## WEBVTT

00:00:00.000 --> 00:00:02.460 Support for Yale Cancer Answers

NOTE Confidence: 0.85388523

 $00{:}00{:}02.460 \dashrightarrow 00{:}00{:}04.920$  comes from AstraZeneca, dedicated

NOTE Confidence: 0.85388523

 $00:00:04.999 \longrightarrow 00:00:07.344$  to advancing options and providing

NOTE Confidence: 0.85388523

 $00:00:07.344 \longrightarrow 00:00:10.300$  hope for people living with cancer.

NOTE Confidence: 0.85388523

 $00{:}00{:}10.300 \dashrightarrow 00{:}00{:}14.000$  More information at a strazeneca-us.com.

NOTE Confidence: 0.85388523

 $00:00:14.000 \longrightarrow 00:00:15.758$  Welcome to Yale Cancer Answers

NOTE Confidence: 0.85388523

 $00:00:15.758 \longrightarrow 00:00:17.166$  with your host doctor

NOTE Confidence: 0.85388523

 $00:00:17.170 \dashrightarrow 00:00:19.627$  Anees Chagpar. Yale Cancer Answers

NOTE Confidence: 0.85388523

00:00:19.630 --> 00:00:21.670 features the latest information on

NOTE Confidence: 0.85388523

 $00:00:21.670 \longrightarrow 00:00:24.081$  cancer care by welcoming oncologists and

NOTE Confidence: 0.85388523

 $00{:}00{:}24.081 \dashrightarrow 00{:}00{:}26.251$  specialists who are on the forefront of

NOTE Confidence: 0.85388523

00:00:26.251 --> 00:00:28.430 the battle to fight cancer. This week,

NOTE Confidence: 0.85388523

 $00{:}00{:}28.430 \dashrightarrow 00{:}00{:}30.190$  it's a conversation about experimental

NOTE Confidence: 0.85388523

 $00{:}00{:}30.190 \dashrightarrow 00{:}00{:}31.950$  the rapeutics with Doctor Pat LoRusso.

NOTE Confidence: 0.85388523

 $00:00:31.950 \longrightarrow 00:00:33.942$  Doctor LoRusso is a professor of

00:00:33.942 --> 00:00:36.529 medicine at the Yale School of Medicine,

NOTE Confidence: 0.85388523

 $00:00:36.530 \longrightarrow 00:00:39.764$  where Doctor Chagpar is a professor

NOTE Confidence: 0.85388523

 $00:00:39.764 \longrightarrow 00:00:41.150$  of surgical oncology.

NOTE Confidence: 0.85388523

00:00:41.150 --> 00:00:41.580 Pat,

NOTE Confidence: 0.875094

00:00:41.580 --> 00:00:44.164 maybe we can start off by you telling

NOTE Confidence: 0.875094

 $00:00:44.164 \longrightarrow 00:00:47.622$  us a little bit more about what

NOTE Confidence: 0.875094

 $00{:}00{:}47.622 \dashrightarrow 00{:}00{:}49.810$  exactly is experimental the rapeutics.

NOTE Confidence: 0.875094

 $00:00:49.810 \longrightarrow 00:00:52.288$  It sounds so obscure and

NOTE Confidence: 0.875094

 $00{:}00{:}52.288 \to 00{:}00{:}54.570$  intellectual and scientific and strange.

NOTE Confidence: 0.875094

 $00:00:54.570 \longrightarrow 00:00:56.310$  It isn't obscure for

NOTE Confidence: 0.875094

 $00{:}00{:}56.310 \dashrightarrow 00{:}00{:}58.903$  me. I think it is somewhat intellectual,

NOTE Confidence: 0.875094

 $00:00:58.903 \longrightarrow 00:01:01.030$  and it is very scientific,

NOTE Confidence: 0.875094

 $00:01:01.030 \longrightarrow 00:01:04.940$  and so I hope that I'll be able to

NOTE Confidence: 0.875094

 $00{:}01{:}04.940 \dashrightarrow 00{:}01{:}07.992$  explain to you what all that means.

NOTE Confidence: 0.875094

 $00:01:08.000 \longrightarrow 00:01:11.520$  So with every cancer drug that we have,

NOTE Confidence: 0.875094

 $00{:}01{:}11.520 \dashrightarrow 00{:}01{:}14.152$  that we treat patients for, every cancer

00:01:14.152 --> 00:01:15.930 drug that's commercially available,

NOTE Confidence: 0.875094

 $00:01:15.930 \longrightarrow 00:01:19.620$  it has to go through a series of testing not

NOTE Confidence: 0.875094

00:01:19.708 --> 00:01:23.148 only in the lab to identify its activity,

NOTE Confidence: 0.875094

 $00:01:23.150 \longrightarrow 00:01:25.556$  not only in other animal species,

NOTE Confidence: 0.875094

 $00:01:25.560 \longrightarrow 00:01:28.178$  to make sure that it is safe

NOTE Confidence: 0.875094

 $00:01:28.178 \longrightarrow 00:01:29.970$  to administer to humans,

NOTE Confidence: 0.875094

00:01:29.970 --> 00:01:31.970 which are called toxicology studies,

NOTE Confidence: 0.875094

 $00:01:31.970 \longrightarrow 00:01:35.327$  but then it has to go through a series

NOTE Confidence: 0.875094

 $00:01:35.327 \longrightarrow 00:01:38.415$  of tests in humans first to make

NOTE Confidence: 0.875094

 $00:01:38.415 \longrightarrow 00:01:41.710$  sure that the drug is safe to give,

NOTE Confidence: 0.875094

 $00:01:41.710 \longrightarrow 00:01:44.668$  and then to find

NOTE Confidence: 0.875094

00:01:44.668 --> 00:01:47.080 out how active it is,

NOTE Confidence: 0.875094

 $00{:}01{:}47.080 \dashrightarrow 00{:}01{:}49.520$  either alone or in combination

NOTE Confidence: 0.875094

 $00:01:49.520 \longrightarrow 00:01:51.960$  with other agents.

NOTE Confidence: 0.875094

 $00:01:51.960 \longrightarrow 00:01:55.470$  So Phase one clinical trials

 $00:01:55.470 \longrightarrow 00:01:57.810$  are essentially trials

NOTE Confidence: 0.875094

 $00:01:57.905 \longrightarrow 00:02:01.041$  whereby a new drug is tested

NOTE Confidence: 0.875094

 $00:02:01.041 \longrightarrow 00:02:03.849$  for the first time in humans.

NOTE Confidence: 0.875094

 $00:02:05.782 \longrightarrow 00:02:08.680$  Although the primary objective of a

NOTE Confidence: 0.875094

 $00:02:08.767 \longrightarrow 00:02:11.871$  phase one trial is actually to make sure

NOTE Confidence: 0.875094

 $00:02:11.871 \longrightarrow 00:02:15.189$  that the drug is safe to give to humans.

NOTE Confidence: 0.875094

00:02:15.190 --> 00:02:18.158 We are also looking for a lot

NOTE Confidence: 0.875094

 $00:02:18.158 \longrightarrow 00:02:20.229$  of other endpoints as well.

NOTE Confidence: 0.875094

 $00{:}02{:}20.230 \dashrightarrow 00{:}02{:}23.618$  What kind of activity does it have

NOTE Confidence: 0.875094

00:02:23.618 --> 00:02:25.670 against specific tumor types?

NOTE Confidence: 0.875094

 $00{:}02{:}25.670 \dashrightarrow 00{:}02{:}28.477$  How is the exposure of the drug

NOTE Confidence: 0.875094

 $00:02:28.477 \longrightarrow 00:02:31.645$  in man relative to what we saw

NOTE Confidence: 0.875094

 $00:02:31.645 \longrightarrow 00:02:33.990$  previously in various animal species

NOTE Confidence: 0.875094

 $00:02:33.990 \longrightarrow 00:02:37.296$  and to assure that we have the

NOTE Confidence: 0.875094

 $00:02:37.296 \longrightarrow 00:02:39.302$  utmost safety in these trials.

NOTE Confidence: 0.875094

 $00:02:39.302 \longrightarrow 00:02:42.179$  Obviously all trials have to be approved

 $00:02:42.179 \longrightarrow 00:02:44.869$  by the Food and Drug Administration

NOTE Confidence: 0.875094

00:02:44.869 --> 00:02:47.870 before they can be initiated in humans,

NOTE Confidence: 0.875094

 $00:02:47.870 \longrightarrow 00:02:51.110$  and that is the same thing with a

NOTE Confidence: 0.875094

00:02:51.110 --> 00:02:54.278 phase one or first in human study.

NOTE Confidence: 0.875094

 $00:02:54.280 \longrightarrow 00:02:56.124$  But what they do

NOTE Confidence: 0.875094

 $00:02:56.124 \longrightarrow 00:02:58.890$  is based on animal trials previously

NOTE Confidence: 0.875094

 $00:02:58.976 \longrightarrow 00:03:01.844$  done with the agent and toxicology

NOTE Confidence: 0.875094

 $00:03:01.844 \longrightarrow 00:03:05.210$  studies that are also previously done.

NOTE Confidence: 0.875094

 $00:03:05.210 \longrightarrow 00:03:08.096$  The FDA works with the sponsor

NOTE Confidence: 0.875094

 $00:03:08.096 \longrightarrow 00:03:11.180$  or the drug company to identify

NOTE Confidence: 0.875094

 $00{:}03{:}11.180 --> 00{:}03{:}13.296$  a safe starting dose.

NOTE Confidence: 0.875094

 $00:03:13.300 \longrightarrow 00:03:16.835$  A dose where we can feel quite

NOTE Confidence: 0.875094

 $00{:}03{:}16.835 \dashrightarrow 00{:}03{:}19.915$  assured that giving that dose will

NOTE Confidence: 0.875094

 $00:03:19.915 \longrightarrow 00:03:23.310$  be safe to humans and to identify

NOTE Confidence: 0.875094

00:03:23.418 --> 00:03:27.058 what the most relevant dose will be

 $00:03:27.060 \longrightarrow 00:03:30.126$  to go into subsequent phase two and

NOTE Confidence: 0.875094

00:03:30.126 --> 00:03:32.916 three trials and then hopefully to

NOTE Confidence: 0.875094

 $00:03:32.916 \longrightarrow 00:03:35.694$  go into FDA approvals for standard

NOTE Confidence: 0.875094

 $00:03:35.694 \longrightarrow 00:03:37.510$  of care treatment.

NOTE Confidence: 0.875094

 $00:03:37.510 \longrightarrow 00:03:40.162$  We do various escalation steps along

NOTE Confidence: 0.875094

 $00:03:40.162 \longrightarrow 00:03:44.592$  the way to identify a safe dose that

NOTE Confidence: 0.875094

 $00:03:44.592 \longrightarrow 00:03:47.960$  can be subsequently brought into a phase

NOTE Confidence: 0.875094

 $00:03:47.960 \longrightarrow 00:03:50.340$  two efficacy or a phase

NOTE Confidence: 0.875094

 $00{:}03{:}50.340 \to 00{:}03{:}52.332$  two comparative efficacy study

NOTE Confidence: 0.875094

 $00:03:52.332 \longrightarrow 00:03:55.320$  which may take anywhere from 3 to

NOTE Confidence: 0.875094

 $00:03:55.414 \longrightarrow 00:03:57.649$  10 or 12 escalation steps.

