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Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret we are counting down to open enrollment for the online insurance marketplace. For people who want to sign up for insurance coverage under the Affordable Care Act, it's fair to say that after several years of relatively stable open enrollment experiences we are kicking off things this time around with a lot of confusion.

Margaret Flinter: While a whole lot of confusion Mark. So let's start with a few important specifics President Trump has reduced the amount of time allotted for the open enrollment period from three months down to six weeks and he's also practically eliminated the budget for marketing the health insurance marketplaces around the country. Here in our home state of Connecticut where there is pretty robust support for the Affordable Care Act consumers are getting a lot of messaging about open enrollment not so much in many states where there has been a very little support.

Mark Masselli: President has been switching his stance on a number of issues saying he was canceling the cost-sharing reduction payments to insurers to help lower out-of-pocket costs for consumers. Now no one is sure what he is going to do next.

Margaret Flinter: Meanwhile of course we come back to our first point consumers are understandably confused as well.

Mark Masselli: So we encourage everyone to enroll and here in Connecticut and in those states with their own insurance marketplaces they need to check in with their state insurance sites but for consumers and most other states just go to healthcare.gov and you should find the information you need.

Margaret Flinter: The healthcare.gov site has a pretty easy to follow checklist that can help guide you as you prepare to enroll you and your family.

Mark Masselli: All it takes is one serious diagnosis such as cancer for instance to cost uninsured patients hundreds of thousands of dollars that could lead to financial devastation. So remember to make sure that you get coverage for you and your family during this open enrollment period.

Margaret Flinter: Well Mark, speaking of cancer, we're seeing some exciting new developments with targeted therapies and that's something that our guest today knows well Dr. Michael Caligiuri is President of the American Association for Cancer Research and there are some exciting new trends in cancer research

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and treatments that look very promising.

Mark Masselli: Lori Robertson also stops by the Managing Editor factcheck.org but no matter what the topic you can hear all of our shows by going to CHCradio.com.

Margaret Flinter: And as always if you have comments please email us at CHCradio@CHC1.com or find us on Facebook or Twitter because we love to hear from you. We'll get to our interview with Dr. Michael Caligiuri in just a moment.

Mark Masselli: But first, here's our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. Whiplash that's how one healthcare pundit from Kaiser health news describes the current scenario around health policy in Washington after months of intermittent reprieves the President abruptly announced recently that he was cutting off the cost-sharing reduction subsidies to insurers. Subsidies that help lower costs for low and middle income Americans buying insurance in the marketplaces. Then came a last-minute bipartisan deal to stabilize the markets. Democratic Senator Patty Murray and Republican Lamar Alexander offering this compromise bill in an effort to keep the market stable for the short term. The President said first he was for it the next day he was against it and now Senate Majority Leader Mitch McConnell one of the most ardent opponents of the Affordable Care Act said he might support the bipartisan measure or at least bring it to the floor for a vote, but only if the President gives a clear signal about what kind of bill he might sign. One thing is certain if there is no action to preserve the CSR payments into the next year consumers will pay more. Meanwhile house speaker Paul Ryan has said he will not support the bipartisan measure. So chances of it passing look a little sketchy at the moment still at least 60 senators have indicated they would support it. Some of the nation's governors are letting the President know what they think of his efforts to sabotage Obamacare Nevada's Republican Gov. Brian Sandoval's outline who will be harmed by the President's actions. He says it's going to hurt people, kids families, he says it will hurt people with mental health issues and veterans. Sandoval is President of the National Governors Association.

As Puerto Rico continues to reel from the after effects of hurricane Maria there are looming new health threats as much of the island remains without electricity or running water, more people are resorting to bathing in and drinking from contaminated wells and water sources. The numbers of illnesses and deaths related to tainted water are on the rise.

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I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Michael Caligiuri, President of the American Association for Cancer Research which represents 37,000 cancer researchers in over 100 countries. Dr. Caligiuri is a professor of Molecular Virology, Immunology and Medical Genetics, at Ohio State University School of Medicine and he is director of the Ohio State University Comprehensive Cancer Center and CEO of the Arthur G. James Cancer Hospital and the Richard J. Solove Research Institute. He is President of the Society of Natural Immunity and Chair of the Institute of Medicine's National Cancer Policy Forum. Dr. Caligiuri earned his bachelor's degree from SUNY Buffalo and his master's in medical degree from Stanford University. He completed his medical residency in internal medicine at Brigham and Women's Hospital and Harvard Medical School. Dr. Caligiuri welcome to Conversations on Healthcare.

