WEBVTT

NOTE duration: "00:51:53.3200000"

NOTE recognizability:0.833

NOTE language:en-us

NOTE Confidence: 0.9624003575

 $00:00:00.000 \longrightarrow 00:00:02.000$ I think we can start to get in.

NOTE Confidence: 0.9624003575

 $00{:}00{:}02.000$ --> $00{:}00{:}04.526$ It's wonderful to be here this

NOTE Confidence: 0.9624003575

 $00:00:04.526 \longrightarrow 00:00:06.786$ morning and to introduce somebody

NOTE Confidence: 0.9624003575

 $00:00:06.786 \longrightarrow 00:00:09.271$ who is absolutely exceptional and

NOTE Confidence: 0.9624003575

 $00:00:09.271 \longrightarrow 00:00:12.170$ who is newly recruited to our

NOTE Confidence: 0.9624003575

 $00{:}00{:}12.170 \dashrightarrow 00{:}00{:}14.235$ department in neurosurgery and also

NOTE Confidence: 0.9624003575

 $00:00:14.235 \longrightarrow 00:00:16.362$ to Smilo in the Cancer Center.

NOTE Confidence: 0.9624003575

 $00{:}00{:}16.362 \dashrightarrow 00{:}00{:}18.126$ Dr. Rol Vierhok is Professor in

NOTE Confidence: 0.9624003575

00:00:18.126 --> 00:00:19.531 the Department of Neurosurgery

NOTE Confidence: 0.9624003575

00:00:19.531 --> 00:00:21.637 at the Yale School of Medicine.

NOTE Confidence: 0.9624003575

 $00{:}00{:}21.640 \dashrightarrow 00{:}00{:}23.705$ Following graduation with a PhD

NOTE Confidence: 0.9624003575

 $00:00:23.705 \longrightarrow 00:00:25.770$ in Medicine from their Aerosmiths

NOTE Confidence: 0.9624003575

 $00:00:25.839 \longrightarrow 00:00:28.319$ University Medical Center in Rotterdam,

 $00:00:28.320 \longrightarrow 00:00:30.645$ the Netherlands Role joined the

NOTE Confidence: 0.9624003575

00:00:30.645 --> 00:00:32.970 Broad Institute Dana Farber Cancer

NOTE Confidence: 0.9624003575

 $00:00:33.042 \longrightarrow 00:00:35.717$ Institute as a postdoctoral associate,

NOTE Confidence: 0.9624003575

 $00:00:35.720 \longrightarrow 00:00:38.639$ supported by a fellowship from the Dutch

NOTE Confidence: 0.9624003575

00:00:38.639 --> 00:00:40.716 Cancer Society during the time at the Broad,

NOTE Confidence: 0.9624003575

 $00:00:40.720 \longrightarrow 00:00:42.400$ he was part of the team

NOTE Confidence: 0.9624003575

 $00:00:42.400 \longrightarrow 00:00:43.880$ analyzing data from the TCGA.

NOTE Confidence: 0.9624003575

 $00:00:43.880 \longrightarrow 00:00:46.785$ He led the Identification and

NOTE Confidence: 0.9624003575

 $00{:}00{:}46.785 \dashrightarrow 00{:}00{:}49.109$ Characterization of Gene Expression

NOTE Confidence: 0.9624003575

 $00:00:49.109 \longrightarrow 00:00:51.207$ subtypes and glioblastoma work

NOTE Confidence: 0.9624003575

 $00{:}00{:}51.207 \dashrightarrow 00{:}00{:}54.081$ that resulted in a Seminole Cancer

NOTE Confidence: 0.9624003575

 $00:00:54.081 \longrightarrow 00:00:56.464$ Cell 2010 publication will move

NOTE Confidence: 0.9624003575

 $00{:}00{:}56.464 \dashrightarrow 00{:}00{:}59.320$ to MD Anderson Cancer Center in

NOTE Confidence: 0.9624003575

00:00:59.408 --> 00:01:02.120 2010 to start his own laboratory.

NOTE Confidence: 0.9624003575

 $00:01:02.120 \longrightarrow 00:01:02.898$ Since then,

NOTE Confidence: 0.9624003575

 $00{:}01{:}02.898 \dashrightarrow 00{:}01{:}05.232$ the Veerhawk lab has studied tumor

 $00{:}01{:}05.232 \to 00{:}01{:}07.299$ evolution and mechanisms of the rapy

NOTE Confidence: 0.9624003575

 $00{:}01{:}07.299 \dashrightarrow 00{:}01{:}10.155$ resistance in low and high grade gliomas.

NOTE Confidence: 0.9624003575

00:01:10.160 --> 00:01:11.828 The group was foundational

NOTE Confidence: 0.9624003575

 $00:01:11.828 \longrightarrow 00:01:13.496$ in establishing the Glioma

NOTE Confidence: 0.9624003575

00:01:13.496 --> 00:01:15.000 Longitudinal Analysis Consortium,

NOTE Confidence: 0.9624003575

 $00:01:15.000 \longrightarrow 00:01:17.526$ which has established a resource of

NOTE Confidence: 0.9624003575

00:01:17.526 --> 00:01:19.967 molecular profiles over time on a

NOTE Confidence: 0.9624003575

 $00:01:19.967 \longrightarrow 00:01:22.037$ large cohort of patients with glioma.

NOTE Confidence: 0.9624003575

 $00:01:22.040 \longrightarrow 00:01:24.475$ They identified and described genetic

NOTE Confidence: 0.9624003575

 $00{:}01{:}24.475 \dashrightarrow 00{:}01{:}26.423$ scars and cellular phenotypes

NOTE Confidence: 0.9624003575

 $00:01:26.423 \longrightarrow 00:01:28.448$ associated with glioma progression

NOTE Confidence: 0.9624003575

 $00:01:28.448 \longrightarrow 00:01:29.915$ and disease recurrence.

NOTE Confidence: 0.9624003575

 $00:01:29.920 \longrightarrow 00:01:32.115$ Extra chromosomal DNA amplifications were

NOTE Confidence: 0.9624003575

 $00:01:32.115 \longrightarrow 00:01:34.657$ discovered as critical drivers and are

NOTE Confidence: 0.9624003575

 $00:01:34.657 \longrightarrow 00:01:36.913$ now a major part of the team's research.

 $00:01:36.920 \longrightarrow 00:01:38.584$ After being affiliated with

NOTE Confidence: 0.9624003575

 $00{:}01{:}38.584 \dashrightarrow 00{:}01{:}40.248$ the Jackson Jackson Laboratory

NOTE Confidence: 0.9624003575

 $00:01:40.248 \longrightarrow 00:01:42.159$ for Genomic Medicine in 2016.

NOTE Confidence: 0.9624003575

 $00:01:42.160 \longrightarrow 00:01:45.310$ I can tell you our department leadership

NOTE Confidence: 0.9624003575

00:01:45.310 --> 00:01:47.810 fought very hard to recruit him

NOTE Confidence: 0.9624003575

 $00:01:47.810 \longrightarrow 00:01:50.536$ here to Yale and he joined us in the

NOTE Confidence: 0.9624003575

 $00:01:50.536 \longrightarrow 00:01:52.080$ Department of Neurosurgery in 2023.

NOTE Confidence: 0.9624003575

 $00:01:52.080 \longrightarrow 00:01:54.720$ Roll is a recipient of the

NOTE Confidence: 0.9624003575

00:01:54.720 --> 00:01:56.100 AAAS Watchal Award,

NOTE Confidence: 0.9624003575

00:01:56.100 --> 00:01:58.860 the Agilent the Early Career Professor

NOTE Confidence: 0.9624003575

 $00:01:58.860 \dashrightarrow 00:02:01.920$ Award and the Peter Stack Memorial Award.

NOTE Confidence: 0.9624003575

 $00:02:01.920 \longrightarrow 00:02:04.636$ He's also Co founder of Boundless Bio.

NOTE Confidence: 0.9624003575

 $00:02:04.640 \longrightarrow 00:02:06.250$ I can tell you in the short time that I've

NOTE Confidence: 0.9624003575

00:02:06.296 --> 00:02:07.759 had the privilege of working with him,

NOTE Confidence: 0.9624003575

 $00:02:07.760 \longrightarrow 00:02:10.304$ he's truly exceptional and I'm really

NOTE Confidence: 0.9624003575

 $00{:}02{:}10.304 \dashrightarrow 00{:}02{:}12.920$ excited for this talk and for all

 $00:02:12.920 \longrightarrow 00:02:15.320$ of the work that we have to come.

NOTE Confidence: 0.9624003575

 $00:02:15.320 \longrightarrow 00:02:16.584$ So without further ado,

NOTE Confidence: 0.9624003575

 $00:02:16.584 \longrightarrow 00:02:18.480$ thank you so much Doctor Veerhark.

NOTE Confidence: 0.807504614285714

 $00:02:19.920 \longrightarrow 00:02:20.674$ Thanks Jennifer.

NOTE Confidence: 0.807504614285714

 $00:02:20.674 \longrightarrow 00:02:22.559$ That very, very kind introduction.

NOTE Confidence: 0.807504614285714

 $00:02:22.560 \longrightarrow 00:02:25.365$ And so I joined the Department

NOTE Confidence: 0.807504614285714

00:02:25.365 --> 00:02:28.515 of Neurosurgery in April of last

NOTE Confidence: 0.807504614285714

 $00{:}02{:}28.515 \dashrightarrow 00{:}02{:}30.200$ year after some discussions with

NOTE Confidence: 0.807504614285714

 $00:02:30.200 \longrightarrow 00:02:31.360$ Doctor Grinnell and others.

NOTE Confidence: 0.807504614285714

 $00:02:31.360 \longrightarrow 00:02:33.480$ And to be honest, it wasn't that hard.

NOTE Confidence: 0.807504614285714

00:02:33.480 --> 00:02:35.124 I was pretty convinced very quickly

NOTE Confidence: 0.807504614285714

 $00:02:35.124 \longrightarrow 00:02:37.270$ that this was going to be a great

NOTE Confidence: 0.807504614285714

 $00{:}02{:}37.270 \dashrightarrow 00{:}02{:}38.515$ place to continue our research.

NOTE Confidence: 0.807504614285714

 $00:02:38.520 \longrightarrow 00:02:40.445$ As we were thinking about

NOTE Confidence: 0.807504614285714

 $00:02:40.445 \longrightarrow 00:02:41.600$ becoming more translational,

 $00:02:41.600 \longrightarrow 00:02:43.424$ it was we felt that we that being

NOTE Confidence: 0.807504614285714

 $00{:}02{:}43.424 \dashrightarrow 00{:}02{:}45.452$ in a clinical environment would we

NOTE Confidence: 0.807504614285714

 $00:02:45.452 \longrightarrow 00:02:47.720$ greatly benefit our work and what

NOTE Confidence: 0.807504614285714

 $00:02:47.720 \longrightarrow 00:02:49.608$ what grader clinical environment

NOTE Confidence: 0.807504614285714

00:02:49.608 --> 00:02:51.830 and Yale School of Medicine and

NOTE Confidence: 0.807504614285714

00:02:51.830 --> 00:02:52.880 department of Neurosurgery.

NOTE Confidence: 0.807504614285714

 $00:02:52.880 \longrightarrow 00:02:56.093$ So I'm a Co founder of a biotech that

NOTE Confidence: 0.807504614285714

00:02:56.093 --> 00:02:59.038 won't be discussing that work today.

NOTE Confidence: 0.807504614285714

 $00{:}02{:}59.040 \dashrightarrow 00{:}03{:}00.755$ I am also a consultant for neurotrials.

NOTE Confidence: 0.90473884

 $00:03:03.200 \longrightarrow 00:03:07.370$ So gliomas are the most common

NOTE Confidence: 0.90473884

 $00{:}03{:}07.370 \dashrightarrow 00{:}03{:}10.647$ molecular tumor type in an in adult

NOTE Confidence: 0.90473884

 $00:03:10.647 \longrightarrow 00:03:12.640$ patients and the most devastating ones.

NOTE Confidence: 0.90473884

 $00:03:12.640 \longrightarrow 00:03:14.550$ They're characterized by an infiltrative

NOTE Confidence: 0.90473884

00:03:14.550 --> 00:03:16.078 growth into the environment,

NOTE Confidence: 0.90473884

 $00:03:16.080 \longrightarrow 00:03:17.058$ into the parencoa,

NOTE Confidence: 0.90473884

 $00:03:17.058 \longrightarrow 00:03:18.688$ and this makes these tumors

 $00:03:18.688 \longrightarrow 00:03:20.078$ exceptionally hard to treat because

NOTE Confidence: 0.90473884

 $00{:}03{:}20.078 \dashrightarrow 00{:}03{:}21.990$ she can't go in with a knife and

NOTE Confidence: 0.90473884

 $00{:}03{:}21.990 \dashrightarrow 00{:}03{:}23.646$ cut out the entire the entire

NOTE Confidence: 0.90473884

 $00:03:23.646 \longrightarrow 00:03:25.000$ structure for obvious reasons.

NOTE Confidence: 0.811431153076923

 $00:03:27.320 \longrightarrow 00:03:29.364$ Nowadays we recognize traditionally

NOTE Confidence: 0.811431153076923

 $00{:}03{:}29.364 \dashrightarrow 00{:}03{:}31.919$ we would classify gliom as in

NOTE Confidence: 0.811431153076923

 $00:03:31.919 \longrightarrow 00:03:34.478$ adult patients by histopathology.

NOTE Confidence: 0.811431153076923

00:03:34.480 --> 00:03:36.365 Fortunately, we've gotten away from

NOTE Confidence: 0.811431153076923

 $00{:}03{:}36.365 \longrightarrow 00{:}03{:}39.063$ that as molecular markers do much more

NOTE Confidence: 0.811431153076923

 $00:03:39.063 \longrightarrow 00:03:41.313$ precise job in doing such classification.

NOTE Confidence: 0.811431153076923

 $00:03:41.320 \longrightarrow 00:03:43.760$ Nowadays we recognize gliomas based

NOTE Confidence: 0.811431153076923

 $00{:}03{:}43.760 \dashrightarrow 00{:}03{:}46.200$ on two critical molecular markers.

NOTE Confidence: 0.811431153076923

 $00{:}03{:}46.200 \dashrightarrow 00{:}03{:}48.776$ 1st, we set, we identified the presence

NOTE Confidence: 0.811431153076923

00:03:48.776 --> 00:03:51.891 of absence of a mutation in IDH one

NOTE Confidence: 0.811431153076923

 $00{:}03{:}51.891 \dashrightarrow 00{:}03{:}53.831$ or IDH 2 isocitrate dehydrogenate.

 $00:03:53.840 \longrightarrow 00:03:55.681$ And for those cases that carry an

NOTE Confidence: 0.811431153076923

00:03:55.681 --> 00:03:57.678 IDH 1 mutation or an IDH 2 mutation,

NOTE Confidence: 0.811431153076923

 $00:03:57.680 \longrightarrow 00:03:59.934$ we further separate them by the presence

NOTE Confidence: 0.811431153076923

 $00:03:59.934 \longrightarrow 00:04:02.313$ of our absence of 1P19Q code deletion.

NOTE Confidence: 0.811431153076923

00:04:02.313 --> 00:04:06.480 So from some arm loss of 1P and 19 Q 19 Q.

NOTE Confidence: 0.811431153076923

00:04:06.480 --> 00:04:08.100 Predominantly the cases that

NOTE Confidence: 0.811431153076923

 $00:04:08.100 \longrightarrow 00:04:09.720$ have this code deletion,

NOTE Confidence: 0.811431153076923

 $00:04:09.720 \longrightarrow 00:04:13.073$ we call them codels are a majority

NOTE Confidence: 0.811431153076923

 $00{:}04{:}13.073 \dashrightarrow 00{:}04{:}15.462$ is opathologically all it goes non code

NOTE Confidence: 0.811431153076923

 $00:04:15.462 \longrightarrow 00:04:17.630$ L So those cases that are IDH mutated

NOTE Confidence: 0.811431153076923

 $00{:}04{:}17.697 \dashrightarrow 00{:}04{:}19.893$ but don't have that code deletion

NOTE Confidence: 0.811431153076923

00:04:19.893 --> 00:04:22.040 are in majority astrocytomas and the

NOTE Confidence: 0.811431153076923

 $00:04:22.040 \longrightarrow 00:04:24.420$ IDH wild type cases are mostly the

NOTE Confidence: 0.811431153076923

 $00:04:24.420 \longrightarrow 00:04:26.860$ glioblastomas and the patients survival

NOTE Confidence: 0.811431153076923

 $00:04:26.860 \longrightarrow 00:04:29.166$ patterns are according meaning that

NOTE Confidence: 0.811431153076923

 $00:04:29.166 \longrightarrow 00:04:31.707$ those cases that have no IDH mutation

00:04:31.707 --> 00:04:35.240 do particularly poorly clinically.

NOTE Confidence: 0.811431153076923

 $00:04:35.240 \longrightarrow 00:04:37.672$ That's not to say that any of these

NOTE Confidence: 0.811431153076923

 $00:04:37.672 \longrightarrow 00:04:39.228$ tuber types are better to have

NOTE Confidence: 0.811431153076923

00:04:39.228 --> 00:04:41.177 quote UN quote this as far as you

NOTE Confidence: 0.811431153076923

 $00:04:41.177 \longrightarrow 00:04:42.599$ can ever better have a tumor.

NOTE Confidence: 0.811431153076923

 $00:04:42.600 \longrightarrow 00:04:46.310$ Patients that are that carry the IDH

NOTE Confidence: 0.811431153076923

00:04:46.310 --> 00:04:49.240 mutant non CODEL tumors are typically

NOTE Confidence: 0.811431153076923

 $00:04:49.240 \longrightarrow 00:04:51.800$ diagnosed between 35 and 44 years of age,

NOTE Confidence: 0.811431153076923

 $00:04:51.800 \longrightarrow 00:04:54.120$ so very young in life.

NOTE Confidence: 0.811431153076923

00:04:54.120 --> 00:04:55.624 The codel patient typically

NOTE Confidence: 0.811431153076923

 $00:04:55.624 \longrightarrow 00:04:57.880$ is around 45 years of age.

NOTE Confidence: 0.811431153076923

 $00{:}04{:}57.880 \dashrightarrow 00{:}04{:}59.878$ So again relatively early in life.

NOTE Confidence: 0.811431153076923

 $00{:}04{:}59.880 \dashrightarrow 00{:}05{:}01.896$ So those patients might have much

NOTE Confidence: 0.811431153076923

 $00:05:01.896 \longrightarrow 00:05:03.634$ better outcomes but they'll mostly

NOTE Confidence: 0.811431153076923

00:05:03.634 --> 00:05:05.620 the majority will still succumb to

 $00:05:05.620 \longrightarrow 00:05:07.465$ disease even prior to the median

NOTE Confidence: 0.811431153076923

 $00{:}05{:}07.465 \dashrightarrow 00{:}05{:}09.055$ age of diagnosis for IDH wild

NOTE Confidence: 0.811431153076923

 $00:05:09.055 \longrightarrow 00:05:10.840$ type tumors which is around 60.

NOTE Confidence: 0.811431153076923

 $00:05:10.840 \longrightarrow 00:05:12.520$ So these are all bad tumors.

NOTE Confidence: 0.95073869

 $00:05:15.400 \longrightarrow 00:05:18.960$ Here's the motivation for classifying

NOTE Confidence: 0.95073869

 $00:05:18.960 \dashrightarrow 00:05:21.756$ gliomas by these two molecular markers.

NOTE Confidence: 0.95073869

 $00:05:21.760 \longrightarrow 00:05:23.248$ And in part it's of course

NOTE Confidence: 0.95073869

00:05:23.248 --> 00:05:23.992 it's clinically it's,

NOTE Confidence: 0.95073869

 $00:05:24.000 \longrightarrow 00:05:25.518$ it's the survival outcomes as I

NOTE Confidence: 0.95073869

00:05:25.518 --> 00:05:27.359 showed you on the previous slide.

NOTE Confidence: 0.95073869

 $00:05:27.360 \longrightarrow 00:05:29.580$ But here in this paper

NOTE Confidence: 0.95073869

 $00:05:29.580 \longrightarrow 00:05:31.805$ from the TCGA from 2015,

NOTE Confidence: 0.95073869

 $00:05:31.805 \longrightarrow 00:05:34.475$ we demonstrated that not only behave

NOTE Confidence: 0.95073869

 $00:05:34.475 \longrightarrow 00:05:36.548$ these tumors differently and respond,

NOTE Confidence: 0.95073869

 $00:05:36.548 \longrightarrow 00:05:39.356$ they they respond different to treatments,

NOTE Confidence: 0.95073869

 $00:05:39.360 \longrightarrow 00:05:40.976$ but they're really biologically

 $00{:}05{:}40.976 \longrightarrow 00{:}05{:}42.996$ different entities as reflected in

NOTE Confidence: 0.95073869

 $00{:}05{:}42.996 \dashrightarrow 00{:}05{:}45.680$ the sets of molecular alterations

NOTE Confidence: 0.95073869

 $00:05:45.680 \longrightarrow 00:05:47.960$ that are commonly detected.

NOTE Confidence: 0.95073869

 $00:05:47.960 \longrightarrow 00:05:48.640$ For example,

NOTE Confidence: 0.95073869

 $00:05:48.640 \longrightarrow 00:05:52.140$ in the codel group we find that they

NOTE Confidence: 0.95073869

 $00:05:52.140 \longrightarrow 00:05:54.280$ are nearly universally carrying

NOTE Confidence: 0.95073869

00:05:54.280 --> 00:05:57.120 mutations in the Turk promoter,

NOTE Confidence: 0.95073869

 $00:05:57.120 \longrightarrow 00:05:59.706$ as well as relatively spurious mutations

NOTE Confidence: 0.95073869

00:05:59.706 --> 00:06:04.360 in genes like Notch One and NCIC.

