

Interview with Professor William T. Creasman, co-editor of *Clinical Gynecologic Oncology* 9th edition

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Editor's note

The *Clinical Gynecologic Oncology* 9th edition, released in 2017 is regarded as a must-have, readable and most comprehensive reference for the diagnosis and treatment of gynecologic cancers. The 6th and 8th edition of this book have been translated into Chinese, and have aroused tremendous attention in the field of gynecologic oncology in China. To benefit the physicians and patients in China and to further the communication in the field, we have launched a project which uncovers the stories and ideas behind the book, with the aim to share the thoughts and insights of the recognized leaders in the field.

During this project, we were honored to conduct an interview with Prof. William T. Creasman, who is the current Distinguished University Professor at the Medical University of South Carolina and the co-editor of the 9th *Clinical Gynecologic Oncology* (Figure 1). He shared his insights on the prevailing issues in the field of ovarian and endometrial cancer, and divulged some stories about working on the book as the co-editor.

Expert's introduction

Professor Creasman has served as the James Ingram Distinguished Professor of Gynecologic Oncology at Duke University Medical Center, as the Sims-Hester Professor and Chairman at the Department of Obstetrics-Gynecology in the Medical University of South Carolina (MUSC), and is the current distinguished University Professor at MUSC as well. Being a founding member of the Gynecologic Oncology Group (GOG), he has been very active in the field of gynecologic oncology and has acted in many capacities in the GOG. He was the past secretary-treasurer and president of the Society of Gynecologic Oncology, he served for over 10 years as the chair of the gynecologic cancer committee of The International Federation of Gynecology and Obstetrics



Figure 1 William T. Creasman, MD.

(FIGO), and he has contributed greatly to The American College of Obstetricians and Gynecologists (ACOG) serving on many committees and being the chair of the Prolog for Gynecologic Oncology. He continues to be active locally in patient care, along with teaching and research at the national and international level.

His areas of research focus and interest include gynecologic cancers, the development of standard of care and conservation management of gynecologic cancers, and post-cancer treatment hormone replacement therapy.

Prof. Creasman joined MUSC Women's Care as a gynecologist oncologist in 1986. He graduated from undergraduate and medical school at Baylor University. He completed his residency at University Rochester Medical Center and his oncology fellowship at the University of Texas MD Anderson Cancer Center. Prof. Creasman is a world-renowned physician in the specialty of gynecologic oncology. His interests include gynecologic oncology group clinical trials and uterine cancer treatments.

Interview

About the journey of clinical gynecologic oncology

GPM: What sparked your interest in gynecologic oncology?

Prof. Creasman: It started when I was a resident in obstetrics and gynecology. Part of the residency has to do with the GYN oncology, and so that caught my attention, and then I went on to do a fellowship in gynecologic oncology. And so that kind of led to where I am today.

GPM: So what aspects of your upbringing have influenced you as a physician in this specialty?

Prof. Creasman: I am not so sure there was any one thing that said “*this is something you ought to do*”. I think it was probably a slow transition. Ever since I was a medical student, I was interested in anatomy and surgery, so it kind of led me to go into gynecologic oncology versus going into general surgery or cardiovascular surgery or something like that.

GPM: What major changes have you observed in gynecologic oncology from 1963—the time you were a resident until now?

Prof. Creasman: It’s hard to list them all because there have been so many changes. We understand disease much better today than we did 60 to 70 years ago. We appreciate now how things work on a cellular level, and on a genetic level (although there are still a lot of unknowns). This was way beyond our comprehension 60 years ago. We now understand the disease process so much better, and treatment has evolved tremendously. For instance, when I was a fellow, in order to treat ovarian cancer with drugs, really the only drugs we had were the alkylating agents, which had been around for some time. Now we have so many different drugs, and they have been developed for very specific areas. For instance, in ovarian cancer we know that PARP inhibitors seem to be address a subset of patients who have changes taking place which are unique to ovarian cancer and to a certain degree, breast cancer. So we are looking at treatments now that have been called by some to be personalized medicine or precision medicine, because things are being made specifically for abnormalities which we didn’t even know existed several decades ago.

GPM: Is there a particular achievement you are most proud of in your career?

Prof. Creasman: There are several things that have been of particular interest in GYN oncology. For instance, one of the things that we have been somewhat of a leader on was the understanding that endometrial cancer did spread to lymph nodes and surgical staging in endometrial cancer is now appreciated as an important tool, therapeutically and diagnostically. Conservative management of early carcinoma of the cervix has developed, whereas I think a few years ago, were advocating radical surgery if there was even a little stromal invasion. The advocacy of restricted use of chemotherapy, for instance germ cell tumors of the ovary, I can remember, as a fellow, that many patients, because prognosis was so poor, were treated for 2 years or longer. We now appreciate that some of these have very specific tumor markers that can be a guide for treatment. We advocated that many years ago. Another area is in the use of hormone replacement therapy in patients who have had cancer. Where it was thought by many that this was an absolute contraindication, I think the data now shows that that is not the case.

