## WEBVTT

NOTE duration:"01:14:46" NOTE recognizability:0.816

NOTE language:en-us

NOTE Confidence: 0.884569936923077

 $00:00:00.000 \longrightarrow 00:00:02.000$  Welcome every body to the second

NOTE Confidence: 0.884569936923077

 $00{:}00{:}02.000 \dashrightarrow 00{:}00{:}04.524$  installment of the head and neck

NOTE Confidence: 0.884569936923077

00:00:04.524 --> 00:00:07.334 cancer programs 2022 CME Series Co,

NOTE Confidence: 0.884569936923077

 $00:00:07.334 \longrightarrow 00:00:10.190$  hosted by myself and Doctor Burtness.

NOTE Confidence: 0.884569936923077

00:00:10.190 --> 00:00:10.590 Unfortunately,

NOTE Confidence: 0.884569936923077

 $00:00:10.590 \longrightarrow 00:00:12.990$  Doctor Burtness can't be here today,

NOTE Confidence: 0.884569936923077

 $00:00:12.990 \dashrightarrow 00:00:15.084$  which is fairly appropriate because we're

NOTE Confidence: 0.884569936923077

 $00:00:15.084 \longrightarrow 00:00:17.519$  really talking a lot about advancing the

NOTE Confidence: 0.884569936923077

 $00:00:17.519 \longrightarrow 00:00:19.801$  role of surgery and head neck cancers.

NOTE Confidence: 0.884569936923077

 $00:00:19.810 \longrightarrow 00:00:22.624$  I'll be filling in for Doctor Burton,

NOTE Confidence: 0.884569936923077

 $00:00:22.630 \dashrightarrow 00:00:25.346$  speaking about a exciting new trial that,

NOTE Confidence: 0.884569936923077

 $00:00:25.350 \longrightarrow 00:00:28.166$  well, not for us in the academic world,

NOTE Confidence: 0.884569936923077 00:00:28.170 --> 00:00:29.268 not so new,

00:00:29.268 --> 00:00:31.098 but it's recently been published.

NOTE Confidence: 0.884569936923077

 $00:00:31.100 \longrightarrow 00:00:34.958$  Um, the ECOG Akron 3311 trial.

NOTE Confidence: 0.884569936923077

 $00:00:34.960 \longrightarrow 00:00:36.430$  And so I'll be filling in

NOTE Confidence: 0.884569936923077

 $00:00:36.430 \longrightarrow 00:00:37.720$  for Doctor Burtness on that.

NOTE Confidence: 0.884569936923077

 $00:00:37.720 \longrightarrow 00:00:40.576$  So the this is part two of three

NOTE Confidence: 0.884569936923077

 $00{:}00{:}40.576 \dashrightarrow 00{:}00{:}43.439$  for our head Neck cancer program

NOTE Confidence: 0.884569936923077

 $00:00:43.439 \longrightarrow 00:00:46.014$  at Yale New Haven Hospital,

NOTE Confidence: 0.884569936923077

00:00:46.020 --> 00:00:48.618 Smilow Cancer Hospital and Yale University.

NOTE Confidence: 0.884569936923077

 $00{:}00{:}48.620 \dashrightarrow 00{:}00{:}51.360$  We have 3 speakers today.

NOTE Confidence: 0.884569936923077

 $00:00:51.360 \longrightarrow 00:00:53.928$  The first will be me filling in for

NOTE Confidence: 0.884569936923077

 $00{:}00{:}53.928 \dashrightarrow 00{:}00{:}56.124$  Doctor Burtness on the 3311 trial.

NOTE Confidence: 0.884569936923077

00:00:56.124 --> 00:00:58.884 I'm talking about D intensification

NOTE Confidence: 0.884569936923077

 $00:00:58.884 \longrightarrow 00:01:01.280$  of radiation therapy for HPV.

NOTE Confidence: 0.884569936923077

 $00:01:01.280 \longrightarrow 00:01:02.636$  Positive oropharynx cancer.

NOTE Confidence: 0.884569936923077

 $00:01:02.636 \longrightarrow 00:01:06.283$  And then we have Doctor Verma who will

NOTE Confidence: 0.884569936923077

 $00{:}01{:}06.283 \dashrightarrow 00{:}01{:}08.318$  be speaking about the appropriate

 $00:01:08.318 \longrightarrow 00:01:11.331$  use of tours and open surgery in

NOTE Confidence: 0.884569936923077

00:01:11.331 --> 00:01:13.506 management of head neck cancer.

NOTE Confidence: 0.884569936923077

00:01:13.510 --> 00:01:14.419 And of course,

NOTE Confidence: 0.884569936923077

00:01:14.419 --> 00:01:16.540 we have Doctor Sam and Payab Avash

NOTE Confidence: 0.884569936923077

 $00:01:16.608 \longrightarrow 00:01:18.576$  who will be speaking about radiomics

NOTE Confidence: 0.884569936923077

 $00:01:18.576 \longrightarrow 00:01:21.091$  of head and neck cancer and I'll

NOTE Confidence: 0.884569936923077

 $00:01:21.091 \longrightarrow 00:01:22.986$  introduce them before they speak.

NOTE Confidence: 0.884569936923077

 $00:01:22.990 \longrightarrow 00:01:24.598$  So without further ado,

NOTE Confidence: 0.884569936923077

 $00:01:24.598 \longrightarrow 00:01:28.328$  I think our numbers are kind of leveling off,

NOTE Confidence: 0.884569936923077

 $00:01:28.330 \longrightarrow 00:01:28.823$  so.

NOTE Confidence: 0.884569936923077

00:01:28.823 --> 00:01:31.781 I'm going to get started talking

NOTE Confidence: 0.884569936923077

00:01:31.781 --> 00:01:34.723 about this very interesting and

NOTE Confidence: 0.884569936923077

 $00{:}01{:}34.723 \dashrightarrow 00{:}01{:}37.978$  exciting new trial recently published.

NOTE Confidence: 0.886611605714286

 $00{:}01{:}41.220 \to 00{:}01{:}43.796$  So I'm not going to introduce myself,

NOTE Confidence: 0.886611605714286

 $00:01:43.800 \longrightarrow 00:01:45.456$  but there I am, Sir Omara,

 $00:01:45.460 \longrightarrow 00:01:47.704$  I'm associate professor of surgery at

NOTE Confidence: 0.886611605714286

 $00:01:47.704 \longrightarrow 00:01:50.679$  Yale and the chief of Head Neck surgery.

NOTE Confidence: 0.886611605714286

 $00:01:50.680 \longrightarrow 00:01:53.291$  Here we have a wonderful head neck

NOTE Confidence: 0.886611605714286

 $00:01:53.291 \longrightarrow 00:01:55.761$  cancer team and I'm fortunate enough

NOTE Confidence: 0.886611605714286

 $00:01:55.761 \longrightarrow 00:01:58.736$  to lead the surgical aspect of that.

NOTE Confidence: 0.886611605714286

 $00{:}01{:}58.740 \dashrightarrow 00{:}02{:}02{:}02.208$  So this trial is entitled Transoral

NOTE Confidence: 0.886611605714286

 $00:02:02.208 \longrightarrow 00:02:05.082$  oral robotic surgical resection followed

NOTE Confidence: 0.886611605714286

 $00:02:05.082 \longrightarrow 00:02:07.892$  by randomization to lower standard

NOTE Confidence: 0.886611605714286

 $00{:}02{:}07.892 \dashrightarrow 00{:}02{:}11.399$  dose IRT for resectable P-16 positive.

NOTE Confidence: 0.886611605714286

 $00:02:11.400 \longrightarrow 00:02:14.100$  Locally advanced oral pharynx cancer.

NOTE Confidence: 0.886611605714286

00:02:14.100 --> 00:02:18.422 This is in our circles really known as 3311,

NOTE Confidence: 0.886611605714286

 $00:02:18.422 \longrightarrow 00:02:20.168$  basically ECOG 3311.

NOTE Confidence: 0.87369976625

 $00:02:22.210 \longrightarrow 00:02:24.266$  And the authors you can see are here,

NOTE Confidence: 0.87369976625

00:02:24.270 --> 00:02:25.710 and I am using some of their slides,

NOTE Confidence: 0.87369976625

 $00:02:25.710 \longrightarrow 00:02:27.966$  particularly Doctor Ferris from

NOTE Confidence: 0.87369976625

 $00:02:27.966 \longrightarrow 00:02:29.445$  Pittsburgh, the lead author,

 $00:02:29.445 \longrightarrow 00:02:30.970$  and of course Dr Burtness,

NOTE Confidence: 0.87369976625

 $00:02:30.970 \longrightarrow 00:02:33.812$  the senior author on the paper as

NOTE Confidence: 0.87369976625

 $00:02:33.812 \longrightarrow 00:02:37.108$  well in the last last author here.

NOTE Confidence: 0.804801572692308

 $00:02:39.190 \longrightarrow 00:02:42.039$  So this this is a interesting study

NOTE Confidence: 0.804801572692308

 $00:02:42.039 \longrightarrow 00:02:44.579$  because on the population included

NOTE Confidence: 0.804801572692308

00:02:44.579 --> 00:02:47.669 P 16 positive newly diagnosed

NOTE Confidence: 0.804801572692308

 $00:02:47.669 \longrightarrow 00:02:50.697$  oropharynx cancer patients who are

NOTE Confidence: 0.804801572692308

 $00{:}02{:}50.697 \dashrightarrow 00{:}02{:}52.865$  amenable to transoral resection.

NOTE Confidence: 0.804801572692308

 $00:02:52.870 \longrightarrow 00:02:55.362$  The treatment was essentially

NOTE Confidence: 0.804801572692308

 $00:02:55.362 \longrightarrow 00:02:58.365$  transoral surgery and then risk

NOTE Confidence: 0.804801572692308

00:02:58.365 --> 00:03:00.705 adjusted post operative therapy.

NOTE Confidence: 0.804801572692308

 $00{:}03{:}00.710 \longrightarrow 00{:}03{:}03.506$  So the risk status was determined

NOTE Confidence: 0.804801572692308

 $00{:}03{:}03.506 \dashrightarrow 00{:}03{:}04.904$  by postoperative pathologic

NOTE Confidence: 0.804801572692308

 $00{:}03{:}04.904 \dashrightarrow 00{:}03{:}06.686$  parameters like extranodal extension

NOTE Confidence: 0.804801572692308

 $00:03:06.686 \longrightarrow 00:03:09.188$  margin status and the number of.

 $00:03:09.190 \longrightarrow 00:03:10.297$  Positive metastatic nodes.

NOTE Confidence: 0.804801572692308

 $00{:}03{:}10.297 \dashrightarrow 00{:}03{:}13.355$  I'm going to show a schema in the

NOTE Confidence: 0.804801572692308

 $00:03:13.355 \longrightarrow 00:03:15.767$  next slide that will really describe

NOTE Confidence: 0.804801572692308

 $00{:}03{:}15.767 \dashrightarrow 00{:}03{:}18.433$  the different groups and how risk

NOTE Confidence: 0.804801572692308

 $00:03:18.433 \longrightarrow 00:03:19.819$  stratification was performed.

NOTE Confidence: 0.804801572692308

00:03:19.820 --> 00:03:20.782 In addition,

NOTE Confidence: 0.804801572692308

 $00:03:20.782 \longrightarrow 00:03:22.706$  intermediate risk patients for

NOTE Confidence: 0.804801572692308

 $00:03:22.706 \longrightarrow 00:03:25.039$  subgroup analysis were stratified by

NOTE Confidence: 0.804801572692308

 $00{:}03{:}25.039 \dashrightarrow 00{:}03{:}27.067$  smoking history less than 10 versus

NOTE Confidence: 0.804801572692308

00:03:27.067 --> 00:03:29.519 greater than 10 pack years of history.

NOTE Confidence: 0.804801572692308

 $00:03:29.520 \longrightarrow 00:03:31.224$  And in this study,

NOTE Confidence: 0.804801572692308

 $00:03:31.224 \longrightarrow 00:03:32.502$  important functional assessments

NOTE Confidence: 0.804801572692308

 $00:03:32.502 \longrightarrow 00:03:33.780$  were also done,

NOTE Confidence: 0.804801572692308

 $00:03:33.780 \longrightarrow 00:03:36.295$  including modified barium swallows and

NOTE Confidence: 0.804801572692308

 $00:03:36.295 \longrightarrow 00:03:39.200$  patient reported outcomes including the fact.

NOTE Confidence: 0.804801572692308

 $00:03:39.200 \longrightarrow 00:03:44.080$  Your neck and the M daddy dysphagia index.

 $00:03:44.080 \longrightarrow 00:03:46.272$  So this is really the key slide to

NOTE Confidence: 0.804801572692308

 $00:03:46.272 \longrightarrow 00:03:48.280$  understand how this study was conducted.

NOTE Confidence: 0.804801572692308

 $00:03:48.280 \longrightarrow 00:03:51.151$  So that we had HPV P 16 positive squamous

NOTE Confidence: 0.804801572692308

 $00:03:51.151 \longrightarrow 00:03:53.421$  cell carcinoma or the oral pharynx

NOTE Confidence: 0.804801572692308

00:03:53.421 --> 00:03:56.339 stage in the 7th edition three or four,

NOTE Confidence: 0.804801572692308

 $00:03:56.340 \longrightarrow 00:03:59.732$  but they were all T1 or T2 and

NOTE Confidence: 0.804801572692308

00:03:59.732 --> 00:04:04.224 N1 or 2B in 122B cancers and they

NOTE Confidence: 0.804801572692308

 $00:04:04.224 \longrightarrow 00:04:05.868$  were baseline functional and

NOTE Confidence: 0.804801572692308

 $00:04:05.868 \longrightarrow 00:04:08.240$  quality of life assessments done.

NOTE Confidence: 0.804801572692308

 $00{:}04{:}08.240 \dashrightarrow 00{:}04{:}10.890$  All patients that underwent transoral

NOTE Confidence: 0.804801572692308

 $00:04:10.890 \longrightarrow 00:04:13.956$  resection, this could be laser.

NOTE Confidence: 0.804801572692308

00:04:13.956 --> 00:04:17.126 More robotic or bovian headlight,

NOTE Confidence: 0.804801572692308

 $00:04:17.130 \longrightarrow 00:04:19.720$  but they all had transoral

NOTE Confidence: 0.804801572692308

 $00:04:19.720 \longrightarrow 00:04:22.310$  resection and a neck dissection.

NOTE Confidence: 0.804801572692308

00:04:22.310 --> 00:04:23.854 Following that patients were

 $00:04:23.854 \longrightarrow 00:04:26.170$  stratified into the low risk arm,

NOTE Confidence: 0.804801572692308

 $00:04:26.170 \longrightarrow 00:04:28.780$  which were negative margins and

NOTE Confidence: 0.804801572692308

 $00:04:28.780 \longrightarrow 00:04:30.868$  no intermediate risk features.

NOTE Confidence: 0.804801572692308

 $00:04:30.870 \longrightarrow 00:04:33.120$  And these patients went on to

NOTE Confidence: 0.804801572692308

 $00:04:33.120 \longrightarrow 00:04:34.614$  observation alone, no radiation,

NOTE Confidence: 0.804801572692308

 $00:04:34.614 \longrightarrow 00:04:35.358$  no chemotherapy.

NOTE Confidence: 0.804801572692308

 $00:04:35.358 \longrightarrow 00:04:37.910$  Then there was the high risk arm.

NOTE Confidence: 0.804801572692308

 $00:04:37.910 \longrightarrow 00:04:40.025$  These patients had positive margins

NOTE Confidence: 0.804801572692308

 $00{:}04{:}40.025 \dashrightarrow 00{:}04{:}42.140$  greater than one millimeter of

NOTE Confidence: 0.804801572692308

 $00:04:42.213 \longrightarrow 00:04:44.589$  extranodal extension or five or more.

NOTE Confidence: 0.804801572692308

 $00{:}04{:}44.590 \dashrightarrow 00{:}04{:}47.040$  Metastatic lymph nodes and they

NOTE Confidence: 0.804801572692308

 $00:04:47.040 \longrightarrow 00:04:49.490$  went on to chemotherapy and

NOTE Confidence: 0.804801572692308

 $00:04:49.579 \longrightarrow 00:04:52.239$  radiation therapy with 66 great.

NOTE Confidence: 0.804801572692308

 $00:04:52.240 \longrightarrow 00:04:54.656$  The randomization actually happened

NOTE Confidence: 0.804801572692308

 $00:04:54.656 \longrightarrow 00:04:57.676$  in these intermediate risk patients

NOTE Confidence: 0.804801572692308

 $00{:}04{:}57.680 \dashrightarrow 00{:}05{:}00.000$  and these were close margins.

 $00:05:00.000 \longrightarrow 00:05:02.288$  The less than or equal to 1 millimeter

NOTE Confidence: 0.804801572692308

 $00{:}05{:}02.288 \dashrightarrow 00{:}05{:}04.385$  VNE and the two to four metastatic

NOTE Confidence: 0.804801572692308

 $00:05:04.385 \longrightarrow 00:05:06.510$  lymph nodes and PN I perineural

NOTE Confidence: 0.804801572692308

 $00:05:06.510 \longrightarrow 00:05:08.898$  invasion and lymphovascular invasion.

NOTE Confidence: 0.804801572692308

 $00:05:08.900 \longrightarrow 00:05:10.680$  These patients were actually

NOTE Confidence: 0.804801572692308

 $00:05:10.680 \longrightarrow 00:05:12.905$  randomized into either 50 Gray

NOTE Confidence: 0.804801572692308

 $00:05:12.905 \longrightarrow 00:05:15.098$  over 25 fractions or 60 Gray.

NOTE Confidence: 0.804801572692308

 $00{:}05{:}15.100 \dashrightarrow 00{:}05{:}18.118$  Over 30 fractions and the outcomes

NOTE Confidence: 0.804801572692308

00:05:18.118 --> 00:05:20.130 were two year progression,

NOTE Confidence: 0.804801572692308

 $00:05:20.130 \longrightarrow 00:05:21.288$  free survival,

NOTE Confidence: 0.804801572692308

 $00:05:21.288 \longrightarrow 00:05:23.604$  local regional recurrence and

NOTE Confidence: 0.804801572692308

 $00:05:23.604 \longrightarrow 00:05:26.610$  functional outcomes and quality of life.

NOTE Confidence: 0.84064258

 $00{:}05{:}29.300 \to 00{:}05{:}32.000$  There were really two important objectives.

NOTE Confidence: 0.84064258

 $00{:}05{:}32.000 \dashrightarrow 00{:}05{:}34.975$  One of them was the feasibility of

NOTE Confidence: 0.84064258

 $00:05:34.975 \longrightarrow 00:05:37.420$  doing a multi institutional study

 $00:05:37.505 \longrightarrow 00:05:40.445$  with transoral surgery followed by

NOTE Confidence: 0.84064258

 $00:05:40.445 \longrightarrow 00:05:42.797$  risk adjusted adjuvant therapy.

NOTE Confidence: 0.84064258

00:05:42.800 --> 00:05:46.784 As I can see many of the participants

NOTE Confidence: 0.84064258

 $00:05:46.784 \longrightarrow 00:05:50.730$  here know it's pretty challenging to get

NOTE Confidence: 0.84064258

 $00:05:50.730 \longrightarrow 00:05:53.680$  surgeons into randomized control trials.

NOTE Confidence: 0.84064258

 $00:05:53.680 \longrightarrow 00:05:55.680$  That's sort of the domain.

NOTE Confidence: 0.84064258

 $00:05:55.680 \longrightarrow 00:05:59.810$  Generally if of our radiation and more.

NOTE Confidence: 0.84064258

00:05:59.810 --> 00:06:01.610 Commonly our chemotherapy

NOTE Confidence: 0.84064258

 $00{:}06{:}01.610 \dashrightarrow 00{:}06{:}03.410$  or oncology colleagues,

NOTE Confidence: 0.84064258

 $00:06:03.410 \longrightarrow 00:06:05.186$  but so one of them was just the

NOTE Confidence: 0.84064258

 $00{:}06{:}05.186 \dashrightarrow 00{:}06{:}07.068$  feasibility to do this and we looked

NOTE Confidence: 0.84064258

00:06:07.068 --> 00:06:08.448 at overall accrual surgical quality

NOTE Confidence: 0.84064258

 $00:06:08.499 \longrightarrow 00:06:10.185$  and the risk distribution of patients

NOTE Confidence: 0.84064258

 $00:06:10.185 \longrightarrow 00:06:12.024$  that we brought into this study.

NOTE Confidence: 0.84064258

00:06:12.024 --> 00:06:14.523 The second outcome which I'll be talking

NOTE Confidence: 0.84064258

 $00{:}06{:}14.523 \dashrightarrow 00{:}06{:}17.445$  a lot about today is 2 year progression

 $00:06:17.445 \longrightarrow 00:06:20.167$  free survival at 50 Gray versus 60

NOTE Confidence: 0.84064258

 $00{:}06{:}20.167 \dashrightarrow 00{:}06{:}22.543$  Gray for those intermediate risk patients.

NOTE Confidence: 0.84064258

00:06:22.550 --> 00:06:24.860 So can we effectively de intensify

NOTE Confidence: 0.84064258

 $00:06:24.860 \longrightarrow 00:06:27.437$  therapy to 50 Gray in these

NOTE Confidence: 0.84064258

 $00:06:27.437 \longrightarrow 00:06:29.827$  intermediate risk patients versus 60?

NOTE Confidence: 0.84064258

 $00:06:29.830 \longrightarrow 00:06:32.970$  Without impacting 2 year progression

NOTE Confidence: 0.84064258

 $00:06:32.970 \longrightarrow 00:06:35.390$  free survival then secondary

NOTE Confidence: 0.84064258

 $00:06:35.390 \longrightarrow 00:06:37.130$  objectives were toxicity,

NOTE Confidence: 0.84064258

 $00:06:37.130 \longrightarrow 00:06:38.250$  overall survival,

NOTE Confidence: 0.84064258

 $00{:}06{:}38.250 \dashrightarrow 00{:}06{:}40.490$  swallowing function and the

NOTE Confidence: 0.84064258

00:06:40.490 --> 00:06:42.170 patient reported outcomes.

NOTE Confidence: 0.84064258

 $00{:}06{:}42.170 \dashrightarrow 00{:}06{:}44.690$  The original study design had

NOTE Confidence: 0.84064258

 $00{:}06{:}44.690 \dashrightarrow 00{:}06{:}47.948$ 180 called for 180 patients who

NOTE Confidence: 0.84064258

 $00:06:47.948 \longrightarrow 00:06:50.120$  were randomized with intermediate

NOTE Confidence: 0.84064258

00:06:50.213 --> 00:06:53.202 risk and that's assuming that 35%

 $00:06:53.202 \longrightarrow 00:06:56.574$  of patients would be valuable in

NOTE Confidence: 0.84064258

 $00:06:56.574 \longrightarrow 00:06:59.220$  that intermediate risk category.

NOTE Confidence: 0.84064258

 $00:06:59.220 \longrightarrow 00:07:00.228$  As the study proceeded,

NOTE Confidence: 0.84064258

 $00:07:00.228 \longrightarrow 00:07:02.110$  there was a higher proportion of patients

NOTE Confidence: 0.84064258

 $00:07:02.110 \longrightarrow 00:07:03.690$  saying that higher risk category,

NOTE Confidence: 0.84064258

 $00:07:03.690 \dashrightarrow 00:07:05.979$  the RMD where they were getting chemo

NOTE Confidence: 0.84064258

 $00{:}07{:}05.979 \dashrightarrow 00{:}07{:}08.474$  radiation and so the total accrual goal

NOTE Confidence: 0.84064258

 $00:07:08.474 \longrightarrow 00:07:10.960$  was actually increased to 515 patients.

NOTE Confidence: 0.84064258

 $00{:}07{:}10.960 \dashrightarrow 00{:}07{:}14.565$  And there was a plan for interim

NOTE Confidence: 0.84064258

00:07:14.565 --> 00:07:17.337 analysis at one year for R&B and

NOTE Confidence: 0.84064258

00:07:17.340 --> 00:07:19.876 CAB&C arms A/B and C and of course

NOTE Confidence: 0.84064258

 $00:07:19.876 \longrightarrow 00:07:21.454$  assessing the surgical quality

NOTE Confidence: 0.84064258

 $00{:}07{:}21.454 \dashrightarrow 00{:}07{:}24.230$  and risk distribution for the 1st

NOTE Confidence: 0.84064258

 $00:07:24.230 \longrightarrow 00:07:26.630$  59 patients completing surgery.

NOTE Confidence: 0.746682525

00:07:28.690 --> 00:07:34.067 So from this study accrued from 2013 to 2017,

NOTE Confidence: 0.746682525

 $00:07:34.070 \longrightarrow 00:07:36.730$  there were 87 credentialed

 $00:07:36.730 \longrightarrow 00:07:39.332$  surgeons and 68 of them accrued

NOTE Confidence: 0.746682525

 $00{:}07{:}39.332 \dashrightarrow 00{:}07{:}41.240$  into the study and these patients,

NOTE Confidence: 0.746682525

00:07:41.240 --> 00:07:43.220 these surgeons perform transoral

NOTE Confidence: 0.746682525

 $00:07:43.220 \longrightarrow 00:07:46.766$  resections in 519 P, 16 positive

NOTE Confidence: 0.746682525

 $00:07:46.766 \dashrightarrow 00:07:50.600$  or opharynx cancers stage T1 to two.

NOTE Confidence: 0.746682525

 $00:07:50.600 \longrightarrow 00:07:53.162$  Without matted neck nodes and then

NOTE Confidence: 0.746682525

00:07:53.162 --> 00:07:54.870 post operative management was

NOTE Confidence: 0.746682525

 $00:07:54.938 \longrightarrow 00:07:57.338$  determined based on the risk factor.

NOTE Confidence: 0.746682525

 $00:07:57.340 \longrightarrow 00:08:01.225$  So arm A which was observation alone

NOTE Confidence: 0.746682525

 $00{:}08{:}01.225 \dashrightarrow 00{:}08{:}05.280$  enrolled 38 patients and then arm D

NOTE Confidence: 0.746682525

 $00{:}08{:}05.280 \to 00{:}08{:}08.145$  which was chemotherapy plus radiation,

NOTE Confidence: 0.746682525

 $00:08:08.150 \longrightarrow 00:08:10.810$  the high risk patients enrolled

NOTE Confidence: 0.746682525

 $00{:}08{:}10.810 --> 00{:}08{:}13.876$  113 patients and then ARM B,

NOTE Confidence: 0.746682525

 $00{:}08{:}13.880 \mathrel{--}{>} 00{:}08{:}15.435$  these were the patients that

NOTE Confidence: 0.746682525

 $00:08:15.435 \longrightarrow 00:08:17.597$  were randomized to 50 or 60 Gray

 $00:08:17.597 \longrightarrow 00:08:20.830$  enrolled 100 or 109 patients.

NOTE Confidence: 0.746682525

 $00:08:20.830 \longrightarrow 00:08:22.966$  And then as I stated before,

NOTE Confidence: 0.746682525

 $00:08:22.970 \longrightarrow 00:08:26.386$  ARM D assignment was based on Extranodal

NOTE Confidence: 0.746682525

00:08:26.386 --> 00:08:28.766 extension more than one millimeter,

NOTE Confidence: 0.746682525

 $00:08:28.770 \longrightarrow 00:08:32.459$  greater than 4 nodes and or positive

NOTE Confidence: 0.746682525

 $00:08:32.459 \longrightarrow 00:08:35.773$  margin overall in this study the

NOTE Confidence: 0.746682525

 $00:08:35.773 \longrightarrow 00:08:40.050$  positive margin rate was 3.3%.

NOTE Confidence: 0.746682525

 $00:08:40.050 \longrightarrow 00:08:41.925$  There were some patients that

NOTE Confidence: 0.746682525

00:08:41.925 --> 00:08:43.050 were deemed ineligible,

NOTE Confidence: 0.746682525

 $00:08:43.050 \longrightarrow 00:08:46.389$  which I will discuss briefly as well.

NOTE Confidence: 0.746682525

 $00:08:46.390 \longrightarrow 00:08:49.162$  And 27 of those patients had labs

NOTE Confidence: 0.746682525

 $00:08:49.162 \longrightarrow 00:08:52.207$  or scans just not done to protocol.

NOTE Confidence: 0.746682525

 $00{:}08{:}52.210 \longrightarrow 00{:}08{:}54.412$  But the treatment arm distribution for

NOTE Confidence: 0.746682525

00:08:54.412 --> 00:08:56.471 these patients did mirror those for

NOTE Confidence: 0.746682525

 $00:08:56.471 \longrightarrow 00:09:00.730$  this 360 eligible and treated patients.

