WEBVTT

NOTE duration:"01:06:43" NOTE recognizability:0.752

NOTE language:en-us

NOTE Confidence: 0.593006248333333

00:00:00.000 --> 00:00:03.776 Much for joining us today for another

NOTE Confidence: 0.593006248333333

 $00:00:03.776 \longrightarrow 00:00:05.612$ edition of the highlights of the

NOTE Confidence: 0.593006248333333

 $00{:}05.612 \dashrightarrow 00{:}00{:}07.205$ American State of Hematology meeting

NOTE Confidence: 0.593006248333333

 $00:00:07.205 \longrightarrow 00:00:10.010$ that was held in December 2021.

NOTE Confidence: 0.593006248333333

 $00:00:10.010 \longrightarrow 00:00:13.150$ My name is Ammar.

NOTE Confidence: 0.593006248333333

 $00{:}00{:}13.150 \dashrightarrow 00{:}00{:}16.389$ I'm joined today by Doctor Nicola and

NOTE Confidence: 0.593006248333333

 $00:00:16.389 \longrightarrow 00:00:20.461$ Doctor Rory Chalice and we will be together

NOTE Confidence: 0.593006248333333

 $00{:}00{:}20.461 \dashrightarrow 00{:}00{:}22.180$ presenting on myeloid malignancies.

NOTE Confidence: 0.593006248333333

 $00:00:22.180 \longrightarrow 00:00:25.000$ I will start by talking about

NOTE Confidence: 0.593006248333333

00:00:25.000 --> 00:00:27.080 MD's for around 15 minutes.

NOTE Confidence: 0.593006248333333

 $00{:}00{:}27.080 \dashrightarrow 00{:}00{:}28.832$ Doctor Cialis will follow

NOTE Confidence: 0.593006248333333

00:00:28.832 --> 00:00:30.584 with highlights of XAML.

NOTE Confidence: 0.593006248333333

 $00:00:30.590 \longrightarrow 00:00:32.180$ For another 15 minutes and

 $00:00:32.180 \longrightarrow 00:00:33.452$ then Doctor will finish.

NOTE Confidence: 0.593006248333333

00:00:33.460 --> 00:00:35.740 Will highlights of Milo

NOTE Confidence: 0.593006248333333

 $00:00:35.740 \longrightarrow 00:00:36.915$ proliferative neoplasms?

NOTE Confidence: 0.593006248333333

 $00:00:36.915 \longrightarrow 00:00:42.410$ Feel free to post your questions in the chat.

NOTE Confidence: 0.593006248333333 00:00:42.410 --> 00:00:42.989 At the end,

NOTE Confidence: 0.593006248333333

 $00:00:42.989 \longrightarrow 00:00:44.949$ we are going to have 10 to 15 minutes.

NOTE Confidence: 0.593006248333333

 $00:00:44.950 \longrightarrow 00:00:48.250$ We'll try to finish around 12:50 so that

NOTE Confidence: 0.593006248333333

 $00:00:48.250 \longrightarrow 00:00:49.810$ you can ask your questions directly.

NOTE Confidence: 0.593006248333333

 $00:00:49.810 \longrightarrow 00:00:50.918$ Or if you want,

NOTE Confidence: 0.593006248333333 $00:00:50.918 --> 00:00:51.749 \ {\rm if you \ prefer},$

NOTE Confidence: 0.593006248333333

 $00{:}00{:}51.750 \dashrightarrow 00{:}00{:}55.264$ you can type them during the presentations

NOTE Confidence: 0.593006248333333

 $00:00:55.270 \longrightarrow 00:00:59.919$ so that we can also tackle them at the end.

NOTE Confidence: 0.593006248333333

00:00:59.920 --> 00:01:01.342 Thank you so much for joining

NOTE Confidence: 0.593006248333333

 $00{:}01{:}01.342 \dashrightarrow 00{:}01{:}02.970$ and I'm going to get started.

NOTE Confidence: 0.5379125446

00:01:07.310 --> 00:01:09.990 So for MTS, basically, UM,

NOTE Confidence: 0.5379125446

 $00:01:09.990 \longrightarrow 00:01:12.678$ this has been a very exciting field.

 $00:01:12.680 \longrightarrow 00:01:13.784$ These are my disclosures.

NOTE Confidence: 0.5379125446

 $00:01:13.784 \longrightarrow 00:01:16.124$ There has been a lot of new developments

NOTE Confidence: 0.5379125446

00:01:16.124 --> 00:01:18.604 in MD's over the last couple of years,

NOTE Confidence: 0.5379125446

 $00:01:18.610 \longrightarrow 00:01:21.139$ and I think this is an area where we

NOTE Confidence: 0.5379125446

 $00:01:21.139 \longrightarrow 00:01:22.972$ continue to have new drugs approved.

NOTE Confidence: 0.5379125446

 $00:01:22.972 \longrightarrow 00:01:26.770$ So one of the drugs that has been recently

NOTE Confidence: 0.5379125446

 $00:01:26.857 \longrightarrow 00:01:29.617$ approved is a combination of oral.

NOTE Confidence: 0.5379125446

 $00:01:29.620 \longrightarrow 00:01:31.915$ Put in so the site being is a standard

NOTE Confidence: 0.5379125446

00:01:31.915 --> 00:01:34.098 of care treatment for higher risk

NOTE Confidence: 0.5379125446

00:01:34.100 --> 00:01:35.860 MD's that's given intravenously.

NOTE Confidence: 0.5379125446

 $00:01:35.860 \longrightarrow 00:01:38.966$ The problem is that this drug cannot

NOTE Confidence: 0.5379125446

 $00:01:38.966 \longrightarrow 00:01:41.335$ be given orally because it undergoes

NOTE Confidence: 0.5379125446

 $00{:}01{:}41.335 \dashrightarrow 00{:}01{:}44.655$ first passed in the liver and the gut

NOTE Confidence: 0.5379125446

 $00{:}01{:}44.655 \dashrightarrow 00{:}01{:}48.002$ and therefore has not been able to do

NOTE Confidence: 0.5379125446

00:01:48.002 --> 00:01:49.763 orally subsequently which inhibits

 $00:01:49.763 \longrightarrow 00:01:52.018$ the enzyme cytidine dominates as

NOTE Confidence: 0.5379125446

 $00:01:52.018 \longrightarrow 00:01:54.684$ you can see in this slide basically

NOTE Confidence: 0.5379125446

 $00:01:54.684 \longrightarrow 00:01:57.565$ allows the desire to be in to be given

NOTE Confidence: 0.5379125446

 $00{:}01{:}57.565 \dashrightarrow 00{:}01{:}59.676$ or ally and in a phase three trial.

NOTE Confidence: 0.5379125446

 $00:01:59.676 \longrightarrow 00:02:01.856$ All that certain trial that

NOTE Confidence: 0.5379125446

 $00{:}02{:}01.856 \longrightarrow 00{:}02{:}04.310$ we participated in at at Yale.

NOTE Confidence: 0.5379125446

 $00:02:04.310 \longrightarrow 00:02:06.272$ It was shown to have the

NOTE Confidence: 0.5379125446

 $00:02:06.272 \longrightarrow 00:02:06.926$ same pharmacokinetics,

NOTE Confidence: 0.5379125446

 $00:02:06.930 \longrightarrow 00:02:08.786$ which is the primary endpoint of the study,

NOTE Confidence: 0.5379125446

 $00{:}02{:}08.790 \dashrightarrow 00{:}02{:}10.502$ such as intravenous decided

NOTE Confidence: 0.5379125446

 $00:02:10.502 \longrightarrow 00:02:12.642$ and based on this data,

NOTE Confidence: 0.5379125446

 $00:02:12.650 \longrightarrow 00:02:15.826$ the drug was approved in the year 2020.

NOTE Confidence: 0.5379125446

00:02:15.830 --> 00:02:17.134 The clinical results have

NOTE Confidence: 0.5379125446

00:02:17.134 --> 00:02:18.764 been presented more than once,

NOTE Confidence: 0.5379125446

00:02:18.770 --> 00:02:23.578 but the paper has not been published yet,

NOTE Confidence: 0.5379125446

 $00:02:23.580 \longrightarrow 00:02:26.534$ so this is the presentation of the

 $00:02:26.534 \longrightarrow 00:02:29.177$ overall data from 2020 where the

NOTE Confidence: 0.5379125446

 $00:02:29.177 \longrightarrow 00:02:31.327$ complete response rate was shown

NOTE Confidence: 0.5379125446

 $00:02:31.327 \longrightarrow 00:02:33.170$ to be around 20%.

NOTE Confidence: 0.5379125446

 $00:02:33.170 \longrightarrow 00:02:35.672$ And many patients achieved as you

NOTE Confidence: 0.5379125446

 $00:02:35.672 \longrightarrow 00:02:38.410$ can see platelets and erythrocytes.

NOTE Confidence: 0.5379125446

 $00:02:38.410 \longrightarrow 00:02:40.405$ Transition independence around

NOTE Confidence: 0.5379125446

 $00:02:40.405 \longrightarrow 00:02:42.400 50\%$ of patients.

NOTE Confidence: 0.5379125446

 $00:02:42.400 \longrightarrow 00:02:44.626$ And you can see the CR was

NOTE Confidence: 0.5379125446

 $00:02:44.626 \longrightarrow 00:02:46.160$ durable around 14 months.

NOTE Confidence: 0.5379125446

 $00:02:46.160 \longrightarrow 00:02:49.065$ The patients are still being followed for.

NOTE Confidence: 0.5379125446

 $00:02:49.070 \longrightarrow 00:02:53.060$ Long term survival I think.

NOTE Confidence: 0.5379125446

 $00:02:53.060 \longrightarrow 00:02:55.900$ Important update that was presented

NOTE Confidence: 0.5379125446

 $00{:}02{:}55.900 \dashrightarrow 00{:}02{:}58.580$ in in this ASH in December was

NOTE Confidence: 0.5379125446

 $00{:}02{:}58.580 \dashrightarrow 00{:}03{:}00.500$ the activity in the lower risk.

NOTE Confidence: 0.5379125446

00:03:00.500 --> 00:03:01.356 Andy Ashby,

 $00{:}03{:}01.356 \dashrightarrow 00{:}03{:}03.517$ 'cause some patients had intermediate

NOTE Confidence: 0.5379125446

 $00{:}03{:}03.517 --> 00{:}03{:}07.093$ 1 tips and as you can see the

NOTE Confidence: 0.5379125446

 $00{:}03{:}07.093 \dashrightarrow 00{:}03{:}09.663$ complete response rate was also

NOTE Confidence: 0.5379125446

 $00:03:09.663 \longrightarrow 00:03:12.573$ seen in those patients around 23%.

NOTE Confidence: 0.5379125446

 $00:03:12.573 \longrightarrow 00:03:15.184$ So it seems that even for lower

NOTE Confidence: 0.5379125446

00:03:15.184 --> 00:03:17.061 risk MD SIDEK has activity,

NOTE Confidence: 0.5379125446

 $00:03:17.061 \longrightarrow 00:03:18.946$ which is something we see.

NOTE Confidence: 0.5379125446

 $00{:}03{:}18.950 \dashrightarrow 00{:}03{:}22.138$ Also the intravenous decide.

NOTE Confidence: 0.5379125446

00:03:22.140 --> 00:03:22.414 However,

NOTE Confidence: 0.5379125446

 $00:03:22.414 \longrightarrow 00:03:24.332$ it's not clear if this is the

NOTE Confidence: 0.5379125446

 $00{:}03{:}24.332 \dashrightarrow 00{:}03{:}25.999$ right dose for these patients,

NOTE Confidence: 0.5379125446

 $00:03:26.000 \longrightarrow 00:03:28.285$ because we certainly see neutropenia

NOTE Confidence: 0.5379125446

 $00:03:28.285 \longrightarrow 00:03:29.880$ and thrombocytopenia and therefore

NOTE Confidence: 0.5379125446

 $00:03:29.880 \longrightarrow 00:03:31.920$ a phase two study randomized phase.

NOTE Confidence: 0.5379125446

 $00:03:31.920 \longrightarrow 00:03:34.080$ Two study was initiated where

NOTE Confidence: 0.5379125446

 $00:03:34.080 \longrightarrow 00:03:37.180$ the Sidik is given in two doses,

 $00{:}03{:}37.180 \dashrightarrow 00{:}03{:}39.250$ lower doses than the approved dose

NOTE Confidence: 0.5379125446

00:03:39.250 --> 00:03:41.361 in patients with lower risk MD's

NOTE Confidence: 0.5379125446

00:03:41.361 --> 00:03:43.887 who are not responding to her

NOTE Confidence: 0.5379125446

 $00:03:43.887 \longrightarrow 00:03:45.150$ therapist stimulating agents.

NOTE Confidence: 0.5379125446

 $00:03:45.150 \longrightarrow 00:03:46.866$ So this study is open currently

NOTE Confidence: 0.5379125446

 $00:03:46.866 \longrightarrow 00:03:49.045$ at the main campus for any lower

NOTE Confidence: 0.5379125446

 $00:03:49.045 \longrightarrow 00:03:50.080$ risk MD's patient,

NOTE Confidence: 0.5379125446

 $00:03:50.080 \longrightarrow 00:03:52.162$ feel free to discuss any patients

NOTE Confidence: 0.5379125446

 $00:03:52.162 \longrightarrow 00:03:55.109$ who might have. For this study.

NOTE Confidence: 0.5379125446

 $00{:}03{:}55.110 \dashrightarrow 00{:}03{:}57.336$ Another drug that has been also approved

NOTE Confidence: 0.5379125446

 $00:03:57.336 \longrightarrow 00:03:59.709$ in the year 2020 as Los Patterson,

NOTE Confidence: 0.5379125446

 $00:03:59.710 \longrightarrow 00:04:01.165$ solo spatter said,

NOTE Confidence: 0.5379125446

 $00:04:01.165 \longrightarrow 00:04:03.105$ basically is a transforming

NOTE Confidence: 0.5379125446

 $00:04:03.105 \longrightarrow 00:04:05.376$ growth factor pathway inhibitor.

NOTE Confidence: 0.5379125446

00:04:05.376 --> 00:04:07.968 So these transforming growth

 $00:04:07.968 \longrightarrow 00:04:10.935$ factor pathway proteins have been

NOTE Confidence: 0.5379125446

 $00:04:10.935 \longrightarrow 00:04:13.155$ shown to interfere with.

NOTE Confidence: 0.5379125446

 $00:04:13.160 \longrightarrow 00:04:15.533$ Luis is and what does low specific

NOTE Confidence: 0.5379125446

00:04:15.533 --> 00:04:18.180 do its ligand trap so it removes it,

NOTE Confidence: 0.5379125446

 $00:04:18.180 \longrightarrow 00:04:20.784$ removes the inhibitory effect

NOTE Confidence: 0.5379125446

 $00:04:20.784 \longrightarrow 00:04:23.388$ on erythropoiesis and therefore

NOTE Confidence: 0.5379125446

00:04:23.388 --> 00:04:25.496 stimulating red blood cell production?

NOTE Confidence: 0.5379125446

 $00:04:25.496 \longrightarrow 00:04:28.427$ The drug has been shown to improve

NOTE Confidence: 0.5379125446

 $00{:}04{:}28.427 \dashrightarrow 00{:}04{:}30.440$ transfusion independence rates.

NOTE Confidence: 0.5379125446

 $00:04:30.440 \longrightarrow 00:04:32.246$ You can see here the pivotal

NOTE Confidence: 0.726456156363636

 $00{:}04{:}32.250 \dashrightarrow 00{:}04{:}34.340$ trial results from the MIDDLE'S

NOTE Confidence: 0.726456156363636

 $00:04:34.340 \longrightarrow 00:04:36.780$ trial which was published in 2020

NOTE Confidence: 0.726456156363636

 $00:04:36.780 \longrightarrow 00:04:39.857$ yet participated in that around

NOTE Confidence: 0.726456156363636

 $00:04:39.857 \longrightarrow 00:04:42.042 1/3$ of the patients achieved

NOTE Confidence: 0.726456156363636

 $00:04:42.042 \longrightarrow 00:04:44.252$ transfusion independence, so this was.

NOTE Confidence: 0.726456156363636

 $00:04:44.252 \longrightarrow 00:04:46.900$ Refractory setting after yes, a failure.

 $00:04:46.900 \longrightarrow 00:04:49.510$ We currently have the commands trial

NOTE Confidence: 0.726456156363636

 $00:04:49.510 \longrightarrow 00:04:51.550$ which is in the frontline setting,

NOTE Confidence: 0.726456156363636

 $00:04:51.550 \longrightarrow 00:04:53.674$ so this is open actually in

NOTE Confidence: 0.726456156363636

 $00:04:53.674 \longrightarrow 00:04:57.840$ several of the Cancer Center.

NOTE Confidence: 0.726456156363636

 $00:04:57.840 \longrightarrow 00:04:59.780$ Satellite centers basically this

NOTE Confidence: 0.726456156363636

 $00:04:59.780 \longrightarrow 00:05:02.690$ is available for a front drawing.

NOTE Confidence: 0.726456156363636

00:05:02.690 --> 00:05:04.142 Randomization against erythropoiesis,

NOTE Confidence: 0.726456156363636

 $00{:}05{:}04.142 \dashrightarrow 00{:}05{:}06.562$ stimulating agents and this is

NOTE Confidence: 0.726456156363636

 $00:05:06.562 \longrightarrow 00:05:08.376$ regardless whether you have the

NOTE Confidence: 0.726456156363636

 $00:05:08.376 \longrightarrow 00:05:10.490$ patient has rings to drop class or not,

NOTE Confidence: 0.726456156363636

 $00:05:10.490 \longrightarrow 00:05:13.642$ so please feel free to refer patients

NOTE Confidence: 0.726456156363636

 $00:05:13.642 \longrightarrow 00:05:16.846$ for this or again it's open in many of

NOTE Confidence: 0.726456156363636

 $00{:}05{:}16.846 \dashrightarrow 00{:}05{:}19.204$ the care centers so the patients can

NOTE Confidence: 0.726456156363636

 $00:05:19.204 \longrightarrow 00:05:21.675$ be treated on the trial right there.

NOTE Confidence: 0.726456156363636

 $00:05:21.680 \longrightarrow 00:05:25.600$ That is another drug first in class

 $00:05:25.600 \longrightarrow 00:05:28.230$ TELOMERS inhibitor that has shown

NOTE Confidence: 0.726456156363636

 $00:05:28.230 \longrightarrow 00:05:30.925$ also good data in the refractory labs.

NOTE Confidence: 0.726456156363636

 $00:05:30.930 \longrightarrow 00:05:32.310$ Lower risk MD.

NOTE Confidence: 0.726456156363636

 $00:05:32.310 \longrightarrow 00:05:35.419$ As you can see here the presentation

NOTE Confidence: 0.726456156363636

 $00:05:35.419 \longrightarrow 00:05:37.862$ from the phase two part of the

NOTE Confidence: 0.726456156363636

 $00:05:37.862 \longrightarrow 00:05:40.605$ emerge study which showed a rate of

NOTE Confidence: 0.726456156363636

 $00:05:40.605 \longrightarrow 00:05:42.581$ transfusion independence of around 42%.

NOTE Confidence: 0.726456156363636

 $00:05:42.581 \longrightarrow 00:05:45.709$ So a good number of patients are achieving

NOTE Confidence: 0.726456156363636

 $00:05:45.709 \longrightarrow 00:05:48.029$ transfusion independence with this drug.

NOTE Confidence: 0.726456156363636

 $00:05:48.029 \longrightarrow 00:05:50.423$ So this trial has a phase

NOTE Confidence: 0.726456156363636

 $00:05:50.423 \longrightarrow 00:05:51.620$ three component called.

NOTE Confidence: 0.726456156363636

 $00:05:51.620 \longrightarrow 00:05:54.945$ Also the emerge which has been open

NOTE Confidence: 0.726456156363636

 $00:05:54.945 \longrightarrow 00:05:57.660$ at the main part of the study has

NOTE Confidence: 0.726456156363636

 $00:05:57.660 \longrightarrow 00:05:59.899$ actually been fully accrued and closed.

NOTE Confidence: 0.726456156363636

 $00:05:59.900 \longrightarrow 00:06:01.796$ But there is an extension of this study.

NOTE Confidence: 0.726456156363636

 $00{:}06{:}01.800 \dashrightarrow 00{:}06{:}04.248$ So currently if you have patients

 $00:06:04.248 \longrightarrow 00:06:08.058$ who have lower risk MD's who are.

NOTE Confidence: 0.726456156363636 00:06:08.060 --> 00:06:08.692 First line, NOTE Confidence: 0.726456156363636

 $00:06:08.692 \longrightarrow 00:06:10.588$ they can be considered for the

NOTE Confidence: 0.726456156363636

 $00:06:10.588 \longrightarrow 00:06:12.564$ commands trial if they have received

NOTE Confidence: 0.726456156363636

 $00{:}06{:}12.564 \dashrightarrow 00{:}06{:}14.580$ essays and they are not responding.

NOTE Confidence: 0.726456156363636

 $00:06:14.580 \longrightarrow 00:06:15.948$ We have two options.

NOTE Confidence: 0.726456156363636

 $00:06:15.948 \longrightarrow 00:06:18.696$ I merge trial with that as well as

NOTE Confidence: 0.726456156363636

 $00:06:18.696 \longrightarrow 00:06:21.608$ the lower dose of the oral disability

NOTE Confidence: 0.726456156363636

 $00:06:21.608 \longrightarrow 00:06:24.900$ being available for these patients.

NOTE Confidence: 0.726456156363636

00:06:24.900 --> 00:06:27.392 How about higher risk MD's so many

NOTE Confidence: 0.726456156363636

 $00:06:27.392 \longrightarrow 00:06:30.524$ of you are aware of any talk lacks

NOTE Confidence: 0.726456156363636

 $00:06:30.524 \longrightarrow 00:06:33.940$ having very good activity in XAML.

NOTE Confidence: 0.726456156363636

 $00{:}06{:}33.940 \dashrightarrow 00{:}06{:}35.720$ It's a standard approved drug.

NOTE Confidence: 0.726456156363636

00:06:35.720 --> 00:06:38.800 Now it's an oral pill that's given for

NOTE Confidence: 0.726456156363636

00:06:38.800 --> 00:06:41.335 older patients with acute myeloid leukemia,

 $00:06:41.335 \longrightarrow 00:06:43.210$ and we've been using it

NOTE Confidence: 0.726456156363636

 $00:06:43.210 \longrightarrow 00:06:44.710$ for several years now,

NOTE Confidence: 0.726456156363636

 $00:06:44.710 \longrightarrow 00:06:47.725$ so there has been a lot of interest in

NOTE Confidence: 0.726456156363636

 $00:06:47.725 \longrightarrow 00:06:50.348$ exploring that in patients who have higher

NOTE Confidence: 0.726456156363636

00:06:50.348 --> 00:06:52.598 risk MD's as well with excess players,

NOTE Confidence: 0.726456156363636

 $00:06:52.600 \longrightarrow 00:06:54.310$ and we have preclinical data

NOTE Confidence: 0.726456156363636

00:06:54.310 --> 00:06:55.336 suggesting synergy with.

NOTE Confidence: 0.726456156363636

 $00{:}06{:}55.340 \dashrightarrow 00{:}06{:}57.612$ There's a side to Dean because one of

NOTE Confidence: 0.726456156363636

 $00:06:57.612 \longrightarrow 00:07:01.390$ the common resistance mechanisms to.

NOTE Confidence: 0.726456156363636

00:07:01.390 --> 00:07:03.376 Cited in is actually up regulation

NOTE Confidence: 0.726456156363636 00:07:03.376 --> 00:07:04.369 of PCL two, NOTE Confidence: 0.726456156363636

 $00:07:04.370 \longrightarrow 00:07:06.476$ so trial was two trials were

NOTE Confidence: 0.726456156363636

 $00:07:06.476 \longrightarrow 00:07:08.239$ designed basically as early phase

NOTE Confidence: 0.726456156363636

 $00:07:08.239 \longrightarrow 00:07:10.297$ trials in the frontline as well as

NOTE Confidence: 0.726456156363636

 $00:07:10.297 \longrightarrow 00:07:12.648$ in the relapse refractory setting.

NOTE Confidence: 0.726456156363636

00:07:12.650 --> 00:07:14.810 After HMA failure,

00:07:14.810 --> 00:07:17.367 combining venetoclax with you

NOTE Confidence: 0.726456156363636

 $00{:}07{:}17.367 \dashrightarrow 00{:}07{:}20.146$ can see in this slide that those

NOTE Confidence: 0.726456156363636

 $00:07:20.146 \longrightarrow 00:07:22.820$ escalation design of that study that

NOTE Confidence: 0.726456156363636

 $00:07:22.820 \longrightarrow 00:07:25.070$ subsequently went to those expansion

NOTE Confidence: 0.726456156363636

 $00:07:25.070 \longrightarrow 00:07:27.905$ and this is in the frontline setting.

NOTE Confidence: 0.726456156363636

 $00:07:27.910 \longrightarrow 00:07:30.016$ Very important to note that venetoclax

NOTE Confidence: 0.726456156363636

 $00:07:30.016 \longrightarrow 00:07:31.979$ here was given for 14 days.

NOTE Confidence: 0.726456156363636

 $00{:}07{:}31.980 \dashrightarrow 00{:}07{:}33.655$ So it's not continuously given

NOTE Confidence: 0.726456156363636

 $00:07:33.655 \longrightarrow 00:07:36.880$ like it is in AML only 14 days and

NOTE Confidence: 0.726456156363636

 $00:07:36.880 \longrightarrow 00:07:37.987$ doses 400 milligram,

NOTE Confidence: 0.726456156363636

 $00:07:37.990 \longrightarrow 00:07:39.754$ which is the same dose that

NOTE Confidence: 0.726456156363636

 $00:07:39.754 \longrightarrow 00:07:41.589$ we do in patients with AML.

NOTE Confidence: 0.726456156363636

 $00{:}07{:}41.590 \dashrightarrow 00{:}07{:}44.250$ However has a lot of drug interactions

NOTE Confidence: 0.726456156363636

00:07:44.250 --> 00:07:46.718 and it's important to adjust those

NOTE Confidence: 0.726456156363636

00:07:46.718 --> 00:07:48.818 accordingly and monitor the patient

 $00:07:48.818 \longrightarrow 00:07:51.124$ closely for infections which are

NOTE Confidence: 0.726456156363636

00:07:51.124 --> 00:07:53.454 common because you get neutropenia,

NOTE Confidence: 0.726456156363636

 $00:07:53.460 \longrightarrow 00:07:55.504$ those patients should be

NOTE Confidence: 0.726456156363636

 $00:07:55.504 \longrightarrow 00:07:57.037$ on prophylactic antibiotics

NOTE Confidence: 0.805172283636364

 $00:07:57.040 \longrightarrow 00:07:58.465$ and should be treated very

NOTE Confidence: 0.805172283636364

 $00:07:58.465 \longrightarrow 00:08:00.460$ aggressively if they have an infection.

NOTE Confidence: 0.805172283636364

 $00{:}08{:}00.460 \dashrightarrow 00{:}08{:}03.142$ They need a lot of transfusion care as well.

NOTE Confidence: 0.805172283636364

 $00:08:03.150 \longrightarrow 00:08:04.173$ Especially during the

NOTE Confidence: 0.805172283636364

 $00:08:04.173 \longrightarrow 00:08:05.878$ first one to two cycles.

NOTE Confidence: 0.805172283636364

 $00:08:05.880 \longrightarrow 00:08:08.440$ So the patient should be seen at least

NOTE Confidence: 0.805172283636364

 $00:08:08.440 \longrightarrow 00:08:11.727$ twice a week and given transitions as needed.

NOTE Confidence: 0.805172283636364

00:08:11.730 --> 00:08:13.206 With all of that being said,

NOTE Confidence: 0.805172283636364

 $00:08:13.210 \longrightarrow 00:08:15.910$ basically we are seeing early

NOTE Confidence: 0.805172283636364

00:08:15.910 --> 00:08:18.610 activity in with this combination,

NOTE Confidence: 0.805172283636364

 $00:08:18.610 \longrightarrow 00:08:21.660$ so the complete response rate is around 35%,

NOTE Confidence: 0.805172283636364

 $00:08:21.660 \longrightarrow 00:08:23.510$ which is similar to what

 $00:08:23.510 \longrightarrow 00:08:24.990$ was observed in XAML.

NOTE Confidence: 0.805172283636364

 $00:08:24.990 \longrightarrow 00:08:26.784$ However, many of the other patients

NOTE Confidence: 0.805172283636364

 $00:08:26.784 \longrightarrow 00:08:28.735$ are achieving also more OCR where the

NOTE Confidence: 0.805172283636364

 $00:08:28.735 \longrightarrow 00:08:31.554$ plants are less than 5% and they are

NOTE Confidence: 0.805172283636364

 $00:08:31.554 \longrightarrow 00:08:33.198$ achieving hematologic improvement.

NOTE Confidence: 0.805172283636364

 $00:08:33.200 \longrightarrow 00:08:35.798$ You can see that the response

NOTE Confidence: 0.805172283636364

 $00:08:35.798 \longrightarrow 00:08:37.530$ is achieved relatively quickly.

NOTE Confidence: 0.805172283636364

 $00{:}08{:}37.530 \dashrightarrow 00{:}08{:}39.672$ The first response is seen within one

NOTE Confidence: 0.805172283636364

 $00:08:39.672 \longrightarrow 00:08:41.918$ month and those responses are durable.

