

# [***Gabby Golf Girl Might Have Rx For Big Cancer Breakthroughs***](https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:698B-WWT1-DXVP-500B-00000-00&context=1516831)

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**Highlight:**  Why are we doing things the way we've always done it when everything else in the world has changed dramatically? says Greg Simon, former executive director of then Vice President Joe Biden's Cancer Moonshot

**Body**

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Greg Simon, third from left, at the White House with then Vice President Joe Biden and President Barack Obama, in 2016.

White House Photography Office, 2016.

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Many of the 1.9 million Americans diagnosed with cancer this year can anticipate a standard treatment for their particular cancer. If that isn t effective, a trial drug that hasn t received final regulatory approval may follow.

Greg Simon, the former executive director of then-Vice President Joe Biden s Cancer Moonshot and a cancer survivor himself, says the old approach needs a big shakeup. An unlikely inspiration, he suggests, could come from a young golfer with214,000 followers on Instagram:Gabby Golf Girl.

Simon, a cancer expert but self-admitted poor golfer, says he was intrigued when he recently watched an Instagram clip where Gabby gamely reverses the order that golfers usually use when drawing clubs out of a bag. At the start of a hole, she swung a putter to drive the ball off the tee; when she got to the end of the hole, she pulled out a driver to putt.

This really got me thinking, Simon told an online summit organized by Forbes China on Friday. Let's take some of the major programs and systems in the cancer world and look at them from the reverse angle, he said. Why are we doing things the way we've always done it when everything else in the world has changed dramatically?

For generations, researchers looking for new drugs have submitted ideas to the government where they are reviewed by their peers, Simon said. It takes months and months, he said. It's really hard to make that system more efficient. So we need a new system.

For patients, the system is worse. The slow process may cost them their lives. Rather than one drug at a time in a clinical trial that might take 18 months and then wait a year for the next phase to begin, there are many people now who are doing clinical trials based on one patient and many drugs, instead of one drug and many patients, he said.

That patient-centric approach is known as adaptive trials, where treatments change flexibly based on incoming data results and probabilities. The I-SPY program being coordinated by the Quantum Leap Healthcare Collaborative in California, where Simon is a board member, aims in a program with the University of California at San Francisco to fight breast cancer, for instance, through adaptive trials that obtain similar results in a fraction of the time with fewer patients than traditional trials, said a UCSF statement in January. The goal is to get the right drug to the right patient.

Says Simon approvingly: Patients cycle through a number of therapies until they find one that works, and they do it in real time. Expanding the number of patients would access to potentially life-saving new drugs could bring a big increase in the percentage of cancer patients with access to trials, currently under 5%.

Another effort to advance change was announced by the White House this month. The Advanced Research Projects Agency for Health, known as APRA-H, under the Biden Cancer Moonshot initiative, will provide $240 million to be used in part for the goal of detecting cancer cells early when cancers are most treatable, the White House said. Money will also be used for innovative approaches to visualize cancer cells during surgery to improve patient outcomes, it noted.

We need to be able to detect cancer cells from healthy cells during surgery so we can avoid unnecessary future surgeries to go back in, to get the cancer cells be missed the first time, Simon said.

ARPA-H is also looking at how we can generate new ways of cancer detection and cancer prevention at a molecular level. This is not based on somebody's hunch that something might work. This is based on what we need and then asking the medical community to do everything possible to make it happen. This is the reverse of what we've done for decades in funding R&D, he added.

A lawyer by training, Simon, 71, entered ***politics*** by working in Congress and later with then Vice President Al Gore on domestic policy. His healthcare industry experience includes a position as senior vice president for worldwide policy and public engagement at Pfizer and as co-founder of FasterCures (with Michael Milken) and the Melanoma Research Alliance. Today, he is a consultant and public speaker, in addition to his work at the Quantum Leap Healthcare Collaborative and his board position with Cancer Commons, a non-profit in California.

Simon also thinks cancer among kids can be more effectively fought by better early-life screening. Why do children have to get cancer before we make them the focus of our healthcare system? We know that the first thousand days are the golden years for every new human being on the planet. he said.

