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 as director and physician in Chief 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 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 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 outreach sustainability. That is, I think, our success, 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.

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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 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 us are 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, innovation, 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
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 --> 00:09:58.420 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
00:11:03.586 --> 00:11:05.687 giving the investment for this hospitals
00:11:05.687 --> 00:11:08.629 service that the health system is putting in,
00:11:08.630 --> 00:11:10.280 we obviously need to reduce
00:11:10.280 --> 00:11:11.600 our length of stay.
00:11:11.600 --> 00:11:12.920 It’s candidly too long.
00:11:12.920 --> 00:11:14.900 We have to reduce re admissions,
00:11:14.900 --> 00:11:15.560 preventable admissions,
00:11:15.560 --> 00:11:16.550 expand bed capacity.
00:11:16.550 --> 00:11:18.878 And these are the right things for our
00:11:18.878 --> 00:11:20.262 patients beyond obviously important
00:11:20.262 --> 00:11:22.488 for our sustainability as a system.
00:11:22.490 --> 00:11:24.597 And then other measures is we have
00:11:24.597 --> 00:11:27.110 to look at the way we’re managing.
00:11:27.110 --> 00:11:29.822 End of life care in the experience of
00:11:29.822 --> 00:11:32.607 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.
00:12:37.100 --> 00:12:39.255 Improve our ability to provide care and hopefully make it easier.
00:12:41.806 --> 00:12:43.684 for us to do our jobs.
00:12:44.444 --> 00:12:44.444 Kevin investors,
00:12:44.444 --> 00:12:45.198 you know,
00:12:45.198 --> 00:12:48.456 took on a new role as Vice President for disease centers where we really look at our disease focused care, research, education, outreach.
00:12:51.192 --> 00:12:51.192 for disease centers where we really look at our disease focused care,
00:12:54.148 look at our disease focused care,
00:12:54.150 --> 00:12:55.458 research, education, outreach.
00:12:55.458 --> 00:12:58.510 These often referred to as our darts.
00:12:58.510 --> 00:13:01.569 We want to further enable in them, invest in them, empower them to really come up with full measure strategic plans across the entire enterprise,
00:13:06.824 --> 00:13:09.404 plans across the entire enterprise,
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.
00:14:51.125 --> 00:14:53.693 program with Mayor now becoming our
NOTE Confidence: 0.8534613
00:14:53.693 --> 00:14:56.292 clinical director and a lot of exciting
NOTE Confidence: 0.8534613
00:14:56.292 --> 00:14:58.806 work that the breast program is doing.
NOTE Confidence: 0.8534613
00:14:58.806 --> 00:15:01.314 Realizing that again that big tent
NOTE Confidence: 0.8534613
00:15:01.314 --> 00:15:03.599 property that to get it all done,
NOTE Confidence: 0.8534613
00:15:03.600 --> 00:15:04.014 research,
NOTE Confidence: 0.8534613
00:15:04.014 --> 00:15:04.428 education,
NOTE Confidence: 0.8534613
00:15:04.428 --> 00:15:06.912 clinical outreach that you really have
NOTE Confidence: 0.8534613
00:15:06.912 --> 00:15:09.220 to embrace all members of the team,
NOTE Confidence: 0.8534613
00:15:09.220 --> 00:15:12.308 each of whom contribute to the mission of.
NOTE Confidence: 0.8534613
00:15:12.310 --> 00:15:12.960 Ultimately,
NOTE Confidence: 0.8534613
00:15:12.960 --> 00:15:16.860 eliminating breast cancer in our time.
NOTE Confidence: 0.8534613
00:15:16.860 --> 00:15:18.392 Pam Koons I mentioned,
NOTE Confidence: 0.8534613
00:15:18.392 --> 00:15:21.140 recruited in GI and this past week.
NOTE Confidence: 0.8534613
00:15:21.140 --> 00:15:21.822 Pam Ann,
NOTE Confidence: 0.8534613
00:15:21.822 --> 00:15:24.209 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 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, 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.

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 microbiome. But the challenges in terms of funding in terms of the rules for the NCIII think Walt, 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 and 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 joint 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.
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.
Even greater output from our clinical trial program, the impact of our clinical trials this past year, you know, has been nothing short of extraordinary or herbs actually let it a number of pivotal studies, probably most prominently, was the study VO Symerton IB in agement therapy lung cancer with what amounts to about an 80% improvement in disease free survival, something that you just don’t see in oncology research. Craig Crews launched a series of 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. The sort of litany of studies that came out of our Cancer Center.
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 our 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 will agree to participate this month, We will be launching whole XM sequencing on all new patients, initially with human logical indices, but then two solid tumors were a clinical report of roughly 500 events. Of 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 on 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 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
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 a 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

00:29:29.656 --> 00:29:31.712 binding protein which essentially

00:29:31.712 --> 00:29:34.720 nullified the ability of D R18

00:29:34.720 --> 00:29:36.900 to stimulate an immune response.

00:29:36.900 --> 00:29:38.840 But Aaron ultimately engineered

00:29:38.840 --> 00:29:42.170 a decoy resistant ILT nor D R18,

00:29:42.170 --> 00:29:44.090 which dramatically improves survival

00:29:44.090 --> 00:29:46.716 in mouse models, and ultimately,

00:29:46.716 --> 00:29:50.867 I think is now providing a very

00:29:50.867 --> 00:29:54.278 promising IO IO therapy that is now.

00:29:54.280 --> 00:29:56.820 Planned for an intended clinical

00:29:56.820 --> 00:29:59.360 trial through a startup that

00:29:59.444 --> 00:30:01.609 Aaron and others have law.

00:30:01.610 --> 00:30:03.510 At the same time,

00:30:03.510 --> 00:30:07.252 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 one 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. Of the Center for Molecular and
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, 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.
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 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. Mandar Muzumdar Luis Escobar, Hoyt 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. Pancreatic cancers in these rats mutated bottles. 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
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 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.

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 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 can 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
programs beyond pursuing new grants,
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doing our best to monitor our efforts.
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We have to always think about
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how do we expand philanthropy.
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And we've had a number of successes here,
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most notably the DeLuca gift,
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Liz De Luca, and the De Luca Foundation.
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Launching the Delucas Center for Innovation,
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Haematological research.
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Stephanie Allyne,
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who was recently appointed as
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our Chief of Hematology and Art
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Director for the Center,
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is working with our all of our
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investigators to advance innovation
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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. And 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, whether I'm here or elsewhere.

I will always feel a part of this community.

It will always be part of my heart.

and and I'm just thank you for

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. 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 score, 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, 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.
10 minutes before I close.
I just want to say.
You guys are amazing.
This is a phenomenal Cancer Center.
I'm really thankful for what you do.
Be aware how special this place is
and how unique and successful you are
an keep up this great work because.
I'm looking forward to seeing great
things at the Yale Cancer Center and
Smilow Cancer Hospital in the years ahead.
I do want to thank need Aluja for her
stepping in to be interim director and
I want to thank Rick Edelson who will
be leading the search for the new director.
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.