NOTE Confidence: 0.805172283636364

 $00:08:41.920 \longrightarrow 00:08:44.608$ 12 months you can see also that

NOTE Confidence: 0.805172283636364

 $00:08:44.608 \longrightarrow 00:08:46.922$ there is and this is the main update

NOTE Confidence: 0.805172283636364

 $00:08:46.922 \longrightarrow 00:08:48.592$ that was presented in ASH 2021.

NOTE Confidence: 0.805172283636364

 $00{:}08{:}48.592 \dashrightarrow 00{:}08{:}51.616$ You can see that many patients achieve

NOTE Confidence: 0.805172283636364

 $00:08:51.616 \longrightarrow 00:08:54.637$ no molecular clearance where the TP 53

NOTE Confidence: 0.805172283636364

 $00:08:54.637 \longrightarrow 00:08:57.560$ for example molecular load is decreased.

00:08:57.560 --> 00:08:57.942 However,

NOTE Confidence: 0.805172283636364

 $00:08:57.942 \longrightarrow 00:09:00.998$ the question in TP 53 in particular is

NOTE Confidence: 0.805172283636364

 $00:09:00.998 \dashrightarrow 00:09:03.958$ whether overall survival is improved or not.

NOTE Confidence: 0.805172283636364

 $00:09:03.960 \longrightarrow 00:09:06.578$ So I think this data is encouraging.

NOTE Confidence: 0.805172283636364

00:09:06.580 --> 00:09:07.270 Clearly, however,

NOTE Confidence: 0.805172283636364

 $00:09:07.270 \longrightarrow 00:09:09.340$ this is a single ARM study.

NOTE Confidence: 0.805172283636364

 $00:09:09.340 \longrightarrow 00:09:10.585$ It's not randomized.

NOTE Confidence: 0.805172283636364

 $00:09:10.585 \longrightarrow 00:09:13.490$ Study less than 70 patients were enrolled.

NOTE Confidence: 0.805172283636364

 $00:09:13.490 \longrightarrow 00:09:16.406$ And therefore we have an ongoing

NOTE Confidence: 0.805172283636364

 $00:09:16.410 \longrightarrow 00:09:18.214$ registration study called DEVARONA.

NOTE Confidence: 0.805172283636364

 $00:09:18.214 \longrightarrow 00:09:20.920$ Which is also open at Yale.

NOTE Confidence: 0.805172283636364

 $00:09:20.920 \longrightarrow 00:09:22.606$ This is a randomized phase three

NOTE Confidence: 0.805172283636364

 $00:09:22.606 \longrightarrow 00:09:24.059$ study in which patients are

NOTE Confidence: 0.805172283636364

 $00{:}09{:}24.059 \dashrightarrow 00{:}09{:}25.439$ randomized in a double blind,

NOTE Confidence: 0.805172283636364

 $00:09:25.440 \longrightarrow 00:09:28.000$ placebo controlled fashion to receive.

NOTE Confidence: 0.805172283636364

 $00:09:28.000 \longrightarrow 00:09:30.564$ Either as a sighted in with venetoclax

 $00:09:30.564 \longrightarrow 00:09:33.300$ or azacitidine with placebo,

NOTE Confidence: 0.805172283636364

 $00{:}09{:}33.300 \dashrightarrow 00{:}09{:}35.532$ and we have presented the schema

NOTE Confidence: 0.805172283636364

 $00:09:35.532 \longrightarrow 00:09:37.825$ of this study in ASCO 2021.

NOTE Confidence: 0.805172283636364

00:09:37.825 --> 00:09:41.225 You can see here 500 patients will be

NOTE Confidence: 0.805172283636364

 $00:09:41.225 \longrightarrow 00:09:43.070$ enrolled and this study continues to

NOTE Confidence: 0.805172283636364

 $00:09:43.070 \longrightarrow 00:09:45.403$ be open and we encourage you to refer

NOTE Confidence: 0.805172283636364

00:09:45.403 --> 00:09:48.040 patients who have higher risk MD's.

NOTE Confidence: 0.805172283636364

 $00:09:48.040 \longrightarrow 00:09:51.760$ I currently discourage people from using.

NOTE Confidence: 0.805172283636364

00:09:51.760 --> 00:09:54.196 Plagues off label in the frontline

NOTE Confidence: 0.805172283636364

00:09:54.196 --> 00:09:56.273 setting because we still don't

NOTE Confidence: 0.805172283636364

 $00:09:56.273 \longrightarrow 00:09:58.547$ fully understand if it actually is

NOTE Confidence: 0.805172283636364

 $00:09:58.547 \longrightarrow 00:10:01.199$ better than is cited in monotherapy.

NOTE Confidence: 0.805172283636364

 $00{:}10{:}01.200 \dashrightarrow 00{:}10{:}03.489$ And that's I think another reason to

NOTE Confidence: 0.805172283636364

 $00:10:03.489 \longrightarrow 00:10:05.238$ consider enrolling patients on this study,

NOTE Confidence: 0.805172283636364

 $00:10:05.240 \longrightarrow 00:10:06.890$ which is open at yet.

00:10:06.890 --> 00:10:09.650 In the refractory relapse setting,

NOTE Confidence: 0.805172283636364

 $00{:}10{:}09.650 \dashrightarrow 00{:}10{:}12.362$ Yale has participated in a study

NOTE Confidence: 0.805172283636364

 $00:10:12.362 \longrightarrow 00:10:14.170$ that was led by.

NOTE Confidence: 0.805172283636364

00:10:14.170 --> 00:10:17.537 The sponsor or organized by the sponsor,

NOTE Confidence: 0.805172283636364

 $00:10:17.540 \longrightarrow 00:10:18.480$ similar design,

NOTE Confidence: 0.805172283636364

 $00:10:18.480 \longrightarrow 00:10:20.830$ those escalation followed by those

NOTE Confidence: 0.805172283636364

 $00:10:20.830 \longrightarrow 00:10:22.685$ expansion and this was a smaller

NOTE Confidence: 0.805172283636364

 $00:10:22.685 \longrightarrow 00:10:24.070$ study than the frontline study.

NOTE Confidence: 0.805172283636364

00:10:24.070 --> 00:10:26.746 44 patients were treated same dosing,

NOTE Confidence: 0.805172283636364

00:10:26.750 --> 00:10:29.242 400 milligram of Veneto class given for

NOTE Confidence: 0.805172283636364

 $00{:}10{:}29.242 \dashrightarrow 00{:}10{:}31.758$ two weeks and venetoclax was added to

NOTE Confidence: 0.805172283636364

 $00:10:31.758 \longrightarrow 00:10:34.829$ a society in so the patient had a failure.

NOTE Confidence: 0.805172283636364

 $00:10:34.830 \longrightarrow 00:10:37.150$ But the patient continued in the MA so it is.

NOTE Confidence: 0.8713487

 $00{:}10{:}39.420 --> 00{:}10{:}41.658$ And you can see here that

NOTE Confidence: 0.8713487

 $00:10:41.660 \longrightarrow 00:10:43.673$ response rate was seen in 39%.

NOTE Confidence: 0.8713487

 $00:10:43.673 \longrightarrow 00:10:46.004$ However, many of those were more hours.

00:10:46.010 --> 00:10:47.730 The CRA was 7%,

NOTE Confidence: 0.8713487

 $00{:}10{:}47.730 \dashrightarrow 00{:}10{:}49.880$ but those responses were durable.

NOTE Confidence: 0.8713487

 $00:10:49.880 \longrightarrow 00:10:52.776$ As you can see, the duration was nine

NOTE Confidence: 0.8713487

 $00:10:52.776 \longrightarrow 00:10:56.140$ months of the CR or the more OCR.

NOTE Confidence: 0.8713487

00:10:56.140 --> 00:10:57.364 But most importantly,

NOTE Confidence: 0.8713487

 $00:10:57.364 \longrightarrow 00:10:58.996$ we are actually seeing.

NOTE Confidence: 0.8713487

 $00:10:59.000 \longrightarrow 00:11:02.306$ I think mean clinically meaningful responses.

NOTE Confidence: 0.8713487

 $00:11:02.310 \longrightarrow 00:11:05.094$ You can see that platelets and red blood

NOTE Confidence: 0.8713487

00:11:05.094 --> 00:11:06.889 cell transfusion independence among

NOTE Confidence: 0.8713487

 $00{:}11{:}06.889 \dashrightarrow 00{:}11{:}09.464$ patients who were transfusion dependent.

NOTE Confidence: 0.8713487

00:11:09.470 --> 00:11:11.990 OK fine, so the patient was needing

NOTE Confidence: 0.8713487

 $00:11:11.990 \longrightarrow 00:11:14.073$ blood or platelets around 1/3

NOTE Confidence: 0.8713487

 $00{:}11{:}14.073 \dashrightarrow 00{:}11{:}16.408$ of those patients are becoming

NOTE Confidence: 0.8713487

00:11:16.408 --> 00:11:18.302 transfusion independent with by

NOTE Confidence: 0.8713487

00:11:18.302 --> 00:11:20.886 adding venetoclax to exercise and you

00:11:20.886 --> 00:11:23.514 can see that many patients achieve

NOTE Confidence: 0.8713487

00:11:23.514 --> 00:11:24.989 hematologic improvement as well,

NOTE Confidence: 0.8713487

 $00:11:24.990 \longrightarrow 00:11:26.990$ 43% and the median overall

NOTE Confidence: 0.8713487

 $00:11:26.990 \longrightarrow 00:11:28.590$ survival was 12 months.

NOTE Confidence: 0.8713487

 $00:11:28.590 \longrightarrow 00:11:30.995$ We know historically that median

NOTE Confidence: 0.8713487

 $00{:}11{:}30.995 \dashrightarrow 00{:}11{:}33.400$ overall survival after a jammy

NOTE Confidence: 0.8713487

00:11:33.483 --> 00:11:35.698 failure is around six months,

NOTE Confidence: 0.8713487

 $00:11:35.700 \longrightarrow 00:11:37.510$ so it does seem that.

NOTE Confidence: 0.8713487

 $00:11:37.510 \longrightarrow 00:11:41.731$ We are seeing promising activity with this

NOTE Confidence: 0.8713487

 $00:11:41.731 \longrightarrow 00:11:46.018$ combination in the refractory labs setting.

NOTE Confidence: 0.8713487

 $00{:}11{:}46.020 \mathrel{--}{>} 00{:}11{:}48.290$ I think another important study

NOTE Confidence: 0.8713487

 $00:11:48.290 \longrightarrow 00:11:51.076$ from this hash meeting was the

NOTE Confidence: 0.8713487

00:11:51.076 --> 00:11:53.031 phase three update using that,

NOTE Confidence: 0.8713487

 $00:11:53.031 \longrightarrow 00:11:54.036$ so people need this stat.

NOTE Confidence: 0.8713487

00:11:54.040 --> 00:11:56.360 Is it activating enzyme inhibitor?

NOTE Confidence: 0.8713487

 $00:11:56.360 \longrightarrow 00:11:58.208$ It works upstream of the protein zone so

 $00:11:58.208 \longrightarrow 00:12:00.117$ this is a negative phase three study.

NOTE Confidence: 0.8713487

 $00:12:00.120 \longrightarrow 00:12:03.168$ The reason why I think this is an

NOTE Confidence: 0.8713487

 $00:12:03.168 \longrightarrow 00:12:04.917$ important presentation is because there

NOTE Confidence: 0.8713487

00:12:04.917 --> 00:12:07.470 has been a lot of early data with.

NOTE Confidence: 0.8713487

00:12:07.470 --> 00:12:09.582 That we had a randomized phase

NOTE Confidence: 0.8713487

 $00:12:09.582 \longrightarrow 00:12:11.736$ two study with people instead that

NOTE Confidence: 0.8713487

00:12:11.736 --> 00:12:14.981 showed the CR rate was 50% more than

NOTE Confidence: 0.8713487

00:12:14.981 --> 00:12:17.566 double death of his immunotherapy,

NOTE Confidence: 0.8713487

 $00:12:17.570 \longrightarrow 00:12:20.730$ and we had durable responses.

NOTE Confidence: 0.8713487

 $00{:}12{:}20.730 \dashrightarrow 00{:}12{:}22.942$ So there was a lot of excitement

NOTE Confidence: 0.8713487

 $00{:}12{:}22.942 \dashrightarrow 00{:}12{:}25.203$ about this drug and we did participate

NOTE Confidence: 0.8713487

 $00:12:25.203 \longrightarrow 00:12:27.460$ in the phase two part of this.

NOTE Confidence: 0.8713487

 $00:12:27.460 \longrightarrow 00:12:29.546$ Evaluation, but not in the phase three.

NOTE Confidence: 0.8713487

00:12:29.550 --> 00:12:29.833 However,

NOTE Confidence: 0.8713487

 $00:12:29.833 \longrightarrow 00:12:31.814$ you can see here in the phase

 $00:12:31.814 \longrightarrow 00:12:33.020$ three that there was.

NOTE Confidence: 0.8713487

 $00{:}12{:}33.020 \dashrightarrow 00{:}12{:}35.190$ No difference in the event free survival,

NOTE Confidence: 0.8713487

 $00:12:35.190 \longrightarrow 00:12:37.010$ which was the primary endpoint.

NOTE Confidence: 0.8713487

 $00:12:37.010 \longrightarrow 00:12:39.920$ No difference in the overall survival.

NOTE Confidence: 0.8713487

 $00:12:39.920 \longrightarrow 00:12:42.069$ And even in the CRA there was

NOTE Confidence: 0.8713487

 $00{:}12{:}42.069 \dashrightarrow 00{:}12{:}43.690$ no improvement with the combo.

NOTE Confidence: 0.8713487

 $00:12:43.690 \longrightarrow 00:12:46.301$ So that I think highlights why it's

NOTE Confidence: 0.8713487

00:12:46.301 --> 00:12:48.298 very important we enroll patients

NOTE Confidence: 0.8713487

 $00{:}12{:}48.298 \dashrightarrow 00{:}12{:}51.105$ in phase three trials and not just

NOTE Confidence: 0.8713487

 $00:12:51.105 \longrightarrow 00:12:54.049$ assume activity based on phase two trials.

NOTE Confidence: 0.8713487

 $00{:}12{:}54.050 \dashrightarrow 00{:}12{:}55.650$ How about immune checkpoint inhibition?

NOTE Confidence: 0.8713487

00:12:55.650 --> 00:12:56.690 As I'm sure you know,

NOTE Confidence: 0.8713487

 $00:12:56.690 \longrightarrow 00:12:59.305$ in solar tumors immune checkpoint

NOTE Confidence: 0.8713487

 $00:12:59.305 \longrightarrow 00:13:02.890$ inhibition has led to very important.

NOTE Confidence: 0.8713487

00:13:02.890 --> 00:13:05.476 Progress in very difficult to treat

NOTE Confidence: 0.8713487

 $00:13:05.476 \longrightarrow 00:13:08.449$ tumors such as Melanoma and lung cancer.

 $00:13:08.450 \longrightarrow 00:13:10.820$ Early data with immune checkpoint

NOTE Confidence: 0.8713487

 $00:13:10.820 \longrightarrow 00:13:13.658$ inhibitors in MD's has not been

NOTE Confidence: 0.8713487

 $00:13:13.658 \longrightarrow 00:13:15.546$ so far particularly great.

NOTE Confidence: 0.8713487

 $00:13:15.550 \longrightarrow 00:13:18.798$ With this is an example of this study

NOTE Confidence: 0.8713487

 $00:13:18.798 \longrightarrow 00:13:21.530$ that was conducted at several centers,

NOTE Confidence: 0.8713487

00:13:21.530 --> 00:13:22.236 including Yale,

NOTE Confidence: 0.8713487

 $00:13:22.236 \longrightarrow 00:13:24.707$ where we showed that there was no

NOTE Confidence: 0.8713487

00:13:24.707 --> 00:13:26.650 difference by adding door volume app,

NOTE Confidence: 0.8713487

 $00{:}13{:}26.650 \dashrightarrow 00{:}13{:}29.200$ which is an approved PDL 1

NOTE Confidence: 0.8713487

 $00:13:29.200 \longrightarrow 00:13:30.900$ inhibitor that already has.

NOTE Confidence: 0.8713487

 $00:13:30.900 \longrightarrow 00:13:33.280$ Meaningful clinical activity and solid

NOTE Confidence: 0.8713487

 $00:13:33.280 \longrightarrow 00:13:36.519$ tumors by adding it to a society.

NOTE Confidence: 0.8713487

 $00{:}13{:}36.520 \dashrightarrow 00{:}13{:}38.440$ However, there are novel.

NOTE Confidence: 0.8713487

00:13:38.440 --> 00:13:40.360 I think immune checkpoint

NOTE Confidence: 0.8713487

 $00:13:40.360 \longrightarrow 00:13:42.262$ inhibitors that seem to.

 $00:13:42.262 \longrightarrow 00:13:45.106$ Early and early results seem to

NOTE Confidence: 0.8713487

 $00{:}13{:}45.106 \dashrightarrow 00{:}13{:}47.232$ have a promising clinical activity.

NOTE Confidence: 0.8713487

 $00{:}13{:}47.232 \dashrightarrow 00{:}13{:}50.518$ One of them is about so sabatelli map

NOTE Confidence: 0.8713487

 $00:13:50.518 \longrightarrow 00:13:53.360$ works on a receptor called Team Three.

NOTE Confidence: 0.8713487

 $00:13:53.360 \longrightarrow 00:13:56.449$ So term 3 basically is an inhibitory

NOTE Confidence: 0.8713487

 $00{:}13{:}56.449 \dashrightarrow 00{:}13{:}59.023$ receptor that is not only expressed

NOTE Confidence: 0.8713487

 $00:13:59.023 \longrightarrow 00:14:00.800$ on the adaptive cells,

NOTE Confidence: 0.8713487

 $00:14:00.800 \longrightarrow 00:14:01.920$ such as the T cells,

NOTE Confidence: 0.77710248555556

 $00:14:01.920 \longrightarrow 00:14:03.955$ but also it's expressed in

NOTE Confidence: 0.77710248555556

 $00:14:03.955 \longrightarrow 00:14:05.583$ the innate immune cells,

NOTE Confidence: 0.77710248555556

 $00{:}14{:}05.590 \dashrightarrow 00{:}14{:}07.240$ including the macrophages,

NOTE Confidence: 0.77710248555556

 $00:14:07.240 \longrightarrow 00:14:10.540$ but also importantly on the leukemia

NOTE Confidence: 0.77710248555556

 $00:14:10.540 \longrightarrow 00:14:13.984$ stem cells. So this is being.

NOTE Confidence: 0.777102485555556

00:14:13.984 --> 00:14:17.350 Presented as as an immuno myeloid agent?

NOTE Confidence: 0.77710248555556

 $00:14:17.350 \longrightarrow 00:14:19.696$ Because it leads to activation of

NOTE Confidence: 0.77710248555556

 $00{:}14{:}19.696 \dashrightarrow 00{:}14{:}23.604$ the T cells and then it immune system

 $00:14:23.604 \longrightarrow 00:14:27.864$ but also it directly inhibits.

NOTE Confidence: 0.77710248555556

 $00:14:27.870 \longrightarrow 00:14:31.202$ A loop of self renewal within the

NOTE Confidence: 0.77710248555556

00:14:31.202 --> 00:14:33.983 leukemia stem cells by interfering with

NOTE Confidence: 0.77710248555556

 $00:14:33.983 \longrightarrow 00:14:37.011$ the ligand called galectin 9 that binds

NOTE Confidence: 0.77710248555556

 $00:14:37.011 \longrightarrow 00:14:39.258$ to team three on leukemia stem cells.

NOTE Confidence: 0.77710248555556

 $00{:}14{:}39.260 \dashrightarrow 00{:}14{:}41.573$ So this drug was combined with Dean

NOTE Confidence: 0.77710248555556

 $00:14:41.573 \longrightarrow 00:14:43.904$ and Decitabine in a phase one trial.

NOTE Confidence: 0.77710248555556

 $00:14:43.910 \longrightarrow 00:14:46.164$ You can see here the early data

NOTE Confidence: 0.77710248555556

 $00:14:46.164 \longrightarrow 00:14:47.898$ that was presented in actually

NOTE Confidence: 0.77710248555556

 $00:14:47.898 \longrightarrow 00:14:50.504$ in more than one ASH meeting.

NOTE Confidence: 0.777102485555556

00:14:50.504 --> 00:14:54.969 And, uh, the CR rate was not very

NOTE Confidence: 0.77710248555556

 $00:14:54.969 \longrightarrow 00:14:57.659$ high compared to a similar therapy.

NOTE Confidence: 0.777102485555556

 $00{:}14{:}57.659 \dashrightarrow 00{:}14{:}59.674$ However, in certain subsets like

NOTE Confidence: 0.777102485555556

00:14:59.674 --> 00:15:03.969 TP 53 for example, the CR rate.

NOTE Confidence: 0.77710248555556

 $00:15:03.970 \longrightarrow 00:15:05.250$ The CR was durable.

00:15:05.250 --> 00:15:06.850 The median duration of response

NOTE Confidence: 0.77710248555556

 $00{:}15{:}06.850 --> 00{:}15{:}07.819 \text{ was } 21 \text{ months},$

NOTE Confidence: 0.77710248555556

 $00:15:07.820 \longrightarrow 00:15:10.880$ which again in a very difficult

NOTE Confidence: 0.77710248555556

00:15:10.880 --> 00:15:12.656 field such as CP3, I think,

NOTE Confidence: 0.77710248555556

 $00:15:12.660 \longrightarrow 00:15:13.491$ is very exciting,

NOTE Confidence: 0.77710248555556

 $00:15:13.491 \longrightarrow 00:15:15.430$ but we are also seeing hints of

NOTE Confidence: 0.77710248555556

 $00:15:15.495 \longrightarrow 00:15:17.139$ durability and other subsets,

NOTE Confidence: 0.77710248555556

 $00:15:17.140 \longrightarrow 00:15:20.560$ so clearly there is also excitement

NOTE Confidence: 0.77710248555556

 $00:15:20.560 \longrightarrow 00:15:22.037$ about this agent.

NOTE Confidence: 0.77710248555556

 $00:15:22.037 \longrightarrow 00:15:24.059$ There is actually a randomized phase

NOTE Confidence: 0.77710248555556

 $00:15:24.059 \longrightarrow 00:15:26.990$ two and a randomized phase three trial.

NOTE Confidence: 0.77710248555556

 $00:15:26.990 \longrightarrow 00:15:28.718$ Both of them were open at Yale and

NOTE Confidence: 0.77710248555556

 $00:15:28.718 \longrightarrow 00:15:30.558$ they are fully enrolled and we have

NOTE Confidence: 0.777102485555556

00:15:30.558 --> 00:15:32.220 two other studies with this drug,

NOTE Confidence: 0.77710248555556

 $00:15:32.220 \longrightarrow 00:15:33.950$ one in combination with oral.

NOTE Confidence: 0.77710248555556

 $00{:}15{:}33.950 \dashrightarrow 00{:}15{:}34.988$ Typo methylating agents.

 $00:15:34.988 \longrightarrow 00:15:37.410$ So you can give the sidik the

NOTE Confidence: 0.77710248555556

 $00:15:37.474 \longrightarrow 00:15:39.459$ oral decitabine with this drug,

NOTE Confidence: 0.77710248555556

 $00:15:39.460 \longrightarrow 00:15:42.622$ and another study of a triplet

NOTE Confidence: 0.77710248555556

00:15:42.622 --> 00:15:46.800 where is cited in with venetoclax

NOTE Confidence: 0.77710248555556

 $00:15:46.800 \longrightarrow 00:15:48.755$ and will be given for patients

NOTE Confidence: 0.77710248555556

00:15:48.755 --> 00:15:50.499 with high risk MD's and both of

NOTE Confidence: 0.77710248555556

 $00:15:50.499 \longrightarrow 00:15:52.137$ those studies will open at the end.

NOTE Confidence: 0.77710248555556

 $00:15:52.140 \longrightarrow 00:15:52.740$ Lastly,

NOTE Confidence: 0.77710248555556

 $00:15:52.740 \longrightarrow 00:15:56.940$ the idea inhibitors this is dawn of

NOTE Confidence: 0.77710248555556

 $00{:}15{:}56.940 \dashrightarrow 00{:}16{:}00.548$ the precision era in MD's like other.

NOTE Confidence: 0.765714246666667

 $00{:}16{:}11.690 \dashrightarrow 00{:}16{:}13.916$ Malignancies in leukemia, where we do

NOTE Confidence: 0.765714246666667

 $00:16:13.916 \longrightarrow 00:16:16.742$ it more so approved clearly and MD's,

NOTE Confidence: 0.765714246666667

 $00{:}16{:}16.742 \dashrightarrow 00{:}16{:}19.310$ but we have seen 2 presentations

NOTE Confidence: 0.765714246666667

 $00:16:19.388 \longrightarrow 00:16:21.929$ from the French group and ash where

NOTE Confidence: 0.765714246666667

00:16:21.930 --> 00:16:24.780 we are seeing basically activity and

 $00:16:24.780 \longrightarrow 00:16:27.743$ responses within a signal for IDH 2

NOTE Confidence: 0.765714246666667

 $00{:}16{:}27.743 \dashrightarrow 00{:}16{:}30.038$ mutated MD's and I was sitting there

NOTE Confidence: 0.765714246666667

00:16:30.038 --> 00:16:32.658 for IDH 1 mutated MD's so I think

NOTE Confidence: 0.765714246666667

 $00:16:32.658 \longrightarrow 00:16:34.909$ this is an option clearly off label.

NOTE Confidence: 0.765714246666667

00:16:34.909 --> 00:16:37.540 But in the absence of a clinical trial,

NOTE Confidence: 0.765714246666667

 $00:16:37.540 \longrightarrow 00:16:39.916$ I do check for IDH mutations for patients

NOTE Confidence: 0.765714246666667

 $00:16:39.916 \longrightarrow 00:16:42.806$ with MD's and consider using these drugs.

NOTE Confidence: 0.765714246666667

00:16:42.810 --> 00:16:46.200 Lastly, CPX 351 or liposomal

NOTE Confidence: 0.765714246666667

00:16:46.200 --> 00:16:48.720 daunorubicin was approved for secondary,

NOTE Confidence: 0.765714246666667

00:16:48.720 --> 00:16:52.045 AML is also being studied in high

NOTE Confidence: 0.765714246666667

 $00{:}16{:}52.045 \dashrightarrow 00{:}16{:}53.915$ risk patients who have access plus

NOTE Confidence: 0.765714246666667

 $00:16:53.915 \longrightarrow 00:16:55.852$ in particular and we are seeing

NOTE Confidence: 0.765714246666667

00:16:55.852 --> 00:16:56.818 encouraging activity.

NOTE Confidence: 0.765714246666667

 $00:16:56.820 \longrightarrow 00:16:59.016$ Again this is single ARM study.

NOTE Confidence: 0.765714246666667

 $00:16:59.020 \longrightarrow 00:17:00.352$ Small number of patients.

NOTE Confidence: 0.765714246666667

 $00:17:00.352 \longrightarrow 00:17:02.574$ Those are not your typical MD's patients.

 $00:17:02.574 \longrightarrow 00:17:03.959$ Those are younger fit patients

NOTE Confidence: 0.765714246666667

 $00:17:03.959 \longrightarrow 00:17:05.400$ who go to transplant.

NOTE Confidence: 0.765714246666667

 $00:17:05.400 \longrightarrow 00:17:06.675$ So this probably does not

NOTE Confidence: 0.765714246666667

 $00:17:06.675 \longrightarrow 00:17:07.695$ apply to most patients,

NOTE Confidence: 0.765714246666667

 $00:17:07.700 \longrightarrow 00:17:09.400$ and this is intensive chemo,

NOTE Confidence: 0.765714246666667

 $00:17:09.400 \longrightarrow 00:17:11.094$ so there is high risk of toxicity.

NOTE Confidence: 0.765714246666667

00:17:11.100 --> 00:17:12.955 Those patients should be monitored

NOTE Confidence: 0.765714246666667

 $00:17:12.955 \longrightarrow 00:17:15.191$ the same way you would consider

NOTE Confidence: 0.765714246666667

00:17:15.191 --> 00:17:17.354 someone who is getting 7 + 3.

NOTE Confidence: 0.765714246666667

 $00:17:17.360 \longrightarrow 00:17:20.566$ So in summary, a lot of active.

NOTE Confidence: 0.765714246666667

00:17:20.570 --> 00:17:23.053 Instigation for new agents in MD's,

NOTE Confidence: 0.765714246666667

00:17:23.053 --> 00:17:25.116 I think the field is clearly

NOTE Confidence: 0.765714246666667

 $00{:}17{:}25.116 \dashrightarrow 00{:}17{:}28.846$ very exciting with looking like

NOTE Confidence: 0.765714246666667

 $00{:}17{:}28.850 \dashrightarrow 00{:}17{:}30.230$ a the rapeutic revolution similar

NOTE Confidence: 0.765714246666667

 $00:17:30.230 \longrightarrow 00:17:31.955$ to what's happening in XAML,

 $00:17:31.960 \longrightarrow 00:17:33.759$ and I think to continue with that

NOTE Confidence: 0.765714246666667

 $00:17:33.759 \longrightarrow 00:17:35.730$ we need to continue to refer

NOTE Confidence: 0.765714246666667

 $00:17:35.730 \longrightarrow 00:17:37.236$ patients for clinical trials.

NOTE Confidence: 0.765714246666667

 $00:17:37.236 \longrightarrow 00:17:39.066$ So thank you so much.

NOTE Confidence: 0.765714246666667

 $00:17:39.070 \longrightarrow 00:17:41.578$ This is my email.

