

Yale Cancer Center

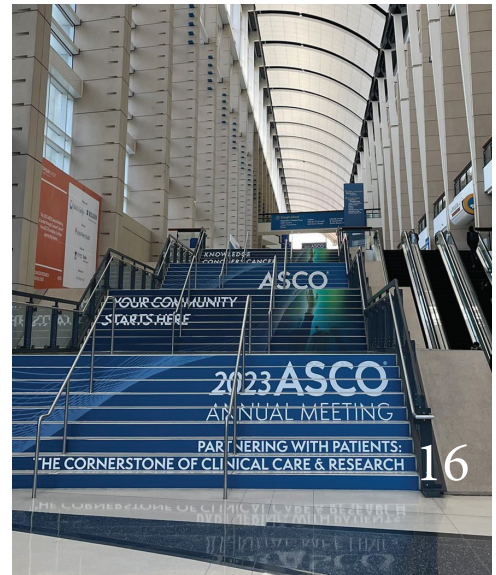
centerpoint

MAGAZINE



Thriving Against the Odds

spring | summer 2023

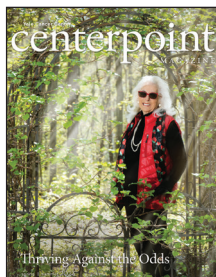


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Martha Atwood at her home in northwest, Connecticut.

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submit your ideas...

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centerpoint MAGAZINE

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Yale Cancer Center

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Editorial Office

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I am pleased to share our newest issue of Centerpoint. The articles express the sense of commitment that typifies our work at Yale Cancer Center and Smilow. They also echo the messages I focused on in my presidential address at this year's meeting of the American Society of Clinical Oncology. The meeting's theme, "Partnering with Patients, the Cornerstone of Cancer Care," aimed to underscore the critical nature of the clinician-patient relationship and the partnership that must be between the two. I emphasized five points:

For the patient with serious illness, the relationship with the healthcare team is paramount.

When you are well, your relationship with the healthcare team has little impact on your overall quality-of-life. In contrast, in the setting of serious illness, those relationships are essential. Patients with cancer and their families need our attention and dedication. They deserve the very best we can provide.

Science really matters.

We owe it to our patients to step firmly on the scientific accelerator. The discoveries in cancer medicine over the past several decades are monumental. Basic, translational, clinical, and population-based research has led to life-altering progress and will ultimately allow us to eliminate death and suffering from cancer. Discoveries we could have never dreamed of 25 years ago are standard treatments today. We must move quickly, and in doing so we need to embrace patients as our partners in research.

If you scratch below the surface, everyone has a challenge in their lives—small, big, or bigger.

Clinicians do not need to have had experiences as a patient to take the best care of their own patients. Few of us lead perfect lives with an absence of worries. We may have different struggles from one another, but we all face adversity and can learn and grow from it. We all have a lived experience that we can draw upon and is relevant to the work that we do as oncologists caring for and partnering with patients who have cancer.

People have very different reactions to what may seem to be similar challenges.

As physicians, we cannot expect patients to respond to hardships in a similar manner as we might, or another patient would. We have to meet people where they are and support them in their experience. It is also important for us to remember and recognize that the newly diagnosed person we encounter at our initial meeting may evolve during their care and in survivorship.

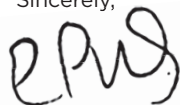
Stigma is devastating and we must take steps to protect our patients from it.

Illness is hard, but illness that leads to stigmatization is crushing. While the stigma associated with cancer is far less in the United States than was once the case, it is still rampant in many parts of the world. And stigma still exists in our own country, particularly when people have cancers that others may think they brought on themselves for one reason or another. Patients should receive our empathy, our humanity, and the best possible care, no matter how they find their way to our clinic.

When patients and their family members are fully involved in care decisions, the medical outcomes are better, readmission rates to the hospital decline, complications are less frequent, and patients are more satisfied with their experience. At Smilow, we are committed to providing the type of care and building the critical partnerships that lead to the best outcomes for our patients.

Thank you for your continued interest and support of Yale Cancer Center and Smilow as we continue to pursue our goals to be a world leader in cancer care, research, and education.

Sincerely,



Eric P. Winer, MD
Director, Yale Cancer Center
Physician-in-Chief, Smilow Cancer Network
Alfred Gilman Professor of Medicine and Pharmacology



SMILOW AT
DERBY

SMILOW AT
FAIRFIELD

SMILOW AT
GLASTONBURY

SMILOW AT
GREENWICH

SMILOW AT
GUILFORD

SMILOW AT
HAMDEN

SMILOW AT
HARTFORD

SMILOW AT
NEW HAVEN

SMILOW CANCER HOSPITAL, CARING FOR OVER 48,000 PATIENTS WITH CANCER EACH YEAR.

Delivering Cancer Care in our Communities

Improved patient access, focused clinician expertise, and parity of care form the cornerstone of a new vision and strategy for growth created by the partnership of Yale Cancer Center and Smilow Cancer Hospital.

The plan is the culmination of self-evaluation and planning among the entities, each guided by the same goal: to provide the best care for every patient with cancer across all 16 Smilow locations in the region.

Essential to access is a revised scheduling template designed to ensure that newly diagnosed patients with cancer are seen within three days of their referral.

“Patient access is really key,” said Eric Winer, MD, Director of Yale Cancer Center and Physician-in-Chief of the Smilow Cancer Network. “When a patient

has a new diagnosis of cancer—and this is by far the majority of patients coming to us—getting in to see a specialist quickly is really important and is hugely reassuring.”

Lori Pickens, MHA, Senior Vice President of the Cancer Service Line and Executive Director of Smilow Cancer Hospital, noted that Smilow, Yale Medicine, and the Yale New Haven Health System all are intent on improving access. “Our work is aligning beautifully with what the entire health system is seeking to achieve.”

