WEBVTT

NOTE duration:"01:04:23" NOTE recognizability:0.794

NOTE language:en-us

NOTE Confidence: 0.63331044

00:00:00.000 --> 00:00:03.396 Will. Occupy some time,

NOTE Confidence: 0.63331044

 $00:00:03.396 \longrightarrow 00:00:05.630$ which we don't have a lot of today.

NOTE Confidence: 0.63331044

 $00{:}00{:}05.630 \dashrightarrow 00{:}00{:}08.426$ Uh, my name is Nicolai Podolski.

NOTE Confidence: 0.63331044

00:00:08.430 --> 00:00:09.754 If I'm associate Professor,

NOTE Confidence: 0.63331044

00:00:09.754 --> 00:00:11.750 Department of Medicine, Hematology section,

NOTE Confidence: 0.63331044

 $00{:}00{:}11.750 \dashrightarrow 00{:}00{:}14.750$ and I'm joined by Doctor Amir

NOTE Confidence: 0.63331044

00:00:14.750 --> 00:00:17.709 Zadan and Doctor Lourdes Mendez.

NOTE Confidence: 0.63331044

 $00:00:17.710 \longrightarrow 00:00:19.796$ Today we will be talking about myeloid

NOTE Confidence: 0.63331044

 $00{:}00{:}19.796 \dashrightarrow 00{:}00{:}21.230$ malignancies and acute leukemias.

NOTE Confidence: 0.63331044

 $00{:}00{:}21.230 \dashrightarrow 00{:}00{:}24.701$ I will start by talking about ash

NOTE Confidence: 0.63331044

 $00:00:24.701 \longrightarrow 00:00:27.407$ presentations I have selected on the

NOTE Confidence: 0.63331044

 $00:00:27.407 \longrightarrow 00:00:29.490$ topic of myeloproliferative neoplasms.

NOTE Confidence: 0.63331044

00:00:29.490 --> 00:00:33.008 Amar will continue and we'll discuss. Mrs.

00:00:33.008 --> 00:00:35.336 Abstracts and finally Lordis will finish,

NOTE Confidence: 0.63331044

 $00:00:35.340 \longrightarrow 00:00:38.160$ uh this session, uh,

NOTE Confidence: 0.63331044

 $00:00:38.160 \longrightarrow 00:00:41.262$ by discussion of studies which

NOTE Confidence: 0.63331044

00:00:41.262 --> 00:00:44.208 were presented on the subject of

NOTE Confidence: 0.63331044

00:00:44.208 --> 00:00:46.669 acute myeloid leukemia and all.

NOTE Confidence: 0.63331044

 $00:00:46.670 \longrightarrow 00:00:48.414$ So without further ado,

NOTE Confidence: 0.63331044

 $00:00:48.414 \longrightarrow 00:00:51.030$ I will proceed with my presentations.

NOTE Confidence: 0.63331044

 $00:00:51.030 \longrightarrow 00:00:52.822$ Those who are joining late will be

NOTE Confidence: 0.63331044

 $00:00:52.822 \longrightarrow 00:00:54.865$ able to get benefit anyway because

NOTE Confidence: 0.63331044

 $00{:}00{:}54.865 {\:\dashrightarrow\:} 00{:}00{:}56.489$ this presentation is structured

NOTE Confidence: 0.63331044

 $00{:}00{:}56.489 \dashrightarrow 00{:}00{:}58.489$ and includes quite a few things.

NOTE Confidence: 0.63331044

 $00:00:58.490 \longrightarrow 00:01:00.110$ So hold on one second,

NOTE Confidence: 0.63331044

 $00:01:00.110 \longrightarrow 00:01:02.476$ let me just see here we go

NOTE Confidence: 0.63331044

 $00:01:02.476 \longrightarrow 00:01:04.650$ this off my disclosures.

NOTE Confidence: 0.63331044

00:01:04.650 --> 00:01:07.650 Uh, so I'm going to talk about UH-4,

NOTE Confidence: 0.63331044 00:01:07.650 --> 00:01:08.059 uh,

 $00{:}01{:}08.059 \dashrightarrow 00{:}01{:}09.695$ different presentations on the

NOTE Confidence: 0.63331044

 $00:01:09.695 \longrightarrow 00:01:12.153$ subject of myelofibrosis and then uh

NOTE Confidence: 0.63331044

 $00:01:12.153 \longrightarrow 00:01:14.217$ I will finish with polycythemia Vera.

NOTE Confidence: 0.63331044

 $00:01:14.220 \longrightarrow 00:01:15.870$ It is interesting how many drugs

NOTE Confidence: 0.63331044

 $00{:}01{:}15.870 \dashrightarrow 00{:}01{:}18.178$ are being developed in the area of

NOTE Confidence: 0.63331044

 $00:01:18.178 \longrightarrow 00:01:19.718$ myelofibrosis taking into consideration

NOTE Confidence: 0.63331044

00:01:19.718 --> 00:01:21.442 relatively low prevalence of the

NOTE Confidence: 0.63331044

 $00:01:21.442 \longrightarrow 00:01:22.727$ disease in the United States.

NOTE Confidence: 0.63331044

 $00:01:22.730 \longrightarrow 00:01:23.654$ At any given time,

NOTE Confidence: 0.63331044

 $00:01:23.654 \longrightarrow 00:01:25.000$ we have about 13,000 patients.

NOTE Confidence: 0.63331044

00:01:25.000 --> 00:01:25.650 Of course,

NOTE Confidence: 0.63331044

 $00{:}01{:}25.650 \dashrightarrow 00{:}01{:}27.600$ PVR is much more prevalent because

NOTE Confidence: 0.63331044

 $00{:}01{:}27.659 \dashrightarrow 00{:}01{:}29.549$ these patients survive a bit longer,

NOTE Confidence: 0.63331044

 $00:01:29.550 \longrightarrow 00:01:31.866$ so maybe 10 times more so,

NOTE Confidence: 0.63331044

00:01:31.870 --> 00:01:33.335 but of course development of

 $00:01:33.335 \longrightarrow 00:01:34.800$ this new drugs are benefiting.

NOTE Confidence: 0.63331044

 $00{:}01{:}34.800 \dashrightarrow 00{:}01{:}36.624$ For patients and today I will

NOTE Confidence: 0.63331044

 $00:01:36.624 \longrightarrow 00:01:37.840$ be talking about four,

NOTE Confidence: 0.63331044

 $00:01:37.840 \longrightarrow 00:01:39.424$ four different medications and

NOTE Confidence: 0.63331044

 $00:01:39.424 \longrightarrow 00:01:41.008$ different stages of development.

NOTE Confidence: 0.63331044

 $00{:}01{:}41.010 \dashrightarrow 00{:}01{:}43.096$ And I just wanna say that none

NOTE Confidence: 0.63331044

 $00:01:43.096 \longrightarrow 00:01:45.704$ of them are approved by FDA in

NOTE Confidence: 0.63331044

 $00:01:45.704 \longrightarrow 00:01:47.340$ myelofibrosis at this time.

NOTE Confidence: 0.63331044

 $00:01:47.340 \longrightarrow 00:01:49.300$ And you know some of them are in

NOTE Confidence: 0.63331044

 $00:01:49.300 \longrightarrow 00:01:50.847$ the pipeline closer to be approved

NOTE Confidence: 0.63331044

 $00{:}01{:}50.847 \dashrightarrow 00{:}01{:}52.800$ to others is just at the beginning

NOTE Confidence: 0.63331044

 $00:01:52.800 \longrightarrow 00:01:54.368$ and phase one development.

NOTE Confidence: 0.63331044

 $00:01:54.370 \longrightarrow 00:01:58.248$ So this is the table which summarizes

NOTE Confidence: 0.63331044

 $00{:}01{:}58.248 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}02{:}00.913$ currently approved drugs which are

NOTE Confidence: 0.63331044

 $00:02:00.913 \longrightarrow 00:02:04.920$ Jack inhibitors as well as the drug which is.

NOTE Confidence: 0.63331044

 $00:02:04.920 \longrightarrow 00:02:07.080$ Uh in the pipeline for approval,

 $00{:}02{:}07.080 \to 00{:}02{:}09.462$ new drug application was submitted by

NOTE Confidence: 0.63331044

 $00:02:09.462 \longrightarrow 00:02:12.100$ the company developing this drug to the FDA.

NOTE Confidence: 0.63331044

00:02:12.100 --> 00:02:12.961 This is monoethnic,

NOTE Confidence: 0.63331044

 $00:02:12.961 \longrightarrow 00:02:14.970$ the last and the table and the

NOTE Confidence: 0.63331044

 $00:02:15.034 \longrightarrow 00:02:16.894$ review is expected to end sometime

NOTE Confidence: 0.63331044

 $00:02:16.894 \longrightarrow 00:02:18.600$ at the beginning of summer.

NOTE Confidence: 0.63331044

00:02:18.600 --> 00:02:20.476 So very soon we'll know if this

NOTE Confidence: 0.63331044

 $00{:}02{:}20.476 \dashrightarrow 00{:}02{:}22.341$ drug is going to be approved and

NOTE Confidence: 0.63331044

 $00:02:22.341 \longrightarrow 00:02:24.202$ it is expected to be so this

NOTE Confidence: 0.63331044

 $00:02:24.202 \longrightarrow 00:02:25.586$ drugs called Jack inhibitors,

NOTE Confidence: 0.63331044

00:02:25.586 --> 00:02:27.396 but they actually have slightly

NOTE Confidence: 0.63331044

 $00:02:27.396 \longrightarrow 00:02:29.274$ different mechanism of action and that's

NOTE Confidence: 0.63331044

 $00{:}02{:}29.274 \dashrightarrow 00{:}02{:}30.924$ why they may have slightly different

NOTE Confidence: 0.63331044

 $00:02:30.978 \longrightarrow 00:02:32.598$ effectiveness as well as different

NOTE Confidence: 0.63331044

 $00:02:32.598 \longrightarrow 00:02:34.250$ side effects was approved in 2011.

 $00:02:34.250 \longrightarrow 00:02:36.573$ More than 10 years ago and it is Jack

NOTE Confidence: 0.63331044

 $00{:}02{:}36.573 \dashrightarrow 00{:}02{:}38.358$ one Jack 2 inhibitor used in frontline

NOTE Confidence: 0.63331044

 $00:02:38.419 \longrightarrow 00:02:40.324$ treatment for high risk patients

NOTE Confidence: 0.63331044

 $00:02:40.324 \longrightarrow 00:02:41.467$ with myelofibrosis intermediate

NOTE Confidence: 0.63331044

 $00:02:41.467 \longrightarrow 00:02:43.746$ and high risk patients with main

NOTE Confidence: 0.63331044

 $00:02:43.746 \longrightarrow 00:02:45.641$ side effects related to cytopenias

NOTE Confidence: 0.63331044

 $00:02:45.641 \longrightarrow 00:02:47.828$ to drive them followed in 2019,

NOTE Confidence: 0.63331044

 $00:02:47.830 \longrightarrow 00:02:48.592$ eight years later.

NOTE Confidence: 0.63331044

 $00{:}02{:}48.592 \dashrightarrow 00{:}02{:}50.656$ And this is the drug which can be

NOTE Confidence: 0.63331044

 $00:02:50.656 \longrightarrow 00:02:52.287$ used in frontline but most of us

NOTE Confidence: 0.63331044

00:02:52.287 --> 00:02:54.176 are using it in second line and it

NOTE Confidence: 0.63331044

00:02:54.176 --> 00:02:56.538 inhibits Jack 2 but also Jack one and

NOTE Confidence: 0.63331044

 $00:02:56.538 \longrightarrow 00:02:58.348$ some other tising kinase including

NOTE Confidence: 0.63331044

 $00:02:58.348 \longrightarrow 00:03:00.466$ fleet 3 enhanced GI side effects.

NOTE Confidence: 0.727097525

 $00:03:00.470 \longrightarrow 00:03:02.442$ Pacritinib approval was in

NOTE Confidence: 0.727097525

 $00:03:02.442 \longrightarrow 00:03:04.850$ February of 2022 for patients with.

 $00:03:04.850 \longrightarrow 00:03:06.625$ Myelofibrosis who have low platelet

NOTE Confidence: 0.727097525

 $00{:}03{:}06.625 \dashrightarrow 00{:}03{:}08.768$ count less than 50 button second line

NOTE Confidence: 0.727097525

 $00:03:08.768 \longrightarrow 00:03:11.123$ NCC and recommends to use it uh for

NOTE Confidence: 0.727097525

 $00:03:11.123 \longrightarrow 00:03:12.548$ patients with any platelet count.

NOTE Confidence: 0.727097525

 $00{:}03{:}12.550 \dashrightarrow 00{:}03{:}14.888$ Again GI side effects can be seen

NOTE Confidence: 0.727097525

 $00:03:14.888 \longrightarrow 00:03:16.620$ in patients using this drug.

NOTE Confidence: 0.727097525

 $00:03:16.620 \longrightarrow 00:03:19.190$ Finally momelotinib.

NOTE Confidence: 0.727097525

 $00:03:19.190 \longrightarrow 00:03:21.350$ Claims fame in the area of anemia which

NOTE Confidence: 0.727097525

 $00:03:21.350 \longrightarrow 00:03:23.409$ is one of the common manifestations

NOTE Confidence: 0.727097525

 $00{:}03{:}23.409 \dashrightarrow 00{:}03{:}25.593$ of myelofibrosis and mostly it is

NOTE Confidence: 0.727097525

 $00:03:25.658 \longrightarrow 00:03:28.232$ expected to be beneficial for patients

NOTE Confidence: 0.727097525

 $00:03:28.232 \longrightarrow 00:03:29.948$ with myelofibrosis lavania because

NOTE Confidence: 0.727097525

00:03:29.950 --> 00:03:31.665 of its inhibition not only of Jack,

NOTE Confidence: 0.727097525

00:03:31.670 --> 00:03:33.704 not only Jack 2, Jack one, but acvr.

NOTE Confidence: 0.727097525

 $00:03:33.704 \longrightarrow 00:03:35.606$ In fact, inhibition of Jack two

 $00:03:35.606 \longrightarrow 00:03:38.032$ leads to anemia and acvr inhibition

NOTE Confidence: 0.727097525

 $00:03:38.032 \longrightarrow 00:03:40.182$ actually is beneficial for anemia.

NOTE Confidence: 0.727097525

 $00:03:40.190 \longrightarrow 00:03:42.948$ So this is the study momentum phase

NOTE Confidence: 0.727097525

 $00:03:42.948 \longrightarrow 00:03:46.079$ three study of MOMELOTINIB versus danazol

NOTE Confidence: 0.727097525

 $00:03:46.079 \longrightarrow 00:03:49.184$ in symptomatic patients with anemia.

NOTE Confidence: 0.727097525

 $00:03:49.190 \longrightarrow 00:03:51.848$ Who have un intermediate or high

NOTE Confidence: 0.727097525

 $00:03:51.848 \longrightarrow 00:03:53.620$ risk myelofibrosis and previously

NOTE Confidence: 0.727097525

 $00:03:53.697 \longrightarrow 00:03:55.577$ treated with Jack inhibitor.

NOTE Confidence: 0.727097525

 $00:03:55.580 \longrightarrow 00:03:58.149$ So these are the patients mostly treated

NOTE Confidence: 0.727097525

00:03:58.149 --> 00:04:00.400 with ruxolitinib who then either were

NOTE Confidence: 0.727097525

 $00{:}04{:}00.400 \dashrightarrow 00{:}04{:}02.564$ resistant or refractory to this drug

NOTE Confidence: 0.727097525

 $00:04:02.564 \longrightarrow 00:04:04.688$ and proceeded with the second line

NOTE Confidence: 0.727097525

 $00:04:04.688 \longrightarrow 00:04:06.186$ treatment which included monoethnic

NOTE Confidence: 0.727097525

00:04:06.186 --> 00:04:08.418 or danazol in this randomized study.

NOTE Confidence: 0.727097525

00:04:08.420 --> 00:04:11.178 So as I've mentioned inhibits Jack one,

NOTE Confidence: 0.727097525

 $00{:}04{:}11.180 \dashrightarrow 00{:}04{:}13.352$ Jack two similar to ruxolitinib but

 $00:04:13.352 \longrightarrow 00:04:16.849$ also a CD R1 which is active in a

NOTE Confidence: 0.727097525

 $00{:}04{:}16.849 \to 00{:}04{:}19.419$ receptor type one and signaling in ACR.

NOTE Confidence: 0.727097525

 $00:04:19.420 \longrightarrow 00:04:22.060$ One leads to increased production of

NOTE Confidence: 0.727097525

 $00:04:22.060 \longrightarrow 00:04:24.661$ hepcidin which limits access to iron

NOTE Confidence: 0.727097525

 $00:04:24.661 \longrightarrow 00:04:27.349$ for hematopoiesis and inhibition of C acvr.

NOTE Confidence: 0.727097525

00:04:27.350 --> 00:04:29.670 One actually decreases hepcidin and

NOTE Confidence: 0.727097525

 $00:04:29.670 \longrightarrow 00:04:32.470$ improves production of red blood cells.

NOTE Confidence: 0.727097525

 $00:04:32.470 \longrightarrow 00:04:34.666$ As the result it is expected

NOTE Confidence: 0.727097525

 $00:04:34.666 \longrightarrow 00:04:36.130$ that anemia can improve.

NOTE Confidence: 0.727097525

 $00{:}04{:}36.130 \dashrightarrow 00{:}04{:}38.531$ So the phase three trial looked at

NOTE Confidence: 0.727097525

00:04:38.531 --> 00:04:40.396 patients who are Jack experienced

NOTE Confidence: 0.727097525

 $00{:}04{:}40.396 \dashrightarrow 00{:}04{:}42.694$ and those who are symptomatic as

NOTE Confidence: 0.727097525

 $00{:}04{:}42.694 \dashrightarrow 00{:}04{:}44.987$ well as an intermediate to high

NOTE Confidence: 0.727097525

 $00{:}04{:}44.987 \dashrightarrow 00{:}04{:}47.518$ risk disease based on dips and have

NOTE Confidence: 0.727097525

 $00:04:47.518 \longrightarrow 00:04:48.910$ hemoglobin less than 10.

 $00:04:48.910 \longrightarrow 00:04:49.620$ So with all of this.

NOTE Confidence: 0.727097525

 $00{:}04{:}49.620 \dashrightarrow 00{:}04{:}51.666$ Actions a nemic to certain degree and

NOTE Confidence: 0.727097525

 $00:04:51.666 \longrightarrow 00:04:54.347$ platelet count should be more than 25,000.

NOTE Confidence: 0.727097525

 $00:04:54.347 \longrightarrow 00:04:59.646$ So the study randomized patients into to

NOTE Confidence: 0.727097525

 $00:04:59.646 \longrightarrow 00:05:03.134$ one fashion and the first group received

NOTE Confidence: 0.727097525

00:05:03.134 --> 00:05:04.964 more melatonin but 200 milligrams

NOTE Confidence: 0.727097525

 $00:05:04.964 \dashrightarrow 00:05:07.589$ per day versus danazol placebo the.

NOTE Confidence: 0.727097525

00:05:07.589 --> 00:05:10.254 The group with Danazol received

NOTE Confidence: 0.727097525

00:05:10.254 --> 00:05:12.501 danazol 300 milligrams twice

NOTE Confidence: 0.727097525

 $00:05:12.501 \longrightarrow 00:05:15.236$ a day and monolithic placebo.

NOTE Confidence: 0.727097525

00:05:15.240 --> 00:05:18.649 So the key primary endpoint was told

NOTE Confidence: 0.727097525

00:05:18.649 --> 00:05:21.090 symptoms score response at Week 24,

NOTE Confidence: 0.727097525

 $00:05:21.090 \longrightarrow 00:05:22.647$ secondary endpoints transfusion

NOTE Confidence: 0.727097525

 $00{:}05{:}22.647 \dashrightarrow 00{:}05{:}25.242$ independence at Week 24 and

NOTE Confidence: 0.727097525

 $00:05:25.242 \longrightarrow 00:05:27.448$ splenic response rate at week 24.

NOTE Confidence: 0.727097525

 $00:05:27.450 \longrightarrow 00:05:29.898$ This is the results which were

 $00:05:29.898 \longrightarrow 00:05:30.844$ presented AT-2022.

NOTE Confidence: 0.727097525

 $00:05:30.844 \longrightarrow 00:05:35.650$ So this the top line results at week 24.

NOTE Confidence: 0.727097525

 $00:05:35.650 \longrightarrow 00:05:38.150$ Also the results were published

NOTE Confidence: 0.727097525

 $00:05:38.150 \longrightarrow 00:05:39.650$ in Lancet climatology.

NOTE Confidence: 0.727097525

 $00:05:39.650 \longrightarrow 00:05:43.136$ This month, uh, so uh, as you can see,

NOTE Confidence: 0.727097525

00:05:43.136 --> 00:05:44.936 uh, I didn't start from primary endpoint,

NOTE Confidence: 0.727097525

 $00:05:44.940 \longrightarrow 00:05:46.430$ I started from transfusion independence

NOTE Confidence: 0.727097525

 $00:05:46.430 \longrightarrow 00:05:48.837$ here where you can see in the Red Square,

NOTE Confidence: 0.727097525

 $00{:}05{:}48.840 \dashrightarrow 00{:}05{:}51.366$ the response rate for momelotinib group

NOTE Confidence: 0.727097525

 $00:05:51.366 \longrightarrow 00:05:54.119$ was higher than for danazol group,

NOTE Confidence: 0.727097525

 $00:05:54.120 \longrightarrow 00:05:56.556 30\%$ versus 20% of patients were

NOTE Confidence: 0.727097525

 $00:05:56.556 \longrightarrow 00:05:58.504$ transfusion independent at Week 24,

NOTE Confidence: 0.727097525

 $00:05:58.504 \longrightarrow 00:06:00.448$ it is actually impressive how well

NOTE Confidence: 0.727097525

 $00:06:00.448 \longrightarrow 00:06:01.390$ danazol did, 20%.

NOTE Confidence: 0.727097525

 $00:06:01.390 \longrightarrow 00:06:03.420$ So this drug certainly has role in

00:06:03.420 --> 00:06:04.834 management of anemia, myelofibrosis,

NOTE Confidence: 0.727097525

 $00:06:04.834 \longrightarrow 00:06:07.198$ but obviously one Molotov was better.

NOTE Confidence: 0.727097525

00:06:07.200 --> 00:06:09.314 So the other result, the primary endpoint,

NOTE Confidence: 0.727097525

 $00:06:09.320 \longrightarrow 00:06:10.356$ the symptoms.

NOTE Confidence: 0.727097525

 $00:06:10.356 \longrightarrow 00:06:13.726$ There are controlled in 25% of

NOTE Confidence: 0.727097525

00:06:13.726 --> 00:06:17.394 patients and splenic reduction by 35%

NOTE Confidence: 0.727097525

 $00:06:17.394 \longrightarrow 00:06:19.744$ was accomplished in 23% of patients.

NOTE Confidence: 0.727097525

 $00{:}06{:}19.744 \dashrightarrow 00{:}06{:}21.379$ Certainly you wouldn't expect much

NOTE Confidence: 0.727097525

00:06:21.379 --> 00:06:22.360 of that happening

NOTE Confidence: 0.783701811538462

 $00:06:22.414 \longrightarrow 00:06:24.518$ in Danazol arm. So when the Lightning

NOTE Confidence: 0.783701811538462

 $00{:}06{:}24.518 \dashrightarrow 00{:}06{:}26.203$ did reasonably well from the

NOTE Confidence: 0.783701811538462

 $00{:}06{:}26.203 \to 00{:}06{:}28.243$ standpoint of symptoms and spleen size

NOTE Confidence: 0.783701811538462

 $00:06:28.243 \longrightarrow 00:06:30.841$ reduction in this group of patients

NOTE Confidence: 0.783701811538462

 $00{:}06{:}30.841 \dashrightarrow 00{:}06{:}33.030$ previously treated with rux olitinib.

NOTE Confidence: 0.783701811538462

 $00:06:33.030 \longrightarrow 00:06:35.798$ So the data was then looked at in

NOTE Confidence: 0.783701811538462

 $00:06:35.798 \longrightarrow 00:06:37.535$ different subgroups based on platelet

 $00:06:37.535 \longrightarrow 00:06:40.410$ count and it looks like it works as well.

NOTE Confidence: 0.783701811538462

 $00{:}06{:}40.410 \dashrightarrow 00{:}06{:}41.930$ The patients got platelet count

NOTE Confidence: 0.783701811538462

 $00:06:41.930 \longrightarrow 00:06:43.450$ less than 50 uh hundred,

NOTE Confidence: 0.783701811538462

 $00:06:43.450 \longrightarrow 00:06:45.368$ less than 100 or less than 150

NOTE Confidence: 0.783701811538462

 $00:06:45.368 \longrightarrow 00:06:47.835$ with uh uh better results in

NOTE Confidence: 0.783701811538462

 $00{:}06{:}47.835 \dashrightarrow 00{:}06{:}49.407$ MOMELOTINIB treated patients.

NOTE Confidence: 0.783701811538462

00:06:49.410 --> 00:06:51.138 So side effects, uh,

NOTE Confidence: 0.783701811538462

 $00{:}06{:}51.138 \dashrightarrow 00{:}06{:}54.070$ there are not no surprises here uh.

NOTE Confidence: 0.783701811538462

 $00{:}06{:}54.070 \dashrightarrow 00{:}06{:}56.667$ So the Grade 3 or higher adverse

NOTE Confidence: 0.783701811538462

 $00:06:56.667 \longrightarrow 00:06:58.235$ events happened with similar

NOTE Confidence: 0.783701811538462

 $00:06:58.235 \longrightarrow 00:07:01.438$ similarly in 49 and 46% of patients in

NOTE Confidence: 0.783701811538462

00:07:01.438 --> 00:07:03.548 Momelotinib Group and Danazol group,

NOTE Confidence: 0.783701811538462

 $00{:}07{:}03.550 \dashrightarrow 00{:}07{:}05.180$ the rate of serious adverse

NOTE Confidence: 0.783701811538462

 $00:07:05.180 \longrightarrow 00:07:06.484$ events was very similar.

