WEBVTT

NOTE duration:"01:02:01" NOTE recognizability:0.816

NOTE language:en-us

NOTE Confidence: 0.708565115

 $00:00:00.000 \longrightarrow 00:00:02.388$ And so it's my great pleasure.

NOTE Confidence: 0.708565115

00:00:02.390 --> 00:00:03.332 I'm Marcus Bosenberg,

NOTE Confidence: 0.708565115

 $00{:}00{:}03.332 \dashrightarrow 00{:}00{:}06.413$ I'm one of the Co leaders of the cancer

NOTE Confidence: 0.708565115

 $00:00:06.413 \longrightarrow 00:00:08.456$ immunology program and we're actually

NOTE Confidence: 0.708565115

 $00:00:08.456 \longrightarrow 00:00:11.298$ have our full House of a program

NOTE Confidence: 0.708565115

00:00:11.298 --> 00:00:14.550 Co leaders in person as we speak.

NOTE Confidence: 0.708565115

 $00:00:14.550 \longrightarrow 00:00:16.950$ So today's grand rounds speaker will

NOTE Confidence: 0.708565115

 $00{:}00{:}16.950 \dashrightarrow 00{:}00{:}18.900$ be David Braun who's an assistant

NOTE Confidence: 0.708565115

 $00:00:18.958 \longrightarrow 00:00:21.106$ professor in the Department of Medicine

NOTE Confidence: 0.708565115

 $00:00:21.106 \longrightarrow 00:00:23.160$ and also has appointments in pathology

NOTE Confidence: 0.708565115

 $00{:}00{:}23.160 \dashrightarrow 00{:}00{:}25.127$ and urology and is a Lewis Goodman

NOTE Confidence: 0.708565115

 $00{:}00{:}25.127 \dashrightarrow 00{:}00{:}27.298$ and Alfred Gilman, Yale scholar.

NOTE Confidence: 0.708565115

 $00:00:27.298 \longrightarrow 00:00:30.500$ So he is also a member of.

 $00:00:30.500 \longrightarrow 00:00:33.230$ The Center for Molecular and Cellular

NOTE Confidence: 0.708565115

 $00{:}00{:}33.230 \dashrightarrow 00{:}00{:}35.885$ Oncology that Marcus Musham leads at

NOTE Confidence: 0.708565115

 $00:00:35.885 \longrightarrow 00:00:38.153$ the Yellow Cancer Center and received

NOTE Confidence: 0.708565115

 $00:00:38.153 \longrightarrow 00:00:40.722$ his PhD in computational biology at

NOTE Confidence: 0.708565115

 $00:00:40.722 \longrightarrow 00:00:44.016$ NYU and his MD at Mount Sinai and was

NOTE Confidence: 0.708565115

00:00:44.016 --> 00:00:47.050 a resident in Boston and a fellow at

NOTE Confidence: 0.708565115

 $00:00:47.050 \longrightarrow 00:00:49.600$ Dana Farber prior to coming here.

NOTE Confidence: 0.708565115

 $00:00:49.600 \longrightarrow 00:00:51.680$ And we're very glad he's come to Yale.

NOTE Confidence: 0.708565115

 $00{:}00{:}51.680 --> 00{:}00{:}53.840$ So David, as you will see,

NOTE Confidence: 0.708565115

00:00:53.840 --> 00:00:57.128 is covering a remarkably broad set of

NOTE Confidence: 0.708565115

 $00{:}00{:}57.128 \dashrightarrow 00{:}00{:}59.198$ things related to cancer immunology,

NOTE Confidence: 0.708565115

 $00:00:59.200 \longrightarrow 00:01:01.290$ really focused initially on renal

NOTE Confidence: 0.708565115

00:01:01.290 --> 00:01:02.126 cell carcinoma.

NOTE Confidence: 0.708565115

00:01:02.130 --> 00:01:02.868 But you know,

NOTE Confidence: 0.708565115

 $00:01:02.868 \longrightarrow 00:01:04.344$ we'll see where that goes and

NOTE Confidence: 0.708565115

 $00{:}01{:}04.344 \dashrightarrow 00{:}01{:}06.250$ we're super happy to have him here

 $00:01:06.250 \longrightarrow 00:01:08.012$ and have them associated with the

NOTE Confidence: 0.708565115

00:01:08.012 --> 00:01:08.978 cancer analogy program.

NOTE Confidence: 0.708565115

00:01:08.980 --> 00:01:10.500 And David, without further ado,

NOTE Confidence: 0.708565115

 $00:01:10.500 \longrightarrow 00:01:13.440$ we'll have to start.

NOTE Confidence: 0.708565115

 $00:01:13.440 \longrightarrow 00:01:14.070$ That's perfect.

NOTE Confidence: 0.853276494827586

00:01:16.640 --> 00:01:18.712 Thank you so much for the incredibly

NOTE Confidence: 0.853276494827586

00:01:18.712 --> 00:01:20.334 kind introduction and for that the

NOTE Confidence: 0.853276494827586

 $00:01:20.334 \longrightarrow 00:01:22.195$ chance to speak to you all here today

NOTE Confidence: 0.853276494827586

 $00{:}01{:}22.195 \dashrightarrow 00{:}01{:}24.059$ and all the people on zoom as well.

NOTE Confidence: 0.853276494827586

 $00:01:24.060 \longrightarrow 00:01:25.707$ And So what I'm going to talk about today

NOTE Confidence: 0.853276494827586

 $00:01:25.707 \longrightarrow 00:01:27.576$ is some of the determinants of effective

NOTE Confidence: 0.853276494827586

 $00:01:27.576 \longrightarrow 00:01:29.010$ antitumor immunity in kidney cancer.

NOTE Confidence: 0.853276494827586

 $00:01:29.010 \longrightarrow 00:01:29.978$ And as Marcus mentioned,

NOTE Confidence: 0.853276494827586

 $00{:}01{:}29.978 \dashrightarrow 00{:}01{:}31.781$ a lot of this is relevant specifically

NOTE Confidence: 0.853276494827586

00:01:31.781 --> 00:01:33.853 for kidney cancer and I see patients

 $00:01:33.853 \longrightarrow 00:01:35.320$ with kidney cancer at smilow.

NOTE Confidence: 0.853276494827586

 $00:01:35.320 \longrightarrow 00:01:37.138$ And so it's relevant for these,

NOTE Confidence: 0.853276494827586

 $00:01:37.140 \longrightarrow 00:01:38.820$ it's relevant for these

NOTE Confidence: 0.853276494827586

 $00:01:38.820 \longrightarrow 00:01:39.660$ patients specifically.

NOTE Confidence: 0.853276494827586

 $00:01:39.660 \longrightarrow 00:01:41.660$ But I hope as well that this could be used

NOTE Confidence: 0.853276494827586

 $00:01:41.716 \longrightarrow 00:01:43.822$ as a sa a broader model of human tumor

NOTE Confidence: 0.853276494827586

 $00:01:43.822 \longrightarrow 00:01:45.584$ immunology that we might be able to learn.

NOTE Confidence: 0.853276494827586

00:01:45.590 --> 00:01:47.350 Uh, learn particularly neurologic

NOTE Confidence: 0.853276494827586

 $00:01:47.350 \longrightarrow 00:01:49.550$ mechanisms that might be applicable

NOTE Confidence: 0.853276494827586

 $00:01:49.550 \longrightarrow 00:01:51.708$ to other cancer types as well.

NOTE Confidence: 0.853276494827586

 $00:01:51.710 \longrightarrow 00:01:53.870$ Here my disclosure is not relevant

NOTE Confidence: 0.853276494827586

 $00:01:53.870 \longrightarrow 00:01:55.678$ for today's talk and so I usually

NOTE Confidence: 0.853276494827586

00:01:55.678 --> 00:01:57.315 like to start off with just a couple

NOTE Confidence: 0.853276494827586

00:01:57.315 --> 00:01:58.809 of patients just to highlight the

NOTE Confidence: 0.853276494827586

 $00:01:58.809 \longrightarrow 00:01:59.929$ challenges within kidney cancer.

NOTE Confidence: 0.853276494827586

 $00:01:59.930 \longrightarrow 00:02:01.775$ This is going to be true for a lot

 $00:02:01.775 \longrightarrow 00:02:03.765$ of solid tumors and particularly in

NOTE Confidence: 0.853276494827586

 $00:02:03.765 \longrightarrow 00:02:05.145$ the immune therapy era.

NOTE Confidence: 0.853276494827586

 $00:02:05.150 \longrightarrow 00:02:05.874$ So the first patient,

NOTE Confidence: 0.853276494827586

 $00:02:05.874 \longrightarrow 00:02:06.960$ these are two of my patients

NOTE Confidence: 0.853276494827586

 $00:02:07.001 \longrightarrow 00:02:08.087$ from the last couple of years.

NOTE Confidence: 0.853276494827586

 $00:02:08.090 \longrightarrow 00:02:09.160$ The first patient was a

NOTE Confidence: 0.853276494827586

00:02:09.160 --> 00:02:10.016 68 year old gentleman,

NOTE Confidence: 0.853276494827586

 $00:02:10.020 \longrightarrow 00:02:12.364$ had a fairly common age for kidney cancer,

NOTE Confidence: 0.853276494827586

00:02:12.370 --> 00:02:14.785 had metastatic clear cell kidney

NOTE Confidence: 0.853276494827586

 $00{:}02{:}14.785 \dashrightarrow 00{:}02{:}17.200$ cancer that's the most common.

NOTE Confidence: 0.853276494827586 00:02:17.200 --> 00:02:18.080 Thank you. NOTE Confidence: 0.853276494827586

 $00{:}02{:}18.080 \dashrightarrow 00{:}02{:}20.720$ The most common histologic diagnosis of

NOTE Confidence: 0.853276494827586

 $00:02:20.720 \dashrightarrow 00:02:23.012$ kidney cancer and had pretty widespread

NOTE Confidence: 0.853276494827586

 $00:02:23.012 \longrightarrow 00:02:24.777$ metastatic disease throughout the lungs.

NOTE Confidence: 0.853276494827586

 $00{:}02{:}24.780 \dashrightarrow 00{:}02{:}26.538$ Lungs actually had a brain metastasis

 $00:02:26.538 \longrightarrow 00:02:28.523$ and so received a standard first

NOTE Confidence: 0.853276494827586

 $00:02:28.523 \longrightarrow 00:02:30.035$ line combination of checkpoint

NOTE Confidence: 0.853276494827586

 $00:02:30.035 \longrightarrow 00:02:31.980$ inhibitors and the volume animac.

NOTE Confidence: 0.853276494827586

 $00:02:31.980 \longrightarrow 00:02:32.820$ And for those that don't

NOTE Confidence: 0.853276494827586

00:02:32.820 --> 00:02:33.660 look at CC's every day,

NOTE Confidence: 0.853276494827586

 $00:02:33.660 \longrightarrow 00:02:36.020$ the primary tumor is outlined in red and

NOTE Confidence: 0.853276494827586

 $00:02:36.020 \longrightarrow 00:02:38.758$ we can see compared to prior to therapy,

NOTE Confidence: 0.853276494827586

 $00{:}02{:}38.760 \dashrightarrow 00{:}02{:}39.792$ there's a tremendous shrinkage

NOTE Confidence: 0.853276494827586

 $00:02:39.792 \longrightarrow 00:02:40.566$ of that primary.

NOTE Confidence: 0.853276494827586

 $00:02:40.570 \longrightarrow 00:02:41.671$ There's basically resolution

NOTE Confidence: 0.853276494827586

00:02:41.671 --> 00:02:43.139 of all metastatic disease.

NOTE Confidence: 0.853276494827586

 $00:02:43.140 \longrightarrow 00:02:44.358$ The the primary,

NOTE Confidence: 0.853276494827586

 $00{:}02{:}44.358 \dashrightarrow 00{:}02{:}46.388$ the residual primary was resected.

NOTE Confidence: 0.853276494827586

00:02:46.390 --> 00:02:48.286 And so this patient is free of disease,

NOTE Confidence: 0.853276494827586

 $00:02:48.290 \longrightarrow 00:02:50.558$ potentially cured of their disease has

NOTE Confidence: 0.853276494827586

 $00:02:50.558 \longrightarrow 00:02:53.159$ now been off the rapy for over a year.

 $00{:}02{:}53.160 --> 00{:}02{:}54.472$ That's in sharp contrast

NOTE Confidence: 0.853276494827586

 $00:02:54.472 \longrightarrow 00:02:56.112$ to a very similar patient,

NOTE Confidence: 0.853276494827586

 $00:02:56.120 \longrightarrow 00:02:57.532$ very similar demographic received

NOTE Confidence: 0.853276494827586

 $00:02:57.532 \longrightarrow 00:02:59.650$ the exact same therapy for the

NOTE Confidence: 0.853276494827586

 $00:02:59.709 \longrightarrow 00:03:01.200$ exact histologic diagnosis.

NOTE Confidence: 0.853276494827586

 $00:03:01.200 \longrightarrow 00:03:02.256$ But unfortunately the tumors

NOTE Confidence: 0.853276494827586

 $00:03:02.256 \longrightarrow 00:03:03.576$ did not respond to therapy.

NOTE Confidence: 0.853276494827586

 $00:03:03.580 \longrightarrow 00:03:05.092$ They all grew and despite this

NOTE Confidence: 0.853276494827586

 $00:03:05.092 \longrightarrow 00:03:06.520$ and subsequent lines of therapy,

NOTE Confidence: 0.853276494827586

 $00:03:06.520 \longrightarrow 00:03:08.575$ the patient passed away within

NOTE Confidence: 0.853276494827586

 $00:03:08.575 \longrightarrow 00:03:10.219$ eight months of diagnosis.

NOTE Confidence: 0.853276494827586

 $00:03:10.220 \longrightarrow 00:03:11.858$ And so it's it's cases like these,

NOTE Confidence: 0.853276494827586

 $00{:}03{:}11.860 \dashrightarrow 00{:}03{:}13.236$ these extreme response phenotypes,

NOTE Confidence: 0.853276494827586

 $00{:}03{:}13.236 \to 00{:}03{:}15.722$ the sort of promise of long standing

NOTE Confidence: 0.853276494827586

 $00:03:15.722 \longrightarrow 00:03:17.166$ durable responses and resistance

00:03:17.166 --> 00:03:19.339 that sort of drives the questions

NOTE Confidence: 0.853276494827586

 $00{:}03{:}19.339 \dashrightarrow 00{:}03{:}21.516$ in in my lab and there's some

NOTE Confidence: 0.853276494827586

00:03:21.516 --> 00:03:22.648 peculiarities to kidney cancer.

NOTE Confidence: 0.853276494827586

 $00:03:22.648 \longrightarrow 00:03:24.426$ That on the scientific front has also

NOTE Confidence: 0.853276494827586

 $00:03:24.426 \longrightarrow 00:03:26.288$ been really interesting and fascinating.

NOTE Confidence: 0.853276494827586

 $00:03:26.290 \longrightarrow 00:03:29.434$ So historically we think of CDA T cell

NOTE Confidence: 0.853276494827586

 $00:03:29.434 \longrightarrow 00:03:31.967$ infiltration as being a positive thing,

NOTE Confidence: 0.853276494827586

 $00:03:31.970 \longrightarrow 00:03:32.930$ positive prognostic thing.

NOTE Confidence: 0.853276494827586

00:03:32.930 --> 00:03:34.210 They're main factor self

NOTE Confidence: 0.853276494827586

 $00:03:34.210 \longrightarrow 00:03:35.670$ or anti tumor immunity.

NOTE Confidence: 0.853276494827586

00:03:35.670 --> 00:03:37.358 So having a lot of them in the

NOTE Confidence: 0.853276494827586

 $00:03:37.358 \longrightarrow 00:03:39.070$ tumor is positive though historical

NOTE Confidence: 0.853276494827586

 $00:03:39.070 \longrightarrow 00:03:41.070$ exception is really kidney cancer

NOTE Confidence: 0.853276494827586

 $00:03:41.070 \longrightarrow 00:03:43.290$ where over time of the past 20

NOTE Confidence: 0.853276494827586

 $00:03:43.290 \longrightarrow 00:03:45.124$ years or so having a high degree

NOTE Confidence: 0.853276494827586

 $00{:}03{:}45.124 \dashrightarrow 00{:}03{:}47.504$ of CD T cell in filtration has been

 $00:03:47.504 \longrightarrow 00:03:49.315$ associated with a worse prognosis

NOTE Confidence: 0.853276494827586

00:03:49.315 --> 00:03:51.940 really in contrast to just about every

NOTE Confidence: 0.833308110714286

 $00:03:52.009 \longrightarrow 00:03:53.549$ other solid tumor type.

NOTE Confidence: 0.833308110714286

 $00:03:53.550 \longrightarrow 00:03:55.097$ Further when we think of what our

NOTE Confidence: 0.833308110714286

 $00:03:55.097 \longrightarrow 00:03:56.550$ tumor types that typically responsive

NOTE Confidence: 0.833308110714286

 $00:03:56.550 \longrightarrow 00:03:58.026$ to new checkpoint inhibitors,

NOTE Confidence: 0.833308110714286

 $00:03:58.030 \longrightarrow 00:03:59.190$ we think of tumor types

NOTE Confidence: 0.833308110714286

 $00:03:59.190 \longrightarrow 00:04:00.620$ that are on the far end,

NOTE Confidence: 0.833308110714286

 $00:04:00.620 \longrightarrow 00:04:02.246$ the right end of this mutation

NOTE Confidence: 0.833308110714286

 $00{:}04{:}02.246 \dashrightarrow 00{:}04{:}04.068$ spectrum that makes a lot of sense.

NOTE Confidence: 0.833308110714286

 $00:04:04.070 \longrightarrow 00:04:06.542$ We have tumors that have high

NOTE Confidence: 0.833308110714286

 $00:04:06.542 \longrightarrow 00:04:08.381$ mutation burdens, lots of neoantigens,

NOTE Confidence: 0.833308110714286

 $00{:}04{:}08.381 \dashrightarrow 00{:}04{:}10.066$ so lots of potential antigenic

NOTE Confidence: 0.833308110714286

 $00{:}04{:}10.066 \dashrightarrow 00{:}04{:}11.759$ targets for the immune system.

NOTE Confidence: 0.833308110714286

 $00:04:11.760 \longrightarrow 00:04:13.506$ They're potentially more likely to respond.

00:04:13.510 --> 00:04:15.988 So Melanoma, non small cell lung cancer,

NOTE Confidence: 0.833308110714286

 $00{:}04{:}15.990 --> 00{:}04{:}16.624 \ urothelial \ cancer,$

NOTE Confidence: 0.833308110714286

 $00:04:16.624 \longrightarrow 00:04:19.160$ MSI colon cancer and then we see right

NOTE Confidence: 0.833308110714286

 $00:04:19.220 \longrightarrow 00:04:21.089$ in the middle is clear cell kidney

NOTE Confidence: 0.833308110714286

 $00:04:21.089 \longrightarrow 00:04:23.230$ cancer with a modest mutation burden.

NOTE Confidence: 0.833308110714286

 $00:04:23.230 \longrightarrow 00:04:25.035$ Pretty similar to glioblastoma or

NOTE Confidence: 0.833308110714286

 $00:04:25.035 \longrightarrow 00:04:26.662$ pancreatic cancer, ovarian cancer.

NOTE Confidence: 0.833308110714286

00:04:26.662 --> 00:04:28.917 Yet both historically and contemporarily,

NOTE Confidence: 0.833308110714286

00:04:28.920 --> 00:04:30.680 it's responsive to immune therapy.

NOTE Confidence: 0.833308110714286

 $00:04:30.680 \longrightarrow 00:04:32.273$ And so my hope is we might be able

NOTE Confidence: 0.833308110714286

00:04:32.273 --> 00:04:33.898 to learn a little bit about why,

NOTE Confidence: 0.833308110714286

 $00:04:33.900 \longrightarrow 00:04:35.300$ if we can figure out why this

NOTE Confidence: 0.833308110714286

 $00:04:35.300 \longrightarrow 00:04:36.560$ is responsive to immunotherapy,

NOTE Confidence: 0.833308110714286

 $00{:}04{:}36.560 \dashrightarrow 00{:}04{:}38.436$ may be we can apply those lessons elsewhere.

NOTE Confidence: 0.833308110714286

 $00:04:38.440 \longrightarrow 00:04:40.288$ And then also for those patients who

NOTE Confidence: 0.833308110714286

 $00:04:40.288 \longrightarrow 00:04:42.560$ aren't lucky to benefit from immune therapy,

00:04:42.560 --> 00:04:44.078 the current forms of immune therapy,

NOTE Confidence: 0.833308110714286

 $00{:}04{:}44.080 \dashrightarrow 00{:}04{:}46.125$ can we understand mechanisms of

NOTE Confidence: 0.833308110714286

00:04:46.125 --> 00:04:48.170 resistance that can guide rational

NOTE Confidence: 0.833308110714286

 $00:04:48.234 \longrightarrow 00:04:50.538$ combinations of future therapies and so

NOTE Confidence: 0.833308110714286

 $00:04:50.538 \longrightarrow 00:04:53.516$ the framework that our lab really uses to.

NOTE Confidence: 0.833308110714286

 $00:04:53.516 \longrightarrow 00:04:54.650$ Answer these questions,

NOTE Confidence: 0.833308110714286

 $00:04:54.650 \longrightarrow 00:04:56.258$ what are the infiltrating immune cells

NOTE Confidence: 0.833308110714286

 $00:04:56.258 \longrightarrow 00:04:58.000$ and what are the antigenic targets

NOTE Confidence: 0.833308110714286

 $00{:}04{:}58.000 \dashrightarrow 00{:}05{:}00.149$ in kidney cancer is a pretty simple

NOTE Confidence: 0.833308110714286

 $00{:}05{:}00.149 \dashrightarrow 00{:}05{:}01.658$ framework and I've sort of outlined

NOTE Confidence: 0.833308110714286

 $00:05:01.658 \longrightarrow 00:05:03.725$ it here where we have a tumor cell,

NOTE Confidence: 0.833308110714286

 $00:05:03.725 \longrightarrow 00:05:04.945$ the kidney cancer cell,

NOTE Confidence: 0.83330811071428600:05:04.950 --> 00:05:05.272 yeah,

NOTE Confidence: 0.833308110714286

 $00{:}05{:}05.272 \to 00{:}05{:}07.204$ interacting with an infiltrating T cell

NOTE Confidence: 0.833308110714286

 $00:05:07.204 \longrightarrow 00:05:09.755$ and that takes place in the context

 $00:05:09.755 \longrightarrow 00:05:11.283$ of a heterogeneous microenvironment.

NOTE Confidence: 0.833308110714286

 $00{:}05{:}11.290 \dashrightarrow 00{:}05{:}13.840$ And so with this really basic

NOTE Confidence: 0.833308110714286

 $00:05:13.840 \longrightarrow 00:05:15.115$ sort of worldview,

NOTE Confidence: 0.833308110714286

 $00:05:15.120 \longrightarrow 00:05:16.982$ we can begin to ask focus questions

NOTE Confidence: 0.833308110714286

 $00:05:16.982 \longrightarrow 00:05:18.648$ and these are the really the

NOTE Confidence: 0.833308110714286

 $00:05:18.648 \longrightarrow 00:05:20.274$ questions that end up guiding a

NOTE Confidence: 0.833308110714286

 $00:05:20.274 \longrightarrow 00:05:22.068$ lot of the projects in our lab.

NOTE Confidence: 0.833308110714286

 $00:05:22.070 \longrightarrow 00:05:23.838$ So the first is what are the genetic

NOTE Confidence: 0.833308110714286

 $00:05:23.838 \longrightarrow 00:05:24.929$ alterations in kidney cancer,

NOTE Confidence: 0.833308110714286

 $00:05:24.930 \longrightarrow 00:05:27.114$ how do they potentially impact immune

NOTE Confidence: 0.833308110714286

 $00:05:27.114 \longrightarrow 00:05:28.967$ in filtration into the tumor and

NOTE Confidence: 0.833308110714286

 $00:05:28.967 \longrightarrow 00:05:30.983$ ultimately how do those intersect or

NOTE Confidence: 0.833308110714286

 $00:05:30.983 \longrightarrow 00:05:33.230$ interplay to impact the rapeutic response.

NOTE Confidence: 0.833308110714286

 $00:05:33.230 \longrightarrow 00:05:34.958$ What are those other immune cells

NOTE Confidence: 0.833308110714286

00:05:34.958 --> 00:05:37.062 with immune cells within the tumor

NOTE Confidence: 0.833308110714286

00:05:37.062 --> 00:05:39.808 microenvironment? How do they?

 $00:05:39.810 \longrightarrow 00:05:42.912$ Interact with T cells and impact

NOTE Confidence: 0.833308110714286

 $00:05:42.912 \longrightarrow 00:05:43.946$ cell phenotype.

NOTE Confidence: 0.833308110714286

 $00:05:43.950 \longrightarrow 00:05:45.275$ And finally when everything goes

NOTE Confidence: 0.833308110714286

00:05:45.275 --> 00:05:47.190 right and T cells are capable CD,

NOTE Confidence: 0.833308110714286

00:05:47.190 --> 00:05:49.134 T cells are capable of recognizing

NOTE Confidence: 0.833308110714286

 $00:05:49.134 \longrightarrow 00:05:50.650$ the tumor and eliminating it.

NOTE Confidence: 0.833308110714286

 $00:05:50.650 \longrightarrow 00:05:52.348$ What is it that it's recognizing.

NOTE Confidence: 0.833308110714286

 $00{:}05{:}52.350 \rightarrow 00{:}05{:}54.492$ And so we know that at the heart of

NOTE Confidence: 0.833308110714286

 $00:05:54.492 \longrightarrow 00:05:56.455$ this interaction of antigen specific

NOTE Confidence: 0.833308110714286

 $00:05:56.455 \longrightarrow 00:05:58.951$ immunity is the tumor cells presenting

NOTE Confidence: 0.833308110714286

00:05:59.019 --> 00:06:01.305 antigenic peptides and MHC Class 1

NOTE Confidence: 0.833308110714286

 $00:06:01.305 \longrightarrow 00:06:03.117$ molecules being recognized by the

NOTE Confidence: 0.833308110714286

 $00{:}06{:}03.117 \dashrightarrow 00{:}06{:}05.126$ cognate T cell receptor and for for

NOTE Confidence: 0.833308110714286

 $00:06:05.126 \longrightarrow 00:06:07.166$ this for kidney cancer and for most

NOTE Confidence: 0.833308110714286

 $00:06:07.166 \longrightarrow 00:06:09.410$ of their I would say solid tumors,

 $00:06:09.410 \longrightarrow 00:06:10.785$ we don't actually know what

NOTE Confidence: 0.833308110714286

00:06:10.785 --> 00:06:11.610 those antigens are.

NOTE Confidence: 0.833308110714286

 $00:06:11.610 \longrightarrow 00:06:13.030$ We know sometimes for high

NOTE Confidence: 0.833308110714286

 $00:06:13.030 \longrightarrow 00:06:14.166$ mutation burden tumors that.

NOTE Confidence: 0.833308110714286

 $00:06:14.170 \longrightarrow 00:06:15.880$ Can be classic in the antigens,

NOTE Confidence: 0.833308110714286

 $00:06:15.880 \longrightarrow 00:06:17.355$ but for things that are

NOTE Confidence: 0.833308110714286

00:06:17.355 --> 00:06:18.240 modest mutation burdens,

NOTE Confidence: 0.833308110714286

00:06:18.240 --> 00:06:19.600 tumors like kidney cancer,

NOTE Confidence: 0.833308110714286

 $00:06:19.600 \longrightarrow 00:06:20.960$ it's much less clear.

NOTE Confidence: 0.833308110714286

 $00:06:20.960 \longrightarrow 00:06:23.032$ And so these are the sort of three

NOTE Confidence: 0.833308110714286

 $00{:}06{:}23.032 \dashrightarrow 00{:}06{:}24.618$ fundamental areas that the lab is

NOTE Confidence: 0.833308110714286

00:06:24.618 --> 00:06:25.888 currently working on and we'll

NOTE Confidence: 0.833308110714286

 $00:06:25.888 \longrightarrow 00:06:27.439$ kind of step through each one,

NOTE Confidence: 0.833308110714286

00:06:27.440 --> 00:06:28.940 maybe talking a little bit about

NOTE Confidence: 0.833308110714286

 $00:06:28.940 \longrightarrow 00:06:29.940$ some prior work over

NOTE Confidence: 0.862158939333333

 $00{:}06{:}29.990 \dashrightarrow 00{:}06{:}31.614$ the last couple of years when I was

 $00:06:31.614 \longrightarrow 00:06:33.249$ back in in Boston and then some

NOTE Confidence: 0.862158939333333

 $00{:}06{:}33.249 \to 00{:}06{:}34.721$ ongoing efforts now in the lab.

NOTE Confidence: 0.862158939333333

 $00{:}06{:}34.721 \dashrightarrow 00{:}06{:}37.049$ So the first is really what are the

NOTE Confidence: 0.862158939333333

 $00:06:37.049 \longrightarrow 00:06:39.004$ mutations in kidney cancer that

NOTE Confidence: 0.862158939333333

 $00:06:39.004 \longrightarrow 00:06:40.608$ might impact immune infiltration

NOTE Confidence: 0.862158939333333

 $00:06:40.608 \longrightarrow 00:06:42.639$ and ultimately response to therapy.

NOTE Confidence: 0.862158939333333

00:06:42.640 --> 00:06:44.000 And I would say broadly,

NOTE Confidence: 0.862158939333333

 $00{:}06{:}44.000 \dashrightarrow 00{:}06{:}45.888$ we use a lot of classic genomic techniques,

NOTE Confidence: 0.862158939333333

 $00:06:45.890 \longrightarrow 00:06:47.078$ whole exome sequencing,

NOTE Confidence: 0.862158939333333

 $00{:}06{:}47.078 \dashrightarrow 00{:}06{:}49.058$ RNA sequencing to really approach

NOTE Confidence: 0.862158939333333

 $00:06:49.058 \longrightarrow 00:06:49.850$ these questions.

NOTE Confidence: 0.862158939333333

 $00{:}06{:}49.850 \dashrightarrow 00{:}06{:}51.222$ And so a lot of the motivation

NOTE Confidence: 0.862158939333333

 $00{:}06{:}51.222 \dashrightarrow 00{:}06{:}52.654$ for this came from an early study

NOTE Confidence: 0.862158939333333

 $00{:}06{:}52.654 {\:\dashrightarrow\:} 00{:}06{:}54.151$ just a few years ago from Ellie

NOTE Confidence: 0.862158939333333

 $00:06:54.151 \longrightarrow 00:06:55.639$ van Allen's group at Dana Farber,

 $00:06:55.640 \longrightarrow 00:06:57.784$ where he looked at a small phase one

NOTE Confidence: 0.862158939333333

00:06:57.784 --> 00:06:59.999 trial of nivolumab in kidney cancer,

NOTE Confidence: 0.862158939333333

 $00:07:00.000 \longrightarrow 00:07:02.072$ the checkmate O 9 trial and it was

NOTE Confidence: 0.862158939333333

00:07:02.072 --> 00:07:04.453 only about 35 patients that had genomic

NOTE Confidence: 0.862158939333333

 $00:07:04.453 \longrightarrow 00:07:06.472$ data available, but for those 35.

NOTE Confidence: 0.862158939333333

00:07:06.472 --> 00:07:08.410 Patients asked a pretty simple question,

NOTE Confidence: 0.862158939333333

 $00{:}07{:}08.410 \dashrightarrow 00{:}07{:}10.566$ what are the the mutations that are

NOTE Confidence: 0.862158939333333

 $00:07:10.566 \longrightarrow 00:07:12.509$ recurrent in kidney cancer among those

NOTE Confidence: 0.862158939333333

 $00{:}07{:}12.509 \dashrightarrow 00{:}07{:}14.742$ 35 patients and out of those recurrent

NOTE Confidence: 0.862158939333333

 $00:07:14.806 \longrightarrow 00:07:16.766$ mutations and that's on the X axis.

NOTE Confidence: 0.862158939333333

 $00{:}07{:}16.770 \dashrightarrow 00{:}07{:}18.760$ And now those recurrent mutations

NOTE Confidence: 0.862158939333333

 $00:07:18.760 \longrightarrow 00:07:20.352$ which are actually significantly

NOTE Confidence: 0.862158939333333

 $00:07:20.352 \longrightarrow 00:07:21.586$ impacting response to the rapy

NOTE Confidence: 0.862158939333333

 $00:07:21.586 \longrightarrow 00:07:23.152$ and that's on the Y axis.

NOTE Confidence: 0.862158939333333

 $00:07:23.160 \longrightarrow 00:07:25.512$ And we can see there's only one loss

NOTE Confidence: 0.862158939333333

 $00:07:25.512 \longrightarrow 00:07:27.639$ of function mutations in the Pfaff

 $00:07:27.639 \longrightarrow 00:07:29.847$ complex member PBR one was associated

NOTE Confidence: 0.862158939333333

00:07:29.911 --> 00:07:32.005 with improved response and we see

NOTE Confidence: 0.862158939333333

 $00{:}07{:}32.005 \dashrightarrow 00{:}07{:}34.300$ the bottom also improve survival in

NOTE Confidence: 0.862158939333333

 $00:07:34.300 \longrightarrow 00:07:36.970$ this small cohort of 35 patients.

