WEBVTT

NOTE duration: "01:07:56.3310000"

NOTE language:en-us

NOTE Confidence: 0.8228898

 $00:00:00.000 \longrightarrow 00:00:02.968$ So today's will be the second part

NOTE Confidence: 0.8228898

 $00:00:02.968 \longrightarrow 00:00:06.125$ of our series about updates from

NOTE Confidence: 0.8228898

00:00:06.125 --> 00:00:09.110 the American Society of Hematology,

NOTE Confidence: 0.8228898

 $00{:}00{:}09.110 \dashrightarrow 00{:}00{:}11.565$ with the highlights today focusing

NOTE Confidence: 0.8228898

00:00:11.565 --> 00:00:13.038 on lymphoid malignancy's.

NOTE Confidence: 0.8538571

00:00:15.300 --> 00:00:16.632 As you probably know,

NOTE Confidence: 0.8538571

 $00:00:16.632 \longrightarrow 00:00:19.130$ we have six sessions within this series.

NOTE Confidence: 0.8538571

00:00:19.130 --> 00:00:20.942 We had the myeloma session last

NOTE Confidence: 0.8538571

 $00{:}00{:}20.942 \dashrightarrow 00{:}00{:}23.388$ week and this is actually has been

NOTE Confidence: 0.8538571

 $00:00:23.388 \longrightarrow 00:00:25.734$ recorded and available on the website.

NOTE Confidence: 0.8538571

 $00:00:25.740 \longrightarrow 00:00:28.516$ For those who could not attend last week,

NOTE Confidence: 0.8538571

 $00:00:28.520 \longrightarrow 00:00:31.136$ so feel free to check their website and

NOTE Confidence: 0.8538571

 $00:00:31.136 \longrightarrow 00:00:33.806$ we will also be including the slides

NOTE Confidence: 0.8538571

 $00:00:33.806 \longrightarrow 00:00:36.454$ for your own reference next week on

00:00:36.454 --> 00:00:38.958 January 29th will be the update on my

NOTE Confidence: 0.8538571

 $00:00:38.960 \longrightarrow 00:00:40.790$ load malignancy's February 5th will

NOTE Confidence: 0.8538571

 $00:00:40.790 \longrightarrow 00:00:43.076$ be pediatric leukemia and acute for

NOTE Confidence: 0.8538571

 $00:00:43.076 \longrightarrow 00:00:45.076$ plastic leukemia and pediatric oncology.

NOTE Confidence: 0.8538571

 $00{:}00{:}45.080 \dashrightarrow 00{:}00{:}47.719$ February 12 will be the classical or

NOTE Confidence: 0.8538571

 $00:00:47.719 \longrightarrow 00:00:50.213$ benign hematology and February 19 will

NOTE Confidence: 0.8538571

 $00:00:50.213 \longrightarrow 00:00:52.368$ be cell therapy and transplantation.

NOTE Confidence: 0.8538571

 $00:00:52.370 \longrightarrow 00:00:54.750$ All of those are on Fridays and

NOTE Confidence: 0.8538571

 $00:00:54.750 \longrightarrow 00:00:56.250$ at 12:00 PM noon.

NOTE Confidence: 0.8736119

 $00:00:58.860 \longrightarrow 00:01:01.317$ All of those sessions will be recorded

NOTE Confidence: 0.8736119

 $00:01:01.317 \longrightarrow 00:01:04.105$ and the slides will be available along

NOTE Confidence: 0.8736119

 $00:01:04.105 \longrightarrow 00:01:06.607$ with the recordings after the sessions.

NOTE Confidence: 0.8736119

 $00:01:06.610 \longrightarrow 00:01:09.733$ There will be CME credit for those who submit

NOTE Confidence: 0.8736119

00:01:09.733 --> 00:01:12.637 for it at the end of the entire series,

NOTE Confidence: 0.8736119

 $00:01:12.640 \longrightarrow 00:01:15.034$ and they'll be a form for feedback

 $00:01:15.034 \longrightarrow 00:01:17.414$ where we would love to get your

NOTE Confidence: 0.8736119

 $00:01:17.414 \longrightarrow 00:01:19.738$ input about what you like and what

NOTE Confidence: 0.8736119

 $00:01:19.738 \longrightarrow 00:01:22.034$ you don't like about the series and

NOTE Confidence: 0.8736119

 $00:01:22.034 \longrightarrow 00:01:24.370$ how we can improve it going forward.

NOTE Confidence: 0.8736119

 $00:01:24.370 \longrightarrow 00:01:26.540$ This is the first time we're doing

NOTE Confidence: 0.8736119

00:01:26.540 --> 00:01:28.389 the hematology post ash highlights,

NOTE Confidence: 0.8736119

 $00:01:28.390 \longrightarrow 00:01:30.830$ and I hope to keep this going for

NOTE Confidence: 0.8736119

 $00:01:30.830 \longrightarrow 00:01:33.475$ the next few years with a combination

NOTE Confidence: 0.8736119

00:01:33.475 --> 00:01:35.435 of virtual and in person.

NOTE Confidence: 0.8736119

00:01:35.440 --> 00:01:37.765 Components, so for today's session

NOTE Confidence: 0.8736119

 $00{:}01{:}37.765 \dashrightarrow 00{:}01{:}41.055$ it's a pleasure to have three of

NOTE Confidence: 0.8736119

 $00:01:41.055 \longrightarrow 00:01:43.701$ our faculty presenting and we will

NOTE Confidence: 0.8736119

00:01:43.701 --> 00:01:46.429 be starting with Doctor Schelling,

NOTE Confidence: 0.8736119

 $00:01:46.430 \longrightarrow 00:01:48.805$ Kothari or Assistant Professor of

NOTE Confidence: 0.8736119

 $00:01:48.805 \longrightarrow 00:01:51.868$ Medicine who will go over aggressive

NOTE Confidence: 0.8736119

 $00{:}01{:}51.868 \dashrightarrow 00{:}01{:}54.888$ lymphoid malignancy's B cell type.

00:01:54.890 --> 00:01:56.662 Doctor Francis Commentary will

NOTE Confidence: 0.8736119

00:01:56.662 --> 00:01:59.941 cover for us the indolent B cell

NOTE Confidence: 0.8736119

00:01:59.941 --> 00:02:02.616 malignancies and Doctor Turchin City.

NOTE Confidence: 0.8736119

 $00:02:02.620 \longrightarrow 00:02:05.320$ Also Assistant Professor of

NOTE Confidence: 0.8736119

 $00:02:05.320 \longrightarrow 00:02:08.020$ Medicine will be covering.

NOTE Confidence: 0.8736119

00:02:08.020 --> 00:02:10.328 The T cell malignancies,

NOTE Confidence: 0.8736119

 $00:02:10.328 \longrightarrow 00:02:12.636$ both indolent and aggressive.

NOTE Confidence: 0.8736119

 $00:02:12.640 \longrightarrow 00:02:15.664$ At the end we will have a Q&A.

NOTE Confidence: 0.8736119

 $00:02:15.670 \longrightarrow 00:02:17.798$ The talks will be around 40 to 45

NOTE Confidence: 0.8736119

 $00{:}02{:}17.798 \dashrightarrow 00{:}02{:}19.861$ minutes in total and the last 15

NOTE Confidence: 0.8736119

 $00:02:19.861 \longrightarrow 00:02:21.590$ minutes will have a question and

NOTE Confidence: 0.8736119

 $00{:}02{:}21.590 \dashrightarrow 00{:}02{:}23.084$ answer session and this will be

NOTE Confidence: 0.8736119

 $00{:}02{:}23.084 \dashrightarrow 00{:}02{:}24.453$ moderated by our Assistant Professor

NOTE Confidence: 0.8736119

00:02:24.453 --> 00:02:26.098 of Medicine Doctor Scott Huntington,

NOTE Confidence: 0.8736119

 $00:02:26.100 \longrightarrow 00:02:28.473$ who will be joining at the panel

 $00:02:28.473 \longrightarrow 00:02:30.398$ at the panel at the end.

NOTE Confidence: 0.8736119

 $00:02:30.400 \longrightarrow 00:02:31.584$ So without further ado,

NOTE Confidence: 0.8736119

 $00:02:31.584 \longrightarrow 00:02:33.360$ I'd like to introduce Doctor Schelling

NOTE Confidence: 0.8736119

00:02:33.417 --> 00:02:35.340 Kothari, who will start us off.

NOTE Confidence: 0.8736119

 $00:02:35.340 \longrightarrow 00:02:35.960$ Thank you.

NOTE Confidence: 0.6429361

00:02:37.940 --> 00:02:38.740 Thank you Amar.

NOTE Confidence: 0.7802936

00:02:44.400 --> 00:02:47.396 So today I'm going to talk about

NOTE Confidence: 0.7802936

00:02:47.396 --> 00:02:49.725 updates from Astronium 20 focusing

NOTE Confidence: 0.7802936

 $00{:}02{:}49.725 \dashrightarrow 00{:}02{:}52.120$ on aggressive B cell informers.

NOTE Confidence: 0.7802936

 $00:02:52.120 \longrightarrow 00:02:53.876$ I'll cover for studies.

NOTE Confidence: 0.7802936

 $00{:}02{:}53.876 \dashrightarrow 00{:}02{:}56.510$ One very heavily participated and we

NOTE Confidence: 0.7802936

00:02:56.587 --> 00:02:59.451 were one of the top accruing sites of

NOTE Confidence: 0.7802936

00:02:59.451 --> 00:03:02.299 oral triple combination of BTK number M,

NOTE Confidence: 0.7802936

 $00:03:02.300 \longrightarrow 00:03:03.872$ Tor inhibitor animite,

NOTE Confidence: 0.7802936

 $00:03:03.872 \longrightarrow 00:03:05.968$ and relapse refractory Richter's

NOTE Confidence: 0.7802936

 $00:03:05.968 \longrightarrow 00:03:09.201$ transformation and Dean over DL BCL and then

00:03:09.201 --> 00:03:11.658 I'll talk about more sooner to Zoom app,

NOTE Confidence: 0.7802936

 $00{:}03{:}11.660 \dashrightarrow 00{:}03{:}14.299$ which is a T cell engaging bispecific

NOTE Confidence: 0.7802936

 $00:03:14.299 \longrightarrow 00:03:16.130$ antibody in aggressive lymphomas.

NOTE Confidence: 0.7802936

 $00:03:16.130 \longrightarrow 00:03:19.058$ I will not cover the other 3T cell

NOTE Confidence: 0.7802936

 $00{:}03{:}19.058 \dashrightarrow 00{:}03{:}20.610$ engaging bispecific antibodies,

NOTE Confidence: 0.7802936

 $00:03:20.610 \longrightarrow 00:03:23.106$ but they were also presented at.

NOTE Confidence: 0.7802936

 $00:03:23.110 \longrightarrow 00:03:25.230$ Ash.

NOTE Confidence: 0.7802936

00:03:25.230 --> 00:03:27.449 3rd would be the Lima MRD project

NOTE Confidence: 0.7802936

 $00:03:27.449 \longrightarrow 00:03:29.070$ in mantle cell lymphoma.

NOTE Confidence: 0.7802936

 $00:03:29.070 \longrightarrow 00:03:31.206$ An Lastly roll off CNS prophylaxis

NOTE Confidence: 0.7802936

 $00:03:31.206 \longrightarrow 00:03:32.910$ in high risk DLP CL.

NOTE Confidence: 0.83004814

 $00:03:35.260 \longrightarrow 00:03:37.825$ So this is the first study is the once

NOTE Confidence: 0.83004814

 $00{:}03{:}37.825 \dashrightarrow 00{:}03{:}39.734$ daily ordered triple combination of

NOTE Confidence: 0.83004814

 $00{:}03{:}39.734 \dashrightarrow 00{:}03{:}42.924$ the three agents that I talked about in

NOTE Confidence: 0.83004814

 $00:03:42.924 \longrightarrow 00:03:44.899$ Richter's transformation and in over

 $00{:}03{:}44.899 \rightarrow 00{:}03{:}47.522$ diffuse large B cell lymphoma. This was

NOTE Confidence: 0.83004814

00:03:47.522 --> 00:03:50.060 presented at ASH 2020 by Doctor Mato.

NOTE Confidence: 0.79723066

 $00{:}03{:}52.980 \dashrightarrow 00{:}03{:}56.118$ Other preclinical studies.

NOTE Confidence: 0.79723066

 $00:03:56.120 \longrightarrow 00:03:58.892$ This was a national combination based

NOTE Confidence: 0.79723066

 $00:03:58.892 \longrightarrow 00:04:00.740$ on synthetic synthetic lethality.

NOTE Confidence: 0.79723066

 $00:04:00.740 \longrightarrow 00:04:03.967$ As you can see on the left,

NOTE Confidence: 0.79723066

 $00:04:03.970 \longrightarrow 00:04:07.407$ the tumor volume of in mice drastic

NOTE Confidence: 0.79723066

 $00:04:07.407 \longrightarrow 00:04:09.951$ drastically reduced in the triple

NOTE Confidence: 0.79723066

 $00{:}04{:}09.951 \dashrightarrow 00{:}04{:}12.406$ combination arm in comparison to

NOTE Confidence: 0.79723066

 $00:04:12.406 \longrightarrow 00:04:15.238$ the vehicle or a single agent.

NOTE Confidence: 0.79723066

 $00{:}04{:}15.240 \dashrightarrow 00{:}04{:}18.264$ On the right you just see the B

NOTE Confidence: 0.79723066

 $00:04:18.264 \longrightarrow 00:04:20.727$ cell receptor pathway and other

NOTE Confidence: 0.79723066

 $00:04:20.727 \longrightarrow 00:04:22.887$ pathways that further help.

NOTE Confidence: 0.79723066

 $00:04:22.890 \longrightarrow 00:04:25.564$ In Onco Genesis an how the triple

NOTE Confidence: 0.79723066

 $00:04:25.564 \longrightarrow 00:04:27.812$ combination therapy could help prevent

NOTE Confidence: 0.79723066

 $00{:}04{:}27.812 \dashrightarrow 00{:}04{:}29.884$ tumor resistance by targetting

 $00{:}04{:}29.884 \rightarrow 00{:}04{:}31.438$ different pathways together,

NOTE Confidence: 0.79723066

00:04:31.440 --> 00:04:33.240 namely employment pathway AKT,

NOTE Confidence: 0.79723066

00:04:33.240 --> 00:04:35.040 mtor pathway, BTK pathway,

NOTE Confidence: 0.79723066

 $00:04:35.040 \longrightarrow 00:04:37.290$ and I have four inhibition.

NOTE Confidence: 0.7799954

 $00:04:40.600 \longrightarrow 00:04:43.588$ The key eligibility criteria for this

NOTE Confidence: 0.7799954

 $00:04:43.588 \longrightarrow 00:04:47.676 3 + 3$ design is age more than 18.

NOTE Confidence: 0.7799954

 $00:04:47.680 \longrightarrow 00:04:50.506$ Life expectancy more than 12 weeks,

NOTE Confidence: 0.7799954

 $00:04:50.510 \longrightarrow 00:04:52.870$ with other standard inclusion criteria.

NOTE Confidence: 0.7799954

 $00{:}04{:}52.870 \dashrightarrow 00{:}04{:}56.486$ The stage one, which is what we are

NOTE Confidence: 0.7799954

 $00:04:56.486 \longrightarrow 00:04:59.480$ presenting today is the BTK monotherapy,

NOTE Confidence: 0.7799954

 $00:04:59.480 \longrightarrow 00:05:02.444$ like not in combination in one

NOTE Confidence: 0.7799954

 $00:05:02.444 \longrightarrow 00:05:05.388$ pill but three separate pills of

NOTE Confidence: 0.7799954

 $00:05:05.388 \longrightarrow 00:05:08.447$ DRM 12 which is the BTK inhibitor.

NOTE Confidence: 0.7799954

 $00:05:08.450 \longrightarrow 00:05:12.174$ Novel became a bitter in combination with.

NOTE Confidence: 0.7799954

 $00:05:12.180 \longrightarrow 00:05:15.480$ Letter from Little Mind and

 $00:05:15.480 \longrightarrow 00:05:18.120$ everolimus and then eventually.

NOTE Confidence: 0.7799954

00:05:18.120 --> 00:05:19.975 We are will start accruing

NOTE Confidence: 0.7799954

 $00:05:19.975 \longrightarrow 00:05:22.370$ the Stage 2 instead of three,

NOTE Confidence: 0.7799954

 $00:05:22.370 \longrightarrow 00:05:24.686$ which is a single pill with

NOTE Confidence: 0.7799954

 $00:05:24.686 \longrightarrow 00:05:26.230$ three two different drugs,

NOTE Confidence: 0.7799954

 $00:05:26.230 \longrightarrow 00:05:28.015$ and then eventually all three

NOTE Confidence: 0.7799954

00:05:28.015 --> 00:05:30.296 drugs in one pill for patient

NOTE Confidence: 0.7799954

 $00{:}05{:}30.296 \dashrightarrow 00{:}05{:}32.396$ convenience and ease of use.

NOTE Confidence: 0.7856527

 $00{:}05{:}34.690 \to 00{:}05{:}37.168$ This is these other patient characteristics.

NOTE Confidence: 0.7856527

00:05:37.170 --> 00:05:39.654 Here you can see that in

NOTE Confidence: 0.7856527

 $00{:}05{:}39.654 \dashrightarrow 00{:}05{:}40.896$ Richter's transformation panel,

NOTE Confidence: 0.7856527

 $00:05:40.900 \longrightarrow 00:05:44.108$ most patients had gotten our chop while in

NOTE Confidence: 0.7856527

 $00:05:44.108 \longrightarrow 00:05:47.518$ DLB seal all patients had gotten our job.

NOTE Confidence: 0.7856527

 $00:05:47.520 \longrightarrow 00:05:50.010$ So these patients were heavily treated.

NOTE Confidence: 0.7856527

 $00:05:50.010 \longrightarrow 00:05:52.494$ Median prior therapies were three in

NOTE Confidence: 0.7856527

 $00{:}05{:}52.494 \dashrightarrow 00{:}05{:}54.150$ Victor's transformation into Indy.

00:05:54.150 --> 00:05:57.454 LBC, Elko hurt, so these were in general.

NOTE Confidence: 0.7856527

 $00:05:57.460 \longrightarrow 00:06:01.006$ The point is that they were

NOTE Confidence: 0.7856527

 $00:06:01.006 \longrightarrow 00:06:02.779$ heavily pretreated patients.

NOTE Confidence: 0.7856527

 $00:06:02.780 \longrightarrow 00:06:05.010$ At this is the data,

NOTE Confidence: 0.7856527

 $00{:}06{:}05.010 \dashrightarrow 00{:}06{:}07.230$ so overall response rate in

NOTE Confidence: 0.7856527

 $00:06:07.230 \longrightarrow 00:06:09.006$ Richter's transformation is 46%,

NOTE Confidence: 0.7856527

 $00:06:09.010 \longrightarrow 00:06:11.235$ which is quite phenomenal in

NOTE Confidence: 0.7856527

00:06:11.235 --> 00:06:13.460 in such an aggressive disease,

NOTE Confidence: 0.7856527

 $00:06:13.460 \longrightarrow 00:06:17.814$ Indian over DLB sell, it was 45%.

NOTE Confidence: 0.7856527

 $00:06:17.820 \longrightarrow 00:06:19.970$ These are the CRN PR's.

NOTE Confidence: 0.8058844

 $00:06:22.840 \longrightarrow 00:06:25.270$ This is the waterfall plot,

NOTE Confidence: 0.8058844

 $00:06:25.270 \longrightarrow 00:06:28.010$ essentially looking at the

NOTE Confidence: 0.8058844

00:06:28.010 --> 00:06:30.750 percentage of tumor reduction.

NOTE Confidence: 0.8058844

 $00:06:30.750 \longrightarrow 00:06:33.228$ Yellow being the LBC, Ellen blue

NOTE Confidence: 0.8058844

00:06:33.228 --> 00:06:34.467 being Richter's transformation.

 $00:06:34.470 \longrightarrow 00:06:37.438$ You see that there is a significant

NOTE Confidence: 0.8058844

 $00{:}06{:}37.438 \dashrightarrow 00{:}06{:}39.840$ tumor reduction in both the cohorts.

NOTE Confidence: 0.83258027

 $00:06:42.120 \longrightarrow 00:06:45.530$ Cytopenias were present for sure.

NOTE Confidence: 0.83258027

 $00:06:45.530 \longrightarrow 00:06:48.930$ Given the triple combination neutropenia,

NOTE Confidence: 0.83258027

 $00:06:48.930 \longrightarrow 00:06:51.658 33\%$ grade, 321% grade,

NOTE Confidence: 0.83258027

00:06:51.658 --> 00:06:54.380 429% Grade 3 thrombocytopenia,

NOTE Confidence: 0.83258027

 $00{:}06{:}54.380 \dashrightarrow 00{:}06{:}59.340$ and 8% Grade 4 thrombocytopenia.

NOTE Confidence: 0.83258027

 $00:06:59.340 \longrightarrow 00:07:01.740$ The non heme toxicities were low.

NOTE Confidence: 0.83258027

 $00:07:01.740 \dashrightarrow 00:07:05.016$ You know 4% odds are only in one patient

NOTE Confidence: 0.83258027

 $00:07:05.016 \longrightarrow 00:07:08.538$ and there were no grade for side effects.

NOTE Confidence: 0.83318603

 $00{:}07{:}11.040 \dashrightarrow 00{:}07{:}13.539$ So the conclusion of this study was

NOTE Confidence: 0.83318603

00:07:13.539 --> 00:07:15.849 that the primary endpoint was met,

NOTE Confidence: 0.83318603

 $00:07:15.850 \longrightarrow 00:07:17.640$ that the triple combination therapy

NOTE Confidence: 0.83318603

00:07:17.640 --> 00:07:19.920 has an acceptable study safety profile.

NOTE Confidence: 0.83318603

 $00:07:19.920 \longrightarrow 00:07:22.140$ The main safety findings were expected

NOTE Confidence: 0.83318603

 $00:07:22.140 \longrightarrow 00:07:25.036$ and manageable, and currently we are

 $00:07:25.036 \longrightarrow 00:07:28.270$ accruing for the phase two study.

NOTE Confidence: 0.83318603

 $00{:}07{:}28.270 \dashrightarrow 00{:}07{:}30.085$ It is underway targeting patients

NOTE Confidence: 0.83318603

 $00:07:30.085 \longrightarrow 00:07:32.430$ with novel agents exposed to relapse,

NOTE Confidence: 0.83318603

00:07:32.430 --> 00:07:34.735 refractory CLL and other non

NOTE Confidence: 0.83318603

00:07:34.735 --> 00:07:37.660 Hodgkin lymphoma's. Um?

NOTE Confidence: 0.83318603

 $00:07:37.660 \longrightarrow 00:07:40.452$ The next study I will talk about is

NOTE Confidence: 0.83318603

 $00:07:40.452 \longrightarrow 00:07:42.980$ the single agent motion resume AB,

NOTE Confidence: 0.83318603

 $00{:}07{:}42.980 \dashrightarrow 00{:}07{:}45.584$ which is a T cell engaging bispecific

NOTE Confidence: 0.83318603

 $00:07:45.584 \longrightarrow 00:07:48.574$ antibody and this was presented by Doctor

NOTE Confidence: 0.83318603

 $00:07:48.574 \longrightarrow 00:07:50.829$ Adam Orlowski from Brown University.

NOTE Confidence: 0.83318603

 $00:07:50.830 \longrightarrow 00:07:53.290$ And this was studied in the

NOTE Confidence: 0.83318603

 $00:07:53.290 \longrightarrow 00:07:54.110$ frontline setting,

NOTE Confidence: 0.83318603

 $00:07:54.110 \longrightarrow 00:07:57.206$ so treatment naive elderly unfit patients

NOTE Confidence: 0.83318603

 $00{:}07{:}57.206 \dashrightarrow 00{:}08{:}00.529$ with diffuse large B cell lymphoma.

NOTE Confidence: 0.83318603

 $00:08:00.530 \longrightarrow 00:08:02.651$ Up to 30% of patients aged more

 $00:08:02.651 \longrightarrow 00:08:05.106$ than 25 years do not receive

NOTE Confidence: 0.83318603

 $00{:}08{:}05.106 \dashrightarrow 00{:}08{:}06.585$ standard chemo immunotherapy,

NOTE Confidence: 0.83318603

 $00:08:06.590 \longrightarrow 00:08:09.150$ so there is a lot of unmet need

NOTE Confidence: 0.83318603

 $00:08:09.150 \longrightarrow 00:08:11.565$ and there is need to develop

NOTE Confidence: 0.83318603

 $00{:}08{:}11.565 \dashrightarrow 00{:}08{:}13.675$ the rapies which are less toxic

NOTE Confidence: 0.83318603

00:08:13.675 --> 00:08:16.449 more sooner to some apples in IgG,

NOTE Confidence: 0.83318603

 $00:08:16.450 \longrightarrow 00:08:17.899$ one CD20 CD.