NOTE Confidence: 0.875094

 $00:03:57.650 \longrightarrow 00:03:59.890$  So that we're gradually increasing

NOTE Confidence: 0.875094

 $00:03:59.890 \longrightarrow 00:04:02.949$  the dose to the point where we

NOTE Confidence: 0.875094

 $00{:}04{:}02.949 \dashrightarrow 00{:}04{:}05.893$  identify what a safe dose is that can

NOTE Confidence: 0.875094

 $00:04:05.976 \longrightarrow 00:04:08.816$  be subsequently advanced to other

NOTE Confidence: 0.875094

 $00:04:08.816 \longrightarrow 00:04:11.656$  phases of clinical trial development.

 $00:04:15.080 \longrightarrow 00:04:17.870$  So this is really important work,

NOTE Confidence: 0.88941705

 $00:04:17.870 \longrightarrow 00:04:21.569$  because this is how we get the drugs into

NOTE Confidence: 0.88941705

 $00:04:21.569 \longrightarrow 00:04:24.538$  the clinics that actually provide the

NOTE Confidence: 0.88941705

 $00:04:24.538 \longrightarrow 00:04:28.559$  cures that all of us want for cancer.

NOTE Confidence: 0.88941705

00:04:28.560 --> 00:04:32.745 But it really starts very much in the lab,

NOTE Confidence: 0.88941705

 $00:04:32.750 \longrightarrow 00:04:35.753$  so help me to understand and

NOTE Confidence: 0.88941705

00:04:35.753 --> 00:04:38.330 help our listeners to understand

NOTE Confidence: 0.88941705

 $00:04:38.330 \longrightarrow 00:04:42.040$  what goes into

NOTE Confidence: 0.88941705

00:04:42.040 --> 00:04:44.308 getting a drug even into phase one

NOTE Confidence: 0.88941705

00:04:44.308 --> 00:04:46.557 because as you describe it Phase

NOTE Confidence: 0.88941705

 $00{:}04{:}46.557 \dashrightarrow 00{:}04{:}48.572$  one clinical trials may be seem

NOTE Confidence: 0.88941705

 $00:04:48.572 \longrightarrow 00:04:50.836$  really scary to a lot of patients.

NOTE Confidence: 0.88941705

 $00:04:50.840 \longrightarrow 00:04:52.952$  I mean this concept of being

NOTE Confidence: 0.88941705

 $00:04:52.952 \longrightarrow 00:04:54.360$  quote first in man.

NOTE Confidence: 0.88941705

 $00:04:54.360 \longrightarrow 00:04:56.817$  Many people are thinking

NOTE Confidence: 0.88941705

 $00{:}04{:}56.820 \dashrightarrow 00{:}04{:}59.204$  why would I want to be the first

 $00{:}04{:}59.204 \dashrightarrow 00{:}05{:}01.237$  ones for you to experiment and

NOTE Confidence: 0.88941705

 $00:05:01.237 \longrightarrow 00:05:03.799$  see what is safe and what is

NOTE Confidence: 0.88941705

 $00:05:03.799 \longrightarrow 00:05:05.979$  tolerable and what is efficacious?

NOTE Confidence: 0.88941705

 $00:05:05.980 \longrightarrow 00:05:08.724$  So let's take a step back before that

NOTE Confidence: 0.88941705

 $00{:}05{:}08.724 \dashrightarrow 00{:}05{:}11.506$  and kind of lay the groundwork for me

NOTE Confidence: 0.88941705

 $00:05:11.506 \longrightarrow 00:05:14.418$  in terms of what goes on before that.

NOTE Confidence: 0.88941705

 $00:05:14.420 \longrightarrow 00:05:15.772$  How do we get

NOTE Confidence: 0.88941705

 $00:05:15.772 \longrightarrow 00:05:18.933$  to the point of a phase one trial

NOTE Confidence: 0.88941705

 $00{:}05{:}18.933 \dashrightarrow 00{:}05{:}21.538$  where you're presenting data to

NOTE Confidence: 0.8894367

 $00:05:21.540 \longrightarrow 00:05:26.307$  the FDA?

NOTE Confidence: 0.8894367

 $00{:}05{:}26.310 \dashrightarrow 00{:}05{:}29.650$  First a drug is developed in the lab based on a

NOTE Confidence: 0.8894367

 $00:05:29.738 \longrightarrow 00:05:33.410$  scientific principle or a scientific concept.

NOTE Confidence: 0.8894367

 $00{:}05{:}33.410 \dashrightarrow 00{:}05{:}36.962$  So I think the best way to describe

NOTE Confidence: 0.8894367

 $00:05:36.962 \longrightarrow 00:05:40.066$  it would be to use an example.

NOTE Confidence: 0.8894367

 $00:05:40.070 \longrightarrow 00:05:42.290$  So in many tumor types,

00:05:42.290 --> 00:05:44.510 primarily non small cell lung

NOTE Confidence: 0.8894367

 $00:05:44.510 \longrightarrow 00:05:46.286$  cancer and colorectal cancer,

NOTE Confidence: 0.8894367

 $00:05:46.290 \longrightarrow 00:05:48.510$  but other tumors as well,

NOTE Confidence: 0.8894367

 $00:05:48.510 \longrightarrow 00:05:52.694$  there is a mutation called KRAS G12C.

NOTE Confidence: 0.8894367

 $00:05:52.700 \longrightarrow 00:05:55.964$  And that mutation in large part drives that

NOTE Confidence: 0.8894367

 $00:05:55.964 \longrightarrow 00:05:59.167$  tumor and makes it extremely aggressive.

NOTE Confidence: 0.8894367

 $00:05:59.170 \longrightarrow 00:06:01.390$  It's taken many, many,

NOTE Confidence: 0.8894367

 $00:06:01.390 \longrightarrow 00:06:05.142$  many years for chemists to develop a

NOTE Confidence: 0.8894367

 $00{:}06{:}05.142 \dashrightarrow 00{:}06{:}09.435$  drug that can target or inhibit that

NOTE Confidence: 0.8894367

00:06:09.435 --> 00:06:12.650 mutation from continuing to allow

NOTE Confidence: 0.8894367

 $00{:}06{:}12.650 \dashrightarrow 00{:}06{:}16.518$  the tumor to multiply and divide.

NOTE Confidence: 0.8894367

00:06:16.520 --> 00:06:18.984 So that drug probably

NOTE Confidence: 0.8894367

 $00:06:18.984 \longrightarrow 00:06:21.562$  took about 20 years conservatively of

NOTE Confidence: 0.8894367

 $00:06:21.562 \longrightarrow 00:06:24.442$  chemists working on trying to figure

NOTE Confidence: 0.8894367

 $00:06:24.442 \longrightarrow 00:06:27.099$  out how to target that mutation,

NOTE Confidence: 0.8894367

 $00{:}06{:}27.100 \dashrightarrow 00{:}06{:}29.004$  which was extremely difficult

 $00:06:29.004 \longrightarrow 00:06:32.288$  because of the way that mutation is

NOTE Confidence: 0.8894367

 $00{:}06{:}32.288 \dashrightarrow 00{:}06{:}34.703$  pocketed in the DNA of the tumor.

NOTE Confidence: 0.8894367

 $00:06:34.710 \longrightarrow 00:06:38.756$  Once they identify a compound that can

NOTE Confidence: 0.8894367

 $00:06:38.760 \longrightarrow 00:06:41.166$  bind to that mutation

NOTE Confidence: 0.8894367

00:06:41.166 --> 00:06:42.770 or attack that mutation,

NOTE Confidence: 0.8894367

 $00:06:42.770 \longrightarrow 00:06:45.176$  then they have to test it

NOTE Confidence: 0.8894367

 $00:06:45.180 \longrightarrow 00:06:46.443$  in animal models,

NOTE Confidence: 0.8894367

 $00{:}06{:}46.443 \dashrightarrow 00{:}06{:}48.969$  tumors in animals that have that

NOTE Confidence: 0.8894367

 $00:06:48.969 \longrightarrow 00:06:51.554$  mutation to see whether or not the drug

NOTE Confidence: 0.8894367

 $00:06:51.554 \longrightarrow 00:06:54.429$  is going to work against those tumors

NOTE Confidence: 0.8894367

 $00:06:54.429 \longrightarrow 00:06:56.804$  inhibit those tumors from growing,

NOTE Confidence: 0.8894367

 $00:06:56.810 \longrightarrow 00:06:59.456$  preventing those tumors in animals from

NOTE Confidence: 0.8894367

 $00:06:59.456 \longrightarrow 00:07:02.256$  metastasizing or going beyond where

NOTE Confidence: 0.8894367

 $00:07:02.256 \longrightarrow 00:07:04.656$  the tumor was originally implanted.

NOTE Confidence: 0.8894367

00:07:04.660 --> 00:07:06.072 Once they do that,

00:07:06.072 --> 00:07:08.800 and identify that the drug is active,

NOTE Confidence: 0.8894367

 $00:07:08.800 \longrightarrow 00:07:11.411$  then we have to take it into

NOTE Confidence: 0.8894367

 $00:07:11.411 \longrightarrow 00:07:13.705$  toxicology studies where we test the

NOTE Confidence: 0.8894367

 $00:07:13.705 \longrightarrow 00:07:15.535$  drug in different animal species

NOTE Confidence: 0.8894367

 $00:07:15.535 \longrightarrow 00:07:17.835$  to make sure that

NOTE Confidence: 0.8894367

 $00:07:17.835 \longrightarrow 00:07:20.449$  we can safely give

NOTE Confidence: 0.8894367

 $00{:}07{:}20.449 \dashrightarrow 00{:}07{:}22.663$  that drug to the animals without

NOTE Confidence: 0.8894367

00:07:22.663 --> 00:07:24.958 causing side effects or harms,

NOTE Confidence: 0.8894367

 $00:07:24.960 \dashrightarrow 00:07:27.588$  and we usually have to do that in two

NOTE Confidence: 0.8894367

 $00:07:27.588 \longrightarrow 00:07:30.229$  or three different animal species,

NOTE Confidence: 0.8894367

 $00{:}07{:}30.230 \dashrightarrow 00{:}07{:}32.480$  depending on what the drug is.

NOTE Confidence: 0.8894367

 $00:07:32.480 \longrightarrow 00:07:34.832$  But back in the olden days I call

NOTE Confidence: 0.8894367

 $00{:}07{:}34.832 \dashrightarrow 00{:}07{:}37.463$  it when I first started doing

NOTE Confidence: 0.8894367

00:07:37.463 --> 00:07:38.939 clinical drug development,

NOTE Confidence: 0.8894367

00:07:38.940 --> 00:07:41.898 during development of drugs in humans,

NOTE Confidence: 0.8894367

 $00{:}07{:}41.900 \dashrightarrow 00{:}07{:}44.480$  we didn't have the scientific

 $00:07:44.480 \longrightarrow 00:07:48.071$  basis that we have today and today

NOTE Confidence: 0.8894367

 $00:07:48.071 \longrightarrow 00:07:51.263$  there's a lot of science that is

NOTE Confidence: 0.8894367

 $00:07:51.270 \longrightarrow 00:07:53.730$  driving new drug

NOTE Confidence: 0.8894367

 $00:07:53.730 \longrightarrow 00:07:55.698$  discoveries in the lab,

NOTE Confidence: 0.8894367

 $00:07:55.700 \longrightarrow 00:07:57.784$  especially with targeted drugs

NOTE Confidence: 0.8894367

 $00:07:57.784 \longrightarrow 00:08:00.910$  because of the fact that unveiling

NOTE Confidence: 0.8894367

00:08:00.991 --> 00:08:03.637 the human genome several years ago

NOTE Confidence: 0.8894367

 $00:08:03.637 \longrightarrow 00:08:06.503$  allowed us to better understand the

NOTE Confidence: 0.8894367

 $00:08:06.503 \longrightarrow 00:08:09.569$  differences between the DNA and RNA.

