WEBVTT

NOTE duration: "00:23:48.3520000"

NOTE language:en-us

NOTE Confidence: 0.896725594997406

00:00:00.000 --> 00:00:02.844 Uhm, I know a lot of you guys already,

NOTE Confidence: 0.896725594997406

 $00:00:02.850 \longrightarrow 00:00:04.596$ but I'm one of the clinical

NOTE Confidence: 0.896725594997406

 $00:00:04.596 \longrightarrow 00:00:06.600$ hematologist here at the Cancer Center,

NOTE Confidence: 0.896725594997406

 $00:00:06.600 \longrightarrow 00:00:08.680$ and for the last nine years my main

NOTE Confidence: 0.896725594997406

 $00:00:08.680 \longrightarrow 00:00:10.376$ interest have been medical education

NOTE Confidence: 0.896725594997406

 $00:00:10.376 \longrightarrow 00:00:12.236$ and thrombosis or blood clotting.

NOTE Confidence: 0.896725594997406

 $00:00:12.240 \longrightarrow 00:00:14.520$ And then in mid March of this year

NOTE Confidence: 0.896725594997406

00:00:14.520 --> 00:00:16.555 Is everybody knows kovid hit and so

NOTE Confidence: 0.896725594997406

 $00{:}00{:}16.555 \dashrightarrow 00{:}00{:}18.763$ early on when the first kovid patient

NOTE Confidence: 0.896725594997406

 $00:00:18.763 \longrightarrow 00:00:20.995$ arrived at Yale New Haven Hospital.

NOTE Confidence: 0.896725594997406

 $00:00:21.000 \longrightarrow 00:00:22.918$ A few of us in the hematology

NOTE Confidence: 0.896725594997406

00:00:22.918 --> 00:00:25.033 section were asked to join a multi

NOTE Confidence: 0.896725594997406

 $00:00:25.033 \longrightarrow 00:00:26.573$ disciplinary effort designed to try

NOTE Confidence: 0.896725594997406

 $00{:}00{:}26.573 \dashrightarrow 00{:}00{:}28.829$ to understand in combat the disease,

 $00:00:28.830 \longrightarrow 00:00:31.656$ an one of the more interesting and kind of.

NOTE Confidence: 0.896725594997406

00:00:31.660 --> 00:00:33.096 Unexpected features of COVID-19

NOTE Confidence: 0.896725594997406

 $00{:}00{:}33.096 \dashrightarrow 00{:}00{:}34.891$ in fection was that there's actually

NOTE Confidence: 0.896725594997406

00:00:34.891 --> 00:00:37.030 a huge component of blood clotting,

NOTE Confidence: 0.896725594997406

 $00:00:37.030 \longrightarrow 00:00:39.172$ and this is something that's term

NOTE Confidence: 0.896725594997406

00:00:39.172 --> 00:00:40.243 COVID-19 associated Coagulopathy.

NOTE Confidence: 0.896725594997406

 $00:00:40.250 \longrightarrow 00:00:42.840$ So we became interested in the hematology

NOTE Confidence: 0.896725594997406

 $00:00:42.840 \longrightarrow 00:00:45.365$ section and trying to not just manage

NOTE Confidence: 0.896725594997406

 $00:00:45.365 \longrightarrow 00:00:47.045$ this but also understand this,

NOTE Confidence: 0.896725594997406

 $00:00:47.050 \longrightarrow 00:00:50.394$ and so that's what I'm going to be

NOTE Confidence: 0.896725594997406

00:00:50.394 --> 00:00:53.108 talking with you all about today.

NOTE Confidence: 0.896725594997406 00:00:53.110 --> 00:00:53.672 So again, NOTE Confidence: 0.896725594997406

 $00{:}00{:}53.672 \dashrightarrow 00{:}00{:}55.358$ this this whole feature of blood

NOTE Confidence: 0.896725594997406

 $00:00:55.358 \longrightarrow 00:00:57.608$ clotting in Kobe 19 infection is

NOTE Confidence: 0.896725594997406

00:00:57.608 --> 00:00:59.236 something that's called COVID-19

 $00:00:59.236 \longrightarrow 00:01:00.050$ associated Coagulopathy.

NOTE Confidence: 0.896725594997406

 $00:01:00.050 \longrightarrow 00:01:02.633$ Its abbreviated CAC and at the laboratory

NOTE Confidence: 0.896725594997406

 $00:01:02.633 \longrightarrow 00:01:04.907$ level it's defined by 4 basic things.

NOTE Confidence: 0.896725594997406

 $00:01:04.910 \longrightarrow 00:01:06.908$ So one is that these patients

NOTE Confidence: 0.896725594997406

 $00:01:06.908 \longrightarrow 00:01:08.730$ have an elevated D dimer.

NOTE Confidence: 0.896725594997406

00:01:08.730 --> 00:01:10.460 That's often very, very high.

NOTE Confidence: 0.896725594997406

 $00:01:10.460 \longrightarrow 00:01:12.542$ The second is that they have

NOTE Confidence: 0.896725594997406

 $00:01:12.542 \longrightarrow 00:01:13.930$ a high fibringen level.

NOTE Confidence: 0.896725594997406

 $00:01:13.930 \longrightarrow 00:01:15.670$ Again, that's often very high.

NOTE Confidence: 0.896725594997406

 $00:01:15.670 \longrightarrow 00:01:18.022$ The third is that many of these patients

NOTE Confidence: 0.896725594997406

 $00{:}01{:}18.022 \dashrightarrow 00{:}01{:}20.180$ have a normal prothrombin time,

NOTE Confidence: 0.896725594997406

00:01:20.180 --> 00:01:22.256 or very slightly elevated prothrombin time,

NOTE Confidence: 0.89672559499740600:01:22.260 --> 00:01:23.232 and the 4th.

NOTE Confidence: 0.896725594997406

 $00:01:23.232 \longrightarrow 00:01:25.500$ Is that most of them have normal

NOTE Confidence: 0.896725594997406

 $00:01:25.576 \longrightarrow 00:01:26.730$ platelet counts,

NOTE Confidence: 0.896725594997406

 $00{:}01{:}26.730 \dashrightarrow 00{:}01{:}29.278$ although some of them do have a

 $00:01:29.278 \longrightarrow 00:01:30.820$ slightly reduced platelet count.

NOTE Confidence: 0.896725594997406

00:01:30.820 --> 00:01:33.046 And again, as I mentioned before,

NOTE Confidence: 0.896725594997406

 $00:01:33.050 \longrightarrow 00:01:34.538$ clinically the main feature

NOTE Confidence: 0.896725594997406

 $00:01:34.538 \longrightarrow 00:01:36.398$ associated with code 19 associated

NOTE Confidence: 0.896725594997406

00:01:36.398 --> 00:01:37.519 Coagulopathy is thrombosis.

NOTE Confidence: 0.896725594997406

00:01:37.520 --> 00:01:40.026 So these patients have a very high

NOTE Confidence: 0.896725594997406

00:01:40.026 --> 00:01:41.979 risk of developing blood clots,

NOTE Confidence: 0.896725594997406

00:01:41.980 --> 00:01:43.840 predominantly venous thromboembolism or VTE,

NOTE Confidence: 0.896725594997406

 $00{:}01{:}43.840 \dashrightarrow 00{:}01{:}45.700$ and in particular pulmonary embolism.

NOTE Confidence: 0.896725594997406

 $00{:}01{:}45.700 \dashrightarrow 00{:}01{:}47.860$ There are some single institution

NOTE Confidence: 0.896725594997406

 $00{:}01{:}47.860 \dashrightarrow 00{:}01{:}50.568$ studies that suggest that up to 37

NOTE Confidence: 0.896725594997406

00:01:50.568 --> 00:01:52.420 to even 40% of COVID-19 patients

NOTE Confidence: 0.896725594997406

 $00{:}01{:}52.420 \dashrightarrow 00{:}01{:}54.320$ in an intensive care unit.

NOTE Confidence: 0.896725594997406

 $00:01:54.320 \longrightarrow 00:01:56.475$ Who are ready on prophylactic

NOTE Confidence: 0.896725594997406

 $00:01:56.475 \longrightarrow 00:01:58.630$ anticoagulation will develop a pulmonary

00:01:58.701 --> 00:02:00.855 embolism or a deep vein thrombosis.

NOTE Confidence: 0.896725594997406

 $00{:}02{:}00.860 \dashrightarrow 00{:}02{:}03.692$ And In addition Artur thrombosis an

NOTE Confidence: 0.896725594997406

 $00:02:03.692 \longrightarrow 00:02:05.580$ then microvascular thrombosis on

NOTE Confidence: 0.896725594997406

 $00:02:05.650 \longrightarrow 00:02:08.010$ autopsies has also been described.

NOTE Confidence: 0.896725594997406

00:02:08.010 --> 00:02:10.278 So because of this very high rate

NOTE Confidence: 0.896725594997406

00:02:10.278 --> 00:02:12.330 of thrombosis are hospital system,

NOTE Confidence: 0.896725594997406

 $00:02:12.330 \longrightarrow 00:02:13.805$ our institution was actually one

NOTE Confidence: 0.896725594997406

 $00:02:13.805 \longrightarrow 00:02:16.137$ of the first in the country to

NOTE Confidence: 0.896725594997406

 $00{:}02{:}16.137 \dashrightarrow 00{:}02{:}18.519$ develop what we call an escalated

NOTE Confidence: 0.896725594997406

 $00:02:18.519 \longrightarrow 00:02:19.890$ intensity anticoagulation regiment.

NOTE Confidence: 0.896725594997406

 $00{:}02{:}19.890 \dashrightarrow 00{:}02{:}22.698$ So what I mean by this is that as

NOTE Confidence: 0.896725594997406

00:02:22.698 --> 00:02:25.649 most of you who are clinicians know,

NOTE Confidence: 0.896725594997406

 $00:02:25.650 \longrightarrow 00:02:27.435$ whenever patients in general get

NOTE Confidence: 0.896725594997406

 $00:02:27.435 \longrightarrow 00:02:29.610$ admitted to the hospital already there,

NOTE Confidence: 0.896725594997406

00:02:29.610 --> 00:02:31.710 blood clotting risk goes up and

NOTE Confidence: 0.896725594997406

 $00{:}02{:}31.710 \dashrightarrow 00{:}02{:}33.842$ so most patients admitted to a

 $00{:}02{:}33.842 \dashrightarrow 00{:}02{:}35.170$ hospital center including Smilow

NOTE Confidence: 0.896725594997406

 $00{:}02{:}35.170 \dashrightarrow 00{:}02{:}38.522$ would be on what we call a low dose

NOTE Confidence: 0.896725594997406

 $00:02:38.522 \longrightarrow 00:02:39.698$ of prophylactic anticoagulation.

NOTE Confidence: 0.896725594997406 00:02:39.700 --> 00:02:40.047 Typically, NOTE Confidence: 0.896725594997406

 $00{:}02{:}40.047 \dashrightarrow 00{:}02{:}42.129$ enoxaparin had a dose of 40

NOTE Confidence: 0.896725594997406

 $00:02:42.129 \longrightarrow 00:02:43.490$ milligrams once a day.

NOTE Confidence: 0.896725594997406

00:02:43.490 --> 00:02:44.826 But in kovid patients,

NOTE Confidence: 0.896725594997406

 $00{:}02{:}44.826 \dashrightarrow 00{:}02{:}46.830$ because of this increase risk of

NOTE Confidence: 0.896725594997406

 $00:02:46.897 \longrightarrow 00:02:49.597$ Trumbo Sis we adopted this escalated

NOTE Confidence: 0.896725594997406

 $00:02:49.597 \longrightarrow 00:02:50.947$ intensity anticoagulation regiment

NOTE Confidence: 0.896725594997406

 $00:02:50.947 \longrightarrow 00:02:52.920$ so that patients with Cove in

NOTE Confidence: 0.896725594997406

 $00{:}02{:}52.920 \dashrightarrow 00{:}02{:}55.016$ in fection who had a D dimer level

NOTE Confidence: 0.896725594997406

 $00{:}02{:}55.016 \dashrightarrow 00{:}02{:}57.242$ that was above a certain cut off

NOTE Confidence: 0.896725594997406

 $00{:}02{:}57.242 \dashrightarrow 00{:}02{:}59.569$ which we ended up choosing us 5

NOTE Confidence: 0.896725594997406

00:02:59.569 --> 00:03:00.865 milligram per liter would

 $00:03:00.935 \longrightarrow 00:03:02.787$ automatically get a higher

NOTE Confidence: 0.888363063335419

 $00{:}03{:}02.787 \dashrightarrow 00{:}03{:}04.176$ dose of anticoagulation.

