WEBVTT

NOTE duration:"01:04:26" NOTE recognizability:0.881

NOTE language:en-us

NOTE Confidence: 0.848545325

 $00:00:00.000 \longrightarrow 00:00:03.120$ Folks, welcome to Yale Cancer Center,

NOTE Confidence: 0.848545325

 $00{:}00{:}03.120 \dashrightarrow 00{:}05.640$ Grand Rounds. I'm Kevin Billingsley,

NOTE Confidence: 0.848545325

 $00:00:05.640 \longrightarrow 00:00:09.203$ and I have the pleasure of welcoming

NOTE Confidence: 0.848545325

 $00:00:09.203 \longrightarrow 00:00:11.360$ our visiting speaker today.

NOTE Confidence: 0.848545325

00:00:11.360 --> 00:00:13.208 Doctor Charles Balch is,

NOTE Confidence: 0.848545325

00:00:13.208 --> 00:00:14.296 no exaggeration,

NOTE Confidence: 0.848545325

 $00:00:14.296 \longrightarrow 00:00:16.472$ a giant of multidisciplinary

NOTE Confidence: 0.848545325

 $00{:}00{:}16.472 \dashrightarrow 00{:}00{:}19.439$ cancer care and surgical oncology.

NOTE Confidence: 0.848545325

 $00:00:19.440 \longrightarrow 00:00:22.359$ We're thrilled to have him here today.

NOTE Confidence: 0.848545325

 $00{:}00{:}22.360 \dashrightarrow 00{:}00{:}24.845$ Doctor Balch is a professor of Surgical

NOTE Confidence: 0.848545325

 $00{:}00{:}24.845 \longrightarrow 00{:}00{:}27.430$ Oncology in the past chair of the

NOTE Confidence: 0.848545325

 $00:00:27.430 \longrightarrow 00:00:29.240$ Department of Surgical Oncology at

NOTE Confidence: 0.848545325

 $00:00:29.240 \longrightarrow 00:00:31.477$ the UTMD Anderson Cancer Center.

 $00:00:31.480 \longrightarrow 00:00:33.670$ He has had an extensive and

NOTE Confidence: 0.848545325

 $00{:}00{:}33.670 \dashrightarrow 00{:}00{:}35.680$ distinguished career as both a clinical

NOTE Confidence: 0.848545325

 $00:00:35.680 \longrightarrow 00:00:37.552$ and academic surgical oncologist,

NOTE Confidence: 0.848545325

 $00:00:37.552 \longrightarrow 00:00:40.943$ and he's one of the leading authorities

NOTE Confidence: 0.848545325

 $00:00:40.943 \longrightarrow 00:00:44.436$ in both Melanoma and Breast Cancer Care.

NOTE Confidence: 0.848545325

00:00:44.440 --> 00:00:46.000 Over the course of his career,

NOTE Confidence: 0.848545325

 $00{:}00{:}46.000 \dashrightarrow 00{:}00{:}48.855$ Doctor Balsh has made significant

NOTE Confidence: 0.848545325

 $00:00:48.855 \longrightarrow 00:00:51.139$ contributions to laboratory research

NOTE Confidence: 0.848545325

 $00{:}00{:}51.139 \dashrightarrow 00{:}00{:}54.213$ in tumor tumor immunology and

NOTE Confidence: 0.848545325

 $00:00:54.213 \longrightarrow 00:00:56.637$ human T lymphocyte differentiation.

NOTE Confidence: 0.848545325

 $00{:}00{:}56.640 \dashrightarrow 00{:}00{:}58.640$ He started his medical career

NOTE Confidence: 0.848545325

 $00:00:58.640 \longrightarrow 00:01:00.640$ in Med school at Columbia,

NOTE Confidence: 0.848545325

 $00:01:00.640 \longrightarrow 00:01:03.016$ where he and then he went on to

NOTE Confidence: 0.848545325

00:01:03.016 --> 00:01:05.052 surgical training at both Duke

NOTE Confidence: 0.848545325

00:01:05.052 --> 00:01:07.796 and the University of Alabama,

NOTE Confidence: 0.848545325

 $00:01:07.796 \dashrightarrow 00:01:09.912$ followed by additional laboratory

 $00:01:09.912 \longrightarrow 00:01:12.161$ experience with an immunology

NOTE Confidence: 0.848545325

 $00{:}01{:}12.161 \dashrightarrow 00{:}01{:}13.946$ fellowship at the Scripps Clinic,

NOTE Confidence: 0.848545325

 $00{:}01{:}13.946 \dashrightarrow 00{:}01{:}16.876$ which clearly laid the groundwork

NOTE Confidence: 0.848545325

00:01:16.880 --> 00:01:19.508 for his Seminole contributions

NOTE Confidence: 0.848545325

 $00{:}01{:}19.508 \dashrightarrow 00{:}01{:}22.793$ in tumor immunology and Melanoma.

NOTE Confidence: 0.848545325

00:01:22.800 --> 00:01:25.188 He's the founding Editor in Chief

NOTE Confidence: 0.848545325

00:01:25.188 --> 00:01:27.263 of the Analysis Surgical Oncology

NOTE Confidence: 0.848545325

 $00:01:27.263 \longrightarrow 00:01:29.735$ and Editor in Chief for the

NOTE Confidence: 0.848545325

00:01:29.735 --> 00:01:31.520 Patient Resource Cancer Guides,

NOTE Confidence: 0.848545325

 $00:01:31.520 \longrightarrow 00:01:34.385$ which are distributed to over

NOTE Confidence: 0.848545325

 $00:01:34.385 \longrightarrow 00:01:38.280 \ 1,000,000 \ patients every year.$

NOTE Confidence: 0.848545325

 $00{:}01{:}38.280 \dashrightarrow 00{:}01{:}40.716$ Doctor Balch has had an extensive

NOTE Confidence: 0.848545325

 $00{:}01{:}40.720 \dashrightarrow 00{:}01{:}43.304$ history of prominent leadership roles

NOTE Confidence: 0.848545325

 $00:01:43.304 \longrightarrow 00:01:46.280$ in multiple centers across the country.

NOTE Confidence: 0.848545325

 $00:01:46.280 \longrightarrow 00:01:48.430$ He served as the Executive

00:01:48.430 --> 00:01:51.080 Vice President and CEO of ASCO.

NOTE Confidence: 0.848545325

 $00{:}01{:}51.080 \dashrightarrow 00{:}01{:}53.736$ He's also served as the President and CEO

NOTE Confidence: 0.848545325

00:01:53.736 --> 00:01:57.038 of the City of Hope National Medical Center,

NOTE Confidence: 0.848545325

 $00:01:57.040 \longrightarrow 00:01:59.200$ as well as the Chair of

NOTE Confidence: 0.848545325

 $00:01:59.200 \longrightarrow 00:02:02.559$ Surgery at MD Anderson.

NOTE Confidence: 0.848545325

 $00:02:02.560 \longrightarrow 00:02:03.916$ Over the course of his career,

NOTE Confidence: 0.848545325

 $00:02:03.920 \longrightarrow 00:02:06.750$ he's accumulated over 700 publications

NOTE Confidence: 0.848545325

 $00:02:06.750 \longrightarrow 00:02:10.273$ across a variety of areas in

NOTE Confidence: 0.848545325

 $00{:}02{:}10.273 \dashrightarrow 00{:}02{:}12.677$ research and clinical practice.

NOTE Confidence: 0.848545325

00:02:12.680 --> 00:02:14.794 And one of the things that in

NOTE Confidence: 0.848545325

00:02:14.794 --> 00:02:16.000 my conversations with him,

NOTE Confidence: 0.848545325

 $00:02:16.000 \longrightarrow 00:02:17.956$ he and I have truly connected

NOTE Confidence: 0.848545325

 $00:02:17.956 \longrightarrow 00:02:21.225$ on are the is the importance of

NOTE Confidence: 0.848545325

 $00{:}02{:}21.225 \to 00{:}02{:}23.741$ leadership and community building

NOTE Confidence: 0.848545325

 $00:02:23.741 \longrightarrow 00:02:25.628$ around multidisciplinary cancer

NOTE Confidence: 0.848545325

00:02:25.711 --> 00:02:27.759 care and care coordination.

00:02:27.760 --> 00:02:30.347 So one of the things that I think I

NOTE Confidence: 0.848545325

 $00:02:30.347 \longrightarrow 00:02:32.189$ have taken away from my conversations

NOTE Confidence: 0.848545325

 $00:02:32.189 \longrightarrow 00:02:34.533$ with him that I'm sure he will be

NOTE Confidence: 0.848545325

 $00:02:34.533 \longrightarrow 00:02:37.400$ sharing today is the importance and

NOTE Confidence: 0.848545325

 $00:02:37.400 \longrightarrow 00:02:40.716$ our ability as oncologists to serve

NOTE Confidence: 0.848545325

 $00:02:40.716 \longrightarrow 00:02:42.606$ our patients and our communities

NOTE Confidence: 0.848545325

 $00:02:42.606 \longrightarrow 00:02:44.360$ and a variety of ways.

NOTE Confidence: 0.848545325

 $00:02:44.360 \longrightarrow 00:02:46.568$ And he's really shown how all of us

NOTE Confidence: 0.848545325

 $00:02:46.568 \longrightarrow 00:02:49.556$ can do this over the course of our careers,

NOTE Confidence: 0.848545325

 $00:02:49.560 \longrightarrow 00:02:52.716$ both through our direct clinical care,

NOTE Confidence: 0.848545325

 $00:02:52.720 \longrightarrow 00:02:54.160$ through education,

NOTE Confidence: 0.848545325

00:02:54.160 --> 00:02:55.600 through mentorship,

NOTE Confidence: 0.848545325

00:02:55.600 --> 00:02:57.040 through research,

NOTE Confidence: 0.848545325

 $00:02:57.040 \longrightarrow 00:02:59.140$ both clinical translational

NOTE Confidence: 0.848545325

 $00:02:59.140 \longrightarrow 00:03:01.240$ and basic science,

 $00:03:01.240 \longrightarrow 00:03:03.234$ through leadership and patient advocacy.

NOTE Confidence: 0.848545325

00:03:03.234 --> 00:03:03.988 So today,

NOTE Confidence: 0.848545325

 $00:03:03.988 \longrightarrow 00:03:07.844$ he will be speaking on the role of surgery

NOTE Confidence: 0.848545325

 $00:03:07.844 \longrightarrow 00:03:09.876$ after neoadjuvant systemic therapy.

NOTE Confidence: 0.848545325

 $00:03:09.880 \longrightarrow 00:03:11.960$ And it is a real pleasure to have you here,

NOTE Confidence: 0.848545325

 $00:03:11.960 \longrightarrow 00:03:12.740$ Doctor Balch.

NOTE Confidence: 0.848545325

 $00:03:12.740 \longrightarrow 00:03:13.520$ Thank you.

NOTE Confidence: 0.797801424545454

00:03:19.510 --> 00:03:20.730 Well, thank you, Kevin,

NOTE Confidence: 0.797801424545454

 $00{:}03{:}20.730 \dashrightarrow 00{:}03{:}22.560$ Bill and Sleep for a wonderful

NOTE Confidence: 0.797801424545454

 $00{:}03{:}22.617 \dashrightarrow 00{:}03{:}24.057$ introduction and I'm honored to

NOTE Confidence: 0.797801424545454

 $00{:}03{:}24.057 \dashrightarrow 00{:}03{:}26.119$ be here with all of you today.

NOTE Confidence: 0.797801424545454

 $00:03:26.120 \longrightarrow 00:03:28.696$ So there are many themes we could

NOTE Confidence: 0.797801424545454

 $00{:}03{:}28.696 \dashrightarrow 00{:}03{:}31.740$ talk about because we are now in

NOTE Confidence: 0.797801424545454

 $00{:}03{:}31.740 \dashrightarrow 00{:}03{:}34.040$ a revolution of oncology care.

NOTE Confidence: 0.797801424545454

00:03:34.040 --> 00:03:37.112 Profound changes are occurring

NOTE Confidence: 0.797801424545454

00:03:37.112 --> 00:03:40.022 now and I thought what would be

 $00:03:40.022 \longrightarrow 00:03:42.600$ important today is a theme to talk

NOTE Confidence: 0.797801424545454

 $00:03:42.600 \longrightarrow 00:03:44.742$ about how the field of surgery

NOTE Confidence: 0.797801424545454

 $00:03:44.742 \longrightarrow 00:03:47.188$ and surgical oncology is going to

NOTE Confidence: 0.797801424545454

 $00:03:47.188 \longrightarrow 00:03:50.524$ have to change and adopt to the

NOTE Confidence: 0.797801424545454

00:03:50.524 --> 00:03:53.834 new advances in molecular profile

NOTE Confidence: 0.797801424545454

00:03:53.834 --> 00:03:57.000 diagnosis in systemic therapies,

NOTE Confidence: 0.797801424545454

00:03:57.000 --> 00:03:59.650 in immunotherapy and the changes

NOTE Confidence: 0.797801424545454

 $00:03:59.650 \longrightarrow 00:04:03.600$ we are going to have to adopt to.

NOTE Confidence: 0.797801424545454

 $00{:}04{:}03.600 \dashrightarrow 00{:}04{:}05.823$ So for some of you might say that's not

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00:04:05.823 --> 00:04:07.880 what I'm doing in my practice today,

NOTE Confidence: 0.797801424545454

00:04:07.880 --> 00:04:09.842 but I can almost guarantee you

NOTE Confidence: 0.797801424545454

 $00:04:09.842 \longrightarrow 00:04:12.038$ within the next 5 to 10 years,

NOTE Confidence: 0.797801424545454

 $00{:}04{:}12.040 \dashrightarrow 00{:}04{:}14.343$ every body in this room who is a

NOTE Confidence: 0.797801424545454

 $00{:}04{:}14.343 \dashrightarrow 00{:}04{:}16.892$ surgeon is going to be impacted by

NOTE Confidence: 0.797801424545454

 $00:04:16.892 \longrightarrow 00:04:19.118$ the things that we're showing today.

 $00:04:19.120 \longrightarrow 00:04:20.960$ And so as I go over some of these themes,

NOTE Confidence: 0.797801424545454

 $00:04:20.960 \longrightarrow 00:04:23.501$ I'd like you to think about the

NOTE Confidence: 0.797801424545454

 $00:04:23.501 \longrightarrow 00:04:25.919$ strategies that work in one tumor area,

NOTE Confidence: 0.797801424545454

 $00:04:25.920 \longrightarrow 00:04:28.434$ but understand that these are common

NOTE Confidence: 0.797801424545454

 $00:04:28.434 \longrightarrow 00:04:30.558$ to our understanding about the

NOTE Confidence: 0.797801424545454

00:04:30.558 --> 00:04:32.838 management of other cancers as well.

NOTE Confidence: 0.797801424545454

 $00:04:32.840 \longrightarrow 00:04:35.720$ That's particularly true in

NOTE Confidence: 0.797801424545454

 $00:04:35.720 \longrightarrow 00:04:37.880$ the immunotherapy field.

NOTE Confidence: 0.797801424545454

 $00:04:37.880 \longrightarrow 00:04:41.765$ So I've I've presented examples that

NOTE Confidence: 0.797801424545454

00:04:41.765 --> 00:04:44.385 I think are larger strategies that

NOTE Confidence: 0.797801424545454

 $00{:}04{:}44.385 \to 00{:}04{:}46.782$ apply to our cancer care delivery

NOTE Confidence: 0.797801424545454

 $00:04:46.782 \longrightarrow 00:04:50.994$ system that is now being almost

NOTE Confidence: 0.797801424545454

 $00:04:50.994 \longrightarrow 00:04:52.398$ exclusively multidisciplinary.

NOTE Confidence: 0.797801424545454

 $00:04:52.400 \longrightarrow 00:04:54.968$ There are very few circumstances now

NOTE Confidence: 0.797801424545454

 $00:04:54.968 \longrightarrow 00:04:57.679$ where one modality in solid tumors

NOTE Confidence: 0.797801424545454

 $00{:}04{:}57.679 \dashrightarrow 00{:}04{:}59.994$ will treat the patient anymore.

 $00:05:00.000 \longrightarrow 00:05:01.158$ So let me go over this.

NOTE Confidence: 0.797801424545454

 $00:05:01.160 \longrightarrow 00:05:03.440$ This is flying above the trees.

NOTE Confidence: 0.797801424545454

 $00:05:03.440 \longrightarrow 00:05:04.592$ Think about the strategies,

NOTE Confidence: 0.797801424545454

 $00:05:04.592 \longrightarrow 00:05:06.320$ not the details on the slides.

NOTE Confidence: 0.797801424545454

 $00:05:06.320 \longrightarrow 00:05:08.680$ And there are many things I can't cover

NOTE Confidence: 0.797801424545454

 $00:05:08.680 \longrightarrow 00:05:11.552$ in the time allowed that we we can

NOTE Confidence: 0.797801424545454

 $00:05:11.552 \longrightarrow 00:05:15.037$ take for questions later on if necessary.

NOTE Confidence: 0.94070554

 $00:05:20.200 \longrightarrow 00:05:23.560$ So we're should I use this?

NOTE Confidence: 0.859273285454546

00:05:41.030 --> 00:05:42.422 Yeah, you can advance with the

NOTE Confidence: 0.859273285454546

 $00:05:42.422 \longrightarrow 00:05:45.590$ the keyboard if you want. OK. All

NOTE Confidence: 0.884209504210526

00:05:45.590 --> 00:05:47.942 right. Well, let me start out with just

NOTE Confidence: 0.884209504210526

 $00:05:47.942 \longrightarrow 00:05:50.304$ the key messages of what I'm going

NOTE Confidence: 0.884209504210526

 $00{:}05{:}50.304 \dashrightarrow 00{:}05{:}52.536$ to present as examples over time,

NOTE Confidence: 0.884209504210526

 $00{:}05{:}52.536 \to 00{:}05{:}56.000$ so that you can focus on the strategies.

NOTE Confidence: 0.884209504210526

00:05:56.000 --> 00:05:58.744 The first thing because of the theme

 $00:05:58.744 \longrightarrow 00:06:01.703$ of this talk is that surgery will

NOTE Confidence: 0.884209504210526

 $00{:}06{:}01.703 \dashrightarrow 00{:}06{:}05.224$ not be the first treatment for most

NOTE Confidence: 0.884209504210526

 $00:06:05.224 \longrightarrow 00:06:08.160$ cancers except for stage 1 cancers.

NOTE Confidence: 0.884209504210526

 $00:06:08.160 \longrightarrow 00:06:09.996$ That's a revolutionary change.

NOTE Confidence: 0.884209504210526

 $00:06:09.996 \longrightarrow 00:06:12.291$ Where is heretofore the patients

NOTE Confidence: 0.884209504210526

 $00:06:12.291 \longrightarrow 00:06:14.913$ usually went to the surgeon first who

NOTE Confidence: 0.884209504210526

 $00:06:14.913 \longrightarrow 00:06:16.960$ then kind of coordinated the care.

NOTE Confidence: 0.884209504210526

 $00:06:16.960 \longrightarrow 00:06:21.010$ But now because of these advances

NOTE Confidence: 0.884209504210526

 $00:06:21.010 \longrightarrow 00:06:23.035$ in systemic therapy,

NOTE Confidence: 0.884209504210526

 $00:06:23.040 \longrightarrow 00:06:26.672$ that surgery will not be the first and we

NOTE Confidence: 0.884209504210526

 $00:06:26.672 \longrightarrow 00:06:29.584$ need to be part of a multidisciplinary

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 $00:06:29.584 \longrightarrow 00:06:33.642$ team and we must emphasize that be

NOTE Confidence: 0.884209504210526

 $00:06:33.642 \longrightarrow 00:06:36.070$ involved in multidisciplinary treatment

NOTE Confidence: 0.884209504210526

 $00:06:36.160 \longrightarrow 00:06:39.253$ plans because each of us bring to the

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 $00:06:39.253 \longrightarrow 00:06:41.636$ decision making a different perspective

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 $00:06:41.636 \longrightarrow 00:06:44.965$ based upon our training and so forth.

 $00:06:44.965 \longrightarrow 00:06:47.310$ And it's the collective wisdom of the

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 $00:06:47.377 \longrightarrow 00:06:49.085$ different oncology specialists that

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 $00:06:49.085 \longrightarrow 00:06:52.240$ is really what's best for the patient.

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 $00:06:52.240 \longrightarrow 00:06:55.528$ So all of us treating cancer in a

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 $00:06:55.528 \longrightarrow 00:06:57.997$ specific disease need to be together

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 $00:06:58.000 \longrightarrow 00:06:59.650$ and collectively decide on the

NOTE Confidence: 0.884209504210526

00:06:59.650 --> 00:07:01.840 best treatment plan for a patient,

NOTE Confidence: 0.884209504210526

 $00:07:01.840 \longrightarrow 00:07:04.984$ what's the right combination and sequence

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 $00:07:04.984 \longrightarrow 00:07:08.439$ that involves all of our modalities.

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 $00:07:08.440 \longrightarrow 00:07:10.764$ And that as I'll show you that

NOTE Confidence: 0.884209504210526

 $00:07:10.764 \longrightarrow 00:07:12.200$ the standard of care,

NOTE Confidence: 0.884209504210526

00:07:12.200 --> 00:07:15.040 what we called neoadjuvant surgery,

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 $00{:}07{:}15.040 \dashrightarrow 00{:}07{:}17.242$ think our medical colleagues are beginning

NOTE Confidence: 0.884209504210526

00:07:17.242 --> 00:07:19.200 to talk about neoadjuvant surgery,

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00:07:19.200 --> 00:07:21.475 that the primary treatment is systemic now,

 $00:07:21.480 \longrightarrow 00:07:23.955$ but it doesn't make a difference in the term.

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 $00{:}07{:}23.960 \dashrightarrow 00{:}07{:}26.921$ But what we call neoadjuvant the rapy is

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00:07:26.921 --> 00:07:30.292 now becoming the standard of care for many,

NOTE Confidence: 0.884209504210526

 $00:07:30.292 \longrightarrow 00:07:31.916$ if not most cancers.

NOTE Confidence: 0.884209504210526

 $00:07:31.920 \longrightarrow 00:07:34.976$ And this is an area based upon clinical

NOTE Confidence: 0.884209504210526

 $00:07:34.976 \longrightarrow 00:07:37.155$ trials that is showing value in

NOTE Confidence: 0.884209504210526

 $00:07:37.155 \longrightarrow 00:07:39.480$ almost every cancer where it's tested.

NOTE Confidence: 0.884209504210526

 $00:07:39.480 \longrightarrow 00:07:42.640$ There's sure there's a few that are resisted,

NOTE Confidence: 0.884209504210526

 $00:07:42.640 \longrightarrow 00:07:44.628$ but if you think about the future

NOTE Confidence: 0.884209504210526

 $00:07:44.628 \longrightarrow 00:07:46.279$ and the advances we're making,

NOTE Confidence: 0.884209504210526

 $00{:}07{:}46.280 \dashrightarrow 00{:}07{:}51.016$ this will be a common element of our

NOTE Confidence: 0.884209504210526

 $00:07:51.016 \longrightarrow 00:07:52.756$ treatment that the first treatment

NOTE Confidence: 0.884209504210526

 $00:07:52.756 \longrightarrow 00:07:54.400$ will not be surgery,

NOTE Confidence: 0.884209504210526

 $00:07:54.400 \longrightarrow 00:07:56.560$ it will be a systemic treatment.

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 $00:07:56.560 \longrightarrow 00:07:58.824$ And I'll go over with you about the

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 $00:07:58.824 \longrightarrow 00:08:01.301$ value of that to the patient in

 $00:08:01.301 \longrightarrow 00:08:02.037$ their management.

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 $00:08:02.040 \longrightarrow 00:08:05.239$ The other part of this is that

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 $00:08:05.239 \longrightarrow 00:08:07.867$ immunotherapy now is the established

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 $00:08:07.867 \longrightarrow 00:08:10.195$ 4th modality of cancer.

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00:08:10.200 --> 00:08:11.936 But I want to emphasize as I get

NOTE Confidence: 0.88420950421052600:08:11.936 --> 00:08:12.760 to the slide,

NOTE Confidence: 0.884209504210526

 $00:08:12.760 \longrightarrow 00:08:16.240$ this is a totally different treatment

NOTE Confidence: 0.884209504210526

00:08:16.240 --> 00:08:18.104 and the standard chemotherapy,

NOTE Confidence: 0.884209504210526

 $00:08:18.104 \longrightarrow 00:08:19.036$ targeted therapy,

NOTE Confidence: 0.884209504210526

00:08:19.040 --> 00:08:21.164 endocrine therapy that directly

NOTE Confidence: 0.884209504210526

00:08:21.164 --> 00:08:23.305 treats the cancer immunotherapy,

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 $00{:}08{:}23.305 \dashrightarrow 00{:}08{:}26.030$ these checkpoint inhibitors do not

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 $00{:}08{:}26.030 \dashrightarrow 00{:}08{:}28.704$ treat cancer and that has to be the

NOTE Confidence: 0.884209504210526

 $00{:}08{:}28.704 \dashrightarrow 00{:}08{:}30.963$ first part of the logic because we

NOTE Confidence: 0.884209504210526

00:08:30.963 --> 00:08:33.225 can't use the rules of chemotherapy

 $00:08:33.225 \longrightarrow 00:08:35.520$ when we applied to immunotherapy.