At Smilow, the effort to improve access has been led by Sarah Schellhorn, MD, Associate Professor of Medicine (Medical Oncology), and Lisa Shomsky, MBA, BSN, CNML, regional director for Smilow Cancer Hospital. They have spent time holding focus groups with multiple

stakeholders including physicians, RN coordinators, and intake staff. The team has also analyzed the challenges and best practices for scheduling appointments for new patients as efficiently as possible. Education and training has begun for staff who will use the new template, launching soon at all Smilow locations.

“Smilow is a special place,” said Elizabeth Herbert, Vice President for Network Services at Smilow Cancer Hospital. “We have a cancer hospital that delivers academic, best-in-class cancer care and access to clinical trials, but we also have a wide geographic reach, through sites across the state that provide close-to-home access to patients who otherwise may not have the resources to come to Smilow (in New Haven).”



SMILOW AT NORTH HAVEN

SMILOW AT ORANGE

SMILOW AT STAMFORD

SMILOW AT TORRINGTON

SMILOW AT TRUMBULL

SMILOW AT WATERBURY

SMILOW AT WATERFORD

SMILOW AT WESTERLY, RI

Smilow is a special place...

“We have a cancer hospital that delivers academic, best-in-class cancer care and access to clinical trials, but we also have a wide geographic reach.”

- Elizabeth Herbert

The goal of Smilow’s initiatives to provide cancer specialization and regionalization of care, Ms. Herbert added, is to eliminate any distinction between the care offered at the main hospital and in the other 15 locations. “We need to provide access to subspecialty care in all sites so that patients do not have to travel or wait for appointments.”

The demand for more subspecialty care is being driven by rapid developments in cancer research that are expanding our understanding of each cancer’s complexity. This has led to new specialized technologies and treatments.

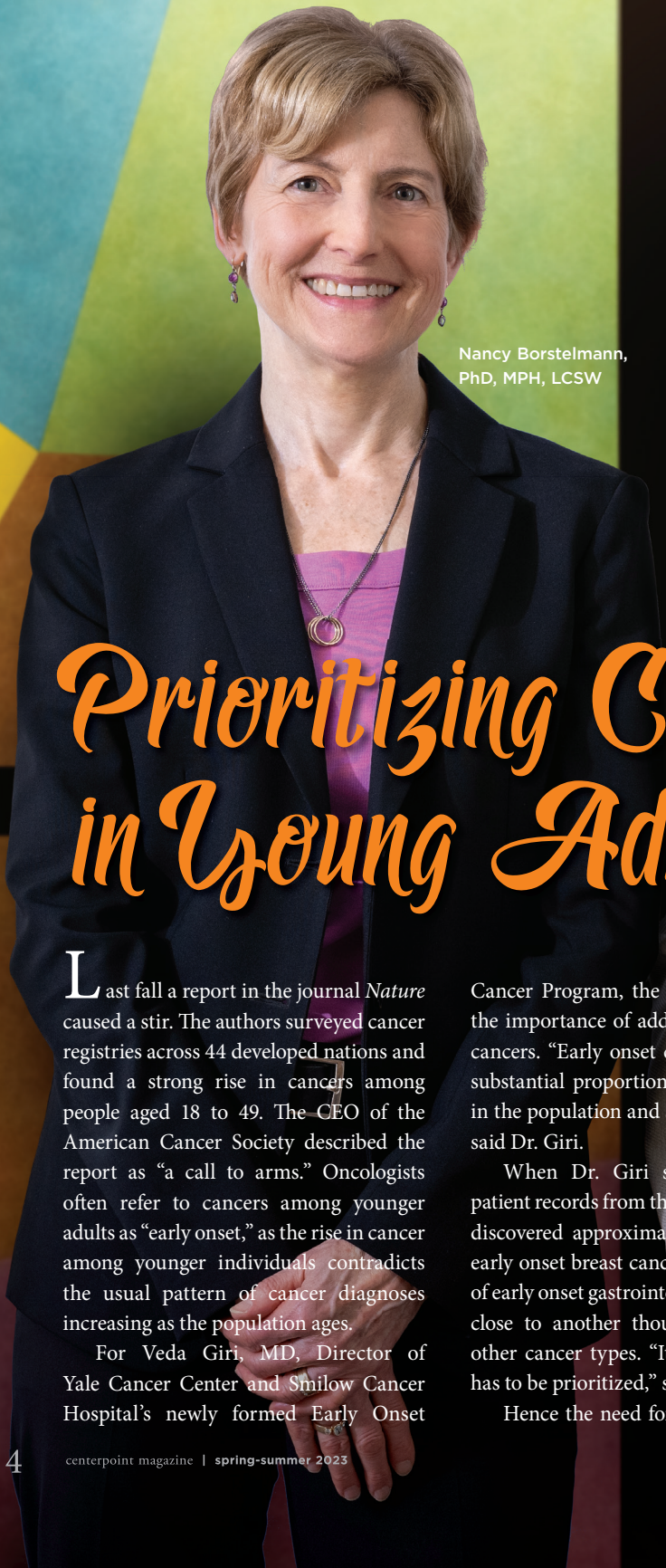
“It has become increasingly difficult for one person to be an expert across all disease subtypes,” said Dr. Winer. “We need to move toward a subspecialized care model, with GI cancer doctors taking care

of patients with GI cancers, breast cancer doctors taking care of patients with breast cancer, and so on.”

These transformative shifts require new models of care, said Jeremy Kortmansky, MD, Associate Professor of Clinical Medicine (Medical Oncology) and Chief Network Officer for the Smilow Cancer Hospital Network. “Patients and families want to get research-driven, multidisciplinary care from providers who are experts in their field, but they also want it to be close to home and convenient.”

Smilow physicians will begin to progress toward subspecialty expertise. To ensure that this access happens in a timely way, some specialists will practice at multiple locations. Patients will also continue to have access to clinical trials at all Smilow locations.

“The mission,” said Dr. Winer, “is to provide outstanding multidisciplinary care with the availability of cutting-edge research to patients with cancer throughout the region. We want every patient at every Smilow site to receive the very best care available today, and by embracing clinical trials, we will drive improvements for future generations of people with cancer. In many ways we’re really close. We have total support in this mission from both the CEO of the Yale Health System and the Dean of the Yale School of Medicine. We have big plans for the future.”

