Introduction to Clinical Research (at MSK)

(*NIH Definition: “Patient Oriented Research” involving human participants requiring direct interaction)

Paul Sabbatini, MD

Sep 21, 2026



Memorial Sloan Kettering
Cancer Center

Objectives

- Brief history of clinical research
- Challenges and opportunities in clinical trials
- MSK clinical research program
- The Principal Investigator and oversight

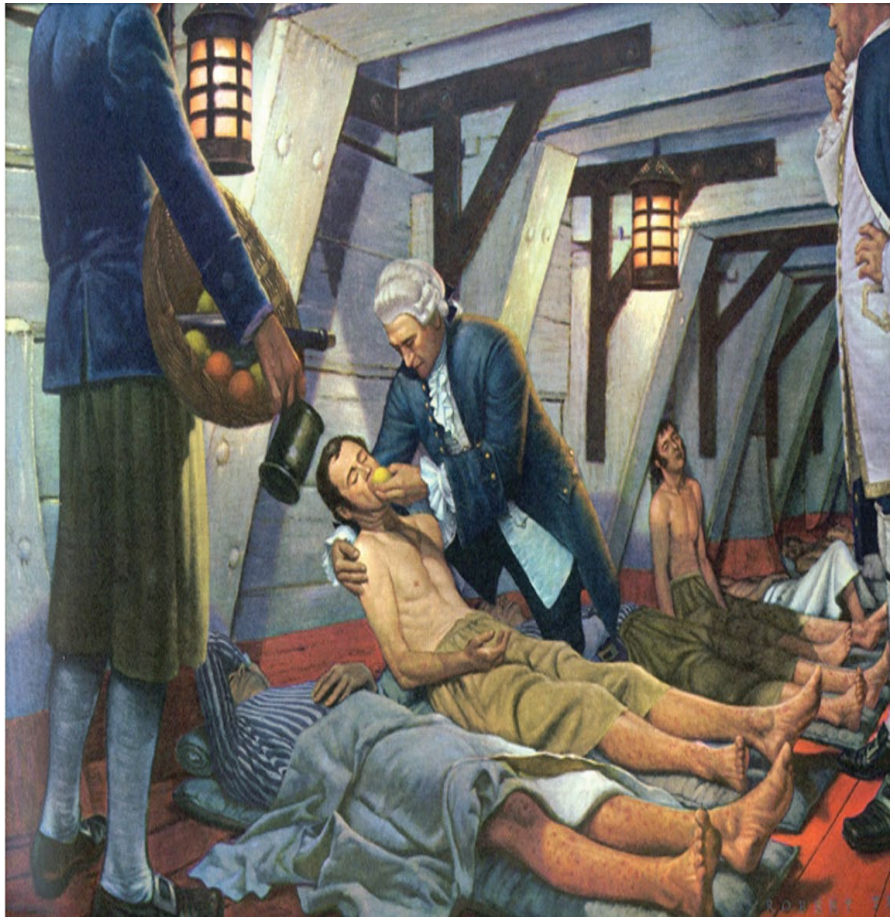
Canon of Medicine: 980 AD

- Seven Principles of Evidence Based Medicine
  - Drug must be prepared and stored consistently; “pure”
  - Experiment on a “single” not “composite” malady
  - Test on at least 2 contrary conditions
  - Potency sufficient for the disease “minimum effective dose”
  - Timing of observation should rule out “natural healing”
  - Results should be reproducible
  - Animal testing is important, but human testing is required.



Adapted, Ulster Medical Journal 1991; Avicenna J Med Biotech: 2014

“Father of Clinical Trials”: James Lind



Treatise on Scurvy 1753

“They all in general had putrid gums, lassitude and weakness of the knees”

- Isolation
- Groups of 2
- 6 therapeutic interventions
- documentation

Cooperative Groups and Clinical Trials

1950's 2010 +*

Figure 1-1. U.S.-Based Clinical Trials Cooperative Group Program Members

Original Participants	Consolidated Groups
American College of Radiology Imaging Network (ACRIN)	COG
American College of Surgeons Oncology Group (ACOSOG)	ECOG-ACRIN
Cancer and Leukemia Group B (CALGB)	NRG Oncology • NSABP • RTOG • GOG
Children's Oncology Group (COG)	SWOG
Eastern Cooperative Oncology Group (ECOG)	The Alliance • ACOSOG • CALGB • NCCTG
Gynecologic Oncology Group (GOG)	
International Rhabdomyosarcoma Study Group (IRSG)	
National Surgical Adjuvant Breast and Bowel Project (NSABP)	
National Wilms Tumor Study (NWTS)	
North Central Cancer Treatment Group (NCCTG)	
Pediatric Oncology Group (POG)	
Radiation Therapy Oncology Group (RTOG)	
Southwest Oncology Group (SWOG)	

Note. Based on information from Children's Oncology Group, n.d.; National Cancer Institute, n.d.

IOM Report: "A National Cancer Clinical Trials System for the 21st Century: Reinvigorating the NCI Cooperative Group Program", 2010.

Events in Human Subjects Protection

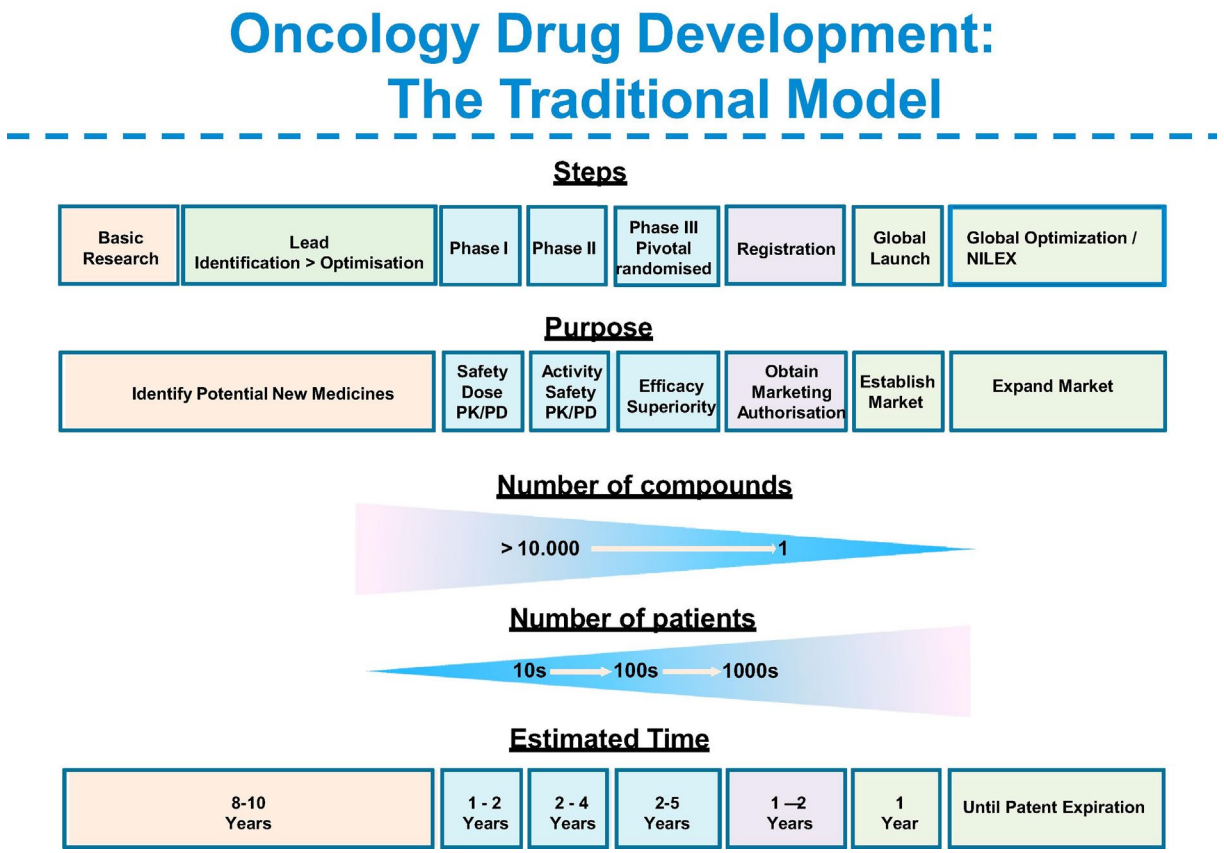
- Nuremberg Doctors Trial
  - Nuremberg Code (1947)
    - Voluntary consent essential
  - Declaration of Helsinki (1964)
    - Risks not exceed benefits
- Tuskegee Syphilis Study (1932-1974)
  - National Research Act 1974
  - Belmont Report (1979)
    - Respect for persons, justice, beneficence
- DHHS regulations
  - 45 CFR Part 46 – “the common rule” (1991)
  - Subparts for vulnerable populations
    - Pregnant women, prisoners, children
  - Single IRB for multi-center studies (2022)

Green JM et al. Implementation of single IRB review for multisite human subjects research J Clin Transl Sci. 2023 Apr 4;7(1)

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Historical Drug Development



Zhang JY et al. Synthesis and clinical application of new drugs approved by FDA in 2022. Mol Biomed. 2023 Sep 4;4(1):26.

Innovation in Clinical Research Needed

More Drugs

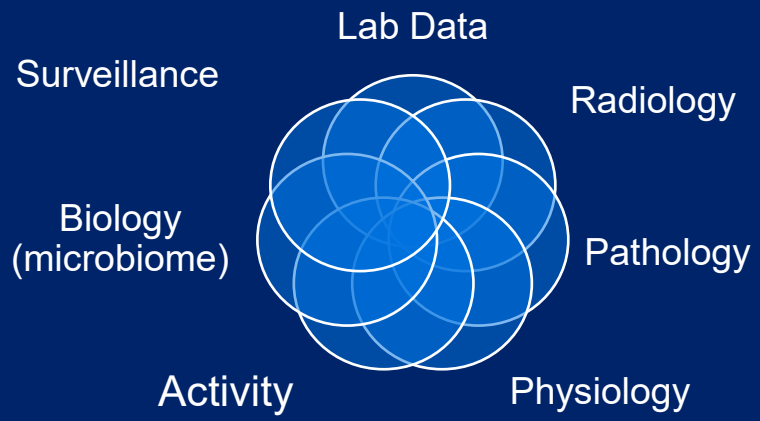
38%*

% of global R and D pipeline is cancer- related

Total: 22, 940 drugs

*Source: Clival Database 2026; www.clival.com

More Patient Cohorts



The “Digital” Patient

More Tumor Cohorts

Kravis Center Molecular Oncology /MSK IMPACT/OncoKB

100K+ patients, > 96K tumors, 30+ % clinically relevant alteration

Mutations differ in metastasis from same tumor

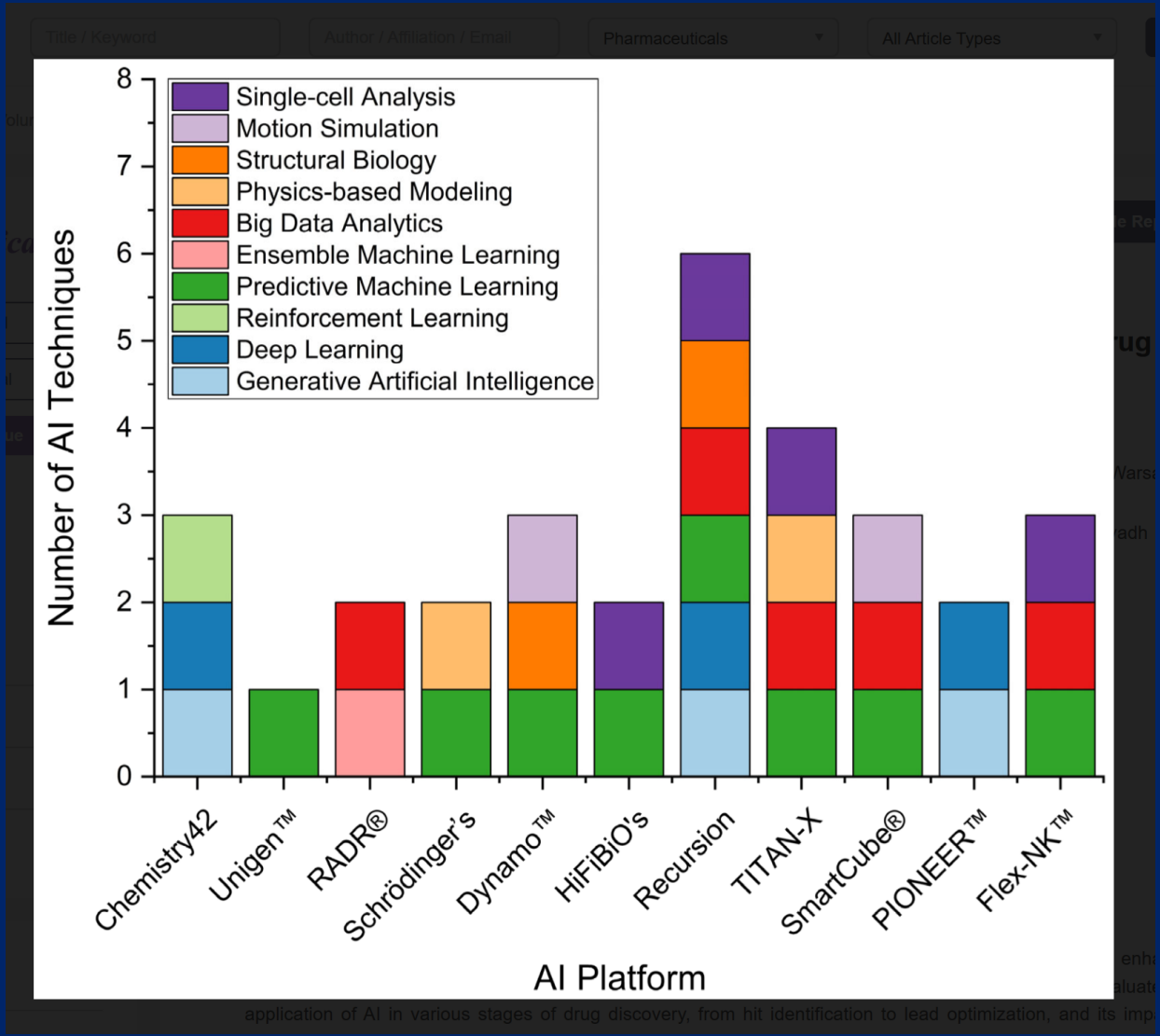
MSK ACCESS: 71% have somatic mutations, and 56% actionable