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 $00{:}08{:}35.520 {\:{\circ}{\circ}{\circ}}>00{:}08{:}38.340$ It's a different process and we're

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 $00:08:38.340 \longrightarrow 00:08:40.720$ treating a dysfunctional immune system

NOTE Confidence: 0.884209504210526

 $00:08:40.720 \longrightarrow 00:08:45.436$ that is common to most cancers.

NOTE Confidence: 0.884209504210526

 $00:08:45.440 \longrightarrow 00:08:47.288$ So the other emphasis on this

NOTE Confidence: 0.884209504210526

00:08:47.288 --> 00:08:48.885 because there's some emphasis, well,

NOTE Confidence: 0.884209504210526

 $00:08:48.885 \longrightarrow 00:08:51.075$ maybe we don't need surgery anymore,

NOTE Confidence: 0.884209504210526

 $00:08:51.080 \longrightarrow 00:08:53.040$ but I would argue that surgery is

NOTE Confidence: 0.884209504210526

 $00:08:53.040 \longrightarrow 00:08:55.997$ going to be incredibly important for staging,

NOTE Confidence: 0.884209504210526

00:08:56.000 --> 00:08:59.008 as I'll show you as a reliable means

NOTE Confidence: 0.884209504210526

 $00{:}08{:}59.008 \dashrightarrow 00{:}09{:}01.792$ of staging the tumor response and

NOTE Confidence: 0.884209504210526

00:09:01.792 --> 00:09:04.764 giving to the pathologists not only

NOTE Confidence: 0.884209504210526

 $00:09:04.764 \longrightarrow 00:09:07.074$ whether there's a complete response,

NOTE Confidence: 0.884209504210526

 $00:09:07.080 \longrightarrow 00:09:10.097$ but the residual tumor burden is now

NOTE Confidence: 0.884209504210526

 $00:09:10.097 \longrightarrow 00:09:12.829$ an important prognostic factor that is

NOTE Confidence: 0.884209504210526

 $00:09:12.829 \dashrightarrow 00:09:15.559$ going to dictate our subsequent treatment.

 $00{:}09{:}15.560 \dashrightarrow 00{:}09{:}17.666$ And then because of these advances

NOTE Confidence: 0.968653163333334

 $00:09:17.666 \longrightarrow 00:09:19.518$ in systemic therapy that surgeons

NOTE Confidence: 0.968653163333334

 $00:09:19.518 \longrightarrow 00:09:21.834$ will no longer be performing the

NOTE Confidence: 0.968653163333334

 $00:09:21.834 \longrightarrow 00:09:23.844$ radical operations that we did in

NOTE Confidence: 0.968653163333334

 $00:09:23.844 \longrightarrow 00:09:25.671$ the past because that was all that

NOTE Confidence: 0.968653163333334

 $00:09:25.680 \longrightarrow 00:09:28.680$ was available for many cancers.

NOTE Confidence: 0.968653163333334

 $00:09:28.680 \longrightarrow 00:09:31.683$ And so we'll be doing de escalation

NOTE Confidence: 0.968653163333334

 $00:09:31.683 \longrightarrow 00:09:34.159$ much more conservative tissue sparing,

NOTE Confidence: 0.968653163333334

 $00:09:34.160 \longrightarrow 00:09:37.238$ organs sparing operations and even if,

NOTE Confidence: 0.968653163333334

 $00{:}09{:}37.240 \dashrightarrow 00{:}09{:}39.900$ as I'll show you in three different

NOTE Confidence: 0.968653163333334

 $00{:}09{:}39.900 \dashrightarrow 00{:}09{:}42.319$ cancers in our future watch and

NOTE Confidence: 0.968653163333334

 $00:09:42.319 \longrightarrow 00:09:44.238$ wait that we will not do surgery,

NOTE Confidence: 0.968653163333334

 $00:09:44.240 \longrightarrow 00:09:45.628$ we'll follow the patients.

NOTE Confidence: 0.968653163333334

 $00:09:45.628 \longrightarrow 00:09:48.342$ And then there's going to be a whole

NOTE Confidence: 0.968653163333334

 $00:09:48.342 \longrightarrow 00:09:50.614$ new lexicon that will need to do much

00:09:50.677 --> 00:09:52.757 more research on salvage surgery.

NOTE Confidence: 0.968653163333334

 $00{:}09{:}52.760 \dashrightarrow 00{:}09{:}54.335$ Which patients can we select

NOTE Confidence: 0.968653163333334

 $00:09:54.335 \longrightarrow 00:09:55.595$ not to do surgery?

NOTE Confidence: 0.968653163333334

 $00:09:55.600 \longrightarrow 00:09:57.556$ How often do we follow them,

NOTE Confidence: 0.968653163333334

00:09:57.560 --> 00:10:00.760 What operation do we do when they relapse?

NOTE Confidence: 0.968653163333334

 $00{:}10{:}00.760 --> 00{:}10{:}03.190$ And can we do this without

NOTE Confidence: 0.968653163333334

 $00:10:03.190 \longrightarrow 00:10:05.263$ compromising their survival by not

NOTE Confidence: 0.968653163333334

00:10:05.263 --> 00:10:07.519 doing an operation at the outset.

NOTE Confidence: 0.968653163333334

 $00:10:07.520 \longrightarrow 00:10:10.278$ And I'll show you three different examples.

NOTE Confidence: 0.968653163333334

00:10:10.280 --> 00:10:13.200 And then for those of you who are in training

NOTE Confidence: 0.968653163333334

 $00{:}10{:}13.200 \dashrightarrow 00{:}10{:}15.999$ that in all of us who are in practice,

NOTE Confidence: 0.968653163333334

 $00:10:16.000 \longrightarrow 00:10:18.370$ the field is moving fast in

NOTE Confidence: 0.968653163333334

 $00{:}10{:}18.370 \dashrightarrow 00{:}10{:}19.950$ both the continuing education

NOTE Confidence: 0.9686531633333334

 $00:10:20.021 \longrightarrow 00:10:22.237$ through organizations like ASCO.

NOTE Confidence: 0.968653163333334

 $00:10:22.240 \longrightarrow 00:10:25.584$ And in our training we need to have

NOTE Confidence: 0.968653163333334

 $00:10:25.584 \longrightarrow 00:10:28.597$ surgeons who are trained in oncology.

 $00:10:28.600 \longrightarrow 00:10:29.860$ And as Kevin Billingsley

NOTE Confidence: 0.968653163333334

 $00:10:29.860 \longrightarrow 00:10:31.120$ and I've talked about,

NOTE Confidence: 0.968653163333334

00:10:31.120 --> 00:10:33.310 I really present myself because the

NOTE Confidence: 0.968653163333334

00:10:33.310 --> 00:10:36.599 way I think is I'm an oncologist who

NOTE Confidence: 0.968653163333334

 $00:10:36.599 \longrightarrow 00:10:39.100$ operates because oncology deals with

NOTE Confidence: 0.968653163333334

 $00:10:39.100 \longrightarrow 00:10:41.675$ the chronic condition of cancer,

NOTE Confidence: 0.968653163333334

 $00:10:41.680 \longrightarrow 00:10:45.005$ whereas surgery deals with the episode of

NOTE Confidence: 0.968653163333334

 $00{:}10{:}45.005 \dashrightarrow 00{:}10{:}48.320$ the operation of the perioperative period.

NOTE Confidence: 0.968653163333334

 $00{:}10{:}48.320 \dashrightarrow 00{:}10{:}50.875$ But once the patient's wounds have healed,

NOTE Confidence: 0.968653163333334

 $00{:}10{:}50.880 \rightarrow 00{:}10{:}52.810$ they're still an obligation for

NOTE Confidence: 0.968653163333334

 $00:10:52.810 \longrightarrow 00:10:54.740$ us as surgical oncologist to

NOTE Confidence: 0.968653163333334

 $00:10:54.807 \longrightarrow 00:10:57.045$ continue being involved in the long

NOTE Confidence: 0.968653163333334

 $00{:}10{:}57.045 \dashrightarrow 00{:}10{:}59.120$ term management of the patient.

NOTE Confidence: 0.968653163333334

 $00{:}10{:}59.120 \dashrightarrow 00{:}11{:}01.753$ So that's the summary of what

NOTE Confidence: 0.968653163333334

 $00:11:01.753 \longrightarrow 00:11:03.318$ I'm going to talk about.

00:11:03.320 --> 00:11:05.690 I do want to just take a moment to say

NOTE Confidence: 0.968653163333334

00:11:05.759 --> 00:11:09.300 I predicted this 30 years ago in my

NOTE Confidence: 0.968653163333334

00:11:09.300 --> 00:11:12.360 presidential address in at the SSO,

NOTE Confidence: 0.968653163333334

00:11:12.360 --> 00:11:14.997 and I wanted to point out what I said,

NOTE Confidence: 0.968653163333334

 $00{:}11{:}15.000 \dashrightarrow 00{:}11{:}17.020$ 'cause this was about surgical

NOTE Confidence: 0.968653163333334

 $00:11:17.020 \longrightarrow 00:11:19.040$ oncology in the 21st century.

NOTE Confidence: 0.968653163333334

00:11:19.040 --> 00:11:21.720 And I said that in the 21st century,

NOTE Confidence: 0.968653163333334

00:11:21.720 --> 00:11:24.478 only a minority of patients with cancer

NOTE Confidence: 0.968653163333334

00:11:24.478 --> 00:11:27.597 will have surgery alone as a single modality.

NOTE Confidence: 0.968653163333334

00:11:27.600 --> 00:11:30.264 And it's more likely that chemotherapy

NOTE Confidence: 0.968653163333334

 $00{:}11{:}30.264 \dashrightarrow 00{:}11{:}33.346$ and even radiation therapy will be the

NOTE Confidence: 0.968653163333334

00:11:33.346 --> 00:11:35.396 initial treatment for many patients,

NOTE Confidence: 0.968653163333334

 $00:11:35.400 \longrightarrow 00:11:37.260$ while surgical treatment for some

NOTE Confidence: 0.9686531633333334

 $00:11:37.260 \longrightarrow 00:11:39.591$ types of cancer will be relegated

NOTE Confidence: 0.968653163333334

 $00:11:39.591 \longrightarrow 00:11:41.997$ to a secondary or tertiary level.

NOTE Confidence: 0.968653163333334

 $00:11:42.000 \longrightarrow 00:11:44.160$ That was 30 years ago.

00:11:44.160 --> 00:11:47.388 And that prediction now is really

NOTE Confidence: 0.968653163333334

 $00:11:47.388 \longrightarrow 00:11:51.238$ valid for most types of solid tumors.

NOTE Confidence: 0.968653163333334

 $00:11:51.240 \longrightarrow 00:11:52.460$ So why is that?

NOTE Confidence: 0.968653163333334

00:11:52.460 --> 00:11:54.899 Because we're now in a new pathology

NOTE Confidence: 0.968653163333334

00:11:54.899 --> 00:11:58.079 with molecular diagnostics in this slide,

NOTE Confidence: 0.968653163333334

 $00:11:58.080 \longrightarrow 00:11:59.600$ which is just a cartoon,

NOTE Confidence: 0.968653163333334

 $00:11:59.600 \longrightarrow 00:12:02.996$ showed the old way with these

NOTE Confidence: 0.968653163333334

 $00{:}12{:}03.000 \dashrightarrow 00{:}12{:}06.000$ general diagnosis of solid tumors,

NOTE Confidence: 0.968653163333334

 $00{:}12{:}06.000 \longrightarrow 00{:}12{:}08.345$ we gave our therapy and hope that

NOTE Confidence: 0.968653163333334

00:12:08.345 --> 00:12:10.630 10% of the patients might respond

NOTE Confidence: 0.968653163333334

 $00:12:10.630 \longrightarrow 00:12:13.399$ and we declared that as a victory.

NOTE Confidence: 0.968653163333334

00:12:13.400 --> 00:12:15.760 But now with genomic analysis,

NOTE Confidence: 0.968653163333334

 $00{:}12{:}15.760 \dashrightarrow 00{:}12{:}19.090$ we select patients based upon their

NOTE Confidence: 0.968653163333334

 $00:12:19.090 \longrightarrow 00:12:21.990$ specific mutational events and other factors.

NOTE Confidence: 0.968653163333334

00:12:21.990 --> 00:12:24.040 And now as you'll see,

00:12:24.040 --> 00:12:26.476 instead of getting 10% response rates,

NOTE Confidence: 0.968653163333334

 $00{:}12{:}26.480 {\: -->\:} 00{:}12{:}28.905$ we're talking about 50 to 70%

NOTE Confidence: 0.968653163333334

 $00:12:28.905 \longrightarrow 00:12:30.925$ pathological complete responses based

NOTE Confidence: 0.968653163333334

 $00:12:30.925 \longrightarrow 00:12:34.294$ upon the selection of the patients and

NOTE Confidence: 0.968653163333334

 $00:12:34.294 \longrightarrow 00:12:37.366$ these new agents that are so much more

NOTE Confidence: 0.925574668095238

 $00:12:37.446 \longrightarrow 00:12:39.708$ effective. So as I mentioned,

NOTE Confidence: 0.925574668095238

 $00:12:39.708 \longrightarrow 00:12:42.579$ one of the things that is revolutionary

NOTE Confidence: 0.925574668095238

 $00:12:42.579 \longrightarrow 00:12:45.646$ is the advent of various immunotherapies

NOTE Confidence: 0.925574668095238

00:12:45.646 --> 00:12:48.664 because we now have discovered which

NOTE Confidence: 0.925574668095238

 $00:12:48.664 \longrightarrow 00:12:51.746$ is different than all of our strategies

NOTE Confidence: 0.925574668095238

 $00{:}12{:}51.746 \operatorname{--}{>} 00{:}12{:}54.588$ beforehand where we assumed the immune system

NOTE Confidence: 0.925574668095238

 $00:12:54.588 \longrightarrow 00:12:57.290$ was deficient and we gave various forms

NOTE Confidence: 0.925574668095238

 $00:12:57.290 \longrightarrow 00:13:00.760$ of immune stimulants which didn't work.

NOTE Confidence: 0.925574668095238

 $00:13:00.760 \longrightarrow 00:13:04.387$ So now we are discovered that in most human

NOTE Confidence: 0.925574668095238

00:13:04.387 --> 00:13:07.638 cancers that have survived in our patients,

NOTE Confidence: 0.925574668095238

 $00:13:07.640 \longrightarrow 00:13:10.517$ they've done that by releasing low doses

00:13:10.517 --> 00:13:13.105 of their tumor antigen and inducing

NOTE Confidence: 0.925574668095238

 $00{:}13{:}13.105 \dashrightarrow 00{:}13{:}16.087$ tolerance so that no matter how much

NOTE Confidence: 0.925574668095238

00:13:16.164 --> 00:13:19.076 you try to stimulate the immune system,

NOTE Confidence: 0.925574668095238

00:13:19.080 --> 00:13:21.055 it can't respond because it's

NOTE Confidence: 0.925574668095238

 $00:13:21.055 \longrightarrow 00:13:22.635$ in a tolerant state.

NOTE Confidence: 0.925574668095238

 $00:13:22.640 \longrightarrow 00:13:24.453$ This is no different than if you

NOTE Confidence: 0.925574668095238

 $00:13:24.453 \longrightarrow 00:13:26.307$ were allergic to grass and you go

NOTE Confidence: 0.925574668095238

 $00:13:26.307 \longrightarrow 00:13:28.456$ to the allergist, what do they do?

NOTE Confidence: 0.925574668095238

 $00:13:28.456 \longrightarrow 00:13:31.180$ They inject low doses of grass so that

NOTE Confidence: 0.925574668095238

 $00:13:31.180 \longrightarrow 00:13:33.160$ regardless of your exposure to grass,

NOTE Confidence: 0.925574668095238

 $00{:}13{:}33.160 \dashrightarrow 00{:}13{:}35.512$ your immune system does not recognize

NOTE Confidence: 0.925574668095238

 $00{:}13{:}35.512 \dashrightarrow 00{:}13{:}39.678$ it as not self and does not react to it.

NOTE Confidence: 0.925574668095238

 $00{:}13{:}39.680 \dashrightarrow 00{:}13{:}41.976$ And so I think we've learned now

NOTE Confidence: 0.925574668095238

00:13:41.976 --> 00:13:44.500 that for many human tumors and we're

NOTE Confidence: 0.925574668095238

 $00:13:44.500 \longrightarrow 00:13:46.040$ still sorting through this,

00:13:46.040 --> 00:13:49.799 but it is revolutionary as a discovery

NOTE Confidence: 0.925574668095238

 $00{:}13{:}49.799 \dashrightarrow 00{:}13{:}52.915$ that the main reason that tumors have

NOTE Confidence: 0.925574668095238

 $00:13:52.915 \longrightarrow 00:13:55.760$ survived in patients we see clinically

NOTE Confidence: 0.925574668095238

 $00:13:55.760 \longrightarrow 00:13:58.196$ is because they have blindfolded the

NOTE Confidence: 0.925574668095238

 $00:13:58.196 \longrightarrow 00:14:00.960$ immune system into a tolerant state.

NOTE Confidence: 0.925574668095238

00:14:00.960 --> 00:14:04.400 So if we can unblindfold the immune system,

NOTE Confidence: 0.925574668095238

 $00:14:04.400 \longrightarrow 00:14:08.000$ we then have a personalized treatment

NOTE Confidence: 0.925574668095238

00:14:08.000 --> 00:14:11.164 that reacts against the specific array of

NOTE Confidence: 0.925574668095238

 $00:14:11.164 \longrightarrow 00:14:14.519$ tumor antigens in each individual patients.

NOTE Confidence: 0.925574668095238

 $00:14:14.520 \longrightarrow 00:14:17.400$ So if tolerance is broken now,

NOTE Confidence: 0.925574668095238

 $00:14:17.400 \longrightarrow 00:14:19.310$ then the immune system can

NOTE Confidence: 0.925574668095238

 $00:14:19.310 \longrightarrow 00:14:20.838$ reject the foreign invaders.

NOTE Confidence: 0.925574668095238

00:14:20.840 --> 00:14:21.770 And of course,

NOTE Confidence: 0.925574668095238

 $00:14:21.770 \longrightarrow 00:14:23.940$ there's a price for that when we're

NOTE Confidence: 0.925574668095238

 $00:14:24.006 \longrightarrow 00:14:26.246$ doing something profound by breaking

NOTE Confidence: 0.925574668095238

 $00:14:26.246 \longrightarrow 00:14:28.560$ tolerance that the spillover is

 $00:14:28.560 \longrightarrow 00:14:31.160$ breaking tolerance to self antigens.

NOTE Confidence: 0.925574668095238

00:14:31.160 --> 00:14:33.473 And so if you look at the array of

NOTE Confidence: 0.925574668095238

 $00:14:33.473 \longrightarrow 00:14:35.239$ complications we have with immunotherapy,

NOTE Confidence: 0.925574668095238

 $00:14:35.240 \longrightarrow 00:14:39.076$ you can explain them all as a

NOTE Confidence: 0.925574668095238

 $00:14:39.076 \longrightarrow 00:14:40.720$ form of autoimmunity.

NOTE Confidence: 0.925574668095238

00:14:40.720 --> 00:14:43.240 And that the good news is that we

NOTE Confidence: 0.925574668095238

00:14:43.240 --> 00:14:45.172 could treat autoimmune diseases

NOTE Confidence: 0.925574668095238

 $00:14:45.172 \longrightarrow 00:14:47.450$ with Prednisone and taper.

NOTE Confidence: 0.925574668095238

 $00:14:47.450 \longrightarrow 00:14:50.600$ Those over time reverse the toxicity.

NOTE Confidence: 0.925574668095238

 $00:14:50.600 \longrightarrow 00:14:51.466$ And interestingly,

NOTE Confidence: 0.925574668095238

00:14:51.466 --> 00:14:53.198 in contrast to chemotherapy,

NOTE Confidence: 0.925574668095238

 $00:14:53.200 \longrightarrow 00:14:56.072$ you can go back to the same immunotherapy

NOTE Confidence: 0.925574668095238

 $00:14:56.072 \longrightarrow 00:14:58.084$ in these patients and surprisingly

NOTE Confidence: 0.925574668095238

 $00:14:58.084 \longrightarrow 00:15:00.016$ they don't enter into toxicity the

NOTE Confidence: 0.925574668095238

 $00:15:00.016 \longrightarrow 00:15:02.116$ way they did the first time around.

 $00:15:02.120 \longrightarrow 00:15:04.480$ So there's a lot we have to learn about this.

NOTE Confidence: 0.925574668095238

00:15:04.480 --> 00:15:07.864 And when I wanted to point out if course

NOTE Confidence: 0.925574668095238

 $00:15:07.864 \longrightarrow 00:15:10.680$ as you know that Jim Allison and to

NOTE Confidence: 0.925574668095238

 $00:15:10.759 \longrightarrow 00:15:14.279$ Soko Hanjo received the Nobel Prize for this.

NOTE Confidence: 0.925574668095238

 $00:15:14.280 \longrightarrow 00:15:16.814$ But I think another person who profoundly

NOTE Confidence: 0.925574668095238

00:15:16.814 --> 00:15:18.677 influenced the field that I wanted

NOTE Confidence: 0.925574668095238

00:15:18.677 --> 00:15:20.879 to give a shout out is here at Yale.

NOTE Confidence: 0.925574668095238

00:15:20.880 --> 00:15:22.680 And that's my friend who I worked with,

NOTE Confidence: 0.925574668095238

00:15:22.680 --> 00:15:23.910 Li Ping Chen,

NOTE Confidence: 0.925574668095238

 $00:15:23.910 \longrightarrow 00:15:27.775$ when he was at Hopkins and we were

NOTE Confidence: 0.925574668095238

 $00:15:27.775 \longrightarrow 00:15:30.195$ working on Melanoma immunotherapy.

NOTE Confidence: 0.925574668095238

00:15:30.200 --> 00:15:32.240 And I wanted to give credit to Leipeng,

NOTE Confidence: 0.925574668095238

 $00:15:32.240 \longrightarrow 00:15:34.196$ which I think is under appreciated

NOTE Confidence: 0.925574668095238

 $00{:}15{:}34.196 \dashrightarrow 00{:}15{:}36.239$ by the rest of the world.

NOTE Confidence: 0.925574668095238

00:15:36.240 --> 00:15:39.565 He was the first to specifically state

NOTE Confidence: 0.925574668095238

 $00{:}15{:}39.565 \dashrightarrow 00{:}15{:}42.439$ that a monoclonal antibody against

 $00:15:42.440 \longrightarrow 00:15:45.555$ B7H1 would break tolerance in a mouse

NOTE Confidence: 0.925574668095238

 $00{:}15{:}45.555 \dashrightarrow 00{:}15{:}48.955$ model and therefore be a effective

NOTE Confidence: 0.925574668095238

 $00{:}15{:}48.955 \dashrightarrow 00{:}15{:}51.319$ the rapeutic strategy for cancers.

NOTE Confidence: 0.925574668095238

00:15:51.320 --> 00:15:54.760 And Leipeng worked with a group of us.

NOTE Confidence: 0.925574668095238

00:15:54.760 --> 00:15:57.518 This is Li Ping and Suzanne Tipalian,

NOTE Confidence: 0.925574668095238

 $00:15:57.520 \longrightarrow 00:15:59.632$ who I helped recruit to the

NOTE Confidence: 0.925574668095238

00:15:59.632 --> 00:16:01.040 surgery department at Hopkins,

NOTE Confidence: 0.802761662

00:16:01.040 --> 00:16:02.560 and her husband, Drew Pardo,

NOTE Confidence: 0.802761662

 $00:16:02.560 \longrightarrow 00:16:05.080$ who is the chair of immunology.

NOTE Confidence: 0.802761662

 $00{:}16{:}05.080 \dashrightarrow 00{:}16{:}07.782$ So this is an example of translational

NOTE Confidence: 0.802761662

 $00:16:07.782 \longrightarrow 00:16:09.709$ research in the collaboration

NOTE Confidence: 0.802761662

 $00:16:09.709 \longrightarrow 00:16:11.800$ with clinical scientists.

NOTE Confidence: 0.802761662

00:16:11.800 --> 00:16:15.200 So Li Ping's research directly

NOTE Confidence: 0.802761662

 $00:16:15.200 \longrightarrow 00:16:17.605$ stimulated Drew and Suzanne to

NOTE Confidence: 0.802761662

00:16:17.605 --> 00:16:20.993 take out a seed culture they had

 $00:16:20.993 \longrightarrow 00:16:23.918$ frozen to do a phase one study.

NOTE Confidence: 0.802761662

 $00:16:23.920 \longrightarrow 00:16:27.796$ They grew up this monoclonal antibody.

NOTE Confidence: 0.802761662

00:16:27.800 --> 00:16:29.216 Mike Carducci at Hopkins,

NOTE Confidence: 0.802761662

 $00:16:29.216 \longrightarrow 00:16:31.340$ the phase one director gave it

NOTE Confidence: 0.802761662

 $00:16:31.410 \longrightarrow 00:16:33.846$ to a young person as an assistant

NOTE Confidence: 0.802761662

 $00{:}16{:}33.846 \to 00{:}16{:}35.400$ professor named Julie Bramer,

NOTE Confidence: 0.802761662

 $00:16:35.400 \longrightarrow 00:16:38.080$ who is a pulmonary oncologist.