NOTE Confidence: 0.862158939333333

 $00:07:36.970 \longrightarrow 00:07:38.860$ So really building off of this

NOTE Confidence: 0.862158939333333

 $00:07:38.860 \longrightarrow 00:07:41.032$ initial funding that we were through

NOTE Confidence: 0.862158939333333

 $00:07:41.032 \longrightarrow 00:07:42.732$ partnership with Bristol-Myers able

NOTE Confidence: 0.862158939333333

 $00:07:42.732 \longrightarrow 00:07:44.765$ to sequence not only the phase

NOTE Confidence: 0.862158939333333

 $00:07:44.765 \longrightarrow 00:07:47.119$ one data but the tumors from the

NOTE Confidence: 0.862158939333333

 $00:07:47.119 \longrightarrow 00:07:49.159$ phase two and phase three trials

NOTE Confidence: 0.862158939333333

 $00{:}07{:}49.159 \dashrightarrow 00{:}07{:}50.979$ of nivolumab in kidney cancer.

NOTE Confidence: 0.862158939333333

 $00:07:50.980 \longrightarrow 00:07:52.774$ And looking specifically at the phase

NOTE Confidence: 0.862158939333333

 $00:07:52.774 \longrightarrow 00:07:55.258$ three trial which is the Checkmate O25 trial,

NOTE Confidence: 0.862158939333333

 $00:07:55.260 \longrightarrow 00:07:57.059$ we were able to confirm that yes,

NOTE Confidence: 0.862158939333333

00:07:57.060 --> 00:07:58.764 loss of function mutations and BM

 $00:07:58.764 \longrightarrow 00:08:00.264$ one were associated with improved

NOTE Confidence: 0.862158939333333

 $00:08:00.264 \longrightarrow 00:08:02.118$ response and in this case progression

NOTE Confidence: 0.862158939333333

00:08:02.118 --> 00:08:03.694 free and overall survival with

NOTE Confidence: 0.862158939333333

00:08:03.694 --> 00:08:05.189 nivolumab with immune therapy though

NOTE Confidence: 0.862158939333333

 $00:08:05.189 \longrightarrow 00:08:07.380$ we can see the effect size is fairly.

NOTE Confidence: 0.86215893933333300:08:07.380 --> 00:08:07.610 Modest. NOTE Confidence: 0.862158939333333

00:08:07.610 --> 00:08:08.760 So it's really, you know,

NOTE Confidence: 0.862158939333333

 $00:08:08.760 \longrightarrow 00:08:10.104$ it's something that's there,

NOTE Confidence: 0.862158939333333

 $00:08:10.104 \longrightarrow 00:08:12.620$ but it's certainly not the whole picture.

NOTE Confidence: 0.862158939333333

 $00:08:12.620 \longrightarrow 00:08:14.503$ And so this was a very focused

NOTE Confidence: 0.862158939333333

 $00{:}08{:}14.503 \dashrightarrow 00{:}08{:}15.860$ sort of validation question,

NOTE Confidence: 0.862158939333333

 $00:08:15.860 \longrightarrow 00:08:17.260$ but we really want to look at

NOTE Confidence: 0.862158939333333

00:08:17.260 --> 00:08:18.640 this much more comprehensively.

NOTE Confidence: 0.862158939333333

 $00{:}08{:}18.640 \dashrightarrow 00{:}08{:}20.856$ And So what we did was again in

NOTE Confidence: 0.862158939333333

 $00:08:20.856 \longrightarrow 00:08:22.280$ partnership with Bristol-Myers,

NOTE Confidence: 0.862158939333333

 $00:08:22.280 \longrightarrow 00:08:23.495$ we're fortunate to have access

 $00:08:23.495 \longrightarrow 00:08:24.940$ to tumors from the phase one,

NOTE Confidence: 0.862158939333333

 $00{:}08{:}24.940 \dashrightarrow 00{:}08{:}27.202$ phase two and phase three trials

NOTE Confidence: 0.862158939333333

 $00:08:27.202 \longrightarrow 00:08:29.260$ of nivolumab in kidney cancer.

NOTE Confidence: 0.862158939333333

 $00:08:29.260 \longrightarrow 00:08:30.676$ The phase three trial is really

NOTE Confidence: 0.862158939333333

 $00:08:30.676 \longrightarrow 00:08:32.557$ the pivotal trial that led to the

NOTE Confidence: 0.862158939333333

 $00:08:32.557 \longrightarrow 00:08:33.745$ first checkpoint inhibitor approval

NOTE Confidence: 0.862158939333333

 $00:08:33.745 \longrightarrow 00:08:34.636$ within kidney cancer.

NOTE Confidence: 0.862158939333333

 $00{:}08{:}34.640 \dashrightarrow 00{:}08{:}36.140$ And we're lucky to benefit as

NOTE Confidence: 0.862158939333333

 $00{:}08{:}36.140 \dashrightarrow 00{:}08{:}37.754$ well from that phase three trial

NOTE Confidence: 0.862158939333333

 $00{:}08{:}37.754 \dashrightarrow 00{:}08{:}39.714$ also having a control arm and mtor

NOTE Confidence: 0.862158939333333

00:08:39.714 --> 00:08:40.799 inhibitor of your elymus.

NOTE Confidence: 0.862158939333333

 $00{:}08{:}40.800 \dashrightarrow 00{:}08{:}42.249$ And so we could see if there's

NOTE Confidence: 0.862158939333333

 $00{:}08{:}42.249 \dashrightarrow 00{:}08{:}44.047$ anything that we find that might be

NOTE Confidence: 0.862158939333333

 $00{:}08{:}44.047 \dashrightarrow 00{:}08{:}45.462$ associated with response or resistance.

NOTE Confidence: 0.862158939333333

 $00:08:45.470 \longrightarrow 00:08:46.976$ Is that something that's specific for

00:08:46.976 --> 00:08:48.566 immune therapy or is that something

NOTE Confidence: 0.862158939333333

 $00{:}08{:}48.566 \dashrightarrow 00{:}08{:}49.638$ that's perhaps more prognostic

NOTE Confidence: 0.862158939333333

 $00:08:49.638 \longrightarrow 00:08:51.369$ that we see with old therapies,

NOTE Confidence: 0.862158939333333

00:08:51.370 --> 00:08:52.920 including one with an independent

NOTE Confidence: 0.862158939333333

 $00:08:52.920 \longrightarrow 00:08:55.290$ mechanism of action like an mtor inhibitor.

NOTE Confidence: 0.862158939333333

00:08:55.290 --> 00:08:57.048 So we performed whole exome sequencing,

NOTE Confidence: 0.862158939333333

 $00:08:57.050 \longrightarrow 00:08:58.795$ RNA sequencing and CD8 immunofluorescence

NOTE Confidence: 0.862158939333333

00:08:58.795 --> 00:09:00.966 to really look at the immune

NOTE Confidence: 0.862158939333333

00:09:00.966 --> 00:09:02.796 infiltration of the broad immune

NOTE Confidence: 0.862158939333333

 $00:09:02.796 \longrightarrow 00:09:04.260$ phenotype of these tumors.

NOTE Confidence: 0.865333130588235

 $00:09:04.260 \longrightarrow 00:09:06.192$ At the time this was the largest

NOTE Confidence: 0.865333130588235

00:09:06.192 --> 00:09:07.815 study of advanced kidney genetic

NOTE Confidence: 0.865333130588235

 $00:09:07.815 \longrightarrow 00:09:09.665$ study of advanced kidney cancer.

NOTE Confidence: 0.865333130588235

 $00:09:09.670 \longrightarrow 00:09:12.070$ The TCG which was really a foundational work

NOTE Confidence: 0.865333130588235

 $00:09:12.070 \longrightarrow 00:09:14.247$ really skews towards earlier stage tumors.

NOTE Confidence: 0.865333130588235

 $00:09:14.250 \longrightarrow 00:09:16.682$ Only around 10 to 15% of the kidney

 $00:09:16.682 \dashrightarrow 00:09:18.390$ cancer tumors in TCG are advanced stage.

NOTE Confidence: 0.865333130588235

 $00:09:18.390 \longrightarrow 00:09:20.190$ And so by sequencing this we can really

NOTE Confidence: 0.865333130588235

00:09:20.190 --> 00:09:22.398 get an understanding of first the genetic

NOTE Confidence: 0.865333130588235

00:09:22.398 --> 00:09:24.481 landscape of advanced kidney cancer and

NOTE Confidence: 0.865333130588235

 $00:09:24.481 \longrightarrow 00:09:26.407$ there's some interesting findings in here,

NOTE Confidence: 0.865333130588235

 $00:09:26.410 \longrightarrow 00:09:27.954$ some enrichment and clinically

NOTE Confidence: 0.865333130588235

 $00:09:27.954 \longrightarrow 00:09:29.112$ unfavorable aggressive mutations

NOTE Confidence: 0.865333130588235

 $00:09:29.112 \longrightarrow 00:09:30.760$ and copy number variants,

NOTE Confidence: 0.865333130588235

00:09:30.760 --> 00:09:34.204 things like NF2 mutations, a loss of.

NOTE Confidence: 0.865333130588235

 $00:09:34.210 \longrightarrow 00:09:35.197$ Nine P 21.3,

NOTE Confidence: 0.865333130588235

00:09:35.197 --> 00:09:37.171 but really our our primary question

NOTE Confidence: 0.865333130588235

00:09:37.171 --> 00:09:39.225 was how does this ultimately

NOTE Confidence: 0.865333130588235

 $00:09:39.225 \longrightarrow 00:09:41.300$ impact response to immune therapy?

NOTE Confidence: 0.865333130588235

 $00:09:41.300 \longrightarrow 00:09:43.460$ And so the first thing we did was look

NOTE Confidence: 0.865333130588235

 $00:09:43.460 \longrightarrow 00:09:46.262$ at some of the classic markers of somatic

 $00:09:46.262 \longrightarrow 00:09:48.315$ alteration burden that is present in

NOTE Confidence: 0.865333130588235

 $00:09:48.315 \longrightarrow 00:09:50.145$ that we associate other tumor types

NOTE Confidence: 0.865333130588235

 $00:09:50.145 \longrightarrow 00:09:52.100$ in other tumor types response with.

NOTE Confidence: 0.865333130588235

 $00:09:52.100 \longrightarrow 00:09:54.151$ So we know that there's a Histology

NOTE Confidence: 0.865333130588235

 $00:09:54.151 \longrightarrow 00:09:55.821$ agnostic approval for the immunotherapy

NOTE Confidence: 0.865333130588235

 $00{:}09{:}55.821 \dashrightarrow 00{:}09{:}57.671$ drug pembrolizumab based purely on

NOTE Confidence: 0.865333130588235

 $00:09:57.671 \longrightarrow 00:10:00.243$ mutation burden and we know that in many

NOTE Confidence: 0.865333130588235

 $00:10:00.243 \longrightarrow 00:10:02.014$ tumor types there's an association with

NOTE Confidence: 0.865333130588235

00:10:02.014 --> 00:10:04.138 high mutation burden response to therapy.

NOTE Confidence: 0.865333130588235

 $00:10:04.140 \longrightarrow 00:10:05.260$ And so for kidney cancer,

NOTE Confidence: 0.865333130588235

00:10:05.260 --> 00:10:07.396 we looked at total mutation burden,

NOTE Confidence: 0.86533313058823500:10:07.400 --> 00:10:08.680 we inferred,

NOTE Confidence: 0.865333130588235

00:10:08.680 --> 00:10:11.240 neoantigen load we inferred.

NOTE Confidence: 0.865333130588235

00:10:11.240 --> 00:10:13.410 You want to drive from frameshift insertion,

NOTE Confidence: 0.865333130588235

 $00:10:13.410 \longrightarrow 00:10:14.915$ insertion deletions which create new

NOTE Confidence: 0.865333130588235

 $00{:}10{:}14.915 \dashrightarrow 00{:}10{:}16.765$ open reading frames and no metric

 $00{:}10{:}16.765 \dashrightarrow 00{:}10{:}18.245$ of somatic alteration burden was

NOTE Confidence: 0.865333130588235

 $00:10:18.245 \longrightarrow 00:10:19.910$ at all associated with response.

NOTE Confidence: 0.865333130588235

00:10:19.910 --> 00:10:21.772 So again this is in sharp contrast

NOTE Confidence: 0.865333130588235

00:10:21.772 --> 00:10:23.546 to Melanoma and non small cell

NOTE Confidence: 0.865333130588235

 $00:10:23.546 \longrightarrow 00:10:25.076$ lung cancer and bladder cancer.

NOTE Confidence: 0.865333130588235

 $00:10:25.080 \longrightarrow 00:10:27.540$ Here mutation burden really does not

NOTE Confidence: 0.865333130588235

 $00:10:27.540 \longrightarrow 00:10:29.930$ associate or predict response to therapy.

NOTE Confidence: 0.865333130588235

 $00:10:29.930 \longrightarrow 00:10:32.072$ When we then looked across each

NOTE Confidence: 0.865333130588235

 $00{:}10{:}32.072 \dashrightarrow 00{:}10{:}33.143$ individual recurrent mutation

NOTE Confidence: 0.865333130588235

 $00:10:33.143 \longrightarrow 00:10:35.478$ and tried to see which one might

NOTE Confidence: 0.865333130588235

00:10:35.478 --> 00:10:37.135 be associated with resistance or

NOTE Confidence: 0.865333130588235

00:10:37.135 --> 00:10:39.067 response in this much expanded cohort,

NOTE Confidence: 0.865333130588235

 $00{:}10{:}39.070 --> 00{:}10{:}40.690$ again we found only one in

NOTE Confidence: 0.865333130588235

 $00:10:40.690 \longrightarrow 00:10:41.500$ this pooled analysis.

NOTE Confidence: 0.865333130588235

00:10:41.500 --> 00:10:43.633 So again it was only PBR on one which

00:10:43.633 --> 00:10:45.484 is a very common mutation president

NOTE Confidence: 0.865333130588235

 $00:10:45.484 \longrightarrow 00:10:48.164$ perhaps up to 30 to 40% of of kidney

NOTE Confidence: 0.865333130588235

 $00:10:48.164 \longrightarrow 00:10:49.952$ cancer tumors that was associated with

NOTE Confidence: 0.865333130588235

 $00:10:49.952 \longrightarrow 00:10:51.788$ improved response and overall survival.

NOTE Confidence: 0.865333130588235

00:10:51.790 --> 00:10:53.224 And again here we really could

NOTE Confidence: 0.865333130588235

00:10:53.224 --> 00:10:54.890 benefit and see that this response,

NOTE Confidence: 0.865333130588235

 $00:10:54.890 \longrightarrow 00:10:56.486$ this impact on response and survival

NOTE Confidence: 0.865333130588235

 $00:10:56.486 \longrightarrow 00:10:58.124$ was unique to the patients tree

NOTE Confidence: 0.865333130588235

 $00:10:58.124 \longrightarrow 00:10:59.690$ with immune therapy and was not

NOTE Confidence: 0.865333130588235

00:10:59.690 --> 00:11:01.269 seen in patients treated with the

NOTE Confidence: 0.865333130588235

 $00{:}11{:}01.269 \dashrightarrow 00{:}11{:}04.330$ control arm with an M Tor inhibitor.

NOTE Confidence: 0.865333130588235

 $00:11:04.330 \longrightarrow 00:11:05.682$ So that's uh mutations.

NOTE Confidence: 0.865333130588235

 $00:11:05.682 \longrightarrow 00:11:07.710$ What about the immune landscape and

NOTE Confidence: 0.865333130588235

00:11:07.767 --> 00:11:09.825 how that might impact kidney cancer?

NOTE Confidence: 0.865333130588235

 $00:11:09.830 \longrightarrow 00:11:11.804$ We know that prognostically having a lot

NOTE Confidence: 0.865333130588235

00:11:11.804 --> 00:11:14.086 of CDT cells might be a negative thing,

 $00:11:14.090 \longrightarrow 00:11:16.190$ but how does that impact response

NOTE Confidence: 0.865333130588235

 $00:11:16.190 \longrightarrow 00:11:16.890$ to immunotherapy?

NOTE Confidence: 0.865333130588235

00:11:16.890 --> 00:11:18.626 And so the first thing we did

NOTE Confidence: 0.865333130588235

00:11:18.626 --> 00:11:19.738 was characterize these tumors

NOTE Confidence: 0.865333130588235

 $00:11:19.738 \longrightarrow 00:11:21.328$ broadly into 3 immune phenotypes.

NOTE Confidence: 0.865333130588235

 $00:11:21.330 \longrightarrow 00:11:23.194$ And these are types you might be familiar

NOTE Confidence: 0.865333130588235

 $00:11:23.194 \longrightarrow 00:11:24.631$ with the classic immune infiltrated

NOTE Confidence: 0.865333130588235

 $00:11:24.631 \longrightarrow 00:11:26.467$ where there's lots of CDT cells,

NOTE Confidence: 0.865333130588235

 $00:11:26.470 \longrightarrow 00:11:27.082$ immune deserts,

NOTE Confidence: 0.865333130588235

 $00{:}11{:}27.082 \dashrightarrow 00{:}11{:}28.918$ where there's a positive CDT cells

NOTE Confidence: 0.865333130588235

00:11:28.918 --> 00:11:30.827 and then in Munich excluded tumors

NOTE Confidence: 0.865333130588235

 $00:11:30.827 \longrightarrow 00:11:32.693$ where there's made perhaps lots of

NOTE Confidence: 0.865333130588235

 $00{:}11{:}32.748 \dashrightarrow 00{:}11{:}34.456$ CDT cells lining up to the tumor.

NOTE Confidence: 0.865333130588235

 $00{:}11{:}34.460 \dashrightarrow 00{:}11{:}36.074$ Urgent but really unable to infiltrate

NOTE Confidence: 0.865333130588235

 $00:11:36.074 \longrightarrow 00:11:38.104$ the tumor center and have a factor

 $00:11:38.104 \longrightarrow 00:11:39.609$ function that's a potential mechanism

NOTE Confidence: 0.865333130588235

 $00{:}11{:}39.609 \to 00{:}11{:}41.375$ resistance and you know other solid

NOTE Confidence: 0.865333130588235

 $00:11:41.375 \longrightarrow 00:11:43.043$ tumor types including a common mechanism

NOTE Confidence: 0.918145438

 $00:11:43.050 \longrightarrow 00:11:44.990$ of resistance in bladder cancer.

NOTE Confidence: 0.918145438

 $00:11:44.990 \longrightarrow 00:11:46.514$ And so when we looked at

NOTE Confidence: 0.918145438

00:11:46.514 --> 00:11:47.530 our kidney cancer tumors,

NOTE Confidence: 0.918145438

00:11:47.530 --> 00:11:49.190 our advanced kidney cancer tumors,

NOTE Confidence: 0.918145438

 $00:11:49.190 \longrightarrow 00:11:50.435$ the first thing we observe

NOTE Confidence: 0.918145438

 $00:11:50.435 \longrightarrow 00:11:51.680$ was that immune occlusion is

NOTE Confidence: 0.918145438

 $00:11:51.730 \longrightarrow 00:11:53.090$ really not a common phenotype.

NOTE Confidence: 0.918145438

 $00:11:53.090 \longrightarrow 00:11:55.792$ It's not looking to be a predominant

NOTE Confidence: 0.918145438

 $00:11:55.792 \longrightarrow 00:11:58.309$ mechanism of resistance in in kidney cancer.

NOTE Confidence: 0.918145438

 $00:11:58.310 \longrightarrow 00:12:00.030$ We see here only about 5% of

NOTE Confidence: 0.918145438

 $00:12:00.030 \longrightarrow 00:12:01.530$ these tumors are Munich excluded.

NOTE Confidence: 0.918145438

 $00:12:01.530 \longrightarrow 00:12:03.476$ This is in contrast to some like

NOTE Confidence: 0.918145438

 $00:12:03.476 \longrightarrow 00:12:04.956$ bladder cancer where up to 50%

 $00{:}12{:}04.956 \dashrightarrow 00{:}12{:}06.260$ of metastatic bladder cancers.

NOTE Confidence: 0.918145438

 $00:12:06.260 \longrightarrow 00:12:08.588$ Would have this immune exclusion phenotype.

NOTE Confidence: 0.918145438

 $00:12:08.590 \longrightarrow 00:12:09.928$ The other thing we can observe

NOTE Confidence: 0.918145438

 $00:12:09.928 \longrightarrow 00:12:11.872$ is by and large these are heavily

NOTE Confidence: 0.918145438

 $00:12:11.872 \longrightarrow 00:12:12.868$ CD8 infiltrated tumors.

NOTE Confidence: 0.918145438

 $00:12:12.870 \longrightarrow 00:12:15.180$ About 3/4 of these tumors are

NOTE Confidence: 0.918145438

 $00:12:15.180 \longrightarrow 00:12:17.220$ highly infiltrated by CDT cells.

NOTE Confidence: 0.918145438

 $00:12:17.220 \longrightarrow 00:12:19.082$ But again in contrast to a lot

NOTE Confidence: 0.918145438

 $00:12:19.082 \longrightarrow 00:12:20.360$ of other solid tumors,

NOTE Confidence: 0.918145438

 $00{:}12{:}20.360 \dashrightarrow 00{:}12{:}22.848$ we're having a lot of CD T cells

NOTE Confidence: 0.918145438

 $00{:}12{:}22.848 \to 00{:}12{:}24.550$ might positively impact response.

NOTE Confidence: 0.918145438

 $00{:}12{:}24.550 \dashrightarrow 00{:}12{:}26.391$ Here it had no impact on response

NOTE Confidence: 0.918145438

 $00{:}12{:}26.391 \dashrightarrow 00{:}12{:}28.634$ and survival and we can see that for

NOTE Confidence: 0.918145438

 $00{:}12{:}28.634 \dashrightarrow 00{:}12{:}30.029$ patients I'm showing here treated

NOTE Confidence: 0.918145438

 $00:12:30.085 \longrightarrow 00:12:31.585$ with immune therapy that regardless

00:12:31.585 --> 00:12:33.796 of whether you had an immune excluded

NOTE Confidence: 0.918145438

 $00:12:33.796 \longrightarrow 00:12:36.267$ tumor and infiltrated tumor or desert tumor,

NOTE Confidence: 0.918145438

 $00:12:36.270 \longrightarrow 00:12:38.391$ all of those had roughly the same

NOTE Confidence: 0.918145438

 $00:12:38.391 \longrightarrow 00:12:40.109$ response to therapy and survival.

NOTE Confidence: 0.918145438

 $00:12:40.110 \longrightarrow 00:12:42.384$ And so looking at genetics alone

NOTE Confidence: 0.918145438

 $00:12:42.384 \longrightarrow 00:12:44.330$ you know didn't yield much.

NOTE Confidence: 0.918145438

00:12:44.330 --> 00:12:45.920 Looking at the immune phenotype

NOTE Confidence: 0.918145438

 $00:12:45.920 \longrightarrow 00:12:47.907$ alone really doesn't tell us which

NOTE Confidence: 0.918145438

 $00{:}12{:}47.907 \dashrightarrow 00{:}12{:}49.627$ tumors are responsive to the rapy.

NOTE Confidence: 0.918145438

00:12:49.630 --> 00:12:51.640 Is there perhaps some interaction

NOTE Confidence: 0.918145438

 $00{:}12{:}51.640 {\:{\mbox{--}}}{>} 00{:}12{:}53.455$ or interplay between them and

NOTE Confidence: 0.918145438

 $00:12:53.455 \longrightarrow 00:12:54.890$ so the first thing we did was.

NOTE Confidence: 0.918145438

 $00:12:54.890 \longrightarrow 00:12:55.228$ Really,

NOTE Confidence: 0.918145438

 $00:12:55.228 \longrightarrow 00:12:57.256$ just look at among the infiltrated

NOTE Confidence: 0.918145438

 $00:12:57.256 \longrightarrow 00:12:58.710$ and non infiltrated tumors.

NOTE Confidence: 0.918145438

 $00:12:58.710 \longrightarrow 00:13:00.440$ Are there different mutational landscapes?

 $00:13:00.440 \longrightarrow 00:13:02.168$ Are there different driver mutations that

NOTE Confidence: 0.918145438

00:13:02.168 --> 00:13:04.167 might be present in one or the other?

NOTE Confidence: 0.918145438

 $00:13:04.170 \longrightarrow 00:13:05.060$ And the answer was yes.

NOTE Confidence: 0.918145438

 $00:13:05.060 \longrightarrow 00:13:06.824$ And here again it was only one that it

NOTE Confidence: 0.918145438

 $00:13:06.824 \longrightarrow 00:13:08.666$ was actually the immune desert tumors,

NOTE Confidence: 0.918145438

 $00:13:08.670 \longrightarrow 00:13:10.746$ the ones that lack CD infiltration

NOTE Confidence: 0.918145438

 $00:13:10.746 \longrightarrow 00:13:12.872$ that were really enriched for these

NOTE Confidence: 0.918145438

 $00:13:12.872 \longrightarrow 00:13:14.912$ clinically favorable CDA T cells that

NOTE Confidence: 0.918145438

 $00:13:14.912 \longrightarrow 00:13:16.949$ nearly half of those immune desert

NOTE Confidence: 0.918145438

00:13:16.949 --> 00:13:19.191 tumors had mutations in people on one,

NOTE Confidence: 0.918145438

00:13:19.191 --> 00:13:20.997 whereas less than 1/4 of the

NOTE Confidence: 0.918145438

 $00{:}13{:}20.997 \dashrightarrow 00{:}13{:}22.170$ immune infiltrated ones did.

NOTE Confidence: 0.918145438

 $00:13:22.170 \longrightarrow 00:13:23.187$ So my mutations,

NOTE Confidence: 0.918145438

 $00:13:23.187 \longrightarrow 00:13:25.221$ we have enrichment of clinically favorable

NOTE Confidence: 0.918145438

 $00:13:25.221 \longrightarrow 00:13:27.287$ PR1 mutations within desert tumors.

00:13:27.290 --> 00:13:30.640 How about within infiltrated tumors,

NOTE Confidence: 0.918145438

00:13:30.640 --> 00:13:32.344 particularly looking at copy

NOTE Confidence: 0.918145438

 $00:13:32.344 \longrightarrow 00:13:33.196$ number alterations?

NOTE Confidence: 0.918145438

 $00:13:33.200 \longrightarrow 00:13:35.120$ And here there was a different picture.

NOTE Confidence: 0.918145438

 $00:13:35.120 \longrightarrow 00:13:37.283$ There was actually a lot more copy

NOTE Confidence: 0.918145438

 $00:13:37.283 \longrightarrow 00:13:38.651$ number alterations within these

NOTE Confidence: 0.918145438

00:13:38.651 --> 00:13:39.809 infiltrated tumors potentially

NOTE Confidence: 0.918145438

 $00:13:39.809 \longrightarrow 00:13:41.739$ indicating these might be perhaps

NOTE Confidence: 0.918145438

00:13:41.739 --> 00:13:43.234 more chromosomally unstable having

NOTE Confidence: 0.918145438

 $00:13:43.234 \longrightarrow 00:13:45.334$ a higher copy number burden in

NOTE Confidence: 0.918145438

 $00{:}13{:}45.334 \dashrightarrow 00{:}13{:}47.050$ general than non infiltrated tumors.

NOTE Confidence: 0.918145438

 $00{:}13{:}47.050 \dashrightarrow 00{:}13{:}49.740$ And so we took a similar approach.

NOTE Confidence: 0.918145438

 $00:13:49.740 \longrightarrow 00:13:51.820$ We looked systematically which copy

NOTE Confidence: 0.918145438

 $00:13:51.820 \longrightarrow 00:13:53.484$ number alteration was associated

NOTE Confidence: 0.918145438

 $00:13:53.484 \longrightarrow 00:13:55.238$ with was increased and infiltrated

NOTE Confidence: 0.918145438

 $00{:}13{:}55.238 \rightarrow 00{:}13{:}57.500$ tumors and that's on the X axis.

 $00:13:57.500 \longrightarrow 00:13:59.383$ And then out of those infiltrated tumors

NOTE Confidence: 0.918145438

 $00:13:59.383 \longrightarrow 00:14:01.225$ which copy number alteration might be

NOTE Confidence: 0.918145438

 $00{:}14{:}01.225 \dashrightarrow 00{:}14{:}02.870$ associated with altered response or

NOTE Confidence: 0.918145438

 $00:14:02.870 \longrightarrow 00:14:04.738$ survival either positively or negatively.

NOTE Confidence: 0.918145438

 $00:14:04.740 \longrightarrow 00:14:05.958$ And that's on the Y axis.

NOTE Confidence: 0.918145438

00:14:05.960 --> 00:14:08.492 And again only one came out

NOTE Confidence: 0.918145438

00:14:08.492 --> 00:14:11.119 deletions of nine P 21.3 which

NOTE Confidence: 0.918145438

00:14:11.119 --> 00:14:13.142 contain genes like CDKN 2A,

NOTE Confidence: 0.918145438

 $00:14:13.142 \longrightarrow 00:14:15.459$ CDKN 2B M tap loss of function.

NOTE Confidence: 0.918145438

00:14:15.460 --> 00:14:17.994 The loss single copy loss of nine

NOTE Confidence: 0.918145438

 $00:14:18.000 \longrightarrow 00:14:21.108 P 21.3$ was associated with worse

NOTE Confidence: 0.918145438

00:14:21.108 --> 00:14:23.180 survival and worse response.

NOTE Confidence: 0.918145438

 $00:14:23.180 \longrightarrow 00:14:24.950$ And looking at whether this effect

NOTE Confidence: 0.918145438

00:14:24.950 --> 00:14:26.774 would really specific to NTP one

NOTE Confidence: 0.918145438

 $00:14:26.774 \longrightarrow 00:14:28.538$ treatment or a broad prognostic effect,

 $00:14:28.540 \longrightarrow 00:14:30.956$ we could see that really loss of nine

NOTE Confidence: 0.82571024375

 $00:14:30.960 \longrightarrow 00:14:32.892$ P 21.3 within these infiltrated tumors

NOTE Confidence: 0.82571024375

 $00:14:32.892 \longrightarrow 00:14:34.840$ was associated with worse progression.

NOTE Confidence: 0.82571024375

 $00:14:34.840 \longrightarrow 00:14:35.914$ Green overall survival

NOTE Confidence: 0.82571024375

 $00:14:35.914 \longrightarrow 00:14:37.704$ really only with anti PD,

NOTE Confidence: 0.82571024375

00:14:37.710 --> 00:14:39.558 one treatment with immune therapy on

NOTE Confidence: 0.82571024375

 $00:14:39.558 \longrightarrow 00:14:42.058$ the left and not with mtor inhibition

NOTE Confidence: 0.82571024375

00:14:42.058 --> 00:14:45.550 of control arm shown on the right.

NOTE Confidence: 0.82571024375

00:14:45.550 --> 00:14:48.486 So what is it that's impacting this response?

NOTE Confidence: 0.82571024375

00:14:48.490 --> 00:14:51.703 Well, how is 9 P 21.3 actually acting to,

NOTE Confidence: 0.82571024375

 $00{:}14{:}51.710 \dashrightarrow 00{:}14{:}55.076$ to less en response to immune therapy?

NOTE Confidence: 0.82571024375

 $00:14:55.080 \longrightarrow 00:14:56.350$ That remains an open question.

NOTE Confidence: 0.82571024375

 $00:14:56.350 \longrightarrow 00:14:58.358$ We we took a a first look at

NOTE Confidence: 0.82571024375

 $00{:}14{:}58.358 \dashrightarrow 00{:}15{:}00.248$ least some activated pathways by

NOTE Confidence: 0.82571024375

00:15:00.248 --> 00:15:02.605 integrating the RAC data and really

NOTE Confidence: 0.82571024375

 $00:15:02.605 \longrightarrow 00:15:04.675$ looking at which pathways might be

 $00:15:04.675 \longrightarrow 00:15:06.984$ enriched in these nine P 21.3 tumors.

NOTE Confidence: 0.82571024375

 $00{:}15{:}06.984 \to 00{:}15{:}09.252$ And there's some potentially initial hits.

NOTE Confidence: 0.82571024375

 $00:15:09.260 \longrightarrow 00:15:12.062$ There's certainly more angiogenesis

NOTE Confidence: 0.82571024375

 $00:15:12.062 \longrightarrow 00:15:14.017$ and hypoxia on those tumors.

NOTE Confidence: 0.82571024375

00:15:14.020 --> 00:15:15.672 There's definitely more increased

NOTE Confidence: 0.82571024375

 $00:15:15.672 \longrightarrow 00:15:16.498$ mtor signaling.

NOTE Confidence: 0.82571024375

 $00:15:16.500 \longrightarrow 00:15:18.145$ And so at least some initial hints

NOTE Confidence: 0.82571024375

 $00{:}15{:}18.145 \dashrightarrow 00{:}15{:}20.300$ as to how these might be associated.

NOTE Confidence: 0.82571024375

 $00{:}15{:}20.300 \dashrightarrow 00{:}15{:}21.836$ But there's a lot of mechanistic

NOTE Confidence: 0.82571024375

 $00:15:21.836 \longrightarrow 00:15:23.439$ work that still needs to be done.