NOTE Confidence: 0.783701811538462

 $00:07:06.490 \longrightarrow 00:07:09.114$ So just want to highlight obviously you know

00:07:09.114 --> 00:07:11.148 cytopenia still a current myelofibrosis,

NOTE Confidence: 0.783701811538462

 $00{:}07{:}11.150 \dashrightarrow 00{:}07{:}13.418$ there are some GI side effects which

NOTE Confidence: 0.783701811538462

 $00:07:13.418 \longrightarrow 00:07:15.252$ happened similarly in both groups

NOTE Confidence: 0.783701811538462

 $00:07:15.252 \longrightarrow 00:07:17.262$ of patients and peripheral sensory

NOTE Confidence: 0.783701811538462

 $00:07:17.262 \longrightarrow 00:07:19.308$ neuropathy is highlighted at the bottom.

NOTE Confidence: 0.783701811538462

 $00:07:19.310 \longrightarrow 00:07:21.446$ Was there was a signal in early phase

NOTE Confidence: 0.783701811538462

00:07:21.446 --> 00:07:23.731 studies that that may be an issue in

NOTE Confidence: 0.783701811538462

 $00{:}07{:}23.731 \dashrightarrow 00{:}07{:}25.205$ more melodic treated patients but

NOTE Confidence: 0.783701811538462

00:07:25.205 --> 00:07:27.221 it didn't really seem to happen in

NOTE Confidence: 0.783701811538462

 $00:07:27.221 \longrightarrow 00:07:29.120$ this particular phase three trial?

NOTE Confidence: 0.783701811538462

 $00{:}07{:}29.120 --> 00{:}07{:}30.440$ Moving on uh,

NOTE Confidence: 0.783701811538462

 $00:07:30.440 \longrightarrow 00:07:32.708$ so from Jack inhibitors to the drugs

NOTE Confidence: 0.783701811538462

 $00:07:32.708 \longrightarrow 00:07:34.614$ which uh have different mechanisms

NOTE Confidence: 0.783701811538462

 $00:07:34.614 \longrightarrow 00:07:37.218$ of action and still used and

NOTE Confidence: 0.783701811538462

 $00:07:37.218 \longrightarrow 00:07:38.919$ myelofibrosis and this particular

NOTE Confidence: 0.783701811538462

 $00:07:38.919 \longrightarrow 00:07:41.593$ drug is called navitoclax and in this

 $00:07:41.593 \longrightarrow 00:07:44.263$ study it was used together works with

NOTE Confidence: 0.783701811538462

 $00:07:44.263 \longrightarrow 00:07:46.278$ Jack inhibitor naive patients now.

NOTE Confidence: 0.783701811538462

 $00:07:46.280 \longrightarrow 00:07:48.842$ So it's a frontline treatment for

NOTE Confidence: 0.783701811538462

 $00:07:48.842 \longrightarrow 00:07:51.044$ patients with myelofibrosis who have

NOTE Confidence: 0.783701811538462

 $00{:}07{:}51.044 \dashrightarrow 00{:}07{:}53.179$ intermediate to high risk disease.

NOTE Confidence: 0.783701811538462

 $00:07:53.180 \longrightarrow 00:07:56.295$ So and now the study highlights certain

NOTE Confidence: 0.783701811538462

 $00:07:56.295 \longrightarrow 00:07:59.328$ things which claim that the results are.

NOTE Confidence: 0.783701811538462

 $00{:}07{:}59.330 \dashrightarrow 00{:}08{:}00.942$ Suggestive of disease modification.

NOTE Confidence: 0.783701811538462

00:08:00.942 --> 00:08:02.554 Let's look at uh,

NOTE Confidence: 0.783701811538462

 $00:08:02.560 \longrightarrow 00:08:03.583$ the navitoclax itself.

NOTE Confidence: 0.783701811538462

 $00:08:03.583 \longrightarrow 00:08:06.429$ So what does this drug so and why

NOTE Confidence: 0.783701811538462

 $00:08:06.429 \longrightarrow 00:08:08.739$ would we combine it with ruxolitinib?

NOTE Confidence: 0.783701811538462

 $00{:}08{:}08.740 \dashrightarrow 00{:}08{:}10.980$ So rux lithium suppresses transcription

NOTE Confidence: 0.783701811538462

 $00{:}08{:}10.980 \dashrightarrow 00{:}08{:}13.760$ through Jack inhibition of jackstadt pathway.

NOTE Confidence: 0.783701811538462

00:08:13.760 --> 00:08:16.504 You can see how it can suppress

00:08:16.504 --> 00:08:18.192 transcription of pro survival

NOTE Confidence: 0.783701811538462

00:08:18.192 --> 00:08:20.778 proteins MCL one and BCL Excel.

NOTE Confidence: 0.783701811538462

 $00:08:20.780 \longrightarrow 00:08:23.786$ So Navitoclax it's direct inhibitor of

NOTE Confidence: 0.783701811538462

00:08:23.786 --> 00:08:26.642 antiapoptotic activity of BCL XLS well

NOTE Confidence: 0.783701811538462

 $00:08:26.642 \longrightarrow 00:08:29.337$ as BCL two and in preclinical studies.

NOTE Confidence: 0.783701811538462 00:08:29.340 --> 00:08:29.732 Yeah,

NOTE Confidence: 0.783701811538462

 $00:08:29.732 \longrightarrow 00:08:32.084$ they showed this to drug showed

NOTE Confidence: 0.783701811538462

00:08:32.084 --> 00:08:33.738 synergistic synergism in inducing

NOTE Confidence: 0.783701811538462

 $00:08:33.738 \longrightarrow 00:08:36.204$ apoptosis in malignant cells that led

NOTE Confidence: 0.783701811538462

 $00:08:36.204 \longrightarrow 00:08:38.770$ to the development of this combination.

NOTE Confidence: 0.783701811538462

00:08:38.770 --> 00:08:42.532 And at ASH 2022 Cohort 3 of refined study

NOTE Confidence: 0.783701811538462

00:08:42.532 --> 00:08:46.043 phase two trial enrolling Jack Jack

NOTE Confidence: 0.783701811538462

 $00:08:46.043 \longrightarrow 00:08:49.354$ inhibitor naive patients was presented.

NOTE Confidence: 0.783701811538462

 $00:08:49.354 \longrightarrow 00:08:54.718$ So key criteria key endpoint was splenic

NOTE Confidence: 0.783701811538462

00:08:54.718 --> 00:08:59.380 volume reduction by 35% at week 24 measured.

NOTE Confidence: 0.783701811538462

 $00:08:59.380 \longrightarrow 00:09:02.230$ Grammarian cat scan and key secondary

 $00:09:02.230 \longrightarrow 00:09:04.130$ exploratory endpoints were changing

NOTE Confidence: 0.783701811538462

00:09:04.203 --> 00:09:06.373 bone marrow fibrosis grade from

NOTE Confidence: 0.783701811538462

 $00:09:06.373 \longrightarrow 00:09:08.274$ baseline reviewed locally as well

NOTE Confidence: 0.783701811538462

 $00:09:08.274 \longrightarrow 00:09:10.104$ as reduction variant frequency for

NOTE Confidence: 0.783701811538462

 $00:09:10.104 \longrightarrow 00:09:12.248$ driver mutations determined centrally.

NOTE Confidence: 0.783701811538462

 $00:09:12.250 \longrightarrow 00:09:15.364$ So as we are 35 was achieved in 80%

NOTE Confidence: 0.783701811538462

 $00:09:15.370 \longrightarrow 00:09:17.926$ of patients which is pretty good.

NOTE Confidence: 0.783701811538462

 $00:09:17.930 \dashrightarrow 00:09:19.850$ So you can see that pretty much all

NOTE Confidence: 0.783701811538462

 $00:09:19.850 \longrightarrow 00:09:21.789$ of the patients had some splenic

NOTE Confidence: 0.783701811538462

 $00:09:21.789 \longrightarrow 00:09:23.883$ reduction and again among those who

NOTE Confidence: 0.783701811538462

 $00:09:23.945 \longrightarrow 00:09:26.270$ accomplish as CR35 response at 24

NOTE Confidence: 0.783701811538462

 $00:09:26.270 \longrightarrow 00:09:29.390$ weeks about third of patients had achieved.

NOTE Confidence: 0.783701811538462

 $00{:}09{:}29.390 \dashrightarrow 00{:}09{:}30.995$ Reduction in marrow fibrosis by

NOTE Confidence: 0.783701811538462

 $00:09:30.995 \longrightarrow 00:09:32.279$ at least one grade.

NOTE Confidence: 0.783701811538462

 $00:09:32.280 \longrightarrow 00:09:34.048$ So the secondary endpoint

 $00:09:34.048 \longrightarrow 00:09:35.816$ looked at fibrosis itself.

NOTE Confidence: 0.783701811538462

 $00:09:35.820 \longrightarrow 00:09:37.698$ The reduction by one grade was

NOTE Confidence: 0.783701811538462

00:09:37.698 --> 00:09:39.880 observed in nine out of 32 patients

NOTE Confidence: 0.803785128

 $00:09:39.880 \longrightarrow 00:09:41.610$ 28% and among nine patients,

NOTE Confidence: 0.803785128

 $00:09:41.610 \longrightarrow 00:09:44.196$ two had complete resolution of myelofibrosis.

NOTE Confidence: 0.803785128

 $00:09:44.200 \longrightarrow 00:09:47.161$ The mean time to resolution to reduction

NOTE Confidence: 0.803785128

00:09:47.161 --> 00:09:49.731 in bone marrow fibrosis was 12.3

NOTE Confidence: 0.803785128

00:09:49.731 --> 00:09:51.537 weeks and also there was reduction,

NOTE Confidence: 0.803785128

 $00{:}09{:}51.540 \dashrightarrow 00{:}09{:}53.850$ significant reduction of Jack 2V617-F

NOTE Confidence: 0.803785128

 $00:09:53.850 \longrightarrow 00:09:55.698$ mutation very until frequency.

NOTE Confidence: 0.803785128

 $00:09:55.700 \longrightarrow 00:09:59.861$ So 36% of patients had 50% reduction or more.

NOTE Confidence: 0.803785128

00:09:59.861 --> 00:10:02.063 So this findings uh in improvement

NOTE Confidence: 0.803785128

 $00{:}10{:}02.063 \dashrightarrow 00{:}10{:}04.798$ of fibrosis as well as reduction

NOTE Confidence: 0.803785128

00:10:04.798 --> 00:10:06.634 of varietal frequency objectives,

NOTE Confidence: 0.803785128

 $00:10:06.640 \longrightarrow 00:10:09.015$ 617 mutations suggests disease modification

NOTE Confidence: 0.803785128

 $00:10:09.015 \longrightarrow 00:10:12.270$ with use of this medication combination.

00:10:12.270 --> 00:10:15.392 So next drug which also was tried

NOTE Confidence: 0.803785128

00:10:15.392 --> 00:10:17.590 in treatment naive patients.

NOTE Confidence: 0.803785128

 $00:10:17.590 \longrightarrow 00:10:19.690$ So together with ruxolitinib

NOTE Confidence: 0.803785128

 $00:10:19.690 \longrightarrow 00:10:21.790$ is called Palabra Zeb.

NOTE Confidence: 0.803785128

00:10:21.790 --> 00:10:24.009 So this is again a phase two

NOTE Confidence: 0.803785128

 $00:10:24.009 \longrightarrow 00:10:26.843$ study and first of all couple of

NOTE Confidence: 0.803785128

00:10:26.843 --> 00:10:28.647 words about collaborative itself.

NOTE Confidence: 0.803785128

 $00:10:28.650 \longrightarrow 00:10:29.271$ So it's better.

NOTE Confidence: 0.803785128

 $00:10:29.271 \longrightarrow 00:10:30.720$ Keep it and that is a family

NOTE Confidence: 0.803785128

 $00{:}10{:}30.767 \dashrightarrow 00{:}10{:}32.332$ would be genetic proteins which

NOTE Confidence: 0.803785128

 $00{:}10{:}32.332 \dashrightarrow 00{:}10{:}33.584$ are overexpressed in cancer.

NOTE Confidence: 0.803785128

 $00{:}10{:}33.590 \dashrightarrow 00{:}10{:}35.535$ Collaborative is novel oral BET

NOTE Confidence: 0.803785128

 $00:10:35.535 \longrightarrow 00:10:37.944$ inhibitor which belongs to this class

NOTE Confidence: 0.803785128

 $00:10:37.944 \longrightarrow 00:10:40.326$ of drugs known as epigenetic modifiers.

NOTE Confidence: 0.803785128

 $00:10:40.330 \longrightarrow 00:10:41.995$ The lab razip selectively inhibits

 $00:10:41.995 \longrightarrow 00:10:44.246$ BD1 and D2 bromo domains of that

NOTE Confidence: 0.803785128

 $00{:}10{:}44.246 \dashrightarrow 00{:}10{:}46.101$ proteins and you can see on the

NOTE Confidence: 0.803785128

00:10:46.101 --> 00:10:48.476 cartoon on the right that it can work

NOTE Confidence: 0.803785128

 $00:10:48.476 \longrightarrow 00:10:49.892$ concordantly with Jack inhibitors.

NOTE Confidence: 0.803785128

 $00{:}10{:}49.892 \dashrightarrow 00{:}10{:}52.552$ So Jack inhibitors inhibitors jackstadt

NOTE Confidence: 0.803785128

 $00{:}10{:}52.552 \dashrightarrow 00{:}10{:}56.820$ pathway that proteins are important in.

NOTE Confidence: 0.803785128

 $00{:}10{:}56.820 {\:{\circ}{\circ}{\circ}}>00{:}10{:}58.568$ Transcriptions which lead to

NOTE Confidence: 0.803785128

00:10:58.568 --> 00:11:01.660 production of TGF Beta NF, Kappa B,

NOTE Confidence: 0.803785128

 $00:11:01.660 \longrightarrow 00:11:03.460$ BCL two and cmic.

NOTE Confidence: 0.803785128

 $00:11:03.460 \longrightarrow 00:11:05.740$ Those are associated with aberrant

NOTE Confidence: 0.803785128

 $00{:}11{:}05.740 \dashrightarrow 00{:}11{:}06.724$ mechanistic differentiation,

NOTE Confidence: 0.803785128

 $00:11:06.724 \longrightarrow 00:11:07.708$ increased cytokines,

NOTE Confidence: 0.803785128

 $00:11:07.708 \longrightarrow 00:11:10.660$ bone marrow fibrosis and cell survival.

NOTE Confidence: 0.803785128

 $00:11:10.660 \longrightarrow 00:11:12.804$ So if you inhibit Jack as well as

NOTE Confidence: 0.803785128

00:11:12.804 --> 00:11:15.178 better at the same time you decrease

NOTE Confidence: 0.803785128

 $00:11:15.178 \longrightarrow 00:11:17.342$ production of this site okines and

 $00:11:17.342 \longrightarrow 00:11:19.610$ this can lead to the improvement of

NOTE Confidence: 0.803785128

 $00{:}11{:}19.610 \dashrightarrow 00{:}11{:}21.538$ symptoms and perhaps disease modification.

NOTE Confidence: 0.803785128

00:11:21.538 --> 00:11:24.917 So the study we're looking at is has

NOTE Confidence: 0.803785128

00:11:24.917 --> 00:11:26.780 four arms, but we're only looking at.

NOTE Confidence: 0.803785128

00:11:26.780 --> 00:11:29.820 Arm 3 which is a first line uh,

NOTE Confidence: 0.803785128

00:11:29.820 --> 00:11:31.600 uh treatment for patients not

NOTE Confidence: 0.803785128

00:11:31.600 --> 00:11:33.798 exposed to Jack inhibitors who have

NOTE Confidence: 0.803785128

 $00:11:33.798 \longrightarrow 00:11:35.898$ intermediate tool to high risk disease

NOTE Confidence: 0.803785128

 $00{:}11{:}35.898 \dashrightarrow 00{:}11{:}37.907$ and there's all of these people

NOTE Confidence: 0.803785128

00:11:37.907 --> 00:11:39.986 were in this phase two trade study

NOTE Confidence: 0.803785128

 $00:11:39.990 \longrightarrow 00:11:42.238$ received collaborative and ruxolitinib.

NOTE Confidence: 0.803785128

00:11:42.238 --> 00:11:45.200 The primary endpoint was SVR 35,

NOTE Confidence: 0.803785128

 $00{:}11{:}45.200 \dashrightarrow 00{:}11{:}47.649$ splenic volume reduction by 35% and total

NOTE Confidence: 0.803785128

00:11:47.649 --> 00:11:51.330 symptom score is actioned by 50% at week 24.

NOTE Confidence: 0.803785128

00:11:51.330 --> 00:11:54.896 So as you can see the SVR

 $00:11:54.896 \longrightarrow 00:11:57.178$ 35 was at week 24 was 68.

NOTE Confidence: 0.803785128

00:11:57.180 --> 00:11:59.570 Some previous study actually 80% again

NOTE Confidence: 0.803785128

 $00{:}11{:}59.570 \dashrightarrow 00{:}12{:}02.030$ we can't come cannot compare apples

NOTE Confidence: 0.803785128

 $00:12:02.030 \longrightarrow 00:12:04.538$ and oranges here and TSS 50 reduction

NOTE Confidence: 0.803785128

 $00:12:04.538 \longrightarrow 00:12:07.180$ was accomplished by 56% of patients.

NOTE Confidence: 0.803785128

00:12:07.180 --> 00:12:09.455 Interestingly at any given time as we

NOTE Confidence: 0.803785128

 $00:12:09.455 \longrightarrow 00:12:11.775$ are 35 was accomplished again by 80%

NOTE Confidence: 0.803785128

00:12:11.780 --> 00:12:13.670 of patients similar number to which

NOTE Confidence: 0.803785128

 $00:12:13.670 \dashrightarrow 00:12:15.940$ was shown previous study I shared with you.

NOTE Confidence: 0.803785128

00:12:15.940 --> 00:12:18.682 So from the standpoint Ballmer of

NOTE Confidence: 0.803785128

 $00:12:18.682 \longrightarrow 00:12:21.053$ fibrosis again about 27% of patients

NOTE Confidence: 0.803785128

00:12:21.053 --> 00:12:23.846 here at had at least one great reduction

NOTE Confidence: 0.803785128

 $00:12:23.846 \longrightarrow 00:12:26.674$ in bone marrow fibrosis by Week 24.

NOTE Confidence: 0.803785128

 $00:12:26.680 \longrightarrow 00:12:28.768$ Clinical responses were connected

NOTE Confidence: 0.803785128

 $00:12:28.768 \longrightarrow 00:12:31.378$ to reduction of variable frequency

NOTE Confidence: 0.803785128

00:12:31.378 --> 00:12:32.664 inject 2V617-F mutations.

00:12:32.664 --> 00:12:34.956 Most adverse events here were low

NOTE Confidence: 0.803785128

 $00:12:34.956 \longrightarrow 00:12:37.860$ grade and 14% of patients had to

NOTE Confidence: 0.803785128

 $00{:}12{:}37.860 \to 00{:}12{:}39.572$ discontinue the study participation

NOTE Confidence: 0.803785128

 $00:12:39.572 \longrightarrow 00:12:41.318$ due to adverse events.

NOTE Confidence: 0.803785128

00:12:41.320 --> 00:12:41.720 So uh,

NOTE Confidence: 0.803785128

 $00:12:41.720 \longrightarrow 00:12:43.904$ this is to me is one of the more

NOTE Confidence: 0.803785128

 $00:12:43.904 \longrightarrow 00:12:45.980$ exciting presentations plenary session.

NOTE Confidence: 0.803785128

 $00{:}12{:}45.980 \dashrightarrow 00{:}12{:}48.514$ You can see this presentation #6 and

NOTE Confidence: 0.803785128

 $00{:}12{:}48.514 \dashrightarrow 00{:}12{:}50.913$ it looks at completely different

NOTE Confidence: 0.803785128

00:12:50.913 --> 00:12:52.767 mechanism of action.

NOTE Confidence: 0.803785128

00:12:52.770 --> 00:12:54.960 This group of diseases and

NOTE Confidence: 0.803785128

 $00:12:54.960 \longrightarrow 00:12:55.836$ myeloproliferative neoplasms,

NOTE Confidence: 0.803785128

 $00{:}12{:}55.840 \dashrightarrow 00{:}12{:}58.090$ so this is the presentation of

NOTE Confidence: 0.803785128

 $00{:}12{:}58.090 \dashrightarrow 00{:}12{:}59.590$ preclinical data on monoclonal

NOTE Confidence: 0.865965874285714

 $00:12:59.660 \longrightarrow 00:13:01.940$ antibody against mutant calreticulin.

 $00:13:01.940 \longrightarrow 00:13:05.594$ So mutant calreticulin is so calreticulin

NOTE Confidence: 0.865965874285714

 $00:13:05.594 \longrightarrow 00:13:10.279$ as a protein is responsible for modification

NOTE Confidence: 0.865965874285714

 $00:13:10.279 \longrightarrow 00:13:13.513$ of thrombopoietin receptor before it moves

NOTE Confidence: 0.865965874285714

 $00:13:13.513 \longrightarrow 00:13:17.605$ to the surface of the cell and mutated

NOTE Confidence: 0.865965874285714

 $00:13:17.605 \longrightarrow 00:13:19.995$ calreticulin instead of just modifying

NOTE Confidence: 0.865965874285714

 $00:13:20.073 \longrightarrow 00:13:23.076$ it attaches itself to the TPO receptor.

NOTE Confidence: 0.865965874285714

 $00:13:23.080 \longrightarrow 00:13:24.680$ And moves together with the

NOTE Confidence: 0.865965874285714

 $00:13:24.680 \longrightarrow 00:13:26.280$ receptor to the surface uh,

NOTE Confidence: 0.865965874285714

 $00:13:26.280 \longrightarrow 00:13:28.245$ causing dimerization of the receptor

NOTE Confidence: 0.865965874285714

 $00:13:28.245 \longrightarrow 00:13:29.817$ and its activation uh,

NOTE Confidence: 0.865965874285714

 $00{:}13{:}29.820 \dashrightarrow 00{:}13{:}31.968$ which doesn't require ligand.

NOTE Confidence: 0.865965874285714

 $00:13:31.968 \longrightarrow 00:13:35.190$ So what happens when antibody attacks

NOTE Confidence: 0.865965874285714

 $00:13:35.270 \longrightarrow 00:13:37.510$ and mutated color electrically and

NOTE Confidence: 0.865965874285714

 $00:13:37.510 \longrightarrow 00:13:40.479$ on the surface of the cell it?

NOTE Confidence: 0.865965874285714

 $00:13:40.480 \longrightarrow 00:13:43.145$ The reverses this dimerization and

NOTE Confidence: 0.865965874285714

 $00:13:43.145 \longrightarrow 00:13:45.277$ activation of jackstadt pathway.

 $00:13:45.280 \longrightarrow 00:13:47.770$ So this study used fully human

NOTE Confidence: 0.865965874285714

00:13:47.770 --> 00:13:51.072 FC silent IgG 1 antibody again

NOTE Confidence: 0.865965874285714

00:13:51.072 --> 00:13:53.400 against mutant calreticulin.

NOTE Confidence: 0.865965874285714

 $00:13:53.400 \longrightarrow 00:13:56.418$ The binding was selective to mutant

NOTE Confidence: 0.865965874285714

00:13:56.418 --> 00:13:57.927 calreticulin antagonized mutant

NOTE Confidence: 0.865965874285714

 $00:13:57.927 \longrightarrow 00:14:00.578$ calreticulin used signaling and congenic

NOTE Confidence: 0.865965874285714

 $00:14:00.578 \longrightarrow 00:14:02.654$ function inhibited cell proliferation.

NOTE Confidence: 0.865965874285714

 $00{:}14{:}02.660 \dashrightarrow 00{:}14{:}05.445$ Start 5 phosphorylation in CD34

NOTE Confidence: 0.865965874285714

00:14:05.445 --> 00:14:07.116 mutant calreticulin cells.

NOTE Confidence: 0.865965874285714

 $00:14:07.120 \longrightarrow 00:14:09.106$ It caused apoptosis of those cells

NOTE Confidence: 0.865965874285714

 $00:14:09.106 \longrightarrow 00:14:10.910$ and didn't affect non mutant.

NOTE Confidence: 0.865965874285714

 $00{:}14{:}10.910 \dashrightarrow 00{:}14{:}12.998$ Political in cells once again you

NOTE Confidence: 0.865965874285714

 $00{:}14{:}12.998 \dashrightarrow 00{:}14{:}15.858$ know this is the uh preclinical data.

NOTE Confidence: 0.865965874285714

 $00:14:15.860 \longrightarrow 00:14:19.577$ The Phase One study is expected to

NOTE Confidence: 0.865965874285714

 $00:14:19.577 \longrightarrow 00:14:22.939$ be opened within next few months.

00:14:22.940 --> 00:14:26.420 So moving on to polycythemia Vera,

NOTE Confidence: 0.865965874285714

 $00:14:26.420 \longrightarrow 00:14:28.435$ much higher incidence and prevalence

NOTE Confidence: 0.865965874285714

 $00:14:28.435 \longrightarrow 00:14:31.192$ of this disease and the United States

NOTE Confidence: 0.865965874285714

 $00:14:31.192 \longrightarrow 00:14:33.880$ only one study and this is the study

NOTE Confidence: 0.865965874285714

 $00:14:33.948 \longrightarrow 00:14:36.300$ for patients with low risk disease.

NOTE Confidence: 0.865965874285714

 $00:14:36.300 \longrightarrow 00:14:38.996$ So low risk defined as age less

NOTE Confidence: 0.865965874285714

00:14:38.996 --> 00:14:41.234 than 60 and no history of.

