## WEBVTT

NOTE duration: "01:05:10.3110000"

NOTE language:en-us

NOTE Confidence: 0.7527053

 $00:00:00.000 \longrightarrow 00:00:02.325$  Soon my name is Mara,

NOTE Confidence: 0.7527053

00:00:02.325 --> 00:00:04.650 Gulshan here at Yale University,

NOTE Confidence: 0.7527053

00:00:04.650 --> 00:00:06.033 Yale Cancer Center,

NOTE Confidence: 0.7527053

00:00:06.033 --> 00:00:07.416 Smilow Cancer Hospital.

NOTE Confidence: 0.7527053

00:00:07.420 --> 00:00:10.345 Welcome you to the third

NOTE Confidence: 0.7527053

00:00:10.345 --> 00:00:12.685 breast CME lecture series.

NOTE Confidence: 0.7527053

 $00{:}00{:}12.690 \to 00{:}00{:}15.567$  This today we're really fortunate to have

NOTE Confidence: 0.7527053

 $00:00:15.567 \longrightarrow 00:00:17.730$  three phenomenal speakers and panelists.

NOTE Confidence: 0.7527053

 $00:00:17.730 \longrightarrow 00:00:19.830$  We're going to start with

NOTE Confidence: 0.7527053

00:00:19.830 --> 00:00:21.090 Doctor Regina Hooley,

NOTE Confidence: 0.7527053

 $00{:}00{:}21.090 \dashrightarrow 00{:}00{:}23.544$  who's professor of Radiology vice chair

NOTE Confidence: 0.7527053

 $00:00:23.544 \longrightarrow 00:00:26.525$  in the Department of Radiology in the

NOTE Confidence: 0.7527053

00:00:26.525 --> 00:00:29.486 interim as division Chief for breast imaging,

NOTE Confidence: 0.7527053

 $00:00:29.490 \longrightarrow 00:00:32.850$  and then we go to Doctor Kristen Knowlton,

 $00{:}00{:}32.850 \dashrightarrow 00{:}00{:}34.950$  our medical director for Radiation

NOTE Confidence: 0.7527053

 $00{:}00{:}34.950 \dashrightarrow 00{:}00{:}37.050$  Oncology at Yale at Hamden,

NOTE Confidence: 0.7527053

 $00:00:37.050 \longrightarrow 00:00:39.990$  and then last but certainly not least,

NOTE Confidence: 0.7527053

00:00:39.990 --> 00:00:41.340 Doctor Tomer Abraham,

NOTE Confidence: 0.7527053

 $00:00:41.340 \longrightarrow 00:00:44.040$  who is our director of breasts.

NOTE Confidence: 0.7527053

 $00:00:44.040 \longrightarrow 00:00:45.114$  Microsurgical reconstruction and

NOTE Confidence: 0.7527053

 $00:00:45.114 \longrightarrow 00:00:46.904$  breast reconstruction here at Yale.

NOTE Confidence: 0.7527053

 $00:00:46.910 \longrightarrow 00:00:49.058$  The format is that will have

NOTE Confidence: 0.7527053

00:00:49.058 --> 00:00:50.132 three consecutive speakers.

NOTE Confidence: 0.7527053

00:00:50.140 --> 00:00:52.674 I really encourage you to put as

NOTE Confidence: 0.7527053

 $00{:}00{:}52.674 \dashrightarrow 00{:}00{:}55.142$  many questions as you want into the

NOTE Confidence: 0.7527053

 $00:00:55.142 \longrightarrow 00:00:57.680$  chat box or the question to answer.

NOTE Confidence: 0.7527053

 $00:00:57.680 \longrightarrow 00:01:00.193$  Box will try to answer them as

NOTE Confidence: 0.7527053

 $00{:}01{:}00.193 \dashrightarrow 00{:}01{:}02.348$  much as possible in real time.

NOTE Confidence: 0.7527053

 $00:01:02.350 \longrightarrow 00:01:04.498$  Some will leave two to the

 $00:01:04.498 \longrightarrow 00:01:05.572$  end for discussion,

NOTE Confidence: 0.7527053

 $00:01:05.580 \longrightarrow 00:01:08.387$  and with that I really appreciate everyone

NOTE Confidence: 0.7527053

 $00:01:08.387 \longrightarrow 00:01:11.316$  taking the time to to log in and listen.

NOTE Confidence: 0.7527053

 $00:01:11.320 \longrightarrow 00:01:13.852$  This is going to be recorded

NOTE Confidence: 0.7527053

 $00:01:13.852 \longrightarrow 00:01:16.150$  so you can go back.

NOTE Confidence: 0.7527053

 $00:01:16.150 \longrightarrow 00:01:18.467$  If you want or share this with

NOTE Confidence: 0.7527053

 $00{:}01{:}18.467 \dashrightarrow 00{:}01{:}20.242$  friends and colleagues around the

NOTE Confidence: 0.7527053

00:01:20.242 --> 00:01:22.027 country and around the world,

NOTE Confidence: 0.7527053

 $00:01:22.030 \longrightarrow 00:01:23.760$  so with no further ado,

NOTE Confidence: 0.7527053

 $00{:}01{:}23.760 \dashrightarrow 00{:}01{:}26.528$  we'll turn it over to doctor Doctor Hooley.

NOTE Confidence: 0.738898

 $00:01:29.290 \longrightarrow 00:01:32.320$  OK, thanks so much doctor Golshan.

NOTE Confidence: 0.738898

 $00:01:32.320 \longrightarrow 00:01:34.708$  It's really great to be here,

NOTE Confidence: 0.738898

 $00:01:34.710 \longrightarrow 00:01:38.310$  so I'm going to start by sharing my

NOTE Confidence: 0.738898

 $00{:}01{:}38.310 \dashrightarrow 00{:}01{:}41.368$  slides and let me just get this.

NOTE Confidence: 0.738898

00:01:41.370 --> 00:01:44.211 Uhm? Why OK? So?

NOTE Confidence: 0.738898

 $00{:}01{:}44.211 \dashrightarrow 00{:}01{:}46.758$  I'm going to talk a little bit about

00:01:46.758 --> 00:01:49.322 breast cancer screening and, you know,

NOTE Confidence: 0.738898

 $00{:}01{:}49.322 \dashrightarrow 00{:}01{:}52.130$  one size no longer fits all these days.

NOTE Confidence: 0.738898

 $00:01:52.130 \longrightarrow 00:01:53.880$  There's we're moving towards a

NOTE Confidence: 0.738898

00:01:53.880 --> 00:01:54.930 more personalized screening,

NOTE Confidence: 0.738898

 $00:01:54.930 \longrightarrow 00:01:57.372$  so I'm going to review screening

NOTE Confidence: 0.738898

 $00{:}01{:}57.372 \dashrightarrow 00{:}02{:}00.313$  it and show you where it's going

NOTE Confidence: 0.738898

 $00:02:00.313 \longrightarrow 00:02:03.162$  over the next 20 minutes or so.

NOTE Confidence: 0.738898

 $00{:}02{:}03.170 \dashrightarrow 00{:}02{:}05.683$  My disclosures I am on the Medical

NOTE Confidence: 0.738898

 $00:02:05.683 \longrightarrow 00:02:07.851$  Advisory Board for dense breast dot

NOTE Confidence: 0.738898

00:02:07.851 --> 00:02:10.224 dash info and that's where I took

NOTE Confidence: 0.738898

 $00:02:10.295 \longrightarrow 00:02:12.668$  some of my tables and figures from.

NOTE Confidence: 0.738898

 $00:02:12.670 \longrightarrow 00:02:14.882$  That's a website that has a lot

NOTE Confidence: 0.738898

 $00{:}02{:}14.882 \dashrightarrow 00{:}02{:}16.550$  of information on screening.

NOTE Confidence: 0.738898

 $00:02:16.550 \longrightarrow 00:02:19.040$  It's accurate and it's for

NOTE Confidence: 0.738898

 $00:02:19.040 \longrightarrow 00:02:21.530$  patients as well as providers.

 $00:02:21.530 \longrightarrow 00:02:24.008$  So I'll start by reviewing the

NOTE Confidence: 0.738898

 $00{:}02{:}24.008 \dashrightarrow 00{:}02{:}25.660$  background breast cancer course.

NOTE Confidence: 0.738898

00:02:25.660 --> 00:02:28.956 Worldwide is the most common cancer in women.

NOTE Confidence: 0.738898

 $00:02:28.960 \longrightarrow 00:02:31.025$  It accounts for about 1/4

NOTE Confidence: 0.738898

 $00:02:31.025 \longrightarrow 00:02:32.677$  of all female cancers.

NOTE Confidence: 0.738898

 $00:02:32.680 \longrightarrow 00:02:35.158$  Is the leading cause of cancer

NOTE Confidence: 0.738898

 $00:02:35.158 \longrightarrow 00:02:36.397$  related mortality worldwide?

NOTE Confidence: 0.738898

 $00:02:36.400 \longrightarrow 00:02:38.465$  About 15% of all female

NOTE Confidence: 0.738898

 $00:02:38.465 \longrightarrow 00:02:40.530$  cancer deaths in the US.

NOTE Confidence: 0.738898

00:02:40.530 --> 00:02:42.595 Lung cancer is number one

NOTE Confidence: 0.738898

 $00{:}02{:}42.595 \dashrightarrow 00{:}02{:}44.247$  for cancer related mortality,

NOTE Confidence: 0.738898

 $00:02:44.250 \longrightarrow 00:02:45.132$  and interestingly,

NOTE Confidence: 0.738898

 $00:02:45.132 \longrightarrow 00:02:48.219$  the rates of breast cancer is rising

NOTE Confidence: 0.738898

 $00:02:48.219 \longrightarrow 00:02:50.632$  worldwide at about 6.4% per year.

NOTE Confidence: 0.738898

00:02:50.632 --> 00:02:52.676 Nobody really knows why,

NOTE Confidence: 0.738898

 $00:02:52.680 \longrightarrow 00:02:55.548$  but that adds up.

 $00:02:55.550 \longrightarrow 00:02:57.475$  The World Health Organization reports

NOTE Confidence: 0.738898

 $00:02:57.475 \longrightarrow 00:03:00.420$  that in 2018 there were 2,000,000 cases

NOTE Confidence: 0.738898

 $00:03:00.420 \longrightarrow 00:03:02.810$  of breast cancer diagnosed worldwide,

NOTE Confidence: 0.738898

 $00:03:02.810 \longrightarrow 00:03:05.799$  and by 2040 that'll rise to 3,000,000,

NOTE Confidence: 0.738898

 $00:03:05.800 \longrightarrow 00:03:08.000$  so it is significant.

NOTE Confidence: 0.738898

 $00:03:08.000 \longrightarrow 00:03:09.100$  In general,

NOTE Confidence: 0.738898

 $00:03:09.100 \longrightarrow 00:03:11.092$  the incidence of breast cancer is

NOTE Confidence: 0.738898

 $00:03:11.092 \longrightarrow 00:03:13.030$  more frequent in developed countries,

NOTE Confidence: 0.738898

 $00:03:13.030 \longrightarrow 00:03:16.252$  as noted on the blue map on the left,

NOTE Confidence: 0.738898

 $00:03:16.260 \longrightarrow 00:03:18.402$  and this is likely due to

NOTE Confidence: 0.738898

00:03:18.402 --> 00:03:19.116 screening mammography.

NOTE Confidence: 0.738898

00:03:19.120 --> 00:03:19.478 However,

NOTE Confidence: 0.738898

 $00{:}03{:}19.478 \dashrightarrow 00{:}03{:}21.268$  women diagnosed in developing countries,

NOTE Confidence: 0.738898

 $00:03:21.270 \longrightarrow 00:03:23.250$  as noted on the map on

NOTE Confidence: 0.738898

 $00:03:23.250 \longrightarrow 00:03:25.560$  the red map on the right,

 $00:03:25.560 \longrightarrow 00:03:27.708$  are more likely to be diagnosed

NOTE Confidence: 0.738898

 $00{:}03{:}27.708 \dashrightarrow 00{:}03{:}30.266$  at an advanced age and are more

NOTE Confidence: 0.738898

00:03:30.266 --> 00:03:32.366 likely to die from the disease.

NOTE Confidence: 0.738898

 $00:03:32.370 \longrightarrow 00:03:34.350$  And maybe this is because there

NOTE Confidence: 0.738898

 $00:03:34.350 \longrightarrow 00:03:36.660$  is pretends not to be formalized.

NOTE Confidence: 0.738898

00:03:36.660 --> 00:03:38.876 Breast cancer screening in

NOTE Confidence: 0.738898

 $00:03:38.876 \longrightarrow 00:03:40.538$  these developing countries.

NOTE Confidence: 0.738898

 $00:03:40.540 \longrightarrow 00:03:42.370$  When it comes to breast cancer

NOTE Confidence: 0.738898

 $00{:}03{:}42.370 \dashrightarrow 00{:}03{:}43.285$  screening and mammography,

NOTE Confidence: 0.738898

 $00:03:43.290 \longrightarrow 00:03:46.068$  we've certainly come a long way.

NOTE Confidence: 0.738898

00:03:46.070 --> 00:03:48.480 Breast cancers.

NOTE Confidence: 0.738898

 $00:03:48.480 \longrightarrow 00:03:50.695$  Screening and mammography was first

NOTE Confidence: 0.738898

00:03:50.695 --> 00:03:52.700 introduced, probably in the 1960s,

NOTE Confidence: 0.738898

 $00{:}03{:}52.700 \dashrightarrow 00{:}03{:}55.655$  and this is a paper from 1967

NOTE Confidence: 0.738898

 $00:03:55.655 \longrightarrow 00:03:57.779$  showing the new technology.

NOTE Confidence: 0.738898

 $00:03:57.780 \longrightarrow 00:04:00.874$  At the time there was film screen,

 $00:04:00.880 \longrightarrow 00:04:03.538$  mammography, and zero mammography as well.

NOTE Confidence: 0.738898

00:04:03.540 --> 00:04:05.312 Pretty basic stuff that,

NOTE Confidence: 0.738898

00:04:05.312 --> 00:04:07.527 compared to our standards today.

NOTE Confidence: 0.738898

 $00:04:07.530 \longrightarrow 00:04:10.030$  But even those studies were

NOTE Confidence: 0.738898

 $00:04:10.030 \longrightarrow 00:04:12.530$  able to show some cancers.

NOTE Confidence: 0.738898

 $00:04:12.530 \longrightarrow 00:04:13.754$  Of these days,

NOTE Confidence: 0.738898

 $00:04:13.754 \longrightarrow 00:04:14.570$  of course,

NOTE Confidence: 0.738898

 $00:04:14.570 \longrightarrow 00:04:17.762$  Thomas synthesis or the 3D mammogram

NOTE Confidence: 0.738898

00:04:17.762 --> 00:04:19.890 digital breast tomosynthesis is

NOTE Confidence: 0.738898

 $00{:}04{:}19.972 \dashrightarrow 00{:}04{:}22.122$  becoming the standard of care

NOTE Confidence: 0.738898

 $00:04:22.122 \longrightarrow 00:04:24.738$  where we can see explicit detail

NOTE Confidence: 0.738898

 $00{:}04{:}24.738 \dashrightarrow 00{:}04{:}27.405$  of the breast tissue as well as.

NOTE Confidence: 0.738898

 $00{:}04{:}27.410 \dashrightarrow 00{:}04{:}29.744$  Small or or subtle cancers that

NOTE Confidence: 0.738898

 $00:04:29.744 \longrightarrow 00:04:32.891$  are not well seen on the 2D

NOTE Confidence: 0.738898

00:04:32.891 --> 00:04:34.400 traditional mammogram alone.

 $00:04:34.400 \longrightarrow 00:04:37.168$  Our group at Yale was lucky to be

NOTE Confidence: 0.738898

 $00:04:37.168 \longrightarrow 00:04:40.543$  one of the first centers in the

NOTE Confidence: 0.738898

 $00:04:40.543 \longrightarrow 00:04:43.138$  United States to get tomosynthesis.

NOTE Confidence: 0.738898

 $00:04:43.140 \longrightarrow 00:04:45.692$  I think it was back in 2011 and

NOTE Confidence: 0.738898

00:04:45.692 --> 00:04:48.743 a few years after that we became

NOTE Confidence: 0.738898

00:04:48.743 --> 00:04:51.669 fully all of our mammograms were

NOTE Confidence: 0.738898

 $00:04:51.669 \longrightarrow 00:04:54.717$  tomosynthesis and we were leaders in

NOTE Confidence: 0.738898

00:04:54.717 --> 00:04:57.699 publishing led by Doctor Leon Philpotts.

NOTE Confidence: 0.738898

 $00:04:57.699 \longrightarrow 00:05:00.114$  And so showing that tomosynthesis

NOTE Confidence: 0.738898

 $00:05:00.114 \longrightarrow 00:05:01.080$  is beneficial

NOTE Confidence: 0.82772106875

 $00:05:01.149 \longrightarrow 00:05:03.633$  for screening and diagnosis of breast

NOTE Confidence: 0.82772106875

 $00{:}05{:}03.633 \dashrightarrow 00{:}05{:}06.667$  cancer among all women and among all ages.

NOTE Confidence: 0.7707585

00:05:10.450 --> 00:05:11.515 Some screening mammography

NOTE Confidence: 0.7707585

 $00:05:11.515 \longrightarrow 00:05:13.645$  has been shown to save lives,

NOTE Confidence: 0.7707585

 $00:05:13.650 \longrightarrow 00:05:15.070$  multiple randomized control trials,

NOTE Confidence: 0.7707585

 $00:05:15.070 \longrightarrow 00:05:15.780$  and observation.

 $00:05:15.780 \longrightarrow 00:05:18.615$  ULL studies have shown that breast cancer

NOTE Confidence: 0.7707585

00:05:18.615 --> 00:05:21.097 mortality is increased by about 20 to 40%.

NOTE Confidence: 0.7707585

 $00{:}05{:}21.100 \dashrightarrow 00{:}05{:}23.674$  Is the only test that has been shown a

NOTE Confidence: 0.7707585

 $00:05:23.674 \longrightarrow 00:05:26.430$  clear mortality reduction of breast cancer,

NOTE Confidence: 0.7707585

 $00:05:26.430 \longrightarrow 00:05:28.992$  and this is mostly due to downshifting

NOTE Confidence: 0.7707585

 $00:05:28.992 \longrightarrow 00:05:31.748$  up stage two and hired a stage one.

NOTE Confidence: 0.7707585

 $00:05:31.750 \longrightarrow 00:05:33.530$  There are fewer node negative.

NOTE Confidence: 0.7707585

 $00:05:33.530 \longrightarrow 00:05:35.660$  There are fewer negative invasive cancers,

NOTE Confidence: 0.7707585

 $00{:}05{:}35.660 \dashrightarrow 00{:}05{:}37.976$  less tumor process, better tumor biology.

NOTE Confidence: 0.7707585

 $00:05:37.980 \longrightarrow 00:05:39.880$  And among screening detected cancers

NOTE Confidence: 0.7707585

 $00:05:39.880 \longrightarrow 00:05:42.864$  75% or stage zero DCIS or stage one

NOTE Confidence: 0.7707585

 $00:05:42.864 \longrightarrow 00:05:45.194$  and among clinically detected cancer is

NOTE Confidence: 0.7707585

 $00{:}05{:}45.194 \dashrightarrow 00{:}05{:}49.350$  more than 50% are stage two or higher.

NOTE Confidence: 0.7707585

 $00:05:49.350 \longrightarrow 00:05:50.910$  And here are some examples

NOTE Confidence: 0.7707585

 $00:05:50.910 \longrightarrow 00:05:52.470$  of some mammograms in women.

 $00:05:52.470 \longrightarrow 00:05:54.966$  On the left hand side of the screen.

NOTE Confidence: 0.7707585

 $00:05:54.970 \longrightarrow 00:05:57.328$  This is a 67 year old woman who had

NOTE Confidence: 0.7707585

 $00:05:57.328 \longrightarrow 00:05:59.327$  never had a screening mammogram.

NOTE Confidence: 0.7707585

 $00:05:59.330 \longrightarrow 00:06:01.514$  She is a palpable 4 centimeter mass.

NOTE Confidence: 0.7707585

 $00:06:01.520 \longrightarrow 00:06:04.008$  It's pirates 5. We know it's a cancer.

NOTE Confidence: 0.7707585

00:06:04.010 --> 00:06:05.570 This was a triple negative,

NOTE Confidence: 0.7707585

 $00:06:05.570 \longrightarrow 00:06:07.719$  high grade cancer and we would think

NOTE Confidence: 0.7707585

 $00:06:07.719 \longrightarrow 00:06:09.632$  that she would have, you know,

NOTE Confidence: 0.7707585

 $00{:}06{:}09.632 \dashrightarrow 00{:}06{:}10.876$  regular speeding. Agra fee.

NOTE Confidence: 0.7707585

00:06:10.880 --> 00:06:13.296 We would have caught this at an earlier

NOTE Confidence: 0.7707585

 $00{:}06{:}13.296 \dashrightarrow 00{:}06{:}14.929$  earlier stage and smaller size.

NOTE Confidence: 0.7707585

 $00:06:14.930 \longrightarrow 00:06:16.046$  On the other hand,

NOTE Confidence: 0.7707585

 $00:06:16.046 \longrightarrow 00:06:18.168$  in this patient there's a tiny new

NOTE Confidence: 0.7707585

 $00:06:18.168 \longrightarrow 00:06:19.716$  group of calcifications there.

NOTE Confidence: 0.7707585

00:06:19.720 --> 00:06:20.764 Linear their branching.

NOTE Confidence: 0.7707585

 $00:06:20.764 \longrightarrow 00:06:22.156$  She's 15-6 years old.

 $00:06:22.160 \longrightarrow 00:06:24.610$  She has a screening mammogram every year,

NOTE Confidence: 0.7707585

 $00:06:24.610 \longrightarrow 00:06:25.874$  so they're caught earlier,

NOTE Confidence: 0.7707585

 $00:06:25.874 \longrightarrow 00:06:28.705$  and this was a very tiny 1.5 millimeter

NOTE Confidence: 0.7707585

00:06:28.705 --> 00:06:30.890 grade, two cancer, High Ki 67.

NOTE Confidence: 0.7707585

 $00:06:30.890 \longrightarrow 00:06:33.680$  So presumably this is a life

NOTE Confidence: 0.7707585

 $00{:}06{:}33.680 \to 00{:}06{:}36.160$  saving mammogram in this woman.

NOTE Confidence: 0.7707585

00:06:36.160 --> 00:06:38.128 So despite the success of mammography,

NOTE Confidence: 0.7707585

 $00:06:38.130 \longrightarrow 00:06:39.069$  it is imperfect,

NOTE Confidence: 0.7707585

 $00{:}06{:}39.069 \dashrightarrow 00{:}06{:}40.321$  is particularly limited in

NOTE Confidence: 0.7707585

00:06:40.321 --> 00:06:41.740 women with dense breasts.

NOTE Confidence: 0.7707585

 $00:06:41.740 \longrightarrow 00:06:43.530$  The overall false negative rate

NOTE Confidence: 0.7707585

 $00:06:43.530 \longrightarrow 00:06:45.320$  of mammography among all breast

NOTE Confidence: 0.7707585

 $00{:}06{:}45.385 \dashrightarrow 00{:}06{:}47.308$  densities is about 10 to 15% in

NOTE Confidence: 0.7707585

 $00:06:47.308 \longrightarrow 00:06:49.276$  the overall sensitivity is 70 to

NOTE Confidence: 0.7707585

 $00:06:49.276 \longrightarrow 00:06:51.404$  90% dense breasts make it hard for

00:06:51.404 --> 00:06:53.369 us because of the masking effect

NOTE Confidence: 0.7707585

 $00{:}06{:}53.369 \dashrightarrow 00{:}06{:}55.840$  where cancers tend to be white spot.

NOTE Confidence: 0.7707585

 $00{:}06{:}55.840 \dashrightarrow 00{:}06{:}57.814$  So there can be difficult to see

NOTE Confidence: 0.7707585

 $00:06:57.814 \longrightarrow 00:06:59.491$  with the white fiber glandular

NOTE Confidence: 0.7707585

 $00:06:59.491 \longrightarrow 00:07:01.795$  tissue versus women with non dense

NOTE Confidence: 0.7707585

00:07:01.795 --> 00:07:03.907 breasts where there's more fat and

NOTE Confidence: 0.7707585

 $00:07:03.907 \longrightarrow 00:07:05.507$  less white gland or tissue.

NOTE Confidence: 0.7707585

00:07:05.510 --> 00:07:08.756 And cancers are easier to identify.

NOTE Confidence: 0.7707585

 $00{:}07{:}08.760 \dashrightarrow 00{:}07{:}10.510$  So screening mammography is very

NOTE Confidence: 0.7707585

 $00:07:10.510 \longrightarrow 00:07:11.315$  controversial, controversial.

NOTE Confidence: 0.7707585

 $00{:}07{:}11.315 --> 00{:}07{:}14.500$  I think we all know that our

NOTE Confidence: 0.7707585

 $00{:}07{:}14.500 \dashrightarrow 00{:}07{:}17.018$  patients know that it's hard to

NOTE Confidence: 0.7707585

 $00:07:17.018 \longrightarrow 00:07:18.923$  miss the articles in the.

NOTE Confidence: 0.7707585

 $00:07:18.930 \longrightarrow 00:07:21.378$  And in the press.

NOTE Confidence: 0.7707585

 $00:07:21.380 \longrightarrow 00:07:24.098$  Over the past decade or so,

NOTE Confidence: 0.7707585

 $00:07:24.100 \longrightarrow 00:07:26.830$  and screening has become more complicated,

 $00:07:26.830 \longrightarrow 00:07:29.924$  and this step partially because of the

NOTE Confidence: 0.7707585

00:07:29.924 --> 00:07:32.729 United States Protective Services Task Force,

NOTE Confidence: 0.7707585

 $00:07:32.730 \longrightarrow 00:07:34.538$  who first issued recommendations

NOTE Confidence: 0.7707585

 $00:07:34.538 \longrightarrow 00:07:36.798$  on screening mammography in 2009

NOTE Confidence: 0.7707585

00:07:36.798 --> 00:07:39.088 and then reinstated them again,

NOTE Confidence: 0.7707585

 $00:07:39.090 \longrightarrow 00:07:40.341$  didn't change them.

NOTE Confidence: 0.7707585

 $00:07:40.341 \longrightarrow 00:07:40.758$  Basically,

NOTE Confidence: 0.7707585

 $00{:}07{:}40.758 \dashrightarrow 00{:}07{:}43.260$  in 2015 and basically gave screening

NOTE Confidence: 0.7707585

00:07:43.331 --> 00:07:46.798 mammography, AB, and even a C rating.

NOTE Confidence: 0.7707585

 $00{:}07{:}46.800 \dashrightarrow 00{:}07{:}49.180$  They basically said that having

NOTE Confidence: 0.7707585

00:07:49.180 --> 00:07:51.560 a annual screening mammogram and

NOTE Confidence: 0.7707585

 $00:07:51.643 \longrightarrow 00:07:52.759$  women in there.

NOTE Confidence: 0.7707585

 $00:07:52.760 \longrightarrow 00:07:55.120$  40S was a C grade,

NOTE Confidence: 0.7707585

 $00:07:55.120 \dashrightarrow 00:07:59.878$  meaning that this service might be.

NOTE Confidence: 0.7707585

 $00:07:59.880 \longrightarrow 00:08:01.928$  Offered in selected patients.

 $00:08:01.928 \longrightarrow 00:08:03.976$  Depending on some circumstances

NOTE Confidence: 0.7707585

 $00:08:03.976 \longrightarrow 00:08:06.330$  and then gave screening mammography

NOTE Confidence: 0.7707585

 $00:08:06.330 \longrightarrow 00:08:09.676$  every two years from age 50 to 74

NOTE Confidence: 0.7707585

 $00:08:09.676 \dashrightarrow 00:08:12.835$  AB grade and you know when we're in medicine,

NOTE Confidence: 0.7707585

 $00:08:12.840 \longrightarrow 00:08:15.864$  we generally like A's that we should

NOTE Confidence: 0.7707585

 $00:08:15.864 \longrightarrow 00:08:17.160$  be offering this.

