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8 Questions with Philip Kantoff, An MSK Leader and Prostate Cancer Expert

By Julie Grisham, **Thursday, March 7, 2019**



As a prostate cancer doctor, Philip Kantoff is a supporter of active surveillance. “When I tell my patients, ‘You don’t have to do anything. We’ll just keep an eye on you,’ they’re usually very happy,” he says. Photo: Rick DeWitt

Philip Kantoff is Chair of Memorial Sloan Kettering's Department of Medicine. He came to MSK in November 2015 from the Dana-Farber Cancer Institute and Harvard Medical School.

As Chair of the Department of Medicine, what do you do?

I oversee the medical **treatment of people with cancer** — treatments like chemotherapy, targeted therapies, and immunotherapies. My department also leads the development of new approaches to drug treatments. Heading a department of medicine at a cancer center is very different from doing that job at a regular hospital. Although we have specialists in fields beyond oncology, the focus of everyone here is cancer.

What is your focus at MSK?

A main emphasis for me is mentorship. One of the first things I did when I started was move the office for the medical oncology fellows next to mine. These fellows, who are getting specialized training in cancer care, are the future of oncology. Now it's easier for all the fellows to come seek my guidance, whether it's about patient care or career advice. I take pride in helping others succeed.

Another focus has been fostering better partnerships among different members of the healthcare team, medical staff, and administration, as well as building bridges between laboratory scientists and clinical investigators.

“Prostate cancer behaves very differently in different people. We’re trying to understand the genetic variations that make some cancers more aggressive than others.”



Philip Kantoff
medical oncologist

What cancers do you specialize in?

My focus is genitourinary cancers, especially [prostate cancer](#) and [testicular cancer](#). Although the treatment for men with early-stage prostate cancer is usually surgery or radiation rather than drugs, which is my main area of expertise, about half of the patients I see have early-stage disease. They're trying to decide what course to take with their treatment. I triage them, advise them, and become their quarterback. I've always enjoyed developing close relationships with my patients.

You're a big proponent of active surveillance in prostate cancer, monitoring a person's disease instead of directly treating it. Why?

For select men whose disease has not spread outside the prostate and is not aggressive, active surveillance may be the best option. When I tell my patients, "You don't have to do anything. We'll just keep an eye on you," they're usually very happy. They embrace active surveillance because they know the side effects of treatment can be significant.

What goes on in your lab?

Prostate cancer behaves very differently in different people. We're trying to understand the genetic variations that make some cancers more aggressive than others as well as how these cancers develop resistance to therapies. We hope to develop better ways to predict which cancers are most likely to become aggressive, so we can prevent them from returning after initial treatment.

Active Surveillance for Prostate Cancer

Find out what's involved in active surveillance for prostate cancer and why some men choose this option.

[Learn more](#)

What research are you most excited about right now?

A few years ago, I was part of a multicenter collaboration that found about one-quarter of men with advanced prostate cancer have inherited gene mutations

related to DNA repair, such as *BRCA1* and *BRCA2*. Now that we know this, we can use drugs developed to treat [BRCA-associated ovarian and breast cancers](#) on prostate cancer as well.

How did you get interested in the field?

After my medical training, I did a postdoctoral research fellowship at the National Institutes of Health. At that time, the mid-1980s, it seemed that cancer was the area of medicine that was most amenable to molecular biology.

You're a native New Yorker, but you've spent most of your career in Boston. How is it being back?

All three of my kids live here. It's nice being close to them. Also, I'm a huge fan of New York sports teams, especially the Yankees and the Giants. It's a lot easier to be a Yankees fan here than it is in Boston.

Comments

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Dave Clouden

Apr 4, 2019 • 8:20 PM

I had brachytherapy in 2009. My cancer has now spread to my seminal vesicle. I am wondering if my prostate and seminal vesicle could be removed. Thank you for your help.

Memorial Sloan Kettering

Apr 5, 2019 • 9:15 AM

Dear Dave, we're sorry to hear your cancer has spread. If you are interested in speaking with someone at MSK about your treatment options you can [make an appointment](#) online or call [800-525-2225](#). Thank you for your comment and best wishes to you.

Patricia Clyne

May 31, 2019 • 10:26 AM