

WEBVTT

NOTE duration:"01:06:55.0640000"

NOTE language:en-us

NOTE Confidence: 0.901647865772247

00:00:00.030 --> 00:00:30.620 Good afternoon and uh I just want to thank you. All for coming to a grand rounds. Coincidentally, I don't have to Renee did not have to give me a little bio today to introduce the Speaker 'cause as my slide indicates I guess. We couldn't find anybody else in speaker today is Maine and it's really a great privilege by the way. There's seats in the middle and the front for those looking for places to sit down.

NOTE Confidence: 0.912568926811218

00:00:30.620 --> 00:01:00.810 You know, I I think as we want to do is to provide regular updates of how we're doing what we're doing? What do we want to be doing in our cancer enterprise and advised by the way I used the phrase Cancer Enterprise Becaus. I think one thing that we're all very proud of at Yale Cancer Center Ann Smilow Cancer Hospital is the notion of Oneness, something that the school and the hospital system is.

NOTE Confidence: 0.921783208847046

00:01:00.810 --> 00:01:32.280 Aspiring to do and I think we do exceedingly well that is bridging the missions for the benefit of our patients with cancer. I will give you the Cliff. Notes of what I'm going to talk about is that we've had a great year and frankly a great decade because as many of you know this coming year. We will be celebrating the 10th anniversary of the opening of Smilow Cancer Hospital Ann as you'll hear from Maine.

NOTE Confidence: 0.924799680709839

00:01:32.280 --> 00:02:04.590 Today I think that decade is a textbook in success of a cancer enterprise in operation in clinical care and research and so much of that. I think is a credit to all of you in the room and those who are attending on line and working in both the Cancer Center in the cancer hospital today. What we've also learned I think as we have as we celebrate this 10th anniversary. I think we also recognize the opportunities that lay before us.

NOTE Confidence: 0.924668073654175

00:02:04.590 --> 00:02:35.100 In the coming decade and how do we do that because we have had such extraordinary growth in both our clinical and research operation? Well, you know you have growing pains and also you have inflection points, about how can we do it better in differently and actually expand the breadth and depth of what we do so I mean that is certainly part of the discussion. I want to touch appan today and hopefully also have time at the end.

NOTE Confidence: 0.928078591823578

00:02:35.100 --> 00:03:05.440 To field your questions so when I arrived, we wanted to put together a vision statement for our cancer enterprise. Come and this is what we came up with for those of you who may not recall a world leader in cancer care research and education. Yale Cancer Center delivers the transformative scientific discoveries and cancer innovations of Smilow Cancer Hospital and Yale University to bring us closer to a world free of cancer one patient.

NOTE Confidence: 0.859584629535675

00:03:05.440 --> 00:03:06.270 At a time.

NOTE Confidence: 0.913277864456177

00:03:06.970 --> 00:03:37.100 And I you know, I think the goal of that statement is to recognize who we aspire to be that we leverage. The communities that all work with us across New Haven and the state and Beyond and that ultimately, we bring to bear those talents for the individual patient. There's actually 2 versions of this because we're not just this my God, yeah, we're not just GAIL Cancer Center were smile, Oh cancer hospital so I didn't.

NOTE Confidence: 0.931199073791504

00:03:37.100 --> 00:03:40.310 I'm not going to bore you with both versions, but there's a version where you put.

NOTE Confidence: 0.92092102766037

00:03:41.290 --> 00:04:02.930 Smilow cancer hospital here in yellow can't sooner there and I think it is. It is reflective of the sort of branding things we do from time to time, but it's essentially what we're all doing together, so our mission. I think is straightforward, which is to provide expert compassionate state of the art care to conduct research across the breath of investigation.

NOTE Confidence: 0.931123197078705

00:04:03.430 --> 00:04:34.340 To promote public health and particularly serve are high risk and diverse underserved communities to disseminate information and I think that's something that we always want to be mindful. We are I think exceptional and we want the world to know what we want to know that our innovations are available to our broader colleagues globally and then no less importantly. We're here to train the next generation 2 is as we enter the World Series build our farm system.

NOTE Confidence: 0.924411594867706

00:04:34.340 --> 00:04:48.370 To ensure that both in clinical care research administration that we continue to bring along people new talent to expand what we do so.

NOTE Confidence: 0.937391936779022

00:04:48.870 --> 00:05:19.600 I think just some observations that we probably all share about where we are today as I mentioned over the past decade. We have had unprecedented growth with this building. You know smile. Oh, Cancer Hospital of 15 story edifice and I actually visited it when it was still steel girders. In 2009 an empty building that is now filled beyond capacity and so we have to think about what are our strategic opportunities going forward.

NOTE Confidence: 0.933605849742889

00:05:19.600 --> 00:05:52.990 And then given the fact that we have a very large population of individuals patients and families. We now manage. How do we create additional opportunities? How do we look at our staffing models? How do we look at the Workflow and these are the opportunities that are before us that we have to look at pretty intensively. We have, I think a world class networking? Can secure I don't think there is a comprehensive Cancer Center that has as successful and network as we have, I'll talk about in more detail in a moment?

NOTE Confidence: 0.926781594753265

00:05:52.990 --> 00:06:23.000 But I think still we want to continue to innovate? How do we continue to expand the coordination between our campuses? How do we expand multidisciplinary care not just on this campus. But each of our sites across the region and how do we address the fact that we've gotten so good at this? I can tell you are friends. Both the north and the S have started to say. Hey, you know what these guys have figured something out. Let's do it to an emerging competition.

NOTE Confidence: 0.918765962123871

00:06:23.000 --> 00:06:56.570 Is an issue? I want to emphasize our competition is truly cancer. But we do have to realize that there is an effort to try to capture market share in the areas that we are successful. We I think have been at the forefront. Carenado sit in a variety of people Carey Carey Gross have been keen to look at quality issues and this is something that is on the front burner of our payers of the regulators. We want to be in the lead in this space. We don't want to learn the rules. We want to make the rules.

NOTE Confidence: 0.932604312896729

00:06:56.570 --> 00:07:28.990 And so I think that's something we have to continue to expand over this next decade. We have had an over 4 fold increase in enrollments in clinical trials since Milo opened which I think is it amazing statistic. But with that have been growing pains and so we have to look at our staffing models. We have to look at how we do. The work and make sure that we can continue to grow the number of trials, we can offer to patients and also.

NOTE Confidence: 0.929802358150482

00:07:28.990 --> 00:07:59.990 To expand the complexity of those trials and make sure in the course of conducting that research. We don't miss the opportunities,

which is to collect samples than to understand as we do. These studies do we understand primary and acquired resistance so we figure out what the next hypothesis? Is we I think have continued to expand our research footprints. I'll show you our NIH and total peer reviewed funding has increased dramatically but still opportunities.

NOTE Confidence: 0.936669707298279

00:08:00.630 --> 00:08:30.860 We want to continue to a support innovation investigation team science look carefully do we have sufficient infrastructure to support research that we have critical core resources and that each and every day. We're thinking about how do we take the extraordinary science that we have at our center and leverage that to improvements in care delivery for patients. We've had a lot of Recruitments and expansions of our training programs.