NOTE Confidence: 0.765714246666667

 $00:17:41.580 \longrightarrow 00:17:43.820$ Many of you have my cell as well

NOTE Confidence: 0.765714246666667

 $00:17:43.820 \longrightarrow 00:17:46.204$ and feel free to reach out for

NOTE Confidence: 0.765714246666667

00:17:46.204 --> 00:17:48.283 any questions about MD's or any

NOTE Confidence: 0.765714246666667

 $00{:}17{:}48.283 \dashrightarrow 00{:}17{:}49.988$ other questions you might have.

NOTE Confidence: 0.765714246666667

00:17:49.990 --> 00:17:53.221 Thank you so much and I will move

NOTE Confidence: 0.765714246666667

 $00{:}17{:}53.221 \dashrightarrow 00{:}17{:}55.363$ to Doctor Challace who will talk

NOTE Confidence: 0.765714246666667

 $00:17:55.363 \longrightarrow 00:17:58.017$ about acute myeloid leukemia updates.

NOTE Confidence: 0.79296975

00:18:01.500 --> 00:18:02.538 I have to confirm it's just

NOTE Confidence: 0.79296975

 $00:18:02.538 \longrightarrow 00:18:03.769$ presenter view or the standard view.

NOTE Confidence: 0.47510125125

00:18:08.570 --> 00:18:10.635 It's a present, sorry it's

NOTE Confidence: 0.47510125125

00:18:10.635 --> 00:18:12.140 your for you. You need

00:18:12.150 --> 00:18:17.590 to. Such. How's that look good? Yeah, but.

NOTE Confidence: 0.814054174

 $00:18:18.980 \longrightarrow 00:18:21.156$ So alright thanks Doctor

NOTE Confidence: 0.814054174

00:18:21.156 --> 00:18:23.130 Sadanand all of you for joining.

NOTE Confidence: 0.814054174

 $00:18:23.130 \longrightarrow 00:18:24.684$ I'll be reviewing some of the

NOTE Confidence: 0.814054174

 $00:18:24.684 \longrightarrow 00:18:26.002$ highlights from this past meeting

NOTE Confidence: 0.814054174

 $00:18:26.002 \longrightarrow 00:18:27.716$ as it relates to similar disease.

NOTE Confidence: 0.814054174

00:18:27.716 --> 00:18:30.537 Akuma leukemia touching on a few that

NOTE Confidence: 0.814054174

00:18:30.540 --> 00:18:33.180 caught our attention as a community we

NOTE Confidence: 0.814054174

 $00{:}18{:}33.180 \dashrightarrow 00{:}18{:}35.460$ can start with a retrospective analysis.

NOTE Confidence: 0.814054174

 $00{:}18{:}35.460 \dashrightarrow 00{:}18{:}38.764$ First, liposomal done rubison sutera

NOTE Confidence: 0.814054174

 $00:18:38.764 \longrightarrow 00:18:42.176$ been or CPX 351 and hypomethylating

NOTE Confidence: 0.814054174

 $00{:}18{:}42.176 \dashrightarrow 00{:}18{:}45.340$ agent plus band have shown vantage

NOTE Confidence: 0.814054174

 $00{:}18{:}45.340 \dashrightarrow 00{:}18{:}47.840$ as frontline the rapies for older

NOTE Confidence: 0.814054174

 $00:18:47.923 \longrightarrow 00:18:50.299$ and we call adverse risk AML.

NOTE Confidence: 0.814054174

 $00:18:50.300 \longrightarrow 00:18:53.462$ Although HMA van is approved for

 $00:18:53.462 \longrightarrow 00:18:55.430$ ineligible patients who are ineligible

NOTE Confidence: 0.814054174

 $00:18:55.430 \longrightarrow 00:18:56.870$ to receive intensive therapy,

NOTE Confidence: 0.814054174

 $00:18:56.870 \longrightarrow 00:18:58.784$ there's an increased use of this

NOTE Confidence: 0.814054174

 $00:18:58.784 \longrightarrow 00:19:00.570$ combo in older intensive therapy.

NOTE Confidence: 0.814054174

 $00:19:00.570 \longrightarrow 00:19:01.965$ Eligible patients including

NOTE Confidence: 0.814054174

 $00:19:01.965 \longrightarrow 00:19:03.360$ adverse risk disease.

NOTE Confidence: 0.814054174

 $00:19:03.360 \longrightarrow 00:19:05.064$ Furthermore, there's no getting around the

NOTE Confidence: 0.814054174

00:19:05.064 --> 00:19:07.557 fact that CPX is just pretty darn expensive,

NOTE Confidence: 0.814054174

 $00{:}19{:}07.560 \dashrightarrow 00{:}19{:}09.597$ and we also recently published data on

NOTE Confidence: 0.814054174

 $00:19:09.597 \longrightarrow 00:19:11.558$ this and listen to classical 7+3,

NOTE Confidence: 0.814054174

 $00:19:11.560 \longrightarrow 00:19:13.712$ but getting back to CPX and ban there

NOTE Confidence: 0.814054174

 $00:19:13.712 \longrightarrow 00:19:15.508$ have been no randomized trials.

NOTE Confidence: 0.814054174

 $00:19:15.510 \longrightarrow 00:19:17.868$ So the two treatments have not

NOTE Confidence: 0.814054174

 $00{:}19{:}17.868 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}19{:}19.047$ been appropriately compared.

NOTE Confidence: 0.814054174

 $00:19:19.050 \longrightarrow 00:19:20.088$ There have been a number of.

NOTE Confidence: 0.814054174

 $00{:}19{:}20.090 \dashrightarrow 00{:}19{:}21.482$ Retrospective analysis comparing them.

 $00{:}19{:}21.482 \dashrightarrow 00{:}19{:}23.222$ But as upfront the rapy for

NOTE Confidence: 0.814054174

 $00:19:23.222 \longrightarrow 00:19:24.309$ newly diagnosed AML.

NOTE Confidence: 0.814054174

00:19:24.310 --> 00:19:27.470 But this would be the largest thus far,

NOTE Confidence: 0.814054174

 $00:19:27.470 \longrightarrow 00:19:29.936$ so this was a multicenter retrospective

NOTE Confidence: 0.814054174

00:19:29.936 --> 00:19:32.550 study from 4 centers northwestern,

NOTE Confidence: 0.814054174

 $00:19:32.550 \longrightarrow 00:19:33.766$ Moffitt, Cornell.

NOTE Confidence: 0.814054174

 $00:19:33.766 \longrightarrow 00:19:34.982$ And yeah,

NOTE Confidence: 0.814054174

00:19:34.982 --> 00:19:36.806 I think Sloane,

NOTE Confidence: 0.814054174

 $00:19:36.810 \longrightarrow 00:19:39.486$ presented by Pinkel Desai and included

NOTE Confidence: 0.814054174

00:19:39.486 --> 00:19:42.521 211 patients treated with CPX 351 and

NOTE Confidence: 0.814054174

 $00:19:42.521 \longrightarrow 00:19:45.120$ server 220 that got then you could

NOTE Confidence: 0.814054174

 $00:19:45.120 \longrightarrow 00:19:46.980$ see here the overall population on

NOTE Confidence: 0.814054174

 $00:19:46.980 \longrightarrow 00:19:49.108$ the left baseline characteristics.

NOTE Confidence: 0.814054174

 $00:19:49.110 \longrightarrow 00:19:50.850$ The meeting ages were different between.

NOTE Confidence: 0.814054174

 $00:19:50.850 \longrightarrow 00:19:51.741$ Groups as expected,

00:19:51.741 --> 00:19:53.523 more adverse risk disease in the

NOTE Confidence: 0.814054174

00:19:53.523 --> 00:19:54.529 HM Event group.

NOTE Confidence: 0.814054174

00:19:54.530 --> 00:19:55.445 Like I mentioned,

NOTE Confidence: 0.814054174

 $00:19:55.445 \longrightarrow 00:19:57.580$ there's also a trend towards being a

NOTE Confidence: 0.814054174

00:19:57.639 --> 00:19:59.491 more enriched for P53 mutated disease,

NOTE Confidence: 0.814054174

 $00{:}19{:}59.491 \dashrightarrow 00{:}20{:}01.570$ but the CPX group was more likely

NOTE Confidence: 0.814054174

 $00{:}20{:}01.629 \dashrightarrow 00{:}20{:}03.939$ to have received prior HMA relevant

NOTE Confidence: 0.814054174

 $00:20:03.939 \longrightarrow 00:20:05.479$ consideration given these patients

NOTE Confidence: 0.814054174

 $00{:}20{:}05.539 \dashrightarrow 00{:}20{:}07.012$ probably progressed from MD's.

NOTE Confidence: 0.814054174

00:20:07.012 --> 00:20:09.076 The study team is also interested

NOTE Confidence: 0.814054174

 $00{:}20{:}09.076 \dashrightarrow 00{:}20{:}10.368$ on the right here.

NOTE Confidence: 0.814054174

 $00{:}20{:}10.370 \longrightarrow 00{:}20{:}11.990$ You could see in patients aged

NOTE Confidence: 0.814054174

 $00:20:11.990 \longrightarrow 00:20:13.070$ 60 or 75 years,

NOTE Confidence: 0.814054174

 $00:20:13.070 \longrightarrow 00:20:14.638$ which was the original

NOTE Confidence: 0.814054174

 $00:20:14.638 \longrightarrow 00:20:16.549$ age group studied for CPX.

NOTE Confidence: 0.814054174

 $00:20:16.549 \longrightarrow 00:20:18.583$ 351 on the randomized phase three

 $00:20:18.583 \longrightarrow 00:20:20.172$ and differences between groups were

NOTE Confidence: 0.814054174

 $00:20:20.172 \longrightarrow 00:20:22.228$ about the same as you can see here.

NOTE Confidence: 0.814054174

00:20:22.230 --> 00:20:23.654 With regards to outcomes,

NOTE Confidence: 0.814054174

00:20:23.654 --> 00:20:26.470 more patients achieved CR in the CPX group,

NOTE Confidence: 0.814054174

 $00{:}20{:}26.470 \dashrightarrow 00{:}20{:}28.422$ but more CRI in the HMA Venn Group

NOTE Confidence: 0.814054174

 $00:20:28.422 \longrightarrow 00:20:30.664$ as you would expect given the

NOTE Confidence: 0.814054174

 $00:20:30.664 \longrightarrow 00:20:32.356$ continual the cyclic continuous

NOTE Confidence: 0.814054174

00:20:32.356 --> 00:20:34.274 mouse oppression that's encountered

NOTE Confidence: 0.814054174

 $00{:}20{:}34.274 \dashrightarrow 00{:}20{:}36.298$ with phonetic lack specifically.

NOTE Confidence: 0.814054174

00:20:36.300 --> 00:20:36.737 However,

NOTE Confidence: 0.814054174

 $00:20:36.737 \longrightarrow 00:20:39.359$ these differences appear to offset when

NOTE Confidence: 0.814054174

 $00:20:39.359 \longrightarrow 00:20:42.200$ looking at the overall or composite.

NOTE Confidence: 0.814054174 00:20:42.200 --> 00:20:44.090 Rate.

NOTE Confidence: 0.814054174

 $00:20:44.090 \longrightarrow 00:20:47.446$ And there was a trend towards better

NOTE Confidence: 0.814054174

 $00{:}20{:}47.446 \dashrightarrow 00{:}20{:}50.229$ CR CR I in the TPP related subgroup.

 $00:20:50.230 \longrightarrow 00:20:51.054$ And interestingly,

NOTE Confidence: 0.814054174

 $00{:}20{:}51.054 \dashrightarrow 00{:}20{:}53.526$ no differences in response rates for

NOTE Confidence: 0.814054174

 $00:20:53.526 \longrightarrow 00:20:55.950$ patients with prior looking to the right.

NOTE Confidence: 0.814054174

00:20:55.950 --> 00:20:58.244 You can see that real free survival

NOTE Confidence: 0.814054174

00:20:58.244 --> 00:21:00.404 RFS was longer than CPX group,

NOTE Confidence: 0.814054174

 $00{:}21{:}00.410 \dashrightarrow 00{:}21{:}02.186$ actually more than doubled but did

NOTE Confidence: 0.814054174

 $00{:}21{:}02.186 \dashrightarrow 00{:}21{:}03.370$ not meet statistical significance.

NOTE Confidence: 0.814054174

00:21:03.370 --> 00:21:03.823 However,

NOTE Confidence: 0.814054174

00:21:03.823 --> 00:21:06.541 meeting OS was better in the

NOTE Confidence: 0.814054174

 $00:21:06.541 \longrightarrow 00:21:09.630$ arm at 17.3 months.

NOTE Confidence: 0.814054174

 $00:21:09.630 \longrightarrow 00:21:12.094$ Among patients aged 60 to 75 years,

NOTE Confidence: 0.814054174

 $00:21:12.100 \longrightarrow 00:21:13.650$ similar to the overall cohort

NOTE Confidence: 0.814054174

 $00:21:13.650 \longrightarrow 00:21:15.200$ or FS was no different,

NOTE Confidence: 0.814054174

 $00:21:15.200 \longrightarrow 00:21:17.132$ but neither in this case was

NOTE Confidence: 0.814054174

00:21:17.132 --> 00:21:18.825 OS in multivariable analysis.

NOTE Confidence: 0.814054174

00:21:18.825 --> 00:21:21.555 After adjusting for things like age,

 $00:21:21.560 \longrightarrow 00:21:22.622$ Ellen Risk,

NOTE Confidence: 0.814054174

00:21:22.622 --> 00:21:24.746 history of permanency and

NOTE Confidence: 0.814054174

00:21:24.746 --> 00:21:27.280 importantly prior receipt of HMA,

NOTE Confidence: 0.814054174

00:21:27.280 --> 00:21:29.410 there was an advantage favoring

NOTE Confidence: 0.814054174

 $00:21:29.410 \longrightarrow 00:21:31.540$ CPX for with regards to

NOTE Confidence: 0.619771994

00:21:31.620 --> 00:21:35.138 S in the P53. Sorry TP. 50 mutated cohort.

NOTE Confidence: 0.619771994

00:21:35.140 --> 00:21:37.597 However, it should be noted that among

NOTE Confidence: 0.619771994

 $00:21:37.597 \longrightarrow 00:21:39.628$ this population age 60 or 75 years.

NOTE Confidence: 0.619771994

 $00:21:39.630 \longrightarrow 00:21:42.321$ The shy 50% of patients in the CPX arm

NOTE Confidence: 0.619771994

 $00{:}21{:}42.321 \dashrightarrow 00{:}21{:}45.129$ went to transplant compared to just 520.

NOTE Confidence: 0.619771994

00:21:45.130 --> 00:21:47.614 In the ACE event or sorry HM Event group.

NOTE Confidence: 0.619771994

 $00:21:47.620 \longrightarrow 00:21:49.741$ So more than double in this is

NOTE Confidence: 0.619771994

00:21:49.741 --> 00:21:51.010 important because you know,

NOTE Confidence: 0.619771994

 $00:21:51.010 \longrightarrow 00:21:52.718$ transplant was a significant

NOTE Confidence: 0.619771994

 $00:21:52.718 \longrightarrow 00:21:54.853$ predictor of RFS and OS.

 $00:21:54.860 \longrightarrow 00:21:57.562$ They conducted another MVA in patients that

NOTE Confidence: 0.619771994

 $00{:}21{:}57.562 \dashrightarrow 00{:}22{:}00.209$ were aged 65 years who did not receive a

NOTE Confidence: 0.619771994

 $00{:}22{:}00.209 \dashrightarrow 00{:}22{:}02.280$ transplant and found no difference in OS.

NOTE Confidence: 0.619771994

 $00{:}22{:}02.280 \dashrightarrow 00{:}22{:}05.108$ So, in conclusion, this there was a

NOTE Confidence: 0.619771994

 $00:22:05.108 \longrightarrow 00:22:07.427$ significant difference favoring CPS and the

NOTE Confidence: 0.619771994

 $00{:}22{:}07.427 \dashrightarrow 00{:}22{:}09.515$ over all cohort and in several subgroups,

NOTE Confidence: 0.619771994

 $00:22:09.520 \longrightarrow 00:22:12.136$ although in no difference in C.

NOTE Confidence: 0.619771994

00:22:12.140 --> 00:22:13.586 However, this is very likely related

NOTE Confidence: 0.619771994

 $00{:}22{:}13.586 \dashrightarrow 00{:}22{:}15.321$ to a better rate of outlook transplant

NOTE Confidence: 0.619771994

 $00:22:15.321 \longrightarrow 00:22:17.008$ in the CPX group or likely had.

NOTE Confidence: 0.619771994

00:22:17.010 --> 00:22:17.850 As you'd imagine,

NOTE Confidence: 0.619771994

 $00:22:17.850 \longrightarrow 00:22:19.530$ if you were morbidities and thus

NOTE Confidence: 0.619771994

 $00{:}22{:}19.530 \dashrightarrow 00{:}22{:}21.479$ you know CPX could still be the

NOTE Confidence: 0.619771994

 $00:22:21.479 \longrightarrow 00:22:23.289$ standard for for younger fit patients,

NOTE Confidence: 0.619771994

 $00:22:23.290 \longrightarrow 00:22:26.428$ even with at risk risk disease.

NOTE Confidence: 0.619771994

 $00:22:26.430 \longrightarrow 00:22:28.398$ Switching gears to some clinical trial

 $00:22:28.398 \longrightarrow 00:22:30.090$ updates starting with targeted agents.

NOTE Confidence: 0.619771994

 $00:22:30.090 \longrightarrow 00:22:32.026$ Given the dawn of a new era,

NOTE Confidence: 0.619771994

00:22:32.030 --> 00:22:34.230 that Doctor Zaidan had appropriately

NOTE Confidence: 0.619771994

00:22:34.230 --> 00:22:35.759 mentioned and specifically starting

NOTE Confidence: 0.619771994

 $00:22:35.759 \longrightarrow 00:22:36.848$ with frontline trials,

NOTE Confidence: 0.619771994

 $00:22:36.850 \longrightarrow 00:22:39.346$ we could talk about each one mutated disease,

NOTE Confidence: 0.619771994

 $00:22:39.350 \longrightarrow 00:22:41.884$ which are found so mutations in IDH

NOTE Confidence: 0.619771994

 $00:22:41.884 \longrightarrow 00:22:44.133$ 1 mutations are found at about 5

NOTE Confidence: 0.619771994

 $00:22:44.133 \longrightarrow 00:22:46.210$ to 10% really diagnose patients.

NOTE Confidence: 0.619771994

 $00{:}22{:}46.210 \dashrightarrow 00{:}22{:}49.546$ Ibis Sydney is an oral IDH 1 inhibitor

NOTE Confidence: 0.619771994

 $00{:}22{:}49.546 \dashrightarrow 00{:}22{:}52.021$ that's FDA approved for two population,

NOTE Confidence: 0.619771994

 $00:22:52.021 \longrightarrow 00:22:53.769$ specifically adults with factory

NOTE Confidence: 0.619771994

00:22:53.769 --> 00:22:56.419 mutated disease and those with newly

NOTE Confidence: 0.619771994

00:22:56.419 --> 00:22:58.290 diagnosed disease, but are just.

NOTE Confidence: 0.619771994

 $00:22:58.290 \longrightarrow 00:22:59.650$ Older 75 years plus,

 $00:22:59.650 \longrightarrow 00:23:01.750$ or if commodities that quote UN quote

NOTE Confidence: 0.619771994

 $00{:}23{:}01.750 \dashrightarrow 00{:}23{:}03.818$ preclude the use of intensive the rapy

NOTE Confidence: 0.619771994

 $00:23:03.820 \longrightarrow 00:23:05.266$ there already data from a phase.

NOTE Confidence: 0.619771994

 $00:23:05.270 \longrightarrow 00:23:08.326$ One study of think it was 2425 patients

NOTE Confidence: 0.619771994

 $00:23:08.326 \longrightarrow 00:23:10.166$ with newly diagnosed disease that

NOTE Confidence: 0.619771994

00:23:10.166 --> 00:23:11.994 showed a favorable safety profile

NOTE Confidence: 0.619771994

 $00:23:11.994 \longrightarrow 00:23:13.641$ and pretty encouraging clinical

NOTE Confidence: 0.619771994

 $00:23:13.641 \longrightarrow 00:23:15.826$ activity for the combination of

NOTE Confidence: 0.619771994

 $00:23:15.826 \longrightarrow 00:23:18.384$ either sitting in a society and for

NOTE Confidence: 0.619771994

 $00:23:18.384 \longrightarrow 00:23:21.101$ that reason and also for the fact

NOTE Confidence: 0.619771994

 $00:23:21.101 \longrightarrow 00:23:23.406$ that this trial started enrolling.

NOTE Confidence: 0.619771994

00:23:23.410 --> 00:23:26.434 I think I wanna say March or April 2018,

NOTE Confidence: 0.619771994

 $00:23:26.440 \longrightarrow 00:23:28.820$ before we had the valley a data.

NOTE Confidence: 0.619771994

00:23:28.820 --> 00:23:30.698 This prompted a double blind randomized,

NOTE Confidence: 0.619771994

 $00:23:30.700 \longrightarrow 00:23:32.725$ placebo controlled phase three study

NOTE Confidence: 0.619771994

 $00{:}23{:}32.725 \dashrightarrow 00{:}23{:}35.078$ where patients were randomized 1 to

 $00:23:35.078 \longrightarrow 00:23:37.190$ one to receive Asia or Asia plus I've

NOTE Confidence: 0.619771994

 $00{:}23{:}37.190 \dashrightarrow 00{:}23{:}39.277$ acid nip with the primary endpoint.

NOTE Confidence: 0.619771994

 $00:23:39.280 \longrightarrow 00:23:40.648$ As you can see in the right here

NOTE Confidence: 0.619771994

 $00:23:40.648 \longrightarrow 00:23:41.619$ of event free survival,

NOTE Confidence: 0.619771994

 $00{:}23{:}41.620 \dashrightarrow 00{:}23{:}44.070$ which was defined as a time frame

NOTE Confidence: 0.619771994

 $00:23:44.070 \longrightarrow 00:23:45.630$ randomization until treatment failure.

NOTE Confidence: 0.795475042142857

 $00:23:48.090 \longrightarrow 00:23:49.428$ 146 patients have been enrolled as

NOTE Confidence: 0.795475042142857

 $00:23:49.428 \longrightarrow 00:23:51.189$ of this day to cut with the data.

NOTE Confidence: 0.795475042142857

00:23:51.190 --> 00:23:54.382 Cutoff was March of 2021 and as shown here,

NOTE Confidence: 0.795475042142857

 $00{:}23{:}54.382 \dashrightarrow 00{:}23{:}55.922$ these were older patients with

NOTE Confidence: 0.795475042142857

 $00:23:55.922 \longrightarrow 00:23:58.046$ a median age of 75 to 76 years,

NOTE Confidence: 0.795475042142857

 $00:23:58.050 \longrightarrow 00:24:00.666$ a third with Anika performance status of two.

NOTE Confidence: 0.795475042142857

00:24:00.670 --> 00:24:03.400 Also about 1/4 of patients had

NOTE Confidence: 0.795475042142857

 $00:24:03.400 \longrightarrow 00:24:06.468$ defined poor risk disease.

NOTE Confidence: 0.795475042142857

 $00:24:06.470 \longrightarrow 00:24:07.438$ In looking at responses,

00:24:07.438 --> 00:24:09.210 which was not the primary end point,

NOTE Confidence: 0.795475042142857

 $00:24:09.210 \longrightarrow 00:24:11.045$ there was a statistically significant

NOTE Confidence: 0.795475042142857

 $00:24:11.045 \longrightarrow 00:24:13.962$ difference in CR as well as composite CRH

NOTE Confidence: 0.795475042142857

00:24:13.962 --> 00:24:16.328 favoring the Asia plus I've Sydney more,

NOTE Confidence: 0.795475042142857

00:24:16.330 --> 00:24:19.290 which namely demonstrated a 53% rate of CRC,

NOTE Confidence: 0.795475042142857

00:24:19.290 --> 00:24:21.450 RH, and half of these patients

NOTE Confidence: 0.795475042142857

00:24:21.450 --> 00:24:23.396 experienced a mutational clearance

NOTE Confidence: 0.795475042142857

 $00:24:23.396 \longrightarrow 00:24:25.416$ which is increasingly becoming.

NOTE Confidence: 0.795475042142857

 $00:24:25.420 \longrightarrow 00:24:27.310$ Is being recognized as a predictor

NOTE Confidence: 0.795475042142857

 $00:24:27.310 \longrightarrow 00:24:29.455$ of a durability of response and

NOTE Confidence: 0.795475042142857

 $00{:}24{:}29.455 \dashrightarrow 00{:}24{:}31.495$ improvement in event based outcomes

NOTE Confidence: 0.795475042142857

 $00:24:31.500 \longrightarrow 00:24:33.666$ in the intent to treat population

NOTE Confidence: 0.795475042142857

 $00:24:33.666 \longrightarrow 00:24:36.439$ in line with the better rates of

NOTE Confidence: 0.795475042142857

 $00:24:36.439 \longrightarrow 00:24:38.519$ response and deep response by.

NOTE Confidence: 0.795475042142857

 $00:24:38.520 \longrightarrow 00:24:40.501$ There was a better EFS in the

NOTE Confidence: 0.795475042142857

00:24:40.501 --> 00:24:42.209 Asia plus Ivy Sydney farm.

00:24:42.210 --> 00:24:43.872 This is also translated into better

NOTE Confidence: 0.795475042142857

 $00:24:43.872 \longrightarrow 00:24:45.960$ OS for that for that arm as well.

NOTE Confidence: 0.795475042142857

 $00:24:45.960 \longrightarrow 00:24:47.560$ Quite striking at 24 months

NOTE Confidence: 0.795475042142857

 $00:24:47.560 \longrightarrow 00:24:48.840$ compared with eight months.

NOTE Confidence: 0.795475042142857

00:24:48.840 --> 00:24:50.646 As you can see here for patients

NOTE Confidence: 0.795475042142857

 $00:24:50.646 \longrightarrow 00:24:52.369$ just getting as alone and this

NOTE Confidence: 0.795475042142857

 $00:24:52.369 \longrightarrow 00:24:54.145$ is generally what we expect for

NOTE Confidence: 0.795475042142857

 $00:24:54.145 \longrightarrow 00:24:55.899$ patients getting a zoumana therapy.

NOTE Confidence: 0.795475042142857

00:24:55.900 --> 00:24:58.447 Did it come at the cost of more toxicity?

NOTE Confidence: 0.795475042142857

 $00:24:58.450 \longrightarrow 00:25:00.426$ Not really in looking at human logic talks,

NOTE Confidence: 0.795475042142857

 $00:25:00.430 \longrightarrow 00:25:02.248$ but perhaps a little more neutropenia.

NOTE Confidence: 0.795475042142857

 $00:25:02.250 \longrightarrow 00:25:05.298$ Pina Nonheme talks was also about the same,

NOTE Confidence: 0.795475042142857

 $00{:}25{:}05.300 \dashrightarrow 00{:}25{:}07.628$ but the frequency of all grade

NOTE Confidence: 0.795475042142857

 $00:25:07.628 \longrightarrow 00:25:09.259$ differentiation syndrome, but concerned with.

NOTE Confidence: 0.795475042142857

 $00:25:09.259 \longrightarrow 00:25:10.108$ Ibis Sydney Pomona.

00:25:10.110 --> 00:25:11.610 Couple other targeted agents

NOTE Confidence: 0.795475042142857

 $00{:}25{:}11.610 \dashrightarrow 00{:}25{:}13.110$ as assessed by investigators,

NOTE Confidence: 0.795475042142857

 $00:25:13.110 \longrightarrow 00:25:15.630$ was about 14% in the combo arm,

NOTE Confidence: 0.795475042142857

 $00:25:15.630 \longrightarrow 00:25:17.586$ compared to 8%.

NOTE Confidence: 0.795475042142857

 $00:25:17.586 \longrightarrow 00:25:20.822$ Think 70% on the monotherapy arm,

NOTE Confidence: 0.795475042142857

 $00:25:20.822 \longrightarrow 00:25:22.754$ although grade 3 differentiation

NOTE Confidence: 0.795475042142857

 $00:25:22.754 \longrightarrow 00:25:24.768$ syndrome was only about 4%.

NOTE Confidence: 0.795475042142857

 $00:25:24.770 \longrightarrow 00:25:26.290$ However, in both arms,

NOTE Confidence: 0.795475042142857

 $00:25:26.290 \longrightarrow 00:25:27.810$ so not terribly different.

NOTE Confidence: 0.795475042142857

00:25:27.810 --> 00:25:29.386 And looking on the right here you can

NOTE Confidence: 0.795475042142857

 $00{:}25{:}29.386 \dashrightarrow 00{:}25{:}30.700$ see these are patient reported outcomes

NOTE Confidence: 0.795475042142857

 $00:25:30.700 \longrightarrow 00:25:32.200$ and measurements of quality of life.

NOTE Confidence: 0.795475042142857

 $00{:}25{:}32.200 \dashrightarrow 00{:}25{:}34.202$ You can see that Ivo plus Asia

NOTE Confidence: 0.795475042142857

 $00:25:34.202 \longrightarrow 00:25:36.527$ appear to be a bit more favorable,

NOTE Confidence: 0.795475042142857

 $00:25:36.530 \longrightarrow 00:25:39.840$ so in some there wasn't.

NOTE Confidence: 0.795475042142857

 $00:25:39.840 \longrightarrow 00:25:41.736$ Recommendation that further enrollment

 $00:25:41.736 \longrightarrow 00:25:44.106$ be prematurely discontinued given the

NOTE Confidence: 0.795475042142857

 $00:25:44.106 \longrightarrow 00:25:46.475$ evidence of a benefit for the combination.

