WEBVTT

NOTE duration: "01:03:14.9230000"

NOTE language:en-us

NOTE Confidence: 0.8286907

 $00:00:00.000 \longrightarrow 00:00:02.598$ Typically this is a CME event

NOTE Confidence: 0.8286907

 $00:00:02.598 \longrightarrow 00:00:04.330$ composed of six sessions.

NOTE Confidence: 0.8286907

 $00:00:04.330 \longrightarrow 00:00:07.074$ We already had the first session for

NOTE Confidence: 0.8286907

 $00:00:07.074 \dashrightarrow 00:00:10.161$ multiple myeloma on January 15th and the

NOTE Confidence: 0.8286907

 $00:00:10.161 \longrightarrow 00:00:12.456$ lymphoid malignancy session last week.

NOTE Confidence: 0.8286907

00:00:12.460 --> 00:00:15.804 Today will be updating you on the myeloid

NOTE Confidence: 0.8286907

 $00{:}00{:}15.804 \dashrightarrow 00{:}00{:}18.702$ malignancy and next week we have an

NOTE Confidence: 0.8286907

00:00:18.702 --> 00:00:21.357 update on pediatric leukemia and also

NOTE Confidence: 0.8286907

 $00{:}00{:}21.357 \dashrightarrow 00{:}00{:}23.749$ adult acute lymphoblastic leukemia.

NOTE Confidence: 0.8286907

 $00:00:23.750 \longrightarrow 00:00:26.216$ February 12th will be classical or

NOTE Confidence: 0.8286907

 $00:00:26.216 \longrightarrow 00:00:28.692$ non benign hematology and we will

NOTE Confidence: 0.8286907

 $00:00:28.692 \longrightarrow 00:00:30.954$ conclude on February 19th with cell

NOTE Confidence: 0.8286907

 $00:00:30.954 \longrightarrow 00:00:33.430$ therapy and transplantation updates.

NOTE Confidence: 0.8444918

 $00:00:38.570 \longrightarrow 00:00:40.280$ So as you can tell,

 $00{:}00{:}40.280 \dashrightarrow 00{:}00{:}42.392$ there are many great abstracts that

NOTE Confidence: 0.8444918

 $00{:}00{:}42.392 \dashrightarrow 00{:}00{:}44.709$ are being presented in ash this year,

NOTE Confidence: 0.8444918

 $00:00:44.710 \longrightarrow 00:00:46.335$ and it's very difficult to

NOTE Confidence: 0.8444918

 $00:00:46.335 \longrightarrow 00:00:48.460$ try to cover all of these,

NOTE Confidence: 0.8444918

 $00:00:48.460 \dashrightarrow 00:00:50.160$ especially with the time limitation.

NOTE Confidence: 0.8444918

 $00:00:50.160 \longrightarrow 00:00:52.020$ So here the abstracts that have

NOTE Confidence: 0.8444918

 $00:00:52.020 \longrightarrow 00:00:54.001$ been selected in this session and

NOTE Confidence: 0.8444918

 $00{:}00{:}54.001 \dashrightarrow 00{:}00{:}56.035$ in the other sessions basically are

NOTE Confidence: 0.8444918

00:00:56.035 --> 00:00:58.010 chosen for their highest impact,

NOTE Confidence: 0.8444918

 $00:00:58.010 \longrightarrow 00:01:00.056$ and the ones that are most

NOTE Confidence: 0.8444918

00:01:00.056 --> 00:01:00.738 relevant clinically,

NOTE Confidence: 0.8444918

 $00{:}01{:}00.740 \dashrightarrow 00{:}01{:}02.828$ especially in areas of unmet clinical

NOTE Confidence: 0.8444918

 $00:01:02.828 \longrightarrow 00:01:04.951$ need with decided to group them

NOTE Confidence: 0.8444918

 $00:01:04.951 \dashrightarrow 00:01:07.282$ basically by the disease area AML MD's.

NOTE Confidence: 0.8444918

 $00:01:07.290 \longrightarrow 00:01:09.747$ And my love I almyra preffective neoplasms.

 $00:01:09.750 \longrightarrow 00:01:11.964$ Of course, that doesn't mean that

NOTE Confidence: 0.8444918

 $00:01:11.964 \longrightarrow 00:01:13.828$ the other abstracts that are

NOTE Confidence: 0.8444918

 $00{:}01{:}13.828 \dashrightarrow 00{:}01{:}15.736$ not presented are not as great.

NOTE Confidence: 0.8444918

00:01:15.740 --> 00:01:17.500 It just as time limitation,

NOTE Confidence: 0.8444918

 $00{:}01{:}17.500 \dashrightarrow 00{:}01{:}19.292$ and also important to remember that a

NOTE Confidence: 0.8444918

 $00:01:19.292 \longrightarrow 00:01:21.556$ lot of the abstracts contain preliminary

NOTE Confidence: 0.8444918

00:01:21.556 --> 00:01:23.476 information and preliminary data,

NOTE Confidence: 0.8444918

 $00:01:23.480 \longrightarrow 00:01:25.388$ and they have not been peer

NOTE Confidence: 0.8444918

 $00{:}01{:}25.388 \dashrightarrow 00{:}01{:}27.350$ reviewed or finalize or published.

NOTE Confidence: 0.8444918

 $00:01:27.350 \longrightarrow 00:01:29.541$ So these results always have to be

NOTE Confidence: 0.8444918

 $00{:}01{:}29.541 \dashrightarrow 00{:}01{:}31.930$ taken with that consideration in mind.

NOTE Confidence: 0.8444918

 $00:01:31.930 \longrightarrow 00:01:34.079$ We also like to thank all the

NOTE Confidence: 0.8444918

 $00:01:34.079 \longrightarrow 00:01:35.506$ authors of those abstracts

NOTE Confidence: 0.8444918

 $00:01:35.506 \longrightarrow 00:01:37.676$ who have shared their slides.

NOTE Confidence: 0.8444918

 $00:01:37.680 \longrightarrow 00:01:39.626$ With us for this presentation at the

NOTE Confidence: 0.8444918

 $00:01:39.626 \longrightarrow 00:01:41.830$ end of the entire Series A recording

 $00:01:41.830 \longrightarrow 00:01:44.216$ of this session and the other sessions

NOTE Confidence: 0.8444918

 $00:01:44.216 \longrightarrow 00:01:46.806$ will be available on the subsequent week.

NOTE Confidence: 0.8444918

 $00:01:46.810 \longrightarrow 00:01:49.386$ An slice of each presentation that will

NOTE Confidence: 0.8444918

 $00:01:49.386 \longrightarrow 00:01:51.844$ also be available for your review and

NOTE Confidence: 0.8444918

 $00:01:51.844 \longrightarrow 00:01:54.560$ for people who cannot make the live event.

NOTE Confidence: 0.8444918

 $00:01:54.560 \longrightarrow 00:01:57.264$ At the end of the six session series,

NOTE Confidence: 0.8444918

 $00:01:57.270 \longrightarrow 00:01:58.965$ CME Credit will be provided

NOTE Confidence: 0.8444918

 $00:01:58.965 \longrightarrow 00:02:00.660$ for those who claim it.

NOTE Confidence: 0.8444918

 $00:02:00.660 \longrightarrow 00:02:05.079$ You will have to fill a quick form and.

NOTE Confidence: 0.8444918

 $00:02:05.080 \longrightarrow 00:02:07.660$ Supply some feedback to claim the

NOTE Confidence: 0.8444918

 $00:02:07.660 \longrightarrow 00:02:10.990$ CME credit at the end of the series.

NOTE Confidence: 0.8444918

 $00:02:10.990 \longrightarrow 00:02:12.630$ So today we'll be covering

NOTE Confidence: 0.8444918

00:02:12.630 --> 00:02:13.614 the myeloid neoplasms.

NOTE Confidence: 0.8444918

00:02:13.620 --> 00:02:15.270 As you can see here,

NOTE Confidence: 0.8444918

 $00{:}02{:}15.270 \dashrightarrow 00{:}02{:}17.573$ I will be updating you for Milo

00:02:17.573 --> 00:02:18.560 dysplastic syndromes then,

NOTE Confidence: 0.8444918

 $00{:}02{:}18.560 \dashrightarrow 00{:}02{:}20.786$ Doctor Orish Alice will update us on

NOTE Confidence: 0.8444918

 $00:02:20.786 \longrightarrow 00:02:22.829$ acute myeloid leukemia and finally doctor,

NOTE Confidence: 0.8444918

 $00:02:22.830 \longrightarrow 00:02:24.480$ but also full update us

NOTE Confidence: 0.8444918

 $00:02:24.480 \longrightarrow 00:02:25.140$ on myeloproliferative.

NOTE Confidence: 0.8444918

 $00{:}02{:}25.140 \dashrightarrow 00{:}02{:}27.156$ Neoplasm's will try to stick to

NOTE Confidence: 0.8444918

 $00{:}02{:}27.156 \dashrightarrow 00{:}02{:}29.727$ the times that you can see here so

NOTE Confidence: 0.8444918

 $00:02:29.727 \longrightarrow 00:02:31.886$ that we can allow some time for

NOTE Confidence: 0.8444918

 $00{:}02{:}31.886 \dashrightarrow 00{:}02{:}34.016$ questions in the last 10 minutes.

NOTE Confidence: 0.8444918

 $00:02:34.020 \longrightarrow 00:02:36.644$ We can stay a few minutes beyond one.

NOTE Confidence: 0.8444918

 $00:02:36.650 \longrightarrow 00:02:39.922$ For those of you who can stay if

NOTE Confidence: 0.8444918

 $00:02:39.922 \longrightarrow 00:02:43.090$ there are many questions as well.

NOTE Confidence: 0.8444918

 $00{:}02{:}43.090 \dashrightarrow 00{:}02{:}45.118$ So I'll start with the updates

NOTE Confidence: 0.8444918

 $00{:}02{:}45.118 \dashrightarrow 00{:}02{:}47.220$ on my latest ostick syndromes.

NOTE Confidence: 0.8444918

 $00:02:47.220 \longrightarrow 00:02:50.410$ So these are my disclosures.

NOTE Confidence: 0.8444918

 $00{:}02{:}50.410 \dashrightarrow 00{:}02{:}53.226$ So I'm just as many of you know,

 $00:02:53.230 \longrightarrow 00:02:54.985$ their management is really highly

NOTE Confidence: 0.8444918

 $00:02:54.985 \longrightarrow 00:02:55.687$ risk adaptive.

NOTE Confidence: 0.8444918

 $00:02:55.690 \longrightarrow 00:02:57.300$ It's somewhat unusual compared to

NOTE Confidence: 0.8444918

 $00:02:57.300 \longrightarrow 00:02:58.910$ other malignancy's in which the

NOTE Confidence: 0.8444918

00:02:58.959 --> 00:03:00.108 interventions vary significantly

NOTE Confidence: 0.8444918

 $00:03:00.108 \longrightarrow 00:03:02.023$ all the way from observation.

NOTE Confidence: 0.8444918

 $00:03:02.030 \longrightarrow 00:03:03.790$ For patients with lower risk,

NOTE Confidence: 0.8444918

 $00{:}03{:}03.790 \dashrightarrow 00{:}03{:}05.904$ MD S All the way to recommending

NOTE Confidence: 0.8444918

 $00:03:05.904 \longrightarrow 00:03:07.660$ a very aggressive intervention,

NOTE Confidence: 0.8444918

00:03:07.660 --> 00:03:08.968 like allogenic bone marrow

NOTE Confidence: 0.8444918

 $00{:}03{:}08.968 \dashrightarrow 00{:}03{:}10.276$ transplantation for patients who

NOTE Confidence: 0.8444918

00:03:10.276 --> 00:03:11.879 have very aggressive disease,

NOTE Confidence: 0.8444918

 $00:03:11.880 \longrightarrow 00:03:13.640$ which have a prognosis almost

NOTE Confidence: 0.8444918

 $00{:}03{:}13.640 \dashrightarrow 00{:}03{:}15.048$ like acute myeloid leukemia.

NOTE Confidence: 0.8444918

 $00:03:15.050 \longrightarrow 00:03:17.507$ In the most aggressive forms of Andy's,

 $00:03:17.510 \longrightarrow 00:03:19.974$ this is actually a schema from 2013,

NOTE Confidence: 0.8444918

 $00{:}03{:}19.980 \dashrightarrow 00{:}03{:}23.180$ and the reason I'm showing you this one.

NOTE Confidence: 0.8444918

 $00:03:23.180 \longrightarrow 00:03:26.618$ From seven or eight years ago is be cause.

NOTE Confidence: 0.8444918

 $00:03:26.620 \longrightarrow 00:03:28.744$ Not much really has changed in

NOTE Confidence: 0.8444918

 $00:03:28.744 \longrightarrow 00:03:31.011$ the schema in the management of

NOTE Confidence: 0.8444918

00:03:31.011 --> 00:03:33.699 Andy as until last year until 2020

NOTE Confidence: 0.8444918

 $00:03:33.699 \longrightarrow 00:03:36.898$ and in 2020 we have the first 2

NOTE Confidence: 0.8444918

 $00:03:36.898 \longrightarrow 00:03:38.071$ approvers basically since

NOTE Confidence: 0.8375796

 $00:03:38.080 \longrightarrow 00:03:40.936$ 2006 so we had 14 years without any

NOTE Confidence: 0.8375796

00:03:40.936 --> 00:03:43.557 approvals for Andy's until 2020 when we

NOTE Confidence: 0.8375796

 $00{:}03{:}43.557 \dashrightarrow 00{:}03{:}46.479$ have two drugs that have been approved.

NOTE Confidence: 0.8375796

 $00:03:46.480 \longrightarrow 00:03:49.014$ One of them is last battleship which

NOTE Confidence: 0.8375796

 $00:03:49.014 \longrightarrow 00:03:51.449$ is a transforming growth factor beta,

NOTE Confidence: 0.8375796

 $00:03:51.450 \longrightarrow 00:03:54.120$ an inhibitor disinhibits. Elegant and.

NOTE Confidence: 0.8375796

 $00:03:54.120 \longrightarrow 00:03:56.124$ This is recommended for patients who

NOTE Confidence: 0.8375796

00:03:56.124 --> 00:03:58.543 have lower risk MD's who have any

00:03:58.543 --> 00:04:00.577 meandering senior class and other drug,

NOTE Confidence: 0.8375796

 $00:04:00.580 \longrightarrow 00:04:01.940$ was an oral decitabine.

NOTE Confidence: 0.8375796

 $00:04:01.940 \longrightarrow 00:04:03.980$ An oral version of this item,

NOTE Confidence: 0.8375796

 $00:04:03.980 \longrightarrow 00:04:06.360$ in that we will be talking about,

NOTE Confidence: 0.8375796

 $00:04:06.360 \longrightarrow 00:04:09.237$ but this was also approved in late

NOTE Confidence: 0.8375796

00:04:09.237 --> 00:04:11.719 2024 patients with high risk MD's.

NOTE Confidence: 0.8375796

 $00:04:11.720 \longrightarrow 00:04:14.504$ So I think it's important to start the

NOTE Confidence: 0.8375796

 $00:04:14.504 \longrightarrow 00:04:16.454$ presentation by highlighting that high

NOTE Confidence: 0.8375796

 $00{:}04{:}16.454 \dashrightarrow 00{:}04{:}19.599$ unmet need for patients with high risk MD S.

NOTE Confidence: 0.8375796

 $00:04:19.600 \longrightarrow 00:04:21.952$ So these are some real life analysis

NOTE Confidence: 0.8375796

 $00:04:21.952 \longrightarrow 00:04:23.934$ that showed that despite the

NOTE Confidence: 0.8375796

 $00:04:23.934 \longrightarrow 00:04:25.738$ introduction of hypomethylating agents

NOTE Confidence: 0.8375796

 $00{:}04{:}25.738 \dashrightarrow 00{:}04{:}28.426$ in for treatment for high risk MD

NOTE Confidence: 0.8375796

 $00:04:28.426 \longrightarrow 00:04:30.697$ as the outcomes or me and pull the

NOTE Confidence: 0.8375796

 $00:04:30.697 \longrightarrow 00:04:33.196$ overall responses is around 40 to 50%.

 $00:04:33.200 \longrightarrow 00:04:33.557$ However,

NOTE Confidence: 0.8375796

 $00{:}04{:}33.557 \dashrightarrow 00{:}04{:}35.699$ the complete response rate is only

NOTE Confidence: 0.8375796

 $00:04:35.699 \longrightarrow 00:04:38.295$ around 15% and most of those responses

NOTE Confidence: 0.8375796

 $00:04:38.295 \longrightarrow 00:04:40.675$ are limited and most patients die

NOTE Confidence: 0.8375796

 $00:04:40.675 \longrightarrow 00:04:42.865$ from the disease relatively quickly.

NOTE Confidence: 0.8375796

 $00:04:42.870 \longrightarrow 00:04:45.453$ You can see here previous real life

NOTE Confidence: 0.8375796

 $00:04:45.453 \longrightarrow 00:04:47.823$ analysis that we conducted for patients

NOTE Confidence: 0.8375796

 $00:04:47.823 \longrightarrow 00:04:50.602$ who receive is cited in or decide

NOTE Confidence: 0.8375796

 $00{:}04{:}50.678 \dashrightarrow 00{:}04{:}53.423$ to be in and you can see the median

NOTE Confidence: 0.8375796

 $00:04:53.423 \longrightarrow 00:04:55.202$ overall survival for older patients.

NOTE Confidence: 0.8375796

 $00{:}04{:}55.202 \dashrightarrow 00{:}04{:}57.410$ And this was a serious Medicare

NOTE Confidence: 0.8375796

 $00:04:57.473 \longrightarrow 00:04:59.753$ analysis was eleven months while for

NOTE Confidence: 0.8375796

 $00:04:59.753 \longrightarrow 00:05:01.988$ patients who were younger and were

NOTE Confidence: 0.8375796

 $00{:}05{:}01.988 {\:\dashrightarrow\:} 00{:}05{:}03.938$ referred to tertiary big centers in

NOTE Confidence: 0.8375796

 $00:05:03.938 \longrightarrow 00:05:05.676$ the MD's Clinical Research Consortium.

NOTE Confidence: 0.8375796

 $00:05:05.676 \longrightarrow 00:05:08.210$ The median overall survival was 17 months.

 $00:05:08.210 \longrightarrow 00:05:10.807$ So basically it's much lower than what

NOTE Confidence: 0.8375796

 $00:05:10.807 \longrightarrow 00:05:13.079$ is generally described in the literature.

NOTE Confidence: 0.8375796

00:05:13.080 --> 00:05:14.001 On 24 months,

NOTE Confidence: 0.8375796

 $00:05:14.001 \longrightarrow 00:05:15.843$ and for patients who progress after

NOTE Confidence: 0.8375796

 $00:05:15.843 \longrightarrow 00:05:17.720$ receiving those hypomethylating agents,

NOTE Confidence: 0.8375796

 $00:05:17.720 \longrightarrow 00:05:19.510$ their survival is even worse.

NOTE Confidence: 0.8375796

 $00:05:19.510 \longrightarrow 00:05:21.448$ This is an important study that

NOTE Confidence: 0.8375796

00:05:21.448 --> 00:05:23.430 was published by our colleague,

NOTE Confidence: 0.8375796

00:05:23.430 --> 00:05:24.838 Doctor to my Propay,

NOTE Confidence: 0.8375796

 $00:05:24.838 \longrightarrow 00:05:26.598$ showing that the median survival

NOTE Confidence: 0.8375796

 $00{:}05{:}26.598 \dashrightarrow 00{:}05{:}28.068$ was only five months.

NOTE Confidence: 0.8375796

 $00:05:28.070 \longrightarrow 00:05:29.840$ Basically after failure of hypomethylating

NOTE Confidence: 0.8375796

 $00{:}05{:}29.840 \dashrightarrow 00{:}05{:}32.595$ agents and I think all of this data

NOTE Confidence: 0.8375796

 $00:05:32.595 \longrightarrow 00:05:34.145$ highlight the significant unmet need

NOTE Confidence: 0.8375796

00:05:34.145 --> 00:05:36.471 that we should not just routinely

00:05:36.471 --> 00:05:37.707 use hypomethylating agents.

NOTE Confidence: 0.8375796

 $00:05:37.710 \longrightarrow 00:05:40.392$ But we should try to improve

NOTE Confidence: 0.8375796

 $00:05:40.392 \longrightarrow 00:05:42.180$ the outcomes of patients.

NOTE Confidence: 0.8375796

 $00:05:42.180 \longrightarrow 00:05:44.329$ So going to some of the major

NOTE Confidence: 0.8375796

00:05:44.329 --> 00:05:46.069 highlights from the ash meeting,

NOTE Confidence: 0.8375796

 $00:05:46.070 \longrightarrow 00:05:48.008$ I will start with this one.

NOTE Confidence: 0.8375796

 $00:05:48.010 \longrightarrow 00:05:50.594$ This is a drug that I just mentioned.

NOTE Confidence: 0.8375796

 $00:05:50.600 \longrightarrow 00:05:52.721$ Oral deci TB in that has just

NOTE Confidence: 0.8375796

00:05:52.721 --> 00:05:54.489 been approved in August 2020,

NOTE Confidence: 0.8375796

 $00:05:54.490 \longrightarrow 00:05:56.770$ so decide to be in the reason why

NOTE Confidence: 0.8375796

 $00{:}05{:}56.770 \dashrightarrow 00{:}05{:}59.288$ you cannot give this ITB in orally

NOTE Confidence: 0.8375796

00:05:59.288 --> 00:06:01.168 is because it's highly metabolised

NOTE Confidence: 0.8375796

 $00:06:01.234 \longrightarrow 00:06:02.920$ in the gut by this enzyme.

NOTE Confidence: 0.8375796

 $00:06:02.920 \longrightarrow 00:06:05.504$ Citadine dominates as well as in the liver,

NOTE Confidence: 0.8375796

 $00:06:05.510 \longrightarrow 00:06:07.778$ so you have significant first pass effect.

NOTE Confidence: 0.8375796

 $00:06:07.780 \longrightarrow 00:06:10.468$ So what was done here in to develop

 $00:06:10.468 \longrightarrow 00:06:13.007$ this drug which is called in covi.

NOTE Confidence: 0.8375796

 $00:06:13.010 \longrightarrow 00:06:15.873$ Is to combine decided being with an

NOTE Confidence: 0.8375796

00:06:15.873 --> 00:06:18.474 inhibitor of this city in Germany

NOTE Confidence: 0.8375796

 $00:06:18.474 \longrightarrow 00:06:21.066$ is called sisters OR and the

NOTE Confidence: 0.8375796

 $00:06:21.066 \longrightarrow 00:06:22.579$ combination in phase one.

NOTE Confidence: 0.8375796

 $00:06:22.580 \longrightarrow 00:06:25.572$ Phase two trials was shown to result in

NOTE Confidence: 0.8375796

00:06:25.572 --> 00:06:27.570 similar pharmacodynamic and pharmacodynamic.

NOTE Confidence: 0.8306338

 $00:06:29.720 \longrightarrow 00:06:32.216$ Activities to the Ivy decided mean,

NOTE Confidence: 0.8306338

 $00:06:32.220 \longrightarrow 00:06:35.172$ so this combination was taken to a phase

NOTE Confidence: 0.8306338

 $00:06:35.172 \longrightarrow 00:06:37.809$ three trial that looked at pharmacokinetic

NOTE Confidence: 0.8306338

 $00:06:37.809 \longrightarrow 00:06:40.539$ equivalence as a final end point,

NOTE Confidence: 0.8306338

 $00{:}06{:}40.540 \dashrightarrow 00{:}06{:}43.578$ and this trial was presented in 2019

NOTE Confidence: 0.8306338

 $00{:}06{:}43.578 \dashrightarrow 00{:}06{:}46.776$ and you can see A at the bottom.

NOTE Confidence: 0.8306338

 $00{:}06{:}46.780 \dashrightarrow 00{:}06{:}49.685$ The final conclusion, which you have 99%

NOTE Confidence: 0.8306338

00:06:49.690 --> 00:06:50.938 equivalence pharmacokinetic equivalence

 $00:06:50.938 \longrightarrow 00:06:53.018$ between oral and Ivy decitabine.

NOTE Confidence: 0.8306338

 $00:06:53.020 \longrightarrow 00:06:56.748$ However, the follow up from this study was

NOTE Confidence: 0.8306338

 $00:06:56.748 \longrightarrow 00:06:59.659$ somewhat limited and an important update.

NOTE Confidence: 0.8306338

 $00{:}06{:}59.660 \dashrightarrow 00{:}07{:}02.061$ Was presented in the American side of

NOTE Confidence: 0.8306338

 $00:07:02.061 \longrightarrow 00:07:04.078$ hematology meeting this year by Doctor

NOTE Confidence: 0.8306338

00:07:04.078 --> 00:07:06.756 Savona, and this trial is actually a trial.

NOTE Confidence: 0.8306338

 $00:07:06.760 \longrightarrow 00:07:08.310$ We participated in an many

NOTE Confidence: 0.8306338

 $00:07:08.310 \longrightarrow 00:07:10.480$ of you in the care centers,

NOTE Confidence: 0.8306338

00:07:10.480 --> 00:07:12.170 have refer patients for us,

NOTE Confidence: 0.8306338

 $00:07:12.170 \longrightarrow 00:07:14.186$ so we thank you for that.

NOTE Confidence: 0.8306338

 $00{:}07{:}14.190 \dashrightarrow 00{:}07{:}16.374$ So the update from the certain study

NOTE Confidence: 0.8306338

 $00:07:16.374 \longrightarrow 00:07:18.116$ showed that the complete response

NOTE Confidence: 0.8306338

00:07:18.116 --> 00:07:20.653 rate was around 22% and the median

NOTE Confidence: 0.8306338

 $00:07:20.653 \longrightarrow 00:07:22.408$ overall survival after median follow

NOTE Confidence: 0.8306338

 $00:07:22.408 \longrightarrow 00:07:24.990$ up of 24 months has not yet been

NOTE Confidence: 0.8306338

 $00{:}07{:}24.990 \dashrightarrow 00{:}07{:}26.614$ reached and the median duration

 $00:07:26.614 \longrightarrow 00:07:28.726$ of best response was 12 months.

NOTE Confidence: 0.8306338

 $00:07:28.730 \longrightarrow 00:07:31.350$ So I think well.

NOTE Confidence: 0.8306338

 $00:07:31.350 \longrightarrow 00:07:33.966$ The follow up still needs to be longer.

NOTE Confidence: 0.8306338

 $00:07:33.970 \longrightarrow 00:07:36.546$ It's important to know that for now it

NOTE Confidence: 0.8306338

 $00{:}07{:}36.546 \dashrightarrow 00{:}07{:}38.974$ seems that or al version of Decitabine is

NOTE Confidence: 0.8306338

 $00:07:38.974 \longrightarrow 00:07:41.808$ very similar to how we decide to be in,

NOTE Confidence: 0.8306338

 $00:07:41.810 \longrightarrow 00:07:43.916$ and I think we have a lot of data

NOTE Confidence: 0.8306338

 $00{:}07{:}43.916 \dashrightarrow 00{:}07{:}46.090$ now suggesting that it can be

NOTE Confidence: 0.8306338

 $00:07:46.090 \longrightarrow 00:07:47.960$ completely replacing the IBD side

NOTE Confidence: 0.8306338

00:07:48.024 --> 00:07:49.989 been as monotherapy for Andy's.

