

fighting
for
Life

PHOTOS *Daniel Binyamin*



He was a German refugee who spent the war years in the Philippines and never set foot in a classroom until third grade. But the late start didn't hamper Dr. Yashar Hirshaut, who went on to become a top-tiered oncologist shepherding cutting-edge research, and in an age of for-profit medicine, tenaciously staying focused on putting his patients first

Once upon a time,

being a doctor in America meant that you knew your patients and their families. You might even have made house calls, and patients never felt rushed out of the office. These days, the wise, caring, Marcus Welby-type doctor is an endangered species, but there are a few still left. Dr. Yashar Hirshaut is one of them.

But Dr. Hirshaut is much more than that. He's a brilliant, top-notch oncologist, a doctor's doctor who has produced important research of his own while simultaneously midwifing cutting-edge discoveries through his stewardship of the Israel Cancer Research Fund. Drugs such as Velcade for multiple myeloma, Doxil for breast and ovarian cancers, Herceptin,

which reduces breast cancer recurrence, and Gleevec, a drug that directly targets cancer cells, all came out of ICRF research. So did important advances in BRCA gene research, as well as the p53 gene, whose mutation is associated with the development of most cancers.

The patriarch of a large family and now at an age where some people retire, Dr. Hirshaut continues to work extremely long hours, often visiting patients in Manhattan late at night before returning to his home in Lawrence, New York. He divides his time

between Lenox Hill, Beth Israel, Mount Sinai, New York and Cornell Hospitals, and runs a private practice from a traditionally furnished office facing Central Park on Fifth Avenue.

Today the office is quiet, but that's not the usual state of affairs. "Usually Dr. Hirshaut's office is chaotic," says current ICRF chairman Kenneth Goodman. "His staff protects him, and it takes time to get in to see him. But once you're in, he gives you all the time you need."