NOTE Confidence: 0.888363063335419

 $00:03:04.180 \longrightarrow 00:03:05.990$ We would call this intermediate

NOTE Confidence: 0.888363063335419

 $00:03:05.990 \longrightarrow 00:03:06.714$ enoxaparin typically,

NOTE Confidence: 0.888363063335419

 $00:03:06.720 \longrightarrow 00:03:09.608$ which is at a dose of 0.5 milligrams

NOTE Confidence: 0.888363063335419

00:03:09.608 --> 00:03:12.177 per kilogram twice a day and then

NOTE Confidence: 0.888363063335419

00:03:12.177 --> 00:03:14.390 again because of this super high.

NOTE Confidence: 0.888363063335419

 $00:03:14.390 \longrightarrow 00:03:16.196$ Risk of thrombosis in any covert

NOTE Confidence: 0.888363063335419

 $00:03:16.196 \longrightarrow 00:03:18.821$ patient in whom there is a suspicion for

NOTE Confidence: 0.888363063335419

 $00:03:18.821 \longrightarrow 00:03:20.521$ venous thrombotic event or confirmed

NOTE Confidence: 0.888363063335419

 $00{:}03{:}20.521 \dashrightarrow 00{:}03{:}22.872$ Venus Don Bolic event we would

NOTE Confidence: 0.888363063335419

 $00:03:22.872 \longrightarrow 00:03:24.432$ recommend full dose anticoagulation

NOTE Confidence: 0.888363063335419

 $00:03:24.432 \longrightarrow 00:03:26.009$ typically again with enoxaparin

NOTE Confidence: 0.888363063335419

 $00{:}03{:}26.009 \dashrightarrow 00{:}03{:}28.367$ editors of 1 milligram per kilogram

NOTE Confidence: 0.888363063335419

00:03:28.367 --> 00:03:30.398 twice daily so as I mentioned we

NOTE Confidence: 0.888363063335419

 $00{:}03{:}30.398 \dashrightarrow 00{:}03{:}32.275$ were one of the first hospital

 $00:03:32.275 \longrightarrow 00:03:34.567$ centers in the country to develop.

NOTE Confidence: 0.888363063335419

 $00{:}03{:}34.570 \dashrightarrow 00{:}03{:}36.500$ One of these escalated escalated

NOTE Confidence: 0.888363063335419

 $00:03:36.500 \longrightarrow 00:03:37.658$ anticoagulation dosing guidelines

NOTE Confidence: 0.888363063335419

00:03:37.658 --> 00:03:40.022 and many other hospitals if not most

NOTE Confidence: 0.888363063335419

 $00:03:40.022 \longrightarrow 00:03:41.880$ around the country have followed suit.

NOTE Confidence: 0.888363063335419

 $00:03:41.880 \longrightarrow 00:03:43.650$ One of the challenges that

NOTE Confidence: 0.888363063335419

 $00:03:43.650 \longrightarrow 00:03:45.420$ we've all had his clinicians.

NOTE Confidence: 0.888363063335419

 $00{:}03{:}45.420 \dashrightarrow 00{:}03{:}46.820$ Is that even though most of us

NOTE Confidence: 0.888363063335419

 $00:03:46.820 \longrightarrow 00:03:48.629$ in the country are doing these

NOTE Confidence: 0.888363063335419

 $00:03:48.629 \longrightarrow 00:03:49.787$ escalated anticoagulation regiments,

NOTE Confidence: 0.888363063335419

 $00:03:49.790 \longrightarrow 00:03:51.708$ we don't actually know if they're safe

NOTE Confidence: 0.888363063335419

 $00{:}03{:}51.708 \dashrightarrow 00{:}03{:}53.828$ or if there even affective and so at

NOTE Confidence: 0.888363063335419

 $00{:}03{:}53.828 \dashrightarrow 00{:}03{:}55.977$ yell our group is in the process of

NOTE Confidence: 0.888363063335419

 $00:03:55.977 \longrightarrow 00:03:57.972$ analyzing this now as are many others

NOTE Confidence: 0.888363063335419

 $00:03:57.980 \longrightarrow 00:03:59.756$ and there are some clinical trials

 $00:03:59.756 \longrightarrow 00:04:01.225$ around different institutions in the

NOTE Confidence: 0.888363063335419

 $00{:}04{:}01.225 \dashrightarrow 00{:}04{:}02.884$ country that are looking at this issue.

NOTE Confidence: 0.888363063335419

 $00:04:02.890 \longrightarrow 00:04:05.530$ This question as well.

NOTE Confidence: 0.888363063335419

 $00:04:05.530 \longrightarrow 00:04:07.371$ So one of the early studies that

NOTE Confidence: 0.888363063335419

00:04:07.371 --> 00:04:09.465 came out from China on covert

NOTE Confidence: 0.888363063335419

00:04:09.465 --> 00:04:11.117 associated Coagulopathy reported that

NOTE Confidence: 0.888363063335419

00:04:11.117 --> 00:04:13.990 it was essentially a variation of

NOTE Confidence: 0.888363063335419

00:04:13.990 --> 00:04:15.565 disseminated intravascular coagulations,

NOTE Confidence: 0.888363063335419 00:04:15.570 --> 00:04:16.128 or DIC, NOTE Confidence: 0.888363063335419

00:04:16.128 --> 00:04:18.806 which as most of you all know as sort

NOTE Confidence: 0.888363063335419

00:04:18.806 --> 00:04:21.438 of an end point of a coagulopathic

NOTE Confidence: 0.888363063335419

00:04:21.438 --> 00:04:23.243 picture that's characterized by

NOTE Confidence: 0.888363063335419

 $00{:}04{:}23.243 \dashrightarrow 00{:}04{:}25.683$ pretty high rates of thrombosis

NOTE Confidence: 0.888363063335419

 $00:04:25.683 \longrightarrow 00:04:27.147$ and terminal disease.

NOTE Confidence: 0.888363063335419

 $00:04:27.150 \longrightarrow 00:04:29.412$ But DIC itself again as a

NOTE Confidence: 0.888363063335419

 $00:04:29.412 \longrightarrow 00:04:31.390$ lot of other clinicians know,

00:04:31.390 --> 00:04:33.706 has a very characteristic laboratory pattern,

NOTE Confidence: 0.888363063335419

 $00:04:33.710 \longrightarrow 00:04:36.405$ and to us it really didn't seem.

NOTE Confidence: 0.888363063335419

00:04:36.410 --> 00:04:38.314 White covered associated Coagulopathy

NOTE Confidence: 0.888363063335419

 $00:04:38.314 \longrightarrow 00:04:41.170$ was similar to DIC at all.

NOTE Confidence: 0.888363063335419

00:04:41.170 --> 00:04:43.634 So early on when we start first started

NOTE Confidence: 0.888363063335419

00:04:43.634 --> 00:04:45.800 seeing kovid patients in our hospital,

NOTE Confidence: 0.888363063335419

 $00:04:45.800 \longrightarrow 00:04:47.864$ we decided to do a couple of studies

NOTE Confidence: 0.888363063335419

 $00:04:47.864 \longrightarrow 00:04:50.101$ to try to understand what the

NOTE Confidence: 0.888363063335419

 $00:04:50.101 \longrightarrow 00:04:51.753$ code associated Coagulopathy is.

NOTE Confidence: 0.888363063335419

 $00:04:51.760 \longrightarrow 00:04:53.992$ And so this first study that we did

NOTE Confidence: 0.888363063335419

 $00:04:53.992 \longrightarrow 00:04:56.872$ was led by one of our star first

NOTE Confidence: 0.888363063335419

 $00:04:56.872 \longrightarrow 00:04:58.376$ Hematology Fellows George Joshua,

NOTE Confidence: 0.888363063335419

 $00{:}04{:}58.380 \dashrightarrow 00{:}05{:}00.963$ and what we did here was to look at

NOTE Confidence: 0.888363063335419

00:05:00.963 --> 00:05:03.676 the 1st 200 plus patients with Kobe,

NOTE Confidence: 0.888363063335419

 $00:05:03.680 \longrightarrow 00:05:05.815$ who are admitted to our hospital and

 $00:05:05.815 \longrightarrow 00:05:07.755$ we calculated what's called a dic

NOTE Confidence: 0.888363063335419

 $00:05:07.755 \longrightarrow 00:05:09.681$ score at specified by the International

NOTE Confidence: 0.888363063335419

00:05:09.681 --> 00:05:11.620 Society of thrombosis and hemostasis,

NOTE Confidence: 0.888363063335419 00:05:11.620 --> 00:05:12.337 or IST age.

NOTE Confidence: 0.888363063335419

 $00{:}05{:}12.337 \dashrightarrow 00{:}05{:}14.448$ And so the way this works is that

NOTE Confidence: 0.888363063335419

 $00:05:14.448 \longrightarrow 00:05:16.704$ the ice TH score essentially looks

NOTE Confidence: 0.888363063335419

 $00:05:16.704 \longrightarrow 00:05:18.667$ at different laboratory features of

NOTE Confidence: 0.888363063335419

00:05:18.667 --> 00:05:20.587 patients suspected of having DIC,

NOTE Confidence: 0.888363063335419

 $00{:}05{:}20.590 \dashrightarrow 00{:}05{:}22.760$ and then it spits out a score.

NOTE Confidence: 0.888363063335419

 $00:05:22.760 \longrightarrow 00:05:25.248$ And if your score is in the range

NOTE Confidence: 0.888363063335419

 $00:05:25.248 \longrightarrow 00:05:26.479$ of five and up,

NOTE Confidence: 0.888363063335419

 $00:05:26.480 \longrightarrow 00:05:28.070$ then that's considered overt DIC

NOTE Confidence: 0.888363063335419

 $00:05:28.070 \longrightarrow 00:05:30.002$ in anything less than five is

NOTE Confidence: 0.888363063335419

 $00:05:30.002 \longrightarrow 00:05:31.437$ not consistent with over DSD.

NOTE Confidence: 0.888363063335419

 $00:05:31.440 \longrightarrow 00:05:33.680$ And so in our first couple 100 patients

NOTE Confidence: 0.888363063335419

 $00:05:33.680 \longrightarrow 00:05:35.777$ with Cobain infection admitted to Yale,

 $00:05:35.780 \longrightarrow 00:05:37.330$ New Haven Hospital when we

NOTE Confidence: 0.888363063335419

00:05:37.330 --> 00:05:38.880 calculated the IST FDIC scores,

NOTE Confidence: 0.888363063335419

 $00:05:38.880 \longrightarrow 00:05:41.127$ whether we were looking at patients who

NOTE Confidence: 0.888363063335419

00:05:41.127 --> 00:05:43.220 survived or patients who did not survive.

NOTE Confidence: 0.888363063335419

 $00:05:43.220 \longrightarrow 00:05:44.404$ As you can see,

NOTE Confidence: 0.888363063335419

00:05:44.404 --> 00:05:46.562 almost all patients had a very low

NOTE Confidence: 0.888363063335419

 $00:05:46.562 \longrightarrow 00:05:48.760$ IST HDC score in this entire group.