Nguyen et al. Cell 2022, Brannon et al. Nature 2022

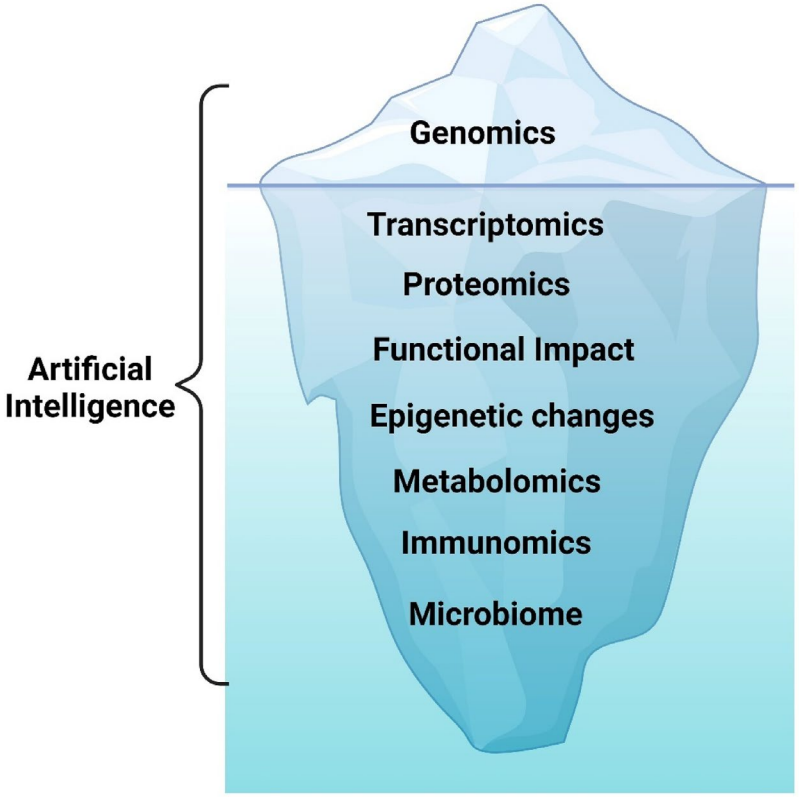
More Technology

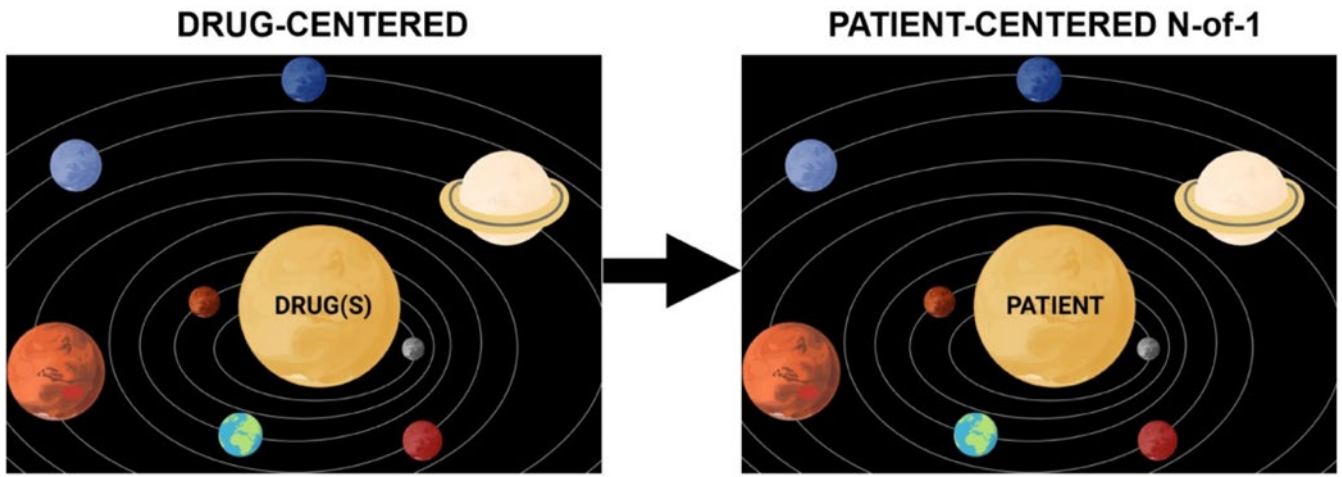
From Lab to Clinic: How AI is Reshaping Drug Discovery
Timelines and Industry Outcomes

Dermawan et al. Pharmaceuticals. 2025.



Multi-modal and Patient Centered Trials





CA A Cancer J Clinicians, Volume: 75, Issue: 3, Pages: 243-267, First published: 22 January 2025, DOI: (10.3322/caac.21880)

Challenges in Modern Trials: Standard of Care or Clinical Research?

> "……. something is either research or standard care; it cannot be both"
> (e.g., Miller and Rosenstein, NEJM 348: 2003)
>
> "Enrollment on an investigational study is state-of-the-art care for many patients in oncology today" 2026 (ASCO, NCCN, advocacy organizations, etc.)

Much of the treatment-related research we do here is performed in a care-delivery context with characteristics of both care and research.

From a legal, regulatory, and procedural point of view, it is all research.

Blurred Boundaries: Toward an Expanded Ethics of Research and Clinical Care: Am J Bioethics 23:2023

Challenges: Design versus Speed

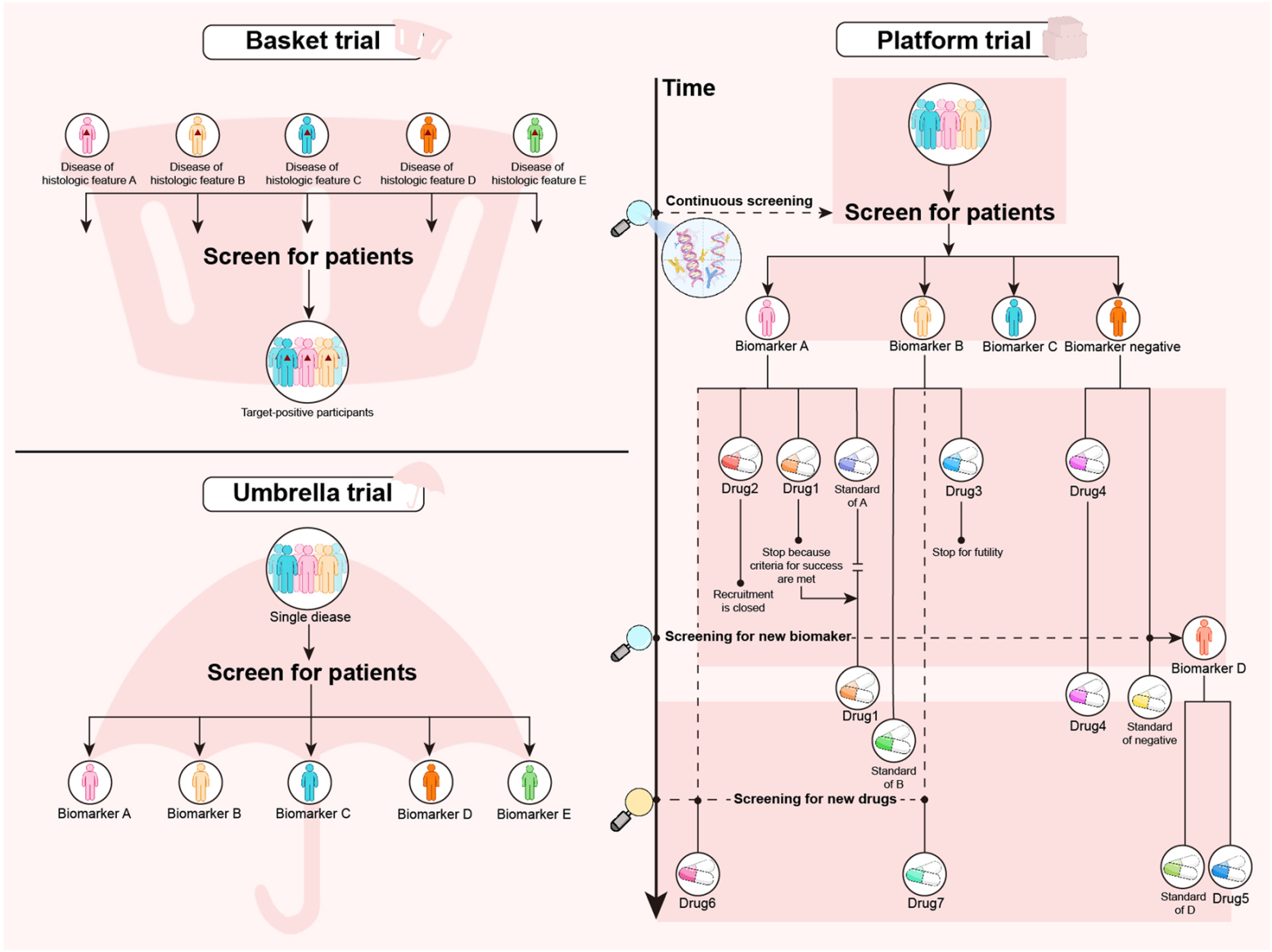
Traditional

- Phase I (3+3 design)
  - Dose
  - Safety
  - Pharmacokinetics
- Phase II (n = 35)
  - Single disease
  - Efficacy
- Phase III
  - Is it more effective than the standard?

Today

- Phase I (3 + 3, adaptive, other)
  - Dose
  - Safety
  - Pharmacokinetics
  - Expansion / efficacy
- Real World Evidence
- Pragmatic
- Umbrella
- Basket

Challenges: Design versus Speed



Duan et al. Nature: Sig Trans and Targeted Therapy 9:2024

Challenges: Regulations

Operation Trailblazer

🛠️ **The 4 Core Pillars**

•**Expedited IND Pilot:** Voluntary program using third-party "Qualified Research Institutions" for rolling protocol reviews to prevent clinical holds.

•**Phase 1 CMC Flexibilities:** Scaled-back initial Chemistry, Manufacturing, and Controls requirements tailored specifically for first-in-human trials.

•**Streamlined Late-Stage Evidence:** Acceptance of **one high-quality pivotal trial** combined with strong confirmatory evidence for approval where appropriate.

•**Phase 1 Contact Center:** Dedicated helpline providing sponsors with real-time, direct access to regulatory experts.