NOTE Confidence: 0.82571024375

 $00:15:23.440 \longrightarrow 00:15:25.512$ And so the initial model we put

NOTE Confidence: 0.82571024375

 $00:15:25.512 \longrightarrow 00:15:27.192$ forward for this is that yes,

NOTE Confidence: 0.82571024375

 $00{:}15{:}27.192 \dashrightarrow 00{:}15{:}29.236$ in theory CD and infiltration should be

NOTE Confidence: 0.82571024375

 $00:15:29.236 \longrightarrow 00:15:30.937$ associated with better response to PD,

NOTE Confidence: 0.82571024375

 $00:15:30.940 \longrightarrow 00:15:33.796$ one therapy just like in other tumors.

00:15:33.800 --> 00:15:35.333 But what we have here is overlying

NOTE Confidence: 0.82571024375

 $00:15:35.333 \longrightarrow 00:15:36.479$ the genetics of the tumor,

NOTE Confidence: 0.82571024375

 $00:15:36.480 \longrightarrow 00:15:37.545$ these non infiltrators.

NOTE Confidence: 0.82571024375

 $00{:}15{:}37.545 \dashrightarrow 00{:}15{:}39.320$ Infiltrate tumors enriched for loss

NOTE Confidence: 0.82571024375

00:15:39.320 --> 00:15:41.180 of function P brown one mutations,

NOTE Confidence: 0.82571024375

 $00:15:41.180 \longrightarrow 00:15:42.616$ these clinically favorable mutations

NOTE Confidence: 0.82571024375

 $00:15:42.616 \longrightarrow 00:15:45.196$ that bring the response rates up and

NOTE Confidence: 0.82571024375

 $00{:}15{:}45.196 \dashrightarrow 00{:}15{:}47.066$ the infiltrated tumors are enriched

NOTE Confidence: 0.82571024375

 $00{:}15{:}47.066 \dashrightarrow 00{:}15{:}48.562$ for these clinically unfavorable

NOTE Confidence: 0.82571024375

 $00:15:48.620 \longrightarrow 00:15:51.120$ deletions of NI P 21.3 and again

NOTE Confidence: 0.82571024375

 $00{:}15{:}51.120 \dashrightarrow 00{:}15{:}53.270$ dragging the response rates down.

NOTE Confidence: 0.82571024375

 $00:15:53.270 \longrightarrow 00:15:55.313$ And so this is the work that was done

NOTE Confidence: 0.82571024375

 $00:15:55.313 \longrightarrow 00:15:57.367$ now published a couple of years ago.

NOTE Confidence: 0.82571024375

 $00:15:57.370 \longrightarrow 00:15:58.945$ And while at the time this was

NOTE Confidence: 0.82571024375

 $00:15:58.945 \longrightarrow 00:15:59.990$ a large sequencing effort,

NOTE Confidence: 0.82571024375

 $00:15:59.990 \longrightarrow 00:16:02.006$ it was about 454 tumors that

 $00:16:02.006 \longrightarrow 00:16:03.350$ underwent whole exome sequencing.

NOTE Confidence: 0.82571024375

 $00:16:03.350 \longrightarrow 00:16:05.924$ It turns out that that is only enough to

NOTE Confidence: 0.82571024375

 $00:16:05.924 \longrightarrow 00:16:08.070$ capture you essentially fairly common.

NOTE Confidence: 0.82571024375

00:16:08.070 --> 00:16:09.630 Mutations and kidney cancer that might

NOTE Confidence: 0.82571024375

 $00:16:09.630 \longrightarrow 00:16:10.990$ be associated with immune infiltration

NOTE Confidence: 0.82571024375

00:16:10.990 --> 00:16:12.880 or response that you actually need much,

NOTE Confidence: 0.82571024375

 $00:16:12.880 \longrightarrow 00:16:14.482$ much larger numbers to really saturate

NOTE Confidence: 0.82571024375

 $00:16:14.482 \longrightarrow 00:16:16.472$ and really get a better sense of

NOTE Confidence: 0.82571024375

 $00:16:16.472 \longrightarrow 00:16:18.218$ the full landscape of of genetic

NOTE Confidence: 0.82571024375

 $00:16:18.218 \longrightarrow 00:16:19.580$ alterations within kidney cancer.

NOTE Confidence: 0.82571024375

 $00:16:19.580 \longrightarrow 00:16:21.694$ And so in efforts that we're leading

NOTE Confidence: 0.82571024375

00:16:21.694 --> 00:16:23.520 together with Allie Van Allen's lab,

NOTE Confidence: 0.82571024375

 $00{:}16{:}23.520 \mathrel{--}{>} 00{:}16{:}25.464$ we've put together in our cohort

NOTE Confidence: 0.82571024375

 $00:16:25.464 \longrightarrow 00:16:27.683$ of just about 2000 patients that

NOTE Confidence: 0.82571024375

 $00:16:27.683 \longrightarrow 00:16:29.818$ were treated with immune therapy.

 $00:16:29.820 \longrightarrow 00:16:31.932$ This is from a series of phase three

NOTE Confidence: 0.82571024375

00:16:31.932 --> 00:16:33.757 trials including that checkmate O25 trial,

NOTE Confidence: 0.82571024375

 $00:16:33.760 \longrightarrow 00:16:35.960$ but other more modern combination

NOTE Confidence: 0.82571024375

 $00:16:35.960 \longrightarrow 00:16:38.160$ therapies phase three trials of.

NOTE Confidence: 0.82571024375

 $00:16:38.160 \longrightarrow 00:16:40.145$ Pure immune checkpoint inhibitors like

NOTE Confidence: 0.82571024375

00:16:40.145 --> 00:16:42.752 the volume Applebaum lab or immune

NOTE Confidence: 0.82571024375

 $00:16:42.752 \longrightarrow 00:16:44.968$ therapy plus antiangiogenic inhibitors.

NOTE Confidence: 0.82571024375

 $00{:}16{:}44.970 \dashrightarrow 00{:}16{:}46.938$ And the reason we're doing this is sort

NOTE Confidence: 0.82571024375

 $00:16:46.938 \longrightarrow 00:16:48.632$ of demonstrated by this simulated power

NOTE Confidence: 0.82571024375

00:16:48.632 --> 00:16:50.072 calculation which I've shown here,

NOTE Confidence: 0.82571024375

 $00:16:50.080 \longrightarrow 00:16:51.754$ which is basically for the number

NOTE Confidence: 0.82571024375

 $00:16:51.754 \longrightarrow 00:16:53.669$ of patients we have in our cohort,

NOTE Confidence: 0.82571024375

 $00:16:53.670 \longrightarrow 00:16:55.588$ which is shown on the X axis,

NOTE Confidence: 0.82571024375

 $00:16:55.590 \longrightarrow 00:16:57.350$ what frequency of mutation are

NOTE Confidence: 0.82571024375

 $00:16:57.350 \longrightarrow 00:16:59.110$ we actually powered to detect.

NOTE Confidence: 0.82571024375

 $00:16:59.110 \longrightarrow 00:17:00.878$ So if we look at our original paper

00:17:00.878 --> 00:17:02.647 from a couple of years ago now,

NOTE Confidence: 0.82571024375

 $00{:}17{:}02.650 \dashrightarrow 00{:}17{:}04.444$ we were actually powered to detect

NOTE Confidence: 0.82571024375

 $00:17:04.444 \longrightarrow 00:17:06.524$ exactly what we found things that are

NOTE Confidence: 0.82571024375

 $00:17:06.524 \longrightarrow 00:17:08.463$ really quite common in this case.

NOTE Confidence: 0.82571024375

 $00:17:08.470 \longrightarrow 00:17:09.076$ Number one,

NOTE Confidence: 0.82571024375

00:17:09.076 --> 00:17:10.591 mutations was present in nearly

NOTE Confidence: 0.82571024375

 $00:17:10.591 \longrightarrow 00:17:11.500$ half of responsive

NOTE Confidence: 0.8098867

 $00:17:11.557 \longrightarrow 00:17:13.132$ patients and a little bit less than

NOTE Confidence: 0.8098867

00:17:13.132 --> 00:17:14.840 1/4 of non responsive patients,

NOTE Confidence: 0.8098867

00:17:14.840 --> 00:17:16.104 very, very common mutations.

NOTE Confidence: 0.8098867

 $00:17:16.104 \longrightarrow 00:17:18.599$ That's all that we were power to detect.

NOTE Confidence: 0.8098867

 $00{:}17{:}18.600 \dashrightarrow 00{:}17{:}20.824$ Now that we have a much more substantial

NOTE Confidence: 0.8098867

 $00:17:20.824 \longrightarrow 00:17:23.148$ cohort of over 2000 out of which about

NOTE Confidence: 0.8098867

00:17:23.148 --> 00:17:25.180 1500 were treated with immune therapy,

NOTE Confidence: 0.8098867

 $00:17:25.180 \longrightarrow 00:17:27.035$ we're now powered to detect a much

 $00:17:27.035 \longrightarrow 00:17:28.644$ broader range of mutations that

NOTE Confidence: 0.8098867

 $00{:}17{:}28.644 \dashrightarrow 00{:}17{:}30.539$ might impact response or resistance,

NOTE Confidence: 0.8098867

 $00:17:30.540 \longrightarrow 00:17:31.850$ things that might be present

NOTE Confidence: 0.8098867

 $00:17:31.850 \longrightarrow 00:17:33.702$ in as low as 5% of responders.

NOTE Confidence: 0.8098867

00:17:33.702 --> 00:17:35.599 And so really getting a much broader

NOTE Confidence: 0.8098867

 $00:17:35.599 \longrightarrow 00:17:37.210$ land idea of the genetic alterations

NOTE Confidence: 0.8098867

 $00:17:37.210 \longrightarrow 00:17:39.320$ and how they might be associated with.

NOTE Confidence: 0.8098867

 $00{:}17{:}39.320 \dashrightarrow 00{:}17{:}41.385$ Resistance and so our our sort of

NOTE Confidence: 0.8098867

 $00{:}17{:}41.385 \dashrightarrow 00{:}17{:}42.990$ questions driving this project are

NOTE Confidence: 0.8098867

00:17:42.990 --> 00:17:44.970 one just about kidney cancer genetics.

NOTE Confidence: 0.8098867

 $00{:}17{:}44.970 \dashrightarrow 00{:}17{:}46.734$ What are the long tail of mutations,

NOTE Confidence: 0.8098867

 $00:17:46.740 \longrightarrow 00:17:48.708$ we know the the most common

NOTE Confidence: 0.8098867

00:17:48.708 --> 00:17:49.692 mutations from TGA,

NOTE Confidence: 0.8098867

 $00:17:49.700 \longrightarrow 00:17:51.429$ but what are the long tail of

NOTE Confidence: 0.8098867

00:17:51.429 --> 00:17:52.920 driver mutations and kidney cancer?

NOTE Confidence: 0.8098867

 $00:17:52.920 \longrightarrow 00:17:54.720$ Do those fall within common pathways

 $00:17:54.720 \longrightarrow 00:17:56.943$ that might actually lead us to better

NOTE Confidence: 0.8098867

00:17:56.943 --> 00:17:58.235 understand kidney cancer biology?

NOTE Confidence: 0.8098867

 $00:17:58.240 \longrightarrow 00:18:00.277$ What is the connection between the somatic

NOTE Confidence: 0.8098867

00:18:00.277 --> 00:18:01.780 alterations and immune infiltration?

NOTE Confidence: 0.8098867

 $00:18:01.780 \longrightarrow 00:18:04.132$ We saw some interactions between PT

NOTE Confidence: 0.8098867

00:18:04.132 --> 00:18:06.856 Barnum one or deletions of nine P 21.3,

NOTE Confidence: 0.8098867

 $00:18:06.856 \longrightarrow 00:18:08.396$ but again are there others?

NOTE Confidence: 0.8098867

00:18:08.400 --> 00:18:10.416 And then finally how do these intersect?

NOTE Confidence: 0.8098867

 $00{:}18{:}10.420 \dashrightarrow 00{:}18{:}14.146$ Or interplay to ultimately impact response.

NOTE Confidence: 0.8098867

00:18:14.150 --> 00:18:16.226 So that's a large ongoing project,

NOTE Confidence: 0.8098867

 $00:18:16.230 \longrightarrow 00:18:18.846$ but I think the use of whole exome

NOTE Confidence: 0.8098867

 $00{:}18{:}18.846 \dashrightarrow 00{:}18{:}20.708$ sequencing and an RNA sequencing

NOTE Confidence: 0.8098867

 $00:18:20.708 \longrightarrow 00:18:22.988$ is really applicable to answer a

NOTE Confidence: 0.8098867

 $00:18:22.988 \longrightarrow 00:18:25.109$ number of other focus questions.

NOTE Confidence: 0.8098867

 $00:18:25.110 \longrightarrow 00:18:27.326$ And I think as we think about these,

 $00:18:27.330 \longrightarrow 00:18:28.410$ it's also important.

NOTE Confidence: 0.8098867

 $00:18:28.410 \longrightarrow 00:18:30.210$ We're really obviously tumor focused,

NOTE Confidence: 0.8098867

 $00:18:30.210 \longrightarrow 00:18:31.644$ but also to integrate what's happening

NOTE Confidence: 0.8098867

 $00:18:31.644 \longrightarrow 00:18:32.969$ in the host immunity as well,

NOTE Confidence: 0.8098867

00:18:32.970 --> 00:18:34.594 for instance, soluble circulating,

NOTE Confidence: 0.8098867

 $00:18:34.594 \longrightarrow 00:18:37.030$ soluble factors in the plasma or

NOTE Confidence: 0.8098867

 $00:18:37.090 \longrightarrow 00:18:39.090$ circulating immune cells as well.

NOTE Confidence: 0.8098867

00:18:39.090 --> 00:18:40.863 And so just a little bit of a hint

NOTE Confidence: 0.8098867

 $00{:}18{:}40.863 \dashrightarrow 00{:}18{:}42.711$ of some of the things that we've

NOTE Confidence: 0.8098867

 $00:18:42.711 \longrightarrow 00:18:44.578$ been working on over the past year.

NOTE Confidence: 0.8098867

00:18:44.580 --> 00:18:46.876 One is a partnership with Random McKay

NOTE Confidence: 0.8098867

 $00:18:46.876 \longrightarrow 00:18:49.313$ at sorry that should say UCSD who ran

NOTE Confidence: 0.8098867

 $00:18:49.313 \longrightarrow 00:18:52.189$ a phase two trial of a another immune

NOTE Confidence: 0.8098867

 $00:18:52.189 \longrightarrow 00:18:54.554$ therapy drug atezolizumab plus bevacizumab.

NOTE Confidence: 0.8098867

 $00:18:54.560 \longrightarrow 00:18:56.264$ This was actually non clear cell

NOTE Confidence: 0.8098867

 $00:18:56.264 \longrightarrow 00:18:57.900$ kidney cancer less common variants.

 $00:18:57.900 \longrightarrow 00:19:00.028$ And what we could see by

NOTE Confidence: 0.8098867

 $00{:}19{:}00.028 \mathrel{--}{>} 00{:}19{:}02.198$ looking at circulating factors by plasma

NOTE Confidence: 0.8098867

 $00:19:02.198 \longrightarrow 00:19:04.556$ cytokines that is actually a highly

NOTE Confidence: 0.8098867

00:19:04.623 --> 00:19:06.195 correlated module of inflammatory

NOTE Confidence: 0.8098867

00:19:06.195 --> 00:19:08.553 cytokines that are present in a

NOTE Confidence: 0.8098867

 $00:19:08.560 \longrightarrow 00:19:10.582$ variety of these patients with non

NOTE Confidence: 0.8098867

 $00:19:10.582 \longrightarrow 00:19:13.114$ clear cell disease and what we call

NOTE Confidence: 0.8098867

00:19:13.114 --> 00:19:14.589 the systemic inflammatory module.

NOTE Confidence: 0.8098867

 $00:19:14.589 \longrightarrow 00:19:16.334$ This was actually associated with

NOTE Confidence: 0.8098867

 $00{:}19{:}16.334 \dashrightarrow 00{:}19{:}18.198$ worse response and worse survival

NOTE Confidence: 0.8098867

 $00:19:18.198 \longrightarrow 00:19:19.428$ within these patients.

NOTE Confidence: 0.795158911666667

 $00:19:21.670 \longrightarrow 00:19:23.488$ We've talked mostly about the genetics,

NOTE Confidence: 0.795158911666667

 $00:19:23.490 \dashrightarrow 00:19:25.389$ but we know that the RNA sequencing can also

NOTE Confidence: 0.795158911666667

 $00:19:25.389 \longrightarrow 00:19:27.380$ be leveraged to really understand some of

NOTE Confidence: 0.795158911666667

 $00:19:27.380 \longrightarrow 00:19:29.209$ the molecular subtypes of kidney cancer.

 $00:19:29.210 \longrightarrow 00:19:31.653$ There was really nice work done from

NOTE Confidence: 0.795158911666667

 $00{:}19{:}31.653 \dashrightarrow 00{:}19{:}33.982$ the Genentech group and work that was

NOTE Confidence: 0.795158911666667

00:19:33.982 --> 00:19:36.233 initially led by Bob Motzer and and

NOTE Confidence: 0.795158911666667

 $00:19:36.233 \longrightarrow 00:19:38.718$ Brian Reaney where they broke down kidney

NOTE Confidence: 0.795158911666667

 $00:19:38.718 \longrightarrow 00:19:41.320$ tumors from a phase three trial and kidney

NOTE Confidence: 0.795158911666667

 $00:19:41.320 \longrightarrow 00:19:43.090$ cancer into different molecular subtypes.

NOTE Confidence: 0.795158911666667

 $00:19:43.090 \longrightarrow 00:19:45.094$ And actually we're able to see

NOTE Confidence: 0.795158911666667

 $00:19:45.094 \longrightarrow 00:19:46.801$ differential response to the rapies was

NOTE Confidence: 0.795158911666667

00:19:46.801 --> 00:19:48.685 actually predictive of whether a patient

NOTE Confidence: 0.795158911666667

00:19:48.685 --> 00:19:50.759 would respond to therapy A or therapy.

NOTE Confidence: 0.795158911666667

 $00:19:50.760 \longrightarrow 00:19:52.776$ Which is a really exciting sort of idea,

NOTE Confidence: 0.795158911666667

 $00:19:52.780 \longrightarrow 00:19:55.005$ biomarker driven selection of of

NOTE Confidence: 0.795158911666667

 $00:19:55.005 \longrightarrow 00:19:57.780$ therapy for patients with kidney cancer.

NOTE Confidence: 0.795158911666667

 $00:19:57.780 \longrightarrow 00:19:59.628$ However that was from patients treated

NOTE Confidence: 0.795158911666667

 $00:19:59.628 \longrightarrow 00:20:01.819$ with drugs that are not FDA approved.

NOTE Confidence: 0.795158911666667

 $00{:}20{:}01.820 \dashrightarrow 00{:}20{:}03.900$ It was overall a negative phase three trial.

 $00:20:03.900 \longrightarrow 00:20:06.300$ And so in work led by Renee Maria

NOTE Confidence: 0.795158911666667

 $00{:}20{:}06.300 \dashrightarrow 00{:}20{:}08.746$ Saliby in my lab we've actually used

NOTE Confidence: 0.795158911666667

 $00{:}20{:}08.746 \dashrightarrow 00{:}20{:}11.420$ a random forest model to now classify

NOTE Confidence: 0.795158911666667

00:20:11.420 --> 00:20:13.880 tumors in a FDA approved regiment,

NOTE Confidence: 0.795158911666667

00:20:13.880 --> 00:20:15.826 a value map plus axitinib and actually

NOTE Confidence: 0.795158911666667

 $00:20:15.826 \longrightarrow 00:20:17.635$ look at whether these are associated

NOTE Confidence: 0.795158911666667

 $00:20:17.635 \longrightarrow 00:20:19.791$ with response or resistance in a really

NOTE Confidence: 0.795158911666667

 $00:20:19.851 \longrightarrow 00:20:21.018$ FDA approved. Measurement really.

NOTE Confidence: 0.795158911666667

 $00{:}20{:}21.018 \to 00{:}20{:}23.010$ Can you use this for for treatment selection?

NOTE Confidence: 0.795158911666667

 $00:20:23.010 \longrightarrow 00:20:25.380$ The answer is probably not.

NOTE Confidence: 0.795158911666667 00:20:25.380 --> 00:20:25.928 And finally,

NOTE Confidence: 0.795158911666667

 $00{:}20{:}25.928 \dashrightarrow 00{:}20{:}28.120$ we know that some patients as I showed

NOTE Confidence: 0.795158911666667

 $00{:}20{:}28.181 \dashrightarrow 00{:}20{:}30.185$ not just respond to immune the rapy

NOTE Confidence: 0.795158911666667

 $00{:}20{:}30.185 \dashrightarrow 00{:}20{:}32.060$ but really have exceptional response.

NOTE Confidence: 0.795158911666667

 $00:20:32.060 \longrightarrow 00:20:33.740$ They really have long term durable

 $00:20:33.740 \longrightarrow 00:20:35.584$ response that goes on for years

NOTE Confidence: 0.795158911666667

00:20:35.584 --> 00:20:36.920 or tremendous tumor shrinkage.

NOTE Confidence: 0.795158911666667

 $00:20:36.920 \longrightarrow 00:20:38.664$ And so how can we learn what might

NOTE Confidence: 0.795158911666667

 $00:20:38.664 \longrightarrow 00:20:40.346$ drive not just responsive theory

NOTE Confidence: 0.795158911666667

 $00:20:40.346 \longrightarrow 00:20:41.537$ but exceptional response.

NOTE Confidence: 0.795158911666667

00:20:41.540 --> 00:20:43.466 And this is together with Suchat

NOTE Confidence: 0.795158911666667

00:20:43.466 --> 00:20:45.380 Shukla's lab at MD Anderson.

NOTE Confidence: 0.795158911666667

 $00:20:45.380 \longrightarrow 00:20:47.179$ We've partnered to look at a handful

NOTE Confidence: 0.795158911666667

 $00{:}20{:}47.179 \dashrightarrow 00{:}20{:}48.481$ of these exceptional responders both

NOTE Confidence: 0.795158911666667

00:20:48.481 --> 00:20:50.154 from courts we have but also again

NOTE Confidence: 0.795158911666667

 $00{:}20{:}50.154 \dashrightarrow 00{:}20{:}51.980$ in partnership with industry and are

NOTE Confidence: 0.795158911666667

00:20:51.980 --> 00:20:53.515 able to identify certain features,

NOTE Confidence: 0.795158911666667

 $00:20:53.520 \longrightarrow 00:20:55.150$ the presence of high clonal

NOTE Confidence: 0.795158911666667

 $00{:}20{:}55.150 \dashrightarrow 00{:}20{:}56.128$ neo antigens and actually.

NOTE Confidence: 0.795158911666667

00:20:56.130 --> 00:20:57.930 A higher proportion of tertiary lymphoid

NOTE Confidence: 0.795158911666667

 $00:20:57.930 \longrightarrow 00:21:00.121$ structures they release seem to be associated

 $00:21:00.121 \longrightarrow 00:21:01.385$ with these exceptional responders,

NOTE Confidence: 0.795158911666667

 $00:21:01.390 \longrightarrow 00:21:02.975$ ones that really have response

NOTE Confidence: 0.795158911666667

 $00:21:02.975 \longrightarrow 00:21:04.243$ that lasts for years.

NOTE Confidence: 0.795158911666667

 $00:21:04.250 \longrightarrow 00:21:05.201$ And so overall,

NOTE Confidence: 0.795158911666667

00:21:05.201 --> 00:21:07.420 our lab is really focused on using

NOTE Confidence: 0.795158911666667

 $00:21:07.488 \longrightarrow 00:21:10.064$ a lot of these classic genomic and

NOTE Confidence: 0.795158911666667

 $00:21:10.064 \longrightarrow 00:21:11.767$ transcriptomic tools to understand

NOTE Confidence: 0.795158911666667

 $00:21:11.767 \longrightarrow 00:21:13.899$ response resistance to the rapy.

NOTE Confidence: 0.795158911666667

 $00:21:13.900 \longrightarrow 00:21:16.508$ But we know these are sort of broad tools,

NOTE Confidence: 0.795158911666667

00:21:16.508 --> 00:21:17.918 classic genomic tools that to

NOTE Confidence: 0.795158911666667

 $00{:}21{:}17.918 \dashrightarrow 00{:}21{:}19.247$ understand really what's happening

NOTE Confidence: 0.795158911666667

 $00:21:19.247 \longrightarrow 00:21:20.912$ in the tumor microenvironment and

NOTE Confidence: 0.795158911666667

 $00{:}21{:}20.912 \dashrightarrow 00{:}21{:}22.150$ the tremendous heterogeneity both

NOTE Confidence: 0.795158911666667

 $00{:}21{:}22.150 \dashrightarrow 00{:}21{:}23.991$ in T cell phenotypes but also in

NOTE Confidence: 0.795158911666667

 $00:21:23.991 \longrightarrow 00:21:25.524$ other cells with immune system,

 $00:21:25.524 \longrightarrow 00:21:27.420$ we need finer tools and that

NOTE Confidence: 0.795158911666667

 $00{:}21{:}27.487 \dashrightarrow 00{:}21{:}29.084$ we've heavily relied on single

NOTE Confidence: 0.795158911666667

 $00:21:29.084 \longrightarrow 00:21:30.714$ cell RNA sequencing for this.

NOTE Confidence: 0.795158911666667

 $00:21:30.720 \longrightarrow 00:21:32.848$ And so our past work really asked a

NOTE Confidence: 0.795158911666667

 $00:21:32.848 \longrightarrow 00:21:34.131$ pretty basic question independent

NOTE Confidence: 0.795158911666667

00:21:34.131 --> 00:21:36.539 of therapy which was as you advance

NOTE Confidence: 0.795158911666667

 $00{:}21{:}36.539 \dashrightarrow 00{:}21{:}38.774$ along disease stage as you go from

NOTE Confidence: 0.795158911666667

00:21:38.774 --> 00:21:40.584 a relatively normal kidney or at

NOTE Confidence: 0.795158911666667

00:21:40.584 --> 00:21:42.044 least non malignant kidney to

NOTE Confidence: 0.795158911666667

 $00:21:42.044 \longrightarrow 00:21:43.360$ early stage kidney cancer.

NOTE Confidence: 0.795158911666667

00:21:43.360 --> 00:21:44.750 To locally advanced kidney cancer,

NOTE Confidence: 0.795158911666667

00:21:44.750 --> 00:21:46.566 to metastatic kidney cancer,

NOTE Confidence: 0.795158911666667

 $00:21:46.566 \longrightarrow 00:21:49.290$ how does the immune microenvironment change?

NOTE Confidence: 0.795158911666667

 $00:21:49.290 \longrightarrow 00:21:50.430$ How do the T cells change?

NOTE Confidence: 0.795158911666667

 $00:21:50.430 \longrightarrow 00:21:52.358$ How do the myeloid cells change and are

NOTE Confidence: 0.795158911666667

00:21:52.358 --> 00:21:54.169 there any interactions between them?

00:21:54.170 --> 00:21:55.390 And to do this,

NOTE Confidence: 0.795158911666667

 $00:21:55.390 \longrightarrow 00:21:56.915$ we prospectively collected fresh tumor

NOTE Confidence: 0.795158911666667

 $00:21:56.915 \longrightarrow 00:21:58.556$ specimens from different patients with

NOTE Confidence: 0.795158911666667

 $00:21:58.556 \longrightarrow 00:22:00.476$ either early stage locally advanced or

NOTE Confidence: 0.747378448333333

 $00:22:00.524 \longrightarrow 00:22:01.859$ metastatic disease and perform single

NOTE Confidence: 0.747378448333333

00:22:01.859 --> 00:22:04.100 cell RNA in T cell TCR sequencing.

NOTE Confidence: 0.747378448333333

 $00:22:04.100 \longrightarrow 00:22:07.250$ Overall, we had a pretty good balance.

NOTE Confidence: 0.747378448333333

 $00:22:07.250 \longrightarrow 00:22:08.948$ We sequence about 165,000 cells from

NOTE Confidence: 0.747378448333333

00:22:08.948 --> 00:22:11.359 a little over a dozen patients heavily

NOTE Confidence: 0.747378448333333

 $00:22:11.359 \longrightarrow 00:22:13.399$ skewed towards sequencing the immune.

NOTE Confidence: 0.747378448333333

 $00:22:13.400 \longrightarrow 00:22:14.980$ Uh, the immune compartment

NOTE Confidence: 0.747378448333333

 $00:22:14.980 \longrightarrow 00:22:16.165$ of the microenvironment.

NOTE Confidence: 0.747378448333333

 $00{:}22{:}16.170 \dashrightarrow 00{:}22{:}17.786$ And so now armed with this data set,

NOTE Confidence: 0.747378448333333

 $00{:}22{:}17.790 \dashrightarrow 00{:}22{:}19.734$ we can begin to ask questions what are

NOTE Confidence: 0.747378448333333

 $00{:}22{:}19.734 \dashrightarrow 00{:}22{:}22.133$ the T cell compartment look like and how

 $00:22:22.133 \longrightarrow 00:22:24.195$ does that evolve with progressive with

NOTE Confidence: 0.747378448333333

 $00{:}22{:}24.195 \dashrightarrow 00{:}22{:}26.481$ advancing disease stage and ask similar

NOTE Confidence: 0.747378448333333

 $00:22:26.481 \longrightarrow 00:22:29.278$ questions of the myeloid compartment.

NOTE Confidence: 0.747378448333333

 $00:22:29.280 \longrightarrow 00:22:30.530$ For the T cell compartment,

NOTE Confidence: 0.747378448333333

 $00:22:30.530 \longrightarrow 00:22:33.474$ we can see heavy infiltration by CDT cells.

NOTE Confidence: 0.747378448333333

00:22:33.480 --> 00:22:35.412 Largely there's a huge component of

NOTE Confidence: 0.747378448333333

00:22:35.412 --> 00:22:36.700 terminally exhausted CD8T cells,

NOTE Confidence: 0.747378448333333

 $00:22:36.700 \longrightarrow 00:22:38.804$ but we see a variety of T cell

NOTE Confidence: 0.747378448333333

00:22:38.804 --> 00:22:40.057 phenotypes ranging from resident

NOTE Confidence: 0.747378448333333

 $00:22:40.057 \longrightarrow 00:22:42.352$ memory like cells to classic T regs.

NOTE Confidence: 0.747378448333333

 $00:22:42.352 \longrightarrow 00:22:44.290$ And so when we classify these

NOTE Confidence: 0.747378448333333

00:22:44.361 --> 00:22:46.179 different cell populations,

NOTE Confidence: 0.747378448333333

 $00{:}22{:}46.180 \dashrightarrow 00{:}22{:}49.072$ these T cell clusters and organize

NOTE Confidence: 0.747378448333333

 $00:22:49.072 \longrightarrow 00:22:51.480$ them about organize them in a way

NOTE Confidence: 0.747378448333333

 $00:22:51.480 \longrightarrow 00:22:53.296$ to see which might be increase

NOTE Confidence: 0.747378448333333

00:22:53.296 --> 00:22:54.800 in advanced disease stage,

 $00:22:54.800 \longrightarrow 00:22:56.592$ we begin to see highlighted in red

NOTE Confidence: 0.747378448333333

 $00:22:56.592 \longrightarrow 00:22:58.458$ that there are few T cell clusters,

NOTE Confidence: 0.747378448333333

00:22:58.460 --> 00:22:59.856 few T cell populations.

NOTE Confidence: 0.747378448333333

 $00:22:59.856 \longrightarrow 00:23:01.950$ There really seems to be enriched

NOTE Confidence: 0.747378448333333

 $00:23:02.017 \longrightarrow 00:23:03.549$ in more advanced disease.

NOTE Confidence: 0.747378448333333

 $00:23:03.550 \longrightarrow 00:23:04.910$ Now, at least for me,

NOTE Confidence: 0.747378448333333

 $00:23:04.910 \longrightarrow 00:23:06.462$ it's a little bit unwieldy to look at

NOTE Confidence: 0.747378448333333

 $00{:}23{:}06.462 \dashrightarrow 00{:}23{:}08.068$ so many different cell populations.

NOTE Confidence: 0.747378448333333

00:23:08.070 --> 00:23:10.464 And So what we did was brought more broadly,

NOTE Confidence: 0.747378448333333

00:23:10.470 --> 00:23:12.395 classify them just using standard

NOTE Confidence: 0.747378448333333

00:23:12.395 --> 00:23:13.165 hierarchical clustering.

NOTE Confidence: 0.747378448333333

 $00:23:13.170 \longrightarrow 00:23:15.125$ We can construct this dendrogram

NOTE Confidence: 0.747378448333333

 $00{:}23{:}15.125 \to 00{:}23{:}16.298$ where transcriptionally related

NOTE Confidence: 0.747378448333333

 $00:23:16.298 \longrightarrow 00:23:18.542$ groups of cells are near each other

NOTE Confidence: 0.747378448333333

 $00:23:18.542 \longrightarrow 00:23:20.415$ on this dendrogram and once that

 $00:23:20.415 \longrightarrow 00:23:22.485$ transcriptionally different are far apart.

