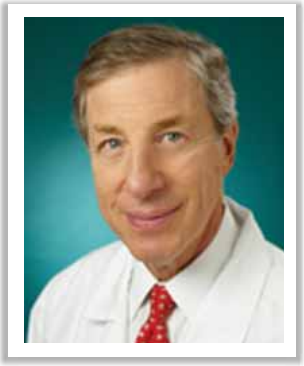
David H. Abramson, MD, FACS

David H. Abramson, MD, FACS, is Chief of the Ophthalmic Oncology Service at Memorial Sloan-Kettering Cancer Center (MSKCC) in New York City.

1. What do you feel are some of the most promising developments in ocular oncology?

Ocular oncology has now entered into the molecular world, and the present and future are filled with potential, excitement, and challenge. In melanomas, the understanding of the molecular driving forces may lead us to noninvasive ocular treatments: pills may eliminate the need for any surgery. More important, targeted molecular therapy may enable us to improve survival. For retinoblastoma, I envision treatments that are safer, more effective, and easier on the patients. Intraarterial chemosurgery is the beginning of a dramatically new approach, and I hope that agents other than chemotherapy will be successfully employed. I believe that we may be able to treat retinoblastoma (and melanoma) with topical agents alone in the future.



2. What is unique about MSKCC's retinoblastoma center?

MSKCC is the only cancer hospital that offers patients with retinoblastoma dedicated space, equipment, ophthalmic oncologists, pediatric oncologists, radiation oncologists, interventional radiologists, pathologists, radiologists, anesthesiologists, genetic counselors, nurses, pharmacists, technicians, administrative staff, specialized equipment, social services, play therapists, and ocularists all under 1 roof. Moreover, these specialists work together in a coordinated way. In addition, we provide for the real life issues like transportation and housing for families. MSKCC is committed to the long-term support of our program.

3. What has been the greatest challenge of your career?

Initially, it was learning what my mentors, Algernon Reese, MD, and Robert Ellsworth, MD, knew. Their vast knowledge seemed to be more than I could ever master. As I became more comfortable with my knowledge and surgical skills, I realized that the greatest challenge of my career would be making sure that everything I said and published was clear and true. Dealing with young, frightened families who are making decisions that affect their children's survival and sight based on my recommendations remains a weekly challenge, too.

4. Among the new treatments that you have introduced, of which are you most proud?

The most exciting treatment in recent years was our introduction of superselective ophthalmic artery delivery of minute amounts of chemotherapy for unilateral and bilateral retinoblastoma for both naïve and failed cases. This treatment followed the pioneering work of Dr. Reese and Akihiro Kaneko, MD, and has eliminated the need for systemic chemotherapy and external beam irradiation for retinoblastoma. Equally important is the fact that 90% of the eyes that would have been enucleated just 6 years ago no longer need to be removed, and, for the first time, we can save the majority of eyes with extensive vitreous seeding. I am proud to be part of a 100-year tradition of ophthalmologists who have focused their energies on retinoblastoma diagnosis and treatment. Collectively, we have improved patient survival from 5% to more than 95% in 100 years, and nowadays as many as 90% of children retain 20/20 vision in at least 1 eye. Retinoblastoma is the childhood cancer with the highest cure rate, and it was accomplished by a small number of exceptional physicians worldwide.

5. What is your favorite way to spend a day off?

With my family—swimming, biking, skiing, and hiking. ■