WEBVTT

NOTE duration:"01:15:58" NOTE recognizability:0.815

NOTE language:en-us

NOTE Confidence: 0.75584751375

 $00:00:00.000 \longrightarrow 00:00:02.510$  For joining this is Yale.

NOTE Confidence: 0.75584751375

 $00:00:02.510 \longrightarrow 00:00:05.241$  Highlights of ASH 2021 presented by

NOTE Confidence: 0.75584751375

 $00:00:05.241 \longrightarrow 00:00:07.276$  Yale Hematology and today's seminar

NOTE Confidence: 0.75584751375

 $00:00:07.276 \longrightarrow 00:00:09.526$  is presented by the program for

NOTE Confidence: 0.75584751375

00:00:09.526 --> 00:00:10.898 multiple myeloma and Gammopathy's,

NOTE Confidence: 0.75584751375

 $00:00:10.898 \longrightarrow 00:00:12.926$  and we have really fantastic set

NOTE Confidence: 0.75584751375

00:00:12.926 --> 00:00:14.505 of speaker presentations. Today.

NOTE Confidence: 0.75584751375

00:00:14.505 --> 00:00:17.895 Our program presented by Doctor Gore,

NOTE Confidence: 0.75584751375

00:00:17.900 --> 00:00:20.120 Shine our expert clinical expert

NOTE Confidence: 0.75584751375

 $00:00:20.120 \longrightarrow 00:00:22.340$  in hematology doctor Terry Parker,

NOTE Confidence: 0.75584751375

 $00:00:22.340 \longrightarrow 00:00:24.626$  who's the clinical leader of our

NOTE Confidence: 0.75584751375

 $00:00:24.626 \longrightarrow 00:00:26.150$  program with extensive experience

NOTE Confidence: 0.75584751375

 $00:00:26.213 \longrightarrow 00:00:28.118$  and expertise in clinical trials.

 $00:00:28.120 \longrightarrow 00:00:29.404$  Doctor no far bar.

NOTE Confidence: 0.75584751375

 $00:00:29.404 \longrightarrow 00:00:31.009$  Who's our expert in cellular?

NOTE Confidence: 0.75584751375

 $00{:}00{:}31.010 \dashrightarrow 00{:}00{:}32.906$  The rapies and transplantation in

NOTE Confidence: 0.75584751375

00:00:32.906 --> 00:00:35.276 myeloma and doctor Sabrina Browning,

NOTE Confidence: 0.75584751375

 $00:00:35.280 \longrightarrow 00:00:37.485$  who has expertise in preclinical

NOTE Confidence: 0.75584751375

 $00:00:37.485 \longrightarrow 00:00:39.249$  studies and alloyed doses.

NOTE Confidence: 0.75584751375

 $00:00:39.250 \longrightarrow 00:00:41.679$  And I just like to share this

NOTE Confidence: 0.75584751375

 $00:00:41.679 \longrightarrow 00:00:43.350$  structure of today's seminar.

NOTE Confidence: 0.75584751375

 $00:00:43.350 \longrightarrow 00:00:45.865$  First, Doctor Gore Shine will present

NOTE Confidence: 0.75584751375

00:00:45.865 --> 00:00:47.445 updates in smoldering multiple

NOTE Confidence: 0.75584751375

 $00:00:47.445 \longrightarrow 00:00:49.870$  myeloma and newly diagnosed myeloma.

NOTE Confidence: 0.75584751375

 $00:00:49.870 \longrightarrow 00:00:51.940$  This will be followed by Doctor

NOTE Confidence: 0.75584751375

00:00:51.940 --> 00:00:53.800 Terry Parker with updates in

NOTE Confidence: 0.75584751375

 $00{:}00{:}53.800 \dashrightarrow 00{:}00{:}55.448$  relapse and refractory myeloma.

NOTE Confidence: 0.75584751375 00:00:55.450 --> 00:00:55.858 Later, NOTE Confidence: 0.75584751375

 $00:00:55.858 \longrightarrow 00:00:58.306$  Doctor Barr will present updates on

 $00:00:58.306 \longrightarrow 00:01:00.688$  cellular therapies in myeloma and.

NOTE Confidence: 0.75584751375

 $00{:}01{:}00.688 \dashrightarrow 00{:}01{:}03.078$  Some followed by Doctor Browning,

NOTE Confidence: 0.75584751375

 $00:01:03.080 \longrightarrow 00:01:04.720$  who will present updates on

NOTE Confidence: 0.75584751375

 $00:01:04.720 \longrightarrow 00:01:06.825$  basic signs in myeloma and some

NOTE Confidence: 0.75584751375

 $00{:}01{:}06.825 \dashrightarrow 00{:}01{:}08.845$  clinical updates on AL Amyloidosis,

NOTE Confidence: 0.75584751375

 $00:01:08.850 \longrightarrow 00:01:10.274$  and we will devote.

NOTE Confidence: 0.75584751375

 $00:01:10.274 \longrightarrow 00:01:13.326$  Devote a few minutes in the end for the

NOTE Confidence: 0.75584751375

 $00:01:13.326 \longrightarrow 00:01:15.294$  question and answer and discussion session.

NOTE Confidence: 0.75584751375

00:01:15.300 --> 00:01:16.110 So again,

NOTE Confidence: 0.75584751375

 $00:01:16.110 \longrightarrow 00:01:16.920$  welcome everyone.

NOTE Confidence: 0.75584751375

 $00:01:16.920 \longrightarrow 00:01:18.945$  Thank you all for joining

NOTE Confidence: 0.75584751375

 $00:01:18.945 \longrightarrow 00:01:20.710$  and Doctor Gore Shine.

NOTE Confidence: 0.75584751375

00:01:20.710 --> 00:01:21.838 Please you may proceed.

NOTE Confidence: 0.830706213846154

 $00{:}01{:}55.340 \dashrightarrow 00{:}01{:}57.860$  We can see our slides if you just can

NOTE Confidence: 0.830706213846154

 $00:01:57.860 \longrightarrow 00:02:00.610$  project in the slide view. On the bottom

 $00:02:01.580 \longrightarrow 00:02:03.615$  there you go, got it OK, perfect.

NOTE Confidence: 0.898583405

00:02:03.615 --> 00:02:08.330 Can you hear me now? Yes, OK alright,

NOTE Confidence: 0.898583405

 $00{:}02{:}08.330 \dashrightarrow 00{:}02{:}09.890$  so thank you Talia hello everyone.

NOTE Confidence: 0.898583405

00:02:09.890 --> 00:02:12.854 So as Natalia mentioned, I'm going

NOTE Confidence: 0.898583405

 $00:02:12.854 \longrightarrow 00:02:16.520$  to rehash ash from a perspective of.

NOTE Confidence: 0.898583405

 $00{:}02{:}16.520 \dashrightarrow 00{:}02{:}18.495$  Updates on smaller multiple myeloma

NOTE Confidence: 0.898583405

 $00:02:18.495 \longrightarrow 00:02:20.470$  and newly diagnosed multiple myeloma.

NOTE Confidence: 0.9265111125

 $00:02:23.680 \longrightarrow 00:02:25.460$  Here are my disclosures.

NOTE Confidence: 0.861213724

 $00{:}02{:}29.860 \longrightarrow 00{:}02{:}32.265$  Alright, so multiple myeloma is

NOTE Confidence: 0.861213724

 $00:02:32.265 \longrightarrow 00:02:34.189$  consistently preceded by precursor

NOTE Confidence: 0.861213724

 $00:02:34.189 \longrightarrow 00:02:36.445$  states of monoclonal gammopathy

NOTE Confidence: 0.861213724

 $00:02:36.445 \longrightarrow 00:02:38.146$  of undetermined significance

NOTE Confidence: 0.861213724

 $00:02:38.146 \longrightarrow 00:02:40.414$  and smoldering multiple myeloma.

NOTE Confidence: 0.861213724

 $00:02:40.420 \longrightarrow 00:02:43.210$  And these essentially represent a continuum

NOTE Confidence: 0.861213724

00:02:43.210 --> 00:02:46.079 of progression of the tumor burden,

NOTE Confidence: 0.861213724

 $00:02:46.080 \longrightarrow 00:02:50.230$  with clonal evolution and heterogeneity.

 $00:02:50.230 \longrightarrow 00:02:52.730$  Now we understand the heterogeneity

NOTE Confidence: 0.861213724

 $00{:}02{:}52.730 \dashrightarrow 00{:}02{:}54.730$  of smoldering multiple myeloma.

NOTE Confidence: 0.861213724

00:02:54.730 --> 00:02:56.260 In clinical practice,

NOTE Confidence: 0.861213724

 $00:02:56.260 \longrightarrow 00:03:01.430$  we often rely and apply on the 20 to 20 rule,

NOTE Confidence: 0.861213724

 $00:03:01.430 \longrightarrow 00:03:04.160$  which is 20% bone marrow plasma cells,

NOTE Confidence: 0.861213724

 $00:03:04.160 \longrightarrow 00:03:05.702$  a monoclonal protein of greater than

NOTE Confidence: 0.861213724

 $00:03:05.702 \longrightarrow 00:03:07.808$  or equal to 2 grams per deciliter,

NOTE Confidence: 0.861213724

 $00:03:07.810 \longrightarrow 00:03:10.074$  and a free light chain ratio of greater

NOTE Confidence: 0.861213724

 $00{:}03{:}10.074 \dashrightarrow 00{:}03{:}12.824$  than 20 patients with two or more of

NOTE Confidence: 0.861213724

 $00{:}03{:}12.824 \dashrightarrow 00{:}03{:}15.518$  these risk factors or components are

NOTE Confidence: 0.861213724

00:03:15.518 --> 00:03:17.846 essentially considered high risk,

NOTE Confidence: 0.861213724

 $00:03:17.850 \longrightarrow 00:03:20.778$  and this subset of patient population.

NOTE Confidence: 0.861213724

 $00{:}03{:}20.780 \dashrightarrow 00{:}03{:}24.420$  Has been evaluated for early

NOTE Confidence: 0.861213724

 $00:03:24.420 \longrightarrow 00:03:25.876$  the rapeutic intervention.

NOTE Confidence: 0.861213724

 $00:03:25.880 \longrightarrow 00:03:27.835$  Now, with respect to early

00:03:27.835 --> 00:03:28.617 therapeutic intervention,

NOTE Confidence: 0.861213724

 $00{:}03{:}28.620 \dashrightarrow 00{:}03{:}34.044$  we know that Lenalidomide can be

NOTE Confidence: 0.861213724

 $00:03:34.044 \longrightarrow 00:03:36.370$  beneficial for patients with high risk,

NOTE Confidence: 0.861213724

 $00:03:36.370 \longrightarrow 00:03:37.462$  smoldering myeloma.

NOTE Confidence: 0.861213724

 $00:03:37.462 \longrightarrow 00:03:40.738$  So the rationale here is that

NOTE Confidence: 0.861213724

 $00{:}03{:}40.738 \dashrightarrow 00{:}03{:}43.771$  triplet the rapy which we use for

NOTE Confidence: 0.861213724

 $00:03:43.771 \longrightarrow 00:03:46.496$  multiple myeloma may yield a deeper

NOTE Confidence: 0.861213724

 $00:03:46.496 \longrightarrow 00:03:48.292$  responses and improved outcomes

NOTE Confidence: 0.861213724

 $00{:}03{:}48.292 \to 00{:}03{:}50.980$  for the smoldering population,

NOTE Confidence: 0.861213724

 $00:03:50.980 \longrightarrow 00:03:52.768$  and I'm just going to highlight

NOTE Confidence: 0.861213724

00:03:52.768 --> 00:03:54.618 one study on the combination of

NOTE Confidence: 0.861213724

00:03:54.618 --> 00:03:57.310 X as a proteosome inhibitor.

NOTE Confidence: 0.861213724

 $00{:}03{:}57.310 \dashrightarrow 00{:}03{:}59.410$  Lenalidomide and immunomodulator.

NOTE Confidence: 0.861213724

 $00{:}03{:}59.410 \dashrightarrow 00{:}04{:}01.370$  Agent and dexame thasone in high

NOTE Confidence: 0.861213724

 $00:04:01.370 \longrightarrow 00:04:02.938$  risk smoldering multiple myeloma.

NOTE Confidence: 0.812214176666667

 $00:04:05.000 \longrightarrow 00:04:06.398$  Now, in the interest of time,

 $00:04:06.400 \longrightarrow 00:04:08.940$  I'm going to essentially only

NOTE Confidence: 0.812214176666667

 $00:04:08.940 \longrightarrow 00:04:10.972$  discuss the conclusion slide,

NOTE Confidence: 0.812214176666667

 $00:04:10.980 \longrightarrow 00:04:14.065$  but this triple therapy regimen

NOTE Confidence: 0.812214176666667

00:04:14.065 --> 00:04:17.150 in high risk smoldering disease,

NOTE Confidence: 0.812214176666667

 $00:04:17.150 \longrightarrow 00:04:19.135$  and all oral regimen demonstrated

NOTE Confidence: 0.812214176666667

00:04:19.135 --> 00:04:21.461 a very high overall response rate

NOTE Confidence: 0.812214176666667

 $00:04:21.461 \longrightarrow 00:04:23.419$  of more than 90% with deep response

NOTE Confidence: 0.812214176666667

 $00:04:23.419 \longrightarrow 00:04:25.177$  rates of greater than I'm sorry,

NOTE Confidence: 0.812214176666667

 $00{:}04{:}25.180 \dashrightarrow 00{:}04{:}28.312$  deep remission rates of greater than

NOTE Confidence: 0.812214176666667

 $00{:}04{:}28.312 --> 00{:}04{:}30.910$  40% now there were notable Grade

NOTE Confidence: 0.812214176666667

 $00:04:30.910 \longrightarrow 00:04:32.980$  3 toxicities for these patients,

NOTE Confidence: 0.812214176666667

 $00:04:32.980 \longrightarrow 00:04:34.172$  but importantly.

NOTE Confidence: 0.812214176666667

 $00{:}04{:}34.172 \dashrightarrow 00{:}04{:}36.556$  No patients discontinued the rapy

NOTE Confidence: 0.812214176666667

 $00:04:36.556 \longrightarrow 00:04:39.630$  due to these adverse events,

NOTE Confidence: 0.812214176666667

 $00:04:39.630 \longrightarrow 00:04:43.056$  so so this is encouraging data.

00:04:43.060 --> 00:04:43.966 You know,

NOTE Confidence: 0.812214176666667

 $00:04:43.966 \longrightarrow 00:04:45.778$  suggesting they potentially more

NOTE Confidence: 0.812214176666667

 $00:04:45.778 \longrightarrow 00:04:47.590$  biologically sensitive phase of

NOTE Confidence: 0.812214176666667

 $00:04:47.660 \longrightarrow 00:04:49.620$  the disease to treatment and

NOTE Confidence: 0.812214176666667

00:04:49.620 --> 00:04:51.188 really highlighting an ongoing

NOTE Confidence: 0.812214176666667

00:04:51.188 --> 00:04:53.752 area of research in the smoldering

NOTE Confidence: 0.812214176666667

 $00:04:53.752 \longrightarrow 00:04:55.015$  multiple myeloma disease.

NOTE Confidence: 0.674787556

00:04:57.770 --> 00:05:01.780 Now a couple words on multiple myeloma,

NOTE Confidence: 0.674787556

 $00:05:01.780 \longrightarrow 00:05:04.540$  so we're going to transition out to multiple

NOTE Confidence: 0.674787556

 $00:05:04.599 \longrightarrow 00:05:06.659$  myeloma symptomatic multiple myeloma.

NOTE Confidence: 0.674787556

 $00:05:06.660 \longrightarrow 00:05:08.785$  We're all familiar with VRD

NOTE Confidence: 0.674787556

 $00:05:08.785 \longrightarrow 00:05:10.910$  as our backbone to therapy.

NOTE Confidence: 0.674787556

00:05:10.910 --> 00:05:12.160 Bortezomib, Lenalidomide,

NOTE Confidence: 0.674787556

 $00{:}05{:}12.160 \dashrightarrow 00{:}05{:}14.035$  and dexame thasone proteasome

NOTE Confidence: 0.674787556

 $00:05:14.035 \longrightarrow 00:05:16.450$  inhibitor imid, and steroid.

NOTE Confidence: 0.674787556

 $00{:}05{:}16.450 \dashrightarrow 00{:}05{:}20.222$  This is a very efficacious treatment regimen.

00:05:20.222 --> 00:05:21.094 Very durable,

NOTE Confidence: 0.674787556

 $00:05:21.094 \longrightarrow 00:05:23.710$  has a well established track record.

NOTE Confidence: 0.674787556

00:05:23.710 --> 00:05:24.208 Historically,

NOTE Confidence: 0.674787556

 $00:05:24.208 \longrightarrow 00:05:27.196$  neurotoxicity was a major concern here.

NOTE Confidence: 0.674787556

 $00:05:27.200 \longrightarrow 00:05:29.330$  But this has become significantly

NOTE Confidence: 0.674787556

 $00:05:29.330 \longrightarrow 00:05:31.460$  significantly less of an issue

NOTE Confidence: 0.674787556

 $00:05:31.533 \longrightarrow 00:05:33.398$  with the once weekly dosing,

NOTE Confidence: 0.674787556

 $00:05:33.400 \longrightarrow 00:05:35.440$  as opposed to twice weekly dosing

NOTE Confidence: 0.674787556

 $00:05:35.440 \longrightarrow 00:05:37.980$  as well as with the subcutaneous

NOTE Confidence: 0.674787556

 $00:05:37.980 \longrightarrow 00:05:40.296$  version as opposed to the Ivy.

NOTE Confidence: 0.674787556

 $00:05:40.300 \longrightarrow 00:05:42.267$  So VRD is are suitable backbone and

NOTE Confidence: 0.674787556

 $00:05:42.267 \longrightarrow 00:05:45.155$  that has been sort of the impetus for

NOTE Confidence: 0.674787556

 $00{:}05{:}45.155 \dashrightarrow 00{:}05{:}46.739$  developing quadruplet based the rapies.

NOTE Confidence: 0.674787556

 $00{:}05{:}46.740 \dashrightarrow 00{:}05{:}49.920$  We know from some data that quadruplet

NOTE Confidence: 0.674787556

 $00:05:49.920 \longrightarrow 00:05:53.680$  regimens can be very active in the upfront

00:05:53.763 --> 00:05:56.599 treatment naive patient population,

NOTE Confidence: 0.674787556

 $00.05.56.600 \longrightarrow 00.05.57.653$  but there are.

NOTE Confidence: 0.674787556

 $00:05:57.653 \longrightarrow 00:05:59.057$  There are unanswered questions

NOTE Confidence: 0.674787556

 $00:05:59.057 \longrightarrow 00:06:01.229$  and we need more information.

NOTE Confidence: 0.674787556

 $00:06:01.230 \longrightarrow 00:06:03.900$  How does this regimen impact the

NOTE Confidence: 0.674787556

 $00:06:03.900 \longrightarrow 00:06:05.680$  high risk patient population?

NOTE Confidence: 0.674787556

 $00:06:05.680 \longrightarrow 00:06:08.403$  What about those that are stem cell

NOTE Confidence: 0.674787556

00:06:08.403 --> 00:06:10.330 transplant eligible versus ineligible?

NOTE Confidence: 0.674787556

 $00{:}06{:}10.330 \dashrightarrow 00{:}06{:}13.130$  And clearly we need more long term

NOTE Confidence: 0.674787556

00:06:13.130 --> 00:06:16.162 results that we currently have for VRD,

NOTE Confidence: 0.674787556

00:06:16.162 --> 00:06:18.198 but you know it is not quite

NOTE Confidence: 0.674787556

00:06:18.198 --> 00:06:19.250 not quite there yet.

NOTE Confidence: 0.674787556

 $00:06:19.250 \longrightarrow 00:06:22.438$  For the quadruple therapy.

NOTE Confidence: 0.674787556

 $00{:}06{:}22.440 \dashrightarrow 00{:}06{:}24.924$  So moving onto the updated Griffin

NOTE Confidence: 0.674787556

 $00:06:24.924 \longrightarrow 00:06:27.940$  analysis so this was published in Ash.

NOTE Confidence: 0.674787556

 $00:06:27.940 \longrightarrow 00:06:30.440$  Looking at the 24 month

 $00:06:30.440 \longrightarrow 00:06:31.710$  follow follow up for Gray.

NOTE Confidence: 0.930611713333333

00:06:47.020 --> 00:06:48.736 Just a brief background on this,

NOTE Confidence: 0.930611713333333

 $00:06:48.740 \longrightarrow 00:06:52.375$  so induction therapy followed by

NOTE Confidence: 0.930611713333333

 $00:06:52.375 \longrightarrow 00:06:55.364$  high dose therapy with autologous

NOTE Confidence: 0.930611713333333

 $00:06:55.364 \longrightarrow 00:06:57.374$  stem cell transplant and lend.

NOTE Confidence: 0.930611713333333

00:06:57.380 --> 00:06:59.879 My maintenance therapy is a standard of

NOTE Confidence: 0.930611713333333

 $00:06:59.879 \longrightarrow 00:07:02.580$  care regiment for newly diagnosed patients.

NOTE Confidence: 0.930611713333333

 $00:07:02.580 \longrightarrow 00:07:05.754$  The phase two Griffin study that was

NOTE Confidence: 0.930611713333333

 $00{:}07{:}05.754 \dashrightarrow 00{:}07{:}08.706$  initially presented well over a year

NOTE Confidence: 0.930611713333333

 $00:07:08.706 \longrightarrow 00:07:11.620$  ago evaluated the efficacy and safety

NOTE Confidence: 0.930611713333333

00:07:11.620 --> 00:07:15.320 of Dara plus RVD versus RVD induction,

NOTE Confidence: 0.930611713333333

 $00{:}07{:}15.320 \dashrightarrow 00{:}07{:}16.610$  followed by AUTOTRANSPLANT

NOTE Confidence: 0.930611713333333

00:07:16.610 --> 00:07:17.900 for newly diagnosed.

NOTE Confidence: 0.930611713333333

 $00:07:17.900 \longrightarrow 00:07:19.262$  Transplant eligible patients.

NOTE Confidence: 0.930611713333333

 $00:07:19.262 \longrightarrow 00:07:21.532$  The primary analysis after almost

 $00:07:21.532 \longrightarrow 00:07:24.108$  14 months of therapy showed that

NOTE Confidence: 0.930611713333333

 $00{:}07{:}24.108 \to 00{:}07{:}25.839$  the quadruplet therapy significantly

NOTE Confidence: 0.930611713333333

 $00:07:25.839 \longrightarrow 00:07:29.013$  improved the stringent CR rates versus

NOTE Confidence: 0.930611713333333

 $00:07:29.013 \longrightarrow 00:07:32.208$  the triplet therapy by the end of

NOTE Confidence: 0.930611713333333

 $00:07:32.208 \longrightarrow 00:07:34.123$  the post auto consolidation phase

NOTE Confidence: 0.930611713333333

 $00:07:34.130 \longrightarrow 00:07:37.708$  with response rates of 42 versus 32%.

NOTE Confidence: 0.930611713333333

 $00:07:37.708 \longrightarrow 00:07:40.456$  We also saw that this quadruplet

NOTE Confidence: 0.930611713333333

 $00:07:40.456 \longrightarrow 00:07:42.650$  treatment deepened their responses,

NOTE Confidence: 0.930611713333333

 $00:07:42.650 \longrightarrow 00:07:45.105$  improved MRD negativity rates after

NOTE Confidence: 0.930611713333333

 $00:07:45.105 \longrightarrow 00:07:48.000$  one year of maintenance therapy when.

NOTE Confidence: 0.930611713333333

 $00:07:48.000 \longrightarrow 00:07:50.178$  The standard of care lanolin amide

NOTE Confidence: 0.930611713333333

00:07:50.180 --> 00:07:52.045 when daratumumab was added to

NOTE Confidence: 0.930611713333333

 $00:07:52.045 \longrightarrow 00:07:53.537$  the standard of care.

NOTE Confidence: 0.930611713333333

 $00:07:53.540 \longrightarrow 00:07:56.330$  Importantly there were no new safety

NOTE Confidence: 0.930611713333333

 $00:07:56.330 \longrightarrow 00:07:59.416$  concerns and daratumumab did not

NOTE Confidence: 0.930611713333333

 $00{:}07{:}59.416 \dashrightarrow 00{:}08{:}02.686$  impact the ability to mobilize

 $00:08:02.686 \longrightarrow 00:08:04.812$  themselves and patients who received

NOTE Confidence: 0.930611713333333

 $00:08:04.812 \longrightarrow 00:08:07.020$  their induction were actually able to

NOTE Confidence: 0.930611713333333

 $00:08:07.085 \longrightarrow 00:08:09.249$  successfully complete the transplant.

NOTE Confidence: 0.930611713333333

00:08:09.250 --> 00:08:11.752 So here in Asheville they reported

NOTE Confidence: 0.930611713333333

00:08:11.752 --> 00:08:13.855 the updated efficacy and safety

NOTE Confidence: 0.930611713333333

 $00:08:13.855 \longrightarrow 00:08:16.015$  from Griffin after 24 months or

NOTE Confidence: 0.930611713333333

00:08:16.015 --> 00:08:18.589 two years of maintenance therapy.

NOTE Confidence: 0.930611713333333

 $00:08:18.590 \longrightarrow 00:08:21.018$  An overview of the treatment design,

NOTE Confidence: 0.930611713333333

00:08:21.018 --> 00:08:24.066 so again patients were transplant eligible,

NOTE Confidence: 0.930611713333333

 $00:08:24.070 \longrightarrow 00:08:26.122$  newly diagnosed disease.

NOTE Confidence: 0.930611713333333

 $00{:}08{:}26.122 \dashrightarrow 00{:}08{:}30.226$  They received 4 induction cycles of

NOTE Confidence: 0.930611713333333

 $00:08:30.230 \longrightarrow 00:08:32.600$  they were randomized to either the

NOTE Confidence: 0.930611713333333

 $00{:}08{:}32.600 \dashrightarrow 00{:}08{:}35.428$  quadruple it or the triplet with RV.

NOTE Confidence: 0.930611713333333

 $00:08:35.430 \longrightarrow 00:08:37.334$  They subsequently underwent stem

NOTE Confidence: 0.930611713333333

 $00:08:37.334 \longrightarrow 00:08:38.286$  cell transplant,

 $00:08:38.290 \longrightarrow 00:08:41.080$  followed by two cycles of consolidation

NOTE Confidence: 0.930611713333333

 $00{:}08{:}41.080 \dashrightarrow 00{:}08{:}44.166$  treatment and then patients under work

NOTE Confidence: 0.930611713333333

 $00:08:44.166 \longrightarrow 00:08:47.844$  continue to darreff maintenance or lanolin.

NOTE Confidence: 0.930611713333333

 $00:08:47.850 \longrightarrow 00:08:49.950$  Maintenance for up to two years.

NOTE Confidence: 0.930611713333333

 $00:08:49.950 \longrightarrow 00:08:54.038$  The primary endpoint here was a stringent CR.

NOTE Confidence: 0.930611713333333

 $00:08:54.040 \longrightarrow 00:08:56.020$  Secondary endpoints included various

NOTE Confidence: 0.930611713333333

00:08:56.020 --> 00:08:58.122 response rates, MRD, negativity,

NOTE Confidence: 0.930611713333333

00:08:58.122 --> 00:08:59.790 progression, free survival,

NOTE Confidence: 0.930611713333333

 $00:08:59.790 \longrightarrow 00:09:01.746$  and overall survival on the bottom

NOTE Confidence: 0.930611713333333

 $00:09:01.746 \longrightarrow 00:09:03.050$  half of the slide.

NOTE Confidence: 0.930611713333333

 $00:09:03.050 \longrightarrow 00:09:04.920$  You note that the patient

NOTE Confidence: 0.930611713333333

 $00:09:04.920 \longrightarrow 00:09:06.416$  characteristics were were fairly

NOTE Confidence: 0.930611713333333

 $00:09:06.416 \longrightarrow 00:09:08.580$  well balanced between both groups.

NOTE Confidence: 0.913772983333333

 $00:09:11.600 \longrightarrow 00:09:13.480$  Now highlighted here is what's

NOTE Confidence: 0.913772983333333

 $00:09:13.480 \longrightarrow 00:09:16.362$  important to note here is that these

NOTE Confidence: 0.913772983333333

 $00{:}09{:}16.362 \dashrightarrow 00{:}09{:}18.218$  responses deepened overtime after

00:09:18.218 --> 00:09:20.680 two years of maintenance therapy.

NOTE Confidence: 0.913772983333333

 $00:09:20.680 \longrightarrow 00:09:22.720$  For the DRVD, the complete response

NOTE Confidence: 0.913772983333333

 $00:09:22.720 \longrightarrow 00:09:25.450$  rates were 82% versus 61% for the

NOTE Confidence: 0.913772983333333

00:09:25.450 --> 00:09:28.100 triplet therapy and on the right

NOTE Confidence: 0.913772983333333

 $00:09:28.100 \longrightarrow 00:09:30.680$  here for the subgroup analysis,

NOTE Confidence: 0.913772983333333

 $00:09:30.680 \longrightarrow 00:09:34.726$  you can appreciate that the that these

NOTE Confidence: 0.913772983333333

 $00:09:34.726 \longrightarrow 00:09:37.776$  improved durable responses were seen

NOTE Confidence: 0.913772983333333

 $00{:}09{:}37.776 \dashrightarrow 00{:}09{:}40.826$  irrespective of the various subgroups.

NOTE Confidence: 0.913772983333333 00:09:40.830 --> 00:09:43.070 Described. NOTE Confidence: 0.913772983333333

 $00:09:43.070 \longrightarrow 00:09:44.589$  In the lower half of the slide,

NOTE Confidence: 0.913772983333333

 $00:09:44.590 \longrightarrow 00:09:47.320$  we note that there were more

NOTE Confidence: 0.913772983333333

 $00:09:47.320 \longrightarrow 00:09:49.140$  significant MRD negativity rates

NOTE Confidence: 0.913772983333333

 $00{:}09{:}49.140 \dashrightarrow 00{:}09{:}50.970$  with increased treatment as well.

NOTE Confidence: 0.913772983333333

 $00{:}09{:}50.970 \dashrightarrow 00{:}09{:}53.130$  Again for the quadruplet the rapy,

NOTE Confidence: 0.913772983333333

 $00:09:53.130 \longrightarrow 00:09:55.832$  64% relative to 30% in the triplet

 $00:09:55.832 \longrightarrow 00:09:58.395$  therapy and when we look at

NOTE Confidence: 0.913772983333333

 $00{:}09{:}58.395 \dashrightarrow 00{:}10{:}00.167$  the various subgroup analysis,

NOTE Confidence: 0.913772983333333

 $00:10:00.170 \longrightarrow 00:10:02.500$  this finding was also observed

NOTE Confidence: 0.913772983333333

 $00:10:02.500 \longrightarrow 00:10:05.420$  for patients over the age of 65.

NOTE Confidence: 0.913772983333333

 $00{:}10{:}05.420 \dashrightarrow 00{:}10{:}08.675$  Advanced ISS High Risk center

NOTE Confidence: 0.913772983333333

 $00:10:08.675 \longrightarrow 00:10:10.628$  genetic analysis and.

NOTE Confidence: 0.913772983333333

00:10:10.630 --> 00:10:12.074 And then revised higher,

NOTE Confidence: 0.913772983333333

 $00:10:12.074 \longrightarrow 00:10:13.518$  so genetic risk profile.

