

**“That’s Understandable” Season 2 - Mini Podcast 1**  
**Transcript**  
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**Brendan (00:05)**

Hello, everyone, and welcome to That's Understandable. I'm your host, Brendan McEvoy, US head of external communications at AstraZeneca. Today's episode is a special one, as I'm recording on site at Aspen Ideas Health in Aspen, Colorado, amid a mix of panel discussions and presentations exploring bold approaches to better health for all.

And while there are dozens of sessions and topics being discussed over the course of the four-day event, for today's episode, I wanted to hone in on one that is particularly troubling, the alarming increase in cancer prevalence among younger adults, the focus of a roundtable discussion I attended this morning.

For grounding, the American Cancer Society projects there will be 2 million new cancer cases diagnosed this year, 611,000 of which will result in death. Among these cases is an unsettling increase in cancer occurring in more adults at younger ages, before they turn 40 or 50 and sometimes even earlier.

So why is this happening and what can be done about it? To help break down today's topic and make it a bit more understandable, I'm joined by my colleague Mohit Manro, head of US Oncology for AstraZeneca, president of the AstraZeneca Healthcare Foundation and lead for the company's US Health Equity Initiative. Welcome Mohit and thanks for joining me today.

**Mohit (01:18)**

Thank you, Brandon. It's my pleasure to be here.

**Brendan (01:20)**

Before we dive in... is this your first time at Aspen?

**Mohit (01:24)**

Yeah, indeed, Brendan. It's my first time here. The setting is beautiful, but what is more important is the dialogue is even better. And having stakeholders from across the healthcare ecosystem being here, present here, discussing challenges, solutions, opportunities to work together, and move the needle on health for our fellow Americans, it's just amazing to be here amongst them and really pushing the boundaries on what we all can make happen.

**Brendan (01:51)**

Couldn't agree more. And it's in a beautiful, idyllic setting here as well, which also makes it that much better.

So I gave a little bit of context in my opening about the rise in cancer prevalence among young adults, which like I said, was the focus of the roundtable discussion this morning. Maybe to ground us a bit, can you give us a high level overview of what the discussion was and maybe some of the main topics that were discussed?

**Mohit (02:13)**

Yeah, sure, Brendan. So as you started with numbers, I'll just take the same numbers but put them in a context of a day. 5,500 people get diagnosed with cancer every day in America. 1600 plus people succumb to this disease every day. And what we are seeing that these numbers are becoming much more challenging because now we are going to start seeing

these numbers go up in younger populations where cancer was thought to be a disease where, you know, mutations in your body start happening as you age.

That's that's the juxtaposition that we dealt with in this morning's panel that while we can celebrate the success we are having in terms of transforming care for cancer. We are seeing on the other side, diagnosis rates and incidence rates go up in populations which are much younger. And are we prepared for that? What's causing that? How do we tackle that? Is a system set up for that? What are the needs of these group of people and how do we reverse trends? So those were the questions we tried to tackle over breakfast. But we all were very clear that this is, we're not going to solve them over a breakfast discussion, but that is a potential catalyst to what more we can do together as we as we go back and think about these and come together to solve for many of those challenges.

**Brendan (03:31)**

Yeah, no, that's a great great overview. So let's actually dive in a bit to some of those topics. So maybe if we start with what are what are some of the biggest factors impacting this? What is what is contributing to this this rise and prevalence among younger adults?

**Mohit (03:49)**

Yeah, Brendan, the the science is still to uncover what truly is causing it, but there are different elements that kind of start to show what could be causing it. I think one of the discussions this morning was maybe it's really to do with the highly processed food that's being used in the generations over time and the accessibility to fresh food, organic food is becoming a challenge in rural areas, in certain populations, in certain zip codes. And the highly processed foods, of course we need processed food because of the supply chain in challenges, but the chemical composition of those, those chemicals are lasting longer in our bodies, which is potentially causing this. That's one area. The second is, of course, we have seen environmental impact. You know, pollution levels are on the rise and that has caused also challenges to not only climate, but challenges to health. And these things are linked, right? That's another element that is really propping up. So there are, there's, there's much more to understand on this front. And that was one of the discussions that we need to really start being, you know, generating data around what is causing all of this to happen much, much earlier. But these are some of the signs that are already seen as was discussed at the breakfast this morning.