NOTE Confidence: 0.8306338

 $00:07:49.990 \longrightarrow 00:07:52.662$ And on this note also I like to

NOTE Confidence: 0.8306338

 $00:07:52.662 \longrightarrow 00:07:54.965$ highlight that many of you are aware

NOTE Confidence: 0.8306338

 $00{:}07{:}54.965 \dashrightarrow 00{:}07{:}57.560$ that there is an oral version of is

NOTE Confidence: 0.8306338

 $00:07:57.560 \longrightarrow 00:08:00.210$ cited in the CC-486 or on your leg.

NOTE Confidence: 0.8306338

 $00:08:00.210 \longrightarrow 00:08:01.850$ That has been approved,

 $00:08:01.850 \longrightarrow 00:08:03.806$ but this is was only approved

NOTE Confidence: 0.8306338

 $00{:}08{:}03.806 \dashrightarrow 00{:}08{:}06.009$ in AML on your egg Aurora.

NOTE Confidence: 0.8306338

 $00:08:06.010 \longrightarrow 00:08:08.439$ Laser sighted in is very different in

NOTE Confidence: 0.8306338

 $00:08:08.439 \longrightarrow 00:08:10.178$ pharmacokinetics. Ann for Neko Dynamics.

NOTE Confidence: 0.8306338

 $00:08:10.178 \longrightarrow 00:08:12.260$ Then I be decided in an.

NOTE Confidence: 0.8306338

00:08:12.260 --> 00:08:13.078 I'm sorry.

NOTE Confidence: 0.8306338

 $00:08:13.078 \longrightarrow 00:08:15.941$ Then Ivy is exciting in and therefore

NOTE Confidence: 0.8306338

00:08:15.941 --> 00:08:18.920 should not be used in MD as its only

NOTE Confidence: 0.8306338

 $00{:}08{:}18.920 \dashrightarrow 00{:}08{:}21.445$ approved for AML and I think it should

NOTE Confidence: 0.8306338

 $00:08:21.445 \longrightarrow 00:08:23.708$ be used only in that sitting and

NOTE Confidence: 0.8306338

 $00{:}08{:}23.708 \dashrightarrow 00{:}08{:}25.784$ AML only in the maintenance setting.

NOTE Confidence: 0.8306338

 $00:08:25.790 \longrightarrow 00:08:27.146$ After achieving remission with

NOTE Confidence: 0.8306338

 $00:08:27.146 \longrightarrow 00:08:28.841$ intensive chemotherapy and not as

NOTE Confidence: 0.8306338

 $00:08:28.841 \longrightarrow 00:08:30.777$ a replacement as monotherapy or.

NOTE Confidence: 0.8306338

 $00{:}08{:}30.780 \dashrightarrow 00{:}08{:}32.495$ In combination with Venator class

NOTE Confidence: 0.8306338

 $00:08:32.495 \longrightarrow 00:08:34.580$ so this is important to note.

 $00:08:34.580 \longrightarrow 00:08:36.170$ I think another combination that's

NOTE Confidence: 0.8306338

 $00:08:36.170 \longrightarrow 00:08:38.152$ attracting a lot of attention as

NOTE Confidence: 0.8306338

 $00:08:38.152 \longrightarrow 00:08:39.500$ a combination of hypomethylating

NOTE Confidence: 0.8306338

 $00:08:39.500 \longrightarrow 00:08:40.848$ agents with Veneto class.

NOTE Confidence: 0.8306338

 $00:08:40.850 \longrightarrow 00:08:42.866$ So this is an update that was

NOTE Confidence: 0.8306338

 $00:08:42.866 \longrightarrow 00:08:44.913$ presented by Doctor Garcia and her

NOTE Confidence: 0.8306338

00:08:44.913 --> 00:08:46.783 colleagues in the frontline setting,

NOTE Confidence: 0.8306338

 $00:08:46.790 \longrightarrow 00:08:49.278$ so this is a phase One piece study

NOTE Confidence: 0.8306338

 $00:08:49.278 \longrightarrow 00:08:51.702$ that looked at combination of SSI tied

NOTE Confidence: 0.8306338

 $00{:}08{:}51.702 \dashrightarrow 00{:}08{:}54.457$ in with Veneto class and this is a

NOTE Confidence: 0.8306338

 $00{:}08{:}54.457 \dashrightarrow 00{:}08{:}56.683$ single arm study and they provided an

NOTE Confidence: 0.8306338

 $00:08:56.690 \longrightarrow 00:08:59.175$ update here in around 78 patients and

NOTE Confidence: 0.8306338

 $00{:}08{:}59.175 \dashrightarrow 00{:}09{:}02.300$ what you can see is a very high CR rates.

NOTE Confidence: 0.8306338

 $00:09:02.300 \longrightarrow 00:09:05.135$ So the CR rate is around 40%.

NOTE Confidence: 0.8306338

 $00:09:05.140 \longrightarrow 00:09:08.479$ Remember that the CR rate would is cited in.

 $00:09:08.480 \longrightarrow 00:09:10.330$ Monotherapy is only around 15%

NOTE Confidence: 0.8306338

 $00{:}09{:}10.330 \dashrightarrow 00{:}09{:}12.815$ to 20% at best and the overall

NOTE Confidence: 0.8306338

00:09:12.815 --> 00:09:14.790 response rate is around 80%.

NOTE Confidence: 0.8306338

 $00:09:14.790 \longrightarrow 00:09:15.530$ The responses,

NOTE Confidence: 0.8306338

 $00:09:15.530 \longrightarrow 00:09:17.010$ as you can see,

NOTE Confidence: 0.8306338

00:09:17.010 --> 00:09:19.332 sorry for that responses were durable

NOTE Confidence: 0.8306338

 $00:09:19.332 \dashrightarrow 00:09:22.344$ around 13 months and the median follow up

NOTE Confidence: 0.8306338

00:09:22.344 --> 00:09:25.169 on the study was somewhat short 16 months,

NOTE Confidence: 0.8306338

00:09:25.170 --> 00:09:27.030 but the survival so far,

NOTE Confidence: 0.8306338

 $00:09:27.030 \longrightarrow 00:09:28.514$ especially for those patients

NOTE Confidence: 0.8306338

 $00{:}09{:}28.514 \dashrightarrow 00{:}09{:}29.998$ who have complete responses,

NOTE Confidence: 0.8676015

 $00:09:30.000 \longrightarrow 00:09:31.245$ appear quite significant.

NOTE Confidence: 0.8676015

 $00:09:31.245 \longrightarrow 00:09:34.150$ However, I think these data are important

NOTE Confidence: 0.8676015

 $00:09:34.213 \longrightarrow 00:09:36.625$ to take into consideration still early.

NOTE Confidence: 0.8676015

 $00:09:36.630 \longrightarrow 00:09:38.842$ A single arm. We don't have randomized

NOTE Confidence: 0.8676015

 $00:09:38.842 \longrightarrow 00:09:41.464$ data and we have many drugs that

00:09:41.464 --> 00:09:43.469 shown excellent data as monotherapy,

NOTE Confidence: 0.8676015

 $00{:}09{:}43.470 \dashrightarrow 00{:}09{:}45.474$ but when they went to randomized

NOTE Confidence: 0.8676015

 $00:09:45.474 \longrightarrow 00:09:47.675$ setting they did not basically show

NOTE Confidence: 0.8676015

 $00:09:47.675 \longrightarrow 00:09:49.660$ improvement in overall survival and

NOTE Confidence: 0.8676015

 $00{:}09{:}49.660 \dashrightarrow 00{:}09{:}52.259$ I think This is why it's important

NOTE Confidence: 0.8676015

00:09:52.259 --> 00:09:54.263 to wait for the randomized data

NOTE Confidence: 0.8676015

 $00:09:54.270 \longrightarrow 00:09:56.790$ before this could be used as a,

NOTE Confidence: 0.8676015

 $00:09:56.790 \longrightarrow 00:10:00.669$ you know a setting in like in routine clinic.

NOTE Confidence: 0.8676015

 $00:10:00.670 \longrightarrow 00:10:03.030$ Practice.

NOTE Confidence: 0.8676015

 $00:10:03.030 \longrightarrow 00:10:05.571$ Another I think important study is the

NOTE Confidence: 0.8676015

00:10:05.571 --> 00:10:08.755 one we conducted here at at Yale in

NOTE Confidence: 0.8676015

 $00:10:08.755 \longrightarrow 00:10:10.700$ collaboration with many other centers.

NOTE Confidence: 0.8676015

 $00:10:10.700 \longrightarrow 00:10:13.535$ And we also provided an update from this data

NOTE Confidence: 0.8676015

 $00:10:13.535 \longrightarrow 00:10:16.537$ in the American Society of Hematology here.

NOTE Confidence: 0.8676015

 $00:10:16.540 \longrightarrow 00:10:19.012$ The other side in and venetoclax were used

00:10:19.012 --> 00:10:21.650 in the relapsed or refractory setting,

NOTE Confidence: 0.8676015

 $00{:}10{:}21.650 \dashrightarrow 00{:}10{:}23.470$ and as you can see,

NOTE Confidence: 0.8676015

 $00{:}10{:}23.470 \dashrightarrow 00{:}10{:}26.025$ the response rate is around 40% total.

NOTE Confidence: 0.8676015

 $00:10:26.025 \longrightarrow 00:10:28.580$ Around 7% of those have complete responses,

NOTE Confidence: 0.8676015

 $00:10:28.580 \longrightarrow 00:10:30.463$ but many of those who have more

NOTE Confidence: 0.8676015

 $00:10:30.463 \longrightarrow 00:10:31.839$ complete responses also achieved

NOTE Confidence: 0.8676015

 $00:10:31.839 \longrightarrow 00:10:33.372$ significant hematologic improvement

NOTE Confidence: 0.8676015

 $00:10:33.372 \longrightarrow 00:10:34.905$ transfusion independence of.

NOTE Confidence: 0.8676015

 $00:10:34.910 \longrightarrow 00:10:35.891$ Latest on blood.

NOTE Confidence: 0.8676015

 $00:10:35.891 \longrightarrow 00:10:37.199$ As you can see.

NOTE Confidence: 0.8676015

 $00{:}10{:}37.200 \dashrightarrow 00{:}10{:}39.156$ So there are significant clinical benefits.

NOTE Confidence: 0.8676015

 $00{:}10{:}39.160 \dashrightarrow 00{:}10{:}42.430$ But also as you can see on the right side,

NOTE Confidence: 0.8676015

 $00{:}10{:}42.430 \dashrightarrow 00{:}10{:}43.738$ the median overall survival

NOTE Confidence: 0.8676015

00:10:43.738 --> 00:10:45.700 of all patients was 12 months,

NOTE Confidence: 0.8676015

 $00:10:45.700 \longrightarrow 00:10:47.704$ which compares favorably than the four

NOTE Confidence: 0.8676015

 $00:10:47.704 \longrightarrow 00:10:50.467$ to six months that I showed you earlier

 $00:10:50.467 \longrightarrow 00:10:52.507$ in the typical refractory relapsed MD

NOTE Confidence: 0.8676015

 $00:10:52.573 \longrightarrow 00:10:54.624$ S setting and even patients who have

NOTE Confidence: 0.8676015

 $00:10:54.624 \longrightarrow 00:10:56.162$ more OCR have significant survival.

NOTE Confidence: 0.8676015

 $00:10:56.162 \longrightarrow 00:10:58.444$ As you can see with 15 months.

NOTE Confidence: 0.8676015

00:10:58.450 --> 00:10:58.778 Again,

NOTE Confidence: 0.8676015

 $00:10:58.778 \longrightarrow 00:11:00.418$ this is single ARM study,

NOTE Confidence: 0.8676015

 $00:11:00.420 \longrightarrow 00:11:01.056$ not randomized,

NOTE Confidence: 0.8676015

 $00:11:01.056 \longrightarrow 00:11:04.030$ and I think we need more data before this

NOTE Confidence: 0.8676015

 $00:11:04.030 \longrightarrow 00:11:06.599$ could be used in routine clinical practice.

NOTE Confidence: 0.8676015

 $00:11:06.600 \longrightarrow 00:11:07.988$ There are important differences

NOTE Confidence: 0.8676015

 $00:11:07.988 \longrightarrow 00:11:09.723$ in how financial classes used

NOTE Confidence: 0.8676015

00:11:09.723 --> 00:11:11.689 in real life setting or for Andy

NOTE Confidence: 0.8676015

 $00{:}11{:}11.689 \dashrightarrow 00{:}11{:}13.439$ as compared to AML for example.

NOTE Confidence: 0.8676015

 $00:11:13.440 \longrightarrow 00:11:15.000$ And both of those studies,

NOTE Confidence: 0.8676015

00:11:15.000 --> 00:11:17.488 Veneto class was given only for 14 days,

 $00:11:17.490 \longrightarrow 00:11:20.280$ not the 28 days that are given in AML.

NOTE Confidence: 0.8676015

 $00{:}11{:}20.280 \to 00{:}11{:}21.970$ And that's important because MTS

NOTE Confidence: 0.8676015

 $00:11:21.970 \longrightarrow 00:11:24.060$ patients might not tolerate the same

NOTE Confidence: 0.8676015

 $00:11:24.060 \longrightarrow 00:11:25.775$ degree of myelosuppression that their

NOTE Confidence: 0.8676015

 $00:11:25.775 \longrightarrow 00:11:28.109$ male patients who tend to be somewhat

NOTE Confidence: 0.8676015

 $00{:}11{:}28.109 \dashrightarrow 00{:}11{:}30.216$ younger than on average and MD's patients.

NOTE Confidence: 0.8676015

 $00:11:30.220 \longrightarrow 00:11:32.884$ So we have now around a nice face retrial.

NOTE Confidence: 0.8676015

00:11:32.890 --> 00:11:33.781 The Verona trial,

NOTE Confidence: 0.8676015

00:11:33.781 --> 00:11:34.969 which is looking at,

NOTE Confidence: 0.8676015

 $00:11:34.970 \longrightarrow 00:11:37.290$ is cited in versus cases cited in with

NOTE Confidence: 0.8676015

 $00{:}11{:}37.290 \dashrightarrow 00{:}11{:}38.916$ venetoclax in the frontline setting

NOTE Confidence: 0.8676015

 $00{:}11{:}38.916 {\:{\circ}{\circ}{\circ}}>00{:}11{:}41.219$ among patients with high risk MBS and

NOTE Confidence: 0.8676015

00:11:41.280 --> 00:11:43.288 this study is going to open at Yale.

NOTE Confidence: 0.8676015

 $00:11:43.290 \longrightarrow 00:11:45.618$ We are also opening at a number of

NOTE Confidence: 0.8676015

 $00:11:45.618 \longrightarrow 00:11:47.352$ daycare centers and I encourage you

NOTE Confidence: 0.8676015

 $00:11:47.352 \longrightarrow 00:11:49.683$ to enroll patients on it to see if

00:11:49.683 --> 00:11:51.881 this setup we actually will change the

NOTE Confidence: 0.8676015

 $00:11:51.881 \longrightarrow 00:11:54.950$ standard management of high risk MD's.

NOTE Confidence: 0.8676015

 $00:11:54.950 \longrightarrow 00:11:57.044$ Another update that was prevent presented

NOTE Confidence: 0.8676015

00:11:57.044 --> 00:11:59.126 in the American state of Mythology

NOTE Confidence: 0.8676015

00:11:59.126 --> 00:12:00.998 meeting was on this drug people,

NOTE Confidence: 0.8676015

 $00:12:01.000 \longrightarrow 00:12:03.368$ and it is that which is the 1st

NOTE Confidence: 0.8676015

 $00:12:03.368 \longrightarrow 00:12:05.369$ in class need it inhibitor.

NOTE Confidence: 0.8676015

 $00{:}12{:}05.370 \dashrightarrow 00{:}12{:}07.698$ So this this is an upstream of the

NOTE Confidence: 0.8676015

00:12:07.698 --> 00:12:09.629 proteasome and it was shown in

NOTE Confidence: 0.8676015

 $00:12:09.629 \longrightarrow 00:12:11.234$ early phase trials in combination

NOTE Confidence: 0.8676015

00:12:11.234 --> 00:12:13.587 with their society into lead to

NOTE Confidence: 0.8676015

 $00:12:13.587 \longrightarrow 00:12:14.769$ improvement and responses.

NOTE Confidence: 0.8676015

 $00{:}12{:}14.770 \dashrightarrow 00{:}12{:}16.226$ This trial randomized patients,

NOTE Confidence: 0.8676015

 $00:12:16.226 \longrightarrow 00:12:18.746$ but this was a randomized phase two

NOTE Confidence: 0.8676015

00:12:18.746 --> 00:12:20.650 trial in which not only patients with

 $00:12:20.650 \longrightarrow 00:12:23.509$ MD as but also patients with illegal plastic,

NOTE Confidence: 0.8049437

 $00:12:23.510 \longrightarrow 00:12:26.100$ AML and CML were randomized to receive.

NOTE Confidence: 0.8049437

 $00{:}12{:}26.100 \dashrightarrow 00{:}12{:}28.989$ Cited in alone or as a sighted in with

NOTE Confidence: 0.8049437

 $00:12:28.989 \longrightarrow 00:12:31.692$ people needed stat and this trial also

NOTE Confidence: 0.8049437

 $00:12:31.692 \longrightarrow 00:12:34.697$ was actually open here at at year and what

NOTE Confidence: 0.8049437

 $00{:}12{:}34.697 \dashrightarrow 00{:}12{:}37.206$ you can see here or the subgroup analysis

NOTE Confidence: 0.8049437

 $00:12:37.206 \longrightarrow 00:12:40.164$ of the patients who had higher risk and

NOTE Confidence: 0.8049437

 $00{:}12{:}40.164 \dashrightarrow 00{:}12{:}42.747$ the S which were a total of 67 patients.

NOTE Confidence: 0.8049437

 $00{:}12{:}42.750 \dashrightarrow 00{:}12{:}44.955$ This paper this this was just also

NOTE Confidence: 0.8049437

 $00{:}12{:}44.955 \dashrightarrow 00{:}12{:}46.410$ published in Leukemia Journal.

NOTE Confidence: 0.8049437

 $00{:}12{:}46.410 \dashrightarrow 00{:}12{:}48.950$ What you can see is that there was like a

NOTE Confidence: 0.8049437

 $00:12:49.013 \longrightarrow 00:12:51.737$ marginal improvement in event free survival,

NOTE Confidence: 0.8049437

00:12:51.740 --> 00:12:54.169 But the primary endpoint of the study

NOTE Confidence: 0.8049437

 $00:12:54.169 \longrightarrow 00:12:56.289$ the overall survival was not improved.

NOTE Confidence: 0.8049437

 $00:12:56.290 \longrightarrow 00:12:58.915$ And I think most notable here is

NOTE Confidence: 0.8049437

 $00:12:58.915 \longrightarrow 00:13:01.190$ that the overall response rate,

00:13:01.190 --> 00:13:03.230 but especially the CR rate,

NOTE Confidence: 0.8049437

 $00:13:03.230 \longrightarrow 00:13:05.466$ was significantly higher with

NOTE Confidence: 0.8049437

00:13:05.466 --> 00:13:08.261 the combination compared to the

NOTE Confidence: 0.8049437

00:13:08.261 --> 00:13:10.509 monotherapy and was more durable.

NOTE Confidence: 0.8049437

 $00:13:10.510 \longrightarrow 00:13:13.723$ There is a phase three trial of the same.

NOTE Confidence: 0.8049437

00:13:13.730 --> 00:13:15.921 Basically, design of P1 is a sighted

NOTE Confidence: 0.8049437

 $00:13:15.921 \longrightarrow 00:13:18.030$ in compared to azacitidine alone.

NOTE Confidence: 0.8049437

 $00:13:18.030 \longrightarrow 00:13:18.744$ This trial,

NOTE Confidence: 0.8049437

 $00:13:18.744 \longrightarrow 00:13:20.529$ actually called the Panther trial,

NOTE Confidence: 0.8049437

 $00:13:20.530 \longrightarrow 00:13:22.654$ has fully accrued and we expect

NOTE Confidence: 0.8049437

 $00{:}13{:}22.654 \dashrightarrow 00{:}13{:}24.470$ results from the study soon.

NOTE Confidence: 0.8049437

00:13:24.470 --> 00:13:27.599 So I think this also could potentially

NOTE Confidence: 0.8049437

 $00{:}13{:}27.599 \dashrightarrow 00{:}13{:}30.231$ be a practice changing if the

NOTE Confidence: 0.8049437

 $00{:}13{:}30.231 \dashrightarrow 00{:}13{:}32.637$ if there is us are posted.

NOTE Confidence: 0.8049437

 $00:13:32.640 \longrightarrow 00:13:33.567$ How about immunotherapy?

00:13:33.567 --> 00:13:35.421 Many of you use like immune

NOTE Confidence: 0.8049437

00:13:35.421 --> 00:13:37.109 checkpoint inhibitors such as anti PD,

NOTE Confidence: 0.8049437

00:13:37.110 --> 00:13:37.965 One PD, L1,

NOTE Confidence: 0.8049437

00:13:37.965 --> 00:13:39.390 CLU for routinely for management

NOTE Confidence: 0.8049437

 $00:13:39.390 \longrightarrow 00:13:40.390$ of solid tumors,

NOTE Confidence: 0.8049437

 $00:13:40.390 \longrightarrow 00:13:42.532$ we've been trying to use these drugs

NOTE Confidence: 0.8049437

 $00:13:42.532 \longrightarrow 00:13:45.493$ for some time now in high risk MD ASAN

NOTE Confidence: 0.8049437

00:13:45.493 --> 00:13:47.369 myeloid malignancy really and so far

NOTE Confidence: 0.8049437

 $00{:}13{:}47.369 \dashrightarrow 00{:}13{:}51.110$ a lot of the data has been single arm and.

NOTE Confidence: 0.8049437

 $00:13:51.110 \longrightarrow 00:13:52.394$ A single center data.

NOTE Confidence: 0.8049437

 $00{:}13{:}52.394 \dashrightarrow 00{:}13{:}55.029$ This is what I'm showing you is a

NOTE Confidence: 0.8049437

00:13:55.029 --> 00:13:56.955 presentation from ASH 2019 in which

NOTE Confidence: 0.8049437

 $00:13:56.955 \longrightarrow 00:13:59.204$ we showed with colleagues from other

NOTE Confidence: 0.8049437

00:13:59.204 --> 00:14:01.514 centers in a randomized phase two

NOTE Confidence: 0.8049437

 $00:14:01.520 \longrightarrow 00:14:03.410$ study that the combination of is

NOTE Confidence: 0.8049437

 $00{:}14{:}03.410 \dashrightarrow 00{:}14{:}05.998$ cited in with the anti PDL one door

 $00:14:05.998 \longrightarrow 00:14:07.888$ volume app which is approved for

NOTE Confidence: 0.8049437

 $00:14:07.955 \longrightarrow 00:14:10.337$ several solid tumors did not improve

NOTE Confidence: 0.8049437

00:14:10.337 --> 00:14:12.444 outcomes compared to other sighting.

NOTE Confidence: 0.8049437

00:14:12.444 --> 00:14:15.528 However I think this is probably

NOTE Confidence: 0.8049437

00:14:15.528 --> 00:14:17.690 just related to PD L1.

NOTE Confidence: 0.8049437

00:14:17.690 --> 00:14:20.266 And does not extend necessarily to other

NOTE Confidence: 0.8049437

 $00:14:20.266 \longrightarrow 00:14:22.830$ classes of immune checkpoint inhibitors.

NOTE Confidence: 0.8049437

00:14:22.830 --> 00:14:25.086 And on that note,

NOTE Confidence: 0.8049437

00:14:25.086 --> 00:14:27.342 another immune checkpoint inhibitor

NOTE Confidence: 0.8049437

 $00:14:27.342 \longrightarrow 00:14:29.759$ called sabatella mob or MPG 453.

NOTE Confidence: 0.8049437

 $00:14:29.760 \longrightarrow 00:14:31.630$ Is basically being studied in

NOTE Confidence: 0.8049437

 $00:14:31.630 \longrightarrow 00:14:33.126$ combination with hypomethylating agents,

NOTE Confidence: 0.8049437

 $00:14:33.130 \longrightarrow 00:14:35.368$ not only for high risk MD's,

NOTE Confidence: 0.8049437

 $00:14:35.370 \longrightarrow 00:14:37.918$ but also for AML patients and the

NOTE Confidence: 0.8049437

00:14:37.918 --> 00:14:40.183 data from what was presented in

 $00:14:40.183 \longrightarrow 00:14:43.191$ in ash this year showed this is a

NOTE Confidence: 0.8049437

00:14:43.191 --> 00:14:45.465 single arm again phase one study,

NOTE Confidence: 0.8049437

 $00{:}14{:}45.470 \dashrightarrow 00{:}14{:}48.454$ but it showed the CR rate of 23%

NOTE Confidence: 0.8049437

 $00:14:48.460 \longrightarrow 00:14:50.330$ which is slightly higher than

NOTE Confidence: 0.8049437

 $00:14:50.330 \longrightarrow 00:14:52.200$ what you expect with monotherapy,

NOTE Confidence: 0.8049437

 $00:14:52.200 \longrightarrow 00:14:54.818$ but the overall response rate was 64%,

NOTE Confidence: 0.8049437

00:14:54.820 --> 00:14:57.457 and what you can see on the right hand

NOTE Confidence: 0.8049437

 $00:14:57.457 \longrightarrow 00:15:00.538$ is that there was encouraging durability.

NOTE Confidence: 0.8049437

 $00:15:00.540 \longrightarrow 00:15:01.653$ Of the combination,

NOTE Confidence: 0.8049437

 $00:15:01.653 \longrightarrow 00:15:03.508$ especially with patients who have

NOTE Confidence: 0.8049437

 $00{:}15{:}03.508 \mathrel{--}{>} 00{:}15{:}05.718$ long or very high risk disease,

NOTE Confidence: 0.8049437

 $00:15:05.720 \longrightarrow 00:15:07.988$ and I would note the side effect

NOTE Confidence: 0.8049437

 $00:15:07.988 \longrightarrow 00:15:11.021$ profile here it does not seem to add

NOTE Confidence: 0.8049437

 $00{:}15{:}11.021 \dashrightarrow 00{:}15{:}13.490$ myelosuppression to the exercise again alone,

NOTE Confidence: 0.8049437

00:15:13.490 --> 00:15:14.756 and also importantly,

NOTE Confidence: 0.8049437

 $00:15:14.756 \longrightarrow 00:15:16.866$ the incidence of immune related

 $00:15:16.866 \longrightarrow 00:15:19.039$ effects seems to be low with this.

NOTE Confidence: 0.8049437

 $00{:}15{:}19.040 \dashrightarrow 00{:}15{:}20.520$ With this particular agent,

NOTE Confidence: 0.8049437

 $00:15:20.520 \longrightarrow 00:15:22.370$ so appears on this data.

NOTE Confidence: 0.8049437

 $00:15:22.370 \longrightarrow 00:15:24.220$ There are ongoing several study.

NOTE Confidence: 0.8049437

 $00:15:24.220 \longrightarrow 00:15:27.444$ We just completed a cruel to a randomized

NOTE Confidence: 0.8049437

 $00:15:27.444 \longrightarrow 00:15:30.624$ phase two study in higher risk MD S of.