NOTE Confidence: 0.795475042142857

 $00:25:46.480 \longrightarrow 00:25:48.531$ So I would say, how does this

NOTE Confidence: 0.795475042142857

00:25:48.531 --> 00:25:49.970 translate into clinical practice?

NOTE Confidence: 0.795475042142857 00:25:49.970 --> 00:25:50.478 In short, NOTE Confidence: 0.795475042142857

 $00:25:50.478 \longrightarrow 00:25:52.510$ as yet it remains to be determined for

NOTE Confidence: 0.795475042142857

00:25:52.570 --> 00:25:54.640 the patient with ID terminated disease,

NOTE Confidence: 0.795475042142857

 $00{:}25{:}54.640 \dashrightarrow 00{:}25{:}57.146$ whether he or she is best served

NOTE Confidence: 0.795475042142857

 $00:25:57.146 \longrightarrow 00:25:59.929$ with a so plus van or a soap.

NOTE Confidence: 0.795475042142857

 $00:25:59.930 \longrightarrow 00:26:01.178$ I am personally aware of any

NOTE Confidence: 0.795475042142857

00:26:01.178 --> 00:26:02.330 randomized trial at the moment,

NOTE Confidence: 0.795475042142857

 $00:26:02.330 \longrightarrow 00:26:06.038$ but suspect that is a that is coming soon.

NOTE Confidence: 0.795475042142857

 $00{:}26{:}06.040 \dashrightarrow 00{:}26{:}07.645$ Sticking with the same theme

NOTE Confidence: 0.795475042142857

00:26:07.645 --> 00:26:08.929 for frontline randomized trials,

NOTE Confidence: 0.795475042142857

00:26:08.930 --> 00:26:11.456 we should discuss the LACEWING trial,

00:26:11.460 --> 00:26:13.200 which was just presented by Eunice

NOTE Confidence: 0.795475042142857

 $00{:}26{:}13.200 \dashrightarrow 00{:}26{:}15.607$ Wang at the meeting and this is a

NOTE Confidence: 0.795475042142857

 $00:26:15.607 \longrightarrow 00:26:17.087$ trial that randomized patients with

NOTE Confidence: 0.795475042142857

 $00:26:17.087 \longrightarrow 00:26:19.472$ newly diagnosed AML and who were

NOTE Confidence: 0.795475042142857

 $00:26:19.472 \longrightarrow 00:26:21.248$ inappropriate to receive intensive

NOTE Confidence: 0.795475042142857

00:26:21.248 --> 00:26:24.290 therapy to either get a Cerezo plus

NOTE Confidence: 0.795475042142857

 $00:26:24.290 \longrightarrow 00:26:26.168$ gilteritinib which is a footer

NOTE Confidence: 0.795475042142857

 $00:26:26.168 \longrightarrow 00:26:27.636$ inhibitor that demonstrated efficacy

NOTE Confidence: 0.795475042142857

 $00{:}26{:}27.636 \dashrightarrow 00{:}26{:}29.804$ and safety and patients with ribs

NOTE Confidence: 0.795475042142857

00:26:29.804 --> 00:26:31.868 refractory for the mutated disease and

NOTE Confidence: 0.795475042142857

 $00{:}26{:}31.930 \dashrightarrow 00{:}26{:}34.016$ what's known as the atom whole trial.

NOTE Confidence: 0.79547504214285700:26:34.020 --> 00:26:34.276 Similarly,

NOTE Confidence: 0.795475042142857

 $00{:}26{:}34.276 \dashrightarrow 00{:}26{:}35.556$ this trial was launched before

NOTE Confidence: 0.795475042142857

 $00:26:35.556 \longrightarrow 00:26:36.970$ the results of the alley A.

NOTE Confidence: 0.795475042142857

00:26:36.970 --> 00:26:38.585 Were known the primary endpoint

NOTE Confidence: 0.795475042142857

 $00:26:38.585 \longrightarrow 00:26:40.200$ of this trial was overall

00:26:40.260 --> 00:26:42.462 survival, so not FS and not or

NOTE Confidence: 0.839955340909091

 $00:26:42.462 \longrightarrow 00:26:44.642$ more of a response based endpoint.

NOTE Confidence: 0.839955340909091

 $00:26:44.642 \longrightarrow 00:26:47.306$ Patients were originally randomized 1 to

NOTE Confidence: 0.839955340909091

 $00:26:47.306 \longrightarrow 00:26:50.428$ one to one either get filter written at

NOTE Confidence: 0.839955340909091

 $00:26:50.428 \longrightarrow 00:26:52.710$ monotherapy built plus as a or as alone.

NOTE Confidence: 0.839955340909091

 $00:26:52.710 \longrightarrow 00:26:54.551$ But due to the website it as

NOTE Confidence: 0.839955340909091

00:26:54.551 --> 00:26:56.259 being a preferred therapy change,

NOTE Confidence: 0.839955340909091

 $00:26:56.260 \longrightarrow 00:26:59.108$ it was modified to randomize patients 2 to

NOTE Confidence: 0.839955340909091

 $00{:}26{:}59.108 \to 00{:}27{:}02.668$ one to get either guiltless ASA oracea alone.

NOTE Confidence: 0.839955340909091

 $00{:}27{:}02.670 \dashrightarrow 00{:}27{:}04.812$ Baseline characteristics are shown here and

NOTE Confidence: 0.839955340909091

 $00:27:04.812 \longrightarrow 00:27:07.128$ demonstrate that this was as expected and.

NOTE Confidence: 0.839955340909091

00:27:07.130 --> 00:27:08.774 Older population with meaning ages 77

NOTE Confidence: 0.839955340909091

 $00{:}27{:}08.774 \dashrightarrow 00{:}27{:}10.842$ years and also a good proportion with

NOTE Confidence: 0.839955340909091

 $00:27:10.842 \longrightarrow 00:27:12.672$ any card performance status of two

NOTE Confidence: 0.839955340909091

 $00:27:12.672 \longrightarrow 00:27:14.578$ plus with perhaps some imbalance in

 $00:27:14.578 \longrightarrow 00:27:16.572$ favor of the Asian monotherapy arm.

NOTE Confidence: 0.839955340909091

 $00:27:16.572 \longrightarrow 00:27:19.542$ As expected, there were about 80% IT

NOTE Confidence: 0.839955340909091

 $00:27:19.542 \longrightarrow 00:27:21.414$ mutations and similar rates of it.

NOTE Confidence: 0.839955340909091

 $00:27:21.420 \longrightarrow 00:27:23.828$ High disease without at least from my eyes.

NOTE Confidence: 0.839955340909091

 $00:27:23.830 \longrightarrow 00:27:24.910$ Clear imbalances.

NOTE Confidence: 0.688259697142857

00:27:27.260 --> 00:27:29.269 It's pretty much up for this slide

NOTE Confidence: 0.688259697142857

00:27:29.270 --> 00:27:31.760 with regards to responses CR rates,

NOTE Confidence: 0.688259697142857

 $00:27:31.760 \longrightarrow 00:27:32.856$ not the primary endpoint,

NOTE Confidence: 0.688259697142857

 $00:27:32.856 \longrightarrow 00:27:34.500$ which is OS like I mentioned,

NOTE Confidence: 0.688259697142857

 $00:27:34.500 \longrightarrow 00:27:35.860$ we're somewhere between arms,

NOTE Confidence: 0.688259697142857

 $00:27:35.860 \longrightarrow 00:27:38.148$ but the rates of CRI and CRP which

NOTE Confidence: 0.688259697142857

00:27:38.148 --> 00:27:39.921 are less than CR response is still

NOTE Confidence: 0.688259697142857

 $00:27:39.921 \longrightarrow 00:27:41.536$ to be clinically meaningful were

NOTE Confidence: 0.688259697142857

 $00{:}27{:}41.536 \dashrightarrow 00{:}27{:}43.433$ higher in the combination are nearly

NOTE Confidence: 0.688259697142857

 $00:27:43.433 \longrightarrow 00:27:45.071$ three times actually for a composite

NOTE Confidence: 0.688259697142857

 $00{:}27{:}45.071 --> 00{:}27{:}47.990$ C area of about 58% for the combo

 $00:27:47.990 \longrightarrow 00:27:50.370$ and the 26% for as a monotherapy.

NOTE Confidence: 0.879116239523809

00:27:52.490 --> 00:27:53.880 However, it it's pretty clear

NOTE Confidence: 0.879116239523809

 $00:27:53.880 \longrightarrow 00:27:55.646$ from this KM curve that overall

NOTE Confidence: 0.879116239523809

 $00:27:55.646 \longrightarrow 00:27:57.246$ survival was not different between

NOTE Confidence: 0.879116239523809

 $00:27:57.246 \longrightarrow 00:27:58.950$ arms at about nine months.

NOTE Confidence: 0.879116239523809

00:27:58.950 --> 00:28:00.090 It should be noted, however,

NOTE Confidence: 0.879116239523809

 $00:28:00.090 \longrightarrow 00:28:01.938$ and this was discussed at the

NOTE Confidence: 0.879116239523809

 $00{:}28{:}01.938 \dashrightarrow 00{:}28{:}04.063$ meeting and I believe it that this

NOTE Confidence: 0.879116239523809

 $00:28:04.063 \longrightarrow 00:28:06.322$ may be explained by a couple things.

NOTE Confidence: 0.879116239523809

 $00{:}28{:}06.322 \dashrightarrow 00{:}28{:}07.858$ Subsequent email therapy was

NOTE Confidence: 0.879116239523809

 $00{:}28{:}07.858 \operatorname{--}{>} 00{:}28{:}09.895$ received by 20% of patients on

NOTE Confidence: 0.879116239523809

 $00{:}28{:}09.895 \dashrightarrow 00{:}28{:}11.960$ guilt ASA and just shaved half of

NOTE Confidence: 0.879116239523809

 $00:28:12.031 \longrightarrow 00:28:14.245$ patients on the ASA monotherapy arm,

NOTE Confidence: 0.879116239523809

 $00:28:14.250 \longrightarrow 00:28:15.918$ meaning time to that next therapy

NOTE Confidence: 0.879116239523809

 $00:28:15.918 \longrightarrow 00:28:17.700$ was a bit longer in the ASA.

 $00:28:17.700 \longrightarrow 00:28:19.100$ Sorry, the combination arm.

NOTE Confidence: 0.879116239523809

 $00{:}28{:}19.100 \dashrightarrow 00{:}28{:}21.770$ It was like 8 versus 5 months.

NOTE Confidence: 0.879116239523809

 $00:28:21.770 \longrightarrow 00:28:23.318$ So this might have influenced OS

NOTE Confidence: 0.879116239523809

 $00:28:23.318 \longrightarrow 00:28:25.055$ in addition to the imbalance and

NOTE Confidence: 0.879116239523809

 $00:28:25.055 \longrightarrow 00:28:26.685$ performance status that I showed

NOTE Confidence: 0.879116239523809

 $00:28:26.685 \longrightarrow 00:28:28.912$ you earlier on the right here.

NOTE Confidence: 0.879116239523809

00:28:28.912 --> 00:28:30.877 Looking at unplanned subgroup analysis,

NOTE Confidence: 0.879116239523809

00:28:30.880 --> 00:28:32.140 improved overall survival with guilt

NOTE Confidence: 0.879116239523809

 $00:28:32.140 \longrightarrow 00:28:34.159$ as it was really not observed in any.

NOTE Confidence: 0.879116239523809

00:28:34.160 --> 00:28:36.008 Although some trans were noted for

NOTE Confidence: 0.879116239523809

 $00{:}28{:}36.008 \dashrightarrow 00{:}28{:}37.972$ patients that were more fit and

NOTE Confidence: 0.879116239523809

00:28:37.972 --> 00:28:41.044 also here with Highet delic ratio,

NOTE Confidence: 0.879116239523809

 $00{:}28{:}41.050 \dashrightarrow 00{:}28{:}43.024$ I didn't show any adverse event data

NOTE Confidence: 0.879116239523809

 $00:28:43.024 \longrightarrow 00:28:44.934$ here because they were largely similar

NOTE Confidence: 0.879116239523809

 $00:28:44.934 \longrightarrow 00:28:47.279$ between arms including grade 3 plus events.

NOTE Confidence: 0.879116239523809 00:28:47.280 --> 00:28:48.651 So in some,

 $00:28:48.651 \longrightarrow 00:28:50.479$ although a negative trial

NOTE Confidence: 0.879116239523809

 $00:28:50.479 \longrightarrow 00:28:52.090$ still an informative 1.

NOTE Confidence: 0.879116239523809

00:28:52.090 --> 00:28:53.114 Supporting the contention that

NOTE Confidence: 0.879116239523809

 $00:28:53.114 \longrightarrow 00:28:55.265$ a zevan as based on the alley a

NOTE Confidence: 0.879116239523809

 $00:28:55.265 \longrightarrow 00:28:56.665$ may be the preferred combination

NOTE Confidence: 0.879116239523809

 $00:28:56.665 \longrightarrow 00:28:58.253$ for older patients who were

NOTE Confidence: 0.879116239523809

 $00:28:58.253 \longrightarrow 00:28:59.641$ inappropriate to receive intensive

NOTE Confidence: 0.879116239523809

 $00{:}28{:}59.641 \dashrightarrow 00{:}29{:}01.029$ therapy with mutated disease.

NOTE Confidence: 0.879116239523809

 $00{:}29{:}01.030 \dashrightarrow 00{:}29{:}03.460$ At the moment, I guess I can always change.

NOTE Confidence: 0.723182602173913

 $00:29:05.800 \longrightarrow 00:29:07.856$ Last year I had reviewed the data for

NOTE Confidence: 0.723182602173913

00:29:07.856 --> 00:29:09.999 Asia and McGraw map which is an anti

NOTE Confidence: 0.723182602173913

 $00:29:09.999 \longrightarrow 00:29:12.058$ CD 47 antibody that blocks the quote.

NOTE Confidence: 0.723182602173913

 $00{:}29{:}12.060 --> 00{:}29{:}15.015$ Don't eat these signal on

NOTE Confidence: 0.723182602173913

00:29:15.015 --> 00:29:16.788 macrophages and specifically.

NOTE Confidence: 0.723182602173913

00:29:16.790 --> 00:29:18.250 Pretty robust efficacy for patients

 $00:29:18.250 \longrightarrow 00:29:20.385$ that have both P fitted mutated disease

NOTE Confidence: 0.723182602173913

 $00:29:20.385 \longrightarrow 00:29:21.910$ and wild type disease. Actually,

NOTE Confidence: 0.723182602173913

 $00:29:21.910 \longrightarrow 00:29:23.800$ for the pilot for the mutated cohort,

NOTE Confidence: 0.723182602173913

 $00:29:23.800 \longrightarrow 00:29:25.606$ I just over 12 months would be

NOTE Confidence: 0.723182602173913

 $00:29:25.606 \longrightarrow 00:29:27.145$ the longest meeting OS reported

NOTE Confidence: 0.723182602173913

 $00{:}29{:}27.145 \dashrightarrow 00{:}29{:}28.557$ for that particular subgroup.

NOTE Confidence: 0.723182602173913

00:29:28.560 --> 00:29:29.764 But like everything else,

NOTE Confidence: 0.723182602173913

 $00:29:29.764 \longrightarrow 00:29:32.315$ this has to be combined with a zven, right?

NOTE Confidence: 0.723182602173913

 $00{:}29{:}32.315 \dashrightarrow 00{:}29{:}34.675$ But I will say there are a number

NOTE Confidence: 0.723182602173913

 $00:29:34.675 \longrightarrow 00:29:37.052$ of preclinical studies which do

NOTE Confidence: 0.723182602173913

 $00{:}29{:}37.052 \dashrightarrow 00{:}29{:}39.567$ support synergy for this combination,

NOTE Confidence: 0.723182602173913

 $00:29:39.570 \longrightarrow 00:29:42.746$ so this leads to the trial,

NOTE Confidence: 0.723182602173913

 $00:29:42.746 \longrightarrow 00:29:45.566$ which was a phase 1B2 trials divide with

NOTE Confidence: 0.723182602173913

 $00:29:45.566 \longrightarrow 00:29:47.240$ the triplet and patients with both.

NOTE Confidence: 0.723182602173913

 $00:29:47.240 \longrightarrow 00:29:48.348$ Newly diagnosed disease but

NOTE Confidence: 0.723182602173913

00:29:48.348 --> 00:29:49.456 restricted to P footage.

 $00:29:49.460 \longrightarrow 00:29:51.959$ Mutated disease as well as factory disease.

NOTE Confidence: 0.723182602173913

 $00{:}29{:}51.960 \dashrightarrow 00{:}29{:}53.348$ Regardless of Peachtree status,

NOTE Confidence: 0.723182602173913

00:29:53.348 --> 00:29:55.430 the latter being the only cohort

NOTE Confidence: 0.723182602173913

 $00:29:55.491 \longrightarrow 00:29:57.249$ for the phase one portion and

NOTE Confidence: 0.723182602173913

00:29:57.249 --> 00:29:58.732 the primary endpoint for this

NOTE Confidence: 0.723182602173913

 $00:29:58.732 \longrightarrow 00:30:00.388$ trial was a composite rate of.

NOTE Confidence: 0.893622421428571

 $00:30:02.770 \longrightarrow 00:30:04.975$ Here are some baseline characteristics

NOTE Confidence: 0.893622421428571

 $00:30:04.975 \longrightarrow 00:30:07.020$ to date. I should mention that.

NOTE Confidence: 0.898801785

 $00:30:09.640 \longrightarrow 00:30:12.020$ Skip that part so.

NOTE Confidence: 0.898801785

 $00:30:12.020 \longrightarrow 00:30:14.554$ It's basically nothing out of the ordinary.

NOTE Confidence: 0.898801785

00:30:14.560 --> 00:30:16.520 In line with what I mentioned as how

NOTE Confidence: 0.898801785

 $00:30:16.520 \dashrightarrow 00:30:18.439$ the kind of codes were divided up.

NOTE Confidence: 0.898801785

 $00{:}30{:}18.440 \dashrightarrow 00{:}30{:}19.720$ You could see that you know the ages,

NOTE Confidence: 0.898801785

 $00:30:19.720 \longrightarrow 00:30:21.880$ maybe a bit younger in the mutated cohorts

NOTE Confidence: 0.898801785

 $00:30:21.880 \longrightarrow 00:30:24.157$ and the rips or factories specifically,

 $00:30:24.160 \longrightarrow 00:30:25.573$ then naive cohorts,

NOTE Confidence: 0.898801785

00:30:25.573 --> 00:30:27.457 as you would imagine.

NOTE Confidence: 0.898801785

 $00:30:27.460 \longrightarrow 00:30:28.612$ But other than that,

NOTE Confidence: 0.898801785

 $00:30:28.612 \longrightarrow 00:30:30.340$ no major surprises from a baseline

NOTE Confidence: 0.898801785

 $00:30:30:397 \longrightarrow 00:30:32.525$ characteristics standpoint and looking well.

NOTE Confidence: 0.898801785

00:30:32.525 --> 00:30:34.055 Just go over some safety data.

NOTE Confidence: 0.898801785

00:30:34.060 --> 00:30:36.668 No DLT's were observed in the Phase 1B

NOTE Confidence: 0.898801785

00:30:36.668 --> 00:30:39.080 portion and the RP 2 randomized phase.

NOTE Confidence: 0.898801785

 $00{:}30{:}39.080 {\:{\mbox{--}}\!>}\ 00{:}30{:}40.856$ Two dose recommended phase two dose

NOTE Confidence: 0.898801785

 $00:30:40.856 \longrightarrow 00:30:42.422$ was established at 30 milligrams

NOTE Confidence: 0.898801785

 $00{:}30{:}42.422 \dashrightarrow 00{:}30{:}44.170$ per kick with about a two week

NOTE Confidence: 0.898801785

00:30:44.170 --> 00:30:45.755 kind of priming dose ramp up and

NOTE Confidence: 0.898801785

00:30:45.755 --> 00:30:47.093 then eventually gets a bit easier

NOTE Confidence: 0.898801785

 $00:30:47.093 \longrightarrow 00:30:48.697$ for the patient every two weeks.

NOTE Confidence: 0.898801785

 $00:30:48.700 \longrightarrow 00:30:50.528$ Cycle 3 going forward.

NOTE Confidence: 0.898801785

 $00{:}30{:}50.528 {\:{\mbox{--}}\!\!>}\ 00{:}30{:}53.270$ So getting to some efficacy data.

 $00:30:53.270 \longrightarrow 00:30:54.422$ Global findings first.

NOTE Confidence: 0.898801785

 $00{:}30{:}54.422 \dashrightarrow 00{:}30{:}56.726$ The rate of CR being based

NOTE Confidence: 0.898801785

 $00:30:56.726 \longrightarrow 00:30:58.449$ on 14 patients with.

NOTE Confidence: 0.898801785

00:30:58.450 --> 00:31:01.429 TP50 mutated disease with 64% double what you

NOTE Confidence: 0.898801785

 $00:31:01.429 \longrightarrow 00:31:04.200$ would expect with with a sub N alone,

NOTE Confidence: 0.898801785

 $00:31:04.200 \longrightarrow 00:31:05.125$ and this has been attributed

NOTE Confidence: 0.898801785

 $00:31:05.125 \longrightarrow 00:31:06.410$ to at least at the meeting.

NOTE Confidence: 0.898801785

 $00:31:06.410 \longrightarrow 00:31:08.276$ A quick depth of response with

NOTE Confidence: 0.898801785

 $00:31:08.276 \longrightarrow 00:31:10.196$ more than half being negative by

NOTE Confidence: 0.898801785

 $00{:}31{:}10.196 \dashrightarrow 00{:}31{:}12.331$ flow and a first response in less

NOTE Confidence: 0.898801785

 $00:31:12.331 \longrightarrow 00:31:14.346$ than a month without really any.

NOTE Confidence: 0.898801785

 $00:31:14.350 \longrightarrow 00:31:15.130$ As you can see here,

NOTE Confidence: 0.898801785

 $00{:}31{:}15.130 \dashrightarrow 00{:}31{:}16.817$ any early mortality and what I would

NOTE Confidence: 0.898801785

 $00:31:16.817 \longrightarrow 00:31:18.329$ consider to be a reasonable time

NOTE Confidence: 0.898801785

 $00:31:18.329 \longrightarrow 00:31:20.051$ to blood count recovery felt to be

 $00:31:20.100 \longrightarrow 00:31:21.520$ meaningful and really landing with

NOTE Confidence: 0.898801785

 $00:31:21.520 \dashrightarrow 00:31:25.250$ the definition of what we call CRH.

NOTE Confidence: 0.898801785

 $00:31:25.250 \longrightarrow 00:31:27.355$ Frontline treatment for wild type

NOTE Confidence: 0.898801785

 $00:31:27.355 \longrightarrow 00:31:29.460$ patients was even more impressive

NOTE Confidence: 0.898801785

 $00:31:29.529 \longrightarrow 00:31:30.849$ with a CR CRA of 90%.

NOTE Confidence: 0.898801785

 $00:31:30.850 \longrightarrow 00:31:31.882$ Conversely, and this is,

NOTE Confidence: 0.898801785

00:31:31.882 --> 00:31:33.180 you know, one of the downsides.

NOTE Confidence: 0.898801785

 $00:31:33.180 \longrightarrow 00:31:34.350$ This doesn't appear to be a

NOTE Confidence: 0.898801785

 $00{:}31{:}34.397 \dashrightarrow 00{:}31{:}35.481$ meaningful option for patients

NOTE Confidence: 0.898801785

00:31:35.481 --> 00:31:37.107 who've already been failed by vanetta

NOTE Confidence: 0.898801785

00:31:37.152 --> 00:31:38.430 klax based regimen with the CRA.

NOTE Confidence: 0.898801785

00:31:38.430 --> 00:31:40.498 As you can see here, based on 15 patients,

NOTE Confidence: 0.898801785

 $00:31:40.498 \longrightarrow 00:31:43.147$ but still zero and only 20% rate of CRI

NOTE Confidence: 0.898801785

 $00:31:43.147 \longrightarrow 00:31:45.450$ and at the bottom here you can see a 20%.

NOTE Confidence: 0.898801785

 $00:31:45.450 \longrightarrow 00:31:46.776$ It gets phone numbers but 20%

NOTE Confidence: 0.898801785

 $00:31:46.780 \longrightarrow 00:31:49.110$ rate of pearly mortality here.

 $00:31:49.110 \longrightarrow 00:31:50.742$ Look at this plot that was

NOTE Confidence: 0.898801785

 $00:31:50.742 \longrightarrow 00:31:51.830$ presented at the meeting.

NOTE Confidence: 0.898801785

00:31:51.830 --> 00:31:53.747 Much of what the last slide kind of showed,

NOTE Confidence: 0.898801785

 $00:31:53.750 \longrightarrow 00:31:55.880$ but also including data demonstrating that.

NOTE Confidence: 0.898801785

 $00:31:55.880 \longrightarrow 00:31:57.680$ There was 100% six month OS so short

NOTE Confidence: 0.898801785

 $00{:}31{:}57.680 \dashrightarrow 00{:}31{:}59.657$ follow up as you could see here as well.

NOTE Confidence: 0.898801785

 $00:31:59.660 \longrightarrow 00:32:02.418$ For patients that had mutated disease and

NOTE Confidence: 0.898801785

 $00:32:02.418 \longrightarrow 00:32:05.756$ five of the 14 that were able to get to.

NOTE Confidence: 0.898801785

 $00:32:05.760 \longrightarrow 00:32:06.656$ Some form of response.

NOTE Confidence: 0.898801785

 $00:32:06.656 \longrightarrow 00:32:08.000$ We're able to get the transplants

NOTE Confidence: 0.898801785

 $00:32:08.049 \longrightarrow 00:32:09.246$ about 35% of course.

NOTE Confidence: 0.898801785

00:32:09.246 --> 00:32:10.574 Again short follow up,

NOTE Confidence: 0.898801785

 $00:32:10.580 \longrightarrow 00:32:12.120$ so maybe more will get the transplant.

NOTE Confidence: 0.898801785

 $00:32:12.120 \dashrightarrow 00:32:13.928$ We'll get a better sense of the median

NOTE Confidence: 0.898801785

 $00:32:13.928 \longrightarrow 00:32:15.952$ OS and see how it stacks up to 12

 $00:32:15.952 \longrightarrow 00:32:17.667$ months noted for the Asian Macro Delta

NOTE Confidence: 0.898801785

 $00{:}32{:}17.667 \dashrightarrow 00{:}32{:}21.640$ data that I presented to you last year.

NOTE Confidence: 0.898801785

 $00:32:21.640 \longrightarrow 00:32:23.488$ Frequent I share some more toxicity

NOTE Confidence: 0.898801785

 $00:32:23.488 \longrightarrow 00:32:25.726$ data frequente, ease of all grades.

NOTE Confidence: 0.898801785

00:32:25.726 --> 00:32:26.656 Hypokalemia, hypophosphatemia,

NOTE Confidence: 0.898801785

 $00:32:26.656 \longrightarrow 00:32:29.286$ hyperbilirubinemia, about half of patients,

NOTE Confidence: 0.898801785

 $00:32:29.290 \longrightarrow 00:32:30.124$ and some otherwise.

NOTE Confidence: 0.898801785

00:32:30.124 --> 00:32:31.514 He talks you would expect

NOTE Confidence: 0.898801785

 $00:32:31.514 \longrightarrow 00:32:32.809$ with as event itself,

NOTE Confidence: 0.898801785

 $00:32:32.810 \longrightarrow 00:32:34.590$ not necessarily mad or attributable.

NOTE Confidence: 0.898801785

 $00{:}32{:}34.590 \dashrightarrow 00{:}32{:}38.629$ Among 17 patients that were newly diagnosed,

NOTE Confidence: 0.898801785

 $00:32:38.630 \longrightarrow 00:32:41.174$ and thus TP50 mutated,

NOTE Confidence: 0.898801785

 $00:32:41.174 \longrightarrow 00:32:43.254$ the median drop was just about

NOTE Confidence: 0.898801785

 $00:32:43.254 \longrightarrow 00:32:44.460$ 1 gram per deciliter this after

NOTE Confidence: 0.552926056153846

 $00:32:44.507 \longrightarrow 00:32:45.098$ the first dose,

NOTE Confidence: 0.552926056153846

 $00:32:45.100 \longrightarrow 00:32:47.095$ and even lesser after the second dose.

 $00:32:47.100 \longrightarrow 00:32:48.040$ So with close monitoring,

NOTE Confidence: 0.552926056153846

 $00:32:48.040 \longrightarrow 00:32:49.770$ this anemia was manageable and the anemia,

NOTE Confidence: 0.552926056153846

 $00:32:49.770 \longrightarrow 00:32:51.636$ which just to give a refresher.

NOTE Confidence: 0.552926056153846

 $00:32:51.640 \longrightarrow 00:32:53.740$ There is some on target hemolytic anemia,

NOTE Confidence: 0.552926056153846

 $00:32:53.740 \longrightarrow 00:32:56.120$ just that you know was a bit

NOTE Confidence: 0.552926056153846

 $00:32:56.120 \longrightarrow 00:32:58.119$ troublesome early on in the trial,

NOTE Confidence: 0.552926056153846

 $00:32:58.120 \longrightarrow 00:32:59.480$ but appears to be manageable

NOTE Confidence: 0.552926056153846

00:32:59.480 --> 00:33:00.840 with you know no SAS,

NOTE Confidence: 0.552926056153846

 $00:33:00.840 \longrightarrow 00:33:02.448$ no interruptions or discontinuations

NOTE Confidence: 0.552926056153846

 $00:33:02.448 \longrightarrow 00:33:04.458$ due to this anemia specifically,

NOTE Confidence: 0.552926056153846

 $00{:}33{:}04.460 \dashrightarrow 00{:}33{:}06.302$ so this is promising and position

NOTE Confidence: 0.552926056153846

 $00:33:06.302 \longrightarrow 00:33:08.400$ to possibly be a new standard.

