WEBVTT

NOTE duration: "01:02:13.1700000"

NOTE recognizability:0.835

NOTE language:en-us

NOTE Confidence: 0.86236195

00:00:00.000 --> 00:00:04.315 Welcome everyone to the 2023 Post American

NOTE Confidence: 0.86236195

00:00:04.315 --> 00:00:06.980 Society of Hematology annual meeting

NOTE Confidence: 0.841294297692308

 $00:00:07.066 \dashrightarrow 00:00:09.895$ at CME series. We are starting off the

NOTE Confidence: 0.841294297692308

 $00:00:09.895 \longrightarrow 00:00:11.520$ series today with multiple myeloma.

NOTE Confidence: 0.84337565

 $00:00:12.210 \longrightarrow 00:00:13.678$ Our first two presenters

NOTE Confidence: 0.820358457692308

 $00:00:13.690 \longrightarrow 00:00:16.497$ are Doctor Nofar Barr and Doctor Sabrina

NOTE Confidence: 0.820358457692308

00:00:16.497 --> 00:00:19.370 Browning who will be reviewing abstracts.

NOTE Confidence: 0.820358457692308

 $00{:}00{:}19.370 \dashrightarrow 00{:}00{:}21.120$ We will then have a question and

NOTE Confidence: 0.820358457692308

 $00:00:21.120 \longrightarrow 00:00:22.964$ answer period at the end of the

NOTE Confidence: 0.820358457692308

 $00:00:22.964 \longrightarrow 00:00:24.239$ presentation where we will be

NOTE Confidence: 0.820358457692308

 $00{:}00{:}24.239 \dashrightarrow 00{:}00{:}26.255$ joined by two other panelists, Dr.

NOTE Confidence: 0.820358457692308

 $00{:}00{:}26.255 \dashrightarrow 00{:}00{:}28.380$ Ellen Gorshin and Doctor Natalia

NOTE Confidence: 0.820358457692308

 $00{:}00{:}28.380 \dashrightarrow 00{:}00{:}30.358$ and appraise. If you could please

 $00:00:30.358 \longrightarrow 00:00:32.050$ put your questions in the Q&A.

NOTE Confidence: 0.820358457692308

 $00:00:32.050 \longrightarrow 00:00:33.070$ And save them to the end?

NOTE Confidence: 0.820358457692308

 $00:00:33.070 \longrightarrow 00:00:35.210$ That would be greatly appreciated.

NOTE Confidence: 0.820358457692308

00:00:35.210 --> 00:00:37.530 I will now turn it over to Doctor Barr.

NOTE Confidence: 0.941861452

00:00:41.630 --> 00:00:43.655 Hi everyone, I'm just gonna

NOTE Confidence: 0.941861452

00:00:43.655 --> 00:00:45.680 start sharing my screen here.

NOTE Confidence: 0.86048138

 $00:00:54.330 \longrightarrow 00:00:56.826$ Alright, it's good to be here.

NOTE Confidence: 0.86048138

 $00:00:56.830 \longrightarrow 00:00:57.712$ Good afternoon.

NOTE Confidence: 0.86048138

 $00{:}00{:}57.712 \dashrightarrow 00{:}01{:}01.240$ Today I'm going to be looking at the

NOTE Confidence: 0.86048138

 $00:01:01.327 \longrightarrow 00:01:04.292$ newly diagnosed myeloma abstracts in

NOTE Confidence: 0.86048138

 $00{:}01{:}04.292 \dashrightarrow 00{:}01{:}06.835$ Ashes 2022 this past December with

NOTE Confidence: 0.86048138

 $00:01:06.835 \longrightarrow 00:01:08.780$ a particular focus on subgroups.

NOTE Confidence: 0.9029528

 $00:01:13.830 \longrightarrow 00:01:16.550$ So I have no disclosures.

NOTE Confidence: 0.9029528

 $00:01:16.550 \longrightarrow 00:01:18.468$ The first subgroup I'm going to be

NOTE Confidence: 0.9029528

 $00:01:18.468 \longrightarrow 00:01:20.125$ speaking about are the frail patients

NOTE Confidence: 0.9029528

00:01:20.125 --> 00:01:21.938 and why is it important to have

 $00:01:21.990 \longrightarrow 00:01:23.886$ dedicated studies for these folks is

NOTE Confidence: 0.9029528

 $00{:}01{:}23.886 \dashrightarrow 00{:}01{:}25.578$ that they have different outcomes,

NOTE Confidence: 0.9029528

 $00:01:25.578 \longrightarrow 00:01:27.290$ they have shorter survival,

NOTE Confidence: 0.9029528

 $00:01:27.290 \longrightarrow 00:01:29.438$ they have higher rates of toxicity

NOTE Confidence: 0.9029528

 $00:01:29.438 \longrightarrow 00:01:31.369$ and therefore higher rates of

NOTE Confidence: 0.9029528

 $00:01:31.369 \longrightarrow 00:01:32.689$ discontinuation of therapy.

NOTE Confidence: 0.9029528

00:01:32.690 --> 00:01:33.262 Traditionally,

NOTE Confidence: 0.9029528

 $00:01:33.262 \longrightarrow 00:01:35.550$ studies have categorized myeloma

NOTE Confidence: 0.9029528

 $00{:}01{:}35.550 \dashrightarrow 00{:}01{:}38.410$ patients as either transplant or

NOTE Confidence: 0.9029528

 $00:01:38.487 \longrightarrow 00:01:40.417$ transplant ineligible patients,

NOTE Confidence: 0.9029528

 $00:01:40.417 \longrightarrow 00:01:42.979$ but this category really does not

NOTE Confidence: 0.9029528

 $00{:}01{:}42.979 \dashrightarrow 00{:}01{:}45.474$ capture frail patients because the frail

NOTE Confidence: 0.9029528

 $00{:}01{:}45.474 \dashrightarrow 00{:}01{:}47.766$ scores are not routinely checked in

NOTE Confidence: 0.9029528

 $00:01:47.766 \longrightarrow 00:01:50.349$ those non transplant eligible patients.

NOTE Confidence: 0.9029528

 $00:01:50.350 \longrightarrow 00:01:52.838$ For a long time the standard of care

 $00:01:52.838 \longrightarrow 00:01:55.138$ for non transplant eligible patients

NOTE Confidence: 0.9029528

 $00{:}01{:}55.138 \dashrightarrow 00{:}01{:}58.342$ was with REVLIMID and dexame thasone Rd.

NOTE Confidence: 0.9029528

00:01:58.350 --> 00:02:00.750 But since the Maya study,

NOTE Confidence: 0.9029528

 $00:02:00.750 \longrightarrow 00:02:03.126$ we now have a new standard of care

NOTE Confidence: 0.9029528

 $00:02:03.126 \longrightarrow 00:02:05.690$ for patients which is Derek Tuma Mab

NOTE Confidence: 0.9029528

 $00:02:05.690 \longrightarrow 00:02:07.590$ REVLIMID and dexamethasone there Rd.

NOTE Confidence: 0.9029528

 $00{:}02{:}07.590 \dashrightarrow 00{:}02{:}12.950$ So what the FM 2017 O3 study analyzed

NOTE Confidence: 0.9029528

 $00:02:12.950 \longrightarrow 00:02:15.950$ is removal of dexamethasone early.

NOTE Confidence: 0.9029528

 $00{:}02{:}15.950 \dashrightarrow 00{:}02{:}18.476$ So they hypothesized if you take

NOTE Confidence: 0.9029528

 $00:02:18.476 \longrightarrow 00:02:20.160$ away dexamethasone from there.

NOTE Confidence: 0.9029528 00:02:20.160 --> 00:02:20.566 Rd.

NOTE Confidence: 0.9029528

 $00:02:20.566 \longrightarrow 00:02:22.596$ this will still be effective

NOTE Confidence: 0.9029528

 $00{:}02{:}22.596 \dashrightarrow 00{:}02{:}25.180$ and it will reduce toxicities.

NOTE Confidence: 0.9029528

00:02:25.180 --> 00:02:26.916 Before we get into the study design,

NOTE Confidence: 0.9029528

00:02:26.920 --> 00:02:29.080 I want to talk about what is a frailty score.

NOTE Confidence: 0.9029528

 $00:02:29.080 \longrightarrow 00:02:31.105$ Some of you might not have had a chance

 $00:02:31.105 \longrightarrow 00:02:33.256$ to take a look at this in your clinic,

NOTE Confidence: 0.9029528

 $00:02:33.260 \longrightarrow 00:02:34.876$ so I am WG.

NOTE Confidence: 0.9029528

 $00:02:34.876 \longrightarrow 00:02:37.300$ Frailty score involves a few things.

NOTE Confidence: 0.9029528

00:02:37.300 --> 00:02:39.700 Age, activity of daily living,

NOTE Confidence: 0.9029528

00:02:39.700 --> 00:02:41.764 which involves feeding oneself,

NOTE Confidence: 0.9029528

 $00:02:41.764 \longrightarrow 00:02:43.676$ bathing oneself, instrumental activities

NOTE Confidence: 0.9029528

00:02:43.676 --> 00:02:46.304 of daily living which involve food,

NOTE Confidence: 0.9029528

 $00:02:46.310 \longrightarrow 00:02:48.282$ shopping, cleaning the house,

NOTE Confidence: 0.9029528

 $00:02:48.282 \longrightarrow 00:02:51.240$ doing your finances and the comorbidity

NOTE Confidence: 0.9029528

 $00:02:51.311 \longrightarrow 00:02:53.000$ index, which is what it means.

NOTE Confidence: 0.9029528

00:02:53.000 --> 00:02:55.070 Comorbidity is like lung disease.

NOTE Confidence: 0.9029528

 $00:02:55.070 \longrightarrow 00:02:58.190$ Diabetes, liver disease and so forth.

NOTE Confidence: 0.9029528

 $00:02:58.190 \longrightarrow 00:02:59.840$ Now, as you can imagine,

NOTE Confidence: 0.9029528

 $00:02:59.840 \longrightarrow 00:03:01.808$ this takes time to do this frailty score.

NOTE Confidence: 0.9029528

 $00{:}03{:}01.810 \dashrightarrow 00{:}03{:}03.364$ There was a lot of questions involved.

 $00:03:03.370 \longrightarrow 00:03:06.534$ So the IM group devised a simplified

NOTE Confidence: 0.9029528

 $00:03:06.534 \longrightarrow 00:03:08.290$ score which involves age,

NOTE Confidence: 0.9029528

 $00:03:08.290 \longrightarrow 00:03:09.750$ which is fairly easy,

NOTE Confidence: 0.9029528

 $00{:}03{:}09.750 \dashrightarrow 00{:}03{:}10.845$ ECOG performance status,

NOTE Confidence: 0.9029528

 $00:03:10.850 \longrightarrow 00:03:12.118$ which we do routinely,

NOTE Confidence: 0.9029528

 $00{:}03{:}12.118 \dashrightarrow 00{:}03{:}13.703$ and then the comorbidity index,

NOTE Confidence: 0.9029528

 $00:03:13.710 \longrightarrow 00:03:16.447$ which is easily accessible from chart review.

NOTE Confidence: 0.9029528

00:03:16.450 --> 00:03:19.030 And if you had a score of two or more,

NOTE Confidence: 0.9029528

 $00{:}03{:}19.030 {\:{\circ}{\circ}{\circ}}>00{:}03{:}20.982$ you're classified as frail

NOTE Confidence: 0.9029528

 $00:03:20.982 \longrightarrow 00:03:22.934$ and otherwise you're fit.

NOTE Confidence: 0.9029528

 $00:03:22.940 \longrightarrow 00:03:24.968$ So this is the study design.

NOTE Confidence: 0.9029528

00:03:24.970 --> 00:03:26.955 They include a newly diagnosed

NOTE Confidence: 0.9029528

00:03:26.955 --> 00:03:29.830 patients over 65 years of age and I

NOTE Confidence: 0.9029528

 $00:03:29.830 \longrightarrow 00:03:32.429$ am I FM frailty score of two or above.

NOTE Confidence: 0.9029528

 $00:03:32.430 \longrightarrow 00:03:36.136$ It was a 2 to one randomization with

NOTE Confidence: 0.9029528

 $00:03:36.136 \longrightarrow 00:03:39.666$ REVLIMID decks or Dara REVLIMID.

00:03:39.670 --> 00:03:41.956 I do want to note that with the Dara

NOTE Confidence: 0.9029528

 $00{:}03{:}41.960 \dashrightarrow 00{:}03{:}44.368$ Revlimid's group which ARM B right here,

NOTE Confidence: 0.9029528

 $00{:}03{:}44.370 \dashrightarrow 00{:}03{:}47.016$ they did receive steroids for the first

NOTE Confidence: 0.9029528

 $00:03:47.016 \longrightarrow 00:03:49.320$ two cycles along with dexamethasone

NOTE Confidence: 0.9029528

 $00:03:49.320 \longrightarrow 00:03:52.070$ primarily to avoid infusion reactions.

NOTE Confidence: 0.9029528

00:03:52.070 --> 00:03:55.250 So their primary endpoint was PFS,

NOTE Confidence: 0.9029528

 $00:03:55.250 \longrightarrow 00:03:57.469$ but this is immature at the moment.

NOTE Confidence: 0.9029528

 $00{:}03{:}57.470 \dashrightarrow 00{:}03{:}59.857$ So they did an interim analysis and

NOTE Confidence: 0.9029528

 $00:03:59.857 \longrightarrow 00:04:02.289$ they looked at response rate including

NOTE Confidence: 0.9029528

 $00{:}04{:}02.289 \dashrightarrow 00{:}04{:}04.509$ MRD negative rate and occurrence

NOTE Confidence: 0.9029528

 $00:04:04.509 \longrightarrow 00:04:07.178$ of grade three or more toxicities.

NOTE Confidence: 0.9029528

00:04:07.180 --> 00:04:09.070 I want to highlight here some

NOTE Confidence: 0.9029528

 $00{:}04{:}09.070 \dashrightarrow 00{:}04{:}10.330$ of the patient characteristics.

NOTE Confidence: 0.9029528

 $00:04:10.330 \longrightarrow 00:04:12.594$ So if you look at the median age,

NOTE Confidence: 0.9029528

 $00:04:12.600 \longrightarrow 00:04:14.544$ they were significantly older,

 $00:04:14.544 \longrightarrow 00:04:17.460$ median age of 81 compared to

NOTE Confidence: 0.9029528

 $00:04:17.543 \longrightarrow 00:04:20.990$ the Maya study which was 73.

NOTE Confidence: 0.9029528

 $00{:}04{:}20.990 \dashrightarrow 00{:}04{:}22.675$ While the inclusion criteria in

NOTE Confidence: 0.9029528

 $00:04:22.675 \longrightarrow 00:04:25.013$ the study included two or for the

NOTE Confidence: 0.9029528

00:04:25.013 --> 00:04:26.783 frailty score was two or higher,

NOTE Confidence: 0.9029528

00:04:26.790 --> 00:04:28.875 actually the majority of the

NOTE Confidence: 0.9029528

 $00{:}04{:}28.875 \dashrightarrow 00{:}04{:}30.960$ patients were three and higher.

NOTE Confidence: 0.93684912

 $00:04:30.960 \longrightarrow 00:04:33.025$ If you look at the risk categories,

NOTE Confidence: 0.93684912

 $00{:}04{:}33.030 \dashrightarrow 00{:}04{:}37.310$ they were fairly similar in the two groups.

NOTE Confidence: 0.93684912

00:04:37.310 --> 00:04:39.536 So Dara REVLIMID clearly led to

NOTE Confidence: 0.93684912

 $00:04:39.536 \longrightarrow 00:04:41.464$ deeper response rates than REVLIMID

NOTE Confidence: 0.93684912

 $00{:}04{:}41.464 \longrightarrow 00{:}04{:}43.726$ dexame thasone you can see here first

NOTE Confidence: 0.93684912

 $00:04:43.726 \longrightarrow 00:04:46.400$ based on just the the response rates,

NOTE Confidence: 0.93684912

00:04:46.400 --> 00:04:49.096 you had higher CR and very good partial

NOTE Confidence: 0.93684912

 $00:04:49.096 \longrightarrow 00:04:51.598$ response rates and then Dara Rev Group and

NOTE Confidence: 0.93684912

 $00{:}04{:}51.598 \dashrightarrow 00{:}04{:}54.030$ you also had higher MRD negative rates,

00:04:54.030 --> 00:04:56.890 attentive negative 5th using next

NOTE Confidence: 0.93684912

 $00:04:56.890 \longrightarrow 00:05:00.330$ generation sequencing 10 compared to three.

NOTE Confidence: 0.93684912

 $00:05:00.330 \longrightarrow 00:05:03.147$ MRD was assessed at one year in patients who

NOTE Confidence: 0.93684912

00:05:03.147 --> 00:05:06.067 had a very good posture response or higher,

NOTE Confidence: 0.93684912

 $00:05:06.070 \longrightarrow 00:05:07.426$ it is important to note that.

NOTE Confidence: 0.93684912

 $00:05:07.430 \longrightarrow 00:05:10.944$ Any missing data was considered MRD positive.

NOTE Confidence: 0.93684912

 $00:05:10.950 \longrightarrow 00:05:13.064$ So it's important because there is a

NOTE Confidence: 0.93684912

 $00:05:13.064 \longrightarrow 00:05:14.979$ significant group of patients that have

NOTE Confidence: 0.93684912

 $00:05:14.979 \longrightarrow 00:05:17.306$ missing data and for example, the Dr.

NOTE Confidence: 0.93684912

 $00:05:17.306 \dashrightarrow 00:05:20.670$ Group had 20% missing data and the Rd.

NOTE Confidence: 0.93684912

 $00:05:20.670 \longrightarrow 00:05:22.126$ had 14% missing data.

NOTE Confidence: 0.93684912

00:05:22.126 --> 00:05:24.310 And I'm not about to compare

NOTE Confidence: 0.93684912

 $00{:}05{:}24.392 \dashrightarrow 00{:}05{:}26.797$ different studies to one another,

NOTE Confidence: 0.93684912

 $00:05:26.800 \longrightarrow 00:05:28.520$ but I want to give us a framework

NOTE Confidence: 0.93684912

 $00:05:28.520 \longrightarrow 00:05:30.168$ of what the Maya study showed.

 $00:05:30.170 \longrightarrow 00:05:32.994$ So in the Maya study they assess MRD

NOTE Confidence: 0.93684912

 $00{:}05{:}32.994 \dashrightarrow 00{:}05{:}34.878$ negativity, attend to negative 5th,

NOTE Confidence: 0.93684912

 $00:05:34.878 \longrightarrow 00:05:37.170$ but they used a different assay

NOTE Confidence: 0.93684912

 $00:05:37.247 \longrightarrow 00:05:38.427$ so they use flow.

NOTE Confidence: 0.93684912

 $00:05:38.430 \longrightarrow 00:05:42.066$ So flow tends to have a higher MRD negative

NOTE Confidence: 0.93684912

 $00:05:42.066 \longrightarrow 00:05:45.338$ rate just by the nature of its assets.

NOTE Confidence: 0.93684912

 $00:05:45.340 \longrightarrow 00:05:46.690$ So just something to note,

NOTE Confidence: 0.93684912

 $00:05:46.690 \longrightarrow 00:05:49.946$ but they had in the DRD group 24%

NOTE Confidence: 0.93684912

 $00{:}05{:}49.946 \dashrightarrow 00{:}05{:}52.578$ MRD negativity versus 7 in the Rd.

NOTE Confidence: 0.93684912

 $00:05:52.580 \longrightarrow 00:05:56.710$ group. In terms of toxicity,

NOTE Confidence: 0.93684912

00:05:56.710 --> 00:05:58.146 which is very important,

NOTE Confidence: 0.93684912

 $00{:}05{:}58.146 \dashrightarrow 00{:}06{:}00.970$ you can see that Grade 3 or above

NOTE Confidence: 0.93684912

 $00:06:00.970 \longrightarrow 00:06:03.329$ Texas City was higher in the Dr.

NOTE Confidence: 0.93684912

 $00:06:03.330 \longrightarrow 00:06:03.998$ Group,

NOTE Confidence: 0.93684912

 $00:06:03.998 \longrightarrow 00:06:06.002$ particularly with hematologic

NOTE Confidence: 0.93684912

 $00{:}06{:}06{:}06{:}02 \dashrightarrow 00{:}06{:}09{:}342$ toxicities like anemia or neutropenia.

00:06:09.350 --> 00:06:10.466 And in this group,

NOTE Confidence: 0.93684912

 $00{:}06{:}10.466 \dashrightarrow 00{:}06{:}11.861$ of course you worry about

NOTE Confidence: 0.93684912

 $00:06:11.861 \longrightarrow 00:06:13.309$ infections with this neutropenia,

NOTE Confidence: 0.93684912

 $00:06:13.310 \longrightarrow 00:06:15.558$ but they did not see an increase in

NOTE Confidence: 0.93684912

 $00:06:15.558 \longrightarrow 00:06:17.950$ grade 3 above infections in the Dr.

NOTE Confidence: 0.93684912

 $00{:}06{:}17.950 \dashrightarrow 00{:}06{:}19.980$ Group compared to the R group and

NOTE Confidence: 0.93684912

 $00:06:19.980 \longrightarrow 00:06:22.054$ even when looking at patients who are

NOTE Confidence: 0.93684912

 $00:06:22.054 \longrightarrow 00:06:24.050$ very frail with scores of four and.

NOTE Confidence: 0.93684912 00:06:24.050 --> 00:06:24.477 Five,

NOTE Confidence: 0.93684912

 $00{:}06{:}24.477 \dashrightarrow 00{:}06{:}27.466$ there was no difference in grade 3

NOTE Confidence: 0.93684912

 $00:06:27.466 \longrightarrow 00:06:29.756$ infections, so this is reassuring.

NOTE Confidence: 0.93684912

 $00:06:29.756 \longrightarrow 00:06:31.148$ So in conclusion,

NOTE Confidence: 0.93684912

 $00{:}06{:}31.150 \dashrightarrow 00{:}06{:}33.630$ I think it is time to rethink duration

NOTE Confidence: 0.93684912

00:06:33.630 --> 00:06:35.829 deaths methodone especially for outpatients,

NOTE Confidence: 0.93684912

00:06:35.830 --> 00:06:39.268 longer follow-up of PFS is needed

 $00:06:39.270 \longrightarrow 00:06:42.084$ but higher MRD rates in the Dr.

NOTE Confidence: 0.93684912

00:06:42.090 --> 00:06:44.110 Group is very promising.

NOTE Confidence: 0.93684912

00:06:44.110 --> 00:06:47.500 I think the better comparator to Dr.

NOTE Confidence: 0.93684912

 $00{:}06{:}47.500 \dashrightarrow 00{:}06{:}50.034$ like DRD and Maya would be a

NOTE Confidence: 0.93684912

 $00:06:50.034 \longrightarrow 00:06:52.119$ would have been a better design.

NOTE Confidence: 0.93684912

00:06:52.119 --> 00:06:52.368 However,

NOTE Confidence: 0.93684912

 $00:06:52.368 \longrightarrow 00:06:53.862$ this was not the standard of

NOTE Confidence: 0.93684912

 $00:06:53.862 \longrightarrow 00:06:55.229$ care when this was designed.

NOTE Confidence: 0.93684912

 $00:06:55.230 \longrightarrow 00:06:57.510$ They are going to be there are going

NOTE Confidence: 0.93684912

 $00:06:57.510 \longrightarrow 00:06:59.898$ to have a retrospective comparison.

NOTE Confidence: 0.93684912

 $00:06:59.900 \longrightarrow 00:07:02.684$ To the main study in the frail population,

NOTE Confidence: 0.93684912

00:07:02.690 --> 00:07:04.602 I think you know in you know right

NOTE Confidence: 0.93684912

 $00:07:04.602 \longrightarrow 00:07:06.520$ now when you see patients in clinic

NOTE Confidence: 0.93684912

 $00{:}07{:}06.520 \longrightarrow 00{:}07{:}08.869$ when you have that very frail over 80

NOTE Confidence: 0.93684912

 $00:07:08.869 \longrightarrow 00:07:10.669$ year old patient where you're really

NOTE Confidence: 0.93684912

 $00{:}07{:}10.669 \dashrightarrow 00{:}07{:}13.050$ not sure about triple drug induction

 $00:07:13.050 \longrightarrow 00:07:15.830$ and you're thinking about a doublets.

NOTE Confidence: 0.93684912

 $00:07:15.830 \longrightarrow 00:07:17.998$ I would choose Dara Rev with a short

NOTE Confidence: 0.93684912

 $00:07:17.998 \longrightarrow 00:07:20.407$ duration of steroids as opposed to Rev Deck.

NOTE Confidence: 0.93684912

 $00:07:20.410 \longrightarrow 00:07:22.986$ So I I do think it's meaningful

NOTE Confidence: 0.93684912

 $00:07:22.986 \longrightarrow 00:07:25.460$ for for our practice today.

NOTE Confidence: 0.93684912

 $00{:}07{:}25.460 \dashrightarrow 00{:}07{:}27.833$ The next set of subgroups I want

NOTE Confidence: 0.93684912

 $00:07:27.833 \longrightarrow 00:07:30.343$ to talk about another area of very

NOTE Confidence: 0.93684912

00:07:30.343 --> 00:07:33.065 high unmet need is the high risk

NOTE Confidence: 0.93684912

 $00{:}07{:}33.065 \dashrightarrow 00{:}07{:}35.680$ population where we really have

NOTE Confidence: 0.93684912

 $00:07:35.680 \longrightarrow 00:07:37.772$ limited randomized studies guiding

NOTE Confidence: 0.834063828333333

 $00:07:37.780 \longrightarrow 00:07:38.740$ our treatment.

NOTE Confidence: 0.834063828333333

00:07:38.740 --> 00:07:41.857 The only randomized study was a -,

NOTE Confidence: 0.834063828333333

 $00{:}07{:}41.857 \dashrightarrow 00{:}07{:}44.251$ 1 and this was evaluated the

NOTE Confidence: 0.834063828333333

 $00:07:44.251 \longrightarrow 00:07:47.085$ addition of ELOTUZUMAB to Velcade

NOTE Confidence: 0.834063828333333

00:07:47.085 --> 00:07:49.429 REVLIMID index methadone VRD.

00:07:49.430 --> 00:07:51.850 Now we know we need to do better than VRD,

NOTE Confidence: 0.834063828333333

 $00:07:51.850 \longrightarrow 00:07:53.326$ but how do we do it?

