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

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

Our success in clinical care research, discovery, innovation, education, outreach is renowned and our programs are expanding.

With an ever greater rate, reach across an enlarging community.

You know, in the next 40 minutes,
I'd like to cover a lot, but to be candid, time prohibits me from covering all the initiatives that have we've done in the past several years and were ongoing now. And frankly, there's so many people that I want to thank as I sort of plan my own departure, and time prohibits me from really recognizing so many people who have done so much. You know, that includes our Associate Cancer Center directors and and leaders in the Cancer Center or research program leaders or disease center.
leaders or division Chiefs or leaders
across my lower nursing pharmacy
clinical operations Administration.
Chief medical officers are,
I know this services.
You know a couple of individuals
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,
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 organization has stepped up and that volunteerism has been recognized on so many countless fronts.
enterprise in the midst of this pandemic, and I think we have the admiration of so many centers. So if I may 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 just 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.
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 and I think would emerge to follow where these transformation groups which continue to meet regularly in terms of innovating the way we do inpatient care, outpatient care, supportive care and clinical research. Ongoing work which I’ll touch upon. Over the next 30 to 40 minutes in terms of the volume in this year, well we did have a dip in April, but that candidly was by design.
We needed to keep our waiting rooms somewhat sparse and so a lot of efforts in terms of telemedicine in terms of reducing the need for infusion to reduce the frequency by which patients needed to get infusion care while maintaining their care. But ultimately we resumed and resume robustly beyond what was only a modest decline or volume. And even through the year, I think a reasonably steady pace of providing patients care across our entire region. Concurrently was an effort to ensure scientific engagement despite the
challenges we were dealing with
with the pandemic in terms of
the work on clinical research,
expanding our translational science,
which I'll touch upon the research
programs developing their own
strategies to work to enhance research
program and art interactions,
to promote team science,
and to focus on our trainees
and junior faculty.
You know,
as I mentioned,
it's all about the people and we had
a banner year of recruitment Pam
Koons who was recruited to lead.

You are in college which I’ll talk about.

Mira, Gulshan recruited as our Deputy Chief Medical Officer for surgical Services, but at the same time serving 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, 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 are 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, a 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
keep our eye on and then finally making sure that as always, the care here is excellent that the experience for patients and Families is exceptional so that you know they really feel comfortable and assured that they are in the right place. In terms of those principles and all of our efforts, I'll highlight a few which is 1 I'm really proud of is the work of our teams to look at the way we're delivering in patient care in the inpatient redesign, a process that Roy Herbs and Karen 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
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 --> 00:11:15.560 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.
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 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 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. 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.
00:17:14.330 --> 00:17:16.265 Became our inaugural Chief Experience Officer and working with Kim Slusser is RVP for patient services.
NOTE Confidence: 0.88162804
00:17:20.377 --> 00:17:22.872 They really are looking at all aspects of our enterprise in terms of communication, culture and engagement in terror.
NOTE Confidence: 0.88162804
00:17:25.670 --> 00:17:27.569 Has led a faculty committee in this space that I think is doing great work.
NOTE Confidence: 0.88162804
00:17:35.498 We’ve expanded our forums for communication.
NOTE Confidence: 0.88162804
00:17:39.515 the clinical Trial Advisory Committee to engage all of our staff.
NOTE Confidence: 0.88162804
00:17:44.499 and how we can best improve.
NOTE Confidence: 0.88162804
00:17:50.008 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.
which I’ll touch upon to expand our cores and centers. To enhance, enable innovation, and then just to continuously promote innovation across population. Our seven research programs are really the organization framework for advancing science in our Cancer Center. In each is led by talented Co leaders. As you may know, Michaela Diant dining joined us in January as our new leader for CPC, and we’re glad to have Michaela, but we have such great leaders.
across the realm who are really advancing the mission.

