Available online and looking forward to today’s discussion. Today I’ve taken the 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
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
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 bought into that, 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 I. 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 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 of clinical care and innovation, that is, I think, our success, 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.
00:06:00.034 --> 00:06:02.224 in across the small enterprise.
NOTE Confidence: 0.8719031
00:06:02.230 --> 00:06:04.695 Obviously the pandemic was earth
NOTE Confidence: 0.8719031
00:06:04.695 --> 00:06:07.627 shattering for all of us and
NOTE Confidence: 0.8719031
00:06:07.627 --> 00:06:10.231 obviously there was a lot of loss
NOTE Confidence: 0.8719031
00:06:10.231 --> 00:06:12.540 and a lot of challenge.
NOTE Confidence: 0.8719031
00:06:12.540 --> 00:06:15.660 But I’m just so proud of our leaders,
NOTE Confidence: 0.8719031
00:06:15.660 --> 00:06:17.610 Kim Slusser and Kevin Billingsley.
NOTE Confidence: 0.8719031
00:06:17.610 --> 00:06:18.344 And really,
NOTE Confidence: 0.8719031
00:06:18.344 --> 00:06:20.179 the entire entire workforce in
NOTE Confidence: 0.8719031
00:06:20.179 --> 00:06:21.900 responding to the pandemic.
NOTE Confidence: 0.8719031
00:06:21.900 --> 00:06:23.316 You know the story,
NOTE Confidence: 0.8719031
00:06:23.316 --> 00:06:25.440 moving multiple floors sometimes in 23
NOTE Confidence: 0.8719031
00:06:25.509 --> 00:06:28.137 hours and throughout keeping patients safe,
NOTE Confidence: 0.8719031
00:06:28.140 --> 00:06:29.613 ensuring their care,
NOTE Confidence: 0.8719031
00:06:29.613 --> 00:06:31.577 and continuing to advance
NOTE Confidence: 0.8719031
00:06:31.577 --> 00:06:34.020 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 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 us as 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 beyond 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 I keep it relatively simple, which is beyond everything else we do. 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
00:09:52.586 --> 00:09:54.843 keep our eye on and then finally
00:09:54.843 --> 00:09:56.463 making sure that as always,
00:09:56.470 --> 00:09:58.420 the care here is excellent that
00:09:58.480 --> 00:09:59.820 the experience for patients
00:10:02.708 --> 00:10:05.384 know they really feel comfortable and
00:10:05.384 --> 00:10:08.848 assured that they are in the right place.
00:10:08.850 --> 00:10:10.550 In terms of those principles
00:10:10.550 --> 00:10:12.250 and all of our efforts,
00:10:12.250 --> 00:10:14.946 I’ll highlight a few which is 1 I’m
00:10:17.566 --> 00:10:20.044 to look at the way we’re delivering
00:10:20.044 --> 00:10:22.781 in patient care in the inpatient redesign,
00:10:22.781 --> 00:10:25.098 a process that Roy Herbs and Karen
00:10:25.098 --> 00:10:26.870 Adelson Anchang Tracy Caraffi know,
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 our length of stay. 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 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
00:12:36.365 --> 00:12:37.097 will meaningfully.
NOTE Confidence: 0.8736132
00:12:37.100 --> 00:12:39.255 Improve our ability to provide
NOTE Confidence: 0.8736132
00:12:39.255 --> 00:12:41.806 care and hopefully make it easier
NOTE Confidence: 0.8736132
00:12:41.806 --> 00:12:43.684 for us to do our jobs.
NOTE Confidence: 0.8736132
00:12:43.690 --> 00:12:44.444 Kevin investors,
NOTE Confidence: 0.8736132
00:12:44.444 --> 00:12:45.198 you know,
NOTE Confidence: 0.8736132
00:12:45.198 --> 00:12:48.456 took on a new role as Vice President
NOTE Confidence: 0.8736132
00:12:48.456 --> 00:12:51.192 for disease centers where we really
NOTE Confidence: 0.8736132
00:12:51.192 --> 00:12:54.148 look at our disease focused care,
NOTE Confidence: 0.8736132
00:12:54.150 --> 00:12:55.458 research, education, outreach.
NOTE Confidence: 0.8736132
00:12:55.458 --> 00:12:58.510 These often referred to as our darts.
NOTE Confidence: 0.8534613
00:12:58.510 --> 00:13:01.569 We want to further enable in them,
NOTE Confidence: 0.8534613
00:13:01.570 --> 00:13:04.111 invest in them, empower them to really
NOTE Confidence: 0.8534613
00:13:04.111 --> 00:13:06.824 come up with full measure strategic
NOTE Confidence: 0.8534613
00:13:06.824 --> 00:13:09.404 plans across the entire enterprise,
NOTE Confidence: 0.8534613
00:13:09.410 --> 00:13:10.718 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, clinical 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 an 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 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 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,
00:18:50.020 --> 00:18:53.597 which I'll touch upon to expand our
cores and centers.