NOTE Confidence: 0.83318603

00:08:17.899 --> 00:08:19.831 Three bispecific antibody that

NOTE Confidence: 0.83318603

 $00{:}08{:}19.831 \dashrightarrow 00{:}08{:}22.787$ redirects T cells to engage and

NOTE Confidence: 0.83318603

 $00:08:22.787 \longrightarrow 00:08:24.687$ eliminate malignant B cells.

NOTE Confidence: 0.83318603

 $00:08:24.690 \longrightarrow 00:08:27.222$ So here Doctor ourselves keep presented

NOTE Confidence: 0.83318603

 $00:08:27.222 \longrightarrow 00:08:29.752$ early clinical data with single agent

NOTE Confidence: 0.83318603

 $00:08:29.752 \longrightarrow 00:08:32.468$ most Natuzzi my best first line therapy.

NOTE Confidence: 0.83318603

 $00:08:32.470 \longrightarrow 00:08:34.110$ The key inclusion criterias,

NOTE Confidence: 0.83318603

 $00:08:34.110 \longrightarrow 00:08:34.955$ treatment, naive,

NOTE Confidence: 0.83318603

 $00:08:34.955 \longrightarrow 00:08:35.825$ ideal BCL,

00:08:35.825 --> 00:08:38.870 patients or high grade B cell informers

NOTE Confidence: 0.83318603

 $00:08:38.951 \longrightarrow 00:08:41.759$ for patients who were 60 to 79 they

NOTE Confidence: 0.83318603

 $00:08:41.759 \longrightarrow 00:08:44.677$ they would have to have impairment in

NOTE Confidence: 0.83318603

00:08:44.677 --> 00:08:47.366 adls or inability to tolerate full.

NOTE Confidence: 0.83318603

 $00{:}08{:}47.366 \dashrightarrow 00{:}08{:}50.096$ Those immunotherapy for whatever reason.

NOTE Confidence: 0.83318603

 $00:08:50.100 \longrightarrow 00:08:52.185$ Just like with all other

NOTE Confidence: 0.83318603

00:08:52.185 --> 00:08:53.436 bispecific antibody trials,

NOTE Confidence: 0.83318603

 $00{:}08{:}53.440 \dashrightarrow 00{:}08{:}56.562$ typically it's done in a ramp up

NOTE Confidence: 0.83318603

 $00:08:56.562 \longrightarrow 00:08:59.729$ fashion to decrease the chances and

NOTE Confidence: 0.83318603

 $00:08:59.729 \longrightarrow 00:09:02.624$ severity of cytokine release syndrome.

NOTE Confidence: 0.83318603

 $00:09:02.630 \dashrightarrow 00:09:05.924$ Study design allowed pre face the rapy

NOTE Confidence: 0.83318603

 $00{:}09{:}05.924 \dashrightarrow 00{:}09{:}08.664$ with Prednisone and vincristine and

NOTE Confidence: 0.83318603

 $00{:}09{:}08.664 \dashrightarrow 00{:}09{:}11.430$ responses estimates were done at interim

NOTE Confidence: 0.83318603

 $00:09:11.430 \longrightarrow 00:09:15.205$ cycle four in Cycle 8 and every six months.

NOTE Confidence: 0.83318603

 $00:09:15.210 \longrightarrow 00:09:16.918$ There are two doors.

 $00:09:16.918 \longrightarrow 00:09:18.626$ Levels are studied 13.5

NOTE Confidence: 0.83318603

 $00:09:18.626 \longrightarrow 00:09:20.986$ and 30 at the at day 15.

NOTE Confidence: 0.83318603

 $00:09:20.990 \longrightarrow 00:09:23.474$ So you start with one milligram

NOTE Confidence: 0.83318603

 $00:09:23.474 \longrightarrow 00:09:25.610$ to milligram in 13.5 or 1,

NOTE Confidence: 0.83318603

 $00:09:25.610 \longrightarrow 00:09:26.765$ two and 30,

NOTE Confidence: 0.83318603

00:09:26.765 --> 00:09:29.840 and then there was continued every 21 weeks.

NOTE Confidence: 0.8112449

 $00:09:32.300 \longrightarrow 00:09:34.000$ Patient population is shown here.

NOTE Confidence: 0.8112449

00:09:34.000 --> 00:09:36.094 So 29 elderly unfit patients were

NOTE Confidence: 0.8112449

 $00{:}09{:}36.094 \dashrightarrow 00{:}09{:}38.200$ enrolled in this study of eight

NOTE Confidence: 0.8112449

 $00:09:38.200 \longrightarrow 00:09:40.120$ patients less than 80 years old.

NOTE Confidence: 0.8112449

 $00{:}09{:}40.120 \dashrightarrow 00{:}09{:}41.820$ Five patients had impairment in

NOTE Confidence: 0.8112449

 $00:09:41.820 \longrightarrow 00:09:44.200$ renal function. As you can see here,

NOTE Confidence: 0.8112449

00:09:44.200 --> 00:09:47.270 performance status, you know 022.

NOTE Confidence: 0.8112449

 $00:09:47.270 \longrightarrow 00:09:49.256$ We do see clinically patients who

NOTE Confidence: 0.8112449

00:09:49.256 --> 00:09:50.580 have worse performance status,

NOTE Confidence: 0.8112449

 $00:09:50.580 \longrightarrow 00:09:52.566$ but given the clinical trial design,

 $00:09:52.570 \longrightarrow 00:09:55.444$ it isn't. It is quite understandable

NOTE Confidence: 0.8112449

 $00:09:55.444 \longrightarrow 00:09:57.760$ that they were enrolling 022.

NOTE Confidence: 0.8112449

00:09:57.760 --> 00:10:00.292 Quite a few. Almost 50% of Asia.

NOTE Confidence: 0.8112449

 $00:10:00.292 \longrightarrow 00:10:02.998$ With stage four disease and 50%

NOTE Confidence: 0.8112449

 $00:10:03.000 \longrightarrow 00:10:04.644$ with elevated elevated LDH,

NOTE Confidence: 0.8112449

 $00:10:04.644 \longrightarrow 00:10:07.110$ so overall a good real world

NOTE Confidence: 0.8112449

 $00:10:07.190 \longrightarrow 00:10:09.690$ characterization of patients here.

NOTE Confidence: 0.8114332

00:10:11.970 --> 00:10:13.834 Side effects were present,

NOTE Confidence: 0.8114332

00:10:13.834 --> 00:10:16.164 but relatively easy to manage,

NOTE Confidence: 0.8114332

00:10:16.170 --> 00:10:18.510 so rash, fatigue, abdominal pain,

NOTE Confidence: 0.8114332

00:10:18.510 --> 00:10:19.908 infusion related reaction,

NOTE Confidence: 0.8114332

 $00:10:19.908 \longrightarrow 00:10:22.238$ decreased appetite and dry mouth.

NOTE Confidence: 0.8114332

 $00{:}10{:}22.240 \dashrightarrow 00{:}10{:}25.048$ Cytokine release syndrome was also present,

NOTE Confidence: 0.8114332

00:10:25.050 --> 00:10:27.840 but the grade three and four

NOTE Confidence: 0.8114332

00:10:27.840 --> 00:10:30.180 CRS events were very low.

 $00:10:32.430 \longrightarrow 00:10:35.754$ The best oral response rate was

NOTE Confidence: 0.8047372

00:10:35.754 --> 00:10:39.076 seen in in 6363.5% of patients

NOTE Confidence: 0.8047372

 $00:10:39.076 \longrightarrow 00:10:42.394$ and in the highest dose cohort,

NOTE Confidence: 0.8047372

 $00:10:42.400 \longrightarrow 00:10:45.724$ 30 milligrams. 50% of the patients

NOTE Confidence: 0.8047372

 $00:10:45.724 \longrightarrow 00:10:47.386$ achieved complete response.

NOTE Confidence: 0.8276264

 $00:10:50.150 \longrightarrow 00:10:52.185$ This is still sure the

NOTE Confidence: 0.8276264

00:10:52.185 --> 00:10:53.406 durability of response.

NOTE Confidence: 0.8276264

 $00:10:53.410 \longrightarrow 00:10:55.870$ The ones in green are the

NOTE Confidence: 0.8276264

 $00{:}10{:}55.870 \dashrightarrow 00{:}10{:}57.510$ patients with complete response

NOTE Confidence: 0.8276264

 $00:10:57.587 \longrightarrow 00:10:59.963$ and most of them continue to

NOTE Confidence: 0.8276264

 $00{:}10{:}59.963 \dashrightarrow 00{:}11{:}01.980$ enjoy the durable response rate.

NOTE Confidence: 0.8276264

00:11:01.980 --> 00:11:03.640 Immediate duration of response

NOTE Confidence: 0.8276264

 $00:11:03.640 \longrightarrow 00:11:06.589$ was not reached and this is only

NOTE Confidence: 0.8276264

00:11:06.589 --> 00:11:08.917 a 5.4 months of median follow-up,

NOTE Confidence: 0.8276264

 $00:11:08.920 \longrightarrow 00:11:12.224$ so clearly very early data an we need

NOTE Confidence: 0.8276264

 $00:11:12.224 \longrightarrow 00:11:15.449$ to wait for the data too much or.

 $00:11:17.830 \longrightarrow 00:11:20.302$ So these are the authors conclusions

NOTE Confidence: 0.80800104

 $00:11:20.302 \longrightarrow 00:11:22.853$ early clinical data indicates that single

NOTE Confidence: 0.80800104

 $00:11:22.853 \longrightarrow 00:11:24.948$ agent is manageable and acceptable.

NOTE Confidence: 0.80800104

00:11:24.950 --> 00:11:26.578 Has acceptable safety profile.

NOTE Confidence: 0.80800104

 $00:11:26.578 \longrightarrow 00:11:29.020$ Encouraging efficacy was seen in this

NOTE Confidence: 0.80800104

00:11:29.081 --> 00:11:31.490 setting, an although they did some

NOTE Confidence: 0.80800104

00:11:31.490 --> 00:11:34.358 correlated studies and they did not find

NOTE Confidence: 0.80800104

 $00{:}11{:}34.358 \operatorname{--}{>} 00{:}11{:}36.523$ any clear Association with peripheral

NOTE Confidence: 0.80800104

 $00{:}11{:}36.523 \dashrightarrow 00{:}11{:}38.779$ T cell activation and response.

NOTE Confidence: 0.80800104

 $00:11:38.780 \longrightarrow 00:11:42.084$ This paves way for either single agent or

NOTE Confidence: 0.80800104

 $00:11:42.084 \longrightarrow 00:11:44.230$ combination therapies with most senators.

NOTE Confidence: 0.80800104

00:11:44.230 --> 00:11:45.934 Mab in frontline setting,

NOTE Confidence: 0.80800104

 $00{:}11{:}45.934 \dashrightarrow 00{:}11{:}47.638$ especially in elderly unfit.

NOTE Confidence: 0.80800104

 $00:11:47.640 \longrightarrow 00:11:48.001$ Patients.

NOTE Confidence: 0.80800104

 $00{:}11{:}48.001 \dashrightarrow 00{:}11{:}50.528$ The third study I would like to

00:11:50.528 --> 00:11:53.021 talk about is the predictive power

NOTE Confidence: 0.80800104

00:11:53.021 --> 00:11:55.141 of early sequential MRD monitoring

NOTE Confidence: 0.80800104

00:11:55.141 --> 00:11:57.720 in mental cell lymphoma following

NOTE Confidence: 0.80800104

 $00:11:57.720 \longrightarrow 00:11:59.804$ autologous stem cell transplantation

NOTE Confidence: 0.80800104

 $00:11:59.804 \longrightarrow 00:12:03.949$ with or without rituximab maintenance.

NOTE Confidence: 0.80800104

 $00:12:03.950 \longrightarrow 00:12:06.542$ This was presented by Doctor Callanan

NOTE Confidence: 0.80800104

 $00:12:06.542 \longrightarrow 00:12:09.230$ on behalf of the Lisa Group.

NOTE Confidence: 0.80800104

 $00:12:09.230 \longrightarrow 00:12:12.158$ The study was designed as such so the

NOTE Confidence: 0.80800104

 $00{:}12{:}12.158 \dashrightarrow 00{:}12{:}14.478$ patients with classical mantle cell

NOTE Confidence: 0.80800104

 $00:12:14.478 \longrightarrow 00:12:16.993$ lymphoma had baseline MRD analysis

NOTE Confidence: 0.80800104

 $00:12:16.993 \longrightarrow 00:12:20.269$ done followed by 4 cycles of our dehab

NOTE Confidence: 0.80800104

00:12:20.269 --> 00:12:22.116 followed by pre autologous tense,

NOTE Confidence: 0.80800104

00:12:22.116 --> 00:12:22.492 transplant,

NOTE Confidence: 0.80800104

 $00{:}12{:}22.492 \rightarrow 00{:}12{:}25.124$ MRD analysis and then you know high

NOTE Confidence: 0.80800104

00:12:25.124 --> 00:12:27.835 dose chemotherapy and then again post

NOTE Confidence: 0.80800104

 $00{:}12{:}27.835 \dashrightarrow 00{:}12{:}30.100$ autologous transplant MRD analysis and

 $00:12:30.165 \longrightarrow 00:12:32.613$ then patients were either randomized to

NOTE Confidence: 0.80800104

 $00{:}12{:}32.613 \dashrightarrow 00{:}12{:}34.788$ trucks or maintenance or observation.

NOTE Confidence: 0.80800104

 $00:12:34.788 \longrightarrow 00:12:39.092$ That type of MRD that was done was.

NOTE Confidence: 0.80800104

 $00:12:39.100 \longrightarrow 00:12:39.935$ Yeah,

NOTE Confidence: 0.80800104

 $00:12:39.935 \longrightarrow 00:12:42.440$ so IGHQ PCR.

NOTE Confidence: 0.80800104

 $00:12:42.440 \longrightarrow 00:12:46.615$ Looking at VDJ recombination region.

NOTE Confidence: 0.80800104

 $00:12:46.620 \longrightarrow 00:12:48.948$ Am the only talk about the first name

NOTE Confidence: 0.80800104

 $00:12:48.948 \longrightarrow 00:12:51.336$ given in interest of time is the

NOTE Confidence: 0.80800104

 $00{:}12{:}51.336 \dashrightarrow 00{:}12{:}53.548$ prognostic impact of MRD status pre

NOTE Confidence: 0.80800104

 $00:12:53.548 \longrightarrow 00:12:55.990$ and post autologous stem cell transplant.

NOTE Confidence: 0.7600319

 $00{:}12{:}58.560 \dashrightarrow 00{:}13{:}00.947$ This is the survival curve for pre

NOTE Confidence: 0.7600319

 $00:13:00.947 \longrightarrow 00:13:02.720$ autologous stem cell transplant,

NOTE Confidence: 0.7600319

00:13:02.720 --> 00:13:06.113 MRD status, so the one in red is MRD,

NOTE Confidence: 0.7600319

 $00:13:06.120 \longrightarrow 00:13:08.731$ negative green, blue is MRD positive so

NOTE Confidence: 0.7600319

00:13:08.731 --> 00:13:11.529 you can see that there is clear split

 $00:13:11.529 \longrightarrow 00:13:14.489$ in PFS and OS with improvement in PFS

NOTE Confidence: 0.7600319

00:13:14.489 --> 00:13:17.457 and OS in patients with MRD negativity.

NOTE Confidence: 0.80789965

00:13:19.620 --> 00:13:20.718 And hence essentially,

NOTE Confidence: 0.80789965

 $00:13:20.718 \longrightarrow 00:13:23.280$ this figure shows that there is a

NOTE Confidence: 0.80789965

 $00:13:23.351 \longrightarrow 00:13:26.095$ prognostic value in in doing MRD analysis.

NOTE Confidence: 0.80789965

 $00{:}13{:}26.100 \dashrightarrow 00{:}13{:}28.296$ The next question that the authors

NOTE Confidence: 0.80789965

 $00{:}13{:}28.296 \rightarrow 00{:}13{:}31.646$ looked at was to look at impact of

NOTE Confidence: 0.80789965

 $00:13:31.646 \longrightarrow 00:13:33.906$ maintenance therapy and MRD negative

NOTE Confidence: 0.80789965

 $00{:}13{:}33.906 \dashrightarrow 00{:}13{:}36.293$ patients so the one the curve in

NOTE Confidence: 0.80789965

00:13:36.293 --> 00:13:38.286 red is patients who got Rituxan.

NOTE Confidence: 0.80789965

 $00{:}13{:}38.286 \dashrightarrow 00{:}13{:}40.932$ Mab were but were not MRD negative

NOTE Confidence: 0.80789965

 $00:13:40.932 \longrightarrow 00:13:44.035$ and in blue is patients who are an

NOTE Confidence: 0.80789965

 $00:13:44.035 \longrightarrow 00:13:46.733$ observation and were MRD negative so you

NOTE Confidence: 0.80789965

 $00{:}13{:}46.733 \dashrightarrow 00{:}13{:}49.337$ can see that even though these patients.

NOTE Confidence: 0.80789965

 $00:13:49.337 \longrightarrow 00:13:52.353$ MRD negative that is a clear split and

NOTE Confidence: 0.80789965

 $00:13:52.353 \longrightarrow 00:13:55.225$ that is you know statistically significant

 $00:13:55.225 \longrightarrow 00:13:58.217$ difference with PFS OS benefit in

NOTE Confidence: 0.80789965

 $00{:}13{:}58.217 \dashrightarrow 00{:}14{:}00.707$ patients who got rituximab maintenance.

NOTE Confidence: 0.80789965

 $00:14:00.710 \longrightarrow 00:14:02.640$ The same thing holds true

NOTE Confidence: 0.80789965

 $00:14:02.640 \longrightarrow 00:14:04.184$ for post autologous stem,

NOTE Confidence: 0.80789965

 $00{:}14{:}04.190 --> 00{:}14{:}06.438$ cell transplant, MRD also.

NOTE Confidence: 0.80789965

 $00:14:06.438 \longrightarrow 00:14:09.430$ Hence, the data is a bit humbling.

NOTE Confidence: 0.80789965

 $00:14:09.430 \longrightarrow 00:14:11.726$ Where we would you know would love

NOTE Confidence: 0.80789965

00:14:11.726 --> 00:14:14.680 to use MRD for the rapeutic decisions,

NOTE Confidence: 0.80789965

 $00:14:14.680 \longrightarrow 00:14:17.648$ but it is pretty clear that maintenance

NOTE Confidence: 0.80789965

 $00{:}14{:}17.648 \dashrightarrow 00{:}14{:}19.891$ rituximab still remains gold standard

NOTE Confidence: 0.80789965

00:14:19.891 --> 00:14:22.597 in classical mental cell lymphoma and

NOTE Confidence: 0.80789965

00:14:22.597 --> 00:14:24.860 it's definitely a proof of concept

NOTE Confidence: 0.80789965

 $00{:}14{:}24.860 \dashrightarrow 00{:}14{:}27.198$ that MRD is a good prognostic tool

NOTE Confidence: 0.80789965

 $00:14:27.198 \longrightarrow 00:14:29.984$ and should be used in addition to

NOTE Confidence: 0.80789965

 $00:14:29.984 \longrightarrow 00:14:32.458$ other tools such as pet imaging.

00:14:34.660 --> 00:14:37.145 Lastly, I will talk about CNS prophylaxis

NOTE Confidence: 0.83317065

 $00{:}14{:}37.145 \dashrightarrow 00{:}14{:}39.419$ in aggressive non Hodgkin lymphoma's.

NOTE Confidence: 0.83317065

 $00:14:39.420 \longrightarrow 00:14:42.521$ There were two abstracts presented in the

NOTE Confidence: 0.83317065

00:14:42.521 --> 00:14:46.125 oral session at ASH 2020 and both kind of

NOTE Confidence: 0.83317065

 $00:14:46.125 \longrightarrow 00:14:48.766$ guide us in different directions in terms

NOTE Confidence: 0.83317065

 $00:14:48.766 \longrightarrow 00:14:52.062$ of what we do in clinics as of today,

NOTE Confidence: 0.83317065

00:14:52.062 --> 00:14:55.516 but there is a big caveat that both are

NOTE Confidence: 0.83317065

 $00:14:55.516 \longrightarrow 00:14:58.150$ retrospective studies and I would say

NOTE Confidence: 0.83317065

 $00:14:58.150 \longrightarrow 00:15:01.641$ that we need more prospective data before

NOTE Confidence: 0.83317065

 $00:15:01.641 \longrightarrow 00:15:04.767$ we change our or practice patterns.

NOTE Confidence: 0.83317065

 $00{:}15{:}04.770 \dashrightarrow 00{:}15{:}07.170$ Traditionally, the CNS relapse risk

NOTE Confidence: 0.83317065

00:15:07.170 --> 00:15:10.300 is calculated as CNS IPI scoring,

NOTE Confidence: 0.83317065

00:15:10.300 --> 00:15:12.820 which includes age, ekach status,

NOTE Confidence: 0.83317065

 $00:15:12.820 \longrightarrow 00:15:16.580$ LDH, stage of the patient.

NOTE Confidence: 0.83317065

 $00:15:16.580 \longrightarrow 00:15:19.574$ The number of external sites and

NOTE Confidence: 0.83317065

 $00:15:19.574 \longrightarrow 00:15:21.570$ kidney and adrenal involvement.

 $00:15:21.570 \longrightarrow 00:15:23.920$ So patients who have intermediate

NOTE Confidence: 0.83317065

 $00:15:23.920 \longrightarrow 00:15:27.928$ or high CNS IPI score are thought to

NOTE Confidence: 0.83317065

00:15:27.928 --> 00:15:30.543 benefit from from CNS prophylaxis,

NOTE Confidence: 0.83317065

 $00:15:30.550 \longrightarrow 00:15:33.050$ mainly high dose Ivy methotrexate.

NOTE Confidence: 0.683736

 $00:15:35.370 \longrightarrow 00:15:39.039$ Rather than intrathecal methotrexate.

NOTE Confidence: 0.683736

 $00:15:39.040 \longrightarrow 00:15:42.536$ The first study that I'll talk about here.

NOTE Confidence: 0.683736

 $00:15:42.540 \longrightarrow 00:15:45.886$ Their objective was to determine if high

NOTE Confidence: 0.683736

 $00:15:45.886 \longrightarrow 00:15:48.551$ dose methotrexate reduced CNS relapse rates

NOTE Confidence: 0.683736

 $00:15:48.551 \longrightarrow 00:15:51.454$ and this was based in Alberta, Canada.

NOTE Confidence: 0.683736

 $00{:}15{:}51.454 \dashrightarrow 00{:}15{:}54.374$ The design was retrospective include

NOTE Confidence: 0.683736

00:15:54.374 --> 00:15:58.995 patients were 18 to 70 years of age with

NOTE Confidence: 0.683736

 $00:15:58.995 \longrightarrow 00:16:02.100$ DL BCL treated between 2012 and 2019.

NOTE Confidence: 0.683736

 $00{:}16{:}02.100 \dashrightarrow 00{:}16{:}04.950$ These patients CNS involvement at

NOTE Confidence: 0.683736

 $00:16:04.950 \longrightarrow 00:16:10.128$ diagnosis were excluded, as evident here.

NOTE Confidence: 0.683736

 $00:16:10.130 \longrightarrow 00:16:12.468$ What is interesting is that at this

00:16:12.468 --> 00:16:14.324 site where they had identified

NOTE Confidence: 0.683736

00:16:14.324 --> 00:16:17.075 high risk patients only out of 326

NOTE Confidence: 0.683736

00:16:17.075 --> 00:16:18.780 identified high risk patients,

NOTE Confidence: 0.683736

00:16:18.780 --> 00:16:21.496 only 115 had gotten high dose methotrexate

NOTE Confidence: 0.683736

00:16:21.496 --> 00:16:24.156 for unknown reasons to under 911 patients

NOTE Confidence: 0.683736

00:16:24.156 --> 00:16:26.298 did not get high dose methotrexate,

NOTE Confidence: 0.683736

00:16:26.300 --> 00:16:28.788 so right off the bat you know since

NOTE Confidence: 0.683736

00:16:28.788 --> 00:16:31.558 we are analyzing only 115 patients,

NOTE Confidence: 0.683736

00:16:31.560 --> 00:16:33.985 it's difficult to make any

NOTE Confidence: 0.683736

 $00:16:33.985 \longrightarrow 00:16:34.955$ strong conclusions.

