Another telehealth advantage may be especially appreciated by patients who have been newly diagnosed with cancer. Through efforts of a Patient Access Committee led by Sarah Shomsky, MBA, BSN, CNML, Regional Director for the Smilow Cancer Hospital Network, newly diagnosed patients are now provided next day appointments with a provider through several Smilow locations and programs. Next day appointments are available in person or via telehealth and quickly connect new patients with a Smilow provider to discuss their diagnosis and next steps.

“Patients often say that the time immediately following a new diagnosis of cancer is the most difficult. The waiting can seem endless—waiting for test results, biopsy results, doctors’ appointments—there are so many unanswered questions and so much uncertainty. Quickly introducing our patients to the team of clinicians who will guide them through the process can help allay some of the anxiety that they may be experiencing,” said Dr. Mougalian. Patients appreciate the timely response, with a 92% satisfaction rate following the first appointment, and one patient commenting, “The waiting is the worst. Next day appointment was huge for me.”

NEW WAYS OF CREATING SPACE TO KEEP PEOPLE SAFE

By now, the term “social distancing” has become part of our everyday lingo—but even after this pandemic passes, the days of crowded medical waiting rooms may be behind us. Necessity is the mother of invention, as Ms. Major Campos puts it, and the ambulatory care team at Smilow has found innovative ways of protecting vulnerable people from potential infection, whether COVID-19 or something else. “I think the pandemic has taught us how important it is to be mindful of patient volume in our clinics, and the close proximity in which we all work,” she said. To tackle pressing space issues, for instance, Smilow put a number of new measures into place, including getting patients in and out of waiting rooms more efficiently by doing pre-visit screenings over the phone instead of in person to avoid bottlenecks.

“Instead of patients just showing up, we can have a plan ahead of time,” explained Ms. Major Campos. Smilow also started making use of its Network locations outside of New Haven to gain more breathing room for ambulatory patients, relocating physicians in specialties that were formerly available only in New Haven, like surgical oncology. “One hundred or so doctors in our Network moved to different locations—oncologists, medical oncologists, and more—and we did it in a sunshine way,” said Dr. Chiang. Because why shouldn’t a patient be able to go to one location and get nearly all their care in their own backyard, or closer to it? “No one was sure we’d be able to make it happen, but thanks to the efforts of our amazing teams, we did,” said Ms. Major Campos. “It’s been an amazing journey, and I’m grateful that we endured together.”

The truth is, sometimes, it takes a crisis of unimaginable proportions to show everyone—doctors, staff, patients, what we are truly capable of. “The past year has truly been galvanizing, leading to new connections and relationships and more creativity,” said Dr. Chiang. “We are taking advantage of this crisis to transform how we deliver cancer care.”

- DR. ANNE CHIANG

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- DR. ANNE CHIANG
A Pressing Need for New Ideas for Pancreatic Cancer

Pancreatic cancer is the second deadliest malignancy, surpassing colorectal cancer. In 1977, the five-year survival rate in pancreatic cancer was 2-3%. Today, it is only 10%, underlining the need for rapid progress.

Pancreatic cancer is so dangerous, in part, because it is often not detected until it is at an advanced stage. Ahuja has already discovered a biomarker that supports the research tradition and unparalleled research resources. I know as a clinician-scientist that it’s impossible for me to have success without collaborators across disciplines.”

In addition, it does not respond as well to many other cancers to common treatments like chemotherapy. Dr. Ahuja has already discovered a biomarker that supports collaborative work. “At Yale Cancer Center, we have funding mechanisms in place to promote team science. As a result of the collaborative work, not only are positive signs seen in our clinical and research outcomes for pancreatic cancer, it is also evident in the abundance of federal funding for research and high impact publications which routinely come from Yale Cancer Center investigators,” said Dr. Ahuja.

The imperative to pool the clinical and intellectual resources of the Cancer Center, Smilow, and the university are obvious. In addition, patient involvement in the Pancreatic Cancer Action Network, she said, has not met many patients, whom she credits with working to increase federal funding. Those patients motivate her, she said, to find better treatments.

Professor is already looking at ways to select patients in the lab, but to date has not been able to deliver the therapeutic to a tumor cell. Dr. Escobar-Hoyos is also pursuing collaborative work with Dr. Peter Glazer, who is developing a splicing-directed therapy that will be effective in tumors that are currently resistant to therapy, as tumors in the pancreas frequently do not respond to therapy, as tumors in the pancreas frequently do not respond to therapy. Dr. Escobar-Hoyos has worked towards this goal for five years. She has developed a splicing-directed therapy that will be effective in tumors that are currently resistant to therapy, as tumors in the pancreas frequently do not respond to therapy.