NOTE Confidence: 0.802761662

 $00{:}16{:}38.080 \dashrightarrow 00{:}16{:}40.180$ And our recommendations was that you

NOTE Confidence: 0.802761662

 $00:16:40.180 \longrightarrow 00:16:42.813$ use renal cell and Melanoma to test

NOTE Confidence: 0.802761662

00:16:42.813 --> 00:16:45.141 this new drug because everybody knows

NOTE Confidence: 0.802761662

00:16:45.141 --> 00:16:47.319 that's the only diseases that work

NOTE Confidence: 0.802761662

 $00:16:47.320 \longrightarrow 00:16:51.597$ with immunotherapy based upon the past work.

NOTE Confidence: 0.802761662

 $00:16:51.600 \longrightarrow 00:16:53.733$ But Julie came in one day at our Friday

NOTE Confidence: 0.802761662

 $00{:}16{:}53.733 \rightarrow 00{:}16{:}55.440$ meeting said you won't believe this,

NOTE Confidence: 0.802761662

00:16:55.440 --> 00:16:58.116 but my lung cancer patients are

NOTE Confidence: 0.802761662

 $00:16:58.116 \longrightarrow 00:17:00.400$ responding to this new drug.

 $00{:}17{:}00.400 \dashrightarrow 00{:}17{:}01.964$ So BMS swooped in,

NOTE Confidence: 0.802761662

00:17:01.964 --> 00:17:03.919 bought the biotech company that

NOTE Confidence: 0.802761662

 $00:17:03.919 \longrightarrow 00:17:06.274$ had done the seed culture and

NOTE Confidence: 0.802761662

 $00:17:06.274 \longrightarrow 00:17:08.159$ that became the volume up.

NOTE Confidence: 0.802761662

 $00:17:08.160 \longrightarrow 00:17:11.177$ But it's a great example of collaboration

NOTE Confidence: 0.802761662

 $00:17:11.177 \longrightarrow 00:17:12.967$ between clinical and laboratory

NOTE Confidence: 0.802761662

 $00:17:12.967 \longrightarrow 00:17:15.511$ scientists that led directly to a

NOTE Confidence: 0.802761662

 $00{:}17{:}15.511 \dashrightarrow 00{:}17{:}18.039$ major advance in cancer treatment.

NOTE Confidence: 0.802761662

 $00:17:18.040 \longrightarrow 00:17:19.160$ And I use this.

NOTE Confidence: 0.802761662

 $00:17:19.160 \longrightarrow 00:17:20.560$ This is an unusual example,

NOTE Confidence: 0.802761662

 $00:17:20.560 \longrightarrow 00:17:23.953$ but it shows the power of the immune system.

NOTE Confidence: 0.802761662

 $00{:}17{:}23.960 \dashrightarrow 00{:}17{:}27.200$ This is a grapefruit sized Melanoma

NOTE Confidence: 0.802761662

 $00{:}17{:}27.200 \dashrightarrow 00{:}17{:}30.140$ that was treated with a single dose

NOTE Confidence: 0.802761662

 $00{:}17{:}30.140 \dashrightarrow 00{:}17{:}33.023$ of nivolumab and epilumab with a

NOTE Confidence: 0.802761662

 $00:17:33.023 \longrightarrow 00:17:35.593$ complete destruction of that tumor.

 $00:17:35.600 \longrightarrow 00:17:38.600$ That's APCR after one treatment.

NOTE Confidence: 0.802761662

 $00{:}17{:}38.600 \dashrightarrow 00{:}17{:}40.418$ And I use that only as an example to

NOTE Confidence: 0.802761662

 $00:17:40.418 \longrightarrow 00:17:42.336$ show you the power of the immune system

NOTE Confidence: 0.802761662

00:17:42.336 --> 00:17:44.039 when you take the blindfolds off,

NOTE Confidence: 0.802761662

 $00:17:44.040 \longrightarrow 00:17:45.800$ when you break tolerance.

NOTE Confidence: 0.802761662

00:17:45.800 --> 00:17:48.440 And that's unusual to have this,

NOTE Confidence: 0.802761662

 $00:17:48.440 \longrightarrow 00:17:49.520$ but as I'll show you,

NOTE Confidence: 0.802761662

 $00:17:49.520 \longrightarrow 00:17:51.160$ it's not uncommon either.

NOTE Confidence: 0.802761662

 $00{:}17{:}51.160 \dashrightarrow 00{:}17{:}53.620$ So now there are 9 powerful

NOTE Confidence: 0.802761662

 $00{:}17{:}53.705 \dashrightarrow 00{:}17{:}56.273$ checkpoint inhibitors with different

NOTE Confidence: 0.802761662

 $00:17:56.273 \longrightarrow 00:17:58.199$ mechanisms of action.

NOTE Confidence: 0.802761662

 $00:17:58.200 \longrightarrow 00:18:00.454$ And as we know with drugs that

NOTE Confidence: 0.802761662

 $00:18:00.454 \longrightarrow 00:18:02.556$ when we combined drugs with

NOTE Confidence: 0.802761662

 $00:18:02.556 \longrightarrow 00:18:04.158$ different mechanisms action,

NOTE Confidence: 0.802761662

 $00:18:04.160 \longrightarrow 00:18:06.518$ we can get an additive effect.

NOTE Confidence: 0.802761662

 $00:18:06.520 \longrightarrow 00:18:09.712$ So now we're showing that the

00:18:09.712 --> 00:18:12.462 combinations of anti CTLA 4 which

NOTE Confidence: 0.802761662

 $00:18:12.462 \longrightarrow 00:18:14.994$ works in the central lymphoid section

NOTE Confidence: 0.802761662

 $00:18:15.000 \longrightarrow 00:18:18.288$ and either anti PD one or PDL one

NOTE Confidence: 0.802761662

00:18:18.288 --> 00:18:22.101 which works in the periphery that they

NOTE Confidence: 0.802761662

 $00:18:22.101 \longrightarrow 00:18:25.080$ combination is better than either alone.

NOTE Confidence: 0.802761662

00:18:25.080 --> 00:18:27.425 And this slide just shows you briefly

NOTE Confidence: 0.802761662

00:18:27.425 --> 00:18:30.008 in a cartoon that they're now with

NOTE Confidence: 0.802761662

 $00:18:30.008 \longrightarrow 00:18:32.264$ different trade names but the same

NOTE Confidence: 0.802761662

 $00{:}18{:}32.331 \dashrightarrow 00{:}18{:}34.743$ types of drugs working in this

NOTE Confidence: 0.802761662

 $00{:}18{:}34.743 \to 00{:}18{:}37.042$ signaling pathway between PDL ONE and

NOTE Confidence: 0.802761662

 $00:18:37.042 \longrightarrow 00:18:39.429$ PD ONE and a separate mechanism of

NOTE Confidence: 0.802761662

00:18:39.429 --> 00:18:42.076 the first drug which was Ibilimed,

NOTE Confidence: 0.802761662

 $00{:}18{:}42.080 \dashrightarrow 00{:}18{:}45.090$ which works in the central lymphoid tissue

NOTE Confidence: 0.802761662

 $00:18:45.090 \longrightarrow 00:18:47.918$ with a different mechanism of action.

NOTE Confidence: 0.802761662

 $00:18:47.920 \longrightarrow 00:18:50.629$ And now even after only 11 years

 $00:18:50.629 \longrightarrow 00:18:53.598$ when the 1st paper was presented,

NOTE Confidence: 0.802761662

 $00{:}18{:}53.600 \dashrightarrow 00{:}18{:}55.640$ I'll show you a slide in a minute.

NOTE Confidence: 0.802761662

 $00{:}18{:}55.640 \dashrightarrow 00{:}18{:}59.321$ You can see where the FDA has approved as

NOTE Confidence: 0.802761662

00:18:59.321 --> 00:19:02.496 an indication the use of immunotherapy,

NOTE Confidence: 0.802761662

 $00:19:02.496 \longrightarrow 00:19:03.798$ the same drug,

NOTE Confidence: 0.802761662

 $00:19:03.800 \longrightarrow 00:19:05.260$ the same drug course.

NOTE Confidence: 0.802761662

 $00:19:05.260 \longrightarrow 00:19:06.720$ We're not treating cancer.

NOTE Confidence: 0.802761662

 $00{:}19{:}06.720 \dashrightarrow 00{:}19{:}09.842$ We're treating a common deficit in

NOTE Confidence: 0.802761662

 $00{:}19{:}09.842 \to 00{:}19{:}12.734$ most cancers that come alongside our

NOTE Confidence: 0.802761662

 $00:19:12.734 \longrightarrow 00:19:15.093$ traditional treatments to treat the

NOTE Confidence: 0.802761662

 $00{:}19{:}15.093 \dashrightarrow 00{:}19{:}17.595$ patients with a variety of cancers.

NOTE Confidence: 0.802761662

 $00:19:17.600 \longrightarrow 00:19:20.168$ And every month there's new indications

NOTE Confidence: 0.802761662

 $00:19:20.168 \longrightarrow 00:19:22.676$ that are approved based upon what

NOTE Confidence: 0.802761662

 $00:19:22.676 \longrightarrow 00:19:24.836$ is now over 1000 clinical trials

NOTE Confidence: 0.802761662

00:19:24.836 --> 00:19:27.692 going over various drug doses and

NOTE Confidence: 0.802761662

 $00{:}19{:}27.692 \dashrightarrow 00{:}19{:}29.237$ indications for immunotherapy.

 $00:19:29.240 \longrightarrow 00:19:31.305$ So that those powerful drugs

NOTE Confidence: 0.802761662

00:19:31.305 --> 00:19:33.370 that were started out with

NOTE Confidence: 0.901970194736842

00:19:33.447 --> 00:19:35.907 advanced disease have now moved

NOTE Confidence: 0.901970194736842

 $00:19:35.907 \longrightarrow 00:19:37.875$ into the neoadjuvant space.

NOTE Confidence: 0.901970194736842

 $00:19:37.880 \longrightarrow 00:19:40.589$ And I want to show you the reason why

NOTE Confidence: 0.901970194736842

 $00:19:40.589 \longrightarrow 00:19:43.290$ that is valuable in neoadjuvant therapy.

NOTE Confidence: 0.901970194736842

 $00:19:43.290 \longrightarrow 00:19:46.350$ So from this wonderful paper from

NOTE Confidence: 0.901970194736842

00:19:46.350 --> 00:19:49.080 my colleagues at MD Anderson

NOTE Confidence: 0.901970194736842

 $00:19:49.080 \longrightarrow 00:19:51.990$ that the advantages are one that

NOTE Confidence: 0.901970194736842

 $00{:}19{:}51.990 \dashrightarrow 00{:}19{:}53.930$ downstages tumors and increases

NOTE Confidence: 0.901970194736842

 $00:19:54.009 \longrightarrow 00:19:56.359$ the ease of surgical resection,

NOTE Confidence: 0.901970194736842

 $00:19:56.360 \longrightarrow 00:19:59.240$ including importantly the conversion

NOTE Confidence: 0.901970194736842

00:19:59.240 --> 00:20:02.120 of inoperable or borderline

NOTE Confidence: 0.901970194736842

 $00{:}20{:}02.120 \dashrightarrow 00{:}20{:}05.200$ operable tumors into operable ones.

NOTE Confidence: 0.901970194736842

 $00:20:05.200 \longrightarrow 00:20:06.880$ Importantly, as I'll show you,

 $00:20:06.880 \longrightarrow 00:20:09.880$ the pathological response is a surrogate

NOTE Confidence: 0.901970194736842

 $00{:}20{:}09.880 \dashrightarrow 00{:}20{:}12.600$ endpoint for long term benefit.

NOTE Confidence: 0.901970194736842

 $00:20:12.600 \longrightarrow 00:20:14.592$ So we can find out if drugs work

NOTE Confidence: 0.901970194736842

 $00:20:14.592 \longrightarrow 00:20:16.539$ within six weeks instead of giving

NOTE Confidence: 0.901970194736842

 $00:20:16.539 \longrightarrow 00:20:18.621$ them after surgery and following the

NOTE Confidence: 0.901970194736842

 $00{:}20{:}18.687 \dashrightarrow 00{:}20{:}20{:}836$ patient for five years and then going

NOTE Confidence: 0.901970194736842

 $00:20:20.836 \longrightarrow 00:20:23.014$ back and seeing how many survived.

NOTE Confidence: 0.901970194736842

 $00:20:23.014 \longrightarrow 00:20:26.584$ So doing this up front gives us a

NOTE Confidence: 0.901970194736842

 $00{:}20{:}26.584 \dashrightarrow 00{:}20{:}29.344$ better indication early on based

NOTE Confidence: 0.901970194736842

 $00:20:29.344 \longrightarrow 00:20:31.552$ upon the pathological response.

NOTE Confidence: 0.901970194736842

00:20:31.560 --> 00:20:33.996 And what what you'll see is the

NOTE Confidence: 0.901970194736842

 $00:20:33.996 \longrightarrow 00:20:36.272$ residual tumor burden is important

NOTE Confidence: 0.901970194736842

 $00:20:36.272 \longrightarrow 00:20:39.124$ now in a cancer management.

NOTE Confidence: 0.901970194736842

00:20:39.124 --> 00:20:42.638 It allows us to test novel combination

NOTE Confidence: 0.901970194736842

 $00:20:42.638 \longrightarrow 00:20:44.528$ strategies and investigational drugs

NOTE Confidence: 0.901970194736842

 $00{:}20{:}44.528 \rightarrow 00{:}20{:}47.580$ because we can take out the tumor

 $00:20:47.655 \longrightarrow 00:20:50.497$ after the exposure to these drugs and

NOTE Confidence: 0.901970194736842

 $00:20:50.497 \longrightarrow 00:20:52.440$ determine the new molecular profile

NOTE Confidence: 0.901970194736842

 $00:20:52.440 \longrightarrow 00:20:54.600$ of the cells that are refractory.

NOTE Confidence: 0.901970194736842

00:20:54.600 --> 00:20:57.064 And I'll show you a classic clinical

NOTE Confidence: 0.901970194736842

 $00:20:57.064 \longrightarrow 00:20:59.439$ trial that she demonstrates that.

NOTE Confidence: 0.901970194736842

 $00:20:59.440 \longrightarrow 00:21:02.240$ And then the other reason is the

NOTE Confidence: 0.901970194736842

 $00:21:02.240 \longrightarrow 00:21:04.411$ improved responses are better than

NOTE Confidence: 0.901970194736842

00:21:04.411 --> 00:21:06.696 in patients with advanced burned

NOTE Confidence: 0.901970194736842

 $00{:}21{:}06.696 \rightarrow 00{:}21{:}09.302$ out metastatic disease where their

NOTE Confidence: 0.901970194736842

 $00:21:09.302 \longrightarrow 00:21:11.506$ previous chemotherapy itself is

NOTE Confidence: 0.901970194736842

 $00:21:11.506 \longrightarrow 00:21:13.710$ immunosuppressive and their volume

NOTE Confidence: 0.901970194736842

 $00:21:13.788 \longrightarrow 00:21:16.615$ of cancer itself provides an antigen

NOTE Confidence: 0.901970194736842

 $00{:}21{:}16.615 \dashrightarrow 00{:}21{:}19.440$ excess which is immunosuppressive itself.

NOTE Confidence: 0.901970194736842

00:21:19.440 --> 00:21:21.197 So if we're doing this up front,

NOTE Confidence: 0.901970194736842

00:21:21.200 --> 00:21:23.036 when there's a smaller tumor burden,

 $00:21:23.040 \longrightarrow 00:21:26.314$ you get a better immune response and

NOTE Confidence: 0.901970194736842

 $00{:}21{:}26.314 \dashrightarrow 00{:}21{:}28.438$ then we have some molecular markers,

NOTE Confidence: 0.901970194736842

 $00:21:28.440 \longrightarrow 00:21:32.395$ the CPS score and and other markers,

NOTE Confidence: 0.901970194736842

 $00:21:32.400 \longrightarrow 00:21:35.214$ but we really need better and more

NOTE Confidence: 0.901970194736842

 $00:21:35.214 \longrightarrow 00:21:38.397$ precise markers to help select our patients.

NOTE Confidence: 0.901970194736842

 $00:21:38.400 \longrightarrow 00:21:41.830$ So these are just a partial example

NOTE Confidence: 0.901970194736842

 $00:21:41.830 \longrightarrow 00:21:44.263$ of successful neoadjuvant trials that

NOTE Confidence: 0.901970194736842

 $00:21:44.263 \longrightarrow 00:21:47.791$ have led to approved indication by the FDA.

NOTE Confidence: 0.901970194736842

00:21:47.800 --> 00:21:50.560 And my point is this is a range of cancers,

NOTE Confidence: 0.901970194736842

 $00:21:50.560 \longrightarrow 00:21:53.530$ this is a common abnormality to

NOTE Confidence: 0.901970194736842

 $00{:}21{:}53.530 --> 00{:}21{:}54.520 \ \mathrm{human\ cancers}.$

NOTE Confidence: 0.901970194736842

 $00:21:54.520 \longrightarrow 00:21:57.110$ And as we're learning how to use

NOTE Confidence: 0.901970194736842

 $00:21:57.110 \longrightarrow 00:21:59.382$ these checkpoint inhibitors and

NOTE Confidence: 0.901970194736842

 $00:21:59.382 \longrightarrow 00:22:01.918$ various combinations and sequences,

NOTE Confidence: 0.901970194736842

 $00:22:01.920 \longrightarrow 00:22:04.650$ they're adding to the advances

NOTE Confidence: 0.901970194736842

 $00{:}22{:}04.650 \dashrightarrow 00{:}22{:}07.685$ of of our cancer management not

 $00:22:07.685 \longrightarrow 00:22:09.673$ as a substitute necessarily,

NOTE Confidence: 0.901970194736842

 $00{:}22{:}09.680 \dashrightarrow 00{:}22{:}12.571$ but alongside is what I call the

NOTE Confidence: 0.901970194736842

00:22:12.571 --> 00:22:15.359 4th modality of cancer treatment.

NOTE Confidence: 0.901970194736842

 $00:22:15.360 \longrightarrow 00:22:18.270$ So here's another hypothesis that has

NOTE Confidence: 0.901970194736842

 $00:22:18.270 \longrightarrow 00:22:21.492$ been proposed that I'll show you the

NOTE Confidence: 0.901970194736842

 $00:22:21.492 \longrightarrow 00:22:24.278$ results that led to a clinical trial.

NOTE Confidence: 0.901970194736842

00:22:24.280 --> 00:22:27.160 And as you could see in the upper cartoon

NOTE Confidence: 0.901970194736842

 $00:22:27.160 \longrightarrow 00:22:29.795$ that if the surgeon takes out the bulk

NOTE Confidence: 0.901970194736842

00:22:29.795 --> 00:22:32.339 of the tumor and leaves microscopic

NOTE Confidence: 0.901970194736842

 $00:22:32.339 \longrightarrow 00:22:35.357$ tumor left behind and gives immunotherapy,

NOTE Confidence: 0.901970194736842

 $00:22:35.360 \longrightarrow 00:22:37.440$ there's not many cancer cells

NOTE Confidence: 0.901970194736842

 $00:22:37.440 \longrightarrow 00:22:39.520$ to stimulate the immune system.

NOTE Confidence: 0.901970194736842

 $00:22:39.520 \longrightarrow 00:22:40.560$ But on the other hand,

NOTE Confidence: 0.901970194736842

 $00{:}22{:}40.560 \to 00{:}22{:}43.199$ if you give the immunother apy up front,

NOTE Confidence: 0.901970194736842

 $00:22:43.200 \longrightarrow 00:22:46.119$ when there is a larger and more

 $00:22:46.119 \longrightarrow 00:22:47.370$ representative tumor burden

NOTE Confidence: 0.901970194736842

 $00:22:47.448 \longrightarrow 00:22:49.360$ and tumor antigen exposure,

NOTE Confidence: 0.901970194736842

 $00:22:49.360 \longrightarrow 00:22:53.070$ you will get a more robust and

NOTE Confidence: 0.901970194736842

 $00:22:53.070 \longrightarrow 00:22:54.914$ consistent immune response.

NOTE Confidence: 0.901970194736842

00:22:54.914 --> 00:22:58.199 And this is demonstrated amazingly

NOTE Confidence: 0.901970194736842

 $00{:}22{:}58.199 \dashrightarrow 00{:}23{:}01.644$ in this randomized clinical trial

NOTE Confidence: 0.901970194736842

 $00:23:01.644 \longrightarrow 00:23:04.396$ which proves this hypothesis.

NOTE Confidence: 0.901970194736842

 $00:23:04.400 \longrightarrow 00:23:07.354$ In fact, I'm astonished at the results.

NOTE Confidence: 0.901970194736842

 $00{:}23{:}07.360 \dashrightarrow 00{:}23{:}10.580$ So this randomized trial gave

NOTE Confidence: 0.901970194736842

 $00:23:10.580 \longrightarrow 00:23:13.156$ everybody with metastatic Melanoma

NOTE Confidence: 0.901970194736842

00:23:13.160 --> 00:23:16.316 18 courses of a single drug.

NOTE Confidence: 0.901970194736842

 $00:23:16.320 \longrightarrow 00:23:19.757$ Drug in this case was pembro Elizabeth.

NOTE Confidence: 0.909291

00:23:19.760 --> 00:23:22.895 And they were randomized

NOTE Confidence: 0.909291

00:23:22.895 --> 00:23:24.675 to receive 18 courses,

NOTE Confidence: 0.909291

 $00:23:24.680 \longrightarrow 00:23:26.678$ but half the group got three

NOTE Confidence: 0.909291

00:23:26.678 --> 00:23:28.552 courses up front and everybody

00:23:28.552 --> 00:23:30.877 else got 18 courses afterwards.

NOTE Confidence: 0.909291

 $00:23:30.880 \longrightarrow 00:23:32.716$ So that was the only difference

NOTE Confidence: 0.909291

 $00:23:32.716 \longrightarrow 00:23:33.634$ with this monotherapy.

NOTE Confidence: 0.909291

00:23:33.640 --> 00:23:36.797 We don't use monotherapy anymore like this,

NOTE Confidence: 0.909291

 $00:23:36.800 \longrightarrow 00:23:39.401$ but look at the difference between

NOTE Confidence: 0.909291

00:23:39.401 --> 00:23:41.807 those patients who had three courses

NOTE Confidence: 0.909291

 $00:23:41.807 \longrightarrow 00:23:43.577$ of single agent immunotherapy

NOTE Confidence: 0.909291

00:23:43.577 --> 00:23:46.240 up front and those who didn't,

NOTE Confidence: 0.909291

 $00{:}23{:}46.240 \dashrightarrow 00{:}23{:}48.340$ which demonstrates what I just

NOTE Confidence: 0.909291

 $00:23:48.340 \longrightarrow 00:23:50.729$ showed you in that hypothesis is

NOTE Confidence: 0.909291

 $00:23:50.729 \longrightarrow 00:23:53.125$ the value in survival rates by

NOTE Confidence: 0.909291

 $00:23:53.125 \longrightarrow 00:23:54.865$ giving checkpoint inhibitors before

NOTE Confidence: 0.909291

 $00{:}23{:}54.865 \dashrightarrow 00{:}23{:}58.660$ they're to the bulk of their tumor is

NOTE Confidence: 0.909291

 $00{:}23{:}58.660 \dashrightarrow 00{:}24{:}01.900$ removed and this gives the rationale

NOTE Confidence: 0.909291

00:24:01.900 --> 00:24:03.430 for neoadjuvant immunotherapy.

 $00:24:03.430 \longrightarrow 00:24:06.895$ Another example that I want to show

NOTE Confidence: 0.909291

 $00{:}24{:}06.895 \dashrightarrow 00{:}24{:}09.797$ you from my colleague Merrick Ross.

NOTE Confidence: 0.909291

 $00:24:09.800 \longrightarrow 00:24:12.936$ This is a Melanoma patient who presented

NOTE Confidence: 0.909291

 $00:24:12.936 \longrightarrow 00:24:15.140$ with borderline operable bulky nodal

NOTE Confidence: 0.909291

 $00:24:15.140 \longrightarrow 00:24:17.877$ metastasis in the groin and the pelvis.

NOTE Confidence: 0.909291

00:24:17.880 --> 00:24:20.358 And this patient would have ordinarily

NOTE Confidence: 0.909291

 $00{:}24{:}20.358 \dashrightarrow 00{:}24{:}24.068$ had a radical dissection of the groin

NOTE Confidence: 0.909291

00:24:24.068 --> 00:24:27.376 and the pelvis after immunotherapy

NOTE Confidence: 0.909291

 $00{:}24{:}27.376 \dashrightarrow 00{:}24{:}29.560$ with combination immunotherapy,

NOTE Confidence: 0.909291

 $00:24:29.560 \longrightarrow 00:24:32.872$ you can see that there is a down staging

NOTE Confidence: 0.909291

 $00:24:32.880 \longrightarrow 00:24:36.036$ and the tumor size has decreased,

NOTE Confidence: 0.909291

 $00:24:36.040 \longrightarrow 00:24:38.140$ so facilitating an operation.