NOTE Confidence: 0.834063828333333

 $00:07:53.330 \longrightarrow 00:07:56.204$ So one appealing option was switching

NOTE Confidence: 0.834063828333333

 $00:07:56.204 \longrightarrow 00:07:58.670$ out the VELCADE with carfilzomib

NOTE Confidence: 0.834063828333333

 $00:07:58.670 \longrightarrow 00:08:01.506$ which is a more potent proteasome

NOTE Confidence: 0.834063828333333

00:08:01.506 --> 00:08:03.986 inhibitor and outperform VELCADE in

NOTE Confidence: 0.834063828333333

 $00:08:03.986 \longrightarrow 00:08:05.970$ the relapsed refractory setting.

NOTE Confidence: 0.834063828333333

00:08:05.970 --> 00:08:06.499 Additionally,

NOTE Confidence: 0.834063828333333

 $00{:}08{:}06.499 \dashrightarrow 00{:}08{:}09.673$ there was phase two studies showing

NOTE Confidence: 0.834063828333333

00:08:09.673 --> 00:08:12.369 high MRD negative rates in KRD.

NOTE Confidence: 0.834063828333333

00:08:12.370 --> 00:08:14.674 So it made sense to compare VRD to

NOTE Confidence: 0.834063828333333

 $00:08:14.674 \longrightarrow 00:08:17.452$ card and they did this in an endurance

NOTE Confidence: 0.834063828333333

 $00:08:17.452 \longrightarrow 00:08:19.280$ the endurance study and they.

NOTE Confidence: 0.834063828333333

00:08:19.280 --> 00:08:20.840 Actually did not find superiority

NOTE Confidence: 0.834063828333333

 $00:08:20.840 \longrightarrow 00:08:22.650$ of care due to the Rd.

NOTE Confidence: 0.834063828333333

 $00:08:22.650 \longrightarrow 00:08:26.226$ but they excluded high risk patients.

 $00:08:26.230 \longrightarrow 00:08:28.071$ So that question about how do we

NOTE Confidence: 0.834063828333333

 $00{:}08{:}28.071 \dashrightarrow 00{:}08{:}29.521$ better improve our induction in

NOTE Confidence: 0.834063828333333

 $00{:}08{:}29.521 \dashrightarrow 00{:}08{:}31.345$ the high risk patients was not

NOTE Confidence: 0.834063828333333

 $00:08:31.345 \longrightarrow 00:08:32.752$ really answered by this study.

NOTE Confidence: 0.834063828333333

 $00:08:32.752 \longrightarrow 00:08:35.044$ But people have not abandoned care

NOTE Confidence: 0.834063828333333

00:08:35.044 --> 00:08:37.462 being in in high risk patients

NOTE Confidence: 0.834063828333333

 $00:08:37.462 \longrightarrow 00:08:39.447$ for a variety of reasons.

NOTE Confidence: 0.834063828333333

00:08:39.450 --> 00:08:41.724 But in the memorial Stone Kettering

NOTE Confidence: 0.834063828333333

 $00:08:41.724 \longrightarrow 00:08:43.850$ Group where they are earlier,

NOTE Confidence: 0.834063828333333

 $00:08:43.850 \longrightarrow 00:08:45.426$ they were early adapters

NOTE Confidence: 0.834063828333333

 $00:08:45.426 \longrightarrow 00:08:46.608$ of Carradine induction.

NOTE Confidence: 0.834063828333333

 $00:08:46.610 \longrightarrow 00:08:48.682$ They were able to do a retrospective

NOTE Confidence: 0.834063828333333

 $00{:}08{:}48.682 \dashrightarrow 00{:}08{:}50.399$ analysis and this was presented.

NOTE Confidence: 0.834063828333333

 $00:08:50.400 \longrightarrow 00:08:53.248$ Doctor Tan in this years ash of Care

NOTE Confidence: 0.834063828333333

 $00{:}08{:}53.248 \to 00{:}08{:}56.098$ D versus verdine high risk myeloma.

00:08:56.100 --> 00:08:57.828 Their inclusion criteria for

NOTE Confidence: 0.834063828333333

 $00{:}08{:}57.828 \dashrightarrow 00{:}08{:}59.988$ high risk included having gain

NOTE Confidence: 0.834063828333333

 $00:08:59.988 \longrightarrow 00:09:01.748$ of 1 Q translocations

NOTE Confidence: 0.724173888333333

 $00:09:04.050 \longrightarrow 00:09:07.574$ 41414161420 and deletion 17P.

NOTE Confidence: 0.724173888333333

 $00:09:07.574 \longrightarrow 00:09:10.036$ They identified 154

NOTE Confidence: 0.724173888333333

 $00:09:10.036 \longrightarrow 00:09:12.820$ patients in this category.

NOTE Confidence: 0.724173888333333

 $00:09:12.820 \longrightarrow 00:09:16.859$ 6067 had VRD and 87 had KRD.

NOTE Confidence: 0.724173888333333

 $00:09:16.860 \longrightarrow 00:09:19.681$ About 50% of each of these groups

NOTE Confidence: 0.724173888333333

 $00:09:19.681 \longrightarrow 00:09:22.160$ underwent early stem cell transplant.

NOTE Confidence: 0.724173888333333

 $00:09:22.160 \longrightarrow 00:09:23.865$ Their primary endpoint was progression

NOTE Confidence: 0.724173888333333

00:09:23.865 --> 00:09:25.959 free survival and they also looked

NOTE Confidence: 0.724173888333333

00:09:25.959 --> 00:09:27.599 at response rate including MRD,

NOTE Confidence: 0.724173888333333

 $00:09:27.600 \longrightarrow 00:09:30.730$ negative rate and overall survival.

NOTE Confidence: 0.724173888333333

 $00:09:30.730 \longrightarrow 00:09:32.506$ So this is the patient characteristics.

NOTE Confidence: 0.724173888333333

 $00:09:32.510 \longrightarrow 00:09:34.170$ A few things to highlight.

NOTE Confidence: 0.724173888333333

00:09:34.170 --> 00:09:37.290 The carotid group were younger

 $00:09:37.290 \longrightarrow 00:09:39.810$ and then I want to look at the

NOTE Confidence: 0.724173888333333

 $00:09:39.810 \longrightarrow 00:09:40.769$ cytogenetic characteristics here

NOTE Confidence: 0.724173888333333

 $00:09:40.769 \longrightarrow 00:09:42.631$ just to see who are dealing with

NOTE Confidence: 0.724173888333333

00:09:42.631 --> 00:09:44.475 majority of the patients who are high

NOTE Confidence: 0.724173888333333

00:09:44.475 --> 00:09:46.534 risk or high risk by definition of

NOTE Confidence: 0.724173888333333

 $00:09:46.534 \longrightarrow 00:09:48.544$ chromosome 1Q gain or amplification,

NOTE Confidence: 0.724173888333333

 $00:09:48.550 \longrightarrow 00:09:50.181$ which is not unusual because this is

NOTE Confidence: 0.724173888333333

 $00{:}09{:}50.181 \dashrightarrow 00{:}09{:}52.327$ one of the more common findings we see.

NOTE Confidence: 0.724173888333333

 $00:09:52.330 \longrightarrow 00:09:54.286$ The second most common was deletion

NOTE Confidence: 0.724173888333333

 $00:09:54.290 \longrightarrow 00:09:56.444$ 17P and importantly about 1/4 of

NOTE Confidence: 0.724173888333333

00:09:56.444 --> 00:09:58.918 the patients of E in each group

NOTE Confidence: 0.724173888333333

 $00:09:58.918 \longrightarrow 00:10:00.832$ had two or more high risk.

NOTE Confidence: 0.724173888333333

 $00{:}10{:}00.840 \dashrightarrow 00{:}10{:}01.749$ The genetic abnormalities,

NOTE Confidence: 0.724173888333333

 $00:10:01.749 \longrightarrow 00:10:03.870$ and this is now called the double

NOTE Confidence: 0.724173888333333

00:10:03.923 --> 00:10:05.792 hit or the ultra high risk patients

 $00:10:05.792 \longrightarrow 00:10:07.360$ which really have poor outcomes.

NOTE Confidence: 0.724173888333333

 $00{:}10{:}07.360 \dashrightarrow 00{:}10{:}09.370$ So this is the response rates

NOTE Confidence: 0.724173888333333

 $00:10:09.370 \longrightarrow 00:10:11.340$ and the median PFS results.

NOTE Confidence: 0.724173888333333

00:10:11.340 --> 00:10:13.500 You see higher CR rates with

NOTE Confidence: 0.724173888333333

 $00:10:13.500 \longrightarrow 00:10:14.940$ KRD compared to VRD,

NOTE Confidence: 0.724173888333333

00:10:14.940 --> 00:10:18.918 higher MRD negative rates by flow,

NOTE Confidence: 0.724173888333333

 $00:10:18.920 \longrightarrow 00:10:20.876$ but it was not statistically significant.

NOTE Confidence: 0.724173888333333

 $00{:}10{:}20.880 \dashrightarrow 00{:}10{:}22.965$ I think the most impressive

NOTE Confidence: 0.724173888333333

 $00:10:22.965 \longrightarrow 00:10:24.633$ results is the PFS,

NOTE Confidence: 0.724173888333333

00:10:24.640 --> 00:10:28.412 the KD having a median of 71 months

NOTE Confidence: 0.724173888333333

 $00{:}10{:}28.412 \dashrightarrow 00{:}10{:}31.950$ compared to 41 months and this

NOTE Confidence: 0.724173888333333

00:10:31.950 --> 00:10:33.925 was you know highly statistical

NOTE Confidence: 0.724173888333333

 $00:10:33.925 \longrightarrow 00:10:35.965$ significance and they also saw

NOTE Confidence: 0.724173888333333

 $00:10:35.965 \longrightarrow 00:10:37.537$ an overall survival benefit.

NOTE Confidence: 0.724173888333333

 $00:10:37.540 \longrightarrow 00:10:39.640$ The five year estimate of

NOTE Confidence: 0.724173888333333

 $00:10:39.640 \longrightarrow 00:10:41.076$ 85% compared to 63%.

00:10:41.076 --> 00:10:44.558 I want to just point out here in the

NOTE Confidence: 0.724173888333333

 $00:10:44.558 \longrightarrow 00:10:47.048$ ENDURANCE study remembers it is non

NOTE Confidence: 0.724173888333333

00:10:47.048 --> 00:10:49.820 high risk patients the PFS of both

NOTE Confidence: 0.724173888333333

 $00:10:49.820 \longrightarrow 00:10:52.105$ arms was 30-4 months and it's not

NOTE Confidence: 0.724173888333333

00:10:52.105 --> 00:10:54.492 quite clear why in this high risk

NOTE Confidence: 0.724173888333333

 $00:10:54.492 \longrightarrow 00:10:56.874$ populations that PFS is actually higher.

NOTE Confidence: 0.724173888333333

 $00:10:56.880 \longrightarrow 00:10:58.455$ So this was kind of brought up

NOTE Confidence: 0.724173888333333

 $00{:}10{:}58.455 \dashrightarrow 00{:}11{:}00.160$ to the presenter and it was not

NOTE Confidence: 0.724173888333333

 $00:11:00.160 \longrightarrow 00:11:01.380$ there wasn't a great explanation

NOTE Confidence: 0.724173888333333

 $00:11:01.380 \longrightarrow 00:11:03.000$ but something to think about you

NOTE Confidence: 0.724173888333333

 $00:11:03.000 \longrightarrow 00:11:05.624$ know endurance was done in a in a a

NOTE Confidence: 0.724173888333333

 $00:11:05.624 \longrightarrow 00:11:07.616$ lot of community setting and this.

NOTE Confidence: 0.724173888333333

 $00{:}11{:}07.616 \dashrightarrow 00{:}11{:}11.234$ Early as in a single institution,

NOTE Confidence: 0.724173888333333

 $00:11:11.234 \longrightarrow 00:11:13.428$ tertiary center.

NOTE Confidence: 0.724173888333333

 $00:11:13.430 \longrightarrow 00:11:15.776$ So next they did a multivariate

 $00:11:15.776 \longrightarrow 00:11:17.777$ analysis looking at different factors

NOTE Confidence: 0.724173888333333

 $00:11:17.777 \longrightarrow 00:11:20.689$ that are associated with better PFS and OS.

NOTE Confidence: 0.724173888333333

00:11:20.690 --> 00:11:23.005 So first type of inductions, OK,

NOTE Confidence: 0.724173888333333

00:11:23.005 --> 00:11:26.050 D is better, early transplant was better,

NOTE Confidence: 0.724173888333333

00:11:26.050 --> 00:11:28.000 having revised ISIS one compared to

NOTE Confidence: 0.724173888333333

 $00{:}11{:}28.000 \dashrightarrow 00{:}11{:}30.663$ two or three was better and and that

NOTE Confidence: 0.724173888333333

 $00:11:30.663 \longrightarrow 00:11:33.062$ who are these revised access one in

NOTE Confidence: 0.724173888333333

00:11:33.062 --> 00:11:34.987 this high risk patient population,

NOTE Confidence: 0.724173888333333

 $00:11:34.990 \longrightarrow 00:11:36.525$ it's really those patients that

NOTE Confidence: 0.724173888333333

 $00:11:36.525 \longrightarrow 00:11:38.060$ have gained one cube because

NOTE Confidence: 0.724173888333333

00:11:38.120 --> 00:11:39.300 they were not included,

NOTE Confidence: 0.724173888333333

 $00:11:39.300 \longrightarrow 00:11:41.948$ it's not part of the revised ISS criteria.

NOTE Confidence: 0.724173888333333

 $00:11:41.950 \longrightarrow 00:11:44.295$ So you know who who these patients.

NOTE Confidence: 0.724173888333333

 $00:11:44.300 \longrightarrow 00:11:47.024$ And then the number of cycles

NOTE Confidence: 0.724173888333333

00:11:47.024 --> 00:11:49.465 having six or more induction

NOTE Confidence: 0.724173888333333

00:11:49.465 --> 00:11:52.627 cycles had better PFS and OS.

00:11:52.630 --> 00:11:53.545 So to summarize,

NOTE Confidence: 0.724173888333333

 $00:11:53.545 \longrightarrow 00:11:55.375$ I think the study is interesting.

NOTE Confidence: 0.724173888333333

00:11:55.380 --> 00:11:57.780 It does suggest that maybe Cardi could be

NOTE Confidence: 0.724173888333333

00:11:57.780 --> 00:11:59.919 better than VRD in high risk patients,

NOTE Confidence: 0.724173888333333

 $00:11:59.920 \longrightarrow 00:12:02.433$ but it is very limited by the

NOTE Confidence: 0.724173888333333

 $00:12:02.433 \longrightarrow 00:12:04.389$ retrospective nature of this design.

NOTE Confidence: 0.724173888333333

 $00:12:04.390 \longrightarrow 00:12:06.462$ I also think that you know they

NOTE Confidence: 0.724173888333333

 $00{:}12{:}06.462 \rightarrow 00{:}12{:}08.274$ don't talk about which maintenance

NOTE Confidence: 0.724173888333333

 $00{:}12{:}08.274 \dashrightarrow 00{:}12{:}10.860$ strategies they used and that will

NOTE Confidence: 0.724173888333333

 $00{:}12{:}10.860 \dashrightarrow 00{:}12{:}12.470$ definitely impact PFS and OS.

NOTE Confidence: 0.724173888333333

00:12:12.470 --> 00:12:14.360 I think this study continues

NOTE Confidence: 0.724173888333333

 $00:12:14.360 \longrightarrow 00:12:16.250$ to support the notion that

NOTE Confidence: 0.889169216666667

 $00{:}12{:}16.326 \dashrightarrow 00{:}12{:}19.168$ early transplant in high risk patients is

NOTE Confidence: 0.889169216666667

 $00:12:19.168 \longrightarrow 00:12:22.178$ beneficial and it does bring into question.

NOTE Confidence: 0.889169216666667

 $00:12:22.180 \longrightarrow 00:12:25.225$ What is the optimal number of induction

00:12:25.225 --> 00:12:27.659 treatments in high risk patients?

NOTE Confidence: 0.889169216666667

00:12:27.660 --> 00:12:30.228 Next I want to move to a more

NOTE Confidence: 0.889169216666667

00:12:30.228 --> 00:12:31.748 modern question is, you know,

NOTE Confidence: 0.889169216666667

00:12:31.748 --> 00:12:33.218 now that we're using quadruplex,

NOTE Confidence: 0.889169216666667

 $00:12:33.220 \longrightarrow 00:12:35.537$ how do high risk patients fare with

NOTE Confidence: 0.889169216666667

00:12:35.537 --> 00:12:37.659 the most commonly used quadruplets,

NOTE Confidence: 0.889169216666667

 $00:12:37.660 \longrightarrow 00:12:39.409$ the Dara VRD.

NOTE Confidence: 0.889169216666667

00:12:39.409 --> 00:12:43.176 So Dara VRD was studied in the Griffin study,

NOTE Confidence: 0.889169216666667

 $00:12:43.180 \longrightarrow 00:12:45.880$ which compared the addition of Dara

NOTE Confidence: 0.889169216666667

 $00:12:45.880 \longrightarrow 00:12:49.209$ to VRD in transplant eligible patients.

NOTE Confidence: 0.889169216666667

 $00{:}12{:}49.210 \dashrightarrow 00{:}12{:}51.632$ In all patients they saw that there

NOTE Confidence: 0.889169216666667

00:12:51.632 --> 00:12:54.167 were higher MRD rates and also

NOTE Confidence: 0.889169216666667

 $00:12:54.167 \longrightarrow 00:12:56.067$ progression free survival benefit.

NOTE Confidence: 0.889169216666667

00:12:56.070 --> 00:12:57.786 But again this isn't all patients.

NOTE Confidence: 0.889169216666667

 $00:12:57.790 \longrightarrow 00:12:59.925$ There are only 15% of those patients

NOTE Confidence: 0.889169216666667

 $00{:}12{:}59.925 \dashrightarrow 00{:}13{:}02.069$ and study that were high risk

 $00:13:02.069 \longrightarrow 00:13:04.014$ cytogenetics by the traditional high

NOTE Confidence: 0.889169216666667

00:13:04.014 --> 00:13:05.870 risk features like deletion 17,

NOTE Confidence: 0.889169216666667

 $00:13:05.870 \longrightarrow 00:13:09.750$ translocation 414 and four 416.

NOTE Confidence: 0.889169216666667

00:13:09.750 --> 00:13:13.754 So the Doctor Charity wanted to evaluate

NOTE Confidence: 0.889169216666667

00:13:13.754 --> 00:13:16.972 evaluated this subset group in the

NOTE Confidence: 0.889169216666667

00:13:16.972 --> 00:13:20.262 Griffin to really hone in on different

NOTE Confidence: 0.889169216666667

00:13:20.360 --> 00:13:23.870 high risk categories in the Griffin study.

NOTE Confidence: 0.889169216666667

 $00:13:23.870 \longrightarrow 00:13:25.394$ And I want to.

NOTE Confidence: 0.889169216666667

00:13:25.394 --> 00:13:26.918 Really it's a busy,

NOTE Confidence: 0.889169216666667

00:13:26.920 --> 00:13:27.860 a little bit busy slide,

NOTE Confidence: 0.889169216666667

 $00{:}13{:}27.860 \dashrightarrow 00{:}13{:}29.778$ but let's just focus in on the

NOTE Confidence: 0.889169216666667

 $00{:}13{:}29.778 \dashrightarrow 00{:}13{:}31.333$ side the genetic risk categories

NOTE Confidence: 0.889169216666667

 $00{:}13{:}31.333 \dashrightarrow 00{:}13{:}33.664$ here as I highlighted they as I

NOTE Confidence: 0.889169216666667

 $00:13:33.664 \longrightarrow 00:13:35.579$ mentioned the initial high risk risk

NOTE Confidence: 0.889169216666667

00:13:35.579 --> 00:13:37.780 category were very few in both arms,

00:13:37.780 --> 00:13:40.160 but then they revised or high risk

NOTE Confidence: 0.889169216666667

 $00:13:40.160 \longrightarrow 00:13:42.408$ category to include chromosome abnormality

NOTE Confidence: 0.889169216666667

00:13:42.408 --> 00:13:44.713 and that really increased their,

NOTE Confidence: 0.889169216666667

00:13:44.720 --> 00:13:47.370 their patient population from 16

NOTE Confidence: 0.889169216666667

 $00:13:47.370 \longrightarrow 00:13:50.378$ to 42 patients in the Dara VRD and

NOTE Confidence: 0.889169216666667

 $00:13:50.378 \longrightarrow 00:13:53.970$ 14 to 37 patients and then they

NOTE Confidence: 0.889169216666667

 $00:13:53.970 \longrightarrow 00:13:56.406$ categorize patients having zero.

NOTE Confidence: 0.889169216666667

 $00:13:56.410 \longrightarrow 00:13:57.830$ So no high risk features,

NOTE Confidence: 0.889169216666667 00:13:57.830 --> 00:13:58.802 HCA 1, NOTE Confidence: 0.889169216666667

00:13:58.802 --> 00:14:01.232 high risk cell genetic abnormality

NOTE Confidence: 0.889169216666667

 $00:14:01.232 \longrightarrow 00:14:05.179$ or two or more as we call the

NOTE Confidence: 0.889169216666667

 $00:14:05.179 \longrightarrow 00:14:07.087$ ultra high risk patients.

NOTE Confidence: 0.889169216666667

 $00:14:07.090 \longrightarrow 00:14:09.842$ Clearly you can see the PFS in patients

NOTE Confidence: 0.889169216666667

 $00:14:09.842 \longrightarrow 00:14:12.654$ who are standard risk didn't seem to

NOTE Confidence: 0.889169216666667

 $00:14:12.654 \longrightarrow 00:14:15.290$ differ much between the two groups.

NOTE Confidence: 0.889169216666667

00:14:15.290 --> 00:14:17.474 Both of them had were were not reached

 $00:14:17.474 \longrightarrow 00:14:19.609$ in the meeting in the 15 months.

NOTE Confidence: 0.889169216666667

 $00:14:19.610 \longrightarrow 00:14:21.350$ Clearly the ultra high risk

NOTE Confidence: 0.889169216666667

 $00:14:21.350 \longrightarrow 00:14:23.544$ patients are too small to really

NOTE Confidence: 0.889169216666667

 $00:14:23.544 \longrightarrow 00:14:25.479$ make any conclusions about only

NOTE Confidence: 0.889169216666667

00:14:25.479 --> 00:14:27.690 10 patients in eight patients.

NOTE Confidence: 0.889169216666667

 $00:14:27.690 \longrightarrow 00:14:30.290$ But in the high risk in the one

NOTE Confidence: 0.889169216666667

00:14:30.290 --> 00:14:32.054 high risk cytogenetic abnormality

NOTE Confidence: 0.889169216666667

 $00:14:32.054 \longrightarrow 00:14:34.629$ group there was an improvement

NOTE Confidence: 0.889169216666667

 $00:14:34.629 \longrightarrow 00:14:37.850$ in PFS not reached compared to.

NOTE Confidence: 0.889169216666667

00:14:37.850 --> 00:14:38.718 48 months,

NOTE Confidence: 0.889169216666667

00:14:38.718 --> 00:14:41.756 and this is the only subgroup here

NOTE Confidence: 0.889169216666667

 $00:14:41.756 \longrightarrow 00:14:44.682$ that actually does not cross the

NOTE Confidence: 0.889169216666667

00:14:44.682 --> 00:14:47.094 hazard ratio does not cross one.

NOTE Confidence: 0.889169216666667

00:14:47.100 --> 00:14:48.766 So a different way of looking at

NOTE Confidence: 0.889169216666667

00:14:48.766 --> 00:14:50.848 the same data, if you're you know,

 $00:14:50.848 \longrightarrow 00:14:52.216$ a more visual person,

NOTE Confidence: 0.889169216666667

 $00:14:52.220 \longrightarrow 00:14:56.245$ is looking at the PFS curves and.

NOTE Confidence: 0.889169216666667

 $00:14:56.250 \longrightarrow 00:14:59.080$ What I want to show here in the kind of

NOTE Confidence: 0.889169216666667

 $00:14:59.160 \longrightarrow 00:15:01.701$ medium purple line the dare RVD with

NOTE Confidence: 0.889169216666667

 $00:15:01.701 \longrightarrow 00:15:04.469$ one high risk staging netic feature.

NOTE Confidence: 0.889169216666667

 $00:15:04.470 \longrightarrow 00:15:08.326$ Compare that to this green dotted line here,

NOTE Confidence: 0.889169216666667

 $00:15:08.330 \longrightarrow 00:15:12.145$ the derivative with sorry with VRD

NOTE Confidence: 0.889169216666667

 $00:15:12.145 \longrightarrow 00:15:14.560$ with one high risk feature there's a

NOTE Confidence: 0.889169216666667

00:15:14.636 --> 00:15:17.006 clear separation of the PFS curves,

NOTE Confidence: 0.889169216666667

 $00:15:17.010 \longrightarrow 00:15:19.600$ while there is really not a big

NOTE Confidence: 0.889169216666667

 $00{:}15{:}19.600 \dashrightarrow 00{:}15{:}21.184$ difference with those patients

NOTE Confidence: 0.889169216666667

00:15:21.184 --> 00:15:23.572 who are standard risk and clearly

NOTE Confidence: 0.889169216666667

00:15:23.572 --> 00:15:25.960 the ultra high risk due poorly.

NOTE Confidence: 0.889169216666667

 $00:15:25.960 \longrightarrow 00:15:28.216$ Now look at the graph on the right.

NOTE Confidence: 0.889169216666667

 $00:15:28.220 \longrightarrow 00:15:30.236$ These are these are the amplification

NOTE Confidence: 0.889169216666667

 $00:15:30.236 \longrightarrow 00:15:33.709$ or gain of 1 Q and the grasp is actually

 $00:15:33.709 \longrightarrow 00:15:36.005$ pretty identical to the ones with

NOTE Confidence: 0.889169216666667

 $00{:}15{:}36.005 \dashrightarrow 00{:}15{:}38.573$ the one high risk hydrogenic abnormality,

NOTE Confidence: 0.89576314625

00:15:38.580 --> 00:15:41.136 which really showed you who those

NOTE Confidence: 0.89576314625

 $00:15:41.136 \longrightarrow 00:15:43.376$ patients are. So in conclusion,

NOTE Confidence: 0.89576314625

00:15:43.376 --> 00:15:46.508 I think this analysis shows that Dara

NOTE Confidence: 0.89576314625

 $00:15:46.508 \longrightarrow 00:15:49.490$ VRD seemed to outperform VRD in high

NOTE Confidence: 0.89576314625

00:15:49.576 --> 00:15:52.607 risk patients harbouring gain of 1 Q.

