



PETER BAKER

meet the physician

Nita Ahuja, MD, MBA

Chair, Department of Surgery

You recently joined Yale School of Medicine as our new Chair of the Department of Surgery; what factored into your decision to transition to Yale?

Yale has a strong culture of collaboration and is a beacon for the academic mission. This was important to me. Having been at Johns Hopkins for more than 20 years, I have realized that the culture of an institution is its most important product. On my first visit at Yale, I appreciated the strong culture of collaboration and scientific excellence present here.

The fact that Smilow now has a clinician scientist as its leader in Dr. Fuchs, was also a big draw, since I knew that he and I share the same values of delivering outstanding clinical care, nurturing our pipeline of clinician scientists, and investing in biomedical research.

In addition to your surgical expertise, you're also actively engaged in research focused on gastrointestinal cancers. What is your lab currently studying?

I have been studying epigenetics for over twenty years and have focused on asking questions that are important for my patients. In recent years, I have

concentrated on pancreas cancer, which is expected to become the second leading cause of cancer death. My laboratory has been working on a liquid biopsy for detecting this lethal cancer early and we are now working on developing a test that we can take to the market. We are also attempting to understand why certain people with pancreas cancer do really well on treatment, while the majority do poorly. By studying these long-term survivors of pancreas cancer we hope that we can identify potential novel treatments for all of our patients.

On another front, my laboratory has been on the forefront of treating solid tumors and has shown that epigenetic drugs can be used to prime cancers, such that we can combine them with other chemotherapies or immunotherapies to better treat cancers. We currently have a national clinical trial testing chemopriming for colorectal cancers as part of the Stand Up To Cancer Dream Team with the American Association for Cancer Research.

The mission at Smilow is to deliver multidisciplinary care to our patients. How will your plans for growth and change in surgery support this?

I am a proponent of multidisciplinary care for all cancer patients. During my tenure at Johns Hopkins, I started multidisciplinary clinics for the management of regional cancers, sarcomas, gastric cancers, as well as pancreas cancers. The treatment of cancer is multimodality, including surgery, chemotherapy, radiation therapy, and increasingly biologic therapies. This approach also allows us to ask key questions for each disease and to be the leaders in the disease. In the Department of Surgery, we are continuing to recruit surgical oncologists who are skilled surgeons but also have a passion for investigation and discovery in their specialty areas.