A woman with short, light brown hair, wearing a dark blazer over a purple top, smiling.

Nancy Borstelmann,
PhD, MPH, LCSW

A woman with long, dark hair, wearing a light-colored blazer over a patterned top, smiling.

Veda Giri, MD

Prioritizing Cancers in Young Adults

Last fall a report in the journal *Nature* caused a stir. The authors surveyed cancer registries across 44 developed nations and found a strong rise in cancers among people aged 18 to 49. The CEO of the American Cancer Society described the report as “a call to arms.” Oncologists often refer to cancers among younger adults as “early onset,” as the rise in cancer among younger individuals contradicts the usual pattern of cancer diagnoses increasing as the population ages.

For Veda Giri, MD, Director of Yale Cancer Center and Smilow Cancer Hospital’s newly formed Early Onset

Cancer Program, the report emphasized the importance of addressing early onset cancers. “Early onset cancers represent a substantial proportion of overall cancers in the population and span cancer types,” said Dr. Giri.

When Dr. Giri surveyed Smilow’s patient records from the last two years, she discovered approximately 1,300 cases of early onset breast cancer, about 600 cases of early onset gastrointestinal cancers, and close to another thousand cases across other cancer types. “It’s a real issue that has to be prioritized,” she said.

Hence the need for the new program

at Yale Cancer Center and Smilow Cancer Hospital. The Early Onset Cancer Program will focus on patients with cancer diagnosed between 18-49 years and has far-reaching goals to address their psychosocial needs, develop novel clinical care models, enhance clinical trials, expand research, and raise community awareness about early onset cancers. Prior to coming to Yale, Cancer Center Director, Eric Winer, MD, envisioned this need and described a comprehensive program for younger individuals with cancer in his vision statement. Initially, the program will focus on patients with

early onset breast and gastrointestinal cancers, the two most common among this age group. However, Dr. Giri plans to move quickly to include the entire spectrum of early onset cancers.

Patients with early onset cancers face unique challenges. Their cancers tend to be more aggressive and may be less responsive to treatment. They must manage a shocking diagnosis and intensive treatment, while at the same time, may have the demands of parenthood and a career; many are also caregivers to aging parents and struggle with finances. The combination can strain mental health. “This population deserves dedicated efforts from multiple perspectives,” Dr. Giri added, “including clinical research, psychosocial services, and the best possible oncology care.”

Nancy Borstelmann, PhD, MPH, LCSW, the new program’s Co-Director, notes that younger adults diagnosed with cancer have distinct age-related stresses—for instance, worries about how chemotherapy might affect their fertility, or how a long treatment regimen might interfere with their ability to work or care for their children. Women with certain cancers may need extensive surgery impacting their reproductive organs. Following a diagnosis of prostate cancer, men may be worried about how treatment will affect their fertility or bladder function. Body image, sexual health, and other quality-of-life concerns must be addressed.

“Patients would have received a devastating diagnosis,” said Dr. Borstelmann, “and as they listen to the medical team talk about the trade-offs of different approaches, it is a lot for the patient and their family to work through. An important part of our program development will be to help patients navigate this complex path.”

Drs. Giri and Borstelmann emphasize that the program will be especially attentive to the issues of disparities and health equity. “Any challenges that

patients face about their diagnosis, treatment, and psychosocial needs are exacerbated among individuals with limited resources or from underserved communities. These challenges must be addressed to ensure equitable cancer care,” said Dr. Giri.

A key component of the new program will be a dedicated patient navigator, now being recruited. This navigator will be the point-person for all patients with early onset cancer, starting immediately upon their referral and as needed through their clinical care and into survivorship. The navigator will work together with the program’s transdisciplinary team to make sure that patients with early onset cancer get the support they need, from help scheduling appointments to finding transportation, childcare, or counseling.

There are several initiatives already underway in this newly developed program. A team that includes social workers, psychologists, physicians, nurse coordinators, community health workers, supportive care services, integrative medicine, psycho-oncology, and administrators is developing plans to address the psychosocial needs of younger patients. Drs. Giri and Borstelmann have found strong interest among Smilow’s specialists to participate in the program. Dr. Giri underscores that, “The program is very translational and transdisciplinary. We plan to implement innovative oncology care and research for patients with early onset cancers across the Yale New Haven Health System Network.”

It will take a comprehensive team to address the unanswered questions regarding the rising numbers of early onset cancers. “A big facet of our program,” said Dr. Giri, “is to develop a research arm to push forward our understanding of what initiates these cancers and drives them, and to identify better treatments.” She and Dr. Borstelmann intend to recruit patients with early onset cancer, prioritizing medically

underserved patients, into clinical trials and population studies to derive answers that are meaningful across populations. Furthermore, Dr. Giri also expects to enroll many patients in genetic testing studies to uncover potential hereditary genetic drivers. Population science research is critically needed to expand awareness of early onset cancers, cancer screening, and factors impacting cancer screening strategies, such as family cancer history and genetic testing.

Early onset cancers might be harder to treat partly because they are discovered at an advanced stage when treatments may be more challenging. Education about cancer risk and tailoring age to begin cancer screening could make an impact on improved outcomes. For example, family history of cancers can inform younger ages to begin screening for multiple cancers, such as breast cancer, colon cancer, and prostate cancer.

“We are planning initiatives to educate the community to understand their family history, and to know the factors that raise the risk of cancer at a young age,” said Dr. Giri. “We also need to educate physicians to take thorough family histories from their patients and to make appropriate referrals for screening and genetic testing.”