Major HHS initiative, June 2026: Joint NIH, FDA, ARPA-H

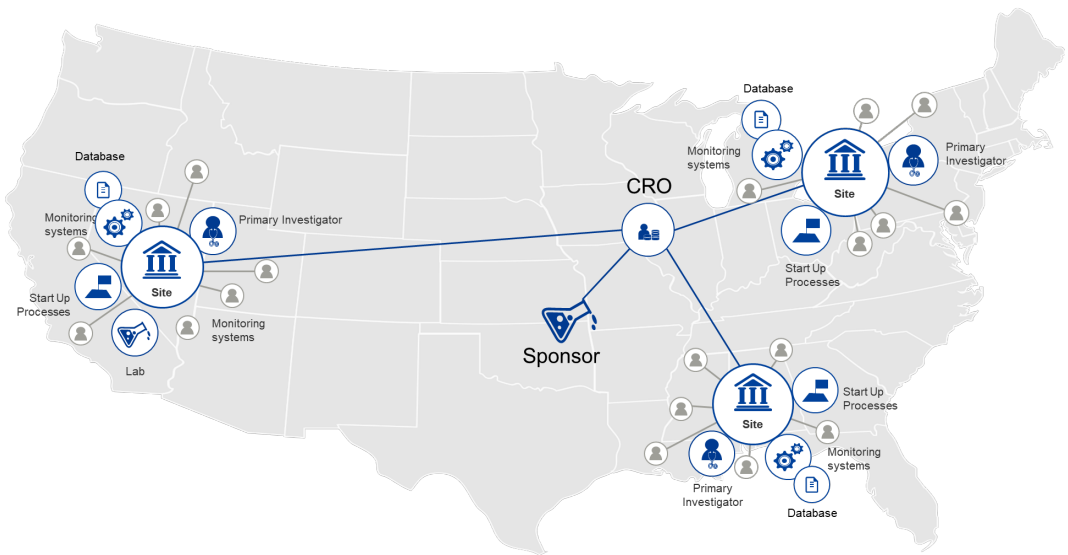
Innovation Requires Distributed Access

Decentralized Clinical Trials

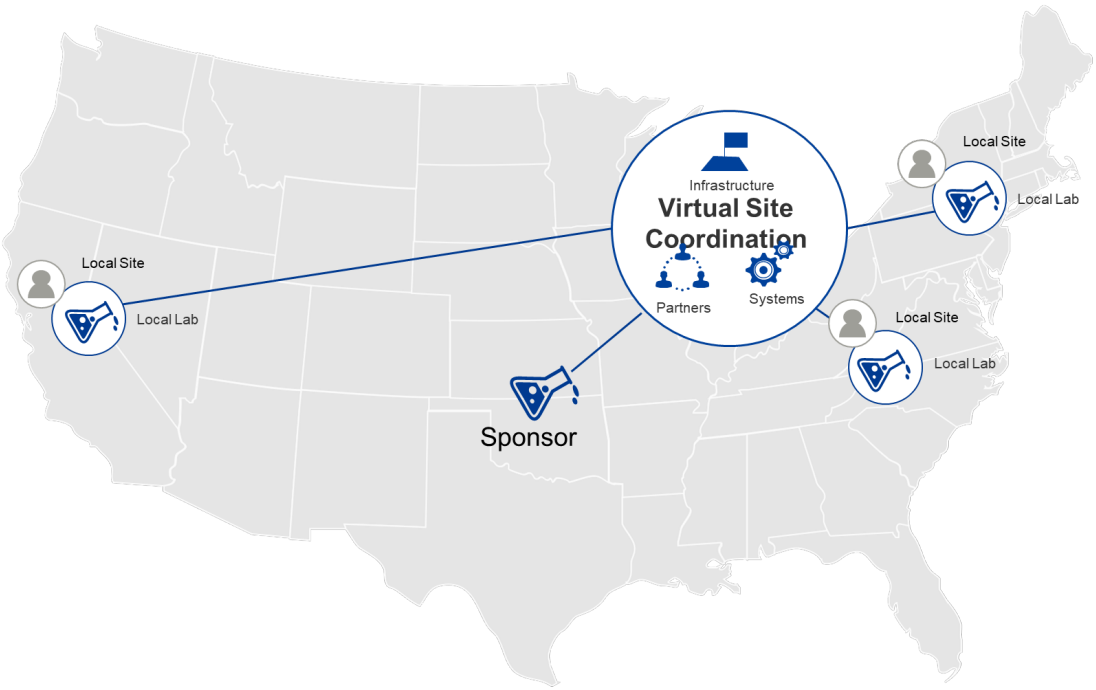


Innovation Requires Distributed Access

Traditional Model



Decentralized Model



Decentralized & Hybrid Trials (DCTs)

Shifting from traditional centers to a patient-centric workflow

1. Remote Patient

Telehealth onboarding and virtual screening at home.

2. Continuous Tech

Wearables and mobile diagnostics track real-time health data.

3. Local Care Hubs

Community clinics manage periodic localized procedures.

Integrating Stakeholders

Tools and Processes



PATIENTS

Trial availability and access

PHARMA

Scalable approach that shortens development time

CLINICAL PROVIDERS

Integrated workflows and clinical decision support

REGULATORS

Partners with experience to streamline

PAYORS

Cost versus benefit

SITES

Decreased overhead costs, less operational burden, more throughput

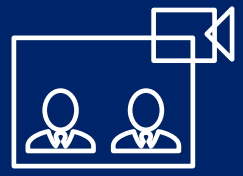
Optimization for Decentralized Trials

Tools and Processes





COVID (80%)



TELEHEALTH and mHealth applications (eConsent)



WEARABLES for continuous data collection



APPLICATIONS for monitoring adherence



ELECTRONIC patient reported outcomes

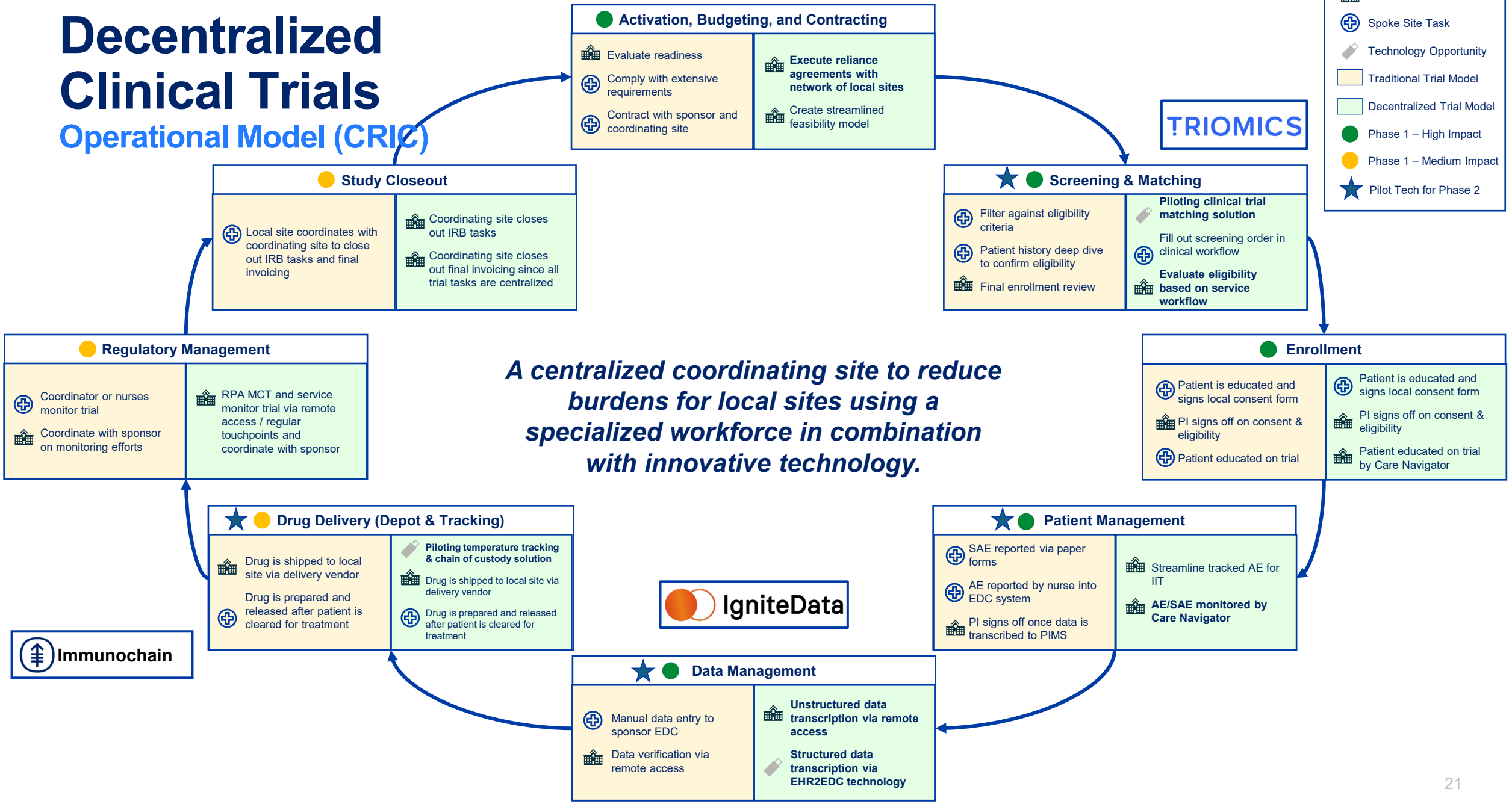


EPIC EHR

Technology Partnerships: Clinical Research Innovation Consortium (CRIC)

Decentralized Clinical Trials

Operational Model (CRIC)



Current Technology Pipeline (CRIC)

Exploring

- HumanTrue (activation, budgeting, and contracting)
- ChatGPT Healthcare (various use cases including consent authoring, budgeting, digital protocol, coverage analysis, specimen management)
- Protocol Information Management System (a homegrown tool – exploring various alternate options)
- EPIC AI (various use cases TBD)



When is a clinical trial “best”?

- Integrated into planning from screening to diagnosis to treatment to survivorship

- Care decision (s)

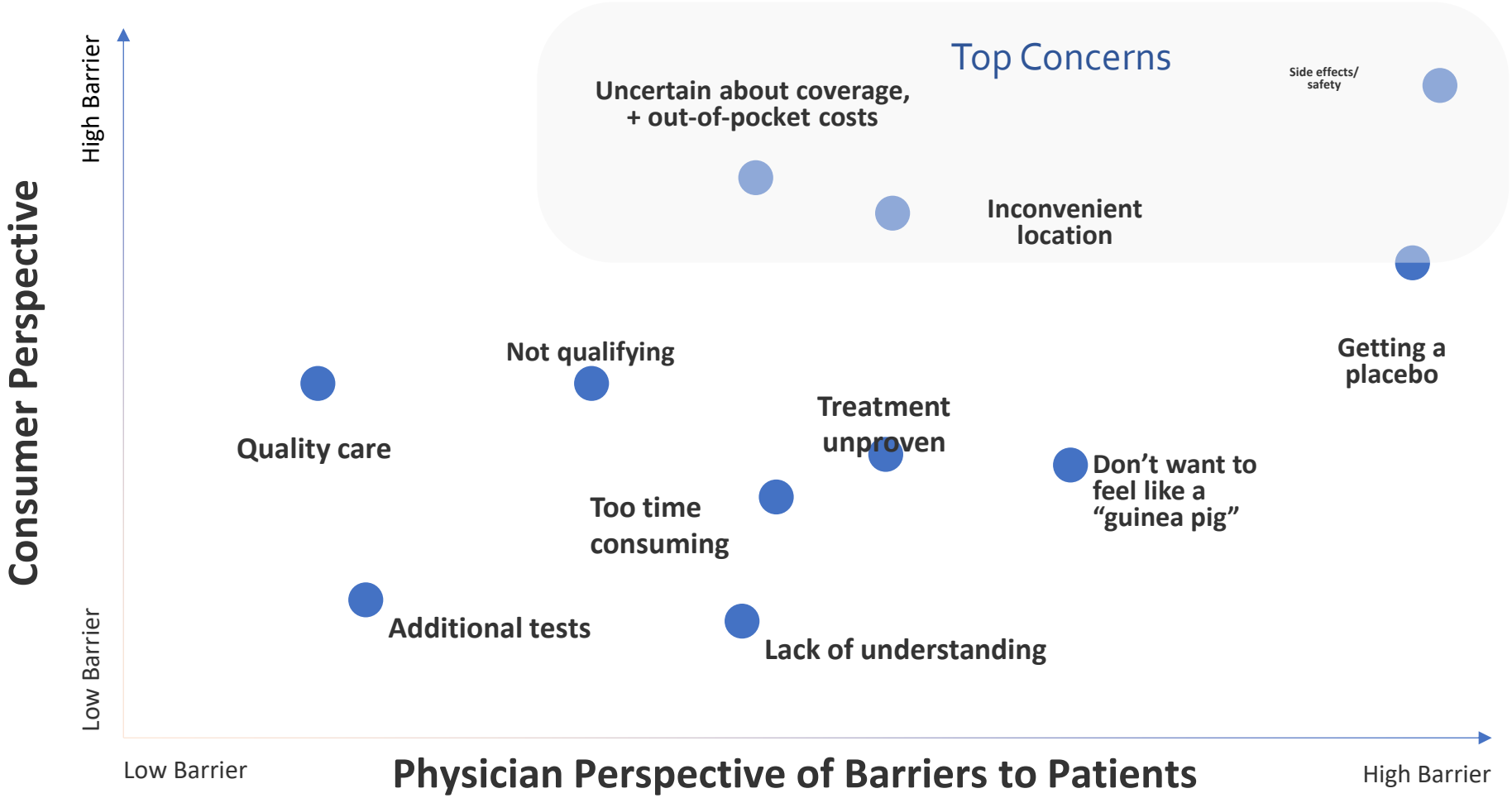
Standard treatment

Vs.

