WEBVTT

NOTE duration: "00:02:10.2830000"

NOTE recognizability:0.852

NOTE language:en-us

NOTE Confidence: 0.8521029

00:00:00.000 --> 00:00:02.520 My name is Mandar Mazumdar name,

NOTE Confidence: 0.8521029

 $00:00:02.520 \longrightarrow 00:00:04.560$ a medical oncologist at Smilow Cancer

NOTE Confidence: 0.8521029

 $00:00:04.560 \longrightarrow 00:00:06.360$ Hospital, scientific director of the

NOTE Confidence: 0.8521029

 $00:00:06.360 \longrightarrow 00:00:07.820$ Center for Gastrointestinal Cancers

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 $00:00:07.820 \longrightarrow 00:00:10.169$ at the Yale Cancer Center and a

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 $00:00:10.169 \longrightarrow 00:00:11.729$ cancer biologist in the Department

NOTE Confidence: 0.8521029

00:00:11.788 --> 00:00:13.428 of Genetics at Yale University,

NOTE Confidence: 0.8521029

 $00:00:13.430 \longrightarrow 00:00:14.615$ School of Medicine.

NOTE Confidence: 0.8521029

00:00:14.615 --> 00:00:16.985 I treat patients admitted to the

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 $00:00:16.985 \longrightarrow 00:00:19.059$ medical oncology service at Smilow

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 $00{:}00{:}19.059 \dashrightarrow 00{:}00{:}21.471$ Cancer Hospital and have a special

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 $00{:}00{:}21.537 \dashrightarrow 00{:}00{:}23.907$ clinical focus in pancreatic cancer.

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 $00:00:23.910 \longrightarrow 00:00:26.382$ Pancreatic cancer remains one of the

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 $00:00:26.382 \longrightarrow 00:00:29.060$ greatest challenges we have in cancer care.

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 $00:00:29.060 \longrightarrow 00:00:30.412$ Although we've improved outcomes

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 $00:00:30.412 \longrightarrow 00:00:33.269$ in a variety of cancers due to the

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 $00:00:33.269 \longrightarrow 00:00:34.801$ development of new chemotherapies

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 $00:00:34.801 \longrightarrow 00:00:37.120$ new targeted the rapies that go after

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00:00:37.120 --> 00:00:38.564 specific mutations within tumors

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 $00:00:38.564 \longrightarrow 00:00:40.798$ and new therapies that target cancer

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 $00:00:40.798 \longrightarrow 00:00:42.768$ through harnessing the immune system

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 $00{:}00{:}42.768 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}00{:}44.996$ outcomes and pancreatic cancer have only

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00:00:44.996 --> 00:00:47.306 modestly improved over the last four decades,

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 $00{:}00{:}47.310 \dashrightarrow 00{:}00{:}49.823$ I've chosen to invest a large bulk

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 $00:00:49.823 \longrightarrow 00:00:52.419$ of a large bulk of my career.

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 $00:00:52.420 \longrightarrow 00:00:55.044$ In trying to meet this challenge and have

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 $00:00:55.044 \longrightarrow 00:00:58.212$ developed a team here at Yale called the

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 $00{:}00{:}58.212 --> 00{:}00{:}59.844$ Yale Pancreatic Cancer Collaborative.

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 $00:00:59.850 \longrightarrow 00:01:02.046$ Or Yale pack that brings together

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 $00{:}01{:}02.046 \dashrightarrow 00{:}01{:}03.931$ clinicians and researchers at various

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 $00{:}01{:}03.931 \dashrightarrow 00{:}01{:}06.091$ disciplines across Yale and is poised

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 $00:01:06.091 \longrightarrow 00:01:08.063$ to make dramatic discoveries in

NOTE Confidence: 0.8521029

00:01:08.063 --> 00:01:10.138 basic biology of pancreatic cancer,

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 $00{:}01{:}10.140 \dashrightarrow 00{:}01{:}12.045$ which will translate to improved

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 $00:01:12.045 \longrightarrow 00:01:13.569$ therapies for our patients.

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00:01:13.570 --> 00:01:16.610 Our lab studies the basic biology of KRAS,

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00:01:16.610 --> 00:01:19.277 which is mutated in more than 90%

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 $00:01:19.280 \longrightarrow 00:01:20.321$ of pancreatic cancers,

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 $00:01:20.321 \longrightarrow 00:01:22.750$ and our work is uncovering new ways

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 $00{:}01{:}22.810 \dashrightarrow 00{:}01{:}24.458$ of targeting pancreatic cancers

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 $00:01:24.458 \longrightarrow 00:01:26.518$ that harbor care as mutations,

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 $00:01:26.520 \longrightarrow 00:01:28.704$ and also to identify drug combinations

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 $00:01:28.704 \longrightarrow 00:01:31.030$ that can be used effectively.

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 $00:01:31.030 \longrightarrow 00:01:32.700$ With new care as inhibitors

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 $00:01:32.700 \longrightarrow 00:01:34.370$ that are entering the clinic.

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 $00:01:34.370 \longrightarrow 00:01:36.145$ Our labs also interested in

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 $00:01:36.145 \longrightarrow 00:01:37.565$ understanding the links between

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 $00:01:37.565 \longrightarrow 00:01:39.149$ obesity and pancreatic cancer.

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 $00:01:39.150 \longrightarrow 00:01:41.358$ Since obesity is a major risk

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 $00:01:41.358 \longrightarrow 00:01:42.830$ factor for the disease,

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 $00:01:42.830 \longrightarrow 00:01:45.021$ when I see patients at smilow Cancer

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00:01:45.021 --> 00:01:47.294 Hospital on the inpatient service with

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 $00{:}01{:}47.294 \to 00{:}01{:}49.826$ pancreatic cancer or other solid tumors,

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 $00:01:49.830 \longrightarrow 00:01:52.030$ I'm reminded of the challenges

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 $00:01:52.030 \longrightarrow 00:01:53.790$ that our patients face.

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 $00{:}01{:}53.790 \dashrightarrow 00{:}01{:}55.806$ And when I it reinvigorates me to

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00:01:55.806 --> 00:01:57.945 get back into the lab and work

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00:01:57.945 --> 00:02:00.213 even harder to identify new ways of

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 $00:02:00.213 \longrightarrow 00:02:02.208$ helping those patients through new

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 $00:02:02.208 \longrightarrow 00:02:04.140$ approaches for treatment or prevention.