Distinguished physicians sometimes



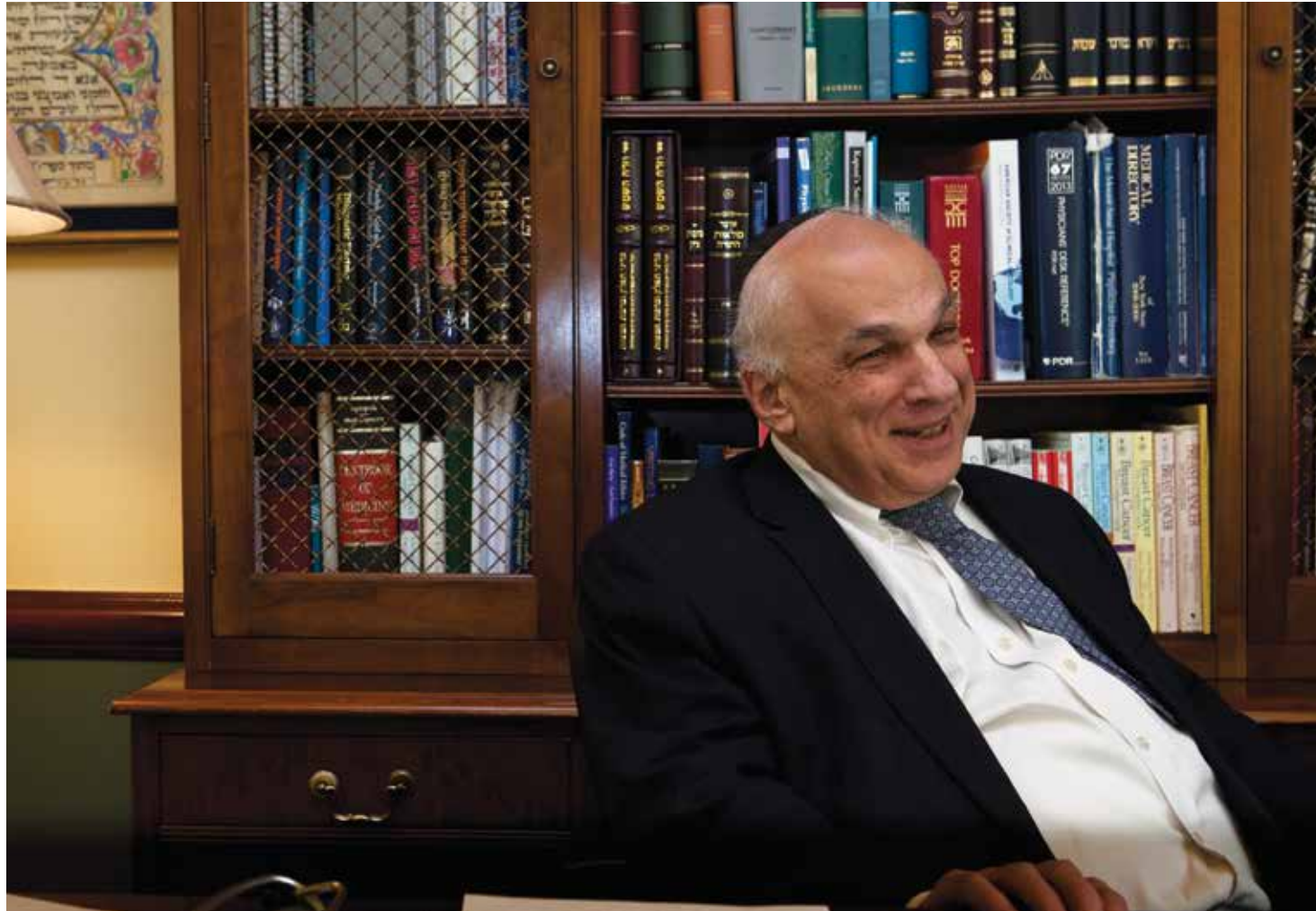
tend toward the brusque and supercilious. Dr. Hirshaut, on the other hand, emerges friendly and good humored, ushering us into the office. The phone rings numerous times during our interview, and each time he finds it necessary to pick up, he apologizes. Then, in a calm, gentle fashion, he promises the caller he'll get back to him soon. For us, he seems to have all the time in the world.

During his long career, Dr. Hirshaut has seen the field of cancer research progress in some astonishing leaps. We settle in for an afternoon of conversation, beginning with a childhood launched in the middle of a war...

Tropical Exile Born in Berlin, Dr. Hirshaut comes from special stock: His father would have become a doctor if the Nuremberg laws hadn't forced him out of medical school, and his mother, who intended to become a teacher, attended the Hildesheimer seminary and spent a year at Sarah Schenirer's seminary in Krakow. "But the only people she ended up teaching were her own children," Dr. Hirshaut says, a bit wistfully.

At the time he was born, the Nazis had decreed that Jewish families should name each male child Yisrael, to better identify them. His father chose instead to name him Yashar, hoping the name would influence him to grow into an honest person. As a child, he disliked his name — no one else he knew was named Yashar, not even when he went to Eretz Yisrael in 1959 to visit his grandparents. But not everyone has found the name off-putting, he relates with a grin. One of his patients, whose treatment was extremely complicated and high-risk because she was pregnant, survived under his care and delivered a healthy baby. When he called to ask how the baby was doing, the new mother — a Hispanic woman — smiled broadly and told him: "Little Yashar is doing fine!"

Dr. Hirshaut's parents had the foresight to grab any opportunity to flee Nazi Germany.



When his mother saw an announcement in a Jewish newspaper in 1938 offering visas to the Philippines — arranged through the efforts of President Quezon; US High Commissioner to the Philippines Paul V. McNutt; and the Frieder brothers, a family of Jewish cigar manufacturers — the Hirshauts applied and were soon aboard a boat with their daughter and one-year-old baby Yashar.