NOTE Confidence: 0.8894367

 $00{:}08{:}09.570 \dashrightarrow 00{:}08{:}12.658$  In tumors versus the DNA and RNA in

NOTE Confidence: 0.8894367

 $00:08:12.658 \longrightarrow 00:08:15.640$  the normal human and what we had to

NOTE Confidence: 0.8894367

 $00:08:15.640 \longrightarrow 00:08:18.700$  go after in those tumors to prevent

NOTE Confidence: 0.8894367

 $00{:}08{:}18.700 \dashrightarrow 00{:}08{:}21.826$  them from growing and hopefully from

NOTE Confidence: 0.8894367

 $00:08:21.826 \longrightarrow 00:08:24.585$  prevent them eventually from even coming

NOTE Confidence: 0.8894367

 $00:08:24.585 \longrightarrow 00:08:27.890$  about in patients that may be high risk,

 $00:08:27.890 \longrightarrow 00:08:29.382$  such as in prevention,

NOTE Confidence: 0.8894367

 $00:08:29.382 \longrightarrow 00:08:32.198$  but no matter where the drug ends

NOTE Confidence: 0.8894367

 $00:08:32.198 \longrightarrow 00:08:34.698$  up treating advanced stage patients,

NOTE Confidence: 0.8894367

 $00:08:34.700 \longrightarrow 00:08:36.404$  patients that have cancer

NOTE Confidence: 0.8894367

 $00:08:36.404 \longrightarrow 00:08:37.256$  that's metastasized,

NOTE Confidence: 0.8894367

 $00:08:37.260 \longrightarrow 00:08:39.816$  or patients that have had cancer,

NOTE Confidence: 0.8894367

 $00:08:39.820 \longrightarrow 00:08:42.070$  but we've removed the tumor.

NOTE Confidence: 0.8894367

 $00:08:42.070 \longrightarrow 00:08:44.638$  And we want to prevent the

NOTE Confidence: 0.8894367

 $00{:}08{:}44.638 \dashrightarrow 00{:}08{:}46.350$  cancer from coming back.

NOTE Confidence: 0.8894367

00:08:46.350 --> 00:08:49.486 Every drug that's given to humans in

NOTE Confidence: 0.8894367

 $00{:}08{:}49.486 \dashrightarrow 00{:}08{:}52.446$  a general oncology office has to at

NOTE Confidence: 0.8894367

 $00:08:52.446 \longrightarrow 00:08:55.264$  first be tested in early phase clinical

NOTE Confidence: 0.8894367

 $00:08:55.264 \longrightarrow 00:08:58.330$  trials and back in the olden days.

NOTE Confidence: 0.8894367

00:08:58.330 --> 00:08:59.036 You know,

NOTE Confidence: 0.8894367

 $00:08:59.036 \longrightarrow 00:09:01.507$  we tested a lot of drugs based

NOTE Confidence: 0.8894367

 $00{:}09{:}01.507 \dashrightarrow 00{:}09{:}03.910$  on just these high throughput

 $00{:}09{:}03.910 \dashrightarrow 00{:}09{:}06.862$  screens in mouse models without a

NOTE Confidence: 0.8902892

 $00:09:06.949 \longrightarrow 00:09:09.892$  lot of science, there was science there,

NOTE Confidence: 0.8902892

 $00:09:09.892 \longrightarrow 00:09:12.602$  but today, in 2021 the science

NOTE Confidence: 0.8902892

 $00:09:12.602 \longrightarrow 00:09:14.917$  has advanced much more

NOTE Confidence: 0.8902892

 $00:09:14.920 \longrightarrow 00:09:17.095$  that we are even selecting

NOTE Confidence: 0.8902892

 $00:09:17.095 \longrightarrow 00:09:18.835$  out certain tumor types.

NOTE Confidence: 0.8902892

 $00:09:18.840 \longrightarrow 00:09:20.905$  Patients that have certain types

NOTE Confidence: 0.8902892

 $00:09:20.905 \longrightarrow 00:09:23.640$  of cancers based on the science.

NOTE Confidence: 0.8902892

 $00:09:23.640 \longrightarrow 00:09:26.405$  Because we know even in phase one

NOTE Confidence: 0.8902892

 $00{:}09{:}26.405 \dashrightarrow 00{:}09{:}29.385$  trials that we may have a greater

NOTE Confidence: 0.8902892

00:09:29.385 --> 00:09:32.517 chance of response and benefit if we

NOTE Confidence: 0.8902892

 $00:09:32.517 \longrightarrow 00:09:35.409$  only treat patients with those tumors.

NOTE Confidence: 0.8902892

 $00:09:35.410 \longrightarrow 00:09:38.690$  Going back to the KRAS G12C mutation

NOTE Confidence: 0.8902892

00:09:38.690 --> 00:09:42.819 that I was talking about a few minutes ago,

NOTE Confidence: 0.8902892

 $00:09:42.820 \longrightarrow 00:09:46.468$  we only included in those phase one trials

 $00:09:46.470 \longrightarrow 00:09:49.776$  patients that we knew whose

NOTE Confidence: 0.8902892

 $00{:}09{:}49.776 \dashrightarrow 00{:}09{:}53.329$  tumors had that mutation and in non

NOTE Confidence: 0.8902892

00:09:53.329 --> 00:09:56.825 small cell lung cancer in a phase one

NOTE Confidence: 0.8902892

 $00{:}09{:}56.825 \dashrightarrow 00{:}10{:}00.150$  trial we were seeing close to  $70{\text -}75\%$ 

NOTE Confidence: 0.8902892

 $00:10:00.150 \longrightarrow 00:10:03.138$  tumor response and in colon cancer,

NOTE Confidence: 0.8902892

 $00:10:03.138 \longrightarrow 00:10:06.162$  in patients who had colon cancer

NOTE Confidence: 0.8902892

00:10:06.162 --> 00:10:09.438 that had the KRAS G12 C mutation,

NOTE Confidence: 0.8902892

 $00:10:09.440 \longrightarrow 00:10:12.856$  we were seeing responses about 40 to

NOTE Confidence: 0.8902892

00:10:12.856 --> 00:10:16.222 50% and many of those patients had a

NOTE Confidence: 0.8902892

00:10:16.222 --> 00:10:20.198 lot of prior treatments either immunotherapy,

NOTE Confidence: 0.8902892

 $00:10:20.200 \longrightarrow 00:10:20.689$  chemotherapy,

NOTE Confidence: 0.8902892

 $00:10:20.689 \longrightarrow 00:10:24.601$  or both and yet despite having all those

NOTE Confidence: 0.8902892

 $00:10:24.601 \longrightarrow 00:10:27.220$  different cancers be treatments because

NOTE Confidence: 0.8902892

00:10:27.220 --> 00:10:30.292 their cancers had that one mutation,

NOTE Confidence: 0.8902892

 $00:10:30.300 \longrightarrow 00:10:33.198$  there was significant benefit as early

NOTE Confidence: 0.8902892

 $00{:}10{:}33.198 \dashrightarrow 00{:}10{:}36.918$  as in the Phase one clinical trial.

 $00:10:36.920 \longrightarrow 00:10:39.460$  So even though these trials

NOTE Confidence: 0.8902892

00:10:39.460 --> 00:10:40.984 are primarily toxicity

NOTE Confidence: 0.8902892

 $00:10:40.990 \longrightarrow 00:10:43.078$  finding studies and finding

NOTE Confidence: 0.8902892

00:10:43.078 --> 00:10:45.688 the recommended phase two dose

NOTE Confidence: 0.8902892

 $00:10:45.688 \longrightarrow 00:10:48.120$  many times in these trials,

NOTE Confidence: 0.8902892

 $00:10:48.120 \longrightarrow 00:10:51.410$  if we have a specific target that

NOTE Confidence: 0.8902892

 $00:10:51.410 \longrightarrow 00:10:54.537$  we're targeting and we can identify

NOTE Confidence: 0.8902892

00:10:54.537 --> 00:10:57.789 patients whose tumors have that target,

NOTE Confidence: 0.8902892

 $00{:}10{:}57.790 \dashrightarrow 00{:}11{:}00.475$  there is a potential the rapeutic

NOTE Confidence: 0.8902892

 $00:11:00.475 \longrightarrow 00:11:02.623$  benefit for those patients

NOTE Confidence: 0.8902892

 $00:11:02.630 \longrightarrow 00:11:05.294$  either in terms of their tumors

NOTE Confidence: 0.8902892

 $00:11:05.294 \longrightarrow 00:11:07.535$  shrinking or staying stable for

NOTE Confidence: 0.8902892

00:11:07.535 --> 00:11:09.480 a prolonged period of time,

NOTE Confidence: 0.8902892

 $00:11:09.480 \longrightarrow 00:11:12.469$  even at some of the lower doses,

NOTE Confidence: 0.8902892

 $00:11:12.470 \longrightarrow 00:11:14.170$  because as I said,

00:11:14.170 --> 00:11:17.609 we have to start low and go high,

NOTE Confidence: 0.8902892

 $00{:}11{:}17.610 \dashrightarrow 00{:}11{:}21.026$  and with the initial drug that targeted

NOTE Confidence: 0.8902892

00:11:21.030 --> 00:11:23.195 KRAS G12C, responses were seen

NOTE Confidence: 0.8902892

 $00:11:23.195 \longrightarrow 00:11:25.740$  regardless of what the dose was,

NOTE Confidence: 0.8902892

 $00:11:25.740 \longrightarrow 00:11:27.408$  which is extremely encouraging

NOTE Confidence: 0.8902892

 $00{:}11{:}27.408 \dashrightarrow 00{:}11{:}29.910$  and that drug is moving forward

NOTE Confidence: 0.8902892

 $00:11:29.980 \longrightarrow 00:11:31.728$  hopefully to FDA approval.

