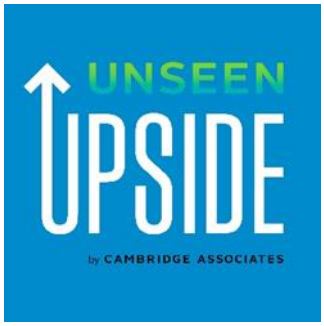

Season Four: Episode Three
Precision Oncology & Advancing Personalized Medical Care
Launch Date: March 2024

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Hillary Ribaudo: By the 1970s, cancer was the second leading cause of death in the United States. Scientists, healthcare institutions, and the government decided to take action. In 1971, the National Cancer Institute was created. It's been harnessing different research groups, government resources, and the private sector to propel change.

Matt Gevaert: We declared a war as a country on cancer in the seventies, right? And we think about the progress since then and some things haven't delivered in terms of the expected change in the trajectory of this disease.

Hillary: Today, cancer continues to be the second leading cause of death, second only to heart disease. It is responsible for approximately 10 million deaths worldwide every year and stands as one of the most important unsolved problems in medicine. While there is still no cure for cancer yet, the field of oncology has witnessed remarkable advancements. News of breakthroughs and novel techniques regularly make headlines, offering glimpses of hope.

> ***DW News:*** *Well tonight, a teenager in the United Kingdom is cancer-free after undergoing a new treatment for leukemia. It's called base editing, and it involves altering the patient's DNA.*
>
> ***NBC News:*** *AI is being used for everything from brain surgery to mind reading, and the potential of revolutionizing cancer detection.*

Hillary: Significant funding and research is focused on cancer, leading to ongoing advancements in our approach to the disease. Among the most promising developments is precision oncology, a personalized approach to cancer treatment that tailors therapies based on an individual's unique genetic makeup.

[THEME MUSIC]

Hillary: I'm Hillary Ribaudo and this is Unseen Upside by Cambridge Associates, where we explore investments beyond their returns. This season we're talking to leaders and investors behind healthcare innovations that could change how long and how well we live.

In this episode we'll examine how innovation in precision oncology can help in the fight against cancer, while making diagnosis and treatment more equitable.

Act 1

Matt: It's sad to say, but cancer has always been in the background, right? When you have a big enough family, you're aware of it. In my case, it became personal when my dad was diagnosed with prostate cancer. There are two kinds of prostate cancer, one that is relatively well treated, and he had that. And then later in life, he was diagnosed with chronic lymphocytic leukemia. And this cancer generally wears you down and is probably the best way to attribute his passing at 87 after a long and healthy life.

Hillary: Matt Gevaert holds a Ph.D. in Bioengineering, over 30 patents, and numerous peer reviewed publications and conference abstracts. And he is a cofounder and board member of Kiyatec, Inc., a company based in Greenville, South Carolina. They're disrupting cancer care by accurately predicting a patients' response before treatment begins. But before we tell you how they do it, let's start with the disease.

Hillary: Cancer happens at a cellular level.

Every cell in your body is like a tiny factory, churning out all sorts of proteins. Some of these proteins are like architects, giving cells their structure, while others are messengers, allowing cells to talk to each other and respond to what's happening around them.

Then, you've got the enzymes, controlling the metabolic processes that keep everything running smoothly.

But when mutations mess with our DNA, which is like the biological instruction manual, things can go haywire. Suddenly, abnormal or damaged cells can grow and multiply when they shouldn't. And they can form tumors, which are tissue lumps. Tumors can be benign or cancerous, and some types of cancer do not form tumors at all.

The disease was first described about 5,000 years ago in Egypt -way before we gave it the name cancer. Ever since scientists got a hold of microscopes, they have been examining tumor cells and accumulating data about the disease.

Cancer can start almost anywhere in the human body, so today we understand it as a group of more than a hundred different diseases with breast, lung and colon cancer among the most common.