NOTE Confidence: 0.552926056153846

 $00{:}33{:}08.400 \dashrightarrow 00{:}33{:}09.600$ I mean maybe a little ambitious,

NOTE Confidence: 0.552926056153846

 $00:33:09.600 \longrightarrow 00:33:11.292$ but for frontline treatment

NOTE Confidence: 0.552926056153846

00:33:11.292 --> 00:33:12.972 both for TP 53 mutated disease

 $00:33:12.972 \longrightarrow 00:33:14.012$ and even wild type disease.

NOTE Confidence: 0.552926056153846

 $00{:}33{:}14.020 \dashrightarrow 00{:}33{:}15.958$ But of course need more data

NOTE Confidence: 0.552926056153846

 $00:33:15.958 \longrightarrow 00:33:18.588$ and more follow up and of course

NOTE Confidence: 0.552926056153846

 $00:33:18.588 \longrightarrow 00:33:20.688$ randomized trials to confirm this

NOTE Confidence: 0.552926056153846

00:33:20.688 --> 00:33:22.839 added benefit they are underway.

NOTE Confidence: 0.552926056153846

 $00{:}33{:}22.840 \dashrightarrow 00{:}33{:}24.968$ One last combination and this one is

NOTE Confidence: 0.552926056153846

 $00{:}33{:}24.968 \dashrightarrow 00{:}33{:}26.495$ one that's restricted to patients

NOTE Confidence: 0.552926056153846

 $00{:}33{:}26.495 \dashrightarrow 00{:}33{:}28.163$ with RIPS or factory disease and

NOTE Confidence: 0.552926056153846

 $00{:}33{:}28.163 \dashrightarrow 00{:}33{:}30.259$ one that may have some promise for

NOTE Confidence: 0.552926056153846

 $00:33:30.259 \longrightarrow 00:33:31.352$ patients with molecular subgroups

NOTE Confidence: 0.552926056153846

 $00{:}33{:}31.352 \dashrightarrow 00{:}33{:}32.936$ that of interest and maybe patients

NOTE Confidence: 0.552926056153846

00:33:32.936 --> 00:33:34.633 who have been failed by better clocks

NOTE Confidence: 0.552926056153846

 $00:33:34.633 \longrightarrow 00:33:36.038$ today to critical area of need

NOTE Confidence: 0.552926056153846

 $00:33:36.038 \longrightarrow 00:33:37.340$ after patients are failed by then,

NOTE Confidence: 0.552926056153846

 $00:33:37.340 \longrightarrow 00:33:39.790$ it's essentially.

NOTE Confidence: 0.552926056153846

00:33:39.790 --> 00:33:41.235 A black hole Blackstone ever

 $00:33:41.235 \longrightarrow 00:33:42.680$ metaphor you want to use.

NOTE Confidence: 0.552926056153846

 $00:33:42.680 \longrightarrow 00:33:43.720$ This is another combination

NOTE Confidence: 0.552926056153846

 $00:33:43.720 \longrightarrow 00:33:45.020$ that adds to as event,

NOTE Confidence: 0.552926056153846

 $00:33:45.020 \longrightarrow 00:33:46.920$ but for which there is

NOTE Confidence: 0.552926056153846

 $00:33:46.920 \longrightarrow 00:33:48.060$ sound clinical rationale.

NOTE Confidence: 0.552926056153846

 $00:33:48.060 \longrightarrow 00:33:50.310$ This is a therapy that targets CD 123,

NOTE Confidence: 0.552926056153846

 $00:33:50.310 \longrightarrow 00:33:52.410$ which is the alpha subunit of the

NOTE Confidence: 0.552926056153846

 $00{:}33{:}52.410 \dashrightarrow 00{:}33{:}54.902$ aisle3 receptor and is overexpressed

NOTE Confidence: 0.552926056153846

00:33:54.902 --> 00:33:57.033 on leukemic blasts Immunogen 632.

NOTE Confidence: 0.552926056153846

 $00{:}33{:}57.033 \dashrightarrow 00{:}33{:}59.994$ It's a CD123 targeting ADC comprised of

NOTE Confidence: 0.552926056153846

00:33:59.994 --> 00:34:03.136 a high affinity anti CD 123 antibody

NOTE Confidence: 0.552926056153846

 $00:34:03.136 \longrightarrow 00:34:08.078$ coupled to a novel DNA alkylating payload.

NOTE Confidence: 0.552926056153846 00:34:08.080 --> 00:34:08.493 Goodsell, NOTE Confidence: 0.552926056153846

 $00:34:08.493 \longrightarrow 00:34:10.558$ Linedata Goodyear in PDX modeling

NOTE Confidence: 0.552926056153846

00:34:10.558 --> 00:34:12.623 or experiments good synergy between

00:34:12.623 --> 00:34:14.717 Immunogen 632 in Asia and Dwarven,

NOTE Confidence: 0.552926056153846

 $00:34:14.720 \longrightarrow 00:34:17.155$ including being able to overcome

NOTE Confidence: 0.552926056153846

 $00:34:17.155 \longrightarrow 00:34:18.616$ a certain resistance.

NOTE Confidence: 0.552926056153846

 $00:34:18.620 \longrightarrow 00:34:20.654$ So For these reasons, this is a phase one.

NOTE Confidence: 0.552926056153846

 $00:34:20.660 \longrightarrow 00:34:22.466$ Two trial of that product combined with

NOTE Confidence: 0.552926056153846

00:34:22.466 --> 00:34:25.280 a 7 and patients with as you'd have guessed,

NOTE Confidence: 0.552926056153846

 $00{:}34{:}25.280 \to 00{:}34{:}28.822$ CD one or three positive AML to date.

NOTE Confidence: 0.552926056153846

 $00:34:28.822 \longrightarrow 00:34:30.226$ The triple combo escalation

NOTE Confidence: 0.552926056153846

 $00:34:30.226 \longrightarrow 00:34:32.200$ is consists of five cohorts,

NOTE Confidence: 0.552926056153846

 $00:34:32.200 \longrightarrow 00:34:34.475$ 4 with the investigational product

NOTE Confidence: 0.552926056153846

 $00{:}34{:}34.475 \dashrightarrow 00{:}34{:}36.776$ dosed on day, seven of each cycle,

NOTE Confidence: 0.552926056153846

 $00:34:36.776 \longrightarrow 00:34:38.180$ and one cohort where it's dosed

NOTE Confidence: 0.552926056153846

 $00:34:38.225 \longrightarrow 00:34:38.989$ on the first day.

NOTE Confidence: 0.552926056153846

 $00:34:38.990 \longrightarrow 00:34:40.341$ Each cycle make it a bit more

NOTE Confidence: 0.552926056153846

 $00:34:40.341 \longrightarrow 00:34:41.952$ convenient for the patient at the

NOTE Confidence: 0.552926056153846

 $00{:}34{:}41.952 \dashrightarrow 00{:}34{:}43.707$ time of this analysis presented.

 $00:34:43.710 \longrightarrow 00:34:45.520$ Obviously at the last meeting,

NOTE Confidence: 0.552926056153846

 $00:34:45.520 \longrightarrow 00:34:47.670$ 35 patients have been enrolled

NOTE Confidence: 0.552926056153846

 $00:34:47.670 \longrightarrow 00:34:48.955$ based on characteristics are shown

NOTE Confidence: 0.552926056153846

 $00:34:48.955 \longrightarrow 00:34:50.690$ here in meeting age was about 65,

NOTE Confidence: 0.552926056153846

 $00:34:50.690 \longrightarrow 00:34:52.380$ so it was somewhat younger

NOTE Confidence: 0.552926056153846

 $00:34:52.380 \longrightarrow 00:34:54.416$ population with median 2 lines or

NOTE Confidence: 0.552926056153846

00:34:54.416 --> 00:34:55.846 prior therapy up to three,

NOTE Confidence: 0.552926056153846

 $00:34:55.850 \longrightarrow 00:34:58.570$ so not relatively terribly pretreated,

NOTE Confidence: 0.552926056153846

 $00{:}34{:}58.570 \dashrightarrow 00{:}35{:}00.454$ but half of patients did receive

NOTE Confidence: 0.552926056153846

 $00:35:00.454 \longrightarrow 00:35:02.129$ prior medical acts important to know

NOTE Confidence: 0.552926056153846

 $00:35:02.130 \longrightarrow 00:35:03.710$ the talks profile was manageable,

NOTE Confidence: 0.552926056153846

 $00:35:03.710 \longrightarrow 00:35:06.030$ and this inherently goes factory

NOTE Confidence: 0.552926056153846

 $00{:}35{:}06.030 \dashrightarrow 00{:}35{:}07.422$ population with multiplier

NOTE Confidence: 0.552926056153846

 $00:35:07.422 \longrightarrow 00:35:09.650$ the rapies become an S were.

NOTE Confidence: 0.552926056153846

 $00:35:09.650 \longrightarrow 00:35:10.970$ Infusion related reactions.

 $00:35:10.970 \longrightarrow 00:35:13.084$ About 1/3 of patients with only two

NOTE Confidence: 0.552926056153846

 $00:35:13.084 \longrightarrow 00:35:14.954$ percent being grade 3 and otherwise

NOTE Confidence: 0.552926056153846

 $00:35:14.954 \longrightarrow 00:35:17.400$ things you would expect with a Savannah loan.

NOTE Confidence: 0.552926056153846

 $00:35:17.400 \longrightarrow 00:35:20.676$ One patient in the day one cohort

NOTE Confidence: 0.552926056153846

 $00:35:20.680 \longrightarrow 00:35:22.696$ had to discontinue because of an

NOTE Confidence: 0.552926056153846

00:35:22.696 --> 00:35:24.300 infusion reaction was considered DLT,

NOTE Confidence: 0.552926056153846

 $00:35:24.300 \longrightarrow 00:35:27.150$ but early mortality defined it at the

NOTE Confidence: 0.552926056153846

 $00:35:27.150 \longrightarrow 00:35:28.709$ bottom here 30 days with zero percent.

NOTE Confidence: 0.552926056153846

 $00:35:28.710 \longrightarrow 00:35:32.777$ So my last slide among the 29

NOTE Confidence: 0.552926056153846

 $00:35:32.777 \longrightarrow 00:35:34.910$ percent 29 patients who are valuable

NOTE Confidence: 0.552926056153846

00:35:34.910 --> 00:35:36.460 efficacy was seen across kind

NOTE Confidence: 0.699811161538462

00:35:36.517 --> 00:35:38.544 of all cohorts, doses and schedules.

NOTE Confidence: 0.699811161538462

 $00:35:38.544 \longrightarrow 00:35:40.583$ The response rate was 55%.

NOTE Confidence: 0.699811161538462

 $00{:}35{:}40.583 \dashrightarrow 00{:}35{:}43.404$ And looking at the composite remission rate,

NOTE Confidence: 0.699811161538462

 $00:35:43.410 \longrightarrow 00:35:44.910$ it's about 30%, you know,

NOTE Confidence: 0.699811161538462

 $00:35:44.910 \longrightarrow 00:35:48.200$ with maybe higher rates in the higher

 $00:35:48.200 \longrightarrow 00:35:50.594$ dose cohorts of no patients prior

NOTE Confidence: 0.699811161538462

 $00:35:50.594 \dashrightarrow 00:35:52.992$ van had good Angeliki make activity

NOTE Confidence: 0.699811161538462

 $00:35:52.992 \longrightarrow 00:35:55.626$ as seen here on the right, waterfall

NOTE Confidence: 0.699811161538462

 $00:35:55.626 \longrightarrow 00:35:58.818$ plot and overall response rate of 40%.

NOTE Confidence: 0.699811161538462

 $00:35:58.820 \longrightarrow 00:36:00.252$ Other subsets of note

NOTE Confidence: 0.699811161538462

 $00:36:00.252 \longrightarrow 00:36:01.326$ flipper mutated disease.

NOTE Confidence: 0.699811161538462

 $00:36:01.330 \longrightarrow 00:36:01.951$ Even more striking.

NOTE Confidence: 0.699811161538462

 $00:36:01.951 \longrightarrow 00:36:02.986$ I'll be at 9 patients,

NOTE Confidence: 0.699811161538462

 $00:36:02.990 \longrightarrow 00:36:04.886$ but 80% rate of composite emission.

NOTE Confidence: 0.699811161538462

 $00:36:04.890 \longrightarrow 00:36:07.256$ So in some encouraging in some molecular

NOTE Confidence: 0.699811161538462

 $00{:}36{:}07.256 \dashrightarrow 00{:}36{:}09.339$ subsets and then treated patients,

NOTE Confidence: 0.699811161538462

 $00:36:09.340 \longrightarrow 00:36:09.968$ but certainly.

NOTE Confidence: 0.699811161538462

 $00{:}36{:}09.968 \dashrightarrow 00{:}36{:}11.852$ Like the other studies I presented

NOTE Confidence: 0.699811161538462

 $00:36:11.852 \longrightarrow 00:36:13.665$ more data to assure these values

NOTE Confidence: 0.699811161538462

 $00:36:13.665 \longrightarrow 00:36:15.357$ don't regress to the mean like

 $00:36:15.415 \longrightarrow 00:36:17.600$ unfortunately many other similar studies.

NOTE Confidence: 0.699811161538462

 $00{:}36{:}17.600 \to 00{:}36{:}18.480$ That's my last slide.

NOTE Confidence: 0.699811161538462

 $00:36:18.480 \longrightarrow 00:36:19.800$ There are a few more presentations

NOTE Confidence: 0.699811161538462

00:36:19.844 --> 00:36:21.380 from match that I wish I could discuss,

NOTE Confidence: 0.699811161538462

 $00:36:21.380 \longrightarrow 00:36:22.832$ but last only 15 minutes and

NOTE Confidence: 0.699811161538462

00:36:22.832 --> 00:36:24.539 I'm sure I'm over that already,

NOTE Confidence: 0.699811161538462

 $00:36:24.540 \longrightarrow 00:36:27.277$ so I apologize to Doctor Podolsky and

NOTE Confidence: 0.699811161538462

 $00:36:27.280 \longrightarrow 00:36:28.464$ look forward to your questions at the end.

NOTE Confidence: 0.835940033333333

 $00{:}36{:}31.910 --> 00{:}36{:}33.680$ Can you unshare? Sure can.

NOTE Confidence: 0.6455393

 $00:36:34.800 \longrightarrow 00:36:40.340$ Go. Still cannot share the screen.

NOTE Confidence: 0.6455393

 $00{:}36{:}40.340 \dashrightarrow 00{:}36{:}43.362$ Right here we go. Thank you alright,

NOTE Confidence: 0.6455393

 $00:36:43.362 \longrightarrow 00:36:46.176$ so let me find my presentation here.

NOTE Confidence: 0.603578516

 $00:36:53.310 \longrightarrow 00:36:55.470$ Sorry about this technical difficulty.

NOTE Confidence: 0.77977299375

00:37:17.160 --> 00:37:20.168 Here we go. Alright, here's my view OK?

NOTE Confidence: 0.959218

 $00:37:23.950 \longrightarrow 00:37:26.514$ Yes, OK, so this is my disclosures,

NOTE Confidence: 0.959218

 $00{:}37{:}26.514 \dashrightarrow 00{:}37{:}29.070$ so I'm going to go onto the outline.

00:37:29.070 --> 00:37:31.590 So I'm going to present four studies

NOTE Confidence: 0.959218

 $00:37:31.590 \longrightarrow 00:37:36.279$ which I selected based on disease.

NOTE Confidence: 0.959218

 $00:37:36.280 \longrightarrow 00:37:38.476$ Talk about devera,

NOTE Confidence: 0.959218

 $00:37:38.476 \longrightarrow 00:37:40.826$ myelofibrosis and one other

NOTE Confidence: 0.959218

 $00{:}37{:}40.826 \dashrightarrow 00{:}37{:}42.598$ condition which is infrequent.

NOTE Confidence: 0.959218

 $00{:}37{:}42.600 \dashrightarrow 00{:}37{:}45.185$ Myeloid lymphoid neoplasm is in

NOTE Confidence: 0.959218

00:37:45.185 --> 00:37:47.627 Affilia and FGFR 1 rearrangement,

NOTE Confidence: 0.959218

00:37:47.627 --> 00:37:51.400 so the first study I would like to

NOTE Confidence: 0.959218

 $00:37:51.400 \longrightarrow 00:37:54.186$ talk about is the study which is.

NOTE Confidence: 0.959218

 $00:37:54.190 \dashrightarrow 00:37:58.720$ Lookout Trust restaurant type or PTG 300

NOTE Confidence: 0.959218

 $00{:}37{:}58.720 \dashrightarrow 00{:}38{:}01.485$ and its control of human grade levels

NOTE Confidence: 0.959218

 $00:38:01.485 \longrightarrow 00:38:04.597$ in patients with polycythemia Vera.

NOTE Confidence: 0.959218

 $00:38:04.600 \longrightarrow 00:38:08.884$ So the rationale for the study is.

NOTE Confidence: 0.959218

 $00{:}38{:}08.890 \dashrightarrow 00{:}38{:}12.509$ Which is looking at Hillside and medic.

NOTE Confidence: 0.959218

 $00:38:12.510 \longrightarrow 00:38:16.662$ Right is the fact that in patients with

 $00:38:16.662 \longrightarrow 00:38:18.510$ polycythemia Vera iron is necessary

NOTE Confidence: 0.959218

 $00:38:18.510 \longrightarrow 00:38:20.850$ to make red blood cells in the marrow,

NOTE Confidence: 0.959218

 $00:38:20.850 \longrightarrow 00:38:22.180$ which is affected by Jack.

NOTE Confidence: 0.959218

 $00:38:22.180 \longrightarrow 00:38:25.700$ Two V 617 FM PM.

NOTE Confidence: 0.959218

 $00:38:25.700 \longrightarrow 00:38:27.710$ So as you can see on the left,

NOTE Confidence: 0.959218

 $00:38:27.710 \longrightarrow 00:38:30.420$ ferroportin is the main transporter

NOTE Confidence: 0.959218

 $00:38:30.420 \longrightarrow 00:38:33.130$ of the iron from outside,

NOTE Confidence: 0.959218

 $00:38:33.130 \longrightarrow 00:38:35.476$ from inside the macrophage to the

NOTE Confidence: 0.959218

 $00{:}38{:}35.476 \dashrightarrow 00{:}38{:}37.324$ circulation and then delivered by

NOTE Confidence: 0.959218

 $00:38:37.324 \longrightarrow 00:38:39.009$ transparent to the bone marrow

NOTE Confidence: 0.959218

 $00{:}38{:}39.009 \dashrightarrow 00{:}38{:}40.958$ which is utilized to make excessive

NOTE Confidence: 0.959218

 $00:38:40.958 \longrightarrow 00:38:43.009$ amounts of red blood cells by Jack.

NOTE Confidence: 0.959218

 $00:38:43.010 \dashrightarrow 00:38:45.980$ 2 mutated. Red blood cell precursors.

NOTE Confidence: 0.959218

 $00:38:45.980 \longrightarrow 00:38:49.286$ So the hepcidin as well as

NOTE Confidence: 0.959218

 $00:38:49.286 \longrightarrow 00:38:51.490$ restricted which is hepcidin.

NOTE Confidence: 0.959218

 $00{:}38{:}51.490 \dashrightarrow 00{:}38{:}54.484$ Medical shut down the gates ferroportin

 $00:38:54.484 \longrightarrow 00:38:57.519$ and decreases the amount of iron

NOTE Confidence: 0.959218

 $00:38:57.519 \longrightarrow 00:38:59.904$ which is available for transparent

NOTE Confidence: 0.959218

 $00:38:59.904 \longrightarrow 00:39:01.996$ to transport to the bone marrow

NOTE Confidence: 0.959218

 $00:39:01.996 \longrightarrow 00:39:04.070$ so it's kind of shutting down the

NOTE Confidence: 0.959218

 $00:39:04.070 \longrightarrow 00:39:05.900$ door but perhaps not the window.

NOTE Confidence: 0.959218

 $00:39:05.900 \longrightarrow 00:39:08.259$ A little bit of line is available

NOTE Confidence: 0.959218

 $00:39:08.259 \longrightarrow 00:39:10.623$ and the idea is that there is no

NOTE Confidence: 0.959218

 $00:39:10.623 \longrightarrow 00:39:12.469$ iron deficiency state which is

NOTE Confidence: 0.959218

 $00{:}39{:}12.469 {\:{\mbox{--}}\!>}\ 00{:}39{:}14.297$ otherwise created by phle botomies

NOTE Confidence: 0.959218

00:39:14.297 --> 00:39:15.668 by the rapeutic phlebotomies.

NOTE Confidence: 0.959218

00:39:15.670 --> 00:39:17.770 Leading to decreased quality of life of

NOTE Confidence: 0.959218

 $00:39:17.770 \longrightarrow 00:39:20.040$ this patients due to tissue and efficiency.

NOTE Confidence: 0.959218

 $00{:}39{:}20.040 \dashrightarrow 00{:}39{:}23.352$ So this is a phase two trial over spare

NOTE Confidence: 0.959218

 $00:39:23.352 \longrightarrow 00:39:26.577$ type in patients requiring phlebotomy.

NOTE Confidence: 0.959218

 $00{:}39{:}26.580 \dashrightarrow 00{:}39{:}28.605$ Patients with PD diagnosis based

00:39:28.605 --> 00:39:31.360 on 2016 W criteria were included.

NOTE Confidence: 0.959218

 $00{:}39{:}31.360 \dashrightarrow 00{:}39{:}33.532$ At least three phle botomies in the

NOTE Confidence: 0.959218

 $00:39:33.532 \longrightarrow 00:39:35.490$ last six months were necessary.

NOTE Confidence: 0.959218

 $00:39:35.490 \longrightarrow 00:39:38.535$ Patients were treated with or without sector.

NOTE Confidence: 0.959218

00:39:38.540 --> 00:39:40.108 Reductive therapy and therapy,

NOTE Confidence: 0.959218

 $00:39:40.108 \longrightarrow 00:39:42.935$ so the primary endpoint was proportion of

NOTE Confidence: 0.959218

 $00:39:42.935 \longrightarrow 00:39:45.015$ patients in randomized with drawal period.

NOTE Confidence: 0.959218

00:39:45.020 --> 00:39:46.490 Who schematic rate is maintained.

NOTE Confidence: 0.959218

 $00{:}39{:}46.490 \dashrightarrow 00{:}39{:}48.770$ Without the need for phle botomy,

NOTE Confidence: 0.959218

 $00:39:48.770 \longrightarrow 00:39:50.905$ the secondary endpoints is the

NOTE Confidence: 0.959218

 $00{:}39{:}50.905 \dashrightarrow 00{:}39{:}52.613$ response of 29 weeks.

NOTE Confidence: 0.959218

00:39:52.620 --> 00:39:53.716 Absence of liberty eligibility,

NOTE Confidence: 0.959218

 $00:39:53.716 \longrightarrow 00:39:55.360$ and that's what I'm going to

NOTE Confidence: 0.959218

00:39:55.412 --> 00:39:56.189 talk about today,

NOTE Confidence: 0.959218

 $00:39:56.190 \longrightarrow 00:39:58.326$ as well as total symptom score

NOTE Confidence: 0.959218

 $00{:}39{:}58.330 \dashrightarrow 00{:}40{:}00.870$ for those patients who are

 $00:40:00.870 \longrightarrow 00:40:02.902$ receiving treatment register type.

NOTE Confidence: 0.959218

 $00{:}40{:}02.910 \dashrightarrow 00{:}40{:}05.129$ The idea is that symptoms will get

NOTE Confidence: 0.959218

00:40:05.129 --> 00:40:07.065 better while they're receiving this

NOTE Confidence: 0.959218

00:40:07.065 --> 00:40:09.133 treatment because planning deficiency state,

NOTE Confidence: 0.959218

 $00:40:09.133 \longrightarrow 00:40:11.419$ which is otherwise present in patients

NOTE Confidence: 0.959218

00:40:11.419 --> 00:40:13.430 treated with therapeutic phlebotomies,

NOTE Confidence: 0.959218

 $00:40:13.430 \longrightarrow 00:40:15.344$ will be gone,

NOTE Confidence: 0.959218

 $00:40:15.344 \longrightarrow 00:40:17.258$ so the study.

NOTE Confidence: 0.959218

 $00:40:17.260 \longrightarrow 00:40:18.568$ As the three parts,

NOTE Confidence: 0.959218

 $00:40:18.568 \longrightarrow 00:40:20.530$ the first one is those findings

NOTE Confidence: 0.959218

 $00:40:20.600 \longrightarrow 00:40:21.820$ part that 28 weeks,

NOTE Confidence: 0.959218

 $00{:}40{:}21.820 \dashrightarrow 00{:}40{:}23.812$ then there is blinded with drawal and

NOTE Confidence: 0.959218

00:40:23.812 --> 00:40:26.019 then open label part is part three,

NOTE Confidence: 0.959218

 $00{:}40{:}26.020 {\:{\circ}{\circ}{\circ}}>00{:}40{:}29.020$ so we're talking about 63 patients

NOTE Confidence: 0.959218

00:40:29.020 --> 00:40:30.510 currently enrolled enrollment

 $00:40:30.510 \longrightarrow 00:40:33.353$ between October 2019 and May 2021,

NOTE Confidence: 0.959218

 $00{:}40{:}33.353 \dashrightarrow 00{:}40{:}36.104$ and patients were treated up to 18

NOTE Confidence: 0.959218

 $00:40:36.104 \longrightarrow 00:40:38.259$ months between 8:00 and 92 weeks.

NOTE Confidence: 0.959218

 $00:40:38.260 \longrightarrow 00:40:41.811$ So you can see here that initial

NOTE Confidence: 0.959218

00:40:41.811 --> 00:40:44.866 period is describing six months

NOTE Confidence: 0.959218

00:40:44.866 --> 00:40:47.286 preceding the first dose of the drug.

NOTE Confidence: 0.959218

 $00:40:47.290 \longrightarrow 00:40:47.599$ Yeah,

NOTE Confidence: 0.959218

00:40:47.599 --> 00:40:49.144 and patients are getting phlebotomy

NOTE Confidence: 0.959218

 $00:40:49.144 \longrightarrow 00:40:51.901$ is that by you can see this by red

NOTE Confidence: 0.959218

00:40:51.901 --> 00:40:53.361 triangles right after those there

NOTE Confidence: 0.7634323625

 $00:40:53.370 \longrightarrow 00:40:55.940$ are very few red triangles,

NOTE Confidence: 0.7634323625

 $00:40:55.940 \longrightarrow 00:40:57.363$ so this is going to be for optimization.

NOTE Confidence: 0.7634323625

 $00:40:57.363 \longrightarrow 00:40:58.928$ That's what we looking for.

NOTE Confidence: 0.78128789

00:41:01.360 --> 00:41:04.728 84\% of patients did not require 14\%

NOTE Confidence: 0.78128789

 $00:41:04.728 \longrightarrow 00:41:07.876$ required one and only 2% required 2

NOTE Confidence: 0.78128789

 $00:41:07.876 \longrightarrow 00:41:11.950$ phlebotomists so very significant we self

 $00:41:11.950 \longrightarrow 00:41:14.426$ eliminating phlebotomies in almost all

NOTE Confidence: 0.78128789

 $00:41:14.426 \longrightarrow 00:41:17.840$ of the patients within the 1st 28 weeks.

NOTE Confidence: 0.78128789

 $00:41:17.840 \longrightarrow 00:41:20.052$ Treatment, so this was actually true for

NOTE Confidence: 0.78128789

 $00:41:20.052 \longrightarrow 00:41:22.252$ both patients who received such a reductive

NOTE Confidence: 0.78128789

 $00:41:22.252 \longrightarrow 00:41:24.380$ therapy and who didn't on the left.

NOTE Confidence: 0.78128789

 $00:41:24.380 \longrightarrow 00:41:26.702$ 31 patients who didn't require center

NOTE Confidence: 0.78128789

00:41:26.702 --> 00:41:29.170 adaptive therapy on the right 30 put

NOTE Confidence: 0.78128789

 $00{:}41{:}29.170 \dashrightarrow 00{:}41{:}32.010$ in two patients who did so from the

NOTE Confidence: 0.78128789

 $00{:}41{:}32.010 \dashrightarrow 00{:}41{:}36.199$ standpoint of assessment of symptoms.

NOTE Confidence: 0.78128789

 $00:41:36.200 \longrightarrow 00:41:38.594$ Scoring system was used weekly and

NOTE Confidence: 0.78128789

 $00{:}41{:}38.594 \dashrightarrow 00{:}41{:}41.899$ you can see on the left at baseline

NOTE Confidence: 0.78128789

 $00:41:41.900 \longrightarrow 00:41:44.742$ the score as well as the score

NOTE Confidence: 0.78128789

 $00:41:44.742 \longrightarrow 00:41:46.846$ after 2020 weeks of the rapy.

NOTE Confidence: 0.78128789

 $00:41:46.846 \longrightarrow 00:41:49.390$ So there is significant reduction of

NOTE Confidence: 0.78128789

 $00:41:49.471 \longrightarrow 00:41:52.117$ treatment out of symptoms with this

00:41:52.117 --> 00:41:54.548 treatment and specifically 1/3 of patients

NOTE Confidence: 0.78128789

 $00{:}41{:}54.548 \dashrightarrow 00{:}41{:}57.094$ reported at least 40% reduction of

NOTE Confidence: 0.78128789

 $00:41:57.094 \longrightarrow 00:42:01.186$ symptoms based on MPN soft TSS at 28 weeks.