GPM: Could you comment on the current status and development in hormone replacement therapy post cancer in the USA?

Prof. Creasman: I think by and large the gynecologic oncologists feel that this can certainly be given in patients with gynecological cancer. Many others feel that it could be safely given in women who have had breast cancer. Now the medical oncologists will disagree with that. However, I think the data would tend to suggest that replacement therapy can be used in these individuals.

GPM: Would you introduce to us a recent project that you are now involved in?

Prof. Creasman: We are still very interested in endometrial cancer and some of its facets. It’s changing, in that for many years, we have typed the endometrial cancer into type I and type II. Those classifications have been around for 40 or 50 years. We are now starting to look at the possible classification using genetic markers, which seem to be more specific; we are not there yet, but certainly we are well on the way. One of the other things that has happened over the last 5 or 10 years is the fact that we now appreciate that a

considerable number of patients of ovarian cancer, probably were primary tubal cancers, and not primary ovarian cancers. We are now typing ovarian cancers, somewhat like we did with endometrial cancers in the past, so called type I and type II, particularly, the type two which is the more aggressive, poor prognostic lesion. Increasing amount data would suggest that changes take place in the epithelium of the fimbria portion of tube. Many of those cells probably at the time of ovulation get transmitted from the tube to the ovary, and subsequently ovarian cancer develops.

About the book Clinical Gynecologic Oncology

GPM: When did you start to author this textbook Clinical Gynecologic Oncology? What inspired you to devote your time to this book series?

Prof. Creasman: This was a collaborative effort with Dr. Philip J. Di Saia who recently passed away. And this was actually his idea. Previously, he had, with some of his colleagues, written the textbook. When I was a junior faculty member in MD Anderson, he was a fellow, we became very close friends—professional as well as personal colleagues. He asked me to join him in the development of the textbook. He and I essentially wrote the book and did all of the revisions for the first six or seven editions. Subsequently, we have asked some guest authors to deal with specific chapters. But this is how the book really got started.

The purpose of the book was to fill the gap; there was no book like it available at that time, which was aimed primarily at the residents in obstetrics and gynecology and those individuals who did general obstetrics and gynecology, and even for some medical and radiation oncologists that needed a reference book. But it was not a reference book in the true sense of the word. It didn't go into all of the details of a certain item. It covered the "1-2-3" about how to do something under a certain circumstance. We kept it easy and readable, so that you could sit down and read a chapter in the evening very easily. It was extremely well received; although there have been other books that have come along to try to emulate it, they kind of have fallen by the way side. Because it's been very well received, we were inspired to go ahead and continue doing the revisions.

GPM: The 9th version of Clinical Gynecologic Oncology was published on the 15th of February, 2017. How long you have worked on it? Were there any stories which impressed upon you during the preparation?

Prof. Creasman: Dr. Di Saia and I wrote the first edition in about 6 months. The revision with the edition of some guest authors has taken a little bit longer than that. It was not the top priority for them as it was for him and me, so it probably took a year to do the last revision. As you see, the book was well-received, and it has been translated into many different languages around the world. The fact that it has been well received was the inspiration for us to go ahead and continue it. This is the reason that, even though Dr. Di Saia is no longer with us, we are still making plans for the 10th edition, which will be forthcoming sometime in the future.

GPM: Could you introduce us to your role as the co-editor-in-chief of this book?

Prof. Creasman: As I said, with the first to six or seven editions, Dr. Di Saia and I were the co-authors; we were the co-editors subsequently over the last 2 or 3 editions. And, as you probably noticed, in the last edition we have added three individuals as co-editors to help with the organization and putting everything together.

GPM: Is there any difference in being the co-author versus the co-editor-in-chief?

Prof. Creasman: If you are a co-author, then obviously you are responsible for the writing and the revision. As co-editor, many times other people are doing that, and you are only reviewing it and editing it as you feel appropriate. So, the roles are considerably different. At first, Dr. Di Saia and I did everything. For instance, I would write a chapter and send it to him, and he would look at it. He would write a chapter and send it to me, and I would look at it. And we would co-review each other's chapters to make sure we weren't doing something wrong or leaving something out, or just needed to do a better job of it. As a co-author, you can control the book. As co-editor, sometimes the guest authors could control it, timewise. And this becomes critical.

GPM: Compared with the old editions, what are the new things that stand out in the 9th edition, for example, in terms of the content and the authors?

Prof. Creasman: There are several things. Obviously, the new drugs are discussed, the role of minimally invasive surgery is discussed. Of course, these things weren't around when we first started. As for some of the revisions stagewise,

we've tried to keep those up-to-date as the different editions have come forth.

GPM: What you would like to include in the 10th edition and what is its current status?

Prof. Creasman: We are starting to do it, and in fact we have four of us, including myself and three additional people. We have a meeting set up in a couple of weeks to start discussing the 10th edition and what we are going to do and how we are going to do it. We don't have a specific time normally scheduled for completion of editions; an edition is good for 4 or 5 years. Sometimes the publishing time is decided by the publisher, which to many of us seems like a very lengthy time, but there's not much you can do about it.

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