NOTE Confidence: 0.849201155454546

 $00:10:16.240 \longrightarrow 00:10:18.475$  The median progression free survival

NOTE Confidence: 0.849201155454546

 $00:10:18.475 \longrightarrow 00:10:21.080$  was not reached in either arm,

NOTE Confidence: 0.849201155454546

 $00{:}10{:}21.080 \dashrightarrow 00{:}10{:}22.725$  although what's important to note

NOTE Confidence: 0.849201155454546

 $00:10:22.725 \longrightarrow 00:10:25.481$  here is that we do see a separation

NOTE Confidence: 0.849201155454546

00:10:25.481 --> 00:10:27.221 of the curves beginning one

NOTE Confidence: 0.849201155454546

 $00{:}10{:}27.221 \dashrightarrow 00{:}10{:}29.249$  year after maintenance therapy,

NOTE Confidence: 0.849201155454546

 $00:10:29.250 \longrightarrow 00:10:31.959$  so this suggests a benefit for the

NOTE Confidence: 0.849201155454546

 $00{:}10{:}31.959 \dashrightarrow 00{:}10{:}34.623$  Daerah 2 Mettler Toledo my maintenance

00:10:34.623 --> 00:10:37.176 arm and although it was not powered

NOTE Confidence: 0.849201155454546

 $00{:}10{:}37.176 \longrightarrow 00{:}10{:}39.580$  again not powered for progression free

NOTE Confidence: 0.849201155454546

 $00:10:39.580 \longrightarrow 00:10:41.960$  survival in the subgroup analysis,

NOTE Confidence: 0.849201155454546

 $00:10:41.960 \longrightarrow 00:10:45.520$  but you can also note here a generally

NOTE Confidence: 0.849201155454546

00:10:45.520 --> 00:10:48.228 a positive trend for darylynn.

NOTE Confidence: 0.849201155454546

 $00:10:48.230 \longrightarrow 00:10:50.285$  Maintenance versus Lenalidomide

NOTE Confidence: 0.849201155454546

 $00:10:50.285 \longrightarrow 00:10:52.340$  monotherapy as maintenance.

NOTE Confidence: 0.905601434

00:10:55.120 --> 00:10:56.900 So the summarize these conclusions,

NOTE Confidence: 0.905601434

 $00:10:56.900 \longrightarrow 00:10:59.735$  so the quadruple therapy as induction post,

NOTE Confidence: 0.905601434

 $00:10:59.740 \longrightarrow 00:11:01.965$  auto consolidation and barev maintenance

NOTE Confidence: 0.905601434

 $00{:}11{:}01.965 \dashrightarrow 00{:}11{:}04.844$  is an effective regimen for newly

NOTE Confidence: 0.905601434

 $00:11:04.844 \longrightarrow 00:11:07.200$  diagnosed transplant eligible patients.

NOTE Confidence: 0.905601434

 $00{:}11{:}07.200 \dashrightarrow 00{:}11{:}09.110$  The MRD negativity rates were

NOTE Confidence: 0.905601434

00:11:09.110 --> 00:11:10.638 highest for the quadruplet,

NOTE Confidence: 0.905601434

00:11:10.640 --> 00:11:12.608 followed by darreff maintenance.

00:11:12.608 --> 00:11:14.576 These patients had deeper

NOTE Confidence: 0.905601434

 $00{:}11{:}14.576 --> 00{:}11{:}16.720$  levels of MRD negativity,

NOTE Confidence: 0.905601434

 $00:11:16.720 \longrightarrow 00:11:18.580$  greater deepening of the negativity

NOTE Confidence: 0.905601434

 $00:11:18.580 \longrightarrow 00:11:20.995$  over time as we saw approaching

NOTE Confidence: 0.905601434

 $00:11:20.995 \longrightarrow 00:11:23.420$  the two year maintenance phase.

NOTE Confidence: 0.905601434

00:11:23.420 --> 00:11:25.430 Similarly, their rates of sustained.

NOTE Confidence: 0.905601434

 $00{:}11{:}25.430 \dashrightarrow 00{:}11{:}29.852$  MRMR D negativity and the subset

NOTE Confidence: 0.905601434

 $00{:}11{:}29.852 \dashrightarrow 00{:}11{:}32.950$  analysis also trended favorably in

NOTE Confidence: 0.905601434

 $00{:}11{:}32.950 \dashrightarrow 00{:}11{:}36.730$  for the high risk population as well.

NOTE Confidence: 0.905601434

 $00:11:36.730 \longrightarrow 00:11:40.349$  In terms of the progression free survival.

NOTE Confidence: 0.905601434

00:11:40.350 --> 00:11:43.266 Again, also this two year maintenance

NOTE Confidence: 0.905601434

 $00:11:43.266 \longrightarrow 00:11:45.903$  was well tolerated for those who

NOTE Confidence: 0.905601434

 $00{:}11{:}45.903 \dashrightarrow 00{:}11{:}47.467$  received the dara tumumab combination.

NOTE Confidence: 0.873774954285714

00:11:49.510 --> 00:11:51.708 So moving on to the Maia study.

NOTE Confidence: 0.873774954285714

 $00:11:51.710 \longrightarrow 00:11:53.770$  Now this these results were

NOTE Confidence: 0.873774954285714

 $00:11:53.770 \longrightarrow 00:11:55.006$  actually originally published

00:11:55.006 --> 00:11:57.030 last summer at the FAP meeting,

NOTE Confidence: 0.873774954285714

00:11:57.030 --> 00:11:59.864 but I'm gonna review it here also,

NOTE Confidence: 0.873774954285714

 $00:11:59.864 \longrightarrow 00:12:02.655$  within the context of this

NOTE Confidence: 0.873774954285714

 $00:12:02.655 \longrightarrow 00:12:07.065$  presentation by Doctor Usmania at MSK.

NOTE Confidence: 0.873774954285714

 $00:12:07.070 \longrightarrow 00:12:09.350$  Who essentially wanted to determine

NOTE Confidence: 0.873774954285714

 $00:12:09.350 \longrightarrow 00:12:12.532$  the effects of the Maya on patients

NOTE Confidence: 0.873774954285714

00:12:12.532 --> 00:12:14.344 with impaired renal function,

NOTE Confidence: 0.873774954285714

 $00:12:14.350 \longrightarrow 00:12:15.910$  which is relevant here?

NOTE Confidence: 0.873774954285714

 $00:12:15.910 \longrightarrow 00:12:18.250$  Because really up to up to

NOTE Confidence: 0.873774954285714

 $00:12:18.336 \longrightarrow 00:12:20.530$  50% of patients can have some

NOTE Confidence: 0.873774954285714

 $00{:}12{:}20.530 \dashrightarrow 00{:}12{:}22.490$  baseline renal compromise that can

NOTE Confidence: 0.873774954285714

 $00:12:22.562 \longrightarrow 00:12:24.587$  impact our choice of treatment.

NOTE Confidence: 0.873774954285714

 $00{:}12{:}24.590 \dashrightarrow 00{:}12{:}26.630$  So the the Maya the mitral.

NOTE Confidence: 0.873774954285714

 $00:12:26.630 \longrightarrow 00:12:27.970$  As you may know,

NOTE Confidence: 0.873774954285714

 $00{:}12{:}27.970 \dashrightarrow 00{:}12{:}30.528$  evaluated the addition of Dara to Rev

 $00:12:30.528 \longrightarrow 00:12:32.928$  Dex and transplant ineligible patients.

NOTE Confidence: 0.873774954285714

 $00:12:32.930 \longrightarrow 00:12:34.814$  Newly diagnosed median follow-up

NOTE Confidence: 0.873774954285714

 $00:12:34.814 \longrightarrow 00:12:37.640$  of four and a half years.

NOTE Confidence: 0.873774954285714

00:12:37.640 --> 00:12:40.808 The Dara Rev Dex prolonged PFS

NOTE Confidence: 0.873774954285714

 $00:12:40.808 \longrightarrow 00:12:44.130$  and OS versus Rev Dex alone,

NOTE Confidence: 0.873774954285714

 $00:12:44.130 \longrightarrow 00:12:46.314$  and this was despite the fact that

NOTE Confidence: 0.873774954285714

 $00:12:46.314 \longrightarrow 00:12:49.376$  almost half the patients in the Rev Dex

NOTE Confidence: 0.873774954285714

00:12:49.376 --> 00:12:51.628 population received subsequent therapy,

NOTE Confidence: 0.873774954285714

 $00:12:51.630 \longrightarrow 00:12:53.499$  including a dare to Matt based regimen.

NOTE Confidence: 0.9099361675

 $00:12:55.680 \longrightarrow 00:12:59.130$  So so important for for

NOTE Confidence: 0.9099361675

 $00:12:59.130 \longrightarrow 00:13:01.200$  this patient population.

NOTE Confidence: 0.9099361675

 $00:13:01.200 \longrightarrow 00:13:03.216$  When we look at the study design,

NOTE Confidence: 0.9099361675

 $00{:}13{:}03.220 \dashrightarrow 00{:}13{:}05.300$  Somaiya trial again included

NOTE Confidence: 0.9099361675

00:13:05.300 --> 00:13:06.340 transplant ineligible,

NOTE Confidence: 0.9099361675

00:13:06.340 --> 00:13:08.720 newly diagnosed multiple myeloma patients,

NOTE Confidence: 0.9099361675

 $00{:}13{:}08.720 \dashrightarrow 00{:}13{:}12.744$ randomized to Dara Rev Dex or Rev Dex

 $00:13:12.744 \longrightarrow 00:13:16.548$  and important here to note is that

NOTE Confidence: 0.9099361675

 $00{:}13{:}16.548 \dashrightarrow 00{:}13{:}21.200$  this treatment was continued until.

NOTE Confidence: 0.9099361675

 $00:13:21.200 \longrightarrow 00:13:22.716$  I told disease progression.

NOTE Confidence: 0.9099361675

00:13:22.716 --> 00:13:24.990 The primary endpoint for this study

NOTE Confidence: 0.9099361675

 $00:13:25.053 \longrightarrow 00:13:27.098$  was the progression free survival.

NOTE Confidence: 0.9099361675

00:13:27.100 --> 00:13:28.402 Various secondary endpoints,

NOTE Confidence: 0.9099361675

00:13:28.402 --> 00:13:31.440 again looking at the the response rates,

NOTE Confidence: 0.9099361675

00:13:31.440 --> 00:13:33.388 MRD negativity, overall survival.

NOTE Confidence: 0.910410601428571

00:13:36.130 --> 00:13:38.657 And here we note the updated results.

NOTE Confidence: 0.910410601428571

 $00:13:38.660 \longrightarrow 00:13:40.850$  So with respect to the

NOTE Confidence: 0.910410601428571

00:13:40.850 --> 00:13:43.297 updated five year analysis,

NOTE Confidence: 0.910410601428571

 $00:13:43.297 \longrightarrow 00:13:47.311$  the progression free survival was not

NOTE Confidence: 0.910410601428571

 $00{:}13{:}47.311 \dashrightarrow 00{:}13{:}51.386$  reached for the Dara Rev Dex combination

NOTE Confidence: 0.910410601428571

 $00:13:51.390 \longrightarrow 00:13:56.510$  and was 30-4 months for the Rev decks.

NOTE Confidence: 0.910410601428571

 $00:13:56.510 \longrightarrow 00:13:59.030$  Cohort in terms of the overall

 $00:13:59.030 \longrightarrow 00:13:59.870$  survival benefit,

NOTE Confidence: 0.910410601428571

00:13:59.870 --> 00:14:01.994 we do really important here to

NOTE Confidence: 0.910410601428571

 $00:14:01.994 \longrightarrow 00:14:04.782$  note is that there is an overall

NOTE Confidence: 0.910410601428571

00:14:04.782 --> 00:14:07.554 survival benefit for Dara Rev Dex,

NOTE Confidence: 0.910410601428571

 $00{:}14{:}07.554 \dashrightarrow 00{:}14{:}10.862$  which is documented as a 32% reduction.

NOTE Confidence: 0.910410601428571

00:14:10.862 --> 00:14:14.840 The risk of death relative to Rev Dex alone.

NOTE Confidence: 0.9064067075

 $00:14:17.410 \longrightarrow 00:14:19.370$  And if you see here on the

NOTE Confidence: 0.9064067075

 $00:14:19.370 \longrightarrow 00:14:21.060$  right side of the screen,

NOTE Confidence: 0.9064067075

 $00:14:21.060 \longrightarrow 00:14:23.718$  regardless of whether patients received a

NOTE Confidence: 0.9064067075

00:14:23.718 --> 00:14:27.710 Lenalidomide dose of 25 or a lower dose,

NOTE Confidence: 0.9064067075

00:14:27.710 --> 00:14:30.146 there was a progression free survival

NOTE Confidence: 0.9064067075

 $00:14:30.146 \longrightarrow 00:14:32.387$  benefit and an overall survival

NOTE Confidence: 0.9064067075

 $00:14:32.387 \longrightarrow 00:14:35.080$  benefit for Darryl Rev Dex relative

NOTE Confidence: 0.9064067075

 $00{:}14{:}35.080 \dashrightarrow 00{:}14{:}38.512$  to Rev Dex and the figure on the left

NOTE Confidence: 0.9064067075

00:14:38.512 --> 00:14:40.862 here really just highlights that this

NOTE Confidence: 0.9064067075

 $00:14:40.862 \longrightarrow 00:14:42.558$  progression free survival benefit

 $00:14:42.558 \longrightarrow 00:14:45.821$  that we're seeing in Maya is is quite

NOTE Confidence: 0.9064067075

00:14:45.821 --> 00:14:47.696 remarkable and really superior to.

NOTE Confidence: 0.9064067075

 $00:14:47.700 \longrightarrow 00:14:49.884$  Some of the other recent phase

NOTE Confidence: 0.9064067075

 $00:14:49.884 \longrightarrow 00:14:52.084$  three trials published in transplant

NOTE Confidence: 0.9064067075

 $00:14:52.084 \longrightarrow 00:14:53.430$  ineligible patients.

NOTE Confidence: 0.868880455652174

00:14:56.170 --> 00:14:58.186 To summarize, so after five years of

NOTE Confidence: 0.868880455652174

 $00:14:58.186 \longrightarrow 00:15:00.238$  follow up the progression free and

NOTE Confidence: 0.868880455652174

 $00{:}15{:}00.238 \dashrightarrow 00{:}15{:}02.113$  overall survival benefit for Darrell

NOTE Confidence: 0.868880455652174

 $00{:}15{:}02.113 \dashrightarrow 00{:}15{:}04.910$  Rev Dex versus Rev Dex was observed

NOTE Confidence: 0.868880455652174

 $00{:}15{:}04.910 \dashrightarrow 00{:}15{:}07.270$  and importantly relevant here.

NOTE Confidence: 0.868880455652174

 $00:15:07.270 \longrightarrow 00:15:10.042$  This was also observed in patients with

NOTE Confidence: 0.868880455652174

00:15:10.042 --> 00:15:12.020 compromised renal function at baseline,

NOTE Confidence: 0.868880455652174

 $00{:}15{:}12.020 \dashrightarrow 00{:}15{:}14.225$  irrespective of the starting dose

NOTE Confidence: 0.868880455652174

 $00:15:14.225 \longrightarrow 00:15:16.873$  of Lenalidomide was a little bit

NOTE Confidence: 0.868880455652174

 $00:15:16.873 \longrightarrow 00:15:19.051$  less pronounced than those that had

 $00:15:19.051 \longrightarrow 00:15:21.568$  had a lower dose lower than 25.

NOTE Confidence: 0.868880455652174

 $00{:}15{:}21.570 \dashrightarrow 00{:}15{:}25.550$  But really, highlighting the impressive,

NOTE Confidence: 0.868880455652174

00:15:25.550 --> 00:15:27.182 you know, practice changing.

NOTE Confidence: 0.868880455652174

 $00:15:27.182 \longrightarrow 00:15:29.222$  Results of Maya for transplant

NOTE Confidence: 0.868880455652174

 $00:15:29.222 \longrightarrow 00:15:30.870$  and eligible patients.

NOTE Confidence: 0.829630117727273

00:15:33.200 --> 00:15:34.600 Any interest of time,

NOTE Confidence: 0.829630117727273

00:15:34.600 --> 00:15:36.700 I'm just going to briefly review

NOTE Confidence: 0.829630117727273

 $00:15:36.767 \longrightarrow 00:15:38.555$  another quadruplet based treatment

NOTE Confidence: 0.829630117727273

 $00:15:38.555 \longrightarrow 00:15:41.237$  regimen presented at ASH just back

NOTE Confidence: 0.829630117727273

00:15:41.307 --> 00:15:43.264 in December involving ISATUXIMAB,

NOTE Confidence: 0.829630117727273

 $00{:}15{:}43.264 \dashrightarrow 00{:}15{:}46.996$  which is another CD 38 monoclonal

NOTE Confidence: 0.829630117727273

 $00:15:46.996 \longrightarrow 00:15:50.349$  antibody and hear the IT evolved

NOTE Confidence: 0.829630117727273

 $00{:}15{:}50.349 \to 00{:}15{:}52.864$  is atuximab with RVD or RVD

NOTE Confidence: 0.829630117727273

 $00:15:52.864 \longrightarrow 00:15:55.476$  relative to RVD in transplant

NOTE Confidence: 0.829630117727273

 $00:15:55.476 \longrightarrow 00:15:58.494$  eligible patients and this was the

NOTE Confidence: 0.829630117727273

 $00:15:58.500 \longrightarrow 00:16:01.530$  phase three GMMG HD seven study.

 $00:16:04.530 \longrightarrow 00:16:08.046$  And this phase three trial demonstrated

NOTE Confidence: 0.794222217

 $00{:}16{:}08.046 {\:{\circ}{\circ}{\circ}\:} > 00{:}16{:}11.516$  a improvement or superiority in MRD

NOTE Confidence: 0.794222217

 $00:16:11.516 \longrightarrow 00:16:14.618$  negativity rates after induction with the

NOTE Confidence: 0.794222217

 $00:16:14.618 \longrightarrow 00:16:18.157$  addition of the aesthetics mab antibody.

NOTE Confidence: 0.794222217

 $00{:}16{:}18.160 \dashrightarrow 00{:}16{:}21.120$ 2 RVD with the MRD response rate of

NOTE Confidence: 0.794222217

 $00:16:21.120 \longrightarrow 00:16:24.130$  50 point 1% relative to 35% and on the

NOTE Confidence: 0.794222217

 $00:16:24.130 \longrightarrow 00:16:26.749$  right side of the screen. You can also.

NOTE Confidence: 0.876426585384615

 $00{:}16{:}40.990 \dashrightarrow 00{:}16{:}43.678$  Is the highest described to date in a

NOTE Confidence: 0.876426585384615

00:16:43.678 --> 00:16:47.310 randomized phase three trial at 50.1%?

NOTE Confidence: 0.876426585384615

 $00:16:47.310 \longrightarrow 00:16:49.675$  Importantly, the addition of Isatuximab

NOTE Confidence: 0.876426585384615

 $00{:}16{:}49.675 \dashrightarrow 00{:}16{:}52.543$  had no significant impact on the

NOTE Confidence: 0.876426585384615

00:16:52.543 --> 00:16:54.688 safety profile or dose intensity,

NOTE Confidence: 0.876426585384615

 $00{:}16{:}54.690 \dashrightarrow 00{:}16{:}56.865$  and there are ongoing studies

NOTE Confidence: 0.876426585384615

 $00:16:56.865 \longrightarrow 00:16:58.605$  evaluating this combination of

NOTE Confidence: 0.876426585384615

 $00:16:58.605 \longrightarrow 00:17:00.680$  treatment for transplant eligible

 $00:17:00.680 \longrightarrow 00:17:02.776$  and transplant ineligible patients.

NOTE Confidence: 0.911890994

 $00:17:05.500 \longrightarrow 00:17:08.074$  And finally, I think it's also

NOTE Confidence: 0.911890994

 $00{:}17{:}08.074 \dashrightarrow 00{:}17{:}10.500$  important to discuss the master

NOTE Confidence: 0.911890994

00:17:10.500 --> 00:17:13.000 trial which involved daratumumab,

NOTE Confidence: 0.911890994

00:17:13.000 --> 00:17:14.426 carfilzomib, Lenalidomide,

NOTE Confidence: 0.911890994

 $00{:}17{:}14.426 \dashrightarrow 00{:}17{:}16.565$  and dexame thasone togus

NOTE Confidence: 0.911890994

 $00{:}17{:}16.565 \dashrightarrow 00{:}17{:}19.417$  transplant and MRD response.

NOTE Confidence: 0.911890994

 $00:17:19.420 \longrightarrow 00:17:22.650$  Adaptive consolidation.

NOTE Confidence: 0.911890994

 $00:17:22.650 \longrightarrow 00:17:24.939$  We know that there are two have

NOTE Confidence: 0.911890994

00:17:24.939 --> 00:17:26.415 improves outcomes when combined

NOTE Confidence: 0.911890994

 $00{:}17{:}26.415 \dashrightarrow 00{:}17{:}28.540$  with a proteasome inhibitor and

NOTE Confidence: 0.911890994

 $00:17:28.540 \longrightarrow 00:17:30.240$  or an immunomodulator agents.

NOTE Confidence: 0.911890994

 $00:17:30.240 \longrightarrow 00:17:33.648$  We also know that MRD negativity

NOTE Confidence: 0.911890994

 $00{:}17{:}33.648 \dashrightarrow 00{:}17{:}35.352$  has prognostic implications.

NOTE Confidence: 0.911890994

 $00:17:35.360 \longrightarrow 00:17:38.275$  Now, this study incorporated a

NOTE Confidence: 0.911890994

 $00{:}17{:}38.275 \dashrightarrow 00{:}17{:}41.190$  response adopted the rapy to achieve

00:17:41.282 --> 00:17:43.600 MRD negativity and really aimed

NOTE Confidence: 0.911890994

00:17:43.600 --> 00:17:46.486 to evaluate the Natural History of

NOTE Confidence: 0.911890994

00:17:46.486 --> 00:17:49.350 patients with sustained MRD negativity.

NOTE Confidence: 0.800925246875

 $00:17:51.830 \longrightarrow 00:17:53.810$  Now, the treatment included Dara

NOTE Confidence: 0.800925246875

 $00{:}17{:}53.810 \dashrightarrow 00{:}17{:}56.234$  KRD and car filzomib was dosed at

NOTE Confidence: 0.800925246875

 $00{:}17{:}56.234 \dashrightarrow 00{:}17{:}58.099$ 56 milligrams per meter squared.

NOTE Confidence: 0.800925246875

00:17:58.100 --> 00:18:00.998 Weekly patients received 4 induction cycles

NOTE Confidence: 0.800925246875

 $00{:}18{:}00.998 \dashrightarrow 00{:}18{:}04.118$  of Derek KRD followed by a colleague.

NOTE Confidence: 0.800925246875

 $00:18:04.120 \longrightarrow 00:18:06.040$  A stem cell transplant.

NOTE Confidence: 0.800925246875

 $00{:}18{:}06.040 \dashrightarrow 00{:}18{:}10.327$  And up to 8 cycles of Dara KRD MRD

NOTE Confidence: 0.800925246875

 $00:18:10.327 \longrightarrow 00:18:13.456$  was assessed at each of these blocks.

NOTE Confidence: 0.800925246875

 $00:18:13.460 \longrightarrow 00:18:17.373$  Now, patients who had two consecutive MRD

NOTE Confidence: 0.800925246875

 $00{:}18{:}17.373 \dashrightarrow 00{:}18{:}20.225$  negativity findings were transitioned

NOTE Confidence: 0.800925246875

 $00:18:20.225 \longrightarrow 00:18:24.550$  to this phase called MRD Shore,

NOTE Confidence: 0.800925246875

 $00:18:24.550 \longrightarrow 00:18:28.846$  which was a treatment free interval.

 $00:18:28.850 \longrightarrow 00:18:32.000$  Observation and surveillance.

NOTE Confidence: 0.800925246875

 $00{:}18{:}32.000 \dashrightarrow 00{:}18{:}34.856$  Those patients who did not achieve MRD

NOTE Confidence: 0.800925246875

 $00:18:34.856 \longrightarrow 00:18:37.215$  shirt continued to receive Lenalidomide

NOTE Confidence: 0.800925246875

 $00:18:37.215 \longrightarrow 00:18:40.383$  maintenance as their standard of care.

NOTE Confidence: 0.800925246875

 $00:18:40.390 \longrightarrow 00:18:41.550$  And here are the results.

NOTE Confidence: 0.800925246875

 $00:18:41.550 \longrightarrow 00:18:43.310$  You can appreciate that.

NOTE Confidence: 0.800925246875

 $00:18:43.310 \longrightarrow 00:18:46.150$  Overall, the majority of patients at

NOTE Confidence: 0.800925246875

00:18:46.150 --> 00:18:49.660 80% achieved MRD negativity and the

NOTE Confidence: 0.800925246875

 $00{:}18{:}49.660 \dashrightarrow 00{:}18{:}53.545$  depth of response and MRD negativity

NOTE Confidence: 0.800925246875

 $00:18:53.545 \longrightarrow 00:18:57.265$  improved at each therapy phase.

NOTE Confidence: 0.800925246875

 $00:18:57.270 \longrightarrow 00:19:00.108$  As you can appreciate with these

NOTE Confidence: 0.800925246875

00:19:00.108 --> 00:19:02.000 blocks and became compareable

NOTE Confidence: 0.800925246875

00:19:02.078 --> 00:19:04.746 among the groups with no high risk,

NOTE Confidence: 0.800925246875

00:19:04.746 --> 00:19:06.836 cytogenetic amalies 1 high risk

NOTE Confidence: 0.800925246875

 $00:19:06.836 \longrightarrow 00:19:09.455$  genetic anality or two or more

NOTE Confidence: 0.800925246875

 $00:19:09.455 \longrightarrow 00:19:11.179$  high risk genetic abnormalities.

 $00:19:11.180 \longrightarrow 00:19:14.295$  When we assess when they assessed MRD

NOTE Confidence: 0.800925246875

 $00:19:14.295 \longrightarrow 00:19:18.950$  to at level of 1 \* 10 to the minus,

NOTE Confidence: 0.800925246875

 $00:19:18.950 \longrightarrow 00:19:21.806$  666% of patients achieved MRD negativity.

NOTE Confidence: 0.800925246875

 $00:19:21.810 \longrightarrow 00:19:25.650$  Their proportion here in the various

NOTE Confidence: 0.800925246875

 $00:19:25.650 \longrightarrow 00:19:28.080$  cytogenetic abnormality populations was

NOTE Confidence: 0.800925246875

 $00:19:28.080 \longrightarrow 00:19:31.650$  somewhat lower and it did take longer

NOTE Confidence: 0.800925246875

 $00:19:31.650 \longrightarrow 00:19:34.490$  to achieve for those with ultra high risk.

NOTE Confidence: 0.800925246875

 $00:19:34.490 \longrightarrow 00:19:36.538$  As you can see here in the two

NOTE Confidence: 0.800925246875

 $00{:}19{:}36.538 \dashrightarrow 00{:}19{:}38.659$  plus high risk surgical abilities.

NOTE Confidence: 0.56494648

00:19:41.150 --> 00:19:44.326 In terms of MRD shore, so about 71 or

NOTE Confidence: 0.56494648

 $00:19:44.326 \longrightarrow 00:19:46.370$  72% achieve of patients achieve them.

NOTE Confidence: 0.56494648

 $00:19:46.370 \longrightarrow 00:19:48.554$  Are these sure and this was

NOTE Confidence: 0.56494648

 $00{:}19{:}48.554 \dashrightarrow 00{:}19{:}50.010$  relatively similar across the

NOTE Confidence: 0.56494648

 $00:19:50.074 \longrightarrow 00:19:51.990$  three cytogenetic risk groups.

NOTE Confidence: 0.56494648

 $00:19:51.990 \longrightarrow 00:19:54.818$  The median follow up time here was

00:19:54.818 --> 00:19:57.630 about 14 months and the risk of MRD,

NOTE Confidence: 0.56494648

 $00{:}19{:}57.630 \dashrightarrow 00{:}20{:}01.710$  resurgence or clinical progression was

NOTE Confidence: 0.56494648

00:20:01.710 --> 00:20:06.198 40 and 27% among the standard high risk

NOTE Confidence: 0.56494648

00:20:06.198 --> 00:20:10.110 and ultra high risk patient groups,

NOTE Confidence: 0.56494648

00:20:10.110 --> 00:20:12.570 respectively. And importantly,

NOTE Confidence: 0.56494648

00:20:12.570 --> 00:20:14.796 none of the patients who entered this

NOTE Confidence: 0.56494648

 $00:20:14.796 \longrightarrow 00:20:17.089$  phase of MRD sure ultimately died

NOTE Confidence: 0.56494648

 $00:20:17.090 \longrightarrow 00:20:20.658$  from multiple myeloma progression.

NOTE Confidence: 0.56494648

 $00{:}20{:}20.660 \dashrightarrow 00{:}20{:}21.839$  So, in conclusion,

NOTE Confidence: 0.56494648

00:20:21.839 --> 00:20:23.018 next generation sequencing,

NOTE Confidence: 0.56494648

 $00{:}20{:}23.020 \dashrightarrow 00{:}20{:}23.850$  MRD response,

NOTE Confidence: 0.56494648

 $00:20:23.850 \longrightarrow 00:20:26.340$  adaptive therapy is feasible in the

NOTE Confidence: 0.56494648

 $00:20:26.340 \longrightarrow 00:20:28.238$  overwhelming majority of patients in

NOTE Confidence: 0.56494648

 $00:20:28.238 \longrightarrow 00:20:30.762$  multicenter settings with 70 to 72% of

NOTE Confidence: 0.56494648

 $00:20:30.762 \longrightarrow 00:20:33.288$  patients or she reaching MRD shore.

NOTE Confidence: 0.56494648

00:20:33.290 --> 00:20:36.209 Patients who have standard and high risk,

 $00:20:36.210 \longrightarrow 00:20:38.400$  newly diagnosed myeloma had similar

NOTE Confidence: 0.56494648

 $00{:}20{:}38.400 \dashrightarrow 00{:}20{:}41.528$  depth of response and low risk of MRD,

NOTE Confidence: 0.56494648

 $00:20:41.530 \longrightarrow 00:20:43.182$  resurgence or clinical progression

NOTE Confidence: 0.56494648

 $00:20:43.182 \longrightarrow 00:20:45.247$  when they were treated with

NOTE Confidence: 0.56494648

 $00{:}20{:}45.247 \dashrightarrow 00{:}20{:}47.298$  the master trial quadruplets.

NOTE Confidence: 0.56494648

00:20:47.300 --> 00:20:49.430 Stem cell transplant and MRD,

NOTE Confidence: 0.56494648

 $00:20:49.430 \longrightarrow 00:20:51.418$  adaptive treatment cessation and

NOTE Confidence: 0.56494648

 $00:20:51.418 \longrightarrow 00:20:53.406$  quadruple therapy achievement of

NOTE Confidence: 0.56494648

 $00:20:53.406 \longrightarrow 00:20:55.660$  confirmed MRD negative responses.

NOTE Confidence: 0.56494648

 $00:20:55.660 \longrightarrow 00:20:58.282$  Enables us to explore stopping treatment

NOTE Confidence: 0.56494648

00:20:58.282 --> 00:21:01.247 as an alternative to continuous MRD

NOTE Confidence: 0.56494648

 $00:21:01.247 \longrightarrow 00:21:03.539$  therapy to continuous indefinite.

NOTE Confidence: 0.56494648

00:21:03.540 --> 00:21:05.566 Treatment importantly,

NOTE Confidence: 0.56494648

00:21:05.566 --> 00:21:07.030 here again, novel therapy,

NOTE Confidence: 0.56494648

 $00:21:07.030 \longrightarrow 00:21:07.711$  novel,

 $00:21:07.711 \longrightarrow 00:21:10.435$  effective consolidation treatments should

NOTE Confidence: 0.56494648

 $00{:}21{:}10.435 \dashrightarrow 00{:}21{:}13.168$  be explored to improve outcomes and

NOTE Confidence: 0.56494648

 $00{:}21{:}13.168 \dashrightarrow 00{:}21{:}16.100$  clear MRD to a negative state in these

NOTE Confidence: 0.56494648

00:21:16.100 --> 00:21:18.130 ultra high risk patient population.

