WEBVTT

NOTE duration: "01:02:36.5230000"

NOTE language:en-us

NOTE Confidence: 0.84039795

 $00:00:00.000 \longrightarrow 00:00:02.205$ But it's 1202 an Why don't we

NOTE Confidence: 0.84039795

 $00{:}00{:}02.205 \dashrightarrow 00{:}00{:}04.140$ get started 'cause I want to make

NOTE Confidence: 0.84809178

 $00:00:04.140 \longrightarrow 00:00:05.796$ sure everyone has time.

NOTE Confidence: 0.84809178

00:00:05.796 --> 00:00:06.916 I welcome everybody.

NOTE Confidence: 0.84809178

 $00{:}00{:}06.916 \dashrightarrow 00{:}00{:}09.025$ This is actually our last Cancer

NOTE Confidence: 0.84809178

 $00:00:09.025 \longrightarrow 00:00:11.140$ Center grand rounds of calendar year

NOTE Confidence: 0.84809178

00:00:11.140 --> 00:00:15.419 2020 and what a year it has been. A

NOTE Confidence: 0.8406525

 $00:00:15.420 \longrightarrow 00:00:17.710$ lot of lot of things

NOTE Confidence: 0.8406525

00:00:17.710 --> 00:00:21.830 have happened, a lot of great work and it

NOTE Confidence: 0.8406525

 $00:00:21.830 \longrightarrow 00:00:24.674$ seems almost fitting that actually theme

NOTE Confidence: 0.8406525

 $00:00:24.674 \longrightarrow 00:00:28.239$ for our our last grand rounds is our.

NOTE Confidence: 0.8406525

00:00:28.240 --> 00:00:30.689 Our division of hematology.

NOTE Confidence: 0.8406525

00:00:30.690 --> 00:00:34.380 And which we are extremely proud. And among

NOTE Confidence: 0.86493784

 $00:00:34.380 \longrightarrow 00:00:37.140$ the highlights of all the many

 $00{:}00{:}37.140 \dashrightarrow 00{:}00{:}38.990$ accomplishments in the division

NOTE Confidence: 0.86493784

 $00{:}00{:}38.990 \dashrightarrow 00{:}00{:}41.752$ was actually the results of our

NOTE Confidence: 0.86493784

00:00:41.752 --> 00:00:44.518 search for our new division chief.

NOTE Confidence: 0.86493784

 $00:00:44.520 \longrightarrow 00:00:47.750$ As, as you've heard, we had a

NOTE Confidence: 0.86493784

 $00{:}00{:}47.750 \dashrightarrow 00{:}00{:}50.050$ national search an without question.

NOTE Confidence: 0.86493784

 $00:00:50.050 \longrightarrow 00:00:52.360$ There was one person that

NOTE Confidence: 0.86493784

 $00:00:52.360 \longrightarrow 00:00:54.200$ the committee felt very

NOTE Confidence: 0.86493784

 $00:00:54.200 \longrightarrow 00:00:56.510$ strongly rose to the top,

NOTE Confidence: 0.86493784

 $00:00:56.510 \longrightarrow 00:00:59.125$ and that is Doctor Stephanie

NOTE Confidence: 0.86493784

 $00:00:59.125 \longrightarrow 00:01:00.694$ Allyne a recognized.

NOTE Confidence: 0.86493784

 $00{:}01{:}00.700 --> 00{:}01{:}01.606 \ Physician \ scientists,$

NOTE Confidence: 0.86493784

00:01:01.606 --> 00:01:02.966 clinician educator, leader,

NOTE Confidence: 0.86493784

 $00{:}01{:}02.966 \dashrightarrow 00{:}01{:}06.146$ and which is so pleased to have

NOTE Confidence: 0.86493784

00:01:06.146 --> 00:01:08.873 Stephanie now in that role in

NOTE Confidence: 0.86493784

00:01:08.873 --> 00:01:10.686 the really extraordinary legacy

00:01:10.686 --> 00:01:12.498 of accomplishment in hematology

NOTE Confidence: 0.8392685

 $00{:}01{:}12.500 \dashrightarrow 00{:}01{:}15.680$ detail. So I'm going to turn it

NOTE Confidence: 0.8392685

 $00{:}01{:}15.680 \dashrightarrow 00{:}01{:}17.952$ over to Stephanie to introduce

NOTE Confidence: 0.8392685

 $00:01:17.952 \longrightarrow 00:01:19.768$ our esteemed 2 speakers.

NOTE Confidence: 0.74015343

 $00:01:20.910 \longrightarrow 00:01:23.976$ Like Italian, thank you for this honor.

NOTE Confidence: 0.74015343

 $00:01:23.980 \longrightarrow 00:01:26.710$ So I'm really honored to introduce two

NOTE Confidence: 0.74015343

 $00{:}01{:}26.710 \dashrightarrow 00{:}01{:}30.109$ over my dear dear colleagues and friends,

NOTE Confidence: 0.74015343

 $00:01:30.110 \longrightarrow 00:01:32.826$ and our first speaker of the day

NOTE Confidence: 0.74015343

 $00{:}01{:}32.826 \dashrightarrow 00{:}01{:}34.930$ is Doctor Nikolai productive.

NOTE Confidence: 0.74015343

00:01:34.930 --> 00:01:36.244 He's associate professor,

NOTE Confidence: 0.74015343

 $00{:}01{:}36.244 \to 00{:}01{:}38.353$ internal medicine, hematology, and Sir.

NOTE Confidence: 0.74015343

 $00:01:38.353 \longrightarrow 00:01:40.819$ Just as the associate director of

NOTE Confidence: 0.74015343

00:01:40.819 --> 00:01:43.068 Hematology Oncology Fellowship program,

NOTE Confidence: 0.74015343

 $00:01:43.070 \longrightarrow 00:01:45.478$ he is also the from T for

NOTE Confidence: 0.74015343

 $00:01:45.478 \longrightarrow 00:01:47.749$ education on the Duffy service.

NOTE Confidence: 0.74015343

 $00{:}01{:}47.750 \dashrightarrow 00{:}01{:}50.024$ Nicolai received his MD and PhD

00:01:50.024 --> 00:01:52.040 from Saint Peters Burg State,

NOTE Confidence: 0.74015343

 $00{:}01{:}52.040 \dashrightarrow 00{:}01{:}54.152$ Pablo Medical University and completed his

NOTE Confidence: 0.74015343

00:01:54.152 --> 00:01:56.719 fellowship at Yale in hematology oncology,

NOTE Confidence: 0.74015343

 $00:01:56.720 \longrightarrow 00:01:59.807$ after which we get to keep him and Nikolai

NOTE Confidence: 0.74015343

 $00{:}01{:}59.807 \dashrightarrow 00{:}02{:}01.939$ Nikolai's clinical practice and research

NOTE Confidence: 0.74015343

 $00:02:01.939 \longrightarrow 00:02:04.513$ are focused on my light neoplasms,

NOTE Confidence: 0.74015343

 $00:02:04.520 \longrightarrow 00:02:05.936$ including acute minor.

NOTE Confidence: 0.74015343

 $00{:}02{:}05.936 \rightarrow 00{:}02{:}08.296$ Kenya models plastic syndromes and

NOTE Confidence: 0.74015343

 $00:02:08.296 \longrightarrow 00:02:10.406$ in particular my lucrative neoplasms

NOTE Confidence: 0.74015343

 $00:02:10.406 \longrightarrow 00:02:12.961$ in which he really is an expert.

NOTE Confidence: 0.74015343

 $00:02:12.970 \longrightarrow 00:02:15.525$ Nikolai serves as a Pi for a

NOTE Confidence: 0.74015343

00:02:15.525 --> 00:02:17.330 number of clinical studies.

NOTE Confidence: 0.74015343

 $00{:}02{:}17.330 \dashrightarrow 00{:}02{:}19.094$ Their industry sponsored cooperative

NOTE Confidence: 0.74015343

 $00:02:19.094 \longrightarrow 00:02:20.858$ group investigator initiated and

NOTE Confidence: 0.74015343

 $00:02:20.858 \longrightarrow 00:02:22.870$ his clinical care and his trials.

00:02:22.870 --> 00:02:24.850 He really makes a difference

NOTE Confidence: 0.74015343

 $00:02:24.850 \longrightarrow 00:02:26.038$ for his patience.

NOTE Confidence: 0.74015343

00:02:26.040 --> 00:02:26.832 So nicholi,

NOTE Confidence: 0.74015343

 $00:02:26.832 \longrightarrow 00:02:29.208$ we look forward to your time.

NOTE Confidence: 0.77378833

00:02:29.210 --> 00:02:30.395 Thank you Stephanie,

NOTE Confidence: 0.77378833

 $00:02:30.395 \longrightarrow 00:02:31.975$ for this kind introduction.

NOTE Confidence: 0.77378833

 $00:02:31.980 \longrightarrow 00:02:33.560$ I'll be talking about

NOTE Confidence: 0.77378833

 $00:02:33.560 \longrightarrow 00:02:34.745$ polycythemia Vera today.

NOTE Confidence: 0.77378833

 $00{:}02{:}34.750 \dashrightarrow 00{:}02{:}37.255$ I will talk about Epidemiology, prognosis.

NOTE Confidence: 0.77378833

 $00:02:37.255 \longrightarrow 00:02:39.880$ And a real world outcomes.

NOTE Confidence: 0.77378833

 $00:02:39.880 \longrightarrow 00:02:42.260$ Are these are my disclosures?

NOTE Confidence: 0.77378833

00:02:42.260 --> 00:02:43.980 So, first of all,

NOTE Confidence: 0.77378833

00:02:43.980 --> 00:02:45.700 polycythemia Vera belongs to

NOTE Confidence: 0.77378833

 $00:02:45.700 \longrightarrow 00:02:48.256$ the Group of Milo proliferative

NOTE Confidence: 0.77378833

00:02:48.256 --> 00:02:50.946 neoplasms based on W2 2016

NOTE Confidence: 0.77378833

 $00:02:50.946 \longrightarrow 00:02:52.964$ classification mpanza divided into

00:02:52.964 --> 00:02:55.556 pH positive or BCR ABL positive?

NOTE Confidence: 0.77378833

 $00:02:55.560 \longrightarrow 00:02:58.416$ Or also known as chronic myeloid

NOTE Confidence: 0.77378833

 $00:02:58.416 \longrightarrow 00:03:00.780$ leukemia as well as BCR,

NOTE Confidence: 0.77378833

00:03:00.780 --> 00:03:03.160 ABL negative Milo proliferative neoplasms,

NOTE Confidence: 0.77378833

 $00:03:03.160 \longrightarrow 00:03:05.902$ and among them there are classical

NOTE Confidence: 0.77378833

 $00:03:05.902 \longrightarrow 00:03:07.273$ mpanza including polycythemia

NOTE Confidence: 0.77378833

 $00:03:07.273 \longrightarrow 00:03:09.328$ Vera we're discussing today.

NOTE Confidence: 0.77378833

 $00:03:09.330 \longrightarrow 00:03:11.370$ Also essential thrombocythemia.

NOTE Confidence: 0.77378833

00:03:11.370 --> 00:03:14.300 And primary myelofibrosis so the

NOTE Confidence: 0.77378833

00:03:14.300 --> 00:03:16.970 definition is based on WTO 2016

NOTE Confidence: 0.77378833

 $00{:}03{:}16.970 \dashrightarrow 00{:}03{:}18.920$ criteria represented on the slide.

NOTE Confidence: 0.77378833

 $00:03:18.920 \longrightarrow 00:03:22.128$ To diagnose the very you have to have

NOTE Confidence: 0.77378833

00:03:22.128 --> 00:03:24.933 three major criteria on the left or

NOTE Confidence: 0.77378833

 $00:03:24.933 \longrightarrow 00:03:27.904$ two first 2 first major criteria and

NOTE Confidence: 0.77378833

 $00:03:27.904 \longrightarrow 00:03:30.790$ then minor criterion on the right.

 $00:03:30.790 \longrightarrow 00:03:32.486$ The major criteria include

NOTE Confidence: 0.77378833

00:03:32.486 --> 00:03:33.758 elevation of hemoglobin.

NOTE Confidence: 0.77378833

00:03:33.760 --> 00:03:35.875 This is the hallmark feature

NOTE Confidence: 0.77378833

 $00:03:35.875 \longrightarrow 00:03:37.144$ of this condition,

NOTE Confidence: 0.77378833

 $00:03:37.150 \longrightarrow 00:03:39.663$ and that's what makes it different from

NOTE Confidence: 0.77378833

 $00:03:39.663 \longrightarrow 00:03:42.239$ other classical Milo proliferative neoplasms.

NOTE Confidence: 0.77378833

 $00:03:42.240 \longrightarrow 00:03:43.593$ The bone marrow.

NOTE Confidence: 0.77378833

 $00:03:43.593 \longrightarrow 00:03:45.397$ Biopsy is necessary and

NOTE Confidence: 0.77378833

 $00{:}03{:}45.397 \dashrightarrow 00{:}03{:}47.778$ usually shows up on my loses.

NOTE Confidence: 0.77378833

 $00:03:47.780 \longrightarrow 00:03:49.800$ Excessive presence of red blood

NOTE Confidence: 0.77378833

 $00{:}03{:}49.800 \dashrightarrow 00{:}03{:}51.416$ cells and myeloid precursors,

NOTE Confidence: 0.77378833

00:03:51.420 --> 00:03:53.838 as well as megakaryocytes and then.

NOTE Confidence: 0.77378833

00:03:53.840 --> 00:03:54.244 Finally,

NOTE Confidence: 0.77378833

00:03:54.244 --> 00:03:57.476 there is one of two Jack two mutations,

NOTE Confidence: 0.77378833

00:03:57.480 --> 00:03:59.500 Jack 2V617F mutation or Jack.

NOTE Confidence: 0.77378833

 $00:03:59.500 \longrightarrow 00:04:02.321$ Two exon 12 mutation in very rare

 $00:04:02.321 \longrightarrow 00:04:04.346$ circumstances, about 2% or less.

NOTE Confidence: 0.77378833

 $00{:}04{:}04.346 \to 00{:}04{:}06.770$ When this mutations are not present,

NOTE Confidence: 0.77378833

 $00:04:06.770 \longrightarrow 00:04:09.752$ you need lower throughput and level

NOTE Confidence: 0.77378833

00:04:09.752 --> 00:04:11.740 to diagnose polycythemia Vera.

NOTE Confidence: 0.77378833

 $00{:}04{:}11.740 \dashrightarrow 00{:}04{:}14.848$ So the history of Mila proliferate

NOTE Confidence: 0.77378833

 $00:04:14.848 \longrightarrow 00:04:17.424$ diseases is interesting if at

NOTE Confidence: 0.77378833

 $00:04:17.424 \longrightarrow 00:04:19.920$ first they were described as a

NOTE Confidence: 0.77378833

 $00:04:19.920 \longrightarrow 00:04:22.700$ group by Doctor William Damashek,

NOTE Confidence: 0.77378833

 $00:04:22.700 \longrightarrow 00:04:25.790$ he immigrated with his family from

NOTE Confidence: 0.77378833

 $00{:}04{:}25.790 \dashrightarrow 00{:}04{:}29.344$ Russia to Massachusetts at the age of

NOTE Confidence: 0.77378833

00:04:29.344 --> 00:04:32.158 three and then stayed in Massachusetts,

NOTE Confidence: 0.77378833

 $00{:}04{:}32.160 \dashrightarrow 00{:}04{:}35.639$ was working in Tufts when he described

NOTE Confidence: 0.77378833

 $00{:}04{:}35.639 \dashrightarrow 00{:}04{:}36.633$ myeloproliferative diseases.

NOTE Confidence: 0.77378833

 $00:04:36.640 \longrightarrow 00:04:39.215$ This group of conditions became

NOTE Confidence: 0.77378833

 $00:04:39.215 \longrightarrow 00:04:41.790$ reportable to seer the lodge.

 $00:04:41.790 \longrightarrow 00:04:45.012$ Registry of cancer patients in the

NOTE Confidence: 0.77378833

 $00:04:45.012 \longrightarrow 00:04:48.469$ United States in 2001 and in 2008

NOTE Confidence: 0.77378833

00:04:48.469 --> 00:04:51.290 W show renamed MP dies to MPs,

NOTE Confidence: 0.77378833

 $00:04:51.290 \longrightarrow 00:04:53.670$ so from Milo proliferative diseases,

NOTE Confidence: 0.77378833

 $00:04:53.670 \longrightarrow 00:04:56.040$ they became I'll of proliferative

NOTE Confidence: 0.77378833

00:04:56.040 --> 00:04:59.332 neoplasms in Part B, cause in 2005,

NOTE Confidence: 0.77378833

00:04:59.332 --> 00:05:01.652 Jack 2V617F mutation was identified

NOTE Confidence: 0.77378833

00:05:01.652 --> 00:05:04.908 as a driver mutation in majority of

NOTE Confidence: 0.77378833

 $00{:}05{:}04.908 \dashrightarrow 00{:}05{:}08.250$ patients with PD ET an Milo fibrosis

NOTE Confidence: 0.77378833

 $00:05:08.250 \longrightarrow 00:05:11.799$ in 2006 nipple exam 10 mutation another.

NOTE Confidence: 0.77378833

 $00{:}05{:}11.800 \to 00{:}05{:}14.158$ Driver mutational Jack Stat pathway which

NOTE Confidence: 0.77378833

00:05:14.158 --> 00:05:16.610 is activated in those malignancies,

NOTE Confidence: 0.77378833

 $00:05:16.610 \longrightarrow 00:05:19.226$ was discovered and then in 2007,

NOTE Confidence: 0.77378833

 $00:05:19.230 \longrightarrow 00:05:20.978$ another Jack mutation Jack.

NOTE Confidence: 0.77378833

00:05:20.978 --> 00:05:23.600 Two exon 12 mutation was described.

NOTE Confidence: 0.77378833

 $00:05:23.600 \longrightarrow 00:05:25.800$ Finally in 2013 call reticular

 $00:05:25.800 \longrightarrow 00:05:28.463$ mutation was described and if you

NOTE Confidence: 0.77378833

 $00{:}05{:}28.463 \dashrightarrow 00{:}05{:}30.791$ look at polycythemia Vera which is

NOTE Confidence: 0.77378833

 $00:05:30.791 \longrightarrow 00:05:33.650$ the subject of my presentation today,

NOTE Confidence: 0.77378833

 $00:05:33.650 \longrightarrow 00:05:36.260$ most of the patients will have

NOTE Confidence: 0.77378833

00:05:36.260 --> 00:05:38.890 Jack 2V617F mutation 97 percent 1\%

NOTE Confidence: 0.77378833

 $00:05:38.890 \longrightarrow 00:05:42.746$ will have Jack to exam 12 and then.

NOTE Confidence: 0.77378833

 $00:05:42.750 \longrightarrow 00:05:46.950$ 2% of patients will have other drivers.

NOTE Confidence: 0.77378833

 $00:05:46.950 \longrightarrow 00:05:49.500$ So the polycythemia Vera Epidemiology

NOTE Confidence: 0.77378833

 $00{:}05{:}49.500 \dashrightarrow 00{:}05{:}52.650$ was recently summarized in our review.

NOTE Confidence: 0.77378833

00:05:52.650 --> 00:05:56.157 As you can see the patients with

NOTE Confidence: 0.77378833

 $00:05:56.157 \longrightarrow 00:05:58.350$ this diagnosis are older,

NOTE Confidence: 0.77378833

 $00:05:58.350 \longrightarrow 00:06:01.969$ median age of diagnosis is 65 years.

NOTE Confidence: 0.77378833

 $00{:}06{:}01.970 \dashrightarrow 00{:}06{:}05.078$ It's not the most common malignancy.

NOTE Confidence: 0.77378833

 $00:06:05.080 \longrightarrow 00:06:08.182$ The incidence is only .5 to

NOTE Confidence: 0.77378833

 $00:06:08.182 \longrightarrow 00:06:09.733 400,000$ person years.

 $00:06:09.740 \longrightarrow 00:06:12.150$ Estimated prevalence in the USA

NOTE Confidence: 0.77378833

 $00:06:12.150 \longrightarrow 00:06:16.309$ is 25 to 57 per 100,000 persons.

NOTE Confidence: 0.77378833

 $00:06:16.310 \longrightarrow 00:06:18.380$ And median overall survival is

NOTE Confidence: 0.77378833

 $00:06:18.380 \longrightarrow 00:06:20.036$ 12 to 14 years,

NOTE Confidence: 0.77378833

 $00:06:20.040 \longrightarrow 00:06:21.895$ which is less than expected

NOTE Confidence: 0.77378833

 $00{:}06{:}21.895 \dashrightarrow 00{:}06{:}23.750$ in age and gender matched

NOTE Confidence: 0.8806727

 $00:06:23.820 \longrightarrow 00:06:24.590$ population.

NOTE Confidence: 0.8806727

 $00:06:24.590 \longrightarrow 00:06:28.670$ 5 year relative survival is 84 to 89%.

NOTE Confidence: 0.8806727

 $00{:}06{:}28.670 \dashrightarrow 00{:}06{:}31.614$ Uh, so if you look at this graph,

NOTE Confidence: 0.8806727

 $00:06:31.620 \longrightarrow 00:06:33.490$ you will appreciate that males

NOTE Confidence: 0.8806727

 $00{:}06{:}33.490 \dashrightarrow 00{:}06{:}35.360$ diagnosed with this condition the

NOTE Confidence: 0.8806727

 $00:06:35.423 \longrightarrow 00:06:37.529$ little bit more common than females.

NOTE Confidence: 0.8806727

 $00:06:37.530 \longrightarrow 00:06:39.738$ You can see males and blue.

NOTE Confidence: 0.8806727

 $00:06:39.740 \longrightarrow 00:06:42.316$ This is divided in different age groups.

NOTE Confidence: 0.8806727

 $00:06:42.320 \longrightarrow 00:06:44.462$ One other thing you can appreciate here

NOTE Confidence: 0.8806727

 $00:06:44.462 \longrightarrow 00:06:46.762$ is that this condition is extremely

 $00:06:46.762 \longrightarrow 00:06:48.967$ rarely diagnosed in younger patients.

NOTE Confidence: 0.8806727

 $00:06:48.970 \longrightarrow 00:06:51.546$ Those who look way younger than 40.

NOTE Confidence: 0.8806727

 $00:06:51.550 \longrightarrow 00:06:54.421$ So this is one of the large cohort studies

NOTE Confidence: 0.8806727

00:06:54.421 --> 00:06:57.076 in one institution and Mayo Clinic,

NOTE Confidence: 0.8806727

 $00:06:57.080 \longrightarrow 00:06:59.030$ which looked at survival of.

NOTE Confidence: 0.8806727

 $00:06:59.030 \longrightarrow 00:07:01.400$ Patients with classical Milo proliferative

NOTE Confidence: 0.8806727

 $00:07:01.400 \longrightarrow 00:07:04.267$ neoplasms and here you can appreciate

NOTE Confidence: 0.8806727

 $00:07:04.267 \longrightarrow 00:07:07.200$ that 80 survival yellow line is less

NOTE Confidence: 0.8806727

 $00:07:07.200 \longrightarrow 00:07:09.628$ than survival of general population.

NOTE Confidence: 0.8806727

 $00:07:09.630 \longrightarrow 00:07:12.936$ The dark blue line and polycythemia

NOTE Confidence: 0.8806727

00:07:12.936 --> 00:07:17.790 Vera in red is worse survival than ET.

NOTE Confidence: 0.8806727

 $00:07:17.790 \dashrightarrow 00:07:21.978$ So the etiology of Milo prolifera.

NOTE Confidence: 0.8806727

00:07:21.980 --> 00:07:23.584 Trackmania plasma goes beyond

NOTE Confidence: 0.8806727

 $00:07:23.584 \longrightarrow 00:07:24.386$ driver mutations.

NOTE Confidence: 0.8806727

00:07:24.390 --> 00:07:26.390 We know the driver mutations.

 $00:07:26.390 \longrightarrow 00:07:28.796$ We also just figured out that

NOTE Confidence: 0.8806727

 $00:07:28.796 \longrightarrow 00:07:30.400$ they may occur many,

NOTE Confidence: 0.8806727

 $00{:}07{:}30.400 \dashrightarrow 00{:}07{:}32.410$ many years before MPN diagnosis.