Matt: Medicine is about knowledge applicable to groups of patients. In the first versions of cancer treatment: decision making, which drugs to give, who to give them to, you had these large groups, like breast cancer.

Hillary: Breast cancer is the most diagnosed cancer for women in the country. It can be categorized into subtypes such as HER2-positive, where the cancer cells have a protein called human epidermal growth factor receptor 2 (HER2); the second subtype is ER-positive, in which the cancer grows in response to estrogen.

Matt: What happened was the emergence of information allowed people to move how specific the recommendation is from that broad label breast cancer into subpopulations of HER2 positive breast cancer and ER positive breast cancer.

So basically, it became more personal as the group of people that treatment decisions are made for get smaller, and then you can go smaller and smaller. And ultimately what that leads to, if you just keep going small enough, is an N of one.

Hillary: This path has been paved by years of work from many scientists and institutions, including St Jude Children's Research Hospital**.**

Rick Shadyak: We treat kids with cancer and other catastrophic diseases, but we always are trying to get better at what we do. We want to try to advance cures.

Hillary: Rick Shadyak is the president and CEO of ALSAC, the fundraising and awareness organization for St Jude Children's Research Hospital.

Rick: When we opened our doors in 1962, survival rates for the most common form of childhood cancer, acute lymphoblastic leukemia was 4%. So ninety-six out of a hundred kids would pass away and pass away quickly. Fast forward to today, and due in large part to the research and treatment done at St. Jude, survival rate for that very disease is now at 94%.

Hillary: St Jude is a Research Hospital, which means that while doctors are treating patients, scientists are studying the specific cancers.

Rick: About 50% of what we do is research. Most of our patients are on some type of research protocol as well. Technology has allowed us to advance treatment opportunities for kids.

Hillary: Not only treatment has advanced. In 2010, St. Jude and Washington University launched a $65 million project to sequence the genomes of 600 pediatric cancer patients. Their goal was to understand the genetic basis of childhood cancer.

Rick: Some had done individual disease types, but nobody had done it across the entire spectrum. We decided to do that. The results from that pediatric cancer genome project have been stunning. We shared those results freely with the world, and now we're using those to refine our treatments at St. Jude.

Hillary: But understanding the genetics of a disease is just a steppingstone towards treating it, because every cancer patient is different.

Matt: The most personal medicine that you can get is directed towards you, towards your biology, towards your disease, towards restoring your health.

So, Dr. Ribaudo. If you're a doctor and you're looking across your desk at a cancer patient and you're deciding on what drug to use under today's processes, you're looking at them and then you're assessing. Okay, I'm going to make the decision on that patient based on other people's outcomes in the past. So how much are you like the people that the drug worked for and how much are you like the people that it didn't work for?

And it's an extrapolation based on events that happened in the past and to other people. If we could move that process to give you better information- Dr. Ribaudo- and you were saying to yourself, okay, what I want is this patient in front of me's cells to die. That's what you want, right? When you give a patient a cancer drug, you want dead cancer cells inside their body. If I was basing that decision on your cells dying when exposed to this drug, it's a different basis for your personalized medicine decision.

Hillary: And that's what the Kiyatec team has accomplished. They have designed platforms that can provide clinicians with highly accurate treatment recommendations based on the unique make up of a patient's tumor. Matt says the process is similar to how we use antibiotics to treat people with bacterial infections.

Matt: There's a guy named Petrie in Germany in the late 1800s and he was growing bacteria in his lab in a dish that is now called the Petri dish, right?

But the difference is bacteria has relatively simple biology and way back then, when bacteria died in the lab, they died in the patient's body. So there's this really good correlation between what happens in the lab and its direct implications for the patient you got the bacteria from.

Human cancer biology is a lot more complicated than bacteria biology. That connection between what dies in the lab and what's going to die in the patient has generally eluded us for a good couple of decades.

Mostly the opposition is really skepticism because it's been tried and not worked. Really it's a story of something that is intuitive and that everyone could get behind. The real question is, does it work from a technical perspective?