NOTE Confidence: 0.909291

00:24:38.140 --> 00:24:41.290 But it wouldn't surprise you that

NOTE Confidence: 0.909291

 $00:24:41.377 \longrightarrow 00:24:44.077$ when all the tumor was removed

NOTE Confidence: 0.909291

 $00:24:44.077 \longrightarrow 00:24:45.877$ there was nothing left.

NOTE Confidence: 0.909291

 $00{:}24{:}45.880 \dashrightarrow 00{:}24{:}48.544$ The masses that we're seeing were

 $00:24:48.544 \longrightarrow 00:24:50.736$ inflammation and scar tissue in

NOTE Confidence: 0.909291

00:24:50.736 --> 00:24:52.400 a classic rejection response,

NOTE Confidence: 0.909291

 $00{:}24{:}52.400 \dashrightarrow 00{:}24{:}55.600$ the same as what you'd see with a

NOTE Confidence: 0.909291

 $00:24:55.600 \longrightarrow 00:24:57.996$ transplanted organ or a viral infection.

NOTE Confidence: 0.909291

 $00:24:57.996 \longrightarrow 00:25:00.390$ That the mass that we're seeing

NOTE Confidence: 0.909291

00:25:00.466 --> 00:25:02.800 on X-ray was not tumor anymore,

NOTE Confidence: 0.909291

 $00:25:02.800 \longrightarrow 00:25:06.838$ it was scar and inflammatory tissue.

NOTE Confidence: 0.909291

 $00:25:06.840 \longrightarrow 00:25:10.320$ So the key point here is we can't

NOTE Confidence: 0.909291

 $00:25:10.320 \longrightarrow 00:25:13.240$ gauge responses by X-ray verification.

NOTE Confidence: 0.909291

00:25:13.240 --> 00:25:15.354 The surgeon needs to take it out,

NOTE Confidence: 0.909291

 $00:25:15.360 \longrightarrow 00:25:17.873$ give it to the pathologist to determine

NOTE Confidence: 0.909291

 $00{:}25{:}17.873 \dashrightarrow 00{:}25{:}20.748$ the degree of response and to do a

NOTE Confidence: 0.909291

 $00{:}25{:}20.748 \dashrightarrow 00{:}25{:}22.800$ new molecular profile to look at the

NOTE Confidence: 0.909291

 $00{:}25{:}22.800 \dashrightarrow 00{:}25{:}27.078$ molecular profile of the refractory cells.

NOTE Confidence: 0.909291

00:25:27.080 --> 00:25:30.056 So this was the first immunotherapy

 $00:25:30.056 \longrightarrow 00:25:32.970$ trial presented in the world 2010.

NOTE Confidence: 0.909291

 $00{:}25{:}32.970 --> 00{:}25{:}35.840$ So this is a very new field.

NOTE Confidence: 0.909291

 $00:25:35.840 \longrightarrow 00:25:38.096$ This was using the maximum tolerated

NOTE Confidence: 0.909291

 $00:25:38.096 \longrightarrow 00:25:40.925$ dose of a single agent EPI LUMA Med

NOTE Confidence: 0.909291

 $00:25:40.925 \longrightarrow 00:25:43.148$ and of course the problem with this

NOTE Confidence: 0.909291

00:25:43.148 --> 00:25:45.154 although this became a standard of

NOTE Confidence: 0.909291

 $00{:}25{:}45.154 \dashrightarrow 00{:}25{:}47.320$ treatment until we found out that

NOTE Confidence: 0.909291

 $00:25:47.320 \longrightarrow 00:25:50.539$ at that MTD that 50% of patients

NOTE Confidence: 0.909291

 $00{:}25{:}50.539 \dashrightarrow 00{:}25{:}53.570$ had grade three grade 4 toxicity and

NOTE Confidence: 0.909291

 $00:25:53.659 \longrightarrow 00:25:56.165$ some patients died because of that.

NOTE Confidence: 0.909291

 $00{:}25{:}56.165 \dashrightarrow 00{:}25{:}59.000$ It was also shown that as a single

NOTE Confidence: 0.909291

00:25:59.000 --> 00:26:01.478 agents it's inferior to an anti

NOTE Confidence: 0.909291

00:26:01.480 --> 00:26:02.794 PD1 checkpoint inhibitor.

NOTE Confidence: 0.909291

 $00:26:02.794 \longrightarrow 00:26:06.406$ So in large part this drug was not

NOTE Confidence: 0.909291

 $00:26:06.406 \longrightarrow 00:26:09.160$ used anymore because of the toxicity.

NOTE Confidence: 0.909291

00:26:09.160 --> 00:26:09.627 However,

 $00:26:09.627 \longrightarrow 00:26:12.896$ the the teaching point here is you

NOTE Confidence: 0.909291

00:26:12.896 --> 00:26:15.900 can't treat immunotherapy agents like

NOTE Confidence: 0.909291

 $00:26:15.900 \longrightarrow 00:26:18.954$ drugs and in fact a dose now of 1 to

NOTE Confidence: 0.909291

 $00:26:18.954 \longrightarrow 00:26:22.106$ 3 milligrams which is not very toxic

NOTE Confidence: 0.909291

 $00:26:22.106 \longrightarrow 00:26:24.643$ when added to another checkpoint

NOTE Confidence: 0.909291

 $00:26:24.643 \longrightarrow 00:26:27.558$ inhibitor has an added benefit.

NOTE Confidence: 0.909291

 $00:26:27.560 \longrightarrow 00:26:29.696$ So we have to get away from testing

NOTE Confidence: 0.909291

 $00:26:29.696 \longrightarrow 00:26:32.090$ these some of these agents by their

NOTE Confidence: 0.909291

 $00:26:32.090 \longrightarrow 00:26:33.890$ maximum tolerated doses when actually

NOTE Confidence: 0.909291

00:26:33.950 --> 00:26:35.861 lower doses work just as well if

NOTE Confidence: 0.909291

 $00:26:35.861 \longrightarrow 00:26:37.814$ not better and a more tolerable.

NOTE Confidence: 0.909291

 $00:26:37.814 \longrightarrow 00:26:41.046$ So we'll go over the details of this

NOTE Confidence: 0.909291

 $00{:}26{:}41.046 \dashrightarrow 00{:}26{:}43.556$ randomized study that looked at

NOTE Confidence: 0.909291

 $00:26:43.556 \longrightarrow 00:26:46.570$ different dose schedules and doses of

NOTE Confidence: 0.909291

 $00:26:46.570 \longrightarrow 00:26:49.348$ combining hippilumamid at 3kg and 1

 $00:26:49.348 \longrightarrow 00:26:51.804$ milligrams with combinations of nivo.

NOTE Confidence: 0.909291

00:26:51.804 --> 00:26:53.836 And this Arm B,

NOTE Confidence: 0.909291

 $00:26:53.840 \longrightarrow 00:26:57.160$ just to accelerate the talk,

NOTE Confidence: 0.909291

 $00:26:57.160 \longrightarrow 00:26:59.578$ turned out to be the most

NOTE Confidence: 0.909291

 $00:26:59.578 \longrightarrow 00:27:01.190$ efficacious in the least

NOTE Confidence: 0.903695714545455

00:27:01.276 --> 00:27:03.404 toxic. But here's the teaching point I

NOTE Confidence: 0.903695714545455

 $00:27:03.404 \longrightarrow 00:27:05.799$ wanted to make in this randomized study.

NOTE Confidence: 0.903695714545455

 $00:27:05.800 \longrightarrow 00:27:08.635$ This is the radiological response to patients

NOTE Confidence: 0.903695714545455

 $00:27:08.635 \longrightarrow 00:27:11.460$ being treated in this randomized study

NOTE Confidence: 0.903695714545455

 $00:27:11.460 \longrightarrow 00:27:14.080$ with metastatic Melanoma, mainly stage 3.

NOTE Confidence: 0.903695714545455

 $00{:}27{:}14.080 \dashrightarrow 00{:}27{:}16.600$ And you can see there's a complete

NOTE Confidence: 0.903695714545455

00:27:16.677 --> 00:27:19.754 response radiologically in 10% of patients,

NOTE Confidence: 0.903695714545455

 $00:27:19.754 \longrightarrow 00:27:22.039$ a partial response in 50%.

NOTE Confidence: 0.903695714545455

00:27:22.040 --> 00:27:24.440 However, when the patients had surgery

NOTE Confidence: 0.903695714545455

00:27:24.440 --> 00:27:26.799 and the pathologist could examine it,

NOTE Confidence: 0.903695714545455

 $00:27:26.800 \longrightarrow 00:27:29.120$ you see the difference,

 $00:27:29.120 \longrightarrow 00:27:32.000$ 57% of those patients had APCR

NOTE Confidence: 0.903695714545455

 $00:27:32.000 \longrightarrow 00:27:34.500$ and 7% had a near PCR.

NOTE Confidence: 0.903695714545455

 $00:27:34.500 \longrightarrow 00:27:36.425$ So compare the difference between

NOTE Confidence: 0.903695714545455

 $00:27:36.425 \longrightarrow 00:27:38.479$ the radiologic response and

NOTE Confidence: 0.903695714545455

00:27:38.479 --> 00:27:40.599 what the pathologist found.

NOTE Confidence: 0.903695714545455

 $00:27:40.600 \longrightarrow 00:27:43.414$ You cannot look at these masses on

NOTE Confidence: 0.903695714545455

 $00:27:43.414 \longrightarrow 00:27:46.159$ X-rays and know what's inside them

NOTE Confidence: 0.903695714545455

 $00{:}27{:}46.160 {\: --> \:} 00{:}27{:}49.422$ because these tumors in many cases are

NOTE Confidence: 0.903695714545455

 $00{:}27{:}49.422 \dashrightarrow 00{:}27{:}52.078$ replaced by inflammation and scar tissue.

NOTE Confidence: 0.903695714545455

 $00:27:52.080 \longrightarrow 00:27:54.501$ So the surgeon has to take them out and

NOTE Confidence: 0.903695714545455

 $00:27:54.501 \longrightarrow 00:27:56.798$ give the specimen to the pathologist.

NOTE Confidence: 0.903695714545455

00:27:56.800 --> 00:27:59.716 And as I'll show you in tumor after tumor,

NOTE Confidence: 0.903695714545455

 $00{:}27{:}59.720 \dashrightarrow 00{:}28{:}03.661$ the determination of PCR near PCR versus

NOTE Confidence: 0.903695714545455

 $00:28:03.661 \longrightarrow 00:28:07.588$ more residual tumor burden is now an

NOTE Confidence: 0.903695714545455

 $00:28:07.588 \longrightarrow 00:28:10.798$ important part of our cancer management.

 $00:28:10.800 \longrightarrow 00:28:13.440$ But in my early days, giving interleukin

NOTE Confidence: 0.903695714545455

00:28:13.440 --> 00:28:16.000 interferons tumor cell vaccines,

NOTE Confidence: 0.903695714545455

 $00:28:16.000 \longrightarrow 00:28:18.932$ if we had a 5% PCR rate,

NOTE Confidence: 0.903695714545455

 $00:28:18.932 \longrightarrow 00:28:20.636$ that was a victory.

NOTE Confidence: 0.903695714545455

 $00:28:20.640 \longrightarrow 00:28:23.026$ If we had a 15% partial response,

NOTE Confidence: 0.903695714545455

 $00:28:23.026 \longrightarrow 00:28:24.838$ that was a victory.

NOTE Confidence: 0.903695714545455

00:28:24.840 --> 00:28:27.234 And as I told one person earlier,

NOTE Confidence: 0.903695714545455

 $00:28:27.240 \longrightarrow 00:28:29.640$ we tortured people with alpha

NOTE Confidence: 0.903695714545455

 $00:28:29.640 \longrightarrow 00:28:32.040$ interferon over many dose schedules

NOTE Confidence: 0.903695714545455

 $00:28:32.118 \longrightarrow 00:28:34.701$ in years because that's all we had

NOTE Confidence: 0.903695714545455

 $00:28:34.701 \longrightarrow 00:28:37.440$ and we improved survival rates by 2%.

NOTE Confidence: 0.903695714545455

 $00:28:37.440 \longrightarrow 00:28:39.816$ So now in this new era of Melanoma

NOTE Confidence: 0.903695714545455

00:28:39.816 --> 00:28:41.547 management with the advent of

NOTE Confidence: 0.903695714545455

00:28:41.547 --> 00:28:42.975 immunotherapy because we still

NOTE Confidence: 0.903695714545455

00:28:42.975 --> 00:28:44.880 don't have good chemotherapy,

NOTE Confidence: 0.903695714545455

 $00:28:44.880 \longrightarrow 00:28:46.800$ we have some targeted the rapy.

 $00:28:46.800 \longrightarrow 00:28:48.965$ Look at the pathological responses

NOTE Confidence: 0.903695714545455

 $00:28:48.965 \longrightarrow 00:28:52.199$ now that range in this study between

NOTE Confidence: 0.903695714545455

00:28:52.200 --> 00:28:57.240 65 and 80% and pathological complete

NOTE Confidence: 0.903695714545455

00:28:57.240 --> 00:29:02.056 response in dose schedule BPCR in

NOTE Confidence: 0.903695714545455

 $00:29:02.056 \longrightarrow 00:29:05.222$ 57% of patients Never in the history

NOTE Confidence: 0.903695714545455

 $00:29:05.222 \longrightarrow 00:29:07.720$ of treating cancer have we seen

NOTE Confidence: 0.903695714545455

 $00:29:07.720 \longrightarrow 00:29:09.800$ these kind of dramatic responses.

NOTE Confidence: 0.903695714545455

 $00:29:09.800 \longrightarrow 00:29:12.518$ So this also shows you just in one other

NOTE Confidence: 0.903695714545455

00:29:12.518 --> 00:29:15.054 cartoon the value of combining two

NOTE Confidence: 0.903695714545455

 $00:29:15.054 \longrightarrow 00:29:16.790$ different checkpoint inhibitors which

NOTE Confidence: 0.903695714545455

 $00:29:16.790 \longrightarrow 00:29:19.237$ have different mechanisms of action.

NOTE Confidence: 0.903695714545455

00:29:19.240 --> 00:29:22.957 And if you look on the two pies charts,

NOTE Confidence: 0.903695714545455

 $00:29:22.960 \longrightarrow 00:29:25.867$ you can see that with an anti PD one

NOTE Confidence: 0.903695714545455

00:29:25.867 --> 00:29:30.756 you get a 20% PCR but if you add low

NOTE Confidence: 0.903695714545455

 $00:29:30.756 \longrightarrow 00:29:35.200$ doses of ipilumab you double that to 43%.

 $00:29:35.200 \longrightarrow 00:29:38.063$ So again showing as we use with

NOTE Confidence: 0.903695714545455

 $00{:}29{:}38.063 \dashrightarrow 00{:}29{:}39.290$ combination chemotherapy with

NOTE Confidence: 0.903695714545455

 $00:29:39.360 \longrightarrow 00:29:41.440$ different mechanisms of action,

NOTE Confidence: 0.903695714545455

 $00:29:41.440 \longrightarrow 00:29:44.398$ the new standard is using these

NOTE Confidence: 0.903695714545455

 $00:29:44.398 \longrightarrow 00:29:45.877$ combined checkpoint inhibitors.

NOTE Confidence: 0.903695714545455

 $00:29:45.880 \longrightarrow 00:29:48.631$ But the important point is the lower

NOTE Confidence: 0.903695714545455

 $00:29:48.631 \longrightarrow 00:29:51.029$ doses and shorter schedules work just

NOTE Confidence: 0.903695714545455

 $00:29:51.029 \longrightarrow 00:29:54.025$ as well as high doses given over a

NOTE Confidence: 0.903695714545455

 $00:29:54.025 \longrightarrow 00:29:56.012$ long time because what we're doing

NOTE Confidence: 0.903695714545455

00:29:56.012 --> 00:29:58.760 is like turning on and off switch,

NOTE Confidence: 0.903695714545455

00:29:58.760 --> 00:29:59.843 we're breaking tolerance.

NOTE Confidence: 0.903695714545455

 $00:29:59.843 \longrightarrow 00:30:02.789$ And I predict that we will not be

NOTE Confidence: 0.903695714545455

 $00:30:02.789 \longrightarrow 00:30:04.529$ giving a year of immunotherapy

NOTE Confidence: 0.903695714545455

 $00:30:04.529 \longrightarrow 00:30:07.037$ before we'll have to do the clinical

NOTE Confidence: 0.903695714545455

 $00:30:07.037 \longrightarrow 00:30:09.125$ studies to show that it's equally

NOTE Confidence: 0.903695714545455

 $00:30:09.125 \longrightarrow 00:30:11.120$ good of giving shorter courses.

 $00:30:14.280 \longrightarrow 00:30:16.760$ So this is one of my first key

NOTE Confidence: 0.965439999285714

 $00{:}30{:}16.760 \dashrightarrow 00{:}30{:}19.037$ points about the impact on surgery.

NOTE Confidence: 0.965439999285714

 $00:30:19.040 \longrightarrow 00:30:23.352$ So this is a study Prada study going on

NOTE Confidence: 0.965439999285714

00:30:23.352 --> 00:30:26.059 now which is a randomized study but for

NOTE Confidence: 0.965439999285714

 $00:30:26.059 \longrightarrow 00:30:28.757$ which we have some of the early results.

NOTE Confidence: 0.965439999285714

 $00:30:28.760 \longrightarrow 00:30:30.610$ These are patients who present

NOTE Confidence: 0.965439999285714

 $00:30:30.610 \longrightarrow 00:30:33.120$ with stage 3B and 3C disease.

NOTE Confidence: 0.965439999285714

 $00:30:33.120 \longrightarrow 00:30:36.295$ They have clinically and radiologically

NOTE Confidence: 0.965439999285714

 $00:30:36.295 \longrightarrow 00:30:39.920$ detected nodal metastasis and index node has

NOTE Confidence: 0.965439999285714

 $00:30:39.920 \longrightarrow 00:30:43.559$ a marker placed in the largest lymph node.

NOTE Confidence: 0.965439999285714

 $00:30:43.560 \longrightarrow 00:30:46.360$ Then the patients gets only two cycles

NOTE Confidence: 0.965439999285714

00:30:46.360 --> 00:30:48.640 of combination of immunotherapy,

NOTE Confidence: 0.965439999285714

 $00{:}30{:}48.640 \dashrightarrow 00{:}30{:}51.790$ only two cycles and then that index

NOTE Confidence: 0.965439999285714

 $00:30:51.790 \longrightarrow 00:30:54.638$ node that's all that is removed.

NOTE Confidence: 0.965439999285714

00:30:54.640 --> 00:30:57.744 And you can see the strategy those patients

 $00:30:57.744 \longrightarrow 00:31:00.879$ who had APCR or near PCR less than 10%

NOTE Confidence: 0.965439999285714

 $00:31:00.880 \longrightarrow 00:31:03.796$ viable cells had no therapeutic lymph

NOTE Confidence: 0.965439999285714

00:31:03.796 --> 00:31:07.199 node dissection and no adjuvant therapy.

NOTE Confidence: 0.965439999285714

 $00:31:07.200 \longrightarrow 00:31:09.404$ Where's those that had

NOTE Confidence: 0.965439999285714

00:31:09.404 --> 00:31:12.159 APCR did get a therapeutic,

NOTE Confidence: 0.965439999285714

 $00:31:12.160 \longrightarrow 00:31:14.290$ no dissection and follow up and

NOTE Confidence: 0.965439999285714

 $00:31:14.290 \longrightarrow 00:31:17.039$ those that did not get a response

NOTE Confidence: 0.965439999285714

00:31:17.039 --> 00:31:19.553 had both a therapeutic lymph node

NOTE Confidence: 0.965439999285714

 $00:31:19.553 \longrightarrow 00:31:21.960$ dissection and adjuvant immunotherapy.

NOTE Confidence: 0.965439999285714

 $00:31:21.960 \longrightarrow 00:31:24.725$ But the point is that's already been

NOTE Confidence: 0.965439999285714

 $00{:}31{:}24.725 \dashrightarrow 00{:}31{:}27.633$ reported is that in the patients entered

NOTE Confidence: 0.965439999285714

 $00:31:27.633 \longrightarrow 00:31:31.168$ into this trial that 60% of them never

NOTE Confidence: 0.965439999285714

00:31:31.168 --> 00:31:34.000 needed a therapeutic lymph node dissection,

NOTE Confidence: 0.965439999285714

 $00:31:34.000 \longrightarrow 00:31:37.240$ which was their standard treatment before

NOTE Confidence: 0.965439999285714

 $00:31:37.240 \longrightarrow 00:31:40.440$ because they achieved APCR or near PCR.

NOTE Confidence: 0.965439999285714

 $00:31:40.440 \longrightarrow 00:31:42.974$ And I'll show you more examples of

 $00:31:42.974 \longrightarrow 00:31:45.398$ this and other diseases as well.

NOTE Confidence: 0.965439999285714

 $00:31:45.400 \longrightarrow 00:31:47.960$ So let me move on to breast

NOTE Confidence: 0.965439999285714

 $00:31:47.960 \longrightarrow 00:31:50.200$ cancer and neoadjuvant therapy.

NOTE Confidence: 0.965439999285714

 $00:31:50.200 \longrightarrow 00:31:53.798$ So there's another principle here that if we

NOTE Confidence: 0.965439999285714

00:31:53.798 --> 00:31:56.354 don't get a pathological complete response,

NOTE Confidence: 0.965439999285714

 $00:31:56.360 \longrightarrow 00:31:58.448$ you could predict that the residual

NOTE Confidence: 0.965439999285714

 $00:31:58.448 \longrightarrow 00:32:00.544$ tumors are going to be refractory

NOTE Confidence: 0.965439999285714

 $00:32:00.544 \longrightarrow 00:32:03.080$ to the drugs that you gave up front.

NOTE Confidence: 0.965439999285714

 $00:32:03.080 \longrightarrow 00:32:06.296$ So why continue them afterwards when

NOTE Confidence: 0.965439999285714

 $00{:}32{:}06.296 \dashrightarrow 00{:}32{:}09.046$ these refractory tumors probably have

NOTE Confidence: 0.965439999285714

 $00:32:09.046 \longrightarrow 00:32:11.762$ a different molecular profile in the

NOTE Confidence: 0.965439999285714

 $00:32:11.762 \longrightarrow 00:32:13.869$ strategy here which is a classic in

NOTE Confidence: 0.965439999285714

 $00{:}32{:}13.869 \dashrightarrow 00{:}32{:}16.090$ that I think applies to other tumors

NOTE Confidence: 0.965439999285714

00:32:16.090 --> 00:32:18.158 as well was this Catherine study

NOTE Confidence: 0.965439999285714

 $00:32:18.158 \longrightarrow 00:32:20.468$ which took her two positive patients

 $00:32:20.468 \longrightarrow 00:32:22.518$ who got neoadjuvant treatment.

NOTE Confidence: 0.965439999285714

 $00{:}32{:}22.518 \dashrightarrow 00{:}32{:}25.713$ They all had residual invasive

NOTE Confidence: 0.965439999285714

00:32:25.713 --> 00:32:28.999 disease after getting their standard,

NOTE Confidence: 0.965439999285714

00:32:29.000 --> 00:32:32.185 her two therapy either single or dual

NOTE Confidence: 0.965439999285714

 $00:32:32.185 \longrightarrow 00:32:34.924$ therapy targeted therapy and then we're

NOTE Confidence: 0.965439999285714

 $00:32:34.924 \dashrightarrow 00:32:37.089$ randomized to switch their treatment

NOTE Confidence: 0.965439999285714

 $00:32:37.089 \dashrightarrow 00:32:39.974$ if they had residual disease into a

NOTE Confidence: 0.965439999285714

 $00{:}32{:}39.974 \dashrightarrow 00{:}32{:}42.288$ different drug TDM one or continued

NOTE Confidence: 0.965439999285714

 $00{:}32{:}42.288 \to 00{:}32{:}45.232$ the same drug that they were on before.

NOTE Confidence: 0.965439999285714

00:32:45.240 --> 00:32:47.851 And this study of course showed that

NOTE Confidence: 0.965439999285714

 $00{:}32{:}47.851 \dashrightarrow 00{:}32{:}49.501$ by switching the rapies intuitively

NOTE Confidence: 0.965439999285714

 $00:32:49.501 \longrightarrow 00:32:50.878$ this makes sense.

NOTE Confidence: 0.965439999285714

 $00:32:50.880 \dashrightarrow 00:32:53.519$ You get an improved survival rate in

NOTE Confidence: 0.965439999285714

 $00:32:53.519 \longrightarrow 00:32:55.912$ those patients who we stopped after

NOTE Confidence: 0.965439999285714

00:32:55.912 --> 00:32:58.360 six weeks and switched to another

NOTE Confidence: 0.965439999285714

00:32:58.436 --> 00:33:00.511 therapy to treat the refractory

00:33:00.511 --> 00:33:03.195 tumors and that in turn increased

NOTE Confidence: 0.965439999285714

00:33:03.195 --> 00:33:05.835 survival rate in these patients.