The Philippines, then an American Commonwealth (a territory on its way to independence), was a radically different environment than the Germany they'd left behind: hot and tropical, full of mosquitoes in the air and lizards on the ceilings. There were only about six *frum* families among the 1,200 Jews who emigrated. Dr. Hirshaut's father wrote to Mike Tress at Agudath Israel to request sponsorship for a community member to learn poultry *shechitah* in

Shanghai. Although observance levels varied widely, all the Jews attended the city's only synagogue, Temple Emil. "I remember, after *hakafos* on Simchas Torah," Dr. Hirshaut recalls, "my mother would sort through the candy and throw out what wasn't kosher." Temple Emil would be completely bombed at the end of the war, the only synagogue under American rule to be destroyed.

As a child, Dr. Hirshaut says, "the whole world was the Philippines, and it was a good life." He remembers metal roofs that amplified the pitter-patter of raindrops, maids who washed and folded the laundry and waxed the floors by skating across them in special coconut shoes, highways lined with towering banana trees and sloping papaya trees, which children could climb to pick fruit. The only potatoes were sweet potatoes, he says. "I still can't eat them."

“Twenty-five-year-old interns and 45-year-old administrators are not interested in ‘wasting money’ treating older people. As far as they’re concerned, 65 is already old”

—Dr. Yashar Hirshaut

The family settled on one of Manila's main streets, Taft Avenue, and his father found an accounting position with an American firm.

Yashar's sister, who was two and a half years his senior, was eventually sent to a school for the children of diplomats called The American School, which still maintains branches all over the world. (In a droll twist of fate, this sister's daughter currently teaches at the Israeli branch.) But Yashar was too young for school. His parents befriended a non-Jewish couple with two children about the same age as the Hirshaut children, and the father, a lawyer, taught reading and math to the youngsters. Mr. Hirshaut would buy English books for the children, and Dr. Hirshaut remembers being able to read by the time the Japanese invaded in 1941.

That invasion left a deep impression on three-year-old Yashar. "We'd hear sirens, then the noise of the bombers, then the explosions," he remembers. "We fled our house during the invasion, but then we came back." Since the Japanese considered the Hirshauts German (officially they were stateless) they were left alone, although his father's company was seized by the state authorities.

Then the Americans came back to retake their former territory, bombing Manila. "I remember the dive bombers," Dr. Hirshaut says. "One night they hit a tanker in the harbor. It burned so brightly that night became like day all over Manila, until it finally exploded. Another time the Japanese hit a munitions dump near our house. My mother had gone to see it and came running back when it began exploding." He remembers the Japanese digging trenches in front of the house, and his father digging a well in the backyard in case the water supply would be cut off.

With the war over and the Americans back in charge, his father rejoined his old firm and became a member of the Manila Stock Exchange. But his children were getting older and needed a Jewish education. They boarded a ship for San Francisco and took a train across the United States to New York,

a trip that left an impression on the young Yashar: "I remember seeing the Salt Lake, the Great Plains, sleeping in Pullman cars."

The family settled first on the Lower East Side, but later moved to Boro Park; Mr. Hirshaut took a job with an import-export company specializing in trade with the Far East. Yashar was placed in the third grade at the Shlomo Kluger yeshiva — his first experience of school. It lasted about two weeks. "It was then an old-fashioned yeshiva where they still hit the kids on the hands with rulers," he says. "After that I switched to Yeshiva Rabbi Jacob Joseph."

He had his eye on Columbia for college, but his father insisted on Yeshiva University — no secular college for his son. "My father told me to pursue whatever field I wanted," he relates, "but when he filled out my application, he wrote 'premed' as a major. When I questioned it, he replied, 'Well, you like science.'"