NOTE Confidence: 0.865965874285714

00:14:41.240 --> 00:14:41.752 Thrombosis,

NOTE Confidence: 0.865965874285714

 $00:14:41.752 \longrightarrow 00:14:43.800$ so this patients historically

NOTE Confidence: 0.865965874285714

 $00:14:43.800 \longrightarrow 00:14:46.360$ treated with phlebotomies and aspirin

NOTE Confidence: 0.865965874285714

 $00{:}14{:}46.434 \dashrightarrow 00{:}14{:}48.653$ and what this study looked at is

NOTE Confidence: 0.865965874285714

00:14:48.653 --> 00:14:51.498 addition of row peg interferon A2,

NOTE Confidence: 0.865965874285714

00:14:51.498 --> 00:14:53.706 B to this treatment.

NOTE Confidence: 0.865965874285714

 $00:14:53.710 \longrightarrow 00:14:55.080$ So the patients randomized in

NOTE Confidence: 0.865965874285714

 $00:14:55.080 \longrightarrow 00:14:57.209$ this phase two trial in one to one

NOTE Confidence: 0.865965874285714

 $00:14:57.209 \longrightarrow 00:14:58.840$ fashion standard of care is on the

00:14:58.895 --> 00:15:00.665 left phlebotomy plus aspirin and on

NOTE Confidence: 0.865965874285714

 $00{:}15{:}00.665 \dashrightarrow 00{:}15{:}02.580$ the right is lobotomy plus a spirin

NOTE Confidence: 0.865965874285714

 $00{:}15{:}02.580 \dashrightarrow 00{:}15{:}04.770$ as well as row peg interferon.

NOTE Confidence: 0.865965874285714

 $00:15:04.770 \longrightarrow 00:15:07.598$ It's at fixed dose of 100 micrograms

NOTE Confidence: 0.865965874285714

 $00:15:07.598 \longrightarrow 00:15:08.810$ every two weeks.

NOTE Confidence: 0.865965874285714

 $00:15:08.810 \longrightarrow 00:15:11.340$ Primary endpoint was response and.

NOTE Confidence: 0.865965874285714

00:15:11.340 --> 00:15:12.695 Response was defined as median

NOTE Confidence: 0.865965874285714

00:15:12.695 --> 00:15:14.793 chemical less than 45 in the absence

NOTE Confidence: 0.865965874285714

 $00:15:14.793 \longrightarrow 00:15:15.828$ of disease progression.

NOTE Confidence: 0.865965874285714

 $00{:}15{:}15.830 \dashrightarrow 00{:}15{:}17.558$ Definition of disease progression

NOTE Confidence: 0.865965874285714

 $00{:}15{:}17.558 \dashrightarrow 00{:}15{:}20.150$ for low risk HPV patients includes

NOTE Confidence: 0.865965874285714

00:15:20.218 --> 00:15:22.830 progressive symptoms and progressive

NOTE Confidence: 0.865965874285714

 $00{:}15{:}22.830 \dashrightarrow 00{:}15{:}24.170$ symptomatic thrombocytosis,

NOTE Confidence: 0.865965874285714

 $00{:}15{:}24.170 \dashrightarrow 00{:}15{:}25.510$ progressive Leukocytosis,

NOTE Confidence: 0.865965874285714

 $00:15:25.510 \longrightarrow 00:15:27.890$ vascular and major bleeding complications.

 $00:15:27.890 \longrightarrow 00:15:29.426$ So this is the primary endpoint.

NOTE Confidence: 0.865965874285714

00:15:29.430 --> 00:15:31.884 The study was published in 2021.

NOTE Confidence: 0.865965874285714

 $00:15:31.884 \longrightarrow 00:15:34.082$ So at that time the second interim

NOTE Confidence: 0.865965874285714

 $00:15:34.082 \longrightarrow 00:15:35.670$ analysis was presented at one

NOTE Confidence: 0.865965874285714

 $00:15:35.670 \longrightarrow 00:15:37.749$ year and this is a final results.

NOTE Confidence: 0.865965874285714

 $00:15:37.750 \longrightarrow 00:15:39.526$ So this is observation of patients

NOTE Confidence: 0.865965874285714

 $00:15:39.526 \longrightarrow 00:15:41.349$ over a period of two years.

NOTE Confidence: 0.865965874285714

 $00:15:41.350 \longrightarrow 00:15:43.882$ Study was stopped to accrual after

NOTE Confidence: 0.865965874285714

 $00{:}15{:}43.882 \dashrightarrow 00{:}15{:}46.737$ uh second analysis uh because uh

NOTE Confidence: 0.865965874285714

00:15:46.737 --> 00:15:48.909 significantly better performance of

NOTE Confidence: 0.865965874285714

 $00{:}15{:}48.909 \to 00{:}15{:}51.873$ patients who were treated with row

NOTE Confidence: 0.865965874285714

 $00{:}15{:}51.873 \dashrightarrow 00{:}15{:}53.938$ peg interferon from the standoff

NOTE Confidence: 0.865965874285714

 $00{:}15{:}53.938 \dashrightarrow 00{:}15{:}55.177$ composite primary endpoint.

NOTE Confidence: 0.865965874285714

 $00{:}15{:}55.180 \dashrightarrow 00{:}15{:}57.416$ So you can see that this is

NOTE Confidence: 0.865965874285714

00:15:57.416 --> 00:15:59.128 schematically control lack of

NOTE Confidence: 0.865965874285714

 $00{:}15{:}59.128 \dashrightarrow 00{:}16{:}00.613$ progression which was observed

00:16:00.613 --> 00:16:02.719 in much higher number of patients

NOTE Confidence: 0.865965874285714

 $00:16:02.719 \longrightarrow 00:16:04.538$ treated with row peg interferon.

NOTE Confidence: 0.865965874285714

 $00:16:04.540 \longrightarrow 00:16:07.474$ So the separate endpoints for hematocrit

NOTE Confidence: 0.865965874285714

 $00:16:07.474 \longrightarrow 00:16:09.922$ control and disease progression you

NOTE Confidence: 0.865965874285714

 $00:16:09.922 \longrightarrow 00:16:12.424$ can see that frequency of phlebotomies.

NOTE Confidence: 0.865965874285714

00:16:12.430 --> 00:16:15.664 Was less in experimental arm and uh,

NOTE Confidence: 0.865965874285714

 $00:16:15.670 \longrightarrow 00:16:17.854$ you can see that the disease

NOTE Confidence: 0.865965874285714

 $00{:}16{:}17.854 \dashrightarrow 00{:}16{:}19.851$ progression was only observed in

NOTE Confidence: 0.865965874285714

 $00{:}16{:}19.851 \dashrightarrow 00{:}16{:}21.747$ patients treated with phle botomies

NOTE Confidence: 0.865965874285714

 $00:16:21.747 \longrightarrow 00:16:23.643$ plus aspirin without rollback.

NOTE Confidence: 0.865965874285714

00:16:23.650 --> 00:16:25.125 In six patients placed count

NOTE Confidence: 0.865965874285714

 $00{:}16{:}25.125 \dashrightarrow 00{:}16{:}27.050$ increased to more than a million

NOTE Confidence: 0.865965874285714

 $00{:}16{:}27.050 \dashrightarrow 00{:}16{:}30.926$ and baseline was lower than 602

NOTE Confidence: 0.865965874285714

 $00{:}16{:}30.926 \dashrightarrow 00{:}16{:}32.990$ patients planning in farction and

NOTE Confidence: 0.865965874285714

 $00:16:32.990 \longrightarrow 00:16:34.779$ transient ischemic attack occurred.

 $00:16:34.779 \longrightarrow 00:16:37.740$ So the effect was reasonably durable as

NOTE Confidence: 0.822350579583333

 $00:16:37.814 \longrightarrow 00:16:40.630$ you can see and also there was improvement

NOTE Confidence: 0.822350579583333

 $00:16:40.630 \longrightarrow 00:16:42.637$ of symptoms as measured by MPN.

NOTE Confidence: 0.822350579583333

 $00:16:42.640 \longrightarrow 00:16:45.442$ Off TSS and P splenomegaly improved

NOTE Confidence: 0.822350579583333

 $00:16:45.442 \longrightarrow 00:16:48.511$ in ROBEC treated patients as well

NOTE Confidence: 0.822350579583333

 $00:16:48.511 \longrightarrow 00:16:50.747$ significantly when compared to

NOTE Confidence: 0.822350579583333

 $00:16:50.747 \longrightarrow 00:16:52.983$ patients treated without rollback.

NOTE Confidence: 0.822350579583333

00:16:52.990 --> 00:16:56.410 So Jack 2V617-F very until frequency

NOTE Confidence: 0.822350579583333

 $00:16:56.410 \longrightarrow 00:16:58.210$ decreased in ropek treated patients

NOTE Confidence: 0.822350579583333

 $00:16:58.210 \longrightarrow 00:17:00.622$ and slightly increased the 12 months in

NOTE Confidence: 0.822350579583333

 $00{:}17{:}00.622 \dashrightarrow 00{:}17{:}02.490$ patients who didn't receive rollback.

NOTE Confidence: 0.822350579583333

 $00:17:02.490 \longrightarrow 00:17:04.261$ So I would like to also show

NOTE Confidence: 0.822350579583333

 $00:17:04.261 \longrightarrow 00:17:05.430$ the side effect table.

NOTE Confidence: 0.822350579583333

 $00:17:05.430 \longrightarrow 00:17:08.160$ Obviously people who are treated with row

NOTE Confidence: 0.822350579583333

 $00:17:08.160 \longrightarrow 00:17:11.348$ Peg had higher incidence of adverse events.

NOTE Confidence: 0.822350579583333

 $00:17:11.350 \longrightarrow 00:17:13.178$ This is included treatment.

 $00:17:13.178 \longrightarrow 00:17:15.399$ Related adverse events 55% versus 6%

NOTE Confidence: 0.822350579583333

 $00{:}17{:}15.399 \dashrightarrow 00{:}17{:}17.886$ grade 3 or 4 adverse events were about

NOTE Confidence: 0.822350579583333

 $00{:}17{:}17.886 \dashrightarrow 00{:}17{:}20.945$ the same and adverse events that caused

NOTE Confidence: 0.822350579583333

 $00:17:20.945 \longrightarrow 00:17:22.734$ treatment discontinuation were only

NOTE Confidence: 0.822350579583333

 $00:17:22.734 \longrightarrow 00:17:24.844$ revealed in rollback treated patients.

NOTE Confidence: 0.822350579583333

00:17:24.850 --> 00:17:25.446 In conclusion,

NOTE Confidence: 0.822350579583333

00:17:25.446 --> 00:17:27.234 I would like to summarize what

NOTE Confidence: 0.822350579583333

00:17:27.234 --> 00:17:28.250 I presented to you.

NOTE Confidence: 0.822350579583333

 $00{:}17{:}28.250 \dashrightarrow 00{:}17{:}30.175$ Molotov may improve anemia in

NOTE Confidence: 0.822350579583333

 $00{:}17{:}30.175 \dashrightarrow 00{:}17{:}31.715$ patients with myelofibrosis and

NOTE Confidence: 0.822350579583333

 $00:17:31.715 \longrightarrow 00:17:33.510$ acne due to acvr inhibition.

NOTE Confidence: 0.822350579583333

00:17:33.510 --> 00:17:34.968 Ruxolitinib and collaborative,

NOTE Confidence: 0.822350579583333

 $00{:}17{:}34.968 \dashrightarrow 00{:}17{:}37.398$ the better inhibitor and light

NOTE Confidence: 0.822350579583333

 $00:17:37.398 \longrightarrow 00:17:38.939$ treatment associated with high

NOTE Confidence: 0.822350579583333

 $00{:}17{:}38.939 \dashrightarrow 00{:}17{:}40.782$ SVR rates and TSS 50 reductions.

 $00:17:40.782 \longrightarrow 00:17:43.642$ Decrease fibrosis the clustering of

NOTE Confidence: 0.822350579583333

 $00:17:43.642 \longrightarrow 00:17:46.300$ megakaryocytes and decrease in Jack

NOTE Confidence: 0.822350579583333

 $00:17:46.300 \longrightarrow 00:17:47.974$ 2V617 affair and total frequency may

NOTE Confidence: 0.822350579583333

00:17:47.974 --> 00:17:50.209 be a sign of disease modification and

NOTE Confidence: 0.822350579583333

 $00:17:50.209 \longrightarrow 00:17:52.680$ phase three trial which used the same

NOTE Confidence: 0.822350579583333

00:17:52.742 --> 00:17:55.268 model of combining roots lithium and

NOTE Confidence: 0.822350579583333

 $00:17:55.268 \longrightarrow 00:17:56.952$ collaborative just completed accrual.

NOTE Confidence: 0.822350579583333

 $00:17:56.960 \longrightarrow 00:17:58.655$ So waiting for the results

NOTE Confidence: 0.822350579583333

 $00:17:58.655 \longrightarrow 00:18:00.350$ Rubidium and Navitoclax and another

NOTE Confidence: 0.822350579583333

 $00:18:00.408 \longrightarrow 00:18:02.160$ combination frontline treatment.

NOTE Confidence: 0.822350579583333

 $00{:}18{:}02.160 \dashrightarrow 00{:}18{:}04.904$ This BCL two BCL Excel inhibitor also

NOTE Confidence: 0.822350579583333

 $00:18:04.904 \longrightarrow 00:18:07.001$ was associated with a significant

NOTE Confidence: 0.822350579583333

 $00:18:07.001 \longrightarrow 00:18:09.557$ reduction in spleen volume as well

NOTE Confidence: 0.822350579583333

 $00{:}18{:}09.557 \dashrightarrow 00{:}18{:}11.718$ as decreasing fibrosis and Jack.

NOTE Confidence: 0.822350579583333

 $00:18:11.720 \longrightarrow 00:18:13.974$ Will be six months S there until

NOTE Confidence: 0.822350579583333

 $00:18:13.974 \longrightarrow 00:18:15.469$ frequency phase three transform

 $00:18:15.469 \longrightarrow 00:18:17.794$ one study is ongoing monoclonal

NOTE Confidence: 0.822350579583333

 $00{:}18{:}17.794 \dashrightarrow 00{:}18{:}19.654$ antibody against mutant calreticulin

NOTE Confidence: 0.822350579583333

 $00:18:19.720 \longrightarrow 00:18:21.810$ is effective in preclinical models.

NOTE Confidence: 0.822350579583333

 $00:18:21.810 \longrightarrow 00:18:24.090$ We are looking forward to see how this

NOTE Confidence: 0.822350579583333

 $00:18:24.090 \longrightarrow 00:18:26.328$ drug will perform in clinical trials.

NOTE Confidence: 0.822350579583333 00:18:26.330 --> 00:18:26.658 Finally, NOTE Confidence: 0.822350579583333

00:18:26.658 --> 00:18:28.626 row Peg interferon can be considered

NOTE Confidence: 0.822350579583333

00:18:28.626 --> 00:18:30.200 for selected patients with low

NOTE Confidence: 0.822350579583333

 $00{:}18{:}30.200 \dashrightarrow 00{:}18{:}31.545$ risk polycythemia Vera based on

NOTE Confidence: 0.822350579583333

 $00{:}18{:}31.545 \dashrightarrow 00{:}18{:}33.189$ the results of phase two study.

NOTE Confidence: 0.827960139473684

00:18:39.040 --> 00:18:41.740 Thank you, Nikolai. So I'm going

NOTE Confidence: 0.827960139473684

00:18:41.740 --> 00:18:44.637 to be talking about MD S right

NOTE Confidence: 0.827960139473684

00:18:44.637 --> 00:18:47.610 now and let me share my. Slides.

NOTE Confidence: 0.7744013

 $00:18:51.740 \longrightarrow 00:18:52.210$ OK.

NOTE Confidence: 0.879195086666667

 $00:19:04.560 \longrightarrow 00:19:07.599$ OK. Thanks everyone.

 $00:19:07.600 \longrightarrow 00:19:09.694$ So I decided actually talk a

NOTE Confidence: 0.879195086666667

 $00{:}19{:}09.694 \dashrightarrow 00{:}19{:}11.902$ little bit more in general about

NOTE Confidence: 0.879195086666667

 $00:19:11.902 \longrightarrow 00:19:14.450$ some of the main updates and on

NOTE Confidence: 0.879195086666667

 $00:19:14.450 \longrightarrow 00:19:16.760$ the management of MSDS in 2022

NOTE Confidence: 0.879195086666667

 $00:19:16.760 \longrightarrow 00:19:18.560$ integrating some of the ASH abstracts.

NOTE Confidence: 0.879195086666667

 $00:19:18.560 \longrightarrow 00:19:19.888$ These are my disclosures.

NOTE Confidence: 0.879195086666667

 $00:19:19.888 \longrightarrow 00:19:22.343$ So I'm going to talk about updates

NOTE Confidence: 0.879195086666667

 $00:19:22.343 \longrightarrow 00:19:23.958$ in the diagnosis, classification,

NOTE Confidence: 0.879195086666667

 $00{:}19{:}23.958 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}19{:}25.630$ prognostication and response assessment

NOTE Confidence: 0.879195086666667

 $00:19:25.630 \longrightarrow 00:19:27.720$ and then management to flower.

NOTE Confidence: 0.879195086666667

 $00:19:27.720 \longrightarrow 00:19:29.700$ On higher risk MD S.

NOTE Confidence: 0.879195086666667

 $00{:}19{:}29.700 \dashrightarrow 00{:}19{:}32.356$ So I think the first important thing to

NOTE Confidence: 0.879195086666667

 $00:19:32.356 \longrightarrow 00:19:34.679$ know is that the diagnostic criteria

NOTE Confidence: 0.879195086666667

 $00:19:34.679 \longrightarrow 00:19:37.410$ for MDS were updated by The Who.

NOTE Confidence: 0.879195086666667

00:19:37.410 --> 00:19:39.306 So right now rather than requiring

NOTE Confidence: 0.879195086666667

 $00:19:39.306 \longrightarrow 00:19:41.683$ a hemoglobin of less than 10 and a

 $00:19:41.683 \longrightarrow 00:19:43.267$ platelet count of less than 100,

NOTE Confidence: 0.879195086666667

 $00:19:43.270 \longrightarrow 00:19:44.607$ as you can see to the left,

NOTE Confidence: 0.879195086666667

 $00:19:44.610 \longrightarrow 00:19:46.370$ the thresholds were a little

NOTE Confidence: 0.879195086666667

 $00:19:46.370 \longrightarrow 00:19:47.426$ bit less restrictive.

NOTE Confidence: 0.879195086666667

 $00:19:47.430 \longrightarrow 00:19:49.272$ So any anemia which is hemoglobin

NOTE Confidence: 0.879195086666667

 $00:19:49.272 \longrightarrow 00:19:52.408$ less than 12 in women and 13 in men

NOTE Confidence: 0.879195086666667

 $00:19:52.408 \longrightarrow 00:19:53.884$ or thrombocytopenia platelet count

NOTE Confidence: 0.879195086666667

 $00{:}19{:}53.884 \dashrightarrow 00{:}19{:}56.072$ less than 150 can diagnose MSDS

NOTE Confidence: 0.879195086666667

00:19:56.072 --> 00:19:58.300 once you exclude other things that

NOTE Confidence: 0.879195086666667

 $00{:}19{:}58.300 \dashrightarrow 00{:}20{:}00.650$ can cause MSDS but importantly.

NOTE Confidence: 0.879195086666667

 $00:20:00.650 \longrightarrow 00:20:02.522$ Certain genetic alterations such

NOTE Confidence: 0.879195086666667

 $00:20:02.522 \longrightarrow 00:20:06.670$ as as after B1 and B53 one could

NOTE Confidence: 0.879195086666667

 $00{:}20{:}06.670 \dashrightarrow 00{:}20{:}09.070$ potentially lead to diagnosis

NOTE Confidence: 0.879195086666667

00:20:09.070 --> 00:20:11.598 of MDS in the right context.

NOTE Confidence: 0.879195086666667

00:20:11.598 --> 00:20:13.936 So that will probably mean that you

 $00:20:13.936 \longrightarrow 00:20:15.628$ are going to see more diagnosis

NOTE Confidence: 0.879195086666667

 $00:20:15.628 \longrightarrow 00:20:17.788$ on the as among your patients.

NOTE Confidence: 0.879195086666667

 $00:20:17.790 \longrightarrow 00:20:20.567$ The second I think major change in 2022.

NOTE Confidence: 0.879195086666667

 $00:20:20:567 \longrightarrow 00:20:24.326$ Is the update of The Who classification.

NOTE Confidence: 0.879195086666667

 $00:20:24.330 \longrightarrow 00:20:26.070$ We have two different classifications

NOTE Confidence: 0.879195086666667

 $00:20:26.070 \longrightarrow 00:20:27.114$ right now for

NOTE Confidence: 0.8667911825

NOTE Confidence: 0.8667911825

00:20:33.612 --> 00:20:36.096 this is important because you there

NOTE Confidence: 0.8667911825

 $00:20:36.096 \longrightarrow 00:20:39.295$ are some differences between these two

NOTE Confidence: 0.8667911825

 $00:20:39.295 \longrightarrow 00:20:43.017$ classifications and you are going to start

NOTE Confidence: 0.8667911825

 $00:20:43.017 \longrightarrow 00:20:45.856$ seeing in your pathology reports some

NOTE Confidence: 0.8667911825

 $00:20:45.856 \longrightarrow 00:20:48.386$ discrepancies between the two diagnosis.

NOTE Confidence: 0.8667911825

 $00:20:48.390 \longrightarrow 00:20:50.256$ In some cases a patient could

NOTE Confidence: 0.8667911825

 $00{:}20{:}50.256 \dashrightarrow 00{:}20{:}51.189$ be diagnosed with.

NOTE Confidence: 0.8667911825

 $00:20:51.190 \longrightarrow 00:20:55.465$ Animal by one category and MDS by the other.

NOTE Confidence: 0.8667911825

 $00{:}20{:}55.470 \dashrightarrow 00{:}20{:}57.350$ For the sake of time today I'm not going to

00:20:57.394 --> 00:20:59.230 be able to go through the details of this,

NOTE Confidence: 0.8667911825

 $00:20:59.230 \longrightarrow 00:21:01.687$ but the main updates is that certain

NOTE Confidence: 0.8667911825

 $00{:}21{:}01.687 \dashrightarrow 00{:}21{:}03.529$ genetic alteration as I mentioned,

NOTE Confidence: 0.8667911825

 $00:21:03.530 \longrightarrow 00:21:07.646$ such as 3B1 and TB53 mutated

NOTE Confidence: 0.8667911825

 $00:21:07.646 \longrightarrow 00:21:10.390$ now can define genetically.

NOTE Confidence: 0.8667911825

 $00:21:10.390 \longrightarrow 00:21:16.033$ And the and also the category of 10 to

NOTE Confidence: 0.8667911825

 $00:21:16.040 \longrightarrow 00:21:19.322$ 19% blast in the ICC classification

NOTE Confidence: 0.8667911825

 $00:21:19.322 \longrightarrow 00:21:21.092$ is called M DS/AMD.

NOTE Confidence: 0.8667911825

00:21:21.092 --> 00:21:23.780 So I think this is important to remember

NOTE Confidence: 0.8667911825

 $00:21:23.855 \longrightarrow 00:21:26.167$ as you look at your path reports and

NOTE Confidence: 0.8667911825

00:21:26.167 --> 00:21:28.839 one of the ASH abstracts actually

NOTE Confidence: 0.8667911825

 $00:21:28.839 \longrightarrow 00:21:30.859$ compared the two classifications.

NOTE Confidence: 0.8667911825

 $00{:}21{:}30.860 \dashrightarrow 00{:}21{:}33.233$ This was a large effort on behalf

NOTE Confidence: 0.8667911825

 $00:21:33.233 \longrightarrow 00:21:35.199$ of the International Consortium for

NOTE Confidence: 0.8667911825

 $00:21:35.200 \longrightarrow 00:21:37.624$ MDS and I'm not going to go again

 $00:21:37.624 \longrightarrow 00:21:39.954$ through all these results, but what?

NOTE Confidence: 0.8667911825

 $00:21:39.954 \longrightarrow 00:21:42.453$ Was found is that certain aspects of

NOTE Confidence: 0.8667911825

 $00{:}21{:}42.453 \dashrightarrow 00{:}21{:}44.826$ each classification seem to function

NOTE Confidence: 0.8667911825

 $00:21:44.826 \longrightarrow 00:21:47.730$ well and therefore ideally this these

NOTE Confidence: 0.8667911825

 $00:21:47.803 \longrightarrow 00:21:50.608$ two classification should be harmonized,

NOTE Confidence: 0.8667911825

 $00:21:50.610 \longrightarrow 00:21:53.786$ which is an effort that is currently ongoing.

NOTE Confidence: 0.8667911825

00:21:53.790 --> 00:21:55.146 But until that happens,

NOTE Confidence: 0.8667911825

 $00:21:55.146 \longrightarrow 00:21:58.323$ feel free to reach out to us and to

NOTE Confidence: 0.8667911825

00:21:58.323 --> 00:22:00.412 the pathologist to discuss any aspects

NOTE Confidence: 0.8667911825

 $00:22:00.412 \longrightarrow 00:22:02.729$ of the path report that does confuse

NOTE Confidence: 0.8667911825

 $00{:}22{:}02.729 \longrightarrow 00{:}22{:}05.003$ you a little bit because it's going

NOTE Confidence: 0.8667911825

 $00:22:05.003 \longrightarrow 00:22:07.912$ to be a confusing gear in terms of

NOTE Confidence: 0.8667911825

 $00{:}22{:}07.912 \dashrightarrow 00{:}22{:}09.504$ the diagnosis and classification.

NOTE Confidence: 0.8667911825

 $00:22:09.510 \longrightarrow 00:22:10.966$ Now going to prognostication

NOTE Confidence: 0.8667911825

 $00:22:10.966 \longrightarrow 00:22:13.150$ where things a little bit easier.