NOTE Confidence: 0.934961033846154

 $00:21:20.930 \longrightarrow 00:21:22.806$  Thank you and I will welcome questions

NOTE Confidence: 0.934961033846154

 $00:21:22.806 \longrightarrow 00:21:24.818$  at the end of this presentation.

NOTE Confidence: 0.932449442857143

00:21:29.910 --> 00:21:31.737 And I'll transfer it over to Terry.

NOTE Confidence: 0.8006976475

00:21:38.850 --> 00:21:41.265 Thank you, I will be focusing on

NOTE Confidence: 0.8006976475

 $00:21:41.265 \longrightarrow 00:21:43.629$  updates in relapsed refractory myeloma.

NOTE Confidence: 0.831720452941176

 $00:21:46.860 \longrightarrow 00:21:49.812$  I have no disclosures and I will be

NOTE Confidence: 0.831720452941176

 $00{:}21{:}49.812 \dashrightarrow 00{:}21{:}51.530$  specifically focusing on treatment

NOTE Confidence: 0.831720452941176

 $00:21:51.530 \longrightarrow 00:21:53.800$  of triple class refractory patients.

NOTE Confidence: 0.831720452941176

 $00:21:53.800 \longrightarrow 00:21:55.676$  This is defined as those patients that

NOTE Confidence: 0.831720452941176

00:21:55.676 --> 00:21:57.714 are refractory to anime, no modulatory,

NOTE Confidence: 0.831720452941176

00:21:57.714 --> 00:21:59.949 a Jack, a proteasome inhibitor,

NOTE Confidence: 0.831720452941176

00:21:59.950 --> 00:22:03.205 and STD 38 monoclonal antibody currently

 $00:22:03.205 \longrightarrow 00:22:05.980$  approved agents for this classification

NOTE Confidence: 0.831720452941176

 $00:22:05.980 \longrightarrow 00:22:08.200$  includes standard chemotherapeutic regimens,

NOTE Confidence: 0.831720452941176

 $00:22:08.200 \longrightarrow 00:22:09.180$  selinexor combinations,

NOTE Confidence: 0.831720452941176

 $00:22:09.180 \longrightarrow 00:22:11.630$  fanatical axe for patients who

NOTE Confidence: 0.831720452941176

 $00:22:11.630 \longrightarrow 00:22:13.100$  harbor a translocation.

NOTE Confidence: 0.831720452941176

 $00:22:13.100 \longrightarrow 00:22:16.824$  1114 and two BCM a targeted therapies.

NOTE Confidence: 0.831720452941176

00:22:16.830 --> 00:22:19.074 Mentioned at Matthew Gelatin and antibody

NOTE Confidence: 0.831720452941176

00:22:19.074 --> 00:22:22.085 drug conjugate and I do sell a car T therapy.

NOTE Confidence: 0.831720452941176

00:22:22.090 --> 00:22:23.322 Fortunately for our patients,

NOTE Confidence: 0.831720452941176

 $00:22:23.322 \longrightarrow 00:22:24.554$  there are many agents

NOTE Confidence: 0.831720452941176

00:22:24.554 --> 00:22:25.950 currently in clinical trial,

NOTE Confidence: 0.831720452941176

 $00{:}22{:}25.950 \dashrightarrow 00{:}22{:}27.732$  many of which were updated at

NOTE Confidence: 0.831720452941176

00:22:27.732 --> 00:22:28.623 this year's ASH.

NOTE Confidence: 0.831720452941176

 $00:22:28.630 \longrightarrow 00:22:29.767$  These include BCM,

NOTE Confidence: 0.831720452941176

 $00:22:29.767 \longrightarrow 00:22:33.125$  a targeted therapies in the form of PCM a

00:22:33.125 --> 00:22:35.890 CD3 bispecific T cell engager's non BCMA,

NOTE Confidence: 0.831720452941176

 $00{:}22{:}35.890 \dashrightarrow 00{:}22{:}38.890$  targeted the rapies and Carty or cellular

NOTE Confidence: 0.831720452941176

 $00:22:38.890 \longrightarrow 00:22:41.283$  therapies which will be discussed by

NOTE Confidence: 0.831720452941176

 $00:22:41.283 \longrightarrow 00:22:43.750$  doctor Bark later in the session.

NOTE Confidence: 0.831720452941176

 $00:22:43.750 \longrightarrow 00:22:45.832$  First, we'll start with a presentation

NOTE Confidence: 0.831720452941176

00:22:45.832 --> 00:22:47.597 by Doctor Moreau entitled updated

NOTE Confidence: 0.831720452941176

00:22:47.597 --> 00:22:49.823 results from Majestic One at phase one,

NOTE Confidence: 0.831720452941176

 $00:22:49.830 \longrightarrow 00:22:52.371$  two study of Palestine Map Ciclista Mob

NOTE Confidence: 0.831720452941176

00:22:52.371 --> 00:22:55.434 is at BCM a CD3 bispecific antibody here.

NOTE Confidence: 0.831720452941176

 $00:22:55.434 \longrightarrow 00:22:58.490$  Phase one and two data from the

NOTE Confidence: 0.831720452941176

 $00{:}22{:}58.490 \dashrightarrow 00{:}23{:}01.610$  1.5 MB per chik dose was presented.

NOTE Confidence: 0.831720452941176

 $00:23:01.610 \longrightarrow 00:23:03.775$  He eligibility criteria included that

NOTE Confidence: 0.831720452941176

 $00:23:03.775 \longrightarrow 00:23:06.323$  patient be triple class exposed have

NOTE Confidence: 0.831720452941176

00:23:06.323 --> 00:23:08.883 three or more lines of prior therapy and,

 $\begin{aligned} & \text{NOTE Confidence: } 0.831720452941176 \\ & 00:23:08.890 --> 00:23:09.395 \text{ importantly,} \end{aligned}$ 

NOTE Confidence: 0.831720452941176

 $00{:}23{:}09.395 \dashrightarrow 00{:}23{:}12.524$  no prior PC may therapy patients

 $00:23:12.524 \longrightarrow 00:23:13.732$  receive stubborn.

NOTE Confidence: 0.831720452941176

00:23:13.732 --> 00:23:17.395 Testing at 0.06 and 0.3 makes per

NOTE Confidence: 0.831720452941176

00:23:17.395 --> 00:23:19.850 kig subcutaneously followed by weekly

NOTE Confidence: 0.831720452941176

00:23:19.937 --> 00:23:22.708 treatment of 1.5 mix perchik subcutaneously.

NOTE Confidence: 0.831720452941176

 $00:23:22.708 \longrightarrow 00:23:25.907$  The primary endpoint for the trial was

NOTE Confidence: 0.831720452941176

00:23:25.907 --> 00:23:27.984 overall response rates 40 patients

NOTE Confidence: 0.831720452941176

 $00:23:27.984 \longrightarrow 00:23:30.684$  were accrued in phase one on 125.

NOTE Confidence: 0.831720452941176

 $00:23:30.684 \longrightarrow 00:23:31.986$  In phase two.

NOTE Confidence: 0.831720452941176

 $00:23:31.986 \longrightarrow 00:23:35.090$  The median treatment duration was 5.9 months.

NOTE Confidence: 0.831720452941176

 $00{:}23{:}35.090 \dashrightarrow 00{:}23{:}37.880$  38 patients had high rosset to genetics,

NOTE Confidence: 0.831720452941176

 $00:23:37.880 \longrightarrow 00:23:40.560$  20 with ISS three disease,

NOTE Confidence: 0.831720452941176

 $00:23:40.560 \longrightarrow 00:23:42.588$  and this is a heavily pretreated

NOTE Confidence: 0.831720452941176

00:23:42.588 --> 00:23:43.264 patient population.

NOTE Confidence: 0.831720452941176

00:23:43.270 --> 00:23:45.706 With five medium prior lines of therapy,

NOTE Confidence: 0.831720452941176 00:23:45.710 --> 00:23:47.270 again, NOTE Confidence: 0.831720452941176 00:23:47.270 --> 00:23:49.766 165 patients were triple class exposed,

NOTE Confidence: 0.831720452941176

 $00{:}23{:}49.770 \dashrightarrow 00{:}23{:}53.238$  with 128 being considered triple class

NOTE Confidence: 0.831720452941176

 $00:23:53.238 \longrightarrow 00:23:57.139$  refractory and 50 penta drug refractory.

NOTE Confidence: 0.831720452941176

00:23:57.140 --> 00:23:59.250 Median follow-up with 7.8 months

NOTE Confidence: 0.831720452941176

 $00:23:59.250 \longrightarrow 00:24:01.968$  and overall response rate was 62%,

NOTE Confidence: 0.831720452941176

00:24:01.968 --> 00:24:04.400 with 58% achieving Avicii,

NOTE Confidence: 0.831720452941176

 $00:24:04.400 \longrightarrow 00:24:06.820$  PR or better and 28.7%.

NOTE Confidence: 0.831720452941176

00:24:06.820 --> 00:24:09.126 Achieving the CR, or better importantly,

NOTE Confidence: 0.831720452941176

 $00{:}24{:}09.126 \dashrightarrow 00{:}24{:}11.768$  the overall response rate of 62%

NOTE Confidence: 0.831720452941176

00:24:11.768 --> 00:24:13.800 was consistent across clinically

NOTE Confidence: 0.831720452941176

00:24:13.800 --> 00:24:14.816 relevant subgroups,

NOTE Confidence: 0.831720452941176

 $00:24:14.820 \longrightarrow 00:24:16.800$  including those patients that had

NOTE Confidence: 0.831720452941176

 $00{:}24{:}16.800 \dashrightarrow 00{:}24{:}18.780$  high risk cytogenetics and those

NOTE Confidence: 0.831720452941176

 $00{:}24{:}18.840 \dashrightarrow 00{:}24{:}20.760$  that were penta drug refractory.

NOTE Confidence: 0.831720452941176

 $00:24:20.760 \longrightarrow 00:24:22.626$  The median time to first response

NOTE Confidence: 0.831720452941176

 $00:24:22.626 \longrightarrow 00:24:23.708$  was 1.2 months,

 $00:24:23.708 \longrightarrow 00:24:25.628$  with a progression free survival

NOTE Confidence: 0.831720452941176

 $00:24:25.628 \longrightarrow 00:24:27.729$  rate at nine months of 58.

NOTE Confidence: 0.831720452941176

00:24:27.730 --> 00:24:30.060 Lakeside percent in patients who

NOTE Confidence: 0.831720452941176

 $00:24:30.060 \longrightarrow 00:24:32.810$  did achieve a CR better MRD.

NOTE Confidence: 0.831720452941176

 $00:24:32.810 \longrightarrow 00:24:36.618$  Negativity rate was 41.9%.

NOTE Confidence: 0.831720452941176

 $00:24:36.620 \longrightarrow 00:24:38.060$  I'm looking at the safety data.

NOTE Confidence: 0.831720452941176

 $00:24:38.060 \longrightarrow 00:24:40.010$  The most common hematologic treatment.

NOTE Confidence: 0.831720452941176

 $00:24:40.010 \longrightarrow 00:24:42.860$  Emergent adverse event was neutropenia

NOTE Confidence: 0.831720452941176

 $00{:}24{:}42.860 \dashrightarrow 00{:}24{:}45.520$  occurring in 65.5% of patients with the

NOTE Confidence: 0.831720452941176

 $00:24:45.520 \longrightarrow 00:24:47.670$  most common non unity logic treatment.

NOTE Confidence: 0.831720452941176

 $00:24:47.670 \longrightarrow 00:24:50.185$  Emergent Adverse bank was cytokine

NOTE Confidence: 0.831720452941176

 $00:24:50.185 \longrightarrow 00:24:52.854$  release syndrome occurring in 71.5% of

NOTE Confidence: 0.831720452941176

 $00{:}24{:}52.854 \dashrightarrow 00{:}24{:}55.470$  patients and taking a closer look at CRS.

NOTE Confidence: 0.831720452941176

 $00:24:55.470 \longrightarrow 00:24:57.528$  The meeting time to onset was two

NOTE Confidence: 0.831720452941176

00:24:57.528 --> 00:24:59.747 days with the meeting duration of

00:24:59.747 --> 00:25:01.830 today's 60 patients did require

NOTE Confidence: 0.831720452941176

 $00{:}25{:}01.830 \dashrightarrow 00{:}25{:}03.490$  supportive care with to cilizumab.

NOTE Confidence: 0.7125666455

 $00{:}25{:}05.740 \dashrightarrow 00{:}25{:}07.655$  The conclusions from this presentation

NOTE Confidence: 0.7125666455

 $00:25:07.655 \longrightarrow 00:25:10.178$  was that the overall response rate with

NOTE Confidence: 0.7125666455

 $00:25:10.178 \longrightarrow 00:25:12.776$  tip list amount was 62% with responses

NOTE Confidence: 0.7125666455

 $00:25:12.776 \longrightarrow 00:25:15.788$  that were durable and deepened overtime.

NOTE Confidence: 0.7125666455

 $00:25:15.790 \longrightarrow 00:25:17.374$  Treatment was well tolerated

NOTE Confidence: 0.7125666455

 $00:25:17.374 \longrightarrow 00:25:18.958$  with no dose reductions.

NOTE Confidence: 0.7125666455

 $00{:}25{:}18.960 \to 00{:}25{:}21.510$  The most common adverse events again

NOTE Confidence: 0.7125666455

 $00:25:21.510 \longrightarrow 00:25:23.750$  were CRS and hematological events.

NOTE Confidence: 0.7125666455

 $00{:}25{:}23.750 \dashrightarrow 00{:}25{:}26.888$  The CRS for all low grade and 97%

NOTE Confidence: 0.7125666455

 $00{:}25{:}26.888 \dashrightarrow 00{:}25{:}28.616$  occurred during the step of dosing

NOTE Confidence: 0.7125666455

 $00:25:28.616 \longrightarrow 00:25:30.872$  or cycle one of treatment and there

NOTE Confidence: 0.7125666455

00:25:30.872 --> 00:25:33.154 was only one grade three event which

NOTE Confidence: 0.7125666455

 $00:25:33.154 \longrightarrow 00:25:35.580$  resolved I can events were rare.

NOTE Confidence: 0.7125666455

 $00:25:35.580 \longrightarrow 00:25:36.603$  If they occurred,

 $00:25:36.603 \longrightarrow 00:25:39.700$  were all grade one and two and resolved,

NOTE Confidence: 0.7125666455

 $00{:}25{:}39.700 \dashrightarrow 00{:}25{:}43.436$  moving on to another PC MA targeted fights.

NOTE Confidence: 0.7125666455

00:25:43.440 --> 00:25:45.900 And doctors and represented early,

NOTE Confidence: 0.7125666455

 $00:25:45.900 \longrightarrow 00:25:46.641$  deep and durable.

NOTE Confidence: 0.7125666455

 $00:25:46.641 \longrightarrow 00:25:48.123$  Response to this with low rates

NOTE Confidence: 0.7125666455

00:25:48.123 --> 00:25:49.659 of cytokine release syndrome.

NOTE Confidence: 0.7125666455

 $00:25:49.660 \longrightarrow 00:25:52.180$  With Regina on 5458.

NOTE Confidence: 0.7125666455

 $00{:}25{:}52.180 \dashrightarrow 00{:}25{:}55.160$  Regenerx on 5458 again as ABC made.

NOTE Confidence: 0.7125666455

00:25:55.160 --> 00:25:56.396 CD3 bispecific antibody.

NOTE Confidence: 0.7125666455

 $00:25:56.396 \longrightarrow 00:25:58.456$  This is a phase one,

NOTE Confidence: 0.7125666455

 $00{:}25{:}58.460 \dashrightarrow 00{:}26{:}01.015$  two first in human study with key

NOTE Confidence: 0.7125666455

 $00:26:01.015 \longrightarrow 00:26:02.477$  eligibility criteria including three

NOTE Confidence: 0.7125666455

 $00:26:02.477 \longrightarrow 00:26:04.289$  or more lines of prior therapy,

NOTE Confidence: 0.7125666455

 $00:26:04.290 \longrightarrow 00:26:06.342$  and these patients had to be

NOTE Confidence: 0.7125666455

 $00:26:06.342 \longrightarrow 00:26:07.368$  triple class refractory.

 $00:26:07.370 \longrightarrow 00:26:09.542$  Part One was a dose escalation

NOTE Confidence: 0.7125666455

 $00:26:09.542 \longrightarrow 00:26:12.179$  utilizing a modified 4+3 design with

NOTE Confidence: 0.7125666455

 $00{:}26{:}12.179 \dashrightarrow 00{:}26{:}14.680$  dose ranges from 3 to 800 milligrams.

NOTE Confidence: 0.7125666455

00:26:14.680 --> 00:26:17.095 Part 2 will be adjust expansion at

NOTE Confidence: 0.7125666455

 $00:26:17.095 \longrightarrow 00:26:18.991$  the recommended phase two dose step

NOTE Confidence: 0.7125666455

00:26:18.991 --> 00:26:21.098 up dosing was utilized for week one

NOTE Confidence: 0.7125666455

 $00:26:21.098 \longrightarrow 00:26:23.589$  and two followed by weekly dosing and

NOTE Confidence: 0.7125666455

 $00:26:23.589 \longrightarrow 00:26:26.419$  then every other week dosing after 16 weeks.

NOTE Confidence: 0.7125666455

 $00{:}26{:}26{:}420 {\:{\circ}{\circ}{\circ}}>00{:}26{:}27.911$  Primary endpoints included.

NOTE Confidence: 0.7125666455 00:26:27.911 --> 00:26:28.408 Safety,

NOTE Confidence: 0.7125666455

 $00:26:28.408 \longrightarrow 00:26:30.893$  tolerability and to determine the

NOTE Confidence: 0.7125666455

 $00{:}26{:}30.893 \dashrightarrow 00{:}26{:}33.508$  recommended phase two dose data for 73

NOTE Confidence: 0.7125666455

 $00:26:33.508 \longrightarrow 00:26:35.884$  patients in phase one were presented.

NOTE Confidence: 0.7125666455

 $00:26:35.890 \longrightarrow 00:26:37.666$  The median number of prior lens

NOTE Confidence: 0.7125666455

 $00:26:37.666 \longrightarrow 00:26:40.006$  was five and 38% of patients

NOTE Confidence: 0.7125666455

 $00{:}26{:}40.006 \dashrightarrow 00{:}26{:}42.318$  were pentag wreck refractory.

00:26:42.320 --> 00:26:44.216 And looking at the safety data,

NOTE Confidence: 0.7125666455

 $00:26:44.220 \longrightarrow 00:26:46.060$  the most common hematologic treatment,

NOTE Confidence: 0.7125666455

 $00{:}26{:}46.060 \dashrightarrow 00{:}26{:}47.556$ emergent adverse event was

NOTE Confidence: 0.7125666455

 $00:26:47.556 \longrightarrow 00:26:50.201$  anemia seen in 32% of patients,

NOTE Confidence: 0.7125666455

 $00:26:50.201 \longrightarrow 00:26:52.736$  followed by lymphopenia and neutropenia.

NOTE Confidence: 0.7125666455

 $00:26:52.740 \longrightarrow 00:26:55.062$  The most common non hematological treatment

NOTE Confidence: 0.7125666455

 $00:26:55.062 \longrightarrow 00:26:57.369$  of urgent adverse event was fatigue.

NOTE Confidence: 0.7125666455

 $00:26:57.370 \longrightarrow 00:26:57.803$  Interestingly,

NOTE Confidence: 0.7125666455

 $00{:}26{:}57.803 \dashrightarrow 00{:}26{:}59.535$  cytokine release syndrome was

NOTE Confidence: 0.7125666455

 $00:26:59.535 \longrightarrow 00:27:01.923$  only seen in 38% of patients.

NOTE Confidence: 0.7125666455

 $00{:}27{:}01.923 \dashrightarrow 00{:}27{:}04.089$  This was question in the presentation

NOTE Confidence: 0.7125666455

 $00:27:04.089 \longrightarrow 00:27:06.986$  I ash and there was not a good reason

NOTE Confidence: 0.7125666455

 $00{:}27{:}06.986 \dashrightarrow 00{:}27{:}09.313$  available as to why the rates of

NOTE Confidence: 0.7125666455

 $00{:}27{:}09.313 \dashrightarrow 00{:}27{:}11.360$  serous were lower here compared with

NOTE Confidence: 0.7125666455

 $00:27:11.360 \longrightarrow 00:27:13.360$  other bispecific T cell engagers.

00:27:13.360 --> 00:27:15.761 It was postulated that it may have

NOTE Confidence: 0.7125666455

00:27:15.761 --> 00:27:18.659 to do with the step up dosing

NOTE Confidence: 0.7125666455

 $00:27:18.659 \longrightarrow 00:27:20.000$  and or premedications.

NOTE Confidence: 0.7125666455

00:27:20.000 --> 00:27:21.540 And looking at the efficacy,

NOTE Confidence: 0.7125666455

 $00:27:21.540 \longrightarrow 00:27:24.100$  the overall response rates.

NOTE Confidence: 0.7125666455

 $00:27:24.100 \longrightarrow 00:27:25.444$  Was 51%.

NOTE Confidence: 0.7125666455

 $00{:}27{:}25.444 \dashrightarrow 00{:}27{:}29.598$  This increased to 75% when you look

NOTE Confidence: 0.7125666455

 $00:27:29.598 \longrightarrow 00:27:32.720$  at doses of 200 to 800 milligrams

NOTE Confidence: 0.7125666455

 $00:27:32.823 \longrightarrow 00:27:35.120$  with a VGPR better at 58.5%.

NOTE Confidence: 0.7125666455

 $00:27:35.120 \longrightarrow 00:27:36.920$  The mean time to response was

NOTE Confidence: 0.7125666455

 $00:27:36.920 \longrightarrow 00:27:38.250$  less than one month,

NOTE Confidence: 0.7125666455

 $00:27:38.250 \longrightarrow 00:27:40.040$  with 70% of responses occurring

NOTE Confidence: 0.7125666455

 $00:27:40.040 \longrightarrow 00:27:41.830$  within the first two months.

NOTE Confidence: 0.7125666455

00:27:41.830 --> 00:27:44.266 The duration of Response was not reached,

NOTE Confidence: 0.7125666455

 $00:27:44.270 \longrightarrow 00:27:46.646$  and in patients who achieved a CR or

NOTE Confidence: 0.7125666455

00:27:46.646 --> 00:27:49.426 stringent CR who had available data for Dove,

00:27:49.426 --> 00:27:51.236 10 patients were MRD negative

NOTE Confidence: 0.7125666455

 $00:27:51.236 \longrightarrow 00:27:53.118$  at 10 to the minus 5.

NOTE Confidence: 0.626279934444444

 $00:27:59.310 \longrightarrow 00:28:01.560$  So in conclusion, the author showed

NOTE Confidence: 0.626279934444444

00:28:01.560 --> 00:28:03.848 that regenerate in 5458 yielded early,

NOTE Confidence: 0.626279934444444

 $00{:}28{:}03.848 \dashrightarrow 00{:}28{:}05.778$  deepened Drabble responses as seen

NOTE Confidence: 0.626279934444444

 $00:28:05.778 \longrightarrow 00:28:08.605$  as an overall response rate is 75%.

NOTE Confidence: 0.626279934444444

00:28:08.605 --> 00:28:11.650 Fifty 8% of cheated BGR are better,

NOTE Confidence: 0.626279934444444

00:28:11.650 --> 00:28:13.760 again at the higher doses

NOTE Confidence: 0.626279934444444

 $00:28:13.760 \longrightarrow 00:28:15.870$  of 200 to 800 milligrams.

NOTE Confidence: 0.626279934444444

 $00{:}28{:}15.870 \dashrightarrow 00{:}28{:}17.520$ 86% of responders achieved VGPR

NOTE Confidence: 0.6262799344444444

 $00:28:17.520 \longrightarrow 00:28:20.547$  better with a C or better rate of 43%.

NOTE Confidence: 0.626279934444444

 $00:28:20.547 \longrightarrow 00:28:22.809$  The probability of responders being invented

NOTE Confidence: 0.626279934444444

 $00{:}28{:}22.809 \dashrightarrow 00{:}28{:}25.667$  free at 8 months was reported as 90.

NOTE Confidence: 0.626279934444444

 $00:28:25.670 \longrightarrow 00:28:28.160$  22% they showed an acceptable and

NOTE Confidence: 0.626279934444444

 $00:28:28.160 \longrightarrow 00:28:30.649$  manageable safety profile as the maximum

 $00:28:30.649 \longrightarrow 00:28:33.316$  tolerated dose was not reached with CRS

NOTE Confidence: 0.626279934444444

00:28:33.316 --> 00:28:35.938 being reported in only 38% of patients,

NOTE Confidence: 0.626279934444444

 $00:28:35.938 \longrightarrow 00:28:37.768$  the majority events were grade

NOTE Confidence: 0.626279934444444

 $00:28:37.768 \longrightarrow 00:28:39.903$  one occurred within the first two

NOTE Confidence: 0.626279934444444

 $00:28:39.903 \longrightarrow 00:28:41.913$  weeks and resolved within one day.

NOTE Confidence: 0.626279934444444

00:28:41.920 --> 00:28:44.554 The phase two portion of the

NOTE Confidence: 0.626279934444444

 $00:28:44.554 \longrightarrow 00:28:46.310$  study is currently recruiting.

NOTE Confidence: 0.626279934444444

00:28:46.310 --> 00:28:47.846 And moving away from a BCM,

NOTE Confidence: 0.626279934444444

 $00:28:47.850 \longrightarrow 00:28:49.092$  a target doctor,

NOTE Confidence: 0.626279934444444

00:28:49.092 --> 00:28:50.748 Krishnan presented updated Phase

NOTE Confidence: 0.626279934444444

 $00{:}28{:}50.748 \dashrightarrow 00{:}28{:}53.067$  one results from monumental one at

NOTE Confidence: 0.626279934444444

00:28:53.067 --> 00:28:55.095 first in human study of Calcutta

NOTE Confidence: 0.626279934444444

 $00{:}28{:}55.095 \dashrightarrow 00{:}28{:}57.869$  Mad so till catnip is a G protein

NOTE Confidence: 0.6262799344444444

 $00{:}28{:}57.869 \dashrightarrow 00{:}28{:}58.883$  coupled receptor family.

NOTE Confidence: 0.626279934444444

00:28:58.890 --> 00:29:02.272 See Group 5D Member D as also

NOTE Confidence: 0.626279934444444

 $00:29:02.272 \longrightarrow 00:29:04.127$  known as GPRC 5D CD.

 $00:29:04.130 \longrightarrow 00:29:06.422$  3 bispecific antibody she presented updated

NOTE Confidence: 0.626279934444444

 $00:29:06.422 \longrightarrow 00:29:09.149$  data at the first recommended phase.

NOTE Confidence: 0.626279934444444

 $00:29:09.150 \longrightarrow 00:29:11.096$  Two dose and initial results for patients

NOTE Confidence: 0.626279934444444

 $00:29:11.096 \longrightarrow 00:29:12.829$  treated as second recommended phase.

NOTE Confidence: 0.626279934444444

 $00:29:12.830 \longrightarrow 00:29:14.885$  Two dose of 800 micrograms

NOTE Confidence: 0.626279934444444

 $00:29:14.885 \longrightarrow 00:29:16.940$  per kilogram Q 2 weeks.

NOTE Confidence: 0.626279934444444

 $00:29:16.940 \longrightarrow 00:29:18.670$  Patients had to be relapsed

NOTE Confidence: 0.626279934444444

 $00{:}29{:}18.670 \dashrightarrow 00{:}29{:}20.400$  refractory or intolerant to all

NOTE Confidence: 0.626279934444444

00:29:20.459 --> 00:29:22.584 established my limit therapies and

NOTE Confidence: 0.626279934444444

 $00:29:22.584 \longrightarrow 00:29:24.257$  have measurable disease previously.

NOTE Confidence: 0.626279934444444

 $00:29:24.257 \longrightarrow 00:29:25.448$  A recommended phase.

NOTE Confidence: 0.626279934444444

 $00{:}29{:}25.448 \dashrightarrow 00{:}29{:}28.820$  Two dose of 405 micrograms per kilogram

NOTE Confidence: 0.626279934444444

 $00{:}29{:}28.820 \dashrightarrow 00{:}29{:}31.000$  weekly subcutaneously was identified.

NOTE Confidence: 0.626279934444444

00:29:31.000 --> 00:29:32.836 Step up testing was utilized and

NOTE Confidence: 0.626279934444444

00:29:32.836 --> 00:29:34.698 premedication was given before all step up,

 $00:29:34.700 \longrightarrow 00:29:37.100$  dusting and the first full dose.

NOTE Confidence: 0.626279934444444

00:29:37.100 --> 00:29:38.552 The primary end point was to

NOTE Confidence: 0.626279934444444

 $00:29:38.552 \longrightarrow 00:29:39.520$  identify the recommended phase.

NOTE Confidence: 0.626279934444444

00:29:39.520 --> 00:29:41.698 Two dose is 30 patients received

NOTE Confidence: 0.626279934444444

 $00:29:41.698 \longrightarrow 00:29:43.978$  weekly dosing and 25 at the key.

NOTE Confidence: 0.626279934444444

 $00:29:43.980 \longrightarrow 00:29:45.324$  Two weekly schedule.

NOTE Confidence: 0.626279934444444

 $00:29:45.324 \longrightarrow 00:29:46.668$  Three patients in.

NOTE Confidence: 0.626279934444444

00:29:46.670 --> 00:29:49.208 Each cohort had high risk genetics.

NOTE Confidence: 0.626279934444444

 $00:29:49.210 \longrightarrow 00:29:50.710$  The meeting number of pirate

NOTE Confidence: 0.626279934444444

 $00:29:50.710 \longrightarrow 00:29:52.210$  therapies was six and five,

NOTE Confidence: 0.626279934444444

 $00:29:52.210 \longrightarrow 00:29:53.610$  and eight and four patients,

NOTE Confidence: 0.626279934444444 00:29:53.610 --> 00:29:54.271 respectively,

NOTE Confidence: 0.626279934444444

 $00:29:54.271 \longrightarrow 00:29:58.237$  had prior be CMA directed therapy.

NOTE Confidence: 0.626279934444444

 $00:29:58.240 \longrightarrow 00:30:00.015$  And looking at the hematological

NOTE Confidence: 0.626279934444444

 $00:30:00.015 \longrightarrow 00:30:01.435$  treatment emergent adverse events,

NOTE Confidence: 0.626279934444444

 $00:30:01.440 \longrightarrow 00:30:04.080$  the most common was neutropenia and

 $00:30:04.080 \longrightarrow 00:30:06.864$  67 and 44% of patients followed

NOTE Confidence: 0.626279934444444

 $00:30:06.864 \longrightarrow 00:30:08.768$  by anemia and lymphopenia.

NOTE Confidence: 0.626279934444444

 $00:30:08.770 \longrightarrow 00:30:11.260$  The most common nonhematologic treatment

NOTE Confidence: 0.626279934444444

 $00:30:11.260 \longrightarrow 00:30:13.750$  emergent adverse event was cytokine

NOTE Confidence: 0.626279934444444

 $00:30:13.825 \longrightarrow 00:30:16.316$  release syndrome seen in 77 and 72%.

NOTE Confidence: 0.626279934444444

 $00:30:16.316 \longrightarrow 00:30:19.960$  It should be noted that 75% of patients did

NOTE Confidence: 0.626279934444444

 $00:30:19.960 \longrightarrow 00:30:22.700$  have skin and or nail related findings.

NOTE Confidence: 0.626279934444444

 $00:30:22.700 \longrightarrow 00:30:23.966$  In the study,

NOTE Confidence: 0.626279934444444

 $00:30:23.966 \longrightarrow 00:30:26.076$  the most common being skin

NOTE Confidence: 0.626279934444444

 $00{:}30{:}26.076 \dashrightarrow 00{:}30{:}28.558$  exfoliation in 37 and 36% of patients.

