**Get to Know: Oncologist Firas El Chaer, MD**

**At a Glance**

*Title: Assistant Professor*

*Fellowships: Baylor College of Medicine and The University of Texas MD Anderson Cancer Center, Infectious Disease; University of Maryland Medical Center, Hematology/Oncology*

*Residency: Englewood Hospital and Medical Center*

Firas El Chaer, MD, is a hematologist who joined the UVA Cancer Center in 2019. He specializes in caring for patients with acute leukemias, including acute myeloid leukemia and acute lymphoblastic leukemia, myelodysplastic syndrome and other bone marrow failures.

**You attended medical school in Lebanon. Why did you decide to come to the U.S. for your residency training, and what about UVA in particular appealed to you?**

I went to an American-based medical school program that directs you and gives you the guidance you need to practice medicine in the U.S. I’d always wanted to be involved in research and cutting-edge medicine, and the opportunities are much better here than back home.

When I was looking for a job, I interviewed for multiple positions around the country looking for a place that was growing, a place that has – despite being a big cancer center – some collegiality. When I accepted my current position at UVA, one of the things my boss said was, ‘Welcome to the UVA family.’ This is a thriving environment. There is cutting-edge science happening, so I get the opportunity to work with basic scientists as well as residents, fellows and others providing healthcare. Feeling like I was part of a team was one of the major attractions for me to come to UVA.

**What is your clinical focus and why did you choose this specialty?**

Currently, I focus on acute leukemias and bone marrow disorders. During residency, I did a rotation at Memorial Sloan Kettering and I worked on the Hem/Onc floor for a few months. I came to realize that was exactly what I wanted to do. I like to care for very sick and vulnerable patients.

**How did your father’s cancer diagnosis shape your approach to patient care?**

My father was diagnosed with cancer when I was in middle school. Seeing the impact of his diagnosis on my mom and my sister, the many trips to doctors’ appointments for chemo, gave me firsthand experience of what my patients could be experiencing. It taught me compassion. Sometimes doctors say, ‘I can only imagine what you’re going through.’ But I can tell my patients and their families that I can imagine. I experienced it myself.

**What are some of the challenges of caring for this patient population?**

The patients I treat are extremely sick. Most of the time, they literally get diagnosed overnight. Leukemias are very aggressive cancers, so patients need to be treated ASAP or, unfortunately, they can succumb to this disease. It’s not like other cancers where you have days or weeks to come up with a treatment plan. Sometimes we have hours to finalize everything. There’s no time for patients to process the flood of information they get. So one of the major struggles is that you feel very responsible to make the best decisions for them at that moment when they could feel very hopeless and helpless. I try to be clear and use layman’s words to explain the situation and the treatment plan allowing them to process information so that they trust my decisions and hopefully what will be best for them.

With this patient population, their chemo is scheduled quite often. One of the rewarding things is that I get to know them very much on a personal level because of the many times we see them during the week. It feels like you become part of their family, the longer you treat them, the more you see them.

**You are actively involved in research in addition to patient care. Is there a particular study you’re excited about at the moment?**

Currently, we’re trying to address the many unmet needs in bone marrow failure conditions. There is one called myelofibrosis, which is basically when bone marrow becomes fibrotic and doesn’t produce any more blood cells as expected. It’s very hard to treat. The only cure is a stem cell transplant. However, unfortunately, not all patients will get a stem cell transplant because of comorbidities or inadequate performance status. What we are trying to do is basically reverse that process in the bone marrow to prevent the disease from progressing.

**How do you see cancer treatment evolving over the next decade?**

We are learning about genetics and mutations that are found inside leukemia cells that can be targeted. In addition to chemotherapy, we have been incorporating these targeted therapies and have seen great additional survival benefits. My hope for the future would be treating all types of cancer with these chemo-free regimens in order to shield patients from the side effects of toxic chemotherapies and provide them with a better quality of life.

**How would you describe your team’s relationship with referring providers?**

We interact with referring providers on a daily basis through tumor boards, where providers present their cases and we discuss them as a group to come up with the best treatment plan for patients. Referring providers also reach out to us through the referral center, via email or phone; I’m happy to share my personal contact information with them so we can discuss the patients. I like to be available to them as much as I can because there is a flood of medical information published every day for community oncologists, and it’s hard to keep up with the advances for each and every disease. My focus is much narrower, so I can provide them with that expertise and help them provide cutting-edge medicine to their patient population.

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