NOTE Confidence: 0.82144034

 $00:15:30.630 \longrightarrow 00:15:32.814$ Is there with the battle map versus

NOTE Confidence: 0.82144034

 $00:15:32.814 \longrightarrow 00:15:35.306$ is alone and this study is completed

NOTE Confidence: 0.82144034

 $00:15:35.306 \longrightarrow 00:15:37.532$ accrual and we expect the results

NOTE Confidence: 0.82144034

 $00:15:37.601 \longrightarrow 00:15:39.484$ in the next one to two years.

NOTE Confidence: 0.82144034

 $00:15:39.490 \longrightarrow 00:15:40.802$ There's another face retrial

NOTE Confidence: 0.82144034

 $00:15:40.802 \longrightarrow 00:15:42.770$ that will open here as well.

NOTE Confidence: 0.82144034

 $00:15:42.770 \longrightarrow 00:15:44.410$ Called the stimulus MD S2,

NOTE Confidence: 0.82144034

 $00:15:44.410 \longrightarrow 00:15:46.714$ which is a randomized phase three

NOTE Confidence: 0.82144034

 $00:15:46.714 \longrightarrow 00:15:48.939$ of the same combination is with

00:15:48.939 --> 00:15:51.109 the battle map versus Asia and we

NOTE Confidence: 0.82144034

00:15:51.109 --> 00:15:53.143 have our as well a frontline study

NOTE Confidence: 0.82144034

 $00:15:53.143 \longrightarrow 00:15:55.390$ with a 7 is events a battle map.

NOTE Confidence: 0.82144034

 $00:15:55.390 \longrightarrow 00:15:57.572$ All of those are open at at

NOTE Confidence: 0.82144034

 $00:15:57.572 \longrightarrow 00:15:59.192$ yet another interesting immune

NOTE Confidence: 0.82144034

00:15:59.192 --> 00:16:01.480 checkpoint inhibitor is the CD 47.

NOTE Confidence: 0.82144034

 $00:16:01.480 \longrightarrow 00:16:03.965$ Anti CD 47. They don't eat me.

NOTE Confidence: 0.82144034

00:16:03.970 --> 00:16:05.690 Signal inhibitor mag rolling up

NOTE Confidence: 0.82144034

 $00{:}16{:}05.690 \dashrightarrow 00{:}16{:}07.778$ what was presented in ash this

NOTE Confidence: 0.82144034

00:16:07.778 --> 00:16:09.892 year was an update and what the

NOTE Confidence: 0.82144034

 $00{:}16{:}09.892 \dashrightarrow 00{:}16{:}11.851$ authors shown the significant plus

NOTE Confidence: 0.82144034

 $00{:}16{:}11.851 \dashrightarrow 00{:}16{:}13.575$ reduction among all patients.

NOTE Confidence: 0.82144034

 $00{:}16{:}13.580 \dashrightarrow 00{:}16{:}16.002$ But the data was most impressive in

NOTE Confidence: 0.82144034

00:16:16.002 --> 00:16:18.251 patients who have TP 53 mutations

NOTE Confidence: 0.82144034

 $00{:}16{:}18.251 \dashrightarrow 00{:}16{:}20.525$ in which the median overall survival

NOTE Confidence: 0.82144034

 $00:16:20.525 \longrightarrow 00:16:22.480$ among patients who had TP 50.

 $00:16:22.480 \longrightarrow 00:16:23.792$ Three was 12 months,

NOTE Confidence: 0.82144034

 $00{:}16{:}23.792 \dashrightarrow 00{:}16{:}25.760$ which is higher than what we

NOTE Confidence: 0.82144034

00:16:25.833 --> 00:16:28.179 typically expect it to nine months.

NOTE Confidence: 0.82144034

 $00:16:28.180 \longrightarrow 00:16:30.665$ Generally in patients who have this mutation.

NOTE Confidence: 0.82144034

 $00:16:30.670 \longrightarrow 00:16:33.267$ So this drug now is being studied.

NOTE Confidence: 0.82144034

 $00:16:33.270 \longrightarrow 00:16:35.015$ In a randomized trial called

NOTE Confidence: 0.82144034

 $00:16:35.015 \longrightarrow 00:16:37.131$ the enhance in high risk MD's

NOTE Confidence: 0.82144034

00:16:37.131 --> 00:16:39.210 whether they have TP 53 or not,

NOTE Confidence: 0.82144034

00:16:39.210 --> 00:16:41.520 magherally map with laser versus is alone,

NOTE Confidence: 0.82144034

 $00{:}16{:}41.520 \dashrightarrow 00{:}16{:}44.067$ but also there are efforts to study it in

NOTE Confidence: 0.82144034

 $00:16:44.067 \longrightarrow 00:16:46.468$ acute myeloid leukemia patients as well,

NOTE Confidence: 0.82144034

 $00:16:46.470 \longrightarrow 00:16:49.270$ especially those with TP 53.

NOTE Confidence: 0.82144034

 $00:16:49.270 \longrightarrow 00:16:50.538$ This is a transplant

NOTE Confidence: 0.82144034

00:16:50.538 --> 00:16:52.123 abstract and as I mentioned,

NOTE Confidence: 0.82144034

 $00:16:52.130 \longrightarrow 00:16:53.875$ there is a separate transplant

 $00:16:53.875 \longrightarrow 00:16:55.271$ presentation that will happen

NOTE Confidence: 0.82144034

 $00:16:55.271 \longrightarrow 00:16:56.900$ at the end of the series,

NOTE Confidence: 0.82144034

00:16:56.900 --> 00:16:58.928 but I just wanted to highlight

NOTE Confidence: 0.82144034

 $00:16:58.928 \longrightarrow 00:17:00.624$ this the conclusion from this

NOTE Confidence: 0.82144034

 $00:17:00.624 \longrightarrow 00:17:02.310$ because this is in my view,

NOTE Confidence: 0.82144034

 $00:17:02.310 \longrightarrow 00:17:04.254$ one of the most important abstracts

NOTE Confidence: 0.82144034

 $00:17:04.254 \longrightarrow 00:17:06.207$ from this ash because it showed

NOTE Confidence: 0.82144034

 $00:17:06.207 \longrightarrow 00:17:07.707$ in a randomized trial data,

NOTE Confidence: 0.82144034

 $00:17:07.710 \longrightarrow 00:17:09.300$ so here this was randomized.

NOTE Confidence: 0.82144034

 $00:17:09.300 \longrightarrow 00:17:11.548$ All the data that we have about MD's

NOTE Confidence: 0.82144034

 $00{:}17{:}11.548 \dashrightarrow 00{:}17{:}13.540$ improving survival in high risk MD's

NOTE Confidence: 0.82144034

 $00:17:13.540 \longrightarrow 00:17:14.912$ patients compared to hypomethylating

NOTE Confidence: 0.82144034

00:17:14.912 --> 00:17:16.930 agents alone is based on Markov

NOTE Confidence: 0.82144034

 $00{:}17{:}16.930 \dashrightarrow 00{:}17{:}18.210$ decision analysis and modeling,

NOTE Confidence: 0.82144034

 $00:17:18.210 \longrightarrow 00:17:20.148$ but this is the first randomized

NOTE Confidence: 0.82144034

 $00:17:20.148 \longrightarrow 00:17:21.440$ trial to actually show.

00:17:21.440 --> 00:17:23.285 An absolute improvement in overall

NOTE Confidence: 0.82144034

 $00:17:23.285 \longrightarrow 00:17:25.520$ survival and the three year survival

NOTE Confidence: 0.82144034

 $00:17:25.520 \longrightarrow 00:17:27.506$ for donor versus no donor arm.

NOTE Confidence: 0.82144034

00:17:27.510 --> 00:17:31.236 And I think what is very important is this

NOTE Confidence: 0.82144034

 $00:17:31.236 \longrightarrow 00:17:34.935$ study allowed patients after the age of 75.

NOTE Confidence: 0.82144034

 $00{:}17{:}34.940 \dashrightarrow 00{:}17{:}37.276$ And this is important to get out there,

NOTE Confidence: 0.82144034

 $00:17:37.280 \longrightarrow 00:17:39.198$ that because we still see patients who

NOTE Confidence: 0.82144034

 $00{:}17{:}39.198 \dashrightarrow 00{:}17{:}41.655$ are like 72 who come to us very later

NOTE Confidence: 0.82144034

00:17:41.655 --> 00:17:43.769 there and their scores and being told

NOTE Confidence: 0.82144034

 $00:17:43.769 \longrightarrow 00:17:45.779$ they were not candidates for transplant.

NOTE Confidence: 0.82144034

 $00{:}17{:}45.780 \dashrightarrow 00{:}17{:}47.936$ So I think it's important to know

NOTE Confidence: 0.82144034

 $00:17:47.936 \longrightarrow 00:17:50.203$ that even patients up to the age of

NOTE Confidence: 0.82144034

 $00:17:50.203 \longrightarrow 00:17:51.843$ 75 could be considered for curative

NOTE Confidence: 0.82144034

00:17:51.843 --> 00:17:53.957 therapy and they should be re ferd

NOTE Confidence: 0.82144034

00:17:53.957 --> 00:17:55.802 for big Centers for clinical trials

 $00:17:55.802 \longrightarrow 00:17:57.342$ as well as transplant consideration

NOTE Confidence: 0.82144034

00:17:57.342 --> 00:17:58.966 in the last couple of minutes.

NOTE Confidence: 0.82144034

00:17:58.970 --> 00:18:00.958 I will talk about lower risk MD's

NOTE Confidence: 0.82144034

 $00:18:00.958 \longrightarrow 00:18:03.023$ as I mentioned was partnership has

NOTE Confidence: 0.82144034

 $00:18:03.023 \longrightarrow 00:18:04.943$ been approved after ESA failure.

NOTE Confidence: 0.82144034

 $00:18:04.950 \longrightarrow 00:18:06.790$ For patients who have RingCentral

NOTE Confidence: 0.82144034

 $00:18:06.790 \longrightarrow 00:18:09.210$ plastic anemia from lower risk MD's now,

NOTE Confidence: 0.82144034

 $00:18:09.210 \longrightarrow 00:18:11.569$ this drug is being studied in the

NOTE Confidence: 0.82144034

 $00{:}18{:}11.569 \dashrightarrow 00{:}18{:}13.829$ frontline setting in the commands trial,

NOTE Confidence: 0.82144034

 $00:18:13.830 \longrightarrow 00:18:16.161$ so this is it's being studied compared

NOTE Confidence: 0.82144034

 $00{:}18{:}16.161 \dashrightarrow 00{:}18{:}18.266$ to low Earth roelle power ton and

NOTE Confidence: 0.82144034

 $00:18:18.266 \longrightarrow 00:18:20.688$ this or a potent procrit and this

NOTE Confidence: 0.7745304

 $00:18:20.756 \longrightarrow 00:18:23.360$ is in the frontline setting and regardless

NOTE Confidence: 0.7745304

 $00{:}18{:}23.360 \dashrightarrow 00{:}18{:}26.610$ so whether you have ringstad or plus or not,

NOTE Confidence: 0.7745304

 $00:18:26.610 \longrightarrow 00:18:29.165$ you could be randomized to either a

NOTE Confidence: 0.7745304

 $00:18:29.165 \longrightarrow 00:18:32.046$ proton or low spatter set and this trial

 $00:18:32.046 \longrightarrow 00:18:35.029$ is open in the care centers as well.

NOTE Confidence: 0.7745304

 $00:18:35.030 \longrightarrow 00:18:38.500$ So many of you will be able to enroll in it.

NOTE Confidence: 0.7745304

 $00:18:38.500 \longrightarrow 00:18:40.698$ Another interesting drug is the emitted step,

NOTE Confidence: 0.7745304

 $00:18:40.700 \longrightarrow 00:18:42.625$ which is the 1st in class telomerase

NOTE Confidence: 0.7745304

 $00:18:42.625 \longrightarrow 00:18:44.598$ inhibitor which has been shown also

NOTE Confidence: 0.7745304

 $00:18:44.598 \longrightarrow 00:18:46.058$ to improve transfusion independence.

NOTE Confidence: 0.7745304

00:18:46.060 --> 00:18:47.920 Regardless of having RingCentral Plus or

NOTE Confidence: 0.7745304

00:18:47.920 --> 00:18:50.156 not and some of those responses which

NOTE Confidence: 0.7745304

 $00:18:50.156 \longrightarrow 00:18:52.670$ occur in 42% of patients were at durable.

NOTE Confidence: 0.7745304

 $00:18:52.670 \longrightarrow 00:18:55.190$ Now we have actually an open study here.

NOTE Confidence: 0.7745304

 $00:18:55.190 \longrightarrow 00:18:57.388$ The High Merge study the phase three

NOTE Confidence: 0.7745304

 $00:18:57.388 \longrightarrow 00:18:59.848$ so this is a randomized study after

NOTE Confidence: 0.7745304

 $00:18:59.848 \longrightarrow 00:19:02.689$ he has a failure so frontline we have

NOTE Confidence: 0.7745304

 $00:19:02.689 \dashrightarrow 00:19:05.097$ the commands in lower risk and be as.

NOTE Confidence: 0.7745304

 $00:19:05.100 \longrightarrow 00:19:07.524$ Refractory, we have the Hymer study

00:19:07.524 --> 00:19:09.891 for patients after failure of PSA

NOTE Confidence: 0.7745304

 $00:19:09.891 \longrightarrow 00:19:11.925$ in which patients are randomized to

NOTE Confidence: 0.7745304

 $00{:}19{:}11.925 \dashrightarrow 00{:}19{:}14.110$ him until a stat versus placebo.

NOTE Confidence: 0.7745304

 $00:19:14.110 \longrightarrow 00:19:16.886$ In the last minute I wanna show you

NOTE Confidence: 0.7745304

 $00:19:16.886 \longrightarrow 00:19:18.877$ another like non interventional study

NOTE Confidence: 0.7745304

00:19:18.877 --> 00:19:22.415 that we did in patients with MD S who

NOTE Confidence: 0.7745304

 $00:19:22.415 \longrightarrow 00:19:24.903$ have lower who have an emia and as you

NOTE Confidence: 0.7745304

00:19:24.910 --> 00:19:27.790 know one of the open questions in MDSS.

NOTE Confidence: 0.7745304

 $00{:}19{:}27.790 \dashrightarrow 00{:}19{:}29.746$ When do you transfuse patients with

NOTE Confidence: 0.7745304

 $00:19:29.746 \longrightarrow 00:19:32.281 \text{ MD S}$ and many people use different

NOTE Confidence: 0.7745304

 $00{:}19{:}32.281 \dashrightarrow 00{:}19{:}34.983$ cut off seven or eight of hemoglobin?

NOTE Confidence: 0.7745304

 $00:19:34.990 \longrightarrow 00:19:37.293$ Here we used verified quality of life

NOTE Confidence: 0.7745304

 $00:19:37.293 \longrightarrow 00:19:39.120$ instrument in a investigator initiated

NOTE Confidence: 0.7745304

 $00{:}19{:}39.120 \dashrightarrow 00{:}19{:}41.822$ effort led by Doctor Go in Table.

NOTE Confidence: 0.7745304

 $00:19:41.830 \longrightarrow 00:19:43.082$ Go on Dana Farber.

NOTE Confidence: 0.7745304

 $00:19:43.082 \longrightarrow 00:19:45.835$ And we looked at the quality of life

 $00:19:45.835 \longrightarrow 00:19:47.835$ improvement before and after transfusion

NOTE Confidence: 0.7745304

 $00:19:47.835 \longrightarrow 00:19:50.843$ and what we have shown is that most

NOTE Confidence: 0.7745304

00:19:50.843 --> 00:19:52.889 patients 2/3 of patients did not

NOTE Confidence: 0.7745304

00:19:52.889 --> 00:19:54.434 experience an improvement in their

NOTE Confidence: 0.7745304

 $00:19:54.434 \longrightarrow 00:19:56.340$ quality of life after transfusion.

NOTE Confidence: 0.7745304

 $00{:}19{:}56.340 \dashrightarrow 00{:}19{:}58.755$ So I think that puts into question

NOTE Confidence: 0.7745304

00:19:58.755 --> 00:20:00.210 our practice of Troy.

NOTE Confidence: 0.7745304

 $00:20:00.210 \longrightarrow 00:20:01.880$ Using patients based on hemoglobin

NOTE Confidence: 0.7745304

00:20:01.880 --> 00:20:03.216 cut offs of aid,

NOTE Confidence: 0.7745304

 $00:20:03.220 \longrightarrow 00:20:05.306$ and I think it's important to try

NOTE Confidence: 0.7745304

00:20:05.306 --> 00:20:07.282 to study this in more extensive

NOTE Confidence: 0.7745304

 $00:20:07.282 \longrightarrow 00:20:09.641$ sitting about what is the right cut

NOTE Confidence: 0.7745304

 $00:20:09.704 \longrightarrow 00:20:11.228$ off for transfusions in,

NOTE Confidence: 0.7745304

 $00:20:11.230 \longrightarrow 00:20:12.900$ especially in the outpatient setting.

NOTE Confidence: 0.7745304

 $00:20:12.900 \longrightarrow 00:20:14.808$ For patients with ambius rather than

 $00:20:14.808 \longrightarrow 00:20:16.909$ using random cut offs of hemoglobin.

NOTE Confidence: 0.7745304

 $00{:}20{:}16.910 \dashrightarrow 00{:}20{:}19.295$ So this is my last slide and I will

NOTE Confidence: 0.7745304

 $00:20:19.295 \longrightarrow 00:20:21.735$ give the floor now to my colleague

NOTE Confidence: 0.7745304

 $00:20:21.735 \longrightarrow 00:20:23.987$ Doctor Rory Challis who will update

NOTE Confidence: 0.7745304

00:20:23.987 --> 00:20:25.927 us on acute myeloid leukemia.

NOTE Confidence: 0.7745304

 $00:20:25.930 \longrightarrow 00:20:27.302$ Updates from the ash.

NOTE Confidence: 0.7745304

 $00{:}20{:}27.302 \dashrightarrow 00{:}20{:}29.778$ Thank you and we'll be happy all

NOTE Confidence: 0.7745304

 $00:20:29.778 \longrightarrow 00:20:31.836$ of us will be taking questions.

NOTE Confidence: 0.7745304

 $00:20:31.840 \longrightarrow 00:20:34.280$ At the end of that seminar at 12:50,

NOTE Confidence: 0.7745304

 $00:20:34.280 \longrightarrow 00:20:34.590$ thanks.

NOTE Confidence: 0.78832996

 $00:20:52.070 \longrightarrow 00:20:53.700$ OK, How are we looking?

NOTE Confidence: 0.78832996

 $00:20:53.700 \longrightarrow 00:20:55.646$ Every seeing a full slide who

NOTE Confidence: 0.78832996

 $00:20:55.646 \longrightarrow 00:21:00.100$ screens two screens again? Sorry.

NOTE Confidence: 0.78832996

 $00:21:00.100 \longrightarrow 00:21:01.828$ Standard technical difficulties.

NOTE Confidence: 0.80935025

00:21:07.370 --> 00:21:09.786 Yeah, I think you need to swap your

NOTE Confidence: 0.80935025

 $00:21:09.790 \longrightarrow 00:21:11.310$ screens. Let's try this again.

00:21:15.390 --> 00:21:18.156 Yep. How's that? That looks good,

NOTE Confidence: 0.7934169

 $00:21:18.160 \longrightarrow 00:21:19.240$ not yet ticket.

NOTE Confidence: 0.9394388 00:21:20.540 --> 00:21:21.070 Yes. NOTE Confidence: 0.88221246

 $00:21:22.750 \longrightarrow 00:21:23.310$ Looks good.

NOTE Confidence: 0.8302369

 $00{:}21{:}25.320 \dashrightarrow 00{:}21{:}27.272$ You're seeing one. Yes, one scream.

NOTE Confidence: 0.8302369

00:21:27.272 --> 00:21:30.290 You're good to go alright? Do this by then.

NOTE Confidence: 0.8640053

00:21:32.410 --> 00:21:33.379 Sorry bout that.

NOTE Confidence: 0.88886964 00:21:35.390 --> 00:21:36.220 OK.

NOTE Confidence: 0.85143447

 $00:21:38.370 \longrightarrow 00:21:43.258$ Alright one screen we're good to go so.

NOTE Confidence: 0.85143447

 $00{:}21{:}43.260 \dashrightarrow 00{:}21{:}45.200$ Thanks for the introduction.

NOTE Confidence: 0.85143447

 $00{:}21{:}45.200 \dashrightarrow 00{:}21{:}47.625$ I'll be specifically focusing on

NOTE Confidence: 0.85143447

 $00:21:47.625 \longrightarrow 00:21:50.032$ the highlights presented this past

NOTE Confidence: 0.85143447

 $00{:}21{:}50.032 \dashrightarrow 00{:}21{:}52.804$ meeting as they pertain to AML.

NOTE Confidence: 0.85143447

00:21:52.810 --> 00:21:57.470 I have no disclosures, so.

NOTE Confidence: 0.85143447

00:21:57.470 --> 00:22:00.720 Again, you're still seeing one screen, right?

 $00:22:00.720 \longrightarrow 00:22:03.200$ OK, it's a bit hard to really focus

NOTE Confidence: 0.85143447

 $00{:}22{:}03.200 \dashrightarrow 00{:}22{:}05.935$ in on really a select few updates

NOTE Confidence: 0.85143447

 $00:22:05.935 \longrightarrow 00:22:08.280$ from an entire years worth of.

NOTE Confidence: 0.85143447

 $00:22:08.280 \longrightarrow 00:22:12.186$ I would say progress in the field.

NOTE Confidence: 0.85143447

00:22:12.190 --> 00:22:14.598 So I'll try to really focus on agents

NOTE Confidence: 0.85143447

 $00{:}22{:}14.598 \dashrightarrow 00{:}22{:}16.991$ with which we already have some

NOTE Confidence: 0.85143447

00:22:16.991 --> 00:22:18.715 familiar that Phillip familiarity,

NOTE Confidence: 0.85143447

00:22:18.720 --> 00:22:21.268 but also some new combinations or regiments,

NOTE Confidence: 0.85143447

 $00{:}22{:}21.270 \dashrightarrow 00{:}22{:}23.692$ some of which you can guess we're

NOTE Confidence: 0.85143447

 $00:22:23.692 \longrightarrow 00:22:25.934$ going to include the BCL two

NOTE Confidence: 0.85143447

 $00:22:25.934 \longrightarrow 00:22:27.438$ inhibitor of medical acts.

NOTE Confidence: 0.85143447

 $00:22:27.440 \longrightarrow 00:22:29.820$ All of these are all the studies

NOTE Confidence: 0.85143447

 $00:22:29.820 \longrightarrow 00:22:32.302$ I'll be discussing are going to be

NOTE Confidence: 0.85143447

 $00:22:32.302 \longrightarrow 00:22:34.384$ interventional of only really try to

NOTE Confidence: 0.85143447

00:22:34.455 --> 00:22:36.777 give some minimal background so it's

NOTE Confidence: 0.85143447

 $00:22:36.777 \longrightarrow 00:22:39.052$ really focused on the updates themselves.

00:22:39.052 --> 00:22:40.496 So jump right in.

NOTE Confidence: 0.85143447

 $00:22:40.500 \longrightarrow 00:22:42.720$ As many of you are.

NOTE Confidence: 0.85143447

 $00:22:42.720 \longrightarrow 00:22:44.460$ Aware Gilteritinib is a

NOTE Confidence: 0.85143447

00:22:44.460 --> 00:22:45.765 flip through inhibitor,

NOTE Confidence: 0.85143447

00:22:45.770 --> 00:22:48.724 which in the Admiral trial was shown

NOTE Confidence: 0.85143447

 $00:22:48.724 \longrightarrow 00:22:51.244$ to improve survival when compared

NOTE Confidence: 0.85143447

 $00:22:51.244 \longrightarrow 00:22:53.596$ with classical salvage chemotherapy

NOTE Confidence: 0.85143447

 $00:22:53.596 \longrightarrow 00:22:55.948$ in their refractory setting.

NOTE Confidence: 0.85143447

 $00{:}22{:}55.950 \dashrightarrow 00{:}22{:}57.876$ So its approval for such over

NOTE Confidence: 0.85143447

 $00:22:57.876 \longrightarrow 00:22:59.654$ the outcomes for these patients

NOTE Confidence: 0.85143447

 $00:22:59.654 \longrightarrow 00:23:00.950$ treated with guilt,

NOTE Confidence: 0.85143447

 $00:23:00.950 \longrightarrow 00:23:03.798$ or it never guilt are still quite poor.

NOTE Confidence: 0.85143447

 $00{:}23{:}03.800 \dashrightarrow 00{:}23{:}05.825$ The preclinical data does support

NOTE Confidence: 0.85143447

 $00:23:05.825 \longrightarrow 00:23:07.850$ some synergy when Gilteritinib is

NOTE Confidence: 0.85143447

 $00:23:07.915 \longrightarrow 00:23:09.979$ combined with a BCL two inhibitor

00:23:09.979 --> 00:23:12.348 and those data prompted the launch of

NOTE Confidence: 0.85143447

 $00{:}23{:}12.348 \rightarrow 00{:}23{:}14.504$ the trial that I'll be talking about.

NOTE Confidence: 0.85143447

 $00:23:14.510 \longrightarrow 00:23:16.658$ In brief, you can see here,

NOTE Confidence: 0.85143447

 $00:23:16.660 \longrightarrow 00:23:19.164$ so this was done in the context of

NOTE Confidence: 0.85143447

 $00:23:19.164 \longrightarrow 00:23:21.299$ the following trial schema patients,

NOTE Confidence: 0.85143447

 $00:23:21.300 \longrightarrow 00:23:22.724$ as you guessed it,

NOTE Confidence: 0.85143447

00:23:22.724 --> 00:23:24.148 had relapsed refractory disease,

NOTE Confidence: 0.85143447

 $00:23:24.150 \longrightarrow 00:23:25.734$ including wild type patients.

NOTE Confidence: 0.85143447

 $00:23:25.734 \longrightarrow 00:23:27.714$ In the dose escalation phase,

NOTE Confidence: 0.85143447

 $00:23:27.720 \longrightarrow 00:23:30.177$ without you know, a low white counts.

NOTE Confidence: 0.85143447

 $00{:}23{:}30.180 \dashrightarrow 00{:}23{:}31.940$ They really had controlled proliferation.

NOTE Confidence: 0.85143447

 $00:23:31.940 \longrightarrow 00:23:33.820$ They received standard phonetic lacks

NOTE Confidence: 0.85143447

 $00:23:33.820 \longrightarrow 00:23:35.700$ 4 milligrams in combination with

NOTE Confidence: 0.85143447

 $00:23:35.754 \longrightarrow 00:23:37.578$ either guilt 80 or 120 milligrams,

NOTE Confidence: 0.85143447

 $00:23:37.580 \longrightarrow 00:23:39.995$ which the latter of which is the

NOTE Confidence: 0.85143447

 $00:23:39.995 \longrightarrow 00:23:42.507$ standard dose that was studied in Phase

 $00:23:42.507 \longrightarrow 00:23:44.970$ 3 testing, and this was later expanded,

NOTE Confidence: 0.85143447

 $00:23:44.970 \longrightarrow 00:23:46.374$ so the demographics were,

NOTE Confidence: 0.85143447

 $00:23:46.374 \longrightarrow 00:23:48.836$ for the most part, I would say,

NOTE Confidence: 0.85143447

 $00:23:48.836 \longrightarrow 00:23:50.596$ expected with regards to age,

NOTE Confidence: 0.85143447

 $00:23:50.600 \longrightarrow 00:23:52.819$ set of genetic risk given the inclusion

NOTE Confidence: 0.85143447

00:23:52.819 --> 00:23:54.819 criteria that I mentioned before,

NOTE Confidence: 0.85143447

 $00:23:54.820 \longrightarrow 00:23:56.684$ a majority of patients.