NOTE Confidence: 0.888363063335419

 $00{:}05{:}48.760 \dashrightarrow 00{:}05{:}50.422$ There was only one patient who

NOTE Confidence: 0.888363063335419

 $00:05:50.422 \longrightarrow 00:05:51.530$ had an IST HD

NOTE Confidence: 0.877944767475128

00:05:51.601 --> 00:05:53.995 score of six consistent with over DIC,

NOTE Confidence: 0.877944767475128

 $00:05:54.000 \longrightarrow 00:05:55.946$ but this is a patient who had

NOTE Confidence: 0.877944767475128

00:05:55.946 --> 00:05:57.390 helped syndrome after pregnancy,

NOTE Confidence: 0.877944767475128

 $00{:}05{:}57.390 \dashrightarrow 00{:}05{:}59.581$ and we didn't think that this is

NOTE Confidence: 0.877944767475128

 $00:05:59.581 \longrightarrow 00:06:02.059$ related at all to COVID-19 infection.

NOTE Confidence: 0.877944767475128

 $00:06:02.060 \longrightarrow 00:06:03.244$ So based on this,

 $00:06:03.244 \longrightarrow 00:06:05.020$ we really started to feel that

NOTE Confidence: 0.877944767475128

 $00:06:05.087 \longrightarrow 00:06:06.428$ kovid associated Coagulopathy

NOTE Confidence: 0.877944767475128

00:06:06.428 --> 00:06:08.663 was not consistent with DIC,

NOTE Confidence: 0.877944767475128

 $00:06:08.670 \longrightarrow 00:06:11.206$ and so the next thing that we did

NOTE Confidence: 0.877944767475128

 $00:06:11.206 \longrightarrow 00:06:13.472$ was to perform a somewhat large

NOTE Confidence: 0.877944767475128

 $00:06:13.472 \longrightarrow 00:06:16.269$ study of a number of ICU and

NOTE Confidence: 0.877944767475128

00:06:16.269 --> 00:06:18.579 non ICU patients with Cove it,

NOTE Confidence: 0.877944767475128

 $00:06:18.580 \longrightarrow 00:06:21.452$ in which we measured lots and lots of

NOTE Confidence: 0.877944767475128

 $00:06:21.452 \longrightarrow 00:06:22.930$ different coagulations factors trying

NOTE Confidence: 0.877944767475128

 $00:06:22.930 \longrightarrow 00:06:25.359$ to see what exactly the mechanism of

NOTE Confidence: 0.877944767475128

 $00{:}06{:}25.359 \to 00{:}06{:}27.747$ covert Coagulopathy might be an weather.

NOTE Confidence: 0.877944767475128

 $00:06:27.750 \longrightarrow 00:06:30.498$ Again this was distinct from DC.

NOTE Confidence: 0.877944767475128

 $00:06:30.500 \longrightarrow 00:06:32.258$ So this work here was carried

NOTE Confidence: 0.877944767475128

 $00:06:32.258 \longrightarrow 00:06:34.317$ out by four people who are shown

NOTE Confidence: 0.877944767475128

 $00:06:34.317 \longrightarrow 00:06:35.949$ at the bottom of the page.

NOTE Confidence: 0.877944767475128 00:06:35.950 --> 00:06:36.227 Parveen,

 $00:06:36.227 \longrightarrow 00:06:38.166$ but hell is one of the lab

NOTE Confidence: 0.877944767475128

00:06:38.166 --> 00:06:39.735 technicians in the Park Street Lab

NOTE Confidence: 0.877944767475128

 $00{:}06{:}39.735 \dashrightarrow 00{:}06{:}41.560$ who did all of the quag elation

NOTE Confidence: 0.877944767475128

00:06:41.560 --> 00:06:43.225 testing and then George Joshua

NOTE Confidence: 0.877944767475128

00:06:43.225 --> 00:06:45.176 refers to your fellow Alex Pine,

NOTE Confidence: 0.877944767475128

 $00:06:45.176 \longrightarrow 00:06:47.332$ one of our star senior 30 or

NOTE Confidence: 0.877944767475128

 $00:06:47.332 \longrightarrow 00:06:49.364$ Fellows in he monk and then a

NOTE Confidence: 0.877944767475128

 $00{:}06{:}49.364 \dashrightarrow 00{:}06{:}51.622$ super MD PhD student at my slash

NOTE Confidence: 0.877944767475128

 $00:06:51.622 \longrightarrow 00:06:53.427$ also together did this analysis.

NOTE Confidence: 0.877944767475128

 $00:06:53.430 \longrightarrow 00:06:55.296$ So first I'll starting at the

NOTE Confidence: 0.877944767475128

 $00:06:55.296 \longrightarrow 00:06:56.540$ top of the page.

NOTE Confidence: 0.877944767475128

 $00{:}06{:}56.540 \dashrightarrow 00{:}06{:}58.780$ The first thing we measured were D dimer

NOTE Confidence: 0.877944767475128

 $00{:}06{:}58.780 \dashrightarrow 00{:}07{:}01.207$ levels and something else called a thrombin,

NOTE Confidence: 0.877944767475128

00:07:01.210 --> 00:07:02.454 antithrombin complex or TI-80.

NOTE Confidence: 0.877944767475128

 $00:07:02.454 \longrightarrow 00:07:04.320$ So as most of you know,

 $00:07:04.320 \longrightarrow 00:07:06.656$ the D dimer level is something that tends

NOTE Confidence: 0.877944767475128

 $00{:}07{:}06.656 {\:\raisebox{---}{\text{---}}}> 00{:}07{:}09.288$ to go up on patients form blood clots,

NOTE Confidence: 0.877944767475128

 $00:07:09.290 \longrightarrow 00:07:11.201$ and it can often be a very

NOTE Confidence: 0.877944767475128

00:07:11.201 --> 00:07:13.019 useful measure of blood clotting,

NOTE Confidence: 0.877944767475128

 $00:07:13.020 \longrightarrow 00:07:15.001$ and one of the significant features of

NOTE Confidence: 0.877944767475128

 $00{:}07{:}15.001 \dashrightarrow 00{:}07{:}17.380$ the D dimer is that encoded infection.

NOTE Confidence: 0.877944767475128

 $00:07:17.380 \longrightarrow 00:07:19.018$ the D dimer level seems to be

NOTE Confidence: 0.877944767475128

00:07:19.018 --> 00:07:20.984 one of the very very prominent

NOTE Confidence: 0.877944767475128

 $00:07:20.984 \longrightarrow 00:07:22.979$ markers of mortality and overall

NOTE Confidence: 0.877944767475128

 $00:07:22.979 \longrightarrow 00:07:24.599$ course clinical cores and so.

NOTE Confidence: 0.877944767475128

 $00{:}07{:}24.600 \mathrel{--}{>} 00{:}07{:}26.634$ It's a very useful and important

NOTE Confidence: 0.877944767475128

00:07:26.634 --> 00:07:27.990 marker in covert patients,

NOTE Confidence: 0.877944767475128

 $00{:}07{:}27.990 \dashrightarrow 00{:}07{:}29.685$ both for thrombosis and also

NOTE Confidence: 0.877944767475128

 $00:07:29.685 \longrightarrow 00:07:31.380$ for their overall disease cores,

NOTE Confidence: 0.877944767475128

 $00:07:31.380 \longrightarrow 00:07:32.541$ and then thrombin,

NOTE Confidence: 0.877944767475128

 $00{:}07{:}32.541 \dashrightarrow 00{:}07{:}34.089$ antithrombin complexes you can

 $00:07:34.089 \longrightarrow 00:07:36.645$ think of those as sort of a fancy

NOTE Confidence: 0.877944767475128

 $00{:}07{:}36.645 \dashrightarrow 00{:}07{:}38.390$ and more specific D dimer that

NOTE Confidence: 0.877944767475128

 $00:07:38.390 \longrightarrow 00:07:40.496$ really looks at whether AD dimer

NOTE Confidence: 0.877944767475128

00:07:40.496 --> 00:07:41.888 elevation comes from activation

NOTE Confidence: 0.877944767475128

 $00{:}07{:}41.888 \dashrightarrow 00{:}07{:}43.578$ of the Quag Elation Cascade.

NOTE Confidence: 0.877944767475128

 $00:07:43.580 \longrightarrow 00:07:45.338$ So when we measured D dimer

NOTE Confidence: 0.877944767475128

 $00:07:45.338 \longrightarrow 00:07:47.200$ levels an from an anti thrombin

NOTE Confidence: 0.877944767475128

 $00{:}07{:}47.200 \dashrightarrow 00{:}07{:}49.696$ complex is both in ICU and non ICU

NOTE Confidence: 0.877944767475128

 $00:07:49.766 \longrightarrow 00:07:51.718$ patients with colon infection.

NOTE Confidence: 0.877944767475128

 $00:07:51.720 \longrightarrow 00:07:54.424$ We found that both of these were elevated,

NOTE Confidence: 0.877944767475128

 $00:07:54.430 \longrightarrow 00:07:55.282$ particularly in patients.

NOTE Confidence: 0.877944767475128

 $00{:}07{:}55.282 \dashrightarrow 00{:}07{:}57.912$ We were in the ICU and on a separate

NOTE Confidence: 0.877944767475128

 $00{:}07{:}57.912 \dashrightarrow 00{:}07{:}59.942$ analysis we found that the D dimer

NOTE Confidence: 0.877944767475128

00:07:59.942 --> 00:08:02.054 levels and from an anti thrombin

NOTE Confidence: 0.877944767475128

 $00:08:02.054 \longrightarrow 00:08:03.466$ complex is correlated together.

 $00:08:03.470 \longrightarrow 00:08:05.710$ So this let us know that the source

NOTE Confidence: 0.877944767475128

 $00{:}08{:}05.710 \dashrightarrow 00{:}08{:}08.612$ of the high D dimer encoded associated

NOTE Confidence: 0.877944767475128

 $00:08:08.612 \longrightarrow 00:08:10.428$ Coagulopathy is indeed activation

NOTE Confidence: 0.877944767475128

00:08:10.428 --> 00:08:12.618 of the Quag Elation Cascade.

NOTE Confidence: 0.877944767475128

 $00:08:12.620 \longrightarrow 00:08:15.059$ The next thing we did was to measure a

NOTE Confidence: 0.877944767475128

00:08:15.059 --> 00:08:17.138 number of endogenous anticoagulants,

NOTE Confidence: 0.877944767475128

00:08:17.140 --> 00:08:19.228 antithrombin, protein C, and protein S,

NOTE Confidence: 0.877944767475128

 $00:08:19.230 \longrightarrow 00:08:21.666$ as well as a fire analytic enzyme

NOTE Confidence: 0.877944767475128

 $00:08:21.666 \longrightarrow 00:08:22.710$ called A2 Antiplasmin.

NOTE Confidence: 0.877944767475128

 $00:08:22.710 \longrightarrow 00:08:24.798$ So what are all of these?

NOTE Confidence: 0.877944767475128

 $00:08:24.800 \longrightarrow 00:08:25.841$ Whenever you form,

NOTE Confidence: 0.877944767475128

00:08:25.841 --> 00:08:26.882 activate coagulations through

NOTE Confidence: 0.877944767475128

 $00:08:26.882 \longrightarrow 00:08:27.923$ the coagulation cascade,

NOTE Confidence: 0.877944767475128

 $00:08:27.930 \longrightarrow 00:08:30.198$ the body has a natural mechanism to

NOTE Confidence: 0.877944767475128

 $00:08:30.198 \longrightarrow 00:08:31.920$ shut off Coagulations and therefore

NOTE Confidence: 0.877944767475128

 $00:08:31.920 \longrightarrow 00:08:33.630$ prevent from boces from getting

 $00:08:33.630 \longrightarrow 00:08:36.182$ out of control and so that natural

NOTE Confidence: 0.877944767475128

 $00{:}08{:}36.182 \dashrightarrow 00{:}08{:}38.017$ mechanism happens through two sources.