Part 2

Hillary: Functional precision medicine is an approach where doctors test drugs directly on a patient's tumor cells to see which ones work best. This helps to tailor patient-specific treatment with better outcomes. Matt's team at Kiyatec is getting it done by using live cells to create a lab replica of the cancer.

Matt: We are merely implementing the thinking that drives the very successful use of antibiotics on a personalized level.

We're just doing that in cancer because our knowledge of how to manipulate biology and grow it in a lab has really advanced. My PhD is in biomedical engineering, which is bio plus medical plus engineering. It combines all three of those things. They're really important to get this right for human cancer cell culture.

Hillary: Matt says the past couple of decades have brought tremendous advances in tissue engineering and regenerative medicine allowing innovation like what's behind Kiyatec products. They use cells that come directly from cancer patients to create what they call "complex cell cultures with maximized fidelity to human biology."

Matt: Functional precision oncology implies the use of live cells. If you think about getting information from a cancer patient's body and you're going to do it based on some sort of a tissue analysis, they're going to take a biopsy or use specimens from a surgical resection procedure. When the tissue comes out of the body, it's alive.

Under standard workflows, one of the first things they do is basically kill it and it's technically called fixing it. Basically you're going to put it into a liquid with formaldehyde. It is designed to very efficiently fix the tissue by killing the cells and preserving it. Why? Because you don't want it to degrade, right?

Hillary: But killing the cells doesn’t work for functional precision oncology**.**

Matt: That would be non-functional because you're not using anybody's live cells and you're not measuring how they function in response to a given stimulus. You think about functional as, take a live cell, hit it with a drug, watch what happens, ask a lot of questions about how does it interact with the drug mechanistically, all these things.

But at the end of the day, did it die? Yes or no.

Hillary: How is this possible?

Since the beginning of medicine, there has been a real desire to grow human cells in the lab, and for decades this was unsuccessful. But then in 1951, a woman by the name of Henrietta Lacks, a Black mother with cervical cancer, went to Johns Hopkins Hospital for treatment. Doctors took cells from her tumor without her permission! These cells were the

first to survive and multiply in a lab, leading to countless medical studies and the development of numerous drugs.

And with over half a century of innovations, things have changed in how scientists are able to grow the cells, too.

Matt: Two-dimensional cell culture is when cells are being grown on a flat surface, like the bottom of a Petri dish. They have a form that often looks like kind of like a pancake. Together they make a cobblestone surface that is two dimensional and flat.

3D cell culture implies the cell is probably more naturally shaped in something like roughly spheroid or sphere. It's surrounded in all of its dimensions by either other cells or extracellular matrix. The cells in your body, the ones that matter for cancer in your tissues, are largely three dimensional. You're a three-dimensional organism; your cells are in 3D. And when you move the cells into a 2D, it's like you've taken them and put them on the moon or in some alien environment, they act differently. The data you get from them has very limited relevance to the real cells in your body.

And that's why this didn't work for decades. The world needs but doesn't have way better information that comes from more complicated cell culture.

Hillary: From an engineering perspective, the company developed a solution that recreates a solid tumor environment in the lab and plugs cancer cells into it. The commercial platform is called 3D Predict and the process is fairly simple. Consider that someone you know has been diagnosed with GBM, a type of brain tumor.

Matt: If their doctor is in our network of ordering clinical sites, they have a tube of liquid in their fridge. What happens is, in the surgery that's already been scheduled, and the tissue that's already being removed, they take some of that tissue, they put it in the tube, seal it up, and they ship it to us overnight. Basically, that live tissue is making its way from the patient's body, into the surgery suite, and into our labs. Then we take that tissue, we process it in such a way that we recreate their living biology in between six hundred and a thousand little replicates, basically little spheroids.

Each one of those is a shot on goal to hit it with a drug and measure, hit it with a drug, measure what happens, right? Each of those is a data point on what did their live cells do.

