WEBVTT

NOTE duration: "00:02:19.3490000"

NOTE recognizability:0.985

NOTE language:en-us

NOTE Confidence: 0.9846703

00:00:00.000 --> 00:00:02.100 I'm Harriet kluger. I'm a professor

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 $00{:}00{:}02.100 \dashrightarrow 00{:}00{:}04.110$ of medicine in medical oncology.

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 $00{:}00{:}04.110 \dashrightarrow 00{:}00{:}06.186$ I treat patients with Melanoma and

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 $00:00:06.186 \longrightarrow 00:00:08.277$ renal cell carcinoma as well as

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00:00:08.277 --> 00:00:10.209 patients with other types of skin

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 $00:00:10.209 \longrightarrow 00:00:12.409$ cancers such as Merkel cell carcinoma.

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 $00:00:12.410 \longrightarrow 00:00:14.738$ Towards the end of the 1990s it was

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 $00:00:14.738 \longrightarrow 00:00:17.000$ becoming clearer and clearer that the

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 $00{:}00{:}17.000 \dashrightarrow 00{:}00{:}18.616$ big breakthroughs in understanding

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 $00:00:18.616 \longrightarrow 00:00:20.473$ cellular biology would have major

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 $00{:}00{:}20.473 \dashrightarrow 00{:}00{:}22.128$ impact on oncology and therefore

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00:00:22.128 --> 00:00:24.195 I decided to go into this field

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 $00:00:24.195 \longrightarrow 00:00:26.491$ where I felt that I could actually

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00:00:26.491 --> 00:00:28.546 make a difference in contributing

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 $00{:}00{:}28.546 \dashrightarrow 00{:}00{:}31.217$ not only to patient care but in.

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 $00:00:31.220 \longrightarrow 00:00:32.945$ To moving the field forward

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 $00:00:32.945 \longrightarrow 00:00:34.325$ by doing clinical research,

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 $00:00:34.330 \longrightarrow 00:00:36.430$ I generally recommend that people come

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 $00:00:36.430 \longrightarrow 00:00:38.823$ into their first visit with a family

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 $00:00:38.823 \longrightarrow 00:00:40.683$ member or a caregiver simply because

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 $00:00:40.683 \longrightarrow 00:00:42.949$ the first visit is very overwhelming.

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 $00:00:42.950 \longrightarrow 00:00:45.774$ We give people a lot of information and

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 $00:00:45.774 \longrightarrow 00:00:48.816$ I think it's hard to retain all of it.

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 $00:00:48.820 \longrightarrow 00:00:51.580$ So second set of ears is always beneficial.

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 $00:00:51.580 \longrightarrow 00:00:53.300$ When I started taking care

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 $00:00:53.300 \longrightarrow 00:00:54.676$ of patients with cancer,

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00:00:54.680 --> 00:00:56.786 we pretty much only had chemotherapy

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 $00{:}00{:}56.786 \dashrightarrow 00{:}00{:}58.190$ as the molecular abnormalities

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 $00:00:58.245 \longrightarrow 00:00:59.990$ within the cancer cells became

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 $00{:}00{:}59.990 \dashrightarrow 00{:}01{:}01.386$ better and better understood.

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 $00:01:01.390 \longrightarrow 00:01:03.710$ We were able to develop drugs that target

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 $00:01:03.710 \longrightarrow 00:01:05.569$ those political molecular abnormalities.

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00:01:05.570 --> 00:01:06.569 So, in Melanoma,

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 $00:01:06.569 \longrightarrow 00:01:09.321$ the molecular lesions are mutations in a gene

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 $00:01:09.321 \longrightarrow 00:01:11.827$ called byref primarily and in kidney cancer.

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 $00:01:11.830 \longrightarrow 00:01:14.270$ We we have developed a whole slew of

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00:01:14.270 --> 00:01:17.244 drugs that target the blood cell for the

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 $00:01:17.244 \longrightarrow 00:01:19.489$ blood vessel formation within the tumor.

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00:01:19.490 --> 00:01:20.182 So essentially,

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 $00:01:20.182 \longrightarrow 00:01:21.566$ when we inhibit that,

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 $00:01:21.570 \longrightarrow 00:01:23.658$ we starve the tumor a little

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00:01:23.658 --> 00:01:25.050 bit of its nutrients,

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 $00:01:25.050 \longrightarrow 00:01:27.486$ and that's very effective in kidney cancer.

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 $00:01:27.490 \longrightarrow 00:01:28.706$ The other major approach,

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 $00:01:28.706 \longrightarrow 00:01:30.530$ and that's where most of the

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 $00{:}01{:}30.593 \dashrightarrow 00{:}01{:}32.677$ breakthroughs have actually occurred.

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 $00:01:32.680 \longrightarrow 00:01:34.410$ Is in immunotherapy for cancer,

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 $00:01:34.410 \longrightarrow 00:01:36.140$ so these cells sit within

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00:01:36.140 --> 00:01:37.178 a tumor microenvironment.

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00:01:37.180 --> 00:01:39.595 They're not just sitting there by themselves,

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 $00{:}01{:}39.600 \dashrightarrow 00{:}01{:}42.176$ and if we can educate the immune system

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 $00:01:42.176 \longrightarrow 00:01:43.895$ to recognize the cancer's foreign

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 $00:01:43.895 \longrightarrow 00:01:46.240$ and then activate it a little bit

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 $00:01:46.303 \longrightarrow 00:01:48.595$ further to attack those cancer cells,

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00:01:48.600 --> 00:01:51.336 we can then essentially get rid of the

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00:01:51.336 --> 00:01:53.492 cancer using our own bodies immune

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 $00{:}01{:}53.492 \dashrightarrow 00{:}01{:}55.860$ system as the ammunition to do so.

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00:01:55.860 --> 00:01:57.936 We have two fantastic teams that

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 $00:01:57.936 \longrightarrow 00:01:58.974$ we work with,

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 $00:01:58.980 \longrightarrow 00:02:01.050$ one for skin cancer and one

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 $00:02:01.050 \longrightarrow 00:02:02.085$ for kidney cancer.

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 $00:02:02.090 \longrightarrow 00:02:04.430$ We're fortunate to have dedicated surgeons.

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 $00:02:04.430 \dashrightarrow 00:02:06.957$ Who understand the biology of the disease.

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 $00:02:06.960 \longrightarrow 00:02:08.404$ They understand the drugs

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 $00:02:08.404 \longrightarrow 00:02:10.570$ that they use that we use.

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 $00{:}02{:}10.570 \dashrightarrow 00{:}02{:}13.362$ They meet with us on a weekly basis

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 $00{:}02{:}13.362 \dashrightarrow 00{:}02{:}16.459$ and are able to tailor specific

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 $00:02:16.459 \longrightarrow 00:02:19.349$ treatment plans for individual patients.