NOTE Confidence: 0.746682525

 $00:09:00.730 \longrightarrow 00:09:03.152$  So you can see the reasons for

00:09:03.152 --> 00:09:05.492 exclusion from the 519 patients down

NOTE Confidence: 0.746682525

 $00:09:05.492 \longrightarrow 00:09:08.096$  to the final group of patients.

NOTE Confidence: 0.884093911428572

 $00{:}09{:}11.130 \dashrightarrow 00{:}09{:}12.845$  And there were a number of reasons.

NOTE Confidence: 0.884093911428572

 $00:09:12.850 \longrightarrow 00:09:15.545$  Some did not receive a transoral resection.

NOTE Confidence: 0.884093911428572

 $00:09:15.550 \longrightarrow 00:09:18.448$  Some patients were just deemed ineligible.

NOTE Confidence: 0.884093911428572

 $00:09:18.450 \longrightarrow 00:09:20.160$  Patients were not assigned or

NOTE Confidence: 0.884093911428572

 $00:09:20.160 \longrightarrow 00:09:21.870$  randomized or never started treatment.

NOTE Confidence: 0.884093911428572

 $00{:}09{:}21.870 \dashrightarrow 00{:}09{:}23.550$  For example, patients who

NOTE Confidence: 0.884093911428572

 $00:09:23.550 \longrightarrow 00:09:26.070$  had end to CN three disease.

NOTE Confidence: 0.884093911428572

 $00:09:26.070 \longrightarrow 00:09:28.492$  And in the end these were the

NOTE Confidence: 0.884093911428572

 $00:09:28.492 \longrightarrow 00:09:30.800$  numbers that I just described.

NOTE Confidence: 0.884093911428572

 $00{:}09{:}30.800 \dashrightarrow 00{:}09{:}33.810$  The reasons patients were ineligible

NOTE Confidence: 0.884093911428572

 $00{:}09{:}33.810 \longrightarrow 00{:}09{:}36.814$  more specifically were that, for example,

NOTE Confidence: 0.884093911428572

 $00:09:36.814 \longrightarrow 00:09:39.642$  pre study scans or labs were not done within

NOTE Confidence: 0.884093911428572

 $00:09:39.642 \longrightarrow 00:09:41.940$  the four weeks prior to registrations.

00:09:41.940 --> 00:09:44.046 If patients had clinical T3 disease

NOTE Confidence: 0.884093911428572

 $00:09:44.046 \longrightarrow 00:09:45.920$  at baseline, they were excluded

NOTE Confidence: 0.884093911428572

 $00:09:45.920 \longrightarrow 00:09:47.870$  or ineligible for this study.

NOTE Confidence: 0.884093911428572

00:09:47.870 --> 00:09:51.244 A few patients were unknown while they

NOTE Confidence: 0.884093911428572

 $00:09:51.244 \longrightarrow 00:09:54.018$  were ineligible and to see disease.

NOTE Confidence: 0.884093911428572

 $00:09:54.020 \longrightarrow 00:09:56.580$  The primary was not measurable

NOTE Confidence: 0.884093911428572

00:09:56.580 --> 00:09:58.116 radiographically or clinically,

NOTE Confidence: 0.884093911428572

 $00:09:58.120 \longrightarrow 00:10:00.736$  so it could not be appropriately

NOTE Confidence: 0.884093911428572

 $00{:}10{:}00.736 --> 00{:}10{:}01.608 \text{ clinically staged}.$ 

NOTE Confidence: 0.884093911428572

 $00:10:01.610 \longrightarrow 00:10:05.174$  There were no nodes at baseline

NOTE Confidence: 0.884093911428572

 $00{:}10{:}05.174 \dashrightarrow 00{:}10{:}08.146$  clinically and then and you can see

NOTE Confidence: 0.884093911428572

 $00:10:08.146 \longrightarrow 00:10:10.333$  the other reasons for ineligibility

NOTE Confidence: 0.884093911428572

00:10:10.333 --> 00:10:13.945 in this cohort of patients Step 2.

NOTE Confidence: 0.884093911428572

 $00:10:13.950 \longrightarrow 00:10:16.365$  So step one is a transoral resection

NOTE Confidence: 0.884093911428572

 $00:10:16.365 \longrightarrow 00:10:18.984$  ineligibility and then step two was a

NOTE Confidence: 0.884093911428572

 $00:10:18.984 \longrightarrow 00:10:20.504$  post operative treatment eligibility.

 $00{:}10{:}20.510 \dashrightarrow 00{:}10{:}23.246$  And you can see the reasons for this

NOTE Confidence: 0.884093911428572

 $00:10:23.246 \longrightarrow 00:10:25.379$  for example surgery was performed

NOTE Confidence: 0.884093911428572

 $00:10:25.379 \longrightarrow 00:10:28.121$  more than four weeks from the

NOTE Confidence: 0.884093911428572

 $00:10:28.121 \longrightarrow 00:10:29.717$  registration to step one or.

NOTE Confidence: 0.884093911428572

 $00:10:29.720 \longrightarrow 00:10:31.392$  Starting radiation was greater

NOTE Confidence: 0.884093911428572

00:10:31.392 --> 00:10:33.482 than seven weeks post surgery.

NOTE Confidence: 0.814437266666667

 $00:10:35.570 \longrightarrow 00:10:38.042$  The results were actually quite intriguing.

NOTE Confidence: 0.814437266666667

 $00:10:38.042 \longrightarrow 00:10:41.710$  Here you can see the three-year progression

NOTE Confidence: 0.814437266666667

00:10:41.791 --> 00:10:45.120 free survival data in that in ARM a,

NOTE Confidence: 0.814437266666667

 $00:10:45.120 \longrightarrow 00:10:46.780$  the low risk group or

NOTE Confidence: 0.8144372666666667

 $00:10:46.780 \longrightarrow 00:10:47.776$  there's observational loan,

NOTE Confidence: 0.814437266666667

 $00:10:47.780 \longrightarrow 00:10:50.370$  no radiation transoral surgery alone.

NOTE Confidence: 0.814437266666667

 $00{:}10{:}50.370 \dashrightarrow 00{:}10{:}52.356$  three-year progression free

NOTE Confidence: 0.814437266666667

 $00:10:52.356 \longrightarrow 00:10:54.305$  survival was 96.9%.

NOTE Confidence: 0.814437266666667

00:10:54.305 --> 00:10:58.055 The high risk group who received

 $00:10:58.055 \longrightarrow 00:10:59.930$  chemotherapy and radiation

NOTE Confidence: 0.814437266666667

00:11:00.026 --> 00:11:01.540 after transoral surgery,

NOTE Confidence: 0.814437266666667

 $00:11:01.540 \longrightarrow 00:11:03.100$  the three-year progression

NOTE Confidence: 0.814437266666667

 $00:11:03.100 \longrightarrow 00:11:05.083$  free survival was 91%.

NOTE Confidence: 0.814437266666667

 $00:11:05.083 \longrightarrow 00:11:07.621$  In these two groups that were

NOTE Confidence: 0.814437266666667

00:11:07.621 --> 00:11:10.436 randomized to either 50 Gray or 60 Gray,

NOTE Confidence: 0.814437266666667

00:11:10.440 --> 00:11:12.000 50 Gray or 60 Gray,

NOTE Confidence: 0.814437266666667

 $00:11:12.000 \longrightarrow 00:11:14.892$  you can see the three-year progression

NOTE Confidence: 0.814437266666667

 $00{:}11{:}14.892 \dashrightarrow 00{:}11{:}18.808$  free survival was 94.9% and 93.5%.

NOTE Confidence: 0.814437266666667

 $00{:}11{:}18.808 {\:\dashrightarrow\:} 00{:}11{:}20.648$  There were some deaths without

NOTE Confidence: 0.814437266666667

 $00{:}11{:}20.648 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}11{:}23.289$  recurrence and you can see here in

NOTE Confidence: 0.814437266666667

 $00:11:23.289 \longrightarrow 00:11:25.129$  the chemoradiation group there were

NOTE Confidence: 0.814437266666667

 $00:11:25.129 \longrightarrow 00:11:27.181$  three deaths in the observation group

NOTE Confidence: 0.8144372666666667

00:11:27.181 --> 00:11:31.328 there were none and one in each of the.

NOTE Confidence: 0.814437266666667

 $00:11:31.330 \longrightarrow 00:11:33.210$  Randomized groups and you can

NOTE Confidence: 0.814437266666667

 $00:11:33.210 \longrightarrow 00:11:34.714$  see the recurrence numbers,

 $00:11:34.720 \longrightarrow 00:11:36.530$  the absolute numbers as well.

NOTE Confidence: 0.8343073525

 $00:11:38.860 \longrightarrow 00:11:41.902$  The transoral surgery and low dose

NOTE Confidence: 0.8343073525

00:11:41.902 --> 00:11:44.900 radiation radiation based on this study,

NOTE Confidence: 0.8343073525

 $00:11:44.900 \longrightarrow 00:11:47.096$  based on these preliminary results is

NOTE Confidence: 0.8343073525

 $00:11:47.096 \longrightarrow 00:11:49.619$  were there was worthy of further study

NOTE Confidence: 0.8343073525

 $00:11:49.620 \longrightarrow 00:11:53.718$  based on criteria created a priori.

NOTE Confidence: 0.8343073525

 $00:11:53.720 \longrightarrow 00:11:55.631$  We also looked at in this study

NOTE Confidence: 0.8343073525

00:11:55.631 --> 00:11:57.915 at the M Daddy scores and the

NOTE Confidence: 0.8343073525

00:11:57.915 --> 00:11:59.660 fact head and neck score,

NOTE Confidence: 0.8343073525

 $00{:}11{:}59.660 \dashrightarrow 00{:}12{:}01.550$  so patient reported outcomes and what

NOTE Confidence: 0.8343073525

 $00{:}12{:}01.550 \dashrightarrow 00{:}12{:}03.869$  you can see here is the following.

NOTE Confidence: 0.8343073525

 $00:12:03.870 \longrightarrow 00:12:08.641$  This is arm a, the M Daddy dysphagia MD

NOTE Confidence: 0.8343073525

 $00{:}12{:}08.641 \dashrightarrow 00{:}12{:}11.146$  Anderson Dysphasia index composite scores.

NOTE Confidence: 0.8343073525

 $00{:}12{:}11.150 \dashrightarrow 00{:}12{:}14.108$  You can see the baseline dysphagia

NOTE Confidence: 0.8343073525

 $00:12:14.108 \longrightarrow 00:12:16.366$  index at 89% post surgery.

 $00:12:16.366 \longrightarrow 00:12:20.036$  There was obviously a drop in the Dysphasia

NOTE Confidence: 0.8343073525

 $00:12:20.036 \longrightarrow 00:12:23.798$  index and then patients actually recovered.

NOTE Confidence: 0.8343073525

 $00:12:23.800 \longrightarrow 00:12:27.385$  Quite nicely and you can see the same numbers

NOTE Confidence: 0.8343073525

00:12:27.385 --> 00:12:31.135 here which I'll show graphically shortly.

NOTE Confidence: 0.8343073525

00:12:31.140 --> 00:12:34.137 For arm B, the randomized groups to 50 Gray,

NOTE Confidence: 0.8343073525

00:12:34.140 --> 00:12:37.843 60 Gray and the chemo radiation groups

NOTE Confidence: 0.8343073525

 $00:12:37.843 \longrightarrow 00:12:41.790$  here and you can see the the decline

NOTE Confidence: 0.8343073525

00:12:41.790 --> 00:12:44.496 in dysphasia index PRO's here in this

NOTE Confidence: 0.8343073525

 $00:12:44.496 \longrightarrow 00:12:47.530$  in this group of patients and the same

NOTE Confidence: 0.8343073525

 $00:12:47.530 \longrightarrow 00:12:50.724$  thing was done for the fact head and

NOTE Confidence: 0.8343073525

 $00{:}12{:}50.724 \rightarrow 00{:}12{:}53.094$  neck patient reported outcomes tool.

NOTE Confidence: 0.835075051666667

 $00:12:55.240 \longrightarrow 00:12:56.962$  And the survival curves you can see

NOTE Confidence: 0.835075051666667

 $00:12:56.962 \longrightarrow 00:12:59.083$  for the these are this is for the

NOTE Confidence: 0.835075051666667

 $00:12:59.083 \longrightarrow 00:13:00.413$  eligible and treated patients the

NOTE Confidence: 0.835075051666667

 $00:13:00.468 \longrightarrow 00:13:02.316$  numbers we went over and you can see

NOTE Confidence: 0.835075051666667

 $00{:}13{:}02.316 \dashrightarrow 00{:}13{:}06.620$  how tight they are arm D did have

 $00:13:06.620 \longrightarrow 00:13:09.892$  a slightly lower overall survival,

NOTE Confidence: 0.835075051666667

00:13:09.892 --> 00:13:12.596 progression free survival here.

NOTE Confidence: 0.835075051666667

00:13:12.600 --> 00:13:14.798 And in the ineligible and treated groups,

NOTE Confidence: 0.835075051666667

 $00:13:14.800 \longrightarrow 00:13:19.090$  this was measured here as well.

NOTE Confidence: 0.835075051666667

 $00:13:19.090 \longrightarrow 00:13:21.722$  And graphically you can see the uh

NOTE Confidence: 0.835075051666667

 $00:13:21.722 \longrightarrow 00:13:24.948$  in the M daddy composite scores,

NOTE Confidence: 0.835075051666667

00:13:24.950 --> 00:13:28.130 the observational loan group did best,

NOTE Confidence: 0.835075051666667

 $00{:}13{:}28.130 \dashrightarrow 00{:}13{:}30.615$  RMD chemo radiated did worse

NOTE Confidence: 0.835075051666667

 $00:13:30.615 \longrightarrow 00:13:32.106$  compared to baseline.

NOTE Confidence: 0.835075051666667

 $00:13:32.110 \longrightarrow 00:13:34.350$  But overall these tumors are still quite,

NOTE Confidence: 0.835075051666667

00:13:34.350 --> 00:13:36.414 quite, quite good and the intermediate

NOTE Confidence: 0.835075051666667

00:13:36.414 --> 00:13:38.438 risk groups and same for the

NOTE Confidence: 0.835075051666667

 $00:13:38.438 \longrightarrow 00:13:40.190$  fact head and neck total scores.

NOTE Confidence: 0.835075051666667

 $00:13:40.190 \longrightarrow 00:13:42.920$  So the conclusion of this study

NOTE Confidence: 0.835075051666667

 $00:13:42.920 \longrightarrow 00:13:45.234$  were the transoral resection for

 $00:13:45.234 \longrightarrow 00:13:47.694$  P-16 positive or famous cancer is

NOTE Confidence: 0.835075051666667

 $00{:}13{:}47.694 \dashrightarrow 00{:}13{:}50.368$  safe and results in good on cologic.

NOTE Confidence: 0.835075051666667

 $00:13:50.370 \longrightarrow 00:13:54.262$  Outcomes and this can offer a promising

NOTE Confidence: 0.835075051666667

 $00:13:54.262 \longrightarrow 00:13:57.234$  de intensification approach to treatment

NOTE Confidence: 0.835075051666667

00:13:57.234 --> 00:13:59.670 for oropharynx cancer patients.

NOTE Confidence: 0.835075051666667

00:13:59.670 --> 00:14:03.184 In patients who have low risk disease

NOTE Confidence: 0.835075051666667

 $00:14:03.184 \longrightarrow 00:14:06.002$  progression free survival is favorable

NOTE Confidence: 0.835075051666667

00:14:06.002 --> 00:14:08.817 without any postoperative therapy and

NOTE Confidence: 0.835075051666667

 $00{:}14{:}08.817 \dashrightarrow 00{:}14{:}11.019$  in those patients who have uninvolved

NOTE Confidence: 0.835075051666667

 $00:14:11.019 \longrightarrow 00:14:12.869$  margins less than five nodes,

NOTE Confidence: 0.835075051666667

 $00:14:12.870 \longrightarrow 00:14:17.750$  minimal or no ENE we can reduce postoperative

NOTE Confidence: 0.835075051666667

 $00:14:17.750 \longrightarrow 00:14:21.099$  radiation therapy without chemotherapy.

NOTE Confidence: 0.835075051666667

 $00:14:21.100 \longrightarrow 00:14:24.920$  Without impacting progression free survival.

NOTE Confidence: 0.835075051666667

00:14:24.920 --> 00:14:27.270 So finally transoral surgery with

NOTE Confidence: 0.835075051666667

 $00:14:27.270 \longrightarrow 00:14:30.825$  50 Gray should be in the future

NOTE Confidence: 0.835075051666667

 $00:14:30.825 \longrightarrow 00:14:33.053$  compared to optimal nonsurgical

 $00:14:33.053 \longrightarrow 00:14:36.622$  therapy in some phase three trials

NOTE Confidence: 0.835075051666667

 $00:14:36.622 \longrightarrow 00:14:41.530$  for patients with intermediate risk.

NOTE Confidence: 0.835075051666667

 $00:14:41.530 \longrightarrow 00:14:44.666$  This was coordinated by the ECOG Akron

NOTE Confidence: 0.835075051666667

 $00:14:44.666 \longrightarrow 00:14:47.958$  group here and there were these were

NOTE Confidence: 0.835075051666667

 $00{:}14{:}47.958 \dashrightarrow 00{:}14{:}51.090$  the centers that accrued and Yale was

NOTE Confidence: 0.835075051666667

00:14:51.090 --> 00:14:55.906 definitely a major accrued to this study.

NOTE Confidence: 0.835075051666667

00:14:55.910 --> 00:14:58.645 I did want to spend a few minutes talking

NOTE Confidence: 0.835075051666667

 $00:14:58.645 \longrightarrow 00:15:01.805$  about two more items related to this study.

NOTE Confidence: 0.835075051666667

 $00:15:01.810 \longrightarrow 00:15:05.242$  One is an abstract that was just recently

NOTE Confidence: 0.835075051666667

 $00{:}15{:}05.242 \dashrightarrow 00{:}15{:}07.967$  presented a few weeks ago at ASCO,

NOTE Confidence: 0.835075051666667

00:15:07.970 --> 00:15:11.154 based on data from 3311 not yet published,

NOTE Confidence: 0.835075051666667

 $00:15:11.160 \longrightarrow 00:15:17.360$  but was presented in abstract form with this.

NOTE Confidence: 0.835075051666667

 $00{:}15{:}17.360 \dashrightarrow 00{:}15{:}20.345$  Abstract tried to analyze the

NOTE Confidence: 0.835075051666667

00:15:20.345 --> 00:15:22.000 patients from 3311,

NOTE Confidence: 0.835075051666667

 $00:15:22.000 \longrightarrow 00:15:24.760$  looking at patients who smoked 10

 $00{:}15{:}24.760 \dashrightarrow 00{:}15{:}27.630$  greater than 10 Packers or versus

NOTE Confidence: 0.835075051666667

00:15:27.630 --> 00:15:29.494 less than 10 Packers.

NOTE Confidence: 0.835075051666667

 $00:15:29.500 \longrightarrow 00:15:31.615$  As most of the people on this call know,

NOTE Confidence: 0.835075051666667

 $00:15:31.620 \longrightarrow 00:15:33.272$  smoking can be a.

NOTE Confidence: 0.835075051666667

 $00:15:33.272 \longrightarrow 00:15:36.387$  A risk factor for worse survival in

NOTE Confidence: 0.835075051666667

00:15:36.387 --> 00:15:39.152 oropharynx cancer and HPV associated

NOTE Confidence: 0.835075051666667

00:15:39.152 --> 00:15:41.915 cancer puts classically has been

NOTE Confidence: 0.835075051666667

 $00{:}15{:}41.915 \dashrightarrow 00{:}15{:}44.687$  described as an intermediate risk as

NOTE Confidence: 0.835075051666667

 $00{:}15{:}44.687 \dashrightarrow 00{:}15{:}47.408$  opposed to the high risk patient

NOTE Confidence: 0.835075051666667

00:15:47.408 --> 00:15:49.400 and to the favorable risk patients.

NOTE Confidence: 0.835075051666667

 $00:15:49.400 \longrightarrow 00:15:51.563$  This study however showed let me just

NOTE Confidence: 0.835075051666667

 $00{:}15{:}51.563 \dashrightarrow 00{:}15{:}54.395$  get to the the data that there was

NOTE Confidence: 0.835075051666667

 $00:15:54.395 \longrightarrow 00:15:56.230$  no difference in overall survival

NOTE Confidence: 0.835075051666667

 $00:15:56.300 \longrightarrow 00:15:58.170$  or progression free survival for

NOTE Confidence: 0.835075051666667

 $00:15:58.170 \longrightarrow 00:16:00.517$  smokers in this cohort of patients

NOTE Confidence: 0.835075051666667

 $00:16:00.517 \longrightarrow 00:16:03.379$  in 3311 who had transoral resections.

 $00{:}16{:}03.380 \dashrightarrow 00{:}16{:}05.300$  So these even these intermediate.

NOTE Confidence: 0.835075051666667

00:16:05.300 --> 00:16:07.502 Risk HPV or al various cancer patients

NOTE Confidence: 0.835075051666667

 $00{:}16{:}07.502 \dashrightarrow 00{:}16{:}10.122$  who are current smokers or who have a

NOTE Confidence: 0.835075051666667

00:16:10.122 --> 00:16:12.196 history of greater than 10 pack years

NOTE Confidence: 0.835075051666667

 $00:16:12.196 \longrightarrow 00:16:14.506$  had favorable 3 year progression free

NOTE Confidence: 0.835075051666667

 $00:16:14.506 \longrightarrow 00:16:16.384$  survival and overall survival that

NOTE Confidence: 0.835075051666667

00:16:16.384 --> 00:16:18.560 were not worse than those non-smokers

NOTE Confidence: 0.835075051666667

 $00:16:18.560 \longrightarrow 00:16:21.290$  or less than 10 pack your history.

NOTE Confidence: 0.835075051666667

 $00:16:21.290 \longrightarrow 00:16:24.909$  So this data actually shows the first

NOTE Confidence: 0.835075051666667

 $00:16:24.909 \longrightarrow 00:16:29.190$  treatment approach meaning surgery plus.

NOTE Confidence: 0.835075051666667

00:16:29.190 --> 00:16:31.502 Radiation therapy without chemo,

NOTE Confidence: 0.835075051666667

 $00:16:31.502 \longrightarrow 00:16:34.970$  in which outcomes were not influenced

NOTE Confidence: 0.835075051666667

00:16:35.061 --> 00:16:36.549 by smoking status.

NOTE Confidence: 0.835075051666667

00:16:36.550 --> 00:16:38.446 A final study I want to share with

NOTE Confidence: 0.835075051666667

 $00:16:38.446 \longrightarrow 00:16:40.377$  you is tours in the real world.

 $00:16:42.710 \longrightarrow 00:16:44.042$  Where you're treated matters.

NOTE Confidence: 0.859084905

 $00:16:44.042 \longrightarrow 00:16:47.017$  This is a study we published a few years ago.

NOTE Confidence: 0.859084905

00:16:47.020 --> 00:16:49.036 This is actually in 2019 was published,

NOTE Confidence: 0.859084905

 $00:16:49.040 \longrightarrow 00:16:52.076$  but I think is quite apropos

NOTE Confidence: 0.859084905

 $00:16:52.076 \longrightarrow 00:16:54.288$  to this this discussion.

NOTE Confidence: 0.859084905

00:16:54.290 --> 00:16:56.630 We looked at the National Cancer

NOTE Confidence: 0.859084905

 $00{:}16{:}56.630 \dashrightarrow 00{:}16{:}58.770$  database and looked at positive

NOTE Confidence: 0.859084905

 $00:16:58.770 \longrightarrow 00:17:01.290$  margin rates and predictors in

NOTE Confidence: 0.859084905

00:17:01.290 --> 00:17:03.306 transoral robotic surgery after

NOTE Confidence: 0.859084905

 $00{:}17{:}03.377 \dashrightarrow 00{:}17{:}08.380$  federal approval of the robot for.

NOTE Confidence: 0.859084905

 $00:17:08.380 \longrightarrow 00:17:11.209$  Oropharynx cancer treatment.

NOTE Confidence: 0.859084905

 $00:17:11.210 \longrightarrow 00:17:14.276$  We looked at 3000 patients in the

NOTE Confidence: 0.859084905

 $00{:}17{:}14.276 \dashrightarrow 00{:}17{:}16.113$ National Cancer Cancer database

NOTE Confidence: 0.859084905

 $00{:}17{:}16.113 --> 00{:}17{:}18.338$  who underwent tours from 2010

NOTE Confidence: 0.859084905

 $00:17:18.338 \longrightarrow 00:17:21.111$  to 2014 soon after approval and

NOTE Confidence: 0.859084905

 $00{:}17{:}21.111 \dashrightarrow 00{:}17{:}22.797$  we had to exclude some patients,

 $00:17:22.800 \longrightarrow 00:17:26.007$  but ended up with about 2600

NOTE Confidence: 0.859084905

00:17:26.007 --> 00:17:29.238 patients for analysis.

NOTE Confidence: 0.859084905

00:17:29.240 --> 00:17:32.012 In the real world during this study

NOTE Confidence: 0.859084905

 $00:17:32.012 \longrightarrow 00:17:34.605$  period the positive margin rate was not

NOTE Confidence: 0.859084905

 $00{:}17{:}34.605 \dashrightarrow 00{:}17{:}36.935$  the three-point 3% presented in this

NOTE Confidence: 0.859084905

00:17:36.935 --> 00:17:40.340 study at the at at academic centers,

NOTE Confidence: 0.859084905

 $00:17:40.340 \longrightarrow 00:17:42.088$  at credentialed by credentialed

NOTE Confidence: 0.859084905

 $00:17:42.088 \longrightarrow 00:17:45.104$  surgeons and it was actually a higher

NOTE Confidence: 0.859084905

00:17:45.104 --> 00:17:47.957 than a lot of the studies that look at

NOTE Confidence: 0.859084905

 $00:17:48.034 \longrightarrow 00:17:51.135$  transoral surgery in at high volume centers.

NOTE Confidence: 0.859084905

00:17:51.140 --> 00:17:53.196 Nationally the overall positive

NOTE Confidence: 0.859084905

 $00:17:53.196 \longrightarrow 00:17:56.248$  margin rate was 17% of patients with

NOTE Confidence: 0.859084905

 $00{:}17{:}56.248 \dashrightarrow 00{:}17{:}59.180$  T1 and T2 had a positive margin.

NOTE Confidence: 0.859084905

 $00:17:59.180 \longrightarrow 00:18:02.922$  Type of less than 20 percent, 13% and 17%.

NOTE Confidence: 0.859084905

00:18:02.922 --> 00:18:06.289 And when you get to T3 and T4 cancers,

 $00:18:06.290 \longrightarrow 00:18:08.050$  which I will mention it,

NOTE Confidence: 0.859084905

 $00:18:08.050 \longrightarrow 00:18:10.339$  for which the da Vinci robot at

NOTE Confidence: 0.859084905

00:18:10.339 --> 00:18:12.370 least is not FDA approved,

NOTE Confidence: 0.859084905

 $00:18:12.370 \longrightarrow 00:18:14.455$  positive marginal rates

NOTE Confidence: 0.859084905

 $00:18:14.455 \longrightarrow 00:18:16.540$  are significantly higher.

NOTE Confidence: 0.859084905

00:18:16.540 --> 00:18:17.656 In this study,

NOTE Confidence: 0.859084905

 $00:18:17.656 \longrightarrow 00:18:19.516$  we looked at factors associated

NOTE Confidence: 0.859084905

00:18:19.516 --> 00:18:21.416 with positive margin rate and

NOTE Confidence: 0.859084905

 $00:18:21.416 \longrightarrow 00:18:23.236$  we found that T classification,

NOTE Confidence: 0.859084905

 $00:18:23.240 \longrightarrow 00:18:25.444$  Lymphovascular invasion and volume

NOTE Confidence: 0.859084905

 $00:18:25.444 \longrightarrow 00:18:28.750$  of cases by the facility patients

NOTE Confidence: 0.859084905

 $00{:}18{:}28.832 \dashrightarrow 00{:}18{:}31.550$  treated at high volume centers were

NOTE Confidence: 0.859084905

 $00:18:31.550 \longrightarrow 00:18:34.830$  less likely to yield positive margins.

NOTE Confidence: 0.859084905

 $00:18:34.830 \longrightarrow 00:18:37.166$  You can see how we define this was

NOTE Confidence: 0.859084905

 $00:18:37.166 \longrightarrow 00:18:39.208$  less than three cases per year,

NOTE Confidence: 0.859084905

 $00:18:39.210 \longrightarrow 00:18:40.506$  three to 10 cases,

 $00:18:40.506 \longrightarrow 00:18:43.159$  and then more than 10 cases per year.