NOTE Confidence: 0.95073869

 $00:06:04.360 \longrightarrow 00:06:05.332$ The non codels,

NOTE Confidence: 0.95073869

 $00{:}06{:}05.332 \dashrightarrow 00{:}06{:}07.276$ even though they are IDH mutated,

NOTE Confidence: 0.95073869

 $00:06:07.280 \longrightarrow 00:06:10.840$ rarely contain Turk promoter mutations

NOTE Confidence: 0.95073869

 $00{:}06{:}10.840 \dashrightarrow 00{:}06{:}13.670$ but are universally mutated in P53 and

NOTE Confidence: 0.95073869

00:06:13.670 --> 00:06:16.760 75% carry hairy alterations in ATRX.

NOTE Confidence: 0.95073869

00:06:16.760 --> 00:06:19.292 So very similar tumor types but

00:06:19.292 --> 00:06:20.558 molecularly quite different.

NOTE Confidence: 0.95073869

 $00:06:20.560 \longrightarrow 00:06:24.440$ And then finally IDH wild type tumors

NOTE Confidence: 0.95073869

 $00:06:24.440 \longrightarrow 00:06:27.655$ again 80% are turb promoter mutated and

NOTE Confidence: 0.95073869

 $00:06:27.655 \longrightarrow 00:06:30.520$ they are then a majority containing

NOTE Confidence: 0.95073869

00:06:30.520 --> 00:06:33.044 mutations in genes like e.g., FRCDK,

NOTE Confidence: 0.95073869

 $00:06:33.044 \longrightarrow 00:06:35.158$ N2AP10 and so on and so forth.

NOTE Confidence: 0.95073869

 $00:06:35.160 \longrightarrow 00:06:37.210$ So biological not just responding

NOTE Confidence: 0.95073869

00:06:37.210 --> 00:06:38.440 differently to treatment,

NOTE Confidence: 0.95073869

 $00:06:38.440 \longrightarrow 00:06:40.174$ not just different at in terms

NOTE Confidence: 0.95073869

 $00:06:40.174 \longrightarrow 00:06:42.399$ of at when they present in life,

NOTE Confidence: 0.95073869

 $00:06:42.400 \longrightarrow 00:06:44.120$ but biologically also quite different.

NOTE Confidence: 0.933013848888889

 $00:06:46.560 \longrightarrow 00:06:51.000$ Now after we were able to refine the

NOTE Confidence: 0.93301384888889

 $00:06:51.000 \longrightarrow 00:06:53.720$ classification of gliomas in adult patients,

NOTE Confidence: 0.933013848888889

00:06:53.720 --> 00:06:55.136 a major next a major challenge

NOTE Confidence: 0.93301384888889

 $00:06:55.136 \longrightarrow 00:06:56.627$ continues to be how these tumors

NOTE Confidence: 0.93301384888889

 $00:06:56.627 \longrightarrow 00:06:58.377$ respond to treatment and the lack of

 $00:06:58.377 \longrightarrow 00:07:00.280$ new treatments coming into the clinic.

NOTE Confidence: 0.872608682857143

 $00{:}07{:}02.800 \dashrightarrow 00{:}07{:}04.504$ Now tumors initiate from a cell

NOTE Confidence: 0.872608682857143

 $00{:}07{:}04.504 \dashrightarrow 00{:}07{:}06.623$ of origin and over time as these

NOTE Confidence: 0.872608682857143

 $00:07:06.623 \longrightarrow 00:07:07.851$ cells respond to challenges

NOTE Confidence: 0.872608682857143

 $00:07:07.851 \longrightarrow 00:07:09.800$ in the tumor microenvironment,

NOTE Confidence: 0.872608682857143

 $00:07:09.800 \longrightarrow 00:07:11.680$ for example presence of oxygen,

NOTE Confidence: 0.872608682857143

00:07:11.680 --> 00:07:14.080 lack of nutrients and so forth,

NOTE Confidence: 0.872608682857143

 $00:07:14.080 \longrightarrow 00:07:15.960$ you'll find that intratumoral

NOTE Confidence: 0.872608682857143

 $00:07:15.960 \longrightarrow 00:07:17.840$ heterogeneity starts to develop.

NOTE Confidence: 0.872608682857143

 $00:07:17.840 \longrightarrow 00:07:19.898$ And this is a consequence of

NOTE Confidence: 0.872608682857143

00:07:19.898 --> 00:07:21.270 these evolutionary processes and

NOTE Confidence: 0.872608682857143

 $00{:}07{:}21.328 \dashrightarrow 00{:}07{:}22.928$ clonal selection where some cells

NOTE Confidence: 0.872608682857143

 $00{:}07{:}22.928 \dashrightarrow 00{:}07{:}24.984$ are better able to deal with

NOTE Confidence: 0.872608682857143

 $00:07:24.984 \longrightarrow 00:07:26.556$ these limitations than others.

NOTE Confidence: 0.872608682857143

 $00:07:26.560 \longrightarrow 00:07:29.690$ Therefore they become they they

 $00:07:29.690 \longrightarrow 00:07:31.244$ they show clonal outgrowth.

NOTE Confidence: 0.872608682857143

 $00:07:31.244 \longrightarrow 00:07:33.400$ So at the time of diagnosis we're

NOTE Confidence: 0.872608682857143

 $00:07:33.458 \longrightarrow 00:07:35.534$ dealing with an with an heterogeneous

NOTE Confidence: 0.872608682857143

 $00:07:35.534 \longrightarrow 00:07:37.608$ tumor with different sets of tumor

NOTE Confidence: 0.872608682857143

 $00:07:37.608 \longrightarrow 00:07:39.486$ cells marked by specific and mutations

NOTE Confidence: 0.872608682857143

 $00:07:39.486 \longrightarrow 00:07:42.960$ and other kinds of gene alterations.

NOTE Confidence: 0.872608682857143

 $00:07:42.960 \longrightarrow 00:07:44.860$ Now critically this process doesn't

NOTE Confidence: 0.872608682857143

00:07:44.860 --> 00:07:47.586 end a diagnosis of course we impose

NOTE Confidence: 0.872608682857143

 $00{:}07{:}47.586 \dashrightarrow 00{:}07{:}49.238$ treatments onto these tumors.

NOTE Confidence: 0.872608682857143

00:07:49.240 --> 00:07:52.170 You know surgery initially debulking

NOTE Confidence: 0.872608682857143

 $00{:}07{:}52.170 \dashrightarrow 00{:}07{:}54.616$ surgery combined with radiation and

NOTE Confidence: 0.872608682857143

 $00:07:54.616 \longrightarrow 00:07:56.936$ chemotherapy which for gliomas in

NOTE Confidence: 0.872608682857143

 $00:07:56.936 \longrightarrow 00:08:01.000$ majority is stemozolamide, stemozolamide.

NOTE Confidence: 0.872608682857143

 $00:08:01.000 \longrightarrow 00:08:03.580$ And of course these treatments

NOTE Confidence: 0.872608682857143

 $00:08:03.580 \longrightarrow 00:08:06.160$ continue to impose these bottlenecks

NOTE Confidence: 0.872608682857143

 $00:08:06.241 \longrightarrow 00:08:08.580$ onto the tumor and those cells

 $00:08:08.580 \longrightarrow 00:08:10.977$ best able to deal with radiation,

NOTE Confidence: 0.872608682857143

 $00:08:10.977 \longrightarrow 00:08:12.759$ best able to deal with chemotherapy

NOTE Confidence: 0.872608682857143

 $00{:}08{:}12.759 \dashrightarrow 00{:}08{:}15.000$ are the ones that are going to fuel

NOTE Confidence: 0.872608682857143

 $00:08:15.000 \longrightarrow 00:08:17.800$ the outgrowth and the tumor recurrence.

NOTE Confidence: 0.872608682857143

 $00:08:17.800 \longrightarrow 00:08:19.116$ So we felt that this would be,

NOTE Confidence: 0.872608682857143

 $00:08:19.120 \longrightarrow 00:08:21.640$ this would be an important process

NOTE Confidence: 0.872608682857143

 $00:08:21.640 \longrightarrow 00:08:24.262$ to study so that we could try and

NOTE Confidence: 0.872608682857143

 $00:08:24.262 \longrightarrow 00:08:25.980$ make these treatments more effective

NOTE Confidence: 0.872608682857143

00:08:25.980 --> 00:08:27.868 and potentially identify targets

NOTE Confidence: 0.872608682857143

 $00{:}08{:}27.868 \dashrightarrow 00{:}08{:}29.756$ for new treatment development.

NOTE Confidence: 0.94891822

 $00:08:31.960 \longrightarrow 00:08:32.880$ So with that in mind,

NOTE Confidence: 0.94891822

 $00{:}08{:}32.880 \dashrightarrow 00{:}08{:}34.920$ we started the Glioma Longitudinal

NOTE Confidence: 0.94891822

 $00{:}08{:}34.920 \dashrightarrow 00{:}08{:}38.600$ Analysis or Glass Consortium in 2015.

NOTE Confidence: 0.94891822

 $00:08:38.600 \longrightarrow 00:08:41.715$ The glass consortium has set out to

NOTE Confidence: 0.94891822

 $00:08:41.720 \longrightarrow 00:08:43.890$ developed on the tail ends of the

 $00:08:43.890 \longrightarrow 00:08:46.979$ TCGA and it set out to develop a

NOTE Confidence: 0.94891822

 $00{:}08{:}46.979 \dashrightarrow 00{:}08{:}48.499$ comprehensive molecular reference data

NOTE Confidence: 0.94891822

00:08:48.499 --> 00:08:51.502 set from pairs of tumors obtained and

NOTE Confidence: 0.94891822

 $00:08:51.502 \longrightarrow 00:08:53.400$ diagnosis and then after treatment,

NOTE Confidence: 0.94891822

 $00{:}08{:}53.400 \dashrightarrow 00{:}08{:}55.200$ so the first tumor recurrence.

NOTE Confidence: 0.94891822

00:08:55.200 --> 00:08:57.265 But in reality we have been collecting

NOTE Confidence: 0.94891822

 $00:08:57.265 \longrightarrow 00:08:59.119$ tumors along the whole trajectory.

NOTE Confidence: 0.94891822

 $00:08:59.120 \longrightarrow 00:09:01.955$ So we have cases now for glass where we

NOTE Confidence: 0.94891822

 $00{:}09{:}01.955 \dashrightarrow 00{:}09{:}04.252$ have 6 recurrences consecutively and

NOTE Confidence: 0.94891822

 $00:09:04.252 \longrightarrow 00:09:06.196$ we've molecularly characterized them.

NOTE Confidence: 0.94891822

 $00:09:06.200 \longrightarrow 00:09:08.156$ In other words, we've sequenced them.

NOTE Confidence: 0.94891822

00:09:08.160 --> 00:09:09.840 And then critically for glass,

NOTE Confidence: 0.94891822

 $00{:}09{:}09{:}840 \dashrightarrow 00{:}09{:}13.753$ we really try to curate and obtain

NOTE Confidence: 0.94891822

 $00:09:13.753 \longrightarrow 00:09:17.024$ clinical annotation for all cases in

NOTE Confidence: 0.94891822

 $00:09:17.024 \longrightarrow 00:09:20.084$ the cohort because the value of a

NOTE Confidence: 0.94891822

 $00:09:20.084 \longrightarrow 00:09:22.039$ resource like this is significantly

 $00{:}09{:}22.039 \dashrightarrow 00{:}09{:}24.158$ amplified if we know which tumors

NOTE Confidence: 0.94891822

 $00{:}09{:}24.158 \dashrightarrow 00{:}09{:}26.280$ got treated in between time plans.

NOTE Confidence: 0.94891822

 $00{:}09{:}26.280 --> 00{:}09{:}28.401$ Now why that we needed to do

NOTE Confidence: 0.94891822

 $00:09:28.401 \longrightarrow 00:09:29.720$ a consortium for this,

NOTE Confidence: 0.94891822

 $00{:}09{:}29.720 \dashrightarrow 00{:}09{:}31.568$ it's because of things like patient

NOTE Confidence: 0.94891822

 $00:09:31.568 \longrightarrow 00:09:33.799$ mobility and the way tumor banks work.

NOTE Confidence: 0.94891822

 $00:09:33.800 \longrightarrow 00:09:36.480$ If you go to your average tumor bank,

NOTE Confidence: 0.94891822

 $00:09:36.480 \longrightarrow 00:09:38.958$ surely you'll find some tumors for which

NOTE Confidence: 0.94891822

 $00{:}09{:}38.958 \to 00{:}09{:}40.999$ there's multiple time point specimens.

NOTE Confidence: 0.94891822

 $00{:}09{:}41.000 \dashrightarrow 00{:}09{:}43.016$ But even for MD Anderson where I

NOTE Confidence: 0.94891822

 $00:09:43.016 \longrightarrow 00:09:45.580$ used to where we used to be one of

NOTE Confidence: 0.94891822

 $00:09:45.580 \longrightarrow 00:09:48.040$ the largest centers in the country,

NOTE Confidence: 0.94891822

 $00:09:48.040 \longrightarrow 00:09:49.916$ we were limited to a few dozen

NOTE Confidence: 0.94891822

 $00:09:49.916 \longrightarrow 00:09:51.902$ cases where we would have these

NOTE Confidence: 0.94891822

 $00:09:51.902 \longrightarrow 00:09:53.398$ multi time point specimens.

 $00:09:53.400 \longrightarrow 00:09:55.080$ And then as you're dealing with

NOTE Confidence: 0.94891822

 $00{:}09{:}55.080 \dashrightarrow 00{:}09{:}56.410$ attrition due to tissue quality,

NOTE Confidence: 0.94891822

 $00:09:56.410 \longrightarrow 00:09:57.880$ at the end of the day,

NOTE Confidence: 0.94891822

 $00:09:57.880 \longrightarrow 00:10:00.180$ you really need an international

NOTE Confidence: 0.94891822

 $00:10:00.180 \longrightarrow 00:10:03.437$ collaboration to get to the large enough

NOTE Confidence: 0.94891822

 $00:10:03.437 \dashrightarrow 00:10:06.756$ numbers to do any kind of robust analysis.

NOTE Confidence: 0.94891822

 $00:10:06.760 \longrightarrow 00:10:08.956$ So we started the consortium also

NOTE Confidence: 0.94891822

00:10:08.956 --> 00:10:11.110 still being enthusiastic of how well

NOTE Confidence: 0.94891822

 $00:10:11.110 \longrightarrow 00:10:13.000$ the TCJ collaboration went for us

NOTE Confidence: 0.94891822

 $00:10:13.000 \longrightarrow 00:10:15.346$ and now have developed a consortium

NOTE Confidence: 0.94891822

00:10:15.346 --> 00:10:17.334 that involves over 140 people

NOTE Confidence: 0.94891822

 $00:10:17.334 \longrightarrow 00:10:19.369$ spread across the globe essentially

NOTE Confidence: 0.94891822

 $00:10:19.369 \longrightarrow 00:10:21.320$ in 14 different countries.

NOTE Confidence: 0.94891822

 $00{:}10{:}21.320 \dashrightarrow 00{:}10{:}22.958$ This is an older picture actually.

NOTE Confidence: 0.94891822

 $00:10:22.960 \longrightarrow 00:10:24.038$ If you would take a picture now,

NOTE Confidence: 0.94891822

 $00:10:24.040 \longrightarrow 00:10:24.800$ it would fill the room.

00:10:27.320 --> 00:10:30.608 So an important purpose of Glass

NOTE Confidence: 0.92655475

 $00:10:30.608 \longrightarrow 00:10:33.440$ is not just to create this,

NOTE Confidence: 0.92655475

 $00:10:33.440 \longrightarrow 00:10:36.272$ this data set but also to share it

NOTE Confidence: 0.92655475

00:10:36.272 --> 00:10:38.468 broadly just like the TCA so that

NOTE Confidence: 0.92655475

00:10:38.468 --> 00:10:39.992 not just we can do interesting

NOTE Confidence: 0.92655475

 $00:10:39.992 \longrightarrow 00:10:41.532$ analysis with them but of course

NOTE Confidence: 0.92655475

 $00:10:41.532 \longrightarrow 00:10:43.200$ that the whole community can do so.

NOTE Confidence: 0.92655475

 $00{:}10{:}43.200 \dashrightarrow 00{:}10{:}45.727$ So in 2022 we released our latest

NOTE Confidence: 0.92655475

 $00:10:45.727 \longrightarrow 00:10:47.921$ public version of the glass data

NOTE Confidence: 0.92655475

 $00:10:47.921 \longrightarrow 00:10:50.401$ resource which is a cohort of 300

NOTE Confidence: 0.92655475

00:10:50.401 --> 00:10:53.208 / 300 patients for whom we have

NOTE Confidence: 0.92655475

 $00{:}10{:}53.208 \dashrightarrow 00{:}10{:}55.155$ collected multi time point DNA

NOTE Confidence: 0.92655475

 $00{:}10{:}55.155 \dashrightarrow 00{:}10{:}57.800$ sequencing and or RNA sequencing.

NOTE Confidence: 0.92655475

 $00{:}10{:}57.800 \to 00{:}10{:}59.584$ Now these 300 patients and I can tell

NOTE Confidence: 0.92655475

 $00:10:59.584 \longrightarrow 00:11:01.573$ you in the meantime now we're 2024,

 $00:11:01.573 \longrightarrow 00:11:03.811$ we've nearly doubled the cohort size

NOTE Confidence: 0.92655475

 $00:11:03.811 \longrightarrow 00:11:06.358$ and we'll be releasing that soon.

NOTE Confidence: 0.92655475

 $00:11:06.360 \longrightarrow 00:11:08.220$ So we continue to actively expand

NOTE Confidence: 0.92655475

00:11:08.220 --> 00:11:08.840 this cohort NOTE Confidence: 0.863402449230769

00:11:10.880 --> 00:11:12.238 Right now in our code if you

NOTE Confidence: 0.863402449230769

 $00:11:12.238 \longrightarrow 00:11:13.638$ go to the URL shown here,

NOTE Confidence: 0.863402449230769

00:11:13.640 --> 00:11:16.376 you can find variants in clinical

NOTE Confidence: 0.863402449230769

 $00:11:16.376 \longrightarrow 00:11:19.112$ annotation for over 300 cases of

NOTE Confidence: 0.863402449230769

 $00{:}11{:}19.112 \dashrightarrow 00{:}11{:}22.136$ which in majority are from IDH wild

NOTE Confidence: 0.863402449230769

 $00:11:22.136 \longrightarrow 00:11:24.280$ type tumors followed by the non

NOTE Confidence: 0.863402449230769

 $00{:}11{:}24.280 \dashrightarrow 00{:}11{:}26.140$ Codells Finally the Codells as you

NOTE Confidence: 0.863402449230769

 $00:11:26.140 \longrightarrow 00:11:28.170$ can see we have a relative under

NOTE Confidence: 0.863402449230769

 $00:11:28.170 \longrightarrow 00:11:29.604$ representation of Codells here and

NOTE Confidence: 0.863402449230769

 $00:11:29.604 \longrightarrow 00:11:31.308$ that's likely due to the longer

NOTE Confidence: 0.863402449230769

 $00:11:31.308 \longrightarrow 00:11:33.225$ time to recurrence or Codell tumors

NOTE Confidence: 0.863402449230769

 $00{:}11{:}33.225 \dashrightarrow 00{:}11{:}35.355$ compared to IDs wild type tumors.

00:11:35.360 --> 00:11:37.598 The shorter the time to recurrence,

NOTE Confidence: 0.863402449230769

 $00:11:37.600 \longrightarrow 00:11:39.518$ the higher the likelihood that two tumor

NOTE Confidence: 0.863402449230769

 $00:11:39.518 \longrightarrow 00:11:41.597$ specimens will end up in the same tumor bank.

NOTE Confidence: 0.863402449230769

 $00:11:41.600 \longrightarrow 00:11:44.360$ In addition to that RE resection is not

NOTE Confidence: 0.863402449230769

 $00:11:44.360 \longrightarrow 00:11:47.192$ standard for any of these and so that's

NOTE Confidence: 0.863402449230769

 $00:11:47.192 \longrightarrow 00:11:49.639$ another factor that comes into play here.

NOTE Confidence: 0.863402449230769

 $00:11:49.640 \longrightarrow 00:11:51.650$ You can maybe appreciate that the

NOTE Confidence: 0.863402449230769

00:11:51.650 --> 00:11:54.204 median age of diagnosis in these

NOTE Confidence: 0.863402449230769

00:11:54.204 --> 00:11:56.559 three groups is relatively young.

NOTE Confidence: 0.863402449230769

00:11:56.560 --> 00:11:59.480 And that is because in order to end up for

NOTE Confidence: 0.863402449230769

00:11:59.480 --> 00:12:01.640 data to end up in our in our resource,

NOTE Confidence: 0.863402449230769

 $00:12:01.640 \longrightarrow 00:12:05.656$ the patient has to have had two surgical

NOTE Confidence: 0.863402449230769

NOTE Confidence: 0.863402449230769

 $00:12:07.880 \longrightarrow 00:12:09.644$ meaning that the patient has had to

NOTE Confidence: 0.863402449230769

 $00:12:09.644 \longrightarrow 00:12:11.529$ be in relatively good shape to be

 $00:12:11.529 \longrightarrow 00:12:12.874$ able to undergo those procedures.

NOTE Confidence: 0.863402449230769

 $00:12:12.880 \longrightarrow 00:12:15.157$ So we see a bit of a bias in

NOTE Confidence: 0.863402449230769

00:12:15.157 --> 00:12:17.836 median aid to diagnosis as well as

NOTE Confidence: 0.863402449230769

00:12:17.836 --> 00:12:19.840 in survival patterns shown here.

NOTE Confidence: 0.863402449230769

 $00:12:19.840 \longrightarrow 00:12:20.520$ That is what it is.

NOTE Confidence: 0.863402449230769

 $00:12:20.520 \longrightarrow 00:12:22.960$ We can't really address that.