NOTE Confidence: 0.626279934444444

00:30:28.558 --> 00:30:31.970 And taking a closer look at the CRS again,

NOTE Confidence: 0.626279934444444

 $00:30:31.970 \longrightarrow 00:30:34.410$  it was 77 and 72%.

NOTE Confidence: 0.626279934444444

 $00{:}30{:}34.410 \dashrightarrow 00{:}30{:}36.210$  The median onset was two days,

NOTE Confidence: 0.626279934444444

 $00:30:36.210 \longrightarrow 00:30:39.647$  with the median duration of two days

NOTE Confidence: 0.626279934444444

 $00:30:39.650 \longrightarrow 00:30:42.471$  63.3% and 60% of patients in the

 $00{:}30{:}42.471 \dashrightarrow 00{:}30{:}44.978$ two cohorts did require Tuscaloosa

NOTE Confidence: 0.626279934444444

00:30:44.978 --> 00:30:47.390 Mab for supportive care.

NOTE Confidence: 0.626279934444444

 $00:30:47.390 \longrightarrow 00:30:48.735$  And looking at overall response

NOTE Confidence: 0.626279934444444

 $00{:}30{:}48.735 \dashrightarrow 00{:}30{:}50.310$  data at the median follow-up was

NOTE Confidence: 0.626279934444444

 $00:30:50.310 \longrightarrow 00:30:51.604$  nine and 4.8 months.

NOTE Confidence: 0.626279934444444

00:30:51.604 --> 00:30:54.406 They shouldn't overall response rate of

NOTE Confidence: 0.626279934444444

 $00:30:54.410 \longrightarrow 00:30:59.230$  70% and 67.7% for the Q2 week dosing.

NOTE Confidence: 0.626279934444444

 $00:30:59.230 \longrightarrow 00:31:02.853$  With Fiji, Fiji PR rates of 53.3 and 52.4.

NOTE Confidence: 0.626279934444444

 $00:31:02.853 \longrightarrow 00:31:05.240$  The trial also showed that the overall

NOTE Confidence: 0.626279934444444

00:31:05.308 --> 00:31:07.738 response rate held in patients who

NOTE Confidence: 0.626279934444444

 $00{:}31{:}07.738 \dashrightarrow 00{:}31{:}10.295$  were triple class refractory at 65.2

NOTE Confidence: 0.626279934444444

 $00:31:10.295 \longrightarrow 00:31:13.694$  and 66.7% and in patients who are

NOTE Confidence: 0.626279934444444

 $00:31:13.694 \longrightarrow 00:31:15.830$  penta directory factory at 83.3%.

NOTE Confidence: 0.6262799344444444

 $00{:}31{:}15.830 \dashrightarrow 00{:}31{:}17.630$  Although the numbers are low.

NOTE Confidence: 0.565365134

00:31:17.630 --> 00:31:20.120 Five out of 6 patients.

NOTE Confidence: 0.565365134

 $00:31:20.120 \longrightarrow 00:31:21.776$  The median time to response was

 $00:31:21.776 \longrightarrow 00:31:23.540$  zero point 9 and 1.2 months,

NOTE Confidence: 0.565365134

 $00:31:23.540 \longrightarrow 00:31:25.190$  and the median duration of

NOTE Confidence: 0.565365134

 $00:31:25.190 \longrightarrow 00:31:26.720$  response was not reached.

NOTE Confidence: 0.565365134

 $00:31:26.720 \longrightarrow 00:31:28.010$  So in conclusion,

NOTE Confidence: 0.565365134

00:31:28.010 --> 00:31:31.020 the until catnip 800 microgram per KQ,

NOTE Confidence: 0.565365134

00:31:31.020 --> 00:31:32.916 two week dosing appeared to have

NOTE Confidence: 0.565365134

00:31:32.916 --> 00:31:34.180 comparable efficacy and safety

NOTE Confidence: 0.565365134

00:31:34.233 --> 00:31:35.568 compared to the weekly dosing

NOTE Confidence: 0.565365134

 $00{:}31{:}35.568 \dashrightarrow 00{:}31{:}37.760$  at 405 micrograms per kilogram.

NOTE Confidence: 0.565365134

 $00{:}31{:}37.760 \dashrightarrow 00{:}31{:}40.640$  No new safety signals were reported.

NOTE Confidence: 0.565365134

00:31:40.640 --> 00:31:42.560 Overall response rates range from

NOTE Confidence: 0.565365134

 $00:31:42.560 \longrightarrow 00:31:45.465$  67 to 70% across triple class and

NOTE Confidence: 0.565365134

 $00{:}31{:}45.465 \dashrightarrow 00{:}31{:}47.380$  pencil drug refractory patients

NOTE Confidence: 0.565365134

 $00:31:47.380 \longrightarrow 00:31:48.658$  and a phase two expansion study

NOTE Confidence: 0.565365134

 $00:31:48.658 \longrightarrow 00:31:50.090$  of both of these recommended.

 $00:31:50.090 \longrightarrow 00:31:53.260$  Ways to Jesse is ongoing.

NOTE Confidence: 0.565365134

 $00:31:53.260 \longrightarrow 00:31:56.080$  And moving away from the bispecific

NOTE Confidence: 0.565365134

 $00:31:56.080 \longrightarrow 00:31:58.230$  antibodies and a presentation

NOTE Confidence: 0.565365134

 $00:31:58.230 \longrightarrow 00:32:00.470$  was done on loaded,

NOTE Confidence: 0.565365134

 $00:32:00.470 \longrightarrow 00:32:03.508$  loaded excuse me alpha which is immuno

NOTE Confidence: 0.565365134

 $00{:}32{:}03.508 \dashrightarrow 00{:}32{:}05.520$  cytokine shows clinical activity.

NOTE Confidence: 0.565365134

 $00:32:05.520 \longrightarrow 00:32:07.160$  Updated results from my first

NOTE Confidence: 0.565365134

 $00:32:07.160 \longrightarrow 00:32:08.800$  in human phase one study.

NOTE Confidence: 0.565365134

00:32:08.800 --> 00:32:10.893 So Mataka Alpha is a first in

NOTE Confidence: 0.565365134

 $00:32:10.893 \longrightarrow 00:32:13.223$  class in unison in you know

NOTE Confidence: 0.565365134

00:32:13.223 --> 00:32:15.035 cytokine designed to deliver

NOTE Confidence: 0.565365134

 $00:32:15.035 \longrightarrow 00:32:16.860$  attenuated interferon alpha to CD.

NOTE Confidence: 0.565365134

00:32:16.860 --> 00:32:18.450 38 positive cells patients were

NOTE Confidence: 0.565365134

 $00{:}32{:}18.450 \dashrightarrow 00{:}32{:}20.425$  eligible if they had three or

NOTE Confidence: 0.565365134

00:32:20.425 --> 00:32:22.399 more prior lines of therapy were

NOTE Confidence: 0.565365134

 $00{:}32{:}22.399 \dashrightarrow 00{:}32{:}24.099$  refractory or intolerant to at least.

00:32:24.100 --> 00:32:27.687 One P&M and and could have prior

NOTE Confidence: 0.565365134

00:32:27.687 --> 00:32:28.854 daratumumab exposure within

NOTE Confidence: 0.565365134

 $00:32:28.854 \longrightarrow 00:32:30.959$  a washout period of 90 days.

NOTE Confidence: 0.565365134

 $00:32:30.960 \longrightarrow 00:32:32.300$  For patients who had received

NOTE Confidence: 0.565365134

 $00:32:32.300 \longrightarrow 00:32:34.028$  more than five months of therapy

NOTE Confidence: 0.565365134

 $00:32:34.028 \longrightarrow 00:32:35.376$  in the escalation portion,

NOTE Confidence: 0.565365134

 $00:32:35.380 \longrightarrow 00:32:38.338$  the primary ejective was determine the

NOTE Confidence: 0.565365134

 $00:32:38.338 \longrightarrow 00:32:40.516$  maximum tolerated dose and the dose

NOTE Confidence: 0.565365134

 $00:32:40.516 \longrightarrow 00:32:42.659$  escalation phase at 3+3 design was used.

NOTE Confidence: 0.565365134

00:32:42.660 --> 00:32:44.272 Looking at four different

NOTE Confidence: 0.565365134

00:32:44.272 --> 00:32:46.287 schedules in the expansion phase,

NOTE Confidence: 0.565365134

 $00:32:46.290 \longrightarrow 00:32:48.160$  they looked at a dose of 0.4 and

NOTE Confidence: 0.565365134

 $00{:}32{:}48.160 {\:{\mbox{--}}\!>}\ 00{:}32{:}49.540$  makes per cake every three weeks,

NOTE Confidence: 0.565365134

 $00:32:49.540 \longrightarrow 00:32:51.284$  with or without dexamethasone.

NOTE Confidence: 0.565365134

00:32:51.284 --> 00:32:53.900 Data was presented in 29 patients,

 $00:32:53.900 \longrightarrow 00:32:55.046$  7 of 20.

NOTE Confidence: 0.565365134

 $00:32:55.046 \longrightarrow 00:32:57.338$  Five patients were that had cytogenetic

NOTE Confidence: 0.565365134

 $00:32:57.338 \longrightarrow 00:33:00.109$  data were considered to be high risk.

NOTE Confidence: 0.565365134

 $00:33:00.110 \longrightarrow 00:33:02.644$  The meeting number of prior lines with

NOTE Confidence: 0.565365134

 $00:33:02.644 \longrightarrow 00:33:05.154$  therapy was 728 patients had prior

NOTE Confidence: 0.565365134

00:33:05.154 --> 00:33:07.384 CD 38 monoclonal antibody treatment.

NOTE Confidence: 0.565365134

 $00:33:07.390 \longrightarrow 00:33:09.982$  26 of those patients were considered

NOTE Confidence: 0.565365134

 $00:33:09.982 \longrightarrow 00:33:12.157$  to be monoclonal antibody refractory

NOTE Confidence: 0.565365134

 $00{:}33{:}12.157 \dashrightarrow 00{:}33{:}14.413$  and 15 patients had prior anti

NOTE Confidence: 0.565365134

 $00:33:14.413 \longrightarrow 00:33:16.659$  PC and major active therapy.

NOTE Confidence: 0.565365134

 $00:33:16.660 \longrightarrow 00:33:18.315$  The maximum tolerated dose was

NOTE Confidence: 0.565365134

 $00{:}33{:}18.315 \dashrightarrow 00{:}33{:}20.678$  exceeded at six weeks per kid Q4

NOTE Confidence: 0.565365134

 $00:33:20.678 \longrightarrow 00:33:22.278$  week dosing due to disciplining

NOTE Confidence: 0.565365134

 $00:33:22.278 \longrightarrow 00:33:24.408$  toxicities of a Grade 3 infusion

NOTE Confidence: 0.565365134

 $00:33:24.408 \longrightarrow 00:33:26.192$  reaction and prolonged grade.

NOTE Confidence: 0.565365134

 $00{:}33{:}26.192 \dashrightarrow 00{:}33{:}28.696$ 4 thrombocytopenia and neutropenia.

00:33:28.700 --> 00:33:30.578 As a 1.5 mix per KQ,

NOTE Confidence: 0.565365134

 $00:33:30.580 \longrightarrow 00:33:31.462$  four week dosing,

NOTE Confidence: 0.565365134

 $00:33:31.462 \longrightarrow 00:33:33.226$  one patient did have a great

NOTE Confidence: 0.565365134

 $00:33:33.226 \longrightarrow 00:33:35.116$  treat bleeding event but was able

NOTE Confidence: 0.565365134

 $00:33:35.116 \longrightarrow 00:33:37.064$  to remain on treatment and three

NOTE Confidence: 0.565365134

 $00:33:37.064 \longrightarrow 00:33:38.859$  patients had grade 3 infections.

NOTE Confidence: 0.565365134

 $00:33:38.860 \longrightarrow 00:33:40.455$  The most commonly seen treatment

NOTE Confidence: 0.565365134

 $00:33:40.455 \longrightarrow 00:33:42.050$  emergent adverse events at the

NOTE Confidence: 0.565365134

00:33:42.050 --> 00:33:44.234 1.5 MB per kid Q4 week dosing,

NOTE Confidence: 0.565365134

 $00:33:44.240 \longrightarrow 00:33:46.500$  where hematologic with thrombocytopenia

NOTE Confidence: 0.565365134

 $00:33:46.500 \longrightarrow 00:33:49.130$  and current 76% of patients and

NOTE Confidence: 0.565365134

 $00{:}33{:}49.130 \dashrightarrow 00{:}33{:}51.293$  neutropenia and 69% all grades.

NOTE Confidence: 0.565365134

00:33:51.293 --> 00:33:52.706 Infusion related reactions

NOTE Confidence: 0.565365134

00:33:52.706 --> 00:33:55.221 did occur in 31% of patients.

NOTE Confidence: 0.565365134

00:33:55.221 --> 00:33:58.170 Most of these were grade one and two.

00:33:58.170 --> 00:34:00.879 The median follow-up was 4.2 months and

NOTE Confidence: 0.565365134

 $00:34:00.879 \dashrightarrow 00:34:03.838$  the overall response rate was 38% of note.

NOTE Confidence: 0.565365134

 $00{:}34{:}03.838 \dashrightarrow 00{:}34{:}05.868$  The overall response rate held

NOTE Confidence: 0.565365134

 $00:34:05.868 \longrightarrow 00:34:09.088$  at 38% in patients who were CD

NOTE Confidence: 0.565365134

00:34:09.088 --> 00:34:10.960 38 monoclonal antibody factory.

NOTE Confidence: 0.565365134

00:34:10.960 --> 00:34:12.920 The median time to response was one month.

NOTE Confidence: 0.565365134

 $00{:}34{:}12.920 \dashrightarrow 00{:}34{:}14.887$  In those patients who achieved a PR

NOTE Confidence: 0.565365134

 $00:34:14.887 \longrightarrow 00:34:16.800$  or better with a median duration

NOTE Confidence: 0.565365134

00:34:16.800 --> 00:34:18.485 of response not being reached,

NOTE Confidence: 0.565365134

 $00:34:18.490 \longrightarrow 00:34:19.962$  the median progression free

NOTE Confidence: 0.565365134

 $00:34:19.962 \longrightarrow 00:34:22.950$  survival was 5.7 months.

NOTE Confidence: 0.565365134

 $00:34:22.950 \longrightarrow 00:34:24.225$  So in conclusion,

NOTE Confidence: 0.565365134

 $00:34:24.225 \longrightarrow 00:34:25.925$  Modaco Alpha showed promising

NOTE Confidence: 0.565365134

00:34:25.925 --> 00:34:27.200 single agent activity

NOTE Confidence: 0.7402168875

00:34:27.264 --> 00:34:29.790 and patients who were heavily pretreated,

NOTE Confidence: 0.7402168875

 $00:34:29.790 \longrightarrow 00:34:31.209$  including patients who

 $00:34:31.209 \longrightarrow 00:34:32.628$  were refractory toasty.

NOTE Confidence: 0.7402168875

 $00:34:32.630 \longrightarrow 00:34:34.538$  38 monoclonal antibody had

NOTE Confidence: 0.7402168875

 $00:34:34.538 \longrightarrow 00:34:36.446$  a manageable safety profile.

NOTE Confidence: 0.7402168875

 $00:34:36.450 \longrightarrow 00:34:38.886$  Q For Weeks was identified as the

NOTE Confidence: 0.7402168875

 $00:34:38.886 \longrightarrow 00:34:40.838$  optimal dosing interval and further

NOTE Confidence: 0.7402168875

 $00:34:40.838 \longrightarrow 00:34:42.522$  enrollment identified the maximum

NOTE Confidence: 0.7402168875

 $00:34:42.522 \longrightarrow 00:34:45.070$  tolerated dose as three mics per keg.

NOTE Confidence: 0.7402168875

 $00:34:45.070 \longrightarrow 00:34:47.296$  A randomized phase two trial is

NOTE Confidence: 0.7402168875

00:34:47.296 --> 00:34:49.363 planned in order to determine

NOTE Confidence: 0.7402168875

 $00:34:49.363 \longrightarrow 00:34:51.908$  the optimal single agent dosing.

NOTE Confidence: 0.7402168875

 $00:34:51.910 \longrightarrow 00:34:54.225$  Lastly, Dr Lonial presented herbicide

NOTE Confidence: 0.7402168875

 $00{:}34{:}54.225 \dashrightarrow 00{:}34{:}56.540$  in combination with dexame thasone in

NOTE Confidence: 0.7402168875

 $00:34:56.602 \longrightarrow 00:34:59.227$  patients with relapsed refractory myeloma.

NOTE Confidence: 0.7402168875

 $00:34:59.230 \longrightarrow 00:35:00.819$  Results from the district expansion of the

NOTE Confidence: 0.703098704545455

 $00:35:03.050 \longrightarrow 00:35:03.860$  CC-220MM-001 trial.

 $00:35:03.860 \longrightarrow 00:35:05.885$  Roberta Mine is a novel

NOTE Confidence: 0.703098704545455

 $00:35:05.885 \longrightarrow 00:35:07.652$  cereblon E3 leg is modulator,

NOTE Confidence: 0.703098704545455

 $00:35:07.652 \longrightarrow 00:35:09.704$  also known as the cell Mod.

NOTE Confidence: 0.703098704545455

00:35:09.710 --> 00:35:11.198 This was a phase one two study that,

NOTE Confidence: 0.703098704545455

 $00:35:11.200 \longrightarrow 00:35:13.490$  evaluated at EBR with different

NOTE Confidence: 0.703098704545455

 $00:35:13.490 \longrightarrow 00:35:14.864$  combinations of treatment.

NOTE Confidence: 0.703098704545455

 $00:35:14.870 \longrightarrow 00:35:16.976$  Previously, the recommended phase two dose

NOTE Confidence: 0.703098704545455

 $00:35:16.976 \longrightarrow 00:35:19.116$  was identified as 1.6 milligrams days,

NOTE Confidence: 0.703098704545455

 $00:35:19.116 \longrightarrow 00:35:21.288$  one through 21 every 28 days.

NOTE Confidence: 0.703098704545455

 $00:35:21.290 \longrightarrow 00:35:22.870$  When given in combination

NOTE Confidence: 0.703098704545455

 $00:35:22.870 \longrightarrow 00:35:24.004$  with dexamethasone here,

NOTE Confidence: 0.703098704545455

 $00:35:24.004 \longrightarrow 00:35:25.724$  she reported safety and efficacy

NOTE Confidence: 0.703098704545455

 $00:35:25.724 \longrightarrow 00:35:27.610$  and the dose expansion cohorts.

NOTE Confidence: 0.703098704545455

 $00:35:27.610 \longrightarrow 00:35:29.787$  Cohort D, which is Eber plus tax

NOTE Confidence: 0.703098704545455

 $00:35:29.787 \longrightarrow 00:35:32.142$  and cohort I which was Eber plus

NOTE Confidence: 0.703098704545455

 $00:35:32.142 \longrightarrow 00:35:34.660$  tax in patients who had prior BC

 $00:35:34.660 \longrightarrow 00:35:36.390$  made treatments for both cohorts.

NOTE Confidence: 0.703098704545455

 $00:35:36.390 \longrightarrow 00:35:38.847$  Patients had to have three or more lines

NOTE Confidence: 0.703098704545455

 $00{:}35{:}38.847 \dashrightarrow 00{:}35{:}41.207$  of prior the rapy and again for cohort I.

NOTE Confidence: 0.703098704545455

00:35:41.210 --> 00:35:43.778 All patients had treatment with her

NOTE Confidence: 0.703098704545455

00:35:43.778 --> 00:35:46.318 prior PC may targeted Agent 107.

NOTE Confidence: 0.703098704545455

 $00:35:46.318 \longrightarrow 00:35:48.964$  In patients were treated in cohort D

NOTE Confidence: 0.703098704545455

 $00:35:48.964 \longrightarrow 00:35:52.090$  and 26 in poker I 32 patients and six.

NOTE Confidence: 0.703098704545455

 $00:35:52.090 \longrightarrow 00:35:52.840$  Patients respectively,

NOTE Confidence: 0.703098704545455

 $00:35:52.840 \longrightarrow 00:35:54.540$  had high risk cytogenetics in

NOTE Confidence: 0.703098704545455

 $00:35:54.540 \longrightarrow 00:35:55.560$  the two cohorts.

NOTE Confidence: 0.703098704545455

 $00:35:55.560 \longrightarrow 00:35:57.396$  The median number of pirate therapies

NOTE Confidence: 0.703098704545455

 $00:35:57.396 \longrightarrow 00:35:59.601$  was six and seven in Cohort I6.

NOTE Confidence: 0.703098704545455

 $00{:}35{:}59.601 \dashrightarrow 00{:}36{:}01.563$  Patients had prior card T 18

NOTE Confidence: 0.703098704545455

00:36:01.563 --> 00:36:03.680 and antibody drug conjugate,

NOTE Confidence: 0.703098704545455

 $00:36:03.680 \longrightarrow 00:36:05.768$  and eight bispecific T cell engager.

 $00:36:07.990 \longrightarrow 00:36:10.185$  The most common adverse events

NOTE Confidence: 0.832980580769231

00:36:10.185 --> 00:36:11.941 working talajic with neutropenia

NOTE Confidence: 0.832980580769231

00:36:11.941 --> 00:36:13.170 occurring in 59 point,

NOTE Confidence: 0.832980580769231

00:36:13.170 --> 00:36:18.198 8% in cohort D and 42.3% in cohort I.

NOTE Confidence: 0.832980580769231

 $00:36:18.200 \longrightarrow 00:36:20.808$  Infections were common at

NOTE Confidence: 0.832980580769231

 $00:36:20.808 \longrightarrow 00:36:22.561$  57.9% AL grading Health,

NOTE Confidence: 0.832980580769231

 $00:36:22.561 \longrightarrow 00:36:26.538$  Part D and 50% in Coker I.

NOTE Confidence: 0.832980580769231

 $00:36:26.540 \longrightarrow 00:36:28.340$  I'm looking at the response data.

NOTE Confidence: 0.832980580769231

 $00:36:28.340 \longrightarrow 00:36:30.500$  The overall response was 26.24,

NOTE Confidence: 0.832980580769231

 $00:36:30.500 \longrightarrow 00:36:33.475$  cohort D and 25% in cohort I.

NOTE Confidence: 0.832980580769231

 $00:36:33.480 \longrightarrow 00:36:35.290$  Again this year they post

NOTE Confidence: 0.832980580769231

 $00:36:35.290 \longrightarrow 00:36:36.738$  be CMA treated patients.

NOTE Confidence: 0.832980580769231

 $00:36:36.740 \longrightarrow 00:36:38.370$  Additional data was presented for

NOTE Confidence: 0.832980580769231

 $00:36:38.370 \longrightarrow 00:36:40.383$  Cohort D with a median duration

NOTE Confidence: 0.832980580769231

 $00:36:40.383 \longrightarrow 00:36:42.303$  of response of seven months and

NOTE Confidence: 0.832980580769231

 $00:36:42.303 \longrightarrow 00:36:44.249$  median time to respond to 4.21

00:36:44.249 --> 00:36:45.944 weeks and a median progression

NOTE Confidence: 0.832980580769231

 $00:36:45.944 \longrightarrow 00:36:47.770$  free survival of three months.

NOTE Confidence: 0.832980580769231

 $00:36:47.770 \longrightarrow 00:36:49.280$  The authors concluded that in

NOTE Confidence: 0.832980580769231

00:36:49.280 --> 00:36:50.186 heavily pretreated patients,

NOTE Confidence: 0.832980580769231

 $00:36:50.190 \longrightarrow 00:36:52.890$  again 97% were Triple Classic factory.

NOTE Confidence: 0.832980580769231

 $00:36:52.890 \longrightarrow 00:36:54.690$  The combination of ever, ever,

NOTE Confidence: 0.832980580769231

00:36:54.690 --> 00:36:56.554 and Dex demonstrated clinically

NOTE Confidence: 0.832980580769231

 $00{:}36{:}56.554 \dashrightarrow 00{:}36{:}58.418$  meaningful and durable responses.

NOTE Confidence: 0.832980580769231

 $00{:}36{:}58.420 \dashrightarrow 00{:}37{:}00.390$  The treatment was well tolerated

NOTE Confidence: 0.832980580769231

 $00:37:00.390 \longrightarrow 00:37:02.927$  with adverse events that were deemed

NOTE Confidence: 0.832980580769231

00:37:02.927 --> 00:37:04.931 manageable with dish reductions

NOTE Confidence: 0.832980580769231

 $00:37:04.931 \dashrightarrow 00:37:06.935$  and interruptions and treatment.

NOTE Confidence: 0.832980580769231

 $00{:}37{:}06.940 \dashrightarrow 00{:}37{:}08.986$  Authority of grade three or four

NOTE Confidence: 0.832980580769231

 $00:37:08.986 \longrightarrow 00:37:10.350$  treatment emergent adverse events

NOTE Confidence: 0.832980580769231

 $00:37:10.410 \longrightarrow 00:37:12.432$  were primarily hematological and this

 $00:37:12.432 \longrightarrow 00:37:13.576$  supported the future development.

NOTE Confidence: 0.832980580769231

 $00:37:13.580 \longrightarrow 00:37:15.855$  Iber based regimens including combination

NOTE Confidence: 0.832980580769231

 $00:37:15.855 \longrightarrow 00:37:18.380$  studies with PRISM inhibitors and CD.

NOTE Confidence: 0.832980580769231

 $00:37:18.380 \longrightarrow 00:37:21.650$  38 monoclonal antibodies.

NOTE Confidence: 0.832980580769231

 $00:37:21.650 \longrightarrow 00:37:23.010$  I will stop there.

NOTE Confidence: 0.832980580769231

 $00:37:23.010 \longrightarrow 00:37:24.030$  As previously stated,

NOTE Confidence: 0.832980580769231

 $00:37:24.030 \longrightarrow 00:37:25.620$  all questions will be answered

NOTE Confidence: 0.832980580769231

 $00:37:25.620 \longrightarrow 00:37:27.810$  at the end of the program.

NOTE Confidence: 0.832980580769231

 $00{:}37{:}27.810 \dashrightarrow 00{:}37{:}29.600$  Please encourage you to submit

NOTE Confidence: 0.832980580769231

00:37:29.600 --> 00:37:32.319 this in the Q&A portion and now I

NOTE Confidence: 0.832980580769231

 $00{:}37{:}32.319 \dashrightarrow 00{:}37{:}34.314$  will turn it over to Doctor Barr.

NOTE Confidence: 0.9398939

 $00:37:47.810 \longrightarrow 00:37:52.259$  Thank you Terry so. Let's get started.

NOTE Confidence: 0.9398939

 $00:37:52.259 \longrightarrow 00:37:55.547$  I'm focusing on car T cell therapy in

NOTE Confidence: 0.9398939

 $00{:}37{:}55.547 \dashrightarrow 00{:}37{:}58.197$  the relapsed refractory myeloma patients.

NOTE Confidence: 0.9398939

 $00:37:58.200 \longrightarrow 00:38:00.510$  I want to highlight that patients

NOTE Confidence: 0.9398939

 $00{:}38{:}00.510 \dashrightarrow 00{:}38{:}02.968$  who are refractory to image produce

 $00:38:02.968 \longrightarrow 00:38:05.488$  them inhibitors and anti CD 38

NOTE Confidence: 0.9398939

 $00:38:05.488 \dashrightarrow 00:38:07.598$  antibodies have a poor prognosis.

NOTE Confidence: 0.9398939

 $00:38:07.600 \longrightarrow 00:38:09.265$  These are triple class refractory

NOTE Confidence: 0.9398939

00:38:09.265 --> 00:38:11.262 patients and when these patients if

NOTE Confidence: 0.9398939

00:38:11.262 --> 00:38:12.906 they get another line of treatment,

NOTE Confidence: 0.9398939

 $00:38:12.910 \longrightarrow 00:38:14.920$  the chance that they will respond

NOTE Confidence: 0.9398939

 $00:38:14.920 \longrightarrow 00:38:17.090$  to another agent is roughly 30%.

NOTE Confidence: 0.9398939

 $00:38:17.090 \longrightarrow 00:38:18.035$  If they respond,

NOTE Confidence: 0.9398939

 $00:38:18.035 \longrightarrow 00:38:19.610$  the median progression free survival

NOTE Confidence: 0.9398939

 $00:38:19.610 \longrightarrow 00:38:21.368$  is often less than six months,

NOTE Confidence: 0.9398939

 $00:38:21.370 \longrightarrow 00:38:23.054$  with median overall survival

NOTE Confidence: 0.9398939

 $00:38:23.054 \longrightarrow 00:38:25.159$  often less than one year.

NOTE Confidence: 0.9398939

 $00{:}38{:}25.160 \dashrightarrow 00{:}38{:}27.015$  Now I want to show you how

NOTE Confidence: 0.9398939

00:38:27.015 --> 00:38:29.029 this is no longer the case,

NOTE Confidence: 0.9398939

 $00:38:29.030 \longrightarrow 00:38:33.086$  as most of you already know that in

 $00:38:33.090 \longrightarrow 00:38:35.253$  2021 the FDA approved the first car

NOTE Confidence: 0.9398939

 $00:38:35.253 \longrightarrow 00:38:38.032$  T cell product in myeloma this is.

NOTE Confidence: 0.9398939

 $00:38:38.032 \dashrightarrow 00:38:41.948$  Called either sell formerly known as BB

NOTE Confidence: 0.9398939

 $00:38:41.948 \longrightarrow 00:38:45.666$  2121 and now the train name is a Beckman.

NOTE Confidence: 0.9398939

00:38:45.666 --> 00:38:48.530 This is a car T cell product that

NOTE Confidence: 0.9398939

00:38:48.616 --> 00:38:50.848 has four one BB costimulatory

NOTE Confidence: 0.9398939

 $00:38:50.848 \longrightarrow 00:38:54.078$  domain and it binds to BCMA on the

NOTE Confidence: 0.9398939

 $00:38:54.078 \longrightarrow 00:38:55.554$  cell surface of the tumor cell.

NOTE Confidence: 0.9398939

 $00{:}38{:}55.560 {\:{\circ}{\circ}{\circ}}>00{:}38{:}57.865$  It's approved for patients who

NOTE Confidence: 0.9398939

00:38:57.865 --> 00:39:00.170 are refractory to image PRISM

NOTE Confidence: 0.9398939

 $00{:}39{:}00.255 \dashrightarrow 00{:}39{:}03.191$  inhibitor and anti CD 38 antibody's.

NOTE Confidence: 0.9398939

 $00:39:03.191 \longrightarrow 00:39:06.464$  76% of the patients responded about a

NOTE Confidence: 0.9398939

 $00:39:06.464 \longrightarrow 00:39:08.858$  third of the patients achieve deep responses.

NOTE Confidence: 0.9398939

 $00:39:08.860 \dashrightarrow 00:39:11.880$  CR and stringent complete response.

NOTE Confidence: 0.9398939

 $00:39:11.880 \longrightarrow 00:39:14.160$  Most of those patients were emordi

NOTE Confidence: 0.9398939

00:39:14.160 --> 00:39:15.680 negative potential negative 5th

 $00:39:15.746 \longrightarrow 00:39:17.650$  using next generation sequencing.

NOTE Confidence: 0.9398939

00:39:17.650 --> 00:39:18.104 Now,

NOTE Confidence: 0.9398939

 $00:39:18.104 \longrightarrow 00:39:20.828$  these patients had initially dose escalation,

NOTE Confidence: 0.9398939

 $00:39:20.830 \longrightarrow 00:39:24.268$  so not all of them received the same dose.