NOTE Confidence: 0.7707585

 $00{:}08{:}17.160 \dashrightarrow 00{:}08{:}20.506$  But you know Decencies and also the

NOTE Confidence: 0.7707585

 $00:08:20.506 \longrightarrow 00:08:21.940$  changing recommendations didn't

NOTE Confidence: 0.7707585

 $00{:}08{:}22.015 \dashrightarrow 00{:}08{:}24.619$  really sit right over all the task

NOTE Confidence: 0.7707585

 $00:08:24.619 \longrightarrow 00:08:25.363$  force again.

NOTE Confidence: 0.83849704

 $00{:}08{:}25.370 \dashrightarrow 00{:}08{:}26.666$  Recommended against screening

NOTE Confidence: 0.83849704

 $00{:}08{:}26.666 \dashrightarrow 00{:}08{:}29.258$  mammogram of women in their 40s.

NOTE Confidence: 0.83849704

 $00:08:29.260 \longrightarrow 00:08:31.615$  They also recommended against teaching

NOTE Confidence: 0.83849704

 $00:08:31.615 \longrightarrow 00:08:34.560$  self breast examination they were against.

NOTE Confidence: 0.83849704

 $00{:}08{:}34.560 \dashrightarrow 00{:}08{:}36.189$  Clinical breast examination.

NOTE Confidence: 0.83849704

 $00:08:36.189 \longrightarrow 00:08:39.447$  There were against screening women over

 $00:08:39.447 \longrightarrow 00:08:42.650$  the age of 75 and they were really

NOTE Confidence: 0.83849704

 $00:08:42.650 \longrightarrow 00:08:44.925$  only for screening women every other

NOTE Confidence: 0.83849704

 $00:08:44.925 \longrightarrow 00:08:47.890$  year in the starting age 50 to 74.

NOTE Confidence: 0.83849704

 $00:08:47.890 \longrightarrow 00:08:49.610$  This is very controversial.

NOTE Confidence: 0.83849704

 $00{:}08{:}49.610 \dashrightarrow 00{:}08{:}51.760$  Patient advocacy groups primary care,

NOTE Confidence: 0.83849704

00:08:51.760 --> 00:08:53.050 oncology, radiology. Perhaps?

NOTE Confidence: 0.83849704

00:08:53.050 --> 00:08:56.060 It was really just about saving money,

NOTE Confidence: 0.83849704

 $00:08:56.060 \longrightarrow 00:08:59.070$  because it's certainly the less we screen,

NOTE Confidence: 0.83849704

 $00:08:59.070 \longrightarrow 00:09:01.650$  the more money we're going to

NOTE Confidence: 0.83849704

 $00:09:01.650 \longrightarrow 00:09:03.370$  save on healthcare dollars.

NOTE Confidence: 0.83849704

 $00:09:03.370 \longrightarrow 00:09:04.606$  And in all fairness.

NOTE Confidence: 0.83849704

 $00:09:04.606 \longrightarrow 00:09:06.460$  These recommendations are very similar to

NOTE Confidence: 0.83849704

 $00:09:06.511 \longrightarrow 00:09:08.376$  other countries that have nationalized

NOTE Confidence: 0.83849704

 $00:09:08.376 \longrightarrow 00:09:10.241$  health services and health programs,

NOTE Confidence: 0.83849704

 $00:09:10.250 \longrightarrow 00:09:11.845$  but we don't have that

 $00:09:11.845 \longrightarrow 00:09:13.440$  here in the United States.

NOTE Confidence: 0.83849704

 $00{:}09{:}13.440 \dashrightarrow 00{:}09{:}15.358$  So saying that this is what we

NOTE Confidence: 0.83849704

00:09:15.358 --> 00:09:17.601 should do in in a country that

NOTE Confidence: 0.83849704

00:09:17.601 --> 00:09:19.629 doesn't have a full National Health

NOTE Confidence: 0.83849704

00:09:19.697 --> 00:09:21.737 Service doesn't seem to be fair,

NOTE Confidence: 0.83849704

 $00:09:21.740 \longrightarrow 00:09:23.905$  and not mentioning that at

NOTE Confidence: 0.83849704

 $00:09:23.905 \longrightarrow 00:09:25.637$  all doesn't seem fair.

NOTE Confidence: 0.83849704

 $00:09:25.640 \longrightarrow 00:09:28.614$  I do want to focus on the fact that we really

NOTE Confidence: 0.83849704

 $00:09:28.614 \dashrightarrow 00:09:31.288$  should be screening women in their 40s,

NOTE Confidence: 0.83849704

 $00:09:31.290 \longrightarrow 00:09:33.313$  and if there's one thing that you

NOTE Confidence: 0.83849704

 $00{:}09{:}33.313 \dashrightarrow 00{:}09{:}35.583$  should take away for anyone who doesn't

NOTE Confidence: 0.83849704

 $00:09:35.583 \longrightarrow 00:09:37.890$  believe in screening women in their 40s,

NOTE Confidence: 0.83849704

 $00:09:37.890 \longrightarrow 00:09:39.774$  we need to screen women in

NOTE Confidence: 0.83849704

 $00:09:39.774 \longrightarrow 00:09:41.030$  their 40s every year.

NOTE Confidence: 0.83849704

00:09:41.030 --> 00:09:42.908 So, so please take, you know,

NOTE Confidence: 0.83849704

 $00:09:42.910 \longrightarrow 00:09:44.480$  lock this in from this,

 $00:09:44.480 \longrightarrow 00:09:46.364$  talk women in their 40s have

NOTE Confidence: 0.83849704

 $00{:}09{:}46.364 \dashrightarrow 00{:}09{:}47.620$  higher interval cancer rates.

NOTE Confidence: 0.83849704

 $00:09:47.620 \longrightarrow 00:09:48.792$  They have denser breasts.

NOTE Confidence: 0.83849704

 $00:09:48.792 \longrightarrow 00:09:50.944$  We know that interval cancers that are

NOTE Confidence: 0.83849704

 $00:09:50.944 \longrightarrow 00:09:52.960$  diagnosed between having a normal mammogram.

NOTE Confidence: 0.83849704

 $00:09:52.960 \longrightarrow 00:09:54.432$  These are usually symptomatic.

NOTE Confidence: 0.83849704

 $00:09:54.432 \longrightarrow 00:09:56.640$  Cancers tend to be more aggressive.

NOTE Confidence: 0.83849704

 $00{:}09{:}56.640 \dashrightarrow 00{:}09{:}59.440$  Cancers in women have a shorter sojourn time,

NOTE Confidence: 0.83849704

 $00:09:59.440 \longrightarrow 00:10:01.890$  and they tend to be faster growing.

NOTE Confidence: 0.83849704

 $00:10:01.890 \longrightarrow 00:10:04.710$  We also know that.

NOTE Confidence: 0.83849704

 $00:10:04.710 \longrightarrow 00:10:06.760$  There's higher survival for earlier

NOTE Confidence: 0.83849704

00:10:06.760 --> 00:10:08.400 stage tumors, and, importantly,

NOTE Confidence: 0.83849704

 $00{:}10{:}08.400 \dashrightarrow 00{:}10{:}09.630$  there's ethnic differences.

NOTE Confidence: 0.83849704

 $00{:}10{:}09.630 \dashrightarrow 00{:}10{:}12.801$  Black and Hispanic women have a peak

NOTE Confidence: 0.83849704

 $00:10:12.801 \longrightarrow 00:10:16.190$  incidence of breast cancer in ages 46 to 47,

 $00:10:16.190 \longrightarrow 00:10:18.240$  so telling having a sweeping

NOTE Confidence: 0.83849704

 $00:10:18.240 \longrightarrow 00:10:19.470$  statement that says,

NOTE Confidence: 0.83849704

 $00:10:19.470 \longrightarrow 00:10:21.888$  you know we should only start

NOTE Confidence: 0.83849704

 $00:10:21.888 \longrightarrow 00:10:25.127$  screening at age 50 is really doing

NOTE Confidence: 0.83849704

 $00:10:25.127 \longrightarrow 00:10:27.697$  these patients a major disservice.

NOTE Confidence: 0.83849704

00:10:27.700 --> 00:10:29.920 Uhm?

NOTE Confidence: 0.83849704

 $00:10:29.920 \longrightarrow 00:10:32.332$  Here this graph shows that you

NOTE Confidence: 0.83849704

 $00:10:32.332 \longrightarrow 00:10:34.639$  know breast cancer in the 40s,

NOTE Confidence: 0.83849704

 $00:10:34.640 \longrightarrow 00:10:36.600$  accounts for about 20% of

NOTE Confidence: 0.83849704

 $00:10:36.600 \longrightarrow 00:10:38.168$  all invasive breast cancer,

NOTE Confidence: 0.83849704

 $00:10:38.170 \longrightarrow 00:10:40.528$  so it is a considerable fraction

NOTE Confidence: 0.83849704

 $00:10:40.528 \longrightarrow 00:10:42.100$  of the disease burden.

NOTE Confidence: 0.83849704

 $00:10:42.100 \longrightarrow 00:10:44.830$  So it is very important.

NOTE Confidence: 0.83849704

 $00:10:44.830 \longrightarrow 00:10:46.958$  So the screening guidelines,

NOTE Confidence: 0.83849704

 $00:10:46.958 \longrightarrow 00:10:49.086$  as they stand now.

NOTE Confidence: 0.83849704

00:10:49.090 --> 00:10:50.389 Among various organizations,

 $00:10:50.389 \longrightarrow 00:10:53.420$  looks kind of confusing in this table,

NOTE Confidence: 0.83849704

 $00:10:53.420 \longrightarrow 00:10:56.258$  but it's pretty.

NOTE Confidence: 0.83849704

 $00:10:56.260 \longrightarrow 00:10:58.200$  Think it's really pretty straightforward.

NOTE Confidence: 0.83849704

00:10:58.200 --> 00:10:59.361 Basically, most organizations

NOTE Confidence: 0.83849704

 $00:10:59.361 \longrightarrow 00:11:02.070$  say you should start at age 40,

NOTE Confidence: 0.83849704

 $00:11:02.070 \longrightarrow 00:11:04.434$  and with the exception of the

NOTE Confidence: 0.83849704

 $00:11:04.434 \longrightarrow 00:11:06.320$  task force were offer it.

NOTE Confidence: 0.83849704

 $00:11:06.320 \longrightarrow 00:11:07.146$  So again,

NOTE Confidence: 0.83849704

 $00:11:07.146 \longrightarrow 00:11:09.211$  this this reflects the patient

NOTE Confidence: 0.83849704

 $00:11:09.211 \longrightarrow 00:11:11.252$  shared decision making with ACOG

NOTE Confidence: 0.83849704

00:11:11.252 --> 00:11:13.087 and the American Cancer Society

NOTE Confidence: 0.83849704

 $00{:}11{:}13.087 \dashrightarrow 00{:}11{:}15.358$  has the option also discharge date

NOTE Confidence: 0.83849704

 $00:11:15.358 \longrightarrow 00:11:17.560$  page 40 and says really start

NOTE Confidence: 0.83849704

00:11:17.560 --> 00:11:19.458 annual screening at age 45,

NOTE Confidence: 0.83849704

 $00:11:19.458 \longrightarrow 00:11:22.241$  so the American Cancer Society sort of

 $00:11:22.241 \longrightarrow 00:11:24.737$  bridge the gap between societies like

NOTE Confidence: 0.83849704

 $00:11:24.737 \longrightarrow 00:11:26.950$  the American College of Radiology.

NOTE Confidence: 0.83849704

 $00:11:26.950 \longrightarrow 00:11:28.640$  And the United States Protective

NOTE Confidence: 0.83849704

 $00:11:28.640 \longrightarrow 00:11:29.654$  Services Task force.

NOTE Confidence: 0.83849704

00:11:29.660 --> 00:11:31.694 Life expectancy is a little bit

NOTE Confidence: 0.83849704

 $00:11:31.694 \longrightarrow 00:11:33.050$  all over the place.

NOTE Confidence: 0.83849704

 $00:11:33.050 \longrightarrow 00:11:34.745$  I'm not so sure something

NOTE Confidence: 0.83849704

 $00:11:34.745 \longrightarrow 00:11:36.440$  magical happens at age 75.

NOTE Confidence: 0.83849704

 $00:11:36.440 \longrightarrow 00:11:38.636$  I think it's better to limit

NOTE Confidence: 0.83849704

 $00:11:38.636 \longrightarrow 00:11:40.100$  screening when life expectancy

NOTE Confidence: 0.83849704

 $00:11:40.164 \longrightarrow 00:11:41.529$  is less than 10 years,

NOTE Confidence: 0.86362046

 $00:11:41.530 \longrightarrow 00:11:43.120$  because we know these patients

NOTE Confidence: 0.86362046

00:11:43.120 --> 00:11:45.133 are not going to really benefit

NOTE Confidence: 0.86362046

 $00:11:45.133 \longrightarrow 00:11:46.948$  as much from early detection.

NOTE Confidence: 0.86362046

 $00:11:46.950 \longrightarrow 00:11:48.876$  So we have healthy patients who

NOTE Confidence: 0.86362046

 $00:11:48.876 \longrightarrow 00:11:51.286$  might be 76 years old and they

00:11:51.286 --> 00:11:53.046 should still have a mammogram,

NOTE Confidence: 0.86362046

 $00{:}11{:}53.050 \dashrightarrow 00{:}11{:}54.850$  perhaps, maybe not annually.

NOTE Confidence: 0.86362046

 $00{:}11{:}54.850 \dashrightarrow 00{:}11{:}57.100$  Perhaps we can even consider

NOTE Confidence: 0.86362046

 $00:11:57.100 \longrightarrow 00:11:58.837$  every one to two years.

NOTE Confidence: 0.86362046

 $00:11:58.840 \longrightarrow 00:12:00.723$  And then we have patients who might

NOTE Confidence: 0.86362046

00:12:00.723 --> 00:12:03.128 be 70 or 69 years old or whatever,

NOTE Confidence: 0.86362046

 $00:12:03.130 \longrightarrow 00:12:04.434$  or not that healthy.

NOTE Confidence: 0.86362046

 $00:12:04.434 \longrightarrow 00:12:06.064$  And maybe don't need to

NOTE Confidence: 0.86362046

 $00:12:06.064 \longrightarrow 00:12:07.787$  have a mammogram as well.

NOTE Confidence: 0.86362046

 $00:12:07.790 \longrightarrow 00:12:10.654$  And again, as far as the interval goes,

NOTE Confidence: 0.86362046

00:12:10.660 --> 00:12:12.416 most people say annually,

NOTE Confidence: 0.86362046

 $00:12:12.416 \longrightarrow 00:12:15.549$  maybe every one to two years the

NOTE Confidence: 0.86362046

 $00{:}12{:}15.549 \dashrightarrow 00{:}12{:}18.033$  the task force being the extreme

NOTE Confidence: 0.86362046

 $00:12:18.033 \longrightarrow 00:12:20.259$  of every every other year.

NOTE Confidence: 0.86362046

 $00:12:20.260 \longrightarrow 00:12:22.600$  So in addition to the variable

00:12:22.600 --> 00:12:23.770 mammographic screening recommendations,

NOTE Confidence: 0.86362046

 $00{:}12{:}23.770 \dashrightarrow 00{:}12{:}25.590$  supplemental screening is also an

NOTE Confidence: 0.86362046

 $00:12:25.590 \longrightarrow 00:12:28.060$  option for many of our patients.

NOTE Confidence: 0.86362046

 $00:12:28.060 \longrightarrow 00:12:30.010$  This includes ultrasounds and MRI.

NOTE Confidence: 0.86362046

 $00:12:30.010 \longrightarrow 00:12:31.558$  There's also newer technologies

NOTE Confidence: 0.86362046

00:12:31.558 --> 00:12:33.493 such as molecular breast imaging

NOTE Confidence: 0.86362046

 $00{:}12{:}33.493 \dashrightarrow 00{:}12{:}35.873$  and contrast enhanced memo that are

NOTE Confidence: 0.86362046

00:12:35.873 --> 00:12:37.808 really investigational at this time,

NOTE Confidence: 0.86362046

 $00{:}12{:}37.810 \dashrightarrow 00{:}12{:}40.722$  but they are on the verge of being

NOTE Confidence: 0.86362046

 $00:12:40.722 \longrightarrow 00:12:43.267$  offered outside of the screening trials.

NOTE Confidence: 0.86362046

 $00{:}12{:}43.270 \dashrightarrow 00{:}12{:}45.110$  There are limited screening

NOTE Confidence: 0.86362046

00:12:45.110 --> 00:12:47.410 trials that are going on.

NOTE Confidence: 0.86362046

 $00:12:47.410 \longrightarrow 00:12:50.210$  So these tools are right around the corner.

NOTE Confidence: 0.86362046

00:12:50.210 --> 00:12:52.310 I believe for more widespread use,

NOTE Confidence: 0.86362046

00:12:52.310 --> 00:12:53.498 widespread clinical use,

NOTE Confidence: 0.86362046

 $00:12:53.498 \longrightarrow 00:12:55.874$  but I'm only going to review

 $00:12:55.874 \longrightarrow 00:12:57.932$  screening ultrasound and MRI today

NOTE Confidence: 0.86362046

 $00{:}12{:}57.932 \dashrightarrow 00{:}12{:}59.922$  because of the time constraints.

NOTE Confidence: 0.86362046

 $00{:}12{:}59.930 \dashrightarrow 00{:}13{:}01.616$  So breast ultrasound screening is linked

NOTE Confidence: 0.86362046

 $00:13:01.616 \longrightarrow 00:13:03.610$  to death dense breast notification laws.

NOTE Confidence: 0.86362046

 $00{:}13{:}03.610 \dashrightarrow 00{:}13{:}05.794$  We do a lot of breast ultrasound

NOTE Confidence: 0.86362046

 $00{:}13{:}05.794 \dashrightarrow 00{:}13{:}07.049$  screening in Connecticut because

NOTE Confidence: 0.86362046

 $00:13:07.049 \longrightarrow 00:13:08.883$  we were the first state to have

NOTE Confidence: 0.86362046

 $00{:}13{:}08.883 \to 00{:}13{:}10.155$  a breast density notification

NOTE Confidence: 0.86362046

 $00:13:10.155 \longrightarrow 00:13:12.207$  law which was passed in 2009.

NOTE Confidence: 0.86362046

 $00:13:12.210 \longrightarrow 00:13:13.690$  Coincidentally the same month

NOTE Confidence: 0.86362046

00:13:13.690 --> 00:13:15.540 that the United States Protective

NOTE Confidence: 0.86362046

 $00{:}13{:}15.540 \dashrightarrow 00{:}13{:}17.351$  Services Task Force told us that

NOTE Confidence: 0.86362046

 $00:13:17.351 \longrightarrow 00:13:19.058$  we should stop screening women in

NOTE Confidence: 0.86362046

 $00:13:19.058 \longrightarrow 00:13:20.892$  their 40s and then we have the

NOTE Confidence: 0.86362046

00:13:20.892 --> 00:13:22.575 Connecticut State saying that we

00:13:22.575 --> 00:13:24.500 should be offering patients with

NOTE Confidence: 0.86362046

 $00{:}13{:}24.500 \dashrightarrow 00{:}13{:}26.690$  dense breast screening ultrasound.

NOTE Confidence: 0.86362046

00:13:26.690 --> 00:13:27.902 The restless notification.

NOTE Confidence: 0.86362046

 $00:13:27.902 \longrightarrow 00:13:29.518$  Just as an aside,

NOTE Confidence: 0.86362046

 $00:13:29.520 \longrightarrow 00:13:30.892$  has become quite popular,

NOTE Confidence: 0.86362046

00:13:30.892 --> 00:13:33.962 I think over 30 states in the United

NOTE Confidence: 0.86362046

 $00:13:33.962 \longrightarrow 00:13:36.788$  States have breast density notification laws.

NOTE Confidence: 0.86362046

00:13:36.790 --> 00:13:39.289 There are countries in Europe and South

NOTE Confidence: 0.86362046

 $00{:}13{:}39.289 \dashrightarrow 00{:}13{:}41.640$  America that are considering breast.

NOTE Confidence: 0.80421704

 $00:13:44.200 \longrightarrow 00:13:48.460$  Density notification guidelines as well.

NOTE Confidence: 0.80421704

 $00:13:48.460 \longrightarrow 00:13:50.630$  And women with dense breasts do benefit

NOTE Confidence: 0.80421704

 $00{:}13{:}50.630 \dashrightarrow 00{:}13{:}52.849$  from having a screening ultrasound.

NOTE Confidence: 0.80421704

 $00:13:52.850 \longrightarrow 00:13:55.258$  Overall, the cancer detection rate is about

NOTE Confidence: 0.80421704

 $00:13:55.258 \longrightarrow 00:13:57.977$  two to four per thousand women screen.

NOTE Confidence: 0.80421704

 $00:13:57.980 \longrightarrow 00:14:00.129$  This is in addition to the approximate

NOTE Confidence: 0.80421704

 $00{:}14{:}00.129 \dashrightarrow 00{:}14{:}02.018$ 5 cancers per thousand women

00:14:02.018 --> 00:14:03.830 screen detected on mammography.

NOTE Confidence: 0.80421704

 $00:14:03.830 \longrightarrow 00:14:06.616$  We know that most cancers detected on

NOTE Confidence: 0.80421704

 $00:14:06.616 \longrightarrow 00:14:08.856$  screening ultrasound are small and node

NOTE Confidence: 0.80421704

 $00:14:08.856 \longrightarrow 00:14:11.145$  negative and tend to be early stage,

NOTE Confidence: 0.80421704

 $00:14:11.150 \longrightarrow 00:14:13.796$  so it's rational to think that

NOTE Confidence: 0.80421704

 $00{:}14{:}13.796 \dashrightarrow 00{:}14{:}15.560$  finding these mammographic Leopold

NOTE Confidence: 0.80421704

00:14:15.637 --> 00:14:18.206 cancers at an early stage in smaller

NOTE Confidence: 0.80421704

00:14:18.206 --> 00:14:20.600 size will improve overall mortality.

NOTE Confidence: 0.80421704

 $00{:}14{:}20.600 \dashrightarrow 00{:}14{:}22.068$  Ultrasound screening is really

NOTE Confidence: 0.80421704

00:14:22.068 --> 00:14:23.903 well accepted by our patients.

NOTE Confidence: 0.80421704

00:14:23.910 --> 00:14:25.002 It's relatively inexpensive.

NOTE Confidence: 0.80421704

 $00{:}14{:}25.002 \dashrightarrow 00{:}14{:}28.329$  It costs about the same price as a mammogram.

NOTE Confidence: 0.80421704

 $00:14:28.330 \longrightarrow 00:14:29.798$  There's no Ivy contrast.

NOTE Confidence: 0.80421704

00:14:29.798 --> 00:14:30.899 There's no compression.

NOTE Confidence: 0.80421704

 $00:14:30.900 \longrightarrow 00:14:34.666$  It's widely available, so it can work.

00:14:34.670 --> 00:14:38.738 Which is why we offer it to our patients.

NOTE Confidence: 0.80421704

00:14:38.740 --> 00:14:40.780 It also performs very well in

NOTE Confidence: 0.80421704

 $00:14:40.780 \longrightarrow 00:14:42.623$  women with dense breast tissue

NOTE Confidence: 0.80421704

00:14:42.623 --> 00:14:44.708 before the mammogram is limited,

NOTE Confidence: 0.80421704

 $00:14:44.710 \longrightarrow 00:14:46.570$  and that's because of the

NOTE Confidence: 0.80421704

 $00:14:46.570 \longrightarrow 00:14:47.686$  contrast on ultrasound.

NOTE Confidence: 0.80421704

 $00:14:47.690 \longrightarrow 00:14:49.355$  These small cancers on ultrasound

NOTE Confidence: 0.80421704

 $00:14:49.355 \longrightarrow 00:14:51.800$  tend to be dark or hypoechoic,

NOTE Confidence: 0.80421704

 $00{:}14{:}51.800 \dashrightarrow 00{:}14{:}54.327$  and dense breast tissue tends to look

NOTE Confidence: 0.80421704

00:14:54.327 --> 00:14:56.639 echogenic or white on the ultrasound,

NOTE Confidence: 0.80421704

 $00{:}14{:}56.640 \dashrightarrow 00{:}14{:}59.320$  so we can see these little cancers that

NOTE Confidence: 0.80421704

 $00:14:59.320 \longrightarrow 00:15:01.797$  are draped in the glandular tissue fairly

NOTE Confidence: 0.80421704

 $00:15:01.797 \longrightarrow 00:15:04.480$  well and they will be mammographic.

NOTE Confidence: 0.80421704

 $00:15:04.480 \longrightarrow 00:15:07.714$  Leah called because they're just hiding

NOTE Confidence: 0.80421704

 $00:15:07.714 \longrightarrow 00:15:10.589$  behind this glandular tissue as well.

NOTE Confidence: 0.80421704

00:15:10.590 --> 00:15:12.320 Breast density is also important,

00:15:12.320 --> 00:15:14.864 so I just want to review this briefly

NOTE Confidence: 0.80421704

 $00{:}15{:}14.864 \dashrightarrow 00{:}15{:}17.144$  because most of our more personalized

NOTE Confidence: 0.80421704

 $00:15:17.144 \longrightarrow 00:15:19.508$  community in the direction that we're

NOTE Confidence: 0.80421704

 $00:15:19.580 \longrightarrow 00:15:22.076$  going to go to is going to include

NOTE Confidence: 0.80421704

 $00{:}15{:}22.076 \dashrightarrow 00{:}15{:}24.355$  breast density as a factor in what

NOTE Confidence: 0.80421704

 $00:15:24.355 \longrightarrow 00:15:26.435$  kind of screening patients should get

NOTE Confidence: 0.80421704

 $00:15:26.435 \longrightarrow 00:15:28.577$  breast dense breasts is very common.

NOTE Confidence: 0.80421704

 $00:15:28.580 \longrightarrow 00:15:31.000$  It's seen in about 50% of all

NOTE Confidence: 0.80421704

 $00:15:31.000 \longrightarrow 00:15:32.725$  women in the United States.

NOTE Confidence: 0.80421704

 $00{:}15{:}32.730 \dashrightarrow 00{:}15{:}34.410$  We know there's an increased

NOTE Confidence: 0.80421704

 $00:15:34.410 \longrightarrow 00:15:36.540$  risk of breast cancer in women.

NOTE Confidence: 0.80421704

 $00:15:36.540 \longrightarrow 00:15:38.616$  It's a 2/6 times increased risk,

NOTE Confidence: 0.80421704

 $00:15:38.620 \longrightarrow 00:15:41.030$  and it can be confusing.

NOTE Confidence: 0.80421704

 $00:15:41.030 \longrightarrow 00:15:42.968$  When you see what they did,

NOTE Confidence: 0.80421704

 $00:15:42.970 \longrightarrow 00:15:45.091$  you know two times increased risk and

00:15:45.091 --> 00:15:47.078 then we'll see another article that

NOTE Confidence: 0.80421704

 $00{:}15{:}47.078 \dashrightarrow 00{:}15{:}49.444$  says four to six times increase risk,

NOTE Confidence: 0.80421704

 $00:15:49.450 \longrightarrow 00:15:51.184$  and that's because it really depends

NOTE Confidence: 0.80421704

00:15:51.184 --> 00:15:52.819 on what breast density category

NOTE Confidence: 0.80421704

00:15:52.819 --> 00:15:53.669 you're comparing.

NOTE Confidence: 0.80421704

00:15:53.670 --> 00:15:56.204 So if you compare women with extremely

NOTE Confidence: 0.80421704

 $00:15:56.204 \longrightarrow 00:15:58.879$  dense breasts with women with fatty tissue.