NOTE Confidence: 0.89674205

 $00:11:32.660 \longrightarrow 00:11:35.264$  So I think that there's a few

NOTE Confidence: 0.89674205

 $00{:}11{:}35.264 \to 00{:}11{:}37.768$  things there that you said that

NOTE Confidence: 0.89674205

00:11:37.768 --> 00:11:39.943 are so important to highlight,

NOTE Confidence: 0.89674205

 $00:11:39.950 \longrightarrow 00:11:42.204$  one of which is that our ability

NOTE Confidence: 0.89674205

 $00:11:42.204 \longrightarrow 00:11:45.330$  now to to figure out what the exact

NOTE Confidence: 0.89674205

 $00:11:45.330 \longrightarrow 00:11:47.981$  mutations are and to develop drugs

NOTE Confidence: 0.89674205

 $00:11:47.981 \longrightarrow 00:11:50.476$  that will target those mutations

NOTE Confidence: 0.89674205

 $00:11:50.480 \longrightarrow 00:11:52.100$  really not only benefits

NOTE Confidence: 0.89674205

 $00:11:52.100 \longrightarrow 00:11:54.568$  patients in terms of

 $00:11:54.568 \longrightarrow 00:11:57.112$  lack of side effects and potential

NOTE Confidence: 0.89674205

 $00:11:57.112 \longrightarrow 00:11:59.521$  better efficacy of a drug that

NOTE Confidence: 0.89674205

00:11:59.521 --> 00:12:01.005 targets a particular tumor,

NOTE Confidence: 0.89674205

 $00:12:01.010 \longrightarrow 00:12:03.130$  but it also really encourages

NOTE Confidence: 0.89674205

00:12:03.130 --> 00:12:04.826 patients to participate in

NOTE Confidence: 0.89674205

00:12:04.826 --> 00:12:06.890 clinical trials because you know

NOTE Confidence: 0.89674205

00:12:06.890 --> 00:12:10.186 that that drug, at least in animal models,

NOTE Confidence: 0.89674205

 $00:12:10.190 \longrightarrow 00:12:12.668$  has been shown to be efficacious

NOTE Confidence: 0.89674205

 $00:12:12.668 \longrightarrow 00:12:14.320$  against that particular mutation,

NOTE Confidence: 0.89674205

 $00:12:14.320 \longrightarrow 00:12:16.798$  and at least in animal models,

NOTE Confidence: 0.89674205

00:12:16.800 --> 00:12:18.448 doesn't have high toxicity.

NOTE Confidence: 0.89674205

00:12:18.448 --> 00:12:19.684 And so Pat,

NOTE Confidence: 0.89674205

 $00{:}12{:}19.690 \dashrightarrow 00{:}12{:}21.710$  when you're designing a phase

NOTE Confidence: 0.89674205

 $00{:}12{:}21.710 \longrightarrow 00{:}12{:}23.730$  one trial and thinking about

NOTE Confidence: 0.89674205

 $00:12:23.800 \longrightarrow 00:12:25.890$  the patients who are eligible,

 $00:12:25.890 \longrightarrow 00:12:29.322$  I think the other thing that was really

NOTE Confidence: 0.89674205

 $00:12:29.322 \longrightarrow 00:12:32.333$  critical that you said was not only

NOTE Confidence: 0.89674205

 $00:12:32.333 \longrightarrow 00:12:34.970$  how you target the population to

NOTE Confidence: 0.89674205

 $00:12:34.970 \longrightarrow 00:12:36.622$  those patients who could

NOTE Confidence: 0.89674205

00:12:36.622 --> 00:12:38.274 potentially benefit from this,

NOTE Confidence: 0.89674205

 $00:12:38.280 \longrightarrow 00:12:39.104$  for example,

NOTE Confidence: 0.89674205

00:12:39.104 --> 00:12:41.591 those who have a specific mutation.

NOTE Confidence: 0.89674205

 $00:12:41.591 \longrightarrow 00:12:44.538$  But also those for whom

NOTE Confidence: 0.89674205

 $00:12:44.538 \longrightarrow 00:12:46.958$  standard of care may be falling

NOTE Confidence: 0.89674205

00:12:46.958 --> 00:12:49.707 short where there may not be other

NOTE Confidence: 0.89674205

 $00{:}12{:}49.707 \dashrightarrow 00{:}12{:}51.812$  options who have been through

NOTE Confidence: 0.89674205

 $00:12:51.812 \longrightarrow 00:12:54.368$  a number of series of different

NOTE Confidence: 0.89674205

 $00:12:54.368 \longrightarrow 00:12:56.972$  regiments and have come to exhaust

NOTE Confidence: 0.89674205

 $00:12:56.972 \longrightarrow 00:12:59.682$  standard of care options tell us more

NOTE Confidence: 0.89674205

 $00:12:59.682 \longrightarrow 00:13:02.319$  about how you go about designing a

NOTE Confidence: 0.89674205

 $00{:}13{:}02.319 \dashrightarrow 00{:}13{:}05.098$  phase one trial in terms of who's

 $00:13:05.098 \longrightarrow 00:13:07.500$  eligible and how

NOTE Confidence: 0.89674205

 $00{:}13{:}07.500 \dashrightarrow 00{:}13{:}10.181$  many patients are eligible and how

NOTE Confidence: 0.89674205

 $00:13:10.181 \longrightarrow 00:13:13.628$  you kind of figure out how many patients

NOTE Confidence: 0.89674205

 $00:13:13.630 \longrightarrow 00:13:15.688$  you need to have on that trial

NOTE Confidence: 0.89674205

00:13:15.688 --> 00:13:17.788 to get the information that you

NOTE Confidence: 0.89674205

 $00:13:17.788 \longrightarrow 00:13:20.448$  need before you can open this up

NOTE Confidence: 0.89674205

 $00:13:20.528 \longrightarrow 00:13:23.170$  to wider clinical trials?

NOTE Confidence: 0.90262944

 $00{:}13{:}23.170 --> 00{:}13{:}25.180$  Right, so first of all,

NOTE Confidence: 0.90262944

 $00:13:25.180 \longrightarrow 00:13:27.388$  there are a limited number of

NOTE Confidence: 0.90262944

 $00:13:27.388 \longrightarrow 00:13:29.885$  patients that go on the phase

NOTE Confidence: 0.90262944

 $00:13:29.885 \longrightarrow 00:13:32.250$  one trials because we're really

NOTE Confidence: 0.90262944

 $00:13:32.250 \longrightarrow 00:13:34.441$  looking for potential side effects

NOTE Confidence: 0.90262944

 $00:13:34.441 \longrightarrow 00:13:37.201$  of the drug to make sure that the

NOTE Confidence: 0.90262944

00:13:37.210 --> 00:13:40.010 drug is safe to give to patients.

NOTE Confidence: 0.90262944

00:13:40.010 --> 00:13:42.635 So we slowly increase the dose will

00:13:42.635 --> 00:13:45.462 treat one to three patients and we'll

NOTE Confidence: 0.90262944

 $00:13:45.462 \longrightarrow 00:13:48.384$  have to get them through at least

NOTE Confidence: 0.90262944

 $00:13:48.384 \longrightarrow 00:13:50.820$  three to six weeks of treatment

NOTE Confidence: 0.90262944

 $00:13:50.820 \longrightarrow 00:13:53.628$  before we then can increase the dose

NOTE Confidence: 0.90262944

 $00:13:53.628 \longrightarrow 00:13:56.010$  and add another one to three

NOTE Confidence: 0.90262944

00:13:56.089 --> 00:13:57.877 patients as an example.

NOTE Confidence: 0.8671301

00:13:59.590 --> 00:14:01.795 And so I wanted to pick up

NOTE Confidence: 0.8671301

 $00:14:01.795 \longrightarrow 00:14:04.374$  on all of the things that we

NOTE Confidence: 0.8671301

 $00:14:04.374 \longrightarrow 00:14:07.130$  look at in terms of Phase one,

NOTE Confidence: 0.8671301

00:14:07.130 --> 00:14:09.314 clinical trials and how we actually

NOTE Confidence: 0.8671301

 $00{:}14{:}09.314 \dashrightarrow 00{:}14{:}11.464$  get these drugs to market right

NOTE Confidence: 0.8671301

 $00:14:11.464 \longrightarrow 00:14:13.324$  after we take a short break

NOTE Confidence: 0.8671301

 $00:14:13.324 \longrightarrow 00:14:15.029$  for a medical minute.

NOTE Confidence: 0.8671301

 $00:14:15.030 \longrightarrow 00:14:16.458$  Please stay tuned to

NOTE Confidence: 0.8671301

00:14:16.460 --> 00:14:18.889 learn more with my guest Doctor Pat LoRusso.

NOTE Confidence: 0.8671301

 $00:14:18.889 \longrightarrow 00:14:21.203$  Support for Yale Cancer Answers

00:14:21.203 --> 00:14:23.621 comes from AstraZeneca, working to

NOTE Confidence: 0.8671301

 $00{:}14{:}23.621 \dashrightarrow 00{:}14{:}25.800$  eliminate cancer as a cause of death.

NOTE Confidence: 0.8671301

00:14:25.800 --> 00:14:29.028 Learn more at astrazeneca-us.com.

NOTE Confidence: 0.8671301

 $00:14:29.030 \longrightarrow 00:14:31.115$  This is a medical minute

NOTE Confidence: 0.8671301

00:14:31.115 --> 00:14:32.366 about smoking cessation.

NOTE Confidence: 0.8671301

 $00:14:32.370 \longrightarrow 00:14:34.450$  There are many obstacles to

NOTE Confidence: 0.8671301

 $00:14:34.450 \longrightarrow 00:14:36.114$  face when quitting smoking

NOTE Confidence: 0.8671301

 $00:14:36.120 \longrightarrow 00:14:39.039$  as smoking involves the potent drug nicotine.

NOTE Confidence: 0.8671301

00:14:39.040 --> 00:14:41.959 But it's a very important lifestyle change,

NOTE Confidence: 0.8671301

 $00:14:41.960 \longrightarrow 00:14:43.208$  especially for patients

NOTE Confidence: 0.8671301

 $00{:}14{:}43.208 \dashrightarrow 00{:}14{:}44.456$  undergoing cancer treatment.

NOTE Confidence: 0.8671301

 $00:14:44.460 \longrightarrow 00:14:46.704$  Quitting smoking has been shown to

NOTE Confidence: 0.8671301

 $00:14:46.704 \longrightarrow 00:14:48.739$  positively impact response to treatments

NOTE Confidence: 0.8671301

 $00{:}14{:}48.739 \dashrightarrow 00{:}14{:}51.109$  decrease the likelihood that patients

NOTE Confidence: 0.8671301

 $00:14:51.109 \longrightarrow 00:14:53.005$  will develop second malignancies

 $00:14:53.065 \longrightarrow 00:14:54.880$  and increase rates of survival.

NOTE Confidence: 0.8671301

 $00{:}14{:}54.880 {\: -->\:} 00{:}14{:}56.520$  To bacco treatment programs are

NOTE Confidence: 0.8671301

00:14:56.520 --> 00:14:58.570 currently being offered at federally

NOTE Confidence: 0.8671301

 $00{:}14{:}58.570 \dashrightarrow 00{:}15{:}00.559$  designated Comprehensive cancer centers

NOTE Confidence: 0.8671301

 $00:15:00.560 \longrightarrow 00:15:02.290$  and operate on the principles

NOTE Confidence: 0.8671301

00:15:02.290 --> 00:15:04.688 of the US Public Health Service

NOTE Confidence: 0.8671301

 $00{:}15{:}04.688 \dashrightarrow 00{:}15{:}06.497$  Clinical Practice guidelines.

NOTE Confidence: 0.8671301

 $00{:}15{:}06.500 \dashrightarrow 00{:}15{:}08.610$  All treatment components are evidence

NOTE Confidence: 0.8671301

 $00{:}15{:}08.610 \dashrightarrow 00{:}15{:}11.165$  based and therefore all patients are

NOTE Confidence: 0.8671301

00:15:11.165 --> 00:15:13.475 treated with FDA approved first line

NOTE Confidence: 0.8671301

 $00{:}15{:}13.475 \dashrightarrow 00{:}15{:}15.603$  medications for smoking cessation as

NOTE Confidence: 0.8671301

 $00:15:15.603 \longrightarrow 00:15:17.863$  well as smoking cessation counseling

NOTE Confidence: 0.8671301

 $00:15:17.863 \longrightarrow 00:15:20.240$  that stresses appropriate coping skills.