NOTE Confidence: 0.8667911825

 $00:22:13.150 \longrightarrow 00:22:15.490$ So we still think about MDS in two big

 $00:22:15.490 \longrightarrow 00:22:17.020$ groups, lower risk and higher risk.

NOTE Confidence: 0.8667911825

 $00:22:17.020 \longrightarrow 00:22:19.747$ Lower risk quality of life is the main goal.

NOTE Confidence: 0.8667911825

00:22:19.750 --> 00:22:21.130 Higher risk you generally would

NOTE Confidence: 0.8667911825

 $00:22:21.130 \longrightarrow 00:22:22.936$ treat with the goal of changing

NOTE Confidence: 0.8667911825

00:22:22.936 --> 00:22:24.049 the Natural History,

NOTE Confidence: 0.8667911825

 $00:22:24.050 \longrightarrow 00:22:27.840$ often requiring bone marrow transplantation.

NOTE Confidence: 0.8667911825

 $00:22:27.840 \longrightarrow 00:22:30.899$ So this is the classical scoring systems,

NOTE Confidence: 0.8667911825

00:22:30.900 --> 00:22:32.372 IPS and revised ipss,

NOTE Confidence: 0.8667911825

 $00:22:32.372 \longrightarrow 00:22:34.580$ the two most commonly used ones.

NOTE Confidence: 0.8667911825

00:22:34.580 --> 00:22:38.550 And based on the adding of the blast count,

NOTE Confidence: 0.8667911825

 $00{:}22{:}38.550 \dashrightarrow 00{:}22{:}41.040$ cytogenetics and cytopenias you classify the

NOTE Confidence: 0.8667911825

 $00:22:41.040 \longrightarrow 00:22:43.597$ patient into these lower and higher risk.

NOTE Confidence: 0.8667911825

00:22:43.600 --> 00:22:45.980 And one of the main developments of

NOTE Confidence: 0.8667911825

 $00:22:45.980 \longrightarrow 00:22:49.557$ 2022 was the publication of the ISM.

NOTE Confidence: 0.8667911825

 $00:22:49.560 \longrightarrow 00:22:52.520$ So this finally and formally

 $00{:}22{:}52.520 \dashrightarrow 00{:}22{:}55.174$ integrated molecular IPS into the

NOTE Confidence: 0.8667911825

 $00{:}22{:}55.174 \longrightarrow 00{:}22{:}57.796$ prognostic picture you can see here.

NOTE Confidence: 0.8667911825

 $00{:}22{:}57.800 \dashrightarrow 00{:}22{:}59.288$ On this table a list of the genes.

NOTE Confidence: 0.8667911825

 $00:22:59.290 \longrightarrow 00:23:01.690$ So there are 17 or sorry,

NOTE Confidence: 0.8667911825

 $00:23:01.690 \longrightarrow 00:23:03.797$ there are 31 different genes that are

NOTE Confidence: 0.8667911825

 $00:23:03.797 \longrightarrow 00:23:05.572$ part of the molecular classification

NOTE Confidence: 0.8667911825

 $00{:}23{:}05.572 \dashrightarrow 00{:}23{:}08.002$ and this is becoming the standard

NOTE Confidence: 0.8667911825

 $00:23:08.002 \longrightarrow 00:23:10.170$ of care risk tool assessment.

NOTE Confidence: 0.8667911825

 $00:23:10.170 \longrightarrow 00:23:10.532$ Again,

NOTE Confidence: 0.8667911825

 $00:23:10.532 \longrightarrow 00:23:13.066$ why is that important for your practice

NOTE Confidence: 0.8667911825

 $00{:}23{:}13.066 \to 00{:}23{:}15.834$ is now it's having the molecular

NOTE Confidence: 0.8667911825

 $00{:}23{:}15.834 \dashrightarrow 00{:}23{:}18.294$ data affects both the diagnosis

NOTE Confidence: 0.8667911825

 $00:23:18.294 \longrightarrow 00:23:20.118$ classification as well as prognostication

NOTE Confidence: 0.8667911825

 $00:23:20.118 \longrightarrow 00:23:23.054$ of MD S and I still see many path

NOTE Confidence: 0.8667911825

 $00:23:23.054 \longrightarrow 00:23:25.790$ reports or when the World Cup for Ms.

NOTE Confidence: 0.8667911825

 $00:23:25.790 \longrightarrow 00:23:27.940$ is done in Community settings.

 $00:23:27.940 \longrightarrow 00:23:29.632$ Many times people are just sending

NOTE Confidence: 0.8667911825

 $00{:}23{:}29.632 \dashrightarrow 00{:}23{:}31.503$ karyotype and fish and they are

NOTE Confidence: 0.8667911825

 $00:23:31.503 \longrightarrow 00:23:32.887$ not sending molecular assessment.

NOTE Confidence: 0.8667911825

 $00:23:32.890 \longrightarrow 00:23:34.725$ So it's really important that

NOTE Confidence: 0.8667911825

 $00:23:34.725 \longrightarrow 00:23:35.826$ an exigency sequencing,

NOTE Confidence: 0.8667911825

 $00{:}23{:}35.830 \dashrightarrow 00{:}23{:}38.959$ which is readily available in our impact

NOTE Confidence: 0.8667911825

00:23:38.959 --> 00:23:41.476 department should be run on those

NOTE Confidence: 0.8667911825

 $00:23:41.476 \longrightarrow 00:23:44.560$ patients because it can affect all of these.

NOTE Confidence: 0.8667911825

 $00:23:44.560 \longrightarrow 00:23:46.414$ Assessments which subsequently

NOTE Confidence: 0.8667911825

 $00:23:46.414 \longrightarrow 00:23:48.268$ can influence therapy.

NOTE Confidence: 0.8667911825

 $00:23:48.270 \longrightarrow 00:23:51.258$ The ISM now uses 6 categories

NOTE Confidence: 0.8667911825

00:23:51.258 --> 00:23:53.250 rather than five categories,

NOTE Confidence: 0.79459627777778

 $00{:}23{:}53.250 \dashrightarrow 00{:}23{:}55.698$ 3 lower risk ones and three high risk ones.

NOTE Confidence: 0.79459627777778

 $00:23:55.700 \longrightarrow 00:23:57.700$ And the good news is that this good

NOTE Confidence: 0.79459627777778

 $00:23:57.700 \longrightarrow 00:23:59.582$ thread of the intermediate ISR,

 $00:23:59.582 \longrightarrow 00:24:02.832$ which used to be a problem because it

NOTE Confidence: 0.79459627777778

 $00{:}24{:}02.832 \dashrightarrow 00{:}24{:}04.386$ it was never clear whether you treat

NOTE Confidence: 0.79459627777778

 $00:24:04.386 \longrightarrow 00:24:06.169$ it as lower risk or higher risk.

NOTE Confidence: 0.79459627777778

 $00:24:06.170 \longrightarrow 00:24:08.284$ There are different ways to do that,

NOTE Confidence: 0.79459627777778

 $00:24:08.290 \longrightarrow 00:24:10.509$ but in the molecular IPS the patient

NOTE Confidence: 0.79459627777778

00:24:10.509 --> 00:24:12.630 is either lower risk or high risk,

NOTE Confidence: 0.79459627777778

00:24:12.630 --> 00:24:14.990 and I think that makes it somewhat easier.

NOTE Confidence: 0.79459627777778

 $00{:}24{:}14.990 \dashrightarrow 00{:}24{:}17.982$ Now this model is a bit complex and

NOTE Confidence: 0.79459627777778

 $00{:}24{:}17.982 \dashrightarrow 00{:}24{:}20.858$ it's not easy to clearly remember

NOTE Confidence: 0.79459627777778

 $00:24:20.858 \longrightarrow 00:24:22.711$ all the different variables,

NOTE Confidence: 0.79459627777778

 $00{:}24{:}22.711 \dashrightarrow 00{:}24{:}24.958$ but the good news is that you

NOTE Confidence: 0.79459627777778

 $00:24:24.958 \longrightarrow 00:24:26.180$ have this website.

NOTE Confidence: 0.79459627777778

 $00:24:26.180 \longrightarrow 00:24:29.930$ And the as risk model.com you can see to

NOTE Confidence: 0.79459627777778

 $00:24:29.930 \longrightarrow 00:24:32.284$ the left side and all what you need to

NOTE Confidence: 0.79459627777778

 $00:24:32.284 \longrightarrow 00:24:34.400$ do is just enter the variables plus count,

NOTE Confidence: 0.79459627777778

00:24:34.400 --> 00:24:35.368 age, hemoglobin,

00:24:35.368 --> 00:24:37.788 platelet count and what molecular

NOTE Confidence: 0.79459627777778

 $00:24:37.788 \longrightarrow 00:24:39.580$ alteration the patient has.

NOTE Confidence: 0.79459627777778

 $00:24:39.580 \longrightarrow 00:24:42.219$ And then you can see that the

NOTE Confidence: 0.79459627777778

 $00:24:42.219 \longrightarrow 00:24:44.304$ ISM score for example for this

NOTE Confidence: 0.79459627777778

00:24:44.304 --> 00:24:46.053 patient was .24 moderate high.

NOTE Confidence: 0.79459627777778

00:24:46.053 --> 00:24:49.040 Also, this gives you the revised ISS score,

NOTE Confidence: 0.79459627777778

 $00:24:49.040 \longrightarrow 00:24:51.776$ so you can get both the molecular and

NOTE Confidence: 0.79459627777778

 $00{:}24{:}51.776 \dashrightarrow 00{:}24{:}54.274$ the revised IPS in the same in the

NOTE Confidence: 0.79459627777778

 $00{:}24{:}54.274 \longrightarrow 00{:}24{:}56.703$ same snapshot when you enter the data.

NOTE Confidence: 0.79459627777778

 $00:24:56.710 \longrightarrow 00:24:59.020$ So one of the important presentations

NOTE Confidence: 0.79459627777778

 $00{:}24{:}59.020 \dashrightarrow 00{:}25{:}01.306$ from ASH 2022 was comparing the

NOTE Confidence: 0.79459627777778

 $00{:}25{:}01.306 \dashrightarrow 00{:}25{:}03.580$ molecular IPS which was just published

NOTE Confidence: 0.79459627777778

 $00{:}25{:}03.646 \dashrightarrow 00{:}25{:}07.706$ in 2022 again against the revised IPS.

NOTE Confidence: 0.79459627777778

 $00:25:07.710 \longrightarrow 00:25:09.334$ And what you can see here is that

NOTE Confidence: 0.7945962777777800:25:09.334 --> 00:25:10.110 the C index,

 $00:25:10.110 \longrightarrow 00:25:12.567$ which is a measure of the prognostic

NOTE Confidence: 0.79459627777778

 $00{:}25{:}12.567 \dashrightarrow 00{:}25{:}14.765$ utility or the model accuracy is

NOTE Confidence: 0.79459627777778

00:25:14.765 --> 00:25:16.913 better for the molecular IPS as

NOTE Confidence: 0.79459627777778

00:25:16.913 --> 00:25:19.197 in this large European cohort.

NOTE Confidence: 0.79459627777778

 $00:25:19.200 \longrightarrow 00:25:21.132$ There were a number several presentations

NOTE Confidence: 0.79459627777778

 $00:25:21.132 \longrightarrow 00:25:23.057$ looking at this from different cohorts

NOTE Confidence: 0.79459627777778

 $00:25:23.057 \longrightarrow 00:25:25.385$ and all of them showing the same thing

NOTE Confidence: 0.79459627777778

 $00:25:25.438 \longrightarrow 00:25:27.307$ is that the molecular IPS is better.

NOTE Confidence: 0.79459627777778

 $00{:}25{:}27.310 \dashrightarrow 00{:}25{:}29.934$ And therefore I think we should really try

NOTE Confidence: 0.79459627777778

00:25:29.934 --> 00:25:33.139 to get it calculated on all of our patients,

NOTE Confidence: 0.79459627777778

00:25:33.140 --> 00:25:35.079 but of course that's going to require

NOTE Confidence: 0.79459627777778

 $00:25:35.079 \longrightarrow 00:25:37.100$ you to give them molecular data.

NOTE Confidence: 0.79459627777778

 $00:25:37.100 \longrightarrow 00:25:39.752$ So we talked about diagnosis classification

NOTE Confidence: 0.79459627777778

 $00{:}25{:}39.752 \dashrightarrow 00{:}25{:}42.160$ prognosis and the response criteria.

NOTE Confidence: 0.79459627777778

00:25:42.160 --> 00:25:44.200 And response criteria have been

NOTE Confidence: 0.79459627777778

 $00{:}25{:}44.200 \dashrightarrow 00{:}25{:}46.695$ somewhat problematic in MD S because

00:25:46.695 --> 00:25:49.017 they have contributed to some of

NOTE Confidence: 0.79459627777778

00:25:49.017 --> 00:25:51.144 the delayed drug development in

NOTE Confidence: 0.79459627777778

00:25:51.144 --> 00:25:53.374 my opinion by introducing data,

NOTE Confidence: 0.79459627777778

 $00:25:53.380 \longrightarrow 00:25:55.056$ molecular response responses that

NOTE Confidence: 0.79459627777778

 $00{:}25{:}55.056 \dashrightarrow 00{:}25{:}57.570$ are sub optimal such as model.

NOTE Confidence: 0.79459627777778

 $00:25:57.570 \longrightarrow 00:26:00.069$ PR which has never been correlated with

NOTE Confidence: 0.79459627777778

 $00:26:00.069 \longrightarrow 00:26:02.621$ long term survival and at the same time

NOTE Confidence: 0.79459627777778

 $00{:}26{:}02.621 \dashrightarrow 00{:}26{:}04.780$ used very high cutoff for hemoglobin,

NOTE Confidence: 0.79459627777778

 $00:26:04.780 \longrightarrow 00:26:07.307$ for example of 11 to denoise donate

NOTE Confidence: 0.79459627777778

 $00:26:07.307 \longrightarrow 00:26:09.020$ complete response which is very

NOTE Confidence: 0.79459627777778

 $00:26:09.020 \longrightarrow 00:26:10.718$ difficult to obtain in an Ms.

NOTE Confidence: 0.79459627777778 00:26:10.720 --> 00:26:11.080 patient. NOTE Confidence: 0.79459627777778

00:26:11.080 --> 00:26:13.960 And there's this is beyond the scope of

NOTE Confidence: 0.79459627777778

 $00:26:13.960 \longrightarrow 00:26:16.038$ discussion today about all the issues

NOTE Confidence: 0.79459627777778

 $00{:}26{:}16.038 \dashrightarrow 00{:}26{:}18.300$ that come with the response criteria.

00:26:18.300 --> 00:26:20.280 But finally an international panel,

NOTE Confidence: 0.79459627777778

 $00{:}26{:}20.280 \dashrightarrow 00{:}26{:}24.168$ the IWG has revised the criteria so we

NOTE Confidence: 0.79459627777778

 $00{:}26{:}24.168 \dashrightarrow 00{:}26{:}27.760$ have a new criteria for higher risk.

NOTE Confidence: 0.79459627777778

 $00:26:27.760 \longrightarrow 00:26:28.150$ Mrs.

NOTE Confidence: 0.79459627777778

 $00:26:28.150 \longrightarrow 00:26:31.985$ and I think this is going to address several

NOTE Confidence: 0.79459627777778

 $00:26:31.985 \longrightarrow 00:26:36.630$ of the shortcomings of the 2006 criteria.

NOTE Confidence: 0.79459627777778

 $00:26:36.630 \longrightarrow 00:26:39.666$ How about some of the clinical

NOTE Confidence: 0.79459627777778

 $00:26:39.666 \longrightarrow 00:26:40.678$ development abstracts?

NOTE Confidence: 0.79459627777778

 $00:26:40.680 \longrightarrow 00:26:42.095$ There were several important ones

NOTE Confidence: 0.79459627777778

00:26:42.095 --> 00:26:44.159 for both lower risk and higher risk.

NOTE Confidence: 0.79459627777778

 $00{:}26{:}44.160 \dashrightarrow 00{:}26{:}46.582$ For lower risk MD as the treatment

NOTE Confidence: 0.79459627777778

00:26:46.582 --> 00:26:48.672 continues to be ESA erythropoiesis

NOTE Confidence: 0.79459627777778

00:26:48.672 --> 00:26:50.636 stimulating agents for most

NOTE Confidence: 0.79459627777778

 $00:26:50.636 \longrightarrow 00:26:53.020$ patients with lower risk MD S.

NOTE Confidence: 0.79459627777778

00:26:53.020 --> 00:26:54.840 How about for patients who have deletion?

NOTE Confidence: 0.79459627777778

 $00:26:54.840 \longrightarrow 00:26:59.046$ 5Q Lenalidomide is an important drug.

00:26:59.050 --> 00:27:00.718 Lenalidomide is currently approved

NOTE Confidence: 0.74674568

 $00{:}27{:}00.718 \to 00{:}27{:}03.572$ for lower risk deletion 5Q DS patients

NOTE Confidence: 0.74674568

00:27:03.572 --> 00:27:05.148 who are transfusion dependent.

NOTE Confidence: 0.74674568

00:27:05.150 --> 00:27:06.766 So this important abstract,

NOTE Confidence: 0.74674568

 $00{:}27{:}06.766 \dashrightarrow 00{:}27{:}09.190$ this is a randomized phase three

NOTE Confidence: 0.74674568

 $00:27:09.263 \longrightarrow 00:27:11.453$ trial looked at giving Lenalidomide

NOTE Confidence: 0.74674568

00:27:11.453 --> 00:27:14.090 in patients with Delphi Q lower risk

NOTE Confidence: 0.74674568

 $00:27:14.090 \longrightarrow 00:27:16.070$ who are not yet transfusion dependent.

NOTE Confidence: 0.74674568

00:27:16.070 --> 00:27:18.032 As you can see the criteria

NOTE Confidence: 0.74674568

00:27:18.032 --> 00:27:19.889 eligibility anemia of less than 12.

NOTE Confidence: 0.74674568

 $00:27:19.890 \longrightarrow 00:27:21.318$ So if you have a hemoglobin of

NOTE Confidence: 0.74674568

 $00:27:21.318 \longrightarrow 00:27:23.240$ 10 or 11 and you are symptomatic.

NOTE Confidence: 0.74674568

 $00{:}27{:}23.240 \dashrightarrow 00{:}27{:}25.109$ Even if you are not needing transfusions,

NOTE Confidence: 0.74674568

 $00:27:25.110 \longrightarrow 00:27:26.909$ you would be eligible for this trial.

NOTE Confidence: 0.74674568

 $00:27:26.910 \longrightarrow 00:27:28.574$ Patients were randomized to

00:27:28.574 --> 00:27:31.070 Lenalidomide in a time limited fashion,

NOTE Confidence: 0.74674568

 $00{:}27{:}31.070 \dashrightarrow 00{:}27{:}32.060$ meaning that you are getting

NOTE Confidence: 0.74674568

 $00:27:32.060 \longrightarrow 00:27:33.330$ the drug only for two years,

NOTE Confidence: 0.74674568

 $00:27:33.330 \longrightarrow 00:27:36.170$ it's not continuous versus placebo.

NOTE Confidence: 0.74674568

 $00:27:36.170 \longrightarrow 00:27:38.347$ And then the patient who are monitored

NOTE Confidence: 0.74674568

 $00{:}27{:}38.347 \dashrightarrow 00{:}27{:}41.027$ and this is the top line result of

NOTE Confidence: 0.74674568

 $00{:}27{:}41.027 \dashrightarrow 00{:}27{:}43.201$ this study is that Lenalidomide has

NOTE Confidence: 0.74674568

00:27:43.201 --> 00:27:45.346 significantly lower the chance of

NOTE Confidence: 0.74674568

 $00{:}27{:}45.346 \dashrightarrow 00{:}27{:}47.554$ needing regular transfusions as well

NOTE Confidence: 0.74674568

 $00:27:47.554 \longrightarrow 00:27:50.458$ as delayed the time to transition

NOTE Confidence: 0.74674568

 $00:27:50.458 \longrightarrow 00:27:53.050$ dependency significantly more than six years.

NOTE Confidence: 0.74674568

 $00:27:53.050 \longrightarrow 00:27:54.910$ For patients who are only related

NOTE Confidence: 0.74674568

 $00:27:54.910 \longrightarrow 00:27:57.143$ to mild compared to patients who are

NOTE Confidence: 0.74674568

 $00{:}27{:}57.143 \dashrightarrow 00{:}27{:}59.003$ getting a place bo and also induced

NOTE Confidence: 0.74674568

00:27:59.003 --> 00:28:01.352 a lot of cytogenetic responses and

NOTE Confidence: 0.74674568

 $00:28:01.352 \longrightarrow 00:28:02.537$ their safety profile,

 $00:28:02.540 \longrightarrow 00:28:05.275$ both hematological and and non

NOTE Confidence: 0.74674568

 $00:28:05.275 \longrightarrow 00:28:08.010$ hematological was generally well tolerated.

NOTE Confidence: 0.74674568

00:28:08.010 --> 00:28:09.564 So I think this could potentially

NOTE Confidence: 0.74674568

 $00:28:09.564 \longrightarrow 00:28:12.027$ lead to a major change in practice in

NOTE Confidence: 0.74674568

 $00:28:12.027 \longrightarrow 00:28:13.399$ earlier initiation of Lenalidomide

NOTE Confidence: 0.74674568

00:28:13.399 --> 00:28:15.729 and this is one thing that I think

NOTE Confidence: 0.74674568

00:28:15.729 --> 00:28:17.604 is important to consider in patients

NOTE Confidence: 0.74674568

 $00:28:17.604 \longrightarrow 00:28:20.453$ with deletion 5Q who are an emic but

NOTE Confidence: 0.74674568

 $00:28:20.453 \longrightarrow 00:28:23.019$ not yet transfusion dependent.

NOTE Confidence: 0.74674568

 $00:28:23.020 \longrightarrow 00:28:25.456$ The Middle East trial which many of

NOTE Confidence: 0.74674568

 $00:28:25.456 \longrightarrow 00:28:29.220$ you have contributed to when it was ongoing.

NOTE Confidence: 0.74674568

 $00:28:29.220 \longrightarrow 00:28:31.901$ This trial led to the approval of

NOTE Confidence: 0.74674568

 $00{:}28{:}31.901 \dashrightarrow 00{:}28{:}33.758$ Los Battleship the transforming

NOTE Confidence: 0.74674568

 $00:28:33.758 \longrightarrow 00:28:36.654$ growth factor pathway drug that is

NOTE Confidence: 0.74674568

 $00:28:36.654 \longrightarrow 00:28:39.020$ illegal trap that has been shown in

00:28:39.093 --> 00:28:41.628 patients with RingCentral Plast Mrs.

NOTE Confidence: 0.74674568

 $00{:}28{:}41.630 \dashrightarrow 00{:}28{:}44.190$ with ring sideroblasts to improve

NOTE Confidence: 0.74674568

 $00:28:44.190 \longrightarrow 00:28:45.214$ transition independence.

NOTE Confidence: 0.74674568

 $00:28:45.220 \longrightarrow 00:28:46.781$ You can see this is the New

NOTE Confidence: 0.74674568

00:28:46.781 --> 00:28:47.940 England Journal of Medicine,

NOTE Confidence: 0.74674568

 $00:28:47.940 \longrightarrow 00:28:50.369$ a paper that led to the approval

NOTE Confidence: 0.74674568

 $00{:}28{:}50.370 \dashrightarrow 00{:}28{:}52.346$ 38% transfusion independence we.

NOTE Confidence: 0.74674568

 $00:28:52.346 \longrightarrow 00:28:54.816$ Published an update from that

NOTE Confidence: 0.74674568

00:28:54.816 --> 00:28:56.978 study in 2022 showing that the

NOTE Confidence: 0.74674568

00:28:56.978 --> 00:28:58.788 responses would lose better ship,

NOTE Confidence: 0.74674568

 $00:28:58.790 \longrightarrow 00:29:00.722$ were long lasting and not only

NOTE Confidence: 0.74674568

00:29:00.722 --> 00:29:02.010 limited to transfusion dependence,

NOTE Confidence: 0.74674568

 $00{:}29{:}02.010 \dashrightarrow 00{:}29{:}04.873$ but there was a lot of improvement

NOTE Confidence: 0.74674568

 $00:29:04.873 \longrightarrow 00:29:07.272$ in hematologic parameters as well as

NOTE Confidence: 0.74674568

 $00:29:07.272 \longrightarrow 00:29:09.480$ significant reduction in the red blood

NOTE Confidence: 0.74674568

 $00:29:09.480 \longrightarrow 00:29:12.472$ cell transfusion among those who did

 $00:29:12.472 \longrightarrow 00:29:15.027$ not fully achieve transfusion independence.

NOTE Confidence: 0.74674568

00:29:15.030 --> 00:29:15.484 However,

NOTE Confidence: 0.74674568

00:29:15.484 --> 00:29:18.208 the approval was after SF failure

NOTE Confidence: 0.74674568

 $00:29:18.210 \longrightarrow 00:29:19.750$ for patients who have Ms.

NOTE Confidence: 0.74674568

 $00:29:19.750 \longrightarrow 00:29:20.974$ with ring sideroblasts,

NOTE Confidence: 0.74674568

 $00:29:20.974 \longrightarrow 00:29:23.630$ so the commands trial this is a phase three.