NOTE Confidence: 0.9398939

 $00:39:24.270 \longrightarrow 00:39:25.845$  If you look at the total population,

NOTE Confidence: 0.9398939

 $00:39:25.850 \longrightarrow 00:39:27.830$  the median progression free survival,

NOTE Confidence: 0.9398939

 $00:39:27.830 \longrightarrow 00:39:30.380$  survival was 8.8 months,

NOTE Confidence: 0.9398939

 $00:39:30.380 \longrightarrow 00:39:32.310$  but if you hone in on the target dose,

NOTE Confidence: 0.9398939

 $00:39:32.310 \longrightarrow 00:39:33.446$  the patients that received

NOTE Confidence: 0.9398939

00:39:33.446 --> 00:39:34.866 the target FDA approved dose.

NOTE Confidence: 0.9398939

 $00{:}39{:}34.870 --> 00{:}39{:}36.490$  It is about one year.

NOTE Confidence: 0.9398939

 $00:39:36.490 \dashrightarrow 00:39:39.740$  All the population median overall

NOTE Confidence: 0.9398939

 $00:39:39.740 \longrightarrow 00:39:41.690$  survival 24 months.

NOTE Confidence: 0.9398939

 $00{:}39{:}41.690 \dashrightarrow 00{:}39{:}43.524$  Now we also know that deep responses

NOTE Confidence: 0.9398939

 $00:39:43.524 \longrightarrow 00:39:45.448$  lead to longer duration of response,

00:39:45.450 --> 00:39:47.490 and here I show you a graph where

NOTE Confidence: 0.9398939

 $00{:}39{:}47.490 \dashrightarrow 00{:}39{:}49.300$  patients who have a CR complete

NOTE Confidence: 0.9398939

 $00:39:49.300 \longrightarrow 00:39:50.540$  response or higher exemplified

NOTE Confidence: 0.9398939

 $00:39:50.540 \longrightarrow 00:39:52.489$  by the light blue line compared

NOTE Confidence: 0.9398939

 $00:39:52.489 \longrightarrow 00:39:54.385$  to very good partial response by

NOTE Confidence: 0.9398939

 $00:39:54.390 \longrightarrow 00:39:56.388$  the Purple line and the partial

NOTE Confidence: 0.9398939

 $00:39:56.388 \longrightarrow 00:39:58.529$  response by the dotted purple line.

NOTE Confidence: 0.9398939

 $00:39:58.530 \longrightarrow 00:40:00.383$  Clearly you see that these curves

NOTE Confidence: 0.9398939

 $00{:}40{:}00.383 \mathrel{--}{>} 00{:}40{:}02.038$  spread out and the meaning

NOTE Confidence: 0.9398939

 $00:40:02.038 \longrightarrow 00:40:04.010$  of two years of follow up.

NOTE Confidence: 0.9398939

 $00:40:04.010 \longrightarrow 00:40:06.215$  Those patients who have a CR or higher had

NOTE Confidence: 0.9398939

 $00:40:06.215 \longrightarrow 00:40:08.638$  a median duration of response 21 months.

NOTE Confidence: 0.9398939

 $00:40:08.640 \longrightarrow 00:40:11.320$  So that's almost two years now.

NOTE Confidence: 0.890803468823529

00:40:14.460 --> 00:40:16.434 I've showed you before that only

NOTE Confidence: 0.890803468823529

 $00:40:16.434 \longrightarrow 00:40:18.625$  about a third of the patients

NOTE Confidence: 0.890803468823529

 $00:40:18.625 \longrightarrow 00:40:20.640$  got into this deep responses,

 $00:40:20.640 \longrightarrow 00:40:22.230$  so it's interesting to to figure

NOTE Confidence: 0.890803468823529

 $00:40:22.230 \longrightarrow 00:40:24.364$  out who who are the patients that

NOTE Confidence: 0.890803468823529

 $00:40:24.364 \longrightarrow 00:40:26.054$  went into these deep responses.

NOTE Confidence: 0.890803468823529

 $00:40:26.060 \longrightarrow 00:40:27.362$  Perhaps? Who are those that don't

NOTE Confidence: 0.890803468823529

 $00:40:27.362 \longrightarrow 00:40:28.898$  respond as well to have that mind,

NOTE Confidence: 0.890803468823529

 $00:40:28.900 \longrightarrow 00:40:30.979$  and this was presented by Nina Shaw.

NOTE Confidence: 0.890803468823529

 $00:40:30.980 \longrightarrow 00:40:33.493$  This year is ash and she looked

NOTE Confidence: 0.890803468823529

 $00{:}40{:}33.493 \dashrightarrow 00{:}40{:}34.973$  at disease characteristics at

NOTE Confidence: 0.890803468823529

 $00:40:34.973 \longrightarrow 00:40:36.673$  baseline and correlated it with

NOTE Confidence: 0.890803468823529

00:40:36.673 --> 00:40:38.719 patients who had the CR or not.

NOTE Confidence: 0.890803468823529

 $00:40:38.720 \longrightarrow 00:40:40.290$  What they found is that

NOTE Confidence: 0.890803468823529

 $00:40:40.290 \longrightarrow 00:40:42.249$  patients who did not have a CR.

NOTE Confidence: 0.890803468823529

 $00{:}40{:}42.250 \dashrightarrow 00{:}40{:}45.570$  Tended to have a higher soluble BCMA knob.

NOTE Confidence: 0.890803468823529

 $00{:}40{:}45.570 --> 00{:}40{:}47.130$  May is a receptor on the

NOTE Confidence: 0.890803468823529

00:40:47.130 --> 00:40:48.649 cell surface of tumor cells,

 $00:40:48.650 \longrightarrow 00:40:50.561$  but it can be cleaved and then

NOTE Confidence: 0.890803468823529

 $00:40:50.561 \longrightarrow 00:40:52.748$  circulates in the bloodstream as soluble.

NOTE Confidence: 0.890803468823529

 $00:40:52.750 \longrightarrow 00:40:56.376$  BCMA is often seen with higher burden

NOTE Confidence: 0.890803468823529

 $00{:}40{:}56.376 \dashrightarrow 00{:}41{:}00.229$  of disease and the conservative sink,

NOTE Confidence: 0.890803468823529

 $00:41:00.230 \longrightarrow 00:41:02.678$  so if you're giving the targeted car T

NOTE Confidence: 0.890803468823529

00:41:02.678 --> 00:41:04.648 right instead of going to the tumor,

NOTE Confidence: 0.890803468823529

 $00:41:04.650 \longrightarrow 00:41:06.408$  it's going to this soluble BCMA,

NOTE Confidence: 0.890803468823529

 $00:41:06.410 \longrightarrow 00:41:08.318$  so you can imagine how this

NOTE Confidence: 0.890803468823529

00:41:08.318 --> 00:41:09.590 would prevent its efficacy.

NOTE Confidence: 0.890803468823529

 $00:41:09.590 \longrightarrow 00:41:12.537$  The other thing they noted is that

NOTE Confidence: 0.890803468823529

 $00{:}41{:}12.537 \dashrightarrow 00{:}41{:}14.466$  patients not achieving CR tended

NOTE Confidence: 0.890803468823529

 $00:41:14.466 \longrightarrow 00:41:17.069$  to have a high an increase of

NOTE Confidence: 0.890803468823529

00:41:17.069 --> 00:41:18.961 inflammatory inflammatory markers by

NOTE Confidence: 0.890803468823529

00:41:18.961 --> 00:41:21.529 having higher fare to know D dimer.

NOTE Confidence: 0.890803468823529

 $00:41:21.530 \longrightarrow 00:41:23.840$  Now these could be patients who are

NOTE Confidence: 0.890803468823529

 $00:41:23.840 \longrightarrow 00:41:26.070$  sicker and more burden of disease,

00:41:26.070 --> 00:41:28.478 and you might think maybe perhaps this,

NOTE Confidence: 0.890803468823529

 $00:41:28.480 \longrightarrow 00:41:30.871$  in you know,

NOTE Confidence: 0.890803468823529

 $00:41:30.871 \longrightarrow 00:41:32.465$  inflammatory microenvironment

NOTE Confidence: 0.890803468823529

00:41:32.465 --> 00:41:34.990 can impede T cell functionality,

NOTE Confidence: 0.890803468823529

 $00:41:34.990 \longrightarrow 00:41:36.520$  but again, these needs.

NOTE Confidence: 0.890803468823529

 $00:41:36.520 \longrightarrow 00:41:39.250$  This needs to be further dissected.

NOTE Confidence: 0.890803468823529

 $00:41:39.250 \longrightarrow 00:41:40.498$  These are just.

NOTE Confidence: 0.890803468823529

 $00{:}41{:}40.498 \dashrightarrow 00{:}41{:}42.994$  The start of trying to understand

NOTE Confidence: 0.890803468823529

00:41:43.000 --> 00:41:44.848 biomarkers for response need

NOTE Confidence: 0.890803468823529

 $00:41:44.848 \longrightarrow 00:41:47.620$  to be tested in larger cohorts.

NOTE Confidence: 0.890803468823529

00:41:47.620 --> 00:41:49.432 They did find that having a

NOTE Confidence: 0.890803468823529

 $00:41:49.432 \longrightarrow 00:41:51.349$  higher vector copy number in the

NOTE Confidence: 0.890803468823529

 $00{:}41{:}51.349 \dashrightarrow 00{:}41{:}52.974$  drug product was more associated

NOTE Confidence: 0.890803468823529

 $00:41:52.974 \longrightarrow 00:41:54.520$  with patients who had a CR.

NOTE Confidence: 0.890803468823529

 $00:41:54.520 \longrightarrow 00:41:55.804$  Now we know that number of

 $00:41:55.804 \longrightarrow 00:41:57.660$  car T is not the full picture.

NOTE Confidence: 0.890803468823529

 $00{:}41{:}57.660 \dashrightarrow 00{:}41{:}59.934$  We also understand that quality of

NOTE Confidence: 0.890803468823529

 $00:41:59.934 \longrightarrow 00:42:02.418$  T cells are important and this is

NOTE Confidence: 0.890803468823529

 $00:42:02.418 \longrightarrow 00:42:04.504$  a diagram showing you the T cell

NOTE Confidence: 0.890803468823529

 $00{:}42{:}04.575 \dashrightarrow 00{:}42{:}06.335$  differentiation from the naive T

NOTE Confidence: 0.890803468823529

 $00:42:06.335 \longrightarrow 00:42:10.360$  cell all the way to the T effector cell.

NOTE Confidence: 0.890803468823529

 $00:42:10.360 \longrightarrow 00:42:11.656$  These earlier T cell,

NOTE Confidence: 0.890803468823529

 $00:42:11.656 \longrightarrow 00:42:13.276$  the memory like phenotypes have

NOTE Confidence: 0.890803468823529

00:42:13.276 --> 00:42:15.195 some key qualities that make it

NOTE Confidence: 0.890803468823529

00:42:15.195 --> 00:42:16.730 quite attractive for car two

NOTE Confidence: 0.890803468823529

 $00{:}42{:}16.793 \dashrightarrow 00{:}42{:}18.660$  products example though long lived

NOTE Confidence: 0.890803468823529

 $00:42:18.660 \longrightarrow 00:42:20.080$  so they last longer.

NOTE Confidence: 0.890803468823529

 $00:42:20.080 \longrightarrow 00:42:22.252$  They have ability to self renew

NOTE Confidence: 0.890803468823529

 $00:42:22.252 \longrightarrow 00:42:25.168$  and they have a T cell plasticity.

NOTE Confidence: 0.890803468823529

00:42:25.170 --> 00:42:26.190 Furthermore, these memory,

NOTE Confidence: 0.890803468823529

 $00:42:26.190 \longrightarrow 00:42:27.210$  like T cells,

 $00:42:27.210 \longrightarrow 00:42:29.095$  were correlated with peak expansion

NOTE Confidence: 0.890803468823529

 $00:42:29.095 \longrightarrow 00:42:31.510$  and sustain response in karty studies.

NOTE Confidence: 0.970727627142857

 $00{:}42{:}33.910 \dashrightarrow 00{:}42{:}37.470$  So this brings me to the next abstract,

NOTE Confidence: 0.970727627142857

00:42:37.470 --> 00:42:40.430 which was presented by Doctor Raj and it

NOTE Confidence: 0.970727627142857

00:42:40.430 --> 00:42:43.389 looked at using API 3 kinase inhibitor,

NOTE Confidence: 0.970727627142857

00:42:43.390 --> 00:42:46.678 maybe 007, which is known to enrich memory

NOTE Confidence: 0.970727627142857

00:42:46.678 --> 00:42:50.517 like T cells and combine it with Ida cell.

NOTE Confidence: 0.970727627142857

 $00{:}42{:}50.520 \to 00{:}42{:}55.398$  It in vitro and this product was now termed

NOTE Confidence: 0.970727627142857

 $00:42:55.400 \longrightarrow 00:42:58.704$  BB 2121 seven and the hypothesis is that

NOTE Confidence: 0.970727627142857

 $00:42:58.704 \longrightarrow 00:43:02.039$  higher memory like T cell in the cell

NOTE Confidence: 0.970727627142857

 $00{:}43{:}02.039 \dashrightarrow 00{:}43{:}04.660$  product will improve duration of response.

NOTE Confidence: 0.970727627142857

 $00:43:04.660 \longrightarrow 00:43:06.020$  The patient characteristics here

NOTE Confidence: 0.970727627142857

 $00{:}43{:}06.020 \dashrightarrow 00{:}43{:}08.060$  were similar to other karty studies.

NOTE Confidence: 0.970727627142857

 $00:43:08.060 \longrightarrow 00:43:10.034$  I want to highlight a few things.

NOTE Confidence: 0.970727627142857

 $00:43:10.040 \longrightarrow 00:43:11.870$  This was a dose escalation study,

 $00:43:11.870 \longrightarrow 00:43:15.524$  so 46 patients out of the 72

NOTE Confidence: 0.970727627142857

 $00:43:15.524 \longrightarrow 00:43:18.652$  received the target dose. High risk.

NOTE Confidence: 0.970727627142857

00:43:18.652 --> 00:43:20.907 Better genetics were found in

NOTE Confidence: 0.970727627142857

 $00:43:20.910 \longrightarrow 00:43:21.822 39\%$  of the patients.

NOTE Confidence: 0.970727627142857

 $00:43:21.822 \longrightarrow 00:43:22.734$  This is slightly higher.

NOTE Confidence: 0.970727627142857

 $00:43:22.740 \longrightarrow 00:43:24.040$  That was than what was

NOTE Confidence: 0.970727627142857

00:43:24.040 --> 00:43:25.340 reported with the back comma,

NOTE Confidence: 0.970727627142857

00:43:25.340 --> 00:43:28.025 which was around 27% and

NOTE Confidence: 0.970727627142857

 $00{:}43{:}28.025 \dashrightarrow 00{:}43{:}31.910$ extramedullary disease was 22.

NOTE Confidence: 0.970727627142857

 $00:43:31.910 \longrightarrow 00:43:33.690$  Safety profile with BB 2121

NOTE Confidence: 0.970727627142857

 $00{:}43{:}33.690 \dashrightarrow 00{:}43{:}35.810$  seven with similar to Avec mom.

NOTE Confidence: 0.970727627142857

 $00:43:35.810 \longrightarrow 00:43:38.435$  Not going to go into the details

NOTE Confidence: 0.970727627142857

 $00{:}43{:}38.435 --> 00{:}43{:}40.740$  but briefly CR S 75% mostly grade

NOTE Confidence: 0.970727627142857

 $00:43:40.740 \longrightarrow 00:43:43.513$  one and two I cans which is the

NOTE Confidence: 0.970727627142857

00:43:43.513 --> 00:43:45.793 neurotoxicity that we see with car

NOTE Confidence: 0.970727627142857

 $00{:}43{:}45.793 \dashrightarrow 00{:}43{:}48.122$  T cells with 15% very comparable.

 $00{:}43{:}48.122 \dashrightarrow 00{:}43{:}50.306$  Said opinions are very common in

NOTE Confidence: 0.970727627142857

 $00{:}43{:}50.306 \dashrightarrow 00{:}43{:}52.735$  general with all CAR T cells filling

NOTE Confidence: 0.970727627142857

 $00:43:52.735 \longrightarrow 00:43:54.432$  to the lymphodepletion that they

NOTE Confidence: 0.970727627142857

 $00:43:54.432 \longrightarrow 00:43:57.170$  get before and the Grade 3 and

NOTE Confidence: 0.970727627142857

 $00:43:57.170 \longrightarrow 00:43:59.310$  above infections which is clinically

NOTE Confidence: 0.970727627142857

 $00:43:59.392 \longrightarrow 00:44:03.530$  very meaningful is about 30%.

NOTE Confidence: 0.970727627142857

 $00:44:03.530 \longrightarrow 00:44:06.218$  In terms of efficacy.

NOTE Confidence: 0.970727627142857

00:44:06.220 --> 00:44:09.377 We're all response rate was 74 percent,

NOTE Confidence: 0.970727627142857

 $00:44:09.380 \longrightarrow 00:44:11.172$  39% with a CR and most of

NOTE Confidence: 0.970727627142857

00:44:11.172 --> 00:44:12.520 them being emerging negative.

NOTE Confidence: 0.970727627142857

00:44:12.520 --> 00:44:14.350 But this doesn't look very

NOTE Confidence: 0.970727627142857

 $00:44:14.350 \longrightarrow 00:44:15.814$  different than Beckman information,

NOTE Confidence: 0.970727627142857 00:44:15.820 --> 00:44:16.330 but really, NOTE Confidence: 0.970727627142857

 $00{:}44{:}16.330 \to 00{:}44{:}17.860$  what this study is looking at

NOTE Confidence: 0.970727627142857

00:44:17.860 --> 00:44:19.000 is duration of response,

 $00:44:19.000 \longrightarrow 00:44:20.659$  which I'll show you in this slide.

NOTE Confidence: 0.970727627142857

00:44:20.660 --> 00:44:23.756 So in median follow up of about two years,

NOTE Confidence: 0.970727627142857

00:44:23.760 --> 00:44:26.540 the median progression of meaning,

NOTE Confidence: 0.970727627142857

 $00{:}44{:}26.540 \dashrightarrow 00{:}44{:}29.054$  progression of free survival for patients

NOTE Confidence: 0.970727627142857

 $00:44:29.054 \longrightarrow 00:44:31.614$  getting the target dose with 18 months

NOTE Confidence: 0.970727627142857

00:44:31.614 --> 00:44:33.900 and in the back MACI put in Gray.

NOTE Confidence: 0.970727627142857

 $00:44:33.900 \longrightarrow 00:44:35.741$  Here was 12 months and this is

NOTE Confidence: 0.970727627142857

00:44:35.741 --> 00:44:37.180 not a head-to-head comparison.

NOTE Confidence: 0.970727627142857

 $00{:}44{:}37.180 --> 00{:}44{:}37.804 \ \mathrm{Any\ means},$ 

NOTE Confidence: 0.970727627142857

 $00:44:37.804 \longrightarrow 00:44:40.300$  but I want to give you this as

NOTE Confidence: 0.970727627142857

 $00{:}44{:}40.377 \dashrightarrow 00{:}44{:}42.705$  a framework to kind of digest

NOTE Confidence: 0.970727627142857

 $00:44:42.705 \longrightarrow 00:44:44.257$  the the results here.

NOTE Confidence: 0.970727627142857

00:44:44.260 --> 00:44:46.836 Now in patients who achieve deeper responses,

NOTE Confidence: 0.970727627142857

 $00:44:46.840 \longrightarrow 00:44:49.090$  CR and above the median duration

NOTE Confidence: 0.970727627142857

 $00:44:49.090 \longrightarrow 00:44:51.532$  of response was 30-4 months and in

NOTE Confidence: 0.970727627142857

 $00:44:51.532 \longrightarrow 00:44:55.370$  the back of my disk was 21 months.

 $00:44:55.370 \longrightarrow 00:44:57.183$  They did see that memory like T

NOTE Confidence: 0.970727627142857

 $00:44:57.183 \longrightarrow 00:44:59.189$  cells in both the car T product

NOTE Confidence: 0.970727627142857

00:44:59.189 --> 00:45:00.947 and peak expansion in the patient

NOTE Confidence: 0.970727627142857

 $00:45:01.010 \longrightarrow 00:45:02.960$  was associated with better response

NOTE Confidence: 0.970727627142857

 $00:45:02.960 \longrightarrow 00:45:04.520$  and duration of response.

NOTE Confidence: 0.970727627142857

 $00:45:04.520 \longrightarrow 00:45:06.512$  So this is a good example of how

NOTE Confidence: 0.970727627142857

00:45:06.512 --> 00:45:08.260 you can build on an already

NOTE Confidence: 0.970727627142857

 $00:45:08.260 \longrightarrow 00:45:09.686$  established party product.

NOTE Confidence: 0.970727627142857

 $00:45:09.686 \longrightarrow 00:45:12.668$  The next topic will be focused on

NOTE Confidence: 0.970727627142857

 $00{:}45{:}12.668 \dashrightarrow 00{:}45{:}14.278$  information updated information on

NOTE Confidence: 0.970727627142857

 $00:45:14.278 \longrightarrow 00:45:17.022$  the car T cell product that will be

NOTE Confidence: 0.970727627142857

 $00{:}45{:}17.099 \dashrightarrow 00{:}45{:}19.409$  approved next and this is self sell

NOTE Confidence: 0.970727627142857

 $00{:}45{:}19.409 \dashrightarrow 00{:}45{:}23.396$  sell to sell is also an anti BCMA CAR T.

NOTE Confidence: 0.970727627142857

 $00:45:23.400 \longrightarrow 00:45:25.020$  It also has a four one.

NOTE Confidence: 0.970727627142857

 $00:45:25.020 \longrightarrow 00:45:26.403$  BB costimulatory domain.

00:45:26.403 --> 00:45:29.630 The difference is it has two binding

NOTE Confidence: 0.970727627142857

00:45:29.707 --> 00:45:31.900 domains here extracellularly,

NOTE Confidence: 0.970727627142857

 $00:45:31.900 \longrightarrow 00:45:34.406$  so this was a two year follow-up

NOTE Confidence: 0.970727627142857

 $00:45:34.406 \longrightarrow 00:45:36.123$  of the Phase 1B2.

NOTE Confidence: 0.970727627142857

 $00:45:36.123 \longrightarrow 00:45:39.338$  Patient characteristics are represented here.

NOTE Confidence: 0.970727627142857

00:45:39.340 --> 00:45:41.220 They had almost 100 patients,

NOTE Confidence: 0.970727627142857

 $00:45:41.220 \longrightarrow 00:45:42.600$  heavily pretreated similar

NOTE Confidence: 0.970727627142857

 $00:45:42.600 \longrightarrow 00:45:44.440$  to other party studies.

NOTE Confidence: 0.970727627142857

 $00:45:44.440 \longrightarrow 00:45:46.152$  Perhaps the percentage of

NOTE Confidence: 0.970727627142857

 $00:45:46.152 \longrightarrow 00:45:47.436$  triple refractory right.

NOTE Confidence: 0.970727627142857

 $00{:}45{:}47.440 \dashrightarrow 00{:}45{:}49.395$  This is triple class refractory

NOTE Confidence: 0.970727627142857

 $00:45:49.395 \longrightarrow 00:45:50.959$  little bit higher 88%.

NOTE Confidence: 0.68726596625

 $00:45:50.960 \longrightarrow 00:45:53.570$  They do comment on penta refractory

NOTE Confidence: 0.68726596625

 $00:45:53.570 \longrightarrow 00:45:55.896$  that's refractory to two image 2

NOTE Confidence: 0.68726596625

 $00:45:55.896 \longrightarrow 00:45:59.172$  peas and one and CD 30 antibody.

NOTE Confidence: 0.68726596625

 $00:45:59.180 \longrightarrow 00:46:04.298$  So this is 42% they had 23% high risk

00:46:04.298 --> 00:46:06.434 energetics, mostly deletion 17 P.

NOTE Confidence: 0.68726596625

 $00:46:06.434 \longrightarrow 00:46:08.870$  And they did have 19 patients

NOTE Confidence: 0.68726596625

00:46:08.957 --> 00:46:11.189 with extramedullary disease,

NOTE Confidence: 0.68726596625

00:46:11.190 --> 00:46:13.740 13 patients had extramedullary disease

NOTE Confidence: 0.68726596625

 $00:46:13.740 \longrightarrow 00:46:16.290$  plasmacy tomas outside of the bone,

NOTE Confidence: 0.68726596625

 $00:46:16.290 \longrightarrow 00:46:18.726$  which is a higher risk feature.

NOTE Confidence: 0.68726596625

 $00:46:18.730 \longrightarrow 00:46:19.800$  So efficacy I showed you

NOTE Confidence: 0.68726596625

 $00:46:19.800 \longrightarrow 00:46:20.870$  part of this last year,

NOTE Confidence: 0.68726596625

 $00:46:20.870 \longrightarrow 00:46:22.250$  but there are some updates.

NOTE Confidence: 0.68726596625

00:46:22.250 --> 00:46:25.258 Overall response rate 89.

NOTE Confidence: 0.68726596625

 $00{:}46{:}25.258 {\:\dashrightarrow\:} 00{:}46{:}28.214$  Sorry 98% which is great.

NOTE Confidence: 0.68726596625

00:46:28.214 --> 00:46:30.969 So literally two patients here

NOTE Confidence: 0.68726596625

 $00{:}46{:}30.970 \dashrightarrow 00{:}46{:}32.419$  did not respond.

NOTE Confidence: 0.68726596625

00:46:32.419 --> 00:46:34.834 However, one of those patients

NOTE Confidence: 0.68726596625

00:46:34.834 --> 00:46:36.712 wasn't invaluable because were they?

 $00:46:36.712 \longrightarrow 00:46:38.452$  They couldn't really assess response

NOTE Confidence: 0.68726596625

 $00:46:38.452 \longrightarrow 00:46:40.168$  because he's not measurable disease,

NOTE Confidence: 0.68726596625

 $00{:}46{:}40.170 \dashrightarrow 00{:}46{:}42.230$  but they did clinically response.

NOTE Confidence: 0.68726596625

 $00:46:42.230 \longrightarrow 00:46:44.854$  Really only one patient did not respond to

NOTE Confidence: 0.68726596625

 $00:46:44.854 \longrightarrow 00:46:47.808$  this and deep responses as you see here.

NOTE Confidence: 0.68726596625

00:46:47.810 --> 00:46:49.978 92\% stringent complete response.

NOTE Confidence: 0.68726596625

 $00:46:49.978 \longrightarrow 00:46:51.604$  Is really unprecedented.

NOTE Confidence: 0.68726596625

 $00:46:51.610 \longrightarrow 00:46:53.610$  The median time to first

NOTE Confidence: 0.68726596625

00:46:53.610 --> 00:46:55.210 response was one month,

NOTE Confidence: 0.68726596625

 $00:46:55.210 \longrightarrow 00:46:57.478$  and the median time to best

NOTE Confidence: 0.68726596625

 $00{:}46{:}57.478 \dashrightarrow 00{:}46{:}59.860$  response was about 2 1/2 months

NOTE Confidence: 0.68726596625

 $00:46:59.860 \longrightarrow 00:47:02.540$  and then at 2 year follow up the

NOTE Confidence: 0.68726596625

00:47:02.540 --> 00:47:04.199 median progression free survival,

NOTE Confidence: 0.68726596625

 $00:47:04.200 \longrightarrow 00:47:06.368$  overall survival and duration

NOTE Confidence: 0.68726596625

 $00:47:06.368 \longrightarrow 00:47:08.977$  of response was not met.

NOTE Confidence: 0.68726596625

00:47:08.977 --> 00:47:11.599 They further looked at MRD at

 $00:47:11.599 \longrightarrow 00:47:14.868$  10 to negative 50 based on next

NOTE Confidence: 0.68726596625

00:47:14.868 --> 00:47:17.198 Gen sequencing in 61 patients.

NOTE Confidence: 0.68726596625

00:47:17.200 --> 00:47:19.540 92 I'm really negative 30 patients

NOTE Confidence: 0.68726596625

 $00:47:19.540 \longrightarrow 00:47:20.320$  had sustained.

NOTE Confidence: 0.68726596625

 $00:47:20.320 \longrightarrow 00:47:22.708$  From our deep at six months

NOTE Confidence: 0.68726596625

 $00:47:22.708 \longrightarrow 00:47:25.317$  and above and 18 had sustained

NOTE Confidence: 0.68726596625

 $00:47:25.317 \longrightarrow 00:47:28.095$  MRD at 12 months and above.

NOTE Confidence: 0.68726596625

 $00{:}47{:}28.100 \dashrightarrow 00{:}47{:}29.955$  Now looking at progression free

NOTE Confidence: 0.68726596625

 $00:47:29.955 \longrightarrow 00:47:32.460$  survival based on depth of response.

NOTE Confidence: 0.68726596625

 $00{:}47{:}32.460 \dashrightarrow 00{:}47{:}35.764$  So patients who had a CR stringent CR

NOTE Confidence: 0.68726596625

 $00:47:35.764 \longrightarrow 00:47:38.497$  as exemplified by the Green Line here,

NOTE Confidence: 0.68726596625

 $00:47:38.500 \longrightarrow 00:47:40.750$  had a two year progression free

NOTE Confidence: 0.68726596625

00:47:40.750 --> 00:47:42.976 survival of 71% compared to

NOTE Confidence: 0.68726596625

 $00:47:42.976 \longrightarrow 00:47:45.436$  60 for the total population.

NOTE Confidence: 0.68726596625

 $00:47:45.440 \longrightarrow 00:47:46.610$  Now going deeper,

 $00{:}47{:}46.610 \dashrightarrow 00{:}47{:}48.560$  sustained MRD responses at six

NOTE Confidence: 0.68726596625

 $00:47:48.560 \longrightarrow 00:47:50.861$  months and 12 months had a

NOTE Confidence: 0.68726596625

 $00:47:50.861 \longrightarrow 00:47:52.736$  progression free survival of 91

NOTE Confidence: 0.68726596625

 $00:47:52.736 \longrightarrow 00:47:55.648$  and 100% at 2 year follow up.

NOTE Confidence: 0.68726596625

 $00:47:55.650 \longrightarrow 00:47:58.250$  So this is really fantastic.

NOTE Confidence: 0.68726596625

 $00:47:58.250 \longrightarrow 00:48:00.062$  You might be wondering what is

NOTE Confidence: 0.68726596625

 $00:48:00.062 \longrightarrow 00:48:01.969$  driving that the blue curve down.

NOTE Confidence: 0.68726596625

00:48:01.970 --> 00:48:03.146 You know a lot of these patients

NOTE Confidence: 0.68726596625

 $00:48:03.146 \longrightarrow 00:48:03.650$  did the cheap,

NOTE Confidence: 0.68726596625

 $00:48:03.650 \longrightarrow 00:48:06.562$  really great responses and they did do a

NOTE Confidence: 0.68726596625

 $00{:}48{:}06.562 \dashrightarrow 00{:}48{:}08.989$  subgroup analysis trying to understand this,

NOTE Confidence: 0.68726596625

 $00{:}48{:}08.990 \dashrightarrow 00{:}48{:}11.244$  and they found that the two year

NOTE Confidence: 0.68726596625

 $00:48:11.244 \longrightarrow 00:48:13.443$  progression first level was lower for

NOTE Confidence: 0.68726596625

 $00:48:13.443 \longrightarrow 00:48:15.388$  patients who had baseline plasmacytomas,

NOTE Confidence: 0.68726596625

00:48:15.390 --> 00:48:17.230 high risk cytogenetics and

NOTE Confidence: 0.68726596625

 $00:48:17.230 \longrightarrow 00:48:18.610$  high tumor boarding.

 $00:48:18.610 \longrightarrow 00:48:20.010$  So this is important to keep in mind.

NOTE Confidence: 0.68726596625

00:48:20.010 --> 00:48:21.434 Certainly these patients benefit,

NOTE Confidence: 0.68726596625

 $00:48:21.434 \longrightarrow 00:48:24.480$  but they might not benefit as well as others.

NOTE Confidence: 0.77864265

00:48:26.710 --> 00:48:30.904 Safety. CRS was extremely common

NOTE Confidence: 0.77864265

 $00:48:30.904 \longrightarrow 00:48:33.100$  and most everyone had it mostly

NOTE Confidence: 0.77864265

 $00{:}48{:}33.167 \dashrightarrow 00{:}48{:}35.255$  grade one followed by grade two.