NOTE Confidence: 0.89576314625

 $00{:}15{:}52.610 \dashrightarrow 00{:}15{:}55.865$ High risk patients with more than two

NOTE Confidence: 0.89576314625

 $00:15:55.865 \longrightarrow 00:15:57.830$ cytogenetic abnormalities do poorly,

NOTE Confidence: 0.89576314625

 $00:15:57.830 \longrightarrow 00:16:00.356$ and we can't make any conclusions

NOTE Confidence: 0.89576314625

 $00:16:00.356 \longrightarrow 00:16:02.474$ for this analysis because of

NOTE Confidence: 0.89576314625

 $00:16:02.474 \longrightarrow 00:16:04.259$ the numbers were too small.

NOTE Confidence: 0.89576314625

 $00{:}16{:}04.260 \dashrightarrow 00{:}16{:}06.997$ So this brings me to this category

NOTE Confidence: 0.89576314625

 $00{:}16{:}06.997 \dashrightarrow 00{:}16{:}09.944$ of ultra high risk myeloma and the

NOTE Confidence: 0.89576314625

 $00:16:09.944 \longrightarrow 00:16:12.408$ optimum study was very clever study in

 $00:16:12.408 \longrightarrow 00:16:15.158$ the UK they it was a screening study.

NOTE Confidence: 0.89576314625

 $00{:}16{:}15.160 \dashrightarrow 00{:}16{:}17.026$ So anyone in multiple UK centers

NOTE Confidence: 0.89576314625

00:16:17.026 --> 00:16:19.079 who had the who's being worked

NOTE Confidence: 0.89576314625

 $00:16:19.079 \longrightarrow 00:16:21.690$ up for myeloma or was offered the

NOTE Confidence: 0.89576314625

 $00:16:21.690 \longrightarrow 00:16:23.712$ participation in the study and they

NOTE Confidence: 0.89576314625

00:16:23.712 --> 00:16:25.755 screen patients for high risk features,

NOTE Confidence: 0.89576314625

 $00:16:25.755 \longrightarrow 00:16:27.575$ they're they're inclusion was

NOTE Confidence: 0.89576314625

 $00:16:27.575 \longrightarrow 00:16:29.395$ to be double hit.

NOTE Confidence: 0.89576314625

 $00:16:29.400 \longrightarrow 00:16:32.696$ So you have to have two of the

NOTE Confidence: 0.89576314625

 $00:16:32.696 \longrightarrow 00:16:33.913$ following translocation 4141416.

NOTE Confidence: 0.89576314625

00:16:33.913 --> 00:16:35.878 Station one gain of 1,

NOTE Confidence: 0.89576314625

 $00:16:35.880 \longrightarrow 00:16:38.728$ so deletion one peak gain of 1Q and

NOTE Confidence: 0.89576314625

 $00:16:38.728 \longrightarrow 00:16:41.478$ deletion 17P or high risk gene profile

NOTE Confidence: 0.89576314625

 $00{:}16{:}41.478 {\:{\mbox{--}}\!>\:} 00{:}16{:}45.109$ or if you had plasma cell leukemia,

NOTE Confidence: 0.89576314625

 $00:16:45.110 \longrightarrow 00:16:47.390$ which really is these patients

NOTE Confidence: 0.89576314625

 $00:16:47.390 \longrightarrow 00:16:49.670$ are excluded from every study

00:16:49.670 --> 00:16:51.706 they identified 107 patients,

NOTE Confidence: 0.89576314625

 $00{:}16{:}51.706 \dashrightarrow 00{:}16{:}55.640$ ten of which had plasma cell leukemia.

NOTE Confidence: 0.89576314625

 $00:16:55.640 \longrightarrow 00:16:56.960$ So there's a few things going

NOTE Confidence: 0.89576314625

 $00:16:56.960 \longrightarrow 00:16:57.840$ on in this study.

NOTE Confidence: 0.89576314625

 $00:16:57.840 \longrightarrow 00:16:59.768$ I want to focus first on the study

NOTE Confidence: 0.89576314625

00:16:59.768 --> 00:17:01.298 design of the optimum study,

NOTE Confidence: 0.89576314625

 $00:17:01.300 \longrightarrow 00:17:02.938$ which you talked about up here.

NOTE Confidence: 0.89576314625

 $00{:}17{:}02.940 \longrightarrow 00{:}17{:}06.236$ On top, they use five drugs in induction.

NOTE Confidence: 0.89576314625

 $00:17:06.240 \longrightarrow 00:17:09.719$ So they added cytotoxin to Dara VRD.

NOTE Confidence: 0.89576314625

 $00:17:09.720 \longrightarrow 00:17:12.080$ They added VELCADE in the

NOTE Confidence: 0.89576314625

 $00{:}17{:}12.080 \dashrightarrow 00{:}17{:}13.496$ Peri transplant period.

NOTE Confidence: 0.89576314625

 $00{:}17{:}13.500 \dashrightarrow 00{:}17{:}16.468$ They used six cycles of Dara VRD

NOTE Confidence: 0.89576314625

00:17:16.468 --> 00:17:19.788 induction and then 12 more cycles of

NOTE Confidence: 0.89576314625

 $00:17:19.788 \longrightarrow 00:17:22.238$ Dara RVD in extended consolidation,

NOTE Confidence: 0.89576314625

00:17:22.240 --> 00:17:24.288 so basically excluding steroids

 $00:17:24.288 \longrightarrow 00:17:25.824$ in another year.

NOTE Confidence: 0.89576314625

 $00:17:25.830 \longrightarrow 00:17:28.335$ Of consolidation to and then

NOTE Confidence: 0.89576314625

 $00{:}17{:}28.335 \dashrightarrow 00{:}17{:}30.840$ there are in until progression

NOTE Confidence: 0.89576314625

 $00:17:30.932 \longrightarrow 00:17:34.142$ and notably they're not using a

NOTE Confidence: 0.89576314625

00:17:34.142 --> 00:17:36.282 proteasome inhibitor long term.

NOTE Confidence: 0.89576314625

 $00{:}17{:}36.290 \dashrightarrow 00{:}17{:}38.642$ So ideally the authors would love

NOTE Confidence: 0.89576314625

00:17:38.642 --> 00:17:41.689 to have done a randomized study,

NOTE Confidence: 0.89576314625

 $00{:}17{:}41.690 \dashrightarrow 00{:}17{:}43.076$ but there was no standard of care

NOTE Confidence: 0.89576314625

00:17:43.076 --> 00:17:44.480 for these ultra high risk patients.

NOTE Confidence: 0.89576314625

 $00:17:44.480 \longrightarrow 00:17:45.650$ They thought it was unethical,

NOTE Confidence: 0.89576314625

 $00{:}17{:}45.650 --> 00{:}17{:}46.868$ so they did not do so.

NOTE Confidence: 0.89576314625

 $00:17:46.870 \longrightarrow 00:17:48.250$ So it's a single arm study,

NOTE Confidence: 0.89576314625

 $00:17:48.250 \longrightarrow 00:17:50.608$ but they were very much interested

NOTE Confidence: 0.89576314625

00:17:50.608 --> 00:17:52.644 in understanding how this would

NOTE Confidence: 0.89576314625

 $00:17:52.644 \longrightarrow 00:17:54.639$ compare to a genetically similar

NOTE Confidence: 0.89576314625

 $00:17:54.639 \longrightarrow 00:17:56.830$ group of patients with myeloma.

 $00:17:56.830 \longrightarrow 00:17:59.315$ So they looked at their myeloma ex

NOTE Confidence: 0.89576314625

 $00:17:59.315 \longrightarrow 00:18:02.433$ study and they had genetic testing for

NOTE Confidence: 0.89576314625

 $00:18:02.433 \longrightarrow 00:18:05.391$ all these patients identified and identical.

NOTE Confidence: 0.89576314625

 $00:18:05.400 \longrightarrow 00:18:07.068$ Population with this ultra

NOTE Confidence: 0.89576314625

00:18:07.068 --> 00:18:08.319 high risk phenotype,

NOTE Confidence: 0.89576314625

00:18:08.320 --> 00:18:10.184 I'm not going to go into the details

NOTE Confidence: 0.89576314625

00:18:10.184 --> 00:18:11.973 of that study because I do think

NOTE Confidence: 0.89576314625

00:18:11.973 --> 00:18:13.880 it's an overall sub par comparator.

NOTE Confidence: 0.89576314625

 $00{:}18{:}13.880 \dashrightarrow 00{:}18{:}16.556$ But it's just for numerical purposes

NOTE Confidence: 0.89576314625

 $00:18:16.556 \longrightarrow 00:18:19.152$ here that they used cytotoxin

NOTE Confidence: 0.89576314625

00:18:19.152 --> 00:18:22.400 REVLIMID decks or carfilzomib,

NOTE Confidence: 0.89576314625

00:18:22.400 --> 00:18:23.288 cytoxan, REVLIMID,

NOTE Confidence: 0.89576314625

 $00:18:23.288 \longrightarrow 00:18:25.508$ dexin induction transplant and then

NOTE Confidence: 0.89576314625

 $00:18:25.508 \longrightarrow 00:18:27.521$ either they got no maintenance

NOTE Confidence: 0.89576314625

 $00:18:27.521 \longrightarrow 00:18:29.656$ which is really not what we do

00:18:29.656 --> 00:18:31.549 or REVLIMID maintenance so.

NOTE Confidence: 0.89576314625

00:18:31.550 --> 00:18:34.427 Their objectives of the studies to look

NOTE Confidence: 0.89576314625

00:18:34.427 --> 00:18:37.410 at MRD, to look at PFS and toxicity.

NOTE Confidence: 0.89576314625

 $00:18:37.410 \longrightarrow 00:18:40.146$ I do want to note this is quite an

NOTE Confidence: 0.89576314625

00:18:40.146 --> 00:18:42.383 intensive treatment and they did

NOTE Confidence: 0.89576314625

 $00:18:42.383 \longrightarrow 00:18:44.247$ have several fallouts dropouts.

NOTE Confidence: 0.89576314625

00:18:44.250 --> 00:18:46.970 So out of 107 patients,

NOTE Confidence: 0.89576314625

 $00:18:46.970 \longrightarrow 00:18:51.230$ only 74 patients completed consolidation too.

NOTE Confidence: 0.89576314625

 $00:18:51.230 \longrightarrow 00:18:53.312$ The dropouts in the induction transplant

NOTE Confidence: 0.89576314625

00:18:53.312 --> 00:18:55.163 section was due to intolerance

NOTE Confidence: 0.89576314625

 $00:18:55.163 \longrightarrow 00:18:57.138$ and dropout and consolidation was

NOTE Confidence: 0.89576314625

 $00:18:57.138 \longrightarrow 00:18:59.250$ due to progression of disease.

NOTE Confidence: 0.89576314625

 $00:18:59.250 \longrightarrow 00:19:02.530$ So this is MRD at different time points.

NOTE Confidence: 0.787925930526316

 $00:19:02.530 \longrightarrow 00:19:04.665$ You can see that the MRDD deepened

NOTE Confidence: 0.787925930526316

00:19:04.665 --> 00:19:06.970 as you move from end of induction

NOTE Confidence: 0.787925930526316

 $00:19:06.970 \longrightarrow 00:19:08.966$ to end of transplant at 63%.

 $00:19:08.966 \longrightarrow 00:19:11.318 \text{ I don't want you to be discouraged}$

NOTE Confidence: 0.787925930526316

00:19:11.318 --> 00:19:13.643 by the lower percentage after

NOTE Confidence: 0.787925930526316

 $00{:}19{:}13.643 \dashrightarrow 00{:}19{:}16.273$ end of consolidation because they

NOTE Confidence: 0.787925930526316

 $00:19:16.273 \longrightarrow 00:19:18.350$ mentioned there are dropouts.

NOTE Confidence: 0.787925930526316

 $00:19:18.350 \longrightarrow 00:19:20.814$ So you can see here 30% of the

NOTE Confidence: 0.787925930526316

00:19:20.814 --> 00:19:22.549 patients didn't reach that endpoint.

NOTE Confidence: 0.787925930526316

00:19:22.550 --> 00:19:24.746 So that's why you see numerically

NOTE Confidence: 0.787925930526316

00:19:24.746 --> 00:19:26.710 lower rates of MRD there.

NOTE Confidence: 0.787925930526316

 $00:19:26.710 \longrightarrow 00:19:28.590$ What is important we know

NOTE Confidence: 0.787925930526316

 $00:19:28.590 \longrightarrow 00:19:30.470$ sustain MRD is actually more.

NOTE Confidence: 0.787925930526316

00:19:30.470 --> 00:19:32.744 Relevance than just one time point

NOTE Confidence: 0.787925930526316

 $00:19:32.744 \longrightarrow 00:19:34.580$ of emerging negativity is that

NOTE Confidence: 0.787925930526316

 $00{:}19{:}34.580 \dashrightarrow 00{:}19{:}37.580$ 84% had sustained MRD negativity

NOTE Confidence: 0.787925930526316

 $00:19:37.580 \longrightarrow 00:19:40.156$ at the end of consolidation.

NOTE Confidence: 0.787925930526316

 $00:19:40.156 \longrightarrow 00:19:43.710$ So that is very important.

 $00:19:43.710 \longrightarrow 00:19:45.922$ Now this is the PFS course again

NOTE Confidence: 0.787925930526316

 $00{:}19{:}45.922 \dashrightarrow 00{:}19{:}47.984$ I'm not surprised that the PFS

NOTE Confidence: 0.787925930526316

 $00:19:47.984 \longrightarrow 00:19:49.724$ is better with this optimum

NOTE Confidence: 0.787925930526316

 $00:19:49.724 \longrightarrow 00:19:51.690$ regiments than the the comparator.

NOTE Confidence: 0.787925930526316

 $00:19:51.690 \longrightarrow 00:19:53.482$ They did spread out in the in the

NOTE Confidence: 0.787925930526316

 $00{:}19{:}53.482 \dashrightarrow 00{:}19{:}55.452$ myeloma X the ones that got prophesied

NOTE Confidence: 0.787925930526316

 $00:19:55.452 \longrightarrow 00:19:57.217$ that were not to secularism seemed

NOTE Confidence: 0.787925930526316

 $00:19:57.217 \longrightarrow 00:19:59.169$ to be a little bit better than not.

NOTE Confidence: 0.787925930526316

 $00{:}19{:}59.170 \dashrightarrow 00{:}20{:}01.380$ Again not very surprising with

NOTE Confidence: 0.787925930526316

 $00:20:01.380 \longrightarrow 00:20:03.590$ produce some inhibitor but regardless

NOTE Confidence: 0.787925930526316

 $00{:}20{:}03.660 \dashrightarrow 00{:}20{:}05.766$ I think it's very impressive the

NOTE Confidence: 0.787925930526316

 $00:20:05.766 \longrightarrow 00:20:09.200$ 30 month PFS estimate of 77% and

NOTE Confidence: 0.787925930526316

 $00:20:09.200 \longrightarrow 00:20:14.690$ this does fare favorably to other.

NOTE Confidence: 0.787925930526316

00:20:14.690 --> 00:20:17.651 Other data out there for this really

NOTE Confidence: 0.787925930526316

00:20:17.651 --> 00:20:19.870 high risk patient population.

NOTE Confidence: 0.787925930526316

 $00:20:19.870 \longrightarrow 00:20:21.054$ In terms of toxicity,

00:20:21.054 --> 00:20:23.285 which is very relevant when people are

NOTE Confidence: 0.787925930526316

 $00:20:23.285 \longrightarrow 00:20:25.270$ getting this intense prolonged treatment,

NOTE Confidence: 0.787925930526316

 $00:20:25.270 \longrightarrow 00:20:27.690$ they showed you here the

NOTE Confidence: 0.787925930526316

 $00:20:27.690 \longrightarrow 00:20:29.626$ consolidation to adverse events.

NOTE Confidence: 0.787925930526316

 $00:20:29.630 \longrightarrow 00:20:32.984$ So there are some grade three side effects.

NOTE Confidence: 0.787925930526316

 $00:20:32.984 \longrightarrow 00:20:34.569$ There are not that many,

NOTE Confidence: 0.787925930526316

 $00:20:34.570 \longrightarrow 00:20:37.495$ most of them are hematological

NOTE Confidence: 0.787925930526316

00:20:37.495 --> 00:20:38.665 like neutropenia.

NOTE Confidence: 0.787925930526316

00:20:38.670 --> 00:20:41.670 There were some Grade 3 infections,

NOTE Confidence: 0.787925930526316

 $00:20:41.670 \longrightarrow 00:20:42.338$ about 12%,

NOTE Confidence: 0.787925930526316

00:20:42.338 --> 00:20:44.342 most of them being respiratory tract

NOTE Confidence: 0.787925930526316

00:20:44.342 --> 00:20:46.358 infections and they don't separate out,

NOTE Confidence: 0.787925930526316

 $00{:}20{:}46.360 \dashrightarrow 00{:}20{:}48.810$ you know, the viruses from the bacteria,

NOTE Confidence: 0.787925930526316

 $00:20:48.810 \longrightarrow 00:20:50.290$ but that I think that would be relevant.

NOTE Confidence: 0.787925930526316

 $00:20:50.290 \longrightarrow 00:20:53.706$ Especially in the era of of a pandemic.

 $00:20:53.710 \longrightarrow 00:20:55.936$ So it seems to be fairly toggled.

NOTE Confidence: 0.787925930526316 00:20:55.940 --> 00:20:56.410 They did. NOTE Confidence: 0.787925930526316

 $00:20:56.410 \longrightarrow 00:21:00.840$ One thing to note, they did allow for very.

NOTE Confidence: 0.787925930526316

00:21:00.840 --> 00:21:02.061 Flexible dose reductions,

NOTE Confidence: 0.787925930526316

 $00:21:02.061 \longrightarrow 00:21:05.414$ even for Grade 1 toxicity to allow patients

NOTE Confidence: 0.787925930526316

 $00:21:05.414 \longrightarrow 00:21:08.030$ to continue on treatment for longer.

NOTE Confidence: 0.787925930526316

00:21:08.030 --> 00:21:08.795 So in conclusion,

NOTE Confidence: 0.787925930526316

00:21:08.795 --> 00:21:10.580 I think these type of single ARM

NOTE Confidence: 0.787925930526316

 $00{:}21{:}10.634 \dashrightarrow 00{:}21{:}12.319$ studies can serve as comparators

NOTE Confidence: 0.787925930526316

 $00:21:12.319 \longrightarrow 00:21:14.366$ for future randomized studies and of

NOTE Confidence: 0.787925930526316

 $00{:}21{:}14.366 \dashrightarrow 00{:}21{:}15.921$ course balancing the efficacy and

NOTE Confidence: 0.787925930526316

00:21:15.921 --> 00:21:19.450 toxicity in this patient population.

NOTE Confidence: 0.787925930526316

00:21:19.450 --> 00:21:21.628 Now the last study I'm going to go into,

NOTE Confidence: 0.787925930526316

 $00:21:21.630 \longrightarrow 00:21:23.443$ I'm going to shift gears to a

NOTE Confidence: 0.787925930526316

00:21:23.443 --> 00:21:24.870 different subtype of high risk

NOTE Confidence: 0.787925930526316

 $00:21:24.870 \longrightarrow 00:21:26.646$ patients and these are the functional

 $00:21:26.646 \longrightarrow 00:21:28.640$ high risk myeloma and these are not

NOTE Confidence: 0.787925930526316

00:21:28.640 --> 00:21:30.205 the patients you know that they're

NOTE Confidence: 0.787925930526316

00:21:30.205 --> 00:21:31.710 high risk when you first see them,

NOTE Confidence: 0.787925930526316

 $00:21:31.710 \longrightarrow 00:21:33.710$ they they demonstrate themselves

NOTE Confidence: 0.787925930526316

 $00:21:33.710 \longrightarrow 00:21:36.710$ because they or they relapse early.

NOTE Confidence: 0.787925930526316

00:21:36.710 --> 00:21:39.062 So patients who have early relapse

NOTE Confidence: 0.787925930526316

00:21:39.062 --> 00:21:41.153 after transplant within one year

NOTE Confidence: 0.787925930526316

00:21:41.153 --> 00:21:42.527 have horrible prognosis.

NOTE Confidence: 0.787925930526316

 $00:21:42.530 \longrightarrow 00:21:44.702$ You see here 26 months overall

NOTE Confidence: 0.787925930526316

00:21:44.702 --> 00:21:46.580 survival compared to 91 months

NOTE Confidence: 0.787925930526316

00:21:46.580 --> 00:21:48.710 if you didn't have this early.

NOTE Confidence: 0.787925930526316

00:21:48.710 --> 00:21:49.718 About relapse,

NOTE Confidence: 0.787925930526316

 $00{:}21{:}49.718 \dashrightarrow 00{:}21{:}53.246$ So what this Karma 2A study analyzed

NOTE Confidence: 0.787925930526316

 $00:21:53.246 \longrightarrow 00:21:57.016$ is the use of either cell or abukuma,

NOTE Confidence: 0.787925930526316

 $00:21:57.020 \longrightarrow 00:21:59.054$ which is the first CMA directed

 $00{:}21{:}59.054 \dashrightarrow 00{:}22{:}01.299$ car T cell product for myeloma.

NOTE Confidence: 0.787925930526316

 $00{:}22{:}01.300 \dashrightarrow 00{:}22{:}03.995$ They used it in this patient population.

NOTE Confidence: 0.787925930526316

00:22:04.000 --> 00:22:05.840 The inclusion criteria includes

NOTE Confidence: 0.787925930526316

 $00:22:05.840 \longrightarrow 00:22:08.140$ elaps 18 months after initiation

NOTE Confidence: 0.787925930526316

 $00:22:08.140 \longrightarrow 00:22:09.909$ of frontline therapy.

NOTE Confidence: 0.787925930526316

 $00:22:09.910 \longrightarrow 00:22:12.442$ And you had to have revilement

NOTE Confidence: 0.787925930526316

 $00:22:12.442 \longrightarrow 00:22:13.286$ based maintenance.

NOTE Confidence: 0.787925930526316

00:22:13.290 --> 00:22:15.474 The primary endpoint was a CR

NOTE Confidence: 0.787925930526316

 $00{:}22{:}15.474 \dashrightarrow 00{:}22{:}16.930$ and secondary endpoints include

NOTE Confidence: 0.770254851538461

00:22:16.995 --> 00:22:18.249 duration of response,

NOTE Confidence: 0.770254851538461

 $00:22:18.250 \longrightarrow 00:22:21.210$ progression free survival and toxicity.

NOTE Confidence: 0.770254851538461

 $00:22:21.210 \longrightarrow 00:22:22.635$ So patient characteristics

NOTE Confidence: 0.770254851538461

 $00:22:22.635 \longrightarrow 00:22:24.060$ are presented here,

NOTE Confidence: 0.770254851538461

 $00:22:24.060 \longrightarrow 00:22:25.395$ few things to highlight in

NOTE Confidence: 0.770254851538461

00:22:25.395 --> 00:22:26.730 terms of high risk features.

NOTE Confidence: 0.770254851538461

 $00{:}22{:}26.730 \dashrightarrow 00{:}22{:}29.145$ There were 32% high risk disease in

00:22:29.145 --> 00:22:31.080 this functionally high risk patients.

NOTE Confidence: 0.770254851538461

 $00{:}22{:}31.080 \dashrightarrow 00{:}22{:}35.136$ There were 40% with missing data.

NOTE Confidence: 0.770254851538461

00:22:35.140 --> 00:22:37.636 It they did have information about

NOTE Confidence: 0.770254851538461

 $00:22:37.636 \longrightarrow 00:22:39.758$ their response to upfront therapy

NOTE Confidence: 0.770254851538461

 $00{:}22{:}39.758 \rightarrow 00{:}22{:}41.982$ and 24% of the patients have CR

NOTE Confidence: 0.770254851538461

 $00:22:41.982 \longrightarrow 00:22:44.000$ to their first line of therapy.

NOTE Confidence: 0.770254851538461

00:22:44.000 --> 00:22:46.150 Most patients have progression of

NOTE Confidence: 0.770254851538461

 $00{:}22{:}46.150 \dashrightarrow 00{:}22{:}48.773$ disease within 12 months of transplant

NOTE Confidence: 0.770254851538461

 $00{:}22{:}48.773 \dashrightarrow 00{:}22{:}51.538$ and no patients were refractory to an

NOTE Confidence: 0.770254851538461

 $00:22:51.538 \longrightarrow 00:22:54.240$ anti CD 38 like there are two now.

NOTE Confidence: 0.770254851538461

 $00:22:54.240 \longrightarrow 00:22:56.040$ This is the efficacy data.

NOTE Confidence: 0.770254851538461

 $00:22:56.040 \longrightarrow 00:22:58.713$ The CRH which I think is the most relevant

NOTE Confidence: 0.770254851538461

00:22:58.713 --> 00:23:03.140 in terms of the response rate is 45%.

NOTE Confidence: 0.770254851538461

00:23:03.140 --> 00:23:04.600 Just put here in Gray,

NOTE Confidence: 0.770254851538461

 $00:23:04.600 \longrightarrow 00:23:06.724$ what is the CR rate that was seen in

 $00:23:06.724 \longrightarrow 00:23:09.229$ this agent in the relapse that heavily

NOTE Confidence: 0.770254851538461

 $00:23:09.229 \longrightarrow 00:23:12.770$ pretreated population which is 33%?

NOTE Confidence: 0.770254851538461

 $00:23:12.770 \longrightarrow 00:23:14.555$ Just like the other car T products,

NOTE Confidence: 0.770254851538461

 $00:23:14.560 \longrightarrow 00:23:15.950$ we see the deeper response,

NOTE Confidence: 0.770254851538461

 $00:23:15.950 \longrightarrow 00:23:17.840$ the longer duration of response.

NOTE Confidence: 0.770254851538461

 $00:23:17.840 \longrightarrow 00:23:20.336$ Overall, the median duration of the

NOTE Confidence: 0.770254851538461

00:23:20.336 --> 00:23:22.670 responder responding patients was 15 months,

NOTE Confidence: 0.770254851538461

00:23:22.670 --> 00:23:25.551 but if you had a CR then it goes to 23

NOTE Confidence: 0.770254851538461

00:23:25.551 --> 00:23:28.260 months and if you had a PR for example,

NOTE Confidence: 0.770254851538461

 $00:23:28.260 \longrightarrow 00:23:29.940$ it's as short as three months.

NOTE Confidence: 0.770254851538461

 $00{:}23{:}29.940 \dashrightarrow 00{:}23{:}33.030$ So really depth of response

NOTE Confidence: 0.770254851538461

 $00:23:33.030 \longrightarrow 00:23:34.884$ is extremely important.

