WEBVTT

NOTE duration: "00:53:36.1280000"

NOTE language:en-us

NOTE Confidence: 0.84287412897233

00:00:00.000 --> 00:00:02.947 Actual. Post Ash meeting where a few

NOTE Confidence: 0.84287412897233

 $00:00:02.947 \longrightarrow 00:00:05.718$ minutes late but will try to finish

NOTE Confidence: 0.84287412897233

 $00:00:05.718 \longrightarrow 00:00:08.610$ on time because I know all of you

NOTE Confidence: 0.84287412897233

 $00:00:08.610 \longrightarrow 00:00:11.274$ have other things to go too so it's

NOTE Confidence: 0.84287412897233

 $00:00:11.361 \longrightarrow 00:00:13.080$ a pleasure to start this series.

NOTE Confidence: 0.84287412897233

 $00:00:13.080 \longrightarrow 00:00:15.285$ I think there has been a lot of new

NOTE Confidence: 0.84287412897233

 $00{:}00{:}15.285 \dashrightarrow 00{:}00{:}17.517$ and great development in ash meeting

NOTE Confidence: 0.84287412897233

 $00:00:17.517 \longrightarrow 00:00:19.940$ and because of their virtual format,

NOTE Confidence: 0.84287412897233

00:00:19.940 --> 00:00:21.445 sometimes it's very difficult to

NOTE Confidence: 0.84287412897233

 $00:00:21.445 \longrightarrow 00:00:23.870$ catch up with all of those articles.

NOTE Confidence: 0.84287412897233

 $00:00:23.870 \longrightarrow 00:00:26.804$ So we are going to have six weekly sessions.

NOTE Confidence: 0.84287412897233

 $00{:}00{:}26.810 \dashrightarrow 00{:}00{:}29.064$ The first one today will be about

NOTE Confidence: 0.84287412897233

 $00:00:29.064 \longrightarrow 00:00:30.767$ multiple myeloma and we will

NOTE Confidence: 0.84287412897233

 $00:00:30.767 \longrightarrow 00:00:32.119$ cover the other important.

 $00:00:32.120 \longrightarrow 00:00:35.865$ Disease elements in the next few sessions.

NOTE Confidence: 0.84287412897233

 $00:00:35.870 \longrightarrow 00:00:38.258$ So this meeting will be recorded.

NOTE Confidence: 0.828498721122742

 $00:00:40.300 \longrightarrow 00:00:42.946$ And we will have the recording

NOTE Confidence: 0.828498721122742

00:00:42.946 --> 00:00:44.710 available for subsequent viewing.

NOTE Confidence: 0.828498721122742

 $00:00:44.710 \longrightarrow 00:00:46.910$ Please remember that this is

NOTE Confidence: 0.828498721122742

 $00:00:46.910 \longrightarrow 00:00:49.922$ also see me credited so you can

NOTE Confidence: 0.828498721122742

 $00:00:49.922 \longrightarrow 00:00:52.463$ see it get CME credit for this

NOTE Confidence: 0.828498721122742

 $00:00:52.463 \longrightarrow 00:00:55.288$ hour and for subsequent meetings.

NOTE Confidence: 0.828498721122742

 $00:00:55.290 \longrightarrow 00:00:57.936$ So today our talk will be

NOTE Confidence: 0.828498721122742

 $00{:}00{:}57.936 \dashrightarrow 00{:}00{:}59.259$ about multiple myeloma.

NOTE Confidence: 0.828498721122742

 $00{:}00{:}59.260 \dashrightarrow 00{:}01{:}01{.}906$ It's a pleasure to have highly

NOTE Confidence: 0.828498721122742

 $00:01:01.906 \longrightarrow 00:01:03.229$ distinguished and expert.

NOTE Confidence: 0.828498721122742

 $00:01:03.230 \longrightarrow 00:01:05.290$ Basically speakers today with

NOTE Confidence: 0.828498721122742

 $00:01:05.290 \longrightarrow 00:01:07.350$ me from Yale University.

NOTE Confidence: 0.828498721122742

 $00:01:07.350 \longrightarrow 00:01:09.582$ So we'll start with the Doctor

00:01:09.582 --> 00:01:11.070 with Doctor Natalia Nippori.

NOTE Confidence: 0.828498721122742

 $00{:}01{:}11.070 \dashrightarrow 00{:}01{:}13.314$ See who's an assistant professor of

NOTE Confidence: 0.828498721122742

 $00:01:13.314 \longrightarrow 00:01:15.910$ medicine and she's going to talk to

NOTE Confidence: 0.828498721122742

 $00:01:15.910 \longrightarrow 00:01:17.968$ us about updates in the frontline

NOTE Confidence: 0.828498721122742

 $00:01:17.968 \longrightarrow 00:01:19.628$ management of multiple myeloma.

NOTE Confidence: 0.828498721122742

00:01:19.630 --> 00:01:22.598 This will be followed by Doctor Terry Parker,

NOTE Confidence: 0.828498721122742

 $00{:}01{:}22.600 \dashrightarrow 00{:}01{:}25.204$ our assistant Professor of Medicine at Yale,

NOTE Confidence: 0.828498721122742

00:01:25.210 --> 00:01:27.070 who's gonna cover the refractory

NOTE Confidence: 0.828498721122742

 $00{:}01{:}27.070 \dashrightarrow 00{:}01{:}28.930$ and relapsed multiple myeloma then.

NOTE Confidence: 0.828498721122742

 $00:01:28.930 \longrightarrow 00:01:30.046$ Doctors know far.

NOTE Confidence: 0.828498721122742

00:01:30.046 --> 00:01:30.790 Power Hour,

NOTE Confidence: 0.828498721122742

00:01:30.790 --> 00:01:32.098 assistant professor of Medicine

NOTE Confidence: 0.828498721122742

 $00{:}01{:}32.098 \dashrightarrow 00{:}01{:}34.060$ who specializes in car T cell

NOTE Confidence: 0.828498721122742

 $00:01:34.117 \longrightarrow 00:01:35.620$ therapy and transplantation,

NOTE Confidence: 0.828498721122742

 $00:01:35.620 \longrightarrow 00:01:37.846$ especially on the My llama front.

NOTE Confidence: 0.828498721122742 00:01:37.850 --> 00:01:38.414 She will.

 $00:01:38.414 \longrightarrow 00:01:40.670$ Cover those for us and this will go

NOTE Confidence: 0.828498721122742

 $00:01:40.732 \longrightarrow 00:01:42.796$ for around 40 minutes after that.

NOTE Confidence: 0.828498721122742

 $00:01:42.800 \longrightarrow 00:01:44.788$ At the end we're gonna have 15

NOTE Confidence: 0.828498721122742

00:01:44.788 --> 00:01:46.359 minutes for questions and answers,

NOTE Confidence: 0.828498721122742

 $00:01:46.360 \longrightarrow 00:01:48.376$ so if I can ask you to write

NOTE Confidence: 0.828498721122742

00:01:48.376 --> 00:01:49.610 down your questions,

NOTE Confidence: 0.828498721122742

 $00:01:49.610 \longrightarrow 00:01:51.494$ you can write him throughout the

NOTE Confidence: 0.828498721122742

 $00{:}01{:}51.494 \dashrightarrow 00{:}01{:}53.159$ session and send them to us.

NOTE Confidence: 0.828498721122742

 $00:01:53.160 \longrightarrow 00:01:55.176$ And just to make sure we can go

NOTE Confidence: 0.828498721122742

 $00{:}01{:}55.176 \dashrightarrow 00{:}01{:}57.016$ through all the slides will keep

NOTE Confidence: 0.828498721122742

00:01:57.016 --> 00:01:58.918 their questions and until the end

NOTE Confidence: 0.828498721122742

 $00:01:58.982 \longrightarrow 00:02:01.117$ we're going to have a panelist who

NOTE Confidence: 0.828498721122742

 $00{:}02{:}01.117 \dashrightarrow 00{:}02{:}02{:}02.598$ is Doctor Sabrina Browning who's

NOTE Confidence: 0.828498721122742

 $00:02:02.598 \longrightarrow 00:02:04.272$ our instructor with a focus on

NOTE Confidence: 0.828498721122742

 $00:02:04.272 \longrightarrow 00:02:05.890$ amyloidosis and also multiple myeloma.

 $00:02:05.890 \longrightarrow 00:02:07.815$ All four speakers will be available at

NOTE Confidence: 0.828498721122742

 $00{:}02{:}07.815 \dashrightarrow 00{:}02{:}10.049$ the end to take questions from you.

NOTE Confidence: 0.828498721122742

 $00:02:10.050 \longrightarrow 00:02:12.192$ And we look forward to a great

NOTE Confidence: 0.828498721122742

 $00:02:12.192 \longrightarrow 00:02:14.248$ presentation so Natalia please stop for us.

NOTE Confidence: 0.828498721122742 00:02:14.250 --> 00:02:14.850 Thank you.

NOTE Confidence: 0.805696725845337

 $00:02:18.930 \longrightarrow 00:02:22.000$ Thank you very much, Doctor Zaidan. Good

NOTE Confidence: 0.805696725845337

 $00:02:22.000 \longrightarrow 00:02:25.059$ afternoon and thank you all for joining.

NOTE Confidence: 0.805696725845337

 $00:02:25.060 \longrightarrow 00:02:27.838$ As mentioned, these are the panelists

NOTE Confidence: 0.805696725845337

 $00{:}02{:}27.838 \dashrightarrow 00{:}02{:}30.151$ joining the discussion today and

NOTE Confidence: 0.805696725845337

00:02:30.151 --> 00:02:32.467 I will begin by up highlighting

NOTE Confidence: 0.805696725845337

 $00{:}02{:}32.467 \dashrightarrow 00{:}02{:}34.260$ initial therapy and biology.

NOTE Confidence: 0.805696725845337

00:02:34.260 --> 00:02:35.574 Pathophysiology of myeloma.

NOTE Confidence: 0.805696725845337

 $00:02:35.574 \longrightarrow 00:02:37.326$ These are my disclosures.

NOTE Confidence: 0.805696725845337

00:02:37.330 --> 00:02:40.102 I would like to begin by highlighting

NOTE Confidence: 0.805696725845337

 $00:02:40.102 \longrightarrow 00:02:42.276$ the work by Doctor Kardashian

NOTE Confidence: 0.805696725845337

 $00:02:42.276 \longrightarrow 00:02:44.988$ from NCI who presented the work

 $00:02:44.988 \longrightarrow 00:02:47.837$ on the treatment of high risk,

NOTE Confidence: 0.805696725845337

 $00:02:47.840 \longrightarrow 00:02:49.202$ smoldering multiple myeloma.

NOTE Confidence: 0.805696725845337

00:02:49.202 --> 00:02:50.527 With carfilzomib, Lenalidomide,

NOTE Confidence: 0.805696725845337

 $00:02:50.527 \longrightarrow 00:02:53.029$ and dexamethasone, this was a phase

NOTE Confidence: 0.805696725845337

00:02:53.029 --> 00:02:55.440 two clinical in Carrollton study.

NOTE Confidence: 0.805696725845337

 $00:02:55.440 \longrightarrow 00:02:58.198$ The primary objective was the study was

NOTE Confidence: 0.805696725845337

 $00:02:58.198 \longrightarrow 00:03:01.209$ to determine the minimal residual disease.

NOTE Confidence: 0.805696725845337

 $00{:}03{:}01.210 \dashrightarrow 00{:}03{:}02.982$ Negative complete response rates.

NOTE Confidence: 0.805696725845337

 $00{:}03{:}02.982 \dashrightarrow 00{:}03{:}04.754$ Another key secondary objectives,

NOTE Confidence: 0.805696725845337

 $00:03:04.760 \longrightarrow 00:03:06.532$ including progression free survival,

NOTE Confidence: 0.805696725845337

 $00:03:06.532 \longrightarrow 00:03:07.418$ overall survival,

NOTE Confidence: 0.805696725845337

 $00:03:07.420 \longrightarrow 00:03:08.758$ duration of MRD.

NOTE Confidence: 0.81944128870964

00:03:08.760 --> 00:03:11.562 Negative state. This is the overall

NOTE Confidence: 0.81944128870964

 $00{:}03{:}11.562 \dashrightarrow 00{:}03{:}13.910$ study design. This study was

NOTE Confidence: 0.818044066429138

00:03:13.910 --> 00:03:16.772 quite inclusive in that this study

 $00:03:16.772 \longrightarrow 00:03:19.667$ included all patients with high risk

NOTE Confidence: 0.818044066429138

00:03:19.667 --> 00:03:22.367 definition by any of these criteria,

NOTE Confidence: 0.818044066429138

00:03:22.370 --> 00:03:23.915 including Mayo Clinic,

NOTE Confidence: 0.818044066429138

 $00{:}03{:}23.915 \dashrightarrow 00{:}03{:}27.005$ but Seamus Spanish high risk criteria

NOTE Confidence: 0.818044066429138

00:03:27.005 --> 00:03:29.681 they've defined by flow cytometry based

NOTE Confidence: 0.818044066429138

00:03:29.681 --> 00:03:32.308 on a barren plasma cell expression

NOTE Confidence: 0.818044066429138

 $00{:}03{:}32.308 \to 00{:}03{:}35.542$ as well as Raj Kumar along Grennan

NOTE Confidence: 0.818044066429138

 $00:03:35.542 \longrightarrow 00:03:37.886$ Mateus criteria which include plasma

NOTE Confidence: 0.818044066429138

 $00{:}03{:}37.886 \dashrightarrow 00{:}03{:}40.246$ cell percentage level of protein.

NOTE Confidence: 0.818044066429138

 $00:03:40.250 \longrightarrow 00:03:42.914$ Humana paresis as well as cytogenetic

NOTE Confidence: 0.818044066429138

 $00{:}03{:}42.914 \dashrightarrow 00{:}03{:}44.690$ and imaging abnormalities so

NOTE Confidence: 0.818044066429138

00:03:44.765 --> 00:03:47.633 patients on this study received the

NOTE Confidence: 0.818044066429138

 $00:03:47.633 \longrightarrow 00:03:49.545$ induction therapy with carfilzomib,

NOTE Confidence: 0.818044066429138

 $00:03:49.550 \longrightarrow 00:03:50.981$ REVLIMID dexamethasone combination.

NOTE Confidence: 0.818044066429138

 $00:03:50.981 \longrightarrow 00:03:53.843$ For eight cycles of therapy followed

NOTE Confidence: 0.818044066429138

 $00:03:53.843 \longrightarrow 00:03:55.966$ by Lenalidomide maintenance with their

00:03:55.966 --> 00:03:59.230 usual 20 day cycles for up to two years,

NOTE Confidence: 0.818044066429138

 $00:03:59.230 \longrightarrow 00:04:00.778$ followed by observation at

NOTE Confidence: 0.818044066429138

 $00:04:00.778 \longrightarrow 00:04:02.326$ every three month interval,

NOTE Confidence: 0.818044066429138

 $00:04:02.330 \longrightarrow 00:04:04.710$ with annual staging imaging.

NOTE Confidence: 0.818044066429138

 $00:04:04.710 \longrightarrow 00:04:07.090$ Patients in this protocol.

NOTE Confidence: 0.818044066429138

 $00:04:07.090 \longrightarrow 00:04:09.110$ Preceded with stem cell harvest.

NOTE Confidence: 0.818044066429138

00:04:09.110 --> 00:04:11.120 After four cycles of therapy,

NOTE Confidence: 0.818044066429138

 $00{:}04{:}11.120 \dashrightarrow 00{:}04{:}14.060$ bone marrow was monitored for MRD

NOTE Confidence: 0.818044066429138

00:04:14.060 --> 00:04:16.591 assessment with flow cytometry and

NOTE Confidence: 0.818044066429138

 $00{:}04{:}16.591 \dashrightarrow 00{:}04{:}19.531$ PET CT scan imaging was incorporated

NOTE Confidence: 0.818044066429138

00:04:19.531 --> 00:04:22.288 for response assessment at the end

NOTE Confidence: 0.818044066429138

 $00:04:22.288 \longrightarrow 00:04:24.298$ of induction and then annually.

NOTE Confidence: 0.818044066429138

 $00{:}04{:}24.300 \dashrightarrow 00{:}04{:}26.838$ Overall, 54 patients enrolled and treated.

NOTE Confidence: 0.818044066429138

 $00:04:26.840 \longrightarrow 00:04:28.960$ And what's what's interesting is

NOTE Confidence: 0.818044066429138

 $00:04:28.960 \longrightarrow 00:04:31.522$ that 37% of patients displayed high

 $00:04:31.522 \longrightarrow 00:04:33.662$ risk cytogenetic features and all

NOTE Confidence: 0.818044066429138

 $00{:}04{:}33.662 \dashrightarrow 00{:}04{:}36.168$ of the patients met criteria for

NOTE Confidence: 0.818044066429138

 $00:04:36.168 \longrightarrow 00:04:38.673$ high risk smoldering based on these

NOTE Confidence: 0.818044066429138

 $00:04:38.673 \longrightarrow 00:04:40.813$ definitions and what's remarkable with

NOTE Confidence: 0.818044066429138

 $00:04:40.813 \longrightarrow 00:04:43.450$ this study is that sustained MRD,

NOTE Confidence: 0.818044066429138

 $00{:}04{:}43.450 \dashrightarrow 00{:}04{:}45.750$ negative complete remission rates were

NOTE Confidence: 0.818044066429138

 $00:04:45.750 \longrightarrow 00:04:49.204$ on the order of 70% in this cohort and

NOTE Confidence: 0.818044066429138

 $00:04:49.204 \longrightarrow 00:04:52.709$ at two years and five years of survival,

NOTE Confidence: 0.818044066429138

 $00:04:52.710 \longrightarrow 00:04:54.406$ sustained MRD negative complete

NOTE Confidence: 0.818044066429138

 $00:04:54.406 \longrightarrow 00:04:56.526$ responses remained at 1779 and

NOTE Confidence: 0.818044066429138

 $00{:}04{:}56.526$ --> $00{:}04{:}59.230$ 53% of patients respectively.

NOTE Confidence: 0.818044066429138

 $00:04:59.230 \longrightarrow 00:05:01.385$ And overall response rates with

NOTE Confidence: 0.818044066429138

 $00:05:01.385 \longrightarrow 00:05:03.972$ this regimen were 100% with 72%

NOTE Confidence: 0.818044066429138

 $00:05:03.972 \longrightarrow 00:05:05.696$ achieving complete response and

NOTE Confidence: 0.818044066429138

 $00:05:05.696 \longrightarrow 00:05:08.280$ 94% of very good partial response.

NOTE Confidence: 0.818044066429138

 $00{:}05{:}08.280 \dashrightarrow 00{:}05{:}10.004$ Overall survival and progression

 $00:05:10.004 \longrightarrow 00:05:12.159$ free survival are not reached,

NOTE Confidence: 0.818044066429138

 $00:05:12.160 \longrightarrow 00:05:14.320$ but at 80 or milestone,

NOTE Confidence: 0.818044066429138

00:05:14.320 --> 00:05:16.900 91% of patients remain progression free.

NOTE Confidence: 0.818044066429138

 $00:05:16.900 \longrightarrow 00:05:19.486$ The treatment emergent adverse events were,

NOTE Confidence: 0.818044066429138

 $00:05:19.490 \longrightarrow 00:05:22.076$ as would be expected for this

NOTE Confidence: 0.818044066429138

 $00:05:22.076 \longrightarrow 00:05:22.938$ triplet combination.

 $\begin{aligned} & \text{NOTE Confidence: } 0.818044066429138 \\ & 00:05:22.940 --> 00:05:23.371 \text{ Specifically,} \end{aligned}$

NOTE Confidence: 0.818044066429138

 $00{:}05{:}23.371 \dashrightarrow 00{:}05{:}26.388$ side effects of special interest in the

NOTE Confidence: 0.818044066429138

 $00{:}05{:}26.388 \dashrightarrow 00{:}05{:}29.447$ form of cardiac toxicity were seen in.

NOTE Confidence: 0.818044066429138

 $00{:}05{:}29.450 \dashrightarrow 00{:}05{:}31.880$ Only two 2 patients with heart

NOTE Confidence: 0.818044066429138

 $00:05:31.880 \longrightarrow 00:05:34.183$ failure and 4% of this population.

NOTE Confidence: 0.818044066429138

 $00:05:34.183 \longrightarrow 00:05:36.349$ So overall this data show that

NOTE Confidence: 0.818044066429138

 $00{:}05{:}36.349 \dashrightarrow 00{:}05{:}37.712$ carfilzomib REVLIMID dexamethasone

NOTE Confidence: 0.818044066429138

00:05:37.712 --> 00:05:39.580 regimen is highly potent.

NOTE Confidence: 0.818044066429138

00:05:39.580 --> 00:05:43.216 An leads to very deep responses in high risk,

00:05:43.220 --> 00:05:44.564 smoldering multiple myeloma.

NOTE Confidence: 0.818044066429138

 $00:05:44.564 \longrightarrow 00:05:46.804$ Providing further background for this

NOTE Confidence: 0.818044066429138

 $00:05:46.804 \longrightarrow 00:05:48.809$ evolving treatment landscape for early

NOTE Confidence: 0.818044066429138

00:05:48.809 --> 00:05:50.915 intervention and treatment of high risk,

NOTE Confidence: 0.818044066429138

 $00:05:50.920 \longrightarrow 00:05:53.902$ smoldering patients who have high risk of

NOTE Confidence: 0.818044066429138

 $00:05:53.902 \longrightarrow 00:05:57.082$ progression of greater than 75% / 2 years.

NOTE Confidence: 0.818044066429138

00:05:57.082 --> 00:05:59.686 Next I would like to highlight

NOTE Confidence: 0.818044066429138

 $00:05:59.686 \longrightarrow 00:06:03.107$ the updates on the griefing trial,

NOTE Confidence: 0.818044066429138

 $00{:}06{:}03.110 --> 00{:}06{:}05.014 \ Griffin \ trial, \ early \ safety,$

NOTE Confidence: 0.818044066429138

00:06:05.014 --> 00:06:07.394 and efficacy data were published

NOTE Confidence: 0.818044066429138

 $00:06:07.394 \longrightarrow 00:06:09.580$ in 2020 in Blood Journal,

NOTE Confidence: 0.818044066429138

 $00:06:09.580 \longrightarrow 00:06:11.352$ and as you know,

NOTE Confidence: 0.818044066429138

 $00:06:11.352 \longrightarrow 00:06:14.010$ this combination of this trial compare

NOTE Confidence: 0.818044066429138

 $00:06:14.100 \longrightarrow 00:06:17.052$ daratumumab over RVD compared to the

NOTE Confidence: 0.818044066429138

 $00:06:17.052 \longrightarrow 00:06:19.750$ old RVD triplet standard of care.

NOTE Confidence: 0.818044066429138

 $00:06:19.750 \longrightarrow 00:06:22.546$ This update focuses on the data

 $00:06:22.546 \longrightarrow 00:06:24.830$ on overall responses and MRD,

NOTE Confidence: 0.818044066429138

 $00{:}06{:}24.830 \dashrightarrow 00{:}06{:}27.488$ negative responses at the end of

NOTE Confidence: 0.818044066429138

 $00:06:27.488 \longrightarrow 00:06:29.960$ 12 months of maintenance therapy.