NOTE Confidence: 0.77864265

 $00:48:35.260 \longrightarrow 00:48:37.420$  They did have a good amount

NOTE Confidence: 0.77864265

 $00:48:37.420 \longrightarrow 00:48:39.500$  of use totals map at 70%,

NOTE Confidence: 0.77864265

 $00:48:39.500 \longrightarrow 00:48:40.730$  which is higher than what's

NOTE Confidence: 0.77864265

 $00:48:40.730 \longrightarrow 00:48:41.714$  reported with the beckmeyer.

NOTE Confidence: 0.77864265

 $00:48:41.720 \longrightarrow 00:48:44.855$  Around 50% that I cams

NOTE Confidence: 0.77864265

 $00{:}48{:}44.855 \dashrightarrow 00{:}48{:}46.736$  neurotoxicity was comparable.

NOTE Confidence: 0.77864265

00:48:46.740 --> 00:48:49.766 17% infections grade 3 or above 20%.

NOTE Confidence: 0.77864265

 $00:48:49.766 \longrightarrow 00:48:54.140$  There was six deaths related to cell to cell.

NOTE Confidence: 0.77864265

00:48:54.140 --> 00:48:56.405 Predominantly driven by infections and

00:48:56.405 --> 00:48:59.719 it followed by CRS and art existing,

NOTE Confidence: 0.77864265

 $00:48:59.720 \longrightarrow 00:49:01.764$  they saw 15 events,

NOTE Confidence: 0.77864265

 $00:49:01.764 \longrightarrow 00:49:04.319$  secondary primary malignancy and 11

NOTE Confidence: 0.77864265

00:49:04.319 --> 00:49:06.561 patients which were felt unrelated

NOTE Confidence: 0.77864265

 $00:49:06.561 \longrightarrow 00:49:09.100$  to me from from cell to cell.

NOTE Confidence: 0.77864265

 $00:49:09.100 \longrightarrow 00:49:11.319$  And the thought is that this is

NOTE Confidence: 0.77864265

 $00:49:11.320 \longrightarrow 00:49:15.009$  not out of the usual for this.

NOTE Confidence: 0.77864265

 $00:49:15.010 \longrightarrow 00:49:17.906$  Multiply relapsed heavily pretreated

NOTE Confidence: 0.77864265

 $00{:}49{:}17.906 \to 00{:}49{:}20.078$  myeloma patient population.

NOTE Confidence: 0.77864265

 $00:49:20.080 \longrightarrow 00:49:21.814$  One thing to note that it's

NOTE Confidence: 0.77864265

00:49:21.814 --> 00:49:23.318 different with silty cells opposed

NOTE Confidence: 0.77864265

 $00:49:23.318 \longrightarrow 00:49:25.580$  to either sell or Beckman is that

NOTE Confidence: 0.77864265

 $00:49:25.580 \longrightarrow 00:49:28.345$  the CRS it has a later onset.

NOTE Confidence: 0.77864265

 $00:49:28.350 \longrightarrow 00:49:30.520$  The median of seven days after infusion

NOTE Confidence: 0.77864265

 $00:49:30.520 \longrightarrow 00:49:32.869$  compared to two days after a back comma.

NOTE Confidence: 0.77864265

 $00:49:32.870 \longrightarrow 00:49:35.381$  So it is a great possibility to give it

00:49:35.381 --> 00:49:38.123 in alkylation setting and it is being

NOTE Confidence: 0.77864265

 $00{:}49{:}38.123 \dashrightarrow 00{:}49{:}40.449$  tested in clinical trials like that.

NOTE Confidence: 0.77864265

 $00:49:40.450 \longrightarrow 00:49:42.080$  Last thing to comment about

NOTE Confidence: 0.77864265

00:49:42.080 --> 00:49:44.287 Silver cell is this movement and

NOTE Confidence: 0.77864265

 $00:49:44.287 \longrightarrow 00:49:45.817$  neurocognitive adverse effects.

NOTE Confidence: 0.77864265

 $00:49:45.820 \longrightarrow 00:49:47.948$  When the cell to cell was first given

NOTE Confidence: 0.77864265

00:49:47.948 --> 00:49:49.730 to patients, they saw the incidence of.

NOTE Confidence: 0.77864265

 $00{:}49{:}49.730 \dashrightarrow 00{:}49{:}53.943$  He's at 12% and actually was concerning the

NOTE Confidence: 0.77864265

 $00:49:53.943 \longrightarrow 00:49:57.170$  risk factors that they found to develop.

NOTE Confidence: 0.77864265

00:49:57.170 --> 00:49:58.510 This was high tumor burden.

NOTE Confidence: 0.77864265

 $00:49:58.510 \longrightarrow 00:49:59.304$  High car,

NOTE Confidence: 0.77864265

 $00:49:59.304 \longrightarrow 00:50:01.289$  T cell expansion and persistence,

NOTE Confidence: 0.77864265

 $00{:}50{:}01.290 \dashrightarrow 00{:}50{:}03.495$  development of AI camps and

NOTE Confidence: 0.77864265

 $00{:}50{:}03.495 --> 00{:}50{:}05.700$  CRS grade two or above.

NOTE Confidence: 0.77864265

 $00:50:05.700 \longrightarrow 00:50:07.702$  So Jameson and Team decided that they

 $00:50:07.702 \longrightarrow 00:50:10.499$  need to do something about this and

NOTE Confidence: 0.77864265

 $00:50:10.499 \dashrightarrow 00:50:12.375$  develop patient management strategies,

NOTE Confidence: 0.77864265

 $00:50:12.380 \longrightarrow 00:50:14.725$  including enhancing bridging therapy to

NOTE Confidence: 0.77864265

 $00:50:14.725 \longrightarrow 00:50:17.760$  reduce tumor burden before they get the

NOTE Confidence: 0.77864265

 $00:50:17.760 \longrightarrow 00:50:20.020$  Kartik and early and aggressive treatment.

NOTE Confidence: 0.77864265

 $00:50:20.020 \longrightarrow 00:50:21.772$  For CRS and I cans and

NOTE Confidence: 0.77864265

00:50:21.772 --> 00:50:22.940 probably is with driving,

NOTE Confidence: 0.77864265

 $00:50:22.940 \longrightarrow 00:50:25.740$  the higher use of toasting in this agent.

NOTE Confidence: 0.77864265

 $00{:}50{:}25.740 {\:{\circ}{\circ}{\circ}}>00{:}50{:}28.484$  With this there have been no further

NOTE Confidence: 0.77864265

 $00:50:28.484 \longrightarrow 00:50:30.658$  toxicities in the current incidents

NOTE Confidence: 0.77864265

 $00:50:30.658 \longrightarrow 00:50:33.424$  in over 200 patients treated on

NOTE Confidence: 0.77864265

 $00:50:33.424 \longrightarrow 00:50:35.986$  several clinical trials at 0.05,

NOTE Confidence: 0.77864265

 $00:50:35.986 \longrightarrow 00:50:38.128$  and this is important because this is

NOTE Confidence: 0.77864265

00:50:38.128 --> 00:50:40.222 what held up after your approval of

NOTE Confidence: 0.77864265

 $00:50:40.222 \longrightarrow 00:50:42.353$  this drug last year and now seems to

NOTE Confidence: 0.77864265

 $00:50:42.353 \dashrightarrow 00:50:44.640$  be much better in much better shape

 $00:50:44.640 \longrightarrow 00:50:47.380$  and will likely be approved next week.

NOTE Confidence: 0.77864265

 $00:50:47.380 \longrightarrow 00:50:49.168$  I do want to highlight that

NOTE Confidence: 0.77864265

 $00:50:49.168 \longrightarrow 00:50:50.360$  solar cells being used.

NOTE Confidence: 0.77864265

 $00:50:50.360 \longrightarrow 00:50:52.310$  Earlier in the treatment course

NOTE Confidence: 0.77864265

 $00{:}50{:}52.310 \dashrightarrow 00{:}50{:}54.802$  for myeloma and we will have a study

NOTE Confidence: 0.77864265

 $00:50:54.802 \longrightarrow 00:50:56.937$  open here using cell to cell as

NOTE Confidence: 0.77864265

00:50:56.937 --> 00:50:58.827 part of upfront treatment myeloma.

NOTE Confidence: 0.77864265

 $00:50:58.830 \longrightarrow 00:51:01.217$  The last topic I will talk about

NOTE Confidence: 0.77864265

 $00:51:01.217 \longrightarrow 00:51:03.818$  is another car T product that is

NOTE Confidence: 0.77864265

 $00{:}51{:}03.818 \dashrightarrow 00{:}51{:}06.166$  targeting the GPRC 5D protein.

NOTE Confidence: 0.77864265

 $00:51:06.166 \longrightarrow 00:51:08.750$  This is called mcar H 109.

NOTE Confidence: 0.717015916428571

 $00:51:10.920 \longrightarrow 00:51:12.677$  GPRC 5D is expressing my luma cells

NOTE Confidence: 0.717015916428571

 $00{:}51{:}12.677 \dashrightarrow 00{:}51{:}14.800$  as well as skin and hair follicles.

NOTE Confidence: 0.717015916428571

 $00:51:14.800 \longrightarrow 00:51:17.170$  It's a. It's a receptor that actually

NOTE Confidence: 0.717015916428571

 $00:51:17.170 \longrightarrow 00:51:19.900$  no one really understands what it does.

 $00:51:19.900 \longrightarrow 00:51:22.160$  This is a small study.

NOTE Confidence: 0.717015916428571

 $00:51:22.160 \dashrightarrow 00:51:24.800$  At Memorial Sloan Kettering 16 patients.

NOTE Confidence: 0.717015916428571

 $00:51:24.800 \longrightarrow 00:51:27.384$  But what is unique is that these are

NOTE Confidence: 0.717015916428571

 $00:51:27.384 \longrightarrow 00:51:29.369$  really heavily pretreated patients.

NOTE Confidence: 0.717015916428571

00:51:29.370 --> 00:51:31.570 Very high risk population,

NOTE Confidence: 0.717015916428571

 $00:51:31.570 \longrightarrow 00:51:34.320$  so everyone was panda exposed.

NOTE Confidence: 0.717015916428571

 $00:51:34.320 \longrightarrow 00:51:37.278$  Almost everyone was triple class refractory.

NOTE Confidence: 0.717015916428571

 $00:51:37.280 \longrightarrow 00:51:38.856$  60% had higher risk,

NOTE Confidence: 0.717015916428571

00:51:38.856 --> 00:51:40.038 may targeted the rapy.

NOTE Confidence: 0.717015916428571

 $00:51:40.040 \longrightarrow 00:51:43.856$  Most of that car T 77 had high risk.

NOTE Confidence: 0.717015916428571

 $00{:}51{:}43.860 --> 00{:}51{:}44.642 \ \mathrm{Better\ genetics},$ 

NOTE Confidence: 0.717015916428571

 $00:51:44.642 \longrightarrow 00:51:46.597$  including one Q amplification which

NOTE Confidence: 0.717015916428571

00:51:46.597 --> 00:51:48.719 you know it's very high risk.

NOTE Confidence: 0.717015916428571

 $00:51:48.720 \longrightarrow 00:51:52.416$  About half had plasmacytoma months and.

NOTE Confidence: 0.717015916428571

00:51:52.420 --> 00:51:54.670 About 20% had non secretary Malama,

NOTE Confidence: 0.717015916428571

 $00:51:54.670 \longrightarrow 00:51:57.309$  which is really a patient population not

 $00:51:57.309 \longrightarrow 00:51:59.600$  represented in the clinical studies.

NOTE Confidence: 0.717015916428571

 $00:51:59.600 \longrightarrow 00:52:02.296$  So this is a swim plot of swimmers

NOTE Confidence: 0.717015916428571

00:52:02.296 --> 00:52:04.200 plot of responsive follow-up

NOTE Confidence: 0.717015916428571

 $00:52:04.200 \longrightarrow 00:52:07.065$  of 18 months dose escalation.

NOTE Confidence: 0.717015916428571

00:52:07.070 --> 00:52:08.904 You see here the doses go up

NOTE Confidence: 0.717015916428571

 $00:52:08.904 \longrightarrow 00:52:09.690$  with higher doses.

NOTE Confidence: 0.717015916428571

 $00:52:09.690 \longrightarrow 00:52:11.650$  It does seem that there are deeper

NOTE Confidence: 0.717015916428571

 $00:52:11.650 \longrightarrow 00:52:13.730$  responses you can see by the green bars.

NOTE Confidence: 0.717015916428571

 $00:52:13.730 \longrightarrow 00:52:15.505$  The follow up is relatively

NOTE Confidence: 0.717015916428571

 $00:52:15.505 \longrightarrow 00:52:16.925$  short for these patients.

NOTE Confidence: 0.717015916428571

 $00:52:16.930 \longrightarrow 00:52:19.980$  Overall response rate about 70%.

NOTE Confidence: 0.717015916428571

 $00:52:19.980 \longrightarrow 00:52:22.308$  About 1/4 achieved a complete response.

NOTE Confidence: 0.717015916428571

00:52:22.310 --> 00:52:23.196 All populations,

NOTE Confidence: 0.717015916428571

 $00:52:23.196 \longrightarrow 00:52:25.854$  so more to follow on that

NOTE Confidence: 0.717015916428571

 $00:52:25.854 \longrightarrow 00:52:27.750$  safety was manageable.

 $00:52:27.750 \longrightarrow 00:52:31.306$  Sierras 93% similar to cell to cell.

NOTE Confidence: 0.717015916428571

 $00{:}52{:}31.310 \dashrightarrow 00{:}52{:}34.586$  There was one patient that had a

NOTE Confidence: 0.717015916428571

 $00:52:34.586 \longrightarrow 00:52:37.982$  grade 3IN neurotoxicity in terms of

NOTE Confidence: 0.717015916428571

00:52:37.982 --> 00:52:40.770 off off tumor on target side effects,

NOTE Confidence: 0.717015916428571

00:52:40.770 --> 00:52:43.440 nail changes, rash taste changes.

NOTE Confidence: 0.717015916428571

 $00:52:43.440 \longrightarrow 00:52:47.677$  We're seeing all grade one all transient.

NOTE Confidence: 0.717015916428571

 $00:52:47.677 \longrightarrow 00:52:51.446$  So this is a great product is furthering it.

NOTE Confidence: 0.717015916428571 00:52:51.446 --> 00:52:52.400 It goes into.

NOTE Confidence: 0.717015916428571

 $00:52:52.400 \longrightarrow 00:52:54.532$  Further development with the

NOTE Confidence: 0.717015916428571

 $00:52:54.532 \longrightarrow 00:52:55.598$  multicenter study.

NOTE Confidence: 0.717015916428571

 $00:52:55.600 \dashrightarrow 00:52:59.450$  So with that I will end my part of the talk.

NOTE Confidence: 0.28848618

 $00:53:04.940 \longrightarrow 00:53:06.630$  And move on to doctor Browning.

NOTE Confidence: 0.90937686

 $00{:}53{:}14.080 \dashrightarrow 00{:}53{:}16.100$  OK great so thank you again

NOTE Confidence: 0.90937686

 $00:53:16.100 \longrightarrow 00:53:17.400$  to all for for joining

NOTE Confidence: 0.939349571481482

 $00:53:17.465 \longrightarrow 00:53:19.575$  and those who may be able to stay on a

NOTE Confidence: 0.939349571481482

 $00{:}53{:}19.630 \dashrightarrow 00{:}53{:}21.737$  little bit past the 1:00 o'clock hour.

 $00{:}53{:}21.740 \dashrightarrow 00{:}53{:}23.518$  So with the remaining time I will

NOTE Confidence: 0.939349571481482

 $00:53:23.518 \longrightarrow 00:53:25.151$  review a few abstracts highlighting

NOTE Confidence: 0.939349571481482

 $00:53:25.151 \longrightarrow 00:53:27.575$  basic and preclinical work in multiple

NOTE Confidence: 0.939349571481482

00:53:27.575 --> 00:53:29.703 myeloma and then provide an update

NOTE Confidence: 0.939349571481482

 $00:53:29.703 \longrightarrow 00:53:31.593$  on the management of patients with

NOTE Confidence: 0.939349571481482

00:53:31.600 --> 00:53:34.590 light chain or ALE amyloidosis.

NOTE Confidence: 0.939349571481482

00:53:34.590 --> 00:53:36.865 And I have no disclosures to report,

NOTE Confidence: 0.939349571481482

 $00:53:36.870 \longrightarrow 00:53:38.538$  so this slide outlines the abstracts

NOTE Confidence: 0.939349571481482

00:53:38.538 --> 00:53:40.210 I will review with you today.

NOTE Confidence: 0.939349571481482

 $00:53:40.210 \longrightarrow 00:53:42.555$  I'd note that there were many exciting

NOTE Confidence: 0.939349571481482

 $00:53:42.555 \longrightarrow 00:53:44.232$  preclinical updates in myeloma with

NOTE Confidence: 0.939349571481482

 $00:53:44.232 \longrightarrow 00:53:46.381$  a focus really on immunology in the

NOTE Confidence: 0.939349571481482

 $00{:}53{:}46.381 \to 00{:}53{:}48.069$ myeloma immune microenvironment,

NOTE Confidence: 0.939349571481482

 $00:53:48.070 \longrightarrow 00:53:50.428$  as well as advances in genomics

NOTE Confidence: 0.939349571481482

 $00:53:50.428 \longrightarrow 00:53:51.607$  and myeloma pathogenesis.

00:53:51.610 --> 00:53:53.964 And I will highlight abstract 159,

NOTE Confidence: 0.939349571481482

 $00:53:53.964 \longrightarrow 00:53:56.208$  which provides us with an updated

NOTE Confidence: 0.939349571481482

 $00:53:56.208 \longrightarrow 00:53:58.376$  analysis from a practice changing

NOTE Confidence: 0.939349571481482

 $00:53:58.376 \longrightarrow 00:54:00.316$  study in AL Amyloidosis.

NOTE Confidence: 0.93934957148148200:54:00.320 --> 00:54:01.259 So to begin,

NOTE Confidence: 0.939349571481482

 $00:54:01.259 \longrightarrow 00:54:03.137$  obesity is is closely linked to

NOTE Confidence: 0.939349571481482

 $00:54:03.137 \longrightarrow 00:54:05.887$  my Loma pathogenesis and has also

NOTE Confidence: 0.939349571481482

 $00{:}54{:}05.887 \dashrightarrow 00{:}54{:}07.779$  been associated with increased

NOTE Confidence: 0.939349571481482

00:54:07.779 --> 00:54:09.658 mortality in multiple myeloma.

NOTE Confidence: 0.939349571481482

 $00:54:09.660 \longrightarrow 00:54:12.120$  It is thought that obesity increases

NOTE Confidence: 0.939349571481482

 $00:54:12.120 \longrightarrow 00:54:13.760$  the production of proinflammatory

NOTE Confidence: 0.939349571481482

 $00:54:13.827 \longrightarrow 00:54:15.515$  cytokines and adipokines adipokines

NOTE Confidence: 0.939349571481482

 $00:54:15.515 \longrightarrow 00:54:18.047$  and leads to ectopic accumulation of

NOTE Confidence: 0.939349571481482

 $00:54:18.112 \longrightarrow 00:54:20.366$  adipocytes in the bone marrow which can

NOTE Confidence: 0.939349571481482

 $00:54:20.366 \longrightarrow 00:54:22.208$  change the bone marrow microenvironment.

NOTE Confidence: 0.939349571481482

 $00:54:22.208 \longrightarrow 00:54:24.378$  And in this abstract presented

00:54:24.378 --> 00:54:26.977 by Doctor Hsu from the Sun Yat

NOTE Confidence: 0.939349571481482

00:54:26.977 --> 00:54:28.512 Sen Cancer Center in China,

NOTE Confidence: 0.939349571481482

 $00:54:28.520 \longrightarrow 00:54:29.675$  the authors aim to investigate

NOTE Confidence: 0.939349571481482

 $00:54:29.675 \longrightarrow 00:54:30.830$  the role of bone marrow.

NOTE Confidence: 0.939349571481482

00:54:30.830 --> 00:54:33.932 Adipocytes in myeloma Genesis and explore

NOTE Confidence: 0.939349571481482

 $00:54:33.932 \longrightarrow 00:54:36.053$  potential novel therapeutic agents

NOTE Confidence: 0.939349571481482

 $00:54:36.053 \longrightarrow 00:54:38.868$  targeting the bone marrow microenvironment.

NOTE Confidence: 0.939349571481482

00:54:38.870 --> 00:54:41.582 They evaluated patients with newly diagnosed

NOTE Confidence: 0.939349571481482

 $00{:}54{:}41.582 \dashrightarrow 00{:}54{:}44.010$  multiple myeloma and healthy controls.

NOTE Confidence: 0.939349571481482

 $00:54:44.010 \longrightarrow 00:54:45.775$  The myeloma patients were separated

NOTE Confidence: 0.939349571481482

00:54:45.775 --> 00:54:48.312 into two groups based on BMI and

NOTE Confidence: 0.939349571481482

 $00:54:48.312 \longrightarrow 00:54:50.077$  underwent testing from bone marrow

NOTE Confidence: 0.939349571481482

 $00{:}54{:}50.077 \dashrightarrow 00{:}54{:}51.850$  that included RNA sequencing,

NOTE Confidence: 0.939349571481482

 $00:54:51.850 \longrightarrow 00:54:54.740$  metabolomics and flow cytometry analysis.

NOTE Confidence: 0.915951835

 $00:54:57.130 \longrightarrow 00:54:59.314$  And there was an increase in bone marrow

 $00:54:59.314 \longrightarrow 00:55:01.371$  adipocytes in patients with myeloma and

NOTE Confidence: 0.915951835

 $00:55:01.371 \longrightarrow 00:55:03.191$  and metabolomic analysis revealed that

NOTE Confidence: 0.915951835

 $00:55:03.191 \longrightarrow 00:55:05.127$  several metabolites work very closely,

NOTE Confidence: 0.915951835

 $00:55:05.130 \longrightarrow 00:55:07.875$  associated with BMI with glycerolipid

NOTE Confidence: 0.915951835

 $00:55:07.875 \longrightarrow 00:55:10.071$  metabolism enriched in myeloma

NOTE Confidence: 0.915951835

00:55:10.071 --> 00:55:12.160 patients with obesity RNA sequencing

NOTE Confidence: 0.915951835

 $00:55:12.160 \longrightarrow 00:55:13.685$  data from the bone marrow.

NOTE Confidence: 0.915951835

 $00:55:13.690 \longrightarrow 00:55:16.010$  Adipocytes showed that patients with

NOTE Confidence: 0.915951835

 $00:55:16.010 \longrightarrow 00:55:18.738$  myeloma had an increased expression of

NOTE Confidence: 0.915951835

00:55:18.738 --> 00:55:21.104 fatty acid binding protein or FAP four,

NOTE Confidence: 0.915951835

 $00:55:21.110 \longrightarrow 00:55:23.860$  and this is seen in figures A&B with FA PB

NOTE Confidence: 0.915951835

00:55:23.927 --> 00:55:26.807 4 having an important role in linking lipid.

NOTE Confidence: 0.915951835

 $00:55:26.810 \longrightarrow 00:55:30.080$  Metabolism with immunity and inflammation

NOTE Confidence: 0.915951835

 $00:55:30.080 \longrightarrow 00:55:32.220$  and obesity further enhanced the

NOTE Confidence: 0.915951835

 $00:55:32.220 \longrightarrow 00:55:35.432$  expression of FA FA BP4 in these studies

NOTE Confidence: 0.915951835

 $00:55:35.432 \longrightarrow 00:55:37.670$  to further evaluate the potential role

00:55:37.740 --> 00:55:40.020 of fabp 4IN pathogenesis in myeloma,

NOTE Confidence: 0.915951835

00:55:40.020 --> 00:55:42.610 the authors studied of fabp 4 knockout

NOTE Confidence: 0.915951835

00:55:42.610 --> 00:55:45.499 and wild type mice who were fed a high

NOTE Confidence: 0.915951835

00:55:45.499 --> 00:55:48.315 fat diet for 12 weeks and you can see

NOTE Confidence: 0.915951835

 $00:55:48.315 \longrightarrow 00:55:50.550$  here in figure see that the knockout

NOTE Confidence: 0.915951835

 $00:55:50.550 \longrightarrow 00:55:52.755$  mountain mice had less tumor burden by

NOTE Confidence: 0.915951835

00:55:52.755 --> 00:55:55.134 PET scan and as displayed in figured D,

NOTE Confidence: 0.915951835

 $00:55:55.140 \longrightarrow 00:55:57.666$  they also had improved overall survival.

NOTE Confidence: 0.7780690435

 $00:55:59.840 \longrightarrow 00:56:02.498$  The authors then applied and FAP

NOTE Confidence: 0.7780690435

00:56:02.498 --> 00:56:05.044 4 inhibitor known as BMS 309403,

NOTE Confidence: 0.7780690435

 $00:56:05.044 \longrightarrow 00:56:06.592$  which resulted in significant

NOTE Confidence: 0.7780690435

 $00:56:06.592 \longrightarrow 00:56:08.580$  attenuation of the tumor burden

NOTE Confidence: 0.7780690435

 $00{:}56{:}08.580 \dashrightarrow 00{:}56{:}10.455$  and improved survival and obesity

NOTE Confidence: 0.7780690435

 $00:56:10.455 \longrightarrow 00:56:12.331$  induced myeloma mice as outlined

NOTE Confidence: 0.7780690435

 $00:56:12.331 \longrightarrow 00:56:14.487$  in the two figures on this slide.

00:56:14.490 --> 00:56:16.482 So, in summary, these data suggest

NOTE Confidence: 0.7780690435

 $00{:}56{:}16.482 \dashrightarrow 00{:}56{:}17.810$  that bone marrow adipocytes,

NOTE Confidence: 0.7780690435

 $00:56:17.810 \longrightarrow 00:56:19.470$  which are increased in obesity,

NOTE Confidence: 0.7780690435

00:56:19.470 --> 00:56:21.550 may shape metabolism and immunity

NOTE Confidence: 0.7780690435

 $00:56:21.550 \longrightarrow 00:56:23.630$  in the bone marrow microenvironment

NOTE Confidence: 0.7780690435

00:56:23.691 --> 00:56:26.181 environment and play a role in

NOTE Confidence: 0.7780690435

 $00:56:26.181 \longrightarrow 00:56:27.426$  promoting myeloma pathogenesis.

NOTE Confidence: 0.7780690435

 $00:56:27.430 \longrightarrow 00:56:29.094$  This certainly requires further

NOTE Confidence: 0.7780690435

 $00{:}56{:}29.094 \dashrightarrow 00{:}56{:}31.110$  investigation, though it does raise.

NOTE Confidence: 0.7780690435

00:56:31.110 --> 00:56:32.710 An important question regarding

NOTE Confidence: 0.7780690435

 $00:56:32.710 \longrightarrow 00:56:34.108$  whether modification of obesity

NOTE Confidence: 0.7780690435

00:56:34.108 --> 00:56:35.754 and other such associated risk

NOTE Confidence: 0.7780690435

 $00:56:35.754 \longrightarrow 00:56:37.962$  factors can serve as a preventative

NOTE Confidence: 0.7780690435

 $00{:}56{:}37.962 \dashrightarrow 00{:}56{:}39.518$  strategy in multiple myeloma.

NOTE Confidence: 0.82772043525

 $00:56:42.390 \longrightarrow 00:56:44.328$  In this next abstract that was

NOTE Confidence: 0.82772043525

 $00{:}56{:}44.328 \dashrightarrow 00{:}56{:}46.035$  presented by Doctor Simone Mini

00:56:46.035 --> 00:56:47.825 at Fred Hutchinson Cancer Center,

NOTE Confidence: 0.82772043525

 $00:56:47.830 \longrightarrow 00:56:49.678$  the combination of immunomodulatory,

NOTE Confidence: 0.82772043525

00:56:49.678 --> 00:56:51.064 the immunomodulatory drug,

NOTE Confidence: 0.82772043525

00:56:51.070 --> 00:56:52.750 Lenalidomide, and an antigen

NOTE Confidence: 0.82772043525

00:56:52.750 --> 00:56:54.850 antibody was studied in mice.

NOTE Confidence: 0.82772043525

 $00:56:54.850 \longrightarrow 00:56:56.539$  After undergoing autologous

NOTE Confidence: 0.82772043525

 $00:56:56.539 \longrightarrow 00:56:58.228$  stem cell transplantation.

NOTE Confidence: 0.82772043525

 $00:56:58.230 \longrightarrow 00:56:59.210$  As many of you know,

NOTE Confidence: 0.82772043525

 $00:56:59.210 \longrightarrow 00:57:00.955$  high dose chemotherapy and autologous

NOTE Confidence: 0.82772043525

 $00{:}57{:}00.955 \dashrightarrow 00{:}57{:}03.542$  stem cell rescue has been shown to

NOTE Confidence: 0.82772043525

00:57:03.542 --> 00:57:05.114 provide progression free survival

NOTE Confidence: 0.82772043525

 $00{:}57{:}05.114 \dashrightarrow 00{:}57{:}06.686$  benefit in multiple myeloma.

NOTE Confidence: 0.82772043525

00:57:06.690 --> 00:57:08.026 Though in myeloma disease,

NOTE Confidence: 0.82772043525

 $00:57:08.026 \longrightarrow 00:57:09.028$  relapses are expected,

NOTE Confidence: 0.82772043525

 $00:57:09.030 \longrightarrow 00:57:10.670$  and there is definitely a

00:57:10.670 --> 00:57:12.310 need to enhance the antitumor

NOTE Confidence: 0.82772043525

 $00:57:12.377 \longrightarrow 00:57:14.347$  efficacy of stem cell transplant.

NOTE Confidence: 0.82772043525

 $00.57:14.350 \longrightarrow 00.57:16.070$  As you can see in the figure here,

NOTE Confidence: 0.82772043525

 $00{:}57{:}16.070 \dashrightarrow 00{:}57{:}18.482$ autologous stem cell transplant

NOTE Confidence: 0.82772043525

 $00:57:18.482 \longrightarrow 00:57:20.894$  via lymphodepletion and immune

NOTE Confidence: 0.82772043525

 $00:57:20.894 \longrightarrow 00:57:22.564$  reconstitution reconstitution is

NOTE Confidence: 0.82772043525

 $00:57:22.564 \longrightarrow 00:57:24.529$  thought to establish a myeloma

NOTE Confidence: 0.82772043525

 $00:57:24.529 \longrightarrow 00:57:26.101$  immune equilibrium with an

NOTE Confidence: 0.82772043525

 $00{:}57{:}26.172 \dashrightarrow 00{:}57{:}28.140$  inflammatory microenvironment.

NOTE Confidence: 0.82772043525

00:57:28.140 --> 00:57:30.020 However, tumor escape is inevitable,

NOTE Confidence: 0.82772043525

 $00{:}57{:}30.020 \dashrightarrow 00{:}57{:}32.096$  and exhaustion of CD 8 positive

NOTE Confidence: 0.82772043525

 $00:57:32.096 \longrightarrow 00:57:34.594$  T cells is thought to play a

NOTE Confidence: 0.82772043525

 $00:57:34.594 \longrightarrow 00:57:36.324$  major role in disease relapse.