NOTE Confidence: 0.747378448333333

00:23:22.490 --> 00:23:24.470 And what we can see is now instead of,

NOTE Confidence: 0.747378448333333

00:23:24.470 --> 00:23:26.619 you know, 18 or 19 different clusters,

NOTE Confidence: 0.747378448333333

 $00:23:26.620 \longrightarrow 00:23:28.657$ we can see really 2 broad groups

NOTE Confidence: 0.747378448333333

 $00:23:28.657 \longrightarrow 00:23:30.180$ in red T cell CD.

NOTE Confidence: 0.747378448333333

 $00:23:30.180 \longrightarrow 00:23:31.695$ She sells that broadly have

NOTE Confidence: 0.747378448333333

00:23:31.695 --> 00:23:33.210 markers of T cell exhaustion,

NOTE Confidence: 0.747378448333333

 $00:23:33.210 \longrightarrow 00:23:36.450$ expression of talks, high expression,

NOTE Confidence: 0.747378448333333

 $00:23:36.450 \longrightarrow 00:23:37.770$ multiple inhibitory receptors

NOTE Confidence: 0.747378448333333

 $00:23:37.770 \longrightarrow 00:23:39.530$ and then everything else.

NOTE Confidence: 0.747378448333333

 $00:23:39.530 \longrightarrow 00:23:40.562$ All of the other T cells

NOTE Confidence: 0.747378448333333

 $00:23:40.562 \longrightarrow 00:23:41.500$ which are shown in blue,

NOTE Confidence: 0.747378448333333

 $00:23:41.500 \longrightarrow 00:23:43.010$ the non exhausted T cells.

NOTE Confidence: 0.747378448333333

00:23:43.010 --> 00:23:45.182 And now with this much more

NOTE Confidence: 0.747378448333333

 $00:23:45.182 \longrightarrow 00:23:45.906$ simplified definition,

NOTE Confidence: 0.747378448333333

 $00{:}23{:}45.910 \dashrightarrow 00{:}23{:}48.801$ we can see a pretty striking pattern

 $00:23:48.801 \longrightarrow 00:23:50.910$ that terminally exhausted or exhausted

NOTE Confidence: 0.747378448333333

 $00{:}23{:}50.910 \dashrightarrow 00{:}23{:}52.582$ CD8T cells progressively increase

NOTE Confidence: 0.747378448333333

 $00:23:52.582 \longrightarrow 00:23:54.254$ with advancing disease stage.

NOTE Confidence: 0.747378448333333

 $00:23:54.260 \longrightarrow 00:23:55.256$ They're essentially absent

NOTE Confidence: 0.747378448333333

00:23:55.256 --> 00:23:56.584 a normal kidney president,

NOTE Confidence: 0.747378448333333

00:23:56.590 --> 00:23:58.900 very low levels in early stage disease

NOTE Confidence: 0.747378448333333

00:23:58.900 --> 00:24:00.190 and progressively increasing more.

NOTE Confidence: 0.747378448333333

 $00{:}24{:}00.190 \dashrightarrow 00{:}24{:}02.590$ Against disease stages and that

NOTE Confidence: 0.747378448333333

 $00{:}24{:}02.590 \dashrightarrow 00{:}24{:}05.441$ we by contrast see relatively few

NOTE Confidence: 0.747378448333333

 $00{:}24{:}05.441 \dashrightarrow 00{:}24{:}07.764$ non exhausted CD T cells with

NOTE Confidence: 0.747378448333333

 $00{:}24{:}07.764 \dashrightarrow 00{:}24{:}09.700$ an advanced disease stage.

NOTE Confidence: 0.747378448333333

 $00{:}24{:}09.700 \dashrightarrow 00{:}24{:}11.176$ So that's the T cell compartment.

NOTE Confidence: 0.747378448333333

 $00{:}24{:}11.180 \dashrightarrow 00{:}24{:}13.500$ We have this progressive exhaustion

NOTE Confidence: 0.747378448333333

 $00:24:13.500 \longrightarrow 00:24:15.356$ with advancing disease stage.

NOTE Confidence: 0.747378448333333

 $00:24:15.360 \longrightarrow 00:24:17.520$ What about the myeloid compartment?

00:24:17.520 --> 00:24:18.800 And for the myeloid compartment,

NOTE Confidence: 0.747378448333333

 $00:24:18.800 \longrightarrow 00:24:20.684$ it's often harder to put these

NOTE Confidence: 0.747378448333333

00:24:20.684 --> 00:24:21.940 cells into discrete buckets.

NOTE Confidence: 0.747378448333333 00:24:21.940 --> 00:24:22.496 You know, NOTE Confidence: 0.747378448333333

 $00:24:22.496 \longrightarrow 00:24:24.720$ for T cells were labeled them as either

NOTE Confidence: 0.747378448333333

 $00{:}24{:}24.784 \dashrightarrow 00{:}24{:}27.052$ AT RAG or a CDA T cell that's exhausted.

NOTE Confidence: 0.747378448333333

 $00:24:27.060 \longrightarrow 00:24:28.509$ You put them in some of these

NOTE Confidence: 0.747378448333333

 $00:24:28.509 \longrightarrow 00:24:29.560$ discrete buckets or clusters.

NOTE Confidence: 0.747378448333333

 $00{:}24{:}29.560 \dashrightarrow 00{:}24{:}31.261$ Myeloid cells as we know can exist

NOTE Confidence: 0.747378448333333

00:24:31.261 --> 00:24:32.844 much more along a phenotypic spectrum

NOTE Confidence: 0.747378448333333

 $00{:}24{:}32.844 \dashrightarrow 00{:}24{:}34.713$ and so for this sort of analysis,

NOTE Confidence: 0.747378448333333

 $00{:}24{:}34.720 \longrightarrow 00{:}24{:}37.275$ for for this sort of continuous phenotype

NOTE Confidence: 0.747378448333333

 $00:24:37.275 \longrightarrow 00:24:39.589$ using a trajectory inference analysis.

NOTE Confidence: 0.747378448333333

 $00:24:39.590 \longrightarrow 00:24:40.730$ Is a really nice approach.

NOTE Confidence: 0.747378448333333

00:24:40.730 --> 00:24:42.278 It doesn't force you to put

NOTE Confidence: 0.747378448333333

00:24:42.278 --> 00:24:43.310 things into discrete buckets.

 $00:24:43.310 \longrightarrow 00:24:45.626$ It allows cells to exist on

NOTE Confidence: 0.747378448333333

 $00{:}24{:}45.626 \dashrightarrow 00{:}24{:}46.784$ a phenotypic spectrum.

NOTE Confidence: 0.80934627625

 $00:24:46.790 \longrightarrow 00:24:48.770$ And so when we do that for our myeloid

NOTE Confidence: 0.80934627625

 $00:24:48.770 \longrightarrow 00:24:50.798$ cells we see a actually this interesting,

NOTE Confidence: 0.80934627625

 $00:24:50.800 \longrightarrow 00:24:52.670$ this nice interesting branching pattern,

NOTE Confidence: 0.80934627625

 $00:24:52.670 \longrightarrow 00:24:53.760$ which I think recapitulates a

NOTE Confidence: 0.80934627625

 $00:24:53.760 \longrightarrow 00:24:55.250$ lot of sort of known biology.

NOTE Confidence: 0.80934627625

00:24:55.250 --> 00:24:57.338 We have classic monocytes at the

NOTE Confidence: 0.80934627625

 $00:24:57.338 \longrightarrow 00:24:59.476$ root and then branching either into

NOTE Confidence: 0.80934627625

 $00:24:59.476 \longrightarrow 00:25:01.522$ non classical monocytes on the left

NOTE Confidence: 0.80934627625

 $00{:}25{:}01.522 \dashrightarrow 00{:}25{:}03.828$ or into macrophages on the right.

NOTE Confidence: 0.80934627625

 $00:25:03.830 \longrightarrow 00:25:05.580$ And if we look at where these

NOTE Confidence: 0.80934627625

 $00{:}25{:}05.580 \dashrightarrow 00{:}25{:}06.990$ individual cells are coming from,

NOTE Confidence: 0.80934627625

 $00:25:06.990 \longrightarrow 00:25:08.645$ those myeloid cells that are

NOTE Confidence: 0.80934627625

 $00:25:08.645 \longrightarrow 00:25:09.969$ present in normal kidney.

 $00:25:09.970 \longrightarrow 00:25:12.525$ I should say normal with a caveat.

NOTE Confidence: 0.80934627625

 $00:25:12.530 \longrightarrow 00:25:14.190$ They're adjacent non malignant kidney.

NOTE Confidence: 0.80934627625

 $00:25:14.190 \longrightarrow 00:25:15.522$ So it's from a cancer patient

NOTE Confidence: 0.80934627625

00:25:15.522 --> 00:25:16.770 might not be totally normal,

NOTE Confidence: 0.80934627625

 $00:25:16.770 \longrightarrow 00:25:18.646$ but we see that they're largely classical

NOTE Confidence: 0.80934627625

00:25:18.646 --> 00:25:20.410 monocytes and non classical monocytes,

NOTE Confidence: 0.80934627625

00:25:20.410 --> 00:25:22.438 very few macrophages in

NOTE Confidence: 0.80934627625

 $00:25:22.438 \longrightarrow 00:25:24.466$ these non malignant kidneys.

NOTE Confidence: 0.80934627625

 $00{:}25{:}24.470 \dashrightarrow 00{:}25{:}26.094$ Now if we look at myeloid cells

NOTE Confidence: 0.80934627625

 $00:25:26.094 \longrightarrow 00:25:27.110$ from different tumor types,

NOTE Confidence: 0.80934627625

 $00:25:27.110 \longrightarrow 00:25:28.346$ we see a very different pattern.

NOTE Confidence: 0.80934627625

00:25:28.350 --> 00:25:29.726 The first thing that might catch your eyes,

NOTE Confidence: 0.80934627625

 $00:25:29.730 \longrightarrow 00:25:31.070$ there's many more macrophages

NOTE Confidence: 0.80934627625

00:25:31.070 --> 00:25:32.745 that's the right-hand branch and

NOTE Confidence: 0.80934627625

 $00:25:32.745 \longrightarrow 00:25:34.082$ across different disease stages

NOTE Confidence: 0.80934627625

 $00:25:34.082 \longrightarrow 00:25:35.978$ there's just a lot more macrophages

 $00:25:35.978 \longrightarrow 00:25:37.507$ than there are normal kidney.

NOTE Confidence: 0.80934627625

 $00:25:37.510 \longrightarrow 00:25:39.950$ But if we actually hone in on on.

NOTE Confidence: 0.80934627625

00:25:39.950 --> 00:25:41.132 That right branch,

NOTE Confidence: 0.80934627625

00:25:41.132 --> 00:25:43.496 we see again a different pattern

NOTE Confidence: 0.80934627625

00:25:43.500 --> 00:25:44.896 between early stage disease,

NOTE Confidence: 0.80934627625

 $00:25:44.896 \longrightarrow 00:25:46.292$ locally advanced and metastatic

NOTE Confidence: 0.80934627625

 $00:25:46.292 \longrightarrow 00:25:47.740$ and early stage disease.

NOTE Confidence: 0.80934627625

 $00:25:47.740 \longrightarrow 00:25:49.228$ Those myeloid cells,

NOTE Confidence: 0.80934627625

 $00:25:49.228 \longrightarrow 00:25:51.708$ those macrophages are heavily clustering.

NOTE Confidence: 0.80934627625

00:25:51.710 --> 00:25:53.790 Relatively early along that branch,

NOTE Confidence: 0.80934627625

 $00:25:53.790 \longrightarrow 00:25:56.350$ relatively early in that bifurcation.

NOTE Confidence: 0.80934627625

 $00:25:56.350 \longrightarrow 00:25:56.972$ By contrast,

NOTE Confidence: 0.80934627625

 $00{:}25{:}56.972 \dashrightarrow 00{:}25{:}58.838$ locally advanced tumors are kind of

NOTE Confidence: 0.80934627625

 $00:25:58.838 \longrightarrow 00:26:00.604$ spread throughout that branch or spread

NOTE Confidence: 0.80934627625

 $00:26:00.604 \longrightarrow 00:26:02.242$ throughout what we call pseudo time.

 $00:26:02.250 \longrightarrow 00:26:03.480$ And if you look at the

NOTE Confidence: 0.80934627625

 $00{:}26{:}03.480 \dashrightarrow 00{:}26{:}04.650$ metastatic tumors at the bottom,

NOTE Confidence: 0.80934627625

 $00:26:04.650 \longrightarrow 00:26:06.075$ those macrophages are all the

NOTE Confidence: 0.80934627625

 $00:26:06.075 \longrightarrow 00:26:08.290$ way at the end of that branch,

NOTE Confidence: 0.80934627625

 $00:26:08.290 \longrightarrow 00:26:10.225$ all the way at the end of pseudo time.

NOTE Confidence: 0.80934627625

 $00:26:10.230 \longrightarrow 00:26:11.987$ And So what are the genes and

NOTE Confidence: 0.80934627625

00:26:11.987 --> 00:26:13.594 gene programs that are really

NOTE Confidence: 0.80934627625

 $00:26:13.594 \longrightarrow 00:26:14.788$ driving these trajectories?

NOTE Confidence: 0.80934627625

00:26:14.790 --> 00:26:16.558 It looks like a a switch from a

NOTE Confidence: 0.80934627625

00:26:16.558 --> 00:26:17.838 more pro inflammatory state to

NOTE Confidence: 0.80934627625

 $00:26:17.838 \longrightarrow 00:26:19.990$ a more ah as they use the term.

NOTE Confidence: 0.80934627625

 $00:26:19.990 \longrightarrow 00:26:21.320$ But an M2 like state,

NOTE Confidence: 0.80934627625

 $00:26:21.320 \longrightarrow 00:26:23.704$ an imperfect term but a a more immune

NOTE Confidence: 0.80934627625

00:26:23.704 --> 00:26:25.170 suppressive or pro tumorigenic state

NOTE Confidence: 0.80934627625

 $00:26:25.170 \longrightarrow 00:26:27.491$ that we see if we look at signatures

NOTE Confidence: 0.80934627625

00:26:27.491 --> 00:26:29.356 of a pro inflammatory signature

 $00:26:29.356 \longrightarrow 00:26:31.666$ those are really those peak and are

NOTE Confidence: 0.80934627625

 $00:26:31.666 \longrightarrow 00:26:33.570$ really high early on in pseudo time

NOTE Confidence: 0.80934627625

 $00:26:33.628 \longrightarrow 00:26:35.698$ at that right hand branch where

NOTE Confidence: 0.80934627625

 $00:26:35.698 \longrightarrow 00:26:37.370$ those early stage macrophages are.

NOTE Confidence: 0.80934627625

 $00:26:37.370 \longrightarrow 00:26:39.435$ And by contrast we look in an

NOTE Confidence: 0.80934627625

 $00:26:39.435 \longrightarrow 00:26:40.320$ anti-inflammatory signature that

NOTE Confidence: 0.80934627625

 $00:26:40.377 \longrightarrow 00:26:42.142$ really peaks later corresponding to

NOTE Confidence: 0.80934627625

 $00:26:42.142 \longrightarrow 00:26:43.554$ where those metastatic macrophages

NOTE Confidence: 0.80934627625

 $00:26:43.554 \longrightarrow 00:26:45.147$ are if we look at individual.

NOTE Confidence: 0.80934627625

 $00{:}26{:}45.150 \dashrightarrow 00{:}26{:}46.474$ Means prone flammatory genes,

NOTE Confidence: 0.80934627625

00:26:46.474 --> 00:26:48.644 aisle 1, beta TNF, aisle 6.

NOTE Confidence: 0.80934627625

 $00:26:48.644 \longrightarrow 00:26:51.518$ Those are all relatively absent in those

NOTE Confidence: 0.80934627625

 $00{:}26{:}51.518 \dashrightarrow 00{:}26{:}54.238$ metastatic macrophages outlined in pink.

NOTE Confidence: 0.80934627625

 $00:26:54.240 \longrightarrow 00:26:56.816$ Whereas if we look at genes that

NOTE Confidence: 0.80934627625

 $00:26:56.816 \longrightarrow 00:26:58.343$ are typically associated with

00:26:58.343 --> 00:27:00.118 this more M2 like phenotype,

NOTE Confidence: 0.80934627625

 $00:27:00.120 \longrightarrow 00:27:02.815$ things like C163 of the folate receptor,

NOTE Confidence: 0.80934627625

 $00:27:02.820 \longrightarrow 00:27:05.385$ those are significantly enriched expression

NOTE Confidence: 0.80934627625

 $00:27:05.385 \longrightarrow 00:27:07.437$ in those metastatic macrophages.

NOTE Confidence: 0.80934627625

 $00:27:07.440 \longrightarrow 00:27:09.092$ I should say not shown here those

NOTE Confidence: 0.80934627625

00:27:09.092 --> 00:27:10.613 really do express high levels of

NOTE Confidence: 0.80934627625

00:27:10.613 --> 00:27:12.137 complement genes as well and and

NOTE Confidence: 0.80934627625

00:27:12.137 --> 00:27:13.692 trimmed 2 which has been described

NOTE Confidence: 0.80934627625

 $00:27:13.692 \longrightarrow 00:27:14.439$ by other groups,

NOTE Confidence: 0.80934627625

 $00:27:14.440 \longrightarrow 00:27:17.930$ these trimmed 2 positive macrophages.

NOTE Confidence: 0.80934627625

00:27:17.930 --> 00:27:20.352 And so we've looked independently at T

NOTE Confidence: 0.80934627625

 $00:27:20.352 \longrightarrow 00:27:22.230$ cells independently and myeloid cells.

NOTE Confidence: 0.80934627625

 $00:27:22.230 \longrightarrow 00:27:23.174$ The natural question is,

NOTE Confidence: 0.80934627625

 $00:27:23.174 \longrightarrow 00:27:24.590$ are those independent events or are

NOTE Confidence: 0.80934627625

00:27:24.633 --> 00:27:26.085 they actually talking to one another?

NOTE Confidence: 0.948506981428571

00:27:26.090 --> 00:27:27.749 And to begin to look at this,

 $00:27:27.750 \longrightarrow 00:27:29.970$ we inferred cell cell interactions

NOTE Confidence: 0.948506981428571

 $00:27:29.970 \longrightarrow 00:27:31.746$ using the transcriptomic data.

NOTE Confidence: 0.948506981428571

 $00:27:31.750 \longrightarrow 00:27:32.938$ And the idea is fairly simple.

NOTE Confidence: 0.948506981428571

 $00:27:32.940 \longrightarrow 00:27:34.524$ We use a tool called cell phone DB,

NOTE Confidence: 0.948506981428571

 $00:27:34.530 \longrightarrow 00:27:36.456$ and the idea is if one group of cells

NOTE Confidence: 0.948506981428571

 $00:27:36.456 \longrightarrow 00:27:38.329$ is expressing a ligand and another

NOTE Confidence: 0.948506981428571

 $00:27:38.329 \longrightarrow 00:27:40.645$ group of cells is expressing the known

NOTE Confidence: 0.948506981428571

 $00:27:40.645 \longrightarrow 00:27:42.285$ receptor complex for that ligand,

NOTE Confidence: 0.948506981428571

00:27:42.290 --> 00:27:43.510 you might infer that they're

NOTE Confidence: 0.948506981428571

 $00{:}27{:}43.510 \dashrightarrow 00{:}27{:}45.110$ interacting or talking to one another.

NOTE Confidence: 0.948506981428571

00:27:45.110 --> 00:27:46.886 And by randomly permuting the labels,

NOTE Confidence: 0.948506981428571

 $00:27:46.890 \longrightarrow 00:27:48.246$ you can actually get some statistics.

NOTE Confidence: 0.948506981428571

 $00{:}27{:}48.250 \dashrightarrow 00{:}27{:}49.804$ And say, is this something that

NOTE Confidence: 0.948506981428571

 $00:27:49.804 \longrightarrow 00:27:51.400$ we expect more than by chance?

NOTE Confidence: 0.948506981428571

 $00:27:51.400 \longrightarrow 00:27:52.968$ And what's shown here is a heat map

 $00:27:52.968 \longrightarrow 00:27:54.776$ of the number of interactions between

NOTE Confidence: 0.948506981428571

00:27:54.776 --> 00:27:56.481 different cell populations and this

NOTE Confidence: 0.948506981428571

 $00:27:56.481 \longrightarrow 00:27:58.416$ couple different patterns you might see.

NOTE Confidence: 0.948506981428571

 $00:27:58.420 \longrightarrow 00:28:00.534$ There's the darker blue area that's an

NOTE Confidence: 0.948506981428571

 $00:28:00.534 \longrightarrow 00:28:02.871$ area of relatively low number of cell

NOTE Confidence: 0.948506981428571

 $00:28:02.871 \longrightarrow 00:28:04.247$ cell interactions between different

NOTE Confidence: 0.948506981428571

 $00:28:04.247 \longrightarrow 00:28:06.633$ cell types and that's between usually

NOTE Confidence: 0.948506981428571

 $00:28:06.633 \longrightarrow 00:28:08.273$ between different cell populations.

NOTE Confidence: 0.948506981428571

 $00:28:08.280 \longrightarrow 00:28:09.855$ In red in the upper left corner,

NOTE Confidence: 0.948506981428571

 $00:28:09.860 \longrightarrow 00:28:12.296$ you see a lot of interactions mostly

NOTE Confidence: 0.948506981428571

 $00:28:12.296 \longrightarrow 00:28:14.360$ between different myeloid cell populations.

NOTE Confidence: 0.948506981428571

 $00:28:14.360 \longrightarrow 00:28:16.313$ And then outlined in Black was a

NOTE Confidence: 0.948506981428571

00:28:16.313 --> 00:28:17.998 particular area that caught our eye,

NOTE Confidence: 0.948506981428571 00:28:18.000 --> 00:28:18.608 which are.

NOTE Confidence: 0.948506981428571

 $00:28:18.608 \longrightarrow 00:28:20.432$ High number of interactions between T

NOTE Confidence: 0.948506981428571

 $00:28:20.432 \longrightarrow 00:28:22.511$ cells and myeloid cells and when we zoom

00:28:22.511 --> 00:28:24.819 in and look on exactly what populations,

NOTE Confidence: 0.948506981428571

 $00:28:24.820 \longrightarrow 00:28:27.256$ it's actually these M2 like these trim

NOTE Confidence: 0.948506981428571

00:28:27.256 --> 00:28:28.696 2 positive macrophages interacting

NOTE Confidence: 0.948506981428571

 $00:28:28.696 \longrightarrow 00:28:30.040$ with these terminally exhausted

NOTE Confidence: 0.948506981428571

 $00:28:30.040 \longrightarrow 00:28:32.469$ CD T cells at a high degree.

NOTE Confidence: 0.948506981428571

 $00:28:32.470 \longrightarrow 00:28:34.070$ So these are inferred interactions.

NOTE Confidence: 0.948506981428571

 $00:28:34.070 \longrightarrow 00:28:35.522$ We obviously have to make sure

NOTE Confidence: 0.948506981428571

00:28:35.522 --> 00:28:36.490 they're actually present in

NOTE Confidence: 0.948506981428571

 $00:28:36.532 \longrightarrow 00:28:37.696$ the same in the same sample.

NOTE Confidence: 0.948506981428571

 $00:28:37.700 \longrightarrow 00:28:39.044$ They have to be in the same

NOTE Confidence: 0.948506981428571

00:28:39.044 --> 00:28:40.030 tumor to physically interact.

NOTE Confidence: 0.948506981428571

 $00:28:40.030 \longrightarrow 00:28:41.542$ And so we'll look at the relative

NOTE Confidence: 0.948506981428571

 $00{:}28{:}41.542 \dashrightarrow 00{:}28{:}43.140$ proportion of these different populations.

NOTE Confidence: 0.948506981428571

 $00:28:43.140 \longrightarrow 00:28:44.770$ We can again see they're

NOTE Confidence: 0.948506981428571

 $00:28:44.770 \longrightarrow 00:28:45.748$ really highly correlated.

 $00:28:45.750 \longrightarrow 00:28:47.022$ That's a strong correlation

NOTE Confidence: 0.948506981428571

 $00:28:47.022 \longrightarrow 00:28:48.930$ between the presence of these CDT.

NOTE Confidence: 0.948506981428571

 $00:28:48.930 \longrightarrow 00:28:51.435$ Cells and these tumor associated

NOTE Confidence: 0.948506981428571

 $00:28:51.435 \longrightarrow 00:28:52.437$ macrophage populations.

NOTE Confidence: 0.948506981428571

 $00:28:52.440 \longrightarrow 00:28:54.780$ And So what are these interactions?

NOTE Confidence: 0.948506981428571

 $00{:}28{:}54.780 \dashrightarrow 00{:}28{:}56.145$ They appear to be interactions

NOTE Confidence: 0.948506981428571

00:28:56.145 --> 00:28:57.510 that are bidirectional and really

NOTE Confidence: 0.948506981428571

 $00:28:57.562 \longrightarrow 00:28:59.058$ support these different phenotypes.

NOTE Confidence: 0.948506981428571

 $00:28:59.060 \longrightarrow 00:29:00.648$ So these tumor associated

NOTE Confidence: 0.948506981428571

00:29:00.648 --> 00:29:02.236 macrophages are producing ligands

NOTE Confidence: 0.948506981428571

 $00{:}29{:}02.236 \dashrightarrow 00{:}29{:}04.219$ for inhibitory receptors on T cells,

NOTE Confidence: 0.948506981428571

 $00:29:04.220 \longrightarrow 00:29:06.266$ things we already know about and

NOTE Confidence: 0.948506981428571

 $00:29:06.266 \longrightarrow 00:29:08.810$ target like PD1 and PDL 2 for PD one,

NOTE Confidence: 0.948506981428571

 $00:29:08.810 \longrightarrow 00:29:10.268$ but things we don't yet target

NOTE Confidence: 0.948506981428571

00:29:10.268 --> 00:29:10.997 and kidney cancer,

NOTE Confidence: 0.948506981428571

00:29:11.000 --> 00:29:13.072 things like PVR and actin 2 for

 $00{:}29{:}13.072 \dashrightarrow 00{:}29{:}15.326$ TIGIT ligands for Tim three and

NOTE Confidence: 0.948506981428571

 $00:29:15.326 \longrightarrow 00:29:16.625$ other inhibitory checkpoints.

NOTE Confidence: 0.948506981428571

 $00:29:16.630 \longrightarrow 00:29:18.235$ But it's not all myeloid

NOTE Confidence: 0.948506981428571

 $00:29:18.235 \longrightarrow 00:29:19.519$ cells inhibiting T cells,

NOTE Confidence: 0.948506981428571

 $00{:}29{:}19.520 \dashrightarrow 00{:}29{:}21.180$ those T cells terminally exhausted

NOTE Confidence: 0.948506981428571

00:29:21.180 --> 00:29:23.284 CD T cells are also producing

NOTE Confidence: 0.948506981428571

 $00:29:23.284 \longrightarrow 00:29:24.808$ factors like myth or.

NOTE Confidence: 0.948506981428571

 $00:29:24.810 \longrightarrow 00:29:25.116$ Uh,

NOTE Confidence: 0.948506981428571

 $00:29:25.116 \longrightarrow 00:29:25.422 \text{ CS},$

NOTE Confidence: 0.948506981428571

 $00:29:25.422 \longrightarrow 00:29:27.258$ CSF one that support this more

NOTE Confidence: 0.948506981428571

 $00:29:27.258 \longrightarrow 00:29:29.588$ M2 like polarization and so it's

NOTE Confidence: 0.948506981428571

 $00{:}29{:}29.588 \dashrightarrow 00{:}29{:}31.648$ really a bidirectional sort of

NOTE Confidence: 0.948506981428571

 $00{:}29{:}31.648 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}29{:}34.130$ immune circuit that seems to be

NOTE Confidence: 0.948506981428571

 $00:29:34.130 \longrightarrow 00:29:36.125$ present in advanced disease stages.

NOTE Confidence: 0.948506981428571

 $00:29:36.130 \longrightarrow 00:29:37.846$ This is of course all inferred

 $00:29:37.846 \longrightarrow 00:29:38.704$ from gene expression.

NOTE Confidence: 0.948506981428571

00:29:38.710 --> 00:29:40.526 So can we gain a little bit more

NOTE Confidence: 0.948506981428571

 $00:29:40.526 \longrightarrow 00:29:42.017$ confidence that this is this is true,

NOTE Confidence: 0.948506981428571

 $00:29:42.020 \longrightarrow 00:29:43.556$ this is real and we have a couple

NOTE Confidence: 0.948506981428571

 $00:29:43.556 \longrightarrow 00:29:44.602$ of different validation exercise

NOTE Confidence: 0.948506981428571

00:29:44.602 --> 00:29:45.830 I'll briefly go through.

NOTE Confidence: 0.948506981428571

 $00:29:45.830 \longrightarrow 00:29:47.108$ One is are these actually expressed

NOTE Confidence: 0.948506981428571

 $00:29:47.108 \longrightarrow 00:29:48.735$ at the surface of the protein level

NOTE Confidence: 0.948506981428571

 $00{:}29{:}48.735 \dashrightarrow 00{:}29{:}49.945$ and these different populations and

NOTE Confidence: 0.948506981428571

 $00:29:49.945 \longrightarrow 00:29:51.749$ we can use flow cytometry to look at

NOTE Confidence: 0.948506981428571

 $00{:}29{:}51.749 \dashrightarrow 00{:}29{:}53.648$ that are these actually present in the

NOTE Confidence: 0.948506981428571

00:29:53.648 --> 00:29:55.378 same tumors and physical proximity?

NOTE Confidence: 0.948506981428571

 $00{:}29{:}55.380 \rightarrow 00{:}29{:}56.844$ In situ within the tumor itself

NOTE Confidence: 0.948506981428571

 $00:29:56.844 \longrightarrow 00:29:57.820$ and we can use

NOTE Confidence: 0.818132057

 $00:29:57.873 \longrightarrow 00:29:59.019$ Multiplex immunofluorescence and

NOTE Confidence: 0.818132057

 $00{:}29{:}59.019 \dashrightarrow 00{:}30{:}01.311$ then ultimately is is actually true

 $00:30:01.311 \longrightarrow 00:30:03.256$ not just in this small discovery

NOTE Confidence: 0.818132057

 $00:30:03.256 \longrightarrow 00:30:05.586$ cohort but also more broadly in in

NOTE Confidence: 0.818132057

 $00{:}30{:}05.586 \dashrightarrow 00{:}30{:}07.626$ other other larger patient cohorts.

NOTE Confidence: 0.818132057

00:30:07.630 --> 00:30:09.678 And so briefly to step through this is

NOTE Confidence: 0.818132057

 $00:30:09.678 \longrightarrow 00:30:11.347$ in partnership with Arlene Sharps lab.

NOTE Confidence: 0.818132057

 $00:30:11.350 \longrightarrow 00:30:14.092$ We looked at these different terminal

NOTE Confidence: 0.818132057

00:30:14.092 --> 00:30:16.355 exhaust C8T cell populations and CD

NOTE Confidence: 0.818132057

00:30:16.355 --> 00:30:17.799 163 positive macrophage populations

NOTE Confidence: 0.818132057

 $00{:}30{:}17.799 \dashrightarrow 00{:}30{:}20.141$ and ask the question do the T cells

NOTE Confidence: 0.818132057

00:30:20.141 --> 00:30:21.845 express the ligands we think they

NOTE Confidence: 0.818132057

 $00:30:21.845 \dashrightarrow 00:30:23.770$ should or the receptors we think they

NOTE Confidence: 0.818132057

 $00:30:23.770 \longrightarrow 00:30:25.588$ should and do the macrophages express?

NOTE Confidence: 0.818132057

 $00{:}30{:}25.590 \dashrightarrow 00{:}30{:}26.787$ Well, I guess we think they should

NOTE Confidence: 0.818132057

 $00:30:26.787 \longrightarrow 00:30:27.620$ and the answer was yes,

NOTE Confidence: 0.818132057

 $00:30:27.620 \longrightarrow 00:30:29.735$ they do and they're higher

 $00:30:29.735 \longrightarrow 00:30:31.427$ in advanced disease stages.

NOTE Confidence: 0.818132057

00:30:31.430 --> 00:30:33.668 Partnering with Sabina Signer Ideas Lab

NOTE Confidence: 0.818132057

00:30:33.668 --> 00:30:34.787 performing Multiplex immunofluorescence,

NOTE Confidence: 0.818132057

 $00:30:34.790 \longrightarrow 00:30:37.268$ we looked at whether these myeloid cells,

NOTE Confidence: 0.818132057

00:30:37.268 --> 00:30:39.163 these CD 163 positive macrophages

NOTE Confidence: 0.818132057

 $00:30:39.163 \longrightarrow 00:30:40.761$ were actually physically interacting

NOTE Confidence: 0.818132057

 $00:30:40.761 \longrightarrow 00:30:41.970$ in advanced tumors.