NOTE Confidence: 0.80421704

 $00:15:58.880 \longrightarrow 00:16:01.190$  Then the increased risk of developing

NOTE Confidence: 0.80421704

 $00{:}16{:}01.190 \to 00{:}16{:}03.445$  breast cancer for women with extremely

NOTE Confidence: 0.80421704

 $00:16:03.445 \longrightarrow 00:16:06.021$  dense breasts is 4 to 6 times higher

NOTE Confidence: 0.80421704

 $00{:}16{:}06.090 \dashrightarrow 00{:}16{:}08.238$  than the women with fatty breasts.

NOTE Confidence: 0.80421704

 $00:16:08.240 \longrightarrow 00:16:08.588$  However,

NOTE Confidence: 0.80421704

 $00:16:08.588 \longrightarrow 00:16:10.676$  that's the minority of our patients

NOTE Confidence: 0.80421704

 $00:16:10.676 \longrightarrow 00:16:12.200$  in the United States.

NOTE Confidence: 0.80421704

00:16:12.200 --> 00:16:14.853 Only about 10% of women have extremely

NOTE Confidence: 0.80421704

 $00:16:14.853 \longrightarrow 00:16:16.944$  dense breast tissue and only about

 $00:16:16.944 \longrightarrow 00:16:19.040 \ 10\%$  of women have fatty tissue.

NOTE Confidence: 0.80421704

 $00:16:19.040 \longrightarrow 00:16:21.416$  So 80% of our patients have

NOTE Confidence: 0.80421704

00:16:21.416 --> 00:16:23.000 heterogeneously dense breasts or

NOTE Confidence: 0.80421704

 $00:16:23.074 \longrightarrow 00:16:25.189$  scattered fibroglandular tissue.

NOTE Confidence: 0.80421704

 $00{:}16{:}25.190 \longrightarrow 00{:}16{:}27.416$  And so if you compare women with

NOTE Confidence: 0.80421704

 $00:16:27.416 \longrightarrow 00:16:29.213$  heterogeneously dense breasts with fatty

NOTE Confidence: 0.80421704

00:16:29.213 --> 00:16:30.785 with with scattered fibroglandular,

NOTE Confidence: 0.80421704

00:16:30.790 --> 00:16:32.890 then you have only about two

NOTE Confidence: 0.80421704

 $00:16:32.890 \longrightarrow 00:16:33.940$  times increase risk.

NOTE Confidence: 0.80421704

 $00:16:33.940 \longrightarrow 00:16:36.390$  So that's why that risk is variable,

NOTE Confidence: 0.80421704

 $00:16:36.390 \longrightarrow 00:16:37.440$  so it does.

NOTE Confidence: 0.80421704

00:16:37.440 --> 00:16:38.840 It is considered however,

NOTE Confidence: 0.80421704

 $00:16:38.840 \longrightarrow 00:16:41.290$  a intermediate risk factor for breast cancer.

NOTE Confidence: 0.80421704

 $00:16:41.290 \longrightarrow 00:16:42.590$  It limits the mammogram.

NOTE Confidence: 0.80421704

00:16:42.590 --> 00:16:44.215 There are higher interval cancer

00:16:44.215 --> 00:16:46.091 rates and worse prognosis for

NOTE Confidence: 0.80421704

 $00{:}16{:}46.091 \dashrightarrow 00{:}16{:}47.587$  these clinically detected cancers.

NOTE Confidence: 0.80421704

 $00:16:47.590 \longrightarrow 00:16:49.280$  So that's why breast density

NOTE Confidence: 0.80421704

 $00:16:49.280 \longrightarrow 00:16:51.399$  is important and it can only

NOTE Confidence: 0.80421704

 $00:16:51.399 \longrightarrow 00:16:53.189$  be diagnosed on a mammogram.

NOTE Confidence: 0.81505984

 $00:16:53.190 \longrightarrow 00:16:55.680$  It can be diagnosed based on.

NOTE Confidence: 0.81505984

 $00{:}16{:}55.680 \dashrightarrow 00{:}16{:}58.216$  A breast exam and if the patient's breast

NOTE Confidence: 0.81505984

 $00:16:58.216 \longrightarrow 00:17:01.129$  exam is sort of lumpy and difficult to do.

NOTE Confidence: 0.81505984

 $00{:}17{:}01.130 \to 00{:}17{:}03.062$  Another option for women with dense

NOTE Confidence: 0.81505984

 $00:17:03.062 \longrightarrow 00:17:05.000$  breasts is fast MRI screening.

NOTE Confidence: 0.81505984

 $00{:}17{:}05.000 \dashrightarrow 00{:}17{:}07.464$  It has been proposed for average risk.

NOTE Confidence: 0.81505984

 $00:17:07.470 \longrightarrow 00:17:08.934$  Women with dense breasts.

NOTE Confidence: 0.81505984

00:17:08.934 --> 00:17:11.130 It is been being done clinically

NOTE Confidence: 0.81505984

 $00:17:11.202 \longrightarrow 00:17:13.098$  in other parts of the country.

NOTE Confidence: 0.81505984

00:17:13.100 --> 00:17:15.206 There's very little of it done

NOTE Confidence: 0.81505984

00:17:15.206 --> 00:17:16.963 in Connecticut, but for example,

 $00:17:16.963 \longrightarrow 00:17:18.718$  University of Pennsylvania does a

NOTE Confidence: 0.81505984

 $00{:}17{:}18.718 \dashrightarrow 00{:}17{:}20.492$  lot of fast, summarized meeting

NOTE Confidence: 0.81505984

 $00:17:20.492 \longrightarrow 00:17:22.247$  for women with dense breasts.

NOTE Confidence: 0.81505984

 $00:17:22.250 \longrightarrow 00:17:23.995$  The first study was published

NOTE Confidence: 0.81505984

 $00:17:23.995 \longrightarrow 00:17:26.120$  back in 2014 by Christiana Cool.

NOTE Confidence: 0.81505984

 $00{:}17{:}26.120 \dashrightarrow 00{:}17{:}28.334$  She's a highly regarded a radiologist

NOTE Confidence: 0.81505984

 $00:17:28.334 \longrightarrow 00:17:31.159$  in Germany an she showed that with a.

NOTE Confidence: 0.81505984

 $00:17:31.160 \longrightarrow 00:17:33.484$  Very fast acquisition time of three minutes,

NOTE Confidence: 0.81505984

 $00{:}17{:}33.490 \dashrightarrow 00{:}17{:}35.849$  as opposed to about the the acquisition

NOTE Confidence: 0.81505984

 $00:17:35.849 \longrightarrow 00:17:38.489$  time or scanning time of a traditional MRI,

NOTE Confidence: 0.81505984

 $00:17:38.490 \longrightarrow 00:17:42.340$  which is about 10 or 15 minutes.

NOTE Confidence: 0.81505984

 $00:17:42.340 \longrightarrow 00:17:44.797$  We could detect cancers at a very

NOTE Confidence: 0.81505984

00:17:44.797 --> 00:17:47.160 high rate of 18 per thousand,

NOTE Confidence: 0.81505984

 $00:17:47.160 \longrightarrow 00:17:49.015$  and this has been replicated

NOTE Confidence: 0.81505984

 $00:17:49.015 \longrightarrow 00:17:50.870$  by other studies as well.

 $00:17:50.870 \longrightarrow 00:17:53.156$  So overall, the cancer detection rate

NOTE Confidence: 0.81505984

 $00:17:53.156 \longrightarrow 00:17:56.069$  of MRI's about 15 to 18 per thousand,

NOTE Confidence: 0.81505984

 $00:17:56.070 \longrightarrow 00:17:58.290$  which is higher than screening ultrasound.

NOTE Confidence: 0.81505984

 $00:17:58.290 \longrightarrow 00:18:00.005$  That supplemental yield is only

NOTE Confidence: 0.81505984

 $00:18:00.005 \longrightarrow 00:18:02.370$  about two to four per thousand.

NOTE Confidence: 0.81505984

 $00{:}18{:}02.370 \dashrightarrow 00{:}18{:}04.596$  But MRI is more expensive and

NOTE Confidence: 0.81505984

00:18:04.596 --> 00:18:05.709 requires Ivy contrast.

NOTE Confidence: 0.81505984

00:18:05.710 --> 00:18:07.964 There's not a lot of MRI scanners

NOTE Confidence: 0.81505984

 $00{:}18{:}07.964 \dashrightarrow 00{:}18{:}10.539$  out there as opposed to ultrasound,

NOTE Confidence: 0.81505984

 $00:18:10.540 \longrightarrow 00:18:12.116$  so it's not as.

NOTE Confidence: 0.81505984

 $00:18:12.116 \longrightarrow 00:18:13.298$  Easy to perform.

NOTE Confidence: 0.81505984

 $00:18:13.300 \longrightarrow 00:18:15.708$  Patients may not like it as well.

NOTE Confidence: 0.81505984

 $00:18:15.710 \longrightarrow 00:18:16.400$  Takes longer,

NOTE Confidence: 0.81505984

 $00:18:16.400 \longrightarrow 00:18:17.780$  but it does work.

NOTE Confidence: 0.81505984

 $00:18:17.780 \longrightarrow 00:18:19.922$  The two year validation showed there

NOTE Confidence: 0.81505984

 $00{:}18{:}19.922 \dashrightarrow 00{:}18{:}22.378$  were no interval cancers so it was

00:18:22.378 --> 00:18:23.988 really catching all those cancers.

NOTE Confidence: 0.81505984

 $00{:}18{:}23.990 \dashrightarrow 00{:}18{:}25.685$  The sense the negative predicted

NOTE Confidence: 0.81505984

00:18:25.685 --> 00:18:27.867 value was high and the specificity

NOTE Confidence: 0.81505984

 $00:18:27.867 \longrightarrow 00:18:29.567$  and positive predictive

NOTE Confidence: 0.81505984

00:18:29.567 --> 00:18:32.249 value are also very good as well.

NOTE Confidence: 0.81505984

 $00:18:32.250 \longrightarrow 00:18:34.226$  So here is a 61 year old patient

NOTE Confidence: 0.81505984

00:18:34.226 --> 00:18:36.172 with a pathogenic BRACA mutation

NOTE Confidence: 0.81505984

 $00{:}18{:}36.172 \dashrightarrow 00{:}18{:}38.482$  and Paris producting something over

NOTE Confidence: 0.81505984

 $00:18:38.482 \longrightarrow 00:18:40.810$  ectomy with a negative mammogram,

NOTE Confidence: 0.81505984

 $00{:}18{:}40.810 \dashrightarrow 00{:}18{:}43.402$  and she had a MRI six months later

NOTE Confidence: 0.81505984

 $00:18:43.402 \longrightarrow 00:18:46.007$  and they saw this little cancer and

NOTE Confidence: 0.81505984

 $00{:}18{:}46.007 \dashrightarrow 00{:}18{:}49.178$  detected this so it can work in women

NOTE Confidence: 0.81505984

 $00{:}18{:}49.178 \dashrightarrow 00{:}18{:}51.590$  with dense breasts and this woman.

NOTE Confidence: 0.81505984

 $00:18:51.590 \longrightarrow 00:18:54.278$  She also had high risk and which is

NOTE Confidence: 0.81505984

00:18:54.278 --> 00:18:57.486 where we do most of our breast MRI in

00:18:57.486 --> 00:19:00.148 our practices for high risk screening,

NOTE Confidence: 0.81505984

 $00:19:00.150 \longrightarrow 00:19:02.388$  and that's traditional.

NOTE Confidence: 0.81505984

 $00:19:02.390 \dashrightarrow 00:19:05.414$  I was screening MRI for high risk patients.

NOTE Confidence: 0.81505984

 $00:19:05.420 \longrightarrow 00:19:07.652$  Here's the list there Braca positive

NOTE Confidence: 0.81505984

00:19:07.652 --> 00:19:10.339 patients they they have some of these

NOTE Confidence: 0.81505984

00:19:10.339 --> 00:19:12.234 syndromes may have chest radiation,

NOTE Confidence: 0.81505984

00:19:12.240 --> 00:19:13.760 usually eight years earlier,

NOTE Confidence: 0.81505984

00:19:13.760 --> 00:19:14.900 part age 30,

NOTE Confidence: 0.81505984

 $00:19:14.900 \longrightarrow 00:19:16.790$  an overall lifetime risk of

NOTE Confidence: 0.81505984

 $00:19:16.790 \longrightarrow 00:19:19.046$  greater than 20% high risk women.

NOTE Confidence: 0.81505984

 $00{:}19{:}19.046 \dashrightarrow 00{:}19{:}21.650$  We recommend that they have an annual

NOTE Confidence: 0.81505984

 $00:19:21.720 \longrightarrow 00:19:23.826$  mammogram and MRI beginning around age

NOTE Confidence: 0.81505984

 $00:19:23.826 \longrightarrow 00:19:27.298$  25 to 30 and again this is the BRACA

NOTE Confidence: 0.81505984

00:19:27.298 --> 00:19:29.293 positive patients and another high

NOTE Confidence: 0.81505984

00:19:29.300 --> 00:19:31.670 risk patients and this is recommended

NOTE Confidence: 0.81505984

 $00:19:31.670 \longrightarrow 00:19:34.155$  by the American College of Radiology

00:19:34.155 --> 00:19:36.240 and the American Cancer Society.

NOTE Confidence: 0.81505984

 $00{:}19{:}36.240 \dashrightarrow 00{:}19{:}38.046$  We also know that it's reasonable

NOTE Confidence: 0.81505984

00:19:38.046 --> 00:19:39.979 to delay the onset of mammographic

NOTE Confidence: 0.81505984

 $00:19:39.979 \longrightarrow 00:19:41.977$  screening until the age of 30.

NOTE Confidence: 0.81505984

 $00:19:41.980 \longrightarrow 00:19:43.580$  In some of these patients,

NOTE Confidence: 0.81505984

 $00:19:43.580 \longrightarrow 00:19:45.806$  and that's because of the radiation risk.

NOTE Confidence: 0.81505984

 $00:19:45.810 \longrightarrow 00:19:47.718$  These patients are known to have

NOTE Confidence: 0.81505984

 $00:19:47.718 \longrightarrow 00:19:48.672$  increased radiation sensitivity,

NOTE Confidence: 0.81505984

 $00{:}19{:}48.680 \dashrightarrow 00{:}19{:}50.270$  particularly the BRACA one carriers

NOTE Confidence: 0.81505984

 $00:19:50.270 \longrightarrow 00:19:52.190$  and the P53 carriers, as well.

NOTE Confidence: 0.8335403

 $00:19:54.570 \longrightarrow 00:19:56.390$  So breast cancer risk

NOTE Confidence: 0.8335403

 $00:19:56.390 \longrightarrow 00:19:58.665$  evaluation is a growing program.

NOTE Confidence: 0.8335403

 $00{:}19{:}58.670 {\:{\circ}{\circ}{\circ}}>00{:}20{:}02.030$  Most more and more breast centers today are

NOTE Confidence: 0.8335403

 $00:20:02.030 \longrightarrow 00:20:04.580$  offering breast cancer risk assessment.

NOTE Confidence: 0.8335403

 $00:20:04.580 \longrightarrow 00:20:07.359$  This is in lieu in in coordination

00:20:07.359 --> 00:20:10.040 with interest in population health.

NOTE Confidence: 0.8335403

 $00{:}20{:}10.040 \dashrightarrow 00{:}20{:}12.315$  We're doing more screening not

NOTE Confidence: 0.8335403

 $00:20:12.315 \longrightarrow 00:20:15.210$  only for breast cancer, but colon,

NOTE Confidence: 0.8335403

 $00:20:15.210 \longrightarrow 00:20:18.420$  cancer, and other cancers as well.

NOTE Confidence: 0.8335403

00:20:18.420 --> 00:20:21.108 So with breast cancer risk evaluation,

NOTE Confidence: 0.8335403

 $00:20:21.110 \longrightarrow 00:20:23.505$  there are multiple risk assessment

NOTE Confidence: 0.8335403

 $00:20:23.505 \longrightarrow 00:20:26.410$  tools that are very available online

NOTE Confidence: 0.8335403

 $00:20:26.410 \longrightarrow 00:20:29.014$  and the estimated risk can really

NOTE Confidence: 0.8335403

 $00:20:29.014 \longrightarrow 00:20:31.889$  vary depending on which model you use.

NOTE Confidence: 0.8335403

00:20:31.890 --> 00:20:34.851 Most centers are going for the tire

NOTE Confidence: 0.8335403

00:20:34.851 --> 00:20:37.135 acoustic model that's most widely

NOTE Confidence: 0.8335403

 $00:20:37.135 \longrightarrow 00:20:39.475$  used and that also incorporates

NOTE Confidence: 0.8335403

00:20:39.475 --> 00:20:41.769 breast density into that model.

NOTE Confidence: 0.8335403

00:20:41.770 --> 00:20:44.906 When we think about breast cancer risk,

NOTE Confidence: 0.8335403

 $00:20:44.910 \longrightarrow 00:20:48.566$  we have to know that risk changes overtime.

NOTE Confidence: 0.8335403

00:20:48.570 --> 00:20:50.790 Unknown risk and change every year.

00:20:50.790 --> 00:20:51.474 For example,

NOTE Confidence: 0.8335403

00:20:51.474 --> 00:20:54.679 you can have a patient who is just an

NOTE Confidence: 0.8335403

 $00:20:54.679 \longrightarrow 00:20:57.430$  average risk and then her sister was

NOTE Confidence: 0.8335403

00:20:57.430 --> 00:21:00.037 diagnosed with breast cancer at age 39,

NOTE Confidence: 0.8335403

 $00:21:00.040 \longrightarrow 00:21:02.256$  and that's going to bump up her her

NOTE Confidence: 0.8335403

00:21:02.256 --> 00:21:04.468 risk for breast cancer the following

NOTE Confidence: 0.8335403

 $00:21:04.468 \longrightarrow 00:21:06.850$  year and overtime the lifetime risk

NOTE Confidence: 0.8335403

00:21:06.918 --> 00:21:08.878 increases decreases, excuse me,

NOTE Confidence: 0.8335403

 $00:21:08.878 \longrightarrow 00:21:11.670$  but the five and 10 year breast cancer

NOTE Confidence: 0.8335403

00:21:11.746 --> 00:21:14.098 risk is also proportional to age,

NOTE Confidence: 0.8335403

 $00:21:14.100 \longrightarrow 00:21:16.065$  so it's complicated and that's

NOTE Confidence: 0.8335403

 $00{:}21{:}16.065 \dashrightarrow 00{:}21{:}18.580$  something that I think most breast.

NOTE Confidence: 0.8335403

 $00{:}21{:}18.580 --> 00{:}21{:}18.949 \ {\rm Centers},$ 

NOTE Confidence: 0.8335403

00:21:18.949 --> 00:21:21.163 including our own will be doing

NOTE Confidence: 0.8335403

 $00:21:21.163 \longrightarrow 00:21:23.269$  within the next 5 to 10 years,

00:21:23.270 --> 00:21:25.524 so we're really moving beyond just starting

NOTE Confidence: 0.8335403

00:21:25.524 --> 00:21:28.629 at age 40 and having a mammogram every year,

NOTE Confidence: 0.8335403

 $00:21:28.630 \longrightarrow 00:21:30.310$  which is nice and simple,

NOTE Confidence: 0.8335403

 $00:21:30.310 \longrightarrow 00:21:32.320$  and it's nice for you know,

NOTE Confidence: 0.8335403

00:21:32.320 --> 00:21:33.990 buzzwords and things like that,

NOTE Confidence: 0.8335403

00:21:33.990 --> 00:21:36.000 and advertising to something like this,

NOTE Confidence: 0.8335403

00:21:36.000 --> 00:21:37.340 which looks really complicated,

NOTE Confidence: 0.8335403

00:21:37.340 --> 00:21:39.350 but it's really not that complicated,

NOTE Confidence: 0.8335403

 $00{:}21{:}39.350 \dashrightarrow 00{:}21{:}41.695$  so let me just review with you.

NOTE Confidence: 0.8335403

00:21:41.700 --> 00:21:43.036 Review this with you.

NOTE Confidence: 0.8335403

 $00:21:43.036 \longrightarrow 00:21:44.706$  So the first question is,

NOTE Confidence: 0.8335403

 $00:21:44.710 \longrightarrow 00:21:46.846$  does the patient have at least

NOTE Confidence: 0.8335403

00:21:46.846 --> 00:21:49.220 a 10 year life expectancy?

NOTE Confidence: 0.8335403

 $00{:}21{:}49.220 --> 00{:}21{:}49.722 \ \mathrm{If} \ \mathrm{not},$ 

NOTE Confidence: 0.8335403

 $00:21:49.722 \longrightarrow 00:21:51.730$  then she would only have breast imaging is

NOTE Confidence: 0.8335403

 $00:21:51.787 \longrightarrow 00:21:53.797$  there's a clinically suspicious finding.

 $00:21:53.800 \longrightarrow 00:21:56.112$  The majority of our patients will have a

NOTE Confidence: 0.8335403

 $00{:}21{:}56.112 \longrightarrow 00{:}21{:}58.678$  10 year life expectancy and then we ask,

NOTE Confidence: 0.8335403

 $00:21:58.680 \longrightarrow 00:22:00.808$  is she under the age of 25?

NOTE Confidence: 0.8335403

00:22:00.810 --> 00:22:01.352 A 75?

NOTE Confidence: 0.8335403

00:22:01.352 --> 00:22:01.894 If not,

NOTE Confidence: 0.8335403

 $00:22:01.894 \longrightarrow 00:22:03.879$  she's over age 75 with healthy then

NOTE Confidence: 0.8335403

 $00:22:03.879 \longrightarrow 00:22:05.649$  maybe she would have an annual

NOTE Confidence: 0.8335403

 $00:22:05.649 \longrightarrow 00:22:07.220$  or BI annual mammogram.

NOTE Confidence: 0.8335403

 $00{:}22{:}07.220 \dashrightarrow 00{:}22{:}09.502$  Most of our patients are going to

NOTE Confidence: 0.8335403

 $00:22:09.502 \longrightarrow 00:22:12.004$  be under the age of 75 and then

NOTE Confidence: 0.8335403

 $00{:}22{:}12.004 \dashrightarrow 00{:}22{:}14.382$  we're going to look at the wrist and

NOTE Confidence: 0.8335403

 $00:22:14.382 \longrightarrow 00:22:16.708$  if she is at high risk for breast

NOTE Confidence: 0.8335403

 $00{:}22{:}16.708 \dashrightarrow 00{:}22{:}18.398$  cancer then we would recommend

NOTE Confidence: 0.8335403

 $00:22:18.398 \longrightarrow 00:22:19.412$  annual contrast enhanced.

NOTE Confidence: 0.8335403

 $00:22:19.420 \longrightarrow 00:22:22.236$  MRI beginning at age 25 or 30 and

00:22:22.236 --> 00:22:23.648 mammography beginning at age 30,

NOTE Confidence: 0.8335403

 $00{:}22{:}23.650 \dashrightarrow 00{:}22{:}26.194$ she can't have an MRI because it's she

NOTE Confidence: 0.8335403

 $00{:}22{:}26.194 \dashrightarrow 00{:}22{:}28.517$  can tolerate it or for whatever reason.

NOTE Confidence: 0.8335403

 $00:22:28.520 \longrightarrow 00:22:30.809$  Then she would have an annual screening

NOTE Confidence: 0.8335403

 $00:22:30.809 \longrightarrow 00:22:32.748$  ultrasound in addition to her mammogram.

NOTE Confidence: 0.8335403

00:22:32.750 --> 00:22:35.198 The majority of our patients that

NOTE Confidence: 0.8335403

00:22:35.198 --> 00:22:37.972 we are not going to be increased

NOTE Confidence: 0.8335403

 $00:22:37.972 \longrightarrow 00:22:41.170$  risk and so then we want to be sure.

NOTE Confidence: 0.8335403

 $00:22:41.170 \longrightarrow 00:22:43.368$  That they are under the age of

NOTE Confidence: 0.8335403

 $00:22:43.368 \longrightarrow 00:22:44.829$  over the age of 40.

NOTE Confidence: 0.8335403

 $00{:}22{:}44.830 \dashrightarrow 00{:}22{:}47.270$  If they're not over the age of four.

NOTE Confidence: 0.8335403

 $00:22:47.270 \longrightarrow 00:22:49.710$  If they're not over the age of 40,

NOTE Confidence: 0.8335403

 $00:22:49.710 \longrightarrow 00:22:52.104$  and we would just tell them to

NOTE Confidence: 0.8335403

00:22:52.104 --> 00:22:53.980 start really screening at 40 at 40,

NOTE Confidence: 0.8335403

 $00:22:53.980 \longrightarrow 00:22:55.510$  we do the baseline mammogram.

NOTE Confidence: 0.8335403

00:22:55.510 --> 00:22:56.120 Of course,

 $00:22:56.120 \longrightarrow 00:22:57.950$  we always want to synthesis if

NOTE Confidence: 0.8335403

 $00:22:57.950 \longrightarrow 00:22:58.560$  it's available,

NOTE Confidence: 0.8403123

 $00:22:58.560 \longrightarrow 00:23:00.688$  and if she has dense breast tissue,

NOTE Confidence: 0.8403123

 $00:23:00.690 \longrightarrow 00:23:02.742$  then we would also offer them

NOTE Confidence: 0.8403123

 $00:23:02.742 \longrightarrow 00:23:04.525$  screening ultrasound or at some

NOTE Confidence: 0.8403123

 $00:23:04.525 \longrightarrow 00:23:06.255$  places screening MRI as well.

NOTE Confidence: 0.8403123

 $00:23:06.260 \longrightarrow 00:23:07.964$  So that's the algorithm

NOTE Confidence: 0.8403123

 $00:23:07.964 \longrightarrow 00:23:09.668$  where it stands today.

NOTE Confidence: 0.8403123

 $00:23:09.670 \longrightarrow 00:23:12.310$  What about the future?

NOTE Confidence: 0.8403123

 $00:23:12.310 \longrightarrow 00:23:14.814$  There are going to be more screening options.

NOTE Confidence: 0.8403123

 $00{:}23{:}14.820 \dashrightarrow 00{:}23{:}16.518$  We're going to have advancing knowledge

NOTE Confidence: 0.8403123

 $00:23:16.518 \longrightarrow 00:23:19.020$  of genetics so it will be better risk

NOTE Confidence: 0.8403123

 $00{:}23{:}19.020 \mathrel{--}{>} 00{:}23{:}20.332$  assessment and more personalized

NOTE Confidence: 0.8403123

 $00:23:20.332 \longrightarrow 00:23:22.040$  medicine will have new technology.

NOTE Confidence: 0.8403123

00:23:22.040 --> 00:23:23.930 As I mentioned, molecular breast imaging,

00:23:23.930 --> 00:23:24.830 contrast enhanced mammography,

NOTE Confidence: 0.8403123

 $00:23:24.830 \longrightarrow 00:23:27.380$  and of course AI will be more patient,

NOTE Confidence: 0.8403123

 $00:23:27.380 \longrightarrow 00:23:28.268$  shared decision making.

NOTE Confidence: 0.8403123

 $00:23:28.268 \longrightarrow 00:23:30.340$  We're going to be talking more patience

NOTE Confidence: 0.8403123

 $00:23:30.394 \longrightarrow 00:23:32.089$  and helping them filter information,

NOTE Confidence: 0.8403123

 $00{:}23{:}32.090 \dashrightarrow 00{:}23{:}33.350$  medical information and guide

NOTE Confidence: 0.8403123

 $00:23:33.350 \longrightarrow 00:23:33.980$  their decisions.

NOTE Confidence: 0.8403123

 $00:23:33.980 \longrightarrow 00:23:35.640$  And of course, health.

NOTE Confidence: 0.8403123

 $00{:}23{:}35.640 {\:\dashrightarrow\:} 00{:}23{:}38.856$  Health care economics is going to play a

NOTE Confidence: 0.8403123

 $00:23:38.856 \longrightarrow 00:23:41.910$  part in how we screen our patients as well.

NOTE Confidence: 0.8403123

 $00:23:41.910 \longrightarrow 00:23:43.710$  And what makes the most sense?