NOTE Confidence: 0.8806727

00:07:32.410 --> 00:07:35.210 During this ash meeting a week ago,

NOTE Confidence: 0.8806727

 $00:07:35.210 \longrightarrow 00:07:37.968$ there was a presentation which showed that

NOTE Confidence: 0.8806727

00:07:37.968 --> 00:07:40.429 these mutations may develop in neutral,

NOTE Confidence: 0.8806727

 $00:07:40.430 \longrightarrow 00:07:43.349$ but factors leading to the acquisition and

NOTE Confidence: 0.8806727

 $00:07:43.349 \longrightarrow 00:07:46.040$ development of MPN are much less clear.

NOTE Confidence: 0.8806727

 $00:07:46.040 \longrightarrow 00:07:47.369$ So in fact,

NOTE Confidence: 0.8806727

00:07:47.369 --> 00:07:49.584 MPM doesn't develop in everyone

NOTE Confidence: 0.8806727

 $00{:}07{:}49.584 \dashrightarrow 00{:}07{:}52.209$ who has Jack two mutations.

NOTE Confidence: 0.8806727

 $00:07:52.210 \longrightarrow 00:07:54.034$ The other interesting observation

NOTE Confidence: 0.8806727

 $00:07:54.034 \longrightarrow 00:07:57.255$ is that there is higher incidence of

NOTE Confidence: 0.8806727

 $00{:}07{:}57.255 \dashrightarrow 00{:}07{:}59.300$ mpanza in first degree relatives.

NOTE Confidence: 0.8806727

 $00:07:59.300 \longrightarrow 00:08:03.368$ It's actually 7 times more likely.

NOTE Confidence: 0.8806727

 $00:08:03.370 \longrightarrow 00:08:05.794$ The patients that first degree relatives

 $00:08:05.794 \longrightarrow 00:08:08.647$ are seven times more likely to develop

NOTE Confidence: 0.8806727

 $00:08:08.647 \longrightarrow 00:08:10.987$ MPs and German driver mutations inject

NOTE Confidence: 0.8806727

 $00:08:10.987 \longrightarrow 00:08:13.767$ to color it economical genes uncommon.

NOTE Confidence: 0.8806727

 $00:08:13.770 \longrightarrow 00:08:16.656$ It is felt that congenital predisposition

NOTE Confidence: 0.8806727

 $00:08:16.656 \longrightarrow 00:08:19.013$ due to certain polymorphisms help

NOTE Confidence: 0.8806727

 $00:08:19.013 \longrightarrow 00:08:21.155$ to acquire MPM and families overall

NOTE Confidence: 0.8806727

 $00:08:21.155 \longrightarrow 00:08:24.454$ within 5 to 10% of MPN patients

NOTE Confidence: 0.8806727

 $00{:}08{:}24.454 \dashrightarrow 00{:}08{:}26.398$ have germline predisposition.

NOTE Confidence: 0.8806727

 $00:08:26.400 \longrightarrow 00:08:29.610$ So we started the extrinsic factors

NOTE Confidence: 0.8806727

 $00:08:29.610 \longrightarrow 00:08:31.750$ influencing on the development

NOTE Confidence: 0.8806727

00:08:31.836 --> 00:08:33.540 of polycythemia Vera,

NOTE Confidence: 0.8806727

 $00:08:33.540 \longrightarrow 00:08:35.784$ among other myeloproliferative neoplasm's,

NOTE Confidence: 0.8806727

 $00:08:35.784 \longrightarrow 00:08:39.580$ and for that we used in HRP,

NOTE Confidence: 0.8806727

 $00:08:39.580 \longrightarrow 00:08:42.874$ diet and health study cohort with

NOTE Confidence: 0.8806727

 $00:08:42.874 \longrightarrow 00:08:45.070$ more than 450,000 participants.

00:08:45.070 --> 00:08:48.358 Median follow-up was 15 1/2 years.

NOTE Confidence: 0.8806727

 $00{:}08{:}48.360 --> 00{:}08{:}51.420 \ 490 \ \mathrm{ampion} \ \mathrm{cases} \ \mathrm{were} \ \mathrm{discovered}$

NOTE Confidence: 0.8806727

 $00:08:51.420 \longrightarrow 00:08:54.480$ among them 190 PV cases.

NOTE Confidence: 0.8806727

 $00:08:54.480 \longrightarrow 00:08:57.231$ So it is well known that tobacco

NOTE Confidence: 0.8806727

 $00:08:57.231 \longrightarrow 00:08:59.570$ is a bad carcinogen,

NOTE Confidence: 0.8806727

 $00:08:59.570 \longrightarrow 00:09:02.538$ and we were able to show that

NOTE Confidence: 0.8806727

 $00:09:02.538 \longrightarrow 00:09:05.418$ there is increased risk of MPs

NOTE Confidence: 0.8806727

 $00:09:05.418 \longrightarrow 00:09:07.438$ velopment one smoking women.

NOTE Confidence: 0.8806727

 $00{:}09{:}07.440 \dashrightarrow 00{:}09{:}10.056$ So the other interesting finding of

NOTE Confidence: 0.8806727

00:09:10.056 --> 00:09:12.352 this study was identification of

NOTE Confidence: 0.8806727

 $00{:}09{:}12.352 \dashrightarrow 00{:}09{:}14.767$ coffee intake as protective against

NOTE Confidence: 0.8806727

 $00{:}09{:}14.767 \dashrightarrow 00{:}09{:}16.699$ development of polycythemia Vera.

NOTE Confidence: 0.8806727

00:09:16.700 --> 00:09:19.423 You can see that high versus low

NOTE Confidence: 0.8806727

00:09:19.423 --> 00:09:21.875 coffee intake was associated with

NOTE Confidence: 0.8806727

 $00:09:21.875 \longrightarrow 00:09:24.880$ decreased incidence of that diagnosis.

NOTE Confidence: 0.8806727

 $00:09:24.880 \longrightarrow 00:09:26.696$ Consumption of decaffeinated coffee

 $00:09:26.696 \longrightarrow 00:09:28.966$ did not have protective effect.

NOTE Confidence: 0.8806727

 $00:09:28.970 \longrightarrow 00:09:35.066$ We also looked at different micronutrients.

NOTE Confidence: 0.8806727

00:09:35.070 --> 00:09:37.025 And food groups and identified

NOTE Confidence: 0.8806727

 $00:09:37.025 \longrightarrow 00:09:39.392$ food consumption is one of the

NOTE Confidence: 0.8806727

 $00:09:39.392 \longrightarrow 00:09:41.450$ risks of the development of PV.

NOTE Confidence: 0.8388302

 $00:09:45.420 \longrightarrow 00:09:47.676$ He as well as sugar intake,

NOTE Confidence: 0.8388302

 $00:09:47.680 \longrightarrow 00:09:49.570$ which is also associated navaira.

NOTE Confidence: 0.8388302

 $00:09:49.570 \longrightarrow 00:09:51.957$ So to conclude, it's good to have

NOTE Confidence: 0.8388302

 $00:09:51.957 \longrightarrow 00:09:54.847$ a Cup of coffee in the morning,

NOTE Confidence: 0.8388302

 $00:09:54.850 \longrightarrow 00:09:57.858$ but not with sugar and without a cigarette.

NOTE Confidence: 0.8388302

 $00:09:57.860 \longrightarrow 00:10:00.110$ So the common clinical features.

NOTE Confidence: 0.8388302

 $00:10:00.110 \longrightarrow 00:10:02.850$ Of polycythemia Vera include microvascular

NOTE Confidence: 0.8388302

 $00:10:02.850 \longrightarrow 00:10:04.494$ complications like headache,

NOTE Confidence: 0.8388302

00:10:04.500 --> 00:10:06.144 aerothermal, alja dizziness,

NOTE Confidence: 0.8388302

 $00:10:06.144 \longrightarrow 00:10:08.336$ paresthesias and blurred vision

00:10:08.336 --> 00:10:09.432 microvascular complications,

NOTE Confidence: 0.8388302

 $00{:}10{:}09.440 --> 00{:}10{:}11.090 \ \mathrm{including \ heart \ attacks},$

NOTE Confidence: 0.8388302

 $00:10:11.090 \longrightarrow 00:10:13.840$ strokes and venous thrombotic events.

NOTE Confidence: 0.8388302

00:10:13.840 --> 00:10:16.580 Patients with PD may suffer

NOTE Confidence: 0.8388302

00:10:16.580 --> 00:10:18.224 from constitutional symptoms,

NOTE Confidence: 0.8388302

00:10:18.230 --> 00:10:20.422 including fatigue, night sweats,

NOTE Confidence: 0.8388302

 $00:10:20.422 \longrightarrow 00:10:22.896$ weight loss, and teaching.

NOTE Confidence: 0.8388302

 $00:10:22.896 \longrightarrow 00:10:24.960$ Specifically aquagenic parictis.

NOTE Confidence: 0.8388302

 $00{:}10{:}24.960 \dashrightarrow 00{:}10{:}27.140$ Splenomegaly occurs in less than

NOTE Confidence: 0.8388302

00:10:27.140 --> 00:10:29.918 half of the patients and patients

NOTE Confidence: 0.8388302

00:10:29.918 --> 00:10:32.483 with PD may have splenomegaly

NOTE Confidence: 0.8388302

 $00:10:32.483 \longrightarrow 00:10:34.535$ associated symptoms as well.

NOTE Confidence: 0.8388302

 $00:10:34.540 \longrightarrow 00:10:37.816$ Most of morbidity and mortality in this

NOTE Confidence: 0.8388302

00:10:37.816 --> 00:10:41.190 group of patients comes from thrombo SIS,

NOTE Confidence: 0.8388302

00:10:41.190 --> 00:10:43.582 arterial and venous thrombosis

NOTE Confidence: 0.8388302

 $00:10:43.582 \longrightarrow 00:10:45.974$ occur in about 20%.

 $00:10:45.980 \longrightarrow 00:10:48.635$ Of patience and you can see that this is

NOTE Confidence: 0.8388302

 $00:10:48.635 \longrightarrow 00:10:51.496$ the data from cohort of more than 1500

NOTE Confidence: 0.8388302

00:10:51.496 --> 00:10:54.379 patients with them in follow up of 6.9 years,

NOTE Confidence: 0.8388302

00:10:54.380 --> 00:10:55.990 but not only promote transposes,

NOTE Confidence: 0.8388302

 $00:10:55.990 \longrightarrow 00:10:57.605$ the danger that these patients

NOTE Confidence: 0.8388302

00:10:57.605 --> 00:10:59.220 can also develop major hemorrhage,

NOTE Confidence: 0.8388302

 $00:10:59.220 \longrightarrow 00:11:01.158$ and it is known that polycythemia

NOTE Confidence: 0.8388302

 $00:11:01.158 \longrightarrow 00:11:02.127$ Vera is strong,

NOTE Confidence: 0.8388302

00:11:02.130 --> 00:11:05.098 but humor odijk disorder.

NOTE Confidence: 0.8388302

 $00:11:05.100 \longrightarrow 00:11:07.160$ So what is feared most

NOTE Confidence: 0.8388302

 $00{:}11{:}07.160 --> 00{:}11{:}08.396 \text{ is disease progression},$

NOTE Confidence: 0.8388302

 $00:11:08.400 \longrightarrow 00:11:10.560$ and patients with polycythemia may

NOTE Confidence: 0.8388302

 $00{:}11{:}10.560 \dashrightarrow 00{:}11{:}12.720$ progress to post PV myelofibrosis

NOTE Confidence: 0.8388302

 $00:11:12.788 \longrightarrow 00:11:15.430$ about 10% of patients in 10 years.

NOTE Confidence: 0.8388302

 $00:11:15.430 \longrightarrow 00:11:17.761$ But even more scary with progression to

 $00:11:17.761 \longrightarrow 00:11:20.339$ last phase of Milo proliferative neoplasm

NOTE Confidence: 0.8388302

 $00:11:20.339 \longrightarrow 00:11:22.854$ or secondary acute myeloid leukemia.

NOTE Confidence: 0.8388302

 $00:11:22.860 \longrightarrow 00:11:24.508$ As you can see,

NOTE Confidence: 0.8388302

00:11:24.508 --> 00:11:26.950 4% of the patients will develop

NOTE Confidence: 0.8388302

 $00:11:26.950 \longrightarrow 00:11:29.879$ AML after 10 years of follow up.

NOTE Confidence: 0.8388302

 $00:11:29.880 \longrightarrow 00:11:33.410$ It is a little bit more than 80 but much

NOTE Confidence: 0.8388302

 $00{:}11{:}33.506 \dashrightarrow 00{:}11{:}36.686$ less than the primary myelofibrosis.

NOTE Confidence: 0.8388302

 $00{:}11{:}36.690 \dashrightarrow 00{:}11{:}40.710$ So also we sometimes can observe

NOTE Confidence: 0.8388302

 $00{:}11{:}40.710 \dashrightarrow 00{:}11{:}43.390$ evolution of essential thrombocythemia

NOTE Confidence: 0.8388302

00:11:43.493 --> 00:11:46.955 Jack Two V 617 mutation positive

NOTE Confidence: 0.8388302

00:11:46.955 --> 00:11:48.686 two polycythemia Vera.

NOTE Confidence: 0.8388302

 $00:11:48.690 \longrightarrow 00:11:52.506$ Can we predict the risk of disease evolution?

NOTE Confidence: 0.8388302

 $00{:}11{:}52.510 \dashrightarrow 00{:}11{:}55.204$ Can we predict progression to Milo

NOTE Confidence: 0.8388302

00:11:55.204 --> 00:11:57.750 fibrosis or acute myeloid leukemia?

NOTE Confidence: 0.8388302

00:11:57.750 --> 00:12:01.089 So we participated in this multicenter study,

NOTE Confidence: 0.8388302

 $00:12:01.090 \longrightarrow 00:12:03.475$ which looked at the largest

00:12:03.475 --> 00:12:05.860 US based PV data set.

NOTE Confidence: 0.8388302

 $00:12:05.860 \longrightarrow 00:12:08.275$ We contributed 100 patients to

NOTE Confidence: 0.8388302

00:12:08.275 --> 00:12:11.187 this 500 patient cohort and what

NOTE Confidence: 0.8388302

00:12:11.187 --> 00:12:13.635 looked at is Lucas Cytosis over

NOTE Confidence: 0.8388302

00:12:13.635 --> 00:12:16.162 year and its Association with

NOTE Confidence: 0.8388302

00:12:16.162 --> 00:12:19.197 disease evolution and thrombo SIS.

NOTE Confidence: 0.8388302

 $00:12:19.200 \longrightarrow 00:12:23.220$ It turns out that this.

NOTE Confidence: 0.8388302

00:12:23.220 --> 00:12:25.495 White cell count trajectory did

NOTE Confidence: 0.8388302

00:12:25.495 --> 00:12:27.315 not associate with thrombosis,

NOTE Confidence: 0.8388302

 $00:12:27.320 \longrightarrow 00:12:30.554$ but was associated with increased risk of

NOTE Confidence: 0.8388302

00:12:30.554 --> 00:12:33.248 transformation to post TV Milo fibrosis,

NOTE Confidence: 0.8388302

 $00:12:33.250 \longrightarrow 00:12:35.074$ as well as MPs.

NOTE Confidence: 0.8388302

00:12:35.074 --> 00:12:36.898 Unlike my with leukemia,

NOTE Confidence: 0.8388302

 $00:12:36.900 \longrightarrow 00:12:39.175$ this study used very interesting

NOTE Confidence: 0.8388302

00:12:39.175 --> 00:12:40.085 statistical approach,

00:12:40.090 --> 00:12:41.914 so-called group based trajectory

NOTE Confidence: 0.8388302

 $00:12:41.914 \longrightarrow 00:12:44.650$ modeling which is usually used in

NOTE Confidence: 0.8388302

00:12:44.723 --> 00:12:46.631 social and behavioral Sciences

NOTE Confidence: 0.8388302

 $00:12:46.631 \longrightarrow 00:12:49.016$ and this allowed to capture

NOTE Confidence: 0.8388302

 $00:12:49.016 \longrightarrow 00:12:50.883$ infrequent or delayed phenomena

NOTE Confidence: 0.8388302

 $00:12:50.883 \longrightarrow 00:12:53.083$ from the landmark start point.

NOTE Confidence: 0.8388302

 $00:12:53.090 \longrightarrow 00:12:55.616$ Over the course of the disease,

NOTE Confidence: 0.8388302

 $00:12:55.620 \longrightarrow 00:12:58.707$ as opposed to other studies which looked

NOTE Confidence: 0.8388302

 $00{:}12{:}58.707 \dashrightarrow 00{:}13{:}01.507$ at Lucas Cytosis at one time point.

NOTE Confidence: 0.8388302

 $00:13:01.510 \longrightarrow 00:13:03.988$ So is WBC increases surrogate marker

NOTE Confidence: 0.8388302

 $00{:}13{:}03.988 \mathrel{--}{>} 00{:}13{:}06.132$ or of disease evolution potential

NOTE Confidence: 0.8388302

 $00{:}13{:}06.132 \dashrightarrow 00{:}13{:}08.664$ or is a prompt for cytoreduction,

NOTE Confidence: 0.8388302

 $00:13:08.670 \longrightarrow 00:13:10.770$ allowing us to prevent it?

NOTE Confidence: 0.8388302

 $00:13:10.770 \longrightarrow 00:13:13.717$ This particular question is not answered yet.

NOTE Confidence: 0.8388302

 $00:13:13.720 \longrightarrow 00:13:16.012$ I am privileged to represent our

NOTE Confidence: 0.8388302

 $00{:}13{:}16.012 \dashrightarrow 00{:}13{:}18.350$ Cancer Center 1 NCM guideline,

 $00{:}13{:}18.350 \dashrightarrow 00{:}13{:}20.675$ panel developing guidelines for Milo

NOTE Confidence: 0.8388302

 $00{:}13{:}20.675 \to 00{:}13{:}23.260$ proliferative neoplasm and I'm going to.

NOTE Confidence: 0.8388302

 $00:13:23.260 \longrightarrow 00:13:26.164$ I show you the section which is related

NOTE Confidence: 0.8388302

 $00:13:26.164 \longrightarrow 00:13:28.398$ to management of polycythemia Vera.

NOTE Confidence: 0.8388302

 $00:13:28.400 \longrightarrow 00:13:30.710$ So the goals of management is to

NOTE Confidence: 0.8388302

 $00:13:30.710 \longrightarrow 00:13:32.791$ reduce the risk of thrombosis

NOTE Confidence: 0.8388302

 $00:13:32.791 \longrightarrow 00:13:34.318$ and hemorrhage control.

NOTE Confidence: 0.817933

 $00{:}13{:}34.320 \dashrightarrow 00{:}13{:}36.690$ The symptoms and try to prevent

NOTE Confidence: 0.817933

 $00:13:36.690 \longrightarrow 00:13:38.270$ and delay disease transformation.

NOTE Confidence: 0.817933

 $00:13:38.270 \longrightarrow 00:13:40.580$ Everyone with a diagnosis of PV

NOTE Confidence: 0.817933

 $00{:}13{:}40.580 \dashrightarrow 00{:}13{:}42.590$ should be receiving low dose

NOTE Confidence: 0.817933

 $00:13:42.590 \longrightarrow 00:13:44.990$ aspirin as well as be phlebotomist.

NOTE Confidence: 0.817933

 $00{:}13{:}44.990 \dashrightarrow 00{:}13{:}47.755$ Two hematic rate goal of less than

NOTE Confidence: 0.817933

 $00{:}13{:}47.755 \dashrightarrow 00{:}13{:}49.586$ 545% cardiovascular risk factors have

NOTE Confidence: 0.817933

 $00:13:49.586 \longrightarrow 00:13:52.767$ to be managed as well as this as

 $00:13:52.767 \longrightarrow 00:13:54.695$ cardiovascular mobility and mortality.

NOTE Confidence: 0.817933

 $00{:}13{:}54.700 \dashrightarrow 00{:}13{:}56.920$ Is common among these patients,

NOTE Confidence: 0.817933

 $00:13:56.920 \longrightarrow 00:13:59.692$ so the evidence behind aspirin in

NOTE Confidence: 0.817933

 $00:13:59.692 \longrightarrow 00:14:02.010$ polycythemia Vera comes from this

NOTE Confidence: 0.817933

 $00:14:02.010 \longrightarrow 00:14:04.380$ study which was published in 2004

NOTE Confidence: 0.817933

00:14:04.380 --> 00:14:07.130 in New England Journal of medicine.

NOTE Confidence: 0.817933

 $00:14:07.130 \longrightarrow 00:14:08.806$ Is this so called?

NOTE Confidence: 0.817933

00:14:08.806 --> 00:14:11.320 The CLAP study evaluation of aspirin

NOTE Confidence: 0.817933

 $00{:}14{:}11.404 \dashrightarrow 00{:}14{:}14.194$ in polycythemia and it looked at

NOTE Confidence: 0.817933

00:14:14.194 --> 00:14:16.899 probability of survival free of marker.

NOTE Confidence: 0.8374873

 $00{:}14{:}19.080 \dashrightarrow 00{:}14{:}21.576$ Action and stroke and death from

NOTE Confidence: 0.8374873

 $00:14:21.576 \longrightarrow 00:14:24.188$ cardiovascular causes as well as P and DVT.

NOTE Confidence: 0.8374873

 $00:14:24.190 \longrightarrow 00:14:26.362$ That was the combined endpoint the

NOTE Confidence: 0.8374873

 $00{:}14{:}26.362 \dashrightarrow 00{:}14{:}28.570$ as pirin uses as opposed to placebo.

NOTE Confidence: 0.8374873

 $00:14:28.570 \longrightarrow 00:14:29.974$ Users had 60% risk.

NOTE Confidence: 0.8374873

00:14:29.974 --> 00:14:31.729 Reduction of adverse events and

 $00:14:31.729 \longrightarrow 00:14:33.663$ incidents of major bleeding episodes

NOTE Confidence: 0.8374873

 $00:14:33.663 \longrightarrow 00:14:35.183$ was not significantly different

NOTE Confidence: 0.8374873

 $00:14:35.183 \longrightarrow 00:14:37.328$ in this low dose aspirin group.

NOTE Confidence: 0.8374873

 $00:14:37.330 \longrightarrow 00:14:39.997$ So the next recommendation in the guidelines

NOTE Confidence: 0.8374873

 $00:14:39.997 \longrightarrow 00:14:42.810$ is to keep him at ecrit below 45%.

NOTE Confidence: 0.8374873

 $00:14:42.810 \longrightarrow 00:14:45.309$ The study which was published in New

NOTE Confidence: 0.8374873

00:14:45.309 --> 00:14:47.550 England Journal of Medicine in 2013,

NOTE Confidence: 0.8374873

 $00{:}14{:}47.550 \dashrightarrow 00{:}14{:}49.890$ confirmed this goal, which we actually.

NOTE Confidence: 0.8374873

00:14:49.890 --> 00:14:52.070 Using practice for many years,

NOTE Confidence: 0.8374873

00:14:52.070 --> 00:14:54.680 even before this article was published,

NOTE Confidence: 0.8374873

 $00:14:54.680 \longrightarrow 00:14:57.662$ it turns out that this stricter control

NOTE Confidence: 0.8374873

 $00{:}14{:}57.662 \dashrightarrow 00{:}14{:}59.528$ of hematocrit using Phlebotomies

NOTE Confidence: 0.8374873

 $00:14:59.528 \longrightarrow 00:15:02.093$ as well as cytoreductive therapies

NOTE Confidence: 0.8374873

 $00{:}15{:}02.093 \dashrightarrow 00{:}15{:}04.711$ is associated with four times

NOTE Confidence: 0.8374873

 $00:15:04.711 \longrightarrow 00:15:07.176$ decreased risk of traumatic events.

 $00:15:07.180 \longrightarrow 00:15:10.402$ So in regards to management of

NOTE Confidence: 0.8374873

 $00{:}15{:}10.402 \dashrightarrow 00{:}15{:}12.013$ cardiovascular risk factors.

