Available online and looking forward to today’s discussion.

Today I’ve taken the opportunity to offer up grand rounds on my own. That is, you know, typically would be customary for me to give a state of the Cancer Center talk in September, but with my departure, my time is coming to a close soon. I wanted to take this opportunity to review with all of you where we stand across the broad range of our endeavors in the cancer enterprise.
Including our missions in clinical care, research, education, outreach.

We have one thing I think we should never lose sight of and I hope you’re all aware is that today we stand as one of the elite cancer centers and cancer hospitals in the United States, if not the world.

Our success in clinical care research, discovery, innovation, education, outreach is renowned and our programs are expanding. With an ever greater rate, reach across an enlarging community.

You know, in the next 40 minutes...
I’d like to cover a lot, but to be candid, time prohibits me from covering all the initiatives that have we’ve done in the past several years and were ongoing now. And frankly, there’s so many people that I want to thank as I sort of plan my own departure, and time prohibits me from really recognizing so many people who have done so much. You know, that includes our Associate Cancer Center directors and and leaders in the Cancer Center or research program leaders or disease center.
leaders or division Chiefs or leaders
across my lower nursing pharmacy
clinical operations Administration.
Chief medical officers are,
I know this services.
You know a couple of individuals
You know a couple of individuals
that I want I sort of recognizes
the onset one being Lori Pickens,
who is really been my partner.
In much of this and frankly,
all of it as our Senior Vice President,
Executive Director,
who I think is been tireless advocate
for the mission of Smilow in the
Cancer Center and has been somebody
I’ve thoroughly enjoyed working with Dan Demeo. Who has been an extraordinary deputy director for the Cancer Center and continues to put his all into? What is the rich history and legacy and the continued success of our research enterprise and in other aspects of our Cancer Center. You know we are marking now a year into this pandemic. And it’s obviously been a challenge and at times exhausting. But the sacrifice you’ve all put in over the past year and your commitment to remaining steadfast to...
all the missions has really paid off. You know you have found new ways to provide care to conduct clinical basic translation and population research. Anne, frankly. That is made an extraordinary difference, and that has only been successful, not because just the leaders but everyone throughout the organization has stepped up and that volunteerism has been recognized on so many countless fronts. I cannot tell you how many times I speak in events about the success of our
enterprise in the midst of this pandemic, and I think we have the admiration of so many centers. So if I may let me sort of review. Where we’re at and make sure that we have time for questions and let me make sure hopefully my slides are showing up. You know, I'll start with the slide that I can’t help it show because it was something that we launched with my start which is our vision statement, which I frankly think is so important. It may may benefit from modification in the years ahead, but I think it speaks volumes about who we are as a leader in
cancer care research and education. That our institution delivers the transformative scientific discoveries and care innovations of both our University, their health system, to bring us closer to a world free of cancer. One patient at a time because we are a cancer enterprise that leverages our diverse communities. All the individuals committed to this mission and ultimately focused on the individual patient who in each case we provide the very best. You know, I’m proud of the fact that.
I think we are the model.

In the system in the cancer world,

for not sort of looking at it.

In which side of the street you reside,

I think we really do wear a model of

being a single enterprise working

together and to do so across the pillars

research and discovery,

of clinical care and innovation,

both in terms of our operations and

our finances, is really enabled.

Lots of great things.

Across the biomedical enterprise

for Yale and Yale,
New Haven Health and no less importantly, one thing we always have to keep our eye on or the people. Because it’s never bricks and mortar, it’s actually the people doing the work of which we have so many talented and dedicated individuals and that we have to continue to invest in our people. We have to engage our people and we have to expand our ability to embrace diversity and inclusion. Our clinical enterprise has thrived over the years and prior to the pandemic we once again had a record year of just routine enm visits.
in across the small enterprise.

Obviously the pandemic was earth shattering for all of us and obviously there was a lot of loss and a lot of challenge.

But I’m just so proud of our leaders, Kim Slusser and Kevin Billingsley.

And really, the entire workforce in responding to the pandemic. You know the story,

moving multiple floors sometimes in 23 hours and throughout keeping patients safe, ensuring their care,

and continuing to advance the mission of the center.
Those types of events can sometimes be an opportunity, an opportunity to look at the way we do business to innovate, and I think would emerge to follow where these transformation groups which continue to meet regularly in terms of innovating the way we do inpatient care, outpatient care, supportive care and clinical research. Ongoing work which I'll touch upon. Over the next 30 to 40 minutes in terms of the volume in this year, well we did have a dip in April, but that candidly was by design.
We needed to keep our waiting rooms somewhat sparse and so a lot of efforts in terms of telemedicine in terms of reducing the need for infusion to reduce the frequency by which patients needed to get infusion care while maintaining their care. But ultimately we resumed and resume robustly beyond what was only a modest decline or volume. And even through the year, I think a reasonably steady pace of providing patients care across our entire region. Concurrently was an effort to ensure scientific engagement despite the
challenges we were dealing with
with the pandemic in terms of the work on clinical research,
expanding our translational science,
which I'll touch upon the research programs developing their own strategies to work to enhance research
program and art interactions,
to promote team science,
and to focus on our trainees and junior faculty.
You know,
as I mentioned,
it's all about the people and we had a banner year of recruitment Pam
Koons who was recruited to lead.