One note that you may have seen this past week was on the advice of our external Scientific Advisory Board we elected to. To move our cancer microbiology Program off the roster and to move the membership into other programs. Candidly, that was a difficult decision because our Cancer Center has an extraordinary legacy. Of great work of really phenomenal work in this space, and we continue to have outstanding investigators in cancer microbiology.
virology, the microbium. But the challenges in terms of funding in terms of the rules for the NCIII think Walther, Amy, Dan Demeo and I and others came to the conclusion that it was best given the feedback we were getting to move those members into other programs. Let me just say we will always celebrate the work that these people have been doing and are doing and this will be a great opportunity to expand the reach of our other six programs. Over the past years I’ve we’ve celebrated our growth in direct research funding.
and last year we talked about how we were so close to the three digit mark for the first time. Well, in 2020 we hit $107,000,000 in total direct research funding, which is a really important mark, and again emphasizes the elite status of our Cancer Center. We’ve had an incredible clinical trial program which has continued to grow, but over the past few years has plateaued and the challenges of kovid, and last year certainly saw a noticeable drop on our Roman’s noticeable drop in our activities. Some of that was covid,
some of that candidly was a recognition that the rapid growth that occurs over the past decade created some inefficiencies. And issues in terms of the way we were doing business, most notably regulatory. It’s been a challenging year in terms of our clinical trial, and I will tell you as I leave, this is 1 issue that I wish we want to make sure we resolve as soon as possible. Namely, we have to expand and reorganize our regulatory processes. We’ve had about 105 audits conducted by external consultants.
You’re on opportunities to fix things, nothing that was. Serious in nature, but clearly an important need to look at our workflow. We’ve been approved to hire a number of regulatory staff, and I want to applaud the work of Roy Decker joist all in their teams in moving that forward and we are looking forward for support from the University to advance those recruitments rapidly so that we can activate trials and then work with our. Our disease center leaders to expand the portfolio.
Something we have to do imminently.

And we are committed to doing imminently now, this is really important.

There have been some really positive things.

The work that Joyce is done on our clinical operations side, has converted what historically has been a 25 to 30% vacancy rate has been a 25 to 30% vacancy rate on clinical operations to a rate that’s now under 5%.

And I want to thank the people working in the CTO for their Esprit decor in that, and as we now rebuild our regulatory services, I’m looking forward to seeing.
00:23:13.230 --> 00:23:15.220 Even greater output from our clinical trial program,
NOTE Confidence: 0.86966103
00:23:15.220 --> 00:23:16.414 the impact of our clinical trials this past year,
NOTE Confidence: 0.86966103
00:23:18.410 --> 00:23:20.002 you know, has been nothing short
NOTE Confidence: 0.83776164
00:23:22.434 --> 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 your 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...
which is at a new high,

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

We’re expanding genomic annotation.

How can we leverage that towards advancing novel clinical trials and to continuously look at biospecimen collections so we can understand both our successes and failures in clinical research?

We’ve talked for the past several years on expanding translation research, and I think the past year, despite the pandemic has been one where there’s a number of exciting initiatives.
We’ve been very grateful to Roy Herbs and his team in using the T Terra money to support translational research, new clinical trial spores, and other things which really have paid off beginning before the pandemic. We launched the Universal consent where every new patient is asked to consent to have their clinical data. Their specimens, all of it put into a database available for clinical research that is up and running. We were slowed by the pandemic, but we look forward to
resuming that this year or
NOTE Confidence: 0.8485185
pilot work says that 85% of new patients
NOTE Confidence: 0.8485185
will agree to participate this month,
NOTE Confidence: 0.8485185
February and March.
NOTE Confidence: 0.8485185
We will be launching whole XM
NOTE Confidence: 0.8485185
sequencing on all new patients,
NOTE Confidence: 0.8485185
initially with human logical indices,
NOTE Confidence: 0.8485185
but then two solid tumors were a
NOTE Confidence: 0.8485185
clinical report of roughly 500 events.
NOTE Confidence: 0.8485185
Of mutations, translocations,
NOTE Confidence: 0.8485185
rearrangements will be put into the
NOTE Confidence: 0.8485185
clinical record and the all the data
NOTE Confidence: 0.8485185
of roughly 24,000 genes from whole
NOTE Confidence: 0.8485185
exomes we put into a research database
NOTE Confidence: 0.8485185
for all of us to benefit from.
NOTE Confidence: 0.8485185
Mike Murray has been moving forward
on the Generations project in terms of germline characterization, and I encourage everyone to think about that as an opportunity to expand their own research portfolios. Ed captain has been working Biospecimen collection and Wade Schultz and Alan Chow have launched the Comprehensive Health platform where all of these data get put into a data link where we can leverage and this was used to a great extent and in the publications that we put out. About through covid.
This will be a data warehouse that we will leverage for all of these translational research initiatives, and I congratulate all the people on this slide and others for the work they’ve done. Our sport program continues to enlarge beyond our skin lung scores. As you know, last fall, Barbara Burtness and team were successful in getting ahead and export where now with three spores. Only six cancer centers in the United States have more spore grants than us, again putting us in that elite category. Marat in Antonio or work still
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 immunology 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 a single agonist can document significant antitumor efficacy. Anna robust response in terms of T cell and NK cell infusion the tumors, suggesting that you can leverage innate immunity. In a way to further advance immuno oncology and both of these as I mentioned or now startups that will further move Yale science into the clinic. For a number of years, we’ve been working hard to expand
our cadre of physician scientists who really do bridge the basic and clinical individuals who not only are outstanding physicians, but outstanding scientists who each would merit appointments in a basic scientific Department.