NOTE Confidence: 0.8122481

00:23:45.900 --> 00:23:47.450 Briefly, I'm just going to

NOTE Confidence: 0.8122481

 $00:23:47.450 \longrightarrow 00:23:48.380$  touch on overdiagnosis.

NOTE Confidence: 0.8122481

 $00:23:48.380 \longrightarrow 00:23:50.480$  I know that there's some people probably

NOTE Confidence: 0.8122481

 $00:23:50.480 \longrightarrow 00:23:52.064$  listening and thinking we shouldn't

NOTE Confidence: 0.8122481

 $00:23:52.064 \longrightarrow 00:23:53.960$  screen so much because of overdiagnosis.

 $00:23:53.960 \longrightarrow 00:23:56.130$  We could talk entire day about overdiagnosis,

NOTE Confidence: 0.8122481

00:23:56.130 --> 00:23:58.300 but I've condensed it into two slides,

NOTE Confidence: 0.8122481

 $00:23:58.300 \longrightarrow 00:24:00.589$  and here's an example of a case

NOTE Confidence: 0.8122481

 $00:24:00.589 \longrightarrow 00:24:02.638$  of over diagnosis of 59 year old.

NOTE Confidence: 0.8122481

 $00:24:02.640 \longrightarrow 00:24:04.796$  She had a mass president or left

NOTE Confidence: 0.8122481

 $00:24:04.796 \longrightarrow 00:24:06.669$  outer breast stable for five years.

NOTE Confidence: 0.8122481

 $00:24:06.670 \longrightarrow 00:24:09.150$  It looks just like a little lymph node.

NOTE Confidence: 0.8122481

 $00:24:09.150 \longrightarrow 00:24:10.700$  We do tomosynthesis the first

NOTE Confidence: 0.8122481

 $00:24:10.700 \longrightarrow 00:24:12.250$  time she has atomo exam,

NOTE Confidence: 0.8122481

 $00{:}24{:}12.250 \dashrightarrow 00{:}24{:}13.542$  and there's little speculations.

NOTE Confidence: 0.8122481

 $00{:}24{:}13.542 \dashrightarrow 00{:}24{:}16.669$  And this turns out to be a great two tubular.

NOTE Confidence: 0.8122481

 $00:24:16.670 \longrightarrow 00:24:19.505$  My cancer probably would have done anything.

NOTE Confidence: 0.8122481

 $00{:}24{:}19.510 \dashrightarrow 00{:}24{:}22.446$  It's a low grade cancer and so perhaps

NOTE Confidence: 0.8122481

 $00:24:22.446 \longrightarrow 00:24:25.579$  this is a true case of overdiagnosis.

NOTE Confidence: 0.8122481

 $00:24:25.580 \longrightarrow 00:24:28.142$  We know that some screening detected cancers

00:24:28.142 --> 00:24:30.440 may never become clinically evident.

NOTE Confidence: 0.8122481

 $00:24:30.440 \longrightarrow 00:24:32.582$  They Sgro very slowly with patients

NOTE Confidence: 0.8122481

 $00{:}24{:}32.582 \dashrightarrow 00{:}24{:}35.053$  that die of something else before

NOTE Confidence: 0.8122481

00:24:35.053 --> 00:24:36.520 cancer becomes symptomatic.

NOTE Confidence: 0.8122481

 $00:24:36.520 \longrightarrow 00:24:38.782$  This example would be low grade

NOTE Confidence: 0.8122481

00:24:38.782 --> 00:24:40.970 DCIS in an elderly patient.

NOTE Confidence: 0.8122481

 $00:24:40.970 \longrightarrow 00:24:43.986$  We might over treat these patients and give

NOTE Confidence: 0.8122481

00:24:43.986 --> 00:24:47.118 him and subject them to potential hard.

NOTE Confidence: 0.8122481

 $00{:}24{:}47.120 --> 00{:}24{:}48.856$  But the key is we don't know yet

NOTE Confidence: 0.8122481

 $00:24:48.856 \longrightarrow 00:24:50.670$  which low grade cancers will become

NOTE Confidence: 0.8122481

 $00{:}24{:}50.670 \dashrightarrow 00{:}24{:}52.656$  lethal and when they'll become lethal,

NOTE Confidence: 0.8122481

 $00:24:52.660 \longrightarrow 00:24:54.895$  and so hopefully more research

NOTE Confidence: 0.8122481

 $00:24:54.895 \longrightarrow 00:24:56.683$  will be able to.

NOTE Confidence: 0.8122481

00:24:56.690 --> 00:24:58.842 To identify these cancers so that we'll know

NOTE Confidence: 0.8122481

 $00:24:58.842 \longrightarrow 00:25:00.847$  more where we need to really treat them.

NOTE Confidence: 0.8122481

 $00{:}25{:}00.850 \dashrightarrow 00{:}25{:}04.706$  Where we can stand back a little bit.

00:25:04.710 --> 00:25:07.044 AI tools and population health and

NOTE Confidence: 0.8122481

 $00{:}25{:}07.044 \dashrightarrow 00{:}25{:}09.330$  new technology are going to allow

NOTE Confidence: 0.8122481

 $00:25:09.330 \longrightarrow 00:25:10.650$  us to screen smarter.

NOTE Confidence: 0.8122481

 $00:25:10.650 \longrightarrow 00:25:12.648$  We're going to know who needs

NOTE Confidence: 0.8122481

00:25:12.648 --> 00:25:15.099 more and who needs less screening,

NOTE Confidence: 0.8122481

 $00{:}25{:}15.100 \dashrightarrow 00{:}25{:}18.133$  but it's going to take a lot of outcome

NOTE Confidence: 0.8122481

 $00:25:18.133 \longrightarrow 00:25:20.659$  analysis and sufficient data right now.

NOTE Confidence: 0.8122481

 $00:25:20.660 \longrightarrow 00:25:23.257$  Our data collection is not that great.

NOTE Confidence: 0.8122481

 $00{:}25{:}23.260 \to 00{:}25{:}25.486$  Most of the cancer registries that.

NOTE Confidence: 0.8449189

 $00{:}25{:}27.740 \dashrightarrow 00{:}25{:}29.032$  Collect information on cancer.

NOTE Confidence: 0.8449189

 $00:25:29.032 \longrightarrow 00:25:31.045$  Breast cancer. Do not look at the

NOTE Confidence: 0.8449189

 $00:25:31.045 \longrightarrow 00:25:33.236$  method of detection so we don't know

NOTE Confidence: 0.8449189

00:25:33.236 --> 00:25:35.516 how these cancers are being diagnosed,

NOTE Confidence: 0.8449189

 $00:25:35.520 \longrightarrow 00:25:36.816$  whether they are palpable

NOTE Confidence: 0.8449189

 $00:25:36.816 \longrightarrow 00:25:38.760$  or whether they had to mow,

00:25:38.760 --> 00:25:40.734 or that whether they were diagnosis

NOTE Confidence: 0.8449189

 $00{:}25{:}40.734 \dashrightarrow 00{:}25{:}42.320$  on screening ultrasound or MRI.

NOTE Confidence: 0.8449189

 $00:25:42.320 \longrightarrow 00:25:44.861$  So the American College of Radiology is

NOTE Confidence: 0.8449189

 $00:25:44.861 \longrightarrow 00:25:46.914$  working to include method of detection

NOTE Confidence: 0.8449189

00:25:46.914 --> 00:25:49.768 in the BI RADS and then when we do that,

NOTE Confidence: 0.8449189

 $00:25:49.770 \longrightarrow 00:25:51.414$  hopefully the cancer registries

NOTE Confidence: 0.8449189

00:25:51.414 --> 00:25:53.469 and the national databases will

NOTE Confidence: 0.8449189

 $00:25:53.469 \longrightarrow 00:25:55.943$  accept this so that we can collect

NOTE Confidence: 0.8449189

 $00{:}25{:}55.943 \dashrightarrow 00{:}25{:}57.660$  information on new technology and

NOTE Confidence: 0.8449189

00:25:57.660 --> 00:25:59.865 figure out what works and what doesn't.

NOTE Confidence: 0.8449189

 $00:25:59.870 \longrightarrow 00:26:00.833$  So in summary,

NOTE Confidence: 0.8449189

 $00:26:00.833 \longrightarrow 00:26:02.117$  annual screening mammogram beginning

NOTE Confidence: 0.8449189

 $00:26:02.117 \longrightarrow 00:26:04.269$  at age 40 saves the most lives

NOTE Confidence: 0.8449189

 $00:26:04.269 \longrightarrow 00:26:05.689$  women with dense breasts have

NOTE Confidence: 0.8449189

 $00:26:05.689 \longrightarrow 00:26:07.552$  the option to choose supplemental

NOTE Confidence: 0.8449189

00:26:07.552 --> 00:26:09.076 screening ultrasound or MRI,

 $00:26:09.080 \longrightarrow 00:26:11.019$  high risk women benefit from annual MRI

NOTE Confidence: 0.8449189

 $00:26:11.019 \longrightarrow 00:26:13.029$  in addition to screening mammography.

NOTE Confidence: 0.8449189

 $00:26:13.030 \longrightarrow 00:26:14.670$  Often this will start before

NOTE Confidence: 0.8449189

 $00:26:14.670 \longrightarrow 00:26:17.310$  the age of 40 and just one key.

NOTE Confidence: 0.8449189

00:26:17.310 --> 00:26:19.606 If a patient is having a supplement,

NOTE Confidence: 0.8449189

00:26:19.610 --> 00:26:21.906 an MRI in addition to our mammogram,

NOTE Confidence: 0.8449189

 $00:26:21.910 \longrightarrow 00:26:23.550$  she really doesn't need a

NOTE Confidence: 0.8449189

 $00:26:23.550 \longrightarrow 00:26:24.862$  screening ultrasound as well.

NOTE Confidence: 0.8449189

 $00:26:24.870 \longrightarrow 00:26:26.520$  We know in the future,

NOTE Confidence: 0.8449189

 $00:26:26.520 \longrightarrow 00:26:27.852$  vascular based imaging

NOTE Confidence: 0.8449189

 $00:26:27.852 \longrightarrow 00:26:29.628$  will become more common.

NOTE Confidence: 0.8449189

 $00{:}26{:}29.630 \dashrightarrow 00{:}26{:}31.230$  It's interesting vascular based

NOTE Confidence: 0.8449189

 $00{:}26{:}31.230 \dashrightarrow 00{:}26{:}33.230$  imaging may not necessarily require

NOTE Confidence: 0.8449189

 $00:26:33.230 \longrightarrow 00:26:35.332$  Ivy contrast routine breast cancer

NOTE Confidence: 0.8449189

 $00:26:35.332 \longrightarrow 00:26:37.387$  risk assessment will probably be

 $00:26:37.387 \longrightarrow 00:26:39.773$  available to all women and artificial

NOTE Confidence: 0.8449189

 $00:26:39.773 \longrightarrow 00:26:41.305$  intelligence will definitely enhance

NOTE Confidence: 0.8449189

00:26:41.305 --> 00:26:43.298 the delivery of breast cancer

NOTE Confidence: 0.8449189

 $00:26:43.298 \longrightarrow 00:26:44.906$  screening at multiple levels.

NOTE Confidence: 0.8449189

 $00:26:44.910 \longrightarrow 00:26:46.586$  From effective efficient scheduling

NOTE Confidence: 0.8449189

00:26:46.586 --> 00:26:49.507 to managing and analyzing new data to

NOTE Confidence: 0.8449189

 $00:26:49.507 \longrightarrow 00:26:51.242$  helping the radiologist read better

NOTE Confidence: 0.8449189

 $00:26:51.242 \longrightarrow 00:26:53.350$  and faster and more accurately,

NOTE Confidence: 0.8449189

 $00{:}26{:}53.350 \dashrightarrow 00{:}26{:}55.882$  and also again help us determine

NOTE Confidence: 0.8449189

 $00:26:55.882 \longrightarrow 00:26:59.312$  who needs what when so that we can

NOTE Confidence: 0.8449189

 $00{:}26{:}59.312 \dashrightarrow 00{:}27{:}01.796$  really serve our patients very well.

NOTE Confidence: 0.8449189

 $00:27:01.800 \longrightarrow 00:27:03.888$  So I want to thank you for your

NOTE Confidence: 0.8449189

 $00{:}27{:}03.888 \dashrightarrow 00{:}27{:}06.180$  time and attention and will be

NOTE Confidence: 0.8449189

 $00:27:06.180 \longrightarrow 00:27:07.880$  available for questions later.

NOTE Confidence: 0.8449189

00:27:07.880 --> 00:27:09.570 Thanks, thank you Doctor Holy,

NOTE Confidence: 0.8449189 00:27:09.570 --> 00:27:09.910 that

00:27:09.910 --> 00:27:11.600 was fantastic. I mean honestly,

NOTE Confidence: 0.8576684

 $00:27:11.600 \longrightarrow 00:27:13.812$  the the amount of work that the

NOTE Confidence: 0.8576684

00:27:13.812 --> 00:27:15.166 our breast imaging colleagues

NOTE Confidence: 0.8576684

 $00:27:15.166 \longrightarrow 00:27:17.511$  and yuan in our group and others

NOTE Confidence: 0.8576684

00:27:17.511 --> 00:27:19.709 have done is is truly remarkable.

NOTE Confidence: 0.8576684

00:27:19.710 --> 00:27:22.552 And there's just so much new excitement

NOTE Confidence: 0.8576684

 $00:27:22.552 \longrightarrow 00:27:25.614$  in the pipeline and kind of figuring out

NOTE Confidence: 0.8576684

 $00{:}27{:}25.614 \dashrightarrow 00{:}27{:}28.789$  what the next steps are going to be great.

NOTE Confidence: 0.8576684

 $00:27:28.790 \longrightarrow 00:27:32.080$  Next, move on to Doctor Knowlton to

NOTE Confidence: 0.8576684

 $00{:}27{:}32.080 \dashrightarrow 00{:}27{:}35.925$  discuss some of the recent changes and

NOTE Confidence: 0.8576684

 $00{:}27{:}35.925 \dashrightarrow 00{:}27{:}38.845$  advances in radiation therapy and.

NOTE Confidence: 0.8576684

 $00:27:38.850 \longrightarrow 00:27:40.250$  The floor is all yours.

NOTE Confidence: 0.7904694

00:27:46.440 --> 00:27:48.310 Hope you're on mute still.

NOTE Confidence: 0.8589882

 $00:28:18.350 \longrightarrow 00:28:20.403$  So while we're waiting

NOTE Confidence: 0.8589882

 $00:28:20.403 \longrightarrow 00:28:23.769$  for the slides to pop up.

 $00:28:23.770 \longrightarrow 00:28:25.385$  Regina, what are your thoughts

NOTE Confidence: 0.8589882

 $00:28:25.385 \longrightarrow 00:28:27.451$  on how to screen an elderly

NOTE Confidence: 0.8589882

 $00:28:27.451 \longrightarrow 00:28:29.386$  woman after an index cancer?

NOTE Confidence: 0.8589882

 $00:28:29.390 \longrightarrow 00:28:32.117$  For example, an 85 year old with a newly

NOTE Confidence: 0.8589882

00:28:32.117 --> 00:28:34.297 diagnosed breast cancer after treatment,

NOTE Confidence: 0.8589882

 $00:28:34.300 \longrightarrow 00:28:36.757$  does she need follow up image in?

NOTE Confidence: 0.8589882

00:28:36.760 --> 00:28:38.860 This is from Doctor Berger. Really

NOTE Confidence: 0.85043895

 $00:28:38.860 \longrightarrow 00:28:39.560$  great question.

NOTE Confidence: 0.85043895

 $00{:}28{:}39.560 \dashrightarrow 00{:}28{:}42.010$  Yeah so generally women you know around

NOTE Confidence: 0.85043895

 $00:28:42.010 \longrightarrow 00:28:44.477$  85 or 86 their their life expectancy.

NOTE Confidence: 0.85043895

00:28:44.480 --> 00:28:46.496 Even healthy women is probably around

NOTE Confidence: 0.85043895

00:28:46.496 --> 00:28:49.340 six or seven years where the benefit of

NOTE Confidence: 0.85043895

 $00:28:49.340 \longrightarrow 00:28:51.500$  early detection probably is not useful.

NOTE Confidence: 0.85043895

 $00:28:51.500 \longrightarrow 00:28:54.436$  That said, I think it really depends on.

NOTE Confidence: 0.85043895

 $00:28:54.440 \longrightarrow 00:28:56.396$  On how healthy the patient is,

NOTE Confidence: 0.85043895

 $00:28:56.400 \longrightarrow 00:28:58.668$  maybe she still likes having a mammogram

00:28:58.668 --> 00:29:00.958 love these older ladies of her healthy.

NOTE Confidence: 0.85043895

 $00{:}29{:}00.960 \dashrightarrow 00{:}29{:}03.424$  They still want to come in and get

NOTE Confidence: 0.85043895

 $00:29:03.424 \longrightarrow 00:29:05.519$  their mammogram maybe every other year.

NOTE Confidence: 0.85043895

00:29:05.520 --> 00:29:07.150 I just wouldn't push it,

NOTE Confidence: 0.85043895

 $00{:}29{:}07.150 \dashrightarrow 00{:}29{:}09.439$  but there is still some shared decision

NOTE Confidence: 0.83871317

 $00:29:09.440 \longrightarrow 00:29:11.070$  making there got it excellent.

NOTE Confidence: 0.84972835

00:29:13.680 --> 00:29:16.585 Hopefully you see my slides properly now.

NOTE Confidence: 0.84972835

00:29:16.590 --> 00:29:18.802 Looks great. OK, great, thank you.

NOTE Confidence: 0.84972835

 $00:29:18.802 \longrightarrow 00:29:22.084$  So my title is as you can see is

NOTE Confidence: 0.84972835

 $00:29:22.084 \longrightarrow 00:29:23.952$  deescalation of radiation therapy

NOTE Confidence: 0.84972835

 $00:29:23.952 \longrightarrow 00:29:26.960$  for breast cancer for breast cancer.

NOTE Confidence: 0.84972835

 $00:29:26.960 \longrightarrow 00:29:28.620$  At less is more.

NOTE Confidence: 0.8602074

00:29:31.770 --> 00:29:34.713 OK so I have no conflict of interest to

NOTE Confidence: 0.8602074

 $00:29:34.713 \longrightarrow 00:29:37.667$  report related to this presentation an any.

NOTE Confidence: 0.8602074

00:29:37.670 --> 00:29:40.478 I do not unfortunately have as many awesome

 $00:29:40.478 \longrightarrow 00:29:42.840$  pictures as our two other presenters.

NOTE Confidence: 0.8602074

 $00{:}29{:}42.840 \dashrightarrow 00{:}29{:}45.390$  However, any pictures that were used

NOTE Confidence: 0.8602074

 $00{:}29{:}45.390 \dashrightarrow 00{:}29{:}48.351$  here were taken from sites that allow

NOTE Confidence: 0.8602074

 $00:29:48.351 \longrightarrow 00:29:51.116$  use of their photos in this setting.

NOTE Confidence: 0.8602074

00:29:51.120 --> 00:29:54.016 So when I after the title was submitted,

NOTE Confidence: 0.8602074

00:29:54.020 --> 00:29:56.924 you know D escalation in the setting of,

NOTE Confidence: 0.8602074

 $00:29:56.930 \longrightarrow 00:29:58.745$  you know, radiation therapy in

NOTE Confidence: 0.8602074

 $00:29:58.745 \longrightarrow 00:30:00.560$  the setting of breast cancer.

NOTE Confidence: 0.8602074

 $00{:}30{:}00.560 \dashrightarrow 00{:}30{:}02.648$  I actually looked up the word

NOTE Confidence: 0.8602074

00:30:02.648 --> 00:30:05.397 deescalation and I think maybe my title

NOTE Confidence: 0.8602074

 $00{:}30{:}05.397 \dashrightarrow 00{:}30{:}07.552$  is not grammatically correct because

NOTE Confidence: 0.8602074

 $00:30:07.552 \longrightarrow 00:30:09.374$  Merriam Webster Dictionary does not

NOTE Confidence: 0.8602074

 $00:30:09.374 \longrightarrow 00:30:11.812$  say that this is a noun in anyway

NOTE Confidence: 0.8602074

 $00{:}30{:}11.812 \dashrightarrow 00{:}30{:}14.346$  and I tried hard copy and online.

NOTE Confidence: 0.8602074

 $00:30:14.350 \longrightarrow 00:30:17.954$  It is a will say that it is a verb that

NOTE Confidence: 0.8602074

 $00:30:17.954 \longrightarrow 00:30:21.554$  can mean to limit to decrease in extent.

 $00:30:21.560 \longrightarrow 00:30:23.905$  Are to decrease in volume or scope.

NOTE Confidence: 0.8602074

 $00:30:23.910 \longrightarrow 00:30:26.334$  I was able to find a definition for

NOTE Confidence: 0.8602074

 $00:30:26.334 \longrightarrow 00:30:28.598$  the noun in the free dictionary,

NOTE Confidence: 0.8602074

 $00:30:28.600 \longrightarrow 00:30:30.610$  which is a reduction in intensity.

NOTE Confidence: 0.8602074

00:30:30.610 --> 00:30:33.138 So if we have any people that are

NOTE Confidence: 0.8602074

00:30:33.138 --> 00:30:35.473 very much on top of their grammar

NOTE Confidence: 0.8602074

 $00:30:35.473 \longrightarrow 00:30:37.979$  and my title may not be correct,

NOTE Confidence: 0.8602074

 $00{:}30{:}37.980 \dashrightarrow 00{:}30{:}41.022$  I will say however that the title is more

NOTE Confidence: 0.8602074

 $00:30:41.022 \longrightarrow 00:30:43.980$  in the spirit of the Marian Webster.

NOTE Confidence: 0.8602074

 $00:30:43.980 \longrightarrow 00:30:47.756$  Definition where we are in the modern era,

NOTE Confidence: 0.8602074

 $00:30:47.760 \longrightarrow 00:30:50.598$  aiming to limit the radiation limit,

NOTE Confidence: 0.8602074

 $00:30:50.600 \longrightarrow 00:30:53.234$  the number of fractions limit the

NOTE Confidence: 0.8602074

 $00{:}30{:}53.234 \dashrightarrow 00{:}30{:}56.093$  dose that they treatment volumes and

NOTE Confidence: 0.8602074

 $00:30:56.093 \longrightarrow 00:30:58.638$  also omit radiation when necessary.

NOTE Confidence: 0.8602074

 $00:30:58.640 \longrightarrow 00:31:01.080$  Really the free dictionary definition

 $00:31:01.080 \longrightarrow 00:31:03.520$  doesn't make sense because we're

NOTE Confidence: 0.8602074

 $00{:}31{:}03.598 \dashrightarrow 00{:}31{:}05.823$  not really reducing the intensity

NOTE Confidence: 0.8602074

 $00:31:05.823 \longrightarrow 00:31:07.158$  of the radiation.

NOTE Confidence: 0.8602074

 $00:31:07.160 \longrightarrow 00:31:10.616$  What we do when we are changing the

NOTE Confidence: 0.8602074

 $00:31:10.616 \longrightarrow 00:31:12.970$  fractionation to a shorter fractionation

NOTE Confidence: 0.8602074

 $00:31:12.970 \longrightarrow 00:31:17.150$  is we are using newer schemes of radiation.

NOTE Confidence: 0.8602074

 $00{:}31{:}17.150 \dashrightarrow 00{:}31{:}18.770$  To deliver the same biological

NOTE Confidence: 0.8602074

 $00{:}31{:}18.770 \dashrightarrow 00{:}31{:}21.628$  effective dose so I do not feel that

NOTE Confidence: 0.8602074

 $00{:}31{:}21.628 \dashrightarrow 00{:}31{:}23.583$  the free dictionary definition really

NOTE Confidence: 0.8602074

 $00:31:23.583 \longrightarrow 00:31:25.839$  beats what's happening in radiation.

NOTE Confidence: 0.8602074

 $00{:}31{:}25.840 \dashrightarrow 00{:}31{:}29.050$  But the Marian Webster one does.

NOTE Confidence: 0.8602074

 $00:31:29.050 \longrightarrow 00:31:32.610$  So here we see, this is how we are D.

NOTE Confidence: 0.8602074

 $00{:}31{:}32.610 \dashrightarrow 00{:}31{:}34.494$  Escalating as I had mentioned with

NOTE Confidence: 0.8602074

 $00:31:34.494 \longrightarrow 00:31:36.479$  the decrease in number of fractions

NOTE Confidence: 0.8602074

 $00:31:36.479 \longrightarrow 00:31:38.495$  decrease in volume of tissue treated

NOTE Confidence: 0.8602074

00:31:38.495 --> 00:31:40.547 an omission of radiation therapy

 $00:31:40.547 \longrightarrow 00:31:41.870$  for appropriate candidates.

NOTE Confidence: 0.8602074

 $00{:}31{:}41.870 \dashrightarrow 00{:}31{:}43.907$  And this really does fit the less

NOTE Confidence: 0.8602074

00:31:43.907 --> 00:31:46.528 is more if we have less radiation

NOTE Confidence: 0.8602074

 $00:31:46.528 \longrightarrow 00:31:48.623$  we will have increased compliance.

NOTE Confidence: 0.8602074

 $00:31:48.630 \longrightarrow 00:31:50.838$  People will have if the fractionation

NOTE Confidence: 0.8602074

00:31:50.838 --> 00:31:52.900 scheme is more convenient for them,

NOTE Confidence: 0.8602074

 $00:31:52.900 \longrightarrow 00:31:54.680$  whether they have traveled issues

NOTE Confidence: 0.8602074

 $00:31:54.680 \longrightarrow 00:31:55.748$  or working issues.

NOTE Confidence: 0.8602074

 $00:31:55.750 \longrightarrow 00:31:58.042$  We're going to have more patients

NOTE Confidence: 0.8602074

 $00:31:58.042 \longrightarrow 00:32:01.150$  that will be able to get it with less.

NOTE Confidence: 0.8602074

 $00:32:01.150 \longrightarrow 00:32:03.285$  Stress there will be increased

NOTE Confidence: 0.8602074

 $00:32:03.285 \longrightarrow 00:32:05.420$  acceptance of the treatment course

NOTE Confidence: 0.8602074

 $00{:}32{:}05.495 \dashrightarrow 00{:}32{:}07.625$  increased time for patients to work

NOTE Confidence: 0.8602074

00:32:07.625 --> 00:32:10.280 or to pursue their hobbies or take

NOTE Confidence: 0.8602074

 $00:32:10.280 \longrightarrow 00:32:12.608$  care of their families and increase

00:32:12.608 --> 00:32:13.790 quality of life.

NOTE Confidence: 0.85277045

 $00:32:15.860 \longrightarrow 00:32:17.021$  So moderate fractionation

NOTE Confidence: 0.85277045

 $00:32:17.021 \longrightarrow 00:32:18.956$  is now really old news.

NOTE Confidence: 0.85277045

 $00:32:18.960 \longrightarrow 00:32:21.676$  At this point, we've all seen it.

NOTE Confidence: 0.85277045

 $00:32:21.680 \longrightarrow 00:32:24.008$  This is what it is now.

NOTE Confidence: 0.85277045

00:32:24.010 --> 00:32:25.950 Truly in the United States,

NOTE Confidence: 0.85277045

 $00:32:25.950 \longrightarrow 00:32:28.098$  the new standard of radiation therapy

NOTE Confidence: 0.85277045

 $00:32:28.098 \longrightarrow 00:32:30.426$  for the intact breast standard or

NOTE Confidence: 0.85277045

 $00:32:30.426 \dashrightarrow 00:32:32.928$  conventional radiation to the whole breast.

NOTE Confidence: 0.85277045

 $00:32:32.930 \longrightarrow 00:32:34.870$  It was for several decades,

NOTE Confidence: 0.85277045

 $00{:}32{:}34.870 \dashrightarrow 00{:}32{:}36.810$  50 Gray and 25 fractions,

NOTE Confidence: 0.85277045

 $00:32:36.810 \longrightarrow 00:32:38.362$  meaning that the patient

NOTE Confidence: 0.85277045

 $00:32:38.362 \longrightarrow 00:32:40.690$  needed to come for five weeks.