NOTE Confidence: 0.818044066429138

 $00:06:29.960 \longrightarrow 00:06:31.156$ So as you know,

NOTE Confidence: 0.818044066429138

 $00:06:31.156 \longrightarrow 00:06:32.651$ the trial enrolled patients with

NOTE Confidence: 0.818044066429138

 $00:06:32.651 \longrightarrow 00:06:34.318$ newly diagnosed transplant eligible

NOTE Confidence: 0.818044066429138

 $00:06:34.318 \longrightarrow 00:06:36.503$ multiple myeloma with good performance

NOTE Confidence: 0.818044066429138

 $00:06:36.503 \longrightarrow 00:06:38.880$ status and preserved kidney function.

NOTE Confidence: 0.818044066429138

 $00:06:38.880 \longrightarrow 00:06:41.610$ Patients were randomized in one to one

NOTE Confidence: 0.818044066429138

 $00:06:41.610 \longrightarrow 00:06:44.319$ fashion to either old standard of care,

NOTE Confidence: 0.818044066429138

 $00:06:44.320 \longrightarrow 00:06:46.260$ RVD or they daratumumab CD.

NOTE Confidence: 0.818044066429138

 $00:06:46.260 \longrightarrow 00:06:48.195$ 38 monoclonal antibody in combination

NOTE Confidence: 0.818044066429138

 $00{:}06{:}48.195 \dashrightarrow 00{:}06{:}49.743$ with standard RVD triplet.

NOTE Confidence: 0.818044066429138

00:06:49.750 --> 00:06:51.455 After four cycles of induction

NOTE Confidence: 0.818044066429138

 $00:06:51.455 \longrightarrow 00:06:53.160$ therapy patients went on to

 $00:06:53.218 \longrightarrow 00:06:55.568$ receive autologous stem cell transplant.

NOTE Confidence: 0.834181904792786

 $00:06:55.570 \longrightarrow 00:06:58.690$ This was followed by two more cycles of

NOTE Confidence: 0.834181904792786

 $00:06:58.690 \longrightarrow 00:07:01.010$ consolidation therapy with the same regiment.

NOTE Confidence: 0.834181904792786

 $00:07:01.010 \longrightarrow 00:07:03.242$ Followed by REVLIMID maintenance as a

NOTE Confidence: 0.834181904792786

 $00:07:03.242 \longrightarrow 00:07:05.909$ single agent as per standard of care.

NOTE Confidence: 0.834181904792786

 $00:07:05.910 \dashrightarrow 00:07:07.522$ Versus daratumumab REVLIMID combination

NOTE Confidence: 0.834181904792786

 $00:07:07.522 \longrightarrow 00:07:09.537$ as maintenance strategy and as

NOTE Confidence: 0.834181904792786

 $00:07:09.537 \longrightarrow 00:07:11.579$ you can see with ongoing therapy,

NOTE Confidence: 0.834181904792786

 $00:07:11.580 \longrightarrow 00:07:14.604$ responses depend at the end of 12 months

NOTE Confidence: 0.834181904792786

 $00:07:14.604 \longrightarrow 00:07:16.874$ of maintenance with Dara, RVD regimen.

NOTE Confidence: 0.834181904792786

 $00{:}07{:}16.874 \dashrightarrow 00{:}07{:}18.759$ 63% of patients achieved stringent

NOTE Confidence: 0.834181904792786

 $00:07:18.759 \longrightarrow 00:07:19.513$ complete responses,

NOTE Confidence: 0.834181904792786

 $00:07:19.520 \longrightarrow 00:07:21.455$ and this was significantly better

NOTE Confidence: 0.834181904792786

 $00:07:21.455 \longrightarrow 00:07:24.171$ as compared with RVD triplet and in

NOTE Confidence: 0.834181904792786

 $00:07:24.171 \longrightarrow 00:07:26.307$ general response rates and depth of

NOTE Confidence: 0.834181904792786

 $00:07:26.307 \dashrightarrow 00:07:28.210$ responses were greater with Dara,

00:07:28.210 --> 00:07:30.856 RVD regimen at all treatment time points,

NOTE Confidence: 0.834181904792786

 $00{:}07{:}30.860 \dashrightarrow 00{:}07{:}33.724$ and the same is true for the sustained

NOTE Confidence: 0.834181904792786

 $00:07:33.724 \longrightarrow 00:07:35.708$ MRD negativity lusting for greater

NOTE Confidence: 0.834181904792786

00:07:35.708 --> 00:07:38.096 than six months and greater than.

NOTE Confidence: 0.834181904792786

 $00{:}07{:}38.100 \dashrightarrow 00{:}07{:}40.698$ 12 months with RVD regimen compared

NOTE Confidence: 0.834181904792786 00:07:40.698 --> 00:07:41.997 to the triplet.

NOTE Confidence: 0.838071703910828

 $00:07:44.300 \longrightarrow 00:07:47.174$ The 24 months progression free survival

NOTE Confidence: 0.838071703910828

 $00{:}07{:}47.174 \dashrightarrow 00{:}07{:}49.908$ and overall survival data are reported

NOTE Confidence: 0.838071703910828

 $00{:}07{:}49.908 \dashrightarrow 00{:}07{:}52.860$ and at this time point and follow up.

NOTE Confidence: 0.838071703910828

 $00:07:52.860 \longrightarrow 00:07:54.572$ These are not significantly

NOTE Confidence: 0.838071703910828

 $00:07:54.572 \longrightarrow 00:07:55.428$ different statistically,

NOTE Confidence: 0.838071703910828

 $00:07:55.430 \longrightarrow 00:07:57.570$ between the two arms, however,

NOTE Confidence: 0.838071703910828

 $00{:}07{:}57.570 \dashrightarrow 00{:}07{:}59.278$ predicted PFS appears promising.

NOTE Confidence: 0.838071703910828

 $00{:}07{:}59.278 \dashrightarrow 00{:}08{:}02.274$ As you can see, the overall survival

NOTE Confidence: 0.838071703910828

00:08:02.274 --> 00:08:03.997 curves are overlapping, however,

 $00:08:03.997 \longrightarrow 00:08:07.493$ more more time and follow up is required

NOTE Confidence: 0.838071703910828

 $00{:}08{:}07.493 \dashrightarrow 00{:}08{:}10.405$ for further read out of the data.

NOTE Confidence: 0.838071703910828

 $00:08:10.410 \longrightarrow 00:08:12.118$ With regard to treatment,

NOTE Confidence: 0.838071703910828

 $00:08:12.118 \longrightarrow 00:08:13.399$ emerging adverse events,

NOTE Confidence: 0.838071703910828

 $00:08:13.400 \longrightarrow 00:08:14.669$ the hematologic toxicity.

NOTE Confidence: 0.838071703910828

 $00:08:14.669 \longrightarrow 00:08:16.784$ Of grade three and four

NOTE Confidence: 0.838071703910828

00:08:16.784 --> 00:08:18.738 degree were higher in Dara,

NOTE Confidence: 0.838071703910828

 $00{:}08{:}18.740 \dashrightarrow 00{:}08{:}20.750$ RVD treatment arm as compared

NOTE Confidence: 0.838071703910828

 $00:08:20.750 \longrightarrow 00:08:22.358$ to the RVD triplet.

NOTE Confidence: 0.838071703910828

 $00:08:22.360 \longrightarrow 00:08:24.862$ Other non hematologic toxicities or also

NOTE Confidence: 0.838071703910828

00:08:24.862 --> 00:08:27.578 slightly higher compared to the RVD triplet,

NOTE Confidence: 0.838071703910828

 $00:08:27.580 \longrightarrow 00:08:28.705$ especially the upper.

NOTE Confidence: 0.838071703910828

 $00:08:28.705 \longrightarrow 00:08:30.580$ Story infections were higher with

NOTE Confidence: 0.838071703910828

 $00{:}08{:}30.580 \dashrightarrow 00{:}08{:}32.410$ quadruplet versus triplet combination,

NOTE Confidence: 0.838071703910828

 $00:08:32.410 \longrightarrow 00:08:35.217$ however, when it comes to grade 3.

NOTE Confidence: 0.838071703910828

 $00:08:35.220 \longrightarrow 00:08:36.828$ Four pulmonary side effects

 $00:08:36.828 \longrightarrow 00:08:38.436$ such as severe pneumonia,

NOTE Confidence: 0.838071703910828

 $00:08:38.440 \longrightarrow 00:08:40.044$ they were not statistically

NOTE Confidence: 0.838071703910828

 $00:08:40.044 \longrightarrow 00:08:40.846$ significantly different,

NOTE Confidence: 0.838071703910828

 $00:08:40.850 \longrightarrow 00:08:42.860$ so this regimen based on

NOTE Confidence: 0.838071703910828

00:08:42.860 --> 00:08:44.870 this face to randomize study,

NOTE Confidence: 0.838071703910828

 $00:08:44.870 \longrightarrow 00:08:46.510$ offers a very potent

NOTE Confidence: 0.838071703910828

 $00:08:46.510 \longrightarrow 00:08:47.740$ frontline induction regimen.

NOTE Confidence: 0.838071703910828

00:08:47.740 --> 00:08:49.966 Which has been adopted in clinical

NOTE Confidence: 0.838071703910828

 $00:08:49.966 \longrightarrow 00:08:51.450$ practice as their reasonable

NOTE Confidence: 0.838071703910828

00:08:51.513 --> 00:08:53.281 frontline regiment for newly

NOTE Confidence: 0.838071703910828

 $00:08:53.281 \longrightarrow 00:08:55.491$ diagnosed patients who are transplant

NOTE Confidence: 0.838071703910828

 $00:08:55.491 \longrightarrow 00:08:57.289$ eligible with multiple myeloma.

NOTE Confidence: 0.838071703910828

 $00{:}08{:}57.290 \dashrightarrow 00{:}09{:}00.202$ Next I would like to highlight the

NOTE Confidence: 0.838071703910828

 $00:09:00.202 \longrightarrow 00:09:03.156$ updates of the Forte trial presented

NOTE Confidence: 0.838071703910828

00:09:03.156 --> 00:09:06.384 by Doctor Francesca Gay from Italy.

00:09:06.390 --> 00:09:07.635 As you know,

NOTE Confidence: 0.838071703910828

 $00:09:07.635 --> 00:09:10.125 \ 40 \ {\rm trial \ randomized} \ 474 \ {\rm patients} \ {\rm with}$

NOTE Confidence: 0.838071703910828

 $00:09:10.125 \longrightarrow 00:09:12.618$ newly diagnosed multiple myeloma.

NOTE Confidence: 0.838071703910828

 $00:09:12.620 \longrightarrow 00:09:15.200$ These were transplant eligible an

NOTE Confidence: 0.838071703910828

 $00:09:15.200 \longrightarrow 00:09:19.154$ younger than 65 years of age and they

NOTE Confidence: 0.838071703910828

00:09:19.154 --> 00:09:22.680 were randomized to one of the three arms,

NOTE Confidence: 0.838071703910828

 $00:09:22.680 \longrightarrow 00:09:23.636$ either carfilzomib,

NOTE Confidence: 0.838071703910828

00:09:23.636 --> 00:09:24.114 cyclophosphamide,

NOTE Confidence: 0.838071703910828

 $00:09:24.114 \longrightarrow 00:09:26.026$ dexamethasone or carfilzomib REVLIMID.

NOTE Confidence: 0.838071703910828

 $00:09:26.030 \longrightarrow 00:09:27.830$ Dexamethasone followed by transplant.

NOTE Confidence: 0.838071703910828

 $00{:}09{:}27.830 \dashrightarrow 00{:}09{:}29.630$ Or carfilzomib REVLIMID dexame thasone

NOTE Confidence: 0.838071703910828

 $00:09:29.630 \longrightarrow 00:09:32.167$ for 12 cycles without autologous stem

NOTE Confidence: 0.838071703910828

 $00:09:32.167 \dashrightarrow 00:09:34.537$ cell transplant and at the randomization.

NOTE Confidence: 0.838071703910828

 $00:09:34.540 \longrightarrow 00:09:37.174$ Part 2 patients with randomized to

NOTE Confidence: 0.838071703910828

 $00:09:37.174 \longrightarrow 00:09:39.853$ either single agent REVLIMID as per

NOTE Confidence: 0.838071703910828

00:09:39.853 --> 00:09:42.403 standard of care or combination of

 $00:09:42.403 \longrightarrow 00:09:44.718$ carfilzomib produce some inhibitor with

NOTE Confidence: 0.838071703910828

 $00{:}09{:}44.718 \dashrightarrow 00{:}09{:}47.502$ REVLIMID as part of maintenance the rapy.

NOTE Confidence: 0.838071703910828

 $00:09:47.510 \longrightarrow 00:09:50.366$ And at this 45 months of median

NOTE Confidence: 0.838071703910828

 $00:09:50.366 \longrightarrow 00:09:53.314$ follow up they sustained MRD negative

NOTE Confidence: 0.838071703910828

00:09:53.314 --> 00:09:56.566 complete responses for KRD 12 CRV

NOTE Confidence: 0.838071703910828

 $00:09:56.566 \longrightarrow 00:09:59.782$ with transplant was 68% and KRD

NOTE Confidence: 0.838071703910828

 $00:09:59.782 \longrightarrow 00:10:02.237$ 412 cycles without transplant or

NOTE Confidence: 0.838071703910828

 $00:10:02.237 \longrightarrow 00:10:06.020$ 54% and the same is true for the

NOTE Confidence: 0.838071703910828

00:10:06.020 --> 00:10:08.060 progression free survival data

NOTE Confidence: 0.838071703910828

 $00{:}10{:}08.060 \dashrightarrow 00{:}10{:}11.300$ which favors the KRD plus autologous

NOTE Confidence: 0.838071703910828

 $00:10:11.300 \longrightarrow 00:10:14.031$ stem cell transplant at 78% and

NOTE Confidence: 0.838071703910828

 $00{:}10{:}14.031 --> 00{:}10{:}17.538$ the next best is KRD 12 cycles.

NOTE Confidence: 0.838071703910828

00:10:17.540 --> 00:10:19.706 Where is car filzomib,

NOTE Confidence: 0.838071703910828

00:10:19.706 --> 00:10:22.594 cyclophosphamide dexamethasone is inferior.

NOTE Confidence: 0.838071703910828

 $00:10:22.600 \longrightarrow 00:10:25.138$ And this data present overall very

00:10:25.138 --> 00:10:27.637 good partial response rates for the

NOTE Confidence: 0.838071703910828

 $00{:}10{:}27.637 \dashrightarrow 00{:}10{:}29.839$ time point of randomization Part 2.

NOTE Confidence: 0.838071703910828

00:10:29.840 --> 00:10:33.208 As you can see the very good partial

NOTE Confidence: 0.838071703910828

00:10:33.208 --> 00:10:35.870 risk responses on the order of 9694%

NOTE Confidence: 0.838071703910828

 $00{:}10{:}35.870 \dashrightarrow 00{:}10{:}38.166$ and what was observed is that MRD

NOTE Confidence: 0.838071703910828

00:10:38.166 --> 00:10:40.460 conversion rate from MRD positive to

NOTE Confidence: 0.838071703910828

 $00:10:40.460 \longrightarrow 00:10:42.116$ negative was significantly higher

NOTE Confidence: 0.838071703910828

 $00:10:42.116 \longrightarrow 00:10:44.595$ among patients who received carfilzomib

NOTE Confidence: 0.838071703910828

 $00:10:44.595 \longrightarrow 00:10:46.947$ REVLIMID combination for maintenance.

NOTE Confidence: 0.838071703910828

 $00:10:46.950 \longrightarrow 00:10:49.470$ The overall survival curves here are

NOTE Confidence: 0.838071703910828

 $00{:}10{:}49.470 \dashrightarrow 00{:}10{:}51.894$ really striking for both KRD with

NOTE Confidence: 0.838071703910828

 $00:10:51.894 \longrightarrow 00:10:54.253$ transplant as well as KRD 12 regimen

NOTE Confidence: 0.838071703910828

 $00:10:54.253 \longrightarrow 00:10:56.936$ and slightly inferior for carfilzomib

NOTE Confidence: 0.838071703910828

 $00{:}10{:}56.936 \dashrightarrow 00{:}10{:}59.208$ cytoxan Barbara Cytoxan regimen.

NOTE Confidence: 0.838071703910828 00:10:59.210 --> 00:11:00.156 So overall, NOTE Confidence: 0.838071703910828

 $00:11:00.156 \longrightarrow 00:11:02.994$ this data show that carfilzomib REVLIMID

00:11:02.994 --> 00:11:05.126 dexamethasone induction is a very

NOTE Confidence: 0.838071703910828

 $00:11:05.126 \longrightarrow 00:11:06.991$ potent regiment for frontline therapy

NOTE Confidence: 0.838071703910828

00:11:06.991 --> 00:11:09.176 for patients with newly diagnosed

NOTE Confidence: 0.838071703910828

00:11:09.176 --> 00:11:11.912 multiple myeloma who are transplant eligible.

NOTE Confidence: 0.838071703910828 00:11:11.920 --> 00:11:12.358 Specifically, NOTE Confidence: 0.838071703910828

00:11:12.358 --> 00:11:14.110 KRD improved with transplant,

NOTE Confidence: 0.838071703910828

00:11:14.110 --> 00:11:15.882 improved progression free survival

NOTE Confidence: 0.838071703910828

 $00{:}11{:}15.882 \dashrightarrow 00{:}11{:}18.540$ as compared to the other carbs.

NOTE Confidence: 0.838071703910828

 $00:11:18.540 \longrightarrow 00:11:21.788$ And the responses were deeper and depend

NOTE Confidence: 0.838071703910828

 $00{:}11{:}21.788 \dashrightarrow 00{:}11{:}24.810$ with continuous KRD maintenance regimen.

NOTE Confidence: 0.838071703910828

00:11:24.810 --> 00:11:27.066 Next I would like to highlight

NOTE Confidence: 0.838071703910828

 $00:11:27.066 \longrightarrow 00:11:28.570$ the report on the

NOTE Confidence: 0.813896238803864

 $00{:}11{:}28.653 \dashrightarrow 00{:}11{:}31.748$ elderly non transplant eligible patients

NOTE Confidence: 0.813896238803864

 $00:11:31.748 \longrightarrow 00:11:34.843$ with newly diagnosed multiple myeloma.

NOTE Confidence: 0.813896238803864

00:11:34.850 --> 00:11:38.746 The phase three term Alene trial out of

 $00:11:38.746 \longrightarrow 00:11:41.692$ Europe presented by Doctor Thierry Facon

NOTE Confidence: 0.813896238803864

00:11:41.692 --> 00:11:45.131 who presented the data on this study

NOTE Confidence: 0.813896238803864

00:11:45.131 --> 00:11:48.317 where 705 patients were randomized to

NOTE Confidence: 0.813896238803864

00:11:48.317 --> 00:11:50.912 either exacum Abe REVLIMID, dexamethasone,

NOTE Confidence: 0.813896238803864

 $00:11:50.912 \longrightarrow 00:11:52.916$ triplet combination versus placebo.

NOTE Confidence: 0.813896238803864

 $00:11:52.920 \longrightarrow 00:11:54.426$ REVLIMID. Dexamethasone doublet

NOTE Confidence: 0.813896238803864

 $00:11:54.426 \longrightarrow 00:11:56.936$ combination in this transplant ineligible.

NOTE Confidence: 0.813896238803864

 $00:11:56.940 \longrightarrow 00:11:58.042$ Elderly population.

NOTE Confidence: 0.813896238803864

 $00{:}11{:}58.042 \mathrel{--}{>} 00{:}12{:}00.797$ And the study demonstrated median

NOTE Confidence: 0.813896238803864

00:12:00.797 --> 00:12:02.946 progression free survival of

NOTE Confidence: 0.813896238803864

 $00{:}12{:}02.946 \dashrightarrow 00{:}12{:}05.041$ significantly improved to 35 months

NOTE Confidence: 0.813896238803864

00:12:05.041 --> 00:12:08.069 compared to 21 months in the triplet

NOTE Confidence: 0.813896238803864

 $00{:}12{:}08.069 \dashrightarrow 00{:}12{:}10.204$ versus the tablet RRD combination.

NOTE Confidence: 0.813896238803864

 $00:12:10.210 \longrightarrow 00:12:13.320$ And this translated into deeper.

NOTE Confidence: 0.813896238803864

00:12:13.320 --> 00:12:15.200 Higher rates of deeper responses

NOTE Confidence: 0.813896238803864

 $00:12:15.200 \longrightarrow 00:12:18.243$ in the form of higher rate of very

 $00:12:18.243 \longrightarrow 00:12:20.053$ good partial response as well

NOTE Confidence: 0.813896238803864

 $00:12:20.053 \longrightarrow 00:12:22.039$ as higher rate of complete.

NOTE Confidence: 0.813896238803864

00:12:22.040 --> 00:12:23.556 An stringent complete remissions

NOTE Confidence: 0.813896238803864

 $00:12:23.556 \longrightarrow 00:12:25.830$ SOA based on this data exactly.

NOTE Confidence: 0.813896238803864

 $00:12:25.830 \longrightarrow 00:12:27.732$ My problem in Texas Methadone appears

NOTE Confidence: 0.813896238803864

 $00:12:27.732 \longrightarrow 00:12:29.902$ to be a reasonable frontline regiment

NOTE Confidence: 0.813896238803864

00:12:29.902 --> 00:12:31.997 for elderly newly diagnosed subjects

NOTE Confidence: 0.813896238803864

 $00:12:31.997 \longrightarrow 00:12:34.169$ who are ineligible for transplant,

NOTE Confidence: 0.813896238803864

 $00{:}12{:}34.170 \dashrightarrow 00{:}12{:}36.949$ and it provides a convenient way of

NOTE Confidence: 0.813896238803864

00:12:36.949 --> 00:12:39.439 all oral combination which may be

NOTE Confidence: 0.813896238803864

 $00:12:39.439 \longrightarrow 00:12:41.893$ particularly relevant in the covid era.

NOTE Confidence: 0.813896238803864

00:12:41.900 --> 00:12:42.536 And finally,

NOTE Confidence: 0.813896238803864

 $00{:}12{:}42.536 \dashrightarrow 00{:}12{:}44.762$ I would like to highlight some of

NOTE Confidence: 0.813896238803864

 $00{:}12{:}44.762 \dashrightarrow 00{:}12{:}47.187$ the preclinical data which were

NOTE Confidence: 0.813896238803864

 $00:12:47.187 \longrightarrow 00:12:49.223$ presented during scientific session,

00:12:49.230 --> 00:12:51.666 first out of Mayo Clinic Doctor

NOTE Confidence: 0.813896238803864

 $00{:}12{:}51.666 --> 00{:}12{:}52.884$ Bakes Eagles experience,

NOTE Confidence: 0.813896238803864

 $00:12:52.890 \longrightarrow 00:12:55.459$ who presented the role of dichro gut

NOTE Confidence: 0.813896238803864

 $00:12:55.459 \longrightarrow 00:12:57.769$ microbiome in shaping myeloma evolution.

NOTE Confidence: 0.813896238803864

00:12:57.770 --> 00:12:58.721 In this study,

NOTE Confidence: 0.813896238803864

00:12:58.721 --> 00:13:00.623 they used VK mix transgenic mice

NOTE Confidence: 0.813896238803864

 $00:13:00.623 \longrightarrow 00:13:02.155$ which spontaneously developed

NOTE Confidence: 0.813896238803864

00:13:02.155 --> 00:13:03.880 democracies and myeloma.