NOTE Confidence: 0.965439999285714

 $00:33:05.840 \longrightarrow 00:33:08.048$ And this is going on in all the

NOTE Confidence: 0.965439999285714

 $00:33:08.048 \longrightarrow 00:33:09.680$ other subtypes of breast cancer.

NOTE Confidence: 0.965439999285714

00:33:09.680 --> 00:33:12.025 And my point here is you look

NOTE Confidence: 0.965439999285714

 $00:33:12.025 \longrightarrow 00:33:14.079$ at the residual tumor burden,

NOTE Confidence: 0.965439999285714

 $00:33:14.080 \longrightarrow 00:33:17.374$ which shown in the different colors

NOTE Confidence: 0.965439999285714

 $00{:}33{:}17.374 \dashrightarrow 00{:}33{:}20.564$ the differences in survival rates over

NOTE Confidence: 0.965439999285714

 $00{:}33{:}20.564 \dashrightarrow 00{:}33{:}23.735$ 8 years based upon the subtypes of

NOTE Confidence: 0.965439999285714

 $00:33:23.735 \longrightarrow 00:33:26.436$ breast cancer and how those patients

NOTE Confidence: 0.965439999285714

00:33:26.436 --> 00:33:29.731 who have APCR or new PCR do very

NOTE Confidence: 0.965439999285714

 $00:33:29.731 \longrightarrow 00:33:31.239$ well over 8 years.

NOTE Confidence: 0.965439999285714

00:33:31.240 --> 00:33:32.338 But in contrast,

NOTE Confidence: 0.965439999285714

 $00{:}33{:}32.338 \to 00{:}33{:}34.534$ those patients who have more residual

NOTE Confidence: 0.965439999285714

 $00:33:34.534 \longrightarrow 00:33:36.735$ tumor burden obviously are going to

 $00:33:36.735 \longrightarrow 00:33:39.166$ need a different therapy and have a

NOTE Confidence: 0.965439999285714

 $00{:}33{:}39.166 \operatorname{{--}{>}} 00{:}33{:}41.259$ worse prognosis if we continue to give

NOTE Confidence: 0.965439999285714

 $00{:}33{:}41.259 \dashrightarrow 00{:}33{:}44.080$ the same treatment and don't switch.

NOTE Confidence: 0.965439999285714

 $00:33:44.080 \longrightarrow 00:33:45.788$ And so now there are a number

NOTE Confidence: 0.965439999285714

 $00:33:45.788 \longrightarrow 00:33:46.520$ of clinical trials,

NOTE Confidence: 0.87672718

 $00:33:46.520 \longrightarrow 00:33:48.600$ I'm just showing one examples.

NOTE Confidence: 0.87672718

 $00:33:48.600 \longrightarrow 00:33:51.270$ It was showing that post neoadjuvant

NOTE Confidence: 0.87672718

 $00:33:51.270 \longrightarrow 00:33:53.484$ treatment options a different treatment

NOTE Confidence: 0.87672718

 $00{:}33{:}53.484 \dashrightarrow 00{:}33{:}56.032$ than what was given up front but

NOTE Confidence: 0.87672718

 $00:33:56.032 \longrightarrow 00:33:58.530$ directed by the residual tumor burden

NOTE Confidence: 0.87672718

 $00{:}33{:}58.530 \dashrightarrow 00{:}34{:}00.655$ cause can improve survival rates

NOTE Confidence: 0.87672718

 $00{:}34{:}00.655 \dashrightarrow 00{:}34{:}03.160$ with a range of switching the rapies.

NOTE Confidence: 0.87672718

 $00:34:03.160 \longrightarrow 00:34:07.194$ So the teaching point here is now we

NOTE Confidence: 0.87672718

 $00{:}34{:}07.194 \dashrightarrow 00{:}34{:}10.050$ have enough agents we can go to second

NOTE Confidence: 0.87672718

 $00:34:10.131 \longrightarrow 00:34:12.769$ line therapy early based upon the

NOTE Confidence: 0.87672718

 $00:34:12.769 \longrightarrow 00:34:15.187$ residual tumor burden after the surgeon

 $00:34:15.187 \longrightarrow 00:34:17.477$ takes the area out where the tumor

NOTE Confidence: 0.87672718

 $00:34:17.477 \longrightarrow 00:34:20.039$ was and gives it to the pathologist.

NOTE Confidence: 0.87672718

 $00:34:20.040 \longrightarrow 00:34:23.851$ So here's another important strategy is

NOTE Confidence: 0.87672718

 $00:34:23.851 \longrightarrow 00:34:26.536$ if we're combining chemotherapy with

NOTE Confidence: 0.87672718

 $00{:}34{:}26.536 \dashrightarrow 00{:}34{:}28.894$ immunotherapy that the chemotherapy that

NOTE Confidence: 0.87672718

00:34:28.894 --> 00:34:32.187 works directly on the tumor is going to

NOTE Confidence: 0.87672718

 $00:34:32.187 \longrightarrow 00:34:34.515$ break down the tumor into apoptosis.

NOTE Confidence: 0.87672718

00:34:34.520 --> 00:34:36.840 It will release tumor antigen

NOTE Confidence: 0.87672718

 $00:34:36.840 \longrightarrow 00:34:39.199$ and in so doing becomes a boost,

NOTE Confidence: 0.87672718

 $00{:}34{:}39.200 \dashrightarrow 00{:}34{:}41.444$ an immunological boost or an internal

NOTE Confidence: 0.87672718

00:34:41.444 --> 00:34:44.190 vaccine if you will for the immune

NOTE Confidence: 0.87672718

 $00:34:44.190 \longrightarrow 00:34:46.160$ system where tolerance is broken.

NOTE Confidence: 0.87672718

 $00{:}34{:}46.160 \dashrightarrow 00{:}34{:}48.463$ So it wouldn't surprise you if you

NOTE Confidence: 0.87672718

 $00:34:48.463 \longrightarrow 00:34:50.200$ use these combinations you will

NOTE Confidence: 0.87672718

 $00:34:50.200 \longrightarrow 00:34:51.238$ get better responses.

 $00:34:51.240 \longrightarrow 00:34:54.294$ And in these non randomized studies

NOTE Confidence: 0.87672718

 $00:34:54.294 \longrightarrow 00:34:58.063$ in the right you can see the PCR

NOTE Confidence: 0.87672718

 $00:34:58.063 \longrightarrow 00:35:02.612$ rates was 60% or more PCR by using

NOTE Confidence: 0.87672718

 $00:35:02.612 \longrightarrow 00:35:06.040$ a combination of neoadjuvant therapy

NOTE Confidence: 0.87672718

 $00:35:06.040 \longrightarrow 00:35:07.840$ and in a series of trials,

NOTE Confidence: 0.87672718

 $00:35:07.840 \longrightarrow 00:35:09.676$ I'll just go over them quickly,

NOTE Confidence: 0.87672718

 $00:35:09.680 \dashrightarrow 00:35:12.818$ the KEYNOTE 522 and the impassioned

NOTE Confidence: 0.87672718

00:35:12.818 --> 00:35:14.910 O31 using different checkpoint

NOTE Confidence: 0.87672718

 $00:35:14.999 \longrightarrow 00:35:17.774$ inhibitors combined with the same

NOTE Confidence: 0.87672718

 $00:35:17.774 \longrightarrow 00:35:21.122$ classic chemotherapy up front for 12

NOTE Confidence: 0.87672718

00:35:21.122 --> 00:35:24.488 weeks and then randomizing the patients

NOTE Confidence: 0.87672718

 $00:35:24.488 \longrightarrow 00:35:27.599$ between checkpoint inhibitors or placebo.

NOTE Confidence: 0.87672718

 $00{:}35{:}27.600 \dashrightarrow 00{:}35{:}30.136$ You can see in both of these trials

NOTE Confidence: 0.87672718

 $00:35:30.136 \longrightarrow 00:35:33.356$ that the PCR rate was higher in both

NOTE Confidence: 0.87672718

 $00:35:33.356 \longrightarrow 00:35:35.668$ trials by adding immunotherapy to

NOTE Confidence: 0.87672718

 $00:35:35.668 \longrightarrow 00:35:37.920$ chemotherapy is neoadjuvant therapy.

 $00:35:37.920 \longrightarrow 00:35:40.930$ So now for and this is only for right now

NOTE Confidence: 0.87672718

 $00:35:41.003 \dashrightarrow 00:35:44.160$ been used in triple negative breast cancer.

NOTE Confidence: 0.87672718

00:35:44.160 --> 00:35:46.308 Although the recent studies to show

NOTE Confidence: 0.87672718

00:35:46.308 --> 00:35:48.272 that the addition of immunotherapy

NOTE Confidence: 0.87672718

 $00:35:48.272 \dashrightarrow 00:35:51.056$ in selected patients with ER positive

NOTE Confidence: 0.87672718

 $00:35:51.056 \longrightarrow 00:35:54.436$ tumors also are have an additive effect.

NOTE Confidence: 0.87672718

 $00:35:54.440 \longrightarrow 00:35:58.160$ But now with these advances in this shift

NOTE Confidence: 0.87672718

 $00:35:58.160 \longrightarrow 00:36:00.555$ that neoadjuvant therapy is preferred

NOTE Confidence: 0.87672718

 $00:36:00.555 \longrightarrow 00:36:03.411$ in almost all breast cancer patients

NOTE Confidence: 0.87672718

 $00:36:03.411 \longrightarrow 00:36:06.120$ except for maybe stage 1A and 1B.

NOTE Confidence: 0.87672718

 $00{:}36{:}06.120 \dashrightarrow 00{:}36{:}08.748$ And that is a profound change in how we

NOTE Confidence: 0.87672718

 $00{:}36{:}08.748 \dashrightarrow 00{:}36{:}12.252$ treat breast cancer And that APCR is

NOTE Confidence: 0.87672718

 $00:36:12.252 \dashrightarrow 00:36:15.117$ associated with markedly improved outcomes.

NOTE Confidence: 0.87672718

00:36:15.120 --> 00:36:18.276 And it gives us a an insight within

NOTE Confidence: 0.87672718

 $00:36:18.276 \longrightarrow 00:36:20.743$ 6 to 8 weeks how well our patients

 $00{:}36{:}20.743 \dashrightarrow 00{:}36{:}23.519$ are going to do in contrast to our

NOTE Confidence: 0.87672718

 $00{:}36{:}23.519 \dashrightarrow 00{:}36{:}25.626$ classic studies doing surgery 1st

NOTE Confidence: 0.87672718

00:36:25.626 --> 00:36:27.736 and then giving adjuvant therapy

NOTE Confidence: 0.87672718

 $00:36:27.736 \longrightarrow 00:36:30.200$ and then trying to measure 5 year

NOTE Confidence: 0.87672718

 $00:36:30.200 \longrightarrow 00:36:32.678$ survival rates 8 to 10 years later.

NOTE Confidence: 0.87672718

 $00:36:32.680 \longrightarrow 00:36:35.158$ So this is a very important advance.

NOTE Confidence: 0.87672718

00:36:35.160 --> 00:36:37.926 It allows us to keep moving on with

NOTE Confidence: 0.87672718

 $00:36:37.926 \longrightarrow 00:36:40.556$ new strategies and cancer management.

NOTE Confidence: 0.87672718

 $00{:}36{:}40.560 {\:\dashrightarrow\:} 00{:}36{:}43.080$ The highest pathological response rates,

NOTE Confidence: 0.87672718

 $00:36:43.080 \longrightarrow 00:36:44.172$ around 63%,

NOTE Confidence: 0.87672718

 $00{:}36{:}44.172 \dashrightarrow 00{:}36{:}47.448$ is used with the combination of

NOTE Confidence: 0.87672718

 $00:36:47.448 \longrightarrow 00:36:51.412$ pembrolizumab and a classic chemotherapy

NOTE Confidence: 0.87672718

 $00:36:51.412 \longrightarrow 00:36:55.404$ Carbotaxol followed by ACEC and the

NOTE Confidence: 0.87672718

00:36:55.404 --> 00:36:58.358 Pembro not only improves the PCR rates,

NOTE Confidence: 0.87672718

 $00{:}36{:}58.360 \dashrightarrow 00{:}37{:}01.538$ but also results in smaller residual cancers

NOTE Confidence: 0.87672718

 $00:37:01.538 \longrightarrow 00:37:04.439$ across the entire spectrum of disease,

 $00{:}37{:}04.440 \dashrightarrow 00{:}37{:}07.280$ and that means it facilitates

NOTE Confidence: 0.87672718

 $00:37:07.280 \longrightarrow 00:37:08.837$ more conservative operations.

NOTE Confidence: 0.87672718

 $00:37:08.837 \longrightarrow 00:37:11.951$ It switches patients who needed a

NOTE Confidence: 0.87672718

 $00:37:11.951 \longrightarrow 00:37:14.648$ mastectomy for for medical reasons into

NOTE Confidence: 0.87672718

 $00:37:14.648 \longrightarrow 00:37:17.480$ having the options of having lumpectomies

NOTE Confidence: 0.87672718

 $00:37:17.557 \longrightarrow 00:37:19.917$ because their tumors are smaller.

NOTE Confidence: 0.87672718

 $00:37:19.920 \longrightarrow 00:37:22.489$ So we also have learned that patients

NOTE Confidence: 0.87672718

 $00{:}37{:}22.489 \dashrightarrow 00{:}37{:}24.849$ with residual disease have a poor

NOTE Confidence: 0.87672718

00:37:24.849 --> 00:37:26.441 prognosis and need additional

NOTE Confidence: 0.87672718

00:37:26.441 --> 00:37:27.635 or different treatment

NOTE Confidence: 0.844040274545454

 $00:37:27.640 \longrightarrow 00:37:30.727$ and allows us based upon the response

NOTE Confidence: 0.844040274545454

 $00:37:30.727 \longrightarrow 00:37:32.720$ to individualize their therapy.

NOTE Confidence: 0.844040274545454

 $00:37:32.720 \longrightarrow 00:37:34.480$ So this is our future,

NOTE Confidence: 0.844040274545454

 $00:37:34.480 \longrightarrow 00:37:36.005$ not only in breast cancer

NOTE Confidence: 0.844040274545454

 $00:37:36.005 \longrightarrow 00:37:37.920$ but in other tumors as well.

 $00:37:37.920 \longrightarrow 00:37:40.467$ So this is another part of our advance which

NOTE Confidence: 0.844040274545454

 $00:37:40.467 \dashrightarrow 00:37:42.837$ I'll show you in other diseases as well.

NOTE Confidence: 0.844040274545454

00:37:42.840 --> 00:37:45.346 I showed you in Melanoma how we're

NOTE Confidence: 0.844040274545454

 $00:37:45.346 \longrightarrow 00:37:47.355$ now eliminating the therapeutic no

NOTE Confidence: 0.844040274545454

 $00:37:47.355 \longrightarrow 00:37:50.393$ dissections in those patients who have APCR.

NOTE Confidence: 0.844040274545454

 $00:37:50.400 \longrightarrow 00:37:52.542$ This is from my colleague Henry Cure

NOTE Confidence: 0.844040274545454

 $00:37:52.542 \longrightarrow 00:37:54.654$ at MD Anderson who's presenting this

NOTE Confidence: 0.844040274545454

 $00:37:54.654 \longrightarrow 00:37:56.922$ information for the first time next

NOTE Confidence: 0.844040274545454

 $00:37:56.922 \dashrightarrow 00:37:59.016$ month in Miami and he kindly loaned

NOTE Confidence: 0.844040274545454

 $00:37:59.016 \longrightarrow 00:38:01.620$ me the slides to show to you today.

NOTE Confidence: 0.844040274545454

 $00{:}38{:}01.620 \dashrightarrow 00{:}38{:}04.458$ So they have a prospective trial of

NOTE Confidence: 0.844040274545454

 $00:38:04.458 \longrightarrow 00:38:07.028$ eliminating breast surgery in selected

NOTE Confidence: 0.844040274545454

 $00:38:07.028 \longrightarrow 00:38:09.812$ patients who are exceptional responders

NOTE Confidence: 0.844040274545454

 $00{:}38{:}09.812 \dashrightarrow 00{:}38{:}12.400$ for neoadjuvant systemic therapy.

NOTE Confidence: 0.844040274545454

 $00:38:12.400 \longrightarrow 00:38:15.242$ And the reason that they do this

NOTE Confidence: 0.844040274545454

 $00{:}38{:}15.242 \dashrightarrow 00{:}38{:}18.400$ after their neoadjuvant the rapy and

00:38:18.400 --> 00:38:21.310 they these are generally used with

NOTE Confidence: 0.844040274545454

 $00{:}38{:}21.310 \dashrightarrow 00{:}38{:}24.075$ chemotherapy that they use a vacuum

NOTE Confidence: 0.844040274545454

 $00:38:24.075 \longrightarrow 00:38:26.952$ assisted core biopsy to in the area

NOTE Confidence: 0.844040274545454

 $00:38:26.952 \longrightarrow 00:38:30.280$ where the tumor is guided by ultrasound.

NOTE Confidence: 0.844040274545454

 $00:38:30.280 \longrightarrow 00:38:32.578$ And if there's no residual disease

NOTE Confidence: 0.844040274545454

 $00:38:32.578 \longrightarrow 00:38:35.160$ they have no further breast surgery

NOTE Confidence: 0.844040274545454

 $00:38:35.160 \longrightarrow 00:38:37.296$ but if they have residual disease

NOTE Confidence: 0.844040274545454

 $00{:}38{:}37.296 \dashrightarrow 00{:}38{:}38.720$ they get standard treatment.

NOTE Confidence: 0.844040274545454

00:38:38.720 --> 00:38:40.925 So Henry is presenting for the first

NOTE Confidence: 0.844040274545454

 $00:38:40.925 \longrightarrow 00:38:43.079$ time they're multi institutional study,

NOTE Confidence: 0.844040274545454

 $00:38:43.080 \longrightarrow 00:38:45.990$ 50 patients who had no breast

NOTE Confidence: 0.844040274545454

 $00:38:45.990 \longrightarrow 00:38:48.365$ surgery whose average size at the

NOTE Confidence: 0.844040274545454

 $00{:}38{:}48.365 {\: \hbox{\scriptsize -->}}\> 00{:}38{:}50.845$ beginning was 2.3 centimeters and

NOTE Confidence: 0.844040274545454

 $00{:}38{:}50.845 \dashrightarrow 00{:}38{:}54.295$ after a brief exposure to systemic

NOTE Confidence: 0.844040274545454

 $00:38:54.295 \longrightarrow 00:38:57.276$ chemotherapy was less than a centimeter.

 $00:38:57.280 \longrightarrow 00:39:01.472$ They had to do 15 vacuum assisted

NOTE Confidence: 0.844040274545454

 $00:39:01.472 \longrightarrow 00:39:04.480$ biopsies in these patients.

NOTE Confidence: 0.844040274545454

 $00:39:04.480 \longrightarrow 00:39:07.994$ But here are the results so far,

NOTE Confidence: 0.844040274545454

 $00:39:08.000 \longrightarrow 00:39:11.030$ 62% had APCR among the triple

NOTE Confidence: 0.844040274545454

 $00:39:11.030 \longrightarrow 00:39:13.050$ negative breast cancer patients

NOTE Confidence: 0.844040274545454

 $00:39:13.133 \longrightarrow 00:39:15.873$ who had a checkpoint inhibitors

NOTE Confidence: 0.844040274545454

00:39:15.873 --> 00:39:19.320 plus chemotherapy was 71 percent,

NOTE Confidence: 0.844040274545454

 $00:39:19.320 \longrightarrow 00:39:21.516$ 55% in the her two positive.

NOTE Confidence: 0.844040274545454

 $00:39:21.520 \longrightarrow 00:39:23.760$ And what he's going to present so

NOTE Confidence: 0.844040274545454

 $00:39:23.760 \longrightarrow 00:39:26.280$ far after 4.1 years of treatment

NOTE Confidence: 0.844040274545454

 $00{:}39{:}26.280 \dashrightarrow 00{:}39{:}28.160$ with no surgical treatment,

NOTE Confidence: 0.844040274545454

 $00:39:28.160 \longrightarrow 00:39:30.170$ not a single patient has relapsed

NOTE Confidence: 0.844040274545454

 $00:39:30.170 \longrightarrow 00:39:32.080$ so far in the breast.

NOTE Confidence: 0.844040274545454

 $00:39:32.080 \longrightarrow 00:39:34.144$ And I could go over and show you

NOTE Confidence: 0.844040274545454

 $00:39:34.144 \longrightarrow 00:39:36.180$ other studies where we're now looking

NOTE Confidence: 0.844040274545454

 $00:39:36.180 \longrightarrow 00:39:37.640$ at eliminating radiation therapy

 $00:39:37.640 \longrightarrow 00:39:39.720$ in these patients who have APCR.

NOTE Confidence: 0.844040274545454

00:39:39.720 --> 00:39:42.864 It's changing how we treat patients

NOTE Confidence: 0.844040274545454

 $00:39:42.864 \longrightarrow 00:39:45.726$ based upon their responses to

NOTE Confidence: 0.844040274545454

00:39:45.726 --> 00:39:47.706 neoadjuvant treatment and they're

NOTE Confidence: 0.844040274545454

 $00:39:47.706 \longrightarrow 00:39:49.897$ now doing a study not yet reported

NOTE Confidence: 0.844040274545454

 $00:39:49.897 \longrightarrow 00:39:52.248$ in patients getting systemic therapy

NOTE Confidence: 0.844040274545454

00:39:52.248 --> 00:39:54.216 standard lumpectomy and being

NOTE Confidence: 0.844040274545454

 $00{:}39{:}54.216 \dashrightarrow 00{:}39{:}56.424$ randomized to getting no radiation

NOTE Confidence: 0.844040274545454

 $00:39:56.424 \longrightarrow 00:39:59.292$ therapy to the breast if they had

NOTE Confidence: 0.844040274545454

 $00:39:59.292 \dashrightarrow 00:40:01.956$ APCR including in their lymph nodes.

NOTE Confidence: 0.844040274545454

 $00:40:01.960 \longrightarrow 00:40:04.072$ So let me as another example

NOTE Confidence: 0.844040274545454

 $00:40:04.072 \longrightarrow 00:40:05.480$ go over lung cancer.

NOTE Confidence: 0.844040274545454

 $00{:}40{:}05.480 \dashrightarrow 00{:}40{:}08.582$ This is another example where the

NOTE Confidence: 0.844040274545454

 $00:40:08.582 \longrightarrow 00:40:10.650$ molecular profile profoundly effects

NOTE Confidence: 0.844040274545454

 $00:40:10.725 \longrightarrow 00:40:13.251$ our targeted treatment even in subsets

 $00:40:13.251 \longrightarrow 00:40:15.914$ of patients now of three to 7%.

NOTE Confidence: 0.844040274545454

 $00{:}40{:}15.914 \dashrightarrow 00{:}40{:}18.112$ And in these small subsets we not

NOTE Confidence: 0.844040274545454

00:40:18.112 --> 00:40:20.079 only have first line therapy,

NOTE Confidence: 0.844040274545454

 $00:40:20.080 \longrightarrow 00:40:21.499$ second line therapy,

NOTE Confidence: 0.844040274545454

 $00:40:21.499 \longrightarrow 00:40:25.104$ even third line therapy for these small

NOTE Confidence: 0.844040274545454

 $00{:}40{:}25.104 \dashrightarrow 00{:}40{:}27.834$ subsets defined by molecular markers.

NOTE Confidence: 0.844040274545454

 $00:40:27.840 \longrightarrow 00:40:29.240$ And as we do more of this,

NOTE Confidence: 0.844040274545454

 $00:40:29.240 \longrightarrow 00:40:31.193$ this is going to be the standard

NOTE Confidence: 0.844040274545454

 $00:40:31.193 \longrightarrow 00:40:33.519$ of care for all cancers as our

NOTE Confidence: 0.844040274545454

 $00:40:33.519 \longrightarrow 00:40:35.294$ molecular profile allows us to

NOTE Confidence: 0.844040274545454

 $00{:}40{:}35.294 \dashrightarrow 00{:}40{:}37.498$ select patients who are responsive

NOTE Confidence: 0.844040274545454

 $00:40:37.498 \longrightarrow 00:40:39.274$ to certain systemic therapy,

NOTE Confidence: 0.844040274545454

 $00:40:39.280 \longrightarrow 00:40:40.584$ but not for others.

NOTE Confidence: 0.844040274545454

 $00:40:40.584 \longrightarrow 00:40:43.504$ But I wanted to show you in terms

NOTE Confidence: 0.844040274545454

 $00:40:43.504 \longrightarrow 00:40:44.836$ of the immunotherapy,

NOTE Confidence: 0.844040274545454

 $00:40:44.840 \longrightarrow 00:40:47.354$ how these first studies of using

 $00:40:47.354 \longrightarrow 00:40:49.651$ neoadjuvant therapy had a major

NOTE Confidence: 0.844040274545454

 $00:40:49.651 \longrightarrow 00:40:52.300$ pathological response in 45% of patients.