NOTE Confidence: 0.85277045

 $00:32:40.690 \longrightarrow 00:32:43.735$  And then there would be an optional

NOTE Confidence: 0.85277045

 $00:32:43.735 \longrightarrow 00:32:46.203$  tumor bed boost of an additional

NOTE Confidence: 0.85277045

 $00:32:46.203 \longrightarrow 00:32:48.970$  10 to 16 Gray and five to 8.

00:32:48.970 --> 00:32:50.695 Actions which many women have

NOTE Confidence: 0.85277045

 $00:32:50.695 \longrightarrow 00:32:52.075$  received over the years,

NOTE Confidence: 0.85277045

 $00:32:52.080 \longrightarrow 00:32:54.551$  so that's six to six and a

NOTE Confidence: 0.85277045

 $00:32:54.551 \longrightarrow 00:32:57.110$  half weeks of daily treatment.

NOTE Confidence: 0.85277045

 $00{:}32{:}57.110 \dashrightarrow 00{:}32{:}58.730$  Moderate fractionation for whole

NOTE Confidence: 0.85277045

 $00:32:58.730 \longrightarrow 00:32:59.945$  breast irradiation therapy,

NOTE Confidence: 0.85277045

 $00:32:59.950 \longrightarrow 00:33:02.662$  which I'd like to stress in at this

NOTE Confidence: 0.85277045

 $00:33:02.662 \longrightarrow 00:33:05.639$  time is without including the nodes.

NOTE Confidence: 0.85277045

 $00:33:05.640 \longrightarrow 00:33:08.377$  This is the new standard where we

NOTE Confidence: 0.85277045

 $00:33:08.377 \longrightarrow 00:33:10.857$  where the whole breast is being

NOTE Confidence: 0.85277045

 $00:33:10.857 \longrightarrow 00:33:13.706$  treated in 40 grey and 15 fractions

NOTE Confidence: 0.85277045

 $00:33:13.792 \longrightarrow 00:33:16.186$  or 42.5 Gray and 16 fractions.

NOTE Confidence: 0.85277045

 $00{:}33{:}16.190 \dashrightarrow 00{:}33{:}18.174$  That's really institutional preference.

NOTE Confidence: 0.85277045

00:33:18.174 --> 00:33:21.150 Our institution at Yale we use

NOTE Confidence: 0.85277045

 $00:33:21.222 \longrightarrow 00:33:23.504$  the 40 grey in the 15 fractions

 $00:33:23.504 \longrightarrow 00:33:25.119$  from the start B trial,

NOTE Confidence: 0.85277045

 $00{:}33{:}25.120 \dashrightarrow 00{:}33{:}27.260$  and for these patients there's

NOTE Confidence: 0.85277045

 $00:33:27.260 \longrightarrow 00:33:29.863$  an optional tumor bed boost 10

NOTE Confidence: 0.85277045

 $00:33:29.863 \longrightarrow 00:33:31.399$  Gray and for fractions.

NOTE Confidence: 0.85277045

 $00:33:31.400 \longrightarrow 00:33:33.986$  So we're taking the standard or

NOTE Confidence: 0.85277045

 $00:33:33.986 \longrightarrow 00:33:35.710$  conventional fractionation of five

NOTE Confidence: 0.85277045

 $00:33:35.782 \longrightarrow 00:33:37.806$  to six to six and a half weeks,

NOTE Confidence: 0.85277045

 $00:33:37.810 \longrightarrow 00:33:39.778$  and now it's become three to

NOTE Confidence: 0.85277045

 $00{:}33{:}39.778 \dashrightarrow 00{:}33{:}41.720$  four weeks for the patient.

NOTE Confidence: 0.82770544

00:33:43.790 --> 00:33:45.830 And of course there's some

NOTE Confidence: 0.82770544

 $00{:}33{:}45.830 \dashrightarrow 00{:}33{:}48.670$  data to back all of this up.

NOTE Confidence: 0.82770544

 $00:33:48.670 \longrightarrow 00:33:50.914$  These are the three largest trials

NOTE Confidence: 0.82770544

 $00:33:50.914 \longrightarrow 00:33:53.181$  that have the longest follow-up that

NOTE Confidence: 0.82770544

 $00:33:53.181 \longrightarrow 00:33:55.617$  are used to backup or support the

NOTE Confidence: 0.82770544

 $00:33:55.617 \longrightarrow 00:33:58.039$  use of moderate hypofractionation.

NOTE Confidence: 0.82770544

 $00:33:58.040 \longrightarrow 00:34:02.116$  All three trials to start a the start B, and.

 $00:34:02.116 \longrightarrow 00:34:05.028$  There's no great name for this one.

NOTE Confidence: 0.82770544

 $00{:}34{:}05.030 \dashrightarrow 00{:}34{:}06.700$  The Canadian Ontario Wayland trial.

NOTE Confidence: 0.82770544

00:34:06.700 --> 00:34:08.710 Depending on who you're talking about.

NOTE Confidence: 0.82770544

00:34:08.710 --> 00:34:10.042 I learned from this.

NOTE Confidence: 0.82770544

 $00:34:10.042 \longrightarrow 00:34:12.755$  I need to have make sure that any

NOTE Confidence: 0.82770544

00:34:12.755 --> 00:34:15.750 trials I have have a have a catchy name,

NOTE Confidence: 0.82770544

 $00:34:15.750 \longrightarrow 00:34:18.062$  but the start a trial and start be

NOTE Confidence: 0.82770544

 $00:34:18.062 \longrightarrow 00:34:20.551$  were done in England and the obviously

NOTE Confidence: 0.82770544

 $00:34:20.551 \longrightarrow 00:34:23.120$  the Canadian trial was done in Canada.

NOTE Confidence: 0.82770544

 $00:34:23.120 \longrightarrow 00:34:24.740$  They all compared their moderately

NOTE Confidence: 0.82770544

 $00:34:24.740 \longrightarrow 00:34:26.036$  hypofractionated regimens in whole

NOTE Confidence: 0.82770544

 $00:34:26.036 \longrightarrow 00:34:28.112$  breast radiation therapy to the standard

NOTE Confidence: 0.82770544

 $00:34:28.112 \longrightarrow 00:34:29.476$  conventional fractionation of welding.

NOTE Confidence: 0.82770544

 $00:34:29.480 \longrightarrow 00:34:32.208$  I guess we're going to call that conventional

NOTE Confidence: 0.82770544

 $00:34:32.208 \longrightarrow 00:34:34.509$  'cause modern hypo frack is now standard,

 $00:34:34.510 \longrightarrow 00:34:37.382$  but 50 Gray in 25 fractions was the

NOTE Confidence: 0.82770544

00:34:37.382 --> 00:34:40.096 standard arm and all Childs found

NOTE Confidence: 0.82770544

 $00{:}34{:}40.096 \dashrightarrow 00{:}34{:}42.491$  no significant difference in local

NOTE Confidence: 0.82770544

 $00:34:42.491 \longrightarrow 00:34:44.622$  regional recurrence and overall

NOTE Confidence: 0.82770544

 $00:34:44.622 \longrightarrow 00:34:46.718$  survival for the patients.

NOTE Confidence: 0.82770544

00:34:46.720 --> 00:34:50.149 At 10 years they did all use a slightly

NOTE Confidence: 0.82770544

 $00:34:50.149 \longrightarrow 00:34:52.950$  different fractionation scheme to start.

NOTE Confidence: 0.82770544

00:34:52.950 --> 00:34:53.836 A trial,

NOTE Confidence: 0.82770544

00:34:53.836 --> 00:34:56.937 had had patients receiving 41.6 Gray or

NOTE Confidence: 0.82770544

 $00:34:56.937 \longrightarrow 00:35:00.520$  39 Gray and 13 fractions over 5 weeks,

NOTE Confidence: 0.82770544

 $00:35:00.520 \longrightarrow 00:35:03.628$  which is approximately 3 fractions per week.

NOTE Confidence: 0.82770544

 $00:35:03.630 \longrightarrow 00:35:06.100$  It's a little bit of.

NOTE Confidence: 0.82770544

 $00:35:06.100 \longrightarrow 00:35:08.010$  More challenging regimen to schedule,

NOTE Confidence: 0.82770544

 $00:35:08.010 \longrightarrow 00:35:09.920$  so most institutions are not

NOTE Confidence: 0.82770544

 $00:35:09.920 \longrightarrow 00:35:11.448$  really using this regiment,

NOTE Confidence: 0.82770544

 $00:35:11.450 \longrightarrow 00:35:14.117$  but it is interesting that they did.

 $00:35:14.120 \longrightarrow 00:35:16.025$  Note that a significant significant

NOTE Confidence: 0.82770544

 $00{:}35{:}16.025 \dashrightarrow 00{:}35{:}18.426$  decrease in the number of patients

NOTE Confidence: 0.82770544

 $00:35:18.426 \longrightarrow 00:35:20.551$  with breast induration adima intellect

NOTE Confidence: 0.82770544

 $00:35:20.551 \longrightarrow 00:35:23.280$  until inject ages in the 39 Gray

NOTE Confidence: 0.82770544

 $00:35:23.280 \longrightarrow 00:35:25.200$  arm compared to the standard frac.

NOTE Confidence: 0.82770544

 $00:35:25.200 \longrightarrow 00:35:28.091$  The 41.6 Gray arm did not really

NOTE Confidence: 0.82770544

 $00:35:28.091 \longrightarrow 00:35:31.415$  do any better as far as then the 50

NOTE Confidence: 0.82770544

 $00{:}35{:}31.415 \dashrightarrow 00{:}35{:}34.214$  Gray arm as far as a cute effects

NOTE Confidence: 0.82770544

 $00:35:34.214 \longrightarrow 00:35:36.968$  an late term effects as that.

NOTE Confidence: 0.82770544

 $00:35:36.970 \longrightarrow 00:35:39.754$  Start B, which is what Yale is using.

NOTE Confidence: 0.82770544

 $00:35:39.760 \longrightarrow 00:35:42.210$  That's the 50 Gray and 15 fractions.

NOTE Confidence: 0.82770544

00:35:42.210 --> 00:35:44.646 So once a day Monday through Friday,

NOTE Confidence: 0.82770544

 $00{:}35{:}44.650 \dashrightarrow 00{:}35{:}45.694$  that's three weeks.

NOTE Confidence: 0.82770544

 $00:35:45.694 \longrightarrow 00:35:47.434$  So once again their outcomes,

NOTE Confidence: 0.82770544

00:35:47.440 --> 00:35:48.976 local region of occurrence,

 $00:35:48.976 \longrightarrow 00:35:50.896$  overall survival at 10 years

NOTE Confidence: 0.82770544

 $00:35:50.896 \longrightarrow 00:35:53.020$  was the same with the 50 Gray,

NOTE Confidence: 0.82770544

 $00:35:53.020 \longrightarrow 00:35:54.770$  and there was a significant

NOTE Confidence: 0.82770544

00:35:54.770 --> 00:35:56.170 decrease in breast shrinkage,

NOTE Confidence: 0.82770544

 $00:35:56.170 \longrightarrow 00:35:57.806$  breast edema and telangiectasia.

NOTE Confidence: 0.82770544

 $00:35:57.806 \longrightarrow 00:36:01.119$  But age is in the 40 great arm.

NOTE Confidence: 0.82770544

 $00:36:01.120 \longrightarrow 00:36:02.970$  The Canadian trial was interesting.

NOTE Confidence: 0.82770544

 $00:36:02.970 \longrightarrow 00:36:04.442$  That is slightly different.

NOTE Confidence: 0.82770544

 $00:36:04.442 \longrightarrow 00:36:05.914$  42.5 in 16 fractions,

NOTE Confidence: 0.82770544

 $00:36:05.920 \longrightarrow 00:36:10.169$  so that's three weeks and a day.

NOTE Confidence: 0.82770544

 $00{:}36{:}10.170 \dashrightarrow 00{:}36{:}11.602$  Subgroup analysis it's worthy

NOTE Confidence: 0.82770544

 $00:36:11.602 \longrightarrow 00:36:13.750$  of note that they did notice

NOTE Confidence: 0.82770544

 $00{:}36{:}13.816 \dashrightarrow 00{:}36{:}16.040$  increased local regional recurrence.

NOTE Confidence: 0.82770544

 $00{:}36{:}16.040 \dashrightarrow 00{:}36{:}17.716$  In high grade tumors,

NOTE Confidence: 0.82770544

 $00:36:17.716 \longrightarrow 00:36:20.713$  with the Hypo frac with 15.6% of

NOTE Confidence: 0.82770544

 $00:36:20.713 \longrightarrow 00:36:23.611$  patients who received with with high

 $00:36:23.611 \longrightarrow 00:36:26.774$  grade tumors that had hypo fact

NOTE Confidence: 0.82770544

 $00:36:26.774 \longrightarrow 00:36:29.484$  experience in local regional recurrence

NOTE Confidence: 0.82770544

 $00:36:29.484 \longrightarrow 00:36:32.269$  versus 4.7 in the 50 Gray arm.

NOTE Confidence: 0.82770544

 $00:36:32.270 \longrightarrow 00:36:32.620$  However,

NOTE Confidence: 0.82770544

 $00{:}36{:}32.620 \dashrightarrow 00{:}36{:}35.420$  I will say that start B did look

NOTE Confidence: 0.82770544

 $00:36:35.420 \longrightarrow 00:36:38.742$  at that and did not find any any

NOTE Confidence: 0.82770544

 $00:36:38.742 \longrightarrow 00:36:40.802$  difference in outcomes for the

NOTE Confidence: 0.82770544

 $00:36:40.802 \longrightarrow 00:36:41.900$  Grade 3 tumors,

NOTE Confidence: 0.82770544

 $00{:}36{:}41.900 \dashrightarrow 00{:}36{:}44.612$  so we tend to still treat those patients

NOTE Confidence: 0.82770544

 $00:36:44.612 \longrightarrow 00:36:45.807$  with moderate hypofractionation

NOTE Confidence: 0.82770544

 $00:36:45.807 \longrightarrow 00:36:48.057$  an in the Canadian trial,

NOTE Confidence: 0.82770544

 $00{:}36{:}48.060 \dashrightarrow 00{:}36{:}50.550$  there was no significant difference

NOTE Confidence: 0.82770544

 $00:36:50.550 \longrightarrow 00:36:53.730$  in acute toxicity or cosmetic outcome.

NOTE Confidence: 0.82770544

 $00:36:53.730 \longrightarrow 00:36:55.767$  So maybe we can tighten things up

NOTE Confidence: 0.82770544

00:36:55.767 --> 00:36:58.411 a little bit more now and the newer

00:36:58.411 --> 00:37:00.631 regimens that are being brought out

NOTE Confidence: 0.82770544

 $00:37:00.631 \dashrightarrow 00:37:03.289$  there are now called Ultra Hypofractionation.

NOTE Confidence: 0.8578268

 $00:37:03.290 \longrightarrow 00:37:05.714$  And these once again are in for the

NOTE Confidence: 0.8578268

 $00:37:05.714 \longrightarrow 00:37:08.240$  setting of whole breast radiation only.

NOTE Confidence: 0.8578268

 $00:37:08.240 \longrightarrow 00:37:10.982$  We are not yet talking about

NOTE Confidence: 0.8578268

 $00:37:10.982 \longrightarrow 00:37:12.810$  anything with the nodes.

NOTE Confidence: 0.8578268

 $00:37:12.810 \longrightarrow 00:37:14.690$  And we have two regiments,

NOTE Confidence: 0.8578268

 $00:37:14.690 \longrightarrow 00:37:16.565$  the fast regimen and the

NOTE Confidence: 0.8578268

00:37:16.565 --> 00:37:17.690 Fast forward regimen.

NOTE Confidence: 0.8578268

00:37:17.690 --> 00:37:20.196 Yale has adopted the FAST regimen which

NOTE Confidence: 0.8578268

 $00{:}37{:}20.196 \dashrightarrow 00{:}37{:}22.560$  we've been using with great success.

NOTE Confidence: 0.8578268

 $00:37:22.560 \longrightarrow 00:37:24.810$  We've been very happy with it.

NOTE Confidence: 0.8578268

 $00:37:24.810 \longrightarrow 00:37:28.560$  We started using it in the fall of last year,

NOTE Confidence: 0.8578268

 $00:37:28.560 \longrightarrow 00:37:31.030$  so in the fast trial.

NOTE Confidence: 0.8578268

 $00:37:31.030 \longrightarrow 00:37:34.180$  Patients were randomized to one fraction

NOTE Confidence: 0.8578268

 $00:37:34.180 \longrightarrow 00:37:37.626$  of radiation per week to a total of

00:37:37.626 --> 00:37:40.530 28.5 Gray or to a total of 30 Gray,

NOTE Confidence: 0.8578268

 $00:37:40.530 \longrightarrow 00:37:43.394$  so that's 5.7 or 6 Gray once a

NOTE Confidence: 0.8578268

 $00:37:43.394 \longrightarrow 00:37:45.591$  week versus the more traditional

NOTE Confidence: 0.8578268

 $00:37:45.591 \longrightarrow 00:37:48.375$  50 Gray in the 25 fractions.

NOTE Confidence: 0.8578268

 $00:37:48.380 \longrightarrow 00:37:50.440$  This fast trial is randomized.

NOTE Confidence: 0.8578268

 $00:37:50.440 \longrightarrow 00:37:51.676$  It's well done,

NOTE Confidence: 0.8578268

 $00:37:51.676 \longrightarrow 00:37:54.560$  and it has 10 years of follow

NOTE Confidence: 0.8578268

 $00:37:54.660 \longrightarrow 00:37:56.220$  up at this point,

NOTE Confidence: 0.8578268

 $00:37:56.220 \longrightarrow 00:37:58.968$  and there was no significant difference

NOTE Confidence: 0.8578268

 $00:37:58.968 \longrightarrow 00:38:02.541$  in normal tissue affects in the 28.5 by

NOTE Confidence: 0.8578268

 $00:38:02.541 \dashrightarrow 00:38:05.031$  ARM compared to the standard fractionation.

NOTE Confidence: 0.8578268

 $00:38:05.040 \longrightarrow 00:38:07.168$  And that's why I put that in.

NOTE Confidence: 0.8578268

 $00{:}38{:}07.170 \dashrightarrow 00{:}38{:}09.996$  Read up there because that is really the arm

NOTE Confidence: 0.8578268

 $00:38:09.996 \longrightarrow 00:38:12.932$  that we are treating on in the 28.5 Gray arm,

NOTE Confidence: 0.8578268

 $00:38:12.940 \longrightarrow 00:38:14.879$  because the 30 Gray arm did have

00:38:14.879 --> 00:38:16.589 increase in normal tissue effects,

NOTE Confidence: 0.8578268

00:38:16.590 --> 00:38:18.760 so we're not using that.

NOTE Confidence: 0.8578268

 $00:38:18.760 \longrightarrow 00:38:21.100$  For all three dosing fractionation schemes,

NOTE Confidence: 0.8578268

00:38:21.100 --> 00:38:21.490 however,

NOTE Confidence: 0.8578268

 $00:38:21.490 \longrightarrow 00:38:22.660$  local regional recurrence,

NOTE Confidence: 0.8578268

 $00:38:22.660 \longrightarrow 00:38:23.440$  distant recurrence,

NOTE Confidence: 0.8578268

 $00:38:23.440 \longrightarrow 00:38:25.390$  and overall survival were equivalent,

NOTE Confidence: 0.8578268

 $00:38:25.390 \longrightarrow 00:38:27.730$  and this regimen has made it

NOTE Confidence: 0.8578268

 $00{:}38{:}27.730 \dashrightarrow 00{:}38{:}29.290$  into the national guidelines.

NOTE Confidence: 0.8578268

00:38:29.290 --> 00:38:31.258 Now the NCC N guidelines saying

NOTE Confidence: 0.8578268

 $00:38:31.258 \longrightarrow 00:38:33.462$  that it may be considered for

NOTE Confidence: 0.8578268

00:38:33.462 --> 00:38:35.904 patients greater than 50 years of

NOTE Confidence: 0.8578268

00:38:35.904 --> 00:38:38.648 age with early stage breast cancer,

NOTE Confidence: 0.8578268

 $00{:}38{:}38.650 \dashrightarrow 00{:}38{:}41.146$  which they have defined as as

NOTE Confidence: 0.8578268

00:38:41.146 --> 00:38:44.317 insight to T1T 2AN OI kind of put

NOTE Confidence: 0.8578268

 $00:38:44.317 \longrightarrow 00:38:47.229$  in that who do not require a boost,

 $00:38:47.230 \longrightarrow 00:38:50.446$  they had a few sentences about how boosted.

NOTE Confidence: 0.8578268

 $00{:}38{:}50.450 \dashrightarrow 00{:}38{:}52.090$  Difficult in this setting and

NOTE Confidence: 0.8578268

 $00:38:52.090 \longrightarrow 00:38:53.074$  hasn't been established,

NOTE Confidence: 0.8578268

 $00:38:53.080 \longrightarrow 00:38:54.725$  but that's really how we

NOTE Confidence: 0.8578268

00:38:54.725 --> 00:38:56.370 are approaching it at Yale.

NOTE Confidence: 0.8578268

 $00:38:56.370 \longrightarrow 00:38:58.930$  If we have a patient with early stage

NOTE Confidence: 0.8578268

00:38:58.930 --> 00:39:01.306 cancer who does not require a boost,

NOTE Confidence: 0.8578268

 $00{:}39{:}01.310 \dashrightarrow 00{:}39{:}03.634$  and we're not quite ready for patients

NOTE Confidence: 0.8578268

 $00:39:03.634 \longrightarrow 00:39:06.224$  as young as 50 with just such a

NOTE Confidence: 0.8578268

 $00:39:06.224 \longrightarrow 00:39:08.220$  short term follow-up of 10 years,

NOTE Confidence: 0.8578268

 $00{:}39{:}08.220 \dashrightarrow 00{:}39{:}10.710$  so we are tending to lean

NOTE Confidence: 0.8578268

 $00:39:10.710 \longrightarrow 00:39:12.880$  towards patients 65 and over.

NOTE Confidence: 0.8578268

 $00{:}39{:}12.880 \dashrightarrow 00{:}39{:}15.638$  Although if someone did have a a

NOTE Confidence: 0.8578268

 $00:39:15.638 \longrightarrow 00:39:17.749$  needed transportation need or something

NOTE Confidence: 0.8578268

 $00:39:17.749 \longrightarrow 00:39:19.894$  that still fit this requirement,

 $00:39:19.900 \longrightarrow 00:39:22.378$  we would be open for that.

NOTE Confidence: 0.8578268

 $00:39:22.380 \longrightarrow 00:39:24.440$  The Fast forward has not.

NOTE Confidence: 0.8578268

00:39:24.440 --> 00:39:27.478 It is not yet widely adopted because

NOTE Confidence: 0.8578268

 $00{:}39{:}27.478 \dashrightarrow 00{:}39{:}30.996$  the data is only going out for five

NOTE Confidence: 0.8578268

 $00:39:30.996 \longrightarrow 00:39:33.934$  years at this point and that is

NOTE Confidence: 0.8578268

00:39:33.934 --> 00:39:36.822 looking at 26 or 27 Gray in five

NOTE Confidence: 0.8578268

 $00:39:36.830 \longrightarrow 00:39:38.900$  fractions just Monday through Friday.

NOTE Confidence: 0.8578268

 $00:39:38.900 \longrightarrow 00:39:41.258$  You're done in a week versus

NOTE Confidence: 0.8578268

 $00:39:41.258 \longrightarrow 00:39:43.920$  the what's now the more modern.

NOTE Confidence: 0.8578268

00:39:43.920 --> 00:39:44.302 Standard,

NOTE Confidence: 0.8578268

 $00:39:44.302 \longrightarrow 00:39:46.594$  then the modern standard hypo fractionation,

NOTE Confidence: 0.8578268

 $00:39:46.600 \longrightarrow 00:39:48.898$  40 Gray, and in 15 fractions.

NOTE Confidence: 0.8578268

 $00:39:48.900 \longrightarrow 00:39:51.198$  The five year data is promising.

NOTE Confidence: 0.8578268

00:39:51.200 --> 00:39:52.728 It's showing non inferiority

NOTE Confidence: 0.8578268

 $00:39:52.728 \longrightarrow 00:39:53.874$  and local control.

NOTE Confidence: 0.8578268

 $00{:}39{:}53.880 \dashrightarrow 00{:}39{:}55.815$  There are increased normal tissue

 $00:39:55.815 \longrightarrow 00:39:58.090$  affects with the 27 Gray arm.

NOTE Confidence: 0.8578268

 $00:39:58.090 \longrightarrow 00:40:00.520$  So overtime I think we're going

NOTE Confidence: 0.8578268

 $00:40:00.520 \longrightarrow 00:40:03.268$  to be very interesting to see what

NOTE Confidence: 0.8578268

 $00:40:03.268 \longrightarrow 00:40:05.368$  happens with that 26 Gray arm.

NOTE Confidence: 0.8578268

 $00:40:05.370 \longrightarrow 00:40:07.668$  And if we get more data,

NOTE Confidence: 0.8578268

00:40:07.670 --> 00:40:10.344 more longer term data under our belt,

NOTE Confidence: 0.8578268

 $00:40:10.350 \longrightarrow 00:40:12.335$  that may be something that

NOTE Confidence: 0.8578268

 $00:40:12.335 \longrightarrow 00:40:13.923$  we will be adopting.

NOTE Confidence: 0.8578268

 $00:40:13.930 \longrightarrow 00:40:15.136$  In the future,

NOTE Confidence: 0.8578268

 $00:40:15.136 \longrightarrow 00:40:17.548$  that would certainly be very convenient.

NOTE Confidence: 0.8369247

 $00{:}40{:}20.380 \dashrightarrow 00{:}40{:}23.425$  So, so far we've only talked about

NOTE Confidence: 0.8369247

 $00:40:23.425 \longrightarrow 00:40:25.595$  using the HYPOFRACTIONATION in settings

NOTE Confidence: 0.8369247

 $00{:}40{:}25.595 \to 00{:}40{:}28.374$  where just the breast is being treated.

NOTE Confidence: 0.8369247

 $00:40:28.380 \longrightarrow 00:40:30.906$  What about in the setting of

NOTE Confidence: 0.8369247

 $00:40:30.906 \longrightarrow 00:40:32.590$  regional nodal or radiation,

 $00:40:32.590 \longrightarrow 00:40:34.690$  or post mastectomy radiation therapy?

NOTE Confidence: 0.8369247

00:40:34.690 --> 00:40:37.742 There is a growing body of maturing

NOTE Confidence: 0.8369247

 $00:40:37.742 \longrightarrow 00:40:40.201$  data and accruing data in this

NOTE Confidence: 0.8369247

00:40:40.201 --> 00:40:43.234 setting that we may see in the future

NOTE Confidence: 0.8369247

 $00:40:43.234 \longrightarrow 00:40:46.054$  that we are more widely adopting.

NOTE Confidence: 0.8369247

 $00:40:46.060 \longrightarrow 00:40:47.744$  The hypo fractionation for

NOTE Confidence: 0.8369247

 $00:40:47.744 \longrightarrow 00:40:49.428$  these patients as well.

NOTE Confidence: 0.8369247

 $00:40:49.430 \longrightarrow 00:40:51.525$  One trial that's ongoing right

NOTE Confidence: 0.8369247

 $00:40:51.525 \longrightarrow 00:40:54.210$  now is the RT charm trial.