Drs. Giri and Borstelmann are confident that now is the time, and Yale Cancer Center and Smilow Cancer Hospital are the place to establish a cutting-edge Early Onset Cancer Program that will become a national model for managing these challenging cancers among younger individuals and supporting the patients with expert psychosocial care and superior outcomes. 🔄



Thriving Against the Odds

When Martha Atwood went to her primary care doctor complaining of headaches, fatigue, and night sweats, she had no way of knowing what lay ahead. Her bloodwork came back with unusually high white blood cell counts and her daughter Luci, who had driven her to the appointment, was instructed to bring her mother straight to the local Emergency Department where she was told that she had leukemia. Martha was admitted to the hospital and due to COVID restrictions, Luci was not able to see her mother in person again for several weeks.

After several days, upon recommendation from family member Dr. Daniel Hicks, a therapeutic radiologist at Yale, Martha was transferred to Smilow Cancer Hospital on a snowy day in February, 2021. On her first day at Smilow, she met with the Hematology team and further testing was scheduled. The testing revealed that in fact Martha did not have leukemia, but rather a rare blood cancer known as Burkitt lymphoma, a type of non-Hodgkin B-cell lymphoma. She would later learn that this is a highly aggressive, fast-moving disease, which she and her family had witnessed firsthand; she was celebrating Christmas in December, and by the end of January she could not get out of bed. Her family learned all of this over the phone since COVID restrictions prevented visitors, and suddenly Martha found herself facing a rare cancer diagnosis during an unusual time to be a patient, healthcare worker, or caregiver. Luckily her care team was in place and a treatment plan was quickly developed.

“Each morning my family connected with me through FaceTime to discuss my condition and treatment plan. This morning ritual informed my family of this rare cancer and

we are all thankful for the time the doctors gave us to answer questions. We were all able to stay in touch over our cell phones through this unknown time and the fabulous nurses kept me alive with their smiles, care, and happy souls,” said Martha. “They anticipated my needs physically and emotionally and went above and beyond when I could not be with my family. My family was shocked, concerned, and scared for me and not being able to be there to hold my hand through it was hard on everyone. We relied so much on that connection provided via technology that they gave us.”

Scott Huntington, MD, MPH, MSc, Associate Professor of Medicine (Hematology) and Medical Director of the Hematology Outpatient Program, led the charge and started Martha on an intensive combination chemotherapy regimen known as EPOCH. A Hickman port was placed so that blood could easily be drawn, and medication could be administered as needed. At this point, after several weeks in the hospital, Martha moved to The Suites at Yale New Haven to be nearby for her many appointments and was finally able to reunite with her daughter.

Martha completed five weekly hospital stays to receive six rounds of chemotherapy continuously. With breaks to recover between each session, her treatment spanned over seven months. Martha remarked that between the back and forth for all the appointments they covered over 5,000 miles. With the help of her team at Smilow, she was even able to visit her newborn granddaughter in California during her treatments by taking several precautions.

“Burkitt lymphoma is a rare disease, with approximately 1,200 individuals diagnosed in the US each year. This



Each morning, my family connected with me through FaceTime to discuss my condition and treatment plan. This morning ritual informed my family of this rare cancer and we are all thankful for the time the doctors gave us to answer questions.”

aggressive lymphoma typically presents with rapidly progressive symptoms and advanced stage (III/IV). Martha had stage IV disease and there was evidence of cancer cells in her cerebral spinal fluid,” said Dr. Huntington.

As part of the treatment plan, lumbar punctures to Martha’s spine were needed to directly administer chemotherapy into the spinal fluid to eradicate tumor cells. “Physician Assistant Ethan Kohn was amazing and together we set a hospital record for number of lumbar punctures performed with a total of 20,” said Martha. “The procedure took about 20 minutes and Ethan provided comforting bedside care each time. In order to remain still, I would mentally play five holes of golf on my local course. I could not have gotten through this without Ethan’s kind and expert care.”

After six rounds of EPOCH, a PET scan showed that Martha’s cancer was in remission. “These results came as a huge relief to me and my entire family, as there was no plan B at that time. It was all very intense in the moment and I am just now processing all that I went through. This treatment regimen saved my life, but it was by no means easy,” commented Martha. “It is difficult to get back to normal life and my immune system is still recovering. Physically, I am back to doing what I love such as caring for my many acres of wooded property, riding my tractor, golfing, gardening, and managing my gift shop, but mentally I am still dealing with the after-effects. Surviving cancer changes you, and I am still adjusting to that part.”

Martha commented that staying connected with her family was crucial to her recovery, as well as being able to stay connected to her care team while she was not at the hospital. “You don’t feel lost when you leave, they made a point to stay connected with us, which was crucial in our eyes,” said Martha. “I cannot say enough about the care that I received. I was diagnosed with a rare cancer, and they were able to cure me, all while providing compassionate, thoughtful care. The experience was traumatic, but I survived. I am here. I can hug my family now. I thank the team at Smilow Cancer Hospital every bit for that.” ☺



Laura Morrison, MD

Jennifer Kapo, MD

Treating The Person, Not Just the Cancer

Palliative care is often misunderstood, at least at first.

“I’ve had the experience of walking into a patient’s room and saying, ‘I’m from palliative care’ and a patient just bursts

into tears,” said Andrew Putnam, MD, who was among Yale’s first palliative care attendings when he arrived in 2012.

Such reactions are less common than they were a decade ago, but it’s still a

chilling term to some. That is why members of the Palliative Care Program at Smilow Cancer Hospital can find themselves describing who they aren’t even before clarifying what they do. “We



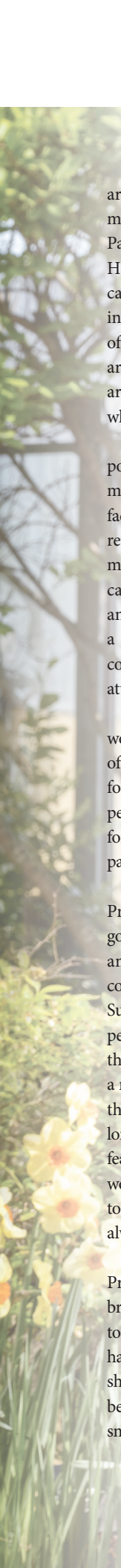
Dmitry Kozhevnikov, DO

Christina Holt, APRN (BC)

Elizabeth Prsic, MD

“It’s patient-focused care to the most seriously ill people in the hospital and what that means for each patient is as different as every patient.”