Hillary: At Kiyatec, Matt says they generally are testing a 12 drug panel.

Matt: We're looking at independently 12 different drugs to get a read on, okay, this one, but not that one over there, but not this one over here. And that is a little bit like a fingerprint relative to what that patient's going to respond to. We turn that back to the doctor within seven days.

Matt: That's long before they're going to start the drug therapy because they're still recovering from surgery, but that's when the doctors want. They want that information quickly to do their planning.

Hillary: Kiyatec published their results on brain and ovarian cancer, with 85% success rate in clinical studies.

Matt: We have an impressive correlation between when things die in the lab, predicting response, and then it actually happens to be the case where the patient responds in that way. That's exciting. That puts us in a relatively small bucket of companies who put up the data to actually, you know, put our money where our mouth is relative to showing that this works as a result of results in clinical trials.

Hillary: Kiyatec is just at the beginning of their journey, but clinical teams are getting exposed to their innovation and some patients have sought them out directly. Their system also supports Kiyatec Predict, a platform for pharmaceutical companies working on clinical trials.

Matt: In terms of functional precision oncology, we're at the state of introducing a new thing that has to meet really important, " yes, no," performance criteria, and that is really important. But that's where we are. We are going to do a lot of good by doing the heavy lifting of introducing the change. Then after that becomes successful and ubiquitous, there is so much potential for then tweaking it.

Changing cancer is hard, period.

With the technology working where it is, the problems are people problems because we have to convince a doctor to do something different.

We have to convince insurance companies and Medicare to do something different. I'm excited about that because every time we do that. We're helping a cancer patient, and also we're capturing the value. The world I want to live in is one where patients routinely respond to their cancer drugs. We're not there today and we're not going to get there unless we do something different.

Part 3

Jason Robart: When I think about precision medicine, I think about tremendous opportunity to improve health outcomes for everyone.

Hillary: Jason Robart is Co-Founder and Managing Partner at Seae Ventures, an early-stage healthcare venture fund founded by former healthcare executives. Before founding Seae, Jason was the Chief Strategy Officer of Blue Cross Blue Shield of Massachusetts.

Jason grew up in Roxbury, a neighborhood in Boston, in the '60s and '70s.

Jason: As a result, we really saw firsthand and experienced some of the racial strife that was taking place in Boston at the time and frankly across the country as we sought to desegregate the school systems.

Hillary: For Jason, that inequality became apparent at a young age.

Jason: We were a pretty low-income family. When I was 17, my father was diagnosed with stomach cancer, just before Thanksgiving of that year. He died about four and a half months later. You know, it was obviously very sad for the family, and had an impact on my life at that point. Fast forward, gosh, about 35 years, I had done relatively well, and I was sitting in my office overlooking the South end of Boston and lower Roxbury.

And it hit me really for the first time of, “Wait a minute. Here I am, stone's throw from Mass General, from Brigham and Women’s, from Dana Farber, and I'm at Blue Cross Blue Shield of Massachusetts.” And I thought back to 35 years earlier- why was it that substandard care was getting delivered less than two miles away?

Not through any fault of the providers who are doing exceptional work with what they have, but that the incredible technological advancements that have been made were not affecting all people equally. And this was just a two mile zip code difference.

Hillary: Jason says this was one of the catalysts behind Seae Ventures.

Jason: We focus on two groups that have traditionally been underserved. One is women and the other is BIPOC founders.

The numbers are staggering- that women receive roughly 2 percent of all venture dollars, and for women of color, that number is under 1 percent of all venture dollars. And I'm not a statistician by any stretch of the imagination, but you can't tell me that 51 percent of the population only has 2 percent of the good ideas.

Hillary: Seae is also drawn to companies like Kiyatev that are working on solutions that serve traditionally underserved or vulnerable populations.