NOTE Confidence: 0.8369247

00:40:54.210 --> 00:40:56.860 And it's looking at moderately

NOTE Confidence: 0.8369247

 $00{:}40{:}56.860 {\:{\mbox{--}}\!>}\ 00{:}40{:}58.450$  hypofractionated post mastectomy

NOTE Confidence: 0.8369247

 $00{:}40{:}58.450 {\:{\mbox{--}}}{>} 00{:}41{:}01.016$  radiation the rapy for patients who've

NOTE Confidence: 0.8369247

 $00:41:01.016 \longrightarrow 00:41:02.928$  had breast reconstruction comparing

NOTE Confidence: 0.8369247

 $00{:}41{:}02.928 \mathrel{--}{>} 00{:}41{:}06.474$  with the standard 50 Gray and patients

NOTE Confidence: 0.8369247

 $00:41:06.474 \longrightarrow 00:41:08.518$  can have autologous reconstruction

NOTE Confidence: 0.8369247

 $00{:}41{:}08.518 \dashrightarrow 00{:}41{:}10.217$  implant reconstruction immediate

 $00:41:10.217 \longrightarrow 00:41:14.956$  or delayed to be on this trial.

NOTE Confidence: 0.8369247

 $00{:}41{:}14.960 \longrightarrow 00{:}41{:}18.152$  The fabric trial that is open at

NOTE Confidence: 0.8369247

00:41:18.152 --> 00:41:21.858 Yale Dr Mina Moran is RPI for that.

NOTE Confidence: 0.8369247

 $00:41:21.860 \longrightarrow 00:41:23.990$  That's the study of radiation

NOTE Confidence: 0.8369247

 $00:41:23.990 \longrightarrow 00:41:25.694$  fractionation on patient outcomes

NOTE Confidence: 0.8369247

00:41:25.694 --> 00:41:27.199 after breast reconstruction

NOTE Confidence: 0.8369247

00:41:27.199 --> 00:41:29.219 for invasive breast cancer,

NOTE Confidence: 0.8369247

 $00:41:29.220 \longrightarrow 00:41:31.520$  and this is randomized as

NOTE Confidence: 0.8369247

00:41:31.520 --> 00:41:32.900 well to hypofractionation.

NOTE Confidence: 0.8369247

00:41:32.900 --> 00:41:33.306 Plus,

NOTE Confidence: 0.8369247

 $00:41:33.306 \longrightarrow 00:41:35.742$  the more standard 50 Gray and

NOTE Confidence: 0.8369247

 $00:41:35.742 \longrightarrow 00:41:38.090$  patience for this would have

NOTE Confidence: 0.8369247

 $00{:}41{:}38.090 \dashrightarrow 00{:}41{:}40.715$  permanent implant or tissue expander.

NOTE Confidence: 0.8369247

 $00:41:40.720 \longrightarrow 00:41:43.480$  This is not for autologous patients.

NOTE Confidence: 0.8369247

 $00:41:43.480 \longrightarrow 00:41:45.830$  There is some published data.

 $00:41:45.830 \longrightarrow 00:41:47.402$  That one can find,

NOTE Confidence: 0.8369247

 $00:41:47.402 \longrightarrow 00:41:48.188$  for example,

NOTE Confidence: 0.8369247

00:41:48.190 --> 00:41:51.350 this trial out of China by Doctor Wang.

NOTE Confidence: 0.8369247

00:41:51.350 --> 00:41:53.774 It's a randomized trial of standard

NOTE Confidence: 0.8369247

 $00:41:53.774 \longrightarrow 00:41:54.986$  fractionation versus moderately

NOTE Confidence: 0.8369247

00:41:54.986 --> 00:41:56.542 hypofractionated patients in post

NOTE Confidence: 0.8369247

00:41:56.542 --> 00:41:57.646 mastectomy radiation therapy.

NOTE Confidence: 0.8369247

 $00:41:57.650 \longrightarrow 00:42:00.408$  I read every word in the article.

NOTE Confidence: 0.8369247

 $00{:}42{:}00.410 \dashrightarrow 00{:}42{:}02.954$  I can find nothing that really

NOTE Confidence: 0.8369247

00:42:02.954 --> 00:42:05.083 discuss is if reconstruction was

NOTE Confidence: 0.8369247

 $00:42:05.083 \longrightarrow 00:42:06.878$  used and the median follow-up

NOTE Confidence: 0.8369247

 $00:42:06.878 \longrightarrow 00:42:09.468$  is not that long at 58.5 months,

NOTE Confidence: 0.8369247

 $00:42:09.470 \longrightarrow 00:42:11.046$  but there is an.

NOTE Confidence: 0.8369247

 $00:42:11.046 \longrightarrow 00:42:13.410$  These were a little bit high.

NOTE Confidence: 0.8369247

 $00:42:13.410 \longrightarrow 00:42:16.674$  These were some high risk patients as well.

NOTE Confidence: 0.8369247

 $00:42:16.680 \longrightarrow 00:42:18.465$  Four or more involved nodes

 $00:42:18.465 \longrightarrow 00:42:19.536$  for everybody T3T4,

NOTE Confidence: 0.8369247

 $00:42:19.540 \longrightarrow 00:42:21.997$  but there was no difference in local

NOTE Confidence: 0.8369247

00:42:21.997 --> 00:42:23.826 regional recurrence between the 50

NOTE Confidence: 0.8369247

00:42:23.826 --> 00:42:25.626 Gray in the moderate hypofractionation,

NOTE Confidence: 0.8369247

 $00:42:25.630 \longrightarrow 00:42:27.420$  but there was an increase

NOTE Confidence: 0.8369247

00:42:27.420 --> 00:42:29.210 in grade 3 acute toxicity,

NOTE Confidence: 0.8369247

 $00:42:29.210 \longrightarrow 00:42:31.000$  in the Hypo frac arm,

NOTE Confidence: 0.8369247

 $00:42:31.000 \longrightarrow 00:42:33.488$  so none of this has really LED for

NOTE Confidence: 0.8369247

 $00:42:33.488 \longrightarrow 00:42:36.010$  wide adoption of the of hypo frack in

NOTE Confidence: 0.8369247

 $00:42:36.010 \longrightarrow 00:42:38.259$  the setting of treating regional nodes

NOTE Confidence: 0.8369247

 $00{:}42{:}38.259 \dashrightarrow 00{:}42{:}40.669$  or post mastectomy radiation the rapy.

NOTE Confidence: 0.8369247

 $00:42:40.670 \longrightarrow 00:42:42.578$  At this point I have done

NOTE Confidence: 0.8369247

00:42:42.578 --> 00:42:44.600 it in very select patients.

NOTE Confidence: 0.8369247

 $00:42:44.600 \longrightarrow 00:42:47.204$  I think that the rest of our.

NOTE Confidence: 0.8369247

00:42:47.210 --> 00:42:49.802 Group has but it has not yet been

 $00:42:49.802 \longrightarrow 00:42:52.251$  adopted by the NCC N due to the

NOTE Confidence: 0.8369247

 $00:42:52.251 \longrightarrow 00:42:54.289$  paucity of data at this point.

NOTE Confidence: 0.8369247

00:42:54.290 --> 00:42:54.984 Although overtime,

NOTE Confidence: 0.8369247

00:42:54.984 --> 00:42:57.413 I'm sure that charm and fabric will

NOTE Confidence: 0.8369247

 $00:42:57.413 \longrightarrow 00:42:59.449$  provide us with a lot of information.

NOTE Confidence: 0.8805183

 $00:43:01.670 \longrightarrow 00:43:04.724$  OK. So, another way,

NOTE Confidence: 0.8805183

 $00:43:04.724 \longrightarrow 00:43:06.914$  besides shortening the treatment course

NOTE Confidence: 0.8805183

 $00:43:06.914 \longrightarrow 00:43:10.113$  in the number of visits is by decreasing

NOTE Confidence: 0.8805183

 $00{:}43{:}10.113 \dashrightarrow 00{:}43{:}13.149$  the volume of tissue that we are treating.

NOTE Confidence: 0.8805183

 $00:43:13.150 \longrightarrow 00:43:15.768$  One way that's been around for awhile.

NOTE Confidence: 0.8805183

 $00{:}43{:}15.770 \dashrightarrow 00{:}43{:}18.008$  Actually, you post all probably know,

NOTE Confidence: 0.8805183

 $00:43:18.010 \longrightarrow 00:43:19.510$  is accelerated partial breast

NOTE Confidence: 0.8805183

00:43:19.510 --> 00:43:20.260 irradiation therapy,

NOTE Confidence: 0.8805183

 $00{:}43{:}20.260 \mathrel{--}{>} 00{:}43{:}22.420$  and until recently there was a

NOTE Confidence: 0.8805183

 $00:43:22.420 \longrightarrow 00:43:24.370$  lack of longer term phase.

NOTE Confidence: 0.8805183

 $00:43:24.370 \longrightarrow 00:43:26.884$  Should say phase three up there

 $00:43:26.884 \longrightarrow 00:43:29.582$  scuse me of longer term phase

NOTE Confidence: 0.8805183

 $00{:}43{:}29.582 \dashrightarrow 00{:}43{:}31.917$  three data supporting a PBI.

NOTE Confidence: 0.8805183

00:43:31.920 --> 00:43:34.917 We do have these two studies that I put

NOTE Confidence: 0.8805183

00:43:34.917 --> 00:43:37.898 up here that now are have randomized

NOTE Confidence: 0.8805183

 $00:43:37.898 \longrightarrow 00:43:41.120$  data giving us their ten year outcomes.

NOTE Confidence: 0.8805183

 $00:43:41.120 \longrightarrow 00:43:42.143$  The NSA BP.

NOTE Confidence: 0.8805183

 $00:43:42.143 \longrightarrow 00:43:44.189$  39 that looked at whole breast

NOTE Confidence: 0.8805183

 $00:43:44.189 \longrightarrow 00:43:46.586$  irradiation with standard frack versus

NOTE Confidence: 0.8805183

 $00{:}43{:}46.586 \dashrightarrow 00{:}43{:}48.578$  accelerated partial breast irradiation

NOTE Confidence: 0.8805183

 $00:43:48.578 \longrightarrow 00:43:51.034$  therapy using either breakey therapy or

NOTE Confidence: 0.8805183

 $00:43:51.034 \longrightarrow 00:43:53.920$  external beam twice a day for 10 fractions.

NOTE Confidence: 0.8805183

 $00:43:53.920 \longrightarrow 00:43:57.120$  So patients would be done in a week.

NOTE Confidence: 0.8805183

00:43:57.120 --> 00:43:58.664 It's very interesting results,

NOTE Confidence: 0.8805183

 $00:43:58.664 \longrightarrow 00:44:00.594$  so they were really looking

NOTE Confidence: 0.8805183

 $00:44:00.594 \longrightarrow 00:44:01.999$  at in ipsilateral.

 $00:44:02.000 \longrightarrow 00:44:03.275$  Breast tumor recurrence.

NOTE Confidence: 0.8805183

 $00:44:03.275 \longrightarrow 00:44:06.545$  At 10 years it was found to be

NOTE Confidence: 0.8805183

 $00{:}44{:}06.545 \dashrightarrow 00{:}44{:}08.334$  4% and the accelerated partial

NOTE Confidence: 0.8805183

 $00{:}44{:}08.334 \dashrightarrow 00{:}44{:}10.710$  breast irradiation and 3% in the

NOTE Confidence: 0.8805183

 $00:44:10.710 \longrightarrow 00:44:12.685$  whole rest of radiation arm.

NOTE Confidence: 0.8805183

00:44:12.690 --> 00:44:15.066 But based on their statistical analysis,

NOTE Confidence: 0.8805183

00:44:15.070 --> 00:44:17.836 even though there's just that 1% difference,

NOTE Confidence: 0.8805183

00:44:17.836 --> 00:44:21.004 it did not meet the criteria for equivalence,

NOTE Confidence: 0.8805183

00:44:21.010 --> 00:44:23.722 so API was not bound to be equivalent

NOTE Confidence: 0.8805183

 $00:44:23.722 \longrightarrow 00:44:26.550$  to whole breast or radiation therapy.

NOTE Confidence: 0.8805183

 $00:44:26.550 \longrightarrow 00:44:27.810$  That being said,

NOTE Confidence: 0.8805183

 $00:44:27.810 \longrightarrow 00:44:29.910$  in the discussion the authors

NOTE Confidence: 0.8805183

 $00:44:29.910 \longrightarrow 00:44:32.166$  discuss how with that 1% difference

NOTE Confidence: 0.8805183

 $00:44:32.166 \longrightarrow 00:44:34.030$  in lower risk patients.

NOTE Confidence: 0.8805183

00:44:34.030 --> 00:44:36.851 This still does perhaps leave the door

NOTE Confidence: 0.8805183

 $00:44:36.851 \longrightarrow 00:44:40.615$  open for a PBI for for low risk patients.

 $00:44:40.620 \longrightarrow 00:44:41.535$  The Florence trial.

NOTE Confidence: 0.8805183

 $00{:}44{:}41.535 \dashrightarrow 00{:}44{:}43.670$  He has gained a lot of attention

NOTE Confidence: 0.8805183

 $00{:}44{:}43.734 \dashrightarrow 00{:}44{:}45.954$  and that has treated accelerated

NOTE Confidence: 0.8805183

 $00:44:45.954 \longrightarrow 00:44:47.730$  partial breast irradiation therapy.

NOTE Confidence: 0.8805183

 $00:44:47.730 \longrightarrow 00:44:49.974$  So when we're trading with accelerated

NOTE Confidence: 0.8805183

 $00{:}44{:}49.974 \dashrightarrow 00{:}44{:}51.470$  partial breast radiation therapy,

NOTE Confidence: 0.8805183

00:44:51.470 --> 00:44:54.438 you probably all know that we are really

NOTE Confidence: 0.8805183

 $00:44:54.438 \longrightarrow 00:44:55.982$  concentrating the radiation therapy

NOTE Confidence: 0.8805183

 $00:44:55.982 \longrightarrow 00:44:58.565$  on the tumor bed and an expansion,

NOTE Confidence: 0.8805183

 $00:44:58.570 \longrightarrow 00:45:00.440$  and therefore we are leaving

NOTE Confidence: 0.8805183

 $00:45:00.440 \longrightarrow 00:45:01.936$  more of the well.

NOTE Confidence: 0.8805183

 $00{:}45{:}01.940 \dashrightarrow 00{:}45{:}03.870$  We're leaving the uninvolved breast

NOTE Confidence: 0.8805183

 $00{:}45{:}03.870 \dashrightarrow 00{:}45{:}06.573$  or a good portion of the uninvolved

NOTE Confidence: 0.8805183

 $00:45:06.573 \longrightarrow 00:45:09.037$  rest out of the high dose area.

NOTE Confidence: 0.8805183

 $00:45:09.040 \longrightarrow 00:45:10.940$  And by tightening our fields

 $00:45:10.940 \longrightarrow 00:45:12.460$  like this one can.

NOTE Confidence: 0.8805183

 $00:45:12.460 \longrightarrow 00:45:15.260$  Also.

NOTE Confidence: 0.8805183

00:45:15.260 --> 00:45:18.548 Less dose to the healthy tissues as well,

NOTE Confidence: 0.8805183

 $00:45:18.550 \longrightarrow 00:45:21.208$  so the Florence trial used accelerated

NOTE Confidence: 0.8805183

 $00:45:21.208 \longrightarrow 00:45:22.980$  partial breast radiation therapy

NOTE Confidence: 0.8805183

00:45:23.047 --> 00:45:24.955 30 Gray and five fractions using

NOTE Confidence: 0.8805183

 $00{:}45{:}24.955 \dashrightarrow 00{:}45{:}27.273$  and I MRT approach versus whole

NOTE Confidence: 0.8805183

 $00{:}45{:}27.273 \dashrightarrow 00{:}45{:}29.229$  breast and standard fractionation.

NOTE Confidence: 0.8805183

 $00{:}45{:}29.230 \dashrightarrow 00{:}45{:}32.518$  So at 10 years with their randomized trial,

NOTE Confidence: 0.8805183

 $00:45:32.520 \longrightarrow 00:45:34.986$  there was no significant difference in

NOTE Confidence: 0.8805183

 $00{:}45{:}34.986 \to 00{:}45{:}36.630$ ipsilateral breast tumor recurrence.

NOTE Confidence: 0.8805183

 $00:45:36.630 \longrightarrow 00:45:39.507$  It was 2.5% in the whole breast

NOTE Confidence: 0.8805183

 $00:45:39.507 \longrightarrow 00:45:41.563$  versus 3.7% in the accelerated

NOTE Confidence: 0.8805183

 $00{:}45{:}41.563 \dashrightarrow 00{:}45{:}43.207$  partial breast irradiation the rapy.

NOTE Confidence: 0.8805183

 $00:45:43.210 \longrightarrow 00:45:45.670$  But based on their statistical analysis,

NOTE Confidence: 0.8805183

 $00:45:45.670 \longrightarrow 00:45:46.996$  this was not.

00:45:46.996 --> 00:45:47.880 Statistically different,

NOTE Confidence: 0.8805183

 $00:45:47.880 \longrightarrow 00:45:49.880$  there was also significantly less

NOTE Confidence: 0.8805183

 $00:45:49.880 \longrightarrow 00:45:52.959$  acute in late term toxicity with the

NOTE Confidence: 0.8805183

00:45:52.959 --> 00:45:55.489 accelerated partial breast radiation therapy,

NOTE Confidence: 0.8805183

 $00:45:55.490 \longrightarrow 00:45:57.944$  so they partial breast irradiation therapy

NOTE Confidence: 0.8805183

 $00:45:57.944 \longrightarrow 00:46:01.319$  has made it into the national guidelines.

NOTE Confidence: 0.8805183

 $00:46:01.320 \longrightarrow 00:46:04.449$  It's been there for a little while,

NOTE Confidence: 0.8805183

 $00:46:04.450 \longrightarrow 00:46:07.138$  but on the most recent iteration,

NOTE Confidence: 0.8805183

00:46:07.140 --> 00:46:09.375 the Florence Regiment is listed

NOTE Confidence: 0.8805183

 $00:46:09.375 \longrightarrow 00:46:11.163$  as the preferred regimen,

NOTE Confidence: 0.8805183

 $00:46:11.170 \longrightarrow 00:46:14.020$  and it is recommended that the

NOTE Confidence: 0.8805183

 $00{:}46{:}14.020 \dashrightarrow 00{:}46{:}16.397$  Astro guidelines where I've put

NOTE Confidence: 0.8805183

 $00:46:16.397 \longrightarrow 00:46:17.969$  a reference on here.

NOTE Confidence: 0.8805183

00:46:17.970 --> 00:46:21.018 As many of you may know,

NOTE Confidence: 0.8805183

 $00:46:21.020 \longrightarrow 00:46:23.390$  Astro has published guidelines regarding

 $00:46:23.390 \longrightarrow 00:46:25.760$  who is suitable for accelerated

NOTE Confidence: 0.8805183

 $00{:}46{:}25.826 \dashrightarrow 00{:}46{:}28.130$  partial breast irradiation therapy,

NOTE Confidence: 0.8805183

 $00:46:28.130 \longrightarrow 00:46:30.670$  and there are three groups,

NOTE Confidence: 0.845531

 $00:46:30.670 \longrightarrow 00:46:33.354$  suitable cautionary and basically

NOTE Confidence: 0.845531

 $00:46:33.354 \longrightarrow 00:46:36.038$  do not treat unsuitable.

NOTE Confidence: 0.845531

 $00:46:36.040 \longrightarrow 00:46:38.735$  So here at Yale, we are working.

NOTE Confidence: 0.845531

 $00{:}46{:}38.740 \dashrightarrow 00{:}46{:}40.670$  We do treat accelerated partial

NOTE Confidence: 0.845531

 $00:46:40.670 \longrightarrow 00:46:41.828$  breast irradiation therapy.

NOTE Confidence: 0.845531

 $00{:}46{:}41.830 \dashrightarrow 00{:}46{:}44.525$  Although not very often for suitable cases,

NOTE Confidence: 0.845531

 $00:46:44.530 \longrightarrow 00:46:46.938$  just because the hypo frack is so

NOTE Confidence: 0.845531

00:46:46.938 --> 00:46:49.729 works out so well and you're really

NOTE Confidence: 0.845531

 $00:46:49.729 \longrightarrow 00:46:52.243$  not saving the patient much time.

NOTE Confidence: 0.845531

 $00:46:52.250 \longrightarrow 00:46:54.284$  However, we are in the process

NOTE Confidence: 0.845531

 $00{:}46{:}54.284 \dashrightarrow 00{:}46{:}56.509$  of gearing up to start offering

NOTE Confidence: 0.845531

 $00:46:56.509 \longrightarrow 00:46:58.494$  treatment in the manner that

NOTE Confidence: 0.845531

 $00:46:58.494 \longrightarrow 00:47:01.129$  was used in the Florence trial,

00:47:01.130 --> 00:47:03.476 the 6th grade Perfection Times 5

NOTE Confidence: 0.845531

 $00{:}47{:}03.476 \longrightarrow 00{:}47{:}06.249$  fractions and that was every other day.

NOTE Confidence: 0.845531

 $00:47:06.250 \longrightarrow 00:47:07.042$  Using I MRT.

NOTE Confidence: 0.845531

 $00:47:07.042 \longrightarrow 00:47:08.890$  So we are working with our physics

NOTE Confidence: 0.845531

00:47:08.947 --> 00:47:10.903 department and doing all the safety

NOTE Confidence: 0.845531

 $00{:}47{:}10.903 \dashrightarrow 00{:}47{:}12.961$  checks and getting our policies and

NOTE Confidence: 0.845531

 $00:47:12.961 \longrightarrow 00:47:15.404$  procedures in place to start adopting that.

NOTE Confidence: 0.845531

 $00:47:15.410 \longrightarrow 00:47:18.570$  But we are not on line for that just yet.

NOTE Confidence: 0.81489193

 $00:47:21.220 \longrightarrow 00:47:23.950$  So what about decreasing our the

NOTE Confidence: 0.81489193

 $00:47:23.950 \longrightarrow 00:47:27.475$  amount of tissue that's treated in the

NOTE Confidence: 0.81489193

 $00:47:27.475 \longrightarrow 00:47:30.170$  setting of regional nodal irradiation?

NOTE Confidence: 0.81489193

 $00:47:30.170 \longrightarrow 00:47:32.627$  Well, there is some ongoing trials that

NOTE Confidence: 0.81489193

 $00{:}47{:}32.627 \dashrightarrow 00{:}47{:}35.329$  we read before this is widely adopted

NOTE Confidence: 0.81489193

 $00:47:35.329 \longrightarrow 00:47:37.705$  to start eliminating our nodal fields.

NOTE Confidence: 0.81489193

 $00:47:37.710 \longrightarrow 00:47:40.014$  In certain cases we need some

00:47:40.014 --> 00:47:41.860 more guidance on that in,

NOTE Confidence: 0.81489193

 $00:47:41.860 \longrightarrow 00:47:43.740$  especially in the post mastectomy

NOTE Confidence: 0.81489193

00:47:43.740 --> 00:47:45.622 setting you know who who,

NOTE Confidence: 0.81489193

 $00:47:45.622 \longrightarrow 00:47:47.512$  when the patients have involved,

NOTE Confidence: 0.81489193

00:47:47.512 --> 00:47:50.284 knows, who can we really skip treating

NOTE Confidence: 0.81489193

 $00{:}47{:}50.284 \dashrightarrow 00{:}47{:}52.904$  the regional nodes and still ensure

NOTE Confidence: 0.81489193

 $00:47:52.904 \longrightarrow 00:47:55.279$  that we have excellent outcomes?

NOTE Confidence: 0.81489193

 $00:47:55.280 \longrightarrow 00:47:58.136$  This trial, the NSA BP 51 it was

NOTE Confidence: 0.81489193

 $00{:}47{:}58.136 \dashrightarrow 00{:}48{:}01.455$  open at Yale for a while and it

NOTE Confidence: 0.81489193

00:48:01.455 --> 00:48:04.119 was very challenging to accrue to,

NOTE Confidence: 0.81489193

 $00{:}48{:}04.120 \dashrightarrow 00{:}48{:}06.948$  and it was nationally quite difficult to

NOTE Confidence: 0.81489193

 $00:48:06.948 \longrightarrow 00:48:10.555$  accrue too so really long trial may not name.

NOTE Confidence: 0.81489193

 $00:48:10.560 \longrightarrow 00:48:14.580$  Maybe that was part of it that it's a bait.

NOTE Confidence: 0.81489193

 $00:48:14.580 \longrightarrow 00:48:16.986$  You can read the name there,

NOTE Confidence: 0.81489193

00:48:16.990 --> 00:48:19.412 but basically what it does is it

NOTE Confidence: 0.81489193

00:48:19.412 --> 00:48:21.523 took patients who had pathologically

00:48:21.523 --> 00:48:23.020 proven by biopsy,

NOTE Confidence: 0.81489193

 $00:48:23.020 \longrightarrow 00:48:25.310$  axillary nodal involvement who received.

NOTE Confidence: 0.81489193

 $00:48:25.310 \longrightarrow 00:48:26.276$  Neoadjuvant chemotherapy.

NOTE Confidence: 0.81489193

00:48:26.276 --> 00:48:28.691 Then they would undergo either

NOTE Confidence: 0.81489193

00:48:28.691 --> 00:48:30.140 lumpectomy or mastectomy.

NOTE Confidence: 0.81489193

00:48:30.140 --> 00:48:32.550 And they could have Sentinel

NOTE Confidence: 0.81489193

00:48:32.550 --> 00:48:33.996 lymph node biopsy,

NOTE Confidence: 0.81489193

 $00:48:34.000 \longrightarrow 00:48:36.290$  Sentinel lymph node biopsy converted

NOTE Confidence: 0.81489193

 $00:48:36.290 \longrightarrow 00:48:39.320$  to XI section or XI section.

NOTE Confidence: 0.81489193

 $00:48:39.320 \longrightarrow 00:48:42.616$  But if they were converted to YPN 0

NOTE Confidence: 0.81489193

 $00{:}48{:}42.616 \dashrightarrow 00{:}48{:}45.598$  then these patients were eligible.

NOTE Confidence: 0.81489193

00:48:45.600 --> 00:48:46.065 Remember,

NOTE Confidence: 0.81489193

 $00{:}48{:}46.065 \dashrightarrow 00{:}48{:}48.855$  they had to have T1T3 pathologically

NOTE Confidence: 0.81489193

 $00{:}48{:}48.855 \dashrightarrow 00{:}48{:}50.910$  proven N1 disease upfront,

NOTE Confidence: 0.81489193

00:48:50.910 --> 00:48:51.942 neoadjuvant, chemo,

 $00:48:51.942 \longrightarrow 00:48:55.554$  and then rendered YPNO in the axilla.

NOTE Confidence: 0.81489193

 $00:48:55.560 \longrightarrow 00:48:58.098$  So arm one was omission of

NOTE Confidence: 0.81489193

00:48:58.098 --> 00:48:59.790 regional nodal irradiation therapy,

NOTE Confidence: 0.81489193

 $00:48:59.790 \longrightarrow 00:49:02.244$  with so lumpectomy patients would only

NOTE Confidence: 0.81489193

 $00:49:02.244 \longrightarrow 00:49:04.870$  have the breast treated high tangents.

NOTE Confidence: 0.81489193

 $00:49:04.870 \longrightarrow 00:49:05.714$  Not allowed.

NOTE Confidence: 0.81489193

 $00{:}49{:}05.714 \dashrightarrow 00{:}49{:}07.824$  Mastectomy would have no radiation.

NOTE Confidence: 0.81489193

00:49:07.830 --> 00:49:08.739 An arm two,

NOTE Confidence: 0.81489193

 $00{:}49{:}08.739 \dashrightarrow 00{:}49{:}11.434$  which was I call it the yes regional

NOTE Confidence: 0.81489193

00:49:11.434 --> 00:49:13.884 nodal radiation therapy would treat

NOTE Confidence: 0.81489193

 $00:49:13.884 \longrightarrow 00:49:17.304$  in though that arm the whole breast

NOTE Confidence: 0.81489193

00:49:17.304 --> 00:49:20.058 and the chest wall would receive

NOTE Confidence: 0.81489193

 $00{:}49{:}20.058 \dashrightarrow 00{:}49{:}21.774$ radiation plus regional nodal

NOTE Confidence: 0.81489193

 $00:49:21.774 \longrightarrow 00:49:23.864$  irradiation which was defined on

NOTE Confidence: 0.81489193

 $00:49:23.864 \longrightarrow 00:49:26.519$  the trial as internal mammary nodes.