NOTE Confidence: 0.85143447

00:23:56.684 --> 00:23:58.548 Did have ITD mutations?

NOTE Confidence: 0.85143447

00:23:58.550 --> 00:23:59.304 Of note,

NOTE Confidence: 0.85143447

 $00{:}23{:}59.304 \dashrightarrow 00{:}24{:}01.189$ 65% of patients received prior

NOTE Confidence: 0.85143447

 $00:24:01.189 \longrightarrow 00:24:03.521$ therapy with the flip three inhibitor

NOTE Confidence: 0.85143447

 $00:24:03.521 \longrightarrow 00:24:05.783$ and a third enrolled after they

NOTE Confidence: 0.85143447

 $00{:}24{:}05.783 \dashrightarrow 00{:}24{:}08.419$ had a relapse after allogeneic

NOTE Confidence: 0.85143447

 $00{:}24{:}08.419 \dashrightarrow 00{:}24{:}10.607$ metaplastic stem cell transplantation.

NOTE Confidence: 0.85143447

 $00:24:10.610 \longrightarrow 00:24:12.445$ All patients experienced an adverse

00:24:12.445 --> 00:24:14.710 event in nearly all grade three,

NOTE Confidence: 0.85143447

 $00:24:14.710 \longrightarrow 00:24:16.580$ with unsurprisingly, was being cytopenias.

NOTE Confidence: 0.85143447

00:24:16.580 --> 00:24:17.324 You know,

NOTE Confidence: 0.85143447

 $00:24:17.324 \longrightarrow 00:24:19.556$ given the combination with medical access,

NOTE Confidence: 0.85143447

 $00:24:19.560 \longrightarrow 00:24:22.115$ you know a very well known Milo

NOTE Confidence: 0.85143447

00:24:22.115 --> 00:24:23.670 toxic amount suppressive agent,

NOTE Confidence: 0.85143447

 $00:24:23.670 \longrightarrow 00:24:25.896$ but perhaps some contribution of guilt.

NOTE Confidence: 0.85143447

 $00:24:25.900 \longrightarrow 00:24:27.046$ And as well,

NOTE Confidence: 0.85143447

 $00{:}24{:}27.046 \dashrightarrow 00{:}24{:}29.338$ three patients were reported as having

NOTE Confidence: 0.85143447

 $00:24:29.338 \longrightarrow 00:24:31.245$ laboratory tumor lysis syndrome with

NOTE Confidence: 0.85143447

00:24:31.245 --> 00:24:33.740 only one of these having clinical TLS,

NOTE Confidence: 0.85143447

 $00:24:33.740 \longrightarrow 00:24:35.232$ only 60% of patients,

NOTE Confidence: 0.85143447

 $00:24:35.232 \longrightarrow 00:24:37.470$ at least as of last follow-up,

NOTE Confidence: 0.85143447

 $00:24:37.470 \longrightarrow 00:24:40.746$ discontinued the drug due to adverse events.

NOTE Confidence: 0.85143447

 $00:24:40.750 \longrightarrow 00:24:41.430$ Of note,

NOTE Confidence: 0.85143447

 $00:24:41.430 \longrightarrow 00:24:44.150$ no patients died within a month of dosing,

 $00:24:44.150 \longrightarrow 00:24:49.199$ but six died with up to 60 days out.

NOTE Confidence: 0.85143447

00:24:49.200 --> 00:24:51.960 Amongst 41 amongst 41 adult patients,

NOTE Confidence: 0.85143447

00:24:51.960 --> 00:24:55.149 only three achieved CR or 7\% specifically.

NOTE Confidence: 0.85143447

00:24:55.149 --> 00:24:55.578 However,

NOTE Confidence: 0.85143447

 $00:24:55.578 \longrightarrow 00:24:57.723$ 27% of patients achieved a

NOTE Confidence: 0.85143447

 $00:24:57.723 \longrightarrow 00:24:59.780$ less than CR remission,

NOTE Confidence: 0.8010021

00:24:59.780 --> 00:25:04.487 which here was inclusive of CR or CR P.

NOTE Confidence: 0.8010021

 $00{:}25{:}04.490 \dashrightarrow 00{:}25{:}06.650$ Half of patients achieved MFS or

NOTE Confidence: 0.8010021

00:25:06.650 --> 00:25:08.490 morphologic leukemia Free State again,

NOTE Confidence: 0.8010021

00:25:08.490 --> 00:25:11.088 in the context of the Netflix

NOTE Confidence: 0.8010021

 $00{:}25{:}11.088 \dashrightarrow 00{:}25{:}12.387$ related mileage suppression.

NOTE Confidence: 0.8010021

 $00:25:12.390 \longrightarrow 00:25:13.096$ Amongst responders,

NOTE Confidence: 0.8010021

 $00:25:13.096 \longrightarrow 00:25:15.920$ the median time to response was one month,

NOTE Confidence: 0.8010021

00:25:15.920 --> 00:25:17.332 but best responses were

NOTE Confidence: 0.8010021

 $00:25:17.332 \longrightarrow 00:25:19.450$ observed up to four months out.

 $00:25:19.450 \longrightarrow 00:25:21.005$ No more could differences in

NOTE Confidence: 0.8010021

 $00{:}25{:}21.005 \dashrightarrow 00{:}25{:}23.009$ response or the types of response

NOTE Confidence: 0.8010021

 $00:25:23.009 \longrightarrow 00:25:25.301$ for that matter were apparent after

NOTE Confidence: 0.8010021

00:25:25.301 --> 00:25:27.216 accounting for prior flip three

NOTE Confidence: 0.8010021

 $00:25:27.216 \longrightarrow 00:25:28.981$ inhibitor exposure other than maybe

NOTE Confidence: 0.8010021

 $00:25:28.981 \longrightarrow 00:25:31.452$ a little less or chance of CR.

NOTE Confidence: 0.8010021

 $00:25:31.452 \longrightarrow 00:25:33.217$ As you can see here,

NOTE Confidence: 0.8010021

 $00:25:33.220 \longrightarrow 00:25:37.030$ 7.3 versus one quote versus 3.6%.

NOTE Confidence: 0.8010021

 $00:25:37.030 \longrightarrow 00:25:38.655$ The median overall survival for

NOTE Confidence: 0.8010021

 $00:25:38.655 \longrightarrow 00:25:40.740$ the overall cohort was 12.3 months

NOTE Confidence: 0.8010021

 $00{:}25{:}40.740 \dashrightarrow 00{:}25{:}42.328$ and specifically not reached,

NOTE Confidence: 0.8010021

 $00:25:42.330 \longrightarrow 00:25:44.442$ including an unreached lower limit of

NOTE Confidence: 0.8010021

 $00{:}25{:}44.442 \dashrightarrow 00{:}25{:}46.910$ the 95% confidence interval for ITD patients.

NOTE Confidence: 0.8010021

 $00:25:46.910 \longrightarrow 00:25:48.585$ Clear differences in survival were

NOTE Confidence: 0.8010021

00:25:48.585 --> 00:25:50.800 noted based on prior filter exposure,

NOTE Confidence: 0.8010021

 $00:25:50.800 \longrightarrow 00:25:53.455$ so I would say in some the addition of

 $00:25:53.455 \longrightarrow 00:25:55.674$ attacks appears to augment the efficacy

NOTE Confidence: 0.8010021

 $00:25:55.674 \longrightarrow 00:25:58.560$ of of guilt monotherapy in this situation,

NOTE Confidence: 0.8010021

 $00:25:58.560 \longrightarrow 00:26:00.325$ which based on the Admiral

NOTE Confidence: 0.8010021

00:26:00.325 --> 00:26:02.090 trial I had mentioned before,

NOTE Confidence: 0.8010021

 $00:26:02.090 \longrightarrow 00:26:03.742$ predicts a median survival

NOTE Confidence: 0.8010021

 $00:26:03.742 \longrightarrow 00:26:06.870$ around 9 nine and a half months.

NOTE Confidence: 0.8010021

 $00:26:06.870 \longrightarrow 00:26:09.054$ This is at the expense of near

NOTE Confidence: 0.8010021

00:26:09.054 --> 00:26:09.990 double hematologic toxicity,

NOTE Confidence: 0.8010021

 $00:26:09.990 \longrightarrow 00:26:12.358$ which I think we can all agree is

NOTE Confidence: 0.8010021

00:26:12.358 --> 00:26:14.049 attributable to the phonetic LAX,

NOTE Confidence: 0.8010021

 $00:26:14.050 \longrightarrow 00:26:14.968$ but of course.

NOTE Confidence: 0.8010021

 $00:26:14.968 \longrightarrow 00:26:16.804$ Just heating some caution and saying

NOTE Confidence: 0.8010021

 $00{:}26{:}16.804 \dashrightarrow 00{:}26{:}19.017$ it appears to increase the efficacy

NOTE Confidence: 0.8010021

00:26:19.017 --> 00:26:21.260 outside of a randomized clinical trial,

NOTE Confidence: 0.8010021

 $00:26:21.260 \longrightarrow 00:26:22.994$ so this isn't of course need

 $00:26:22.994 \longrightarrow 00:26:24.520$ to at least confirm this.

NOTE Confidence: 0.8010021

 $00:26:24.520 \longrightarrow 00:26:25.708$ This likely benefit here.

NOTE Confidence: 0.77116615

 $00:26:27.760 \longrightarrow 00:26:29.490$ Jump into the next update.

NOTE Confidence: 0.77116615

 $00:26:29.490 \longrightarrow 00:26:33.819$ I have 40 or so older patients with AML.

NOTE Confidence: 0.77116615

 $00:26:33.820 \longrightarrow 00:26:35.590$ Have generally a poor outcomes,

NOTE Confidence: 0.77116615

 $00:26:35.590 \longrightarrow 00:26:37.564$ but there is some variance

NOTE Confidence: 0.77116615

 $00{:}26{:}37.564 \dashrightarrow 00{:}26{:}39.480$ noted to improve these outcomes.

NOTE Confidence: 0.77116615

00:26:39.480 --> 00:26:41.610 Ventures like the following are underway,

NOTE Confidence: 0.77116615

 $00{:}26{:}41.610 \dashrightarrow 00{:}26{:}43.794$ so next I'd like to discuss the

NOTE Confidence: 0.77116615

 $00:26:43.794 \longrightarrow 00:26:45.989$ interim results of a striking study

NOTE Confidence: 0.77116615

 $00{:}26{:}45.989 \dashrightarrow 00{:}26{:}47.979$ of cladribine and lodosa Terrapin,

NOTE Confidence: 0.77116615

 $00:26:47.980 \longrightarrow 00:26:49.750$ which is essentially a double

NOTE Confidence: 0.77116615

00:26:49.750 --> 00:26:51.166 nucleoside backbone and Aza,

NOTE Confidence: 0.77116615

 $00:26:51.170 \longrightarrow 00:26:53.994$ both with the addition of an ethics course.

NOTE Confidence: 0.77116615

 $00:26:54.000 \longrightarrow 00:26:56.124$ The double clad plus Ldac backbone

NOTE Confidence: 0.77116615

 $00{:}26{:}56.124 \dashrightarrow 00{:}26{:}57.890$ has been previously studied this.

 $00:26:57.890 \longrightarrow 00:27:00.122$ This isn't showing here in this

NOTE Confidence: 0.77116615

 $00:27:00.122 \longrightarrow 00:27:02.349$ slide with alternating decide to be

NOTE Confidence: 0.77116615

 $00:27:02.349 \longrightarrow 00:27:04.044$ as treatment for newly diagnosed.

NOTE Confidence: 0.77116615

 $00:27:04.050 \longrightarrow 00:27:07.490$ Older patients with AML and this led to

NOTE Confidence: 0.77116615

 $00:27:07.490 \longrightarrow 00:27:10.561$ a composite CR of 68%, including CR 50%.

NOTE Confidence: 0.77116615

 $00{:}27{:}10.561 \dashrightarrow 00{:}27{:}13.123$ Quite quite nice with a median

NOTE Confidence: 0.77116615

 $00:27:13.123 \longrightarrow 00:27:15.310$ OS of well over a year.

NOTE Confidence: 0.77116615

 $00{:}27{:}15.310 \dashrightarrow 00{:}27{:}18.222$ It appears 14.8 months with quite low

NOTE Confidence: 0.77116615

 $00:27:18.222 \longrightarrow 00:27:21.738$ for an 8 week rates of mortality.

NOTE Confidence: 0.77116615

 $00:27:21.740 \longrightarrow 00:27:23.726$ So this is the actual trial.

NOTE Confidence: 0.77116615

 $00{:}27{:}23.730 \dashrightarrow 00{:}27{:}25.716$ This scheme is a little complex,

NOTE Confidence: 0.77116615

00:27:25.720 --> 00:27:27.380 but essentially like I mentioned,

NOTE Confidence: 0.77116615

 $00{:}27{:}27.380 --> 00{:}27{:}27.730 \text{ older},$

NOTE Confidence: 0.77116615

 $00:27:27.730 \longrightarrow 00:27:29.480$ newly diagnosed patients with AML

NOTE Confidence: 0.77116615

 $00:27:29.480 \longrightarrow 00:27:31.699$ received clad plus ldac with van with.

 $00:27:31.700 \longrightarrow 00:27:33.360$ As you can see here,

NOTE Confidence: 0.77116615

 $00:27:33.360 \longrightarrow 00:27:35.035$ the standard dose reductions for

NOTE Confidence: 0.77116615

00:27:35.035 --> 00:27:37.089 CYP 3A four inhibitor use receive

NOTE Confidence: 0.77116615

 $00:27:37.089 \longrightarrow 00:27:38.337$ this for cycle one,

NOTE Confidence: 0.77116615

 $00:27:38.340 \longrightarrow 00:27:40.384$ with cycle to being the same three

NOTE Confidence: 0.77116615

 $00:27:40.384 \longrightarrow 00:27:42.872$ drugs but less clad and a little bit

NOTE Confidence: 0.77116615

 $00:27:42.872 \longrightarrow 00:27:44.864$ less fanatical acts with cycle three

NOTE Confidence: 0.77116615

00:27:44.864 --> 00:27:46.388 switching the nucleoside backbone

NOTE Confidence: 0.77116615

 $00{:}27{:}46.388 \dashrightarrow 00{:}27{:}48.632$ for Asia on the standard schedule,

NOTE Confidence: 0.77116615

00:27:48.632 --> 00:27:50.956 again with phonetic lacks for 14 days,

NOTE Confidence: 0.77116615

 $00:27:50.960 \longrightarrow 00:27:52.488$ similar to cycle two.

NOTE Confidence: 0.77116615

00:27:52.488 --> 00:27:54.016 So basically patients received.

NOTE Confidence: 0.77116615

00:27:54.020 --> 00:27:54.542 Part A,

NOTE Confidence: 0.77116615

 $00{:}27{:}54.542 \dashrightarrow 00{:}27{:}57.030$ as you can see here and they can move.

NOTE Confidence: 0.77116615

 $00:27:57.030 \longrightarrow 00:27:57.542$ I don't.

NOTE Confidence: 0.77116615

 $00:27:57.542 \longrightarrow 00:27:59.334$ I don't know how to use a

 $00:27:59.334 \longrightarrow 00:28:00.319$ highlighter or whatever,

NOTE Confidence: 0.77116615

00:28:00.320 --> 00:28:02.318 but patients received a * 2 then

NOTE Confidence: 0.77116615

 $00{:}28{:}02.318 \dashrightarrow 00{:}28{:}05.304$ B * 2 and then back and forth back

NOTE Confidence: 0.77116615

 $00:28:05.304 \longrightarrow 00:28:07.978$ and forth for up to 18 cycles.

NOTE Confidence: 0.77116615

 $00:28:07.980 \longrightarrow 00:28:10.225$ So here the patient characteristics

NOTE Confidence: 0.77116615

 $00:28:10.225 \longrightarrow 00:28:13.440$ as of the first day to cut of

NOTE Confidence: 0.77116615

 $00:28:13.440 \longrightarrow 00:28:15.638$ note 40% of patients for older.

NOTE Confidence: 0.77116615

00:28:15.638 --> 00:28:17.648 Sorry older than 70 years,

NOTE Confidence: 0.77116615

00:28:17.650 --> 00:28:19.665 25% were had disease characterized

NOTE Confidence: 0.77116615

 $00:28:19.665 \longrightarrow 00:28:20.874$ by porous I,

NOTE Confidence: 0.77116615

 $00{:}28{:}20.880 \dashrightarrow 00{:}28{:}23.100$ genetics ANAN would be would be

NOTE Confidence: 0.77116615

 $00:28:23.100 \longrightarrow 00:28:25.310$ generally expected given this population,

NOTE Confidence: 0.77116615

00:28:25.310 --> 00:28:27.675 although nearly half were ellenor

NOTE Confidence: 0.77116615

 $00{:}28{:}27.675 \dashrightarrow 00{:}28{:}30.040$ European leukemia net poor risk

NOTE Confidence: 0.77116615

00:28:30.121 --> 00:28:32.381 after accounting for the relevant

 $00:28:32.381 \longrightarrow 00:28:35.370$ molecular features on top of genetics.

NOTE Confidence: 0.77116615

 $00:28:35.370 \longrightarrow 00:28:37.510$ Amongst the 54 patients that

NOTE Confidence: 0.77116615

 $00:28:37.510 \longrightarrow 00:28:40.105$ today have been accrued and are

NOTE Confidence: 0.77116615

00:28:40.105 --> 00:28:42.349 in fact invaluable with a median

NOTE Confidence: 0.77116615

 $00:28:42.349 \longrightarrow 00:28:45.008$ one cycle or month to responses,

NOTE Confidence: 0.77116615

 $00{:}28{:}45.010 \dashrightarrow 00{:}28{:}47.908$ striking 78% achieved CR and basically all

NOTE Confidence: 0.77116615

 $00:28:47.908 \longrightarrow 00:28:50.450$ except three achieved MFC MRD negativity.

NOTE Confidence: 0.77116615

 $00:28:50.450 \longrightarrow 00:28:50.923$ Basically,

NOTE Confidence: 0.77116615

 $00:28:50.923 \longrightarrow 00:28:53.288$ MRD negativity negativity by flow

NOTE Confidence: 0.77116615

00:28:53.288 --> 00:28:55.180 centric analysis including CRIA

NOTE Confidence: 0.77116615

 $00{:}28{:}55.245 \dashrightarrow 00{:}28{:}57.190$ composite CR rate of 93% was

NOTE Confidence: 0.77116615

 $00:28:57.190 \longrightarrow 00:28:59.890$ rendered which is simply amazing and

NOTE Confidence: 0.77116615

 $00:28:59.890 \longrightarrow 00:29:02.536$ perhaps I really should have saved

NOTE Confidence: 0.77116615

 $00{:}29{:}02.536 \dashrightarrow 00{:}29{:}05.357$ this safest route for the end so.

NOTE Confidence: 0.77116615

 $00:29:05.360 \longrightarrow 00:29:07.810$ One of the more striking updates from

NOTE Confidence: 0.77116615

 $00:29:07.810 \dashrightarrow 00:29:10.359$ ASH with regards to the response rates.

00:29:10.360 --> 00:29:10.716 However,

NOTE Confidence: 0.77116615

 $00:29:10.716 \longrightarrow 00:29:12.852$ it's not all about response rates

NOTE Confidence: 0.77116615

00:29:12.852 --> 00:29:14.678 for the patient not proceeding

NOTE Confidence: 0.77116615

 $00:29:14.678 \longrightarrow 00:29:16.070$ to cure to therapy,

NOTE Confidence: 0.77116615

 $00:29:16.070 \longrightarrow 00:29:18.350$ really care bout event based outcomes

NOTE Confidence: 0.77116615

00:29:18.350 --> 00:29:20.249 like survival in evaluating survival

NOTE Confidence: 0.77116615

 $00:29:20.249 \longrightarrow 00:29:22.496$ and a medium median of 14.2 months.

NOTE Confidence: 0.77116615

00:29:22.500 --> 00:29:24.636 The OS and RFS curves were

NOTE Confidence: 0.77116615

 $00:29:24.636 \longrightarrow 00:29:25.704$ essentially the same,

NOTE Confidence: 0.77116615

 $00{:}29{:}25.710 \dashrightarrow 00{:}29{:}28.209$ meaning OS was reached was not reached.

NOTE Confidence: 0.77116615

00:29:28.210 --> 00:29:28.521 Sorry,

NOTE Confidence: 0.77116615

 $00{:}29{:}28.521 \dashrightarrow 00{:}29{:}31.009$ and 60% of patients were still alive at

NOTE Confidence: 0.77116615

 $00:29:31.009 \longrightarrow 00:29:33.558$ two years after starting therapy again.

NOTE Confidence: 0.77116615

 $00{:}29{:}33.560 \rightarrow 00{:}29{:}35.052$ Quite a mazing considering the

NOTE Confidence: 0.77116615

 $00:29:35.052 \longrightarrow 00:29:37.290$ fact that half of patients were.

00:29:37.290 --> 00:29:38.994 Yellen adverse risk. Sorry

NOTE Confidence: 0.64456517

 $00:29:38.994 \longrightarrow 00:29:40.698$ hadelin adverse risk disease.

NOTE Confidence: 0.8340789

 $00:29:42.750 \longrightarrow 00:29:44.610$ However, this is just some.

NOTE Confidence: 0.8340789

 $00:29:44.610 \longrightarrow 00:29:46.460$ You know, some smaller kind

NOTE Confidence: 0.8340789

 $00:29:46.460 \longrightarrow 00:29:47.570$ of subpopulation analysis.

NOTE Confidence: 0.8340789

 $00:29:47.570 \longrightarrow 00:29:50.146$ You can see that when accounting for

NOTE Confidence: 0.8340789

00:29:50.146 --> 00:29:52.770 set of genetic risk and Dylan risk,

NOTE Confidence: 0.8340789

 $00:29:52.770 \longrightarrow 00:29:53.880$ not surprising differences

NOTE Confidence: 0.8340789

 $00:29:53.880 \longrightarrow 00:29:55.360$ are in fact observed.

NOTE Confidence: 0.8340789

00:29:55.360 --> 00:29:57.586 I would note that 11 patients

NOTE Confidence: 0.8340789

 $00{:}29{:}57.586 \to 00{:}29{:}59.862$ or 2524% of the 45 responding.

NOTE Confidence: 0.8340789

 $00:29:59.862 \longrightarrow 00:30:01.011$ Patients proceeding to

NOTE Confidence: 0.8340789

 $00:30:01.011 \longrightarrow 00:30:02.740$ transplant with these patients,

NOTE Confidence: 0.8340789

 $00:30:02.740 \dashrightarrow 00:30:04.112$ patients really enjoying more

NOTE Confidence: 0.8340789

 $00:30:04.112 \longrightarrow 00:30:06.168$ than 90% survival at one year,

NOTE Confidence: 0.8340789

00:30:06.168 --> 00:30:07.878 which when compared with the

 $00:30:07.878 \longrightarrow 00:30:09.634$ folks not getting to transform

NOTE Confidence: 0.8340789

 $00:30:09.634 \longrightarrow 00:30:11.339$ with 69% but a difference,

NOTE Confidence: 0.8340789

 $00:30:11.339 \longrightarrow 00:30:13.054$ did not reach statistical significance.

NOTE Confidence: 0.8340789

 $00:30:13.060 \longrightarrow 00:30:15.118$ Likely in the setting of just,

NOTE Confidence: 0.8340789

 $00:30:15.120 \longrightarrow 00:30:15.806$ you know,

NOTE Confidence: 0.8340789

00:30:15.806 --> 00:30:17.864 obviously a small early phase study.

NOTE Confidence: 0.7932578

00:30:20.240 --> 00:30:21.825 So just going to switch

NOTE Confidence: 0.7932578

00:30:21.825 --> 00:30:23.750 gears a little bit with AML,

NOTE Confidence: 0.7932578

 $00:30:23.750 \longrightarrow 00:30:25.750$ one of the first decision we have to

NOTE Confidence: 0.7932578

 $00:30:25.750 \longrightarrow 00:30:28.218$ make is whether patient is quote unquote

NOTE Confidence: 0.7932578

00:30:28.218 --> 00:30:30.123 intensive therapy eligible or not.

NOTE Confidence: 0.7932578

 $00:30:30.130 \dashrightarrow 00:30:32.062$ The first 2 trials I mentioned were

NOTE Confidence: 0.7932578

 $00:30:32.062 \longrightarrow 00:30:33.707$ really geared towards patients that

NOTE Confidence: 0.7932578

 $00{:}30{:}33.707 \dashrightarrow 00{:}30{:}35.227$ are intensive the rapy ineligible.

NOTE Confidence: 0.7932578

 $00:30:35.230 \longrightarrow 00:30:36.980$ But what about patients receiving

 $00:30:36.980 \longrightarrow 00:30:39.034$ intensive therapy generally felt to be

NOTE Confidence: 0.7932578

 $00{:}30{:}39.034 \dashrightarrow 00{:}30{:}41.058$ the standard of care for those who are

NOTE Confidence: 0.7932578

 $00:30:41.058 \longrightarrow 00:30:42.888$ eligible with some specific exceptions?

NOTE Confidence: 0.7932578

00:30:42.890 --> 00:30:44.480 Of course if prompted debate,

NOTE Confidence: 0.7932578

 $00:30:44.480 \longrightarrow 00:30:46.400$ but that's a discussion for another.

NOTE Confidence: 0.7932578

 $00:30:46.400 \longrightarrow 00:30:47.052$ Another presentation.

NOTE Confidence: 0.7932578

 $00:30:47.052 \longrightarrow 00:30:49.660$ Here is the schema for a trial also

NOTE Confidence: 0.7932578

 $00:30:49.718 \longrightarrow 00:30:51.674$ out of MD Anderson and evaluating

NOTE Confidence: 0.7932578

 $00{:}30{:}51.674 \dashrightarrow 00{:}30{:}53.380$ the addition of genetic lacks.

NOTE Confidence: 0.7932578

 $00:30:53.380 \longrightarrow 00:30:56.084$ To CPX, 3/5 one or the brand name

NOTE Confidence: 0.7932578

 $00:30:56.084 \longrightarrow 00:30:58.851$ being fix EOS which is standard of

NOTE Confidence: 0.7932578

 $00:30:58.851 \longrightarrow 00:31:01.886$ care for patients with AML MRC and

NOTE Confidence: 0.7932578

 $00:31:01.886 \longrightarrow 00:31:04.246$ therapy quote unquote related AML.

NOTE Confidence: 0.7932578

 $00:31:04.250 \longrightarrow 00:31:06.924$ The design included cohort for adults with

NOTE Confidence: 0.7932578

 $00:31:06.924 \longrightarrow 00:31:09.188$ newly diagnosed AML as well as looks.

NOTE Confidence: 0.7932578

 $00:31:09.190 \longrightarrow 00:31:10.955$ Factory disease, with the latter

 $00:31:10.955 \longrightarrow 00:31:12.367$ allowing prior phonetics exposure.

NOTE Confidence: 0.7932578

 $00{:}31{:}12.370 \dashrightarrow 00{:}31{:}13.375$ Quite important criterion.