NOTE Confidence: 0.863402449230769

 $00:12:22.960 \longrightarrow 00:12:25.004$ We try to address it by expanding

NOTE Confidence: 0.863402449230769

00:12:25.004 --> 00:12:26.845 the resources large as we can so

NOTE Confidence: 0.863402449230769

 $00{:}12{:}26.845 \to 00{:}12{:}28.536$ that we kept capture as many patient

NOTE Confidence: 0.863402449230769

 $00:12:28.536 \longrightarrow 00:12:29.640$ groups as we can.

NOTE Confidence: 0.863402449230769

 $00{:}12{:}29.640 \dashrightarrow 00{:}12{:}31.537$ Finally, I'm going to point out that

NOTE Confidence: 0.863402449230769

 $00{:}12{:}31.537 \dashrightarrow 00{:}12{:}33.758$ our annotation in my opinion is really great.

NOTE Confidence: 0.863402449230769

 $00:12:33.760 \longrightarrow 00:12:35.986$ So we know for all patients whether

NOTE Confidence: 0.863402449230769

00:12:35.986 --> 00:12:37.839 they or nearly all patients,

NOTE Confidence: 0.863402449230769

 $00:12:37.840 \longrightarrow 00:12:39.560$ whether they have received tamizolamides,

NOTE Confidence: 0.863402449230769

 $00:12:39.560 \longrightarrow 00:12:41.268$ yes or no and whether they have

00:12:41.268 --> 00:12:42.400 received radio radiation therapy,

NOTE Confidence: 0.86340244923076900:12:42.400 --> 00:12:43.396 yes or no. NOTE Confidence: 0.863402449230769

 $00:12:43.396 \longrightarrow 00:12:45.720$ And we've got many more clinical variables.

NOTE Confidence: 0.863402449230769

00:12:45.720 --> 00:12:47.400 I just chose to highlight these

NOTE Confidence: 0.863402449230769

 $00:12:47.400 \longrightarrow 00:12:49.599$ on this on this particular slide.

NOTE Confidence: 0.863402449230769

 $00:12:49.600 \longrightarrow 00:12:50.520$ So I, in my opinion,

NOTE Confidence: 0.863402449230769

00:12:50.520 --> 00:12:54.600 it's really becoming a phenomenal resource.

NOTE Confidence: 0.863402449230769

 $00:12:54.600 \longrightarrow 00:12:56.280$ Now what can you do with a

NOTE Confidence: 0.863402449230769

 $00:12:56.280 \longrightarrow 00:12:57.000$ resource like this?

NOTE Confidence: 0.863402449230769

00:12:57.000 --> 00:12:58.197 I think you can do many things.

NOTE Confidence: 0.863402449230769

 $00:12:58.200 \longrightarrow 00:12:59.636$ But we initially started,

NOTE Confidence: 0.863402449230769

 $00:12:59.636 \longrightarrow 00:13:01.072$ we initially focused on

NOTE Confidence: 0.863402449230769

00:13:01.072 --> 00:13:02.440 2 important questions.

NOTE Confidence: 0.863402449230769 00:13:02.440 --> 00:13:02.814 First, NOTE Confidence: 0.863402449230769

 $00:13:02.814 \longrightarrow 00:13:05.432$ what is the impact of temozolomite on

 $00:13:05.432 \longrightarrow 00:13:07.557$ tumor evolution and on these gliomas?

NOTE Confidence: 0.863402449230769 00:13:07.560 --> 00:13:08.090 And 2nd, NOTE Confidence: 0.863402449230769

 $00:13:08.090 \longrightarrow 00:13:09.680$ what is the impact of radiation?

NOTE Confidence: 0.633319481

 $00:13:13.200 \longrightarrow 00:13:14.960$ So treatment with temozolomite.

NOTE Confidence: 0.633319481

 $00:13:14.960 \longrightarrow 00:13:17.600$ Temozolomite is a DE alkylating agent.

NOTE Confidence: 0.633319481

 $00{:}13{:}17.600 \dashrightarrow 00{:}13{:}20.408$ The repair process of the DE

NOTE Confidence: 0.633319481

 $00:13:20.408 \longrightarrow 00:13:23.490$ alkylation shows up in can show up

NOTE Confidence: 0.633319481

 $00:13:23.490 \longrightarrow 00:13:26.000$ as mutations and nucleotide changes.

NOTE Confidence: 0.633319481

 $00{:}13{:}26.000 \dashrightarrow 00{:}13{:}28.140$ Nucleotide changes can conveniently

NOTE Confidence: 0.633319481

 $00:13:28.140 \longrightarrow 00:13:30.280$ be detected using sequencing,

NOTE Confidence: 0.633319481

 $00{:}13{:}30.280 \to 00{:}13{:}32.431$ and that means that in a subset of tumors

NOTE Confidence: 0.633319481

 $00:13:32.431 \longrightarrow 00:13:34.278$ that are treated with temozolomide,

NOTE Confidence: 0.633319481

 $00:13:34.280 \longrightarrow 00:13:36.920$ A hypermutation phenotype will develop.

NOTE Confidence: 0.633319481

 $00:13:36.920 \longrightarrow 00:13:38.378$ So these are tumors where cells

NOTE Confidence: 0.633319481

 $00:13:38.378 \longrightarrow 00:13:40.148$ have been able to overcome the

NOTE Confidence: 0.633319481

00:13:40.148 --> 00:13:41.636 damaging effect of temozolomide,

 $00:13:41.640 \longrightarrow 00:13:43.628$ and they do so by repairing the

NOTE Confidence: 0.633319481

 $00{:}13{:}43.628 \dashrightarrow 00{:}13{:}45.320$ damage caused by temozolomide,

NOTE Confidence: 0.633319481

 $00:13:45.320 \longrightarrow 00:13:47.240$ and the damage is then showing

NOTE Confidence: 0.633319481

 $00:13:47.240 \longrightarrow 00:13:48.200$ up as hypermutation.

NOTE Confidence: 0.633319481

00:13:48.200 --> 00:13:49.800 Very high mutational burdens

NOTE Confidence: 0.901563641666667

00:13:51.880 --> 00:13:54.211 across our cohort and this is slightly

NOTE Confidence: 0.901563641666667

 $00:13:54.211 \longrightarrow 00:13:56.057$ older version of our data set.

NOTE Confidence: 0.901563641666667

 $00{:}13{:}56.057 \dashrightarrow 00{:}13{:}58.136$ But across our cohort we then see

NOTE Confidence: 0.901563641666667

 $00{:}13{:}58.136 \dashrightarrow 00{:}13{:}59.857$ that when we compare mutational

NOTE Confidence: 0.901563641666667

 $00{:}13{:}59.857 \dashrightarrow 00{:}14{:}02.328$ burden of the initial tumor and the

NOTE Confidence: 0.901563641666667

00:14:02.394 --> 00:14:04.439 post TMZ treated recurrent tumor,

NOTE Confidence: 0.901563641666667

 $00:14:04.440 \longrightarrow 00:14:07.716$ so this is only TMZ treated cases,

NOTE Confidence: 0.901563641666667

 $00{:}14{:}07.720 \dashrightarrow 00{:}14{:}09.666$ we see very high mutational burdens in

NOTE Confidence: 0.901563641666667

 $00:14:09.666 \longrightarrow 00:14:11.477$ these recurrences and this is a log scale.

NOTE Confidence: 0.901563641666667

 $00:14:11.480 \longrightarrow 00:14:13.545$ So we chose a cutoff of 10

 $00:14:13.545 \longrightarrow 00:14:14.800$ mutations per megabase here.

NOTE Confidence: 0.879999231428572

 $00:14:16.840 \longrightarrow 00:14:20.116$ So across the three subtypes of glioma,

NOTE Confidence: 0.879999231428572

 $00:14:20.120 \longrightarrow 00:14:23.920$ we see that a subset recurs as hypermutated.

NOTE Confidence: 0.879999231428572

 $00:14:23.920 \longrightarrow 00:14:27.040$ The relative frequencies differ by subtypes,

NOTE Confidence: 0.879999231428572

 $00:14:27.040 \longrightarrow 00:14:29.820$ ID 12 type tumors 15 to 16%.

NOTE Confidence: 0.879999231428572

00:14:29.820 --> 00:14:32.120 For the IDH mutant tumors,

NOTE Confidence: 0.879999231428572

 $00:14:32.120 \longrightarrow 00:14:35.011$ we see that the rate of hypermutation

NOTE Confidence: 0.879999231428572

00:14:35.011 --> 00:14:36.840 development is much higher.

NOTE Confidence: 0.879999231428572

 $00:14:36.840 \longrightarrow 00:14:38.955$ We think this is due to the fact that

NOTE Confidence: 0.879999231428572

 $00:14:38.960 \longrightarrow 00:14:42.117$ IDH mutated tumors take longer to recur.

NOTE Confidence: 0.879999231428572

 $00:14:42.120 \longrightarrow 00:14:44.094$ Therefore, there's a more of an

NOTE Confidence: 0.879999231428572

 $00:14:44.094 \longrightarrow 00:14:45.880$ opportunity for hypermutation to develop.

NOTE Confidence: 0.8969933675

 $00:14:50.160 \longrightarrow 00:14:52.300$ Hypermutation has been associated

NOTE Confidence: 0.8969933675

 $00:14:52.300 \longrightarrow 00:14:54.440$ with relatively poor outcomes.

NOTE Confidence: 0.8969933675

00:14:54.440 --> 00:14:56.582 What we found when we EPL evaluated

NOTE Confidence: 0.8969933675

 $00:14:56.582 \longrightarrow 00:14:57.935$ the presence of hypermutation

 $00:14:57.935 \longrightarrow 00:15:00.137$ in TMZ treated tumors and then

NOTE Confidence: 0.8969933675

00:15:00.137 --> 00:15:02.200 compared to time to progression,

NOTE Confidence: 0.8969933675

00:15:02.200 --> 00:15:03.776 that it's actually similar

NOTE Confidence: 0.8969933675

 $00:15:03.776 \longrightarrow 00:15:04.958$ between non hypermutated.

NOTE Confidence: 0.8969933675

 $00:15:04.960 \longrightarrow 00:15:07.627$ So tumors that did not become hypermutated

NOTE Confidence: 0.8969933675

 $00:15:07.627 \longrightarrow 00:15:10.359$ versus those that did become hypermutated.

NOTE Confidence: 0.8969933675

00:15:10.360 --> 00:15:12.730 So time to progression doesn't really

NOTE Confidence: 0.8969933675

00:15:12.730 --> 00:15:15.440 depend on the development of hypermutation,

NOTE Confidence: 0.8969933675

 $00:15:15.440 \longrightarrow 00:15:17.918$ but once a tumor has become hypermutated,

NOTE Confidence: 0.8969933675

 $00:15:17.920 \longrightarrow 00:15:19.870$ so after that recurrence the hypermutators

NOTE Confidence: 0.8969933675

 $00:15:19.870 \longrightarrow 00:15:22.199$ do worse than the non hypermutators.

NOTE Confidence: 0.862874347307692

 $00{:}15{:}26.040 \dashrightarrow 00{:}15{:}28.736$ That's not to say that we shouldn't be

NOTE Confidence: 0.862874347307692

 $00{:}15{:}28.736 \to 00{:}15{:}31.199$ treating these patients with tenozolamide.

NOTE Confidence: 0.862874347307692

 $00:15:31.200 \longrightarrow 00:15:33.784$ Clinical trials such as the CAD non study

NOTE Confidence: 0.862874347307692

 $00:15:33.784 \longrightarrow 00:15:36.104$ from the ERTC have clearly demonstrated

 $00{:}15{:}36.104 \dashrightarrow 00{:}15{:}38.120$ that tenozolamide has significant

NOTE Confidence: 0.862874347307692

 $00{:}15{:}38.120 \to 00{:}15{:}40.640$ benefits across the patient population.

NOTE Confidence: 0.862874347307692

 $00:15:40.640 \longrightarrow 00:15:42.600$ So even though sometimes people will argue,

NOTE Confidence: 0.862874347307692

00:15:42.600 --> 00:15:45.388 well temozolomite causes hypermutation,

NOTE Confidence: 0.862874347307692

 $00:15:45.388 \longrightarrow 00:15:47.479$ hypermutation is bad.

NOTE Confidence: 0.862874347307692

00:15:47.480 --> 00:15:49.360 As a patient group,

NOTE Confidence: 0.862874347307692

 $00:15:49.360 \longrightarrow 00:15:51.240$ temozolomite is clearly beneficial.

NOTE Confidence: 0.755153718571429

 $00{:}15{:}55.680 \dashrightarrow 00{:}16{:}00.185$ Emma and Kevin in our lab then chose

NOTE Confidence: 0.755153718571429

 $00:16:00.185 \longrightarrow 00:16:02.255$ to study similar questions but then

NOTE Confidence: 0.755153718571429

 $00:16:02.255 \longrightarrow 00:16:04.487$ for response to radiation therapy which

NOTE Confidence: 0.755153718571429

 $00{:}16{:}04.487 \dashrightarrow 00{:}16{:}07.119$ causes a different type of DNA damage.

NOTE Confidence: 0.755153718571429

 $00:16:07.120 \longrightarrow 00:16:08.794$ It causes single single strand breaks

NOTE Confidence: 0.755153718571429

 $00{:}16{:}08.794 \dashrightarrow 00{:}16{:}10.680$ as well as double strand breaks.

NOTE Confidence: 0.927245286666667

00:16:14.280 --> 00:16:16.572 And Long story short,

NOTE Confidence: 0.927245286666667

 $00:16:16.572 \longrightarrow 00:16:19.437$ they discovered that when comparing

NOTE Confidence: 0.927245286666667

 $00{:}16{:}19.440 \dashrightarrow 00{:}16{:}21.714$ cases not treated with radiation to

00:16:21.714 --> 00:16:24.279 those that are treated with radiation,

NOTE Confidence: 0.927245286666667

 $00:16:24.280 \longrightarrow 00:16:27.450$ that treated cases develop a

NOTE Confidence: 0.927245286666667

00:16:27.450 --> 00:16:30.080 relatively high number of small 2

NOTE Confidence: 0.927245286666667

 $00:16:30.080 \longrightarrow 00:16:32.120$ to 20 base pair deletions across

NOTE Confidence: 0.927245286666667

 $00:16:32.190 \longrightarrow 00:16:34.640$ their scattered across their genome.

NOTE Confidence: 0.927245286666667

 $00:16:34.640 \longrightarrow 00:16:36.684$ So it's a bit of a similar

NOTE Confidence: 0.927245286666667

00:16:36.684 --> 00:16:37.560 phenomenon to hypermutation,

NOTE Confidence: 0.927245286666667

 $00:16:37.560 \longrightarrow 00:16:40.680$ but instead of single nucleotide changes,

NOTE Confidence: 0.927245286666667

 $00:16:40.680 \longrightarrow 00:16:43.830$ we found that radiation drives small

NOTE Confidence: 0.927245286666667

 $00:16:43.830 \longrightarrow 00:16:46.148$ deletions and in the treated cases we

NOTE Confidence: 0.927245286666667

 $00:16:46.148 \longrightarrow 00:16:47.765$ see significantly more small deletions

NOTE Confidence: 0.927245286666667

 $00:16:47.765 \longrightarrow 00:16:49.955$ arise compared to the untreated cases.

NOTE Confidence: 0.803673755555556

 $00{:}16{:}52.640 \dashrightarrow 00{:}16{:}54.805$ Now radiation and temozolomide are

NOTE Confidence: 0.80367375555556

 $00:16:54.805 \longrightarrow 00:16:57.393$ often used in combination its standard

NOTE Confidence: 0.80367375555556

00:16:57.393 --> 00:16:59.878 of care for IDH wild type tumors.

 $00:16:59.880 \longrightarrow 00:17:02.484$ So are we observing this increase in

NOTE Confidence: 0.80367375555556

 $00:17:02.484 \longrightarrow 00:17:04.944$ small deletions because some of these

NOTE Confidence: 0.80367375555556

 $00:17:04.944 \longrightarrow 00:17:07.074$ tumors will are developing hypermutation?

NOTE Confidence: 0.904342775

 $00:17:11.360 \longrightarrow 00:17:13.478$ The answer is yes and no.

NOTE Confidence: 0.904342775

 $00:17:13.480 \longrightarrow 00:17:15.808$ Meaning that when we split up our cohort

NOTE Confidence: 0.904342775

00:17:15.808 --> 00:17:17.956 in those cases that are hypermutated

NOTE Confidence: 0.904342775

 $00:17:17.956 \longrightarrow 00:17:19.836$ as well as radiation treated,

NOTE Confidence: 0.904342775

 $00:17:19.840 \longrightarrow 00:17:21.896$ we find that hypermutation

NOTE Confidence: 0.904342775

 $00{:}17{:}21.896 \dashrightarrow 00{:}17{:}23.734$ independent of radiation actually.

NOTE Confidence: 0.904342775

 $00:17:23.734 \longrightarrow 00:17:25.792$ So these are tumors that are hypermutated

NOTE Confidence: 0.904342775

 $00:17:25.792 \longrightarrow 00:17:27.957$ and have not been treated with radiation

NOTE Confidence: 0.904342775

 $00:17:27.960 \longrightarrow 00:17:31.918$ that they also show an increase

NOTE Confidence: 0.904342775

 $00{:}17{:}31.918 \dashrightarrow 00{:}17{:}34.234$ in the number of small deletions.

NOTE Confidence: 0.904342775

 $00{:}17{:}34.240 \dashrightarrow 00{:}17{:}34.900 \ \mathrm{But \ importantly},$

NOTE Confidence: 0.904342775

 $00:17:34.900 \longrightarrow 00:17:37.210$ those that are not have been mutated

NOTE Confidence: 0.904342775

 $00:17:37.210 \longrightarrow 00:17:39.465$ and have been radiated also show

 $00{:}17{:}39.465 \dashrightarrow 00{:}17{:}40.957$ that small deletion increase.

NOTE Confidence: 0.904342775

 $00{:}17{:}40.960 \dashrightarrow 00{:}17{:}43.156$ So hypermutation and radiation

NOTE Confidence: 0.904342775

 $00{:}17{:}43.156 \dashrightarrow 00{:}17{:}45.352$ are independent factors driving

NOTE Confidence: 0.904342775

 $00:17:45.352 \longrightarrow 00:17:47.920$ the increase in small deletions.

NOTE Confidence: 0.904342775

 $00:17:47.920 \longrightarrow 00:17:49.636$ And in that sense small deletions,

NOTE Confidence: 0.904342775

 $00:17:49.640 \longrightarrow 00:17:51.784$ the small deletion increase

NOTE Confidence: 0.904342775

00:17:51.784 --> 00:17:54.464 burden increase is comparable to

NOTE Confidence: 0.904342775

 $00:17:54.464 \longrightarrow 00:17:56.440$ hypermutation for actemozolamide.

NOTE Confidence: 0.904342775

 $00{:}17{:}56.440 \dashrightarrow 00{:}17{:}58.528$ And in our paper we actually found

NOTE Confidence: 0.904342775

00:17:58.528 --> 00:18:00.199 that this is true across cancers,

NOTE Confidence: 0.904342775

00:18:00.200 --> 00:18:00.998 not just gliomus,

NOTE Confidence: 0.63602453

 $00{:}18{:}03.960 \dashrightarrow 00{:}18{:}06.150$ Gemma and Kevin and also evaluated

NOTE Confidence: 0.63602453

 $00:18:06.150 \longrightarrow 00:18:07.684$ an uploidies, in other words,

NOTE Confidence: 0.63602453

 $00:18:07.684 \longrightarrow 00:18:09.236$ broad losses and gains.

NOTE Confidence: 0.63602453

 $00:18:09.240 \longrightarrow 00:18:11.295$ So while small deletions will

00:18:11.295 --> 00:18:13.350 arise from double strand breaks

NOTE Confidence: 0.63602453

 $00:18:13.427 \longrightarrow 00:18:15.519$ that are subsequently repaired,

NOTE Confidence: 0.63602453

 $00:18:15.520 \longrightarrow 00:18:17.024$ anuploidies typically are a

NOTE Confidence: 0.63602453

 $00:18:17.024 \longrightarrow 00:18:19.280$ result of cell cycle of errors.

NOTE Confidence: 0.63602453

00:18:19.280 --> 00:18:21.100 During the cell cycle,

NOTE Confidence: 0.63602453

00:18:21.100 --> 00:18:22.920 for example MIS segregation,

NOTE Confidence: 0.748935986666667

 $00:18:25.240 \longrightarrow 00:18:28.012$ we compared gains, broad gains and

NOTE Confidence: 0.748935986666667

 $00:18:28.012 \longrightarrow 00:18:31.416$ broad losses and we did that between

NOTE Confidence: 0.748935986666667

 $00:18:31.416 \longrightarrow 00:18:33.432$ irradiated cases and unirradiated

NOTE Confidence: 0.748935986666667

 $00:18:33.432 \longrightarrow 00:18:36.840$ cases and found no difference in gains.

NOTE Confidence: 0.748935986666667

 $00:18:36.840 \longrightarrow 00:18:39.000$ But we found a significantly higher

NOTE Confidence: 0.748935986666667

 $00:18:39.000 \longrightarrow 00:18:42.580$ number of whole chromosome arm losses in

NOTE Confidence: 0.748935986666667

 $00:18:42.580 \longrightarrow 00:18:45.440$ irradiated versus non irradiated tumors.

NOTE Confidence: 0.748935986666667

 $00:18:45.440 \longrightarrow 00:18:47.240$ Similar to the small deletion increase,

NOTE Confidence: 0.797274444

00:18:49.680 --> 00:18:51.440 now homocygous deletion of CDK

NOTE Confidence: 0.797274444

 $00:18:51.440 \longrightarrow 00:18:54.684$ into A which is of course a cell

 $00:18:54.684 \longrightarrow 00:18:57.024$ cycle regulator has previously been

NOTE Confidence: 0.797274444

 $00:18:57.024 \longrightarrow 00:18:59.296$ associated with tumor progression

NOTE Confidence: 0.797274444

00:18:59.296 --> 00:19:02.636 especially in Ida mutant tumors.