- Elizabeth Prsic, MD



are not the grim reapers of hospitals. We're more like the Power Rangers or PAW Patrol of medicine," explained Yale New Haven Hospital's outpatient palliative care Chaplain Jane Jeuland, MDiv in introducing her new podcast 'In The Midst of It All.' "We are not just for people who are dying, we are a group of people who are committed to alleviating suffering in whatever way we can."

Alleviating suffering is a broad portfolio that can range from symptom management to pain control or from facilitating a bedside wedding ceremony to reuniting patients with estranged family members. Not surprisingly, the palliative care team is strongly interdisciplinary and includes social workers, a pharmacist, a psychologist, nurses, bereavement counselors, advanced practice providers, attendings, and fellows.

"I think there is a lot of joy in our work," said Elizabeth Prsic, MD, Director of Inpatient Palliative Care. "It's patient-focused care to the most seriously ill people in the hospital and what that means for each patient is as different as every patient."

In her years with the program, Dr. Prsic said supporting the critically ill goes well beyond balancing medications and treatment, beyond negotiating the complexities of insurance and finances. Support can mean bringing a patient peace, fulfilling a wish, or even delighting them. Dr. Prsic recalled the team securing a marriage certificate from city officials so that a critically ill man could marry his longtime love, or arranging to allay the fears of another patient who was deeply worried that his wife wouldn't know how to use the snowblower because that had always been his responsibility.

One of the more memorable joys, Dr. Prsic said, was the time that the hospital brought in volunteer ballroom dancers to twirl and spin their way down the hallway outside a patient's room so that she could once again enjoy what had been a lifelong passion. "The patient was smiling and clapping, it brought her so

much happiness, there were lots of happy tears," she said.

Exponential Growth

The Palliative Care Program began with three people—one physician and two nurse practitioners—in 2008, the year it was recognized nationally as a medical subspecialty. "They were really pioneers. They worked hard to establish the value of [palliative care]," said Jennifer Kapo, MD, who is Chief of Palliative Care.

Recruited in 2012 from the University of Pennsylvania, Dr. Kapo has grown the now nationally-recognized program to include 35 members who form the interdisciplinary team. Team member Christina Holt, MSN, APRN (BC), ACHPN, OCN, was recently recognized nationally by The Cunniff-Dixon Foundation with a nursing award for outstanding end-of-life care. About 70 percent of the patients under palliative care have cancer diagnoses and the other 30 percent are patients often with multiple illnesses.

"Administratively we are under Yale Cancer Center, but we serve the whole hospital," Dr. Kapo said. "We are that extra layer of support over your medical specialists [here to] address any needs that you have."

Expanding training opportunities in palliative care has also elevated Yale's leadership in palliative care. "We're focused on growing the number of well-trained palliative care clinicians to better meet the needs of our patients," Laura J. Morrison, MD, Director of Hospice and Palliative Medicine Education and Fellowship, said.

In addition to training two fellows a year up until last year when the cohort grew to three, Dr. Morrison coordinates a series of two-week rotations for medical students, residents, and fellows from other specialties, and specialized curricula to meet department requests for training. Increasing the diversity of representation within the field of palliative care nationally is a priority, and in July, the team welcomed the first class of four fellows, two of whom

are from underrepresented in medicine minority groups.

Growing To Meet Goals

Outpatient palliative medicine in the 16 Smilow locations is where Dr. Kapo sees "real value, longitudinally" in helping patients achieve their goals of care, which often include less time in hospital settings in favor of more time at home.

Decreasing the length of stays and patient mortality in the hospital will take the focus of all teams, including palliative care, Dr. Kapo said. Support systems to facilitate treatment and care at home, skilled nursing facilities, or hospice can be complex and require frequent coordination with clinical teams in concert with caregivers.

Dmitry Kozhevnikov, DO, Director of Ambulatory Palliative Care, said relationships are the not-so-secret ingredient to success and that they take time as there is "confusion about the role of palliative care in patient's lives." And that confusion can be on the part of the patients, caregivers, and even members of the care team, he said.

"You have to give people time and space to think about what they are hoping for in the future (and then to) align what they're hoping for with their treatment," Dr. Kozhevnikov said. "It's not just medical issues, there are human, life issues."

The thorny life issues—those comprise most of what palliative care teams manage. Dr. Putnam said he often explains that about 20 percent of his time is spent on palliative-related matters, while 80 percent is devoted to caring for and talking through issues with patients and their caregivers, being aware of the importance of candor as well as compassion.

There are so many questions to be answered and choices to be made, Dr. Putnam said, adding: "It's a privilege that people let me into their lives at one of the most difficult times. If we can make things easier for people, that's what gets us up in the morning." ☺



Unflagging Support of Yale Cancer Center

Jerry and Roz Meyer

Roslyn M. “Roz” Meyer, PhD, and her husband, Jerome H. “Jerry” Meyer, MD, will never forget the torment they felt when Roz was diagnosed with stage IV melanoma in 2005.

“The worst part was not knowing what to do or where to turn,” said Jerry. “It was anguish.”

But with the help of Yale Cancer Center and, specifically, Mario Sznol, MD, Professor of Medicine (Medical Oncology), Roz was able to join an experimental program at the National Institutes of Health (NIH) in Bethesda, MD, run by Steven A. Rosenberg, MD, PhD, who pioneered the development of effective immunotherapies and gene therapies for patients with advanced cancer. Eighteen years later, she remains healthy.

“It’s in the realm of the miraculous,” commented Jerry.

Roz and Jerry made the decision to apply for a clinical trial at the National Cancer Institute in Bethesda, Maryland, since the standard treatments at the time did not work. They were lucky that Roz met the eligibility requirements for the trial, and that her outcome was successful. But they always wished that patients could have access to those kinds of treatments close to home. Their original philanthropy to Yale Cancer Center was to create such a program at Yale, including a recent \$500,000 donation to the Meyer Fund for Melanoma Research, which was established through a foundational multi-million dollar gift.