NOTE Confidence: 0.813896238803864

00:13:03.880 --> 00:13:06.729 The first observation was out of Italy,

NOTE Confidence: 0.813896238803864

 $00:13:06.730 \longrightarrow 00:13:08.555$ where they observed that the

NOTE Confidence: 0.813896238803864

 $00{:}13{:}08.555 \dashrightarrow 00{:}13{:}10.380$ rate of progression to myeloma

NOTE Confidence: 0.813896238803864

 $00:13:10.449 \longrightarrow 00:13:12.060$ was significantly delayed.

NOTE Confidence: 0.813896238803864

00:13:12.060 --> 00:13:14.040 In the pathogen, free vivarium,

NOTE Confidence: 0.813896238803864

00:13:14.040 --> 00:13:15.568 and so Mayo Clinic,

NOTE Confidence: 0.813896238803864

00:13:15.568 --> 00:13:17.478 Arizona joined forces with Jackson

NOTE Confidence: 0.813896238803864

 $00{:}13{:}17.478 \dashrightarrow 00{:}13{:}20.166$ Labs and Debrided this Miz and

 $00:13:20.166 \longrightarrow 00:13:21.954$ subsequently transplanted them with

NOTE Confidence: 0.813896238803864

 $00{:}13{:}21.954 \dashrightarrow 00{:}13{:}24.078$ primary myeloma samples and they

NOTE Confidence: 0.813896238803864

 $00:13:24.078 \longrightarrow 00:13:26.490$ treated mice with antibiotics or not.

NOTE Confidence: 0.813896238803864

00:13:26.490 --> 00:13:28.402 And they observed significant

NOTE Confidence: 0.813896238803864

 $00:13:28.402 \longrightarrow 00:13:30.314$ percentage increase in survival

NOTE Confidence: 0.813896238803864

 $00:13:30.314 \longrightarrow 00:13:32.740$ of mice treated with antibiotics

NOTE Confidence: 0.813896238803864

 $00:13:32.740 \longrightarrow 00:13:35.075$ as compared with the control.

NOTE Confidence: 0.813896238803864

 $00:13:35.080 \longrightarrow 00:13:37.460$ Later they identified that Prevotella,

NOTE Confidence: 0.813896238803864

00:13:37.460 --> 00:13:40.897 one of the microorganisms in the gut

NOTE Confidence: 0.813896238803864

 $00:13:40.897 \longrightarrow 00:13:42.370$ microbiome significantly impacted

NOTE Confidence: 0.813896238803864

 $00:13:42.444 \longrightarrow 00:13:44.619$ the burden of multiple myeloma.

NOTE Confidence: 0.813896238803864

00:13:44.620 --> 00:13:47.404 So this data hypothesize that the

NOTE Confidence: 0.813896238803864

 $00{:}13{:}47.404 \dashrightarrow 00{:}13{:}50.310$ certain micro bacteria in the gut

NOTE Confidence: 0.813896238803864

 $00{:}13{:}50.310 \dashrightarrow 00{:}13{:}52.725$ microbiome such as prevotella Trib,

NOTE Confidence: 0.813896238803864

00:13:52.730 --> 00:13:54.158 actor bacteria, Bacteroides,

 $00:13:54.158 \longrightarrow 00:13:56.436$ and Clostridia, can provide uncontrolled.

NOTE Confidence: 0.813896238803864

 $00{:}13{:}56.436 \dashrightarrow 00{:}13{:}58.204$ Stimulation of the TH.

NOTE Confidence: 0.813896238803864

00:13:58.210 --> 00:14:00.688 17 responses and regulatory T cell

NOTE Confidence: 0.813896238803864

 $00:14:00.688 \longrightarrow 00:14:03.220$ responses and this signal from got

NOTE Confidence: 0.813896238803864

 $00:14:03.220 \longrightarrow 00:14:05.644$ may translate into increased child 17.

NOTE Confidence: 0.813896238803864

 $00:14:05.650 \longrightarrow 00:14:07.685$ Another immune changes which further

NOTE Confidence: 0.813896238803864

 $00:14:07.685 \longrightarrow 00:14:10.175$ promote growth of myeloma cells and

NOTE Confidence: 0.813896238803864

 $00{:}14{:}10.175 \dashrightarrow 00{:}14{:}12.150$ progression of disease and this

NOTE Confidence: 0.813896238803864

 $00:14:12.150 \longrightarrow 00:14:14.215$ concept provides important Ave for

NOTE Confidence: 0.813896238803864

 $00:14:14.215 \longrightarrow 00:14:15.915$ the therapeutic interventions for

NOTE Confidence: 0.813896238803864

00:14:15.915 --> 00:14:18.040 prevention of disease and finally

NOTE Confidence: 0.813896238803864

 $00:14:18.040 \longrightarrow 00:14:20.494$ elegant work presented by Doctor Irene

NOTE Confidence: 0.813896238803864

 $00{:}14{:}20.494 \dashrightarrow 00{:}14{:}22.977$ Ghobrial of Dana Farber who performed

NOTE Confidence: 0.813896238803864

00:14:22.977 --> 00:14:25.311 single cell RNA sequencing on the

NOTE Confidence: 0.813896238803864

00:14:25.311 --> 00:14:27.446 spectrum of specimens from healthy

NOTE Confidence: 0.813896238803864

 $00:14:27.446 \longrightarrow 00:14:30.449$ volunteers to M Gus to smoldering myeloma.

 $00:14:30.450 \longrightarrow 00:14:33.246$ Two full blown clinical multiple myeloma

NOTE Confidence: 0.813896238803864

 $00:14:33.246 \longrightarrow 00:14:35.636$ and highlighted the composition and

NOTE Confidence: 0.813896238803864

 $00:14:35.636 \longrightarrow 00:14:37.472$ evolution of immune microenvironment

NOTE Confidence: 0.813896238803864

00:14:37.472 --> 00:14:40.248 changes during which with time and

NOTE Confidence: 0.813896238803864

 $00:14:40.248 \longrightarrow 00:14:42.288$ progression of disease there is

NOTE Confidence: 0.813896238803864

 $00{:}14{:}42.288 \dashrightarrow 00{:}14{:}44.367$ significant increase in the numbers

NOTE Confidence: 0.813896238803864

 $00:14:44.367 \longrightarrow 00:14:47.496$ of regulatory T cells as well as

NOTE Confidence: 0.813896238803864

 $00{:}14{:}47.496 \dashrightarrow 00{:}14{:}49.789$ increased percentage of NK cells

NOTE Confidence: 0.813896238803864

 $00{:}14{:}49.789 \dashrightarrow 00{:}14{:}51.549$ that predominantly express CX,

NOTE Confidence: 0.813896238803864

00:14:51.550 --> 00:14:52.786 CR4 and CX3 CR,

NOTE Confidence: 0.813896238803864

 $00:14:52.786 \longrightarrow 00:14:55.198$ as well as increased subsets of CD16

NOTE Confidence: 0.813896238803864

 $00:14:55.198 \longrightarrow 00:14:57.633$ monocytes and this data provides

NOTE Confidence: 0.813896238803864

 $00{:}14{:}57.633 \to 00{:}14{:}59.094$ significant background through

NOTE Confidence: 0.813896238803864

00:14:59.094 --> 00:15:01.810 which one could design immune

NOTE Confidence: 0.813896238803864

 $00:15:01.810 \longrightarrow 00:15:03.970$ therapeutic interventions to possibly

 $00:15:03.970 \longrightarrow 00:15:05.050$ eradicate irregular.

NOTE Confidence: 0.813896238803864

 $00{:}15{:}05.050 \dashrightarrow 00{:}15{:}06.805$ Regulatory T cells and other

NOTE Confidence: 0.813896238803864

00:15:06.805 --> 00:15:08.560 immune interventions in order to

NOTE Confidence: 0.849755704402924

 $00:15:08.625 \longrightarrow 00:15:10.469$ prevent the disease progression.

NOTE Confidence: 0.849755704402924

 $00:15:10.470 \longrightarrow 00:15:12.726$ So with that I will stop and would

NOTE Confidence: 0.849755704402924

00:15:12.726 --> 00:15:15.057 ask Doctor Terry Parker to highlight

NOTE Confidence: 0.849755704402924

 $00:15:15.057 \longrightarrow 00:15:17.187$ the updates on relapse refractory

NOTE Confidence: 0.849755704402924

 $00:15:17.187 \longrightarrow 00:15:19.370$ multiple myeloma Andale amyloidosis.

NOTE Confidence: 0.849755704402924

 $00:15:19.370 \longrightarrow 00:15:23.468$ Thank you. Thank

NOTE Confidence: 0.646573901176453 00:15:23.470 --> 00:15:30.610 you to Talia.

NOTE Confidence: 0.649618208408356

 $00{:}15{:}52.090 \dashrightarrow 00{:}15{:}56.699$ Unless you get the top.

NOTE Confidence: 0.720912516117096

 $00:15:59.420 \longrightarrow 00:16:04.395$ I will be reviewing updates

NOTE Confidence: 0.720912516117096

 $00:16:04.395 \longrightarrow 00:16:09.370$ from ASH and relapse refractory

NOTE Confidence: 0.720912516117096

00:16:09.547 --> 00:16:14.779 multiple myeloma anael Android.

NOTE Confidence: 0.720912516117096

 $00:16:14.780 \longrightarrow 00:16:16.312$ I have no disclosures.

NOTE Confidence: 0.720912516117096

 $00:16:16.312 \longrightarrow 00:16:18.610$ There are multiple abstracts this year

00:16:18.682 --> 00:16:21.197 in relapsed refractory multiple myeloma.

NOTE Confidence: 0.720912516117096

 $00:16:21.200 \longrightarrow 00:16:23.025$ They range from new combinations

NOTE Confidence: 0.720912516117096

00:16:23.025 --> 00:16:25.367 of FDA approved agents to immuno

NOTE Confidence: 0.720912516117096

 $00:16:25.367 \longrightarrow 00:16:27.179$ therapies with antibody drug,

NOTE Confidence: 0.720912516117096

00:16:27.180 --> 00:16:28.380 conjugate San, bispecific,

NOTE Confidence: 0.720912516117096

 $00:16:28.380 \longrightarrow 00:16:29.580$ T cell engager's.

NOTE Confidence: 0.720912516117096

 $00:16:29.580 \longrightarrow 00:16:31.848$ I will start by reviewing two

NOTE Confidence: 0.720912516117096

 $00:16:31.848 \longrightarrow 00:16:32.982$ abstracts utilizing currently

NOTE Confidence: 0.720912516117096

00:16:32.982 --> 00:16:35.160 FDA approved agents in selinexor.

NOTE Confidence: 0.720912516117096

00:16:35.160 --> 00:16:36.568 An easy Texas map.

NOTE Confidence: 0.720912516117096

00:16:36.568 --> 00:16:39.296 Stamp was a phase one B2 clinical

NOTE Confidence: 0.720912516117096

 $00:16:39.296 \longrightarrow 00:16:41.956$ trial that evaluated varying doses

NOTE Confidence: 0.720912516117096

 $00{:}16{:}41.956 \dashrightarrow 00{:}16{:}44.990$ and dose schedules of selin exor,

NOTE Confidence: 0.720912516117096

 $00:16:44.990 \longrightarrow 00:16:46.412$ pomalidomide and dexamethasone.

NOTE Confidence: 0.720912516117096

 $00:16:46.412 \longrightarrow 00:16:49.256$ Primary objective of the trial which

 $00:16:49.256 \longrightarrow 00:16:51.761$ identify the recommended phase two dose

NOTE Confidence: 0.720912516117096

 $00:16:51.761 \longrightarrow 00:16:54.100$ and evaluate the overall response rate.

NOTE Confidence: 0.720912516117096

 $00:16:54.100 \longrightarrow 00:16:56.270$ 65 patients were accrued 20

NOTE Confidence: 0.720912516117096

 $00:16:56.270 \longrightarrow 00:16:58.006$ at the recommended phase.

NOTE Confidence: 0.720912516117096 00:16:58.010 --> 00:16:58.922 Two dose. NOTE Confidence: 0.720912516117096

 $00:16:58.922 \longrightarrow 00:17:01.658$ The meeting number of prior therapies

NOTE Confidence: 0.720912516117096

 $00{:}17{:}01.658 \dashrightarrow 00{:}17{:}04.086$ was three and 75% of patients

NOTE Confidence: 0.720912516117096

 $00:17:04.086 \longrightarrow 00:17:05.818$ were refractory to Lenalidomide.

NOTE Confidence: 0.720912516117096

 $00:17:05.820 \longrightarrow 00:17:08.460$ The table here illustrates the very.

NOTE Confidence: 0.720912516117096

 $00:17:08.460 \longrightarrow 00:17:11.124$ Doses of weekly selinexor with the

NOTE Confidence: 0.720912516117096

 $00{:}17{:}11.124 \dashrightarrow 00{:}17{:}13.430$ recommended phase two highlighted in red,

NOTE Confidence: 0.720912516117096

00:17:13.430 --> 00:17:16.328 which ends up being 60 milligrams of

NOTE Confidence: 0.720912516117096

 $00:17:16.328 \longrightarrow 00:17:18.242$ selinexor weekly comma, 4 milligrams.

NOTE Confidence: 0.720912516117096

00:17:18.242 --> 00:17:22.540 21 out of 28 days and X 40 milligrams weekly.

NOTE Confidence: 0.720912516117096

 $00:17:22.540 \longrightarrow 00:17:25.422$ The overall response rate was 54.3% in

NOTE Confidence: 0.720912516117096

 $00{:}17{:}25.422 \dashrightarrow 00{:}17{:}27.432$ palm naive patients with progression

 $00:17:27.432 \longrightarrow 00:17:29.570$ free survival of 12.3 months.

NOTE Confidence: 0.720912516117096

 $00{:}17{:}29.570 \dashrightarrow 00{:}17{:}31.640$ There over all response rate decreased

NOTE Confidence: 0.720912516117096

 $00:17:31.640 \longrightarrow 00:17:34.050$ to 35.7% and those that were

NOTE Confidence: 0.720912516117096

 $00:17:34.050 \longrightarrow 00:17:36.025$ Palmer factory in patients dosed

NOTE Confidence: 0.720912516117096

 $00{:}17{:}36.025 \dashrightarrow 00{:}17{:}38.729$ at the recommended phase two dose.

NOTE Confidence: 0.720912516117096

 $00:17:38.730 \longrightarrow 00:17:40.788$ The overall response rate was 60%

NOTE Confidence: 0.720912516117096

00:17:40.790 --> 00:17:42.194 treatment related adverse events

NOTE Confidence: 0.720912516117096

 $00:17:42.194 \longrightarrow 00:17:44.300$ were similar to what has been

NOTE Confidence: 0.720912516117096

 $00:17:44.362 \longrightarrow 00:17:45.947$ seen with selinexor in Palm.

NOTE Confidence: 0.720912516117096

00:17:45.950 --> 00:17:46.982 These included nausea,

NOTE Confidence: 0.720912516117096

 $00:17:46.982 \longrightarrow 00:17:48.358$ mild depression and fatigue.

NOTE Confidence: 0.720912516117096

 $00:17:48.360 \longrightarrow 00:17:50.558$ I chose to highlight this trial as

NOTE Confidence: 0.720912516117096

 $00{:}17{:}50.558 \mathrel{--}{>} 00{:}17{:}52.676$ it presents an all oral regimen

NOTE Confidence: 0.720912516117096

 $00{:}17{:}52.676 \dashrightarrow 00{:}17{:}54.896$ which is appealing to our patients,

NOTE Confidence: 0.720912516117096

 $00:17:54.900 \longrightarrow 00:17:56.958$ especially in the relapse refractory setting.

 $00:17:56.960 \longrightarrow 00:17:59.696$ I also wanted to point out the different

NOTE Confidence: 0.720912516117096

 $00{:}17{:}59.696 \dashrightarrow 00{:}18{:}02.120$ selinex or dosing compared to the storm trial,

NOTE Confidence: 0.720912516117096

 $00:18:02.120 \longrightarrow 00:18:04.437$ which was 80 twice a week and

NOTE Confidence: 0.720912516117096

 $00:18:04.437 \longrightarrow 00:18:05.910$ the Boston clinical trial,

NOTE Confidence: 0.720912516117096

 $00:18:05.910 \longrightarrow 00:18:07.630$ which was 100 milligrams weekly.

NOTE Confidence: 0.720912516117096

 $00:18:07.630 \longrightarrow 00:18:10.367$ There was an improved overall response rate.

NOTE Confidence: 0.720912516117096

 $00{:}18{:}10.370 \dashrightarrow 00{:}18{:}12.630$ Free survival compared to historical

NOTE Confidence: 0.720912516117096

 $00:18:12.630 \longrightarrow 00:18:15.184$ data with palm index which is

NOTE Confidence: 0.720912516117096

00:18:15.184 --> 00:18:16.448 31% informance respectively.

NOTE Confidence: 0.720912516117096

00:18:16.448 --> 00:18:18.544 In patients refractory to

NOTE Confidence: 0.720912516117096

 $00{:}18{:}18.544 \dashrightarrow 00{:}18{:}21.329$ Lenalidomide and worked as a matter.

NOTE Confidence: 0.720912516117096

 $00:18:21.330 \longrightarrow 00:18:23.478$ Doctor Martin presented at the interim

NOTE Confidence: 0.720912516117096

 $00:18:23.478 \longrightarrow 00:18:25.606$ analysis from the Akuma trial patients

NOTE Confidence: 0.720912516117096

 $00:18:25.606 \longrightarrow 00:18:27.825$ were eligible for this trial if they

NOTE Confidence: 0.720912516117096

 $00:18:27.825 \longrightarrow 00:18:30.288$ had one to three prior lines of therapy.

NOTE Confidence: 0.720912516117096

 $00:18:30.290 \longrightarrow 00:18:32.288$ No prior history of carpal zenmap,

 $00:18:32.290 \longrightarrow 00:18:35.506$ and we're not refractory to anti CD 38.

NOTE Confidence: 0.720912516117096

 $00:18:35.510 \longrightarrow 00:18:37.445$ 302 patients were randomized to

NOTE Confidence: 0.720912516117096

 $00{:}18{:}37.445 {\:{\circ}{\circ}{\circ}}>00{:}18{:}38.993$ receive isatuximab carfilzomib dex

NOTE Confidence: 0.720912516117096

00:18:38.993 --> 00:18:40.925 versus carfilzomib dex with the

NOTE Confidence: 0.720912516117096

 $00:18:40.925 \longrightarrow 00:18:42.780$ primary endpoint of progression free

NOTE Confidence: 0.720912516117096

 $00:18:42.780 \longrightarrow 00:18:44.380$ survival and secondary endpoints

NOTE Confidence: 0.720912516117096

 $00:18:44.380 \longrightarrow 00:18:45.547$ of overall response.

NOTE Confidence: 0.720912516117096

 $00{:}18{:}45.550 \dashrightarrow 00{:}18{:}47.926$ VGP RCR emoji negativity rates from

NOTE Confidence: 0.720912516117096

 $00{:}18{:}47.926 \longrightarrow 00{:}18{:}50.685$ those not familiar East Texas map is

NOTE Confidence: 0.720912516117096

 $00:18:50.685 \longrightarrow 00:18:53.268$ an IgG one monoclonal antibody against CD.

NOTE Confidence: 0.720912516117096

 $00:18:53.270 \longrightarrow 00:18:55.478$ 38 minimal residual disease was assessed

NOTE Confidence: 0.720912516117096

 $00:18:55.478 \longrightarrow 00:18:58.670$ for this trial in the bone marrow aspirates.

NOTE Confidence: 0.720912516117096

 $00{:}18{:}58.670 \dashrightarrow 00{:}19{:}01.071$ If patients who achieved at least Avicii

NOTE Confidence: 0.720912516117096

 $00{:}19{:}01.071 \dashrightarrow 00{:}19{:}03.446$ PR by next generation sequencing at

NOTE Confidence: 0.720912516117096

 $00:19:03.446 \longrightarrow 00:19:06.414$ 10 to the minus mix sensitivity level.

 $00:19:06.420 \longrightarrow 00:19:07.965$ Yeah, central lab.

NOTE Confidence: 0.720912516117096

00:19:07.965 --> 00:19:11.055 The best overall response was 86.6%,

NOTE Confidence: 0.720912516117096

 $00:19:11.060 \longrightarrow 00:19:13.375$ with 72.6% of patients achieving

NOTE Confidence: 0.720912516117096

 $00:19:13.375 \longrightarrow 00:19:15.690$ AVGPR and 39.7 as CR.

NOTE Confidence: 0.720912516117096

 $00:19:15.690 \longrightarrow 00:19:17.079$ In these attacks,

NOTE Confidence: 0.720912516117096

00:19:17.079 --> 00:19:19.394 map ARM MRD negativity rates

NOTE Confidence: 0.720912516117096

 $00:19:19.394 \longrightarrow 00:19:21.706$ were 41.4% compared to 22.9%.

NOTE Confidence: 0.720912516117096

 $00:19:21.706 \longrightarrow 00:19:25.235$ The CR rate of 39.7% was felt to

NOTE Confidence: 0.720912516117096

 $00{:}19{:}25.235 \dashrightarrow 00{:}19{:}27.260$ be under estimated given Eastern

NOTE Confidence: 0.720912516117096

 $00:19:27.260 \longrightarrow 00:19:29.120$ text mode interference.

NOTE Confidence: 0.720912516117096

 $00{:}19{:}29.120 \dashrightarrow 00{:}19{:}32.354$ Therefore, for 27 patients with an ear,

NOTE Confidence: 0.809959650039673

 $00:19:32.360 \longrightarrow 00:19:35.720$ see are defined as a positive

NOTE Confidence: 0.809959650039673

 $00:19:35.720 \longrightarrow 00:19:38.569$ immunofixation for IgG cap on I.

NOTE Confidence: 0.809959650039673

00:19:38.570 --> 00:19:40.460 Or potential CR were evaluated.

NOTE Confidence: 0.809959650039673

 $00:19:40.460 \longrightarrow 00:19:42.770$ The Anaspec 15 of the 27 were

NOTE Confidence: 0.809959650039673

 $00:19:42.770 \longrightarrow 00:19:45.368$ found to be M protein negative.

 $00:19:45.370 \longrightarrow 00:19:48.598$ Increasing the CR rate to 45.8%.

NOTE Confidence: 0.809959650039673

 $00{:}19{:}48.600 \dashrightarrow 00{:}19{:}50.430$ So talking points from this

NOTE Confidence: 0.809959650039673

 $00:19:50.430 \longrightarrow 00:19:52.260$ trial without the combination of

NOTE Confidence: 0.809959650039673

 $00:19:52.327 \longrightarrow 00:19:54.372$ East Texas map carfilzomib index

NOTE Confidence: 0.809959650039673

 $00:19:54.372 \longrightarrow 00:19:56.417$ resulted in improvement in overall

NOTE Confidence: 0.809959650039673

 $00:19:56.482 \longrightarrow 00:19:58.617$ response rate CR V GPR in Aberdeen.

NOTE Confidence: 0.809959650039673

 $00:19:58.620 \longrightarrow 00:20:00.136$ Negativity rates had an

NOTE Confidence: 0.809959650039673

 $00{:}20{:}00.136 \dashrightarrow 00{:}20{:}02.700$ impressive CR rate of 45 point 8%.