NOTE Confidence: 0.818132057

00:30:41.970 --> 00:30:43.346 With these terminal exhausted

NOTE Confidence: 0.818132057

 $00{:}30{:}43.346 \dashrightarrow 00{:}30{:}45.410$ T cells and again in multiple

NOTE Confidence: 0.818132057

00:30:45.473 --> 00:30:47.048 multiple metastatic tumors,

NOTE Confidence: 0.818132057

 $00:30:47.050 \longrightarrow 00:30:48.815$ we can see evidence for

NOTE Confidence: 0.818132057

 $00:30:48.815 \longrightarrow 00:30:49.874$ insight 2 interactions.

NOTE Confidence: 0.818132057

 $00:30:49.880 \longrightarrow 00:30:51.380$ And then finally looking

NOTE Confidence: 0.818132057

 $00:30:51.380 \longrightarrow 00:30:52.880$ at other external cohorts,

NOTE Confidence: 0.818132057

 $00:30:52.880 \longrightarrow 00:30:55.154$ we first looked at a previously

NOTE Confidence: 0.818132057

 $00:30:55.154 \dashrightarrow 00:30:56.990$ published saitov cohort from Burn

00:30:56.990 --> 00:30:58.720 Bodenmiller's Group and re analyze

NOTE Confidence: 0.818132057

 $00{:}30{:}58.720 \dashrightarrow 00{:}31{:}00.800$ that data to specifically look for

NOTE Confidence: 0.818132057

 $00:31:00.800 \longrightarrow 00:31:02.576$ our T cell and myeloid populations,

NOTE Confidence: 0.818132057

 $00:31:02.580 \longrightarrow 00:31:03.836$ our CD163 myeloid populations.

NOTE Confidence: 0.818132057

 $00{:}31{:}03.836 \dashrightarrow 00{:}31{:}05.720$ And again could see this pattern

NOTE Confidence: 0.818132057

 $00:31:05.771 \longrightarrow 00:31:07.775$ where the proportion of these cells

NOTE Confidence: 0.818132057

 $00:31:07.775 \longrightarrow 00:31:09.460$ increase with advancing disease stage.

NOTE Confidence: 0.818132057

 $00:31:09.460 \longrightarrow 00:31:11.650$ And finally we derived a gene

NOTE Confidence: 0.818132057

 $00{:}31{:}11.650 \dashrightarrow 00{:}31{:}13.110$ expression signature representing that

NOTE Confidence: 0.818132057

 $00:31:13.165 \longrightarrow 00:31:14.429$ interaction between those myeloid

NOTE Confidence: 0.818132057

00:31:14.429 --> 00:31:17.008 cells and T cells and use that gene

NOTE Confidence: 0.818132057

 $00:31:17.008 \dashrightarrow 00:31:18.563$ signature to interrogate the TCA

NOTE Confidence: 0.818132057

 $00{:}31{:}18.563 \dashrightarrow 00{:}31{:}20.838$ and again found this pattern of.

NOTE Confidence: 0.818132057

 $00:31:20.838 \longrightarrow 00:31:22.622$ Increasing signature of interaction

NOTE Confidence: 0.818132057

00:31:22.622 --> 00:31:24.380 with advancing disease stage.

00:31:24.380 --> 00:31:26.516 Now that we have this RNA seek signature,

NOTE Confidence: 0.818132057

 $00{:}31{:}26.520 \dashrightarrow 00{:}31{:}28.848$ we actually ask the question is

NOTE Confidence: 0.818132057

 $00:31:28.848 \longrightarrow 00:31:30.400$ this interaction signature actually

NOTE Confidence: 0.818132057

 $00:31:30.463 \longrightarrow 00:31:32.573$ associated with worse outcomes with

NOTE Confidence: 0.818132057

 $00:31:32.573 \longrightarrow 00:31:34.580$ worse survival. And the answer was yes.

NOTE Confidence: 0.818132057

00:31:34.580 --> 00:31:36.722 If we look at the TCG a data having

NOTE Confidence: 0.818132057

 $00:31:36.722 \longrightarrow 00:31:39.311$ a high expression of this Tam to

NOTE Confidence: 0.818132057

 $00:31:39.311 \longrightarrow 00:31:41.367$ T cell interaction signature was

NOTE Confidence: 0.818132057

 $00{:}31{:}41.367 \dashrightarrow 00{:}31{:}43.235$ really associated with worse

NOTE Confidence: 0.818132057

 $00:31:43.235 \longrightarrow 00:31:44.636$ overall survival overall.

NOTE Confidence: 0.818132057

 $00{:}31{:}44.640 \dashrightarrow 00{:}31{:}46.061$ But again we have to be cautious

NOTE Confidence: 0.818132057

 $00:31:46.061 \longrightarrow 00:31:47.456$ that might just be because it's

NOTE Confidence: 0.818132057

 $00{:}31{:}47.456 \dashrightarrow 00{:}31{:}48.696$ enriched in stage four disease.

NOTE Confidence: 0.818132057

 $00:31:48.700 \longrightarrow 00:31:50.290$ And so if we look specifically

NOTE Confidence: 0.818132057

 $00:31:50.290 \longrightarrow 00:31:51.628$ at those patients with stage

NOTE Confidence: 0.818132057

00:31:51.628 --> 00:31:52.996 four disease in the TCG a,

 $00:31:53.000 \longrightarrow 00:31:54.090$ again we see the same.

NOTE Confidence: 0.818132057

 $00{:}31{:}54.090 \dashrightarrow 00{:}31{:}55.200$ Effect having a high number,

NOTE Confidence: 0.818132057

00:31:55.200 --> 00:31:56.860 higher number of those interactions

NOTE Confidence: 0.818132057

 $00:31:56.860 \longrightarrow 00:31:58.520$ associated with worse overall survival.

NOTE Confidence: 0.818132057

 $00:31:58.520 \longrightarrow 00:32:00.554$ And if we look at again our initial cohort,

NOTE Confidence: 0.818132057

00:32:00.560 --> 00:32:02.840 our checkmate cohort that we previously

NOTE Confidence: 0.818132057

 $00:32:02.840 \longrightarrow 00:32:05.674$ reported on again having a high expression

NOTE Confidence: 0.818132057

 $00:32:05.674 \longrightarrow 00:32:07.754$ of those that interaction signatures

NOTE Confidence: 0.818132057

 $00:32:07.754 \longrightarrow 00:32:09.660$ associated with a horse survival.

NOTE Confidence: 0.818132057

 $00:32:09.660 \longrightarrow 00:32:11.496$ And so the model we would put forward would

NOTE Confidence: 0.818132057

 $00:32:11.496 \longrightarrow 00:32:13.354$ be that with advancing disease stage we

NOTE Confidence: 0.818132057

 $00:32:13.354 \longrightarrow 00:32:15.180$ have this progressive T cell exhaustion,

NOTE Confidence: 0.818132057

 $00{:}32{:}15.180 \dashrightarrow 00{:}32{:}17.595$ this switch to more M2 like this

NOTE Confidence: 0.818132057

 $00:32:17.595 \longrightarrow 00:32:18.285$ anti-inflammatory macrophage

NOTE Confidence: 0.818132057

00:32:18.285 --> 00:32:19.946 population and that critically in

00:32:19.946 --> 00:32:21.526 advanced disease states that they're

NOTE Confidence: 0.818132057

 $00:32:21.526 \longrightarrow 00:32:22.997$ really talking to one another,

NOTE Confidence: 0.818132057

 $00:32:23.000 \longrightarrow 00:32:24.150$ they're interacting in a way

NOTE Confidence: 0.818132057

 $00:32:24.150 \longrightarrow 00:32:25.300$ that we hope is therapeutically.

NOTE Confidence: 0.818132057

 $00:32:25.300 \longrightarrow 00:32:27.400$ Marketable.

NOTE Confidence: 0.818132057

 $00:32:27.400 \longrightarrow 00:32:30.168$ So up until now I've talked broadly about

NOTE Confidence: 0.818132057

 $00:32:30.168 \longrightarrow 00:32:32.317$ kidney cancer as if it's one entity,

NOTE Confidence: 0.818132057

00:32:32.320 --> 00:32:34.497 but I've been sort of misleading you.

NOTE Confidence: 0.818132057

00:32:34.500 --> 00:32:35.343 It's actually many,

NOTE Confidence: 0.818132057

 $00:32:35.343 \longrightarrow 00:32:36.186$ many different diseases.

NOTE Confidence: 0.818132057

 $00:32:36.190 \longrightarrow 00:32:38.342$ And So what we've been talking about is

NOTE Confidence: 0.818132057

00:32:38.342 --> 00:32:40.212 really clear cell kidney cancer which

NOTE Confidence: 0.818132057

 $00:32:40.212 \longrightarrow 00:32:42.132$ is shown here histologically which is

NOTE Confidence: 0.801564899

 $00:32:42.140 \longrightarrow 00:32:43.420$ looks clear under the microscope

NOTE Confidence: 0.801564899

 $00:32:43.420 \longrightarrow 00:32:44.700$ where it gets its name.

NOTE Confidence: 0.801564899

 $00:32:44.700 \longrightarrow 00:32:47.238$ But actually this is a host of over 20

 $00:32:47.238 \longrightarrow 00:32:49.044$ different disease with more entities

NOTE Confidence: 0.801564899

 $00:32:49.044 \longrightarrow 00:32:50.869$ being described each WHO update

NOTE Confidence: 0.801564899

 $00:32:50.869 \longrightarrow 00:32:52.998$ and there's a huge proportion of,

NOTE Confidence: 0.801564899

00:32:53.000 --> 00:32:54.630 I apologize, should be about

NOTE Confidence: 0.801564899

 $00{:}32{:}54.630 \dashrightarrow 00{:}32{:}56.688$ 25% non clear cell which is.

NOTE Confidence: 0.801564899

 $00:32:56.690 \longrightarrow 00:32:58.010$ So it was bad to be labeled by

NOTE Confidence: 0.801564899

 $00:32:58.010 \longrightarrow 00:32:59.566$ what you're not, but these are

NOTE Confidence: 0.801564899

 $00:32:59.566 \longrightarrow 00:33:01.276$ variant histologies of clear cell.

NOTE Confidence: 0.801564899

 $00:33:01.280 \longrightarrow 00:33:03.824$ The more common ones are papillary

NOTE Confidence: 0.801564899

 $00{:}33{:}03.824 \dashrightarrow 00{:}33{:}05.720$ chromophobe accounts for about 5%

NOTE Confidence: 0.801564899

 $00{:}33{:}05.720 \dashrightarrow 00{:}33{:}07.580$ rarer types including translocation

NOTE Confidence: 0.801564899

 $00:33:07.580 \longrightarrow 00:33:09.905$ and then hereditary forms including

NOTE Confidence: 0.801564899

 $00{:}33{:}09.905 \dashrightarrow 00{:}33{:}11.830$ FH deficient really aggressive

NOTE Confidence: 0.801564899

 $00:33:11.830 \longrightarrow 00:33:13.905$ disease biology that often affects

NOTE Confidence: 0.801564899

 $00:33:13.905 \longrightarrow 00:33:15.460$ people in their 30s.

 $00:33:15.460 \longrightarrow 00:33:17.100$ And so while all of our efforts has

NOTE Confidence: 0.801564899

 $00{:}33{:}17.100 \dashrightarrow 00{:}33{:}18.879$ been have been really focused on clear

NOTE Confidence: 0.801564899

 $00{:}33{:}18.879 \dashrightarrow 00{:}33{:}20.652$ cell kidney cancer and that's where a

NOTE Confidence: 0.801564899

 $00:33:20.652 \longrightarrow 00:33:22.252$ lot of the clinical data is as well.

NOTE Confidence: 0.801564899

 $00:33:22.260 \longrightarrow 00:33:24.549$ We know that these non clear solver

NOTE Confidence: 0.801564899

 $00:33:24.549 \longrightarrow 00:33:25.981$ variants really aren't unmet

NOTE Confidence: 0.801564899

 $00:33:25.981 \longrightarrow 00:33:27.557$ clinical and scientific need.

NOTE Confidence: 0.801564899

 $00:33:27.560 \longrightarrow 00:33:29.177$ We really need to understand their biology.

NOTE Confidence: 0.801564899

 $00:33:29.180 \longrightarrow 00:33:31.132$ And how to treat them because most of

NOTE Confidence: 0.801564899

 $00:33:31.132 \longrightarrow 00:33:32.539$ their treatment is really extrapolated

NOTE Confidence: 0.801564899

 $00{:}33{:}32.539 \dashrightarrow 00{:}33{:}34.285$ from our experience in clear cell.

NOTE Confidence: 0.801564899

 $00:33:34.290 \longrightarrow 00:33:36.258$ And so our first sort of approach to

NOTE Confidence: 0.801564899

 $00:33:36.258 \longrightarrow 00:33:38.610$ this is really in the chromophobe space.

NOTE Confidence: 0.801564899

00:33:38.610 --> 00:33:40.368 And so chromophobe is really are

NOTE Confidence: 0.801564899

00:33:40.368 --> 00:33:42.377 along a spectrum of these renal

NOTE Confidence: 0.801564899

00:33:42.377 --> 00:33:43.933 oncocytic neoplasms that range

 $00:33:43.933 \longrightarrow 00:33:45.489$ from pretty benign tumors,

NOTE Confidence: 0.801564899

 $00{:}33{:}45.490 \dashrightarrow 00{:}33{:}48.970$ renal oncocytoma which never metastasize,

NOTE Confidence: 0.801564899

00:33:48.970 --> 00:33:51.325 I should say never virtually

NOTE Confidence: 0.801564899

 $00:33:51.325 \longrightarrow 00:33:52.267$ never metastasize.

NOTE Confidence: 0.801564899

 $00:33:52.270 \longrightarrow 00:33:54.554$ They really have limited

NOTE Confidence: 0.801564899

 $00:33:54.554 \longrightarrow 00:33:56.267$ genetic genomic alterations.

NOTE Confidence: 0.801564899

00:33:56.270 --> 00:33:58.492 Chromophobe is on the other end, are they?

NOTE Confidence: 0.801564899

00:33:58.492 --> 00:34:00.397 They are true malignant disease.

NOTE Confidence: 0.801564899

 $00:34:00.400 \longrightarrow 00:34:02.130$ They have multiple whole chromosome

NOTE Confidence: 0.801564899

 $00{:}34{:}02.130 \dashrightarrow 00{:}34{:}04.272$ losses and then there's also these

NOTE Confidence: 0.801564899

 $00{:}34{:}04.272 \dashrightarrow 00{:}34{:}06.032$ emerging entities in between low

NOTE Confidence: 0.801564899

 $00:34:06.032 \longrightarrow 00:34:07.907$ and high grade unconscious tumors

NOTE Confidence: 0.801564899

 $00{:}34{:}07.907 \dashrightarrow 00{:}34{:}10.242$ which have variable potential to

NOTE Confidence: 0.801564899

 $00{:}34{:}10.242 \dashrightarrow 00{:}34{:}13.338$ actually invade and metastasize.

NOTE Confidence: 0.801564899

 $00:34:13.340 \longrightarrow 00:34:15.405$ And so one of the key things

 $00:34:15.405 \longrightarrow 00:34:17.035$ about these chromophobe tumors is

NOTE Confidence: 0.801564899

00:34:17.035 --> 00:34:18.740 unlike clear cell kidney cancer,

NOTE Confidence: 0.801564899

 $00:34:18.740 \longrightarrow 00:34:20.609$ these don't do well with immune therapy.

NOTE Confidence: 0.801564899

 $00:34:20.610 \longrightarrow 00:34:23.234$ And so there's always going to be exceptions.

NOTE Confidence: 0.801564899

 $00:34:23.240 \longrightarrow 00:34:25.305$ But both in in clinical trial data

NOTE Confidence: 0.801564899

 $00:34:25.305 \longrightarrow 00:34:27.213$ of immune therapies where they've

NOTE Confidence: 0.801564899

00:34:27.213 --> 00:34:28.656 included chromophore patients,

NOTE Confidence: 0.801564899

 $00:34:28.660 \longrightarrow 00:34:31.060$ the response rate is typically less than 10%.

NOTE Confidence: 0.801564899

 $00:34:31.060 \longrightarrow 00:34:33.420$ And if we look at these chromophobe tumors,

NOTE Confidence: 0.801564899

 $00:34:33.420 \longrightarrow 00:34:36.388$ this is our own data partnership with the

NOTE Confidence: 0.801564899

 $00{:}34{:}36.388 \dashrightarrow 00{:}34{:}38.320$ international Metastatic Database consortium,

NOTE Confidence: 0.801564899

00:34:38.320 --> 00:34:39.655 Danny hangs group at University

NOTE Confidence: 0.801564899

00:34:39.655 --> 00:34:41.679 of Alberta and we looked at now

NOTE Confidence: 0.801564899

 $00:34:41.679 \longrightarrow 00:34:42.955$ hundreds of patients treated

NOTE Confidence: 0.801564899

 $00:34:42.955 \longrightarrow 00:34:44.231$ with new checkpoint inhibitors.

NOTE Confidence: 0.801564899

 $00{:}34{:}44.240 \dashrightarrow 00{:}34{:}46.096$ Real world data that are the clear cell

 $00:34:46.096 \longrightarrow 00:34:48.220$ or non or chromophobe and the chromophobe

NOTE Confidence: 0.801564899

 $00{:}34{:}48.220 \dashrightarrow 00{:}34{:}50.140$ patients really don't do well here.

NOTE Confidence: 0.801564899

 $00:34:50.140 \longrightarrow 00:34:53.526$ This is in sharp contrast to in other

NOTE Confidence: 0.801564899

00:34:53.526 --> 00:34:55.038 treatment varieties chromophores typically

NOTE Confidence: 0.801564899

 $00:34:55.038 \longrightarrow 00:34:57.342$ shape a better disease prognosis and so

NOTE Confidence: 0.801564899

 $00:34:57.342 \longrightarrow 00:34:59.370$ really this is an area of unmet need.

NOTE Confidence: 0.801564899

 $00:34:59.370 \longrightarrow 00:35:01.130$ Why aren't chromophobe tumors

NOTE Confidence: 0.801564899

 $00:35:01.130 \longrightarrow 00:35:02.890$ responding to immune therapy.

NOTE Confidence: 0.801564899

 $00:35:02.890 \longrightarrow 00:35:05.032$ And so to begin to look at this and

NOTE Confidence: 0.801564899

 $00:35:05.032 \longrightarrow 00:35:07.159$ again these are rare tumor types we we

NOTE Confidence: 0.801564899

 $00:35:07.159 \longrightarrow 00:35:09.807$ were able to identify a handful of patients,

NOTE Confidence: 0.801564899

 $00:35:09.810 \longrightarrow 00:35:11.570$ about five patients that really

NOTE Confidence: 0.801564899

 $00{:}35{:}11.570 \dashrightarrow 00{:}35{:}12.978$ represent this disease spectrum

NOTE Confidence: 0.801564899

00:35:12.978 --> 00:35:14.748 and again perform single cell.

NOTE Confidence: 0.801564899

 $00:35:14.750 \longrightarrow 00:35:16.766$ Kinda sequencing to look at the

 $00:35:16.766 \longrightarrow 00:35:18.473$ immune microenvironment and also the

NOTE Confidence: 0.801564899

 $00:35:18.473 \longrightarrow 00:35:20.315$ tumor and stromal components as well.

NOTE Confidence: 0.801564899

 $00:35:20.320 \longrightarrow 00:35:21.720$ And really our focus questions

NOTE Confidence: 0.801564899

 $00:35:21.720 \longrightarrow 00:35:23.120$ were why aren't these responding

NOTE Confidence: 0.801564899

 $00:35:23.170 \longrightarrow 00:35:24.640$ to immune therapies and going in.

NOTE Confidence: 0.801564899

 $00:35:24.640 \longrightarrow 00:35:26.500$ We had a couple of hypotheses.

NOTE Confidence: 0.801564899

00:35:26.500 --> 00:35:28.540 So one is maybe it's just a lack

NOTE Confidence: 0.801564899

 $00:35:28.540 \longrightarrow 00:35:29.050$ of immune

NOTE Confidence: 0.81162321

00:35:29.111 --> 00:35:30.518 in filtration. If you don't

NOTE Confidence: 0.81162321

00:35:30.518 --> 00:35:31.754 have cells there to begin with,

NOTE Confidence: 0.81162321

 $00{:}35{:}31.760 \dashrightarrow 00{:}35{:}34.448$ then it's hard to get any immune response.

NOTE Confidence: 0.81162321

 $00:35:34.450 \longrightarrow 00:35:36.664$ The second is perhaps they're exhausted

NOTE Confidence: 0.81162321

 $00:35:36.664 \longrightarrow 00:35:38.968$ in ways that don't rely on PD1.

NOTE Confidence: 0.81162321

 $00{:}35{:}38.970 \dashrightarrow 00{:}35{:}41.274$ So perhaps these have some severely

NOTE Confidence: 0.81162321

 $00:35:41.274 \longrightarrow 00:35:43.516$ exhausted or dysfunctional program that are

NOTE Confidence: 0.81162321

 $00:35:43.516 \longrightarrow 00:35:45.326$ really incapable of being reinvigorated

 $00:35:45.326 \longrightarrow 00:35:47.549$ by our current immune therapies.

NOTE Confidence: 0.81162321

 $00{:}35{:}47.550 \dashrightarrow 00{:}35{:}49.638$ And the last possibility is may be

NOTE Confidence: 0.81162321

 $00:35:49.638 \longrightarrow 00:35:51.858$ those are just by stander T cells

NOTE Confidence: 0.81162321

 $00:35:51.858 \longrightarrow 00:35:53.778$ where they're not actually infiltrated

NOTE Confidence: 0.81162321

 $00{:}35{:}53.778 \dashrightarrow 00{:}35{:}56.310$ by tumor specific T cells that are

NOTE Confidence: 0.81162321

 $00:35:56.310 \longrightarrow 00:35:58.290$ required for true anti tumor efficacy.

NOTE Confidence: 0.81162321

00:35:58.290 --> 00:36:00.145 And so with these sort of focused

NOTE Confidence: 0.81162321

 $00{:}36{:}00.145 \dashrightarrow 00{:}36{:}01.814$ hypotheses we can begin to look

NOTE Confidence: 0.81162321

 $00:36:01.814 \longrightarrow 00:36:03.440$ at these different areas and see

NOTE Confidence: 0.81162321

 $00:36:03.440 \longrightarrow 00:36:04.857$ which of them actually are.

NOTE Confidence: 0.81162321

 $00{:}36{:}04.860 \dashrightarrow 00{:}36{:}06.228$ Able to chromophobe tumors.

NOTE Confidence: 0.81162321

 $00{:}36{:}06.228 \dashrightarrow 00{:}36{:}08.280$ So the first is immuno filtration.

NOTE Confidence: 0.81162321

 $00:36:08.280 \longrightarrow 00:36:10.716$ Here we did very basic CD 45

NOTE Confidence: 0.81162321

00:36:10.716 --> 00:36:11.760 immunohistochemistry just to

NOTE Confidence: 0.81162321

 $00:36:11.824 \longrightarrow 00:36:13.779$ look at the immune infiltration,

00:36:13.780 --> 00:36:15.500 broad immune infiltration of these

NOTE Confidence: 0.81162321

 $00{:}36{:}15.500 \dashrightarrow 00{:}36{:}18.045$ tumors and what we can see is on

NOTE Confidence: 0.81162321

 $00:36:18.045 \longrightarrow 00:36:20.383$ the right you see clear cell and the

NOTE Confidence: 0.81162321

 $00:36:20.383 \longrightarrow 00:36:22.193$ immunohistochemical stain for CD45.

NOTE Confidence: 0.81162321

 $00:36:22.193 \longrightarrow 00:36:23.758$ These are really heavily immune

NOTE Confidence: 0.81162321

 $00:36:23.758 \longrightarrow 00:36:24.697$ infiltrated T cells,

NOTE Confidence: 0.81162321

00:36:24.700 --> 00:36:26.450 immune infiltrated tumors as we

NOTE Confidence: 0.81162321

 $00:36:26.450 \longrightarrow 00:36:28.200$ saw in our previous study.

NOTE Confidence: 0.81162321

00:36:28.200 --> 00:36:30.500 By contrast these oncocytic neoplasms,

NOTE Confidence: 0.81162321

00:36:30.500 --> 00:36:32.600 oncocytoma is low grade oncocytic tumors,

NOTE Confidence: 0.81162321

 $00:36:32.600 \longrightarrow 00:36:33.394$ chromophobe tumors,

NOTE Confidence: 0.81162321

 $00:36:33.394 \longrightarrow 00:36:36.173$ these have really low degree of immunity.

NOTE Confidence: 0.81162321

 $00:36:36.180 \longrightarrow 00:36:39.044$ Centration and we can see that sort of

NOTE Confidence: 0.81162321

 $00:36:39.050 \longrightarrow 00:36:41.150$ characterized statistically on the right.

NOTE Confidence: 0.81162321

 $00:36:41.150 \longrightarrow 00:36:42.886$ And so that seems to be one problem.

NOTE Confidence: 0.81162321

 $00:36:42.890 \longrightarrow 00:36:44.466$ They just aren't a lot of immune cells.

 $00:36:44.470 \longrightarrow 00:36:46.270$ So we're going to improve immune

NOTE Confidence: 0.81162321

 $00:36:46.270 \longrightarrow 00:36:47.470$ responsiveness of these tumors.

NOTE Confidence: 0.81162321

00:36:47.470 --> 00:36:49.118 One will be driving,

NOTE Confidence: 0.81162321

00:36:49.118 --> 00:36:50.766 driving immune cells actually

NOTE Confidence: 0.81162321

 $00:36:50.766 \longrightarrow 00:36:52.570$ into the tumor itself.

NOTE Confidence: 0.81162321

 $00:36:52.570 \longrightarrow 00:36:53.452$ The second is,

NOTE Confidence: 0.81162321

 $00:36:53.452 \longrightarrow 00:36:55.510$ are these are these cells that are

NOTE Confidence: 0.81162321

 $00:36:55.570 \longrightarrow 00:36:57.730$ there just too exhausted to respond.

NOTE Confidence: 0.81162321

 $00:36:57.730 \longrightarrow 00:36:59.626$ And to begin to look at this weekend,

NOTE Confidence: 0.81162321

 $00:36:59.630 \longrightarrow 00:36:59.861$ look,

NOTE Confidence: 0.81162321

 $00{:}36{:}59.861 \dashrightarrow 00{:}37{:}01.709$ turn to our single cell data and look

NOTE Confidence: 0.81162321

 $00:37:01.709 \dashrightarrow 00:37:03.819$ to the CDA T cell populations and saw

NOTE Confidence: 0.81162321

 $00{:}37{:}03.819 \dashrightarrow 00{:}37{:}05.526$ that they express markers of immune

NOTE Confidence: 0.81162321

 $00:37:05.526 \longrightarrow 00:37:07.266$ exhaustion and the transfer is no,

NOTE Confidence: 0.81162321

00:37:07.270 --> 00:37:08.686 those were not exhausted T cells.

 $00:37:08.690 \longrightarrow 00:37:10.490$ So if we look at clear cell which on the

NOTE Confidence: 0.81162321

 $00:37:10.540 \dashrightarrow 00:37:12.208$ left versus chromophobe on the right,

NOTE Confidence: 0.81162321

 $00:37:12.210 \longrightarrow 00:37:14.320$ we see as we know the the ones in the

NOTE Confidence: 0.81162321

 $00:37:14.383 \longrightarrow 00:37:16.747$ clear cell tumors are often exhausted

NOTE Confidence: 0.81162321

 $00:37:16.747 \longrightarrow 00:37:18.323$ terminally exhausted CDT cells.

NOTE Confidence: 0.81162321

 $00:37:18.330 \longrightarrow 00:37:20.192$ That was not the case for chromophobe

NOTE Confidence: 0.81162321

 $00:37:20.192 \longrightarrow 00:37:22.340$ tumors and if we look now at the TCGA.

NOTE Confidence: 0.81162321

00:37:22.340 --> 00:37:22.690 Data,

NOTE Confidence: 0.81162321

 $00{:}37{:}22.690 \dashrightarrow 00{:}37{:}25.140$ we see a very similar pattern that

NOTE Confidence: 0.81162321

 $00:37:25.140 \longrightarrow 00:37:26.825$ chromophobe tumors have relatively

NOTE Confidence: 0.81162321

00:37:26.825 --> 00:37:28.940 low levels of exhaustion markers,

NOTE Confidence: 0.81162321

 $00:37:28.940 \longrightarrow 00:37:30.184$ expression of exhaustion markers

NOTE Confidence: 0.81162321

 $00:37:30.184 \dashrightarrow 00:37:32.050$ that's compared to clear cell disease.

NOTE Confidence: 0.81162321

 $00:37:32.050 \longrightarrow 00:37:34.666$ And so these are not exhausted T cells.

NOTE Confidence: 0.81162321

 $00:37:34.670 \longrightarrow 00:37:36.278$ They seem actually like they're cytotoxic.

NOTE Confidence: 0.81162321

 $00:37:36.280 \longrightarrow 00:37:37.588$ They they seem like they should

 $00:37:37.588 \longrightarrow 00:37:38.024$ be functional.

NOTE Confidence: 0.81162321

 $00:37:38.030 \longrightarrow 00:37:39.140$ The ones that are there,

NOTE Confidence: 0.81162321

 $00:37:39.140 \longrightarrow 00:37:40.960$ why aren't they actually doing the job.

NOTE Confidence: 0.81162321

 $00:37:40.960 \longrightarrow 00:37:42.997$ The last part is maybe they're not

NOTE Confidence: 0.81162321

 $00:37:42.997 \longrightarrow 00:37:44.825$ tumor specific and so there's ways

NOTE Confidence: 0.81162321

 $00:37:44.825 \longrightarrow 00:37:46.607$ to formally prove this by actually

NOTE Confidence: 0.81162321

00:37:46.607 --> 00:37:47.900 TCR sequencing these,

NOTE Confidence: 0.81162321

 $00:37:47.900 \dashrightarrow 00:37:49.735$ reconstructing those TCR's and and

NOTE Confidence: 0.81162321

 $00:37:49.735 \longrightarrow 00:37:51.203$ testing for antitumor specificity.

NOTE Confidence: 0.81162321

 $00:37:51.210 \longrightarrow 00:37:53.114$ That's what needs to ultimately be done.

NOTE Confidence: 0.81162321

 $00:37:53.120 \longrightarrow 00:37:54.928$ Our first take out is is to use

NOTE Confidence: 0.81162321

 $00:37:54.928 \dashrightarrow 00:37:56.567$ the single cell TCR data that we

NOTE Confidence: 0.81162321

00:37:56.567 --> 00:37:58.328 have to try to infer specifics and

NOTE Confidence: 0.81162321

 $00{:}37{:}58.328 \dashrightarrow 00{:}38{:}00.337$ we did this in two different ways.

NOTE Confidence: 0.81162321

 $00:38:00.340 \longrightarrow 00:38:03.236$ One is by taking those TCR's and

 $00:38:03.236 \longrightarrow 00:38:05.664$ mapping them to known to TCR's.

NOTE Confidence: 0.81162321

 $00{:}38{:}05.664 \dashrightarrow 00{:}38{:}07.200$ I've known viral specificity.

NOTE Confidence: 0.66308334

 $00:38:07.200 \longrightarrow 00:38:09.115$ Those are usually specific for

NOTE Confidence: 0.66308334

00:38:09.115 --> 00:38:11.620 things like CMB or EB or flu,

NOTE Confidence: 0.66308334

 $00:38:11.620 \longrightarrow 00:38:12.668$ common viruses that have

NOTE Confidence: 0.66308334

 $00{:}38{:}12.668 \dashrightarrow 00{:}38{:}14.240$ nothing to do with these tumors.

NOTE Confidence: 0.66308334

 $00:38:14.240 \longrightarrow 00:38:16.328$ And we can see that the T cells

NOTE Confidence: 0.66308334

 $00:38:16.328 \longrightarrow 00:38:17.823$ and chromophobe kidney cancer

NOTE Confidence: 0.66308334

 $00{:}38{:}17.823 \dashrightarrow 00{:}38{:}20.217$ mapped out a much more significant

NOTE Confidence: 0.66308334

00:38:20.217 --> 00:38:22.124 degree to these viral specific.

NOTE Confidence: 0.66308334

00:38:22.124 --> 00:38:25.498 They have a viral specificity so much

NOTE Confidence: 0.66308334

 $00:38:25.498 \longrightarrow 00:38:28.638$ more likely to be by stander T cells.

NOTE Confidence: 0.66308334

 $00:38:28.640 \longrightarrow 00:38:30.140$ The other approach we used

NOTE Confidence: 0.66308334

 $00:38:30.140 \longrightarrow 00:38:31.340$ was to take signatures,

NOTE Confidence: 0.66308334

 $00:38:31.340 \longrightarrow 00:38:33.060$ gene expression signatures defined by

NOTE Confidence: 0.66308334

 $00:38:33.060 \longrightarrow 00:38:35.379$ both Kathy who's group but also Steve

00:38:35.380 --> 00:38:37.414 Rosenberg's group at the NCI that

NOTE Confidence: 0.66308334

 $00{:}38{:}37.414 \dashrightarrow 00{:}38{:}39.299$ are signatures of tumor specificity

NOTE Confidence: 0.66308334

00:38:39.299 --> 00:38:40.706 including neoantigen specificity

NOTE Confidence: 0.66308334

 $00:38:40.706 \longrightarrow 00:38:43.520$ and see what that expression looks

NOTE Confidence: 0.66308334

 $00:38:43.589 \longrightarrow 00:38:45.725$ like in these different tumor types.