NOTE Confidence: 0.859084905

 $00{:}18{:}43.160 \dashrightarrow 00{:}18{:}44.456$  And you can see the difference.

NOTE Confidence: 0.859084905

00:18:44.460 --> 00:18:47.204 A high volume facilities had a rate

NOTE Confidence: 0.859084905

00:18:47.204 --> 00:18:49.884 still much higher than this study

NOTE Confidence: 0.859084905

 $00:18:49.884 \longrightarrow 00:18:52.940$  with credentialed academic surgeons,

NOTE Confidence: 0.859084905

 $00:18:52.940 \longrightarrow 00:18:56.240$  but 13% versus 21 percent,

NOTE Confidence: 0.859084905

 $00:18:56.240 \longrightarrow 00:18:58.380$  22% for low volume sensors.

NOTE Confidence: 0.859084905

 $00:18:58.380 \longrightarrow 00:19:01.506$  So the conclusion of this retrospective

NOTE Confidence: 0.859084905

 $00{:}19{:}01.506 \dashrightarrow 00{:}19{:}04.634$  database study was in the year

NOTE Confidence: 0.859084905

 $00:19:04.634 \longrightarrow 00:19:06.068$  since FDA approval.

NOTE Confidence: 0.859084905

00:19:06.070 --> 00:19:07.915 Positive margin rates has been

NOTE Confidence: 0.859084905

 $00:19:07.915 \longrightarrow 00:19:09.391$  substantially higher than reported

NOTE Confidence: 0.859084905

00:19:09.391 --> 00:19:11.303 in high volume tour centers

NOTE Confidence: 0.859084905

00:19:11.303 --> 00:19:12.419 with academic surgeons.

NOTE Confidence: 0.859084905

00:19:12.420 --> 00:19:15.832 When you get to higher T stages,

00:19:15.832 --> 00:19:20.003 these rates can exceed 28% and then

NOTE Confidence: 0.859084905

 $00{:}19{:}20.003 \dashrightarrow 00{:}19{:}21.808$  high volume facilities are half

NOTE Confidence: 0.859084905

 $00:19:21.808 \longrightarrow 00:19:24.049$  as likely to yield to positive

NOTE Confidence: 0.859084905

 $00:19:24.049 \longrightarrow 00:19:26.215$  margins as compared to low volume

NOTE Confidence: 0.859084905

 $00:19:26.289 \longrightarrow 00:19:28.497$  centers on multivariate analysis.

NOTE Confidence: 0.859084905

 $00{:}19{:}28.500 \dashrightarrow 00{:}19{:}30.572$  So that's what I wanted to tell

NOTE Confidence: 0.859084905

 $00:19:30.572 \longrightarrow 00:19:33.230$  you all about the ECOT 3311 trial,

NOTE Confidence: 0.859084905

 $00{:}19{:}33.230 \dashrightarrow 00{:}19{:}36.155$  which basically showed that D

NOTE Confidence: 0.859084905

 $00{:}19{:}36.155 \dashrightarrow 00{:}19{:}37.910$  intensification approaches are

NOTE Confidence: 0.859084905

 $00{:}19{:}37.993 \dashrightarrow 00{:}19{:}41.038$  possible for HPV associated P-16

NOTE Confidence: 0.859084905

 $00{:}19{:}41.038 \dashrightarrow 00{:}19{:}42.865$  positive or opharynx cancer.

NOTE Confidence: 0.8415203

 $00{:}19{:}48.820 \dashrightarrow 00{:}19{:}53.402$  Right. So you guys are welcome to

NOTE Confidence: 0.8415203

 $00{:}19{:}53.402 \dashrightarrow 00{:}19{:}55.480$  put any questions in the chat.

NOTE Confidence: 0.8415203

00:19:55.480 --> 00:19:56.570 I'm going to be moderating.

NOTE Confidence: 0.8415203

00:19:56.570 --> 00:19:57.626 You probably won't see them all,

NOTE Confidence: 0.8415203

 $00:19:57.630 \longrightarrow 00:20:01.086$  but I'll I'll moderate them and.

 $00:20:01.090 \longrightarrow 00:20:04.120$  We'll move on to our next.

NOTE Confidence: 0.8415203

 $00{:}20{:}04.120 \dashrightarrow 00{:}20{:}06.376$  Next, speakers and we'll do the

NOTE Confidence: 0.8415203

 $00:20:06.376 \longrightarrow 00:20:08.271$  questions probably at the end

NOTE Confidence: 0.8415203

 $00:20:08.271 \longrightarrow 00:20:10.490$  unless I see something that I think

NOTE Confidence: 0.8415203

 $00:20:10.490 \longrightarrow 00:20:12.777$  needs to be addressed right away.

NOTE Confidence: 0.8415203

00:20:12.780 --> 00:20:15.630 So our next speaker, thanks,

NOTE Confidence: 0.8415203

00:20:15.630 --> 00:20:17.520 Evan, you must start sharing.

NOTE Confidence: 0.8415203

 $00{:}20{:}17.520 \to 00{:}20{:}20.054$  Our next speaker is Doctor Avanti Verma,

NOTE Confidence: 0.8415203

 $00:20:20.060 \longrightarrow 00:20:24.520$  who returned to us at Yale after

NOTE Confidence: 0.8415203

 $00:20:24.520 \longrightarrow 00:20:27.040$  her years as an undergraduate here.

NOTE Confidence: 0.8415203

 $00:20:27.040 \longrightarrow 00:20:28.992$  And even additionally you're

NOTE Confidence: 0.8415203

 $00:20:28.992 \longrightarrow 00:20:30.456$  doing research here.

NOTE Confidence: 0.8415203

 $00:20:30.460 \longrightarrow 00:20:33.420$  She went off to New York and Atlanta to do.

NOTE Confidence: 0.8415203

 $00:20:33.420 \longrightarrow 00:20:35.884$  Our ENT and advanced head and neck

NOTE Confidence: 0.8415203

00:20:35.884 --> 00:20:37.923 cancer training and we were lucky

00:20:37.923 --> 00:20:40.065 enough to recruit her back to New

NOTE Confidence: 0.8415203

 $00{:}20{:}40.134 \dashrightarrow 00{:}20{:}41.900$  Haven as into our section of head

NOTE Confidence: 0.8415203

 $00:20:41.900 \longrightarrow 00:20:43.309$  and neck surgery here at Yale.

NOTE Confidence: 0.8415203

 $00:20:43.310 \longrightarrow 00:20:46.090$  She's assistant professor of surgery

NOTE Confidence: 0.8415203

00:20:46.090 --> 00:20:49.490 and the lead of head neck surgery at

NOTE Confidence: 0.8415203

 $00{:}20{:}49.490 \dashrightarrow 00{:}20{:}53.206$  the VA in Connecticut here as well.

NOTE Confidence: 0.8415203

 $00:20:53.210 \longrightarrow 00:20:54.752$  So Doctor Verma will be speaking

NOTE Confidence: 0.8415203

 $00:20:54.752 \longrightarrow 00:20:56.460$  to us about the appropriate use

NOTE Confidence: 0.8415203

00:20:56.460 --> 00:20:58.025 of tours in open surgery.

NOTE Confidence: 0.8415203

 $00:20:58.030 \longrightarrow 00:20:58.862$  Thank you so much.

NOTE Confidence: 0.8415203

 $00{:}20{:}58.862 --> 00{:}20{:}59.278$  Doctor Verma.

NOTE Confidence: 0.810771837142857

 $00:20:59.810 \longrightarrow 00:21:02.827$  Yes, thank you for the kind introduction.

NOTE Confidence: 0.810771837142857

 $00:21:02.830 \longrightarrow 00:21:06.372$  So I. We'll be speaking about using

NOTE Confidence: 0.810771837142857

 $00:21:06.372 \longrightarrow 00:21:09.454$  transoral robotic surgery and it was one

NOTE Confidence: 0.810771837142857

00:21:09.454 --> 00:21:12.240 of the modalities used in ECOG 3311,

NOTE Confidence: 0.810771837142857

 $00:21:12.240 \longrightarrow 00:21:14.120$  but probably the most

 $00:21:14.120 \longrightarrow 00:21:15.888$  prominent one and sort of.

NOTE Confidence: 0.810771837142857

 $00:21:15.888 \longrightarrow 00:21:17.820$  Think of this as an option and

NOTE Confidence: 0.810771837142857

 $00:21:17.885 \longrightarrow 00:21:19.477$  alternative compared to open

NOTE Confidence: 0.810771837142857

 $00:21:19.477 \longrightarrow 00:21:21.865$  surgery and we'll soon learn that

NOTE Confidence: 0.810771837142857

 $00:21:21.931 \longrightarrow 00:21:24.047$  patient selection really matters.

NOTE Confidence: 0.810771837142857

 $00:21:24.050 \longrightarrow 00:21:26.690$  So I will go through that and some of the

NOTE Confidence: 0.810771837142857

 $00:21:26.757 \longrightarrow 00:21:29.396$  technical aspects of the surgery as well.

NOTE Confidence: 0.916647868571429

00:21:31.870 --> 00:21:34.222 OK. So you know, just as an overview

NOTE Confidence: 0.916647868571429

00:21:34.222 --> 00:21:37.045 of the head and neck anatomy, Umm,

NOTE Confidence: 0.916647868571429

 $00{:}21{:}37.045 \dashrightarrow 00{:}21{:}40.918$  we think about tumors in these in

NOTE Confidence: 0.916647868571429

 $00:21:40.918 \longrightarrow 00:21:43.400$  this whole region as occurring in

NOTE Confidence: 0.916647868571429

 $00:21:43.400 \longrightarrow 00:21:45.110$  different sites and then within sites,

NOTE Confidence: 0.916647868571429

 $00{:}21{:}45.110 \dashrightarrow 00{:}21{:}47.108$  different sub sites. So there's many,

NOTE Confidence: 0.916647868571429

 $00:21:47.110 \longrightarrow 00:21:48.990$  many different sites of the head and neck.

NOTE Confidence: 0.916647868571429

00:21:48.990 --> 00:21:51.573 And how we manage a patient really

 $00:21:51.573 \longrightarrow 00:21:54.720$  depends on the the location of the tumor.

NOTE Confidence: 0.916647868571429

 $00{:}21{:}54.720 \dashrightarrow 00{:}21{:}57.296$  And in all these areas there's blood vessels,

NOTE Confidence: 0.916647868571429

00:21:57.300 --> 00:21:59.676 lymphatic channels, nerves that we are

NOTE Confidence: 0.916647868571429

00:21:59.676 --> 00:22:02.110 trying to preserve the best we can.

NOTE Confidence: 0.916647868571429

00:22:02.110 --> 00:22:04.558 Muscles, bone, cartilage, everything.

NOTE Confidence: 0.916647868571429

 $00:22:04.558 \longrightarrow 00:22:07.490$  So you know, anatomic considerations

NOTE Confidence: 0.916647868571429

00:22:07.490 --> 00:22:10.944 are very important to us in general,

NOTE Confidence: 0.916647868571429

 $00:22:10.944 \longrightarrow 00:22:13.116$  the principles of head neck cancer

NOTE Confidence: 0.916647868571429

 $00:22:13.116 \longrightarrow 00:22:14.777$  surgery include complete visualization

NOTE Confidence: 0.916647868571429

00:22:14.777 --> 00:22:16.529 of the surgical field,

NOTE Confidence: 0.916647868571429

 $00{:}22{:}16.530 \dashrightarrow 00{:}22{:}19.855$  which can be a challenge given that

NOTE Confidence: 0.916647868571429

 $00:22:19.855 \longrightarrow 00:22:23.045$  we're working in in small areas and

NOTE Confidence: 0.916647868571429

 $00{:}22{:}23.045 \dashrightarrow 00{:}22{:}25.415$  with that visualization we want to

NOTE Confidence: 0.916647868571429

 $00:22:25.415 \longrightarrow 00:22:27.998$  achieve on block tumor resection all

NOTE Confidence: 0.916647868571429

00:22:27.998 --> 00:22:30.632 in one piece with negative margins,

NOTE Confidence: 0.916647868571429

00:22:30.640 --> 00:22:31.562 traditionally margins.

 $00:22:31.562 \longrightarrow 00:22:35.250$  5 millimeters or greater and and then in

NOTE Confidence: 0.916647868571429

 $00{:}22{:}35.327 \dashrightarrow 00{:}22{:}38.324$  addition to doing that as best as we can,

NOTE Confidence: 0.916647868571429

 $00:22:38.330 \longrightarrow 00:22:40.800$  we'd like to preserve surrounding

NOTE Confidence: 0.916647868571429

 $00:22:40.800 \longrightarrow 00:22:42.776$  structures that are important

NOTE Confidence: 0.916647868571429

00:22:42.776 --> 00:22:45.197 for function of our patients.

NOTE Confidence: 0.916647868571429

 $00:22:45.200 \longrightarrow 00:22:47.400$  So the the gold standard or

NOTE Confidence: 0.916647868571429

 $00:22:47.400 \longrightarrow 00:22:48.920$  traditional or open approaches.

NOTE Confidence: 0.916647868571429

 $00:22:48.920 \longrightarrow 00:22:51.164$  Generally all of these approaches are

NOTE Confidence: 0.916647868571429

 $00:22:51.164 \longrightarrow 00:22:53.000$  transcervical or through the neck,

NOTE Confidence: 0.916647868571429

 $00:22:53.000 \longrightarrow 00:22:54.855$  requiring a neck or facial

NOTE Confidence: 0.916647868571429

 $00:22:54.855 \longrightarrow 00:22:57.140$  incision on the left hand side.

NOTE Confidence: 0.916647868571429

 $00:22:57.140 \longrightarrow 00:22:58.676$  In the oropharynx category,

NOTE Confidence: 0.916647868571429

 $00{:}22{:}58.676 \dashrightarrow 00{:}23{:}01.442$  the the few approaches to the orphans

NOTE Confidence: 0.916647868571429

 $00:23:01.442 \longrightarrow 00:23:03.788$  that were traditionally used for quite

NOTE Confidence: 0.916647868571429

 $00:23:03.788 \longrightarrow 00:23:06.365$  a while are the mandibular automy

 $00:23:06.365 \longrightarrow 00:23:09.035$  approach which requires a lip split

NOTE Confidence: 0.916647868571429

 $00{:}23{:}09.035 \dashrightarrow 00{:}23{:}11.825$  incision most often and you can see in

NOTE Confidence: 0.916647868571429

 $00:23:11.825 \longrightarrow 00:23:14.619$  that cartoon down there that the mandible.

NOTE Confidence: 0.916647868571429

 $00:23:14.620 \longrightarrow 00:23:16.354$  Sort of split open and you

NOTE Confidence: 0.916647868571429

 $00:23:16.354 \longrightarrow 00:23:17.510$  can see this tongue.

NOTE Confidence: 0.916647868571429

 $00:23:17.510 \longrightarrow 00:23:18.968$  The tongue is retracted to one

NOTE Confidence: 0.916647868571429

 $00{:}23{:}18.968 \dashrightarrow 00{:}23{:}20.945$  side and you can see this tongue

NOTE Confidence: 0.916647868571429

 $00{:}23{:}20.945 \dashrightarrow 00{:}23{:}22.530$  based tumor in the visualization.

NOTE Confidence: 0.916647868571429 00:23:22.530 --> 00:23:23.439 As I said, NOTE Confidence: 0.916647868571429

 $00:23:23.439 \longrightarrow 00:23:24.954$  which is important here is

NOTE Confidence: 0.916647868571429

 $00:23:24.954 \longrightarrow 00:23:26.847$  is very good in this case,

NOTE Confidence: 0.916647868571429

 $00:23:26.850 \longrightarrow 00:23:29.340$  but it requires a lot of work and a lot

NOTE Confidence: 0.916647868571429

 $00:23:29.404 \longrightarrow 00:23:31.828$  of potential morbidity to the patient.

NOTE Confidence: 0.916647868571429

 $00:23:31.830 \longrightarrow 00:23:34.638$  Another approach to large tongue based

NOTE Confidence: 0.916647868571429

00:23:34.638 --> 00:23:36.634 tumors includes going through the

NOTE Confidence: 0.916647868571429

 $00:23:36.634 \longrightarrow 00:23:38.920$  floor of mouth sling and musculature

 $00:23:38.981 \longrightarrow 00:23:41.011$  there to bring the tongue down into

NOTE Confidence: 0.916647868571429

 $00:23:41.011 \longrightarrow 00:23:43.289$  the neck and so you can visualize

NOTE Confidence: 0.916647868571429

 $00:23:43.289 \longrightarrow 00:23:44.969$  the almost the entire tongue,

NOTE Confidence: 0.916647868571429

 $00:23:44.970 \longrightarrow 00:23:46.266$  essentially the entire tongue.

NOTE Confidence: 0.916647868571429

00:23:46.266 --> 00:23:47.886 Through the neck and respect

NOTE Confidence: 0.916647868571429

 $00:23:47.886 \longrightarrow 00:23:49.028$  your tumor that way,

NOTE Confidence: 0.916647868571429

 $00:23:49.030 \longrightarrow 00:23:52.300$  which again is associated with morbidity.

NOTE Confidence: 0.916647868571429

 $00{:}23{:}52.300 \dashrightarrow 00{:}23{:}55.184$  For smaller tumors of the tongue base,

NOTE Confidence: 0.916647868571429

 $00{:}23{:}55.190 \dashrightarrow 00{:}23{:}58.256$  a trans hyoid approach with the

NOTE Confidence: 0.916647868571429

 $00{:}23{:}58.256 \dashrightarrow 00{:}24{:}01.140$  fairing gotami can also be used.

NOTE Confidence: 0.916647868571429

 $00:24:01.140 \longrightarrow 00:24:03.316$  Don't focus too much on the larynx today,

NOTE Confidence: 0.916647868571429

 $00:24:03.320 \longrightarrow 00:24:07.580$  but you know the open approach to the larynx.

NOTE Confidence: 0.916647868571429

 $00{:}24{:}07.580 \dashrightarrow 00{:}24{:}09.800$  The gold standard again is a

NOTE Confidence: 0.916647868571429

 $00{:}24{:}09.800 \dashrightarrow 00{:}24{:}11.239$  total laryngectomy for Laura.

NOTE Confidence: 0.916647868571429

 $00:24:11.240 \longrightarrow 00:24:12.640$  You know especially advanced

 $00:24:12.640 \longrightarrow 00:24:13.690$  stage laryngeal tumors,

NOTE Confidence: 0.916647868571429

 $00{:}24{:}13.690 \longrightarrow 00{:}24{:}15.282$  partial interjections can be

NOTE Confidence: 0.916647868571429

 $00:24:15.282 \longrightarrow 00:24:17.272$  considered depending on the location

NOTE Confidence: 0.916647868571429

 $00:24:17.272 \longrightarrow 00:24:20.026$  and the stage of the tumor and the

NOTE Confidence: 0.916647868571429

 $00:24:20.026 \longrightarrow 00:24:21.521$  patients comorbidities and those

NOTE Confidence: 0.916647868571429

00:24:21.521 --> 00:24:23.297 include vertical partial laryngectomy

NOTE Confidence: 0.916647868571429

00:24:23.297 --> 00:24:25.073 is super cricoid laryngectomy

NOTE Confidence: 0.916647868571429

 $00:24:25.073 \longrightarrow 00:24:26.591$  and a supraglottic laryngectomy.

NOTE Confidence: 0.916647868571429

00:24:26.591 --> 00:24:29.090 And later in this talk I'm going

NOTE Confidence: 0.916647868571429

 $00:24:29.149 \longrightarrow 00:24:30.727$  to mention that the robot can

NOTE Confidence: 0.916647868571429

 $00{:}24{:}30.727 \dashrightarrow 00{:}24{:}32.659$  be used for the Super Glottic.

NOTE Confidence: 0.916647868571429

00:24:32.660 --> 00:24:35.246 Enemy on the right hand side,

NOTE Confidence: 0.916647868571429

 $00:24:35.250 \longrightarrow 00:24:37.554$  the parapharyngeal space usually

NOTE Confidence: 0.916647868571429

00:24:37.554 --> 00:24:39.858 requires a transcervical approach,

NOTE Confidence: 0.916647868571429

 $00:24:39.860 \longrightarrow 00:24:42.482$  which can be achieved with mobilization

NOTE Confidence: 0.916647868571429

 $00:24:42.482 \longrightarrow 00:24:45.514$  or excision of the submandibular gland

 $00:24:45.514 \longrightarrow 00:24:48.529$  into the paraphary ngeal space there.

NOTE Confidence: 0.939279612

 $00{:}24{:}48.530 \dashrightarrow 00{:}24{:}51.490$  Or it can be done in a trans parotid

NOTE Confidence: 0.939279612

00:24:51.490 --> 00:24:55.280 approach, which requires a facial nerve

NOTE Confidence: 0.939279612

 $00:24:55.280 \longrightarrow 00:24:57.850$  dissection and removal and mobilization of

NOTE Confidence: 0.939279612

 $00:24:57.850 \longrightarrow 00:25:00.730$  the deep lobe of the of the parotid gland,

NOTE Confidence: 0.939279612

 $00:25:00.730 \longrightarrow 00:25:03.790$  which can be quite extensive.

NOTE Confidence: 0.939279612

 $00:25:03.790 \longrightarrow 00:25:06.394$  So some minimally invasive approaches that

NOTE Confidence: 0.939279612

 $00{:}25{:}06.394 \dashrightarrow 00{:}25{:}09.422$  have come up recently and are robotic

NOTE Confidence: 0.939279612

 $00{:}25{:}09.422 \dashrightarrow 00{:}25{:}12.350$  surgery, which I'll focus on today.

NOTE Confidence: 0.939279612

 $00{:}25{:}12.350 \longrightarrow 00{:}25{:}14.793$  And robotic surgery can be used to

NOTE Confidence: 0.939279612

 $00{:}25{:}14.793 \dashrightarrow 00{:}25{:}17.346$  access the oropharynx in lieu of those

NOTE Confidence: 0.939279612

 $00:25:17.346 \longrightarrow 00:25:19.146$  bigger approaches that I mentioned.

NOTE Confidence: 0.939279612

 $00{:}25{:}19.150 \dashrightarrow 00{:}25{:}21.383$  The supraglottic larynx can also be accessed

NOTE Confidence: 0.939279612

 $00:25:21.383 \longrightarrow 00:25:23.848$  as well as the paraphary ngeal space.

NOTE Confidence: 0.939279612

 $00:25:23.850 \longrightarrow 00:25:24.990$  And in that photo below,

 $00:25:24.990 \longrightarrow 00:25:27.528$  you can see that the surgeon is at the

NOTE Confidence: 0.939279612

 $00:25:27.528 \longrightarrow 00:25:30.147$  surgeon console controlling the robotic arms,

NOTE Confidence: 0.939279612

 $00:25:30.150 \longrightarrow 00:25:32.646$  which are closer to the patient

NOTE Confidence: 0.939279612

 $00:25:32.650 \longrightarrow 00:25:33.926$  and there's an assistant.

NOTE Confidence: 0.939279612

 $00:25:33.926 \longrightarrow 00:25:35.840$  Of making sure the arms and

NOTE Confidence: 0.939279612

 $00:25:35.905 \longrightarrow 00:25:37.049$  the patient are OK.

NOTE Confidence: 0.939279612

 $00:25:37.050 \longrightarrow 00:25:38.390$  On the right hand side,

NOTE Confidence: 0.939279612

 $00:25:38.390 \longrightarrow 00:25:39.606$  again there's laser surgery

NOTE Confidence: 0.939279612

 $00:25:39.606 \longrightarrow 00:25:41.126$  which has existed for longer,

NOTE Confidence: 0.939279612

 $00:25:41.130 \longrightarrow 00:25:42.815$  a couple more decades than

NOTE Confidence: 0.939279612

 $00{:}25{:}42.815 \to 00{:}25{:}44.500$  robotic surgery which has really

NOTE Confidence: 0.939279612

 $00{:}25{:}44.560 \dashrightarrow 00{:}25{:}46.387$  come up in the past two decades.

NOTE Confidence: 0.939279612

 $00:25:46.390 \longrightarrow 00:25:48.970$  And there's many kinds of lasers,

NOTE Confidence: 0.939279612

00:25:48.970 --> 00:25:51.140 but primarily this is used for the

NOTE Confidence: 0.939279612

 $00:25:51.140 \longrightarrow 00:25:52.749$  Super glottic larynx and larynx.

NOTE Confidence: 0.939279612

 $00:25:52.750 \longrightarrow 00:25:55.326$  It can be used for the oropharynx

 $00:25:55.326 \longrightarrow 00:25:58.157$  as well and for the trachea.

NOTE Confidence: 0.939279612

00:25:58.160 --> 00:25:59.970 So for transoral robotic surgery,

NOTE Confidence: 0.939279612

00:25:59.970 --> 00:26:03.024 when it was first being used for head

NOTE Confidence: 0.939279612

00:26:03.024 --> 00:26:06.020 and neck and it was really the US side,

NOTE Confidence: 0.939279612

 $00:26:06.020 \longrightarrow 00:26:07.900$  that was the model that was being used.

NOTE Confidence: 0.939279612

00:26:07.900 --> 00:26:09.856 And on the left hand side,

NOTE Confidence: 0.939279612

 $00:26:09.860 \longrightarrow 00:26:12.408$  you can see that there's a surgeon

NOTE Confidence: 0.939279612

 $00:26:12.408 \longrightarrow 00:26:14.552$  console with sort of those eye

NOTE Confidence: 0.939279612

 $00{:}26{:}14.552 \dashrightarrow 00{:}26{:}16.670$  pieces where the surgeon can see

NOTE Confidence: 0.939279612

 $00{:}26{:}16.746 \dashrightarrow 00{:}26{:}19.218$  and have a great view of the field.

NOTE Confidence: 0.939279612

 $00:26:19.220 \longrightarrow 00:26:21.302$  And then there's the controls there

NOTE Confidence: 0.939279612

 $00:26:21.302 \longrightarrow 00:26:24.146$  that you know the fingers go into and

NOTE Confidence: 0.939279612

 $00{:}26{:}24.146 \dashrightarrow 00{:}26{:}26.228$  sort of control the robotic arms,

NOTE Confidence: 0.939279612

 $00{:}26{:}26.230 \dashrightarrow 00{:}26{:}27.750$  there's petals that provide.

NOTE Confidence: 0.939279612

 $00:26:27.750 \longrightarrow 00:26:30.030$  Pottery and a left sided pedal

00:26:30.101 --> 00:26:32.225 that controls the camera as well.

NOTE Confidence: 0.939279612

 $00:26:32.230 \longrightarrow 00:26:35.726$  So you really have control of everything.

NOTE Confidence: 0.939279612

 $00:26:35.730 \longrightarrow 00:26:38.173$  In the middle is the patient cart

NOTE Confidence: 0.939279612

00:26:38.173 --> 00:26:40.354 which is basically what's right at

NOTE Confidence: 0.939279612

 $00:26:40.354 \longrightarrow 00:26:42.839$  the patient and the arms have trocars

NOTE Confidence: 0.939279612

 $00:26:42.914 \longrightarrow 00:26:44.959$  and instruments going through them

NOTE Confidence: 0.939279612

 $00:26:44.959 \longrightarrow 00:26:47.590$  that go into the patient's mouth which

NOTE Confidence: 0.939279612

 $00:26:47.590 \longrightarrow 00:26:49.910$  you can see on the right hand side.

NOTE Confidence: 0.939279612

 $00{:}26{:}49.910 \dashrightarrow 00{:}26{:}52.780$  And then the final component is the

NOTE Confidence: 0.939279612

 $00:26:52.780 \longrightarrow 00:26:55.834$  vision cart which is this tower and a

NOTE Confidence: 0.939279612

 $00:26:55.834 \longrightarrow 00:26:58.510$  a screen with really high definition.

NOTE Confidence: 0.939279612

 $00{:}26{:}58.510 \dashrightarrow 00{:}27{:}00.195$  Images there for the assistant

NOTE Confidence: 0.939279612

 $00:27:00.195 \longrightarrow 00:27:01.880$  to be able to see,

NOTE Confidence: 0.939279612

 $00:27:01.880 \longrightarrow 00:27:03.854$  and for the scrub tech and anyone

NOTE Confidence: 0.939279612

 $00:27:03.854 \longrightarrow 00:27:05.548$  assisting in the surgery to be

NOTE Confidence: 0.939279612

 $00:27:05.548 \longrightarrow 00:27:07.126$  able to see what's going on.