NOTE Confidence: 0.8671301

00:15:20.240 --> 00:15:22.790 More information is available at

NOTE Confidence: 0.8671301

00:15:22.790 --> 00:15:24.320 yalecancercenter.org. You're listening

NOTE Confidence: 0.8671301

 $00:15:24.380 \longrightarrow 00:15:26.060$  to Connecticut Public Radio.

00:15:26.060 --> 00:15:26.420 Welcome

NOTE Confidence: 0.8464511

 $00:15:26.420 \longrightarrow 00:15:28.240$  back to Yale Cancer Answers.

NOTE Confidence: 0.8464511

 $00:15:28.240 \longrightarrow 00:15:30.220$  This is doctor Anees Chagpar

NOTE Confidence: 0.8464511

 $00:15:30.220 \longrightarrow 00:15:32.410$  and I'm joined tonight by

NOTE Confidence: 0.8464511

 $00:15:32.410 \longrightarrow 00:15:34.405$  my guest doctor Pat LoRusso.

NOTE Confidence: 0.8464511

 $00:15:34.410 \longrightarrow 00:15:35.496$  We're talking about

NOTE Confidence: 0.8464511

00:15:35.496 --> 00:15:36.220 experimental therapeutics,

NOTE Confidence: 0.8464511

 $00:15:36.220 \longrightarrow 00:15:38.040$  and phase one clinical trials,

NOTE Confidence: 0.8464511

 $00:15:38.040 \longrightarrow 00:15:39.850$  and right before the break,

NOTE Confidence: 0.8464511

00:15:39.850 --> 00:15:42.335 Pat, we were talking about how you

NOTE Confidence: 0.8464511

 $00{:}15{:}42.335 \dashrightarrow 00{:}15{:}44.568$  go about designing these phase one

NOTE Confidence: 0.8464511

 $00{:}15{:}44.570 \dashrightarrow 00{:}15{:}46.784$  first in man clinical trials and

NOTE Confidence: 0.8464511

 $00{:}15{:}46.784 \dashrightarrow 00{:}15{:}49.289$  we were talking about the fact that,

NOTE Confidence: 0.8464511

 $00:15:49.290 \longrightarrow 00:15:52.550$  you know, it seems to me to be a little

NOTE Confidence: 0.8464511

 $00:15:52.643 \longrightarrow 00:15:56.075$  less scary than it was in previous years.

 $00:15:56.080 \longrightarrow 00:15:58.943$  Because drugs these days are so much

NOTE Confidence: 0.8464511

 $00{:}15{:}58.943 \dashrightarrow 00{:}16{:}01.800$  more targeted and there is a lot of

NOTE Confidence: 0.8464511

 $00:16:01.800 \longrightarrow 00:16:03.910$  regulation and a lot of preclinical

NOTE Confidence: 0.8464511

 $00:16:03.910 \longrightarrow 00:16:06.766$  work in terms of animal studies,

NOTE Confidence: 0.8464511

 $00:16:06.770 \longrightarrow 00:16:09.360$  that goes into really making sure that

NOTE Confidence: 0.8464511

00:16:09.360 --> 00:16:12.319 these drugs are efficacious and not toxic,

NOTE Confidence: 0.8464511

 $00:16:12.320 \longrightarrow 00:16:14.840$  at least in a couple of animals

NOTE Confidence: 0.8464511

 $00:16:14.840 \longrightarrow 00:16:16.882$  species before it ever hits

NOTE Confidence: 0.8464511

 $00{:}16{:}16.882 \dashrightarrow 00{:}16{:}18.646$  phase one clinical trials.

NOTE Confidence: 0.8464511

00:16:18.650 --> 00:16:21.778 But you were starting to tell us right

NOTE Confidence: 0.8464511

 $00:16:21.778 \longrightarrow 00:16:25.000$  before the break about how you design

NOTE Confidence: 0.8464511

 $00:16:25.000 \longrightarrow 00:16:27.355$  these phase one clinical trials.

NOTE Confidence: 0.8464511

00:16:27.360 --> 00:16:29.410 How many patients you involve,

NOTE Confidence: 0.8464511

 $00:16:29.410 \longrightarrow 00:16:31.460$  what your inclusion criteria are,

NOTE Confidence: 0.8464511

 $00:16:31.460 \longrightarrow 00:16:33.510$  the safeguards that you put

NOTE Confidence: 0.8464511

 $00:16:33.510 \longrightarrow 00:16:34.740$  around these trials.

00:16:34.740 --> 00:16:37.200 Because still, for some patients,

NOTE Confidence: 0.8464511

 $00:16:37.200 \longrightarrow 00:16:39.624$  this may seem really scary and

NOTE Confidence: 0.8464511

 $00:16:39.624 \longrightarrow 00:16:42.529$  often is used as a last resort,

NOTE Confidence: 0.8464511

 $00:16:42.530 \longrightarrow 00:16:43.679$  so can you

NOTE Confidence: 0.8464511

00:16:43.679 --> 00:16:47.858 talk a little bit about that?

NOTE Confidence: 0.8464511

 $00:16:47.860 \longrightarrow 00:16:48.680$  Oh yes,

NOTE Confidence: 0.8726229

00:16:48.680 --> 00:16:51.140 absolutely. And thank you for the

NOTE Confidence: 0.8726229

00:16:51.140 --> 00:16:54.416 opportunity to do so. So to begin with,

NOTE Confidence: 0.8726229

 $00:16:54.416 \longrightarrow 00:16:57.749$  how do we design these trials.

NOTE Confidence: 0.8726229

 $00:16:57.750 \longrightarrow 00:17:01.170$  In terms of finding the dose that we want to

NOTE Confidence: 0.8726229

 $00{:}17{:}01.248 \dashrightarrow 00{:}17{:}04.584$  start with and how we're going to escalate,

NOTE Confidence: 0.8726229

 $00:17:04.590 \longrightarrow 00:17:07.565$  that pretty much comes from the toxicology

NOTE Confidence: 0.8726229

 $00:17:07.565 \longrightarrow 00:17:10.217$  studies that we've done before we get

NOTE Confidence: 0.8726229

 $00:17:10.217 \longrightarrow 00:17:12.949$  into the clinic before we go in demand.

NOTE Confidence: 0.8726229

 $00:17:12.950 \longrightarrow 00:17:15.230$  But also exposure of the drug.

 $00:17:15.230 \longrightarrow 00:17:18.062$  So what was the exposure that was needed

NOTE Confidence: 0.8726229

 $00{:}17{:}18.062 \dashrightarrow 00{:}17{:}20.739$  in the various model systems that we

NOTE Confidence: 0.8726229

 $00{:}17{:}20.739 \dashrightarrow 00{:}17{:}23.880$  used in order to see benefit to see

NOTE Confidence: 0.8726229

 $00:17:23.880 \longrightarrow 00:17:26.624$  the tumor regress either in the mouse

NOTE Confidence: 0.8726229

00:17:26.630 --> 00:17:29.758 models or in the in vitro Petri dishes?

NOTE Confidence: 0.8726229

 $00:17:30.486 \longrightarrow 00:17:33.870$  Because we know that we have to start safe.

NOTE Confidence: 0.8726229

 $00:17:33.870 \longrightarrow 00:17:36.494$  But we also want to make sure that

NOTE Confidence: 0.8726229

 $00:17:36.494 \longrightarrow 00:17:39.476$  we can get to an adequate exposure,

NOTE Confidence: 0.8726229

 $00:17:39.480 \longrightarrow 00:17:41.350$  because if we can't get

NOTE Confidence: 0.8726229

 $00:17:41.350 \longrightarrow 00:17:42.846$  to an adequate exposure,

NOTE Confidence: 0.8726229

 $00{:}17{:}42.850 \mathrel{--}{>} 00{:}17{:}45.856$  we are concerned that we may not see the

NOTE Confidence: 0.8726229

 $00:17:45.856 \longrightarrow 00:17:48.314$  benefit and oftentimes there is a very

NOTE Confidence: 0.8726229

 $00:17:48.314 \longrightarrow 00:17:51.079$  large what we call therapeutic window,

NOTE Confidence: 0.8726229

00:17:51.080 --> 00:17:54.450 a window or a dose at which we started to

NOTE Confidence: 0.8726229

 $00:17:54.538 \longrightarrow 00:17:58.093$  see activity to a dose where we saw side

NOTE Confidence: 0.8726229

 $00:17:58.093 \longrightarrow 00:18:01.289$  effects in animals and

 $00:18:01.290 \longrightarrow 00:18:04.602$  the easier it is for us to identify how

NOTE Confidence: 0.8726229

 $00{:}18{:}04.602 \to 00{:}18{:}07.905$  fast we're going to increase our doses.

NOTE Confidence: 0.8726229

00:18:07.910 --> 00:18:11.591 Another thing is we look at the inclusion and

NOTE Confidence: 0.8726229

00:18:11.591 --> 00:18:14.536 exclusion criteria and in terms of toxicity,

NOTE Confidence: 0.8726229

 $00:18:14.540 \longrightarrow 00:18:18.092$  if we know that the drug preclinically in

NOTE Confidence: 0.8726229

00:18:18.092 --> 00:18:21.579 animals led to some type of a side effect,

NOTE Confidence: 0.8726229

 $00:18:21.580 \longrightarrow 00:18:24.064$  we have to select out our

NOTE Confidence: 0.8726229

 $00:18:24.064 \longrightarrow 00:18:25.720$  patients based on that,

NOTE Confidence: 0.8726229

 $00:18:25.720 \longrightarrow 00:18:28.480$  or do some additional tests to make sure

NOTE Confidence: 0.8726229

 $00:18:28.480 \longrightarrow 00:18:31.680$  we can hopefully safeguard patients and

NOTE Confidence: 0.8726229

 $00:18:31.680 \longrightarrow 00:18:34.008$  follow them closely so that

NOTE Confidence: 0.8726229

00:18:34.008 --> 00:18:36.590 they don't have a side effect.

NOTE Confidence: 0.8726229

 $00:18:36.590 \longrightarrow 00:18:39.250$  But in terms of efficacy as well,

NOTE Confidence: 0.8726229

 $00:18:39.250 \longrightarrow 00:18:40.770$  it would not be

 $00:18:41.530 \longrightarrow 00:18:44.298$  in 2021 because we know so much more

NOTE Confidence: 0.8726229

 $00:18:44.298 \longrightarrow 00:18:46.988$  about the science and how the science

00:18:46.988 --> 00:18:49.510 is driving the tumor in humans,

NOTE Confidence: 0.8726229

 $00{:}18{:}49.510 \dashrightarrow 00{:}18{:}52.214$  we want to select out patients that will

NOTE Confidence: 0.8726229

 $00:18:52.214 \longrightarrow 00:18:54.829$  have the greatest chance of benefit.

NOTE Confidence: 0.8726229

 $00:18:54.830 \longrightarrow 00:18:57.371$  So back 25 years ago when I

NOTE Confidence: 0.8726229

00:18:57.371 --> 00:18:59.390 started doing Phase one trials,

NOTE Confidence: 0.8726229

 $00:18:59.390 \longrightarrow 00:19:02.810$  we would do what we called all comer studies.