**Brendan (05:06)**

And as you were talking in there, you hit on sort of the environmental impacts, obviously the food and the freshness and quality of the food. There's also sort of the sustainability and health equity angles too, which I know were part of the conversation.

So how does, you know, know, this nexus of innovation, sustainability and health equity play out in this crisis?

**Mohit (05:33)**

Yeah, I think and we were discussing an example this morning when we were exploring what's causing this. When we look at certain, you know, hotspots on zip code level where incident rate is of cancer is higher, mortality is higher, and then you go deeper into like you see that the socioeconomic determinants of health start playing a broader role within those counties and within those zip codes as well, which is adding to like, hey, there's in those zip codes, there's either environmental factors like, you know, rate on exposure or pollution. But also then there are socioeconomic determinants of health where it's access to health care, access to food, access to, you know, fresh food, as you said. And those start to add up. And thus, you know, sustainability environment as well as socioeconomic determinants of health, they are all intertwined when it relates to health outcomes. So it's very difficult to say and pinpoint that

because you live in a specific zip code, your outcomes will be there. It's multiple factors and I think of its environmental, its behavioral, its social, as well as its genetics. So sometimes you may be at a disposition just because of your genetic build, you have done nothing in terms of being on that end of health equity, except for being born with that genetic disorder or having developed it over time. Or other cases, it may be your behavioral choices that you made because of XYZ reason when it relates to smoking etc. Or it could be other things. Or it could be your actually your social, your educational level, your access to healthcare, your being in the system etc. Or it could be environmental of what's present in that surrounding areas you live in and your exposure to that. So it's all intertwined from that perspective in relating to outcomes for people including all of us.

**Brendan (07:23)**

And I think it's in some ways tough to hear, right? Because you can be doing all the right things, right? But depending on where you live, what you have access to, and like you said, the genetics, those all might be factors that are competing against all the good that you're doing. So it's interesting that, I guess as our listeners here, that it is important to sort of understand, I think the education piece is critical too, what risk factors do you have?

Are we seeing any progress in any of these areas? You know, like whether it's, you know, the health equity piece, the environmental and anything sort of to be optimistic about?

**Mohit (08:04)**

Yeah, I think it's, I am personally a very optimistic person and I always remind my 10 year old you have a view to have a glass half full, half empty. And I think especially in this field, especially what I'm seeing from a science perspective, what could be termed for a layman as, you know, fiction is actually a reality today. We can take cells, we can re-engineer them, put them back in the body. So huge progress being made and let's talk about innovation, right? In terms of precision medicine, in terms of diagnostic, in terms of genomics, in terms of understanding your risk factors from a genomic buildup perspective, in terms of bringing new therapies in, whether it's immunotherapy that reactivates your immune system, whether it is cell therapies that could re-engineer your cells and help them be equipped to deal with cancer or, or whether it is new technologies like antibody drug conjugates that can actually target a cytotoxic agent to kill cancer cells and spare the healthy cells. The treatments and the targeted therapies of the world, the treatments are evolving. The innovation is really playing a role. Not only in that, also in early diagnosis space. I talked about treatment, but early diagnosis. Of course, there are technologies available today which are able to screen some cancers. There's technologies being worked on that that could screen many more cancers. Technologies today sometimes happen to be more time consuming, sometimes invasive, whether it's a colonoscopy or whether it is a chest x-ray or a CT scan or a blood test per se. But in future, it could be like one blood test could actually, a 10 mil draw could tell you your risk of cancer and multiple cancers. So again, the technology is moving very fast. So I think there's truly progress on that front. From a health equity perspective, I think....