NOTE Confidence: 0.82772043525

00:57:36.330 --> 00:57:38.430 TIGIT, which is an inhibitory receptor,

NOTE Confidence: 0.82772043525

 $00:57:38.430 \longrightarrow 00:57:40.960$  is upregulated on exhausted T

NOTE Confidence: 0.82772043525

 $00{:}57{:}40.960 \dashrightarrow 00{:}57{:}43.246$  cells and is thought to play a

00:57:43.246 --> 00:57:45.209 major role in disease of relapse,

NOTE Confidence: 0.82772043525

 $00:57:45.210 \longrightarrow 00:57:47.295$  with studies showing a strong

NOTE Confidence: 0.82772043525

 $00:57:47.295 \longrightarrow 00:57:49.380$  association between myeloma burden and

NOTE Confidence: 0.82772043525

00:57:49.448 --> 00:57:51.506 expression of TIGIT on CD 8 positive

NOTE Confidence: 0.82772043525

 $00{:}57{:}51.506 \dashrightarrow 00{:}57{:}53.969$  T cells and mice status post stem

NOTE Confidence: 0.82772043525

 $00{:}57{:}53.969 \dashrightarrow 00{:}57{:}55.510$  cell transplant there for you guys.

NOTE Confidence: 0.82772043525

00:57:55.510 --> 00:57:56.290 As you can imagine,

NOTE Confidence: 0.82772043525

 $00:57:56.290 \longrightarrow 00:57:59.188$  TIGIT has emerged as an attractive target

NOTE Confidence: 0.82772043525

 $00:57:59.188 \longrightarrow 00:58:01.639$  for immunotherapy in multiple myeloma.

NOTE Confidence: 0.82772043525

00:58:01.640 --> 00:58:02.808 So in this study,

NOTE Confidence: 0.82772043525

00:58:02.808 --> 00:58:04.268 myeloma mice underwent high dose

NOTE Confidence: 0.82772043525

 $00{:}58{:}04.268 \dashrightarrow 00{:}58{:}06.108$  Milo ablative radiation and then

NOTE Confidence: 0.82772043525

 $00{:}58{:}06.108 \dashrightarrow 00{:}58{:}07.596$  received bone marrow grafts,

NOTE Confidence: 0.82772043525

 $00:58:07.600 \longrightarrow 00:58:09.652$  followed by the administration

NOTE Confidence: 0.82772043525

 $00:58:09.652 \longrightarrow 00:58:12.217$  of a antigen monoclonal antibody,

00:58:12.220 --> 00:58:13.650 twice weekly for five weeks,

NOTE Confidence: 0.82772043525

 $00:58:13.650 \longrightarrow 00:58:15.682$  starting on the day of transplant or day

NOTE Confidence: 0.82772043525

 $00:58:15.682 \longrightarrow 00:58:17.328$  zero and then Lenalidomide administered

NOTE Confidence: 0.82772043525

00:58:17.328 --> 00:58:19.862 daily for three weeks beginning on day,

NOTE Confidence: 0.82772043525

 $00:58:19.870 \longrightarrow 00:58:22.234$  plus 14 and synergistic anti myeloma

NOTE Confidence: 0.82772043525

 $00:58:22.234 \longrightarrow 00:58:24.940$  activity was observed with this combination.

NOTE Confidence: 0.82772043525

 $00:58:24.940 \longrightarrow 00:58:27.320$  As you can see in figure B,

NOTE Confidence: 0.82772043525

 $00:58:27.320 \longrightarrow 00:58:28.650$  there was a significant reduction

NOTE Confidence: 0.82772043525

00:58:28.650 --> 00:58:30.347 in the rate of tumor growth

NOTE Confidence: 0.82772043525

 $00:58:30.347 \longrightarrow 00:58:31.607$  and also improved median.

NOTE Confidence: 0.82772043525

 $00{:}58{:}31.610 \longrightarrow 00{:}58{:}34.274$  Overall survival in the mice who

NOTE Confidence: 0.82772043525

 $00:58:34.274 \longrightarrow 00:58:36.050$  received this combination post

NOTE Confidence: 0.82772043525

00:58:36.125 --> 00:58:39.130 transplant and the authors also found,

NOTE Confidence: 0.82772043525

 $00.58:39.130 \longrightarrow 00.58:41.230$  through flow cytometry and flow,

NOTE Confidence: 0.82772043525

 $00.58:41.230 \longrightarrow 00.58:42.082$  some clustering,

NOTE Confidence: 0.82772043525

 $00{:}58{:}42.082 \dashrightarrow 00{:}58{:}44.212$  that this combination increased T

 $00:58:44.212 \longrightarrow 00:58:46.396$  cell memory and reduced exhaustion

NOTE Confidence: 0.82772043525

 $00{:}58{:}46.396 \dashrightarrow 00{:}58{:}48.491$  as displayed in the representative

NOTE Confidence: 0.82772043525

 $00:58:48.491 \longrightarrow 00:58:50.724$  heat map on the bottom right

NOTE Confidence: 0.82772043525

 $00:58:50.724 \longrightarrow 00:58:52.372$  in Figure C and lastly,

NOTE Confidence: 0.82772043525

 $00:58:52.372 \longrightarrow 00:58:54.598$  the combination of of an anti

NOTE Confidence: 0.82772043525

 $00:58:54.598 \longrightarrow 00:58:56.385$  TIGIT monoclonal antibody and the

NOTE Confidence: 0.82772043525

 $00:58:56.385 \longrightarrow 00:58:58.341$  4th generation image or cell mod

NOTE Confidence: 0.82772043525

 $00:58:58.341 \longrightarrow 00:59:00.725$  I iberty mid which was discussed

NOTE Confidence: 0.82772043525

 $00.59:00.725 \longrightarrow 00.59:02.317$  by Doctor Parker earlier.

NOTE Confidence: 0.82772043525

00:59:02.320 --> 00:59:05.290 In our discussion is now entering

NOTE Confidence: 0.82772043525

 $00:59:05.290 \longrightarrow 00:59:06.870$  human trials shortly.

NOTE Confidence: 0.82114971

 $00:59:09.580 \longrightarrow 00:59:12.100$  So to move, move along light chain or

NOTE Confidence: 0.82114971

00:59:12.100 --> 00:59:14.632 a lymphoid ossis is a rare systemic

NOTE Confidence: 0.82114971

 $00{:}59{:}14.632 \dashrightarrow 00{:}59{:}16.467$  disorder of clonal plasma cells

NOTE Confidence: 0.82114971

00:59:16.539 --> 00:59:19.099 that generate aberrant or abnormal

00:59:19.099 --> 00:59:21.147 immunoglobulin light chains which

NOTE Confidence: 0.82114971

 $00:59:21.147 \longrightarrow 00:59:23.752$  misfolded form insoluble amyloid fibrils.

NOTE Confidence: 0.82114971

 $00:59:23.752 \longrightarrow 00:59:26.367$  These fibrils then deposit into

NOTE Confidence: 0.82114971

 $00:59:26.367 \longrightarrow 00:59:28.763$  extracellular tissues and organs resulting

NOTE Confidence: 0.82114971

 $00:59:28.763 \longrightarrow 00:59:31.457$  in impairment of vital organ function

NOTE Confidence: 0.82114971

00:59:31.525 --> 00:59:33.705 and sometimes or often death with

NOTE Confidence: 0.82114971

 $00:59:33.705 \longrightarrow 00:59:35.080$  the introduction of novel therapies,

NOTE Confidence: 0.82114971

 $00:59:35.080 \longrightarrow 00:59:36.815$  there has been improvement in

NOTE Confidence: 0.82114971

 $00{:}59{:}36.815 \dashrightarrow 00{:}59{:}38.203$  overall outcomes and prognosis

NOTE Confidence: 0.82114971

00:59:38.203 --> 00:59:40.070 for ALE amyloidosis which were.

NOTE Confidence: 0.82114971

 $00:59:40.070 \longrightarrow 00:59:42.178$  Historically, very, very grim.

NOTE Confidence: 0.82114971

 $00:59:42.178 \longrightarrow 00:59:44.080$  In an abstract 155,

NOTE Confidence: 0.82114971

 $00:59:44.080 \longrightarrow 00:59:46.320$  which was presented by Doctor Starin from

NOTE Confidence: 0.82114971

00:59:46.320 --> 00:59:48.699 the Boston University Amyloidosis Center,

NOTE Confidence: 0.82114971

00:59:48.700 --> 00:59:50.506 there was a 40 year Natural History

NOTE Confidence: 0.82114971

 $00:59:50.506 \longrightarrow 00:59:52.224$  study that was reviewed on outcomes

 $00:59:52.224 \longrightarrow 00:59:53.994$  for patients with a lambdoid seen

NOTE Confidence: 0.82114971

 $00{:}59{:}53.994 \dashrightarrow 00{:}59{:}55.919$  at their center and what they found

NOTE Confidence: 0.82114971

 $00:59:55.919 \longrightarrow 00:59:57.596$  is displayed on on the slide.

NOTE Confidence: 0.82114971

 $00:59:57.596 \longrightarrow 00:59:59.752$  Here was that in a cohort of

NOTE Confidence: 0.82114971

 $00:59:59.752 \longrightarrow 01:00:01.924$  a slightly over 2300 patients,

NOTE Confidence: 0.82114971

 $01:00:01.924 \longrightarrow 01:00:04.336$  the five year overall survival improved

NOTE Confidence: 0.82114971

 $01:00:04.336 \longrightarrow 01:00:07.982$  from 15% between 1980 and 1989 to 48%

NOTE Confidence: 0.82114971

01:00:07.982 --> 01:00:10.238 in the most recent decade that was studied,

NOTE Confidence: 0.82114971

 $01:00:10.240 \longrightarrow 01:00:13.170$  which was 2010 to 2019.

NOTE Confidence: 0.82114971

 $01:00:13.170 \longrightarrow 01:00:15.470$  Median overall survival improved from

NOTE Confidence: 0.82114971

01:00:15.470 --> 01:00:18.174 1.4 to 4.6 years and the six month

NOTE Confidence: 0.82114971

01:00:18.174 --> 01:00:21.085 mortality rate dropped from 23% to 13%.

NOTE Confidence: 0.82114971

 $01{:}00{:}21.085 \dashrightarrow 01{:}00{:}22.865$  When comparing between these

NOTE Confidence: 0.82114971

01:00:22.865 --> 01:00:24.575 two time periods, however,

NOTE Confidence: 0.82114971

01:00:24.575 --> 01:00:26.450 amyloid remains a challenging disease,

 $01:00:26.450 \longrightarrow 01:00:28.226$  both due to delays in diagnosis

NOTE Confidence: 0.82114971

 $01:00:28.226 \longrightarrow 01:00:30.010$  and and challenges with treatment,

NOTE Confidence: 0.82114971

01:00:30.010 --> 01:00:30.470 notably,

NOTE Confidence: 0.82114971

 $01:00:30.470 \longrightarrow 01:00:32.770$  in patients with cardiac involvement

NOTE Confidence: 0.82114971

 $01:00:32.770 \longrightarrow 01:00:35.137$  and further advances in therapy

NOTE Confidence: 0.82114971

 $01:00:35.137 \longrightarrow 01:00:36.490$  are really crucial.

NOTE Confidence: 0.82114971

 $01:00:36.490 \longrightarrow 01:00:39.562$  So the Andromeda study is a phase three

NOTE Confidence: 0.82114971

 $01:00:39.562 \longrightarrow 01:00:41.726$  randomized open label controlled trial

NOTE Confidence: 0.82114971

 $01{:}00{:}41.726 \dashrightarrow 01{:}00{:}44.366$  that compares our prior standard of

NOTE Confidence: 0.82114971

01:00:44.366 --> 01:00:47.187 care for amyloid which was Bortezomib,

NOTE Confidence: 0.82114971

 $01:00:47.190 \longrightarrow 01:00:49.563$  cyclophosphamide and dexamethasone.

NOTE Confidence: 0.82114971

01:00:49.563 --> 01:00:51.936 Ortved versus VCT,

NOTE Confidence: 0.82114971

01:00:51.940 --> 01:00:52.402 VCD,

NOTE Confidence: 0.82114971

 $01:00:52.402 \longrightarrow 01:00:55.174$  plus the anti CD 38 monoclonal

NOTE Confidence: 0.82114971

01:00:55.174 --> 01:00:57.408 antibody daratumumab which was

NOTE Confidence: 0.82114971

 $01:00:57.408 \longrightarrow 01:00:59.256$  administered subcutaneously in

 $01:00:59.256 \longrightarrow 01:01:00.786$  patients with newly diagnosed tail.

NOTE Confidence: 0.82114971

 $01:01:00.790 \longrightarrow 01:01:03.989$  Amyloid and cardiac stage one through 3/8

NOTE Confidence: 0.82114971

 $01:01:03.989 \longrightarrow 01:01:06.438$  disease were recruited for the study.

NOTE Confidence: 0.82114971

 $01:01:06.440 \longrightarrow 01:01:08.575$  And both arms received for

NOTE Confidence: 0.82114971

01:01:08.575 --> 01:01:10.710 six cycles with the study,

NOTE Confidence: 0.82114971

 $01:01:10.710 \longrightarrow 01:01:12.675$  the protocol or daratumumab arm

NOTE Confidence: 0.82114971

01:01:12.675 --> 01:01:15.065 getting VCD Times 6 studies 6

NOTE Confidence: 0.82114971

 $01{:}01{:}15.065 \dashrightarrow 01{:}01{:}16.860$  cycles and then monotherapy with

NOTE Confidence: 0.82114971

 $01:01:16.860 \longrightarrow 01:01:19.019$  their two mab every four weeks

NOTE Confidence: 0.82114971

 $01:01:19.019 \longrightarrow 01:01:21.294$  for a maximum of 24 total cycles.

NOTE Confidence: 0.82114971

 $01:01:21.300 \longrightarrow 01:01:23.442$  Prior analysis at 6 and 12 months

NOTE Confidence: 0.82114971

 $01:01:23.442 \longrightarrow 01:01:25.050$  revealed that the addition of

NOTE Confidence: 0.82114971

 $01{:}01{:}25.050 \dashrightarrow 01{:}01{:}26.610$  subcutaneous there are two in

NOTE Confidence: 0.82114971

 $01{:}01{:}26.610 \dashrightarrow 01{:}01{:}29.101$  map to VCD resulted in deeper and

NOTE Confidence: 0.82114971

 $01:01:29.101 \longrightarrow 01:01:30.589$  more rapid hematologic response

 $01:01:30.589 \longrightarrow 01:01:32.344$  is also improved organ,

NOTE Confidence: 0.82114971

 $01{:}01{:}32.344 \dashrightarrow 01{:}01{:}34.854$  responses and prolongation of major

NOTE Confidence: 0.82114971

 $01:01:34.854 \longrightarrow 01:01:37.210$  major organ deterioration progression.

NOTE Confidence: 0.82114971

 $01:01:37.210 \longrightarrow 01:01:40.290$  Free survival and this data led to

NOTE Confidence: 0.82114971

01:01:40.290 --> 01:01:42.650 Derrived being the first approved

NOTE Confidence: 0.82114971

 $01{:}01{:}42.650 \dashrightarrow 01{:}01{:}45.968$  therapy for a limoy dose in nine

NOTE Confidence: 0.82114971

 $01:01:45.968 \longrightarrow 01:01:48.117$  countries with FDA accelerated

NOTE Confidence: 0.82114971

01:01:48.117 --> 01:01:51.191 approval granted in January of 2021,

NOTE Confidence: 0.82114971

 $01:01:51.191 \longrightarrow 01:01:53.717$  and so the current abstract presented

NOTE Confidence: 0.82114971

01:01:53.717 --> 01:01:56.361 by Doctor Raymond Comenzo from Tufts

NOTE Confidence: 0.82114971

 $01:01:56.361 \longrightarrow 01:01:58.536$  University provided an update after

NOTE Confidence: 0.82114971

 $01:01:58.536 \longrightarrow 01:02:01.030$  a median follow-up of 25.8 months.

NOTE Confidence: 0.945517786470588

 $01:02:03.120 \longrightarrow 01:02:05.412$  So these tables outline the demographics

NOTE Confidence: 0.945517786470588

 $01:02:05.412 \longrightarrow 01:02:07.346$  and baseline characteristics of patients

NOTE Confidence: 0.945517786470588

 $01:02:07.346 \longrightarrow 01:02:09.440$  that have been enrolled in Andromeda,

NOTE Confidence: 0.945517786470588

 $01:02:09.440 \longrightarrow 01:02:10.990$  and they were well balanced

 $01:02:10.990 \longrightarrow 01:02:12.540$  between the two treatment arms.

NOTE Confidence: 0.945517786470588

01:02:12.540 --> 01:02:14.794 The median age of in the dairy

NOTE Confidence: 0.945517786470588

01:02:14.794 --> 01:02:17.867 VCD arm was 62 years and both arms

NOTE Confidence: 0.945517786470588

01:02:17.867 --> 01:02:19.897 had a slate mail predominance.

NOTE Confidence: 0.945517786470588

 $01:02:19.900 \longrightarrow 01:02:21.678$  I would like to point out that

NOTE Confidence: 0.945517786470588

 $01:02:21.678 \longrightarrow 01:02:23.556$  only three to 4% of patients on

NOTE Confidence: 0.945517786470588

 $01:02:23.556 \longrightarrow 01:02:25.428$  both arms in this study identified

NOTE Confidence: 0.945517786470588

01:02:25.428 --> 01:02:27.360 as black or African American,

NOTE Confidence: 0.945517786470588

01:02:27.360 --> 01:02:29.322 which is important in considering the

NOTE Confidence: 0.945517786470588

 $01:02:29.322 \longrightarrow 01:02:31.080$  the generalizability of these results,

NOTE Confidence: 0.945517786470588

 $01:02:31.080 \longrightarrow 01:02:32.970$  and was a discussion when

NOTE Confidence: 0.945517786470588

 $01{:}02{:}32.970 \dashrightarrow 01{:}02{:}34.460$  this abstract was presented at.

NOTE Confidence: 0.945517786470588

 $01{:}02{:}34.460 \dashrightarrow 01{:}02{:}36.626$  Gosh, I think really highlighting the

NOTE Confidence: 0.945517786470588

01:02:36.626 --> 01:02:38.070 importance of improving improving

NOTE Confidence: 0.945517786470588

01:02:38.122 --> 01:02:39.797 diversity in our clinical trials,

 $01:02:39.800 \longrightarrow 01:02:42.375$  and that includes in trials

NOTE Confidence: 0.945517786470588

01:02:42.375 --> 01:02:44.435 of plasma cell disorders.

NOTE Confidence: 0.945517786470588

 $01:02:44.440 \longrightarrow 01:02:46.274$  66% of patients had involvement of two

NOTE Confidence: 0.945517786470588

 $01:02:46.274 \longrightarrow 01:02:48.368$  or more organs with cardiac and renal

NOTE Confidence: 0.945517786470588

01:02:48.368 --> 01:02:49.933 involvement being the most common,

NOTE Confidence: 0.945517786470588

 $01:02:49.940 \longrightarrow 01:02:50.752$  and importantly,

NOTE Confidence: 0.945517786470588

01:02:50.752 --> 01:02:54.000 36% of the patients in the dairy VCD

NOTE Confidence: 0.945517786470588

01:02:54.083 --> 01:02:56.992 arm had stage 3A cardiac disease at

NOTE Confidence: 0.945517786470588

 $01:02:56.992 \longrightarrow 01:03:00.930$  the median follow-up of 25.8 months.

NOTE Confidence: 0.945517786470588

 $01:03:00.930 \longrightarrow 01:03:03.442$  77.2% of patients in the dairy VCD arm

NOTE Confidence: 0.945517786470588

 $01:03:03.442 \longrightarrow 01:03:05.619$  had received daratumumab monotherapy.

NOTE Confidence: 0.945517786470588

 $01:03:05.620 \longrightarrow 01:03:09.040$  After six cycles of Derrived and 36%

NOTE Confidence: 0.945517786470588

 $01:03:09.040 \longrightarrow 01:03:12.120$  of patients and either in both groups

NOTE Confidence: 0.945517786470588

 $01:03:12.120 \longrightarrow 01:03:14.290$  had discontinued study treatment.

NOTE Confidence: 0.945517786470588

01:03:14.290 --> 01:03:16.439 So over two years of follow up,

NOTE Confidence: 0.945517786470588

 $01:03:16.440 \longrightarrow 01:03:18.595$  more patients achieved a hematologic

 $01:03:18.595 \longrightarrow 01:03:21.190$  complete response in the Derrived arm at

NOTE Confidence: 0.945517786470588

01:03:21.190 --> 01:03:24.850 60% compared to only 19% on the VCD arm.

NOTE Confidence: 0.945517786470588

 $01:03:24.850 \longrightarrow 01:03:26.770$  And you can see this hematologic

NOTE Confidence: 0.945517786470588

 $01:03:26.839 \longrightarrow 01:03:28.627$  complete response response is

NOTE Confidence: 0.945517786470588

 $01{:}03{:}28.627 \dashrightarrow 01{:}03{:}31.309$  deepened overtime in the dairy group.

NOTE Confidence: 0.945517786470588

01:03:31.310 --> 01:03:33.626 Patients achieving a very good partial

NOTE Confidence: 0.945517786470588

01:03:33.626 --> 01:03:35.820 response or better improved from 77%

NOTE Confidence: 0.945517786470588

 $01:03:35.820 \longrightarrow 01:03:38.270$  of the time of primary analysis to

NOTE Confidence: 0.945517786470588

 $01{:}03{:}38.270 \dashrightarrow 01{:}03{:}41.630$  79% in this updated analysis analysis.

NOTE Confidence: 0.945517786470588

01:03:41.630 --> 01:03:42.087 Importantly,

NOTE Confidence: 0.945517786470588

 $01:03:42.087 \longrightarrow 01:03:44.372$  hematologic complete response was higher

NOTE Confidence: 0.945517786470588

 $01{:}03{:}44{:}372 \dashrightarrow 01{:}03{:}47{:}346$  with the rapy CD and all prespecified

NOTE Confidence: 0.945517786470588

 $01{:}03{:}47.346 \dashrightarrow 01{:}03{:}49.694$  subgroups and those included groups

NOTE Confidence: 0.945517786470588

 $01:03:49.694 \longrightarrow 01:03:51.949$  with cardiac involvement at baseline.

NOTE Confidence: 0.945517786470588

 $01:03:51.950 \longrightarrow 01:03:54.232$  Those who had cardiac stage three disease

01:03:54.232 --> 01:03:56.432 and those with translocation 1114,

NOTE Confidence: 0.945517786470588

01:03:56.432 --> 01:03:59.246 which makes up about 50 to 60%

NOTE Confidence: 0.945517786470588

 $01:03:59.250 \longrightarrow 01:04:01.680$  of our ale amyloid population.

NOTE Confidence: 0.9563511975

 $01:04:03.820 \longrightarrow 01:04:05.356$  And as you can see in these graphs,

NOTE Confidence: 0.9563511975

 $01:04:05.360 \longrightarrow 01:04:07.982$  the cardiac and renal response rates

NOTE Confidence: 0.9563511975

 $01{:}04{:}07.982 \dashrightarrow 01{:}04{:}10.163$  in patients receiving derived were

NOTE Confidence: 0.9563511975

 $01:04:10.163 \longrightarrow 01:04:12.669$  significantly higher at both 6 and 18

NOTE Confidence: 0.9563511975

 $01:04:12.669 \longrightarrow 01:04:15.282$  months when compared to the VCD arm at

NOTE Confidence: 0.9563511975

 $01{:}04{:}15.282 \dashrightarrow 01{:}04{:}17.698$  the 18 month mark presented at this ash,

NOTE Confidence: 0.9563511975

 $01:04:17.700 \longrightarrow 01:04:19.365$  both cardiac and renal response

NOTE Confidence: 0.9563511975

 $01{:}04{:}19.365 \dashrightarrow 01{:}04{:}21.404$  rates were more than twice as

NOTE Confidence: 0.9563511975

 $01:04:21.404 \longrightarrow 01:04:23.264$  high as the organ responses that

NOTE Confidence: 0.9563511975

01:04:23.264 --> 01:04:25.118 were achieved with just VCD alone,

NOTE Confidence: 0.9563511975

 $01{:}04{:}25.120 \dashrightarrow 01{:}04{:}27.353$  and it's important to to remember that

NOTE Confidence: 0.9563511975

 $01:04:27.353 \longrightarrow 01:04:29.058$  organ response and Dale amyloidosis

NOTE Confidence: 0.9563511975

 $01{:}04{:}29.058 \dashrightarrow 01{:}04{:}31.116$  can be delayed or lagged behind.

01:04:31.120 --> 01:04:34.768 Hematologic response in that organ responses.

NOTE Confidence: 0.9563511975

 $01{:}04{:}34.770 \dashrightarrow 01{:}04{:}37.920$  Are thought to really improve quality of

NOTE Confidence: 0.9563511975

 $01:04:37.920 \longrightarrow 01:04:41.649$  life in this complex patient population.

NOTE Confidence: 0.9563511975

 $01:04:41.650 \longrightarrow 01:04:43.834$  There were a greater number of deaths

NOTE Confidence: 0.9563511975

 $01{:}04{:}43.834 \dashrightarrow 01{:}04{:}45.126$  related to disease progression

NOTE Confidence: 0.9563511975

 $01:04:45.126 \longrightarrow 01:04:46.326$  in the VCD arm,

NOTE Confidence: 0.9563511975

01:04:46.330 --> 01:04:48.178 though with a longer time on therapy,

NOTE Confidence: 0.9563511975

 $01:04:48.180 \longrightarrow 01:04:50.511$  the absolute number of deaths while on

NOTE Confidence: 0.9563511975

01:04:50.511 --> 01:04:52.698 treatment was higher in the Derrived arm?

NOTE Confidence: 0.9563511975

01:04:52.700 --> 01:04:53.704 Serious treatment,

NOTE Confidence: 0.9563511975

 $01:04:53.704 \longrightarrow 01:04:56.214$  emergent adverse events occurred in

NOTE Confidence: 0.9563511975

 $01:04:56.220 \longrightarrow 01:04:58.635$  47% of patients on the Derrived arm.

NOTE Confidence: 0.9563511975

 $01{:}04{:}58.640 \dashrightarrow 01{:}05{:}02.108$  And 36% of patients receiving VCD

NOTE Confidence: 0.9563511975

01:05:02.108 --> 01:05:04.058 alone with pneumonia being the

NOTE Confidence: 0.9563511975

 $01:05:04.058 \longrightarrow 01:05:05.768$  most common serious adverse event

 $01:05:05.768 \longrightarrow 01:05:07.688$  that was observed in both groups.

NOTE Confidence: 0.9563511975

 $01:05:07.690 \longrightarrow 01:05:09.634$  The rate of discontinuation due to

NOTE Confidence: 0.9563511975

 $01:05:09.634 \longrightarrow 01:05:11.557$  treatment emergent events was similar in

NOTE Confidence: 0.9563511975

 $01{:}05{:}11.557 \dashrightarrow 01{:}05{:}13.573$  both groups and the most common adverse

NOTE Confidence: 0.9563511975

 $01:05:13.573 \longrightarrow 01:05:15.688$  events observed in the study are outlined,

NOTE Confidence: 0.9563511975

 $01:05:15.690 \longrightarrow 01:05:20.667$  and the tables at the bottom of this slide.

NOTE Confidence: 0.9563511975

01:05:20.670 --> 01:05:21.588 So in summary,

NOTE Confidence: 0.9563511975

 $01:05:21.588 \longrightarrow 01:05:23.730$  after more than two years of follow-up

NOTE Confidence: 0.9563511975

 $01{:}05{:}23.791 \dashrightarrow 01{:}05{:}25.756$  hematologic and Oregon response has

NOTE Confidence: 0.9563511975

 $01:05:25.756 \longrightarrow 01:05:28.108$  continued to increase with their trauma

NOTE Confidence: 0.9563511975

 $01:05:28.108 \longrightarrow 01:05:30.088$  BCD when compared with VCD alone.

NOTE Confidence: 0.9563511975

 $01:05:30.090 \longrightarrow 01:05:30.421$  Fortunately,

NOTE Confidence: 0.9563511975

 $01:05:30.421 \longrightarrow 01:05:33.069$  there were no new safety concerns that were

NOTE Confidence: 0.9563511975

01:05:33.069 --> 01:05:34.790 identified with this longer follow-up,

NOTE Confidence: 0.9563511975

 $01:05:34.790 \longrightarrow 01:05:37.625$  and overall survival will be analyzed and

NOTE Confidence: 0.9563511975

 $01{:}05{:}37.625 \dashrightarrow 01{:}05{:}39.630$  major organ deterioration progression.

 $01:05:39.630 \longrightarrow 01:05:42.015$  Free survival will be updated

NOTE Confidence: 0.9563511975

01:05:42.015 --> 01:05:43.923 after approximately 200 events,

NOTE Confidence: 0.9563511975

 $01:05:43.930 \longrightarrow 01:05:46.160$  though at the median follow-up

NOTE Confidence: 0.9563511975

01:05:46.160 --> 01:05:48.130 presented here of 25.8 months,

NOTE Confidence: 0.9563511975

01:05:48.130 --> 01:05:49.475 there were fewer deaths that

NOTE Confidence: 0.9563511975

 $01:05:49.475 \longrightarrow 01:05:50.820$  were observed in the derived.

NOTE Confidence: 0.9563511975

 $01:05:50.820 \longrightarrow 01:05:52.432$  Farm as outlined here.

NOTE Confidence: 0.9563511975

 $01:05:52.432 \longrightarrow 01:05:54.850$  And so this updated analysis really

NOTE Confidence: 0.9563511975

 $01:05:54.922 \longrightarrow 01:05:56.746$  confirms the treatment benefit

NOTE Confidence: 0.9563511975

 $01:05:56.746 \longrightarrow 01:05:59.320$  of this regimen out to 18 months,

NOTE Confidence: 0.9563511975

 $01:05:59.320 \longrightarrow 01:06:01.120$  and supports derrived as a new

NOTE Confidence: 0.9563511975

 $01:06:01.187 \longrightarrow 01:06:03.359$  standard of care for our patients

NOTE Confidence: 0.9563511975

 $01{:}06{:}03.359 \dashrightarrow 01{:}06{:}05.630$  with newly diagnosed ALE amyloidosis?

NOTE Confidence: 0.902004587368421

 $01:06:08.070 \longrightarrow 01:06:10.030$  So the final abstract that I will

NOTE Confidence: 0.902004587368421

 $01:06:10.030 \longrightarrow 01:06:12.074$  touch upon was presented by Doctor

01:06:12.074 --> 01:06:14.366 Jason Valent from the Cleveland Clinic,

NOTE Confidence: 0.902004587368421

 $01:06:14.370 \longrightarrow 01:06:16.694$  and it reviewed the safety and tolerability

NOTE Confidence: 0.902004587368421

 $01:06:16.694 \longrightarrow 01:06:19.663$  of Cal 101 in combination with anti plasma

NOTE Confidence: 0.902004587368421

 $01:06:19.663 \longrightarrow 01:06:22.069$  cell therapy for patients with a lamb.

NOTE Confidence: 0.902004587368421

 $01:06:22.070 \longrightarrow 01:06:24.968$  Lloyd Ossis and this was from a one year

NOTE Confidence: 0.902004587368421

01:06:24.968 --> 01:06:27.705 results from an open label phase two trial.

NOTE Confidence: 0.902004587368421

 $01:06:27.710 \longrightarrow 01:06:29.830$  So, as we previously discussed,

NOTE Confidence: 0.902004587368421

 $01:06:29.830 \longrightarrow 01:06:31.286$  amyloid fibril deposition and

NOTE Confidence: 0.902004587368421

 $01:06:31.286 \longrightarrow 01:06:33.106$  organs results in organ dysfunction

NOTE Confidence: 0.902004587368421

 $01:06:33.106 \longrightarrow 01:06:34.590$  with significant morbidity and

NOTE Confidence: 0.902004587368421

 $01{:}06{:}34.590 \dashrightarrow 01{:}06{:}36.708$  mortality for patients with a lamb.

NOTE Confidence: 0.902004587368421

 $01:06:36.710 \longrightarrow 01:06:39.342$  Lloyd and our standard of care anti

NOTE Confidence: 0.902004587368421

 $01:06:39.342 \longrightarrow 01:06:41.769$  plasma cell therapy is just discussed.