NOTE Confidence: 0.844040274545454

 $00:40:52.300 \longrightarrow 00:40:54.680$ But the reason I wanted to show

NOTE Confidence: 0.844040274545454

 $00:40:54.751 \longrightarrow 00:40:57.159$ these slides is this is an example

NOTE Confidence: 0.90974770375

 $00{:}40{:}57.160 \dashrightarrow 00{:}40{:}59.365$ published in the New England Journal of

NOTE Confidence: 0.90974770375

 $00:40:59.365 \longrightarrow 00:41:01.440$ Medicine of the pre treatment imaging.

NOTE Confidence: 0.90974770375

 $00:41:01.440 \longrightarrow 00:41:02.760$ And after four weeks

NOTE Confidence: 0.90974770375

 $00:41:02.760 \longrightarrow 00:41:04.080$ there was residual tumor.

NOTE Confidence: 0.90974770375

00:41:04.080 --> 00:41:06.796 This was judged as a partial response,

NOTE Confidence: 0.90974770375

 $00:41:06.800 \longrightarrow 00:41:09.240$ but when the surgeon took out that mass,

NOTE Confidence: 0.90974770375

 $00:41:09.240 \longrightarrow 00:41:11.676$ there was no viable tumor left.

NOTE Confidence: 0.90974770375

00:41:11.680 --> 00:41:13.655 And this is again illustrating

NOTE Confidence: 0.90974770375

00:41:13.655 --> 00:41:15.235 and yet another disease,

NOTE Confidence: 0.90974770375

00:41:15.240 --> 00:41:17.320 the importance of the surgeon

NOTE Confidence: 0.90974770375

00:41:17.320 --> 00:41:19.200 doing the staging and giving

 $00:41:19.200 \longrightarrow 00:41:21.080$ the tumor to the pathologist.

NOTE Confidence: 0.90974770375

 $00:41:21.080 \longrightarrow 00:41:23.355$ Here's another example from the same article,

NOTE Confidence: 0.90974770375

 $00:41:23.360 \longrightarrow 00:41:25.880$ fairly large tumor that didn't move at all.

NOTE Confidence: 0.90974770375

00:41:25.880 --> 00:41:28.435 This was judged as a non response,

NOTE Confidence: 0.90974770375

 $00:41:28.440 \longrightarrow 00:41:30.265$ but nevertheless the surgeons took

NOTE Confidence: 0.90974770375

 $00:41:30.265 \longrightarrow 00:41:32.946$ it out and that mass that you're

NOTE Confidence: 0.90974770375

00:41:32.946 --> 00:41:34.906 seeing on X-ray was replaced

NOTE Confidence: 0.90974770375

00:41:34.906 --> 00:41:37.280 completely by scar and inflammation,

NOTE Confidence: 0.90974770375

 $00:41:37.280 \longrightarrow 00:41:38.618$ it was APCR.

NOTE Confidence: 0.90974770375

00:41:38.618 --> 00:41:40.848 So now they're randomized studies

NOTE Confidence: 0.90974770375

 $00:41:40.848 \longrightarrow 00:41:42.400$ of neoadjuvant therapy.

NOTE Confidence: 0.90974770375

00:41:42.400 --> 00:41:44.311 I'll just go over this quickly in

NOTE Confidence: 0.90974770375

 $00:41:44.311 \longrightarrow 00:41:46.476$ the interest of time using either

NOTE Confidence: 0.90974770375

 $00{:}41{:}46.476 \dashrightarrow 00{:}41{:}47.760$ nivolumab plus chemotherapy,

NOTE Confidence: 0.90974770375

 $00:41:47.760 \longrightarrow 00:41:49.692$ platinum doublets or pembrolizumib

NOTE Confidence: 0.90974770375

 $00:41:49.692 \longrightarrow 00:41:52.107$ with essentially the same results

 $00:41:52.107 \longrightarrow 00:41:53.959$ in randomized studies.

NOTE Confidence: 0.90974770375

 $00{:}41{:}53.960 \dashrightarrow 00{:}41{:}57.016$ And you could see in this one study

NOTE Confidence: 0.90974770375

00:41:57.016 --> 00:42:01.617 Checkpoint 8.6 that adding the PD1

NOTE Confidence: 0.90974770375

00:42:01.617 --> 00:42:03.765 nivolumab plus chemotherapy was

NOTE Confidence: 0.90974770375

 $00:42:03.765 \longrightarrow 00:42:05.913$ better than chemotherapy alone.

NOTE Confidence: 0.90974770375

00:42:05.920 --> 00:42:09.112 And in this study now moving from

NOTE Confidence: 0.90974770375

 $00:42:09.112 \longrightarrow 00:42:13.961$ stage 3 to stage two lung cancer also

NOTE Confidence: 0.90974770375

 $00{:}42{:}13.961 \dashrightarrow 00{:}42{:}15.987$ demonstrated it with pembrolizumab

NOTE Confidence: 0.90974770375

 $00{:}42{:}15.987 \dashrightarrow 00{:}42{:}18.681$ that you get an additive effect

NOTE Confidence: 0.90974770375

 $00:42:18.681 \longrightarrow 00:42:22.018$ with the hazard ratio of .58 in a

NOTE Confidence: 0.90974770375

00:42:22.018 --> 00:42:23.775 highly significant difference in

NOTE Confidence: 0.90974770375

 $00{:}42{:}23.775 \dashrightarrow 00{:}42{:}26.265$ event free survival and later on

NOTE Confidence: 0.90974770375

 $00{:}42{:}26.265 \dashrightarrow 00{:}42{:}28.722$ with follow up in overall survival.

NOTE Confidence: 0.90974770375

 $00:42:28.722 \longrightarrow 00:42:32.089$ So these two studies are just two

NOTE Confidence: 0.90974770375

 $00:42:32.089 \longrightarrow 00:42:34.703$ examples demonstrating the additive

00:42:34.703 --> 00:42:37.431 value of checkpoint inhibitors

NOTE Confidence: 0.90974770375

00:42:37.431 --> 00:42:39.477 plus standard chemotherapy.

NOTE Confidence: 0.90974770375

 $00:42:39.480 \longrightarrow 00:42:41.196$ And the teaching point here is

NOTE Confidence: 0.90974770375

 $00:42:41.196 \longrightarrow 00:42:43.443$ if you look at the responders in

NOTE Confidence: 0.90974770375

 $00:42:43.443 \longrightarrow 00:42:45.519$ the outcome in the green lines,

NOTE Confidence: 0.90974770375

 $00:42:45.520 \longrightarrow 00:42:47.704$ most of these patients will survive

NOTE Confidence: 0.90974770375

 $00:42:47.704 \longrightarrow 00:42:50.520$ for a long time without relapsing.

NOTE Confidence: 0.9097477037500:42:50.520 --> 00:42:51.160 In fact,

NOTE Confidence: 0.90974770375

 $00{:}42{:}51.160 \dashrightarrow 00{:}42{:}53.400$ at MD Anderson and her Melanoma group,

NOTE Confidence: 0.90974770375

 $00:42:53.400 \longrightarrow 00:42:56.116$ my colleagues tell me that it is

NOTE Confidence: 0.90974770375

 $00{:}42{:}56.116 \dashrightarrow 00{:}42{:}59.168$ less than 5% of patients who have

NOTE Confidence: 0.90974770375

 $00:42:59.168 \longrightarrow 00:43:01.528$ APCR after neoadjuvant therapy have

NOTE Confidence: 0.90974770375

 $00{:}43{:}01.528 \dashrightarrow 00{:}43{:}03.958$ failed so far in their experience

NOTE Confidence: 0.90974770375

 $00{:}43{:}03.958 \dashrightarrow 00{:}43{:}06.360$ that now goes past five years.

NOTE Confidence: 0.90974770375

 $00:43:06.360 \longrightarrow 00:43:09.580$ So let me show the last example

NOTE Confidence: 0.90974770375

 $00:43:09.580 \longrightarrow 00:43:10.960$ on colorectal surgery,

 $00:43:10.960 \longrightarrow 00:43:13.948$ which is also another area where

NOTE Confidence: 0.90974770375

00:43:13.948 --> 00:43:15.940 neoadjuvant therapy here using

NOTE Confidence: 0.90974770375

 $00:43:16.028 \longrightarrow 00:43:18.800$ chemotherapy and radiation therapy.

NOTE Confidence: 0.90974770375

00:43:18.800 --> 00:43:20.936 And I don't have time to go over

NOTE Confidence: 0.90974770375

 $00:43:20.936 \longrightarrow 00:43:22.880$ the details other than to show you

NOTE Confidence: 0.90974770375

 $00:43:22.880 \longrightarrow 00:43:24.535$ in randomized trials which I'll

NOTE Confidence: 0.90974770375

 $00:43:24.535 \longrightarrow 00:43:26.720$ just briefly show the tresults.

NOTE Confidence: 0.90974770375

 $00:43:26.720 \longrightarrow 00:43:29.420$ Different combinations and sequences

NOTE Confidence: 0.90974770375

 $00:43:29.420 \longrightarrow 00:43:32.795$ of chemotherapy and radiation therapy

NOTE Confidence: 0.90974770375

 $00{:}43{:}32.795 \dashrightarrow 00{:}43{:}36.228$ up front has caused a pathological

NOTE Confidence: 0.90974770375

 $00{:}43{:}36.228 \dashrightarrow 00{:}43{:}38.456$ or near pathological complete

NOTE Confidence: 0.90974770375

 $00{:}43{:}38.456 \dashrightarrow 00{:}43{:}42.839$ response in almost 50% of patients.

NOTE Confidence: 0.90974770375

 $00{:}43{:}42.840 \dashrightarrow 00{:}43{:}46.160$ So again just to show you the value

NOTE Confidence: 0.90974770375

 $00{:}43{:}46.160 \dashrightarrow 00{:}43{:}48.272$ of clinical trials in advancing

NOTE Confidence: 0.90974770375

 $00:43:48.272 \longrightarrow 00:43:49.840$ our standards of care,

 $00:43:49.840 \longrightarrow 00:43:52.590$ these are two randomized studies

NOTE Confidence: 0.90974770375

 $00:43:52.590 \longrightarrow 00:43:54.790$ showing different combinations and

NOTE Confidence: 0.90974770375

 $00:43:54.790 \longrightarrow 00:43:56.918$ sequences of radiation therapy,

NOTE Confidence: 0.90974770375

 $00:43:56.920 \longrightarrow 00:44:00.035$ both short term and long term therapy

NOTE Confidence: 0.90974770375

 $00:44:00.040 \longrightarrow 00:44:03.448$ and then whether the chemotherapy was

NOTE Confidence: 0.90974770375

00:44:03.448 --> 00:44:05.720 given sequentially or simultaneously.

NOTE Confidence: 0.90974770375

00:44:05.720 --> 00:44:07.897 But the bottom line is the patients

NOTE Confidence: 0.90974770375

 $00{:}44{:}07.897 \dashrightarrow 00{:}44{:}10.343$ who got longer exposures to standard

NOTE Confidence: 0.90974770375

00:44:10.343 --> 00:44:12.753 chemotherapy as neoadjuvant therapy did,

NOTE Confidence: 0.90974770375

 $00:44:12.760 \longrightarrow 00:44:15.370$ those did better than those who

NOTE Confidence: 0.90974770375

 $00{:}44{:}15.370 \dashrightarrow 00{:}44{:}17.715$ got shorter courses and this was

NOTE Confidence: 0.90974770375

 $00:44:17.715 \longrightarrow 00:44:19.440$ shown in the repeater study.

NOTE Confidence: 0.90974770375

 $00:44:19.440 \longrightarrow 00:44:22.038$ The this is a failure rate.

NOTE Confidence: 0.90974770375

00:44:22.040 --> 00:44:24.722 Those patients who got longer courses

NOTE Confidence: 0.90974770375

 $00:44:24.722 \longrightarrow 00:44:27.026$ of chemotherapy did better than

NOTE Confidence: 0.90974770375

 $00:44:27.026 \longrightarrow 00:44:29.236$ those who had standard treatment.

 $00:44:29.240 \longrightarrow 00:44:31.622$ And in this protege study now

NOTE Confidence: 0.90974770375

00:44:31.622 --> 00:44:33.867 with seven years follow up that

NOTE Confidence: 0.90974770375

 $00{:}44{:}33.867 \dashrightarrow 00{:}44{:}36.002$ the patients who got radiation

NOTE Confidence: 0.90974770375

 $00:44:36.002 \longrightarrow 00:44:37.710$ therapy first followed by

NOTE Confidence: 0.876722491578947

 $00{:}44{:}37.785 \dashrightarrow 00{:}44{:}40.725$ long term course of more intensive

NOTE Confidence: 0.876722491578947

00:44:40.725 --> 00:44:42.558 chemotherapy with Fulfurinex did

NOTE Confidence: 0.876722491578947

 $00:44:42.558 \longrightarrow 00:44:44.706$ better than those who had the

NOTE Confidence: 0.876722491578947

 $00:44:44.706 \longrightarrow 00:44:46.511$ standard short term chemotherapy

NOTE Confidence: 0.876722491578947

 $00:44:46.511 \longrightarrow 00:44:49.159$ simultaneous with radiation therapy.

NOTE Confidence: 0.876722491578947

 $00{:}44{:}49.160 \dashrightarrow 00{:}44{:}52.639$ And now overall survival at 7 years

NOTE Confidence: 0.876722491578947

 $00:44:52.640 \longrightarrow 00:44:55.811$ event free survival shows a benefit of

NOTE Confidence: 0.876722491578947

 $00:44:55.811 \longrightarrow 00:44:59.040$ this which became the standard treatment

NOTE Confidence: 0.876722491578947

 $00{:}44{:}59.040 \dashrightarrow 00{:}45{:}01.077$ and in the experience at MD Anderson,

NOTE Confidence: 0.876722491578947

 $00:45:01.080 \longrightarrow 00:45:04.125$ this is from our Chair of Colorectal

NOTE Confidence: 0.876722491578947

00:45:04.125 --> 00:45:05.632 department, George Chang.

 $00{:}45{:}05.632 \dashrightarrow 00{:}45{:}08.848$ You could see those patients again

NOTE Confidence: 0.876722491578947

 $00:45:08.848 \longrightarrow 00:45:11.000$ that achieved APCR did better

NOTE Confidence: 0.876722491578947

 $00:45:11.000 \longrightarrow 00:45:12.600$ with long term follow up.

NOTE Confidence: 0.876722491578947

 $00{:}45{:}12.600 \dashrightarrow 00{:}45{:}16.600$ These were 18% of the patients but no

NOTE Confidence: 0.876722491578947

00:45:16.600 --> 00:45:19.379 local recurrences in a very low risk

NOTE Confidence: 0.876722491578947

00:45:19.379 --> 00:45:22.373 of distant metastasis based upon the

NOTE Confidence: 0.876722491578947

 $00:45:22.373 \longrightarrow 00:45:25.680$ responses to the neoadjuvant therapy,

NOTE Confidence: 0.876722491578947

 $00:45:25.680 \longrightarrow 00:45:28.240$ again showing this in yet

NOTE Confidence: 0.876722491578947

 $00{:}45{:}28.240 \dashrightarrow 00{:}45{:}30.800$ another disease as a strategy.

NOTE Confidence: 0.876722491578947

00:45:30.800 --> 00:45:33.440 And then finally this Oprah study

NOTE Confidence: 0.876722491578947

 $00{:}45{:}33.440 \dashrightarrow 00{:}45{:}35.764$ which again randomized patients

NOTE Confidence: 0.876722491578947

 $00:45:35.764 \longrightarrow 00:45:38.276$ with different combinations of

NOTE Confidence: 0.876722491578947

 $00:45:38.280 \longrightarrow 00:45:40.440$ of neoadjuvant chemotherapy,

NOTE Confidence: 0.876722491578947

 $00:45:40.440 \longrightarrow 00:45:44.040$ long term radiation therapy and

NOTE Confidence: 0.876722491578947

 $00:45:44.040 \longrightarrow 00:45:46.784$ chemotherapy and then we're randomized

NOTE Confidence: 0.876722491578947

 $00{:}45{:}46.784 \dashrightarrow 00{:}45{:}49.620$ to receive either watch and wait

 $00:45:49.620 \longrightarrow 00:45:52.350$ if clinically and by X-ray they

NOTE Confidence: 0.876722491578947

 $00:45:52.443 \longrightarrow 00:45:55.278$ had a clinical complete response.

NOTE Confidence: 0.876722491578947

00:45:55.280 --> 00:45:57.660 They went into a watch and wait

NOTE Confidence: 0.876722491578947

 $00:45:57.660 \longrightarrow 00:45:59.600$ program and the results of this

NOTE Confidence: 0.876722491578947

 $00:45:59.600 \longrightarrow 00:46:00.560$ we're pretty striking.

NOTE Confidence: 0.876722491578947

 $00:46:00.560 \longrightarrow 00:46:03.008$ You can see that the patients who had

NOTE Confidence: 0.876722491578947

 $00:46:03.008 \longrightarrow 00:46:05.292$ the more intensive neoadjuvant therapy

NOTE Confidence: 0.876722491578947

 $00{:}46{:}05.292 \dashrightarrow 00{:}46{:}08.688$ did better with long long course

NOTE Confidence: 0.876722491578947

 $00{:}46{:}08.688 \dashrightarrow 00{:}46{:}11.598$ radiation therapy followed by FOLFOX.

NOTE Confidence: 0.876722491578947

 $00{:}46{:}11.600 \dashrightarrow 00{:}46{:}14.960$ And the important point is that

NOTE Confidence: 0.876722491578947

 $00:46:14.960 \longrightarrow 00:46:17.740$ the that I wanted to show here

NOTE Confidence: 0.876722491578947

 $00:46:17.740 \longrightarrow 00:46:21.570$ is the three-year failure of the

NOTE Confidence: 0.876722491578947

 $00{:}46{:}21.570 \dashrightarrow 00{:}46{:}24.630$ event free survival in patients who

NOTE Confidence: 0.876722491578947

 $00:46:24.630 \longrightarrow 00:46:26.989$ had no surgery was 53%.

NOTE Confidence: 0.876722491578947

 $00:46:26.989 \longrightarrow 00:46:29.563$ And if regrowth of the tumor

 $00:46:29.563 \longrightarrow 00:46:32.576$ then all of these patients were

NOTE Confidence: 0.876722491578947

 $00{:}46{:}32.576 \dashrightarrow 00{:}46{:}36.427$ salvage with a TME operation.

NOTE Confidence: 0.876722491578947

 $00:46:36.427 \longrightarrow 00:46:39.976$ But in those who had shorter courses

NOTE Confidence: 0.876722491578947

 $00:46:39.976 \longrightarrow 00:46:42.596$ of chemotherapy did not do as well.

NOTE Confidence: 0.876722491578947 00:46:42.600 --> 00:46:43.506 But overall,

NOTE Confidence: 0.876722491578947

 $00:46:43.506 \longrightarrow 00:46:45.318$ as in this slide,

NOTE Confidence: 0.876722491578947

 $00:46:45.320 \longrightarrow 00:46:47.870$ nearly half the patients who

NOTE Confidence: 0.876722491578947

00:46:47.870 --> 00:46:49.400 received neoadjuvant therapy,

NOTE Confidence: 0.876722491578947

 $00:46:49.400 \longrightarrow 00:46:51.855$ especially with the longer courses

NOTE Confidence: 0.876722491578947

 $00:46:51.855 \longrightarrow 00:46:53.819$ of chemotherapy and longer

NOTE Confidence: 0.876722491578947

 $00:46:53.819 \longrightarrow 00:46:55.879$ courses of radiation therapy.

NOTE Confidence: 0.876722491578947

 $00:46:55.880 \longrightarrow 00:46:59.142$ You can see that half of the

NOTE Confidence: 0.876722491578947

 $00:46:59.142 \longrightarrow 00:47:00.870$ patients avoided surgery even

NOTE Confidence: 0.876722491578947

 $00{:}47{:}00.870 \dashrightarrow 00{:}47{:}03.240$ after six years of follow up.

NOTE Confidence: 0.876722491578947

 $00:47:03.240 \longrightarrow 00:47:05.640$ And those who recurred and had

NOTE Confidence: 0.876722491578947

 $00:47:05.640 \longrightarrow 00:47:07.240$ salvage surgery had essentially

00:47:07.306 --> 00:47:09.472 the same survival rates based upon

NOTE Confidence: 0.876722491578947

 $00:47:09.472 \longrightarrow 00:47:11.677$ the time of diagnosis as those

NOTE Confidence: 0.876722491578947

00:47:11.677 --> 00:47:13.753 patients who had surgery up front.

NOTE Confidence: 0.9310673915

 $00:47:15.880 \longrightarrow 00:47:18.776$ So I wanted to finish with what I

NOTE Confidence: 0.9310673915

 $00{:}47{:}18.776 \dashrightarrow 00{:}47{:}22.280$ think is an example of our future when

NOTE Confidence: 0.9310673915

 $00:47:22.280 \longrightarrow 00:47:26.390$ we have the biomarkers that can give

NOTE Confidence: 0.9310673915

 $00:47:26.390 \longrightarrow 00:47:29.890$ us an exact prediction of response

NOTE Confidence: 0.9310673915

 $00:47:29.890 \longrightarrow 00:47:32.074$ rates with checkpoint inhibitors.

NOTE Confidence: 0.9310673915

 $00{:}47{:}32.080 \dashrightarrow 00{:}47{:}35.015$ So in standard pathology report

NOTE Confidence: 0.9310673915

 $00:47:35.015 \longrightarrow 00:47:37.363$ usually shows the immunochemistry

NOTE Confidence: 0.9310673915

 $00:47:37.363 \longrightarrow 00:47:39.720$ results with either microsatellite

NOTE Confidence: 0.9310673915

 $00:47:39.720 \longrightarrow 00:47:42.920$ instability high or mixed

NOTE Confidence: 0.8814902

 $00:47:46.440 \longrightarrow 00:47:46.960$ mixed

NOTE Confidence: 0.704941

 $00:47:49.960 \longrightarrow 00:47:55.016$ responses in mismatch repair deficiency.

NOTE Confidence: 0.704941

00:47:55.016 --> 00:47:57.813 Sorry. And the point here is this is

 $00:47:57.813 \longrightarrow 00:48:00.597$ for the first time that the FDA approved

NOTE Confidence: 0.704941

 $00{:}48{:}00.600 \dashrightarrow 00{:}48{:}03.505$ a drug with checkpoint inhibitors

NOTE Confidence: 0.704941

 $00{:}48{:}03.505 \dashrightarrow 00{:}48{:}07.240$ based solely on the molecular profile.

NOTE Confidence: 0.704941

00:48:07.240 --> 00:48:10.720 So regardless of which tumor type it is,

NOTE Confidence: 0.704941

00:48:10.720 --> 00:48:13.492 colorectal, gastric, pediatric breasts,

NOTE Confidence: 0.704941

 $00:48:13.492 \longrightarrow 00:48:16.957$ sarcomas which are very infrequent.

NOTE Confidence: 0.704941

 $00:48:16.960 \longrightarrow 00:48:19.284$ The most common is in colorectal cancer

NOTE Confidence: 0.704941

00:48:19.284 --> 00:48:22.336 which is 10 to 15\% of patients have

NOTE Confidence: 0.704941

 $00{:}48{:}22.336 \to 00{:}48{:}25.120$ these biomarkers which is a surrogate

NOTE Confidence: 0.704941

 $00:48:25.200 \longrightarrow 00:48:27.920$ for a poorly differentiated tumor.

NOTE Confidence: 0.704941

 $00:48:27.920 \longrightarrow 00:48:29.340$ So think about it,

NOTE Confidence: 0.704941

 $00:48:29.340 \longrightarrow 00:48:31.115$ the immune response is looking

NOTE Confidence: 0.704941

 $00:48:31.115 \longrightarrow 00:48:32.974$ for foreigners, not self.

NOTE Confidence: 0.704941

00:48:32.974 --> 00:48:36.200 The more foreign the object is in our body,

NOTE Confidence: 0.704941

 $00:48:36.200 \longrightarrow 00:48:39.119$ the more robust the immune system is.

NOTE Confidence: 0.704941

 $00:48:39.120 \longrightarrow 00:48:41.130$ So it shouldn't surprise you that

00:48:41.130 --> 00:48:42.840 the more poorly differentiated tumor,

NOTE Confidence: 0.704941

 $00:48:42.840 \longrightarrow 00:48:45.720$ higher tumor mutation burden or have

NOTE Confidence: 0.704941

 $00:48:45.720 \longrightarrow 00:48:49.125$ these biomarkers are going to be the

NOTE Confidence: 0.704941

 $00:48:49.125 \longrightarrow 00:48:50.997$ most responsive to immunotherapy.

NOTE Confidence: 0.704941

 $00:48:51.000 \longrightarrow 00:48:52.120$ But this is dramatic.

NOTE Confidence: 0.704941

 $00:48:52.120 \longrightarrow 00:48:53.800$ When the first studies were done,

NOTE Confidence: 0.704941

 $00:48:53.800 \longrightarrow 00:48:56.390$ you can see there was a pathological

NOTE Confidence: 0.704941

 $00:48:56.390 \longrightarrow 00:48:56.760$ response,

NOTE Confidence: 0.704941

 $00{:}48{:}56.760 {\:\dashrightarrow\:} 00{:}48{:}59.085$ major response in every patients

NOTE Confidence: 0.704941

 $00:48:59.085 \longrightarrow 00:49:02.329$ who were treated with a checkpoint

NOTE Confidence: 0.704941

 $00:49:02.329 \longrightarrow 00:49:04.360$ inhibitor and look at these results.