NOTE Confidence: 0.8726229

00:19:02.810 --> 00:19:05.090 All patients, regardless of the tumor,

NOTE Confidence: 0.8726229

 $00:19:05.090 \longrightarrow 00:19:08.338$  were allowed to go on phase one trials.

NOTE Confidence: 0.8726229

 $00:19:08.340 \longrightarrow 00:19:10.825$  Because we didn't know enough about the

NOTE Confidence: 0.8726229

 $00:19:10.825 \longrightarrow 00:19:13.609$  science that was driving particular tumors.

NOTE Confidence: 0.8726229

00:19:13.610 --> 00:19:15.962 And nowadays in 2021 it's not

NOTE Confidence: 0.8726229

 $00{:}19{:}15.962 \dashrightarrow 00{:}19{:}18.846$  uncommon for us to design a trial

NOTE Confidence: 0.8726229

 $00:19:18.846 \longrightarrow 00:19:21.300$  that may only have two tumors,

NOTE Confidence: 0.8726229

 $00:19:21.300 \longrightarrow 00:19:23.925$  or maybe two tumors and a third

NOTE Confidence: 0.8726229

 $00:19:23.925 \longrightarrow 00:19:26.768$  arm of tumors that have a specific

00:19:26.768 --> 00:19:29.721 mutation an like the KRAS G12C

NOTE Confidence: 0.8726229

 $00{:}19{:}29.721 \dashrightarrow 00{:}19{:}32.633$  story that I was telling you about.

NOTE Confidence: 0.8726229

 $00:19:32.640 \longrightarrow 00:19:35.608$  We knew that the primary tumors that

NOTE Confidence: 0.8726229

 $00{:}19{:}35.608 \dashrightarrow 00{:}19{:}39.046$  we needed to go after were the lung

NOTE Confidence: 0.8726229

 $00:19:39.050 \longrightarrow 00:19:41.840$  tumors that were either lung cancer

NOTE Confidence: 0.8726229

 $00:19:41.840 \longrightarrow 00:19:44.275$  or colon cancer that harbored

NOTE Confidence: 0.8726229

 $00:19:44.275 \longrightarrow 00:19:46.700$  this KRAS G12C mutation.

NOTE Confidence: 0.8726229

 $00:19:46.700 \longrightarrow 00:19:49.682$  But there are other tumors that

NOTE Confidence: 0.8726229

 $00{:}19{:}49.682 \dashrightarrow 00{:}19{:}52.430$  rarely harbor this mutation as well.

NOTE Confidence: 0.8726229

00:19:52.430 --> 00:19:52.973 Cholangiocarcinoma,

NOTE Confidence: 0.8726229

 $00{:}19{:}52.973 \dashrightarrow 00{:}19{:}56.774$  you know various tumors and so we

NOTE Confidence: 0.8726229

 $00:19:56.774 \longrightarrow 00:20:00.186$  allowed a third arm or a third

NOTE Confidence: 0.8726229

00:20:00.190 --> 00:20:02.506 basket of tumors to be enrolled

NOTE Confidence: 0.8726229

 $00:20:02.506 \longrightarrow 00:20:04.524$  of those different tumors that

NOTE Confidence: 0.8726229

 $00:20:04.524 \longrightarrow 00:20:06.148$  might have that mutation.

NOTE Confidence: 0.8726229

00:20:06.150 --> 00:20:06.546 Additionally,

 $00:20:06.546 \longrightarrow 00:20:08.526$  back in the olden days,

 $00:20:09.230 \longrightarrow 00:20:12.030$  we used to see patients that had failed

NOTE Confidence: 0.88815093

00:20:12.104 --> 00:20:14.454 everything, even drugs that really

NOTE Confidence: 0.88815093

 $00:20:14.454 \longrightarrow 00:20:17.260$  were not doing that much for them,

NOTE Confidence: 0.88815093

 $00:20:17.260 \longrightarrow 00:20:19.240$  but might have been FDA

NOTE Confidence: 0.88815093

 $00{:}20{:}19.240 \dashrightarrow 00{:}20{:}20.824$  approved for commercial use.

NOTE Confidence: 0.88815093

 $00{:}20{:}20{:}830 \longrightarrow 00{:}20{:}22.690$  But nowadays we realize that

NOTE Confidence: 0.88815093

 $00:20:22.690 \longrightarrow 00:20:25.474$  that may not be the best patients

NOTE Confidence: 0.88815093

 $00:20:25.474 \longrightarrow 00:20:27.579$  to put on these studies,

NOTE Confidence: 0.88815093

 $00:20:27.580 \longrightarrow 00:20:28.900$  especially seeing that

NOTE Confidence: 0.88815093

 $00{:}20{:}28.900 \dashrightarrow 00{:}20{:}30.220$  we're targeting science.

NOTE Confidence: 0.88815093

 $00:20:30.220 \longrightarrow 00:20:32.290$  And we're not looking necessarily for

NOTE Confidence: 0.88815093

 $00:20:32.290 \longrightarrow 00:20:34.939$  patients now that have exhausted everything.

NOTE Confidence: 0.88815093

00:20:34.940 --> 00:20:36.224 But like for instance,

NOTE Confidence: 0.88815093

 $00:20:36.224 \longrightarrow 00:20:38.638$  we have a trial that only wants

NOTE Confidence: 0.88815093

 $00:20:38.638 \longrightarrow 00:20:41.543$  patients that have failed what we call

00:20:41.543 --> 00:20:44.168 frontline therapy for colon cancer or

NOTE Confidence: 0.88815093

 $00{:}20{:}44.168 {\:\dashrightarrow\:} 00{:}20{:}46.323$  frontline the rapy for pancreas cancer.

NOTE Confidence: 0.88815093

 $00{:}20{:}46.330 \dashrightarrow 00{:}20{:}48.290$  Only one treatment for their

NOTE Confidence: 0.88815093

 $00:20:48.290 \longrightarrow 00:20:49.074$  metastatic disease,

NOTE Confidence: 0.88815093

 $00:20:49.080 \longrightarrow 00:20:51.816$  and then we want to bring them on

NOTE Confidence: 0.88815093

 $00:20:51.816 \longrightarrow 00:20:54.049$  the trial because we know that

NOTE Confidence: 0.88815093

 $00:20:54.049 \longrightarrow 00:20:56.783$  the farther out you go in terms

NOTE Confidence: 0.88815093

 $00:20:56.783 \longrightarrow 00:20:59.053$  of number of different treatments

NOTE Confidence: 0.88815093

 $00:20:59.053 \longrightarrow 00:21:01.331$  that a patient is given,

 $00:21:01.792 \longrightarrow 00:21:04.558$  many times there's a significant

NOTE Confidence: 0.88815093

 $00{:}21{:}04.558 \dashrightarrow 00{:}21{:}07.409$  decrease in the ability for that tumor

NOTE Confidence: 0.88815093

00:21:07.409 --> 00:21:10.090 to respond to a certain treatment,

NOTE Confidence: 0.88815093

 $00:21:10.090 \longrightarrow 00:21:13.586$  and so we're requesting even in early phase

NOTE Confidence: 0.88815093

 $00:21:13.590 \longrightarrow 00:21:16.320$  once we've gotten to that dose that

NOTE Confidence: 0.88815093

 $00:21:16.320 \longrightarrow 00:21:19.481$  we want to advance forward instead of

NOTE Confidence: 0.88815093

00:21:19.481 --> 00:21:22.760 just going right into a phase two,

 $00:21:22.760 \longrightarrow 00:21:26.256$  we may do what we call expansion cohorts.

NOTE Confidence: 0.88815093

 $00:21:26.260 \longrightarrow 00:21:27.391$  In that phase

NOTE Confidence: 0.88815093

 $00:21:27.391 \longrightarrow 00:21:30.030$  one trial and where we put only

NOTE Confidence: 0.88815093

00:21:30.116 --> 00:21:32.380 patients with colon cancer,

NOTE Confidence: 0.88815093

 $00{:}21{:}32.380 \dashrightarrow 00{:}21{:}35.296$  or only patients with ovarian cancer.

NOTE Confidence: 0.88815093

 $00{:}21{:}35.300 \dashrightarrow 00{:}21{:}38.333$  And only those that may harbor as an example,

NOTE Confidence: 0.88815093

 $00:21:38.340 \longrightarrow 00:21:39.624$  a certain mutation.

NOTE Confidence: 0.88815093

 $00:21:39.624 \longrightarrow 00:21:42.620$  Because we want to move the drug

NOTE Confidence: 0.88815093

 $00{:}21{:}42.706 \rightarrow 00{:}21{:}45.256$  through as quickly as possible,

NOTE Confidence: 0.88815093

 $00:21:45.260 \longrightarrow 00:21:48.221$  but as safely as possible so that

NOTE Confidence: 0.88815093

 $00{:}21{:}48.221 \dashrightarrow 00{:}21{:}50.955$  we can hopefully advance that drug

NOTE Confidence: 0.88815093

00:21:50.955 --> 00:21:53.715 right into a phase three trial,

NOTE Confidence: 0.88815093

00:21:53.720 --> 00:21:56.408 which is a randomized trial looking

NOTE Confidence: 0.88815093

00:21:56.408 --> 00:21:59.633 at standard of care versus the new

NOTE Confidence: 0.88815093

 $00{:}21{:}59.633 \dashrightarrow 00{:}22{:}02.321$  drug or standard of care versus

 $00:22:02.321 \longrightarrow 00:22:03.509$  standard of care.

NOTE Confidence: 0.88815093

 $00{:}22{:}03.510 \dashrightarrow 00{:}22{:}06.212$  Plus the new drug together so that

NOTE Confidence: 0.88815093

 $00:22:06.212 \longrightarrow 00:22:08.996$  we can hopefully advance that drug

NOTE Confidence: 0.88815093

 $00:22:08.996 \longrightarrow 00:22:12.080$  to commercialization to make it accessible

NOTE Confidence: 0.88815093

 $00:22:12.080 \longrightarrow 00:22:14.594$  to all patients that could benefit

NOTE Confidence: 0.88815093

00:22:14.594 --> 00:22:17.970 from that drug as quickly as possible.

NOTE Confidence: 0.84499395

00:22:17.970 --> 00:22:21.127 Yeah, I think that's so important right

NOTE Confidence: 0.84499395

00:22:21.127 --> 00:22:24.387 in thinking about the fact that even if

NOTE Confidence: 0.84499395

 $00:22:24.387 \longrightarrow 00:22:27.480$  you look at our standard chemotherapies,

NOTE Confidence: 0.84499395

 $00:22:27.480 \longrightarrow 00:22:30.672$  many of these are drugs that were

NOTE Confidence: 0.84499395

00:22:30.672 --> 00:22:34.278 developed back in the quote the good old days,

NOTE Confidence: 0.84499395

00:22:34.280 --> 00:22:36.656 which really aren't targeted and now

NOTE Confidence: 0.84499395

 $00:22:36.656 \longrightarrow 00:22:39.710$  that we have these targeted therapies

NOTE Confidence: 0.84499395

 $00:22:39.710 \longrightarrow 00:22:42.818$  it may be patients who

NOTE Confidence: 0.84499395

 $00:22:42.818 \longrightarrow 00:22:44.372$  have specific mutations.