NOTE Confidence: 0.770254851538461

 $00:23:34.890 \longrightarrow 00:23:38.030$ PFS is roughly a year,

NOTE Confidence: 0.770254851538461

 $00:23:38.030 \longrightarrow 00:23:40.172$ so 11 months here which is quite

NOTE Confidence: 0.770254851538461

00:23:40.172 --> 00:23:43.105 similar to what was seen in the relapse

NOTE Confidence: 0.770254851538461

 $00{:}23{:}43.105 \dashrightarrow 00{:}23{:}44.661$ refractory patient population and

00:23:44.661 --> 00:23:47.303 you know I think again this includes

NOTE Confidence: 0.770254851538461

 $00{:}23{:}47.303 \dashrightarrow 00{:}23{:}49.366$ all those non responders as well.

NOTE Confidence: 0.770254851538461

 $00:23:49.366 \longrightarrow 00:23:51.790$ I think it would be interesting to see

NOTE Confidence: 0.770254851538461

00:23:51.857 --> 00:23:55.660 the PFS for those who are responding.

NOTE Confidence: 0.770254851538461

 $00:23:55.660 \longrightarrow 00:23:57.068$ In terms of toxicity,

NOTE Confidence: 0.770254851538461

 $00{:}23{:}57.068 \dashrightarrow 00{:}23{:}59.180$ there was initial concern that when

NOTE Confidence: 0.770254851538461

00:23:59.249 --> 00:24:01.009 you're using these cartee products

NOTE Confidence: 0.770254851538461

 $00{:}24{:}01.009 \dashrightarrow 00{:}24{:}03.171$ earlier in the line of treatment

NOTE Confidence: 0.770254851538461

 $00{:}24{:}03.171 \dashrightarrow 00{:}24{:}05.495$ that the T cells might be fitter,

NOTE Confidence: 0.770254851538461

 $00:24:05.500 \longrightarrow 00:24:07.690$ they might be healthier and actually

NOTE Confidence: 0.770254851538461

00:24:07.690 --> 00:24:09.950 have higher toxicities like CRS

NOTE Confidence: 0.770254851538461

00:24:09.950 --> 00:24:12.500 and and the neurotoxicity icams,

NOTE Confidence: 0.770254851538461

 $00{:}24{:}12.500 \dashrightarrow 00{:}24{:}14.516$ but they didn't see that in this study.

NOTE Confidence: 0.770254851538461

 $00{:}24{:}14.520 \dashrightarrow 00{:}24{:}16.938$ So there were roughly the same

NOTE Confidence: 0.770254851538461

 $00:24:16.938 \longrightarrow 00:24:19.407$ amount of percentage of events in

 $00:24:19.407 \longrightarrow 00:24:21.735$ the CRS and the neurotoxicity group

NOTE Confidence: 0.770254851538461

 $00:24:21.735 \longrightarrow 00:24:24.608$ as was seen in the prior study

NOTE Confidence: 0.770254851538461

 $00:24:24.608 \longrightarrow 00:24:26.623$ and actually there were lower.

NOTE Confidence: 0.770254851538461

 $00:24:26.630 \longrightarrow 00:24:29.552$ Or at least numerically lower number

NOTE Confidence: 0.770254851538461

 $00:24:29.552 \longrightarrow 00:24:33.176$ of high grade events like grade 3/4 in

NOTE Confidence: 0.770254851538461

 $00:24:33.176 \longrightarrow 00:24:35.738$ both groups compared to the prior study.

NOTE Confidence: 0.770254851538461

00:24:35.738 --> 00:24:38.006 I do want to mention infections

NOTE Confidence: 0.770254851538461

 $00:24:38.006 \longrightarrow 00:24:40.737$ is still an issue of post party.

NOTE Confidence: 0.770254851538461

 $00:24:40.740 \longrightarrow 00:24:44.314$ There was a grade 3-4 infections at 22%

NOTE Confidence: 0.770254851538461

 $00:24:44.314 \longrightarrow 00:24:47.466$ and in fact 2 deaths from this with

NOTE Confidence: 0.770254851538461

 $00{:}24{:}47.466 \dashrightarrow 00{:}24{:}50.679$ pneumonia and another from studemont sepsis.

NOTE Confidence: 0.770254851538461

 $00:24:50.680 \longrightarrow 00:24:51.856$ So in conclusion,

NOTE Confidence: 0.770254851538461

 $00:24:51.856 \longrightarrow 00:24:53.424$ in this functionally high

NOTE Confidence: 0.770254851538461

00:24:53.424 --> 00:24:54.600 risk patient population,

NOTE Confidence: 0.770254851538461

00:24:54.600 --> 00:24:56.628 either cell achieved 45% CR rates

NOTE Confidence: 0.770254851538461

00:24:56.628 --> 00:24:58.970 and this was higher than what was

 $00:24:58.970 \longrightarrow 00:25:01.112$ seen in the first line of therapy.

NOTE Confidence: 0.770254851538461

 $00:25:01.120 \longrightarrow 00:25:02.341$ For these patients.

NOTE Confidence: 0.770254851538461

 $00:25:02.341 \longrightarrow 00:25:05.190$ It seems that there are less grade

NOTE Confidence: 0.770254851538461

 $00:25:05.273 \longrightarrow 00:25:08.148$ 3-4 toxicities compared to the

NOTE Confidence: 0.770254851538461

 $00{:}25{:}08.148 \dashrightarrow 00{:}25{:}09.873$ relapse refractory population.

NOTE Confidence: 0.770254851538461

 $00:25:09.880 \longrightarrow 00:25:12.424$ The PFS seems similar to what was seen

NOTE Confidence: 0.770254851538461

00:25:12.424 --> 00:25:15.260 in the heavily pretreated population,

NOTE Confidence: 0.770254851538461

 $00:25:15.260 \longrightarrow 00:25:17.255$ but these patients are very high risk,

NOTE Confidence: 0.770254851538461

 $00:25:17.260 \longrightarrow 00:25:18.890$ they they are very difficult

NOTE Confidence: 0.770254851538461

 $00:25:18.890 \longrightarrow 00:25:20.520$ to treat and salvage so.

NOTE Confidence: 0.770254851538461

 $00:25:20.520 \longrightarrow 00:25:22.344$ I think we really need randomized

NOTE Confidence: 0.770254851538461

 $00:25:22.344 \longrightarrow 00:25:24.719$ study to see what is the best

NOTE Confidence: 0.770254851538461

 $00{:}25{:}24.719 \dashrightarrow 00{:}25{:}26.539$ treatment for these patients and

NOTE Confidence: 0.770254851538461

00:25:26.539 --> 00:25:28.147 ideally identify those that have

NOTE Confidence: 0.770254851538461

 $00:25:28.147 \longrightarrow 00:25:29.779$ that will have a CR rate.

 $00:25:29.780 \longrightarrow 00:25:33.140$ So I want to close with this one last slide.

NOTE Confidence: 0.909416426

 $00:25:33.140 \longrightarrow 00:25:35.300$ This is what I think is the future.

NOTE Confidence: 0.909416426

 $00:25:35.300 \longrightarrow 00:25:37.844$ It's this risk adaptive therapy directed

NOTE Confidence: 0.909416426

 $00:25:37.844 \longrightarrow 00:25:40.180$ according to response type of study.

NOTE Confidence: 0.909416426

 $00:25:40.180 \longrightarrow 00:25:42.700$ This is the radar study that was presented

NOTE Confidence: 0.909416426

00:25:42.700 --> 00:25:44.928 by Doctor Wong from the UK don't want

NOTE Confidence: 0.909416426

 $00:25:44.928 \longrightarrow 00:25:47.314$ to go into the details of all this is

NOTE Confidence: 0.909416426

 $00:25:47.314 \longrightarrow 00:25:49.748$ a busy slide but the concept here is

NOTE Confidence: 0.909416426

 $00{:}25{:}49.748 \to 00{:}25{:}52.004$ extremely important that you separate out

NOTE Confidence: 0.909416426

00:25:52.004 --> 00:25:54.478 the standard risk from the high risk,

NOTE Confidence: 0.909416426

 $00:25:54.480 \longrightarrow 00:25:55.140$ high risk patients.

NOTE Confidence: 0.909416426

 $00:25:55.140 \longrightarrow 00:25:56.680$ We don't want to stop treatment on,

NOTE Confidence: 0.909416426

 $00{:}25{:}56.680 \dashrightarrow 00{:}25{:}58.660$ we need better treatments standard

NOTE Confidence: 0.909416426

 $00:25:58.660 \longrightarrow 00:25:59.848$ risk that have.

NOTE Confidence: 0.909416426

 $00:25:59.850 \longrightarrow 00:26:02.482$ MRD negative disease can maybe even stop

NOTE Confidence: 0.909416426

 $00:26:02.482 \longrightarrow 00:26:03.984$ treatment and standardized patients

00:26:03.984 --> 00:26:05.554 who don't achieve MRD negativity

NOTE Confidence: 0.909416426

 $00:26:05.554 \longrightarrow 00:26:07.991$ how is how are we going to deepen

NOTE Confidence: 0.909416426

 $00{:}26{:}07.991 \longrightarrow 00{:}26{:}10.058$ their response how are we going to

NOTE Confidence: 0.909416426

 $00:26:10.058 \longrightarrow 00:26:12.326$ get them together MRD negative state

NOTE Confidence: 0.909416426

 $00:26:12.326 \longrightarrow 00:26:14.953$ so you know when and randomizing

NOTE Confidence: 0.909416426

 $00:26:14.953 \longrightarrow 00:26:17.313$ doing a randomized fashion so.

NOTE Confidence: 0.909416426

 $00:26:17.320 \longrightarrow 00:26:19.721$ The this and other type studies like

NOTE Confidence: 0.909416426

00:26:19.721 --> 00:26:22.470 this are ongoing and I think the next

NOTE Confidence: 0.909416426

00:26:22.470 --> 00:26:25.034 decade hopefully we'll have an answer to

NOTE Confidence: 0.909416426

 $00:26:25.034 \longrightarrow 00:26:27.758$ how to personalize treatments for myeloma.

NOTE Confidence: 0.909416426

00:26:27.760 --> 00:26:30.950 And with that I will close my section of the

NOTE Confidence: 0.909416426

 $00:26:31.028 \longrightarrow 00:26:34.148$ talk and we'll move on to Doctor Brownings.

NOTE Confidence: 0.885277639166667

 $00{:}26{:}39.870 \dashrightarrow 00{:}26{:}41.802$ OK, great. Well, thank you Doctor

NOTE Confidence: 0.885277639166667

 $00:26:41.802 \longrightarrow 00:26:44.050$ Barr and and welcome again everyone.

NOTE Confidence: 0.885277639166667

 $00:26:44.050 \longrightarrow 00:26:46.378$ My name is Sabrina Browning and with the

00:26:46.378 --> 00:26:48.505 remainder of our time that we have left,

NOTE Confidence: 0.885277639166667

00:26:48.510 --> 00:26:51.214 I'm going to review with you data on

NOTE Confidence: 0.885277639166667

 $00:26:51.214 \longrightarrow 00:26:53.049$ relapse refractory myeloma and we'll

NOTE Confidence: 0.885277639166667

 $00:26:53.049 \longrightarrow 00:26:55.590$ also briefly touch upon a new therapeutic

NOTE Confidence: 0.885277639166667

 $00:26:55.657 \longrightarrow 00:26:57.687$ in light chainer ALE amyloidosis.

NOTE Confidence: 0.885277639166667

 $00:26:57.690 \longrightarrow 00:27:00.308$ And I have no disclosures to report.

NOTE Confidence: 0.885277639166667

 $00:27:00.310 \longrightarrow 00:27:02.420$ So a major focus in myeloma at

NOTE Confidence: 0.885277639166667

 $00:27:02.420 \longrightarrow 00:27:05.121$ Ash this year was the diverse and

NOTE Confidence: 0.885277639166667

00:27:05.121 --> 00:27:06.780 advancing immunotherapeutic landscape

NOTE Confidence: 0.885277639166667

 $00:27:06.780 \longrightarrow 00:27:09.545$ for relapse and refractory disease.

NOTE Confidence: 0.885277639166667

 $00{:}27{:}09.550 \dashrightarrow 00{:}27{:}12.678$ And as you all are familiar B cell

NOTE Confidence: 0.885277639166667

 $00{:}27{:}12.678 {\:\dashrightarrow\:} 00{:}27{:}14.760$ maturation antigen or BCM A has been

NOTE Confidence: 0.885277639166667

 $00:27:14.760 \longrightarrow 00:27:16.650$ a critical target on myeloma cells.

NOTE Confidence: 0.885277639166667

 $00:27:16.650 \longrightarrow 00:27:18.729$ And as Doctor Barr mentioned we now

NOTE Confidence: 0.885277639166667

 $00:27:18.729 \longrightarrow 00:27:20.859$ have two approved anti BCM a car T

NOTE Confidence: 0.885277639166667

00:27:20.859 --> 00:27:22.537 cell products eye to cell and cell

00:27:22.537 --> 00:27:24.633 to cell as well as an anti BCM A

NOTE Confidence: 0.885277639166667

 $00:27:24.633 \longrightarrow 00:27:26.348$ by specific antibody articles amab

NOTE Confidence: 0.885277639166667

 $00{:}27{:}26.348 \to 00{:}27{:}28.869$ and while I won't cover this today.

NOTE Confidence: 0.885277639166667

 $00:27:28.870 \longrightarrow 00:27:30.928$ There was promising early phase data

NOTE Confidence: 0.885277639166667

 $00:27:30.928 \longrightarrow 00:27:33.019$ presented on the combination of teclis

NOTE Confidence: 0.885277639166667

 $00:27:33.019 \longrightarrow 00:27:34.679$ tamal with daratumumab and Lenalidomide

NOTE Confidence: 0.885277639166667

 $00:27:34.679 \longrightarrow 00:27:36.398$ and there are other combinations

NOTE Confidence: 0.885277639166667

 $00{:}27{:}36.398 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}27{:}38.390$ with this by specific antibody that

NOTE Confidence: 0.885277639166667

 $00:27:38.390 \longrightarrow 00:27:40.080$ are also actively being studied.

NOTE Confidence: 0.885277639166667

 $00:27:40.080 \longrightarrow 00:27:43.274$ As well as the number of new BCM ART

NOTE Confidence: 0.885277639166667

 $00:27:43.274 \longrightarrow 00:27:45.139$ invites but importantly the abstracts

NOTE Confidence: 0.885277639166667

 $00{:}27{:}45.139 \dashrightarrow 00{:}27{:}47.924$ that I will focus on today with with

NOTE Confidence: 0.885277639166667

 $00{:}27{:}47.924 \dashrightarrow 00{:}27{:}50.312$ you all highlight some T cell to

NOTE Confidence: 0.885277639166667

 $00:27:50.312 \longrightarrow 00:27:51.876$ redirection therapies that harness

NOTE Confidence: 0.885277639166667

 $00:27:51.876 \longrightarrow 00:27:53.970$ new myeloma cell antigen targets.

 $00:27:53.970 \longrightarrow 00:27:56.670$ And these include G protein coupled

NOTE Confidence: 0.885277639166667

00:27:56.670 --> 00:27:59.891 receptor family C Group 5 member D or

NOTE Confidence: 0.885277639166667

 $00:27:59.891 \longrightarrow 00:28:03.370$ what's referred to as GPRC 5D and SC

NOTE Confidence: 0.885277639166667

00:28:03.370 --> 00:28:06.794 receptor homologue 5 or FCR H5 as well

NOTE Confidence: 0.885277639166667

 $00:28:06.794 \longrightarrow 00:28:08.720$ as some non cellular therapies that

NOTE Confidence: 0.885277639166667

 $00:28:08.789 \longrightarrow 00:28:11.039$ help reverse tumor mediated immune.

NOTE Confidence: 0.885277639166667

 $00:28:11.040 \longrightarrow 00:28:13.650$ Paralysis that occurs in in myeloma,

NOTE Confidence: 0.885277639166667

 $00:28:13.650 \longrightarrow 00:28:15.426$ and these include the novel cereblon,

NOTE Confidence: 0.885277639166667

 $00:28:15.430 \longrightarrow 00:28:16.639$ Eli Gaze modulators,

NOTE Confidence: 0.885277639166667

 $00:28:16.639 \longrightarrow 00:28:20.529$ or what is referred to as as cell months.

NOTE Confidence: 0.885277639166667

 $00:28:20.530 \longrightarrow 00:28:23.419$ So to to start we will discuss the phase

NOTE Confidence: 0.885277639166667

00:28:23.419 --> 00:28:26.193 two results from the monumental one

NOTE Confidence: 0.885277639166667

00:28:26.193 --> 00:28:29.079 study which represented by Doctor Ajai

NOTE Confidence: 0.885277639166667

 $00:28:29.079 \longrightarrow 00:28:31.707$ Chari and this evaluates talked amab.

NOTE Confidence: 0.885277639166667

 $00:28:31.710 \longrightarrow 00:28:34.833$ Talked Amab is a first in class T cell

NOTE Confidence: 0.885277639166667

 $00:28:34.833 \longrightarrow 00:28:37.406$ bispecific antibody that targets GPRC 5D.

 $00:28:37.406 \longrightarrow 00:28:39.374$ And as previously discussed this is

NOTE Confidence: 0.885277639166667

 $00:28:39.374 \longrightarrow 00:28:41.338$ highly expressed on myeloma cells and

NOTE Confidence: 0.885277639166667

 $00{:}28{:}41.338 \dashrightarrow 00{:}28{:}43.210$ thought to have limited expression on

NOTE Confidence: 0.885277639166667

00:28:43.268 --> 00:28:45.368 normal cells cells and that includes

NOTE Confidence: 0.885277639166667

 $00{:}28{:}45.368 \dashrightarrow 00{:}28{:}47.017$ hematopoietic stem cells and in

NOTE Confidence: 0.885277639166667

00:28:47.017 --> 00:28:48.746 December of this past year the phase

NOTE Confidence: 0.885277639166667

 $00:28:48.746 \longrightarrow 00:28:50.638$ one data from the monumental study.

NOTE Confidence: 0.885277639166667

 $00{:}28{:}50.640 {\: --> \:} 00{:}28{:}53.146$ Were published in the New England Journal

NOTE Confidence: 0.885277639166667

 $00{:}28{:}53.146 \dashrightarrow 00{:}28{:}54.976$ and demonstrated an impressive overall

NOTE Confidence: 0.885277639166667

 $00:28:54.976 \longrightarrow 00:28:58.020$ response rate of 64 to 70% with both

NOTE Confidence: 0.885277639166667

 $00:28:58.020 \longrightarrow 00:29:00.660$ weekly and every other weekly dosing.

NOTE Confidence: 0.885277639166667

 $00:29:00.660 \longrightarrow 00:29:02.620$ And so for the phase two portion

NOTE Confidence: 0.885277639166667 00:29:02.620 --> 00:29:03.460 of the study,

NOTE Confidence: 0.885277639166667

 $00{:}29{:}03.460 \dashrightarrow 00{:}29{:}05.340$ patients had to have an ECOG of zero

NOTE Confidence: 0.885277639166667

 $00{:}29{:}05.340 \dashrightarrow 00{:}29{:}07.102$ to two with measurable disease and

 $00:29:07.102 \longrightarrow 00:29:09.440$ three or more lines of prior therapy.

NOTE Confidence: 0.885277639166667

 $00:29:09.440 \longrightarrow 00:29:11.960$ And this included a PROTEOSOME inhibitor,

NOTE Confidence: 0.885277639166667

00:29:11.960 --> 00:29:15.080 an imid and an anti CD 38 antibody.

NOTE Confidence: 0.885277639166667

 $00:29:15.080 \longrightarrow 00:29:17.103$ And the three cohorts in this portion

NOTE Confidence: 0.885277639166667

00:29:17.103 --> 00:29:19.260 of the study that you see outlined

NOTE Confidence: 0.885277639166667

 $00:29:19.260 \longrightarrow 00:29:21.394$ here included a 0.4 milligram.

NOTE Confidence: 0.885277639166667

00:29:21.394 --> 00:29:24.429 4 kilogram weekly subcutaneous dosing

NOTE Confidence: 0.885277639166667

 $00:29:24.429 \longrightarrow 00:29:26.220$ and 122 patients enrolled in this.

NOTE Confidence: 0.885277639166667

00:29:26.220 --> 00:29:29.090 In this group 0.8 milligrams per kilogram

NOTE Confidence: 0.885277639166667

00:29:29.090 --> 00:29:31.570 every other week subcutaneous dosing

NOTE Confidence: 0.885277639166667

 $00{:}29{:}31.570 \dashrightarrow 00{:}29{:}33.316$ where 109 patients were enrolled.

NOTE Confidence: 0.885277639166667

00:29:33.316 --> 00:29:35.450 And then a third group of patients

NOTE Confidence: 0.885277639166667

00:29:35.450 --> 00:29:37.478 who had received prior T cell

NOTE Confidence: 0.885277639166667

 $00:29:37.478 \longrightarrow 00:29:38.492$ redirection therapy and

NOTE Confidence: 0.818111631724138

 $00:29:38.556 \longrightarrow 00:29:40.466$ were administered either of the

NOTE Confidence: 0.818111631724138

 $00:29:40.466 \longrightarrow 00:29:41.994$ two mentioned dosing schedules.

 $00:29:42.000 \longrightarrow 00:29:45.618$ And the aim of this study was to assess

NOTE Confidence: 0.818111631724138

 $00:29:45.618 \longrightarrow 00:29:48.708$ efficacy and safety of this novel agent.

NOTE Confidence: 0.818111631724138

 $00:29:48.710 \longrightarrow 00:29:50.942$ And so the table on the left here

NOTE Confidence: 0.818111631724138

 $00:29:50.942 \longrightarrow 00:29:53.565$ on the slide outline some of the key

NOTE Confidence: 0.818111631724138

 $00{:}29{:}53.565 \dashrightarrow 00{:}29{:}55.410$ patient and disease characteristics from

NOTE Confidence: 0.818111631724138

 $00:29:55.410 \longrightarrow 00:29:58.168$ the phase two cohorts of this study.

NOTE Confidence: 0.818111631724138

 $00:29:58.170 \longrightarrow 00:30:02.994$ Median age was 67 and 8.4% of the 0.4

NOTE Confidence: 0.818111631724138

 $00:30:02.994 \longrightarrow 00:30:05.856$ milligram per kilogram group and 6.2% of

NOTE Confidence: 0.818111631724138

 $00{:}30{:}05.856 \to 00{:}30{:}07.974$ the0.8kilogram milligram per kilogram

NOTE Confidence: 0.818111631724138

 $00{:}30{:}07.974 \dashrightarrow 00{:}30{:}10.330$ group were black or African American.

NOTE Confidence: 0.818111631724138

 $00{:}30{:}10.330 \dashrightarrow 00{:}30{:}12.938$ And as one would expect in a heavily

NOTE Confidence: 0.818111631724138

 $00:30:12.938 \longrightarrow 00:30:14.508$ pretreated population with an average

NOTE Confidence: 0.818111631724138

00:30:14.508 --> 00:30:17.104 of five prior lines of therapy high risk

NOTE Confidence: 0.818111631724138

00:30:17.104 --> 00:30:19.216 features including extramedullary disease.

NOTE Confidence: 0.818111631724138

 $00:30:19.220 \longrightarrow 00:30:21.770$ High risk cytogenetics and isss stage

00:30:21.770 --> 00:30:24.199 three disease were observed in about

NOTE Confidence: 0.818111631724138

 $00{:}30{:}24.199 \dashrightarrow 00{:}30{:}26.488$ 1/4 to 1/3 of patients as documented

NOTE Confidence: 0.818111631724138

 $00:30:26.488 \longrightarrow 00:30:28.686$ here in the table and approximately

NOTE Confidence: 0.818111631724138

 $00:30:28.686 \longrightarrow 00:30:31.506 3/4$ of the patients have triple had

NOTE Confidence: 0.818111631724138

 $00:30:31.506 \longrightarrow 00:30:33.538$ triple class refractory disease.

NOTE Confidence: 0.818111631724138

 $00:30:33.540 \longrightarrow 00:30:35.815$ However despite this population again

NOTE Confidence: 0.818111631724138

 $00:30:35.815 \longrightarrow 00:30:39.000$ with with high risk disease and there

NOTE Confidence: 0.818111631724138

 $00{:}30{:}39.000 \dashrightarrow 00{:}30{:}41.100$ wasn't an impressive overall response

NOTE Confidence: 0.818111631724138

 $00{:}30{:}41.100 \dashrightarrow 00{:}30{:}44.439$ rate as seen in the figure here on on the

NOTE Confidence: 0.818111631724138

 $00:30:44.439 \longrightarrow 00:30:49.080$ right at 74.1% and 73.1% in the two dosing.

NOTE Confidence: 0.818111631724138

 $00{:}30{:}49.080 \dashrightarrow 00{:}30{:}51.726$ Groups and VGPR are better was

NOTE Confidence: 0.818111631724138

 $00:30:51.726 \longrightarrow 00:30:53.841$ achieved in approximately 60% of

NOTE Confidence: 0.818111631724138

 $00:30:53.841 \longrightarrow 00:30:55.947$ patients which also indicates a high

NOTE Confidence: 0.818111631724138

00:30:55.947 --> 00:30:58.048 depth of response with this agent.

NOTE Confidence: 0.818111631724138

 $00:30:58.050 \longrightarrow 00:31:00.260$ These responses were maintained across

NOTE Confidence: 0.818111631724138

 $00{:}31{:}00.260 \dashrightarrow 00{:}31{:}02.470$ across subgroups except for those

 $00:31:02.533 \longrightarrow 00:31:04.277$ with Extramedullary disease where

NOTE Confidence: 0.818111631724138

 $00{:}31{:}04.277 \dashrightarrow 00{:}31{:}06.893$ the overall response rate was reduced

NOTE Confidence: 0.818111631724138

 $00:31:06.954 \longrightarrow 00:31:09.062$ some at 50% and responses were rapid

NOTE Confidence: 0.818111631724138

 $00:31:09.062 \longrightarrow 00:31:11.538$ with the median time to response of

NOTE Confidence: 0.818111631724138

 $00{:}31{:}11.538 \dashrightarrow 00{:}31{:}13.650$ a little over a month and a median

NOTE Confidence: 0.818111631724138

 $00:31:13.650 \longrightarrow 00:31:16.046$ time to best response of approximately

NOTE Confidence: 0.818111631724138

 $00:31:16.050 \longrightarrow 00:31:18.150$ 2.5 months and thus far responses

NOTE Confidence: 0.818111631724138

 $00:31:18.150 \longrightarrow 00:31:19.550$ have also been durable.

