

The clock starts when the doctor decides

A cancer therapy that can be built in seven days reaches patients in about three months. The seven days was never the problem.



THE 10-SECOND VERSION

CAR-T therapy re-engineers a patient's own cells to fight their cancer. It can be manufactured in seven days. Patients typically wait months. The gap is not science — it is authorization, scheduling and queueing, and no one publishes a number for any of it.

WHY I WENT LOOKING

I wanted to know whether the optimization work I do has anything real to offer medicine, or whether that is just a nice thing to say. So I picked the hardest honest test I could: a therapy where speed is measured in survival, and where you are not allowed to trade safety for time.

WHAT I FOUND

The industry spent a decade compressing manufacturing, and it worked — seven days, with a seven-day round trip already cleared by the FDA for study. But the wait barely moved, because manufacturing was about a quarter of one segment of a much longer line. In the one study that measured the whole thing, patients spent 30 to 40 days waiting on insurance before the clock everyone reports even starts.

THE BIT THAT SURPRISED ME

The bottleneck moved and nobody followed it. In 2021 it was manufacturing slots — four in ten eligible patients could not get one. That got fixed. It relocated to authorization, referral and geography, which no party owns end to end. Every organisation measures the piece it controls; the patient experiences the sum; nobody computes the sum.

THE IDEA, AND THE LINE I WILL NOT CROSS

One clock — decision to dose — with every segment named and owned. Then move the safety checks off the critical path instead of shortening them. A 14-day sterility test running in parallel costs nothing; the same test in series costs 14 days. Nothing about what is checked, or the threshold it must meet, changes. Only when. If a proposal cannot be described without touching a release criterion, it is out.

WHY NOW

From January 2027 a US rule requires insurers to answer within seven days, publish their turnaround times, and expose the whole thing as an API. The largest administrative segment is about to become schedulable — but only for teams who already know what their own clock looks like today.

WHY THIS ONE IS PERSONAL

I lost my father to a mistake during surgery, and my mother came through cancer. I know what the waiting feels like from the other side of it. I am not a clinician and I am not pretending to be one — but the difference between a good outcome and a bad one is often not the medicine. It is whether the system around the medicine works. That part I can help with.