NOTE Confidence: 0.74674568

00:29:23.630 --> 00:29:24.017 Well,

NOTE Confidence: 0.74674568

 $00{:}29{:}24.017 \dashrightarrow 00{:}29{:}26.339$ uh of less partnership versus ESA,

NOTE Confidence: 0.74674568

 $00:29:26.340 \longrightarrow 00:29:28.308$ so this is a frontline treatment

NOTE Confidence: 0.74674568

 $00:29:28.308 \longrightarrow 00:29:30.037$ where patients were randomized to

NOTE Confidence: 0.74674568

 $00:29:30.037 \longrightarrow 00:29:31.832$ receive either lose partnership or

NOTE Confidence: 0.74674568

 $00:29:31.832 \longrightarrow 00:29:33.268$ erythropoietin in the frontline

NOTE Confidence: 0.74674568

 $00:29:33.330 \longrightarrow 00:29:35.364$ setting first treatment and not only

NOTE Confidence: 0.74674568

00:29:35.364 --> 00:29:36.995 in patients with RingCentral Press,

NOTE Confidence: 0.74674568

 $00:29:36.995 \longrightarrow 00:29:38.920$ but also in patients without ring syndrome.

 $00:29:38.920 \longrightarrow 00:29:42.028$ Last and this trial was a large

NOTE Confidence: 0.74674568

 $00{:}29{:}42.028 --> 00{:}29{:}42.916 \ international \ trial,$

NOTE Confidence: 0.74674568

 $00:29:42.920 \longrightarrow 00:29:45.560$ more than 350 patients were enrolled

NOTE Confidence: 0.74674568

00:29:45.560 --> 00:29:48.454 including here at TL and data were

NOTE Confidence: 0.74674568

00:29:48.454 --> 00:29:51.100 not presented from this trial in ASH,

NOTE Confidence: 0.74674568

 $00:29:51.100 \longrightarrow 00:29:53.662$ but there was a press release from

NOTE Confidence: 0.74674568

 $00:29:53.662 \longrightarrow 00:29:54.394$ the manufacturer.

NOTE Confidence: 0.74674568 00:29:54.400 --> 00:29:54.892 Uh,

NOTE Confidence: 0.74674568

 $00{:}29{:}54.892 \dashrightarrow 00{:}29{:}56.368$ basically declaring positive

NOTE Confidence: 0.74674568

 $00:29:56.368 \longrightarrow 00:29:58.828$ results for the primary endpoint.

NOTE Confidence: 0.74674568

 $00{:}29{:}58.830 \dashrightarrow 00{:}30{:}00.950$ So this is I think could be an

NOTE Confidence: 0.74674568

 $00:30:00.950 \longrightarrow 00:30:01.980$ important development in the

NOTE Confidence: 0.74674568

 $00:30:01.980 \longrightarrow 00:30:03.829$ management of lower risk MD S in 2023.

NOTE Confidence: 0.74674568

 $00{:}30{:}03.829 \to 00{:}30{:}06.520$ We are hoping to see the data later this

NOTE Confidence: 0.838432266190476

 $00:30:06.587 \longrightarrow 00:30:08.963$ year describing the impact of Los

NOTE Confidence: 0.838432266190476

 $00:30:08.963 \dashrightarrow 00:30:11.140$ leadership in the frontline setting.

 $00:30:11.140 \longrightarrow 00:30:14.467$ Another free trial that. Was open here.

NOTE Confidence: 0.838432266190476

 $00:30:14.467 \longrightarrow 00:30:16.210$ TL is the trial that looked at

NOTE Confidence: 0.838432266190476

 $00{:}30{:}16.271 \dashrightarrow 00{:}30{:}18.155$ the imetel stat which is a first

NOTE Confidence: 0.838432266190476

 $00:30:18.155 \longrightarrow 00:30:19.517$ in class telomerase inhibitor.

NOTE Confidence: 0.838432266190476

00:30:19.517 --> 00:30:22.853 This is an IV drug that's given every

NOTE Confidence: 0.838432266190476

 $00:30:22.853 \longrightarrow 00:30:26.189$ four weeks and phase two data single arm.

NOTE Confidence: 0.838432266190476

 $00:30:26.190 \longrightarrow 00:30:28.275$ Phase two data previously published

NOTE Confidence: 0.838432266190476

 $00:30:28.275 \longrightarrow 00:30:30.844$ have shown that among patients who

NOTE Confidence: 0.838432266190476

 $00:30:30.844 \longrightarrow 00:30:32.504$ are heavily transfused without

NOTE Confidence: 0.838432266190476

 $00{:}30{:}32.504 \dashrightarrow 00{:}30{:}35.580$ deletion 5Q but had lower risk.

NOTE Confidence: 0.838432266190476

 $00:30:35.580 \longrightarrow 00:30:38.115 \text{ MD S } 38 \text{ patients have higher}$

NOTE Confidence: 0.838432266190476

 $00{:}30{:}38.115 \dashrightarrow 00{:}30{:}39.695$ rates of transfusion independence.

NOTE Confidence: 0.838432266190476

00:30:39.700 --> 00:30:42.160 With this drug 40% achieve

NOTE Confidence: 0.838432266190476

00:30:42.160 --> 00:30:43.144 transfusion independence.

NOTE Confidence: 0.838432266190476

 $00:30:43.150 \longrightarrow 00:30:44.602$ This was previously published.

00:30:44.602 --> 00:30:47.217 What was presented in ASH is an

NOTE Confidence: 0.838432266190476

00:30:47.217 --> 00:30:49.467 update on the patients who had

NOTE Confidence: 0.838432266190476

00:30:49.467 --> 00:30:51.210 transfusion independence on the drug,

NOTE Confidence: 0.838432266190476

 $00:30:51.210 \longrightarrow 00:30:52.812$ which lasted more than one year

NOTE Confidence: 0.838432266190476

00:30:52.812 --> 00:30:54.439 and there were eleven out of the

NOTE Confidence: 0.918951911

 $00:30:56.830 \longrightarrow 00:31:00.086$ 3829%. And you can see here that among

NOTE Confidence: 0.918951911

 $00:31:00.086 \longrightarrow 00:31:02.634$ those patients there was significant

NOTE Confidence: 0.918951911

 $00:31:02.634 \longrightarrow 00:31:05.524$ durability of the transition independence,

NOTE Confidence: 0.918951911

00:31:05.530 --> 00:31:07.490 92 weeks of transfusion independence,

NOTE Confidence: 0.918951911

 $00:31:07.490 \longrightarrow 00:31:09.401$ but also the mean change in the

NOTE Confidence: 0.918951911

 $00{:}31{:}09.401 \dashrightarrow 00{:}31{:}10.850$ hemoglobin was quite impressive.

NOTE Confidence: 0.918951911

 $00:31:10.850 \longrightarrow 00:31:13.566$ The median increase was almost 3 grams.

NOTE Confidence: 0.918951911

 $00:31:13.570 \longrightarrow 00:31:14.800$ So those are not patients.

NOTE Confidence: 0.918951911

 $00:31:14.800 \longrightarrow 00:31:16.288$ Going from hemoglobin 8 to 9,

NOTE Confidence: 0.918951911

 $00:31:16.290 \longrightarrow 00:31:18.546$ this is someone going from 8 to 11.

NOTE Confidence: 0.918951911

 $00:31:18.550 \longrightarrow 00:31:22.288$ So that's certainly is a meaningful benefit.

 $00:31:22.290 \longrightarrow 00:31:24.670$ But importantly there was a press release

NOTE Confidence: 0.918951911

 $00{:}31{:}24.670 \dashrightarrow 00{:}31{:}27.306$ also this was a year of press releases,

NOTE Confidence: 0.918951911

00:31:27.310 --> 00:31:29.130 all our risk and bias,

NOTE Confidence: 0.918951911

 $00:31:29.130 \longrightarrow 00:31:31.590$ the Imerge phase three trial,

NOTE Confidence: 0.918951911

 $00{:}31{:}31.590 \dashrightarrow 00{:}31{:}33.792$ the top line results also confirmed

NOTE Confidence: 0.918951911

 $00:31:33.792 \longrightarrow 00:31:36.702$ that advantage of the phase two showing

NOTE Confidence: 0.918951911

 $00:31:36.702 \longrightarrow 00:31:38.530$ transition independence with the

NOTE Confidence: 0.918951911

 $00:31:38.530 \longrightarrow 00:31:41.190$ loss would initially start in 40% of

NOTE Confidence: 0.918951911

 $00{:}31{:}41.190 \dashrightarrow 00{:}31{:}43.290$ patients who have received this drug

NOTE Confidence: 0.918951911

 $00:31:43.290 \longrightarrow 00:31:45.946$ and this drug is now in front of the.

NOTE Confidence: 0.918951911

 $00{:}31{:}45.950 \dashrightarrow 00{:}31{:}48.414$ They are also in consideration for approval.

NOTE Confidence: 0.918951911

 $00:31:48.420 \longrightarrow 00:31:50.366$ We are hoping to see the data

NOTE Confidence: 0.918951911

 $00:31:50.366 \longrightarrow 00:31:51.580$ also later this year.

NOTE Confidence: 0.918951911

 $00:31:51.580 \longrightarrow 00:31:53.100$ But between these two drugs,

NOTE Confidence: 0.918951911

 $00:31:53.100 \longrightarrow 00:31:54.976$ I think there could be a significant

 $00:31:54.976 \longrightarrow 00:31:56.970$ change in the landscape of management of

NOTE Confidence: 0.918951911

 $00:31:56.970 \dashrightarrow 00:32:00.640$ lower risk MD S about higher risk MD S.

NOTE Confidence: 0.918951911

 $00:32:00.640 \longrightarrow 00:32:03.209$ So at Jamies have been a significant.

NOTE Confidence: 0.846365137272727

 $00:32:05.290 \longrightarrow 00:32:07.796$ Basically in terms of helping patients with

NOTE Confidence: 0.846365137272727

 $00:32:07.796 \dashrightarrow 00:32:10.782$ high risk MD S but real life data such as

NOTE Confidence: 0.846365137272727

 $00:32:10.782 \longrightarrow 00:32:13.232$ the one I'm showing you here showed that

NOTE Confidence: 0.846365137272727

 $00:32:13.232 \dashrightarrow 00:32:15.800$ the benefit from HM is is suboptimal.

NOTE Confidence: 0.846365137272727

 $00:32:15.800 \longrightarrow 00:32:18.302$ The median survival is only 11 to 17 months.

NOTE Confidence: 0.846365137272727

00:32:18.310 --> 00:32:19.482 Once they stop working,

NOTE Confidence: 0.846365137272727

 $00:32:19.482 \longrightarrow 00:32:21.730$ the survival is 5 to six months.

NOTE Confidence: 0.846365137272727

 $00{:}32{:}21.730 \dashrightarrow 00{:}32{:}23.970$ So we certainly need improvements.

NOTE Confidence: 0.846365137272727

 $00:32:23.970 \longrightarrow 00:32:26.392$ However, many of the drugs that were

NOTE Confidence: 0.846365137272727

 $00:32:26.392 \longrightarrow 00:32:29.602$ added to HMA's have not unfortunately

NOTE Confidence: 0.846365137272727

 $00:32:29.602 \longrightarrow 00:32:31.486$ shown any benefit.

NOTE Confidence: 0.846365137272727

 $00:32:31.490 \longrightarrow 00:32:33.289$ We have a big graveyard of drugs.

NOTE Confidence: 0.846365137272727

 $00:32:33.290 \longrightarrow 00:32:35.634$ You can see some of them listed here.

00:32:35.640 --> 00:32:37.761 That once combined with HM is initially

NOTE Confidence: 0.846365137272727

 $00{:}32{:}37.761 \dashrightarrow 00{:}32{:}40.140$ they showed good data in single arm trials,

NOTE Confidence: 0.846365137272727

 $00:32:40.140 \longrightarrow 00:32:42.068$ but once you have the phase three trials

NOTE Confidence: 0.846365137272727

 $00:32:42.068 \longrightarrow 00:32:44.039$ or the randomized phase two trials,

NOTE Confidence: 0.846365137272727

 $00:32:44.040 \longrightarrow 00:32:46.248$ the results were negative.

NOTE Confidence: 0.846365137272727

 $00:32:46.248 \longrightarrow 00:32:48.225$ However, we have other drugs that

NOTE Confidence: 0.846365137272727

 $00:32:48.225 \longrightarrow 00:32:50.713$ are now in phase three trials and we

NOTE Confidence: 0.846365137272727

 $00:32:50.713 \dashrightarrow 00:32:52.699$ are optimistic about some of those.

NOTE Confidence: 0.846365137272727

 $00{:}32{:}52.700 \dashrightarrow 00{:}32{:}55.430$ You can see here 6 randomized phase

NOTE Confidence: 0.846365137272727

 $00:32:55.430 \longrightarrow 00:32:58.039$ three trials ongoing in the high risk

NOTE Confidence: 0.846365137272727

00:32:58.039 --> 00:33:00.440 MD S sitting in combination with HMS.

NOTE Confidence: 0.846365137272727

 $00:33:00.440 \longrightarrow 00:33:02.337$ The two trials that you see the

NOTE Confidence: 0.846365137272727

 $00{:}33{:}02.337 \dashrightarrow 00{:}33{:}04.093$ drug listed in black people need

NOTE Confidence: 0.846365137272727

 $00:33:04.093 \longrightarrow 00:33:05.648$ to start and APR 246.

NOTE Confidence: 0.846365137272727

00:33:05.648 --> 00:33:05.982 Unfortunately,

 $00:33:05.982 \longrightarrow 00:33:08.320$ those two threads have read out as

NOTE Confidence: 0.846365137272727

 $00:33:08.387 \longrightarrow 00:33:10.347$ negative for the primary endpoint.

NOTE Confidence: 0.846365137272727

 $00:33:10.350 \longrightarrow 00:33:12.380$ But the other four trials with venetoclax,

NOTE Confidence: 0.846365137272727

 $00:33:12.380 \longrightarrow 00:33:13.234$ sabatelli map,

NOTE Confidence: 0.846365137272727

00:33:13.234 --> 00:33:15.369 negroli Mab and Tammy paroxetine,

NOTE Confidence: 0.846365137272727

00:33:15.370 --> 00:33:16.962 all of those are ongoing and I'm going

NOTE Confidence: 0.846365137272727

 $00:33:16.962 \longrightarrow 00:33:18.625$ to tell you a little bit about them.

NOTE Confidence: 0.846365137272727 00:33:18.630 --> 00:33:19.030 However, NOTE Confidence: 0.846365137272727

 $00:33:19.030 \longrightarrow 00:33:22.230$ none of those four trials have yet reported.

NOTE Confidence: 0.846365137272727

 $00{:}33{:}22.230 \dashrightarrow 00{:}33{:}24.294$ But I think those are trials

NOTE Confidence: 0.846365137272727

 $00{:}33{:}24.294 \dashrightarrow 00{:}33{:}26.690$ that are important for the field

NOTE Confidence: 0.846365137272727

 $00:33:26.690 \longrightarrow 00:33:28.109$ because they potentially,

NOTE Confidence: 0.846365137272727

 $00:33:28.110 \longrightarrow 00:33:29.256$ if any of them are positive,

NOTE Confidence: 0.846365137272727

 $00:33:29.260 \longrightarrow 00:33:31.720$ it could change the landscape of

NOTE Confidence: 0.846365137272727

00:33:31.720 --> 00:33:34.635 treatment of high risk MD S so

NOTE Confidence: 0.846365137272727

 $00{:}33{:}34.635 \dashrightarrow 00{:}33{:}36.635$ another important reminder is that.

00:33:36.640 --> 00:33:38.225 Patients with MDD should be

NOTE Confidence: 0.846365137272727

00:33:38.225 --> 00:33:39.493 considered for transplant when

NOTE Confidence: 0.846365137272727

 $00:33:39.493 \longrightarrow 00:33:41.118$ they have higher risk disease.

NOTE Confidence: 0.846365137272727

00:33:41.120 --> 00:33:43.604 If you just keep the patient on HMA alone

NOTE Confidence: 0.846365137272727

 $00:33:43.604 \longrightarrow 00:33:45.919$ the long term survival is very poor,

NOTE Confidence: 0.846365137272727

 $00:33:45.920 \longrightarrow 00:33:47.767$ 4% for higher risk Ms. patients.

NOTE Confidence: 0.846365137272727

 $00:33:47.767 \longrightarrow 00:33:50.089$ And now we have randomized data.

NOTE Confidence: 0.846365137272727

 $00{:}33{:}50.090 \dashrightarrow 00{:}33{:}52.640$ This is biological assignment trial.

NOTE Confidence: 0.846365137272727

00:33:52.640 --> 00:33:55.322 If you have a donor versus no donor and

NOTE Confidence: 0.846365137272727

 $00:33:55.322 \longrightarrow 00:33:58.020$ that showed up to the age of 75 that

NOTE Confidence: 0.846365137272727

 $00{:}33{:}58.020 \dashrightarrow 00{:}34{:}00.330$ your overall survival could be doubled.

NOTE Confidence: 0.846365137272727

 $00:34:00.330 \longrightarrow 00:34:02.130$ The three-year survival for patients

NOTE Confidence: 0.846365137272727

 $00{:}34{:}02.130 \dashrightarrow 00{:}34{:}04.458$ who had a donor was 50% compared

NOTE Confidence: 0.846365137272727

 $00{:}34{:}04.458 --> 00{:}34{:}06.334$ to 26% and again this is up.

NOTE Confidence: 0.846365137272727

 $00:34:06.340 \longrightarrow 00:34:08.030$ At the age of 75,

 $00:34:08.030 \longrightarrow 00:34:10.221$ many patients are being told they are

NOTE Confidence: 0.846365137272727

 $00:34:10.221 \longrightarrow 00:34:11.853$ not candidate for transplant because

NOTE Confidence: 0.846365137272727

 $00:34:11.853 \longrightarrow 00:34:14.065$ they are late 60s or early 70s.

NOTE Confidence: 0.846365137272727

00:34:14.070 --> 00:34:16.630 But if the patient is otherwise good shape,

NOTE Confidence: 0.846365137272727

 $00:34:16.630 \longrightarrow 00:34:18.646$ I would strongly recommend that you

NOTE Confidence: 0.846365137272727

 $00:34:18.646 \longrightarrow 00:34:21.840$ refer them to discuss transplant.

NOTE Confidence: 0.846365137272727

 $00{:}34{:}21.840 \dashrightarrow 00{:}34{:}23.640$ Venetoclax is approved for all

NOTE Confidence: 0.846365137272727

 $00:34:23.640 \longrightarrow 00:34:25.440$ their unfit patients with AML.

NOTE Confidence: 0.846365137272727 00:34:25.440 --> 00:34:25.752 However, NOTE Confidence: 0.846365137272727

 $00:34:25.752 \longrightarrow 00:34:27.624$ the data in frontline in high

NOTE Confidence: 0.846365137272727

 $00{:}34{:}27.624 \dashrightarrow 00{:}34{:}29.858$ risk MD S has been promising.

NOTE Confidence: 0.846365137272727

 $00:34:29.860 \longrightarrow 00:34:31.900$ But this is single arm trial.

NOTE Confidence: 0.846365137272727

 $00:34:31.900 \longrightarrow 00:34:34.144$ We have previously published a trial

NOTE Confidence: 0.846365137272727

 $00:34:34.144 \longrightarrow 00:34:36.492$ that Yale participated in in the

NOTE Confidence: 0.846365137272727

 $00:34:36.492 \longrightarrow 00:34:38.060$ relapse refractory setting where

NOTE Confidence: 0.846365137272727

 $00:34:38.060 \longrightarrow 00:34:40.337$ venetoclax has been added after HMA

 $00{:}34{:}40.337 \dashrightarrow 00{:}34{:}42.257$ failure and the Verona trial which

NOTE Confidence: 0.846365137272727

00:34:42.257 --> 00:34:44.380 also was open at TL randomized

NOTE Confidence: 0.846365137272727

00:34:44.380 --> 00:34:46.600 patients to receive Asia versus Asia

NOTE Confidence: 0.846365137272727

 $00:34:46.668 \longrightarrow 00:34:48.840$ when this trial has fully accrued.

NOTE Confidence: 0.846365137272727

 $00:34:48.840 \longrightarrow 00:34:50.751$ And we are waiting for the results

NOTE Confidence: 0.846365137272727

 $00:34:50.751 \longrightarrow 00:34:51.800$ of this trial to.

NOTE Confidence: 0.846365137272727

 $00:34:51.800 \longrightarrow 00:34:53.720$ Look at the role of venetoclax

NOTE Confidence: 0.846365137272727

 $00:34:53.720 \longrightarrow 00:34:55.000$ in high risk MD

NOTE Confidence: 0.783587409090909

00:34:55.071 --> 00:34:56.842 S. Another I think interesting

NOTE Confidence: 0.783587409090909

 $00:34:56.842 \longrightarrow 00:34:58.882$ molecule that we've been part

NOTE Confidence: 0.783587409090909

 $00{:}34{:}58.882 \dashrightarrow 00{:}35{:}01.265$ of is sabatelli map and item 3.

NOTE Confidence: 0.783587409090909

 $00:35:01.270 \longrightarrow 00:35:04.063$ So tem three basically is an inhibitory

NOTE Confidence: 0.783587409090909

 $00{:}35{:}04.063 \dashrightarrow 00{:}35{:}07.468$ receptor that is not only present on T

NOTE Confidence: 0.783587409090909

 $00:35:07.468 \longrightarrow 00:35:09.603$ cells like regular immune checkpoints,

NOTE Confidence: 0.783587409090909

 $00:35:09.610 \longrightarrow 00:35:11.810$ but this is also present on some of

 $00:35:11.810 \longrightarrow 00:35:13.859$ the leukemia stem cells and the blast.

NOTE Confidence: 0.783587409090909

00:35:13.860 --> 00:35:17.328 So Sabato Lima could basically be

NOTE Confidence: 0.783587409090909

 $00:35:17.328 \longrightarrow 00:35:19.456$ targeting both the immune system

NOTE Confidence: 0.783587409090909

00:35:19.456 --> 00:35:21.066 as an immune checkpoint inhibitor,

NOTE Confidence: 0.783587409090909

00:35:21.070 --> 00:35:23.140 but also directly attacking the

NOTE Confidence: 0.783587409090909

 $00:35:23.140 \longrightarrow 00:35:25.710$ plus and the leukemia stem cells.

NOTE Confidence: 0.783587409090909

00:35:25.710 --> 00:35:27.725 Early data have suggested activity

NOTE Confidence: 0.783587409090909

 $00:35:27.725 \longrightarrow 00:35:30.139$ in the clinical setting and based

NOTE Confidence: 0.783587409090909

00:35:30.139 --> 00:35:32.414 on this around the phase two trial

NOTE Confidence: 0.783587409090909

 $00:35:32.420 \longrightarrow 00:35:34.135$ which we had open here at TL,

NOTE Confidence: 0.783587409090909

 $00:35:34.140 \longrightarrow 00:35:37.040$ the stimulus MS1 randomized patients

NOTE Confidence: 0.783587409090909

 $00:35:37.040 \longrightarrow 00:35:40.502$ to receive Sabato Lima with HMA

NOTE Confidence: 0.783587409090909

 $00:35:40.502 \longrightarrow 00:35:43.328$ versus HMA alone and the primary

NOTE Confidence: 0.783587409090909

 $00:35:43.328 \longrightarrow 00:35:45.559$ endpoint was CR and PFS.

NOTE Confidence: 0.783587409090909

 $00:35:45.560 \longrightarrow 00:35:48.157$ We presented this data in in ASH.

NOTE Confidence: 0.783587409090909

 $00{:}35{:}48.160 \dashrightarrow 00{:}35{:}50.320$ This was the only randomized phase

 $00:35:50.320 \longrightarrow 00:35:52.495$ two trial presented in ASH 2022.

NOTE Confidence: 0.783587409090909

 $00:35:52.495 \longrightarrow 00:35:54.395$ Unfortunately the primary endpoint

NOTE Confidence: 0.783587409090909

 $00:35:54.395 \longrightarrow 00:35:55.820$ on this randomized.

NOTE Confidence: 0.783587409090909

 $00:35:55.820 \longrightarrow 00:35:57.150$ This too was not reached.

NOTE Confidence: 0.783587409090909

00:35:57.150 --> 00:35:59.020 There was still no significant

NOTE Confidence: 0.783587409090909

 $00:35:59.020 \longrightarrow 00:36:00.890$ difference in CR and PFS.

NOTE Confidence: 0.783587409090909

00:36:00.890 --> 00:36:02.498 But what I attract your attention

NOTE Confidence: 0.783587409090909

 $00{:}36{:}02.498 \dashrightarrow 00{:}36{:}04.412$ to is that there was late separation

NOTE Confidence: 0.783587409090909

 $00:36:04.412 \longrightarrow 00:36:06.644$ of the curves and the PFS was eleven

NOTE Confidence: 0.783587409090909

 $00:36:06.644 \longrightarrow 00:36:08.666$ months compared to 8.5 months,

NOTE Confidence: 0.783587409090909

00:36:08.666 --> 00:36:11.206 which would be potentially consistent

NOTE Confidence: 0.783587409090909

 $00:36:11.206 \longrightarrow 00:36:14.185$ with delayed onset of action seen

NOTE Confidence: 0.783587409090909

 $00{:}36{:}14.185 {\:{\mbox{--}}}{>}\ 00{:}36{:}16.510$ with immune checkpoint inhibitors and

NOTE Confidence: 0.783587409090909

 $00:36:16.510 \longrightarrow 00:36:19.330$ importantly among patients who achieve CR.

NOTE Confidence: 0.783587409090909

00:36:19.330 --> 00:36:20.947 So the CR rate was not increased,

 $00:36:20.950 \longrightarrow 00:36:22.790$ but those who achieved CR,

NOTE Confidence: 0.783587409090909

 $00{:}36{:}22.790 \dashrightarrow 00{:}36{:}24.659$ the duration of the CR was doubled

NOTE Confidence: 0.783587409090909

 $00{:}36{:}24.659 \dashrightarrow 00{:}36{:}26.109$ for the combination compared to.

NOTE Confidence: 0.783587409090909

00:36:26.110 --> 00:36:28.784 I mean one of therapy again suggesting

NOTE Confidence: 0.783587409090909

 $00:36:28.784 \longrightarrow 00:36:31.068$ potentially that there could be a

NOTE Confidence: 0.783587409090909

00:36:31.068 --> 00:36:32.853 deeper response and more durable

NOTE Confidence: 0.783587409090909

 $00:36:32.853 \longrightarrow 00:36:34.950$ response with with the combination.