00:27:10.090 --> 00:27:13.450 More recently, the A new 4th generation

NOTE Confidence: 0.7989513

00:27:13.450 --> 00:27:15.878 of robot, also from da Vinci,

NOTE Confidence: 0.7989513

 $00:27:15.878 \longrightarrow 00:27:17.713$  has been FDA approved for

NOTE Confidence: 0.7989513

00:27:17.713 --> 00:27:19.609 surgery of the head and neck,

NOTE Confidence: 0.7989513

 $00{:}27{:}19.610 \dashrightarrow 00{:}27{:}21.848$  and it's the single port robots.

NOTE Confidence: 0.7989513

 $00:27:21.850 \longrightarrow 00:27:22.970$  On the left hand side,

NOTE Confidence: 0.7989513

 $00:27:22.970 \longrightarrow 00:27:25.161$  you can see that there's just one

NOTE Confidence: 0.7989513

00:27:25.161 --> 00:27:26.769 cannula instead of the three,

NOTE Confidence: 0.7989513

 $00:27:26.770 \longrightarrow 00:27:28.737$  and there's a camera and robotic arms

NOTE Confidence: 0.7989513

 $00:27:28.737 \longrightarrow 00:27:31.128$  that come out through the single cannula,

NOTE Confidence: 0.7989513

 $00:27:31.130 \longrightarrow 00:27:34.208$  which measures 2.5 centimeters in diameter.

NOTE Confidence: 0.7989513

 $00:27:34.210 \longrightarrow 00:27:37.178$  So it is quite small and the

NOTE Confidence: 0.7989513

 $00:27:37.178 \longrightarrow 00:27:40.109$  camera itself has some flexibility.

NOTE Confidence: 0.7989513

00:27:40.110 --> 00:27:41.574 As you can see in the middle photo,

NOTE Confidence: 0.7989513

00:27:41.580 --> 00:27:43.986 you can bend, there's certain pose,

 $00:27:43.990 \longrightarrow 00:27:45.635$  you know, we call it the Cobra

NOTE Confidence: 0.7989513

00:27:45.635 --> 00:27:47.431 pose so that it can sort of bend

NOTE Confidence: 0.7989513

 $00:27:47.431 \longrightarrow 00:27:49.240$  to look up or bend to look down.

NOTE Confidence: 0.7989513

 $00:27:49.240 \longrightarrow 00:27:51.580$  And the robotic arms have

NOTE Confidence: 0.7989513

 $00:27:51.580 \longrightarrow 00:27:53.920$  more mobility in the wrist.

NOTE Confidence: 0.7989513

 $00:27:53.920 \longrightarrow 00:27:57.476$  There's much more degrees of mobility there.

NOTE Confidence: 0.7989513

 $00:27:57.480 \longrightarrow 00:28:00.702$  So there's usually one arm that has a four

NOTE Confidence: 0.7989513

 $00:28:00.702 \longrightarrow 00:28:03.459$  steps to help retract or grab tissue.

NOTE Confidence: 0.7989513

 $00{:}28{:}03.460 \dashrightarrow 00{:}28{:}05.752$  The other arm usually has cautery

NOTE Confidence: 0.7989513

 $00:28:05.752 \longrightarrow 00:28:08.563$  and even the forceps arm can be

NOTE Confidence: 0.7989513

 $00{:}28{:}08.563 \dashrightarrow 00{:}28{:}10.179$  connected to bipolar cautery,

NOTE Confidence: 0.7989513

00:28:10.180 --> 00:28:11.740 so you can cauterize.

NOTE Confidence: 0.7989513

 $00:28:11.740 \longrightarrow 00:28:14.896$  Both arms and then this model of robot

NOTE Confidence: 0.7989513

 $00:28:14.896 \longrightarrow 00:28:17.465$  actually has the option of a fourth

NOTE Confidence: 0.7989513

00:28:17.465 --> 00:28:20.665 arm that you can use however you'd like,

NOTE Confidence: 0.7989513

 $00:28:20.670 \longrightarrow 00:28:23.054$  and some of us will put a second

 $00:28:23.054 \longrightarrow 00:28:25.331$  four steps there to keep longer

NOTE Confidence: 0.7989513

 $00{:}28{:}25.331 \dashrightarrow 00{:}28{:}27.336$  retraction on tissue if needed.

NOTE Confidence: 0.7989513

 $00:28:27.340 \longrightarrow 00:28:28.720$  On the right hand side,

NOTE Confidence: 0.7989513

00:28:28.720 --> 00:28:31.424 there's a photo of what the port looks

NOTE Confidence: 0.7989513

 $00:28:31.424 \longrightarrow 00:28:33.310$  like going into the patient's mouth.

NOTE Confidence: 0.7989513

 $00:28:33.310 \longrightarrow 00:28:34.760$  And then there's a retractor.

NOTE Confidence: 0.7989513

 $00:28:34.760 \longrightarrow 00:28:36.992$  This is the FKW retractor that's

NOTE Confidence: 0.7989513

 $00{:}28{:}36.992 \dashrightarrow 00{:}28{:}39.160$  holding the mouth open and keeping

NOTE Confidence: 0.7989513

 $00:28:39.160 \longrightarrow 00:28:41.592$  the tongue out of out of the way.

NOTE Confidence: 0.712505505

00:28:43.670 --> 00:28:45.830 So the indications for towards Umm,

NOTE Confidence: 0.712505505

 $00:28:45.830 \longrightarrow 00:28:47.405$  you know we discussed it a little

NOTE Confidence: 0.712505505

 $00:28:47.405 \longrightarrow 00:28:49.415$  bit when we were talking about ECOG

NOTE Confidence: 0.712505505

00:28:49.415 --> 00:28:51.725 3311 on particularly early stage or

NOTE Confidence: 0.712505505

 $00:28:51.725 \longrightarrow 00:28:53.550$  financial squamous cell carcinoma.

NOTE Confidence: 0.712505505

 $00:28:53.550 \longrightarrow 00:28:57.262$  So T1 and T2 lesions of the tonsil

 $00:28:57.262 \longrightarrow 00:29:00.174$  and tongue base cancers of the soft

NOTE Confidence: 0.712505505

 $00:29:00.174 \longrightarrow 00:29:02.370$  palate primarily you know are not

NOTE Confidence: 0.712505505

 $00:29:02.444 \longrightarrow 00:29:05.054$  always so amenable to this because

NOTE Confidence: 0.712505505

 $00:29:05.054 \longrightarrow 00:29:07.354$  of functional downsides such as

NOTE Confidence: 0.712505505

 $00:29:07.354 \longrightarrow 00:29:09.290$  Villa Ferringer and sufficiency.

NOTE Confidence: 0.712505505

 $00:29:09.290 \longrightarrow 00:29:11.095$  Isolated lesions of the posterior

NOTE Confidence: 0.712505505

00:29:11.095 --> 00:29:12.900 pharyngeal wall may be considered,

NOTE Confidence: 0.712505505

 $00:29:12.900 \longrightarrow 00:29:13.780$  but if quite a bit.

NOTE Confidence: 0.712505505

 $00{:}29{:}13.780 \to 00{:}29{:}16.503$  That is being resected and we usually

NOTE Confidence: 0.712505505

00:29:16.503 --> 00:29:19.170 do not proceed with this approach.

NOTE Confidence: 0.712505505

 $00:29:19.170 \longrightarrow 00:29:21.195$  I mentioned early stage supraglottic

NOTE Confidence: 0.712505505

00:29:21.195 --> 00:29:22.815 squamous cell carcinoma which

NOTE Confidence: 0.712505505

 $00{:}29{:}22.815 \dashrightarrow 00{:}29{:}25.019$  I'll mention again later and then

NOTE Confidence: 0.712505505

 $00{:}29{:}25.019 \dashrightarrow 00{:}29{:}26.759$  benign tumors of the oropharynx,

NOTE Confidence: 0.712505505

 $00:29:26.760 \longrightarrow 00:29:29.552$  supraglottis and the parapharyngeal

NOTE Confidence: 0.712505505

 $00{:}29{:}29.552 \dashrightarrow 00{:}29{:}32.470$  space could also be considered

 $00:29:32.470 \longrightarrow 00:29:34.690$  for transoral robotic resection.

NOTE Confidence: 0.712505505

00:29:34.690 --> 00:29:35.810 Transoral robotic surgery can

NOTE Confidence: 0.712505505

 $00:29:35.810 \longrightarrow 00:29:37.490$  also be used for sleep apnea,

NOTE Confidence: 0.712505505

00:29:37.490 --> 00:29:40.290 but I I won't focus on that today.

NOTE Confidence: 0.712505505

 $00{:}29{:}40.290 \dashrightarrow 00{:}29{:}41.920$  Lingual tonsillectomy or tongue based

NOTE Confidence: 0.712505505

 $00:29:41.920 \longrightarrow 00:29:44.280$  reduction can be done for patients who.

NOTE Confidence: 0.712505505

 $00:29:44.280 \longrightarrow 00:29:45.912$  To have this contributing

NOTE Confidence: 0.712505505

 $00:29:45.912 \longrightarrow 00:29:47.544$  to their sleep apnea,

NOTE Confidence: 0.712505505

 $00:29:47.550 \longrightarrow 00:29:50.049$  the first photo is sort of our

NOTE Confidence: 0.712505505

 $00:29:50.049 \longrightarrow 00:29:52.948$  view when we have good retraction,

NOTE Confidence: 0.712505505

 $00{:}29{:}52.950 \dashrightarrow 00{:}29{:}54.700$  there's a tonsil tumor on the right

NOTE Confidence: 0.712505505

 $00{:}29{:}54.700 \dashrightarrow 00{:}29{:}56.548$  hand side and you know the head is

NOTE Confidence: 0.712505505

 $00{:}29{:}56.548 \dashrightarrow 00{:}29{:}58.260$  at the bottom of the screen and the

NOTE Confidence: 0.712505505

 $00:29:58.260 \longrightarrow 00:30:00.035$  chin is at the top of the screen.

NOTE Confidence: 0.712505505

 $00:30:00.035 \longrightarrow 00:30:02.795$  And so we're looking from above and you

 $00:30:02.795 \longrightarrow 00:30:05.668$  know we can see the tip of the epiglottis,

NOTE Confidence: 0.712505505

00:30:05.670 --> 00:30:07.200 the tongue base on both sides.

NOTE Confidence: 0.712505505

 $00:30:07.200 \longrightarrow 00:30:09.615$  We have full view of the tonsil

NOTE Confidence: 0.712505505

 $00:30:09.615 \longrightarrow 00:30:11.800$  cancer and even margins of tissue

NOTE Confidence: 0.712505505

 $00:30:11.800 \longrightarrow 00:30:14.313$  around it and you can see that.

NOTE Confidence: 0.712505505

 $00:30:14.320 \longrightarrow 00:30:16.658$  Four steps in the left hand corner

NOTE Confidence: 0.712505505

00:30:16.658 --> 00:30:18.309 corner just ready to start.

NOTE Confidence: 0.712505505

 $00:30:18.310 \longrightarrow 00:30:21.454$  And then on the right hand side there's

NOTE Confidence: 0.712505505

00:30:21.454 --> 00:30:24.284 a specimen post resection that I was

NOTE Confidence: 0.712505505

00:30:24.284 --> 00:30:26.582 trying to Orient for the pathologist.

NOTE Confidence: 0.712505505

 $00{:}30{:}26.582 \dashrightarrow 00{:}30{:}28.850$  So using some of the anatomic

NOTE Confidence: 0.712505505

 $00:30:28.926 \longrightarrow 00:30:30.886$  landmarks can help because this

NOTE Confidence: 0.712505505

 $00:30:30.886 \longrightarrow 00:30:33.320$  is very much A3 dimensional tumor

NOTE Confidence: 0.712505505

 $00:30:33.320 \longrightarrow 00:30:35.345$  and A3 dimensional resection and

NOTE Confidence: 0.712505505

 $00:30:35.345 \longrightarrow 00:30:37.644$  all of this technology helps us,

NOTE Confidence: 0.712505505

00:30:37.644 --> 00:30:38.318 you know,

 $00:30:38.318 \longrightarrow 00:30:41.878$  see where we need to see to to achieve this.

NOTE Confidence: 0.712505505

 $00:30:41.880 \longrightarrow 00:30:44.046$  So the clinical evaluation for tours

NOTE Confidence: 0.712505505

 $00:30:44.046 \longrightarrow 00:30:46.950$  when we see a patient who's referred to

NOTE Confidence: 0.712505505

 $00:30:46.950 \longrightarrow 00:30:49.909$  to see if this is even something that

NOTE Confidence: 0.712505505

00:30:49.909 --> 00:30:52.716 we can offer depend on many things.

NOTE Confidence: 0.712505505

 $00:30:52.720 \longrightarrow 00:30:54.610$  The tumor factors include the

NOTE Confidence: 0.712505505

 $00:30:54.610 \longrightarrow 00:30:57.290$  size and size is close is closely

NOTE Confidence: 0.712505505

 $00:30:57.290 \longrightarrow 00:30:59.060$  in hand with the stage.

NOTE Confidence: 0.712505505

00:30:59.060 --> 00:31:00.830 So T1 or T2 tumors,

NOTE Confidence: 0.712505505

 $00:31:00.830 \longrightarrow 00:31:02.685$  anything bigger than that we

NOTE Confidence: 0.712505505

00:31:02.685 --> 00:31:04.540 probably would not consider this.

NOTE Confidence: 0.712505505

 $00{:}31{:}04.540 \dashrightarrow 00{:}31{:}08.240$  The location is also important

NOTE Confidence: 0.712505505

 $00:31:08.240 \longrightarrow 00:31:09.575$  midline tumors sometimes.

NOTE Confidence: 0.712505505

 $00:31:09.575 \longrightarrow 00:31:13.325$  Are at risk of injury to both lingual

NOTE Confidence: 0.712505505

 $00:31:13.325 \longrightarrow 00:31:16.412$  arteries which I'll mention again later.

 $00:31:16.412 \longrightarrow 00:31:19.310$  So you know we we prefer to do this

NOTE Confidence: 0.712505505

 $00{:}31{:}19.392 \dashrightarrow 00{:}31{:}21.848$  approach for lateralized tumors.

NOTE Confidence: 0.712505505

 $00{:}31{:}21.850 \dashrightarrow 00{:}31{:}24.727$  The depth also factors into stage and

NOTE Confidence: 0.712505505

 $00:31:24.727 \longrightarrow 00:31:28.309$  we can tell that sometimes by palpation

NOTE Confidence: 0.712505505

 $00:31:28.310 \longrightarrow 00:31:31.068$  on clinical exam and some you know

NOTE Confidence: 0.712505505

 $00:31:31.070 \longrightarrow 00:31:33.650$  it definitely with imaging as well.

NOTE Confidence: 0.712505505

 $00:31:33.650 \longrightarrow 00:31:35.894$  If there's trismus this patient can

NOTE Confidence: 0.712505505

 $00:31:35.894 \longrightarrow 00:31:38.958$  only open 2 centimeters and and you know

NOTE Confidence: 0.712505505

 $00{:}31{:}38.958 \dashrightarrow 00{:}31{:}41.202$  someone's really pushing with their thumb.

NOTE Confidence: 0.712505505

00:31:41.210 --> 00:31:42.938 You know then that that you

NOTE Confidence: 0.712505505

 $00:31:42.938 \longrightarrow 00:31:44.599$  know won't be good for us,

NOTE Confidence: 0.712505505

 $00:31:44.600 \longrightarrow 00:31:46.920$  especially with the 2.5 centimeter,

NOTE Confidence: 0.712505505 00:31:46.920 --> 00:31:47.164 uh,

NOTE Confidence: 0.712505505

 $00{:}31{:}47.164 \dashrightarrow 00{:}31{:}49.360$  can nula that it has to get in the mouth.

NOTE Confidence: 0.712505505

 $00:31:49.360 \longrightarrow 00:31:51.185$  So that's something that's important

NOTE Confidence: 0.712505505

 $00:31:51.185 \longrightarrow 00:31:51.915$  to consider.

 $00:31:51.920 \longrightarrow 00:31:55.148$  The tongue size is also important.

NOTE Confidence: 0.878180918333333

 $00:31:55.150 \longrightarrow 00:31:56.296$  There's a lot of tease here.

NOTE Confidence: 0.878180918333333

 $00:31:56.300 \longrightarrow 00:31:58.883$  So people sort of remember this as the rule

NOTE Confidence: 0.878180918333333

 $00:31:58.883 \longrightarrow 00:32:01.497$  of the teas status of the teeth and the jaw,

NOTE Confidence: 0.878180918333333

 $00:32:01.500 \longrightarrow 00:32:04.530$  whether they're mandibular Tori and then

NOTE Confidence: 0.878180918333333

00:32:04.530 --> 00:32:07.569 neck mobility or tilting of the neck,

NOTE Confidence: 0.878180918333333

 $00:32:07.570 \longrightarrow 00:32:09.422$  anyone who's had spinal

NOTE Confidence: 0.878180918333333

 $00:32:09.422 \longrightarrow 00:32:11.274$  instability or spinal surgery.

NOTE Confidence: 0.878180918333333

 $00:32:11.280 \longrightarrow 00:32:13.086$  You know we have to evaluate for

NOTE Confidence: 0.878180918333333

 $00:32:13.086 \longrightarrow 00:32:14.981$  that to make sure we can get

NOTE Confidence: 0.878180918333333

 $00:32:14.981 \longrightarrow 00:32:16.565$  the exposure we need for this.

NOTE Confidence: 0.878180918333333

 $00:32:16.570 \dashrightarrow 00:32:20.287$  I added to this prior treatment as well in

NOTE Confidence: 0.878180918333333

 $00:32:20.287 \dashrightarrow 00:32:23.206$  patients who have had previous surgery,

NOTE Confidence: 0.878180918333333

 $00:32:23.210 \mathrel{--}{>} 00:32:25.335$  previous radiation in particular and

NOTE Confidence: 0.878180918333333

 $00:32:25.335 \longrightarrow 00:32:28.810$  this is sort of a salvage surgery.

 $00:32:28.810 \longrightarrow 00:32:31.230$  We have other considerations including

NOTE Confidence: 0.878180918333333

 $00{:}32{:}31.230 \longrightarrow 00{:}32{:}34.596$  you know whether that when we do

NOTE Confidence: 0.878180918333333

 $00:32:34.596 \longrightarrow 00:32:36.756$  these resections we don't necessarily

NOTE Confidence: 0.878180918333333

00:32:36.756 --> 00:32:40.010 put tissue you know to reconstruct,

NOTE Confidence: 0.878180918333333

 $00:32:40.010 \longrightarrow 00:32:40.990$  but in these patients we

NOTE Confidence: 0.878180918333333

 $00:32:40.990 \longrightarrow 00:32:41.970$  might have to do that.

NOTE Confidence: 0.878180918333333

 $00:32:41.970 \longrightarrow 00:32:43.935$  To protect the carotid artery

NOTE Confidence: 0.878180918333333

 $00:32:43.935 \longrightarrow 00:32:45.900$  or any other vital structures,

NOTE Confidence: 0.878180918333333

 $00:32:45.900 \longrightarrow 00:32:48.498$  because healing might not be as

NOTE Confidence: 0.878180918333333

 $00:32:48.498 \longrightarrow 00:32:51.531$  optimal as As for patients who

NOTE Confidence: 0.878180918333333

00:32:51.531 --> 00:32:53.947 haven't been treated before.

NOTE Confidence: 0.878180918333333

 $00:32:53.950 \longrightarrow 00:32:55.852$  So the you know the clinical

NOTE Confidence: 0.878180918333333

00:32:55.852 --> 00:32:58.891 exam it you know we rely on a

NOTE Confidence: 0.878180918333333

00:32:58.891 --> 00:33:00.583 transoral inspection and palpation,

NOTE Confidence: 0.878180918333333

 $00:33:00.590 \longrightarrow 00:33:03.915$  but we also rely on a flexible

NOTE Confidence: 0.878180918333333

00:33:03.915 --> 00:33:04.865 laryngoscopic exam.

 $00:33:04.870 \longrightarrow 00:33:06.688$  And between those two things we

NOTE Confidence: 0.878180918333333

 $00:33:06.688 \longrightarrow 00:33:09.287$  kind of have a sense of the extent,

NOTE Confidence: 0.878180918333333 00:33:09.290 --> 00:33:09.716 location, NOTE Confidence: 0.878180918333333

 $00:33:09.716 \longrightarrow 00:33:12.272$  depth of the tumor whether we

NOTE Confidence: 0.878180918333333

 $00:33:12.272 \longrightarrow 00:33:13.550$  could access this.

NOTE Confidence: 0.878180918333333

 $00:33:13.550 \longrightarrow 00:33:16.244$  But a radiology is also very

NOTE Confidence: 0.878180918333333

 $00:33:16.244 \longrightarrow 00:33:19.225$  helpful for us when we evaluate

NOTE Confidence: 0.878180918333333

 $00{:}33{:}19.225 \dashrightarrow 00{:}33{:}22.026$  patients and and tumors the location

NOTE Confidence: 0.878180918333333

 $00:33:22.026 \longrightarrow 00:33:23.566$  of the carotid artery is.

NOTE Confidence: 0.878180918333333

 $00:33:23.570 \longrightarrow 00:33:24.569$  Is very important,

NOTE Confidence: 0.878180918333333

 $00:33:24.569 \longrightarrow 00:33:26.567$  especially if we're looking at a

NOTE Confidence: 0.878180918333333

 $00:33:26.567 \longrightarrow 00:33:28.181$  patient who has a retropharyngeal

NOTE Confidence: 0.878180918333333

 $00{:}33{:}28.181 \longrightarrow 00{:}33{:}30.011$  carotid and you can see that

NOTE Confidence: 0.878180918333333

 $00{:}33{:}30.069 \dashrightarrow 00{:}33{:}31.594$  pretty prominently in the left

NOTE Confidence: 0.878180918333333

 $00:33:31.594 \longrightarrow 00:33:34.016$  side in that image with the arrows.

 $00:33:34.016 \longrightarrow 00:33:36.704$  So if this patient needed a

NOTE Confidence: 0.878180918333333

00:33:36.704 --> 00:33:37.600 radical tonsillectomy,

NOTE Confidence: 0.878180918333333

 $00:33:37.600 \longrightarrow 00:33:39.424$  we we probably would not consider

NOTE Confidence: 0.878180918333333

 $00:33:39.424 \longrightarrow 00:33:41.993$  that in this case if we thought that

NOTE Confidence: 0.878180918333333

 $00:33:41.993 \longrightarrow 00:33:43.925$  the carotid artery would be exposed

NOTE Confidence: 0.878180918333333

00:33:43.990 --> 00:33:46.138 or even potentially injured by this,

NOTE Confidence: 0.878180918333333

 $00:33:46.140 \longrightarrow 00:33:48.708$  by this approach.

NOTE Confidence: 0.878180918333333

 $00:33:48.710 \longrightarrow 00:33:49.868$  Tongue based tumors,

NOTE Confidence: 0.878180918333333

 $00:33:49.868 \longrightarrow 00:33:51.026$  sometimes we can,

NOTE Confidence: 0.878180918333333

00:33:51.030 --> 00:33:54.374 we can still do um resections on a

NOTE Confidence: 0.878180918333333

 $00{:}33{:}54.374 \dashrightarrow 00{:}33{:}56.108$  patient with a retrophary ngeal carotid,

NOTE Confidence: 0.878180918333333

 $00:33:56.108 \longrightarrow 00:33:58.980$  but that takes a lot of you know

NOTE Confidence: 0.878180918333333

00:33:59.051 --> 00:34:01.172 very intense study of the of the

NOTE Confidence: 0.878180918333333

00:34:01.172 --> 00:34:03.719 skin and making sure that it it will

NOTE Confidence: 0.878180918333333

00:34:03.719 --> 00:34:05.723 stay away from your resection bed

NOTE Confidence: 0.878180918333333

 $00:34:05.723 \dashrightarrow 00:34:08.684$  or that you won't keep it exposed.

00:34:08.690 --> 00:34:10.424 Then you know the I mentioned

NOTE Confidence: 0.878180918333333

 $00:34:10.424 \longrightarrow 00:34:12.337$  before that the tumor could be

NOTE Confidence: 0.878180918333333

 $00:34:12.337 \longrightarrow 00:34:14.067$  closely associated with the lingual

NOTE Confidence: 0.878180918333333

 $00:34:14.067 \longrightarrow 00:34:16.243$  arteries on both sides and that

NOTE Confidence: 0.878180918333333

 $00{:}34{:}16.243 \dashrightarrow 00{:}34{:}18.033$  would be a contraindication to

NOTE Confidence: 0.878180918333333

00:34:18.033 --> 00:34:19.108 transoral robotic surgery.

NOTE Confidence: 0.878180918333333

 $00:34:19.108 \longrightarrow 00:34:20.540$  In the middle image,

NOTE Confidence: 0.878180918333333

 $00:34:20.540 \longrightarrow 00:34:22.478$  you can see a very endophytic

NOTE Confidence: 0.878180918333333

00:34:22.478 --> 00:34:25.019 tumor um that is invading and

NOTE Confidence: 0.878180918333333

 $00{:}34{:}25.019 \dashrightarrow 00{:}34{:}26.786$  extrinsic tongue musculature.

NOTE Confidence: 0.878180918333333

 $00:34:26.790 \longrightarrow 00:34:28.624$  So this would already be a higher

NOTE Confidence: 0.878180918333333

 $00:34:28.624 \longrightarrow 00:34:30.988$  stage and a contraindication to tours,

NOTE Confidence: 0.878180918333333

 $00:34:30.990 \longrightarrow 00:34:32.855$  but this likely would involve

NOTE Confidence: 0.878180918333333

 $00:34:32.855 \longrightarrow 00:34:35.130$  the lingual artery on that side.

NOTE Confidence: 0.878180918333333

00:34:35.130 --> 00:34:37.503 On the right hand side is probably

 $00:34:37.503 \longrightarrow 00:34:39.764$  a similarly sized tumor but much

NOTE Confidence: 0.878180918333333

00:34:39.764 --> 00:34:40.546 more exophytic.

NOTE Confidence: 0.878180918333333

 $00:34:40.550 \longrightarrow 00:34:42.811$  So that's sort of a counterpoint to

NOTE Confidence: 0.878180918333333

 $00:34:42.811 \longrightarrow 00:34:44.976$  that middle image that sometimes we

NOTE Confidence: 0.878180918333333

00:34:44.976 --> 00:34:46.866 see these endophytic tumors that

NOTE Confidence: 0.878180918333333

00:34:46.866 --> 00:34:49.387 wouldn't be ideal for transoral surgery,

NOTE Confidence: 0.878180918333333

 $00:34:49.390 \longrightarrow 00:34:50.680$  but then sometimes we see these.

NOTE Confidence: 0.878180918333333

 $00{:}34{:}50.680 \dashrightarrow 00{:}34{:}53.382$  Exophytic ones where we know we can

NOTE Confidence: 0.878180918333333

 $00{:}34{:}53.382 \dashrightarrow 00{:}34{:}56.011$  stay away from the lingual artery

NOTE Confidence: 0.878180918333333

00:34:56.011 --> 00:34:58.789 and and resect it with minimal

NOTE Confidence: 0.878180918333333

 $00:34:58.789 \longrightarrow 00:35:01.270$  functional morbidity to the patient.

NOTE Confidence: 0.878180918333333

 $00:35:01.270 \longrightarrow 00:35:03.370$  So the the benefits of tours

NOTE Confidence: 0.878180918333333

 $00:35:03.370 \longrightarrow 00:35:04.770$  is avoidance of tracheostomy

NOTE Confidence: 0.891057378260869

 $00:35:04.840 \longrightarrow 00:35:07.640$  which would be necessary in some of these

NOTE Confidence: 0.891057378260869

 $00:35:07.640 \longrightarrow 00:35:10.009$  open approaches and faster rehabilitation,

NOTE Confidence: 0.891057378260869

 $00:35:10.010 \longrightarrow 00:35:13.070$  recovery of speech and swallow function.

 $00:35:13.070 \longrightarrow 00:35:15.020$  The surgery is shorter as

NOTE Confidence: 0.891057378260869

 $00:35:15.020 \longrightarrow 00:35:16.970$  well as the hospital stay.

NOTE Confidence: 0.891057378260869

 $00:35:16.970 \longrightarrow 00:35:19.735$  And we would really consider this as

NOTE Confidence: 0.891057378260869

 $00:35:19.735 \longrightarrow 00:35:22.063$  Doctor Mayer mentioned in his talk if

NOTE Confidence: 0.891057378260869

 $00{:}35{:}22.063 \dashrightarrow 00{:}35{:}24.626$  we were able to reduce or eliminate even

NOTE Confidence: 0.891057378260869

 $00:35:24.626 \longrightarrow 00:35:27.290$  the need for post operative treatment.