NOTE Confidence: 0.683736

 $00{:}16{:}34.960 \dashrightarrow 00{:}16{:}37.234$ But here high dose methotrexate was

NOTE Confidence: 0.683736

 $00:16:37.234 \longrightarrow 00:16:39.579$ used was associated with younger age,

NOTE Confidence: 0.683736

 $00{:}16{:}39.580 \dashrightarrow 00{:}16{:}41.920$ more the next one external site

NOTE Confidence: 0.683736

 $00{:}16{:}41.920 \dashrightarrow 00{:}16{:}43.480$ could bring additional involvement

NOTE Confidence: 0.683736

 $00:16:43.548 \longrightarrow 00:16:44.968$ and double hit lymphoma.

NOTE Confidence: 0.83204776

 $00:16:47.040 \longrightarrow 00:16:49.615$ Multivariate analysis is shown here

00:16:49.615 --> 00:16:55.268 where you can see that the. There was no.

NOTE Confidence: 0.83204776

 $00{:}16{:}55.270 {\:{\circ}{\circ}{\circ}}>00{:}16{:}57.450$ Reflected high dose methotrexate did

NOTE Confidence: 0.83204776

 $00:16:57.450 \longrightarrow 00:17:00.628$ not show any improvement in CNS relapse

NOTE Confidence: 0.83204776

 $00:17:00.628 \longrightarrow 00:17:03.869$ and the same holds true for intensive

NOTE Confidence: 0.83204776

 $00:17:03.869 \longrightarrow 00:17:05.850$ immunochemotherapy such as our dose

NOTE Confidence: 0.83204776

 $00:17:05.850 \longrightarrow 00:17:08.016$ adjusted epoch or are high perceive.

NOTE Confidence: 0.83204776

 $00:17:08.020 \longrightarrow 00:17:10.150$ Add in comparison to R.

NOTE Confidence: 0.83204776

 $00{:}17{:}10.150 \dashrightarrow 00{:}17{:}11.425$ Chop consolidative autologous

NOTE Confidence: 0.83204776

 $00{:}17{:}11.425 \dashrightarrow 00{:}17{:}13.125$ stem cell transplantation was

NOTE Confidence: 0.83204776

00:17:13.125 --> 00:17:14.820 definitely showed more impact,

NOTE Confidence: 0.83204776

 $00:17:14.820 \longrightarrow 00:17:18.720$ although it did still cross the.

NOTE Confidence: 0.83204776

 $00:17:18.720 \longrightarrow 00:17:21.848$ Hazard ratio of 1.

NOTE Confidence: 0.83204776

 $00{:}17{:}21.850 \dashrightarrow 00{:}17{:}24.042$ Here I'm showing multivariate

NOTE Confidence: 0.83204776

 $00:17:24.042 \longrightarrow 00:17:26.782$ analysis for PFS and OS.

NOTE Confidence: 0.83204776

00:17:26.790 --> 00:17:28.962 You can see that prophylactic high

 $00:17:28.962 \longrightarrow 00:17:30.410$ dose methotrexate and intensive

NOTE Confidence: 0.83204776

 $00:17:30.470 \longrightarrow 00:17:32.975$ immunochemotherapy did not show any

NOTE Confidence: 0.83204776

 $00:17:32.975 \longrightarrow 00:17:34.478$ statistically significant difference,

NOTE Confidence: 0.83204776

 $00:17:34.480 \longrightarrow 00:17:36.188$ although there was difference

NOTE Confidence: 0.83204776

00:17:36.188 --> 00:17:38.750 in PFS and OS in consolidative,

NOTE Confidence: 0.83204776

00:17:38.750 --> 00:17:41.890 autologous stem cell transplanted patients.

NOTE Confidence: 0.83204776

 $00:17:41.890 \longrightarrow 00:17:44.120$ Authors conclusions were there CNS

NOTE Confidence: 0.83204776

00:17:44.120 --> 00:17:47.052 relapse affect 6% of DCL patients and

NOTE Confidence: 0.83204776

 $00{:}17{:}47.052 \dashrightarrow 00{:}17{:}49.928$ risk of CNS relapse or similar with

NOTE Confidence: 0.83204776

00:17:49.928 --> 00:17:52.364 or without high dose methotrexate and

NOTE Confidence: 0.83204776

 $00{:}17{:}52.364 \dashrightarrow 00{:}17{:}56.248$ and as a proof of concept similar to

NOTE Confidence: 0.83204776

 $00:17:56.248 \longrightarrow 00:17:58.833$ rates reported in prior publications.

NOTE Confidence: 0.83204776

 $00{:}17{:}58.840 {\:\dashrightarrow\:} 00{:}18{:}00.835$ Consolidative autologous stem

NOTE Confidence: 0.83204776

 $00:18:00.835 \longrightarrow 00:18:03.495$ cell transplantation or intensive

NOTE Confidence: 0.83204776

00:18:03.495 --> 00:18:06.357 immunochemotherapy trended to reduce CNS

NOTE Confidence: 0.83204776

 $00:18:06.357 \longrightarrow 00:18:09.108$ relapse of finding that is worthy of

00:18:09.108 --> 00:18:11.800 further study in a prospective setting.

NOTE Confidence: 0.83204776

 $00{:}18{:}11.800 \longrightarrow 00{:}18{:}15.608$ The other study that I will quickly go

NOTE Confidence: 0.83204776

 $00:18:15.608 \longrightarrow 00:18:18.936$ over before I hand over to Doctor said

NOTE Confidence: 0.83204776

00:18:18.936 --> 00:18:23.319 he is the CNS relapse by prophylaxis route.

NOTE Confidence: 0.83204776

 $00:18:23.320 \longrightarrow 00:18:27.008$ So the this study was a US multi

NOTE Confidence: 0.83204776

00:18:27.008 --> 00:18:29.400 center retrospective study where they

NOTE Confidence: 0.83204776

 $00:18:29.400 \longrightarrow 00:18:32.627$ found that from all the centers with

NOTE Confidence: 0.83204776

 $00:18:32.714 \longrightarrow 00:18:35.768$ patients 100 and 1000 patients total

NOTE Confidence: 0.83204776

00:18:35.768 --> 00:18:39.100 5.5% had overall CNS relapse rate of

NOTE Confidence: 0.83204776

 $00:18:39.100 \longrightarrow 00:18:42.160$ the patients who got into tickle.

NOTE Confidence: 0.83204776

00:18:42.160 --> 00:18:43.072 CNS prophylaxis,

NOTE Confidence: 0.83204776

 $00{:}18{:}43.072 \dashrightarrow 00{:}18{:}46.720$ 5.3% had CNS relapse and of the patients

NOTE Confidence: 0.83204776

 $00{:}18{:}46.800 \dashrightarrow 00{:}18{:}49.360$ who got intravenous prophylaxis.

NOTE Confidence: 0.83204776

00:18:49.360 --> 00:18:52.438 Seven point, 1% had CNS relapse.

NOTE Confidence: 0.856802

 $00:18:54.700 \longrightarrow 00:18:56.704$ So there there are many other

00:18:56.704 --> 00:18:58.040 findings from this study,

NOTE Confidence: 0.856802

00:18:58.040 --> 00:18:59.710 but in interest of time,

NOTE Confidence: 0.856802

 $00{:}18{:}59.710 \dashrightarrow 00{:}19{:}02.900$ I'll briefly discuss their conclusions.

NOTE Confidence: 0.856802

 $00:19:02.900 \longrightarrow 00:19:05.932$ What I found interesting from this study was

NOTE Confidence: 0.856802

00:19:05.932 --> 00:19:09.196 that not only CNS IPI scoring is important,

NOTE Confidence: 0.856802

00:19:09.200 --> 00:19:11.408 but they also found a significant

NOTE Confidence: 0.856802

 $00:19:11.408 \dashrightarrow 00:19:13.793$ CNS relapse rate in patients who

NOTE Confidence: 0.856802

 $00:19:13.793 \longrightarrow 00:19:16.295$ had involvement of testis or liver.

NOTE Confidence: 0.856802

 $00{:}19{:}16.300 \dashrightarrow 00{:}19{:}18.918$ So that's something that we should keep

NOTE Confidence: 0.856802

00:19:18.918 --> 00:19:21.808 in mind in our clinics, but overall,

NOTE Confidence: 0.856802

00:19:21.808 --> 00:19:24.566 you know CNS relapse rates were similar,

NOTE Confidence: 0.856802

00:19:24.570 --> 00:19:25.356 following prophylaxis,

NOTE Confidence: 0.856802

 $00:19:25.356 \longrightarrow 00:19:27.714$ either intrathecal or high dose methotrexate.

NOTE Confidence: 0.856802

 $00{:}19{:}27.720 \dashrightarrow 00{:}19{:}30.485$ They are going to do comparisons of

NOTE Confidence: 0.856802

 $00:19:30.485 \longrightarrow 00:19:33.357$ single versus dual route so intra fickle.

NOTE Confidence: 0.856802

 $00:19:33.360 \longrightarrow 00:19:35.608$ In high doses in the future and also

00:19:35.608 --> 00:19:37.699 compare pro flexes and no pro flexes,

NOTE Confidence: 0.856802

 $00:19:37.700 \longrightarrow 00:19:39.716$ which would I think be of interest

NOTE Confidence: 0.856802

 $00:19:39.716 \longrightarrow 00:19:41.490$ to all of us?

NOTE Confidence: 0.856802

00:19:41.490 --> 00:19:43.580 But overall outcomes for following

NOTE Confidence: 0.856802

 $00:19:43.580 \longrightarrow 00:19:46.227$ CNS relapse remain poor without clear

NOTE Confidence: 0.856802

 $00{:}19{:}46.227 \dashrightarrow 00{:}19{:}48.657$ benefit from existing treatment options.

NOTE Confidence: 0.90265936

 $00:19:50.710 \longrightarrow 00:19:52.810$ Thank you and please use the chat

NOTE Confidence: 0.90265936

 $00:19:52.810 \longrightarrow 00:19:54.765$ window for questions while we go

NOTE Confidence: 0.90265936

 $00{:}19{:}54.765 \dashrightarrow 00{:}19{:}56.097$ along with more presentations.

NOTE Confidence: 0.92206365

 $00{:}20{:}42.590 \dashrightarrow 00{:}20{:}47.316$ Hi everyone. So I'll be presenting

NOTE Confidence: 0.92206365

 $00{:}20{:}47.316 \dashrightarrow 00{:}20{:}50.236$ the update on primarily focusing

NOTE Confidence: 0.92206365

 $00:20:50.236 \longrightarrow 00:20:55.080$ on the Salem farmers. And.

NOTE Confidence: 0.92206365

 $00:20:55.080 \longrightarrow 00:20:57.957$ So just one at a couple of

NOTE Confidence: 0.92206365

 $00:20:57.957 \longrightarrow 00:21:00.040$ abstracts for indolent lymphoma.

NOTE Confidence: 0.92206365

 $00:21:00.040 \longrightarrow 00:21:02.300$ I have no relevant disclosures.

 $00:21:04.440 \longrightarrow 00:21:07.247$ So just starting with a brief overview.

NOTE Confidence: 0.7670744

 $00:21:09.300 \longrightarrow 00:21:11.430$ You know, dealing with the challenging

NOTE Confidence: 0.7670744

 $00:21:11.430 \longrightarrow 00:21:13.580$ field of T cell informers.

NOTE Confidence: 0.7670744

 $00:21:13.580 \longrightarrow 00:21:16.380$ You know there were a few studies

NOTE Confidence: 0.7670744

 $00:21:16.380 \longrightarrow 00:21:18.639$ that were presented that are off.

NOTE Confidence: 0.7670744

 $00{:}21{:}18.640 \dashrightarrow 00{:}21{:}21.760$ Note that I'd like to highlight it in

NOTE Confidence: 0.7670744

00:21:21.760 --> 00:21:23.690 frontline peripheral T cell lymphoma.

NOTE Confidence: 0.7670744

00:21:23.690 --> 00:21:27.183 A couple of studies including the combination

NOTE Confidence: 0.7670744

 $00{:}21{:}27.183 \dashrightarrow 00{:}21{:}30.397$ romideps in job and as I said in chapter.

NOTE Confidence: 0.7670744

00:21:30.400 --> 00:21:33.004 Presented in relapsed refractory

NOTE Confidence: 0.7670744

 $00:21:33.004 \longrightarrow 00:21:36.259$ PTCL we had an update.

NOTE Confidence: 0.7670744

 $00:21:36.260 \longrightarrow 00:21:38.960$ On developer and relapsed refractory CDCR.

NOTE Confidence: 0.7670744

 $00{:}21{:}38.960 \dashrightarrow 00{:}21{:}41.210$ There was a novel interleukin

NOTE Confidence: 0.7670744

00:21:41.210 --> 00:21:42.560 antagonist BNZ one,

NOTE Confidence: 0.7670744

 $00:21:42.560 \longrightarrow 00:21:45.724$ and then I will shift gears in

NOTE Confidence: 0.7670744

 $00{:}21{:}45.724 \dashrightarrow 00{:}21{:}49.617$ touch on a couple of CLL studies.

 $00:21:49.620 \longrightarrow 00:21:51.798$ At the end.

NOTE Confidence: 0.7670744

 $00:21:51.800 \longrightarrow 00:21:54.620$ So talking about property selling

NOTE Confidence: 0.7670744

 $00:21:54.620 \longrightarrow 00:21:57.440$ former really the frontline treatment

NOTE Confidence: 0.7670744

 $00:21:57.528 \longrightarrow 00:22:00.102$ of this aggressive disease is a

NOTE Confidence: 0.7670744

 $00{:}22{:}00.102 \dashrightarrow 00{:}22{:}02.620$ major area of clinical need and.

NOTE Confidence: 0.7864274

00:22:05.020 --> 00:22:07.882 You know, we most of us have been using

NOTE Confidence: 0.7864274

 $00:22:07.882 \longrightarrow 00:22:11.472$ CHOP or chop like regiments as the backbone

NOTE Confidence: 0.7864274

00:22:11.472 --> 00:22:14.220 chemotherapy backbone of frontline therapy.

NOTE Confidence: 0.7864274

00:22:14.220 --> 00:22:15.090 However, unfortunately,

NOTE Confidence: 0.7864274

 $00{:}22{:}15.090 \dashrightarrow 00{:}22{:}17.700$ unlike diffuse large B cell lymphoma

NOTE Confidence: 0.7864274

 $00{:}22{:}17.700 \dashrightarrow 00{:}22{:}20.067$ where our job has almost doubles,

NOTE Confidence: 0.7864274

 $00{:}22{:}20.070 \dashrightarrow 00{:}22{:}23.406$ the CR rates that are seen with PTCL.

NOTE Confidence: 0.7864274

00:22:23.410 --> 00:22:26.602 So with PCL, which job we're looking

NOTE Confidence: 0.7864274

 $00{:}22{:}26.602 \dashrightarrow 00{:}22{:}30.516$ at CR rates of just 35 to 40% in the

NOTE Confidence: 0.7864274

 $00:22:30.516 \longrightarrow 00:22:32.606$ setting of an aggressive lymphoma.

 $00:22:32.610 \longrightarrow 00:22:34.896$ This is really.

NOTE Confidence: 0.7864274

 $00:22:34.896 \longrightarrow 00:22:37.944$ A very challenging situation.

NOTE Confidence: 0.7864274

 $00:22:37.950 \longrightarrow 00:22:40.966$ Chip has been studied and shown to be

NOTE Confidence: 0.7864274

00:22:40.966 --> 00:22:44.105 of some limited success in certain in

NOTE Confidence: 0.7864274

00:22:44.105 --> 00:22:48.088 subtypes of patients in a subset of patients,

NOTE Confidence: 0.7864274

00:22:48.090 --> 00:22:51.618 specially those younger than 60 years of age.

NOTE Confidence: 0.7864274

00:22:51.620 --> 00:22:55.838 Much higher toxicity was seen in.

NOTE Confidence: 0.7864274

 $00:22:55.840 \longrightarrow 00:23:01.034$ Higher age group and those adjusted are.

NOTE Confidence: 0.7864274

 $00:23:01.040 \longrightarrow 00:23:04.250$ Suggested the bug is really considered

NOTE Confidence: 0.7864274

 $00:23:04.250 \longrightarrow 00:23:08.182$ for more aggressive subtypes like ATL and

NOTE Confidence: 0.7864274

00:23:08.182 --> 00:23:11.027 clinically aggressive presentations of PTCL.

NOTE Confidence: 0.7864274

00:23:11.030 --> 00:23:14.150 It's only recently that.

NOTE Confidence: 0.7864274

00:23:14.150 --> 00:23:16.382 No one study has changed the

NOTE Confidence: 0.7864274

 $00:23:16.382 \longrightarrow 00:23:18.180$ standard of care in CD.

NOTE Confidence: 0.7864274

 $00:23:18.180 \longrightarrow 00:23:20.460$ 30 positive.

NOTE Confidence: 0.7864274

 $00{:}23{:}20.460 \dashrightarrow 00{:}23{:}22.490$ TCL primarily in LCL Septics,

 $00:23:22.490 \longrightarrow 00:23:25.298$ where which where there was the most robust

NOTE Confidence: 0.7864274

 $00:23:25.298 \longrightarrow 00:23:28.170$ data for the combination of brentuximab,

NOTE Confidence: 0.7864274

 $00:23:28.170 \longrightarrow 00:23:30.606$ CHP from the Echelon two trial.

NOTE Confidence: 0.7864274

00:23:30.610 --> 00:23:33.730 But outside of this you know other studies

NOTE Confidence: 0.7864274

 $00:23:33.730 \longrightarrow 00:23:36.789$ that have tried to build on the chop

NOTE Confidence: 0.7864274

 $00{:}23{:}36.789 \dashrightarrow 00{:}23{:}39.539$ backbone have not been very successful.

NOTE Confidence: 0.7840891

00:23:42.510 --> 00:23:45.989 So with this I'm going to present

NOTE Confidence: 0.7840891

00:23:45.989 --> 00:23:48.400 two frontline trials for PTCL,

NOTE Confidence: 0.7840891

 $00:23:48.400 \longrightarrow 00:23:49.873$ frontline treatment and

NOTE Confidence: 0.7840891

 $00:23:49.873 \longrightarrow 00:23:52.328$ so starting with Rd shop.

NOTE Confidence: 0.7840891

 $00:23:52.330 \longrightarrow 00:23:56.080$ So this was a phase three.

NOTE Confidence: 0.7840891

 $00{:}23{:}56.080 \rightarrow 00{:}23{:}59.280$ A study conducted by the Lisa Group and

NOTE Confidence: 0.7840891

 $00:23:59.280 \longrightarrow 00:24:02.550$ again a frontline treatment of PTCL.

NOTE Confidence: 0.7840891

 $00:24:02.550 \longrightarrow 00:24:06.240$ It was presented by Doctor Vashi.

NOTE Confidence: 0.7840891

 $00:24:06.240 \longrightarrow 00:24:08.802$ So this study was based on the

00:24:08.802 --> 00:24:11.129 Phase 1B prior Phase 1B data.

NOTE Confidence: 0.83324665

 $00{:}24{:}13.490 \dashrightarrow 00{:}24{:}17.510$ That showed. Basically a phase two

NOTE Confidence: 0.83324665

 $00{:}24{:}17.510 \dashrightarrow 00{:}24{:}20.567$ dose of 12 milligram per meter squared

NOTE Confidence: 0.83324665

 $00:24:20.567 \longrightarrow 00:24:23.745$ was the one that was associated with,

NOTE Confidence: 0.83324665

 $00:24:23.750 \longrightarrow 00:24:26.921$ you know, but the best safety data

NOTE Confidence: 0.83324665

00:24:26.921 --> 00:24:30.974 given on day one and data for 21 day

NOTE Confidence: 0.83324665

 $00:24:30.974 \longrightarrow 00:24:33.869$ cycle with CHOP given on day one.

NOTE Confidence: 0.83324665

 $00:24:33.870 \longrightarrow 00:24:36.070$ This particular this is this

NOTE Confidence: 0.83324665

00:24:36.070 --> 00:24:37.830 prior study did have.

NOTE Confidence: 0.83324665

00:24:37.830 --> 00:24:41.169 Basically they give 8 cycles and a

NOTE Confidence: 0.83324665

00:24:41.169 --> 00:24:45.139 total of about 37 patients were studied.

NOTE Confidence: 0.83324665

 $00:24:45.140 \longrightarrow 00:24:47.732$ So in this present study presented

NOTE Confidence: 0.83324665

00:24:47.732 --> 00:24:49.028 by Doctor Bashi,

NOTE Confidence: 0.83324665

 $00:24:49.030 \longrightarrow 00:24:51.325$ this was a randomized controlled

NOTE Confidence: 0.83324665

 $00:24:51.325 \longrightarrow 00:24:53.620$ trial phase three data where

NOTE Confidence: 0.83324665

 $00:24:53.702 \longrightarrow 00:24:55.507$ the army was chop alone,

00:24:55.510 --> 00:24:58.096 and then I'm be had romidepsin,

NOTE Confidence: 0.83324665

 $00{:}24{:}58.100 \dashrightarrow 00{:}25{:}00.692$ given in addition to chop again

NOTE Confidence: 0.83324665

 $00:25:00.692 \longrightarrow 00:25:04.195$ days 121 and eight at a dose of

NOTE Confidence: 0.83324665

 $00:25:04.195 \longrightarrow 00:25:06.305$ 12 milligram per meter squared.

NOTE Confidence: 0.83324665

 $00{:}25{:}06.310 \dashrightarrow 00{:}25{:}09.325$ The recommended phase two dose

NOTE Confidence: 0.83324665

 $00:25:09.325 \longrightarrow 00:25:12.340$ from the Phase 1B study.

NOTE Confidence: 0.83324665

 $00:25:12.340 \longrightarrow 00:25:14.790$ So in the study population,

NOTE Confidence: 0.83324665

00:25:14.790 --> 00:25:17.758 I do want to highlight that like

NOTE Confidence: 0.83324665

00:25:17.758 --> 00:25:20.670 many T cell lymphoma trials,

NOTE Confidence: 0.83324665

 $00:25:20.670 \longrightarrow 00:25:24.294$ it did include a very heterogeneous

NOTE Confidence: 0.83324665

00:25:24.294 --> 00:25:26.710 population of all aggressive

NOTE Confidence: 0.83324665

 $00{:}25{:}26.813 \dashrightarrow 00{:}25{:}30.305$ histologies and then also looking at.

NOTE Confidence: 0.83324665

 $00:25:30.310 \longrightarrow 00:25:32.746$ One thing that is relevant really

NOTE Confidence: 0.83324665

00:25:32.746 --> 00:25:35.019 here is that patients undergoing

NOTE Confidence: 0.83324665

 $00:25:35.019 \longrightarrow 00:25:37.319$ autologous or allogeneic transplant

00:25:37.319 --> 00:25:39.619 planned as a consolidation

NOTE Confidence: 0.83324665

 $00{:}25{:}39.619 \dashrightarrow 00{:}25{:}42.119$ were excluded from this study,

NOTE Confidence: 0.83324665

 $00:25:42.120 \longrightarrow 00:25:47.027$ which is really important to note because.

NOTE Confidence: 0.83324665

00:25:47.030 --> 00:25:48.682 A lot of people,

NOTE Confidence: 0.83324665

 $00:25:48.682 \longrightarrow 00:25:50.747$ even based on controversial data

NOTE Confidence: 0.83324665

 $00{:}25{:}50.747 \dashrightarrow 00{:}25{:}53.304$ you consider autologous stem cell

NOTE Confidence: 0.83324665

 $00:25:53.304 \longrightarrow 00:25:56.394$ transplant for most patients who are

NOTE Confidence: 0.83324665

00:25:56.472 --> 00:25:59.082 eligible in first remission after

NOTE Confidence: 0.83324665

 $00:25:59.082 \longrightarrow 00:26:01.692$ after frontline treatment of PCL.

NOTE Confidence: 0.83324665

00:26:01.700 --> 00:26:04.556 The primary endpoint of this study

NOTE Confidence: 0.83324665

 $00{:}26{:}04.556 \dashrightarrow 00{:}26{:}07.055$ was progression free survival and

NOTE Confidence: 0.83324665

 $00:26:07.055 \longrightarrow 00:26:09.655$ secondary endpoints included safety as

NOTE Confidence: 0.83324665

 $00:26:09.655 \longrightarrow 00:26:12.560$ well as additional efficacy endpoints.