NOTE Confidence: 0.797274444

 $00:19:02.640 \longrightarrow 00:19:05.020$ We compared not just homozygous

NOTE Confidence: 0.797274444

 $00:19:05.020 \longrightarrow 00:19:07.400$ deletion but also hemisygous deletion

NOTE Confidence: 0.797274444

 $00:19:07.474 \longrightarrow 00:19:10.178$ of CDK and to a first in untreated

NOTE Confidence: 0.797274444

 $00:19:10.178 \longrightarrow 00:19:12.064$ initial tumors in glass this is

NOTE Confidence: 0.797274444

 $00:19:12.064 \longrightarrow 00:19:14.108$ codels and non codels and this is

NOTE Confidence: 0.797274444

00:19:14.108 --> 00:19:15.919 focusing on the IDH mutant tumors,

NOTE Confidence: 0.797274444

 $00{:}19{:}15.920 \dashrightarrow 00{:}19{:}18.075$ Codels versus non codels first

NOTE Confidence: 0.797274444

 $00:19:18.075 \longrightarrow 00:19:20.682$ and we find that non codels have

NOTE Confidence: 0.797274444

00:19:20.682 --> 00:19:23.208 a higher rate of CDK and to a

NOTE Confidence: 0.797274444

 $00{:}19{:}23.208 \dashrightarrow 00{:}19{:}25.554$ homozygous as well as semisygous loss,

NOTE Confidence: 0.797274444

 $00:19:25.560 \longrightarrow 00:19:28.110$ but this is particular particularly

NOTE Confidence: 0.797274444

 $00:19:28.110 \longrightarrow 00:19:29.640$ pronounced in recurrences.

00:19:29.640 --> 00:19:32.100 So at recurrence non codal IDH

NOTE Confidence: 0.797274444

 $00{:}19{:}32.100 \dashrightarrow 00{:}19{:}34.136$ mutant tumors significantly show

NOTE Confidence: 0.797274444

 $00:19:34.136 \longrightarrow 00:19:36.504$ a significant increase in the

NOTE Confidence: 0.797274444

00:19:36.504 --> 00:19:38.408 number of CDK N to a homozygous

NOTE Confidence: 0.797274444

 $00:19:38.408 \longrightarrow 00:19:40.680$ as well as hemisygous deletions.

NOTE Confidence: 0.797274444

 $00:19:40.680 \longrightarrow 00:19:43.800$ And this is then particularly true

NOTE Confidence: 0.797274444

 $00:19:43.800 \longrightarrow 00:19:45.845$ amongst irradiated tumors suggesting

NOTE Confidence: 0.797274444

 $00:19:45.845 \longrightarrow 00:19:48.270$ that there's a relationship between

NOTE Confidence: 0.797274444

 $00{:}19{:}48.270 \dashrightarrow 00{:}19{:}50.200$ irradiation and CDK N to a loss.

NOTE Confidence: 0.637069474615385

 $00:19:53.280 \longrightarrow 00:19:55.835$ And again the presence or the when

NOTE Confidence: 0.637069474615385

 $00{:}19{:}55.835 \dashrightarrow 00{:}19{:}58.884$ a CDK N to a loss either hemisygous

NOTE Confidence: 0.637069474615385

 $00{:}19{:}58.884 \dashrightarrow 00{:}20{:}01.594$ or homozygous has been acquired,

NOTE Confidence: 0.637069474615385

 $00:20:01.600 \longrightarrow 00:20:03.856$ we see that that correlates associates

NOTE Confidence: 0.637069474615385

 $00:20:03.856 \longrightarrow 00:20:06.040$ with worse outcomes to treatment.

NOTE Confidence: 0.827214079

 $00:20:09.960 \longrightarrow 00:20:12.528$ We then evaluated the association between

NOTE Confidence: 0.827214079

 $00:20:12.528 \longrightarrow 00:20:16.640$ these broad an euploidies and CDK into a loss.

 $00:20:16.640 \longrightarrow 00:20:19.314$ Here we grouped a bunch of cases.

NOTE Confidence: 0.827214079

 $00{:}20{:}19.320 \to 00{:}20{:}20.556$ Actually this is not class data,

NOTE Confidence: 0.827214079

 $00:20:20.560 \longrightarrow 00:20:22.240$ this is span cancer data.

NOTE Confidence: 0.827214079

 $00:20:22.240 \longrightarrow 00:20:25.548$ We grouped those cases by non irradiated.

NOTE Confidence: 0.827214079

00:20:25.548 --> 00:20:26.656 Palliatively irradiated.

NOTE Confidence: 0.827214079

 $00:20:26.656 \longrightarrow 00:20:30.030$ So lower doses and accuratively irradiated

NOTE Confidence: 0.827214079

 $00:20:30.030 \longrightarrow 00:20:33.632$ tumors and find that the increase in

NOTE Confidence: 0.827214079

 $00:20:33.632 \longrightarrow 00:20:35.888$ the number of chromosome losses is

NOTE Confidence: 0.827214079

 $00{:}20{:}35.888 \dashrightarrow 00{:}20{:}38.143$ actually only found in tumors that

NOTE Confidence: 0.827214079

 $00:20:38.143 \longrightarrow 00:20:40.480$ have homozygous deletion of CDK into A.

NOTE Confidence: 0.827214079

00:20:40.480 --> 00:20:43.010 So while we previously showed

NOTE Confidence: 0.827214079

00:20:43.010 --> 00:20:45.034 that irradiation appears to

NOTE Confidence: 0.827214079

 $00{:}20{:}45.034 \dashrightarrow 00{:}20{:}47.558$ drive broad chromosome losses,

NOTE Confidence: 0.827214079

 $00:20:47.560 \longrightarrow 00:20:50.518$ what we're actually seeing is that

NOTE Confidence: 0.827214079

 $00:20:50.518 \longrightarrow 00:20:53.316$ irradiation associates with CDK into a loss,

 $00:20:53.316 \longrightarrow 00:20:56.270$ and it's really the CDK into a loss

NOTE Confidence: 0.827214079

 $00:20:56.270 \longrightarrow 00:20:58.520$ that then associates with an euploidy

NOTE Confidence: 0.827214079

00:20:58.520 --> 00:21:00.040 because we're seeing a significant

NOTE Confidence: 0.827214079

 $00:21:00.040 \longrightarrow 00:21:02.048$ increase in the number of chromosome

NOTE Confidence: 0.827214079

 $00{:}21{:}02.048 \dashrightarrow 00{:}21{:}04.376$ losses in unirradiated cases when

NOTE Confidence: 0.827214079

00:21:04.376 --> 00:21:08.240 homozygous loss of CDK into A is present.

NOTE Confidence: 0.827214079

 $00:21:08.240 \longrightarrow 00:21:10.015$ So irradiation itself does not

NOTE Confidence: 0.827214079

00:21:10.015 --> 00:21:11.435 appear to drive aneuploidy.

NOTE Confidence: 0.827214079

00:21:11.440 --> 00:21:13.160 It appears to drive CDK into a loss,

NOTE Confidence: 0.827214079

 $00:21:13.160 \longrightarrow 00:21:14.440$ which then drives to an euploidy.

NOTE Confidence: 0.832404651666667

00:21:17.400 --> 00:21:20.640 And as with the hypermutation example,

NOTE Confidence: 0.832404651666667

00:21:20.640 --> 00:21:22.360 we're finding no significant

NOTE Confidence: 0.832404651666667

 $00:21:22.360 \longrightarrow 00:21:24.744$ difference in surgical interval in

NOTE Confidence: 0.832404651666667

 $00:21:24.744 \longrightarrow 00:21:27.880$ irradiated cases associating with the

NOTE Confidence: 0.832404651666667

 $00:21:27.880 \longrightarrow 00:21:30.280$ number of acquired small deletions.

NOTE Confidence: 0.832404651666667

 $00:21:30.280 \longrightarrow 00:21:31.240$ But post recurrence,

 $00:21:31.240 \longrightarrow 00:21:33.160$ those tumors that acquire the most,

NOTE Confidence: 0.832404651666667

 $00:21:33.160 \longrightarrow 00:21:35.350$ the highest number of new small

NOTE Confidence: 0.832404651666667

 $00{:}21{:}35.350 \dashrightarrow 00{:}21{:}37.385$ deletions are the ones that stop

NOTE Confidence: 0.832404651666667

 $00:21:37.385 \longrightarrow 00:21:38.717$ responding to further therapy

NOTE Confidence: 0.832404651666667

 $00:21:38.717 \longrightarrow 00:21:40.519$ that have very poor outcomes.

NOTE Confidence: 0.832404651666667

 $00:21:40.520 \longrightarrow 00:21:42.935$ So acquired small deletions are a marker

NOTE Confidence: 0.832404651666667

00:21:42.935 --> 00:21:45.279 for further tumor response if you will.

NOTE Confidence: 0.936510996666667

 $00:21:51.930 \longrightarrow 00:21:53.046$ So this is the model that

NOTE Confidence: 0.936510996666667

 $00:21:53.046 \longrightarrow 00:21:54.209$ seems to arise from our data,

NOTE Confidence: 0.936510996666667

 $00:21:54.210 \longrightarrow 00:21:56.676$ which is perhaps not super surprising.

NOTE Confidence: 0.936510996666667

 $00:21:56.680 \longrightarrow 00:21:59.560$ These tumors as I started with

NOTE Confidence: 0.936510996666667

 $00{:}21{:}59.560 \dashrightarrow 00{:}22{:}02.038$ originate from a cell of origin

NOTE Confidence: 0.936510996666667

00:22:02.040 --> 00:22:03.440 that starts to expand more

NOTE Confidence: 0.936510996666667

 $00{:}22{:}03.440 \dashrightarrow 00{:}22{:}05.040$ quickly than the cells around it.

NOTE Confidence: 0.936510996666667

 $00:22:05.040 \longrightarrow 00:22:06.936$ And upon bottlenecks in

00:22:06.936 --> 00:22:08.358 the tumor microenvironment,

NOTE Confidence: 0.936510996666667

 $00{:}22{:}08.360 \dashrightarrow 00{:}22{:}09.820$ subclones will further arise that

NOTE Confidence: 0.936510996666667

 $00{:}22{:}09.820 \longrightarrow 00{:}22{:}12.110$ then at the time of the diagnosis

NOTE Confidence: 0.936510996666667

 $00:22:12.110 \longrightarrow 00:22:14.040$ can be detected through sequencing.

NOTE Confidence: 0.936510996666667

 $00:22:14.040 \longrightarrow 00:22:16.115$ Then we impose this therapeutic

NOTE Confidence: 0.936510996666667

00:22:16.115 --> 00:22:18.851 barrier for surgery and then a chemo

NOTE Confidence: 0.936510996666667

 $00{:}22{:}18.851 \dashrightarrow 00{:}22{:}20.485$ and radio and those cancer cells that

NOTE Confidence: 0.936510996666667

 $00:22:20.485 \longrightarrow 00:22:22.039$ are able to repair the DNA damage.

NOTE Confidence: 0.936510996666667

 $00{:}22{:}22.040 \dashrightarrow 00{:}22{:}24.630$ So the ones that have the hypermutation

NOTE Confidence: 0.936510996666667

00:22:24.630 --> 00:22:26.824 phenotype or the ones that have acquired

NOTE Confidence: 0.936510996666667

 $00:22:26.824 \longrightarrow 00:22:28.680$ large numbers of small deletions,

NOTE Confidence: 0.936510996666667

 $00:22:28.680 \longrightarrow 00:22:30.264$ those are the ones that are

NOTE Confidence: 0.936510996666667

 $00:22:30.264 \longrightarrow 00:22:32.304$ able to repair the A damage and

NOTE Confidence: 0.936510996666667

 $00:22:32.304 \longrightarrow 00:22:34.160$ can subsequently be detected,

NOTE Confidence: 0.936510996666667

 $00:22:34.160 \longrightarrow 00:22:35.309$ have expanded sufficiently,

NOTE Confidence: 0.936510996666667

 $00:22:35.309 \longrightarrow 00:22:37.607$ have become large enough subclones that

 $00:22:37.607 \longrightarrow 00:22:39.960$ we can detect them through sequencing.

NOTE Confidence: 0.936510996666667

 $00:22:39.960 \longrightarrow 00:22:41.970$ So then it's not surprising that

NOTE Confidence: 0.936510996666667

 $00:22:41.970 \longrightarrow 00:22:43.651$ in recurrence these tumors that

NOTE Confidence: 0.936510996666667

 $00:22:43.651 \longrightarrow 00:22:44.999$ have these genomic scars,

NOTE Confidence: 0.936510996666667

 $00:22:45.000 \longrightarrow 00:22:46.495$ these signatures are the ones

NOTE Confidence: 0.936510996666667

 $00:22:46.495 \longrightarrow 00:22:48.394$ that have poor outcomes and stop

NOTE Confidence: 0.936510996666667

00:22:48.394 --> 00:22:49.762 responding to treatment because

NOTE Confidence: 0.936510996666667

 $00:22:49.762 \longrightarrow 00:22:51.814$ you're looking at cells that have

NOTE Confidence: 0.936510996666667

00:22:51.814 --> 00:22:53.548 already been able to have already

NOTE Confidence: 0.936510996666667

 $00{:}22{:}53.548 \dashrightarrow 00{:}22{:}55.075$ shown that they don't care about

NOTE Confidence: 0.936510996666667

00:22:55.075 --> 00:22:56.696 further DNA damage or they don't

NOTE Confidence: 0.936510996666667

00:22:56.696 --> 00:22:58.040 care about chemo radiotherapy.

NOTE Confidence: 0.893829084

 $00{:}23{:}00.760 \dashrightarrow 00{:}23{:}02.600$ Now when you summarize these

NOTE Confidence: 0.893829084

00:23:02.600 --> 00:23:06.560 numbers across our glass cohort,

NOTE Confidence: 0.893829084

00:23:06.560 --> 00:23:08.702 we see that amongst IDs wild type

 $00:23:08.702 \longrightarrow 00:23:10.915$ tumors that have been treated with

NOTE Confidence: 0.893829084

 $00{:}23{:}10.915 \dashrightarrow 00{:}23{:}14.052$ temozolomide and or radiation that 15%

NOTE Confidence: 0.893829084

 $00:23:14.052 \longrightarrow 00:23:17.036$ develops the hypermutation phenotype.

NOTE Confidence: 0.893829084

 $00:23:17.040 \longrightarrow 00:23:18.680$ And of those that are that do not

NOTE Confidence: 0.893829084

00:23:18.680 --> 00:23:20.239 develop the hypermutation phenotype,

NOTE Confidence: 0.893829084

 $00:23:20.240 \longrightarrow 00:23:23.065$ another 16% requires large numbers

NOTE Confidence: 0.893829084

00:23:23.065 --> 00:23:26.359 of small deletion which leaves a

NOTE Confidence: 0.893829084

 $00:23:26.359 \longrightarrow 00:23:28.959$ relatively large group in which no

NOTE Confidence: 0.894589238

 $00{:}23{:}31.080 \longrightarrow 00{:}23{:}32.640$ genomic scars can be detected,

NOTE Confidence: 0.894589238

 $00:23:32.640 \longrightarrow 00:23:35.472$ A recurrence and they may have

NOTE Confidence: 0.894589238

 $00{:}23{:}35.472 \dashrightarrow 00{:}23{:}37.760$ intrinsic mechanisms to deal with

NOTE Confidence: 0.894589238

 $00:23:37.760 \longrightarrow 00:23:39.240$ the toxic effects of therapy.

NOTE Confidence: 0.919495188636364

00:23:41.480 --> 00:23:43.202 When we look at IDH mutant

NOTE Confidence: 0.919495188636364

 $00:23:43.202 \longrightarrow 00:23:45.051$ tumors where the picture is more

NOTE Confidence: 0.919495188636364

00:23:45.051 --> 00:23:46.656 diverse because not all patients

NOTE Confidence: 0.919495188636364

 $00:23:46.656 \longrightarrow 00:23:48.519$ will receive the same therapies,

 $00:23:48.520 \longrightarrow 00:23:50.228$ we find that amongst those that have

NOTE Confidence: 0.919495188636364

00:23:50.228 --> 00:23:51.600 been treated with temozolomide,

NOTE Confidence: 0.919495188636364

 $00:23:51.600 \longrightarrow 00:23:53.241$ 42% acquires hypermutation,

NOTE Confidence: 0.919495188636364

00:23:53.241 --> 00:23:55.976 35% of non hypermutators acquires

NOTE Confidence: 0.919495188636364

00:23:55.976 --> 00:23:58.574 the small deletion phenotype and

NOTE Confidence: 0.919495188636364

 $00:23:58.574 \longrightarrow 00:24:00.800$ again a subset shows neither.

NOTE Confidence: 0.833094546714286

 $00:24:04.400 \longrightarrow 00:24:07.024$ Now as Jen mentioned in the intro and

NOTE Confidence: 0.833094546714286

 $00{:}24{:}07.024 \dashrightarrow 00{:}24{:}09.480$ previous work we have looked at gene

NOTE Confidence: 0.833094546714286

 $00{:}24{:}09.480 \dashrightarrow 00{:}24{:}11.612$ expression patterns and this is focusing

NOTE Confidence: 0.833094546714286

 $00{:}24{:}11.612 \dashrightarrow 00{:}24{:}13.915$ on GBM so IDH small type tumors.

NOTE Confidence: 0.833094546714286

00:24:13.920 --> 00:24:16.896 And we found that when we evaluate gene

NOTE Confidence: 0.833094546714286

 $00{:}24{:}16.896 \dashrightarrow 00{:}24{:}19.690$ expression patterns we can and identify 3

NOTE Confidence: 0.833094546714286

 $00{:}24{:}19.690 \dashrightarrow 00{:}24{:}21.675$ gene expression subtypes of glioblastoma,

NOTE Confidence: 0.833094546714286

 $00:24:21.680 \longrightarrow 00:24:23.983$ IDH well type glioblastoma which we labeled

NOTE Confidence: 0.833094546714286

 $00:24:23.983 \longrightarrow 00:24:25.720$ mesenchymal per neural and classical.

 $00:24:28.000 \longrightarrow 00:24:30.634$ When we evaluate A subtype classification

NOTE Confidence: 0.810322245

 $00:24:30.634 \longrightarrow 00:24:33.702$ in glass we see that you know we

NOTE Confidence: 0.810322245

00:24:33.702 --> 00:24:35.328 see the the relative distribution

NOTE Confidence: 0.810322245

 $00:24:35.328 \longrightarrow 00:24:37.344$ is of these three subtypes is

NOTE Confidence: 0.810322245

 $00:24:37.344 \longrightarrow 00:24:39.198$ what we typically would expect.

NOTE Confidence: 0.810322245

 $00:24:39.200 \longrightarrow 00:24:41.504$ A number of cases are classical

NOTE Confidence: 0.810322245

 $00:24:41.504 \longrightarrow 00:24:43.882$ mesenchymal or per neural at recurrence.

NOTE Confidence: 0.810322245

 $00:24:43.882 \longrightarrow 00:24:46.829$ We do appear to see a minor

NOTE Confidence: 0.810322245

00:24:46.829 --> 00:24:48.494 shift towards mesenchomal tumor.

NOTE Confidence: 0.810322245

 $00:24:48.494 \longrightarrow 00:24:50.630$ So we see a high number higher number

NOTE Confidence: 0.810322245

 $00{:}24{:}50.681 \rightarrow 00{:}24{:}52.396$ of mesen chomal tumors and recurrent.

NOTE Confidence: 0.810322245

 $00:24:52.400 \longrightarrow 00:24:56.168$ So tumor progression appears to

NOTE Confidence: 0.810322245

 $00{:}24{:}56.168 \operatorname{--}{>} 00{:}24{:}58.378$ and some tumors coincide with

NOTE Confidence: 0.810322245

00:24:58.378 --> 00:24:59.840 mesenchomal transformation.

NOTE Confidence: 0.810322245

00:24:59.840 --> 00:25:01.372 But perhaps more importantly,

NOTE Confidence: 0.810322245

 $00:25:01.372 \longrightarrow 00:25:03.670$ we find that these subtypes are

 $00:25:03.733 \longrightarrow 00:25:05.680$ these subtypes identifications.

NOTE Confidence: 0.810322245

 $00:25:05.680 \longrightarrow 00:25:07.184$ Classifications are quite flexible

NOTE Confidence: 0.810322245

 $00:25:07.184 \longrightarrow 00:25:09.841$ because nearly half of our cases actually

NOTE Confidence: 0.810322245

 $00:25:09.841 \longrightarrow 00:25:11.551$ change subtypes between the initial

NOTE Confidence: 0.810322245

 $00:25:11.551 \longrightarrow 00:25:14.160$ time point and a recurrent time point.

NOTE Confidence: 0.906012416

 $00:25:17.080 \longrightarrow 00:25:18.400$ Now, like many tumor types,

NOTE Confidence: 0.906012416

 $00:25:18.400 \longrightarrow 00:25:20.380$ glioblastoma has been extensively

NOTE Confidence: 0.906012416

 $00:25:20.380 \longrightarrow 00:25:22.855$ studied using single cell sequencing

NOTE Confidence: 0.906012416

 $00{:}25{:}22.855 \dashrightarrow 00{:}25{:}25.160$ and single nucleus sequencing.

NOTE Confidence: 0.906012416

 $00{:}25{:}25.160 \dashrightarrow 00{:}25{:}27.351$ Our collaborator Mario Suva has let let

NOTE Confidence: 0.906012416

 $00:25:27.351 \longrightarrow 00:25:29.794$ the field in this respect and published

NOTE Confidence: 0.906012416

 $00:25:29.794 \longrightarrow 00:25:31.832$ a very influential paper in 2019,

NOTE Confidence: 0.906012416

00:25:31.832 --> 00:25:32.760 the Neftal ET al.

