

The medicine is ready. The patient is still waiting.

CANCER CARE • CAR-T

There is a cancer treatment that can be made in seven days. Most patients wait around three months to receive it. The seven days was never the problem — and almost nobody is timing the rest.

What I did: followed the whole journey, from the day a doctor decides to the day the patient is treated, and found that the segment everybody reports is roughly a quarter of it — while the segment that grew largest has no metric attached to it at all.

7 days

to manufacture the treatment itself

27 days

vein-to-vein in real-world practice

+30-40 days

waiting on insurance, before that clock even starts

4%

of privately insured patients cleared in 15 days or less

Jan 2027

insurers must answer in 7 days, and publish how long they take

THE STORY, IN FOUR STEPS

1 — What the treatment is

It is called CAR-T. Doctors take some of the patient's own immune cells, reprogram them in a lab to recognise the cancer, and put them back. For some people with blood cancers who have run out of options, it works when nothing else has.

2 — The industry did the right thing

It attacked the build time, hard, for a decade — and it worked. Making the treatment now takes about seven days. In June 2025 the FDA also removed restrictions that had limited which hospitals could give it at all.

3 — And the wait barely moved

Because most of the wait was never manufacturing. In the one study that measured the whole journey, patients spent thirty to forty days simply waiting for insurance to approve it — before the clock everybody reports even starts.

4 — Nobody owns the stopwatch

The manufacturer measures the factory. The hospital measures its own schedule. The insurer holds the approval. Each measures its piece honestly. The patient experiences all of it added together, and nobody adds it together.

THE ONE IDEA

Fix the slowest step and the slowest step moves. Here it moved into the paperwork.

Where nobody publishes a number at all. That is not carelessness. It is that no single person is holding the whole stopwatch.

FASTER WITHOUT BEING LESS SAFE?

Yes — but only if you are strict about what you are allowed to touch. Some of the waiting is medical. Tests must be run. Sterility must be confirmed. Nothing here shortens any of that, weakens it or skips it. But there is a difference between a step that must happen and a step that must happen while everyone waits.

The waste is not the safety check. It is where the safety check sits in the line.

80 SECONDS: WHAT CHANGED, AND WHAT IS COMING

- June 2025: the FDA removed the restrictions limiting which hospitals could give these treatments at all.
- Seven-day manufacturing has cleared the FDA for clinical study. The factory problem is largely solved.
- In 2021, four in ten eligible patients could not even get a manufacturing slot. That constraint is essentially gone.
- It moved to authorization, referral and scheduling — precisely the segments with no published number.
- From January 2027 a US rule requires insurers to answer within seven days, publish how long they take, and do it through software. The longest piece of paperwork becomes schedulable — but only if you already know how long yours takes today.

WHAT I WOULD DO ABOUT IT — AND IT HAS APPARENTLY NEVER BEEN DONE END TO END

STEP 1

Start one stopwatch

From the day the doctor decides to the day the patient is treated. Not your segment. All of it.

STEP 2

Break it into steps

Referral, authorization, collection, manufacture, release, scheduling, infusion.

STEP 3

Give every step an owner

A step with no owner is a step with no number, and it is usually the longest one.

STEP 4

Start slow steps early

Ask the insurer on day one, rather than after all the tests are back.

STEP 5

Run in parallel, not in line

A fourteen-day test running alongside everything else costs nothing. In a queue it costs fourteen days.

STEP 6

Be ready for January 2027

The seven-day rule only helps a team that already knows its own baseline.

Everybody here is doing their own job well. The wait is nobody's failure — it is what happens when no one measures the thing the patient actually experiences.

What to say

90 SECONDS • 194 WORDS • READ IT, DO NOT MEMORISE IT

PAGE ONE IS WHAT THEY SEE. THIS PAGE IS FOR YOU.

0:00

HOOK – say the two numbers slowly

There is a cancer treatment that can be made in seven days. Most patients wait around three months to receive it. Imagine ordering something that takes a week to build and having it arrive three months later. You would not blame the factory. You would ask about the other eleven weeks.

0:20

WHAT IT IS – keep this simple

The treatment is called CAR-T. Doctors take some of the patient's own immune cells, reprogram them to recognise the cancer, and put them back. For people who have run out of options, it works when nothing else has.

0:40

THE TWIST – this is the finding

The industry spent a decade making it faster, and succeeded. But the wait patients feel barely moved, because most of it was never manufacturing. Patients waited thirty to forty days on insurance before the clock anybody reports even starts.

1:00

WHY NOBODY SAW IT – slow right down

And everyone is measuring honestly. The manufacturer measures the factory. The hospital measures its schedule. The insurer holds the approval. The patient experiences all of it added together, and nobody adds it together.

1:15

CLOSE – then stop

So the fix is not a better medicine. It is one stopwatch, started the day the doctor decides, with an owner on every step. That has apparently never been done end to end.

THE THREE QUESTIONS YOU WILL GET – SHORT ANSWERS

“Isn’t this really about money?”

The delay runs to weeks, and a measurable share of patients become too sick during it. Cost is the language, but it is not the point.

“Can you speed it up safely?”

Nothing proposed shortens a single test. It changes whether tests run in a queue or alongside each other.

“So whose job is this?”

Nobody's, currently. That is the finding, and it is why the segment kept growing.

THE IDEA THAT TRAVELS

Time what they feel

Every organisation measures the segment it owns, and measures it honestly. The number nobody owns is the one the customer actually experiences.

When you relieve the slowest step, the slowness does not vanish. It moves — usually into the gap between two organisations, where there is no metric at all.

So the first move is never a fix. It is one stopwatch spanning the whole journey, and a named owner on every segment of it.

WHO DOES THIS WORK

Care delivery operations

Patient flow across departments that do not report to each other.

Process improvement in health

Lean and Six Sigma, applied to a queue with a person in it.

Payer operations

The segment about to acquire a legal deadline.

Clinical program management

Where the schedule meets the protocol.

None of these require a medical degree. They require somebody willing to hold the whole stopwatch and ask who owns each segment of it.

MONDAY MORNING

Pick one journey your organisation delivers. Time it end to end rather than department by department. The longest segment will be the one with no owner.