There are two kinds of challenges that I personally see from from my vantage point one is for Equity because people are not within the system there are people who are not having access to those health care or not even considered for screenings and disproportionately disadvantaged because they are not even being looked at in the system not even recorded in the system like so there's progress being made to solve for that and unlock access and unlock care and bring them into the system and open up opportunities for them to be able to take charge of their health but at the same time there are disparities in care for those people who are in the system, diagnosed and treated because of multitude of factors, because of the way where they live, the cultural nuances of their care, what kind of support they have, access they have, what their socioeconomic status is. There are so many barriers at that level. But again,

progress is being made at grassroot level. But there's a long, long way to go for us to say we have solved for it. And also, I think from a sustainability perspective, perspective, I see in the ecosystem huge effort being made not only to have sustainable health care, but also to make an environment, you know, from that perspective being sustainable. Also from a perspective of resilience of health care systems to be able to do that and public -private partnership is paving the path on that front. So huge progress made, but you know, it's a long walk we need to cover and we have just made, I would say, good strides in the right direction, but there's miles to walk before we say we have conquered this.

**Brendan (11:27)**

Yeah, I think one of the things that stuck out to me during the discussion, you know, I think you were sharing a story many times the topic of cancer coming up in a general conversation is everyone sort of backs away or wants to change the topic almost immediately. And that's because I still think there's this general perception that cancer diagnosis is a death sentence, right? And you had said, I think there and I think on the heels of what you just said, there's a lot to be optimistic about right in terms of the earlier diagnosis and treatment and better outcomes.

**Mohit (11:59)**

Yeah, indeed, Brendan. And I think if you think about cancer in general, but more specifically to the topic of cancer in young adults, I don't think this is top of their mind that they could be having cancer because one, it is thought of as a disease of the old that it comes around when you are getting older with age. But also, the C word is not people wanting to talk about because the stigma is that that it's a death sentence. The stigma of having known someone who succumbed to cancer very quickly after they diagnosed. So people don't want to know, don't want to talk about it. So it's our job in terms of driving awareness that there are risk factors that all of us are exposed to and it's increasing in the younger population. So driving that awareness, but also making them aware of how science is moving and what is available today that makes cancer not a scary word, but something that we can deal with and in the sense that I kind of you know put it as a catchphrase that cancer is today screenable, detectable and treatable and if we can embed that into our younger population into our broader public awareness campaign and let people take charge of it, let communities be openly talking about it and saying that we can conquer cancer and the science is going to be with us to do that and we can challenge the system barriers that exist today. I think there's much more we can do together on that front.

**Brendan (13:24)**

Yeah, so on the topic of screening, which came up quite significantly this morning, it was interesting to hear some personal stories from people who have been diagnosed early, right? And the impact that has on family or children about getting screened even earlier. A couple of things that were mentioned around barriers to screening is one, probably education, right? One, when is the requirement for required or recommended times to get screened for different types of cancers. But the other thing were barriers like, you know, the time it takes to do the screening, right? But I'm curious from your perspective or, you know, in conversations you've had, what are the additional sort of barriers to screenings and maybe is there what can be done from, you know, healthcare perspective, policy perspective to help or education perspective to help, you know, make people more knowledgeable and hopefully, you know, do the recommended screenings.

**Mohit (14:23)**

There are multiple barriers and these barriers could be very different for different people, people in different geographical locations. But it all starts with, as you said, awareness, right? How many people are aware that they could be prone to it? How many people are aware that

there's a screening available for it, for their risk factors? How many people then show up and get screened? And how many people from there have a follow-up for it? Like, it's an attrition by masses, right? So you start with very few people. And actually, we recently did a survey around World Cancer Day in February. And we found out that actually many Americans were not available for the six screening types that are available to them. And those are cancers that are screenable, recommended, and then they are treatments available. They didn't even know those existed, including breast cancer. One in two new breast cancer existed, prostate cancer, colorectal cancer, cervical cancer. So these are lung cancer. These are screenings which are available. So awareness of what risk factors you are prone to, you have access to screening. And then once you have that, then those bad barriers come in like, how about time? How much time does it take? How can I coordinate with my healthcare insurer to pay for it? Like how do I ensure that when I am out of it, I have a daily wage job, like I'm losing income on the other side. Who's going to sit and take care of my dog or my kids at home when I am out there for five hours of screening? The stigma associated with it. Hey, I'm a smoker. What if I found out on this? I don't want to find out. Right. So there are so many barriers from that perspective that get in, into showing up for screening. While we talk about that eligible population, I mean, there's an equity challenge there. Like, let's take example of lung cancer. You know, USPSTF says 50 years, rightly so, and smoking history of X amount of packs. What if somebody has got two pack less of smoking history? Or what if somebody is 48? Or what if somebody is a nonsmoker but has family history? We have seen those cases. And then there is this element of who is eligible. How do we develop?