NOTE Confidence: 0.7932578

 $00:31:13.375 \longrightarrow 00:31:15.385$ A dose escalation phase or safety

NOTE Confidence: 0.7932578

 $00:31:15.385 \longrightarrow 00:31:16.250$ run included.

NOTE Confidence: 0.7932578

00:31:16.250 --> 00:31:18.020 Of course, all the patients,

NOTE Confidence: 0.7932578

 $00:31:18.020 \longrightarrow 00:31:19.428$ irrespective of whether they

NOTE Confidence: 0.7932578

 $00:31:19.428 \longrightarrow 00:31:20.484$ were Dinovo slash,

NOTE Confidence: 0.7932578

 $00:31:20.490 \longrightarrow 00:31:23.850$ newly diagnosed or realtor factory.

NOTE Confidence: 0.7932578

 $00:31:23.850 \longrightarrow 00:31:26.013$ Of note CPX 3/5 one was given

NOTE Confidence: 0.7932578

 $00:31:26.013 \longrightarrow 00:31:27.969$ at the standard dose on label.

NOTE Confidence: 0.7932578

00:31:27.970 --> 00:31:29.402 Essentially event began fairly

NOTE Confidence: 0.7932578

 $00:31:29.402 \longrightarrow 00:31:32.158$ quickly on day two with a three day

NOTE Confidence: 0.7932578

 $00:31:32.158 \longrightarrow 00:31:34.310$ ramp up to a target dose of 400,

NOTE Confidence: 0.7932578

 $00{:}31{:}34.310 \dashrightarrow 00{:}31{:}35.775$ again with the standard dose

NOTE Confidence: 0.7932578

 $00:31:35.775 \longrightarrow 00:31:37.620$ reductions you would expect or should

 $00:31:37.620 \longrightarrow 00:31:39.235$ be considering with concurrency 3A

NOTE Confidence: 0.7932578

 $00{:}31{:}39.235 \dashrightarrow 00{:}31{:}41.230$ four inhibition as well as toxicities

NOTE Confidence: 0.7932578

 $00:31:41.230 \longrightarrow 00:31:42.522$ prompted prompting dropping to

NOTE Confidence: 0.7932578

 $00:31:42.522 \longrightarrow 00:31:44.741$ lower dose levels as they came up.

NOTE Confidence: 0.7932578

 $00:31:44.741 \longrightarrow 00:31:46.890$ Essentially this was then was given for

NOTE Confidence: 0.7932578

00:31:46.957 --> 00:31:48.769 three weeks during induction as well

NOTE Confidence: 0.7932578

 $00:31:48.769 \dashrightarrow 00:31:51.428$ As for 20 three weeks during each cycle.

NOTE Confidence: 0.7932578

 $00:31:51.430 \longrightarrow 00:31:51.808$ Consolidation.

NOTE Confidence: 0.7932578

 $00:31:51.808 \longrightarrow 00:31:55.210$ In this case they allowed up to four cycles.

NOTE Confidence: 0.7932578

00:31:55.210 --> 00:31:56.202 Of consolidation,

NOTE Confidence: 0.7932578

 $00:31:56.202 \longrightarrow 00:32:00.600$ in contrast to the standard on label CPX 351.

NOTE Confidence: 0.7932578

 $00:32:00.600 \longrightarrow 00:32:02.950$ Monotherapy consolidation.

NOTE Confidence: 0.7932578

 $00{:}32{:}02.950 \dashrightarrow 00{:}32{:}04.570$ Here the characteristics of the

NOTE Confidence: 0.7932578

 $00:32:04.570 \longrightarrow 00:32:06.554$ patients who had a broad range

NOTE Confidence: 0.7932578

00:32:06.554 --> 00:32:08.384 of age instead of genetic risk,

NOTE Confidence: 0.7932578

 $00:32:08.390 \longrightarrow 00:32:10.707$ I'll call your attention to the right

 $00:32:10.707 \longrightarrow 00:32:13.202$ where you can see that 30% of patients

NOTE Confidence: 0.7932578

 $00:32:13.202 \longrightarrow 00:32:14.832$ had disease characterized by the

NOTE Confidence: 0.7932578

 $00:32:14.832 \longrightarrow 00:32:17.308$ presence of a TP 53 mutation and after

NOTE Confidence: 0.7932578

00:32:17.308 --> 00:32:19.590 including ASL one and runx one mutations,

NOTE Confidence: 0.7932578

00:32:19.590 --> 00:32:21.753 the majority of patients did in fact

NOTE Confidence: 0.7932578

 $00:32:21.753 \longrightarrow 00:32:23.429$ have guillain adverse risk disease.

NOTE Confidence: 0.79286337

00:32:25.610 --> 00:32:27.956 Only 6\% of patients achieved CR,

NOTE Confidence: 0.79286337

 $00:32:27.960 \longrightarrow 00:32:31.080$ but CR CRA was the rate of CRC.

NOTE Confidence: 0.79286337

 $00:32:31.080 \longrightarrow 00:32:33.912$ I was 39% still fairly low with a

NOTE Confidence: 0.79286337

 $00:32:33.912 \dashrightarrow 00:32:36.558$ median one cycle time to response.

NOTE Confidence: 0.79286337

00:32:36.560 --> 00:32:39.128 The most common reason for coming off of

NOTE Confidence: 0.79286337

 $00:32:39.128 \longrightarrow 00:32:42.030$ study was actually proceeding to transplant.

NOTE Confidence: 0.79286337

 $00{:}32{:}42.030 \dashrightarrow 00{:}32{:}44.599$ This occurred in 31 patients were but

NOTE Confidence: 0.79286337

 $00:32:44.599 \longrightarrow 00:32:47.508$ generally 50 half of the patient population.

NOTE Confidence: 0.79286337

00:32:47.510 --> 00:32:49.814 The most common grade 3 plus

 $00:32:49.814 \longrightarrow 00:32:52.199$ ease were human logic in nature,

NOTE Confidence: 0.79286337

00:32:52.200 --> 00:32:55.160 pneumonia amongst other infections didn't.

NOTE Confidence: 0.79286337

00:32:55.160 --> 00:32:58.086 Did also occur 30 and 60 day

NOTE Confidence: 0.79286337

00:32:58.086 --> 00:32:59.878 mortality were weren't nominal

NOTE Confidence: 0.79286337

 $00:32:59.878 \longrightarrow 00:33:03.678 \ 10\%$ at 30 days and 20% at 60 days,

NOTE Confidence: 0.79286337

00:33:03.678 --> 00:33:06.450 so a fairly toxic regimen with again

NOTE Confidence: 0.79286337

 $00:33:06.540 \longrightarrow 00:33:09.185$ relatively limited efficacy in comparison

NOTE Confidence: 0.79286337

 $00:33:09.185 \longrightarrow 00:33:12.740$ to the other guys I've presented.

NOTE Confidence: 0.79286337

 $00:33:12.740 \longrightarrow 00:33:15.323$ The median overall survival was six months

NOTE Confidence: 0.79286337

 $00:33:15.323 \longrightarrow 00:33:18.468$ with a 6 month OS rate of about 53%.

NOTE Confidence: 0.79286337

 $00:33:18.470 \longrightarrow 00:33:21.691$ Just to be specific and 46% at one year.

NOTE Confidence: 0.79286337

 $00:33:21.691 \longrightarrow 00:33:23.119$ So not terribly different.

NOTE Confidence: 0.79286337

00:33:23.120 --> 00:33:25.268 6 versus 12 months among responders,

NOTE Confidence: 0.79286337

00:33:25.270 --> 00:33:28.126 the median OS and RFS were not reached,

NOTE Confidence: 0.79286337

00:33:28.130 --> 00:33:30.552 and the six month OS and RFS

NOTE Confidence: 0.79286337

 $00:33:30.552 \longrightarrow 00:33:32.070$ were essentially about 8590%.

00:33:32.070 --> 00:33:34.152 You can see that patients without

NOTE Confidence: 0.79286337

 $00:33:34.152 \longrightarrow 00:33:36.010$ prior medical exposure did better.

NOTE Confidence: 0.79286337

00:33:36.010 --> 00:33:38.158 However, again, given the small numbers,

NOTE Confidence: 0.79286337

 $00:33:38.160 \longrightarrow 00:33:42.240$ this did not reach statistical significance.

NOTE Confidence: 0.79286337

 $00{:}33{:}42.240 \dashrightarrow 00{:}33{:}44.478$ Sticking with this is another trial.

NOTE Confidence: 0.79286337

00:33:44.480 --> 00:33:45.972 Sticking with intensive therapy

NOTE Confidence: 0.79286337

 $00:33:45.972 \longrightarrow 00:33:46.718$ eligible patients.

NOTE Confidence: 0.79286337

 $00:33:46.720 \longrightarrow 00:33:48.994$ What about adding then to other

NOTE Confidence: 0.79286337

00:33:48.994 --> 00:33:50.820 intensive backbones beyond CPX 351,

NOTE Confidence: 0.79286337

 $00{:}33{:}50.820 \dashrightarrow 00{:}33{:}52.878$ here's a schema which demonstrates that

NOTE Confidence: 0.79286337

 $00{:}33{:}52.878 \dashrightarrow 00{:}33{:}54.708$ patients with both newly diagnosed

NOTE Confidence: 0.79286337

 $00{:}33{:}54.708 \dashrightarrow 00{:}33{:}56.718$ disease and relapse refractory disease

NOTE Confidence: 0.79286337

 $00{:}33{:}56.718 \dashrightarrow 00{:}33{:}58.650$ received a fairly standard flag.

NOTE Confidence: 0.79286337

00:33:58.650 --> 00:34:01.634 Ida regimen and dosing with Medical X added,

NOTE Confidence: 0.79286337

00:34:01.640 --> 00:34:03.228 especially specifically during days

 $00:34:03.228 \longrightarrow 00:34:06.004$ one through 14 at a target dose

NOTE Confidence: 0.79286337

 $00:34:06.004 \longrightarrow 00:34:07.978$ of 400 in standard target dose,

NOTE Confidence: 0.79286337

 $00:34:07.980 \longrightarrow 00:34:10.761$ but not without a ramp up and then high

NOTE Confidence: 0.79286337

 $00:34:10.761 \longrightarrow 00:34:13.679$ debt consolidation had been incorporated.

NOTE Confidence: 0.79286337

 $00:34:13.680 \longrightarrow 00:34:15.988$ Days one through 14.

NOTE Confidence: 0.79286337

 $00:34:15.990 \longrightarrow 00:34:17.534$ So a complex slide,

NOTE Confidence: 0.79286337

 $00:34:17.534 \longrightarrow 00:34:20.359$ but hopefully that kind of summed it up.

NOTE Confidence: 0.79286337

 $00:34:20.360 \longrightarrow 00:34:22.908$ Here are the patient demographics or sorry

NOTE Confidence: 0.79286337

 $00{:}34{:}22.908 \dashrightarrow 00{:}34{:}24.000$ patient characteristics specifically,

NOTE Confidence: 0.79286337

00:34:24.000 --> 00:34:25.700 noting that the relapse refractory

NOTE Confidence: 0.79286337

 $00:34:25.700 \longrightarrow 00:34:27.863$ cohorts were a bit more enriched

NOTE Confidence: 0.79286337

 $00:34:27.863 \longrightarrow 00:34:29.459$ for adverse risk disease.

NOTE Confidence: 0.79286337

 $00:34:29.460 \longrightarrow 00:34:32.001$ And as you would otherwise expect and

NOTE Confidence: 0.79286337

00:34:32.001 --> 00:34:33.826 38% had received prior allogeneic

NOTE Confidence: 0.79286337

 $00:34:33.826 \longrightarrow 00:34:35.646$ Amanda poetic stem cell transplant.

NOTE Confidence: 0.79211825

 $00:34:37.970 \longrightarrow 00:34:40.328$ The toxicity was what you would

 $00:34:40.328 \longrightarrow 00:34:42.303$ expect with intensive therapy and

NOTE Confidence: 0.79211825

 $00{:}34{:}42.303 \dashrightarrow 00{:}34{:}44.313$ addition of class including based on

NOTE Confidence: 0.79211825

00:34:44.313 --> 00:34:48.838 what I just presented. For C PX351.

NOTE Confidence: 0.79211825

 $00:34:48.840 \longrightarrow 00:34:52.701$ CRC is 90% and in the newly diagnosed cohort

NOTE Confidence: 0.79211825

 $00:34:52.701 \longrightarrow 00:34:55.830$ 60 to 75% in the roaster factory cohorts.

NOTE Confidence: 0.79211825

 $00:34:55.830 \longrightarrow 00:35:00.998$ So and fairly good rates of MRD negativity.

NOTE Confidence: 0.79211825

 $00:35:01.000 \longrightarrow 00:35:04.664$ And this is essentially just looking at at.

NOTE Confidence: 0.79211825

 $00:35:04.670 \longrightarrow 00:35:06.390$ Based on their their disease,

NOTE Confidence: 0.79211825

 $00:35:06.390 \longrightarrow 00:35:07.834$ the disease cohort specifically.

NOTE Confidence: 0.79211825

00:35:07.834 --> 00:35:10.689 So I'll just kind of wrap it up

NOTE Confidence: 0.79211825

 $00{:}35{:}10.689 \dashrightarrow 00{:}35{:}12.555$ with just promise two more slides.

NOTE Confidence: 0.79211825

 $00:35:12.560 \longrightarrow 00:35:14.270$ So those updates for the rapies

NOTE Confidence: 0.79211825

 $00:35:14.270 \longrightarrow 00:35:15.296$ we already had.

NOTE Confidence: 0.79211825

00:35:15.300 --> 00:35:17.190 But what about just one update

NOTE Confidence: 0.79211825

 $00:35:17.190 \longrightarrow 00:35:19.080$ on an agent or regimen?

 $00:35:19.080 \longrightarrow 00:35:21.126$ We do not yet really have.

NOTE Confidence: 0.79211825

 $00{:}35{:}21.130 \dashrightarrow 00{:}35{:}23.545$ This is Google Map or the this

NOTE Confidence: 0.79211825

 $00:35:23.545 \longrightarrow 00:35:25.249$ is the humanized anti CD.

NOTE Confidence: 0.79211825

00:35:25.250 --> 00:35:26.965 47 IgG, four monoclonal antibody

NOTE Confidence: 0.79211825

 $00:35:26.965 \longrightarrow 00:35:28.680$ product from from Gilead Sciences,

NOTE Confidence: 0.79211825

 $00:35:28.680 \longrightarrow 00:35:29.988$ relevant as tumor expression

NOTE Confidence: 0.79211825

00:35:29.988 --> 00:35:31.950 of CD 47 prompts evasion from

NOTE Confidence: 0.79211825

00:35:32.012 --> 00:35:33.480 an 80 minute survaillance.

NOTE Confidence: 0.79211825

 $00:35:33.480 \dashrightarrow 00:35:34.509$ Specifically macrophage mediated.

NOTE Confidence: 0.79211825

00:35:34.509 --> 00:35:36.224 Microcytosis and in fact pre

NOTE Confidence: 0.79211825

 $00{:}35{:}36.224 \dashrightarrow 00{:}35{:}37.729$ clinical data support that AML,

NOTE Confidence: 0.79211825

00:35:37.730 --> 00:35:38.878 leukemic blast doing factor,

NOTE Confidence: 0.79211825

 $00{:}35{:}38.878 \dashrightarrow 00{:}35{:}41.200$ or enriched for CD 47 Express expression.

NOTE Confidence: 0.79211825

 $00:35:41.200 \longrightarrow 00:35:43.054$ So this was studied in combination

NOTE Confidence: 0.79211825

 $00:35:43.054 \longrightarrow 00:35:44.980$ with Asia and a phase one.

NOTE Confidence: 0.79211825

 $00:35:44.980 \longrightarrow 00:35:48.102$ B2 trial that armored actually touched on

 $00:35:48.102 \longrightarrow 00:35:51.199$ earlier most in the context of high risk

NOTE Confidence: 0.79211825

 $00:35:51.199 \longrightarrow 00:35:54.837$ MD S but I'll just focus on the AML cohort.

NOTE Confidence: 0.79211825

00:35:54.840 --> 00:35:55.230 Specifically,

NOTE Confidence: 0.79211825

 $00:35:55.230 \longrightarrow 00:35:56.400$ 90 except sorry,

NOTE Confidence: 0.79211825

00:35:56.400 --> 00:35:58.550 70% porous surgeon attics 70% P

NOTE Confidence: 0.79211825

 $00:35:58.550 \longrightarrow 00:36:00.310$ three mutations with a robust

NOTE Confidence: 0.79211825

 $00:36:00.371 \longrightarrow 00:36:02.466$ median vaf which would otherwise

NOTE Confidence: 0.79211825

 $00{:}36{:}02.466 \dashrightarrow 00{:}36{:}04.561$ predict biallelic loss of function.

NOTE Confidence: 0.79211825

 $00:36:04.570 \longrightarrow 00:36:06.122$ So essentially a very,

NOTE Confidence: 0.79211825

 $00:36:06.122 \longrightarrow 00:36:06.510$ very,

NOTE Confidence: 0.79211825

 $00{:}36{:}06.510 \dashrightarrow 00{:}36{:}09.210$ very poorest population and not the

NOTE Confidence: 0.79211825

 $00:36:09.210 \longrightarrow 00:36:11.450$ toxicity profile was generally what

NOTE Confidence: 0.79211825

 $00{:}36{:}11.450 \dashrightarrow 00{:}36{:}14.026$ you would expect with as a monotherapy

NOTE Confidence: 0.79211825

 $00{:}36{:}14.026 \dashrightarrow 00{:}36{:}16.506$ other than I'd say a mild transient

NOTE Confidence: 0.79211825

 $00:36:16.506 \longrightarrow 00:36:18.595$ on targeting me that was reversible.

 $00:36:18.595 \longrightarrow 00:36:21.085$ Know whether grade 3/4 plus 80s

NOTE Confidence: 0.79211825

 $00{:}36{:}21.085 \dashrightarrow 00{:}36{:}23.844$ and no immune related AE's given

NOTE Confidence: 0.79211825

 $00:36:23.844 \longrightarrow 00:36:25.760$ macros mechanism of action.

NOTE Confidence: 0.79211825

 $00:36:25.760 \longrightarrow 00:36:27.884$ This is a slide hammer showed

NOTE Confidence: 0.79211825

 $00:36:27.884 \longrightarrow 00:36:30.250$ you this is the AML cohort,

NOTE Confidence: 0.79211825

 $00:36:30.250 \longrightarrow 00:36:32.770$ essentially a 20% rate of see better

NOTE Confidence: 0.79211825

 $00:36:32.770 \longrightarrow 00:36:34.740$ in comparison to generate 20%

NOTE Confidence: 0.79211825

 $00:36:34.740 \longrightarrow 00:36:36.978$ rate of expected as a monotherapy.

NOTE Confidence: 0.79211825

 $00:36:36.980 \longrightarrow 00:36:38.102$ 60 ish percent,

NOTE Confidence: 0.79211825

 $00:36:38.102 \longrightarrow 00:36:39.224$ essentially with essentially

NOTE Confidence: 0.79211825

 $00:36:39.224 \longrightarrow 00:36:40.720$ in the waterfall plot.

NOTE Confidence: 0.79211825

 $00:36:40.720 \longrightarrow 00:36:42.590$ Here nearly all patients experiencing

NOTE Confidence: 0.79211825

 $00:36:42.590 \longrightarrow 00:36:44.086$ Meryl Blast percentage reduction

NOTE Confidence: 0.79211825

 $00:36:44.086 \longrightarrow 00:36:45.957$ with many being robust reductions.

NOTE Confidence: 0.79211825

 $00:36:45.960 \longrightarrow 00:36:48.352$ The median OS at last day to cut

NOTE Confidence: 0.79211825

 $00{:}36{:}48.352 \dashrightarrow 00{:}36{:}51.025$ off of patients in the trial was

 $00:36:51.025 \longrightarrow 00:36:53.557$ 18.9 months and even after isolating

NOTE Confidence: 0.79211825

 $00{:}36{:}53.557 \dashrightarrow 00{:}36{:}56.317$ patients that had a P3 mutation.

NOTE Confidence: 0.79211825

 $00:36:56.320 \longrightarrow 00:36:57.940$ And we still 12.9 months,

NOTE Confidence: 0.79211825

 $00:36:57.940 \longrightarrow 00:36:59.781$ which to be honest is the longest

NOTE Confidence: 0.79211825

 $00{:}36{:}59.781 \dashrightarrow 00{:}37{:}01.867$ median OS I believe ever reported

NOTE Confidence: 0.79211825

 $00:37:01.867 \longrightarrow 00:37:03.097$ for this population,

NOTE Confidence: 0.79211825

 $00:37:03.100 \longrightarrow 00:37:05.354$ so quite striking as you can see,

NOTE Confidence: 0.79211825

 $00:37:05.360 \longrightarrow 00:37:07.274$ four or five patients are still

NOTE Confidence: 0.79211825

 $00:37:07.274 \longrightarrow 00:37:09.240$ alive more than two years out,

NOTE Confidence: 0.79211825

 $00:37:09.240 \longrightarrow 00:37:10.143$ so quite impressive.

NOTE Confidence: 0.79211825

 $00:37:10.143 \longrightarrow 00:37:12.674$ So I am a little bit over and

NOTE Confidence: 0.79211825

00:37:12.674 --> 00:37:14.090 I apologize to Nikolai.

NOTE Confidence: 0.79211825

 $00{:}37{:}14.090 \dashrightarrow 00{:}37{:}15.410$ Mostly this is raw,

NOTE Confidence: 0.79211825

00:37:15.410 --> 00:37:17.060 conclude my section and look

NOTE Confidence: 0.79211825

 $00:37:17.060 \longrightarrow 00:37:18.929$ forward any questions at the end.

 $00:37:18.930 \longrightarrow 00:37:20.850$ So next I'd like to introduce

NOTE Confidence: 0.79211825

00:37:20.850 --> 00:37:22.130 Doctor Nikolai Pedulla civilly

NOTE Confidence: 0.79211825

00:37:22.187 --> 00:37:23.787 discussing the ash 2020 updates

NOTE Confidence: 0.79211825

 $00:37:23.787 \longrightarrow 00:37:25.387$ in there almost perfect NPS.

NOTE Confidence: 0.8451901

00:37:29.040 --> 00:37:31.374 Alright, thank you Oriel let

NOTE Confidence: 0.8451901

 $00:37:31.374 \longrightarrow 00:37:34.260$ me share my slides with you.

NOTE Confidence: 0.89198864

00:37:34.260 --> 00:37:35.228 How does it look?

NOTE Confidence: 0.89198864

 $00:37:35.228 \longrightarrow 00:37:36.680$ Does it look like one screen?

NOTE Confidence: 0.72244483

 $00:37:40.950 \longrightarrow 00:37:42.830$ We don't see slides head.

NOTE Confidence: 0.72244483

 $00:37:42.830 \longrightarrow 00:37:45.080$ Sadly you don't see slides OK,

NOTE Confidence: 0.72244483

00:37:45.080 --> 00:37:48.244 just a second. We just see you.

NOTE Confidence: 0.72244483

 $00:37:48.244 \longrightarrow 00:37:49.905$ Oh interesting. Alright,

NOTE Confidence: 0.72244483

 $00:37:49.905 \dashrightarrow 00:37:52.825$ so hold on let me escape from here.

NOTE Confidence: 0.72244483

 $00:37:52.830 \longrightarrow 00:37:57.949$ And so I'll do this. How about now?

NOTE Confidence: 0.72244483

00:37:57.950 --> 00:38:01.950 Do you see two right and I need to swap?

NOTE Confidence: 0.72244483

 $00:38:01.950 \longrightarrow 00:38:03.558$ No, we still don't see them.

 $00:38:03.558 \longrightarrow 00:38:04.630$ You don't see them.

NOTE Confidence: 0.71176875

 $00:38:14.660 \longrightarrow 00:38:18.670$ Did you share a video girl OK?

NOTE Confidence: 0.71176875

 $00:38:18.670 \longrightarrow 00:38:20.916$ Yep, now we see alright.

NOTE Confidence: 0.71176875

00:38:20.916 --> 00:38:23.604 You see this one slide right?

NOTE Confidence: 0.71176875

00:38:23.610 --> 00:38:24.766 Alright, OK,

NOTE Confidence: 0.71176875

 $00:38:24.766 \longrightarrow 00:38:28.234$ alright so I'll be talking about.

NOTE Confidence: 0.71176875

 $00:38:28.240 \longrightarrow 00:38:30.844$ Milo proliferative neoplasms and I had to

NOTE Confidence: 0.71176875

00:38:30.844 --> 00:38:33.108 be selective because of the time frame,

NOTE Confidence: 0.71176875

00:38:33.110 --> 00:38:35.510 so this are my disclosures.

NOTE Confidence: 0.71176875

 $00:38:35.510 \longrightarrow 00:38:37.830$ I'll go over 4 studies and the first

NOTE Confidence: 0.71176875

 $00{:}38{:}37.830 \dashrightarrow 00{:}38{:}40.552$ one was presented as a late breaking

NOTE Confidence: 0.71176875

 $00:38:40.552 \longrightarrow 00:38:43.076$ abstract is not the interventional study

NOTE Confidence: 0.71176875

 $00{:}38{:}43.076 \dashrightarrow 00{:}38{:}45.729$ I thought would be important to mention.

NOTE Confidence: 0.71176875

 $00{:}38{:}45.730 \dashrightarrow 00{:}38{:}48.285$ I just have one slide about it.

NOTE Confidence: 0.71176875

 $00:38:48.290 \longrightarrow 00:38:50.110$ This is about driver mutation,

00:38:50.110 --> 00:38:51.940 acquisition in pH, negative MPs,

NOTE Confidence: 0.71176875

 $00:38:51.940 \longrightarrow 00:38:54.716$ and this study managed to show that this

NOTE Confidence: 0.71176875

 $00:38:54.716 \longrightarrow 00:38:57.676$ mutations are quite as early as in utero

NOTE Confidence: 0.71176875

 $00{:}38{:}57.676 \dashrightarrow 00{:}38{:}59.600$ until disease develops decades later.

NOTE Confidence: 0.71176875

 $00:38:59.600 \longrightarrow 00:39:02.155$ So the goal of the study was

NOTE Confidence: 0.71176875

00:39:02.155 --> 00:39:03.705 timing of driver, mutation,

NOTE Confidence: 0.71176875

00:39:03.705 --> 00:39:04.160 acquisition,

NOTE Confidence: 0.71176875

 $00:39:04.160 \longrightarrow 00:39:05.980$ and clonal expansion evolution

NOTE Confidence: 0.71176875

 $00:39:05.980 \longrightarrow 00:39:07.800$ dynamics of the clones.

NOTE Confidence: 0.71176875

 $00:39:07.800 \longrightarrow 00:39:10.494$ The methods used by UK investigators

NOTE Confidence: 0.71176875

 $00:39:10.494 \dashrightarrow 00:39:13.039$ included studying 10 patients with Jack.

NOTE Confidence: 0.71176875

 $00:39:13.040 \longrightarrow 00:39:15.662$ Two mutations of this is Jack

NOTE Confidence: 0.71176875

00:39:15.662 --> 00:39:17.410 two mutation for Stevens.

NOTE Confidence: 0.71176875

 $00:39:17.410 \longrightarrow 00:39:20.469$ This patients were between H20 and 76.