NOTE Confidence: 0.66308334

 $00:38:45.730 \longrightarrow 00:38:47.938$ And we can see for clear cell kidney

NOTE Confidence: 0.66308334

 $00:38:47.938 \longrightarrow 00:38:50.184$ cancer in red that those have a

NOTE Confidence: 0.66308334

 $00:38:50.184 \longrightarrow 00:38:51.809$ high degree of tumor specificity

NOTE Confidence: 0.66308334

 $00{:}38{:}51.869 \dashrightarrow 00{:}38{:}53.793$ signature and for chromophobe

NOTE Confidence: 0.66308334

 $00{:}38{:}53.793 \dashrightarrow 00{:}38{:}55.236$ that's substantially less.

NOTE Confidence: 0.66308334

 $00:38:55.240 \longrightarrow 00:38:57.109$ And so overall this is our first

NOTE Confidence: 0.66308334

 $00:38:57.109 \longrightarrow 00:38:58.530$ sort of attempt to really.

NOTE Confidence: 0.66308334

 $00:38:58.530 \longrightarrow 00:39:00.000$ Characterize what is an uncommon

NOTE Confidence: 0.66308334

 $00:39:00.000 \longrightarrow 00:39:02.199$ and rare tumor type and really try

NOTE Confidence: 0.66308334

00:39:02.199 --> 00:39:03.884 to understand it's immune biology.

 $00:39:03.890 \longrightarrow 00:39:05.730$ It looks like it has a lack of

NOTE Confidence: 0.66308334

 $00:39:05.730 \longrightarrow 00:39:06.190$ immune infiltration.

NOTE Confidence: 0.66308334

 $00{:}39{:}06.190 \dashrightarrow 00{:}39{:}08.510$ It looks like the T cells that are

NOTE Confidence: 0.66308334

 $00:39:08.510 \longrightarrow 00:39:10.540$ there are probably fully functional

NOTE Confidence: 0.66308334

 $00:39:10.540 \longrightarrow 00:39:12.845$ but lack of tumor specificity.

NOTE Confidence: 0.66308334

 $00:39:12.850 \longrightarrow 00:39:14.584$ So that's the work we've we've

NOTE Confidence: 0.66308334

00:39:14.584 --> 00:39:16.317 largely done the work that was

NOTE Confidence: 0.66308334

00:39:16.317 --> 00:39:17.883 published last year and the work

NOTE Confidence: 0.66308334

 $00{:}39{:}17.883 \dashrightarrow 00{:}39{:}19.516$ on on chromophobe tumors that's

NOTE Confidence: 0.66308334

 $00:39:19.516 \longrightarrow 00:39:21.622$ been really over the past year.

NOTE Confidence: 0.66308334

 $00:39:21.630 \longrightarrow 00:39:23.174$ But now what we want to do is

NOTE Confidence: 0.66308334

00:39:23.174 --> 00:39:24.340 move from just characterizing

NOTE Confidence: 0.66308334

 $00:39:24.340 \longrightarrow 00:39:26.150$ the disease biology to really

NOTE Confidence: 0.66308334

 $00:39:26.150 \longrightarrow 00:39:27.691$ understanding how these different

NOTE Confidence: 0.66308334

 $00:39:27.691 \longrightarrow 00:39:29.299$ tumor microenvironments might impact

NOTE Confidence: 0.66308334

 $00:39:29.299 \dashrightarrow 00:39:31.309$ response or resistance if the rapy.

 $00:39:31.310 \longrightarrow 00:39:33.050$ And ultimately how can we

NOTE Confidence: 0.66308334

 $00:39:33.050 \longrightarrow 00:39:34.094$ functionally evaluate these,

NOTE Confidence: 0.66308334

 $00:39:34.100 \longrightarrow 00:39:35.591$ how can we actually go from a

NOTE Confidence: 0.66308334

 $00:39:35.591 \longrightarrow 00:39:36.874$ laundry list of potential sell

NOTE Confidence: 0.66308334

 $00:39:36.874 \longrightarrow 00:39:38.364$ sell interactions to ones that

NOTE Confidence: 0.66308334

 $00:39:38.364 \longrightarrow 00:39:39.625$ actually might be therapeutically

NOTE Confidence: 0.66308334

 $00:39:39.625 \longrightarrow 00:39:41.210$ targetable in the clinic and

NOTE Confidence: 0.66308334

00:39:41.210 --> 00:39:43.130 that's really what the focus is.

NOTE Confidence: 0.66308334

00:39:43.130 --> 00:39:44.430 We've started this process,

NOTE Confidence: 0.66308334

 $00:39:44.430 \longrightarrow 00:39:46.180$ but over the next year.

NOTE Confidence: 0.66308334

 $00:39:46.180 \longrightarrow 00:39:47.812$ The sort of idea behind this

NOTE Confidence: 0.66308334

 $00:39:47.812 \longrightarrow 00:39:48.900$ is is shown here.

NOTE Confidence: 0.66308334

 $00{:}39{:}48.900 \dashrightarrow 00{:}39{:}50.769$ This is a perspective we publish a

NOTE Confidence: 0.66308334

 $00:39:50.769 \longrightarrow 00:39:52.667$ couple of years ago now which is

NOTE Confidence: 0.66308334

00:39:52.667 --> 00:39:54.233 to really try to integrate these

00:39:54.240 --> 00:39:55.845 tumor biopsies for fresh tissue

NOTE Confidence: 0.66308334

 $00{:}39{:}55.845 \dashrightarrow 00{:}39{:}57.450$ collection for single cell and

NOTE Confidence: 0.66308334

 $00:39:57.503 \dashrightarrow 00:39:59.159$ sequencing into clinical trials.

NOTE Confidence: 0.66308334

00:39:59.160 --> 00:40:01.060 And obviously this is expensive,

NOTE Confidence: 0.66308334

 $00:40:01.060 \longrightarrow 00:40:03.400$ this is technically difficult

NOTE Confidence: 0.66308334

 $00:40:03.400 \longrightarrow 00:40:05.155$ this feasibility issues.

NOTE Confidence: 0.66308334

00:40:05.160 --> 00:40:06.448 But if you could do this even

NOTE Confidence: 0.66308334

00:40:06.448 --> 00:40:07.560 for a handful of patients,

NOTE Confidence: 0.66308334

 $00:40:07.560 \longrightarrow 00:40:09.128$ a small discovery cohort and really go

NOTE Confidence: 0.66308334

 $00:40:09.128 \longrightarrow 00:40:10.996$ into a lot of depth for small number

NOTE Confidence: 0.66308334

00:40:10.996 --> 00:40:12.418 of patients then you can actually

NOTE Confidence: 0.66308334

 $00:40:12.418 \longrightarrow 00:40:14.021$ learn some lessons like we did in

NOTE Confidence: 0.66308334

 $00:40:14.021 \longrightarrow 00:40:16.520$ our our prior work and try to then use more.

NOTE Confidence: 0.66308334

 $00:40:16.520 \longrightarrow 00:40:17.716$ Conventional tools,

NOTE Confidence: 0.66308334

00:40:17.716 --> 00:40:19.510 standard exome sequencing,

NOTE Confidence: 0.66308334

00:40:19.510 --> 00:40:20.706 RNA sequencing,

00:40:20.706 --> 00:40:21.304 immunofluorescence,

NOTE Confidence: 0.66308334

 $00:40:21.304 \longrightarrow 00:40:22.500$ amnestic chemistry,

NOTE Confidence: 0.66308334

 $00:40:22.500 \longrightarrow 00:40:26.148$ then try to apply that to a larger

NOTE Confidence: 0.66308334

 $00:40:26.148 \longrightarrow 00:40:27.060$ validation cohort.

NOTE Confidence: 0.66308334

 $00:40:27.060 \longrightarrow 00:40:29.538$ And so this is our our attempt,

NOTE Confidence: 0.66308334

 $00:40:29.540 \longrightarrow 00:40:31.116$ this is our basic schema that we try

NOTE Confidence: 0.66308334

00:40:31.116 --> 00:40:32.725 to take patients who are responsive

NOTE Confidence: 0.66308334

 $00{:}40{:}32.725 \to 00{:}40{:}34.471$ and non responsive to immune the rapy.

NOTE Confidence: 0.66308334

 $00:40:34.480 \longrightarrow 00:40:36.181$ We try to get biopsies before treatment

NOTE Confidence: 0.66308334

 $00:40:36.181 \longrightarrow 00:40:38.417$ as much as possible is often challenging.

NOTE Confidence: 0.66308334

 $00{:}40{:}38.420 \dashrightarrow 00{:}40{:}41.062$ We try to get biopsies on treatment

NOTE Confidence: 0.66308334

 $00:40:41.062 \longrightarrow 00:40:42.817$ or at least that progression,

NOTE Confidence: 0.66308334

 $00{:}40{:}42.820 \dashrightarrow 00{:}40{:}45.540$ very variable success on that.

NOTE Confidence: 0.66308334

 $00:40:45.540 \longrightarrow 00:40:47.076$ And then to perform single song

NOTE Confidence: 0.66308334

 $00:40:47.076 \longrightarrow 00:40:48.432$ RNA sequencing to really uncover

 $00:40:48.432 \longrightarrow 00:40:50.118$ what are the cell type differences,

NOTE Confidence: 0.801096541111111

 $00:40:50.120 \longrightarrow 00:40:51.359$ cellular composition differences,

NOTE Confidence: 0.801096541111111

 $00:40:51.359 \longrightarrow 00:40:53.011$ phenotypic differences and ultimately

NOTE Confidence: 0.801096541111111

00:40:53.011 --> 00:40:55.249 what are the differences in cell

NOTE Confidence: 0.801096541111111

 $00:40:55.249 \longrightarrow 00:40:56.819$ cell interactions and so we've.

NOTE Confidence: 0.801096541111111

 $00:40:56.820 \longrightarrow 00:40:57.832$ Uh Bin lucky again.

NOTE Confidence: 0.801096541111111

 $00:40:57.832 \longrightarrow 00:40:59.350$ This is through partnership with a

NOTE Confidence: 0.801096541111111

00:40:59.401 --> 00:41:00.949 number of academic collaborators,

NOTE Confidence: 0.8010965411111111

 $00{:}41{:}00.950 \dashrightarrow 00{:}41{:}02.198$ but also industry collaborators

NOTE Confidence: 0.801096541111111

00:41:02.198 --> 00:41:04.379 preparing to a number of phase two

NOTE Confidence: 0.8010965411111111

 $00{:}41{:}04.379 \dashrightarrow 00{:}41{:}05.891$ and phase three trials that we've

NOTE Confidence: 0.801096541111111

 $00:41:05.891 \longrightarrow 00:41:07.469$ been able to collect fresh tissue

NOTE Confidence: 0.801096541111111

 $00:41:07.469 \longrightarrow 00:41:09.268$ from a total of 96 tumors that

NOTE Confidence: 0.8010965411111111

 $00:41:09.270 \longrightarrow 00:41:11.070$ were treated with immune therapy.

NOTE Confidence: 0.801096541111111

00:41:11.070 --> 00:41:12.554 And we've performed enzymatic

NOTE Confidence: 0.801096541111111

 $00:41:12.554 \longrightarrow 00:41:14.409$ association single cell RNA sequencing

 $00:41:14.409 \longrightarrow 00:41:16.530$ on these on these tumors really to

NOTE Confidence: 0.801096541111111

 $00{:}41{:}16.530 \dashrightarrow 00{:}41{:}18.129$ understand what is the difference

NOTE Confidence: 0.801096541111111

00:41:18.129 --> 00:41:20.194 in the immune landscape between

NOTE Confidence: 0.801096541111111

 $00:41:20.194 \longrightarrow 00:41:21.846$ responsive and nonresponsive tumors.

NOTE Confidence: 0.801096541111111

 $00:41:21.850 \longrightarrow 00:41:23.614$ And we've put through a partnership

NOTE Confidence: 0.801096541111111

 $00:41:23.614 \longrightarrow 00:41:25.372$ with AKOYA began to look at

NOTE Confidence: 0.801096541111111

 $00:41:25.372 \longrightarrow 00:41:26.938$ what is the orientation of the.

NOTE Confidence: 0.801096541111111

 $00:41:26.940 \longrightarrow 00:41:29.306$ The physical location of these tumor types,

NOTE Confidence: 0.801096541111111

 $00:41:29.310 \longrightarrow 00:41:31.338$ these different immune populations in space

NOTE Confidence: 0.801096541111111

 $00:41:31.338 \longrightarrow 00:41:33.210$ using these high dimensional platforms.

NOTE Confidence: 0.801096541111111

 $00:41:33.210 \longrightarrow 00:41:35.226$ This is an example of of one of

NOTE Confidence: 0.801096541111111

 $00:41:35.226 \longrightarrow 00:41:36.927$ our tumors from a responsive

NOTE Confidence: 0.8010965411111111

 $00{:}41{:}36.927 \dashrightarrow 00{:}41{:}38.807$ patient showing actually a high,

NOTE Confidence: 0.801096541111111

 $00:41:38.810 \longrightarrow 00:41:40.954$ high number of traditional

NOTE Confidence: 0.801096541111111

00:41:40.954 --> 00:41:42.026 lymphoid structures.

00:41:42.030 --> 00:41:43.590 And so is this actually feasible,

NOTE Confidence: 0.801096541111111

 $00:41:43.590 \longrightarrow 00:41:45.462$ are we actually able to collect

NOTE Confidence: 0.801096541111111

00:41:45.462 --> 00:41:46.398 these cryopreserved specimens

NOTE Confidence: 0.801096541111111

 $00:41:46.398 \longrightarrow 00:41:47.596$ from different clinical trials

NOTE Confidence: 0.801096541111111

 $00:41:47.596 \longrightarrow 00:41:49.549$ and get viable cells out of this?

NOTE Confidence: 0.801096541111111

 $00:41:49.550 \longrightarrow 00:41:51.370$ So our first attempt at this was

NOTE Confidence: 0.801096541111111

 $00:41:51.370 \longrightarrow 00:41:53.185$ on a small number of patients

NOTE Confidence: 0.801096541111111

 $00:41:53.185 \longrightarrow 00:41:54.810$ was just on 13 patients.

NOTE Confidence: 0.801096541111111

 $00:41:54.810 \longrightarrow 00:41:57.018$ This is a collaboration with with

NOTE Confidence: 0.801096541111111

00:41:57.018 --> 00:41:59.084 Kathy still with MM Atkins at

NOTE Confidence: 0.801096541111111

 $00:41:59.084 \longrightarrow 00:42:00.992$ Georgetown and with Kelly St who

NOTE Confidence: 0.801096541111111

00:42:00.992 --> 00:42:02.995 runs a computational group at USC

NOTE Confidence: 0.801096541111111

 $00:42:02.995 \longrightarrow 00:42:05.519$ where we looked at the small number

NOTE Confidence: 0.8010965411111111

 $00{:}42{:}05.519 \dashrightarrow 00{:}42{:}07.609$ of cryopreserved tumors and said,

NOTE Confidence: 0.801096541111111

 $00:42:07.610 \longrightarrow 00:42:09.970$ are we able to get viable cells out of this?

NOTE Confidence: 0.801096541111111

 $00:42:09.970 \longrightarrow 00:42:11.596$ And the short answer was yes,

00:42:11.600 --> 00:42:13.264 that we're able to get actually really good.

NOTE Confidence: 0.801096541111111

00:42:13.270 --> 00:42:15.470 Representation of both tumor cells,

NOTE Confidence: 0.801096541111111

 $00:42:15.470 \longrightarrow 00:42:17.690$ immune cells and also stromal components

NOTE Confidence: 0.801096541111111

 $00:42:17.690 \longrightarrow 00:42:19.799$ and actually even with this small

NOTE Confidence: 0.801096541111111

 $00:42:19.799 \longrightarrow 00:42:22.055$ cord of end up being about 13 samples

NOTE Confidence: 0.801096541111111

 $00:42:22.118 \longrightarrow 00:42:23.998$ that were suitable for analysis.

NOTE Confidence: 0.801096541111111

00:42:24.000 --> 00:42:25.236 After passing quality control,

NOTE Confidence: 0.801096541111111

 $00{:}42{:}25.236 \dashrightarrow 00{:}42{:}27.979$ we can actually begin to see are the

NOTE Confidence: 0.801096541111111

 $00:42:27.979 \longrightarrow 00:42:29.635$ differences in immune microenvironment

NOTE Confidence: 0.801096541111111

 $00:42:29.635 \longrightarrow 00:42:31.720$ between responsive and resistant tumors.

NOTE Confidence: 0.801096541111111

 $00:42:31.720 \longrightarrow 00:42:33.556$ And so again this is a

NOTE Confidence: 0.801096541111111

00:42:33.556 --> 00:42:34.474 trajectory inference analysis,

NOTE Confidence: 0.8010965411111111

 $00:42:34.480 \longrightarrow 00:42:35.800$ this time it's for T cells.

NOTE Confidence: 0.801096541111111

 $00{:}42{:}35.800 \to 00{:}42{:}37.655$ And again we see a branching structure,

NOTE Confidence: 0.801096541111111

00:42:37.660 --> 00:42:39.598 but here are fairly interesting one,

 $00:42:39.600 \longrightarrow 00:42:41.648$ one that starts with a root of naive

NOTE Confidence: 0.801096541111111

 $00{:}42{:}41.648 \dashrightarrow 00{:}42{:}43.964$ T cells and branches either into

NOTE Confidence: 0.801096541111111

 $00:42:43.964 \longrightarrow 00:42:45.384$ terminally exhausted CD8T cells.

NOTE Confidence: 0.801096541111111

 $00:42:45.384 \longrightarrow 00:42:47.560$ Those are the same ones we saw in

NOTE Confidence: 0.801096541111111

 $00{:}42{:}47.623 \operatorname{--}{>} 00{:}42{:}49.507$ our our prior work across disease

NOTE Confidence: 0.801096541111111

 $00{:}42{:}49.507 \dashrightarrow 00{:}42{:}51.591$ stages or to these still having

NOTE Confidence: 0.801096541111111

00:42:51.591 --> 00:42:53.496 an exhaustion phenotype but these

NOTE Confidence: 0.801096541111111

00:42:53.496 --> 00:42:56.630 slam F7 positive CD8T cells.

NOTE Confidence: 0.8010965411111111

 $00:42:56.630 \longrightarrow 00:42:57.491$ And we look,

NOTE Confidence: 0.801096541111111

00:42:57.491 --> 00:42:59.213 when we look specifically at which

NOTE Confidence: 0.801096541111111

 $00{:}42{:}59.213 \dashrightarrow 00{:}43{:}01.158$ immune populations are associated with

NOTE Confidence: 0.801096541111111

00:43:01.158 --> 00:43:03.163 resistance or with altered survival,

NOTE Confidence: 0.801096541111111

 $00{:}43{:}03.170 \dashrightarrow 00{:}43{:}05.322$ it turns out that the slam of seven

NOTE Confidence: 0.8010965411111111

 $00:43:05.322 \longrightarrow 00:43:07.154$ positive CDT cells again in this

NOTE Confidence: 0.801096541111111

00:43:07.154 --> 00:43:09.002 very small cohort only 13 patients,

NOTE Confidence: 0.801096541111111

 $00:43:09.010 \longrightarrow 00:43:10.894$ but associated with progressive

 $00:43:10.894 \longrightarrow 00:43:13.249$ disease and with worse progression

NOTE Confidence: 0.801096541111111

 $00:43:13.249 \longrightarrow 00:43:15.190$ free and overall survival.

NOTE Confidence: 0.801096541111111

 $00:43:15.190 \longrightarrow 00:43:17.686$ And so this is our sort of initial

NOTE Confidence: 0.801096541111111 00:43:17.686 --> 00:43:18.310 13 patients. NOTE Confidence: 0.801096541111111

00:43:18.310 --> 00:43:20.290 We're now parsing through the sequencing

NOTE Confidence: 0.801096541111111

 $00:43:20.290 \longrightarrow 00:43:22.501$ data from our our 96 patients to

NOTE Confidence: 0.801096541111111

 $00:43:22.501 \longrightarrow 00:43:24.884$ really get a better handle on what are

NOTE Confidence: 0.801096541111111

 $00:43:24.884 \longrightarrow 00:43:26.669$ the different human populations that

NOTE Confidence: 0.801096541111111

00:43:26.669 --> 00:43:28.748 might exhibit this sort of behavior.

NOTE Confidence: 0.801096541111111

00:43:28.750 --> 00:43:30.154 But we also have to move

NOTE Confidence: 0.801096541111111

 $00:43:30.154 \longrightarrow 00:43:30.856$ beyond immune profiling.

NOTE Confidence: 0.801096541111111

 $00:43:30.860 \longrightarrow 00:43:32.590$ We might get a sense of what are the immune

NOTE Confidence: 0.807560435238095

 $00:43:32.631 \longrightarrow 00:43:33.776$ populations that are are relevant

NOTE Confidence: 0.807560435238095

 $00:43:33.776 \longrightarrow 00:43:35.490$ and what are the immune interactions,

NOTE Confidence: 0.807560435238095

 $00:43:35.490 \longrightarrow 00:43:36.530$ which could play a role.

 $00:43:36.530 \longrightarrow 00:43:38.371$ But we actually have to to nominate

NOTE Confidence: 0.807560435238095

 $00:43:38.371 \longrightarrow 00:43:39.710$ individual targets for the clinic.

NOTE Confidence: 0.807560435238095

 $00:43:39.710 \longrightarrow 00:43:41.447$ We actually have to be able to test this.

NOTE Confidence: 0.807560435238095

 $00:43:41.450 \longrightarrow 00:43:43.166$ And then kidney cancer is a

NOTE Confidence: 0.807560435238095

00:43:43.166 --> 00:43:44.650 unique opportunity to do this.

NOTE Confidence: 0.807560435238095

00:43:44.650 --> 00:43:46.148 Part of it is just purely practical.

NOTE Confidence: 0.807560435238095

 $00:43:46.150 \longrightarrow 00:43:47.174$ These are enormous tumors.

NOTE Confidence: 0.807560435238095

 $00:43:47.174 \longrightarrow 00:43:49.067$ You can have a 6 1/2 centimeter

NOTE Confidence: 0.807560435238095

 $00{:}43{:}49.067 \dashrightarrow 00{:}43{:}51.132$ tumor that's a stage one tumor and

NOTE Confidence: 0.807560435238095

00:43:51.132 --> 00:43:53.109 it's not uncommon for these tumors

NOTE Confidence: 0.807560435238095

 $00:43:53.109 \longrightarrow 00:43:55.107$ to extend to exceed 10 centimeters.

NOTE Confidence: 0.807560435238095

 $00:43:55.110 \longrightarrow 00:43:56.460$ And so there's just lots of

NOTE Confidence: 0.807560435238095

 $00:43:56.460 \longrightarrow 00:43:58.199$ material to be able to extract

NOTE Confidence: 0.807560435238095

 $00:43:58.199 \longrightarrow 00:43:59.378$ individual immune populations.

NOTE Confidence: 0.807560435238095

00:43:59.380 --> 00:44:01.780 Individual tumor populations and

NOTE Confidence: 0.807560435238095

 $00:44:01.780 \longrightarrow 00:44:03.478$ actually functionally test which

00:44:03.478 --> 00:44:05.308 interactions might actually play a

NOTE Confidence: 0.807560435238095

 $00:44:05.308 \longrightarrow 00:44:07.356$ role and we've begun to do this.

NOTE Confidence: 0.807560435238095

 $00:44:07.360 \longrightarrow 00:44:09.537$ We've been able to take these primary

NOTE Confidence: 0.807560435238095

 $00:44:09.537 \longrightarrow 00:44:12.000$ tumors and I should mention Cat sudakin

NOTE Confidence: 0.807560435238095

 $00:44:12.000 \longrightarrow 00:44:14.675$ in the lab is really spearheaded this

NOTE Confidence: 0.807560435238095

00:44:14.675 --> 00:44:16.725 process of identifying patients as

NOTE Confidence: 0.807560435238095

00:44:16.725 --> 00:44:18.658 in collaboration with Mike Hurwitz

NOTE Confidence: 0.807560435238095

 $00:44:18.658 \longrightarrow 00:44:20.962$ who runs the Gu tumor bank with Debo

NOTE Confidence: 0.807560435238095

00:44:20.962 --> 00:44:22.569 Adeniran and Peter Humphrey and

NOTE Confidence: 0.807560435238095

 $00:44:22.569 \longrightarrow 00:44:24.459$ Pathology and Pat Kenny and Urology

NOTE Confidence: 0.807560435238095

 $00:44:24.520 \longrightarrow 00:44:26.512$ where we're able to routinely on

NOTE Confidence: 0.807560435238095

00:44:26.512 --> 00:44:28.062 just about every nephrectomy that's

NOTE Confidence: 0.807560435238095

 $00{:}44{:}28.062 \dashrightarrow 00{:}44{:}29.394$ done at the at the hospital.

NOTE Confidence: 0.807560435238095

00:44:29.400 --> 00:44:29.855 Here,

NOTE Confidence: 0.807560435238095

 $00:44:29.855 \longrightarrow 00:44:33.495$ collect fresh tumor for this sort of work.

 $00:44:33.500 \longrightarrow 00:44:35.215$ And so we're able to extract both

NOTE Confidence: 0.807560435238095

00:44:35.215 --> 00:44:37.088 immune cells and tumor cells and for

NOTE Confidence: 0.807560435238095

 $00:44:37.088 \longrightarrow 00:44:38.708$ a subset of patients we're actually

NOTE Confidence: 0.807560435238095

 $00:44:38.761 \longrightarrow 00:44:40.577$ able to to grow out tumor cell lines.

NOTE Confidence: 0.807560435238095

 $00:44:40.580 \longrightarrow 00:44:42.715$ And so this is really a valuable

NOTE Confidence: 0.807560435238095

 $00:44:42.715 \longrightarrow 00:44:44.535$ resource for thinking about autologous

NOTE Confidence: 0.807560435238095

 $00{:}44{:}44.535 \dashrightarrow 00{:}44{:}46.635$ coculture experiments with T cells.

NOTE Confidence: 0.807560435238095

 $00:44:46.640 \longrightarrow 00:44:49.304$ And so our sort of overall plan for

NOTE Confidence: 0.807560435238095

 $00:44:49.304 \longrightarrow 00:44:51.318$ functional validation is sort of two phases.

NOTE Confidence: 0.807560435238095

00:44:51.320 --> 00:44:53.162 One is a more reductionist approach

NOTE Confidence: 0.807560435238095

 $00{:}44{:}53.162 \dashrightarrow 00{:}44{:}55.576$ and one is one that maybe perhaps

NOTE Confidence: 0.807560435238095

00:44:55.576 --> 00:44:57.446 recapitulates the contacts of the

NOTE Confidence: 0.807560435238095

 $00{:}44{:}57.446 --> 00{:}44{:}59.800$ 3D micro environment a bit better.

NOTE Confidence: 0.807560435238095

 $00{:}44{:}59.800 \dashrightarrow 00{:}45{:}00.700$ The reductions to approach.

NOTE Confidence: 0.807560435238095

 $00:45:00.700 \longrightarrow 00:45:02.525$ Again this is led by a few people

NOTE Confidence: 0.807560435238095

 $00:45:02.525 \longrightarrow 00:45:03.365$ in the lab soaky.

00:45:03.370 --> 00:45:05.575 Uh Katrina and Hannah is to basically

NOTE Confidence: 0.807560435238095

 $00{:}45{:}05.575 \dashrightarrow 00{:}45{:}07.559$ break this down into individual

NOTE Confidence: 0.807560435238095

00:45:07.559 --> 00:45:08.539 cell populations.

NOTE Confidence: 0.807560435238095

 $00:45:08.540 \longrightarrow 00:45:10.565$ So to associate those tumors

NOTE Confidence: 0.807560435238095

00:45:10.565 --> 00:45:12.185 into single cell suspension,

NOTE Confidence: 0.807560435238095

00:45:12.190 --> 00:45:14.030 isolate individual cell populations

NOTE Confidence: 0.80756043523809500:45:14.030 --> 00:45:14.950 of interest,

NOTE Confidence: 0.807560435238095

 $00:45:14.950 \longrightarrow 00:45:16.810$ coculture just those populations of

NOTE Confidence: 0.807560435238095

 $00{:}45{:}16.810 \dashrightarrow 00{:}45{:}19.090$ interest with a the rapeutic drug with

NOTE Confidence: 0.807560435238095

 $00:45:19.090 \longrightarrow 00:45:21.250$ an inhibitor of a particular interaction.

NOTE Confidence: 0.807560435238095

 $00:45:21.250 \longrightarrow 00:45:22.960$ And then be able to measure

NOTE Confidence: 0.807560435238095

00:45:22.960 --> 00:45:24.740 changes in T cell function,

NOTE Confidence: 0.807560435238095

 $00{:}45{:}24.740 \dashrightarrow 00{:}45{:}27.630$ basic flow cytometry for intracellular

NOTE Confidence: 0.807560435238095

 $00:45:27.630 \longrightarrow 00:45:29.942$ cytokine production collaboration assays,

NOTE Confidence: 0.807560435238095

 $00:45:29.950 \longrightarrow 00:45:31.840$ expression of cytotoxicity markers like

 $00:45:31.840 \longrightarrow 00:45:34.540$ granzyme and then we begun to implement.

NOTE Confidence: 0.807560435238095

 $00:45:34.540 \longrightarrow 00:45:35.780$ These model antigen systems

NOTE Confidence: 0.807560435238095

 $00:45:35.780 \longrightarrow 00:45:38.012$ where we have now T cells that

NOTE Confidence: 0.807560435238095

 $00:45:38.012 \longrightarrow 00:45:39.866$ we engineer with a specific TCR,

NOTE Confidence: 0.807560435238095

00:45:39.870 --> 00:45:40.647 TCR against NY,

NOTE Confidence: 0.807560435238095

00:45:40.647 --> 00:45:42.919 so one or against WT1 and we have

NOTE Confidence: 0.807560435238095

 $00:45:42.919 \longrightarrow 00:45:44.894$ tumor cells that express those

NOTE Confidence: 0.807560435238095

 $00:45:44.894 \longrightarrow 00:45:46.474$ antigens and express luciferase

NOTE Confidence: 0.807560435238095

 $00:45:46.534 \longrightarrow 00:45:48.305$ and we can actually now test have

NOTE Confidence: 0.807560435238095

 $00:45:48.305 \longrightarrow 00:45:51.054$ a a model antigen system for for

NOTE Confidence: 0.807560435238095

 $00{:}45{:}51.054 \dashrightarrow 00{:}45{:}53.583$ testing these impact on cytotoxicity.

NOTE Confidence: 0.80756043523809500:45:53.583 --> 00:45:54.094 Again,

NOTE Confidence: 0.807560435238095

 $00:45:54.094 \longrightarrow 00:45:57.160$ there's limitations of a reductionist model.

NOTE Confidence: 0.807560435238095

 $00:45:57.160 \longrightarrow 00:45:59.106$ And so in work that's done in

NOTE Confidence: 0.807560435238095

00:45:59.106 --> 00:46:00.260 collaboration actually now with

NOTE Confidence: 0.807560435238095

 $00:46:00.260 \longrightarrow 00:46:01.868$ AstraZeneca and and a lot of

00:46:01.868 --> 00:46:03.320 mentorship from from Marcus here,

NOTE Confidence: 0.807560435238095

 $00{:}46{:}03.320 \dashrightarrow 00{:}46{:}05.420$ we also have begun to implement these

NOTE Confidence: 0.807560435238095

 $00:46:05.420 \longrightarrow 00:46:07.389$ tumor fragment models where we try

NOTE Confidence: 0.807560435238095

 $00:46:07.389 \longrightarrow 00:46:09.074$ to recapitulate the 3D microenvironment.

NOTE Confidence: 0.807560435238095

 $00:46:09.080 \longrightarrow 00:46:10.455$ We actually cut the tumor

NOTE Confidence: 0.807560435238095

 $00:46:10.455 \longrightarrow 00:46:11.555$ into these various fragments.

NOTE Confidence: 0.807560435238095

 $00:46:11.560 \longrightarrow 00:46:13.716$ We embed them in a collagen matrix.

NOTE Confidence: 0.807560435238095

 $00{:}46{:}13.720 \dashrightarrow 00{:}46{:}15.561$ We float that in media where we

NOTE Confidence: 0.807560435238095

 $00:46:15.561 \longrightarrow 00:46:16.350$ can add various

NOTE Confidence: 0.817583681130435

 $00:46:16.414 \longrightarrow 00:46:18.451$ perturbations and we can see that over

NOTE Confidence: 0.817583681130435

00:46:18.451 --> 00:46:20.679 the course of its short-term culture,

NOTE Confidence: 0.817583681130435

 $00:46:20.680 \longrightarrow 00:46:21.832$ three to five days,

NOTE Confidence: 0.817583681130435

 $00:46:21.832 \longrightarrow 00:46:23.560$ we really can recapitulate the Histology,

NOTE Confidence: 0.817583681130435

 $00:46:23.560 \longrightarrow 00:46:25.030$ the architecture of these clear cell.