“Jerry and I really believe in trying to make cancer treatment available to as many people as possible, as close to home as possible,” Roz said. “One of the things we love about Eric Winer (YCC Director) is that he’s focusing on making sure everyone has equal access to top-notch healthcare.”

When Roz was diagnosed, there were no effective treatments. “Surgery helped for a while but then it would pop back up, and vaccines in general did not work,” she said. But after they returned from the NIH and her health improved, the couple focused their generosity—a constant in their lives—on healthcare.

“We were painfully aware that people (here) couldn’t get the treatment that I was able to get in Bethesda,” Roz said. “We wanted that to change.”

In addition to creating and supporting the Meyer Fund for Melanoma Research, Roz is Co-Chair of the Yale Cancer Center Director’s Council, a group of volunteers who share a commitment to the Center with outside expertise and financial commitment.

“One of the things I learned early on about Yale’s program is that they have an amazing team of melanoma doctors, and they also have world class scientists, and that synergy is just phenomenal,” Roz said. “What’s so fantastic about Yale is the extraordinary people working here.”

The treatment Roz received motivated her to start a melanoma focused patient and family support group at Yale Cancer Center. “The support group provided hope for a lot of people,” she said. Now as a Co-Chair of the Director’s Council, she helps advise Dr. Winer and other Cancer Center leadership on strategic planning and fundraising initiatives, advocates for Yale Cancer Center and Smilow Cancer Hospital, and looks forward to helping bring more equity to cancer treatment.

Roz and Jerry Meyer are fixtures of the Yale and New Haven communities, having raised their three children here and run successful medical practices—she as a psychologist, he as a psychiatrist and psychoanalyst. They helped found Leadership, Education & Athletics in Partnership (LEAP), a non-profit that provides New Haven youth summer and after-school programs, and the International Festival of Arts and Ideas,

which highlights art and theater from across the globe.

Philanthropic giving and investing in their community are core beliefs for the Meyers, and they couldn’t imagine it any other way.

“We got it from our families, the understanding that much is expected from those who are given a lot, and that we need to make the world a better place,” Roz said. “Both of us feel that if we can help out in a situation, we will.”

Although they are retired from their practices and now proud grandparents, the Meyers keep busy with their work in the community and their art. Jerry’s art in several mediums has exhibited widely at galleries throughout the country, and Roz’s work in photography and most recently, mosaics, has had many showings in the region, including at Smilow Cancer Hospital.

The couple, who met in 1971 at the Cross Campus Library (now Bass Library) at Yale when he was a fourth-year medical student and she was beginning her doctorate in clinical psychology, could have lived anywhere, but chose the New Haven area.

“We met each other and fell in love here, which helped,” Jerry added. “We got married, opened our practices, and raised a family. All those things brought us close to Yale and the town. New Haven has all the ingredients to make wonderful things happen: bright people, enthusiasm and motivation, good modeling, and good colleagues. It’s still the place for us.”

“*Jerry and I really believe in trying to make cancer treatment available to as many people as possible, as close to home as possible.*”

—Roz Meyer



Building Strength Before Surgery

Prehabilitation or “prehab” helps a patient increase and optimize strength, function, and nutrition prior to surgery. Its benefits are clear; prehab can decrease the length of a hospital stay and shorten the recovery time for a patient. In recent years, there has been an explosion of research showing the benefits of prehab and exercise for patients with cancer. Widespread acceptance and implementation of prehab for the oncology population has been slow, but experts at Yale Cancer Center and Smilow Cancer Hospital are helping to change that.

“Prehab is a crucial part of a patient’s care and needs to be part of the cancer care continuum,” said Scott Capozza, MS, PT, Oncology Physical Therapist at Smilow Cancer Hospital. “From the moment of diagnosis prehab should begin for patients. It prevents

**Scott Capozza, MS, PT
and Brenda Leafe**

“Prehab empowers patients through movement and education, and immediately establishes lines of communication with the whole care team, and this equates to holistic, comprehensive care.”

—Scott Capozza

functional loss and supports physical and emotional needs at the most distressing point of their life.”

“Prehab empowers patients through movement and education, and immediately establishes lines of communication with doctors, nurses, dietitians, social workers—the whole care team—and this equates to holistic, comprehensive care. We know what’s in their future and what to get them ready for.”

Brenda Leafe can attest to the benefits of exercise prehab. An episode of atrial fibrillation brought her to the emergency room on the Saint Raphael Campus of Yale New Haven Hospital, where a scan led to the discovery of a tumor on her liver and another on her colon. In December 2022 at the age of 81, she began chemotherapy for metastatic colon cancer. Brenda’s medical oncologist, Jeremy Kortmansky, MD, along with Kevin Billingsley, MD, MBA, Professor of Surgery (Surgical Oncology) and Chief Medical Officer for Smilow Cancer Hospital, suggested she begin prehab with Scott Capozza to prepare for surgery and allow her to return to chemotherapy soon after surgery.

“Brenda was already undergoing chemotherapy and her liver resection was going to be a risky procedure,” explained Dr. Billingsley. “In older patients, prehab can make a substantial difference prepping the patient to get through surgery safely, especially when undergoing preoperative chemotherapy, and Brenda responded very well.”

For every new patient referred for prehab, a physical therapist provides

standardized testing to determine baseline function, measuring upper and lower body strength, gait speed, and balance. A discussion about the patient’s potential challenges at home is also included—if there are stairs, especially—and then a personalized plan is developed.

Likewise, if nutritional issues are identified such as malnutrition or diabetes, the patient is encouraged to also participate in nutrition prehab. Lora Silver, MS, RDN, CDN, Outpatient Oncology Clinical Dietitian for Smilow Cancer Hospital, explained that nutrition prehab is essential to combat risk factors for surgical complications. “Similar to exercise prehab, the dietitian starts with a baseline evaluation of the patient’s current diet, changes in weight and muscle mass, and barriers to eating well. Then we personalize our recommendations and collaborate with the patient to optimize their diet and reduce barriers.”