"I actually always liked writing," he avows. "I was the editor of my high school newspaper and my college journal." He would continue on to medical school, but those writing skills served him well in the future: In 1992, he published a book for the layman entitled *Breast Cancer: The Complete Guide*, which won an award from the American Medical Writers Association and sold 85,000 copies for Random House. He indicates the bookshelf behind his desk, which holds copies of the book translated into French, Italian, and Chinese. Last updated in 2008, the book has gone through five editions, made necessary by rapid advances in research.

Dr. Hirshaut also started the medical journal *Cancer Investigation* and served as its editor from 1982–2005. And he's working on a book now, although the only connection it will have to science is its method. "I've worked in cancer research for decades now," Dr. Hirshaut says. "I know the techniques of cancer research. We look at patterns of growth, how certain pathways permit cells to double, how DNA controls every step of cell development. I want to take those approaches and apply them to Torah study."

Exactly how he will accomplish that task will be revealed soon enough; he's up to chapter 30 and has only a few more to complete. His delight in Torah study is obvious as he takes a few minutes to give us a rousing synopsis of his latest chapter, dealing with the composition of the Mishkan and how its physical features may correlate with the design of the human mind.

Cancer Ward During Hirshaut's senior year at Yeshiva University, his family was hit by unexpected tragedy. His father developed a tumor, a cancer of the posterior nasal space that would ultimately be traced to a virus he'd contracted while in the Philippines. During that time, he saw firsthand the horrific suffering cancer produces, and how little medical science could do for a patient. This gave direction and purpose to his medical studies — now he would battle the scourge that took his father's life.

When he entered his first internship at Montefiore Hospital in 1965, he saw on a professional level the severe limitations of cancer treatment. One small medicine cabinet held the entire arsenal of medicines available. "The cancer ward was horrible," he remembers. "People lay there dying. There was a terrible odor. The head of the program was so afraid of going out on the floor that he'd look at the charts rather than directly examine patients."

Hirshaut admits to being similarly repelled. "I didn't want to be on the cancer ward either," he confesses. But the Vietnam War draft left him with two choices: serve in the war, or work for the NIH at the National Cancer Institute in Bethesda.

At the Institute, he finally encountered grounds for optimism. There, researchers were churning out papers at a brisk clip,

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and for the first time, Hirshaut saw people who had actually been cured of cancer. "I met the first woman who was cured of leukemia," he says. "I saw people being cured from lymphoma and Hodgkin's disease, using combinations of drugs. Back in New York, at Sloan Kettering, they called that 'alphabet soup,' since Sloan's approach was to use only one drug at a time. But the cure

rate for lymphoma went up 60 percent, and in general, combinations of drugs are more effective than single medications."

Initially, cancer research was focused on simply wiping out the bad cells. But as research progressed, there was more focus on learning about steps in the development of cancers. For example, a form of leukemia known as CML was once a death sentence — Hirshaut remembers it felled a bakery worker he'd known in Boro Park, a kind man who gave extra cookies to children. But once it was traced to the so-called 'Philadelphia chromosome,' researchers could produce a drug to combat it. "Today, 90 percent of CML patients are still alive after ten years," Dr. Hirshaut says. "Now we try to target causes for each kind of cancer. We reverse-engineer the cell to see how we can impede cancers from growing."

For many years, researchers at Sloan Kettering labored to prove that deficiencies in the immune system might be responsible for cancers. In the end, however, no immune deficiency was found in cancer patients. The problem isn't that the immune system isn't functioning, but rather — as we know today — the cancer cells block the immune system's cells from binding to them. "Now we've developed medications to inhibit the blockers," Dr. Hirshaut says. "If you combine two types of inhibitors, you get even better results. This method was just approved for lung cancer and melanomas (specific skin cancers), and we're just beginning to advance."

What about prevention? The media inundates us with articles extolling the virtues of various behavior modifications or foods thought to be cancer-preventing — antioxidants, vegan diets, and stress reduction, among them. When asked if any of these claims hold water, Hirshaut waves a hand dismissively. "The only thing that we know for sure causes cancer is smoking," he declares. "In the US, as people have cut down on smoking, the lung cancer rate has

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dropped tremendously. You only see a spike in women who began smoking at the time it became okay for women to smoke.”