00:18:53.597 --> 00:18:55.130 To enhance, enable innovation,

00:18:55.130 --> 00:18:56.970 and then just to continuously promote
innovation across population.

00:18:59.805 --> 00:19:01.770 Basic, translational and clinical science.

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. 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 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,
00:21:30.010 --> 00:21:32.971 some of that candidly was a recognition
NOTE Confidence: 0.86966103
00:21:32.971 --> 00:21:36.449 that the rapid growth that occurs over
NOTE Confidence: 0.86966103
00:21:36.449 --> 00:21:39.641 the past decade created some inefficiencies.
NOTE Confidence: 0.86966103
00:21:39.650 --> 00:21:42.051 And issues in terms of the way
NOTE Confidence: 0.86966103
00:21:42.051 --> 00:21:43.870 we were doing business,
NOTE Confidence: 0.86966103
00:21:43.870 --> 00:21:45.046 most notably regulatory.
NOTE Confidence: 0.86966103
00:21:45.046 --> 00:21:47.398 It’s been a challenging year in
NOTE Confidence: 0.86966103
00:21:47.398 --> 00:21:49.250 terms of our clinical trial,
NOTE Confidence: 0.86966103
00:21:49.250 --> 00:21:52.314 and I will tell you as I leave,
NOTE Confidence: 0.86966103
00:21:52.320 --> 00:21:55.968 this is 1 issue that I I wish we I want
NOTE Confidence: 0.86966103
00:21:55.968 --> 00:22:00.000 to make sure we resolve as soon as possible.
NOTE Confidence: 0.86966103
00:22:00.000 --> 00:22:02.304 Namely, we have to expand and
NOTE Confidence: 0.86966103
00:22:02.304 --> 00:22:03.840 reorganize our regulatory processes.
NOTE Confidence: 0.86966103
00:22:03.840 --> 00:22:05.760 We’ve had about 105 audits
NOTE Confidence: 0.86966103
00:22:05.760 --> 00:22:07.296 conducted by external consultants.
NOTE Confidence: 0.86966103
00:22:07.300 --> 00:22:09.598 You’re on opportunities to fix things,
NOTE Confidence: 0.86966103
00:22:09.600 --> 00:22:10.878 nothing that was.
NOTE Confidence: 0.86966103
00:22:10.878 --> 00:22:12.156 Serious in nature,
NOTE Confidence: 0.86966103
00:22:12.160 --> 00:22:14.095 but clearly an important need
NOTE Confidence: 0.86966103
NOTE Confidence: 0.86966103
00:22:16.030 --> 00:22:17.965 We’ve been approved to hire
NOTE Confidence: 0.86966103
00:22:17.965 --> 00:22:19.900 a number of regulatory staff,
NOTE Confidence: 0.86966103
00:22:19.900 --> 00:22:22.548 and I want to applaud the work of
NOTE Confidence: 0.86966103
00:22:22.548 --> 00:22:25.213 Roy Decker joist all in their teams
NOTE Confidence: 0.86966103
00:22:25.213 --> 00:22:28.071 in moving that forward and we are
NOTE Confidence: 0.86966103
00:22:28.071 --> 00:22:30.216 looking forward for support from
NOTE Confidence: 0.86966103
00:22:30.216 --> 00:22:32.358 the University to advance those
NOTE Confidence: 0.86966103
00:22:32.358 --> 00:22:34.902 recruitments rapidly so that we can
NOTE Confidence: 0.86966103
00:22:34.902 --> 00:22:37.319 activate trials and then work with our.
NOTE Confidence: 0.86966103
00:22:37.320 --> 00:22:39.250 Our disease center leaders to
NOTE Confidence: 0.86966103
00:22:39.250 --> 00:22:40.408 expand the portfolio.
00:22:40.410 --> 00:22:43.068 Something we have to do imminently.

00:22:43.070 --> 00:22:46.006 And we are committed to doing imminently now,

00:22:46.010 --> 00:22:47.434 this is really important.

00:22:47.434 --> 00:22:50.040 There have been some really positive things.