NOTE Confidence: 0.877944767475128

00:08:38.020 --> 00:08:39.360 One is through endogenous

NOTE Confidence: 0.877944767475128

 $00:08:39.360 \longrightarrow 00:08:41.370$ anticoagulants that are designed to turn

NOTE Confidence: 0.88461709022522

00:08:41.426 --> 00:08:42.898 off the Coagulations Cascade,

NOTE Confidence: 0.88461709022522

 $00:08:42.900 \longrightarrow 00:08:45.420$ and those are these first three up.

NOTE Confidence: 0.88461709022522

 $00:08:45.420 \longrightarrow 00:08:47.125$ Top antithrombin protein S

NOTE Confidence: 0.88461709022522

00:08:47.125 --> 00:08:49.906 and then the 2nd way that the body

NOTE Confidence: 0.88461709022522

 $00{:}08{:}49.906 \dashrightarrow 00{:}08{:}51.581$ regulates the Quag elation cascade

NOTE Confidence: 0.88461709022522

00:08:51.581 --> 00:08:54.407 is to turn on fiber analysis or the

NOTE Confidence: 0.88461709022522

 $00:08:54.407 \longrightarrow 00:08:56.468$ process of digesting blood clots that

NOTE Confidence: 0.88461709022522

 $00:08:56.468 \longrightarrow 00:08:58.806$ are formed and the principal enzyme that

NOTE Confidence: 0.88461709022522

 $00{:}08{:}58.806 \dashrightarrow 00{:}09{:}00.990$ does this is called A2 Antiplasmin.

NOTE Confidence: 0.88461709022522

 $00:09:00.990 \longrightarrow 00:09:03.066$ So as you can see here,

NOTE Confidence: 0.88461709022522

 $00:09:03.070 \longrightarrow 00:09:05.140$ when we measured in documents anticoagulants,

 $00:09:05.140 \longrightarrow 00:09:07.422$ antithrombin protein protein S in ICU and

NOTE Confidence: 0.88461709022522

00:09:07.422 --> 00:09:09.638 non ICU patients with colon infection,

NOTE Confidence: 0.88461709022522

 $00:09:09.640 \longrightarrow 00:09:12.408$ we found that they were basically on normal.

NOTE Confidence: 0.88461709022522

 $00:09:12.410 \longrightarrow 00:09:14.135$ Normal is usually anything about

NOTE Confidence: 0.88461709022522

 $00:09:14.135 \longrightarrow 00:09:16.260$ 80% and as you can see.

NOTE Confidence: 0.88461709022522

00:09:16.260 --> 00:09:18.486 All of these patients had essentially

NOTE Confidence: 0.88461709022522

 $00{:}09{:}18.486 \to 00{:}09{:}20.380$ antis arm approaching CN Protein

NOTE Confidence: 0.88461709022522

 $00:09:20.380 \longrightarrow 00:09:21.768$ S levels around 100%,

NOTE Confidence: 0.88461709022522

 $00{:}09{:}21.770 \dashrightarrow 00{:}09{:}23.966$ indicating that there was not excessive

NOTE Confidence: 0.88461709022522

 $00:09:23.966 \longrightarrow 00:09:25.064$ consumption of anticoagulants.

NOTE Confidence: 0.88461709022522

 $00{:}09{:}25.070 \dashrightarrow 00{:}09{:}27.272$ Endogenous Lee and then we also

NOTE Confidence: 0.88461709022522

 $00:09:27.272 \longrightarrow 00:09:28.740$ looked at A2 Antiplasmin.

NOTE Confidence: 0.88461709022522

00:09:28.740 --> 00:09:30.204 The main fibrinolytic enzyme

NOTE Confidence: 0.88461709022522

00:09:30.204 --> 00:09:31.668 that I just mentioned,

NOTE Confidence: 0.88461709022522

 $00:09:31.670 \longrightarrow 00:09:33.505$ and again here you can

NOTE Confidence: 0.88461709022522

 $00:09:33.505 \longrightarrow 00:09:35.340$ see the levels in both.

00:09:35.340 --> 00:09:38.124 I see you in an ICU patients with

NOTE Confidence: 0.88461709022522

 $00:09:38.124 \longrightarrow 00:09:39.750$ colon infection were normal,

NOTE Confidence: 0.88461709022522

 $00:09:39.750 \longrightarrow 00:09:41.734$ so this let us know that when we

NOTE Confidence: 0.88461709022522

 $00:09:41.734 \longrightarrow 00:09:43.475$ looked at endogenous anticoagulant

NOTE Confidence: 0.88461709022522

00:09:43.475 --> 00:09:45.248 San fibrinolytic enzymes,

NOTE Confidence: 0.88461709022522

 $00:09:45.250 \longrightarrow 00:09:47.090$ we were not seeing consumption.

NOTE Confidence: 0.88461709022522

 $00:09:47.090 \longrightarrow 00:09:48.310$ Of any of these,

NOTE Confidence: 0.88461709022522

 $00{:}09{:}48.310 \dashrightarrow 00{:}09{:}49.835$ and the important feature here

NOTE Confidence: 0.88461709022522

 $00:09:49.835 \longrightarrow 00:09:51.946$ is that in most patients with

NOTE Confidence: 0.88461709022522

 $00{:}09{:}51.946 \dashrightarrow 00{:}09{:}53.686$ DIC you should see consumption

NOTE Confidence: 0.88461709022522

 $00:09:53.749 \longrightarrow 00:09:55.459$ of endogenous anticoagulant.

NOTE Confidence: 0.88461709022522

 $00:09:55.460 \longrightarrow 00:09:56.510$ An fibrinolytic enzymes.

NOTE Confidence: 0.88461709022522

 $00:09:56.510 \longrightarrow 00:09:59.829$ So the fact that we were not seeing that.

NOTE Confidence: 0.88461709022522

 $00:09:59.830 \longrightarrow 00:10:03.505$ Let us know that CAC is probably

NOTE Confidence: 0.88461709022522

 $00:10:03.505 \longrightarrow 00:10:05.420$ mechanistically distinct from DC.

 $00:10:05.420 \longrightarrow 00:10:07.401$ The next thing we did was to

NOTE Confidence: 0.88461709022522

 $00:10:07.401 \longrightarrow 00:10:09.191$ measure an enzyme called plasminogen

NOTE Confidence: 0.88461709022522

00:10:09.191 --> 00:10:11.386 activator inhibitor or Pai one.

NOTE Confidence: 0.88461709022522

 $00:10:11.390 \longrightarrow 00:10:13.658$ This is the main negative regulator

NOTE Confidence: 0.88461709022522

 $00:10:13.658 \longrightarrow 00:10:15.881$ of fiber analysis and what we

NOTE Confidence: 0.88461709022522

00:10:15.881 --> 00:10:17.795 found was that this was elevated

NOTE Confidence: 0.88461709022522

 $00{:}10{:}17.795 \dashrightarrow 00{:}10{:}20.159$ both in ICU and non ICU patients.

NOTE Confidence: 0.88461709022522

 $00{:}10{:}20.160 \dashrightarrow 00{:}10{:}22.200$ The significance of this is that

NOTE Confidence: 0.88461709022522

 $00:10:22.200 \longrightarrow 00:10:24.487$ whenever we see this elevated it

NOTE Confidence: 0.88461709022522

00:10:24.487 --> 00:10:26.637 sometimes will suggest that fiber

NOTE Confidence: 0.88461709022522

 $00{:}10{:}26.637 \dashrightarrow 00{:}10{:}28.800$ analysis is inhibited and so it

NOTE Confidence: 0.88461709022522

 $00{:}10{:}28.800 \dashrightarrow 00{:}10{:}30.683$ makes us wonder when we see this

NOTE Confidence: 0.88461709022522

 $00:10:30.690 \longrightarrow 00:10:32.446$ weather perhaps encoded associated

NOTE Confidence: 0.88461709022522

 $00{:}10{:}32.446 \dashrightarrow 00{:}10{:}35.080$ Coagulopathy there may be an inhibition

NOTE Confidence: 0.88461709022522

00:10:35.143 --> 00:10:37.188 of Clock breakdown which might

NOTE Confidence: 0.88461709022522

 $00:10:37.188 \longrightarrow 00:10:39.233$ contribute to overall thrombosis risk.

 $00:10:39.240 \longrightarrow 00:10:41.322$ And then the last thing we

NOTE Confidence: 0.88461709022522

 $00:10:41.322 \longrightarrow 00:10:43.820$ did was at the very bottom.

NOTE Confidence: 0.88461709022522

 $00{:}10{:}43.820 \dashrightarrow 00{:}10{:}45.730$ Here we measured three tests,

NOTE Confidence: 0.88461709022522

00:10:45.730 --> 00:10:46.879 von Willebrands Factor,

NOTE Confidence: 0.88461709022522

00:10:46.879 --> 00:10:48.794 Antigen von Willebrands factor activity

NOTE Confidence: 0.88461709022522

 $00:10:48.794 \longrightarrow 00:10:50.699$ and factor 8 coagulations level.

NOTE Confidence: 0.88461709022522

 $00:10:50.700 \longrightarrow 00:10:53.367$ So what are these fun Willebrand factor?

NOTE Confidence: 0.88461709022522

 $00:10:53.370 \longrightarrow 00:10:55.315$ Is a hemostatic factor that's

NOTE Confidence: 0.88461709022522

00:10:55.315 --> 00:10:57.260 released by endothelial cells and

NOTE Confidence: 0.88461709022522

 $00:10:57.326 \longrightarrow 00:10:59.486$ the purpose in coagulations of fun.

NOTE Confidence: 0.88461709022522

00:10:59.490 --> 00:11:01.220 Willebrand factor is basically to

NOTE Confidence: 0.88461709022522

 $00:11:01.220 \longrightarrow 00:11:03.427$ help platelets bind to sites of

NOTE Confidence: 0.88461709022522

 $00{:}11{:}03.427 \dashrightarrow 00{:}11{:}05.099$ damaged endothelium and initiate

NOTE Confidence: 0.88461709022522

00:11:05.099 --> 00:11:06.353 primary hemostat stasis,

NOTE Confidence: 0.88461709022522

 $00:11:06.360 \longrightarrow 00:11:08.270$ which is important for blood

 $00:11:08.270 \longrightarrow 00:11:09.416$ clotting factor 8.

NOTE Confidence: 0.88461709022522

 $00:11:09.420 \longrightarrow 00:11:11.778$ Separately is a coagulations factor that.

NOTE Confidence: 0.88461709022522

00:11:11.780 --> 00:11:14.192 Wines to von Willebrand factor in

NOTE Confidence: 0.88461709022522

 $00:11:14.192 \longrightarrow 00:11:16.667$ the circulation and So what we

NOTE Confidence: 0.88461709022522

 $00:11:16.667 \longrightarrow 00:11:19.037$ notice when we measured levels of

NOTE Confidence: 0.88461709022522

 $00:11:19.037 \longrightarrow 00:11:21.079$ an willebrand factor in factor 8

NOTE Confidence: 0.88461709022522

00:11:21.079 --> 00:11:23.218 both in ICU and in ICU patients,

NOTE Confidence: 0.88461709022522

00:11:23.218 --> 00:11:26.162 we saw that the levels were quite high,

NOTE Confidence: 0.88461709022522

00:11:26.170 --> 00:11:28.228 and in particular the levels were

NOTE Confidence: 0.88461709022522

00:11:28.228 --> 00:11:30.230 super elevated in ICU patients,

NOTE Confidence: 0.88461709022522

 $00{:}11{:}30.230 \dashrightarrow 00{:}11{:}33.182$ and I just want to show you another

NOTE Confidence: 0.88461709022522 00:11:33.182 --> 00:11:33.920 curve here.

NOTE Confidence: 0.88461709022522

 $00:11:33.920 \longrightarrow 00:11:36.224$ This right here are DOT plots

NOTE Confidence: 0.88461709022522

 $00{:}11{:}36.224 \dashrightarrow 00{:}11{:}38.165$ showing Refactor Antigen one factor

NOTE Confidence: 0.88461709022522

00:11:38.165 --> 00:11:40.482 activity and factor 8 in ICU versus

NOTE Confidence: 0.88461709022522

00:11:40.482 --> 00:11:42.810 non ICU patients with the green.