Poor diet quality has been shown to have negative implications for recovery from cancer. For example, prehab greatly benefits patients who are scheduled for hyperthermic intraperitoneal chemotherapy (HIPEC), a surgical technique which delivers heated chemotherapy directly into the abdominal cavity. Lora says studies show that prehab including nutrition reduces length of hospital stay and improves wound healing and time to recover. “Nutritional prehab also offers concrete steps and a proactive approach that our patients appreciate.”

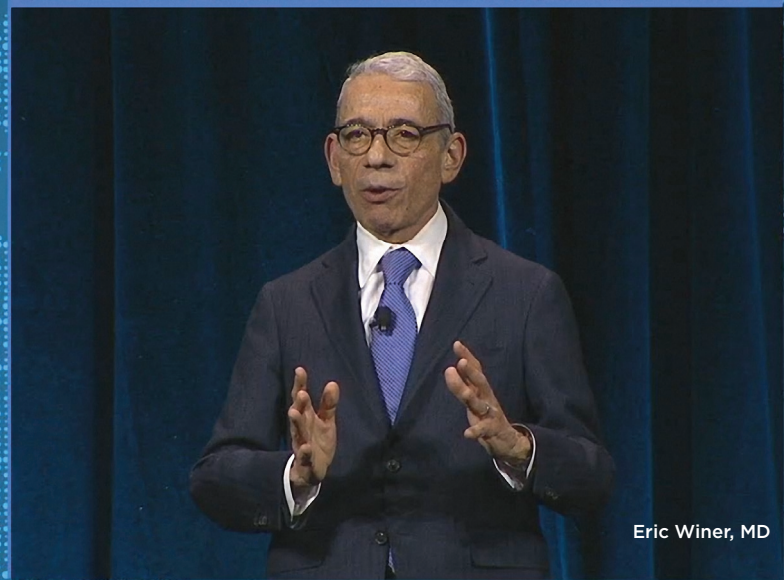
Whether referred for exercise or nutritional prehab, each patient’s plan has the same goal: to increase their

strength and function before surgery. Before Brenda’s diagnosis she walked everywhere with a cane, she had trouble navigating the stairs at home, and she wanted to improve her ability to care for her husband and carry his medical supplies.

At their first prehab appointment, Scott measured how far Brenda could walk within two minutes, which was 270 feet. Over the next six weeks leading up to her surgery, Scott and Brenda worked on several strengthening and balance exercises, and she was able to walk 310 feet—a gain of 40 feet. “I can see a big difference. My balance is better, I can go up and down stairs comfortably now, and I only use my cane outside,” Brenda said.

While Brenda had surgery to remove a portion of her liver as well as her gallbladder, she strongly believes the pre-surgery exercises helped with her recovery. “I was up and walking shortly after surgery and every day before my release from the hospital, but most importantly, it means everything to me to be strong enough to care for my sick husband. I can cook, I can take care of myself, and my strength is back. I feel better mentally and physically and can do things I didn’t think I could do.”

“Every patient benefits from prehab,” emphasized Scott. “Prehab sets the tone for the rest of their oncologic care and when a patient has the opportunity to take control—‘I can move’ or ‘I can fuel myself properly’—during the prehab phase, they are more likely to continue during active treatment and during survivorship. It sets the patient up for success.”



Eric Winer, MD

Yale at ASCO 2023

The interest in Yale science was exciting at the American Society of Clinical Oncology (ASCO) annual meeting in June. Yale Cancer Center and Smilow Cancer Hospital faculty noted impressive takeaways from the meeting, and important time spent with colleagues and friends.

Director of Yale Cancer Center and Physician-in-Chief of Smilow Cancer Hospital, Eric Winer, MD, served as the 2022-2023 ASCO President, and presented the opening address on his meeting theme, Partnering with Patients: The Cornerstone of Cancer Care. Dr. Winer shared his own personal story and urged clinicians to use their life experiences in their daily interactions with patients. “Our own narratives can help us form better partnerships, and patient partnerships are crucial. I actually think that patients get better care and are happier with their care if, in fact, they feel they’re part of their team.”

Dr. Winer left the audience with five key principles:

- Relationship with the healthcare team is paramount
- Science really matters
- We all face challenges
- Responses to illness vary across individuals
- Stigma can be crushing

During a plenary session, Roy S. Herbst, MD, PhD, Deputy Director of Yale Cancer Center and Assistant Dean for Translational Research at Yale School of Medicine, presented groundbreaking findings from the ADAURA trial, which showed improved survival and reduced risk of recurrence in patients with EGFR-mutant non-small cell lung cancer taking osimertinib following surgery. “In this trial, we took advantage of the efficacy of osimertinib, used it earlier, and it resulted in a really phenomenal impact on survival. That’s practice-changing, and it helps people live longer with lung cancer.”

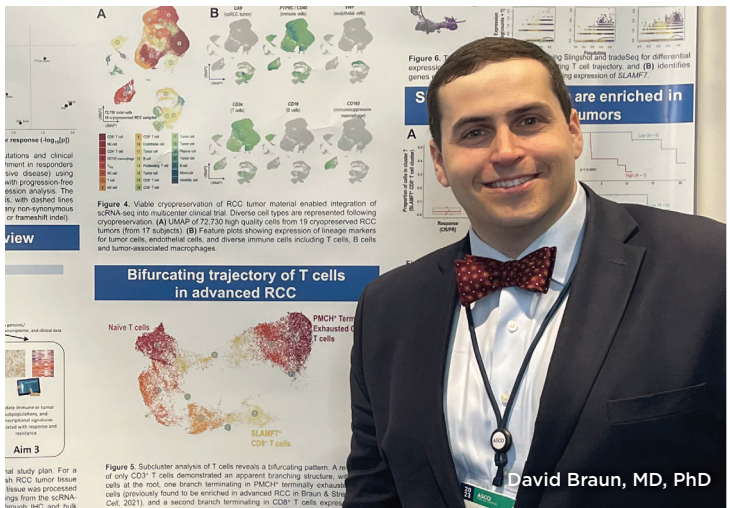
Oral and poster presentations highlighted advances from Yale laboratories and clinics throughout the meeting from faculty, trainees, and collaborators, showcasing one of Dr. Winer’s takeaways, ‘science really matters.’



