WEBVTT

NOTE duration: "01:06:50.1120000"

NOTE language:en-us

NOTE Confidence: 0.78131855

00:00:00.000 --> 00:00:02.825 Welcome everyone, I'm right here.

NOTE Confidence: 0.78131855

 $00:00:02.825 \longrightarrow 00:00:05.650$ Still be the moderated today.

NOTE Confidence: 0.78131855

 $00:00:05.650 \longrightarrow 00:00:08.236$ Just as we started this remind

NOTE Confidence: 0.78131855

 $00{:}00{:}08.236 \dashrightarrow 00{:}00{:}10.755$ everyone that this Friday from $8{:}00$

NOTE Confidence: 0.78131855

00:00:10.755 --> 00:00:13.975 to 12:30 is our annual review of ASCO.

NOTE Confidence: 0.78131855

00:00:13.975 --> 00:00:16.451 And I'm very excited this is the 10th

NOTE Confidence: 0.78131855

00:00:16.451 --> 00:00:18.706 year I'll be doing it, but we had it

NOTE Confidence: 0.78131855

 $00:00:18.706 \longrightarrow 00:00:20.870$ in place a number of years before that.

NOTE Confidence: 0.78131855

 $00{:}00{:}20.870 \dashrightarrow 00{:}00{:}22.910$ Eddie used to run it and it should

NOTE Confidence: 0.78131855

 $00:00:22.910 \longrightarrow 00:00:24.617$ be very nice of you, Barbara.

NOTE Confidence: 0.78131855

00:00:24.617 --> 00:00:26.999 Already one of you are probably

NOTE Confidence: 0.78131855

00:00:26.999 --> 00:00:29.060 speaking on heading that cancer.

NOTE Confidence: 0.78131855

 $00:00:29.060 \longrightarrow 00:00:31.130$ So, uh, another chance to hear,

NOTE Confidence: 0.78131855

 $00:00:31.130 \longrightarrow 00:00:33.890$ hear them, and then it'll be very special.

 $00:00:33.890 \longrightarrow 00:00:35.620$ 3540 minutes around 11:00 o'clock,

NOTE Confidence: 0.78131855

 $00:00:35.620 \longrightarrow 00:00:37.958$ where Vince Devita and his daughter Elizabeth

NOTE Confidence: 0.78131855

 $00:00:37.958 \longrightarrow 00:00:40.786$ and a few questions for myself as well.

NOTE Confidence: 0.78131855

00:00:40.790 --> 00:00:43.454 We'll discuss a little bit about the 50th

NOTE Confidence: 0.78131855

 $00:00:43.454 \longrightarrow 00:00:45.617$ anniversary of the National Cancer Act,

NOTE Confidence: 0.78131855

 $00:00:45.620 \longrightarrow 00:00:47.690$ so that should be very excited.

NOTE Confidence: 0.78131855

00:00:47.690 --> 00:00:50.280 So now I'm going to introduce today's

NOTE Confidence: 0.78131855

 $00{:}00{:}50.280 \to 00{:}00{:}52.518$ speakers on introduce all three of you,

NOTE Confidence: 0.78131855

00:00:52.520 --> 00:00:54.590 and then I'll let Barbara moderate

NOTE Confidence: 0.78131855

 $00:00:54.590 \longrightarrow 00:00:55.970$ through the presentations,

NOTE Confidence: 0.78131855

 $00:00:55.970 \longrightarrow 00:00:58.890$ and then we'll have questions at the end.

NOTE Confidence: 0.78131855

 $00:00:58.890 \longrightarrow 00:01:01.123$ And one of the things we've been

NOTE Confidence: 0.78131855

 $00{:}01{:}01.123 \dashrightarrow 00{:}01{:}02.957$ doing is we've been highlighting

NOTE Confidence: 0.78131855

00:01:02.957 --> 00:01:05.764 our darts or disease teams at these

NOTE Confidence: 0.78131855

00:01:05.764 --> 00:01:08.755 grand rounds and it's a great way to

 $00:01:08.755 \longrightarrow 00:01:10.205$ develop multi modality discussions.

NOTE Confidence: 0.78131855

 $00{:}01{:}10.205 \dashrightarrow 00{:}01{:}12.395$ An interaction between the disease programs

NOTE Confidence: 0.78131855

 $00:01:12.395 \longrightarrow 00:01:14.947$ and the research programs with Cancer Center.

NOTE Confidence: 0.78131855

 $00:01:14.950 \longrightarrow 00:01:16.410$ So we're very excited.

NOTE Confidence: 0.78131855

 $00:01:16.410 \longrightarrow 00:01:18.235$ We have a group today,

NOTE Confidence: 0.78131855

 $00:01:18.240 \longrightarrow 00:01:19.335$ a tremendous team.

NOTE Confidence: 0.78131855

 $00{:}01{:}19.335 \dashrightarrow 00{:}01{:}21.160$ First speaker will be Doctor

NOTE Confidence: 0.78131855

00:01:21.160 --> 00:01:21.890 Barbara Burtness,

NOTE Confidence: 0.78131855

 $00:01:21.890 \longrightarrow 00:01:23.885$ Barbara Professor of medicine and

NOTE Confidence: 0.78131855

 $00:01:23.885 \longrightarrow 00:01:25.880$ medical in country and disease

NOTE Confidence: 0.78131855

00:01:25.948 --> 00:01:27.818 aligned research team leader for

NOTE Confidence: 0.78131855

 $00:01:27.818 \longrightarrow 00:01:29.314$ head and neck cancer.

NOTE Confidence: 0.78131855

 $00:01:29.320 \longrightarrow 00:01:31.456$ She was recently named as interim

NOTE Confidence: 0.78131855

00:01:31.456 --> 00:01:33.510 Associate cancer Director for Diversity,

NOTE Confidence: 0.78131855

 $00:01:33.510 \longrightarrow 00:01:34.968$ Equity and Inclusion.

NOTE Confidence: 0.78131855

 $00:01:34.968 \longrightarrow 00:01:36.912$ Congratulations Barber Chief Medical

 $00{:}01{:}36.912 \dashrightarrow 00{:}01{:}39.447$ degree from SUNY at Stony Brook

NOTE Confidence: 0.78131855

 $00{:}01{:}39.447 \dashrightarrow 00{:}01{:}41.806$ completed a residency at Yale and our

NOTE Confidence: 0.78131855

00:01:41.872 --> 00:01:44.397 Fellowship at Memorial Sloan Kettering.

NOTE Confidence: 0.78131855

 $00:01:44.400 \longrightarrow 00:01:45.828$ Is that on faculty?

NOTE Confidence: 0.78131855

 $00:01:45.828 \longrightarrow 00:01:47.256$ Of course that yeah,

NOTE Confidence: 0.78131855

 $00:01:47.260 \longrightarrow 00:01:49.766$ she left in and she's come back.

NOTE Confidence: 0.78131855

00:01:49.770 --> 00:01:51.955 Doctor Bernice is an internationally

NOTE Confidence: 0.78131855

 $00{:}01{:}51.955 \dashrightarrow 00{:}01{:}54.738$ recognized leader in the treatment of head

NOTE Confidence: 0.78131855

00:01:54.738 --> 00:01:57.290 and neck cancer and as chair of the Ikago,

NOTE Confidence: 0.78131855

 $00:01:57.290 \longrightarrow 00:01:59.438$ Akron and Therapeutics Committee since 2006.

NOTE Confidence: 0.78131855

00:01:59.440 --> 00:02:00.210 Pioneering biomarker,

NOTE Confidence: 0.78131855

 $00:02:00.210 \longrightarrow 00:02:02.520$ guided treatment and treatment at the

NOTE Confidence: 0.78131855

 $00{:}02{:}02.520 \dashrightarrow 00{:}02{:}04.090$ intensification studies in this disease.

NOTE Confidence: 0.78131855

 $00:02:04.090 \longrightarrow 00:02:05.875$ She also leads the Yellowhead

NOTE Confidence: 0.78131855

00:02:05.875 --> 00:02:07.303 and explore recently awarded.

00:02:07.310 --> 00:02:09.458 Finished just finished the first year,

NOTE Confidence: 0.78131855

 $00{:}02{:}09.460 \dashrightarrow 00{:}02{:}11.300$ which addresses critical barriers to

NOTE Confidence: 0.78131855

 $00:02:11.300 \longrightarrow 00:02:13.966$ treatment of head and neck squamous cell

NOTE Confidence: 0.78131855

 $00:02:13.966 \longrightarrow 00:02:16.246$ carcinoma due to resistance to immune.

NOTE Confidence: 0.78131855

00:02:16.250 --> 00:02:18.565 DNA damaging and targeted therapy

NOTE Confidence: 0.78131855

 $00:02:18.565 \longrightarrow 00:02:19.954$ so welcome Barbara.

NOTE Confidence: 0.78131855

 $00{:}02{:}19.960 \dashrightarrow 00{:}02{:}22.428$ And also on the panel this morning

NOTE Confidence: 0.78131855

00:02:22.428 --> 00:02:24.540 or this afternoon is already Bhatia.

NOTE Confidence: 0.78131855

 $00{:}02{:}24.540 {\:{\circ}{\circ}{\circ}}>00{:}02{:}26.544$ Doctor Bhatia is an assistant professor

NOTE Confidence: 0.78131855

 $00:02:26.544 \longrightarrow 00:02:28.410$ of medicine and medical oncology.

NOTE Confidence: 0.78131855

 $00:02:28.410 \longrightarrow 00:02:30.370$ She received her medical degree

NOTE Confidence: 0.78131855

 $00:02:30.370 \longrightarrow 00:02:32.330$ from Toccoa National Medical College

NOTE Confidence: 0.78131855

00:02:32.396 --> 00:02:34.124 and her MPH from the University

NOTE Confidence: 0.78131855

 $00:02:34.124 \longrightarrow 00:02:36.149$ of Texas School of Public Health.

NOTE Confidence: 0.78131855

00:02:36.150 --> 00:02:38.400 She played her residency at Johns

NOTE Confidence: 0.78131855

 $00{:}02{:}38.400 \dashrightarrow 00{:}02{:}40.268$ Hopkins University Sinai Hospital and

00:02:40.268 --> 00:02:42.134 I fell asleep at Temple University,

NOTE Confidence: 0.78131855

 $00:02:42.140 \longrightarrow 00:02:43.456$ Fox Chase Cancer Center.

NOTE Confidence: 0.78131855

 $00:02:43.456 \longrightarrow 00:02:45.430$ Dr Bhatia treats patients with head

NOTE Confidence: 0.78131855

00:02:45.489 --> 00:02:47.595 and neck cancers and a research

NOTE Confidence: 0.78131855

 $00{:}02{:}47.595 \dashrightarrow 00{:}02{:}48.999$ interest include exploring novel

NOTE Confidence: 0.78131855

 $00:02:49.057 \longrightarrow 00:02:50.320$ therapies for patients.

NOTE Confidence: 0.78131855

 $00:02:50.320 \longrightarrow 00:02:52.090$ She designs and conducts clinical

NOTE Confidence: 0.78131855

 $00{:}02{:}52.090 \dashrightarrow 00{:}02{:}54.540$ trials and also serves as a site

NOTE Confidence: 0.78131855

 $00:02:54.540 \longrightarrow 00:02:56.376$ Pi for several multi center studies

NOTE Confidence: 0.78131855

 $00{:}02{:}56.376 \dashrightarrow 00{:}02{:}58.899$ and then last but not least from

NOTE Confidence: 0.78131855

00:02:58.899 --> 00:02:59.637 radiation oncology.

NOTE Confidence: 0.78131855

 $00{:}02{:}59.640 \dashrightarrow 00{:}03{:}01.446$ We have Melissa Young and Doctor

NOTE Confidence: 0.78131855

00:03:01.446 --> 00:03:02.650 Young is an assistant

NOTE Confidence: 0.8251946

 $00{:}03{:}02.711 \dashrightarrow 00{:}03{:}04.721$ professor of the rapeutic radiology and chief

NOTE Confidence: 0.8251946

 $00:03:04.721 \longrightarrow 00:03:07.570$ of the head and neck radiotherapy program.

 $00:03:07.570 \longrightarrow 00:03:09.432$ She completed her MD PhD training as

NOTE Confidence: 0.8251946

 $00:03:09.432 \longrightarrow 00:03:11.526$ part of the Medical Scientist Training

NOTE Confidence: 0.8251946

00:03:11.526 --> 00:03:13.992 program at the University of Texas

NOTE Confidence: 0.8251946

 $00:03:13.992 \longrightarrow 00:03:15.849$ Southwestern Medical Center in Dallas.

NOTE Confidence: 0.8251946

00:03:15.850 --> 00:03:17.575 She then continued her training

NOTE Confidence: 0.8251946

 $00:03:17.575 \longrightarrow 00:03:19.007$ in radiation oncology, yeah,

NOTE Confidence: 0.8251946

 $00:03:19.007 \longrightarrow 00:03:22.183$ and stayed and joined our faculty in 2015.

NOTE Confidence: 0.8251946

00:03:22.190 --> 00:03:24.338 Doctor Young treats patients as part

NOTE Confidence: 0.8251946

 $00:03:24.338 \longrightarrow 00:03:26.789$ of their head in their cancers.

NOTE Confidence: 0.8251946

 $00:03:26.790 \longrightarrow 00:03:28.635$ Multi disciplinary clinic at the

NOTE Confidence: 0.8251946

 $00{:}03{:}28.635 \dashrightarrow 00{:}03{:}30.480$ Smile Cancer Hospital Care Center

NOTE Confidence: 0.8251946

 $00:03:30.536 \longrightarrow 00:03:32.882$ in Trumbull and also specializes in

NOTE Confidence: 0.8251946

 $00:03:32.882 \longrightarrow 00:03:34.446$ breast and gynecological agencies.

NOTE Confidence: 0.8251946

 $00:03:34.450 \longrightarrow 00:03:36.736$ So finally, just a quick word.

NOTE Confidence: 0.8251946

 $00{:}03{:}36.740 \dashrightarrow 00{:}03{:}39.176$ The head and neck cancers dark

NOTE Confidence: 0.8251946

 $00{:}03{:}39.176 \dashrightarrow 00{:}03{:}40.800$ provides expert multidisciplinary care

 $00{:}03{:}40.866 \dashrightarrow 00{:}03{:}42.870$ for head and neck cancer patients.

NOTE Confidence: 0.8251946

 $00{:}03{:}42.870 \dashrightarrow 00{:}03{:}44.837$ Names to advance new research and the

NOTE Confidence: 0.8251946

 $00:03:44.837 \longrightarrow 00:03:47.556$ force of the next generation of hedex

NOTE Confidence: 0.8251946

 $00:03:47.556 \longrightarrow 00:03:49.376$ cancer translational researchers through

NOTE Confidence: 0.8251946

 $00:03:49.376 \longrightarrow 00:03:51.299$ a developmental research program.

NOTE Confidence: 0.8251946

00:03:51.300 --> 00:03:52.248 Career enhancement program.

NOTE Confidence: 0.8251946

 $00:03:52.248 \longrightarrow 00:03:54.144$ An interaction in collaboration with the

NOTE Confidence: 0.8251946

 $00:03:54.144 \longrightarrow 00:03:56.199$ wider spore and head and neck squamous

NOTE Confidence: 0.8251946

 $00{:}03{:}56.199 \dashrightarrow 00{:}03{:}57.327$ cell Cancer Research communities.

NOTE Confidence: 0.8251946

 $00:03:57.330 \longrightarrow 00:03:58.680$ So what an amazing team.

NOTE Confidence: 0.8251946

00:03:58.680 --> 00:04:00.288 I've used up five of your

NOTE Confidence: 0.8251946

00:04:00.288 --> 00:04:01.092 minutes introducing you.

NOTE Confidence: 0.8251946

00:04:01.100 --> 00:04:01.934 You're also qualified.

NOTE Confidence: 0.8251946

 $00:04:01.934 \longrightarrow 00:04:04.598$ I'm going to stop by to turn over to you.

NOTE Confidence: 0.8251946

 $00:04:04.600 \longrightarrow 00:04:04.909$ Barbara,

00:04:04.909 --> 00:04:07.381 one of the best things that ever happened

NOTE Confidence: 0.8251946

 $00:04:07.381 \longrightarrow 00:04:09.440$ here at yell for me in my 10 years,

NOTE Confidence: 0.8251946

 $00:04:09.440 \longrightarrow 00:04:11.376$ is when you came and joined us and

NOTE Confidence: 0.8251946

 $00:04:11.376 \longrightarrow 00:04:13.301$ you know Barbara and I worked together

NOTE Confidence: 0.8251946

 $00:04:13.301 \longrightarrow 00:04:15.360$ 20 years ago in the early ages,

NOTE Confidence: 0.8251946

 $00:04:15.360 \longrightarrow 00:04:16.170$ so Texas map.

NOTE Confidence: 0.8251946

00:04:16.170 --> 00:04:17.790 So Barbara thank you for all

NOTE Confidence: 0.8251946

 $00:04:17.790 \longrightarrow 00:04:19.658$ you've done and the floor is yours.

NOTE Confidence: 0.8714161

 $00{:}04{:}26.900 \to 00{:}04{:}29.265$ OK, well thank you for that

NOTE Confidence: 0.8714161

00:04:29.265 --> 00:04:31.230 very kind introduction and for

NOTE Confidence: 0.8714161

 $00{:}04{:}31.309 \dashrightarrow 00{:}04{:}34.011$ recruiting me back and I'm also very

NOTE Confidence: 0.8714161

00:04:34.011 --> 00:04:36.423 grateful to have the opportunity to

NOTE Confidence: 0.8714161

 $00:04:36.423 \longrightarrow 00:04:39.575$ talk about what we've been doing in the

NOTE Confidence: 0.8714161

00:04:39.575 --> 00:04:43.098 in the head neck DART. As you heard,

NOTE Confidence: 0.8714161

 $00:04:43.098 \longrightarrow 00:04:47.180$ the way we're going to do this is.