NOTE Confidence: 0.818111631724138

 $00{:}31{:}19.550 \dashrightarrow 00{:}31{:}21.752$ Of the median progression free survival

NOTE Confidence: 0.818111631724138

 $00{:}31{:}21.752 \dashrightarrow 00{:}31{:}24.674$ at the time of presentation was 7.5

NOTE Confidence: 0.818111631724138

00:31:24.674 --> 00:31:27.026 months and 11.9 months in the 22 cohorts

NOTE Confidence: 0.818111631724138

 $00:31:27.026 \longrightarrow 00:31:29.294$ with a median duration of of response

NOTE Confidence: 0.818111631724138

 $00:31:29.294 \longrightarrow 00:31:31.677$ that was not reached in patients who

NOTE Confidence: 0.818111631724138

 $00{:}31{:}31.677 \dashrightarrow 00{:}31{:}33.765$ had achieved a complete response or

NOTE Confidence: 0.818111631724138

 $00:31:33.765 \longrightarrow 00:31:35.920$ better and median overall survival was

 $00:31:35.920 \longrightarrow 00:31:38.739$ not reached for the study cohort to date.

NOTE Confidence: 0.818111631724138

 $00{:}31{:}38.740 \dashrightarrow 00{:}31{:}40.864$ Importantly for the patients who had

NOTE Confidence: 0.818111631724138

 $00:31:40.864 \longrightarrow 00:31:42.862$ received prior T cell redirection

NOTE Confidence: 0.818111631724138

 $00:31:42.862 \longrightarrow 00:31:44.905$ therapy which included 70%,

NOTE Confidence: 0.818111631724138

 $00:31:44.905 \longrightarrow 00:31:47.815$ seventy .6% of patients who had

NOTE Confidence: 0.818111631724138

 $00:31:47.815 \longrightarrow 00:31:50.181$ received prior car T and 35.3%.

NOTE Confidence: 0.818111631724138

 $00:31:50.181 \longrightarrow 00:31:52.467$ Would have received prior by specific.

NOTE Confidence: 0.818111631724138

 $00{:}31{:}52.470 \dashrightarrow 00{:}31{:}54.595$ The overall response rate was

NOTE Confidence: 0.818111631724138

 $00:31:54.595 \longrightarrow 00:31:56.320$ still high at 62.7%.

NOTE Confidence: 0.818111631724138

 $00:31:56.320 \longrightarrow 00:31:59.470$ Responses were higher in those that received

NOTE Confidence: 0.818111631724138

 $00{:}31{:}59.470 \dashrightarrow 00{:}32{:}02.509$ prior car T compared to buy specifics,

NOTE Confidence: 0.818111631724138

 $00:32:02.510 \longrightarrow 00:32:04.659$ although the number of patients in in

NOTE Confidence: 0.818111631724138

00:32:04.659 --> 00:32:06.944 the study that received prior price by

NOTE Confidence: 0.818111631724138

 $00{:}32{:}06.944 \dashrightarrow 00{:}32{:}09.309$ specifics was small with an end of 18.

NOTE Confidence: 0.855970994347826

00:32:12.000 --> 00:32:13.830 It's important to consider safety

NOTE Confidence: 0.855970994347826

 $00:32:13.830 \longrightarrow 00:32:16.420$ for this agent given its novel target

 $00:32:16.420 \longrightarrow 00:32:18.155$ as we discussed and fortunately

NOTE Confidence: 0.855970994347826

 $00:32:18.155 \longrightarrow 00:32:20.400$ as you can see outlined here,

NOTE Confidence: 0.855970994347826

 $00:32:20.400 \longrightarrow 00:32:22.164$ high grade adverse events were uncommon

NOTE Confidence: 0.855970994347826

 $00:32:22.164 \longrightarrow 00:32:24.075$ but when they were present they

NOTE Confidence: 0.855970994347826

 $00:32:24.075 \longrightarrow 00:32:25.775$ were mostly hematologic in nature.

NOTE Confidence: 0.855970994347826

 $00:32:25.780 \longrightarrow 00:32:27.440$ And with that being said,

NOTE Confidence: 0.855970994347826

 $00:32:27.440 \longrightarrow 00:32:29.688$ still there was less than 1/3 of patients

NOTE Confidence: 0.855970994347826

 $00:32:29.688 \longrightarrow 00:32:31.548$ that had high grade heme toxicities

NOTE Confidence: 0.855970994347826

00:32:31.548 --> 00:32:33.782 and most of the toxicity was limited

NOTE Confidence: 0.855970994347826

 $00:32:33.782 \longrightarrow 00:32:35.994$ to the first few cycles of treatment.

NOTE Confidence: 0.855970994347826

 $00:32:36.000 \longrightarrow 00:32:37.760$ High grade infections were also

NOTE Confidence: 0.855970994347826

00:32:37.760 --> 00:32:39.857 uncommon in this study and as

NOTE Confidence: 0.855970994347826

 $00{:}32{:}39.857 \dashrightarrow 00{:}32{:}41.726$ you can see that included a low

NOTE Confidence: 0.855970994347826

 $00:32:41.726 \longrightarrow 00:32:43.849$ number of opportunistic infections.

NOTE Confidence: 0.855970994347826

 $00:32:43.850 \longrightarrow 00:32:45.450$ COVID infections occurred in

 $00:32:45.450 \longrightarrow 00:32:47.168$ approximately 10% of patients with

NOTE Confidence: 0.855970994347826

 $00:32:47.168 \longrightarrow 00:32:49.310$ only two deaths from COVID and actually

NOTE Confidence: 0.855970994347826

 $00:32:49.369 \longrightarrow 00:32:51.322$ 0 deaths reported in the phase one

NOTE Confidence: 0.855970994347826

 $00:32:51.322 \longrightarrow 00:32:53.199$ portion that was published in the

NOTE Confidence: 0.855970994347826

 $00:32:53.199 \longrightarrow 00:32:55.167$ New England Journal back in December.

NOTE Confidence: 0.855970994347826

 $00:32:55.170 \longrightarrow 00:32:55.892$ As mentioned,

NOTE Confidence: 0.855970994347826

00:32:55.892 --> 00:32:58.419 rates of IVIG use were also relatively

NOTE Confidence: 0.855970994347826

 $00{:}32{:}58.419 \dashrightarrow 00{:}33{:}01.128$ low with with less severe and this

NOTE Confidence: 0.855970994347826

 $00{:}33{:}01.128 \dashrightarrow 00{:}33{:}03.062$ less severe infection signal that

NOTE Confidence: 0.855970994347826

00:33:03.062 --> 00:33:05.456 we're seeing in that with this agent

NOTE Confidence: 0.855970994347826

 $00{:}33{:}05.456 \dashrightarrow 00{:}33{:}08.160$ is somewhat distinct from our anti

NOTE Confidence: 0.855970994347826

 $00:33:08.160 \longrightarrow 00:33:11.190$ BCM a targeted by specific antibodies

NOTE Confidence: 0.855970994347826

 $00:33:11.190 \longrightarrow 00:33:13.780$ that are now in utilization.

NOTE Confidence: 0.855970994347826

 $00:33:13.780 \longrightarrow 00:33:16.366$ The most common adverse events were

NOTE Confidence: 0.855970994347826

00:33:16.366 --> 00:33:18.360 cytokine release syndrome or CRS

NOTE Confidence: 0.855970994347826

 $00:33:18.360 \longrightarrow 00:33:20.600$ as well as altered taste.

 $00:33:20.600 \longrightarrow 00:33:23.372$ Or discuss Jia skin and nail

NOTE Confidence: 0.855970994347826

 $00{:}33{:}23.372 \dashrightarrow 00{:}33{:}26.399$ related events as well and the.

NOTE Confidence: 0.855970994347826

 $00:33:26.400 \longrightarrow 00:33:28.962$ The CRS events appear to be restricted

NOTE Confidence: 0.855970994347826

00:33:28.962 --> 00:33:31.431 largely to step up dosing and full

NOTE Confidence: 0.855970994347826

 $00:33:31.431 \longrightarrow 00:33:33.736$ first full dose with a median time

NOTE Confidence: 0.855970994347826

 $00:33:33.736 \longrightarrow 00:33:36.020$ to onset of two days immune effector

NOTE Confidence: 0.855970994347826

 $00:33:36.020 \longrightarrow 00:33:37.760$ cell associated neurotoxicity or

NOTE Confidence: 0.855970994347826

 $00:33:37.760 \longrightarrow 00:33:40.479$ what we refer to as icans occurred

NOTE Confidence: 0.855970994347826

 $00:33:40.479 \longrightarrow 00:33:43.056$ in about 10 to 11% of patients,

NOTE Confidence: 0.855970994347826

00:33:43.056 --> 00:33:46.254 but again we're mostly low grade.

NOTE Confidence: 0.855970994347826

 $00:33:46.260 \longrightarrow 00:33:47.337$ So in conclusion,

NOTE Confidence: 0.855970994347826

 $00{:}33{:}47.337 \dashrightarrow 00{:}33{:}50.973$ tell Ketama B which is a a first in

NOTE Confidence: 0.855970994347826

 $00{:}33{:}50.973 \dashrightarrow 00{:}33{:}53.558$ class by specific antibody again

NOTE Confidence: 0.855970994347826

 $00:33:53.558 \longrightarrow 00:33:56.168$ targeting novel GPRC 5D on myeloma

NOTE Confidence: 0.855970994347826

 $00:33:56.168 \longrightarrow 00:33:57.736$ cells demonstrated an impressive

 $00:33:57.736 \longrightarrow 00:33:59.555$ overall response rate of more than

NOTE Confidence: 0.855970994347826

 $00:33:59.555 \dashrightarrow 00:34:02.165$ 70% in patients with heavily pretreated

NOTE Confidence: 0.855970994347826

 $00{:}34{:}02.165 \dashrightarrow 00{:}34{:}04.057$ relapsed and refractory myeloma.

NOTE Confidence: 0.855970994347826

 $00:34:04.060 \longrightarrow 00:34:05.962$ And high overall response rates were

NOTE Confidence: 0.855970994347826

 $00:34:05.962 \longrightarrow 00:34:08.302$ also seen in those who had received

NOTE Confidence: 0.855970994347826

00:34:08.302 --> 00:34:09.977 prior T cell redirection therapy

NOTE Confidence: 0.855970994347826

 $00:34:09.977 \longrightarrow 00:34:12.154$ which is an important cohort to

NOTE Confidence: 0.855970994347826

 $00:34:12.154 \longrightarrow 00:34:14.039$ learn more about responses have

NOTE Confidence: 0.855970994347826

 $00{:}34{:}14.039 --> 00{:}34{:}15.889$ been durable and the agent.

NOTE Confidence: 0.855970994347826

00:34:15.890 --> 00:34:17.785 Because generally been overall well

NOTE Confidence: 0.855970994347826

 $00{:}34{:}17.785 \dashrightarrow 00{:}34{:}20.111$ tolerated with CRS that seems to

NOTE Confidence: 0.855970994347826

 $00:34:20.111 \longrightarrow 00:34:21.956$ be manageable and fewer infections.

NOTE Confidence: 0.855970994347826

00:34:21.960 --> 00:34:24.258 Although it does have unique safety

NOTE Confidence: 0.855970994347826

 $00:34:24.258 \longrightarrow 00:34:26.182$ profile and those include things

NOTE Confidence: 0.855970994347826

 $00:34:26.182 \longrightarrow 00:34:28.108$ like skin and nail related events

NOTE Confidence: 0.855970994347826

 $00{:}34{:}28.108 \operatorname{--}{>} 00{:}34{:}30.930$ as well as taste alteration or dusia

 $00:34:30.930 \longrightarrow 00:34:32.277$ as previously mentioned.

NOTE Confidence: 0.855970994347826

 $00:34:32.280 \longrightarrow 00:34:33.935$ Although these were generally managed

NOTE Confidence: 0.855970994347826

 $00{:}34{:}33.935 \dashrightarrow 00{:}34{:}35.899$ with supportive care and there was

NOTE Confidence: 0.855970994347826

 $00:34:35.899 \longrightarrow 00:34:37.417$ a low overall rate of discontinuation

NOTE Confidence: 0.855970994347826

 $00:34:37.417 \longrightarrow 00:34:39.515$ due to the adverse events and and

NOTE Confidence: 0.855970994347826

 $00{:}34{:}39.515 \dashrightarrow 00{:}34{:}41.120$ therefore there are additional studies

NOTE Confidence: 0.855970994347826

00:34:41.120 --> 00:34:43.208 that are now ongoing to looking at

NOTE Confidence: 0.855970994347826

 $00{:}34{:}43.208 \dashrightarrow 00{:}34{:}45.978$ the look at talked amab both in combination.

NOTE Confidence: 0.855970994347826

 $00:34:45.980 \longrightarrow 00:34:49.058$ In combination with a variety of

NOTE Confidence: 0.855970994347826

 $00:34:49.058 \longrightarrow 00:34:51.110$ different anti myeloma agents.

NOTE Confidence: 0.855970994347826

00:34:51.110 --> 00:34:52.946 And so next I want to briefly share

NOTE Confidence: 0.855970994347826

 $00{:}34{:}52.946 \dashrightarrow 00{:}34{:}54.670$ with you the following abstract.

NOTE Confidence: 0.855970994347826

 $00{:}34{:}54.670 \dashrightarrow 00{:}34{:}56.992$ This was presented by Doctor Jesus

NOTE Confidence: 0.855970994347826

00:34:56.992 --> 00:35:00.191 Berdeja and this is now a novel car

NOTE Confidence: 0.855970994347826

 $00:35:00.191 \longrightarrow 00:35:02.161$ T cell therapy therapy that's

 $00:35:02.161 \longrightarrow 00:35:03.922$ targeting GPRC 5D and and this has

NOTE Confidence: 0.855970994347826

 $00:35:03.922 \longrightarrow 00:35:06.124$ a this car T construct as seen in

NOTE Confidence: 0.855970994347826

 $00:35:06.124 \longrightarrow 00:35:07.966$ the figure here on the right.

NOTE Confidence: 0.855970994347826

 $00:35:07.970 \longrightarrow 00:35:10.357$ And this data came from a phase

NOTE Confidence: 0.855970994347826

 $00:35:10.357 \longrightarrow 00:35:12.170$ one multicenter open label study

NOTE Confidence: 0.855970994347826

 $00:35:12.170 \longrightarrow 00:35:14.246$ and the data was presented on

NOTE Confidence: 0.855970994347826

 $00:35:14.246 \longrightarrow 00:35:15.630$ 33 patients enrolled in

NOTE Confidence: 0.823225243181818

 $00:35:15.703 \longrightarrow 00:35:18.629$ the part a dose escalation cohort eligible

NOTE Confidence: 0.823225243181818

00:35:18.629 --> 00:35:21.199 patients had relapsed refractory myeloma.

NOTE Confidence: 0.823225243181818

 $00:35:21.200 \longrightarrow 00:35:23.888$ With three or more prior lines of therapy

NOTE Confidence: 0.823225243181818

 $00{:}35{:}23.888 \dashrightarrow 00{:}35{:}26.279$ and prior BCMA therapy was allowed,

NOTE Confidence: 0.823225243181818

 $00:35:26.280 \longrightarrow 00:35:29.094$ there were five dose levels that were

NOTE Confidence: 0.823225243181818

00:35:29.094 --> 00:35:31.402 tested from ranging from 25 to 450

NOTE Confidence: 0.823225243181818

00:35:31.402 --> 00:35:33.978 million car T cells and thus far the

NOTE Confidence: 0.823225243181818

 $00:35:33.978 \longrightarrow 00:35:36.579$ state the overall safety and efficacy

NOTE Confidence: 0.823225243181818

 $00:35:36.579 \longrightarrow 00:35:39.560$ profile have profiles have been favorable.

 $00:35:39.560 \longrightarrow 00:35:41.972$ Treatment emergent adverse events were seen

NOTE Confidence: 0.823225243181818

00:35:41.972 --> 00:35:46.360 in close to 88% of patients and 73% of of

NOTE Confidence: 0.823225243181818

 $00:35:46.360 \longrightarrow 00:35:49.920$ patients had grade 3 or 4 adverse events.

NOTE Confidence: 0.823225243181818

00:35:49.920 --> 00:35:53.140 And in comparison to Cal talked tamag,

NOTE Confidence: 0.823225243181818

 $00:35:53.140 \longrightarrow 00:35:54.912$ hematologic adverse events and

NOTE Confidence: 0.823225243181818

00:35:54.912 --> 00:35:56.241 and particularly neutropenia

NOTE Confidence: 0.823225243181818

 $00:35:56.241 \longrightarrow 00:35:57.127$ and thrombocytopenia.

NOTE Confidence: 0.823225243181818

00:35:57.130 --> 00:35:59.284 Thrombocy topenia seemed to be more more

NOTE Confidence: 0.823225243181818

 $00{:}35{:}59.284 \dashrightarrow 00{:}36{:}02.285$ common with a a dose limiting toxicity

NOTE Confidence: 0.823225243181818

 $00:36:02.285 \longrightarrow 00:36:05.267$ of prolonged grade 4 neutropenia and

NOTE Confidence: 0.823225243181818

00:36:05.267 --> 00:36:06.880 thrombocytopenia in two patients.

NOTE Confidence: 0.823225243181818

 $00{:}36{:}06.880 \dashrightarrow 00{:}36{:}09.238$ Again CRS was the most common

NOTE Confidence: 0.823225243181818

 $00{:}36{:}09.238 \dashrightarrow 00{:}36{:}10.024$ non hematologic.

NOTE Confidence: 0.823225243181818

 $00:36:10.030 \longrightarrow 00:36:14.250$ Reverse advent at 63.6% and the median time

NOTE Confidence: 0.823225243181818

 $00:36:14.250 \longrightarrow 00:36:17.570$ to onset with this cartee was three days.

 $00:36:17.570 \longrightarrow 00:36:20.097$ Although grade three and four CRS events

NOTE Confidence: 0.823225243181818

 $00:36:20.097 \dashrightarrow 00:36:22.394$ were only observed in 6% of patients.

NOTE Confidence: 0.823225243181818

00:36:22.394 --> 00:36:24.926 Icans was infrequent with only two

NOTE Confidence: 0.823225243181818

 $00:36:24.926 \longrightarrow 00:36:27.147$ two patients and was reversible

NOTE Confidence: 0.823225243181818

 $00:36:27.147 \longrightarrow 00:36:28.449$ in both instances.

NOTE Confidence: 0.823225243181818

 $00:36:28.450 \longrightarrow 00:36:30.570$ Instances with steroid treatment,

NOTE Confidence: 0.823225243181818

 $00:36:30.570 \longrightarrow 00:36:33.220$ again because of the GPR,

NOTE Confidence: 0.823225243181818

 $00:36:33.220 \longrightarrow 00:36:36.900$ the unique target that that this car T

NOTE Confidence: 0.823225243181818

 $00:36:36.900 \longrightarrow 00:36:40.036$ targets there were skin and nail related.

NOTE Confidence: 0.823225243181818

 $00:36:40.040 \longrightarrow 00:36:42.798$ Adverse events as well as taste alterations,

NOTE Confidence: 0.823225243181818

 $00{:}36{:}42.800 \to 00{:}36{:}45.232$ but these seem to be less common than

NOTE Confidence: 0.823225243181818

 $00:36:45.232 \longrightarrow 00:36:47.357$ talked amab and all were low grade

NOTE Confidence: 0.823225243181818

 $00:36:47.357 \longrightarrow 00:36:49.251$ and the majority did not require

NOTE Confidence: 0.823225243181818

 $00:36:49.251 \longrightarrow 00:36:50.739$ any sort of treatment.

NOTE Confidence: 0.823225243181818

00:36:50.740 --> 00:36:52.888 The maximum tolerated dose has not

NOTE Confidence: 0.823225243181818

 $00:36:52.888 \longrightarrow 00:36:55.388$ yet been exceeded in this study and

 $00:36:55.388 \longrightarrow 00:36:57.380$ there have been no deaths thought

NOTE Confidence: 0.823225243181818

 $00:36:57.380 \longrightarrow 00:36:59.738$ to be related to study treatment.

NOTE Confidence: 0.823225243181818

00:36:59.740 --> 00:37:00.236 Importantly,

NOTE Confidence: 0.823225243181818

 $00:37:00.236 \longrightarrow 00:37:03.708$ the overall response rate of the total

NOTE Confidence: 0.823225243181818

 $00:37:03.708 \longrightarrow 00:37:07.302$ cohort what was high at 89.5% with a CR

NOTE Confidence: 0.823225243181818

 $00:37:07.302 \longrightarrow 00:37:10.155$ rate a complete response rate of 47.4.

NOTE Confidence: 0.823225243181818

 $00:37:10.155 \longrightarrow 00:37:12.405$ Percent and there were four patients

NOTE Confidence: 0.823225243181818

 $00{:}37{:}12.405 \dashrightarrow 00{:}37{:}14.208$ that were evaluated for minimal

NOTE Confidence: 0.823225243181818

00:37:14.208 --> 00:37:16.056 residual disease or MRD and all

NOTE Confidence: 0.823225243181818

 $00:37:16.056 \dashrightarrow 00:37:18.190$ four of those were MRD negative.

NOTE Confidence: 0.823225243181818

 $00:37:18.190 \longrightarrow 00:37:19.579$ So in conclusion,

NOTE Confidence: 0.823225243181818

 $00{:}37{:}19.579 \dashrightarrow 00{:}37{:}21.894$ responses with this novel cartee

NOTE Confidence: 0.823225243181818

 $00{:}37{:}21.894 --> 00{:}37{:}24.292$ seem durable and and seem to

NOTE Confidence: 0.823225243181818

 $00:37:24.292 \longrightarrow 00:37:25.688$ also deepen over time,

NOTE Confidence: 0.823225243181818

 $00:37:25.690 \longrightarrow 00:37:27.130$ making this a promising

 $00:37:27.130 \longrightarrow 00:37:28.210$ treatment moving forward,

NOTE Confidence: 0.823225243181818

 $00:37:28.210 \dashrightarrow 00:37:30.382$ including in those patients that are

NOTE Confidence: 0.823225243181818

 $00:37:30.382 \dashrightarrow 00:37:32.629$ already exposed to BCM a treatment.

NOTE Confidence: 0.810628541333333

 $00:37:34.840 \longrightarrow 00:37:37.493$ The the next abstract that I will

NOTE Confidence: 0.810628541333333

 $00:37:37.493 \longrightarrow 00:37:39.377$ present was discussed by Doctor

NOTE Confidence: 0.810628541333333

00:37:39.377 --> 00:37:41.736 Susan Trudell and it looked at 1

NOTE Confidence: 0.810628541333333

 $00:37:41.736 \longrightarrow 00:37:43.871$ cohort in a safety and efficacy

NOTE Confidence: 0.810628541333333

 $00{:}37{:}43.871 \dashrightarrow 00{:}37{:}45.938$ trial of savasta amab and SAVASA.

NOTE Confidence: 0.810628541333333

00:37:45.938 --> 00:37:47.966 Amab is a bispecific antibody seen

NOTE Confidence: 0.810628541333333

 $00:37:47.966 \longrightarrow 00:37:50.542$ here on the right that targets yet

NOTE Confidence: 0.810628541333333

 $00{:}37{:}50.542 \dashrightarrow 00{:}37{:}52.252$ another new myeloma antigen known

NOTE Confidence: 0.810628541333333

 $00:37:52.252 \longrightarrow 00:37:55.044$ known as FC RH Five which again is

NOTE Confidence: 0.810628541333333

 $00:37:55.044 \longrightarrow 00:37:57.204$ exclusively expressed in B cell lineage

NOTE Confidence: 0.810628541333333

 $00:37:57.204 \longrightarrow 00:37:59.725$ and is thought to be near ubiquitous

NOTE Confidence: 0.810628541333333

 $00:37:59.725 \longrightarrow 00:38:02.810$ on myeloma cells and at ASH in 2021

NOTE Confidence: 0.810628541333333

 $00{:}38{:}02.810 \dashrightarrow 00{:}38{:}05.060$ there was initial data presented.

 $00:38:05.060 \longrightarrow 00:38:07.428$ On the phase one dose finding study of

NOTE Confidence: 0.810628541333333

 $00{:}38{:}07.428 \dashrightarrow 00{:}38{:}09.526$ savasta mab and revealed a favorable

NOTE Confidence: 0.810628541333333

 $00{:}38{:}09.526 \dashrightarrow 00{:}38{:}11.692$ efficacy and safety profile in those

NOTE Confidence: 0.810628541333333

00:38:11.756 --> 00:38:13.865 patients with heavily pretreated

NOTE Confidence: 0.810628541333333

 $00:38:13.865 \longrightarrow 00:38:16.045$ relapsed and refractory myeloma.

NOTE Confidence: 0.810628541333333

 $00:38:16.050 \longrightarrow 00:38:17.582$ This year's abstract reviews

NOTE Confidence: 0.810628541333333

 $00:38:17.582 \longrightarrow 00:38:20.250$ reviewed a cohort in this study who

NOTE Confidence: 0.810628541333333

 $00{:}38{:}20.250 \dashrightarrow 00{:}38{:}22.650$ received a single dose of the IL 6

NOTE Confidence: 0.810628541333333

00:38:22.650 --> 00:38:24.550 receptor blocker to Solus amount

NOTE Confidence: 0.810628541333333

 $00{:}38{:}24.550 \dashrightarrow 00{:}38{:}26.465$ at 8 milligrams per kilograms.

NOTE Confidence: 0.810628541333333

 $00:38:26.470 \longrightarrow 00:38:28.494$ And and this was given 2 hours prior

NOTE Confidence: 0.810628541333333

 $00:38:28.494 \longrightarrow 00:38:30.703$ to the first of Austin maps step up

NOTE Confidence: 0.810628541333333

 $00{:}38{:}30.703 \dashrightarrow 00{:}38{:}33.450$ dose which is 3.6 milligram and these

NOTE Confidence: 0.810628541333333

 $00:38:33.450 \longrightarrow 00:38:35.850$ patients were then compared retrospectively.