NOTE Confidence: 0.940764725208282

00:08:30.860 --> 00:09:00.870 But I think we have to continuously look at how are we doing are we doing in the best possible way in terms of recruitment retention training mentoring creative element and I by the way I'm not focused exclusively on faculty or scientists. I'm talking about nursing administration social work, literally everybody involved in operation. We need to make sure that we have a proper career mentoring promotion recruitment. We have to value everybody who is contributing to this mission.

NOTE Confidence: 0.943903923034668

00:09:00.870 --> 00:09:31.210 We also have to be mindful of diversity. I think this is something that is clearly critical for any industry organization. It's something we can't possibly overlook with our own enterprise and then as the economists refer to it. There are the macro issues, which is the costs of health-care are growing dramatically compared to GDP and that is certainly at the attention of regulators government officials.

NOTE Confidence: 0.933269321918488

00:09:31.230 --> 00:10:01.840 As well as pairs an at some point, you know, I think we often wonder will the bottom fallout. In terms of supporting clinical care and research. We also know that in health care and this is probably a good thing consumerism and informed patient and family is part and Parcel. I think patients realize they have a lot of choices and we have to make sure that we provide the best value in the best care, we can for these patients and then as well. There is an interest.

NOTE Confidence: 0.933329284191132

00:10:01.860 --> 00:10:34.390 To reduce the amount of expenditures, both on the clinical care side and as well. The concerns of federal government funding research. There is downward pressure. We know this we have a champion in Congress, whose office is right down the street. Rosa Delaura, who last year pushed forward a over 2 billion dollar increase in the NIH budget. But at some

point that ability to do that may start to diminish and so we have to be mindful of how we expand our resources.

NOTE Confidence: 0.905537009239197

00:10:34.390 --> 00:10:36.960 And how we innovate in fund raising.

NOTE Confidence: 0.935193181037903

00:10:37.670 --> 00:11:08.160 So I've been doing this for a while. Some of you as well. And this is the model that I was familiar with right. You know, there's the patient. There's research. There's somebody who provides their care and that is sort of the very linear model of cancer care. But the fact is that model is antiquated outdated because this is really what cancer care is now it's a very complex organization that requires lots of disciplines and lots of people on the research side.

NOTE Confidence: 0.936219453811646

00:11:08.160 --> 00:11:40.570 And all sorts of infrastructure and technologies that we need to leverage. I think to innovate in this space so I think we need clearly to continuously bring into the community. People of diverse talents and to recognize how we provide multidisciplinary care and team science to ultimately address the challenges of cancer. We've done a lot of Recruitments and I couldn't possibly refer to all of them, but I think some key leadership recruitments deserve mentioning.

NOTE Confidence: 0.909025371074677

00:11:40.570 --> 00:12:12.500 One individual that joined us a little over a year ago that standing in the back. There is Lori Pickens, who is our senior vice president and executive director, Lori brings to bear a wealth of experience having led the Duke Cancer Institute is now been here, a year and I think her expertise or insights or fresh look at what we're doing at Smilow Anne frankly at the Cancer Center has really been powerful. I think as we advance the mission. Kims lesser who is now RVP for patient services an?

NOTE Confidence: 0.93384861946106

00:12:12.500 --> 00:12:46.050 Head of nursing joined us about 8 weeks ago. Lori is that right. She was unable to join us for this hour, but I think also from Duke and also somebody who really has been an effective leader in this space, as we speak looking at all of our clinical services nursing operations to make sure that we're rightsizing it. We're looking at how we continue to expand that pool of talent. Stephanie lean recently joined the leadership as the interim chief of Hematology and I think given her experience at Yale.

NOTE Confidence: 0.911849915981293

00:12:46.050 --> 00:13:18.920 Her talent as a physician physician scientist I think is bring to bear great things for Hematology. We recruited Antonio Mora Lazar chief of neuron ology? Who is really hit the ground running had a phenomenal

retreat brain tumor retreat a few months ago is looking to expand the footprint both in clinical research and even had time to figure out with more at Canal had a draft a spore, which they're putting in in the coming months and then Lastly is not here yet, but it will be here in January.

NOTE Confidence: 0.931721389293671

00:13:18.920 --> 00:13:51.730 Is our new chief medical officer Kevin Billingslea. Some of you may have met Kevin. He currently holds this job at the night Cancer Institute at Oregon Health really just a superb individual who has been a consensus builder who appreciates building a really effective clinical programs within academic Health Systems, a very successful leader in surgical on Cology in his own right and somebody. I know we're all looking forward to working with and I've had the privilege now of talking to Kevin.

NOTE Confidence: 0.93144690990448

00:13:51.730 --> 00:13:58.730 Pretty regularly about you know the direction we want to go and I think he's got great ideas, one thing that Lori.

NOTE Confidence: 0.931357324123383

00:13:59.510 --> 00:14:34.520 Pickens and I and Kevin and others have been thinking about is we really have. I think it incredibly effective group that works in the office of the Chief Medical Officer. But as we get larger, as the breath of what we do expands we need to expand this. We obviously have leadership in the network and Quality Inn Ambulatory. But I think even in that space. We probably need to bring an additional leaders that you can see one already that I'll refer to in a moment that is recruiting a chief patient experience care.

NOTE Confidence: 0.920624494552612

00:14:34.520 --> 00:15:07.180 River Wellness officer, but I think also both on the operations and network side. We want to bring additional deputies to expand the bandwidth as well. We're not just one discipline were lots of disciplines are Cancer Center includes a variety of surgical services. and I know I speak for Lori. All the the chairs or surgery or keen to do this is to bring an associate chief medical officer who actually manage is our surgical services as well. Radiation a key component of what we do in to have a similar role there.

NOTE Confidence: 0.925394833087921

00:15:07.180 --> 00:15:37.190 Anais are impatient system continues to grow to think about leadership in that space. This is the abbreviated trend. Over the past decade. You can only are you probably all know if you started when smile open. It's really almost exponential growth. We continue to grow. This clinical operation 236 thousand office visits that rivals really any of the major matrix cancer centers.

NOTE Confidence: 0.921864688396454

00:15:37.190 --> 00:16:09.420 Across the USA an 85,000 infusion treatments in this past year. That's an extraordinary volume of patients being cared for. And it is truly a credit to the many caregivers that work across our network who obviously address the needs of those patients and families and forever, making it inviting for new individuals to get care in our facility, as I mentioned to you. I think beyond the great work we do here on the campus in New Haven.

NOTE Confidence: 0.922301232814789

00:16:09.420 --> 00:16:28.540 Has been a I think an unprecedented model em-
pressa dented model of care across community. One statistics that I've shared
Profeet. Previously is in the United States. Only about 12% of cancer patients
are treated in tertiary academic sites.

NOTE Confidence: 0.932551443576813

00:16:29.040 --> 00:17:00.310 And I think cancer centers across the OS of ad-
dress that statistic differently. So I'm saying well. We're going to be really
good at taking care of 12% of patients. Others say well. We'll put our logo
are shingle on the front door of groups across the community that will affiliate
with but we don't necessarily take on the responsibility of making those fully
integrated and then I think it's what we've done over the past decade, which is
to create these care centers across the state.