NOTE Confidence: 0.809959650039673

 $00{:}20{:}02.700 \dashrightarrow 00{:}20{:}05.213$ Again in patients with one to three

NOTE Confidence: 0.809959650039673

00:20:05.213 --> 00:20:07.518 prior lines of therapy and MRD,

NOTE Confidence: 0.809959650039673

 $00:20:07.520 \longrightarrow 00:20:09.746$ negative negative CR rate of 24%.

NOTE Confidence: 0.809959650039673

 $00:20:09.750 \longrightarrow 00:20:11.736$ MRD negativity in both arms was

NOTE Confidence: 0.809959650039673

 $00{:}20{:}11.736 \dashrightarrow 00{:}20{:}13.830$ associated with a longer progression,

NOTE Confidence: 0.809959650039673

 $00:20:13.830 \longrightarrow 00:20:15.685$ free survival and the potential

NOTE Confidence: 0.809959650039673

00:20:15.685 --> 00:20:17.169 to achieve MRD negativity,

 $00:20:17.170 \longrightarrow 00:20:19.075$ which should be independent of

NOTE Confidence: 0.809959650039673

 $00{:}20{:}19.075 \dashrightarrow 00{:}20{:}20{:}218$ adverse prognostic characteristics.

NOTE Confidence: 0.809959650039673

 $00{:}20{:}20{:}20{:}220{\:}-{>}$ 00 :20 :22 :040 Catches ISS stage three disease.

NOTE Confidence: 0.809959650039673

 $00:20:22.040 \longrightarrow 00:20:26.370$ We don't involvement or a gain of 1 Q 21.

NOTE Confidence: 0.809959650039673

00:20:26.370 --> 00:20:29.016 And moving on to the Immunotherapy's

NOTE Confidence: 0.809959650039673

00:20:29.016 --> 00:20:31.179 Doctor Kumar presented first in

NOTE Confidence: 0.809959650039673

00:20:31.179 --> 00:20:33.433 human phase one trial of MEDI 2228,

NOTE Confidence: 0.809959650039673

 $00:20:33.440 \longrightarrow 00:20:36.032$ which is an antibody drug conjugate

NOTE Confidence: 0.809959650039673

 $00{:}20{:}36.032 \dashrightarrow 00{:}20{:}37.760$ that targets the extracellular

NOTE Confidence: 0.809959650039673

 $00:20:37.832 \longrightarrow 00:20:39.337$ domain of human be CMA.

NOTE Confidence: 0.809959650039673

 $00{:}20{:}39.340 \dashrightarrow 00{:}20{:}40.908$ The primary endpoints were

NOTE Confidence: 0.809959650039673

 $00:20:40.908 \longrightarrow 00:20:42.084$ safety and tolerability.

NOTE Confidence: 0.809959650039673

 $00:20:42.090 \longrightarrow 00:20:44.055$ The trial enrolled 82 patients

NOTE Confidence: 0.809959650039673

 $00:20:44.055 \longrightarrow 00:20:45.627$ 41 in the expansion.

NOTE Confidence: 0.809959650039673

00:20:45.630 --> 00:20:47.994 Copart two patients had great for

NOTE Confidence: 0.809959650039673

 $00:20:47.994 \longrightarrow 00:20:50.738$ thrombocytopenia at the 0.2 mix perchik dose.

 $00:20:50.740 \longrightarrow 00:20:52.775$ Therefore, the maximum tolerated dose

NOTE Confidence: 0.809959650039673

 $00:20:52.775 \longrightarrow 00:20:56.238$ was 0.1 for mixer cake given Q three weeks.

NOTE Confidence: 0.809959650039673

 $00:20:56.240 \longrightarrow 00:20:57.852$ Treatment related adverse events

NOTE Confidence: 0.809959650039673

 $00:20:57.852 \longrightarrow 00:20:58.658$ included photophobia.

NOTE Confidence: 0.809959650039673

 $00:20:58.660 \longrightarrow 00:21:00.695$ Thrombocytopenia rash dry on pleural

NOTE Confidence: 0.809959650039673

 $00:21:00.695 \longrightarrow 00:21:03.080$ effusion at the maximum tolerated dose,

NOTE Confidence: 0.809959650039673

 $00:21:03.080 \longrightarrow 00:21:05.892$ the overall response rate was 66% with

NOTE Confidence: 0.809959650039673

 $00:21:05.892 \longrightarrow 00:21:08.706$ the duration of response at 5.9 months.

NOTE Confidence: 0.809959650039673

 $00{:}21{:}08.710 \dashrightarrow 00{:}21{:}10.720$ Unlike the currently FDA approved

NOTE Confidence: 0.809959650039673

00:21:10.720 --> 00:21:12.328 ADC of Blanton map,

NOTE Confidence: 0.809959650039673

 $00:21:12.330 \longrightarrow 00:21:13.938$ no Keratopathy was observed.

NOTE Confidence: 0.809959650039673 00:21:13.938 --> 00:21:14.340 However, NOTE Confidence: 0.809959650039673

00:21:14.340 --> 00:21:16.890 photophobia credit 60% of patients at

NOTE Confidence: 0.809959650039673

 $00:21:16.890 \longrightarrow 00:21:20.068$ the 0.1 four make for kiddos with a

NOTE Confidence: 0.809959650039673

00:21:20.068 --> 00:21:22.780 median time to onset of two months,

 $00:21:22.780 \longrightarrow 00:21:24.790$ which is roughly 2 cycles.

NOTE Confidence: 0.809959650039673

 $00{:}21{:}24.790 \dashrightarrow 00{:}21{:}27.211$ This did improve in 37% of

NOTE Confidence: 0.809959650039673

 $00:21:27.211 \longrightarrow 00:21:29.266$ patients and resolved in for.

NOTE Confidence: 0.809959650039673

 $00:21:29.270 \longrightarrow 00:21:31.280$ Is holding up the medication

NOTE Confidence: 0.809959650039673

00:21:31.280 --> 00:21:33.290 this agent is moving forward,

NOTE Confidence: 0.809959650039673

 $00:21:33.290 \longrightarrow 00:21:35.920$ looking at varying adjusting schedules.

NOTE Confidence: 0.809959650039673

 $00:21:35.920 \longrightarrow 00:21:37.180$ They must pass it.

NOTE Confidence: 0.809959650039673

 $00:21:37.180 \longrightarrow 00:21:39.070$ Ash this year was for the

NOTE Confidence: 0.809959650039673

00:21:39.150 --> 00:21:41.158 bispecific T cell engager's.

NOTE Confidence: 0.809959650039673

 $00:21:41.160 \longrightarrow 00:21:43.968$ This chart is adapted from 1% in by

NOTE Confidence: 0.809959650039673

00:21:43.968 --> 00:21:45.713 Doctor Chary during his educational

NOTE Confidence: 0.809959650039673

 $00:21:45.713 \longrightarrow 00:21:47.474$ session on you know, therapies.

NOTE Confidence: 0.809959650039673

 $00:21:47.474 \longrightarrow 00:21:47.808$ Here.

NOTE Confidence: 0.809959650039673

 $00:21:47.808 \longrightarrow 00:21:49.812$ I have listed all the bytes

NOTE Confidence: 0.809959650039673

00:21:49.812 --> 00:21:52.004 that RBC may targeted that were

NOTE Confidence: 0.809959650039673

 $00:21:52.004 \longrightarrow 00:21:53.824$ presented at this year's ASH.

00:21:53.830 --> 00:21:54.182 Therefore,

NOTE Confidence: 0.809959650039673

 $00:21:54.182 \longrightarrow 00:21:55.942$ oral abstracts and one poster

NOTE Confidence: 0.809959650039673

 $00:21:55.942 \longrightarrow 00:21:57.350$ do just time constraints.

NOTE Confidence: 0.809959650039673

00:21:57.350 --> 00:22:00.518 I will be just talking about to Clifton AB,

NOTE Confidence: 0.809959650039673

 $00:22:00.520 \longrightarrow 00:22:04.078$ which had the largest patient accrual.

NOTE Confidence: 0.809959650039673

 $00:22:04.080 \longrightarrow 00:22:06.201$ So as mentioned to custom AB is

NOTE Confidence: 0.809959650039673

00:22:06.201 --> 00:22:08.662 ABC May CD three byte 84 patients

NOTE Confidence: 0.809959650039673

00:22:08.662 --> 00:22:10.870 received an Ivy dose with 44

NOTE Confidence: 0.809959650039673

00:22:10.950 --> 00:22:13.119 receiving subcutaneous dosing.

NOTE Confidence: 0.809959650039673

 $00{:}22{:}13.120 \dashrightarrow 00{:}22{:}15.682$ The median number of prior treatments

NOTE Confidence: 0.809959650039673

 $00:22:15.682 \longrightarrow 00:22:17.972$ for these patients were six and

NOTE Confidence: 0.809959650039673

00:22:17.972 --> 00:22:19.642 81% were triple class refractory.

NOTE Confidence: 0.809959650039673

 $00{:}22{:}19.642 \dashrightarrow 00{:}22{:}22.271$ By that I mean they were refractory

NOTE Confidence: 0.809959650039673

 $00:22:22.271 \longrightarrow 00:22:24.905$ to an image of proteasome inhibitor,

NOTE Confidence: 0.809959650039673

00:22:24.910 --> 00:22:27.268 an anti CD 38 monoclonal antibody.

00:22:27.270 --> 00:22:29.400 Step up Justin was utilized prior

NOTE Confidence: 0.809959650039673

 $00:22:29.400 \longrightarrow 00:22:32.195$ to the first full dose to decrease

NOTE Confidence: 0.809959650039673

 $00:22:32.195 \longrightarrow 00:22:34.370$ the risk aside entirely syndrome.

NOTE Confidence: 0.809959650039673

00:22:34.370 --> 00:22:36.250 Notice TRS in subsequent slides,

NOTE Confidence: 0.809959650039673

 $00:22:36.250 \longrightarrow 00:22:38.875$ adverse events and no see Russ did

NOTE Confidence: 0.809959650039673

 $00:22:38.875 \longrightarrow 00:22:41.496$ occur in 55% of patients with the

NOTE Confidence: 0.809959650039673

 $00:22:41.496 \longrightarrow 00:22:44.148$ Ivy dose and in 50% receiving the

NOTE Confidence: 0.809959650039673

00:22:44.148 --> 00:22:46.482 subcutaneous dose with the median time

NOTE Confidence: 0.809959650039673

00:22:46.482 --> 00:22:49.367 to onset of one to two days respectively.

NOTE Confidence: 0.782522559165955

 $00:22:49.370 \longrightarrow 00:22:51.995$ However, no Grade 3 events were noted.

NOTE Confidence: 0.782522559165955

00:22:52.000 --> 00:22:53.125 Neurotoxicity hurting 5%

NOTE Confidence: 0.782522559165955

 $00:22:53.125 \longrightarrow 00:22:55.000$ with two Grade 3 events.

NOTE Confidence: 0.782522559165955

 $00:22:55.000 \longrightarrow 00:22:57.324$ Injection site reactions in 32 and there

NOTE Confidence: 0.782522559165955

 $00:22:57.324 \longrightarrow 00:22:59.870$ was one death attributed to pneumonia.

NOTE Confidence: 0.782522559165955

 $00:22:59.870 \longrightarrow 00:23:02.229$ The recommended phase two dose based on

NOTE Confidence: 0.782522559165955

 $00:23:02.229 \longrightarrow 00:23:04.420$ setting safety advocacy and pharmacokinetics.

00:23:04.420 --> 00:23:07.428 Is 1500 micrograms per kilogram at this test,

NOTE Confidence: 0.782522559165955

 $00:23:07.430 \longrightarrow 00:23:09.680$ the overall response rate was 73\%,

NOTE Confidence: 0.782522559165955

 $00:23:09.680 \longrightarrow 00:23:10.997$ as outlined here,

NOTE Confidence: 0.782522559165955

 $00:23:10.997 \longrightarrow 00:23:14.620$ with the median time to responsive one month.

NOTE Confidence: 0.782522559165955

00:23:14.620 --> 00:23:16.490 So again, take home points.

NOTE Confidence: 0.782522559165955

00:23:16.490 --> 00:23:18.506 The recommended phase two dose moving

NOTE Confidence: 0.782522559165955

 $00:23:18.506 \longrightarrow 00:23:20.361$ forward will be 1500 micrograms

NOTE Confidence: 0.782522559165955

 $00{:}23{:}20.361 \dashrightarrow 00{:}23{:}22.082$ per kilogram weekly, subcu.

NOTE Confidence: 0.782522559165955

00:23:22.082 --> 00:23:23.942 This was a heavily pretreated

NOTE Confidence: 0.782522559165955

 $00:23:23.942 \longrightarrow 00:23:24.686$ patient population,

NOTE Confidence: 0.782522559165955

 $00:23:24.690 \longrightarrow 00:23:26.560$ as 39% work at refractory,

NOTE Confidence: 0.782522559165955

 $00:23:26.560 \longrightarrow 00:23:28.828$ and in this patient population that

NOTE Confidence: 0.782522559165955

 $00{:}23{:}28.828 \dashrightarrow 00{:}23{:}30.660$ overall response rate was 73%,

NOTE Confidence: 0.782522559165955

00:23:30.660 --> 00:23:33.272 which is very encouraging with 23% CR

NOTE Confidence: 0.782522559165955

 $00:23:33.272 \longrightarrow 00:23:36.248$ and 55% VG PR at the recommended phase,

 $00:23:36.250 \longrightarrow 00:23:39.170$ two dose eat at the 11 evaluable patients

NOTE Confidence: 0.782522559165955

 $00{:}23{:}39.170 \dashrightarrow 00{:}23{:}41.634$ were energy negative and there's a

NOTE Confidence: 0.782522559165955

 $00:23:41.634 \longrightarrow 00:23:43.704$ potential for durable responses as

NOTE Confidence: 0.782522559165955

 $00:23:43.704 \longrightarrow 00:23:46.259$ 15 out of 16 patients were alive.

NOTE Confidence: 0.782522559165955

 $00:23:46.260 \longrightarrow 00:23:48.225$ No progression at the median

NOTE Confidence: 0.782522559165955

 $00:23:48.225 \longrightarrow 00:23:50.190$ follow up at 3.9 months.

NOTE Confidence: 0.782522559165955

 $00:23:50.190 \longrightarrow 00:23:52.170$ The other two by specifics that

NOTE Confidence: 0.782522559165955

00:23:52.170 --> 00:23:54.619 I would like to highlight include

NOTE Confidence: 0.782522559165955

00:23:54.619 --> 00:23:56.727 a bispecific targeting STR.

NOTE Confidence: 0.782522559165955

 $00:23:56.730 \longrightarrow 00:23:58.998 \text{ H}_5$ which stands for St receptor

NOTE Confidence: 0.782522559165955

00:23:58.998 --> 00:24:02.339 homolog 5 which is a type one membrane

NOTE Confidence: 0.782522559165955

 $00:24:02.339 \longrightarrow 00:24:04.967$ protein expressed on plasma cells with

NOTE Confidence: 0.782522559165955

00:24:05.049 --> 00:24:07.068 near 100% prevalence for myeloma.

NOTE Confidence: 0.782522559165955

00:24:07.068 --> 00:24:09.744 So Savasta map is this bispecific

NOTE Confidence: 0.782522559165955

00:24:09.744 --> 00:24:11.354 antibody that targets approximately

NOTE Confidence: 0.782522559165955

 $00:24:11.354 \longrightarrow 00:24:13.909$ the domain of FCR H5 in C3.

 $00:24:13.910 \longrightarrow 00:24:15.137$ Given Ivy Q,

NOTE Confidence: 0.782522559165955

 $00{:}24{:}15.137 \dashrightarrow 00{:}24{:}18.000$ three weeks again with one step up,

NOTE Confidence: 0.782522559165955

 $00:24:18.000 \longrightarrow 00:24:20.060$ dose 53 patients were accrued

NOTE Confidence: 0.782522559165955

 $00:24:20.060 \longrightarrow 00:24:22.120$ with 51 being a valuable.

NOTE Confidence: 0.782522559165955

 $00:24:22.120 \longrightarrow 00:24:24.528$ And 21% of now had prior PC may

NOTE Confidence: 0.782522559165955

 $00:24:24.528 \longrightarrow 00:24:26.121$ directed their adjusting schematic

NOTE Confidence: 0.782522559165955

00:24:26.121 --> 00:24:28.875 is illustrated here and the maximum

NOTE Confidence: 0.782522559165955

00:24:28.875 --> 00:24:30.910 tolerated dose was not reached.

NOTE Confidence: 0.78252255916595500:24:30.910 --> 00:24:31.322 Therefore,

NOTE Confidence: 0.782522559165955

 $00:24:31.322 \longrightarrow 00:24:33.794$ dose escalation is on going in

NOTE Confidence: 0.782522559165955

 $00:24:33.794 \longrightarrow 00:24:35.870$ this trial safety to note 76%

NOTE Confidence: 0.782522559165955

00:24:35.870 --> 00:24:37.780 of patients did have CR,

NOTE Confidence: 0.782522559165955

00:24:37.780 --> 00:24:40.420 S 28% had another event which

NOTE Confidence: 0.782522559165955

 $00:24:40.420 \longrightarrow 00:24:43.011$ occurred in the setting of CR S

NOTE Confidence: 0.782522559165955

00:24:43.011 --> 00:24:44.731 and 23% infusion related reaction

00:24:44.731 --> 00:24:46.766 in individuals who received at

NOTE Confidence: 0.782522559165955

00:24:46.766 --> 00:24:48.099 3.6 milligrams step up.

NOTE Confidence: 0.782522559165955

 $00:24:48.100 \longrightarrow 00:24:51.148$ This at least a 20 milligram full dose.

NOTE Confidence: 0.782522559165955

 $00:24:51.150 \longrightarrow 00:24:53.130$ The overall response rate was.

NOTE Confidence: 0.782522559165955

 $00:24:53.130 \longrightarrow 00:24:56.274$ 53% there was a 63% overall response

NOTE Confidence: 0.782522559165955

00:24:56.274 --> 00:24:59.106 rate in patients who had received

NOTE Confidence: 0.782522559165955

 $00{:}24{:}59.106 \dashrightarrow 00{:}25{:}01.599$ prior PCMI directed the rapies.

NOTE Confidence: 0.782522559165955

 $00:25:01.600 \longrightarrow 00:25:03.305$ So this represents a new

NOTE Confidence: 0.782522559165955

 $00{:}25{:}03.305 \dashrightarrow 00{:}25{:}04.669$ target for multiple myeloma,

NOTE Confidence: 0.782522559165955

00:25:04.670 --> 00:25:06.362 with the maximum tolerated

NOTE Confidence: 0.782522559165955

00:25:06.362 --> 00:25:08.054 dose not being reached.

NOTE Confidence: 0.782522559165955

00:25:08.060 --> 00:25:08.406 Importantly,

NOTE Confidence: 0.782522559165955

 $00:25:08.406 \longrightarrow 00:25:10.832$ Seeress did occur and 76% of patients,

NOTE Confidence: 0.782522559165955

 $00:25:10.832 \longrightarrow 00:25:13.600$ but there was only one grade three event,

NOTE Confidence: 0.782522559165955

 $00:25:13.600 \longrightarrow 00:25:15.780$ which was an elevated transaminase

NOTE Confidence: 0.782522559165955

 $00:25:15.780 \longrightarrow 00:25:17.524$ that resolved encouragingly responses

 $00:25:17.524 \longrightarrow 00:25:19.088$ were observed in patients who

NOTE Confidence: 0.782522559165955

 $00:25:19.088 \longrightarrow 00:25:21.393$ had prior be CMA as we will need

NOTE Confidence: 0.782522559165955

 $00:25:21.393 \longrightarrow 00:25:23.008$ therapies for patients who progress

NOTE Confidence: 0.782522559165955

00:25:23.008 --> 00:25:25.324 after car T and Adcs responses

NOTE Confidence: 0.782522559165955

 $00:25:25.324 \longrightarrow 00:25:27.564$ were seen irrespective of target

NOTE Confidence: 0.782522559165955

 $00:25:27.564 \longrightarrow 00:25:29.244$ expression levels in patients

NOTE Confidence: 0.782522559165955

 $00:25:29.244 \longrightarrow 00:25:31.386$ that have been assessed to date.

NOTE Confidence: 0.782522559165955

00:25:31.390 --> 00:25:33.819 The last by specific is till cotton

NOTE Confidence: 0.782522559165955

 $00:25:33.819 \longrightarrow 00:25:36.568$ AB which binds GPRC 5D which stands

NOTE Confidence: 0.782522559165955

 $00:25:36.568 \longrightarrow 00:25:39.022$ for G protein coupled receptor family.

NOTE Confidence: 0.782522559165955

 $00:25:39.030 \longrightarrow 00:25:41.595$ See Group 5 member in D which is an

NOTE Confidence: 0.782522559165955

 $00:25:41.595 \longrightarrow 00:25:43.876$ or phan receptor whose transcript is

NOTE Confidence: 0.782522559165955

 $00{:}25{:}43.876 \dashrightarrow 00{:}25{:}46.286$ expressed in primary myeloma cells.

NOTE Confidence: 0.782522559165955

00:25:46.290 --> 00:25:48.586 This again was a phase one dose

NOTE Confidence: 0.782522559165955

 $00:25:48.586 \longrightarrow 00:25:50.141$ escalation study to identify

 $00:25:50.141 \longrightarrow 00:25:51.638$ the recommended phase.

NOTE Confidence: 0.782522559165955

00:25:51.640 --> 00:25:53.926 Two dose then rolled 157 patients.

NOTE Confidence: 0.782522559165955

 $00:25:53.930 \longrightarrow 00:25:55.835$ 102 received an Ivy dose

NOTE Confidence: 0.782522559165955

 $00:25:55.835 \longrightarrow 00:25:57.346$ and 55% cutaneous dose.

NOTE Confidence: 0.782522559165955

 $00:25:57.346 \longrightarrow 00:25:59.584$ The dose in schematic is outlined

NOTE Confidence: 0.782522559165955

 $00:25:59.584 \longrightarrow 00:26:01.978$ here with the highlighted in green.

NOTE Confidence: 0.782522559165955

00:26:01.980 --> 00:26:03.504 Being the recommended phase,

NOTE Confidence: 0.782522559165955

 $00:26:03.504 \longrightarrow 00:26:05.790$ two dose of 405 micrograms per

NOTE Confidence: 0.785416185855865

 $00{:}26{:}05.862 \dashrightarrow 00{:}26{:}07.878$ kilogram and looking at key safety

NOTE Confidence: 0.785416185855865

 $00:26:07.878 \longrightarrow 00:26:10.183$ side of Henry Lee syndrome as seen

NOTE Confidence: 0.785416185855865

 $00{:}26{:}10.183 \dashrightarrow 00{:}26{:}12.540$ in 68% of patients but no grade

NOTE Confidence: 0.785416185855865

 $00:26:12.540 \longrightarrow 00:26:14.300$ three at the recommended phase,

NOTE Confidence: 0.785416185855865

00:26:14.300 --> 00:26:16.925 two dose T styles duration 38 an

NOTE Confidence: 0.785416185855865

 $00:26:16.925 \longrightarrow 00:26:18.520$ injection site reaction in 21.

NOTE Confidence: 0.785416185855865

 $00:26:18.520 \longrightarrow 00:26:20.285$ The overall response rate was

NOTE Confidence: 0.785416185855865

00:26:20.285 --> 00:26:22.044 69% of the recommended phase.