NOTE Confidence: 0.810628541333333

 $00{:}38{:}35.850 \dashrightarrow 00{:}38{:}37.890$ To a previously enrolled group who

 $00:38:37.890 \longrightarrow 00:38:39.930$ did not receive to cilizumab and the

NOTE Confidence: 0.810628541333333

 $00:38:39.930 \longrightarrow 00:38:41.802$ objective which was based on preclinical

NOTE Confidence: 0.810628541333333

00:38:41.802 --> 00:38:43.893 data was to determine whether there's

NOTE Confidence: 0.810628541333333

 $00:38:43.893 \longrightarrow 00:38:45.999$ this would reduce the the frequency

NOTE Confidence: 0.810628541333333

 $00:38:46.000 \longrightarrow 00:38:47.986$ of cytokine release syndrome or CRS

NOTE Confidence: 0.810628541333333

 $00{:}38{:}47.986 \dashrightarrow 00{:}38{:}50.197$ which as we've discussed now in several

NOTE Confidence: 0.810628541333333

 $00:38:50.197 \longrightarrow 00:38:52.129$ abstracts is one of the most common

NOTE Confidence: 0.810628541333333

 $00:38:52.185 \longrightarrow 00:38:54.060$ adverse event with bispecific antibody

NOTE Confidence: 0.810628541333333

 $00:38:54.060 \longrightarrow 00:38:56.387$ treatment and it's thought to be

NOTE Confidence: 0.810628541333333

 $00:38:56.387 \longrightarrow 00:38:59.516$ mediated by IL sex and other cytokines.

NOTE Confidence: 0.810628541333333

 $00:38:59.520 \longrightarrow 00:39:01.833$ And as you can see here on the the

NOTE Confidence: 0.810628541333333

 $00:39:01.833 \dashrightarrow 00:39:03.816$ bottom savasa amab is its administered

NOTE Confidence: 0.810628541333333

 $00:39:03.816 \longrightarrow 00:39:05.860$ with a single step up dose.

NOTE Confidence: 0.810628541333333

 $00:39:05.860 \longrightarrow 00:39:07.780$ Initially at 3.6 milligrams and then

NOTE Confidence: 0.810628541333333

 $00:39:07.780 \longrightarrow 00:39:10.149$ to a target dose of 90 milligrams,

NOTE Confidence: 0.810628541333333

 $00:39:10.150 \longrightarrow 00:39:12.046$ and it's given intravenously

 $00:39:12.046 \longrightarrow 00:39:13.468$ every three weeks.

NOTE Confidence: 0.84287700875

 $00:39:16.460 \longrightarrow 00:39:19.729$ So 31 patients were enrolled in the

NOTE Confidence: 0.84287700875

 $00:39:19.729 \dashrightarrow 00:39:21.716$ total amount pretreatment arm with

NOTE Confidence: 0.84287700875

00:39:21.716 --> 00:39:24.304 44 patients in the comparator arm and

NOTE Confidence: 0.84287700875

 $00:39:24.304 \longrightarrow 00:39:26.509$ in both groups as you can see in the

NOTE Confidence: 0.84287700875

 $00:39:26.570 \longrightarrow 00:39:29.314$ table here on the left included heavily

NOTE Confidence: 0.84287700875

 $00:39:29.314 \longrightarrow 00:39:31.504$ pretreated patients with a median time,

NOTE Confidence: 0.84287700875

 $00:39:31.504 \longrightarrow 00:39:33.820$ excuse me, a median line of therapies

NOTE Confidence: 0.84287700875

 $00:39:33.820 \longrightarrow 00:39:35.924$ being four and six respectively with

NOTE Confidence: 0.84287700875

 $00{:}39{:}35.924 \to 00{:}39{:}37.959$ fairly similar patient and disease

NOTE Confidence: 0.84287700875

 $00:39:37.959 \longrightarrow 00:39:39.916$ characteristics except for those that

NOTE Confidence: 0.84287700875

 $00:39:39.916 \longrightarrow 00:39:42.084$ I've highlighted for you here on the in

NOTE Confidence: 0.84287700875

 $00:39:42.084 \longrightarrow 00:39:44.349$ the table on the left and as you can see

NOTE Confidence: 0.84287700875

 $00:39:44.349 \longrightarrow 00:39:46.567$ the tocilizumab pretreatment group did.

NOTE Confidence: 0.84287700875

 $00:39:46.570 \longrightarrow 00:39:47.906$ Have somewhat less extramedullary

 $00:39:47.906 \longrightarrow 00:39:49.910$ disease as well as less penta,

NOTE Confidence: 0.84287700875

 $00:39:49.910 \longrightarrow 00:39:52.538$ refractory penta drug refractory disease and

NOTE Confidence: 0.84287700875

 $00:39:52.538 \longrightarrow 00:39:55.690$ fewer patients in the tocilizumab are arm.

NOTE Confidence: 0.84287700875

 $00:39:55.690 \longrightarrow 00:39:59.029$ Had received prior anti BCM cell therapy

NOTE Confidence: 0.84287700875

 $00:39:59.030 \longrightarrow 00:40:00.938$ and the most commonly observed adverse

NOTE Confidence: 0.84287700875

00:40:00.938 --> 00:40:03.170 events in both groups were neutropenia,

NOTE Confidence: 0.84287700875

 $00:40:03.170 \longrightarrow 00:40:05.606$ anemia, thrombocytopenia and CRS and of

NOTE Confidence: 0.84287700875

00:40:05.606 --> 00:40:08.517 no neutropenia which is a known side

NOTE Confidence: 0.84287700875

 $00{:}40{:}08.517 \dashrightarrow 00{:}40{:}10.547$ effect of to cilizumab with significantly

NOTE Confidence: 0.84287700875

00:40:10.547 --> 00:40:13.299 higher in the Tosi pre treatment group,

NOTE Confidence: 0.84287700875

 $00{:}40{:}13.300 \dashrightarrow 00{:}40{:}15.156$ but was said by the authors to be

NOTE Confidence: 0.84287700875

 $00:40:15.156 \longrightarrow 00:40:16.788$ reversible and manageable with growth.

NOTE Confidence: 0.84287700875

 $00:40:16.790 \longrightarrow 00:40:19.177$ Doctor um when appropriate and this did

NOTE Confidence: 0.84287700875

 $00:40:19.177 \longrightarrow 00:40:22.220$ not lead to Savasta Amab discontinuation.

NOTE Confidence: 0.84287700875

 $00:40:22.220 \longrightarrow 00:40:24.110$ The infection rate was also reportedly

NOTE Confidence: 0.84287700875

 $00:40:24.110 \longrightarrow 00:40:25.620$ higher than the comparator arm,

 $00:40:25.620 \longrightarrow 00:40:27.365$ although compared to other cohorts

NOTE Confidence: 0.84287700875

 $00{:}40{:}27.365 \dashrightarrow 00{:}40{:}29.896$ in the study there was a similar

NOTE Confidence: 0.84287700875

 $00:40:29.896 \longrightarrow 00:40:32.423$ infection rate and grade three grade 3

NOTE Confidence: 0.84287700875

 $00:40:32.423 \longrightarrow 00:40:34.535$ infections also occurred at a similar

NOTE Confidence: 0.84287700875

 $00:40:34.535 \longrightarrow 00:40:36.497$ rate between these two study groups.

NOTE Confidence: 0.84287700875

00:40:36.497 --> 00:40:38.713 And as you can see in the figure

NOTE Confidence: 0.84287700875

 $00:40:38.713 \longrightarrow 00:40:39.859$ here on the right,

NOTE Confidence: 0.84287700875

 $00{:}40{:}39.860 \dashrightarrow 00{:}40{:}42.128$ the overall rate of CRS was

NOTE Confidence: 0.84287700875

 $00{:}40{:}42.128 \dashrightarrow 00{:}40{:}44.466$ significantly lower in the Tosi Pre

NOTE Confidence: 0.84287700875

 $00:40:44.466 \longrightarrow 00:40:46.048$ treatment group at 38.7%.

NOTE Confidence: 0.84287700875

 $00{:}40{:}46.048 \dashrightarrow 00{:}40{:}48.736$ Compared to the non Tosi group

NOTE Confidence: 0.84287700875

 $00{:}40{:}48.736 \dashrightarrow 00{:}40{:}51.158$ at 90.9% CRS was limited to grade

NOTE Confidence: 0.84287700875

 $00{:}40{:}51.158 \dashrightarrow 00{:}40{:}53.619$ one and Grade 2 events in both,

NOTE Confidence: 0.84287700875

 $00:40:53.620 \longrightarrow 00:40:55.510$ in both cohorts in both groups with

NOTE Confidence: 0.84287700875

 $00:40:55.510 \longrightarrow 00:40:57.439$ the median time to onset of one day.

00:40:57.440 --> 00:40:59.906 And the beneficial effects of Tosi

NOTE Confidence: 0.84287700875

 $00:40:59.910 \longrightarrow 00:41:02.712$ on CRS were continued with subsequent

NOTE Confidence: 0.84287700875

 $00:41:02.712 \longrightarrow 00:41:04.580$ doses in cycle one.

NOTE Confidence: 0.84287700875

 $00:41:04.580 \longrightarrow 00:41:07.460$ In the tocilizumab pretreatment arm.

NOTE Confidence: 0.84287700875

00:41:07.460 --> 00:41:09.844 I can't was seen in frequently in both

NOTE Confidence: 0.84287700875

00:41:09.844 --> 00:41:11.464 groups occurred in only two patients

NOTE Confidence: 0.84287700875

 $00:41:11.464 \longrightarrow 00:41:13.939$ in the Tosi arm and six patients in the

NOTE Confidence: 0.84287700875

00:41:13.939 --> 00:41:15.870 non-toxic arm and interestingly the

NOTE Confidence: 0.84287700875

 $00:41:15.870 \longrightarrow 00:41:18.020$ authors demonstrated in the toasty.

NOTE Confidence: 0.84287700875

 $00:41:18.020 \longrightarrow 00:41:21.030$ Pretreatment arm that after the 1st

NOTE Confidence: 0.84287700875

00:41:21.030 --> 00:41:23.330 3.6 milligrams of fastmac dose,

NOTE Confidence: 0.84287700875

 $00:41:23.330 \longrightarrow 00:41:25.430$ there were higher peak levels of IL

NOTE Confidence: 0.84287700875

 $00:41:25.430 \longrightarrow 00:41:27.749$ 6 which were hypothesized to be due

NOTE Confidence: 0.84287700875

 $00{:}41{:}27.749 \dashrightarrow 00{:}41{:}30.237$ to inhibition of IL 6 clearance by

NOTE Confidence: 0.84287700875

 $00:41:30.237 \longrightarrow 00:41:31.029$ the tocilizumab.

NOTE Confidence: 0.84287700875

 $00:41:31.030 \longrightarrow 00:41:31.388$ However,

 $00:41:31.388 \longrightarrow 00:41:33.178$ there was also near complete

NOTE Confidence: 0.84287700875

 $00:41:33.178 \longrightarrow 00:41:35.348$ suppression of CRP which is produced

NOTE Confidence: 0.84287700875

00:41:35.348 --> 00:41:37.728 by IL 6 receptor binding and thereby

NOTE Confidence: 0.84287700875

 $00:41:37.728 \longrightarrow 00:41:39.402$ suggesting that there was effective

NOTE Confidence: 0.84287700875

 $00{:}41{:}39.402 \dashrightarrow 00{:}41{:}42.034$ blockade or blockage of the IL 6

NOTE Confidence: 0.84287700875

00:41:42.034 --> 00:41:44.930 inflammatory signal signaling pathway,

NOTE Confidence: 0.84287700875

 $00:41:44.930 \longrightarrow 00:41:46.790$ also importantly pretreatment

NOTE Confidence: 0.84287700875

 $00:41:46.790 \longrightarrow 00:41:48.030$ with tocilizumab.

NOTE Confidence: 0.84287700875

 $00{:}41{:}48.030 \dashrightarrow 00{:}41{:}50.820$ Did not appear to negatively impact

NOTE Confidence: 0.84287700875

 $00{:}41{:}50.820 \dashrightarrow 00{:}41{:}53.060$ clinical response rates with an

NOTE Confidence: 0.84287700875

 $00:41:53.060 \longrightarrow 00:41:55.530$ overall response rate rate of 54.8%

NOTE Confidence: 0.84287700875

 $00:41:55.530 \longrightarrow 00:41:57.750$ and a very good partial response

NOTE Confidence: 0.84287700875

00:41:57.750 --> 00:42:00.666 or a VGR or better rate of 32.3%

NOTE Confidence: 0.84287700875

 $00:42:00.666 \longrightarrow 00:42:02.596$ observed in the Tosi group.

NOTE Confidence: 0.84287700875

 $00:42:02.600 \longrightarrow 00:42:04.868$ And that was compared to an overall

 $00:42:04.868 \longrightarrow 00:42:07.535$ response rate of 37.2% and VG,

NOTE Confidence: 0.84287700875

00:42:07.535 --> 00:42:11.251 VG PR or better of 25.5% in the

NOTE Confidence: 0.84287700875

00:42:11.251 --> 00:42:13.033 the non-toxic arm and median time

NOTE Confidence: 0.84287700875

 $00:42:13.033 \longrightarrow 00:42:15.436$ to best response as well as median

NOTE Confidence: 0.84287700875

 $00:42:15.436 \longrightarrow 00:42:17.234$ duration of response was similar

NOTE Confidence: 0.84287700875

 $00:42:17.234 \longrightarrow 00:42:18.738$ between the two groups.

NOTE Confidence: 0.84287700875

00:42:18.740 --> 00:42:19.886 So in conclusion,

NOTE Confidence: 0.84287700875

 $00:42:19.886 \longrightarrow 00:42:21.414$ pretreatment with a single

NOTE Confidence: 0.84287700875

 $00:42:21.414 \longrightarrow 00:42:22.560$ dose of tocilizumab

NOTE Confidence: 0.7604757118

 $00:42:22.626 \longrightarrow 00:42:24.918$ prior to the initiation of savasa

NOTE Confidence: 0.7604757118

00:42:24.918 --> 00:42:26.846 amab significantly reduced the the

NOTE Confidence: 0.7604757118

00:42:26.846 --> 00:42:29.184 the rate of CRS in patients with

NOTE Confidence: 0.7604757118

 $00:42:29.184 \longrightarrow 00:42:30.594$ relapsed refractory myeloma likely

NOTE Confidence: 0.7604757118

 $00:42:30.594 \longrightarrow 00:42:32.429$ thought to be through suppression

NOTE Confidence: 0.7604757118

00:42:32.429 --> 00:42:34.860 of the IL 6 signaling pathway,

NOTE Confidence: 0.7604757118

 $00:42:34.860 \longrightarrow 00:42:37.212$ but did not seem to negatively impact the

00:42:37.212 --> 00:42:39.380 anti myeloma activity of this Asia agent.

NOTE Confidence: 0.7604757118

 $00:42:39.380 \longrightarrow 00:42:41.662$ And so the authors noted that two

NOTE Confidence: 0.7604757118

00:42:41.662 --> 00:42:43.765 salesman may may play an important

NOTE Confidence: 0.7604757118

00:42:43.765 --> 00:42:46.229 future role in CRS mitigation as pre

NOTE Confidence: 0.7604757118

 $00:42:46.299 \longrightarrow 00:42:48.910$ dosing and may potentially help us move.

NOTE Confidence: 0.7604757118

 $00:42:48.910 \longrightarrow 00:42:50.558$ By specific treatment to

NOTE Confidence: 0.7604757118

 $00:42:50.558 \longrightarrow 00:42:51.794$ the outpatient setting.

NOTE Confidence: 0.7462215285

00:42:54.330 --> 00:42:57.096 The the next abstract was presented

NOTE Confidence: 0.7462215285

00:42:57.096 --> 00:42:59.735 by Doctor Paul Richardson and this

NOTE Confidence: 0.7462215285

 $00:42:59.735 \longrightarrow 00:43:01.889$ was on amazing amide or what?

NOTE Confidence: 0.7462215285

 $00:43:01.890 \longrightarrow 00:43:03.445$ What's referred to as Messi

NOTE Confidence: 0.7462215285

 $00:43:03.445 \longrightarrow 00:43:05.989$ and Messi is a a potent novel.

NOTE Confidence: 0.7462215285

00:43:05.990 --> 00:43:07.929 Sarah Blunt Eli Gaze modulator or what

NOTE Confidence: 0.7462215285

 $00:43:07.929 \longrightarrow 00:43:10.718$ we know as a cell mod and this was looked

NOTE Confidence: 0.7462215285

 $00:43:10.718 \longrightarrow 00:43:12.670$ at in combination with dexamethasone.

 $00:43:12.670 \longrightarrow 00:43:15.198$ In this abstract Messi is an oral agent

NOTE Confidence: 0.7462215285

00:43:15.198 --> 00:43:18.169 and as could be seen in the figure here,

NOTE Confidence: 0.7462215285

 $00:43:18.170 \longrightarrow 00:43:20.078$ it binds and activates Sarah blown

NOTE Confidence: 0.7462215285

 $00:43:20.078 \longrightarrow 00:43:22.558$ and it leads to what happens is

NOTE Confidence: 0.7462215285

 $00:43:22.558 \longrightarrow 00:43:24.463$ it leads to maximal degradation.

NOTE Confidence: 0.7462215285

00:43:24.470 --> 00:43:26.126 Of important transcription factors

NOTE Confidence: 0.7462215285

 $00:43:26.126 \longrightarrow 00:43:29.036$ and that includes ICAROS and ilos that

NOTE Confidence: 0.7462215285

00:43:29.036 --> 00:43:31.178 are both really important in myeloma

NOTE Confidence: 0.7462215285

00:43:31.180 --> 00:43:32.659 pathophysiology and pathobiology.

NOTE Confidence: 0.7462215285

 $00:43:32.659 \longrightarrow 00:43:35.617$ And this results in enhanced myeloma

NOTE Confidence: 0.7462215285

 $00{:}43{:}35.617 \dashrightarrow 00{:}43{:}37.949$ cell killing and immune stimulatory

NOTE Confidence: 0.7462215285

 $00:43:37.949 \longrightarrow 00:43:40.595$ activity when compared to our common

NOTE Confidence: 0.7462215285

 $00:43:40.663 \longrightarrow 00:43:43.558$ immunomodulatory drugs such as Lenalidomide.

NOTE Confidence: 0.7462215285

 $00:43:43.560 \longrightarrow 00:43:45.534$ And in this phase one two trial,

NOTE Confidence: 0.7462215285

00:43:45.540 --> 00:43:47.994 Messi was evaluated alone and in

NOTE Confidence: 0.7462215285

 $00:43:47.994 \longrightarrow 00:43:49.630$ combination with dexamethasone and

 $00:43:49.697 \longrightarrow 00:43:51.785$ the recommended phase two dose for

NOTE Confidence: 0.7462215285

 $00{:}43{:}51.785 {\:{\circ}{\circ}{\circ}}>00{:}43{:}54.107$ for Messi was selected at 1 milligram

NOTE Confidence: 0.7462215285

 $00:43:54.107 \longrightarrow 00:43:55.259$ daily for 21 days.

NOTE Confidence: 0.7462215285

00:43:55.260 --> 00:43:58.445 Out of a 28 day cycle with a notable

NOTE Confidence: 0.7462215285

 $00:43:58.445 \longrightarrow 00:44:00.515$ overall response rate in the phase

NOTE Confidence: 0.7462215285

 $00:44:00.515 \longrightarrow 00:44:04.154$ one portion of 54.5% and to be

NOTE Confidence: 0.7462215285

 $00:44:04.154 \longrightarrow 00:44:05.930$ eligible for the phase two dose

NOTE Confidence: 0.7462215285

00:44:05.998 --> 00:44:08.038 expansion portion of the study that

NOTE Confidence: 0.7462215285

 $00:44:08.038 \longrightarrow 00:44:10.349$ was reported in in this abstract,

NOTE Confidence: 0.7462215285

 $00:44:10.350 \longrightarrow 00:44:12.438$ patients had to be relapsed refractory

NOTE Confidence: 0.7462215285

00:44:12.438 --> 00:44:15.197 and have had received three or more prior

NOTE Confidence: 0.7462215285

00:44:15.197 --> 00:44:17.147 lines of treatment and be refractory

NOTE Confidence: 0.7462215285

 $00{:}44{:}17.212 \dashrightarrow 00{:}44{:}19.480$ to at least one immuno modulatory agent.

NOTE Confidence: 0.7462215285

 $00:44:19.480 \longrightarrow 00:44:22.012$ Again prior exposure to CMA therapy

NOTE Confidence: 0.7462215285

00:44:22.012 --> 00:44:24.141 was allowed and dexamethasone was

00:44:24.141 --> 00:44:26.367 administered at 20 to 40 milligrams.

NOTE Confidence: 0.7462215285

00:44:26.370 --> 00:44:29.765 Dependent on age in combination with Mezzi,

NOTE Confidence: 0.7462215285

 $00:44:29.770 \longrightarrow 00:44:31.870$ the main objectives of the study

NOTE Confidence: 0.7462215285

 $00:44:31.870 \longrightarrow 00:44:33.270$ included advocacy and safety

NOTE Confidence: 0.7462215285

 $00:44:33.328 \longrightarrow 00:44:34.820$ of this novel combination.

NOTE Confidence: 0.769961027307693

 $00:44:37.160 \longrightarrow 00:44:39.617$ So 101 patients were included in the

NOTE Confidence: 0.769961027307693

00:44:39.617 --> 00:44:42.806 MEZZI plus DEX cohort and they're patient

NOTE Confidence: 0.769961027307693

 $00:44:42.806 \longrightarrow 00:44:44.870$ and disease disease characteristics

NOTE Confidence: 0.769961027307693

 $00:44:44.870 \longrightarrow 00:44:47.700$ are outlined in the table on the left.

NOTE Confidence: 0.769961027307693

00:44:47.700 --> 00:44:50.852 Median age as expected was 67 years and

NOTE Confidence: 0.769961027307693

 $00:44:50.852 \longrightarrow 00:44:53.373$ these were heavily pretreated patients

NOTE Confidence: 0.769961027307693

00:44:53.373 --> 00:44:56.679 with a median time since initial

NOTE Confidence: 0.769961027307693

00:44:56.679 --> 00:44:59.024 diagnosis of myeloma of 7.44 years,

NOTE Confidence: 0.769961027307693

 $00:44:59.024 \longrightarrow 00:45:01.418$ a median of 6 lines of prior

NOTE Confidence: 0.769961027307693

 $00:45:01.418 \longrightarrow 00:45:03.320$ treatment and 100% of patients

NOTE Confidence: 0.769961027307693

 $00{:}45{:}03.320 \dashrightarrow 00{:}45{:}05.200$ were triple class refractory.

 $00:45:05.200 \longrightarrow 00:45:06.472$ There were only approximately

NOTE Confidence: 0.769961027307693

 $00:45:06.472 \longrightarrow 00:45:08.401$ 20% of patients with.

NOTE Confidence: 0.769961027307693

 $00:45:08.401 \longrightarrow 00:45:11.023$ Stage three disease although 39.6

NOTE Confidence: 0.769961027307693

 $00:45:11.023 \longrightarrow 00:45:13.388$ had extramedullary disease and this

NOTE Confidence: 0.769961027307693

 $00:45:13.388 \longrightarrow 00:45:16.307$ included in in their study soft

NOTE Confidence: 0.769961027307693

 $00:45:16.307 \longrightarrow 00:45:18.199$ tissue bone related plasmacytoma

NOTE Confidence: 0.769961027307693

 $00:45:18.199 \longrightarrow 00:45:21.841$ in in addition to true soft tissue

NOTE Confidence: 0.769961027307693

 $00{:}45{:}21.841 \to 00{:}45{:}24.666$ extramedullary disease and 36.6% of

NOTE Confidence: 0.769961027307693

00:45:24.666 --> 00:45:27.556 patients had high risk cytogenetics

NOTE Confidence: 0.769961027307693

00:45:27.560 --> 00:45:30.140 29.7% of patients had received prior

NOTE Confidence: 0.769961027307693

00:45:30.140 --> 00:45:32.709 anti BCMH treatment mostly in the

NOTE Confidence: 0.769961027307693

00:45:32.709 --> 00:45:34.659 form of antibody drug conjugates.

NOTE Confidence: 0.769961027307693

 $00:45:34.660 \longrightarrow 00:45:37.156$ And in terms of clinical activity,

NOTE Confidence: 0.769961027307693

 $00:45:37.160 \longrightarrow 00:45:38.203$ as you can see on the figure

NOTE Confidence: 0.769961027307693

 $00:45:38.203 \longrightarrow 00:45:38.920$ here on the right,

 $00:45:38.920 \longrightarrow 00:45:42.280$ the overall response in the total

NOTE Confidence: 0.769961027307693

 $00:45:42.280 \longrightarrow 00:45:46.233$ population of what what's 40.6% with a

NOTE Confidence: 0.769961027307693

 $00:45:46.233 \longrightarrow 00:45:49.659$ high quality responses that included a

NOTE Confidence: 0.769961027307693

 $00:45:49.659 \longrightarrow 00:45:53.139$ stringent CR complete response and VGPR.

NOTE Confidence: 0.769961027307693

 $00:45:53.140 \longrightarrow 00:45:55.055$ And in those with Extramedullary

NOTE Confidence: 0.769961027307693

 $00:45:55.055 \longrightarrow 00:45:57.327$ disease overall response rate was still

NOTE Confidence: 0.769961027307693

00:45:57.327 --> 00:45:59.976 notable at 30% and patients who had

NOTE Confidence: 0.769961027307693

00:45:59.976 --> 00:46:02.196 received anti BCH treatment although

NOTE Confidence: 0.769961027307693

 $00:46:02.196 \longrightarrow 00:46:04.826$ small in in number with 30 patients.

NOTE Confidence: 0.769961027307693

 $00:46:04.830 \longrightarrow 00:46:07.238$ Portal had an overall response rate of of

NOTE Confidence: 0.769961027307693

 $00:46:07.240 \longrightarrow 00:46:11.280 50\%$ and while follow-up is short to date,

NOTE Confidence: 0.769961027307693

 $00:46:11.280 \longrightarrow 00:46:13.365$ the median progression free survival

NOTE Confidence: 0.769961027307693

 $00{:}46{:}13.365 \dashrightarrow 00{:}46{:}15.800$ observed was 4.4 months and median

NOTE Confidence: 0.769961027307693

 $00:46:15.800 \longrightarrow 00:46:18.600$ duration of response was 9.2 months

NOTE Confidence: 0.769961027307693

 $00:46:18.600 \longrightarrow 00:46:21.600$ when patients achieved VGPR better.

NOTE Confidence: 0.769961027307693

 $00:46:21.600 \longrightarrow 00:46:23.875$ And Doctor Richardson presented some

00:46:23.875 --> 00:46:26.720 correlative data from this abstract as well,

NOTE Confidence: 0.769961027307693

 $00{:}46{:}26.720 \to 00{:}46{:}29.016$ showing that Messi is active in patients

NOTE Confidence: 0.769961027307693

 $00:46:29.016 \longrightarrow 00:46:31.385$ who are either refractory to pomalidomide

NOTE Confidence: 0.769961027307693

00:46:31.385 --> 00:46:34.031 or POMALYST and in those receiving

NOTE Confidence: 0.769961027307693

 $00:46:34.031 \longrightarrow 00:46:36.028$ pomalidomide as in their last regimen.