NOTE Confidence: 0.931739389896393

00:17:00.310 --> 00:17:23.620 We each of the individuals working there are y'all
faculty employees or smile. Oh, and to be fully integrated. I think there's always
additional work. We want to do, but this is an extraordinary model which as
you may know today about 45% of every newly diagnosed cancer patient in the
state of Connecticut is seen at some point within the ale system.

NOTE Confidence: 0.941234886646271

00:17:24.130 --> 00:17:54.200 But there are changes, which are growing compe-
tition. Aggressive hospital mergers and acquisitions. Anna need to innovate in
terms of how we do this. I think that includes leveraging our strengths. We
have terrific disease expertise and make sure that that disease expertise is present
throughout the network sites that we have to make sure that we don't just limit
multidisciplinary care here. This is something Lori has really championed.

NOTE Confidence: 0.938346326351166

00:17:54.200 --> 00:18:09.180 To make sure that we cover all disciplines of cancer
care in each of these sites to really make them true destination centers and to
make sure that as much as possible. There is one standard of care wherever you
go in the smile of system.

NOTE Confidence: 0.92815899848938

00:18:09.730 --> 00:18:39.780 And then Neil Fishback, who recently took on
the role of assistant director of our clinical trials office for the network is also

anxious to further expand clinical research in terms of sample collection in each across the network sites. This is I think one amazing story. This is accruals in our network, which now represents 25% of all our clinical trial enrollments. In this Mila system. You're not going to see this ad.

NOTE Confidence: 0.933188498020172

00:18:39.780 --> 00:18:59.550 Almost any other Cancer Center in the USA that is something that we're proud of and I will tell you when we had our end when we had our five year site visit last year. This was something that really captured the attention of the NIH site. Visitors as a measure of the success of our center.

NOTE Confidence: 0.9332275390625

00:19:00.380 --> 00:19:33.110 What else we want to do well we've gotten pretty good at this and why not? Beyond ensuring that we enhance the services. We provide in each of these centers is to expand our network, one thing that was clear when I arrive. There was actually. I think the hospital at hired a consultant to figure out where we should expand and admittedly you didn't need a fancy math to figure out that being in lower Fairfield County was a real opportunity right. It is the most densely densely populated part of the state of Connecticut.

NOTE Confidence: 0.92892199754715

00:19:33.110 --> 00:20:04.190 It is probably one of the few areas that Connecticut that is having significant population growth. An it's in been an opportunity for this cancer hospital to really be president. So it's something that a number of us were committed to after my start and as many of you know, I'm pleased to say that in July Smilow in Greenwich became a reality and I think that is something we're committed to providing a state of the art facility for lower Fairfield County moving into Westchester County, New York.

NOTE Confidence: 0.925733983516693

00:20:04.210 --> 00:20:35.000 And really have all of the bells and whistles that we think oven destination, Cancer Center cancer care, including multisystem care clinical trials outreach and in fact, we're pleased to say that norm. Roth the president of Greenwich Hospital is committed to building a new building beyond the current Cancer Center present at Greenwich Hospital to expand that. Lori Pickens is leading a group to program that building somewhere in the range of 55 to 70,000 square feet.

NOTE Confidence: 0.878853738307953

00:20:35.000 --> 00:20:38.600 Going to open what in 2023, Lori thereabouts.

NOTE Confidence: 0.914848685264587

00:20:40.980 --> 00:21:11.490 Twenty twenty three twenty four were aiming for by the way next year. If anybody knows any fast builders. But this I think is an opportunity to really be our second academic hub, not to say that these other sites are major power houses in academic cancer care. But I think in some

respects, we've been talking about Larusso about putting another Phase 1 unit there. I know that, given the demands. We have in Phase 1, here that may seem daunting, but you know, we have time to plan.

NOTE Confidence: 0.922485172748566

00:21:11.490 --> 00:21:42.620 And these are the kind of things we should put in this area that gives us not only a foothold in lower Fairfield County but an opportunity to expand into the densely populated parts of Westchester County, New York in a few short weeks. We will be opening us Milo at Westerly, which will be paired with our footprint and in water. Ferd in Lawrence Memorial. And so our entry into a new state for the first time Rhode Island and that facility will have the ribbon cubbing.

NOTE Confidence: 0.924561858177185

00:21:42.620 --> 00:22:05.620 Cutting and probably the latter part of this month as well. We had been invited and likely to proceed with a center in Massachusetts with a facility that is anxious to get us on board probably they want us. There yesterday and we're just aren't lamay and others. Anchang or working through the details but we anticipate that happening.

NOTE Confidence: 0.921972751617432

00:22:06.160 --> 00:22:37.850 At some point in 2020, so you know when you think about how you continue to build an exceptional clinical operation for me. I like to sort of derive into sort of small boxes and the way I see it. These are the small boxes of how you build an effective clinical operation, which is first make sure that you are the provider of choice for patients families, referring docs.

NOTE Confidence: 0.930758833885193

00:22:37.850 --> 00:23:07.940 There's a lot of work going on in terms of working on a reputation making sure that we have continuing medical education events across the state, including I think there's one. I saw it by email tonight or tomorrow in Indiana. I think S of here and we've had several actually just in the past month but to continue to get the word out of what a great place. This is and how much we welcome, referring physicians patients and families to make sure when they call.

NOTE Confidence: 0.908856570720673

00:23:07.940 --> 00:23:39.590 That uh it's easy to get in here and there is an effort all mentioned in a moment to further look at how patients families, referring docs access our system because we want to make it easy, and then Lastly when they come here that they get state of the art care and they want to stay here, and we owe that to our patients do that regardless and I think if we Excel at each of these 3 boxes you know, we will do great things for patients in terms of clinical care.

NOTE Confidence: 0.905834853649139

00:23:39.590 --> 00:23:40.550 And research.

NOTE Confidence: 0.921357810497284

00:23:41.250 --> 00:24:11.680 You know a lot of health systems have moved into the concept of service lines right that you have academic facilities have department's but that ultimately care is provided through service lines within cancer. These are our service lines. This is the sort of front face of our of what patients and families, referring doctors. Look for it is the way we deliver care. Anne frankly it is the end. These are the engines.

NOTE Confidence: 0.935580134391785

00:24:11.680 --> 00:24:42.160 Of our translation of our science into the clinic Ann. I want to applaud each of the leaders that we have both in research and clinical care in each of these service lines because I think they're all doing an exceptional job as well as the teams that behind them. One thing we want to do is to further empower. These groups to build strategic plans to think beyond what they're doing in the next several months and to enable them.

NOTE Confidence: 0.923139870166779

00:24:42.640 --> 00:25:14.820 We have a much bolder vision, both in research and clinical care and so one thing that Lorian myself. An number of the chairs and our Chiefs were thinking through is how do we further look at this infrastructure? Which is the leadership structure to make sure that we have a cohesive plan in each of the diseases to which there isn't siloed research and clinical that they really are working together that we really think boldly over the next 510 years and also that there is administrative support.

NOTE Confidence: 0.934185862541199

00:25:14.820 --> 00:25:46.910 For each of these units to help them beyond providing great research and clinical care. To actually think strategically so stay tuned. This is something we're working on in terms of how to staff and how to model it. But I think we're Lori and others have a great plan in place to further enable the work that these disease programs are moving forward. There's a lot of work to expand our clinical operations. I'm really proud of the work that the group that has led cell therapy.