NOTE Confidence: 0.891057378260869

 $00:35:27.290 \longrightarrow 00:35:29.320$  So post operative or adjuvant

NOTE Confidence: 0.891057378260869

 $00:35:29.320 \longrightarrow 00:35:30.538$  radiation or chemo.

NOTE Confidence: 0.891057378260869

 $00{:}35{:}30.540 \dashrightarrow 00{:}35{:}33.478$  The rapy and I just put the ECOG

NOTE Confidence: 0.891057378260869

 $00:35:33.478 \longrightarrow 00:35:34.630$  3311 schema up there.

NOTE Confidence: 0.891057378260869

 $00{:}35{:}34.630 \dashrightarrow 00{:}35{:}36.726$  Just as a reminder as to you know

NOTE Confidence: 0.891057378260869

 $00{:}35{:}36.726 \dashrightarrow 00{:}35{:}39.424$  one of the reasons we do transoral

NOTE Confidence: 0.891057378260869

 $00{:}35{:}39.424 \dashrightarrow 00{:}35{:}41.104$  robotic surgery to minimize

NOTE Confidence: 0.891057378260869

 $00{:}35{:}41.104 \dashrightarrow 00{:}35{:}42.908$  adjuvant treatment if we can.

NOTE Confidence: 0.891057378260869

 $00:35:42.910 \longrightarrow 00:35:44.822$  If we think that we could not say

 $00:35:44.822 \longrightarrow 00:35:46.470$  there's a small primary tumor,

NOTE Confidence: 0.891057378260869

 $00{:}35{:}46.470 \dashrightarrow 00{:}35{:}49.248$  but there's matted nodes and obvious

NOTE Confidence: 0.891057378260869

 $00:35:49.248 \longrightarrow 00:35:51.788$  extranodal extension that you know that

NOTE Confidence: 0.891057378260869

00:35:51.788 --> 00:35:54.610 would put them in the high risk arm,

NOTE Confidence: 0.891057378260869

00:35:54.610 --> 00:35:58.276 then maybe you know we should

NOTE Confidence: 0.891057378260869

 $00:35:58.276 \longrightarrow 00:36:00.720$  consider upfront chemo radiation.

NOTE Confidence: 0.891057378260869

 $00:36:00.720 \longrightarrow 00:36:03.968$  The risk of tours include taste disturbance

NOTE Confidence: 0.891057378260869

 $00:36:03.968 \longrightarrow 00:36:07.149$  and tongue numbness on those 2GO hand

NOTE Confidence: 0.891057378260869

 $00:36:07.149 \longrightarrow 00:36:09.711$  in hand primarily because of retraction.

NOTE Confidence: 0.891057378260869

 $00:36:09.720 \longrightarrow 00:36:12.268$  Using these FK retractors or the Med

NOTE Confidence: 0.891057378260869

 $00{:}36{:}12.268 \dashrightarrow 00{:}36{:}14.403$  robotic retractors or even the Crow

NOTE Confidence: 0.891057378260869

 $00:36:14.403 \longrightarrow 00:36:16.685$  Davis and having that that blade blade

NOTE Confidence: 0.891057378260869

 $00:36:16.754 \longrightarrow 00:36:19.036$  against the tongue for quite a while

NOTE Confidence: 0.891057378260869

 $00:36:19.036 \longrightarrow 00:36:21.964$  can cause these things and and some

NOTE Confidence: 0.891057378260869

 $00:36:21.964 \longrightarrow 00:36:24.394$  patients last longer than others.

NOTE Confidence: 0.891057378260869

 $00:36:24.400 \longrightarrow 00:36:25.996$  Even though one of the things

 $00:36:25.996 \longrightarrow 00:36:27.830$  that is improved with Torres is

NOTE Confidence: 0.891057378260869

 $00{:}36{:}27.830 \dashrightarrow 00{:}36{:}29.620$  swallowing return to swallow function,

NOTE Confidence: 0.891057378260869

 $00:36:29.620 \longrightarrow 00:36:31.330$  there still can be problems with

NOTE Confidence: 0.891057378260869

 $00:36:31.330 \longrightarrow 00:36:32.470$  swallowing in the immediate.

NOTE Confidence: 0.891057378260869

 $00:36:32.470 \longrightarrow 00:36:34.598$  Post operative period Velopharyngeal

NOTE Confidence: 0.891057378260869

00:36:34.598 --> 00:36:37.790 insufficiency is something that I mentioned,

NOTE Confidence: 0.891057378260869

00:36:37.790 --> 00:36:40.202 particularly if there is a significant

NOTE Confidence: 0.891057378260869

 $00:36:40.202 \longrightarrow 00:36:42.900$  portion of the soft palate that's

NOTE Confidence: 0.891057378260869

 $00:36:42.900 \longrightarrow 00:36:45.170$  resected if in in oropharyngeal

NOTE Confidence: 0.891057378260869

 $00:36:45.170 \longrightarrow 00:36:47.370$  squamous cell carcinoma in particular,

NOTE Confidence: 0.891057378260869

 $00{:}36{:}47.370 \dashrightarrow 00{:}36{:}50.574$ a neck dissection typically is performed

NOTE Confidence: 0.891057378260869

 $00:36:50.574 \longrightarrow 00:36:53.430$  with the transoral robotic surgery.

NOTE Confidence: 0.891057378260869

 $00:36:53.430 \longrightarrow 00:36:54.950$  And so when that happens,

NOTE Confidence: 0.891057378260869

 $00:36:54.950 \longrightarrow 00:36:58.044$  there is a risk of fistula between

NOTE Confidence: 0.891057378260869

 $00:36:58.044 \longrightarrow 00:37:00.395$  the oropharynx resection and the neck

 $00:37:00.395 \longrightarrow 00:37:03.050$  and so we have to monitor for that.

NOTE Confidence: 0.891057378260869

00:37:03.050 --> 00:37:03.840 Carefully, um,

NOTE Confidence: 0.891057378260869

 $00:37:03.840 \longrightarrow 00:37:06.210$  during the surgeries in some cases,

NOTE Confidence: 0.891057378260869

00:37:06.210 --> 00:37:08.040 in some surgeons would tend you

NOTE Confidence: 0.891057378260869

 $00:37:08.040 \longrightarrow 00:37:10.273$  know would tend to stage the neck

NOTE Confidence: 0.891057378260869

 $00{:}37{:}10.273 \dashrightarrow 00{:}37{:}12.175$  dissection for do that first and

NOTE Confidence: 0.891057378260869

00:37:12.175 --> 00:37:13.866 then do the robotic surgery later

NOTE Confidence: 0.891057378260869

 $00:37:13.866 \longrightarrow 00:37:16.832$  or if we do it at the same time,

NOTE Confidence: 0.891057378260869

 $00:37:16.832 \longrightarrow 00:37:18.897$  there are some local reconstruction

NOTE Confidence: 0.891057378260869

 $00:37:18.897 \longrightarrow 00:37:21.035$  options that we can consider to

NOTE Confidence: 0.891057378260869

 $00{:}37{:}21.035 \dashrightarrow 00{:}37{:}23.570$  close a fistula and you know those

NOTE Confidence: 0.891057378260869

 $00:37:23.570 \longrightarrow 00:37:26.335$  that's important to keep an eye out

NOTE Confidence: 0.891057378260869

 $00:37:26.335 \longrightarrow 00:37:29.040$  for the other thing about the neck

NOTE Confidence: 0.891057378260869

 $00:37:29.040 \longrightarrow 00:37:31.560$  portion of the surgery particularly in

NOTE Confidence: 0.891057378260869

 $00:37:31.560 \longrightarrow 00:37:33.360$  oropharyngeal squamous cell carcinoma.

NOTE Confidence: 0.891057378260869

 $00{:}37{:}33.360 \dashrightarrow 00{:}37{:}35.310$  Is ligation of the external

 $00:37:35.310 \longrightarrow 00:37:37.260$  carotid artery or its branches.

NOTE Confidence: 0.891057378260869

 $00:37:37.260 \longrightarrow 00:37:39.580$  Because bleeding is a very

NOTE Confidence: 0.891057378260869

 $00:37:39.580 \longrightarrow 00:37:41.436$  feared risk of tours,

NOTE Confidence: 0.891057378260869

 $00:37:41.440 \longrightarrow 00:37:43.660$  it can be life threatening and

NOTE Confidence: 0.891057378260869

 $00:37:43.660 \longrightarrow 00:37:45.140$  it doesn't happen immediately.

NOTE Confidence: 0.891057378260869

 $00:37:45.140 \longrightarrow 00:37:47.340$  It tends to happen over

NOTE Confidence: 0.891057378260869

 $00:37:47.340 \longrightarrow 00:37:48.660$  a week postoperatively.

NOTE Confidence: 0.891057378260869

 $00:37:48.660 \dashrightarrow 00:37:53.124$  So it is standard of care to ligate these

NOTE Confidence: 0.891057378260869

 $00:37:53.124 \dashrightarrow 00:37:55.558$  branches to minimize the risk of bleeding.

NOTE Confidence: 0.851145724

 $00{:}37{:}57.740 \dashrightarrow 00{:}37{:}59.700$  Contraindications to transoral robotic

NOTE Confidence: 0.851145724

 $00{:}37{:}59.700 \dashrightarrow 00{:}38{:}02.150$  surgery include inability to visualize

NOTE Confidence: 0.851145724

 $00:38:02.150 \longrightarrow 00:38:04.579$  the lesion or any relevant anatomy.

NOTE Confidence: 0.851145724

 $00{:}38{:}04.580 \dashrightarrow 00{:}38{:}07.190$  Trans or ally if there is carotid

NOTE Confidence: 0.851145724

 $00:38:07.190 \longrightarrow 00:38:09.840$  artery involvement of the tumor which

NOTE Confidence: 0.851145724

 $00:38:09.840 \longrightarrow 00:38:12.318$  would upstage the tumor as well,

00:38:12.320 --> 00:38:14.288 prevertebral fashion involvement,

NOTE Confidence: 0.851145724

00:38:14.288 --> 00:38:16.256 any mandibular invasion,

NOTE Confidence: 0.851145724

00:38:16.260 --> 00:38:19.065 and if there's greater than 50% tongue

NOTE Confidence: 0.851145724

 $00:38:19.065 \longrightarrow 00:38:21.375$  based involvement or greater than 50%

NOTE Confidence: 0.851145724

 $00:38:21.380 \longrightarrow 00:38:23.316$  posterior pharyngeal wall involvement.

NOTE Confidence: 0.851145724

 $00{:}38{:}23.316 \dashrightarrow 00{:}38{:}25.736$  I also mentioned the medicalized

NOTE Confidence: 0.851145724

 $00:38:25.736 \longrightarrow 00:38:27.859$  or retropharyngeal carotid.

NOTE Confidence: 0.851145724

 $00:38:27.860 \longrightarrow 00:38:30.758$  Um, which is generally a contraindication.

NOTE Confidence: 0.851145724

 $00{:}38{:}30.760 \dashrightarrow 00{:}38{:}32.935$  Um, but sometimes it particularly

NOTE Confidence: 0.851145724

 $00:38:32.935 \longrightarrow 00:38:34.675$  in tongue based resections.

NOTE Confidence: 0.851145724

 $00:38:34.680 \longrightarrow 00:38:36.508$  If it's really posterior,

NOTE Confidence: 0.851145724

 $00:38:36.508 \longrightarrow 00:38:38.793$  it can be still considered.

NOTE Confidence: 0.897337554444444

 $00:38:41.010 \longrightarrow 00:38:43.650$  So this is sort of some

NOTE Confidence: 0.8973375544444444

 $00{:}38{:}43.650 \dashrightarrow 00{:}38{:}44.970$  relevant internal anatomy.

NOTE Confidence: 0.897337554444444

 $00:38:44.970 \longrightarrow 00:38:47.814$  The the two pictures on the

NOTE Confidence: 0.897337554444444

00:38:47.814 --> 00:38:50.473 left depict the initial approach

 $00:38:50.473 \longrightarrow 00:38:53.149$  to a radical tonsillectomy.

NOTE Confidence: 0.897337554444444

 $00:38:53.150 \longrightarrow 00:38:55.622$  So the forceps is holding the

NOTE Confidence: 0.897337554444444

 $00:38:55.622 \longrightarrow 00:38:57.647$  pharyngeal constrictor muscle and this

NOTE Confidence: 0.897337554444444

 $00:38:57.647 \longrightarrow 00:38:59.796$  is sort of the first incision that

NOTE Confidence: 0.897337554444444

 $00:38:59.796 \longrightarrow 00:39:02.250$  we make in a radical tonsillectomy.

NOTE Confidence: 0.897337554444444

 $00:39:02.250 \longrightarrow 00:39:04.512$  We expose that medial teratoid muscle

NOTE Confidence: 0.897337554444444

 $00:39:04.512 \longrightarrow 00:39:07.084$  and use that pharyngeal constrictor

NOTE Confidence: 0.897337554444444

 $00:39:07.084 \dashrightarrow 00:39:10.066$  as as our deep margin essentially.

NOTE Confidence: 0.897337554444444

00:39:10.070 --> 00:39:12.338 And as that's being retracted medially

NOTE Confidence: 0.897337554444444

 $00:39{:}12.338 \dashrightarrow 00{:}39{:}15.188$  and that sort of whitish fluffy thing

NOTE Confidence: 0.8973375544444444

 $00:39:15.188 \longrightarrow 00:39:18.128$  stuff you see is the parapharyngeal fat.

NOTE Confidence: 0.897337554444444

 $00:39:18.130 \longrightarrow 00:39:19.980$  And so that's where the,

NOTE Confidence: 0.897337554444444

 $00{:}39{:}19.980 \dashrightarrow 00{:}39{:}21.798$  the blood vessels are the things

NOTE Confidence: 0.897337554444444

 $00:39:21.798 \longrightarrow 00:39:23.010$  you want to avoid.

NOTE Confidence: 0.897337554444444

 $00:39:23.010 \longrightarrow 00:39:27.014$  And so that sort of bluntly gets.

 $00:39:27.020 \longrightarrow 00:39:28.985$  Dissected laterally so we can

NOTE Confidence: 0.897337554444444

 $00{:}39{:}28.985 \dashrightarrow 00{:}39{:}30.950$  continue working on the muscle

NOTE Confidence: 0.897337554444444

00:39:31.017 --> 00:39:33.297 that can get transected and often

NOTE Confidence: 0.897337554444444

 $00:39:33.297 \longrightarrow 00:39:35.232$  does is the styloglossus muscle

NOTE Confidence: 0.897337554444444

 $00:39:35.232 \longrightarrow 00:39:36.977$  where that blue arrow is.

NOTE Confidence: 0.897337554444444

 $00:39:36.980 \longrightarrow 00:39:39.278$  So there's a lot of internal

NOTE Confidence: 0.897337554444444

 $00:39:39.278 \longrightarrow 00:39:41.212$  anatomy that we're thinking about

NOTE Confidence: 0.897337554444444

 $00:39:41.212 \longrightarrow 00:39:43.508$  as we do these resections and on

NOTE Confidence: 0.8973375544444444

 $00{:}39{:}43.508 \dashrightarrow 00{:}39{:}45.717$  the right hand side that's that's

NOTE Confidence: 0.897337554444444

 $00:39:45.717 \longrightarrow 00:39:48.338$  a depiction of the location of the

NOTE Confidence: 0.8973375544444444

00:39:48.338 --> 00:39:50.328 lingual artery because during a

NOTE Confidence: 0.897337554444444

 $00:39:50.328 \longrightarrow 00:39:52.285$  tongue based resection or focused

NOTE Confidence: 0.897337554444444

 $00:39:52.285 \longrightarrow 00:39:54.637$  on where that is and you can see

NOTE Confidence: 0.8973375544444444

 $00{:}39{:}54.637 \dashrightarrow 00{:}39{:}56.760$  that that dorsal lingual artery.

NOTE Confidence: 0.897337554444444

 $00:39:56.760 \longrightarrow 00:39:59.030$  In in the circle there that that's

NOTE Confidence: 0.897337554444444

 $00{:}39{:}59.030 \dashrightarrow 00{:}40{:}01.270$  often that often can show up and we

 $00:40:01.270 \longrightarrow 00:40:03.201$  are watching out for it especially

NOTE Confidence: 0.897337554444444

 $00:40:03.201 \longrightarrow 00:40:05.372$  it almost comes up as like a

NOTE Confidence: 0.897337554444444

00:40:05.372 --> 00:40:07.206 knuckle of a vessel as you're in

NOTE Confidence: 0.897337554444444

 $00:40:07.206 \longrightarrow 00:40:08.538$  the tongue based musculature.

NOTE Confidence: 0.897337554444444

00:40:08.538 --> 00:40:10.318 So we're always watching out

NOTE Confidence: 0.897337554444444

 $00:40:10.318 \longrightarrow 00:40:12.049$  for that when we do these,

NOTE Confidence: 0.897337554444444

 $00:40:12.050 \longrightarrow 00:40:14.598$  do these cases and thanks to the

NOTE Confidence: 0.897337554444444

 $00{:}40{:}14.598 \dashrightarrow 00{:}40{:}17.641$  technology of the robot we really have

NOTE Confidence: 0.897337554444444

 $00:40:17.641 \longrightarrow 00:40:19.986$  great visualization as we're working.

NOTE Confidence: 0.897337554444444

 $00:40:19.990 \longrightarrow 00:40:23.301$  So moving on to Super Glottic squamous

NOTE Confidence: 0.8973375544444444

 $00:40:23.301 \longrightarrow 00:40:26.249$  cell carcinoma exposure is still important.

NOTE Confidence: 0.897337554444444

00:40:26.250 --> 00:40:27.660 Sometimes it can be more

NOTE Confidence: 0.897337554444444

00:40:27.660 --> 00:40:29.470 challenging in in that photo,

NOTE Confidence: 0.897337554444444

 $00{:}40{:}29.470 \dashrightarrow 00{:}40{:}32.190$  some of those longer blades are used to

NOTE Confidence: 0.897337554444444

 $00:40:32.190 \longrightarrow 00:40:34.908$  get deeper and exposed to super glottis.

00:40:34.910 --> 00:40:35.391 Again,

NOTE Confidence: 0.897337554444444

00:40:35.391 --> 00:40:37.796 transoral robotic surgery is used

NOTE Confidence: 0.897337554444444

 $00:40:37.796 \longrightarrow 00:40:40.789$  for early stage tumors at T1 and T2.

NOTE Confidence: 0.897337554444444

00:40:40.790 --> 00:40:42.615 Some surgeons do report using

NOTE Confidence: 0.897337554444444

 $00:40:42.615 \longrightarrow 00:40:45.249$  this for T3 tumors as long as

NOTE Confidence: 0.897337554444444

00:40:45.249 --> 00:40:47.089 both vocal cords are mobile,

NOTE Confidence: 0.897337554444444

 $00:40:47.090 \longrightarrow 00:40:50.150$  which basically precludes paragliding.

NOTE Confidence: 0.897337554444444

 $00:40:50.150 \longrightarrow 00:40:51.680$  Face involvement.

NOTE Confidence: 0.897337554444444

 $00:40:51.680 \longrightarrow 00:40:54.120$  The airway considerations you know

NOTE Confidence: 0.897337554444444

 $00:40:54.120 \longrightarrow 00:40:56.560$  are interesting and super chaotic.

NOTE Confidence: 0.897337554444444

00:40:56.560 --> 00:40:57.718 Squamous cell carcinoma.

NOTE Confidence: 0.897337554444444

 $00:40:57.718 \longrightarrow 00:41:00.420$  I think there are some cases in

NOTE Confidence: 0.897337554444444

00:41:00.493 --> 00:41:02.851 which doing a tracheostomy up front

NOTE Confidence: 0.897337554444444

 $00:41:02.851 \longrightarrow 00:41:05.425$  to protect the airway and and in

NOTE Confidence: 0.897337554444444

 $00:41:05.425 \longrightarrow 00:41:07.285$  the event of any bleeding could

NOTE Confidence: 0.897337554444444

 $00:41:07.285 \longrightarrow 00:41:10.192$  be considered more so than for or

 $00:41:10.192 \longrightarrow 00:41:11.920$  pharyngeal squamous cell carcinoma.

NOTE Confidence: 0.897337554444444

 $00:41:11.920 \longrightarrow 00:41:13.504$  And the major source of bleeding

NOTE Confidence: 0.897337554444444

 $00:41:13.504 \longrightarrow 00:41:15.929$  if it were to occur would be from

NOTE Confidence: 0.897337554444444

00:41:15.929 --> 00:41:17.564 the superior laryngeal artery in

NOTE Confidence: 0.897337554444444

 $00:41:17.564 \longrightarrow 00:41:19.616$  this case and in the bottom photo.

NOTE Confidence: 0.897337554444444

 $00:41:19.620 \longrightarrow 00:41:21.622$  You can see that there's on the

NOTE Confidence: 0.897337554444444

00:41:21.622 --> 00:41:23.399 lingual surface of the epiglottis,

NOTE Confidence: 0.897337554444444

 $00:41:23.400 \longrightarrow 00:41:26.095$  there is a tumor there and so

NOTE Confidence: 0.897337554444444

 $00:41:26.095 \longrightarrow 00:41:28.917$  there the robot is being used to

NOTE Confidence: 0.897337554444444

 $00{:}41{:}28.917 \dashrightarrow 00{:}41{:}31.882$  sort of visualize it and also then

NOTE Confidence: 0.897337554444444

 $00:41:31.882 \longrightarrow 00:41:33.510$  for resection contraindications

NOTE Confidence: 0.897337554444444

 $00:41:33.510 \longrightarrow 00:41:36.510$  to this include limited exposure.

NOTE Confidence: 0.897337554444444

 $00:41:36.510 \longrightarrow 00:41:38.900$  Poor pulmonary reserve is actually

NOTE Confidence: 0.897337554444444

 $00:41:38.900 \longrightarrow 00:41:41.290$  a contraindication to a supraglottic

NOTE Confidence: 0.897337554444444

00:41:41.359 --> 00:41:43.135 laryngectomy as well as you know

 $00:41:43.135 \longrightarrow 00:41:45.670$  it can be a difficult recovery,

NOTE Confidence: 0.897337554444444

 $00:41:45.670 \longrightarrow 00:41:49.630$  there can be aspiration postoperatively.

NOTE Confidence: 0.897337554444444

 $00:41:49.630 \longrightarrow 00:41:51.875$  Involvement of the anterior commissure

NOTE Confidence: 0.897337554444444

00:41:51.875 --> 00:41:54.120 thyroid cartilage is also contraindication,

NOTE Confidence: 0.897337554444444

 $00:41:54.120 \longrightarrow 00:41:56.360$  as is periodic space invasion.

NOTE Confidence: 0.897337554444444

 $00:41:56.360 \longrightarrow 00:42:00.464$  That could cause vocal cord fixation

NOTE Confidence: 0.897337554444444

 $00:42:00.464 \longrightarrow 00:42:02.516$  or a hypomobility.

NOTE Confidence: 0.806366932666667

 $00:42:02.520 \longrightarrow 00:42:04.200$  Some tumors that with minimal

NOTE Confidence: 0.806366932666667

 $00:42:04.200 \longrightarrow 00:42:05.544$  involvement of the pyriform

NOTE Confidence: 0.806366932666667

 $00:42:05.544 \longrightarrow 00:42:07.278$  sinus can be resected this way.

NOTE Confidence: 0.806366932666667

 $00{:}42{:}07.280 --> 00{:}42{:}08.990$  But if there is involvement of

NOTE Confidence: 0.806366932666667

 $00:42:08.990 \longrightarrow 00:42:10.939$  the apex of the pyriform sinus

NOTE Confidence: 0.806366932666667

 $00:42:10.939 \longrightarrow 00:42:12.799$  or any post cricoid mucosa,

NOTE Confidence: 0.806366932666667

 $00{:}42{:}12.800 \dashrightarrow 00{:}42{:}14.520$  that's also a contrain dication.

NOTE Confidence: 0.867625767142857

00:42:16.540 --> 00:42:18.738 And just briefly for the final slides,

NOTE Confidence: 0.867625767142857

00:42:18.740 --> 00:42:20.948 wanted to review trends or robotic

00:42:20.948 --> 00:42:22.820 surgery for the parapharyngeal space.

NOTE Confidence: 0.867625767142857

 $00:42:22.820 \longrightarrow 00:42:26.072$  Generally it's used for a well

NOTE Confidence: 0.867625767142857

 $00{:}42{:}26.072 \dashrightarrow 00{:}42{:}28.028$  circumscribed tumors most commonly

NOTE Confidence: 0.867625767142857

00:42:28.028 --> 00:42:31.066 for a deep lobe parotid neoplasm such

NOTE Confidence: 0.867625767142857

 $00{:}42{:}31.066 \dashrightarrow 00{:}42{:}33.832$  as a pleomorphic adenoma and these

NOTE Confidence: 0.867625767142857

 $00:42:33.832 \longrightarrow 00:42:37.290$  generally are in the pre-styloid space.

NOTE Confidence: 0.867625767142857

 $00:42:37.290 \longrightarrow 00:42:39.334$  And the bottom picture if you

NOTE Confidence: 0.867625767142857

 $00:42:39.334 \longrightarrow 00:42:42.144$  can see it sort of depicts the pre

NOTE Confidence: 0.867625767142857

00:42:42.144 --> 00:42:44.004 styloid versus the post styloid,

NOTE Confidence: 0.867625767142857

00:42:44.010 --> 00:42:45.775 but generally the pre styloid

NOTE Confidence: 0.867625767142857

00:42:45.775 --> 00:42:47.187 space is occupied by.

NOTE Confidence: 0.867625767142857

 $00:42:47.190 \longrightarrow 00:42:49.278$  Parapharyngeal fat in the post dilate

NOTE Confidence: 0.867625767142857

 $00{:}42{:}49.278 \dashrightarrow 00{:}42{:}51.818$  space is where the great vessels are

NOTE Confidence: 0.867625767142857

 $00:42:51.818 \longrightarrow 00:42:53.972$  and and the associated nerves.

NOTE Confidence: 0.867625767142857

00:42:53.980 --> 00:42:57.036 So This is why we would probably not

 $00:42:57.036 \longrightarrow 00:42:59.839$  use this for post thyroid tumor.

NOTE Confidence: 0.867625767142857

 $00{:}42{:}59.840 \dashrightarrow 00{:}43{:}02.762$  There have been reports of resecting

NOTE Confidence: 0.867625767142857

 $00:43:02.762 \longrightarrow 00:43:05.760$  benign tumors as large as 8

NOTE Confidence: 0.867625767142857

 $00:43:05.760 \longrightarrow 00:43:08.032$  centimeters trans orally there are.

NOTE Confidence: 0.867625767142857

 $00:43:08.032 \longrightarrow 00:43:10.944$  I think again selection is very important.

NOTE Confidence: 0.867625767142857

 $00:43:10.950 \longrightarrow 00:43:12.585$  The relationship to the internal

NOTE Confidence: 0.867625767142857

 $00:43:12.585 \longrightarrow 00:43:14.220$  carotid artery is key here.

NOTE Confidence: 0.867625767142857

 $00:43:14.220 \longrightarrow 00:43:16.122$  So if the artery is displaced

NOTE Confidence: 0.867625767142857

 $00{:}43{:}16.122 \dashrightarrow 00{:}43{:}17.889$  laterally and you can see it.

NOTE Confidence: 0.867625767142857

00:43:17.890 --> 00:43:20.530 A plane between the tumor and the carotid,

NOTE Confidence: 0.867625767142857

 $00{:}43{:}20.530 \dashrightarrow 00{:}43{:}22.630$  I think you know that that's a

NOTE Confidence: 0.867625767142857

 $00:43:22.630 \longrightarrow 00:43:25.403$  sign that this could be safe to do

NOTE Confidence: 0.867625767142857

 $00:43:25.403 \longrightarrow 00:43:27.203$  with a transoral robotic approach.

NOTE Confidence: 0.867625767142857

 $00:43:27.210 \longrightarrow 00:43:29.562$  In some cases with these deep lobe

NOTE Confidence: 0.867625767142857

00:43:29.562 --> 00:43:31.357 salivary gland tumors or prodded

NOTE Confidence: 0.867625767142857

 $00:43:31.357 \longrightarrow 00:43:32.077$  gland tumors,

 $00:43:32.080 \longrightarrow 00:43:34.660$  extension through the stylo mandibular

NOTE Confidence: 0.867625767142857

 $00:43:34.660 \longrightarrow 00:43:37.715$  tunnel may require a combined or

NOTE Confidence: 0.867625767142857

 $00:43:37.715 \longrightarrow 00:43:40.830$  an open approach because of that.