Investigational Treatment



Barriers to Enrollment



Mancini et al. JCSO 2018;16(2):e81-e88

Objectives

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Clinical Research and Patient Care



Clinical Research: Value to Patients

FDA DRUG APPROVALS

53+

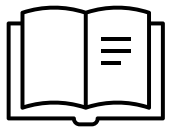
MSK investigator supporting* role 2019-current

*** = global PI, lead accrual, MSK developed product**

Other Metrics: Non-Drug Approval Related (Surgical, Modality based, Non-Interventional, Device, Population Science) Research

16 trials OTA (MSK licensed / optioned assets)

Clinical Research: Value to MSK

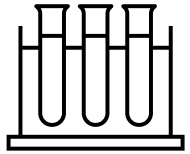


- Clinical Trials are recommended as preferred options in multi-disciplinary Cancer Treatment Guidelines (NCCN, ASCO, others) – integral part of care

30% of patients participate across life cycle at MSK



- Clinical research is our most desired asset in partnership and talent discussions



- Mechanism to move MSK developed projects from bench to bedside



- Generates clinical revenue

Clinical Research Supports the Continuum

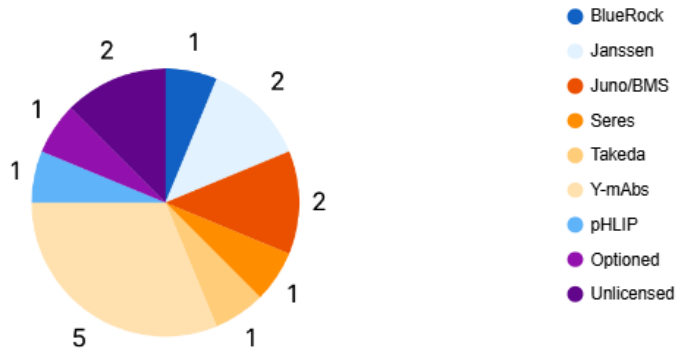
Pre-Clinical (Fundamental Discovery) → Translational Research → Clinical Research (Effector Arm)

Office of Entrepreneurship and Commercialization

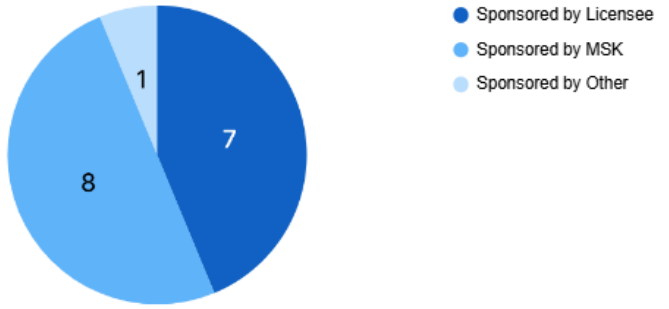
Clinical Trials at MSK using MSK-developed assets

Trials OTA	16
Trials OTA (licensed assets)	13
Trials OTA (optioned assets)	1
Trials OTA (unlicensed assets)	2

Trials OTA at MSK by Licensee



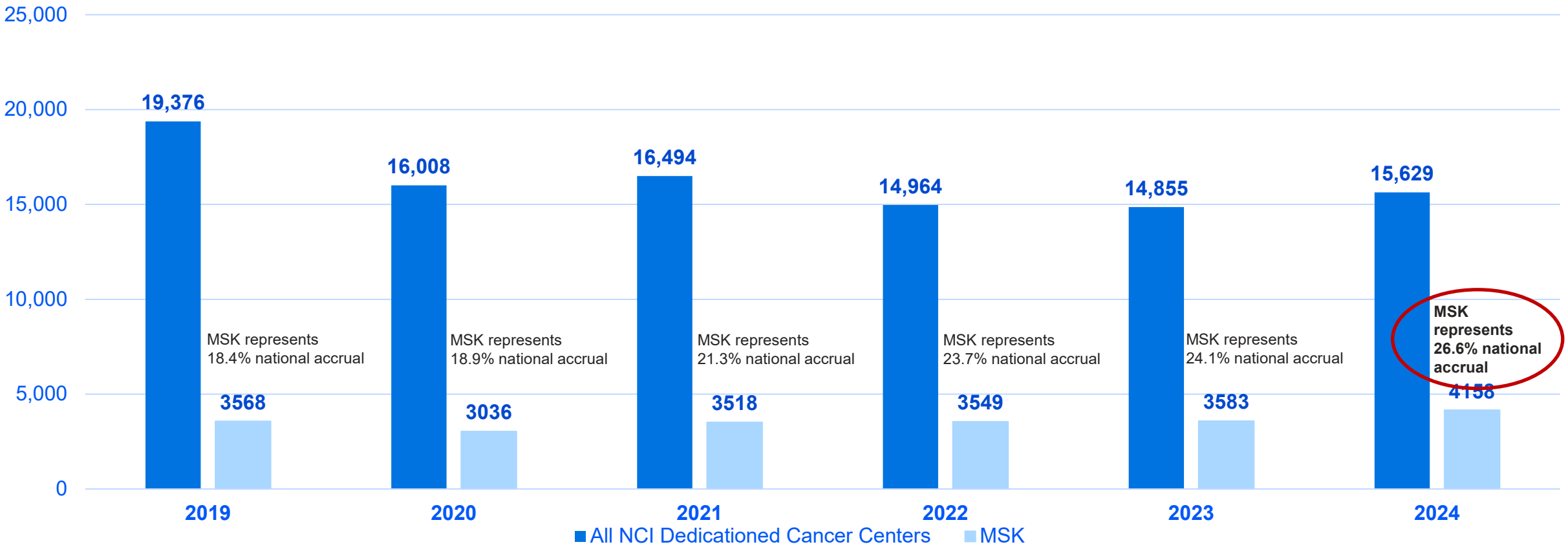
Trials OTA at MSK by Regulatory Sponsor



Yashodhara Dash, MBBS, MBA, PhD

Interventional Treatment Trial Enrollment by Investigator Initiated (Institutional Sponsored) Research

(72) NCI-Designated Cancer Centers* compared to MSK Enrollment



* Interventional Treatment Trial Data from NCI's Clinical Trials Reporting Program (CTRP) as of 11/21/25

Innovation Requires Core Services: MSK Biobank



Hikmat Al-Ahmadie, MD



Ross Levine, MD

- Nearly 1 million specimens
- Work is underway to optimize:
  - increase collections in networks
  - samples needed for key discovery/translational research (organoids and single cell studies)
  - collaborations with academic and industry partners
- Key facilitator of next steps – understanding response and resistance and biomarker development

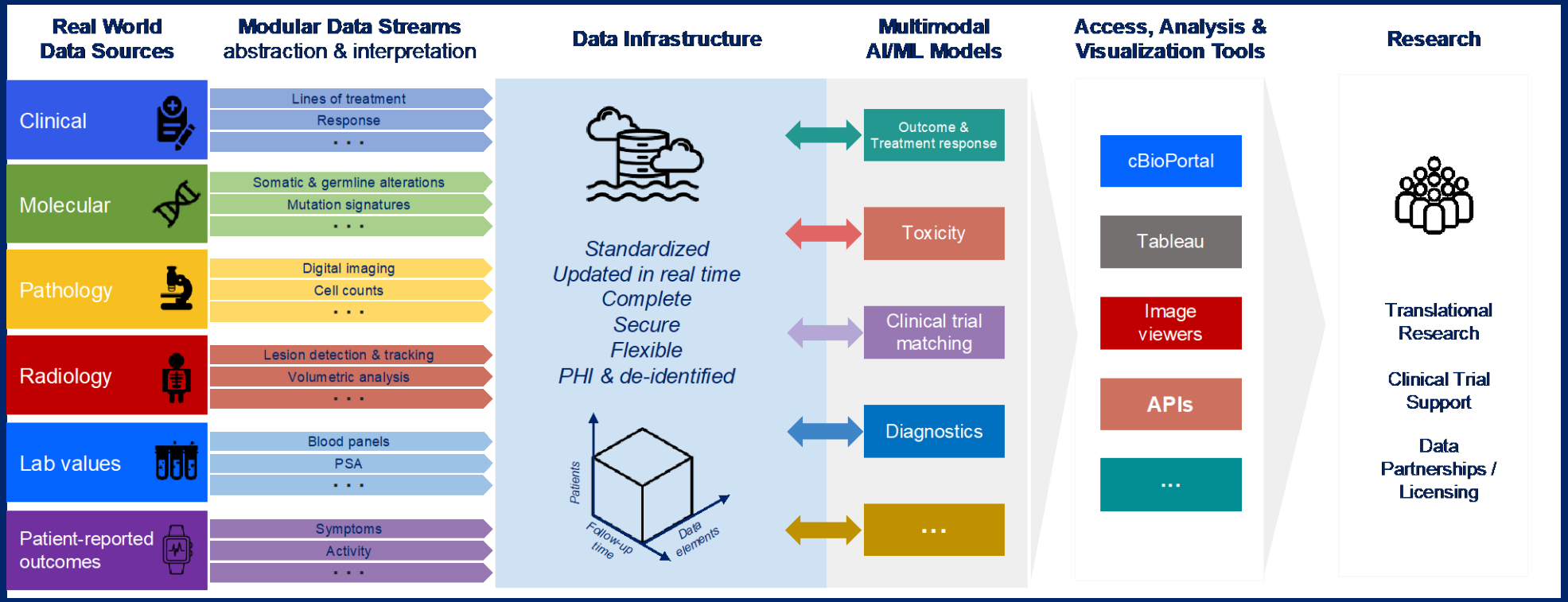


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Innovation Requires Core Services: Cancer Data Science Initiative (CDSI)



Niki Schultz PhD



Working to optimize:
- Automated data abstraction
- Access to all relevant investigators

- Providing analysis and visualization tools

Additional Support: Computational Oncology/ Shah et al.

CDSI Director: Niki Schultz PhD

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Infrastructure: Manage Life Cycles of Clinical Research Projects (Protocols)

DEVELOPMENT

- Iterative process with sponsor (MSK, pharma, national cooperative group)
- Protocol development template
- Budgets / contracts

ACTIVATION

- Departmental review (science and plan)
- Institutional review (priority / competing studies)
- IRB (Human Subjects Protection)

ACCRUAL

- Evaluate for performance
- Identify problems and amend

MONITORING/AUDIT

- Compliance with study plan and patient safety
- Informed consent procedures

CLOSEOUT

- Clean / lock data
- Biostatistical analysis
- Manuscript preparation



Time

CRA Infrastructure: Supports Highly Regulated Activity



N = 1300+

Clinical Research Initiatives at MSK

Key initiatives advancing the connection between clinical research and patient care.



Key Initiatives

- **Clinical Trials Activation** (NextGen Activation)
- **Early Drug Development Expansion**
- **Clinical Research Innovation** (CRIC and AI)
- **Decentralized Trials**
- **Decision Support for Accruals**
- **PIMS Replacement**

2026 Activation Volume Leads Prior Years

Cumulative Through June | Excluding BRP/RRP

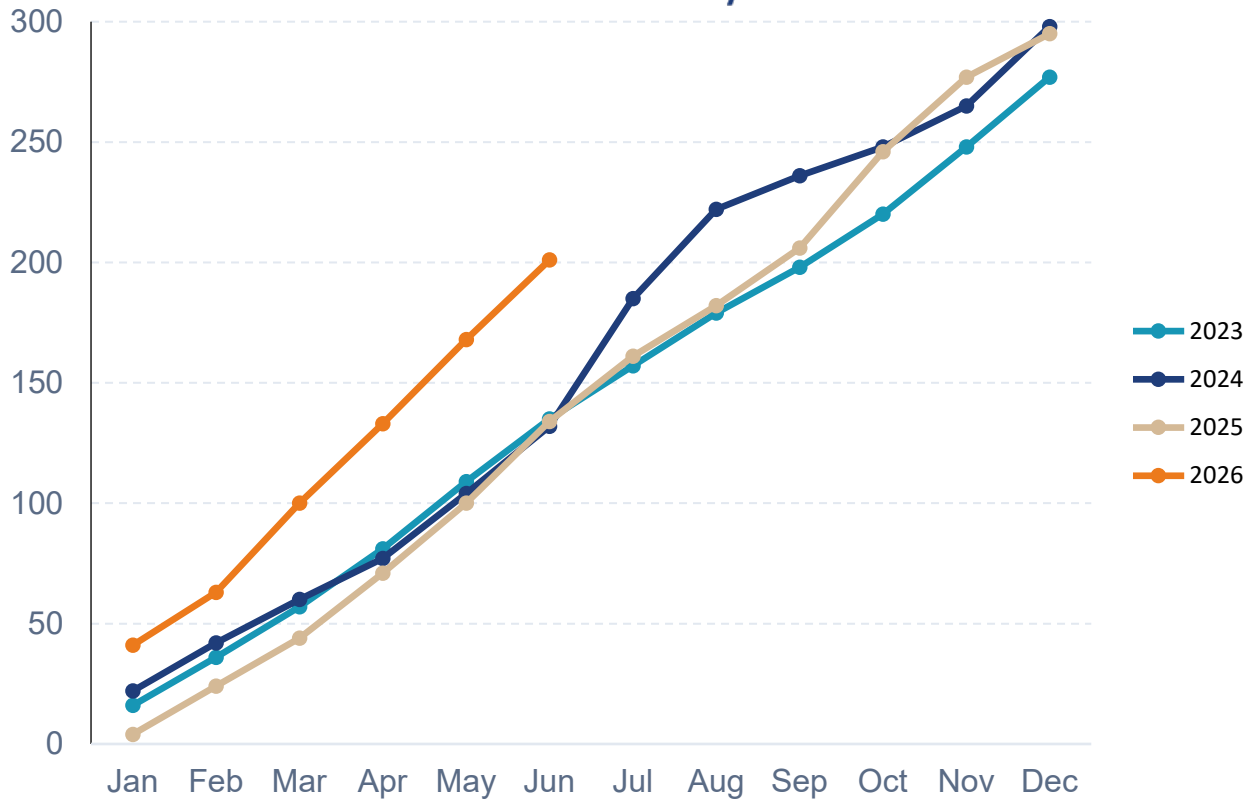
Accepted for Activation

201

through June 2026

- **49%** above prior June high (135 in 2023)
- **50%** above 2023–2025 June average (133)