NOTE Confidence: 0.903893768787384

00:25:46.910 --> 00:26:17.020 I have accomplished about a year ago, maybe more, they actually we were committed to bringing CAR T therapy to our facility. We have a cell manipulation lab. We were doing T cell program cell therapy programs, but not CART and in January. I think on January 20th or there about we treated our first. CART patient. We're now beyond 20, I think we only budgeted for about 20 to 25 in year 1.

NOTE Confidence: 0.934341311454773

00:26:17.020 --> 00:26:27.650 And the program has gone extremely well. Almost half of the patients are actually enrolled in clinical trials beyond the FDA approved approach so we are now a player in this space.

NOTE Confidence: 0.92500638961792

00:26:28.300 --> 00:26:58.670 And I think having that capability will really allow us to expand our research in amino oncologic payout of care actually in the hour before this, I heard some great work that Jenn Capo and others are doing this is critical in terms of what we do in our care delivery. The evidence is abundant. You provide exceptional pail of care you improve the quality of care for patients you reduce hospital readmissions you improve outcome.

NOTE Confidence: 0.93011337518692

00:26:58.670 --> 00:27:31.920 You uh you do a lot of important things in terms of cancer care and Jenn. I think has been committed to doing that, launching an inpatient head of care unit, expanding both in and out patient. This is something we want to continue enable over the coming years. We understand that the emotional burden of cancer is great. An Lori and others were able to get approval on a further funding for psychosocial oncology. There's been several aspects of this plan. One is a thorough review of how we can.

NOTE Confidence: 0.924873888492584

00:27:31.920 --> 00:28:03.330 Provide more social work here to patients. How do we reduce the administrative burden of our social workers and increase the amount of time. They are spending with patients. There's a number of our leaders in this, who are leading that effort as well as now and approved effort to recruit Psychiatry Psychology. Social work to further expand the breadth of services. We have in this space survivorship clearly important there will be what 30,000,000 cancer survivors in a decade is that right terror thereabouts.

NOTE Confidence: 0.937391400337219

00:28:03.330 --> 00:28:34.610 And that's a That's a function of our success. But we're going to have to figure out how to take care of a larger number of patients and how to work with Internist and other groups to make sure that care plans in place and this is something that error and others are working on Antonio launched the brain Tumor Center, which I think will be an important amalgam of both clinical care research. We know that there is a much greater interest now in genetics. We understand a lot more of the genetic precursors risk factors.

NOTE Confidence: 0.725289762020111

00:28:34.610 --> 00:28:35.740 For malignancies.

NOTE Confidence: 0.922859370708466

00:28:36.460 --> 00:29:07.190 The hospital is starting a process program called generations, which is actually doing a whole. Exome screening of basically about 20% of the individuals in the health system of which if they have a cancer gene.

They will be referred to our genetics program so we had to be repaired for growing that volume and I know that both Shavir and Aaron and others are working on that and then we have a plan in place to have a Proton Center likely to open in 2020.

NOTE Confidence: 0.928227603435516

00:29:07.190 --> 00:29:38.430 23 thereabouts somewhere in that vicinity so stay tuned but I think yet another great opportunity of what we're going to pursue within radiation oncology therapeutic radiology and then as I mentioned to really further expand the Z programs. This is the short list of what I could put on a slide, but there really is a lot going on with our Cancer Center. I mentioned to you. That Karen and others have really led the charge and how we provide value based care about 10%.

NOTE Confidence: 0.924471974372864

00:29:38.430 --> 00:30:10.540 Of cancer facilities. I believe participate in Medicare Medicaid program of the oncology care model. We are one of them and I think that was a bold move to join because at some you might say well. That puts you at risk because if you don't perform to the satisfaction of Medicare Medicaid. Maybe you lose but in fact, I think the leadership. The people in this space have done a great job opening. The extended care clinic looking at the way we provide care both in and out patient and this is these are the data that.

NOTE Confidence: 0.926912605762482

00:30:10.560 --> 00:30:42.580 Karen others are sharing which is we've reduced admissions, we reduce emergency Department visits and this is something that only I think is important in terms of actually being one of the most successful participants in this program in terms of our ability to recoup costs but also I think in improving the quality of care we deliver so I think a lot of things that we want to other programs who want to advance as I mentioned to you. We want to look both on this campus and across our campuses.

NOTE Confidence: 0.935226619243622

00:30:42.580 --> 00:31:12.610 Of how we further expand multidisciplinary care. I think the value proposition. We have to provide the patients is that each of the expertise that they need is represented in readily available wherever they are in our system. We recognize that the demands that are on our caregivers with regard to inpatient service is considerable when I arrived there were multiple iterations of how we were going to model.

NOTE Confidence: 0.912299454212189

00:31:12.610 --> 00:31:44.960 Uh the delivery of inpatient care, among our faculty and I think that includes our APS and other services. and I think it's been a challenge and so I'm really pleased that why Herb Sinan Chang and Karen Adelson have looked have led a group of sort of a multidisciplinary extended

group to look at redesign of how we do this. There's a plan in place and we're just now reviewing that plan to figure out implement it because we really want to be at the forefront of Innovating.

NOTE Confidence: 0.90952455997467

00:31:44.960 --> 00:32:16.250 Of how we provide exceptional care and at the same time are mindful of the demands on our caregivers. We have dimensions. You access is critical. We recently talked to another major Cancer Center where they looked at for each day. It takes for a patient to wait to get to your facility for their new patient visit you are new patient volume drops by 1% because if they can't get into your facility going to go somewhere else now it's not like we wanted.

NOTE Confidence: 0.917127728462219

00:32:16.250 --> 00:32:47.550 You know, we're looking to grow the the clinical volume exponentially. But the other hand, I don't think a lot of us. I'm sure maybe all of us have had the experience of having somebody we care about be diagnosed with cancer. Let me say having gone through that personally every moment. You wait for an appointment is just an eternity and we owe it to ourselves and to our patients to help get them in quickly. We I think there's an opportunity to look at our operations. We've grown, so quickly.

NOTE Confidence: 0.9195756316185

00:32:47.550 --> 00:32:59.010 How do we manage the workflow? Are we looking at do we have the best staffing models the way we move patients? Who are programs. And there's an effort afoot there. We also I think are looking at carefully.

NOTE Confidence: 0.925021588802338

00:32:59.910 --> 00:33:33.880 What is the model of how we better integrate across all our sites of care and effort in that space I mentioned expanding pad of care and then as I said earlier this building. This 15 story edifice was empty. I guess in October of 2009 and it's now bursting at the seams. So we are going to have to think creatively how we use our space and where we're going to continue to expand the footprint as some of you know, both multi myeloma an benign hematology or actually moving out of smile Oh.

NOTE Confidence: 0.918059110641479

00:33:33.880 --> 00:34:03.990 To North Haven and these are the and it's actually it's a beautiful space. That's opening on the 4th floor of that facility that's actually an adjustment and a challenge what we want to do. But we gotta make sure that we do it in a way that preserves the success of the people who work there an as well. Our academic and research mission, and we're committed to doing that, so we're going to have to think innovatively about how we use the space and how we create new space patient experience is really part of the watchword.