00:22:50.040 --> 00:22:52.581 The work that Joyce is done on

00:22:52.581 --> 00:22:54.080 our clinical operations side,

00:22:54.080 --> 00:22:55.548 has converted what historically

00:22:55.548 --> 00:23:00.734 on clinical operations to a rate

00:23:00.734 --> 00:23:02.150 that’s now under 5%,

00:23:02.150 --> 00:23:05.264 and I want to thank the people working in

00:23:05.264 --> 00:23:08.389 the CTO for their Esprit decor in that,

00:23:08.390 --> 00:23:10.592 and as we now rebuild our

00:23:10.592 --> 00:23:11.326 regulatory services,

00:23:11.330 --> 00:23:13.230 I’m looking forward to seeing.
00:23:13.230 --> 00:23:15.220 Even greater output from our
NOTE Confidence: 0.86966103
00:23:15.220 --> 00:23:16.414 clinical trial program,
NOTE Confidence: 0.86966103
00:23:16.420 --> 00:23:18.410 the impact of our clinical
NOTE Confidence: 0.86966103
00:23:18.410 --> 00:23:20.002 trials this past year,
NOTE Confidence: 0.83776164
00:23:20.010 --> 00:23:22.434 you know, has been nothing short
NOTE Confidence: 0.83776164
00:23:22.434 --> 00:23:24.512 of extraordinary or herbs actually
NOTE Confidence: 0.83776164
00:23:24.512 --> 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’ve said it before. I’ll say it again when I go to site visits. A Cancer Center may mention that in the past year they had one or two of these, having four in one year is truly extraordinary and reflective. Of just how exceptional our center is. I mentioned how grateful I am and we should all be to work the Joycon 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 on 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. Expanding our enrollment minorities,
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

pilot work says that 85% of new patients

we will agree to participate this month,

We will be launching whole XM

initially with human logical indices,

but then two solid tumors were a

clinical report of roughly 500 events.

mutations, translocations,

rearrangements will be put into the

clinical record and the all the data

of roughly 24,000 genes from whole

exomes we put into a research database

for all of us to benefit from.

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.
working ** ** the brains.

Poor that will probably require a recent mission,

but we know under their leadership,

good things are going to happen and we look forward to other spores that will be launched in the years ahead.

We’ve launched a number of centers.

One particularly proud of building on the extremely rich legacy of meaning biology.

Our successes in immuno oncology is a partnership between the Cancer Center in Immunobiology,

Marcus Bosenberg and before him.
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.

00:29:29.656 --> 00:29:31.712 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 IO therapy that is now planned for an intended clinical trial through a startup that Aaron and others have law.

At the same time, a team led by Akiko Osaki, Nana Pile, at the same time,
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 into 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, funded shop with very talented individuals, we need to expand our team.
science where we need more.

P grants you grants.

We invited.

Ned Sharpless, the NCI director,
to do a town Hall with us last fall,
and we asked, Ned, you know,
what is the take of the NCI
on program project grants?
And Ned admitted that the reputation?
Was that the NCI was not
supportive of these grants,
but he disabused us of that notion.
Said in fact they are looking to expand
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.
00:33:25.463 --> 00:33:27.743 are in the process of supporting,
NOTE Confidence: 0.8688242
00:33:27.750 --> 00:33:30.264 and I think this will continue
NOTE Confidence: 0.8688242
00:33:30.264 --> 00:33:32.880 to advance our efforts to expand
NOTE Confidence: 0.8688242
00:33:32.880 --> 00:33:35.015 the important element of team
NOTE Confidence: 0.8688242
00:33:35.015 --> 00:33:37.489 science in our Cancer Center.
NOTE Confidence: 0.8688242
00:33:37.490 --> 00:33:39.752 One team that isn’t necessary part
NOTE Confidence: 0.8688242
00:33:39.752 --> 00:33:41.990 of the current funding portfolio,
NOTE Confidence: 0.8688242
00:33:41.990 --> 00:33:44.072 it’s doing great work focused on
NOTE Confidence: 0.8688242
00:33:44.072 --> 00:33:46.047 this sort of extremely challenging
NOTE Confidence: 0.8688242
00:33:46.047 --> 00:33:48.119 disease of pancreatic cancer.
NOTE Confidence: 0.8688242
00:33:48.120 --> 00:33:49.784 Mandar Muzumdar Luis Escobar.
NOTE Confidence: 0.8688242
00:33:49.784 --> 00:33:52.675 Hoyo Spam Koons in her role as
NOTE Confidence: 0.8688242
00:33:52.675 --> 00:33:54.922 the new GI leader and many others
NOTE Confidence: 0.8688242
00:33:54.922 --> 00:33:57.606 are now pulling together a group
NOTE Confidence: 0.8688242
00:33:57.606 --> 00:33:59.574 focused on pancreatic cancer.
NOTE Confidence: 0.8688242
00:33:59.580 --> 00:34:00.384 The group,
in a recent cell publication developed

00:34:02.796 --> 00:34:05.300 a novel mouse model of obesity,

00:34:05.300 --> 00:34:07.346 which drives pancreatic cancer development.