You are in college which I’ll talk about.

Mira, Gulshan recruited as our Deputy Chief Medical Officer for surgical Services, but at the same time serving as our acting director for the breast program Marcus Musician, our inaugural leader for the Center for Molecular and Cellular Oncology and a variety of other folks that I won’t I’ll talk about during the talk, but.

Really, a new set of leaders, individuals who bring great talent in terms of science, clinical care among others,
and this is really just three slides for those I neglected to include. My apologies because I think we really.

Despite a pandemic, we can take great pride in the extraordinary people we already have on the ground. Here, the individuals we brought on since. You know, in terms of how we think about advancing the clinical enterprise, for me it sometimes it’s keep it relatively simple.

We have to make sure that we are the
provider of choice for patients, families, referring providers, and that involves sort of making sure that people aware of the great services opportunities we have for cancer patients and families to make sure that the interface when people call. Is as easy as possible. Being a patient, a family member, referring doctor, those are challenging times for people with the new diagnosis and whether it be through our next day access programs or other interfaces. This is something we always have to
NOTE Confidence: 0.8727294
00:09:52.586 --> 00:09:54.843 keep our eye on and then finally
NOTE Confidence: 0.8727294
00:09:54.843 --> 00:09:56.463 making sure that as always,
NOTE Confidence: 0.8727294
00:09:56.470 --> 00:09:58.480 the care here is excellent that
NOTE Confidence: 0.8727294
00:09:58.480 --> 00:09:59.820 the experience for patients
NOTE Confidence: 0.8736132
00:09:59.882 --> 00:10:02.708 and. Families is exceptional so that you
NOTE Confidence: 0.8736132
00:10:02.708 --> 00:10:05.384 know they really feel comfortable and
NOTE Confidence: 0.8736132
00:10:05.384 --> 00:10:08.848 assured that they are in the right place.
NOTE Confidence: 0.8736132
00:10:08.850 --> 00:10:10.550 In terms of those principles
NOTE Confidence: 0.8736132
00:10:10.550 --> 00:10:12.250 and all of our efforts,
NOTE Confidence: 0.8736132
00:10:12.250 --> 00:10:14.946 I’ll highlight a few which is 1 I’m
NOTE Confidence: 0.8736132
00:10:14.946 --> 00:10:17.566 really proud of is the work of our teams
NOTE Confidence: 0.8736132
00:10:17.566 --> 00:10:20.044 to look at the way we’re delivering
NOTE Confidence: 0.8736132
00:10:20.044 --> 00:10:22.781 in patient care in the inpatient redesign,
NOTE Confidence: 0.8736132
00:10:22.781 --> 00:10:25.098 a process that Roy Herbs and Karen
NOTE Confidence: 0.8736132
00:10:25.098 --> 00:10:26.870 Adelson Anchang Tracy Caraffi know,
NOTE Confidence: 0.8736132
and a litany of other folks have been advancing with the launch of what will soon to be the Smilow Inpatient Medicine Service or hospitalist service, to improve the way we deliver. Care free up a lot of our services. To focus on other things, to the efforts to move more of our care to ambulatory namely things like stem cell transplant and cell therapy. To improve the kind of things we can do at home in post acute care to help patients get home to expand, palliative care, And the things we have to deliver on
giving the investment for this hospitals

service that the health system is putting in,

we obviously need to reduce

It’s candidly too long.

We have to reduce re admissions,

preventable admissions,

expand bed capacity.

And these are the right things for our

patients beyond obviously important

for our sustainability as a system.

And then other measures is we have

to look at the way we’re managing.

End of life care in the experience of

our patients and as well for our workforce.
Making sure that those people who work on the inpatient service that they’re feeling fulfilled that they have the resources they need and they feel that they are able to provide the best care possible in terms of our ambulatory operations. The Ambulatory Transformation Group has involved a lot of people. I frankly have the short list here and there’s many others forgive me for not including, but I think you’re doing great work. They have interviewed hundreds I believe up to 700 individuals in various manner.
looking at our workflow looking at the roles and staffing models actually getting piloting in various forums across our network next day access which is so important for patients and families to know that when they are strict with it, this sort of kick in the teeth of a diagnosis of cancer that if they want to be seen right away, we’re here for them to develop new efficiencies within our infusion space with lean tops to expand our multidisciplinary care in multiple and coordinated care things that
will meaningfully.

NOTE Confidence: 0.8736132

Improve our ability to provide care and hopefully make it easier for us to do our jobs.

NOTE Confidence: 0.8736132

Kevin investors,

NOTE Confidence: 0.8736132

you know,

NOTE Confidence: 0.8736132

took on a new role as Vice President for disease centers where we really look at our disease focused care, research, education, outreach. These often referred to as our darts.