NOTE Confidence: 0.8374873

00:15:12.020 --> 00:15:14.799 Our group looked at use of statins

NOTE Confidence: 0.8374873

 $00:15:14.799 \longrightarrow 00:15:17.132$ and survival among older patients

NOTE Confidence: 0.8374873

 $00:15:17.132 \longrightarrow 00:15:19.792$ with polycythemia Vera using serum

NOTE Confidence: 0.8374873

 $00{:}15{:}19.792 \dashrightarrow 00{:}15{:}22.139$ Medicaid and Medicare data set,

NOTE Confidence: 0.8374873

 $00:15:22.140 \longrightarrow 00:15:24.440$ so we identified them 721

NOTE Confidence: 0.8374873

 $00:15:24.440 \longrightarrow 00:15:25.820$ polycythemia Vera patients.

NOTE Confidence: 0.8374873

 $00:15:25.820 \longrightarrow 00:15:27.200$ Little bit more.

NOTE Confidence: 0.8374873

 $00:15:27.200 \longrightarrow 00:15:30.420$ Half of them use statins after diagnosis.

NOTE Confidence: 0.8374873

 $00{:}15{:}30.420 \dashrightarrow 00{:}15{:}33.180$ Using univariate analysis on the left,

NOTE Confidence: 0.8374873

 $00:15:33.180 \longrightarrow 00:15:35.480$ we showed that starting users

NOTE Confidence: 0.8374873

 $00:15:35.480 \longrightarrow 00:15:36.860$ had improved survival.

NOTE Confidence: 0.8374873

 $00:15:36.860 \longrightarrow 00:15:38.381$ In multivariate analysis.

NOTE Confidence: 0.8374873

00:15:38.381 --> 00:15:40.916 We also showed that proportion

NOTE Confidence: 0.8374873

 $00:15:40.916 \longrightarrow 00:15:42.640$ of these covered.

 $00:15:42.640 \longrightarrow 00:15:44.970$ By 10 increase of proportion

NOTE Confidence: 0.8374873

 $00:15:44.970 \longrightarrow 00:15:47.774$ of discovered by 10% led to

NOTE Confidence: 0.8374873

 $00:15:47.774 \longrightarrow 00:15:51.043$ reduction of risk of death by 18%.

NOTE Confidence: 0.8374873

00:15:51.050 --> 00:15:53.385 So status is certainly beneficial

NOTE Confidence: 0.8374873

 $00:15:53.385 \longrightarrow 00:15:55.720$ for this group of patients.

NOTE Confidence: 0.8374873

 $00{:}15{:}55.720 \dashrightarrow 00{:}15{:}58.516$ All the patients with polycythemia Vera,

NOTE Confidence: 0.8374873

 $00:15:58.520 \longrightarrow 00:16:01.052$ so the center of the algorithm

NOTE Confidence: 0.8374873

00:16:01.052 --> 00:16:03.296 of management of patients with

NOTE Confidence: 0.8374873

 $00{:}16{:}03.296 \dashrightarrow 00{:}16{:}05.671$ polycythemia is there risk risk

NOTE Confidence: 0.8374873

 $00{:}16{:}05.671 \dashrightarrow 00{:}16{:}08.330$ stratification based on 11 criteria.

NOTE Confidence: 0.8374873

 $00{:}16{:}08.330 \dashrightarrow 00{:}16{:}10.660$ So patients are considered high

NOTE Confidence: 0.8374873

 $00:16:10.660 \longrightarrow 00:16:12.524$ risk for traumatic events,

NOTE Confidence: 0.8374873

 $00:16:12.530 \longrightarrow 00:16:13.898$ arterial and venous.

NOTE Confidence: 0.8374873

 $00:16:13.898 \longrightarrow 00:16:16.634$ If they are older than 60,

NOTE Confidence: 0.8374873

00:16:16.640 --> 00:16:18.901 or if they had history of Trumbo

 $00:16:18.901 \longrightarrow 00:16:21.074$ SIS so this patients beyond

NOTE Confidence: 0.8374873

 $00{:}16{:}21.074 \dashrightarrow 00{:}16{:}23.326$ aspirin phlebotomy to America,

NOTE Confidence: 0.8374873

 $00:16:23.330 \longrightarrow 00:16:25.435$ lesson 45 and modification of

NOTE Confidence: 0.8374873

 $00:16:25.435 \longrightarrow 00:16:27.540$ cardiovascular risk factors should be

NOTE Confidence: 0.8374873

00:16:27.607 --> 00:16:30.421 on site to re directed therapy and

NOTE Confidence: 0.8374873

 $00:16:30.421 \longrightarrow 00:16:32.528$ frontline therapy recommended to this

NOTE Confidence: 0.8374873

 $00:16:32.528 \longrightarrow 00:16:35.024$ patience is either hydroxyurea or interferon.

NOTE Confidence: 0.8374873

00:16:35.030 --> 00:16:38.117 So of course if patients are not high risk

NOTE Confidence: 0.8374873

 $00{:}16{:}38.117 \dashrightarrow 00{:}16{:}41.298$ and they developed worsening of symptoms,

NOTE Confidence: 0.8374873

 $00:16:41.300 \longrightarrow 00:16:43.120$ they have new traumatic

NOTE Confidence: 0.8374873

 $00:16:43.120 \longrightarrow 00:16:44.940$ events or bleeding events.

NOTE Confidence: 0.8374873

00:16:44.940 --> 00:16:47.030 They do not tolerate phlebotomy,

NOTE Confidence: 0.8374873

00:16:47.030 --> 00:16:48.802 which they continuously require,

NOTE Confidence: 0.8374873

 $00:16:48.802 \longrightarrow 00:16:51.460$ or they have elevated white cell

NOTE Confidence: 0.8374873

 $00:16:51.536 \longrightarrow 00:16:53.720$ count as well as platelet count.

NOTE Confidence: 0.8374873

00:16:53.720 --> 00:16:56.639 Cytoreductive therapy may be used as well,

 $00:16:56.640 \longrightarrow 00:16:58.530$ so there are no randomized

NOTE Confidence: 0.8374873

 $00{:}16{:}58.530 \dashrightarrow 00{:}17{:}00.420$ studies looking at hydroxyurea in

NOTE Confidence: 0.8374873

 $00:17:00.484 \longrightarrow 00:17:02.500$ patients with polycythemia Vera.

NOTE Confidence: 0.8374873

 $00:17:02.500 \longrightarrow 00:17:05.363$ The reason why we're using it is

NOTE Confidence: 0.8374873

 $00:17:05.363 \longrightarrow 00:17:07.509$ mostly extrapolation from the studies,

NOTE Confidence: 0.8374873

 $00:17:07.510 \longrightarrow 00:17:09.600$ which were done for essential

NOTE Confidence: 0.8374873

00:17:09.600 --> 00:17:10.436 thrombocythemia patients,

NOTE Confidence: 0.8374873

00:17:10.440 --> 00:17:14.193 so we looked at 820 older patients with TV,

NOTE Confidence: 0.8374873

 $00{:}17{:}14.200 \dashrightarrow 00{:}17{:}16.430$ once again using CR Medicee.

NOTE Confidence: 0.8374873

 $00{:}17{:}16.430 \dashrightarrow 00{:}17{:}19.562$ Medicare data set and found out

NOTE Confidence: 0.8374873

 $00:17:19.562 \longrightarrow 00:17:22.696$ that about 40% of those patients

NOTE Confidence: 0.8374873

 $00:17:22.696 \longrightarrow 00:17:26.350$ who are high risk under did that,

NOTE Confidence: 0.8374873

 $00{:}17{:}26.350 \dashrightarrow 00{:}17{:}29.218$ and looking at the treatment with

NOTE Confidence: 0.8374873

00:17:29.218 --> 00:17:32.090 everybody and specifically with hydroxyurea,

NOTE Confidence: 0.8374873

 $00:17:32.090 \longrightarrow 00:17:35.776$ we found out that every 1010% increase

00:17:35.776 --> 00:17:39.112 in proportion of days covered by

NOTE Confidence: 0.8374873

 $00:17:39.112 \longrightarrow 00:17:41.775$ hydroxyurea led to decrease risk

NOTE Confidence: 0.8374873

 $00:17:41.775 \longrightarrow 00:17:43.567$ of death by 8%.

NOTE Confidence: 0.8374873

00:17:43.570 --> 00:17:47.236 Similarly, increase of PTC by 10%.

NOTE Confidence: 0.8374873

 $00:17:47.240 \longrightarrow 00:17:50.360$ Lead to decrease of trim bushes by 8%,

NOTE Confidence: 0.8374873

 $00:17:50.360 \longrightarrow 00:17:52.460$ so this is certainly an effective

NOTE Confidence: 0.8374873

00:17:52.460 --> 00:17:54.722 treatment which are not only helps

NOTE Confidence: 0.8374873

 $00:17:54.722 \longrightarrow 00:17:56.717$ to prevent traumatic events but

NOTE Confidence: 0.8374873

 $00{:}17{:}56.717 {\:{\circ}{\circ}{\circ}}>00{:}17{:}58.820$ also improves survival in older

NOTE Confidence: 0.8374873

 $00:17:58.820 \longrightarrow 00:18:00.500$ patients with polycythemia Vera.

NOTE Confidence: 0.80290896

 $00{:}18{:}00.500 \longrightarrow 00{:}18{:}03.772$ As you can see, the benefit of lobotomy

NOTE Confidence: 0.80290896

 $00:18:03.772 \longrightarrow 00:18:06.719$ was also confirmed in this study.

NOTE Confidence: 0.80290896

00:18:06.720 --> 00:18:09.919 So why hydroxyurea works for PV patients?

NOTE Confidence: 0.80290896

 $00:18:09.920 \longrightarrow 00:18:11.924$ It's an oral chemotherapeutic

NOTE Confidence: 0.80290896

 $00:18:11.924 \longrightarrow 00:18:13.928$ agent that inhibits ribonucleotide

NOTE Confidence: 0.80290896

 $00:18:13.928 \longrightarrow 00:18:16.199$ reduct ase and interferes with the

 $00:18:16.199 \longrightarrow 00:18:18.599$ process of DNA synthesis and repair.

NOTE Confidence: 0.80290896

 $00:18:18.600 \longrightarrow 00:18:22.044$ It is cheap and has a reasonably

NOTE Confidence: 0.80290896

 $00:18:22.044 \longrightarrow 00:18:24.792$ favorable toxicity profile as well as

NOTE Confidence: 0.80290896

00:18:24.792 --> 00:18:27.284 long term safety data, including in

NOTE Confidence: 0.80290896

 $00:18:27.284 \longrightarrow 00:18:29.569$ children with sickle cell disease.

NOTE Confidence: 0.80290896

 $00:18:29.570 \longrightarrow 00:18:33.002$ Its mechanism of action in PV is debated

NOTE Confidence: 0.80290896

 $00:18:33.002 \longrightarrow 00:18:36.726$ but may include impact on blood counts.

NOTE Confidence: 0.80290896

 $00:18:36.730 \longrightarrow 00:18:38.970$ Ability to reduce neutrophil activity.

NOTE Confidence: 0.80290896

00:18:38.970 --> 00:18:41.465 Decreased expression of the filial

NOTE Confidence: 0.80290896

 $00:18:41.465 \longrightarrow 00:18:43.960$ adhesion molecules and in use

NOTE Confidence: 0.80290896

 $00:18:44.043 \longrightarrow 00:18:46.147$ of nitric oxide generation.

NOTE Confidence: 0.80290896

 $00:18:46.150 \longrightarrow 00:18:49.086$ Side effects occur and the drug is not

NOTE Confidence: 0.80290896

 $00{:}18{:}49.086 \dashrightarrow 00{:}18{:}51.272$ tolerated by about 20% of patients.

NOTE Confidence: 0.80290896

 $00:18:51.272 \longrightarrow 00:18:53.468$ The side effects include mild suppression,

NOTE Confidence: 0.80290896

00:18:53.470 --> 00:18:54.202 mucocutaneous ulcers,

00:18:54.202 --> 00:18:55.666 non Melanoma skin cancers.

NOTE Confidence: 0.80290896

00:18:55.670 --> 00:18:57.774 It is also teratogenic.

NOTE Confidence: 0.80290896

 $00:18:57.774 \longrightarrow 00:18:59.878$ So the big question,

NOTE Confidence: 0.80290896

 $00{:}18{:}59.880 \dashrightarrow 00{:}19{:}02.844$ which is still debated during MPM

NOTE Confidence: 0.80290896

 $00:19:02.844 \longrightarrow 00:19:06.970$ meetings and on the pages of publications,

NOTE Confidence: 0.80290896

 $00:19:06.970 \longrightarrow 00:19:08.605$ is hydroxyurea relationship

NOTE Confidence: 0.80290896

 $00:19:08.605 \longrightarrow 00:19:10.240$ with second malignancies,

NOTE Confidence: 0.80290896

 $00:19:10.240 \longrightarrow 00:19:11.872$ that hydroxyurea increase

NOTE Confidence: 0.80290896

 $00{:}19{:}11.872 \dashrightarrow 00{:}19{:}14.048$ risk of 2nd malignancies.

NOTE Confidence: 0.80290896

 $00:19:14.050 \longrightarrow 00:19:18.145$ We again use your Medicare data set to look

NOTE Confidence: 0.80290896

 $00:19:18.145 \longrightarrow 00:19:22.769$ at second malignancies and one MPN patients.

NOTE Confidence: 0.80290896

 $00:19:22.770 \longrightarrow 00:19:26.124$ As you can see we started

NOTE Confidence: 0.80290896

 $00:19:26.124 \longrightarrow 00:19:28.930$ more than 3000 patients and.

NOTE Confidence: 0.80290896

 $00:19:28.930 \longrightarrow 00:19:31.667$ About 40% of them had polycythemia Vera.

NOTE Confidence: 0.80290896

 $00:19:31.670 \longrightarrow 00:19:34.798$ This patients were followed up to 10 years.

NOTE Confidence: 0.80290896

 $00:19:34.800 \longrightarrow 00:19:37.260$ Median follow-up was 2.67 years and

 $00:19:37.260 \dashrightarrow 00:19:39.878$ median age of diagnosis was 77 years,

NOTE Confidence: 0.80290896

 $00:19:39.880 \longrightarrow 00:19:42.624$ so it's a little bit older than

NOTE Confidence: 0.80290896

00:19:42.624 --> 00:19:44.866 General PD population because of

NOTE Confidence: 0.80290896

00:19:44.866 --> 00:19:47.346 Medicare requirement for this study.

NOTE Confidence: 0.80290896

 $00{:}19{:}47.350 \dashrightarrow 00{:}19{:}50.176$ So 65% of patients used hydroxyurea,

NOTE Confidence: 0.80290896

00:19:50.180 --> 00:19:53.484 allowing us to look at two groups,

NOTE Confidence: 0.80290896

 $00:19:53.490 \longrightarrow 00:19:55.378$ hydroxyurea users and nonusers.

NOTE Confidence: 0.80290896

 $00:19:55.378 \longrightarrow 00:19:58.210$ It is well known that second

NOTE Confidence: 0.80290896

00:19:58.291 --> 00:20:00.179 malignancy is common in.

NOTE Confidence: 0.80290896

00:20:00.180 --> 00:20:02.430 Patients with mild proliferative neoplasms,

NOTE Confidence: 0.80290896

00:20:02.430 --> 00:20:06.462 it is not really clear exactly why that is,

NOTE Confidence: 0.80290896

 $00:20:06.470 \longrightarrow 00:20:09.613$ but you can see that in our

NOTE Confidence: 0.80290896

00:20:09.613 --> 00:20:10.960 cohort of patients,

NOTE Confidence: 0.80290896

00:20:10.960 --> 00:20:13.200 about 8.8% developed second malignancy,

NOTE Confidence: 0.80290896

 $00:20:13.200 \longrightarrow 00:20:15.900$ more than half solid second malignancies,

 $00:20:15.900 \longrightarrow 00:20:17.692$ and among patients with

NOTE Confidence: 0.80290896

 $00:20:17.692 \longrightarrow 00:20:18.588$ hematological malignancies.

NOTE Confidence: 0.80290896

 $00{:}20{:}18.590 \dashrightarrow 00{:}20{:}20{:}905$ Majority developed AML and MD

NOTE Confidence: 0.80290896

 $00:20:20.905 \longrightarrow 00:20:24.555$ S as expected in this group of

NOTE Confidence: 0.80290896

 $00:20:24.555 \longrightarrow 00:20:27.035$ patients with myeloid neoplasms.

NOTE Confidence: 0.80290896

 $00:20:27.040 \longrightarrow 00:20:29.926$ So when we compare two groups,

NOTE Confidence: 0.80290896

 $00:20:29.930 \longrightarrow 00:20:32.340$ hydroxyurea users and non users

NOTE Confidence: 0.80290896

 $00:20:32.340 \longrightarrow 00:20:33.786$ using univariate analysis,

NOTE Confidence: 0.80290896

 $00:20:33.790 \longrightarrow 00:20:36.682$ we found no difference in incidence

NOTE Confidence: 0.80290896

 $00:20:36.682 \longrightarrow 00:20:38.128$ of 2nd malignancies.

NOTE Confidence: 0.80290896

 $00:20:38.130 \longrightarrow 00:20:40.365$ In the multivariable analysis of

NOTE Confidence: 0.80290896

00:20:40.365 --> 00:20:43.131 hydroxyurea use and type of 2nd

NOTE Confidence: 0.80290896

 $00:20:43.131 \longrightarrow 00:20:45.813$ malignancies we found no difference in

NOTE Confidence: 0.80290896

 $00:20:45.813 \longrightarrow 00:20:48.729$ occurrence of all second malignancies,

NOTE Confidence: 0.80290896

00:20:48.730 --> 00:20:51.140 solid second malignancies and he

NOTE Confidence: 0.80290896

 $00:20:51.140 \longrightarrow 00:20:53.550$ metalogic non myeloid second malignancy's.

 $00:20:53.550 \longrightarrow 00:20:56.550$ We also did an analysis specifically.

NOTE Confidence: 0.80290896

 $00:20:56.550 \longrightarrow 00:20:58.560$ Aimed at my Lloyd second malignancies

NOTE Confidence: 0.80290896

 $00:20:58.560 \longrightarrow 00:21:01.398$ and there was no difference here either.

NOTE Confidence: 0.80290896

00:21:01.400 --> 00:21:04.100 So moving on this algorithm,

NOTE Confidence: 0.80290896

 $00:21:04.100 \longrightarrow 00:21:07.004$ if cytoreductive therapy stops

NOTE Confidence: 0.80290896

 $00:21:07.004 \longrightarrow 00:21:10.634$ working or is not tolerated.

NOTE Confidence: 0.80290896

 $00:21:10.640 \longrightarrow 00:21:12.698$ Have an option of second line

NOTE Confidence: 0.80290896

00:21:12.698 --> 00:21:14.070 sector reduction with ruxolitinib,

NOTE Confidence: 0.80290896

 $00:21:14.070 \longrightarrow 00:21:16.128$ which is the only FDA approved

NOTE Confidence: 0.80290896

 $00:21:16.128 \longrightarrow 00:21:17.500$ drug by the way,

NOTE Confidence: 0.80290896

 $00{:}21{:}17.500 \dashrightarrow 00{:}21{:}19.690$ in polycythemia Vera neither hydroxyurea

NOTE Confidence: 0.80290896

 $00:21:19.690 \longrightarrow 00:21:22.246$ nor interferon I approved at this

NOTE Confidence: 0.80290896

 $00{:}21{:}22.246 \dashrightarrow 00{:}21{:}24.614$ time in the United States by the FDA.

NOTE Confidence: 0.80290896

 $00:21:24.620 \longrightarrow 00:21:28.561$ So the interferon is used in Milo

NOTE Confidence: 0.80290896

 $00:21:28.561 \longrightarrow 00:21:31.360$ proliferative neoplasms for many years,

 $00:21:31.360 \longrightarrow 00:21:34.390$ and it is associated with decently

NOTE Confidence: 0.80290896

 $00:21:34.390 \longrightarrow 00:21:37.156$ high rates of haematological response

NOTE Confidence: 0.80290896

 $00:21:37.156 \longrightarrow 00:21:39.788$ reduction and independence form.

NOTE Confidence: 0.80290896

00:21:39.790 --> 00:21:42.118 Phlebotomies improvement of symptoms,

NOTE Confidence: 0.80290896

 $00:21:42.118 \longrightarrow 00:21:45.980$ and in some patients up to 30%

NOTE Confidence: 0.80290896

 $00{:}21{:}45.980 \dashrightarrow 00{:}21{:}48.224$ significant reduction and disappearance

NOTE Confidence: 0.80290896

 $00:21:48.224 \longrightarrow 00:21:51.029$ of Jack 2V617F positive cells.

NOTE Confidence: 0.80290896

00:21:51.030 --> 00:21:54.876 Side effects include flu like symptoms.

NOTE Confidence: 0.80290896

 $00{:}21{:}54.880 \dashrightarrow 00{:}21{:}56.144$ Psychiatric conditions and that's

NOTE Confidence: 0.80290896

 $00:21:56.144 \longrightarrow 00:21:58.040$ why this drug is not given

NOTE Confidence: 0.8312497

 $00{:}21{:}58.097 \dashrightarrow 00{:}21{:}59.807$ to patients with psychiatric disorders

NOTE Confidence: 0.8312497

 $00:21:59.807 \longrightarrow 00:22:02.000$ as well as autoimmune side effects.

NOTE Confidence: 0.8312497

 $00:22:02.000 \longrightarrow 00:22:03.352$ Side effects are better

NOTE Confidence: 0.8312497

 $00:22:03.352 \longrightarrow 00:22:04.366$ with regulated preparations,

NOTE Confidence: 0.8312497

 $00:22:04.370 \longrightarrow 00:22:06.750$ which can be given once a week.

NOTE Confidence: 0.8312497

00:22:06.750 --> 00:22:09.116 One other thing which is quite important,

 $00:22:09.120 \longrightarrow 00:22:11.913$ this drug is not teratogenic and is

NOTE Confidence: 0.8312497

 $00:22:11.913 \longrightarrow 00:22:14.727$ preferred for younger patients with P Viera.

NOTE Confidence: 0.8312497

 $00:22:14.730 \longrightarrow 00:22:17.390$ So it has potential for disease modification

NOTE Confidence: 0.8312497

 $00:22:17.390 \longrightarrow 00:22:19.599$ by targeting the malignant clone,

NOTE Confidence: 0.8312497

 $00:22:19.600 \longrightarrow 00:22:22.235$ which is evidenced by disappearance

NOTE Confidence: 0.8312497

00:22:22.235 --> 00:22:24.870 of Jack 2V617F positive cells

NOTE Confidence: 0.8312497

 $00:22:24.951 \longrightarrow 00:22:27.136$ and some of those patients.

NOTE Confidence: 0.8312497

00:22:27.140 --> 00:22:29.936 This meta analysis of 41 studies,

NOTE Confidence: 0.8312497

 $00:22:29.940 \longrightarrow 00:22:31.341$ including 12181 patients,

NOTE Confidence: 0.8312497

 $00:22:31.341 \longrightarrow 00:22:34.610$ more than 500 of them had PV.

NOTE Confidence: 0.8312497

00:22:34.610 --> 00:22:37.990 The overall response rate was 75% with

NOTE Confidence: 0.8312497

 $00:22:37.990 \longrightarrow 00:22:40.890$ complete haematological response of 50.

NOTE Confidence: 0.8312497

 $00{:}22{:}40.890 \dashrightarrow 00{:}22{:}43.386$ He presented in meta regression analysis.

NOTE Confidence: 0.8312497

 $00:22:43.390 \longrightarrow 00:22:45.886$ There was no different from between.

NOTE Confidence: 0.8312497

 $00:22:45.890 \longrightarrow 00:22:48.392$ No difference between Montag later than

 $00:22:48.392 \longrightarrow 00:22:50.542$ pig related interference in regards

NOTE Confidence: 0.8312497

 $00{:}22{:}50.542 \dashrightarrow 00{:}22{:}53.008$ to response rates and thrombo embolic

NOTE Confidence: 0.8312497

 $00:22:53.008 \longrightarrow 00:22:54.718$ events and treatment discontinuation

NOTE Confidence: 0.8312497

00:22:54.718 --> 00:22:57.166 due to adverse events were not

NOTE Confidence: 0.8312497

 $00:22:57.166 \longrightarrow 00:22:59.654$ frequent .5% and 6.5% per year,

NOTE Confidence: 0.8312497

 $00:22:59.654 \longrightarrow 00:23:00.070$ respectively.