Dr. Michael Caligiuri: Thank you happy to be here.

Mark Masselli: Your organization just released its annual report on the state of cancer research and some causes for optimism cancer death rates are down in this country about 35% in children and down 25% in adults since 1991 and yet 660,000 Americans are still expected to die from cancer related causes in 2017. I wonder if you could share with our listeners give us an overview of where we are on the war on cancer.

Dr. Michael Caligiuri: Well I would say great progress but a lot more to do. I think the biggest thing we have learned is that for any one cancer let's say colon cancer there are actually a multitude of causes and that is where the complexity comes in. So no one single treatment is going to work in every particular colon cancer that's a big breakthrough moment in the last say 10 to 15 years. We all know people today living successfully with cancer or curative cancer. So in many instances what we are doing is we are turning cancer into chronic disease there's a number of cancers including lung cancer actually, leukemias lymphomas where they are now treated with a pill and it becomes a chronic disease for years where death sentence was imminent within months. So we still have challenges, we still have to figure out the multitude of causes, but what's promising is it seems as we figure out the cause of a particular subset of cancer patients we can come up with a medicine that can target it with a lot less toxicity than traditional chemotherapy.

Margaret Flinter: Well Dr. Caligiuri, you know, we were thinking and preparing for today that it's been close to 50 years since President Nixon declared his war on cancer and last year of course Vice President Joe Biden creating the moonshot for cancer after losing his son to brain cancer. This new effort which you are contributing to is predicated on the fact that cancer is not based on just

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one cause, we've all stood and are really of the results of the mapping of the human genome in 2004. So tell us more about this half-century of cancer research both in terms of breakthroughs on causes and the potential cures you referenced.

Dr. Michael Caligiuri: It's almost without exception that for every type of cancer we've had some phenomenally important breakthroughs that have helped us improve that rate of death from cancer. About 20 years ago, we discovered the gene that causes colon cancer in about 5% of people [inaudible 00:08:18] developed a test where we can find that in a colon cancer. In this particular type it's passed on to the family 50% rate so if you have this particular gene 50% of your brothers and sisters would all have this gene. We can now detect that on a simple glass slide and then with a simple blood test we can determine who's carrying the gene. And while they have a 80 to 90% chance of getting colon cancer once we see you carry that she we start routine colonoscopies at the age about 25 and you're never going to get that colon cancer. So there's an example where we have had a breakthrough discovery and actually had very meaningful impact. We actually did a study collected 3,000 colon cancers identified hundreds of people that carry the gene and they'll never get colon cancer that study cost us \$4 million to do but it saved the state of Ohio \$40 million. So if we invest the 4 million we save 40 million and hundred and hundreds years of lives.

Mark Masselli: Well I think the United States has something to be proud of that we had a government effort to fund medical and scientific research for decades. I think recently there's been concern that ranking is slipping away what if you could just talk a little bit about the impact in US funding as we compared others around the world.

Dr. Michael Caligiuri: So we have been the leader and you're right it is slipping because for the last 15 years the NIH has been flat funded by congress. So we're getting about \$0.75 or \$0.80 on every dollar that's invested, in which that a number of young investigators who would've been funded had left the field and that's where we all suffer as a society because it's really the young minds that need to come along and they are the ones with the energy that make those great discoveries and the consequences are not good for the field in cancer and any other diseases, but the good news is that through organizations like the American Association for Cancer Research and about three or 400 others the rally for medical research we're rallying for the last five years our legislators. So I'm happy to say that a bit ago we got a two billion-dollar increase in the 30 billion or so that the NIH spends on research, what we would really like to see is just an 3-4% increase every year. And I think it was Mary Lasker who once said, "if you think research is expensive try disease." We are spending about 30 billion a year on research, but these diseases are costing us well over half a trillion dollars a year. So it pays to invest in research.

Margaret Flintner: Well Dr. Caligiuri you yourself are a specialist in

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immunotherapies and their power to trigger the bodies on cancer fighting response. We had Director Dr. Francis Collins on the show who oversaw the human genome project and we have entirely new bodies of research underway based on genomic discoveries. Talk to us about some of these emerging trends.