NOTE Confidence: 0.8736132

look at our disease focused care,

NOTE Confidence: 0.8736132

research, education, outreach.

NOTE Confidence: 0.8736132

These often referred to as our darts.

NOTE Confidence: 0.8534613

We want to further enable in them, empower them to really come up with full measure strategic plans across the entire enterprise,

NOTE Confidence: 0.8534613

clinical research, outreach,
education, and to do so.
Kevin, an others.
Have sort of built a model by which we have enhanced leadership structures.
A director or research director,
Additional support to to enable operations in strategic planning as well as forums for each of the members of these teams to work and to ultimately expand our ability to do disease focus work in.
Really a powerful way beyond what we’ve done that is to be Centers for Disease focused innovation.
To be a strategic in terms of how they do the work to leverage all disciplines to be inclusive. That is a big tent across the entire enterprise, across communities and across disciplines to span the entire health system and to ultimately execute on our signature of care which we are so proud of. You know one example was I mentioned we may was recruited as our Deputy CMO for surgical services and at the same time took on the opportunity to serve as our interim leader for the breast program,
and I think he has done a phenomenal job, most notably some really high profile recruitments. Rachel Greenup, who is now starting as the Chief of Breast Surgery. Melanie Lynch, who's leading breast or breast surgery program at Bridgeport Hospital who just recently joined us and you may have noticed in your email today. The announcement that Miriam Lossberg really an international leader in this space, will be joining us soon as our permanent director of the Breast.
program with Mayor now becoming our clinical director and a lot of exciting work that the breast program is doing. Realizing that again that big tent property that to get it all done, research, education, clinical outreach that you really have to embrace all members of the team, each of whom contribute to the mission of. Ultimately, eliminating breast cancer in our time. Pam Koons I mentioned, recruited in GI and this past week. Pam Ann, really the entire GI team have built
in a multidisciplinary organization that I think is really going to fire in all cylinders within all the domains of GI cancer and really expand us across all elements of the mission. You know our network continues to grow and I will tell you. I think it is a model for any NCI comprehensive Cancer Center 15 sites across Connecticut, Rhode Island with the potential then move into Massachusetts and I think you know in terms of the measures of engagement across the disease programs in terms of 25% recruitment,
two of our clinical trial enrollments in
terms of the talent across our network,
it’s really quite extraordinary and,
frankly, unprecedented.
There’s always opportunities.
I think the work to continue to
integrate our network within the
disease centers across our research
mission to expand multidisciplinary
care in each of these sites
to expand our
ability to conduct clinical trials and
to ensure that they have the resources,
including research labs
and these sites important.
And we’re always going to look at
new opportunities to create new partnerships and to further invest in our current centers which were doing. As we speak. A key element of our success has to be engagement. I think we’ve learned a lot about how we can communicate in innovative ways. In the midst of this pandemic. But communication, transparency, sharing our strategy, and ensuring that we invest in our people towards a culture of excellence and innovation is critical. As we move in the years ahead. You know, terror staff was last year.
Became our inaugural Chief Experience Officer and working with Kim Slusser is RVP for patient services. They really are looking at all aspects of our enterprise in terms of communication, culture and engagement in terror. Has led a faculty committee in this space that I think is doing great work. We’ve expanded our forums for communication. Roy Decker enjoy stall, launched, the clinical Trial Advisory Committee the clinical Trial Advisory Committee to engage all of our staff and how we can best improve. Our clinical research opportunities we’ve looked at were looking broadly about how we engage people.
and understanding compensation, professional development an and to recognize our staff. Lots of forums that have been created, like our Luminary awards across the entire enterprise, Kim had an event last month where we had a record number of educational grants for our nursing and nursing allied staff, and these are the kind of investments we need to continue to make. You know our center has been at the forefront of research innovation, most notably in immuno oncology and targeted therapies and biology.
No one never knows where the next advances will come, but we obviously have to make sure that we position ourselves. And this is work. I think we’ve done over the years in terms recruitment, retention, promotion of outstanding talent to ensure that we have a state of the art clinical operation to continuously look at our clinical research operations to ensure that it can enable moving the science into the clinic. To expand our translation research infrastructure,
which I'll touch upon to expand our cores and centers.

To enhance, enable innovation, and then just to continuously promote innovation across population. Our seven research programs are really the organization framework for advancing science in our Cancer Center. In each is led by talented Co leaders. As you may know, Michaela Diant dining joined us in January as our new leader for CPC, and we're glad to have Michaela, but we have such great leaders.
across the realm who are really advancing the mission.

One note that you may have seen this past week was on the advice of our external Scientific Advisory Board we elected to move our cancer microbiology Program off the roster and to move the membership into other programs. Candidly, that was a difficult decision because our Cancer Center has an extraordinary legacy. Of great work of really phenomenal work in this space, and we continue to have outstanding investigators in cancer microbiology.
virology, the microbium.

But the challenges in terms of funding in terms of the rules for the NCIII think Walther, Amy, Dan Demeo and I and others came to the conclusion that it was best given the feedback we were getting to move those members into other programs.