NOTE Confidence: 0.78128789

 $00:42:01.186 \longrightarrow 00:42:04.139$ So it is the drug is effective at the

NOTE Confidence: 0.78128789

 $00:42:04.139 \longrightarrow 00:42:06.429$ eliminating the need of phlebotomy.

NOTE Confidence: 0.78128789

 $00:42:06.430 \longrightarrow 00:42:08.842$ This is a continuous injection which

NOTE Confidence: 0.78128789

 $00:42:08.842 \longrightarrow 00:42:10.970$ patients self inject once a week.

NOTE Confidence: 0.78128789

00:42:10.970 --> 00:42:13.232 So from the standpoint Bruce of

NOTE Confidence: 0.78128789

00:42:13.232 --> 00:42:14.363 X to summarize,

NOTE Confidence: 0.78128789

 $00:42:14.370 \longrightarrow 00:42:17.425$ basically the main side effect

NOTE Confidence: 0.78128789

 $00:42:17.425 \longrightarrow 00:42:19.258$ was injection reaction.

NOTE Confidence: 0.78128789

 $00:42:19.260 \longrightarrow 00:42:22.172$ 20% of patients and it was transient

NOTE Confidence: 0.78128789

 $00{:}42{:}22.172 \dashrightarrow 00{:}42{:}25.589$ and did not require discontinuation.

NOTE Confidence: 0.78128789

00:42:25.590 --> 00:42:26.476 In summary,

NOTE Confidence: 0.78128789

00:42:26.476 --> 00:42:31.722 research type war that PTG 300 is hepcidin,

NOTE Confidence: 0.78128789

 $00:42:31.722 \longrightarrow 00:42:33.482$ mimetic subcutaneously injected

 $00:42:33.482 \longrightarrow 00:42:34.820$ for PV patients,

NOTE Confidence: 0.78128789

 $00:42:34.820 \longrightarrow 00:42:38.024$ leading to elimination of the rapeutic

NOTE Confidence: 0.78128789

00:42:38.024 --> 00:42:40.652 phlebotomy needs of majority of patients

NOTE Confidence: 0.78128789

 $00{:}42{:}40.652 \dashrightarrow 00{:}42{:}42.929$ within the 1st 28 weeks of treatment.

NOTE Confidence: 0.78128789 00:42:42.930 --> 00:42:43.417 Also,

NOTE Confidence: 0.78128789

 $00:42:43.417 \longrightarrow 00:42:44.878$ reversing iron deficiency,

NOTE Confidence: 0.78128789

00:42:44.878 --> 00:42:47.800 which was evident by increasing MCV

NOTE Confidence: 0.78128789

 $00{:}42{:}47.873 \dashrightarrow 00{:}42{:}50.905$ MHC and 13 of those patients that was

NOTE Confidence: 0.78128789

00:42:50.905 --> 00:42:53.390 positive impact on PV related symptoms,

NOTE Confidence: 0.78128789

 $00:42:53.390 \longrightarrow 00:42:56.048$ perhaps because of.

NOTE Confidence: 0.78128789

00:42:56.050 --> 00:42:58.240 Negating some of the iron deficiency

NOTE Confidence: 0.78128789

 $00:42:58.240 \longrightarrow 00:42:59.700$ related to the rapeutic phlebotomies,

NOTE Confidence: 0.78128789

 $00{:}42{:}59.700 \dashrightarrow 00{:}43{:}02.598$ it was safe and well tolerated without

NOTE Confidence: 0.78128789

 $00:43:02.598 \longrightarrow 00:43:05.360$ grade 3-4 adverse events and we are

NOTE Confidence: 0.78128789

 $00:43:05.360 \longrightarrow 00:43:07.818$ planning to open phase three randomized

 $00:43:07.818 \longrightarrow 00:43:11.003$ control study at Yale for this patients.

NOTE Confidence: 0.78128789

 $00:43:11.010 \longrightarrow 00:43:13.846$ So the second study is for my

NOTE Confidence: 0.78128789

 $00{:}43{:}13.846 \dashrightarrow 00{:}43{:}15.906$ love fibrosis patients and it's

NOTE Confidence: 0.78128789

 $00:43:15.906 \longrightarrow 00:43:17.578$ gone collaborative wanna therapy

NOTE Confidence: 0.78128789

00:43:17.578 --> 00:43:19.250 for patients with myelofibrosis?

NOTE Confidence: 0.78128789

 $00:43:19.250 \longrightarrow 00:43:22.148$ This is update of ongoing study.

NOTE Confidence: 0.78128789

 $00:43:22.150 \longrightarrow 00:43:26.975$ I presented this study last year so

NOTE Confidence: 0.78128789

00:43:26.975 --> 00:43:30.095 it uses it utilizes this knowledge

NOTE Confidence: 0.78128789

 $00{:}43{:}30.095 \dashrightarrow 00{:}43{:}33.630$ that promo domain and extra terminal

NOTE Confidence: 0.78128789

 $00:43:33.630 \longrightarrow 00:43:36.650$ domain proteins promote myelofibrosis.

NOTE Confidence: 0.78128789

00:43:36.650 --> 00:43:39.569 You can see the activation of NF

NOTE Confidence: 0.78128789

 $00:43:39.569 \longrightarrow 00:43:42.558$ Kappa B targeted genes leading to

NOTE Confidence: 0.78128789

 $00:43:42.558 \longrightarrow 00:43:44.169$ increased inflammatory response.

NOTE Confidence: 0.78128789

 $00:43:44.170 \longrightarrow 00:43:44.675$ Aberrant,

NOTE Confidence: 0.78128789

 $00:43:44.675 \longrightarrow 00:43:46.695$ or through a differentiation

NOTE Confidence: 0.78128789

00:43:46.695 --> 00:43:48.210 and aberrant megakaryocytic

 $00:43:48.210 \longrightarrow 00:43:49.251$ differentiation manifestations.

NOTE Confidence: 0.78128789

 $00:43:49.251 \longrightarrow 00:43:51.906$ So far my love fibrosis,

NOTE Confidence: 0.78128789

 $00:43:51.910 \longrightarrow 00:43:54.250$ inflammatory response causes systemic

NOTE Confidence: 0.78128789

 $00:43:54.250 \longrightarrow 00:43:56.945$ symptoms as well as cytopenias,

NOTE Confidence: 0.78128789

00:43:56.945 --> 00:43:58.720 including an email from both.

NOTE Confidence: 0.78128789

00:43:58.720 --> 00:44:00.656 Cytopenia conceit can be seen in my life.

NOTE Confidence: 0.78128789

00:44:00.660 --> 00:44:02.432 I prove this difference,

NOTE Confidence: 0.78128789

 $00{:}44{:}02.432 \dashrightarrow 00{:}44{:}04.660$ so collaboration is the subject of

NOTE Confidence: 0.78128789

00:44:04.660 --> 00:44:07.450 this study, also known as CPI 0610,

NOTE Confidence: 0.78128789

 $00:44:07.450 \longrightarrow 00:44:10.498$ which is a first in class selective oral,

NOTE Confidence: 0.78128789

00:44:10.500 --> 00:44:12.135 small local inhibitor,

NOTE Confidence: 0.78128789

 $00:44:12.135 \longrightarrow 00:44:13.770$ bit bad proteins.

NOTE Confidence: 0.78128789

 $00{:}44{:}13.770 \dashrightarrow 00{:}44{:}15.966$ Got it modifies the expression of

NOTE Confidence: 0.78128789

 $00{:}44{:}15.966 \dashrightarrow 00{:}44{:}19.218$ genes and Bolton Kappa B signaling.

NOTE Confidence: 0.78128789

 $00:44:19.218 \longrightarrow 00:44:21.314$ Decreasing the cytokines.

00:44:21.314 --> 00:44:23.306 Also promoting erythrocyte

NOTE Confidence: 0.78128789

 $00{:}44{:}23.306 \dashrightarrow 00{:}44{:}25.298$ differentiation and normalizing

NOTE Confidence: 0.78128789

 $00:44:25.298 \longrightarrow 00:44:26.626$ megakaryocytic differentiation.

NOTE Confidence: 0.78128789

 $00:44:26.630 \longrightarrow 00:44:30.039$ So that's the background for this study.

NOTE Confidence: 0.78128789

 $00:44:30.040 \longrightarrow 00:44:31.830$ The study is currently ongoing.

NOTE Confidence: 0.78128789

00:44:31.830 --> 00:44:33.048 It's manifest trial,

NOTE Confidence: 0.78128789

 $00:44:33.048 \longrightarrow 00:44:36.430$ global study and at this pace to trial.

NOTE Confidence: 0.78128789

 $00:44:36.430 \longrightarrow 00:44:39.850$ So there are three arms and the arm.

NOTE Confidence: 0.78128789

 $00{:}44{:}39.850 --> 00{:}44{:}42.734$ I'm going to focus on this

NOTE Confidence: 0.78128789

 $00:44:42.734 \longrightarrow 00:44:44.350$ patients who are receiving.

NOTE Confidence: 0.78128789

 $00{:}44{:}44.350 \dashrightarrow 00{:}44{:}45.934$ A collaborative and second

NOTE Confidence: 0.78128789

 $00:44:45.934 \longrightarrow 00:44:47.914$ line so they were previously

NOTE Confidence: 0.78128789

00:44:47.914 --> 00:44:49.567 treated with rock solid nib

NOTE Confidence: 0.844425436363636

 $00:44:49.570 \longrightarrow 00:44:52.122$ or were not able to take Luke Slim

NOTE Confidence: 0.844425436363636

 $00:44:52.122 \longrightarrow 00:44:54.434$ for some reason so the dosing is

NOTE Confidence: 0.844425436363636

 $00:44:54.434 \longrightarrow 00:44:56.841$ it's an oral drug so this is given

 $00:44:56.841 \longrightarrow 00:44:59.297$ to its one one week off schedule and

NOTE Confidence: 0.844425436363636

 $00{:}44{:}59.368 \dashrightarrow 00{:}45{:}01.685$ there are two cohorts in this arm.

NOTE Confidence: 0.844425436363636

 $00:45:01.690 \longrightarrow 00:45:03.190$ One part of the study,

NOTE Confidence: 0.844425436363636

 $00:45:03.190 \longrightarrow 00:45:05.549$ one of them is transfusion dependent cohort,

NOTE Confidence: 0.844425436363636

00:45:05.550 --> 00:45:08.378 36 out of 60 patients accrued and

NOTE Confidence: 0.844425436363636

 $00:45:08.378 \longrightarrow 00:45:10.374$ there's ongoing enrollment and the

NOTE Confidence: 0.844425436363636

00:45:10.374 --> 00:45:12.498 2nd cohort cohort one be finished.

NOTE Confidence: 0.844425436363636

 $00:45:12.500 \longrightarrow 00:45:14.980$ Enrollment 50 patients. So the.

NOTE Confidence: 0.844425436363636

 $00{:}45{:}14.980 \dashrightarrow 00{:}45{:}16.472$ Primary endpoint for transfusion

NOTE Confidence: 0.844425436363636

00:45:16.472 --> 00:45:18.337 Dependent Court court is transfusion,

NOTE Confidence: 0.844425436363636

 $00:45:18.340 \longrightarrow 00:45:21.917$ independence for patients and one cohort 1B.

NOTE Confidence: 0.844425436363636

00:45:21.920 --> 00:45:25.820 It's it's splenic volume response,

NOTE Confidence: 0.844425436363636

 $00{:}45{:}25.820 --> 00{:}45{:}27.476$ 35% reduction spleen volume.

NOTE Confidence: 0.844425436363636

 $00:45:27.476 \longrightarrow 00:45:29.546$ So the patients were enrolled

NOTE Confidence: 0.844425436363636

00:45:29.546 --> 00:45:31.799 were either Ching knowledgeable,

 $00:45:31.800 \longrightarrow 00:45:32.667$ jacked to intolerant,

NOTE Confidence: 0.844425436363636

 $00:45:32.667 \longrightarrow 00:45:34.401$ and the biggest group is jacked

NOTE Confidence: 0.844425436363636

 $00:45:34.401 \longrightarrow 00:45:36.299$ to refractory resistant patients.

NOTE Confidence: 0.844425436363636

 $00:45:36.300 \longrightarrow 00:45:38.722$ 56% this is a group of patients

NOTE Confidence: 0.844425436363636

 $00:45:38.722 \longrightarrow 00:45:39.760$ with poor outcomes.

NOTE Confidence: 0.844425436363636

00:45:39.760 --> 00:45:42.280 Median survival is about 14 months,

NOTE Confidence: 0.844425436363636

 $00{:}45{:}42.280 \to 00{:}45{:}45.976$ so the SDR 35 response at week 20.

NOTE Confidence: 0.844425436363636

00:45:45.980 --> 00:45:48.038 War was a primary endpoint for

NOTE Confidence: 0.844425436363636

 $00{:}45{:}48.038 \dashrightarrow 00{:}45{:}50.363$ group 1D which is non transfusion

NOTE Confidence: 0.844425436363636

 $00:45:50.363 \longrightarrow 00:45:52.944$ dependent cohort and it was 18%.

NOTE Confidence: 0.844425436363636

 $00:45:52.944 \longrightarrow 00:45:54.864$ Most of the patients had

NOTE Confidence: 0.844425436363636

 $00:45:54.864 \longrightarrow 00:45:56.016$ some splenic response,

NOTE Confidence: 0.844425436363636

 $00:45:56.020 \longrightarrow 00:45:58.810$ 18% had reduction by 35%.

NOTE Confidence: 0.844425436363636

 $00:45:58.810 \longrightarrow 00:46:04.659$ So the symptom reduction by 50% at

NOTE Confidence: 0.844425436363636

 $00:46:04.659 \longrightarrow 00:46:07.291$ the end of the 24 week period was

NOTE Confidence: 0.844425436363636

 $00{:}46{:}07.291 \dashrightarrow 00{:}46{:}09.504$ observed in 20% among all study

 $00:46:09.504 \longrightarrow 00:46:11.168$ participants transfusion dependent and

NOTE Confidence: 0.844425436363636

 $00:46:11.168 \longrightarrow 00:46:13.349$ not transfusion dependent participants.

NOTE Confidence: 0.844425436363636

 $00:46:13.350 \longrightarrow 00:46:16.602$ Finally the group 1B.

NOTE Confidence: 0.844425436363636

00:46:16.602 --> 00:46:19.238 Primary endpoint the transfusion

NOTE Confidence: 0.844425436363636

 $00:46:19.238 \longrightarrow 00:46:21.254$ dependence converting to transfusion

NOTE Confidence: 0.844425436363636

00:46:21.254 --> 00:46:23.564 independence occurred in 16% of

NOTE Confidence: 0.844425436363636

 $00:46:23.564 \longrightarrow 00:46:25.549$ patients overall in the whole

NOTE Confidence: 0.844425436363636

 $00:46:25.549 \longrightarrow 00:46:27.398$ population there was observed

NOTE Confidence: 0.844425436363636

00:46:27.398 --> 00:46:29.738 improvement in hemoglobin levels.

NOTE Confidence: 0.844425436363636

 $00{:}46{:}29.740 \dashrightarrow 00{:}46{:}31.756$ As you can see on the right hand side

NOTE Confidence: 0.844425436363636

00:46:31.756 --> 00:46:34.169 and among transfusion independent patients,

NOTE Confidence: 0.844425436363636

 $00:46:34.170 \longrightarrow 00:46:36.170$ 38% had improved hemoglobin

NOTE Confidence: 0.844425436363636

 $00{:}46{:}36.170 \dashrightarrow 00{:}46{:}38.530$ level by 1.5 grams per deciliter.

NOTE Confidence: 0.844425436363636

 $00:46:38.530 \longrightarrow 00:46:41.754$ At the end of the 2424 week period.

NOTE Confidence: 0.844425436363636

 $00:46:41.754 \longrightarrow 00:46:44.365$ So there are some exploratory

 $00:46:44.365 \longrightarrow 00:46:46.090$ endpoints including evolutional.

NOTE Confidence: 0.844425436363636

00:46:46.090 --> 00:46:48.390 Fibrosis in the marrow,

NOTE Confidence: 0.844425436363636

00:46:48.390 --> 00:46:50.995 and about quarter of patients

NOTE Confidence: 0.844425436363636

 $00:46:50.995 \longrightarrow 00:46:52.037$ had improvement,

NOTE Confidence: 0.844425436363636

 $00:46:52.040 \longrightarrow 00:46:54.250$ including about 6.7% of patients

NOTE Confidence: 0.844425436363636

 $00:46:54.250 \longrightarrow 00:46:56.904$ who had improvement by two grades

NOTE Confidence: 0.844425436363636

 $00:46:56.904 \longrightarrow 00:46:59.088$ of Milo fibrosis in the .0.

NOTE Confidence: 0.844425436363636

00:46:59.090 --> 00:47:01.078 Improvement in fibrosis correlated

NOTE Confidence: 0.844425436363636

 $00{:}47{:}01.078 \dashrightarrow 00{:}47{:}03.563$ with improvement in hemoglobin levels,

NOTE Confidence: 0.844425436363636

 $00{:}47{:}03.570 \dashrightarrow 00{:}47{:}06.336$ so the side effects are summarized

NOTE Confidence: 0.844425436363636

 $00{:}47{:}06.336 \dashrightarrow 00{:}47{:}07.719$ on this slide.

NOTE Confidence: 0.844425436363636

 $00:47:07.720 \longrightarrow 00:47:09.850$ For the sake of time,

NOTE Confidence: 0.844425436363636

 $00:47:09.850 \longrightarrow 00:47:12.406$ 19% of patients reported adverse events

NOTE Confidence: 0.844425436363636

 $00:47:12.406 \longrightarrow 00:47:15.230$ which led 2 collaborative discontinuation.

NOTE Confidence: 0.844425436363636

 $00:47:15.230 \longrightarrow 00:47:17.519$ Most of the side effects were great.

NOTE Confidence: 0.844425436363636

 $00:47:17.520 \longrightarrow 00:47:19.029$ One and two.

 $00:47:19.029 \longrightarrow 00:47:20.538$ So, in conclusion,

NOTE Confidence: 0.844425436363636

 $00:47:20.540 \longrightarrow 00:47:23.666$ this is manifest on one looking

NOTE Confidence: 0.844425436363636

00:47:23.666 --> 00:47:26.196 at 64 patients planned enrollment,

NOTE Confidence: 0.844425436363636 00:47:26.200 --> 00:47:27.036 110 patients,

NOTE Confidence: 0.844425436363636

 $00:47:27.036 \longrightarrow 00:47:29.544$ there was a decent reduction of

NOTE Confidence: 0.844425436363636

 $00:47:29.544 \longrightarrow 00:47:32.432$ the spleen volume among transfusion

NOTE Confidence: 0.844425436363636

 $00:47:32.432 \longrightarrow 00:47:33.746$ dependent patients,

NOTE Confidence: 0.844425436363636

 $00:47:33.750 \longrightarrow 00:47:36.319$ and there was an improvement in hemoglobin,

NOTE Confidence: 0.844425436363636

 $00{:}47{:}36.320 \dashrightarrow 00{:}47{:}38.375$ including among patients who are

NOTE Confidence: 0.844425436363636

 $00{:}47{:}38.375 \dashrightarrow 00{:}47{:}40.912$ transfusion dependent and the 16% of

NOTE Confidence: 0.844425436363636

 $00{:}47{:}40.912 \dashrightarrow 00{:}47{:}42.696$ them became transfusion independent.

NOTE Confidence: 0.844425436363636

00:47:42.700 --> 00:47:43.985 Marrow fibrosis and I didn't

NOTE Confidence: 0.844425436363636

 $00:47:43.985 \longrightarrow 00:47:44.756$ present this data.

NOTE Confidence: 0.844425436363636

 $00:47:44.760 \longrightarrow 00:47:47.340$ Plasma cytokines decrease suggested

NOTE Confidence: 0.844425436363636

 $00:47:47.340 \longrightarrow 00:47:51.560$ potential disease modification by

 $00:47:51.560 \longrightarrow 00:47:53.780$ majority of the most common treatment.

NOTE Confidence: 0.844425436363636

 $00:47:53.780 \longrightarrow 00:47:55.850$ Emergent adverse events were low grade

NOTE Confidence: 0.844425436363636

 $00:47:55.850 \longrightarrow 00:47:58.453$ and we are planning to participate in

NOTE Confidence: 0.844425436363636

 $00:47:58.453 \longrightarrow 00:48:00.944$ manifest 2 study randomized phase.

NOTE Confidence: 0.844425436363636

00:48:00.944 --> 00:48:01.996 Three study, NOTE Confidence: 0.844425436363636

 $00:48:02.000 \longrightarrow 00:48:03.590$ double blinded between

NOTE Confidence: 0.553255013571428

 $00:48:05.840 \longrightarrow 00:48:07.933$ CPI 0610 and looks lit new versus

NOTE Confidence: 0.553255013571428

 $00:48:07.933 \longrightarrow 00:48:09.827$ placebo and looks lit nip at Yale.

NOTE Confidence: 0.553255013571428

 $00:48:09.830 \longrightarrow 00:48:13.410$ So the next step is and this is

NOTE Confidence: 0.553255013571428

 $00:48:13.410 \longrightarrow 00:48:16.169$ about the symbol of the drug which

NOTE Confidence: 0.553255013571428

 $00:48:16.169 \longrightarrow 00:48:18.478$ was recently approved for patients

NOTE Confidence: 0.553255013571428

 $00:48:18.478 \longrightarrow 00:48:21.306$ with CML as a third line treatment.

NOTE Confidence: 0.553255013571428

 $00:48:21.310 \longrightarrow 00:48:24.495$ People who were enrolled in the study

NOTE Confidence: 0.553255013571428

 $00:48:24.500 \longrightarrow 00:48:27.923$ received at least two TCR's and the

NOTE Confidence: 0.553255013571428

00:48:27.923 --> 00:48:30.865 presentation I'm focusing on today is

NOTE Confidence: 0.553255013571428

 $00:48:30.865 \longrightarrow 00:48:33.643$ update of what was previously presented.

 $00:48:33.650 \longrightarrow 00:48:37.551$ So this is the drug which is in

NOTE Confidence: 0.553255013571428

 $00:48:37.551 \longrightarrow 00:48:40.848$ which hits BCR ABL on core protein.

NOTE Confidence: 0.553255013571428

00:48:40.850 --> 00:48:42.719 Activity specifically targeting

NOTE Confidence: 0.553255013571428

 $00:48:42.719 \longrightarrow 00:48:44.588$ able marstall pocket.

NOTE Confidence: 0.553255013571428

00:48:44.590 --> 00:48:47.718 It's a different way of inhibiting BCR ABL,

NOTE Confidence: 0.553255013571428

 $00:48:47.720 \longrightarrow 00:48:49.600$ as you can see, even with key for one point,

NOTE Confidence: 0.553255013571428 00:48:49.600 --> 00:48:50.264 9 mutation. NOTE Confidence: 0.553255013571428

00:48:50.264 --> 00:48:51.924 Weighty people get this changed,

NOTE Confidence: 0.553255013571428

 $00{:}48{:}51.930 \dashrightarrow 00{:}48{:}55.742$ and regular guys cannot attach a synonym,

NOTE Confidence: 0.553255013571428

00:48:55.742 --> 00:48:58.105 was able to inhibit people

NOTE Confidence: 0.553255013571428

 $00:48:58.105 \longrightarrow 00:49:00.790$ one kinase activity.

NOTE Confidence: 0.553255013571428

 $00:49:00.790 \longrightarrow 00:49:04.168$ Study is a phase three trial

NOTE Confidence: 0.553255013571428

 $00{:}49{:}04.168 \dashrightarrow 00{:}49{:}05.857$ which randomizes patients.

NOTE Confidence: 0.553255013571428

 $00:49:05.860 \dashrightarrow 00:49:07.762$ Between pursuit net 500 milligrams once

NOTE Confidence: 0.553255013571428

 $00:49:07.762 \longrightarrow 00:49:11.040$ a day and a 740 milligrams twice a day.

00:49:11.040 --> 00:49:11.814 Once again,

NOTE Confidence: 0.553255013571428

00:49:11.814 --> 00:49:14.136 there's a patients who were previously

NOTE Confidence: 0.553255013571428

00:49:14.136 --> 00:49:16.364 treated for chronic phase CML with

NOTE Confidence: 0.553255013571428

 $00:49:16.364 \longrightarrow 00:49:20.000$ at least two different keys and the

NOTE Confidence: 0.553255013571428

 $00:49:20.000 \longrightarrow 00:49:23.992$ initial presentation at previous ASH

NOTE Confidence: 0.553255013571428

00:49:23.992 --> 00:49:26.847 meeting looked at primary endpoint,

NOTE Confidence: 0.553255013571428

 $00:49:26.850 \longrightarrow 00:49:29.355$ which is major molecular response

NOTE Confidence: 0.553255013571428 00:49:29.355 --> 00:49:30.858 at 24 weeks.

NOTE Confidence: 0.553255013571428

 $00:49:30.860 \longrightarrow 00:49:33.002$ This presentation updates

NOTE Confidence: 0.553255013571428

 $00:49:33.002 \longrightarrow 00:49:35.618$ the results by expanding.

NOTE Confidence: 0.553255013571428

 $00{:}49{:}35.618 \dashrightarrow 00{:}49{:}37.994$ Observation period for additional

NOTE Confidence: 0.553255013571428

 $00:49:37.994 \longrightarrow 00:49:39.776 7 1/2$ months.

NOTE Confidence: 0.553255013571428

 $00:49:39.780 \longrightarrow 00:49:42.155$ So basically in 19.2 months

NOTE Confidence: 0.553255013571428

 $00:49:42.155 \longrightarrow 00:49:43.580$ from randomization period.

NOTE Confidence: 0.553255013571428

 $00:49:43.580 \longrightarrow 00:49:47.780$ So the key secondary endpoint is Mr

NOTE Confidence: 0.553255013571428

 $00:49:47.780 \longrightarrow 00:49:49.916$ rated 96 weeks is not presented yet,

 $00:49:49.920 \longrightarrow 00:49:52.950$ so this is the first.

NOTE Confidence: 0.553255013571428

00:49:52.950 --> 00:49:55.670 Presentation in 20 Dash 2020,

NOTE Confidence: 0.553255013571428

 $00:49:55.670 \longrightarrow 00:49:58.310$ which was also the data was

NOTE Confidence: 0.553255013571428

 $00:49:58.310 \longrightarrow 00:50:00.070$ also published in Blood.

NOTE Confidence: 0.553255013571428 00:50:00.070 --> 00:50:00.774 Last year, NOTE Confidence: 0.553255013571428

 $00{:}50{:}00.774 \dashrightarrow 00{:}50{:}03.238$ so the synonym was better than pursuit

NOTE Confidence: 0.553255013571428

00:50:03.238 --> 00:50:05.987 nip from the standard primary endpoint,

NOTE Confidence: 0.553255013571428

 $00:50:05.990 \longrightarrow 00:50:07.702$ which is major molecular

NOTE Confidence: 0.553255013571428

 $00:50:07.702 \longrightarrow 00:50:10.527$ response at 24 weeks by 12.2%.

NOTE Confidence: 0.553255013571428

00:50:10.527 --> 00:50:14.589 So the updated 48 week results

NOTE Confidence: 0.553255013571428

 $00:50:14.589 \longrightarrow 00:50:17.742$ continue to show the higher

NOTE Confidence: 0.553255013571428

 $00:50:17.742 \longrightarrow 00:50:19.986$ major molecular response rate.

NOTE Confidence: 0.553255013571428

 $00:50:19.990 \longrightarrow 00:50:23.552$ So basically at one year is 29.3% which

NOTE Confidence: 0.553255013571428

 $00{:}50{:}23.552 \dashrightarrow 00{:}50{:}26.009$ is 16% higher than with pursuit nip.

NOTE Confidence: 0.553255013571428

00:50:26.010 --> 00:50:28.080 Also the reduction of desirable

 $00:50:28.080 \longrightarrow 00:50:30.150$ transcript to less than one.

NOTE Confidence: 0.553255013571428

 $00{:}50{:}30.150 \dashrightarrow 00{:}50{:}32.136$ Or something blood is seen more

NOTE Confidence: 0.553255013571428

 $00:50:32.136 \longrightarrow 00:50:34.241$ frequently in a semi warm 42%

NOTE Confidence: 0.553255013571428

 $00:50:34.241 \longrightarrow 00:50:36.546$ versus 19% more than double.

NOTE Confidence: 0.553255013571428

 $00:50:36.550 \longrightarrow 00:50:38.979$ So the deep responses are also better

NOTE Confidence: 0.553255013571428

 $00{:}50{:}38.979 \dashrightarrow 00{:}50{:}41.751$ in a synonym as you can see on our

NOTE Confidence: 0.553255013571428

00:50:41.751 --> 00:50:44.960 4.57 point 6 versus 1.3% and Mr.

NOTE Confidence: 0.553255013571428

00:50:44.960 --> 00:50:49.265 410.8 versus 3.9% when compared to episode.

NOTE Confidence: 0.553255013571428

 $00:50:49.270 \longrightarrow 00:50:52.720$ So we're all adverse events that

NOTE Confidence: 0.553255013571428

 $00:50:52.720 \longrightarrow 00:50:55.550$ were less common in patients

NOTE Confidence: 0.553255013571428

 $00{:}50{:}55.550 \dashrightarrow 00{:}50{:}58.850$ with severe then with mood dip.