Jason: I got introduced to Kiyatec from a doctor, a former chief medical officer of a large health plan, who knew a little bit about what we were doing. I was struck by both Matt's enthusiasm and passion for the company and the data on being able to better predict the response that a patient might have two different types of cancer therapies. When the provider actually took that into account and made a decision that aligned with Kiyatec’s predictive models, that patient had a longer period of progression free survival and overall survival than if the provider went with the more traditional standard of care.

So the data was really compelling.

Hillary: Jason consulted diagnostics companies, pharma companies, and many others who agreed on the need for a system like Kiyatec's.

Jason: One of the criteria that we look at with portfolio companies is their ability to integrate into the provider workflow. We're not asking providers to do something different.

Change is hard, right? And the last thing we want to do is make the change harder for providers or payers. The way in which the solution at Kiyatec works is that live cancer cell is sent to Kiyatec. Within seven days that provider has an answer back from Kiyatec that says, “based on our analysis Jason will respond best to X, not Y.”

Hillary: Kiyatec's technology also offers a solution to some of the other challenges in cancer.

Jason: Particularly for low income, for rural, for vulnerable populations, If we think about care from a population health perspective, there aren't a whole lot of folks that look like me or that have my background. In clinical trial data, women are underrepresented. Is there an opportunity to take the learnings that we've had, perhaps from the traditional clinical trials, the studies that have been done, marry that with the advancements that are taking place and then making that care specific to Jason Robart. Not people that look like Jason, but specific to Jason Robart.

Hillary: When it comes to cancer treatment, speed matters. Unfortunately, most patients do not get on the right therapy for them on the first try. All that does is prolong suffering as the disease progresses. Plus, it piles on extra medical costs. Basically, not identifying the optimal treatment upfront can set patients back in a major way.

Jason: How can we get that therapeutic response that is specific to my needs as an individual or your needs as an individual as quickly and as efficiently as possible? That's where I think precision medicine really can lead to significantly better health outcomes and ironically, ultimately lower costs because we're going to get that person onto the care that they need out of the gate.

Hillary: At Seae Ventures, Jason's team focuses on helping companies reach their highest potential with more than just money.

Jason: entrepreneurs and early stage companies need funding. But they actually need your expertise more than they need your funding.

Hillary: Jason says that's the foundation of Seae's work.

Jason: We provide capital, absolutely. But it's our knowledge of the market, our knowledge of how you navigate a health plan or a provider system to sell your product or service within that organization. How do you think about contracting? How do you think about a product roadmap that speaks to the needs of the payer, provider, or patient today, but is also a platform play that can evolve as we move forward?

I think that's really what our secret sauce is. It's the hands on experience as folks coming out of a large payer, where as chief strategy officer at Blue Cross, I made many of the buying decisions that our portfolio companies CEOs and management teams are seeking to get.

Hillary: Seae is focused on access and equity in healthcare. But making this vision a reality has many challenges.

Jason: The biggest challenge around health equity or inequities, is making sure that we are addressing the full problem and all the root causes to that inequity.

Jason: Some of those are making sure that providers that are serving traditionally underserved low-income rural population have the tools, the resources, and the technology to be able to deliver care in a way that is appropriate for the population that they are serving. Some of it is the way insurance works in the country. There are obviously a number of social determinants of health. It's a great question of how do we solve for health equity? And it's a really complicated answer.

Hillary: Seae is not alone in their efforts. At the core of St Jude Children's Research Hospital is healthcare access and equity as well.

> ***St Jude video:*** *I am Aubrey. I went to St. Jude because I had a cancerous tumor.*
>
> *These kids, they don't deserve to have to go through this. My beautiful little redheaded girl has cancer. You don't know what's going to happen.*

Rick: St. Jude came into existence to address healthcare inequity in the United States.

Hillary: ALSAC CEO, Rick Shadyac.

Rick: ALSAC stands for American Lebanese Syrian Associated Charities. We exist for no other purpose other than to raise the money that's necessary for St. Jude and to create the awareness that's necessary for our mission.