We were very fortunate last year to recruit Marcus Musician, really an international leader, physician scientists, B cell biologists, cancer biologists, immunologists to lead 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.
00:31:49.240 --> 00:31:49.640 Marcus,

00:31:49.640 --> 00:31:51.640 Bosenberg and others have launched the Precision Modeling Cancer Modeling core to really use novel in vivo models to test our protheses,

00:31:53.301 --> 00:31:55.282 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.

00:32:00.588 --> 00:32:02.148 increasingly on a growing number of collaborations with industry,

00:32:06.970 --> 00:32:09.510 To expand our reach.

00:32:09.510 --> 00:32:11.635 I’ve mentioned before that beyond our extraordinary success as an R1 funded shop with very talented individuals,

00:32:16.840 --> 00:32:19.366 we need to expand our team
00:32:19.366 --> 00:32:21.580 science where we need more.
NOTE Confidence: 0.7700431
00:32:21.580 --> 00:32:23.300 P grants you grants.
NOTE Confidence: 0.7700431
00:32:23.300 --> 00:32:24.160 We invited.
NOTE Confidence: 0.7700431
00:32:24.160 --> 00:32:25.024 Ned Sharpless, the NCI director,
NOTE Confidence: 0.7700431
00:32:25.024 --> 00:32:30.199 to do a town Hall with us last fall,
NOTE Confidence: 0.7700431
00:32:30.200 --> 00:32:31.490 and we asked, Ned, you know,
NOTE Confidence: 0.7700431
00:32:31.490 --> 00:32:32.780 what is the take of the NCI
NOTE Confidence: 0.7700431
00:32:32.780 --> 00:32:35.608 on program project grants?
NOTE Confidence: 0.7700431
00:32:35.608 --> 00:32:37.530 And Ned admitted that the reputation?
NOTE Confidence: 0.7700431
00:32:37.530 --> 00:32:40.218 was that the NCI was not
NOTE Confidence: 0.7700431
00:32:40.220 --> 00:32:42.458 supportive of these grants,
NOTE Confidence: 0.7700431
00:32:42.458 --> 00:32:43.950 but he disabused us of that notion.
NOTE Confidence: 0.7700431
00:32:43.950 --> 00:32:46.926 Said in fact they are looking to expand
NOTE Confidence: 0.7700431
00:32:46.930 --> 00:32:49.826 program project grants and so we’ve launched.
As you know, the team Science awards the Team Challenge Awards to build new teams focused on a research a pivotal research priority beyond providing funding with Don Wynn and Gary Humicutt, we want to provide the expertise and staffing to help these teams. These teams totally work to a tangible outcome. Of a successful P grant you Grant last year, we funded five teams focused on these five very important domains. Shortly we will be announcing a series of foreign war new grants that we
are in the process of supporting, and I think this will continue to advance our efforts to expand the important element of team science in our Cancer Center. One team that isn’t necessary part of the current funding portfolio, it’s doing great work focused on this sort of extremely challenging disease of pancreatic cancer. Mandar Muzumdar Luis Escobar in her role as the new GI leader and many others are now pulling together a group focused on pancreatic cancer.
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, 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
00:35:48.006 --> 00:35:50.166 cancer biology and cancer prevention.
NOTE Confidence: 0.8688242
00:35:50.170 --> 00:35:52.456 We’re obviously keyed in on the
NOTE Confidence: 0.8688242
00:35:52.456 --> 00:35:54.917 importance of education on supporting our
NOTE Confidence: 0.8688242
00:35:54.917 --> 00:35:57.527 trainees and junior faculty and staff.
NOTE Confidence: 0.8688242
00:35:57.530 --> 00:36:00.267 We have an expanded number of T32
NOTE Confidence: 0.8688242
00:36:00.267 --> 00:36:02.307 grants training grants that hairy
NOTE Confidence: 0.8688242
00:36:02.307 --> 00:36:04.297 cougar David Stern and others
NOTE Confidence: 0.8688242
00:36:04.297 --> 00:36:06.120 have been moving forward,
NOTE Confidence: 0.8688242
00:36:06.120 --> 00:36:08.199 including a new T32 and him on
NOTE Confidence: 0.8688242
00:36:08.199 --> 00:36:10.916 a T32 in cancer prevention that
NOTE Confidence: 0.8688242
00:36:10.916 --> 00:36:12.665 Melinda Irwin launched.
NOTE Confidence: 0.8688242
00:36:12.670 --> 00:36:15.218 We’re so proud of the work that
NOTE Confidence: 0.8688242
00:36:15.218 --> 00:36:18.665 offered Lee is doing as our new heme
NOTE Confidence: 0.8688242
00:36:18.665 --> 00:36:20.432 ONC Fellowship director, succeeding.
NOTE Confidence: 0.8688242
00:36:20.432 --> 00:36:22.840 Joe Lacey and her great work,
NOTE Confidence: 0.8688242
00:36:22.850 --> 00:36:24.840 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 Health Equity, as well as our Chief Health
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 is doing and the team are really doing 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 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 in 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,