Cumulative Volume by Month



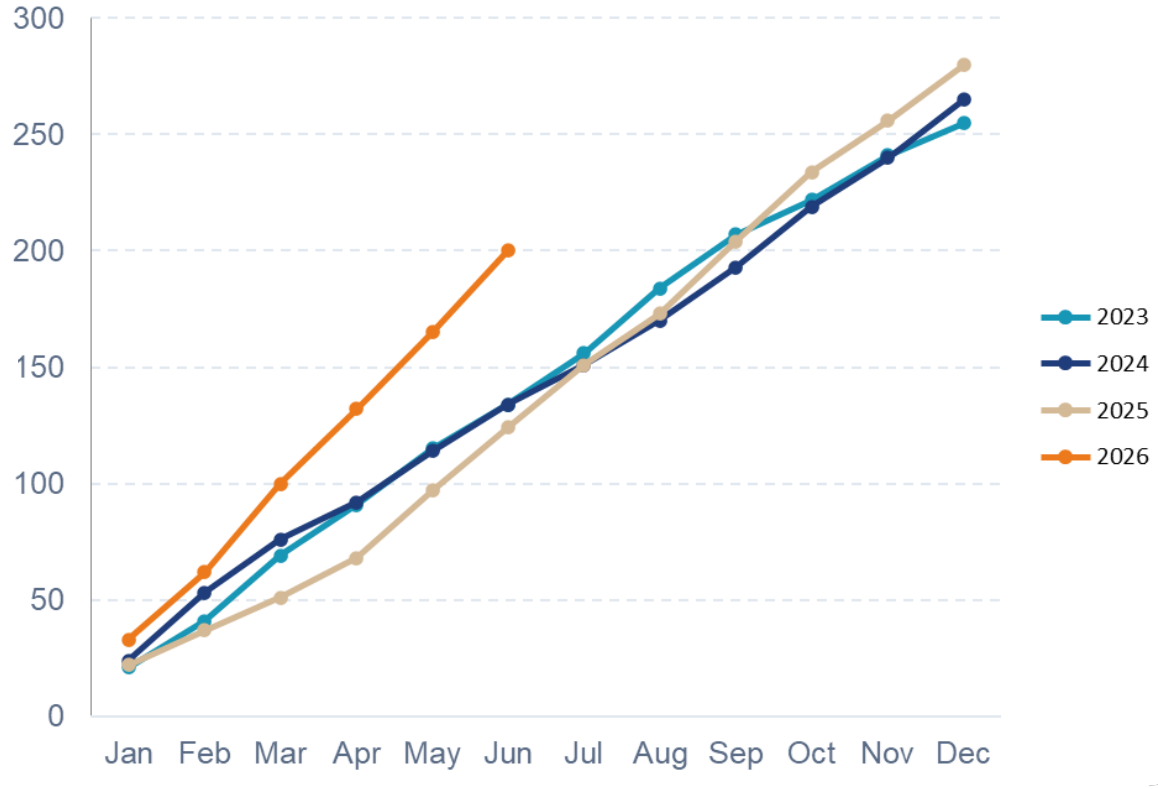
Opened to Accrual

200

through June 2026

- **49%** above prior June high (134 in 2023/24)
- **53%** above 2023–2025 June average (131)

Cumulative Volume by Month



June TTA improved 41% vs January; IIT improved 61%.

JUNE 2026

75th percentile days to activation for studies activated, Jan–June 2026.

All studies
111 days
-77 days vs Jan
21 days above goal
41%

IIT
101 days
-161 days vs Jan
11 days above goal
61%

Industry
112 days
-53 days vs Jan
22 days above goal
32%

Industry June breakout

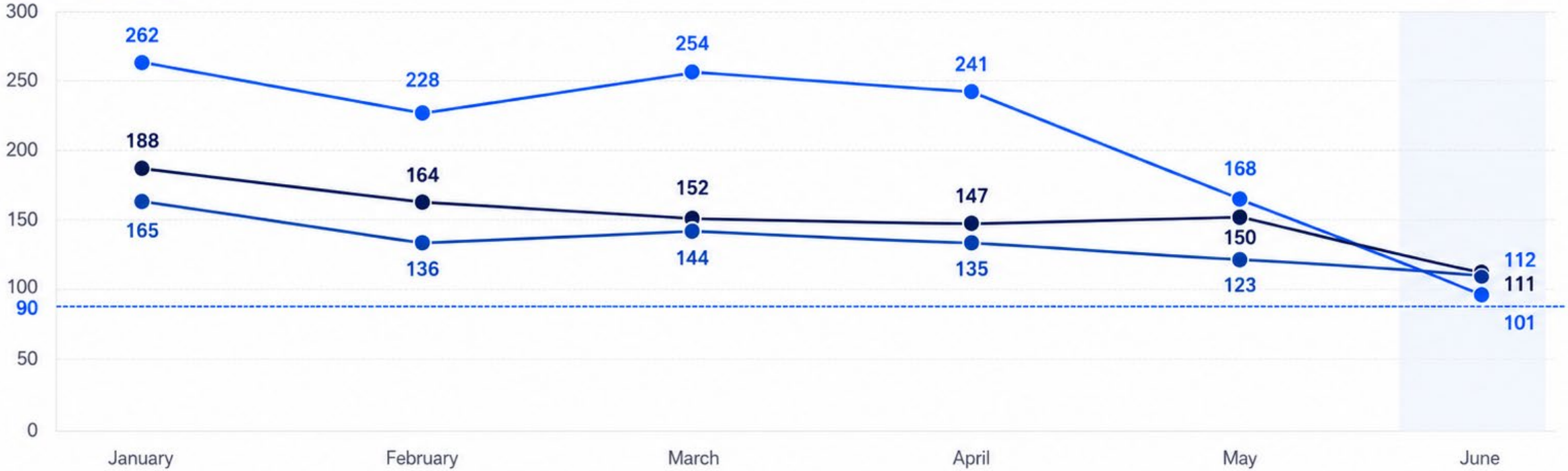
P0	58d
P1	94d
P2	120d

TTA trend by study type

75th percentile days

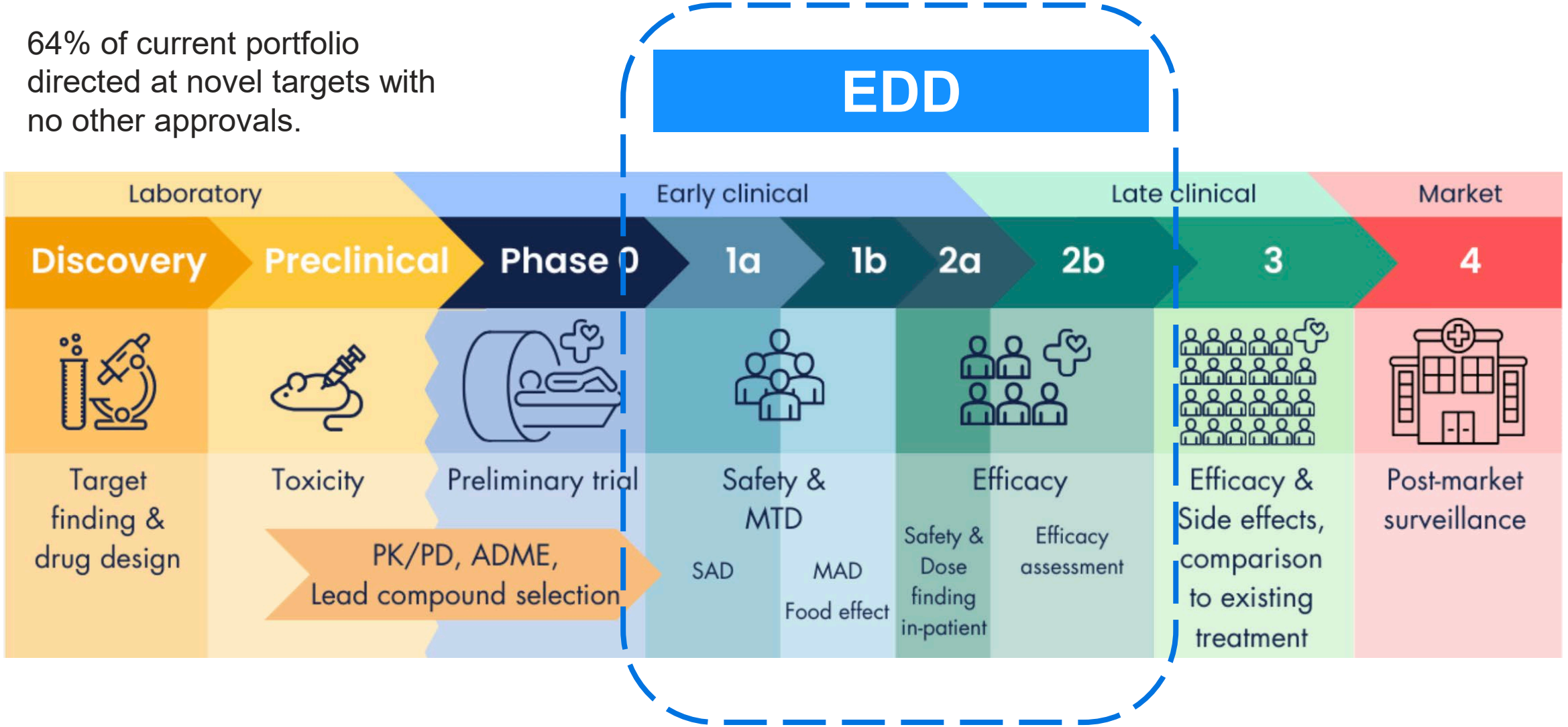
Goal: 90 days

June close



Early Drug Development Service (EDD): Phase 1/2 disease agnostic clinical trials at MSK

64% of current portfolio directed at novel targets with no other approvals.



Early Drug Development Group (EDD)

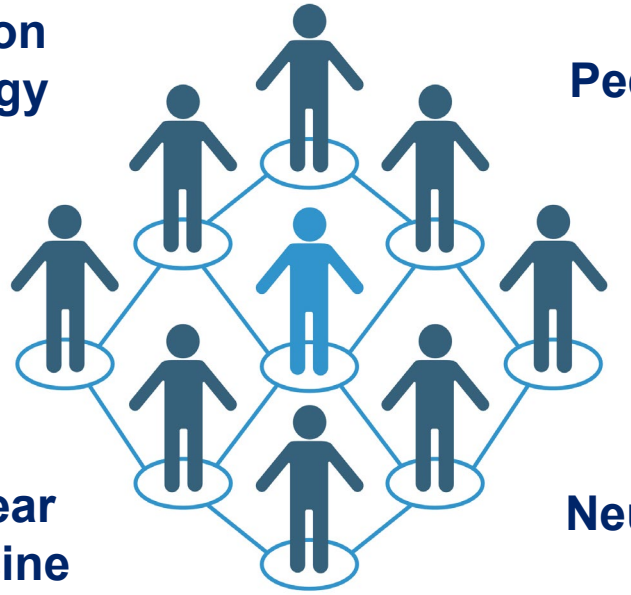
Tumor agnostic or multi-disease site early phase trials

Representatives from Depts / Svcs

Medical Oncology Services
breast, GI, thoracic, gyn, GU, head and neck, sarcoma, melanoma, genetics