NOTE Confidence: 0.81489193

00:49:26.520 --> 00:49:29.568 Une dissected axilla.

 $00:49:29.570 \longrightarrow 00:49:30.434$  And the superclass.

NOTE Confidence: 0.81489193

 $00{:}49{:}30.434 \longrightarrow 00{:}49{:}32.162$  So you're either getting a very

NOTE Confidence: 0.81489193

 $00:49:32.162 \longrightarrow 00:49:34.308$  limited radiation or basically the full boat.

NOTE Confidence: 0.81489193

00:49:34.310 --> 00:49:35.930 And I think that some people

NOTE Confidence: 0.81489193

00:49:35.930 --> 00:49:38.337 when I mean I know when I talk

NOTE Confidence: 0.81489193

00:49:38.337 --> 00:49:40.227 to patients about the trial one,

NOTE Confidence: 0.81489193

 $00:49:40.230 \longrightarrow 00:49:41.414$  either want they either

NOTE Confidence: 0.81489193

 $00:49:41.414 \longrightarrow 00:49:43.190$  wanted one arm or the other,

NOTE Confidence: 0.81489193

00:49:43.190 --> 00:49:45.110 and many people were reluctant to let go

NOTE Confidence: 0.81489193

 $00:49:45.110 \longrightarrow 00:49:47.327$  of the regional nodal radiation therapy.

NOTE Confidence: 0.81489193

 $00:49:47.330 \longrightarrow 00:49:49.682$  So I personally was not able to accrue

NOTE Confidence: 0.81489193

 $00:49:49.682 \longrightarrow 00:49:52.359$  anyone to the trial when I spoke with them.

NOTE Confidence: 0.81489193

 $00:49:52.360 \longrightarrow 00:49:54.138$  And I think that that was a

NOTE Confidence: 0.81489193

00:49:54.138 --> 00:49:55.620 problem kind of nationwide,

NOTE Confidence: 0.81489193

 $00:49:55.620 \longrightarrow 00:49:57.390$  but it's now closed to accrual.

00:49:57.390 --> 00:49:58.870 They've obviously reached their goal,

NOTE Confidence: 0.81489193

 $00{:}49{:}58.870 \dashrightarrow 00{:}50{:}00.118$  which is great.

NOTE Confidence: 0.81489193

 $00:50:00.118 \longrightarrow 00:50:03.030$  And I am not aware of any

NOTE Confidence: 0.81489193

 $00:50:03.137 \longrightarrow 00:50:06.487$  preliminary results at this time.

NOTE Confidence: 0.81489193

 $00:50:06.490 \longrightarrow 00:50:08.518$  Another trial this is open at

NOTE Confidence: 0.81489193

 $00{:}50{:}08.518 \dashrightarrow 00{:}50{:}11.310$  Yale and we are actively accruing.

NOTE Confidence: 0.81489193

00:50:11.310 --> 00:50:14.012 So please we would love to have

NOTE Confidence: 0.81489193

 $00:50:14.012 \longrightarrow 00:50:16.139$  your patience on this trial.

NOTE Confidence: 0.81489193

00:50:16.140 --> 00:50:18.947 The MA 39 also called Taylor RT.

NOTE Confidence: 0.81489193

 $00:50:18.950 \longrightarrow 00:50:20.066$  This is different.

NOTE Confidence: 0.81489193

 $00:50:20.066 \longrightarrow 00:50:22.298$  This is not really looking at

NOTE Confidence: 0.81489193

 $00:50:22.298 \longrightarrow 00:50:23.780$  response to chemotherapy.

NOTE Confidence: 0.81489193

 $00:50:23.780 \longrightarrow 00:50:26.288$  It is looking at omitting regional

NOTE Confidence: 0.81489193

 $00{:}50{:}26.288 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}50{:}28.370$  nodal radiation therapy for patients

NOTE Confidence: 0.81489193

 $00:50:28.370 \longrightarrow 00:50:30.771$  who have a more favorable cancer as

NOTE Confidence: 0.81489193

 $00:50:30.771 \longrightarrow 00:50:33.420$  far as biomarker risk is concerned.

 $00:50:33.420 \longrightarrow 00:50:35.940$  So the and the inclusion criteria.

NOTE Confidence: 0.81489193

 $00:50:35.940 \longrightarrow 00:50:37.428$  Changed extremely recently within

NOTE Confidence: 0.81489193

 $00:50:37.428 \longrightarrow 00:50:38.916$  the last eight weeks.

NOTE Confidence: 0.81489193

 $00:50:38.920 \longrightarrow 00:50:41.158$  Initially when we open the trial,

NOTE Confidence: 0.81489193

00:50:41.160 --> 00:50:43.398 only T1 or T2 patients were

NOTE Confidence: 0.81489193

 $00:50:43.398 \longrightarrow 00:50:44.890$  allowed on the trial,

NOTE Confidence: 0.85038424

 $00:50:44.890 \longrightarrow 00:50:47.874$  but now patients with T3 disease are allowed.

NOTE Confidence: 0.85038424

 $00:50:47.880 \longrightarrow 00:50:50.680$  Also, a very recent change and what the

NOTE Confidence: 0.85038424

 $00:50:50.680 \longrightarrow 00:50:53.100$  definition of low volume nodal disease.

NOTE Confidence: 0.85038424

 $00:50:53.100 \longrightarrow 00:50:56.076$  What is this? Is the updated version here,

NOTE Confidence: 0.85038424

 $00:50:56.080 \longrightarrow 00:50:58.090$  so if the patient had lumpectomy

NOTE Confidence: 0.85038424

 $00:50:58.090 \longrightarrow 00:51:00.190$  or mastectomy an axe dissection,

NOTE Confidence: 0.85038424

 $00{:}51{:}00.190 \dashrightarrow 00{:}51{:}02.416$  they can have one to three positive

NOTE Confidence: 0.85038424

00:51:02.416 --> 00:51:04.385 nodes if they have lumpectomy

NOTE Confidence: 0.85038424

00:51:04.385 --> 00:51:06.285 or mastectomy plus Sentinel.

 $00:51:06.290 \longrightarrow 00:51:07.366$  Lymph node biopsy only.

NOTE Confidence: 0.85038424

 $00:51:07.366 \longrightarrow 00:51:10.108$  They can now have one to two positive nodes.

NOTE Confidence: 0.85038424

 $00:51:10.110 \longrightarrow 00:51:11.262$  That's a change.

NOTE Confidence: 0.85038424

00:51:11.262 --> 00:51:14.464 And a huge change is that the archetype

NOTE Confidence: 0.85038424

 $00:51:14.464 \longrightarrow 00:51:17.446$  score when this trial opened had to

NOTE Confidence: 0.85038424

 $00:51:17.446 \longrightarrow 00:51:20.639$  be 17 or less to enroll patients.

NOTE Confidence: 0.85038424

 $00:51:20.640 \longrightarrow 00:51:22.974$  Now patients with an archetype score

NOTE Confidence: 0.85038424

 $00:51:22.974 \longrightarrow 00:51:25.938$  of 25 or less our are eligible.

NOTE Confidence: 0.85038424

 $00{:}51{:}25.940 \dashrightarrow 00{:}51{:}27.980$  They cannot have had neoadjuvant

NOTE Confidence: 0.85038424

 $00:51:27.980 \longrightarrow 00:51:28.388$  chemotherapy.

NOTE Confidence: 0.85038424

00:51:28.390 --> 00:51:30.682 They've also made it amendment allowing

NOTE Confidence: 0.85038424

 $00:51:30.682 \longrightarrow 00:51:33.279$  for they are allowing for neoadjuvant.

NOTE Confidence: 0.85038424

 $00:51:33.280 \longrightarrow 00:51:35.728$  I should have said Neo there,

NOTE Confidence: 0.85038424

 $00:51:35.730 \longrightarrow 00:51:36.966$  excuse me.

NOTE Confidence: 0.85038424

 $00:51:36.966 \longrightarrow 00:51:40.674$  Neoadjuvant endocrine therapy is now allowed.

NOTE Confidence: 0.85038424

00:51:40.680 --> 00:51:41.874 Agement chimos allowed.

 $00:51:41.874 \longrightarrow 00:51:43.864$  Agement endocrine therapy is allowed.

NOTE Confidence: 0.85038424

00:51:43.870 --> 00:51:45.064 Patients are randomized,

NOTE Confidence: 0.85038424

 $00:51:45.064 \longrightarrow 00:51:47.054$  similar to the other one.

NOTE Confidence: 0.85038424

 $00:51:47.060 \longrightarrow 00:51:49.060$  The no regional nodal radiation

NOTE Confidence: 0.85038424

00:51:49.060 --> 00:51:50.660 arm that no RNI,

NOTE Confidence: 0.85038424

 $00:51:50.660 \longrightarrow 00:51:53.860$  so those patients would have to have whole

NOTE Confidence: 0.85038424

00:51:53.860 --> 00:51:56.238 breast irradiation if they had lumpectomy,

NOTE Confidence: 0.85038424

 $00:51:56.240 \longrightarrow 00:51:57.434$  but no radiation.

NOTE Confidence: 0.85038424

 $00:51:57.434 \longrightarrow 00:51:59.424$  If mastectomy and then yes,

NOTE Confidence: 0.85038424

 $00:51:59.430 \longrightarrow 00:52:00.108$  are in,

NOTE Confidence: 0.85038424

 $00:52:00.108 \longrightarrow 00:52:02.142$  I would be whole breast irradiation

NOTE Confidence: 0.85038424

 $00:52:02.142 \longrightarrow 00:52:04.264$  or chest wall irradiation depending

NOTE Confidence: 0.85038424

 $00{:}52{:}04.264 \dashrightarrow 00{:}52{:}07.006$  on their surgery and regional nodal.

NOTE Confidence: 0.85038424

 $00:52:07.010 \longrightarrow 00:52:09.010$  And like the other trial,

NOTE Confidence: 0.85038424

 $00:52:09.010 \longrightarrow 00:52:11.470$  regional nodal means internal mammary nodes.

 $00:52:11.470 \longrightarrow 00:52:14.848$  Une dissected axela in the superclass.

NOTE Confidence: 0.85038424

 $00{:}52{:}14.850 \to 00{:}52{:}17.340$  And the primary endpoint is breast

NOTE Confidence: 0.85038424

00:52:17.340 --> 00:52:19.000 cancer recurrence free interval,

NOTE Confidence: 0.85038424

 $00:52:19.000 \longrightarrow 00:52:21.905$  but of course they're over looking at.

NOTE Confidence: 0.85038424

00:52:21.910 --> 00:52:23.570 You know, local recurrence,

NOTE Confidence: 0.85038424

00:52:23.570 --> 00:52:25.228 distant recurrence, side effects,

NOTE Confidence: 0.85038424

 $00{:}52{:}25.228 \rightarrow 00{:}52{:}27.298$  and lymphoedema risk as well.

NOTE Confidence: 0.8390835

 $00:52:30.050 \longrightarrow 00:52:33.794$  So the last way to limit or deescalate the

NOTE Confidence: 0.8390835

 $00{:}52{:}33.794 \dashrightarrow 00{:}52{:}36.607$  radiation therapy is to just not do it.

NOTE Confidence: 0.8390835

 $00:52:36.610 \longrightarrow 00:52:38.926$  That's the kind of most straightforward.

NOTE Confidence: 0.8390835

 $00{:}52{:}38.930 \dashrightarrow 00{:}52{:}42.278$  I think that a lot of us now are

NOTE Confidence: 0.8390835

 $00:52:42.278 \longrightarrow 00:52:45.099$  familiar with the CL GB 9343 trial.

NOTE Confidence: 0.8390835

00:52:45.100 --> 00:52:46.644 I can, you know,

NOTE Confidence: 0.8390835

 $00{:}52{:}46.644 \dashrightarrow 00{:}52{:}48.960$  memorize this one in my sleep.

NOTE Confidence: 0.8390835

 $00:52:48.960 \longrightarrow 00:52:50.775$  Those patients were 70 years

NOTE Confidence: 0.8390835

 $00:52:50.775 \longrightarrow 00:52:53.210$  of age or older T1 tumors.

 $00:52:53.210 \longrightarrow 00:52:55.015$  They could be clinically or

NOTE Confidence: 0.8390835

 $00:52:55.015 \longrightarrow 00:52:56.459$  pathologically node negative had

NOTE Confidence: 0.8390835

 $00:52:56.459 \longrightarrow 00:52:58.978$  to be hormone receptor positive and

NOTE Confidence: 0.8390835

 $00:52:58.978 \longrightarrow 00:53:00.658$  lumpectomy with negative margins.

NOTE Confidence: 0.8390835

 $00{:}53{:}00.660 \dashrightarrow 00{:}53{:}03.369$  I put the negative margins in red

NOTE Confidence: 0.8390835

 $00:53:03.369 \longrightarrow 00:53:05.450$  because for this trial negative

NOTE Confidence: 0.8390835

 $00:53:05.450 \longrightarrow 00:53:08.794$  margins was defined as no tumor on Inc.

NOTE Confidence: 0.8390835

 $00{:}53{:}08.800 \dashrightarrow 00{:}53{:}10.785$  The patients were randomized to

NOTE Confidence: 0.8390835

 $00:53:10.785 \longrightarrow 00:53:13.325$  tamoxifen alone or whole breasts or

NOTE Confidence: 0.8390835

 $00:53:13.325 \longrightarrow 00:53:15.745$  radiation therapy using a moderate

NOTE Confidence: 0.8390835

 $00:53:15.745 \longrightarrow 00:53:17.681$  hypofractionation course plus tamoxifen.

NOTE Confidence: 0.8390835

 $00{:}53{:}17.690 \dashrightarrow 00{:}53{:}21.090$  At 10 years you could see the overall

NOTE Confidence: 0.8390835

 $00{:}53{:}21.090 \dashrightarrow 00{:}53{:}24.286$  survival was the same 67% in Tamar T

NOTE Confidence: 0.8390835

00:53:24.286 --> 00:53:27.630 and 66% in the Tam arm with a lot of

NOTE Confidence: 0.8390835

 $00:53:27.630 \longrightarrow 00:53:30.252$  those deaths being non breast cancer

 $00:53:30.252 \longrightarrow 00:53:33.114$  deaths and freedom from local regional

NOTE Confidence: 0.8390835

00:53:33.194 --> 00:53:36.640 recurrence was 98% in the Tamar TR man,

NOTE Confidence: 0.8390835

00:53:36.640 --> 00:53:39.112 90% in the Tamar that actually

NOTE Confidence: 0.8390835

00:53:39.112 --> 00:53:40.348 was statistically significant,

NOTE Confidence: 0.8390835

 $00:53:40.350 \longrightarrow 00:53:42.285$  there was a statistically significant

NOTE Confidence: 0.8390835

 $00:53:42.285 \longrightarrow 00:53:45.225$  reduction in the risk of local regional

NOTE Confidence: 0.8390835

 $00:53:45.225 \longrightarrow 00:53:48.033$  occurrence with the radiation being provided.

NOTE Confidence: 0.8390835

 $00:53:48.040 \longrightarrow 00:53:49.850$  So you might say, well,

NOTE Confidence: 0.8390835

 $00{:}53{:}49.850 \dashrightarrow 00{:}53{:}52.022$  this trial should support us doing

NOTE Confidence: 0.8390835

 $00:53:52.022 \longrightarrow 00:53:52.746$  the radiation,

NOTE Confidence: 0.8390835

 $00:53:52.750 \longrightarrow 00:53:54.795$  but because the overall survival

NOTE Confidence: 0.8390835

00:53:54.795 --> 00:53:56.840 was not different and although

NOTE Confidence: 0.8390835

00:53:56.914 --> 00:53:58.540 I don't have it up there,

NOTE Confidence: 0.8390835

 $00:53:58.540 \longrightarrow 00:54:00.712$  the very low rate of distant

NOTE Confidence: 0.8390835

 $00:54:00.712 \longrightarrow 00:54:02.160$  recurrence was no different.

NOTE Confidence: 0.8390835

 $00:54:02.160 \longrightarrow 00:54:03.604$  The breast cancer specific

00:54:03.604 --> 00:54:05.048 mortality was not different,

NOTE Confidence: 0.8390835

 $00:54:05.050 \longrightarrow 00:54:07.210$  so the radiation was not doing

NOTE Confidence: 0.8390835

00:54:07.210 --> 00:54:09.040 anything to prevent those more.

NOTE Confidence: 0.8390835

 $00:54:09.040 \longrightarrow 00:54:11.206$  One could argue more meaningful outcomes.

NOTE Confidence: 0.8390835

 $00:54:11.210 \longrightarrow 00:54:12.164$  So this could.

NOTE Confidence: 0.8390835

 $00:54:12.164 \longrightarrow 00:54:14.390$  This is used for two in support

NOTE Confidence: 0.8390835

00:54:14.466 --> 00:54:16.646 of omitting radiation therapy for

NOTE Confidence: 0.8390835

 $00:54:16.646 \longrightarrow 00:54:18.826$  women that meet the criteria.

NOTE Confidence: 0.8390835

 $00:54:18.830 \longrightarrow 00:54:21.377$  If I see patients and I have a 71

NOTE Confidence: 0.8390835

 $00:54:21.377 \longrightarrow 00:54:23.824$  year old patient who is very who I

NOTE Confidence: 0.8390835

00:54:23.824 --> 00:54:26.046 feel has a life expectancy exceeding

NOTE Confidence: 0.8390835

 $00:54:26.046 \longrightarrow 00:54:29.307$  10 years or then we talk about hey,

NOTE Confidence: 0.8390835

 $00{:}54{:}29.307 \dashrightarrow 00{:}54{:}31.666$  may be we should do the radiation so.

NOTE Confidence: 0.8390835

 $00:54:31.670 \longrightarrow 00:54:33.980$  But it is good fodder for discussion

NOTE Confidence: 0.8390835

 $00:54:33.980 \longrightarrow 00:54:36.832$  and an it can help to find those

 $00:54:36.832 \longrightarrow 00:54:39.745$  patients for whom a mission of radiation

NOTE Confidence: 0.8390835

 $00:54:39.745 \longrightarrow 00:54:42.355$  therapy would be certainly acceptable.

NOTE Confidence: 0.8390835

00:54:42.360 --> 00:54:42.678 Also,

NOTE Confidence: 0.8390835

 $00:54:42.678 \longrightarrow 00:54:44.268$  patients are not going to

NOTE Confidence: 0.8390835

 $00:54:44.268 \longrightarrow 00:54:45.540$  take the endocrine therpay.

NOTE Confidence: 0.8390835

 $00.54.45.540 \longrightarrow 00.54.48.150$  They really should get the radiation.

NOTE Confidence: 0.8390835

 $00:54:48.150 \longrightarrow 00:54:49.554$  Prime two is similar.

NOTE Confidence: 0.8390835

 $00:54:49.554 \longrightarrow 00:54:52.107$  It's a little bit behind as far

NOTE Confidence: 0.8390835

00:54:52.107 --> 00:54:54.339 as how long it's been accruing

NOTE Confidence: 0.8390835

 $00:54:54.339 \longrightarrow 00:54:56.179$  and following out the data.

NOTE Confidence: 0.8390835

 $00:54:56.180 \longrightarrow 00:54:58.735$  The women can be 65 or older,

NOTE Confidence: 0.8390835

 $00:54:58.740 \longrightarrow 00:55:00.930$  T2 tumors up to three CM.

NOTE Confidence: 0.8390835

 $00:55:00.930 \longrightarrow 00:55:02.502$  They must have pathologically

NOTE Confidence: 0.8390835

 $00:55:02.502 \longrightarrow 00:55:04.467$  negative nodes with Sentinel node

NOTE Confidence: 0.8390835

 $00:55:04.467 \longrightarrow 00:55:06.682$  biopsy or XI section hormone receptor

NOTE Confidence: 0.8390835

 $00{:}55{:}06.682 \dashrightarrow 00{:}55{:}08.829$  positive and their definition of a

 $00:55:08.829 \longrightarrow 00:55:10.419$  negative margin is 1 millimeter.

NOTE Confidence: 0.8390835

 $00{:}55{:}10.420 \to 00{:}55{:}12.616$  They live had some limits that

NOTE Confidence: 0.8390835

 $00:55:12.616 \longrightarrow 00:55:14.799$  the CL GB trial did not.

NOTE Confidence: 0.8390835

00:55:14.800 --> 00:55:18.076 The tumor could be grade 3 or have elvii,

NOTE Confidence: 0.8390835

 $00:55:18.080 \longrightarrow 00:55:19.990$  but you could not have.

NOTE Confidence: 0.8390835

 $00:55:19.990 \longrightarrow 00:55:22.096$  Both an once again must have

NOTE Confidence: 0.8390835

 $00:55:22.096 \longrightarrow 00:55:24.280$  adequate their Bay and we see

NOTE Confidence: 0.8390835

 $00{:}55{:}24.280 \to 00{:}55{:}26.398$  similar results at the five years.

NOTE Confidence: 0.8390835

 $00{:}55{:}26.400 \dashrightarrow 00{:}55{:}28.444$  It almost mirrored the CLG be at

NOTE Confidence: 0.8390835

 $00:55:28.444 \longrightarrow 00:55:30.241$  the five years where ipsilateral

NOTE Confidence: 0.8390835

 $00:55:30.241 \longrightarrow 00:55:32.376$  breast tumor recurrence was around

NOTE Confidence: 0.8390835

 $00{:}55{:}32.376 \dashrightarrow 00{:}55{:}34.940$  1% in the radiation arm and 4%

NOTE Confidence: 0.8390835

 $00{:}55{:}34.940 \dashrightarrow 00{:}55{:}37.243$  in the no radiation arm with no

NOTE Confidence: 0.8390835

 $00:55:37.243 \longrightarrow 00:55:38.860$  difference in overall survival.

NOTE Confidence: 0.8390835

 $00:55:38.860 \longrightarrow 00:55:40.440$  There was a recent update

 $00:55:40.440 \longrightarrow 00:55:42.020$  at the San Antonio Breast

NOTE Confidence: 0.82080436

 $00:55:42.087 \longrightarrow 00:55:44.294$  Conference, however, that paper has

NOTE Confidence: 0.82080436

 $00:55:44.294 \longrightarrow 00:55:46.199$  not followed showing similar results

NOTE Confidence: 0.82080436

 $00{:}55{:}46.199 \dashrightarrow 00{:}55{:}49.142$  as CLG be at 10 years with ipsilateral

NOTE Confidence: 0.82080436

 $00:55:49.142 \longrightarrow 00:55:50.879$  breast tumor recurrence around 10.

NOTE Confidence: 0.82080436

 $00:55:50.880 \longrightarrow 00:55:54.520$  In the know in the, I miss those up in

NOTE Confidence: 0.82080436

 $00:55:54.520 \dashrightarrow 00:55:58.490$  the no RT arm and then .9% in the RT arm.

NOTE Confidence: 0.82080436

 $00:55:58.490 \longrightarrow 00:56:00.970$  So I think that Prime 2 once

NOTE Confidence: 0.82080436

 $00:56:00.970 \longrightarrow 00:56:02.746$  that paper comes out,

NOTE Confidence: 0.82080436

00:56:02.750 --> 00:56:05.518 you know we may start offering for younger

NOTE Confidence: 0.82080436

 $00:56:05.518 \longrightarrow 00:56:08.317$  women or women with some larger tumors.

NOTE Confidence: 0.82080436

 $00:56:08.320 \longrightarrow 00:56:11.328$  Omission of radiation therapy.

NOTE Confidence: 0.82080436

 $00:56:11.330 \longrightarrow 00:56:14.048$  Now this is my last slide before I get

NOTE Confidence: 0.82080436

 $00:56:14.048 \longrightarrow 00:56:16.666$  into the thank yous in the summaries,

NOTE Confidence: 0.82080436

 $00:56:16.670 \longrightarrow 00:56:18.340$  and these are trials that

NOTE Confidence: 0.82080436

 $00:56:18.340 \longrightarrow 00:56:20.010$  I'm not that familiar with.

 $00:56:20.010 \longrightarrow 00:56:21.680$  To be frank with you,

NOTE Confidence: 0.82080436

 $00{:}56{:}21.680 {\:{\circ}{\circ}{\circ}}>00{:}56{:}24.018$  there seemed to be more surgical trials,

NOTE Confidence: 0.82080436

00:56:24.020 --> 00:56:26.024 but I thought they were worth

NOTE Confidence: 0.82080436

 $00:56:26.024 \longrightarrow 00:56:27.026$  just springing up.

NOTE Confidence: 0.82080436

 $00{:}56{:}27.030 \dashrightarrow 00{:}56{:}29.694$  We have the comet trial open at Yale.

NOTE Confidence: 0.82080436

 $00:56:29.700 \longrightarrow 00:56:31.370$  The Pi is doctor Golshan,

NOTE Confidence: 0.82080436

00:56:31.370 --> 00:56:33.368 and that if I'm understanding correctly,

NOTE Confidence: 0.82080436

 $00:56:33.370 \longrightarrow 00:56:33.998$  looks at.

NOTE Confidence: 0.82080436

00:56:33.998 --> 00:56:35.882 You know what's considered a lower

NOTE Confidence: 0.82080436

 $00:56:35.882 \longrightarrow 00:56:38.521$  risk DCIS grade one and grade two and

NOTE Confidence: 0.82080436

 $00{:}56{:}38.521 \rightarrow 00{:}56{:}40.245$  looking at endocrine the rapy alone

NOTE Confidence: 0.82080436

00:56:40.245 --> 00:56:42.387 with surveillance in lieu of surgery,

NOTE Confidence: 0.82080436

 $00:56:42.390 \longrightarrow 00:56:43.080$  an obviously,

NOTE Confidence: 0.82080436

00:56:43.080 --> 00:56:44.805 if we don't do surgery.

NOTE Confidence: 0.82080436

 $00:56:44.810 \longrightarrow 00:56:46.658$  We're not coming to the radiation,

 $00:56:46.660 \longrightarrow 00:56:48.982$  so in a way this would be part of

NOTE Confidence: 0.82080436

 $00{:}56{:}48.982 \dashrightarrow 00{:}56{:}50.713$  omitting radiation and the Lord

NOTE Confidence: 0.82080436

 $00{:}56{:}50.713 \dashrightarrow 00{:}56{:}52.819$  trial is somewhat similar as well.

NOTE Confidence: 0.82080436

 $00:56:52.820 \longrightarrow 00:56:53.928$  I'm for my homework.

NOTE Confidence: 0.82080436

00:56:53.928 --> 00:56:56.343 I feel I need to learn a little

NOTE Confidence: 0.82080436

 $00:56:56.343 \longrightarrow 00:56:58.048$  bit more about these trials,

NOTE Confidence: 0.82080436

00:56:58.050 --> 00:57:00.514 so I'll give you guys some homework too,

NOTE Confidence: 0.82080436

 $00:57:00.520 \longrightarrow 00:57:02.920$  but I felt that it would not be

NOTE Confidence: 0.82080436

00:57:02.920 --> 00:57:04.519 complete without bringing it up,

NOTE Confidence: 0.82080436

 $00:57:04.520 \longrightarrow 00:57:06.215$  but I think it's interesting

NOTE Confidence: 0.82080436

00:57:06.215 --> 00:57:08.235 you know the question that seems

NOTE Confidence: 0.82080436

 $00:57:08.235 \longrightarrow 00:57:10.069$  to be being asked if I'm is,

NOTE Confidence: 0.82080436

 $00{:}57{:}10.070 \dashrightarrow 00{:}57{:}11.360$  can screen detected low risk

NOTE Confidence: 0.82080436

 $00{:}57{:}11.360 \dashrightarrow 00{:}57{:}13.126$  DCIS be managed by an active

NOTE Confidence: 0.82080436

 $00:57:13.126 \longrightarrow 00:57:14.818$  surveillance strategy rather than.