NOTE Confidence: 0.8312497

 $00:23:00.070 \longrightarrow 00:23:00.964$ Molecular responses,

NOTE Confidence: 0.8312497

 $00:23:00.964 \longrightarrow 00:23:03.199$ which is certainly interesting because

NOTE Confidence: 0.8312497

 $00{:}23{:}03.199 \dashrightarrow 00{:}23{:}05.909$ we hope that this drug is disease.

NOTE Confidence: 0.8312497

00:23:05.910 --> 00:23:07.995 Modifying could not be analyzed

NOTE Confidence: 0.8312497

 $00{:}23{:}07.995 \dashrightarrow 00{:}23{:}10.080$ in this particular meta analysis.

NOTE Confidence: 0.8312497

 $00:23:10.080 \longrightarrow 00:23:11.319$ You took heterogeneity.

NOTE Confidence: 0.8312497

 $00{:}23{:}11.319 \dashrightarrow 00{:}23{:}13.384$ Of definition and outcome assessments.

NOTE Confidence: 0.8312497

00:23:13.390 --> 00:23:14.156 In conclusion,

NOTE Confidence: 0.8312497

00:23:14.156 --> 00:23:16.071 we thought that both regulated

NOTE Confidence: 0.8312497

 $00{:}23{:}16.071 \dashrightarrow 00{:}23{:}17.677$ interference and non peculated

 $00:23:17.677 \longrightarrow 00:23:20.017$ interferon can be effective and safe.

NOTE Confidence: 0.8312497

 $00:23:20.020 \longrightarrow 00:23:22.092$ One term in P.

NOTE Confidence: 0.8312497

 $00:23:22.092 \longrightarrow 00:23:23.128$ Vera patients.

NOTE Confidence: 0.8312497

 $00:23:23.130 \longrightarrow 00:23:25.140$ So this is the response study

NOTE Confidence: 0.8312497

 $00:23:25.140 \longrightarrow 00:23:27.752$ which led to have the approval of

NOTE Confidence: 0.8312497

00:23:27.752 --> 00:23:30.146 Jack inhibitor rock solid Nip for

NOTE Confidence: 0.8312497

 $00:23:30.146 \longrightarrow 00:23:32.447$ second line treatment in patients

NOTE Confidence: 0.8312497

 $00:23:32.447 \longrightarrow 00:23:34.727$ with Vera with primary endpoint

NOTE Confidence: 0.8312497

 $00:23:34.727 \longrightarrow 00:23:36.798$ being composite reduction of spleen

NOTE Confidence: 0.8312497

 $00{:}23{:}36.798 \dashrightarrow 00{:}23{:}38.406$ volume and hematocrit control.

NOTE Confidence: 0.8312497

 $00{:}23{:}38.410 \dashrightarrow 00{:}23{:}41.217$ As you can see it was accomplished

NOTE Confidence: 0.8312497

00:23:41.217 --> 00:23:43.226 in 21% of patients separately.

NOTE Confidence: 0.8312497

 $00:23:43.226 \longrightarrow 00:23:45.638$ Reduction of spleen volume by 35%

NOTE Confidence: 0.8312497

00:23:45.640 --> 00:23:48.482 was seen in almost 40% of patients

NOTE Confidence: 0.8312497

 $00{:}23{:}48.482 \dashrightarrow 00{:}23{:}50.978$ and 60% of patients could accomplish

 $00:23:50.978 \longrightarrow 00:23:53.138$ schematic control with this treatment.

NOTE Confidence: 0.8312497

 $00{:}23{:}53.140 \dashrightarrow 00{:}23{:}54.628$ This is important anti-inflammatory

NOTE Confidence: 0.8312497

 $00:23:54.628 \longrightarrow 00:23:57.328$ medication and one of the side effects

NOTE Confidence: 0.8312497

 $00:23:57.328 \longrightarrow 00:23:59.746$ may be infections including herpes Auster.

NOTE Confidence: 0.8312497

 $00:23:59.750 \longrightarrow 00:24:02.180$ So we recommend Shingrix vaccine to

NOTE Confidence: 0.8312497

 $00{:}24{:}02.180 \dashrightarrow 00{:}24{:}05.198$ all of our patients on rock solid net.

NOTE Confidence: 0.8312497

00:24:05.200 --> 00:24:07.420 Another side effect can be non

NOTE Confidence: 0.8312497

00:24:07.420 --> 00:24:09.326 Melanoma skin cancers which has

NOTE Confidence: 0.8312497

00:24:09.326 --> 00:24:11.111 increased incidence in Brooklyn of

NOTE Confidence: 0.8312497

00:24:11.111 --> 00:24:13.760 users but also in hydroxyurea users.

NOTE Confidence: 0.8312497

 $00{:}24{:}13.760 \dashrightarrow 00{:}24{:}17.064$ So I refer all my patients for German

NOTE Confidence: 0.8312497

 $00:24:17.064 \longrightarrow 00:24:18.760$ irregular dermatological evaluations.

NOTE Confidence: 0.8312497

 $00:24:18.760 \longrightarrow 00:24:21.868$ So we looked at 5 year relative

NOTE Confidence: 0.8312497

 $00:24:21.868 \longrightarrow 00:24:24.154$ survival probability for PV patients

NOTE Confidence: 0.8312497

 $00:24:24.154 \longrightarrow 00:24:25.898$ in the United States.

NOTE Confidence: 0.8312497

 $00:24:25.900 \longrightarrow 00:24:28.260$ Patients who are diagnosed between

 $00:24:28.260 \longrightarrow 00:24:31.470$ 2001 and 2011 with end of observation

NOTE Confidence: 0.8312497

 $00{:}24{:}31.470 \dashrightarrow 00{:}24{:}35.193$ in 2016 and as you can see this five

NOTE Confidence: 0.8312497

00:24:35.193 --> 00:24:37.549 year relative survival unfortunately

NOTE Confidence: 0.8312497

 $00:24:37.549 \longrightarrow 00:24:39.905$ is not getting better,

NOTE Confidence: 0.8312497

 $00:24:39.910 \longrightarrow 00:24:43.350$ so we need new drugs which may improve

NOTE Confidence: 0.8312497

 $00:24:43.350 \longrightarrow 00:24:46.190$ survival by modifying the disease.

NOTE Confidence: 0.8312497

 $00:24:46.190 \longrightarrow 00:24:49.473$ So this study looked at GNU interference

NOTE Confidence: 0.8312497

 $00:24:49.473 \longrightarrow 00:24:52.469$ formulation so called role peg interferon.

NOTE Confidence: 0.8312497

 $00:24:52.470 \longrightarrow 00:24:55.550$ This is a European study phase three

NOTE Confidence: 0.8312497

 $00:24:55.550 \longrightarrow 00:24:58.010$ trial comparing group peginterferon.

NOTE Confidence: 0.8312497

 $00:24:58.010 \longrightarrow 00:25:00.275$ Against hydroxyurea in high risk

NOTE Confidence: 0.8312497

 $00{:}25{:}00.275 \dashrightarrow 00{:}25{:}02.087$ TV patient frontline treatment.

NOTE Confidence: 0.8312497

 $00:25:02.090 \longrightarrow 00:25:05.359$ The goal of the study was to

NOTE Confidence: 0.8312497

00:25:05.359 --> 00:25:07.698 show Noninferiority of Ro peg

NOTE Confidence: 0.8312497

00:25:07.698 --> 00:25:10.236 to hydroxyurea an at one year.

00:25:10.240 --> 00:25:11.188 Interestingly enough,

NOTE Confidence: 0.8312497

 $00:25:11.188 \longrightarrow 00:25:14.032$ they did not accomplish that primary

NOTE Confidence: 0.8312497

 $00:25:14.032 \longrightarrow 00:25:16.450$ endpoint of the hydroxyurea was

NOTE Confidence: 0.8312497

 $00{:}25{:}16.450 \dashrightarrow 00{:}25{:}18.785$ superior from the standpoint of

NOTE Confidence: 0.8312497

 $00:25:18.785 \longrightarrow 00:25:20.188$ inducing complete haematological

NOTE Confidence: 0.8312497

 $00:25:20.188 \longrightarrow 00:25:23.372$ responses as well as you can see here,

NOTE Confidence: 0.8312497

 $00{:}25{:}23.380 \dashrightarrow 00{:}25{:}25.670$ molecular responses at six months

NOTE Confidence: 0.8312497

 $00:25:25.670 \longrightarrow 00:25:27.960$ were higher among patients treated

NOTE Confidence: 0.8312497

 $00:25:28.033 \longrightarrow 00:25:29.179$ with hydroxyurea.

NOTE Confidence: 0.8312497

00:25:29.180 --> 00:25:32.428 So interferon in general takes time to work,

NOTE Confidence: 0.8312497

 $00{:}25{:}32.430 \dashrightarrow 00{:}25{:}34.782$ and that's what we observed over

NOTE Confidence: 0.8312497

 $00:25:34.782 \longrightarrow 00:25:36.350$ the course of this

NOTE Confidence: 0.854975

 $00:25:36.429 \longrightarrow 00:25:39.501$ study. So this is the publication which shows

NOTE Confidence: 0.854975

00:25:39.501 --> 00:25:42.976 data up to three years of follow-up data,

NOTE Confidence: 0.854975

 $00:25:42.980 \longrightarrow 00:25:45.890$ and you can see that in the second part of

NOTE Confidence: 0.854975

 $00:25:45.962 \longrightarrow 00:25:49.308$ the study interferon did better from the

00:25:49.308 --> 00:25:51.510 standpoint of haematological responses,

NOTE Confidence: 0.854975

 $00{:}25{:}51.510 \dashrightarrow 00{:}25{:}53.274$ which were statistically significantly

NOTE Confidence: 0.854975

00:25:53.274 --> 00:25:55.479 better than among patients taking

NOTE Confidence: 0.854975

 $00:25:55.479 \longrightarrow 00:25:57.598$ hydroxyurea as well as molecular responses,

NOTE Confidence: 0.854975

 $00:25:57.600 \longrightarrow 00:26:00.570$ and you can see that.

NOTE Confidence: 0.854975

 $00:26:00.570 \longrightarrow 00:26:02.830$ This is actually improving overtime.

NOTE Confidence: 0.854975

 $00:26:02.830 \longrightarrow 00:26:05.662$ This ash the follow up of the study

NOTE Confidence: 0.854975

00:26:05.662 --> 00:26:08.712 five year follow up was presented

NOTE Confidence: 0.854975

 $00:26:08.712 \longrightarrow 00:26:11.542$ showing continues that this translate

NOTE Confidence: 0.854975

 $00:26:11.542 \longrightarrow 00:26:14.271$ continuing as well as there are

NOTE Confidence: 0.854975

00:26:14.271 --> 00:26:16.351 no significant new side effects.

NOTE Confidence: 0.854975

 $00:26:16.360 \longrightarrow 00:26:19.078$ So this new formulation of the

NOTE Confidence: 0.854975

 $00{:}26{:}19.078 \dashrightarrow 00{:}26{:}21.838$ interferon can be given once every

NOTE Confidence: 0.854975

 $00:26:21.838 \longrightarrow 00:26:24.834$ three to four weeks after the first

NOTE Confidence: 0.854975

 $00:26:24.834 \longrightarrow 00:26:28.070$ year of treatment and is now approved

00:26:28.070 --> 00:26:30.882 in Europe by European Medicines Agency.

NOTE Confidence: 0.854975

 $00{:}26{:}30.882 \to 00{:}26{:}33.362$ The company making this medication

NOTE Confidence: 0.854975

 $00:26:33.362 \longrightarrow 00:26:36.233$ is bringing up to the bringing this

NOTE Confidence: 0.854975

 $00:26:36.233 \longrightarrow 00:26:39.152$ to the US market and it is likely

NOTE Confidence: 0.854975

 $00{:}26{:}39.152 \dashrightarrow 00{:}26{:}41.372$ that this medication will become

NOTE Confidence: 0.854975

 $00{:}26{:}41.372 \dashrightarrow 00{:}26{:}44.024$ available for our patients next year.

NOTE Confidence: 0.854975

 $00:26:44.024 \longrightarrow 00:26:46.652$ So there are few new treatments

NOTE Confidence: 0.854975

00:26:46.652 --> 00:26:49.561 I wanted to mention before I end

NOTE Confidence: 0.854975

 $00:26:49.561 \longrightarrow 00:26:52.393$ this talk and few clinical trials

NOTE Confidence: 0.854975

00:26:52.393 --> 00:26:55.288 we're planning to participate in.

NOTE Confidence: 0.854975

 $00:26:55.290 \longrightarrow 00:26:57.986$ Is giving ability to all patients to enroll

NOTE Confidence: 0.854975

00:26:57.986 --> 00:27:00.919 on this study is offering new treatments,

NOTE Confidence: 0.854975

 $00:27:00.920 \longrightarrow 00:27:02.045$ some of them?

NOTE Confidence: 0.854975

 $00{:}27{:}02.045 \dashrightarrow 00{:}27{:}03.920$ Maybe this is modifying so.

NOTE Confidence: 0.854975

 $00:27:03.920 \longrightarrow 00:27:06.279$ First of all, this is the given

NOTE Confidence: 0.854975

00:27:06.279 --> 00:27:08.789 a staff the age Deccan hitter,

 $00:27:08.790 \longrightarrow 00:27:13.254$ so leading to a situation of the histone.

NOTE Confidence: 0.854975

 $00{:}27{:}13.260 \to 00{:}27{:}15.064$ That transcriptions of genes

NOTE Confidence: 0.854975

 $00:27:15.064 \longrightarrow 00:27:16.868$ responsible for cell growth,

NOTE Confidence: 0.854975

00:27:16.870 --> 00:27:18.271 arrest, differentiation, apoptosis.

NOTE Confidence: 0.854975

 $00:27:18.271 \longrightarrow 00:27:22.092$ This drug is wanna be started in the

NOTE Confidence: 0.854975

 $00{:}27{:}22.092 \dashrightarrow 00{:}27{:}24.462$ phase three trial against hydroxyurea

NOTE Confidence: 0.854975

 $00:27:24.462 \longrightarrow 00:27:27.181$ for the frontline treatment of PV

NOTE Confidence: 0.854975

00:27:27.181 --> 00:27:29.046 patients with high risk disease.

NOTE Confidence: 0.854975

 $00{:}27{:}29.050 \dashrightarrow 00{:}27{:}32.326$ So the other class of drugs which

NOTE Confidence: 0.854975

 $00:27:32.326 \longrightarrow 00:27:34.459$ may be interesting is MDM.

NOTE Confidence: 0.854975

 $00:27:34.460 \longrightarrow 00:27:35.362$ Two inhibitors.

NOTE Confidence: 0.854975

00:27:35.362 --> 00:27:38.970 As you know MDM two inhibits TP53 function,

NOTE Confidence: 0.854975

00:27:38.970 --> 00:27:41.700 and by inhibiting MDM two way

NOTE Confidence: 0.854975

 $00:27:41.700 \longrightarrow 00:27:44.400$ allowing TP 53 to perform.

NOTE Confidence: 0.854975

00:27:44.400 --> 00:27:45.082 It's wrong,

 $00:27:45.082 \longrightarrow 00:27:46.787$ not in the malignant cell,

NOTE Confidence: 0.854975

 $00:27:46.790 \longrightarrow 00:27:47.681$ by the way,

NOTE Confidence: 0.854975

00:27:47.681 --> 00:27:49.463 interfere on one of the mechanisms

NOTE Confidence: 0.854975

 $00:27:49.463 \longrightarrow 00:27:51.378$ of action of interferon would

NOTE Confidence: 0.854975

 $00:27:51.378 \longrightarrow 00:27:52.926$ be activations of genes,

NOTE Confidence: 0.854975

00:27:52.930 --> 00:27:54.560 increasing transcription of TP 53

NOTE Confidence: 0.854975

 $00{:}27{:}54.560 \dashrightarrow 00{:}27{:}57.304$ so the last study I want to mention

NOTE Confidence: 0.854975

00:27:57.304 --> 00:27:59.398 phase two trial of hepcidin analog.

NOTE Confidence: 0.854975

 $00{:}27{:}59.400 \dashrightarrow 00{:}28{:}02.039$ It's nice to see after discovery of

NOTE Confidence: 0.854975

 $00:28:02.039 \longrightarrow 00:28:04.434$ hepcidin 20 years ago that we have

NOTE Confidence: 0.854975

 $00{:}28{:}04.434 \dashrightarrow 00{:}28{:}06.966$ an analog and you know we now have

NOTE Confidence: 0.854975

 $00:28:06.966 \longrightarrow 00:28:09.290$ a test we can check for hepcidin.

NOTE Confidence: 0.854975

 $00:28:09.290 \longrightarrow 00:28:10.136$ Very expensive.

NOTE Confidence: 0.854975

 $00:28:10.136 \longrightarrow 00:28:13.520$ I never was able to do it but

NOTE Confidence: 0.854975

 $00:28:13.621 \longrightarrow 00:28:15.877$ now we also have a drug.

NOTE Confidence: 0.854975

 $00:28:15.880 \longrightarrow 00:28:18.060$ Which basically shuts down transport

 $00:28:18.060 \longrightarrow 00:28:21.394$ of iron and locks it in the cells

NOTE Confidence: 0.854975

 $00{:}28{:}21.394 \dashrightarrow 00{:}28{:}23.907$ and this drug is used for patients

NOTE Confidence: 0.854975

 $00:28:23.989 \longrightarrow 00:28:26.054$ with severe who need phlebotomies

NOTE Confidence: 0.854975

 $00:28:26.054 \longrightarrow 00:28:28.984$ and in an attempt to avoid iron

NOTE Confidence: 0.854975

 $00:28:28.984 \longrightarrow 00:28:31.144$ deficiency which may have detrimental

NOTE Confidence: 0.854975

 $00:28:31.144 \longrightarrow 00:28:33.020$ effects on quality of life.

NOTE Confidence: 0.854975

 $00:28:33.020 \longrightarrow 00:28:34.241$ The preliminary results

NOTE Confidence: 0.854975

 $00:28:34.241 \longrightarrow 00:28:35.869$ which office to study,

NOTE Confidence: 0.854975

00:28:35.870 --> 00:28:38.726 which were presented at Ash week ago,

NOTE Confidence: 0.854975

 $00:28:38.730 \longrightarrow 00:28:39.963$ were quite promising.

NOTE Confidence: 0.854975

 $00:28:39.963 \longrightarrow 00:28:43.322$ No side effects and pretty much everyone on

NOTE Confidence: 0.854975

 $00:28:43.322 \longrightarrow 00:28:45.770$ this drug does not require phlebotomist.

NOTE Confidence: 0.854975

00:28:45.770 --> 00:28:46.248 Anymore.

NOTE Confidence: 0.854975

 $00:28:46.248 \longrightarrow 00:28:49.116$ So I'd like to conclude that

NOTE Confidence: 0.854975

 $00:28:49.116 \longrightarrow 00:28:51.995$ polycythemia Vera is driven by Jack

00:28:51.995 --> 00:28:54.713 2V617F mutation in the majority of

NOTE Confidence: 0.854975

 $00{:}28{:}54.713 \dashrightarrow 00{:}28{:}56.830$ cases in 97% sugar intake increases

NOTE Confidence: 0.854975

 $00{:}28{:}56.830 \dashrightarrow 00{:}28{:}58.990$ and coffee intake decreases the risk

NOTE Confidence: 0.854975

 $00:28:58.990 \longrightarrow 00:29:01.148$ of polycythemia Vera development.

NOTE Confidence: 0.854975

 $00:29:01.150 \longrightarrow 00:29:01.982$ In fact,

NOTE Confidence: 0.854975

 $00:29:01.982 \longrightarrow 00:29:04.062$ consumption of coffee moderate amounts

NOTE Confidence: 0.854975

 $00:29:04.062 \dashrightarrow 00:29:06.978$ can be considered part of normal lifestyle.

NOTE Confidence: 0.8039933

 $00{:}29{:}06.980 \dashrightarrow 00{:}29{:}09.055$ Increased white cell count is

NOTE Confidence: 0.8039933

 $00{:}29{:}09.055 \dashrightarrow 00{:}29{:}10.715$ associated with PV evolution.

NOTE Confidence: 0.8039933

00:29:10.720 --> 00:29:12.800 To post PD, Mila, fibrosis,

NOTE Confidence: 0.8039933

 $00:29:12.800 \longrightarrow 00:29:15.482$ MD, SNL user status should be

NOTE Confidence: 0.8039933

 $00:29:15.482 \longrightarrow 00:29:17.680$ considered in PV patients for.

NOTE Confidence: 0.8039933

00:29:17.680 --> 00:29:19.352 Cardiovascular disease risk reduction,

NOTE Confidence: 0.8039933

00:29:19.352 --> 00:29:21.024 hydroxyurea safe and effective,

NOTE Confidence: 0.8039933

 $00:29:21.030 \longrightarrow 00:29:23.970$ but interference holds promise to be disease.

NOTE Confidence: 0.8039933

 $00:29:23.970 \longrightarrow 00:29:26.065$ Modifying and normal treatments to

 $00:29:26.065 \longrightarrow 00:29:28.160$ prevent or delay disease transformation.

NOTE Confidence: 0.8039933

 $00:29:28.160 \longrightarrow 00:29:28.877$ I need it.

NOTE Confidence: 0.8039933

 $00:29:28.877 \longrightarrow 00:29:31.151$ At the end I would like to acknowledge

NOTE Confidence: 0.8039933

 $00:29:31.151 \longrightarrow 00:29:33.801$ funding from the Frederick Dilucca

NOTE Confidence: 0.8039933

00:29:33.801 --> 00:29:35.921 Foundation Yellow Corporate Center,

NOTE Confidence: 0.8039933

 $00:29:35.930 \longrightarrow 00:29:38.464$ allowing us to conduct the studies and

NOTE Confidence: 0.8039933

 $00:29:38.464 \longrightarrow 00:29:40.440$ my collaborators thank you very much.

NOTE Confidence: 0.73364645

 $00:29:41.830 \longrightarrow 00:29:42.709$ Nikolai absolute proof.

NOTE Confidence: 0.73364645

00:29:42.709 --> 00:29:44.760 So you can't see my coffee tears.

NOTE Confidence: 0.73364645

00:29:44.760 --> 00:29:47.680 It was coffee right now.

NOTE Confidence: 0.73364645

00:29:47.680 --> 00:29:50.169 Getting my very soon.

NOTE Confidence: 0.73364645

00:29:50.170 --> 00:29:51.838 Yeah, I think we just have.

NOTE Confidence: 0.73364645

 $00:29:51.840 \longrightarrow 00:29:53.716$ It may be time for just one

NOTE Confidence: 0.73364645

00:29:53.716 --> 00:29:55.148 or two questions because we

NOTE Confidence: 0.73364645

 $00:29:55.148 \longrightarrow 00:29:56.840$ want to give him his time.

 $00:29:56.840 \longrightarrow 00:29:58.230$ So are you thinking right?

NOTE Confidence: 0.73364645

 $00{:}29{:}58.230 \dashrightarrow 00{:}30{:}00.246$ So for example in the other matters.

NOTE Confidence: 0.73364645

 $00{:}30{:}00.250 \dashrightarrow 00{:}30{:}02.030$ Order in chronic malaria leukemia.

NOTE Confidence: 0.73364645

 $00:30:02.030 \longrightarrow 00:30:03.962$ We're thinking about Q or we

NOTE Confidence: 0.73364645

 $00:30:03.962 \longrightarrow 00:30:06.126$ want to get people off these

NOTE Confidence: 0.73364645

 $00:30:06.126 \longrightarrow 00:30:07.726$ long years of medication?

NOTE Confidence: 0.73364645

 $00:30:07.730 \longrightarrow 00:30:09.505$ Do you for see something

NOTE Confidence: 0.73364645

 $00:30:09.505 \longrightarrow 00:30:10.925$ like that for polycythemia

NOTE Confidence: 0.78337675

 $00{:}30{:}10.930 \dashrightarrow 00{:}30{:}13.149$ Vera? You know you would hope that

NOTE Confidence: 0.78337675

00:30:13.149 --> 00:30:15.355 there is known driver and inhibiting

NOTE Confidence: 0.78337675

 $00:30:15.355 \longrightarrow 00:30:17.335$ it will cure this patience.