NOTE Confidence: 0.83324665

00:26:12.560 --> 00:26:13.105 Again,

NOTE Confidence: 0.83324665

 $00{:}26{:}13.105 \dashrightarrow 00{:}26{:}15.830$ baseline characteristics I want to

NOTE Confidence: 0.83324665

 $00:26:15.830 \longrightarrow 00:26:18.918$ highlight about half of the patients

00:26:18.918 --> 00:26:21.788 were of a ITL subtype and then,

NOTE Confidence: 0.83324665

 $00:26:21.790 \longrightarrow 00:26:23.106$ as expected,

NOTE Confidence: 0.83324665

 $00{:}26{:}23.106 \dashrightarrow 00{:}26{:}28.370$ PCL and LCL where the other common subtypes.

NOTE Confidence: 0.83324665

 $00:26:28.370 \longrightarrow 00:26:30.131$ So here, unfortunately,

NOTE Confidence: 0.83324665

 $00:26:30.131 \longrightarrow 00:26:32.479$ like many other studies.

NOTE Confidence: 0.83324665

 $00:26:32.480 \longrightarrow 00:26:34.958$ But that have used chopped backbone.

NOTE Confidence: 0.83324665

00:26:34.960 --> 00:26:37.228 This was a this study did not

NOTE Confidence: 0.83324665

00:26:37.228 --> 00:26:39.379 meet its primary endpoint of

NOTE Confidence: 0.83324665

 $00{:}26{:}39.379 \dashrightarrow 00{:}26{:}41.587$ improved progression free survival.

NOTE Confidence: 0.83324665

 $00:26:41.590 \longrightarrow 00:26:44.269$ The hazard ratio.

NOTE Confidence: 0.83324665

 $00{:}26{:}44.270 \dashrightarrow 00{:}26{:}49.262$ For Rd shop versus R Chop Chop was

NOTE Confidence: 0.83324665

 $00:26:49.262 \longrightarrow 00:26:53.635$ appointed one with a P value of .096.

NOTE Confidence: 0.83324665

 $00:26:53.640 \longrightarrow 00:26:54.694$ And again,

NOTE Confidence: 0.83324665

00:26:54.694 --> 00:26:57.329 a subgroup analysis based on

NOTE Confidence: 0.83324665

 $00:26:57.329 \longrightarrow 00:26:59.790$ where this IPI factors.

 $00:26:59.790 \longrightarrow 00:27:02.208$ As well as histologies did not

NOTE Confidence: 0.83324665

00:27:02.208 --> 00:27:03.820 really show any significant

NOTE Confidence: 0.83324665

00:27:03.891 --> 00:27:06.146 subsets that were that achieve

NOTE Confidence: 0.83324665

 $00{:}27{:}06.146 \dashrightarrow 00{:}27{:}08.401$ greater benefit from this regimen.

NOTE Confidence: 0.83324665

 $00:27:08.410 \longrightarrow 00:27:11.427$ But patients with AI TL did have.

NOTE Confidence: 0.83324665

 $00:27:11.430 \longrightarrow 00:27:15.120$ There was a trend too.

NOTE Confidence: 0.83324665

 $00:27:15.120 \longrightarrow 00:27:17.796$ Some benefit in this particular population,

NOTE Confidence: 0.83324665

 $00:27:17.800 \longrightarrow 00:27:20.035$ again looking at the overall

NOTE Confidence: 0.83324665

 $00{:}27{:}20.035 \dashrightarrow 00{:}27{:}22.270$ and the complete response rates,

NOTE Confidence: 0.83324665

 $00:27:22.270 \longrightarrow 00:27:24.500$ the complete response rate was

NOTE Confidence: 0.83324665

 $00:27:24.500 \longrightarrow 00:27:26.654$ 41% compared with 37%,

NOTE Confidence: 0.83324665

 $00:27:26.654 \longrightarrow 00:27:28.926$ which is consistent with

NOTE Confidence: 0.83324665

 $00{:}27{:}28.926 \dashrightarrow 00{:}27{:}31.880$ historical data that we have from.

NOTE Confidence: 0.83324665

 $00:27:31.880 \longrightarrow 00:27:36.910$ Job. Again, without.

NOTE Confidence: 0.83324665

 $00:27:36.910 \longrightarrow 00:27:39.230$ Fighting any increase, additional efficacy.

NOTE Confidence: 0.83324665

 $00{:}27{:}39.230 \dashrightarrow 00{:}27{:}41.540$ Rd job was more toxic.

00:27:41.540 --> 00:27:44.105 A substantial number of patients

NOTE Confidence: 0.83324665

00:27:44.105 --> 00:27:47.183 were not able to receive all

NOTE Confidence: 0.83324665

 $00:27:47.183 \longrightarrow 00:27:49.721$ doses of romidepsin as well as

NOTE Confidence: 0.83324665

00:27:49.721 --> 00:27:53.060 job and also significant number of

NOTE Confidence: 0.83324665

 $00:27:53.060 \longrightarrow 00:27:55.040$ patients are received.

NOTE Confidence: 0.83324665

 $00{:}27{:}55.040 \dashrightarrow 00{:}27{:}57.800$ Had to undergo jobs reduction or

NOTE Confidence: 0.83324665

00:27:57.800 --> 00:28:00.340 interruption because of increased toxicity,

NOTE Confidence: 0.83324665

 $00{:}28{:}00.340 \dashrightarrow 00{:}28{:}03.840$ which is primarily increased.

NOTE Confidence: 0.83324665

 $00:28:03.840 \longrightarrow 00:28:07.386$ Haematological toxicity so really,

NOTE Confidence: 0.83324665

00:28:07.386 --> 00:28:09.776 in summary for this study,

NOTE Confidence: 0.83324665

 $00{:}28{:}09.780 \dashrightarrow 00{:}28{:}12.515$ Roach up increase toxicity without

NOTE Confidence: 0.83324665

 $00:28:12.515 \longrightarrow 00:28:14.703$ improving efficacy in frontline

NOTE Confidence: 0.83324665

 $00{:}28{:}14.703 \dashrightarrow 00{:}28{:}17.079$ treatment of PTCL possible future

NOTE Confidence: 0.83324665

00:28:17.079 --> 00:28:19.274 directions really is based on

NOTE Confidence: 0.83324665

 $00:28:19.274 \longrightarrow 00:28:21.726$ whether CHOP is the right backbone.

 $00:28:21.730 \longrightarrow 00:28:23.602$ We do notes there.

NOTE Confidence: 0.83324665

 $00{:}28{:}23.602 \dashrightarrow 00{:}28{:}25.942$ Drugs like romidepsin are more

NOTE Confidence: 0.83324665

 $00:28:25.942 \longrightarrow 00:28:28.330$ active in certain subtypes of

NOTE Confidence: 0.83324665

 $00:28:28.330 \longrightarrow 00:28:31.084$ PTCL like PTCL with T follicular

NOTE Confidence: 0.719972

00:28:31.175 --> 00:28:34.320 helper, cell subtype and AI TL

NOTE Confidence: 0.719972

 $00:28:34.320 \longrightarrow 00:28:36.880$ and so maybe's patient selection.

NOTE Confidence: 0.719972

 $00:28:36.880 \longrightarrow 00:28:40.520$ And based on Histology and then there

NOTE Confidence: 0.719972

 $00:28:40.520 \longrightarrow 00:28:43.528$ is another trial that is being.

NOTE Confidence: 0.719972

 $00{:}28{:}43.530 \dashrightarrow 00{:}28{:}46.008$ And that is yet to start accruing.

NOTE Confidence: 0.719972

00:28:46.010 --> 00:28:48.236 But it's basically has been proposed

NOTE Confidence: 0.719972

 $00{:}28{:}48.236 \dashrightarrow 00{:}28{:}50.785$ by NCI where they're looking at the

NOTE Confidence: 0.719972

 $00:28:50.785 \longrightarrow 00:28:53.109$ combination of Doxorubicin 5 as a as

NOTE Confidence: 0.719972

 $00:28:53.177 \longrightarrow 00:28:55.592$ a sighted in oral and then romidepsin

NOTE Confidence: 0.719972

 $00:28:55.592 \longrightarrow 00:28:58.038$ and develops it in T cell lymphoma.

NOTE Confidence: 0.8498516

00:29:00.270 --> 00:29:01.806 So those would be, you know,

NOTE Confidence: 0.8498516

 $00{:}29{:}01.810 \dashrightarrow 00{:}29{:}04.228$ interesting things to look forward to.

 $00:29:04.230 \longrightarrow 00:29:07.308$ Our next study that was presented

NOTE Confidence: 0.8498516

00:29:07.308 --> 00:29:09.920 in Frontline PTCL was oral,

NOTE Confidence: 0.8498516

 $00:29:09.920 \longrightarrow 00:29:13.016$ is cited in CC-486 plus job.

NOTE Confidence: 0.8498516

 $00:29:13.020 \longrightarrow 00:29:15.820$ This was presented by

NOTE Confidence: 0.8498516

 $00:29:15.820 \longrightarrow 00:29:18.620$ Doctor Rowan from Kernel.

NOTE Confidence: 0.8498516

00:29:18.620 --> 00:29:20.865 So again, this particular study

NOTE Confidence: 0.8498516

00:29:20.865 --> 00:29:23.110 actually highlighted the point that

NOTE Confidence: 0.8498516

 $00:29:23.186 \longrightarrow 00:29:25.629$ an oral PCL with T follicular helper

NOTE Confidence: 0.8498516

 $00{:}29{:}25.629 \dashrightarrow 00{:}29{:}27.820$ cell subtype is associated with.

NOTE Confidence: 0.69032043

 $00:29:30.380 \longrightarrow 00:29:31.760$ My hyperventilating mutations

NOTE Confidence: 0.69032043

 $00:29:31.760 \longrightarrow 00:29:35.944$ in the Ted in Ted 2D N MT3A and

NOTE Confidence: 0.69032043

 $00{:}29{:}35.944 \dashrightarrow 00{:}29{:}38.982$ IDH 2 an in addition also roue

NOTE Confidence: 0.69032043

 $00{:}29{:}38.982 \dashrightarrow 00{:}29{:}41.806$ mutations and this was the rational.

NOTE Confidence: 0.69032043

 $00:29:41.810 \longrightarrow 00:29:44.342$ These mutations are not only present

NOTE Confidence: 0.69032043

00:29:44.342 --> 00:29:47.567 in the two T follicular helper cell

00:29:47.567 --> 00:29:50.941 subtype AI TL but also some PTCL,

NOTE Confidence: 0.69032043

 $00:29:50.950 \longrightarrow 00:29:55.248$ PTCL nosc and so that was the

NOTE Confidence: 0.69032043

 $00{:}29{:}55.248 \rightarrow 00{:}29{:}58.730$ rationale for using is cited in.

NOTE Confidence: 0.69032043

 $00:29:58.730 \longrightarrow 00:30:01.244$ As an epigenetic.

NOTE Confidence: 0.69032043

 $00:30:01.244 \longrightarrow 00:30:03.758$ Timer with chop.

NOTE Confidence: 0.69032043

 $00:30:03.760 \longrightarrow 00:30:05.950$ So this they proceeded straight to

NOTE Confidence: 0.69032043

 $00:30:05.950 \longrightarrow 00:30:08.559$ a phase two study because there was

NOTE Confidence: 0.69032043

 $00:30:08.559 \longrightarrow 00:30:11.065$ Phase one data for safety of this

NOTE Confidence: 0.69032043

00:30:11.140 --> 00:30:13.460 combination from B cell lymphoma.

NOTE Confidence: 0.69032043

 $00:30:13.460 \longrightarrow 00:30:15.364$ Uh, the they do.

NOTE Confidence: 0.69032043

 $00{:}30{:}15.364 \dashrightarrow 00{:}30{:}18.220$ They do include all PTCL subsets.

NOTE Confidence: 0.69032043

 $00{:}30{:}18.220 \dashrightarrow 00{:}30{:}21.100$ However they did prioritize enrollment

NOTE Confidence: 0.69032043

00:30:21.100 --> 00:30:24.432 of the T follicular helper cells

NOTE Confidence: 0.69032043

 $00:30:24.432 \longrightarrow 00:30:27.699$ upset and as you will see of the 20

NOTE Confidence: 0.69032043

00:30:27.791 --> 00:30:31.067 patients 17 where of TFH subset here?

NOTE Confidence: 0.69032043

 $00:30:31.070 \longrightarrow 00:30:33.535$ The primary endpoint was complete

 $00:30:33.535 \longrightarrow 00:30:36.000$ response rate and secondary endpoint

NOTE Confidence: 0.69032043

 $00:30:36.079 \longrightarrow 00:30:38.689$ was overall response rate and safety.

NOTE Confidence: 0.69032043

 $00:30:38.690 \longrightarrow 00:30:41.690$ They also looked at some genomic

NOTE Confidence: 0.69032043

 $00:30:41.690 \longrightarrow 00:30:44.830$ markers so this was an. Interesting.

NOTE Confidence: 0.801746250000001

 $00:30:47.220 \longrightarrow 00:30:50.286$ Study design and treatment regimen where

NOTE Confidence: 0.801746250000001

00:30:50.286 --> 00:30:53.726 initially CC 486 was given as a lead

NOTE Confidence: 0.801746250000001

 $00:30:53.726 \longrightarrow 00:30:57.128$ in from day minus 6 two day one for

NOTE Confidence: 0.801746250000001

 $00:30:57.128 \longrightarrow 00:30:59.840$ the first cycle and then subsequently

NOTE Confidence: 0.801746250000001

 $00{:}30{:}59.840 \dashrightarrow 00{:}31{:}03.848$ from and subsequently four cycles.

NOTE Confidence: 0.801746250000001

 $00:31:03.850 \longrightarrow 00:31:09.160$ 125 they received CC-486 on.

NOTE Confidence: 0.801746250000001

 $00:31:09.160 \longrightarrow 00:31:11.728$ Days 8 to 21 which basically

NOTE Confidence: 0.801746250000001

 $00:31:11.728 \longrightarrow 00:31:14.509$ so every so for cycle one.

NOTE Confidence: 0.801746250000001

 $00{:}31{:}14.510 \dashrightarrow 00{:}31{:}17.331$ So this present this acted as priming

NOTE Confidence: 0.801746250000001

 $00:31:17.331 \longrightarrow 00:31:20.760$ phase for the next cycle of chemotherapy.

NOTE Confidence: 0.838634521428572

00:31:23.600 --> 00:31:27.744 So. After 21 patients that were enrolled,

 $00:31:27.750 \longrightarrow 00:31:29.995$ 20 were evaluable for response

NOTE Confidence: 0.838634521428572

 $00:31:29.995 \longrightarrow 00:31:32.980$ and of these almost half of them.

NOTE Confidence: 0.838634521428572

 $00:31:32.980 \longrightarrow 00:31:36.361$ These patients actually did go on to

NOTE Confidence: 0.838634521428572

 $00:31:36.361 \longrightarrow 00:31:38.805$ receive autologous stem cell transplant

NOTE Confidence: 0.838634521428572

00:31:38.805 --> 00:31:41.997 or or one patient who received Alo.

NOTE Confidence: 0.838634521428572

00:31:42.000 --> 00:31:44.933 Here we see the overall CR overall

NOTE Confidence: 0.838634521428572

 $00:31:44.933 \longrightarrow 00:31:47.997$ response rate in CR rate in these

NOTE Confidence: 0.838634521428572

 $00:31:47.997 \longrightarrow 00:31:50.142$ patients in these 20 patients,

NOTE Confidence: 0.838634521428572

00:31:50.150 --> 00:31:52.592 and of all, all patients considering

NOTE Confidence: 0.838634521428572

 $00:31:52.592 \longrightarrow 00:31:55.628$ all patients as well as patients with

NOTE Confidence: 0.838634521428572

 $00{:}31{:}55.628 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}31{:}58.292$ PTCL default color helper cell subtype.

NOTE Confidence: 0.838634521428572

 $00:31:58.300 \longrightarrow 00:32:01.348$ It was seen that.

NOTE Confidence: 0.838634521428572

00:32:01.350 --> 00:32:05.598 88% CR rate was seen in TFs subtype

NOTE Confidence: 0.838634521428572

 $00:32:05.598 \longrightarrow 00:32:08.132$ compared with 75% all comers.

NOTE Confidence: 0.838634521428572

00:32:08.132 --> 00:32:10.712 Really, majority of the patients

NOTE Confidence: 0.838634521428572

00:32:10.712 --> 00:32:13.100 were of TFs subtype.

 $00:32:13.100 \longrightarrow 00:32:15.739$ Here are the results from the here.

NOTE Confidence: 0.838634521428572

 $00:32:15.740 \longrightarrow 00:32:16.811$ The survival curves,

NOTE Confidence: 0.838634521428572

 $00:32:16.811 \longrightarrow 00:32:19.890$ so the median follow up of 15 months.

NOTE Confidence: 0.8173223

 $00:32:22.490 \dashrightarrow 00:32:26.311$ One year PFS was 66% for all patients

NOTE Confidence: 0.8173223

 $00:32:26.311 \dashrightarrow 00:32:29.650$ and one year overall survival was 80%

NOTE Confidence: 0.8173223

 $00:32:29.650 \longrightarrow 00:32:32.035$ and the corresponding numbers for

NOTE Confidence: 0.8173223

 $00:32:32.035 \longrightarrow 00:32:35.370$ TFs subtype were almost 70% and 94%.

NOTE Confidence: 0.8525541

 $00{:}32{:}37.580 \dashrightarrow 00{:}32{:}41.360$ This was a relatively well tolerated

NOTE Confidence: 0.8525541

 $00:32:41.360 \longrightarrow 00:32:45.080$ regimen with expected side effects of.

NOTE Confidence: 0.8525541

00:32:45.080 --> 00:32:47.400 Aside opinion, specially neutropenia,

NOTE Confidence: 0.8525541

 $00:32:47.400 \longrightarrow 00:32:50.880$ but other than the hematological toxicity,

NOTE Confidence: 0.8525541

 $00:32:50.880 \longrightarrow 00:32:53.548$ there were no additional

NOTE Confidence: 0.8525541

 $00:32:53.548 \longrightarrow 00:32:56.216$ significant unexpected side effects.

NOTE Confidence: 0.8525541

 $00:32:56.220 \longrightarrow 00:32:57.772$ This study also looked

NOTE Confidence: 0.8525541

00:32:57.772 --> 00:32:58.936 at mutational analysis,

00:32:58.940 --> 00:33:01.196 and it's worth mentioning that they

NOTE Confidence: 0.8525541

00:33:01.196 --> 00:33:03.194 found that tattoo was associated

NOTE Confidence: 0.8525541

 $00:33:03.194 \longrightarrow 00:33:05.726$ with a favorable prognosis in this

NOTE Confidence: 0.8525541

 $00:33:05.726 \longrightarrow 00:33:07.859$ cohort of patients and DMD MT3.

NOTE Confidence: 0.8525541

 $00:33:07.860 \longrightarrow 00:33:09.412$ Oh was associated with

NOTE Confidence: 0.8525541

00:33:09.412 --> 00:33:10.576 worse overall survival.

NOTE Confidence: 0.8612848

 $00:33:13.070 \longrightarrow 00:33:15.086$ So this was a surprisingly promising

NOTE Confidence: 0.8612848

 $00:33:15.086 \longrightarrow 00:33:17.250$ study and of this combination.

NOTE Confidence: 0.8612848

00:33:17.250 --> 00:33:19.545 Again, this is very early

NOTE Confidence: 0.8612848

 $00:33:19.545 \longrightarrow 00:33:21.840$ data of only 20 patients.

NOTE Confidence: 0.8612848

 $00:33:21.840 \longrightarrow 00:33:24.666$ So this is a, you know,

NOTE Confidence: 0.8612848

 $00:33:24.670 \longrightarrow 00:33:27.974$ a combination that is being tested further.

NOTE Confidence: 0.8612848

 $00:33:27.980 \longrightarrow 00:33:30.782$ One particular study that is worth

NOTE Confidence: 0.8612848

00:33:30.782 --> 00:33:33.170 highlighting is this alliance study,

NOTE Confidence: 0.8612848

 $00:33:33.170 \longrightarrow 00:33:37.229$ which is actually going to be rich is going

NOTE Confidence: 0.8612848

 $00:33:37.229 \longrightarrow 00:33:41.416$ to include patients with a C30 negative.

00:33:41.420 --> 00:33:44.087 PTCL non alc else Histology and it

NOTE Confidence: 0.8612848

 $00{:}33{:}44.087 \dashrightarrow 00{:}33{:}47.652$ has it had three comparator arms one

NOTE Confidence: 0.8612848

00:33:47.652 --> 00:33:50.572 including CC 4861 including development

NOTE Confidence: 0.8612848

 $00:33:50.572 \longrightarrow 00:33:54.493$ and the third one is Chopper show up here

NOTE Confidence: 0.8612848

 $00:33:54.493 \longrightarrow 00:33:57.154$ with these combination they are using

NOTE Confidence: 0.8612848

00:33:57.154 --> 00:34:00.400 the backbone of Cho Absolute as well.

NOTE Confidence: 0.8612848

 $00:34:00.400 \longrightarrow 00:34:04.636$ It'll be worth looking at the.

NOTE Confidence: 0.8612848

 $00:34:04.640 \longrightarrow 00:34:10.930$ We can see. Of this these combinations.

NOTE Confidence: 0.8612848

00:34:10.930 --> 00:34:13.695 Next, I'd like to go onto a

NOTE Confidence: 0.8612848

00:34:13.695 --> 00:34:15.830 study with Dibella sub again,

NOTE Confidence: 0.8612848

 $00{:}34{:}15.830 \dashrightarrow 00{:}34{:}17.458$ another promising new agent

NOTE Confidence: 0.8612848

 $00:34:17.458 \longrightarrow 00:34:19.086$ and T cell lymphoma.

NOTE Confidence: 0.8612848

 $00{:}34{:}19.090 \dashrightarrow 00{:}34{:}21.255$ This was in relapsed refractory

NOTE Confidence: 0.8612848

 $00{:}34{:}21.255 \dashrightarrow 00{:}34{:}23.420$ peripheral T cell lymphoma and

NOTE Confidence: 0.8612848

 $00:34:23.496 \longrightarrow 00:34:25.758$ this was updated data from the

00:34:25.758 --> 00:34:28.139 phase two Premier trial where they

NOTE Confidence: 0.8612848

 $00{:}34{:}28.139 \dashrightarrow 00{:}34{:}30.129$ looking at those optimization and

NOTE Confidence: 0.8612848

 $00:34:30.129 \longrightarrow 00:34:32.822$ I'll go over that a little bit.

NOTE Confidence: 0.8612848

 $00:34:32.822 \longrightarrow 00:34:34.687$ This was presented by Doctor

NOTE Confidence: 0.8612848

 $00:34:34.687 \longrightarrow 00:34:36.229$ Pro from Northwest.

NOTE Confidence: 0.7310265

 $00:34:38.660 \longrightarrow 00:34:40.922$ So dualism is a dual appear

NOTE Confidence: 0.7310265

00:34:40.922 --> 00:34:42.430 three kindness Delta inhibitor.

NOTE Confidence: 0.7310265

 $00:34:42.430 \longrightarrow 00:34:44.686$ We know that is FDA approved

NOTE Confidence: 0.7310265

00:34:44.686 --> 00:34:45.814 in relapsed refractory,

NOTE Confidence: 0.7310265

00:34:45.820 --> 00:34:47.730 follicular lymphoma and CLL and

NOTE Confidence: 0.7310265

 $00:34:47.730 \longrightarrow 00:34:50.082$ the doors in these patients in

NOTE Confidence: 0.7310265

 $00:34:50.082 \longrightarrow 00:34:51.957$ these two diseases they approved

NOTE Confidence: 0.7310265

 $00:34:51.957 \longrightarrow 00:34:54.241$ doses 25 milligram vid when they

NOTE Confidence: 0.7310265

00:34:54.241 --> 00:34:56.377 tested this dosin T cell lymphoma.

NOTE Confidence: 0.7310265

 $00{:}34{:}56.380 \dashrightarrow 00{:}34{:}58.732$ the Mac the MTD was 75 milligram

NOTE Confidence: 0.7310265

 $00:34:58.732 \longrightarrow 00:35:01.324$ PID vid and that was the dose

 $00:35:01.324 \longrightarrow 00:35:03.574$ tested in T cell lymphoma which

NOTE Confidence: 0.7310265

00:35:03.651 --> 00:35:05.726 showed an overall response rate

NOTE Confidence: 0.7310265

 $00:35:05.726 \longrightarrow 00:35:07.688$ of 50% in relapsed refractory,

NOTE Confidence: 0.7310265

00:35:07.688 --> 00:35:10.988 PTCL and 33% in cutaneous T cell.