NOTE Confidence: 0.8714161

 $00{:}04{:}47.180 \dashrightarrow 00{:}04{:}50.548$ My team I'm gonna spend about half an

 $00:04:50.548 \longrightarrow 00:04:53.751$ hour trying to do a world whirlwind tour

NOTE Confidence: 0.8714161

 $00:04:53.751 \longrightarrow 00:04:57.419$ of some of what our dart has been up to,

NOTE Confidence: 0.8714161

00:04:57.420 --> 00:04:59.737 then turn it over to Doctor Bhatia

NOTE Confidence: 0.8714161

 $00:04:59.737 \longrightarrow 00:05:02.348$ to talk about some of the clinical

NOTE Confidence: 0.8714161

 $00{:}05{:}02.348 \dashrightarrow 00{:}05{:}04.278$ trials she's been developing in

NOTE Confidence: 0.8714161

00:05:04.278 --> 00:05:06.879 her collaboration with the sporlan,

NOTE Confidence: 0.8714161

 $00:05:06.880 \longrightarrow 00:05:08.564$ then to Doctor Young,

NOTE Confidence: 0.8714161

 $00:05:08.564 \longrightarrow 00:05:10.669$ who leads our therapeutic radiation

NOTE Confidence: 0.8714161

 $00:05:10.669 \longrightarrow 00:05:12.000$ efforts in this area.

NOTE Confidence: 0.8714161

 $00:05:12.000 \longrightarrow 00:05:14.364$ So just a brief introduction to

NOTE Confidence: 0.8714161

 $00{:}05{:}14.364 \dashrightarrow 00{:}05{:}15.546$ our clinical membership.

NOTE Confidence: 0.8714161

 $00{:}05{:}15.550 \dashrightarrow 00{:}05{:}18.469$ The nature of of head neck cancer.

NOTE Confidence: 0.8714161

 $00{:}05{:}18.470 \dashrightarrow 00{:}05{:}21.010$ Given its anatomic complexity,

NOTE Confidence: 0.8714161

 $00:05:21.010 \longrightarrow 00:05:24.185$ its tendency to treatment resistance.

NOTE Confidence: 0.8714161

 $00:05:24.190 \longrightarrow 00:05:27.067$ It has been that very clearly outcome

 $00:05:27.067 \longrightarrow 00:05:29.854$ is improved when patients get surgery

NOTE Confidence: 0.8714161

 $00{:}05{:}29.854 \dashrightarrow 00{:}05{:}32.800$ and radiation at high volume centers,

NOTE Confidence: 0.8714161

 $00{:}05{:}32.800 \dashrightarrow 00{:}05{:}35.495$ and so we have a dedicated focus

NOTE Confidence: 0.8714161

 $00:05:35.495 \longrightarrow 00:05:38.347$ on trying to have pockets of

NOTE Confidence: 0.8714161

 $00:05:38.347 \longrightarrow 00:05:40.495$ excellence around the state.

NOTE Confidence: 0.8714161

00:05:40.500 --> 00:05:44.126 So in addition to the program, it's Milo.

NOTE Confidence: 0.8714161

00:05:44.126 --> 00:05:47.750 There are hubs for head and neck cancer,

NOTE Confidence: 0.8714161

00:05:47.750 --> 00:05:48.654 multidisciplinary care,

NOTE Confidence: 0.8714161

 $00{:}05{:}48.654 \dashrightarrow 00{:}05{:}51.366$ including at Trumbull Ann Lawrence Memorial.

NOTE Confidence: 0.8714161

00:05:51.370 --> 00:05:55.114 I know Emily Collier is going to be.

NOTE Confidence: 0.8714161

 $00{:}05{:}55.120 \dashrightarrow 00{:}05{:}57.170$ Joining us at Saint Francis.

NOTE Confidence: 0.8714161

 $00:05:57.170 \longrightarrow 00:06:00.040$ So it's a it's a terrific team.

NOTE Confidence: 0.8714161

 $00:06:00.040 \longrightarrow 00:06:03.730$ A lot of fun to work with with everybody.

NOTE Confidence: 0.8714161

 $00:06:03.730 \longrightarrow 00:06:05.610$ The patients who present with

NOTE Confidence: 0.8714161

 $00{:}06{:}05.610 \dashrightarrow 00{:}06{:}08.028$ with head neck cancer often come

NOTE Confidence: 0.8714161

 $00{:}06{:}08.028 \dashrightarrow 00{:}06{:}09.880$ with locally advanced disease,

 $00:06:09.880 \longrightarrow 00:06:10.724$ so local,

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 $00:06:10.724 \longrightarrow 00:06:12.834$ regionally invasive and not meta

NOTE Confidence: 0.8714161

00:06:12.834 --> 00:06:15.344 static and may present many times

NOTE Confidence: 0.8714161

 $00:06:15.344 \longrightarrow 00:06:17.666$ in a curative state or cure,

NOTE Confidence: 0.8714161

 $00:06:17.670 \longrightarrow 00:06:18.972$ potentially curable stage.

NOTE Confidence: 0.8714161

 $00:06:18.972 \longrightarrow 00:06:22.010$ But these tumors are located in areas

NOTE Confidence: 0.8714161

 $00:06:22.079 \longrightarrow 00:06:24.830$ that are very critical for speech and

NOTE Confidence: 0.8714161

 $00:06:24.830 \longrightarrow 00:06:27.368$ swallowing and taste and appearance and.

NOTE Confidence: 0.8714161

 $00:06:27.370 \longrightarrow 00:06:30.282$ And many of the things that we do

NOTE Confidence: 0.8714161

 $00:06:30.282 \longrightarrow 00:06:32.957$ to interact with with other people.

NOTE Confidence: 0.8714161

 $00:06:32.960 \longrightarrow 00:06:34.552$ So having a conversation,

NOTE Confidence: 0.8714161

 $00:06:34.552 \longrightarrow 00:06:35.746$ sharing a meal,

NOTE Confidence: 0.8714161

 $00{:}06{:}35.750 \dashrightarrow 00{:}06{:}38.102$ singing all of these things can

NOTE Confidence: 0.8714161

 $00:06:38.102 \longrightarrow 00:06:40.541$ be impacted by either the cancer

NOTE Confidence: 0.8714161

 $00:06:40.541 \longrightarrow 00:06:42.923$ or the treatment for the cancer.

 $00:06:42.930 \longrightarrow 00:06:44.522$ Treatments are further constrained

NOTE Confidence: 0.8714161

 $00:06:44.522 \longrightarrow 00:06:46.114$ by some anatomic peculiarities,

NOTE Confidence: 0.8714161

 $00:06:46.120 \longrightarrow 00:06:48.514$ like the carotid artery in the

NOTE Confidence: 0.8714161

 $00:06:48.514 \longrightarrow 00:06:50.110$ base of the skull,

NOTE Confidence: 0.8714161

 $00:06:50.110 \longrightarrow 00:06:51.870$ and even patients who are

NOTE Confidence: 0.8714161

 $00:06:51.870 \longrightarrow 00:06:53.630$ successfully treated may be left

NOTE Confidence: 0.8714161

 $00:06:53.695 \longrightarrow 00:06:55.699$ with very significant impairment,

NOTE Confidence: 0.8714161

 $00:06:55.700 \longrightarrow 00:06:57.220$ functional restriction, and actually.

NOTE Confidence: 0.8714161

 $00{:}06{:}57.220 \dashrightarrow 00{:}06{:}59.864$ May succumb to the consequences of their

NOTE Confidence: 0.8714161

 $00:06:59.864 \longrightarrow 00:07:01.718$ treatment even when they are cured.

NOTE Confidence: 0.8714161

 $00{:}07{:}01.720 --> 00{:}07{:}04.015$ So there is a lot of work to do

NOTE Confidence: 0.8714161

 $00:07:04.015 \longrightarrow 00:07:06.370$ to improve our standard of care

NOTE Confidence: 0.8714161

 $00{:}07{:}06.370 \dashrightarrow 00{:}07{:}09.070$ even when its curative an as well.

NOTE Confidence: 0.8714161

 $00:07:09.070 \longrightarrow 00:07:11.410$ There are a lot of of I think areas of

NOTE Confidence: 0.8714161

 $00:07:11.479 \longrightarrow 00:07:13.957$ difficulty in the science underlying or

NOTE Confidence: 0.8714161

 $00:07:13.957 \longrightarrow 00:07:16.419$ the biology underlying head neck cancer.

 $00{:}07{:}16.420 \dashrightarrow 00{:}07{:}19.332$ So Roy mentioned that he and I first

NOTE Confidence: 0.8714161

 $00:07:19.332 \longrightarrow 00:07:21.450$ worked together in the context of

NOTE Confidence: 0.8714161

00:07:21.450 --> 00:07:24.085 cetuximab and it was a thrill when we

NOTE Confidence: 0.8714161

 $00:07:24.085 \longrightarrow 00:07:26.437$ saw that lead to responses as a as

NOTE Confidence: 0.8714161

 $00{:}07{:}26.440 \dashrightarrow 00{:}07{:}28.904$ a single agent in head neck cancer.

NOTE Confidence: 0.8714161

 $00:07:28.910 \longrightarrow 00:07:31.874$ But it's clear that both constitutive

NOTE Confidence: 0.8714161

 $00:07:31.874 \longrightarrow 00:07:33.850$ resistance and adaptive resistance

NOTE Confidence: 0.8714161

 $00:07:33.919 \longrightarrow 00:07:36.089$ greatly limit the utility of

NOTE Confidence: 0.8714161

 $00:07:36.089 \longrightarrow 00:07:37.825$ EGFR inhibitors and another.

NOTE Confidence: 0.8714161

 $00{:}07{:}37.830 \dashrightarrow 00{:}07{:}39.900$ Her family inhibiters the genome

NOTE Confidence: 0.8714161

 $00{:}07{:}39.900 \dashrightarrow 00{:}07{:}43.110$ of head neck cancer is dominated by

NOTE Confidence: 0.8714161

 $00{:}07{:}43.110 \dashrightarrow 00{:}07{:}45.750$ mutations in tumor suppressor genes,

NOTE Confidence: 0.8714161

 $00:07:45.750 \longrightarrow 00:07:48.276$ so this has been very difficult

NOTE Confidence: 0.8714161

 $00:07:48.276 \longrightarrow 00:07:49.539$ to target there.

NOTE Confidence: 0.8714161

 $00:07:49.540 \longrightarrow 00:07:52.571$ There are not a lot of successes

 $00:07:52.571 \longrightarrow 00:07:54.971$ with kinase inhibitors of activated

NOTE Confidence: 0.8714161

 $00{:}07{:}54.971 \dashrightarrow 00{:}07{:}57.015$ on cogenes in this disease.

NOTE Confidence: 0.8009887

 $00:07:57.020 \longrightarrow 00:08:00.002$ Although we have activity for immune

NOTE Confidence: 0.8009887

 $00{:}08{:}00.002 \dashrightarrow 00{:}08{:}01.990$ checkpoint inhibition and I'll

NOTE Confidence: 0.8009887

 $00:08:02.068 \longrightarrow 00:08:04.735$ briefly show you some of those data.

NOTE Confidence: 0.8009887

 $00:08:04.740 \longrightarrow 00:08:06.810$ The effective immunotherapy is more

NOTE Confidence: 0.8009887

 $00:08:06.810 \longrightarrow 00:08:09.343$ modest in head and neck cancer

NOTE Confidence: 0.8009887

 $00:08:09.343 \longrightarrow 00:08:11.689$ than in many other solid tumors.

NOTE Confidence: 0.8009887

 $00{:}08{:}11.690 \dashrightarrow 00{:}08{:}13.670$ And part of this story certainly

NOTE Confidence: 0.8009887

00:08:13.670 --> 00:08:16.190 lies in the tumor microenvironment,

NOTE Confidence: 0.8009887

 $00{:}08{:}16.190 \dashrightarrow 00{:}08{:}18.235$ which is hostile to immune

NOTE Confidence: 0.8009887

 $00:08:18.235 \longrightarrow 00:08:20.280$ effector cells because of hypoxia.

NOTE Confidence: 0.8009887

 $00:08:20.280 \longrightarrow 00:08:22.330$ Expression of Ido macrophage polarization.

NOTE Confidence: 0.8009887

00:08:22.330 --> 00:08:24.370 Very high abundance of Milo

NOTE Confidence: 0.8009887

 $00:08:24.370 \longrightarrow 00:08:25.594$ drive suppressor cells,

NOTE Confidence: 0.8009887

 $00:08:25.600 \longrightarrow 00:08:28.016$ an lymphocyte excluded phenotypes

 $00:08:28.016 \longrightarrow 00:08:29.828$ of the cancer.

NOTE Confidence: 0.8009887

 $00:08:29.830 \longrightarrow 00:08:33.430$ We have a new kind of head neck cancer.

NOTE Confidence: 0.8009887

 $00:08:33.430 \longrightarrow 00:08:35.922$ Over the past 1520 years which is

NOTE Confidence: 0.8009887

00:08:35.922 --> 00:08:38.230 driven by human papilloma virus,

NOTE Confidence: 0.8009887

 $00:08:38.230 \longrightarrow 00:08:41.790$ which gives us both an immune target and

NOTE Confidence: 0.8009887

 $00:08:41.790 \longrightarrow 00:08:46.028$ and and maybe also a way to interfere with.

NOTE Confidence: 0.8009887

 $00:08:46.030 \longrightarrow 00:08:48.088$ The signaling that drives these cancers,

NOTE Confidence: 0.8009887

 $00:08:48.090 \longrightarrow 00:08:50.592$ but there has been pretty low

NOTE Confidence: 0.8009887

00:08:50.592 --> 00:08:53.404 success in targeting HPV as a driver

NOTE Confidence: 0.8009887

 $00:08:53.404 \longrightarrow 00:08:54.816$ of head neck cancer.

NOTE Confidence: 0.8009887

 $00{:}08{:}54.820 \dashrightarrow 00{:}08{:}56.760$ We see very grave disparities

NOTE Confidence: 0.8009887

 $00:08:56.760 \longrightarrow 00:08:58.312$ in outcome in HPV.

NOTE Confidence: 0.8009887

 $00:08:58.320 \longrightarrow 00:08:59.872$ Negative cancers between black

NOTE Confidence: 0.8009887

 $00:08:59.872 \longrightarrow 00:09:01.424$ patients and other groups,

NOTE Confidence: 0.8009887

 $00:09:01.430 \longrightarrow 00:09:04.020$ and although much of this is is

00:09:04.020 --> 00:09:05.710 explained by socioeconomic factors,

NOTE Confidence: 0.8009887

 $00{:}09{:}05.710 \dashrightarrow 00{:}09{:}07.730$ it's becoming clearer that their

NOTE Confidence: 0.8009887

 $00{:}09{:}07.730 \dashrightarrow 00{:}09{:}09{:}346$ ancestry based differences in

NOTE Confidence: 0.8009887

 $00:09:09.346 \longrightarrow 00:09:10.768$ treatment response as well,

NOTE Confidence: 0.8009887

 $00{:}09{:}10.770 \dashrightarrow 00{:}09{:}13.842$ and these have kind of been lossed in

NOTE Confidence: 0.8009887

 $00:09:13.842 \longrightarrow 00:09:17.206$ a pool of trials that did not include

NOTE Confidence: 0.8009887

 $00:09:17.206 \longrightarrow 00:09:20.720$ a lot of patients of African ancestry.

NOTE Confidence: 0.8009887

 $00:09:20.720 \longrightarrow 00:09:23.212$ And then the field as a whole

NOTE Confidence: 0.8009887

 $00{:}09{:}23.212 \dashrightarrow 00{:}09{:}24.740$ has historically suffered from

NOTE Confidence: 0.8009887

 $00:09:24.740 \longrightarrow 00:09:26.316$ under investment in clinical trials

NOTE Confidence: 0.8009887

 $00{:}09{:}26.316 \dashrightarrow 00{:}09{:}28.730$ and low access to new patients

NOTE Confidence: 0.8009887

 $00:09:28.730 \longrightarrow 00:09:30.950$ to new agents for our patients.

NOTE Confidence: 0.8009887

 $00:09:30.950 \longrightarrow 00:09:32.847$ So what I'd like to quickly do

NOTE Confidence: 0.8009887

 $00:09:32.847 \longrightarrow 00:09:35.303$ is talk a little bit about

NOTE Confidence: 0.8009887

 $00:09:35.303 \longrightarrow 00:09:37.395$ multidisciplinary clinical care here,

NOTE Confidence: 0.8009887

 $00{:}09{:}37.400 \dashrightarrow 00{:}09{:}39.290$ how we address problems in

 $00:09:39.290 \longrightarrow 00:09:40.424$ our catchment area,

NOTE Confidence: 0.8009887

 $00:09:40.430 \longrightarrow 00:09:41.942$ afew highlights of our

NOTE Confidence: 0.8009887

00:09:41.942 --> 00:09:43.076 clinical research portfolio,

NOTE Confidence: 0.8009887

 $00:09:43.080 \longrightarrow 00:09:45.040$ some of the correlative and

NOTE Confidence: 0.8009887

 $00:09:45.040 \longrightarrow 00:09:47.250$ translational science that is going on.

NOTE Confidence: 0.8009887

 $00:09:47.250 \longrightarrow 00:09:50.166$ Some of our translation to the

NOTE Confidence: 0.8009887

00:09:50.166 --> 00:09:51.624 cooperative group network.

NOTE Confidence: 0.8009887

 $00:09:51.630 \longrightarrow 00:09:53.838$ Engagement with policy and then career

NOTE Confidence: 0.8009887

 $00:09:53.838 \longrightarrow 00:09:55.946$ development and then part of career

NOTE Confidence: 0.8009887

 $00:09:55.946 \longrightarrow 00:09:57.955$ development will be turning it off to

NOTE Confidence: 0.8009887

 $00:09:57.955 \longrightarrow 00:10:00.378$ my two very talented junior colleagues.