NOTE Confidence: 0.78337675

00:30:17.340 --> 00:30:18.764 But unfortunately, like now,

NOTE Confidence: 0.78337675

00:30:18.764 --> 00:30:20.188 with rooks Lid NAP,

NOTE Confidence: 0.78337675

 $00{:}30{:}20.190 \dashrightarrow 00{:}30{:}23.030$ which is in an incubator of Jack two,

NOTE Confidence: 0.78337675

 $00:30:23.030 \longrightarrow 00:30:24.810$ we don't really see that.

NOTE Confidence: 0.78337675

00:30:24.810 --> 00:30:27.967 In fact it is not disease modifying

 $00:30:27.967 \longrightarrow 00:30:31.379$ if you ask me that you know so.

NOTE Confidence: 0.78337675

00:30:31.380 --> 00:30:31.807 Unfortunately,

NOTE Confidence: 0.78337675

00:30:31.807 --> 00:30:34.796 the successes we've had in CML did

NOTE Confidence: 0.78337675

00:30:34.796 --> 00:30:37.009 not translate to pH negative MPs,

NOTE Confidence: 0.78337675

00:30:37.010 --> 00:30:38.213 but you know,

NOTE Confidence: 0.78337675

 $00:30:38.213 \longrightarrow 00:30:40.218$ we have promising future medications.

NOTE Confidence: 0.78337675

00:30:40.220 --> 00:30:42.458 Or perhaps we'll have something which

NOTE Confidence: 0.78337675

00:30:42.458 --> 00:30:44.900 is going to decrease or eliminate

NOTE Confidence: 0.78337675

 $00:30:44.900 \longrightarrow 00:30:46.660$ that difference in survival.

NOTE Confidence: 0.78337675

00:30:46.660 --> 00:30:48.665 Our PV patients have when

NOTE Confidence: 0.78337675

 $00{:}30{:}48.665 \dashrightarrow 00{:}30{:}50.269$ compared to regular population.

NOTE Confidence: 0.8129642

00:30:51.460 --> 00:30:54.178 OK, I see we have a comment from armor,

NOTE Confidence: 0.8129642

00:30:54.180 --> 00:30:55.884 great talk and many new exciting

NOTE Confidence: 0.8129642

 $00:30:55.884 \longrightarrow 00:30:57.500$ options available for these patients.

NOTE Confidence: 0.8129642

00:30:57.500 --> 00:30:59.314 So that was thank you Emerson.

00:30:59.314 --> 00:31:00.522 I share you enthusiasm.

NOTE Confidence: 0.8129642

 $00:31:00.522 \longrightarrow 00:31:02.027$ It is actually very challenging

NOTE Confidence: 0.8129642

 $00:31:02.030 \longrightarrow 00:31:03.962$ to do study for those patients because

NOTE Confidence: 0.8129642

 $00:31:03.962 \longrightarrow 00:31:05.820$ they have such a good prognosis

NOTE Confidence: 0.8129642

 $00:31:05.820 \longrightarrow 00:31:07.764$ comparing to all other cancer patients.

NOTE Confidence: 0.8129642

00:31:07.770 --> 00:31:10.173 So really have to have drugs which are not

NOTE Confidence: 0.8129642

 $00:31:10.173 \longrightarrow 00:31:12.598$ only working well but also well tolerated.

NOTE Confidence: 0.7842143

00:31:13.460 --> 00:31:14.114 Yeah, excellent.

NOTE Confidence: 0.7842143

 $00:31:14.114 \longrightarrow 00:31:16.076$ Well hematology is going to be

NOTE Confidence: 0.7842143

 $00:31:16.076 \longrightarrow 00:31:17.970$ around for many many more years.

NOTE Confidence: 0.7842143

 $00:31:17.970 \longrightarrow 00:31:19.214$ So thank you, Nicola.

NOTE Confidence: 0.7842143

00:31:19.214 --> 00:31:22.148 I think we should move on with Tama talk,

NOTE Confidence: 0.7842143

 $00{:}31{:}22.150 \dashrightarrow 00{:}31{:}24.404$ so let me introduce Doctor to Microbee.

NOTE Confidence: 0.7842143

 $00:31:24.410 \longrightarrow 00:31:26.050$ He's associate Professor of Medicine

NOTE Confidence: 0.7842143

 $00{:}31{:}26.050 \dashrightarrow 00{:}31{:}27.690$ and the medical director informed

NOTE Confidence: 0.7842143

 $00:31:27.739 \longrightarrow 00:31:29.239$ Chief of Operations and Quality.

00:31:29.240 --> 00:31:31.208 And I think everybody knows that

NOTE Confidence: 0.7842143

00:31:31.208 --> 00:31:32.929 tomorrow with the entire Smilow

NOTE Confidence: 0.7842143

 $00:31:32.929 \longrightarrow 00:31:34.999$ team has gotten the he malignancy

NOTE Confidence: 0.7842143

 $00{:}31{:}34.999 \dashrightarrow 00{:}31{:}36.926$ service through the 1st surge of

NOTE Confidence: 0.7842143

 $00:31:36.926 \longrightarrow 00:31:38.576$ Covid an now the second surge.

NOTE Confidence: 0.7842143

 $00:31:38.580 \longrightarrow 00:31:40.708$ So thank you so much for that

NOTE Confidence: 0.7842143

 $00:31:40.708 \longrightarrow 00:31:42.738$ tomorrow also serves as the disease

NOTE Confidence: 0.7842143

 $00{:}31{:}42.738 \dashrightarrow 00{:}31{:}44.498$ aligned research team or direct

NOTE Confidence: 0.7842143

00:31:44.498 --> 00:31:46.610 leader from my light malignancies.

NOTE Confidence: 0.7842143

 $00{:}31{:}46.610 \dashrightarrow 00{:}31{:}48.500$ And tomorrow completed his doctorate

NOTE Confidence: 0.7842143

00:31:48.500 --> 00:31:50.390 in hematology oncology in Lyon,

NOTE Confidence: 0.7842143

 $00:31:50.390 \longrightarrow 00:31:52.484$ France, and then joined the Institute

NOTE Confidence: 0.7842143

 $00{:}31{:}52.484 \dashrightarrow 00{:}31{:}54.550$ Power Lee comment in Marseille,

NOTE Confidence: 0.7842143

00:31:54.550 --> 00:31:55.252 in France,

NOTE Confidence: 0.7842143

 $00:31:55.252 \longrightarrow 00:31:57.709$ and he completed a fellowship at Johns

00:31:57.709 --> 00:32:00.220 Hopkins University as a Fulbright alumnus,

NOTE Confidence: 0.7842143

 $00:32:00.220 \longrightarrow 00:32:02.536$ and I think that's how eventually

NOTE Confidence: 0.7842143

 $00:32:02.536 \longrightarrow 00:32:05.129$ we got tomorrow to join us here.

NOTE Confidence: 0.7842143

00:32:05.130 --> 00:32:07.392 So Demott is focused on again

NOTE Confidence: 0.7842143

00:32:07.392 --> 00:32:08.523 pilot malignancy's leukemia,

NOTE Confidence: 0.7842143

 $00:32:08.530 \dashrightarrow 00:32:11.698$ and I think his top will speak for his

NOTE Confidence: 0.7842143

 $00:32:11.698 \longrightarrow 00:32:14.114$ amazing expertise in treating these

NOTE Confidence: 0.7842143

 $00:32:14.114 \longrightarrow 00:32:17.096$ diseases and taking care of patients.

NOTE Confidence: 0.7842143

 $00:32:17.100 \longrightarrow 00:32:19.898$ So. To my valuers.

NOTE Confidence: 0.8486074

 $00:32:25.650 \longrightarrow 00:32:30.040$ Hope that everybody is seeing my screen now.

NOTE Confidence: 0.80601865

 $00{:}32{:}30.040 \dashrightarrow 00{:}32{:}34.675$ OK so for today I want to focus my

NOTE Confidence: 0.80601865

00:32:34.675 --> 00:32:38.723 presentation and one on the topic of

NOTE Confidence: 0.80601865

 $00:32:38.723 \longrightarrow 00:32:41.937$ Milo dysplastic syndrome and more

NOTE Confidence: 0.80601865

00:32:41.937 --> 00:32:44.972 precisely, on the patient exposed,

NOTE Confidence: 0.80601865

 $00:32:44.972 \longrightarrow 00:32:47.737$ hyperventilating agent and we experience

NOTE Confidence: 0.80601865

 $00:32:47.737 \longrightarrow 00:32:50.269$ hyper mediating agent failure.

 $00:32:52.640 \longrightarrow 00:32:57.230$ Anne. So here are my disclosures.

NOTE Confidence: 0.7758981

 $00:33:00.920 \longrightarrow 00:33:03.237$ An ad to start wanted just to

NOTE Confidence: 0.7758981

 $00:33:03.237 \longrightarrow 00:33:06.102$ to do a really quick reminder

NOTE Confidence: 0.7758981

00:33:06.102 --> 00:33:09.067 on my love dysplastic syndrome.

NOTE Confidence: 0.7758981

 $00:33:09.070 \longrightarrow 00:33:12.647$ Stressing that we have with this disease,

NOTE Confidence: 0.7758981

00:33:12.650 --> 00:33:14.698 Arelia turgeon's group of

NOTE Confidence: 0.7758981

00:33:14.698 --> 00:33:16.746 clonal bone marrow neoplasms,

NOTE Confidence: 0.7758981

 $00:33:16.750 \longrightarrow 00:33:20.292$ we have the cytopenias due to the

NOTE Confidence: 0.7758981

 $00:33:20.292 \longrightarrow 00:33:22.822$ ineffective in multiple years is

NOTE Confidence: 0.7758981

 $00{:}33{:}22.822 \dashrightarrow 00{:}33{:}25.588$ we have abnormal blood and bone

NOTE Confidence: 0.7758981

00:33:25.588 --> 00:33:28.805 marrow cell morphology and the risk

NOTE Confidence: 0.7758981

 $00:33:28.805 \longrightarrow 00:33:31.555$ of clonal evolution and progression

NOTE Confidence: 0.7758981

 $00{:}33{:}31.555 \dashrightarrow 00{:}33{:}33.649$ to a cute myeloid leukemia.

NOTE Confidence: 0.73165816

00:33:36.610 --> 00:33:39.122 From a molecular standpoint,

NOTE Confidence: 0.73165816

 $00:33:39.122 \longrightarrow 00:33:42.890$ these diseases are extremely generous with

00:33:42.985 --> 00:33:46.350 some main driver spliceosome mutation,

NOTE Confidence: 0.73165816

 $00:33:46.350 \longrightarrow 00:33:50.826$ such as the three one mutation

NOTE Confidence: 0.73165816

 $00:33:50.826 \longrightarrow 00:33:54.397$ epigenetic targeted mutation such as

NOTE Confidence: 0.73165816

 $00:33:54.397 \longrightarrow 00:34:00.830$ at Ted 2 for example, and EMT 3A and.

NOTE Confidence: 0.73165816

 $00:34:00.830 \longrightarrow 00:34:02.730$ This eternity is also something

NOTE Confidence: 0.73165816

 $00:34:02.730 \longrightarrow 00:34:04.630$ we see in the prognosis.

NOTE Confidence: 0.73165816

 $00:34:04.630 \longrightarrow 00:34:06.569$ I'm not going to go in the

NOTE Confidence: 0.73165816

 $00{:}34{:}06.569 \dashrightarrow 00{:}34{:}08.547$ details of the risk stratification

NOTE Confidence: 0.73165816

 $00{:}34{:}08.547 \dashrightarrow 00{:}34{:}10.707$ of Milo dysplastic syndrome,

NOTE Confidence: 0.73165816

00:34:10.710 --> 00:34:13.486 but I just want you to focus your

NOTE Confidence: 0.73165816

 $00{:}34{:}13.486 \dashrightarrow 00{:}34{:}15.674$ attention on the right side of

NOTE Confidence: 0.73165816

 $00:34:15.674 \longrightarrow 00:34:18.304$ the panel where you would see that

NOTE Confidence: 0.73165816

 $00:34:18.304 \longrightarrow 00:34:21.258$ when we see a patient with mild

NOTE Confidence: 0.73165816

00:34:21.258 --> 00:34:22.776 dysplastic syndrome in clinic,

NOTE Confidence: 0.73165816

 $00:34:22.776 \longrightarrow 00:34:25.440$ we can see some one who has a median

NOTE Confidence: 0.73165816

 $00:34:25.521 \longrightarrow 00:34:28.566$ overall survival of more than eight years,

 $00:34:28.570 \longrightarrow 00:34:30.830$ as well as people that.

NOTE Confidence: 0.73165816

 $00:34:30.830 \longrightarrow 00:34:33.530$ In the worst case scenario,

NOTE Confidence: 0.73165816

 $00:34:33.530 \longrightarrow 00:34:36.230$ can progress to leukemia and

NOTE Confidence: 0.73165816

 $00:34:36.230 \longrightarrow 00:34:38.390$ die within a year,

NOTE Confidence: 0.73165816

 $00:34:38.390 \longrightarrow 00:34:41.090$ and so addressing this eternity

NOTE Confidence: 0.73165816

 $00:34:41.090 \longrightarrow 00:34:44.870$ is something that is on your mind.

NOTE Confidence: 0.73165816

00:34:44.870 --> 00:34:47.570 Each time we're seeing patient

NOTE Confidence: 0.73165816

 $00{:}34{:}47.570 \dashrightarrow 00{:}34{:}49.730$ from the treatment standpoint,

NOTE Confidence: 0.73165816

 $00:34:49.730 \longrightarrow 00:34:53.160$ we can go from a pure observation

NOTE Confidence: 0.73165816

 $00:34:53.160 \longrightarrow 00:34:55.973$ for patients without any symptoms

NOTE Confidence: 0.73165816

 $00{:}34{:}55.973 \dashrightarrow 00{:}34{:}59.103$ or significant cytopenia to some

NOTE Confidence: 0.73165816

 $00{:}34{:}59.103 \dashrightarrow 00{:}35{:}01.800$ low intensity treatment such as.

NOTE Confidence: 0.73165816

 $00{:}35{:}01.800 \dashrightarrow 00{:}35{:}02.943$ Activating stimulating agent

NOTE Confidence: 0.73165816

 $00:35:02.943 \longrightarrow 00:35:04.467$ for patients with anemia,

NOTE Confidence: 0.73165816

 $00:35:04.470 \longrightarrow 00:35:06.762$ but in the context of the

00:35:06.762 --> 00:35:07.908 higher risk disease,

NOTE Confidence: 0.73165816

 $00:35:07.910 \dashrightarrow 00:35:10.154$ the mainstay of treatment as being

NOTE Confidence: 0.73165816

00:35:10.154 --> 00:35:12.110 to use iPod mitigating agent,

NOTE Confidence: 0.73165816

 $00:35:12.110 \longrightarrow 00:35:16.340$ namely as cited in or decide to be in.

NOTE Confidence: 0.73165816

 $00:35:16.340 \longrightarrow 00:35:19.332$ Over the last few years and for the

NOTE Confidence: 0.73165816

 $00:35:19.332 \longrightarrow 00:35:21.979$ few patient eligible allogeneic stem

NOTE Confidence: 0.73165816

 $00:35:21.979 \longrightarrow 00:35:24.399$ cell transplantation is obviously

NOTE Confidence: 0.73165816

 $00:35:24.399 \longrightarrow 00:35:28.290$ something that we would consider frontline.

NOTE Confidence: 0.73165816

 $00{:}35{:}28.290 \to 00{:}35{:}32.578$ That's a pretty classic for all NDS talk.

NOTE Confidence: 0.73165816

 $00:35:32.580 \longrightarrow 00:35:34.712$ That's basically the registration

NOTE Confidence: 0.73165816

 $00{:}35{:}34.712 \dashrightarrow 00{:}35{:}38.470$ study of as a sighted in MD's,

NOTE Confidence: 0.73165816

 $00{:}35{:}38.470 \dashrightarrow 00{:}35{:}41.970$ showing that with Asia we are able

NOTE Confidence: 0.73165816

 $00:35:41.970 \longrightarrow 00:35:44.801$ to prolong the median overall

NOTE Confidence: 0.73165816

 $00:35:44.801 \longrightarrow 00:35:48.473$ survival of probably nine months in

NOTE Confidence: 0.73165816

 $00:35:48.473 \longrightarrow 00:35:52.360$ median as compared to conventional.

NOTE Confidence: 0.73165816

 $00:35:52.360 \longrightarrow 00:35:54.530$ Care we definitely have evidences

 $00:35:54.530 \longrightarrow 00:35:57.615$ that the 24 months of median overall

NOTE Confidence: 0.73165816

 $00{:}35{:}57.615 \dashrightarrow 00{:}36{:}00.541$ survival that we see in this study

NOTE Confidence: 0.73165816

 $00{:}36{:}00.541 \dashrightarrow 00{:}36{:}03.210$ are probably a bit overestimated as

NOTE Confidence: 0.73165816

 $00:36:03.210 \longrightarrow 00:36:06.682$ compared to what we see in real life.

NOTE Confidence: 0.73165816

 $00:36:06.682 \longrightarrow 00:36:08.418$ Probably around 18 months.

NOTE Confidence: 0.73165816

00:36:08.420 --> 00:36:11.168 And that's many works from basically

NOTE Confidence: 0.73165816

 $00:36:11.168 \longrightarrow 00:36:14.188$ the registry studies such as the group

NOTE Confidence: 0.73165816

 $00:36:14.188 \longrightarrow 00:36:16.148$ Uncle Phone, Digital Displays E,

NOTE Confidence: 0.73165816

00:36:16.148 --> 00:36:18.990 but also some really nice work of

NOTE Confidence: 0.73165816

00:36:19.067 --> 00:36:23.660 Stephen Armor. For example on CS.

NOTE Confidence: 0.73165816

 $00:36:23.660 \longrightarrow 00:36:25.052$ Data. So.

NOTE Confidence: 0.73165816

 $00:36:25.052 \longrightarrow 00:36:28.636$ What do we call activating agent failure?

NOTE Confidence: 0.73165816

 $00{:}36{:}28.640 \dashrightarrow 00{:}36{:}32.048$ Because we know that at the end 90

NOTE Confidence: 0.73165816

 $00{:}36{:}32.048 \dashrightarrow 00{:}36{:}35.174$ to 95% of the patient that we start

NOTE Confidence: 0.73165816

 $00:36:35.174 \longrightarrow 00:36:37.246$ treating with this iPod mediating

 $00:36:37.246 \longrightarrow 00:36:40.564$ agent will experience on the real failure.

NOTE Confidence: 0.73165816

 $00{:}36{:}40.570 \dashrightarrow 00{:}36{:}42.964$ We classically defined that as a

NOTE Confidence: 0.73165816

 $00:36:42.964 \longrightarrow 00:36:45.040$ lack of response or progression

NOTE Confidence: 0.73165816

 $00:36:45.040 \longrightarrow 00:36:47.833$ after at least four to six cycle

NOTE Confidence: 0.73165816

00:36:47.833 --> 00:36:49.939 of iPod mediating agent,

NOTE Confidence: 0.73165816

 $00:36:49.940 \longrightarrow 00:36:52.929$ there's no difference between as cited in

NOTE Confidence: 0.73165816

 $00:36:52.929 \longrightarrow 00:36:56.229$ or decided in from this standpoint and.

NOTE Confidence: 0.73165816

 $00:36:56.230 \longrightarrow 00:36:59.002$ One of the main features that

NOTE Confidence: 0.73165816

 $00:36:59.002 \longrightarrow 00:37:00.850$ we see is really,

NOTE Confidence: 0.73165816

 $00{:}37{:}00.850 \dashrightarrow 00{:}37{:}02.890$ really limited overall survival

NOTE Confidence: 0.73165816

 $00{:}37{:}02.890 \dashrightarrow 00{:}37{:}04.930$ for patients experiencing failure

NOTE Confidence: 0.73165816

 $00:37:04.930 \longrightarrow 00:37:06.785$ treatment within average four

NOTE Confidence: 0.73165816

 $00:37:06.785 \dashrightarrow 00:37:08.695$ to six months median survival,

NOTE Confidence: 0.73165816

 $00:37:08.700 \longrightarrow 00:37:10.840$ and that's something that,

NOTE Confidence: 0.73165816

 $00:37:10.840 \longrightarrow 00:37:14.050$ as that we initially described almost

NOTE Confidence: 0.73165816

 $00{:}37{:}14.143 \dashrightarrow 00{:}37{:}17.487$ 10 years ago and that has been since

 $00:37:17.487 \longrightarrow 00:37:20.340$ reproduced in many different studies.

NOTE Confidence: 0.73165816

00:37:20.340 --> 00:37:21.122 So Interestingly,

NOTE Confidence: 0.73165816

 $00:37:21.122 \longrightarrow 00:37:23.859$ we have many reason why this hyper

NOTE Confidence: 0.73165816

00:37:23.859 --> 00:37:26.180 mitigating agent resistant can developed,

NOTE Confidence: 0.73165816

 $00:37:26.180 \longrightarrow 00:37:29.114$ but so far we can say that we have

NOTE Confidence: 0.73165816

 $00:37:29.114 \longrightarrow 00:37:32.705$ a home run we don't consider that we

NOTE Confidence: 0.73165816

 $00:37:32.705 \longrightarrow 00:37:35.516$ have a unifying theory to explain

NOTE Confidence: 0.73165816

 $00:37:35.516 \longrightarrow 00:37:38.687$ why we have this failure of this

NOTE Confidence: 0.7949301

 $00:37:38.690 \longrightarrow 00:37:39.474$ iPod engagement.

NOTE Confidence: 0.7949301

 $00:37:39.474 \longrightarrow 00:37:41.434$ We see phenomenon of clonal

NOTE Confidence: 0.7949301

00:37:41.434 --> 00:37:43.280 selection and clonal evolution,

NOTE Confidence: 0.7949301

 $00:37:43.280 \longrightarrow 00:37:45.410$ maybe potentially with some difference

NOTE Confidence: 0.7949301

 $00{:}37{:}45.410 \dashrightarrow 00{:}37{:}47.994$ of profiling between the patient that

NOTE Confidence: 0.7949301

 $00:37:47.994 \longrightarrow 00:37:50.358$ are completely refractory to the disease.

NOTE Confidence: 0.7949301

 $00:37:50.360 \longrightarrow 00:37:52.184$ In the patient that.

 $00:37:52.184 \longrightarrow 00:37:54.920$ Response and then progress after treatment.

NOTE Confidence: 0.7949301

 $00:37:54.920 \longrightarrow 00:37:56.925$ But many other mechanisms have

NOTE Confidence: 0.7949301

 $00:37:56.925 \longrightarrow 00:37:59.353$ been potentially put on the table

NOTE Confidence: 0.7949301

 $00:37:59.353 \longrightarrow 00:38:01.775$ as explaining what we see or to

NOTE Confidence: 0.7949301

 $00:38:01.775 \longrightarrow 00:38:04.284$ fatty affect change in nucleotide

NOTE Confidence: 0.7949301

 $00{:}38{:}04.284 \dashrightarrow 00{:}38{:}06.608$ analogue transporter expression of

NOTE Confidence: 0.7949301

 $00{:}38{:}06.608 \dashrightarrow 00{:}38{:}08.774$ immune checkpoint inhibitors and

NOTE Confidence: 0.7949301

 $00:38:08.774 \longrightarrow 00:38:11.258$ regulators and we will circle back

NOTE Confidence: 0.7949301

 $00{:}38{:}11.258 \dashrightarrow 00{:}38{:}14.178$ on that later in the presentation.

NOTE Confidence: 0.7949301

 $00{:}38{:}14.180 \dashrightarrow 00{:}38{:}16.714$ So for the moment there's still a

NOTE Confidence: 0.7949301

 $00{:}38{:}16.714 \dashrightarrow 00{:}38{:}19.923$ lot of open questions on explaining

NOTE Confidence: 0.7949301

 $00:38:19.923 \longrightarrow 00:38:22.639$ this hypomethylating agent failure.

NOTE Confidence: 0.7949301

 $00:38:22.640 \longrightarrow 00:38:24.876$ There's obviously also something

NOTE Confidence: 0.7949301

 $00{:}38{:}24.876 \dashrightarrow 00{:}38{:}28.230$ that is pretty clear which is

NOTE Confidence: 0.7949301

 $00:38:28.324 \longrightarrow 00:38:30.670$ the role of the stem cell.