 $00:11:42.810 \longrightarrow 00:11:44.062$ Rose indicating what the

NOTE Confidence: 0.88461709022522

00:11:44.062 --> 00:11:45.314 normal ranges should be,

NOTE Confidence: 0.88461709022522

 $00:11:45.320 \longrightarrow 00:11:46.890$ so again based on this,

NOTE Confidence: 0.898008227348328

 $00:11:46.890 \longrightarrow 00:11:49.266$ as you can see, one will benefactor in

NOTE Confidence: 0.898008227348328

 $00:11:49.266 \longrightarrow 00:11:51.575$ factor 8 levels are elevated both in

NOTE Confidence: 0.898008227348328

00:11:51.575 --> 00:11:54.109 ICU and non ICU patients with Cove it,

NOTE Confidence: 0.898008227348328

00:11:54.110 --> 00:11:56.308 but there are through the roof high,

NOTE Confidence: 0.898008227348328

 $00{:}11{:}56.310 \dashrightarrow 00{:}11{:}57.566$ particularly for von Willebrands

NOTE Confidence: 0.898008227348328

00:11:57.566 --> 00:11:59.136 factor in the ICU patients.

NOTE Confidence: 0.898008227348328

 $00:11:59.140 \longrightarrow 00:12:01.282$ The significance here is that the major

NOTE Confidence: 0.898008227348328

 $00:12:01.282 \longrightarrow 00:12:03.820$ source of on lower end factor in the

NOTE Confidence: 0.898008227348328

 $00:12:03.820 \longrightarrow 00:12:06.064$ body as it circulates through the blood

NOTE Confidence: 0.898008227348328

 $00{:}12{:}06.064 \dashrightarrow 00{:}12{:}07.936$ is endothelial cells and so whenever

NOTE Confidence: 0.898008227348328

00:12:07.936 --> 00:12:09.945 we see this sort of pattern where

NOTE Confidence: 0.898008227348328

 $00:12:09.945 \longrightarrow 00:12:12.461$ we have very very high levels of fun

 $00:12:12.461 \longrightarrow 00:12:14.609$ willebrand factor circulating in the blood.

NOTE Confidence: 0.898008227348328

 $00{:}12{:}14.610 \dashrightarrow 00{:}12{:}16.836$ It tends to point towards a

NOTE Confidence: 0.898008227348328

00:12:16.836 --> 00:12:18.320 pattern of endothelial injury.

NOTE Confidence: 0.898008227348328

 $00:12:18.320 \longrightarrow 00:12:20.030$ In addition, von Willebrands factor

NOTE Confidence: 0.898008227348328

 $00:12:20.030 \longrightarrow 00:12:22.400$ can also be stored in platelets,

NOTE Confidence: 0.898008227348328

 $00:12:22.400 \longrightarrow 00:12:24.626$ and so looking at this pattern,

NOTE Confidence: 0.898008227348328

00:12:24.630 --> 00:12:26.989 it made us wonder if perhaps both

NOTE Confidence: 0.898008227348328

 $00{:}12{:}26.989 \dashrightarrow 00{:}12{:}28.433$ endothelial cells and platelets

NOTE Confidence: 0.898008227348328

 $00{:}12{:}28.433 \mathrel{--}{>} 00{:}12{:}30.273$ were being hyper activated in

NOTE Confidence: 0.898008227348328

 $00:12:30.273 \longrightarrow 00:12:32.420$ the setting of coded infection.

NOTE Confidence: 0.898008227348328

 $00:12:32.420 \longrightarrow 00:12:34.040$ Particularly as patients

NOTE Confidence: 0.898008227348328

 $00:12:34.040 \longrightarrow 00:12:36.200$ progressed to critical illness.

NOTE Confidence: 0.898008227348328

 $00:12:36.200 \longrightarrow 00:12:38.366$ So in order to test this,

NOTE Confidence: 0.898008227348328

 $00:12:38.370 \longrightarrow 00:12:40.918$ we were interested in looking at specific

NOTE Confidence: 0.898008227348328

00:12:40.918 --> 00:12:42.766 markers of endothelial function and

NOTE Confidence: 0.898008227348328

 $00:12:42.766 \longrightarrow 00:12:44.854$ platelet activation and so for this,

 $00:12:44.860 \longrightarrow 00:12:46.232$ we collaborated with Doctor

NOTE Confidence: 0.898008227348328

 $00{:}12{:}46.232 \dashrightarrow 00{:}12{:}47.604$ Hengchun who's an investigator

NOTE Confidence: 0.898008227348328

00:12:47.604 --> 00:12:49.560 in the Cardiology Section who,

NOTE Confidence: 0.898008227348328

 $00:12:49.560 \longrightarrow 00:12:51.360$ along with his two postdocs,

NOTE Confidence: 0.898008227348328

00:12:51.360 --> 00:12:53.170 doctor home Chang and doctor,

NOTE Confidence: 0.898008227348328

00:12:53.170 --> 00:12:55.210 honey and Zhang performed a series

NOTE Confidence: 0.898008227348328

00:12:55.210 --> 00:12:57.902 of experiments on all of our ICU and

NOTE Confidence: 0.898008227348328

 $00{:}12{:}57.902 \dashrightarrow 00{:}12{:}59.798$ non ICU patients looking at different

NOTE Confidence: 0.898008227348328

 $00{:}12{:}59.863 \dashrightarrow 00{:}13{:}01.515$ endothelial and platelet activation

NOTE Confidence: 0.898008227348328

 $00{:}13{:}01.515 \dashrightarrow 00{:}13{:}03.993$ markers and the specific ones we

NOTE Confidence: 0.898008227348328

 $00:13:04.000 \longrightarrow 00:13:06.226$ looked at were soluble key selecting.

NOTE Confidence: 0.898008227348328

00:13:06.230 --> 00:13:08.470 Which is shown up in the top left,

NOTE Confidence: 0.898008227348328

 $00:13:08.470 \longrightarrow 00:13:10.150$ which is a marker of both

NOTE Confidence: 0.898008227348328

 $00:13:10.150 \longrightarrow 00:13:11.270$ endothelial cells and platelets.

NOTE Confidence: 0.898008227348328

 $00:13:11.270 \longrightarrow 00:13:12.670$ And then we also looked

00:13:12.670 --> 00:13:14.070 at soluble CD 40 ligand,

NOTE Confidence: 0.898008227348328

 $00{:}13{:}14.070 \dashrightarrow 00{:}13{:}15.750$ which is seen which is released

NOTE Confidence: 0.898008227348328

 $00:13:15.750 \longrightarrow 00:13:16.870$ by platelets and lymphocytes.

NOTE Confidence: 0.898008227348328

00:13:16.870 --> 00:13:18.865 And then Lastly we looked at soluble

NOTE Confidence: 0.898008227348328

 $00:13:18.865 \longrightarrow 00:13:21.173$ from a module in which is specific

NOTE Confidence: 0.898008227348328

 $00:13:21.173 \longrightarrow 00:13:22.569$ mostly to endothelial cells.

NOTE Confidence: 0.898008227348328

 $00:13:22.570 \longrightarrow 00:13:24.325$ Come here because these are

NOTE Confidence: 0.898008227348328

 $00:13:24.325 \longrightarrow 00:13:25.378$ all research tests.

NOTE Confidence: 0.898008227348328

 $00:13:25.380 \longrightarrow 00:13:26.865$ They don't have normal reference

NOTE Confidence: 0.898008227348328

 $00:13:26.865 \longrightarrow 00:13:29.846$ range is so as a result we also got

NOTE Confidence: 0.898008227348328

 $00{:}13{:}29.846 --{>} 00{:}13{:}31.636 \text{ blood from } 13 \text{ different control}$

NOTE Confidence: 0.898008227348328

00:13:31.636 --> 00:13:33.449 patients or control individuals,

NOTE Confidence: 0.898008227348328

 $00{:}13{:}33.450 \dashrightarrow 00{:}13{:}35.205$ many of whom are listening

NOTE Confidence: 0.898008227348328

 $00{:}13{:}35.205 \dashrightarrow 00{:}13{:}36.960$ to this talk right now.

NOTE Confidence: 0.898008227348328

 $00:13:36.960 \longrightarrow 00:13:39.032$ So the significance of this is that

NOTE Confidence: 0.898008227348328

 $00:13:39.032 \longrightarrow 00:13:41.436$ when we looked at all these three

 $00:13:41.436 \longrightarrow 00:13:43.246$ different markers of endothelial cell

NOTE Confidence: 0.898008227348328

00:13:43.246 --> 00:13:45.388 plus or minus platelet activation,

NOTE Confidence: 0.898008227348328

00:13:45.390 --> 00:13:47.966 we saw in pretty much every single case

NOTE Confidence: 0.898008227348328

 $00:13:47.966 \longrightarrow 00:13:50.527$ that the levels were higher in ICU

NOTE Confidence: 0.898008227348328

 $00:13:50.527 \longrightarrow 00:13:52.780$ patients with kovid than they were.

NOTE Confidence: 0.898008227348328

 $00:13:52.780 \longrightarrow 00:13:54.892$ Then controls in the case of

NOTE Confidence: 0.898008227348328

 $00:13:54.892 \longrightarrow 00:13:55.596$ soluble thrombomodulin.

NOTE Confidence: 0.898008227348328

 $00{:}13{:}55.600 \dashrightarrow 00{:}13{:}58.048$ We did not see a significant change in

NOTE Confidence: 0.898008227348328

 $00:13:58.048 \longrightarrow 00:14:00.519$ the level of soluble thermal modeling.

NOTE Confidence: 0.898008227348328

00:14:00.520 --> 00:14:01.960 ICU versus control patients.

NOTE Confidence: 0.898008227348328

 $00:14:01.960 \longrightarrow 00:14:04.540$ But what we did notice was that

NOTE Confidence: 0.898008227348328

 $00:14:04.540 \longrightarrow 00:14:06.622$ there were several patients in the

NOTE Confidence: 0.898008227348328

 $00{:}14{:}06.622 \dashrightarrow 00{:}14{:}09.405$ ICU group who had a quite high level

NOTE Confidence: 0.898008227348328

 $00:14:09.405 \longrightarrow 00:14:11.422$ of soluble thermal module in that

NOTE Confidence: 0.898008227348328

 $00:14:11.422 \longrightarrow 00:14:13.474$ made us think that perhaps there

00:14:13.474 --> 00:14:15.806 was something going on with soluble

NOTE Confidence: 0.898008227348328

 $00:14:15.806 \longrightarrow 00:14:17.462$ thermal modeling and therefore

NOTE Confidence: 0.898008227348328

 $00:14:17.462 \longrightarrow 00:14:19.448$ endothelial cells that might be

NOTE Confidence: 0.898008227348328

 $00:14:19.448 \longrightarrow 00:14:20.808$ specific to ICU patients.

NOTE Confidence: 0.898008227348328

 $00:14:20.810 \longrightarrow 00:14:23.026$ And so when we did a series of

NOTE Confidence: 0.898008227348328

00:14:23.026 --> 00:14:25.274 tests looking at all these different

NOTE Confidence: 0.898008227348328

00:14:25.274 --> 00:14:27.304 markers and comparing to mortality,

NOTE Confidence: 0.898008227348328

 $00:14:27.310 \longrightarrow 00:14:29.272$ we found that interesting Lee soluble

NOTE Confidence: 0.898008227348328

 $00{:}14{:}29.272 \dashrightarrow 00{:}14{:}30.253$ thrombomodulin level segregated

NOTE Confidence: 0.898008227348328

 $00:14:30.253 \longrightarrow 00:14:31.070$ with mortality.