Even obesity doesn't raise one's risk. “The data aren't coming through to show any connection,” he says. “Obesity is not good with respect to many health issues, but it doesn't seem to cause cancer.”

He describes cancer research like putting together a jigsaw puzzle with millions of pieces. “It's hard to find the first few pieces to fit together. People used to spend a lifetime mining one area,” he says. “But as you keep searching and putting pieces together, the next pieces become easier and easier to fit in.”

Israel on the Map By the mid-1970s, cancer research was starting to gain traction, and at the forefront were many talented Israeli scientists. But most of them weren't in Israel, as Dr. Daniel Miller, the head of the Lymphoma Clinic at Sloan Kettering, noted during a trip there in 1975.

Israel had no lack of highly competent, motivated researchers, but it lacked the funding that would allow these scientists to pursue their projects at home. The best and brightest were leaving the country in droves. Dr. Miller resolved to stanch the brain drain. He pulled together a group of American and Canadian medical professionals and lay people to start the Israel Cancer Research Fund, an organization dedicated to bankrolling cancer research in Israel.

At that time, Dr. Hirshaut was also heading the Laboratory for Immunodiagnosis at Sloan. Dr. Miller invited him to join his initiative, and within two years the ICRF had awarded five grants of \$5,000 each. Today, just over 40 years later, the ICRF is the largest funder of cancer research in Israel, having contributed a whopping \$56 million to establish programs in Israeli universities and research centers. “We have so far supported 2,300 scientists,” Dr. Hirshaut says with justifiable pride. “We helped to put Israel on the map where cancer research is concerned.”

Dr. Hirshaut became president of the

ICRF in 1982, a position he held until he took the title of chairman in 2006. Today, he is chairman emeritus. “He has really been the face of that organization,” comments Dr. Burt Cohen, a radiologist and colleague. Hirshaut continues to serve as the president of the International Scientific Council of the ICRF, while attending every meeting, serving on review panels, and helping direct policy and operations.

Mr. Kenneth Goodman, the current chairman of the ICRF, met Hirshaut in 2003 when his wife was diagnosed with pancreatic cancer. The couple had gone to France to try an experimental drug, and upon their return needed an oncologist who was willing to work with a non-FDA-approved treatment. Goodman, a pharmaceutical executive, was impressed by Dr. Hirshaut's dedication, and during one late-night bedside visit they spoke about the ICRF. “Oncologists have to learn to live with death,” Mr. Goodman told *Mishpacha*. “Because of that, some are afraid to get too close to patients. But Yashar isn't — he gets to know them. He even paid a shivah call when my wife died.” After her passing, Goodman endowed a research grant in pancreatic cancer to the ICRF, and gradually assumed a more active role.

As the ICRF has grown, it has been a tremendous source of *nachas* to its “parents” and all of *Klal Yisrael*, as cancer breakthroughs pour forth from Zion. ICRF research has produced two Nobel prizes, four Israel prizes, and one Wolf prize (the Israeli equivalent of a Nobel). ICRF projects are under way at more than 20 universities and research institutions in Israel, including the Weizmann Institute, the Technion, Hebrew University, and major medical centers such as Shaare Zedek and Hadassah Medical Centers.

Fast Food Medicine When Richard Nixon declared a war on cancer in 1971, he meant that America should step up research. “When I started, Sloan Kettering had floors of breast cancer patients breathing their last,” Dr. Hirshaut says. “Today we're able to

extend lives and create a better quality of life. I have a patient, now in her 80s, who has lived 22 years since her diagnosis.”