NOTE Confidence: 0.906012416

00:25:32.760 --> 00:25:35.545 Study which they found four

NOTE Confidence: 0.906012416

00:25:35.545 --> 00:25:37.773 predominant cell states of

00:25:37.773 --> 00:25:39.918 glioblastoma which they labeled

NOTE Confidence: 0.906012416

 $00{:}25{:}39.920 \dashrightarrow 00{:}25{:}42.480$ oligo progenitor cell like neuro,

NOTE Confidence: 0.906012416

00:25:42.480 --> 00:25:44.856 progenital cell like astrocyte

NOTE Confidence: 0.906012416

 $00:25:44.856 \longrightarrow 00:25:46.638$ like mesenchymol like.

NOTE Confidence: 0.906012416

00:25:46.640 --> 00:25:49.006 You may notice that these terms are

NOTE Confidence: 0.906012416

 $00:25:49.006 \longrightarrow 00:25:50.834$ actually reminiscent of the subtypes

NOTE Confidence: 0.906012416

 $00:25:50.834 \longrightarrow 00:25:52.714$ that we had previously identified

NOTE Confidence: 0.906012416

 $00:25:52.720 \longrightarrow 00:25:55.320$ and that's maybe not surprising.

NOTE Confidence: 0.906012416

 $00:25:55.320 \longrightarrow 00:25:57.504$ If a tumor contains a majority

NOTE Confidence: 0.906012416

 $00:25:57.504 \longrightarrow 00:25:58.596$ mesenchymal like cells,

NOTE Confidence: 0.906012416

 $00:25:58.600 \longrightarrow 00:26:00.676$ the subtype signature will be mesenchymal.

NOTE Confidence: 0.906012416

 $00:26:00.680 \longrightarrow 00:26:02.678$ We've shown this using combined bulk

NOTE Confidence: 0.906012416

 $00{:}26{:}02.678 \dashrightarrow 00{:}26{:}05.398$ RNA C and single cell RNA C data sets.

NOTE Confidence: 0.791475449166667

 $00{:}26{:}08.080 \dashrightarrow 00{:}26{:}10.789$ Oh, and another important thing to remark

NOTE Confidence: 0.791475449166667

00:26:10.789 --> 00:26:13.608 here is that all GBMS each of the cell

NOTE Confidence: 0.791475449166667

00:26:13.608 --> 00:26:15.697 states can be detected in all GBM's.

00:26:15.697 --> 00:26:19.688 It's just a shift in numbers which

NOTE Confidence: 0.791475449166667

 $00:26:19.688 \longrightarrow 00:26:21.800$ perhaps explains the plasticity

NOTE Confidence: 0.791475449166667

 $00:26:21.800 \longrightarrow 00:26:24.440$ of expression subtypes over time.

NOTE Confidence: 0.791475449166667

00:26:24.440 --> 00:26:26.547 Now my lab, Kevin and Kevin Johnson

NOTE Confidence: 0.791475449166667

 $00{:}26{:}26{:}547 \dashrightarrow 00{:}26{:}28{:}476$ and Kevin Johnson and Kevin Anderson

NOTE Confidence: 0.791475449166667

 $00:26:28.476 \longrightarrow 00:26:30.434$ have worked together to do single

NOTE Confidence: 0.791475449166667

 $00:26:30.434 \longrightarrow 00:26:32.558$ cell sequencing of gliomas as well

NOTE Confidence: 0.791475449166667

 $00:26:32.560 \longrightarrow 00:26:35.160$ with the purpose of identifying

NOTE Confidence: 0.791475449166667

 $00:26:35.160 \longrightarrow 00:26:37.240$ pan glioma cell states.

NOTE Confidence: 0.791475449166667

 $00{:}26{:}37.240 \dashrightarrow 00{:}26{:}39.004$ Mario's Neftal at all cell states

NOTE Confidence: 0.791475449166667

 $00:26:39.004 \longrightarrow 00:26:41.198$ are focused on IDH well type tumors.

NOTE Confidence: 0.791475449166667

 $00{:}26{:}41.200 \dashrightarrow 00{:}26{:}43.380$ Our effort initially focused on

NOTE Confidence: 0.791475449166667

 $00{:}26{:}43.380 \dashrightarrow 00{:}26{:}45.560$ identifying cell states that could

NOTE Confidence: 0.791475449166667

00:26:45.635 --> 00:26:47.375 be identified across different

NOTE Confidence: 0.791475449166667

 $00:26:47.375 \longrightarrow 00:26:49.544$ types of glioma and we found those

 $00:26:49.544 \longrightarrow 00:26:50.840$ we labeled them stem like cells,

NOTE Confidence: 0.791475449166667

 $00{:}26{:}50.840 \dashrightarrow 00{:}26{:}52.525$ proliferating stem like cell and

NOTE Confidence: 0.791475449166667

 $00:26:52.525 \longrightarrow 00:26:53.873$ differentiated stem like cell.

NOTE Confidence: 0.791475449166667

 $00:26:53.880 \longrightarrow 00:26:55.742$ And of course with single cell sequencing

NOTE Confidence: 0.791475449166667

 $00:26:55.742 \longrightarrow 00:26:57.651$ you can also identify non malignant

NOTE Confidence: 0.791475449166667

 $00:26:57.651 \longrightarrow 00:26:59.757$ cell states such as elutical dendrocytes,

NOTE Confidence: 0.791475449166667 00:26:59.760 --> 00:27:00.117 parasites, NOTE Confidence: 0.791475449166667

00:27:00.117 --> 00:27:01.188 myeloid cells, cells,

NOTE Confidence: 0.791475449166667

 $00:27:01.188 \longrightarrow 00:27:03.330$ cells that are typically residing in

NOTE Confidence: 0.791475449166667

 $00:27:03.390 \longrightarrow 00:27:05.360$ the microenvironment of these gliomas.

NOTE Confidence: 0.768728758666667

00:27:07.760 --> 00:27:10.952 Now you can take, you can infer

NOTE Confidence: 0.768728758666667

 $00:27:10.952 \longrightarrow 00:27:13.328$ signature gene signatures from these

NOTE Confidence: 0.768728758666667

 $00:27:13.328 \longrightarrow 00:27:16.232$ single cell States and you can then

NOTE Confidence: 0.768728758666667

00:27:16.232 --> 00:27:18.122 use computational methods to project

NOTE Confidence: 0.768728758666667

 $00:27:18.122 \longrightarrow 00:27:20.484$ those signatures on bulk RNA C datasets

NOTE Confidence: 0.768728758666667

 $00:27:20.484 \longrightarrow 00:27:22.919$ such as the ones we have in glass.

 $00:27:22.920 \longrightarrow 00:27:26.120$ So you can use single cell signatures to

NOTE Confidence: 0.768728758666667

 $00:27:26.120 \longrightarrow 00:27:30.720$ deconvolute bulk expression profiles.

NOTE Confidence: 0.768728758666667

00:27:30.720 --> 00:27:32.673 So Fred Verne, former post doc in the lab,

NOTE Confidence: 0.768728758666667

 $00:27:32.680 \longrightarrow 00:27:35.480$ now a faculty member at the Jackson

NOTE Confidence: 0.768728758666667

00:27:35.480 --> 00:27:38.016 laboratory, took this approach,

NOTE Confidence: 0.768728758666667

00:27:38.016 --> 00:27:41.180 used the single cell inferred gene

NOTE Confidence: 0.768728758666667

 $00:27:41.180 \longrightarrow 00:27:43.864$ signatures from the Kevins and projected

NOTE Confidence: 0.768728758666667

 $00{:}27{:}43.864 \dashrightarrow 00{:}27{:}47.640$ those onto the glass RNA C data sets.

NOTE Confidence: 0.768728758666667

 $00:27:47.640 \longrightarrow 00:27:49.117$ This is showing on the left IDH.

NOTE Confidence: 0.768728758666667

 $00:27:49.120 \longrightarrow 00:27:51.680$ Well the summary of IDH wild type tumors.

NOTE Confidence: 0.768728758666667

 $00:27:51.680 \longrightarrow 00:27:54.728$ On the right the IDH mutant

NOTE Confidence: 0.768728758666667

 $00{:}27{:}54.728 \dashrightarrow 00{:}27{:}56.760$ tumors primary and recurrences.

NOTE Confidence: 0.768728758666667

 $00{:}27{:}56.760 \dashrightarrow 00{:}27{:}59.154$ So when we aggregate all the data,

NOTE Confidence: 0.768728758666667

00:27:59.160 --> 00:28:02.118 first starting with IDH wild types,

NOTE Confidence: 0.768728758666667

 $00:28:02.120 \longrightarrow 00:28:05.081$ when we aggregate the presence of the

 $00:28:05.081 \longrightarrow 00:28:07.788$ single cell signatures across the cohort

NOTE Confidence: 0.768728758666667

00:28:07.788 --> 00:28:10.512 and compare initial to recurrent tumors,

NOTE Confidence: 0.768728758666667

 $00:28:10.520 \longrightarrow 00:28:13.992$ we do not find major shifts in our

NOTE Confidence: 0.768728758666667

 $00:28:13.992 \longrightarrow 00:28:18.080$ Panyama cell state cell state presence.

NOTE Confidence: 0.768728758666667

 $00:28:18.080 \longrightarrow 00:28:20.220$ Actually the major difference

NOTE Confidence: 0.768728758666667

 $00{:}28{:}20.220 \to 00{:}28{:}22.896$ we found when comparing initial

NOTE Confidence: 0.768728758666667

 $00:28:22.896 \longrightarrow 00:28:25.768$ tumors to recurrent tumors is the

NOTE Confidence: 0.768728758666667

 $00:28:25.768 \longrightarrow 00:28:27.224$ relative fraction of oligodenrocytes

NOTE Confidence: 0.768728758666667

 $00:28:27.224 \longrightarrow 00:28:28.680$ in the tumor microenvironment.

NOTE Confidence: 0.817353544285714

 $00:28:32.360 \longrightarrow 00:28:35.204$ And maybe this is not too

NOTE Confidence: 0.817353544285714

00:28:35.204 --> 00:28:39.073 surprising if you look at the the

NOTE Confidence: 0.817353544285714

 $00:28:39.073 \longrightarrow 00:28:41.438$ invasive margins of these tumors,

NOTE Confidence: 0.817353544285714

 $00:28:41.440 \longrightarrow 00:28:43.036$ this is at the time of recurrence.

NOTE Confidence: 0.817353544285714

 $00:28:43.040 \longrightarrow 00:28:45.683$ This is where most of the tumor cells will

NOTE Confidence: 0.817353544285714

 $00:28:45.683 \longrightarrow 00:28:48.023$ have come from because this is the area

NOTE Confidence: 0.817353544285714

 $00:28:48.023 \longrightarrow 00:28:50.193$ of the tumor that's difficult to resect.

 $00:28:50.200 \longrightarrow 00:28:52.342$ So perhaps at recurrence you can

NOTE Confidence: 0.817353544285714

 $00:28:52.342 \longrightarrow 00:28:54.108$ imagine that at recurrence more

NOTE Confidence: 0.817353544285714

00:28:54.108 --> 00:28:55.716 of that margin is cut out.

NOTE Confidence: 0.817353544285714

00:28:55.720 --> 00:28:59.200 Therefore, we might be able to see more

NOTE Confidence: 0.817353544285714

00:28:59.200 --> 00:29:00.680 cells from that micro environment,

NOTE Confidence: 0.817353544285714

 $00:29:00.680 \longrightarrow 00:29:02.880$ in this case particularly oligodenvrosites.

NOTE Confidence: 0.31986508

00:29:05.920 --> 00:29:09.080 What what did seem more surprising

NOTE Confidence: 0.31986508

 $00{:}29{:}09.080 \dashrightarrow 00{:}29{:}11.918$ to us is then again when Fred used

NOTE Confidence: 0.31986508

 $00{:}29{:}11.918 \dashrightarrow 00{:}29{:}13.873$ computational methods to not just

NOTE Confidence: 0.31986508

 $00:29:13.880 \longrightarrow 00:29:17.809$ count enumerate the types of cells in

NOTE Confidence: 0.31986508

 $00{:}29{:}17.809 \dashrightarrow 00{:}29{:}19.783$ primary to recurrent tumors but also

NOTE Confidence: 0.31986508

 $00{:}29{:}19.783 \dashrightarrow 00{:}29{:}22.040$ looked at the actual gene expression

NOTE Confidence: 0.31986508

 $00{:}29{:}22.040 \dashrightarrow 00{:}29{:}24.921$ profile of those cells that we found

NOTE Confidence: 0.31986508

 $00:29:24.921 \longrightarrow 00:29:27.056$ that a significant increase in

NOTE Confidence: 0.31986508

00:29:27.056 --> 00:29:29.152 neuronal signaling pathways amongst

 $00:29:29.152 \longrightarrow 00:29:31.680$ the malignant cell population.

NOTE Confidence: 0.31986508

 $00{:}29{:}31.680 \dashrightarrow 00{:}29{:}33.325$ Of course you'll find neuronal

NOTE Confidence: 0.31986508

 $00:29:33.325 \longrightarrow 00:29:34.641$ signaling and oligodendrocytes but

NOTE Confidence: 0.31986508

00:29:34.641 --> 00:29:36.527 what we were finding is that also

NOTE Confidence: 0.31986508

 $00:29:36.527 \longrightarrow 00:29:38.840$ the malignant cells activate neuronal

NOTE Confidence: 0.31986508

 $00:29:38.840 \longrightarrow 00:29:41.960$ signaling pathways as recurrence.

NOTE Confidence: 0.31986508

 $00{:}29{:}41.960 \dashrightarrow 00{:}29{:}44.552$ So we're seeing an increase in

NOTE Confidence: 0.31986508

 $00:29:44.552 \longrightarrow 00:29:46.280$ oligodendrocytes in the microenvironment

NOTE Confidence: 0.31986508

 $00{:}29{:}46.349 \dashrightarrow 00{:}29{:}48.359$ but that appears to be converging

NOTE Confidence: 0.31986508

 $00:29:48.360 \longrightarrow 00:29:51.000$ with increased levels of neuronal

NOTE Confidence: 0.31986508

 $00:29:51.000 \longrightarrow 00:29:53.640$ signaling by the tumor cells.

NOTE Confidence: 0.31986508

 $00:29:53.640 \longrightarrow 00:29:56.520$ And when we use a public data set

NOTE Confidence: 0.31986508

 $00:29:56.520 \longrightarrow 00:29:59.820$ consisting of multi biopsy single cell

NOTE Confidence: 0.31986508

 $00{:}29{:}59.820 \dashrightarrow 00{:}30{:}02.800$ RNA sequencing from glioblastoma patients,

NOTE Confidence: 0.31986508

 $00:30:02.800 \longrightarrow 00:30:05.998$ we could again confirm that the

NOTE Confidence: 0.31986508

 $00{:}30{:}05.998 \dashrightarrow 00{:}30{:}08.286$ malignant single cells expressed

00:30:08.286 --> 00:30:11.716 higher levels of neuronal pathways

NOTE Confidence: 0.31986508

 $00:30:11.720 \longrightarrow 00:30:13.586$ when they were when the biopsies

NOTE Confidence: 0.31986508

00:30:13.586 --> 00:30:15.428 were obtained from the margins of

NOTE Confidence: 0.31986508

00:30:15.428 --> 00:30:17.596 the tumor relative to the core of the

NOTE Confidence: 0.31986508

 $00:30:17.657 \longrightarrow 00:30:19.589$ tumor confirming what Fred had found

NOTE Confidence: 0.31986508

 $00:30:19.589 \longrightarrow 00:30:21.520$ in our bulk analysis from glass.

NOTE Confidence: 0.8481365

00:30:24.520 --> 00:30:27.236 I'm actually going to skip this one.

NOTE Confidence: 0.8481365

 $00{:}30{:}27.240 \dashrightarrow 00{:}30{:}28.962$ We decided this to then take

NOTE Confidence: 0.8481365

 $00{:}30{:}28.962 \dashrightarrow 00{:}30{:}31.243$ this one step further in a large

NOTE Confidence: 0.8481365

 $00:30:31.243 \longrightarrow 00:30:33.033$ collaboration that involved Mario Suva,

NOTE Confidence: 0.8481365

00:30:33.040 --> 00:30:36.000 Itai, T
 Rush, Antonio Yavarone,

NOTE Confidence: 0.8481365

00:30:36.000 --> 00:30:38.760 Anna Lazarella as well as many

NOTE Confidence: 0.8481365

 $00{:}30{:}38.760 \dashrightarrow 00{:}30{:}40.740$ postdoc and junior leads in

NOTE Confidence: 0.8481365

 $00:30:40.740 \longrightarrow 00:30:42.720$ in in these respective labs.

NOTE Confidence: 0.8481365

00:30:42.720 --> 00:30:43.844 Collaborating with MD Anderson,

 $00:30:43.844 \longrightarrow 00:30:45.530$ Duke and a number a number

NOTE Confidence: 0.8481365

 $00:30:45.582 \longrightarrow 00:30:46.599$ of other institutions

NOTE Confidence: 0.718076270526316

 $00:30:49.800 \longrightarrow 00:30:51.965$ we acquired. We generated longitudinal

NOTE Confidence: 0.718076270526316

 $00:30:51.965 \longrightarrow 00:30:55.280$ single nucleus RNA seed data for a large

NOTE Confidence: 0.718076270526316

 $00:30:55.280 \longrightarrow 00:30:57.434$ number of IDH wild type glioblastomas,

NOTE Confidence: 0.718076270526316

 $00:30:57.440 \longrightarrow 00:30:59.736$ again in the context of annotation for

NOTE Confidence: 0.718076270526316

 $00:30:59.736 \longrightarrow 00:31:02.122$ different types of therapy and we also

NOTE Confidence: 0.718076270526316

 $00:31:02.122 \longrightarrow 00:31:04.126$ were able to generate exomorhol genome

NOTE Confidence: 0.718076270526316

 $00{:}31{:}04.190 \dashrightarrow 00{:}31{:}06.437$ sequencing on the majority of our core.

NOTE Confidence: 0.903100802

 $00:31:08.920 \longrightarrow 00:31:13.640$ So previously Mario and colleagues

NOTE Confidence: 0.903100802

00:31:13.640 --> 00:31:16.440 identified these four cell states that I

NOTE Confidence: 0.903100802

 $00:31:16.440 \longrightarrow 00:31:21.000$ mentioned earlier, NPCOPCACMS like cells.

NOTE Confidence: 0.903100802

 $00:31:21.000 \longrightarrow 00:31:24.360$ When we analyzed over 500,000 cells from

NOTE Confidence: 0.903100802

 $00{:}31{:}24.360 \dashrightarrow 00{:}31{:}28.176$ this cohort and again to derive cell states

NOTE Confidence: 0.903100802

00:31:28.176 --> 00:31:31.319 as well as transcriptional meta programs,

NOTE Confidence: 0.903100802

 $00:31:31.320 \longrightarrow 00:31:33.990$ we find these same 4 cell States and the gene

 $00:31:34.050 \longrightarrow 00:31:36.717$ express's check features that come from them.

NOTE Confidence: 0.903100802

00:31:36.720 --> 00:31:40.168 Again, here is OPC, AC,

NOTE Confidence: 0.903100802

 $00:31:40.168 \longrightarrow 00:31:41.296$ mesenchymal, and NPC.

NOTE Confidence: 0.903100802

00:31:41.296 --> 00:31:43.872 But of course we found many more

NOTE Confidence: 0.903100802

 $00{:}31{:}43.872 \dashrightarrow 00{:}31{:}46.200$ because of the much larger cohort

NOTE Confidence: 0.903100802

 $00:31:46.200 \longrightarrow 00:31:48.097$ as well as because in his Mario's

NOTE Confidence: 0.903100802

00:31:48.097 --> 00:31:49.998 initial study he had only untreated,

NOTE Confidence: 0.903100802

 $00:31:50.000 \longrightarrow 00:31:51.480$ he included only untreated tumors.

NOTE Confidence: 0.903100802

 $00:31:51.480 \longrightarrow 00:31:53.545$ And now we're looking at

NOTE Confidence: 0.903100802

 $00{:}31{:}53.545 \dashrightarrow 00{:}31{:}55.097$ both primary and recurrences.

NOTE Confidence: 0.903100802

 $00:31:55.097 \longrightarrow 00:31:57.371$ So our large data set enabled

NOTE Confidence: 0.903100802

 $00:31:57.371 \longrightarrow 00:31:59.479$ us to find the number of new

NOTE Confidence: 0.903100802

 $00{:}31{:}59.480 \dashrightarrow 00{:}32{:}01.360$ glioblastoma related cell programs.

NOTE Confidence: 0.9436683

 $00:32:06.040 \longrightarrow 00:32:08.505$ As we had also observed

NOTE Confidence: 0.9436683

00:32:08.505 --> 00:32:10.477 in our glass analysis,

 $00:32:10.480 \longrightarrow 00:32:12.680$ the relative number of malignant

NOTE Confidence: 0.9436683

 $00:32:12.680 \longrightarrow 00:32:14.440$ cells decreased at recurrence.

NOTE Confidence: 0.9436683

 $00{:}32{:}14.440 \dashrightarrow 00{:}32{:}16.915$ So recurrent GBMS become less

NOTE Confidence: 0.9436683

00:32:16.915 --> 00:32:19.536 pure or more incorporate more

NOTE Confidence: 0.9436683

 $00:32:19.536 \longrightarrow 00:32:21.240$ tumor microenvironment cells.

