Can pancreatic cancer research continue during a global pandemic? For the Jefferson Pancreas, Biliary and Related Cancer Center within the Department of Surgery, the answer has been a resounding “yes.” Graduate students Samantha Brown and Angelo Montenegro, and Drs. Charles J. Yeo, MD, and Jonathan Brody, PhD, share how Jefferson has made that happen in “Rules for scientific progress while living with the COVID-19 Pandemic: from ‘benchside to ‘fireside,’” in Cancer Biology & Therapy.

Here are the four strategies the Jefferson team outlines for navigating the uncertainty without compromising the science.

**Strategy #1:** Create a plan for essential lab work, wrapping up any existing experiments, terminating any non-essential work and limiting how many people must go in for animal work and other necessary ongoing experiments. With the list of essential research identified, build clear action plans to maintain morale and productivity.

“Our research teams designed a plan assuming that the pandemic could bring long-lasting changes to how and where we work,” said Dr. Yeo. “Having a clear structure has helped everyone develop new routines and adapt to new ways of working.”

**Strategy #2:** Set up and integrate a web-based communication infrastructure. This infrastructure needs to include tools for real-time updates and focused discussion, as well as video conferencing capabilities for “face-to-face” meetings. Zoom has been used extensively.

**Strategy #3:** Make the most of “found” time outside the lab. The authors note, “As bench scientists we often get caught up in the minutiae of physical lab work (i.e., chasing after that piece of exciting data); however, now we can take this opportunity to spend work time catching up on the literature, learning about cutting-edge trends in the field, and allocating time for manuscripts, reviews and grants.” For the Jefferson team, that approach included shifting from weekly lab meetings to daily sessions of up to two hours via Google Hangouts.

**Strategy #4:** Use this opportunity to strengthen internal and external collaborations. As the article explains, “We aren’t in this alone. Many of our colleagues and peers around the globe are facing similar restrictions to [their] everyday lives.” To date, they have included some current collaborators in their sessions, as well as clinicians who have helped provide a clinical/translational perspective and basic science experts who have helped enhance the rigor of the lab’s work.

One sign that research is truly forging ahead—in May, the Department awarded grants for Saligman Family Surgery Pilot Projects. This program, funded in part by philanthropy, encourages faculty members, residents and fellows to apply for grants of up to $15,000 per year to pursue independent research. This year, six grants were awarded:

- **Tyler Grenda, MD** – Evaluating Variations in Lung Cancer Surgical Outcomes Along Referral Pathways.
- **Melissa Lazar, MD,** and **Alliric Willis, MD** – Outcomes and Appropriate Treatment Regimen for Breast Cancer in Women over 70.
- **Babak Abai, MD** – Telemonitoring of Stent or Bypass Graft Patency Using Miniaturized Implantable Ultrasound Device.
- **Wilbur Bowne, MD** – Developing a Synergistic Mucinous PMP Tumor Model to Study Nanocarrier-delivered Immunotherapeutics.

To learn more about supporting surgical research at Jefferson, please contact Kelly Austin in the Office of Institutional Advancement at 215-955-6383 or Kelly.Austin@jefferson.edu.