Let me just say we will always celebrate the work that these people have been doing and are doing and this will be a great opportunity to expand the reach of our other six programs. Over the past years I've we've celebrated our growth in direct research funding,
and last year we talked about how we were so close to the three digit mark for the first time. Well, in 2020 we hit $107,000,000 in total direct research funding, which is a really important mark, and again emphasizes the elite status of our Cancer Center. We’ve had an incredible clinical trial program which has continued to grow, but over the past few years has plateaued and the challenges of kovid, and last year certainly saw a noticeable drop on our Roman’s noticeable drop in our activities. Some of that was covid,
some of that candidly was a recognition that the rapid growth that occurs over the past decade created some inefficiencies. And issues in terms of the way we were doing business, most notably regulatory. It’s been a challenging year in terms of our clinical trial, and I will tell you as I leave, this is 1 issue that I wish we I want to make sure we resolve as soon as possible. Namely, we have to expand and reorganize our regulatory processes. We’ve had about 105 audits conducted by external consultants.
You're on opportunities to fix things, nothing that was. Serious in nature, but clearly an important need to look at our workflow. We've been approved to hire a number of regulatory staff, and I want to applaud the work of Roy Decker joist all in their teams in moving that forward and we are looking forward for support from the University to advance those recruitments rapidly so that we can activate trials and then work with our. Our disease center leaders to expand the portfolio.
Something we have to do imminently.
And we are committed to doing imminently now,
this is really important.
There have been some really positive things.
The work that Joyce is done on our clinical operations side,
has converted what historically has been a 25 to 30% vacancy rate
has been a 25 to 30% vacancy rate on clinical operations to a rate that’s now under 5%,
and I want to thank the people working in the CTO for their Esprit decor in that,
and as we now rebuild our regulatory services,
I’m looking forward to seeing.
00:23:13.230 --> 00:23:15.220 Even greater output from our clinical trial program,
NOTE Confidence: 0.86966103
00:23:15.220 --> 00:23:16.414 the impact of our clinical trials this past year,
NOTE Confidence: 0.86966103
00:23:18.410 --> 00:23:20.002 you know, has been nothing short
NOTE Confidence: 0.83776164
00:23:20.010 --> 00:23:22.434 of extraordinary or herbs actually
NOTE Confidence: 0.83776164
00:23:22.434 --> 00:23:27.193 let it a number of pivotal studies,
NOTE Confidence: 0.83776164
00:23:27.200 --> 00:23:28.412 probably most prominently,
NOTE Confidence: 0.83776164
00:23:28.412 --> 00:23:31.240 was the study VO Symerton IB in
NOTE Confidence: 0.83776164
00:23:31.315 --> 00:23:33.300 agement therapy lung cancer with
NOTE Confidence: 0.83776164
00:23:33.300 --> 00:23:35.570 what amounts to about an 80%
NOTE Confidence: 0.83776164
00:23:35.570 --> 00:23:37.570 improvement in disease free survival,
NOTE Confidence: 0.83776164
00:23:37.570 --> 00:23:40.530 something that you just don’t
NOTE Confidence: 0.83776164
00:23:40.530 --> 00:23:42.898 see in oncology research.
NOTE Confidence: 0.83776164
00:23:42.900 --> 00:23:45.348 Craig Crews launched a series of
NOTE Confidence: 0.83776164
00:23:45.348 --> 00:23:46.576 programs, a Protex.
Anne frankly launched our Venice
working with Dan Petra lack.
They made their lead program targeting
the Angie receptor and presented at
ASCO with really promising proof
of concept that this idea out of
the laboratory it out of Yale,
actually can degrade and receptors
for the benefit of patients with
castrate resistant prostate cancer.
And this is, I think,
an important new therapeutic.
Domain that is coming out of
our Cancer Center.
The sort of litany of studies that came
out this past year are really Legion Anas.

I love to quote.

I think what we can say with great pride is that over the past year, our Cancer Center has led to four FDA approvals in the oncology space. I mentioned how grateful I am and we should all be to work the IJoycon warrior doing and there’s opportunities.
I think there’s a lot of work going on in our staffing models. We’ve gotta work on regulatory and trial activation. We need to figure out how to better leverage IT to improve efficiencies and tracking, and they have a number of great ideas working with you to advance. We’ve got to look at our portfolios in clinical research and to make sure that we maximize enrollments. I think we’ve actually done a great job. Andrea Silber and others of.
which is at a new high,

but that’s something we always have to keep an eye on.