We have to always think about how do we expand philanthropy.

And we’ve had a number of successes here,

most notably the DeLuca gift,

Liz De Luca, and the De Luca Foundation.

Launching the Delucas Center for Innovation,

Haematological research.

Stephanie Allyne,

who was recently appointed as our Chief of Hematology and Art.

Director for the Center,

is working with our all of our investigators to advance innovation through the support of the center.
00:39:43.928 --> 00:39:46.136 to expand the reach of people working in this space,

00:39:46.136 --> 00:39:47.516 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.

00:39:51.828 --> 00:39:54.264 And Moreover, how do we innovate in terms of molecular annotation.

00:40:03.220 --> 00:40:05.876 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.

00:40:07.890 --> 00:40:10.125 Louis and Debbie have recently enabled the chandelier family Brain Tumor Center.

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.
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. 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, 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 Ahuja 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
00:46:20.925 --> 00:46:22.683 people to hear what your perspectives

00:46:22.683 --> 00:46:25.248 are and to keep that search transparent,

00:46:25.250 --> 00:46:26.865 and I'm sure we'll get

00:46:26.865 --> 00:46:28.480 a great person as well.

00:46:28.480 --> 00:46:31.468 I want to thank Nida who is committed to

00:46:31.468 --> 00:46:33.779 engaging with all of you and keeping.

00:46:33.780 --> 00:46:35.292 Forward this great trajectory.

00:46:35.292 --> 00:46:37.955 So in some thank you all and

00:46:37.955 --> 00:46:39.899 I please don't be a stranger.

00:46:39.900 --> 00:46:42.189 Reach out to me and I look

00:46:42.189 --> 00:46:44.220 forward to seeing great things.

00:46:44.220 --> 00:46:46.649 Enjoy the rest of the day and

00:46:46.649 --> 00:46:49.233 thank you all for this great

00:46:49.233 --> 00:46:51.658 opportunity that you provided me.

00:46:51.660 --> 00:46:52.310 Take care.