NOTE Confidence: 0.8009887

 $00{:}10{:}00.380 \to 00{:}10{:}02.024$ Multidisciplinary care I mentioned

NOTE Confidence: 0.8009887

 $00{:}10{:}02.024 --> 00{:}10{:}04.490$ that high high case volume is

NOTE Confidence: 0.8009887

 $00:10:04.561 \longrightarrow 00:10:06.487$ important and so you see here,

NOTE Confidence: 0.8009887

 $00:10:06.490 \longrightarrow 00:10:09.185$ at least from the pre pandemic numbers

 $00:10:09.185 \longrightarrow 00:10:11.458$ are surgical volumes for oral cavity,

NOTE Confidence: 0.8009887

00:10:11.460 --> 00:10:13.260 pharynx and larynx cancer.

NOTE Confidence: 0.8009887

 $00:10:13.260 \longrightarrow 00:10:15.960$ We have a multidisciplinary tumor board.

NOTE Confidence: 0.8009887

00:10:15.960 --> 00:10:17.920 That brings together surgery,

NOTE Confidence: 0.8009887

00:10:17.920 --> 00:10:19.626 radiation, medical oncology,

NOTE Confidence: 0.8009887

 $00:10:19.626 \longrightarrow 00:10:20.842$ neuro radiology,

NOTE Confidence: 0.8009887

 $00:10:20.842 \longrightarrow 00:10:23.882$ pathology and speech language pathology

NOTE Confidence: 0.8009887

 $00{:}10{:}23.882 \rightarrow 00{:}10{:}27.037$ which helps us to make treatment

NOTE Confidence: 0.8009887

 $00{:}10{:}27.037 \dashrightarrow 00{:}10{:}29.507$ recommendations that optimize both our

NOTE Confidence: 0.8009887

 $00:10:29.584 \longrightarrow 00:10:32.376$ drive for cure and the need to think

NOTE Confidence: 0.8009887

 $00{:}10{:}32.376 \dashrightarrow 00{:}10{:}34.056$ about the functional consequences

NOTE Confidence: 0.8009887

 $00:10:34.056 \longrightarrow 00:10:36.496$ of treatment for our patients.

NOTE Confidence: 0.8009887

 $00{:}10{:}36.500 \dashrightarrow 00{:}10{:}38.500$ We've rolled out chemoradiation

NOTE Confidence: 0.8009887

 $00:10:38.500 \longrightarrow 00:10:40.500$ supportive care order sets

NOTE Confidence: 0.8009887

 $00:10:40.500 \longrightarrow 00:10:42.858$ across that the health system.

NOTE Confidence: 0.8009887

00:10:42.860 --> 00:10:45.440 We work very closely with

00:10:45.440 --> 00:10:46.988 speech language pathology.

NOTE Confidence: 0.8009887

 $00{:}10{:}46.990 \dashrightarrow 00{:}10{:}49.026$ And function preservation beginning

NOTE Confidence: 0.8009887

00:10:49.026 --> 00:10:52.625 with pre him before the surgery or

NOTE Confidence: 0.8009887

 $00:10:52.625 \longrightarrow 00:10:55.403$ or chemoradiation even begins and we

NOTE Confidence: 0.8009887

 $00:10:55.403 \longrightarrow 00:10:58.131$ have dedicated social work to help

NOTE Confidence: 0.8009887

 $00:10:58.131 \longrightarrow 00:11:01.057$ with many of the problems with employment.

NOTE Confidence: 0.8009887

 $00:11:01.060 \longrightarrow 00:11:04.077$ That and other socio economic problems

NOTE Confidence: 0.8009887

 $00:11:04.077 \longrightarrow 00:11:07.159$ that this group of patients encounters.

NOTE Confidence: 0.8009887

00:11:07.160 --> 00:11:09.862 Several marijuana var or the leader of

NOTE Confidence: 0.8009887

 $00:11:09.862 \longrightarrow 00:11:12.761$ our head and neck surgical oncology

NOTE Confidence: 0.8009887

 $00:11:12.761 \longrightarrow 00:11:15.526$ program introduced to clinic clinical

NOTE Confidence: 0.8009887

00:11:15.526 --> 00:11:17.998 care pathway for reducing ICU.

NOTE Confidence: 0.8009887

00:11:18.000 --> 00:11:20.682 Usage in head neck cancer microvascular

NOTE Confidence: 0.8009887

 $00{:}11{:}20.682 \dashrightarrow 00{:}11{:}23.365$ reconstruction and you can see here

NOTE Confidence: 0.8009887

 $00:11:23.365 \longrightarrow 00:11:25.430$ these absolutely stunning data not

00:11:25.430 --> 00:11:27.816 only lowering the average length of

NOTE Confidence: 0.8009887

 $00:11:27.816 \longrightarrow 00:11:30.329$ stay to a week for very complicated

NOTE Confidence: 0.8516818

 $00:11:30.330 \longrightarrow 00:11:31.563$ large reconstructive surgeries,

NOTE Confidence: 0.8516818

 $00:11:31.563 \longrightarrow 00:11:34.029$ but also bringing ICU stays from

NOTE Confidence: 0.8516818

 $00:11:34.029 \longrightarrow 00:11:37.235 \ 100\%$ to 6% and dramatically reducing

NOTE Confidence: 0.8516818

 $00:11:37.235 \longrightarrow 00:11:40.030$ unplanned 30 day re admission.

NOTE Confidence: 0.8516818

00:11:40.030 --> 00:11:41.722 Within our catchment area,

NOTE Confidence: 0.8516818

00:11:41.722 --> 00:11:44.260 New Haven County is well documented

NOTE Confidence: 0.8516818

 $00:11:44.333 \longrightarrow 00:11:47.007$ to have excess rates of tobacco use

NOTE Confidence: 0.8516818

 $00:11:47.007 \longrightarrow 00:11:49.248$ relative to national rates and in

NOTE Confidence: 0.8516818

 $00{:}11{:}49.248 \dashrightarrow 00{:}11{:}51.294$ lower income adults in New Haven

NOTE Confidence: 0.8516818

 $00:11:51.294 \longrightarrow 00:11:53.580$ uses twice as high oral cavity.

NOTE Confidence: 0.8516818

 $00:11:53.580 \longrightarrow 00:11:55.124$ Cancer is increasing dramatically.

NOTE Confidence: 0.8516818

00:11:55.124 --> 00:11:57.770 In Connecticut, Ann is 50% higher in

NOTE Confidence: 0.8516818

00:11:57.770 --> 00:12:00.540 the Latin X population in the state,

NOTE Confidence: 0.8516818

 $00:12:00.540 \longrightarrow 00:12:02.916$ so we have a very significant focus on

 $00:12:02.916 \longrightarrow 00:12:05.960$ the on the tobacco associated malignancies.

NOTE Confidence: 0.8516818

 $00:12:05.960 \longrightarrow 00:12:07.960$ We have trials and Artie

NOTE Confidence: 0.8516818

 $00:12:07.960 \longrightarrow 00:12:09.960$ Patio will speak later about.

NOTE Confidence: 0.8516818

 $00:12:09.960 \longrightarrow 00:12:11.736$ About one of them,

NOTE Confidence: 0.8516818

 $00:12:11.736 \longrightarrow 00:12:15.040$ but moving forward in the cooperative groups,

NOTE Confidence: 0.8516818

00:12:15.040 --> 00:12:16.426 international trials focused

NOTE Confidence: 0.8516818

 $00:12:16.426 \longrightarrow 00:12:18.274$ on HPV negative disease.

NOTE Confidence: 0.8516818

 $00:12:18.280 \longrightarrow 00:12:21.136$ Two of the projects in our

NOTE Confidence: 0.8516818

00:12:21.136 --> 00:12:23.820 head and explore focus on HPV,

NOTE Confidence: 0.8516818

 $00:12:23.820 \dashrightarrow 00:12:27.404$ negative disease and in the E con Akron

NOTE Confidence: 0.8516818

 $00:12:27.404 \longrightarrow 00:12:31.209$ health Head Neck Committee that I lead.

NOTE Confidence: 0.8516818

 $00:12:31.210 \longrightarrow 00:12:33.425$ We are now developing Health Equity

NOTE Confidence: 0.8516818

 $00{:}12{:}33.425 \dashrightarrow 00{:}12{:}35.640$ coast studies with many of

NOTE Confidence: 0.8516818

00:12:35.717 --> 00:12:37.677 our larger clinical trials.

NOTE Confidence: 0.8516818

 $00:12:37.680 \longrightarrow 00:12:40.530$ I mentioned that the outcomes disparities.

00:12:40.530 --> 00:12:42.756 For HPV negative head neck cancer

NOTE Confidence: 0.8516818

 $00{:}12{:}42.756 \dashrightarrow 00{:}12{:}45.105$ are among the most dramatic for

NOTE Confidence: 0.8516818

 $00{:}12{:}45.105 \dashrightarrow 00{:}12{:}47.463$ any solid tumor and a collaborator

NOTE Confidence: 0.8516818

00:12:47.463 --> 00:12:50.175 of mine from my time at Fox Chase.

NOTE Confidence: 0.8516818

00:12:50.180 --> 00:12:53.519 Camille Reagan, who is now part of our spore,

NOTE Confidence: 0.8516818

 $00:12:53.520 \longrightarrow 00:12:55.550$ has demonstrated that African ancestry

NOTE Confidence: 0.8516818

 $00:12:55.550 \longrightarrow 00:12:57.580$ informative markers are associated with

NOTE Confidence: 0.8516818

 $00:12:57.639 \longrightarrow 00:12:59.174$ overexpression of DNA polymerase beta

NOTE Confidence: 0.8516818

00:12:59.174 --> 00:13:01.555 and that this in turn is associated

NOTE Confidence: 0.8516818

 $00:13:01.555 \longrightarrow 00:13:03.525$ with platinum and radiation resistance.

NOTE Confidence: 0.8516818

 $00{:}13{:}03.530 \dashrightarrow 00{:}13{:}05.868$ She's got a large collection of patients

NOTE Confidence: 0.8516818

 $00{:}13{:}05.868 \dashrightarrow 00{:}13{:}08.727$ in the temple system that she's sequencing.

NOTE Confidence: 0.8516818

 $00:13:08.730 \longrightarrow 00:13:11.142$ It's highly enriched for African American

NOTE Confidence: 0.8516818

 $00{:}13{:}11.142 \dashrightarrow 00{:}13{:}13.300$ patients and we're collaborating with her.

NOTE Confidence: 0.8516818

 $00:13:13.300 \longrightarrow 00:13:15.688$ To bring forward.

NOTE Confidence: 0.8516818

00:13:15.690 --> 00:13:18.365 Patient drive tissue resources for

 $00:13:18.365 \longrightarrow 00:13:20.505$ studying alternative therapies to

NOTE Confidence: 0.8516818

 $00{:}13{:}20.505 \dashrightarrow 00{:}13{:}23.340$ platinum and radiation in these patients.

NOTE Confidence: 0.8516818

 $00:13:23.340 \longrightarrow 00:13:26.154$ We have a large clinical trial portfolio.

NOTE Confidence: 0.8516818

00:13:26.160 --> 00:13:29.787 I don't want to go through it in detail,

NOTE Confidence: 0.8516818

 $00:13:29.790 \longrightarrow 00:13:32.576$ but I'll just emphasize that we always

NOTE Confidence: 0.8516818

 $00:13:32.576 \longrightarrow 00:13:34.220$ prioritize investigator initiated trials.

NOTE Confidence: 0.8516818

00:13:34.220 --> 00:13:37.034 Doctor Bhatia will talk about the Phantom,

NOTE Confidence: 0.8516818

 $00:13:37.040 \longrightarrow 00:13:39.060$ so tuck some AB work.

NOTE Confidence: 0.8516818

00:13:39.060 --> 00:13:42.068 I'll talk a little bit about a trial

NOTE Confidence: 0.8516818

00:13:42.068 --> 00:13:44.057 for pembrolizumab in primary radiation

NOTE Confidence: 0.8516818

 $00:13:44.057 \longrightarrow 00:13:47.294$ resistance and the five Aza work we have

NOTE Confidence: 0.8516818

 $00:13:47.294 \longrightarrow 00:13:50.339$ phase one trials particularly focused on HPV,

NOTE Confidence: 0.8516818

 $00{:}13{:}50.340 \dashrightarrow 00{:}13{:}52.292$ the rapeutic vaccines for HPV.

NOTE Confidence: 0.8516818

 $00:13:52.292 \longrightarrow 00:13:53.268$ Associated cancer.

NOTE Confidence: 0.8516818

 $00:13:53.270 \longrightarrow 00:13:55.780$ Have participated or LED some

 $00:13:55.780 \longrightarrow 00:13:57.788$ practice changing trials including.

NOTE Confidence: 0.8516818

00:13:57.790 --> 00:13:59.650 Not that we let it,

NOTE Confidence: 0.8516818

 $00:13:59.650 \longrightarrow 00:14:01.500$ but contributed to the cabins

NOTE Confidence: 0.8516818

 $00:14:01.500 \longrightarrow 00:14:02.610$ antonym in radioiodine.

NOTE Confidence: 0.8516818

 $00:14:02.610 \longrightarrow 00:14:04.695$ Refractory thyroid cancer study that

NOTE Confidence: 0.8516818

 $00:14:04.695 \longrightarrow 00:14:07.762$ was presented at ASCO this year and I

NOTE Confidence: 0.8516818

00:14:07.762 --> 00:14:09.890 think is really going to change the

NOTE Confidence: 0.8516818

 $00{:}14{:}09.964 \dashrightarrow 00{:}14{:}12.603$ standard of care for Len Bat neighbor

NOTE Confidence: 0.8516818

 $00{:}14{:}12.603 \dashrightarrow 00{:}14{:}15.552$ factory disease and on going late phase

NOTE Confidence: 0.8516818

 $00:14:15.552 \longrightarrow 00:14:17.817$ trials in the chemoradiation setting.

NOTE Confidence: 0.8516818

00:14:17.820 --> 00:14:20.476 So let me tell you a little bit

NOTE Confidence: 0.8516818

 $00:14:20.476 \longrightarrow 00:14:22.960$ about this radioresistance trial.

NOTE Confidence: 0.8516818

 $00{:}14{:}22.960 \to 00{:}14{:}25.851$ This was started by Zen Hussain when

NOTE Confidence: 0.8516818

 $00:14:25.851 \longrightarrow 00:14:29.248$ when he was here before he left for

NOTE Confidence: 0.8516818

 $00:14:29.248 \longrightarrow 00:14:32.288$ Toronto and the idea was that we

NOTE Confidence: 0.8516818

00:14:32.288 --> 00:14:34.934 had patients in our practice HPV.

00:14:34.940 --> 00:14:36.275 Negative cancers predominantly,

NOTE Confidence: 0.8516818

 $00:14:36.275 \longrightarrow 00:14:38.945$ who had presented with very advanced

NOTE Confidence: 0.8516818

00:14:38.945 --> 00:14:41.008 disease and had primary radio

NOTE Confidence: 0.8516818

00:14:41.008 --> 00:14:41.788 resistant disease.

NOTE Confidence: 0.8516818

 $00{:}14{:}41.790 \dashrightarrow 00{:}14{:}44.913$ At that time there was no standard of care

NOTE Confidence: 0.8516818

 $00:14:44.913 \longrightarrow 00:14:47.780$ with immunotherapy for those patients,

NOTE Confidence: 0.8516818

 $00:14:47.780 \longrightarrow 00:14:50.420$ and so he put together a.

NOTE Confidence: 0.8516818

 $00:14:50.420 \longrightarrow 00:14:52.610$ Phase two trial for moving them

NOTE Confidence: 0.8516818

00:14:52.610 --> 00:14:55.378 right on to Pember Lizum app with

NOTE Confidence: 0.8516818

 $00:14:55.378 \longrightarrow 00:14:57.832$ the advantage that we would have

NOTE Confidence: 0.8516818

 $00:14:57.832 \longrightarrow 00:15:00.621$ baseline tissue tissue from the biopsy

NOTE Confidence: 0.8516818

 $00{:}15{:}00.621 \dashrightarrow 00{:}15{:}02.921$ that prove persistent disease and

NOTE Confidence: 0.820107

 $00{:}15{:}02.930 \dashrightarrow 00{:}15{:}05.348$ if the patient had become resectable

NOTE Confidence: 0.820107

 $00:15:05.348 \longrightarrow 00:15:08.320$ by the end of four cycles of

NOTE Confidence: 0.820107

00:15:08.320 --> 00:15:10.440 Pember lism and they would,

 $00:15:10.440 \longrightarrow 00:15:12.936$ they would go on to reception.

NOTE Confidence: 0.820107

 $00:15:12.940 \longrightarrow 00:15:15.747$ So we are doing immuno profiling on

NOTE Confidence: 0.820107

 $00{:}15{:}15.747 \dashrightarrow 00{:}15{:}18.282$ the specimens from this trial and

NOTE Confidence: 0.820107

 $00:15:18.282 \longrightarrow 00:15:20.778$ also started sequencing them in the

NOTE Confidence: 0.820107

 $00:15:20.778 \longrightarrow 00:15:23.356$ first two cases that we sequenced.

NOTE Confidence: 0.820107

 $00:15:23.360 \longrightarrow 00:15:25.301$ Both had this.

NOTE Confidence: 0.820107

 $00:15:25.301 \longrightarrow 00:15:28.536$ Very unusual finding of whether

NOTE Confidence: 0.820107

 $00:15:28.536 \longrightarrow 00:15:31.703$ new emergence or enrichment for

NOTE Confidence: 0.820107

00:15:31.703 --> 00:15:35.225 mutation in tenascin R1 of the.