NOTE Confidence: 0.84499395

 $00:22:44.380 \longrightarrow 00:22:48.013$  To really look at clinical trials before

 $00:22:48.013 \longrightarrow 00:22:51.078$  they've exhausted all of their options.

NOTE Confidence: 0.84499395

00:22:51.080 --> 00:22:55.166 So Pat, my next question is,

NOTE Confidence: 0.84499395

 $00:22:55.170 \longrightarrow 00:22:58.298$  do you find that patients are still

NOTE Confidence: 0.84499395

00:22:58.298 --> 00:23:01.190 resistant to looking at clinical trials?

NOTE Confidence: 0.84499395

 $00{:}23{:}01.190 \dashrightarrow 00{:}23{:}03.355$  Do they have enough information

NOTE Confidence: 0.84499395

 $00:23:03.355 \longrightarrow 00:23:06.020$  about where to find these clinical

NOTE Confidence: 0.84499395

 $00:23:06.020 \longrightarrow 00:23:08.528$  trials and for the people who

NOTE Confidence: 0.84499395

 $00:23:08.528 \longrightarrow 00:23:11.078$  are listening on the radio today

NOTE Confidence: 0.84499395

 $00:23:11.080 \longrightarrow 00:23:12.536$  who may be thinking,

NOTE Confidence: 0.84499395

00:23:12.536 --> 00:23:15.810 I failed my first round of chemotherapy,

NOTE Confidence: 0.84499395

 $00:23:15.810 \longrightarrow 00:23:17.960$  or maybe even two rounds,

 $00:23:20.840 \longrightarrow 00:23:21.788$  and you know,

NOTE Confidence: 0.84499395

 $00:23:21.788 \longrightarrow 00:23:24.451$  how far do we keep going down the

NOTE Confidence: 0.84499395

 $00:23:24.451 \longrightarrow 00:23:27.076$  line thinking about the next line of

NOTE Confidence: 0.84499395

00:23:27.076 --> 00:23:29.736 therapy in the next line of therapy,

NOTE Confidence: 0.84499395

 $00{:}23{:}29.740 \dashrightarrow 00{:}23{:}32.001$  all of which may be less effective

 $00:23:32.001 \longrightarrow 00:23:34.010$  versus trying a clinical trial.

NOTE Confidence: 0.84499395

 $00{:}23{:}34.010 \dashrightarrow 00{:}23{:}36.775$  And how do I get information about

NOTE Confidence: 0.84499395

 $00:23:36.775 \longrightarrow 00:23:39.325$  what clinical trials are out there that

NOTE Confidence: 0.84499395

00:23:39.325 --> 00:23:42.199 might be well suited to me in my tumor? 00:23:44.720 --> 00:23:47.000 In the Connecticut area obviously you

NOTE Confidence: 0.87484205

 $00{:}23{:}47.075 \dashrightarrow 00{:}23{:}50.115$ know Yale Cancer Center is an

NOTE Confidence: 0.87484205

 $00:23:50.115 \longrightarrow 00:23:52.309$  outstanding resource for clinical trials.

NOTE Confidence: 0.87484205

00:23:52.310 --> 00:23:54.285 And you know, contacting somebody

NOTE Confidence: 0.87484205

 $00:23:54.285 \longrightarrow 00:23:55.865$  at Yale Cancer Center,

NOTE Confidence: 0.87484205

 $00:23:55.870 \longrightarrow 00:23:59.191$  if you have a GI cancer

NOTE Confidence: 0.87484205

 $00:23:59.191 \longrightarrow 00:24:01.810$  cancer of the colon or stomach,

NOTE Confidence: 0.87484205

 $00{:}24{:}01.810 \longrightarrow 00{:}24{:}04.978$  contacting the GI team to see

NOTE Confidence: 0.87484205

 $00:24:04.980 \longrightarrow 00:24:06.960$  do they have trials available?

NOTE Confidence: 0.87484205

 $00{:}24{:}06.960 \dashrightarrow 00{:}24{:}10.024$  Or if you have metastatic disease, your cancer

NOTE Confidence: 0.87484205

00:24:10.024 --> 00:24:12.950 is spread outside of its primary source,

NOTE Confidence: 0.87484205

00:24:12.950 --> 00:24:16.910 contacting our team as an example,

 $00{:}24{:}16.910 \dashrightarrow 00{:}24{:}20.510$  and if you contact Yale,

NOTE Confidence: 0.87484205

 $00:24:20.510 \longrightarrow 00:24:23.390$  they will get ahold of the right physician

NOTE Confidence: 0.87484205

 $00:24:23.390 \longrightarrow 00:24:26.510$  to be able to answer those questions.

NOTE Confidence: 0.87484205

00:24:26.510 --> 00:24:28.910 You can also go on cancerclinicaltrials.gov,

NOTE Confidence: 0.87484205

 $00:24:28.910 \longrightarrow 00:24:32.074$  a website that is

NOTE Confidence: 0.87484205

 $00:24:32.074 \longrightarrow 00:24:34.569$  sometimes very difficult to maneuver.

NOTE Confidence: 0.87484205

00:24:34.570 --> 00:24:37.216 You can ask your primary oncologist,

NOTE Confidence: 0.87484205

 $00:24:37.220 \longrightarrow 00:24:39.425$  but depending on how comfortable

NOTE Confidence: 0.87484205

 $00:24:39.425 \longrightarrow 00:24:41.630$  they feel in referring you,

NOTE Confidence: 0.87484205

00:24:41.630 --> 00:24:44.591 you're at the disposal and

NOTE Confidence: 0.87484205

 $00{:}24{:}44.591 \dashrightarrow 00{:}24{:}48.112$  you're at the mercy of them sending you

NOTE Confidence: 0.87484205

 $00:24:48.112 \longrightarrow 00:24:51.709$  for a second opinion or sending you to

NOTE Confidence: 0.87484205

 $00:24:51.709 \longrightarrow 00:24:54.852$  a site that may have clinical trials

NOTE Confidence: 0.87484205

 $00:24:54.860 \longrightarrow 00:24:59.347$  that may not be available to them.

 $00:25:00.366 \longrightarrow 00:25:02.906$  Sometimes it's very difficult for

NOTE Confidence: 0.87484205

 $00{:}25{:}02.906 \dashrightarrow 00{:}25{:}06.019$  these patients to find these trials.

00:25:06.020 --> 00:25:06.585 Unfortunately,

NOTE Confidence: 0.87484205

 $00:25:06.585 \longrightarrow 00:25:09.975$  of all patients that are diagnosed

NOTE Confidence: 0.87484205

 $00:25:09.975 \longrightarrow 00:25:12.370$  and treated for cancer,

NOTE Confidence: 0.87484205

00:25:12.370 --> 00:25:15.212 less than 3% of them are ever

NOTE Confidence: 0.87484205

00:25:15.212 --> 00:25:18.139 put on a clinical trial,

NOTE Confidence: 0.87484205

 $00:25:18.140 \longrightarrow 00:25:20.545$  and there are certain communities

NOTE Confidence: 0.87484205

 $00:25:20.545 \longrightarrow 00:25:21.507$  of patients,

NOTE Confidence: 0.87484205

 $00{:}25{:}21.510 \dashrightarrow 00{:}25{:}23.373$  the underrepresented minorities,

NOTE Confidence: 0.87484205

 $00:25:23.373 \longrightarrow 00:25:26.478$  those patients in rural communities

NOTE Confidence: 0.87484205

 $00:25:26.478 \longrightarrow 00:25:30.196$  that have the greatest

NOTE Confidence: 0.87484205

 $00:25:30.196 \longrightarrow 00:25:32.686$  impact of not being offered

NOTE Confidence: 0.87484205

 $00{:}25{:}32.686 {\:{\circ}{\circ}{\circ}\:} > 00{:}25{:}35.528$  a clinical trial or not being able

NOTE Confidence: 0.87484205

 $00{:}25{:}35.528 \to 00{:}25{:}38.826$  to get access to a clinical trial.

NOTE Confidence: 0.87484205

 $00:25:38.830 \longrightarrow 00:25:40.261$  So I mean,

NOTE Confidence: 0.87484205

00:25:40.261 --> 00:25:42.169 there are some organizations

 $00:25:42.169 \longrightarrow 00:25:44.430$  that you can contact

NOTE Confidence: 0.87484205

 $00:25:44.430 \longrightarrow 00:25:47.622$  that may help you find a trial

NOTE Confidence: 0.87484205

 $00:25:47.622 \longrightarrow 00:25:50.420$  or calling the NCI directly,

NOTE Confidence: 0.87484205

00:25:50.420 --> 00:25:52.910 but many times it's difficult

NOTE Confidence: 0.87484205

 $00:25:52.910 \longrightarrow 00:25:53.410$  unfortunately,

NOTE Confidence: 0.87484205

 $00:25:53.410 \longrightarrow 00:25:55.410$  to even maneuver those

NOTE Confidence: 0.87484205

 $00:25:55.410 \longrightarrow 00:25:56.910$  avenues of information.

NOTE Confidence: 0.86626506

00:25:57.960 --> 00:26:00.270 So Pat, you mentioned underrepresented

NOTE Confidence: 0.86626506

 $00{:}26{:}00.270 \longrightarrow 00{:}26{:}03.608$  minorities and I just want to pick up

NOTE Confidence: 0.86626506

 $00:26:03.608 \longrightarrow 00:26:05.841$  on this just for a minute because

NOTE Confidence: 0.86626506

00:26:05.850 --> 00:26:09.042 for many patients who may be

NOTE Confidence: 0.86626506

 $00:26:09.042 \longrightarrow 00:26:10.410$  from underrepresented minorities

NOTE Confidence: 0.86626506

00:26:10.484 --> 00:26:12.308 African American patients,

NOTE Confidence: 0.86626506

 $00{:}26{:}12.310 \dashrightarrow 00{:}26{:}15.208$  for example, they may be reluctant

NOTE Confidence: 0.86626506

 $00:26:15.208 \longrightarrow 00:26:17.780$  to participate in clinical trials

NOTE Confidence: 0.86626506

 $00:26:17.780 \longrightarrow 00:26:20.150$  given historical events

00:26:20.150 --> 00:26:23.250 that have happened in this country,

NOTE Confidence: 0.86626506

 $00{:}26{:}23.250 \to 00{:}26{:}26.806$  which have been deplorable in terms of

NOTE Confidence: 0.86626506

00:26:26.806 --> 00:26:30.200 clinical research and how it was conducted,

NOTE Confidence: 0.86626506

00:26:30.200 --> 00:26:33.679 can you alleviate some of their fears

NOTE Confidence: 0.87826794

 $00:26:33.680 \longrightarrow 00:26:36.998$  and anxieties?

NOTE Confidence: 0.87826794

 $00:26:37.000 \longrightarrow 00:26:39.810$  Because of some of those

NOTE Confidence: 0.87826794

 $00:26:39.810 \longrightarrow 00:26:42.058$  previous events that occur,ed

NOTE Confidence: 0.87826794

00:26:42.060 --> 00:26:44.632 especially with minority populations,

NOTE Confidence: 0.87826794

00:26:44.632 --> 00:26:47.847 the Food and Drug Administration

NOTE Confidence: 0.87826794

 $00{:}26{:}47.847 \dashrightarrow 00{:}26{:}51.396$  the FDA has put very strict rules

NOTE Confidence: 0.87826794

 $00{:}26{:}51.396 \dashrightarrow 00{:}26{:}53.915$  and regulations in place that

NOTE Confidence: 0.87826794

 $00:26:53.915 \longrightarrow 00:26:56.665$  will prevent that from happening.