NOTE Confidence: 0.9436683

 $00:32:21.240 \longrightarrow 00:32:23.528$ So we see a decrease in the number

NOTE Confidence: 0.9436683

 $00:32:23.528 \longrightarrow 00:32:25.239$ of proportion of malignant cells

NOTE Confidence: 0.9436683

 $00:32:25.240 \longrightarrow 00:32:26.962$ and an increase and we confirmed

NOTE Confidence: 0.9436683

 $00:32:26.962 \longrightarrow 00:32:29.121$ the increase in the number of

NOTE Confidence: 0.9436683

00:32:29.121 --> 00:32:30.353 oligodendrocytes that's because of

NOTE Confidence: 0.9436683

 $00{:}32{:}30.353 \dashrightarrow 00{:}32{:}31.859$ the greater resolution of the single

NOTE Confidence: 0.9436683

 $00:32:31.859 \longrightarrow 00:32:33.478$ cell of the new single nucleus data.

NOTE Confidence: 0.9436683

 $00:32:33.480 \longrightarrow 00:32:34.974$ We also see a significant increase

NOTE Confidence: 0.9436683

 $00:32:34.974 \longrightarrow 00:32:36.611$ in the number of astrocytes in

NOTE Confidence: 0.9436683

00:32:36.611 --> 00:32:38.076 the number of neuronal cells

NOTE Confidence: 0.807201150588235

 $00:32:42.200 \longrightarrow 00:32:44.696$ converging with the result from glass

00:32:44.696 --> 00:32:47.424 that most tumors or many tumors

NOTE Confidence: 0.807201150588235

 $00{:}32{:}47.424 \dashrightarrow 00{:}32{:}49.879$ change tumor subtype at recurrence.

NOTE Confidence: 0.807201150588235

 $00:32:49.880 \longrightarrow 00:32:54.062$ We find large shifts in cell states

NOTE Confidence: 0.807201150588235

 $00:32:54.062 \longrightarrow 00:32:57.317$ between primary and recurrent tumors

NOTE Confidence: 0.807201150588235

 $00:32:57.320 \longrightarrow 00:33:00.216$ and the one that maybe is interesting is

NOTE Confidence: 0.807201150588235

 $00:33:00.216 \longrightarrow 00:33:02.960$ hypoxia and I'll get back to that later.

NOTE Confidence: 0.807201150588235

 $00:33:02.960 \longrightarrow 00:33:06.576$ So a subset of this smaller color compared

NOTE Confidence: 0.807201150588235

 $00{:}33{:}06.576 \dashrightarrow 00{:}33{:}08.724$ to glass acquired this small deletion

NOTE Confidence: 0.807201150588235

 $00{:}33{:}08.724 \dashrightarrow 00{:}33{:}10.279$ phenotype that I mentioned earlier.

NOTE Confidence: 0.807201150588235

 $00:33:10.280 \longrightarrow 00:33:14.456$ In fact 10 of 46 tumors where we had

NOTE Confidence: 0.807201150588235

 $00{:}33{:}14.456 \dashrightarrow 00{:}33{:}16.976$ converging DNA sequencing and single

NOTE Confidence: 0.807201150588235

 $00:33:16.976 \longrightarrow 00:33:19.410$ nucleus sequencing data acquired this

NOTE Confidence: 0.807201150588235

 $00{:}33{:}19.410 \dashrightarrow 00{:}33{:}22.080$ small deletion phenotype as shown here.

NOTE Confidence: 0.807201150588235

 $00:33:22.080 \longrightarrow 00:33:25.014$ And what we're seeing is that when a small

NOTE Confidence: 0.807201150588235

 $00:33:25.014 \longrightarrow 00:33:27.200$ deletion phenotype has been acquired,

 $00:33:27.200 \longrightarrow 00:33:28.586$ tumors will increase.

NOTE Confidence: 0.807201150588235

 $00:33:28.586 \longrightarrow 00:33:32.120$ We find that more tumor cells show signs

NOTE Confidence: 0.807201150588235

 $00:33:32.120 \longrightarrow 00:33:34.400$ of hypoxia are responding to hypoxia.

NOTE Confidence: 0.8566362025

 $00:33:37.080 \longrightarrow 00:33:41.529$ So radiation either drives or

NOTE Confidence: 0.8566362025

 $00:33:41.529 \longrightarrow 00:33:43.574$ shows its most significant effects

NOTE Confidence: 0.8566362025

 $00:33:43.574 \longrightarrow 00:33:46.079$ in cells in regions of hypoxia.

NOTE Confidence: 0.738392116

 $00:33:50.120 \longrightarrow 00:33:52.200$ When we then went back to our glass

NOTE Confidence: 0.738392116

 $00:33:52.200 \longrightarrow 00:33:53.856$ data sets, we could confirm that

NOTE Confidence: 0.738392116

 $00:33:53.856 \longrightarrow 00:33:55.560$ indeed tumors that acquire lots of

NOTE Confidence: 0.738392116

00:33:55.612 --> 00:33:57.282 small deletions are also showing

NOTE Confidence: 0.738392116

 $00:33:57.282 \longrightarrow 00:33:58.952$ an increase in hypoxic signaling,

NOTE Confidence: 0.738392116

 $00:33:58.960 \longrightarrow 00:34:01.360$ hypoxia cell state signaling compared to

NOTE Confidence: 0.738392116

 $00:34:01.360 \longrightarrow 00:34:04.600$ tumors that do not acquire small deletion.

NOTE Confidence: 0.893243085833333

 $00{:}34{:}07.200 \dashrightarrow 00{:}34{:}08.905$ This is potentially relevant because

NOTE Confidence: 0.893243085833333

00:34:08.905 --> 00:34:10.933 hypoxia is a phenomenon you can

NOTE Confidence: 0.893243085833333

 $00:34:10.933 \longrightarrow 00:34:13.560$ detect through imaging and of course

 $00:34:13.560 \longrightarrow 00:34:15.920$ these results built upon large

NOTE Confidence: 0.893243085833333

 $00:34:15.920 \longrightarrow 00:34:18.480$ and large amount of literature

NOTE Confidence: 0.893243085833333

00:34:18.480 --> 00:34:20.100 demonstrating the convergence of

NOTE Confidence: 0.893243085833333

 $00:34:20.100 \longrightarrow 00:34:21.720$ radiation response with hypoxia.

NOTE Confidence: 0.934327004285714

 $00:34:25.960 \longrightarrow 00:34:27.536$ We then also focused,

NOTE Confidence: 0.934327004285714

 $00:34:27.536 \longrightarrow 00:34:29.752$ we then also performed A comparable

NOTE Confidence: 0.934327004285714

 $00:34:29.752 \longrightarrow 00:34:32.160$ analysis but looking at IDH mutant tumor.

NOTE Confidence: 0.934327004285714

 $00:34:32.160 \longrightarrow 00:34:34.440$ So we generated single nucleus

NOTE Confidence: 0.934327004285714

00:34:34.440 --> 00:34:37.560 RNA CC data on IDH mutants,

NOTE Confidence: 0.934327004285714

 $00:34:37.560 \longrightarrow 00:34:39.664$ a cohort of 35 cases and this is

NOTE Confidence: 0.934327004285714

 $00:34:39.664 \longrightarrow 00:34:42.230$ work led by Kevin Johnson who is a

NOTE Confidence: 0.934327004285714

 $00{:}34{:}42.230 \dashrightarrow 00{:}34{:}44.490$ research scientist in our lab again

NOTE Confidence: 0.934327004285714

 $00{:}34{:}44.490 \dashrightarrow 00{:}34{:}47.680$ with the same collaborator team.

NOTE Confidence: 0.722302904545455

 $00{:}34{:}51.400 \dashrightarrow 00{:}34{:}53.895$ Mario Nita's labs have previously

NOTE Confidence: 0.722302904545455

00:34:53.895 --> 00:34:57.520 found that in IDH mutant tumors they

 $00:34:57.520 \longrightarrow 00:35:00.506$ they found less consistent cell cell

NOTE Confidence: 0.722302904545455

 $00{:}35{:}00.506 \dashrightarrow 00{:}35{:}02.436$ state and gene expression programs.

NOTE Confidence: 0.722302904545455

 $00:35:02.440 \longrightarrow 00:35:05.944$ But they found that all that most tumors

NOTE Confidence: 0.722302904545455

 $00:35:05.944 \longrightarrow 00:35:09.666$ could be projected along an axis of stem

NOTE Confidence: 0.722302904545455

 $00:35:09.666 \longrightarrow 00:35:13.560$ like to stem like Sigma from stem like

NOTE Confidence: 0.722302904545455

 $00:35:13.560 \longrightarrow 00:35:16.674$ states to a more differentiated state.

NOTE Confidence: 0.722302904545455

 $00:35:16.680 \dashrightarrow 00:35:19.956$ Because IDH mutant tumors in general are

NOTE Confidence: 0.722302904545455

 $00:35:19.956 \longrightarrow 00:35:22.800$ either astrocytoma or oligodenra glioma,

NOTE Confidence: 0.722302904545455

 $00:35:22.800 \longrightarrow 00:35:25.440$ They showed that astrocyte

NOTE Confidence: 0.794522625714286

 $00:35:27.520 \longrightarrow 00:35:29.400$ IDH mutant gliomas differentiate

NOTE Confidence: 0.794522625714286

 $00{:}35{:}29.400 \dashrightarrow 00{:}35{:}33.173$ from a stem like cell to a astrocyte

NOTE Confidence: 0.794522625714286

 $00:35:33.173 \longrightarrow 00:35:34.864$ like cell phenotype whereas

NOTE Confidence: 0.794522625714286

 $00:35:34.864 \longrightarrow 00:35:37.336$ oligodenrocytes go from a stem like

NOTE Confidence: 0.794522625714286

 $00:35:37.336 \longrightarrow 00:35:39.931$ state to a more oligodenrocyte like

NOTE Confidence: 0.794522625714286

 $00:35:39.931 \longrightarrow 00:35:41.482$ state as potentially expected.

NOTE Confidence: 0.794522625714286

 $00:35:41.482 \longrightarrow 00:35:44.464$ So the non codels go to the left

 $00:35:44.464 \longrightarrow 00:35:48.040$ and the codels go to the right.

NOTE Confidence: 0.794522625714286

 $00:35:48.040 \longrightarrow 00:35:50.080$ In our paper from 2022 with

NOTE Confidence: 0.794522625714286

 $00:35:50.080 \longrightarrow 00:35:51.440$ Fred as first author,

NOTE Confidence: 0.794522625714286

 $00:35:51.440 \longrightarrow 00:35:56.158$ we had noticed that amongst IDH mutants

NOTE Confidence: 0.794522625714286

 $00:35:56.160 \longrightarrow 00:35:59.160$ those that show signs of treatment

NOTE Confidence: 0.794522625714286

 $00:35:59.160 \longrightarrow 00:36:01.160$ response either through hypermutation

NOTE Confidence: 0.794522625714286

00:36:01.160 --> 00:36:04.275 or through acquired sydicand to a loss,

NOTE Confidence: 0.794522625714286

 $00{:}36{:}04.280 \dashrightarrow 00{:}36{:}07.108$ we saw an increase in the proportion

NOTE Confidence: 0.794522625714286

 $00{:}36{:}07.108 \dashrightarrow 00{:}36{:}09.002$ of proliferating stem like cells

NOTE Confidence: 0.794522625714286

 $00:36:09.002 \longrightarrow 00:36:11.555$ which would be in the in the trunk

NOTE Confidence: 0.794522625714286

 $00:36:11.555 \longrightarrow 00:36:14.600$ of the axis shown on the left.

NOTE Confidence: 0.794522625714286

 $00:36:14.600 \longrightarrow 00:36:17.496$ So we took those results and we

NOTE Confidence: 0.794522625714286

 $00{:}36{:}17.496 \dashrightarrow 00{:}36{:}19.136$ took those into consideration as

NOTE Confidence: 0.794522625714286

 $00:36:19.136 \longrightarrow 00:36:21.360$ we started to analyze these data.

NOTE Confidence: 0.794522625714286

 $00{:}36{:}21.360 \dashrightarrow 00{:}36{:}23.670$ So first we Kevin generated these U

 $00:36:23.670 \longrightarrow 00:36:26.280$ maps that you can see in many papers.

NOTE Confidence: 0.794522625714286

 $00:36:26.280 \dashrightarrow 00:36:28.410$ We had generated data from large

NOTE Confidence: 0.794522625714286

00:36:28.410 --> 00:36:29.475 numbers of nuclei,

NOTE Confidence: 0.794522625714286

 $00:36:29.480 \longrightarrow 00:36:32.416$ I would say quite unprecedented to show

NOTE Confidence: 0.794522625714286

 $00:36:32.416 \longrightarrow 00:36:35.244$ that you can infer your typical sets

NOTE Confidence: 0.794522625714286

 $00:36:35.244 \longrightarrow 00:36:37.880$ of cell state programs as shown here.

NOTE Confidence: 0.794522625714286

 $00:36:37.880 \longrightarrow 00:36:39.896$ So we have now generated a very

NOTE Confidence: 0.794522625714286

 $00:36:39.896 \longrightarrow 00:36:42.222$ large number of IDH smooth and single

NOTE Confidence: 0.794522625714286

 $00{:}36{:}42.222 \dashrightarrow 00{:}36{:}44.665$ nucleus data and through that we can

NOTE Confidence: 0.794522625714286

 $00{:}36{:}44.665 \dashrightarrow 00{:}36{:}47.441$ create a definition of cell States and

NOTE Confidence: 0.794522625714286

 $00{:}36{:}47.441 \dashrightarrow 00{:}36{:}50.315$ associated metaprograms of IDH mutant tumors.

NOTE Confidence: 0.794522625714286

 $00{:}36{:}50.320 \to 00{:}36{:}54.328$ And the metaprograms we arrived at

NOTE Confidence: 0.794522625714286

 $00:36:54.328 \longrightarrow 00:36:56.215$ actually are quite reminiscent of those

NOTE Confidence: 0.794522625714286

 $00:36:56.215 \longrightarrow 00:36:58.278$ that are shown in IDH wild type tumors.

NOTE Confidence: 0.685008754285714

00:37:02.920 --> 00:37:05.195 Interestingly, when we looked at the this,

NOTE Confidence: 0.685008754285714

 $00:37:05.200 \longrightarrow 00:37:08.648$ when we projected the 35 cases that we

 $00:37:08.648 \longrightarrow 00:37:11.280$ had analyzed that we had sequenced,

NOTE Confidence: 0.685008754285714

 $00:37:11.280 \longrightarrow 00:37:13.152$ we projected them on that same

NOTE Confidence: 0.685008754285714

 $00:37:13.152 \longrightarrow 00:37:16.192$ inferred Y axis as Mario and Itai had

NOTE Confidence: 0.685008754285714

 $00:37:16.192 \longrightarrow 00:37:18.432$ previously used in their analysis.

NOTE Confidence: 0.685008754285714

 $00:37:18.440 \longrightarrow 00:37:19.994$ We see that tumors tend to shift.

NOTE Confidence: 0.685008754285714

 $00:37:20.000 \longrightarrow 00:37:21.450$ So there's the circles here

NOTE Confidence: 0.685008754285714

 $00:37:21.450 \longrightarrow 00:37:23.120$ are the initial tumors and the

NOTE Confidence: 0.685008754285714

 $00{:}37{:}23.120 \to 00{:}37{:}25.680$ triangles are the recurrent tumors.

NOTE Confidence: 0.685008754285714

 $00:37:25.680 \longrightarrow 00:37:28.476$ We see that nearly all tumors

NOTE Confidence: 0.685008754285714

 $00:37:28.480 \longrightarrow 00:37:31.400$ shift into an upward direction.

NOTE Confidence: 0.685008754285714

 $00:37:31.400 \longrightarrow 00:37:34.235$ So the relative amount of stem like or stem,

NOTE Confidence: 0.685008754285714

 $00:37:34.240 \longrightarrow 00:37:36.340$ the relative amount of stemness

NOTE Confidence: 0.685008754285714

 $00{:}37{:}36.340 \dashrightarrow 00{:}37{:}38.944$ in these tumors almost universally

NOTE Confidence: 0.685008754285714

 $00:37:38.944 \longrightarrow 00:37:40.960$ increases upon recurrence.

NOTE Confidence: 0.685008754285714

 $00:37:40.960 \longrightarrow 00:37:42.916$ So tumor seems to de differentiate

 $00:37:46.680 \longrightarrow 00:37:48.556$ as a part of their tumor progression.

NOTE Confidence: 0.898238688

 $00:37:52.520 \longrightarrow 00:37:53.560$ This is also shown here.

NOTE Confidence: 0.898238688

 $00:37:53.560 \longrightarrow 00:37:56.728$ These are different some of the different

NOTE Confidence: 0.898238688

 $00:37:56.728 \longrightarrow 00:37:59.040$ meta programs that we had arrived at

NOTE Confidence: 0.898238688

 $00:37:59.040 \longrightarrow 00:38:01.480$ looking at different grades amongst

NOTE Confidence: 0.898238688

 $00:38:01.480 \longrightarrow 00:38:05.030$ Codells and non Codells and we see

NOTE Confidence: 0.898238688

 $00:38:05.030 \longrightarrow 00:38:06.940$ that a differentiated differentiation

NOTE Confidence: 0.898238688

 $00:38:06.940 \longrightarrow 00:38:10.160$ cell state such as the AC like

NOTE Confidence: 0.898238688

 $00:38:10.235 \longrightarrow 00:38:12.372$ state decreases upon with grade.

NOTE Confidence: 0.898238688

 $00:38:12.372 \longrightarrow 00:38:15.864$ And that's true for both Codells and non

NOTE Confidence: 0.898238688

 $00{:}38{:}15.864 \dashrightarrow 00{:}38{:}18.172$ Codells whereas undifferentiated and

NOTE Confidence: 0.898238688

 $00:38:18.172 \longrightarrow 00:38:22.680$ number of cycling cells increases with grade.

NOTE Confidence: 0.898238688

00:38:22.680 --> 00:38:26.676 And when we actually pair up the tumor,

NOTE Confidence: 0.898238688

 $00{:}38{:}26.680 {\:{\mbox{--}}}{\:{\mbox{-}}} 00{:}38{:}28.885$ so not split them by grade but

NOTE Confidence: 0.898238688

00:38:28.885 --> 00:38:30.839 actually look at paired samples

NOTE Confidence: 0.898238688

 $00:38:30.840 \longrightarrow 00:38:34.116$ again we confirm that the amount of

 $00:38:34.116 \longrightarrow 00:38:35.520$ undifferentiated cells increases,

NOTE Confidence: 0.898238688

 $00{:}38{:}35.520 \to 00{:}38{:}38.280$ the amount of cycling cells increases,

NOTE Confidence: 0.898238688

 $00:38:38.280 \longrightarrow 00:38:41.010$ cells that show signs of stress increases

NOTE Confidence: 0.898238688

 $00:38:41.010 \longrightarrow 00:38:43.245$ in proportion and finally mesenchymal

NOTE Confidence: 0.898238688

 $00{:}38{:}43.245 \dashrightarrow 00{:}38{:}45.440$ like cells increase in proportion.

NOTE Confidence: 0.9731241

00:38:48.520 --> 00:38:52.948 Now what is in my view most interesting

NOTE Confidence: 0.9731241

 $00:38:52.948 \longrightarrow 00:38:55.788$ about these observations is when we now

NOTE Confidence: 0.9731241

 $00:38:55.788 \longrightarrow 00:38:58.230$ separate our you know relatively modest

NOTE Confidence: 0.9731241

 $00:38:58.312 \longrightarrow 00:39:02.400$ cohort but still into cases that have signs

NOTE Confidence: 0.9731241

 $00:39:02.400 \longrightarrow 00:39:05.280$ of the rapy induced genetic alterations.

NOTE Confidence: 0.9731241

 $00:39:05.280 \longrightarrow 00:39:07.023$ But those are the ones that also

NOTE Confidence: 0.9731241

 $00:39:07.023 \longrightarrow 00:39:09.478$ are also those are the ones that are

NOTE Confidence: 0.9731241

 $00{:}39{:}09.478 \dashrightarrow 00{:}39{:}10.798$ driving these significant changes.

NOTE Confidence: 0.9731241

 $00:39:10.800 \longrightarrow 00:39:14.590$ So tumors that do not reflect therapy induced

NOTE Confidence: 0.9731241

 $00:39:14.590 \longrightarrow 00:39:17.040$ genetic alterations such as hypermutation,

 $00:39:17.040 \longrightarrow 00:39:20.488$ citic anti a loss or loss of new

NOTE Confidence: 0.9731241

 $00:39:20.488 \longrightarrow 00:39:22.240$ an euploidies, we find no significant

NOTE Confidence: 0.9731241

 $00:39:22.240 \longrightarrow 00:39:23.560$ difference in cell states.

NOTE Confidence: 0.9731241

 $00:39:23.560 \longrightarrow 00:39:26.514$ It's only those tumors that show a

NOTE Confidence: 0.9731241

 $00:39:26.514 \longrightarrow 00:39:28.179$ treatment induced alteration that

NOTE Confidence: 0.9731241

 $00:39:28.179 \longrightarrow 00:39:30.475$ are the ones that also show changes

NOTE Confidence: 0.9731241

 $00:39:30.475 \longrightarrow 00:39:32.878$ in their gene expression programs.

NOTE Confidence: 0.860788142

 $00:39:35.960 \longrightarrow 00:39:38.893$ So to then re annotate the

NOTE Confidence: 0.860788142

00:39:38.893 --> 00:39:42.158 flow charts I showed earlier,

NOTE Confidence: 0.860788142

00:39:42.160 --> 00:39:44.044 we're seeing that subsets of IDH

NOTE Confidence: 0.860788142

 $00{:}39{:}44.044 \dashrightarrow 00{:}39{:}46.556$ mutant as well as IDH wild type

NOTE Confidence: 0.860788142

 $00{:}39{:}46.556 \dashrightarrow 00{:}39{:}48.140$ tumors acquire genetic alterations

NOTE Confidence: 0.860788142

 $00{:}39{:}48.140 \dashrightarrow 00{:}39{:}50.720$ in response to treatment and we're

NOTE Confidence: 0.860788142

 $00{:}39{:}50.720 \dashrightarrow 00{:}39{:}53.000$ now finding using our bulk and

NOTE Confidence: 0.860788142

00:39:53.000 --> 00:39:54.800 single nucleus our expression

NOTE Confidence: 0.860788142

 $00{:}39{:}54.800 \dashrightarrow 00{:}39{:}56.844$ gene expression datasets that

 $00:39:56.844 \longrightarrow 00:39:59.399$ this coincides with increased cell

NOTE Confidence: 0.860788142

 $00:39:59.399 \dashrightarrow 00:40:01.958$ cycle activity and proliferation.

