meet the
physician

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You recently joined Yale Cancer Center and Smilow Cancer Hospital to lead our clinical research initiatives. What are your priorities for the coming year?

This is an exciting time for clinical cancer research at Yale. Yale-led trials have recently led to the FDA approval of multiple highly effective targeted therapies for patients with cancer. There are also many promising new therapies developed in Yale Cancer Center laboratories and elsewhere that are currently being evaluated in clinical trials here. However, like most cancer centers, our research staff are stretched thin and are working very hard to keep up with the volume of patients who wish to participate in studies. My priority is to grow our clinical trial infrastructure and staffing so that all patients have access to the innovative new cancer therapies being evaluated in our clinical trials. We also know that not all patients can come to New Haven for their care and thus we have developed research teams in all Smilow Cancer Network sites so that patients throughout the Connecticut and Southern New England area have access to the latest and most promising clinical trials.

How do you plan to incorporate patient perspectives in the overall planning for clinical research?

This is a very important question as our patients have a unique and vital perspective to offer not only on the types of therapies that will have the most impact on people with cancer, but also in the actual manner we conduct our clinical trials. To get this valuable input, we are fortunate to have many patient advocates, typically people who have been impacted by cancer themselves, working directly with our cancer researchers. These advocates are intimately involved in the initial development and ongoing management of virtually all the clinical trials developed here at Yale Cancer Center.

Many of our clinical trials also collect information on symptoms and quality of life directly from our patients on clinical trials rather than just from their physicians. We have found that this type of data, called Patient-Reported Outcomes, most accurately reflects the experience of patients on trials, both good and bad. We can then use this feedback to develop the therapies that optimally benefits patients.

Clinical trials have changed the landscape of treatment for women with breast cancer. How do you discuss options for clinical trials with your patients?

It is certainly no exaggeration to say that treatments for patients with breast cancer have improved dramatically in the past few decades and these improvements were possible because patients volunteered to participate in the clinical trials of these new therapies.

When discussing clinical trials with patients, I explain that the technologies used in developing new therapies for cancer have become substantially more sophisticated and our understanding of breast cancer is now much more detailed than it used to be. Because of these advances, the new drugs in our trials are typically targeted to specific vulnerabilities of a patient's cancer and thus have a much higher chance of being beneficial than clinical trials in the past. However, no trial is right for everyone, and it is important that we explain to a potential participant the possible risks and benefits of the trial, as well as the standard therapies available to the patient. In this way, patients can make an informed decision whether the trial is right for them at that particular point in their cancer journey.