We’re expanding genomic annotation. How can we leverage that towards advancing novel clinical trials and to continuously look at biospecimen collections so we can understand both our successes and failures in clinical research? We’ve talked for the past several years on expanding translation research, and I think the past year, despite the pandemic has been one where there’s a number of exciting initiatives.
We’ve been very grateful to Roy Herbs and his team in using the T Terra money to support translational research, new clinical trial spores, and other things which really have paid off beginning before the pandemic. We launched the Universal consent where every new patient is asked to consent to have their clinical data. Their specimens, all of it put into a database available for clinical research that is up and running. We were slowed by the pandemic, but we look forward to
resuming that this year or
NOTE Confidence: 0.8485185
pilot work says that 85% of new patients
NOTE Confidence: 0.8485185
will agree to participate this month,
NOTE Confidence: 0.8485185
February and March.
NOTE Confidence: 0.8485185
We will be launching whole XM
NOTE Confidence: 0.8485185
sequencing on all new patients,
NOTE Confidence: 0.8485185
initially with human logical indices,
NOTE Confidence: 0.8485185
but then two solid tumors were a
NOTE Confidence: 0.8485185
clinical report of roughly 500 events.
NOTE Confidence: 0.8485185
Of mutations, translocations,
NOTE Confidence: 0.8485185
rearrangements will be put into the
NOTE Confidence: 0.8485185
clinical record and the all the data
NOTE Confidence: 0.8485185
of roughly 24,000 genes from whole
NOTE Confidence: 0.8485185
exomes we put into a research database
NOTE Confidence: 0.8485185
for all of us to benefit from.
NOTE Confidence: 0.8485185
Mike Murray has been moving forward
on the Generations project in terms of germline characterization, and I encourage everyone to think about that as an opportunity to expand their own research portfolios. Ed captain has been working Biospecimen collection and Wade Schultz and Alan Chow have launched the Comprehensive Health platform where all of these data get put into a data link where we can leverage and this was used to a great extent and in the publications that we put out. About through covid.
This will be a data warehouse that we will leverage for all of these translational research initiatives, and I congratulate all the people on this slide and others for the work they’ve done.

Our sport program continues to enlarge beyond our skin lung scores. As you know, last fall, Barbara Burtness and team were successful in getting ahead and export where now with three spores. Only six cancer centers in the United States have more spore grants than us, again putting us in that elite category.

Marat in Antonio or work still
00:28:15.930 --> 00:28:17.526 working **** ** the brains.
NOTE Confidence: 0.8485185
00:28:17.526 --> 00:28:19.086 Poor that will probably require
NOTE Confidence: 0.8485185
00:28:19.086 --> 00:28:20.220 a recent mission,
NOTE Confidence: 0.8485185
00:28:20.220 --> 00:28:22.200 but we know under their leadership,
NOTE Confidence: 0.8485185
00:28:22.200 --> 00:28:24.692 good things are going to happen and
NOTE Confidence: 0.8485185
00:28:24.692 --> 00:28:27.226 we look forward to other spores that
NOTE Confidence: 0.8485185
00:28:27.226 --> 00:28:29.810 will be launched in the years ahead.
NOTE Confidence: 0.8485185
00:28:29.810 --> 00:28:32.366 We’ve launched a number of centers.
NOTE Confidence: 0.8485185
00:28:32.370 --> 00:28:35.303 One particularly proud of building on the
NOTE Confidence: 0.8485185
00:28:35.303 --> 00:28:37.900 extremely rich legacy of meaning biology.
NOTE Confidence: 0.8485185
00:28:37.900 --> 00:28:40.246 Our successes in immuno oncology is
NOTE Confidence: 0.8485185
00:28:40.246 --> 00:28:43.020 our Yale Center for Immuno Oncology,
NOTE Confidence: 0.8485185
00:28:43.020 --> 00:28:45.145 a partnership between the Cancer
NOTE Confidence: 0.8485185
00:28:45.145 --> 00:28:46.420 Center in Immunobiology,
NOTE Confidence: 0.8485185
00:28:46.420 --> 00:28:48.475 Marcus Bosenberg and before him
NOTE Confidence: 0.8485185
Roy Herbs have done great work as interim director’s I think launching an annual symposium Marcus was successful in getting a number of new grants in the IO space.

And a lot of exciting new collaborations and efforts as we continue to watch the success of this new center, some great studies that come out of the individuals working in this space just in the past year. A team led by Aaron Ring and others, characterized ILT L, which enhances you know antitumor immunity. What Aaron and others discovered
00:29:26.255 --> 00:29:29.656 was that the problem was IL 18 binding protein which essentially nullified the ability of D R18 to stimulate an immune response.

00:29:31.712 --> 00:29:34.720 But Aaron ultimately engineered a decoy resistant ILT nor D R18, which dramatically improves survival in mouse models, and ultimately, I think is now providing a very promising IO therapy that is now.

00:29:36.900 --> 00:29:38.840 But Aaron ultimately engineered a decoy resistant ILT nor D R18, which dramatically improves survival.

00:29:38.840 --> 00:29:42.170 which dramatically improves survival.

00:29:42.170 --> 00:29:44.090 Planned for an intended clinical trial through a startup that

00:29:44.090 --> 00:29:46.716 in mouse models, and ultimately, I think is now providing a very promising IO therapy that is now.

00:29:46.716 --> 00:29:50.867 Promising IO therapy that is now.

00:29:50.867 --> 00:29:54.278 Planned for an intended clinical trial through a startup that.

00:29:54.280 --> 00:29:56.820 At the same time,

00:29:56.820 --> 00:29:59.360 Aaron and others have law.