Dr. Michael Caligiuri: Once we understood that there are so many different types of cancer. It became apparent to us that I'm not in a have enough patience to studying my own institution. I'm actually going to need hundreds of thousands of patients to find the 50 or 60 that have not only colon cancer but colon cancer by this particular cause or lung cancer by this [inaudible 11:40]. So that led to another realization that we have to share it to create progress, you order a book on Amazon Mice and Men what happens in two minutes you get what you like of mice and men you'd like these three books. So we are building the Amazon for cancer now one is project GENIE the AACR has coalesced the genomes from all over the world putting them into a single language and answering them into a public database actually being loaded into a public database where researchers have access to that data. I think immunotherapy mentioned that one of the things we've learned the way the cancer works is often the way an army will work right and wants to get through enemy line. And so what cancer does is it actually secretes molecule that put the immune system asleep then it can just walk right through the enemy line. And recently we have learned your molecules to call checkpoints we have developed checkpoint inhibitors and it discovers the enemy right with their myth [PH] and can attack it and kill it we are not targeting tumor actually. We are simply waking up the immune system. There will be several decades of research on how the immune system can destroy cancer but clearly there are palpable results at this point. I call it the fifth dimension of cancer therapy there was first surgery then radiation then chemo then targeted drugs and now immunotherapy very, very exciting progress.

Mark Masselli: We are speaking today with Dr. Michael A. Caligiuri President of the American Association for Cancer Research, Dr. Caligiuri is a professor of molecular virology immunology and medical genetics at Ohio State University School of Medicine. Dr. Caligiuri I wanted to pull the thread on a quote Mary Lasker if you think research is expensive try disease. The cost and burden for treatment is incredibly high, some \$90 billion in 2014 are there any cost controlling techniques out there or anything that you all are promoting?

Dr. Michael Caligiuri: One is we need more funding for prevention research, personally I believe the cure to cancer is prevention. We are ultimately we will have the tools to know who was going to get cancer and then develop the behavioral and pharmacological things that we need to do to prevent that cancer. For example wouldn't it be great if we knew from the time of birth who is going to be addicted to smoking. So that's ultimately where we are going you know smoking for example is a huge, huge cause of cancer lung cancer by far surpasses all other cancers. So more research on smoking cessation, more activity at the policy level, and how can we further curb the tobacco industry. It's

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very, very expensive to develop drugs techniques and surgery and radiotherapy immunotherapy, the real cost is you say is the burden of the disease. So AACR is putting great efforts into prevention behavioral research health disparities all of the things that can lead to a lower instance of cancer and if you don't have cancer it's not going to cost us much.

Margaret Flinter: Well Dr. Caligiuri kind of reading my mind there on this issue of prevention through regular screening thinking about the opportunities that we have in primary care I think of colon cancer or cervical cancer and I can tell you as primary care providers, it is a very heavy lift to get those rates of screening and to get people to engage with this. Now what's the conversation about the role of primary care especially in the health disparities issue?

Dr. Michael Caligiuri: Health disparity is a huge problem. If you look at some of the diseases like prostate cancer and breast cancer, we have a higher death rate in for example the African-American population, twice as high for prostate cancer, and about 40% higher in breast cancer for African-American men and women respectively. It's multiprong, it access to care, there is all sorts of barriers. So to your point, Margaret, we can have all the guidelines in the world, but if we can't implement an effective strategy to incentivize people to adhere to these what I call behavioral modifications to lower the risk and beating cancer. For example, raising the price of cigarettes, it's clearly have been shown to help keep people from smoking, we've got to develop policies, effective policies that will allow us raise the price of cigarettes to incentivize those people to participate in the effective screening that already exist. And personally I feel that physical incentive should be big part of it, again with the principle that this may cost a little money to get people to the primary care physicians, they don't know what we are saving.

Mark Masselli: No, you are absolutely right, and I know our own Weizmann Institute has worked with Yale University ran a randomized trial looking at the financial incentives for folks, the Medicaid population for tobacco cessation. You know I want to pivot and talk about a word that seems to be growing more prevalent and that's collaboration and you formed your own partnership collaboration called ORIEN and the American Association of Cancer Researchers also have a similar effort the GENIE Project. Share with our listeners this much broader approach to trying to get at this vaccine problem.

Dr. Michael Caligiuri: It's the realization that hey, we are all collecting these genomes in different languages, so the AACR put the money into collecting these genomes, putting them through a filter into a common language, and they are making it accessible to the research world. ORIEN stands for the Oncology Research Information Exchange Network, so again a network of cancer centers and community hospital that have agreed to share their patient data in a HIPAA compliant fashion, so that we could find those smaller cohorts of patients who are identical not only at the disease type, but actually at the molecular and the stage

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and the race like patients like me. And we started this about three years ago and within two and half years, we got 17 cancer centers across this country. We have 200,000 patients who are consented, and they consent to three things, you can follow me for my lifetime, you can do what you need to do it with my tissue and you can contact me if you have something for me. And we realized this is what patients want, they want their data shared, and they want it shared in a meaningful way that brings them results in a faster better way. I'll be announcing a collaboration between ORIEN and Project GENIE underrepresented minorities and making sure that both operations are doing their best to collect tumor samples from minorities who are literally underrepresented in these various efforts.