Radiation Oncology

Pediatrics



Nuclear Medicine

Neurology

Diverse Clinical Trial Portfolio

Current State

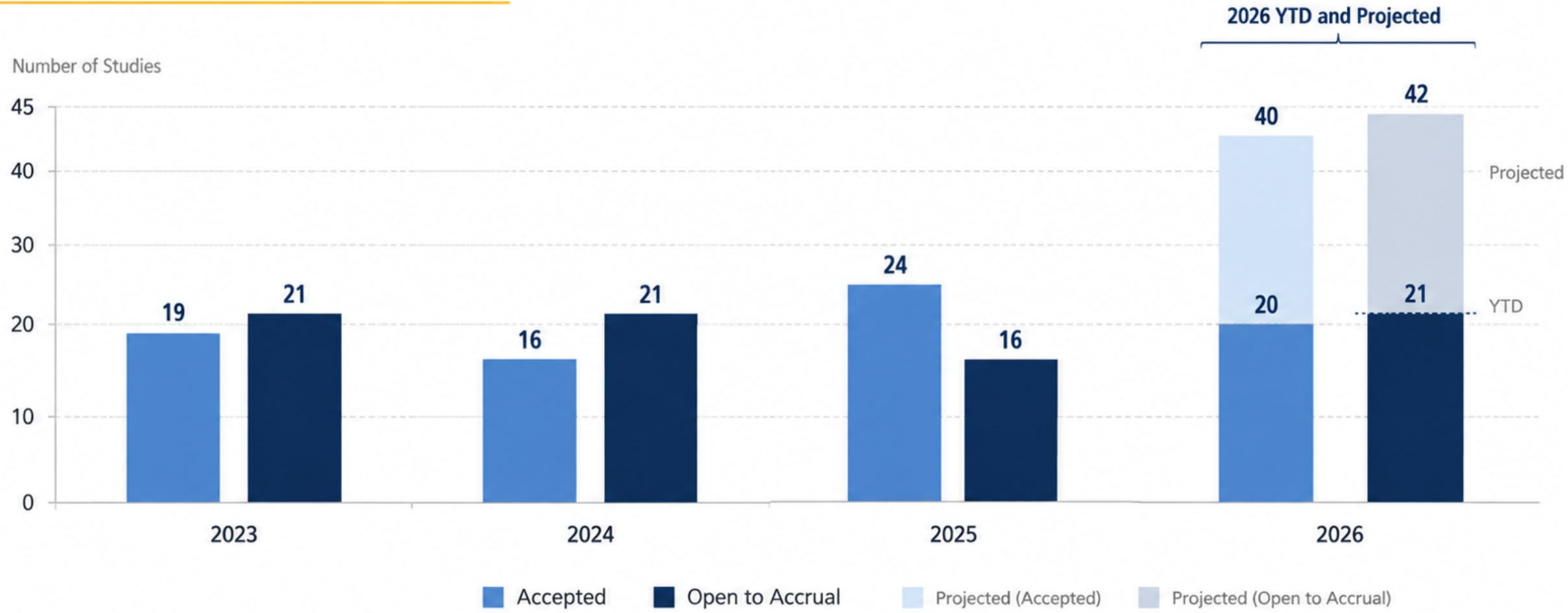
- **Early phase studies are a key differentiator**
- **Patient need:** Currently turn away **>85%** of referred patients
- **Available trials:** 30 of 70 additional trials reviewed each year warrant further study

Expansion Goals Over 2026

- New Initiative Process: Double the capacity of the EDD
  - Open **>40** trials per year
  - Maintain **~140-150** active trials
- Accelerated Advantage Program
- Position MSK as early phase partner of choice
- Provided by Alex Drilon, MD

EDD / Accelerated Advantage Research Portfolio Growth

Accepted Studies and Studies Open to Accrual, 2023–2026



AI-Enabled Projects for Clinical Research Administration (CRA)

Current pilots and planned applications across clinical research administration

The Contract Network

Planned Launch | Aug 2026

Contracting

Generates first-pass sponsor redlines using MSK SOPs and prior negotiations

Budget Builds

AI-assisted budget development

Activation Module

Harmonizes protocol, consent, and study calendar

Medicare Coverage Analysis

Potential faster, lower-cost internal support

ChatGPT Health

35 licenses

- Protocol Assistant
- Protocol and Informed Consent
- Feasibility Review for Decentralized CTs
- Lab Toxicity (grading and attribution)
- Research Charge Review
- Protocol Management Tasks (PIMS)
- Order Set and PK Sheet Builds
- Validation, Audit and Monitoring

AI-ASSISTED DRAFTING OF EPIC ORDER SETS

Leveraging AI to build accurate, consistent Beacon order sets—faster.

1 PROBLEM / TASK

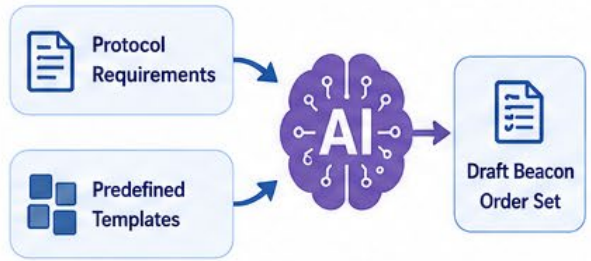
Epic order sets are currently created manually, requiring substantial staff time and effort.

Due to the complexity of building and maintaining these order sets, errors or inconsistencies may be missed during development and review.

When issues are identified, correcting and updating the order sets can be a time-consuming and resource-intensive process.

2 POTENTIAL AI SUPPORT

Use AI to generate a draft Beacon order set based on protocol requirements and predefined templates.



AI also assists with identifying potential omissions, inconsistencies, or errors before implementation.

- Omissions
- Inconsistencies
- Errors

3 EXPECTED OUTCOME

Streamlined process
AI-assisted drafting significantly reduces staff time and effort.

Improved accuracy & consistency
Fewer omissions, inconsistencies, and errors.

Faster revisions & updates
Less time required to correct and update order sets.

Increased operational efficiency
Frees up staff time for higher-value activities.

4 HOW IT WORKS (AT A GLANCE)

1. Input
Provide protocol requirements and select template(s).

2. AI Generate
AI generates a draft Beacon order set.

3. AI Review
AI checks for omissions, inconsistencies, and errors.

4. Staff QA
Staff reviews, finalizes, and implements.

5. Submit for Build
Epic build team starts to build the order set in Epic using the information we provide.

METRICS: TIME TO FINALIZE A BEACON ORDER SET

BASELINE (Manual Process)

Average time to finalize a Beacon order set

3 HOURS

to draft

VS.

AI-ASSISTED PROCESS

5 MINUTES to generate draft with AI

+

1 HOUR to QA, review, and finalize

=

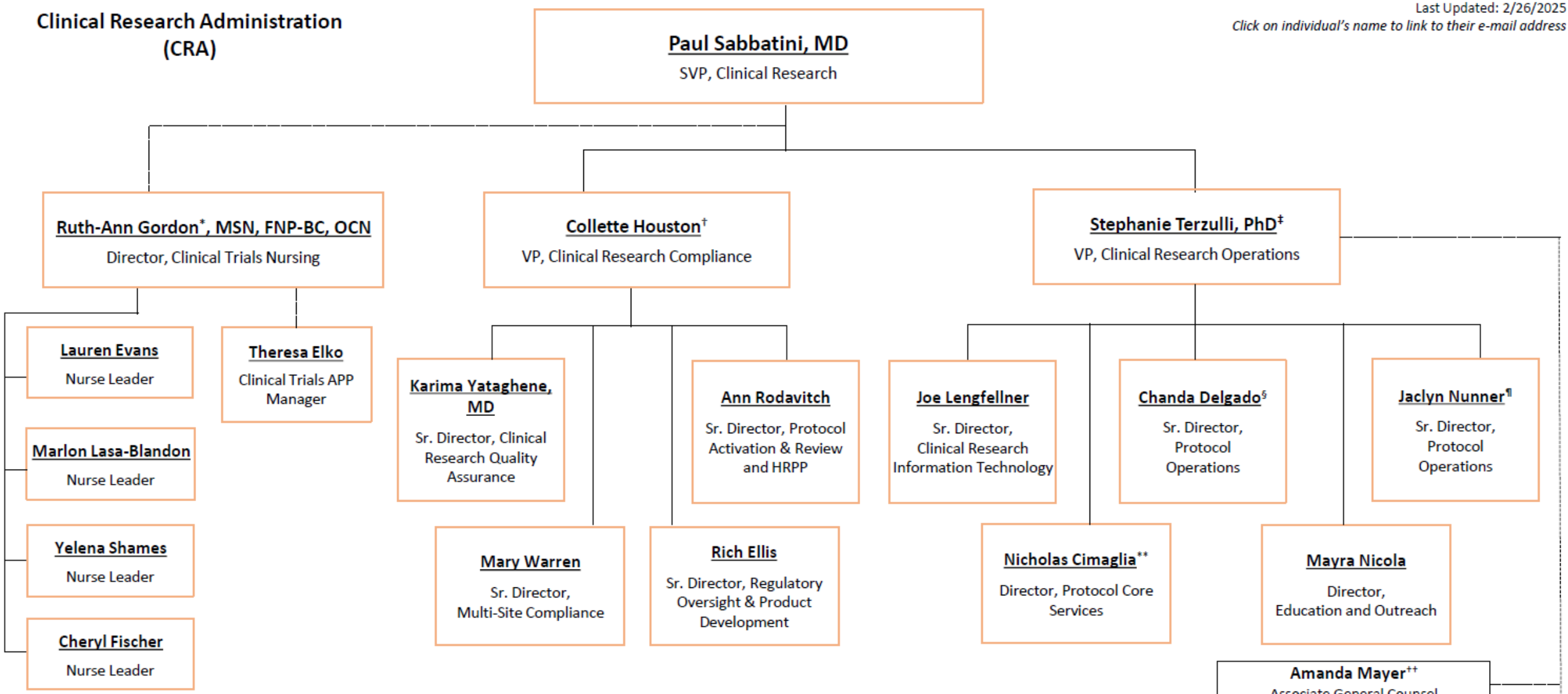
~78% REDUCTION IN STAFF TIME

From **3** hours to ~**1** hour and **5** minutes

Clinical Research Administration (CRA)

Last Updated: 2/26/2025

Click on individual's name to link to their e-mail address



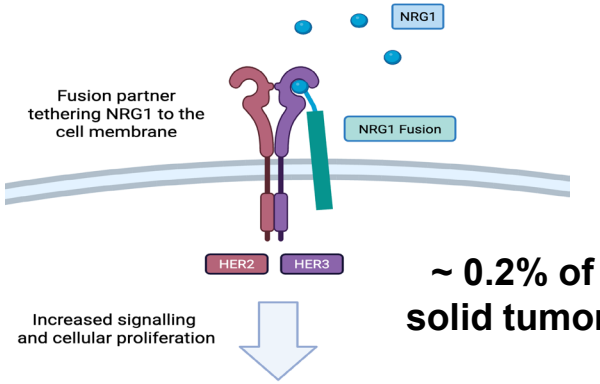
*Reports to Chief Nursing Office
† Dual Reporting to Debra Berns, SVP & Chief Risk Officer
‡ Oversees Pediatrics and Medicine/GU
§ Director, Protocol Operations for Radiology, Surgery, Epi/Bio, Med Physics, Psychiatry & Behavioral Sciences, and Rad Onc
¶ Director, Protocol Operations for Medicine and Neurology
** Dual Reporting to Collette Houston
†† Reports to Office of General Counsel
‡‡ Reports to Office of Research and Project Administration (ORPA)
§§ Reports to Office of Technology Development (OTD)

High Impact Example: Zenocutuzumab in NRG1 Fusion+ Solid Tumors FDA Approval

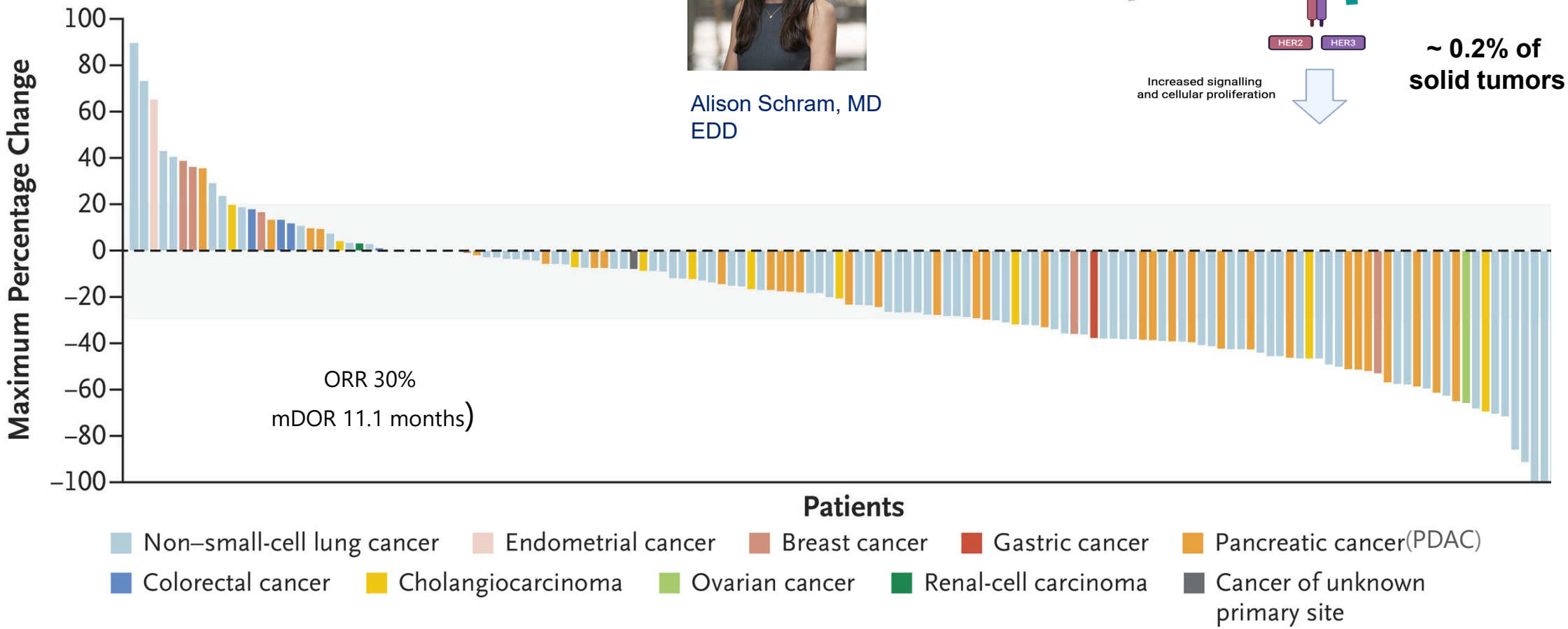
Screening, Access and Logistics



Alison Schram, MD
EDD



~ 0.2% of solid tumors



Schram et al., *NEJM* 2025

High Impact Example: Rare Disease Drug Development (DMT)