 $00:26:22.044 \longrightarrow 00:26:23.803$ Two dose, and 200 Tupac

NOTE Confidence: 0.785416185855865

 $00:26:23.803 \longrightarrow 00:26:25.207$ refractory patients did respond.

NOTE Confidence: 0.785416185855865

 $00{:}26{:}25.210 \dashrightarrow 00{:}26{:}27.185$ The medium kind response was

NOTE Confidence: 0.785416185855865

 $00:26:27.185 \longrightarrow 00:26:29.649$ one month similar to what's been

NOTE Confidence: 0.785416185855865

00:26:29.649 --> 00:26:31.709 shown with other BI specifics.

NOTE Confidence: 0.785416185855865

00:26:31.710 --> 00:26:33.696 Take her messages for this trial.

NOTE Confidence: 0.785416185855865

 $00:26:33.700 \longrightarrow 00:26:34.657$ Is that again,

NOTE Confidence: 0.785416185855865

 $00:26:34.657 \longrightarrow 00:26:36.571$ this represents another two new target

NOTE Confidence: 0.785416185855865

 $00{:}26{:}36.571 \dashrightarrow 00{:}26{:}38.660$ in my lumbar for advice specific,

NOTE Confidence: 0.785416185855865

 $00:26:38.660 \longrightarrow 00:26:40.610$ it is a subcutaneous dose which

NOTE Confidence: 0.785416185855865

 $00{:}26{:}40.610 \dashrightarrow 00{:}26{:}43.300$ may allow for Q two week dose sing,

NOTE Confidence: 0.785416185855865

00:26:43.300 --> 00:26:44.950 which would be more patient,

NOTE Confidence: 0.785416185855865

 $00{:}26{:}44.950 \dashrightarrow 00{:}26{:}46.870$ convenient as the other bytes I've

NOTE Confidence: 0.785416185855865

 $00{:}26{:}46.870 \dashrightarrow 00{:}26{:}48.590$ discussed are all weekly dosing.

NOTE Confidence: 0.785416185855865

00:26:48.590 --> 00:26:49.914 Again, responses were observed

00:26:49.914 --> 00:26:51.238 in heavily pretreated patients,

NOTE Confidence: 0.785416185855865

 $00{:}26{:}51.240 \dashrightarrow 00{:}26{:}52.604$ including those where pepper

NOTE Confidence: 0.785416185855865

 $00:26:52.604 \longrightarrow 00:26:54.309$ factory and there's a possibility

NOTE Confidence: 0.785416185855865

 $00:26:54.309 \longrightarrow 00:26:56.283$ of durable responses as there was

NOTE Confidence: 0.785416185855865

 $00:26:56.283 \longrightarrow 00:26:57.858$ no progression at the medium,

NOTE Confidence: 0.785416185855865

 $00:26:57.860 \longrightarrow 00:27:02.396$ follow up at 3.7 months and they know.

NOTE Confidence: 0.785416185855865

 $00:27:02.400 \longrightarrow 00:27:04.170$ Have a duration of response

NOTE Confidence: 0.785416185855865

 $00:27:04.170 \longrightarrow 00:27:05.586$ that's over two years.

NOTE Confidence: 0.785416185855865

 $00{:}27{:}05.590 \dashrightarrow 00{:}27{:}07.852$ The time remaining I'll just quickly

NOTE Confidence: 0.785416185855865

00:27:07.852 --> 00:27:10.498 touch upon three trials for a lamb alloy,

NOTE Confidence: 0.785416185855865

 $00{:}27{:}10.500 \dashrightarrow 00{:}27{:}12.260$ two in the frontline setting

NOTE Confidence: 0.785416185855865

 $00:27:12.260 \longrightarrow 00:27:14.020$ and one in relapsed refractory.

NOTE Confidence: 0.785416185855865

 $00{:}27{:}14.020 \dashrightarrow 00{:}27{:}16.384$ The Andromeda's trial was a phase

NOTE Confidence: 0.785416185855865

00:27:16.384 --> 00:27:18.522 three randomized trial for newly

NOTE Confidence: 0.785416185855865

00:27:18.522 --> 00:27:20.470 diagnosed Ale Android patients.

NOTE Confidence: 0.785416185855865

 $00:27:20.470 \longrightarrow 00:27:22.190$ Trainer idiot patients were

 $00:27:22.190 \longrightarrow 00:27:24.340$ randomized to receive cyber deed.

NOTE Confidence: 0.785416185855865

 $00:27:24.340 \longrightarrow 00:27:26.140$ Cytoxan process of dexamethasone

NOTE Confidence: 0.785416185855865

 $00{:}27{:}26.140 \to 00{:}27{:}28.390$ plus or minus daratumumab which

NOTE Confidence: 0.785416185855865

 $00:27:28.390 \longrightarrow 00:27:30.789$ is a CD 38 monoclonal antibody.

NOTE Confidence: 0.785416185855865

 $00:27:30.790 \longrightarrow 00:27:34.230$ The primary endpoint of this trial was met,

NOTE Confidence: 0.785416185855865

 $00:27:34.230 \longrightarrow 00:27:36.385$ which was haematological CR at

NOTE Confidence: 0.785416185855865

 $00:27:36.385 \longrightarrow 00:27:37.678$ 56.9 versus 18%.

NOTE Confidence: 0.785416185855865

 $00{:}27{:}37.680 \to 00{:}27{:}39.745$ I want to evaluate the impact of

NOTE Confidence: 0.785416185855865

00:27:39.745 --> 00:27:41.783 achieving a deep reduction in serum

NOTE Confidence: 0.785416185855865

 $00:27:41.783 \longrightarrow 00:27:43.955$ free light chains on a composite

NOTE Confidence: 0.785416185855865

 $00:27:43.955 \longrightarrow 00:27:45.970$ endpoint of major organ deterioration

NOTE Confidence: 0.785416185855865

 $00:27:45.970 \longrightarrow 00:27:47.960$ progression free survival in order

NOTE Confidence: 0.785416185855865

 $00{:}27{:}47.960 \dashrightarrow 00{:}27{:}50.165$ to evaluate at the production the

NOTE Confidence: 0.785416185855865

 $00{:}27{:}50.165 \dashrightarrow 00{:}27{:}51.970$ evaluated a involved free light

NOTE Confidence: 0.785416185855865

 $00:27:52.037 \longrightarrow 00:27:53.783$ chain of less than 20 milligrams

 $00:27:53.783 \longrightarrow 00:27:55.817$ per liter and the difference between

NOTE Confidence: 0.785416185855865

 $00{:}27{:}55.817 \dashrightarrow 00{:}27{:}57.827$ the involved versus uninvolved free

NOTE Confidence: 0.785416185855865

 $00{:}27{:}57.827 \dashrightarrow 00{:}28{:}00.675$ light chain of less than 10 and what

NOTE Confidence: 0.785416185855865

00:28:00.675 --> 00:28:03.144 they showed it is patients with in

NOTE Confidence: 0.785416185855865

 $00:28:03.144 \longrightarrow 00:28:05.797$ the daratumumab arm achieved all of these.

NOTE Confidence: 0.785416185855865

 $00:28:05.800 \longrightarrow 00:28:07.996$ 71.3% of patients had an involved.

NOTE Confidence: 0.785416185855865

 $00:28:08.000 \longrightarrow 00:28:10.742$ Reaching less than 20 and 65.6% had

NOTE Confidence: 0.785416185855865

 $00:28:10.742 \longrightarrow 00:28:13.094$ the difference being less than 10.

NOTE Confidence: 0.785416185855865

 $00:28:13.100 \longrightarrow 00:28:15.452$ This resulted in improved major organ

NOTE Confidence: 0.785416185855865

 $00:28:15.452 \longrightarrow 00:28:17.020$ deterioration progression free survival,

NOTE Confidence: 0.785416185855865

 $00:28:17.020 \longrightarrow 00:28:20.415$ which is illustrated in the graph here.

NOTE Confidence: 0.785416185855865

 $00:28:20.420 \longrightarrow 00:28:22.460$ So conclusion for this trial.

NOTE Confidence: 0.785416185855865

 $00{:}28{:}22.460 \longrightarrow 00{:}28{:}24.315$ The addition of daratum umab decide

NOTE Confidence: 0.785416185855865

 $00:28:24.315 \longrightarrow 00:28:26.676$ where D resulted in improvement in

NOTE Confidence: 0.785416185855865

 $00:28:26.676 \longrightarrow 00:28:28.005$ haematological response utilizing

NOTE Confidence: 0.785416185855865

 $00:28:28.005 \longrightarrow 00:28:29.777$ a variety of measurements.

 $00:28:29.780 \longrightarrow 00:28:32.066$ This resulted in improved rates of

NOTE Confidence: 0.785416185855865

 $00:28:32.066 \longrightarrow 00:28:34.260$ cardiac in renal organ response.

NOTE Confidence: 0.785416185855865 00:28:34.260 --> 00:28:35.072 In addition, NOTE Confidence: 0.785416185855865

 $00:28:35.072 \longrightarrow 00:28:36.290$ haematological progression was

NOTE Confidence: 0.785416185855865

00:28:36.290 --> 00:28:38.760 improved 23 versus 47% and rates

NOTE Confidence: 0.785416185855865

 $00:28:38.760 \longrightarrow 00:28:40.860$ of cardiac arrhythmia failure will

NOTE Confidence: 0.785416185855865

 $00:28:40.860 \longrightarrow 00:28:42.938$ also improve with the addition

NOTE Confidence: 0.785416185855865

 $00:28:42.938 \longrightarrow 00:28:45.208$ of daratumumab at 3% versus 13%.

NOTE Confidence: 0.785416185855865

 $00{:}28{:}45.208 \dashrightarrow 00{:}28{:}47.153$ This represents potential and you

NOTE Confidence: 0.785416185855865

 $00:28:47.153 \longrightarrow 00:28:49.710$ standard of care for these patients

NOTE Confidence: 0.785416185855865

 $00:28:49.710 \longrightarrow 00:28:51.994$ without friends. Treatment for Alienware.

NOTE Confidence: 0.785416185855865

00:28:51.994 --> 00:28:55.969 The second trial apps for Android is Cal 101,

NOTE Confidence: 0.785416185855865

 $00{:}28{:}55.970 \dashrightarrow 00{:}28{:}58.733$ which is a nail Android 5 World reactive IgG.

NOTE Confidence: 0.785416185855865

 $00:28:58.740 \longrightarrow 00:28:59.661$ One monoclonal antibody.

NOTE Confidence: 0.785416185855865

00:28:59.661 --> 00:29:02.130 This was first mentioned at ASH in 2017.

 $00:29:02.130 \longrightarrow 00:29:03.978$ This is a phase two study.

NOTE Confidence: 0.785416185855865

 $00{:}29{:}03.980 \dashrightarrow 00{:}29{:}05.512$ Determine the recommended phase

NOTE Confidence: 0.785416185855865

 $00:29:05.512 \longrightarrow 00:29:07.810$ three dose when given in combination

NOTE Confidence: 0.785416185855865

00:29:07.868 --> 00:29:09.947 with cyber DM Part A or with cyber D

NOTE Confidence: 0.785416185855865

 $00:29:09.947 \longrightarrow 00:29:11.724$ plus daratumumab in Part B patients

NOTE Confidence: 0.785416185855865

00:29:11.724 --> 00:29:13.214 were started at a dose

NOTE Confidence: 0.756147742271423

 $00:29:13.220 \longrightarrow 00:29:15.278$ of 500 mics per meter squared and

NOTE Confidence: 0.756147742271423

00:29:15.278 --> 00:29:17.142 this was escalated to the maximum

NOTE Confidence: 0.756147742271423

 $00:29:17.142 \longrightarrow 00:29:18.978$ tolerated dose with 1000 mics per

NOTE Confidence: 0.756147742271423

 $00:29:18.978 \longrightarrow 00:29:20.897$ meter squared weekly for four weeks

NOTE Confidence: 0.756147742271423

 $00:29:20.897 \longrightarrow 00:29:22.781$ and then every other week there

NOTE Confidence: 0.756147742271423

00:29:22.781 --> 00:29:24.386 were no infusion related reactions.

NOTE Confidence: 0.756147742271423

 $00{:}29{:}24.390 \dashrightarrow 00{:}29{:}26.514$ Treatment related adverse events were all

NOTE Confidence: 0.756147742271423

 $00:29:26.514 \longrightarrow 00:29:29.038$ less than grade two and included rash,

NOTE Confidence: 0.756147742271423

00:29:29.040 --> 00:29:30.516 nausea, vomiting, and diarrhea.

NOTE Confidence: 0.756147742271423

 $00:29:30.516 \longrightarrow 00:29:32.730$ I've seen here also in patients

 $00{:}29{:}32.796 \dashrightarrow 00{:}29{:}34.800$ with renal involvement had an organ

NOTE Confidence: 0.756147742271423

 $00{:}29{:}34.800 \dashrightarrow 00{:}29{:}36.558$ response defined as a percent

NOTE Confidence: 0.756147742271423

00:29:36.558 --> 00:29:38.706 decrease from baseline in 24 hour

NOTE Confidence: 0.756147742271423

 $00:29:38.706 \longrightarrow 00:29:40.854$ approaching area of greater than 30%,

NOTE Confidence: 0.756147742271423

 $00{:}29{:}40.854 \dashrightarrow 00{:}29{:}43.002$ and there was one cardiac response.

NOTE Confidence: 0.756147742271423

00:29:43.010 --> 00:29:44.078 I probably MP.

NOTE Confidence: 0.756147742271423

00:29:44.078 --> 00:29:46.214 So this compound is moving forward

NOTE Confidence: 0.756147742271423

 $00:29:46.214 \longrightarrow 00:29:48.904$ at the recommended Phase 3 to 7000

NOTE Confidence: 0.756147742271423

00:29:48.904 --> 00:29:50.960 mixed per meter squared weekly,

NOTE Confidence: 0.756147742271423

 $00:29:50.960 \longrightarrow 00:29:53.640$ and then times for than every other week.

NOTE Confidence: 0.756147742271423

 $00:29:53.640 \longrightarrow 00:29:55.315$ There are currently two phase

NOTE Confidence: 0.756147742271423

 $00:29:55.315 \longrightarrow 00:29:56.320$ three trials open,

NOTE Confidence: 0.756147742271423

 $00{:}29{:}56.320 \mathrel{--}{>} 00{:}29{:}58.504$ one for male stage 38 patients and

NOTE Confidence: 0.756147742271423

 $00:29:58.504 \longrightarrow 00:30:00.679$ the other for stage 3B patients,

NOTE Confidence: 0.756147742271423

 $00:30:00.680 \longrightarrow 00:30:02.864$ so I'm sure we will be hearing

 $00:30:02.864 \longrightarrow 00:30:05.030$ more about this compound to come.

NOTE Confidence: 0.756147742271423

 $00:30:05.030 \longrightarrow 00:30:06.986$ The last trial in relapsed refractory

NOTE Confidence: 0.756147742271423

 $00:30:06.986 \longrightarrow 00:30:09.024$ Elana Lloyd was with ice attacks

NOTE Confidence: 0.756147742271423

 $00:30:09.024 \longrightarrow 00:30:11.046$ map and this results from the

NOTE Confidence: 0.756147742271423

00:30:11.046 --> 00:30:12.740 Southwest Oncology Group 1702 trial.

NOTE Confidence: 0.756147742271423

00:30:12.740 --> 00:30:14.450 All patients who have received

NOTE Confidence: 0.756147742271423

 $00:30:14.450 \longrightarrow 00:30:16.420$ at least one prior line of.

NOTE Confidence: 0.756147742271423 00:30:16.420 --> 00:30:16.950 Therapy. NOTE Confidence: 0.756147742271423

 $00:30:16.950 \longrightarrow 00:30:20.660$ And hadn't had one organ system involvement.

NOTE Confidence: 0.756147742271423

00:30:20.660 --> 00:30:22.495 Received text messages to 20

NOTE Confidence: 0.756147742271423

 $00:30:22.495 \longrightarrow 00:30:23.963$ minutes per meter squared.

NOTE Confidence: 0.756147742271423

 $00:30:23.970 \longrightarrow 00:30:25.438$ The primary endpoint was

NOTE Confidence: 0.756147742271423

 $00:30:25.438 \longrightarrow 00:30:26.906$ haematological overall response rate,

NOTE Confidence: 0.756147742271423

 $00:30:26.910 \longrightarrow 00:30:29.854$ which was 77% with a one year estimated.

NOTE Confidence: 0.756147742271423

 $00:30:29.860 \longrightarrow 00:30:31.695$ Overall survival of 97% when

NOTE Confidence: 0.756147742271423

 $00{:}30{:}31.695 \dashrightarrow 00{:}30{:}32.796$ your estimated progression.

 $00:30:32.800 \longrightarrow 00:30:34.112$ Free survival of 85%.

NOTE Confidence: 0.756147742271423

00:30:34.112 --> 00:30:36.080 The safety and response data was

NOTE Confidence: 0.756147742271423

 $00:30:36.145 \longrightarrow 00:30:37.875$ similar to that previously reported

NOTE Confidence: 0.756147742271423

00:30:37.875 --> 00:30:40.109 with Darren to in our monotherapy

NOTE Confidence: 0.756147742271423

 $00{:}30{:}40.109 \dashrightarrow 00{:}30{:}42.294$ in relapsed refractory Elana LA

NOTE Confidence: 0.756147742271423

 $00:30:42.294 \longrightarrow 00:30:44.042$ Justice and provides another

NOTE Confidence: 0.756147742271423

 $00:30:44.050 \longrightarrow 00:30:45.800$ treatment option for these patients.

NOTE Confidence: 0.756147742271423

 $00:30:45.800 \longrightarrow 00:30:48.815$ With that I will finish and pass it along

NOTE Confidence: 0.756147742271423

00:30:48.815 --> 00:30:51.746 to doctor Know Far Bar to finish up.

NOTE Confidence: 0.801727831363678

 $00{:}31{:}02.710 \dashrightarrow 00{:}31{:}05.657$ and when the focus for the most

NOTE Confidence: 0.801727831363678

 $00:31:05.657 \longrightarrow 00:31:09.613$ part on car T cell therapies for

NOTE Confidence: 0.801727831363678

 $00:31:09.613 \longrightarrow 00:31:12.201$ relapsed refractory myeloma patients

NOTE Confidence: 0.801727831363678

 $00{:}31{:}12.201 \dashrightarrow 00{:}31{:}16.536$ and then close with a few comments

NOTE Confidence: 0.801727831363678

 $00:31:16.536 \longrightarrow 00:31:19.476$ on autologous stem cell transplant

NOTE Confidence: 0.801727831363678

 $00:31:19.480 \longrightarrow 00:31:22.920$ for the newly diagnosed patients.

 $00:31:22.920 \longrightarrow 00:31:25.426$ So I want to remind everyone that

NOTE Confidence: 0.801727831363678

 $00{:}31{:}25.426 \dashrightarrow 00{:}31{:}27.920$ patients who are we have been

NOTE Confidence: 0.801727831363678

 $00:31:27.920 \longrightarrow 00:31:30.160$ refractory to image producer members.

NOTE Confidence: 0.801727831363678

00:31:30.160 --> 00:31:32.694 An anti CD 30 antibodies have extremely

NOTE Confidence: 0.801727831363678

00:31:32.694 --> 00:31:34.580 poor prognosis with immigration,

NOTE Confidence: 0.801727831363678

 $00:31:34.580 \longrightarrow 00:31:35.442$ median progression,

NOTE Confidence: 0.801727831363678

00:31:35.442 --> 00:31:38.459 free survival of two to six months

NOTE Confidence: 0.801727831363678

 $00:31:38.459 \longrightarrow 00:31:41.024$ and most of them not living past

NOTE Confidence: 0.801727831363678

 $00:31:41.024 \longrightarrow 00:31:43.303$ one year and some terminology to

NOTE Confidence: 0.801727831363678

00:31:43.303 --> 00:31:45.799 remind you as those are refractory

NOTE Confidence: 0.801727831363678

 $00{:}31{:}45.799 \dashrightarrow 00{:}31{:}48.575$ to the three classes of drugs or

NOTE Confidence: 0.801727831363678

00:31:48.575 --> 00:31:51.000 called triple or factory and those

NOTE Confidence: 0.801727831363678

 $00:31:51.000 \longrightarrow 00:31:53.090$ are refractory to two images.

NOTE Confidence: 0.801727831363678

 $00:31:53.090 \longrightarrow 00:31:56.645$ Two peas and anti clone the anti CD 38

NOTE Confidence: 0.801727831363678

 $00:31:56.645 \longrightarrow 00:31:59.388$ antibodies are called penta refractory.

NOTE Confidence: 0.801727831363678

 $00{:}31{:}59.390 \dashrightarrow 00{:}32{:}01.975$ I'll be using those terminologies

 $00:32:01.975 \longrightarrow 00:32:04.043$ in my next slide.

NOTE Confidence: 0.801727831363678

 $00:32:04.050 \longrightarrow 00:32:07.088$ So the first study I'm going to

NOTE Confidence: 0.801727831363678

 $00:32:07.088 \longrightarrow 00:32:09.220$ be highlighting here is using

NOTE Confidence: 0.801727831363678

 $00:32:09.220 \longrightarrow 00:32:11.817$ the car T cell called Ida cell.

NOTE Confidence: 0.801727831363678 00:32:11.820 --> 00:32:12.566 In short, NOTE Confidence: 0.801727831363678

 $00:32:12.566 \longrightarrow 00:32:14.804$ formerly known as BB 2121 an

NOTE Confidence: 0.801727831363678

 $00:32:14.804 \longrightarrow 00:32:17.548$ If you see here the construct,

NOTE Confidence: 0.801727831363678

 $00{:}32{:}17.550 \dashrightarrow 00{:}32{:}19.500$ it has a binding domain against

NOTE Confidence: 0.801727831363678

 $00:32:19.500 \longrightarrow 00:32:22.992$ the CMA on the tumor cell and the

NOTE Confidence: 0.801727831363678

 $00{:}32{:}22.992 \dashrightarrow 00{:}32{:}25.112$ intracellular domain includes the

NOTE Confidence: 0.801727831363678

00:32:25.112 --> 00:32:26.948 costimulatory molecule form 1B B.

NOTE Confidence: 0.801727831363678

 $00:32:26.950 \longrightarrow 00:32:30.640$ This was a phase one study and study design.

NOTE Confidence: 0.801727831363678

 $00{:}32{:}30.640 \dashrightarrow 00{:}32{:}32.180$ Patients underwent local pheresis

NOTE Confidence: 0.801727831363678

 $00{:}32{:}32.180 \dashrightarrow 00{:}32{:}34.490$ and then the cell product was

NOTE Confidence: 0.801727831363678

 $00:32:34.554 \longrightarrow 00:32:35.958$ taken to manufacturing.

 $00:32:35.960 \longrightarrow 00:32:39.368$ And then delivered back to the patient's car.

NOTE Confidence: 0.801727831363678

 $00{:}32{:}39.370 \dashrightarrow 00{:}32{:}41.920$ T cell infusion before the patient

NOTE Confidence: 0.801727831363678

 $00:32:41.920 \longrightarrow 00:32:44.475$ gets the infusion, they get lifted,

NOTE Confidence: 0.801727831363678

00:32:44.475 --> 00:32:46.175 depleting therapy with food,

NOTE Confidence: 0.801727831363678

 $00:32:46.180 \longrightarrow 00:32:47.419$ European and cytoxan.