00:30:01.610 --> 00:30:03.510 A team led by Akiko Osaki, Nana Pile,
and others have been focusing on the innate immune system, leveraging nucleic acid sensing pathways where they have shown that a single agonist can document significant antitumor efficacy. Anna robust response in terms of T cell and NK cell infusion the tumors, suggesting that you can leverage innate immunity. In a way to further advance immuno oncology and both of these as I mentioned or now startups that will further move Yale science into the clinic. For a number of years, we've been working hard to expand...
our cadre of physician scientists who really do bridge the basic and clinical individuals who not only are outstanding physicians, but outstanding scientists who each would merit appointments in a basic scientific Department. We were very fortunate last year to recruit Marcus Musician, really an international leader, physician scientists, B cell biologists, cancer biologists, immunologists to lead being Orgel director.
Cellular Oncology to be housed at 300 George Street and Marcus. Since historic beyond the great recruitments we’ve done in this space before Marcus is arrival, Marcus is now bringing in a number of outstanding recruits, really exceptional people, and looking. We’re looking forward to that program continuing to grow. We look at other ways to advance innovation in terms of new cores. Are functional genomics core, which I think is going to be a powerful tool for all of us in terms of crisper and related technologies.
Marcus,

Bosenberg and others have launched the Precision Modeling Cancer modeling core to really use novel in vivo models to test our protheses, we continue to invest in metabolism, metabolomics and obviously rely increasingly on a growing number of collaborations with industry, which I think is a really powerful tool. To expand our reach. I’ve mentioned before that beyond our extraordinary success as an R1 funded shop with very talented individuals, we need to expand our team.
00:32:19.366 --> 00:32:21.580 science where we need more.
NOTE Confidence: 0.7700431
00:32:21.580 --> 00:32:23.300 P grants you grants.
NOTE Confidence: 0.7700431
00:32:23.300 --> 00:32:24.160 We invited.
NOTE Confidence: 0.7700431
00:32:24.160 --> 00:32:25.024 Ned Sharpless, the NCI director,
NOTE Confidence: 0.7700431
00:32:25.024 --> 00:32:30.199 to do a town Hall with us last fall,
NOTE Confidence: 0.7700431
00:32:30.200 --> 00:32:31.490 and we asked, Ned, you know,
NOTE Confidence: 0.7700431
00:32:31.490 --> 00:32:32.780 what is the take of the NCI
NOTE Confidence: 0.7700431
00:32:32.780 --> 00:32:35.608 on program project grants?
NOTE Confidence: 0.7700431
00:32:35.608 --> 00:32:37.530 And Ned admitted that the reputation?
NOTE Confidence: 0.7700431
00:32:37.530 --> 00:32:40.218 Was that the NCI was not
NOTE Confidence: 0.7700431
00:32:40.220 --> 00:32:42.458 supportive of these grants,
NOTE Confidence: 0.7700431
00:32:42.458 --> 00:32:46.926 but he disabused us of that notion.
NOTE Confidence: 0.7700431
00:32:46.930 --> 00:32:49.826 Said in fact they are looking to expand
NOTE Confidence: 0.7700431
00:32:49.826 --> 00:32:52.529 program project grants and so we’ve launched.
As you know, the team Science awards the Team Challenge Awards to build new teams focused on a research a pivotal research priority beyond providing funding with Don Wynn and Gary Humicutt, we want to provide the expertise and staffing to help these teams. These teams totally work to a tangible outcome. Of a successful P grant you Grant last year, we funded five teams focused on these five very important domains. Shortly we will be announcing a series of foreign war new grants that we
are in the process of supporting, and I think this will continue to advance our efforts to expand the important element of team science in our Cancer Center. One team that isn’t necessary part of the current funding portfolio, it’s doing great work focused on this sort of extremely challenging disease of pancreatic cancer. Hoyo Spam Koons in her role as the new GI leader and many others are now pulling together a group focused on pancreatic cancer. The group,
in a recent cell publication developed a novel mouse model of obesity, which drives pancreatic cancer development. In these care ask mutated mass who are also. Mutated or developing mutation to increase caloric intake with the development of profound development of. They also discovered that with caloric restriction, the tumor burden is dramatically reduced, suggesting the importance of calorie restriction at the same time. Mandar and his team have shown that it is the
expression of colas assignment cholecyst, a kind, and in response to obesity that seems to be driving. This are really important area of not only of understanding pancreatic cancer biology, but understanding how will be. Listening drives tumorigenesis Louisa and her work in her lab have identified that a P53 hotspot mutation drive splicing events in RNA binding proteins such that it actually maximizes TERAS activation. Suggesting that efforts looking at RNA splicing in these tumors may actually fundamentally improve the
00:35:14.593 --> 00:35:17.070 therapeutic landscape of pancreatic cancer.

00:35:17.070 --> 00:35:18.710 Two really important efforts,

00:35:18.710 --> 00:35:21.603 and it’s really with great pride that

00:35:21.603 --> 00:35:23.787 we recognize that both Mandar and

00:35:23.787 --> 00:35:26.069 Louisa were just recently awarded.