NOTE Confidence: 0.553255013571428

 $00:50:58.850 \longrightarrow 00:51:00.006$ So nevertheless pretty much

NOTE Confidence: 0.553255013571428

 $00:51:00.006 \longrightarrow 00:51:01.740$ everyone had some kind of adversity.

NOTE Confidence: 0.553255013571428

 $00{:}51{:}01.740 \dashrightarrow 00{:}51{:}04.710$ But adverse events leading to

NOTE Confidence: 0.553255013571428

 $00:51:04.710 \longrightarrow 00:51:07.253$ discontinuation again less frequent in

NOTE Confidence: 0.553255013571428

 $00:51:07.253 \longrightarrow 00:51:09.894$ a similar treating patients treated patients,

 $00:51:09.894 \longrightarrow 00:51:12.672$ so this is the most common all

NOTE Confidence: 0.553255013571428

 $00:51:12.672 \longrightarrow 00:51:14.032$ great adverse events as seen

NOTE Confidence: 0.553255013571428

 $00:51:14.032 \longrightarrow 00:51:15.682$ in more than 20% of patients.

NOTE Confidence: 0.553255013571428

00:51:15.682 --> 00:51:17.930 You can see that a synonym is better

NOTE Confidence: 0.553255013571428

 $00:51:17.990 \longrightarrow 00:51:20.130$ than other than cytopenia switch.

NOTE Confidence: 0.553255013571428

 $00:51:20.130 \longrightarrow 00:51:21.965$ I seen more frequently among patients

NOTE Confidence: 0.553255013571428

 $00:51:21.965 \longrightarrow 00:51:23.920$ who are treated with a similar,

NOTE Confidence: 0.553255013571428

 $00:51:23.920 \longrightarrow 00:51:25.888$ but this was transient fact at

NOTE Confidence: 0.553255013571428

00:51:25.888 --> 00:51:27.200 the beginning of treatment,

NOTE Confidence: 0.553255013571428

 $00{:}51{:}27.200 \dashrightarrow 00{:}51{:}29.282$ usually related to the disease itself

NOTE Confidence: 0.553255013571428

 $00:51:29.282 \longrightarrow 00:51:32.384$ rather than to the treatment so.

NOTE Confidence: 0.553255013571428

 $00:51:32.384 \longrightarrow 00:51:36.720$ Adverse arterial occlusive events

NOTE Confidence: 0.553255013571428

 $00{:}51{:}36.720 \to 00{:}51{:}38.298$ that were comparable in both groups,

NOTE Confidence: 0.553255013571428

 $00:51:38.300 \longrightarrow 00:51:40.208$ but it is challenging to say

NOTE Confidence: 0.553255013571428

 $00:51:40.210 \longrightarrow 00:51:41.914$ what would happen to the certain

00:51:41.914 --> 00:51:43.364 patients because they were observed

NOTE Confidence: 0.553255013571428

 $00:51:43.364 \longrightarrow 00:51:45.177$ a lot less than a similar patient.

NOTE Confidence: 0.789190589090909

00:51:45.180 --> 00:51:47.644 So, in conclusion, this is the first

NOTE Confidence: 0.789190589090909

00:51:47.644 --> 00:51:50.016 control study comparing tiki for resistant,

NOTE Confidence: 0.789190589090909

00:51:50.016 --> 00:51:51.540 intolerant patients using

NOTE Confidence: 0.789190589090909

00:51:51.540 --> 00:51:54.080 first and class specific drug,

NOTE Confidence: 0.789190589090909

 $00:51:54.080 \longrightarrow 00:51:55.588$ which is specifically targeting

NOTE Confidence: 0.789190589090909

 $00:51:55.588 \longrightarrow 00:51:57.096$ able one restoril pocket.

NOTE Confidence: 0.789190589090909

00:51:57.100 --> 00:51:59.348 Superior efficacy was demonstrated

NOTE Confidence: 0.789190589090909

00:51:59.348 --> 00:52:01.932 for synonym against BOSUTINIB, and.

NOTE Confidence: 0.789190589090909

 $00{:}52{:}01.932 \dashrightarrow 00{:}52{:}03.592$ More patients remain the treatment

NOTE Confidence: 0.789190589090909

 $00:52:03.592 \longrightarrow 00:52:05.928$ at the end of 48 week period,

NOTE Confidence: 0.789190589090909

 $00:52:05.930 \longrightarrow 00:52:07.748$ so it has favorable safety profile.

NOTE Confidence: 0.789190589090909

 $00:52:07.750 \longrightarrow 00:52:10.020$ Now this is the drug which is available as a

NOTE Confidence: 0.789190589090909

00:52:10.080 --> 00:52:12.408 standard of care option for our CML patients,

NOTE Confidence: 0.789190589090909

 $00:52:12.410 \longrightarrow 00:52:14.546$ particularly with resistant with

 $00:52:14.546 \longrightarrow 00:52:17.216$ resistance and influence to two

NOTE Confidence: 0.789190589090909

00:52:17.216 --> 00:52:22.039 TK eyes or more so finally, the.

NOTE Confidence: 0.789190589090909

00:52:22.040 --> 00:52:24.808 They got me up for patients with the

NOTE Confidence: 0.789190589090909

 $00:52:24.808 \longrightarrow 00:52:27.380$ nominee and rearrangement of GFR one.

NOTE Confidence: 0.789190589090909

 $00:52:27.380 \longrightarrow 00:52:29.484$ So just to map that this is one

NOTE Confidence: 0.789190589090909

 $00:52:29.484 \longrightarrow 00:52:31.540$ of the myeloid malignancies.

NOTE Confidence: 0.789190589090909

 $00:52:31.540 \longrightarrow 00:52:32.950$ We spoke about MPN's pH

NOTE Confidence: 0.789190589090909

00:52:32.950 --> 00:52:34.360 positive and negative so far,

NOTE Confidence: 0.789190589090909

 $00{:}52{:}34.360 \dashrightarrow 00{:}52{:}36.154$ but this is the myeloid lymphoid

NOTE Confidence: 0.789190589090909

 $00:52:36.154 \longrightarrow 00:52:38.619$ neoplasm with is an affiliate affiliates.

NOTE Confidence: 0.789190589090909

00:52:38.620 --> 00:52:40.978 Hallmark feature of this group of

NOTE Confidence: 0.789190589090909

 $00:52:40.978 \longrightarrow 00:52:42.157$ malignancies myeloid malignancies.

NOTE Confidence: 0.789190589090909

 $00{:}52{:}42.160 \dashrightarrow 00{:}52{:}44.048$ I'm going to focus on this particular one,

NOTE Confidence: 0.789190589090909

 $00:52:44.048 \longrightarrow 00:52:45.280$ which is, I mean,

NOTE Confidence: 0.789190589090909

 $00:52:45.280 \longrightarrow 00:52:46.939$ all of them are not very common,

 $00:52:46.940 \longrightarrow 00:52:48.964$ but nevertheless it's an

NOTE Confidence: 0.789190589090909

 $00:52:48.964 \longrightarrow 00:52:51.195$ interesting disease which is.

NOTE Confidence: 0.789190589090909

 $00:52:51.195 \dashrightarrow 00:52:54.450$ I'm due to translocation of eight P.

NOTE Confidence: 0.789190589090909

 $00:52:54.450 \longrightarrow 00:52:56.334$ 11 leading to constitutive

NOTE Confidence: 0.789190589090909

00:52:56.334 --> 00:52:57.747 activation of FGFR,

NOTE Confidence: 0.789190589090909

 $00:52:57.750 \longrightarrow 00:52:59.950$ one that's 16 known partners.

NOTE Confidence: 0.789190589090909

 $00:52:59.950 \longrightarrow 00:53:01.650$ Chronic phase of this disease

NOTE Confidence: 0.789190589090909

00:53:01.650 --> 00:53:03.507 may present as MPNMDS or MDSMPN.

NOTE Confidence: 0.789190589090909

 $00{:}53{:}03.507 \dashrightarrow 00{:}53{:}05.181$ That's why it is important to

NOTE Confidence: 0.789190589090909

 $00:53:05.181 \longrightarrow 00:53:07.100$ check if patient has is an

NOTE Confidence: 0.789190589090909

 $00:53:07.100 \longrightarrow 00:53:08.364$ affiliate for this rearrangement,

NOTE Confidence: 0.789190589090909

 $00:53:08.370 \longrightarrow 00:53:10.668$ usually treated with hydroxyurea and keys,

NOTE Confidence: 0.789190589090909

00:53:10.670 --> 00:53:12.545 including non selective

NOTE Confidence: 0.789190589090909

00:53:12.545 --> 00:53:15.045 ponatinib and might historian.

NOTE Confidence: 0.789190589090909

00:53:15.050 --> 00:53:16.946 50% of patients are in blast phase after

NOTE Confidence: 0.789190589090909

 $00{:}53{:}16.946 \dashrightarrow 00{:}53{:}18.738$ 12 months and meeting all survival

00:53:18.738 --> 00:53:20.323 and unfortunately only nine months

NOTE Confidence: 0.789190589090909

 $00:53:20.323 \longrightarrow 00:53:22.117$ without stem cell transplant one term.

NOTE Confidence: 0.789190589090909

 $00:53:22.120 \longrightarrow 00:53:24.120$ Oceans are possible with transplants.

NOTE Confidence: 0.789190589090909

 $00:53:24.120 \longrightarrow 00:53:26.958$ Las Vegas may present as a

NOTE Confidence: 0.789190589090909

00:53:26.960 --> 00:53:28.540 MLTOB cell and mix phenotype.

NOTE Confidence: 0.789190589090909

 $00:53:28.540 \longrightarrow 00:53:30.825$ Acute leukemia once again important

NOTE Confidence: 0.789190589090909

 $00:53:30.825 \longrightarrow 00:53:34.056$ test to do to select this patients

NOTE Confidence: 0.789190589090909

 $00{:}53{:}34.056 \dashrightarrow 00{:}53{:}36.608$ and there is treatment with

NOTE Confidence: 0.789190589090909

 $00:53:36.608 \longrightarrow 00:53:38.174$ specific induction chemotherapy,

NOTE Confidence: 0.789190589090909

 $00:53:38.180 \longrightarrow 00:53:40.108$ perhaps with the tiki with one year survival,

NOTE Confidence: 0.789190589090909

 $00:53:40.110 \longrightarrow 00:53:41.232$ one with 30%.

NOTE Confidence: 0.789190589090909

 $00:53:41.232 \longrightarrow 00:53:43.476$ Those who achieve CR will abduction,

NOTE Confidence: 0.789190589090909

00:53:43.480 --> 00:53:45.780 Kima have superior survival obviously,

NOTE Confidence: 0.789190589090909

 $00{:}53{:}45.780 {\: -->\:} 00{:}53{:}47.355$ and long term remissions are

NOTE Confidence: 0.789190589090909

 $00:53:47.355 \longrightarrow 00:53:48.615$ reported with transplanted patients.

 $00:53:48.620 \longrightarrow 00:53:52.130$ So this disease is rare.

NOTE Confidence: 0.789190589090909

 $00:53:52.130 \longrightarrow 00:53:54.210$ And also not very good to have because

NOTE Confidence: 0.789190589090909

00:53:54.210 --> 00:53:55.840 of lack of specific treatments

NOTE Confidence: 0.789190589090909

 $00:53:55.840 \longrightarrow 00:53:57.940$ as well as poor outcomes with

NOTE Confidence: 0.789190589090909

 $00:53:57.940 \longrightarrow 00:53:59.779$ available therapy at perhaps other

NOTE Confidence: 0.789190589090909

 $00:53:59.779 \longrightarrow 00:54:01.559$ than transplant which is available

NOTE Confidence: 0.789190589090909

00:54:01.559 --> 00:54:03.800 for limited number of patients.

NOTE Confidence: 0.789190589090909

 $00:54:03.800 \longrightarrow 00:54:06.112$ So is this drug which is currently

NOTE Confidence: 0.789190589090909

 $00{:}54{:}06.112 \dashrightarrow 00{:}54{:}09.080$ approved by FDA as well as in some

NOTE Confidence: 0.789190589090909

 $00:54:09.080 \longrightarrow 00:54:11.170$ other countries for patients with

NOTE Confidence: 0.789190589090909

 $00:54:11.170 \longrightarrow 00:54:12.659$ cholangiocarcinoma previously treated

NOTE Confidence: 0.789190589090909

 $00:54:12.659 \longrightarrow 00:54:15.041$ and respected locally advanced it

NOTE Confidence: 0.789190589090909

 $00:54:15.041 \longrightarrow 00:54:17.267$ was FGFR 2 fusion and rearrangements.

NOTE Confidence: 0.789190589090909

 $00{:}54{:}17.270 \dashrightarrow 00{:}54{:}19.944$ The drug inhibits FGFR 1/3 and that

NOTE Confidence: 0.789190589090909

 $00:54:19.944 \longrightarrow 00:54:22.930$ led to its study in this flight.

NOTE Confidence: 0.789190589090909

 $00:54:22.930 \longrightarrow 00:54:24.678$ Two or three trial.

 $00:54:24.678 \longrightarrow 00:54:28.070$ So this is a swimmer sport showing

NOTE Confidence: 0.789190589090909

 $00{:}54{:}28.070 {\: --> \:} 00{:}54{:}29.658$ ongoing responses for majority

NOTE Confidence: 0.789190589090909

00:54:29.658 --> 00:54:31.643 of patients with chronic phase.

NOTE Confidence: 0.789190589090909

 $00:54:31.650 \longrightarrow 00:54:34.467$ There are 18 of them and then there is.

NOTE Confidence: 0.789190589090909

 $00:54:34.470 \longrightarrow 00:54:37.550$ This is the 13 patients with blast phase.

NOTE Confidence: 0.789190589090909

 $00:54:37.550 \longrightarrow 00:54:39.302$ Unfortunately less responses here.

NOTE Confidence: 0.789190589090909

 $00:54:39.302 \longrightarrow 00:54:41.054$ A lot of patients,

NOTE Confidence: 0.789190589090909

 $00{:}54{:}41.060 \dashrightarrow 00{:}54{:}43.251$ especially in the black box who died

NOTE Confidence: 0.789190589090909

 $00:54:43.251 \longrightarrow 00:54:45.349$ from this disease in the blast based.

NOTE Confidence: 0.789190589090909

 $00:54:45.350 \longrightarrow 00:54:45.736$ Nevertheless,

NOTE Confidence: 0.789190589090909

 $00:54:45.736 \longrightarrow 00:54:48.052$ some were breached to allogeneic stem

NOTE Confidence: 0.789190589090909

 $00{:}54{:}48.052 \dashrightarrow 00{:}54{:}51.788$ cell transplant. So in conclusion.

NOTE Confidence: 0.789190589090909

 $00{:}54{:}51.790 \dashrightarrow 00{:}54{:}54.136$ Is the first the rapy to demonstrate

NOTE Confidence: 0.789190589090909

00:54:54.136 --> 00:54:56.435 durable and high rates of CR&CCYR

NOTE Confidence: 0.789190589090909

 $00:54:56.435 \longrightarrow 00:54:59.060$ in this group of patients.

 $00:54:59.060 \longrightarrow 00:55:00.848$ Previously, these patients were

NOTE Confidence: 0.75995287875

 $00{:}55{:}00.848 \dashrightarrow 00{:}55{:}02.636$ treated with other treatments.

NOTE Confidence: 0.75995287875

00:55:02.640 --> 00:55:04.336 Majority of them progressed,

NOTE Confidence: 0.75995287875

 $00:55:04.336 \longrightarrow 00:55:06.032$ including intensive chemotherapy and

NOTE Confidence: 0.75995287875

 $00:55:06.032 \longrightarrow 00:55:07.710$ chemotherapeutic stem cell transplant.

NOTE Confidence: 0.75995287875

 $00:55:07.710 \longrightarrow 00:55:09.792$ Kaplan Meier median duration of CR

NOTE Confidence: 0.75995287875

 $00:55:09.792 \longrightarrow 00:55:11.861$ and overall response have not been

NOTE Confidence: 0.75995287875

 $00:55:11.861 \longrightarrow 00:55:13.890$ reached in those treated with Pamela

NOTE Confidence: 0.75995287875

 $00:55:13.890 \longrightarrow 00:55:15.266$ Gardner clinical and cytogenetic.

NOTE Confidence: 0.75995287875

 $00:55:15.270 \longrightarrow 00:55:16.910$ Responses were less frequent in

NOTE Confidence: 0.75995287875

 $00{:}55{:}16.910 \dashrightarrow 00{:}55{:}18.550$ and durable and blood space,

NOTE Confidence: 0.75995287875

 $00:55:18.550 \longrightarrow 00:55:19.770$ but nevertheless some patients

NOTE Confidence: 0.75995287875

 $00:55:19.770 \longrightarrow 00:55:21.295$ were able to breach too.

NOTE Confidence: 0.75995287875

 $00:55:21.300 \longrightarrow 00:55:23.060$ Collagen in stem cell transplant.

NOTE Confidence: 0.75995287875

 $00:55:23.060 \longrightarrow 00:55:25.202$ See if there were no surprises and

NOTE Confidence: 0.75995287875

 $00{:}55{:}25.202 \dashrightarrow 00{:}55{:}27.254$ safety profiles and die of this

 $00{:}55{:}27.254 \to 00{:}55{:}28.682$ treatment consistent with Jeff

NOTE Confidence: 0.75995287875

 $00{:}55{:}28.682 \dashrightarrow 00{:}55{:}30.929$ Gordon condition and this may be a

NOTE Confidence: 0.75995287875

00:55:30.929 --> 00:55:32.597 good option for long term treatment

NOTE Confidence: 0.75995287875

 $00:55:32.600 \longrightarrow 00:55:35.474$ for patients with Melanie with FGFR

NOTE Confidence: 0.75995287875

 $00:55:35.474 \longrightarrow 00:55:37.390$ rearrangement ineligible for transplant

NOTE Confidence: 0.75995287875

 $00:55:37.455 \longrightarrow 00:55:39.815$ or facilitate bridging tool transplant.

NOTE Confidence: 0.75995287875

 $00:55:39.815 \longrightarrow 00:55:42.630$ Thank you.

NOTE Confidence: 0.6592189925

 $00{:}55{:}42.630 \dashrightarrow 00{:}55{:}43.730$ Thank you Doctor Badasci

NOTE Confidence: 0.6592189925

00:55:43.730 --> 00:55:44.830 thank you Doctor Cialis.

NOTE Confidence: 0.6592189925

 $00{:}55{:}44.830 \dashrightarrow 00{:}55{:}49.410$ Great comprehensive presentations and.

NOTE Confidence: 0.6592189925

 $00:55:49.410 \longrightarrow 00:55:51.138$ We are going to take a few questions

NOTE Confidence: 0.6592189925

00:55:51.138 --> 00:55:52.590 from the audience if any has,

NOTE Confidence: 0.6592189925

 $00{:}55{:}52.590 \dashrightarrow 00{:}55{:}54.844$ so please feel free if you want

NOTE Confidence: 0.6592189925

 $00:55:54.844 \longrightarrow 00:55:57.343$ to type your question or if you

NOTE Confidence: 0.6592189925

 $00:55:57.343 \longrightarrow 00:55:59.572$ want to ask directly, you can.

00:55:59.572 --> 00:56:01.802 I think Lenny can mute you

NOTE Confidence: 0.6592189925

 $00{:}56{:}01.802 \dashrightarrow 00{:}56{:}03.908$ and you can ask the question.

NOTE Confidence: 0.6592189925

00:56:03.910 --> 00:56:06.478 I'm gonna actually start one question

NOTE Confidence: 0.6592189925

 $00:56:06.478 \longrightarrow 00:56:09.192$ for Doctor Sheraz where we are waiting

NOTE Confidence: 0.6592189925

 $00:56:09.192 \longrightarrow 00:56:11.678$ so Rory treatment of AML historical.

NOTE Confidence: 0.661338957

 $00:56:14.370 \longrightarrow 00:56:19.730 7 + 3$ or really not much aside from that,

NOTE Confidence: 0.661338957

 $00:56:19.730 \longrightarrow 00:56:21.627$ so can you walk us through your

NOTE Confidence: 0.661338957

00:56:21.627 --> 00:56:23.222 thinking of the different options

NOTE Confidence: 0.661338957

 $00{:}56{:}23.222 \dashrightarrow 00{:}56{:}25.370$ for a patient that potentially could

NOTE Confidence: 0.661338957

 $00:56:25.370 \longrightarrow 00:56:27.709$ be seen in any of the care centers.

NOTE Confidence: 0.661338957

 $00:56:27.710 \longrightarrow 00:56:32.534$ 74 year old male. Walks with a cane,

NOTE Confidence: 0.661338957

 $00:56:32.534 \longrightarrow 00:56:34.489$ but otherwise in good shape.

NOTE Confidence: 0.661338957

 $00:56:34.490 \longrightarrow 00:56:37.270$ Who comes with acute myeloid

NOTE Confidence: 0.661338957

00:56:37.270 --> 00:56:38.670 leukemia outpatient?

NOTE Confidence: 0.60001224

 $00:56:41.180 \longrightarrow 00:56:43.714$ And the patient has a flip 3

NOTE Confidence: 0.60001224

 $00:56:43.714 \longrightarrow 00:56:45.976$ mutation and mutation which we can

 $00:56:45.976 \longrightarrow 00:56:47.896$ see certainly in some patients.

NOTE Confidence: 0.60001224

 $00:56:47.900 \longrightarrow 00:56:50.720$ So how do you work through the

NOTE Confidence: 0.60001224

 $00:56:50.720 \longrightarrow 00:56:52.020$ different treatment options as you

NOTE Confidence: 0.60001224

00:56:52.020 --> 00:56:53.918 consider what to do with this patient?

NOTE Confidence: 0.851500112857143

 $00:56:55.970 \longrightarrow 00:56:57.962$ Well, I could think my practices

NOTE Confidence: 0.851500112857143

00:56:57.962 --> 00:57:00.111 is fairly evidence based with some

NOTE Confidence: 0.851500112857143

00:57:00.111 --> 00:57:01.620 rare exceptions, and you know,

NOTE Confidence: 0.851500112857143

 $00{:}57{:}01.620 \dashrightarrow 00{:}57{:}03.770$ I'd say this is a double edged sword.

NOTE Confidence: 0.851500112857143

 $00:57:03.770 \dashrightarrow 00:57:05.402$ I mean, it's very fortunate that the field

NOTE Confidence: 0.851500112857143

 $00:57:05.402 \longrightarrow 00:57:07.078$ is moving very quickly with novel agents,

NOTE Confidence: 0.851500112857143

 $00:57:07.080 \longrightarrow 00:57:08.373$ novel combinations with.

NOTE Confidence: 0.851500112857143

 $00{:}57{:}08.373 \dashrightarrow 00{:}57{:}10.528$ You know a recent preference

NOTE Confidence: 0.851500112857143

 $00{:}57{:}10.528 --{>} 00{:}57{:}11.900 \text{ for randomized trials},$

NOTE Confidence: 0.851500112857143

 $00:57:11.900 \longrightarrow 00:57:13.788$ but by the time a trial is launched,

NOTE Confidence: 0.851500112857143

 $00:57:13.790 \longrightarrow 00:57:14.666$ let alone completed,

 $00:57:14.666 \longrightarrow 00:57:15.834$ maybe the reference standard,

NOTE Confidence: 0.851500112857143

 $00{:}57{:}15.840 \to 00{:}57{:}18.863$ the comparator arm is obsolete, so.

NOTE Confidence: 0.851500112857143

 $00:57:18.863 \longrightarrow 00:57:19.952$ At the moment,

NOTE Confidence: 0.851500112857143

00:57:19.952 --> 00:57:22.490 you know a 74 year old is,

NOTE Confidence: 0.851500112857143

 $00:57:22.490 \longrightarrow 00:57:24.650$ you know, age isn't all ages,

NOTE Confidence: 0.851500112857143

 $00:57:24.650 \longrightarrow 00:57:26.205$ more of an imperfect surrogate

NOTE Confidence: 0.851500112857143

 $00:57:26.205 \longrightarrow 00:57:27.449$ for other patient specific

NOTE Confidence: 0.851500112857143

 $00:57:27.449 \longrightarrow 00:57:28.909$ factors like end organ reserve.

NOTE Confidence: 0.851500112857143

 $00{:}57{:}28.910 \longrightarrow 00{:}57{:}31.526$ And I'd say maybe I put a bit

NOTE Confidence: 0.851500112857143

 $00:57:31.526 \longrightarrow 00:57:33.649$ more emphasis on the disease

NOTE Confidence: 0.851500112857143

 $00{:}57{:}33.649 \dashrightarrow 00{:}57{:}35.969$ biology and with two troubling

NOTE Confidence: 0.851500112857143

00:57:35.969 --> 00:57:38.054 mutations and intensive therapy

NOTE Confidence: 0.851500112857143

 $00:57:38.054 \longrightarrow 00:57:39.668$ appropriate eligible candidate.

NOTE Confidence: 0.851500112857143 00:57:39.670 --> 00:57:40.192 I mean, NOTE Confidence: 0.851500112857143

00:57:40.192 --> 00:57:42.280 I would probably say this is a patient

NOTE Confidence: 0.851500112857143

 $00:57:42.343 \longrightarrow 00:57:44.455$ that probably would be treated with

 $00:57:44.455 \longrightarrow 00:57:46.267$ an intensive backbone plus midostaurin

NOTE Confidence: 0.851500112857143

00:57:46.267 --> 00:57:49.840 you didn't give me a fits it high or.

NOTE Confidence: 0.851500112857143

 $00:57:49.840 \longrightarrow 00:57:51.513$ But I think we can all agree

NOTE Confidence: 0.851500112857143

00:57:51.513 --> 00:57:53.249 this is probably a patient best

NOTE Confidence: 0.851500112857143

 $00:57:53.249 \longrightarrow 00:57:54.844$ served with that triplet regimen.

NOTE Confidence: 0.851500112857143

00:57:54.850 --> 00:57:56.370 You know at the patient was not intensive,

NOTE Confidence: 0.851500112857143

00:57:56.370 --> 00:57:57.728 they would be eligible in the clinic.

NOTE Confidence: 0.851500112857143

00:57:57.730 --> 00:57:59.110 You know, you know,

NOTE Confidence: 0.851500112857143

 $00:57:59.110 \longrightarrow 00:58:00.490$ eyes in the beholder.

NOTE Confidence: 0.851500112857143

 $00:58:00.490 \longrightarrow 00:58:02.260$ Then it's a it's dealers choice.

NOTE Confidence: 0.851500112857143

00:58:02.260 --> 00:58:03.940 As event is probably still appropriate

NOTE Confidence: 0.851500112857143

00:58:03.940 --> 00:58:05.810 just based on the Lacewing data,

NOTE Confidence: 0.851500112857143

 $00{:}58{:}05.810 \dashrightarrow 00{:}58{:}07.898$ you know that Eunice Wang had

NOTE Confidence: 0.851500112857143

 $00{:}58{:}07.898 \dashrightarrow 00{:}58{:}10.785$ presented and until we have a

NOTE Confidence: 0.851500112857143

 $00:58:10.785 \longrightarrow 00:58:13.320$ randomized trial looking at sequencing.

00:58:13.320 --> 00:58:14.064 Just flip three.

NOTE Confidence: 0.851500112857143

00:58:14.064 --> 00:58:15.800 I think the question is still unanswered,

NOTE Confidence: 0.851500112857143

 $00:58:15.800 \longrightarrow 00:58:17.000$ but it's hard to stray from

NOTE Confidence: 0.851500112857143

 $00:58:17.000 \longrightarrow 00:58:18.066$ what we know from the belly.

NOTE Confidence: 0.851500112857143

 $00:58:18.066 \longrightarrow 00:58:19.770$ I think as of them still be the

NOTE Confidence: 0.851500112857143

 $00:58:19.824 \longrightarrow 00:58:21.637$ standard if the patient is need to

NOTE Confidence: 0.851500112857143

 $00:58:21.637 \longrightarrow 00:58:23.043$ not be intensive therapy appropriate

NOTE Confidence: 0.851500112857143

 $00:58:23.043 \longrightarrow 00:58:25.066$ and maybe in the next couple of

NOTE Confidence: 0.851500112857143

 $00{:}58{:}25.066 \dashrightarrow 00{:}58{:}26.600$ years you might have a randomized

NOTE Confidence: 0.851500112857143

 $00:58:26.600 \longrightarrow 00:58:28.402$ trial that looks at that and maybe

NOTE Confidence: 0.851500112857143

 $00{:}58{:}28.402 \dashrightarrow 00{:}58{:}30.173$ a seven could be superior to even

NOTE Confidence: 0.851500112857143

 $00:58:30.173 \longrightarrow 00:58:31.339$ classical intensive therapy,

NOTE Confidence: 0.851500112857143

 $00:58:31.340 \longrightarrow 00:58:32.894$ but at the moment that's the

NOTE Confidence: 0.851500112857143

00:58:32.894 --> 00:58:33.930 dichotomy I would say.

NOTE Confidence: 0.758994072

00:58:36.740 --> 00:58:38.805 Perfect so clearly a lot of options

NOTE Confidence: 0.758994072

00:58:38.805 --> 00:58:40.394 for this patient. This patient

 $00:58:40.394 \longrightarrow 00:58:42.506$ could go with his even potentially.

NOTE Confidence: 0.758994072

 $00{:}58{:}42.510 \dashrightarrow 00{:}58{:}46.714$ Some patients can still do IDH 2 monotherapy

NOTE Confidence: 0.758994072

 $00:58:46.714 \longrightarrow 00:58:51.520$ could be aids with IDH 2 inhibitor could be.