Evolution of T cell directed Therapies In Sarcoma at MSK

2013

Protocol 13:236

Lete-cel (NYESO-1) TCR in synovial sarcoma

ORR 20-50%

DOR 15-30 weeks

- **Higher LDR impacts efficacy (Flu 120mg/m2 + Cy 2700mg/m2)**
- **Correlates of response**: expansion, persistence, IL15 levels, depletion of lymphocytes
- **Correlates of resistance:** loss of HLA expression & Ag presenting machinery

Ref: D'Angelo SP, Cancer Discovery 2018

2016

Protocol 16:1406

Lete-cel (NYESO-1) TCR in myxoid round cell liposarcoma

ORR 20-40%

DOR 5-7m

- **Correlates of response:** Expansion, persistence, IL15 levels, depletion of lymphocytes
- **Tocilizumab doesn't appear to impact efficacy**

Ref: D'Angelo SP, JCO in press

2019

Protocol 19:316

Afami-cel (MAGE-A4 TCR) in synovial sarcoma + MRCLS

ORR 39% (SS), 25% (MRCLS)

DOR 12m (SS), 4m MRCLS)

- Clinical correlates: Lower disease burden, higher MAGEA4 expression, lack of bridging therapy
- **Higher cell dose may impact efficacy**
- **Integrating cells early is likely better**

FDA approved in 2024

Ref: D'Angelo SP, Lancet 2024

2020's

Protocol 20:055

Lete-cel (NYESO-1) TCR in synovial sarcoma + MRCLS

ORR 43%

DOR 12.2m

- Primary endpoint met

BLA planned for 2025

Ref: D'Angelo SP, ASCO 2024 (manuscript in preparation)

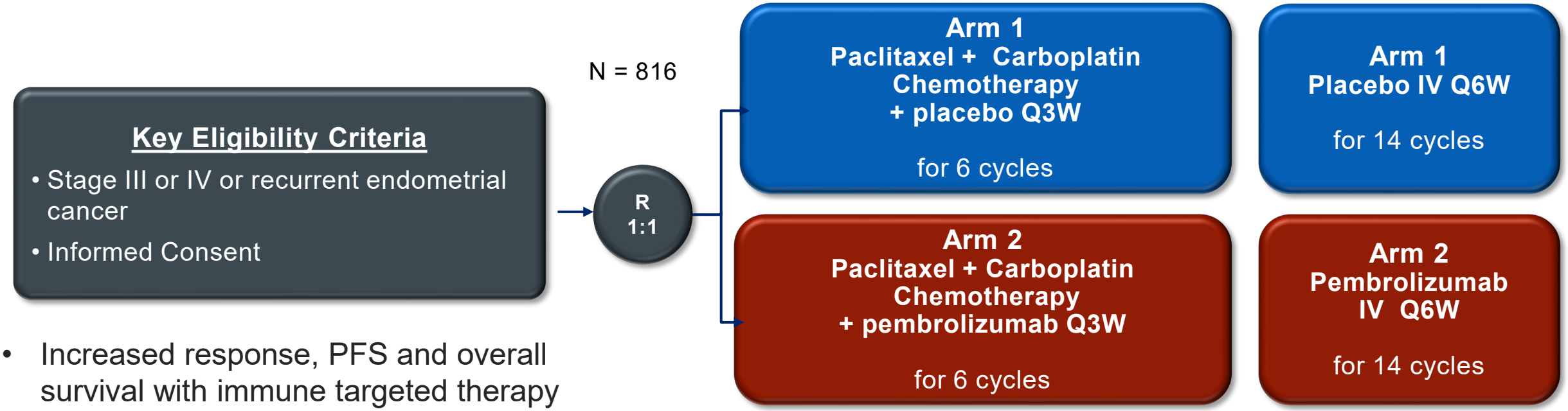


Sandra D'Angelo, MD
Sarcoma Service

High Impact Example: Using MSK Biobank and CDSI

Interventional Studies (NCI Cooperative Groups)

Pembrolizumab Plus Chemotherapy in Patients with Advanced Endometrial Cancer



- Increased response, PFS and overall survival with immune targeted therapy
- New standard of care for all patients
- Collaboration with MSK Biobank, Cancer Data Science Initiative and Health Care Disparities Group

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Aghajanian et al. New England J Med: 2023

High Impact Example: Using MSK Biobank and CDSI



Carol Brown, MD



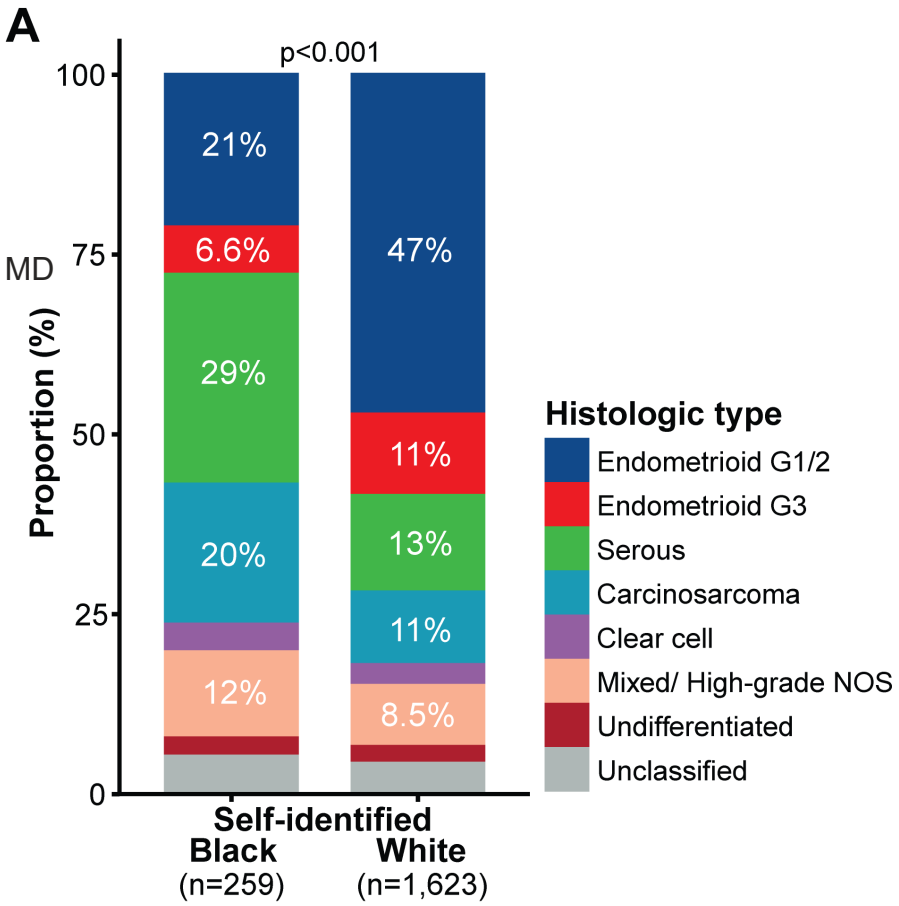
Carol Aghajanian, MD

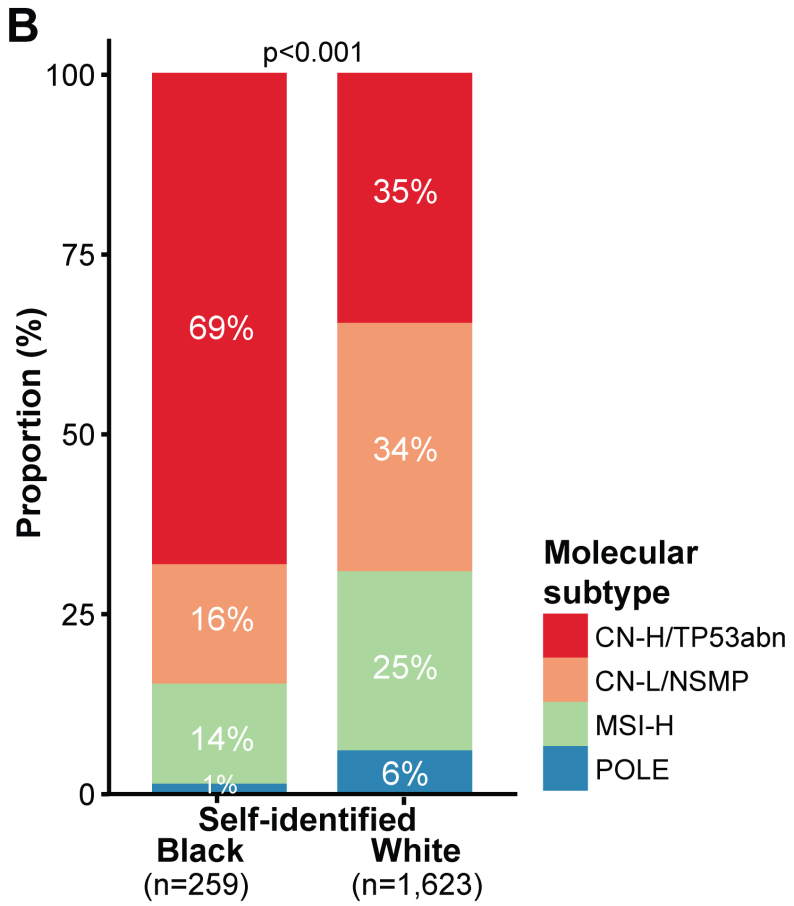


Lora Ellinson, MD



Ying Liu, MD





N = 1182. Significantly higher prevalence of high-risk histologic and molecular subtypes
Higher frequency of CCNE1 amplification (WEE1 and ATR inhibitors)

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Weigelt et al, Cancer Discovery 2023

High Impact Example: Reducing Toxicity

Leading Cooperative Groups / Pragmatic Trial Design (1/25)



Ying Liu, MD
GYN and Clinical Genetics

Eligibility

- Newly diagnosed, FIGO stage III–IV Ovarian cancer
- *BRCA1/2* mutation (germline or somatic) or Homologous Recombination deficient
- Cytoreductive surgery
- Response to platinum-based chemotherapy†

3-12 weeks

Maintenance therapy

Olaparib tablets 300 mg bid x 1 year
+/- bevacizumab§

Randomize 1:1
Stratification:

- *BRCA1/2* mutated vs. Wildtype
- Bevacizumab use (physician's choice)
- Response to platinum-based therapy (PR or CR)