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If your doctor is not already using AI, you need to change doctors, says Greg Simon, former executive director of then-Vice President Joe Biden s Cancer Moonshot, pictured in 2016. (Photo by Marvin Joseph/The Washington Post via Getty Images)

The Washington Post via Getty Images

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Now, when a child gets cancer, the whole world stops. Certainly the world stops for the child and his family. But that shouldn't be the first time we start focusing on pediatrics. We need to be focusing on pediatrics, the moment of conception, to make sure that every child has the best experience in utero and then has the best experience in the world, Simon said.

So my question is not rhetorical. Why do we have to have children get cancer before we really focus on pediatric health? You can't have pediatric health without starting with the golden days, the first thousand days of a child's life, he said.

The advent of big data and AI makes a lot of new progress in the fight against cancer possible. Now, in the old days, by which I mean seven years ago, it was very difficult to get enough data from electronic medical records that could be shared easily and be compatible with different systems. It was also very difficult to analyze large amounts of data in any meaningful way in a relatively short timeframe, Simon said.

Now, ubiquitous electronic models allow doctors to take an individual patient and then contrast that patient with patients at large because we have the data and the access and the analytics to do it, Simon said. Physicians could combine old and new drugs for the best results in creative, if unconventional, ways. So instead of driving the system for the large companies and the large paychecks, why don't we drive it for the individual patient? Simon said.

AI is controversial but can help. I'm excited about the fact that AI never has a bad day. Then AI doesn't wake up grumpy. That AI doesn't have to remember to wash its hands, that AI doesn't forget. All of these things are things that people do, he said.

But AI can help prevent some of the very problems that are the natural result of the fact that we're all human. We all have a bad day. We all forget. If you lose your spouse, it affects your work. if your child is not happy, no one is happy in your family, as the saying goes, Simon said.

AI can help prevent medical mistakes, can catch things that doctors may be too tired to see or didn't read in the record. AI can provide a safety net for how we bring patients into the system and make sure that they're getting the right medications, they're getting it at the right time, that we're operating on the right leg, so to speak.

And that's why I'm excited about it. But the fact that AI Is so scary comes from the misconception AI Is going to replace us, AI is going to take the place of the doctor. -That's not true. Computers did a lot more than just replace typewriters. They gave us a new way of thinking through computer modeling. They gave us a new way of making sure we don't forget things and making sure we have as much information as possible, Simon said. The human brain, even if you gave it all the information it needed to make a decision with complete knowledge, simply cannot hold that knowledge in its memory and in its RAM, so to speak, to be able to use it on a moment-to-moment basis. But AI can.

If your doctor is not already using AI, you need to change doctors, Simon advised.

Wrapping up, Simon said, we have two things that we need to do to put new wine in new bottles. One is to turn the system upside down to put patients at the beginning of the thought chain and not the end, and ask ourselves, Why are we doing things the way we've always done it when everything else in the world has changed dramatically?

And the second thing we need to do is to treat AI as a trusted partner in the way we treat and protect patients going forward, he said.

Other speakers and participants at the Forbes China Healthcare Summit included Jing Qian, Co-Founder and Managing Director, Center for China Analysis, Asia Society Policy Institute; Dr. Satish Gopal, Director, Center for Global Health, National Cancer Institute; Dr. Wu Yi-Long, President, Chinese Thoracic Oncology Group; Prof. Olusegun Isaac Alatise, Co-Founder, African Research Group for Oncology; and Dr. Bob T. Li, Physician Ambassador to China and Asia-Pacific, MSK.

Sir Murray Brennan, Senior Vice President, International Programs, MSK; Dr. Peter Kingham, Director, Global Cancer Disparities Initiatives, MSK; Prof. Nick Pavlakis, Chair, Thoracic Oncology Group Australasia; Hope Lewis, Co-Founder and CEO, MORE Health; Zhao Changqing, DU Head Oncology, China Novartis Institutes for BioMedical Research, Novartis; Annelotte Walsh, Director of Research, Center for Asian Philanthropy and Society; and Victoria Wolodzko Smart, Senior Vice President, Mission, Susan G. Komen. I hosted.

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