NOTE Confidence: 0.867625767142857

00:43:40.830 --> 00:43:42.684 Because it's hard to get laterally

NOTE Confidence: 0.867625767142857

 $00:43:42.684 \longrightarrow 00:43:44.557$  beyond and I'll show you photos

NOTE Confidence: 0.867625767142857

 $00:43:44.557 \longrightarrow 00:43:46.566$  of that and that this creates a

NOTE Confidence: 0.867625767142857

00:43:46.566 --> 00:43:48.150 dumbbell appearance on imaging.

NOTE Confidence: 0.867625767142857

00:43:48.150 --> 00:43:50.355 So the the graphic on top just

NOTE Confidence: 0.867625767142857

 $00{:}43{:}50.355 \dashrightarrow 00{:}43{:}52.189$  shows where the stylo mandibular

NOTE Confidence: 0.867625767142857

 $00:43:52.189 \longrightarrow 00:43:54.649$  ligament is and that barrier sort

NOTE Confidence: 0.867625767142857

 $00:43:54.649 \longrightarrow 00:43:57.256$  of causes the tumor to grow around

NOTE Confidence: 0.867625767142857

 $00:43:57.256 \longrightarrow 00:43:58.966$  it and create a dumbbell.

NOTE Confidence: 0.867625767142857

 $00{:}43{:}58.970 \dashrightarrow 00{:}44{:}01.602$  And so part of that could be accessed

NOTE Confidence: 0.867625767142857

 $00{:}44{:}01.602 \dashrightarrow 00{:}44{:}03.708$  very easily trans or ally as you

NOTE Confidence: 0.867625767142857

00:44:03.708 --> 00:44:05.766 can see the bottom right image.

00:44:05.770 --> 00:44:07.548 But the part that's abutting the deep

NOTE Confidence: 0.867625767142857

 $00{:}44{:}07.548 \dashrightarrow 00{:}44{:}09.670$  lobe of the product can be difficult.

NOTE Confidence: 0.867625767142857

 $00:44:09.670 \longrightarrow 00:44:11.050$  So sometimes this.

NOTE Confidence: 0.867625767142857

 $00:44:11.050 \longrightarrow 00:44:13.383$  This would require just an open

NOTE Confidence: 0.867625767142857

 $00:44:13.383 \longrightarrow 00:44:16.209$  approach or or a combined approach.

NOTE Confidence: 0.867625767142857

00:44:16.210 --> 00:44:18.709 The advantages of of going trans or ally

NOTE Confidence: 0.867625767142857

 $00:44:18.709 \longrightarrow 00:44:21.153$  to approach these is that there's less

NOTE Confidence: 0.867625767142857

 $00:44:21.153 \longrightarrow 00:44:23.990$  risk of first bite syndrome and fry syndrome,

NOTE Confidence: 0.867625767142857

 $00:44:23.990 \longrightarrow 00:44:26.950$  which are well described after

NOTE Confidence: 0.867625767142857

 $00:44:26.950 \longrightarrow 00:44:29.046$  transcervical or Transpara added

NOTE Confidence: 0.867625767142857

 $00{:}44{:}29.046 \dashrightarrow 00{:}44{:}31.666$  approaches to the paraphary ngeal space.

NOTE Confidence: 0.867625767142857

 $00:44:31.670 \longrightarrow 00:44:34.120$  There's less risk of Cialis steel because

NOTE Confidence: 0.867625767142857

00:44:34.120 --> 00:44:36.228 you're not dissecting the parotid gland,

NOTE Confidence: 0.867625767142857

 $00:44:36.230 \longrightarrow 00:44:37.938$  and then there's less risk of facial

NOTE Confidence: 0.867625767142857

00:44:37.938 --> 00:44:39.306 nerve injury because you're you're

NOTE Confidence: 0.867625767142857

 $00:44:39.306 \longrightarrow 00:44:40.478$  not dissecting that either.

 $00:44:40.480 \longrightarrow 00:44:44.638$  And of course there's no external incision.

NOTE Confidence: 0.867625767142857 00:44:44.640 --> 00:44:45.003 That, NOTE Confidence: 0.867625767142857

00:44:45.003 --> 00:44:45.729 you know,

NOTE Confidence: 0.867625767142857

00:44:45.729 --> 00:44:48.270 the main disadvantage is that there's a

NOTE Confidence: 0.867625767142857

 $00:44:48.344 \longrightarrow 00:44:51.316$  very narrow corridor of exposure and if

NOTE Confidence: 0.867625767142857

 $00:44:51.316 \longrightarrow 00:44:53.760$  there's any bleeding that occurs there,

NOTE Confidence: 0.867625767142857

 $00:44:53.760 \longrightarrow 00:44:55.560$  there can be a lot of

NOTE Confidence: 0.867625767142857

 $00:44:55.560 \longrightarrow 00:44:56.460$  difficulty controlling that.

NOTE Confidence: 0.867625767142857

 $00:44:56.460 \longrightarrow 00:44:58.835$  So sometimes when when surgeons

NOTE Confidence: 0.867625767142857

 $00:44:58.835 \longrightarrow 00:45:00.260$  are doing this,

NOTE Confidence: 0.867625767142857

00:45:00.260 --> 00:45:02.402 they'll have a backup open approach

NOTE Confidence: 0.867625767142857

 $00:45:02.402 \longrightarrow 00:45:05.326$  so you can convert to an open approach

NOTE Confidence: 0.867625767142857

 $00:45:05.326 \longrightarrow 00:45:07.468$  if needed to control any bleeding,

NOTE Confidence: 0.867625767142857

 $00{:}45{:}07.470 \dashrightarrow 00{:}45{:}09.480$  even though there's a decreased

NOTE Confidence: 0.867625767142857

 $00:45:09.480 \longrightarrow 00:45:11.947$  risk of facial nerve injury and

 $00:45:11.947 \longrightarrow 00:45:13.103$  other adverse effects,

NOTE Confidence: 0.867625767142857

 $00:45:13.103 \longrightarrow 00:45:14.252$  the glossopharyngeal nerve.

NOTE Confidence: 0.867625767142857

00:45:14.252 --> 00:45:15.784 Is actually closely associated

NOTE Confidence: 0.867625767142857

 $00:45:15.784 \longrightarrow 00:45:17.610$  with the styloglossus muscle,

NOTE Confidence: 0.867625767142857

 $00:45:17.610 \longrightarrow 00:45:21.634$  so that's an increased risk of injury here.

NOTE Confidence: 0.867625767142857

 $00:45:21.640 \longrightarrow 00:45:24.069$  So the you know in conclusion traditional

NOTE Confidence: 0.867625767142857

 $00:45:24.069 \longrightarrow 00:45:26.121$  open surgery is the gold standard

NOTE Confidence: 0.867625767142857

 $00:45:26.121 \longrightarrow 00:45:28.333$  and and what's been done for many,

NOTE Confidence: 0.848373691034483

 $00:45:28.340 \longrightarrow 00:45:30.391$  many, many years to approach the tumors

NOTE Confidence: 0.848373691034483

00:45:30.391 --> 00:45:33.109 of the head and neck with the following

NOTE Confidence: 0.848373691034483

 $00{:}45{:}33.109 \dashrightarrow 00{:}45{:}34.889$  purposes to visualization on block

NOTE Confidence: 0.848373691034483

 $00:45:34.949 \longrightarrow 00:45:37.344$  resection with negative margins and

NOTE Confidence: 0.848373691034483

 $00:45:37.344 \longrightarrow 00:45:39.260$  preservation of surrounding structures.

NOTE Confidence: 0.848373691034483

 $00:45:39.260 \longrightarrow 00:45:41.000$  Robotic surgery over the past

NOTE Confidence: 0.848373691034483

 $00:45:41.000 \longrightarrow 00:45:43.172$  two decades or slightly more has

NOTE Confidence: 0.848373691034483

 $00:45:43.172 \longrightarrow 00:45:45.404$  demonstrated that you know we can

 $00:45:45.404 \longrightarrow 00:45:47.288$  achieve similar outcomes with improved

NOTE Confidence: 0.848373691034483

 $00:45:47.288 \longrightarrow 00:45:49.058$  functional outcomes but we have

NOTE Confidence: 0.848373691034483

 $00:45:49.058 \longrightarrow 00:45:51.218$  to select our patients carefully.

NOTE Confidence: 0.848373691034483

00:45:51.218 --> 00:45:53.963 Based on clinical aspects and

NOTE Confidence: 0.848373691034483

 $00:45:53.963 \longrightarrow 00:45:55.960$  radio graphic aspects too.

NOTE Confidence: 0.841653413684211

 $00:45:58.430 \longrightarrow 00:46:00.824$  So here are my references and I

NOTE Confidence: 0.841653413684211

 $00:46:00.824 \longrightarrow 00:46:03.379$  had a question slide while we were

NOTE Confidence: 0.841653413684211

00:46:03.379 --> 00:46:05.470 waiting till the end so. Thank

NOTE Confidence: 0.756700756666667

 $00{:}46{:}05.480 \to 00{:}46{:}07.608$  you. We'll wait till the end. That's great.

NOTE Confidence: 0.756700756666667

 $00{:}46{:}07.608 \dashrightarrow 00{:}46{:}10.821$  Thank you so much Doctor Verma for

NOTE Confidence: 0.756700756666667

00:46:10.821 --> 00:46:14.165 that great run through a transoral

NOTE Confidence: 0.756700756666667

 $00{:}46{:}14.165 \dashrightarrow 00{:}46{:}17.630$  robotic surgery and Susan head neck.

NOTE Confidence: 0.756700756666667

 $00{:}46{:}17.630 \dashrightarrow 00{:}46{:}20.174$  Great. So our final speaker for

NOTE Confidence: 0.756700756666667

 $00:46:20.174 \longrightarrow 00:46:22.790$  this evening is not a surgeon,

NOTE Confidence: 0.756700756666667

 $00:46:22.790 \longrightarrow 00:46:25.654$  but we work very closely with him as

00:46:25.654 --> 00:46:28.196 surgeons and he's done some really

NOTE Confidence: 0.756700756666667

 $00{:}46{:}28.196 \dashrightarrow 00{:}46{:}30.386$  exciting work on road radiomics.

NOTE Confidence: 0.756700756666667

00:46:30.390 --> 00:46:34.422 Dr Pavish is did his MD at Tehran University,

NOTE Confidence: 0.756700756666667

00:46:34.430 --> 00:46:37.048 was a research fellow at Mass General,

NOTE Confidence: 0.756700756666667

 $00:46:37.050 \longrightarrow 00:46:40.386$  went through his radiology training and

NOTE Confidence: 0.756700756666667

00:46:40.386 --> 00:46:43.630 did a neuro Neuroradiology fellowship,

NOTE Confidence: 0.756700756666667

 $00:46:43.630 \longrightarrow 00:46:46.970$  highly coveted at UCSF.

NOTE Confidence: 0.756700756666667

 $00:46:46.970 \longrightarrow 00:46:48.320$  Probably more than five years

NOTE Confidence: 0.756700756666667

 $00:46:48.320 \longrightarrow 00:46:49.400$  ago at this point.

NOTE Confidence: 0.756700756666667

 $00:46:49.400 \longrightarrow 00:46:52.010$  And now he's assistant professor

NOTE Confidence: 0.756700756666667

 $00{:}46{:}52.010 \dashrightarrow 00{:}46{:}54.620$  at of Radiology in Neuroradiology

NOTE Confidence: 0.756700756666667

 $00:46:54.706 \longrightarrow 00:46:57.238$  here with us at Yale University.

NOTE Confidence: 0.756700756666667

00:46:57.240 --> 00:46:58.990 And he's going to be speaking about

NOTE Confidence: 0.756700756666667

 $00:46:58.990 \longrightarrow 00:47:00.815$  Radiomics, so I'll hand it over to him.

NOTE Confidence: 0.41141814

00:47:02.640 --> 00:47:05.948 Um. Thank you very much.

NOTE Confidence: 0.41141814

00:47:05.948 --> 00:47:07.336 Thanks Doctor Mehta for

 $00{:}47{:}07.336 \dashrightarrow 00{:}47{:}08.720$  introduction and invitation.

NOTE Confidence: 0.41141814

 $00{:}47{:}08.720 \dashrightarrow 00{:}47{:}13.865$  Um, so I will be speaking about

NOTE Confidence: 0.41141814

 $00:47:13.865 \longrightarrow 00:47:18.620$  Radiomics in head and neck cancer.

NOTE Confidence: 0.41141814

00:47:18.620 --> 00:47:22.512 Do not have any conflict of interest

NOTE Confidence: 0.41141814

 $00:47:22.512 \longrightarrow 00:47:26.388$  and the talk will be focused on

NOTE Confidence: 0.41141814

 $00{:}47{:}26.390 \dashrightarrow 00{:}47{:}30.018$  the application of radiomics.

NOTE Confidence: 0.41141814

00:47:30.020 --> 00:47:32.582 A short and brief description of

NOTE Confidence: 0.41141814

 $00:47:32.582 \longrightarrow 00:47:35.079$  what we are talking about when

NOTE Confidence: 0.41141814

 $00:47:35.079 \longrightarrow 00:47:38.124$  we are referring to radio mix,

NOTE Confidence: 0.41141814

 $00{:}47{:}38.124 \dashrightarrow 00{:}47{:}41.640$  how this can help with diagnosis

NOTE Confidence: 0.41141814

 $00:47:41.749 \longrightarrow 00:47:45.309$  and molecular subtyping of tumors,

NOTE Confidence: 0.41141814

00:47:45.310 --> 00:47:45.890 prognostication,

NOTE Confidence: 0.41141814

 $00{:}47{:}45.890 \dashrightarrow 00{:}47{:}48.790$  prediction of survival and perhaps

NOTE Confidence: 0.41141814

00:47:48.790 --> 00:47:51.110 treatment planning in patients

NOTE Confidence: 0.41141814

 $00:47:51.181 \longrightarrow 00:47:53.016$  with head and neck cancer.

 $00:47:53.020 \longrightarrow 00:47:55.974$  And this was a review article that

NOTE Confidence: 0.41141814

 $00:47:55.974 \longrightarrow 00:47:58.230$  we published with Doctor Burtness

NOTE Confidence: 0.41141814

 $00:47:58.230 \longrightarrow 00:48:03.030$  a couple of years ago. And so.

NOTE Confidence: 0.41141814

 $00:48:03.030 \longrightarrow 00:48:07.218$  When we talk about radiomics,

NOTE Confidence: 0.41141814

 $00:48:07.218 \longrightarrow 00:48:11.850$  this basically represent a hard coded

NOTE Confidence: 0.41141814

 $00:48:11.983 \longrightarrow 00:48:16.843$  series of hard coded algorithm that

NOTE Confidence: 0.41141814

 $00:48:16.843 \longrightarrow 00:48:22.080$  extract numeric features from medical images.

NOTE Confidence: 0.41141814

 $00:48:22.080 \longrightarrow 00:48:25.900$  So it was basically started

NOTE Confidence: 0.41141814

 $00{:}48{:}25.900 \dashrightarrow 00{:}48{:}29.400$  along with the omics spectrum,

NOTE Confidence: 0.41141814

00:48:29.400 --> 00:48:33.257 as you might have heard about genomics,

NOTE Confidence: 0.41141814

 $00{:}48{:}33.260 --> 00{:}48{:}33.837 \ \mathrm{proteomics}.$ 

NOTE Confidence: 0.41141814

00:48:33.837 --> 00:48:38.453 The idea is that we extract a large

NOTE Confidence: 0.41141814

 $00:48:38.453 \longrightarrow 00:48:42.005$  amount of numeric and quantitative

NOTE Confidence: 0.41141814

00:48:42.005 --> 00:48:44.869 information from medical images

NOTE Confidence: 0.41141814

 $00:48:44.869 \longrightarrow 00:48:48.334$  and try to harness information

NOTE Confidence: 0.41141814

 $00:48:48.334 \longrightarrow 00:48:51.692$  from them for precision diagnosis.

00:48:51.692 --> 00:48:54.556 And precision treatment planning.

NOTE Confidence: 0.41141814

00:48:54.560 --> 00:48:57.512 Now the RADIOMICS features or the

NOTE Confidence: 0.41141814

00:48:57.512 --> 00:49:00.285 radiomics numbers are in generally

NOTE Confidence: 0.41141814

 $00{:}49{:}00.285 \dashrightarrow 00{:}49{:}03.137$  representative of the intensity,

NOTE Confidence: 0.41141814

 $00:49:03.140 \longrightarrow 00:49:07.438$  shape and texture of a target lesion.

NOTE Confidence: 0.41141814

00:49:07.440 --> 00:49:11.702 In this case head and neck cancer intensity,

NOTE Confidence: 0.41141814

 $00:49:11.702 \longrightarrow 00:49:15.314$  basically the brightness of the tumor

NOTE Confidence: 0.41141814

 $00{:}49{:}15.314 \dashrightarrow 00{:}49{:}19.887$  or lesion of interest on medical images.

NOTE Confidence: 0.41141814

00:49:19.890 --> 00:49:21.940 We are pretty much always

NOTE Confidence: 0.41141814

00:49:21.940 --> 00:49:23.580 working with grayscale images,

NOTE Confidence: 0.41141814

 $00:49:23.580 \longrightarrow 00:49:25.788$  Umm, the shape of the tumor.

NOTE Confidence: 0.41141814

 $00:49:25.790 \longrightarrow 00:49:27.634$  And also the texture,

NOTE Confidence: 0.41141814

 $00{:}49{:}27.634 \dashrightarrow 00{:}49{:}31.000$  how much it is heterogeneous and this

NOTE Confidence: 0.41141814

 $00:49:31.000 \longrightarrow 00:49:34.072$  large amount of information that we

NOTE Confidence: 0.41141814

 $00:49:34.072 \longrightarrow 00:49:37.436$  extract or actually well suited for

 $00:49:37.436 \longrightarrow 00:49:39.752$  machine learning algorithms because

NOTE Confidence: 0.41141814

 $00{:}49{:}39.752 \dashrightarrow 00{:}49{:}43.049$  those are preferred and suitable

NOTE Confidence: 0.41141814

 $00:49:43.049 \longrightarrow 00:49:47.327$  statistical models to make a prediction.

NOTE Confidence: 0.835043614615384

 $00:49:49.580 \longrightarrow 00:49:52.484$  So some of the references that I make

NOTE Confidence: 0.835043614615384

 $00:49:52.484 \longrightarrow 00:49:57.258$  are related to brain tumors, but you can.

NOTE Confidence: 0.835043614615384

 $00:49:57.260 \longrightarrow 00:49:58.700$  Basically apply the same

NOTE Confidence: 0.835043614615384

 $00:49:58.700 \longrightarrow 00:50:00.860$  concept to head and neck tumors.

NOTE Confidence: 0.835043614615384

 $00:50:00.860 \longrightarrow 00:50:04.535$  So when we talk about intensity features,

NOTE Confidence: 0.835043614615384

 $00:50:04.540 \longrightarrow 00:50:07.851$  you can think about the mean or

NOTE Confidence: 0.835043614615384

 $00:50:07.851 \longrightarrow 00:50:11.172$  range of the intensity or brightness

NOTE Confidence: 0.835043614615384

 $00:50:11.172 \longrightarrow 00:50:15.184$  that you see in a specific lesion,

NOTE Confidence: 0.835043614615384

 $00:50:15.184 \longrightarrow 00:50:18.152$  but it can also get a little

NOTE Confidence: 0.835043614615384

 $00:50:18.152 \longrightarrow 00:50:20.420$  bit more sophisticated.

NOTE Confidence: 0.835043614615384

 $00:50:20.420 \longrightarrow 00:50:23.828$  We can think about the magnitude of the

NOTE Confidence: 0.835043614615384

 $00:50:23.828 \longrightarrow 00:50:27.246$  changes of the voxel values in an image.

NOTE Confidence: 0.835043614615384

 $00:50:27.250 \longrightarrow 00:50:29.875$  Now would be referred to as energy

00:50:29.875 --> 00:50:32.256 or entropy like or like randomness

NOTE Confidence: 0.835043614615384

 $00:50:32.256 \longrightarrow 00:50:34.608$  of the values and the image.

NOTE Confidence: 0.835043614615384

 $00:50:34.610 \longrightarrow 00:50:36.400$  So that's why, you know,

NOTE Confidence: 0.835043614615384

 $00:50:36.400 \longrightarrow 00:50:40.329$  we basically get a larger number of

NOTE Confidence: 0.835043614615384

 $00:50:40.329 \longrightarrow 00:50:44.274$  numeric values that are representative

NOTE Confidence: 0.835043614615384

 $00:50:44.274 \longrightarrow 00:50:48.030$  of the intensity feature and.

NOTE Confidence: 0.835043614615384

 $00:50:48.030 \longrightarrow 00:50:49.455$  In medical images,

NOTE Confidence: 0.835043614615384

 $00{:}50{:}49.455 \dashrightarrow 00{:}50{:}52.305$  when we talk about the radiomics

NOTE Confidence: 0.835043614615384

00:50:52.305 -> 00:50:55.998 intensity feature, this is again.

NOTE Confidence: 0.835043614615384

00:50:56.000 --> 00:50:58.125 Course we did with posterior

NOTE Confidence: 0.835043614615384

00:50:58.125 --> 00:51:01.386 fossa tumors and this was like the

NOTE Confidence: 0.835043614615384

00:51:01.386 --> 00:51:03.486 information from the histogram,

NOTE Confidence: 0.835043614615384

 $00{:}51{:}03.490 \dashrightarrow 00{:}51{:}05.919$  ADC histogram in these tumors and you

NOTE Confidence: 0.835043614615384

00:51:05.919 --> 00:51:08.616 can see how this is different from

NOTE Confidence: 0.835043614615384

 $00:51:08.616 \longrightarrow 00:51:10.992$  one tumor subtypes to another and

 $00:51:11.069 \longrightarrow 00:51:13.415$  we apply this for differentiation of

NOTE Confidence: 0.835043614615384

 $00:51:13.415 \longrightarrow 00:51:15.790$  this posterior fossa brain tumors.

NOTE Confidence: 0.835043614615384

 $00:51:15.790 \longrightarrow 00:51:19.670$  The shape of a tumor may also have an impact.

NOTE Confidence: 0.835043614615384

 $00:51:19.670 \longrightarrow 00:51:21.788$  We usually think about the volume

NOTE Confidence: 0.835043614615384

00:51:21.788 --> 00:51:24.451 how big a tumor is but sometimes

NOTE Confidence: 0.835043614615384

 $00:51:24.451 \longrightarrow 00:51:26.015$  the surface and it's.

NOTE Confidence: 0.835043614615384

 $00:51:26.020 \longrightarrow 00:51:28.750$  We may also have an impact.

NOTE Confidence: 0.835043614615384

00:51:28.750 --> 00:51:31.226 I haven't found like a good example

NOTE Confidence: 0.835043614615384

00:51:31.226 --> 00:51:34.082 in terms of head and neck tumors,

NOTE Confidence: 0.835043614615384

 $00:51:34.090 \longrightarrow 00:51:36.979$  but for example.

NOTE Confidence: 0.835043614615384

 $00{:}51{:}36.980 \dashrightarrow 00{:}51{:}40.592$  This paper which was done on

NOTE Confidence: 0.835043614615384

 $00:51:40.592 \longrightarrow 00:51:43.537$  glioblastoma showed that how much

NOTE Confidence: 0.835043614615384

 $00:51:43.537 \longrightarrow 00:51:46.272$  did the basically minimum volume

NOTE Confidence: 0.835043614615384

00:51:46.272 --> 00:51:49.740 of a bounding ellipsoid may have

NOTE Confidence: 0.835043614615384

 $00:51:49.839 \longrightarrow 00:51:53.253$  an impact on the overall survival

NOTE Confidence: 0.835043614615384

 $00:51:53.253 \longrightarrow 00:51:54.960$  of the glioblastoma.

 $00{:}51{:}54.960 \dashrightarrow 00{:}51{:}58.299$  So there is some work that can be done

NOTE Confidence: 0.835043614615384

 $00:51:58.299 \longrightarrow 00:52:01.292$  on looking into how does the shape

NOTE Confidence: 0.835043614615384

 $00{:}52{:}01.292 \dashrightarrow 00{:}52{:}07.628$  of a tumor affect the prognosis or.

NOTE Confidence: 0.835043614615384

00:52:07.630 --> 00:52:12.046 Perhaps the way affect treatment planning.

NOTE Confidence: 0.835043614615384

 $00:52:12.050 \longrightarrow 00:52:13.576$  And then the last thing that I

NOTE Confidence: 0.835043614615384

00:52:13.576 --> 00:52:15.259 mentioned or the texture of the tumor,

NOTE Confidence: 0.835043614615384

 $00:52:15.260 \longrightarrow 00:52:18.459$  how how much the tumor is heterogeneous.

NOTE Confidence: 0.835043614615384

 $00:52:18.460 \longrightarrow 00:52:20.868$  Now the numbers or the metrics that we

NOTE Confidence: 0.835043614615384

 $00{:}52{:}20.868 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}52{:}23.498$  use for this are a little bit complex.

NOTE Confidence: 0.835043614615384

 $00:52:23.500 \longrightarrow 00:52:26.181$  But in general you can think about

NOTE Confidence: 0.835043614615384

 $00:52:26.181 \longrightarrow 00:52:29.239$  it as we are looking into seeing

NOTE Confidence: 0.835043614615384

 $00:52:29.239 \longrightarrow 00:52:32.514$  how much the intensity of 1 region

NOTE Confidence: 0.835043614615384

 $00{:}52{:}32.514 \dashrightarrow 00{:}52{:}35.244$  is different from the region next

NOTE Confidence: 0.835043614615384

 $00:52:35.244 \longrightarrow 00:52:38.698$  to it kind of the same concept that

NOTE Confidence: 0.835043614615384

00:52:38.698 --> 00:52:41.301 the more heterogeneous tumor is we

 $00:52:41.301 \longrightarrow 00:52:43.828$  perhaps expected. Could be more advanced.

NOTE Confidence: 0.835043614615384

00:52:43.828 --> 00:52:47.059 It's perhaps has like more time to grow.

NOTE Confidence: 0.835043614615384

 $00:52:47.060 \longrightarrow 00:52:48.929$  There are some areas that have necrosis,

NOTE Confidence: 0.835043614615384

 $00:52:48.930 \longrightarrow 00:52:50.830$  some are still, you know,

NOTE Confidence: 0.835043614615384

 $00:52:50.830 \longrightarrow 00:52:55.156$  growing and some are more vascular.

NOTE Confidence: 0.835043614615384

 $00.52.55.160 \longrightarrow 00.52.56.760$  And this was the work that was done

NOTE Confidence: 0.835043614615384

00:52:56.760 --> 00:53:01.445 for example for subtyping of the

NOTE Confidence: 0.835043614615384

 $00:53:01.445 \longrightarrow 00:53:03.732$  medulloblastoma along the same line.

NOTE Confidence: 0.835043614615384

 $00{:}53{:}03.732 \dashrightarrow 00{:}53{:}06.340$  When we are looking at the texture

NOTE Confidence: 0.835043614615384

 $00:53:06.340 \longrightarrow 00:53:08.940$  or heterogeneity of the tumor,

NOTE Confidence: 0.835043614615384

 $00:53:08.940 \longrightarrow 00:53:14.380$  we can apply some filters and this

NOTE Confidence: 0.835043614615384

 $00:53:14.380 \longrightarrow 00:53:17.020$  is like a example of how does these

NOTE Confidence: 0.835043614615384

 $00:53:17.104 \longrightarrow 00:53:19.659$  filters change the original image.

NOTE Confidence: 0.835043614615384

 $00:53:19.660 \longrightarrow 00:53:21.100$  For example we can pass,

NOTE Confidence: 0.835043614615384

 $00:53:21.100 \longrightarrow 00:53:23.501$  we can apply low pass and High

NOTE Confidence: 0.835043614615384

 $00:53:23.501 \longrightarrow 00:53:25.319$  Pass filter a low pass.

00:53:25.320 --> 00:53:28.386 Winter kind of smooths out the image,

NOTE Confidence: 0.835043614615384

 $00:53:28.390 \longrightarrow 00:53:32.723$  gets the overall view of the what

NOTE Confidence: 0.835043614615384

 $00{:}53{:}32.723 \dashrightarrow 00{:}53{:}36.056$  the original vision is by in a

NOTE Confidence: 0.835043614615384

00:53:36.056 --> 00:53:38.737 high pass filter you can look more

NOTE Confidence: 0.835043614615384

 $00:53:38.737 \longrightarrow 00:53:41.386$  into the contrast or the edges

NOTE Confidence: 0.879755833333333

 $00:53:41.390 \longrightarrow 00:53:43.054$  of the image. So.