Olaparib tablets 300 mg bid x 1 year
+/- bevacizumab§

No further Olaparib

Analyse patients alive and progression-free after 1 year

Olaparib tablets 300 mg bid x 1 year

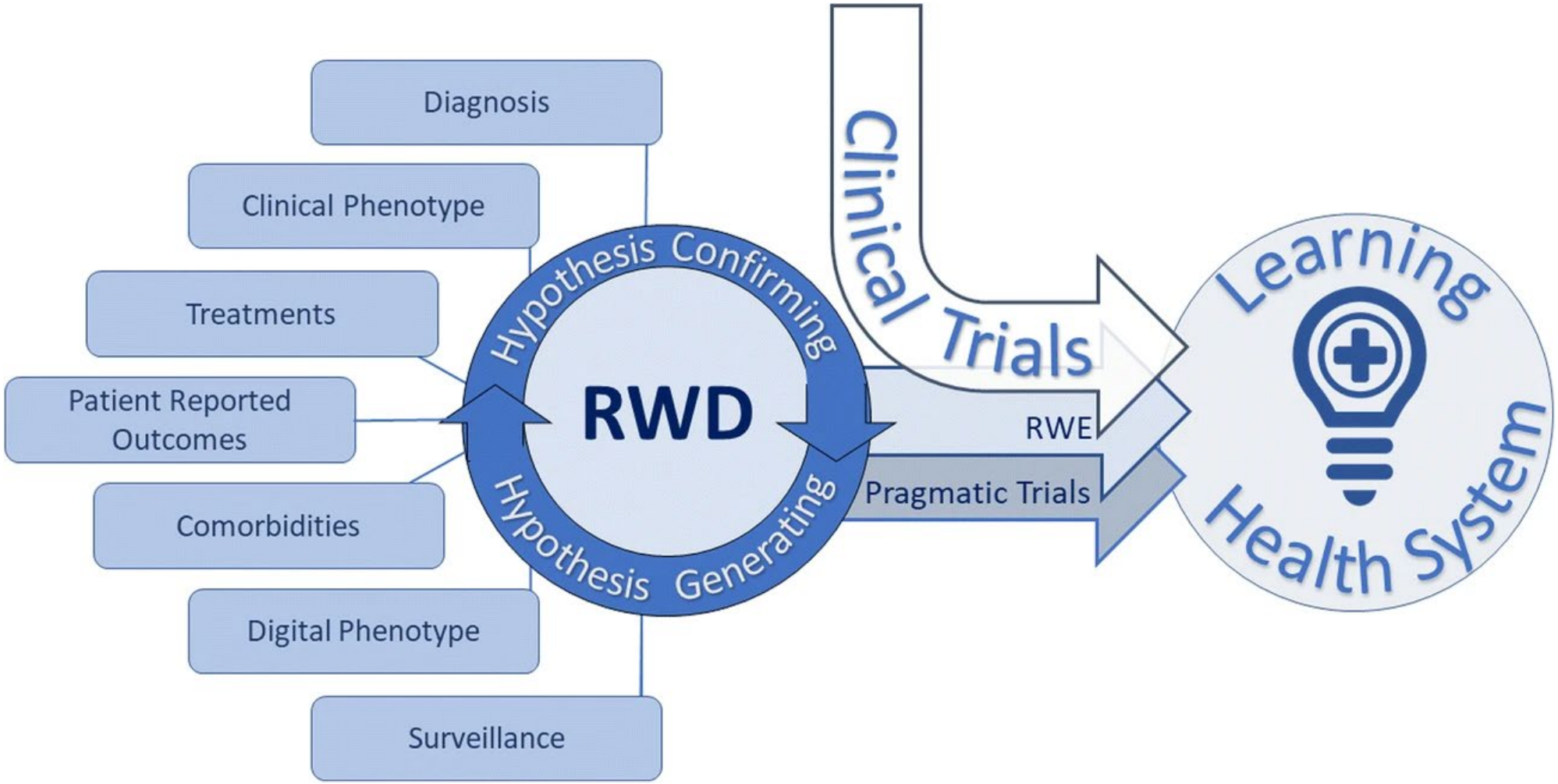
Primary endpoint

- Investigator-assessed PFS via RECIST v1.1 (non-inferiority)

Key secondary endpoints

- OS
- PFS2
- Safety (including rates of MDS, AML)

Next Steps With Data Aggregation: “Real World Evidence”



Objectives

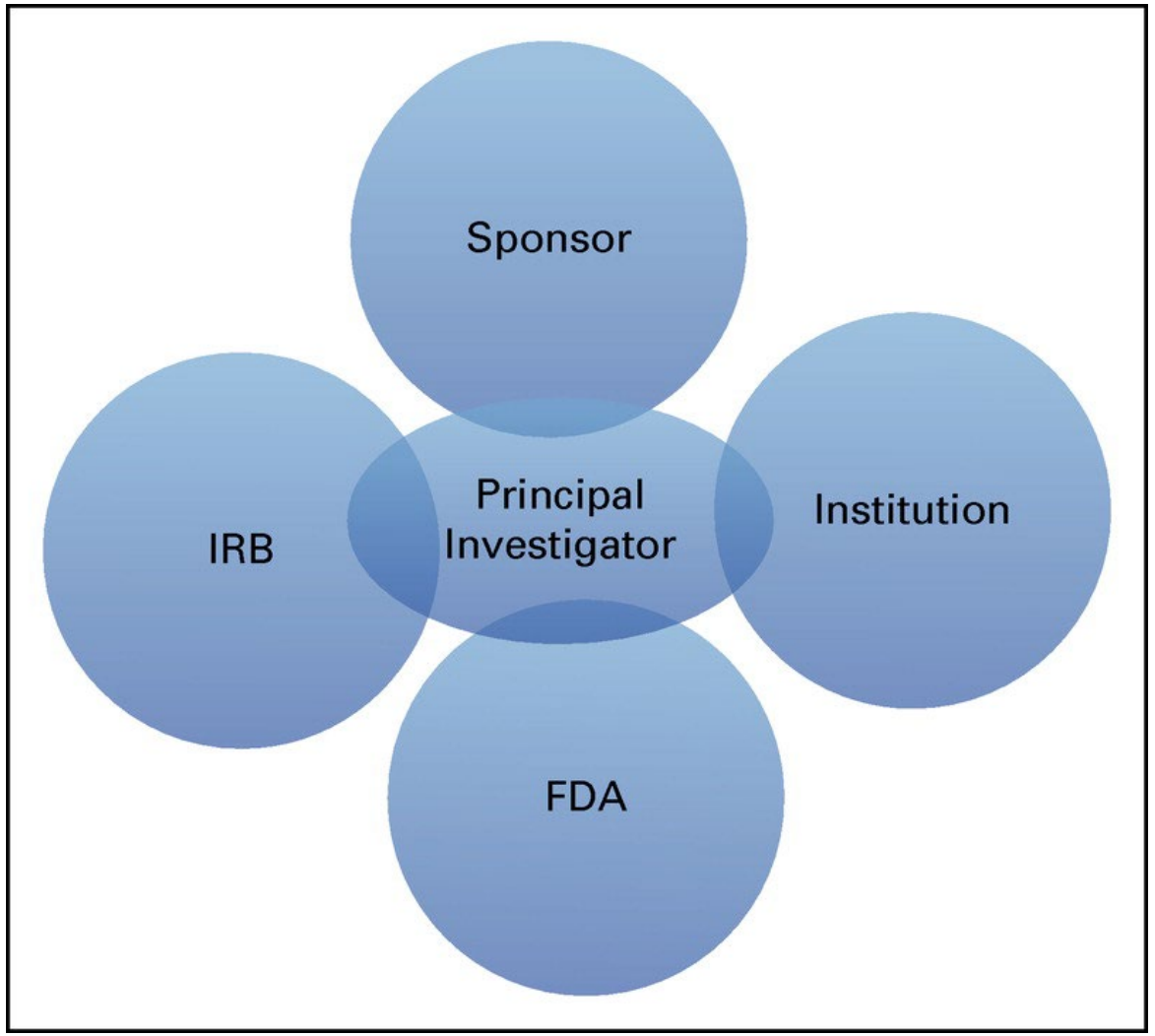
- Brief history of clinical research
- Challenges and opportunities in modern trials
- MSK Clinical Research Program
- The Principal Investigator and oversight

The Principal Investigator (PI)

Abuse Endangered Veterans in Cancer Drug Experiments – New York Times

- **"…were systemic weaknesses in the human research protections program, especially in studies funded by industry…."**
- **"…was a research culture where rules weren't followed, protocols were not strictly applied, and supervision was non-existent…."**
- **The FDA started proceedings to disqualify Dr. X (lead investigator) from conducting further research because he had failed to protect patients under his care in X.**

Responsibilities of the PI



Saleh et al. JOP 14: 2018

Responsibilities of the PI

- Design of study (the intellectual leader)
- Coordinates functioning of the research team
- Oversees data acquisition, analysis, and reporting
- Ensure that all regulatory and reporting requirements are observed

Supported by Institutional Infrastructure

Challenges of the PI

- Time and financial demands of clinic practice
- Increasing complexity of regulations
- Increasing complexity of contracts (“promises”)
- Potential lack of supporting infrastructure
- Inadequate research training
- Data collection issues (world of EHR)
- Globalization

Oversight and Federal Agencies

- Office of Human Research Protection (OHRP)
  - 45CFR46 (the “common rule”) – applies to all research using US federal funding, including indirect or partial support such as funding of infrastructure. Oversees IRB system and investigates allegations of substandard human subjects protection or IRB performance.

- Food and Drug Administration (FDA)
  - 21CFR – regulations are implementations of the Food Drug and Cosmetic Act and apply to research with all investigational substances or devices being tested in humans under an “IND” or an “IDE” whether federally funded or not.

- Office of Research Integrity (ORI)
  - Oversees investigations by institutions of alleged research misconduct involving federal research funds



Oversight and Federal Agencies

- National Institutes of Health (NIH)
  - use of federal funds according to a grant's terms of award
  - minority representation on clinical trials
  - data safety monitoring
  - education and training of clinical researchers
  - data audits
  - animal welfare

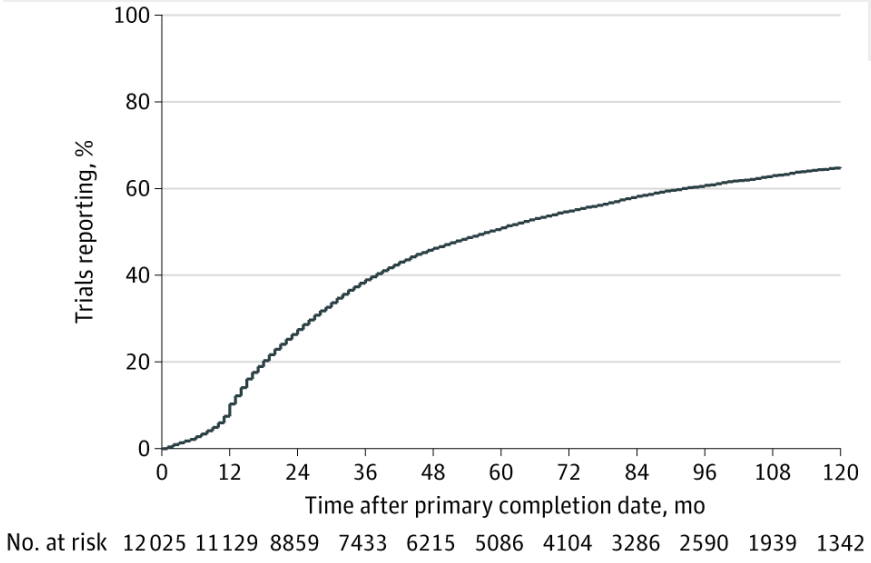
- Office of Civil Rights (OCR)
  - HIPAA and Health Information Privacy

- Center for Medicare and Medicaid Services (CMS)
  - not a research agency
  - monitoring programs to assure that Medicare funds are used only for services that are "reasonable and necessary"
  - routine care costs may be billed if trials are "qualifying".

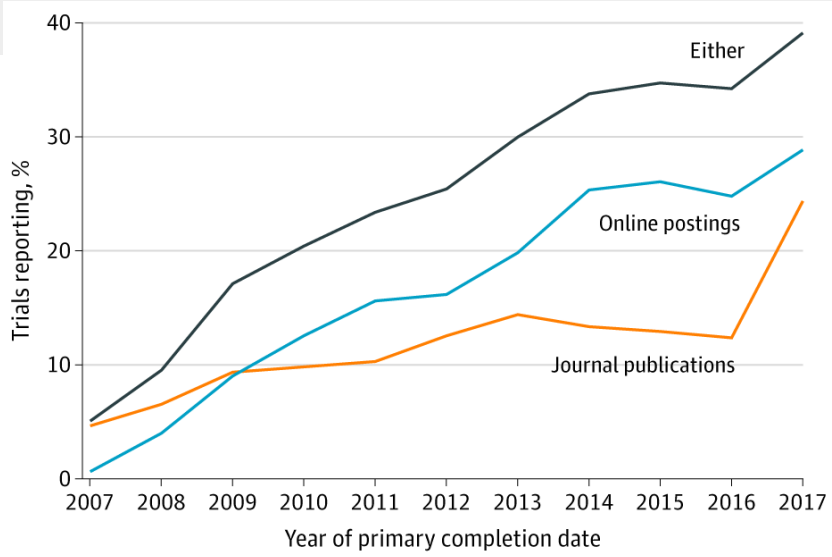
Oversight and Reporting

JAMA Netw Open. 2021;4(5):e2110438. doi:10.1001/jamanetworkopen.2021.10438

From: **Evaluation of Oncology Trial Results Reporting Over a 10-Year Period**



Cumulative % reported on ClinicalTrials.gov or in Journal Articles



Change in % reported within 24 months of primary completion date

Clinicaltrials.gov

Oversight of Commitment and Conflict

Commitment to patients best interest

- Access to most novel therapy
- Optimal Care

Commitment to pursuit of new knowledge

- Professional Recognition
- ± Financial Benefit
- Desire for rapid enrollment

Commitment to MSK vs Outside Organizations

- Drug or device sponsor
- Speaker programs
- Professional Societies

AAMC: https://www.aamc.org/initiatives/research/coi/

MSKCC See “Policy on Conflict of Interest and Conflict of Commitment” at MSK Intranet>TOC>Conflicts of Interest

Support for the Investigator

- Clinical Trials Training Courses (CITI, Gerstner Clinical Research Study Management and Compliance)
- Clinical Research Administration
  - Data
  - Regulatory
  - Compliance
  - Clinic Support Staff
  - Clinical Trials Nursing
- Mentors (Co-PI, other investigators)

Clinical Research at MSK

Identifies MSK as World's Leading Authority on Cancer (Set Care Standards)

Innovation is the primary differentiator which attracts patients

Key to increase the value of MSK IP, strategic asset for partners / faculty talent

New research opportunities expand our reach (Decentralized Trials, Data Services [AI integration], Translational Research [bi directional learning])

Key Issue: Sustainability, Funding and Optimal Size (Resources, Technology, Priority)