NOTE Confidence: 0.801727831363678

00:32:47.419 --> 00:32:49.484 And this is pretty routine

NOTE Confidence: 0.801727831363678

 $00:32:49.484 \longrightarrow 00:32:51.720$ schema for most Corti studies.

NOTE Confidence: 0.801727831363678

 $00:32:51.720 \longrightarrow 00:32:54.695$ In this study there were 62 patients.

NOTE Confidence: 0.801727831363678

 $00:32:54.700 \longrightarrow 00:32:57.148$ Majority of the patients received the

NOTE Confidence: 0.801727831363678

 $00:32:57.148 \longrightarrow 00:33:00.668$ 1:50 and the 450 million cells per cagey.

NOTE Confidence: 0.801727831363678

 $00{:}33{:}00.670 \dashrightarrow 00{:}33{:}03.274$ This was a heavily pretreated population

NOTE Confidence: 0.801727831363678

 $00:33:03.274 \longrightarrow 00:33:06.679$ with median line of prior therapy of 670%.

NOTE Confidence: 0.801727831363678

 $00:33:06.680 \longrightarrow 00:33:10.226$ Being triple refactoring 27% had high

NOTE Confidence: 0.801727831363678

00:33:10.226 --> 00:33:14.066 risk cytogenetics and 37% or high

NOTE Confidence: 0.801727831363678

 $00:33:14.066 \longrightarrow 00:33:17.756$ risk by having extramedullary disease.

NOTE Confidence: 0.801727831363678

 $00:33:17.760 \longrightarrow 00:33:20.315$ So looking at the safety and efficacy,

 $00:33:20.320 \longrightarrow 00:33:22.342$ all patients have cytopenias and this

NOTE Confidence: 0.801727831363678

 $00{:}33{:}22.342 \to 00{:}33{:}24.918$ is from the link for depleting the rapy

NOTE Confidence: 0.801727831363678

 $00:33:24.918 \longrightarrow 00:33:27.246$ which is routinely used for Carty.

NOTE Confidence: 0.801727831363678

 $00:33:27.250 \longrightarrow 00:33:29.344$ I'm more focusing going to be

NOTE Confidence: 0.801727831363678

 $00:33:29.344 \longrightarrow 00:33:31.565$ focusing on this CRS decided kind

NOTE Confidence: 0.801727831363678

 $00:33:31.565 \longrightarrow 00:33:33.815$ release in German that I cans,

NOTE Confidence: 0.801727831363678

 $00:33:33.820 \longrightarrow 00:33:35.460$ which is the neurotoxicity we

NOTE Confidence: 0.801727831363678

 $00{:}33{:}35.460 \dashrightarrow 00{:}33{:}37.840$ see with car T cell the rapies,

NOTE Confidence: 0.801727831363678

 $00{:}33{:}37.840 \dashrightarrow 00{:}33{:}40.760$ so 75% of the patients had CRS with

NOTE Confidence: 0.801727831363678

 $00{:}33{:}40.760 \dashrightarrow 00{:}33{:}43.310$ about 6% having Grade 3 and above.

NOTE Confidence: 0.801727831363678

 $00:33:43.310 \longrightarrow 00:33:45.140$ In terms of the neurotoxicity,

NOTE Confidence: 0.801727831363678

 $00{:}33{:}45.140 \dashrightarrow 00{:}33{:}47.695$ which can manifest as an several Catholic

NOTE Confidence: 0.801727831363678

 $00{:}33{:}47.695 \dashrightarrow 00{:}33{:}50.370$ picture, but can be as severe as.

NOTE Confidence: 0.801727831363678

 $00:33:50.370 \longrightarrow 00:33:53.350$ Brain edema seizures 34%.

NOTE Confidence: 0.801727831363678

00:33:53.350 --> 00:33:58.528 I can't with very rare incidents of

 $00:33:58.528 \longrightarrow 00:34:03.096$ having Grade 3 or above less than 2%.

NOTE Confidence: 0.801727831363678

 $00{:}34{:}03.100 \dashrightarrow 00{:}34{:}05.385$ Infections are very common in

NOTE Confidence: 0.801727831363678

 $00:34:05.385 \longrightarrow 00:34:06.756$ this patient population.

NOTE Confidence: 0.801727831363678

 $00{:}34{:}06.760 \dashrightarrow 00{:}34{:}10.424$ Is we all know and 75% had infections

NOTE Confidence: 0.801727831363678

 $00:34:10.424 \longrightarrow 00:34:13.623$ with 23% being Grade 3 or above.

NOTE Confidence: 0.801727831363678

 $00:34:13.630 \longrightarrow 00:34:15.920$ Now look at the efficacy,

NOTE Confidence: 0.801727831363678

 $00:34:15.920 \longrightarrow 00:34:18.210$ it's quite impressive with an

NOTE Confidence: 0.801727831363678

 $00:34:18.210 \longrightarrow 00:34:20.500$ overall response rate of 76%.

NOTE Confidence: 0.801727831363678

 $00:34:20.500 \longrightarrow 00:34:23.248$ In this relapse population with the

NOTE Confidence: 0.801727831363678

 $00:34:23.248 \longrightarrow 00:34:26.604$ CR rate of 33% at the median Phillip.

NOTE Confidence: 0.801727831363678

 $00{:}34{:}26.604 \dashrightarrow 00{:}34{:}28.890$ And that the response rate was

NOTE Confidence: 0.801727831363678

 $00:34:28.970 \longrightarrow 00:34:30.050$ dose dependent.

NOTE Confidence: 0.801727831363678

 $00:34:30.050 \longrightarrow 00:34:32.927$ So with higher doses they saw a

NOTE Confidence: 0.801727831363678

 $00:34:32.927 \longrightarrow 00:34:34.956$ higher overall response rate and

NOTE Confidence: 0.801727831363678

 $00:34:34.956 \longrightarrow 00:34:37.455$ the median follow up of 18 months.

NOTE Confidence: 0.801727831363678

00:34:37.460 --> 00:34:39.550 The great meeting duration of

 $00:34:39.550 \longrightarrow 00:34:42.051$ response was about 10 months and

NOTE Confidence: 0.801727831363678

 $00:34:42.051 \longrightarrow 00:34:44.085$ this was not affected by age,

NOTE Confidence: 0.835485398769379

00:34:44.090 --> 00:34:45.260 extramedullary disease stage

NOTE Confidence: 0.835485398769379

 $00:34:45.260 \longrightarrow 00:34:47.498$ and 50% of responders retained

NOTE Confidence: 0.835485398769379

00:34:47.498 --> 00:34:50.414 the response at over two years.

NOTE Confidence: 0.835485398769379

 $00:34:50.420 \longrightarrow 00:34:53.528$ This graph here shows you that the

NOTE Confidence: 0.835485398769379

00:34:53.528 --> 00:34:55.742 deeper responses actually lead to

NOTE Confidence: 0.835485398769379

 $00{:}34{:}55.742 \dashrightarrow 00{:}34{:}58.142$ longer duration of response with those

NOTE Confidence: 0.835485398769379

00:34:58.142 --> 00:35:01.170 with CR exemplified by the blue line.

NOTE Confidence: 0.835485398769379

 $00{:}35{:}01.170 \dashrightarrow 00{:}35{:}03.924$ Here having a median duration of

NOTE Confidence: 0.835485398769379

 $00:35:03.924 \longrightarrow 00:35:06.450$ response of almost 15 months.

NOTE Confidence: 0.835485398769379

 $00:35:06.450 \dashrightarrow 00:35:09.360$ The median progression free survival was

NOTE Confidence: 0.835485398769379

 $00:35:09.360 \dashrightarrow 00:35:13.066$ 88 months with a very impressive meeting

NOTE Confidence: 0.835485398769379

 $00:35:13.066 \longrightarrow 00:35:16.414$ overall survival of 30 four months.

NOTE Confidence: 0.835485398769379

00:35:16.420 --> 00:35:18.515 Perhaps these patients were able

 $00:35:18.515 \longrightarrow 00:35:21.074$ to then get further treatments to

NOTE Confidence: 0.835485398769379

 $00{:}35{:}21.074 \dashrightarrow 00{:}35{:}23.034$ lead to this impressive overall

NOTE Confidence: 0.835485398769379

 $00:35:23.034 \longrightarrow 00:35:25.410$ survival in this patient population.

NOTE Confidence: 0.835485398769379

00:35:25.410 --> 00:35:27.180 The next Accardi study is the

NOTE Confidence: 0.835485398769379

 $00:35:27.180 \longrightarrow 00:35:28.830$ car to Tud one study,

NOTE Confidence: 0.835485398769379

 $00:35:28.830 \longrightarrow 00:35:31.670$ and this uses a different car T product

NOTE Confidence: 0.835485398769379

 $00:35:31.670 \dashrightarrow 00:35:34.426$ called still to sell it 2 bonds to be CMA,

NOTE Confidence: 0.835485398769379

 $00:35:34.430 \longrightarrow 00:35:36.296$ but it has two binding domains.

NOTE Confidence: 0.835485398769379

 $00{:}35{:}36.300 --> 00{:}35{:}37.850$ As you can see here,

NOTE Confidence: 0.835485398769379

 $00:35:37.850 \longrightarrow 00:35:40.955$ and it also uses a four 1B B like

NOTE Confidence: 0.835485398769379 00:35:40.955 --> 00:35:42.239 the Ida cell.

NOTE Confidence: 0.835485398769379

 $00:35:42.240 \longrightarrow 00:35:45.312$ This study there was close to

NOTE Confidence: 0.835485398769379

 $00:35:45.312 \longrightarrow 00:35:47.902$ 100 patients enrolled with a

NOTE Confidence: 0.835485398769379

 $00:35:47.902 \longrightarrow 00:35:50.566$ median follow up of 12.4 months,

NOTE Confidence: 0.835485398769379

 $00:35:50.570 \longrightarrow 00:35:52.618$ also heavily pretreated population

NOTE Confidence: 0.835485398769379

 $00{:}35{:}52.618 {\:{\mbox{--}}\!\!>}\ 00{:}35{:}55.690$ with the meeting lines of prior

00:35:55.775 --> 00:35:58.410 therapy of 687% were triple refractory

NOTE Confidence: 0.835485398769379

 $00:35:58.410 \longrightarrow 00:36:00.860$ with 42% being penta refractory.

NOTE Confidence: 0.835485398769379

 $00{:}36{:}00.860 \dashrightarrow 00{:}36{:}03.310$ 23% high recited genetics and

NOTE Confidence: 0.835485398769379

 $00:36:03.310 \longrightarrow 00:36:06.869$ 13% and extramedullary disease.

NOTE Confidence: 0.835485398769379

 $00:36:06.870 \longrightarrow 00:36:09.086$ Now let's look at the toxicity of cell

NOTE Confidence: 0.835485398769379

 $00:36:09.086 \longrightarrow 00:36:11.296$ to cell. So very high rates of CRS.

NOTE Confidence: 0.835485398769379

00:36:11.300 --> 00:36:12.690 Nearly all patients got this,

NOTE Confidence: 0.835485398769379

 $00:36:12.690 \longrightarrow 00:36:14.608$ but for the most part they were

NOTE Confidence: 0.835485398769379

 $00:36:14.608 \longrightarrow 00:36:16.301$ grade one and grade two with

NOTE Confidence: 0.835485398769379

 $00{:}36{:}16.301 --> 00{:}36{:}18.230$ only 5% having Grade 3 or above.

NOTE Confidence: 0.835485398769379

00:36:18.230 --> 00:36:19.338 As you can see,

NOTE Confidence: 0.835485398769379

 $00:36:19.338 \longrightarrow 00:36:21.398$ there is 70% use of totsuzen Maps,

NOTE Confidence: 0.835485398769379

 $00{:}36{:}21.398 \dashrightarrow 00{:}36{:}23.591$ but they were even using the dose

NOTE Confidence: 0.835485398769379

00:36:23.591 --> 00:36:25.607 who's map for some of the great

NOTE Confidence: 0.835485398769379

 $00:36:25.607 \longrightarrow 00:36:27.417$ ones which we do sometimes do.

 $00:36:27.420 \longrightarrow 00:36:30.024$ I can't see Neurotoxicity was seen at

NOTE Confidence: 0.835485398769379

 $00{:}36{:}30.024 --> 00{:}36{:}32.997$ 16% with two percent Grade 3 or above,

NOTE Confidence: 0.835485398769379

 $00:36:33.000 \longrightarrow 00:36:36.348$ which is similar to the prior study as well.

NOTE Confidence: 0.835485398769379

 $00:36:36.350 \longrightarrow 00:36:38.716$ They do comment on this other nurse

NOTE Confidence: 0.835485398769379

 $00:36:38.716 \longrightarrow 00:36:41.794$ Texas City that is more delayed and also

NOTE Confidence: 0.835485398769379

 $00:36:41.794 \longrightarrow 00:36:43.784$ sometimes not reversible like that.

NOTE Confidence: 0.835485398769379

 $00:36:43.790 \longrightarrow 00:36:46.764$ I can occur in about 12% of the

NOTE Confidence: 0.835485398769379

 $00:36:46.764 \longrightarrow 00:36:48.624$ patients in this involved movement

NOTE Confidence: 0.835485398769379

00:36:48.624 --> 00:36:49.740 or neurocognitive changes.

NOTE Confidence: 0.835485398769379

 $00:36:49.740 \longrightarrow 00:36:51.705$ There are investigating this further

NOTE Confidence: 0.835485398769379

 $00{:}36{:}51.705 \dashrightarrow 00{:}36{:}54.199$ in in their subsequent studies as well.

NOTE Confidence: 0.835485398769379

 $00:36:54.200 \longrightarrow 00:36:56.839$ There is 20% of Grade 3 and

NOTE Confidence: 0.835485398769379

 $00:36:56.839 \longrightarrow 00:36:57.970$ above infections an.

NOTE Confidence: 0.835485398769379

 $00:36:57.970 \longrightarrow 00:36:59.090$ Of their 14 deaths,

NOTE Confidence: 0.835485398769379

 $00:36:59.090 \longrightarrow 00:37:01.164$ 6 or related to sell to sell

NOTE Confidence: 0.835485398769379

 $00{:}37{:}01.164 \dashrightarrow 00{:}37{:}03.120$ what stands out in this study.

 $00:37:03.120 \longrightarrow 00:37:05.613$ It also is that there was a later onset

NOTE Confidence: 0.835485398769379

 $00{:}37{:}05.613 \dashrightarrow 00{:}37{:}08.282$ of CR S with a median of seven days

NOTE Confidence: 0.835485398769379

 $00{:}37{:}08.282 \dashrightarrow 00{:}37{:}10.388$ compared to two and other studies.

NOTE Confidence: 0.835485398769379

 $00:37:10.390 \longrightarrow 00:37:12.514$ They hypothesize this is because of

NOTE Confidence: 0.835485398769379

 $00:37:12.514 \dashrightarrow 00:37:15.140$ the timing of the T cell expansion.

NOTE Confidence: 0.835485398769379

 $00:37:15.140 \longrightarrow 00:37:17.726$ Now the efficacy is very impressive,

NOTE Confidence: 0.835485398769379

 $00:37:17.730 \longrightarrow 00:37:19.880$ with an overall response rate

NOTE Confidence: 0.835485398769379

 $00:37:19.880 \dashrightarrow 00:37:22.033$ almost 196.9% with the stringent

NOTE Confidence: 0.835485398769379

00:37:22.033 --> 00:37:25.480 CR of 67% on high rates of MRD,

NOTE Confidence: 0.835485398769379

 $00:37:25.480 \longrightarrow 00:37:27.204$ negativity responses are ongoing

NOTE Confidence: 0.835485398769379

 $00:37:27.204 \longrightarrow 00:37:28.888$ in 72% of patients.

NOTE Confidence: 0.835485398769379

 $00:37:28.888 \longrightarrow 00:37:30.933$ They have not reached their

NOTE Confidence: 0.835485398769379

 $00{:}37{:}30.933 \dashrightarrow 00{:}37{:}32.810$ median progression free survival,

NOTE Confidence: 0.835485398769379

 $00{:}37{:}32.810 \dashrightarrow 00{:}37{:}35.432$ and they estimated the 12 month

NOTE Confidence: 0.835485398769379

 $00:37:35.432 \longrightarrow 00:37:37.550$ progression free survival at 76%.

 $00:37:37.550 \longrightarrow 00:37:40.520$ As you can see here by the next graph

NOTE Confidence: 0.835485398769379

 $00:37:40.520 \dashrightarrow 00:37:42.980$ that the progression free survival

NOTE Confidence: 0.835485398769379

00:37:42.980 --> 00:37:46.046 was improved for those patients who

NOTE Confidence: 0.835485398769379

00:37:46.133 --> 00:37:48.809 were in deeper response like that.

NOTE Confidence: 0.835485398769379

 $00:37:48.810 \longrightarrow 00:37:52.494$ Sponse as opposed to the very

NOTE Confidence: 0.835485398769379

00:37:52.494 --> 00:37:54.336 good partial response.

NOTE Confidence: 0.835485398769379

 $00:37:54.340 \longrightarrow 00:37:54.727$ So.

NOTE Confidence: 0.835485398769379

00:37:54.727 --> 00:37:57.049 I've showed you two Carty studies

NOTE Confidence: 0.835485398769379

 $00{:}37{:}57.049 \dashrightarrow 00{:}37{:}59.709$ that have very impressive results.

NOTE Confidence: 0.835485398769379 00:37:59.710 --> 00:38:00.070 However, NOTE Confidence: 0.835485398769379

 $00{:}38{:}00.070 \dashrightarrow 00{:}38{:}01.870$ there is still room for

NOTE Confidence: 0.835485398769379

 $00:38:01.870 \longrightarrow 00:38:03.310$ improvement on car T

NOTE Confidence: 0.823268830776215

00:38:03.387 --> 00:38:04.339 cell products.

NOTE Confidence: 0.823268830776215

 $00:38:04.340 \longrightarrow 00:38:06.270$ Of course, not everyone responds.

NOTE Confidence: 0.823268830776215

 $00:38:06.270 \longrightarrow 00:38:07.950$ Not everyone responses deeply,

NOTE Confidence: 0.823268830776215

 $00{:}38{:}07.950 \dashrightarrow 00{:}38{:}10.050$ and we still have significant

 $00:38:10.050 \longrightarrow 00:38:12.056$ toxicity that we need to mitigate.

NOTE Confidence: 0.823268830776215

 $00{:}38{:}12.060 \dashrightarrow 00{:}38{:}15.309$ So not all T cells are created equal as

NOTE Confidence: 0.823268830776215

00:38:15.309 --> 00:38:18.617 you move toward the more early T cell,

NOTE Confidence: 0.823268830776215

00:38:18.620 --> 00:38:20.936 the T cells in earlier development,

NOTE Confidence: 0.823268830776215

 $00:38:20.940 \longrightarrow 00:38:24.405$ for example, like the steps on memory T cell,

NOTE Confidence: 0.823268830776215

 $00:38:24.410 \longrightarrow 00:38:25.586$ these memory like.

NOTE Confidence: 0.823268830776215

 $00:38:25.586 \longrightarrow 00:38:27.154$ Cells have certain qualities

NOTE Confidence: 0.823268830776215

 $00:38:27.154 \longrightarrow 00:38:29.100$ that make them attractive.

NOTE Confidence: 0.823268830776215

 $00:38:29.100 \longrightarrow 00:38:30.279$ There long lived.

NOTE Confidence: 0.823268830776215

 $00{:}38{:}30.279 \dashrightarrow 00{:}38{:}32.637$ They have ability to self renewal

NOTE Confidence: 0.823268830776215

 $00:38:32.637 \longrightarrow 00:38:35.242$ and in others Carty studies these

NOTE Confidence: 0.823268830776215

 $00:38:35.242 \longrightarrow 00:38:37.948$ memory like T cells correlated with

NOTE Confidence: 0.823268830776215

 $00{:}38{:}37.948 {\:{\circ}{\circ}{\circ}\:} > 00{:}38{:}40.388$ peak expansion and sustain response.

NOTE Confidence: 0.823268830776215

00:38:40.390 --> 00:38:40.850 Additionally,

NOTE Confidence: 0.823268830776215

 $00:38:40.850 \longrightarrow 00:38:42.690$ there's potential for less

00:38:42.690 --> 00:38:44.530 toxicity because there's gradual

NOTE Confidence: 0.823268830776215

 $00{:}38{:}44.530 \dashrightarrow 00{:}38{:}46.028$ differentiation into the effectors,

NOTE Confidence: 0.823268830776215

 $00:38:46.030 \longrightarrow 00:38:48.820$ thus more gradual tumor killing

NOTE Confidence: 0.823268830776215

 $00:38:48.820 \longrightarrow 00:38:52.480$ and perhaps less static on release.

NOTE Confidence: 0.823268830776215

 $00:38:52.480 \longrightarrow 00:38:54.808$ So this concept was used in

NOTE Confidence: 0.823268830776215

00:38:54.808 --> 00:38:57.530 the next study that PBC MA 101

NOTE Confidence: 0.823268830776215

 $00:38:57.530 \longrightarrow 00:38:59.335$ prime Phase 1 two study.

NOTE Confidence: 0.823268830776215

00:38:59.340 --> 00:39:01.620 They use this technology called piggyback,

NOTE Confidence: 0.823268830776215

 $00{:}39{:}01.620 \dashrightarrow 00{:}39{:}02.763$ which preferentially makes

NOTE Confidence: 0.823268830776215

00:39:02.763 --> 00:39:04.668 stem cell memory T cells.

NOTE Confidence: 0.823268830776215

 $00{:}39{:}04.670 \dashrightarrow 00{:}39{:}06.194$ It's made with transposons,

NOTE Confidence: 0.823268830776215

00:39:06.194 --> 00:39:08.480 which are plasmids instead of lentivirus,

NOTE Confidence: 0.823268830776215

 $00:39:08.480 \longrightarrow 00:39:10.385$ which is what the prior

NOTE Confidence: 0.823268830776215

00:39:10.385 --> 00:39:11.909 Carty product we're using,

NOTE Confidence: 0.823268830776215

 $00:39:11.910 \longrightarrow 00:39:14.941$ and this one has a large carrying

NOTE Confidence: 0.823268830776215

00:39:14.941 --> 00:39:17.317 capacity so we can deliver

 $00:39:17.317 \longrightarrow 00:39:19.767$ a lot of genetic material.

NOTE Confidence: 0.823268830776215

 $00:39:19.770 \longrightarrow 00:39:23.434$ This too was directed against BCM of course.

NOTE Confidence: 0.823268830776215

 $00:39:23.440 \longrightarrow 00:39:25.300$ So this is the study design.

NOTE Confidence: 0.823268830776215

00:39:25.300 --> 00:39:27.470 I don't want to go into detail,

NOTE Confidence: 0.823268830776215

 $00:39:27.470 \longrightarrow 00:39:29.950$ but I want to highlight a few things.

NOTE Confidence: 0.823268830776215

 $00:39:29.950 \longrightarrow 00:39:31.624$ Not only were they looking at

NOTE Confidence: 0.823268830776215

00:39:31.624 --> 00:39:33.360 different doses who dose escalation,

NOTE Confidence: 0.823268830776215

 $00:39:33.360 \longrightarrow 00:39:35.172$ but they had the various cohorts

NOTE Confidence: 0.823268830776215

 $00:39:35.172 \longrightarrow 00:39:36.770$ as you can see here.