NOTE Confidence: 0.704941

 $00:49:04.360 \longrightarrow 00:49:07.587$ A single dose of ipilumab and only

NOTE Confidence: 0.704941

 $00{:}49{:}07.587 \dashrightarrow 00{:}49{:}11.220$ two doses of nivolumab led to 100%

NOTE Confidence: 0.704941

 $00:49:11.220 \longrightarrow 00:49:13.540$ pathological response in these

NOTE Confidence: 0.704941

00:49:13.540 --> 00:49:16.845 patients who were MMR deficient and

 $00:49:16.845 \longrightarrow 00:49:19.826$ even in 27% of those who did not

NOTE Confidence: 0.704941

 $00:49:19.826 \longrightarrow 00:49:22.980$ have that mutation with this short

NOTE Confidence: 0.704941

00:49:22.980 --> 00:49:26.204 term dual agent and his larger series

NOTE Confidence: 0.704941

 $00:49:26.204 \longrightarrow 00:49:27.759$ have been presented like this.

NOTE Confidence: 0.704941

 $00:49:27.760 \longrightarrow 00:49:31.510$ At ASCO you could see that 95% of

NOTE Confidence: 0.704941

 $00:49:31.510 \longrightarrow 00:49:33.985$ patients have expressing this biomarker

NOTE Confidence: 0.704941

 $00:49:33.985 \longrightarrow 00:49:37.976$ in this case in colon cancer had a

NOTE Confidence: 0.704941

00:49:37.976 --> 00:49:41.262 major pathological response at 67% had

NOTE Confidence: 0.704941

 $00:49:41.262 \longrightarrow 00:49:45.288$ APCR with short term dual immunotherapy

NOTE Confidence: 0.704941

 $00:49:45.288 \longrightarrow 00:49:48.840$ based upon this tumor marker.

NOTE Confidence: 0.704941

 $00{:}49{:}48.840 \dashrightarrow 00{:}49{:}51.276$ And here's the other point is larger

NOTE Confidence: 0.704941

 $00{:}49{:}51.276 \dashrightarrow 00{:}49{:}53.223$ series have been reported again

NOTE Confidence: 0.704941

 $00{:}49{:}53.223 \dashrightarrow 00{:}49{:}55.950$ using one dose of IPI and at a low

NOTE Confidence: 0.704941

00:49:56.027 --> 00:49:58.679 dose only 1 milligram per kilogram.

NOTE Confidence: 0.704941

00:49:58.680 --> 00:50:00.836 Remember we started out at 10 milligrams,

NOTE Confidence: 0.704941

 $00:50:00.840 \longrightarrow 00:50:06.550$ which was too toxic in that in 99% of

 $00:50:06.550 \longrightarrow 00:50:09.880$ patients they had a pathological response.

NOTE Confidence: 0.704941

 $00{:}50{:}09.880 --> 00{:}50{:}11.480$ So this is pretty dramatic.

NOTE Confidence: 0.704941

 $00:50:11.480 \longrightarrow 00:50:12.644$ Now for the surgeons.

NOTE Confidence: 0.704941

 $00:50:12.644 \longrightarrow 00:50:14.841$ This was published in the New England

NOTE Confidence: 0.704941

 $00:50:14.841 \longrightarrow 00:50:18.106$ Journal of Medicine only on 12

NOTE Confidence: 0.704941

 $00:50:18.106 \longrightarrow 00:50:21.434$ patients who expressed this biomarker

NOTE Confidence: 0.704941

 $00:50:21.434 \longrightarrow 00:50:24.518$ and who got a checkpoint inhibitor

NOTE Confidence: 0.704941

 $00:50:24.520 \longrightarrow 00:50:27.754$ and based upon that response had

NOTE Confidence: 0.704941

 $00:50:27.754 \longrightarrow 00:50:30.520$ no radiation therapy and no surgery

NOTE Confidence: 0.704941

 $00{:}50{:}30.520 \dashrightarrow 00{:}50{:}32.760$ and had been followed up now for

NOTE Confidence: 0.704941

 $00:50:32.760 \longrightarrow 00:50:34.680$ more than four to five years.

NOTE Confidence: 0.704941

 $00:50:34.680 \longrightarrow 00:50:36.080$ And these aren't small tumors.

NOTE Confidence: 0.704941

 $00{:}50{:}36.080 \dashrightarrow 00{:}50{:}37.641$ You could see in this example published

NOTE Confidence: 0.704941

 $00:50:37.641 \longrightarrow 00:50:39.478$ in the New England Journal Medicine,

NOTE Confidence: 0.704941

 $00:50:39.480 \longrightarrow 00:50:42.618$ these were large tumors that over

 $00:50:42.618 \longrightarrow 00:50:45.600$ time with this checkpoint inhibitor

NOTE Confidence: 0.704941

 $00{:}50{:}45.600 {\:{\mbox{--}}}{\:{\mbox{-}}} 00{:}50{:}47.490$ disappeared and in these patients

NOTE Confidence: 0.704941

00:50:47.490 --> 00:50:50.320 with the follow up with no radiation,

NOTE Confidence: 0.704941

 $00:50:50.320 \longrightarrow 00:50:51.044$ no surgery,

NOTE Confidence: 0.704941

 $00:50:51.044 \longrightarrow 00:50:52.854$ there were no recurrences based

NOTE Confidence: 0.704941

 $00:50:52.854 \longrightarrow 00:50:54.440$ upon this tumor marker.

NOTE Confidence: 0.704941

 $00:50:54.440 \longrightarrow 00:50:57.191$ So this also applies in the lower

NOTE Confidence: 0.704941

00:50:57.191 --> 00:50:59.518 frequency of patients with GI tumors.

NOTE Confidence: 0.704941

 $00{:}50{:}59.520 \to 00{:}51{:}01.664$ Gastrointestinal and esophageal cancers,

NOTE Confidence: 0.704941

00:51:01.664 --> 00:51:05.969 which you could see in these studies used

NOTE Confidence: 0.704941

 $00:51:05.969 \longrightarrow 00:51:09.476$ in a combination of pembrolizumab and Folfox,

NOTE Confidence: 0.704941

 $00:51:09.480 \longrightarrow 00:51:13.266$ achieved 23 of 26 patients were

NOTE Confidence: 0.704941

 $00:51:13.266 \longrightarrow 00:51:15.159$ free of disease.

NOTE Confidence: 0.704941

00:51:15.160 --> 00:51:18.205 And the overall survival in these patients

NOTE Confidence: 0.704941

00:51:18.205 --> 00:51:21.088 who presented with advanced disease,

NOTE Confidence: 0.704941

 $00:51:21.088 \longrightarrow 00:51:24.800$ treated with preoperative disease

 $00:51:24.800 \longrightarrow 00:51:27.122$ and that 65% of those patients

NOTE Confidence: 0.704941

 $00:51:27.122 \longrightarrow 00:51:29.280$ based upon the tumor marker,

NOTE Confidence: 0.704941

 $00:51:29.280 \longrightarrow 00:51:32.605$ it's a small percentage of patients had

NOTE Confidence: 0.704941

00:51:32.605 --> 00:51:36.040 APCR with gastric and esophageal cancers.

NOTE Confidence: 0.704941

 $00:51:36.040 \longrightarrow 00:51:38.917$ And now they're going on in this

NOTE Confidence: 0.85529029777778

 $00:51:38.920 \longrightarrow 00:51:40.051$ series of trials,

NOTE Confidence: 0.85529029777778

 $00:51:40.051 \longrightarrow 00:51:42.313$ the first one in Cohort 1,

NOTE Confidence: 0.85529029777778

 $00:51:42.320 \longrightarrow 00:51:45.286$ they found APCR in 60% of

NOTE Confidence: 0.85529029777778

 $00{:}51{:}45.286 \dashrightarrow 00{:}51{:}48.316$ patients with this MMR deficiency.

NOTE Confidence: 0.85529029777778

 $00:51:48.320 \longrightarrow 00:51:52.400$ The the major response was 80%.

NOTE Confidence: 0.85529029777778

 $00:51:52.400 \longrightarrow 00:51:54.682$ And now the next phase of this

NOTE Confidence: 0.85529029777778

 $00{:}51{:}54.682 \dashrightarrow 00{:}51{:}57.745$ trial is those patients who have a

NOTE Confidence: 0.85529029777778

 $00{:}51{:}57.745 \dashrightarrow 00{:}52{:}00.250$ complete or near complete response

NOTE Confidence: 0.85529029777778

 $00:52:00.250 \longrightarrow 00:52:01.678$ radiologically and endoscopically

NOTE Confidence: 0.85529029777778

00:52:01.678 --> 00:52:05.450 get no surgery and follow up for GI,

 $00:52:05.450 \longrightarrow 00:52:08.475$ for gastric and gastroesophageal malignancy.

NOTE Confidence: 0.85529029777778

00:52:08.480 --> 00:52:10.160 So I've shown you in Melanoma,

NOTE Confidence: 0.85529029777778

 $00{:}52{:}10.160 \dashrightarrow 00{:}52{:}12.272$ in lung cancer and breast cancer

NOTE Confidence: 0.85529029777778

00:52:12.272 --> 00:52:14.623 and now in colorectal cancer based

NOTE Confidence: 0.85529029777778

 $00:52:14.623 \longrightarrow 00:52:17.245$ upon tumor markers and usually based

NOTE Confidence: 0.85529029777778

00:52:17.245 --> 00:52:19.061 upon combinations of checkpoint

NOTE Confidence: 0.85529029777778

 $00:52:19.061 \longrightarrow 00:52:20.809$ inhibitors plus chemotherapy that

NOTE Confidence: 0.85529029777778

00:52:20.809 --> 00:52:23.374 we're now moving in selected patients

NOTE Confidence: 0.85529029777778

 $00{:}52{:}23.374 \dashrightarrow 00{:}52{:}26.223$ to not doing surgery and watch and

NOTE Confidence: 0.85529029777778

 $00:52:26.223 \longrightarrow 00:52:28.808$ wait and then follow up with the

NOTE Confidence: 0.85529029777778

 $00{:}52{:}28.808 \to 00{:}52{:}30.999$ patients and in those that fail,

NOTE Confidence: 0.85529029777778

 $00:52:31.000 \longrightarrow 00:52:33.460$ which is still the minority of

NOTE Confidence: 0.85529029777778

 $00:52:33.460 \longrightarrow 00:52:35.800$ patients to do salvage surgery.

NOTE Confidence: 0.85529029777778

 $00:52:35.800 \longrightarrow 00:52:37.480$ So these are my summary slides.

NOTE Confidence: 0.85529029777778

 $00:52:37.480 \longrightarrow 00:52:39.184$ There are changes now,

NOTE Confidence: 0.85529029777778

00:52:39.184 --> 00:52:41.740 but these strategies I've told you

00:52:41.819 --> 00:52:44.375 are increasingly going to be applied

NOTE Confidence: 0.85529029777778

 $00:52:44.375 \longrightarrow 00:52:46.923$ for all solid tumors that will

NOTE Confidence: 0.85529029777778

 $00:52:46.923 \longrightarrow 00:52:49.597$ impact all of us in oncology fields.

NOTE Confidence: 0.85529029777778

 $00:52:49.600 \longrightarrow 00:52:52.065$ That new adjuvant therapies selected

NOTE Confidence: 0.85529029777778

 $00:52:52.065 \longrightarrow 00:52:55.029$ by tumor molecular profiles is now

NOTE Confidence: 0.85529029777778

 $00:52:55.029 \longrightarrow 00:52:57.129$ and will increasingly become the

NOTE Confidence: 0.85529029777778

 $00:52:57.129 \longrightarrow 00:52:59.840$ standard of care for most cancers.

NOTE Confidence: 0.85529029777778

 $00:52:59.840 \longrightarrow 00:53:03.480$ for all but the earliest stage 1 cancers.

NOTE Confidence: 0.85529029777778

 $00{:}53{:}03.480 \dashrightarrow 00{:}53{:}06.434$ And that surgery is vitally important for

NOTE Confidence: 0.85529029777778

 $00:53:06.434 \longrightarrow 00:53:09.560$ staging and local regional Disease Control.

NOTE Confidence: 0.85529029777778

 $00:53:09.560 \longrightarrow 00:53:11.282$ I've showed you data that there

NOTE Confidence: 0.85529029777778

 $00:53:11.282 \longrightarrow 00:53:13.678$ may be a place for watch and wait,

NOTE Confidence: 0.85529029777778

 $00{:}53{:}13.680 \dashrightarrow 00{:}53{:}15.976$ but that's in a selected group of

NOTE Confidence: 0.85529029777778

 $00{:}53{:}15.976 \dashrightarrow 00{:}53{:}17.999$ patients and then every body else.

NOTE Confidence: 0.85529029777778

00:53:18.000 --> 00:53:20.550 There's still an important role for

 $00:53:20.550 \longrightarrow 00:53:22.960$ surgery in staging these patients.

NOTE Confidence: 0.85529029777778

 $00{:}53{:}22.960 \dashrightarrow 00{:}53{:}25.666$ And interestingly now as we're doing

NOTE Confidence: 0.85529029777778

 $00:53:25.666 \longrightarrow 00:53:28.160$ less surgery for early disease,

NOTE Confidence: 0.85529029777778

 $00:53:28.160 \longrightarrow 00:53:30.062$ we're going to be doing more

NOTE Confidence: 0.85529029777778

 $00:53:30.062 \longrightarrow 00:53:32.266$ surgery for stage 4 and borderline

NOTE Confidence: 0.85529029777778

 $00:53:32.266 \longrightarrow 00:53:34.441$ resectable Stage 3 disease because

NOTE Confidence: 0.85529029777778

00:53:34.441 --> 00:53:36.679 we can downstage the patients.

NOTE Confidence: 0.85529029777778

 $00{:}53{:}36.680 \dashrightarrow 00{:}53{:}39.158$ And those of us treating even Stage

NOTE Confidence: 0.85529029777778

00:53:39.158 --> 00:53:41.379 4 disease need to know whether

NOTE Confidence: 0.85529029777778

00:53:41.379 --> 00:53:43.545 the masses we're seeing on X-ray

NOTE Confidence: 0.85529029777778

 $00{:}53{:}43.545 {\:\dashrightarrow\:} > 00{:}53{:}46.040$ is inflammation or viable tumor,

NOTE Confidence: 0.85529029777778

 $00:53:46.040 \longrightarrow 00:53:48.704$ take it out and do a molecular profile

NOTE Confidence: 0.85529029777778

 $00:53:48.704 \longrightarrow 00:53:51.996$ on those tumor cells that are not responding.

NOTE Confidence: 0.85529029777778

 $00:53:52.000 \longrightarrow 00:53:53.876$ So we need to better refine the

NOTE Confidence: 0.85529029777778

 $00:53:53.876 \longrightarrow 00:53:55.279$ role of watch and wait.

NOTE Confidence: 0.85529029777778

 $00:53:55.280 \longrightarrow 00:53:56.480$ This is a new thing.

00:53:56.480 --> 00:53:59.770 I'm not proposing it except in clinical

NOTE Confidence: 0.85529029777778

 $00:53:59.770 \longrightarrow 00:54:01.870$ trials and the intensity of follow

NOTE Confidence: 0.85529029777778

00:54:01.870 --> 00:54:04.117 up in the appropriate type of salvage

NOTE Confidence: 0.85529029777778

00:54:04.117 --> 00:54:06.056 surgery on relapse is going to be

NOTE Confidence: 0.85529029777778

 $00:54:06.056 \longrightarrow 00:54:08.132$ a new area for which we are going

NOTE Confidence: 0.85529029777778

 $00:54:08.132 \longrightarrow 00:54:10.288$ to need a lot of prospective data.

NOTE Confidence: 0.85529029777778

00:54:10.288 --> 00:54:12.760 And I think as I've shown you,

NOTE Confidence: 0.85529029777778

 $00:54:12.760 \longrightarrow 00:54:14.910$ we're changing the standards of

NOTE Confidence: 0.85529029777778

 $00{:}54{:}14.910 \dashrightarrow 00{:}54{:}17.060$ care based upon these prospective

NOTE Confidence: 0.85529029777778

 $00:54:17.127 \longrightarrow 00:54:19.500$ clinical trials that are neoadjuvant

NOTE Confidence: 0.85529029777778

 $00:54:19.500 \longrightarrow 00:54:21.800$ trials that involve surgery as

NOTE Confidence: 0.85529029777778

 $00:54:21.800 \longrightarrow 00:54:23.946$ part of the clinical trial.

NOTE Confidence: 0.85529029777778

 $00{:}54{:}23.946 \dashrightarrow 00{:}54{:}26.211$ So surgeons must engage their

NOTE Confidence: 0.85529029777778

 $00{:}54{:}26.211 \dashrightarrow 00{:}54{:}29.248$ patients in the clinical trials where

NOTE Confidence: 0.85529029777778

 $00:54:29.248 \longrightarrow 00:54:31.384$ appropriate and design surgical

 $00:54:31.384 \longrightarrow 00:54:34.059$ trials to document the results

NOTE Confidence: 0.85529029777778

 $00{:}54{:}34.059 \dashrightarrow 00{:}54{:}36.039$ of DE escalation strategies,

NOTE Confidence: 0.85529029777778

 $00:54:36.040 \longrightarrow 00:54:38.340$ new sequences of treatment and

NOTE Confidence: 0.85529029777778

 $00:54:38.340 \longrightarrow 00:54:40.640$ the results of salvage therapy.

NOTE Confidence: 0.85529029777778

 $00:54:40.640 \longrightarrow 00:54:44.078$ And I think for those of of us training

NOTE Confidence: 0.85529029777778

 $00:54:44.078 \longrightarrow 00:54:46.874$ residents and fellows that surgical

NOTE Confidence: 0.85529029777778

 $00:54:46.874 \longrightarrow 00:54:49.459$ training must include more exposure

NOTE Confidence: 0.85529029777778

 $00:54:49.459 \longrightarrow 00:54:51.880$ to contemporary cancer management.

NOTE Confidence: 0.85529029777778

00:54:51.880 --> 00:54:55.276 And that the pool of American Board of

NOTE Confidence: 0.85529029777778

 $00:54:55.276 \longrightarrow 00:54:57.272$ Surgery certified surgical oncologist

NOTE Confidence: 0.85529029777778

 $00{:}54{:}57.272 \dashrightarrow 00{:}54{:}59.657$ must increase to meet the demands

NOTE Confidence: 0.85529029777778

00:54:59.657 --> 00:55:02.184 in the public to have surgeons who

NOTE Confidence: 0.85529029777778

 $00:55:02.184 \longrightarrow 00:55:05.047$ are also trained in oncology to be

NOTE Confidence: 0.85529029777778

 $00{:}55{:}05.047 \dashrightarrow 00{:}55{:}07.397$ part of the multidisciplinary team.

NOTE Confidence: 0.954372974090909

 $00:55:07.400 \longrightarrow 00:55:09.648$ And as many of you know at least

NOTE Confidence: 0.954372974090909

 $00{:}55{:}09.648 \dashrightarrow 00{:}55{:}11.786$ in the tertiary hospitals that in

00:55:11.786 --> 00:55:14.615 order to keep up with the rapidly

NOTE Confidence: 0.954372974090909

 $00:55:14.615 \longrightarrow 00:55:19.385$ moving field based upon one or two

NOTE Confidence: 0.954372974090909

 $00.55:19.385 \longrightarrow 00.55:21.770$ diseases are increasingly going to

NOTE Confidence: 0.954372974090909

 $00:55:21.860 \longrightarrow 00:55:24.500$ have to focus their treatment to one

NOTE Confidence: 0.954372974090909

 $00:55:24.500 \longrightarrow 00:55:27.405$ or two organ sites in order to stay

NOTE Confidence: 0.954372974090909

 $00{:}55{:}27.405 \dashrightarrow 00{:}55{:}29.635$ current with the rapid advances.

NOTE Confidence: 0.954372974090909

 $00:55:29.640 \longrightarrow 00:55:32.280$ So here are my key messages for the

NOTE Confidence: 0.954372974090909

 $00{:}55{:}32.280 \dashrightarrow 00{:}55{:}34.884$ surgeons 1 to be prepared and informed

NOTE Confidence: 0.954372974090909

 $00{:}55{:}34.884 \dashrightarrow 00{:}55{:}37.815$ to make major changes in the surgical

NOTE Confidence: 0.954372974090909

 $00{:}55{:}37.815 \dashrightarrow 00{:}55{:}40.280$ management of your cancer practice,

NOTE Confidence: 0.954372974090909

00:55:40.280 --> 00:55:42.136 including deferring surgery until

NOTE Confidence: 0.954372974090909

 $00:55:42.136 \longrightarrow 00:55:44.920$ after a trial of neoadjuvant therapy.

NOTE Confidence: 0.954372974090909

 $00{:}55{:}44.920 \dashrightarrow 00{:}55{:}47.074$ Because of the benefit I've shown

NOTE Confidence: 0.954372974090909

 $00:55:47.074 \longrightarrow 00:55:49.399$ you now in multiple tumor types,

NOTE Confidence: 0.954372974090909

 $00:55:49.400 \longrightarrow 00:55:52.015$ to consider surgical excision for

 $00:55:52.015 \longrightarrow 00:55:54.630$ borderline or inoperable tumors that

NOTE Confidence: 0.954372974090909

 $00:55:54.705 \longrightarrow 00:55:57.924$ are downstage with systemic therapy and

NOTE Confidence: 0.954372974090909

 $00:55:57.924 \longrightarrow 00:56:00.340$ consider more conservative surgical

NOTE Confidence: 0.954372974090909

 $00:56:00.340 \longrightarrow 00:56:02.756$ procedures with the downstaging.

NOTE Confidence: 0.954372974090909

 $00:56:02.760 \longrightarrow 00:56:05.728$ And then we as surgeons have to adopt

NOTE Confidence: 0.954372974090909

00:56:05.728 --> 00:56:08.398 A mindset of being an oncologist

NOTE Confidence: 0.954372974090909

 $00:56:08.398 \longrightarrow 00:56:10.505$ who operates cancer management is

NOTE Confidence: 0.954372974090909

 $00:56:10.505 \longrightarrow 00:56:12.875$ dealing with now a chronic disease.

NOTE Confidence: 0.954372974090909

 $00{:}56{:}12.880 \dashrightarrow 00{:}56{:}15.617$ Surgery is kind of a vertical specialty

NOTE Confidence: 0.954372974090909

00:56:15.617 --> 00:56:17.880 that focuses on the operation

NOTE Confidence: 0.954372974090909

 $00{:}56{:}17.880 \dashrightarrow 00{:}56{:}19.916$ and the perioperative period.

NOTE Confidence: 0.954372974090909

 $00:56:19.920 \longrightarrow 00:56:21.768$ But our job is not done once

NOTE Confidence: 0.954372974090909

 $00:56:21.768 \longrightarrow 00:56:23.040$ the wounds have healed.

NOTE Confidence: 0.954372974090909

 $00:56:23.040 \longrightarrow 00:56:25.086$ There is another phase for which

NOTE Confidence: 0.954372974090909

 $00:56:25.086 \longrightarrow 00:56:27.755$ we need to be involved in giving

NOTE Confidence: 0.954372974090909

 $00:56:27.755 \longrightarrow 00:56:30.203$ systemic therapy up front and how

 $00:56:30.203 \longrightarrow 00:56:32.360$ we do what we do afterwards.

NOTE Confidence: 0.954372974090909

 $00:56:32.360 \longrightarrow 00:56:36.058$ And we also need to be at the arena

NOTE Confidence: 0.954372974090909

 $00{:}56{:}36.058 {\:\dashrightarrow\:} 00{:}56{:}38.800$ when treatment plans are made to

NOTE Confidence: 0.954372974090909

 $00:56:38.800 \longrightarrow 00:56:40.880$ bring the surgeons perspective

NOTE Confidence: 0.954372974090909

 $00:56:40.880 \longrightarrow 00:56:42.440$ to multidisciplinary treatment

NOTE Confidence: 0.954372974090909

 $00:56:42.440 \longrightarrow 00:56:43.964$ And without being critical,

NOTE Confidence: 0.954372974090909

00:56:43.964 --> 00:56:46.250 I know that your medical oncology

NOTE Confidence: 0.954372974090909

 $00:56:46.319 \longrightarrow 00:56:48.444$ training and radiation oncology training

NOTE Confidence: 0.954372974090909

00:56:48.444 --> 00:56:50.948 does not include surgery as part

NOTE Confidence: 0.954372974090909

 $00:56:50.948 \longrightarrow 00:56:53.706$ of your training and in fact you're

NOTE Confidence: 0.954372974090909

 $00:56:53.706 \longrightarrow 00:56:56.718$ biased because you see our failures.

NOTE Confidence: 0.954372974090909

00:56:56.720 --> 00:56:58.080 I'll give you one example.