NOTE Confidence: 0.928718984127045

00:34:03.990 --> 00:34:34.500 Of what you have to do? How do we make sure that third box? How do we make sure that the the that when patients come here? It is an exceptional experience and that's something as I mentioned to you, creating a new officer to lead this effort is important. It's something across the health system and then another aspect of this is the well being of the people who provide care and when I say caregiver. I refer to everybody. Anybody who touches a patient whether you clean the rooms.

NOTE Confidence: 0.907097280025482

00:34:34.500 --> 00:35:05.330 Deliver the meals provide infusion were all care-givers an it is not easy to do that in cancer care an this. This article, which got this opinion piece in New York Times go out of attention this summer and I think it was a fair concern, which is all of us who are caregivers. Well, you know, we're in a unique industry because the bottom line is we can't say no when somebody shows up at the front door and says, I need your help. I have cancer. The answer we can only provide is.

NOTE Confidence: 0.929494321346283

00:35:05.330 --> 00:35:36.800 I'm here to help you but that obviously puts an enormous demand on all of us and so as part of this office of patient experience and caregiver well being. We want to look at all this. The burnout rates across American Medison. Right now are about 49% and cancer is certainly unique challenge. How do we leverage technology? How do we look at the major demands that electronic health record and Workflow puts on our providers and these are things that we have to be committed to.

NOTE Confidence: 0.667311668395996

00:35:36.800 --> 00:35:37.450 Now.

NOTE Confidence: 0.931785643100739

00:35:38.290 --> 00:36:08.940 So I think we need all this is transparency, engaging faculty and staff and all we're doing. We need everybody's help to work on these issues in our clinical program because ultimately I think not only do we want to be the best place to receive care. But we want to be the best place to work in healthcare and these are 2 aspects that we have to strive which is why I emphasize the office not only a patient experience, but caregiver Wellness.

NOTE Confidence: 0.930482923984528

00:36:08.940 --> 00:36:41.290 And as part of recognition of our staff in this very place at 5:00 o'clock on Thursday. We will have our first loss. Milo luminary awards of excellence. This is going to people who sort of work. You know sort of on the ground in our facility, who are committed to have really gone beyond the call and community service leadership operations patient experience research.

There will be 45 recipients on this round. This is an effort to be more inclusive to really recognize larger populations of people who work here.

NOTE Confidence: 0.911283314228058

00:36:41.290 --> 00:36:53.770 So if you're free at 5:00 o'clock come, we got finger. Food and a lot of fun towards certificates to people whose work we value on turning now no less importantly to our research operation.

NOTE Confidence: 0.927974164485931

00:36:54.490 --> 00:37:27.700 The past 15 years I think has been a really exciting time in Cancer Research in part because of our understanding of the genetic drivers of cancer and developing targeted therapies. A lot of great examples is I think this has transformed the landscape of lung cancer and Roy Herbs, among others. Is certainly LED that charge and then of course no less importantly has been the revolution of Immuno Oncologix. The fact that for over a century and effort to figure out how you leverage the immune system it's now reality.

NOTE Confidence: 0.927278697490692

00:37:27.700 --> 00:38:00.130 Mainly what we're seeing now with the checkpoint hitters. I think was probably inconceivable for many of us just two decades ago. The question, though, is these things don't work for everybody. An you know, we're obviously committed to figuring out how to deal with primary an acquired resistance to these approaches, but also what's water, the next opportunities. The short answer is? What's going to be the next revolution. I don't know about you. But I don't know So what do we do well? We gotta figure out how to position ourselves?

NOTE Confidence: 0.930695712566376

00:38:00.130 --> 00:38:30.160 So that were in the best place to find it to discover it and if it's discovered for others how we leverage that finding to the benefit of our patients here at Yale and so I think that includes making sure we have great people, that we have great clinical operations research operations infrastructure and that we have the core resources that ultimately allow us to promote innovation across basic translation TLE population and clinical science.

NOTE Confidence: 0.936031520366669

00:38:30.160 --> 00:38:56.770 Because ultimately in our Cancer Center. I think one of our great strengths is we are well positioned in each of the domains across the spectrum Cancer Research and we want to make sure that we translate that work in to improve patient outcomes. The I think the sort of workhorses of our research program in the Cancer Center have been are extremely successful research programs listed here in the leaders behind them.

NOTE Confidence: 0.923497796058655

00:38:57.340 --> 00:39:27.680 This group of 7 programs presented a year ago to about 22 NIH reviewers. And the end result was not only do we renew renew

our grant last year but we got an outstanding and we got an unprecedented 73% in funding for our Cancer Center granted for those of you who are keeping score the next highest on record that I could find was 38%, so that's a pretty unprecedented increase.

NOTE Confidence: 0.934211552143097

00:39:27.680 --> 00:39:59.070 But we also we don't stop here and a number of the programs are thinking carefully about how do we continue to innovate in this space and 2 programs in particular that have been focused on this had been signal transduction and virus another infection. Associated cancers recently. Those 2 programs have changed their moniker as part of the emphasis with regard to voice now called cancer. Microbiology is we know that, beyond viruses. There are a variety variety of other.

NOTE Confidence: 0.921081840991974

00:39:59.070 --> 00:40:30.660 Biological processes that relate most commonly in most notably is, is the microbiome bacteria that we understand affect cancer risk treatment and outcome and biology. And so I think with that expanded pool of talent renaming the program as well beyond signal transduction. We realized there's a variety of other signaling pathways cell cell interactions metabolism that this program has begun to expand its footprint in thus the name now cancer signaling network.

NOTE Confidence: 0.92811131477356

00:40:31.400 --> 00:41:02.010 We have had tremendous and successful growth in our research funding. This is direct not total just direct peer reviewed funding for Cancer Center. This year again, reaching a new high of 99 million and I'm looking forward to breaking the hundred million mark well. We'll we'll make that announcement shortly. I hope but an important precedent for a program that just a few years ago was at 58,000,000 as well.

NOTE Confidence: 0.925864040851593

00:41:02.010 --> 00:41:10.140 It doesn't go back to the opening of smile. 'cause I will tell you for those of you who are aware the number here was about 2:50.

NOTE Confidence: 0.921597003936768

00:41:10.640 --> 00:41:40.650 So you know, we're in this sort of. We're bumping into the 900 range, but were plateauing. I think that is reflective of the growing pains of a program that is grown almost fourfold in its enrollments. So you know that's clearly an opportunity. We have to think 4th. But despite the fact that we have plateaued in our enrollments. The impact of our clinical research. I think is really amazing. This is just the shortlist? what I could fit on a slide.

NOTE Confidence: 0.918257057666779

00:41:40.650 --> 00:42:12.330 In the past 12 to 18 months and each of these things I would suggest to you. Our practice chaining changing leading to new

FDA approvals and I think that is something that we really all have to recognize because most cancer centers if they get one of these in a cycle of 5 years of renewal. That's a success. I mean, they just the last 2 Barbara Burtness, leading to the approval of checkpoint inhibitors as part of the frontline therapy for head neck than petrol ACH.