00:35:26.070 --> 00:35:27.762 Damon Runyon innovator awards.

00:35:27.762 --> 00:35:30.740 The other aspect of this is that

00:35:30.740 --> 00:35:32.196 on the obesity side,

00:35:32.200 --> 00:35:34.504 it really reflects the work that

00:35:34.504 --> 00:35:37.038 Melinda Irwin and our teams and

00:35:37.038 --> 00:35:38.886 population science are doing.

00:35:38.890 --> 00:35:40.950 With the obesity working Group,

00:35:40.950 --> 00:35:42.882 bringing together individuals really

00:35:42.882 --> 00:35:45.297 across various research domains to

00:35:45.297 --> 00:35:48.006 look at this fundamental problem in
cancer biology and cancer prevention.

We're obviously keyed in on the importance of education on supporting our trainees and junior faculty and staff. We have an expanded number of T32 grants training grants that hairy cougar David Stern and others have been moving forward, including a new T32 and him on a T32 in cancer prevention that Melinda Irwin launched. We're so proud of the work that offered Lee is doing as our new heme ONC Fellowship director, succeeding. Joe Lacey and her great work, and we're continuing to advance.
and expand those efforts with new gifts to support training programs beyond the work that the De Luca Foundation is providing are nursing and other services to expand education in those domains. Prior to the pandemic, we recognize the importance of community outreach that is ensuring HealthEquity across the domain that we care for the regions are catchment area across Connecticut and beyond, and we were very fortunate to recruit Marcella Nunez Smith to be our inaugural director for the Center for
Community Engagement and HealthEquity, as well as our Chief Health Equity Officer for Smilow Cancer hospitals.

Marcel, as you know, has had an extraordinary history in this space. Being equity HealthEquity Research, Ann is doing an extraordinary job as our inaugural edaran. Simultaneously as you all know, Marcela is splitting her time 50% with us in the Cancer Center and 50% as the leader for the White House Task Force and HealthEquity and I think in terms of our ability to...
not impact not only impact the care of patients in our Cancer Center, but to impact policy nationally and globally. This is truly powerful, and we're so proud of the work that Marcella and the team are really advancing this cause dramatically a number of individuals as you see here, focused on informatics, community engagement, screening, prevention, clinical trial participation. To really have the full spectrum
of what we need to do in community engagement at the same time, we’re making sure that every disease center in every research program has a representative so that we really are always thinking about our advances in community engagement and outreach. We also recognize particularly this past year, the importance of diversity, equity and inclusion, and I want to thank hairy Cougar, Kevin Billingsley and Aaron Lattimore for their work, which started before the pandemic on the diversity and Inclusion Task Force.
They identified very appropriately the need for a new associate center director for diversity equity inclusion, and I’m very optimistic that in the coming days, if not weeks, we will be announcing our Oracle director. And the launch of this expanded program to build in greater diversity equity inclusion across our entire workforce. Beyond everything else, it’s important that we do this in a way that is financially sustainable, but we have continued to invest in our
programs beyond pursuing new grants, doing our best to monitor our efforts. We have to always think about how do we expand philanthropy. And we've had a number of successes here, most notably the DeLuca gift, Liz De Luca, and the De Luca Foundation. Launching the Delucas Center for Innovation, Haematological research. Stephanie Allyne, who was recently appointed as our Chief of Hematology and Art Director for the Center, is working with our all of our investigators to advance innovation through the support of the center.
to expand the reach of people working in this space, to support trainees and junior faculty with the number of training grants and to build an infrastructure to how we collect samples in this space. Moreover, how do we innovate in terms of.

I’m pleased to announce a very recent gift, which is Louis Shanavia or the chair of our Cancer Center Advisory Board and his family. Louis and Debbie have recently enabled the chandelier family Brain Tumor Center. Given Louise longstanding commitment to
our Cancer Center are really exciting program that will innovate in clinical care,
scientific research, clinical trials, and new therapies for it really important area, namely brain tumors. And these and other gifts as they come in is going to be critical for us to advance the mission. When we started 2020, just prior to the pandemic, you all know we were about to start our first enterprise wide Yale Smilow strategic plan that was sadly derailed because of the pandemic, but in fact we will pick it up and in the meantime our transformation efforts.
A lot of really important near term efforts to improve clinical care, research, education, outreach, and diversity, inclusion, and all of these things ongoing continuing, and to really making a difference. You know, so in some, I think that we’ve had an amazing year and we have so much to be proud of. Certainly opportunities and challenges ahead. This is what we know in a career in Cancer Research and cancer care, but one that we’re always ready to meet. Our clinical enterprise continues to grow despite the pandemic.
we’re launching a new disease center

model that will enable even greater opportunities or research funding,

Our publications are at the highest they’ve been in terms of high profile journals where it continuing to redouble our investment in team science.

Four FDA approvals again, unprecedented a number of new centers that I think are really going to enable great work and more to come, and ultimately, paradigm shifting.