NOTE Confidence: 0.783587409090909

 $00:36:34.950 \longrightarrow 00:36:38.548$ But of course these are exploratory analysis.

NOTE Confidence: 0.783587409090909

 $00:36:38.550 \longrightarrow 00:36:41.581$ The phase three trial is already also

NOTE Confidence: 0.783587409090909

00:36:41.581 --> 00:36:43.590 fully accrued. It was open at Yale.

NOTE Confidence: 0.783587409090909

 $00{:}36{:}43.590 \dashrightarrow 00{:}36{:}45.390$ Some of the care centers have

NOTE Confidence: 0.783587409090909

 $00{:}36{:}45.390 \dashrightarrow 00{:}36{:}47.610$ contributed patients to this royal

NOTE Confidence: 0.783587409090909

 $00:36:47.610 \longrightarrow 00:36:49.830$ which randomized patients to receive

NOTE Confidence: 0.783587409090909

 $00:36:49.894 \longrightarrow 00:36:51.674$ Sabathia versus sorry Sabato Lima

NOTE Confidence: 0.783587409090909

 $00:36:51.674 \longrightarrow 00:36:54.146$ with HM versus is alone and this

NOTE Confidence: 0.783587409090909

 $00:36:54.146 \longrightarrow 00:36:56.018$ trial is fully accrued and we

 $00:36:56.018 \longrightarrow 00:36:57.829$ are waiting for the results.

NOTE Confidence: 0.783587409090909

 $00{:}36{:}57.829 \to 00{:}37{:}00.580$ Negroli Mab is another drug that had

NOTE Confidence: 0.783587409090909

 $00{:}37{:}00.663 \dashrightarrow 00{:}37{:}02.945$ attracted a lot of attention in AML

NOTE Confidence: 0.783587409090909

 $00:37:02.945 \longrightarrow 00:37:05.980$ and MD S This is this works on the on

NOTE Confidence: 0.783587409090909

 $00:37:05.980 \longrightarrow 00:37:09.267$ the CD 47 but don't Eat Me Signal CD

NOTE Confidence: 0.783587409090909

 $00{:}37{:}09.267 \dashrightarrow 00{:}37{:}12.554$ 47 is expressed in MDR cells and it.

NOTE Confidence: 0.783587409090909

00:37:12.554 --> 00:37:15.074 Can evade phagocytosis so inhibiting

NOTE Confidence: 0.783587409090909

 $00{:}37{:}15.074 --> 00{:}37{:}19.160$ it with the anti CD 47 agent can

NOTE Confidence: 0.783587409090909

 $00:37:19.160 \longrightarrow 00:37:21.140$ lead to increased phagocytosis

NOTE Confidence: 0.783587409090909

 $00{:}37{:}21.140 \dashrightarrow 00{:}37{:}24.079$ of blasts and clinical benefit.

NOTE Confidence: 0.783587409090909

00:37:24.080 --> 00:37:26.974 This is a phase two study of

NOTE Confidence: 0.783587409090909

 $00{:}37{:}26.974 \dashrightarrow 00{:}37{:}28.882$ margaroli map with azacitidine

NOTE Confidence: 0.783587409090909

 $00{:}37{:}28.882 \dashrightarrow 00{:}37{:}30.313$ showing promising responses,

NOTE Confidence: 0.783587409090909

 $00:37:30.320 \longrightarrow 00:37:32.560$ but this was a single arm trial.

NOTE Confidence: 0.783587409090909

 $00:37:32.560 \longrightarrow 00:37:34.816$ They are ongoing phase three trials

 $00:37:34.816 \longrightarrow 00:37:36.640$ with this drug margaroli map.

NOTE Confidence: 0.783587409090909

 $00:37:36.640 \longrightarrow 00:37:39.772$ And we also have a study coming ATL where

NOTE Confidence: 0.783587409090909

 $00:37:39.772 \longrightarrow 00:37:43.157$ oral HMA is being combined with Negroli map.

NOTE Confidence: 0.783587409090909

 $00:37:43.160 \longrightarrow 00:37:45.827$ This is a trial in progress abstract

NOTE Confidence: 0.783587409090909

 $00:37:45.827 \longrightarrow 00:37:47.865$ presented in ASH that discusses

NOTE Confidence: 0.783587409090909

 $00:37:47.865 \longrightarrow 00:37:49.920$ the design of this trial.

NOTE Confidence: 0.783587409090909

 $00:37:49.920 \longrightarrow 00:37:52.769$ And we have another anti CD 47

NOTE Confidence: 0.783587409090909

 $00:37:52.769 \longrightarrow 00:37:58.261$ agent that is being tested and for

NOTE Confidence: 0.783587409090909

 $00:37:58.261 \dashrightarrow 00:38:03.187$ MSDS and AML after HMA failure.

NOTE Confidence: 0.783587409090909

 $00:38:03.190 \longrightarrow 00:38:05.398$ So a lot of drugs are being tested

NOTE Confidence: 0.783587409090909

 $00{:}38{:}05.398 \dashrightarrow 00{:}38{:}07.848$ in MD S This is showing them of

NOTE Confidence: 0.783587409090909

 $00:38:07.848 \longrightarrow 00:38:10.514$ some of the trials that we had open

NOTE Confidence: 0.783587409090909

00:38:10.514 --> 00:38:12.584 or are in activation process that

NOTE Confidence: 0.508897156666667

 $00{:}38{:}12.590 \dashrightarrow 00{:}38{:}15.788$ Tammy protein which is Arara agonist,

NOTE Confidence: 0.508897156666667

 $00:38:15.790 \longrightarrow 00:38:18.070$ super agonist.

NOTE Confidence: 0.508897156666667

 $00:38:18.070 \longrightarrow 00:38:20.020$ Aurora is basically over expressed in

 $00:38:20.020 \longrightarrow 00:38:22.428$ around half of the patients with MDS.

NOTE Confidence: 0.508897156666667

 $00:38:22.430 \longrightarrow 00:38:24.705$ So this is a phase three trial

NOTE Confidence: 0.508897156666667

 $00{:}38{:}24.705 \dashrightarrow 00{:}38{:}26.449$ that randomizes patients to Asia

NOTE Confidence: 0.508897156666667

00:38:26.449 --> 00:38:27.865 Tami paroxetine versus Asia.

NOTE Confidence: 0.508897156666667

 $00:38:27.870 \longrightarrow 00:38:29.994$ This is an activation in addition

NOTE Confidence: 0.508897156666667

 $00:38:29.994 \longrightarrow 00:38:32.190$ to the single arm oral decitabine

NOTE Confidence: 0.508897156666667

00:38:32.190 --> 00:38:34.668 with macro for higher risk MD S

NOTE Confidence: 0.508897156666667

 $00:38:34.668 \longrightarrow 00:38:37.051$ and then for the lower risk we

NOTE Confidence: 0.508897156666667

 $00:38:37.051 \longrightarrow 00:38:39.042$ have an extension of the imetelstat

NOTE Confidence: 0.508897156666667

 $00{:}38{:}39.042 \dashrightarrow 00{:}38{:}41.429$ sub study that I mentioned to you.

NOTE Confidence: 0.508897156666667

 $00:38:41.430 \longrightarrow 00:38:44.302$ So this is a single arm study that

NOTE Confidence: 0.508897156666667

 $00:38:44.302 \longrightarrow 00:38:46.440$ gives patients initially stat and

NOTE Confidence: 0.508897156666667

 $00{:}38{:}46.440 \dashrightarrow 00{:}38{:}47.990$ this includes patients with HMA.

NOTE Confidence: 0.508897156666667

 $00:38:47.990 \longrightarrow 00:38:49.642$ Earlier or Lenalidomide failure.

NOTE Confidence: 0.508897156666667

 $00:38:49.642 \longrightarrow 00:38:52.629$ So I encourage you to refer patients

00:38:52.629 --> 00:38:54.829 who are transfusion dependent who

NOTE Confidence: 0.508897156666667

 $00{:}38{:}54.829 \dashrightarrow 00{:}38{:}57.100$ have not responded or benefited

NOTE Confidence: 0.508897156666667

00:38:57.100 --> 00:38:59.280 from standard of care drugs.

NOTE Confidence: 0.508897156666667

 $00{:}38{:}59.280 \dashrightarrow 00{:}39{:}01.128$ So this is my last slide and I'm

NOTE Confidence: 0.508897156666667

00:39:01.128 --> 00:39:03.058 happy to take any questions later.

NOTE Confidence: 0.508897156666667

 $00:39:03.060 \longrightarrow 00:39:03.800$ Thank you so much.

NOTE Confidence: 0.88455987

 $00:39:14.110 \longrightarrow 00:39:16.868$ OK, this will present now

NOTE Confidence: 0.88455987

00:39:16.868 --> 00:39:18.556 updates on acute leukemias.

NOTE Confidence: 0.831800535

 $00{:}39{:}20.060 \dashrightarrow 00{:}39{:}22.832$ OK. So I'm going to start with

NOTE Confidence: 0.831800535

 $00:39:22.832 \longrightarrow 00:39:25.320$ AML and then move to a LL.

NOTE Confidence: 0.831800535

00:39:25.320 --> 00:39:27.268 I have no disclosures.

NOTE Confidence: 0.831800535

 $00:39:27.268 \longrightarrow 00:39:29.703$ So AML remains a disease

NOTE Confidence: 0.831800535

 $00{:}39{:}29.703 \dashrightarrow 00{:}39{:}32.160$ with suboptimal outcomes.

NOTE Confidence: 0.831800535

 $00:39:32.160 \longrightarrow 00:39:35.406$ The five year relative survival is 30.5%

NOTE Confidence: 0.831800535

 $00:39:35.406 \longrightarrow 00:39:38.814$ and this is a disease of older adults.

NOTE Confidence: 0.831800535

 $00:39:38.820 \longrightarrow 00:39:40.292$ Median age at diagnosis

 $00:39:40.292 \longrightarrow 00:39:43.672$ is 68 and at death is 73.

NOTE Confidence: 0.831800535

 $00:39:43.672 \longrightarrow 00:39:46.932$ And so treatments that are

NOTE Confidence: 0.831800535

 $00:39:46.932 \longrightarrow 00:39:49.980$ efficacious either new agents or.

NOTE Confidence: 0.831800535

 $00:39:49.980 \longrightarrow 00:39:51.026$ New combinations,

NOTE Confidence: 0.831800535

00:39:51.026 --> 00:39:53.118 particularly that are tolerated

NOTE Confidence: 0.831800535

 $00:39:53.118 \longrightarrow 00:39:56.149$ by this age group are needed.

NOTE Confidence: 0.831800535

 $00:39:56.150 \longrightarrow 00:39:59.041$ The addition of an edit flex to

NOTE Confidence: 0.831800535

 $00:39:59.041 \longrightarrow 00:40:00.588$ hypomethylating agents improved CR

NOTE Confidence: 0.831800535

 $00:40:00.588 \longrightarrow 00:40:04.610$ rates to 65 to 70% in the frontline

NOTE Confidence: 0.831800535

 $00:40:04.610 \longrightarrow 00:40:07.560$ setting and older unfit AML.

NOTE Confidence: 0.831800535

 $00:40:07.560 \longrightarrow 00:40:09.420$ However.

NOTE Confidence: 0.831800535

 $00:40:09.420 \longrightarrow 00:40:12.206$ Longer term data from the Viale study

NOTE Confidence: 0.831800535

 $00{:}40{:}12.206 \dashrightarrow 00{:}40{:}15.425$ has shown that only a minority of

NOTE Confidence: 0.831800535

 $00:40:15.425 \longrightarrow 00:40:17.268$ patients experience durable remission

NOTE Confidence: 0.831800535

 $00{:}40{:}17.268 \dashrightarrow 00{:}40{:}20.306$ and survival such as it two years

00:40:20.306 --> 00:40:23.380 and in high risk groups such as TP53,

NOTE Confidence: 0.831800535

00:40:23.380 --> 00:40:24.220 mutant JML,

NOTE Confidence: 0.831800535

 $00:40:24.220 \longrightarrow 00:40:26.740$ but also flip three mutant AML.

NOTE Confidence: 0.831800535

00:40:26.740 --> 00:40:30.674 Particularly in older and unfit AML patients,

NOTE Confidence: 0.831800535

 $00:40:30.680 \longrightarrow 00:40:35.356$ they're continued to be very poor outcomes.

NOTE Confidence: 0.831800535

00:40:35.360 --> 00:40:38.160 As an example, in TP53 mutant AML,

NOTE Confidence: 0.831800535

 $00:40:38.160 \longrightarrow 00:40:41.505$ the median overall survival is 5 to 7 months.

NOTE Confidence: 0.831800535

 $00:40:41.505 \longrightarrow 00:40:43.935$ With our standard of care therapies,

NOTE Confidence: 0.831800535

 $00:40:43.940 \longrightarrow 00:40:46.502$ there's also a great need in

NOTE Confidence: 0.831800535

00:40:46.502 --> 00:40:48.693 relapsed refractory AML where the

NOTE Confidence: 0.831800535

 $00{:}40{:}48.693 \dashrightarrow 00{:}40{:}50.718$ median overall survival and the

NOTE Confidence: 0.831800535

 $00{:}40{:}50.718 \dashrightarrow 00{:}40{:}53.298$ unfit subgroup is 3 to 7 months.

NOTE Confidence: 0.827654426

00:40:57.430 --> 00:41:01.378 And so turning to the TP 53 mutated group,

NOTE Confidence: 0.827654426

00:41:01.378 --> 00:41:05.010 it is occurring this mutation in five

NOTE Confidence: 0.827654426

 $00:41:05.010 \longrightarrow 00:41:08.170$ to 10% of patients with the Novo AML

NOTE Confidence: 0.827654426

 $00{:}41{:}08.170 \dashrightarrow 00{:}41{:}10.926$ and its enriched in the rapy related

 $00:41:10.926 \longrightarrow 00:41:14.240$ AML and as noted before with standard

NOTE Confidence: 0.827654426

 $00:41:14.240 \longrightarrow 00:41:18.219$ of care the survival is poor less than

NOTE Confidence: 0.827654426

 $00:41:18.219 \longrightarrow 00:41:20.754$ one year including post transplant.

NOTE Confidence: 0.827654426

00:41:20.760 --> 00:41:24.090 And so doctor Zaiden discussed this

NOTE Confidence: 0.827654426

 $00{:}41{:}24.090 \dashrightarrow 00{:}41{:}27.699$ agent Mike Roll Amab which targets

NOTE Confidence: 0.827654426

 $00:41:27.700 \longrightarrow 00:41:30.916$ CD-47 which has been called amyloid

NOTE Confidence: 0.827654426

00:41:30.920 --> 00:41:35.357 checkpoint and is a do not eat me signal

NOTE Confidence: 0.827654426

 $00{:}41{:}35.357 \dashrightarrow 00{:}41{:}39.050$ and naval daver presented results from

NOTE Confidence: 0.827654426

 $00{:}41{:}39.050 \dashrightarrow 00{:}41{:}41.970$ the phase one two study of the triplet

NOTE Confidence: 0.827654426

00:41:42.048 --> 00:41:44.694 of megola map on the venetta classon,

NOTE Confidence: 0.827654426

 $00:41:44.700 \longrightarrow 00:41:47.520$ azacitidine backbone and

NOTE Confidence: 0.827654426

 $00:41:47.520 \longrightarrow 00:41:50.102$ newly diagnosed patients with.

NOTE Confidence: 0.827654426

 $00:41:50.102 \longrightarrow 00:41:53.457$ AML, a group of in in a group of

NOTE Confidence: 0.827654426

 $00:41:53.457 \longrightarrow 00:41:55.792$ patients that was heavily enriched

NOTE Confidence: 0.827654426

00:41:55.792 --> 00:41:58.860 for TP53 mutated AML and still

 $00:41:58.860 \longrightarrow 00:42:02.712$ what's being shown here and what was

NOTE Confidence: 0.827654426

 $00{:}42{:}02.712 \longrightarrow 00{:}42{:}05.597$ presented was a frontline cohort

NOTE Confidence: 0.827654426

 $00{:}42{:}05.597 \dashrightarrow 00{:}42{:}09.665$ and separated into de Novo AML and

NOTE Confidence: 0.827654426

 $00:42:09.665 \longrightarrow 00:42:12.455$ secondary AML that was untreated

NOTE Confidence: 0.827654426

 $00:42:12.455 \longrightarrow 00:42:16.620$ secondary meaning having antecedent

NOTE Confidence: 0.827654426

 $00:42:16.620 \longrightarrow 00:42:21.568$ hematologic malignancy that could have been.

NOTE Confidence: 0.827654426

00:42:21.568 --> 00:42:24.753 Treated but not with hypomethylating

NOTE Confidence: 0.827654426

 $00:42:24.753 \longrightarrow 00:42:28.771$ agent and so you can see the age

NOTE Confidence: 0.827654426

 $00:42:28.771 \longrightarrow 00:42:31.670$ is older individuals and almost

NOTE Confidence: 0.827654426

00:42:31.670 --> 00:42:34.932 exclusively I'm heavily weighed in

NOTE Confidence: 0.827654426

00:42:34.932 --> 00:42:37.764 terms of being adverse risk group

NOTE Confidence: 0.827654426

 $00:42:37.770 \longrightarrow 00:42:42.538$ ELN 2017 classification system.

NOTE Confidence: 0.827654426

 $00:42:42.540 \longrightarrow 00:42:45.486$ And further separated into by the

NOTE Confidence: 0.827654426

00:42:45.486 --> 00:42:49.104 TP 53 status mutant versus wild type

NOTE Confidence: 0.827654426

00:42:49.104 --> 00:42:52.218 and as I mentioned heavily enriched

NOTE Confidence: 0.827654426

00:42:52.218 --> 00:42:55.020 for TP53 mutated patients given

 $00:42:55.020 \longrightarrow 00:42:58.969$ that there's hope for a grolla mab

NOTE Confidence: 0.827654426

00:42:58.969 --> 00:43:01.723 for the subtype of AML and.

NOTE Confidence: 0.827654426

 $00{:}43{:}01.723 \dashrightarrow 00{:}43{:}05.461$ These are the response rates again

NOTE Confidence: 0.827654426

00:43:05.461 --> 00:43:09.959 separated into the de Novo group and

NOTE Confidence: 0.827654426

00:43:09.959 --> 00:43:13.653 the untreated secondary AML group and

NOTE Confidence: 0.827654426

 $00:43:13.653 \longrightarrow 00:43:18.460$ separated by the status of TP53 mutation.

NOTE Confidence: 0.827654426

00:43:18.460 --> 00:43:24.810 And so there is a CR CRI rate of

NOTE Confidence: 0.827654426

00:43:24.810 --> 00:43:30.545 63% with TP53 mutated patients in

NOTE Confidence: 0.827654426

 $00:43:30.545 \longrightarrow 00:43:33.020$ de Novo and untreated secondary.

NOTE Confidence: 0.827654426

 $00:43:33.020 \longrightarrow 00:43:35.960$ In a higher CRI CRI rate in in the wild

NOTE Confidence: 0.827654426

 $00:43:36.042 \longrightarrow 00:43:40.990$ type patients ranging from 80 to 90%.

NOTE Confidence: 0.827654426

 $00{:}43{:}40.990 \dashrightarrow 00{:}43{:}45.199$ And on the left is the are the survival

NOTE Confidence: 0.827654426

 $00{:}43{:}45.199 \dashrightarrow 00{:}43{:}48.440$ curves for the de Novo population alone.

NOTE Confidence: 0.827654426

 $00:43:48.440 \longrightarrow 00:43:50.554$ You can see a separation in the

NOTE Confidence: 0.827654426

 $00:43:50.554 \longrightarrow 00:43:53.340$ curves between TP53 wild type and

 $00:43:53.340 \longrightarrow 00:43:54.975$ TP53 mutant patients.

NOTE Confidence: 0.827654426

 $00:43:54.980 \longrightarrow 00:43:58.184$ The 12 month overall survival of

NOTE Confidence: 0.827654426

00:43:58.184 --> 00:44:01.620 the TP53 mutant patients was 53%

NOTE Confidence: 0.827654426

 $00:44:01.620 \longrightarrow 00:44:07.380$ which compared to historical data is

NOTE Confidence: 0.827654426

 $00:44:07.380 \longrightarrow 00:44:09.580$ encouraging because I'll remind you

NOTE Confidence: 0.827654426

 $00:44:09.580 \longrightarrow 00:44:11.780$ that the median overall survival.

NOTE Confidence: 0.827654426

 $00:44:11.780 \longrightarrow 00:44:14.300$ Is on the order of six months.

NOTE Confidence: 0.827654426

 $00:44:14.300 \longrightarrow 00:44:16.533$ On the right is the median overall

NOTE Confidence: 0.827654426

00:44:16.533 --> 00:44:19.218 survival in the combined frontline groups,

NOTE Confidence: 0.827654426

 $00:44:19.220 \longrightarrow 00:44:22.526$ which is less favorable because the

NOTE Confidence: 0.827654426

00:44:22.526 --> 00:44:25.940 secondary AML patients did not respond

NOTE Confidence: 0.827654426

 $00:44:25.940 \longrightarrow 00:44:30.980$ as well and had short responses as well.

NOTE Confidence: 0.827654426

00:44:30.980 --> 00:44:35.336 So moving on to a separate high risk group,

NOTE Confidence: 0.827654426

 $00:44:35.340 \longrightarrow 00:44:40.400$ the FLIP 3 mutated group.

NOTE Confidence: 0.827654426

00:44:40.400 --> 00:44:42.676 Nicholas Short reported updated

NOTE Confidence: 0.827654426

 $00:44:42.676 \longrightarrow 00:44:46.781$ results from a phase one two study

 $00:44:46.781 \longrightarrow 00:44:48.560$ of another triplet,

NOTE Confidence: 0.827654426

 $00{:}44{:}48.560 \longrightarrow 00{:}44{:}51.446$ gilteritinib added on to the backbone

NOTE Confidence: 0.827654426

00:44:51.446 --> 00:44:53.830 of venetoclax and azacitidine for

NOTE Confidence: 0.827654426

00:44:53.830 --> 00:44:56.110 patients with FLIP 3 mutated AML.

NOTE Confidence: 0.899006091428571

00:44:58.130 --> 00:45:00.426 And there were two groups of patients,

NOTE Confidence: 0.899006091428571

 $00:45:00.430 \longrightarrow 00:45:02.035$ those who were newly diagnosed

NOTE Confidence: 0.899006091428571

 $00:45:02.035 \longrightarrow 00:45:03.934$ with split three mutated AML and

NOTE Confidence: 0.899006091428571

 $00{:}45{:}03.934 \dashrightarrow 00{:}45{:}05.806$ this could be ITD or TKD who were

NOTE Confidence: 0.899006091428571

 $00{:}45{:}05.806 \to 00{:}45{:}07.568$ unfit for intensive chemotherapy.

NOTE Confidence: 0.899006091428571

 $00:45:07.570 \longrightarrow 00:45:10.516$ And then there was also a

NOTE Confidence: 0.899006091428571

 $00{:}45{:}10.516 \dashrightarrow 00{:}45{:}11.989$ relapsed refractory group.

NOTE Confidence: 0.899006091428571

 $00:45:11.990 \longrightarrow 00:45:14.654$ And in the middle you see the schedule

NOTE Confidence: 0.899006091428571

 $00:45:14.654 \longrightarrow 00:45:16.845$ of treatment notably with triplets

NOTE Confidence: 0.899006091428571

 $00{:}45{:}16.845 {\: -->\:} 00{:}45{:}18.785$ myelosuppression is a concern.

NOTE Confidence: 0.899006091428571

 $00:45:18.790 \longrightarrow 00:45:21.940$ And so built into the treatment schedule

 $00:45:21.940 \longrightarrow 00:45:25.803$ is a day 14 mayoral that informs

NOTE Confidence: 0.899006091428571

 $00:45:25.803 \longrightarrow 00:45:28.818$ the subsequent continuation or not.

NOTE Confidence: 0.899006091428571

 $00:45:28.820 \longrightarrow 00:45:29.730$ Of venetoclax,

NOTE Confidence: 0.899006091428571

 $00:45:29.730 \longrightarrow 00:45:32.460$ Gilteritinib was given at one of

NOTE Confidence: 0.899006091428571

 $00:45:32.460 \longrightarrow 00:45:35.404$ two doses and the recommended phase

NOTE Confidence: 0.899006091428571

 $00:45:35.404 \longrightarrow 00:45:38.326$ two dose was ultimately selected to

NOTE Confidence: 0.899006091428571

 $00:45:38.412 \longrightarrow 00:45:41.047$ be 80 milligrams of gilteritinib.

NOTE Confidence: 0.899006091428571

 $00:45:41.050 \longrightarrow 00:45:44.109$ And on the right you see the

NOTE Confidence: 0.899006091428571

 $00{:}45{:}44.109 \dashrightarrow 00{:}45{:}45.420$ consolidation treatment plan.

NOTE Confidence: 0.882014708461538

 $00:45:48.320 \longrightarrow 00:45:50.875$ So these are the responses for the

NOTE Confidence: 0.882014708461538

 $00{:}45{:}50.875 \to 00{:}45{:}53.799$ frontline and the relapse refractory group.

NOTE Confidence: 0.882014708461538

 $00:45:53.800 \longrightarrow 00:45:55.670$ You can see the composite

NOTE Confidence: 0.882014708461538

 $00:45:55.670 \longrightarrow 00:45:57.540$ CR rates are quite high,

NOTE Confidence: 0.882014708461538

 $00:45:57.540 \longrightarrow 00:45:59.920$ 100% in the frontline group and 70%

NOTE Confidence: 0.882014708461538

00:45:59.920 --> 00:46:02.332 in the relapse refractory group and

NOTE Confidence: 0.882014708461538

 $00{:}46{:}02.332 \dashrightarrow 00{:}46{:}05.210$ there were no early deaths and it

 $00:46:05.210 \longrightarrow 00:46:07.460$ was considered to be well tolerated.