NOTE Confidence: 0.915360271930695

00:42:12.810 --> 00:42:45.720 Yeah, leading an effort for a new antibody drug conjugate that almost certainly is going to prove for bladder cancer and then I think it's at the Plenary session. Asko, a number of our investigators in cancer outcomes actually showing that the Affordable Care Act actually did improve outcomes for patients with cancer United States. These are practice. Changing observations and something that we're particularly proud of and we are just today, continuing to advance yell science into the clinic.

NOTE Confidence: 0.907516717910767

00:42:45.720 --> 00:43:13.520 Leaping channel would certainly has been credited appropriately for his success and discovering PT one and the checkpoint inhibition has moved on now to targeting cichlid 15, started a company next cure. Pat Larusso is leading that effort, which I think is likely to provide yet another generation of IO agents. Simile Craig Cruise, an innovator in chemical biology, having leverage now the protein degradation system.

NOTE Confidence: 0.897612392902374

00:43:14.080 --> 00:43:35.010 Of E3 ligases showing that you can now target. These proteins, having launched a company with an Venice, an their first enterprise with Dan petrol. EQ is targeting the Angie Receptor in castrate resistant prostate cancer are unique approach and orally available drug that's now in clinical trials here at our center.

NOTE Confidence: 0.900996685028076

00:43:35.860 --> 00:44:06.980 Um we realized that as we enter this next chapter of investment clinical investigation. The next decade. We brought on 2 new leaders just recently. Roy Decker, who is taking on the role of associate Canton Directory for clinical science enjoy stole who I saw her standing in the back somewhere else, I said 8 seated who's taking on the role of executive director. An I I really. I can't say enough about what this new team is doing in terms of really doing a thorough review.

NOTE Confidence: 0.925803482532501

00:44:07.460 --> 00:44:37.530 CTO and some of the things that we realize is that we have grown a lot and we have to look at the way we do. The work in terms of how we recruit retain mentor educate the people that now 150, plus people who work in the CTO to look at our staffing models to right size them to look at how we deal with regulatory timely trial activation. We're doing great work but we gotta figure out how to?

NOTE Confidence: 0.912819623947144

00:44:37.530 --> 00:44:51.850 Make ourselves right sized an appropriate to continue to grow how we look at our portfolio how we leverage. Genomic annotation by a specimen collection how we address the needs of what the underserved and how we continue to engage our networks.

NOTE Confidence: 0.919153153896332

00:44:52.560 --> 00:45:23.050 One thing a bunch of us have been working on related to our planning for 2020 is this list, which is the following things among others, accelerate improve the time reduce the time that it takes to activate studies to expand to right size us to make sure we have insisted in pay so that we can break that ceiling. We are at in terms of our clinical trial enrollment to engage in part to enable our physicians are clinicians.

NOTE Confidence: 0.91208291053772

00:45:23.050 --> 00:45:53.590 To expand their ability enroll patients in the clinical trials and also to address the needs of our CTO staff an in part look at the measure of staff turnover. So hopefully if we right size. It we create educational programs retention programs that promotion programs that that turnover rate will be low to innovate Roy Herbs at Afton and others are looking to expand our ability to support investigator initiated trials moving GAIL science into the clinic.

NOTE Confidence: 0.917020261287689

00:45:53.590 --> 00:46:26.580 And then Lastly to come up with the dashboard to which we monitor all this and continue to further expand it. We have brought an additional leaders into our more basic research operations call Rathlin. Katie Politi Megan King Joe Contessa. Amy Justice Don Juan and Mark Lemon now coming on as our new associate director for basic science and I am thrilled to have each of these extremely talented. Individuals working through each of our programs. An I will tell you they've all hit the ground running.

NOTE Confidence: 0.937719166278839

00:46:26.580 --> 00:46:37.700 In terms of taking each of these programs, thinking, Thoughtfully, about what the next decade. In the next 5 years is we plan for our next renewal should look like?

NOTE Confidence: 0.918685495853424

00:46:38.430 --> 00:47:08.440 Uh we, we obviously have great facilities to expand our depth research. Mark lemon and Yoshi's lessenger lead to cancer biology and shoot they continue to recruit to the W campus and were really impressed with the productivity of the faculty and that space and as well. We are continuing to recruit physician scientists to what will be a space at 300, George that space on the six floor.

NOTE Confidence: 0.91312837600708

00:47:08.440 --> 00:47:40.490 Will be finished in January of twenty twenty one, but we're recruiting now as a matter of fact this week. We just recruited Jeff issue. Zuku from Harvard, who is doing exceptional work in amino ecology. As a physician scientists will be joining us in January. We want to continue to leverage the great talent of Immunobiology as well as our leadership in developing immunotherapy's this center was started a year ago, the sentiment on Koleji.

NOTE Confidence: 0.902338802814484

00:47:40.490 --> 00:48:10.760 Why herbs was our interim lead director did a great job of launching it? I'm pleased that mark is bosenberg has taken on the reins of being the interim director now and Oh great transition. Among the things they did was a fabulous symposium last week that highlighted the great work here as well, just in the past week. Marcusson ehrenring got a 3.8 million dollar grant to advance translation in them you don't cology.

NOTE Confidence: 0.887122571468353

00:48:10.760 --> 00:48:41.050 Anne just this week additional great work leadership of what we're doing in IO, namely Anna-marie Pyland Kirasaki published this paper. I think on Monday in which they actually are leveraging a nucleic acid, sensing cytosolic, the cleric acid, sensing in, which an intro to Mail injection led to a systemic profound immune response, which I think could leverage for a treatment post patients, as well in today's issue.

NOTE Confidence: 0.916844189167023

00:48:41.050 --> 00:49:11.080 Of Nature Immunology City Chen if you're following along as published a really innovative approach using CRISPR. Gene editing as an approach for intratumoral vaccines, where his animal models across malignancy's he gets a 50% complete response rate. Check out the pictures. It is an impressive study 2 efforts that I think really demonstrate the leadership. But we're doing an IO and that will translate I think into the next generation of therapies.

NOTE Confidence: 0.879623591899872

00:49:11.080 --> 00:49:44.130 Roy Herb said captain others through the office of translation research. I've done great work to expand the footprint of translation. We're pleased to have renewed our skin spore this past year. I think is well on track for renewing the long spore and the other thing that Roy is done as to expand the applications. Pat Larusso looking at DNA damage. Barber Burtness, having submitted asporin head neck that I'm optimistic will be funded Antonia Morad, cementing a brain Sporlan Melinda Irwin.

NOTE Confidence: 0.9249626994133

00:49:44.130 --> 00:50:14.160 Cementing a disparities for this month, all of which to expand our footprint in translation. But we want to continue to do that. and I think there's a number of things we've known that we have to

do in translation. Joanne Sweezy as you may know led an effort about a year and a half ago to really engage the broader community of how we can have the infrastructure to expand translation research, to connect the basic to the clinical an?

NOTE Confidence: 0.907289981842041

00:50:14.160 --> 00:50:46.750 One thing that we wanted to do is to have an umbrella consent. Laos Pusztai Marine. Major Campos and others have this month put into place a system of a universal consent, so that today. Every new patient who comes to Smilow Cancer Hospital is going to be consented so that their data. Their their clinical specimens. Everything is available for research. So all of that is available for us in a fully consented Nana Mononymous Fashion and I.