NOTE Confidence: 0.898008227348328

 $00:14:31.070 \longrightarrow 00:14:33.692$ Whether we looked at the entire

NOTE Confidence: 0.898008227348328

 $00:14:33.692 \longrightarrow 00:14:35.933$ population in our cohort or

NOTE Confidence: 0.898008227348328

 $00{:}14{:}35.933 \dashrightarrow 00{:}14{:}38.405$ whether we looked at ICU patients.

NOTE Confidence: 0.898008227348328

00:14:38.410 --> 00:14:40.380 Alright, so putting this altogether,

NOTE Confidence: 0.898008227348328

 $00:14:40.380 \longrightarrow 00:14:43.524$ what did we learn from from these studies?

NOTE Confidence: 0.865365564823151

 $00{:}14{:}43.530 \dashrightarrow 00{:}14{:}45.090$ First in measuring different

 $00:14:45.090 \longrightarrow 00:14:46.650$ levels of endogenous anticoagulant

NOTE Confidence: 0.865365564823151

 $00:14:46.650 \longrightarrow 00:14:47.870$ sand fibrinolytic enzymes,

NOTE Confidence: 0.865365564823151

 $00{:}14{:}47.870 \dashrightarrow 00{:}14{:}49.982$ we found that antithrombin protein to

NOTE Confidence: 0.865365564823151

00:14:49.982 --> 00:14:52.755 protein S and A2 anti plasm overall

NOTE Confidence: 0.865365564823151

 $00{:}14{:}52.755 \dashrightarrow 00{:}14{:}55.341$ preserved which is distinct from DIC

NOTE Confidence: 0.865365564823151

 $00:14:55.341 \longrightarrow 00:14:57.377$ indicating that indeed code associated

NOTE Confidence: 0.865365564823151

00:14:57.377 --> 00:15:00.083 Coagulopathy is not the same as DIC.

NOTE Confidence: 0.865365564823151

 $00{:}15{:}00.083 \dashrightarrow 00{:}15{:}03.227$ We also learned that Pai one is elevated,

NOTE Confidence: 0.865365564823151

 $00{:}15{:}03.230 \dashrightarrow 00{:}15{:}04.806$ encoded associated Coagulopathy suggesting

NOTE Confidence: 0.865365564823151

 $00:15:04.806 \longrightarrow 00:15:07.170$ that fiber analysis might be inhibited.

NOTE Confidence: 0.865365564823151

 $00:15:07.170 \longrightarrow 00:15:08.580$ Although we haven't

NOTE Confidence: 0.865365564823151

 $00:15:08.580 \longrightarrow 00:15:09.990$ completely confirmed that.

NOTE Confidence: 0.865365564823151 00:15:09.990 --> 00:15:10.690 In addition,

NOTE Confidence: 0.865365564823151

 $00:15:10.690 \longrightarrow 00:15:12.790$ we saw that on Willebrand factor,

NOTE Confidence: 0.865365564823151

00:15:12.790 --> 00:15:14.890 in factory levels, which are markers,

00:15:14.890 --> 00:15:16.640 particularly endothelial cells and platelets,

NOTE Confidence: 0.865365564823151

 $00:15:16.640 \longrightarrow 00:15:18.390$ are elevated in both non

NOTE Confidence: 0.865365564823151

00:15:18.390 --> 00:15:19.790 ICU and ICU patients,

NOTE Confidence: 0.865365564823151

 $00:15:19.790 \longrightarrow 00:15:21.390$ and in particular are through

NOTE Confidence: 0.865365564823151

00:15:21.390 --> 00:15:23.640 the roof high in ICU patients,

NOTE Confidence: 0.865365564823151

 $00:15:23.640 \longrightarrow 00:15:25.482$ suggesting that there is a significant

NOTE Confidence: 0.865365564823151

00:15:25.482 --> 00:15:27.588 component of any Philly Opathy and

NOTE Confidence: 0.865365564823151

 $00:15:27.588 \longrightarrow 00:15:29.240$ platelet activation encoding infection,

NOTE Confidence: 0.865365564823151

 $00:15:29.240 \longrightarrow 00:15:30.584$ particularly as patients

NOTE Confidence: 0.865365564823151

 $00:15:30.584 \longrightarrow 00:15:31.928$ become critically ill.

NOTE Confidence: 0.865365564823151

00:15:31.930 --> 00:15:32.833 And then Lastly,

NOTE Confidence: 0.865365564823151

 $00:15:32.833 \longrightarrow 00:15:34.639$ we saw that when we measured

NOTE Confidence: 0.865365564823151

 $00:15:34.639 \longrightarrow 00:15:36.241$ specific markers of endothelial

NOTE Confidence: 0.865365564823151

00:15:36.241 --> 00:15:37.897 cell and platelet activation,

NOTE Confidence: 0.865365564823151

 $00:15:37.900 \longrightarrow 00:15:40.228$ we found that these were elevated in ICU

NOTE Confidence: 0.865365564823151

00:15:40.228 --> 00:15:42.109 patients with soluble thrombomodulin,

 $00:15:42.110 \longrightarrow 00:15:44.900$ which is quite specific for endothelial

NOTE Confidence: 0.865365564823151

 $00:15:44.900 \longrightarrow 00:15:46.760$ function segregating with mortality.

NOTE Confidence: 0.865365564823151

 $00:15:46.760 \longrightarrow 00:15:47.684$ So In conclusion,

NOTE Confidence: 0.865365564823151

 $00:15:47.684 \longrightarrow 00:15:49.840$ what we believe our data shows is

NOTE Confidence: 0.865365564823151

 $00:15:49.904 \longrightarrow 00:15:51.929$ that code associated Coagulopathy is

NOTE Confidence: 0.865365564823151

00:15:51.929 --> 00:15:54.463 actually an Endo Philly Opathy where

NOTE Confidence: 0.865365564823151

 $00:15:54.463 \longrightarrow 00:15:56.698$ you see augmented von Willebrands

NOTE Confidence: 0.865365564823151

 $00:15:56.698 \longrightarrow 00:15:58.857$ factor release platelet activation an

NOTE Confidence: 0.865365564823151

 $00{:}15{:}58.857 \dashrightarrow 00{:}16{:}00.325$ hypercoagulability all coming together

NOTE Confidence: 0.865365564823151

00:16:00.325 --> 00:16:02.790 causing an increased risk of thrombosis,

NOTE Confidence: 0.865365564823151

00:16:02.790 --> 00:16:03.963 including Venus thromboembolism,

NOTE Confidence: 0.865365564823151

00:16:03.963 --> 00:16:05.527 Artur thrombosis and also

NOTE Confidence: 0.865365564823151

 $00{:}16{:}05.527 \dashrightarrow 00{:}16{:}06.309$ microvascular thrombus.

NOTE Confidence: 0.865365564823151 00:16:06.310 --> 00:16:07.084 In addition, NOTE Confidence: 0.865365564823151

 $00:16:07.084 \longrightarrow 00:16:08.632$ we think that endothelial

 $00:16:08.632 \longrightarrow 00:16:11.025$ dysfunction or injury is a marker

NOTE Confidence: 0.865365564823151

 $00{:}16{:}11.025 \dashrightarrow 00{:}16{:}12.960$ of progression of critical illness,

NOTE Confidence: 0.865365564823151

 $00:16:12.960 \longrightarrow 00:16:15.102$ encoded 19 infection and we find

NOTE Confidence: 0.865365564823151

 $00:16:15.102 \longrightarrow 00:16:17.498$ that soluble from a modeling as

NOTE Confidence: 0.865365564823151

 $00{:}16{:}17.498 \dashrightarrow 00{:}16{:}19.286$ a specific endothelial marker

NOTE Confidence: 0.865365564823151

00:16:19.286 --> 00:16:21.830 seems to segregate with mortality.

NOTE Confidence: 0.865365564823151

00:16:21.830 --> 00:16:22.124 Um,

NOTE Confidence: 0.865365564823151

 $00:16:22.124 \longrightarrow 00:16:24.476$ the importance of all of this is that

NOTE Confidence: 0.865365564823151

00:16:24.476 --> 00:16:26.479 it's made us wonder if there might

NOTE Confidence: 0.865365564823151

00:16:26.479 --> 00:16:28.530 be a role for adding antiplatelet

NOTE Confidence: 0.865365564823151

 $00{:}16{:}28.530 \dashrightarrow 00{:}16{:}30.735$ or even endothelial cell modifying

NOTE Confidence: 0.865365564823151

 $00:16:30.735 \longrightarrow 00:16:32.752$ therapy to our anticoagulation algorithm.

NOTE Confidence: 0.865365564823151

 $00:16:32.752 \longrightarrow 00:16:35.174$ And so early on while we were

NOTE Confidence: 0.865365564823151

 $00:16:35.174 \longrightarrow 00:16:36.149$ developing this story,

NOTE Confidence: 0.865365564823151

00:16:36.150 --> 00:16:39.219 we met with a number of the ICU directores,

NOTE Confidence: 0.865365564823151

 $00:16:39.220 \longrightarrow 00:16:41.278$ FDA only Haven Hospital Ann through

00:16:41.278 --> 00:16:43.628 a lot of discussion just I think

NOTE Confidence: 0.865365564823151

 $00:16:43.628 \longrightarrow 00:16:45.763$ last week or the week before aspirin

NOTE Confidence: 0.865365564823151

 $00{:}16{:}45.832 \to 00{:}16{:}47.998$ was finally added to our treatment

NOTE Confidence: 0.865365564823151

00:16:47.998 --> 00:16:49.791 algorithm and now every patient

NOTE Confidence: 0.865365564823151

00:16:49.791 --> 00:16:51.837 who gets admitted to the hospital.

NOTE Confidence: 0.865365564823151

00:16:51.840 --> 00:16:53.880 In the ICU with colon infection,

NOTE Confidence: 0.865365564823151

 $00:16:53.880 \longrightarrow 00:16:55.580$ get started on aspirin empirically.

NOTE Confidence: 0.889760613441467

 $00{:}16{:}57.980 \dashrightarrow 00{:}17{:}00.374$ So I just want to acknowledge a lot of

NOTE Confidence: 0.889760613441467

 $00{:}17{:}00.374 \dashrightarrow 00{:}17{:}02.418$ people who contributed to this work.

NOTE Confidence: 0.889760613441467

 $00:17:02.420 \longrightarrow 00:17:03.604$ We have this gigantic,

NOTE Confidence: 0.889760613441467

 $00:17:03.604 \longrightarrow 00:17:04.788$ an amazing hematology team,

NOTE Confidence: 0.889760613441467

 $00:17:04.790 \longrightarrow 00:17:06.270$ both on the research side.

NOTE Confidence: 0.889760613441467

 $00:17:06.270 \longrightarrow 00:17:07.318$ In the clinical side,

NOTE Confidence: 0.889760613441467

 $00:17:07.318 \longrightarrow 00:17:09.296$ on the left are all the trainees

NOTE Confidence: 0.889760613441467

 $00:17:09.296 \longrightarrow 00:17:10.996$ who are working with this.

 $00{:}17{:}11.000 \dashrightarrow 00{:}17{:}12.960$ George and Alex are start fellows in

NOTE Confidence: 0.889760613441467

 $00:17:12.960 \longrightarrow 00:17:14.848$ a particular alot of our discussions.

NOTE Confidence: 0.889760613441467

 $00:17:14.850 \longrightarrow 00:17:16.722$ In fact pretty much every experiment

NOTE Confidence: 0.889760613441467

 $00{:}17{:}16.722 \dashrightarrow 00{:}17{:}18.637$ that we've done really started with

NOTE Confidence: 0.889760613441467

 $00:17:18.637 \longrightarrow 00:17:20.779$ conversations at George and I had many

NOTE Confidence: 0.889760613441467

 $00:17:20.779 \longrightarrow 00:17:22.834$ months ago leading to what we have now.