NOTE Confidence: 0.823268830776215

 $00:39:36.770 \longrightarrow 00:39:38.984$ Now I want to point out that there are

NOTE Confidence: 0.823268830776215

 $00:39:38.984 \dashrightarrow 00:39:41.416$ using Lenalidomide in different time points,

NOTE Confidence: 0.823268830776215

 $00:39:41.420 \longrightarrow 00:39:43.828$ not only for anti tumor activity but also

NOTE Confidence: 0.823268830776215

 $00:39:43.828 \dashrightarrow 00:39:45.758$ for improvement of T cell functionality.

NOTE Confidence: 0.823268830776215

00:39:45.760 --> 00:39:48.330 So what I do on the focus on is the

NOTE Confidence: 0.823268830776215

 $00:39:48.403 \longrightarrow 00:39:51.339$ response in Texas City on the 1st graph.

 $00:39:51.340 \longrightarrow 00:39:53.580$ Do you see different overall response rate?

NOTE Confidence: 0.823268830776215

 $00:39:53.580 \longrightarrow 00:39:56.569$ In different doses and they range from

NOTE Confidence: 0.823268830776215

 $00:39:56.569 \longrightarrow 00:39:59.310$ anywhere 40s to 70% overall response rates.

NOTE Confidence: 0.823268830776215

 $00:39:59.310 \longrightarrow 00:40:02.517$ They did not feel like there was a

NOTE Confidence: 0.823268830776215

 $00:40:02.517 \longrightarrow 00:40:04.417$ dose dependent relationship here.

NOTE Confidence: 0.823268830776215

00:40:04.420 --> 00:40:07.084 Thought that we're seeing a good

NOTE Confidence: 0.823268830776215

 $00:40:07.084 \longrightarrow 00:40:09.353$ responses even with low doses

NOTE Confidence: 0.823268830776215

00:40:09.353 --> 00:40:12.188 and marked late you see that they

NOTE Confidence: 0.823268830776215

 $00{:}40{:}12.188 \dashrightarrow 00{:}40{:}14.427$ were really low rates of CRS.

NOTE Confidence: 0.823268830776215 00:40:14.430 --> 00:40:15.364 It's 17%. NOTE Confidence: 0.823268830776215

00:40:15.364 --> 00:40:18.166 So this exemplifies how a manufacturing

NOTE Confidence: 0.823268830776215

 $00:40:18.166 \longrightarrow 00:40:20.902$ technique can manipulate the T cell

NOTE Confidence: 0.823268830776215

 $00:40:20.902 \longrightarrow 00:40:23.052$ product to optimize the toxicity

NOTE Confidence: 0.823268830776215

00:40:23.052 --> 00:40:25.639 and efficacy and potentially bring

NOTE Confidence: 0.823268830776215

 $00:40:25.639 \longrightarrow 00:40:28.234$ this cellular therapy to the

NOTE Confidence: 0.823268830776215

 $00:40:28.234 \longrightarrow 00:40:31.620$ outpatient setting at some point.

 $00:40:31.620 \longrightarrow 00:40:34.564$ There are potential issues with car T cells,

NOTE Confidence: 0.823268830776215 00:40:34.570 --> 00:40:34.938 right? NOTE Confidence: 0.823268830776215

 $00:40:34.938 \longrightarrow 00:40:37.882$ So it takes time to manufacture the cells.

NOTE Confidence: 0.823268830776215

 $00:40:37.890 \longrightarrow 00:40:40.110$ Some patients don't have that time.

NOTE Confidence: 0.823268830776215

00:40:40.110 --> 00:40:42.324 You know we see this patient

NOTE Confidence: 0.823268830776215

 $00:40:42.324 \longrightarrow 00:40:43.800$ needs treatment right away.

NOTE Confidence: 0.823268830776215

 $00:40:43.800 \longrightarrow 00:40:45.645$ We can't schedule the Pheresis

NOTE Confidence: 0.823268830776215

 $00{:}40{:}45.645 \dashrightarrow 00{:}40{:}47.490$ in manufacturing and so forth.

NOTE Confidence: 0.82326883077621500:40:47.490 --> 00:40:47.870 Additionally,

NOTE Confidence: 0.823268830776215

 $00{:}40{:}47.870 \dashrightarrow 00{:}40{:}50.150$ the quality of autologous T cells

NOTE Confidence: 0.823268830776215

 $00:40:50.150 \longrightarrow 00:40:52.278$ might be decreased in this relapse,

NOTE Confidence: 0.823268830776215

 $00:40:52.280 \longrightarrow 00:40:53.760$ refractory patient population and

NOTE Confidence: 0.823268830776215

 $00{:}40{:}53.760 \dashrightarrow 00{:}40{:}55.610$ re treatment can be difficult,

NOTE Confidence: 0.823268830776215

 $00:40:55.610 \longrightarrow 00:40:57.685$ sometimes hard to collect enough

NOTE Confidence: 0.823268830776215

 $00:40:57.685 \longrightarrow 00:41:00.780$ cells and be able to expand them.

 $00:41:00.780 \longrightarrow 00:41:03.892$ So this brings us to the off the

NOTE Confidence: 0.823268830776215

00:41:03.892 --> 00:41:06.239 shelf Alo 7:15 Carty targeting

NOTE Confidence: 0.823268830776215

 $00:41:06.239 \longrightarrow 00:41:09.676$ the CMA in this Phase one study.

NOTE Confidence: 0.823268830776215

 $00:41:09.680 \longrightarrow 00:41:12.510$ This is the construct here.

NOTE Confidence: 0.823268830776215

 $00:41:12.510 \longrightarrow 00:41:14.687$ What the two key attributes is

NOTE Confidence: 0.823268830776215

00:41:14.687 --> 00:41:17.193 a knockout of CD 52 which allows

NOTE Confidence: 0.823268830776215

00:41:17.193 --> 00:41:19.068 for selective room for depletion.

NOTE Confidence: 0.823268830776215

00:41:19.070 --> 00:41:21.290 All lymphocytes have CD 52 by

NOTE Confidence: 0.823268830776215

 $00:41:21.290 \longrightarrow 00:41:22.770$ the way and it

NOTE Confidence: 0.790965676307678

00:41:22.862 --> 00:41:25.158 also has a knock out of the

NOTE Confidence: 0.790965676307678

 $00{:}41{:}25.158 \dashrightarrow 00{:}41{:}27.579$ TCR gene to eliminate GV HD.

NOTE Confidence: 0.790965676307678

 $00:41:27.580 \longrightarrow 00:41:29.460$ It used a slightly different

NOTE Confidence: 0.790965676307678

00:41:29.460 --> 00:41:30.588 regiment for Lymphodepletion,

NOTE Confidence: 0.790965676307678

 $00:41:30.590 \longrightarrow 00:41:32.998$ so it's flu side plus the anti

NOTE Confidence: 0.790965676307678

00:41:32.998 --> 00:41:36.110 CD 52 versus Cyan anti CD 52 but

NOTE Confidence: 0.790965676307678

 $00:41:36.110 \longrightarrow 00:41:38.110$ the one I'm highlighting here.

 $00:41:38.110 \longrightarrow 00:41:40.873$ The flu sign anti CD 52 is the one

NOTE Confidence: 0.790965676307678

 $00{:}41{:}40.873 \dashrightarrow 00{:}41{:}43.235$ they're presenting now but there is

NOTE Confidence: 0.790965676307678

00:41:43.235 --> 00:41:46.108 potential for maybe a less toxic went

NOTE Confidence: 0.790965676307678

00:41:46.108 --> 00:41:48.978 for the cleaning therapy here so also

NOTE Confidence: 0.790965676307678

 $00:41:48.978 \longrightarrow 00:41:50.605$ heavily pretreated population and

NOTE Confidence: 0.790965676307678

 $00:41:50.605 \longrightarrow 00:41:53.440$ almost all the more pent pent Xposed

NOTE Confidence: 0.790965676307678

00:41:53.510 --> 00:41:55.890 about half of them had high recited

NOTE Confidence: 0.790965676307678

 $00{:}41{:}55.890 \to 00{:}41{:}58.194$ genetics and 23% and extramedullary disease.

NOTE Confidence: 0.790965676307678

 $00{:}41{:}58.194 \dashrightarrow 00{:}42{:}01.190$ There were 31 patients available for safety.

NOTE Confidence: 0.790965676307678

 $00{:}42{:}01.190 \dashrightarrow 00{:}42{:}04.350$ And they had 47% serious with no grade.

NOTE Confidence: 0.790965676307678

 $00:42:04.350 \longrightarrow 00:42:05.930$ Three. No, I can't.

NOTE Confidence: 0.790965676307678

 $00:42:05.930 \longrightarrow 00:42:07.510$ And no GV HD.

NOTE Confidence: 0.790965676307678

 $00{:}42{:}07.510 \dashrightarrow 00{:}42{:}09.880$ So a very promising toxicity profile.

NOTE Confidence: 0.790965676307678

 $00:42:09.880 \longrightarrow 00:42:13.003$ Again, this is a very good drug that I

NOTE Confidence: 0.790965676307678

00:42:13.003 --> 00:42:15.847 think we're going to see more studies

 $00:42:15.847 \longrightarrow 00:42:18.845$ with an more follow up will tell

NOTE Confidence: 0.790965676307678

00:42:18.845 --> 00:42:21.971 us more information, of course. Um?

NOTE Confidence: 0.790965676307678

 $00:42:21.971 \longrightarrow 00:42:26.220$ The efficacy of alacarte in 10 patients,

NOTE Confidence: 0.790965676307678

 $00:42:26.220 \longrightarrow 00:42:28.570$ so they had various doses.

NOTE Confidence: 0.790965676307678

 $00:42:28.570 \longrightarrow 00:42:31.804$ There are temptations in the dose Level

NOTE Confidence: 0.790965676307678

 $00:42:31.804 \longrightarrow 00:42:35.599$ 3 and it follow up of 3.2 months.

NOTE Confidence: 0.790965676307678

 $00{:}42{:}35.600 \dashrightarrow 00{:}42{:}38.420$ The overall response rate was 60%

NOTE Confidence: 0.790965676307678

 $00:42:38.420 \longrightarrow 00:42:41.816$ with a very good partial response

NOTE Confidence: 0.790965676307678

 $00:42:41.816 \longrightarrow 00:42:44.080$ or higher or 40%.

NOTE Confidence: 0.790965676307678

 $00:42:44.080 \longrightarrow 00:42:46.060$ Now on the shift gears,

NOTE Confidence: 0.790965676307678

 $00{:}42{:}46.060 \dashrightarrow 00{:}42{:}49.516$ a little bit to the good old autologous

NOTE Confidence: 0.790965676307678

 $00:42:49.516 \longrightarrow 00:42:52.499$ stem cell transplant for myeloma.

NOTE Confidence: 0.790965676307678

 $00:42:52.500 \longrightarrow 00:42:56.037$ This is an update of the FM 2009 study

NOTE Confidence: 0.790965676307678

00:42:56.037 --> 00:42:59.538 that was originally presented in 2017,

NOTE Confidence: 0.790965676307678

 $00:42:59.540 \longrightarrow 00:43:02.933$ so now it's a follow up of almost 90

NOTE Confidence: 0.790965676307678

 $00:43:02.933 \longrightarrow 00:43:06.460$ months just to remind people to phase

 $00:43:06.460 \longrightarrow 00:43:09.380$ three study newly diagnosed patients.

NOTE Confidence: 0.790965676307678

00:43:09.380 --> 00:43:12.215 Arm A is looking at testing RVD

NOTE Confidence: 0.790965676307678

 $00:43:12.215 \longrightarrow 00:43:14.093$ induction followed by maintenance

NOTE Confidence: 0.790965676307678

00:43:14.093 --> 00:43:16.417 Lenalidomide for one year,

NOTE Confidence: 0.790965676307678

 $00:43:16.420 \longrightarrow 00:43:19.228$ and RB is RVD induction followed

NOTE Confidence: 0.790965676307678

00:43:19.228 --> 00:43:20.164 by transplant,

NOTE Confidence: 0.790965676307678

 $00:43:20.170 \longrightarrow 00:43:22.058$ followed by RBD consolidation

NOTE Confidence: 0.790965676307678

 $00:43:22.058 \longrightarrow 00:43:23.474$ and then maintenance.

NOTE Confidence: 0.790965676307678

 $00{:}43{:}23.480 \dashrightarrow 00{:}43{:}27.251$ In the limit for a year so their updated

NOTE Confidence: 0.790965676307678

 $00{:}43{:}27.251 \dashrightarrow 00{:}43{:}30.041$ median progression free survival was

NOTE Confidence: 0.790965676307678

 $00:43:30.041 \longrightarrow 00:43:34.023$ 47.3 months in arbutus to transmit arm

NOTE Confidence: 0.790965676307678

 $00:43:34.023 \longrightarrow 00:43:37.743$ versus 35 months in the non transplant arm.

NOTE Confidence: 0.790965676307678

 $00{:}43{:}37.750 \dashrightarrow 00{:}43{:}40.696$ They had very nice overall response.

NOTE Confidence: 0.790965676307678

00:43:40.700 --> 00:43:43.658 I'm sorry very nice eight year.

NOTE Confidence: 0.790965676307678

00:43:43.660 --> 00:43:44.704 Median overall survival

 $00:43:44.704 \longrightarrow 00:43:46.441$ about 6060% in both groups,

NOTE Confidence: 0.790965676307678

 $00:43:46.441 \longrightarrow 00:43:48.176$ so they were not difference.

NOTE Confidence: 0.790965676307678

 $00:43:48.180 \longrightarrow 00:43:50.420$ There is no difference there and I

NOTE Confidence: 0.790965676307678

 $00:43:50.420 \longrightarrow 00:43:53.035$ just want to highlight that about 1/3

NOTE Confidence: 0.790965676307678

 $00:43:53.035 \longrightarrow 00:43:55.405$ of the patients in the transplant

NOTE Confidence: 0.790965676307678

00:43:55.481 --> 00:43:57.985 arm did not relapse after 8 years of

NOTE Confidence: 0.790965676307678

 $00{:}43{:}57.985 \dashrightarrow 00{:}44{:}00.360$ follow up and these are patients that

NOTE Confidence: 0.790965676307678

 $00:44:00.360 \longrightarrow 00:44:02.100$ are not being treated continuously.

NOTE Confidence: 0.790965676307678

00:44:02.100 --> 00:44:04.536 They're only getting one year of maintenance.

NOTE Confidence: 0.790965676307678

 $00:44:04.540 \longrightarrow 00:44:06.988$ This is not the practice we do here

NOTE Confidence: 0.790965676307678

 $00{:}44{:}06.988 \dashrightarrow 00{:}44{:}09.426$ in America and I think there's going

NOTE Confidence: 0.790965676307678

 $00:44:09.426 \longrightarrow 00:44:12.010$ to be more information with the US

NOTE Confidence: 0.790965676307678

 $00:44:12.010 \longrightarrow 00:44:14.642$ portion of this study looking at continuous.

NOTE Confidence: 0.790965676307678

 $00:44:14.650 \longrightarrow 00:44:17.185$ REVLIMID and whether that is

NOTE Confidence: 0.790965676307678

 $00:44:17.185 \longrightarrow 00:44:19.720$ going to affect this progression.

NOTE Confidence: 0.790965676307678

 $00:44:19.720 \longrightarrow 00:44:21.028$ Free survival benefit.

00:44:21.028 --> 00:44:21.464 Now,

NOTE Confidence: 0.790965676307678

 $00:44:21.464 \longrightarrow 00:44:24.568$ in terms of MRD transplant did improve

NOTE Confidence: 0.790965676307678

00:44:24.568 --> 00:44:27.459 the energy negativity rate from 20 to

NOTE Confidence: 0.790965676307678

 $00:44:27.459 \longrightarrow 00:44:30.672$ about 30% and in this graph you see

NOTE Confidence: 0.790965676307678

 $00:44:30.672 \longrightarrow 00:44:32.765$ the progression free survival based

NOTE Confidence: 0.790965676307678

 $00:44:32.765 \longrightarrow 00:44:35.740$ on MRD negative state and the transplant.

NOTE Confidence: 0.790965676307678

 $00:44:35.740 \longrightarrow 00:44:37.960$ So in red you see those

NOTE Confidence: 0.790965676307678

 $00{:}44{:}37.960 \dashrightarrow 00{:}44{:}40.290$ patients who are MRD negative.

NOTE Confidence: 0.790965676307678

 $00:44:40.290 \longrightarrow 00:44:43.620$ While I'm blue there emordi positive.

NOTE Confidence: 0.790965676307678

 $00:44:43.620 \longrightarrow 00:44:46.798$ And you can see that the transplant,

NOTE Confidence: 0.790965676307678

 $00:44:46.800 \longrightarrow 00:44:49.510$ exemplified by the solid line

NOTE Confidence: 0.790965676307678

 $00:44:49.510 \longrightarrow 00:44:51.678$ improved progression free survival

NOTE Confidence: 0.790965676307678

 $00{:}44{:}51.678 \dashrightarrow 00{:}44{:}54.588$ even in the MRD negative patients.

NOTE Confidence: 0.790965676307678

 $00:44:54.590 \longrightarrow 00:44:56.510$ Next study I'm going to highlight

NOTE Confidence: 0.790965676307678

 $00:44:56.510 \longrightarrow 00:44:57.790$ was already presented by

 $00:44:57.848 \longrightarrow 00:45:00.970$ Natalia, but I want to focus on one aspect.

NOTE Confidence: 0.776323318481445

00:45:00.970 --> 00:45:02.650 Here is the Forte study.

NOTE Confidence: 0.776323318481445

 $00:45:02.650 \longrightarrow 00:45:05.009$ Not going to go into the design.

NOTE Confidence: 0.776323318481445

 $00:45:05.010 \longrightarrow 00:45:06.474$ This was already discussed,

NOTE Confidence: 0.776323318481445

 $00:45:06.474 \longrightarrow 00:45:08.670$ but one take home messages this

NOTE Confidence: 0.776323318481445

 $00:45:08.736 \longrightarrow 00:45:10.647$ so while you see in the first

NOTE Confidence: 0.776323318481445

 $00:45:10.647 \longrightarrow 00:45:12.399$ graph here the response rate,

NOTE Confidence: 0.776323318481445

 $00:45:12.400 \longrightarrow 00:45:13.381$ the response rates,

NOTE Confidence: 0.776323318481445

 $00:45:13.381 \longrightarrow 00:45:15.670$ and an MRD negative status was similar

NOTE Confidence: 0.776323318481445

 $00:45:15.735 \longrightarrow 00:45:17.769$ in KRD versus kerdi plus transplant.

NOTE Confidence: 0.776323318481445

00:45:17.770 --> 00:45:19.415 The one year sustain energy

NOTE Confidence: 0.776323318481445

00:45:19.415 --> 00:45:21.470 negativity was higher for the kerdi,

NOTE Confidence: 0.776323318481445

 $00{:}45{:}21.470 \dashrightarrow 00{:}45{:}23.425$ plus transplants as you can

NOTE Confidence: 0.776323318481445

 $00:45:23.425 \longrightarrow 00:45:25.930$ see here in the second graph.

NOTE Confidence: 0.776323318481445

 $00:45:25.930 \longrightarrow 00:45:27.740$ And this translated into improved

NOTE Confidence: 0.776323318481445

 $00:45:27.740 \longrightarrow 00:45:30.150$ progression free survival for all subgroups,

 $00:45:30.150 \longrightarrow 00:45:32.070$ including the high risk patients.

NOTE Confidence: 0.776323318481445

 $00:45:32.070 \longrightarrow 00:45:34.790$ So I think to conclude on on this

NOTE Confidence: 0.776323318481445

 $00:45:34.790 \longrightarrow 00:45:37.012$ section is that transplant is

NOTE Confidence: 0.776323318481445

00:45:37.012 --> 00:45:39.934 still a great treatment for upfront

NOTE Confidence: 0.776323318481445

 $00{:}45{:}39.934 \dashrightarrow 00{:}45{:}42.047$ patients who can tolerate it.

NOTE Confidence: 0.776323318481445

 $00:45:42.050 \longrightarrow 00:45:45.123$ And with this I will close my

NOTE Confidence: 0.776323318481445

00:45:45.123 --> 00:45:48.029 talking will move towards our Q&A.

NOTE Confidence: 0.80887359380722

00:45:50.210 --> 00:45:52.796 Great thank you know far and

NOTE Confidence: 0.80887359380722

 $00{:}45{:}52.800 \dashrightarrow 00{:}45{:}54.950$ thanks every body for beautiful presentations.

NOTE Confidence: 0.80887359380722

 $00{:}45{:}54.950 \dashrightarrow 00{:}45{:}57.967$ I do not see any active questions.

NOTE Confidence: 0.80887359380722

 $00:45:57.970 \longrightarrow 00:46:00.819$ Doctor up they had an earlier question

NOTE Confidence: 0.80887359380722

 $00:46:00.819 \longrightarrow 00:46:03.024$ which I answered the smoldering

NOTE Confidence: 0.80887359380722

 $00{:}46{:}03.024 \dashrightarrow 00{:}46{:}05.294$ trial date that I presented.

NOTE Confidence: 0.80887359380722

 $00:46:05.300 \longrightarrow 00:46:07.916$ Patients who are newly diagnosed as

NOTE Confidence: 0.80887359380722

 $00:46:07.916 \longrightarrow 00:46:11.327$ opposed to those in long term follow up.

 $00:46:11.330 \longrightarrow 00:46:13.826$ I'd like to hear opinion from

NOTE Confidence: 0.80887359380722

00:46:13.826 --> 00:46:16.014 Sabrina what's been your strategy

NOTE Confidence: 0.80887359380722

00:46:16.014 --> 00:46:18.654 in terms of managing high risk,

NOTE Confidence: 0.80887359380722

00:46:18.660 --> 00:46:20.316 smoldering patients in your?

NOTE Confidence: 0.80887359380722

00:46:20.316 --> 00:46:22.500 Practice, thank you to tell you,

NOTE Confidence: 0.80887359380722

00:46:22.500 --> 00:46:24.618 I think that's an important question,

NOTE Confidence: 0.80887359380722

 $00:46:24.620 \longrightarrow 00:46:26.028$ and obviously one where

NOTE Confidence: 0.80887359380722

 $00:46:26.028 \longrightarrow 00:46:27.084$ multiple combinations are

NOTE Confidence: 0.848489582538605

00:46:27.090 --> 00:46:29.560 being studied. You know, I think with

NOTE Confidence: 0.848489582538605

 $00{:}46{:}29.560 \dashrightarrow 00{:}46{:}31.319$ the data available on Lenalidomide

NOTE Confidence: 0.848489582538605

 $00{:}46{:}31.320 \dashrightarrow 00{:}46{:}32.457$ or Lenalidomide, dexame thasone.