NOTE Confidence: 0.7310265

00:35:10.988 --> 00:35:11.530 Former.

NOTE Confidence: 0.7310265

 $00:35:11.530 \longrightarrow 00:35:14.202$ So the reason that was the reason for

NOTE Confidence: 0.7310265

 $00:35:14.202 \longrightarrow 00:35:16.155$ designing this dose optimization study

NOTE Confidence: 0.7310265

 $00:35:16.155 \longrightarrow 00:35:18.585$ was to see whether these patients

NOTE Confidence: 0.7310265

00:35:18.585 --> 00:35:20.727 truly need 75 milligrams pob ID.

NOTE Confidence: 0.7310265

 $00:35:20.730 \longrightarrow 00:35:24.250$ Or are we overtreating them?

NOTE Confidence: 0.7310265

 $00:35:24.250 \longrightarrow 00:35:25.778$ So the study design.

NOTE Confidence: 0.7310265

 $00:35:25.778 \longrightarrow 00:35:28.045$ Again, there was a dose optimization

NOTE Confidence: 0.7310265

 $00:35:28.045 \dashrightarrow 00:35:30.350$ phase followed by those expansion phase.

NOTE Confidence: 0.7310265

 $00:35:30.350 \longrightarrow 00:35:32.858$ It did include.

NOTE Confidence: 0.7310265

 $00:35:32.860 \longrightarrow 00:35:34.520$ The various,

 $00:35:34.520 \longrightarrow 00:35:39.500$ not subtypes that we discussed and.

NOTE Confidence: 0.7310265

 $00:35:39.500 \longrightarrow 00:35:42.349$ So develop the cohort one included patient

NOTE Confidence: 0.7310265

 $00:35:42.349 \longrightarrow 00:35:44.799$ develops if patients received develops.

NOTE Confidence: 0.7310265

 $00:35:44.800 \dashrightarrow 00:35:48.336$ If 25 milligram B ID and cohort two.

NOTE Confidence: 0.7310265

 $00:35:48.340 \longrightarrow 00:35:50.108$ They received 75 milligram

NOTE Confidence: 0.7310265

 $00:35:50.108 \longrightarrow 00:35:52.318$ vid as the starting dose.

NOTE Confidence: 0.7310265

 $00:35:52.320 \longrightarrow 00:35:54.525$ The primary endpoint was overall

NOTE Confidence: 0.7310265

 $00:35:54.525 \longrightarrow 00:35:57.279$ response rate with these two doses

NOTE Confidence: 0.7310265

 $00{:}35{:}57.279 \dashrightarrow 00{:}35{:}59.629$ and then the secondary endpoints

NOTE Confidence: 0.7310265

00:35:59.629 --> 00:36:01.509 again looked at additional

NOTE Confidence: 0.7310265

 $00{:}36{:}01.588 \dashrightarrow 00{:}36{:}03.760$ safety and efficacy endpoints.

NOTE Confidence: 0.7310265

 $00:36:03.760 \longrightarrow 00:36:07.459$ So here we are looking at cohort one and

NOTE Confidence: 0.7310265

 $00:36:07.459 \longrightarrow 00:36:11.226$ go to each had 13 evaluable patients.

NOTE Confidence: 0.7310265

 $00:36:11.230 \longrightarrow 00:36:13.570$ So the overall response rates.

NOTE Confidence: 0.7310265

 $00:36:13.570 \longrightarrow 00:36:16.366$ Sorry so the overall response rates.

NOTE Confidence: 0.7310265

 $00{:}36{:}16.370 \dashrightarrow 00{:}36{:}20.246$ Seen here with the 25 milligram.

 $00:36:20.250 \longrightarrow 00:36:23.862$ I was basically 35 to 40% by the

NOTE Confidence: 0.7310265

 $00:36:23.862 \longrightarrow 00:36:25.726$ investigator and the committee

NOTE Confidence: 0.7310265

 $00:36:25.726 \longrightarrow 00:36:28.472$ and compared with 75 it was

NOTE Confidence: 0.7310265

 $00:36:28.472 \longrightarrow 00:36:30.076$ a higher response rate.

NOTE Confidence: 0.7310265

 $00:36:30.080 \dashrightarrow 00:36:33.827$ Overall response rate of 54 to 62% and

NOTE Confidence: 0.7310265

 $00:36:33.827 \longrightarrow 00:36:38.763$ then similar trends being seen in CR rates.

NOTE Confidence: 0.7310265

 $00:36:38.770 \longrightarrow 00:36:40.680$ When they looked at looking

NOTE Confidence: 0.7310265

 $00:36:40.680 \longrightarrow 00:36:42.590$ here at the waterfall plot,

NOTE Confidence: 0.7310265

 $00:36:42.590 \longrightarrow 00:36:45.033$ it was seen that all the early

NOTE Confidence: 0.7310265

 $00:36:45.033 \longrightarrow 00:36:47.376$ dropouts based of you to progression

NOTE Confidence: 0.7310265

00:36:47.376 --> 00:36:50.225 were in the 25 milligram dose cohort,

NOTE Confidence: 0.7310265

 $00:36:50.230 \longrightarrow 00:36:53.989$ and therefore they did in those expansion

NOTE Confidence: 0.7310265

 $00{:}36{:}53.989 \dashrightarrow 00{:}36{:}56.948$ phase they decided to go on with.

NOTE Confidence: 0.7310265

 $00:36:56.950 \longrightarrow 00:36:59.995$ Using a adoes starting with a dose

NOTE Confidence: 0.7310265

 $00:36:59.995 \longrightarrow 00:37:03.008$ of 75 milligrams vid for two cycles.

00:37:03.010 --> 00:37:06.034 In those patients who had Disease Control,

NOTE Confidence: 0.7310265

 $00{:}37{:}06.040 \dashrightarrow 00{:}37{:}09.412$ they would go on to receive

NOTE Confidence: 0.7310265

 $00:37:09.412 \longrightarrow 00:37:11.660$ 25 milligrams pob ID.

NOTE Confidence: 0.7310265

00:37:11.660 --> 00:37:15.965 And now with this combination of doses,

NOTE Confidence: 0.7310265

 $00:37:15.970 \longrightarrow 00:37:19.050$ an overall response rate of.

NOTE Confidence: 0.8071744

 $00:37:21.560 \longrightarrow 00:37:25.128 50\%$ was seen with the CR rate of

NOTE Confidence: 0.8071744

 $00{:}37{:}25.128 \rightarrow 00{:}37{:}28.366$ 36% and so there there for this was

NOTE Confidence: 0.8071744

 $00:37:28.366 \longrightarrow 00:37:30.950$ the overall those expansion phase,

NOTE Confidence: 0.8071744

 $00{:}37{:}30.950 \dashrightarrow 00{:}37{:}33.030$ including included 25 patients and

NOTE Confidence: 0.8071744

 $00:37:33.030 \longrightarrow 00:37:36.139$ this is a swimmer plot showing the

NOTE Confidence: 0.8071744

 $00:37:36.139 \dashrightarrow 00:37:38.989$ duration of response for these patients.

NOTE Confidence: 0.8531919

 $00:37:42.430 \longrightarrow 00:37:45.316$ Again, in terms of side effects,

NOTE Confidence: 0.8531919

 $00:37:45.320 \longrightarrow 00:37:48.200$ there were no unexpected side effects,

NOTE Confidence: 0.8531919

 $00:37:48.200 \longrightarrow 00:37:50.310$ and the combination of those

NOTE Confidence: 0.8531919

00:37:50.310 --> 00:37:52.420 where you know those reduction

NOTE Confidence: 0.8531919

 $00:37:52.494 \longrightarrow 00:37:55.219$ 25 milligram was associated with

 $00:37:55.219 \longrightarrow 00:37:56.854$ better tolerability overall.

NOTE Confidence: 0.7353012

 $00:37:58.930 \longrightarrow 00:38:00.955$ So again, this study highlights

NOTE Confidence: 0.7353012

 $00:38:00.955 \longrightarrow 00:38:03.442$ that develop is definitely an active

NOTE Confidence: 0.7353012

00:38:03.442 --> 00:38:05.776 agent in T cell lymphoma specific,

NOTE Confidence: 0.7353012

 $00:38:05.780 \longrightarrow 00:38:08.410$ especially in relapsed refractory PTCL.

NOTE Confidence: 0.7353012

 $00:38:08.410 \longrightarrow 00:38:11.400$ And that this going forward.

NOTE Confidence: 0.7353012

 $00:38:11.400 \longrightarrow 00:38:15.320$ This study provides data.

NOTE Confidence: 0.7353012

00:38:15.320 --> 00:38:18.728 For using this dual dose of 75 milligram,

NOTE Confidence: 0.7353012

 $00:38:18.730 \longrightarrow 00:38:21.510$ starting those with 25 milligram.

NOTE Confidence: 0.7353012

 $00:38:21.510 \longrightarrow 00:38:25.895$ Having a. Efficacy while balancing

NOTE Confidence: 0.7353012

 $00:38:25.895 \longrightarrow 00:38:28.925$ the toxicity of this single agent.

NOTE Confidence: 0.9055894

 $00:38:30.950 \longrightarrow 00:38:35.989$ So the last. See the last

NOTE Confidence: 0.9055894

 $00{:}38{:}35.989 \dashrightarrow 00{:}38{:}38.154$ study in T cell lymphoma.

NOTE Confidence: 0.9055894

 $00:38:38.160 \longrightarrow 00:38:41.528$ Later, like to highlight is that and this

NOTE Confidence: 0.9055894

00:38:41.528 --> 00:38:45.538 is I'm going to go over this very briefly,

 $00:38:45.540 \longrightarrow 00:38:49.020$ but this looked at knew novel

NOTE Confidence: 0.9055894

00:38:49.020 --> 00:38:50.180 Interleukin antagonist.

NOTE Confidence: 0.9055894

 $00:38:50.180 \longrightarrow 00:38:52.844$ Starting the call going ambition of

NOTE Confidence: 0.9055894

 $00:38:52.844 \longrightarrow 00:38:56.500$ aisle to aisle 9 and I'll 15 by BNZ 1.

NOTE Confidence: 0.9055894

 $00:38:56.500 \longrightarrow 00:38:59.380$ And this was studied in a Phase 1

NOTE Confidence: 0.9055894

 $00:38:59.380 \longrightarrow 00:39:02.359$ two study and it was presented by

NOTE Confidence: 0.9055894

 $00:39:02.359 \dashrightarrow 00:39:05.040$ Doctor Klarfeld from City of Hope.

NOTE Confidence: 0.9055894

 $00:39:05.040 \longrightarrow 00:39:07.785$ Today study different dose levels

NOTE Confidence: 0.9055894

00:39:07.785 --> 00:39:12.188 and it was those level two of two

NOTE Confidence: 0.9055894

 $00:39:12.188 \longrightarrow 00:39:15.821$ milligram per kilogram was decided as the.

NOTE Confidence: 0.9055894

 $00{:}39{:}15.830 {\:{\mbox{--}}\!>}\ 00{:}39{:}18.710$ Phase two day for phase two dose based

NOTE Confidence: 0.9055894

 $00:39:18.710 \longrightarrow 00:39:21.628$ on the PK PD data there there was

NOTE Confidence: 0.9055894

 $00:39:21.628 \longrightarrow 00:39:24.586$ this drug was not associated with any

NOTE Confidence: 0.9055894

 $00:39:24.586 \longrightarrow 00:39:27.514$ major side effects and so therefore

NOTE Confidence: 0.9055894

 $00:39:27.514 \longrightarrow 00:39:32.245$ there was no MTD and based on the.

NOTE Confidence: 0.9055894

 $00:39:32.250 \longrightarrow 00:39:33.138$ So considering everything,

 $00:39:33.138 \longrightarrow 00:39:34.322$ including the efficacy data

NOTE Confidence: 0.9055894

 $00:39:34.322 \longrightarrow 00:39:35.370$ they discarded around to,

NOTE Confidence: 0.9055894

 $00:39:35.370 \longrightarrow 00:39:38.034$ go ahead with the dose of

NOTE Confidence: 0.9055894

 $00:39:38.034 \longrightarrow 00:39:39.810$ 2 milligram per kilogram.

NOTE Confidence: 0.9055894

 $00:39:39.810 \longrightarrow 00:39:42.794$ So this I want to highlight the fact

NOTE Confidence: 0.9055894

 $00:39:42.794 \longrightarrow 00:39:46.258$ this is was a really highly refractory

NOTE Confidence: 0.9055894

00:39:46.258 --> 00:39:49.439 population of CCL patients with medium

NOTE Confidence: 0.9055894

 $00:39:49.439 \longrightarrow 00:39:52.701$ file median 5 prior lines of therapy

NOTE Confidence: 0.9055894

 $00{:}39{:}52.701 \dashrightarrow 00{:}39{:}55.995$ and without any major side effects of

NOTE Confidence: 0.9055894

 $00:39:55.995 \longrightarrow 00:39:59.664$ an overall response rate of 52% was seen.

NOTE Confidence: 0.9055894

 $00:39:59.664 \longrightarrow 00:40:02.526$ A subset of patients which is

NOTE Confidence: 0.9055894

 $00:40:02.526 \longrightarrow 00:40:05.375$ definitely makes this a very promising

NOTE Confidence: 0.9055894

 $00:40:05.375 \longrightarrow 00:40:08.081$ agent to go further in studies.

NOTE Confidence: 0.9055894

 $00:40:08.090 \longrightarrow 00:40:11.548$ They do did highlight that you know

NOTE Confidence: 0.9055894

 $00:40:11.548 \longrightarrow 00:40:13.803$ being targeted blocker of aisle

 $00:40:13.803 \longrightarrow 00:40:15.849$ to aisle 15 an aisle 9.

NOTE Confidence: 0.9055894

 $00:40:15.850 \longrightarrow 00:40:19.290$ It has a 3 prong.

NOTE Confidence: 0.9055894

 $00:40:19.290 \longrightarrow 00:40:22.258$ I can see where.

NOTE Confidence: 0.9055894

 $00:40:22.260 \longrightarrow 00:40:25.460$ Including direct anti tumor effect.

NOTE Confidence: 0.9055894

00:40:25.460 --> 00:40:27.962 Reduction of T regs and basically

NOTE Confidence: 0.9055894

00:40:27.962 --> 00:40:30.156 activation of anti tumor immune

NOTE Confidence: 0.9055894

 $00{:}40{:}30.156 \dashrightarrow 00{:}40{:}32.832$ response and then also an anti

NOTE Confidence: 0.9055894

 $00:40:32.832 \longrightarrow 00:40:34.680$ inflammatory effect seen through

NOTE Confidence: 0.9055894

 $00:40:34.680 \longrightarrow 00:40:37.272$ I'll 15 blockade which is relevant

NOTE Confidence: 0.9055894

 $00:40:37.272 \longrightarrow 00:40:40.258$ for patients with PTCL who have a

NOTE Confidence: 0.9055894

 $00{:}40{:}40.258 \dashrightarrow 00{:}40{:}41.946$ robust inflammatory reaction that

NOTE Confidence: 0.9055894

 $00:40:41.946 \longrightarrow 00:40:44.689$ leads to mobility in this disease.

NOTE Confidence: 0.79830873

00:40:47.080 --> 00:40:48.295 So with that,

NOTE Confidence: 0.79830873

00:40:48.295 --> 00:40:50.725 I'd like to quickly shipgirls too,

NOTE Confidence: 0.79830873

 $00:40:50.730 \longrightarrow 00:40:53.970$ and I will go through this very briefly.

NOTE Confidence: 0.79830873

00:40:53.970 --> 00:40:55.990 A couple of CLL abstracts,

 $00:40:55.990 \longrightarrow 00:40:59.230$ so the first one is locked, so 305.

NOTE Confidence: 0.79830873

00:40:59.230 --> 00:41:01.255 This is the next generation,

NOTE Confidence: 0.79830873

 $00:41:01.260 \longrightarrow 00:41:04.200$ highly selective non covalent BTK inhibitor

NOTE Confidence: 0.79830873

00:41:04.200 --> 00:41:06.760 in previous previously treated CLL SLL.

NOTE Confidence: 0.79830873

 $00:41:06.760 \longrightarrow 00:41:09.651$ And this was a Phase 1 two

NOTE Confidence: 0.79830873

 $00:41:09.651 \longrightarrow 00:41:12.180$ study presented by Doctor Matot.

NOTE Confidence: 0.79830873

00:41:12.180 --> 00:41:14.778 So lock the three or five.

NOTE Confidence: 0.79830873

00:41:14.780 --> 00:41:16.864 It's as previously mentioned,

NOTE Confidence: 0.79830873

 $00{:}41{:}16.864 \dashrightarrow 00{:}41{:}19.990$ the highly selective non covalent BTK

NOTE Confidence: 0.79830873

00:41:20.075 --> 00:41:22.409 inhibitor in it inhibits both wild

NOTE Confidence: 0.79830873

 $00:41:22.409 \longrightarrow 00:41:25.369$ type as well as C481 mutated BTK.

NOTE Confidence: 0.79830873

 $00:41:25.370 \longrightarrow 00:41:27.351$ So when we see look at patients

NOTE Confidence: 0.79830873

 $00{:}41{:}27.351 --> 00{:}41{:}29.279$ who have a BTK resistance,

NOTE Confidence: 0.79830873

 $00:41:29.280 \longrightarrow 00:41:31.716$ the most common cause of that is

NOTE Confidence: 0.79830873

00:41:31.716 --> 00:41:34.099 because of the mutations in BTK.

 $00:41:34.100 \longrightarrow 00:41:37.190$ And this drug does target

NOTE Confidence: 0.79830873

00:41:37.190 --> 00:41:39.662 that population of patients.

NOTE Confidence: 0.79830873

 $00:41:39.670 \longrightarrow 00:41:42.652$ But this was a these patients

NOTE Confidence: 0.79830873

00:41:42.652 --> 00:41:44.143 were heavily pretreated,

NOTE Confidence: 0.79830873

 $00:41:44.150 \longrightarrow 00:41:46.142$ including patients who had

NOTE Confidence: 0.79830873

00:41:46.142 --> 00:41:47.636 failed or discontinued,

NOTE Confidence: 0.79830873

00:41:47.640 --> 00:41:50.986 became a better for due to toxicity

NOTE Confidence: 0.79830873

00:41:50.986 --> 00:41:55.010 and also had this is a high risk

NOTE Confidence: 0.79830873

00:41:55.010 --> 00:41:58.098 population of patients with 17 P

NOTE Confidence: 0.79830873

00:41:58.098 --> 00:42:01.086 deletion and TP 53 mutation present

NOTE Confidence: 0.79830873

 $00{:}42{:}01.086 \to 00{:}42{:}06.870$ present in a total of over 50% of patients.

NOTE Confidence: 0.79830873

 $00:42:06.870 \longrightarrow 00:42:09.040$ So the Phase one study,

NOTE Confidence: 0.79830873

 $00:42:09.040 \longrightarrow 00:42:11.566$ so the date data presented is

NOTE Confidence: 0.79830873

00:42:11.566 --> 00:42:14.373 from the Phase one study which

NOTE Confidence: 0.79830873

00:42:14.373 --> 00:42:17.463 included patients with CLL and SLL.

NOTE Confidence: 0.79830873 00:42:17.470 --> 00:42:19.470 And.

 $00:42:19.470 \longrightarrow 00:42:20.110$ Uh.

NOTE Confidence: 0.806487

 $00:42:22.910 \longrightarrow 00:42:25.568$ This loss of three or five

NOTE Confidence: 0.806487

 $00:42:25.568 \longrightarrow 00:42:27.340$ safety profile was unique,

NOTE Confidence: 0.806487

 $00:42:27.340 \longrightarrow 00:42:31.732$ as in the the most common grade three side

NOTE Confidence: 0.806487

 $00:42:31.732 \longrightarrow 00:42:36.007$ effect was actually fatigue and the typical.

NOTE Confidence: 0.806487

 $00:42:36.010 \longrightarrow 00:42:39.844$ Side effects associated with other BTK

NOTE Confidence: 0.806487

 $00:42:39.844 \longrightarrow 00:42:42.400$ innovators like atrial fibrillation.

NOTE Confidence: 0.806487

 $00:42:42.400 \longrightarrow 00:42:44.866$ The side effects were not very

NOTE Confidence: 0.806487

 $00{:}42{:}44.866 \dashrightarrow 00{:}42{:}47.510$ prominent with locks or two or five.

NOTE Confidence: 0.806487

 $00:42:47.510 \longrightarrow 00:42:49.470$ Since there was no DLT's,

NOTE Confidence: 0.806487

00:42:49.470 --> 00:42:52.200 the maximum tolerated dose was not reached,

NOTE Confidence: 0.806487

 $00:42:52.200 \longrightarrow 00:42:57.182$ and. Based on the PK data and the efficacy

NOTE Confidence: 0.806487

 $00{:}42{:}57.182 \dashrightarrow 00{:}43{:}00.235$ data dose of 200 milligrams was decided

NOTE Confidence: 0.806487

 $00{:}43{:}00.235 \dashrightarrow 00{:}43{:}02.950$ as the recommended phase two dose.

NOTE Confidence: 0.806487

 $00:43:02.950 \longrightarrow 00:43:05.477$ Again, here it was in a heavily

00:43:05.477 --> 00:43:06.560 pretreated well population.

NOTE Confidence: 0.806487

 $00{:}43{:}06.560 \dashrightarrow 00{:}43{:}11.078$ Locks or three or five was found to be.

NOTE Confidence: 0.806487

 $00:43:11.080 \longrightarrow 00:43:13.399$ Continue to have.

NOTE Confidence: 0.806487

00:43:13.400 --> 00:43:17.000 Made up a very good efficacy in this.

NOTE Confidence: 0.806487

00:43:17.000 --> 00:43:21.592 Beta in this patient population and looking

NOTE Confidence: 0.806487

 $00:43:21.592 \longrightarrow 00:43:26.050$ at the overall response rate of 63%.

NOTE Confidence: 0.806487

 $00:43:26.050 \longrightarrow 00:43:27.652$ So it was.

NOTE Confidence: 0.806487

 $00:43:27.652 \longrightarrow 00:43:29.788$ It was a very.

NOTE Confidence: 0.806487

 $00{:}43{:}29.790 \dashrightarrow 00{:}43{:}31.395$ Good basically good response in

NOTE Confidence: 0.806487

 $00{:}43{:}31.395 \dashrightarrow 00{:}43{:}33.502$ this without a lot of toxicity

NOTE Confidence: 0.806487

 $00{:}43{:}33.502 \dashrightarrow 00{:}43{:}35.246$ in this patient population.

NOTE Confidence: 0.77512187

 $00:43:37.660 \longrightarrow 00:43:39.991$ So lots of three or five was

NOTE Confidence: 0.77512187

 $00:43:39.991 \longrightarrow 00:43:42.109$ active at all those levels,

NOTE Confidence: 0.77512187

 $00:43:42.110 \longrightarrow 00:43:44.324$ and typical became a bitter or

NOTE Confidence: 0.77512187

 $00:43:44.324 \longrightarrow 00:43:46.190$ related toxicities were not seen.

NOTE Confidence: 0.77512187

00:43:46.190 --> 00:43:47.702 These responses were independent,

00:43:47.702 --> 00:43:49.970 BTK mutation and even patients who

NOTE Confidence: 0.77512187

 $00:43:50.033 \longrightarrow 00:43:51.758$ had received BCL two inhibitor.

NOTE Confidence: 0.77512187

 $00:43:51.760 \longrightarrow 00:43:54.357$ When I took LAX as well as

NOTE Confidence: 0.77512187

00:43:54.357 --> 00:43:55.470 three kinase inhibitors,

NOTE Confidence: 0.77512187

 $00:43:55.470 \longrightarrow 00:43:57.320$ did respond to this drug.

NOTE Confidence: 0.77512187

 $00:43:57.320 \longrightarrow 00:43:59.175$ So there's a safety and

NOTE Confidence: 0.77512187

00:43:59.175 --> 00:44:00.659 efficacy signal in CLL.

NOTE Confidence: 0.77512187

 $00{:}44{:}00.660 \dashrightarrow 00{:}44{:}03.294$ Yeliz will be passed participating in

NOTE Confidence: 0.77512187

 $00{:}44{:}03.294 \to 00{:}44{:}06.100$ the phase two portion of this data.

NOTE Confidence: 0.77512187

 $00:44:06.100 \longrightarrow 00:44:06.949$ Of this study.