NOTE Confidence: 0.7949301

00:38:30.670 --> 00:38:33.676 Quiescence and resistance MD's are stamps,

 $00:38:33.680 \longrightarrow 00:38:35.186$ stem cell diseases,

NOTE Confidence: 0.7949301

 $00{:}38{:}35.186 \dashrightarrow 00{:}38{:}37.696$ and even in responding patients.

NOTE Confidence: 0.7949301

 $00:38:37.700 \longrightarrow 00:38:38.638$ For example,

NOTE Confidence: 0.7949301

 $00:38:38.638 \longrightarrow 00:38:41.452$ correct there IMO globin and that

NOTE Confidence: 0.7949301

 $00:38:41.452 \longrightarrow 00:38:45.229$ have a decrease in their blast counts,

NOTE Confidence: 0.7949301

 $00:38:45.230 \longrightarrow 00:38:49.246$ like here in there in the blue line,

NOTE Confidence: 0.7949301

 $00:38:49.250 \longrightarrow 00:38:51.302$ we can still detect

NOTE Confidence: 0.7949301

 $00:38:51.302 \longrightarrow 00:38:52.328$ cytogenetics abnormalities.

NOTE Confidence: 0.7949301

00:38:52.330 --> 00:38:53.416 And more Interestingly,

NOTE Confidence: 0.7949301

 $00{:}38{:}53.416 \dashrightarrow 00{:}38{:}55.588$ we can still detect stem cells

NOTE Confidence: 0.7949301

00:38:55.588 --> 00:38:57.299 like LTC IC's for example,

NOTE Confidence: 0.7949301

 $00:38:57.300 \longrightarrow 00:38:59.075$ that harbors marker of the

NOTE Confidence: 0.7949301

00:38:59.075 --> 00:39:00.140 minor dysplastic syndrome,

NOTE Confidence: 0.7949301

 $00:39:00.140 \longrightarrow 00:39:02.108$ and so that's something that is

NOTE Confidence: 0.7949301

00:39:02.108 --> 00:39:04.264 important when it comes to the

00:39:04.264 --> 00:39:05.816 way we're considering treatment,

NOTE Confidence: 0.7949301

 $00:39:05.820 \longrightarrow 00:39:07.244$ not only for relapse,

NOTE Confidence: 0.7949301

 $00:39:07.244 \longrightarrow 00:39:09.752$ but on a more general basis from

NOTE Confidence: 0.7949301

 $00:39:09.752 \longrightarrow 00:39:12.080$ the from the from the get go on

NOTE Confidence: 0.7949301

 $00:39:12.080 \longrightarrow 00:39:14.339$ the diagnosis of this patient.

NOTE Confidence: 0.835378

 $00:39:17.010 \longrightarrow 00:39:19.938$ Let's talk about the treatment now.

NOTE Confidence: 0.835378

 $00:39:19.940 \longrightarrow 00:39:22.868$ We reviewed a few years ago.

NOTE Confidence: 0.835378

 $00:39:22.870 \longrightarrow 00:39:26.027$ What were the option for this patient

NOTE Confidence: 0.835378

 $00:39:26.027 \longrightarrow 00:39:28.720$ with some health care treatment?

NOTE Confidence: 0.835378

00:39:28.720 --> 00:39:31.688 And let's say that nothing is really

NOTE Confidence: 0.835378

 $00:39:31.688 \longrightarrow 00:39:34.947$ satisfying with the exception of the few

NOTE Confidence: 0.835378

 $00:39:34.947 \longrightarrow 00:39:37.809$ patient that can potentially transition to

NOTE Confidence: 0.835378

 $00:39:37.889 \longrightarrow 00:39:40.919$ an allogeneic stem cell transplantation,

NOTE Confidence: 0.835378

00:39:40.920 --> 00:39:43.360 either directly after relapse, or,

NOTE Confidence: 0.835378

 $00:39:43.360 \longrightarrow 00:39:46.070$ for example, after intensive cytoreduction.

NOTE Confidence: 0.835378

 $00:39:46.070 \longrightarrow 00:39:46.896$ With chemotherapy,

 $00:39:46.896 \longrightarrow 00:39:49.787$ so there's been a lot of basically

NOTE Confidence: 0.835378

 $00{:}39{:}49.787 \dashrightarrow 00{:}39{:}51.742$ investigation around what we can do

NOTE Confidence: 0.835378

 $00:39:51.742 \longrightarrow 00:39:53.900$ when it comes to intensive treatment.

NOTE Confidence: 0.835378

00:39:53.900 --> 00:39:56.138 Brute force approaches for HMA failure.

NOTE Confidence: 0.835378

 $00:39:56.140 \dashrightarrow 00:40:00.320$ We try to dig deeper, a bit on the data that.

NOTE Confidence: 0.835378

 $00:40:00.320 \longrightarrow 00:40:02.180$ We initially generated.

NOTE Confidence: 0.835378

 $00:40:02.180 \longrightarrow 00:40:05.772$ On induction, as we may have a lot

NOTE Confidence: 0.835378

 $00:40:05.772 \longrightarrow 00:40:08.400$ of different type of induction,

NOTE Confidence: 0.835378

 $00{:}40{:}08.400 \dashrightarrow 00{:}40{:}11.564$ we can potentially use in this context.

NOTE Confidence: 0.835378

00:40:11.570 --> 00:40:14.754 Conventional 7 + 3 regimen like we would

NOTE Confidence: 0.835378

 $00{:}40{:}14.754 \dashrightarrow 00{:}40{:}17.989$ be doing in newly diagnosed AML Internet

NOTE Confidence: 0.835378

 $00:40:17.989 \longrightarrow 00:40:21.080$ to hide those site arabien regimen.

NOTE Confidence: 0.835378

 $00{:}40{:}21.080 \rightarrow 00{:}40{:}23.350$ And that's something we're doing,

NOTE Confidence: 0.835378

 $00:40:23.350 \longrightarrow 00:40:26.325$ mostly on the European side as well

NOTE Confidence: 0.835378

00:40:26.325 --> 00:40:29.142 as pure in analog based regimen

 $00:40:29.142 \longrightarrow 00:40:32.509$ such as flag or flag idea that.

NOTE Confidence: 0.835378

 $00:40:32.510 \longrightarrow 00:40:37.140$ We see on both side of the of the Atlantic,

NOTE Confidence: 0.835378

 $00:40:37.140 \longrightarrow 00:40:40.938$ and so we gather basically group

NOTE Confidence: 0.835378

 $00:40:40.938 \longrightarrow 00:40:42.837$ of 15 different.

NOTE Confidence: 0.835378

 $00:40:42.840 \longrightarrow 00:40:47.358$ Investigator you ran in the US and put

NOTE Confidence: 0.835378

00:40:47.358 --> 00:40:50.408 together basically a data set of 307

NOTE Confidence: 0.835378

 $00:40:50.408 \longrightarrow 00:40:52.793$ patient with maladies plastic syndrome

NOTE Confidence: 0.835378

 $00:40:52.793 \longrightarrow 00:40:55.510$ treated with induction chemotherapy.

NOTE Confidence: 0.835378

00:40:55.510 --> 00:40:58.750 We found that roughly.

NOTE Confidence: 0.835378

 $00:40:58.750 \longrightarrow 00:41:01.666$ 41% of the patient will achieve

NOTE Confidence: 0.835378

 $00{:}41{:}01.666 \dashrightarrow 00{:}41{:}04.641$ a complete remission with only a

NOTE Confidence: 0.835378

 $00:41:04.641 \longrightarrow 00:41:07.455$ median overall survival of 11 months.

NOTE Confidence: 0.835378

 $00:41:07.460 \longrightarrow 00:41:10.820$ The two take home message from this

NOTE Confidence: 0.835378

 $00:41:10.820 \longrightarrow 00:41:14.327$ work that we developed at here with

NOTE Confidence: 0.835378

 $00{:}41{:}14.327 \dashrightarrow 00{:}41{:}18.294$ Brian Bowl a few years ago was one

NOTE Confidence: 0.835378

 $00:41:18.294 \longrightarrow 00:41:21.974$ that we do not so any real significant

 $00:41:21.980 \longrightarrow 00:41:24.665$ difference between the conventional 7

NOTE Confidence: 0.835378

 $00{:}41{:}24.665 \to 00{:}41{:}28.759 + 3$ the intensive hydac regimen or the.

NOTE Confidence: 0.835378

00:41:28.760 --> 00:41:29.240 Genopro,

NOTE Confidence: 0.835378

 $00:41:29.240 \longrightarrow 00:41:32.600$ Fabian based regimen and I think also

NOTE Confidence: 0.835378

 $00:41:32.600 \longrightarrow 00:41:34.652$ pretty importantly that all patient

NOTE Confidence: 0.835378

00:41:34.652 --> 00:41:37.962 that did not have a chance to bridge to

NOTE Confidence: 0.835378

 $00:41:37.962 \longrightarrow 00:41:40.102$ analogy in transplantation died within

NOTE Confidence: 0.835378

 $00{:}41{:}40.102 \dashrightarrow 00{:}41{:}43.098$ a year of the initiation of treatment.

NOTE Confidence: 0.835378

 $00:41:43.098 \longrightarrow 00:41:45.660$ So that's pretty telling on the

NOTE Confidence: 0.835378

 $00:41:45.735 \longrightarrow 00:41:48.081$ fact that we definitely need to

NOTE Confidence: 0.835378

 $00:41:48.081 \longrightarrow 00:41:50.650$ develop more option for this patient,

NOTE Confidence: 0.835378

 $00:41:50.650 \longrightarrow 00:41:53.176$ including from the initiation of response,

NOTE Confidence: 0.835378

 $00:41:53.180 \longrightarrow 00:41:56.008$ but also on the transplant to make

NOTE Confidence: 0.835378

 $00{:}41{:}56.008 \dashrightarrow 00{:}41{:}59.028$ sure that we can maximize access.

NOTE Confidence: 0.835378

 $00:41:59.030 \longrightarrow 00:42:05.078$ Uh, to transplant for all of these patients.

 $00:42:05.080 \longrightarrow 00:42:08.440$ One of the extension and one of the.

NOTE Confidence: 0.835378

 $00:42:08.440 \longrightarrow 00:42:10.184$ Development following this initial

NOTE Confidence: 0.835378

 $00:42:10.184 \longrightarrow 00:42:13.738$ study was to maybe try to use a

NOTE Confidence: 0.835378

00:42:13.738 --> 00:42:15.883 better drug for induction chemo

NOTE Confidence: 0.835378

00:42:15.883 --> 00:42:17.830 chemotherapy for this patient,

NOTE Confidence: 0.835378

 $00:42:17.830 \longrightarrow 00:42:20.452$ and we had CP351D liposomal formulation

NOTE Confidence: 0.835378

 $00{:}42{:}20.452 \dashrightarrow 00{:}42{:}23.517$ of Donna Mycin and Sitara been that

NOTE Confidence: 0.835378

 $00:42:23.517 \longrightarrow 00:42:26.415$ was approved two years ago three years

NOTE Confidence: 0.835378

 $00{:}42{:}26.494 \dashrightarrow 00{:}42{:}29.338$ ago now for acute myeloid leukemia

NOTE Confidence: 0.835378

 $00:42:29.338 \longrightarrow 00:42:31.763$ arising from Milo dysplastic syndrome.

NOTE Confidence: 0.835378

 $00{:}42{:}31.763 \dashrightarrow 00{:}42{:}34.901$ And so we're thinking about this

NOTE Confidence: 0.835378

00:42:34.901 --> 00:42:38.124 internally approaches that was kind of a

NOTE Confidence: 0.835378

 $00:42:38.124 \longrightarrow 00:42:40.870$ natural conclusion to basically try to use.

NOTE Confidence: 0.835378

 $00:42:40.870 \longrightarrow 00:42:44.398$ Pretty similar drug to achieve response in

NOTE Confidence: 0.835378

 $00:42:44.398 \longrightarrow 00:42:47.960$ HMA resistant BI lo dysplastic syndrome.

NOTE Confidence: 0.835378

 $00:42:47.960 \longrightarrow 00:42:51.915$ That's a phase two study that we

00:42:51.915 --> 00:42:54.720 developed with Prajwal Bodo at

NOTE Confidence: 0.835378

00:42:54.720 --> 00:42:57.215 Yale as a multicenter IIT,

NOTE Confidence: 0.835378

 $00{:}42{:}57.220 \dashrightarrow 00{:}43{:}01.116$ and the plan is basically to give two

NOTE Confidence: 0.835378

00:43:01.116 --> 00:43:04.567 cycles of induction with two days

NOTE Confidence: 0.835378

 $00:43:04.567 \longrightarrow 00:43:08.113$ of CPX in acute myeloid leukemia.

NOTE Confidence: 0.835378

 $00:43:08.120 \longrightarrow 00:43:12.316$ We usually use three days of CPX, 4.

NOTE Confidence: 0.835378

00:43:12.316 --> 00:43:12.692 Induction,

NOTE Confidence: 0.835378

 $00:43:12.692 \longrightarrow 00:43:15.700$ but there's some data showing that from a

NOTE Confidence: 0.826597555

 $00:43:15.777 \longrightarrow 00:43:17.009$ safety standpoint,

NOTE Confidence: 0.826597555

00:43:17.010 --> 00:43:19.338 especially in elderly patient two days,

NOTE Confidence: 0.826597555

 $00{:}43{:}19.340 \dashrightarrow 00{:}43{:}20.896$ maybe probably more appropriate,

NOTE Confidence: 0.826597555

 $00:43:20.896 \longrightarrow 00:43:23.230$ and the patient that are responding,

NOTE Confidence: 0.826597555

 $00{:}43{:}23.230 \dashrightarrow 00{:}43{:}25.652$ we can continue for six cycle of

NOTE Confidence: 0.826597555

 $00:43:25.652 \longrightarrow 00:43:28.474$ maintenance with one day of civics or

NOTE Confidence: 0.826597555

 $00:43:28.474 \longrightarrow 00:43:30.614$ transition to bone marrow transplantation.

00:43:30.620 --> 00:43:33.973 The study is open to accrual after

NOTE Confidence: 0.826597555

 $00{:}43{:}33.973 \dashrightarrow 00{:}43{:}36.958$ the Covid adventures that we had over

NOTE Confidence: 0.826597555

 $00:43:36.958 \longrightarrow 00:43:39.940$ the last year and we open running.

NOTE Confidence: 0.826597555

 $00:43:39.940 \longrightarrow 00:43:42.646$ So all these non selected approach,

NOTE Confidence: 0.826597555

00:43:42.650 --> 00:43:44.510 induction chemotherapy but also

NOTE Confidence: 0.826597555

 $00:43:44.510 \longrightarrow 00:43:46.835$ basically non targeted agent that

NOTE Confidence: 0.826597555

 $00:43:46.835 \longrightarrow 00:43:49.430$ we have developed over the years.

NOTE Confidence: 0.826597555

 $00:43:49.430 \longrightarrow 00:43:50.729$ For the moment,

NOTE Confidence: 0.826597555

00:43:50.729 --> 00:43:53.760 let's say that we have not found

NOTE Confidence: 0.826597555

 $00:43:53.859 \longrightarrow 00:43:56.024$ any real good candidate to

NOTE Confidence: 0.826597555

 $00:43:56.024 \longrightarrow 00:43:58.920$ be a standard of care option,

NOTE Confidence: 0.826597555

 $00:43:58.920 \longrightarrow 00:44:01.180$ especially for patients that are

NOTE Confidence: 0.826597555

 $00:44:01.180 \longrightarrow 00:44:03.440$ not eligible for aggressive chemo.

NOTE Confidence: 0.826597555

 $00:44:03.440 \longrightarrow 00:44:06.961$ I've just listed here a few of

NOTE Confidence: 0.826597555

 $00:44:06.961 \longrightarrow 00:44:10.220$ the studies but as you can see.

NOTE Confidence: 0.826597555

 $00:44:10.220 \longrightarrow 00:44:13.142$ In lots of these general studies

00:44:13.142 --> 00:44:15.090 without any real targeting,

NOTE Confidence: 0.826597555

 $00:44:15.090 \longrightarrow 00:44:17.265$ when situation where the response

NOTE Confidence: 0.826597555

00:44:17.265 --> 00:44:20.450 rates are low and more importantly,

NOTE Confidence: 0.826597555

 $00{:}44{:}20.450 \dashrightarrow 00{:}44{:}22.885$ the overall survival seems still

NOTE Confidence: 0.826597555

 $00:44:22.885 \longrightarrow 00:44:25.320$ stuck below below one year,

NOTE Confidence: 0.826597555

 $00:44:25.320 \longrightarrow 00:44:30.108$ so we definitely need to do better.

NOTE Confidence: 0.826597555

 $00:44:30.110 \longrightarrow 00:44:32.910$ And that goes back to the way we

NOTE Confidence: 0.826597555

 $00:44:32.910 \longrightarrow 00:44:34.268$ considering the pathophysiology

NOTE Confidence: 0.826597555

 $00:44:34.268 \longrightarrow 00:44:36.017$ of this disease,

NOTE Confidence: 0.826597555

00:44:36.020 --> 00:44:39.388 and acknowledge that this HMA failure or not,

NOTE Confidence: 0.826597555

 $00:44:39.390 \longrightarrow 00:44:40.656$ and imaginas situation,

NOTE Confidence: 0.826597555

 $00:44:40.656 \longrightarrow 00:44:42.766$ just to give an example.

NOTE Confidence: 0.826597555

 $00{:}44{:}42.770 \dashrightarrow 00{:}44{:}45.423$ We see that from just a clinical

NOTE Confidence: 0.826597555

 $00:44:45.423 \longrightarrow 00:44:47.636$ standpoint we see different outcome

NOTE Confidence: 0.826597555

00:44:47.636 --> 00:44:50.636 in patients at our primary refractory

 $00:44:50.636 \longrightarrow 00:44:53.199$ and really do not respond at

NOTE Confidence: 0.826597555

 $00{:}44{:}53.199 \dashrightarrow 00{:}44{:}55.425$ all to hyper mediating agent in

NOTE Confidence: 0.826597555

 $00:44:55.430 \longrightarrow 00:44:57.114$ patients with relapsing disease.

NOTE Confidence: 0.826597555

 $00:44:57.114 \longrightarrow 00:44:59.219$ That basically seems to have

NOTE Confidence: 0.826597555

 $00:44:59.219 \longrightarrow 00:45:00.979$ a bit more favorable.

NOTE Confidence: 0.826597555

 $00:45:00.980 \longrightarrow 00:45:02.960$ Outcome in this context so

NOTE Confidence: 0.826597555

 $00:45:02.960 \longrightarrow 00:45:06.952$ still a lot of work to do on the

NOTE Confidence: 0.826597555

 $00{:}45{:}06.952 \dashrightarrow 00{:}45{:}09.347$ translational and basic science side.

NOTE Confidence: 0.826597555

 $00{:}45{:}09.350 \dashrightarrow 00{:}45{:}12.661$ One way we've tried to tackle this

NOTE Confidence: 0.826597555

 $00:45:12.661 \longrightarrow 00:45:15.463$ difference of outcome based on this

NOTE Confidence: 0.826597555

 $00{:}45{:}15.463 \dashrightarrow 00{:}45{:}18.049$ clinical finding was to deal with

NOTE Confidence: 0.826597555

 $00:45:18.049 \longrightarrow 00:45:21.187$ the stable disease with a slightly

NOTE Confidence: 0.826597555

 $00:45:21.187 \longrightarrow 00:45:23.807$ different term than just using.

NOTE Confidence: 0.826597555

 $00{:}45{:}23.810 \dashrightarrow 00{:}45{:}26.285$ Regular treatment by adding on

NOTE Confidence: 0.826597555

 $00:45:26.285 \longrightarrow 00:45:28.265$ on the hyperventilating agent,

NOTE Confidence: 0.826597555

 $00:45:28.270 \longrightarrow 00:45:30.945$ potentially drug that may be

 $00:45:30.945 \longrightarrow 00:45:34.152$ synergistic based on their mode of

NOTE Confidence: 0.826597555

 $00:45:34.152 \longrightarrow 00:45:37.197$ action or based on in vitro studies.

NOTE Confidence: 0.826597555

 $00:45:37.200 \longrightarrow 00:45:40.176$ We had several attempts at this

NOTE Confidence: 0.826597555

 $00:45:40.176 \longrightarrow 00:45:42.160$ over the last years.

NOTE Confidence: 0.826597555

 $00{:}45{:}42.160 \dashrightarrow 00{:}45{:}44.600$ An easy combination and logical

NOTE Confidence: 0.826597555

 $00:45:44.600 \longrightarrow 00:45:47.705$ combination was to add on the

NOTE Confidence: 0.826597555

 $00:45:47.705 \longrightarrow 00:45:50.560$ almighty engage in the second

NOTE Confidence: 0.826597555

 $00:45:50.560 \longrightarrow 00:45:52.273$ epigenetic targeted agent.

NOTE Confidence: 0.826597555

 $00:45:52.280 \longrightarrow 00:45:54.224$ As such, as H.

NOTE Confidence: 0.826597555

00:45:54.224 --> 00:45:55.196 Dark inhibitor,

NOTE Confidence: 0.826597555

00:45:55.200 --> 00:45:58.595 then we treated 19 patient with vorinostat,

NOTE Confidence: 0.826597555

 $00:45:58.600 \longrightarrow 00:46:02.023$ which is one of the first in

NOTE Confidence: 0.826597555

00:46:02.023 --> 00:46:04.429 Class Age document or with,

NOTE Confidence: 0.826597555

 $00:46:04.430 \longrightarrow 00:46:04.937$ unfortunately,

NOTE Confidence: 0.826597555

00:46:04.937 --> 00:46:06.965 pretty limited outcome really

 $00:46:06.965 \longrightarrow 00:46:10.259$ knows how that rate of only 10%,

NOTE Confidence: 0.826597555

 $00{:}46{:}10.260 \dashrightarrow 00{:}46{:}13.932$ but the median survival of 12 months in

NOTE Confidence: 0.826597555

 $00:46:13.932 \longrightarrow 00:46:17.280$ potentially a pretty selected population.

NOTE Confidence: 0.826597555

 $00:46:17.280 \longrightarrow 00:46:20.304$ We also tried to use a bit more recently,

NOTE Confidence: 0.826597555

 $00:46:20.310 \longrightarrow 00:46:23.006$ and that's not a fully public published yet.

NOTE Confidence: 0.826597555

 $00:46:23.010 \longrightarrow 00:46:24.906$ The addition of a smooth and

NOTE Confidence: 0.826597555

 $00:46:24.906 \longrightarrow 00:46:26.951$ inhibitor to try to use really

NOTE Confidence: 0.826597555

 $00:46:26.951 \longrightarrow 00:46:29.075$ work on the stem cell component.

NOTE Confidence: 0.826597555

00:46:29.080 --> 00:46:31.720 There's some individual data showing that

NOTE Confidence: 0.826597555

 $00:46:31.720 \longrightarrow 00:46:34.670$ this moves on emitter can potentially.

NOTE Confidence: 0.826597555

 $00{:}46{:}34.670 {\:{\circ}{\circ}{\circ}}>00{:}46{:}35.978$ Abrogates the resistance

NOTE Confidence: 0.826597555

 $00:46:35.978 \longrightarrow 00:46:37.286$ to hypomethylating agent,

NOTE Confidence: 0.826597555

 $00:46:37.290 \longrightarrow 00:46:39.912$ but so far the results were

NOTE Confidence: 0.826597555

 $00{:}46{:}39.912 \dashrightarrow 00{:}46{:}41.223$ pretty disappointing too.

NOTE Confidence: 0.826597555

 $00:46:41.230 \longrightarrow 00:46:43.846$ Well not to be completely gloom.

NOTE Confidence: 0.826597555

 $00:46:43.850 \longrightarrow 00:46:46.895$ There's end at the at the probably

 $00:46:46.895 \longrightarrow 00:46:49.969$ light at the end of the tunnel.

NOTE Confidence: 0.826597555

 $00:46:49.970 \longrightarrow 00:46:52.150$ I need to highlight the

NOTE Confidence: 0.826597555

 $00:46:52.150 \longrightarrow 00:46:53.894$ work presented by armor.