NOTE Confidence: 0.817583681130435

00:46:25.030 --> 00:46:27.094 Consumers and preserve a lot of

00:46:27.094 --> 00:46:28.470 the immune microenvironment both

NOTE Confidence: 0.817583681130435

 $00:46:28.526 \longrightarrow 00:46:30.136$ T cell and myeloid components.

NOTE Confidence: 0.817583681130435

 $00:46:30.140 \longrightarrow 00:46:31.344$ And so with this we can actually

NOTE Confidence: 0.817583681130435

 $00:46:31.344 \longrightarrow 00:46:32.616$ use this to to actually function

NOTE Confidence: 0.817583681130435

 $00:46:32.616 \longrightarrow 00:46:34.050$ and validate some of these things.

NOTE Confidence: 0.817583681130435

 $00:46:34.050 \longrightarrow 00:46:35.100$ We've done some toy experiments,

NOTE Confidence: 0.817583681130435

 $00:46:35.100 \longrightarrow 00:46:36.696$ I'm showing one where we've added

NOTE Confidence: 0.817583681130435

 $00:46:36.696 \longrightarrow 00:46:38.694$ low dose or higher dose IL two and

NOTE Confidence: 0.817583681130435

 $00:46:38.694 \longrightarrow 00:46:40.292$ can show that we can impact the

NOTE Confidence: 0.817583681130435

 $00:46:40.292 \longrightarrow 00:46:42.092$ T cells that are there just as a

NOTE Confidence: 0.817583681130435

 $00{:}46{:}42.092 \dashrightarrow 00{:}46{:}43.380$ initial sort of proof of concept.

NOTE Confidence: 0.817583681130435

 $00:46:43.380 \longrightarrow 00:46:45.035$ But now together with AstraZeneca

NOTE Confidence: 0.817583681130435

 $00:46:45.035 \longrightarrow 00:46:47.087$ really looking at some of these

NOTE Confidence: 0.817583681130435

 $00:46:47.087 \longrightarrow 00:46:49.109$ interactions that we found in our

NOTE Confidence: 0.817583681130435

00:46:49.109 --> 00:46:50.835 original cancer cell paper TIGIT

NOTE Confidence: 0.817583681130435

 $00{:}46{:}50.835 \dashrightarrow 00{:}46{:}52.480$ and others and seeing whether

 $00:46:52.480 \longrightarrow 00:46:54.088$ inhibition of those inhibitory

NOTE Confidence: 0.817583681130435

 $00:46:54.088 \longrightarrow 00:46:55.696$ interactions might actually impact.

NOTE Confidence: 0.817583681130435

00:46:55.700 --> 00:46:58.560 Tumor killing and cell function.

NOTE Confidence: 0.817583681130435

 $00:46:58.560 \longrightarrow 00:47:00.792$ And so that second piece is really the

NOTE Confidence: 0.817583681130435

00:47:00.792 --> 00:47:02.177 tumor microenvironment and how that

NOTE Confidence: 0.817583681130435

 $00:47:02.177 \longrightarrow 00:47:03.737$ changes with advancing disease stage and

NOTE Confidence: 0.817583681130435

 $00:47:03.737 \longrightarrow 00:47:05.872$ now how we can use that to understand

NOTE Confidence: 0.817583681130435

 $00:47:05.872 \longrightarrow 00:47:07.164$ response and resistance to the rapy.

NOTE Confidence: 0.817583681130435

 $00:47:07.164 \longrightarrow 00:47:08.928$ The final aspect of our lab focuses

NOTE Confidence: 0.817583681130435

 $00:47:08.928 \longrightarrow 00:47:10.730$ on is really trying to identify

NOTE Confidence: 0.817583681130435

 $00:47:10.730 \longrightarrow 00:47:12.496$ what are the relevant antigens in

NOTE Confidence: 0.817583681130435

00:47:12.496 --> 00:47:13.828 kidney cancer and how we might

NOTE Confidence: 0.817583681130435

 $00{:}47{:}13.828 \dashrightarrow 00{:}47{:}15.162$ be able to the rapeutically target

NOTE Confidence: 0.817583681130435

 $00:47:15.162 \longrightarrow 00:47:16.817$ them with antigen directed therapy.

NOTE Confidence: 0.817583681130435

00:47:16.820 --> 00:47:18.416 And in order to do this,

 $00:47:18.420 \longrightarrow 00:47:19.995$ in my mind we need sort of two pieces.

NOTE Confidence: 0.817583681130435

 $00{:}47{:}20.000 \dashrightarrow 00{:}47{:}21.326$ We need a toolkit of experimental

NOTE Confidence: 0.817583681130435

 $00:47:21.326 \longrightarrow 00:47:22.910$ toolkit to do this and the other

NOTE Confidence: 0.817583681130435

 $00:47:22.910 \longrightarrow 00:47:24.212$ is we actually need the samples.

NOTE Confidence: 0.817583681130435

 $00:47:24.220 \longrightarrow 00:47:25.744$ And so the experimental tool toolkit

NOTE Confidence: 0.817583681130435

 $00:47:25.744 \longrightarrow 00:47:27.572$ is I would say both computational

NOTE Confidence: 0.817583681130435

 $00:47:27.572 \longrightarrow 00:47:28.709$ and physical tools.

NOTE Confidence: 0.817583681130435

 $00{:}47{:}28.710 \dashrightarrow 00{:}47{:}30.600$ Computational tools includes

NOTE Confidence: 0.817583681130435

 $00{:}47{:}30.600 \dashrightarrow 00{:}47{:}32.490$ better antigen prediction,

NOTE Confidence: 0.817583681130435

 $00:47:32.490 \longrightarrow 00:47:34.818$ the ability to infer not just

NOTE Confidence: 0.817583681130435

 $00:47:34.818 \longrightarrow 00:47:36.370$ neoantigens but things like

NOTE Confidence: 0.817583681130435

 $00:47:36.438 \longrightarrow 00:47:38.820$ expression endogenous retroviruses.

NOTE Confidence: 0.817583681130435

 $00:47:38.820 \longrightarrow 00:47:40.670$ Physical tools for antigen detection.

NOTE Confidence: 0.817583681130435

00:47:40.670 --> 00:47:42.992 These are immuno epidemics where we

NOTE Confidence: 0.817583681130435

00:47:42.992 --> 00:47:44.540 can actually immunoprecipitate off

NOTE Confidence: 0.817583681130435

00:47:44.602 --> 00:47:46.540 Class 1 molecules from tumor cells,

 $00:47:46.540 \longrightarrow 00:47:49.006$ elute peptide and and actually physically

NOTE Confidence: 0.817583681130435

 $00:47:49.006 \longrightarrow 00:47:52.009$ detect the presence of individual peptides.

NOTE Confidence: 0.817583681130435

 $00:47:52.010 \longrightarrow 00:47:53.810$ This was done in collaboration with

NOTE Confidence: 0.817583681130435

 $00:47:53.810 \longrightarrow 00:47:55.600$ Steve Carr's group at the Broad.

NOTE Confidence: 0.817583681130435

 $00:47:55.600 \longrightarrow 00:47:57.413$ And then TCR tools and these are

NOTE Confidence: 0.817583681130435

 $00:47:57.413 \longrightarrow 00:47:58.520$ now pretty established tools,

NOTE Confidence: 0.817583681130435

00:47:58.520 --> 00:47:59.948 tools for single cell TCR sequencing

NOTE Confidence: 0.817583681130435

00:47:59.948 --> 00:48:01.439 where we know the full alpha,

NOTE Confidence: 0.817583681130435

00:48:01.440 --> 00:48:03.620 beta paired TT cell sequence,

NOTE Confidence: 0.817583681130435

 $00:48:03.620 \longrightarrow 00:48:06.588$ but also the ability to then reconstruct

NOTE Confidence: 0.817583681130435

 $00:48:06.588 \longrightarrow 00:48:09.448$ them in primary healthy T cells and

NOTE Confidence: 0.817583681130435

 $00:48:09.448 \longrightarrow 00:48:11.036$ actually probe their specificity.

NOTE Confidence: 0.817583681130435

 $00{:}48{:}11.040 \dashrightarrow 00{:}48{:}13.296$ So we do have a good toolkit for

NOTE Confidence: 0.817583681130435

00:48:13.296 --> 00:48:15.094 antigen discovery now we need the

NOTE Confidence: 0.817583681130435

 $00{:}48{:}15.094 \dashrightarrow 00{:}48{:}16.852$ samples and I think clinical trials,

 $00:48:16.860 \longrightarrow 00:48:18.610$ particularly early phase clinical trials

NOTE Confidence: 0.817583681130435

 $00:48:18.610 \longrightarrow 00:48:20.672$ are really wonderful platform to be

NOTE Confidence: 0.817583681130435

 $00{:}48{:}20.672 \dashrightarrow 00{:}48{:}22.513$ able to do this really in-depth analysis.

NOTE Confidence: 0.817583681130435

 $00:48:22.520 \longrightarrow 00:48:24.184$ And so I'm going to give a little

NOTE Confidence: 0.817583681130435

 $00:48:24.184 \longrightarrow 00:48:25.640$ bit of a vignette of work.

NOTE Confidence: 0.817583681130435

00:48:25.640 --> 00:48:27.068 That's wrapping up from my time

NOTE Confidence: 0.817583681130435

 $00:48:27.068 \longrightarrow 00:48:27.782$ at Dana Farber.

NOTE Confidence: 0.817583681130435

 $00:48:27.790 \longrightarrow 00:48:28.830$ This is a clinical trial,

NOTE Confidence: 0.817583681130435

 $00:48:28.830 \longrightarrow 00:48:30.685$ a phase one trial that led together

NOTE Confidence: 0.817583681130435

00:48:30.685 --> 00:48:32.814 with Tony Sherry and Patrick OTT of

NOTE Confidence: 0.817583681130435

 $00{:}48{:}32.814 \dashrightarrow 00{:}48{:}34.098$ neoantigen vaccination in kidney

NOTE Confidence: 0.817583681130435

 $00:48:34.098 \longrightarrow 00:48:35.943$ cancer that I think has some

NOTE Confidence: 0.817583681130435

 $00:48:35.943 \longrightarrow 00:48:37.383$ interesting findings in of itself,

NOTE Confidence: 0.817583681130435

 $00{:}48{:}37.390 \dashrightarrow 00{:}48{:}38.578$ but really also serves I think,

NOTE Confidence: 0.817583681130435

 $00:48:38.580 \longrightarrow 00:48:40.692$ as a platform for answering some

NOTE Confidence: 0.817583681130435

 $00:48:40.692 \longrightarrow 00:48:41.748$ of these questions.

 $00:48:41.750 \longrightarrow 00:48:43.838$ So this was a a trial that took

NOTE Confidence: 0.817583681130435

 $00{:}48{:}43.838 \dashrightarrow 00{:}48{:}45.877$ stage three or stage four patients

NOTE Confidence: 0.817583681130435

 $00:48:45.877 \longrightarrow 00:48:46.969$ with kidney cancer.

NOTE Confidence: 0.817583681130435

 $00:48:46.970 \longrightarrow 00:48:48.596$ They had to be fully resected

NOTE Confidence: 0.817583681130435

 $00:48:48.596 \longrightarrow 00:48:49.680$ at the time of

NOTE Confidence: 0.86685781

 $00:48:49.746 \longrightarrow 00:48:51.899$ surgery. So they had no evidence of disease

NOTE Confidence: 0.86685781

 $00:48:51.899 \longrightarrow 00:48:53.928$ and these were clear cell only and we

NOTE Confidence: 0.86685781

 $00{:}48{:}53.928 \operatorname{--}{>} 00{:}48{:}55.767$ treated 5 patients, vaccine or local.

NOTE Confidence: 0.86685781

 $00{:}48{:}55.767 \dashrightarrow 00{:}48{:}57.921$ Pipeline maps or ctla 4 inhibitor

NOTE Confidence: 0.86685781

 $00{:}48{:}57.921 \longrightarrow 00{:}49{:}00.227$ given at the vaccine site or vaccine

NOTE Confidence: 0.86685781

 $00{:}49{:}00.227 \dashrightarrow 00{:}49{:}02.215$ alone and the basic process we

NOTE Confidence: 0.86685781

 $00:49:02.215 \longrightarrow 00:49:04.195$ would take their tumor and then

NOTE Confidence: 0.86685781

 $00{:}49{:}04.200 \dashrightarrow 00{:}49{:}05.898$ normal cells would take their blood,

NOTE Confidence: 0.86685781

00:49:05.900 --> 00:49:07.076 perform whole exome sequencing

NOTE Confidence: 0.86685781

 $00:49:07.076 \longrightarrow 00:49:08.840$ and RNA sequencing on the tumor.

00:49:08.840 --> 00:49:11.120 We'd identify tumor specific mutations,

NOTE Confidence: 0.86685781

00:49:11.120 --> 00:49:13.025 we ensure that they're actually

NOTE Confidence: 0.86685781

 $00{:}49{:}13.025 \dashrightarrow 00{:}49{:}14.930$ expressed that the RNA level

NOTE Confidence: 0.86685781

 $00:49:15.000 \longrightarrow 00:49:17.440$ we'd use some of our tools that I

NOTE Confidence: 0.86685781

 $00:49:17.440 \longrightarrow 00:49:19.412$ just described to infer what are

NOTE Confidence: 0.86685781

00:49:19.412 --> 00:49:21.356 likely to be HLA binding peptide,

NOTE Confidence: 0.86685781

00:49:21.360 --> 00:49:23.784 so likely to be antigens and then we'd

NOTE Confidence: 0.86685781

 $00:49:23.784 \longrightarrow 00:49:25.995$ actually get together in a spin a room.

NOTE Confidence: 0.86685781

 $00:49:26.000 \longrightarrow 00:49:27.930$ And turn it over zoom,

NOTE Confidence: 0.86685781

 $00:49:27.930 \longrightarrow 00:49:29.799$ but we get together as an epitope

NOTE Confidence: 0.86685781

00:49:29.799 --> 00:49:31.210 selection board to actually pick

NOTE Confidence: 0.86685781

 $00:49:31.210 \longrightarrow 00:49:32.872$ which of the mutations we want

NOTE Confidence: 0.86685781

 $00:49:32.872 \longrightarrow 00:49:34.408$ to target and design synthetic

NOTE Confidence: 0.86685781

 $00{:}49{:}34.408 \dashrightarrow 00{:}49{:}35.948$ long peptides anywhere between 20

NOTE Confidence: 0.86685781

 $00:49:35.948 \longrightarrow 00:49:39.125$ to 25 more typically in order to

NOTE Confidence: 0.86685781

 $00:49:39.125 \longrightarrow 00:49:41.169$ actually physically synthesize them.

 $00:49:41.170 \longrightarrow 00:49:43.600$ We then partnered with a GMP

NOTE Confidence: 0.86685781

 $00{:}49{:}43.600 \dashrightarrow 00{:}49{:}45.220$ peptide manufacturer to actually

NOTE Confidence: 0.86685781

 $00:49:45.294 \longrightarrow 00:49:48.396$ synthesize these peptides up to 20

NOTE Confidence: 0.86685781

00:49:48.396 --> 00:49:49.947 representing different neoantigens,

NOTE Confidence: 0.86685781

 $00:49:49.950 \longrightarrow 00:49:51.750$ pulled that together with an immune

NOTE Confidence: 0.86685781

00:49:51.750 --> 00:49:53.958 adjuvant Poly ICLC and then that

NOTE Confidence: 0.86685781

 $00:49:53.958 \longrightarrow 00:49:55.968$ delivered that to the patient.

NOTE Confidence: 0.86685781

 $00:49:55.970 \longrightarrow 00:49:59.310$ We treated 9 patients overall.

NOTE Confidence: 0.86685781

 $00:49:59.310 \longrightarrow 00:50:01.158$ It's the sort of standard demographics

NOTE Confidence: 0.86685781

 $00{:}50{:}01.158 --> 00{:}50{:}02.790$ you'd expect for kidney cancer.

NOTE Confidence: 0.86685781

 $00:50:02.790 \longrightarrow 00:50:03.874$ Majority were stage three.

NOTE Confidence: 0.86685781

00:50:03.874 --> 00:50:05.500 There were a couple of stage

NOTE Confidence: 0.86685781

 $00{:}50{:}05.554 --> 00{:}50{:}06.638$ four patients as well.

NOTE Confidence: 0.86685781

 $00:50:06.640 \longrightarrow 00:50:08.944$ And in every patient we were able to to

NOTE Confidence: 0.86685781

 $00:50:08.944 \longrightarrow 00:50:11.177$ identify enough mutations to actually target.

00:50:11.180 --> 00:50:13.130 So median of 13 unique mutations

NOTE Confidence: 0.86685781

 $00{:}50{:}13.130 \dashrightarrow 00{:}50{:}14.430$ were targeted per patient

NOTE Confidence: 0.86685781

00:50:14.487 --> 00:50:15.999 with 15 different peptides.

NOTE Confidence: 0.86685781

 $00{:}50{:}16.000 \dashrightarrow 00{:}50{:}17.463$ Kidney tumors have a lot more frame shift

NOTE Confidence: 0.86685781

 $00:50:17.463 \longrightarrow 00:50:19.046$ mutations than a lot of other tumor types.

NOTE Confidence: 0.86685781

 $00:50:19.050 \longrightarrow 00:50:20.280$ So we're able to target a

NOTE Confidence: 0.86685781

 $00:50:20.280 \longrightarrow 00:50:21.100$ lot of frame shifts.

NOTE Confidence: 0.86685781

00:50:21.100 --> 00:50:21.919 I think interestingly,

NOTE Confidence: 0.86685781

 $00{:}50{:}21.919 \dashrightarrow 00{:}50{:}23.830$ we're actually able to target in the

NOTE Confidence: 0.86685781

00:50:23.882 --> 00:50:25.596 majority of patients actually driver

NOTE Confidence: 0.86685781

 $00{:}50{:}25.596 \to 00{:}50{:}27.168$ mutations within kidney cancer.

NOTE Confidence: 0.86685781

 $00:50:27.170 \longrightarrow 00:50:29.081$ And it turns out those when we

NOTE Confidence: 0.86685781

 $00:50:29.081 \longrightarrow 00:50:31.365$ look back ends up being the most

NOTE Confidence: 0.86685781

 $00{:}50{:}31.365 \dashrightarrow 00{:}50{:}33.084$ immunogenic immunogenic peptides,

NOTE Confidence: 0.86685781

 $00:50:33.084 \longrightarrow 00:50:37.176$ the ones that represent driver mutations.

NOTE Confidence: 0.86685781

00:50:37.180 --> 00:50:39.105 And I hesitate to like talk about

 $00:50:39.105 \longrightarrow 00:50:41.514$ any sort of clinical data here just

NOTE Confidence: 0.86685781

 $00{:}50{:}41.514 \dashrightarrow 00{:}50{:}43.414$ because it's it's nine patients,

NOTE Confidence: 0.86685781

 $00:50:43.420 \longrightarrow 00:50:44.108$ but they're,

NOTE Confidence: 0.86685781

 $00:50:44.108 \longrightarrow 00:50:44.452$ yeah,

NOTE Confidence: 0.86685781

 $00:50:44.452 \longrightarrow 00:50:46.860$ at least encouraging that was certainly safe.

NOTE Confidence: 0.86685781

 $00:50:46.860 \longrightarrow 00:50:47.320$ No one,

NOTE Confidence: 0.86685781

 $00:50:47.320 \longrightarrow 00:50:48.930$ everyone did well on the trial and

NOTE Confidence: 0.86685781

 $00{:}50{:}48.930 \dashrightarrow 00{:}50{:}50{:}697$ there have been no clinical relapses,

NOTE Confidence: 0.86685781

 $00:50:50.700 \longrightarrow 00:50:52.730$ I would say in this population probably

NOTE Confidence: 0.86685781

 $00:50:52.730 \longrightarrow 00:50:54.668$ at this point somewhere around 1/3

NOTE Confidence: 0.86685781

 $00{:}50{:}54.668 \dashrightarrow 00{:}50{:}56.678$ third to half might have relapsed.

NOTE Confidence: 0.86685781

 $00{:}50{:}56.680 \dashrightarrow 00{:}50{:}59.182$ And so the fact that there have been no

NOTE Confidence: 0.86685781

 $00{:}50{:}59.182 \dashrightarrow 00{:}51{:}01.656$ disease recurrences is at least encouraging.

NOTE Confidence: 0.86685781

00:51:01.660 --> 00:51:02.074 But again,

NOTE Confidence: 0.86685781

 $00:51:02.074 \longrightarrow 00:51:03.730$ a big part of this was really the

 $00:51:03.780 \longrightarrow 00:51:05.240$ Biospecimen collection and these

NOTE Confidence: 0.86685781

 $00{:}51{:}05.240 \dashrightarrow 00{:}51{:}06.917$ were really generous patients that

NOTE Confidence: 0.86685781

00:51:06.917 --> 00:51:08.436 went through a lot for this trial.

NOTE Confidence: 0.86685781

 $00:51:08.440 \longrightarrow 00:51:10.320$ And so for each of these patients and

NOTE Confidence: 0.86685781

00:51:10.320 --> 00:51:12.388 they went through the vaccination itself,

NOTE Confidence: 0.86685781

00:51:12.390 --> 00:51:13.896 which were five priming doses of

NOTE Confidence: 0.86685781

00:51:13.896 --> 00:51:15.634 the course of three weeks and two

NOTE Confidence: 0.86685781

 $00:51:15.634 \longrightarrow 00:51:17.420$ booster shots at week 12 and week 20.

NOTE Confidence: 0.86685781

00:51:17.420 --> 00:51:18.895 They had multiple skin biopsies

NOTE Confidence: 0.86685781

 $00:51:18.895 \longrightarrow 00:51:20.729$ prior to and after vaccination to

NOTE Confidence: 0.86685781

 $00{:}51{:}20.729 \dashrightarrow 00{:}51{:}22.274$ look at whether they infiltrated

NOTE Confidence: 0.86685781

 $00{:}51{:}22.274 \dashrightarrow 00{:}51{:}23.800$ immune populations within the skin.

NOTE Confidence: 0.86685781

 $00:51:23.800 \longrightarrow 00:51:25.837$ We obviously have the tumor tissue itself,

NOTE Confidence: 0.86685781

 $00:51:25.840 \longrightarrow 00:51:27.382$ but we need lots of circulating

NOTE Confidence: 0.86685781

00:51:27.382 --> 00:51:29.486 blood cells as well to perform immune

NOTE Confidence: 0.86685781

 $00{:}51{:}29.486 \to 00{:}51{:}31.532$ monitoring and so we perform leukapheresis.

 $00:51:31.540 \longrightarrow 00:51:33.712$ Often required a central line placement

NOTE Confidence: 0.782859847894737

 $00:51:33.712 \longrightarrow 00:51:36.315$ before and after treatment and weeks here and

NOTE Confidence: 0.782859847894737

 $00{:}51{:}36.315 \dashrightarrow 00{:}51{:}39.292$ week 16 and pretty regular 200ML blood draws,

NOTE Confidence: 0.782859847894737

00:51:39.292 --> 00:51:41.428 regular 200ML blood draws,

NOTE Confidence: 0.782859847894737

 $00:51:41.430 \longrightarrow 00:51:45.007$ really look at what are the circulating

NOTE Confidence: 0.782859847894737

 $00:51:45.007 \longrightarrow 00:51:46.738$ immune populations and our questions,

NOTE Confidence: 0.782859847894737

00:51:46.738 --> 00:51:48.654 we're really trying to look kind of end

NOTE Confidence: 0.782859847894737

 $00{:}51{:}48.654 \dashrightarrow 00{:}51{:}50.358$ to end what's happening at the skin as

NOTE Confidence: 0.782859847894737

 $00{:}51{:}50.358 \dashrightarrow 00{:}51{:}51.814$ we move to the circulating immune system.

NOTE Confidence: 0.782859847894737

 $00:51:51.820 \longrightarrow 00:51:53.650$ Ultimately are we getting tumor reactivity,

NOTE Confidence: 0.782859847894737

00:51:53.650 --> 00:51:54.990 it's nice to get reactivity

NOTE Confidence: 0.782859847894737

 $00:51:54.990 \longrightarrow 00:51:56.062$ against the vaccine itself,

NOTE Confidence: 0.782859847894737

 $00{:}51{:}56.070 \dashrightarrow 00{:}51{:}57.810$ but it's actually not impacting

NOTE Confidence: 0.782859847894737

 $00:51:57.810 \longrightarrow 00:51:58.506$ tumor reactivity.

NOTE Confidence: 0.782859847894737

 $00:51:58.510 \longrightarrow 00:51:59.690$ We haven't done too much.

 $00:51:59.690 \longrightarrow 00:52:01.550$ We haven't actually been helpful.

NOTE Confidence: 0.782859847894737

 $00:52:01.550 \longrightarrow 00:52:03.166$ And so just to briefly walk through this,

NOTE Confidence: 0.782859847894737

 $00:52:03.170 \longrightarrow 00:52:04.892$ this is what a typical this

NOTE Confidence: 0.782859847894737

 $00:52:04.892 \longrightarrow 00:52:05.753$ actually patient one.

NOTE Confidence: 0.782859847894737

 $00:52:05.760 \longrightarrow 00:52:08.328$ So this is the prior vaccine scars and

NOTE Confidence: 0.782859847894737

 $00{:}52{:}08.328 \dashrightarrow 00{:}52{:}10.746$ what what the vaccine site looks like

NOTE Confidence: 0.782859847894737

 $00:52:10.746 \longrightarrow 00:52:13.260$ two to three days after vaccination

NOTE Confidence: 0.782859847894737

00:52:13.260 --> 00:52:16.280 we can perform enzymatic dissociation,

NOTE Confidence: 0.782859847894737

00:52:16.280 --> 00:52:18.986 CD45 isolation and single cell RNA

NOTE Confidence: 0.782859847894737

00:52:18.986 --> 00:52:20.790 sequencing identifying really high

NOTE Confidence: 0.782859847894737

 $00:52:20.855 \longrightarrow 00:52:23.597$ populations of myeloid and lymphoid cells.

NOTE Confidence: 0.782859847894737

00:52:23.600 --> 00:52:26.036 And this is work in progress,

NOTE Confidence: 0.782859847894737

 $00:52:26.040 \longrightarrow 00:52:27.720$ but we actually see some fairly

NOTE Confidence: 0.782859847894737

 $00:52:27.720 \longrightarrow 00:52:29.152$ interesting changes in both the

NOTE Confidence: 0.782859847894737

 $00:52:29.152 \longrightarrow 00:52:30.736$ myeloid cell and T cell population.

NOTE Confidence: 0.782859847894737

 $00{:}52{:}30.740 \dashrightarrow 00{:}52{:}32.378$ I would say predominantly it happens.

 $00:52:32.380 \longrightarrow 00:52:33.032$ With vaccination,

NOTE Confidence: 0.782859847894737

 $00{:}52{:}33.032 \dashrightarrow 00{:}52{:}34.662$ we're not seeing huge differences

NOTE Confidence: 0.782859847894737

 $00:52:34.662 \longrightarrow 00:52:36.538$ with the addition of epilimnion map.

NOTE Confidence: 0.782859847894737

 $00:52:36.540 \longrightarrow 00:52:39.137$ Moving on to the circulating immune system,

NOTE Confidence: 0.782859847894737

 $00:52:39.140 \longrightarrow 00:52:40.620$ really the workhorse for this

NOTE Confidence: 0.782859847894737

 $00{:}52{:}40.620 \dashrightarrow 00{:}52{:}42.100$ was interferon gamma Ellie spots.

NOTE Confidence: 0.782859847894737

00:52:42.100 --> 00:52:43.773 These are taking peripheral T cells out

NOTE Confidence: 0.782859847894737

 $00:52:43.773 \longrightarrow 00:52:46.088$ out of a patient peripheral blood cells,

NOTE Confidence: 0.782859847894737

 $00:52:46.090 \longrightarrow 00:52:47.798$ putting them into a dish and stimulating

NOTE Confidence: 0.782859847894737

 $00:52:47.798 \dashrightarrow 00:52:49.417$ them with the same vaccine peptides

NOTE Confidence: 0.782859847894737

00:52:49.417 --> 00:52:51.097 and seeing whether those T cells

NOTE Confidence: 0.782859847894737

 $00{:}52{:}51.097 \dashrightarrow 00{:}52{:}52.782$ release interferon gamma as a marker

NOTE Confidence: 0.782859847894737

 $00{:}52{:}52.782 \dashrightarrow 00{:}52{:}54.385$ of antigen reactivity and would see

NOTE Confidence: 0.782859847894737

 $00:52:54.385 \longrightarrow 00:52:55.855$ it week one prior to vaccination.

NOTE Confidence: 0.782859847894737

 $00:52:55.860 \longrightarrow 00:52:58.116$ Basically none of the neoantigen pools,

00:52:58.120 --> 00:53:01.074 the 1st 4 rows had any reactivity,

NOTE Confidence: 0.782859847894737

 $00{:}53{:}01.080 \dashrightarrow 00{:}53{:}03.936$ but we get pretty strong reactivity

NOTE Confidence: 0.782859847894737

 $00:53:03.940 \longrightarrow 00:53:06.614$ with vaccination and that when we do.

NOTE Confidence: 0.782859847894737

 $00:53:06.620 \longrightarrow 00:53:08.198$ Close cytometry and it's Cellular said

NOTE Confidence: 0.782859847894737

 $00:53:08.198 \longrightarrow 00:53:10.184$ to kind of standing we actually see that

NOTE Confidence: 0.782859847894737

00:53:10.184 --> 00:53:11.858 these are not largely polyfunctional,

NOTE Confidence: 0.782859847894737

 $00:53:11.858 \longrightarrow 00:53:15.890$ that they T cells not only produce interferon

NOTE Confidence: 0.782859847894737

 $00:53:15.970 \longrightarrow 00:53:18.746$ gamma but things like aisle 2 and TNF.

NOTE Confidence: 0.782859847894737

 $00{:}53{:}18.750 --> 00{:}53{:}19.554 \text{ And finally,}$

NOTE Confidence: 0.782859847894737

00:53:19.554 --> 00:53:21.564 moving beyond just vaccine reactivity,

NOTE Confidence: 0.782859847894737

 $00{:}53{:}21.570 \to 00{:}53{:}23.376$ are we getting actually tumor reactivity.

NOTE Confidence: 0.782859847894737

 $00:53:23.380 \longrightarrow 00:53:25.342$ And So what we can do is again take

NOTE Confidence: 0.782859847894737

 $00:53:25.342 \longrightarrow 00:53:27.247$ some of these post vaccine T cells,

NOTE Confidence: 0.782859847894737

 $00:53:27.250 \longrightarrow 00:53:29.350$ stimulate them with one of our vaccine

NOTE Confidence: 0.782859847894737

 $00:53:29.350 \longrightarrow 00:53:31.529$ peptides in this case against a driver

NOTE Confidence: 0.782859847894737

 $00:53:31.529 \longrightarrow 00:53:33.761$ mutation PR one and then coculture with

 $00:53:33.761 \longrightarrow 00:53:35.451$ that same patients autologous tumor

NOTE Confidence: 0.782859847894737

 $00:53:35.451 \longrightarrow 00:53:38.271$ and see whether those PBR one specific

NOTE Confidence: 0.782859847894737

 $00{:}53{:}38.271 \dashrightarrow 00{:}53{:}40.706$ T cells actually recognize tumor.

NOTE Confidence: 0.782859847894737

 $00:53:40.710 \longrightarrow 00:53:42.048$ And the answer is, is yes,

NOTE Confidence: 0.782859847894737

 $00:53:42.050 \longrightarrow 00:53:43.580$ that we are able to actually

NOTE Confidence: 0.782859847894737

 $00:53:43.580 \longrightarrow 00:53:44.345$ get tumor reactivity.

NOTE Confidence: 0.782859847894737

 $00:53:44.350 \longrightarrow 00:53:45.350$ It's not for all patients,

NOTE Confidence: 0.782859847894737

 $00:53:45.350 \longrightarrow 00:53:46.772$ but for the majority of patients

NOTE Confidence: 0.782859847894737

 $00{:}53{:}46.772 \dashrightarrow 00{:}53{:}48.619$ we're able to get evidence of tumor.

NOTE Confidence: 0.782859847894737

 $00{:}53{:}48.620 \dashrightarrow 00{:}53{:}50.000$ The activity with vaccination and

NOTE Confidence: 0.782859847894737

 $00:53:50.000 \longrightarrow 00:53:51.999$ so really this is our our first

NOTE Confidence: 0.782859847894737

00:53:51.999 --> 00:53:53.685 sort of attempt at an antigen

NOTE Confidence: 0.782859847894737

 $00{:}53{:}53.685 \dashrightarrow 00{:}53{:}55.208$ directed the rapy and kidney cancer,

NOTE Confidence: 0.782859847894737

00:53:55.210 --> 00:53:56.690 but I think neoantigens are

NOTE Confidence: 0.782859847894737

 $00:53:56.690 \longrightarrow 00:53:58.170$ a good place to start.