NOTE Confidence: 0.860788142

 $00:40:01.960 \longrightarrow 00:40:04.400$ And D differentiation programs

NOTE Confidence: 0.860788142

00:40:04.400 --> 00:40:07.866 and IDH mutant glomus but with

NOTE Confidence: 0.860788142

 $00:40:07.866 \longrightarrow 00:40:09.918$ neuronal and mesenchomal signaling

NOTE Confidence: 0.860788142

 $00:40:09.918 \longrightarrow 00:40:13.000$ activity and IDH wild type tumors.

NOTE Confidence: 0.860788142

00:40:13.000 --> 00:40:16.680 So it leads me to summarize at the end here.

NOTE Confidence: 0.860788142

00:40:16.680 --> 00:40:19.576 IDH wild type gliomas so far seem to

NOTE Confidence: 0.860788142

 $00{:}40{:}19.576 \dashrightarrow 00{:}40{:}21.675$ undergo tumor cell extrinsic changes

NOTE Confidence: 0.860788142

 $00{:}40{:}21.675 \dashrightarrow 00{:}40{:}24.713$ which sets them apart from IDH mutant

NOTE Confidence: 0.860788142

 $00{:}40{:}24.790 \dashrightarrow 00{:}40{:}27.484$ glomas which appear to a majority

NOTE Confidence: 0.860788142

 $00:40:27.484 \longrightarrow 00:40:29.673$ undergo tumor cell intrinsic transitions,

NOTE Confidence: 0.860788142

00:40:29.673 --> 00:40:32.040 which I think is a peculiar

NOTE Confidence: 0.860788142

 $00{:}40{:}32.040 \dashrightarrow 00{:}40{:}33.240$ but interesting difference

NOTE Confidence: 0.934605338

 $00:40:35.400 \longrightarrow 00:40:37.800$ As we think about developing new

 $00:40:37.800 \longrightarrow 00:40:39.400$ therapies for these patients,

NOTE Confidence: 0.934605338

 $00:40:39.400 \longrightarrow 00:40:42.760$ this is something to take into consideration.

NOTE Confidence: 0.934605338

00:40:42.760 --> 00:40:46.680 And finally amongst the IDH mutant clairomas,

NOTE Confidence: 0.934605338

 $00:40:46.680 \longrightarrow 00:40:49.256$ the changes we are observing are mostly

NOTE Confidence: 0.934605338

 $00:40:49.256 \longrightarrow 00:40:52.000$ observed when in those tumors that have

NOTE Confidence: 0.934605338

 $00:40:52.000 \longrightarrow 00:40:54.736$ been treated and we find convergence

NOTE Confidence: 0.934605338

 $00:40:54.736 \longrightarrow 00:40:56.672$ between newly acquired genetic

NOTE Confidence: 0.934605338

 $00{:}40{:}56.672 \dashrightarrow 00{:}40{:}58.968$ alterations with cell state transitions.

NOTE Confidence: 0.934605338

 $00{:}40{:}58.968 \dashrightarrow 00{:}41{:}01.680$ So that leads to the question,

NOTE Confidence: 0.934605338

 $00:41:01.680 \longrightarrow 00:41:04.060$ are these tumors changing because

NOTE Confidence: 0.934605338

 $00:41:04.060 \longrightarrow 00:41:06.867$ of the treatment or are the

NOTE Confidence: 0.934605338

 $00{:}41{:}06.867 \dashrightarrow 00{:}41{:}09.002$ on cologists treating the tumors that

NOTE Confidence: 0.934605338

 $00:41:09.002 \longrightarrow 00:41:11.878$ are more likely to change or both?

NOTE Confidence: 0.934605338

 $00{:}41{:}11.880 \dashrightarrow 00{:}41{:}15.360$ That's something for a next analysis.

NOTE Confidence: 0.934605338

00:41:15.360 --> 00:41:17.075 With that, I come to the end,

NOTE Confidence: 0.934605338

 $00:41:17.080 \longrightarrow 00:41:18.676$ I'd like to thank all the people

 $00:41:18.676 \longrightarrow 00:41:20.549$ in the lab that worked very hard

NOTE Confidence: 0.934605338

 $00:41:20.549 \longrightarrow 00:41:22.241$ for these results and of course

NOTE Confidence: 0.934605338

 $00:41:22.295 \longrightarrow 00:41:23.506$ our funding our funders.

NOTE Confidence: 0.934605338

00:41:23.506 --> 00:41:24.758 Thank you very much.

NOTE Confidence: 0.80282937555556

00:41:29.120 --> 00:41:31.280 Thank you. Jen had to run to the OR,

NOTE Confidence: 0.80282937555556

 $00:41:31.280 \longrightarrow 00:41:33.320$ so I will handle the questions.

NOTE Confidence: 0.80282937555556

 $00:41:33.320 \longrightarrow 00:41:34.290$ Do we have any questions

NOTE Confidence: 0.80282937555556

 $00:41:34.290 \longrightarrow 00:41:37.998$ from the room or online?

NOTE Confidence: 0.80282937555556

 $00:41:38.000 \longrightarrow 00:41:39.580$ You mentioned immunotherapy,

NOTE Confidence: 0.80282937555556

 $00:41:39.580 \longrightarrow 00:41:42.088$ so are are there protocols now that

NOTE Confidence: 0.80282937555556

 $00:41:42.088 \longrightarrow 00:41:43.516$ are using some of these markers to

NOTE Confidence: 0.80282937555556

 $00:41:43.516 \longrightarrow 00:41:44.688$ determine who should get immunotherapy

NOTE Confidence: 0.80282937555556

 $00{:}41{:}44.688 \to 00{:}41{:}46.074$ and which ones in this disease.

NOTE Confidence: 0.820231249

 $00:41:46.400 \longrightarrow 00:41:48.200$ So regrettably all the results so

NOTE Confidence: 0.820231249

 $00:41:48.200 \longrightarrow 00:41:49.973$ far I've shown that checkpoint

 $00:41:49.973 \longrightarrow 00:41:52.838$ inhibition does relative does little

NOTE Confidence: 0.820231249

 $00:41:52.838 \longrightarrow 00:41:55.559$ for these patients and that's likely

NOTE Confidence: 0.820231249

 $00:41:55.559 \longrightarrow 00:41:57.224$ because of the very immunosuppressive

NOTE Confidence: 0.820231249

 $00:41:57.224 \longrightarrow 00:41:58.520$ microenvironment in these tumors.

NOTE Confidence: 0.820231249

 $00:41:58.520 \longrightarrow 00:42:00.440$ There's very few active T cells.

NOTE Confidence: 0.820231249

 $00:42:00.440 \longrightarrow 00:42:02.169$ So you can treat them at checkpoint

NOTE Confidence: 0.820231249

 $00:42:02.169 \longrightarrow 00:42:03.570$ inhibition but without T cells that's

NOTE Confidence: 0.820231249

00:42:03.570 --> 00:42:06.800 going to not really result in any benefit.

NOTE Confidence: 0.820231249

 $00{:}42{:}06.800 \dashrightarrow 00{:}42{:}09.460$ So moving forward the way to get

NOTE Confidence: 0.820231249

 $00:42:09.460 \longrightarrow 00:42:11.649$ immunotherapies to work in these patients

NOTE Confidence: 0.820231249

 $00:42:11.649 \longrightarrow 00:42:14.583$ would be to figure out how can we get

NOTE Confidence: 0.820231249

 $00{:}42{:}14.583 \rightarrow 00{:}42{:}16.919$ T cells into the tumor and only then

NOTE Confidence: 0.820231249

 $00:42:16.920 \longrightarrow 00:42:19.400$ immunotherapy is is likely to have a chance.

NOTE Confidence: 0.820231249

 $00{:}42{:}19.400 \dashrightarrow 00{:}42{:}20.096$ Got it. OK.

NOTE Confidence: 0.820231249

 $00:42:20.096 \longrightarrow 00:42:21.433$ Any questions in the room? OK.

NOTE Confidence: 0.820231249

 $00:42:21.433 \longrightarrow 00:42:22.826$ I will walk the microphone around.

 $00:42:22.826 \longrightarrow 00:42:24.760$ I'll go the front row here first.

NOTE Confidence: 0.864485463846154

 $00{:}42{:}27.520 \dashrightarrow 00{:}42{:}30.404$ Hello. Oh thanks. A beautiful talk and

NOTE Confidence: 0.864485463846154

00:42:30.404 --> 00:42:33.090 I think you know just to it's something

NOTE Confidence: 0.864485463846154

 $00:42:33.090 \longrightarrow 00:42:36.520$ that we are all hoping to be able to

NOTE Confidence: 0.864485463846154

 $00:42:36.520 \longrightarrow 00:42:38.640$ replicate in different tumor types.

NOTE Confidence: 0.79730321625

 $00:42:40.160 \longrightarrow 00:42:42.280$ What a what a great example of a

NOTE Confidence: 0.79730321625

 $00:42:42.280 \longrightarrow 00:42:44.680$ a treasure trove of information.

NOTE Confidence: 0.79730321625

 $00:42:44.680 \longrightarrow 00:42:47.240$ My question is about epigenetic regulation

NOTE Confidence: 0.964317662

 $00:42:47.240 \longrightarrow 00:42:50.000$ and I saw one slide with EZH 2

NOTE Confidence: 0.964317662

 $00:42:50.000 \longrightarrow 00:42:52.160$ your thoughts or if you've looked

NOTE Confidence: 0.964317662

 $00{:}42{:}52.160 \dashrightarrow 00{:}42{:}55.440$ at sort of wrapping of chromatin

NOTE Confidence: 0.964317662

 $00:42:55.440 \longrightarrow 00:42:57.680$ epigenetic regulation specifically

NOTE Confidence: 0.964317662

 $00{:}42{:}57.680 \rightarrow 00{:}42{:}59.680$ after radiation, if that's changed,

NOTE Confidence: 0.964317662

 $00:42:59.680 \longrightarrow 00:43:01.960$ if we can explore that with some of our,

NOTE Confidence: 0.964317662

00:43:01.960 --> 00:43:02.872 for example, ECH,

 $00:43:02.872 \longrightarrow 00:43:04.839$ two or other regulators there,

NOTE Confidence: 0.964317662

 $00:43:04.840 \longrightarrow 00:43:06.040$ inhibitors there,

NOTE Confidence: 0.89859699

 $00:43:08.000 \longrightarrow 00:43:10.720$ that's a great question.

NOTE Confidence: 0.89859699

00:43:10.720 --> 00:43:12.760 So just from a data perspective,

NOTE Confidence: 0.89859699

 $00:43:12.760 \longrightarrow 00:43:15.136$ we have been able to collect

NOTE Confidence: 0.89859699

00:43:15.136 --> 00:43:16.720 the NMS elation profiles,

NOTE Confidence: 0.89859699

00:43:16.720 --> 00:43:18.640 other members of the glass

NOTE Confidence: 0.89859699

 $00{:}43{:}18.640 \dashrightarrow 00{:}43{:}20.560$ consortium have looked at those.

NOTE Confidence: 0.89859699

 $00{:}43{:}20.560 \dashrightarrow 00{:}43{:}22.792$ What we see in the IDH wild type tumors,

NOTE Confidence: 0.89859699

 $00:43:22.800 \longrightarrow 00:43:25.092$ we don't see many changes from

NOTE Confidence: 0.89859699

 $00:43:25.092 \longrightarrow 00:43:28.198$ a Dena methylation perspective.

NOTE Confidence: 0.89859699

00:43:28.200 --> 00:43:29.920 These tumors have lots of things going on,

NOTE Confidence: 0.89859699

 $00:43:29.920 \longrightarrow 00:43:32.237$ but it doesn't really seem to change

NOTE Confidence: 0.89859699

 $00:43:32.237 \longrightarrow 00:43:34.130$ in directly their DNA methylation

NOTE Confidence: 0.89859699

 $00:43:34.130 \longrightarrow 00:43:35.899$ profile and the IDH mutants.

NOTE Confidence: 0.89859699

 $00{:}43{:}35.899 \dashrightarrow 00{:}43{:}38.492$ We see that the subset of tumors goes

00:43:38.492 --> 00:43:40.940 from a relatively high amount of genome

NOTE Confidence: 0.89859699

 $00{:}43{:}40.940 \dashrightarrow 00{:}43{:}43.880$ Y DNA methylation to a decreased amount.

NOTE Confidence: 0.89859699

 $00:43:43.880 \longrightarrow 00:43:45.644$ So and those are the ones that

NOTE Confidence: 0.89859699

 $00:43:45.644 \longrightarrow 00:43:47.955$ also are also the ones that change

NOTE Confidence: 0.89859699

 $00:43:47.955 \longrightarrow 00:43:49.447$ that acquire genetic alterations

NOTE Confidence: 0.89859699

 $00{:}43{:}49.447 \dashrightarrow 00{:}43{:}51.398$ that change cell state programs,

NOTE Confidence: 0.89859699

 $00:43:51.400 \longrightarrow 00:43:54.904$ those also seem to demethylate or

NOTE Confidence: 0.89859699

 $00{:}43{:}54.904 \dashrightarrow 00{:}43{:}57.240$ show demethylation genome wide.

NOTE Confidence: 0.89859699

 $00:43:57.240 \longrightarrow 00:43:58.905$ Now whether that has implications

NOTE Confidence: 0.89859699

 $00{:}43{:}58.905 \dashrightarrow 00{:}44{:}00.916$ for treatment with ECH 2 inhibitors

NOTE Confidence: 0.89859699

 $00:44:00.916 \longrightarrow 00:44:02.876$ would be a bit of a stretch.

NOTE Confidence: 0.89859699

 $00:44:02.880 \longrightarrow 00:44:06.555$ I know those are being considered for

NOTE Confidence: 0.89859699

 $00{:}44{:}06.560 \dashrightarrow 00{:}44{:}10.080$ the H3 wild type pediatric GBMS for example,

NOTE Confidence: 0.873603212307692

 $00:44:12.120 \longrightarrow 00:44:13.920$ but right now I don't have information on

NOTE Confidence: 0.873603212307692

 $00:44:13.920 \longrightarrow 00:44:15.560$ whether that will work for for adults.

 $00:44:17.240 \longrightarrow 00:44:18.116$ Great, we can go to Doctor

NOTE Confidence: 0.559502638333333

 $00{:}44{:}18.120 \dashrightarrow 00{:}44{:}19.320$ crop and then doctor Contessa

NOTE Confidence: 0.559502638333333

 $00:44:19.320 \longrightarrow 00:44:20.556$ in the chat has a question.

NOTE Confidence: 0.559502638333333

 $00:44:20.560 \longrightarrow 00:44:21.970$ So we'll get him queued up

NOTE Confidence: 0.559502638333333

 $00:44:21.970 \longrightarrow 00:44:24.546$ to ask it verbally.

NOTE Confidence: 0.559502638333333

00:44:24.546 --> 00:44:26.248 Ian, very nice talk.

NOTE Confidence: 0.559502638333333

00:44:26.248 --> 00:44:27.240 And this question actually

NOTE Confidence: 0.559502638333333

 $00:44:27.240 \longrightarrow 00:44:28.040$ is a little bit similar

NOTE Confidence: 0.873849317142857

 $00:44:28.040 \longrightarrow 00:44:29.440$ to I think what Joe's getting at.

NOTE Confidence: 0.930922616666667

 $00:44:30.880 \longrightarrow 00:44:34.340$ So you've shown that in the subset

NOTE Confidence: 0.930922616666667

 $00{:}44{:}34.340 \dashrightarrow 00{:}44{:}36.190$ of the temozolomide treated patients

NOTE Confidence: 0.930922616666667

00:44:36.190 --> 00:44:37.800 developed this hypermutated phenotype

NOTE Confidence: 0.930922616666667

 $00{:}44{:}37.800 \dashrightarrow 00{:}44{:}39.666$ and that's associated that leads to

NOTE Confidence: 0.930922616666667

 $00{:}44{:}39.666 \dashrightarrow 00{:}44{:}42.760$ poor outcomes in those patients.

NOTE Confidence: 0.930922616666667

00:44:42.760 --> 00:44:44.258 It would seem that if you could

NOTE Confidence: 0.930922616666667

 $00:44:44.258 \longrightarrow 00:44:45.427$ potentially if you could identify

00:44:45.427 --> 00:44:46.867 those patients up front who were

NOTE Confidence: 0.930922616666667

 $00{:}44{:}46.867 \dashrightarrow 00{:}44{:}48.655$ going to go down that path with

NOTE Confidence: 0.930922616666667

 $00:44:48.655 \longrightarrow 00:44:49.667$ treatment with temozolemide that

NOTE Confidence: 0.930922616666667

00:44:49.667 --> 00:44:51.936 you may decide it may be in their

NOTE Confidence: 0.930922616666667

 $00:44:51.936 \longrightarrow 00:44:53.983$ overall better outcome to avoid using

NOTE Confidence: 0.930922616666667

 $00:44:53.983 \longrightarrow 00:44:55.200$ temozolemide in those patients.

NOTE Confidence: 0.930922616666667

00:44:55.200 --> 00:44:59.080 So if you looked at baseline molecular,

NOTE Confidence: 0.930922616666667

 $00:44:59.080 \longrightarrow 00:45:01.080$ molecular genomic characteristics

NOTE Confidence: 0.930922616666667

 $00{:}45{:}01.080 \dashrightarrow 00{:}45{:}03.360$ of the patients who go on to develop

NOTE Confidence: 0.930922616666667

 $00:45:03.360 \longrightarrow 00:45:04.810$ hypermutator phenotype to be able to

NOTE Confidence: 0.930922616666667

00:45:04.810 --> 00:45:06.400 if you could predict those up front,

NOTE Confidence: 0.637769775714286

 $00:45:06.880 \longrightarrow 00:45:08.091$ yeah. So for ID, it's wild type

NOTE Confidence: 0.637769775714286

 $00{:}45{:}08.091 \dashrightarrow 00{:}45{:}09.440$ of course we have a great marker.

NOTE Confidence: 0.637769775714286

00:45:09.440 --> 00:45:11.360 It's MGMT methylation, right.

NOTE Confidence: 0.637769775714286

 $00:45:11.360 \longrightarrow 00:45:13.592$ So for that, I would say that's

00:45:13.592 --> 00:45:14.760 already most largely addressed.

NOTE Confidence: 0.637769775714286

 $00{:}45{:}14.760 --> 00{:}45{:}15.882 \ {\rm For\ IDH\ mutants},$

NOTE Confidence: 0.637769775714286

 $00:45:15.882 \longrightarrow 00:45:19.279$ we have not looked at this very much yet.

NOTE Confidence: 0.637769775714286

 $00:45:19.280 \longrightarrow 00:45:20.840$ There's been another publication from

NOTE Confidence: 0.637769775714286

 $00:45:20.840 \longrightarrow 00:45:23.069$ a group in China that has established

NOTE Confidence: 0.637769775714286

 $00:45:23.069 \longrightarrow 00:45:26.320$ a large number of serial cases.

NOTE Confidence: 0.637769775714286

 $00:45:26.320 \longrightarrow 00:45:30.255$ They have suggested that low level changes

NOTE Confidence: 0.637769775714286

00:45:30.255 --> 00:45:34.160 in chromosome 8 would be predictive of

NOTE Confidence: 0.637769775714286

00:45:34.160 --> 00:45:36.370 risk of developing hypermutation and

NOTE Confidence: 0.637769775714286

 $00:45:36.370 \longrightarrow 00:45:38.920$ they link that functionally to MIC.

NOTE Confidence: 0.637769775714286

 $00{:}45{:}38.920 \dashrightarrow 00{:}45{:}40.876$ I think that data is interesting.

NOTE Confidence: 0.637769775714286

 $00:45:40.880 \longrightarrow 00:45:43.365$ I think it could use some further

NOTE Confidence: 0.637769775714286

 $00:45:43.365 \longrightarrow 00:45:44.830$ validation now as we are expanding

NOTE Confidence: 0.637769775714286

 $00:45:44.830 \longrightarrow 00:45:46.320$ and working on our glass effort,

NOTE Confidence: 0.637769775714286

00:45:46.320 --> 00:45:49.796 a major change relative to our latest

NOTE Confidence: 0.637769775714286

 $00{:}45{:}49.796 \dashrightarrow 00{:}45{:}51.844$ release and one we are working on right

 $00:45:51.844 \longrightarrow 00:45:53.587$ now is that we've accumulated a large

NOTE Confidence: 0.637769775714286

 $00:45:53.587 \longrightarrow 00:45:55.396$ amount of whole genome sequencing data.

NOTE Confidence: 0.637769775714286

 $00:45:55.400 \longrightarrow 00:45:56.798$ And I'm excited about that because

NOTE Confidence: 0.637769775714286

 $00:45:56.798 \longrightarrow 00:45:57.960$ with whole genome sequencing data,

NOTE Confidence: 0.637769775714286

 $00:45:57.960 \longrightarrow 00:46:00.054$ you can do things with mutational

NOTE Confidence: 0.637769775714286

 $00:46:00.054 \longrightarrow 00:46:01.450$ signatures and mutational signatures

NOTE Confidence: 0.637769775714286

00:46:01.503 --> 00:46:02.799 would reflect for example,

NOTE Confidence: 0.637769775714286

 $00:46:02.800 \longrightarrow 00:46:05.115$ potentially DNA damage repair processes

NOTE Confidence: 0.637769775714286

 $00:46:05.115 \longrightarrow 00:46:08.000$ that are ongoing in these tumors.