NOTE Confidence: 0.82080436

 $00:57:14.820 \longrightarrow 00:57:15.176$  Surgery.

 $00:57:15.176 \longrightarrow 00:57:16.244$  So in summary,

NOTE Confidence: 0.82080436

 $00{:}57{:}16.244 \to 00{:}57{:}18.929$  we are seeing you know in real

NOTE Confidence: 0.82080436

 $00:57:18.929 \longrightarrow 00:57:21.761$  time and working further towards a

NOTE Confidence: 0.82080436

 $00:57:21.761 \longrightarrow 00:57:24.116$  deescalation of radiation therapy for

NOTE Confidence: 0.82080436

 $00:57:24.116 \longrightarrow 00:57:26.261$  appropriate patients in regard to

NOTE Confidence: 0.82080436

 $00:57:26.261 \longrightarrow 00:57:28.705$  the number of treatment visits infractions,

NOTE Confidence: 0.82080436

 $00:57:28.705 \longrightarrow 00:57:30.630$  the volume of tissue treated,

NOTE Confidence: 0.82080436

 $00{:}57{:}30.630 \dashrightarrow 00{:}57{:}32.166$  and the appropriate emission

NOTE Confidence: 0.82080436

00:57:32.166 --> 00:57:33.318 of radiation therapy,

NOTE Confidence: 0.82080436

 $00{:}57{:}33.320 \dashrightarrow 00{:}57{:}35.776$  and I'd like to thank you if you

NOTE Confidence: 0.82080436

 $00:57:35.776 \longrightarrow 00:57:38.488$  have any questions about any of the

NOTE Confidence: 0.82080436

 $00:57:38.488 \longrightarrow 00:57:41.789$  references or would like to discuss further.

NOTE Confidence: 0.82080436

 $00:57:41.790 \longrightarrow 00:57:44.286$  That's my contact info,

NOTE Confidence: 0.82080436

 $00:57:44.286 \longrightarrow 00:57:44.910$  thanks.

NOTE Confidence: 0.82080436

 $00:57:44.910 \longrightarrow 00:57:45.280$  Thank

 $00:57:45.280 \longrightarrow 00:57:47.446$  you so much Doctor Knowlton wow

NOTE Confidence: 0.85066074

 $00{:}57{:}47.446 \dashrightarrow 00{:}57{:}49.640$  three really fantastic talks and I

NOTE Confidence: 0.85066074

 $00:57:49.640 \longrightarrow 00:57:51.355$  really appreciate everyone's time and

NOTE Confidence: 0.85066074

 $00:57:51.355 \longrightarrow 00:57:53.645$  effort in our audience for listening

NOTE Confidence: 0.85066074

 $00:57:53.645 \longrightarrow 00:57:55.640$  and putting in some questions.

NOTE Confidence: 0.85066074

 $00.57.55.640 \longrightarrow 00.57.57.860$  Please feel free to put in.

NOTE Confidence: 0.85066074

 $00{:}57{:}57.860 \dashrightarrow 00{:}58{:}00.576$  More questions will be happy to answer

NOTE Confidence: 0.85066074

 $00:58:00.576 \longrightarrow 00:58:03.934$  them and while we wait for those I have

NOTE Confidence: 0.85066074

 $00{:}58{:}03.934 \dashrightarrow 00{:}58{:}06.370$  a couple just listening to the talks.

NOTE Confidence: 0.85066074

00:58:06.370 --> 00:58:08.590 Maybe I'll start with Doctor, Doctor

NOTE Confidence: 0.85066074

 $00:58:08.590 \longrightarrow 00:58:11.550$  Hooley and a little bit about the contrast.

NOTE Confidence: 0.85066074

 $00:58:11.550 \longrightarrow 00:58:13.770$  Enhance image Ng for screening and

NOTE Confidence: 0.85066074

 $00:58:13.770 \longrightarrow 00:58:16.438$  how you can do that without contrast.

NOTE Confidence: 0.85066074

 $00{:}58{:}16.440 \dashrightarrow 00{:}58{:}19.560$  Potentially I was.

NOTE Confidence: 0.85066074

 $00:58:19.560 \longrightarrow 00:58:21.076$  You know like more,

NOTE Confidence: 0.85066074

00:58:21.076 --> 00:58:23.846 but you know you know where we're

00:58:23.846 --> 00:58:26.723 at in the United States and maybe

NOTE Confidence: 0.85066074

 $00:58:26.723 \longrightarrow 00:58:28.359$  where we're going and

NOTE Confidence: 0.8140599

 $00:58:28.360 \longrightarrow 00:58:30.760$  be great to hear about that.

NOTE Confidence: 0.8140599

 $00:58:30.760 \longrightarrow 00:58:33.455$  Sure, so uh, MRI has shown that

NOTE Confidence: 0.8140599

 $00{:}58{:}33.455 \dashrightarrow 00{:}58{:}35.504$  contrast enhanced screening has the

NOTE Confidence: 0.8140599

00:58:35.504 --> 00:58:37.560 highest cancer detection rate, right?

NOTE Confidence: 0.8140599

 $00:58:37.560 \longrightarrow 00:58:39.560$  So because cancers are vascular,

NOTE Confidence: 0.8140599

 $00:58:39.560 \longrightarrow 00:58:41.008$  and so you know,

NOTE Confidence: 0.8140599

00:58:41.008 --> 00:58:43.960 that's the way it's going with contrast,

NOTE Confidence: 0.8140599

00:58:43.960 --> 00:58:44.870 enhanced mammography,

NOTE Confidence: 0.8140599

 $00:58:44.870 \longrightarrow 00:58:47.600$  and even like in the breast

NOTE Confidence: 0.8140599

00:58:47.600 --> 00:58:49.460 imaging which all require.

NOTE Confidence: 0.8140599

 $00{:}58{:}49.460 --> 00{:}58{:}51.040$  You know Ivy contrast.

NOTE Confidence: 0.8140599

 $00:58:51.040 \longrightarrow 00:58:53.410$  There are some studies looking at

NOTE Confidence: 0.8140599

 $00:58:53.481 \longrightarrow 00:58:55.876$  MRI and diffusion weighted images,

 $00:58:55.880 \longrightarrow 00:58:58.448$  or some people who say that

NOTE Confidence: 0.8140599

 $00:58:58.448 \longrightarrow 00:59:00.160$  they will never happen.

NOTE Confidence: 0.8140599

00:59:00.160 --> 00:59:02.746 Some people say that it will

NOTE Confidence: 0.8140599

00:59:02.746 --> 00:59:04.957 perhaps somehow happen that you

NOTE Confidence: 0.8140599

00:59:04.957 --> 00:59:07.007 could do MRI with diffusion,

NOTE Confidence: 0.8140599

 $00:59:07.010 \longrightarrow 00:59:09.716$  weighted imaging or some other technique

NOTE Confidence: 0.8140599

 $00:59:09.716 \longrightarrow 00:59:12.331$  that some really smart people are

NOTE Confidence: 0.8140599

00:59:12.331 --> 00:59:14.886 going to invent and figure out some

NOTE Confidence: 0.8140599

 $00{:}59{:}14.886 \to 00{:}59{:}18.037$  some sequences where we can look at

NOTE Confidence: 0.8140599

00:59:18.037 --> 00:59:20.391 vascularity without Ivy contrast injection.

NOTE Confidence: 0.8140599

 $00{:}59{:}20.391 \dashrightarrow 00{:}59{:}23.096$  Likewise, there are also some

NOTE Confidence: 0.8140599

 $00:59:23.096 \longrightarrow 00:59:25.260$  ultrasound products out there.

NOTE Confidence: 0.8140599

 $00:59:25.260 \longrightarrow 00:59:27.176$  Randy Butler participated in

NOTE Confidence: 0.8140599

00:59:27.176 --> 00:59:29.092 an auto acoustics ultrasound

NOTE Confidence: 0.8140599

 $00:59:29.092 \longrightarrow 00:59:31.610$  study that was the optoacoustic.

NOTE Confidence: 0.8140599

 $00:59:31.610 \longrightarrow 00:59:33.482$  Ultrasound equipment was just

 $00:59:33.482 \dashrightarrow 00:59:35.822$  FDA approved last January and

NOTE Confidence: 0.8140599

00:59:35.822 --> 00:59:38.378 it's basically looking at heating

NOTE Confidence: 0.8140599

 $00:59:38.378 \longrightarrow 00:59:40.390$  lasers and heating lights.

NOTE Confidence: 0.8140599

00:59:40.390 --> 00:59:43.156 Laser light and heating the blood

NOTE Confidence: 0.8140599

 $00:59:43.156 \longrightarrow 00:59:45.000$  vessels and looking determining

NOTE Confidence: 0.8140599

 $00:59:45.080 \longrightarrow 00:59:47.710$  oxygenation within the blood vessels.

NOTE Confidence: 0.8140599

00:59:47.710 --> 00:59:51.189 And she published a couple of articles.

NOTE Confidence: 0.8140599

00:59:51.190 --> 00:59:51.964 Common radiology,

NOTE Confidence: 0.8140599

 $00:59:51.964 \longrightarrow 00:59:54.286$  which is our top journal showing

NOTE Confidence: 0.8140599

 $00:59:54.286 \longrightarrow 00:59:55.928$  the vascularity within tumors

NOTE Confidence: 0.8140599

 $00{:}59{:}55.928 \rightarrow 00{:}59{:}57.948$  and superimposing that over a

NOTE Confidence: 0.8140599

 $00:59:57.948 \longrightarrow 00:59:59.601$  traditional ultrasound so that

NOTE Confidence: 0.8140599

 $00{:}59{:}59.601 \dashrightarrow 01{:}00{:}01.476$  is vascular based without without

NOTE Confidence: 0.8140599

 $01:00:01.476 \longrightarrow 01:00:04.710$  contrast and there's some other.

NOTE Confidence: 0.8140599

01:00:04.710 --> 01:00:05.760 New ultrasound techniques.

 $01:00:05.760 \longrightarrow 01:00:07.860$  Also that are a little bit

NOTE Confidence: 0.8140599

 $01:00:07.860 \longrightarrow 01:00:08.989$  different that measure.

NOTE Confidence: 0.8140599

01:00:08.990 --> 01:00:11.138 They can measure vascularity as well,

NOTE Confidence: 0.8140599

 $01:00:11.140 \longrightarrow 01:00:15.820$  so those are the ones that right now are.

NOTE Confidence: 0.8140599

 $01:00:15.820 \longrightarrow 01:00:17.748$  Active you know, and we could see it.

NOTE Confidence: 0.8140599

01:00:17.750 --> 01:00:18.232 You know,

NOTE Confidence: 0.8140599

 $01:00:18.232 \longrightarrow 01:00:20.160$  in five or ten years or maybe sooner.

NOTE Confidence: 0.8140599

 $01:00:20.160 \longrightarrow 01:00:20.642$  Who knows.

NOTE Confidence: 0.8140599

01:00:20.642 --> 01:00:20.883 Well,

NOTE Confidence: 0.8140599

01:00:20.883 --> 01:00:22.570 actually opt acoustics is already out there,

NOTE Confidence: 0.8140599

 $01:00:22.570 \longrightarrow 01:00:24.946$  so you have to wear fancy

NOTE Confidence: 0.8140599

 $01:00:24.946 \longrightarrow 01:00:26.530$  space classes and stuff.

NOTE Confidence: 0.8140599

01:00:26.530 --> 01:00:26.920 Awesome,

NOTE Confidence: 0.8297859

 $01:00:26.920 \longrightarrow 01:00:29.678$  thank you a question for Doctor Abraham.

NOTE Confidence: 0.8297859

 $01:00:29.680 \longrightarrow 01:00:32.263$  What are some of the signs or

NOTE Confidence: 0.8297859

 $01:00:32.263 \longrightarrow 01:00:34.277$  indications that you know clinicians

 $01:00:34.277 \longrightarrow 01:00:36.767$  out there should be aware of,

NOTE Confidence: 0.8297859

 $01:00:36.770 \longrightarrow 01:00:39.242$  for you know for those that end up

NOTE Confidence: 0.8297859

01:00:39.242 --> 01:00:40.866 getting implants for reconstruction

NOTE Confidence: 0.8297859

 $01:00:40.866 \longrightarrow 01:00:43.226$  with the implant associated anaplastic

NOTE Confidence: 0.8297859

01:00:43.226 --> 01:00:46.710 large cell lymphoma, which is, you know,

NOTE Confidence: 0.8297859

01:00:46.710 --> 01:00:51.168 gotten some press in the last year or two.

NOTE Confidence: 0.8297859

01:00:51.170 --> 01:00:53.744 Dial yeah, so first of all the the presence

NOTE Confidence: 0.8297859

 $01:00:53.744 \longrightarrow 01:00:56.332$  of a textured implant which is obviously

NOTE Confidence: 0.8297859

 $01:00:56.332 \longrightarrow 01:00:59.009$  for somebody who's not a plastic surgeon.

NOTE Confidence: 0.8297859

01:00:59.010 --> 01:01:00.720 Maybe a little bit challenging.

NOTE Confidence: 0.8297859

 $01:01:00.720 \longrightarrow 01:01:03.107$  So if there's any concern you know,

NOTE Confidence: 0.8297859

 $01:01:03.110 \longrightarrow 01:01:05.494$  have the patient go back to the plastic

NOTE Confidence: 0.8297859

 $01{:}01{:}05.494 \dashrightarrow 01{:}01{:}08.221$  surgeon so you know because we are at

NOTE Confidence: 0.8297859

 $01:01:08.221 \longrightarrow 01:01:10.041$  this point considering removing them

NOTE Confidence: 0.8297859

 $01:01:10.041 \longrightarrow 01:01:12.645$  sort of prophylactically and then any change,

01:01:12.650 --> 01:01:14.014 particularly a delayed ceroma,

NOTE Confidence: 0.8297859

 $01:01:14.014 \longrightarrow 01:01:16.060$  is what is classically referred to.

NOTE Confidence: 0.8297859

01:01:16.060 --> 01:01:18.230 So you know in in breast surgery

NOTE Confidence: 0.8297859

01:01:18.230 --> 01:01:19.810 seromas are not uncommon,

NOTE Confidence: 0.8297859

 $01:01:19.810 \longrightarrow 01:01:22.323$  but you know, at the time of

NOTE Confidence: 0.8297859

01:01:22.323 --> 01:01:24.180 surgery or immediately following.

NOTE Confidence: 0.8297859

01:01:24.180 --> 01:01:25.262 Postmastectomy radiation,

NOTE Confidence: 0.8297859

 $01:01:25.262 \longrightarrow 01:01:29.590$  but if there is a saroma that develops

NOTE Confidence: 0.8297859

 $01{:}01{:}29.680 \dashrightarrow 01{:}01{:}33.200$  and delayed fashion to 310 years after an

NOTE Confidence: 0.8297859

 $01:01:33.200 \longrightarrow 01:01:36.450$  implant is placed at sign for concern.

NOTE Confidence: 0.8297859

 $01{:}01{:}36.450 \dashrightarrow 01{:}01{:}38.906$  Thank you and maybe a last question.

NOTE Confidence: 0.8297859

 $01:01:38.910 \longrightarrow 01:01:39.966$  For doctor Knowlton.

NOTE Confidence: 0.8297859

01:01:39.966 --> 01:01:41.320 You know, I I,

NOTE Confidence: 0.8297859

01:01:41.320 --> 01:01:41.970 you know,

NOTE Confidence: 0.8297859

 $01:01:41.970 \longrightarrow 01:01:44.380$  often we see patients that are over

NOTE Confidence: 0.8297859

 $01:01:44.380 \longrightarrow 01:01:47.061$  the age of 70 small your positive

01:01:47.061 --> 01:01:49.231 breast cancers and you know with

NOTE Confidence: 0.8297859

01:01:49.231 --> 01:01:51.585 the LGB data that you showed you

NOTE Confidence: 0.8297859

 $01:01:51.585 \longrightarrow 01:01:53.005$  know undergoing breast conservation

NOTE Confidence: 0.8297859

01:01:53.005 --> 01:01:54.780 and forgoing radiation and you

NOTE Confidence: 0.8297859

 $01:01:54.835 \longrightarrow 01:01:56.510$  know doing anti estrogen therapy.

NOTE Confidence: 0.8297859

 $01:01:56.510 \longrightarrow 01:01:58.792$  But have you also seen the converse

NOTE Confidence: 0.8297859

 $01:01:58.792 \longrightarrow 01:02:01.346$  where some would just prefer to do a

NOTE Confidence: 0.8297859

 $01:02:01.346 \longrightarrow 01:02:03.398$  short course of radiation as opposed

NOTE Confidence: 0.8297859

01:02:03.398 --> 01:02:05.306 to putting themselves through?

NOTE Confidence: 0.8297859

01:02:05.310 --> 01:02:07.977 You know 5 plus years of anti

NOTE Confidence: 0.8297859

 $01:02:07.977 \longrightarrow 01:02:08.739$  estrogen therapy.

NOTE Confidence: 0.8297859

 $01:02:08.740 \dashrightarrow 01:02:11.503$  I guess like if we bias a patient one

NOTE Confidence: 0.8297859

 $01{:}02{:}11.503 \dashrightarrow 01{:}02{:}14.428$  way or the other when they get to you,

NOTE Confidence: 0.8297859

 $01:02:14.430 \longrightarrow 01:02:15.378$  how is that

NOTE Confidence: 0.8341066

01:02:15.380 --> 01:02:17.900 discussion go that I see this every week?

 $01:02:17.900 \longrightarrow 01:02:19.480$  I would say every week.

NOTE Confidence: 0.8341066

 $01:02:19.480 \longrightarrow 01:02:22.324$  So and you know, I listen to the patient.

NOTE Confidence: 0.8341066

 $01:02:22.330 \longrightarrow 01:02:25.274$  Many of them come in with some biases

NOTE Confidence: 0.8341066

 $01:02:25.274 \longrightarrow 01:02:27.439$  against the endocrine therapy.

NOTE Confidence: 0.8341066

 $01:02:27.440 \longrightarrow 01:02:29.582$  So that doctor Google doesn't do

NOTE Confidence: 0.8341066

 $01{:}02{:}29.582 \dashrightarrow 01{:}02{:}31.010$  endocrine the rapy much justice.

NOTE Confidence: 0.8341066

 $01:02:31.010 \longrightarrow 01:02:33.714$  So I talked to them about data showing

NOTE Confidence: 0.8341066

 $01:02:33.714 \longrightarrow 01:02:36.302$  that you know at least half of

NOTE Confidence: 0.8341066

 $01:02:36.302 \longrightarrow 01:02:38.860$  patients really don't get any of these.

NOTE Confidence: 0.8341066

01:02:38.860 --> 01:02:41.002 You know, join aches or hot

NOTE Confidence: 0.8341066

 $01{:}02{:}41.002 \dashrightarrow 01{:}02{:}42.430$  flashes and that's place bo.

NOTE Confidence: 0.8341066

 $01:02:42.430 \longrightarrow 01:02:44.220$  Patients got the same amount.

NOTE Confidence: 0.8341066

 $01:02:44.220 \longrightarrow 01:02:47.076$  Maybe they should just give it a try.

NOTE Confidence: 0.8341066

01:02:47.080 --> 01:02:49.334 I discussed the benefit of helping prevent

NOTE Confidence: 0.8341066

 $01:02:49.334 \longrightarrow 01:02:51.720$  breast cancer in the contralateral breast.

NOTE Confidence: 0.8341066

01:02:51.720 --> 01:02:54.219 An IV after I finish my spiel,

 $01:02:54.220 \longrightarrow 01:02:56.852$  it's attempting to get them to be

NOTE Confidence: 0.8341066

 $01:02:56.852 \longrightarrow 01:02:58.559$  more open to AI or.

NOTE Confidence: 0.8341066

01:02:58.560 --> 01:03:00.402 Tim, sometimes they will try it

NOTE Confidence: 0.8341066

 $01:03:00.402 \longrightarrow 01:03:02.523$  and we'll check back in with each

NOTE Confidence: 0.8341066

 $01:03:02.523 \longrightarrow 01:03:04.179$  other in two to three months.

NOTE Confidence: 0.8341066

01:03:04.180 --> 01:03:06.259 And if they're still taking it in,

NOTE Confidence: 0.8341066

01:03:06.260 --> 01:03:07.145 tolerating it super,

NOTE Confidence: 0.8341066

 $01:03:07.145 \longrightarrow 01:03:08.325$  or if they're not,

NOTE Confidence: 0.8341066

 $01:03:08.330 \longrightarrow 01:03:10.650$  then I have come back and done the

NOTE Confidence: 0.8341066

 $01:03:10.650 \longrightarrow 01:03:12.468$  radiation at that point or even,

NOTE Confidence: 0.8341066

01:03:12.470 --> 01:03:14.640 or some if they might give my

NOTE Confidence: 0.8341066

 $01{:}03{:}14.640 \dashrightarrow 01{:}03{:}16.505$  initials feel an they still tell

NOTE Confidence: 0.8341066

01:03:16.505 --> 01:03:18.872 me I'm not by I'm not going to

NOTE Confidence: 0.8341066

01:03:18.872 --> 01:03:21.055 take it no matter what I say, OK,

NOTE Confidence: 0.8341066

 $01:03:21.055 \longrightarrow 01:03:23.415$  I hear you and then we would either.

01:03:23.420 --> 01:03:24.221 Do you know?

NOTE Confidence: 0.8341066

 $01:03:24.221 \longrightarrow 01:03:25.823$  Depending on the characteristics of the

NOTE Confidence: 0.8341066

 $01:03:25.823 \longrightarrow 01:03:27.569$  tumor and the patients comorbidities,

NOTE Confidence: 0.8341066

 $01{:}03{:}27.570 \dashrightarrow 01{:}03{:}30.530$  we may do a fast regimen of once a week,

NOTE Confidence: 0.8341066

 $01:03:30.530 \longrightarrow 01:03:32.898$  or you may do the moderately hypo frack.

NOTE Confidence: 0.8341066

 $01:03:32.900 \longrightarrow 01:03:33.554$  The 15.

NOTE Confidence: 0.8341066

01:03:33.554 --> 01:03:35.189 Plus or minus a boost,

NOTE Confidence: 0.8341066

 $01:03:35.190 \longrightarrow 01:03:37.353$  so I certainly do see that that

NOTE Confidence: 0.8341066

 $01{:}03{:}37.353 \dashrightarrow 01{:}03{:}39.040$  quite quite often every week.

NOTE Confidence: 0.8348222

 $01:03:39.860 \longrightarrow 01:03:42.335$  Ann and maybe just to finish off on on

NOTE Confidence: 0.8348222

 $01:03:42.335 \longrightarrow 01:03:45.093$  that when they you said maybe try anti

NOTE Confidence: 0.8348222

 $01:03:45.093 \longrightarrow 01:03:47.159$  estrogen therapy for a month or two.

NOTE Confidence: 0.8348222

 $01:03:47.160 \longrightarrow 01:03:49.671$  Is there kind of a cut off where you

NOTE Confidence: 0.8348222

01:03:49.671 --> 01:03:52.098 would say that if they went with

NOTE Confidence: 0.8348222

 $01:03:52.098 \longrightarrow 01:03:54.095$  anti estrogen and decided to stop

NOTE Confidence: 0.8348222

 $01:03:54.095 \longrightarrow 01:03:56.271$  and wanted to come back to you to

 $01:03:56.280 \longrightarrow 01:03:57.800$  radiation where you'd feel comfortable.

NOTE Confidence: 0.8677446

 $01:03:58.580 \longrightarrow 01:04:00.090$  Well, that's a good question.

NOTE Confidence: 0.8677446

 $01:04:00.090 \longrightarrow 01:04:01.956$  You know two or three months

NOTE Confidence: 0.8677446

01:04:01.956 --> 01:04:03.700 I wouldn't even blink an eye,

NOTE Confidence: 0.8677446

 $01:04:03.700 \longrightarrow 01:04:05.460$  especially if they were taking

NOTE Confidence: 0.8677446

 $01:04:05.460 \longrightarrow 01:04:07.519$  endocrine therapy for the bulk of

NOTE Confidence: 0.8677446

 $01:04:07.519 \longrightarrow 01:04:09.415$  that I have done up to six months.

NOTE Confidence: 0.8677446

 $01:04:09.420 \longrightarrow 01:04:11.526$  I have done it, but at that point we

NOTE Confidence: 0.8677446

 $01{:}04{:}11.526 \dashrightarrow 01{:}04{:}13.781$  may ask the patient to have another

NOTE Confidence: 0.8677446

 $01:04:13.781 \longrightarrow 01:04:15.740$  Mamo before starting the radiation.

NOTE Confidence: 0.8677446

01:04:15.740 --> 01:04:17.552 And sometimes I'll bring those patients

NOTE Confidence: 0.8677446

 $01:04:17.552 \longrightarrow 01:04:19.349$  up in our multidisciplinary tumor board.

NOTE Confidence: 0.8677446

 $01:04:19.350 \longrightarrow 01:04:22.005$  I did have one patient where it was a

NOTE Confidence: 0.8677446

 $01:04:22.005 \longrightarrow 01:04:24.170$  year out, but she was substantially high.

NOTE Confidence: 0.8677446

01:04:24.170 --> 01:04:25.670 Risk enough that I presented,

01:04:25.670 --> 01:04:27.242 or at our multidisciplinary

NOTE Confidence: 0.8677446

 $01:04:27.242 \longrightarrow 01:04:28.814$  tumor board we got.

NOTE Confidence: 0.8677446

 $01:04:28.820 \longrightarrow 01:04:30.938$  Breast imaging no evidence that not.

NOTE Confidence: 0.8677446

01:04:30.940 --> 01:04:32.700 There's nothing suspicious on that,

NOTE Confidence: 0.8677446

 $01:04:32.700 \longrightarrow 01:04:34.470$  and I did offer radiation,

NOTE Confidence: 0.8677446

01:04:34.470 --> 01:04:36.437 but beyond six months I would really

NOTE Confidence: 0.8677446

01:04:36.437 --> 01:04:38.311 want to have a multidisciplinary

NOTE Confidence: 0.8677446

 $01:04:38.311 \longrightarrow 01:04:39.760$  discussion about that.

NOTE Confidence: 0.86417127

01:04:41.020 --> 01:04:43.015 Thank you and again thank you all

NOTE Confidence: 0.86417127

 $01:04:43.015 \longrightarrow 01:04:45.044$  so much for these three wonderful

NOTE Confidence: 0.86417127

 $01{:}04{:}45.044 \dashrightarrow 01{:}04{:}47.252$  presentations I I learned so much

NOTE Confidence: 0.86417127

 $01:04:47.252 \longrightarrow 01:04:49.546$  in the course of the last hour and

NOTE Confidence: 0.86417127

 $01:04:49.546 \longrightarrow 01:04:52.020$  a half and the great thing is that

NOTE Confidence: 0.86417127

 $01:04:52.020 \longrightarrow 01:04:54.321$  this is recorded so others could go

NOTE Confidence: 0.86417127

 $01:04:54.321 \longrightarrow 01:04:56.561$  back and be able to look at that.

NOTE Confidence: 0.86417127

 $01{:}04{:}56.570 \dashrightarrow 01{:}04{:}58.165$  Really thank the audience for

 $01:04:58.165 \longrightarrow 01:05:00.360$  joining us for this series of three

NOTE Confidence: 0.86417127

 $01{:}05{:}00.360 \to 01{:}05{:}02.236$  breast CME's here at Yale and and

NOTE Confidence: 0.86417127

 $01:05:02.236 \longrightarrow 01:05:03.908$  look forward to continuing them

NOTE Confidence: 0.86417127

01:05:03.908 --> 01:05:05.588 in the next academic year.

NOTE Confidence: 0.86417127

 $01:05:05.590 \longrightarrow 01:05:07.767$  So with that thank you so much.

NOTE Confidence: 0.86417127

 $01:05:07.770 \longrightarrow 01:05:09.320$  Have a great weekend. Thank

NOTE Confidence: 0.86417127

 $01:05:09.320 \longrightarrow 01:05:10.310$  you, thank you.