NOTE Confidence: 0.820107

 $00:15:35.230 \longrightarrow 00:15:36.622$ Tenascin family proteins that

NOTE Confidence: 0.820107

 $00:15:36.622 \longrightarrow 00:15:39.350$ controls EMT and can be involved in

NOTE Confidence: 0.820107

 $00{:}15{:}39.350 \dashrightarrow 00{:}15{:}41.078$ an immunosuppressive microenvironment.

NOTE Confidence: 0.820107

 $00:15:41.080 \longrightarrow 00:15:43.968$ So we have just gone back and received

NOTE Confidence: 0.820107

 $00:15:43.968 \longrightarrow 00:15:46.099$ funding to finish sequencing.

NOTE Confidence: 0.820107

 $00:15:46.100 \longrightarrow 00:15:48.278$ All the cases here and think

NOTE Confidence: 0.820107

 $00:15:48.278 \longrightarrow 00:15:50.732$ that this is potentially a very

00:15:50.732 --> 00:15:53.062 interesting lead into the biology

NOTE Confidence: 0.820107

 $00{:}15{:}53.062 \dashrightarrow 00{:}15{:}54.460$ of primary radioresistance.

NOTE Confidence: 0.820107

00:15:54.460 --> 00:15:57.428 The pictures at the bottom just show

NOTE Confidence: 0.820107

00:15:57.428 --> 00:16:01.145 you one of our patients who had a CR.

NOTE Confidence: 0.820107

 $00:16:01.150 \longrightarrow 00:16:04.730$ He's now four years out.

NOTE Confidence: 0.820107

00:16:04.730 --> 00:16:08.250 Just to switch gears now to some of

NOTE Confidence: 0.820107

00:16:08.250 --> 00:16:10.950 the correlative work along time ago,

NOTE Confidence: 0.820107

 $00{:}16{:}10.950 \dashrightarrow 00{:}16{:}12.880$ the Kaag committee had demonstrated

NOTE Confidence: 0.820107

 $00{:}16{:}12.880 \dashrightarrow 00{:}16{:}15.449$ that for patients who had undergone

NOTE Confidence: 0.820107

00:16:15.449 --> 00:16:17.159 margin negative resection,

NOTE Confidence: 0.820107

00:16:17.160 --> 00:16:19.380 but who had disruptive mutation of

NOTE Confidence: 0.820107

 $00:16:19.380 \longrightarrow 00:16:22.711$ TP 53 that they continued to have a

NOTE Confidence: 0.820107

 $00{:}16{:}22.711 \dashrightarrow 00{:}16{:}24.931$ pretty poor outcome despite getting

NOTE Confidence: 0.820107

00:16:24.931 --> 00:16:28.409 risk based appropriate postoperative therapy.

NOTE Confidence: 0.820107

 $00:16:28.410 \longrightarrow 00:16:31.469$ And that was done with older sequencing

00:16:31.469 --> 00:16:34.064 technology as next Gen sequencing came

NOTE Confidence: 0.820107

 $00{:}16{:}34.064 {\:\dashrightarrow\:} 00{:}16{:}36.864$ on and a number of new algorithms

NOTE Confidence: 0.820107

 $00:16:36.940 \longrightarrow 00:16:40.108$ for calling P53 mutation became available.

NOTE Confidence: 0.820107

00:16:40.110 --> 00:16:43.323 We undertook a comparison of all of

NOTE Confidence: 0.820107

 $00:16:43.323 \longrightarrow 00:16:45.208$ these different classifying schemes

NOTE Confidence: 0.820107

00:16:45.208 --> 00:16:48.204 in the specimens from that ekonk trial,

NOTE Confidence: 0.820107

00:16:48.210 --> 00:16:50.460 finding that our original rule,

NOTE Confidence: 0.820107

00:16:50.460 --> 00:16:52.710 which was DNA binding domain

NOTE Confidence: 0.820107

 $00{:}16{:}52.710 \dashrightarrow 00{:}16{:}54.510$ mutations or truncation mutations,

NOTE Confidence: 0.820107

00:16:54.510 --> 00:16:55.860 somewhat supplemented with

NOTE Confidence: 0.820107

 $00{:}16{:}55.860 \dashrightarrow 00{:}16{:}57.660$ information about splice variants,

NOTE Confidence: 0.820107

 $00:16:57.660 \longrightarrow 00:17:01.260$ really was the best predictor of bad outcome.

NOTE Confidence: 0.820107

 $00:17:01.260 \longrightarrow 00:17:02.230$ And since.

NOTE Confidence: 0.820107

00:17:02.230 --> 00:17:04.655 P53 mutation is quite prevalent

NOTE Confidence: 0.820107

 $00:17:04.655 \longrightarrow 00:17:06.820$ in head neck cancer.

NOTE Confidence: 0.820107

 $00:17:06.820 \longrightarrow 00:17:09.136$ And difficult to target this has,

00:17:09.140 --> 00:17:09.816 I think,

NOTE Confidence: 0.820107

 $00{:}17{:}09.816 --> 00{:}17{:}11.844$ really helped us focus on the

NOTE Confidence: 0.820107

 $00:17:11.844 \longrightarrow 00:17:13.505$ importance of understanding the

NOTE Confidence: 0.820107

 $00:17:13.505 \longrightarrow 00:17:15.329$ biology of these people.

NOTE Confidence: 0.55447125

 $00:17:31.580 \longrightarrow 00:17:32.270$ Barbara

NOTE Confidence: 0.9002802

 $00:17:36.000 \longrightarrow 00:17:37.200$ did we lose Barbara?

NOTE Confidence: 0.688106935

 $00:17:48.180 \longrightarrow 00:17:52.020$ Yeah, look. Her Internet is down.

NOTE Confidence: 0.7985662

 $00:17:55.620 \longrightarrow 00:17:57.580$ OK, well these things happens.

NOTE Confidence: 0.7985662

 $00:17:57.580 \longrightarrow 00:18:00.349$ It's the storms.

NOTE Confidence: 0.7985662

 $00:18:00.350 \longrightarrow 00:18:02.250$ Who's ready to step up?

NOTE Confidence: 0.7985662

 $00{:}18{:}02.250 \dashrightarrow 00{:}18{:}04.590$ Oh, here she is. Barbara

NOTE Confidence: 0.7560468

 $00{:}18{:}07.000 \dashrightarrow 00{:}18{:}07.820$ you're muted.

NOTE Confidence: 0.7999617

 $00{:}18{:}22.160 \dashrightarrow 00{:}18{:}24.830$ Sorry about that. So we sequenced

NOTE Confidence: 0.7999617

00:18:24.830 --> 00:18:27.040 these or characid sequenced over

NOTE Confidence: 0.7999617

 $00:18:27.114 \longrightarrow 00:18:29.030$ 1000 HPV negative cancers.

00:18:29.030 --> 00:18:31.694 We classified the P53 mutation using

NOTE Confidence: 0.7999617

 $00{:}18{:}31.694 \dashrightarrow 00{:}18{:}34.529$ a variety of different schemes ever.

NOTE Confidence: 0.7999617

 $00:18:34.530 \longrightarrow 00:18:38.190$ You need to share your slides again, sorry.

NOTE Confidence: 0.8168372

 $00:18:40.930 \longrightarrow 00:18:42.440$ Will give you 2 extra minutes at

NOTE Confidence: 0.8168372

 $00:18:42.440 \longrightarrow 00:18:44.050$ the end of the hour, don't worry.

NOTE Confidence: 0.8312539

00:18:46.900 --> 00:18:49.546 Alright, am I doing better now?

NOTE Confidence: 0.8312539

 $00{:}18{:}49.550 \dashrightarrow 00{:}18{:}51.790$ There's this better perfect looked

NOTE Confidence: 0.8312539

 $00{:}18{:}51.790 \dashrightarrow 00{:}18{:}54.997$ at CDK into a mutations and then

NOTE Confidence: 0.8312539

 $00:18:54.997 \longrightarrow 00:18:56.761$ calculated tumor mutation burden

NOTE Confidence: 0.8312539

00:18:56.761 --> 00:18:59.436 and So what was quite interesting

NOTE Confidence: 0.8312539

 $00{:}18{:}59.436 \dashrightarrow 00{:}19{:}02.355$ here was that either P53 or CDK

NOTE Confidence: 0.8312539

 $00:19:02.355 \longrightarrow 00:19:04.544$ into a mutation was associated

NOTE Confidence: 0.8312539

00:19:04.544 --> 00:19:06.749 with higher tumor mutation burden,

NOTE Confidence: 0.8312539

 $00:19:06.750 \longrightarrow 00:19:09.697$ with the exception of when that P53

NOTE Confidence: 0.8312539

00:19:09.697 --> 00:19:12.478 mutation was a gain of function,

NOTE Confidence: 0.8312539

00:19:12.480 --> 00:19:14.680 not loss of function mutation,

00:19:14.680 --> 00:19:17.767 but that the Co occurrence of P53,

NOTE Confidence: 0.8312539

 $00:19:17.770 \longrightarrow 00:19:19.216$ CDK and 2A.

NOTE Confidence: 0.8312539

 $00:19:19.216 \longrightarrow 00:19:22.108$ Mutation was associated with the HYEST

NOTE Confidence: 0.8312539

 $00:19:22.108 \longrightarrow 00:19:25.042$ tumor mutation burden and this came

NOTE Confidence: 0.8312539

00:19:25.042 --> 00:19:28.789 into the 15 mutations per megabase range,

NOTE Confidence: 0.8312539

 $00:19:28.790 \longrightarrow 00:19:31.202$ which has been informative

NOTE Confidence: 0.8312539

 $00:19:31.202 \longrightarrow 00:19:33.614$ for response to immunotherapy.

NOTE Confidence: 0.8312539

 $00:19:33.620 \longrightarrow 00:19:36.119$ But it's been understood for a long

NOTE Confidence: 0.8312539

 $00:19:36.119 \longrightarrow 00:19:38.580$ time that there's a range of TMB

NOTE Confidence: 0.8312539

 $00{:}19{:}38.580 \dashrightarrow 00{:}19{:}40.560$ across different kinds of both HPV

NOTE Confidence: 0.8312539

00:19:40.630 --> 00:19:42.720 positive and HPV negative head,

NOTE Confidence: 0.8312539

 $00:19:42.720 \longrightarrow 00:19:43.450$ neck cancers,

NOTE Confidence: 0.8312539

 $00:19:43.450 \longrightarrow 00:19:45.275$ both smokers and nonsmokers that

NOTE Confidence: 0.8312539

 $00:19:45.275 \longrightarrow 00:19:47.515$ this is associated with response to

NOTE Confidence: 0.8312539

 $00:19:47.515 \longrightarrow 00:19:49.675$ pembrolizumab and more recently in a

 $00:19:49.675 \longrightarrow 00:19:51.510$ randomized trial of development that

NOTE Confidence: 0.8312539

 $00:19:51.510 \longrightarrow 00:19:53.634$ was actually negative for all comers.

NOTE Confidence: 0.8312539

00:19:53.640 --> 00:19:56.184 If you focused on the group with high

NOTE Confidence: 0.8312539

 $00:19:56.184 \longrightarrow 00:19:58.524$ TMB there was a survival advantage

NOTE Confidence: 0.8312539

 $00:19:58.524 \longrightarrow 00:20:00.559$ for the use of immunotherapy,

NOTE Confidence: 0.8312539

 $00:20:00.560 \longrightarrow 00:20:03.048$ so I think one thing this points us

NOTE Confidence: 0.8312539

00:20:03.048 --> 00:20:06.108 to is the early use of immunotherapy.

NOTE Confidence: 0.8312539

 $00{:}20{:}06.110 \dashrightarrow 00{:}20{:}08.630$ In P53 mutated head neck cancer

NOTE Confidence: 0.8312539

 $00{:}20{:}08.630 \dashrightarrow 00{:}20{:}11.672$ and I'll may be take a brief detour

NOTE Confidence: 0.8312539

 $00:20:11.672 \longrightarrow 00:20:13.368$ here because this is.

NOTE Confidence: 0.8312539

 $00{:}20{:}13.370 \dashrightarrow 00{:}20{:}15.866$ This is work that Yale investigators

NOTE Confidence: 0.8312539

 $00:20:15.866 \longrightarrow 00:20:18.489$ participated in before I arrived here.

NOTE Confidence: 0.8312539

 $00:20:18.490 \longrightarrow 00:20:20.980$ And then I've been very involved

NOTE Confidence: 0.8312539

00:20:20.980 --> 00:20:23.190 with the keynote 012 trial,

NOTE Confidence: 0.8312539

 $00:20:23.190 \longrightarrow 00:20:26.032$ which was the first large scale study

NOTE Confidence: 0.8312539

 $00{:}20{:}26.032 \dashrightarrow 00{:}20{:}27.761$ of immune checkpoint inhibition

 $00{:}20{:}27.761 \dashrightarrow 00{:}20{:}30.848$ in head and neck cancer was done

NOTE Confidence: 0.8312539

00:20:30.848 --> 00:20:31.730 with pembrolizumab.

NOTE Confidence: 0.8312539

00:20:31.730 --> 00:20:34.898 We had a big focus on including both

NOTE Confidence: 0.8312539

00:20:34.898 --> 00:20:37.707 HPV negative and HPV positive cancer,

NOTE Confidence: 0.8312539

 $00:20:37.710 \longrightarrow 00:20:39.130$ and you can see.

NOTE Confidence: 0.8312539

00:20:39.130 --> 00:20:40.905 That durable responses were seen

NOTE Confidence: 0.8312539

 $00:20:40.905 \longrightarrow 00:20:43.332$ in both types of head neck cancer

NOTE Confidence: 0.8312539

 $00{:}20{:}43.332 \rightarrow 00{:}20{:}45.559$ and looking at the spider plot,

NOTE Confidence: 0.8312539

 $00:20:45.560 \longrightarrow 00:20:48.220$ I think that you see.

NOTE Confidence: 0.8312539

00:20:48.220 --> 00:20:48.606 Really,

NOTE Confidence: 0.8312539

 $00:20:48.606 \longrightarrow 00:20:51.308$ what the next five years of research

NOTE Confidence: 0.8312539

 $00{:}20{:}51.308 \dashrightarrow 00{:}20{:}53.050$ into immunotherapy in head neck

NOTE Confidence: 0.8312539

 $00:20:53.050 \longrightarrow 00:20:55.150$ cancer has has played out as because

NOTE Confidence: 0.8312539

00:20:55.221 --> 00:20:57.369 there are early and deep responses,

NOTE Confidence: 0.8312539

 $00:20:57.370 \longrightarrow 00:20:59.130$ there are somewhat slower responses,

 $00:20:59.130 \longrightarrow 00:21:01.594$ but that are deep and very durable.

NOTE Confidence: 0.8312539

 $00{:}21{:}01.600 \dashrightarrow 00{:}21{:}03.714$ But there's a subset of patients who

NOTE Confidence: 0.8312539

00:21:03.714 --> 00:21:06.168 not only don't respond to immunotherapy,

NOTE Confidence: 0.8312539

 $00:21:06.170 \longrightarrow 00:21:09.668$ but appear to almost have accelerated.

NOTE Confidence: 0.8312539

 $00:21:09.670 \longrightarrow 00:21:12.295$ Disease growth and so we need to

NOTE Confidence: 0.8312539

 $00{:}21{:}12.295 \dashrightarrow 00{:}21{:}14.243$ understand what's suppressive in the

NOTE Confidence: 0.8312539

 $00:21:14.243 \longrightarrow 00:21:15.767$ tumor microenvironment that leads

NOTE Confidence: 0.8312539

00:21:15.767 --> 00:21:18.384 to this resistance and what it might

NOTE Confidence: 0.8312539

 $00:21:18.384 \longrightarrow 00:21:20.104$ be in the tumor microenvironment

NOTE Confidence: 0.8312539

00:21:20.104 --> 00:21:21.913 that's PDL one expressing that

NOTE Confidence: 0.8312539

 $00:21:21.913 \longrightarrow 00:21:24.139$ it's actually bad to turn off.

NOTE Confidence: 0.8312539

 $00:21:24.140 \longrightarrow 00:21:27.080$ So I think there's there's some.

NOTE Confidence: 0.8312539

 $00:21:27.080 \longrightarrow 00:21:29.150$ Some work to be done there,

NOTE Confidence: 0.8312539

 $00:21:29.150 \longrightarrow 00:21:31.565$ but given the strong signal with 18%

NOTE Confidence: 0.8312539

 $00:21:31.570 \longrightarrow 00:21:33.640$ response rate and durable CRS in

NOTE Confidence: 0.8312539

 $00:21:33.640 \longrightarrow 00:21:35.020$ the treatment refractory setting,

 $00:21:35.020 \longrightarrow 00:21:36.966$ we move this forward as a first

NOTE Confidence: 0.8312539

 $00{:}21{:}36.966 \dashrightarrow 00{:}21{:}38.577$ line trial in metastatic recurrent

NOTE Confidence: 0.8312539

 $00:21:38.577 \longrightarrow 00:21:41.048$ disease and this had a little bit

NOTE Confidence: 0.8312539

 $00:21:41.048 \longrightarrow 00:21:43.416$ of a complicated design because we

NOTE Confidence: 0.8312539

 $00:21:43.416 \longrightarrow 00:21:45.660$ recognized that the standard of care

NOTE Confidence: 0.8312539

 $00:21:45.660 \longrightarrow 00:21:47.110$ which was chemotherapy with Cytoxan

NOTE Confidence: 0.8312539

 $00:21:47.110 \longrightarrow 00:21:49.181$ Mab actually had a higher response

NOTE Confidence: 0.8312539

00:21:49.181 --> 00:21:50.889 rate than pembrolizumab monotherapy,

NOTE Confidence: 0.8312539

 $00:21:50.890 \longrightarrow 00:21:53.291$ but it didn't have the same duration

NOTE Confidence: 0.8312539

 $00{:}21{:}53.291 \dashrightarrow 00{:}21{:}55.549$ of response and it didn't have

NOTE Confidence: 0.8312539

 $00:21:55.549 \longrightarrow 00:21:57.484$ the same complete response rate.