NOTE Confidence: 0.922051846981049

00:50:46.770 --> 00:50:58.970 You have a pretty consent, although I found out that although we printed hundreds of these were actually moving into the digital age. So most patients are actually signing on line. But if you like a copy. I got about several 100 sitting in my office right now.

NOTE Confidence: 0.909915149211884

00:50:59.480 --> 00:51:29.810 It's quite nice, so that's check that box. One thing we know is that we got to expand our molecular testing or our profiling. When I arrived. I think a very solid effort, but not I think what we were all of us would agree. We're capable of doing there's been a lot of discussions. An I think a person who is really champion. This is Rich Lusitano, one of the best vice presidents here at the hospital rich has been dog, at about.

NOTE Confidence: 0.934588968753815

00:51:29.810 --> 00:51:43.130 Making sure that we do this and we now have an agreement among various parties that we in the coming months, will launch a system in which every new patient will have their tumor undergo whole exome sequencing?

NOTE Confidence: 0.928063809871674

00:51:43.830 --> 00:52:16.420 That there will be a clinical report of 450 jeans from that panel of 24,000 that will be turned around in 2 weeks. So a state of the art clinical program, with with as well. Whole exome sequencing that will be available for search and stay tuned. We're finally there in rich is going to basically execute on this in the coming months as well. I think Roy and Ed are committed to Step 3, which is further systematizing our boss specimen collection to enable.

NOTE Confidence: 0.899553179740906

00:52:16.420 --> 00:52:41.520 Research Roy as I mentioned as move. He's really champion. The TT refunds. Teresita supports pours another translation

research. There now moving into an application process for investigational LED trials and then as we accomplish all four of those tasks monitor. All this and figure out what else we can do to expand translation research.

NOTE Confidence: 0.936284184455872

00:52:42.200 --> 00:53:12.790 Healthcare has totaly lag behind in the IT space. If you look across industries leveraging information. Technology has been something that has strongly related to productivity and where the health care industry has not been as successful. This is something where we have to do more of an eye. I think as well. We got to leverage this not only for clinical care, but for research an as well think about how we bring to bear.

NOTE Confidence: 0.944894790649414

00:53:12.790 --> 00:53:16.460 Those people working in the AI space across the University.

NOTE Confidence: 0.92733359336853

00:53:17.120 --> 00:53:49.510 So one thing as well as part of our translational infrastructure is that Wade Shultz and Alan Chow have gotten out formal support from the hospital in the school to build a data. Lake information technology infrastructure. Such that all the clinical data. All the Genomic data. All the biospecimen data are going to be put into a common system that is available for both clinicians and researchers to leverage and with them. All consented we can actually really do some great work.

NOTE Confidence: 0.915031969547272

00:53:49.510 --> 00:54:20.640 We anticipate what they tell me is that a beta test of this platform should be available in the latter part of 2020 with full launch in the latter part of twenty twenty one we clearly need much better ability in the computational bio for mattix pace. Mark lemon is looking at that we have new cores that we're we're now put into the Cancer Center in terms of functional genomics. Procentury precision cancer modeling and moving into cancer metabolism.

NOTE Confidence: 0.937647819519043

00:54:20.640 --> 00:54:51.530 We are leveraging our industry partnerships. We are fostering entrepreneurship. I mentioned some of the companies there and then as well, something that a lot of industries do that. We don't do in Healthcare, something called innovation trips, which is in certain industries. You're actually expected In addition to taking some time off for vacation to picking a trip where you're going to go somewhere where you found out somebody's doing it better differently in a way that.

NOTE Confidence: 0.912987649440765

00:54:51.530 --> 00:55:00.350 We're not and your job is to go there for a few days learn about it and create value for the center, so a bunch of us have been

talking about this.

NOTE Confidence: 0.731662929058075

00:55:01.930 --> 00:55:03.770 Excuse me.

NOTE Confidence: 0.911549210548401

00:55:05.030 --> 00:55:10.220 Believe it or not, that was my mother, you can run but you can't hide.

NOTE Confidence: 0.910415768623352

00:55:10.760 --> 00:55:45.770 So one thing we want to do is to support this and stay tuned. This is something you want to build into it where you'll apply you'll tell us here's. I want to go to this center. They're doing something in clinical care research, something that we deem important it's going to be. You need to prove that it will create value for not only yourself, but the institution and we want to support that trip and that's something we want to take from other industries and now move it into what we do in healthcare. We want it. We want to support innovation in research. A lot of grant programs are going to run out of time.

NOTE Confidence: 0.891164183616638

00:55:45.770 --> 00:55:59.730 This is the score we got in our grant outstanding and we are outstanding. But as you may know at is not the highest score in NIH, Verbage, the highest score everybody know what it is.

NOTE Confidence: 0.921842277050018

00:56:00.740 --> 00:56:33.990 Exceptional and I actually think we are exceptional so our goal is and I would say this is the theme of what we're going to do is we're going to move from outstanding 2 exceptional? How do we do that? Well, I think part of it is to continue to focus on Team Science and I'm going to cut to the Chase going right out of time. These programs are I think clearly been very successful. But how do we further expand seem science? Is centers like this? I'm just it's just random examples that I wanted to offer up.

NOTE Confidence: 0.922461986541748

00:56:33.990 --> 00:57:06.480 But I think bringing together investigators towards a pivotal research focus is important so Don. When is good and above graph on others will be making this announcement our next series of pilot grants will be the team challenge awards, powering innovation through team science? What the application is going to be and it's going to be up to \$150,000 in funding is put together a team where that team has to have a very discernible deliverable.

NOTE Confidence: 0.91738361120224

00:57:06.480 --> 00:57:36.910 Program project grant you Grant and to make these sustainable teams such that that pivotal research focus is going to be

really addressed by that Multidisciplinary Group and I think this is going to be an exciting new funding area that we want to do in our Cancer Center. We want to always make sure that we engage diverse communities or catchment area. We have a lot of services across the hospital. Ann the Cancer Center that do this we are now Kevin Vest in others, Melinda Irwin.

NOTE Confidence: 0.937653660774231

00:57:36.910 --> 00:57:46.200 We're putting together the Center for community engagement and HealthEquity, which really looks at all the features that we do in engaging communities.

NOTE Confidence: 0.916520893573761

00:57:46.850 --> 00:58:19.150 This is something we're just finalizing now and working out the funding mechanism for it. Um education no less importantly, and Harry Kluber has done. I think a great job and want to further expand that. We want to also realize that beyond clinical operation budget beyond beyond our ability to get NIH support. We have to get full anthropology. These are some of the things we did in this year, but it's not enough. An I think we want to continue to expand development.

NOTE Confidence: 0.926680684089661

00:58:19.150 --> 00:58:49.730 We will be celebrating the 10th anniversary, so stay tuned a lot of really exciting things that kept invest in a committee of working on and then Lastly as we think about the next decade. Lori Pickens and I and others are launching a strategic plan, which is starting this month and you're going to hear more about that at a very high level across the entire enterprise. What should the next decade look like and then Lastly as you've seen and I've I can't even possibly fit in all, an hour.

NOTE Confidence: 0.922916531562805

00:58:49.730 --> 00:59:07.680 We are doing amazing stuff at this cancer enterprise at this cancer hospital and Cancer Center and I want the world to know it. We would only be shy about it and so renege on debt and or have been charged with getting the word out if you have something to share tell us.