Barbara Burtness, MD, and Sarah Goldberg, MD, MPH



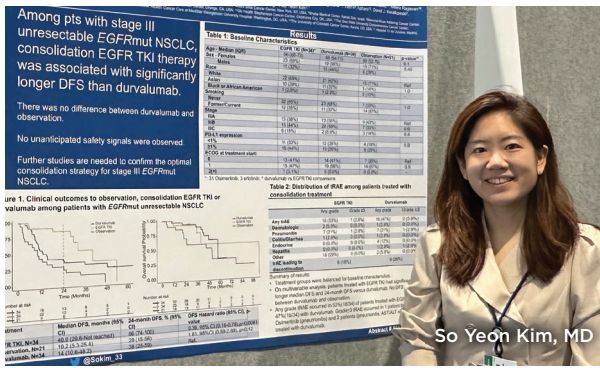
Kiran Turaga, MD, MPH



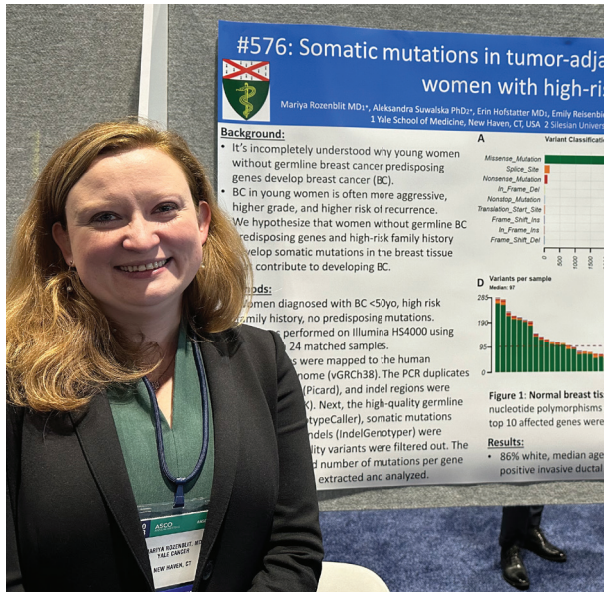
David Braun, MD, PhD



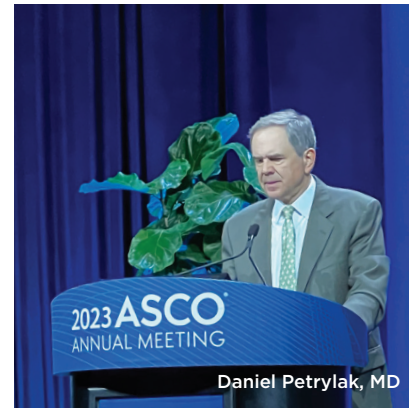
Roy S. Herbst, MD, PhD



So Yeon Kim, MD



Mariya Rozenblit, MD



Daniel Petrylak, MD

Figure 4. Viable cryopreservation of RCC tumor material enabled integration of scRNA-seq into multiplexed clinical trial. Diverse cell types are represented following cryopreservation. (A) UMAP of 72,730 high quality cells from 19 cryopreserved RCC tumors from 17 subjects. (B) Feature plots showing expression of lineage markers for tumor cells, endothelial cells, and diverse immune cells including T cells, B cells and tumor-associated macrophages.

Figure 5. Subcluster analysis of T cells reveals a bifurcating pattern. A meta-analysis of only CD3⁺ T cells demonstrated an apparent branching structure, with cells at the root, one branch terminating in PMCH⁺ terminally exhausted cells (previously found to be enriched in advanced RCC in Brisq & Sella, Clin. Cell, 2021), and a second branch terminating in CD8⁺ T cells, expected for response to immunotherapy.

Figure 6. T cell trajectory analysis reveals a bifurcating pattern. Single-cell RNA sequencing of T cell trajectory and (B) identifies differential expression of SLAMF7.

Figure 7. T cell trajectory analysis reveals a bifurcating pattern. Single-cell RNA sequencing of T cell trajectory and (B) identifies differential expression of SLAMF7.

Figure 8. Clinical outcomes to observation, consolidation EGFR TKI or durvalumab among patients with EGFRmt unresectable NSCLC.

Table 1. Baseline Characteristics

Characteristic	EGFRmt	EGFRwt	P-value
Age (years)	61.2 (10.1)	61.5 (10.2)	0.85
Sex			
Male	21 (25.2%)	20 (24.8%)	0.92
Female	61 (74.8%)	60 (75.2%)	
Race			
White	20 (25.2%)	19 (24.8%)	0.92
Black	60 (74.8%)	61 (75.2%)	
ECOG Performance			
0	11 (13.7%)	10 (12.7%)	0.85
1	61 (76.3%)	60 (77.3%)	
2	1 (1.3%)	1 (1.3%)	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
7	0	0	
8	0	0	
9	0	0	
10	0	0	
11	0	0	
12	0	0	
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94	0	0	
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98	0	0	
99	0	0	
100	0	0	

Table 2. Distribution of BRAF among patients treated with consolidation treatment.

Group	Age	Sex	Race	ECOG	EGFRmt	EGFRwt
EGFRmt	61.2	25.2%	74.8%	13.7%	76.3%	100%
EGFRwt	61.5	24.8%	75.2%	12.7%	77.3%	0%

Figure 1. Normal breast tissue vs peripheral blood, had a) missense mutations, b) single nucleotide polymorphisms c) primary C-T 3) mean number of variants per sample was 97 top 10 affected genes were f) zinc finger proteins

Conclusions: We describe novel somatic mutations in zinc finger proteins that may contain early onset breast cancer.

Read their stories:
<https://ym.care/survivorstories>