NOTE Confidence: 0.826597555

 $00:46:53.900 \longrightarrow 00:46:56.516$ If you have a year ago.

NOTE Confidence: 0.826597555

 $00{:}46{:}56.520 \dashrightarrow 00{:}46{:}58.245$ Basically at the ash meeting

NOTE Confidence: 0.826597555

 $00:46:58.245 \longrightarrow 00:47:01.205$ on the add on of venetoclax in

NOTE Confidence: 0.826597555

00:47:01.205 --> 00:47:03.509 maybe less selected population.

NOTE Confidence: 0.775830976

00:47:03.510 --> 00:47:06.288 24 patient is. Resistance with this

NOTE Confidence: 0.775830976

00:47:06.288 --> 00:47:10.488 edition of the BCL, two inhibitor or some

NOTE Confidence: 0.775830976

 $00{:}47{:}10.488 \dashrightarrow 00{:}47{:}14.010$ real complete remission and some marrow.

NOTE Confidence: 0.775830976

 $00:47:14.010 \longrightarrow 00:47:17.626$ Chimia Free State with a six months program.

NOTE Confidence: 0.775830976

 $00{:}47{:}17.630 \dashrightarrow 00{:}47{:}20.535$ French fries survival 76% that from our

NOTE Confidence: 0.775830976

 $00{:}47{:}20.535 \dashrightarrow 00{:}47{:}23.069$ standard is pretty pretty promising.

NOTE Confidence: 0.775830976

00:47:23.070 --> 00:47:26.686 So statue and we will have more information,

NOTE Confidence: 0.775830976

 $00:47:26.690 \longrightarrow 00:47:29.903$ but that's one of the Avenue that

 $00:47:29.903 \longrightarrow 00:47:32.660$ we are currently investigating.

NOTE Confidence: 0.775830976

 $00:47:32.660 \longrightarrow 00:47:35.152$ Stop. That's. Pretty good,

NOTE Confidence: 0.775830976

00:47:35.152 --> 00:47:38.267 that's basically based on a

NOTE Confidence: 0.775830976

 $00:47:38.267 \longrightarrow 00:47:40.690$ combination of mode of action.

NOTE Confidence: 0.775830976

 $00:47:40.690 \longrightarrow 00:47:43.534$ That's still not something that really

NOTE Confidence: 0.775830976

 $00:47:43.534 \longrightarrow 00:47:46.388$ address the specificity of the clone

NOTE Confidence: 0.775830976

 $00:47:46.388 \longrightarrow 00:47:48.578$ of the Milo dysplastic syndrome,

NOTE Confidence: 0.775830976

 $00:47:48.580 \longrightarrow 00:47:51.172$ and maybe instead of using brute

NOTE Confidence: 0.775830976

 $00{:}47{:}51.172 \dashrightarrow 00{:}47{:}54.610$ force to try to induce a response,

NOTE Confidence: 0.775830976

 $00:47:54.610 \longrightarrow 00:47:57.501$ we can maybe try to outsmart the

NOTE Confidence: 0.775830976

 $00{:}47{:}57.501 \dashrightarrow 00{:}48{:}00.255$ disease rather than just using those

NOTE Confidence: 0.775830976

 $00{:}48{:}00.255 \dashrightarrow 00{:}48{:}02.640$ intensity or non selected approaches

NOTE Confidence: 0.775830976

 $00{:}48{:}02.640 \dashrightarrow 00{:}48{:}05.817$ in the context of Milo dysplastic.

NOTE Confidence: 0.775830976

 $00{:}48{:}05.820 --> 00{:}48{:}06.159 \ {\rm Syndrome},$

NOTE Confidence: 0.775830976

 $00:48:06.159 \longrightarrow 00:48:08.193$ where a bit less fortunate that

NOTE Confidence: 0.775830976

 $00:48:08.193 \longrightarrow 00:48:10.468$ in the acute model in the world,

 $00:48:10.470 \longrightarrow 00:48:13.368$ as we don't have so many targeted agent that

NOTE Confidence: 0.775830976

 $00{:}48{:}13.368 \dashrightarrow 00{:}48{:}16.436$ we can use at the majority of the patient,

NOTE Confidence: 0.775830976

 $00:48:16.440 \longrightarrow 00:48:18.645$ will have as a freebie wanted two

NOTE Confidence: 0.775830976

 $00:48:18.645 \longrightarrow 00:48:21.031$ SS two mutation that are for the

NOTE Confidence: 0.775830976

00:48:21.031 --> 00:48:22.746 moment at least non targetable,

NOTE Confidence: 0.775830976

 $00:48:22.750 \longrightarrow 00:48:24.875$ even if there's some basically

NOTE Confidence: 0.775830976

00:48:24.875 --> 00:48:27.783 development on the side and I'm going

NOTE Confidence: 0.775830976

 $00:48:27.783 \longrightarrow 00:48:30.247$ to take the example of some product

NOTE Confidence: 0.775830976

 $00:48:30.247 \longrightarrow 00:48:33.163$ we have done in the in the IDH world.

NOTE Confidence: 0.775830976

 $00:48:33.170 \longrightarrow 00:48:35.600$ And that can potentially be avenues

NOTE Confidence: 0.775830976

 $00:48:35.600 \longrightarrow 00:48:38.326$ that we going to explore in the

NOTE Confidence: 0.775830976

 $00:48:38.326 \longrightarrow 00:48:40.720$ future to try to get a better

NOTE Confidence: 0.775830976

 $00{:}48{:}40.806 \dashrightarrow 00{:}48{:}42.910$ outcome for these patients.

NOTE Confidence: 0.775830976

 $00:48:42.910 \longrightarrow 00:48:45.454$ So we have this idea inhibit

NOTE Confidence: 0.775830976

 $00{:}48{:}45.454 \dashrightarrow 00{:}48{:}47.150$ or letter basically allosteric

 $00:48:47.229 \longrightarrow 00:48:49.819$ inhibitors from IDH two and IDH one.

NOTE Confidence: 0.775830976

00:48:49.820 --> 00:48:51.035 I did too.

NOTE Confidence: 0.775830976

00:48:51.035 --> 00:48:54.278 That's in a Sydney IDs, one that's evil.

NOTE Confidence: 0.775830976

 $00:48:54.278 \longrightarrow 00:48:57.120$ Setting it in both of the phase.

NOTE Confidence: 0.775830976

00:48:57.120 --> 00:48:59.556 One study of this compounds model,

NOTE Confidence: 0.775830976

00:48:59.560 --> 00:49:02.050 spastic syndrome patient were allowed

NOTE Confidence: 0.775830976

 $00:49:02.050 \longrightarrow 00:49:05.689$ after at least one line of treatment.

NOTE Confidence: 0.775830976

 $00:49:05.690 \longrightarrow 00:49:09.900$ 76% of the patient seems to be able to to

NOTE Confidence: 0.775830976

 $00{:}49{:}10.005 \dashrightarrow 00{:}49{:}14.518$ respond with the IDH two sorry 559% of the

NOTE Confidence: 0.775830976

00:49:14.518 --> 00:49:18.710 patient seems to be able to respond to IDH,

NOTE Confidence: 0.775830976

 $00:49:18.710 \longrightarrow 00:49:22.805$ two inhibitor and maybe a bit more in the

NOTE Confidence: 0.775830976

 $00:49:22.805 \longrightarrow 00:49:26.620$ IDH one subclone with a 71% response rate.

NOTE Confidence: 0.775830976

00:49:26.620 --> 00:49:28.480 As you can see,

NOTE Confidence: 0.775830976

 $00{:}49{:}28.480 \dashrightarrow 00{:}49{:}31.270$ that's pretty small samples of patient.

NOTE Confidence: 0.775830976

 $00:49:31.270 \longrightarrow 00:49:32.662$ There's ongoing investigation

NOTE Confidence: 0.775830976

00:49:32.662 --> 00:49:34.518 with this IDH inhibitor,

 $00:49:34.520 \longrightarrow 00:49:36.064$ single agent or combination.

NOTE Confidence: 0.775830976

 $00{:}49{:}36.064 \rightarrow 00{:}49{:}39.060$ The one thing that is pretty striking,

NOTE Confidence: 0.775830976

 $00:49:39.060 \longrightarrow 00:49:41.286$ the fact that we're probably in a

NOTE Confidence: 0.775830976

 $00:49:41.286 \longrightarrow 00:49:43.077$ situation where the duration of

NOTE Confidence: 0.775830976

00:49:43.077 --> 00:49:45.007 response is still pretty limited,

NOTE Confidence: 0.775830976 00:49:45.010 --> 00:49:45.435 so. NOTE Confidence: 0.775830976

 $00:49:45.435 \longrightarrow 00:49:47.560$ Potentially we can try to

NOTE Confidence: 0.775830976

00:49:47.560 --> 00:49:49.811 find some alternatives to IDH

NOTE Confidence: 0.775830976

 $00:49:49.811 \longrightarrow 00:49:51.667$ inhibitor on this context,

NOTE Confidence: 0.775830976

 $00{:}49{:}51.670 \dashrightarrow 00{:}49{:}54.070$ and that's potentially when I was

NOTE Confidence: 0.775830976

 $00:49:54.070 \longrightarrow 00:49:55.670$ mentioning outsmarting the disease.

NOTE Confidence: 0.775830976

00:49:55.670 --> 00:49:57.670 I'm not that smart guy,

NOTE Confidence: 0.775830976

 $00{:}49{:}57.670 \dashrightarrow 00{:}50{:}00.014$ but I had the chance and that will

NOTE Confidence: 0.775830976

 $00:50:00.014 \longrightarrow 00:50:02.296$ work with really intelligent people

NOTE Confidence: 0.775830976

00:50:02.296 --> 00:50:04.464 branded Bindra Stephanie Allen,

 $00:50:04.470 \longrightarrow 00:50:05.202$ for example,

NOTE Confidence: 0.775830976

00:50:05.202 --> 00:50:07.764 and you may know the story that

NOTE Confidence: 0.775830976

 $00:50:07.764 \longrightarrow 00:50:10.275$ was developed by Ranjit over the

NOTE Confidence: 0.775830976

 $00:50:10.275 \longrightarrow 00:50:12.824$ last years about the fact that

NOTE Confidence: 0.775830976

00:50:12.824 --> 00:50:15.254 when you have an IDH mutation

NOTE Confidence: 0.775830976

 $00:50:15.254 \longrightarrow 00:50:17.142$ that was initially basically.

NOTE Confidence: 0.775830976

 $00{:}50{:}17.142 \dashrightarrow 00{:}50{:}21.174$ Developed and found in gliomas the

NOTE Confidence: 0.775830976

00:50:21.174 --> 00:50:25.490 fact of having these two hydroxy

NOTE Confidence: 0.775830976

 $00:50:25.490 \longrightarrow 00:50:29.130$ glutarate will basically impair the

NOTE Confidence: 0.775830976

 $00:50:29.130 \longrightarrow 00:50:33.276$ activity of the X Rays in the cell,

NOTE Confidence: 0.775830976

 $00:50:33.280 \longrightarrow 00:50:35.581$ decrease malicious recommendation,

NOTE Confidence: 0.775830976

 $00:50:35.581 \longrightarrow 00:50:40.183$ repair and create a braknis phenotype.

NOTE Confidence: 0.775830976

 $00:50:40.190 \longrightarrow 00:50:43.178$ That obviously is interesting as a

NOTE Confidence: 0.775830976

 $00{:}50{:}43.178 \dashrightarrow 00{:}50{:}45.170$ potentially chemo radio sensitizer,

NOTE Confidence: 0.775830976

 $00:50:45.170 \longrightarrow 00:50:47.655$ but from all standpoints were

NOTE Confidence: 0.775830976

 $00:50:47.655 \longrightarrow 00:50:49.643$ especially interested in our.

 $00:50:49.650 \longrightarrow 00:50:52.740$ Potentially, we can use pop emitters

NOTE Confidence: 0.7622402

 $00:50:52.740 \longrightarrow 00:50:55.297$ to create synthetic lethality with

NOTE Confidence: 0.7622402

 $00:50:55.297 \longrightarrow 00:50:57.898$ this agent, and when we tested,

NOTE Confidence: 0.7622402

 $00:50:57.898 \longrightarrow 00:51:01.209$ basically when we move from gliomas to

NOTE Confidence: 0.7622402

 $00:51:01.209 \longrightarrow 00:51:04.089$ leukemias and Milo dysplastic syndromes,

NOTE Confidence: 0.7622402

 $00:51:04.090 \longrightarrow 00:51:07.036$ indeed, that's what we found that

NOTE Confidence: 0.7622402

 $00:51:07.036 \longrightarrow 00:51:10.310$ we were able to potentially.

NOTE Confidence: 0.7622402

 $00:51:10.310 \longrightarrow 00:51:13.226$ Induce apoptosis in samples of patient

NOTE Confidence: 0.7622402

 $00:51:13.226 \longrightarrow 00:51:16.490$ that were exposed to hyperventilate.

NOTE Confidence: 0.7622402

 $00:51:16.490 \longrightarrow 00:51:19.814$ Engagement that were exposed to IDH

NOTE Confidence: 0.7622402

 $00{:}51{:}19.814 \dashrightarrow 00{:}51{:}23.680$ inhibitor an that I came to development

NOTE Confidence: 0.7622402

 $00:51:23.680 \longrightarrow 00:51:28.290$ with NCI study right now of the olaparib.

NOTE Confidence: 0.7622402

 $00{:}51{:}28.290 \dashrightarrow 00{:}51{:}32.210$ The 1st in Class I DH pop inhibitor

NOTE Confidence: 0.7622402

 $00{:}51{:}32.210 \dashrightarrow 00{:}51{:}35.598$ for patient offering IDH mutation.

NOTE Confidence: 0.7622402

 $00:51:35.600 \longrightarrow 00:51:40.184$ So that's patient that as a diagnosis of.

00:51:40.190 --> 00:51:42.620 Acute myeloid leukemia or marriages.

NOTE Confidence: 0.7622402

 $00{:}51{:}42.620 \dashrightarrow 00{:}51{:}45.512$ Plastic syndrome with an IDH one

NOTE Confidence: 0.7622402

 $00{:}51{:}45.512 \dashrightarrow 00{:}51{:}48.970$ or IDH two mutation and at least

NOTE Confidence: 0.7622402

 $00:51:48.970 \longrightarrow 00:51:51.350$ one prior line of treatment,

NOTE Confidence: 0.7622402

 $00:51:51.350 \longrightarrow 00:51:54.260$ including in lot of this patient

NOTE Confidence: 0.7622402

00:51:54.260 --> 00:51:55.230 I permitting.

NOTE Confidence: 0.7622402

 $00:51:55.230 \longrightarrow 00:51:57.650$ Agent there are four cohorts

NOTE Confidence: 0.7622402

00:51:57.650 --> 00:51:59.586 that are currently investigated.

NOTE Confidence: 0.7622402

00:51:59.590 --> 00:52:02.990 One for patients with IDH, one IDH,

NOTE Confidence: 0.7622402

00:52:02.990 --> 00:52:05.415 two mutant email without prior

NOTE Confidence: 0.7622402

 $00{:}52{:}05.415 --> 00{:}52{:}06.870$ exposure to IDH.

NOTE Confidence: 0.7622402

 $00:52:06.870 \longrightarrow 00:52:10.307$ And if it or one with my

NOTE Confidence: 0.7622402

 $00:52:10.307 \longrightarrow 00:52:11.780$ dysplastic syndrome without.

NOTE Confidence: 0.7622402

 $00:52:11.780 \longrightarrow 00:52:12.824$ Exposure to ideas,

NOTE Confidence: 0.7622402

 $00:52:12.824 \longrightarrow 00:52:13.172$ debit,

NOTE Confidence: 0.7622402

 $00:52:13.172 \longrightarrow 00:52:16.681$ or an arm two and four are for patient

 $00:52:16.681 \longrightarrow 00:52:19.375$ in acute myeloid leukemia and maladies

NOTE Confidence: 0.7622402

 $00{:}52{:}19.375 \dashrightarrow 00{:}52{:}21.583$ plastic syndrome that were already

NOTE Confidence: 0.7622402

 $00:52:21.583 \longrightarrow 00:52:24.103$ exposed to IDH inhibitor in the

NOTE Confidence: 0.7622402

 $00{:}52{:}24.110 \dashrightarrow 00{:}52{:}26.987$ patient that are naive of IDH inhibitor.

NOTE Confidence: 0.7622402

 $00:52:26.990 \longrightarrow 00:52:29.606$ We have an early response assessments

NOTE Confidence: 0.7622402

 $00:52:29.606 \longrightarrow 00:52:32.927$ after one cycle and if we do not

NOTE Confidence: 0.7622402

 $00:52:32.927 \longrightarrow 00:52:34.797$ see any clear clinical benefit,

NOTE Confidence: 0.7622402

 $00:52:34.800 \longrightarrow 00:52:36.850$ this patient are usually discontinued.

NOTE Confidence: 0.7622402

00:52:36.850 --> 00:52:38.562 An transition classical IDH

NOTE Confidence: 0.7622402

 $00:52:38.562 \longrightarrow 00:52:41.130$ inhibitor for the patient that are

NOTE Confidence: 0.7622402

 $00:52:41.209 \longrightarrow 00:52:44.197$ responding to the patient that were

NOTE Confidence: 0.7622402

 $00:52:44.197 \longrightarrow 00:52:46.189$ previously exposed to accommodating.

NOTE Confidence: 0.7622402

 $00{:}52{:}46.190 \dashrightarrow 00{:}52{:}47.986$ Agent and IDH numitor.

NOTE Confidence: 0.7622402

 $00:52:47.986 \longrightarrow 00:52:50.680$ We are reassessing response after three,

NOTE Confidence: 0.7622402

00:52:50.680 --> 00:52:52.472 69 and 12 cycles,

 $00:52:52.472 \longrightarrow 00:52:54.712$ continuing the treatment until progression.

NOTE Confidence: 0.7622402

 $00:52:54.720 \longrightarrow 00:52:57.522$ The study has been activated this

NOTE Confidence: 0.7622402

 $00:52:57.522 \longrightarrow 00:53:00.311$ year and we're pretty happy to

NOTE Confidence: 0.7622402

 $00:53:00.311 \longrightarrow 00:53:02.795$ have over the last few months.

NOTE Confidence: 0.7622402

 $00:53:02.800 \longrightarrow 00:53:06.574$ Three patient included an in treatment

NOTE Confidence: 0.7622402

 $00:53:06.574 \longrightarrow 00:53:10.130$ an three patienten screening right now.

NOTE Confidence: 0.7622402

00:53:10.130 --> 00:53:13.014 One of the big interest of this

NOTE Confidence: 0.7622402

 $00:53:13.014 \longrightarrow 00:53:16.695$ work is also to see the pretty

NOTE Confidence: 0.7622402

 $00:53:16.695 \longrightarrow 00:53:19.039$ extensive collaboration we have.

NOTE Confidence: 0.7622402

00:53:19.040 --> 00:53:21.164 From a translational standpoint,

NOTE Confidence: 0.7622402

00:53:21.164 --> 00:53:23.288 that's collaboration with the

NOTE Confidence: 0.7622402

 $00:53:23.288 \longrightarrow 00:53:26.189$ NCI through more calf or what

NOTE Confidence: 0.7622402

 $00:53:26.189 \longrightarrow 00:53:27.949$ exam sequencing and sequencing.

NOTE Confidence: 0.7622402

 $00:53:27.950 \longrightarrow 00:53:31.286$ That's a lot of study done in hours

NOTE Confidence: 0.7622402

00:53:31.286 --> 00:53:34.469 at Yale with Ranjit and Stephanie

NOTE Confidence: 0.7622402

 $00:53:34.469 \longrightarrow 00:53:37.841$ to explore from ex vivo samples.

00:53:37.850 --> 00:53:38.852 DNA damage.

NOTE Confidence: 0.7622402

00:53:38.852 --> 00:53:39.353 Response,

NOTE Confidence: 0.7622402

 $00:53:39.353 \longrightarrow 00:53:42.359$ but also all these cells will

NOTE Confidence: 0.7622402

00:53:42.359 --> 00:53:45.859 behave put in the Mr Jimmys model

NOTE Confidence: 0.7622402

 $00:53:45.859 \longrightarrow 00:53:47.795$ that Stephanie is developing.

NOTE Confidence: 0.7622402

 $00:53:47.800 \longrightarrow 00:53:50.140$ We have collaboration with Domino's

NOTE Confidence: 0.7622402

 $00:53:50.140 \longrightarrow 00:53:53.025$ thanks to Pat Larusso and that

NOTE Confidence: 0.7622402

 $00:53:53.025 \longrightarrow 00:53:55.833$ collaboration with Jiggly to assess the

NOTE Confidence: 0.7622402

 $00:53:55.833 \longrightarrow 00:53:58.925$ evolution of the two hydroxy glutarate

NOTE Confidence: 0.7622402

 $00{:}53{:}58.925 \dashrightarrow 00{:}54{:}01.610$ and some metabolomics marker Anne.

NOTE Confidence: 0.7622402

 $00{:}54{:}01.610 \dashrightarrow 00{:}54{:}05.730$ Right now we are starting starting to work

NOTE Confidence: 0.7622402

 $00:54:05.730 \longrightarrow 00:54:09.297$ with winning Wong from the West Campus.

NOTE Confidence: 0.7622402

 $00{:}54{:}09.300 \dashrightarrow 00{:}54{:}14.646$ On single cell sequencing for this.

NOTE Confidence: 0.7622402

00:54:14.650 --> 00:54:16.170 Specific samples an studies,

NOTE Confidence: 0.7622402

 $00:54:16.170 \longrightarrow 00:54:18.450$ as we definitely think that we

 $00:54:18.520 \longrightarrow 00:54:20.722$ will have some clonal selection as

NOTE Confidence: 0.7622402

 $00:54:20.722 \longrightarrow 00:54:22.690$ potentially one of the mechanism

NOTE Confidence: 0.7622402

 $00{:}54{:}22.690 \dashrightarrow 00{:}54{:}24.840$ of resistance in this context.

NOTE Confidence: 0.7622402

 $00:54:24.840 \longrightarrow 00:54:25.881$ So stay tuned.

NOTE Confidence: 0.7622402

 $00:54:25.881 \longrightarrow 00:54:28.310$ That's a bit early to make any

NOTE Confidence: 0.7622402

 $00:54:28.392 \longrightarrow 00:54:29.550$ any conclusion.

NOTE Confidence: 0.7622402

 $00:54:29.550 \longrightarrow 00:54:31.674$ We just have a few patients

NOTE Confidence: 0.7622402

 $00:54:31.674 \longrightarrow 00:54:34.250$ in a few months on treatment,

NOTE Confidence: 0.7622402

 $00:54:34.250 \longrightarrow 00:54:37.730$ but that's a developing story.

NOTE Confidence: 0.7622402

 $00:54:37.730 \longrightarrow 00:54:39.440$ As I was saying earlier,

NOTE Confidence: 0.7622402

 $00:54:39.440 \longrightarrow 00:54:41.904$ one of the things that has also been

NOTE Confidence: 0.7622402

00:54:41.904 --> 00:54:44.227 mentioned as a mechanism of resistance,

NOTE Confidence: 0.7622402

 $00:54:44.230 \longrightarrow 00:54:47.598$ and I try to go fast on that.

NOTE Confidence: 0.7622402

00:54:47.600 --> 00:54:48.452 Is uh,

NOTE Confidence: 0.7622402

 $00:54:48.452 \longrightarrow 00:54:51.434$ even though logic escape of the matter.

NOTE Confidence: 0.72344524

 $00{:}54{:}51.440 \dashrightarrow 00{:}54{:}52.294$ Dysplastic syndrome.

 $00:54:52.294 \longrightarrow 00:54:55.283$ We have an over expression of PD,

NOTE Confidence: 0.72344524

 $00:54:55.290 \longrightarrow 00:54:59.364$ One PD L1 and C A4 in.

NOTE Confidence: 0.72344524

00:54:59.370 --> 00:55:01.222 Patient with hypomethylating agent

NOTE Confidence: 0.72344524

 $00{:}55{:}01.222 \dashrightarrow 00{:}55{:}04.000$ failure and that's led to several

NOTE Confidence: 0.72344524

 $00{:}55{:}04.075 \dashrightarrow 00{:}55{:}06.530$ several studies I'm mentioning here.