 $00:53:58.170 \longrightarrow 00:53:59.214$ But I think those are clearly

NOTE Confidence: 0.782859847894737

 $00:53:59.214 \longrightarrow 00:54:00.569$ not going to be the whole story.

NOTE Confidence: 0.782859847894737

 $00:54:00.570 \longrightarrow 00:54:02.166$ And kidney cancer we know that

NOTE Confidence: 0.782859847894737

 $00:54:02.166 \longrightarrow 00:54:03.538$ there's not an association between

NOTE Confidence: 0.782859847894737

 $00:54:03.538 \longrightarrow 00:54:05.104$ as I showed high neoantigens and

NOTE Confidence: 0.782859847894737

 $00:54:05.104 \longrightarrow 00:54:06.310$ and response to therapy.

NOTE Confidence: 0.782859847894737

 $00:54:06.310 \longrightarrow 00:54:09.362$ So we have to look beyond this

NOTE Confidence: 0.782859847894737

00:54:09.362 --> 00:54:10.670 initial neoantigen focused

NOTE Confidence: 0.842992571818182

 $00:54:10.670 \longrightarrow 00:54:12.326$ world and really look at other

NOTE Confidence: 0.842992571818182

 $00:54:12.326 \longrightarrow 00:54:13.750$ sources of antigens as well.

NOTE Confidence: 0.842992571818182

 $00{:}54{:}13.750 \dashrightarrow 00{:}54{:}15.682$ And very briefly this is work large

NOTE Confidence: 0.842992571818182

 $00{:}54{:}15.682 \dashrightarrow 00{:}54{:}17.152$ in collaboration with Bill Kaylan's

NOTE Confidence: 0.842992571818182

 $00{:}54{:}17.152 \dashrightarrow 00{:}54{:}18.637$ Group and Steve Carr's group.

NOTE Confidence: 0.842992571818182

 $00{:}54{:}18.640 \to 00{:}54{:}20.894$ We're using the same cohort of patients,

NOTE Confidence: 0.842992571818182

 $00:54:20.900 \longrightarrow 00:54:23.006$ the same tumors to actually look

NOTE Confidence: 0.842992571818182

 $00:54:23.006 \longrightarrow 00:54:24.410$ at endogenous retroviruses as

00:54:24.472 --> 00:54:26.059 potential antigenic targets.

NOTE Confidence: 0.842992571818182

 $00:54:26.060 \longrightarrow 00:54:27.194$ These are ones that are aberrantly

NOTE Confidence: 0.842992571818182

 $00:54:27.194 \longrightarrow 00:54:28.779$ expressed in a few different tumor types,

NOTE Confidence: 0.842992571818182

00:54:28.780 --> 00:54:31.062 but specifically kidney cancer has a high

NOTE Confidence: 0.842992571818182

 $00:54:31.062 \longrightarrow 00:54:33.380$ expression of these endogenous retroviruses.

NOTE Confidence: 0.842992571818182

 $00{:}54{:}33.380 \dashrightarrow 00{:}54{:}35.620$ So we can again use our computational

NOTE Confidence: 0.842992571818182

 $00:54:35.620 \longrightarrow 00:54:37.180$ tools to predict antigens,

NOTE Confidence: 0.842992571818182

 $00{:}54{:}37.180 \dashrightarrow 00{:}54{:}39.184$ potential ER derived antigens and use

NOTE Confidence: 0.842992571818182

 $00{:}54{:}39.184 \dashrightarrow 00{:}54{:}41.383$ mass spec based approach to actually

NOTE Confidence: 0.842992571818182

 $00{:}54{:}41.383 \dashrightarrow 00{:}54{:}42.999$ physically detect those antigens.

NOTE Confidence: 0.842992571818182

00:54:43.000 --> 00:54:44.860 And in this first patient,

NOTE Confidence: 0.842992571818182

00:54:44.860 --> 00:54:47.317 this patient 110 from our original trial,

NOTE Confidence: 0.842992571818182

 $00:54:47.320 \longrightarrow 00:54:49.210$ we see that there were seven ERV.

NOTE Confidence: 0.842992571818182

 $00{:}54{:}49.210 \dashrightarrow 00{:}54{:}50.745$ Derived peptides that were present

NOTE Confidence: 0.842992571818182

 $00:54:50.745 \longrightarrow 00:54:52.941$ on tumor but on a normal normal

00:54:52.941 --> 00:54:55.349 tissue and when we take one of those,

NOTE Confidence: 0.842992571818182

 $00:54:55.350 \longrightarrow 00:54:57.120$ the one highlighted in pink and

NOTE Confidence: 0.842992571818182

 $00:54:57.120 \longrightarrow 00:54:59.095$ actually test those for reactivity in

NOTE Confidence: 0.842992571818182

00:54:59.095 --> 00:55:01.309 peripheral blood cells from that patient,

NOTE Confidence: 0.842992571818182

 $00:55:01.310 \longrightarrow 00:55:03.256$ we can see that those that patients

NOTE Confidence: 0.842992571818182

00:55:03.256 --> 00:55:04.927 actually capable of mounting a low

NOTE Confidence: 0.842992571818182

 $00:55:04.927 \longrightarrow 00:55:06.761$ level but a response to that peptide.

NOTE Confidence: 0.842992571818182

00:55:06.770 --> 00:55:08.604 So just a initial proof of concept

NOTE Confidence: 0.842992571818182

 $00:55:08.604 \longrightarrow 00:55:10.268$ that these RV's can actually be

NOTE Confidence: 0.842992571818182

00:55:10.268 --> 00:55:12.179 antigenic and now we can actually do

NOTE Confidence: 0.842992571818182

 $00{:}55{:}12.233 \dashrightarrow 00{:}55{:}13.858$ this much more systematically look

NOTE Confidence: 0.842992571818182

 $00:55:13.858 \longrightarrow 00:55:16.222$ across all patients and all of their

NOTE Confidence: 0.842992571818182

 $00:55:16.222 \longrightarrow 00:55:17.686$ endogenous retroviruses that are

NOTE Confidence: 0.842992571818182

 $00:55:17.686 \longrightarrow 00:55:19.960$ presented and look for antigenicity.

NOTE Confidence: 0.842992571818182

00:55:19.960 --> 00:55:21.706 Again, these are very focused approaches.

NOTE Confidence: 0.842992571818182

 $00:55:21.710 \longrightarrow 00:55:24.878$ These are specific hypothesis,

 $00:55:24.878 \longrightarrow 00:55:25.670$ neoantigen.

NOTE Confidence: 0.842992571818182

00:55:25.670 --> 00:55:26.778 Uh or endogenous retroviruses,

NOTE Confidence: 0.842992571818182

 $00:55:26.778 \longrightarrow 00:55:29.422$ the last thing we want to do is ultimately

NOTE Confidence: 0.842992571818182

 $00:55:29.422 \longrightarrow 00:55:30.977$ build systems and collaborate with

NOTE Confidence: 0.842992571818182

 $00{:}55{:}30.977 \dashrightarrow 00{:}55{:}32.898$ with groups that are interested in

NOTE Confidence: 0.842992571818182

 $00:55:32.898 \longrightarrow 00:55:34.453$ more broad antigen discovery efforts

NOTE Confidence: 0.842992571818182

 $00:55:34.453 \longrightarrow 00:55:36.150$ for things that we're not thinking of.

NOTE Confidence: 0.842992571818182

 $00:55:36.150 \longrightarrow 00:55:37.686$ And so we recently entered a

NOTE Confidence: 0.842992571818182

 $00{:}55{:}37.686 \to 00{:}55{:}38.710$ partnership with Remedy Bio,

NOTE Confidence: 0.842992571818182

 $00:55:38.710 \longrightarrow 00:55:41.200$ a biotech company based in Ireland,

NOTE Confidence: 0.842992571818182

 $00:55:41.200 \longrightarrow 00:55:43.348$ which has a novel platform,

NOTE Confidence: 0.842992571818182

 $00:55:43.350 \longrightarrow 00:55:45.354$ a nano reactor platform that actually

NOTE Confidence: 0.842992571818182

 $00{:}55{:}45.354 \dashrightarrow 00{:}55{:}47.051$ allows you to coculture individual

NOTE Confidence: 0.842992571818182

 $00:55:47.051 \longrightarrow 00:55:49.158$ T cells and tumor cells within each

NOTE Confidence: 0.842992571818182

 $00:55:49.158 \longrightarrow 00:55:50.150$ of these wells,

00:55:50.150 --> 00:55:51.968 but actually measure which of those

NOTE Confidence: 0.842992571818182

 $00{:}55{:}51.968 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}55{:}53.610$ wells are reactive to tumors,

NOTE Confidence: 0.842992571818182

 $00:55:53.610 \longrightarrow 00:55:55.955$ use a pneumatic system to extract viable.

NOTE Confidence: 0.842992571818182

 $00:55:55.960 \longrightarrow 00:55:57.472$ These cells tumor reactive T cells

NOTE Confidence: 0.842992571818182

 $00:55:57.472 \longrightarrow 00:55:59.518$ and be able to sequence their TCR,

NOTE Confidence: 0.842992571818182

 $00:55:59.520 \longrightarrow 00:56:01.686$ so really be able to understand

NOTE Confidence: 0.842992571818182

 $00:56:01.686 \longrightarrow 00:56:03.509$ much more systematically what is

NOTE Confidence: 0.842992571818182

 $00:56:03.509 \longrightarrow 00:56:05.079$ the repertoire of tumor reactive

NOTE Confidence: 0.842992571818182

 $00:56:05.079 \longrightarrow 00:56:06.810$ T cells in kidney cancer.

NOTE Confidence: 0.842992571818182

00:56:06.810 --> 00:56:08.994 And so overall our kind of hope with

NOTE Confidence: 0.842992571818182

 $00{:}56{:}08.994 \dashrightarrow 00{:}56{:}11.201$ this branch of the lab is really to

NOTE Confidence: 0.842992571818182

00:56:11.201 --> 00:56:13.069 move beyond our classic tools for

NOTE Confidence: 0.842992571818182

 $00:56:13.069 \longrightarrow 00:56:14.914$ immunomodulation to add the steering

NOTE Confidence: 0.842992571818182

 $00{:}56{:}14.914 \dashrightarrow 00{:}56{:}16.966$ wheels rather than only looking at

NOTE Confidence: 0.842992571818182

 $00:56:16.966 \longrightarrow 00:56:18.526$ the inhibitory checkpoints or the

NOTE Confidence: 0.842992571818182

 $00:56:18.526 \longrightarrow 00:56:20.555$ the sort of go signals for your

 $00:56:20.555 \longrightarrow 00:56:22.250$ immune cells to actually be able

NOTE Confidence: 0.842992571818182

 $00:56:22.250 \longrightarrow 00:56:24.287$ to add a component of an antigen

NOTE Confidence: 0.842992571818182

00:56:24.287 --> 00:56:26.169 directed therapy really focus on

NOTE Confidence: 0.842992571818182

 $00:56:26.169 \longrightarrow 00:56:27.468$ HLA restricted antigens.

NOTE Confidence: 0.842992571818182

 $00:56:27.470 \longrightarrow 00:56:29.166$ And that's where the model for the lab,

NOTE Confidence: 0.842992571818182

 $00:56:29.170 \longrightarrow 00:56:31.210$ it's been a busy but a great year.

NOTE Confidence: 0.842992571818182

 $00:56:31.210 \longrightarrow 00:56:33.429$ That's been a wonderful, a wonderful time.

NOTE Confidence: 0.842992571818182

 $00:56:33.430 \longrightarrow 00:56:34.800$ I felt incredibly welcome here

NOTE Confidence: 0.842992571818182

 $00:56:34.800 \longrightarrow 00:56:36.787$ at Yale and been lucky to have

NOTE Confidence: 0.842992571818182

 $00{:}56{:}36.787 \dashrightarrow 00{:}56{:}38.461$ remarkably energetic and and kind

NOTE Confidence: 0.842992571818182

 $00:56:38.461 \longrightarrow 00:56:40.350$ group of people joined the lab and

NOTE Confidence: 0.842992571818182

 $00:56:40.350 \longrightarrow 00:56:42.082$ really focus on sort of this model

NOTE Confidence: 0.842992571818182

 $00{:}56{:}42.082 \dashrightarrow 00{:}56{:}43.468$ that we start with the patient.

NOTE Confidence: 0.842992571818182

 $00{:}56{:}43.470 \dashrightarrow 00{:}56{:}46.190$ We try to learn things from their tumor,

NOTE Confidence: 0.842992571818182

 $00:56:46.190 \longrightarrow 00:56:47.198$ from their immune system.

 $00:56:47.198 \longrightarrow 00:56:48.710$ We have a lot to go

NOTE Confidence: 0.819177374545455

 $00{:}56{:}48.769 \dashrightarrow 00{:}56{:}51.595$ and a lot of open questions about sell sell

NOTE Confidence: 0.819177374545455

 $00:56:51.595 \longrightarrow 00:56:52.948$ interactions and about antigenic targets,

NOTE Confidence: 0.819177374545455

 $00:56:52.948 \longrightarrow 00:56:54.860$ but always with an eye to try to

NOTE Confidence: 0.819177374545455

00:56:54.912 --> 00:56:56.647 bring that into improved diagnostics,

NOTE Confidence: 0.819177374545455

 $00:56:56.650 \longrightarrow 00:56:57.601$ actually improve therapeutics.

NOTE Confidence: 0.819177374545455

00:56:57.601 --> 00:57:00.167 And try to bring that back into early

NOTE Confidence: 0.819177374545455

 $00{:}57{:}00.167 \dashrightarrow 00{:}57{:}02.239$ phase trials like I showed with our

NOTE Confidence: 0.819177374545455

 $00:57:02.239 \longrightarrow 00:57:03.847$ neoantigen trial and then to continually

NOTE Confidence: 0.819177374545455

 $00{:}57{:}03.847 \dashrightarrow 00{:}57{:}05.676$ iterate to try to get a little bit

NOTE Confidence: 0.819177374545455

 $00{:}57{:}05.676 \dashrightarrow 00{:}57{:}07.027$ better each time that we do this.

NOTE Confidence: 0.819177374545455

 $00:57:07.030 \longrightarrow 00:57:08.066$ And so with that,

NOTE Confidence: 0.819177374545455

00:57:08.066 --> 00:57:09.620 thank you again for the opportunity

NOTE Confidence: 0.819177374545455

 $00:57:09.671 \longrightarrow 00:57:11.085$ to speak and a lot of people,

NOTE Confidence: 0.819177374545455

00:57:11.090 --> 00:57:12.710 both my lab and collaborators,

NOTE Confidence: 0.819177374545455

00:57:12.710 --> 00:57:14.445 but most importantly the patients

 $00:57:14.445 \longrightarrow 00:57:15.486$ and their families.

NOTE Confidence: 0.819177374545455

00:57:15.490 --> 00:57:16.910 And this time I'm happy

NOTE Confidence: 0.819177374545455

 $00:57:16.910 \longrightarrow 00:57:18.046$ to take some questions.

NOTE Confidence: 0.6855213275

 $00:57:24.640 \longrightarrow 00:57:26.760$ Alright, just one question.

NOTE Confidence: 0.76040465

 $00:57:32.920 \longrightarrow 00:57:35.068$ In general, most of them are.

NOTE Confidence: 0.787722142

 $00:57:39.180 \longrightarrow 00:57:41.970$ There must be some difference. Responded.

NOTE Confidence: 0.8806778

 $00:57:44.940 \longrightarrow 00:57:45.740$ Yeah.

NOTE Confidence: 0.640314086666667

 $00{:}57{:}48.010 \dashrightarrow 00{:}57{:}50.926$ The CDA looks great based on

NOTE Confidence: 0.640314086666667

 $00{:}57{:}50.930 \dashrightarrow 00{:}57{:}52.198$ responding to non response.

NOTE Confidence: 0.774150805714286

00:57:55.030 --> 00:57:56.383 Within infiltrated tumors,

NOTE Confidence: 0.774150805714286

 $00{:}57{:}56.383 \dashrightarrow 00{:}57{:}58.187$ it's a good question.

NOTE Confidence: 0.774150805714286

 $00:57:58.190 \longrightarrow 00:58:00.020$ I think that's where our sort

NOTE Confidence: 0.774150805714286

 $00{:}58{:}00.020 \dashrightarrow 00{:}58{:}01.852$ of larger collection of this 90

NOTE Confidence: 0.774150805714286

 $00{:}58{:}01.852 \dashrightarrow 00{:}58{:}03.508$ single cell sequence of 96 tumors

NOTE Confidence: 0.774150805714286

 $00:58:03.508 \longrightarrow 00:58:05.387$ will I think be very helpful.

00:58:05.390 --> 00:58:07.586 If I were to answer this six months ago,

NOTE Confidence: 0.774150805714286

 $00:58:07.590 \longrightarrow 00:58:08.952$ I would have said it's it's

NOTE Confidence: 0.774150805714286

00:58:08.952 --> 00:58:10.463 going to be impacted largely by

NOTE Confidence: 0.774150805714286

 $00:58:10.463 \longrightarrow 00:58:11.848$ the myeloid component as well.

NOTE Confidence: 0.774150805714286

 $00:58:11.850 \longrightarrow 00:58:13.146$ And I think that's still is

NOTE Confidence: 0.774150805714286

00:58:13.146 --> 00:58:14.530 probably true that we kind of

NOTE Confidence: 0.774150805714286

 $00:58:14.530 \longrightarrow 00:58:15.934$ showed in our original study that

NOTE Confidence: 0.774150805714286

00:58:15.934 --> 00:58:17.311 even though we're we're thinking

NOTE Confidence: 0.774150805714286

00:58:17.311 --> 00:58:18.746 that we're measuring CDT cells,

NOTE Confidence: 0.774150805714286

00:58:18.750 --> 00:58:20.748 likely what we're actually capturing is

NOTE Confidence: 0.774150805714286

 $00{:}58{:}20.748 {\:{\mbox{--}}\!>}\ 00{:}58{:}22.080$ interactions between those terminally

NOTE Confidence: 0.774150805714286

 $00:58:22.130 \longrightarrow 00:58:23.690$ exhausted CDT cells and the myeloid.

NOTE Confidence: 0.774150805714286

 $00:58:23.690 \longrightarrow 00:58:24.791$ Component and that.

NOTE Confidence: 0.774150805714286

00:58:24.791 --> 00:58:25.158 Historically,

NOTE Confidence: 0.774150805714286

00:58:25.158 --> 00:58:27.700 we've only targeted 11 branch of that.

NOTE Confidence: 0.774150805714286

 $00:58:27.700 \longrightarrow 00:58:29.282$ We've only targeted the T cell compartment

 $00:58:29.282 \longrightarrow 00:58:30.850$ and not the myeloid compartment.

NOTE Confidence: 0.774150805714286

 $00:58:30.850 \longrightarrow 00:58:31.942$ I think that's going to be

NOTE Confidence: 0.774150805714286

 $00:58:31.942 \longrightarrow 00:58:32.840$ one big piece of it.

NOTE Confidence: 0.774150805714286

 $00:58:32.840 \longrightarrow 00:58:34.520$ The second piece which was we

NOTE Confidence: 0.774150805714286

 $00:58:34.520 \longrightarrow 00:58:36.285$ weren't expecting to find is this

NOTE Confidence: 0.774150805714286

 $00:58:36.285 \longrightarrow 00:58:37.760$ particular phenotype of slam of

NOTE Confidence: 0.774150805714286

 $00:58:37.760 \longrightarrow 00:58:39.284$ seven positive CDT cells that

NOTE Confidence: 0.774150805714286

 $00{:}58{:}39.284 \rightarrow 00{:}58{:}40.734$ requires a lot of validation

NOTE Confidence: 0.774150805714286

 $00.58:40.734 \longrightarrow 00.58:42.072$ both that they're actually real,

NOTE Confidence: 0.774150805714286

 $00:58:42.072 \longrightarrow 00:58:43.920$ but then that they have a functional role.

NOTE Confidence: 0.774150805714286

 $00:58:43.920 \longrightarrow 00:58:45.012$ I think that's going to be the

NOTE Confidence: 0.774150805714286

 $00:58:45.012 \longrightarrow 00:58:45.880$ other sort of component.

NOTE Confidence: 0.774150805714286

 $00:58:45.880 \longrightarrow 00:58:47.692$ Are there different actually the cell

NOTE Confidence: 0.774150805714286

00:58:47.692 --> 00:58:49.259 phone even though they're broadly

NOTE Confidence: 0.774150805714286

 $00:58:49.259 \longrightarrow 00:58:51.436$ infiltrated by similar numbers of CDT cells,

 $00:58:51.440 \longrightarrow 00:58:53.449$ are those CDT cells of a different

NOTE Confidence: 0.774150805714286

 $00:58:53.449 \longrightarrow 00:58:55.309$ phenotype that actually might be perturbed?

NOTE Confidence: 0.774150805714286

00:58:55.310 --> 00:58:57.238 In some way and one nice thing is

NOTE Confidence: 0.774150805714286

 $00:58:57.238 \longrightarrow 00:58:59.513$ there are even you know FDA approved

NOTE Confidence: 0.774150805714286

 $00:58:59.513 \longrightarrow 00:59:01.480$ antibodies like elotuzumab for slim F7.

NOTE Confidence: 0.774150805714286

00:59:01.480 --> 00:59:04.024 So one can see actually a pathway those

NOTE Confidence: 0.774150805714286

 $00:59:04.024 \longrightarrow 00:59:06.300$ end up being true to to the clinic.

NOTE Confidence: 0.774150805714286

 $00:59:06.300 \longrightarrow 00:59:07.658$ So that's that's kind of ongoing work.

NOTE Confidence: 0.774150805714286

 $00:59:07.660 \longrightarrow 00:59:09.460$ Now actually a rotation student in

NOTE Confidence: 0.774150805714286

 $00:59:09.460 \longrightarrow 00:59:11.184$ the lab is putting some of seven

NOTE Confidence: 0.774150805714286

 $00{:}59{:}11.184 \dashrightarrow 00{:}59{:}13.163$ into some of these T cells and we're

NOTE Confidence: 0.774150805714286

 $00:59:13.163 \longrightarrow 00:59:14.903$ actually seeing whether this impacts

NOTE Confidence: 0.774150805714286

 $00:59:14.903 \longrightarrow 00:59:15.947$ cytokine production proliferation,

NOTE Confidence: 0.774150805714286

 $00:59:15.950 \longrightarrow 00:59:16.500$ tumor killing.

NOTE Confidence: 0.7731182

 $00:59:20.150 \longrightarrow 00:59:25.780$ Yeah. Ohl. And. 27.

NOTE Confidence: 0.70971655

 $00:59:33.350 \longrightarrow 00:59:33.780$ Thank you.

 $00:59:38.800 \longrightarrow 00:59:40.070$ Yeah, it's a great question.

NOTE Confidence: 0.792454042

 $00:59:40.070 \longrightarrow 00:59:42.646$ So the question was just about the

NOTE Confidence: 0.792454042

 $00:59:42.646 \longrightarrow 00:59:44.137$ stromal component fibroblasts and

NOTE Confidence: 0.792454042

00:59:44.137 --> 00:59:45.819 other stromal and kidney can't

NOTE Confidence: 0.792454042

 $00:59:45.819 \longrightarrow 00:59:47.877$ strictly anthelion cells as well which

NOTE Confidence: 0.792454042

 $00:59:47.877 \longrightarrow 00:59:49.848$ these are heavily vascular tumors.

NOTE Confidence: 0.792454042

00:59:49.850 --> 00:59:51.596 I would say our first study

NOTE Confidence: 0.792454042

00:59:51.596 --> 00:59:52.990 really didn't we weren't we,

NOTE Confidence: 0.792454042

 $00:59:52.990 \longrightarrow 00:59:54.404$ we really didn't look at it at

NOTE Confidence: 0.792454042

00:59:54.404 --> 00:59:55.676 all because our protocol really

NOTE Confidence: 0.792454042

 $00:59:55.676 \longrightarrow 00:59:56.908$ enriched for immune cells.

NOTE Confidence: 0.792454042

00:59:56.910 --> 00:59:59.350 I think now with not only the chromophobe,

NOTE Confidence: 0.792454042

 $00:59:59.350 \longrightarrow 01:00:00.496$ the Chromophobe project,

NOTE Confidence: 0.792454042

 $01{:}00{:}00.496 \dashrightarrow 01{:}00{:}03.616$ but also this these you know larger 96

NOTE Confidence: 0.792454042

 $01:00:03.616 \longrightarrow 01:00:05.854$ samples we actually much more broadly.

01:00:05.860 --> 01:00:06.880 Capture cancer,

NOTE Confidence: 0.792454042

 $01:00:06.880 \longrightarrow 01:00:09.430$ associated fibroblasts and epithelial cells.

NOTE Confidence: 0.792454042

 $01:00:09.430 \longrightarrow 01:00:10.934$ I will say that first 13 patients we

NOTE Confidence: 0.792454042

 $01:00:10.934 \longrightarrow 01:00:12.438$ didn't see any that were specifically

NOTE Confidence: 0.792454042

 $01:00:12.438 \longrightarrow 01:00:13.526$ associated with response or

NOTE Confidence: 0.792454042

 $01:00:13.526 \longrightarrow 01:00:14.950$ resistance in this very broad look.

NOTE Confidence: 0.792454042

 $01{:}00{:}14.950 \dashrightarrow 01{:}00{:}16.495$ But that obviously doesn't mean

NOTE Confidence: 0.792454042

01:00:16.495 --> 01:00:18.040 they're not important actually driving

NOTE Confidence: 0.792454042

01:00:18.090 --> 01:00:19.548 either T cell or myeloid biology.

NOTE Confidence: 0.792454042

01:00:19.550 --> 01:00:20.817 And so that's something that I think

NOTE Confidence: 0.792454042

 $01:00:20.817 \longrightarrow 01:00:22.328$ we need to look into in more depth,

NOTE Confidence: 0.792454042

 $01:00:22.330 \longrightarrow 01:00:23.290$ but we don't have,

NOTE Confidence: 0.792454042

 $01:00:23.290 \longrightarrow 01:00:24.730$ we don't know quite yet but

NOTE Confidence: 0.792454042

01:00:24.784 --> 01:00:25.880 actually now I think.

NOTE Confidence: 0.792454042

 $01:00:25.880 \longrightarrow 01:00:26.022$ Yeah.

NOTE Confidence: 0.792454042

 $01:00:26.022 \longrightarrow 01:00:27.016$ Now we actually have the tools that

01:00:27.016 --> 01:00:27.980 I would be able to look at it.

NOTE Confidence: 0.885148

 $01:00:32.720 \longrightarrow 01:00:33.020$ You know. NOTE Confidence: 0.688550993333333

01:00:35.680 --> 01:00:38.716 Really the only type that sold?

NOTE Confidence: 0.688550993333333

01:00:38.720 --> 01:00:40.668 Obesity and commonly treated

NOTE Confidence: 0.688550993333333

 $01:00:40.668 \longrightarrow 01:00:42.129$ with cycling inhibitors.

NOTE Confidence: 0.688550993333333

01:00:42.130 --> 01:00:44.188 I'm wondering if you have any hints

NOTE Confidence: 0.688550993333333

 $01:00:44.188 \longrightarrow 01:00:46.570$ in your data as to the role of

NOTE Confidence: 0.688550993333333

 $01{:}00{:}46.570 \dashrightarrow 01{:}00{:}48.132$ metabolism in the micro environment.

NOTE Confidence: 0.688550993333333

01:00:48.132 --> 01:00:49.334 Yeah, it's a great question.

NOTE Confidence: 0.688550993333333

 $01:00:49.334 \longrightarrow 01:00:50.439$ The shortening I'll give is,

NOTE Confidence: 0.688550993333333

 $01:00:50.440 \longrightarrow 01:00:51.800$ is not yet, but I'd love to be

NOTE Confidence: 0.688550993333333

 $01:00:51.800 \longrightarrow 01:00:53.417$ able to support it and look at

NOTE Confidence: 0.688550993333333

 $01{:}00{:}53.417 \dashrightarrow 01{:}00{:}54.647$ it because it's some fascinating

NOTE Confidence: 0.688550993333333

 $01{:}00{:}54.697 {\:\dashrightarrow\:} 01{:}00{:}56.215$ parts about kidney cancer as well.

NOTE Confidence: 0.688550993333333

 $01:00:56.220 \longrightarrow 01:00:58.005$ So there's something where even

01:00:58.005 --> 01:00:59.790 though it's you're more likely

NOTE Confidence: 0.688550993333333

 $01:00:59.852 \longrightarrow 01:01:01.442$ to get it the the incidence

NOTE Confidence: 0.688550993333333

 $01:01:01.442 \longrightarrow 01:01:03.080$ is higher in obese patients.

NOTE Confidence: 0.688550993333333

 $01:01:03.080 \longrightarrow 01:01:04.586$ Those patients who are obese who

NOTE Confidence: 0.688550993333333

 $01:01:04.586 \longrightarrow 01:01:05.940$ have metastatic disease do better.

NOTE Confidence: 0.688550993333333

01:01:05.940 --> 01:01:07.384 Something called the obesity

NOTE Confidence: 0.688550993333333

 $01:01:07.384 \longrightarrow 01:01:08.828$ paradox within kidney cancer.

NOTE Confidence: 0.688550993333333

 $01:01:08.830 \longrightarrow 01:01:10.084$ And we know that there's some

NOTE Confidence: 0.688550993333333

 $01:01:10.084 \longrightarrow 01:01:11.560$ hints that these are in general

NOTE Confidence: 0.688550993333333

 $01:01:11.560 \longrightarrow 01:01:12.756$ are really metabolically active.

NOTE Confidence: 0.688550993333333

 $01:01:12.760 \longrightarrow 01:01:14.150$ There's really excellent work from

NOTE Confidence: 0.688550993333333

01:01:14.150 --> 01:01:15.540 Jeff Rathmell and Jim Rathman's

NOTE Confidence: 0.688550993333333

01:01:15.583 --> 01:01:17.431 group that looked at what are the the

NOTE Confidence: 0.688550993333333

 $01{:}01{:}17.431 \dashrightarrow 01{:}01{:}18.732$ primary consumers of for instance

NOTE Confidence: 0.688550993333333

 $01:01:18.732 \longrightarrow 01:01:20.047$ glucose and the micro environment.

NOTE Confidence: 0.688550993333333

01:01:20.050 --> 01:01:21.667 And since that's not the tumor cells,

01:01:21.670 --> 01:01:23.290 it turns out it's mostly the

NOTE Confidence: 0.688550993333333

 $01:01:23.290 \longrightarrow 01:01:24.759$ myeloid compartment that's a primary

NOTE Confidence: 0.688550993333333

01:01:24.759 --> 01:01:26.087 drive the primary consumer.

NOTE Confidence: 0.688550993333333

01:01:26.090 --> 01:01:28.583 But T cells are are still consuming a lot.

NOTE Confidence: 0.688550993333333

01:01:28.590 --> 01:01:30.170 How those actually ultimately I

NOTE Confidence: 0.688550993333333

01:01:30.170 --> 01:01:32.230 think impact the function of T cells,

NOTE Confidence: 0.688550993333333

01:01:32.230 --> 01:01:34.239 I think we haven't looked at all,

NOTE Confidence: 0.688550993333333

 $01:01:34.240 \longrightarrow 01:01:35.797$ but it would be great to be able to

NOTE Confidence: 0.688550993333333

 $01:01:35.797 \longrightarrow 01:01:37.156$ explore especially with some of these

NOTE Confidence: 0.688550993333333

 $01:01:37.156 \longrightarrow 01:01:38.869$ models where we're you know have them in.

NOTE Confidence: 0.688550993333333

01:01:38.870 --> 01:01:40.268 Really nutrient rich,

NOTE Confidence: 0.688550993333333

 $01:01:40.268 \longrightarrow 01:01:42.598$ metabolically favorable conditions and xvo

NOTE Confidence: 0.688550993333333

 $01{:}01{:}42.598 \dashrightarrow 01{:}01{:}45.036$ actually would be nice to recapitulate

NOTE Confidence: 0.688550993333333

 $01:01:45.036 \longrightarrow 01:01:46.836$ some of the nutrient limitations

NOTE Confidence: 0.688550993333333

 $01:01:46.836 \longrightarrow 01:01:49.149$ that are present in the tumor itself.

 $01:01:49.150 \longrightarrow 01:01:51.430$ Yes.

NOTE Confidence: 0.688550993333333

 $01:01:51.430 \longrightarrow 01:01:52.354$ Well, thank you,

NOTE Confidence: 0.68855099333333301:01:52.354 --> 01:01:52.662 David. NOTE Confidence: 0.688550993333333

01:01:52.662 --> 01:01:54.914 I thank you all for also coming

NOTE Confidence: 0.688550993333333

 $01:01:54.914 \longrightarrow 01:01:56.954$ here in person and we'll look

NOTE Confidence: 0.688550993333333

 $01:01:56.954 \longrightarrow 01:01:59.128$ forward to grand rounds next week.

NOTE Confidence: 0.688550993333333

 $01:01:59.130 \longrightarrow 01:02:00.999$ Thanks so much.