But patients in their 80s are finding it increasingly harder to convince the medical system to treat them. Clinicians such as Dr. Hirshaut — and these days he is primarily a clinician, with some involvement in pancreatic cancer research — are now dealing with an entirely new front in the war on cancer: the fight against ageism and bottom-line-focused hospitals and insurance companies, who resist spending money on people they're convinced will soon die anyway. “There's no question there's age discrimination,” Dr. Hirshaut maintains. “Twenty-five-year-old interns and 45-year-old administrators are not interested in ‘wasting money’ treating older people. As far as they're concerned, 65 is already old.

“I was once with a group of residents examining an 84-year-old woman, and I said, ‘Let's figure out what's wrong.’ A young resident responded, ‘It's obvious what's wrong — she's dying!’ But the patient had asthma and breast cancer, both of which can be treated. Now, of course, that patient is getting better.... It's all in the attitude.

“Another time I was called by a *frum* family whose mother was unconscious and on a respirator, and the hospital wanted to put her into hospice. I brought in a lung specialist and a neurologist, although her doctors were amazed that I'd ‘waste’ time on her. In the end we were able to take her off the respirator, and she was moved to a rehab facility.” He takes out his cell phone and shows a brief clip of an elderly lady speaking to him in a completely coherent, normal fashion. “Here she is today,” he says triumphantly.

Dr. Burt Cohen says that few doctors today share this deep appreciation for the value of extending life. “When other people throw up their hands, Yashar will look for different approaches,” he says. “I remember a lady who had a very serious condition. Everyone else had thrown in the towel, but Yashar was able to extend her life for nine months. During that time she was able to attend grandchildren's

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weddings and see great-grandchildren born. You can't put a price on that."

But as medicine has moved to a for-profit model, hospitals are mostly interested in treating a restricted number of easily resolvable conditions. Doctors who want to ensure a top quality and length of life, especially for older patients, have to fight for every test and medication. "Today the drug companies don't even trust the insurance companies to reimburse them," Dr. Hirshaut laments. "I used to be able to buy medications directly from the manufacturers and resell at a discount to my patients. Today, only the hospitals can do that." Small private practices are being swallowed by hospitals, and medical care is diluted by meager insurance reimbursements that oblige doctors to see too many patients an hour.

"We've moved into a fast-food model of medical care," Dr. Hirshaut says. "But sooner or later, consumers will revolt." He himself

revolts by refusing to cut back on giving patients the time and care they need. "Yashar sometimes takes over two hours with patients on their first visit," says patent attorney and lifelong friend Dr. Samson Helfgott. "He says, 'I have to know everything about the patient if I'm going to treat him properly.' In fact, he's gone to bat for patients so aggressively that at one point a hospital wanted to sue him."

The word has spread over the years. Many chassidic rebbes and Jewish referral agencies send Hirshaut patients. He has a particularly close relationship with the Skverer Rebbe.

Hirshaut's crusade to defend patients against those who feel they are expendable led to his involvement with Agudath Israel's Chayim Aruchim project, an advocacy initiative for patients' rights and end-of-life issues (he now serves on the board).

"Dr. Hirshaut was the first and only doctor to call the Agudah and tell us there was a problem with the original Palliative Care

Act," says Rabbi Shmuel Lefkowitz, senior vice president at Agudath Israel. "It said hospitals have to provide options, but the only option listed was palliative care. There was no mention of aggressive treatment. So we approached the New York legislature and the governor, and the bill was amended."

Dr. Cohen describes Hirshaut as "indefatigable," and with his involvements in so many clinical, research, political, and Torah pursuits, he has a schedule that would exhaust many a person half his age. "I've gone with him to Albany numerous times and offered to drive him home afterward, late at night," Rabbi Lefkowitz says. "It can be midnight, but he'll tell me, 'Just drop me off at Mount Sinai — there are patients I didn't get to see.'"

Dr. Hirshaut told Rabbi Lefkowitz he doesn't need vacations, despite the long hours he puts in. "I just need to take care of my patients," he said. "My life is about helping them." ●