Practice changing and policy influencing accomplishments across the entire continuum, and this again an extraordinary year 2020.
How did we get here?
Well, as I said, we got here because of the people.
And I can tell you I am just so proud of everything that everyone has done here.
It has been my profound privilege to be part of this community.
I’m so grateful for what you’ve done and what you continue to do and whether I’m here or elsewhere.
I will always feel a part of this community.
It will always be part of my heart and I’m just thank you for all of this and more,
let me stop here and.
And open it up to any questions.

So I see one question, which is, what are the metrics that need to be met in order to bring covid units back to their original occasions.

So I, Kathleen, I think that's a really good question. Namely, you know we are optimistic that we will. We've gotten back to most of our floors, although we still need to regain. NP1 and NP15, and I think, as we see, light at the end of this tunnel, with the vaccine and other things, I think we can anticipate as this year goes on to get that space back. There obviously, still using the 15th floor,
but we are committed to getting our space back and at the same time, using this as an opportunity to.

Figure out how we can do it better, but we appreciate Kathleen you and everyone in your team doing to enable our ability to provide all this care in the midst of this challenge.

You know one other aspect. I well you know in case others have questions that I want to mention is, you know, You know, and I know how exceptional this Cancer Center is, and we want the world to know Renee Gaudet, who is our director, me communications.
and her team are always doing a really extraordinary job getting that message out. In the coming weeks again, there will be a poll for US news and World reports. An obii it really don’t want that publication to be the arbiter of what is a great Cancer Center. It is what patients and families look at, and so you’ll probably be seeing in the next week or two or three. For those people eligible to vote is to log on to doximity and vote. Please do so. Because let me tell you, there’s things we have to workout in terms of the mechanics of our ranking.
00:44:59.660 --> 00:45:02.436 But if we are ranked just on reputation
00:45:02.436 --> 00:45:04.680 score, where in the 25th of cancer
00:45:04.680 --> 00:45:06.969 centers we need to maintain that?
00:45:06.970 --> 00:45:09.746 To do that, we need people to vote.
00:45:09.750 --> 00:45:11.838 So when you get that email,
00:45:11.840 --> 00:45:12.761 look for it.
00:45:12.761 --> 00:45:14.910 It looks like our voting could be
00:45:14.985 --> 00:45:17.271 more robust in terms of internal
00:45:17.271 --> 00:45:18.795 people eligible to vote.
00:45:18.800 --> 00:45:20.882 So please look for that email
00:45:20.882 --> 00:45:21.923 and please vote.
00:45:27.440 --> 00:45:30.098 Well, it looks like we’re we’re.
00:45:30.100 --> 00:45:32.770 I don’t see any more questions.
00:45:32.770 --> 00:45:34.990 I just want to again.
00:45:34.990 --> 00:45:37.210 It’s will give people back
00:45:37.210 --> 00:45:39.430 10 minutes before I close.
NOTE Confidence: 0.8740149

00:45:39.430 --> 00:45:42.500 I just want to say.
NOTE Confidence: 0.8740149

00:45:42.500 --> 00:45:44.400 You guys are amazing.
NOTE Confidence: 0.8740149

00:45:44.400 --> 00:45:47.250 This is a phenomenal Cancer Center.
NOTE Confidence: 0.8740149

00:45:47.250 --> 00:45:50.575 I’m really thankful for what you do.
NOTE Confidence: 0.8740149

00:45:50.580 --> 00:45:54.101 Be aware how special this place is
NOTE Confidence: 0.8740149

00:45:54.101 --> 00:45:57.726 and how unique and successful you are
NOTE Confidence: 0.8740149

00:45:57.726 --> 00:46:01.670 an keep up this great work because.
NOTE Confidence: 0.8740149

00:46:01.670 --> 00:46:03.488 I’m looking forward to seeing great
NOTE Confidence: 0.8740149

00:46:03.488 --> 00:46:05.771 things at the Yale Cancer Center and
NOTE Confidence: 0.8740149

00:46:05.771 --> 00:46:08.130 Smilow Cancer Hospital in the years ahead.
NOTE Confidence: 0.8740149

00:46:08.130 --> 00:46:10.911 I do want to thank need Ahuja for her
NOTE Confidence: 0.8740149

00:46:10.911 --> 00:46:13.105 stepping in to be interim director and
NOTE Confidence: 0.8740149

00:46:13.105 --> 00:46:15.760 I want to thank Rick Edelson who will
NOTE Confidence: 0.8740149

00:46:15.760 --> 00:46:18.430 be leading the search for the new director.
NOTE Confidence: 0.8740149

00:46:18.430 --> 00:46:20.870 I know Rick is committed to engaging with
people to hear what your perspectives are and to keep that search transparent, and I’m sure we’ll get a great person as well.

I want to thank Nida who is committed to engaging with all of you and keeping forward this great trajectory. So in some thank you all and I please don’t be a stranger. Reach out to me and I look forward to seeing great things. Enjoy the rest of the day and thank you all for this great opportunity that you provided me. Take care.