NOTE Confidence: 0.725289520333333

00:44:09.050 --> 00:44:12.242 Um? And then finally I just want to

NOTE Confidence: 0.725289520333333

 $00:44:12.242 \longrightarrow 00:44:14.375$ mention this particular study that

NOTE Confidence: 0.725289520333333

 $00:44:14.375 \longrightarrow 00:44:17.811$ was open at Yale in the past and

NOTE Confidence: 0.725289520333333

00:44:17.811 --> 00:44:20.457 that is umbrella civs and you've

NOTE Confidence: 0.725289520333333

00:44:20.457 --> 00:44:22.968 lytic seemab you two study which

 $00:44:22.968 \longrightarrow 00:44:25.344$ used a novel dual inhibitor ,

NOTE Confidence: 0.725289520333333

00:44:25.350 --> 00:44:27.320 three kinase and case in kind

NOTE Confidence: 0.725289520333333

 $00:44:27.320 \longrightarrow 00:44:29.700$ is money in a better and.

NOTE Confidence: 0.8235949

 $00:44:31.770 \longrightarrow 00:44:34.269$ The only issues with this study was

NOTE Confidence: 0.8235949

 $00:44:34.269 \longrightarrow 00:44:36.527$ that you know the comparator arm

NOTE Confidence: 0.8235949

00:44:36.527 --> 00:44:39.124 was a bit as a map chlorambucil,

NOTE Confidence: 0.8235949

 $00:44:39.130 \longrightarrow 00:44:41.356$ which is not really a very

NOTE Confidence: 0.8235949

00:44:41.356 --> 00:44:43.549 relevant in this day and age,

NOTE Confidence: 0.8235949

 $00:44:43.550 \longrightarrow 00:44:45.746$ at least for treatment naive patients.

NOTE Confidence: 0.8235949

 $00:44:45.750 \longrightarrow 00:44:47.622$ But this is being studied further

NOTE Confidence: 0.8235949

00:44:47.622 --> 00:44:49.396 in combination both in frontline

NOTE Confidence: 0.8235949

 $00:44:49.396 \longrightarrow 00:44:51.268$ and relapsed refractory setting.

NOTE Confidence: 0.8955445

 $00:44:53.740 \longrightarrow 00:44:54.560$ That's all I have.

NOTE Confidence: 0.82034147

 $00:45:15.680 \longrightarrow 00:45:16.550$ Tell everybody.

NOTE Confidence: 0.76212716

00:45:27.840 --> 00:45:32.224 Hello everybody, I'm going to go over the.

NOTE Confidence: 0.76212716

 $00:45:32.230 \longrightarrow 00:45:34.556$ Abstract relevant to heart killing

 $00:45:34.556 \longrightarrow 00:45:38.004$ form for the sake of time I'll

NOTE Confidence: 0.76212716

 $00:45:38.004 \longrightarrow 00:45:41.357$ try to be brief and uncover only

NOTE Confidence: 0.76212716

 $00:45:41.357 \longrightarrow 00:45:44.097$ heart killing form at this time.

NOTE Confidence: 0.76212716

 $00:45:44.100 \longrightarrow 00:45:46.858$ So since the introduction of Brentuximab and

NOTE Confidence: 0.76212716

 $00:45:46.858 \longrightarrow 00:45:49.458$ Odin and checkpoint inhibitors in general,

NOTE Confidence: 0.76212716

 $00:45:49.460 \longrightarrow 00:45:51.932$ the paradigm of treatment for this

NOTE Confidence: 0.76212716

 $00:45:51.932 \longrightarrow 00:45:53.990$ disease is changed substantially, and.

NOTE Confidence: 0.8009456

 $00:45:56.970 \longrightarrow 00:45:58.035$ And this agent,

NOTE Confidence: 0.8009456

 $00{:}45{:}58.035 \dashrightarrow 00{:}46{:}00.520$ that now you been used earlier and

NOTE Confidence: 0.8009456

 $00{:}46{:}00.598 \dashrightarrow 00{:}46{:}03.230$ earlier in the course of the disease.

NOTE Confidence: 0.8009456

 $00:46:03.230 \longrightarrow 00:46:05.426$ So I will review the knew,

NOTE Confidence: 0.8009456

 $00:46:05.430 \longrightarrow 00:46:07.600$ the updates and the new data relevant

NOTE Confidence: 0.8009456

 $00:46:07.600 \longrightarrow 00:46:09.915$ of the uses regarding the using of

NOTE Confidence: 0.8009456

 $00:46:09.915 \longrightarrow 00:46:12.465$ these agents in first line in the

NOTE Confidence: 0.8009456

00:46:12.465 --> 00:46:15.000 relapsed refractory setting and maintenance.

00:46:15.000 --> 00:46:16.824 Adding after transplant and

NOTE Confidence: 0.8009456

 $00:46:16.824 \longrightarrow 00:46:18.648$ in the elderly population.

NOTE Confidence: 0.8009456

 $00:46:18.650 \longrightarrow 00:46:20.140$ So let's start with that.

NOTE Confidence: 0.8009456

00:46:20.140 --> 00:46:22.516 The five year update of action on one,

NOTE Confidence: 0.8009456

 $00:46:22.520 \longrightarrow 00:46:25.838$ as we all know, this is a.

NOTE Confidence: 0.8009456

 $00:46:25.840 \longrightarrow 00:46:27.950$ A very large open label,

NOTE Confidence: 0.8009456

 $00:46:27.950 \longrightarrow 00:46:29.516$ multicenter randomized phase.

NOTE Confidence: 0.8009456

00:46:29.516 --> 00:46:32.648 Three study that was initially presented

NOTE Confidence: 0.8009456

 $00{:}46{:}32.648 {\:\dashrightarrow\:} 00{:}46{:}35.392$ at three years ago at the Ash meeting

NOTE Confidence: 0.8009456

 $00:46:35.392 \longrightarrow 00:46:38.500$ with a 2 year follow up over 1300

NOTE Confidence: 0.8009456

 $00{:}46{:}38.500 \dashrightarrow 00{:}46{:}41.032$ patients were randomized either to get

NOTE Confidence: 0.8009456

00:46:41.032 --> 00:46:43.986 brentuximab avd for six cycles or abvd,

NOTE Confidence: 0.8009456

 $00:46:43.990 \longrightarrow 00:46:46.510$ which is the standard treatment at

NOTE Confidence: 0.8009456

 $00:46:46.510 \longrightarrow 00:46:49.050$ city was performed after two cycles,

NOTE Confidence: 0.8009456

 $00:46:49.050 \longrightarrow 00:46:52.426$ but this was not a pet adapted approach.

NOTE Confidence: 0.8009456

 $00:46:52.430 \longrightarrow 00:46:55.030$ The primary endpoint of the

 $00:46:55.030 \longrightarrow 00:46:57.630$ study was a modified PFS.

NOTE Confidence: 0.8009456

 $00:46:57.630 \longrightarrow 00:47:00.045$ Which is which included time to progression

NOTE Confidence: 0.8009456

 $00:47:00.045 \longrightarrow 00:47:02.110$ that and not completely response

NOTE Confidence: 0.8009456

 $00:47:02.110 \longrightarrow 00:47:04.530$ and use of subsequent chemotherapy.

NOTE Confidence: 0.8009456

 $00{:}47{:}04.530 \dashrightarrow 00{:}47{:}07.050$ This modified PFS was meant to capture

NOTE Confidence: 0.8009456

 $00:47:07.050 \longrightarrow 00:47:09.974$ all the events that reflected the failure

NOTE Confidence: 0.8009456

00:47:09.974 --> 00:47:12.184 of frontline treatment and patient

NOTE Confidence: 0.8009456

 $00:47:12.184 \longrightarrow 00:47:15.485$ and were followed up with the serial imaging.

NOTE Confidence: 0.8009456

 $00{:}47{:}15.490 \dashrightarrow 00{:}47{:}18.584$ The first data set that was presented

NOTE Confidence: 0.8009456

 $00:47:18.584 \longrightarrow 00:47:21.697$ from this dialogue after a follow up

NOTE Confidence: 0.8009456

00:47:21.697 --> 00:47:24.253 Papa to essentially two years showed

NOTE Confidence: 0.8009456

 $00:47:24.338 \longrightarrow 00:47:27.335$ a benefit in using a plus abvd A plus.

NOTE Confidence: 0.8009456

 $00{:}47{:}27.340 \dashrightarrow 00{:}47{:}30.854$ Abd compared to a DVD with an

NOTE Confidence: 0.8009456

 $00:47:30.854 \longrightarrow 00:47:33.079$ absolute in benefit of 5%,

NOTE Confidence: 0.8009456

 $00:47:33.080 \longrightarrow 00:47:34.988$ this modified progression free

 $00:47:34.988 \longrightarrow 00:47:37.373$ survival was 82 versus 77.

NOTE Confidence: 0.8009456

 $00{:}47{:}37.380 \dashrightarrow 00{:}47{:}40.523$ This came at the cost of significant

NOTE Confidence: 0.8009456

 $00:47:40.523 \longrightarrow 00:47:42.640$ increase in side effects.

NOTE Confidence: 0.8009456

00:47:42.640 --> 00:47:45.496 Neutropenia 58% versus 45 from Europe.

NOTE Confidence: 0.8009456

 $00:47:45.500 \longrightarrow 00:47:48.846$ But there was a big big one

NOTE Confidence: 0.8009456

 $00:47:48.846 \longrightarrow 00:47:50.827$ with a 67% incidents.

NOTE Confidence: 0.8009456

 $00:47:50.827 \longrightarrow 00:47:54.656$ An informercial city was the one that

NOTE Confidence: 0.8009456

 $00:47:54.656 \longrightarrow 00:47:58.306$ was reduced due to the omission of the.

NOTE Confidence: 0.8009456

 $00:47:58.310 \longrightarrow 00:47:58.791$ Bleomycin.

NOTE Confidence: 0.8009456

 $00:47:58.791 \longrightarrow 00:48:02.158$ So why this is the five year

NOTE Confidence: 0.8009456

 $00{:}48{:}02.158 \dashrightarrow 00{:}48{:}05.189$ five year update is important.

NOTE Confidence: 0.8009456

 $00:48:05.190 \longrightarrow 00:48:07.686$ We nearly all recurrences of Hodgkin

NOTE Confidence: 0.8009456

00:48:07.686 --> 00:48:10.100 lymphoma happen usually within five years,

NOTE Confidence: 0.8009456

 $00:48:10.100 \longrightarrow 00:48:13.036$ so we think that PFS of five year

NOTE Confidence: 0.8009456

 $00:48:13.036 \longrightarrow 00:48:16.233$ is a good surrogate for for cure

NOTE Confidence: 0.8009456

 $00:48:16.233 \longrightarrow 00:48:19.433$ an here the five year data we

 $00:48:19.433 \longrightarrow 00:48:22.369$ do see the PFS for the A plus.

NOTE Confidence: 0.8009456

 $00:48:22.370 \longrightarrow 00:48:25.636$ Avd is the red curve 82% of five

NOTE Confidence: 0.8009456

 $00:48:25.636 \longrightarrow 00:48:28.150$ years compared to 75% in the

NOTE Confidence: 0.8009456

 $00:48:28.150 \longrightarrow 00:48:30.350$ ABVD Ann and these disadvantage.

NOTE Confidence: 0.8009456

 $00:48:30.350 \longrightarrow 00:48:32.320$ And that was observed initially

NOTE Confidence: 0.8009456

00:48:32.320 --> 00:48:33.896 persisted overtime maybe depend.

NOTE Confidence: 0.8009456

 $00:48:33.900 \longrightarrow 00:48:36.518$ And this was how they threw in

NOTE Confidence: 0.8009456

 $00:48:36.518 \longrightarrow 00:48:38.535$ in patients achieving the path

NOTE Confidence: 0.8009456

 $00{:}48{:}38.535 \dashrightarrow 00{:}48{:}40.590$ to negativity after two cycles.

NOTE Confidence: 0.8009456

 $00:48:40.590 \longrightarrow 00:48:43.958$ This hopper curb is 2 cars here compared

NOTE Confidence: 0.8009456

 $00:48:43.958 \longrightarrow 00:48:46.788$ to those that were at negative.

NOTE Confidence: 0.8009456

 $00:48:46.790 \longrightarrow 00:48:49.838$ So this was not a fat adapted approach.

NOTE Confidence: 0.8009456

 $00{:}48{:}49.840 --> 00{:}48{:}50.196 \ \mathrm{Again},$

NOTE Confidence: 0.8009456

 $00:48:50.196 \longrightarrow 00:48:52.688$ the rates of if you remember the

NOTE Confidence: 0.8009456

 $00:48:52.688 \longrightarrow 00:48:54.788$ data from this work started.

 $00:48:54.790 \longrightarrow 00:48:55.143 \text{ Yes},$

NOTE Confidence: 0.8009456

 $00:48:55.143 \longrightarrow 00:48:57.261$ 816 trial where patients had positive

NOTE Confidence: 0.8009456

00:48:57.261 --> 00:48:59.595 after two cycles received ended up

NOTE Confidence: 0.8009456

 $00:48:59.595 \longrightarrow 00:49:02.025$ receiving escalated Beacopp for six cycles.

NOTE Confidence: 0.8009456

 $00:49:02.030 \longrightarrow 00:49:03.875$ This PFS compared favorably to

NOTE Confidence: 0.8009456

00:49:03.875 --> 00:49:06.123 patients that received and much more

NOTE Confidence: 0.8009456

 $00:49:06.123 \longrightarrow 00:49:08.157$ aggressive course of treatment with a

NOTE Confidence: 0.8009456

00:49:08.157 --> 00:49:10.789 very high rate of secondary malignancies,

NOTE Confidence: 0.8009456

 $00:49:10.790 \longrightarrow 00:49:13.076$ and based on the profile and

NOTE Confidence: 0.8009456

 $00:49:13.076 \longrightarrow 00:49:14.219$ different risk characteristics.

NOTE Confidence: 0.8009456

 $00{:}49{:}14.220 \dashrightarrow 00{:}49{:}17.340$ Applications are in the trial.

NOTE Confidence: 0.8009456

 $00:49:17.340 \longrightarrow 00:49:20.042$ Or the essentially all the group favored

NOTE Confidence: 0.8009456

 $00:49:20.042 \longrightarrow 00:49:22.869$ the use of brentuximab plus avd.

NOTE Confidence: 0.8009456

 $00:49:22.870 \longrightarrow 00:49:25.166$ So I think that was a highlighted

NOTE Confidence: 0.8009456

 $00:49:25.166 \longrightarrow 00:49:26.150$ and I think

NOTE Confidence: 0.8391127

 $00:49:26.226 \longrightarrow 00:49:28.938$ it's very important to note is

00:49:28.938 --> 00:49:30.746 that the peripheral neuropathy,

NOTE Confidence: 0.8391127

 $00:49:30.750 \longrightarrow 00:49:33.494$ which was one of the concern major concern

NOTE Confidence: 0.8391127

 $00:49:33.494 \longrightarrow 00:49:36.270$ when the initial results were released,

NOTE Confidence: 0.8391127

 $00:49:36.270 \longrightarrow 00:49:38.240$ has really improved or complete.

NOTE Confidence: 0.8391127

 $00:49:38.240 \longrightarrow 00:49:41.691$ Completely resolved in the vast majority of

NOTE Confidence: 0.8391127

 $00:49:41.691 \longrightarrow 00:49:45.347$ the patient and with an improvement that.

NOTE Confidence: 0.8391127

00:49:45.350 --> 00:49:46.726 Happened progressively over the

NOTE Confidence: 0.8391127

 $00:49:46.726 \longrightarrow 00:49:48.790$ course of the years and currently

NOTE Confidence: 0.8391127

 $00:49:48.844 \longrightarrow 00:49:50.220$ patients will receive one.

NOTE Confidence: 0.8391127

 $00:49:50.220 \longrightarrow 00:49:52.308$ Prefer neuropathy, have a really low

NOTE Confidence: 0.8391127

 $00:49:52.308 \longrightarrow 00:49:54.338$ grade of peripheral neuropathy, if any.

NOTE Confidence: 0.8391127

 $00{:}49{:}54.338 \dashrightarrow 00{:}49{:}56.252$ Another thing that was noted in

NOTE Confidence: 0.8391127

 $00:49:56.252 \longrightarrow 00:49:58.498$ this five year update is that

NOTE Confidence: 0.8391127

 $00:49:58.498 \longrightarrow 00:50:00.418$ the rate of secondary malignancy.

NOTE Confidence: 0.8391127

 $00:50:00.420 \longrightarrow 00:50:02.555$ And the rate of successful

 $00:50:02.555 \longrightarrow 00:50:05.130$ pregnancies compared well to the ABVD.

NOTE Confidence: 0.8391127

 $00{:}50{:}05.130 \dashrightarrow 00{:}50{:}07.826$ Um, so I think that with this five

NOTE Confidence: 0.8391127

00:50:07.826 --> 00:50:10.187 year update of the action and one,

NOTE Confidence: 0.8391127

 $00:50:10.190 \longrightarrow 00:50:12.818$ we have more compelling.

NOTE Confidence: 0.8391127

 $00:50:12.820 \longrightarrow 00:50:16.308$ Data now to support the use of this.

NOTE Confidence: 0.8391127

00:50:16.310 --> 00:50:18.524 Judgment and more widely in the

NOTE Confidence: 0.8391127

00:50:18.524 --> 00:50:20.889 in the upfront setting in hybrids

NOTE Confidence: 0.8391127

 $00:50:20.889 \longrightarrow 00:50:22.670$ in untreated stage, 4,

NOTE Confidence: 0.8391127

00:50:22.670 --> 00:50:25.201 three and four patients. Um,

NOTE Confidence: 0.8391127

00:50:25.201 --> 00:50:27.849 I just want to briefly briefly mention this.

NOTE Confidence: 0.8391127

 $00{:}50{:}27.850 \dashrightarrow 00{:}50{:}28.628$ This trial,

NOTE Confidence: 0.8391127

 $00:50:28.628 \longrightarrow 00:50:31.351$ which was presented as a post office

NOTE Confidence: 0.8391127

 $00:50:31.351 \longrightarrow 00:50:34.195$ there is more that concept that was

NOTE Confidence: 0.8391127

 $00:50:34.195 \longrightarrow 00:50:36.524$ presented because this is an ongoing

NOTE Confidence: 0.8391127

 $00:50:36.524 \longrightarrow 00:50:39.180$ trial and we're part of it at Yale.

NOTE Confidence: 0.8391127

 $00{:}50{:}39.180 \dashrightarrow 00{:}50{:}42.351$ He said as we just reviewed the

 $00:50:42.351 \longrightarrow 00:50:44.673$ addition of brentuximab window tint

NOTE Confidence: 0.8391127

00:50:44.673 --> 00:50:47.746 to avd improves PFS in advanced age,

NOTE Confidence: 0.8391127

00:50:47.750 --> 00:50:51.320 but still 15 to 20% patients are relapse,

NOTE Confidence: 0.8391127

00:50:51.320 --> 00:50:53.520 relapse or refractory and BV

NOTE Confidence: 0.8391127

 $00{:}50{:}53.520 \dashrightarrow 00{:}50{:}55.389$ addition increases toxicity and

NOTE Confidence: 0.8391127

00:50:55.389 --> 00:50:56.766 require growth factors.

NOTE Confidence: 0.8391127

 $00:50:56.770 \longrightarrow 00:51:02.106$ So this is the this is the largest.

NOTE Confidence: 0.8391127

00:51:02.110 --> 00:51:04.454 North American Cooperative group

NOTE Confidence: 0.8391127

 $00:51:04.454 \longrightarrow 00:51:07.970$ trials in Advanced Hodgkin study that

NOTE Confidence: 0.8391127

 $00:51:08.054 \longrightarrow 00:51:10.604$ is being conducted in collaboration

NOTE Confidence: 0.8391127

00:51:10.604 --> 00:51:13.813 with Canada and even with the

NOTE Confidence: 0.8391127

 $00{:}51{:}13.813 \dashrightarrow 00{:}51{:}16.089$ collaboration of the children.

NOTE Confidence: 0.8391127

 $00:51:16.090 \longrightarrow 00:51:18.770$ The theology.

NOTE Confidence: 0.8391127

 $00:51:18.770 \longrightarrow 00:51:21.212$ Patrick Oncology group for Hodgkin is

NOTE Confidence: 0.8391127

 $00:51:21.212 \longrightarrow 00:51:24.346$ a study that is planning to enroll

 $00:51:24.346 \longrightarrow 00:51:26.726$ 987 patients and two randomized

NOTE Confidence: 0.8391127

 $00{:}51{:}26.726 \dashrightarrow 00{:}51{:}29.478$ them either to nivolumab avd versus

NOTE Confidence: 0.8391127

 $00{:}51{:}29.478 \dashrightarrow 00{:}51{:}32.912$ Brentuximab and Odin and Avd for six cycles.

NOTE Confidence: 0.8391127

 $00:51:32.912 \longrightarrow 00:51:35.894$ The patients are going to be satisfied

NOTE Confidence: 0.8391127

 $00:51:35.894 \longrightarrow 00:51:38.640$ based on the age Ipsy and intended

NOTE Confidence: 0.8391127

 $00:51:38.640 \longrightarrow 00:51:41.299$ use of radiation and the primary

NOTE Confidence: 0.8391127

00:51:41.299 --> 00:51:44.019 endpoint is progression free survival,

NOTE Confidence: 0.8391127

 $00:51:44.020 \longrightarrow 00:51:47.300$ but a lot of other data are planned

NOTE Confidence: 0.8391127

 $00:51:47.300 \longrightarrow 00:51:49.130$ to be gathered.

NOTE Confidence: 0.8391127

00:51:49.130 --> 00:51:50.300 And in particular,

NOTE Confidence: 0.8391127

 $00{:}51{:}50.300 \dashrightarrow 00{:}51{:}52.250$ patient reported outcomes including fatigue,

NOTE Confidence: 0.8391127

00:51:52.250 --> 00:51:54.590 neuropathy, scoring and quality of life.

NOTE Confidence: 0.8391127

 $00:51:54.590 \longrightarrow 00:51:55.760$ So despite covid,

NOTE Confidence: 0.8391127

 $00:51:55.760 \longrightarrow 00:51:57.710$ it looks like the TARDIS.

NOTE Confidence: 0.8391127

 $00:51:57.710 \longrightarrow 00:52:00.670$ This trial is at the target of the

NOTE Confidence: 0.8391127

 $00:52:00.670 \longrightarrow 00:52:02.697$ expected accrual and the results

 $00:52:02.697 \longrightarrow 00:52:05.115$ of this trial are eagerly awaited.

NOTE Confidence: 0.8391127

 $00:52:05.120 \longrightarrow 00:52:08.240$ So let's move them to the salvage treatment.

NOTE Confidence: 0.8391127

 $00:52:08.240 \longrightarrow 00:52:10.580$ What's new in the salvage treatment?

NOTE Confidence: 0.8391127

 $00:52:10.580 \longrightarrow 00:52:13.112$ So usually provision that are relapsed

NOTE Confidence: 0.8391127

 $00:52:13.112 \longrightarrow 00:52:15.589$ refractory after the first line of

NOTE Confidence: 0.8391127

 $00:52:15.589 \longrightarrow 00:52:17.731$ treatment of the general approach is

NOTE Confidence: 0.8391127

 $00:52:17.731 \longrightarrow 00:52:20.078$ to proceed to salvage chemotherapy.

NOTE Confidence: 0.8391127

 $00:52:20.080 \longrightarrow 00:52:22.355$ Usually platinum based or genocide

NOTE Confidence: 0.8391127

 $00:52:22.355 \longrightarrow 00:52:24.630$ happen based with an expected

NOTE Confidence: 0.8391127

00:52:24.709 --> 00:52:27.392 response rate in the 5060% range with

NOTE Confidence: 0.8391127

00:52:27.392 --> 00:52:29.056 introduction of brentuximab concurrently

NOTE Confidence: 0.8391127

 $00:52:29.056 \longrightarrow 00:52:31.739$ or sequentially in the salvage regiment,

NOTE Confidence: 0.8391127

 $00{:}52{:}31.740 \dashrightarrow 00{:}52{:}34.332$ we now expect responses in the

NOTE Confidence: 0.8391127

 $00:52:34.332 \longrightarrow 00:52:35.984$ 60 and 70% range,

NOTE Confidence: 0.8391127

 $00:52:35.984 \longrightarrow 00:52:39.170$ but the use of a print aksamit now is

 $00:52:39.252 \longrightarrow 00:52:42.178$ getting limited by the fact that is

NOTE Confidence: 0.8391127

 $00{:}52{:}42.178 \dashrightarrow 00{:}52{:}45.547$ used more widely in the first line

NOTE Confidence: 0.8391127

 $00:52:45.547 \longrightarrow 00:52:47.575$ and therefore alternative strategies

NOTE Confidence: 0.8391127

 $00:52:47.575 \longrightarrow 00:52:50.960$ that are being explored in this study.