NOTE Confidence: 0.8312539

 $00:21:57.490 \longrightarrow 00:21:59.716$ So we had to experimental arms.

NOTE Confidence: 0.8312539

 $00{:}21{:}59.720 \dashrightarrow 00{:}22{:}02.352$ One was Pember Lism AB alone and one

NOTE Confidence: 0.8312539

00:22:02.352 --> 00:22:04.910 was purple is made with chemotherapy,

NOTE Confidence: 0.8312539

 $00:22:04.910 \longrightarrow 00:22:06.645$ each of them independently compared

 $00:22:06.645 \longrightarrow 00:22:08.380$ to the standard of care

NOTE Confidence: 0.8051728

 $00:22:08.443 \longrightarrow 00:22:10.323$ of chemotherapy with cetuximab and

NOTE Confidence: 0.8051728

 $00{:}22{:}10.323 \dashrightarrow 00{:}22{:}12.647$ then we undertook a biomarker driven

NOTE Confidence: 0.8051728

 $00:22:12.647 \longrightarrow 00:22:14.527$ analysis because the hypothesis was

NOTE Confidence: 0.8051728

 $00:22:14.527 \longrightarrow 00:22:16.730$ that those cases that express PD,

NOTE Confidence: 0.8051728

 $00:22:16.730 \longrightarrow 00:22:18.800$ L1 the most richly might be

NOTE Confidence: 0.8051728

 $00:22:18.800 \longrightarrow 00:22:20.858$ the most likely to respond,

NOTE Confidence: 0.8051728

 $00:22:20.860 \longrightarrow 00:22:23.289$ and there the advantage over chemo cetuximab

NOTE Confidence: 0.8051728

 $00:22:23.289 \longrightarrow 00:22:25.690$ would would be more readily apparent.

NOTE Confidence: 0.8051728

00:22:25.690 --> 00:22:27.218 Actually, Pember Lism had

NOTE Confidence: 0.8051728

00:22:27.218 --> 00:22:28.364 performed better than.

NOTE Confidence: 0.8051728

 $00:22:28.370 \longrightarrow 00:22:29.890$ Then we could have imagined,

NOTE Confidence: 0.8051728

 $00:22:29.890 \longrightarrow 00:22:32.306$ but so this is the CPS 20 group,

NOTE Confidence: 0.8051728

00:22:32.310 --> 00:22:34.128 the highest PDL one expressing an

NOTE Confidence: 0.8051728

00:22:34.128 --> 00:22:36.291 you see here a hazard ratio of

NOTE Confidence: 0.8051728

00:22:36.291 --> 00:22:38.363.61 in favor of Pember Lism AB.

00:22:38.370 --> 00:22:40.978 We now have four year data showing that

NOTE Confidence: 0.8051728

00:22:40.978 --> 00:22:44.548 this group has over a 20% for your survival.

NOTE Confidence: 0.8051728

 $00:22:44.550 \longrightarrow 00:22:46.680$ This is all PDL one.

NOTE Confidence: 0.8051728

00:22:46.680 --> 00:22:47.416 Expressing cancers,

NOTE Confidence: 0.8051728

 $00{:}22{:}47.416 \dashrightarrow 00{:}22{:}49.992$ hazard ratios of 0.78 and this was

NOTE Confidence: 0.8051728

 $00:22:49.992 \longrightarrow 00:22:51.423$ also statistically significant

NOTE Confidence: 0.8051728

 $00:22:51.423 \longrightarrow 00:22:53.918$ compared with the control arm.

NOTE Confidence: 0.8051728

 $00:22:53.920 \longrightarrow 00:22:57.424$ And then if you took all comers so

NOTE Confidence: 0.8051728

 $00:22:57.424 \longrightarrow 00:23:00.392$ that includes the 15% that are PDL,

NOTE Confidence: 0.8051728

 $00{:}23{:}00.392 \dashrightarrow 00{:}23{:}03.116$ one negative Pember Lizum app was

NOTE Confidence: 0.8051728

 $00{:}23{:}03.116 \to 00{:}23{:}05.660$ noninferior to chemotherapy cetux imab.

NOTE Confidence: 0.8051728

 $00{:}23{:}05.660 \dashrightarrow 00{:}23{:}08.341$ Going back and looking at that PDL

NOTE Confidence: 0.8051728

 $00{:}23{:}08.341 \dashrightarrow 00{:}23{:}10.604$ one subset they do substantially

NOTE Confidence: 0.8051728

00:23:10.604 --> 00:23:13.688 worse with Pember Lizum app then

NOTE Confidence: 0.8051728

00:23:13.688 --> 00:23:15.926 with chemotherapy cytoxan and so

 $00:23:15.926 \longrightarrow 00:23:18.558$ they should not get pember lism in

NOTE Confidence: 0.8051728

 $00{:}23{:}18.560 \to 00{:}23{:}20.635$ monotherapy and then Pember Lizum

NOTE Confidence: 0.8051728

 $00:23:20.635 \longrightarrow 00:23:23.219$ app plus chemotherapy superior to the

NOTE Confidence: 0.8051728

 $00:23:23.219 \longrightarrow 00:23:25.439$ reference regiment across all regiment,

NOTE Confidence: 0.8051728

00:23:25.440 --> 00:23:27.080 across all biomarker subgroups.

NOTE Confidence: 0.8051728

 $00:23:27.080 \longrightarrow 00:23:30.600$ So this study has has been very fruitful.

NOTE Confidence: 0.8051728

 $00:23:30.600 \longrightarrow 00:23:32.320$ Subsequent publications coming out

NOTE Confidence: 0.8051728

 $00:23:32.320 \longrightarrow 00:23:34.040$ about patient reported outcomes.

NOTE Confidence: 0.8051728

 $00:23:34.040 \longrightarrow 00:23:36.304$ The PDL one subsets.

NOTE Confidence: 0.8051728

 $00:23:36.304 \longrightarrow 00:23:38.568$ In long term survival.

NOTE Confidence: 0.8051728

 $00{:}23{:}38.570 \dashrightarrow 00{:}23{:}42.476$ I would like to introduce you to

NOTE Confidence: 0.8051728

 $00{:}23{:}42.476 \dashrightarrow 00{:}23{:}46.478$ our head export team so spores are.

NOTE Confidence: 0.8051728

 $00{:}23{:}46.480 \dashrightarrow 00{:}23{:}48.732$ Programs of research excellence

NOTE Confidence: 0.8051728

 $00:23:48.732 \longrightarrow 00:23:52.590$ usually centered around a given disease type.

NOTE Confidence: 0.8051728

 $00:23:52.590 \longrightarrow 00:23:55.362$ They they need to have at

NOTE Confidence: 0.8051728

00:23:55.362 --> 00:23:58.070 least three projects and cores

00:23:58.070 --> 00:24:00.359 and developmental projects,

NOTE Confidence: 0.8051728

 $00{:}24{:}00.360 \dashrightarrow 00{:}24{:}04.092$ and we received very generous support

NOTE Confidence: 0.8051728

 $00:24:04.092 \longrightarrow 00:24:08.554$ from the Cancer Center in the medical

NOTE Confidence: 0.8051728

 $00:24:08.554 \longrightarrow 00:24:12.286$ school to jumpstart these projects and.

NOTE Confidence: 0.8051728

 $00:24:12.290 \longrightarrow 00:24:14.534$ The first review had some some

NOTE Confidence: 0.8051728

 $00:24:14.534 \longrightarrow 00:24:16.909$ comments that we had to address,

NOTE Confidence: 0.8051728

 $00:24:16.910 \longrightarrow 00:24:19.605$ but we were funded late last year,

NOTE Confidence: 0.8051728

 $00:24:19.610 \longrightarrow 00:24:21.530$ so we have three projects,

NOTE Confidence: 0.8051728

 $00{:}24{:}21.530 \to 00{:}24{:}23.840$ one on targeting the EGFR family.

NOTE Confidence: 0.8051728

 $00{:}24{:}23.840 \dashrightarrow 00{:}24{:}26.066$ An artifact will talk about that

NOTE Confidence: 0.8051728

00:24:26.066 --> 00:24:28.459 more in a couple of minutes,

NOTE Confidence: 0.8051728

 $00:24:28.460 \longrightarrow 00:24:30.770$ one on synthetic lethal therapy for

NOTE Confidence: 0.8051728

 $00{:}24{:}30.770 \dashrightarrow 00{:}24{:}32.310$ predominantly P53 mutated cancer.

NOTE Confidence: 0.8051728

 $00:24:32.310 \longrightarrow 00:24:35.005$ I'll speak about that a little bit,

NOTE Confidence: 0.8051728

00:24:35.010 --> 00:24:37.698 and then Karen Anderson and Del Yarbrough,

 $00:24:37.700 \longrightarrow 00:24:38.594$ leader project.

NOTE Confidence: 0.8051728

 $00:24:38.594 \longrightarrow 00:24:40.829$ Looking at demethylation to trigger

NOTE Confidence: 0.8051728

00:24:40.829 --> 00:24:43.580 a pevec induced synthetic lethality,

NOTE Confidence: 0.8051728

 $00{:}24{:}43.580 \dashrightarrow 00{:}24{:}47.556$ and I'll introduce them briefly as well.

NOTE Confidence: 0.8051728

00:24:47.560 --> 00:24:50.906 So I've been talking about P53 mutant

NOTE Confidence: 0.8051728

00:24:50.906 --> 00:24:54.209 cells really being sort of one of

NOTE Confidence: 0.8051728

 $00:24:54.209 \longrightarrow 00:24:56.429$ the last bastions of undruggable

NOTE Confidence: 0.8051728

 $00:24:56.429 \longrightarrow 00:24:57.990$ head neck cancer,

NOTE Confidence: 0.8051728

 $00:24:57.990 \longrightarrow 00:25:01.294$ and we know that these cells exhibit

NOTE Confidence: 0.8051728

00:25:01.294 --> 00:25:04.149 impaired regulation of G1 S checkpoints,

NOTE Confidence: 0.8051728

 $00:25:04.150 \longrightarrow 00:25:06.706$ increasing their dependence on the G2

NOTE Confidence: 0.8051728

 $00:25:06.706 \longrightarrow 00:25:09.839$ M transition to repair replication damage,

NOTE Confidence: 0.8051728

 $00:25:09.840 \longrightarrow 00:25:11.736$ creating vulnerability to inhibitors

NOTE Confidence: 0.8051728

00:25:11.736 --> 00:25:14.580 of these processes through DNA damage,

NOTE Confidence: 0.8051728

 $00:25:14.580 \longrightarrow 00:25:15.608$ G2 checkpoints,

NOTE Confidence: 0.8051728

 $00:25:15.608 \longrightarrow 00:25:19.206$ restrictive mitotic entry and we have had.

 $00:25:19.210 \longrightarrow 00:25:21.498$ An interest in in this for a long

NOTE Confidence: 0.8051728

 $00{:}25{:}21.498 \dashrightarrow 00{:}25{:}24.089$ time going back to work when I was

NOTE Confidence: 0.8051728

00:25:24.089 --> 00:25:25.946 at Fox Chase demonstrating that

NOTE Confidence: 0.8051728

 $00:25:25.946 \longrightarrow 00:25:28.386$ Aurora kinase overexpression in the

NOTE Confidence: 0.8051728

 $00{:}25{:}28.386 \rightarrow 00{:}25{:}30.338$ nuclear compartment was associated

NOTE Confidence: 0.8051728

 $00:25:30.340 \longrightarrow 00:25:31.912$ with worse overall survival,

NOTE Confidence: 0.8051728

00:25:31.912 --> 00:25:34.789 we know that Aurora is regulated by P53,

NOTE Confidence: 0.8051728

 $00{:}25{:}34.790 \dashrightarrow 00{:}25{:}37.226$ and so if you look across these

NOTE Confidence: 0.8051728

00:25:37.226 --> 00:25:39.513 commonly used P53 mutated or null

NOTE Confidence: 0.8051728

00:25:39.513 --> 00:25:41.463 head neck cancer cell lines,

NOTE Confidence: 0.8051728

 $00:25:41.470 \longrightarrow 00:25:44.572$ they all over expresser or relative

NOTE Confidence: 0.8051728

 $00:25:44.572 \longrightarrow 00:25:46.123$ to normal tissue.

NOTE Confidence: 0.81956977

 $00:25:46.130 \longrightarrow 00:25:48.356$ And so we began to look at

NOTE Confidence: 0.81956977

 $00{:}25{:}48.356 \to 00{:}25{:}50.370$ using Aurora as an inhibitor.

NOTE Confidence: 0.81956977

 $00:25:50.370 \longrightarrow 00:25:53.121$ Both preclinically and in the clinic and

 $00:25:53.121 \longrightarrow 00:25:55.664$ the clinic it hit a 9% response rate,

NOTE Confidence: 0.81956977

 $00:25:55.664 \longrightarrow 00:25:57.776$ so that was obviously pretty disappointing.

NOTE Confidence: 0.81956977

00:25:57.780 --> 00:25:59.950 And what we found when we gave

NOTE Confidence: 0.81956977

 $00:25:59.950 \longrightarrow 00:26:01.874$ it clinically and this is with

NOTE Confidence: 0.81956977

 $00:26:01.874 \longrightarrow 00:26:03.734$ an agent called ellisor tip is

NOTE Confidence: 0.81956977

00:26:03.734 --> 00:26:06.328 that it it did actually aggregate

NOTE Confidence: 0.81956977

 $00{:}26{:}06.328 \dashrightarrow 00{:}26{:}07.660$ phosphorylation of Aurora.

NOTE Confidence: 0.81956977

00:26:07.660 --> 00:26:10.124 It did change the function of Aurora,

NOTE Confidence: 0.81956977

 $00:26:10.130 \longrightarrow 00:26:11.542$ so we got these.

NOTE Confidence: 0.81956977

00:26:11.542 --> 00:26:12.954 Try and quadripolar spindles.

NOTE Confidence: 0.80716515

00:26:16.080 --> 00:26:19.550 And and yet what happened was that the cells,

NOTE Confidence: 0.80716515

 $00:26:19.550 \longrightarrow 00:26:21.838$ I'm sorry, but the cells entered

NOTE Confidence: 0.80716515

 $00{:}26{:}21.838 \dashrightarrow 00{:}26{:}24.344$ really a cell cycle arrest that was

NOTE Confidence: 0.80716515

 $00:26:24.344 \longrightarrow 00:26:26.499$ mediated through phosphorylation of CDK.

NOTE Confidence: 0.80716515

 $00:26:26.500 \longrightarrow 00:26:29.828$ One is, you see here that that inhibitory

NOTE Confidence: 0.80716515

 $00:26:29.828 \longrightarrow 00:26:31.907$ phosphorylation is placed by we won,

 $00:26:31.910 \longrightarrow 00:26:34.703$ and so we combine the Aurora inhibitor

NOTE Confidence: 0.80716515

00:26:34.703 --> 00:26:38.463 with the wee one inhibitor we want is a

NOTE Confidence: 0.80716515

 $00:26:38.463 \longrightarrow 00:26:41.188$ regulator of mitotic entry and you see

NOTE Confidence: 0.80716515

00:26:41.188 --> 00:26:43.899 here when you give the wee one inhibitor,

NOTE Confidence: 0.80716515

 $00{:}26{:}43.899 \dashrightarrow 00{:}26{:}45.535$ you accelerate mitotic entry

NOTE Confidence: 0.80716515

 $00:26:45.535 \longrightarrow 00:26:47.900$ and find these cells that are.

NOTE Confidence: 0.80716515

00:26:47.900 --> 00:26:50.427 Sort of held up in late mitosis,

NOTE Confidence: 0.80716515

 $00{:}26{:}50.430 \dashrightarrow 00{:}26{:}53.318$ but when you give the two agents together,

NOTE Confidence: 0.80716515

 $00:26:53.320 \longrightarrow 00:26:55.528$ you precipitate mitotic catastrophe and the

NOTE Confidence: 0.80716515

 $00:26:55.528 \longrightarrow 00:26:58.009$ cells undergoing a pup tatic cell death.

NOTE Confidence: 0.80716515

00:26:58.010 --> 00:27:00.674 As you can see here with the Nixon

NOTE Confidence: 0.80716515

 $00:27:00.674 \longrightarrow 00:27:02.340$ 5 and Cliff Park,

NOTE Confidence: 0.80716515

 $00{:}27{:}02.340 \dashrightarrow 00{:}27{:}04.506$ we treated animals with the combination.

NOTE Confidence: 0.80716515

 $00:27:04.510 \longrightarrow 00:27:06.610$ Their survival was markedly improved compared

NOTE Confidence: 0.80716515

00:27:06.610 --> 00:27:09.198 to either of the amount of therapies,

 $00:27:09.200 \longrightarrow 00:27:11.366$ and tumor growth was really controlled.

NOTE Confidence: 0.80716515

 $00:27:11.370 \longrightarrow 00:27:13.536$ If you looked at these mirroring

NOTE Confidence: 0.80716515

 $00:27:13.536 \longrightarrow 00:27:14.980$ tumors under the microscope,

NOTE Confidence: 0.80716515

 $00:27:14.980 \longrightarrow 00:27:17.314$ you saw that the combination increased

NOTE Confidence: 0.80716515

 $00:27:17.314 \longrightarrow 00:27:18.870$ cleaved caspase reduced proliferation.