NOTE Confidence: 0.882014708461538

 $00:46:07.460 \longrightarrow 00:46:10.106$ These are the overall the relapse rate

NOTE Confidence: 0.882014708461538

 $00:46:10.106 \longrightarrow 00:46:13.060$ survival on the on the left and the

NOTE Confidence: 0.882014708461538

 $00:46:13.060 \longrightarrow 00:46:15.552$ overall survival curves on the right and

NOTE Confidence: 0.882014708461538

 $00:46:15.552 \longrightarrow 00:46:18.240$ you can see that the one year overall.

NOTE Confidence: 0.882014708461538

00:46:18.240 --> 00:46:20.648 Survival rate is 85\%,

NOTE Confidence: 0.882014708461538

 $00:46:20.648 \longrightarrow 00:46:26.380$ which is again very encouraging and.

NOTE Confidence: 0.882014708461538

 $00:46:26.380 \longrightarrow 00:46:31.365$ Umm, sorry, Umm compares favorably

NOTE Confidence: 0.882014708461538

 $00:46:31.365 \longrightarrow 00:46:34.130$ with historical results.

NOTE Confidence: 0.847792006111111

 $00:46:36.230 \longrightarrow 00:46:39.037$ So I just briefly want to touch

NOTE Confidence: 0.8477920061111111

 $00:46:39.037 \longrightarrow 00:46:42.210$ on men and inhibitors and the

NOTE Confidence: 0.847792006111111

 $00:46:42.210 \longrightarrow 00:46:45.320$ concept behind these these drugs.

NOTE Confidence: 0.8477920061111111

 $00:46:45.320 \longrightarrow 00:46:47.605$ There are several minute inhibitors

NOTE Confidence: 0.847792006111111

 $00:46:47.605 \longrightarrow 00:46:51.225$ under development and the men in KMT

NOTE Confidence: 0.847792006111111

00:46:51.225 --> 00:46:54.506 2A previously known as ML interaction.

 $00:46:54.506 \longrightarrow 00:46:57.962$ Is it critical dependency in ML

NOTE Confidence: 0.847792006111111

 $00{:}46{:}57.962 {\:{\mbox{--}}}{>} 00{:}47{:}00.669$ mutated rearranged leukemias as well

NOTE Confidence: 0.847792006111111

00:47:00.669 --> 00:47:03.363 as interestingly in NPM 1 mutated

NOTE Confidence: 0.847792006111111

 $00:47:03.363 \longrightarrow 00:47:05.690$ leukemias where it's responsible?

NOTE Confidence: 0.847792006111111

 $00:47:05.690 \longrightarrow 00:47:08.696$ Um for enacting an aberrant leukemia

NOTE Confidence: 0.847792006111111

 $00:47:08.696 \longrightarrow 00:47:11.674$ genic gene expression program so the

NOTE Confidence: 0.847792006111111

 $00:47:11.674 \longrightarrow 00:47:14.596$ inhibitors bind a well defined pocket

NOTE Confidence: 0.847792006111111

 $00:47:14.596 \longrightarrow 00:47:17.990$ and this disrupts the interaction between

NOTE Confidence: 0.8477920061111111

 $00:47:17.990 \longrightarrow 00:47:22.420$ ML and MENNEN and causes an abnormal

NOTE Confidence: 0.847792006111111

 $00:47:22.420 \longrightarrow 00:47:25.460$ transcription complex to disassemble

NOTE Confidence: 0.847792006111111

 $00:47:25.460 \longrightarrow 00:47:30.278$ and through down regulation of Hawks,

NOTE Confidence: 0.847792006111111

 $00:47:30.280 \longrightarrow 00:47:33.420$ A and mice, mice,

NOTE Confidence: 0.847792006111111

 $00:47:33.420 \longrightarrow 00:47:36.560$ transcription and other targets.

NOTE Confidence: 0.847792006111111

 $00:47:36.560 \longrightarrow 00:47:38.308$ Allows differentiation of the

NOTE Confidence: 0.847792006111111

 $00:47:38.308 \longrightarrow 00:47:41.440$ leukemia cells as well as apoptosis.

NOTE Confidence: 0.900019746

 $00:47:44.340 \longrightarrow 00:47:46.170$ And so as I mentioned,

 $00:47:46.170 \longrightarrow 00:47:48.576$ there's more than one of these

NOTE Confidence: 0.900019746

 $00{:}47{:}48.576 \dashrightarrow 00{:}47{:}51.408$ inhibitors that's being developed and.

NOTE Confidence: 0.900019746

 $00{:}47{:}51.408 \dashrightarrow 00{:}47{:}56.320$ Doctor Isa reported results

NOTE Confidence: 0.900019746

 $00:47:56.320 \longrightarrow 00:48:01.036$ from the Phase one study of the

NOTE Confidence: 0.900019746

 $00:48:01.036 \longrightarrow 00:48:04.108$ men and inhibitor review Munib

NOTE Confidence: 0.900019746

00:48:04.108 --> 00:48:06.354 in patients with KM22KMT2A

NOTE Confidence: 0.900019746

00:48:06.354 --> 00:48:08.538 rearranged or MPM One mutant AML.

NOTE Confidence: 0.853216424545454

 $00{:}48{:}10.860 \longrightarrow 00{:}48{:}13.252$ And for the sake of time that trial

NOTE Confidence: 0.853216424545454

 $00:48:13.252 \longrightarrow 00:48:16.066$ is the AUGMENT 101 trial and what was

NOTE Confidence: 0.853216424545454

 $00:48:16.066 \longrightarrow 00:48:19.037$ notable in terms of adverse events were

NOTE Confidence: 0.853216424545454

 $00:48:19.037 \longrightarrow 00:48:21.372$ frequent QTC prolongations and there

NOTE Confidence: 0.853216424545454

 $00:48:21.372 \longrightarrow 00:48:24.460$ were two dose limiting toxicities because

NOTE Confidence: 0.853216424545454

 $00{:}48{:}24.460 \dashrightarrow 00{:}48{:}27.109$ of QTC prolongation, but there was.

NOTE Confidence: 0.820616738333333

 $00:48:29.420 \longrightarrow 00:48:31.132$ Lesser rate of grade,

NOTE Confidence: 0.820616738333333

00:48:31.132 --> 00:48:33.700 three or more QTC prolongation and

 $00:48:33.784 \longrightarrow 00:48:36.514$ in a heavily pretreated group with a

NOTE Confidence: 0.820616738333333

00:48:36.514 --> 00:48:39.678 median of four prior lines of treatment,

NOTE Confidence: 0.820616738333333

 $00:48:39.680 \longrightarrow 00:48:41.612$ there was encouraging activity

NOTE Confidence: 0.820616738333333

00:48:41.612 --> 00:48:45.048 with 30% CRC RH meaning incomplete

NOTE Confidence: 0.820616738333333

00:48:45.048 --> 00:48:46.899 hematologic recovery rate.

NOTE Confidence: 0.820616738333333

 $00:48:46.900 \longrightarrow 00:48:49.650$ In these genetic subgroups and

NOTE Confidence: 0.820616738333333

 $00{:}48{:}49.650 \dashrightarrow 00{:}48{:}53.042$ MLL rearranged and NPM 1 mutated

NOTE Confidence: 0.820616738333333

 $00:48:53.042 \longrightarrow 00:48:56.022$ leukemias and the response rates

NOTE Confidence: 0.820616738333333

00:48:56.022 --> 00:48:59.309 were different by each genotype.

NOTE Confidence: 0.820616738333333

00:48:59.310 --> 00:49:02.410 Doctor Harry Erba presented on

NOTE Confidence: 0.8206167383333333

 $00{:}49{:}02.410 \dashrightarrow 00{:}49{:}05.155$ another minute inhibitor Dominic

NOTE Confidence: 0.820616738333333

 $00:49:05.155 \longrightarrow 00:49:10.378$ in the same type of AML and also in

NOTE Confidence: 0.820616738333333

00:49:10.378 --> 00:49:12.090 the relapsed refractory setting,

NOTE Confidence: 0.8206167383333333

 $00:49:12.090 \longrightarrow 00:49:16.677$ the comment 001 trial and.

NOTE Confidence: 0.820616738333333

 $00:49:16.677 \longrightarrow 00:49:18.378$ Here differentiation syndrome

NOTE Confidence: 0.820616738333333

 $00:49:18.378 \longrightarrow 00:49:22.381$ was observed as was and with the

00:49:22.381 --> 00:49:24.397 prior men and inhibitor,

NOTE Confidence: 0.820616738333333

 $00:49:24.400 \longrightarrow 00:49:27.652$ but there were no drug induced

NOTE Confidence: 0.820616738333333

 $00:49:27.652 \longrightarrow 00:49:30.830$ QT or QTC Prolongations reported.

NOTE Confidence: 0.820616738333333 $00:49:30.830 \longrightarrow 00:49:31.934$ And again, NOTE Confidence: 0.820616738333333

00:49:31.934 --> 00:49:35.246 particularly at the 600 milligrams dose,

NOTE Confidence: 0.820616738333333

 $00:49:35.250 \longrightarrow 00:49:38.957$ which was the recommended phase two dose,

NOTE Confidence: 0.820616738333333

 $00:49:38.957 \longrightarrow 00:49:41.992$ there was in heavily pretreated

NOTE Confidence: 0.820616738333333

 $00:49:41.992 \longrightarrow 00:49:44.420$ population evidence of encouraging

NOTE Confidence: 0.820616738333333

 $00:49:44.507 \longrightarrow 00:49:48.045$ activity with a 30% CR rate in

NOTE Confidence: 0.820616738333333

00:49:48.045 --> 00:49:51.270 the NPM 1 mutated group.

NOTE Confidence: 0.820616738333333

 $00:49:51.270 \longrightarrow 00:49:53.390$ The CR rate was much lower in the

NOTE Confidence: 0.820616738333333

 $00:49:53.390 \longrightarrow 00:49:55.775$ in the ML group and it remains to

NOTE Confidence: 0.820616738333333

 $00{:}49{:}55.775 \dashrightarrow 00{:}49{:}58.134$ be seen whether in fact there's

NOTE Confidence: 0.820616738333333

 $00:49:58.134 \longrightarrow 00:50:00.879$ differential activity in different genotypes.

NOTE Confidence: 0.820616738333333

 $00:50:00.880 \longrightarrow 00:50:02.869$ With these agents.

 $00:50:02.870 \longrightarrow 00:50:05.649$ So in conclusion for the for this

NOTE Confidence: 0.820616738333333

 $00{:}50{:}05.649 \dashrightarrow 00{:}50{:}06.443$ AML section,

NOTE Confidence: 0.820616738333333

 $00:50:06.450 \longrightarrow 00:50:08.475$ men and inhibitors are showing

NOTE Confidence: 0.820616738333333

 $00:50:08.475 \longrightarrow 00:50:10.500$ promising activities and relapsed NPM

NOTE Confidence: 0.820616738333333

 $00:50:10.565 \longrightarrow 00:50:13.127$ one and MLL rearranged or mutated patients.

NOTE Confidence: 0.820616738333333

00:50:13.130 --> 00:50:15.954 And the two triplets that I I touched

NOTE Confidence: 0.820616738333333

 $00:50:15.954 \longrightarrow 00:50:18.904$ on with gilteritinib on a backbone

NOTE Confidence: 0.820616738333333

00:50:18.904 --> 00:50:21.609 of azacitidine and venetoclax also

NOTE Confidence: 0.8206167383333333

00:50:21.609 --> 00:50:24.145 showing promising safety and efficacy

NOTE Confidence: 0.820616738333333

 $00:50:24.145 \longrightarrow 00:50:27.466$ in the upfront but also relapse setting.

NOTE Confidence: 0.8206167383333333

 $00:50:27.466 \longrightarrow 00:50:30.142$ Whereas Megola map added to azacitidine

NOTE Confidence: 0.820616738333333

 $00:50:30.142 \longrightarrow 00:50:32.780$ and venetoclax shows promising activity.

NOTE Confidence: 0.820616738333333

 $00:50:32.780 \longrightarrow 00:50:37.238$ And TP 53 mutated AML's and

NOTE Confidence: 0.820616738333333

 $00:50:37.238 \longrightarrow 00:50:40.210$ their randomized trials ongoing.

NOTE Confidence: 0.820616738333333

 $00:50:40.210 \longrightarrow 00:50:42.628$ For magala map.

NOTE Confidence: 0.820616738333333

 $00:50:42.630 \longrightarrow 00:50:47.195$ So turning to ALAL is evenly split in

00:50:47.195 --> 00:50:50.347 the in between the pediatric and the

NOTE Confidence: 0.820616738333333

 $00{:}50{:}50.347 \dashrightarrow 00{:}50{:}53.358$ adult groups, roughly half and half.

NOTE Confidence: 0.820616738333333 00:50:53.358 --> 00:50:53.890 However, NOTE Confidence: 0.820616738333333

 $00:50:53.890 \longrightarrow 00:50:56.274$ whereas the median age at diagnosis is 17,

NOTE Confidence: 0.820616738333333

 $00:50:56.280 \longrightarrow 00:50:58.648$ the median age at death is 58 and

NOTE Confidence: 0.820616738333333

 $00:50:58.648 \longrightarrow 00:51:00.774$ so the outcomes are far inferior

NOTE Confidence: 0.820616738333333

 $00:51:00.774 \longrightarrow 00:51:03.552$ in adults and this is a particular

NOTE Confidence: 0.820616738333333

 $00:51:03.552 \longrightarrow 00:51:05.628$ problem in older adults.

NOTE Confidence: 0.820616738333333

 $00{:}51{:}05.630 \dashrightarrow 00{:}51{:}09.504$ And here you see a summary of overall

NOTE Confidence: 0.820616738333333

 $00:51:09.504 \longrightarrow 00:51:12.600$ survival at the three and five year marks.

NOTE Confidence: 0.8206167383333333

 $00:51:12.600 \longrightarrow 00:51:14.580$ Which on average is about 20%.

NOTE Confidence: 0.820616738333333

 $00:51:14.580 \longrightarrow 00:51:16.330$ And if you consider individuals

NOTE Confidence: 0.820616738333333

 $00:51:16.330 \longrightarrow 00:51:18.540$ that are elderly 70 or above,

NOTE Confidence: 0.8206167383333333

 $00:51:18.540 \longrightarrow 00:51:21.738$ they're really dismal rates and

NOTE Confidence: 0.820616738333333

 $00:51:21.738 \longrightarrow 00:51:24.251$ outcomes and just as a kind of

 $00:51:24.251 \longrightarrow 00:51:27.798$ a reminder of the importance of

NOTE Confidence: 0.820616738333333

 $00{:}51{:}27.798 \dashrightarrow 00{:}51{:}29.658$ measurable residual disease.

NOTE Confidence: 0.820616738333333

 $00:51:29.660 \longrightarrow 00:51:33.308$ In L, the two two outcomes,

NOTE Confidence: 0.820616738333333

00:51:33.310 --> 00:51:35.560 event free survival and overall survival,

NOTE Confidence: 0.820616738333333

 $00:51:35.560 \longrightarrow 00:51:37.100$ you see, you know,

NOTE Confidence: 0.820616738333333

 $00:51:37.100 \longrightarrow 00:51:38.640$ dramatic split between those

NOTE Confidence: 0.820616738333333

 $00:51:38.640 \longrightarrow 00:51:40.616$ patients who have no measurable

NOTE Confidence: 0.820616738333333

 $00{:}51{:}40.616 \dashrightarrow 00{:}51{:}42.884$ residual disease and those who do.

NOTE Confidence: 0.8206167383333333

00:51:42.890 --> 00:51:43.982 But importantly,

NOTE Confidence: 0.820616738333333

 $00:51:43.982 \longrightarrow 00:51:46.712$ there's also relapse and mortality

NOTE Confidence: 0.8206167383333333

 $00:51:46.712 \longrightarrow 00:51:50.342$ even in the situation of no

NOTE Confidence: 0.820616738333333

 $00:51:50.342 \longrightarrow 00:51:52.247$ measurable residual disease.

NOTE Confidence: 0.820616738333333

 $00:51:52.250 \longrightarrow 00:51:54.357$ And so one of the strategies that's

NOTE Confidence: 0.820616738333333

00:51:54.357 --> 00:51:56.870 been taken to try and improve outcomes,

NOTE Confidence: 0.820616738333333

00:51:56.870 --> 00:51:58.778 particularly in older adults,

NOTE Confidence: 0.820616738333333

 $00:51:58.778 \longrightarrow 00:52:01.640$ is the integration of novel agents

 $00:52:01.717 \longrightarrow 00:52:03.729$ into the frontline setting,

NOTE Confidence: 0.820616738333333

 $00:52:03.730 \longrightarrow 00:52:07.190$ focusing on blinatumomab and inotuzumab.

NOTE Confidence: 0.820616738333333

00:52:07.190 --> 00:52:09.830 Inotuzumab is an antibody drug

NOTE Confidence: 0.820616738333333

 $00:52:09.830 \longrightarrow 00:52:11.694$ conjugate against CD22 Lina.

NOTE Confidence: 0.820616738333333

 $00:52:11.694 \dashrightarrow 00:52:14.910$ Tuma Mab is a bi functional T cell

NOTE Confidence: 0.820616738333333

 $00:52:15.003 \longrightarrow 00:52:17.227$ engaging antibody that directs

NOTE Confidence: 0.820616738333333

00:52:17.227 --> 00:52:21.188 cytotoxic T cells to CD19 expressing cells.

NOTE Confidence: 0.820616738333333

00:52:21.188 --> 00:52:22.366 And notably,

NOTE Confidence: 0.820616738333333

 $00{:}52{:}22.366 \dashrightarrow 00{:}52{:}26.760$ the trials that led to the approval

NOTE Confidence: 0.820616738333333

 $00{:}52{:}26.760 \dashrightarrow 00{:}52{:}30.495$ of Blinatumomab and Inotuzumab in

NOTE Confidence: 0.820616738333333

 $00:52:30.495 \longrightarrow 00:52:33.090$ relapse refractory Bal demonstrated

NOTE Confidence: 0.820616738333333

 $00:52:33.090 \dashrightarrow 00:52:35.190$ that I Natuzzi Mob has activity

NOTE Confidence: 0.820616738333333

 $00:52:35.190 \longrightarrow 00:52:36.240$ across all levels

NOTE Confidence: 0.774469366923077

00:52:36.302 --> 00:52:38.014 of disease burden, suggesting that

NOTE Confidence: 0.774469366923077

00:52:38.014 --> 00:52:40.096 it could be suitable for induction,

00:52:40.100 --> 00:52:41.684 whereas blinatumomab has higher

NOTE Confidence: 0.774469366923077

 $00:52:41.684 \longrightarrow 00:52:44.060$ efficacy with lower burden of disease.

NOTE Confidence: 0.774469366923077

00:52:44.060 --> 00:52:46.720 I'm suggesting that its role may be

NOTE Confidence: 0.774469366923077

 $00:52:46.720 \longrightarrow 00:52:49.419$ primarily in a setting where there's

NOTE Confidence: 0.774469366923077

00:52:49.419 --> 00:52:51.889 already been side a reduction.

NOTE Confidence: 0.774469366923077

 $00:52:51.890 \longrightarrow 00:52:54.575$ So there's multiple trials that

NOTE Confidence: 0.774469366923077

 $00:52:54.575 \longrightarrow 00:52:56.723$ are studying the combinations

NOTE Confidence: 0.774469366923077

00:52:56.723 --> 00:52:59.789 of inotuzumab with chemotherapy.

NOTE Confidence: 0.774469366923077

 $00{:}52{:}59.790 \dashrightarrow 00{:}53{:}02.855$ Particularly in older individuals and

NOTE Confidence: 0.774469366923077

 $00:53:02.855 \longrightarrow 00:53:07.868$ this is one that Gmall initial one trial.

NOTE Confidence: 0.774469366923077

 $00{:}53{:}07.870 \dashrightarrow 00{:}53{:}10.012$ And in this trial it's the sequential

NOTE Confidence: 0.774469366923077

00:53:10.012 --> 00:53:12.051 strategy and the choose amab is

NOTE Confidence: 0.774469366923077

 $00:53:12.051 \longrightarrow 00:53:13.811$ given for three cycles followed

NOTE Confidence: 0.774469366923077

00:53:13.811 --> 00:53:15.269 by conventional chemotherapy and

NOTE Confidence: 0.774469366923077

00:53:15.269 --> 00:53:17.698 patients greater than 55 years of age.

NOTE Confidence: 0.774469366923077

 $00:53:17.700 \longrightarrow 00:53:20.458$ In this trial a primary event free,

 $00:53:20.460 \longrightarrow 00:53:22.476$ the primary endpoint was 12 month

NOTE Confidence: 0.774469366923077

 $00{:}53{:}22.476 \dashrightarrow 00{:}53{:}24.418$ event free survival with a goal

NOTE Confidence: 0.774469366923077

 $00:53:24.418 \longrightarrow 00:53:26.322$ of seeing better than 60% and and

NOTE Confidence: 0.774469366923077

 $00:53:26.322 \longrightarrow 00:53:28.578$ you can see on the left that this

NOTE Confidence: 0.774469366923077

00:53:28.578 --> 00:53:30.994 was met at one year it was 88% and

NOTE Confidence: 0.774469366923077

 $00:53:30.994 \longrightarrow 00:53:32.681$ the two years it was 73%.

NOTE Confidence: 0.774469366923077

 $00:53:32.681 \longrightarrow 00:53:34.186$ But you'll also note though

NOTE Confidence: 0.774469366923077

 $00:53:34.186 \longrightarrow 00:53:36.084$ is the downward slope of this

NOTE Confidence: 0.774469366923077

 $00:53:36.084 \longrightarrow 00:53:37.674$ curve indicating that there are.

NOTE Confidence: 0.774469366923077

 $00:53:37.680 \longrightarrow 00:53:40.350$ Ongoing events after year one suggesting

NOTE Confidence: 0.774469366923077

 $00:53:40.350 \longrightarrow 00:53:44.047$ that there may be a need to improve

NOTE Confidence: 0.774469366923077

 $00:53:44.047 \longrightarrow 00:53:45.887$ on the consolidation strategy.

NOTE Confidence: 0.774469366923077

 $00{:}53{:}45.890 \dashrightarrow 00{:}53{:}50.774$ There was a similar in terms of

NOTE Confidence: 0.774469366923077

 $00{:}53{:}50.774 \longrightarrow 00{:}53{:}54.734$ approach study that was presented by

NOTE Confidence: 0.774469366923077

 $00:53:54.734 \longrightarrow 00:53:57.072$ Chevalier the result of the Ewal Ino

 $00:53:57.072 \longrightarrow 00:54:00.127$ study and here I know choose Amab is

NOTE Confidence: 0.774469366923077

 $00:54:00.127 \longrightarrow 00:54:01.967$ intercalated with chemotherapy from

NOTE Confidence: 0.774469366923077

00:54:01.967 --> 00:54:04.295 the beginning and these are only two

NOTE Confidence: 0.774469366923077

 $00:54:04.295 \longrightarrow 00:54:08.238$ of a number of of such studies the the.

NOTE Confidence: 0.774469366923077

 $00:54:08.238 \longrightarrow 00:54:10.846$ Presentation that perhaps received

NOTE Confidence: 0.774469366923077

 $00{:}54{:}10.846 \dashrightarrow 00{:}54{:}14.448$ the most notoriety at ASH 2022 was

NOTE Confidence: 0.774469366923077

00:54:14.448 --> 00:54:17.291 by in the space of L was by Mark

NOTE Confidence: 0.774469366923077

00:54:17.291 --> 00:54:20.080 Lizzo reporting the results of

NOTE Confidence: 0.774469366923077

 $00:54:20.080 \longrightarrow 00:54:22.935$ E1910A phase three randomized trial

NOTE Confidence: 0.774469366923077

00:54:22.935 --> 00:54:25.790 of BLINATUMOMAB for newly diagnosed

NOTE Confidence: 0.774469366923077

 $00{:}54{:}25.877 \dashrightarrow 00{:}54{:}27.967$ pH negative Bal in a dults.

NOTE Confidence: 0.774469366923077

 $00:54:27.970 \longrightarrow 00:54:32.506$ And these adults were age ages ranging

NOTE Confidence: 0.774469366923077

 $00:54:32.506 \longrightarrow 00:54:37.359$ from 30 to 70 and they received.

NOTE Confidence: 0.774469366923077

 $00:54:37.360 \longrightarrow 00:54:39.990$ Two cycles of induction intensification

NOTE Confidence: 0.774469366923077

 $00:54:39.990 \longrightarrow 00:54:43.393$ and were then randomized either to the

NOTE Confidence: 0.774469366923077

 $00:54:43.393 \longrightarrow 00:54:45.774$ experimental arm or to the standard

 $00:54:45.774 \longrightarrow 00:54:47.676$ consolidation chemotherapy arm.

NOTE Confidence: 0.774469366923077

 $00:54:47.676 \longrightarrow 00:54:51.480$ The experimental arm had four cycles

NOTE Confidence: 0.774469366923077

 $00:54:51.568 \longrightarrow 00:54:54.778$ of blood and blinatumomab intercalated

NOTE Confidence: 0.774469366923077

 $00:54:54.778 \longrightarrow 00:54:56.704$ with chemotherapy consolidation

NOTE Confidence: 0.774469366923077

 $00:54:56.704 \longrightarrow 00:54:59.722$ and MRD of course was it.

NOTE Confidence: 0.774469366923077

 $00:54:59.722 \longrightarrow 00:55:02.428$ It was actually the outcomes in

NOTE Confidence: 0.774469366923077

 $00:55:02.428 \longrightarrow 00:55:05.161$ MRD negative patients was the focus

NOTE Confidence: 0.774469366923077

 $00:55:05.161 \longrightarrow 00:55:06.897$ of the study and.