NOTE Confidence: 0.8391127

00:52:50.960 --> 00:52:51.365 Specifically,

NOTE Confidence: 0.8391127

 $00:52:51.365 \longrightarrow 00:52:54.200$ is a face to study using bumper

NOTE Confidence: 0.8391127

 $00:52:54.200 \longrightarrow 00:52:56.987$ lizama in addition to our regular

NOTE Confidence: 0.8391127

00.52.56.987 --> 00.52.58.409 salvage treatment GD,

NOTE Confidence: 0.8391127

 $00:52:58.410 \longrightarrow 00:53:00.738$ which is one of the historically

NOTE Confidence: 0.8391127

 $00:53:00.738 \longrightarrow 00:53:02.290$ used salvage treatment as

NOTE Confidence: 0.7681064

 $00{:}53{:}02.360 \dashrightarrow 00{:}53{:}05.168$ a second line for relapsed refractory

NOTE Confidence: 0.7681064

00:53:05.168 --> 00:53:07.040 article informal and eligibility

NOTE Confidence: 0.7681064

 $00:53:07.112 \longrightarrow 00:53:09.788$ dissipation that our love story factory.

NOTE Confidence: 0.7681064

 $00:53:09.790 \longrightarrow 00:53:11.980$ The first line of treatment.

NOTE Confidence: 0.7681064

 $00:53:11.980 \longrightarrow 00:53:14.518$ Primary endpoint is the PCR rate

NOTE Confidence: 0.7681064

 $00{:}53{:}14.518 \dashrightarrow 00{:}53{:}16.702$ because that's the most important

 $00:53:16.702 \longrightarrow 00:53:19.558$ factor that we that we have to

NOTE Confidence: 0.7681064

 $00{:}53{:}19.558 \dashrightarrow 00{:}53{:}21.820$ achieve after salvage treatment.

NOTE Confidence: 0.7681064

 $00:53:21.820 \longrightarrow 00:53:24.658$ With Adima to pursue to transplant.

NOTE Confidence: 0.7681064

 $00:53:24.660 \longrightarrow 00:53:27.780$ So patients received the regular GBD

NOTE Confidence: 0.7681064

 $00:53:27.780 \longrightarrow 00:53:31.202$ combination and they want and they ate

NOTE Confidence: 0.7681064

 $00:53:31.202 \longrightarrow 00:53:34.135$ with addition of populism on day one.

NOTE Confidence: 0.7681064

00:53:34.140 --> 00:53:36.510 After two cycles of patients

NOTE Confidence: 0.7681064

00:53:36.510 --> 00:53:38.406 but positive patient back,

NOTE Confidence: 0.7681064

00:53:38.410 --> 00:53:40.302 negative were allowed to

NOTE Confidence: 0.7681064

 $00:53:40.302 \longrightarrow 00:53:42.194$ pursue directly to transplant.

NOTE Confidence: 0.7681064

 $00{:}53{:}42.200 \dashrightarrow 00{:}53{:}44.845$ Otherwise every body received 4 cycle

NOTE Confidence: 0.7681064

 $00:53:44.845 \longrightarrow 00:53:49.010$ and then that was evaluated at the end

NOTE Confidence: 0.7681064

 $00{:}53{:}49.010 \dashrightarrow 00{:}53{:}51.390$ of treatment before the transplant.

NOTE Confidence: 0.7681064

 $00{:}53{:}51.390 \dashrightarrow 00{:}53{:}53.050$ So let's see what happened.

NOTE Confidence: 0.7681064

 $00:53:53.050 \longrightarrow 00:53:55.374$ There were 939 patients enrolled in this

 $00:53:55.374 \longrightarrow 00:53:58.027$ study, with a median age of 38 years.

NOTE Confidence: 0.7681064

 $00:53:58.030 \longrightarrow 00:53:58.344$ Importantly,

NOTE Confidence: 0.7681064

00:53:58.344 --> 00:54:00.228 most of the patients were advanced

NOTE Confidence: 0.7681064

 $00:54:00.228 \longrightarrow 00:54:01.926$ age of the initial diagnosis

NOTE Confidence: 0.7681064

 $00:54:01.926 \longrightarrow 00:54:03.666$ and the time of enrollment.

NOTE Confidence: 0.7681064

 $00:54:03.670 \longrightarrow 00:54:04.666$ When they relapsed,

NOTE Confidence: 0.7681064

 $00:54:04.666 \longrightarrow 00:54:06.326$ many patients had extranodal site,

NOTE Confidence: 0.7681064

 $00:54:06.330 \longrightarrow 00:54:07.990 1/3$ of them extranodal sites

NOTE Confidence: 0.7681064

 $00:54:07.990 \longrightarrow 00:54:08.986$ of disease involvement,

NOTE Confidence: 0.7681064

 $00:54:08.990 \longrightarrow 00:54:10.645$ and the symptoms was present

NOTE Confidence: 0.7681064

 $00{:}54{:}10.645 \dashrightarrow 00{:}54{:}13.908$ in 15% of the patient.

NOTE Confidence: 0.7681064

00:54:13.910 --> 00:54:15.985 Almost like 40% were refractory

NOTE Confidence: 0.7681064

00:54:15.985 --> 00:54:18.528 or either they relapsed in first

NOTE Confidence: 0.7681064

 $00{:}54{:}18.528 \dashrightarrow 00{:}54{:}20.886$ year so very high risk patient

NOTE Confidence: 0.7681064

 $00:54:20.886 \longrightarrow 00:54:23.076$ population and the treatment they

NOTE Confidence: 0.7681064

 $00:54:23.076 \longrightarrow 00:54:25.866$ received up front was primarily ABVD,

 $00:54:25.870 \longrightarrow 00:54:28.300$ but some patients reserved receive the

NOTE Confidence: 0.7681064

 $00{:}54{:}28.300 \dashrightarrow 00{:}54{:}31.419$ print axiom an and or Veeco approaches.

NOTE Confidence: 0.7681064

 $00:54:31.420 \longrightarrow 00:54:33.982$ So after the first 2 cycles

NOTE Confidence: 0.7681064

 $00:54:33.982 \longrightarrow 00:54:36.544$ of pembrolizumab T 92% of the

NOTE Confidence: 0.7681064

 $00:54:36.544 \longrightarrow 00:54:39.960$ patients were found to be in a CR,

NOTE Confidence: 0.7681064

 $00{:}54{:}39.960 \dashrightarrow 00{:}54{:}41.940$ and that's unprecedented data

NOTE Confidence: 0.7681064

 $00:54:41.940 \longrightarrow 00:54:43.920$ for a salvage attachment.

NOTE Confidence: 0.7681064

 $00{:}54{:}43.920 \dashrightarrow 00{:}54{:}46.517$ And after an additional 2 cycles and

NOTE Confidence: 0.7681064

00:54:46.517 --> 00:54:49.150 there was an additional CR rate,

NOTE Confidence: 0.7681064

 $00{:}54{:}49.150 \dashrightarrow 00{:}54{:}51.966$ so the total see CR rate for this

NOTE Confidence: 0.7681064

 $00{:}54{:}51.966 \dashrightarrow 00{:}54{:}54.769$ group of patients was 95 percent,

NOTE Confidence: 0.7681064

 $00{:}54{:}54.770 \dashrightarrow 00{:}54{:}57.128$ 95% proceeding to transplant and a

NOTE Confidence: 0.7681064

 $00{:}54{:}57.128 \dashrightarrow 00{:}55{:}00.062$ good amount about a third of them

NOTE Confidence: 0.7681064

 $00:55:00.062 \longrightarrow 00:55:02.207$ preceded to maintenance with the

NOTE Confidence: 0.7681064

00:55:02.207 --> 00:55:04.820 print accent windowed in for a year.

00:55:04.820 --> 00:55:07.238 Based on the accurate trial study,

NOTE Confidence: 0.7681064

 $00:55:07.240 \longrightarrow 00:55:09.963$ an none of the patient with limited

NOTE Confidence: 0.7681064

 $00:55:09.963 \longrightarrow 00:55:13.282$ follow up that we have now for this

NOTE Confidence: 0.7681064

 $00:55:13.282 \longrightarrow 00:55:15.347$ study at progression of disease.

NOTE Confidence: 0.7681064

 $00:55:15.350 \longrightarrow 00:55:18.017$ After the transplant. So why this this?

NOTE Confidence: 0.7681064

 $00:55:18.020 \longrightarrow 00:55:19.930$ This regiment works so well.

NOTE Confidence: 0.7681064

 $00:55:19.930 \longrightarrow 00:55:21.860$ It even outperformed what checkpoint

NOTE Confidence: 0.7681064

 $00:55:21.860 \longrightarrow 00:55:24.140$ plus chemotherapy does in first line.

NOTE Confidence: 0.7681064

 $00{:}55{:}24.140 {\:{\circ}{\circ}{\circ}}>00{:}55{:}26.884$ Sony Vollmer Avd does not have the

NOTE Confidence: 0.7681064

 $00:55:26.884 \longrightarrow 00:55:29.672$ same efficacy and one of the reasons

NOTE Confidence: 0.7681064

 $00{:}55{:}29.672 \dashrightarrow 00{:}55{:}31.976$ that the others are looking into

NOTE Confidence: 0.7681064

 $00{:}55{:}32.056 \dashrightarrow 00{:}55{:}34.534$ is if there is anything specific in

NOTE Confidence: 0.7681064

 $00:55:34.534 \longrightarrow 00:55:37.032$ this may be the synergy between the

NOTE Confidence: 0.7681064

 $00{:}55{:}37.032 \dashrightarrow 00{:}55{:}39.180$ chemotherapy agent that is unique to

NOTE Confidence: 0.7681064

 $00:55:39.249 \longrightarrow 00:55:41.678$ this regiment inside I mean with a

NOTE Confidence: 0.7681064

 $00:55:41.678 \longrightarrow 00:55:43.257$ checkpoint inhibitor in particular

 $00:55:43.257 \longrightarrow 00:55:45.647$ the ability of selectively eliminate.

NOTE Confidence: 0.7681064

 $00{:}55{:}45.650 \dashrightarrow 00{:}55{:}48.188$ That my little derived suppressor cells,

NOTE Confidence: 0.7681064

 $00:55:48.190 \longrightarrow 00:55:50.788$ so these exciting results poised base

NOTE Confidence: 0.7681064

 $00:55:50.788 \longrightarrow 00:55:53.688$ for the next court on this study,

NOTE Confidence: 0.7681064

 $00:55:53.690 \longrightarrow 00:55:56.728$ were actually the aim is to treat

NOTE Confidence: 0.7681064

00:55:56.728 --> 00:55:59.607 everybody with Pembridge EBD for four cycles,

NOTE Confidence: 0.7681064

 $00:55:59.610 \longrightarrow 00:56:01.980$ and then skip the Trump's transplant

NOTE Confidence: 0.7681064

 $00:56:01.980 \longrightarrow 00:56:04.690$ altogether and have the patient instead.

NOTE Confidence: 0.7681064

 $00:56:04.690 \longrightarrow 00:56:07.222$ Being on maintenance with 13 cycles

NOTE Confidence: 0.7681064

 $00{:}56{:}07.222 \dashrightarrow 00{:}56{:}08.488$ of pembrolizumab maintenance.

NOTE Confidence: 0.7681064

 $00:56:08.490 \longrightarrow 00:56:12.765$ So this is going to be very exciting to

NOTE Confidence: 0.7681064

 $00:56:12.765 \longrightarrow 00:56:17.340$ see what the outcome of this patient is.

NOTE Confidence: 0.7681064

00:56:17.340 --> 00:56:18.064 Moving forward,

NOTE Confidence: 0.7681064

 $00:56:18.064 \longrightarrow 00:56:19.874$ let's talk about consolidation after

NOTE Confidence: 0.7681064

 $00:56:19.874 \longrightarrow 00:56:21.392$ transplant. What's new in that?

 $00:56:21.392 \longrightarrow 00:56:23.556$ We know that patients at high risk

NOTE Confidence: 0.7681064

 $00{:}56{:}23.556 {\:{\circ}{\circ}{\circ}}>00{:}56{:}25.436$ of relapse after the transplant

NOTE Confidence: 0.7681064

 $00:56:25.436 \longrightarrow 00:56:27.531$ based on the characteristic primary

NOTE Confidence: 0.7681064

 $00:56:27.531 \longrightarrow 00:56:28.589$ refractory disease.

NOTE Confidence: 0.7681064

 $00:56:28.590 \longrightarrow 00:56:30.485$ As general involvement with symptoms

NOTE Confidence: 0.7681064

00:56:30.485 --> 00:56:32.380 of relapse order requiring more

NOTE Confidence: 0.7941296

00:56:32.445 --> 00:56:34.395 than one line of salvage treatment,

NOTE Confidence: 0.7941296

00:56:34.400 --> 00:56:36.934 not in CR, the time of transplant,

NOTE Confidence: 0.7941296

 $00{:}56{:}36.940 {\: -->\:} 00{:}56{:}38.755$ they are higher risk of

NOTE Confidence: 0.7941296

 $00:56:38.755 \longrightarrow 00:56:39.844$ relapsing after transplant.

NOTE Confidence: 0.7941296

 $00{:}56{:}39.850 \longrightarrow 00{:}56{:}42.154$ So now there have been strategies

NOTE Confidence: 0.7941296

 $00:56:42.154 \longrightarrow 00:56:44.095$ that have been explored that

NOTE Confidence: 0.7941296

 $00:56:44.095 \longrightarrow 00:56:45.780$ to improve their PFS and.

NOTE Confidence: 0.7941296

 $00:56:45.780 \longrightarrow 00:56:48.284$ We all know about the if their trial

NOTE Confidence: 0.7941296

 $00:56:48.284 \longrightarrow 00:56:50.882$ where baby consolidation was was utilized

NOTE Confidence: 0.7941296

 $00:56:50.882 \longrightarrow 00:56:52.778$ after at least himself transplant

 $00:56:52.778 \longrightarrow 00:56:55.330$ with an improvement of the PFS,

NOTE Confidence: 0.7941296

 $00{:}56{:}55.330 \dashrightarrow 00{:}56{:}57.320$ although with a significant there

NOTE Confidence: 0.7941296

 $00:56:57.320 \longrightarrow 00:57:00.104$ was a 33% and drop off patients

NOTE Confidence: 0.7941296

 $00:57:00.104 \longrightarrow 00:57:02.480$ that could not complete the study

NOTE Confidence: 0.7941296

 $00:57:02.557 \longrightarrow 00:57:04.502$ due to neuropathy and another

NOTE Confidence: 0.7941296

 $00:57:04.502 \longrightarrow 00:57:07.303$ study that has been done used that

NOTE Confidence: 0.7941296

 $00:57:07.303 \longrightarrow 00:57:09.258$ embolism up in this setting.

NOTE Confidence: 0.7941296

 $00:57:09.260 \longrightarrow 00:57:11.384$ It was much smaller study only

NOTE Confidence: 0.7941296

 $00:57:11.384 \longrightarrow 00:57:13.387$ with 30 patient and patient

NOTE Confidence: 0.7941296

 $00:57:13.387 \longrightarrow 00:57:15.927$ population and better risk factors.

NOTE Confidence: 0.7941296

 $00:57:15.930 \longrightarrow 00:57:18.048$ So the apotheosis behind this study

NOTE Confidence: 0.7941296

 $00:57:18.048 \longrightarrow 00:57:20.915$ is to use the these two agents

NOTE Confidence: 0.7941296

 $00{:}57{:}20.915 {\:{\mbox{--}}\!\!>}\ 00{:}57{:}23.220$ in combination Vivian Evil as

NOTE Confidence: 0.7941296

 $00:57:23.220 \longrightarrow 00:57:25.034$ consolidation and utilizing only

NOTE Confidence: 0.7941296

 $00:57:25.034 \longrightarrow 00:57:27.904$ eight cycles instead of the 16 cycles

 $00:57:27.904 \longrightarrow 00:57:30.798$ that was used in the fair trial,

NOTE Confidence: 0.7941296

 $00{:}57{:}30.800 \dashrightarrow 00{:}57{:}33.278$ and again, patients that were enrolled,

NOTE Confidence: 0.7941296

 $00:57:33.280 \longrightarrow 00:57:35.716$ 59 patients were enrolled in this

NOTE Confidence: 0.7941296

00:57:35.716 --> 00:57:38.650 trial and they were started on that.

NOTE Confidence: 0.7941296

 $00:57:38.650 \longrightarrow 00:57:40.710$ These are the combination between

NOTE Confidence: 0.7941296

 $00.57:40.710 \longrightarrow 00.57:41.946$ evil about them,

NOTE Confidence: 0.7941296

 $00:57:41.950 \longrightarrow 00:57:45.870$ between 30 and 6075 days after a transplant.

NOTE Confidence: 0.7941296

00:57:45.870 --> 00:57:49.479 And I just want to point out that there

NOTE Confidence: 0.7941296

 $00{:}57{:}49.479 \dashrightarrow 00{:}57{:}53.311$ was a lot of patients that could not

NOTE Confidence: 0.7941296

 $00:57:53.311 \longrightarrow 00:57:57.167$ complete the eight cycles that were planned.

NOTE Confidence: 0.7941296

 $00{:}57{:}57.170 \dashrightarrow 00{:}57{:}59.996$ 59% could not complete the treatment

NOTE Confidence: 0.7941296

00:57:59.996 --> 00:58:03.293 plan and only 76% completed 8 cycles

NOTE Confidence: 0.7941296

 $00{:}58{:}03.293 \dashrightarrow 00{:}58{:}05.648$ of either brentuximab or nivolumab.

NOTE Confidence: 0.7941296

 $00:58:05.650 \longrightarrow 00:58:08.947$ So the take home message from this,

NOTE Confidence: 0.7941296

 $00:58:08.950 \longrightarrow 00:58:11.950$ that is that the treatment the

NOTE Confidence: 0.7941296

 $00:58:11.950 \longrightarrow 00:58:14.599$ maintenance after transplant is a much.

 $00:58:14.600 \longrightarrow 00:58:16.464$ It is very difficult.

NOTE Confidence: 0.7941296

00:58:16.464 --> 00:58:17.396 Treatment too,

NOTE Confidence: 0.7941296

 $00:58:17.400 \longrightarrow 00:58:21.320$ for the patients to undergo as the side

NOTE Confidence: 0.7941296

 $00:58:21.320 \longrightarrow 00:58:23.880$ effects associated with the utilization

NOTE Confidence: 0.7941296

 $00:58:23.880 \longrightarrow 00:58:26.862$ of these agents in this setting.

NOTE Confidence: 0.7941296

 $00:58:26.870 \longrightarrow 00:58:30.006$ Is associated with an increased side effects,

NOTE Confidence: 0.7941296

 $00:58:30.010 \longrightarrow 00:58:32.435$ in particular immune related adverse

NOTE Confidence: 0.7941296

 $00:58:32.435 \longrightarrow 00:58:35.848$ event that we're seeing up to 27% of

NOTE Confidence: 0.7941296

 $00:58:35.848 \longrightarrow 00:58:38.536$ the patients enrolled in this study.

NOTE Confidence: 0.7941296

00:58:38.540 --> 00:58:39.438 But nevertheless,

NOTE Confidence: 0.7941296

 $00{:}58{:}39.438 \dashrightarrow 00{:}58{:}42.132$ it's very encouraging that there is

NOTE Confidence: 0.7941296

 $00{:}58{:}42.132 \rightarrow 00{:}58{:}45.006$ a 92% progression free survival in

NOTE Confidence: 0.7941296

00:58:45.006 --> 00:58:47.970 this high risk patients for relapse

NOTE Confidence: 0.7941296

 $00{:}58{:}48.047 \dashrightarrow 00{:}58{:}50.167$ even despite their prior exposure

NOTE Confidence: 0.7941296

00:58:50.167 --> 00:58:52.910 either to BB and anti PD one.

 $00:58:52.910 \longrightarrow 00:58:56.228$ And since I want to leave sometimes

NOTE Confidence: 0.7941296

 $00:58:56.228 \longrightarrow 00:58:57.176$ for question.

NOTE Confidence: 0.7941296

00:58:57.180 --> 00:58:59.616 I'm just going to mention briefly

NOTE Confidence: 0.7941296

 $00:58:59.616 \longrightarrow 00:59:02.083$ that this study think the merit

NOTE Confidence: 0.7941296

 $00:59:02.083 \longrightarrow 00:59:04.387$ of this study has been literally

NOTE Confidence: 0.7941296

 $00:59:04.387 \longrightarrow 00:59:06.558$ to enroll older patients which

NOTE Confidence: 0.7941296

 $00{:}59{:}06.558 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}59{:}08.773$ are under representative in most

NOTE Confidence: 0.7941296

 $00:59:08.773 \longrightarrow 00:59:10.992$ of the Hodgkin lymphoma trial.

NOTE Confidence: 0.7941296

 $00:59:10.992 \longrightarrow 00:59:13.656$ They have less prognosis and unfortunately

NOTE Confidence: 0.7941296

00:59:13.656 --> 00:59:16.319 I mean it's not a randomized trial,

NOTE Confidence: 0.7941296

 $00{:}59{:}16.320 \dashrightarrow 00{:}59{:}18.666$ so patients were received either BV

NOTE Confidence: 0.7941296

 $00:59:18.666 \longrightarrow 00:59:21.177$ in monotherapy or in combination with

NOTE Confidence: 0.7941296

 $00:59:21.177 \longrightarrow 00:59:23.793$ chemotherapy and just to be very,

NOTE Confidence: 0.7941296

 $00:59:23.800 \longrightarrow 00:59:24.648$ very quick.

NOTE Confidence: 0.7941296

 $00:59:24.648 \longrightarrow 00:59:26.768$ The take home messages that

NOTE Confidence: 0.7941296

00:59:26.768 --> 00:59:28.850 DV monotherapy has been with.

00:59:28.850 --> 00:59:31.148 Very, very active, but as shown,

NOTE Confidence: 0.7941296

 $00:59:31.150 \longrightarrow 00:59:33.060$ the employer in prior studies,

NOTE Confidence: 0.7941296

 $00:59:33.060 \longrightarrow 00:59:33.826$ the PFS,

NOTE Confidence: 0.7941296

 $00:59:33.826 \longrightarrow 00:59:35.358$ was not very long,

NOTE Confidence: 0.7941296

 $00:59:35.360 \longrightarrow 00:59:37.270$ whereas when we've is combined

NOTE Confidence: 0.7941296

 $00:59:37.270 \longrightarrow 00:59:38.034$ with chemotherapy,

NOTE Confidence: 0.7941296

 $00:59:38.040 \longrightarrow 00:59:40.338$ the risks are outside effects increases,

NOTE Confidence: 0.7941296

 $00:59:40.340 \longrightarrow 00:59:42.930$ but it is associated with

NOTE Confidence: 0.7941296

 $00:59:42.930 \longrightarrow 00:59:45.002$ that much longer PFS.

NOTE Confidence: 0.7941296

00:59:45.010 --> 00:59:47.138 The only thing that they want I

NOTE Confidence: 0.7941296

 $00:59:47.138 \longrightarrow 00:59:49.724$ like is that the brand tax amount

NOTE Confidence: 0.7941296

 $00:59:49.724 \longrightarrow 00:59:51.729$ window 10 plus bendamustine armor

NOTE Confidence: 0.7941296

 $00{:}59{:}51.729 \dashrightarrow 00{:}59{:}54.023$ was closed due to an excess of

NOTE Confidence: 0.7941296

 $00:59:54.023 \longrightarrow 00:59:55.922$ toxicity is not a good treatment

NOTE Confidence: 0.7941296

 $00:59:55.922 \longrightarrow 00:59:57.286$ in this elderly population.

 $00:59:57.290 \longrightarrow 01:00:00.359$ And with this I left panel open for question.

NOTE Confidence: 0.7852962

 $01:00:06.400 \longrightarrow 01:00:08.150$ Thank you all for presenting.

NOTE Confidence: 0.7852962

 $01:00:08.150 \longrightarrow 01:00:09.900$ It was really quite comprehensive.

NOTE Confidence: 0.7852962

 $01:00:09.900 \longrightarrow 01:00:12.350$ We're going to go over our allotted

NOTE Confidence: 0.7852962

 $01:00:12.350 \longrightarrow 01:00:14.450$ hour and folks can stay in.

NOTE Confidence: 0.7852962

01:00:14.450 --> 01:00:16.900 Will have a little question answer period.

NOTE Confidence: 0.7852962

01:00:16.900 --> 01:00:19.350 While we're on the topic of Hodgkin,

NOTE Confidence: 0.7852962

 $01:00:19.350 \longrightarrow 01:00:20.750$ that was really nice.