NOTE Confidence: 0.879755833333333

 $00:53:43.054 \longrightarrow 00:53:46.100$  This is, for example, a prostate cancer.

NOTE Confidence: 0.879755833333333

 $00:53:46.100 \longrightarrow 00:53:49.453$  This is how we apply these filters

NOTE Confidence: 0.879755833333333

 $00:53:49.453 \longrightarrow 00:53:51.870$  in three directions and we get

NOTE Confidence: 0.879755833333333

 $00:53:51.870 \longrightarrow 00:53:54.909$  eight different derivatives.

NOTE Confidence: 0.879755833333333

 $00:53:54.910 \longrightarrow 00:53:57.400$  Again, these are all sorts of

NOTE Confidence: 0.879755833333333

 $00:53:57.400 \longrightarrow 00:54:00.399$  manipulation that we do just to get

NOTE Confidence: 0.879755833333333

 $00:54:00.399 \longrightarrow 00:54:02.907$  more and more information about the.

NOTE Confidence: 0.879755833333333

 $00:54:02.910 \longrightarrow 00:54:06.883$  Are the tumor going above and

NOTE Confidence: 0.879755833333333

 $00:54:06.883 \longrightarrow 00:54:10.069$  beyond the intensity and shape and

 $00:54:10.069 \longrightarrow 00:54:11.954$  specifically trying to figure out

NOTE Confidence: 0.879755833333333

 $00:54:11.954 \longrightarrow 00:54:13.970$  what we can get in terms of the

NOTE Confidence: 0.879755833333333

 $00:54:14.038 \longrightarrow 00:54:15.578$  information from the heterogeneity

NOTE Confidence: 0.879755833333333

 $00:54:15.578 \longrightarrow 00:54:19.820$  or the texture of the tumors, so.

NOTE Confidence: 0.879755833333333

 $00:54:19.820 \longrightarrow 00:54:23.160$  I just referred to like.

NOTE Confidence: 0.879755833333333

00:54:23.160 --> 00:54:24.900 Think that you know like three

NOTE Confidence: 0.879755833333333

 $00:54:24.900 \longrightarrow 00:54:26.974$  of the works that we have done

NOTE Confidence: 0.879755833333333

 $00:54:26.974 \longrightarrow 00:54:28.678$  here could showcase of what we

NOTE Confidence: 0.879755833333333

 $00:54:28.678 \longrightarrow 00:54:30.454$  can achieve with radiomics.

NOTE Confidence: 0.879755833333333

 $00:54:30.454 \longrightarrow 00:54:33.974$  One as I mentioned is

NOTE Confidence: 0.879755833333333

 $00{:}54{:}33.974 \dashrightarrow 00{:}54{:}36.790$  molecular subtyping of tumor.

NOTE Confidence: 0.879755833333333

00:54:36.790 --> 00:54:40.381 So as you all know HPV status is very

NOTE Confidence: 0.879755833333333

 $00:54:40.381 \longrightarrow 00:54:43.250$  important in terms of prognostication.

NOTE Confidence: 0.8797558333333333

 $00:54:43.250 \longrightarrow 00:54:45.530$  It's indeed the first step for

NOTE Confidence: 0.879755833333333

 $00:54:45.530 \longrightarrow 00:54:47.888$  us to decide how we're going

NOTE Confidence: 0.879755833333333

 $00:54:47.888 \longrightarrow 00:54:52.790$  to stage a tumor after 2018.

00:54:52.790 --> 00:54:54.746 Adjustment of the AGC.

NOTE Confidence: 0.879755833333333

 $00:54:54.746 \longrightarrow 00:54:58.271$  So we tried to use radiomics features

NOTE Confidence: 0.879755833333333

00:54:58.271 --> 00:55:01.694 from Pet city to predict the HPV

NOTE Confidence: 0.879755833333333

 $00:55:01.694 \longrightarrow 00:55:04.790$  status of head and neck tumors.

NOTE Confidence: 0.879755833333333

 $00:55:04.790 \longrightarrow 00:55:10.790$  So we segmented the the.

NOTE Confidence: 0.879755833333333

00:55:10.790 --> 00:55:14.276 The primary lesion is segmented the

NOTE Confidence: 0.879755833333333

00:55:14.276 --> 00:55:17.603 metastatic lymph nodes on pet CT

NOTE Confidence: 0.879755833333333

 $00:55:17.603 \longrightarrow 00:55:20.778$  we extracted it roughly like 1000.

NOTE Confidence: 0.879755833333333

 $00:55:20.778 \longrightarrow 00:55:23.700$  Features are representing the intensity,

NOTE Confidence: 0.879755833333333

 $00:55:23.700 \longrightarrow 00:55:27.532$  shape and texture of these primary

NOTE Confidence: 0.879755833333333

00:55:27.532 --> 00:55:31.024 lesion and tumors we were using.

NOTE Confidence: 0.66507816

00:55:33.520 --> 00:55:38.248 Roughly A144 from the Cancer

NOTE Confidence: 0.66507816

 $00{:}55{:}38.248 \dashrightarrow 00{:}55{:}41.396$  Imaging Archive and 291 from Yale,

NOTE Confidence: 0.66507816

 $00:55:41.396 \longrightarrow 00:55:46.326$  and we split it into a training slash,

NOTE Confidence: 0.66507816

 $00:55:46.326 \longrightarrow 00:55:49.214$  cross validation and an

 $00:55:49.214 \longrightarrow 00:55:51.380$  independent validation cohort.

NOTE Confidence: 0.66507816

 $00{:}55{:}51.380 \to 00{:}55{:}54.780$  We were trying to see which image

NOTE Confidence: 0.66507816

 $00:55:54.780 \longrightarrow 00:55:58.280$  modality and which combination of

NOTE Confidence: 0.66507816

 $00:55:58.280 \longrightarrow 00:56:01.095$  the input variables are important for

NOTE Confidence: 0.66507816

 $00{:}56{:}01.095 \dashrightarrow 00{:}56{:}04.181$  are are would be most accurate in

NOTE Confidence: 0.66507816

00:56:04.181 --> 00:56:06.839 terms of prediction of HPV status.

NOTE Confidence: 0.66507816

 $00:56:06.840 \longrightarrow 00:56:08.800$  So here you can see that it

NOTE Confidence: 0.66507816

 $00:56:08.800 \longrightarrow 00:56:10.010$  was very extensive work.

NOTE Confidence: 0.66507816

 $00{:}56{:}10.010 \dashrightarrow 00{:}56{:}12.394$  We were trying to see whether pets alone,

NOTE Confidence: 0.66507816

 $00:56:12.400 \longrightarrow 00:56:16.355$  city alone or pet city

NOTE Confidence: 0.66507816

 $00{:}56{:}16.355 \dashrightarrow 00{:}56{:}19.519$  information using primary tumor.

NOTE Confidence: 0.66507816

 $00:56:19.520 \longrightarrow 00:56:22.824$  Lymph nodes or the consensus of the

NOTE Confidence: 0.66507816

 $00{:}56{:}22.824 {\:{\circ}{\circ}{\circ}}>00{:}56{:}26.728$  tumor and nodes or consensus of all lymph

NOTE Confidence: 0.66507816

 $00:56:26.728 \longrightarrow 00:56:30.094$  nodes will be give us the best model.

NOTE Confidence: 0.66507816

 $00:56:30.100 \longrightarrow 00:56:32.590$  Long story short, is that what?

NOTE Confidence: 0.66507816

 $00:56:32.590 \longrightarrow 00:56:36.321$  We found that a combination of the

00:56:36.321 --> 00:56:40.050 pet CT using the consensus of the

NOTE Confidence: 0.66507816

 $00{:}56{:}40.050 \dashrightarrow 00{:}56{:}43.290$  primary lesion and the lymph nodes

NOTE Confidence: 0.66507816

 $00:56:43.290 \longrightarrow 00:56:46.128$  can give us the best prediction.

NOTE Confidence: 0.66507816

 $00:56:46.130 \longrightarrow 00:56:48.636$  And these are the AU says that

NOTE Confidence: 0.66507816

 $00:56:48.636 \longrightarrow 00:56:51.627$  we could get in our independent

NOTE Confidence: 0.66507816

 $00:56:51.627 \longrightarrow 00:56:54.059$  and external validation cohorts.

NOTE Confidence: 0.66507816

 $00:56:54.060 \longrightarrow 00:56:57.910$  So you may question that, OK,

NOTE Confidence: 0.66507816

 $00:56:57.910 \longrightarrow 00:57:02.896$  so how does this really affect our,

NOTE Confidence: 0.66507816

 $00:57:02.900 \longrightarrow 00:57:04.512$  you know, staging really,

NOTE Confidence: 0.66507816

 $00:57:04.512 \longrightarrow 00:57:06.527$  because you always will have

NOTE Confidence: 0.66507816

 $00{:}57{:}06.527 \dashrightarrow 00{:}57{:}08.660$  a tumor sample to decide.

NOTE Confidence: 0.66507816

 $00:57:08.660 \longrightarrow 00:57:11.020$  Now if you look at how the

NOTE Confidence: 0.66507816

 $00{:}57{:}11.020 \dashrightarrow 00{:}57{:}12.620$  pathologists actually do it,

NOTE Confidence: 0.66507816

 $00:57:12.620 \longrightarrow 00:57:15.580$  there are different stages sometimes,

NOTE Confidence: 0.6650781600:57:15.580 --> 00:57:16.193 well,

00:57:16.193 --> 00:57:18.645 technically the guideline from

NOTE Confidence: 0.66507816

 $00{:}57{:}18.645 \dashrightarrow 00{:}57{:}20.472$  the American Pathological

NOTE Confidence: 0.66507816

 $00{:}57{:}20.472 \dashrightarrow 00{:}57{:}24.108$  Association is that they first do.

NOTE Confidence: 0.66507816

 $00:57:24.110 \longrightarrow 00:57:26.270$  And immunohistochemistry and then they

NOTE Confidence: 0.66507816

00:57:26.270 --> 00:57:29.190 do if depending on how certain they

NOTE Confidence: 0.66507816

 $00:57:29.190 \dashrightarrow 00:57:32.390$  are based on the IHC, they do the PCR.

NOTE Confidence: 0.66507816

 $00{:}57{:}32.390 \dashrightarrow 00{:}57{:}35.088$  Here at Yale we pretty much go

NOTE Confidence: 0.66507816

 $00:57:35.088 \longrightarrow 00:57:37.398$  for everything we go for PCR.

NOTE Confidence: 0.66507816

00:57:37.400 --> 00:57:37.888 However,

NOTE Confidence: 0.66507816

 $00:57:37.888 \longrightarrow 00:57:41.792$  what we proposed in our paper is that

NOTE Confidence: 0.66507816

 $00:57:41.792 \longrightarrow 00:57:46.214$  this is not a substitute for tissue sampling,

NOTE Confidence: 0.66507816

00:57:46.220 --> 00:57:48.644 but this can mostly work as an adjunct

NOTE Confidence: 0.66507816

 $00:57:48.644 \longrightarrow 00:57:50.939$  to the tissue sampling results.

NOTE Confidence: 0.66507816

 $00:57:50.940 \longrightarrow 00:57:52.860$  In other words,

NOTE Confidence: 0.66507816

 $00:57:52.860 \longrightarrow 00:57:58.560$  if you have a PC order or even

NOTE Confidence: 0.66507816

 $00:57:58.560 \longrightarrow 00:58:01.700$  histochemistry that is equivocal,

 $00:58:01.700 \longrightarrow 00:58:07.200$  maybe we can use this to supplement that.

NOTE Confidence: 0.66507816

 $00{:}58{:}07.200 \to 00{:}58{:}11.026$  Analysis and that pathology report, so.

NOTE Confidence: 0.66507816

00:58:11.026 --> 00:58:11.502 Again,

NOTE Confidence: 0.66507816

00:58:11.502 --> 00:58:14.358 something that is perhaps not going

NOTE Confidence: 0.66507816

 $00:58:14.358 \longrightarrow 00:58:17.940$  to at this point we are still far

NOTE Confidence: 0.66507816

 $00{:}58{:}17.940 \dashrightarrow 00{:}58{:}20.929$  away from replacing tissue sampling,

NOTE Confidence: 0.66507816

 $00:58:20.929 \longrightarrow 00:58:25.207$  but perhaps we have some quantitative

NOTE Confidence: 0.66507816

 $00:58:25.207 \longrightarrow 00:58:29.108$  and reliable and reliable methods

NOTE Confidence: 0.66507816

 $00{:}58{:}29.108 \dashrightarrow 00{:}58{:}32.953$  to supplement those whenever needed.

NOTE Confidence: 0.66507816

00:58:32.960 --> 00:58:35.376 Now how about prognostication?

NOTE Confidence: 0.66507816

 $00:58:35.376 \longrightarrow 00:58:40.592$  So we try to see whether or not using

NOTE Confidence: 0.66507816

 $00:58:40.592 \dashrightarrow 00:58:43.270$  the RADIOMICS features can help

NOTE Confidence: 0.66507816

 $00{:}58{:}43.270 \dashrightarrow 00{:}58{:}45.330$  with prediction and prognostication

NOTE Confidence: 0.66507816

 $00{:}58{:}45.330 \dashrightarrow 00{:}58{:}48.100$  and prediction of the survival

NOTE Confidence: 0.66507816

 $00:58:48.100 \longrightarrow 00:58:50.012$  beyond the JC staging.

00:58:50.012 --> 00:58:53.420 And the reason why we looked at

NOTE Confidence: 0.66507816

 $00{:}58{:}53.420 --> 00{:}58{:}55.610$ a JC staging was because.

NOTE Confidence: 0.66507816

00:58:55.610 --> 00:58:58.898 It's kind of like you can say like

NOTE Confidence: 0.66507816

 $00:58:58.898 \longrightarrow 00:59:01.700$  the benchmark for a prognostication.

NOTE Confidence: 0.66507816

 $00:59:01.700 \longrightarrow 00:59:05.760$  So we use the HCA is addition.

NOTE Confidence: 0.66507816

 $00:59:05.760 \longrightarrow 00:59:08.763$  We were again using a series of

NOTE Confidence: 0.66507816

 $00{:}59{:}08.763 \dashrightarrow 00{:}59{:}11.220$  HPV positive and HPV negative

NOTE Confidence: 0.66507816

 $00:59:11.220 \longrightarrow 00:59:14.916$  patients and our modeling was to

NOTE Confidence: 0.66507816

 $00{:}59{:}14.916 \dashrightarrow 00{:}59{:}18.155$  predict those both progression for

NOTE Confidence: 0.66507816

 $00{:}59{:}18.155 \dashrightarrow 00{:}59{:}20.855$  survival and overall survival

NOTE Confidence: 0.66507816

 $00{:}59{:}20.855 \dashrightarrow 00{:}59{:}24.230$  using these radiomics features and.

NOTE Confidence: 0.66507816

 $00:59:24.230 \longrightarrow 00:59:24.922$  This is,

NOTE Confidence: 0.66507816

 $00:59:24.922 \longrightarrow 00:59:28.290$  I think it can give you the gist of it.

NOTE Confidence: 0.66507816

 $00:59:28.290 \longrightarrow 00:59:31.370$  So these are a different time points,

NOTE Confidence: 0.66507816

 $00:59:31.370 \longrightarrow 00:59:34.410$  2 year, three-year, four year and five year.

NOTE Confidence: 0.66507816

 $00:59:34.410 \longrightarrow 00:59:38.298$  And as you can see for both HPV

00:59:38.298 --> 00:59:41.168 positive and for HPV negative,

NOTE Confidence: 0.66507816

00:59:41.170 --> 00:59:43.322 the RADIOMICS features could

NOTE Confidence: 0.66507816

 $00:59:43.322 \longrightarrow 00:59:47.030$  differentiate between high risk and low risk.

NOTE Confidence: 0.66507816

00:59:47.030 --> 00:59:49.990 Uh, patients? Fairly well.

NOTE Confidence: 0.66507816

 $00:59:49.990 \longrightarrow 00:59:51.700$  As you can see, uh,

NOTE Confidence: 0.66507816

00:59:51.700 --> 00:59:55.130 for HIV positive in all four time

NOTE Confidence: 0.66507816

 $00:59:55.130 \longrightarrow 00:59:56.600$  points that we

NOTE Confidence: 0.744778033636364

 $00{:}59{:}56.707 \dashrightarrow 01{:}00{:}00.368$  tried, we could achieve significance.

NOTE Confidence: 0.744778033636364

01:00:00.368 --> 01:00:03.416 P value for differentiation,

NOTE Confidence: 0.744778033636364

 $01:00:03.420 \longrightarrow 01:00:08.160$  but really the agency is staging.

NOTE Confidence: 0.744778033636364

 $01:00:08.160 \longrightarrow 01:00:10.260$  Was not able to differentiate the

NOTE Confidence: 0.744778033636364

 $01:00:10.260 \longrightarrow 01:00:12.699$  low risk and high risk patients.

NOTE Confidence: 0.744778033636364

 $01{:}00{:}12.700 \dashrightarrow 01{:}00{:}16.186$  Uh with this I mean even achieving

NOTE Confidence: 0.744778033636364

01:00:16.186 --> 01:00:17.680 the statistical significance,

NOTE Confidence: 0.744778033636364

 $01:00:17.680 \longrightarrow 01:00:20.480$  I should note that we actually excluded

01:00:20.480 --> 01:00:23.996 any stage four patients from our

NOTE Confidence: 0.744778033636364

 $01{:}00{:}23.996 \to 01{:}00{:}27.820$  analysis and the same thing as you.

NOTE Confidence: 0.744778033636364

01:00:27.820 --> 01:00:30.040 This was actually, I'm sorry,

NOTE Confidence: 0.744778033636364

01:00:30.040 --> 01:00:32.762 this was an HP negative series, ohh,

NOTE Confidence: 0.744778033636364

 $01:00:32.762 \longrightarrow 01:00:34.694$  sorry, this is the overall survival,

NOTE Confidence: 0.744778033636364

 $01:00:34.700 \longrightarrow 01:00:37.160$  this is the progression free survival,

NOTE Confidence: 0.744778033636364

 $01:00:37.160 \longrightarrow 01:00:40.676$  so kind of. Same story here.

NOTE Confidence: 0.744778033636364

 $01:00:40.680 \longrightarrow 01:00:43.158$  Could be I forgot to include this

NOTE Confidence: 0.744778033636364

 $01{:}00{:}43.158 \dashrightarrow 01{:}00{:}45.750$  slide about the HPV negative series.

NOTE Confidence: 0.744778033636364

 $01:00:45.750 \longrightarrow 01:00:50.714$  But the bottom line is that we and

NOTE Confidence: 0.744778033636364

 $01{:}00{:}50.714 \dashrightarrow 01{:}00{:}54.330$  the way we envision this is that in

NOTE Confidence: 0.744778033636364

01:00:54.443 --> 01:00:59.368 future in addition to just tumor size,

NOTE Confidence: 0.744778033636364

01:00:59.370 --> 01:01:02.262 lymph node size or the anatomical

NOTE Confidence: 0.744778033636364

01:01:02.262 --> 01:01:04.190 extension of the tumor,

NOTE Confidence: 0.744778033636364

 $01:01:04.190 \longrightarrow 01:01:07.100$  we probably can get a bunch

NOTE Confidence: 0.744778033636364

 $01:01:07.100 \longrightarrow 01:01:09.970$  of numbers that can help us.

01:01:09.970 --> 01:01:11.218 Bitter stage, the patient.

NOTE Confidence: 0.744778033636364

01:01:11.218 --> 01:01:13.990 This is based on the very baseline pity.

NOTE Confidence: 0.744778033636364

 $01:01:13.990 \longrightarrow 01:01:18.580$  This is how currently we proceed

NOTE Confidence: 0.744778033636364

 $01:01:18.580 \longrightarrow 01:01:20.892$  to stage our patients.

NOTE Confidence: 0.744778033636364

01:01:20.892 --> 01:01:24.597 So if we have a better way of staging

NOTE Confidence: 0.744778033636364

 $01:01:24.597 \longrightarrow 01:01:27.971$  them at the baseline in terms of

NOTE Confidence: 0.744778033636364

 $01:01:27.971 \longrightarrow 01:01:30.850$  the survival and prognostication.

NOTE Confidence: 0.744778033636364

 $01:01:30.850 \longrightarrow 01:01:33.944$  Then we will have better way of

NOTE Confidence: 0.744778033636364

 $01{:}01{:}33.944 \dashrightarrow 01{:}01{:}35.542$  treatment planning and smarter

NOTE Confidence: 0.744778033636364

01:01:35.542 --> 01:01:37.544 way of treatment planning, so.

NOTE Confidence: 0.744778033636364

01:01:37.544 --> 01:01:41.562 I we envision that perhaps in New

NOTE Confidence: 0.744778033636364

 $01:01:41.562 \longrightarrow 01:01:45.528$  York near future in addition to.

NOTE Confidence: 0.744778033636364

 $01{:}01{:}45.530 \dashrightarrow 01{:}01{:}47.252$  General you know like a staging

NOTE Confidence: 0.744778033636364

 $01:01:47.252 \longrightarrow 01:01:49.089$  numbers we may have like more

NOTE Confidence: 0.744778033636364

 $01{:}01{:}49.089 \dashrightarrow 01{:}01{:}50.349$  sophisticated numbers that can

 $01:01:50.349 \longrightarrow 01:01:52.288$  tell us this is a low risk,

NOTE Confidence: 0.744778033636364

 $01{:}01{:}52.290 \dashrightarrow 01{:}01{:}55.042$  this is a high risk patient in terms

NOTE Confidence: 0.744778033636364

 $01:01:55.042 \longrightarrow 01:01:58.338$  of the survival and then finally.

NOTE Confidence: 0.72370419625

 $01:02:00.430 \longrightarrow 01:02:04.214$  We did look to see if there are.

NOTE Confidence: 0.72370419625

 $01:02:04.220 \longrightarrow 01:02:09.356$  If Radiomics can help predict locoregional

NOTE Confidence: 0.72370419625

 $01:02:09.360 \longrightarrow 01:02:12.960$  progression after radiotherapy in

NOTE Confidence: 0.72370419625

 $01:02:12.960 \longrightarrow 01:02:17.660$  HPV associated orophary ngeal cancer.

NOTE Confidence: 0.72370419625

01:02:17.660 --> 01:02:20.716 And this is a very good follow up

NOTE Confidence: 0.72370419625

 $01:02:20.716 \longrightarrow 01:02:22.679$  to presentation by Doctor Mehra

NOTE Confidence: 0.72370419625

 $01:02:22.679 \longrightarrow 01:02:29.290$  and the E 3311 in the sense that

NOTE Confidence: 0.72370419625

 $01{:}02{:}29.290 \dashrightarrow 01{:}02{:}33.430$  these patients are potential.

NOTE Confidence: 0.72370419625

 $01:02:33.430 \longrightarrow 01:02:35.830$  Candidates for intensity reduction

NOTE Confidence: 0.72370419625

 $01:02:35.830 \longrightarrow 01:02:38.230$  in terms of radiotherapy.

NOTE Confidence: 0.72370419625

 $01:02:38.230 \longrightarrow 01:02:42.424$  So if we know that who are more at

NOTE Confidence: 0.72370419625

01:02:42.424 --> 01:02:46.490 risk of post radiotherapy regional

NOTE Confidence: 0.72370419625

 $01:02:46.490 \longrightarrow 01:02:50.198$  progression and who is less likely

01:02:50.198 --> 01:02:53.079 to have the original progression,

NOTE Confidence: 0.72370419625

 $01:02:53.079 \longrightarrow 01:02:55.533$  then you can perhaps use that

NOTE Confidence: 0.72370419625

01:02:55.533 --> 01:02:56.760 for treatment planning.

NOTE Confidence: 0.8605664325

 $01:02:59.200 \longrightarrow 01:03:01.570$  We use kind of similar methodology

NOTE Confidence: 0.8605664325

 $01:03:01.570 \longrightarrow 01:03:04.819$  that we use for survival prediction,

NOTE Confidence: 0.8605664325

01:03:04.820 --> 01:03:08.551 this time only focused on HPV positive

NOTE Confidence: 0.8605664325

 $01:03:08.551 \longrightarrow 01:03:11.582$  patients would receive radiotherapy and

NOTE Confidence: 0.8605664325

 $01:03:11.582 \longrightarrow 01:03:17.000$  as you can see here we could basically.

NOTE Confidence: 0.771835821666667

 $01:03:20.570 \longrightarrow 01:03:22.814$  Predict the overall survival

NOTE Confidence: 0.771835821666667

 $01:03:22.814 \longrightarrow 01:03:26.180$  progression for so and local regional

NOTE Confidence: 0.771835821666667

 $01{:}03{:}26.265 \dashrightarrow 01{:}03{:}30.218$  recurrence Indian which is better?

NOTE Confidence: 0.771835821666667

01:03:30.218 --> 01:03:34.398 Accuracy compared to the agency.

NOTE Confidence: 0.771835821666667

 $01:03:34.400 \longrightarrow 01:03:36.710$  If we want to use again agency

NOTE Confidence: 0.771835821666667

01:03:36.710 --> 01:03:39.000 aging as a prognosticator,

NOTE Confidence: 0.771835821666667

 $01:03:39.000 \longrightarrow 01:03:41.956$  one thing that I should mention is

01:03:41.956 --> 01:03:44.354 that you may see that, you know,

NOTE Confidence: 0.771835821666667

 $01:03:44.354 \longrightarrow 01:03:47.720$  like over time we kind of lose the accuracy.

NOTE Confidence: 0.771835821666667

 $01:03:47.720 \longrightarrow 01:03:50.680$  It's simply because we had.

NOTE Confidence: 0.771835821666667

01:03:50.680 --> 01:03:53.320 Smaller number of patients who

NOTE Confidence: 0.771835821666667

 $01:03:53.320 \longrightarrow 01:03:55.960$  were followed beyond three years.

NOTE Confidence: 0.771835821666667

 $01:03:55.960 \longrightarrow 01:03:58.516$  So when you have less data

NOTE Confidence: 0.771835821666667

01:03:58.516 --> 01:04:00.220 point your your model,

NOTE Confidence: 0.771835821666667

 $01:04:00.220 \longrightarrow 01:04:02.695$  your machine learning model just

NOTE Confidence: 0.771835821666667

 $01:04:02.695 \longrightarrow 01:04:05.420$  would not have enough input to

NOTE Confidence: 0.771835821666667

01:04:05.420 --> 01:04:08.960 generate good prognostic model.

NOTE Confidence: 0.771835821666667

 $01{:}04{:}08.960 \dashrightarrow 01{:}04{:}14.224$  So in general this is basically a.

NOTE Confidence: 0.881760064

01:04:16.960 --> 01:04:21.290 A very detailed information detailed

NOTE Confidence: 0.881760064

 $01:04:21.290 \longrightarrow 01:04:24.340$  of the local regional recurrence,

NOTE Confidence: 0.881760064

 $01:04:24.340 \longrightarrow 01:04:25.846$  local regional preparation

NOTE Confidence: 0.881760064

01:04:25.846 --> 01:04:28.858 and based on the AGC staging,

NOTE Confidence: 0.881760064

 $01:04:28.860 \longrightarrow 01:04:30.884$  different stages, oral stage,

 $01:04:30.884 \longrightarrow 01:04:33.920$  the age of the patient and

NOTE Confidence: 0.881760064

 $01:04:34.011 \longrightarrow 01:04:36.087$  how did they reconcile.

NOTE Confidence: 0.881760064

 $01:04:36.090 \longrightarrow 01:04:39.744$  So in general, Radiomics offers an

NOTE Confidence: 0.881760064

 $01:04:39.744 \longrightarrow 01:04:43.250$  automated way of image analysis.

NOTE Confidence: 0.881760064

01:04:43.250 --> 01:04:46.778 It will provide a numeric numbers

NOTE Confidence: 0.881760064

 $01:04:46.778 \longrightarrow 01:04:49.130$  and quantitative metrics for

NOTE Confidence: 0.881760064

 $01:04:49.232 \longrightarrow 01:04:51.890$  machine learning algorithms.