NOTE Confidence: 0.71176875

 $00:39:20.470 \longrightarrow 00:39:22.142$ The single cell derived

NOTE Confidence: 0.71176875

 $00:39:22.142 \longrightarrow 00:39:23.814$ hematopoietic colonies were studied

 $00:39:23.814 \longrightarrow 00:39:25.719$ using whole exome sequencing.

NOTE Confidence: 0.71176875

 $00{:}39{:}25.720 \dashrightarrow 00{:}39{:}28.210$ There was targeted resequencing of

NOTE Confidence: 0.71176875

 $00:39:28.210 \longrightarrow 00:39:30.700$ longitudinal blood samples from the

NOTE Confidence: 0.71176875

 $00:39:30.781 \longrightarrow 00:39:32.811$ stem patients and something which

NOTE Confidence: 0.71176875

 $00:39:32.811 \longrightarrow 00:39:35.770$ is still not clear very clear to me,

NOTE Confidence: 0.71176875

 $00:39:35.770 \longrightarrow 00:39:39.046$ but they were able to create those.

NOTE Confidence: 0.71176875

00:39:39.050 --> 00:39:41.400 Polygenetic trees or of hematopoiesis,

NOTE Confidence: 0.71176875

 $00{:}39{:}41.400 \dashrightarrow 00{:}39{:}43.980$ allowing them to understand when

NOTE Confidence: 0.71176875

 $00:39:43.980 \longrightarrow 00:39:46.044$ initial driver mutation occurred

NOTE Confidence: 0.71176875

 $00:39:46.044 \longrightarrow 00:39:49.229$ as the result it was found that

NOTE Confidence: 0.71176875

00:39:49.229 --> 00:39:50.957 mpanza originate from driver

NOTE Confidence: 0.71176875

 $00:39:51.039 \longrightarrow 00:39:53.619$ mutation quite very early in life,

NOTE Confidence: 0.71176875

00:39:53.620 --> 00:39:55.000 including before birth,

NOTE Confidence: 0.71176875

 $00{:}39{:}55.000 --> 00{:}39{:}57.300$ and then there is lifelong

NOTE Confidence: 0.71176875

00:39:57.300 --> 00:39:59.259 clonal expansion and evolution.

 $00:39:59.260 \longrightarrow 00:40:00.064$ So this.

NOTE Confidence: 0.71176875

 $00:40:00.064 \longrightarrow 00:40:02.476$ Results are quite amazing because they

NOTE Confidence: 0.71176875

00:40:02.476 --> 00:40:05.410 tell us that this Jack two mutation,

NOTE Confidence: 0.71176875

 $00:40:05.410 \longrightarrow 00:40:06.974$ which eventually leads to

NOTE Confidence: 0.71176875

 $00:40:06.974 \longrightarrow 00:40:09.320$ development of MPN late at life,

NOTE Confidence: 0.71176875

 $00:40:09.320 \longrightarrow 00:40:12.704$ is present in utero and perhaps if we can

NOTE Confidence: 0.71176875

 $00:40:12.704 \longrightarrow 00:40:15.186$ understand how it develops and evolves,

NOTE Confidence: 0.71176875

 $00:40:15.190 \longrightarrow 00:40:17.746$ we may use some preventative strategies

NOTE Confidence: 0.71176875

 $00{:}40{:}17.746 {\:{\circ}{\circ}{\circ}}>00{:}40{:}20.462$ in the future to prevent expansion

NOTE Confidence: 0.71176875

 $00:40:20.462 \longrightarrow 00:40:23.258$ of this clone or its evolution.

NOTE Confidence: 0.71176875

 $00:40:23.260 \longrightarrow 00:40:25.300$ Moving onto interventional studies,

NOTE Confidence: 0.71176875

00:40:25.300 --> 00:40:26.830 first of all,

NOTE Confidence: 0.71176875

 $00{:}40{:}26.830 \dashrightarrow 00{:}40{:}30.071$ I will talk about CML and again

NOTE Confidence: 0.71176875

 $00:40:30.071 \longrightarrow 00:40:32.949$ another late breaking abstract second.

NOTE Confidence: 0.71176875

 $00:40:32.950 \longrightarrow 00:40:35.995$ I will talk about one study using

NOTE Confidence: 0.71176875

 $00{:}40{:}35.995 \dashrightarrow 00{:}40{:}39.580$ new drug for Milo fibrosis patients,

 $00:40:39.580 \longrightarrow 00:40:42.130$ and finally I'll finish with

NOTE Confidence: 0.71176875

00:40:42.130 --> 00:40:44.680 the study for PVR patients.

NOTE Confidence: 0.71176875

 $00:40:44.680 \longrightarrow 00:40:47.746$ So the second study I would

NOTE Confidence: 0.71176875

 $00:40:47.746 \longrightarrow 00:40:51.500$ like to talk about looked at a

NOTE Confidence: 0.71176875

 $00:40:51.500 \longrightarrow 00:40:54.686$ synonym also known as able 001.

NOTE Confidence: 0.71176875

 $00:40:54.690 \longrightarrow 00:40:58.078$ This is the first class stamp inhibitor.

NOTE Confidence: 0.71176875

00:40:58.080 --> 00:41:01.014 An stamp is specifically targeting the

NOTE Confidence: 0.71176875

 $00:41:01.014 \longrightarrow 00:41:04.848$ Belmira stole pork it so its allosteric BSL,

NOTE Confidence: 0.71176875

 $00:41:04.850 \longrightarrow 00:41:07.466$ one BSL BCR ABL one inhibitor

NOTE Confidence: 0.71176875

 $00:41:07.466 \longrightarrow 00:41:09.882$ which is different to advertising

NOTE Confidence: 0.71176875

 $00{:}41{:}09.882 \dashrightarrow 00{:}41{:}12.210$ kinese inhibitors which targeting

NOTE Confidence: 0.71176875

 $00:41:12.210 \longrightarrow 00:41:15.120$ ATP pocket on April 1.

NOTE Confidence: 0.71176875

 $00{:}41{:}15.120 \dashrightarrow 00{:}41{:}17.624$ So as you can see on the cartoon

NOTE Confidence: 0.71176875

 $00{:}41{:}17.624 \dashrightarrow 00{:}41{:}19.961$ from New England Journal Medicine

NOTE Confidence: 0.71176875

00:41:19.961 --> 00:41:22.133 article discussing Phase One

 $00:41:22.133 \longrightarrow 00:41:24.680$ results with this medication.

NOTE Confidence: 0.71176875

 $00{:}41{:}24.680 \dashrightarrow 00{:}41{:}27.344$ There is Mr Lated and terminal

NOTE Confidence: 0.71176875

 $00:41:27.344 \longrightarrow 00:41:29.668$ which auto inhibits able one

NOTE Confidence: 0.71176875

 $00:41:29.668 \longrightarrow 00:41:31.958$ an with BCR ABL translocation.

NOTE Confidence: 0.71176875

 $00:41:31.960 \longrightarrow 00:41:35.920$ This N terminal piece of.

NOTE Confidence: 0.71176875

00:41:35.920 --> 00:41:37.066 Peace is gone,

NOTE Confidence: 0.71176875

 $00:41:37.066 \longrightarrow 00:41:40.362$ so you have PCR and now there is

NOTE Confidence: 0.71176875

 $00:41:40.362 \longrightarrow 00:41:43.542$ no auto inhibition and there is

NOTE Confidence: 0.71176875

 $00:41:43.542 \longrightarrow 00:41:46.091$ constitutive activation of ABL kinase

NOTE Confidence: 0.71176875

00:41:46.091 --> 00:41:49.129 Aciman app targets that fork it and

NOTE Confidence: 0.71176875

 $00{:}41{:}49.129 \dashrightarrow 00{:}41{:}51.706$ can allosterically inhibit PCR able?

NOTE Confidence: 0.71176875

 $00:41:51.706 \longrightarrow 00:41:54.376$ So as you can see,

NOTE Confidence: 0.71176875

00:41:54.380 --> 00:41:57.418 the other tiki eyes we have currently

NOTE Confidence: 0.71176875

 $00{:}41{:}57.418 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}41{:}59.941$ in practice and use in practice

NOTE Confidence: 0.71176875

 $00:41:59.941 \longrightarrow 00:42:02.580$ go to ATP binding site and the

NOTE Confidence: 0.78682363

 $00{:}42{:}02.666 \dashrightarrow 00{:}42{:}05.166$ Aciman app actually affects able

00:42:05.166 --> 00:42:08.111 one kinase inhibits able one kinase

NOTE Confidence: 0.78682363

 $00{:}42{:}08.111 \dashrightarrow 00{:}42{:}10.316$ using this mirror style pocket,

NOTE Confidence: 0.78682363

 $00:42:10.320 \longrightarrow 00:42:12.092$ hence the name specifically

NOTE Confidence: 0.78682363

00:42:12.092 --> 00:42:14.750 targeting the able Morris to pocket.

NOTE Confidence: 0.78682363

 $00:42:14.750 \longrightarrow 00:42:17.750$ So it works even when mutations

NOTE Confidence: 0.78682363

 $00:42:17.750 \longrightarrow 00:42:20.635$ like T315Y inhibit ability of the

NOTE Confidence: 0.78682363

 $00:42:20.635 \longrightarrow 00:42:23.023$ tiki eyes to inhibit able one.

NOTE Confidence: 0.78682363

00:42:23.030 --> 00:42:24.840 Like in this particular situation,

NOTE Confidence: 0.78682363

 $00:42:24.840 \longrightarrow 00:42:27.094$ in the cartoon you can see that

NOTE Confidence: 0.78682363

00:42:27.094 --> 00:42:28.480 the teising kinase inhibitor

NOTE Confidence: 0.78682363

 $00:42:28.480 \longrightarrow 00:42:30.568$ cannot attach to the pocket due

NOTE Confidence: 0.78682363

 $00:42:30.568 \longrightarrow 00:42:32.779$ to change of its confirmation,

NOTE Confidence: 0.78682363

 $00{:}42{:}32.780 \dashrightarrow 00{:}42{:}35.404$ but a synonym still able to attach to

NOTE Confidence: 0.78682363

 $00{:}42{:}35.404 \dashrightarrow 00{:}42{:}37.830$ Bristol Pocket inhibiting able one kinase.

NOTE Confidence: 0.78682363

 $00:42:37.830 \longrightarrow 00:42:40.486$ So this is a phase three study was

 $00:42:40.486 \longrightarrow 00:42:42.861$ Simonette versus Design IP in patients

NOTE Confidence: 0.78682363

00:42:42.861 --> 00:42:44.911 with chronic phase CML previously

NOTE Confidence: 0.78682363

 $00:42:44.911 \longrightarrow 00:42:47.218$ treated with at least two tiki eyes,

NOTE Confidence: 0.78682363

 $00:42:47.220 \longrightarrow 00:42:49.422$ two different guys and this is

NOTE Confidence: 0.78682363

 $00:42:49.422 \longrightarrow 00:42:51.308$ an important study because the

NOTE Confidence: 0.78682363

00:42:51.308 --> 00:42:53.048 drug is now undergoing review

NOTE Confidence: 0.78682363

 $00:42:53.048 \longrightarrow 00:42:55.280$ for approval and I'm hoping that.

NOTE Confidence: 0.78682363

 $00:42:55.280 \longrightarrow 00:42:57.782$ It will be available as yet

NOTE Confidence: 0.78682363

 $00:42:57.782 \longrightarrow 00:43:00.047$ another medication to treat chronic

NOTE Confidence: 0.78682363

 $00:43:00.047 \longrightarrow 00:43:02.637$ myeloid leukemia later this year.

NOTE Confidence: 0.78682363

 $00:43:02.640 \longrightarrow 00:43:05.502$ So the selection criteria listed and

NOTE Confidence: 0.78682363

 $00{:}43{:}05.502 \dashrightarrow 00{:}43{:}07.902$ patients were included had chronic

NOTE Confidence: 0.78682363

 $00{:}43{:}07.902 \dashrightarrow 00{:}43{:}10.765$ phase two or more GIS used before

NOTE Confidence: 0.78682363

 $00{:}43{:}10.765 \dashrightarrow 00{:}43{:}13.571$ and patients have to change treatment

NOTE Confidence: 0.78682363

 $00:43:13.571 \longrightarrow 00:43:15.956$ either because they were intolerant

NOTE Confidence: 0.78682363

 $00:43:15.956 \longrightarrow 00:43:18.530$ or resistant to treatment and so

 $00:43:18.530 \longrightarrow 00:43:21.212$ the patients was 2315 I mutation

NOTE Confidence: 0.78682363

00:43:21.212 --> 00:43:23.737 or V299L mutations were excluded

NOTE Confidence: 0.78682363

00:43:23.737 --> 00:43:26.160 because pursuit Nip is not.

NOTE Confidence: 0.78682363

 $00:43:26.160 \longrightarrow 00:43:27.900$ Active against this mutation.

NOTE Confidence: 0.78682363

 $00:43:27.900 \longrightarrow 00:43:31.094$ So this is specifically the study which

NOTE Confidence: 0.78682363

 $00{:}43{:}31.094 \dashrightarrow 00{:}43{:}33.629$ didn't include T315I mutated patients.

NOTE Confidence: 0.78682363

 $00:43:33.630 \longrightarrow 00:43:36.546$ This particular group of patients was

NOTE Confidence: 0.78682363

 $00:43:36.546 \longrightarrow 00:43:39.745$ addressed by the Phase One study and

NOTE Confidence: 0.78682363

 $00{:}43{:}39.745 \longrightarrow 00{:}43{:}42.468$ the drug is active against the BCR

NOTE Confidence: 0.78682363

00:43:42.552 --> 00:43:45.307 ABL with this particular mutation,

NOTE Confidence: 0.78682363

 $00{:}43{:}45.310 \dashrightarrow 00{:}43{:}47.146$ so patients were randomized.

NOTE Confidence: 0.78682363

00:43:47.146 --> 00:43:51.380 As you can see in two to one fashion,

NOTE Confidence: 0.78682363

 $00{:}43{:}51.380 \dashrightarrow 00{:}43{:}53.530$ and the demographics were slightly

NOTE Confidence: 0.78682363

 $00:43:53.530 \longrightarrow 00:43:56.620$ different in two groups I highlighted.

NOTE Confidence: 0.78682363

 $00:43:56.620 \longrightarrow 00:43:59.350$ In yellow here that a similar patients

 $00:43:59.350 \longrightarrow 00:44:01.679$ there were more men than women.

NOTE Confidence: 0.78682363

00:44:01.680 --> 00:44:03.620 Also in a similar patients,

NOTE Confidence: 0.78682363

 $00:44:03.620 \longrightarrow 00:44:06.077$ the switch of therapy was less likely

NOTE Confidence: 0.78682363

 $00:44:06.077 \longrightarrow 00:44:09.227$ to be due to lack of efficacy and more

NOTE Confidence: 0.78682363

 $00:44:09.227 \longrightarrow 00:44:12.041$ likely due to be taller ability and

NOTE Confidence: 0.78682363

00:44:12.041 --> 00:44:14.356 that basically is characteristic of

NOTE Confidence: 0.78682363

 $00:44:14.356 \longrightarrow 00:44:17.510$ a group of patients which may be more

NOTE Confidence: 0.78682363

 $00:44:17.510 \longrightarrow 00:44:20.348$ responsive to the next line of treatment.

NOTE Confidence: 0.78682363

 $00:44:20.350 \longrightarrow 00:44:23.010$ And finally also in a similar barm

NOTE Confidence: 0.78682363

 $00:44:23.010 \longrightarrow 00:44:25.020$ less patience than in pursuit.

NOTE Confidence: 0.78682363

 $00:44:25.020 \longrightarrow 00:44:27.768$ Newbomb received three or more tikis.

NOTE Confidence: 0.78682363

 $00:44:27.770 \longrightarrow 00:44:30.087$ So this is the primary endpoint of

NOTE Confidence: 0.78682363

00:44:30.087 --> 00:44:31.934 this study which showed improved

NOTE Confidence: 0.78682363

 $00:44:31.934 \longrightarrow 00:44:33.884$ major molecular response rate at

NOTE Confidence: 0.78682363

 $00:44:33.884 \longrightarrow 00:44:35.840$ 24 weeks at six months,

NOTE Confidence: 0.78682363

 $00:44:35.840 \longrightarrow 00:44:38.505$ and the difference between two

 $00:44:38.505 \longrightarrow 00:44:41.170$ groups was twelve point 2%.

NOTE Confidence: 0.78682363

 $00{:}44{:}41.170 \dashrightarrow 00{:}44{:}42.965$ So taking into consideration the

NOTE Confidence: 0.78682363

00:44:42.965 --> 00:44:44.760 differences between two groups I

NOTE Confidence: 0.78682363

 $00:44:44.819 \longrightarrow 00:44:47.003$ showed on previous slide that the

NOTE Confidence: 0.78682363

 $00{:}44{:}47.003 \dashrightarrow 00{:}44{:}48.843$ logistic regression analysis was done

NOTE Confidence: 0.78682363

 $00:44:48.843 \longrightarrow 00:44:50.763$ and showed that odds ratios adjusted

NOTE Confidence: 0.78682363

 $00:44:50.763 \longrightarrow 00:44:52.681$ for those things which were different

NOTE Confidence: 0.78682363

00:44:52.681 --> 00:44:54.583 in two groups were quite similar

NOTE Confidence: 0.78682363

 $00:44:54.583 \longrightarrow 00:44:56.310$ towards ratios without adjustment,

NOTE Confidence: 0.78682363

 $00:44:56.310 \longrightarrow 00:44:58.690$ which gives us hope that the improved

NOTE Confidence: 0.78682363

 $00{:}44{:}58.690 \dashrightarrow 00{:}45{:}01.008$ outcome in a similar treated patients

NOTE Confidence: 0.78682363

 $00{:}45{:}01.008 \dashrightarrow 00{:}45{:}03.456$ is not related to the difference

NOTE Confidence: 0.78682363

 $00:45:03.456 \longrightarrow 00:45:04.960$ in the population.

NOTE Confidence: 0.78682363

 $00:45:04.960 \longrightarrow 00:45:07.584$ So the side effect profiles a lot of

NOTE Confidence: 0.78682363

00:45:07.584 --> 00:45:09.858 patients get different side effects,

 $00:45:09.860 \longrightarrow 00:45:12.198$ but overall a similar patients have less

NOTE Confidence: 0.78682363

 $00:45:12.198 \longrightarrow 00:45:14.758$ side effects than positive treated patients.

NOTE Confidence: 0.78682363

00:45:14.760 --> 00:45:16.944 One thing I would like to highlight

NOTE Confidence: 0.78682363

 $00:45:16.944 \longrightarrow 00:45:19.229$ here that a similar group there

NOTE Confidence: 0.78682363

 $00:45:19.229 \longrightarrow 00:45:21.779$ were two deaths related to arterial

NOTE Confidence: 0.78682363

00:45:21.779 --> 00:45:23.807 embolism won an ischemic stroke.

NOTE Confidence: 0.78682363

 $00:45:23.810 \longrightarrow 00:45:25.298$ Another Iman positive patients.

NOTE Confidence: 0.78682363

00:45:25.298 --> 00:45:27.530 One patient died due to septic

NOTE Confidence: 0.800081

 $00:45:27.599 \longrightarrow 00:45:30.222$ shock, so the side effect profile was

NOTE Confidence: 0.800081

 $00:45:30.222 \longrightarrow 00:45:33.140$ different, so anemia and thrombo cytopenia.

NOTE Confidence: 0.800081

00:45:33.140 --> 00:45:35.450 Sorry, Trump said opinion neutropenia were

NOTE Confidence: 0.800081

 $00:45:35.450 \longrightarrow 00:45:38.352$ similar in both groups and then GI side

NOTE Confidence: 0.800081

 $00{:}45{:}38.352 \dashrightarrow 00{:}45{:}40.302$ effects in the left abnormalities were

NOTE Confidence: 0.800081

 $00:45:40.371 \longrightarrow 00:45:42.855$ more common in bosutinib treated patients.

NOTE Confidence: 0.800081

 $00:45:42.860 \longrightarrow 00:45:45.120$ So in conclusion, this assemble

NOTE Confidence: 0.800081

00:45:45.120 --> 00:45:48.012 study was the first control study

 $00:45:48.012 \longrightarrow 00:45:50.220$ comparing tikis for treatment.

NOTE Confidence: 0.800081

 $00{:}45{:}50.220 \dashrightarrow 00{:}45{:}51.753$ Assistant Intolerant CML

NOTE Confidence: 0.800081

00:45:51.753 --> 00:45:53.286 population and assimilate,

NOTE Confidence: 0.800081

00:45:53.290 --> 00:45:56.356 which is first class stamp inhibitor,

NOTE Confidence: 0.800081

 $00:45:56.360 \longrightarrow 00:45:58.875$ showed superior efficacy compared with

NOTE Confidence: 0.800081

00:45:58.875 --> 00:46:02.000 bosutinib with favorable side effect profile,

NOTE Confidence: 0.800081

 $00:46:02.000 \longrightarrow 00:46:06.130$ so this is upcoming hopefully.

NOTE Confidence: 0.800081

 $00:46:06.130 \longrightarrow 00:46:08.040$ Approved in the near future

NOTE Confidence: 0.800081

 $00{:}46{:}08.040 \dashrightarrow 00{:}46{:}09.950$ treatment option for CML patients,

NOTE Confidence: 0.800081

 $00:46:09.950 \longrightarrow 00:46:11.474$ particularly with resistant and

NOTE Confidence: 0.800081

 $00:46:11.474 \longrightarrow 00:46:12.236$ intolerant disease.

NOTE Confidence: 0.800081

 $00:46:12.240 \longrightarrow 00:46:14.526$ After treatment with two different guys.

NOTE Confidence: 0.800081

 $00:46:14.530 \longrightarrow 00:46:16.690$ Also, the drug is effective in

NOTE Confidence: 0.800081

00:46:16.690 --> 00:46:18.740 treating patients with T315I mutation,

NOTE Confidence: 0.800081

 $00:46:18.740 \longrightarrow 00:46:21.407$ so moving on to the next study.

00:46:21.410 --> 00:46:24.466 I wanted to present today you will understand

NOTE Confidence: 0.800081

 $00:46:24.466 \longrightarrow 00:46:27.518$ towards the end why pick this particular one?

NOTE Confidence: 0.800081

 $00:46:27.520 \longrightarrow 00:46:29.912$ There are a number of drugs where there

NOTE Confidence: 0.800081

 $00:46:29.912 \longrightarrow 00:46:32.914$ are a number of drugs being developed

NOTE Confidence: 0.800081

 $00:46:32.914 \longrightarrow 00:46:34.778$ in patients with myelofibrosis.

NOTE Confidence: 0.800081

 $00:46:34.780 \longrightarrow 00:46:37.558$ I think they're up to 10.

NOTE Confidence: 0.800081

 $00{:}46{:}37.560 \dashrightarrow 00{:}46{:}40.110$ A phase three randomized phase

NOTE Confidence: 0.800081

 $00:46:40.110 \longrightarrow 00:46:42.660$ three studies in this field.

NOTE Confidence: 0.800081

 $00{:}46{:}42.660 \dashrightarrow 00{:}46{:}45.255$ So this particular study presented

NOTE Confidence: 0.800081

00:46:45.255 --> 00:46:48.270 by John Mascarenhas is about CPI,

NOTE Confidence: 0.800081

 $00:46:48.270 \longrightarrow 00:46:48.763 0610.$

NOTE Confidence: 0.800081

 $00{:}46{:}48.763 \dashrightarrow 00{:}46{:}50.735$ Bromodomain angusta terminal domain

NOTE Confidence: 0.800081

 $00:46:50.735 \longrightarrow 00:46:53.813$ protein or BET inhibitor in combination

NOTE Confidence: 0.800081

 $00:46:53.813 \longrightarrow 00:46:57.029$ with reflective for Jack inhibitor naive

NOTE Confidence: 0.800081

00:46:57.029 --> 00:47:00.000 Milo fibrosis patients or manifest study.

NOTE Confidence: 0.800081

 $00:47:00.000 \longrightarrow 00:47:04.216$ So one word about bet so bromodomain and

 $00:47:04.216 \longrightarrow 00:47:07.568$ extra terminal domain protein promote.

NOTE Confidence: 0.800081

 $00:47:07.570 \longrightarrow 00:47:09.755$ Symptoms of Milo fibrosis by

NOTE Confidence: 0.800081

 $00:47:09.755 \longrightarrow 00:47:11.940$ activating bet targeted genes leading

NOTE Confidence: 0.800081

00:47:12.011 --> 00:47:14.701 to increase production of cytokines

NOTE Confidence: 0.800081

00:47:14.701 --> 00:47:16.315 responsible for inflammation,

NOTE Confidence: 0.800081

00:47:16.320 --> 00:47:17.290 extramental hematopoiesis,

NOTE Confidence: 0.800081

 $00:47:17.290 \longrightarrow 00:47:19.230$ and bone marrow fibrosis.

NOTE Confidence: 0.800081

 $00:47:19.230 \longrightarrow 00:47:21.980$ All manifestations of patients with

NOTE Confidence: 0.800081

 $00{:}47{:}21.980 \dashrightarrow 00{:}47{:}24.730$ primary myelofibrosis as well as

NOTE Confidence: 0.800081

 $00{:}47{:}24.819 \dashrightarrow 00{:}47{:}28.251$ modify process after PD and 80 so the

NOTE Confidence: 0.800081

 $00:47:28.251 \longrightarrow 00:47:31.037$ other influence of bat is activations

NOTE Confidence: 0.800081

 $00:47:31.037 \longrightarrow 00:47:33.803$ of target genes leading to aberrant

NOTE Confidence: 0.800081

 $00{:}47{:}33.810 \dashrightarrow 00{:}47{:}36.465$ erythroid differentiation as well as

NOTE Confidence: 0.800081

 $00:47:36.465 \longrightarrow 00:47:38.058$ aberrant megakaryocytic differentiation.

NOTE Confidence: 0.800081

 $00:47:38.060 \longrightarrow 00:47:40.440$ And this patients may have an email.

 $00:47:40.440 \longrightarrow 00:47:40.762$ Thrombocytopenia,

NOTE Confidence: 0.800081

00:47:40.762 --> 00:47:41.728 as you know.

NOTE Confidence: 0.800081

 $00:47:41.728 \longrightarrow 00:47:44.578$ So CPI 610 inhibits bat and may suppress

NOTE Confidence: 0.800081

 $00:47:44.578 \longrightarrow 00:47:47.146$ cytokine production as well as promote

NOTE Confidence: 0.800081

 $00:47:47.146 \longrightarrow 00:47:49.535$ erythroid differentiation as well as

NOTE Confidence: 0.800081

 $00{:}47{:}49.535 \to 00{:}47{:}51.008$ normalized megakaryocytic differentiation.

NOTE Confidence: 0.800081

 $00:47:51.010 \longrightarrow 00:47:53.176$ So let's see how this drug

NOTE Confidence: 0.800081

 $00:47:53.176 \longrightarrow 00:47:55.689$ did in this phase two studies.

NOTE Confidence: 0.800081

00:47:55.690 --> 00:47:57.250 So first of all,

NOTE Confidence: 0.800081

 $00:47:57.250 \longrightarrow 00:47:59.200$ the study had three arms,

NOTE Confidence: 0.800081

 $00{:}47{:}59.200 \dashrightarrow 00{:}48{:}01.540$ so they are mine going present.