NOTE Confidence: 0.72344524

 $00:55:06.530 \longrightarrow 00:55:08.434$ Studies with basically ipis,

NOTE Confidence: 0.72344524

00:55:08.434 --> 00:55:10.338 nivo or Pam bro.

NOTE Confidence: 0.72344524

 $00:55:10.340 \longrightarrow 00:55:12.951$ I also need obviously to to mention

NOTE Confidence: 0.72344524

 $00:55:12.951 \longrightarrow 00:55:16.122$ that the study led by armor with

NOTE Confidence: 0.72344524

 $00:55:16.122 \longrightarrow 00:55:18.094$ basically edge darkening bitters

NOTE Confidence: 0.72344524

00:55:18.094 --> 00:55:20.348 plus checkpoint blockade inhibitors

NOTE Confidence: 0.72344524

 $00{:}55{:}20.348 \dashrightarrow 00{:}55{:}22.736$ that was recently published.

NOTE Confidence: 0.72344524

 $00:55:22.740 \longrightarrow 00:55:24.222$ For the moment,

NOTE Confidence: 0.72344524

 $00:55:24.222 \dashrightarrow 00:55:29.598$ let's say that we are not at the point where.

NOTE Confidence: 0.72344524

 $00:55:29.600 \longrightarrow 00:55:30.888$ It's a game changer.

00:55:30.888 --> 00:55:33.520 There may be some kind of response,

NOTE Confidence: 0.72344524

 $00:55:33.520 \longrightarrow 00:55:34.940$ but for the moment,

NOTE Confidence: 0.72344524

 $00:55:34.940 \longrightarrow 00:55:36.715$ nothing that is really perfect.

NOTE Confidence: 0.72344524

 $00:55:36.720 \longrightarrow 00:55:39.568$ So still a lot of work to do.

NOTE Confidence: 0.72344524

 $00:55:39.570 \longrightarrow 00:55:42.958$ One way we thought about that is

NOTE Confidence: 0.72344524

 $00:55:42.958 \longrightarrow 00:55:45.839$ potentially to try to bring this.

NOTE Confidence: 0.72344524

 $00{:}55{:}45.840 \dashrightarrow 00{:}55{:}47.664$ Potentially checkpoint inhibitor

NOTE Confidence: 0.72344524

 $00.55.47.664 \longrightarrow 00.55.50.096$ earlier in the development,

NOTE Confidence: 0.72344524

 $00:55:50.100 \longrightarrow 00:55:52.038$ and for instance,

NOTE Confidence: 0.72344524

 $00:55:52.038 \longrightarrow 00:55:55.914$ we're currently developing a study in

NOTE Confidence: 0.72344524

 $00{:}55{:}55.914 \dashrightarrow 00{:}56{:}00.593$ an MD S an email of idea 2012 plus

NOTE Confidence: 0.72344524

 $00:56:00.593 \longrightarrow 00:56:05.026$ nivolumab in Phase one pilot study for

NOTE Confidence: 0.72344524

 $00:56:05.026 \longrightarrow 00:56:08.366$ patients that were already exposed

NOTE Confidence: 0.72344524

 $00:56:08.370 \longrightarrow 00:56:13.800$ to chemotherapy or iPod mediating agent.

NOTE Confidence: 0.72344524

 $00:56:13.800 \longrightarrow 00:56:16.656$ Another study has been on all and has

NOTE Confidence: 0.72344524

00:56:16.656 --> 00:56:19.959 to be restructured because of covid,

 $00:56:19.960 \longrightarrow 00:56:22.160$ but we're back in business

NOTE Confidence: 0.72344524

00:56:22.160 --> 00:56:24.360 and open to accrual oor.

NOTE Confidence: 0.72344524

 $00:56:24.360 \longrightarrow 00:56:26.560$ Since basically lost last week.

NOTE Confidence: 0.72344524

 $00:56:26.560 \longrightarrow 00:56:28.890$ Once again translation and collective

NOTE Confidence: 0.72344524

 $00:56:28.890 \longrightarrow 00:56:31.220$ studies are really important and

NOTE Confidence: 0.72344524

 $00:56:31.293 \longrightarrow 00:56:33.323$ we have some ongoing collaboration

NOTE Confidence: 0.72344524

 $00:56:33.323 \longrightarrow 00:56:36.960$ with Stephanie and will in one so.

NOTE Confidence: 0.72344524

 $00{:}56{:}36.960 \dashrightarrow 00{:}56{:}39.669$ If I need to to summarize a bit where

NOTE Confidence: 0.72344524

 $00:56:39.669 \longrightarrow 00:56:42.524$ we are really quickly for the moment

NOTE Confidence: 0.72344524

 $00:56:42.524 \longrightarrow 00:56:44.847$ for this patient with permitting

NOTE Confidence: 0.72344524

 $00:56:44.847 \longrightarrow 00:56:47.782$ agent failure with Steven situation

NOTE Confidence: 0.72344524

 $00:56:47.782 \longrightarrow 00:56:50.130$ where aggressive management for

NOTE Confidence: 0.72344524

 $00{:}56{:}50.130 \dashrightarrow 00{:}56{:}51.513$ transplant allogeneic transplant

NOTE Confidence: 0.72344524

 $00{:}56{:}51.513 \dashrightarrow 00{:}56{:}54.279$ candidate makes sense as we don't

NOTE Confidence: 0.72344524

 $00:56:54.279 \longrightarrow 00:56:56.572$ have any really reliable other

 $00:56:56.572 \longrightarrow 00:56:58.777$ option besides maybe some targeted

NOTE Confidence: 0.72344524

00:56:58.777 --> 00:57:01.106 therapy on small number of patients,

NOTE Confidence: 0.72344524

 $00{:}57{:}01.110 \dashrightarrow 00{:}57{:}04.454$ we do not have a reliable standard of

NOTE Confidence: 0.72344524

 $00:57:04.454 \longrightarrow 00:57:08.208$ care for patients and fit for treatment.

NOTE Confidence: 0.72344524

 $00:57:08.210 \longrightarrow 00:57:09.342$ Maybe even eight o'clock,

NOTE Confidence: 0.72344524

 $00:57:09.342 \longrightarrow 00:57:11.040$ maybe some other drug will come

NOTE Confidence: 0.72344524

 $00:57:11.097 \longrightarrow 00:57:12.687$ and will be confirmed as option,

NOTE Confidence: 0.72344524

 $00:57:12.690 \longrightarrow 00:57:14.370$ but for the moment that's still

NOTE Confidence: 0.72344524

 $00.57:14.370 \longrightarrow 00.57:14.930$ pretty struggling.

NOTE Confidence: 0.83678097

 $00:57:17.220 \longrightarrow 00:57:19.971$ The way the field is moving is

NOTE Confidence: 0.83678097

 $00{:}57{:}19.971 \dashrightarrow 00{:}57{:}22.033$ interesting and we are learning

NOTE Confidence: 0.83678097

 $00:57:22.033 \longrightarrow 00:57:24.439$ a lot from the email world.

NOTE Confidence: 0.83678097

 $00:57:24.440 \longrightarrow 00:57:27.032$ At the same time, we probably

NOTE Confidence: 0.83678097

 $00:57:27.032 \longrightarrow 00:57:28.760$ cannot really completely extrapolate

NOTE Confidence: 0.83678097

 $00:57:28.834 \longrightarrow 00:57:31.256$ everything we do from the email side,

NOTE Confidence: 0.83678097

 $00:57:31.260 \longrightarrow 00:57:33.260$ we know that the microenvironment,

 $00:57:33.260 \longrightarrow 00:57:35.265$ for example in Milo dysplastic

NOTE Confidence: 0.83678097

 $00:57:35.265 \longrightarrow 00:57:36.869$ syndrome is definitely different.

NOTE Confidence: 0.83678097

 $00:57:36.870 \longrightarrow 00:57:39.600$ We know that the ability of this

NOTE Confidence: 0.83678097

 $00:57:39.600 \longrightarrow 00:57:41.766$ patient to sustain any aggressive

NOTE Confidence: 0.83678097

 $00{:}57{:}41.766 \dashrightarrow 00{:}57{:}44.520$ treatment is definitely less than what

NOTE Confidence: 0.83678097

 $00:57:44.520 \longrightarrow 00:57:47.807$ we see in AML on other malignancy so.

NOTE Confidence: 0.83678097

 $00:57:47.810 \longrightarrow 00:57:49.755$ That's something that we need

NOTE Confidence: 0.83678097

 $00:57:49.755 \longrightarrow 00:57:51.700$ to work on and so.

NOTE Confidence: 0.83678097

 $00:57:51.700 \longrightarrow 00:57:54.598$ The best way we have to deal with this

NOTE Confidence: 0.83678097

 $00{:}57{:}54.598 \dashrightarrow 00{:}57{:}57.700$ HTML file is ready to try to avoid it

NOTE Confidence: 0.83678097

 $00:57:57.700 \longrightarrow 00:58:00.258$ and optimize the frontline treatment.

NOTE Confidence: 0.83678097

 $00:58:00.260 \longrightarrow 00:58:02.330$ We have lots of currently really

NOTE Confidence: 0.83678097

 $00:58:02.330 \longrightarrow 00:58:04.350$ exciting drugs in the pipeline.

NOTE Confidence: 0.83678097

 $00:58:04.350 \longrightarrow 00:58:07.275$ Lots of data that we presented at the Ash

NOTE Confidence: 0.83678097

 $00:58:07.275 \longrightarrow 00:58:10.295$ this year on Venetoclax Magnolia Map team.

 $00:58:10.300 \longrightarrow 00:58:10.998$ Three BitTorrent.

NOTE Confidence: 0.83678097

 $00{:}58{:}10.998 \dashrightarrow 00{:}58{:}14.390$ Amar has been part of some of these studies,

NOTE Confidence: 0.83678097

 $00:58:14.390 \longrightarrow 00:58:17.610$ so statue MBS Field is really moving

NOTE Confidence: 0.83678097

 $00:58:17.610 \longrightarrow 00:58:20.908$ and we hope to see the type of.

NOTE Confidence: 0.83678097

 $00:58:20.910 \longrightarrow 00:58:23.502$ Change in landscape that we have seen over

NOTE Confidence: 0.83678097

 $00:58:23.502 \longrightarrow 00:58:26.606$ at the last year in acute myeloid leukemia.

NOTE Confidence: 0.83678097

00:58:26.610 --> 00:58:27.594 So in conclusion,

NOTE Confidence: 0.83678097

00:58:27.594 --> 00:58:29.562 this this situation of hyper mediating

NOTE Confidence: 0.83678097

 $00{:}58{:}29.562 \dashrightarrow 00{:}58{:}31.388$ agent failure really represent some

NOTE Confidence: 0.83678097

 $00:58:31.388 \longrightarrow 00:58:33.548$ academic challenges we need to improve

NOTE Confidence: 0.83678097

 $00{:}58{:}33.603 \dashrightarrow 00{:}58{:}35.508$ our understanding of the Physiology.

NOTE Confidence: 0.83678097

 $00:58:35.510 \longrightarrow 00:58:37.270$ Pathophysiology of this situation to

NOTE Confidence: 0.83678097

 $00:58:37.270 \longrightarrow 00:58:40.158$ be able to help us to better define

NOTE Confidence: 0.83678097

 $00{:}58{:}40.158 \dashrightarrow 00{:}58{:}42.622$ the standard of care for this patient,

NOTE Confidence: 0.83678097

 $00:58:42.630 \longrightarrow 00:58:45.825$ we need to build resources we need to build,

NOTE Confidence: 0.83678097

 $00{:}58{:}45.830 \dashrightarrow 00{:}58{:}47.306$ represent repository and logical.

00:58:47.306 --> 00:58:49.520 Follow up for this patient which

NOTE Confidence: 0.83678097

 $00:58:49.581 \longrightarrow 00:58:50.979$ is sometimes challenging.

NOTE Confidence: 0.83678097 00:58:50.980 --> 00:58:52.750 I. NOTE Confidence: 0.83678097

 $00:58:52.750 \longrightarrow 00:58:55.294$ In the context of a disease that is

NOTE Confidence: 0.83678097

 $00:58:55.294 \longrightarrow 00:58:57.867$ treated in both small and big centers,

NOTE Confidence: 0.83678097

 $00:58:57.870 \longrightarrow 00:58:59.655$ we need to collaborate around

NOTE Confidence: 0.83678097

 $00:58:59.655 \longrightarrow 00:59:02.262$ academics to be able to really have

NOTE Confidence: 0.83678097

 $00:59:02.262 \longrightarrow 00:59:04.524$ significant number of patients to be

NOTE Confidence: 0.83678097

 $00:59:04.524 \longrightarrow 00:59:07.100$ able to answer the right question.

NOTE Confidence: 0.83678097

00:59:07.100 --> 00:59:08.786 I also think that it's important

NOTE Confidence: 0.83678097

 $00:59:08.786 \longrightarrow 00:59:11.377$ to keep in mind that there are some

NOTE Confidence: 0.83678097

 $00{:}59{:}11.377 \dashrightarrow 00{:}59{:}13.132$ clinical care challenges for that.

NOTE Confidence: 0.83678097

 $00{:}59{:}13.140 \dashrightarrow 00{:}59{:}15.042$ The access to innovation to Center

NOTE Confidence: 0.83678097

00:59:15.042 --> 00:59:16.955 of excellence is not something that

NOTE Confidence: 0.83678097

 $00:59:16.955 \longrightarrow 00:59:18.978$ is a modulus in the country or

 $00:59:18.978 \longrightarrow 00:59:20.769$ just a modulus in Connecticut.

NOTE Confidence: 0.83678097

 $00{:}59{:}20.770 \dashrightarrow 00{:}59{:}22.996$ And that's definitely one of the mission.

NOTE Confidence: 0.83678097

 $00{:}59{:}23.000 \dashrightarrow 00{:}59{:}25.574$ I think we have at scale to be able

NOTE Confidence: 0.83678097

 $00:59:25.574 \longrightarrow 00:59:28.128$ to promote the access to innovation

NOTE Confidence: 0.83678097

 $00:59:28.128 \longrightarrow 00:59:31.205$ and promote the access to the Center

NOTE Confidence: 0.83678097

 $00:59:31.205 \longrightarrow 00:59:33.635$ of excellence that that we have.

NOTE Confidence: 0.83678097

 $00{:}59{:}33.640 \dashrightarrow 00{:}59{:}36.016$ We know that patients in Connecticut

NOTE Confidence: 0.83678097

 $00{:}59{:}36.016 \dashrightarrow 00{:}59{:}37.600$ without without snowstorm like

NOTE Confidence: 0.83678097

 $00{:}59{:}37.666 \dashrightarrow 00{:}59{:}39.676$ tomorrow will have potentially some

NOTE Confidence: 0.83678097

00:59:39.676 --> 00:59:42.090 some issues limiting the ability to

NOTE Confidence: 0.83678097

 $00:59:42.090 \longrightarrow 00:59:44.118$ to basically get to academic centers,

NOTE Confidence: 0.83678097

 $00:59:44.120 \longrightarrow 00:59:45.516$ get to clinical trial,

NOTE Confidence: 0.83678097

 $00:59:45.516 \longrightarrow 00:59:48.421$ and so I think that one of the

NOTE Confidence: 0.83678097

00:59:48.421 --> 00:59:50.605 mission that we have as academics

NOTE Confidence: 0.83678097

00:59:50.605 --> 00:59:54.051 is also to make sure that we can

NOTE Confidence: 0.83678097

 $00:59:54.051 \dashrightarrow 00:59:55.368$ potentially bring research.

00:59:55.370 --> 00:59:58.040 Bring basically knew therapy and exciting

NOTE Confidence: 0.83678097

 $00:59:58.040 \longrightarrow 01:00:00.655$ therapy to the different sites where

NOTE Confidence: 0.83678097

 $01:00:00.655 \longrightarrow 01:00:03.727$ the patients are treated close to their home.

NOTE Confidence: 0.83678097

01:00:03.730 --> 01:00:07.874 With that I would like to thanks everyone.

NOTE Confidence: 0.83678097

 $01:00:07.880 \longrightarrow 01:00:08.384$ Right?

NOTE Confidence: 0.83678097

01:00:08.384 --> 01:00:11.408 Participate to this effort for sure.

NOTE Confidence: 0.83678097

01:00:11.410 --> 01:00:13.050 The Yellow Cancer Center

NOTE Confidence: 0.83678097

 $01:00:13.050 \longrightarrow 01:00:13.870$ group alphabetically.

NOTE Confidence: 0.83678097

 $01:00:13.870 \longrightarrow 01:00:14.686$ Steve Gore.

NOTE Confidence: 0.83678097

 $01:00:14.686 \longrightarrow 01:00:17.542$ My mentor Stephanie for lot of collaboration.

NOTE Confidence: 0.83678097

01:00:17.550 --> 01:00:17.965 Nicolai,

NOTE Confidence: 0.83678097

01:00:17.965 --> 01:00:20.455 Rory and armor for being such

NOTE Confidence: 0.83678097

 $01{:}00{:}20.455 \dashrightarrow 01{:}00{:}23.353$ trooper an such a great group to

NOTE Confidence: 0.83678097

01:00:23.353 --> 01:00:25.318 work with my dear colleagues,

NOTE Confidence: 0.83678097

 $01:00:25.320 \longrightarrow 01:00:27.370$ colleagues from the group Francophone,

01:00:27.370 --> 01:00:29.006 the Mirror Displays E,

NOTE Confidence: 0.83678097

 $01:00:29.006 \longrightarrow 01:00:31.460$ as well as collaborators in US,

NOTE Confidence: 0.76293355

01:00:31.460 --> 01:00:33.908 Europe. And now I should say,

NOTE Confidence: 0.76293355

01:00:33.910 --> 01:00:35.950 knew K should probably split.

NOTE Confidence: 0.76293355

01:00:35.950 --> 01:00:38.967 You can Europe now two weeks anyway.

NOTE Confidence: 0.76293355

 $01:00:38.970 \longrightarrow 01:00:40.728$ On that I'll take any questions

NOTE Confidence: 0.76293355

01:00:40.728 --> 01:00:43.045 I would like to thank you for

NOTE Confidence: 0.76293355

01:00:43.045 --> 01:00:44.730 your attention. Thanks so much.

NOTE Confidence: 0.7688253

 $01{:}00{:}45.920 \longrightarrow 01{:}00{:}48.880$ Sounds fantastic to my thank you so much.

NOTE Confidence: 0.7688253

 $01:00:48.880 \longrightarrow 01:00:53.029$ Really true for some, and MD's and AML and.

NOTE Confidence: 0.7688253

 $01:00:53.030 \longrightarrow 01:00:54.788$ You know, as we are presenting,

NOTE Confidence: 0.7688253

 $01:00:54.790 \longrightarrow 01:00:55.672$ you've actually answered

NOTE Confidence: 0.7688253

01:00:55.672 --> 01:00:56.848 like my burning questions.

NOTE Confidence: 0.7688253

01:00:56.850 --> 01:00:59.964 We just get rid of a society in, you know,

NOTE Confidence: 0.7688253

 $01:00:59.964 \longrightarrow 01:01:03.020$ and use it for salvage after everything else.

NOTE Confidence: 0.7688253

01:01:03.020 --> 01:01:05.018 And that is certainly very exciting

 $01{:}05.018 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 01{:}07.882$ to see how you and the whole team are

NOTE Confidence: 0.7688253

 $01{:}07.882 \to 01{:}01{:}10.480$ going to come up with exciting trials.

NOTE Confidence: 0.7688253

01:01:10.480 --> 01:01:13.522 I think we're a little bit after the hour,

NOTE Confidence: 0.7688253

01:01:13.530 --> 01:01:16.673 but maybe. Say something sad,

NOTE Confidence: 0.7688253

 $01{:}01{:}16.673 \dashrightarrow 01{:}01{:}18.378$ or Nickelodeon request and then

NOTE Confidence: 0.7688253

 $01:01:18.378 \longrightarrow 01:01:20.745$ we have to let people go for two

NOTE Confidence: 0.7688253

 $01:01:20.745 \longrightarrow 01:01:22.598$ or getting kicked out of the room.

NOTE Confidence: 0.7688253

01:01:22.600 --> 01:01:23.368 Which is correct?

NOTE Confidence: 0.79769796

01:01:25.720 --> 01:01:27.630 No, I think that's definitely

NOTE Confidence: 0.79769796

 $01:01:27.630 \longrightarrow 01:01:30.279$ the HMA is a sign of care,

NOTE Confidence: 0.79769796

 $01:01:30.280 \longrightarrow 01:01:32.560$ but that's not a perfect one.

NOTE Confidence: 0.79769796

 $01:01:32.560 \longrightarrow 01:01:34.460$ So developing new agents or

NOTE Confidence: 0.79769796

01:01:34.460 --> 01:01:35.862 new formulation, for example,

NOTE Confidence: 0.79769796

 $01:01:35.862 \longrightarrow 01:01:38.109$ we have now access to oral formulation

NOTE Confidence: 0.79769796

 $01:01:38.109 \longrightarrow 01:01:40.158$ of these hypomethylating agent.

01:01:40.160 --> 01:01:42.345 That's definitely something that we

NOTE Confidence: 0.79769796

 $01{:}01{:}42.345 \dashrightarrow 01{:}01{:}45.233$ want to continue to develop with the

NOTE Confidence: 0.79769796

 $01:01:45.233 \longrightarrow 01:01:47.729$ idea that even if it may not improve

NOTE Confidence: 0.79769796

 $01:01:47.806 \longrightarrow 01:01:50.056$ the response rate or the overall

NOTE Confidence: 0.79769796

01:01:50.056 --> 01:01:52.434 survival and that may be something

NOTE Confidence: 0.79769796

 $01:01:52.434 \longrightarrow 01:01:55.930$ we can discuss as the way we can.

NOTE Confidence: 0.79769796

 $01:01:55.930 \longrightarrow 01:01:58.667$ I use this medication is a bit

NOTE Confidence: 0.79769796

 $01:01:58.667 \longrightarrow 01:01:59.840$ different than conventional

NOTE Confidence: 0.79769796

01:01:59.916 --> 01:02:01.771 accommodating age and we can

NOTE Confidence: 0.79769796

01:02:01.771 --> 01:02:03.970 improve quality of life of the.

NOTE Confidence: 0.79769796

 $01:02:03.970 \longrightarrow 01:02:05.294$ And access to care,

NOTE Confidence: 0.79769796

 $01:02:05.294 \longrightarrow 01:02:06.618$ so that's definitely something

NOTE Confidence: 0.79769796

 $01:02:06.618 \longrightarrow 01:02:08.890$ that is that is important for sure.

NOTE Confidence: 0.7976982

01:02:10.000 --> 01:02:11.416 Yeah, fantastic so Charlie,

NOTE Confidence: 0.7976982

 $01:02:11.416 \longrightarrow 01:02:13.540$ do you want to tell me?

NOTE Confidence: 0.7976982

 $01:02:13.540 \longrightarrow 01:02:15.312$ We probably have to break.

 $01:02:15.312 \longrightarrow 01:02:17.080$ No thank you tomorrow and

NOTE Confidence: 0.7976982

01:02:17.080 --> 01:02:18.849 Nikolai for two superb talks

NOTE Confidence: 0.7976982

 $01:02:18.850 \longrightarrow 01:02:21.326$ really as two to four's on two

NOTE Confidence: 0.7976982

 $01:02:21.326 \longrightarrow 01:02:23.099$ important areas of human logic.

NOTE Confidence: 0.7976982

 $01:02:23.100 \longrightarrow 01:02:25.419$ Malignancy's, thank you.

NOTE Confidence: 0.7976982

 $01:02:25.420 \longrightarrow 01:02:26.311$ Thank you alright.

NOTE Confidence: 0.7976982

 $01:02:26.311 \longrightarrow 01:02:28.844$ Well thank you so much and look forward

NOTE Confidence: 0.7976982

 $01:02:28.844 \longrightarrow 01:02:30.779$ to tackling these problems over

NOTE Confidence: 0.81829655

 $01:02:30.780 \longrightarrow 01:02:32.120$ the years. Thank you.

NOTE Confidence: 0.81829655

 $01:02:32.120 \longrightarrow 01:02:33.460$ Thanks everyone. Alright bye.