NOTE Confidence: 0.7852962

 $01:00:20.750 \longrightarrow 01:00:21.800$ Presentation documents tomorrow.

NOTE Confidence: 0.7852962

 $01:00:21.800 \longrightarrow 01:00:23.550$ How do you interpret and

NOTE Confidence: 0.7852962

 $01:00:23.550 \longrightarrow 01:00:25.300$ how do you take together?

NOTE Confidence: 0.7852962

 $01:00:25.300 \longrightarrow 01:00:27.400$ You know the five year data

NOTE Confidence: 0.7852962

 $01:00:27.400 \longrightarrow 01:00:28.450$ on the TV

NOTE Confidence: 0.7852962

 $01:00:28.450 \longrightarrow 01:00:29.500$ and first line.

NOTE Confidence: 0.78872955

01:00:30.210 --> 01:00:31.290 Incredible salvage options

NOTE Confidence: 0.78872955

 $01:00:31.290 \longrightarrow 01:00:32.730$ for patients you know.

01:00:32.730 --> 01:00:35.610 How do you put that together when you

NOTE Confidence: 0.78872955

 $01:00:35.610 \longrightarrow 01:00:37.770$ have someone that has advanced stage

NOTE Confidence: 0.78872955

 $01:00:37.770 \longrightarrow 01:00:40.650$ first line has come before you are you?

NOTE Confidence: 0.78872955

01:00:40.650 --> 01:00:43.170 You know the five year data compelling

NOTE Confidence: 0.78872955

01:00:43.170 --> 01:00:46.410 you to give more BVD or you still doing

NOTE Confidence: 0.78872955

01:00:46.410 --> 01:00:49.830 adaptive kind of raffle approach?

NOTE Confidence: 0.84333193

 $01:00:49.830 \longrightarrow 01:00:53.134$ This is this is a very good question.

NOTE Confidence: 0.84333193

 $01{:}00{:}53.140 {\:\dashrightarrow\:} 01{:}00{:}56.038$ Interesting isn't it? It's very I mean,

NOTE Confidence: 0.84333193

 $01:00:56.040 \longrightarrow 01:00:58.974$ one of the argument against intensifying

NOTE Confidence: 0.84333193

 $01{:}00{:}58.974 \dashrightarrow 01{:}01{:}02.001$ First line treatment is that is so well

NOTE Confidence: 0.84333193

 $01:01:02.001 \longrightarrow 01:01:04.318$ tolerated and that we have so many,

NOTE Confidence: 0.84333193

 $01:01:04.320 \longrightarrow 01:01:07.624$ I mean salvage therapy works in our chicken.

NOTE Confidence: 0.84333193

 $01{:}01{:}07.630 \dashrightarrow 01{:}01{:}11.010$ So in order to improve.

NOTE Confidence: 0.84333193

 $01:01:11.010 \longrightarrow 01:01:13.332$ A small percentage of the outcome

NOTE Confidence: 0.84333193

 $01:01:13.332 \longrightarrow 01:01:15.946$ of all the patients you end up

 $01:01:15.946 \longrightarrow 01:01:17.920$ like exposing a lot of patients

NOTE Confidence: 0.84333193

 $01{:}01{:}17.920 \dashrightarrow 01{:}01{:}20.370$ to a more aggressive treatment.

NOTE Confidence: 0.84333193

 $01:01:20.370 \longrightarrow 01:01:23.352$ While you could have served salvage only

NOTE Confidence: 0.84333193

 $01:01:23.352 \longrightarrow 01:01:26.610$ to those that do not respond to a DVD.

NOTE Confidence: 0.84333193

 $01:01:26.610 \longrightarrow 01:01:29.258$ So, but I think that this five

NOTE Confidence: 0.84333193

 $01{:}01{:}29.258 \dashrightarrow 01{:}01{:}32.315$ year update I really like to see that

NOTE Confidence: 0.84333193

 $01:01:32.315 \longrightarrow 01:01:34.377$ the peripheral neuropathy was not

NOTE Confidence: 0.84333193

 $01:01:34.377 \longrightarrow 01:01:36.562$ was getting better progressively year

NOTE Confidence: 0.84333193

01:01:36.562 --> 01:01:39.606 after year and there were not major

NOTE Confidence: 0.84333193

01:01:39.606 --> 01:01:41.766 sequelae regarding that approach and.

NOTE Confidence: 0.84333193

 $01:01:41.770 \longrightarrow 01:01:44.360$ I really like the fact that there

NOTE Confidence: 0.84333193

 $01:01:44.360 \longrightarrow 01:01:47.499$ was no not not an increase of

NOTE Confidence: 0.84333193

 $01:01:47.499 \longrightarrow 01:01:51.950$ secondary malignancy or of. The.

NOTE Confidence: 0.84333193

01:01:51.950 --> 01:01:53.900 Any bad outcome on pregnancies,

NOTE Confidence: 0.84333193

 $01:01:53.900 \longrightarrow 01:01:57.104$ but what I really think is the value of

NOTE Confidence: 0.84333193

 $01:01:57.104 \longrightarrow 01:02:00.023$ this approach as compared to PET adopted

 $01:02:00.023 \longrightarrow 01:02:03.617$ one is that you don't need to adopt it.

NOTE Confidence: 0.84333193

 $01:02:03.620 \longrightarrow 01:02:06.357$ The PFS of patients that have a

NOTE Confidence: 0.84333193

01:02:06.357 --> 01:02:08.802 pet positive after 2 cycle is very

NOTE Confidence: 0.84333193

 $01:02:08.802 \longrightarrow 01:02:12.055$ good and is as good as the one that

NOTE Confidence: 0.84333193

 $01:02:12.055 \longrightarrow 01:02:14.365$ you get using escalated beacopp

NOTE Confidence: 0.84333193

 $01:02:14.365 \longrightarrow 01:02:16.790$ and especially population.

NOTE Confidence: 0.84333193

 $01:02:16.790 \longrightarrow 01:02:17.140$ That's

NOTE Confidence: 0.80653936

 $01{:}02{:}17.140 \dashrightarrow 01{:}02{:}19.550$ a really nice summary and I have

NOTE Confidence: 0.80653936

 $01:02:19.550 \longrightarrow 01:02:21.276$ very similar feelings of that,

NOTE Confidence: 0.80653936

 $01:02:21.276 \longrightarrow 01:02:22.660$ so it's a complicated

NOTE Confidence: 0.80653936

 $01:02:22.660 \longrightarrow 01:02:23.695$ conversation that certainly

NOTE Confidence: 0.80653936

 $01:02:23.695 \longrightarrow 01:02:25.420$ patients should be presented both.

NOTE Confidence: 0.80653936

01:02:25.420 --> 01:02:27.139 Kind of adaptive Anet DVD

NOTE Confidence: 0.80653936

 $01:02:27.140 \longrightarrow 01:02:28.520$ and tailored to patient

NOTE Confidence: 0.80653936

 $01:02:28.520 \longrightarrow 01:02:30.590$ preferences and kind of a profile.

 $01:02:30.590 \longrightarrow 01:02:33.005$ Not surprisingly, there are a number of

NOTE Confidence: 0.80653936

 $01:02:33.010 \longrightarrow 01:02:35.080$ questions about CNS prophylaxis of Doctor

NOTE Confidence: 0.80653936

 $01:02:35.080 \longrightarrow 01:02:36.109$ Kothari can step

NOTE Confidence: 0.80653936

01:02:36.110 --> 01:02:38.870 up to the plate, but you know how?

NOTE Confidence: 0.80653936

 $01:02:38.870 \longrightarrow 01:02:40.600$ How do you interpret the

NOTE Confidence: 0.80653936

 $01:02:40.600 \longrightarrow 01:02:42.664$ two abstracts that were presented oral

NOTE Confidence: 0.80653936

 $01:02:42.664 \longrightarrow 01:02:45.769$ session? I know there was a lot of kind

NOTE Confidence: 0.80653936

01:02:45.770 --> 01:02:47.730 of discussion during that meeting.

NOTE Confidence: 0.80653936

01:02:47.730 --> 01:02:49.650 Has that informed how you

NOTE Confidence: 0.80653936

 $01:02:49.650 \longrightarrow 01:02:51.110$ approach patients that are

NOTE Confidence: 0.8181126

01:02:51.110 --> 01:02:52.930 high risk for sinas that

NOTE Confidence: 0.8181126

 $01:02:52.930 \longrightarrow 01:02:55.120$ relapse? I think both abstracts kind

NOTE Confidence: 0.8181126

 $01{:}02{:}55.120 \dashrightarrow 01{:}02{:}57.675$ of confused us further. To be honest.

NOTE Confidence: 0.8181126

01:02:57.675 --> 01:03:00.230 I mean it's great set of data,

NOTE Confidence: 0.8181126

 $01:03:00.230 \longrightarrow 01:03:03.118$ especially the second set of data that I

NOTE Confidence: 0.8181126

 $01:03:03.118 \longrightarrow 01:03:05.710$ presented which is a multi institutional US.

 $01{:}03{:}05.710 \dashrightarrow 01{:}03{:}08.265$ You know study where there are more

NOTE Confidence: 0.8181126

 $01:03:08.265 \longrightarrow 01:03:10.224$ than thousand patients so you know

NOTE Confidence: 0.8181126

 $01:03:10.224 \longrightarrow 01:03:12.796$ the the end was pretty good to have

NOTE Confidence: 0.8181126

 $01:03:12.796 \longrightarrow 01:03:15.651$ meaningful interpretation, but I think.

NOTE Confidence: 0.8181126

01:03:15.651 --> 01:03:18.753 Overall, I think my summary of,

NOTE Confidence: 0.8181126

 $01:03:18.760 \longrightarrow 01:03:21.210$ I think both both abstracts

NOTE Confidence: 0.8181126

01:03:21.210 --> 01:03:24.160 would be that we need better,

NOTE Confidence: 0.8181126

01:03:24.160 --> 01:03:26.340 stronger frontline regiments to

NOTE Confidence: 0.8181126

 $01{:}03{:}26.340 \dashrightarrow 01{:}03{:}30.129$ eradicate the real high risk DCL from

NOTE Confidence: 0.8181126

 $01:03:30.129 \longrightarrow 01:03:32.685$ the get go because that eventually

NOTE Confidence: 0.8181126

 $01{:}03{:}32.685 \dashrightarrow 01{:}03{:}35.983$ leads to a CNS relapse and that

NOTE Confidence: 0.8181126

 $01:03:35.983 \longrightarrow 01:03:38.398$ was shown through the Alberta,

NOTE Confidence: 0.8181126

 $01:03:38.400 \longrightarrow 01:03:40.855$ Canada study where patients who

NOTE Confidence: 0.8181126

 $01:03:40.855 \longrightarrow 01:03:42.819$ got intensive chemo immunotherapy.

NOTE Confidence: 0.8181126

 $01:03:42.820 \longrightarrow 01:03:45.830$ The trend was towards better

 $01:03:45.830 \longrightarrow 01:03:47.636$ CNS relapse rates.

NOTE Confidence: 0.8181126

 $01{:}03{:}47.640 \dashrightarrow 01{:}03{:}50.192$ And I guess the same could be told

NOTE Confidence: 0.8181126

 $01:03:50.192 \longrightarrow 01:03:53.134$ even you know the fact that autologous

NOTE Confidence: 0.8181126

 $01{:}03{:}53.134 \dashrightarrow 01{:}03{:}55.303$ stem cell transplant was helpful.

NOTE Confidence: 0.8181126

 $01:03:55.303 \longrightarrow 01:03:56.069$ So overall,

NOTE Confidence: 0.8181126

 $01:03:56.070 \longrightarrow 01:03:58.520$ I would say that this these abstracts

NOTE Confidence: 0.8181126

01:03:58.520 --> 01:04:00.725 don't change my practice of using

NOTE Confidence: 0.8181126

 $01:04:00.725 \longrightarrow 01:04:02.540$ high dose methotrexate with R

NOTE Confidence: 0.8181126

 $01:04:02.540 \longrightarrow 01:04:05.022$ CHOP or most likely into fecal

NOTE Confidence: 0.8181126

 $01:04:05.022 \longrightarrow 01:04:06.710$ methotrexate with those adjusted

NOTE Confidence: 0.8181126

 $01{:}04{:}06.710 \dashrightarrow 01{:}04{:}09.092$ epoch in high risk blpi atients.

NOTE Confidence: 0.8181126

01:04:09.092 --> 01:04:11.390 What I would say I think,

NOTE Confidence: 0.8181126

 $01:04:11.390 \longrightarrow 01:04:13.300$ which was interesting to note,

NOTE Confidence: 0.8181126

 $01:04:13.300 \longrightarrow 01:04:14.828$ is the liver involvement

NOTE Confidence: 0.8181126

 $01:04:14.828 \longrightarrow 01:04:15.974$ and testicular involvement,

NOTE Confidence: 0.8181126

 $01:04:15.980 \longrightarrow 01:04:17.572$ which we traditionally don't.

01:04:17.572 --> 01:04:19.562 Think of it that way,

NOTE Confidence: 0.8181126

 $01:04:19.570 \longrightarrow 01:04:21.098$ although there are some

NOTE Confidence: 0.8181126

01:04:21.098 --> 01:04:22.626 scattered papers about it,

NOTE Confidence: 0.8181126

01:04:22.630 --> 01:04:25.241 I think this is just to highlight

NOTE Confidence: 0.8181126

 $01{:}04{:}25.241 \dashrightarrow 01{:}04{:}27.606$ that you know liver and testicle

NOTE Confidence: 0.8181126

 $01:04:27.606 \longrightarrow 01:04:28.758$ involvement also portends

NOTE Confidence: 0.8181126

 $01:04:28.758 \longrightarrow 01:04:31.980$ higher CNS relapse rate.

NOTE Confidence: 0.8181126

 $01:04:31.980 \longrightarrow 01:04:32.380$ Thank

NOTE Confidence: 0.82776004

 $01:04:32.380 \longrightarrow 01:04:35.194$ you for that and then Doctor Safi.

NOTE Confidence: 0.82776004

01:04:35.200 --> 01:04:37.622 Really, I think lots of exciting

NOTE Confidence: 0.82776004

 $01{:}04{:}37.622 \dashrightarrow 01{:}04{:}40.042$ early phase studies in T cell.

NOTE Confidence: 0.82776004

 $01:04:40.042 \longrightarrow 01:04:43.260$ But certainly I think we need kind of

NOTE Confidence: 0.82776004

 $01{:}04{:}43.260 \dashrightarrow 01{:}04{:}44.469$ larger randomized prospective

NOTE Confidence: 0.82776004

 $01:04:44.470 \longrightarrow 01:04:47.284$ data and basically everyone with T cell

NOTE Confidence: 0.82776004

 $01:04:47.290 \longrightarrow 01:04:48.906$ lymphoma should be on

01:04:48.906 --> 01:04:50.520 protocol, right? If we're

NOTE Confidence: 0.82776004

 $01:04:50.520 \longrightarrow 01:04:51.729$ going to really

NOTE Confidence: 0.82776004

 $01:04:51.730 \longrightarrow 01:04:52.939$ start improving the

NOTE Confidence: 0.82776004

 $01:04:52.940 \longrightarrow 01:04:54.950$ outcomes, can you talk about

NOTE Confidence: 0.82776004

 $01:04:54.950 \longrightarrow 01:04:56.159$ some of the

NOTE Confidence: 0.82776004

 $01:04:56.160 \longrightarrow 01:04:59.380$ trials that we have open in T cell

NOTE Confidence: 0.82776004

 $01:04:59.380 \longrightarrow 01:05:01.510$ lymphoma either currently or in

NOTE Confidence: 0.82776004

01:05:01.510 --> 01:05:03.850 the future that? We hope to kind

NOTE Confidence: 0.8472827

 $01:05:03.850 \longrightarrow 01:05:05.120$ of increase our accruals for.

NOTE Confidence: 0.7535696

 $01:05:06.930 \longrightarrow 01:05:09.080$ Yes, absolutely. Actually we have.

NOTE Confidence: 0.7535696

 $01{:}05{:}09.080 \dashrightarrow 01{:}05{:}11.978$ We do have a few exciting things

NOTE Confidence: 0.7535696

 $01:05:11.978 \dashrightarrow 01:05:15.298$ coming down the Pike so we do use

NOTE Confidence: 0.7535696

 $01:05:15.298 \longrightarrow 01:05:18.293$ those adjusted epoch quite a bit for

NOTE Confidence: 0.7535696

 $01{:}05{:}18.293 \dashrightarrow 01{:}05{:}21.513$ aggressive T cell lymphoma here at Yale.

NOTE Confidence: 0.7535696

 $01:05:21.520 \longrightarrow 01:05:24.630$ And so we have an IIT that is in the

NOTE Confidence: 0.7535696

 $01:05:24.720 \longrightarrow 01:05:28.171$ works which is funded and

 $01:05:28.171 \longrightarrow 01:05:31.378$ basically the protocol is being developed.

NOTE Confidence: 0.7535696

 $01:05:31.380 \longrightarrow 01:05:33.740$ And that's with those suggested

NOTE Confidence: 0.7535696

 $01:05:33.740 \longrightarrow 01:05:36.100$ epoch with mogamulizumab as frontline

NOTE Confidence: 0.7535696

 $01:05:36.168 \longrightarrow 01:05:38.218$ therapy in these patients and.

NOTE Confidence: 0.7535696

01:05:38.220 --> 01:05:41.300 So epoch does have overall, you know,

NOTE Confidence: 0.7535696

 $01:05:41.300 \longrightarrow 01:05:43.475$ looking at the chop response

NOTE Confidence: 0.7535696

01:05:43.475 --> 01:05:46.204 rates of like 3540% CR rates,

NOTE Confidence: 0.7535696

 $01:05:46.204 \longrightarrow 01:05:49.403$ epoch does tend to have a better

NOTE Confidence: 0.7535696

 $01{:}05{:}49.403 \dashrightarrow 01{:}05{:}52.422$ overall response rate in CR rates in

NOTE Confidence: 0.7535696

 $01:05:52.422 \longrightarrow 01:05:55.460$ the 60% think you know 60% range.

NOTE Confidence: 0.7535696

 $01{:}05{:}55{.}460 \longrightarrow 01{:}05{:}59.880$ So the idea is really to try to get this.

NOTE Confidence: 0.7535696

 $01{:}05{:}59.880 \dashrightarrow 01{:}06{:}02.270$ These patients and the deepest

NOTE Confidence: 0.7535696

 $01{:}06{:}02.270 \dashrightarrow 01{:}06{:}05.644$ remission that you can and you know

NOTE Confidence: 0.7535696

 $01:06:05.644 \longrightarrow 01:06:08.773$ then then take them to transplants and.

NOTE Confidence: 0.7535696

 $01:06:08.780 \longrightarrow 01:06:11.130$ It's really an excited study.

01:06:11.130 --> 01:06:14.890 It is a phase two single arm study,

NOTE Confidence: 0.7535696

 $01{:}06{:}14.890 \dashrightarrow 01{:}06{:}18.096$ but I think it's a novel combination

NOTE Confidence: 0.7535696

 $01:06:18.096 \longrightarrow 01:06:20.060$ that we're excited about.

NOTE Confidence: 0.7535696

 $01:06:20.060 \longrightarrow 01:06:23.268$ As far as the and one additional study

NOTE Confidence: 0.7535696

 $01:06:23.268 \longrightarrow 01:06:26.552$ would be in CD 30 positive patients

NOTE Confidence: 0.7535696

 $01:06:26.552 \longrightarrow 01:06:29.545$ looking at the combination of rituximab

NOTE Confidence: 0.7535696

 $01:06:29.545 \longrightarrow 01:06:32.105$ with pembrolizumab and that's kind

NOTE Confidence: 0.7535696

 $01{:}06{:}32.105 \dashrightarrow 01{:}06{:}36.092$ of an idea that I wrote at Vanderbilt

NOTE Confidence: 0.7535696

 $01{:}06{:}36.092 \dashrightarrow 01{:}06{:}39.500$ and Vanderbilt that we're hoping to open.

NOTE Confidence: 0.7535696

 $01:06:39.500 \longrightarrow 01:06:42.350$ In the coming months as well.

NOTE Confidence: 0.7535696

 $01:06:42.350 \longrightarrow 01:06:45.438$ As far as the present studies are concerned,

NOTE Confidence: 0.7535696

 $01:06:45.440 \longrightarrow 01:06:48.528$ the ones that we are still enrolling on,

NOTE Confidence: 0.7535696

 $01:06:48.530 \longrightarrow 01:06:51.225$ we have a couple of oral agents,

NOTE Confidence: 0.7535696

01:06:51.230 --> 01:06:52.774 including the DIETY study,

NOTE Confidence: 0.7535696

01:06:52.774 --> 01:06:55.090 which is basically an IDH one,

NOTE Confidence: 0.7535696

 $01:06:55.090 \longrightarrow 01:06:56.521$ IDH, two inhibitor.

 $01:06:56.521 \longrightarrow 01:06:58.906$ And it has to be.

NOTE Confidence: 0.7535696

01:06:58.910 --> 01:07:00.418 It has, you know,

NOTE Confidence: 0.7535696

 $01:07:00.418 \longrightarrow 01:07:02.303$ single agent activity in relapsed

NOTE Confidence: 0.7535696

01:07:02.303 --> 01:07:03.718 refractory T cell lymphoma,

NOTE Confidence: 0.7535696

 $01:07:03.720 \longrightarrow 01:07:05.200$ and definitely something that

NOTE Confidence: 0.7535696

 $01:07:05.200 \longrightarrow 01:07:06.680$ we've seen responses with,

NOTE Confidence: 0.7535696

 $01:07:06.680 \longrightarrow 01:07:08.732$ and sometimes it's just the right

NOTE Confidence: 0.7535696

 $01:07:08.732 \longrightarrow 01:07:10.991$ treatment to try to get these

NOTE Confidence: 0.7535696

01:07:10.991 --> 01:07:12.230 patients in remission,

NOTE Confidence: 0.7535696

 $01:07:12.230 \longrightarrow 01:07:14.080$ take take them to transplant.

NOTE Confidence: 0.839506

 $01:07:16.460 \longrightarrow 01:07:19.228$ Thank you so much and this was great.

NOTE Confidence: 0.839506

 $01{:}07{:}19.230 \dashrightarrow 01{:}07{:}20.955$ Amazing talks and thanks God

NOTE Confidence: 0.839506

 $01:07:20.955 \longrightarrow 01:07:22.335$ for this the moderation.

NOTE Confidence: 0.839506

 $01:07:22.340 \longrightarrow 01:07:24.418$ The questions as you heard a

NOTE Confidence: 0.839506

 $01:07:24.420 \longrightarrow 01:07:25.804$ lot of exciting developments

 $01:07:25.804 \longrightarrow 01:07:27.880$ going on in the informal work.

NOTE Confidence: 0.839506

 $01:07:27.880 \longrightarrow 01:07:29.950$ We have a lot of actually

NOTE Confidence: 0.839506

 $01:07:29.950 \longrightarrow 01:07:30.985$ active clinical trials,

NOTE Confidence: 0.839506

 $01:07:30.990 \longrightarrow 01:07:33.318$ so feel free to reach out to any

NOTE Confidence: 0.839506

01:07:33.318 --> 01:07:35.077 further Informa experts or any

NOTE Confidence: 0.839506

 $01:07:35.077 \longrightarrow 01:07:36.927$ questions about your patience or

NOTE Confidence: 0.839506

 $01:07:36.927 \longrightarrow 01:07:38.950$ any referrals for clinical trials.

NOTE Confidence: 0.839506

01:07:38.950 --> 01:07:41.116 Reminder that a recording of this

NOTE Confidence: 0.839506

01:07:41.116 --> 01:07:42.923 session will be available next

NOTE Confidence: 0.839506

01:07:42.923 --> 01:07:45.023 week and along with the slides and

NOTE Confidence: 0.839506

 $01{:}07{:}45.023 \dashrightarrow 01{:}07{:}46.968$ should be an enduring material.

NOTE Confidence: 0.839506

01:07:46.970 --> 01:07:48.070 For your future reference,

NOTE Confidence: 0.839506

01:07:48.070 --> 01:07:50.050 next week will have the by Lloyd

NOTE Confidence: 0.839506

01:07:50.050 --> 01:07:51.700 updates and thank you so much

NOTE Confidence: 0.839506

 $01:07:51.700 \longrightarrow 01:07:53.410$ everyone and have a great weekend.

NOTE Confidence: 0.839506

 $01:07:53.410 \longrightarrow 01:07:53.970$ Thank you.