NOTE Confidence: 0.80716515

 $00{:}27{:}18.870 \dashrightarrow 00{:}27{:}20.610$ Looking in the leading edge

NOTE Confidence: 0.80716515

 $00:27:20.610 \longrightarrow 00:27:22.350$ of these tumors using Aqua,

NOTE Confidence: 0.80716515

 $00:27:22.350 \longrightarrow 00:27:24.294$ we could count phospho CDK one

NOTE Confidence: 0.80716515

 $00{:}27{:}24.294 \dashrightarrow 00{:}27{:}26.180$ and it was markedly reduced.

NOTE Confidence: 0.80716515

00:27:26.180 --> 00:27:28.441 We've now moved to a more selective

NOTE Confidence: 0.80716515

00:27:28.441 --> 00:27:30.010 second generation Aurora inhibitor,

NOTE Confidence: 0.80716515

 $00:27:30.010 \longrightarrow 00:27:31.942$ which we think will be easier

NOTE Confidence: 0.80716515

 $00:27:31.942 \longrightarrow 00:27:33.830$ to use in the clinic,

NOTE Confidence: 0.80716515

 $00:27:33.830 \longrightarrow 00:27:36.194$ 'cause it's not as myelosuppressive and

NOTE Confidence: 0.80716515

00:27:36.194 --> 00:27:38.412 been able to replicate these findings

NOTE Confidence: 0.80716515

 $00:27:38.412 \longrightarrow 00:27:41.469$ and so part of our score is to take this

00:27:41.469 --> 00:27:44.269 combination forward as a window trial in HPV,

NOTE Confidence: 0.80716515

 $00:27:44.270 \longrightarrow 00:27:44.966$ negative disease,

NOTE Confidence: 0.80716515

 $00:27:44.966 \longrightarrow 00:27:47.054$ going for resection with those escalation,

NOTE Confidence: 0.80716515

 $00:27:47.060 \longrightarrow 00:27:50.160$ and then an expansion cohort.

NOTE Confidence: 0.80716515

 $00{:}27{:}50.160 \to 00{:}27{:}51.930$ Collaborating with the Glamis lab,

NOTE Confidence: 0.80716515

 $00:27:51.930 \longrightarrow 00:27:54.078$ we've done a high throughput screen

NOTE Confidence: 0.80716515

 $00:27:54.078 \longrightarrow 00:27:55.510$ to identify additional synergistic

NOTE Confidence: 0.80716515

 $00:27:55.570 \longrightarrow 00:27:57.568$ pairs or additional partners for agave,

NOTE Confidence: 0.80716515

 $00:27:57.570 \longrightarrow 00:27:59.335$ assertive and our strongest hit

NOTE Confidence: 0.80716515

 $00:27:59.335 \longrightarrow 00:28:00.747$ was with the check.

NOTE Confidence: 0.80716515

 $00:28:00.750 \longrightarrow 00:28:02.868$ One check two inhibitor prex assertive.

NOTE Confidence: 0.80716515

 $00:28:02.870 \longrightarrow 00:28:05.686$ When I first saw saw that come out,

NOTE Confidence: 0.80716515

 $00{:}28{:}05.690 \dashrightarrow 00{:}28{:}07.202$ I was pretty discouraged.

NOTE Confidence: 0.80716515

00:28:07.202 --> 00:28:08.714 'cause that's a pretty

NOTE Confidence: 0.80716515

 $00:28:08.714 \longrightarrow 00:28:10.280$ myelosuppressive agent in the clinic,

 $00:28:10.280 \longrightarrow 00:28:12.562$ and I was fearful that we wouldn't

NOTE Confidence: 0.80716515

 $00:28:12.562 \longrightarrow 00:28:15.218$ be able to use it in combination.

NOTE Confidence: 0.80716515

 $00:28:15.220 \longrightarrow 00:28:16.990$ But if you look here,

NOTE Confidence: 0.80716515

 $00:28:16.990 \longrightarrow 00:28:20.780$ you can see that even at 25 nanomolar we get.

NOTE Confidence: 0.80716515

 $00:28:20.780 \longrightarrow 00:28:22.650$ Clonogenic survival effects in combination,

NOTE Confidence: 0.80716515

 $00:28:22.650 \longrightarrow 00:28:25.845$ so these pairs are going to be tested in

NOTE Confidence: 0.80716515

 $00:28:25.845 \longrightarrow 00:28:29.007$ animal models as part of our sport project.

NOTE Confidence: 0.80716515

00:28:29.010 --> 00:28:31.170 I think in the interest of

NOTE Confidence: 0.80716515

00:28:31.170 --> 00:28:33.120 time I will skip this.

NOTE Confidence: 0.80716515

 $00:28:33.120 \longrightarrow 00:28:35.374$ This sort of side branch story that

NOTE Confidence: 0.80716515

 $00{:}28{:}35.374 \dashrightarrow 00{:}28{:}37.627$ we have trying to explore these

NOTE Confidence: 0.80716515

 $00:28:37.627 \longrightarrow 00:28:39.657$ therapies for patients with Fanconi

NOTE Confidence: 0.80716515

 $00{:}28{:}39.657 \dashrightarrow 00{:}28{:}42.056$ anemia who developed head neck cancer

NOTE Confidence: 0.80716515

 $00:28:42.056 \longrightarrow 00:28:44.336$ at very high rates in adulthood.

NOTE Confidence: 0.80716515

 $00:28:44.340 \longrightarrow 00:28:47.028$ But let me introduce you to Karen Anderson

NOTE Confidence: 0.80716515

 $00:28:47.028 \longrightarrow 00:28:49.947$ and Dell Yarbrough's project in the spore.

 $00:28:49.950 \longrightarrow 00:28:50.832$ There's a.

NOTE Confidence: 0.80716515

00:28:50.832 --> 00:28:53.037 Observation from the TSJ that

NOTE Confidence: 0.80716515

00:28:53.037 --> 00:28:54.820 they're striking differences in

NOTE Confidence: 0.80716515

00:28:54.820 --> 00:28:56.380 metalation between HPV negative

NOTE Confidence: 0.80716515

 $00:28:56.380 \longrightarrow 00:28:58.910$ and HPV positive head neck cancers,

NOTE Confidence: 0.80716515

 $00:28:58.910 \longrightarrow 00:29:01.520$ and else lamp had done work

NOTE Confidence: 0.80716515

 $00:29:01.520 \longrightarrow 00:29:03.260$ demonstrating that this metalation

NOTE Confidence: 0.80716515

 $00{:}29{:}03.334 \dashrightarrow 00{:}29{:}05.944$ induces immune silencing and if you

NOTE Confidence: 0.80716515

 $00{:}29{:}05.944 \dashrightarrow 00{:}29{:}08.529$ give a demethylating agent like 5 Aza,

NOTE Confidence: 0.80716515

 $00{:}29{:}08.530 \dashrightarrow 00{:}29{:}11.026$ you down regulate HPV and MMP expression.

NOTE Confidence: 0.80716515

 $00{:}29{:}11.030 \dashrightarrow 00{:}29{:}14.198$ You stabilize P 53 and you induce a

NOTE Confidence: 0.80716515

 $00:29:14.198 \longrightarrow 00:29:17.398$ pop ptosis so we ran a window trial

NOTE Confidence: 0.80716515

 $00{:}29{:}17.398 \dashrightarrow 00{:}29{:}20.095$ of Viveza siding and HPV negative

NOTE Confidence: 0.80716515

00:29:20.095 --> 00:29:22.215 and HPV positive cancer.

NOTE Confidence: 0.80716515

00:29:22.220 --> 00:29:24.649 No effects in the HPV negative cancers,

 $00:29:24.650 \longrightarrow 00:29:29.170$ but in the HPV positive cancers. We saw.

NOTE Confidence: 0.8572656

 $00:29:31.330 \longrightarrow 00:29:35.240$ That there was activation of.

NOTE Confidence: 0.8572656

00:29:35.240 --> 00:29:36.992 Type One interferon signaling.

NOTE Confidence: 0.8572656

00:29:36.992 --> 00:29:39.182 Upregulation of the gene editing

NOTE Confidence: 0.8572656

00:29:39.182 --> 00:29:41.164 protein apobec 3B which increased

NOTE Confidence: 0.8572656

00:29:41.164 --> 00:29:43.384 double strand DNA breaks and there

NOTE Confidence: 0.8572656

 $00:29:43.449 \longrightarrow 00:29:45.269$ was activated T cell infiltration

NOTE Confidence: 0.8572656

 $00:29:45.269 \longrightarrow 00:29:47.501$ within tumors and you see here.

NOTE Confidence: 0.8572656

 $00{:}29{:}47.501 \dashrightarrow 00{:}29{:}49.145$ Photomicrographs before and after

NOTE Confidence: 0.8572656

00:29:49.145 --> 00:29:51.829 that were stained in David Rims Lab,

NOTE Confidence: 0.8572656

00:29:51.830 --> 00:29:54.358 looking for CD4 CD 8 and CD 20

NOTE Confidence: 0.8572656

00:29:54.358 --> 00:29:56.323 cells and I just Representative

NOTE Confidence: 0.8572656

00:29:56.323 --> 00:29:59.249 Lee have shown you the CD eight

NOTE Confidence: 0.8572656

 $00:29:59.335 \longrightarrow 00:30:01.939$ counts within the tumor mask before

NOTE Confidence: 0.8572656

 $00:30:01.939 \longrightarrow 00:30:05.016$ and after five days of siding.

NOTE Confidence: 0.8572656

 $00:30:05.016 \longrightarrow 00:30:08.356$ So we are taking this.

 $00:30:08.360 \longrightarrow 00:30:11.318$ Forward now in a store window,

NOTE Confidence: 0.8572656

 $00:30:11.320 \longrightarrow 00:30:13.604$ trial either 5/8 sided,

NOTE Confidence: 0.8572656

00:30:13.604 --> 00:30:15.888 being alone nivolumab alone

NOTE Confidence: 0.8572656

 $00:30:15.888 \longrightarrow 00:30:19.443$ or the combination in the new

NOTE Confidence: 0.8572656

 $00:30:19.443 \longrightarrow 00:30:21.755$ edgmont setting and are.

NOTE Confidence: 0.8572656

00:30:21.760 --> 00:30:24.532 Also hoping to add to this 18 F energy

NOTE Confidence: 0.8572656

00:30:24.532 --> 00:30:26.499 pet for noninvasive quantitation

NOTE Confidence: 0.8572656

 $00:30:26.499 \longrightarrow 00:30:29.139$ of activated T cell infiltration

NOTE Confidence: 0.8572656

00:30:29.139 --> 00:30:32.431 across the course of the new engine

NOTE Confidence: 0.8572656

 $00{:}30{:}32.431 \dashrightarrow 00{:}30{:}34.159$ therapy and collecting samples

NOTE Confidence: 0.8572656

 $00{:}30{:}34.159 \dashrightarrow 00{:}30{:}35.878$ for tumor neoantigen expression.

NOTE Confidence: 0.84220314

00:30:38.500 --> 00:30:40.978 The cooperative groups are, I think,

NOTE Confidence: 0.84220314

 $00{:}30{:}40.980 \dashrightarrow 00{:}30{:}42.915$ an important venue for asking

NOTE Confidence: 0.84220314

 $00{:}30{:}42.915 \dashrightarrow 00{:}30{:}45.520$ questions that are closer to practice,

NOTE Confidence: 0.84220314

 $00:30:45.520 \longrightarrow 00:30:48.404$ and I've talked a lot about HPV,

 $00:30:48.410 \longrightarrow 00:30:50.888$ negative disease in HPV positive disease.

NOTE Confidence: 0.84220314

 $00{:}30{:}50.890 \dashrightarrow 00{:}30{:}52.960$ Are questions center more on?

NOTE Confidence: 0.84220314

00:30:52.960 --> 00:30:55.115 How can we enhance function

NOTE Confidence: 0.84220314

 $00:30:55.115 \longrightarrow 00:30:57.723$ preservation and these are data we

NOTE Confidence: 0.84220314

00:30:57.723 --> 00:30:59.979 just presented at ASCO this year,

NOTE Confidence: 0.84220314

 $00{:}30{:}59.980 \dashrightarrow 00{:}31{:}02.566$ showing that if you take patients

NOTE Confidence: 0.84220314

 $00{:}31{:}02.566 \dashrightarrow 00{:}31{:}04.290$ with resectable stage HPV

NOTE Confidence: 0.84220314

 $00{:}31{:}04.364 \dashrightarrow 00{:}31{:}06.232$ associated cancer to transoral

NOTE Confidence: 0.84220314

 $00{:}31{:}06.232 \dashrightarrow 00{:}31{:}09.034$ resection and then you have that.

NOTE Confidence: 0.84220314

 $00:31:09.040 \longrightarrow 00:31:11.240$ Pathologic staging from the surgical

NOTE Confidence: 0.84220314

 $00{:}31{:}11.240 \dashrightarrow 00{:}31{:}14.014$ material in hand that really permits

NOTE Confidence: 0.84220314

00:31:14.014 --> 00:31:16.018 much more dramatic treatment.

NOTE Confidence: 0.84220314

 $00:31:16.020 \longrightarrow 00:31:18.264$ The intensification than if

NOTE Confidence: 0.84220314

 $00:31:18.264 \longrightarrow 00:31:21.069$ you have to rely on.

NOTE Confidence: 0.84220314

 $00:31:21.070 \longrightarrow 00:31:23.380$ Clinical variables and so here you see

NOTE Confidence: 0.84220314

 $00{:}31{:}23.380 \dashrightarrow 00{:}31{:}25.665$ that for favorable risk surgical staging

00:31:25.665 --> 00:31:27.725 without any post operative therapy,

NOTE Confidence: 0.84220314

 $00{:}31{:}27.730 \dashrightarrow 00{:}31{:}29.580$ we have three year progression

NOTE Confidence: 0.84220314

 $00:31:29.580 \longrightarrow 00:31:31.060$ free survival approaching 97%

NOTE Confidence: 0.84220314

 $00:31:31.060 \longrightarrow 00:31:32.910$ for the intermediate risk group.

NOTE Confidence: 0.84220314

 $00:31:32.910 \longrightarrow 00:31:35.130$ So this is node positive but

NOTE Confidence: 0.84220314

 $00:31:35.130 \longrightarrow 00:31:36.240$ no extranodal extension.

NOTE Confidence: 0.84220314

 $00:31:36.240 \longrightarrow 00:31:38.690$ Whether we gave 60 Gy of radiation

NOTE Confidence: 0.84220314

00:31:38.690 --> 00:31:40.679 or 50 grey Anne Frank,

NOTE Confidence: 0.84220314

 $00:31:40.680 \longrightarrow 00:31:42.972$ the fields we maintain three year

NOTE Confidence: 0.84220314

 $00{:}31{:}42.972 \dashrightarrow 00{:}31{:}44.842$ progression free survival of about

NOTE Confidence: 0.84220314

 $00:31:44.842 \longrightarrow 00:31:47.286$ 94% and then even the very high

NOTE Confidence: 0.84220314

 $00{:}31{:}47.286 \dashrightarrow 00{:}31{:}49.946$ risk patients we were able to be

NOTE Confidence: 0.84220314

 $00{:}31{:}49.946 \dashrightarrow 00{:}31{:}51.836$ intensify the rapy by going to.

NOTE Confidence: 0.84220314

 $00:31:51.840 \longrightarrow 00:31:53.795$ So weekly chemotherapy in the

NOTE Confidence: 0.84220314

 $00:31:53.795 \longrightarrow 00:31:54.968$ post op setting.

 $00:31:54.970 \longrightarrow 00:31:57.070$ You'll see here that about a third

NOTE Confidence: 0.84220314

 $00{:}31{:}57.070 \dashrightarrow 00{:}31{:}59.350$ of the patients on the trial ended

NOTE Confidence: 0.84220314

 $00:31:59.350 \longrightarrow 00:32:01.000$ up needing Tri modality therapy

NOTE Confidence: 0.84220314

 $00:32:01.000 \longrightarrow 00:32:03.130$ that is not the goal of treatment.

NOTE Confidence: 0.84220314

 $00:32:03.130 \longrightarrow 00:32:05.328$ The intensification and so one question is,

NOTE Confidence: 0.84220314

 $00:32:05.330 \longrightarrow 00:32:07.256$ how can we better identify the

NOTE Confidence: 0.84220314

 $00:32:07.256 \longrightarrow 00:32:09.203$ patients who have higher risk of

NOTE Confidence: 0.84220314

00:32:09.203 --> 00:32:10.991 let's say any or positive margin

NOTE Confidence: 0.84220314

 $00{:}32{:}10.991 \dashrightarrow 00{:}32{:}13.199$ from going on to a surgical trial

NOTE Confidence: 0.84220314

 $00:32:13.199 \longrightarrow 00:32:14.749$ because they ought to probably

NOTE Confidence: 0.84220314

 $00{:}32{:}14.750 \dashrightarrow 00{:}32{:}17.158$ go straight to chemoradiation.

NOTE Confidence: 0.84220314

00:32:17.160 --> 00:32:17.852 Ben Khan,

NOTE Confidence: 0.84220314

 $00:32:17.852 \longrightarrow 00:32:19.582$ who's now a junior faculty

NOTE Confidence: 0.84220314

 $00:32:19.582 \longrightarrow 00:32:22.427$ member at the Farber but was a

NOTE Confidence: 0.84220314

00:32:22.427 --> 00:32:24.159 radiation oncology resident here,

NOTE Confidence: 0.84220314

00:32:24.160 --> 00:32:25.940 undertook a machine learning project

 $00:32:25.940 \longrightarrow 00:32:28.663$ where he developed a deep neural network

NOTE Confidence: 0.84220314

 $00{:}32{:}28.663 \dashrightarrow 00{:}32{:}30.431$ algorithm for identifying extranodal

NOTE Confidence: 0.84220314

 $00:32:30.431 \longrightarrow 00:32:32.720$ extension from a baseline CT scan.