NOTE Confidence: 0.954372974090909

 $00{:}56{:}58.080 \dashrightarrow 00{:}57{:}01.349$ My daughter who's APA in GI medical

NOTE Confidence: 0.954372974090909

 $00:57:01.349 \longrightarrow 00:57:04.772$ oncology at MD Anderson sees a few of

NOTE Confidence: 0.954372974090909

 $00:57:04.772 \longrightarrow 00:57:06.237$ these salvage surgery patients that

00:57:06.237 --> 00:57:08.572 say our patients come in with these

NOTE Confidence: 0.954372974090909

 $00:57:08.572 \longrightarrow 00:57:10.144$ huge inoperable, miserable tumors.

NOTE Confidence: 0.954372974090909

 $00:57:10.144 \longrightarrow 00:57:13.760$ I don't see why we're doing salvage surgery.

NOTE Confidence: 0.954372974090909

00:57:13.760 --> 00:57:15.874 So I immediately called my son Glenn,

NOTE Confidence: 0.954372974090909

 $00:57:15.880 \longrightarrow 00:57:17.855$ who's doing all the colorectal

NOTE Confidence: 0.954372974090909

 $00:57:17.855 \longrightarrow 00:57:19.040$ surgery and said,

NOTE Confidence: 0.954372974090909

 $00:57:19.040 \longrightarrow 00:57:20.540$ you know that happens but only

NOTE Confidence: 0.954372974090909

 $00:57:20.540 \longrightarrow 00:57:22.120$ in 5% of our patients.

NOTE Confidence: 0.954372974090909

 $00:57:22.120 \longrightarrow 00:57:25.073$ But my daughter thinks that we should be

NOTE Confidence: 0.954372974090909

 $00:57:25.073 \longrightarrow 00:57:27.635$ doing this because she sees the failures,

NOTE Confidence: 0.954372974090909

 $00:57:27.640 \longrightarrow 00:57:30.416$ the ones that do well don't go to

NOTE Confidence: 0.954372974090909

 $00:57:30.416 \longrightarrow 00:57:32.439$ those medical oncology clinics.

NOTE Confidence: 0.954372974090909

 $00:57:32.440 \longrightarrow 00:57:35.569$ So I think it's bringing the surgeon's

NOTE Confidence: 0.954372974090909

 $00:57:35.569 \longrightarrow 00:57:38.359$ perspective to those that are different

NOTE Confidence: 0.954372974090909

 $00:57:38.360 \longrightarrow 00:57:40.560$ in medical and radiation oncology.

NOTE Confidence: 0.954372974090909

 $00:57:40.560 \longrightarrow 00:57:42.396$ And it's the collective wisdom we

 $00:57:42.396 \longrightarrow 00:57:44.880$ all bring that is better for patient

NOTE Confidence: 0.954372974090909

 $00:57:44.880 \longrightarrow 00:57:46.080$ care decision making.

NOTE Confidence: 0.966842886363636

 $00:57:48.760 \longrightarrow 00:57:50.716$ And then this last thing I

NOTE Confidence: 0.966842886363636

 $00:57:50.716 \longrightarrow 00:57:52.360$ don't have a solution for,

NOTE Confidence: 0.966842886363636

 $00:57:52.360 \longrightarrow 00:57:54.400$ but I want to give you an example.

NOTE Confidence: 0.966842886363636

 $00:57:54.400 \longrightarrow 00:57:56.759$ My son Glenn, who's head of the

NOTE Confidence: 0.966842886363636

00:57:56.759 --> 00:57:58.838 division of colorectal surgery at Emory

NOTE Confidence: 0.966842886363636

 $00{:}57{:}58.840 \dashrightarrow 00{:}58{:}02.596$ had a conversation with his chair.

NOTE Confidence: 0.966842886363636

00:58:02.600 --> 00:58:04.520 So John Sweeney said Glenn,

NOTE Confidence: 0.966842886363636

00:58:04.520 --> 00:58:06.356 I noticed your Rvus are down,

NOTE Confidence: 0.966842886363636

 $00{:}58{:}06.360 \dashrightarrow 00{:}58{:}09.480$ what's going on and Glenn responded.

NOTE Confidence: 0.966842886363636

 $00:58:09.480 \longrightarrow 00:58:11.256$ Well, half of my rectal cancer

NOTE Confidence: 0.966842886363636

 $00{:}58{:}11.256 \dashrightarrow 00{:}58{:}12.865$ patients are getting a clinical

NOTE Confidence: 0.966842886363636

 $00:58:12.865 \longrightarrow 00:58:14.680$ complete response and going into

NOTE Confidence: 0.966842886363636

 $00:58:14.680 \longrightarrow 00:58:17.335$ watch and weight status and now I'm

00:58:17.335 --> 00:58:19.235 flooded with these patients doing

NOTE Confidence: 0.966842886363636

00:58:19.235 --> 00:58:20.814 flexible sigmoidoscopy exams every

NOTE Confidence: 0.966842886363636

 $00:58:20.814 \longrightarrow 00:58:23.663$ three months and there is little RVU

NOTE Confidence: 0.966842886363636

 $00:58:23.663 \longrightarrow 00:58:26.437$ values for this new group of patients.

NOTE Confidence: 0.966842886363636

 $00:58:26.440 \longrightarrow 00:58:28.296$ And so my point is in this new

NOTE Confidence: 0.966842886363636

 $00:58:28.296 \longrightarrow 00:58:30.079$ era of oncology management,

NOTE Confidence: 0.966842886363636

00:58:30.080 --> 00:58:32.944 how are we going to gain gauge the

NOTE Confidence: 0.966842886363636

 $00{:}58{:}32.944 \dashrightarrow 00{:}58{:}34.622$ clinical performance that here to

NOTE Confidence: 0.966842886363636

 $00:58:34.622 \longrightarrow 00:58:36.715$ for is based upon volume of care.

NOTE Confidence: 0.966842886363636

 $00:58:36.720 \longrightarrow 00:58:38.810$ When oncology advances in all

NOTE Confidence: 0.966842886363636

 $00{:}58{:}38.810 \dashrightarrow 00{:}58{:}41.921$ of our fields are driving us to

NOTE Confidence: 0.966842886363636

00:58:41.921 --> 00:58:43.797 perform less intensive therapy,

NOTE Confidence: 0.966842886363636

00:58:43.800 --> 00:58:45.560 surgeons are doing more

NOTE Confidence: 0.966842886363636

 $00:58:45.560 \longrightarrow 00:58:46.440$ conservative operation,

NOTE Confidence: 0.966842886363636

00:58:46.440 --> 00:58:47.880 less frequent lymphadenectomies,

NOTE Confidence: 0.966842886363636

 $00:58:47.880 \longrightarrow 00:58:49.800$ more watch and wait.

 $00:58:49.800 \longrightarrow 00:58:52.476$ Radiation oncologists are going from six

NOTE Confidence: 0.966842886363636

 $00{:}58{:}52.476 \dashrightarrow 00{:}58{:}55.131$ weeks standard courses to three weeks

NOTE Confidence: 0.966842886363636

00.58.55.131 --> 00.58.57.513 to weekly to no radiation oncology.

NOTE Confidence: 0.966842886363636

 $00:58:57.520 \longrightarrow 00:59:00.166$ So they'll be less income if you're

NOTE Confidence: 0.966842886363636

 $00:59:00.166 \longrightarrow 00:59:02.240$ doing shorter courses of radiation.

NOTE Confidence: 0.966842886363636

 $00:59:02.240 \longrightarrow 00:59:04.010$ And of course we're a medical

NOTE Confidence: 0.966842886363636

 $00:59:04.010 \longrightarrow 00:59:04.600$ oncology colleagues.

NOTE Confidence: 0.966842886363636

 $00:59:04.600 \longrightarrow 00:59:06.952$ I think we're going to be giving

NOTE Confidence: 0.966842886363636

00:59:06.952 --> 00:59:09.080 shorter courses of adjuvant therapy

NOTE Confidence: 0.966842886363636

 $00:59:09.080 \longrightarrow 00:59:11.144$ especially immunotherapy instead of

NOTE Confidence: 0.966842886363636

 $00{:}59{:}11.144 \dashrightarrow 00{:}59{:}14.800$ one to two years of expensive drugs.

NOTE Confidence: 0.966842886363636

 $00:59:14.800 \longrightarrow 00:59:16.568$ And then what are we going to do

NOTE Confidence: 0.966842886363636

 $00{:}59{:}16.568 \operatorname{--}{>} 00{:}59{:}18.281$ with these patients who are in watch

NOTE Confidence: 0.966842886363636

 $00:59:18.281 \longrightarrow 00:59:19.798$ and wait and are well patients

NOTE Confidence: 0.966842886363636

00:59:19.798 --> 00:59:21.555 that just need to be follow up

00:59:21.560 --> 00:59:23.275 the the oncology specialist can't

NOTE Confidence: 0.966842886363636

 $00:59:23.275 \longrightarrow 00:59:25.480$ see the new patients in those

NOTE Confidence: 0.966842886363636

00:59:25.480 --> 00:59:27.168 interactive treatment if they're

NOTE Confidence: 0.966842886363636

 $00:59:27.168 \longrightarrow 00:59:29.520$ seeing well patients for follow up.

NOTE Confidence: 0.966842886363636

 $00:59:29.520 \longrightarrow 00:59:31.333$ So we have to delegate that follow

NOTE Confidence: 0.966842886363636

 $00:59:31.333 \longrightarrow 00:59:33.678$ up to mid level providers or even

NOTE Confidence: 0.966842886363636

 $00:59:33.678 \longrightarrow 00:59:35.186$ non oncology trained physicians

NOTE Confidence: 0.966842886363636

 $00:59:35.186 \longrightarrow 00:59:36.935$ who will follow these patients

NOTE Confidence: 0.966842886363636

 $00:59:36.935 \longrightarrow 00:59:39.119$ and send them back in those few

NOTE Confidence: 0.966842886363636

 $00:59:39.120 \longrightarrow 00:59:41.040$ that relapse and that's a change

NOTE Confidence: 0.966842886363636

 $00:59:41.040 \longrightarrow 00:59:43.240$ in how we manage our patients.

NOTE Confidence: 0.966842886363636

 $00:59:43.240 \longrightarrow 00:59:45.720$ It's a different team effect

NOTE Confidence: 0.966842886363636

 $00{:}59{:}45.720 \dashrightarrow 00{:}59{:}47.603$ but with the like Glenn said if

NOTE Confidence: 0.966842886363636

00:59:47.603 --> 00:59:49.810 half of his patients are getting

NOTE Confidence: 0.966842886363636

00:59:49.810 --> 00:59:51.594 a clinical complete response,

NOTE Confidence: 0.966842886363636

 $00:59:51.600 \longrightarrow 00:59:53.088$ he can't follow all of those

 $00:59:53.088 \longrightarrow 00:59:54.080$ patients for a lifetime,

NOTE Confidence: 0.966842886363636

 $00:59:54.080 \longrightarrow 00:59:56.520$ somebody else has to do that and

NOTE Confidence: 0.966842886363636

 $00:59:56.520 \longrightarrow 00:59:58.920$ then send back those that relapse.

NOTE Confidence: 0.966842886363636

 $00:59:58.920 \longrightarrow 01:00:01.678$ So that's the end of my talk.

NOTE Confidence: 0.966842886363636

 $01:00:01.680 \longrightarrow 01:00:04.116$ I hope that this has been helpful

NOTE Confidence: 0.966842886363636

 $01:00:04.116 \longrightarrow 01:00:05.959$ in telling you about our.

NOTE Confidence: 0.966842886363636

01:00:05.960 --> 01:00:07.670 Present and future strategies and

NOTE Confidence: 0.966842886363636

 $01:00:07.670 \longrightarrow 01:00:10.228$ how that will impact on the surgical

NOTE Confidence: 0.966842886363636

 $01:00:10.228 \longrightarrow 01:00:12.624$ management of our cancer patients and

NOTE Confidence: 0.966842886363636

 $01{:}00{:}12.624 \dashrightarrow 01{:}00{:}15.592$ the value of clinical trials in make

NOTE Confidence: 0.966842886363636

 $01{:}00{:}15.592 \dashrightarrow 01{:}00{:}18.317$ in changing our standards of care.

NOTE Confidence: 0.966842886363636

 $01:00:18.320 \longrightarrow 01:00:20.328$ So thank you all for the opportunity of

NOTE Confidence: 0.966842886363636

 $01{:}00{:}20.328 \dashrightarrow 01{:}00{:}22.436$ coming and I hope this was helpful to you.

NOTE Confidence: 0.63686657

 $01:00:28.180 \longrightarrow 01:00:30.825$ Thank you for a talk that

NOTE Confidence: 0.63686657

 $01:00:30.825 \longrightarrow 01:00:32.660$ was uplifting, exciting

 $01:00:32.660 \longrightarrow 01:00:35.480$ and also provocative.

NOTE Confidence: 0.874764266666667

 $01:00:35.480 \longrightarrow 01:00:36.592$ I know that I was getting late.

NOTE Confidence: 0.874764266666667

 $01:00:36.592 \longrightarrow 01:00:37.432$ There may be some time

NOTE Confidence: 0.832760725

 $01:00:37.640 \longrightarrow 01:00:39.024$ for one question from

NOTE Confidence: 0.832760725

 $01:00:39.024 \longrightarrow 01:00:40.120$ the audience for Hoocha.

NOTE Confidence: 0.832569248333333

01:00:40.720 --> 01:00:42.556 So thank you, Charles, for presenting,

NOTE Confidence: 0.832569248333333

 $01:00:42.560 \longrightarrow 01:00:45.128$ really just giving us food for

NOTE Confidence: 0.832569248333333

 $01:00:45.128 \longrightarrow 01:00:47.095$ thought and talking about where

NOTE Confidence: 0.832569248333333

01:00:47.095 --> 01:00:48.880 cancer care is and perhaps where it's.

NOTE Confidence: 0.832569248333333

01:00:48.880 --> 01:00:51.517 I want to come back to your last point,

NOTE Confidence: 0.832569248333333

 $01:00:51.520 \longrightarrow 01:00:53.700$ which is interdisciplinary collaborations.

NOTE Confidence: 0.832569248333333

01:00:53.700 --> 01:00:56.120 And for the trainees in the room,

NOTE Confidence: 0.832569248333333

01:00:56.120 --> 01:00:58.958 I thought it'd be helpful to share a lens of,

NOTE Confidence: 0.832569248333333

01:00:58.960 --> 01:01:01.741 you know I was in Hopkins during that period

NOTE Confidence: 0.832569248333333

 $01:01:01.741 \longrightarrow 01:01:04.636$ and many of those first offers were felons.

NOTE Confidence: 0.832569248333333

 $01:01:04.640 \longrightarrow 01:01:07.844$ Patrick Ford, the lung trial you showed and

 $01:01:07.844 \longrightarrow 01:01:10.436$ was a fellow sitting in a conference and

NOTE Confidence: 0.832569248333333

 $01:01:10.436 \longrightarrow 01:01:13.346$ we were talking about this with surgeons,

NOTE Confidence: 0.832569248333333

 $01:01:13.346 \longrightarrow 01:01:15.690$ medical oncologists and radiation

NOTE Confidence: 0.832569248333333

 $01:01:15.690 \longrightarrow 01:01:17.728$ oncologists and the colorectal trials.

NOTE Confidence: 0.832569248333333

01:01:17.728 --> 01:01:20.688 My very good friend Louise Diaz and I

NOTE Confidence: 0.832569248333333

01:01:20.688 --> 01:01:22.860 remember sitting with Louise running our

NOTE Confidence: 0.832569248333333

 $01:01:22.860 \longrightarrow 01:01:25.232$ colon tumor board and an observation

NOTE Confidence: 0.832569248333333

 $01:01:25.232 \longrightarrow 01:01:28.766$ that was made on a small trial that on

NOTE Confidence: 0.832569248333333

 $01:01:28.766 \longrightarrow 01:01:31.030$ our phase one trial one of the patients

NOTE Confidence: 0.832569248333333

01:01:31.094 --> 01:01:33.000 was mismatched repair efficient,

NOTE Confidence: 0.832569248333333

01:01:33.000 --> 01:01:37.300 it was one patient and it was an observation

NOTE Confidence: 0.832569248333333

01:01:37.300 --> 01:01:39.040 made and wrote Suzanne Topallion,

NOTE Confidence: 0.832569248333333

 $01{:}01{:}39.040 \dashrightarrow 01{:}01{:}40.276$ he's a surgeon as you mentioned.

NOTE Confidence: 0.832569248333333

 $01:01:40.280 \longrightarrow 01:01:42.835$ He wrote that in the clinical Cancer

NOTE Confidence: 0.832569248333333

01:01:42.835 --> 01:01:44.805 Research it was an advance smaller

 $01:01:44.805 \longrightarrow 01:01:47.187$ than this that led to this entire

NOTE Confidence: 0.832569248333333

01:01:47.187 --> 01:01:50.118 field of opening up in multiple tumor

NOTE Confidence: 0.832569248333333

 $01:01:50.118 \longrightarrow 01:01:53.154$ types from that very small observation.

NOTE Confidence: 0.832569248333333

 $01:01:53.160 \longrightarrow 01:01:56.564$ So my question to you is that how do

NOTE Confidence: 0.832569248333333

 $01:01:56.564 \longrightarrow 01:01:58.790$ we encourage that as we're becoming

NOTE Confidence: 0.832569248333333

01:01:58.864 --> 01:02:00.793 bigger that event happenstance that's

NOTE Confidence: 0.832569248333333

 $01:02:00.793 \longrightarrow 01:02:02.277$ how research is done,

NOTE Confidence: 0.832569248333333

 $01:02:02.280 \longrightarrow 01:02:05.727$ that's how great clinical initiatives happen.

NOTE Confidence: 0.832569248333333

 $01:02:05.727 \longrightarrow 01:02:07.736$ How do we foster that as leaders

NOTE Confidence: 0.832569248333333

 $01:02:07.736 \longrightarrow 01:02:09.641$ we're sitting in this room that that's

NOTE Confidence: 0.832569248333333

 $01:02:09.641 \longrightarrow 01:02:11.255$ a luxury that we barely have.

NOTE Confidence: 0.832569248333333

01:02:11.255 --> 01:02:13.600 So I wondered what's your thoughts about,

NOTE Confidence: 0.832569248333333

 $01:02:13.600 \longrightarrow 01:02:15.968$ I think the answer is we're if we're

NOTE Confidence: 0.832569248333333

 $01:02:15.968 \longrightarrow 01:02:17.960$ looking for advances in care see

NOTE Confidence: 0.832569248333333

 $01:02:17.960 \longrightarrow 01:02:21.348$ opportunities and we can base a clinical

NOTE Confidence: 0.832569248333333

 $01{:}02{:}21.348 \dashrightarrow 01{:}02{:}23.800$ trial prospectively on a hypothesis

 $01:02:23.800 \longrightarrow 01:02:26.440$ or even retrospective data that leads

NOTE Confidence: 0.832569248333333

 $01:02:26.440 \longrightarrow 01:02:29.400$ to the design of the trial that we

NOTE Confidence: 0.832569248333333

 $01:02:29.400 \longrightarrow 01:02:31.280$ need to be thinking about.

NOTE Confidence: 0.832569248333333

 $01:02:31.280 \longrightarrow 01:02:34.556$ We have to practice evidence based care.

NOTE Confidence: 0.832569248333333

 $01:02:34.560 \longrightarrow 01:02:36.964$ And if we don't have this in this

NOTE Confidence: 0.832569248333333

01:02:36.964 --> 01:02:38.077 rapidly developing field,

NOTE Confidence: 0.832569248333333

01:02:38.080 --> 01:02:40.502 we're going to go back to empirical

NOTE Confidence: 0.832569248333333

 $01:02:40.502 \longrightarrow 01:02:42.955$ medicine based upon marketing of drug

NOTE Confidence: 0.832569248333333

 $01{:}02{:}42.955 \dashrightarrow 01{:}02{:}45.200$ companies and and instrument companies.

NOTE Confidence: 0.832569248333333

 $01:02:45.200 \longrightarrow 01:02:47.711$ So I think you know to add to what

NOTE Confidence: 0.832569248333333

01:02:47.711 --> 01:02:50.123 Nita has said that it's so important

NOTE Confidence: 0.832569248333333

 $01:02:50.123 \longrightarrow 01:02:52.949$ for us to insist on our patients

NOTE Confidence: 0.832569248333333

 $01{:}02{:}52.949 \dashrightarrow 01{:}02{:}55.239$ wherever possible being in clinical

NOTE Confidence: 0.832569248333333

 $01:02:55.239 \longrightarrow 01:02:57.788$ trials where they're eligible so that

NOTE Confidence: 0.832569248333333

 $01:02:57.788 \longrightarrow 01:03:00.802$ we can advance the field based upon

01:03:00.802 --> 01:03:03.748 evidence and not based upon marketing

NOTE Confidence: 0.832569248333333

01:03:03.748 --> 01:03:04.960 strategies but it.

NOTE Confidence: 0.832569248333333

 $01:03:04.960 \longrightarrow 01:03:07.516$ But we all need to have an open mind

NOTE Confidence: 0.832569248333333

 $01:03:07.516 \longrightarrow 01:03:09.880$ is you know and I'm enthusiastic

NOTE Confidence: 0.832569248333333

 $01:03:09.880 \longrightarrow 01:03:10.576$ about the results,

NOTE Confidence: 0.832569248333333

01:03:10.576 --> 01:03:12.200 but if you looked at the slides,

NOTE Confidence: 0.832569248333333

 $01:03:12.200 \longrightarrow 01:03:14.240$ there are a lot of patients who failed

NOTE Confidence: 0.832569248333333

 $01:03:14.240 \longrightarrow 01:03:15.232$ with our current treatment.

NOTE Confidence: 0.832569248333333

01:03:15.232 --> 01:03:19.000 So there's still a lot to do and I

NOTE Confidence: 0.832569248333333

 $01:03:19.000 \longrightarrow 01:03:20.640$ think that's going to be based upon

NOTE Confidence: 0.832569248333333

01:03:20.640 --> 01:03:22.760 the team working together,

NOTE Confidence: 0.832569248333333

 $01:03:22.760 \longrightarrow 01:03:24.344$ each bringing different perspectives.

NOTE Confidence: 0.832569248333333

 $01:03:24.344 \longrightarrow 01:03:27.800$ I love the story with Lei Ping Chen

NOTE Confidence: 0.832569248333333

01:03:27.800 --> 01:03:29.886 who said this works in the mouse,

NOTE Confidence: 0.832569248333333

01:03:29.886 --> 01:03:32.140 maybe it works in the patient and

NOTE Confidence: 0.832569248333333

 $01:03:32.215 \longrightarrow 01:03:34.560$ he brought that hypothesis to what

 $01:03:34.560 \longrightarrow 01:03:38.920$ became a major immunotherapy advance.

NOTE Confidence: 0.832569248333333

 $01{:}03{:}38.920 \dashrightarrow 01{:}03{:}42.000$ So the collaboration and between

NOTE Confidence: 0.832569248333333

 $01:03:42.000 \longrightarrow 01:03:44.053$ the clinical teams and between the

NOTE Confidence: 0.832569248333333

 $01:03:44.053 \longrightarrow 01:03:45.970$ research teams and the clinical

NOTE Confidence: 0.832569248333333

 $01:03:45.970 \longrightarrow 01:03:47.320$ teams is I think the

NOTE Confidence: 0.959373785

 $01{:}03{:}47.320 \dashrightarrow 01{:}03{:}50.878$ what's important and championing the

NOTE Confidence: 0.959373785

 $01:03:50.880 \longrightarrow 01:03:52.936$ collective wisdom that we all bring

NOTE Confidence: 0.959373785

01:03:52.936 --> 01:03:54.693 with our different perspectives in

NOTE Confidence: 0.959373785

 $01:03:54.693 \longrightarrow 01:03:56.560$ bringing that together in our decision.

NOTE Confidence: 0.892907145625

 $01:03:59.920 \longrightarrow 01:04:01.348$ Thank you very much.

NOTE Confidence: 0.892907145625

 $01:04:01.348 \longrightarrow 01:04:03.490$ I think Doctor Balch will be

NOTE Confidence: 0.892907145625

 $01:04:03.566 \longrightarrow 01:04:05.678$ here for a little bit longer.

NOTE Confidence: 0.892907145625

01:04:05.680 --> 01:04:07.792 I don't want to take more

NOTE Confidence: 0.892907145625

 $01:04:07.792 \longrightarrow 01:04:09.200$ practice to this point.

NOTE Confidence: 0.892907145625

 $01:04:09.200 \longrightarrow 01:04:10.957$ If you people can come down and

 $01{:}04{:}10.957 \dashrightarrow 01{:}04{:}12.815$ I know you'll be spending some

NOTE Confidence: 0.892907145625

 $01:04:12.815 \longrightarrow 01:04:14.560$ time with the surgical residents,

NOTE Confidence: 0.892907145625

 $01:04:14.560 \longrightarrow 01:04:15.328$ it's been wonderful.

NOTE Confidence: 0.892907145625

 $01:04:15.328 \longrightarrow 01:04:16.864$ Thank you all for the honor

NOTE Confidence: 0.892907145625

 $01:04:16.864 \longrightarrow 01:04:18.078$ of coming here today.

NOTE Confidence: 0.339922975

 $01{:}04{:}23.080 \dashrightarrow 01{:}04{:}26.000$ No. And I get this. He get this luggage.