NOTE Confidence: 0.758994072

 $00.58.51.520 \longrightarrow 00.58.53.945 \ 10 + 3$ could be 7 + 3 with middle story and

NOTE Confidence: 0.758994072

 $00:58:53.945 \longrightarrow 00:58:56.157$ you still could consider transparent or not.

NOTE Confidence: 0.758994072

00:58:56.160 --> 00:58:57.918 So clearly many many different options.

NOTE Confidence: 0.758994072

 $00:58:57.920 \longrightarrow 00:58:59.140$ And clearly the best option

NOTE Confidence: 0.758994072

 $00:58:59.140 \longrightarrow 00:59:00.360$ is always a clinical trial,

NOTE Confidence: 0.758994072

 $00:59:00.360 \longrightarrow 00:59:01.676$ which we always encourage.

NOTE Confidence: 0.758994072

 $00:59:01.676 \longrightarrow 00:59:04.648$ So I'm pretty sure you know in the care

NOTE Confidence: 0.758994072

 $00:59:04.648 \longrightarrow 00:59:06.825$ centers these patients are seen all the

NOTE Confidence: 0.758994072

 $00:59:06.888 \longrightarrow 00:59:09.424$ time and I encourage people even if the

NOTE Confidence: 0.758994072

 $00{:}59{:}09.424 \longrightarrow 00{:}59{:}11.482$ patient does not want to come to the

NOTE Confidence: 0.758994072

 $00:59:11.482 \longrightarrow 00:59:13.784$ main campus or cannot travel to call

NOTE Confidence: 0.758994072

 $00:59:13.784 \longrightarrow 00:59:16.980$ one of us and go through some of the

 $00:59:16.980 \longrightarrow 00:59:21.430$ potential options that we have Nikolai.

NOTE Confidence: 0.758994072

 $00{:}59{:}21.430 \dashrightarrow 00{:}59{:}23.908$ So fibrosis things are also clearly changing

NOTE Confidence: 0.758994072

 $00{:}59{:}23.908 \dashrightarrow 00{:}59{:}26.194$ issue that some of the clinical trials

NOTE Confidence: 0.758994072

 $00:59:26.194 \longrightarrow 00:59:29.008$ that are in progress but currently 4.

NOTE Confidence: 0.758994072

 $00:59:29.010 \longrightarrow 00:59:29.586$ Doctors in.

NOTE Confidence: 0.758994072

00:59:29.586 --> 00:59:30.162 In practice,

NOTE Confidence: 0.758994072

 $00:59:30.162 \longrightarrow 00:59:32.706$ one of the most common I think tough

NOTE Confidence: 0.758994072

 $00:59:32.706 \longrightarrow 00:59:34.586$ situations is patients with myelofibrosis

NOTE Confidence: 0.758994072

 $00:59:34.586 \longrightarrow 00:59:38.566$ who are on rock solid and anemic.

NOTE Confidence: 0.758994072

 $00:59:38.566 \longrightarrow 00:59:40.710$ So the patient basically

NOTE Confidence: 0.758994072

 $00:59:40.710 \longrightarrow 00:59:42.318$ has controlled spleen.

NOTE Confidence: 0.758994072

 $00:59:42.320 \longrightarrow 00:59:43.835$ They are not having constitutional

NOTE Confidence: 0.758994072

00:59:43.835 --> 00:59:45.350 symptoms but they are needing

NOTE Confidence: 0.758994072

 $00{:}59{:}45.350 \dashrightarrow 00{:}59{:}49.200$ transfusions and they are on.

NOTE Confidence: 0.758994072

 $00:59:49.200 \longrightarrow 00:59:53.238$ Let's say 20 milligram P opyd.

NOTE Confidence: 0.758994072

 $00:59:53.240 \longrightarrow 00:59:57.120$ Now we have a drug approved that we

 $00:59:57.120 \longrightarrow 00:59:59.500$ have a drug nib and there's another

NOTE Confidence: 0.758994072

 $00{:}59{:}59.500 \dashrightarrow 01{:}00{:}02.259$ drug in front of the FDA molet nib.

NOTE Confidence: 0.758994072

01:00:02.260 --> 01:00:04.028 And you know a bunch of other things,

NOTE Confidence: 0.758994072

01:00:04.030 --> 01:00:09.240 he says androgens and potentially.

NOTE Confidence: 0.758994072

 $01:00:09.240 \longrightarrow 01:00:10.808$ So how do you think about these

NOTE Confidence: 0.758994072

01:00:10.808 --> 01:00:12.051 different options as you approach

NOTE Confidence: 0.758994072

01:00:12.051 --> 01:00:13.087 your patient like this?

NOTE Confidence: 0.5364392455

 $01:00:13.580 \longrightarrow 01:00:15.200$ So from the standpoint

NOTE Confidence: 0.5364392455

 $01:00:15.200 \longrightarrow 01:00:16.820$ of FDA approved therapy,

NOTE Confidence: 0.5364392455

 $01:00:16.820 \longrightarrow 01:00:19.074$ we have right now for a while and

NOTE Confidence: 0.5364392455

01:00:19.074 --> 01:00:21.001 looks like name is obviously

NOTE Confidence: 0.5364392455

01:00:21.001 --> 01:00:23.089 dominating the market since 2011,

NOTE Confidence: 0.5364392455

 $01{:}00{:}23.089 \dashrightarrow 01{:}00{:}25.182$ so I think that was approved for

NOTE Confidence: 0.5364392455

01:00:25.182 --> 01:00:27.130 similar group of patients from 2019

NOTE Confidence: 0.5364392455

 $01:00:27.130 \longrightarrow 01:00:29.062$ and usually considered as a second

 $01:00:29.125 \longrightarrow 01:00:31.065$ line for those patients who are

NOTE Confidence: 0.5364392455

 $01{:}00{:}31.065 \dashrightarrow 01{:}00{:}33.375$ not satisfied with that rock solid.

NOTE Confidence: 0.5364392455

 $01:00:33.380 \longrightarrow 01:00:35.680$ Networx limp is not working

NOTE Confidence: 0.5364392455

01:00:35.680 --> 01:00:37.415 anymore with variable results,

NOTE Confidence: 0.5364392455

 $01:00:37.415 \longrightarrow 01:00:39.965$ So what we have approval is.

NOTE Confidence: 0.5364392455

01:00:39.970 --> 01:00:41.860 A grid Neb out on the 1st of March

NOTE Confidence: 0.5364392455

01:00:41.860 --> 01:00:43.428 was FDA approved for patients

NOTE Confidence: 0.5364392455

 $01:00:43.428 \longrightarrow 01:00:45.403$ who have low platelet count so

NOTE Confidence: 0.5364392455

 $01{:}00{:}45.403 \dashrightarrow 01{:}00{:}47.118$ called cited piknic Milo fibrosis

NOTE Confidence: 0.5364392455

 $01:00:47.118 \longrightarrow 01:00:49.454$ and perhaps this drug can be used

NOTE Confidence: 0.5364392455

 $01:00:49.454 \longrightarrow 01:00:51.260$ not only for patients who have

NOTE Confidence: 0.5364392455

01:00:51.260 --> 01:00:52.928 platelet count less than 50 so,

NOTE Confidence: 0.5364392455

 $01:00:52.930 \longrightarrow 01:00:55.821$ but maybe between 50 and 100 because

NOTE Confidence: 0.5364392455

 $01:00:55.821 \longrightarrow 01:00:57.694$ effective dose sometimes is not

NOTE Confidence: 0.5364392455

 $01:00:57.694 \longrightarrow 01:00:59.782$ feasible for this group of patients.

NOTE Confidence: 0.5364392455

 $01:00:59.790 \longrightarrow 01:01:02.954$ So none of these drugs address anemia

01:01:02.954 --> 01:01:05.210 sore from momentum study which was

NOTE Confidence: 0.5364392455

01:01:05.210 --> 01:01:07.631 just presented that you know the data

NOTE Confidence: 0.5364392455

01:01:07.631 --> 01:01:09.296 was presented as a company release,

NOTE Confidence: 0.5364392455

 $01:01:09.296 \longrightarrow 01:01:10.661$ so there's no publication about

NOTE Confidence: 0.5364392455

 $01:01:10.661 \longrightarrow 01:01:12.219$ that at the end of January.

NOTE Confidence: 0.5364392455

 $01:01:12.220 \longrightarrow 01:01:15.712$ So this drug is geared towards

NOTE Confidence: 0.5364392455

01:01:15.712 --> 01:01:17.754 patients with anemia,

NOTE Confidence: 0.5364392455

 $01:01:17.754 \longrightarrow 01:01:21.389$ who are progressing after sliding.

NOTE Confidence: 0.5364392455

 $01:01:21.390 \longrightarrow 01:01:23.330$ Now this was a randomized

NOTE Confidence: 0.5364392455

01:01:23.330 --> 01:01:24.494 study against Danazol,

NOTE Confidence: 0.5364392455

 $01:01:24.500 \longrightarrow 01:01:26.250$ which you argue may not be the

NOTE Confidence: 0.5364392455

 $01:01:26.250 \longrightarrow 01:01:27.000$ best randomization strategy.

NOTE Confidence: 0.5364392455

 $01:01:27.000 \longrightarrow 01:01:28.578$ So there is some improvement in

NOTE Confidence: 0.5364392455

 $01:01:28.578 \longrightarrow 01:01:29.960$ patients who have anemia there,

NOTE Confidence: 0.5364392455

 $01:01:29.960 \longrightarrow 01:01:31.619$ but the drug is for symptom control,

 $01:01:31.620 \longrightarrow 01:01:33.060$ more just for anemia.

NOTE Confidence: 0.5364392455

 $01{:}01{:}33.060 \dashrightarrow 01{:}01{:}34.940$ Fix the patient you were talking

NOTE Confidence: 0.5364392455

 $01:01:34.940 \longrightarrow 01:01:36.156$ about at the beginning.

NOTE Confidence: 0.5364392455

 $01:01:36.160 \longrightarrow 01:01:38.338$ Looks solid, treated, patient with anemia.

NOTE Confidence: 0.5364392455

 $01:01:38.340 \longrightarrow 01:01:40.564$ There is a there is a study called

NOTE Confidence: 0.5364392455

01:01:40.564 --> 01:01:42.438 Independents trial looking at luspatercept.

NOTE Confidence: 0.5364392455

 $01:01:42.440 \longrightarrow 01:01:44.505$ This group of patients we know that

NOTE Confidence: 0.5364392455

01:01:44.505 --> 01:01:46.794 was part of Sept is approved for

NOTE Confidence: 0.5364392455

 $01{:}01{:}46.794 \dashrightarrow 01{:}01{:}49.051$ MDS with doing Super Blast right so

NOTE Confidence: 0.5364392455

 $01:01:49.051 \longrightarrow 01:01:50.926$ and perhaps some people can get it

NOTE Confidence: 0.5364392455

01:01:50.926 --> 01:01:52.969 off label to treat these patients,

NOTE Confidence: 0.5364392455

 $01:01:52.970 \longrightarrow 01:01:54.314$ but I think it is a little premature.

NOTE Confidence: 0.5364392455

 $01{:}01{:}54.320 \dashrightarrow 01{:}01{:}55.545$ We have to see how this results

NOTE Confidence: 0.5364392455

 $01:01:55.545 \longrightarrow 01:01:56.470$ are going to bend out.

NOTE Confidence: 0.932323168

01:01:59.450 --> 01:02:00.280 So what would you do

NOTE Confidence: 0.764727925238095

 $01:02:01.020 \longrightarrow 01:02:03.148$ so you know, for patients who first

 $01:02:03.148 \longrightarrow 01:02:05.673$ of all don't give up slip to patients

NOTE Confidence: 0.764727925238095

01:02:05.673 --> 01:02:08.024 whose main problem is an email, right?

NOTE Confidence: 0.764727925238095

 $01:02:08.024 \longrightarrow 01:02:10.148$ So because an email becomes worse,

NOTE Confidence: 0.764727925238095

 $01:02:10.150 \longrightarrow 01:02:12.474$ is the drug to fix the symptoms,

NOTE Confidence: 0.764727925238095

 $01:02:12.480 \longrightarrow 01:02:15.301$ and some patients would be happy to

NOTE Confidence: 0.764727925238095

 $01:02:15.301 \longrightarrow 01:02:17.390$ take crooks because they have bad

NOTE Confidence: 0.764727925238095

 $01:02:17.390 \longrightarrow 01:02:18.670$ symptoms and receive transfusions

NOTE Confidence: 0.764727925238095

 $01:02:18.670 \longrightarrow 01:02:20.110$ because their quality of life,

NOTE Confidence: 0.764727925238095

 $01:02:20.110 \longrightarrow 01:02:21.832$ even though transfusions may be a little

NOTE Confidence: 0.764727925238095

 $01:02:21.832 \longrightarrow 01:02:23.590$ bit more frequent, becomes better.

NOTE Confidence: 0.764727925238095

 $01:02:23.590 \longrightarrow 01:02:27.160$ So we can sometimes try to give

NOTE Confidence: 0.764727925238095

01:02:27.160 --> 01:02:29.390 everything like Derby Poitin 150 weekly

NOTE Confidence: 0.764727925238095

 $01:02:29.390 \longrightarrow 01:02:31.790$ or 300 weekly to those patients.

NOTE Confidence: 0.764727925238095

 $01{:}02{:}31.790 \dashrightarrow 01{:}02{:}33.815$ In conjunction with within those

NOTE Confidence: 0.764727925238095

01:02:33.815 --> 01:02:34.625 country intuitive.

01:02:34.630 --> 01:02:35.326 Because rooks,

NOTE Confidence: 0.764727925238095

01:02:35.326 --> 01:02:37.018 lithium is Jack stat pathway

NOTE Confidence: 0.764727925238095

01:02:37.018 --> 01:02:38.314 inhibitor and worth reporting

NOTE Confidence: 0.764727925238095

01:02:38.314 --> 01:02:39.610 actually activates that pathway,

NOTE Confidence: 0.764727925238095

 $01:02:39.610 \longrightarrow 01:02:41.777$ but Bruce Lipton was not there 24/7,

NOTE Confidence: 0.764727925238095

 $01:02:41.777 \longrightarrow 01:02:44.766$ so we allow some hematopoiesis in between.

NOTE Confidence: 0.764727925238095

 $01:02:44.770 \longrightarrow 01:02:47.119$ So by doing that and some of the patients

NOTE Confidence: 0.764727925238095

 $01:02:47.119 \longrightarrow 01:02:49.410$ may have less transfusion requirement,

NOTE Confidence: 0.764727925238095

 $01:02:49.410 \longrightarrow 01:02:50.858$ so it's either supportive,

NOTE Confidence: 0.764727925238095

 $01:02:50.858 \longrightarrow 01:02:53.494$ care with transfusions or trying to give

NOTE Confidence: 0.764727925238095

 $01{:}02{:}53.494 \dashrightarrow 01{:}02{:}55.810$ darbe poetin to those patients who need

NOTE Confidence: 0.764727925238095

01:02:55.810 --> 01:02:59.226 or trying to decrease the looks lit nap,

NOTE Confidence: 0.764727925238095

 $01:02:59.230 \longrightarrow 01:03:02.380$ which of course is a you know may lead to.

NOTE Confidence: 0.764727925238095

 $01:03:02.380 \longrightarrow 01:03:04.462$ Reoccurrence of some of the symptoms

NOTE Confidence: 0.764727925238095

01:03:04.462 --> 01:03:05.850 and worsening of symptomatology

NOTE Confidence: 0.764727925238095

 $01:03:05.901 \longrightarrow 01:03:06.819$ in those patients.

 $01:03:06.820 \longrightarrow 01:03:08.344$ So no perfect solution to this

NOTE Confidence: 0.764727925238095

 $01:03:08.344 \longrightarrow 01:03:09.850$ group of patients at this time.

NOTE Confidence: 0.761834914285714

 $01:03:12.260 \longrightarrow 01:03:14.626$ Would you consider adding danazol also or

NOTE Confidence: 0.746569894052632

 $01:03:14.900 \longrightarrow 01:03:17.444$ so danazol would be one of the options

NOTE Confidence: 0.746569894052632

01:03:17.444 --> 01:03:19.149 with Retropulsion doesn't work with

NOTE Confidence: 0.746569894052632

 $01:03:19.149 \longrightarrow 01:03:21.159$ overall response rate of about 20%,

NOTE Confidence: 0.746569894052632

 $01:03:21.160 \longrightarrow 01:03:22.980$ which may last up to two years.

NOTE Confidence: 0.746569894052632

 $01:03:22.980 \longrightarrow 01:03:24.640$ Again, monitoring of liver function,

NOTE Confidence: 0.746569894052632

 $01:03:24.640 \longrightarrow 01:03:26.362$ test PSA and man would be important

NOTE Confidence: 0.746569894052632

 $01:03:26.362 \longrightarrow 01:03:27.740$ for this group of patients.

NOTE Confidence: 0.746569894052632

 $01:03:27.740 \longrightarrow 01:03:29.336$ Yes, this is the second line

NOTE Confidence: 0.746569894052632

 $01:03:29.336 \longrightarrow 01:03:31.070$ option for an email management.

NOTE Confidence: 0.746569894052632

 $01:03:31.070 \longrightarrow 01:03:32.660$ Can I ask you a question?

NOTE Confidence: 0.746569894052632

 $01:03:32.660 \longrightarrow 01:03:33.848$ So because we have to move

NOTE Confidence: 0.746569894052632

 $01:03:33.848 \longrightarrow 01:03:34.640$ to the tumor board.

 $01:03:34.640 \longrightarrow 01:03:36.033$ I just have this question so if

NOTE Confidence: 0.746569894052632

 $01:03:36.033 \longrightarrow 01:03:37.862$ there is no clinical trial and your

NOTE Confidence: 0.746569894052632

 $01:03:37.862 \longrightarrow 01:03:40.445$ patience and your patient with MD's

NOTE Confidence: 0.746569894052632

01:03:40.445 --> 01:03:43.340 high risk MD's didn't respond to HMA,

NOTE Confidence: 0.746569894052632

 $01:03:43.340 \longrightarrow 01:03:45.652$ would you try to do off label addition

NOTE Confidence: 0.746569894052632

 $01:03:45.652 \longrightarrow 01:03:47.477$ of donetta clocks two weeks on,

NOTE Confidence: 0.746569894052632

 $01:03:47.480 \longrightarrow 01:03:48.716$ two weeks off to this patient?

NOTE Confidence: 0.746569894052632

 $01:03:48.720 \longrightarrow 01:03:51.393$ If you can get it covered by the insurance?

NOTE Confidence: 0.746569894052632

 $01:03:51.400 \longrightarrow 01:03:52.710$ No clinical trial available.

NOTE Confidence: 0.826749906210526

 $01:03:55.300 \longrightarrow 01:03:56.812$ Yeah, so that's again like the

NOTE Confidence: 0.826749906210526

 $01{:}03{:}56.812 \dashrightarrow 01{:}03{:}58.485$ dilemma we have with those patients

NOTE Confidence: 0.826749906210526

 $01{:}03{:}58.485 \dashrightarrow 01{:}04{:}00.327$ because we don't have anything that's

NOTE Confidence: 0.826749906210526

 $01:04:00.327 \longrightarrow 01:04:01.820$ FDA approved for those patients,

NOTE Confidence: 0.826749906210526

 $01:04:01.820 \longrightarrow 01:04:03.295$ so I would consider it.

NOTE Confidence: 0.826749906210526

01:04:03.300 --> 01:04:04.760 However, I would, you know,

NOTE Confidence: 0.826749906210526

 $01:04:04.760 \longrightarrow 01:04:07.035$ be very clear with the patient about

01:04:07.035 --> 01:04:08.846 the limitations of this being off

NOTE Confidence: 0.826749906210526

 $01:04:08.846 \longrightarrow 01:04:11.199$ label and we don't have a lot of data.

NOTE Confidence: 0.826749906210526

01:04:11.200 --> 01:04:14.048 I do think it's quite a suppressive regimen,

NOTE Confidence: 0.826749906210526

 $01:04:14.050 \longrightarrow 01:04:16.618$ so for some patients you have to expect

NOTE Confidence: 0.826749906210526

 $01:04:16.618 \longrightarrow 01:04:19.058$ that they are going to need to come

NOTE Confidence: 0.826749906210526

01:04:19.058 --> 01:04:21.200 three times a week to the clinic,

NOTE Confidence: 0.826749906210526

 $01:04:21.200 \longrightarrow 01:04:23.010$ need frequent transitions they will

NOTE Confidence: 0.826749906210526

 $01{:}04{:}23.010 \dashrightarrow 01{:}04{:}25.147$ need to be on prophylactic antibiotics.

NOTE Confidence: 0.826749906210526

01:04:25.147 --> 01:04:27.763 So I consider it more in the setting

NOTE Confidence: 0.826749906210526

01:04:27.763 --> 01:04:29.635 where I'm thinking about bridging

NOTE Confidence: 0.826749906210526

 $01:04:29.635 \longrightarrow 01:04:31.485$ the patient to a transplant.

NOTE Confidence: 0.826749906210526

 $01:04:31.490 \longrightarrow 01:04:34.166$ If the patient does not have

NOTE Confidence: 0.826749906210526

01:04:34.166 --> 01:04:35.504 a transplant option.

NOTE Confidence: 0.826749906210526

01:04:35.510 --> 01:04:36.740 Think about it,

NOTE Confidence: 0.826749906210526

 $01:04:36.740 \longrightarrow 01:04:38.295$ but not as strongly,

 $01:04:38.295 \longrightarrow 01:04:39.920$ except in situations where the

NOTE Confidence: 0.826749906210526

01:04:39.920 --> 01:04:41.829 patient is in relatively good shape.

NOTE Confidence: 0.826749906210526

 $01:04:41.830 \longrightarrow 01:04:43.958$ The problem is that many of those

NOTE Confidence: 0.826749906210526

01:04:43.958 --> 01:04:45.593 patients are very old and they

NOTE Confidence: 0.826749906210526

 $01:04:45.593 \longrightarrow 01:04:48.360$ have a lot of comorbidities and

NOTE Confidence: 0.826749906210526

 $01:04:48.360 \longrightarrow 01:04:51.228$ therefore supportive care could be.

NOTE Confidence: 0.826749906210526

01:04:51.228 --> 01:04:54.290 Also, I think appropriate in some patients,

NOTE Confidence: 0.826749906210526

 $01:04:54.290 \longrightarrow 01:04:56.242$ but just take one last question because I

NOTE Confidence: 0.826749906210526

 $01:04:56.242 \longrightarrow 01:04:59.600$ see it from doctor to doctor Szeles about.

NOTE Confidence: 0.826749906210526

 $01:04:59.600 \longrightarrow 01:05:01.917$ Why do you think there was no

NOTE Confidence: 0.826749906210526

 $01\text{:}05\text{:}01.917 \dashrightarrow 01\text{:}05\text{:}03.213$ overall survival advantage with

NOTE Confidence: 0.826749906210526

 $01:05:03.213 \longrightarrow 01:05:04.755$ his guilt compared to.

NOTE Confidence: 0.826749906210526

 $01:05:04.755 \longrightarrow 01:05:08.870$ 5% Neb with guilt in in the agile.

NOTE Confidence: 0.833299728333333

01:05:11.870 --> 01:05:13.058 I actually answered in the trap,

NOTE Confidence: 0.833299728333333

 $01:05:13.060 \longrightarrow 01:05:14.940$ but I guess in brief I mean there

NOTE Confidence: 0.833299728333333

01:05:14.940 --> 01:05:16.334 were some imbalances between the

 $01:05:16.334 \longrightarrow 01:05:18.182$ groups were only talking about the

NOTE Confidence: 0.833299728333333

01:05:18.182 --> 01:05:19.910 you know the Lacewing trial which

NOTE Confidence: 0.833299728333333

 $01:05:19.910 \longrightarrow 01:05:21.630$ which is the gold ribbon trial.

NOTE Confidence: 0.833299728333333

01:05:21.630 --> 01:05:23.652 More patients on the ASA monotherapy

NOTE Confidence: 0.833299728333333

 $01:05:23.652 \longrightarrow 01:05:26.304$ arm were able to proceed to subsequent

NOTE Confidence: 0.833299728333333

01:05:26.304 --> 01:05:28.782 therapy which of course could influence

NOTE Confidence: 0.833299728333333

 $01:05:28.782 \longrightarrow 01:05:30.650$ any OS for that group as well.

NOTE Confidence: 0.833299728333333

 $01:05:30.650 \longrightarrow 01:05:31.310$ I think it was more.

NOTE Confidence: 0.833299728333333

 $01:05:31.310 \longrightarrow 01:05:33.006$ I think it was like 40 versus 20%.

NOTE Confidence: 0.833299728333333

 $01{:}05{:}33.010 \dashrightarrow 01{:}05{:}35.096$ It was almost double and there is

NOTE Confidence: 0.833299728333333

 $01:05:35.096 \longrightarrow 01:05:37.173$ also about a four month difference

NOTE Confidence: 0.833299728333333

 $01:05:37.173 \longrightarrow 01:05:39.033$ in time to next therapy.

NOTE Confidence: 0.833299728333333

 $01{:}05{:}39.040 \dashrightarrow 01{:}05{:}40.830$ So patients who already committed

NOTE Confidence: 0.833299728333333

 $01:05:40.830 \longrightarrow 01:05:42.262$ so that could probably.

NOTE Confidence: 0.833299728333333

 $01:05:42.270 \longrightarrow 01:05:43.620$ You know, explain some of that.

 $01:05:43.620 \longrightarrow 01:05:44.604$ There were also.

NOTE Confidence: 0.833299728333333

 $01:05:44.604 \longrightarrow 01:05:46.244$ There was also striking imbalance

NOTE Confidence: 0.833299728333333

 $01:05:46.244 \longrightarrow 01:05:48.060$ in the performance status,

NOTE Confidence: 0.833299728333333

01:05:48.060 --> 01:05:50.100 which is more of a surrogate for frailty,

NOTE Confidence: 0.833299728333333

01:05:50.100 --> 01:05:52.240 which is again debated itself,

NOTE Confidence: 0.833299728333333

01:05:52.240 --> 01:05:54.305 but more patients on the ASIC guilt

NOTE Confidence: 0.833299728333333

 $01:05:54.305 \longrightarrow 01:05:55.895$ arm were just higher performance

NOTE Confidence: 0.833299728333333

01:05:55.895 --> 01:05:57.809 status you talked to was I

NOTE Confidence: 0.833299728333333

 $01:05:57.809 \longrightarrow 01:05:59.710$ think I wanna say 30% wallpaper

NOTE Confidence: 0.767530559333333

01:05:59.720 --> 01:06:01.554 so you know I thought the second

NOTE Confidence: 0.767530559333333

 $01:06:01.554 \longrightarrow 01:06:03.136$ line treatment with guilt in those

NOTE Confidence: 0.767530559333333

01:06:03.136 --> 01:06:04.865 who were treated with ASA you know

NOTE Confidence: 0.767530559333333

 $01{:}06{:}04.918 \dashrightarrow 01{:}06{:}06.542$ so would be also the main reason

NOTE Confidence: 0.767530559333333

 $01:06:06.542 \longrightarrow 01:06:08.728$ why there was no at the end of all

NOTE Confidence: 0.767530559333333

 $01:06:08.728 \longrightarrow 01:06:09.980$ survival difference in this too.

NOTE Confidence: 0.767530559333333

 $01:06:09.980 \longrightarrow 01:06:11.040$ And they were, you know.

01:06:11.040 --> 01:06:12.390 So it's just very difficult

NOTE Confidence: 0.767530559333333

 $01:06:12.390 \longrightarrow 01:06:13.470$ to show overall survival.

NOTE Confidence: 0.677973283636364

01:06:15.830 --> 01:06:17.486 Yeah, I think with all of

NOTE Confidence: 0.677973283636364

01:06:17.486 --> 01:06:19.338 these trials I you know, I,

NOTE Confidence: 0.677973283636364

01:06:19.338 --> 01:06:21.546 I think doing this postmortem is,

NOTE Confidence: 0.677973283636364

01:06:21.550 --> 01:06:23.686 you know, a good thinking exercise.

NOTE Confidence: 0.677973283636364

 $01:06:23.690 \longrightarrow 01:06:24.747$ But at the end of the day,

NOTE Confidence: 0.677973283636364

 $01:06:24.750 \longrightarrow 01:06:26.454$ all of this should be thought

NOTE Confidence: 0.677973283636364

 $01:06:26.454 \longrightarrow 01:06:27.962$ before the trial and what we

NOTE Confidence: 0.677973283636364

 $01:06:27.962 \longrightarrow 01:06:29.450$ have is what we need to go with.

NOTE Confidence: 0.677973283636364

01:06:29.450 --> 01:06:30.727 So thank you so much. Again,

NOTE Confidence: 0.677973283636364

 $01:06:30.727 \longrightarrow 01:06:32.869$ if anybody has any additional questions,

NOTE Confidence: 0.677973283636364

01:06:32.870 --> 01:06:35.781 feel free to send us an

NOTE Confidence: 0.677973283636364

 $01:06:35.781 \longrightarrow 01:06:37.107$ email or call any of us.

NOTE Confidence: 0.677973283636364

 $01:06:37.110 \longrightarrow 01:06:38.573$ Thank you so much and I think

 $01:06:38.573 \longrightarrow 01:06:40.300$ we have the tumor board. Yes,

NOTE Confidence: 0.71855441

 $01:06:40.310 \longrightarrow 01:06:42.998$ tumor board please.