NOTE Confidence: 0.84220314

 $00:32:32.720 \longrightarrow 00:32:35.006$ We've now validated that on the

NOTE Confidence: 0.84220314

00:32:35.006 --> 00:32:37.389 cooperative group trial in 76 patients,

NOTE Confidence: 0.84220314

 $00:32:37.390 \longrightarrow 00:32:40.612$ and this has moved on to part of the

NOTE Confidence: 0.84220314

00:32:40.612 --> 00:32:43.148 University of Pittsburgh head next door

NOTE Confidence: 0.84220314

 $00{:}32{:}43.148 \dashrightarrow 00{:}32{:}46.088$ that I'm a Co investigator on where

NOTE Confidence: 0.84220314

 $00:32:46.088 \longrightarrow 00:32:48.755$ we're going to be linking radio MIC.

NOTE Confidence: 0.84220314

 $00:32:48.760 \longrightarrow 00:32:51.315$ To genomic signatures so that we hopefully

NOTE Confidence: 0.84220314

 $00:32:51.315 \longrightarrow 00:32:54.269$ can have a better means of identifying

NOTE Confidence: 0.84220314

 $00:32:54.269 \longrightarrow 00:32:56.951$ these high risk patients at baseline.

NOTE Confidence: 0.84220314

 $00{:}32{:}56.960 \dashrightarrow 00{:}32{:}59.430$ In terms of policy there,

NOTE Confidence: 0.84220314

 $00:32:59.430 \longrightarrow 00:33:02.830$ I think have been.

NOTE Confidence: 0.84220314

 $00:33:02.830 \longrightarrow 00:33:03.245$ Really,

 $00:33:03.245 \longrightarrow 00:33:05.320$ a paucity of FDA approvals

NOTE Confidence: 0.84220314

 $00:33:05.320 \longrightarrow 00:33:06.980$ in head neck cancer.

NOTE Confidence: 0.84220314

 $00:33:06.980 \longrightarrow 00:33:10.238$ The approvals of pembrolizumab in Nevala

NOTE Confidence: 0.84220314

 $00:33:10.238 \longrightarrow 00:33:15.088$ map in 2017 were the first in over a decade.

NOTE Confidence: 0.84220314

 $00:33:15.090 \longrightarrow 00:33:17.729$ And these trials have become more difficult.

NOTE Confidence: 0.84220314

00:33:17.730 --> 00:33:19.986 Certainly for the HPV associated cancers,

NOTE Confidence: 0.84220314

 $00:33:19.990 \longrightarrow 00:33:22.629$ where the event rates are quite low,

NOTE Confidence: 0.84220314

 $00:33:22.630 \longrightarrow 00:33:24.610$ and designing randomized trials where

NOTE Confidence: 0.84220314

 $00{:}33{:}24.610 \dashrightarrow 00{:}33{:}26.590$ you're looking to have something

NOTE Confidence: 0.84220314

 $00:33:26.649 \longrightarrow 00:33:28.654$ happen that's better than 94% at

NOTE Confidence: 0.84220314

 $00:33:28.654 \longrightarrow 00:33:30.474$ three years really becomes prohibitive

NOTE Confidence: 0.84220314

 $00:33:30.474 \longrightarrow 00:33:32.810$ in terms of size and duration.

NOTE Confidence: 0.84220314

 $00:33:32.810 \longrightarrow 00:33:35.519$ And although we see many ways that

NOTE Confidence: 0.84220314

 $00:33:35.519 \longrightarrow 00:33:37.101$ immunotherapy and targeted therapy

NOTE Confidence: 0.84220314

00:33:37.101 --> 00:33:39.600 could allow us to D intensify trials,

NOTE Confidence: 0.84220314

 $00:33:39.600 \longrightarrow 00:33:41.970$ there is no accepted regulatory strategy

 $00:33:41.970 \longrightarrow 00:33:44.119$ for demonstrating that that's the case.

NOTE Confidence: 0.84220314

 $00:33:44.120 \longrightarrow 00:33:46.496$ So the goals of Project 2025.

NOTE Confidence: 0.84220314

 $00:33:46.500 \longrightarrow 00:33:50.490$ Are to find harmonized surrogate

NOTE Confidence: 0.84220314

 $00:33:50.490 \longrightarrow 00:33:56.220$ endpoints that the FDA will accept they.

NOTE Confidence: 0.84220314

00:33:56.220 --> 00:33:58.390 You know want to have public meeting

NOTE Confidence: 0.84220314

 $00:33:58.390 \longrightarrow 00:34:00.161$ with all the stakeholders present

NOTE Confidence: 0.84220314

 $00:34:00.161 \longrightarrow 00:34:02.870$ that that will kind of refine PFS?

NOTE Confidence: 0.8097394

 $00:34:02.870 \longrightarrow 00:34:03.920$ Probably looking better

NOTE Confidence: 0.8097394

 $00{:}34{:}03.920 \dashrightarrow 00{:}34{:}05.320$ than local regional control.

NOTE Confidence: 0.8097394

 $00:34:05.320 \longrightarrow 00:34:07.070$ What's the role of following

NOTE Confidence: 0.8097394

00:34:07.070 --> 00:34:08.470 each PV circulating DNA?

NOTE Confidence: 0.8097394

 $00{:}34{:}08.470 \dashrightarrow 00{:}34{:}10.285$ How do functional endpoints get

NOTE Confidence: 0.8097394

00:34:10.285 --> 00:34:12.837 defined to permit approval in the D

NOTE Confidence: 0.8097394

 $00:34:12.837 \longrightarrow 00:34:14.507$ intensification trial and then the

NOTE Confidence: 0.8097394

 $00:34:14.507 \longrightarrow 00:34:16.929$ last thing that I think is really

 $00:34:16.929 \longrightarrow 00:34:18.969$ important for us is career development.

NOTE Confidence: 0.8097394

00:34:18.970 --> 00:34:21.770 And before I turn it over to RT,

NOTE Confidence: 0.8097394

 $00:34:21.770 \longrightarrow 00:34:23.456$ I just want to highlight that

NOTE Confidence: 0.8097394

 $00:34:23.456 \longrightarrow 00:34:25.174$ the sport does have developmental

NOTE Confidence: 0.8097394

 $00:34:25.174 \longrightarrow 00:34:27.290$ research and career enhancement.

NOTE Confidence: 0.8097394

00:34:27.290 --> 00:34:32.010 Programs that offer up to 50K pilot funding.

NOTE Confidence: 0.8097394

00:34:32.010 --> 00:34:33.498 Our pay line is pretty good.

NOTE Confidence: 0.8097394

 $00:34:33.500 \longrightarrow 00:34:35.250$ We give out seven awards a year.

NOTE Confidence: 0.8097394

 $00:34:35.250 \longrightarrow 00:34:36.930$ We just had a cycle but please

NOTE Confidence: 0.8097394

 $00:34:36.930 \longrightarrow 00:34:38.240$ think about us next year.

NOTE Confidence: 0.8097394

 $00:34:38.240 \longrightarrow 00:34:39.728$ So with that I'm going to.

NOTE Confidence: 0.8224244

00:34:42.390 --> 00:34:44.539 I think not introduce my two Co

NOTE Confidence: 0.8224244

 $00:34:44.539 \dashrightarrow 00:34:46.507$ speakers 'cause Roy Herbst did very

NOTE Confidence: 0.8224244

00:34:46.507 --> 00:34:48.463 nice job with that just mentioned

NOTE Confidence: 0.8224244

 $00:34:48.463 \longrightarrow 00:34:50.539$ that obviously this work was done

NOTE Confidence: 0.8224244

 $00:34:50.539 \longrightarrow 00:34:52.590$ by many many people besides myself.

00:34:52.590 --> 00:34:54.390 Thank my funding agencies and

NOTE Confidence: 0.8224244

 $00{:}34{:}54{.}390 \dashrightarrow 00{:}34{:}56{.}731$ stop sharing so that I can turn

NOTE Confidence: 0.8224244

 $00:34:56.731 \longrightarrow 00:34:58.126$ it over to Doctor Bhatia.

NOTE Confidence: 0.8287728

 $00:35:15.380 \longrightarrow 00:35:17.615$ Good afternoon everyone. Thank you for

NOTE Confidence: 0.8287728

 $00:35:17.615 \longrightarrow 00:35:19.880$ the opportunity to present here today.

NOTE Confidence: 0.8287728

 $00:35:19.880 \longrightarrow 00:35:22.274$ I'll be talking briefly about research

NOTE Confidence: 0.8287728

 $00:35:22.274 \longrightarrow 00:35:24.359$ strategies that we have undertaken

NOTE Confidence: 0.8287728

00:35:24.359 --> 00:35:26.449 at Yale to overcome cetuximab

NOTE Confidence: 0.8287728

 $00:35:26.449 \longrightarrow 00:35:28.710$ resistance and head neck cancers.

NOTE Confidence: 0.8287728

00:35:28.710 --> 00:35:31.526 As we all know, so toxic members in

NOTE Confidence: 0.8287728

 $00{:}35{:}31.526 {\:{\mbox{--}}\!\!>}\ 00{:}35{:}33.814$ monoclonal antibody against EGFR an it's

NOTE Confidence: 0.8287728

 $00:35:33.814 \longrightarrow 00:35:36.082$ the only approved targeted therapy for

NOTE Confidence: 0.8287728

 $00{:}35{:}36.151 \dashrightarrow 00{:}35{:}38.455$ patients with head and neck cancers.

NOTE Confidence: 0.8287728

 $00:35:38.460 \longrightarrow 00:35:41.028$ This approval was based on improved

NOTE Confidence: 0.8287728

 $00{:}35{:}41.028 {\:{\mbox{--}}\!\!>}\ 00{:}35{:}42.740$ locoregional control and survival

 $00:35:42.811 \longrightarrow 00:35:45.043$ when it was given concurrently with

NOTE Confidence: 0.8287728

 $00:35:45.043 \longrightarrow 00:35:47.222$ radiation in the locally advanced setting

NOTE Confidence: 0.8287728

 $00{:}35{:}47.222 \dashrightarrow 00{:}35{:}49.702$ and do to improve PFS and OS when

NOTE Confidence: 0.8287728

 $00:35:49.710 \longrightarrow 00:35:51.585$ administered in combination with chemo

NOTE Confidence: 0.8287728

 $00:35:51.585 \longrightarrow 00:35:53.460$ in the recurrent metastatic setting.

NOTE Confidence: 0.8287728

 $00:35:53.460 \longrightarrow 00:35:55.265$ However, these effects are modest

NOTE Confidence: 0.8287728

 $00:35:55.265 \longrightarrow 00:35:57.539$ and the definitive setting in the

NOTE Confidence: 0.8287728

 $00:35:57.539 \longrightarrow 00:35:59.187$ definitive settings attacks map.

NOTE Confidence: 0.8287728

 $00:35:59.190 \longrightarrow 00:36:01.550$ In radiation is proven inferior

NOTE Confidence: 0.8287728

 $00:36:01.550 \longrightarrow 00:36:02.494$ to chemoradiation.

NOTE Confidence: 0.8287728

 $00{:}36{:}02.500 \dashrightarrow 00{:}36{:}04.695$ Its clinical utility is limited

NOTE Confidence: 0.8287728

 $00:36:04.695 \longrightarrow 00:36:06.890$ primarily by either inherent or

NOTE Confidence: 0.8287728

00:36:06.960 --> 00:36:09.120 acquired resistance to therapy,

NOTE Confidence: 0.8287728

 $00{:}36{:}09.120 \dashrightarrow 00{:}36{:}12.431$ like and binding of EGFR needs to

NOTE Confidence: 0.8287728

00:36:12.431 --> 00:36:14.587 **** and Heterodimerization with

NOTE Confidence: 0.8287728

 $00:36:14.587 \longrightarrow 00:36:17.941$ other her family receptors or other

00:36:17.941 --> 00:36:21.388 receptors in kinases such as met and

NOTE Confidence: 0.8287728

 $00{:}36{:}21.388 \dashrightarrow 00{:}36{:}23.256$ subsequent downstream signaling of

NOTE Confidence: 0.8287728

 $00:36:23.342 \longrightarrow 00:36:25.592$ MAP kinase K3 kinese mtor pathway

NOTE Confidence: 0.8287728

 $00:36:25.592 \longrightarrow 00:36:28.948$ rest Ref Mac or Pathway or Jack stat.

NOTE Confidence: 0.8287728

 $00:36:28.948 \longrightarrow 00:36:31.258$ And resistance can be mediated

NOTE Confidence: 0.8287728

00:36:31.258 --> 00:36:33.918 either by over expression of EGFR,

NOTE Confidence: 0.8287728

 $00:36:33.920 \longrightarrow 00:36:37.061$ or it's like ends as we see in hidden

NOTE Confidence: 0.8287728

 $00:36:37.061 \longrightarrow 00:36:40.094$ cancers and in response to smoking it can

NOTE Confidence: 0.8287728

 $00:36:40.094 \longrightarrow 00:36:43.620$ be mediated by nuclear translocation of EGFR,

NOTE Confidence: 0.8287728

 $00{:}36{:}43.620 \dashrightarrow 00{:}36{:}45.822$ where it stabilizes P CNA and

NOTE Confidence: 0.8287728

 $00{:}36{:}45.822 \dashrightarrow 00{:}36{:}48.060$ enhances DNA repair and synthesis,

NOTE Confidence: 0.8287728

 $00:36:48.060 \longrightarrow 00:36:49.242$ or increase headers.

NOTE Confidence: 0.8287728

 $00{:}36{:}49.242 \dashrightarrow 00{:}36{:}50.818$ Dimerization with other members

NOTE Confidence: 0.8287728

 $00:36:50.818 \longrightarrow 00:36:52.510$ of the her family,

NOTE Confidence: 0.8287728

 $00:36:52.510 \longrightarrow 00:36:54.530$ her two and her three,

 $00:36:54.530 \longrightarrow 00:36:56.972$ or with cross talk with other

NOTE Confidence: 0.8287728

 $00{:}36{:}56.972 \dashrightarrow 00{:}36{:}59.490$ receptors in kinases such as Seemeth.

NOTE Confidence: 0.8287728

 $00:36:59.490 \longrightarrow 00:37:02.738$ In bed rest and identifying effective means

NOTE Confidence: 0.8287728

 $00:37:02.738 \longrightarrow 00:37:05.379$ of sensitizing hidden cancers to EGFR

NOTE Confidence: 0.8287728

 $00:37:05.379 \longrightarrow 00:37:08.123$ inhibition is an important goal for us.

NOTE Confidence: 0.8287728

 $00{:}37{:}08.130 \dashrightarrow 00{:}37{:}10.806$ An important part of our sport

NOTE Confidence: 0.8287728

 $00:37:10.806 \longrightarrow 00:37:13.310$ project to prior research at Yale.

NOTE Confidence: 0.8287728

00:37:13.310 --> 00:37:15.425 Done on tissue microarrays that

NOTE Confidence: 0.8287728

 $00{:}37{:}15.425 {\: -->\:} 00{:}37{:}17.117$ were constructed from orophary ngeal

NOTE Confidence: 0.8287728

 $00:37:17.117 \longrightarrow 00:37:19.299$ cancer specimens showed a significant

NOTE Confidence: 0.8287728

 $00{:}37{:}19.299 \dashrightarrow 00{:}37{:}21.414$ association of nuclear EGFR with

NOTE Confidence: 0.8287728

00:37:21.414 --> 00:37:22.819 membranous EGFR expression.

NOTE Confidence: 0.8287728

00:37:22.820 --> 00:37:24.980 An with nuclear P CNA,

NOTE Confidence: 0.8287728

 $00:37:24.980 \longrightarrow 00:37:27.380$ and that suggested that EGFR

NOTE Confidence: 0.8287728

 $00:37:27.380 \longrightarrow 00:37:30.286$ functions as a tossing pennies in

NOTE Confidence: 0.8287728

 $00:37:30.286 \longrightarrow 00:37:33.205$ the nucleus where it stabilizes PC na.

 $00:37:33.210 \longrightarrow 00:37:36.282$ The nuclear activity will could therefore

NOTE Confidence: 0.8287728

 $00:37:36.282 \dashrightarrow 00:37:38.900$ constitute a novel the rapeutic target.

NOTE Confidence: 0.8287728

 $00:37:38.900 \longrightarrow 00:37:40.181$ Subsequent to that,

NOTE Confidence: 0.8287728

 $00:37:40.181 \longrightarrow 00:37:43.701$ we designed a phase two trial using a

NOTE Confidence: 0.8287728

 $00:37:43.701 \dashrightarrow 00:37:46.401$ chemo backbone and dual EGFR blockade

NOTE Confidence: 0.8287728

 $00:37:46.401 \longrightarrow 00:37:48.689$ with cetuximab and or lachnit.

NOTE Confidence: 0.8287728

 $00:37:48.690 \longrightarrow 00:37:51.406$ The rationale was that dual EGFR blockade

NOTE Confidence: 0.8287728

00:37:51.406 --> 00:37:53.590 would overcome EGFR overexpression,

NOTE Confidence: 0.8287728

 $00{:}37{:}53.590 \dashrightarrow 00{:}37{:}56.104$ and it's like an independent downstream

NOTE Confidence: 0.8287728

 $00:37:56.104 \longrightarrow 00:37:58.480$ signaling an show improved responses.

NOTE Confidence: 0.8287728

 $00{:}37{:}58.480 \dashrightarrow 00{:}38{:}00.705$ The tumor biopsies were planned

NOTE Confidence: 0.8287728

 $00:38:00.705 \longrightarrow 00:38:02.485$ at baseline font treatment,

NOTE Confidence: 0.8287728

 $00:38:02.490 \longrightarrow 00:38:04.270$ an at disease progression.

NOTE Confidence: 0.8287728

00:38:04.270 --> 00:38:06.050 An encore native analysis,

NOTE Confidence: 0.8287728

 $00:38:06.050 \longrightarrow 00:38:09.956$ we found that nuclear PC na staining.