NOTE Confidence: 0.800081

 $00:48:01.540 \longrightarrow 00:48:04.480$ Today's I'm three which looked at Jack

NOTE Confidence: 0.800081

 $00:48:04.480 \longrightarrow 00:48:06.856$ inhibitor naive patients and use the

NOTE Confidence: 0.800081

00:48:06.856 --> 00:48:08.944 combination of CPI 610 and Rosslyn.

NOTE Confidence: 0.800081

 $00:48:08.950 \longrightarrow 00:48:12.460$ If the other two arms were add on CPI,

NOTE Confidence: 0.800081

00:48:12.460 --> 00:48:14.064 six dental clinic patients

 $00:48:14.064 \longrightarrow 00:48:16.069$ who didn't have full benefit.

NOTE Confidence: 0.800081

 $00{:}48{:}16.070 \dashrightarrow 00{:}48{:}17.810$ From Brooklyn balloon treatment

NOTE Confidence: 0.800081

00:48:17.810 --> 00:48:19.550 and monotherapy with CPI,

NOTE Confidence: 0.800081

 $00:48:19.550 \longrightarrow 00:48:19.972 0610$,

NOTE Confidence: 0.800081

 $00{:}48{:}19.972 \dashrightarrow 00{:}48{:}22.926$ this study was also presented as an

NOTE Confidence: 0.800081

 $00{:}48{:}22.926 \to 00{:}48{:}26.080$ abstract as a poster during ash meeting,

NOTE Confidence: 0.800081

 $00:48:26.080 \longrightarrow 00:48:27.385$ so I'm three,

NOTE Confidence: 0.800081

 $00:48:27.385 \longrightarrow 00:48:29.560$ basically Jack inhibitor naive Milo

NOTE Confidence: 0.800081

 $00{:}48{:}29.560 \dashrightarrow 00{:}48{:}31.729$ fibrosis patients who need treatment.

NOTE Confidence: 0.800081

 $00:48:31.730 \longrightarrow 00:48:33.418$ They received two drugs,

NOTE Confidence: 0.800081

 $00:48:33.418 \longrightarrow 00:48:36.476$ rock Solid Nap standard of care but

NOTE Confidence: 0.800081

00:48:36.476 --> 00:48:39.128 in additional CPI 0610 better hitter.

NOTE Confidence: 0.800081

 $00{:}48{:}39.130 \dashrightarrow 00{:}48{:}41.746$ So this drug better hitter was

NOTE Confidence: 0.800081

00:48:41.746 --> 00:48:44.349 administered two weeks on two weeks,

NOTE Confidence: 0.800081

 $00:48:44.350 \longrightarrow 00:48:46.546$ one week off and.

 $00:48:46.546 \longrightarrow 00:48:50.690$ The endpoints which we were looked at was.

NOTE Confidence: 0.800081

 $00{:}48{:}50.690 {\:{\circ}{\circ}{\circ}}>00{:}48{:}52.825$ Spleen volume response 35% spleen

NOTE Confidence: 0.800081

 $00{:}48{:}52.825 \dashrightarrow 00{:}48{:}55.811$ world in response at 24 weeks as

NOTE Confidence: 0.800081

 $00:48:55.811 \longrightarrow 00:48:58.115$ well as total symptom score 50%.

NOTE Confidence: 0.800081

 $00:48:58.120 \longrightarrow 00:49:00.598$ Reduction of symptoms by 24 weeks.

NOTE Confidence: 0.800081

 $00:49:00.600 \longrightarrow 00:49:03.258$ So this is primary endpoint which

NOTE Confidence: 0.800081

 $00{:}49{:}03.258 \dashrightarrow 00{:}49{:}05.559$ basically it was achieved by 67%

NOTE Confidence: 0.800081

 $00:49:05.560 \longrightarrow 00:49:08.062$ of patients so again the drug

NOTE Confidence: 0.800081

 $00{:}49{:}08.062 \dashrightarrow 00{:}49{:}09.730$ probably worked a little

NOTE Confidence: 0.8362344

00:49:09.808 --> 00:49:13.075 bit better for patients who are low risk but

NOTE Confidence: 0.8362344

 $00:49:13.075 \longrightarrow 00:49:16.296$ it was compatible 7273% for intermediate 160.

NOTE Confidence: 0.8362344

 $00:49:16.296 \longrightarrow 00:49:19.275$ Four 66% for intermediate to high risk

NOTE Confidence: 0.8362344

 $00{:}49{:}19.275 \dashrightarrow 00{:}49{:}22.869$ based on the IP SS and IP address.

NOTE Confidence: 0.8362344

 $00{:}49{:}22.870 \longrightarrow 00{:}49{:}25.016$ Most of the patients cadres, reduction

NOTE Confidence: 0.8362344

 $00:49:25.016 \longrightarrow 00:49:27.508$ of spleen volume only one had increased.

NOTE Confidence: 0.8362344

00:49:27.510 --> 00:49:30.009 This is out of 70 patients studied,

 $00:49:30.010 \longrightarrow 00:49:32.152$ so the second endpoint at the

NOTE Confidence: 0.8362344

 $00:49:32.152 \longrightarrow 00:49:33.580$ symptoms decreased by 50%.

NOTE Confidence: 0.8362344

 $00:49:33.580 \longrightarrow 00:49:36.522$ Again, this was seen in 57% of patients.

NOTE Confidence: 0.8362344

 $00:49:36.522 \longrightarrow 00:49:39.329$ Most of the patients get this clinical

NOTE Confidence: 0.8362344

 $00:49:39.329 \longrightarrow 00:49:41.425$ benefit in the study at week 24,

NOTE Confidence: 0.8362344

 $00:49:41.430 \longrightarrow 00:49:43.789$ so one of the interesting finding when

NOTE Confidence: 0.8362344

00:49:43.789 --> 00:49:46.213 you start looks lit up in patients

NOTE Confidence: 0.8362344

 $00{:}49{:}46.213 \dashrightarrow 00{:}49{:}48.235$ with myelofibrosis you expect a dip

NOTE Confidence: 0.8362344

 $00:49:48.299 \longrightarrow 00:49:50.359$ in hemoglobin about three points,

NOTE Confidence: 0.8362344

 $00:49:50.360 \longrightarrow 00:49:53.400$ so here the dip was not as deep.

NOTE Confidence: 0.8362344

 $00:49:53.400 \longrightarrow 00:49:55.278$ And then, as you can see,

NOTE Confidence: 0.8362344

 $00:49:55.280 \longrightarrow 00:49:56.222$ hemoglobin improved overtime.

NOTE Confidence: 0.8362344

 $00:49:56.222 \longrightarrow 00:49:58.106$ In fact, baseline increased a little

NOTE Confidence: 0.8362344

 $00:49:58.106 \longrightarrow 00:50:00.430$ bit higher than the baseline, so this.

NOTE Confidence: 0.8362344

 $00:50:00.430 \longrightarrow 00:50:03.055$ Awful actually looks at patients who had

 $00:50:03.055 \longrightarrow 00:50:05.370$ hemoglobin more than 10 and less than 10,

NOTE Confidence: 0.8362344

 $00{:}50{:}05.370 \dashrightarrow 00{:}50{:}06.698$ but didn't require transfusions.

NOTE Confidence: 0.8362344

 $00:50:06.698 \longrightarrow 00:50:08.358$ And as you can see,

NOTE Confidence: 0.8362344

 $00:50:08.360 \longrightarrow 00:50:10.565$ after initial small dip there is improvement

NOTE Confidence: 0.8362344

 $00:50:10.565 \longrightarrow 00:50:13.007$ in anemia in this subgroup of patients,

NOTE Confidence: 0.8362344

 $00:50:13.010 \longrightarrow 00:50:14.334$ which is quite impressive.

NOTE Confidence: 0.8362344

 $00:50:14.334 \longrightarrow 00:50:15.658$ So one other thing,

NOTE Confidence: 0.8362344

 $00.50.15.660 \longrightarrow 00.50.16.904$ at the bone marrow's,

NOTE Confidence: 0.8362344

 $00{:}50{:}16.904 \longrightarrow 00{:}50{:}18.770$ their biopsies were done at the

NOTE Confidence: 0.8362344

00:50:18.834 --> 00:50:20.927 beginning as well as during the study

NOTE Confidence: 0.8362344

 $00:50:20.927 \longrightarrow 00:50:23.300$ and there was improvement in fibrosis.

NOTE Confidence: 0.8362344

 $00:50:23.300 \longrightarrow 00:50:25.844$ Great in 1/3 of patients and most of

NOTE Confidence: 0.8362344

 $00:50:25.844 \longrightarrow 00:50:27.704$ the improvements observed were observed

NOTE Confidence: 0.8362344

 $00:50:27.704 \longrightarrow 00:50:30.399$ during the first six months of treatment.

NOTE Confidence: 0.8362344

00:50:30.400 --> 00:50:32.764 Only two patients get worsening of

NOTE Confidence: 0.8362344

 $00:50:32.764 \longrightarrow 00:50:35.338$ fibrosis and you can see that there

 $00:50:35.338 \longrightarrow 00:50:38.292$ is also a sign that there is improved

NOTE Confidence: 0.8362344

 $00:50:38.292 \longrightarrow 00:50:41.188$ air throughout differentiation and

NOTE Confidence: 0.8362344

 $00:50:41.188 \longrightarrow 00:50:43.360$ normalization of megakaryocytic

NOTE Confidence: 0.8362344

 $00:50:43.360 \longrightarrow 00:50:44.084$ histopathology.

NOTE Confidence: 0.8362344

00:50:44.090 --> 00:50:47.418 So the side effects the CPI 16 in

NOTE Confidence: 0.8362344

 $00:50:47.418 \longrightarrow 00:50:50.036$ combination with Link was generally

NOTE Confidence: 0.8362344

 $00:50:50.036 \longrightarrow 00:50:51.168$ well tolerated.

NOTE Confidence: 0.8362344

 $00:50:51.170 \longrightarrow 00:50:54.002$ So 87% reported at least one

NOTE Confidence: 0.8362344

 $00:50:54.002 \longrightarrow 00:50:55.890$ treatment emergent adverse event.

NOTE Confidence: 0.8362344

 $00:50:55.890 \longrightarrow 00:50:57.934$ 44% reported, one grade,

NOTE Confidence: 0.8362344

 $00:50:57.934 \longrightarrow 00:51:00.489$ three treatment emergent adverse event.

NOTE Confidence: 0.8362344

 $00:51:00.490 \longrightarrow 00:51:02.386$ So the most common ones were

NOTE Confidence: 0.8362344

 $00{:}51{:}02.386 \to 00{:}51{:}04.025$ hae matological and now this was

NOTE Confidence: 0.8362344

00:51:04.025 --> 00:51:05.580 an email from both cytopenia.

NOTE Confidence: 0.8362344

00:51:05.580 --> 00:51:07.488 Of course this may be manifestations

 $00:51:07.488 \longrightarrow 00:51:08.760$ of the disease itself,

NOTE Confidence: 0.8362344

 $00{:}51{:}08.760 \dashrightarrow 00{:}51{:}11.658$ the most common and non human to

NOTE Confidence: 0.8362344

 $00{:}51{:}11.658 \dashrightarrow 00{:}51{:}14.115$ logic was diarrhea or which was

NOTE Confidence: 0.8362344

 $00:51:14.115 \longrightarrow 00:51:16.383$ mild moderate Grade 1 two so.

NOTE Confidence: 0.8362344

 $00:51:16.390 \longrightarrow 00:51:18.250$ Great five were two events.

NOTE Confidence: 0.8362344

 $00:51:18.250 \longrightarrow 00:51:20.110$ Multiorgan failure with due to

NOTE Confidence: 0.8362344

 $00:51:20.110 \longrightarrow 00:51:21.226$ sepsis times two.

NOTE Confidence: 0.8362344

 $00:51:21.230 \longrightarrow 00:51:23.456$ So overall the drug was pretty

NOTE Confidence: 0.8362344

 $00{:}51{:}23.456 \dashrightarrow 00{:}51{:}24.569$ reasonably well tolerated.

NOTE Confidence: 0.8362344

00:51:24.570 --> 00:51:26.550 The combination of drugs I have

NOTE Confidence: 0.8362344

 $00{:}51{:}26.550 {\:\dashrightarrow\:} 00{:}51{:}28.702$ to say because we're looking at

NOTE Confidence: 0.8362344

 $00:51:28.702 \longrightarrow 00:51:30.988$ the side effect profile of two

NOTE Confidence: 0.8362344

 $00:51:30.988 \longrightarrow 00:51:32.390$ drugs administered together.

NOTE Confidence: 0.8362344

 $00:51:32.390 \longrightarrow 00:51:34.562$ So finally conclusions 67% of patients

NOTE Confidence: 0.8362344

00:51:34.562 --> 00:51:37.219 achieve CVR 35 comparing to historical phase,

NOTE Confidence: 0.8362344

 $00:51:37.220 \longrightarrow 00:51:39.080$ three studies simplifying comfort studies.

 $00:51:39.080 \longrightarrow 00:51:41.530$ This is looks better even though we

NOTE Confidence: 0.8362344

 $00:51:41.530 \longrightarrow 00:51:43.818$ cannot compare apples to oranges in

NOTE Confidence: 0.8362344

 $00:51:43.818 \longrightarrow 00:51:45.773$ those studies with ruxolitinib alone,

NOTE Confidence: 0.8362344

 $00:51:45.780 \longrightarrow 00:51:48.318$ the response was 28 to 42%.

NOTE Confidence: 0.8362344

 $00:51:48.320 \longrightarrow 00:51:50.630$ 57% in the study achieved improvement

NOTE Confidence: 0.8362344

 $00:51:50.630 \longrightarrow 00:51:51.400$ and symptoms.

NOTE Confidence: 0.8362344

 $00:51:51.400 \longrightarrow 00:51:53.332$ 50% reduction of symptoms and there

NOTE Confidence: 0.8362344

 $00:51:53.332 \longrightarrow 00:51:55.609$ were improvement in bone marrow findings

NOTE Confidence: 0.8362344

 $00:51:55.609 \longrightarrow 00:51:57.944$ suggestive of potential disease modification.

NOTE Confidence: 0.8362344

 $00{:}51{:}57.950 \dashrightarrow 00{:}52{:}00.631$ So it was well tolerated combination an

NOTE Confidence: 0.8362344

 $00:52:00.631 \longrightarrow 00:52:03.227$ phase three study is planned and this

NOTE Confidence: 0.8362344

 $00:52:03.227 \longrightarrow 00:52:06.030$ would be a randomized study for treatment.

NOTE Confidence: 0.8362344

 $00{:}52{:}06.030 \dashrightarrow 00{:}52{:}07.955$ Naive patients looks lit up

NOTE Confidence: 0.8362344

00:52:07.955 --> 00:52:09.110 against ruxolitinib Sir,

NOTE Confidence: 0.8362344

00:52:09.110 --> 00:52:11.420 plus CPI six 110 versus wrestling

00:52:11.420 --> 00:52:12.190 plus placebo,

NOTE Confidence: 0.8362344

 $00:52:12.190 \longrightarrow 00:52:14.500$ which allows crossover down the road.

NOTE Confidence: 0.8362344

 $00:52:14.500 \longrightarrow 00:52:18.770$ We are planning to open it at Yale this year.

NOTE Confidence: 0.8362344

 $00:52:18.770 \longrightarrow 00:52:22.220$ So the final study I want to present is PG

NOTE Confidence: 0.7385071

 $00:52:22.310 \longrightarrow 00:52:25.516$ 300 study hepcidin mimetic as you know,

NOTE Confidence: 0.7385071

00:52:25.520 --> 00:52:28.299 hepcidin was discovered about 20 years ago,

NOTE Confidence: 0.7385071

 $00:52:28.300 \longrightarrow 00:52:30.495$ master regulator why and metabolism

NOTE Confidence: 0.7385071

 $00:52:30.495 \longrightarrow 00:52:33.096$ with high hepcidin level shutting down

NOTE Confidence: 0.7385071

 $00:52:33.096 \longrightarrow 00:52:35.434$ for a port and transport of ferritin.

NOTE Confidence: 0.7385071

 $00:52:35.440 \longrightarrow 00:52:38.563$ And so the reason to use it in polycythemia

NOTE Confidence: 0.7385071

 $00{:}52{:}38.563 \dashrightarrow 00{:}52{:}41.378$ Vera is of course this patient need

NOTE Confidence: 0.7385071

 $00:52:41.378 \longrightarrow 00:52:44.350$ phlebotomies as the main part of their

NOTE Confidence: 0.7385071

 $00:52:44.350 \longrightarrow 00:52:46.954$ treatment which lead to iron deficiency.

NOTE Confidence: 0.7385071

00:52:46.960 --> 00:52:49.396 Perhaps keep citing analog PG 300?

NOTE Confidence: 0.7385071

 $00:52:49.400 \longrightarrow 00:52:51.892$ Can do this instead by shutting down

NOTE Confidence: 0.7385071

 $00{:}52{:}51.892 \dashrightarrow 00{:}52{:}55.084$ availability of iron to every throw pesis so

00:52:55.084 --> 00:52:57.144 eligibility requirement PV diagnosed based

NOTE Confidence: 0.7385071

 $00:52:57.211 \longrightarrow 00:52:59.710$ on most recent to double check criteria,

NOTE Confidence: 0.7385071

 $00:52:59.710 \longrightarrow 00:53:01.672$ three phlebotomies in the last six

NOTE Confidence: 0.7385071

 $00:53:01.672 \longrightarrow 00:53:03.888$ months or more necessary primary endpoint

NOTE Confidence: 0.7385071

 $00:53:03.888 \longrightarrow 00:53:06.018$ is proportion of patients randomized

NOTE Confidence: 0.7385071

 $00:53:06.018 \longrightarrow 00:53:08.504$ with drawal period whose cymatic Rick is

NOTE Confidence: 0.7385071

 $00:53:08.504 \longrightarrow 00:53:10.409$ maintained without need for phlebotomy.

NOTE Confidence: 0.7385071

 $00:53:10.410 \longrightarrow 00:53:12.395$ Secondary endpoint response at Week

NOTE Confidence: 0.7385071

 $00:53:12.395 \longrightarrow 00:53:15.123$ 29 as well as improvement in symptoms

NOTE Confidence: 0.7385071

 $00{:}53{:}15.123 \dashrightarrow 00{:}53{:}17.328$ using MP NTSS. So complicated schema.

NOTE Confidence: 0.7385071

 $00:53:17.328 \longrightarrow 00:53:19.704$ What we're looking at is just

NOTE Confidence: 0.7385071

 $00:53:19.704 \longrightarrow 00:53:21.489$ initial phase of this study.

NOTE Confidence: 0.7385071

00:53:21.490 --> 00:53:22.190 First 18.

NOTE Confidence: 0.7385071

 $00:53:22.190 \longrightarrow 00:53:23.940$ Patients enrolled who went through

NOTE Confidence: 0.7385071

 $00:53:23.940 \longrightarrow 00:53:25.828$ the first part of the study.

 $00:53:25.830 \longrightarrow 00:53:27.400$ Those finding at 28 weeks.

NOTE Confidence: 0.7385071

00:53:27.400 --> 00:53:28.450 There's those escalation,

NOTE Confidence: 0.7385071

00:53:28.450 --> 00:53:30.200 trying to identify how much

NOTE Confidence: 0.7385071

 $00:53:30.200 \longrightarrow 00:53:31.499$ subcutaneous injections once a week.

NOTE Confidence: 0.7385071

00:53:31.500 --> 00:53:33.010 You need to control phlebotomy

NOTE Confidence: 0.7385071

00:53:33.010 --> 00:53:35.280 and you know when you identify it.

NOTE Confidence: 0.7385071

 $00:53:35.280 \longrightarrow 00:53:37.478$ You kind of continue with that dose.

NOTE Confidence: 0.7385071

00:53:37.480 --> 00:53:39.440 Then you reach the second part of

NOTE Confidence: 0.7385071

 $00:53:39.440 \longrightarrow 00:53:40.950$ the study blinded with drawal.

NOTE Confidence: 0.7385071

 $00:53:40.950 \longrightarrow 00:53:42.870$ Some patients continue real thing others

NOTE Confidence: 0.7385071

 $00{:}53{:}42.870 \dashrightarrow 00{:}53{:}45.419$ and switch to place be to see how it's

NOTE Confidence: 0.7385071

 $00:53:45.419 \longrightarrow 00:53:47.243$ going to affect the phlebotomy requirement.

NOTE Confidence: 0.7385071

00:53:47.250 --> 00:53:47.940 And finally,

NOTE Confidence: 0.7385071

 $00:53:47.940 \longrightarrow 00:53:50.010$ there is open label extension so

NOTE Confidence: 0.7385071

 $00:53:50.010 \longrightarrow 00:53:52.041$ that the report only dealt with

NOTE Confidence: 0.7385071

 $00:53:52.041 \longrightarrow 00:53:53.955$ this red part of the study.

 $00:53:53.960 \longrightarrow 00:53:55.976$ And as you can see in the red

NOTE Confidence: 0.7385071

 $00:53:55.976 \longrightarrow 00:53:58.150$ dots are phlebotomy requirements.

NOTE Confidence: 0.7385071

 $00:53:58.150 \longrightarrow 00:53:59.890$ Before initiation of the study,

NOTE Confidence: 0.7385071

 $00:53:59.890 \longrightarrow 00:54:01.920$ before the 1st dose and then after

NOTE Confidence: 0.7385071

 $00:54:01.920 \longrightarrow 00:54:04.132$ the first was only three patients

NOTE Confidence: 0.7385071

00:54:04.132 --> 00:54:05.828 required one phlebotomy Chen,

NOTE Confidence: 0.7385071

 $00:54:05.830 \longrightarrow 00:54:08.382$ those were getting the low level of the

NOTE Confidence: 0.7385071

 $00:54:08.382 \longrightarrow 00:54:10.707$ medication with which was further escalated.

NOTE Confidence: 0.7385071

 $00:54:10.710 \longrightarrow 00:54:12.102$ So pretty impressive effectiveness.

NOTE Confidence: 0.7385071

 $00:54:12.102 \longrightarrow 00:54:13.494$ As you can see,

NOTE Confidence: 0.7385071

 $00:54:13.500 \longrightarrow 00:54:14.550$ ferritin increasing significantly,

NOTE Confidence: 0.7385071

 $00:54:14.550 \longrightarrow 00:54:16.650$ showing that iron deficiency is gone.

NOTE Confidence: 0.7385071

 $00{:}54{:}16.650 \dashrightarrow 00{:}54{:}18.738$ Total symptom score improving with time.

NOTE Confidence: 0.7385071

 $00{:}54{:}18.740 \dashrightarrow 00{:}54{:}20.784$ And this is subset you know you

NOTE Confidence: 0.7385071

00:54:20.784 --> 00:54:22.580 can see improved concentration,

00:54:22.580 --> 00:54:24.188 fatigue, itching for writers,

NOTE Confidence: 0.7385071

 $00:54:24.188 \longrightarrow 00:54:25.796$ and though this is.

NOTE Confidence: 0.7385071

 $00:54:25.800 \longrightarrow 00:54:27.912$ The scoring system used to assess

NOTE Confidence: 0.7385071

00:54:27.912 --> 00:54:29.320 MPN scores MPN symptoms.

NOTE Confidence: 0.7385071

 $00:54:29.320 \longrightarrow 00:54:31.848$ We can say that perhaps some of it

NOTE Confidence: 0.7385071

 $00:54:31.848 \longrightarrow 00:54:34.318$ is related to the fact that iron

NOTE Confidence: 0.7385071

 $00{:}54{:}34.318 \dashrightarrow 00{:}54{:}36.522$ deficiency is gone because I am

NOTE Confidence: 0.7385071

00:54:36.522 --> 00:54:38.387 deficiency can cause the symptoms

NOTE Confidence: 0.7385071

 $00:54:38.387 \longrightarrow 00:54:40.232$ as well was well tolerated.

NOTE Confidence: 0.7385071

 $00:54:40.232 \longrightarrow 00:54:42.696$ More than 90% had drug related adverse

NOTE Confidence: 0.7385071

 $00{:}54{:}42.696 \dashrightarrow 00{:}54{:}45.156$ events, but all of them were sorry,

NOTE Confidence: 0.7385071

 $00:54:45.160 \longrightarrow 00:54:47.920$ not more than 90% of those who had

NOTE Confidence: 0.7385071

 $00:54:47.920 \longrightarrow 00:54:49.739$ adverse events were great one,

NOTE Confidence: 0.7385071

 $00:54:49.740 \longrightarrow 00:54:52.204$ so I would like to conclude by

NOTE Confidence: 0.7385071

 $00:54:52.204 \longrightarrow 00:54:53.260$ summarizing this study.

NOTE Confidence: 0.7385071

00:54:53.260 --> 00:54:55.015 It was PG 300 subcutaneously

 $00:54:55.015 \longrightarrow 00:54:56.419$ administered once a week,

NOTE Confidence: 0.7385071

 $00:54:56.420 \longrightarrow 00:54:59.509$ was safe and well tolerated, no Grade 3/4.

NOTE Confidence: 0.7385071

 $00:54:59.509 \longrightarrow 00:55:01.724$ Adverse events related to treatment.

NOTE Confidence: 0.7385071

 $00:55:01.730 \longrightarrow 00:55:04.145$ It was effective in eliminating

NOTE Confidence: 0.7385071

 $00:55:04.145 \longrightarrow 00:55:06.077$ the therapeutic phlebotomy's and

NOTE Confidence: 0.7385071

 $00:55:06.077 \longrightarrow 00:55:08.405$ reversing iron deficiency impact on

NOTE Confidence: 0.7385071

00:55:08.405 --> 00:55:10.620 previous symptoms is being studied,

NOTE Confidence: 0.7385071

 $00{:}55{:}10.620 \dashrightarrow 00{:}55{:}13.380$ and this study is also planned

NOTE Confidence: 0.7385071

 $00:55:13.380 \longrightarrow 00:55:16.239$ for opening at Yell this year.

NOTE Confidence: 0.7385071

 $00:55:16.240 \longrightarrow 00:55:17.170$ Thank you.

NOTE Confidence: 0.8375762

 $00:55:19.670 \longrightarrow 00:55:21.806$ Thank you Nikolaj and Rory great

NOTE Confidence: 0.8375762

 $00{:}55{:}21.806 \to 00{:}55{:}24.299$ talks and I think very important

NOTE Confidence: 0.8375762

00:55:24.300 --> 00:55:26.232 updates from from the meeting

NOTE Confidence: 0.8375762

00:55:26.232 --> 00:55:28.548 since we're a little bit overtime,

NOTE Confidence: 0.8375762

 $00:55:28.550 \longrightarrow 00:55:30.300$ will actually take 10 minutes

00:55:30.300 --> 00:55:32.790 beyond 1:00 PM for any questions,

NOTE Confidence: 0.8375762

 $00{:}55{:}32.790 \dashrightarrow 00{:}55{:}36.264$ but I will start with a question for Doctor.

NOTE Confidence: 0.8375762

 $00{:}55{:}36.270 \dashrightarrow 00{:}55{:}38.918$ But also as he needs to go out

NOTE Confidence: 0.8375762

 $00:55:38.918 \longrightarrow 00:55:41.667$ at 1:00 PM for another meeting.

NOTE Confidence: 0.8375762

 $00:55:41.670 \longrightarrow 00:55:42.828$ Actually two questions.

NOTE Confidence: 0.8375762

 $00:55:42.828 \longrightarrow 00:55:44.758$ So one of them is.