NOTE Confidence: 0.87826794

 $00:26:56.670 \longrightarrow 00:27:00.597$  And in fact, there are many investigators,

NOTE Confidence: 0.87826794

 $00:27:00.600 \longrightarrow 00:27:02.292$  epidemiologists and scientists

NOTE Confidence: 0.87826794

 $00:27:02.292 \longrightarrow 00:27:05.112$  that are trying to understand

 $00:27:05.112 \longrightarrow 00:27:07.080$  why underrepresented minorities

NOTE Confidence: 0.87826794

 $00{:}27{:}07.080 \dashrightarrow 00{:}27{:}09.901$  are not as well represented and the

NOTE Confidence: 0.87826794

 $00:27:09.901 \longrightarrow 00:27:12.432$  number one reason is because they

NOTE Confidence: 0.87826794

 $00:27:12.432 \longrightarrow 00:27:14.916$  are not offered a clinical trial.

NOTE Confidence: 0.87826794

 $00:27:14.920 \longrightarrow 00:27:18.070$  One of the other reasons is

NOTE Confidence: 0.87826794

 $00{:}27{:}18.070 \dashrightarrow 00{:}27{:}20.170$  geographic and financial barriers.

NOTE Confidence: 0.87826794

 $00:27:20.170 \longrightarrow 00:27:23.845$  Those are two of the other reasons,

NOTE Confidence: 0.87826794

00:27:23.850 --> 00:27:26.475 but it isn't because they've

NOTE Confidence: 0.87826794

 $00{:}27{:}26.475 \dashrightarrow 00{:}27{:}29.100$  necessarily refused a clinical trial,

NOTE Confidence: 0.87826794

 $00:27:29.100 \longrightarrow 00:27:31.720$  the lack of being offered

NOTE Confidence: 0.87826794

 $00:27:31.720 \longrightarrow 00:27:33.816$  far outweighs their refusal.

NOTE Confidence: 0.87826794

 $00:27:33.820 \longrightarrow 00:27:35.920$  The geographic barriers far

NOTE Confidence: 0.87826794

00:27:35.920 --> 00:27:37.495 outweigh their refusal,

NOTE Confidence: 0.87826794

 $00:27:37.500 \longrightarrow 00:27:40.650$  and in fact there are very,

NOTE Confidence: 0.87826794

 $00:27:40.650 \longrightarrow 00:27:43.465$  very slim statistics of the

NOTE Confidence: 0.87826794

 $00:27:43.465 \longrightarrow 00:27:45.717$  last 17 FDA approved

 $00:27:45.720 \longrightarrow 00:27:49.820$  cancer drugs and less than 4% of all

NOTE Confidence: 0.87826794

 $00{:}27{:}49.820 \to 00{:}27{:}53.330$  patients that were recruited were black,

NOTE Confidence: 0.87826794

 $00:27:53.330 \longrightarrow 00:27:56.834$  less than 4% of all patients

NOTE Confidence: 0.87826794

00:27:56.834 --> 00:27:58.586 recruited were Hispanic,

NOTE Confidence: 0.87826794

 $00{:}27{:}58.590 \dashrightarrow 00{:}28{:}01.054$  and those two underrepresented

NOTE Confidence: 0.87826794

00:28:01.054 --> 00:28:03.518 minorities represent a significantly

NOTE Confidence: 0.87826794

 $00:28:03.518 \longrightarrow 00:28:06.200$  larger population of cancer patients.

NOTE Confidence: 0.87826794

 $00:28:06.200 \longrightarrow 00:28:09.700$  And it's important to have

NOTE Confidence: 0.87826794

 $00{:}28{:}09.700 \dashrightarrow 00{:}28{:}11.800$  underrepresented minorities offered

NOTE Confidence: 0.87826794

 $00{:}28{:}11.800 \dashrightarrow 00{:}28{:}14.657$  and participate in clinical trials

NOTE Confidence: 0.87826794

00:28:14.657 --> 00:28:18.570 because we need to see if their tumors

NOTE Confidence: 0.87826794

00:28:18.570 --> 00:28:20.725 respond the same way their

NOTE Confidence: 0.87826794

 $00{:}28{:}20.725 \dashrightarrow 00{:}28{:}22.880$  tumors may have some genetic,

NOTE Confidence: 0.87826794

 $00:28:22.880 \longrightarrow 00:28:25.346$  or some germline

NOTE Confidence: 0.87826794

 $00:28:25.346 \longrightarrow 00:28:27.477$  mutation or differences

 $00:28:27.477 \longrightarrow 00:28:29.901$  and we need to understand that

NOTE Confidence: 0.87826794

 $00{:}28{:}29.901 \dashrightarrow 00{:}28{:}32.788$  and how it impacts their tumors.

 $00:28:34.950 \longrightarrow 00:28:37.530$  I think that's so important because

NOTE Confidence: 0.87897724

 $00:28:37.530 \longrightarrow 00:28:40.116$  at the end of the day,

NOTE Confidence: 0.87897724

 $00:28:40.120 \longrightarrow 00:28:43.783$  once all of these trials are done and these

NOTE Confidence: 0.87897724

 $00{:}28{:}43.783 \dashrightarrow 00{:}28{:}47.019$  drugs are marketed as standard of care,

NOTE Confidence: 0.87897724

 $00:28:47.020 \longrightarrow 00:28:49.714$  these patients are going to receive

NOTE Confidence: 0.87897724

 $00:28:49.714 \longrightarrow 00:28:51.988$  these same therapies that may

NOTE Confidence: 0.87897724

 $00:28:51.988 \longrightarrow 00:28:53.580$  have been developed on a

NOTE Confidence: 0.87897724

 $00{:}28{:}53.580 \dashrightarrow 00{:}28{:}57.630$  completely different population.

NOTE Confidence: 0.87897724

00:28:57.630 --> 00:29:00.286 So Pat very quickly in our last minute,

NOTE Confidence: 0.87897724

00:29:00.290 --> 00:29:03.125 I just want to get one last question in

NOTE Confidence: 0.87897724

 $00:29:03.125 \longrightarrow 00:29:06.036$  which is you mentioned financial barriers.

NOTE Confidence: 0.87897724

 $00:29:06.040 \longrightarrow 00:29:07.810$  Are clinical trials covered by

NOTE Confidence: 0.87897724

00:29:07.810 --> 00:29:10.212 insurance or do people have to pay

NOTE Confidence: 0.87897724

 $00:29:10.212 \longrightarrow 00:29:11.904$  out of pocket for these drugs?

 $00:29:13.170 \longrightarrow 00:29:14.334$  The drugs themselves,

NOTE Confidence: 0.8992565

00:29:14.334 --> 00:29:16.274 if they are investigational drugs, 00:29:17.788 --> 00:29:20.950 they do not have to pay for them.

NOTE Confidence: 0.8992565

 $00:29:20.950 \longrightarrow 00:29:23.300$  They will be given free

NOTE Confidence: 0.8992565

 $00:29:23.300 \longrightarrow 00:29:25.650$  of charge by the sponsors.

NOTE Confidence: 0.8992565

 $00{:}29{:}25.650 \dashrightarrow 00{:}29{:}26.997$  Medicare coverage analysis

NOTE Confidence: 0.8992565

 $00:29:26.997 \longrightarrow 00:29:30.140$  covers a lot of the tests that

NOTE Confidence: 0.8992565

 $00:29:30.218 \longrightarrow 00:29:32.658$  are needed for clinical trials,

NOTE Confidence: 0.8992565

 $00:29:32.660 \longrightarrow 00:29:35.950$  but I think some of the greatest

NOTE Confidence: 0.8992565

00:29:35.950 --> 00:29:37.923 financial barriers are commuting

NOTE Confidence: 0.8992565

00:29:37.923 --> 00:29:40.273 back and forth to places

NOTE Confidence: 0.8992565

 $00:29:40.273 \longrightarrow 00:29:42.929$  some of the standard of care

NOTE Confidence: 0.8992565

 $00:29:42.930 \longrightarrow 00:29:44.758$  copays that are required,

NOTE Confidence: 0.8992565

 $00{:}29{:}44.758 \dashrightarrow 00{:}29{:}47.500$  and hopefully we will be able

NOTE Confidence: 0.8992565

00:29:47.586 --> 00:29:50.610 to work towards getting a lot of

NOTE Confidence: 0.8992565

00:29:50.610 --> 00:29:53.108 those things funded through new

 $00:29:53.108 \longrightarrow 00:29:55.898$  initiatives that can help patients.

NOTE Confidence: 0.8992565

 $00{:}29{:}55.900 \dashrightarrow 00{:}29{:}58.075$  Because the patients that need

NOTE Confidence: 0.8992565

00:29:58.075 --> 00:30:00.250 these studies the most sometime

NOTE Confidence: 0.8992565

 $00:30:00.250 \longrightarrow 00:30:02.650$  are patients that do have

NOTE Confidence: 0.8992565

 $00:30:02.650 \longrightarrow 00:30:05.055$  a problem gaining access to their

NOTE Confidence: 0.8992565

00:30:05.055 --> 00:30:07.239 copays or paying a babysitter so

NOTE Confidence: 0.8992565

 $00:30:07.239 \longrightarrow 00:30:10.404$  that they can go and

NOTE Confidence: 0.8992565

00:30:10.404 --> 00:30:12.365 participate in these clinical trials,

NOTE Confidence: 0.8992565

 $00{:}30{:}12.365 \dashrightarrow 00{:}30{:}15.445$  or drive or pay for parking at the

NOTE Confidence: 0.8992565

 $00:30:15.445 \longrightarrow 00:30:18.235$  sites that they have to be treated.

00:30:19.800 --> 00:30:20.190 Doctor Pat LoRusso

NOTE Confidence: 0.8549952

 $00:30:20.190 \longrightarrow 00:30:22.724$  is a professor of medicine

NOTE Confidence: 0.8549952

 $00{:}30{:}22.724 \dashrightarrow 00{:}30{:}25.268$  at the Yale School of Medicine.

NOTE Confidence: 0.8549952

 $00:30:25.270 \longrightarrow 00:30:26.954$  If you have questions,

NOTE Confidence: 0.8549952

 $00{:}30{:}26.954 \dashrightarrow 00{:}30{:}28.638$  the address is canceranswers@yale.edu

NOTE Confidence: 0.8549952

 $00:30:28.638 \longrightarrow 00:30:30.986$  and past editions of the program

 $00{:}30{:}30{.}986 \dashrightarrow 00{:}30{:}33.146$  are available in audio and written.

NOTE Confidence: 0.8549952

 $00:30:33.150 \longrightarrow 00:30:34.299$  Farm at yale cancercenter.org.

NOTE Confidence: 0.8549952

 $00{:}30{:}34.299 \to 00{:}30{:}37.372$  We hope you'll join us next week to

NOTE Confidence: 0.8549952

 $00{:}30{:}37.372 \dashrightarrow 00{:}30{:}39.298$  learn more about the fight against

NOTE Confidence: 0.8549952

 $00{:}30{:}39.298 \dashrightarrow 00{:}30{:}41.880$  cancer here on Connecticut Public Radio.