

Absolutely. It's hard because solitary fibrous tumor is rare. So you have to reach out on Facebook groups or other ways to. Connect with. Others because you're not going to just randomly bump into somebody with solitary fibers tumor.

You need to look at the solitary. Fibers foundation or go to Facebook and look, there's a couple of solitary fiberous. Tumor groups, or your oncologist may have some resources they could turn you to, but that really.

Does help a lot to connected with other. Who are facing the. Same challenge. Correct. Well, you mentioned you were able to get back to work and you said your wife helped you.

Coping With Cancer and Returning to Work

How did that work? So my wife is a psychologist by training. She's an expert in something called psychosocial rehabilitation. So helping people, if you're up with disease, either mental disease or other disease get back to work, which comes with a double benefit, one for the employee and the second for, the employer, especially now in the context where it's very difficult to recruit.

It's area difficult, to replace talents at people who leave the company. Plus on the human side, it's something very decent to offer proper support to your employees.

So that helps on multiple levels. What Yara, my wife, did, she created together with her team, a program, like a very specific program on how to help employees affected by cancer return to work through multiple elements.

Now, if you want, eventually you can have also a chat with here. She helped me a lot. I was patient zero from that perspective. So she did help me. She also allies back then with my previous colleagues, which facilitated everything.

So I was focusing on my treatment. In the background, she helped with everything that facilitates my return to work. And I must say, my employer and my colleagues.

I'm very lucky to have them because I got back to working and that's where I work today. The transition was more, there was lots of flexibility. I think the last week of my chemo radiation treatment.

So I was still having some side effects. I still was having fatigue, et cetera, but it was a smooth transition. And I worked throughout my adjuvant period.

Of course, I had to do blood tests. But there was that flexibility and that support. For me, it found it incredibly rewarding because on the human side, Something that happens to us when we are, when were diagnosed is like, what am I going to do with my life?

Am I gonna be able to keep my job? am i gonna to be to support my family? Et cetera, et cetera. And really what she's doing by having this system again, helps employees affected by cancer, employers as well.

and in reality, it will have, you know, an effect on, in my opinion, the whole society. So we will live better if we have such kind of. program in our society.

Well, I think this has been wonderful that you've shared this and I appreciate it. So if there are people listening who want to follow your work, or they say I really have a question for Edmund, how should they reach you?

How can they contact you or find out more about your wife's program? Perfect. So I also want to mention that last year I just kicked off an initiative on LinkedIn.

It was not nothing very formal. it's just an initiatives for free, of course, offering help with patients or families affected by cancer, not from medical advice perspective, but really to the basics, like understand what it is, asking the right questions, which is something incredibly important, and navigate the system, getting second opinions, et cetera, etc.

So I kicked off this initiative last September, I think. And, you know, so far I helped around 40 patients. Some of them are friends, some of then are colleagues, family members, And some them that I absolutely don't know.

so please, in case you need help, reach out to me on LinkedIn. by message or through email, and I'll be very happy to help. For my wife, her name is Yara Kamet.

You can also check what she does on LinkedIn. And you can drop me a message, I will put you in touch with her. So helpful. Edmond, thank you for taking the time to do this.

It's very meaningful for me as a patient with solitary fibrous tumor to hear somebody else's experience and to reflect with you. And I'm confident at least somebody listening will reflect on this and say, okay, if Edmund can do, this I can it.

You know, it's one step at a time because there's so many uncertainties, but thank for so humbly and so honestly sharing your story. I look forward to staying in touch with.

Thank you so much. No, absolutely. Absolutely. And thank you, Peter. I think what you've done with your platform is something incredible because it addresses something, a high need that not only me, but other patients with cancer would have beyond solitary fibrous tumor.

If we put all efforts together, like you've gone out of your way to create this platform. And I think like if we all put efforts, small, big efforts altogether, I, think we'll get to a point where cancer becomes a chronic disease like diabetes or any other chronic.

So that's my ultimate goal now. I totally agree. Thank you so much. Thanks for tuning into the Doctors Making a

Difference podcast. And thank you for what you do to help your patients and your community.

Your work truly helps so many people. We produce this content to have the tools you need to stay in medicine and to highlight the amazing work being done by physicians around the world.

Closing Thoughts and Podcast Outro

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