Hillary: St Jude Children's Research Hospital, and ALSAC were created by the same person in the 1950s.

Rick: Danny Thomas went around the United States asking people that shared his heritage to help him build St. Jude Children's Research Hospital as a way to say thank you to God and the United States of America for giving their parents (my grandparents) the opportunity to come to this country and to make a life.

Rick: My dad signed up and went on to serve this mission for over 50 years. And my brother and I have been fundraising for St. Jude since we were little kids going door to door with canisters, trying to collect coins back in those days.

Hillary: The mission of Saint Jude has been an important part of Rick's life, and an important part of the history of medicine in the country.

Rick: I want to take you back to the 1950s and the 1960s. And in 1962 we opened our doors in Memphis, Tennessee. That was a segregated city. Kids who were black or kids of color were routinely turned away from medical institutions around the South in the United States of America, simply because of the color of their skin.

Our founder, Danny Thomas, that first generation of board members like my father, were courageous enough to say this is completely unacceptable. And from day one, we're going to open our doors and make it available to kids of all races, creeds, religions.

Rick: We're going to take all the economic circumstances completely out of the equation, and every child deserves the same chance at survival. We've been true to that. For over 60 years, from day one, no family receives a bill from St. Jude for treatment, travel, housing or food. So mom and dad can focus on getting their child better.

Hillary: St. Jude has helped address healthcare inequities, but Rick says they still exist.

Rick: No parents should have to make decisions based upon how good their healthcare insurance is or how much money is in their bank account. I'm not naive. I know that's not the world that we live in. Okay? I think it's the utopia that we all strive for. But the reality is while we've addressed it here in the United States, around the globe, we have a big problem. The single biggest determinant of whether a child survives cancer is where that child lives.

Rick: That is completely unacceptable. Why should a child that's born in Haiti or El Salvador not have the same chance at survival as a child that's born in the United States. That’s not fair. We're still not where we need to be, but we have a partially solvable problem. Let's take what we've learned in the United States and export that around the globe.

Rick: For the last three or four decades, we've trained the global clinical workforce in the pediatric space. We continue to do that, expanding our reach to more than 80 countries. But now we're going to also provide free cancer medications to 120,000 of the 400,000 kids around the globe that are going to get cancer this year. That's what St. Jude is doing with our St. Jude Global Initiative, where we seek to raise survival rates around the globe for six most common forms of childhood cancer from 20% to 60% by 2030 to address healthcare inequity.

Hillary: To continue propelling innovation and change, organizations like St Jude and Kiyatec require investment.

Rick: I want to urge and remind people that there's various ways that you can make investments to kind of advance healthcare, right? You can invest in stock in these companies that do fabulous work, or you can invest in missions like St. Jude Children's Research Hospital.

Jeff Blazek: It's just so easy to be motivated by serving the needs of nonprofit health systems because of the importance that they have with our communities, with us individually and with our families and friends. Helping people get better, so it's quite an easy cause.

Hillary: Jeff Blazek is a partner and Head of the Northeast & Midwest Endowment & Foundation Practice at Cambridge Associates. He has more than 25 years of investment experience, including a decade advising healthcare systems. One of his clients is St. Jude. Jeff works closely in partnership with LSAC? Chief Investment Officer Anurag Pandit and his team on their investment strategy. Jeff is so passionate about his work with St Jude that he has also ran two marathons they hosted in Memphis to raise funds for the hospital.

Jeff: St. Jude's is a special organization and I've had the honor of working with them for a little over four years now. And the entire experience has been one of my favorites as an investor. The team thinks and works tirelessly on behalf of the kids. I will never forget how emotional it was the first time I did a tour of their campus in Memphis to see how impactful this has been on saving children's lives.

I'm not sure there's a more complicated business in the world than running a hospital. When you think about all the things that have to come together- you have to have a day-to-day management of the demands of providing care, but then you have to have a multiyear strategy of making sure that you have the best technologies and innovations, and then you have to bring it all together and run it profitably. It's a lot of moving pieces.

