Yale University

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Re: Testimony Concerning HB 6825 "An Act Making Deficiency Appropriations and Addressing the Deficit for the Fiscal Year Ending June 30, 2015"

Senator Bye, Representative Walker, and Members of the Appropriations Committee, thank you for this opportunity to comment on HB 6825, "An Act Making Deficiency Appropriations and Addressing the Deficit for the Fiscal Year Ending June 30, 2015." I wish to express my serious concern about section 4 of HB 6825, which would transfer $9.4 million from the Biomedical Research Trust Fund to the General Fund. My colleagues and I at Yale respectfully ask the Committee to preserve the balances in the Biomedical Research Trust Fund for support of research into tobacco-related diseases.

I am a clinician scientist and recently received an award from the Biomedical Research Trust Fund, which is instrumental in enabling me to continue my research while serving the population of Connecticut as a physician at the same time. My research focuses on blood diseases and in particular on acute myeloid leukemia (AML). Standard treatment of myeloid leukemia to date still consists of cytotoxic chemotherapy that has been given for over thirty years. Long-term survival is achieved in only about 25% of patients with AML. With the advent of next generation sequencing we can now identify the molecular makeup of most leukemias, with the promise to harness novel, targeted agents to treat and cure leukemia. Funding through the Biomedical Research Trust Fund is allowing me, a physician scientist, to integrate patient care with basic science research. I have established a unique xenotransplantation model to understand evolution of leukemias in response to treatment and to test novel treatments. The work performed in my laboratory goes hand in hand with clinical trials offered at Smilow Cancer Hospital that offer residents of CT and its surroundings novel treatments and the hope to beat leukemia. Our xenotransplantation model developed in collaboration with Richard Flavell, Sterling Professor and Chair of Immunobiology, represents the "Porsche" of personalized medicine, not only for leukemia but for many cancers and other disorders affecting the hematopoietic and the immune system. Without the Biomedical Research Trust Fund this research would not have been

feasible, due to paucity of philanthropic funding so abundant at other institutions in other states. However, this very cutting edge research enabled by the Biomedical Research Trust Fund will now as a consequence attract national philanthropic support and be competitive for NIH funding, thus placing us at the forefront of personalized medicine.

My colleagues and I respectfully urge you to retain the permanent allocation of funds to the Biomedical Research Trust Fund. It has more than met the General Assembly's aims of promoting high-quality research into tobacco-related diseases, and it has become particularly valuable in filling gaps in funding and sustaining promising lines of research.

Please do not hesitate to contact me if you have any questions.

Stephanie Halene, MD