NOTE Confidence: 0.902004587368421

01:06:41.770 --> 01:06:43.790 Really decreases the production of

NOTE Confidence: 0.902004587368421

 $01:06:43.790 \longrightarrow 01:06:46.305$  amyloid oh genic like chains by

NOTE Confidence: 0.902004587368421

 $01:06:46.305 \longrightarrow 01:06:48.415$  targeting abnormal bone marrow plasma

01:06:48.415 --> 01:06:50.465 cells but doesn't address the amyloid

NOTE Confidence: 0.902004587368421

 $01:06:50.465 \longrightarrow 01:06:52.520$  fibrils already present in and organs.

NOTE Confidence: 0.902004587368421

 $01:06:52.520 \longrightarrow 01:06:55.215$  So Cal 101 is a chimeric monoclonal

NOTE Confidence: 0.902004587368421

01:06:55.215 --> 01:06:58.039 antibody and it binds annio appetite.

NOTE Confidence: 0.902004587368421

 $01:06:58.040 \longrightarrow 01:06:59.790$  That's present on both Kappa

NOTE Confidence: 0.902004587368421

01:06:59.790 --> 01:07:01.540 and Lambda light chain fibrils,

NOTE Confidence: 0.902004587368421

 $01:07:01.540 \longrightarrow 01:07:03.595$  resulting in proteolysis and removal

NOTE Confidence: 0.902004587368421

 $01{:}07{:}03.595 \dashrightarrow 01{:}07{:}06.108$  of the amyloid fibrils from tissues

NOTE Confidence: 0.902004587368421

 $01:07:06.108 \longrightarrow 01:07:07.612$  and organs in a phase.

NOTE Confidence: 0.902004587368421

01:07:07.612 --> 01:07:09.708 One study of this agent Cal 101 was

NOTE Confidence: 0.902004587368421

 $01:07:09.708 \longrightarrow 01:07:11.652$  well tolerated up to 500 milligrams

NOTE Confidence: 0.902004587368421

 $01:07:11.652 \longrightarrow 01:07:13.687$  per meter squared in patients who

NOTE Confidence: 0.902004587368421

 $01{:}07{:}13.687 \dashrightarrow 01{:}07{:}15.357$  had relapsed or refractory ale,

NOTE Confidence: 0.902004587368421

 $01:07:15.360 \longrightarrow 01:07:17.565$  amyloid and in the phase two component.

NOTE Confidence: 0.902004587368421

 $01:07:17.570 \longrightarrow 01:07:19.768$  It was tolerated up to 1000 milligrams

 $01:07:19.768 \longrightarrow 01:07:21.445$  per meter squared when administered

NOTE Confidence: 0.902004587368421

01:07:21.445 --> 01:07:23.130 in combination with standard of

NOTE Confidence: 0.902004587368421

01:07:23.130 --> 01:07:25.319 care and I plasma cell therapy,

NOTE Confidence: 0.902004587368421

 $01:07:25.320 \longrightarrow 01:07:27.546$  and this was the patients recruited had

NOTE Confidence: 0.902004587368421

 $01:07:27.546 \longrightarrow 01:07:29.900$  cardiac stage one through three a disease.

NOTE Confidence: 0.909779082380952

 $01:07:32.020 \longrightarrow 01:07:34.012$  So 25 patients are included in

NOTE Confidence: 0.909779082380952

 $01:07:34.012 \longrightarrow 01:07:35.761$  the analysis that was presented

NOTE Confidence: 0.909779082380952

01:07:35.761 --> 01:07:38.260 at ASH and all had a confirmed

NOTE Confidence: 0.909779082380952

 $01:07:38.260 \longrightarrow 01:07:40.681$  diagnosis avail amyloid at least a

NOTE Confidence: 0.909779082380952

01:07:40.681 --> 01:07:42.666 six month minimum life expectancy.

NOTE Confidence: 0.909779082380952

 $01:07:42.670 \longrightarrow 01:07:44.270$  And there were the patients

NOTE Confidence: 0.909779082380952

 $01:07:44.270 \longrightarrow 01:07:45.870$  recruited were not planned for

NOTE Confidence: 0.909779082380952

 $01:07:45.933 \longrightarrow 01:07:47.533$  autologous stem cell transplant in

NOTE Confidence: 0.909779082380952

 $01:07:47.533 \longrightarrow 01:07:49.749$  the first six months of the study.

NOTE Confidence: 0.909779082380952

01:07:49.750 --> 01:07:51.892 Patients were excluded if they had

NOTE Confidence: 0.909779082380952

 $01{:}07{:}51.892 \dashrightarrow 01{:}07{:}53.320$  concomitant multiple myeloma or

 $01:07:53.380 \longrightarrow 01:07:55.330$  symptomatic orthostatic hypotension.

NOTE Confidence: 0.909779082380952

 $01:07:55.330 \longrightarrow 01:07:56.850$  And subjects received four

NOTE Confidence: 0.909779082380952

 $01:07:56.850 \longrightarrow 01:07:58.370$  weekly doses of Cal.

NOTE Confidence: 0.909779082380952

 $01:07:58.370 \longrightarrow 01:08:00.605$  101 and then biweekly dosing

NOTE Confidence: 0.909779082380952

 $01:08:00.605 \longrightarrow 01:08:01.946$  until clinical deterioration,

NOTE Confidence: 0.909779082380952

01:08:01.950 --> 01:08:02.793 toxicity or death,

NOTE Confidence: 0.909779082380952

 $01:08:02.793 \longrightarrow 01:08:05.121$  and as you can see in the schema

NOTE Confidence: 0.909779082380952

 $01:08:05.121 \longrightarrow 01:08:07.186$  in the top left of this slide,

NOTE Confidence: 0.909779082380952

 $01:08:07.190 \longrightarrow 01:08:09.353$  Part B of the study added daratumumab

NOTE Confidence: 0.909779082380952

 $01:08:09.353 \longrightarrow 01:08:11.327$  to the standard of care therapy

NOTE Confidence: 0.909779082380952

 $01:08:11.327 \longrightarrow 01:08:12.967$  based on the Andromeda trial.

NOTE Confidence: 0.909779082380952

 $01:08:12.970 \longrightarrow 01:08:14.692$  The mean age of the study

NOTE Confidence: 0.909779082380952

01:08:14.692 --> 01:08:16.086 group was 65.2 years,

NOTE Confidence: 0.909779082380952

 $01:08:16.086 \longrightarrow 01:08:18.126$  with the majority being male.

NOTE Confidence: 0.909779082380952

 $01:08:18.130 \longrightarrow 01:08:20.140 80\%$  of the patients had cardiac

 $01:08:20.140 \longrightarrow 01:08:21.990$  amyloid involvement in 92% of

NOTE Confidence: 0.909779082380952

 $01{:}08{:}21.990 \dashrightarrow 01{:}08{:}23.670$  these individuals had cardiac

NOTE Confidence: 0.909779082380952

 $01:08:23.670 \longrightarrow 01:08:26.199$  stage two or three a disease.

NOTE Confidence: 0.909779082380952

 $01:08:26.200 \longrightarrow 01:08:27.870$  96% of patients had treatment

NOTE Confidence: 0.909779082380952

 $01:08:27.870 \longrightarrow 01:08:29.540$  emergent adverse events with the

NOTE Confidence: 0.909779082380952

 $01:08:29.600 \longrightarrow 01:08:31.184$  most common ones being listed in

NOTE Confidence: 0.909779082380952

 $01:08:31.184 \longrightarrow 01:08:33.000$  the table at the bottom right.

NOTE Confidence: 0.909779082380952

 $01:08:33.000 \longrightarrow 01:08:33.328$  Here,

NOTE Confidence: 0.909779082380952

 $01:08:33.328 \longrightarrow 01:08:35.624$  the only 24% of those were felt

NOTE Confidence: 0.909779082380952

 $01:08:35.624 \longrightarrow 01:08:38.125$  to be related to treatment and

NOTE Confidence: 0.909779082380952

 $01{:}08{:}38.125 \dashrightarrow 01{:}08{:}40.335$  most adverse events were were

NOTE Confidence: 0.909779082380952

 $01:08:40.335 \longrightarrow 01:08:43.160$  low grade with the the thought

NOTE Confidence: 0.909779082380952

 $01:08:43.160 \longrightarrow 01:08:46.040$  that the cardiac safety of this

NOTE Confidence: 0.909779082380952

 $01:08:46.134 \longrightarrow 01:08:49.879$  agent was really more warm or well

NOTE Confidence: 0.909779082380952

 $01:08:49.879 \longrightarrow 01:08:52.320$  tolerated than expected overall.

NOTE Confidence: 0.909779082380952

 $01{:}08{:}52.320 \dashrightarrow 01{:}08{:}54.198$  So though there was a limited

01:08:54.198 --> 01:08:55.137 number of patients,

NOTE Confidence: 0.909779082380952

 $01:08:55.140 \longrightarrow 01:08:57.996$  18 of the 20 patients with cardiac

NOTE Confidence: 0.909779082380952

01:08:57.996 --> 01:08:59.625 involvement showed stability or

NOTE Confidence: 0.909779082380952

01:08:59.625 --> 01:09:02.273 improvement based on the NT Pro BNP values,

NOTE Confidence: 0.909779082380952

 $01:09:02.280 \longrightarrow 01:09:05.944$  with some of the 35% of those who responded,

NOTE Confidence: 0.909779082380952

01:09:05.944 --> 01:09:07.297 reportedly showing dramatic

NOTE Confidence: 0.909779082380952

01:09:07.297 --> 01:09:09.489 improvement and similarly eight of

NOTE Confidence: 0.909779082380952

 $01:09:09.489 \longrightarrow 01:09:11.424$  nine patients with renal involvement

NOTE Confidence: 0.909779082380952

 $01:09:11.424 \longrightarrow 01:09:13.310$  at baseline achieved renal responses

NOTE Confidence: 0.909779082380952

01:09:13.310 --> 01:09:15.556 with more than 30% reduction in

NOTE Confidence: 0.909779082380952

 $01{:}09{:}15.556 \dashrightarrow 01{:}09{:}17.846$  their proteinuria and some patients

NOTE Confidence: 0.909779082380952

 $01:09:17.846 \longrightarrow 01:09:20.619$  having very rapid and deep responses.

NOTE Confidence: 0.909779082380952

 $01:09:20.620 \longrightarrow 01:09:21.457$  So to summarize,

NOTE Confidence: 0.909779082380952

01:09:21.457 --> 01:09:24.050 Cal 101 appears to be very well tolerated.

NOTE Confidence: 0.909779082380952

 $01:09:24.050 \longrightarrow 01:09:25.615$  And safe in combination with

 $01:09:25.615 \longrightarrow 01:09:27.556$  our standard of care anti plasma

NOTE Confidence: 0.909779082380952

 $01:09:27.556 \longrightarrow 01:09:29.146$  cell therapy which is now.

NOTE Confidence: 0.909779082380952

01:09:29.150 --> 01:09:31.145 There are two memorable plus V CD

NOTE Confidence: 0.909779082380952

 $01:09:31.145 \longrightarrow 01:09:33.677$  and it has yielded cardiac and renal

NOTE Confidence: 0.909779082380952

 $01:09:33.677 \longrightarrow 01:09:36.089$  responses in a majority of patients.

NOTE Confidence: 0.909779082380952

01:09:36.090 --> 01:09:37.752 Cal 101 is now being studied

NOTE Confidence: 0.909779082380952

 $01:09:37.752 \longrightarrow 01:09:38.860$  in phase three trials.

NOTE Confidence: 0.909779082380952

01:09:38.860 --> 01:09:41.030 For patients with Mayo stage

NOTE Confidence: 0.909779082380952

 $01:09:41.030 \longrightarrow 01:09:43.990$  3/8 and also stage 3B disease.

NOTE Confidence: 0.909779082380952

01:09:43.990 --> 01:09:46.085 Cardiac disease which was previously

NOTE Confidence: 0.909779082380952

 $01:09:46.085 \longrightarrow 01:09:49.027$  excluded from this and from a patients

NOTE Confidence: 0.909779082380952

01:09:49.027 --> 01:09:50.962 that were previously excluded from

NOTE Confidence: 0.909779082380952

 $01:09:50.962 \dashrightarrow 01:09:53.499$  this and from the Andromeda trial.

NOTE Confidence: 0.909779082380952

 $01:09:53.500 \longrightarrow 01:09:56.176$  So I will stop there and.

NOTE Confidence: 0.909779082380952

 $01:09:56.180 \longrightarrow 01:09:58.770$  We will move to questions and answers.

NOTE Confidence: 0.825972825714286

 $01:10:01.270 \longrightarrow 01:10:03.714$  OK, thank you everyone

 $01:10:03.714 \longrightarrow 01:10:05.547$  for great presentations.

NOTE Confidence: 0.825972825714286

01:10:05.550 --> 01:10:06.982 I will start by asking know

NOTE Confidence: 0.825972825714286

 $01:10:06.982 \longrightarrow 01:10:08.620$  far could you tell us your

NOTE Confidence: 0.825972825714286

01:10:08.682 --> 01:10:10.367 perspective on how would you

NOTE Confidence: 0.825972825714286

 $01:10:10.367 \longrightarrow 01:10:12.445$  envision CAR T cell therapies in

NOTE Confidence: 0.825972825714286

 $01:10:12.445 \longrightarrow 01:10:14.431$  the coming years in the future

NOTE Confidence: 0.825972825714286

01:10:14.431 --> 01:10:15.880 for transplant eligible patients?

NOTE Confidence: 0.828394885714286

 $01{:}10{:}16.850 \dashrightarrow 01{:}10{:}18.327$  I think it's a very good question.

NOTE Confidence: 0.828394885714286

 $01{:}10{:}18.330 \dashrightarrow 01{:}10{:}20.074$  I mean, many studies are looking at that.

NOTE Confidence: 0.828394885714286

 $01{:}10{:}20.080 \dashrightarrow 01{:}10{:}22.378$  I think moving clearly you see

NOTE Confidence: 0.828394885714286

 $01:10:22.378 \longrightarrow 01:10:24.354$  unbelievable responses in patients who

NOTE Confidence: 0.828394885714286

 $01:10:24.354 \longrightarrow 01:10:26.269$  typically didn't respond like this.

NOTE Confidence: 0.828394885714286

01:10:26.270 --> 01:10:28.406 So one could imagine even better

NOTE Confidence: 0.828394885714286

 $01:10:28.406 \longrightarrow 01:10:30.210$  responses and longer duration of

NOTE Confidence: 0.828394885714286

 $01:10:30.210 \longrightarrow 01:10:32.422$  responses and more fit patients with a

 $01:10:32.422 \longrightarrow 01:10:34.610$  better immune system and given up front.

NOTE Confidence: 0.828394885714286

 $01:10:34.610 \longrightarrow 01:10:36.815$  So then I think this is what?

NOTE Confidence: 0.828394885714286

 $01:10:36.820 \longrightarrow 01:10:37.960$  The future is going to be.

NOTE Confidence: 0.828394885714286

01:10:37.960 --> 01:10:40.739 It's going to be evaluated upfront in

NOTE Confidence: 0.828394885714286

 $01:10:40.739 \longrightarrow 01:10:43.300$  transplant eligible and ineligible patients.

NOTE Confidence: 0.76973582

01:10:44.560 --> 01:10:46.336 Right, and can you comment either?

NOTE Confidence: 0.76973582

 $01:10:46.340 \longrightarrow 01:10:49.876$  Either the M car or the cell to cell.

NOTE Confidence: 0.76973582

 $01:10:49.880 \longrightarrow 01:10:52.778$  Were there any any subjects included

NOTE Confidence: 0.76973582

01:10:52.778 --> 01:10:54.920 with them? CNS involvement.

NOTE Confidence: 0.80907222

 $01:10:56.940 \longrightarrow 01:11:01.129$  No CNS involvement. These are excluded.

NOTE Confidence: 0.881572445

01:11:03.290 --> 01:11:04.838 I think within our practice we

NOTE Confidence: 0.881572445

01:11:04.838 --> 01:11:06.779 have had patients who had a CNS

NOTE Confidence: 0.881572445

 $01:11:06.779 \longrightarrow 01:11:08.204$  enrollment and they've been treated.

NOTE Confidence: 0.881572445

 $01:11:08.210 \longrightarrow 01:11:09.410$  These are anecdotal,

NOTE Confidence: 0.881572445

01:11:09.410 --> 01:11:11.130 but I'm sure it's evolving.

NOTE Confidence: 0.870017306842105

01:11:14.760 --> 01:11:17.320 I also wanted to ask a question of

 $01{:}11{:}17.320 \dashrightarrow 01{:}11{:}19.617$  doctor Browning Sobrino how how do

NOTE Confidence: 0.870017306842105

 $01{:}11{:}19.617 \dashrightarrow 01{:}11{:}21.607$  you approach treating your frontline.

NOTE Confidence: 0.870017306842105

01:11:21.610 --> 01:11:23.210 A Lloyd doses patients.

NOTE Confidence: 0.771040846

 $01:11:24.600 \longrightarrow 01:11:25.280$  Yeah, I think you know.

NOTE Confidence: 0.771040846

 $01:11:25.280 \longrightarrow 01:11:27.224$  I think that's that's an important

NOTE Confidence: 0.771040846

 $01:11:27.224 \longrightarrow 01:11:28.915$  question because of the role

NOTE Confidence: 0.771040846

 $01:11:28.915 \longrightarrow 01:11:30.590$  that that autologous stem cell

NOTE Confidence: 0.771040846

 $01:11:30.590 \longrightarrow 01:11:32.440$  transplant has played in amyloid.

NOTE Confidence: 0.771040846

01:11:32.440 --> 01:11:33.700 In terms of, you know,

NOTE Confidence: 0.771040846

 $01:11:33.700 \longrightarrow 01:11:35.188$  improve improvement in progression,

NOTE Confidence: 0.771040846

01:11:35.188 --> 01:11:36.676 free and overall survival,

NOTE Confidence: 0.771040846

01:11:36.680 --> 01:11:39.192 but I think now you know the the

NOTE Confidence: 0.771040846

01:11:39.192 --> 01:11:40.661 hematologic and organ response

NOTE Confidence: 0.771040846

01:11:40.661 --> 01:11:42.591 rates in Andromeda with their

NOTE Confidence: 0.771040846

01:11:42.591 --> 01:11:44.540 VCD are really impressive,

01:11:44.540 --> 01:11:46.180 and I think importantly,

NOTE Confidence: 0.771040846

 $01:11:46.180 \longrightarrow 01:11:47.820$  the responses occur rapidly,

NOTE Confidence: 0.771040846

 $01:11:47.820 \longrightarrow 01:11:49.860$  which is an important in terms

NOTE Confidence: 0.771040846

 $01:11:49.860 \longrightarrow 01:11:51.220$  of subsequent organ responses.

NOTE Confidence: 0.771040846

01:11:51.220 --> 01:11:53.642 So I would say that you know,

NOTE Confidence: 0.771040846

 $01:11:53.642 \longrightarrow 01:11:54.666$  I think in in.

NOTE Confidence: 0.771040846

 $01:11:54.670 \longrightarrow 01:11:56.542$  Most of our patients we should

NOTE Confidence: 0.771040846

01:11:56.542 --> 01:11:58.571 use Darragh VCD and then the

NOTE Confidence: 0.771040846

01:11:58.571 --> 01:11:59.995 question becomes of those

NOTE Confidence: 0.771040846

01:11:59.995 --> 01:12:02.450 patients who should go on to get

NOTE Confidence: 0.771040846

 $01{:}12{:}02.450 \dashrightarrow 01{:}12{:}04.175$  autologous stem cell transplant.

NOTE Confidence: 0.771040846

 $01:12:04.175 \longrightarrow 01:12:06.676$  And I think what we and other

NOTE Confidence: 0.771040846

 $01:12:06.676 \longrightarrow 01:12:08.171$  centers have adopted is in

NOTE Confidence: 0.771040846

 $01:12:08.171 \longrightarrow 01:12:10.140$  patients who have achieved a

NOTE Confidence: 0.771040846

 $01:12:10.140 \longrightarrow 01:12:11.349$  hematologic complete response.

NOTE Confidence: 0.771040846

 $01:12:11.350 \longrightarrow 01:12:13.644$  The thought is that there may

 $01:12:13.644 \longrightarrow 01:12:15.514$  not be additional benefit to

NOTE Confidence: 0.771040846

 $01:12:15.514 \longrightarrow 01:12:17.438$  to auto transplant and that

NOTE Confidence: 0.771040846

01:12:17.438 --> 01:12:19.034 those patients have transplant

NOTE Confidence: 0.771040846

 $01{:}12{:}19.034 \dashrightarrow 01{:}12{:}21.061$  available available to them if

NOTE Confidence: 0.771040846

 $01:12:21.061 \longrightarrow 01:12:22.896$  they were to relapse subsequently.

NOTE Confidence: 0.4249425

01:12:24.090 --> 01:12:27.510 Great and a question for Terry

NOTE Confidence: 0.931962126

01:12:27.510 --> 01:12:28.890 with this in this competing

NOTE Confidence: 0.931962126

 $01:12:28.890 \longrightarrow 01:12:31.386$  environment of therapies for

NOTE Confidence: 0.931962126

 $01:12:31.386 \longrightarrow 01:12:33.680$  relapsed refractory myeloma. Where

NOTE Confidence: 0.925460425

 $01:12:33.690 \longrightarrow 01:12:35.018$  where do you position

NOTE Confidence: 0.672480366666667

 $01:12:36.250 \longrightarrow 01:12:38.629$  by tone? Approach.

NOTE Confidence: 0.75371771

 $01:12:41.160 \longrightarrow 01:12:44.490$  Yeah, and that's a good question.

NOTE Confidence: 0.75371771

 $01:12:44.490 \longrightarrow 01:12:46.202$  So it's you know, a lot of these

NOTE Confidence: 0.75371771

01:12:46.202 --> 01:12:47.727 trials are still in early phase,

NOTE Confidence: 0.75371771

 $01:12:47.730 \longrightarrow 01:12:50.410$  and they're still in really

 $01:12:50.410 \longrightarrow 01:12:52.018$  heavily treated patients.

NOTE Confidence: 0.75371771

01:12:52.020 --> 01:12:53.424 So I think we don't know

NOTE Confidence: 0.75371771

01:12:53.424 --> 01:12:54.757 which ones gonna win, right?

NOTE Confidence: 0.75371771

 $01:12:54.757 \longrightarrow 01:12:57.933$  All the bispecific seem to have very similar

NOTE Confidence: 0.75371771

 $01:12:57.933 \longrightarrow 01:13:00.457$  toxicity profiles as far as CRS minimal.

NOTE Confidence: 0.75371771

01:13:00.460 --> 01:13:01.968 I can't hematological toxicity.

NOTE Confidence: 0.75371771

 $01:13:01.968 \longrightarrow 01:13:04.987$  I do see the by specifics being moved

NOTE Confidence: 0.75371771

01:13:04.987 --> 01:13:07.739 into that one to three lines of therapy,

NOTE Confidence: 0.75371771

 $01{:}13{:}07.740 \dashrightarrow 01{:}13{:}09.660$  especially if we can improve

NOTE Confidence: 0.75371771

01:13:09.660 --> 01:13:11.580 upon the duration of response.

NOTE Confidence: 0.75371771

 $01:13:11.580 \longrightarrow 01:13:12.744$  Similar to kind of what never

NOTE Confidence: 0.75371771

 $01:13:12.744 \longrightarrow 01:13:13.720$  was saying with the car.

NOTE Confidence: 0.75371771

 $01{:}13{:}13.720 \dashrightarrow 01{:}13{:}15.672$  T and then I believe the question of

NOTE Confidence: 0.75371771

 $01:13:15.672 \longrightarrow 01:13:17.547$  car T versus advice specifics really

NOTE Confidence: 0.75371771

 $01:13:17.547 \longrightarrow 01:13:20.180$  gonna come up and the vice specifics.

NOTE Confidence: 0.75371771

 $01:13:20.180 \longrightarrow 01:13:22.350$  Maybe for those individuals who really can't.

 $01:13:22.350 \longrightarrow 01:13:25.530$  Wait for the car the treatment

NOTE Confidence: 0.75371771

 $01:13:25.530 \longrightarrow 01:13:27.650$  sooner rather than later,

NOTE Confidence: 0.75371771

 $01:13:27.650 \longrightarrow 01:13:29.756$  as a majority of their responses

NOTE Confidence: 0.75371771

 $01:13:29.756 \longrightarrow 01:13:32.410$  were seen within a month of therapy.

NOTE Confidence: 0.75371771

 $01:13:32.410 \longrightarrow 01:13:34.018$  And so I think it's going to depend

NOTE Confidence: 0.75371771

 $01:13:34.018 \longrightarrow 01:13:35.667$  on how extensive the disease is,

NOTE Confidence: 0.75371771

01:13:35.670 --> 01:13:37.386 how quickly a patient needs therapy,

NOTE Confidence: 0.75371771

 $01:13:37.390 \longrightarrow 01:13:39.134$  and how fit they are overall.

NOTE Confidence: 0.75371771

 $01:13:39.134 \longrightarrow 01:13:42.410$  But I think we have a question in the

NOTE Confidence: 0.75371771

 $01{:}13{:}42.493 \dashrightarrow 01{:}13{:}44.666$  chat if you see it for Doctor Gore shot.

NOTE Confidence: 0.780883723333333

 $01:13:45.470 \longrightarrow 01:13:49.170$  So the question asks outside

NOTE Confidence: 0.780883723333333

 $01:13:49.170 \longrightarrow 01:13:51.920$  of the clinical trial context,

NOTE Confidence: 0.855404685

 $01:13:51.950 \longrightarrow 01:13:54.476$  when would you use Dara?

NOTE Confidence: 0.855404685

 $01{:}13{:}54.476 \dashrightarrow 01{:}13{:}56.740$  RVD in clinical setting? General

NOTE Confidence: 0.899714886666667

 $01:13:56.790 \longrightarrow 01:13:57.600$  standard of care.

 $01:14:00.290 \longrightarrow 01:14:01.984$  He said, is that meant to be

NOTE Confidence: 0.70899399875

01:14:01.984 --> 01:14:04.876 Dara, RVD, or this is our VP.

NOTE Confidence: 0.742161594

01:14:05.470 --> 01:14:08.340 Well I guess spread needs Prednisone,

NOTE Confidence: 0.742161594

 $01:14:08.340 \longrightarrow 01:14:12.340$  Prednisone or dexamethasone platinum.

NOTE Confidence: 0.949571865

 $01:14:12.340 \longrightarrow 01:14:14.716$  So I I think that I mean look.

NOTE Confidence: 0.949571865

01:14:14.720 --> 01:14:16.600 Obviously we have a couple of options here.

NOTE Confidence: 0.949571865

 $01:14:16.600 \longrightarrow 01:14:18.497$  You know, like we discuss VRD backbone.

NOTE Confidence: 0.949571865

 $01:14:18.500 \longrightarrow 01:14:19.661$  Well established, efficacious.

NOTE Confidence: 0.949571865

01:14:19.661 --> 01:14:22.839 You know if you're if you're a little

NOTE Confidence: 0.949571865

01:14:22.839 --> 01:14:24.849 more concerned about high risk,

NOTE Confidence: 0.949571865

01:14:24.850 --> 01:14:28.794 there are some centers that would go KRD,

NOTE Confidence: 0.949571865

01:14:28.800 --> 01:14:33.967 but to me I think that the quadruple it we

NOTE Confidence: 0.949571865

 $01:14:33.967 \longrightarrow 01:14:38.076$  see the durable improvement in response is,

NOTE Confidence: 0.949571865

 $01{:}14{:}38.080 \dashrightarrow 01{:}14{:}39.800$  you know, approaching the 24

NOTE Confidence: 0.949571865

 $01:14:39.800 \longrightarrow 01:14:41.176$  month of maintenance therapy.

NOTE Confidence: 0.949571865

 $01:14:41.180 \longrightarrow 01:14:43.180$  So if a patient has.

01:14:43.180 --> 01:14:47.415 If a patient can tolerate a quadruplet.

NOTE Confidence: 0.949571865

01:14:47.420 --> 01:14:48.360 You know whether they're

NOTE Confidence: 0.949571865

01:14:48.360 --> 01:14:49.535 standard risk or high risk.

NOTE Confidence: 0.949571865

01:14:49.540 --> 01:14:51.210 I would strongly consider that.

NOTE Confidence: 0.781034380344828

01:14:53.450 --> 01:14:56.096 Yeah, I agree, I think the quadruplet

NOTE Confidence: 0.781034380344828

01:14:56.096 --> 01:14:57.677 therapies for monoclonal antibody

NOTE Confidence: 0.781034380344828

 $01:14:57.677 \longrightarrow 01:14:59.597$  backbone are entering the frontline

NOTE Confidence: 0.781034380344828

 $01:14:59.597 \longrightarrow 01:15:02.274$  care and with more and more data

NOTE Confidence: 0.781034380344828

 $01{:}15{:}02.274 \to 01{:}15{:}04.428$  accumulating and data maturing to show.

NOTE Confidence: 0.781034380344828

 $01:15:04.430 \longrightarrow 01:15:08.160$  So far it's the murded superiority.

NOTE Confidence: 0.781034380344828

01:15:08.160 --> 01:15:10.840 But we know from separate trials that

NOTE Confidence: 0.781034380344828

 $01:15:10.840 \longrightarrow 01:15:12.965$  MRD negativity is associated translates

NOTE Confidence: 0.781034380344828

 $01{:}15{:}12.965 \dashrightarrow 01{:}15{:}15.029$  into much improved progression,

NOTE Confidence: 0.781034380344828

 $01:15:15.030 \longrightarrow 01:15:17.490$  free survival and overall survival.

NOTE Confidence: 0.781034380344828

 $01:15:17.490 \longrightarrow 01:15:21.044$  So I think the field is really evolving and

 $01:15:21.044 \longrightarrow 01:15:24.196$  which one will emerge as the next favorite.

NOTE Confidence: 0.781034380344828

 $01:15:24.200 \longrightarrow 01:15:26.060$  Therapy is a big question.

NOTE Confidence: 0.781034380344828

 $01:15:26.060 \longrightarrow 01:15:28.130$  I think one has to consider

NOTE Confidence: 0.781034380344828

 $01:15:28.130 \longrightarrow 01:15:31.198$  that high risk patients.

NOTE Confidence: 0.781034380344828

01:15:31.200 --> 01:15:33.224 You know situation may still not be optimal,

NOTE Confidence: 0.781034380344828

 $01:15:33.230 \longrightarrow 01:15:35.533$  so further work needs to be done

NOTE Confidence: 0.781034380344828

 $01:15:35.533 \longrightarrow 01:15:37.770$  for the high risk population.

NOTE Confidence: 0.781034380344828

01:15:37.770 --> 01:15:40.426 Say I think it's hour and 15 minutes,

NOTE Confidence: 0.781034380344828

 $01{:}15{:}40.430 \dashrightarrow 01{:}15{:}42.356$  which is the time we provisioned

NOTE Confidence: 0.781034380344828

 $01:15:42.356 \longrightarrow 01:15:43.319$  for this seminar.

NOTE Confidence: 0.781034380344828

 $01{:}15{:}43.320 \dashrightarrow 01{:}15{:}44.706$  I don't see any other questions.

NOTE Confidence: 0.781034380344828

 $01:15:44.710 \longrightarrow 01:15:46.138$  Any other discussion from

NOTE Confidence: 0.781034380344828

 $01:15:46.138 \longrightarrow 01:15:47.990$  the from the panelists here?

NOTE Confidence: 0.9049301275

01:15:51.000 --> 01:15:52.836 If not, we will conclude and thank you very

NOTE Confidence: 0.9049301275

 $01:15:52.836 \longrightarrow 01:15:55.370$  much for participation. Everyone, thanks.

NOTE Confidence: 0.92483282

 $01:15:56.280 \longrightarrow 01:15:58.000$  Thank you everyone. Thank you.