NOTE Confidence: 0.848489582538605

 $00:46:32.457 \longrightarrow 00:46:34.731$ I think I've still had some

NOTE Confidence: 0.848489582538605

 $00:46:34.731 \longrightarrow 00:46:37.091$ pause in terms of the lack of

NOTE Confidence: 0.848489582538605

 $00:46:37.091 \longrightarrow 00:46:38.371$ overall survival data available

NOTE Confidence: 0.848489582538605

00:46:38.380 --> 00:46:40.499 in terms of benefit, you know,

NOTE Confidence: 0.848489582538605

 $00{:}46{:}40.500 \dashrightarrow 00{:}46{:}42.618$ I think it's important to acknowledge

 $00:46:42.620 \longrightarrow 00:46:44.738$ that our discussion of treatment in

NOTE Confidence: 0.848489582538605

 $00:46:44.740 \longrightarrow 00:46:46.850$ patients who are asymptomatic is is

NOTE Confidence: 0.848489582538605

00:46:46.850 --> 00:46:48.600 very much different than patients

NOTE Confidence: 0.848489582538605

 $00:46:48.600 \longrightarrow 00:46:50.919$ who have active or clinical myeloma.

NOTE Confidence: 0.848489582538605

00:46:50.920 --> 00:46:53.661 And so I think the importance of

NOTE Confidence: 0.848489582538605

 $00:46:53.661 \longrightarrow 00:46:55.616$ overall survival benefit is really

NOTE Confidence: 0.848489582538605

 $00:46:55.620 \longrightarrow 00:46:58.015$ important to include in that discussion.

NOTE Confidence: 0.848489582538605

 $00{:}46{:}58.015 \dashrightarrow 00{:}47{:}00.850$ So I would say my practice has

NOTE Confidence: 0.848489582538605

 $00:47:00.933 \longrightarrow 00:47:03.061$ been to discuss the data available,

NOTE Confidence: 0.848489582538605

 $00:47:03.061 \longrightarrow 00:47:04.966$ including the trials that are

NOTE Confidence: 0.848489582538605

 $00:47:04.966 \longrightarrow 00:47:06.490$ looking at different combinations

NOTE Confidence: 0.848489582538605

00:47:06.544 --> 00:47:07.780 outside of Lenalidomide,

NOTE Confidence: 0.848489582538605

00:47:07.780 --> 00:47:10.520 but I would say in general I

NOTE Confidence: 0.848489582538605

 $00:47:10.520 \longrightarrow 00:47:12.972$ continue to observe most patients.

NOTE Confidence: 0.848489582538605

 $00:47:12.972 \longrightarrow 00:47:15.728$ Thank you, ultimately we do need to

00:47:15.728 --> 00:47:17.938 understand more about the biology of

NOTE Confidence: 0.848489582538605

 $00{:}47{:}17.938 \dashrightarrow 00{:}47{:}20.134$ disease of each individual case to

NOTE Confidence: 0.848489582538605

 $00:47:20.134 \longrightarrow 00:47:22.598$ address the prevention of progression.

NOTE Confidence: 0.848489582538605

00:47:22.600 --> 00:47:24.620 Another question comes through the

NOTE Confidence: 0.848489582538605

 $00:47:24.620 \longrightarrow 00:47:27.066$ chat question for I would posit

NOTE Confidence: 0.848489582538605

00:47:27.066 --> 00:47:28.466 it to Doctor Parker.

NOTE Confidence: 0.848489582538605

 $00:47:28.470 \longrightarrow 00:47:30.885$ How would you view the sequencing and

NOTE Confidence: 0.848489582538605

 $00{:}47{:}30.885 \dashrightarrow 00{:}47{:}33.750$ where should we position car T cells

NOTE Confidence: 0.848489582538605

 $00:47:33.750 \longrightarrow 00:47:35.510$ versus the bispecific antibodies?

NOTE Confidence: 0.848489582538605

 $00:47:35.510 \longrightarrow 00:47:37.465$ Given that the response rates

NOTE Confidence: 0.848489582538605

 $00{:}47{:}37.465 \dashrightarrow 00{:}47{:}39.420$ are quite significant for both?

NOTE Confidence: 0.825808227062225

00:47:40.640 --> 00:47:43.608 Yeah, I think that's a very good question.

NOTE Confidence: 0.825808227062225

 $00:47:43.610 \longrightarrow 00:47:46.770$ Very difficult one to answer and also be

NOTE Confidence: 0.825808227062225

 $00:47:46.770 \longrightarrow 00:47:49.539$ interested to hear no cars take as well.

NOTE Confidence: 0.825808227062225

 $00:47:49.540 \longrightarrow 00:47:52.508$ You know currently we don't have any trials.

NOTE Confidence: 0.825808227062225

 $00:47:52.510 \longrightarrow 00:47:54.440$ Obviously comparing head to head

 $00:47:54.440 \longrightarrow 00:47:56.775$ car T versus the specifics and

NOTE Confidence: 0.825808227062225

 $00{:}47{:}56.775 \dashrightarrow 00{:}47{:}59.113$ looking at the BI specifics that are

NOTE Confidence: 0.825808227062225

00:47:59.113 --> 00:48:01.420 against BC mayor targeting the CMA.

NOTE Confidence: 0.825808227062225

 $00:48:01.420 \longrightarrow 00:48:04.283$ They do have somewhat similar response rates

NOTE Confidence: 0.825808227062225

 $00:48:04.283 \longrightarrow 00:48:07.600$ an it's but I really think how we position

NOTE Confidence: 0.825808227062225

 $00:48:07.600 \longrightarrow 00:48:10.767$ him is going to come down to one safety.

NOTE Confidence: 0.825808227062225

 $00:48:10.770 \longrightarrow 00:48:12.490$ What is the cytokine release?

NOTE Confidence: 0.825808227062225

 $00:48:12.490 \longrightarrow 00:48:14.245$ What is the neurotoxicity in

NOTE Confidence: 0.825808227062225

 $00:48:14.245 \longrightarrow 00:48:16.270$ these agents and then two is?

NOTE Confidence: 0.825808227062225

 $00:48:16.270 \longrightarrow 00:48:18.334$ Can we move party to the

NOTE Confidence: 0.825808227062225

00:48:18.334 --> 00:48:19.710 outpatient setting with these?

NOTE Confidence: 0.825808227062225

 $00:48:19.710 \longrightarrow 00:48:21.470$ Engineer does know for discussed

NOTE Confidence: 0.825808227062225

 $00{:}48{:}21.470 \dashrightarrow 00{:}48{:}24.282$ bites are a little bit maybe a little

NOTE Confidence: 0.825808227062225

 $00:48:24.282 \longrightarrow 00:48:26.244$ bit more user friendly I guess.

NOTE Confidence: 0.825808227062225

 $00:48:26.250 \longrightarrow 00:48:28.350$ Is there off the shelf versus the

 $00:48:28.350 \longrightarrow 00:48:30.652$ Carty has to be manufactured so also

NOTE Confidence: 0.825808227062225

00:48:30.652 --> 00:48:33.101 keeping in mind it may come down

NOTE Confidence: 0.825808227062225

00:48:33.101 --> 00:48:35.411 to one patient needs therapy now

NOTE Confidence: 0.825808227062225

 $00:48:35.411 \longrightarrow 00:48:37.282$ device specifics that are targeting

NOTE Confidence: 0.825808227062225

 $00:48:37.282 \longrightarrow 00:48:39.774$ other things besides BC MA did have

NOTE Confidence: 0.825808227062225

 $00:48:39.774 \longrightarrow 00:48:41.800$ activity in those patients who had.

NOTE Confidence: 0.825808227062225

 $00:48:41.800 \longrightarrow 00:48:43.896$ Why are car T so it is feasible

NOTE Confidence: 0.825808227062225

00:48:43.896 --> 00:48:46.157 that you could do party followed by

NOTE Confidence: 0.825808227062225

 $00{:}48{:}46.157 \dashrightarrow 00{:}48{:}48.420$ a fight with a different targets.

NOTE Confidence: 0.825808227062225

 $00:48:48.420 \longrightarrow 00:48:50.852$ But again I think we need a lot

NOTE Confidence: 0.825808227062225

 $00{:}48{:}50.852 --> 00{:}48{:}52.509$ more data know for what

NOTE Confidence: 0.79262572526931800:48:52.510 --> 00:48:53.455 is your take.

NOTE Confidence: 0.792625725269318

00:48:53.455 --> 00:48:55.030 Yeah I think you're right.

NOTE Confidence: 0.792625725269318

 $00:48:55.030 \longrightarrow 00:48:56.610$ I think we're still early.

NOTE Confidence: 0.792625725269318

00:48:56.610 --> 00:48:58.305 Unfortunately it's hard to compare

NOTE Confidence: 0.792625725269318

 $00{:}48{:}58.305 \dashrightarrow 00{:}49{:}00.334$ head to head these studies because

 $00:49:00.334 \longrightarrow 00:49:02.280$ some of these are off the shelf.

NOTE Confidence: 0.792625725269318

 $00{:}49{:}02.280 \dashrightarrow 00{:}49{:}05.430$ Some of these need time so it's study to do.

NOTE Confidence: 0.792625725269318

 $00{:}49{:}05.430 \dashrightarrow 00{:}49{:}07.815$ I think one thing to keep in mind is

NOTE Confidence: 0.792625725269318

00:49:07.815 --> 00:49:10.146 that bites you have frequent dosing,

NOTE Confidence: 0.792625725269318

 $00:49:10.150 \longrightarrow 00:49:12.130$ whereas Carty is at one time.

NOTE Confidence: 0.792625725269318

 $00:49:12.130 \longrightarrow 00:49:13.510$ Infusion so that's been

NOTE Confidence: 0.792625725269318

 $00:49:13.510 \longrightarrow 00:49:14.545$ attractive for patients.

NOTE Confidence: 0.792625725269318

 $00{:}49{:}14.550 \dashrightarrow 00{:}49{:}16.365$ Also, it's important to remember

NOTE Confidence: 0.792625725269318

 $00{:}49{:}16.365 --> 00{:}49{:}18.881$ that you know for bites you you

NOTE Confidence: 0.792625725269318

 $00{:}49{:}18.881 \dashrightarrow 00{:}49{:}20.777$ need a good in dulgence T cells.

NOTE Confidence: 0.792625725269318

00:49:20.780 --> 00:49:23.195 So it went in terms of sequencing.

NOTE Confidence: 0.792625725269318

 $00:49:23.200 \longrightarrow 00:49:24.440$ Someone were to sequence.

NOTE Confidence: 0.792625725269318

 $00{:}49{:}24.440 \dashrightarrow 00{:}49{:}26.982$ You want to give some time if someone

NOTE Confidence: 0.792625725269318

 $00:49:26.982 \longrightarrow 00:49:29.462$ gets it Carty and they're getting one for

NOTE Confidence: 0.792625725269318

 $00:49:29.523 \longrightarrow 00:49:31.848$ depleting therapy in their progressing,

 $00:49:31.850 \longrightarrow 00:49:33.770$ giving them a bite is not

NOTE Confidence: 0.792625725269318

 $00:49:33.770 \longrightarrow 00:49:35.660$ going to be very useful.

NOTE Confidence: 0.792625725269318

 $00:49:35.660 \longrightarrow 00:49:37.739$ So waiting a few months for improvement

NOTE Confidence: 0.792625725269318

 $00:49:37.739 \longrightarrow 00:49:39.892$ in their in their counsel lymphocyte

NOTE Confidence: 0.792625725269318

 $00:49:39.892 \longrightarrow 00:49:42.298$ count would be important to remember.

NOTE Confidence: 0.792625725269318

00:49:42.300 --> 00:49:43.770 Although I know these patients

NOTE Confidence: 0.792625725269318

 $00:49:43.770 \longrightarrow 00:49:45.860$ are very sick and some treatment.

NOTE Confidence: 0.774571120738983

00:49:46.470 --> 00:49:49.375 Thank you Terry and no far another

NOTE Confidence: 0.774571120738983

 $00{:}49{:}49{:}375 \dashrightarrow 00{:}49{:}51.150$ question from Doctor Gowda.

NOTE Confidence: 0.774571120738983

 $00:49:51.150 \longrightarrow 00:49:53.846$ In the with the advent of BCM a

NOTE Confidence: 0.774571120738983

 $00{:}49{:}53.846 \dashrightarrow 00{:}49{:}56.250$ targeted drug conjugates antibodies.

NOTE Confidence: 0.774571120738983

00:49:56.250 --> 00:50:00.500 How do how do we select again BC MA targeted?

NOTE Confidence: 0.774571120738983

 $00:50:00.500 \longrightarrow 00:50:03.116$ Whether we propose using an antibiotic

NOTE Confidence: 0.774571120738983

 $00:50:03.116 \longrightarrow 00:50:05.599$ conjugates or at the CMA cart.

NOTE Confidence: 0.774571120738983

 $00:50:05.600 \longrightarrow 00:50:08.150$ I think to some of this

NOTE Confidence: 0.774571120738983

 $00:50:08.150 \longrightarrow 00:50:09.850$ you already alluded to,

 $00:50:09.850 \longrightarrow 00:50:11.550$ but any further comments?

NOTE Confidence: 0.747536480426788

 $00:50:16.280 \longrightarrow 00:50:18.668$ I again I think it's hard.

NOTE Confidence: 0.747536480426788

 $00:50:18.670 \longrightarrow 00:50:21.058$ I think whenever we choose a

NOTE Confidence: 0.747536480426788

00:50:21.058 --> 00:50:22.650 treatment for our patients,

NOTE Confidence: 0.747536480426788

 $00:50:22.650 \longrightarrow 00:50:25.387$ it's looking at the patient looking the

NOTE Confidence: 0.747536480426788

 $00{:}50{:}25.387 \dashrightarrow 00{:}50{:}27.818$ disease and looking at the convenience

NOTE Confidence: 0.747536480426788

 $00:50:27.820 \longrightarrow 00:50:30.420$ and toxicities of the drug and an adjusting

NOTE Confidence: 0.747536480426788

 $00:50:30.420 \longrightarrow 00:50:32.998$ it to them individual preferences.

NOTE Confidence: 0.747536480426788

 $00:50:33.000 \longrightarrow 00:50:34.990$ Another question from Doctor Gorshin

NOTE Confidence: 0.747536480426788

 $00:50:34.990 \longrightarrow 00:50:36.980$ with the updated Griffin data,

NOTE Confidence: 0.747536480426788

 $00:50:36.980 \longrightarrow 00:50:39.254$ does this impact our decision upfront

NOTE Confidence: 0.747536480426788

 $00:50:39.254 \longrightarrow 00:50:41.350$ therapy for high risk disease.

NOTE Confidence: 0.747536480426788

 $00{:}50{:}41.350 --> 00{:}50{:}42.742$ KRD reverses Dara RVD.

NOTE Confidence: 0.747536480426788

 $00{:}50{:}42.742 \dashrightarrow 00{:}50{:}45.833$ I think KRD still remains a very powerful

NOTE Confidence: 0.747536480426788

 $00:50:45.833 \longrightarrow 00:50:48.168$ induction therapy with very good.

 $00:50:48.170 \longrightarrow 00:50:50.175$ Fresh listen with sustain standards

NOTE Confidence: 0.747536480426788

 $00:50:50.175 \longrightarrow 00:50:51.779$ with continued therapy off.

NOTE Confidence: 0.747536480426788

 $00:50:51.780 \longrightarrow 00:50:54.510$ Note when you look at the composition

NOTE Confidence: 0.747536480426788

 $00:50:54.510 \longrightarrow 00:50:56.589$ of patients in the trials,

NOTE Confidence: 0.747536480426788

 $00:50:56.590 \longrightarrow 00:50:59.810$ the port a trial had about 30% of

NOTE Confidence: 0.747536480426788

00:50:59.810 --> 00:51:02.270 high risk patients that they all

NOTE Confidence: 0.747536480426788

00:51:02.270 --> 00:51:04.209 equally benefited with Dara RVD.

NOTE Confidence: 0.747536480426788

 $00{:}51{:}04.210 \dashrightarrow 00{:}51{:}06.616$ This is a face to randomization

NOTE Confidence: 0.747536480426788

 $00{:}51{:}06.616 \dashrightarrow 00{:}51{:}09.501$ and there were 15% of patients who

NOTE Confidence: 0.747536480426788

00:51:09.501 --> 00:51:11.636 harbored high risk cytogenetic profile

NOTE Confidence: 0.747536480426788

 $00{:}51{:}11.636 \dashrightarrow 00{:}51{:}14.380$ and in their forest plots of data

NOTE Confidence: 0.747536480426788

 $00:51:14.380 \longrightarrow 00:51:17.040$ which I didn't present in the slides.

NOTE Confidence: 0.747536480426788

00:51:17.040 --> 00:51:19.338 It appeared that as though higher

NOTE Confidence: 0.747536480426788

 $00:51:19.338 \longrightarrow 00:51:21.530$ risks are genetic profile patients.

NOTE Confidence: 0.747536480426788

00:51:21.530 --> 00:51:24.368 May not have experienced the same

NOTE Confidence: 0.747536480426788

00:51:24.368 --> 00:51:26.882 magnitude of benefit in terms

00:51:26.882 --> 00:51:28.499 of deeper responses,

NOTE Confidence: 0.747536480426788

 $00:51:28.500 \longrightarrow 00:51:31.601$ so I would say there seem to

NOTE Confidence: 0.747536480426788

 $00:51:31.601 \longrightarrow 00:51:34.000$ be equally potent regiments.

NOTE Confidence: 0.747536480426788 00:51:34.000 --> 00:51:34.746 My own. NOTE Confidence: 0.747536480426788

 $00:51:34.746 \longrightarrow 00:51:36.984$ Practice preference has been KRD for

NOTE Confidence: 0.747536480426788

00:51:36.984 --> 00:51:39.551 high risk patients generally and this

NOTE Confidence: 0.747536480426788

 $00:51:39.551 \longrightarrow 00:51:42.790$ I hear from some other institutions as well,

NOTE Confidence: 0.747536480426788

 $00{:}51{:}42.790 \longrightarrow 00{:}51{:}45.124$ but again practice patterns very in

NOTE Confidence: 0.747536480426788

 $00{:}51{:}45.124 \dashrightarrow 00{:}51{:}48.312$ more data on the long term follow up

NOTE Confidence: 0.747536480426788

 $00{:}51{:}48.312 \dashrightarrow 00{:}51{:}51.046$ is needed from the Griffin trial to

NOTE Confidence: 0.747536480426788

00:51:51.046 --> 00:51:53.638 you know where we don't have yet the

NOTE Confidence: 0.747536480426788

 $00:51:53.640 \longrightarrow 00:51:55.180$ progression free survival benefit.

NOTE Confidence: 0.747536480426788

 $00{:}51{:}55.180 \dashrightarrow 00{:}51{:}58.540$ Eras for the for the four day trial,

NOTE Confidence: 0.747536480426788

 $00:51:58.540 \longrightarrow 00:52:01.078$ we have significantly longer follow up,

NOTE Confidence: 0.747536480426788

 $00:52:01.080 \longrightarrow 00:52:04.272$ so I think both regiments could be

 $00:52:04.272 \longrightarrow 00:52:06.600$ used interchangeably depending on the

NOTE Confidence: 0.747536480426788

 $00{:}52{:}06.600 \dashrightarrow 00{:}52{:}08.805$ practice pattern off the institution.

NOTE Confidence: 0.747536480426788

 $00:52:08.810 \longrightarrow 00:52:13.300$ One question from Doctor Gowda.

NOTE Confidence: 0.747536480426788

00:52:13.300 --> 00:52:15.100 At relapse, for instance,

NOTE Confidence: 0.747536480426788

00:52:15.100 --> 00:52:17.800 if a patient was previously exposed

NOTE Confidence: 0.747536480426788

 $00:52:17.875 \longrightarrow 00:52:20.020$ to anti BCM, a targeted therapy,

NOTE Confidence: 0.747536480426788

 $00:52:20.020 \longrightarrow 00:52:22.540$ what is the BCM? A expression?

NOTE Confidence: 0.747536480426788

 $00:52:22.540 \longrightarrow 00:52:25.900$ Has this been looked at in the literature?

NOTE Confidence: 0.747536480426788

00:52:25.900 --> 00:52:29.260 I would ask either one of the speakers,

NOTE Confidence: 0.747536480426788

 $00:52:29.260 \longrightarrow 00:52:31.780$ but perhaps more so so far.

NOTE Confidence: 0.80912721157074

 $00{:}52{:}32.420 \longrightarrow 00{:}52{:}34.796$ So I know they are looking at it.

NOTE Confidence: 0.80912721157074

00:52:34.800 --> 00:52:37.168 I I don't recall if they published it,

NOTE Confidence: 0.80912721157074

 $00:52:37.170 \longrightarrow 00:52:39.011$ but there's a lot of and they're

NOTE Confidence: 0.80912721157074

 $00{:}52{:}39.011 \dashrightarrow 00{:}52{:}40.739$ also looking at Solomon Soluble.

NOTE Confidence: 0.80912721157074

 $00:52:40.740 \longrightarrow 00:52:45.572$ Be CMA in the blood, but I can't recall.

NOTE Confidence: 0.80912721157074

00:52:45.572 --> 00:52:47.640 What's published? Yeah,

 $00:52:47.640 \longrightarrow 00:52:49.595$ I don't believe there is

NOTE Confidence: 0.76650208234787

 $00:52:49.595 \longrightarrow 00:52:51.550$ any published data on this.

NOTE Confidence: 0.76650208234787

 $00:52:51.550 \longrightarrow 00:52:52.594$ To my knowledge.

NOTE Confidence: 0.76650208234787

00:52:52.594 --> 00:52:54.682 I know each individual company is

NOTE Confidence: 0.76650208234787

 $00{:}52{:}54.682 \dashrightarrow 00{:}52{:}56.373$ conducting their Olalla Sideclick

NOTE Confidence: 0.76650208234787

00:52:56.373 --> 00:52:57.657 preclinical and correlative

NOTE Confidence: 0.76650208234787

 $00:52:57.657 \longrightarrow 00:52:59.369$ studies to examine this,

NOTE Confidence: 0.76650208234787

 $00:52:59.370 \longrightarrow 00:53:02.810$ but not entirely clear yet.

NOTE Confidence: 0.858881711959839

 $00:53:02.810 \longrightarrow 00:53:05.108$ So with that, I think we're

NOTE Confidence: 0.858881711959839

 $00{:}53{:}05.110 \dashrightarrow 00{:}53{:}07.408$ a four minutes after the hour.

NOTE Confidence: 0.858881711959839

 $00:53:07.410 \longrightarrow 00:53:09.315$ Thank you for the excellent

NOTE Confidence: 0.858881711959839

00:53:09.315 --> 00:53:10.849 presentations. All of you.

NOTE Confidence: 0.858881711959839

 $00{:}53{:}10.849 \dashrightarrow 00{:}53{:}12.764$ I really appreciate every body joining.

NOTE Confidence: 0.858881711959839

 $00{:}53{:}12.770 \dashrightarrow 00{:}53{:}14.900$ I hope this was an informative

NOTE Confidence: 0.858881711959839

 $00:53:14.900 \longrightarrow 00:53:17.464$ session and hope to see you all

 $00{:}53{:}17.464 \dashrightarrow 00{:}53{:}19.239$ for the subsequent sessions of

NOTE Confidence: 0.858881711959839

00:53:19.239 --> 00:53:21.786 the ash highlights. Thank you.

NOTE Confidence: 0.858881711959839

00:53:21.786 --> 00:53:24.226 Have a great day everybody.

NOTE Confidence: 0.858881711959839

 $00{:}53{:}24.230 \dashrightarrow 00{:}53{:}26.696$ Thank you for organizing doctors item.