NOTE Confidence: 0.907939791679382

00:59:08.460 --> 00:59:38.510 'Cause we want to tell the world about it and in that respect. One aspect of you know are sort of public assessment of We Are is whether we like it or not as US news and world reports. This is what happened in the with the opening smile. That doesn't make sense to me. We have done amazing work. If you look at where we were in 10 and where we are now that trend is no sense the fact is is that?

NOTE Confidence: 0.915663063526154

00:59:38.510 --> 01:00:10.060 You know we haven't quite played the game of how we report out. These data US news reports and the bottom line is we're

not above this game. We gotta play the game because we owe it to our patients to know that we care about what our ranking is we've actually started to do that. Karen Adelson, working with the hospital of committed to doing it as you may know we're back on the list of 50 again and in fact, if you actually look at the raw numbers. We were just a rounding error in terms of mortality score there probably would have put us.

NOTE Confidence: 0.907749772071838

01:00:10.060 --> 01:00:37.310 In the 20 range, but stay tuned. This is a 3 year rolling average so I know this is going to go up. This is really important, and then I know I've run late. But bear with me. If you could you know I asked and or to put together some of the press clips of what we've been doing what we've been showing over the past several months. and I wanted to just share that with you, I guess I have to click on it right.

NOTE Confidence: 0.913010001182556

01:00:43.550 --> 01:01:15.720 Katie Couric also here with this doctor, Charles Fuchs. He is Co leader of this stand Up To Cancer Dream Team. You gotta pay attention or unexplained weight loss or abdominal discomfort or fatigue. But I think the one thing we have to be aware of is that when symptoms arise often times the cancer is to advance so yes, being keyed in my wife was diagnosed at 44 because she noticed blood in their stool. She got to pay attention to that E cigarettes do not contain tobacco, but they are just as addictive as regular cigarettes because of their nicotine.

NOTE Confidence: 0.878986835479736

01:01:15.740 --> 01:01:48.330 We spoke with an oncologist with the yield Cancer Center for insight. Certainly I'd rather if someone has to smoke that they use this rather than tobacco cigarette but my goal is like no one uses anything you know, let's not use anything that could cause harm to the lungs or to the heart or to the nervous system and the rest of the body urologist understand Hoenig director of the male reproductive health program at Yale Cancer Center answers. The most common questions men ask about prostate cancer American Urological Association recommends prostate cancer screening between the ages of 55 and 70.

NOTE Confidence: 0.92885422706604

01:01:48.330 --> 01:02:19.660 The problem with not screening is if you don't screen it all. You may end up with more significant spread of disease, where we may be able to catch it at a treatable form the American College of Physicians issued new breast cancer screening guidelines for average risk women under 50 years old with no symptoms for breast cancer radiologist doctor, Leanne Philpotts, with Yale Cancer Center. These new guidelines from the American College of Physicians have looked at other peoples guidelines, as well as the evidence that those guidelines are based on.

NOTE Confidence: 0.896499991416931

01:02:19.660 --> 01:02:50.750 Incidence of breast cancer increases with age, so the incidence isn't as high as yet the chance of having a false positive on a mammogram in younger women is higher 33 women have died with this type of cancer 12 linked to the Allegan implants. Doctor Tamara Abraham is a plastic and reconstructive surgeon at Yale Cancer Center. These are implants that are made with a textured material on the outside and the reason that their texture. It is because they're designed first scar tissue.

NOTE Confidence: 0.905337393283844

01:02:50.750 --> 01:03:04.690 To grow into them so that they don't move around and it appears to be that the way this scarring happens is through an inflammatory process, which increases the risk of this type of lymphoma. July is sarcoma awareness month and for good reason.

NOTE Confidence: 0.893866360187531

01:03:05.360 --> 01:03:35.730 Doctor Harry Despond A at Yale Cancer Center explains or any 15,000 cases here in the whole country and you can imagine with numbers like that many people don't even know it exists. Lesser comma specialist says of those cases. There are more than 50 different types of the rare cancer. Stoney Creek Brewery in Branford host both the registration and the post ride parties for the closer to free ride every year and this year, the owners family members.

NOTE Confidence: 0.912474274635315

01:03:35.730 --> 01:04:06.920 A writing for the very first time and it's a very personal. Reason nearly 15 million dollars has been raised since 2011. From this bike ride to support research and patient care at Smilow Cancer Hospital tonight. NBC Connecticut Justin Checker has the story behind teen pedals for June. June's daughters cherish their mothers love for Flowers. My mom just planted hydrangeas everywhere. Hydrangeas made her so happy. It was just her signature flower. That's why they've named their team for the closer to free ride pedals for June.

NOTE Confidence: 0.888911128044128

01:04:06.920 --> 01:04:38.280 A lot of what we learned is to go big to try new things to challenge ourselves and this is a new challenge for us. In September, they'll be riding in honor of their mom. She's with us every day. There's no club like a mother's love to help make the world closer to cancer free Danielle McCarthy is in the fight of her life. I have re occurring thyroid cancer. She found out on Christmas Day, she's getting medical care from doctors and nurses at the Smilow Cancer Hospital at Yale, New Haven, an some TLC.

NOTE Confidence: 0.878194212913513

01:04:38.760 --> 01:05:09.110 I don't like you inspire us more air from people

like Maureen and Dana have become allies in our fight and saying it is wonderful rock that just touched my heart just over a year ago, Maureen started painting rocks with inspirational messages to give to patients. It started with her brother was a cancer patient here and I was looking for a way of connecting with other people here and I started painting rocks and leaving them for people and when I reached out that way it was amazing.

NOTE Confidence: 0.848522245883942

01:05:09.110 --> 01:05:21.060 Dana, who works at Smilow Sammarinese work and invited her to make more rocks for more patience. You can see with Danielle would a good idea that was she handed me, this rock and then on the Pike.

NOTE Confidence: 0.853102505207062

01:05:21.880 --> 01:05:27.710 I like the girl everyday Danielle Clutch is onto that rock solid support.

NOTE Confidence: 0.838935911655426

01:05:28.470 --> 01:05:34.160 It's never going to let go of being that's for sure because I will fight to the end.

NOTE Confidence: 0.899377763271332

01:05:36.110 --> 01:05:38.640 So I wanted to share that video.

NOTE Confidence: 0.911812543869019

01:05:41.700 --> 01:06:07.480 Because in the end, that last video that's that's what it's all about Anna. I am privileged to work with champions of what we're trying to do in cancer care. This is the challenge in Madison in the 21st century and it requires very special people to take on that challenge so I have overextended my time.

NOTE Confidence: 0.926195502281189

01:06:07.990 --> 01:06:39.090 But it was a lot. I wanted to share and I want to thank everybody here for what you do in all aspects of the mission. We are doing great work and even though I don't have anytime to take any questions. 'cause I run over. I'm always veiled my door is always open and will have additional forms to talk about it to have townhall some things we want to Institute but you know, frankly, you all deserve a round of applause because what you're doing in cancer care is amazing and those patients.

NOTE Confidence: 0.893697917461395

01:06:39.090 --> 01:06:45.010 Are benefiting from your talent and your dedication so thank you all?