NOTE Confidence: 0.889760613441467

 $00:17:22.840 \longrightarrow 00:17:24.616$ Matt, my salati as I mentioned,

NOTE Confidence: 0.889760613441467

00:17:24.620 --> 00:17:26.489 is a superb PhD student Eric Chang

NOTE Confidence: 0.889760613441467

 $00{:}17{:}26.489 \dashrightarrow 00{:}17{:}28.947$ and Yu Shen Lu are both third year

NOTE Confidence: 0.889760613441467

 $00:17:28.947 \longrightarrow 00:17:30.904$ senior medical residents who are going

NOTE Confidence: 0.889760613441467

 $00{:}17{:}30.904 \dashrightarrow 00{:}17{:}32.983$ to be our fellows this coming July.

NOTE Confidence: 0.889760613441467

 $00:17:32.990 \longrightarrow 00:17:35.251$ And then Rebecca fine is an intern

NOTE Confidence: 0.889760613441467

 $00:17:35.251 \longrightarrow 00:17:37.782$ who expressed some interest in doing

NOTE Confidence: 0.889760613441467

 $00{:}17{:}37.782 \dashrightarrow 00{:}17{:}39.276$ immunology Hematology Research.

NOTE Confidence: 0.889760613441467

 $00:17:39.280 \longrightarrow 00:17:41.744$ Down at the bottom are the members of

NOTE Confidence: 0.889760613441467

 $00:17:41.744 \longrightarrow 00:17:43.751$ Doctor Chung's lab who contributed this

00:17:43.751 --> 00:17:46.126 worth hung Chang and honey Jang where

NOTE Confidence: 0.889760613441467

 $00:17:46.126 \longrightarrow 00:17:48.702$ both postdocs as I mentioned in the middle.

NOTE Confidence: 0.889760613441467

 $00:17:48.710 \longrightarrow 00:17:50.660$ We have a number of pharmacists,

NOTE Confidence: 0.889760613441467

 $00:17:50.660 \longrightarrow 00:17:52.473$ some of them are familiar to you

NOTE Confidence: 0.889760613441467

 $00:17:52.473 \longrightarrow 00:17:55.263$ guys who are part of our greater team

NOTE Confidence: 0.889760613441467

 $00:17:55.263 \longrightarrow 00:17:56.823$ looking at anticoagulation outcomes.

NOTE Confidence: 0.889760613441467

00:17:56.830 --> 00:17:58.130 Cajun mean Nick Difilippo,

NOTE Confidence: 0.889760613441467

 $00{:}17{:}58.130 \dashrightarrow 00{:}18{:}00.091$ Dana McManus, Cantou Enedina frozen.

NOTE Confidence: 0.889760613441467

 $00:18:00.091 \longrightarrow 00:18:03.150$ Uhm and then over on the right.

NOTE Confidence: 0.889760613441467

00:18:03.150 --> 00:18:05.572 Here we have our amazing, outpatient,

NOTE Confidence: 0.889760613441467

00:18:05.572 --> 00:18:07.180 benign hematology clinical team.

NOTE Confidence: 0.889760613441467

00:18:07.180 --> 00:18:08.713 Audrey Gina, Andrea,

NOTE Confidence: 0.889760613441467

 $00{:}18{:}08.713 --> 00{:}18{:}10.757$ Joy, Ann and hope.

NOTE Confidence: 0.889760613441467

 $00{:}18{:}10.760 \dashrightarrow 00{:}18{:}12.080$ Uhm, and then finally the bottom.

NOTE Confidence: 0.889760613441467

 $00:18:12.080 \longrightarrow 00:18:13.620$ I just want to acknowledge Bob Bono,

00:18:13.620 --> 00:18:14.838 who's our new chief of benign

NOTE Confidence: 0.889760613441467

00:18:14.838 --> 00:18:16.040 team and then Stephanie Helene's,

NOTE Confidence: 0.889760613441467

 $00:18:16.040 \longrightarrow 00:18:18.371$ our section chief as both of them have been

NOTE Confidence: 0.889760613441467

 $00:18:18.371 \longrightarrow 00:18:20.028$ incredibly supportive of these efforts.

NOTE Confidence: 0.889760613441467

 $00:18:20.030 \longrightarrow 00:18:22.690$ So thank you guys and thank you

NOTE Confidence: 0.910585716366768

00:18:22.690 --> 00:18:24.585 Charlie. Thank you and congratulations

NOTE Confidence: 0.910585716366768

 $00:18:24.585 \longrightarrow 00:18:26.924$ to you and really the entire

NOTE Confidence: 0.910585716366768

 $00:18:26.924 \longrightarrow 00:18:28.819$ team on working through this.

NOTE Confidence: 0.910585716366768

 $00:18:28.820 \longrightarrow 00:18:31.516$ Uh, in a very short amount of time

NOTE Confidence: 0.910585716366768

 $00:18:31.516 \longrightarrow 00:18:33.543$ and frankly making a difference

NOTE Confidence: 0.910585716366768

 $00{:}18{:}33.543 \dashrightarrow 00{:}18{:}36.087$ for our patients in the process.

NOTE Confidence: 0.910585716366768

 $00:18:36.090 \longrightarrow 00:18:38.388$ and I know we have some

NOTE Confidence: 0.910585716366768

00:18:38.388 --> 00:18:39.537 questions coming through,

NOTE Confidence: 0.910585716366768

 $00:18:39.540 \longrightarrow 00:18:42.214$ but let me start by asking you.

NOTE Confidence: 0.910585716366768

00:18:42.220 --> 00:18:44.482 Your research seems certainly indicates that

NOTE Confidence: 0.910585716366768

 $00:18:44.482 \longrightarrow 00:18:47.577$ this is a process of interfere with damage.

 $00:18:47.580 \longrightarrow 00:18:50.523$ And do we? What do we know about the

NOTE Confidence: 0.910585716366768

00:18:50.523 --> 00:18:53.348 virus itself that lends support that?

NOTE Confidence: 0.910585716366768

 $00:18:53.350 \longrightarrow 00:18:55.954$ This would be a primary incident

NOTE Confidence: 0.910585716366768

 $00:18:55.954 \longrightarrow 00:18:57.256$ to the endothelium.

NOTE Confidence: 0.912236750125885

00:18:57.830 --> 00:18:59.780 Yeah, that's a great question,

NOTE Confidence: 0.912236750125885

 $00:18:59.780 \longrightarrow 00:19:03.272$ so there does seem to be in autopsy studies.

NOTE Confidence: 0.912236750125885

00:19:03.280 --> 00:19:05.608 A certain component of endothelial leitis,

NOTE Confidence: 0.912236750125885

 $00{:}19{:}05.610 \dashrightarrow 00{:}19{:}08.102$ which some people have shown might be

NOTE Confidence: 0.912236750125885

 $00:19:08.102 \longrightarrow 00:19:10.280$ related to direct viral infection.

NOTE Confidence: 0.912236750125885

 $00:19:10.280 \longrightarrow 00:19:12.356$ So there have been autopsy studies

NOTE Confidence: 0.912236750125885

 $00:19:12.356 \longrightarrow 00:19:13.740$ that have demonstrated viral

NOTE Confidence: 0.912236750125885

 $00:19:13.797 \longrightarrow 00:19:15.717$ particles within endothelial cells.

NOTE Confidence: 0.912236750125885

 $00{:}19{:}15.720 \dashrightarrow 00{:}19{:}18.060$ Not every study has demonstrated that,

NOTE Confidence: 0.912236750125885

 $00:19:18.060 \longrightarrow 00:19:20.780$ but some people do believe that that is

NOTE Confidence: 0.912236750125885

 $00:19:20.780 \longrightarrow 00:19:23.682$ part of the incipient process that begins

 $00:19:23.682 \longrightarrow 00:19:26.619$ the end of filial pattern of injury.

NOTE Confidence: 0.912236750125885

 $00:19:26.620 \longrightarrow 00:19:28.960$ One of the challenges is that.

NOTE Confidence: 0.912236750125885

 $00:19:28.960 \longrightarrow 00:19:30.710$ A lot of people tend to think

NOTE Confidence: 0.912236750125885

 $00:19:30.710 \longrightarrow 00:19:32.410$ of thrombosis as somewhat later

NOTE Confidence: 0.912236750125885

 $00:19:32.410 \longrightarrow 00:19:33.748$ event occuring clinically,

NOTE Confidence: 0.912236750125885

 $00:19:33.750 \longrightarrow 00:19:36.603$ so it's not clear if there may be a

NOTE Confidence: 0.912236750125885

00:19:36.603 --> 00:19:39.486 second sort of hit to the end of Filium,

NOTE Confidence: 0.91223675012588500:19:39.490 --> 00:19:39.800 particularly,

NOTE Confidence: 0.912236750125885

 $00{:}19{:}39.800 \dashrightarrow 00{:}19{:}41.350$ patients become critically ill that

NOTE Confidence: 0.912236750125885

 $00:19:41.350 \longrightarrow 00:19:43.319$ might be independent of viral infection.

NOTE Confidence: 0.912236750125885

 $00:19:43.320 \longrightarrow 00:19:44.980$ It might instead involve inflammation

NOTE Confidence: 0.912236750125885

 $00:19:44.980 \longrightarrow 00:19:46.988$ and other things like compliment that

NOTE Confidence: 0.912236750125885

 $00:19:46.988 \longrightarrow 00:19:48.740$ might trigger and a filial activation.

NOTE Confidence: 0.91236799955368

 $00:19:50.150 \longrightarrow 00:19:51.778$ Thank you other questions

NOTE Confidence: 0.91236799955368

 $00:19:51.778 \longrightarrow 00:19:53.406$ that have come through.

NOTE Confidence: 0.91236799955368

00:19:53.410 --> 00:19:55.570 Do you have any information about

 $00:19:55.570 \longrightarrow 00:19:57.528$ the specificity of these changes

NOTE Confidence: 0.91236799955368

 $00:19:57.528 \longrightarrow 00:19:59.803$ for chobit relative to other

NOTE Confidence: 0.91236799955368

00:19:59.803 --> 00:20:01.168 respiratory viral infections?

NOTE Confidence: 0.91236799955368

 $00:20:01.170 \longrightarrow 00:20:02.945$ For instance, are microvascular thrombi

NOTE Confidence: 0.91236799955368

 $00:20:02.945 \longrightarrow 00:20:05.285$ a finding in in other respiratory

NOTE Confidence: 0.91236799955368

 $00:20:05.285 \longrightarrow 00:20:07.289$ viral infections beyond coated?

NOTE Confidence: 0.91236799955368

 $00:20:07.290 \longrightarrow 00:20:08.100$ Yeah, that's

NOTE Confidence: 0.91236799955368

 $00{:}20{:}08.100 \dashrightarrow 00{:}20{:}11.084$ a good question to my knowledge I I'm

NOTE Confidence: 0.91236799955368

 $00:20:11.084 \longrightarrow 00:20:14.573$ not aware of a lot of other viruses

NOTE Confidence: 0.91236799955368

 $00{:}20{:}14.573 \dashrightarrow 00{:}20{:}16.670$ that show microvascular thrown by.

NOTE Confidence: 0.91236799955368

00:20:16.670 --> 00:20:18.986 There are certain cases of influenza

NOTE Confidence: 0.91236799955368

 $00:20:18.986 \longrightarrow 00:20:21.129$ that can be characterized by

NOTE Confidence: 0.91236799955368

 $00{:}20{:}21.129 \dashrightarrow 00{:}20{:}22.719$ massive inflammatory responses.

NOTE Confidence: 0.91236799955368

 $00{:}20{:}22.720 \dashrightarrow 00{:}20{:}24.616$ Um dangi infection is also often

NOTE Confidence: 0.91236799955368

 $00:20:24.616 \longrightarrow 00:20:26.874$ brought up as an example of a

00:20:26.874 --> 00:20:28.728 virus that can cause a pretty

NOTE Confidence: 0.91236799955368

 $00{:}20{:}28.728 \dashrightarrow 00{:}20{:}30.530$ awful coagulopathic picture,

NOTE Confidence: 0.91236799955368

 $00:20:30.530 \longrightarrow 00:20:33.160$ so I'm not sure if any of either of those

NOTE Confidence: 0.91236799955368

 $00:20:33.227 \longrightarrow 00:20:35.857$ in particular are classically associated.

