Andrea Silber, MD, Associate Clinical Professor of Medicine, has never forgotten one of her first patients in New Haven nearly thirty years ago, a young black mother of four. She had breast cancer but had never been treated. Within a week, she was dead.

“It was incredibly sad, and it stuck with me,” said Dr. Silber, a medical oncologist who specializes in breast cancer. “I was also struck by the fact that in New Haven, whenever you see people of color with cancer, it’s worse in so many ways. They may come in later, or the onset may come at a much younger age, or they may have other chronic conditions that make it difficult to treat their cancer. I’ve had a long interest in decreasing cancer health...
Dr. Silber, the only doctor who didn't give up on me. She took her time and gave me this option, and she explained everything. I don't have enough to pay her for what she's done for me.”

Similarly, Marta Vega was diagnosed with stage 3 breast cancer. Her oncologist was hurried and distant. “I was kind of an advocate,” said Ms. Vega, “and I felt good because I was helping someone else.”

After Wendy Ormond was diagnosed with breast cancer, “It wasn’t until I met Dr. Silber and joined the trial in February 2015, and her blood tests continue to show that she would be treated like a lab rat, but she trusted Dr. Silber, who suggested a clinical trial with Overtor...”

“One of OWN IT’s tasks is to remove the barriers keeping minorities out of trials. The first barrier is mistrust. “People in town have been afraid of being someone’s research project,” said Dr. Silber. “They say, ‘Why should I do that? Who is going to help me?’ I don’t want to be experimented upon.” To overcome those suspicions and build trust, says Dr. Silber, physicians must become more patient and communicate more clearly. “Everyone has a right to understand what’s going on. They see us as robots, and it’s our obligation to communicate in a way they understand.”

That’s how Dr. Silber insists her patients enter clinical trials. Maria Castellani, a mother of six, has a bone with stage 4 breast, gen in 2013 and treated it, but by mid 2014 the disease returned, in the aggressive triple negative form. It spread to her lungs, lymph nodes, and bone. She saw four oncologists, one of whom gave her six months to live. Three of them never mentioned clinical trials. The fourth suggested a trial, but instead of explaining it, merely handed Ms. Castellani a thick packet of baffling technical information.

Oncologists Welcome New Haven Into Trials. OWN IT will address the barriers of fear and mistrust, says Dr. Silber, by building a relationship between Yale oncologists and the people in the city surrounding it. That will take time. She has already devoted time to community outreach, but now new funding from the National Institutes of Health and other sources will allow her to hire patient navigators and a communications director to reach out to inner city residents to explain clinical trials and their advantages.

Ms. Castellani, who was treated for breast cancer by Dr. Silber,,” said she went into a tailspin. She began drinking and contracted pancreatitis before she could have surgery, and her blood pressure shot up. She was referred to Dr. Silber, who sent her to a cardiologist to get her blood pressure under control. She also convinced Ms. Ormond to overcome her suspicions and build trust, says Dr. Silber, physicians must become more patient and communicate more clearly. “Everyone has a right to understand what’s going on. They see us as robots, and it’s our obligation to communicate in a way they understand.”

That’s how Dr. Silber insists her patients enter clinical trials. Maria Castellani, a mother of six, has a bone with stage 4 breast, gen in 2013 and treated it, but by mid 2014 the disease returned, in the aggressive triple negative form. It spread to her lungs, lymph nodes, and bone. She saw four oncologists, one of whom gave her six months to live. Three of them never mentioned clinical trials. The fourth suggested a trial, but instead of explaining it, merely handed Ms. Castellani a thick packet of baffling technical information.

Oncologists Welcome New Haven Into Trials. OWN IT will address the barriers of fear and mistrust, says Dr. Silber, by building a relationship between Yale oncologists and the people in the city surrounding it. That will take time. She has already devoted time to community outreach, but now new funding from the National Institutes of Health and other sources will allow her to hire patient navigators and a communications director to reach out to inner city residents to explain clinical trials and their advantages.

Ms. Castellani, who has always devoted time to community outreach, is a about two-thirds black and Latino, yet those groups account for about 12 percent of the city’s population, according to the medical establishment. That has recently started changing, spurred partly by the Affordable Care Act. Dr. Silber, who suggested a clinical trial with Overtor...”

“One of OWN IT’s tasks is to remove the barriers keeping minorities out of trials. The first barrier is mistrust. “People in town have been afraid of being someone’s research project,” said Dr. Silber. “They say, ‘Why should I do that? Who is going to help me?’ I don’t want to be experimented upon.” To overcome those suspicions and build trust, says Dr. Silber, physicians must become more patient and communicate more clearly. “Everyone has a right to understand what’s going on. They see us as robots, and it’s our obligation to communicate in a way they understand.”

That’s how Dr. Silber insists her patients enter clinical trials. Maria Castellani, a mother of six, has a bone with stage 4 breast, gen in 2013 and treated it, but by mid 2014 the disease returned, in the aggressive triple negative form. It spread to her lungs, lymph nodes, and bone. She saw four oncologists, one of whom gave her six months to live. Three of them never mentioned clinical trials. The fourth suggested a trial, but instead of explaining it, merely handed Ms. Castellani a thick packet of baffling technical information.

Oncologists Welcome New Haven Into Trials. OWN IT will address the barriers of fear and mistrust, says Dr. Silber, by building a relationship between Yale oncologists and the people in the city surrounding it. That will take time. She has already devoted time to community outreach, but now new funding from the National Institutes of Health and other sources will allow her to hire patient navigators and a communications director to reach out to inner city residents to explain clinical trials and their advantages.