NOTE Confidence: 0.881760064

 $01:04:51.890 \longrightarrow 01:04:55.490$  And I tried to present some of the

NOTE Confidence: 0.881760064

 $01:04:55.490 \longrightarrow 01:04:58.954$  work that we have done here as how

NOTE Confidence: 0.881760064

 $01:04:58.954 \longrightarrow 01:05:02.749$  we can use this for differentiation,

NOTE Confidence: 0.881760064

 $01{:}05{:}02.750 \dashrightarrow 01{:}05{:}05.790$  molecular subtyping of the tumors,

NOTE Confidence: 0.881760064

 $01:05:05.790 \longrightarrow 01:05:10.115$  prediction of the treatment response

NOTE Confidence: 0.881760064

 $01{:}05{:}10.115 \dashrightarrow 01{:}05{:}12.710$  and survival prognostication.

NOTE Confidence: 0.729899593

 $01:05:15.030 \longrightarrow 01:05:18.294$  So yeah, let's hope that it

NOTE Confidence: 0.729899593

 $01:05:18.294 \longrightarrow 01:05:20.780$  was helpful for you. Thank

 $01:05:20.790 \longrightarrow 01:05:23.200$  you Doctor Prayesh, that was.

NOTE Confidence: 0.682908692

01:05:23.200 --> 01:05:27.169 Really exciting stuff.

NOTE Confidence: 0.682908692

 $01:05:27.170 \longrightarrow 01:05:29.606$  There are, there are some questions.

NOTE Confidence: 0.682908692

 $01:05:29.610 \longrightarrow 01:05:31.584$  Thank you everyone for staying on time.

NOTE Confidence: 0.682908692

01:05:31.590 --> 01:05:33.536 We're pretty much right on time where

NOTE Confidence: 0.682908692

 $01:05:33.536 \longrightarrow 01:05:35.647$  we want it to be which is great.

NOTE Confidence: 0.682908692

 $01{:}05{:}35.650 \dashrightarrow 01{:}05{:}37.875$  There are some questions that

NOTE Confidence: 0.682908692

 $01:05:37.875 \longrightarrow 01:05:40.890$  people had for the first talk there

NOTE Confidence: 0.682908692

 $01{:}05{:}40.890 \dashrightarrow 01{:}05{:}44.471$  was a question but are we doing

NOTE Confidence: 0.682908692

 $01:05:44.471 \longrightarrow 01:05:46.526$  deep intensification already?

NOTE Confidence: 0.682908692

 $01:05:46.530 \longrightarrow 01:05:48.738$  I'll answer that one is the

NOTE Confidence: 0.682908692

 $01:05:48.738 \longrightarrow 01:05:50.210$  short answer is yes.

NOTE Confidence: 0.682908692

 $01:05:50.210 \longrightarrow 01:05:52.334$  You know a lot of the as you could

NOTE Confidence: 0.682908692

 $01:05:52.334 \longrightarrow 01:05:54.922$  see there were I don't know maybe 5060

NOTE Confidence: 0.682908692

01:05:54.922 --> 01:05:57.754 academic centers I'm recruiting to the.

NOTE Confidence: 0.682908692

 $01:05:57.760 \longrightarrow 01:06:01.336$  He called 3311 trial and you know we

 $01:06:01.336 \longrightarrow 01:06:04.713$  were seeing results you know before

NOTE Confidence: 0.682908692

 $01{:}06{:}04.713 \dashrightarrow 01{:}06{:}07.693$  publication and patients were asking

NOTE Confidence: 0.682908692

 $01:06:07.693 \longrightarrow 01:06:10.383$  and so off trial you know there

NOTE Confidence: 0.682908692

 $01:06:10.383 \longrightarrow 01:06:11.838$  was some discussions about this

NOTE Confidence: 0.682908692

 $01{:}06{:}11.838 \dashrightarrow 01{:}06{:}14.270$  and now once the abstract came out

NOTE Confidence: 0.682908692

 $01{:}06{:}14.270 \dashrightarrow 01{:}06{:}15.706$  did intensification is happening.

NOTE Confidence: 0.682908692

01:06:15.710 --> 01:06:18.398 I mean some might say tours alone

NOTE Confidence: 0.682908692

 $01:06:18.398 \longrightarrow 01:06:20.519$  is densification but also deep

NOTE Confidence: 0.682908692

 $01:06:20.519 \longrightarrow 01:06:22.759$  intensification of the dose of

NOTE Confidence: 0.682908692

01:06:22.759 --> 01:06:24.615 radiation is happening already

NOTE Confidence: 0.682908692

01:06:24.615 --> 01:06:26.805 at at major academic centers.

NOTE Confidence: 0.682908692

 $01:06:26.810 \longrightarrow 01:06:28.710$  But I think it has to be done in a mindful.

NOTE Confidence: 0.682908692

 $01:06:28.710 \dashrightarrow 01:06:31.462$  Thoughtful way, multidisciplinary way,

NOTE Confidence: 0.682908692

01:06:31.462 --> 01:06:32.838 you know,

NOTE Confidence: 0.682908692

 $01:06:32.840 \longrightarrow 01:06:36.466$  with with all options presented to patients.

01:06:36.470 --> 01:06:37.298 Doctor Verma,

NOTE Confidence: 0.682908692

 $01:06:37.298 \longrightarrow 01:06:39.368$  there was a question about

NOTE Confidence: 0.682908692

 $01:06:39.370 \longrightarrow 01:06:42.170$  tonsils versus base of tongue.

NOTE Confidence: 0.682908692

 $01:06:42.170 \longrightarrow 01:06:46.018$  Is 1 easier to approach than the other?

NOTE Confidence: 0.682908692

01:06:46.020 --> 01:06:47.410 Does it impact your decision

NOTE Confidence: 0.682908692

01:06:47.410 --> 01:06:48.522 of what you know?

NOTE Confidence: 0.682908692

 $01:06:48.530 \longrightarrow 01:06:50.072$  How does that impact your decision

NOTE Confidence: 0.682908692

 $01:06:50.072 \longrightarrow 01:06:52.204$  to do tours if it's in the base

NOTE Confidence: 0.682908692

 $01:06:52.204 \longrightarrow 01:06:53.514$  of tongue versus the tonsil?

NOTE Confidence: 0.852135526

 $01:06:55.820 \longrightarrow 01:06:57.440$  Yeah, that's a good question.

NOTE Confidence: 0.852135526

 $01{:}06{:}57.440 \dashrightarrow 01{:}06{:}59.544$  I think considerations might

NOTE Confidence: 0.852135526

 $01:06:59.544 \longrightarrow 01:07:01.648$  be different and particularly

NOTE Confidence: 0.852135526

 $01{:}07{:}01.648 \dashrightarrow 01{:}07{:}03.860$  the anatomical considerations.

NOTE Confidence: 0.852135526

01:07:03.860 --> 01:07:05.120 If it's a tonsil tumor,

NOTE Confidence: 0.852135526

01:07:05.120 --> 01:07:07.500 you already know it's lateralized,

NOTE Confidence: 0.852135526

 $01:07:07.500 \longrightarrow 01:07:08.708$  a tongue based tumor.

 $01:07:08.708 \longrightarrow 01:07:10.218$  You still have to evaluate.

NOTE Confidence: 0.852135526

 $01{:}07{:}10.220 \to 01{:}07{:}13.400$  If it's approaching midline for example,

NOTE Confidence: 0.852135526

01:07:13.400 --> 01:07:15.596 then you know we would probably

NOTE Confidence: 0.852135526

 $01:07:15.596 \longrightarrow 01:07:17.610$  not recommend doing a transoral

NOTE Confidence: 0.852135526

 $01:07:17.610 \longrightarrow 01:07:20.472$  resection also because we would have

NOTE Confidence: 0.852135526

 $01:07:20.472 \longrightarrow 01:07:22.965$  to consider management of both sides

NOTE Confidence: 0.852135526

 $01:07:22.965 \longrightarrow 01:07:25.282$  of the neck in terms of potential.

NOTE Confidence: 0.852135526

 $01:07:25.290 \longrightarrow 01:07:28.220$  Regional metastasis to lymph nodes.

NOTE Confidence: 0.852135526

 $01:07:28.220 \longrightarrow 01:07:30.509$  But you know I think if it's,

NOTE Confidence: 0.852135526

 $01:07:30.510 \longrightarrow 01:07:32.094$  it's not that we would choose

NOTE Confidence: 0.852135526

 $01:07:32.094 \longrightarrow 01:07:33.870$  one over the other necessarily.

NOTE Confidence: 0.852135526

01:07:33.870 --> 01:07:35.826 I think it's just different considerations,

NOTE Confidence: 0.852135526

 $01:07:35.830 \longrightarrow 01:07:36.940$  but that's a great question.

NOTE Confidence: 0.831908686

 $01:07:37.650 \longrightarrow 01:07:38.874$  And then there was a question

NOTE Confidence: 0.831908686

 $01:07:38.874 \longrightarrow 01:07:40.369$  which you kind of answered in that

 $01:07:40.369 \longrightarrow 01:07:41.853$  is when do you do bilateral neck

NOTE Confidence: 0.831908686

 $01{:}07{:}41.903 \dashrightarrow 01{:}07{:}43.409$  dissections along with tours and how

NOTE Confidence: 0.831908686

01:07:43.409 --> 01:07:44.906 does that factor into your decision

NOTE Confidence: 0.831908686

 $01:07:44.906 \longrightarrow 01:07:46.607$  of whether or not to do tours?

NOTE Confidence: 0.827773608260869

 $01:07:47.730 \longrightarrow 01:07:50.160$  Yep. So yeah bilateral neck dissection

NOTE Confidence: 0.827773608260869

01:07:50.160 --> 01:07:52.578 would most would probably not be

NOTE Confidence: 0.827773608260869

 $01:07:52.578 \longrightarrow 01:07:54.413$  considered in a well lateralized

NOTE Confidence: 0.827773608260869

 $01:07:54.413 \longrightarrow 01:07:56.778$  tonsil tumor which inherently is that.

NOTE Confidence: 0.827773608260869

 $01:07:56.780 \longrightarrow 01:07:59.013$  But in a tongue based tumor that

NOTE Confidence: 0.827773608260869

 $01:07:59.013 \longrightarrow 01:08:01.240$  you're doing it towards resection on

NOTE Confidence: 0.827773608260869

 $01:08:01.240 \longrightarrow 01:08:04.280$  and there is approach even you know a

NOTE Confidence: 0.827773608260869

 $01:08:04.280 \longrightarrow 01:08:06.440$  couple millimeter or millimeter or so

NOTE Confidence: 0.827773608260869

 $01:08:06.512 \longrightarrow 01:08:09.064$  between you know close to midline we we

NOTE Confidence: 0.827773608260869

01:08:09.064 --> 01:08:11.205 have to consider you know management

NOTE Confidence: 0.827773608260869

01:08:11.205 --> 01:08:13.270 of both necks and this is actually

NOTE Confidence: 0.827773608260869

 $01:08:13.329 \longrightarrow 01:08:14.881$  where again the multidisciplinary

01:08:14.881 --> 01:08:16.821 approach really matters and before

NOTE Confidence: 0.827773608260869

 $01:08:16.821 \longrightarrow 01:08:18.909$  we consider or proceed with this.

NOTE Confidence: 0.827773608260869

01:08:18.910 --> 01:08:20.083 Kind of surgery,

NOTE Confidence: 0.827773608260869

01:08:20.083 --> 01:08:22.429 we have a radiation oncology and

NOTE Confidence: 0.827773608260869

 $01:08:22.429 \longrightarrow 01:08:24.651$  medical oncology colleagues see the

NOTE Confidence: 0.827773608260869

 $01:08:24.651 \longrightarrow 01:08:27.285$  patient and we could consider either

NOTE Confidence: 0.827773608260869

 $01:08:27.360 \longrightarrow 01:08:29.916$  not doing the transoral resection and

NOTE Confidence: 0.827773608260869

 $01:08:29.916 \longrightarrow 01:08:32.242$  doing chemo radiation or if there's

NOTE Confidence: 0.827773608260869

 $01{:}08{:}32.242 \dashrightarrow 01{:}08{:}34.108$  some factor that you know really

NOTE Confidence: 0.827773608260869

01:08:34.108 --> 01:08:36.320 pushes us towards transoral surgery,

NOTE Confidence: 0.827773608260869

 $01:08:36.320 \longrightarrow 01:08:38.396$  we could consider bilateral neck dissections.

NOTE Confidence: 0.712619793

 $01{:}08{:}40.370 \dashrightarrow 01{:}08{:}43.072$  Great. And then Doctor Paul Bashere was

NOTE Confidence: 0.712619793

 $01{:}08{:}43.072 \dashrightarrow 01{:}08{:}45.610$  a question about, well, first of all,

NOTE Confidence: 0.712619793

01:08:45.610 --> 01:08:47.335 someone coming is very exciting

NOTE Confidence: 0.712619793

 $01{:}08{:}47.335 \dashrightarrow 01{:}08{:}50.164$ how you can use radiomic data to

 $01:08:50.164 \longrightarrow 01:08:53.049$  help with prognostication and very

NOTE Confidence: 0.712619793

 $01:08:53.049 \longrightarrow 01:08:57.938$  interesting to hear your reviews about.

NOTE Confidence: 0.712619793

01:08:57.940 --> 01:09:00.708 You know one day potentially putting in it

NOTE Confidence: 0.712619793

 $01:09:00.708 \longrightarrow 01:09:03.096$  into something like a staging system even,

NOTE Confidence: 0.712619793

 $01:09:03.100 \longrightarrow 01:09:04.212$  which is really exciting.

NOTE Confidence: 0.712619793

 $01{:}09{:}04.212 \dashrightarrow 01{:}09{:}07.012$  I mean right now we use pretty crude metrics

NOTE Confidence: 0.712619793

 $01:09:07.012 \longrightarrow 01:09:09.511$  on imaging like invasion into this muscle.

NOTE Confidence: 0.712619793

01:09:09.520 --> 01:09:11.050 Therefore it is this stage,

NOTE Confidence: 0.712619793

 $01{:}09{:}11.050 \dashrightarrow 01{:}09{:}13.505$  but you're you're proposing in

NOTE Confidence: 0.712619793

 $01:09:13.505 \longrightarrow 01:09:16.234$  the future to use on almost,

NOTE Confidence: 0.712619793

01:09:16.234 --> 01:09:18.526 you know numeric data from RADIOMICS

NOTE Confidence: 0.712619793

 $01:09:18.526 \longrightarrow 01:09:20.690$  to help with pronunciation.

NOTE Confidence: 0.712619793

 $01:09:20.690 \longrightarrow 01:09:22.657$  Is that is that a true statement

NOTE Confidence: 0.8028179

 $01:09:23.670 \longrightarrow 01:09:28.840$  and I just want to add that, for example.

NOTE Confidence: 0.8028179

 $01:09:28.840 \longrightarrow 01:09:35.193$  Right now the Umm, we are working again.

NOTE Confidence: 0.8028179

01:09:35.193 --> 01:09:37.308 It's kind of pioneered by

01:09:37.308 --> 01:09:39.550 my colleague Dr Maria Mboya,

NOTE Confidence: 0.8028179

 $01{:}09{:}39.550 \dashrightarrow 01{:}09{:}41.446$  who is working on brain tumors.

NOTE Confidence: 0.8028179

 $01:09:41.450 \longrightarrow 01:09:46.110$  We have already implemented the.

NOTE Confidence: 0.8028179

 $01:09:46.110 \longrightarrow 01:09:48.550$  The pipeline that extracted

NOTE Confidence: 0.8028179

 $01:09:48.550 \longrightarrow 01:09:49.770$  radiomics numbers.

NOTE Confidence: 0.8028179

 $01:09:49.770 \longrightarrow 01:09:51.294$  So technically speaking

NOTE Confidence: 0.8028179

 $01:09:51.294 \longrightarrow 01:09:53.834$  she has like an automated.

NOTE Confidence: 0.8028179

01:09:53.840 --> 01:09:56.367 She also had work on an automated

NOTE Confidence: 0.8028179

 $01{:}09{:}56.367 \dashrightarrow 01{:}09{:}58.732$  segmentation of brain tumors, so.

NOTE Confidence: 0.8028179

 $01:09:58.732 \longrightarrow 01:10:01.740$  Umm, from the packs,

NOTE Confidence: 0.8028179

01:10:01.740 --> 01:10:03.777 like from the visage packs that, yeah,

NOTE Confidence: 0.8028179

 $01:10:03.777 \longrightarrow 01:10:06.699$  you can directly get the numbers,

NOTE Confidence: 0.8028179

 $01:10:06.700 \longrightarrow 01:10:09.017$  the radio mix number for brain tumors.

NOTE Confidence: 0.8028179

 $01:10:09.020 \longrightarrow 01:10:12.476$  So we can, you know, technically easily

NOTE Confidence: 0.8028179

 $01:10:12.476 \longrightarrow 01:10:18.528$  apply this to your or pet cities.

 $01:10:18.528 \longrightarrow 01:10:25.288$  And get those numbers and we talked about.

NOTE Confidence: 0.8028179

 $01:10:25.290 \longrightarrow 01:10:26.775$  We literally talked about the

NOTE Confidence: 0.8028179

 $01:10:26.775 \longrightarrow 01:10:27.963$  models that I developed.

NOTE Confidence: 0.8028179

 $01:10:27.970 \longrightarrow 01:10:30.320$  It's just that I use.

NOTE Confidence: 0.8028179

01:10:30.320 --> 01:10:32.336 Our coding for um,

NOTE Confidence: 0.8028179

01:10:32.336 --> 01:10:34.352 the machine learning algorithms

NOTE Confidence: 0.8028179

 $01:10:34.352 \longrightarrow 01:10:37.430$  and the they were you know.

NOTE Confidence: 0.655242425

01:10:39.600 --> 01:10:43.728 The our practice system has a a Python

NOTE Confidence: 0.655242425

01:10:43.728 --> 01:10:46.224 on basically language compatibility.

NOTE Confidence: 0.655242425

01:10:46.224 --> 01:10:51.348 But yes, I mean literally here we

NOTE Confidence: 0.655242425

 $01{:}10{:}51.348 \dashrightarrow 01{:}10{:}55.260$  are very close to you know, getting

NOTE Confidence: 0.655242425

01:10:55.260 --> 01:10:58.628 those numbers on on our tax system.

NOTE Confidence: 0.793390114166667

 $01:10:59.300 \longrightarrow 01:11:00.626$  Great. That's wonderful.

NOTE Confidence: 0.793390114166667

 $01:11:00.626 \longrightarrow 01:11:02.836$  And then there's another question

NOTE Confidence: 0.793390114166667

 $01:11:02.836 \longrightarrow 01:11:05.040$  about how about using radiomics

NOTE Confidence: 0.793390114166667

 $01:11:05.040 \longrightarrow 01:11:06.704$  to predict extranodal extension

01:11:06.704 --> 01:11:09.127 in a lymph node in the neck,

NOTE Confidence: 0.793390114166667

 $01:11:09.130 \longrightarrow 01:11:11.735$  which could totally change whether

NOTE Confidence: 0.793390114166667

 $01:11:11.735 \longrightarrow 01:11:15.336$  or not we recommend surgery or not

NOTE Confidence: 0.793390114166667

01:11:15.336 --> 01:11:18.048 based on the current NCCN guideline,

NOTE Confidence: 0.793390114166667

 $01:11:18.050 \longrightarrow 01:11:18.863$  treatment recommendations and

NOTE Confidence: 0.793390114166667

01:11:18.863 --> 01:11:20.489 what are your thoughts on that?

NOTE Confidence: 0.70848

01:11:20.560 --> 01:11:26.112 Yeah, so actually. Benjamin Connor,

NOTE Confidence: 0.70848

 $01:11:26.112 \longrightarrow 01:11:29.628$  who is a radiation oncology resident,

NOTE Confidence: 0.70848

 $01:11:29.630 \longrightarrow 01:11:32.158$  he's now at the Dana Farber's.

NOTE Confidence: 0.70848

01:11:32.158 --> 01:11:33.898 He developed that they use

NOTE Confidence: 0.70848

 $01:11:33.898 \longrightarrow 01:11:35.290$  a deep learning model.

NOTE Confidence: 0.70848

 $01:11:35.290 \longrightarrow 01:11:38.380$  We actually even tried radomes which

NOTE Confidence: 0.70848

 $01{:}11{:}38.380 \dashrightarrow 01{:}11{:}41.420$  was creating like a similar accuracy.

NOTE Confidence: 0.675268712

01:11:43.480 --> 01:11:45.940 And at the time, yeah,

NOTE Confidence: 0.675268712

 $01:11:45.940 \longrightarrow 01:11:47.935$  like he was about to leave Yale.

01:11:47.940 --> 01:11:50.520 We talked about bringing in his

NOTE Confidence: 0.675268712

01:11:50.520 --> 01:11:53.440 model to in our park system.

NOTE Confidence: 0.675268712

01:11:53.440 --> 01:11:54.313 It didn't work.

NOTE Confidence: 0.675268712

01:11:54.313 --> 01:11:56.059 And now he's at Dana Farber.

NOTE Confidence: 0.675268712

 $01:11:56.060 \longrightarrow 01:11:58.008$  They also have like

NOTE Confidence: 0.675268712

 $01:11:58.008 \longrightarrow 01:12:00.443$  similar pack system as us.

NOTE Confidence: 0.675268712

 $01:12:00.450 \longrightarrow 01:12:02.280$  I know that he's working on

NOTE Confidence: 0.675268712

 $01:12:02.280 \longrightarrow 01:12:04.581$  it and his model has like an

NOTE Confidence: 0.675268712

 $01:12:04.581 \longrightarrow 01:12:06.814$  accuracy close to 0 point like

NOTE Confidence: 0.675268712

01:12:06.814 --> 01:12:09.670 80% and it was even more accurate

NOTE Confidence: 0.675268712

 $01{:}12{:}09.763 \dashrightarrow 01{:}12{:}12.423$  than radiologist for prediction

NOTE Confidence: 0.675268712

 $01:12:12.423 \longrightarrow 01:12:15.083$  of the extranodal extension.

NOTE Confidence: 0.675268712

 $01:12:15.090 \longrightarrow 01:12:21.088$  So I do believe that we are very

NOTE Confidence: 0.675268712

 $01:12:21.088 \longrightarrow 01:12:23.404$  close to really implementing all of

NOTE Confidence: 0.675268712

 $01:12:23.404 \longrightarrow 01:12:25.500$  these in our clinical day-to-day.

NOTE Confidence: 0.865022534285714

 $01:12:27.410 \longrightarrow 01:12:28.906$  And there's one more

01:12:28.906 --> 01:12:30.457 question for you, Professor.

NOTE Confidence: 0.865022534285714

 $01:12:30.457 \longrightarrow 01:12:32.592$  There are groups of patients

NOTE Confidence: 0.865022534285714

 $01:12:32.592 \longrightarrow 01:12:34.818$  for whom radiomics or machine

NOTE Confidence: 0.865022534285714

01:12:34.818 --> 01:12:36.610 learning models are not,

NOTE Confidence: 0.865022534285714

 $01:12:36.610 \longrightarrow 01:12:38.005$  are not as predictive that

NOTE Confidence: 0.865022534285714

01:12:38.005 --> 01:12:39.400 you just know up front.

NOTE Confidence: 0.896118867857143

 $01:12:40.100 \longrightarrow 01:12:42.718$  So we are our models are as

NOTE Confidence: 0.896118867857143

 $01:12:42.718 \longrightarrow 01:12:45.669$  good as the data that we have.

NOTE Confidence: 0.896118867857143

 $01:12:45.670 \longrightarrow 01:12:47.511$  So that's why I mean when I

NOTE Confidence: 0.896118867857143

 $01{:}12{:}47.511 \dashrightarrow 01{:}12{:}49.112$  mentioned that for example we do

NOTE Confidence: 0.896118867857143

 $01:12:49.112 \longrightarrow 01:12:50.869$  not have if we don't have data

NOTE Confidence: 0.896118867857143

 $01:12:50.933 \longrightarrow 01:12:52.679$  for you know long term prediction

NOTE Confidence: 0.896118867857143

 $01:12:52.679 \longrightarrow 01:12:54.601$  or models are not working.

NOTE Confidence: 0.896118867857143

 $01:12:54.601 \longrightarrow 01:12:59.858$  So we barely have data on HPV.

NOTE Confidence: 0.896118867857143

 $01:12:59.860 \longrightarrow 01:13:01.000$  Negative patients.

 $01:13:01.000 \longrightarrow 01:13:05.560$  So our models are less accurate for HPV,

NOTE Confidence: 0.896118867857143

01:13:05.560 --> 01:13:08.030 negative or for angio cancer.

NOTE Confidence: 0.93468278

 $01:13:10.140 \longrightarrow 01:13:13.682$  It's. It's only works if we have

NOTE Confidence: 0.93468278

 $01:13:13.682 \longrightarrow 01:13:18.320$  enough data and yet for example.

NOTE Confidence: 0.93468278

01:13:18.320 --> 01:13:21.638 Since the introduction of PD1 inhibitor,

NOTE Confidence: 0.93468278

 $01:13:21.640 \longrightarrow 01:13:25.140$  the two the treatment response has changed.

NOTE Confidence: 0.93468278

 $01:13:25.140 \longrightarrow 01:13:27.669$  So now we have to train a new set

NOTE Confidence: 0.93468278

01:13:27.669 --> 01:13:30.298 of models for prediction of how,

NOTE Confidence: 0.93468278

01:13:30.300 --> 01:13:32.757 how this is gonna you know like

NOTE Confidence: 0.93468278

01:13:32.757 --> 01:13:35.211 how how would that affect the

NOTE Confidence: 0.93468278

 $01:13:35.211 \longrightarrow 01:13:37.406$  the survival of the patients.

NOTE Confidence: 0.93468278

 $01:13:37.410 \longrightarrow 01:13:41.178$  So the the all the models that we

NOTE Confidence: 0.93468278

 $01:13:41.178 \longrightarrow 01:13:44.680$  developed were based on information that

NOTE Confidence: 0.93468278

 $01:13:44.680 \longrightarrow 01:13:48.936$  came from somewhere from 2011 to 2.

NOTE Confidence: 0.93468278

 $01:13:48.940 \longrightarrow 01:13:52.268$  1016 so there is a lag between the

NOTE Confidence: 0.93468278

 $01:13:52.268 \longrightarrow 01:13:55.541$  models of your developing and the

 $01:13:55.541 \longrightarrow 01:13:57.375$  current cutting edge treatments.

NOTE Confidence: 0.93468278

 $01:13:57.375 \longrightarrow 01:14:00.280$  We we have to retrain the models

NOTE Confidence: 0.93468278

 $01:14:00.356 \longrightarrow 01:14:02.846$  based on the the most up-to-date

NOTE Confidence: 0.93468278

 $01:14:02.846 \longrightarrow 01:14:04.506$  treatments that we have.

NOTE Confidence: 0.78188524

01:14:07.560 --> 01:14:08.944 Very interesting, very interesting.

NOTE Confidence: 0.78188524

01:14:08.944 --> 01:14:09.956 All right. Well,

NOTE Confidence: 0.78188524

 $01:14:09.956 \longrightarrow 01:14:12.639$  I think that answers all the questions.

NOTE Confidence: 0.78188524

 $01{:}14{:}12.640 \dashrightarrow 01{:}14{:}15.160$  I wanted to thank our speakers,

NOTE Confidence: 0.78188524

01:14:15.160 --> 01:14:17.038 doctor Avanti Verma,

NOTE Confidence: 0.78188524

 $01:14:17.038 \longrightarrow 01:14:20.148$  doctor Sam Kavesh for joining us and

NOTE Confidence: 0.78188524

 $01{:}14{:}20.148 \dashrightarrow 01{:}14{:}22.448$  we want to thank all the participants

NOTE Confidence: 0.78188524

 $01:14:22.448 \longrightarrow 01:14:25.528$  who logged in today and the ones who

NOTE Confidence: 0.78188524

 $01{:}14{:}25.528 \dashrightarrow 01{:}14{:}28.354$  will also see this on the website.

NOTE Confidence: 0.78188524

 $01:14:28.354 \longrightarrow 01:14:31.222$  This will be posted on the

NOTE Confidence: 0.78188524

01:14:31.222 --> 01:14:33.140 Twitter for Yale Cancer Center,

 $01{:}14{:}33.140 \dashrightarrow 01{:}14{:}36.239$  will be on the Yale Cancer website and.

NOTE Confidence: 0.78188524

 $01:14:36.240 \longrightarrow 01:14:37.550$  Please reach out to if

NOTE Confidence: 0.78188524

 $01:14:37.550 \longrightarrow 01:14:38.598$  you have any questions.

NOTE Confidence: 0.78188524

 $01{:}14{:}38.600 \dashrightarrow 01{:}14{:}40.328$  Thank you all very much for joining us.

NOTE Confidence: 0.9789504

 $01:14:41.450 \longrightarrow 01:14:46.000$  Thank you. Thank you.