Margaret Flinter: We have been speaking today with Dr. Michael Caligiuri, President of the American Association for Cancer Research which represents 35,000 cancer researchers in over 100 countries. You can learn more about their work by going to the [www.aacr.org](http://www.aacr.org) and you can follow his work on Twitter at OhioStateMed#MichaelCaliguri. Dr. Caligiuri, thank you for the work you are doing, and thank you for joining us on Conversation on Healthcare today.

Dr. Michael Caligiuri: Well, it's been my great pleasure. Thanks for all that you do.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about Healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: President Donald Trump has claimed that under the Affordable Care Act insurance companies have "taken advantage of this country" made a fortune. He said he stopped that by ending payments for cost-sharing subsidies on the ACA marketplaces. That's misleading at best for several reasons. Health insurance companies have made money an increase in net income of 46% from 2015 to 2016 according to a report from the company A.M. Best, but that was in spite of not because of the ACA marketplaces. And A.M. Best Associate Director told CNNMoney that insurers lost millions and millions on Obama Care. The National Association of Insurance Commissioners sent us data showing that insurers reported an underwriting loss of 4.7 billion in 2016 on the individual market which would include plans sold on and off the ACA marketplaces.

Trump pointed to the increased stock prices of four companies but two of them Humana and Aetna pulled out of the ACA marketplaces for 2018 and a third company Anthem pulled out of some states and counties. Also the ACA limits

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the amount of profit insurers can make, at least 80% of premiums must go toward covering health costs. The rest can go toward administrative costs, profits, marketing and salaries. If insurers don't meet those requirements they have to issue rebates to consumer. Insurers should actually do well because of Obama Care millions of people have gained insurance and some companies have succeeded where others have withdrawn, but insurers say they've had to increase premiums as Trump has reminded voters in order to cover the cost of a sicker pool of consumers than expected.

On October 12<sup>th</sup>, the Trump Administration announced it was immediately cutting off payments to insurers for the cost-sharing subsidies. These are separate from the premium tax credits that lower the cost of premiums for those who qualify. Under the ACA, insurance companies are required to sell policies with lower out-of-pocket costs to those earning between 100% and 250% of the federal poverty level and buying plans on the ACA marketplaces. The government then sends the cost-sharing subsidy payments to the insurers reimbursing them for the cost of the discounted coverage. Many insurers submitted higher premium increases for 2018 because they were uncertain whether the Trump Administration would continue the subsidies.

And that's my fact check for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, e-mail us at [www.chcradio.com](http://www.chcradio.com), we will have FactCheck.org's, Lori Robertson, check it out for you here on Conversations on Healthcare.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. For all the people in the world without limbs acquiring prosthetics can be costly and out of reach. It's especially challenging to make prosthetics for children since they are in constant state of growth. Rochester Institute of Technology Scientist Dr. John Schull stumbled upon a clever and affordable solution provided online Open Source templates to anyone, anywhere in the world who has access to a 3D printer and provide prosthetic hands for next to nothing.

Dr. John Schull: I have made this Google Map snapshot. If you have a 3D printer and you would like to help, put yourself on this map and if you know someone who needs the hand, put yourself on those map.

Mark Masselli: So he founded the eNABLE network which has massed thousands of volunteer makers providing cheap but functional prosthetics for

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children in need.

Dr. John Schull: We know that we have delivered about 800 hand devices and we suspect that a comparable number have been downloaded by the people we can't track because we put all of our design on the Internet.

Mark Masselli: The movement has grown so rapidly the simple limb designs have become more sophisticated as recipients of the prosthetic devices provide feedback for designers to make more efficient devices.

Dr. John Schull: We are still working on individual finger movements. These things grip or un-grip that's all they do so there are much less functional than our biological and then they are also less functional than a fancy myoelectric hand. But for kids it's huge because those expensive devices are typically out of reach for children who would outgrow them, and our hands don't even pretend to look like regular hands, they look like superhero, iron man hands and for that very reason they are very popular with kids.

Mark Masselli: eENABLE, a global collaborative network of Open Source designs linking makers with 3D printers to provide low-cost prosthetic limbs to children and adults around the world. Now that's a bright idea.

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Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

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