NOTE Confidence: 0.637769775714286

 $00{:}46{:}08.000 \dashrightarrow 00{:}46{:}10.320$ So I'm hopeful that we can identify tumors

NOTE Confidence: 0.637769775714286

00:46:10.320 --> 00:46:12.208 that have DNA damage repair processes

NOTE Confidence: 0.637769775714286

 $00:46:12.208 \longrightarrow 00:46:14.925$ going on and that that would then be

NOTE Confidence: 0.637769775714286

 $00{:}46{:}14.925 \dashrightarrow 00{:}46{:}16.880$ repredictive of response to demosolomide.

NOTE Confidence: 0.637769775714286

 $00:46:16.880 \longrightarrow 00:46:17.921$ That's all speculation.

NOTE Confidence: 0.637769775714286

 $00:46:17.921 \longrightarrow 00:46:20.799$ So hopefully in a year from now or so,

 $00:46:20.800 \longrightarrow 00:46:22.840$ we will have more definitive answers.

NOTE Confidence: 0.637769775714286 00:46:22.840 --> 00:46:23.226 Thanks. NOTE Confidence: 0.63776977571428600:46:23.226 --> 00:46:23.612 Great.

00:46:23.612 --> 00:46:24.234 Doctor Contessa,

NOTE Confidence: 0.637769775714286

NOTE Confidence: 0.637769775714286

 $00:46:24.234 \longrightarrow 00:46:25.638$ I'm told we don't have access

NOTE Confidence: 0.637769775714286

 $00:46:25.640 \longrightarrow 00:46:26.600$ to allow him to talk.

NOTE Confidence: 0.864685385

00:46:27.080 --> 00:46:30.520 Can I can you hear me a miracle?

NOTE Confidence: 0.864685385

 $00:46:30.520 \longrightarrow 00:46:32.472$ Yeah, this is OK go ahead.

NOTE Confidence: 0.864685385

 $00{:}46{:}32.472 \dashrightarrow 00{:}46{:}35.472$ Oh, great role. That was fantastic.

NOTE Confidence: 0.864685385

00:46:35.472 --> 00:46:38.640 Fantastic talk, very exciting.

NOTE Confidence: 0.864685385

 $00{:}46{:}38.640 {\:{\circ}{\circ}{\circ}}>00{:}46{:}40.390$ So yeah, I just wanted to drill

NOTE Confidence: 0.864685385

 $00:46:40.390 \longrightarrow 00:46:42.231$ down a little bit on the the

NOTE Confidence: 0.864685385

 $00:46:42.231 \longrightarrow 00:46:44.115$ radiation induced mutations because

NOTE Confidence: 0.864685385

00:46:44.115 --> 00:46:46.408 there is this question, right.

NOTE Confidence: 0.864685385

 $00:46:46.408 \longrightarrow 00:46:48.856$ Is it that you're select that

NOTE Confidence: 0.864685385

 $00{:}46{:}48.856 \dashrightarrow 00{:}46{:}51.011$ after radiation it's a selective

00:46:51.011 --> 00:46:53.156 pressure and you're winding up

NOTE Confidence: 0.864685385

 $00:46:53.160 \longrightarrow 00:46:55.920$ you know finding those those

NOTE Confidence: 0.864685385

 $00:46:55.920 \longrightarrow 00:46:58.867$ mutations that have gone on and been

NOTE Confidence: 0.864685385

 $00:46:58.867 \longrightarrow 00:47:01.560$ propagated in in different clones.

NOTE Confidence: 0.864685385

 $00:47:01.560 \longrightarrow 00:47:03.312$ And you know I think that

NOTE Confidence: 0.864685385

 $00:47:03.312 \longrightarrow 00:47:04.480$ the main question is,

NOTE Confidence: 0.864685385

 $00:47:04.480 \longrightarrow 00:47:07.238$ so if you're sequencing from a tumor

NOTE Confidence: 0.864685385

 $00:47:07.240 \longrightarrow 00:47:08.572$ and considering the stochastic

NOTE Confidence: 0.864685385

 $00{:}47{:}08.572 \dashrightarrow 00{:}47{:}10.570$ nature of radiation are do you

NOTE Confidence: 0.864685385

 $00{:}47{:}10.626 \dashrightarrow 00{:}47{:}12.649$ think you're going to be able to

NOTE Confidence: 0.864685385

00:47:12.649 --> 00:47:14.840 find those recurrent you know,

NOTE Confidence: 0.864685385

 $00{:}47{:}14.840 \dashrightarrow 00{:}47{:}17.168$ small deletions and isn't that

NOTE Confidence: 0.864685385

 $00{:}47{:}17.168 \operatorname{--}{>} 00{:}47{:}18.848$ probably more consistent with you

NOTE Confidence: 0.864685385

 $00:47:18.848 \longrightarrow 00:47:20.962$ have a resistant clone which might

NOTE Confidence: 0.864685385

 $00:47:20.962 \longrightarrow 00:47:23.461$ be you know have adna repair defect

 $00:47:23.461 \longrightarrow 00:47:25.356$ which enables radiation resistance and

NOTE Confidence: 0.864685385

00:47:25.356 --> 00:47:29.320 so then you wind up having that you

NOTE Confidence: 0.864685385

 $00:47:29.320 \longrightarrow 00:47:31.720$ know radiation resistant clone moving on.

NOTE Confidence: 0.864685385

 $00:47:31.720 \longrightarrow 00:47:33.200$ And I and I think that's similar to

NOTE Confidence: 0.864685385

00:47:33.200 --> 00:47:34.719 what you would see with CDK and 2A,

NOTE Confidence: 0.864685385

 $00:47:34.720 \longrightarrow 00:47:35.638$ but I won't be too long.

NOTE Confidence: 0.864685385

00:47:35.640 --> 00:47:37.397 And I guess my main question is,

NOTE Confidence: 0.864685385

 $00:47:37.400 \longrightarrow 00:47:39.192$ so can you know you have these

NOTE Confidence: 0.864685385

00:47:39.192 --> 00:47:39.960 two different possibilities,

NOTE Confidence: 0.864685385

 $00:47:39.960 \longrightarrow 00:47:42.360$ Could you use a single cell analysis to

NOTE Confidence: 0.864685385

 $00{:}47{:}42.360 \to 00{:}47{:}45.360$ analysis to try to differentiate between,

NOTE Confidence: 0.86468538500:47:45.360 --> 00:47:45.764 right.

NOTE Confidence: 0.864685385

 $00:47:45.764 \longrightarrow 00:47:47.784$ Is it the radiation that's

NOTE Confidence: 0.864685385

 $00:47:47.784 \longrightarrow 00:47:49.800$ the cause or just the,

NOTE Confidence: 0.864685385

 $00:47:49.800 \longrightarrow 00:47:50.950$ you know that it's the

NOTE Confidence: 0.864685385

 $00:47:50.950 \longrightarrow 00:47:51.640$ the selective pressure?

 $00:47:52.440 \longrightarrow 00:47:52.936$ Yeah. Thanks.

NOTE Confidence: 0.878832188888889

 $00:47:52.936 \longrightarrow 00:47:54.672$ Thanks very much and great question.

NOTE Confidence: 0.878832188888889

 $00:47:54.680 \longrightarrow 00:47:57.940$ So if we take hybrid mutation

NOTE Confidence: 0.878832188888889

 $00:47:57.940 \longrightarrow 00:47:59.640$ following tamizolomide as an example,

NOTE Confidence: 0.878832188888889

 $00:47:59.640 \longrightarrow 00:48:02.305$ because of the specific mutational

NOTE Confidence: 0.878832188888889

00:48:02.305 --> 00:48:04.437 signatures of mutations acquired

NOTE Confidence: 0.878832188888889

 $00:48:04.440 \longrightarrow 00:48:05.892$ after mint temozolomide,

NOTE Confidence: 0.878832188888889

 $00{:}48{:}05.892 \dashrightarrow 00{:}48{:}08.796$ we're pretty sure that temozolomide is

NOTE Confidence: 0.878832188888889

 $00{:}48{:}08.796 \dashrightarrow 00{:}48{:}11.239$ actually causing these these changes.

NOTE Confidence: 0.878832188888889

 $00:48:11.240 \longrightarrow 00:48:13.529$ And I think there's a lot of

NOTE Confidence: 0.878832188888889

 $00{:}48{:}13.529 \dashrightarrow 00{:}48{:}14.989$ similarities between the small

NOTE Confidence: 0.878832188888889

 $00:48:14.989 \longrightarrow 00:48:17.696$ deletions acquired by after irradiation

NOTE Confidence: 0.878832188888889

 $00{:}48{:}17.696 \dashrightarrow 00{:}48{:}20.520$ to the temozolomite example.

NOTE Confidence: 0.867935356111111

 $00:48:22.560 \longrightarrow 00:48:24.471$ One reason for saying that is that

NOTE Confidence: 0.867935356111111

 $00:48:24.471 \longrightarrow 00:48:26.634$ we have taken cell line models and

 $00:48:26.634 \longrightarrow 00:48:28.784$ irradiated them and then passes them for

NOTE Confidence: 0.867935356111111

00:48:28.784 --> 00:48:31.469 25 times or so or have made sure they

NOTE Confidence: 0.867935356111111

00:48:31.469 --> 00:48:34.216 went through a full cell cycle 25 * /

NOTE Confidence: 0.867935356111111

 $00:48:34.216 \longrightarrow 00:48:37.240$ a period of let's say 3 or so months.

NOTE Confidence: 0.867935356111111

 $00:48:37.240 \longrightarrow 00:48:38.812$ One of our MDP disease students

NOTE Confidence: 0.867935356111111

 $00:48:38.812 \longrightarrow 00:48:40.360$ has done that in the lab.

NOTE Confidence: 0.867935356111111

 $00:48:40.360 \longrightarrow 00:48:41.944$ And she said she showed that

NOTE Confidence: 0.867935356111111

 $00:48:41.944 \longrightarrow 00:48:43.000$ after about 3 months,

NOTE Confidence: 0.8679353561111111

 $00:48:43.000 \longrightarrow 00:48:45.086$ you see a significant increase in the

NOTE Confidence: 0.867935356111111

 $00:48:45.086 \longrightarrow 00:48:46.998$ number of small deletions and tumors

NOTE Confidence: 0.8679353561111111

 $00{:}48{:}46.998 \dashrightarrow 00{:}48{:}49.238$ with or in cell lines with radiation

NOTE Confidence: 0.867935356111111

 $00:48:49.301 \longrightarrow 00:48:51.716$ versus those that have not been irradiated.

NOTE Confidence: 0.867935356111111

00:48:51.720 --> 00:48:52.420 And actually,

NOTE Confidence: 0.8679353561111111

 $00:48:52.420 \longrightarrow 00:48:54.870$ and she actually spoke with your student

NOTE Confidence: 0.867935356111111

 $00:48:54.870 \longrightarrow 00:48:57.436$ after her exciting talk just two weeks ago.

NOTE Confidence: 0.867935356111111

 $00:48:57.440 \longrightarrow 00:48:59.600$ So that to me suggests a

 $00:48:59.600 \longrightarrow 00:49:01.040$ pretty strong causal link.

NOTE Confidence: 0.867935356111111

 $00{:}49{:}01.040 \dashrightarrow 00{:}49{:}03.758$ Also, the types of small deletions,

NOTE Confidence: 0.867935356111111

 $00{:}49{:}03.760 \dashrightarrow 00{:}49{:}05.435$ we've now made some progress

NOTE Confidence: 0.867935356111111

 $00:49:05.435 \longrightarrow 00:49:06.440$ in analyzing them.

NOTE Confidence: 0.867935356111111

00:49:06.440 --> 00:49:08.480 They carry a specific signature or they are

NOTE Confidence: 0.867935356111111

 $00:49:08.480 \longrightarrow 00:49:10.078$ associated with this specific signature,

NOTE Confidence: 0.867935356111111

 $00:49:10.080 \longrightarrow 00:49:11.740$ which again to me suggested

NOTE Confidence: 0.867935356111111

 $00{:}49{:}11.740 \dashrightarrow 00{:}49{:}13.793$ there's a direct causal link rather

NOTE Confidence: 0.867935356111111

 $00:49:13.793 \longrightarrow 00:49:15.725$ than radiation causing clonal

NOTE Confidence: 0.867935356111111

 $00:49:15.725 \longrightarrow 00:49:18.400$ outgrowth of a particular clone.

NOTE Confidence: 0.895221368571429

 $00:49:21.480 \longrightarrow 00:49:22.677$ Yeah, I think that's what I wanted.

NOTE Confidence: 0.720555691666667

 $00:49:22.840 \longrightarrow 00:49:24.705$ Yeah, thanks. We should connect

NOTE Confidence: 0.720555691666667

00:49:24.705 --> 00:49:26.963 because I I have some some

NOTE Confidence: 0.720555691666667

00:49:26.963 --> 00:49:28.399 more comments and discussion.

NOTE Confidence: 0.49883337

00:49:29.080 --> 00:49:31.080 Great. I would love to. OK, I I just

00:49:31.080 --> 00:49:33.318 unmuted. Doctor Robinson, do you want

NOTE Confidence: 0.7829684725

 $00:49:33.320 \longrightarrow 00:49:34.200$ to ask your question?

NOTE Confidence: 0.67398930875

 $00:49:35.560 \longrightarrow 00:49:36.415$ Yeah, phenomenal talk.

NOTE Confidence: 0.67398930875

 $00:49:36.415 \longrightarrow 00:49:37.840$ I was going to ask,

NOTE Confidence: 0.67398930875

 $00:49:37.840 \longrightarrow 00:49:39.166$ I think you already answered this

NOTE Confidence: 0.67398930875

00:49:39.166 --> 00:49:40.479 about the MGMT methylate if there's

NOTE Confidence: 0.67398930875

 $00{:}49{:}40.480 \dashrightarrow 00{:}49{:}41.920$ a difference in patterns resistance.

NOTE Confidence: 0.67398930875

 $00:49:41.920 \longrightarrow 00:49:43.992$ But the other question I was going

NOTE Confidence: 0.67398930875

 $00{:}49{:}43.992 --> 00{:}49{:}45.700$ to ask is you know has there

NOTE Confidence: 0.67398930875

 $00:49:45.700 \longrightarrow 00:49:46.930$ been efforts to kind of pursue

NOTE Confidence: 0.67398930875

 $00:49:46.974 \longrightarrow 00:49:48.194$ synthetic lethal screens of some

NOTE Confidence: 0.67398930875

00:49:48.194 --> 00:49:49.559 of these identified pathways,

NOTE Confidence: 0.67398930875

00:49:49.560 --> 00:49:53.160 So CD and K things like that,

NOTE Confidence: 0.688124911666667

 $00:49:53.160 \longrightarrow 00:49:56.238$ That's a, it's a great suggestion.

NOTE Confidence: 0.688124911666667

 $00:49:56.240 \longrightarrow 00:49:57.480$ My speculation is that probably

NOTE Confidence: 0.688124911666667

 $00:49:57.480 \longrightarrow 00:49:58.472$ somebody has done that.

 $00:49:58.480 \longrightarrow 00:50:00.955$ We're not doing those in the lab right now.

NOTE Confidence: 0.688124911666667

 $00:50:00.960 \longrightarrow 00:50:03.090$ I guess you know challenges of

NOTE Confidence: 0.688124911666667

 $00:50:03.090 \longrightarrow 00:50:05.600$ course exist even though tell us this

NOTE Confidence: 0.688124911666667

 $00:50:05.600 \longrightarrow 00:50:07.737$ exists of course with getting any

NOTE Confidence: 0.688124911666667

00:50:07.737 --> 00:50:09.759 kind of molecules into the brain,

NOTE Confidence: 0.688124911666667

00:50:09.760 --> 00:50:11.720 you know if you have a target

NOTE Confidence: 0.688124911666667

 $00:50:11.720 \longrightarrow 00:50:13.484$ most many of our clinical trial

NOTE Confidence: 0.688124911666667

 $00{:}50{:}13.484 \dashrightarrow 00{:}50{:}15.288$ failures that we've seen so far

NOTE Confidence: 0.688124911666667

 $00:50:15.288 \longrightarrow 00:50:16.992$ are actually related to blood brain

NOTE Confidence: 0.688124911666667

 $00{:}50{:}16.992 \dashrightarrow 00{:}50{:}18.719$ barrier and and things like that.

NOTE Confidence: 0.688124911666667

00:50:18.720 --> 00:50:20.058 So I think your your

NOTE Confidence: 0.688124911666667

00:50:20.058 --> 00:50:21.519 idea of course is very good.

NOTE Confidence: 0.891746136363636

 $00{:}50{:}24.040 \dashrightarrow 00{:}50{:}25.642$ It'll take a little bit longer

NOTE Confidence: 0.891746136363636

 $00:50:25.642 \longrightarrow 00:50:26.920$ before we can actually see

NOTE Confidence: 0.75949041

 $00:50:29.320 \longrightarrow 00:50:31.036$ drugs and treatments materialize from that.

 $00:50:31.720 \longrightarrow 00:50:32.960$ And one follow up question,

NOTE Confidence: 0.573872272

 $00:50:32.960 \longrightarrow 00:50:34.772$ one thing that's always really been

NOTE Confidence: 0.573872272

 $00:50:34.772 \longrightarrow 00:50:37.330$ perplexing to me is that with EGFR 3 variants

NOTE Confidence: 0.573872272

00:50:37.330 --> 00:50:39.560 that if you put those in a Petri dish,

NOTE Confidence: 0.573872272

 $00:50:39.560 \longrightarrow 00:50:40.840$ those get selected out.

NOTE Confidence: 0.573872272

 $00:50:40.840 \longrightarrow 00:50:42.120$ So they're actually disadvantageous

NOTE Confidence: 0.573872272

 $00:50:42.120 \longrightarrow 00:50:43.360$ in a Petri dish.

NOTE Confidence: 0.573872272

 $00:50:43.360 \longrightarrow 00:50:44.824$ But obviously we see them in

NOTE Confidence: 0.573872272

 $00:50:44.824 \longrightarrow 00:50:45.800$ in real human tumors.

NOTE Confidence: 0.573872272

00:50:45.800 --> 00:50:47.536 Do you have any any kind of

NOTE Confidence: 0.573872272

 $00{:}50{:}47.536 --> 00{:}50{:}49.242$ sense or any insights as to

NOTE Confidence: 0.573872272

 $00:50:49.242 \longrightarrow 00:50:51.128$ why those are advantageous in

NOTE Confidence: 0.573872272

00:50:51.128 --> 00:50:51.960 the real human environment,

NOTE Confidence: 0.573872272

00:50:51.960 --> 00:50:53.115 But they're not in a Petri dish,

NOTE Confidence: 0.822031721428571

 $00:50:54.240 \longrightarrow 00:50:57.516$ so it's hard to answer that directly.

NOTE Confidence: 0.822031721428571

 $00:50:57.520 \longrightarrow 00:51:01.331$ Maybe it has to do with the types of

 $00:51:01.331 \longrightarrow 00:51:03.690$ ligands that exist in the micro environment

NOTE Confidence: 0.822031721428571

 $00{:}51{:}03.752 \dashrightarrow 00{:}51{:}06.160$ versus those that exist in a Petri dish.

NOTE Confidence: 0.822031721428571

 $00:51:06.160 \longrightarrow 00:51:08.408$ The the spin I would gift on this

NOTE Confidence: 0.822031721428571

 $00:51:08.408 \longrightarrow 00:51:11.296$ is that we find that all V3 variants

NOTE Confidence: 0.822031721428571

 $00:51:11.296 \dashrightarrow 00:51:13.516$ exist on extra chromosomal DNAS.

NOTE Confidence: 0.822031721428571

 $00:51:13.520 \longrightarrow 00:51:18.128$ So EGFR is is amplified when the V3 is

NOTE Confidence: 0.822031721428571

 $00:51:18.128 \longrightarrow 00:51:20.416$ present and these amplifications typically

NOTE Confidence: 0.822031721428571

 $00:51:20.416 \longrightarrow 00:51:22.636$ reside on extra chromosomal DNAS.

NOTE Confidence: 0.822031721428571

00:51:22.640 --> 00:51:27.090 And there's a lot of, you know,

NOTE Confidence: 0.822031721428571

 $00{:}51{:}27.090 \dashrightarrow 00{:}51{:}30.600$ that does a lot of things to these cells,

NOTE Confidence: 0.822031721428571

00:51:30.600 --> 00:51:32.760 including potentially putting a higher

NOTE Confidence: 0.822031721428571

 $00{:}51{:}32.760 \dashrightarrow 00{:}51{:}35.702$ burden on the cells to produce all

NOTE Confidence: 0.822031721428571

 $00{:}51{:}35.702 \dashrightarrow 00{:}51{:}37.951$ the DNA needed for the high numbers

NOTE Confidence: 0.822031721428571

 $00:51:37.951 \longrightarrow 00:51:39.613$ of copies that typically exist when

NOTE Confidence: 0.822031721428571

00:51:39.613 --> 00:51:40.959 there's extra chromosomal DNA.

 $00:51:40.960 \longrightarrow 00:51:43.078$ So that could be one reason.

NOTE Confidence: 0.822031721428571

 $00:51:43.080 \longrightarrow 00:51:44.064$ And in general,

NOTE Confidence: 0.822031721428571

00:51:44.064 --> 00:51:47.930 I think EC DNA is very potent in

NOTE Confidence: 0.822031721428571

 $00:51:47.930 \longrightarrow 00:51:49.912$ many ways and that probably has

NOTE Confidence: 0.822031721428571

 $00{:}51{:}49.912 \dashrightarrow 00{:}51{:}51.582$ to do with why these are selected

NOTE Confidence: 0.822031721428571

 $00:51:51.582 \longrightarrow 00:51:53.318$ out more so than the V3 itself.