Hillary: Jeff has worked with some of the top healthcare systems in the country. He says that for these types of institutions, investment is a complex topic.

Jeff: Healthcare systems are going to have a lot of give and take. They're going to have these balance sheet assets that some years when they're good and there's not a lot of need on capital, they can accumulate. And then there are other years, as we saw with COVID in 2020, where they're going to have to draw in. All of that flexibility has to be factored in on an investment portfolio in a way that is challenging, but also really interesting.

Hillary: For Jeff, the most important goal is to be able to serve liquidity needs while balancing the need to grow strategically in the long run.

Jeff: If you go too far down one path, without balancing the other path, you can get yourself in trouble.

Hillary: And as it relates to the investments that healthcare systems make, there’s often a focus around healthcare innovation.

Jeff: The healthcare systems are often in a position where they can observe it more than our typical clients because this is the day-to-day business of what they do. The challenge is that these innovations, first of all, involve significant risk. There can be a very promising

pharmaceutical opportunity, device, or data platform that will have the potential to dramatically change and improve healthcare delivery.

While on paper that will look promising, as we know, the execution can really be the difference between success and failure. What is interesting is how do the healthcare systems delineate between having innovation of healthcare naturally occurring in their investment portfolios- and we think it's important to have that health care, but also have technology, have growth equity, more diversified base. For those situations that are more specialized in promising devices, pharmaceuticals, and technologies for the application of health care, what we have noted is that many of the larger institutions have created their own incubators, internal innovation laboratories, and really made sure that they acknowledge that there's dual needs with this.

They would love to earn a high degree of return multiples of their capital if this works. They want to incentivize their people, but they also want to just make sure that they're experiencing cost benefits or other things that will help them really be aligned with the innovation.

Hillary: Because every cancer and every patient are different, innovations related to precision oncology are in high demand.

Matt: I'm an optimist. It's true.

Hillary: Kiyatec's Matt Gevaert

Matt: I've been accused of it accurately. But I really believe that we are living in a time where we are going to change the trajectory of cancer.

Hillary: Matt thinks the future of functional precision oncology is predictable.

Matt: This is resource and time intensive. Cancer has the market opportunity where investors can be attracted to that and realize it as the values happens. It's advancing the war on cancer by having a single unit establish a beachhead and then growing that, and then growing it and growing.

Hillary: St. Jude Children’s Research Hospital is one of the hospitals working tirelessly to find new and better ways of treating cancer.

Rick: The problem of childhood cancer is a multi-year, multi-national, multi-trillion dollar problem. It's not going to be solved overnight. It's taken us 60 years to get to where we are, but I am so excited about all the technological advances that I think are going to accelerate progress. I think that we all should really pay attention over the coming decade to see all the great things that are going to happen in science and medicine. And it's going to be driven by investments.

I think about how unfair it is, for some of these families that are burdened with a child that's catastrophically ill. I want to change those odds for those families, and I want to have them

experience happiness. I want to see more and more kids grow up, to lead full and complete lives. I can't wait for one of these kids to take my job.

CREDITS

Hillary: If you want to learn more, please visit us at cambridgeassociates.com/unseenupside or check out the show notes. If you like what you're hearing, leave us a review and tell your friends and colleagues.

At Cambridge Associates, our podcast team includes Michelle Phan, and me, Hillary Ribaudo. And a special thank you to Megan Morrissey, Robert Scherzer, Krista Matthews, and Deirdre Nectow.

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Hillary: Next time on Unseen Upside, join us as we take a look at the growing obesity epidemic and the promising new treatment options that have emerged to help fight it.

You think about the obesity epidemic from 13% in 1980 to 42% and this is just the United States alone. But, there is solutions now to this problem. This is a real problem. A lot of people think this is just cosmetic, it's not, it's a disease.

Hillary: Before you go, one of our colleagues has an important message about the contents of this podcast.

[DISCLOSURE]