00:34:07.350 --> 00:34:11.346 In these care ask mutated mass who are also.

00:34:11.350 --> 00:34:14.490 Mutated or developing mutation to

00:34:14.490 --> 00:34:17.630 increase caloric intake with the

00:34:17.734 --> 00:34:21.449 development of profound development of.

00:34:21.450 --> 00:34:23.018 Pancreatic cancers in these

00:34:23.018 --> 00:34:24.194 rats mutated bottles.

00:34:24.200 --> 00:34:25.768 They also discovered that

00:34:25.768 --> 00:34:26.944 with caloric restriction,

00:34:26.950 --> 00:34:29.308 the tumor burden is dramatically reduced,

00:34:29.310 --> 00:34:31.280 suggesting the importance of of

00:34:31.280 --> 00:34:33.630 calorie restriction at the same time,

00:34:33.630 --> 00:34:36.680 Mandar and his team have shown that it is the

NOTE Confidence: 0.8688242
expression of 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
The therapeutic landscape of pancreatic cancer.

Two really important efforts, and it’s really with great pride that we recognize that both Mandar and Louisa were just recently awarded Damon Runyon innovator awards.

The other aspect of this is that on the obesity side, it really reflects the work that Melinda Irwin and our teams and population science are doing.

With the obesity working Group, bringing together individuals really across various research domains to 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 HealthEquity.
Community Engagement and Health Equity, 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 Health Equity 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 Health Equity 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 and grateful for 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, and I think this has been a challenging year with finances, but we have continued to invest in our
00:39:11.260 --> 00:39:13.330 programs beyond pursuing new grants,
NOTE Confidence: 0.8646872
00:39:13.330 --> 00:39:16.330 doing our best to monitor our our efforts.
NOTE Confidence: 0.8646872
00:39:16.330 --> 00:39:18.226 We have to always think about
NOTE Confidence: 0.8646872
00:39:18.226 --> 00:39:20.460 how do we expand philanthropy.
NOTE Confidence: 0.8646872
00:39:20.460 --> 00:39:23.460 And we’ve had a number of successes here,
NOTE Confidence: 0.8646872
00:39:23.460 --> 00:39:25.330 most notably the DeLuca gift,
NOTE Confidence: 0.8646872
NOTE Confidence: 0.8646872
00:39:28.750 --> 00:39:30.916 Launching the Delucas Center for Innovation,
NOTE Confidence: 0.8646872
00:39:30.920 --> 00:39:31.728 Haematological research.
NOTE Confidence: 0.8646872
00:39:31.728 --> 00:39:34.556 Stephanie Allyne,
NOTE Confidence: 0.8646872
00:39:32.536 --> 00:39:34.556 who was recently appointed as
NOTE Confidence: 0.8646872
00:39:32.536 --> 00:39:34.556 our Chief of Hematology and Art
NOTE Confidence: 0.8646872
00:39:34.556 --> 00:39:36.550 Director for the Center,
NOTE Confidence: 0.8646872
00:39:36.550 --> 00:39:37.778 is working with our all of our
NOTE Confidence: 0.8646872
00:39:37.780 --> 00:39:40.230 investigators to advance innovation
NOTE Confidence: 0.8646872
00:39:40.230 --> 00:39:41.714 through the support of the center
00:39:43.928 --> 00:39:46.136 to expand the reach of people
00:39:46.136 --> 00:39:47.516 working in this space,
00:39:47.520 --> 00:39:49.650 to support trainees and junior faculty
00:39:49.650 --> 00:39:51.828 with the number of training grants
00:39:51.828 --> 00:39:54.264 and to build an infrastructure to how
00:39:54.264 --> 00:39:56.547 we collect samples in this space.
00:39:56.550 --> 00:40:03.220 And Moreover, how do we innovate in terms of.
00:40:03.220 --> 00:40:05.876 I’m pleased to announce a very recent gift,
00:40:05.880 --> 00:40:10.125 which is Louis Shanavia or the
00:40:10.125 --> 00:40:11.777 chair of our Cancer Center Advisory
00:40:16.060 --> 00:40:17.850 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 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 and to really making a difference.
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, 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. Anobii 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.
But if we are ranked just on reputation, where in the 25th of cancer centers we need to maintain that? To do that, we need people to vote. So when you get that email, look for it. It looks like our voting could be more robust in terms of internal people eligible to vote. So please look for that email and please vote. Well, it looks like we’re. I don’t see any more questions. I just want to again. 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
00:46:20.925 --> 00:46:22.683 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.