NOTE Confidence: 0.769961027307693

 $00:46:36.030 \longrightarrow 00:46:38.868$ As their last regimen of treatment.

NOTE Confidence: 0.769961027307693

 $00:46:38.870 \longrightarrow 00:46:42.510$ At a median follow-up of 7.5 months,

NOTE Confidence: 0.769961027307693

 $00{:}46{:}42.510 \rightarrow 00{:}46{:}44.790$ 90.1% of patients had discontinued treatment,

NOTE Confidence: 0.769961027307693

00:46:44.790 --> 00:46:46.378 although the majority due

NOTE Confidence: 0.769961027307693

 $00:46:46.378 \longrightarrow 00:46:47.569$ to progressive myeloma.

NOTE Confidence: 0.769961027307693

 $00:46:47.570 \longrightarrow 00:46:49.530$ 5 patients were reported

NOTE Confidence: 0.769961027307693

 $00:46:49.530 \longrightarrow 00:46:51.490$ to have adverse events.

NOTE Confidence: 0.769961027307693

00:46:51.490 --> 00:46:52.154 Related events,

NOTE Confidence: 0.769961027307693 00:46:52.154 --> 00:46:52.818 excuse me. NOTE Confidence: 0.769961027307693

00:46:52.818 --> 00:46:54.810 5 patients were reported to have

 $00:46:54.874 \longrightarrow 00:46:56.510$ adverse event related deaths,

NOTE Confidence: 0.769961027307693

00:46:56.510 --> 00:46:58.870 including two with PJP pneumonia,

NOTE Confidence: 0.769961027307693

 $00:46:58.870 \longrightarrow 00:47:00.320$ an additional with pneumonia and

NOTE Confidence: 0.769961027307693

 $00:47:00.320 \longrightarrow 00:47:02.104$ one due to COVID-19 infection

NOTE Confidence: 0.769961027307693

 $00:47:02.104 \longrightarrow 00:47:04.846$ and one due to septic shock.

NOTE Confidence: 0.769961027307693

00:47:04.850 --> 00:47:07.298 And while a majority of patients did require

NOTE Confidence: 0.769961027307693

 $00:47:07.298 \longrightarrow 00:47:09.029$ dose interruptions due to adverse events.

NOTE Confidence: 0.769961027307693

00:47:09.030 --> 00:47:11.022 Those reductions were less

NOTE Confidence: 0.769961027307693

 $00{:}47{:}11.022 --> 00{:}47{:}13.512$ common and a few patient,

NOTE Confidence: 0.769961027307693

 $00:47:13.520 \longrightarrow 00:47:14.736$ a few patients discontinued

NOTE Confidence: 0.769961027307693

 $00{:}47{:}14.736 \dashrightarrow 00{:}47{:}16.840$ drug due to adverse events as is

NOTE Confidence: 0.769961027307693

 $00:47:16.840 \longrightarrow 00:47:18.408$ outlined here and as you can see

NOTE Confidence: 0.769961027307693

 $00:47:18.408 \longrightarrow 00:47:20.297$ in the tables here on the bottom,

NOTE Confidence: 0.769961027307693

 $00:47:20.300 \longrightarrow 00:47:22.088$ treatment emergent adverse events

NOTE Confidence: 0.769961027307693

 $00:47:22.088 \longrightarrow 00:47:23.876$ were primarily hematologic in

NOTE Confidence: 0.769961027307693

 $00{:}47{:}23.876 \rightarrow 00{:}47{:}26.011$ nature with neutropenia being the

 $00:47:26.011 \longrightarrow 00:47:27.964$ most common although this was felt

NOTE Confidence: 0.769961027307693

 $00{:}47{:}27.964 \dashrightarrow 00{:}47{:}29.710$ to be manageable again with those

NOTE Confidence: 0.769961027307693

 $00{:}47{:}29.770 \dashrightarrow 00{:}47{:}31.750$ adjustments and growth factor support.

NOTE Confidence: 0.769961027307693

 $00:47:31.750 \longrightarrow 00:47:33.770$ Additionally infections were the

NOTE Confidence: 0.769961027307693

 $00:47:33.770 \longrightarrow 00:47:36.295$ most common non hematologic adverse

NOTE Confidence: 0.769961027307693

 $00:47:36.295 \longrightarrow 00:47:38.547$ event with infections of any grade

NOTE Confidence: 0.769961027307693

 $00:47:38.547 \longrightarrow 00:47:40.910$ seen in about 2/3 of patients.

NOTE Confidence: 0.769961027307693

 $00{:}47{:}40.910 \dashrightarrow 00{:}47{:}43.244$ Other observed side effects are are

NOTE Confidence: 0.769961027307693

 $00:47:43.244 \longrightarrow 00:47:45.888$ listed here in the in the tables,

NOTE Confidence: 0.769961027307693

 $00:47:45.890 \longrightarrow 00:47:47.815$ although they were less common

NOTE Confidence: 0.769961027307693

 $00:47:47.815 \longrightarrow 00:47:48.970$ and less severe.

NOTE Confidence: 0.769961027307693

 $00:47:48.970 \longrightarrow 00:47:50.074$ So to summarize,

NOTE Confidence: 0.769961027307693

 $00{:}47{:}50.074 \dashrightarrow 00{:}47{:}52.282$ Mazda Magnemite or Messi is an

NOTE Confidence: 0.769961027307693

 $00{:}47{:}52.282 \dashrightarrow 00{:}47{:}55.102$ or al potent novel cell mod which in

NOTE Confidence: 0.769961027307693

00:47:55.102 --> 00:47:57.356 preclinical studies has a distinct

 $00:47:57.356 \longrightarrow 00:48:00.306$ profile from our immunomodulatory agents.

NOTE Confidence: 0.769961027307693

 $00{:}48{:}00.310 \dashrightarrow 00{:}48{:}02.530$ And when combined with dexame thasone

NOTE Confidence: 0.769961027307693

 $00:48:02.530 \longrightarrow 00:48:04.750$ overall response rate was notable

NOTE Confidence: 0.85525948

 $00:48:04.823 \longrightarrow 00:48:08.294$ at 40.6% in the total cohort and 30% in

NOTE Confidence: 0.85525948

00:48:08.294 --> 00:48:10.230 patients with extramedullary disease,

NOTE Confidence: 0.85525948

 $00:48:10.230 \longrightarrow 00:48:11.310$ the safety profile.

NOTE Confidence: 0.85525948

 $00{:}48{:}11.310 \dashrightarrow 00{:}48{:}13.470$ Is manageable with most higher grade

NOTE Confidence: 0.85525948

00:48:13.470 --> 00:48:15.466 adverse events being hematologic in

NOTE Confidence: 0.85525948

00:48:15.466 --> 00:48:17.436 nature and most commonly neutropenia

NOTE Confidence: 0.85525948

 $00:48:17.436 \longrightarrow 00:48:19.548$ which did require some dose adjustments

NOTE Confidence: 0.85525948

 $00:48:19.548 \longrightarrow 00:48:21.539$ and GCF support when when needed.

NOTE Confidence: 0.85525948

 $00:48:21.539 \longrightarrow 00:48:22.526$ Given these findings,

NOTE Confidence: 0.85525948

00:48:22.526 --> 00:48:24.500 Mezi is now being evaluated in

NOTE Confidence: 0.85525948

 $00:48:24.560 \longrightarrow 00:48:26.204$ combination with standard myeloma

NOTE Confidence: 0.85525948

 $00:48:26.204 \longrightarrow 00:48:28.259$ therapies including in phase three

NOTE Confidence: 0.85525948

 $00:48:28.259 \longrightarrow 00:48:29.962$ trials with Bortezomib and carfilzomib

 $00:48:29.962 \longrightarrow 00:48:32.336$ and this appears to be a promising

NOTE Confidence: 0.85525948

 $00:48:32.336 \longrightarrow 00:48:34.966$ agent in patients with heavily

NOTE Confidence: 0.85525948

 $00:48:34.966 \longrightarrow 00:48:37.070$ pretreated relapsed refractory myeloma

NOTE Confidence: 0.85525948

00:48:37.142 --> 00:48:39.500 including those who may be refractory

NOTE Confidence: 0.85525948

 $00:48:39.500 \longrightarrow 00:48:41.740$ to to imids including POMALYST.

NOTE Confidence: 0.85525948

 $00:48:41.740 \longrightarrow 00:48:43.780$ So I'll I will shift gears a bit

NOTE Confidence: 0.85525948

00:48:43.780 --> 00:48:46.019 now with this last abstract and

NOTE Confidence: 0.85525948

00:48:46.019 --> 00:48:48.094 discuss like Chainer ALE amyloidosis,

NOTE Confidence: 0.85525948

 $00{:}48{:}48.100 \dashrightarrow 00{:}48{:}50.137$ which as you guys likely know is

NOTE Confidence: 0.85525948

 $00{:}48{:}50.137 \dashrightarrow 00{:}48{:}51.768$ a rare progressive disorder where

NOTE Confidence: 0.85525948

 $00{:}48{:}51.768 \dashrightarrow 00{:}48{:}53.856$ clonal plasma cells in the bone

NOTE Confidence: 0.85525948

 $00:48:53.856 \longrightarrow 00:48:55.324$ marrow produce immunoglobulin light

NOTE Confidence: 0.85525948

 $00{:}48{:}55.324 \dashrightarrow 00{:}48{:}57.448$ chains that misfold and and and

NOTE Confidence: 0.85525948

 $00:48:57.448 \longrightarrow 00:48:59.387$ then form amyloid fibrils that

NOTE Confidence: 0.85525948

 $00:48:59.387 \longrightarrow 00:49:01.432$ become insoluble and deposit in

00:49:01.432 --> 00:49:03.190 extracellular tissues and organs

NOTE Confidence: 0.85525948

 $00:49:03.190 \longrightarrow 00:49:04.958$ resulting in significant dysfunction.

NOTE Confidence: 0.85525948

 $00:49:04.960 \longrightarrow 00:49:07.208$ And we have made advances in the treatment

NOTE Confidence: 0.85525948

 $00:49:07.208 \longrightarrow 00:49:09.415$ of AL amyloid with exciting data from

NOTE Confidence: 0.85525948

 $00:49:09.415 \longrightarrow 00:49:11.999$ last year's ASH on the Andromeda trial.

NOTE Confidence: 0.85525948

 $00:49:12.000 \longrightarrow 00:49:13.940$ Uh which showed improved team

NOTE Confidence: 0.85525948

 $00{:}49{:}13.940 \dashrightarrow 00{:}49{:}16.292$ hematologic and organ responses with the

NOTE Confidence: 0.85525948

 $00:49:16.292 \longrightarrow 00:49:18.404$ addition of daratumumab to cyber deem.

NOTE Confidence: 0.85525948

 $00{:}49{:}18.410 --> 00{:}49{:}18.796 \ However,$

NOTE Confidence: 0.85525948

 $00:49:18.796 \longrightarrow 00:49:20.726$ these available therapies target the

NOTE Confidence: 0.85525948

00:49:20.726 --> 00:49:23.255 clonal plasma cells in order to stop

NOTE Confidence: 0.85525948

00:49:23.255 --> 00:49:25.109 or halt production of light chains,

NOTE Confidence: 0.85525948

 $00:49:25.110 \longrightarrow 00:49:27.090$ new light chains but they don't

NOTE Confidence: 0.85525948

 $00:49:27.090 \longrightarrow 00:49:28.777$ address the amyloid that's already

NOTE Confidence: 0.85525948

 $00:49:28.777 \longrightarrow 00:49:30.589$ been deposited and in and organs

NOTE Confidence: 0.85525948

 $00:49:30.589 \longrightarrow 00:49:32.809$ that lead to significant morbidity.

 $00:49:32.810 \longrightarrow 00:49:34.295$ And in patients with advanced

NOTE Confidence: 0.85525948

 $00:49:34.295 \longrightarrow 00:49:34.889$ cardiac disease,

NOTE Confidence: 0.85525948

 $00:49:34.890 \longrightarrow 00:49:37.056$ high mortality with a median overall

NOTE Confidence: 0.85525948

00:49:37.056 --> 00:49:38.864 survival in patients with Mayo

NOTE Confidence: 0.85525948

 $00:49:38.864 \longrightarrow 00:49:40.718$ stage four disease of only 5.8

NOTE Confidence: 0.85525948

 $00:49:40.718 \longrightarrow 00:49:42.110$ months and the abstract.

NOTE Confidence: 0.85525948

 $00:49:42.110 \longrightarrow 00:49:43.750$ We'll discuss was presented by

NOTE Confidence: 0.85525948

 $00{:}49{:}43.750 \dashrightarrow 00{:}49{:}45.807$ Doctor Morie Gertz from the Mayo

NOTE Confidence: 0.85525948

00:49:45.807 --> 00:49:47.597 Clinic on Beartown bertam amount,

NOTE Confidence: 0.85525948

 $00{:}49{:}47.600 \dashrightarrow 00{:}49{:}50.035$ which is a humanized monoclonal

NOTE Confidence: 0.85525948

 $00:49:50.035 \longrightarrow 00:49:51.496$ antibody administered intravenously

NOTE Confidence: 0.85525948

00:49:51.496 --> 00:49:54.029 every 28 days and binds conserved

NOTE Confidence: 0.85525948

 $00{:}49{:}54.029 \dashrightarrow 00{:}49{:}56.261$ epitopes on both Kappa and Lambda

NOTE Confidence: 0.85525948

 $00:49:56.327 \longrightarrow 00:49:58.732$ immunoglobulin light chains and that

NOTE Confidence: 0.85525948

 $00:49:58.732 \longrightarrow 00:50:01.137$ leads to neutralization of circulating

00:50:01.140 --> 00:50:03.732 light chain aggregates as well as

NOTE Confidence: 0.85525948

 $00:50:03.732 \longrightarrow 00:50:05.961$ depletes the insoluble amyloid deposited

NOTE Confidence: 0.85525948

 $00:50:05.961 \longrightarrow 00:50:08.985$ in the organ organs thought to be

NOTE Confidence: 0.85525948

 $00:50:08.985 \longrightarrow 00:50:10.929$ through phagocytosis by macrophages.

NOTE Confidence: 0.85525948

 $00:50:10.930 \longrightarrow 00:50:13.065$ And the study schema here on the

NOTE Confidence: 0.85525948

 $00:50:13.065 \longrightarrow 00:50:15.018$ top outlines the phase three vital

NOTE Confidence: 0.85525948

00:50:15.018 --> 00:50:16.968 study which is a multi center

NOTE Confidence: 0.85525948

 $00:50:16.970 \longrightarrow 00:50:17.776$ double-blind placebo-controlled

NOTE Confidence: 0.85525948

 $00{:}50{:}17.776 \dashrightarrow 00{:}50{:}19.791$ trial in patients with newly

NOTE Confidence: 0.85525948

00:50:19.791 --> 00:50:21.570 diagnosed treatment naive AL amyloid.

NOTE Confidence: 0.85525948

 $00:50:21.570 \longrightarrow 00:50:23.790$ All patients enrolled had cardiac involvement

NOTE Confidence: 0.85525948

00:50:23.790 --> 00:50:25.929 and were stratified by Mayo stage,

NOTE Confidence: 0.85525948

 $00:50:25.930 \dashrightarrow 00:50:28.800$ renal stage and six minute walk test.

NOTE Confidence: 0.85525948

 $00:50:28.800 \longrightarrow 00:50:30.810$ 260 patients total were enrolled

NOTE Confidence: 0.85525948

 $00:50:30.810 \longrightarrow 00:50:32.820$ and randomized to receive birtamod

NOTE Confidence: 0.85525948

 $00:50:32.820 \longrightarrow 00:50:35.193$ amab in addition to standard of care

00:50:35.193 --> 00:50:37.390 or placebo with standard of care.

NOTE Confidence: 0.85525948

 $00:50:37.390 \longrightarrow 00:50:39.530$ There was an interim futility

NOTE Confidence: 0.85525948

 $00:50:39.530 \longrightarrow 00:50:41.191$ analysis back in 2018.

NOTE Confidence: 0.85525948

00:50:41.191 --> 00:50:43.046 That actually resulted in early

NOTE Confidence: 0.85525948

 $00{:}50{:}43.046 \dashrightarrow 00{:}50{:}44.911$ study termination given concern that

NOTE Confidence: 0.85525948

 $00:50:44.911 \longrightarrow 00:50:46.819$ the primary endpoint which was all

NOTE Confidence: 0.85525948

00:50:46.819 --> 00:50:48.839 all cause mortality or time to all

NOTE Confidence: 0.85525948

00:50:48.839 --> 00:50:50.626 cause mortality would not be met in

NOTE Confidence: 0.85525948

 $00:50:50.626 \longrightarrow 00:50:52.488$ a in a reasonable amount of time.

NOTE Confidence: 0.85525948

 $00:50:52.490 \longrightarrow 00:50:55.829$ And so afterwards a post hoc analysis

NOTE Confidence: 0.85525948

00:50:55.829 --> 00:50:58.373 was performed on 77 patients that

NOTE Confidence: 0.85525948

 $00{:}50{:}58.373 \dashrightarrow 00{:}51{:}00.599$ had Mayo Stage 4 cardiac amyloid.

NOTE Confidence: 0.85525948

 $00{:}51{:}00.600 \dashrightarrow 00{:}51{:}02.430$ And this has previously been reported

NOTE Confidence: 0.85525948

 $00:51:02.430 \longrightarrow 00:51:04.859$ to show as you can see in the

NOTE Confidence: 0.85525948

 $00{:}51{:}04.859 \dashrightarrow 00{:}51{:}06.581$ Kaplan Meier curve here a survival

 $00:51:06.645 \longrightarrow 00:51:08.169$ benefit with significant reduction

NOTE Confidence: 0.85525948

 $00:51:08.169 \longrightarrow 00:51:10.455$ in time to all cause mortality

NOTE Confidence: 0.859358008

 $00:51:10.460 \longrightarrow 00:51:13.900$ in this cohort. With 74% of patients

NOTE Confidence: 0.859358008

00:51:13.900 --> 00:51:15.970 in the Bertambah group being alive

NOTE Confidence: 0.859358008

 $00:51:15.970 \longrightarrow 00:51:18.344$ at month nine with only compared to

NOTE Confidence: 0.859358008

 $00:51:18.344 \longrightarrow 00:51:21.197$ only 49% in the placebo arm with the

NOTE Confidence: 0.859358008

 $00:51:21.197 \longrightarrow 00:51:23.839$ hazard ratio that you see listed here.

NOTE Confidence: 0.859358008

 $00:51:23.840 \longrightarrow 00:51:25.820$ So in this year's abstract Dr.

NOTE Confidence: 0.859358008

00:51:25.820 --> 00:51:27.480 Gerson is coauthors showed using

NOTE Confidence: 0.859358008

 $00:51:27.480 \longrightarrow 00:51:29.906$ the data from the post hoc analysis

NOTE Confidence: 0.859358008

 $00{:}51{:}29.906 \dashrightarrow 00{:}51{:}32.006$ that reduction in time to all

NOTE Confidence: 0.859358008

 $00:51:32.006 \longrightarrow 00:51:33.679$ cause mortality at nine months.

NOTE Confidence: 0.859358008

 $00:51:33.680 \longrightarrow 00:51:35.660$ I'm favoring the pertama amab arm

NOTE Confidence: 0.859358008

00:51:35.660 --> 00:51:37.720 persisted in these Mayo stage four

NOTE Confidence: 0.859358008

 $00:51:37.720 \longrightarrow 00:51:39.425$ patients ever even after adjusting

NOTE Confidence: 0.859358008

 $00{:}51{:}39.425 \dashrightarrow 00{:}51{:}41.505$ for a variety of demographic

 $00:51:41.505 \longrightarrow 00:51:42.996$ and disease characteristics.

NOTE Confidence: 0.859358008

 $00{:}51{:}43.000 \dashrightarrow 00{:}51{:}45.784$ As you can see in the forest plots

NOTE Confidence: 0.859358008

 $00:51:45.784 \longrightarrow 00:51:49.102$ here that come from small numbers but

NOTE Confidence: 0.859358008

 $00:51:49.102 \longrightarrow 00:51:51.637$ have again impressive hazard ratios.

NOTE Confidence: 0.859358008

 $00:51:51.640 \longrightarrow 00:51:54.864$ There was also in the post tech analysis.

NOTE Confidence: 0.859358008

 $00:51:54.870 \longrightarrow 00:51:56.820$ Patients who received Birtamod had

NOTE Confidence: 0.859358008

 $00:51:56.820 \longrightarrow 00:51:58.770$ less deterioration in quality of

NOTE Confidence: 0.859358008

 $00:51:58.833 \longrightarrow 00:52:00.989$ life and improved 6 minute walk test.

NOTE Confidence: 0.859358008

 $00:52:00.990 \longrightarrow 00:52:03.132$ And so with the available data for

NOTE Confidence: 0.859358008

 $00{:}52{:}03.132 \dashrightarrow 00{:}52{:}05.583$ Tim Amab has been safe and well

NOTE Confidence: 0.859358008

 $00:52:05.583 \longrightarrow 00:52:07.408$ tolerated even in these patients

NOTE Confidence: 0.859358008

 $00{:}52{:}07.408 \dashrightarrow 00{:}52{:}09.989$ with advanced cardiac disease and

NOTE Confidence: 0.859358008

 $00{:}52{:}09.989 \dashrightarrow 00{:}52{:}14.621$ it has this data has served as the

NOTE Confidence: 0.859358008

 $00:52:14.621 \longrightarrow 00:52:17.775$ foundation for the Affirm ALS trial

NOTE Confidence: 0.859358008

 $00:52:17.775 \longrightarrow 00:52:20.050$ and we have this trial open here

 $00:52:20.050 \longrightarrow 00:52:22.651$ at Yale as well as in a number of

NOTE Confidence: 0.859358008

 $00:52:22.651 \longrightarrow 00:52:24.948$ our our care centers in Trumbull.

NOTE Confidence: 0.859358008

 $00{:}52{:}24.950 \dashrightarrow 00{:}52{:}27.582$ Saint Francis Francis and a female is

NOTE Confidence: 0.859358008

 $00:52:27.582 \longrightarrow 00:52:30.142$ looking to enroll patients with newly

NOTE Confidence: 0.859358008

 $00:52:30.142 \longrightarrow 00:52:32.402$ diagnosed treatment naive al amyloid

NOTE Confidence: 0.859358008

 $00:52:32.402 \longrightarrow 00:52:34.935$ with with Mayo stage four disease

NOTE Confidence: 0.859358008

 $00:52:34.935 \longrightarrow 00:52:37.275$ with the criteria listed here and

NOTE Confidence: 0.859358008

 $00:52:37.280 \longrightarrow 00:52:38.904$ and looking again to see if we see

NOTE Confidence: 0.859358008

 $00:52:38.904 \longrightarrow 00:52:40.549$ this this survival benefit that was

NOTE Confidence: 0.859358008

 $00:52:40.549 \longrightarrow 00:52:42.325$ demonstrated in the post hoc analysis.

NOTE Confidence: 0.859358008

00:52:42.330 --> 00:52:43.745 And patients will be randomized

NOTE Confidence: 0.859358008

 $00:52:43.745 \longrightarrow 00:52:45.929$ 2 to one to receive vertamae in

NOTE Confidence: 0.859358008

 $00:52:45.929 \longrightarrow 00:52:47.337$ addition to standard care.

NOTE Confidence: 0.859358008

 $00{:}52{:}47.340 \dashrightarrow 00{:}52{:}49.876$ And I do think this is an incredibly

NOTE Confidence: 0.859358008

 $00:52:49.876 \longrightarrow 00:52:51.847$ important trial for a very complex

NOTE Confidence: 0.859358008

 $00{:}52{:}51.847 \dashrightarrow 00{:}52{:}54.108$ very hard to treat population and I

00:52:54.108 --> 00:52:56.138 would be happy to talk with anybody.

NOTE Confidence: 0.859358008

 $00{:}52{:}56.140 {\:{\circ}{\circ}{\circ}}>00{:}52{:}58.642$ Interested who might have eligible patients

NOTE Confidence: 0.859358008

 $00:52:58.642 \longrightarrow 00:53:01.248$ or have questions about the trial?

NOTE Confidence: 0.859358008 00:53:01.250 --> 00:53:01.551 So, NOTE Confidence: 0.859358008

 $00:53:01.551 \longrightarrow 00:53:02.454$ so in summary,

NOTE Confidence: 0.859358008

00:53:02.454 --> 00:53:04.725 we saw many exciting abstracts at ASH

NOTE Confidence: 0.859358008

 $00:53:04.725 \longrightarrow 00:53:07.155$ looking at new myeloma target antigens

NOTE Confidence: 0.859358008

 $00{:}53{:}07.155 \dashrightarrow 00{:}53{:}08.998$ from biospecific antibodies and car

NOTE Confidence: 0.859358008

 $00:53:08.998 \longrightarrow 00:53:10.979$ T as well as abstract looking at

NOTE Confidence: 0.859358008

 $00:53:10.979 \longrightarrow 00:53:12.806$ improved manufacturing and management

NOTE Confidence: 0.859358008

 $00{:}53{:}12.806 \dashrightarrow 00{:}53{:}15.366$ of side effects including CRS.

NOTE Confidence: 0.859358008

 $00{:}53{:}15.370 \dashrightarrow 00{:}53{:}17.660$ I I will end so that we can move to

NOTE Confidence: 0.859358008

 $00{:}53{:}17.735 \dashrightarrow 00{:}53{:}20.021$ the questions and answers by just

NOTE Confidence: 0.859358008

 $00:53:20.021 \longrightarrow 00:53:22.530$ saying that although not covered today,

NOTE Confidence: 0.859358008

 $00:53:22.530 \longrightarrow 00:53:24.700$ there were up to 30 abstracts on

 $00:53:24.700 \longrightarrow 00:53:26.549$ looking at health disparities in

NOTE Confidence: 0.859358008

 $00{:}53{:}26.549 \dashrightarrow 00{:}53{:}28.689$ multiple myeloma which remains really

NOTE Confidence: 0.859358008

 $00:53:28.689 \longrightarrow 00:53:31.089$ a critical unmet need and ongoing.

NOTE Confidence: 0.859358008

 $00:53:31.090 \longrightarrow 00:53:32.710$ Investigation is really imperative.