NOTE Confidence: 0.8375762

 $00:55:44.760 \longrightarrow 00:55:47.460$ Are there any immediately practice changing

NOTE Confidence: 0.8375762

 $00:55:47.460 \longrightarrow 00:55:50.790$ updates you take from from the ash meeting?

NOTE Confidence: 0.8375762

 $00{:}55{:}50.790 \dashrightarrow 00{:}55{:}54.040$ In terms of what we do day today and the

NOTE Confidence: 0.8375762

00:55:54.128 --> 00:55:57.140 second question is from Doctor Isufi,

NOTE Confidence: 0.8375762

 $00{:}55{:}57.140 \dashrightarrow 00{:}55{:}59.185$ she's asking whether the ampion

NOTE Confidence: 0.8375762

00:55:59.185 --> 00:56:00.821 driver mutations were acquired

NOTE Confidence: 0.8375762

00:56:00.821 --> 00:56:02.699 that were acquired in nutri,

NOTE Confidence: 0.8375762

 $00{:}56{:}02.700 \dashrightarrow 00{:}56{:}04.460$ worthy, germline or somatic.

NOTE Confidence: 0.8375762

00:56:04.460 --> 00:56:07.100 Also please free to type your

NOTE Confidence: 0.8375762

 $00{:}56{:}07.179 \dashrightarrow 00{:}56{:}09.183$ questions and if you want to

00:56:09.183 --> 00:56:11.429 ask live or any can unmute,

NOTE Confidence: 0.8375762

00:56:11.430 --> 00:56:13.018 you just just indicating

NOTE Confidence: 0.7818602

 $00:56:13.020 \longrightarrow 00:56:15.402$ the chat Nikolai so no immediate

NOTE Confidence: 0.7818602

 $00:56:15.402 \longrightarrow 00:56:16.593$ practice changing presentations.

NOTE Confidence: 0.7818602

 $00:56:16.600 \longrightarrow 00:56:19.060$ I think a similar but the

NOTE Confidence: 0.7818602

 $00:56:19.060 \longrightarrow 00:56:21.090$ drug for CML will be.

NOTE Confidence: 0.7818602

00:56:21.090 --> 00:56:22.835 Changing our practice when the

NOTE Confidence: 0.7818602

 $00{:}56{:}22.835 \dashrightarrow 00{:}56{:}25.479$ drug and if the drug is approved,

NOTE Confidence: 0.7818602

 $00:56:25.480 \longrightarrow 00:56:27.694$ which I think should be you

NOTE Confidence: 0.7818602

 $00:56:27.694 \longrightarrow 00:56:29.870$ know towards the end of 2021,

NOTE Confidence: 0.7818602

 $00{:}56{:}29.870 \dashrightarrow 00{:}56{:}32.250$ so you know I presented two studies

NOTE Confidence: 0.7818602

 $00:56:32.250 \longrightarrow 00:56:34.506$ where the drugs are very interesting

NOTE Confidence: 0.7818602

 $00{:}56{:}34.506 \dashrightarrow 00{:}56{:}37.215$ and for that reason this studies will

NOTE Confidence: 0.7818602

 $00{:}56{:}37.288 \dashrightarrow 00{:}56{:}39.759$ be available to our patients at Yale.

NOTE Confidence: 0.7818602

 $00:56:39.760 \longrightarrow 00:56:43.046$ So in regards to the mutations in utero, no.

 $00:56:43.046 \longrightarrow 00:56:44.510$ Those are somatic mutations.

NOTE Confidence: 0.7818602

 $00:56:44.510 \longrightarrow 00:56:46.340$ Those are not germline mutations.

NOTE Confidence: 0.7818602

 $00:56:46.340 \longrightarrow 00:56:48.536$ This is somatic mutations which acquired.

NOTE Confidence: 0.8318645

 $00:56:49.530 \longrightarrow 00:56:51.666$ So Doctor God actually follows up on on

NOTE Confidence: 0.8318645

 $00:56:51.666 \longrightarrow 00:56:53.695$ the CML presentation and he's asking

NOTE Confidence: 0.8318645

 $00:56:53.695 \longrightarrow 00:56:55.843$ if this drug is actually approved.

NOTE Confidence: 0.8318645

 $00{:}56{:}55.850 \dashrightarrow 00{:}56{:}58.124$ Does that change your calculation and

NOTE Confidence: 0.8318645

 $00:56:58.124 \longrightarrow 00:56:59.993$ whether you transplant patients would

NOTE Confidence: 0.8318645

 $00:56:59.993 \longrightarrow 00:57:02.030$ would CML as they go through multiple

NOTE Confidence: 0.8318645

 $00:57:02.030 \longrightarrow 00:57:04.375$ tiki eyes and maybe to follow up on that?

NOTE Confidence: 0.8318645

 $00{:}57{:}04.380 \dashrightarrow 00{:}57{:}06.876$ Like would you put this drug ahead of

NOTE Confidence: 0.8318645

00:57:06.876 --> 00:57:09.438 assertive in your kind of lines of therapy?

NOTE Confidence: 0.8318645

 $00:57:09.440 \longrightarrow 00:57:11.020$ If the drug is approved?

NOTE Confidence: 0.8318645

00:57:11.020 --> 00:57:12.910 Or how would you approach it?

NOTE Confidence: 0.8318645

 $00:57:12.910 \longrightarrow 00:57:14.178$ Yeah, so you know,

NOTE Confidence: 0.8318645

00:57:14.180 --> 00:57:16.452 I, I think it's too early to say

 $00:57:16.452 \longrightarrow 00:57:18.735$ if this is going to eliminate

NOTE Confidence: 0.8318645

 $00{:}57{:}18.735 \dashrightarrow 00{:}57{:}21.201$ transplant for some of our patients.

NOTE Confidence: 0.8318645

00:57:21.210 --> 00:57:23.020 So, but yes, you know,

NOTE Confidence: 0.8318645

00:57:23.020 --> 00:57:25.916 based on the study which I presented today,

NOTE Confidence: 0.8318645

 $00:57:25.920 \longrightarrow 00:57:28.020$ it may be before positive for

NOTE Confidence: 0.8318645

 $00{:}57{:}28.020 \dashrightarrow 00{:}57{:}30.620$ patients who had two tiki eyes prior.

NOTE Confidence: 0.8318645

 $00:57:30.620 \longrightarrow 00:57:33.154$ You know, looking at the results here.

NOTE Confidence: 0.7883626

 $00:57:35.170 \longrightarrow 00:57:37.290$ So unless there are other

NOTE Confidence: 0.7883626

 $00:57:37.290 \longrightarrow 00:57:38.990$ questions for doctor adults,

NOTE Confidence: 0.7883626

 $00:57:38.990 \longrightarrow 00:57:41.944$ if I will go to Doctor Challace.

NOTE Confidence: 0.7883626

 $00:57:41.950 \dashrightarrow 00:57:44.674$ So Rory, any immediate practice changing

NOTE Confidence: 0.7883626

 $00:57:44.674 \longrightarrow 00:57:47.318$ abstracts for what people do to

NOTE Confidence: 0.7883626

 $00{:}57{:}47.318 \dashrightarrow 00{:}57{:}49.586$ leukemia in their practices right now,

NOTE Confidence: 0.7883626

 $00:57:49.590 \longrightarrow 00:57:52.248$ whether in the community or in

NOTE Confidence: 0.7883626

 $00:57:52.248 \longrightarrow 00:57:54.484$ the academic centers that you

 $00:57:54.484 \longrightarrow 00:57:56.788$ take out from the ash meeting.

NOTE Confidence: 0.7030181

00:57:58.250 --> 00:57:59.228 Great question. Thanks

NOTE Confidence: 0.7030181

00:57:59.230 --> 00:58:01.528 amarum. I guess I'll kind of piggyback,

NOTE Confidence: 0.7030181

 $00:58:01.530 \longrightarrow 00:58:03.532$ but Nikolai said I mean at the

NOTE Confidence: 0.7030181

00:58:03.532 --> 00:58:05.790 moment I would say nothing imminent.

NOTE Confidence: 0.7030181

00:58:05.790 --> 00:58:07.434 Clearly some interesting interim data,

NOTE Confidence: 0.7030181

 $00:58:07.434 \longrightarrow 00:58:09.069$ although not yet practice changing.

NOTE Confidence: 0.7030181

00:58:09.070 --> 00:58:11.697 I'm most interested in the data for Kinetic

NOTE Confidence: 0.7030181

 $00:58:11.697 \dashrightarrow 00:58:13.988$ lacks added to the dual nucleoside the rapy.

NOTE Confidence: 0.7030181

 $00:58:13.990 \longrightarrow 00:58:14.980$ Cladribine motive sutera

NOTE Confidence: 0.7030181

 $00{:}58{:}14.980 \dashrightarrow 00{:}58{:}16.700$ been alternating with visa.

NOTE Confidence: 0.7030181

 $00:58:16.700 \longrightarrow 00:58:18.874$ You know, it's hard to argue with 93%

NOTE Confidence: 0.7030181

 $00:58:18.874 \longrightarrow 00:58:21.256$ CRC or I rate with you know meeting one

NOTE Confidence: 0.7030181

00:58:21.256 --> 00:58:23.630 cycle response and meeting OS not reached.

NOTE Confidence: 0.7030181

 $00:58:23.630 \longrightarrow 00:58:25.370$ This compares very favorably with you.

NOTE Confidence: 0.7030181

 $00:58:25.370 \longrightarrow 00:58:27.980$ Know that the data phrase event you know 15

 $00:58:27.980 \longrightarrow 00:58:31.480$ months OS on the median OS on Bailey a trial.

NOTE Confidence: 0.7030181

00:58:31.480 --> 00:58:31.805 However,

NOTE Confidence: 0.7030181

 $00:58:31.805 \longrightarrow 00:58:34.410$ we've learned this year a few times over.

NOTE Confidence: 0.7030181

00:58:34.410 --> 00:58:34.740 Unfortunately,

NOTE Confidence: 0.7030181

00:58:34.740 --> 00:58:36.695 that single arm studies of agents,

NOTE Confidence: 0.7030181

00:58:36.695 --> 00:58:37.670 despite great clinical

NOTE Confidence: 0.7212018

00:58:37.670 --> 00:58:38.978 preclinical rationale, a priority.

NOTE Confidence: 0.733859

 $00{:}58{:}40.400 \dashrightarrow 00{:}58{:}41.946$ Or excellent similar data can

NOTE Confidence: 0.733859

 $00:58:41.946 \longrightarrow 00:58:43.800$ fall short, so this needs to

NOTE Confidence: 0.733859

 $00:58:43.800 \longrightarrow 00:58:45.650$ be confirmed in a randomized study.

NOTE Confidence: 0.733859

 $00{:}58{:}45.650 \dashrightarrow 00{:}58{:}47.506$ The same goes for Magnolia Map,

NOTE Confidence: 0.733859

 $00:58:47.506 \longrightarrow 00:58:49.046$ which is currently being evaluated

NOTE Confidence: 0.733859

 $00{:}58{:}49.046 \to 00{:}58{:}50.907$ in phase three in comparison days,

NOTE Confidence: 0.733859

00:58:50.907 --> 00:58:52.760 amount of therapy, but the double

NOTE Confidence: 0.733859

00:58:52.760 --> 00:58:55.538 edged sword you know, pretty

00:58:54.310 --> 00:58:55.540 exciting preclinical data is

NOTE Confidence: 0.733859

 $00.58.55.540 \longrightarrow 00.58.56.156$ very exciting.

NOTE Confidence: 0.733859

 $00{:}58{:}56.156 \dashrightarrow 00{:}58{:}57.696$ Single arm data begets more.

NOTE Confidence: 0.733859

 $00:58:57.700 \longrightarrow 00:58:59.560$ Add on the rapy notes with Phase

NOTE Confidence: 0.733859

 $00:58:59.560 \longrightarrow 00:59:01.408$ one trial of triplet with days

NOTE Confidence: 0.733859

 $00:59:01.410 \longrightarrow 00:59:02.956$ of medical acts makrolon map.

NOTE Confidence: 0.733859

00:59:02.956 --> 00:59:03.880 Now Aizen Gilteritinib

NOTE Confidence: 0.733859

 $00:59:03.880 \longrightarrow 00:59:05.430$ phonetic lacks, so I mean

NOTE Confidence: 0.733859

 $00{:}59{:}05.430 \dashrightarrow 00{:}59{:}06.970$ there's kind of divergent goals

NOTE Confidence: 0.733859

 $00:59:06.970 \longrightarrow 00:59:07.900$ here. But to

NOTE Confidence: 0.733859

 $00{:}59{:}07.900 \dashrightarrow 00{:}59{:}09.140$ answer your question directly,

NOTE Confidence: 0.733859

00:59:09.140 --> 00:59:10.740 I'd say nothing that's immediately

NOTE Confidence: 0.733859

 $00:59:10.740 \longrightarrow 00:59:11.850$ practice changing, but.

NOTE Confidence: 0.733859

 $00:59:11.850 \longrightarrow 00:59:13.960$ Excited for this to be a

NOTE Confidence: 0.733859

 $00:59:13.960 \longrightarrow 00:59:14.640$ different conversation,

NOTE Confidence: 0.8116402

 $00:59{:}14.640 \dashrightarrow 00{:}59{:}17.027$ may be a few months to a year.

 $00:59:17.030 \longrightarrow 00:59:19.070$ Yeah, look a lot of exciting

NOTE Confidence: 0.8116402

00:59:19.070 --> 00:59:20.090 agents in development.

NOTE Confidence: 0.8116402

 $00:59:20.090 \longrightarrow 00:59:22.136$ This is a question from Doctor

NOTE Confidence: 0.8116402

 $00{:}59{:}22.136 --> 00{:}59{:}23.500$ Isufi about Sabbato Lima.

NOTE Confidence: 0.8116402

 $00:59:23.500 \longrightarrow 00:59:25.470$ Basically, she's asking whether this

NOTE Confidence: 0.8116402

 $00:59:25.470 \longrightarrow 00:59:28.052$ targets the leukemia stem cell or does

NOTE Confidence: 0.8116402

 $00:59:28.052 \longrightarrow 00:59:29.984$ it work as an immune activator and

NOTE Confidence: 0.8116402

 $00:59:29.984 \longrightarrow 00:59:32.029$ this is a great question arrested.

NOTE Confidence: 0.8116402

 $00:59:32.030 \longrightarrow 00:59:33.735$ There's there's a lot of

NOTE Confidence: 0.8116402

00:59:33.735 --> 00:59:35.440 ongoing research on this issue,

NOTE Confidence: 0.8116402

 $00:59:35.440 \longrightarrow 00:59:37.130$ but currently the thinking is

NOTE Confidence: 0.8116402

 $00:59:37.130 \longrightarrow 00:59:39.190$ that it's a dual targeting drug,

NOTE Confidence: 0.8116402

 $00{:}59{:}39.190 \dashrightarrow 00{:}59{:}41.122$ meaning that there is direct evidence

NOTE Confidence: 0.8116402

 $00:59:41.122 \longrightarrow 00:59:42.852$ that it affects the leukemia

NOTE Confidence: 0.8116402

00:59:42.852 --> 00:59:44.737 stem cells by interfering with.

 $00:59:44.740 \longrightarrow 00:59:47.314$ One of the leg and that is important for

NOTE Confidence: 0.8116402

 $00:59:47.314 \longrightarrow 00:59:49.885$ self renewal of the leukemic stem cells,

NOTE Confidence: 0.8116402

 $00:59:49.890 \dashrightarrow 00:59:51.843$ and I think this is an interesting

NOTE Confidence: 0.8116402

00:59:51.843 --> 00:59:52.680 differentiator from other

NOTE Confidence: 0.8116402

00:59:52.730 --> 00:59:54.080 immune checkpoint activators,

NOTE Confidence: 0.8116402

 $00:59:54.080 \longrightarrow 00:59:56.593$ but there is also clearly data that

NOTE Confidence: 0.8116402

 $00:59:56.593 \longrightarrow 00:59:58.391$ also activates the immune response

NOTE Confidence: 0.8116402

 $00:59:58.391 \longrightarrow 01:00:00.666$ at the level of the T cells.

NOTE Confidence: 0.8116402

 $01:00:00.670 \longrightarrow 01:00:02.854$ How do we dissect the clinical

NOTE Confidence: 0.8116402

01:00:02.854 --> 01:00:05.083 efficacy in terms of being related

NOTE Confidence: 0.8116402

 $01:00:05.083 \longrightarrow 01:00:06.818$ to one or the other?

NOTE Confidence: 0.8116402

 $01:00:06.820 \longrightarrow 01:00:08.812$ I think it's a question that

NOTE Confidence: 0.8116402

 $01:00:08.812 \longrightarrow 01:00:10.622$ we are currently exploring and

NOTE Confidence: 0.8116402

 $01:00:10.622 \longrightarrow 01:00:11.888$ ongoing clinical trials,

NOTE Confidence: 0.8116402

 $01:00:11.890 \longrightarrow 01:00:14.062$ but I think this would be

NOTE Confidence: 0.8116402

 $01:00:14.062 \longrightarrow 01:00:15.510$ very important to explore.

 $01{:}00{:}17.930 \dashrightarrow 01{:}00{:}20.410$ I think there's a question here

NOTE Confidence: 0.8176035

 $01:00:20.410 \longrightarrow 01:00:22.888$ from Doctor Gowda about CD 447.

NOTE Confidence: 0.8176035

01:00:22.890 --> 01:00:25.711 Inhibition is asking whether CD 47 inhibition

NOTE Confidence: 0.8176035

 $01:00:25.711 \longrightarrow 01:00:28.670$ does not cause many immune side effects.

NOTE Confidence: 0.8176035

 $01:00:28.670 \longrightarrow 01:00:31.554$ Thoughts, this is actually a good question.

NOTE Confidence: 0.8176035

 $01:00:31.560 \longrightarrow 01:00:35.277$ I will let also really give his his insight.

NOTE Confidence: 0.8176035

 $01:00:35.280 \longrightarrow 01:00:38.815$ I think this is one of the

NOTE Confidence: 0.8176035

 $01:00:38.815 \longrightarrow 01:00:41.978$ important things in terms of like.

NOTE Confidence: 0.8176035

01:00:41.980 --> 01:00:44.746 Issue related to like single arm

NOTE Confidence: 0.8176035

 $01:00:44.746 \longrightarrow 01:00:47.883$ studies and needing to know more data

NOTE Confidence: 0.8176035

 $01:00:47.883 \longrightarrow 01:00:51.178$ so CD 47 is actually expressed in most

NOTE Confidence: 0.8176035

01:00:51.178 --> 01:00:54.306 of their cells in in the normal body.

NOTE Confidence: 0.8176035

 $01{:}00{:}54.310 \dashrightarrow 01{:}00{:}56.872$ However, they seem to be overexpressed

NOTE Confidence: 0.8176035

 $01:00:56.872 \longrightarrow 01:01:00.247$ by the leukemia cells and the idea here

NOTE Confidence: 0.8176035

 $01:01:00.247 \longrightarrow 01:01:02.635$ is that you're exploring a therapeutic

01:01:02.715 --> 01:01:06.187 window where using the CD 47 you are

NOTE Confidence: 0.8176035

 $01{:}01{:}06.187 \dashrightarrow 01{:}01{:}08.449$ preferentially targeting the leukemia cells.

NOTE Confidence: 0.8176035

01:01:08.449 --> 01:01:11.227 However, because City 47 is also

NOTE Confidence: 0.8176035

 $01:01:11.227 \longrightarrow 01:01:13.040$ expressed on. Red blood cells.

NOTE Confidence: 0.8176035

01:01:13.040 --> 01:01:14.790 We do see hemolytic anemia,

NOTE Confidence: 0.8176035

01:01:14.790 --> 01:01:16.878 and some of those patients which

NOTE Confidence: 0.8176035

 $01:01:16.878 \longrightarrow 01:01:19.373$ can be actually quite severe and it

NOTE Confidence: 0.8176035

01:01:19.373 --> 01:01:21.437 has to be managed quite carefully,

NOTE Confidence: 0.8176035

 $01{:}01{:}21.440 \dashrightarrow 01{:}01{:}23.190$ especially during the initial phases.

NOTE Confidence: 0.8176035

01:01:23.190 --> 01:01:25.654 And This is why they prime this drug

NOTE Confidence: 0.8176035

 $01{:}01{:}25.654 \dashrightarrow 01{:}01{:}28.002$ and carefully monitor patients, it, etc.

NOTE Confidence: 0.8176035

01:01:28.002 --> 01:01:30.450 But I think it's a very good question

NOTE Confidence: 0.8176035

 $01:01:30.517 \longrightarrow 01:01:32.827$ about why no activity against other

NOTE Confidence: 0.8176035

 $01:01:32.827 \longrightarrow 01:01:35.438$ CD 47 expressing cells are being seen.

NOTE Confidence: 0.8176035

01:01:35.440 --> 01:01:37.890 I think what's gonna tell us really?

NOTE Confidence: 0.8176035

 $01:01:37.890 \longrightarrow 01:01:40.634$ The answer is once we see randomized

01:01:40.634 --> 01:01:42.130 data and try to.

NOTE Confidence: 0.8176035

01:01:42.130 --> 01:01:42.706 You know,

NOTE Confidence: 0.8176035

 $01:01:42.706 \longrightarrow 01:01:44.434$ explore whether some of the things

NOTE Confidence: 0.8176035

01:01:44.434 --> 01:01:46.478 that get attributed to the disease,

NOTE Confidence: 0.8176035

01:01:46.480 --> 01:01:47.032 for example,

NOTE Confidence: 0.8176035

 $01:01:47.032 \longrightarrow 01:01:48.964$ are really disease related or some kind

NOTE Confidence: 0.8176035

 $01:01:48.964 \longrightarrow 01:01:51.147$ of subtle immune related adverse events.

NOTE Confidence: 0.8176035

 $01:01:51.150 \longrightarrow 01:01:53.658$ But I think what is clear.

NOTE Confidence: 0.8176035

 $01{:}01{:}53.660 \dashrightarrow 01{:}01{:}55.879$ Is we are not seeing the typical

NOTE Confidence: 0.8176035

 $01:01:55.879 \longrightarrow 01:01:57.569$ immune adverse effects that are seen

NOTE Confidence: 0.8176035

 $01{:}01{:}57.569 \dashrightarrow 01{:}01{:}59.896$ with the PD one or CTL A4 type of

NOTE Confidence: 0.8176035

 $01{:}01{:}59.896 \dashrightarrow 01{:}02{:}01.626$ drugs such as pneumonitis colitis.

NOTE Confidence: 0.8176035

01:02:01.630 --> 01:02:03.590 It doesn't seem that this is commonly

NOTE Confidence: 0.8176035

 $01:02:03.590 \longrightarrow 01:02:06.006$ seen or or do you have any additional

NOTE Confidence: 0.8176035

01:02:06.006 --> 01:02:08.410 insights on this that was very well said?

01:02:08.410 --> 01:02:09.000 I mean,

NOTE Confidence: 0.8176035

 $01:02:09.000 \longrightarrow 01:02:10.180$ I think the key

NOTE Confidence: 0.80842

01:02:10.180 --> 01:02:11.360 points are the transient,

NOTE Confidence: 0.80842

01:02:11.360 --> 01:02:12.835 presumed immune mediated hemolytic anemia,

NOTE Confidence: 0.80842

 $01:02:12.840 \longrightarrow 01:02:15.200$ which really is why do you know the

NOTE Confidence: 0.80842

 $01:02:15.200 \longrightarrow 01:02:16.968$ priming dose is sort of incorporated,

NOTE Confidence: 0.80842

 $01:02:16.968 \longrightarrow 01:02:18.438$ but I think you're right.

NOTE Confidence: 0.80842

 $01:02:18.440 \longrightarrow 01:02:20.210$ I mean, there's some element of

NOTE Confidence: 0.80842

 $01{:}02{:}20.210 \dashrightarrow 01{:}02{:}21.853$ specificity for those cells on

NOTE Confidence: 0.80842

 $01:02:21.853 \longrightarrow 01:02:23.959$ which CD 47 is just enriched.

NOTE Confidence: 0.80842

 $01{:}02{:}23.960 \dashrightarrow 01{:}02{:}25.716$ Which happens to be within cells,

NOTE Confidence: 0.80842

01:02:25.716 --> 01:02:28.060 and I mean outside of like you said,

NOTE Confidence: 0.80842

 $01:02:28.060 \longrightarrow 01:02:29.524$ subtle or maybe even delayed

NOTE Confidence: 0.80842

 $01{:}02{:}29.524 \dashrightarrow 01{:}02{:}31.868$ immune IR A ES that sort of thing.

NOTE Confidence: 0.80842

 $01:02:31.870 \longrightarrow 01:02:33.998$ And I think we have what median

NOTE Confidence: 0.80842

 $01:02:33.998 \longrightarrow 01:02:35.678$ fourteen 1516 months of follow up?

 $01:02:35.678 \longrightarrow 01:02:37.439$ I mean, maybe there are delayed

NOTE Confidence: 0.80842

01:02:37.439 --> 01:02:39.197 events that did not yet occurred,

NOTE Confidence: 0.80842

 $01:02:39.200 \longrightarrow 01:02:41.321$ but I think it comes down to

NOTE Confidence: 0.80842

01:02:41.321 --> 01:02:43.004 specificity and more of a different

NOTE Confidence: 0.80842

 $01:02:43.004 \longrightarrow 01:02:44.173$ mechanism of action comparison.

NOTE Confidence: 0.80842

 $01:02:44.173 \longrightarrow 01:02:45.638$ So you know more of

NOTE Confidence: 0.7841068

 $01:02:45.640 \longrightarrow 01:02:46.808$ a direct cell effect.

NOTE Confidence: 0.8520811

 $01:02:48.170 \longrightarrow 01:02:50.168$ Thank you so much for a

NOTE Confidence: 0.8520811

 $01:02:50.168 \longrightarrow 01:02:51.500$ few minutes past hour.

NOTE Confidence: 0.8520811

 $01:02:51.500 \longrightarrow 01:02:53.498$ Be very cognizant of the time.

NOTE Confidence: 0.8520811

01:02:53.500 --> 01:02:54.792 On a Friday afternoon,

NOTE Confidence: 0.8520811

01:02:54.792 --> 01:02:56.730 I'd like to thank everybody who

NOTE Confidence: 0.8520811

 $01{:}02{:}56.791 \dashrightarrow 01{:}02{:}59.039$ joined us for for this session and if

NOTE Confidence: 0.8520811

 $01:02:59.039 \longrightarrow 01:03:01.158$ there are any additional questions,

NOTE Confidence: 0.8520811

 $01:03:01.160 \longrightarrow 01:03:03.158$ feel free how to free to

 $01{:}03{:}03.158 \dashrightarrow 01{:}03{:}04.490$ email their speakers directly.

NOTE Confidence: 0.8520811

01:03:04.490 --> 01:03:06.356 Thank you so much and looking

NOTE Confidence: 0.8520811

 $01{:}03{:}06.356 \dashrightarrow 01{:}03{:}08.721$ forward to seeing you next week with

NOTE Confidence: 0.8520811

 $01{:}03{:}08.721 \dashrightarrow 01{:}03{:}10.476$ their next session next Friday.

NOTE Confidence: 0.8520811

 $01{:}03{:}10.480 \dashrightarrow 01{:}03{:}12.150$ Have a great weekend everyone.

NOTE Confidence: 0.8520811

 $01:03:12.150 \longrightarrow 01:03:12.810$ Thank you.