NOTE Confidence: 0.91236799955368

 $00:20:35.860 \longrightarrow 00:20:37.630$ Microvascular phone by or not,

NOTE Confidence: 0.91236799955368

 $00:20:37.630 \longrightarrow 00:20:40.045$ but I'm not aware of a lot

NOTE Confidence: 0.91236799955368

 $00:20:40.045 \longrightarrow 00:20:41.889$ of other viruses that are.

NOTE Confidence: 0.86891633272171

 $00:20:43.320 \longrightarrow 00:20:45.966$ And then another question do that?

NOTE Confidence: 0.86891633272171

00:20:45.970 --> 00:20:48.090 Does the Coagulopathy correlate

NOTE Confidence: 0.86891633272171

 $00:20:48.090 \longrightarrow 00:20:51.180$ with the static on storm? Yeah,

NOTE Confidence: 0.876762747764587

 $00:20:51.180 \longrightarrow 00:20:53.826$ so that's a great question Stewart.

NOTE Confidence: 0.876762747764587

 $00:20:53.830 \longrightarrow 00:20:56.338$ So one of the interesting experiments

NOTE Confidence: 0.876762747764587

 $00:20:56.338 \longrightarrow 00:20:58.836$ that that Young Chun started to

NOTE Confidence: 0.876762747764587

 $00:20:58.836 \longrightarrow 00:21:01.461$ do with our patient samples is to

NOTE Confidence: 0.876762747764587

00:21:01.461 --> 00:21:03.999 examine different proteomic profiles,

NOTE Confidence: 0.876762747764587

 $00:21:04.000 \longrightarrow 00:21:06.210$ and so we're starting to

00:21:06.210 --> 00:21:08.420 get that data back now,

NOTE Confidence: 0.876762747764587

 $00{:}21{:}08.420 \dashrightarrow 00{:}21{:}11.507$ and the hope is to see mechanistically,

NOTE Confidence: 0.876762747764587

00:21:11.510 --> 00:21:14.582 if any of the changes inside a current

NOTE Confidence: 0.876762747764587

 $00:21:14.582 \longrightarrow 00:21:17.645$ profiles that that are shown do correlate

NOTE Confidence: 0.876762747764587

 $00:21:17.645 \longrightarrow 00:21:20.830$ with robotic risk or endothelial dysfunction.

NOTE Confidence: 0.876762747764587

 $00:21:20.830 \longrightarrow 00:21:23.196$ One of the challenges we have in

NOTE Confidence: 0.876762747764587

00:21:23.196 --> 00:21:25.097 trying to interpret our data fully

NOTE Confidence: 0.876762747764587

 $00:21:25.097 \longrightarrow 00:21:27.400$ is that as most of you guys know,

NOTE Confidence: 0.876762747764587

 $00{:}21{:}27.400 \to 00{:}21{:}29.290$ pretty much every critically ill patient

NOTE Confidence: 0.876762747764587

 $00{:}21{:}29.290 \dashrightarrow 00{:}21{:}31.216$ in the hospital with kovid receives

NOTE Confidence: 0.876762747764587

00:21:31.216 --> 00:21:33.344 totalism AB before they reach the ICU,

NOTE Confidence: 0.876762747764587

 $00:21:33.350 \longrightarrow 00:21:35.534$ which is an interleukin six receptor blocker,

NOTE Confidence: 0.876762747764587

 $00{:}21{:}35.540 \dashrightarrow 00{:}21{:}37.780$ and so there may be some effects of

NOTE Confidence: 0.876762747764587

00:21:37.780 --> 00:21:39.763 Totalism app not only on Coagulopathy

NOTE Confidence: 0.876762747764587

00:21:39.763 --> 00:21:41.797 but also on the sideline profile,

 $00:21:41.800 \longrightarrow 00:21:43.642$ and so we're trying to figure

NOTE Confidence: 0.876762747764587

 $00:21:43.642 \longrightarrow 00:21:45.240$ out how to interpret that.

NOTE Confidence: 0.879934728145599

00:21:46.610 --> 00:21:49.186 Another question for patients on on a

NOTE Confidence: 0.879934728145599

00:21:49.186 --> 00:21:51.378 ventilator for other causes of a RDS,

NOTE Confidence: 0.879934728145599

 $00:21:51.380 \longrightarrow 00:21:53.085$ do they have elevated levels

NOTE Confidence: 0.879934728145599

00:21:53.085 --> 00:21:54.790 of one willebrand factor? Yeah,

NOTE Confidence: 0.879934728145599

00:21:54.790 --> 00:21:56.500 even that's a fantastic question,

NOTE Confidence: 0.879934728145599

 $00:21:56.500 \longrightarrow 00:21:59.232$ and so the answer is yes, sort of,

NOTE Confidence: 0.879934728145599

 $00{:}21{:}59.232 \dashrightarrow 00{:}22{:}01.960$ but not not quite to the same level.

NOTE Confidence: 0.879934728145599

 $00:22:01.960 \longrightarrow 00:22:05.020$ So in the literature there's a lot of other.

NOTE Confidence: 0.879934728145599

 $00:22:05.020 \longrightarrow 00:22:07.732$ There's a few other diseases that are known

NOTE Confidence: 0.879934728145599

00:22:07.732 --> 00:22:10.480 to have very bad end of Philly Opathy,

NOTE Confidence: 0.879934728145599

 $00:22:10.480 \longrightarrow 00:22:12.502$ one of them being severe DIC

NOTE Confidence: 0.879934728145599

00:22:12.502 --> 00:22:14.932 with septic shock and VOD or SOS

NOTE Confidence: 0.879934728145599

 $00:22:14.932 \longrightarrow 00:22:16.617$ in transplant is another one.

NOTE Confidence: 0.879934728145599

00:22:16.620 --> 00:22:18.668 Um, and in fact a RDS is known

 $00{:}22{:}18.668 \dashrightarrow 00{:}22{:}20.893$ to also be characterized by NFL

NOTE Confidence: 0.879934728145599

 $00:22:20.893 \longrightarrow 00:22:23.359$ dysfunction as somewhat of a control.

NOTE Confidence: 0.879934728145599

00:22:23.360 --> 00:22:25.887 We separately worked with the ICU to

NOTE Confidence: 0.879934728145599

 $00:22:25.887 \longrightarrow 00:22:27.672$ measure von Willebrand factor levels

NOTE Confidence: 0.879934728145599

00:22:27.672 --> 00:22:30.216 in non kovid ICU patients who are into

NOTE Confidence: 0.879934728145599

 $00:22:30.284 \longrightarrow 00:22:32.510$ baited and in those patients we did

NOTE Confidence: 0.879934728145599

 $00:22:32.510 \longrightarrow 00:22:34.210$ see elevated von Willebrands levels,

NOTE Confidence: 0.879934728145599

 $00:22:34.210 \longrightarrow 00:22:36.800$ but we did not see a consistently

NOTE Confidence: 0.879934728145599

00:22:36.800 --> 00:22:38.773 super high level of unrelated factor

NOTE Confidence: 0.879934728145599

 $00:22:38.773 \longrightarrow 00:22:41.657$ like we do in code and so we do

NOTE Confidence: 0.879934728145599

00:22:41.657 --> 00:22:43.257 think there's some specificity to

NOTE Confidence: 0.879934728145599

 $00:22:43.257 \longrightarrow 00:22:44.928$ this particular Cove in response.

NOTE Confidence: 0.864825069904327

 $00{:}22{:}45.660 \dashrightarrow 00{:}22{:}48.198$ Makes sense since the last question

NOTE Confidence: 0.864825069904327

00:22:48.198 --> 00:22:50.955 from Stuart is you compared ICU

NOTE Confidence: 0.864825069904327

00:22:50.955 --> 00:22:53.415 versus non ICU versus controls?

00:22:53.420 --> 00:22:55.676 What about these values in comparing

NOTE Confidence: 0.864825069904327

 $00:22:55.676 \longrightarrow 00:22:57.180$ patients with thrombotic complications?

NOTE Confidence: 0.864825069904327

00:22:57.180 --> 00:22:58.680 For those without cloths,

NOTE Confidence: 0.903968393802643

 $00:22:58.680 \longrightarrow 00:23:00.936$ yes Sir, that's a fantastic question.

NOTE Confidence: 0.903968393802643

 $00:23:00.940 \longrightarrow 00:23:03.022$ You know, one of the challenges

NOTE Confidence: 0.903968393802643

 $00:23:03.022 \longrightarrow 00:23:05.449$ that we have at our hospital,

NOTE Confidence: 0.903968393802643

 $00:23:05.450 \longrightarrow 00:23:08.075$ and this is not unique to us,

NOTE Confidence: 0.903968393802643

 $00:23:08.080 \longrightarrow 00:23:10.204$ is that because of concerns about

NOTE Confidence: 0.903968393802643

 $00:23:10.204 \longrightarrow 00:23:12.220$ excess health care worker exposure,

NOTE Confidence: 0.903968393802643

 $00:23:12.220 \longrightarrow 00:23:14.095$ it's not been routine for

NOTE Confidence: 0.903968393802643

 $00{:}23{:}14.095 \dashrightarrow 00{:}23{:}15.595$ covert patients at Yale.

NOTE Confidence: 0.903968393802643

 $00:23:15.600 \longrightarrow 00:23:17.480$ New Haven Hospital to get

NOTE Confidence: 0.903968393802643

 $00:23:17.480 \longrightarrow 00:23:18.984$ imaging to confirm thrombosis.

NOTE Confidence: 0.903968393802643

 $00:23:18.990 \longrightarrow 00:23:21.622$ If you guys recall in the Cove

NOTE Confidence: 0.903968393802643

00:23:21.622 --> 00:23:22.750 at anticoagulation algorithm,

NOTE Confidence: 0.903968393802643

 $00:23:22.750 \longrightarrow 00:23:23.476$ we said anybody.

 $00:23:23.476 \longrightarrow 00:23:25.612$ Any patient in whom one suspects a Venus

NOTE Confidence: 0.903968393802643

 $00:23:25.612 \longrightarrow 00:23:27.562$ Roman Bolic event should automatically

NOTE Confidence: 0.903968393802643

 $00:23:27.562 \longrightarrow 00:23:28.732$ start photos anticoagulation.

NOTE Confidence: 0.903968393802643

 $00:23:28.740 \longrightarrow 00:23:30.780$ The reason we added that in there is

NOTE Confidence: 0.903968393802643

 $00:23:30.780 \longrightarrow 00:23:32.591$ because most patients are not getting

NOTE Confidence: 0.903968393802643

 $00{:}23{:}32.591 \dashrightarrow 00{:}23{:}34.463$ imaging to tell whether they really

NOTE Confidence: 0.903968393802643

 $00:23:34.520 \longrightarrow 00:23:36.290$ have a Venus thromboembolic event.

NOTE Confidence: 0.903968393802643

 $00:23:36.290 \longrightarrow 00:23:37.832$ Therefore we don't really have a

NOTE Confidence: 0.903968393802643

 $00{:}23{:}37.832 \dashrightarrow 00{:}23{:}39.777$ good idea of how many patients in

NOTE Confidence: 0.903968393802643

00:23:39.777 --> 00:23:41.505 our own hospital system and which

NOTE Confidence: 0.903968393802643

 $00:23:41.505 \longrightarrow 00:23:43.270$ ones actually have a thrombotic

NOTE Confidence: 0.903968393802643

00:23:43.270 --> 00:23:45.045 complication and which ones don't,

NOTE Confidence: 0.903968393802643

 $00{:}23{:}45.050 \dashrightarrow 00{:}23{:}48.344$ so I can't answer that based on our data.