NOTE Confidence: 0.859358008

 $00:53:32.710 \longrightarrow 00:53:35.490$ The QR code I've included here links

NOTE Confidence: 0.859358008

 $00:53:35.490 \longrightarrow 00:53:37.464$ to a video by Doctor Joel McHale

NOTE Confidence: 0.859358008

 $00{:}53{:}37.464 \dashrightarrow 00{:}53{:}39.140$ and the International Myeloma

NOTE Confidence: 0.859358008

 $00:53:39.140 \longrightarrow 00:53:41.750$ Foundation addressing some of these

NOTE Confidence: 0.859358008

 $00{:}53{:}41.750 \dashrightarrow 00{:}53{:}43.316$ really important abstracts.

NOTE Confidence: 0.859358008

 $00:53:43.320 \longrightarrow 00:53:45.336$ So thank you again all for your time and

NOTE Confidence: 0.859358008

 $00{:}53{:}45.336 \to 00{:}53{:}47.797$ I look forward to answering some questions.

NOTE Confidence: 0.811555536666667

00:53:57.110 --> 00:53:59.440 Thank you Sabrina and Nofar

NOTE Confidence: 0.811555536666667

 $00:53:59.440 \longrightarrow 00:54:01.304$ for those excellent reviews.

NOTE Confidence: 0.811555536666667

 $00{:}54{:}01.310 \dashrightarrow 00{:}54{:}02.870$ We do have time for questions,

NOTE Confidence: 0.811555536666667

 $00:54:02.870 \longrightarrow 00:54:04.490$ so I would encourage everyone

NOTE Confidence: 0.811555536666667

 $00{:}54{:}04.490 \dashrightarrow 00{:}54{:}06.110$ to please place your questions,

00:54:06.110 --> 00:54:08.486 if you have any in the Q&A portion

NOTE Confidence: 0.811555536666667

 $00:54:08.486 \longrightarrow 00:54:11.158$ that can be found below in the screen.

NOTE Confidence: 0.811555536666667

 $00:54:11.160 \longrightarrow 00:54:12.540$ As we wait for questions,

NOTE Confidence: 0.811555536666667

 $00:54:12.540 \longrightarrow 00:54:14.997$ I will start by asking a few.

NOTE Confidence: 0.811555536666667

 $00{:}54{:}15.000 \dashrightarrow 00{:}54{:}18.416$ Maybe we'll start with Elon and Natalia.

NOTE Confidence: 0.811555536666667

 $00:54:18.420 \longrightarrow 00:54:20.362$ We heard a lot about side effects

NOTE Confidence: 0.811555536666667

00:54:20.362 --> 00:54:22.648 from the bispecific T cell engagers,

NOTE Confidence: 0.811555536666667

 $00:54:22.650 \longrightarrow 00:54:25.240$ the cartes and even the cell mods

NOTE Confidence: 0.811555536666667

 $00:54:25.240 \longrightarrow 00:54:27.210$ in relationship to infections.

NOTE Confidence: 0.811555536666667

 $00{:}54{:}27.210 \dashrightarrow 00{:}54{:}29.590$ So how would you propose we manage

NOTE Confidence: 0.811555536666667

00:54:29.590 --> 00:54:32.422 that risk to help keep our patients

NOTE Confidence: 0.811555536666667

 $00:54:32.422 \longrightarrow 00:54:35.026$ safe as these therapies move forward?

NOTE Confidence: 0.890344838571429

 $00{:}54{:}42.240 \dashrightarrow 00{:}54{:}43.339$ I mean I guess I can start.

NOTE Confidence: 0.890344838571429

 $00:54:43.340 \longrightarrow 00:54:45.640$ We know that there's a risk of a

NOTE Confidence: 0.890344838571429

 $00:54:45.640 \longrightarrow 00:54:47.099$ hypogammaglobulinemia with this patient.

 $00:54:47.099 \longrightarrow 00:54:48.857$ So I think that keeping a

NOTE Confidence: 0.890344838571429

00:54:48.857 --> 00:54:50.060 close signing IG level,

NOTE Confidence: 0.890344838571429

00:54:50.060 --> 00:54:52.184 making sure that it's you know

NOTE Confidence: 0.890344838571429

 $00:54:52.184 \longrightarrow 00:54:54.424$ consistently at least 400 or

NOTE Confidence: 0.890344838571429

 $00:54:54.424 \longrightarrow 00:54:57.704$ even 500 compliance with you know

NOTE Confidence: 0.890344838571429

 $00:54:57.704 \longrightarrow 00:55:00.600$ antiviral anti microbial prophylaxis

NOTE Confidence: 0.890344838571429

 $00:55:00.600 \longrightarrow 00:55:04.800$ and I think also just educating

NOTE Confidence: 0.890344838571429

 $00{:}55{:}04.800 \dashrightarrow 00{:}55{:}06.420$ you know the various colleagues.

NOTE Confidence: 0.890344838571429

00:55:06.420 --> 00:55:08.970 And members of the community

NOTE Confidence: 0.890344838571429

 $00:55:08.970 \longrightarrow 00:55:10.859$ and the oncology team about the,

NOTE Confidence: 0.890344838571429

 $00{:}55{:}10.860 \longrightarrow 00{:}55{:}13.062$ you know, the risk for infection

NOTE Confidence: 0.890344838571429

 $00:55:13.062 \longrightarrow 00:55:15.020$ complications in these novel agents.

NOTE Confidence: 0.7885724475

 $00:55:20.830 \longrightarrow 00:55:22.374$ I think they tell you you're a mute.

NOTE Confidence: 0.689506

00:55:31.830 --> 00:55:33.060 Help, you're still muted.

NOTE Confidence: 0.68477774

 $00:55:47.060 \longrightarrow 00:55:50.786$ And. Natalia, you were still on mute.

NOTE Confidence: 0.68477774

00:55:50.790 --> 00:55:52.240 So unfortunately we're not been

 $00:55:52.240 \longrightarrow 00:55:54.300$ able to hear what you have said.

NOTE Confidence: 0.9241706675

 $00:55:56.170 \longrightarrow 00:55:57.418$ And we can move

NOTE Confidence: 0.899809279

 $00:55:57.430 \longrightarrow 00:56:00.926$ on. We did have one question from the

NOTE Confidence: 0.899809279

 $00:56:00.926 \longrightarrow 00:56:03.902$ audience which is asking if calcium

NOTE Confidence: 0.899809279

 $00:56:03.902 \longrightarrow 00:56:06.926$ deficiency is seen in multiple myeloma.

NOTE Confidence: 0.3717668

 $00:56:09.420 \longrightarrow 00:56:12.842$ Umm. I don't know if anyone wants

NOTE Confidence: 0.3717668

 $00:56:12.842 \longrightarrow 00:56:14.630$ to take the question regarding

NOTE Confidence: 0.3717668

00:56:14.630 --> 00:56:16.590 calcium and multiple myeloma.

NOTE Confidence: 0.863859932

 $00:56:20.110 \longrightarrow 00:56:24.440$ I mean I think that usually with

NOTE Confidence: 0.7988402

 $00:56:24.550 \longrightarrow 00:56:25.570$ myeloma we see

NOTE Confidence: 0.86062957

 $00{:}56{:}25.580 \dashrightarrow 00{:}56{:}27.841$ hypercal cemia and I think if it's poorly

NOTE Confidence: 0.86062957

 $00{:}56{:}27.841 \dashrightarrow 00{:}56{:}30.800$ controlled we can see hypercal cemia. You

NOTE Confidence: 0.836550186666667

 $00{:}56{:}30.810 \dashrightarrow 00{:}56{:}32.878$ know the bisphosphonates and the bone

NOTE Confidence: 0.836550186666667

 $00:56:32.878 \longrightarrow 00:56:34.838$ modifying agents can cause hypocalcemia,

NOTE Confidence: 0.910736112857143

 $00:56:34.850 \longrightarrow 00:56:38.546$ but but typically we would see hypercalcemia.

 $00:56:40.140 \longrightarrow 00:56:42.648$ Thank you, Elon.

NOTE Confidence: 0.783615386666667

 $00:56:42.650 \longrightarrow 00:56:44.340$ So I may ask a question that's a

NOTE Confidence: 0.783615386666667

 $00:56:44.340 \longrightarrow 00:56:45.786$ little bit unfair to the group.

NOTE Confidence: 0.783615386666667

 $00:56:45.786 \longrightarrow 00:56:47.698$ And we can have each of the panelists

NOTE Confidence: 0.783615386666667

 $00:56:47.698 \longrightarrow 00:56:49.784$ answer with all of these new targets

NOTE Confidence: 0.783615386666667

 $00:56:49.784 \longrightarrow 00:56:51.958$ and they relapsed refractory setting.

NOTE Confidence: 0.783615386666667

 $00:56:51.960 \longrightarrow 00:56:53.902$ How do you propose that we sequence

NOTE Confidence: 0.783615386666667

 $00:56:53.902 \longrightarrow 00:56:56.849$ them and most of these studies have

NOTE Confidence: 0.783615386666667

 $00:56:56.849 \longrightarrow 00:56:59.697$ been done after potentially BCM a.

NOTE Confidence: 0.783615386666667

00:56:59.700 --> 00:57:01.362 But again, I would be interested

NOTE Confidence: 0.783615386666667

 $00:57:01.362 \longrightarrow 00:57:02.470$ in everyone's thoughts as

NOTE Confidence: 0.783615386666667

 $00:57:02.520 \longrightarrow 00:57:03.620$ far as they're optimal.

NOTE Confidence: 0.783615386666667

 $00:57:03.620 \longrightarrow 00:57:05.900$ And maybe we can start with Elon and

NOTE Confidence: 0.783615386666667

 $00:57:05.900 \longrightarrow 00:57:08.160$ Natalia and then go to no farms, Sabrina.

NOTE Confidence: 0.566959742857143

00:57:14.620 --> 00:57:16.145 Another Natalia sorted out her

NOTE Confidence: 0.566959742857143

00:57:16.145 --> 00:57:21.218 mute option, but. I guess not.

 $00:57:21.220 \longrightarrow 00:57:23.500$ So I think obviously that's an

NOTE Confidence: 0.566959742857143

 $00{:}57{:}23.500 \dashrightarrow 00{:}57{:}25.761$ ongoing area of of evaluation and

NOTE Confidence: 0.566959742857143

 $00:57:25.761 \longrightarrow 00:57:27.216$ research with these novel agents.

NOTE Confidence: 0.566959742857143

 $00:57:27.220 \longrightarrow 00:57:29.116$ We are looking at them in

NOTE Confidence: 0.566959742857143

 $00:57:29.116 \longrightarrow 00:57:30.380$ earlier lines of therapy,

NOTE Confidence: 0.566959742857143

00:57:30.380 --> 00:57:31.820 you know in clinical trials,

NOTE Confidence: 0.566959742857143

 $00:57:31.820 \longrightarrow 00:57:34.040$ cartoon etcetera.

NOTE Confidence: 0.566959742857143

 $00:57:34.040 \longrightarrow 00:57:35.305$ I think that it depends

NOTE Confidence: 0.566959742857143

 $00:57:35.305 \longrightarrow 00:57:36.480$ on a couple of factors.

NOTE Confidence: 0.566959742857143

 $00{:}57{:}36.480 \dashrightarrow 00{:}57{:}37.920$ You know how did the patients

NOTE Confidence: 0.566959742857143

00:57:37.920 --> 00:57:38.880 respond to prior treatments,

NOTE Confidence: 0.566959742857143

 $00:57:38.880 \longrightarrow 00:57:42.276$ what prior treatments have they had.

NOTE Confidence: 0.566959742857143

 $00:57:42.280 \longrightarrow 00:57:43.480$ You know, high risk,

NOTE Confidence: 0.566959742857143

 $00:57:43.480 \longrightarrow 00:57:44.310$ standard risk,

NOTE Confidence: 0.80878907

 $00:57:45.400 \longrightarrow 00:57:46.560$ I think that the

00:57:46.570 --> 00:57:48.355 data is pretty encouraging and

NOTE Confidence: 0.731248512

 $00:57:48.355 \longrightarrow 00:57:50.140$ promising for biospecifics and cartes.

NOTE Confidence: 0.731248512

 $00:57:50.140 \longrightarrow 00:57:52.820$ So I think that. You know,

NOTE Confidence: 0.731248512

 $00:57:52.820 \longrightarrow 00:57:53.820$ if they're candidates for that,

NOTE Confidence: 0.731248512

 $00:57:53.820 \longrightarrow 00:57:56.760$ we should try to push for that.

NOTE Confidence: 0.731248512

00:57:56.760 --> 00:57:59.810 But a lot, a lot will be. Coming

NOTE Confidence: 0.798742452

 $00:57:59.820 \longrightarrow 00:58:00.480$ and we'll have a lot

NOTE Confidence: 0.917500438

00:58:00.490 --> 00:58:01.970 more information in the upcoming,

NOTE Confidence: 0.917500438

00:58:01.970 --> 00:58:03.820 you know, months and annual meetings.

NOTE Confidence: 0.701242738333333

00:58:05.560 --> 00:58:07.400 Thank you, Ellen, and no far Sabrina.

NOTE Confidence: 0.83174792125

 $00:58:09.440 \longrightarrow 00:58:11.699$ Yeah. So I think at the end of the

NOTE Confidence: 0.83174792125

 $00:58:11.699 \longrightarrow 00:58:14.152$ day the answer is we don't know as

NOTE Confidence: 0.83174792125

00:58:14.152 --> 00:58:16.264 you know they're they're all quite

NOTE Confidence: 0.83174792125

00:58:16.264 --> 00:58:18.986 effective and we don't really know which

NOTE Confidence: 0.83174792125

 $00:58:18.986 \longrightarrow 00:58:21.374$ subtypes of patients would do better.

NOTE Confidence: 0.83174792125

00:58:21.380 --> 00:58:23.907 But we do have some information that

 $00{:}58{:}23.907 \dashrightarrow 00{:}58{:}25.999$ patients who have gained 1Q have

NOTE Confidence: 0.83174792125

 $00{:}58{:}25.999 \dashrightarrow 00{:}58{:}28.197$ high expressions of the FC RH 5.

NOTE Confidence: 0.83174792125

00:58:28.200 --> 00:58:31.420 So perhaps you know being a little

NOTE Confidence: 0.83174792125

00:58:31.420 --> 00:58:34.120 bit more specific in terms of patient

NOTE Confidence: 0.83174792125

 $00:58:34.120 \longrightarrow 00:58:36.663$ selection to some of these again more

NOTE Confidence: 0.83174792125

 $00:58:36.663 \longrightarrow 00:58:39.455$ studies really need to be done in subgroup.

NOTE Confidence: 0.83174792125

 $00:58:39.460 \longrightarrow 00:58:39.961$ Populations.

NOTE Confidence: 0.83174792125

 $00{:}58{:}39.961 \dashrightarrow 00{:}58{:}43.468$ I think it is encouraging that the

NOTE Confidence: 0.83174792125

00:58:43.468 --> 00:58:46.813 infection risk is is lower with tell

NOTE Confidence: 0.83174792125

 $00:58:46.813 \longrightarrow 00:58:49.073$ kalamas supposed to Tequesta amab.

NOTE Confidence: 0.83174792125

00:58:49.080 --> 00:58:51.628 So for patients where you're more worried

NOTE Confidence: 0.83174792125

 $00:58:51.628 \longrightarrow 00:58:54.211$ about that maybe in a post transplant

NOTE Confidence: 0.83174792125

00:58:54.211 --> 00:58:56.353 setting where you know there's other

NOTE Confidence: 0.83174792125

 $00{:}58{:}56.360 \dashrightarrow 00{:}58{:}57.794$ additives infection complications.

NOTE Confidence: 0.83174792125

 $00:58:57.794 \longrightarrow 00:59:02.089$ So I think more to come we don't know.

00:59:04.910 --> 00:59:06.470 You know, I would completely,

NOTE Confidence: 0.79330085

00:59:06.470 --> 00:59:07.040 completely agree.

NOTE Confidence: 0.79330085

 $00{:}59{:}07.040 \dashrightarrow 00{:}59{:}09.035$ You know, I think there's a question

NOTE Confidence: 0.79330085

 $00:59:09.035 \longrightarrow 00:59:10.400$ of not only how to sequence

NOTE Confidence: 0.79330085

 $00:59:10.400 \longrightarrow 00:59:11.980$ our car T and by specifics,

NOTE Confidence: 0.79330085

 $00:59:11.980 \longrightarrow 00:59:13.695$ but now sequence in terms of targets.

NOTE Confidence: 0.79330085

00:59:13.700 --> 00:59:15.542 So, you know, I agree with

NOTE Confidence: 0.79330085

 $00:59:15.542 \longrightarrow 00:59:17.250$ Doctor Barr that I think.

NOTE Confidence: 0.79330085

 $00{:}59{:}17.250 \dashrightarrow 00{:}59{:}18.996$ You know thinking about choosing a

NOTE Confidence: 0.79330085

00:59:18.996 --> 00:59:21.053 carte or by specific I think depends

NOTE Confidence: 0.79330085

 $00:59:21.053 \longrightarrow 00:59:23.013$ a little bit on the patient's disease

NOTE Confidence: 0.79330085

 $00:59:23.069 \longrightarrow 00:59:25.211$ at that time and the time that it may

NOTE Confidence: 0.79330085

 $00:59:25.211 \longrightarrow 00:59:28.208$ require for them to get the treatment.

NOTE Confidence: 0.79330085

 $00{:}59{:}28.210 \dashrightarrow 00{:}59{:}29.842$ I think you know it's exciting

NOTE Confidence: 0.79330085

 $00:59:29.842 \longrightarrow 00:59:31.580$ now to have different targets that

NOTE Confidence: 0.79330085

 $00:59:31.580 \longrightarrow 00:59:33.350$ do have a unique safety profile.

 $00:59:33.350 \longrightarrow 00:59:35.150$ You know and I think a lot of these

NOTE Confidence: 0.79330085

 $00{:}59{:}35.150 {\:{\circ}{\circ}{\circ}}>00{:}59{:}36.814$ newer targets are showing response in

NOTE Confidence: 0.79330085

 $00:59:36.814 \longrightarrow 00:59:39.010$ patients who had prior BCM a cell therapy.

NOTE Confidence: 0.79330085

00:59:39.010 --> 00:59:40.864 So you know I think we have the most

NOTE Confidence: 0.79330085

 $00{:}59{:}40.864 \dashrightarrow 00{:}59{:}42.726$ data obviously from our CMA products,

NOTE Confidence: 0.79330085

 $00:59:42.730 \longrightarrow 00:59:44.881$ but I think there are going to be patient

NOTE Confidence: 0.79330085

 $00:59:44.881 \longrightarrow 00:59:46.233$ populations where these new targets I

NOTE Confidence: 0.79330085

 $00:59:46.233 \longrightarrow 00:59:48.338$ think are going to be important and perhaps.

NOTE Confidence: 0.79330085

00:59:48.340 --> 00:59:48.770 You know,

NOTE Confidence: 0.79330085

 $00{:}59{:}48.770 \dashrightarrow 00{:}59{:}50.580$ our first choice moving forward.

NOTE Confidence: 0.79330085

 $00:59:50.580 \longrightarrow 00:59:51.520$ Wonderful. NOTE Confidence: 0.83047189545454545

 $00:59:51.530 \longrightarrow 00:59:52.493$ Thank you all.

NOTE Confidence: 0.830471895454545

00:59:52.493 --> 00:59:54.419 Will you have another question from

NOTE Confidence: 0.830471895454545

 $00:59:54.419 \longrightarrow 00:59:56.248$ the audience with the results of

NOTE Confidence: 0.830471895454545

00:59:56.250 --> 00:59:59.029 the I FM 2009 and determination,

 $00:59:59.029 \longrightarrow 01:00:02.382$ how do you see MRD driving transplant

NOTE Confidence: 0.830471895454545

 $01:00:02.382 \longrightarrow 01:00:05.137$ and sequencing of the rapies in general?

NOTE Confidence: 0.830471895454545

01:00:05.140 --> 01:00:06.508 So I don't know if Natalia

NOTE Confidence: 0.830471895454545

 $01:00:06.508 \longrightarrow 01:00:08.050$ or Nofar you have a response?

NOTE Confidence: 0.925201375

 $01:00:09.340 \longrightarrow 01:00:11.920$ Yeah, I can talk about this.

NOTE Confidence: 0.925201375

 $01:00:11.920 \longrightarrow 01:00:15.456$ So I think MRD is going to be

NOTE Confidence: 0.925201375

01:00:15.456 --> 01:00:18.400 driving how we treat patients.

NOTE Confidence: 0.925201375

 $01:00:18.400 \longrightarrow 01:00:20.311$ I think what we see is in

NOTE Confidence: 0.925201375

01:00:20.311 --> 01:00:21.760 both of those studies,

NOTE Confidence: 0.925201375

01:00:21.760 --> 01:00:23.745 patients who are MRD negative

NOTE Confidence: 0.925201375

 $01{:}00{:}23.745 --> 01{:}00{:}28.360$ just do better in the IM 2009.

NOTE Confidence: 0.925201375

 $01:00:28.360 \longrightarrow 01:00:31.139$ 30% of patients who had VRD in

NOTE Confidence: 0.925201375

01:00:31.139 --> 01:00:33.828 transplant and one year only one

NOTE Confidence: 0.925201375

01:00:33.828 --> 01:00:35.708 year maintenance still remain

NOTE Confidence: 0.925201375

01:00:35.708 --> 01:00:38.510 in remission 8 years after. So.

NOTE Confidence: 0.925201375

 $01:00:38.510 \longrightarrow 01:00:40.490$ So clearly we are over treating

 $01:00:40.490 \longrightarrow 01:00:42.747$ some patients and we need to figure

NOTE Confidence: 0.925201375

 $01:00:42.747 \longrightarrow 01:00:44.972$ out who those patients are and I

NOTE Confidence: 0.925201375

01:00:44.972 --> 01:00:46.911 think even with transplant, right.

NOTE Confidence: 0.925201375

01:00:46.911 --> 01:00:49.857 So if we achieve MRD negativity

NOTE Confidence: 0.925201375

01:00:49.857 --> 01:00:50.839 with quadruplets,

NOTE Confidence: 0.925201375

 $01:00:50.840 \longrightarrow 01:00:52.796$ I think we need to assess

NOTE Confidence: 0.925201375

 $01:00:52.796 \longrightarrow 01:00:53.774$ this transplant better.

NOTE Confidence: 0.925201375

 $01:00:53.780 \longrightarrow 01:00:55.580$ What is the marginal benefit of

NOTE Confidence: 0.925201375

 $01:00:55.580 \longrightarrow 01:00:56.480$ transferring those patients?

NOTE Confidence: 0.925201375

 $01:00:56.480 \longrightarrow 01:00:57.764$ These studies are underway.

NOTE Confidence: 0.925201375

 $01:00:57.764 \longrightarrow 01:00:59.048$ We will find out,

NOTE Confidence: 0.925201375

 $01:00:59.050 \longrightarrow 01:01:01.048$ but it will take many years.

NOTE Confidence: 0.925201375

01:01:01.050 --> 01:01:03.731 Right now I, you know I do discuss costs,

NOTE Confidence: 0.925201375

 $01:01:03.731 \longrightarrow 01:01:05.777$ you know risk benefit with patients

NOTE Confidence: 0.925201375

 $01:01:05.777 \longrightarrow 01:01:07.740$ when I talk about transplant

 $01:01:07.740 \longrightarrow 01:01:09.920$ especially in standard risk MRD

NOTE Confidence: 0.925201375

01:01:09.920 --> 01:01:12.234 negative patients as patients who

NOTE Confidence: 0.925201375

01:01:12.234 --> 01:01:14.114 are considered that presumably

NOTE Confidence: 0.925201375

01:01:14.114 --> 01:01:15.524 transplant and relying.

NOTE Confidence: 0.910012605

 $01:01:18.690 \longrightarrow 01:01:20.194$ And I'm sorry, I had difficulties

NOTE Confidence: 0.910012605

 $01:01:20.194 \longrightarrow 01:01:21.998$ with odd earlier, but I

NOTE Confidence: 0.842675274285714

 $01{:}01{:}22.050 \dashrightarrow 01{:}01{:}24.185$ I do agree with what's been said.

NOTE Confidence: 0.842675274285714

 $01:01:24.190 \longrightarrow 01:01:26.958$ MRD does have a value and its primary

NOTE Confidence: 0.842675274285714

 $01{:}01{:}26.958 {\:{\mbox{--}}}{\:{\mbox{0}}}1{:}01{:}28.950$ significances in predicting progression

NOTE Confidence: 0.842675274285714

 $01:01:28.950 \longrightarrow 01:01:30.690$ free survival and overall survival.

NOTE Confidence: 0.842675274285714

 $01{:}01{:}30.690 \dashrightarrow 01{:}01{:}32.170$ So we do use it in practice

NOTE Confidence: 0.842675274285714

 $01:01:32.170 \longrightarrow 01:01:34.240$ as a prognostic tool and with

NOTE Confidence: 0.86610916

01:01:34.250 --> 01:01:36.860 enough data with more mature data, we,

NOTE Confidence: 0.86610916

01:01:36.860 --> 01:01:40.100 we, we, we will most likely in the

NOTE Confidence: 0.86610916

 $01:01:40.100 \longrightarrow 01:01:42.700$ future use the data to discontinue

NOTE Confidence: 0.874376228333333

01:01:42.710 --> 01:01:44.858 certain patients with low risk cytogenetics

 $01:01:44.870 \longrightarrow 01:01:48.278$ and durable sustained MRD negative state.

NOTE Confidence: 0.831060438461539

 $01:01:49.570 \longrightarrow 01:01:50.971$ Hey, wonderful. Well,

NOTE Confidence: 0.831060438461539

 $01:01:50.971 \longrightarrow 01:01:55.610$ we are after time as it is one of three.

NOTE Confidence: 0.831060438461539

01:01:55.610 --> 01:01:59.048 So I will like to thank all of our

NOTE Confidence: 0.831060438461539

01:01:59.048 --> 01:02:01.184 panelists for their presentations and input

NOTE Confidence: 0.831060438461539

 $01:02:01.184 \longrightarrow 01:02:04.030$ today and thank you all for joining us.

NOTE Confidence: 0.831060438461539

01:02:04.030 --> 01:02:06.430 Please tune in next Friday

NOTE Confidence: 0.831060438461539

 $01:02:06.430 \longrightarrow 01:02:09.088$ for the next in the series.

NOTE Confidence: 0.831060438461539

 $01:02:09.090 \longrightarrow 01:02:10.400$ Have a good afternoon everyone.

NOTE Confidence: 0.831060438461539

 $01:02:10.670 \longrightarrow 01:02:13.170$ Thank you. 581.