NOTE Confidence: 0.774469366923077

 $00:55:06.900 \longrightarrow 00:55:08.982$ MRD was defined as greater than

NOTE Confidence: 0.774469366923077

 $00{:}55{:}08.982 --> 00{:}55{:}12.124$ or equal to 1 in 10,000 cells as

NOTE Confidence: 0.774469366923077

 $00:55:12.124 \longrightarrow 00:55:14.626$ assessed by 6 color flow cytometry.

NOTE Confidence: 0.774469366923077

 $00{:}55{:}14.630 \dashrightarrow 00{:}55{:}18.956$ And so these are the the results.

NOTE Confidence: 0.774469366923077

 $00{:}55{:}18.960 \dashrightarrow 00{:}55{:}21.834$ These are this is overall survival

NOTE Confidence: 0.774469366923077

 $00{:}55{:}21.834 \dashrightarrow 00{:}55{:}24.790$ and MRD negative patients and you can

NOTE Confidence: 0.774469366923077

00:55:24.790 --> 00:55:27.086 see a very clear survival advantage

 $00:55:27.086 \longrightarrow 00:55:29.626$ with the addition of BLINATUMOMAB.

NOTE Confidence: 0.774469366923077

 $00:55:29.630 \longrightarrow 00:55:32.045$ The median overall survival is 71 months.

NOTE Confidence: 0.774469366923077

 $00:55:32.050 \longrightarrow 00:55:34.479$ It with chemotherapy alone and with the

NOTE Confidence: 0.774469366923077

 $00:55:34.479 \longrightarrow 00:55:37.080$ addition of Lena Tuma Mab is not reached.

NOTE Confidence: 0.774469366923077

 $00:55:37.080 \longrightarrow 00:55:39.224$ And so this was,

NOTE Confidence: 0.774469366923077

 $00:55:39.224 \longrightarrow 00:55:42.440$ this is a landmark study and.

NOTE Confidence: 0.774469366923077

 $00:55:42.440 \longrightarrow 00:55:46.336$ Showed for the first time a benefit of

NOTE Confidence: 0.774469366923077

 $00:55:46.336 \longrightarrow 00:55:49.358$ blinatumomab and MRD negative patients.

NOTE Confidence: 0.774469366923077

 $00{:}55{:}49.360 \dashrightarrow 00{:}55{:}50.750$ Not I'm not showing here,

NOTE Confidence: 0.774469366923077

 $00:55:50.750 \longrightarrow 00:55:52.282$ but MRD positive patients.

NOTE Confidence: 0.774469366923077

 $00:55:52.282 \longrightarrow 00:55:54.580$ There's also a separation in the

NOTE Confidence: 0.774469366923077

 $00:55:54.652 \longrightarrow 00:55:57.262$ curves that did not reach statistical

NOTE Confidence: 0.774469366923077

 $00:55:57.262 \longrightarrow 00:55:59.992$ significance and it's unclear if this is

NOTE Confidence: 0.774469366923077

 $00:55:59.992 \longrightarrow 00:56:04.068$ due to smaller numbers or for other reasons.

NOTE Confidence: 0.774469366923077

00:56:04.068 --> 00:56:07.640 So very briefly for pH positive,

NOTE Confidence: 0.774469366923077

 $00:56:07.640 \longrightarrow 00:56:09.990$ AL.

 $00:56:09.990 \longrightarrow 00:56:14.048$ Nicholas Short presented for upfront

NOTE Confidence: 0.774469366923077

 $00:56:14.048 \longrightarrow 00:56:18.122$ treatment the combination of panic and

NOTE Confidence: 0.774469366923077

 $00{:}56{:}18.122 \dashrightarrow 00{:}56{:}21.224$ blinatumomab and here the rationale

NOTE Confidence: 0.774469366923077

 $00:56:21.224 \longrightarrow 00:56:24.309$ is that with second generation

NOTE Confidence: 0.774469366923077

00:56:24.309 --> 00:56:26.777 tyrosine kinase inhibitors the

NOTE Confidence: 0.774469366923077

 $00{:}56{:}26.777 \dashrightarrow 00{:}56{:}29.909$ majority of patients will relapse with

NOTE Confidence: 0.619180544705882

00:56:29.910 --> 00:56:33.138 T315I mutated BCR able which put

NOTE Confidence: 0.619180544705882

 $00:56:33.138 \longrightarrow 00:56:36.729$ that nib is active against and

NOTE Confidence: 0.619180544705882

 $00{:}56{:}36.729 \dashrightarrow 00{:}56{:}40.044$ in pH positive AML chemotherapy.

NOTE Confidence: 0.619180544705882

 $00:56:40.050 \longrightarrow 00:56:43.643$ Free induction has been pioneered with

NOTE Confidence: 0.619180544705882

00:56:43.643 --> 00:56:46.058 publications on dissent and Prednisone,

NOTE Confidence: 0.619180544705882

 $00:56:46.060 \longrightarrow 00:56:49.180$ ponatinib and Prednisone and the Dealba

NOTE Confidence: 0.619180544705882

 $00:56:49.180 \dashrightarrow 00:56:52.320$ trial reporting Dasatinib and BLINATUMOMAB.

NOTE Confidence: 0.619180544705882

00:56:52.320 --> 00:56:54.760 And just very briefly,

NOTE Confidence: 0.619180544705882

00:56:54.760 --> 00:56:57.200 they're very striking results

 $00:56:57.200 \longrightarrow 00:57:00.398$ in 40 patients in the frontline

NOTE Confidence: 0.619180544705882

 $00{:}57{:}00.398 \dashrightarrow 00{:}57{:}03.716$ setting CR CRI rates of 96%,

NOTE Confidence: 0.619180544705882

 $00:57:03.716 \longrightarrow 00:57:09.152$ complete molecular response of 87% with an.

NOTE Confidence: 0.619180544705882

 $00:57:09.152 \longrightarrow 00:57:12.372$ Equally striking event free survival

NOTE Confidence: 0.619180544705882

 $00:57:12.372 \longrightarrow 00:57:16.214$ and overall survival curves with a

NOTE Confidence: 0.619180544705882

00:57:16.214 --> 00:57:20.590 medium follow-up of 18 months with the

NOTE Confidence: 0.619180544705882

 $00:57:20.590 \longrightarrow 00:57:26.460$ two year overall survival being 95%.

NOTE Confidence: 0.619180544705882

 $00:57:26.460 \longrightarrow 00:57:27.321$ So in summary,

NOTE Confidence: 0.619180544705882

00:57:27.321 --> 00:57:29.790 for the abstract shown for ALS into choose,

NOTE Confidence: 0.619180544705882

 $00:57:29.790 \longrightarrow 00:57:32.286$ the map is an effective induction

NOTE Confidence: 0.619180544705882

 $00{:}57{:}32.286 \dashrightarrow 00{:}57{:}35.568$ agent with acceptable low toxicity and

NOTE Confidence: 0.619180544705882

 $00{:}57{:}35.568 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}57{:}38.016$ promising early survival outcomes.

NOTE Confidence: 0.619180544705882

 $00:57:38.020 \longrightarrow 00:57:41.218$ And in the late breaking abstract

NOTE Confidence: 0.619180544705882

00:57:41.218 --> 00:57:43.350 presented by Doctor Litzow,

NOTE Confidence: 0.619180544705882

 $00:57:43.350 \longrightarrow 00:57:46.205$ the addition of Blinatumomab to

NOTE Confidence: 0.619180544705882

 $00:57:46.205 \longrightarrow 00:57:48.489$ chemotherapy consolidation in adult

 $00:57:48.489 \longrightarrow 00:57:51.024$ patients with MRD negative Bal has

NOTE Confidence: 0.619180544705882

 $00:57:51.024 \longrightarrow 00:57:54.310$ shown for the first time in overall and

NOTE Confidence: 0.619180544705882

 $00:57:54.310 \longrightarrow 00:57:57.411$ relapse free survival in a randomized study.

NOTE Confidence: 0.619180544705882

00:57:57.420 --> 00:58:00.108 And so blinatumomab as a part of post

NOTE Confidence: 0.619180544705882

 $00:58:00.108 \longrightarrow 00:58:01.783$ remission therapy represents a new

NOTE Confidence: 0.619180544705882

 $00{:}58{:}01.783 \dashrightarrow 00{:}58{:}04.580$ standard of care for this group of patients.

NOTE Confidence: 0.619180544705882

 $00:58:04.580 \longrightarrow 00:58:07.572$ And one of the challenges in the field

NOTE Confidence: 0.619180544705882

 $00{:}58{:}07.572 \dashrightarrow 00{:}58{:}10.848$ will be how to incorporate this in

NOTE Confidence: 0.619180544705882

00:58:10.848 --> 00:58:15.084 regiments in addition to E 1910 since

NOTE Confidence: 0.619180544705882

 $00:58:15.084 \longrightarrow 00:58:17.808$ that is not too frequently used.

NOTE Confidence: 0.619180544705882

00:58:17.810 --> 00:58:19.910 And the combination of Panaginip

NOTE Confidence: 0.619180544705882

 $00{:}58{:}19.910 \dashrightarrow 00{:}58{:}22.010$ and Blinatumomab is a promising

NOTE Confidence: 0.619180544705882

 $00:58:22.083 \dashrightarrow 00:58:24.079$ chemotherapy free potentially transplant

NOTE Confidence: 0.619180544705882

 $00:58:24.079 \longrightarrow 00:58:27.073$ sparing regimen for pH positive AL.

NOTE Confidence: 0.904009388333333

 $00:58:32.140 \longrightarrow 00:58:35.356$ Alright, so we're open for questions.

00:58:35.360 --> 00:58:37.748 Um, uh, please go ahead. We will

NOTE Confidence: 0.904009388333333

 $00{:}58{:}37.748 \to 00{:}58{:}40.296$ stay a few minutes late if necessary.

NOTE Confidence: 0.904009388333333

 $00:58:40.300 \longrightarrow 00:58:42.324$ I know it's end of the hour already.

NOTE Confidence: 0.89197285

 $00:58:50.430 \longrightarrow 00:58:51.190$ Any questions?

NOTE Confidence: 0.82241168375

 $00:58:53.220 \longrightarrow 00:58:56.116$ I probably can ask question while we are

NOTE Confidence: 0.82241168375

00:58:56.116 --> 00:58:58.999 waiting for people like to to poor Mendez,

NOTE Confidence: 0.82241168375

 $00:58:59.000 \longrightarrow 00:59:02.060$ so for for ALS treatment,

NOTE Confidence: 0.82241168375

 $00:59:02.060 \longrightarrow 00:59:05.420$ do you foresee moving away to

NOTE Confidence: 0.82241168375

00:59:05.420 --> 00:59:08.768 chemo free regimens even in younger

NOTE Confidence: 0.82241168375

 $00:59:08.768 \longrightarrow 00:59:11.553$ patients in the near future?

NOTE Confidence: 0.82241168375

 $00{:}59{:}11.560 \dashrightarrow 00{:}59{:}14.140$ Clearly the progress has been quite

NOTE Confidence: 0.82241168375

 $00:59:14.140 \longrightarrow 00:59:16.678$ impressive with those novel novel agents.

NOTE Confidence: 0.843237201304348

00:59:17.710 --> 00:59:20.587 I think so, especially I mean one

NOTE Confidence: 0.843237201304348

 $00:59:20.587 \longrightarrow 00:59:23.113$ of the hesitancies in terms of

NOTE Confidence: 0.843237201304348

00:59:23.113 --> 00:59:25.128 bringing ponatinib to the front

NOTE Confidence: 0.843237201304348

00:59:25.128 --> 00:59:27.680 line is its toxicity profile,

 $00:59:27.680 \longrightarrow 00:59:29.913$ which I didn't have a chance to

NOTE Confidence: 0.843237201304348

 $00{:}59{:}29.913 \dashrightarrow 00{:}59{:}32.098$ discuss and the concern for that

NOTE Confidence: 0.843237201304348

00:59:32.098 --> 00:59:34.408 would be less in younger patients.

NOTE Confidence: 0.843237201304348

00:59:34.410 --> 00:59:36.839 And the efficacy at least that we're

NOTE Confidence: 0.843237201304348

 $00{:}59{:}36.839 \dashrightarrow 00{:}59{:}39.686$ seeing is so high that I think that

NOTE Confidence: 0.843237201304348

00:59:39.686 --> 00:59:42.130 that would be a reasonable approach,

NOTE Confidence: 0.843237201304348

00:59:42.130 --> 00:59:45.106 I think one of especially I mean in

NOTE Confidence: 0.843237201304348

 $00:59:45.106 \longrightarrow 00:59:47.170$ combination with BLINATUMOMAB so.

NOTE Confidence: 0.843237201304348

 $00{:}59{:}47.170 \dashrightarrow 00{:}59{:}49.070$ One can envision a chemotherapy

NOTE Confidence: 0.843237201304348

 $00{:}59{:}49.070 \dashrightarrow 00{:}59{:}51.623$ free approach there and I think the

NOTE Confidence: 0.843237201304348

 $00:59:51.623 \longrightarrow 00:59:53.877$ difficult question is the role of stem

NOTE Confidence: 0.843237201304348

 $00:59:53.944 \longrightarrow 00:59:56.200$ cell transplant and we need longer,

NOTE Confidence: 0.843237201304348

 $00{:}59{:}56.200 \dashrightarrow 00{:}59{:}58.920$ more mature data to guide us on that.

NOTE Confidence: 0.855181127142857

 $01:00:10.990 \longrightarrow 01:00:12.607$ There is a question of the chat.

NOTE Confidence: 0.855181127142857

01:00:12.610 --> 01:00:14.870 Uh, I think it's uh.

 $01:00:14.870 \longrightarrow 01:00:17.090$ Uh, to you I'm almaas.

NOTE Confidence: 0.855181127142857

 $01:00:17.090 \longrightarrow 01:00:18.536$ No, it's it's to Lord us.

NOTE Confidence: 0.857082695

 $01:00:20.020 \longrightarrow 01:00:20.910$ To the.

NOTE Confidence: 0.687067039

 $01:00:23.430 \longrightarrow 01:00:25.538$ Mab drug substitute of

NOTE Confidence: 0.687067039

01:00:25.538 --> 01:00:28.700 chemotherapy and a LL or AML.

NOTE Confidence: 0.890131186

 $01:00:30.230 \longrightarrow 01:00:32.660$ So any, I guess you know any of those drugs,

NOTE Confidence: 0.890131186

01:00:32.660 --> 01:00:37.820 uh, which you know will lead to be 3 like.

NOTE Confidence: 0.496473842

 $01:00:37.820 \longrightarrow 01:00:39.770$ Going to have actually maps.

NOTE Confidence: 0.686864377333333

 $01{:}00{:}42.250 \dashrightarrow 01{:}00{:}46.994$ Ohh so so it's a similar question about

NOTE Confidence: 0.686864377333333

 $01:00:46.994 \longrightarrow 01:00:50.888$ chemotherapy free treatment of ALS and AML.

NOTE Confidence: 0.686864377333333

 $01{:}00{:}50.890 \to 01{:}00{:}54.524$ And AML, that's an interesting question.

NOTE Confidence: 0.686864377333333

01:00:54.524 --> 01:00:58.070 And I, I took notice of a comment by

NOTE Confidence: 0.686864377333333

 $01:00:58.163 \longrightarrow 01:01:01.222$ Naval Daver who was saying that there's

NOTE Confidence: 0.686864377333333

01:01:01.222 --> 01:01:04.769 going to be a trial exploring magrou,

NOTE Confidence: 0.686864377333333

 $01:01:04.770 \longrightarrow 01:01:06.396$ amab and a drug I didn't

NOTE Confidence: 0.686864377333333

 $01:01:06.396 \longrightarrow 01:01:08.150$ have a chance to touch on,

 $01:01:08.150 \longrightarrow 01:01:11.041$ which is I think now been given

NOTE Confidence: 0.686864377333333

 $01:01:11.041 \longrightarrow 01:01:12.730$ the name provoke evoke.

NOTE Confidence: 0.686864377333333

 $01:01:12.730 \longrightarrow 01:01:15.052$ You could correct me if either

NOTE Confidence: 0.686864377333333

01:01:15.052 --> 01:01:16.618 of you knows how to pronounce

NOTE Confidence: 0.597015555

01:01:16.630 --> 01:01:18.698 that antibody drug conjugate.

NOTE Confidence: 0.8371757

01:01:20.790 --> 01:01:21.309 I don't know,

NOTE Confidence: 0.799112972

01:01:21.650 --> 01:01:26.320 but for CD123 and so that's one

NOTE Confidence: 0.799112972

 $01:01:26.320 \longrightarrow 01:01:28.145$ that's going to be something

NOTE Confidence: 0.799112972

01:01:28.145 --> 01:01:30.030 that we're going to explore.

NOTE Confidence: 0.799112972

01:01:30.030 --> 01:01:34.570 I think chemotherapy free, you know,

NOTE Confidence: 0.799112972

 $01:01:34.570 \longrightarrow 01:01:36.110$ there's other possibilities, sorry.

NOTE Confidence: 0.8589319875

 $01:01:38.580 \longrightarrow 01:01:42.650$ Umm. You know, if if we talk about TI's

NOTE Confidence: 0.8589319875

01:01:42.650 --> 01:01:44.868 and and vanetta clacks, umm, you know,

NOTE Confidence: 0.8589319875

01:01:44.868 --> 01:01:46.584 those are other possibilities as well,

NOTE Confidence: 0.8589319875

 $01:01:46.590 \longrightarrow 01:01:48.366$ but I think there's a lot of hope

 $01:01:48.366 \longrightarrow 01:01:50.999$ in in the triplets and I don't

NOTE Confidence: 0.8589319875

 $01:01:50.999 \longrightarrow 01:01:54.115$ know if anyone would comment more.

NOTE Confidence: 0.8589319875

 $01:01:54.115 \longrightarrow 01:01:58.290$ On terms of, I actually

NOTE Confidence: 0.615838158333333

 $01:01:58.290 \longrightarrow 01:02:00.606$ actually have a question to Amir.

NOTE Confidence: 0.615838158333333

 $01:02:00.610 \longrightarrow 01:02:02.932$ So there was nothing mentioned about

NOTE Confidence: 0.615838158333333

 $01{:}02{:}02{:}02{:}932 \dashrightarrow 01{:}02{:}05{.}161$ immunotherapy and this malignancy is you

NOTE Confidence: 0.615838158333333

 $01:02:05.161 \longrightarrow 01:02:07.027$ know so in myeloid malignancies today.

NOTE Confidence: 0.615838158333333

 $01:02:07.030 \longrightarrow 01:02:09.118$ So what do you think is the role of

NOTE Confidence: 0.615838158333333

 $01{:}02{:}09.118 \dashrightarrow 01{:}02{:}10.628$ immunotherapy in this group of patients?

NOTE Confidence: 0.811200136

01:02:11.890 --> 01:02:13.708 Yeah, I mean I I talked a little bit

NOTE Confidence: 0.811200136

 $01:02:13.708 \longrightarrow 01:02:15.416$ about Sabato, Olimov and Margaroli maybe.

NOTE Confidence: 0.811200136

01:02:15.416 --> 01:02:17.908 I mean I I think as immune checkpoint

NOTE Confidence: 0.811200136

 $01:02:17.908 \longrightarrow 01:02:20.908$ inhibitors I would put them in that category.

NOTE Confidence: 0.811200136

 $01:02:20.910 \longrightarrow 01:02:23.822$ But I think the other drugs we did

NOTE Confidence: 0.811200136

01:02:23.822 --> 01:02:25.856 not mention or approaches were

NOTE Confidence: 0.811200136

 $01:02:25.856 \longrightarrow 01:02:28.548$ Karti cells as well as by specific.

 $01:02:28.548 \longrightarrow 01:02:30.851$ So the cortices are going to be

NOTE Confidence: 0.811200136

 $01:02:30.851 \longrightarrow 01:02:32.606$ covered by the cell therapy talk

NOTE Confidence: 0.811200136

 $01:02:32.606 \longrightarrow 01:02:35.230$ which I think is later in the series.

NOTE Confidence: 0.811200136

01:02:35.230 --> 01:02:36.930 However, in the myeloid space,

NOTE Confidence: 0.811200136

 $01:02:36.930 \longrightarrow 01:02:39.380$ both of those approaches have been quite.

NOTE Confidence: 0.811200136

01:02:39.380 --> 01:02:42.250 Challenging mostly because of cytokine

NOTE Confidence: 0.811200136

 $01:02:42.250 \longrightarrow 01:02:45.120$ release syndrome and prolonged cytopenias.

NOTE Confidence: 0.811200136

01:02:45.120 --> 01:02:47.406 B says you can apply it as much as

NOTE Confidence: 0.811200136

01:02:47.406 --> 01:02:50.689 you can without and you can live with

NOTE Confidence: 0.811200136

 $01:02:50.689 \longrightarrow 01:02:52.370$ no immunoglobulins generally, OK.

NOTE Confidence: 0.811200136

 $01:02:52.370 \longrightarrow 01:02:55.240$ But in myeloid space it's has been

NOTE Confidence: 0.811200136

 $01:02:55.240 \longrightarrow 01:02:58.160$ a very difficult development.

NOTE Confidence: 0.811200136

 $01:02:58.160 \longrightarrow 01:02:59.525$ So it it remains to be seen.

NOTE Confidence: 0.811200136

 $01:02:59.530 \longrightarrow 01:03:01.874$ There are some phase one trials that are

NOTE Confidence: 0.811200136

01:03:01.874 --> 01:03:04.479 going both with Carti sales and by specifics,

 $01:03:04.480 \longrightarrow 01:03:06.713$ but this particular area I think has

NOTE Confidence: 0.811200136

 $01:03:06.713 \longrightarrow 01:03:09.518$ struggled a lot the antibody drug conjugates.

NOTE Confidence: 0.811200136

 $01:03:09.520 \longrightarrow 01:03:11.020$ And you could debate whether

NOTE Confidence: 0.811200136

 $01:03:11.020 \longrightarrow 01:03:12.520$ this is immunotherapy or not.

NOTE Confidence: 0.811200136

 $01:03:12.520 \longrightarrow 01:03:15.794$ I tend to think of them more as targeted

NOTE Confidence: 0.811200136

 $01:03:15.794 \longrightarrow 01:03:18.998$ delivery of agents rather than immunotherapy.

NOTE Confidence: 0.811200136

 $01:03:19.000 \longrightarrow 01:03:20.338$ I think there is more progress.

NOTE Confidence: 0.811200136

 $01:03:20.340 \longrightarrow 01:03:22.400$ We clearly have gemtuzumab ozogamicin

NOTE Confidence: 0.811200136

 $01:03:22.400 \longrightarrow 01:03:25.220$ already approved and then the CD 123

NOTE Confidence: 0.811200136

 $01:03:25.220 \longrightarrow 01:03:27.179$ agent that took tremendous mentioned

NOTE Confidence: 0.811200136

 $01:03:27.179 \longrightarrow 01:03:29.813$ and in the transplant session which

NOTE Confidence: 0.811200136

01:03:29.813 --> 01:03:31.860 I encourage everybody to attend,

NOTE Confidence: 0.811200136

 $01:03:31.860 \longrightarrow 01:03:34.980$ there is this I map drug.

NOTE Confidence: 0.811200136

 $01:03:34.980 \longrightarrow 01:03:36.604$ There was a just a couple of

NOTE Confidence: 0.811200136

 $01:03:36.604 \longrightarrow 01:03:38.084$ days presentation in the tandem

NOTE Confidence: 0.811200136

01:03:38.084 --> 01:03:38.818 transplant meetings.

 $01:03:38.820 \longrightarrow 01:03:39.954$ This is a.

NOTE Confidence: 0.811200136

01:03:39.954 --> 01:03:41.088 Radio immuno conjugate,

NOTE Confidence: 0.811200136

01:03:41.090 --> 01:03:43.590 so it's radioactive iodine conjugated

NOTE Confidence: 0.811200136

 $01:03:43.590 \longrightarrow 01:03:46.316$ to CD45 and there was an improvement

NOTE Confidence: 0.811200136

 $01:03:46.316 \longrightarrow 01:03:49.022$ in overall survival when it's given as

NOTE Confidence: 0.811200136

 $01:03:49.022 \longrightarrow 01:03:51.326$ part of the conditioning for transplant.

NOTE Confidence: 0.811200136

01:03:51.330 --> 01:03:53.090 So there is some movement with the ADC,

NOTE Confidence: 0.811200136

 $01:03:53.090 \longrightarrow 01:03:56.842$ but bytes and drug cartels for myeloid

NOTE Confidence: 0.811200136

 $01:03:56.842 \longrightarrow 01:04:00.388$ malignancies have been a bit of a challenge.

NOTE Confidence: 0.846804899230769

01:04:02.010 --> 01:04:03.250 Yep. Thank you, Amir.

NOTE Confidence: 0.846804899230769

 $01{:}04{:}03.250 \dashrightarrow 01{:}04{:}05.909$ So I think we're going to wrap it up.

NOTE Confidence: 0.846804899230769

 $01:04:05.910 \longrightarrow 01:04:08.326$ Uh, uh, hematology tumor board is coming up.

NOTE Confidence: 0.846804899230769

 $01{:}04{:}08.330 \dashrightarrow 01{:}04{:}10.258$ So I have to say good bye to everyone.

NOTE Confidence: 0.846804899230769

01:04:10.260 --> 01:04:12.087 And if you guys have any questions,

NOTE Confidence: 0.846804899230769

 $01:04:12.090 \longrightarrow 01:04:14.442$ you can certainly e-mail us and

 $01:04:14.442 \longrightarrow 01:04:16.680$ contact us after this meeting.

NOTE Confidence: 0.877488686666667

 $01:04:19.080 \longrightarrow 01:04:19.779$ Thank you, thank

NOTE Confidence: 0.749152685

01:04:19.790 --> 01:04:20.638 you. Thank you everyone.