How do we uncover more data to expand screening optionality for other risk factors that we are starting to uncover into population that today is not eligible for screening, thus they don't even show up. And then there are barriers right after that when they show up and then they get screened, how do we follow up? We know so many cases are lost to follow up. And one of the things we had a discussion this morning and many of the stories that got shared about young adults, most of them got diagnosed incidentally because they had another issue they showed up for or you know they had a family history and they were not reimbursed but they took their own efforts to do their it's all incidental findings that led to and one of the panelists or one of the participants at the breakfast said I am lucky that I got diagnosed at the age of 40 and got my you know pops removed through my screening and that it was changed my life and I am here today. It was so early stage one versus it could have spread very quickly and we are seeing more of those. So there are multiple barriers but I think the way to solve them is look at them at grassroot level and along with the right stakeholders involved including the community that you're trying to serve because there's also an element of trust and there was an example shared today. I don't trust the box. I like to have a talk to you know someone I trust and talk about this.

And there are so many examples of people reaching out in communities to barber shops to churches to local worship areas Where they have that trust for someone then to talk to them why? You should go and get yourself screened versus, you know a broad public awareness message So there's a there's a lot of barriers, but there are ways to solve for those

**Brendan (18:15)**

Yeah, and I think that to put a finer point on on that I think it is and you actually close the the discussion around it's it takes everyone at that table right or takes you know private public partnerships grassroots advocacy all working together having the conversations because it's not going to be an easy fix right but by having the conversations you're identifying some of the issues and barriers and hopefully that means that you know those those barriers get elevated in a way that you know they find you know find their ways into future policies or guidelines around screening or you know really anything to remove the barriers

**Mohit (18:51)**

Yeah absolutely Brendan I mean we all are tied together with a common red thread, which is at the end of the day, we all want fellow Americans to have an equal shot at any disease, at any point in their life that they have to have a better outcome. So that's our common goal. But no one organization, no one institute, no one individual, no one system can solve for it alone. We all have to come together under that one common goal and pool our resources, our minds. And I go back to COVID, a pandemic has taught us that this is possible. We all can come around and solve for challenges that we never thought we could solve for at that pace. And I said it this morning, cancer in young adults is a pandemic and we are seeing those numbers rise. Cancer itself, I mean, if you look at the number of deaths during COVID and number of people diagnosed, like I talked about 5,500 diagnosed every day, 1,600 plus succumb to this. We got to have that kind of force behind this to come together and I am very optimistic. What I'm seeing on the science front, what I'm seeing at you know at places like Aspen Ideas where people come together talk about challenges, solutions and then really go out and work on those. I am very hopeful that we will all be able to deliver together for our fellow Americans.

**Brendan (20:17)**

And I think that's you know Mohit, that's a great point to end on but you know before we close and get back to the sessions out there. Is there anything else on today's topic that's still on your mind that we want to make sure gave you an opportunity to talk about?

**Mohit (20:31)**

Yeah, I would just call for everyone to be an ambassador of health. And as it relates to cancer, all of us have an opportunity, but more importantly, an obligation to look around and educate our loved ones, our friends, our circles, that cancer is no longer a scary word. We need to deal with it head on. Science is with us. It is today screenable, detectable, and treatable, and no longer a death sentence. And together we can make that effort. So in your circles, remove that stigma and encourage your plus ones in your own circles to be able to talk about it, understand their risk factors, and take action on their health is my call to my fellow colleagues and friends and in the network who are listening to this.

**Brendan (21:21)**

Great. Well, Mohit, thank you so much again for joining me today.

**Mohit (22:24)**

Thank you, Brandon.

**Brendan (21:25)**

I really hope you enjoy the rest of your time here at Aspen. I know I will. And to our listeners, thanks for joining us on That's Understandable. For more information about today's episode, be sure to check the show notes. Until next time, be well, be healthy, be understanding.