00:38:09.960 --> 00:38:12.246 A decrease in the standing actually

NOTE Confidence: 0.8287728

 $00{:}38{:}12.246 {\:{\circ}{\circ}{\circ}}>00{:}38{:}14.147$ correlated with clinical response to

NOTE Confidence: 0.8287728

 $00:38:14.147 \longrightarrow 00:38:16.037$ treatment for several patients who had

NOTE Confidence: 0.8287728

 $00:38:16.037 \longrightarrow 00:38:18.102$ matched pre and post treatment biopsies

NOTE Confidence: 0.8287728

 $00:38:18.102 \longrightarrow 00:38:20.226$ and that suggested that nuclear EGFR

NOTE Confidence: 0.8287728

 $00:38:20.226 \longrightarrow 00:38:23.466$ may also be inhibited with this combination.

NOTE Confidence: 0.8287728

 $00:38:23.470 \longrightarrow 00:38:26.207$ As a follow up to that study,

NOTE Confidence: 0.8287728

 $00:38:26.210 \longrightarrow 00:38:28.429$ we proposed and received an CC and

NOTE Confidence: 0.8287728

 $00:38:28.429 \longrightarrow 00:38:30.979$ funding for a phase two trial of

NOTE Confidence: 0.8287728

 $00:38:30.979 \longrightarrow 00:38:32.894$ cetuximab and afatinib in patients

NOTE Confidence: 0.8287728

 $00{:}38{:}32.894 \dashrightarrow 00{:}38{:}35.193$ with platinum and mostly immune

NOTE Confidence: 0.8287728

00:38:35.193 --> 00:38:37.041 checkpoint inhibition had neck

NOTE Confidence: 0.8287728

 $00:38:37.041 \longrightarrow 00:38:39.146$ cancers were really no effective.

NOTE Confidence: 0.8287728

 $00:38:39.146 \dashrightarrow 00:38:40.714$ An approved treatments exist.

NOTE Confidence: 0.8287728

 $00:38:40.720 \longrightarrow 00:38:42.856$ This trial is ongoing for a

NOTE Confidence: 0.8287728

 $00:38:42.856 \longrightarrow 00:38:45.030$ target accrual of 50 patients.

 $00:38:45.030 \longrightarrow 00:38:48.026$ We have already approved 38 tissue for

NOTE Confidence: 0.8287728

 $00:38:48.026 \longrightarrow 00:38:50.649$ correlatives is being obtained both pre

NOTE Confidence: 0.8287728

 $00:38:50.649 \longrightarrow 00:38:53.596$ pre and post treatment for most patients.

NOTE Confidence: 0.75890964

00:38:53.600 --> 00:38:56.558 An existing funding from NC, CNN,

NOTE Confidence: 0.75890964

 $00{:}38{:}56.558 \dashrightarrow 00{:}38{:}59.248$ the Patterson Foundation will support

NOTE Confidence: 0.75890964

 $00:38:59.248 \longrightarrow 00:39:00.324$ quantitative immunohistochemical

NOTE Confidence: 0.75890964

 $00:39:00.324 \longrightarrow 00:39:02.688$ assessment of the known biomarkers

NOTE Confidence: 0.75890964

00:39:02.688 --> 00:39:04.728 of resistance to EGFR inhibition,

NOTE Confidence: 0.75890964

00:39:04.730 --> 00:39:06.182 namely P-10, Phosphoric,

NOTE Confidence: 0.75890964

00:39:06.182 --> 00:39:08.118 Phospho, AKT and PCN.

NOTE Confidence: 0.75890964

 $00{:}39{:}08.120 \dashrightarrow 00{:}39{:}10.952$ A tumor biopsies from patients on

NOTE Confidence: 0.75890964

 $00:39:10.952 \longrightarrow 00:39:14.188$ this trial will also be used in

NOTE Confidence: 0.75890964

 $00{:}39{:}14.188 \dashrightarrow 00{:}39{:}17.121$ project one of the sport to establish

NOTE Confidence: 0.75890964

00:39:17.217 --> 00:39:21.011 PDX is an immune deficient mice and

NOTE Confidence: 0.75890964

 $00:39:21.011 \longrightarrow 00:39:23.680$ recent structural insights into TKI

 $00:39:23.680 \longrightarrow 00:39:26.280$ binding have shown that stabilization

NOTE Confidence: 0.75890964

 $00{:}39{:}26.280 \dashrightarrow 00{:}39{:}28.450$ of receptor activation states.

NOTE Confidence: 0.75890964

 $00:39:28.450 \longrightarrow 00:39:29.454$ For instance,

NOTE Confidence: 0.75890964

 $00:39:29.454 \longrightarrow 00:39:31.964$ after Heterodimerization with her three

NOTE Confidence: 0.75890964

 $00:39:31.964 \longrightarrow 00:39:34.200$ produces EGFR confirmations that do

NOTE Confidence: 0.75890964

 $00:39:34.200 \longrightarrow 00:39:36.204$ not bind inhibitors like Patna benefit

NOTE Confidence: 0.75890964

 $00{:}39{:}36.204 \dashrightarrow 00{:}39{:}38.796$ net and that could lead to resistance.

NOTE Confidence: 0.75890964

 $00:39:38.800 \longrightarrow 00:39:41.584$ So the goal is to identify TK eyes

NOTE Confidence: 0.75890964

 $00:39:41.584 \longrightarrow 00:39:43.821$ that bind to EGFR confirmations

NOTE Confidence: 0.75890964

 $00:39:43.821 \longrightarrow 00:39:46.246$ that are occurring in head,

NOTE Confidence: 0.75890964

 $00:39:46.250 \longrightarrow 00:39:48.734$ neck cancers or those that are

NOTE Confidence: 0.75890964

 $00:39:48.734 \longrightarrow 00:39:50.390$ not restricted by confirmation.

NOTE Confidence: 0.75890964

 $00:39:50.390 \dashrightarrow 00:39:52.435$ State dependent binding and to

NOTE Confidence: 0.75890964

 $00:39:52.435 \longrightarrow 00:39:54.480$ test the effectiveness of these

NOTE Confidence: 0.75890964

00:39:54.552 --> 00:39:56.597 compounds in head neck cancers.

NOTE Confidence: 0.75890964

 $00:39:56.600 \longrightarrow 00:39:58.870$ So PDX is derived from.

 $00:39:58.870 \longrightarrow 00:40:01.838$ Biopsies from patients on the trial will

NOTE Confidence: 0.75890964

 $00:40:01.838 \longrightarrow 00:40:04.860$ be treated with EGFR directed TK Eyes,

NOTE Confidence: 0.75890964

 $00:40:04.860 \longrightarrow 00:40:08.130$ which retain efficacy against her three

NOTE Confidence: 0.75890964

 $00:40:08.130 \longrightarrow 00:40:10.964$ an EGFR heterodimers We also received

NOTE Confidence: 0.75890964

00:40:10.964 --> 00:40:13.352 a recent Department of Defense funding

NOTE Confidence: 0.75890964

 $00:40:13.352 \longrightarrow 00:40:15.955$ to a define the relationship between

NOTE Confidence: 0.75890964

00:40:15.955 --> 00:40:18.910 TP 53 genotype Aurora kinase expression,

NOTE Confidence: 0.75890964

 $00{:}40{:}18.910 \dashrightarrow 00{:}40{:}21.592$ an response to EGFR inhibition using

NOTE Confidence: 0.75890964

 $00{:}40{:}21.592 \dashrightarrow 00{:}40{:}24.560$ patient samples from the same NSN trial.

NOTE Confidence: 0.75890964

 $00:40:24.560 \longrightarrow 00:40:27.170$ In the absence of TP 53,

NOTE Confidence: 0.75890964

 $00:40:27.170 \longrightarrow 00:40:29.882$ or in the presence of TPX 2 Aurora

NOTE Confidence: 0.75890964

 $00:40:29.882 \longrightarrow 00:40:32.829$ kinase is highly expressed and it

NOTE Confidence: 0.75890964

 $00{:}40{:}32.829 \dashrightarrow 00{:}40{:}35.564$ provides an alternative mechanism of

NOTE Confidence: 0.75890964

 $00:40:35.564 \longrightarrow 00:40:37.984$ downstream signaling of EGFR using

NOTE Confidence: 0.75890964

 $00:40:37.984 \longrightarrow 00:40:40.666$ the tissue samples from the trial.

 $00:40:40.670 \longrightarrow 00:40:43.328$ We will be able to determine

NOTE Confidence: 0.75890964

 $00:40:43.328 \longrightarrow 00:40:44.657$ if the combination.

NOTE Confidence: 0.75890964

00:40:44.660 --> 00:40:47.108 I'm sorry whether TP 53 mutation

NOTE Confidence: 0.75890964

00:40:47.108 --> 00:40:49.327 will predict for baseline or

NOTE Confidence: 0.75890964

 $00:40:49.327 \longrightarrow 00:40:50.857$ post treatment resistance,

NOTE Confidence: 0.75890964

 $00:40:50.860 \longrightarrow 00:40:53.075$ an weather Aurora kinase and

NOTE Confidence: 0.75890964

00:40:53.075 --> 00:40:55.290 TPX 2 levels are predicted.

NOTE Confidence: 0.75890964

00:40:55.290 --> 00:40:57.515 Biomarkers of non response to

NOTE Confidence: 0.75890964

 $00:40:57.515 \longrightarrow 00:40:59.740$ dual EGFR inhibition and correlate

NOTE Confidence: 0.75890964

 $00:40:59.818 \longrightarrow 00:41:01.490$ with a shorter survival.

NOTE Confidence: 0.75890964

00:41:01.490 --> 00:41:03.278 Also using posttreatment biopsies,

NOTE Confidence: 0.75890964

 $00:41:03.278 \longrightarrow 00:41:06.510$ we can determine whether a rise in

NOTE Confidence: 0.75890964

 $00{:}41{:}06.510 \dashrightarrow 00{:}41{:}08.915$ Aurora kinase levels will predict

NOTE Confidence: 0.75890964

 $00{:}41{:}08.915 \dashrightarrow 00{:}41{:}10.839$ for disease progression following.

NOTE Confidence: 0.75890964

 $00:41:10.840 \longrightarrow 00:41:11.971$ Progression clinical progression

NOTE Confidence: 0.75890964

 $00:41:11.971 \longrightarrow 00:41:14.100$ on treatment.

 $00:41:14.100 \longrightarrow 00:41:16.752$ Yale is also participated in a multi

NOTE Confidence: 0.75890964

 $00{:}41{:}16.752 \dashrightarrow 00{:}41{:}18.769$ institutional IIT of an hepatocyte

NOTE Confidence: 0.75890964

00:41:18.769 --> 00:41:21.069 growth factor cement pathway inhibitor

NOTE Confidence: 0.75890964

 $00:41:21.069 \longrightarrow 00:41:23.829$ similar to the map in combination

NOTE Confidence: 0.75890964

 $00:41:23.829 \longrightarrow 00:41:26.811$ with Cytoxan map in patients who have

NOTE Confidence: 0.75890964

 $00:41:26.811 \longrightarrow 00:41:28.437$ previously progressed onset eczema.

NOTE Confidence: 0.75890964

 $00:41:28.437 \longrightarrow 00:41:31.230$ There is cross talk between EGFR and

NOTE Confidence: 0.75890964

 $00{:}41{:}31.302 \dashrightarrow 00{:}41{:}34.186$ the cement pathways and it's a known

NOTE Confidence: 0.75890964

00:41:34.186 --> 00:41:36.150 tumor intrinsic resistance mechanism,

NOTE Confidence: 0.75890964

 $00{:}41{:}36.150 \dashrightarrow 00{:}41{:}39.314$ a phase one trial of this combination

NOTE Confidence: 0.75890964

 $00:41:39.314 \longrightarrow 00:41:42.150$ showed a response rate of 17% in

NOTE Confidence: 0.75890964

 $00:41:42.150 \longrightarrow 00:41:44.110$ syntax map resistant patients.

NOTE Confidence: 0.75890964

 $00{:}41{:}44.110 \dashrightarrow 00{:}41{:}46.095$ And the subsequent randomized phase

NOTE Confidence: 0.75890964

 $00{:}41{:}46.095 \dashrightarrow 00{:}41{:}48.374$ two trials showed a response rate

NOTE Confidence: 0.75890964

00:41:48.374 --> 00:41:50.322 of 38% in HPV negative patients,

 $00:41:50.322 \longrightarrow 00:41:52.187$ and these results were presented

NOTE Confidence: 0.75890964

 $00{:}41{:}52.187 \dashrightarrow 00{:}41{:}53.549$ at ASCO this year.

NOTE Confidence: 0.8379239

00:41:55.690 --> 00:41:57.755 So while keynote over 8 has established

NOTE Confidence: 0.8379239

 $00:41:57.755 \longrightarrow 00:41:59.476$ the role of immune checkpoint

NOTE Confidence: 0.8379239

 $00:41:59.476 \longrightarrow 00:42:01.416$ inhibition in the first line,

NOTE Confidence: 0.8379239

00:42:01.420 --> 00:42:03.100 treatment of head neck cancers,

NOTE Confidence: 0.8379239

 $00{:}42{:}03.100 \dashrightarrow 00{:}42{:}04.962$ so toxic map continues to hold a

NOTE Confidence: 0.8379239

 $00:42:04.962 \longrightarrow 00:42:06.633$ place in the treatment of this

NOTE Confidence: 0.8379239

 $00:42:06.633 \longrightarrow 00:42:09.059$ disease and it is one of the most

NOTE Confidence: 0.8379239

 $00:42:09.059 \longrightarrow 00:42:11.364$ frequently chosen second line treatment

NOTE Confidence: 0.8379239

 $00{:}42{:}11.364 \dashrightarrow 00{:}42{:}13.208$ in combination with chemotherapy.

NOTE Confidence: 0.8379239

 $00:42:13.210 \longrightarrow 00:42:15.450$ For patients who came off keynote over

NOTE Confidence: 0.8379239

 $00:42:15.450 \longrightarrow 00:42:18.189$ 8 on the Pembroke monotherapy arm.

NOTE Confidence: 0.8379239

 $00:42:18.190 \longrightarrow 00:42:21.262$ We now seek to explore the best second

NOTE Confidence: 0.8379239

 $00:42:21.262 \longrightarrow 00:42:23.695$ line treatment options for head and

NOTE Confidence: 0.8379239

 $00{:}42{:}23.695 \mathrel{--}{>} 00{:}42{:}26.083$ neck cancers and multiple lines of

 $00:42:26.162 \longrightarrow 00:42:28.622$ evidence has suggested that head

NOTE Confidence: 0.8379239

 $00{:}42{:}28.622 \dashrightarrow 00{:}42{:}31.082$ neck tumors are frequently hypoxic.

NOTE Confidence: 0.8379239

00:42:31.090 --> 00:42:33.240 An have elevated VEGF signaling,

NOTE Confidence: 0.8379239

 $00:42:33.240 \longrightarrow 00:42:35.390$ which is associated with immunosuppression.

NOTE Confidence: 0.8379239

 $00:42:35.390 \longrightarrow 00:42:37.502$ The object via the stat three

NOTE Confidence: 0.8379239

00:42:37.502 --> 00:42:39.490 signaling pathway or impairment of

NOTE Confidence: 0.8379239

 $00:42:39.490 \longrightarrow 00:42:41.566$ dendritic cell maturation induction

NOTE Confidence: 0.8379239

00:42:41.566 --> 00:42:43.123 of immunosuppressive populations,

NOTE Confidence: 0.8379239

00:42:43.130 --> 00:42:45.710 such as MDF, season T regs,

NOTE Confidence: 0.8379239

 $00:42:45.710 \longrightarrow 00:42:47.610$ and reduce recruitment of

NOTE Confidence: 0.8379239

 $00:42:47.610 \longrightarrow 00:42:48.560$ cytotoxic effectors.

NOTE Confidence: 0.8379239

 $00:42:48.560 \longrightarrow 00:42:50.012$ Including CD 8 cells,

NOTE Confidence: 0.8379239

00:42:50.012 --> 00:42:52.808 CD 8 positive T cells and natural

NOTE Confidence: 0.8379239

 $00:42:52.808 \longrightarrow 00:42:53.888$ killer cells.

NOTE Confidence: 0.8379239

 $00:42:53.890 \longrightarrow 00:42:56.200$ So we postulate that VEGF blockade

 $00:42:56.200 \longrightarrow 00:42:58.243$ with bevacizumab will reverse these

NOTE Confidence: 0.8379239

 $00{:}42{:}58.243 \dashrightarrow 00{:}42{:}59.979$ suppressive mechanisms and lead

NOTE Confidence: 0.8379239

 $00:42:59.979 \longrightarrow 00:43:02.149$ to improved antitumor immunity and

NOTE Confidence: 0.8379239

 $00{:}43{:}02.211 \dashrightarrow 00{:}43{:}03.799$ clinical responses in patients

NOTE Confidence: 0.8379239

 $00:43:03.799 \longrightarrow 00:43:05.784$ who were previously treated with

NOTE Confidence: 0.8379239

 $00:43:05.784 \longrightarrow 00:43:07.426$ in the checkpoint inhibition.

NOTE Confidence: 0.8379239

00:43:07.426 --> 00:43:09.074 The combination of immunotherapy

NOTE Confidence: 0.8379239

 $00:43:09.074 \longrightarrow 00:43:11.995$ and veg F inhibition has also shown

NOTE Confidence: 0.8379239

 $00{:}43{:}11.995 \dashrightarrow 00{:}43{:}14.025$ excellent clinical efficacy in other

NOTE Confidence: 0.8379239

00:43:14.025 --> 00:43:16.030 solid tumor types, including renal,

NOTE Confidence: 0.8379239

 $00{:}43{:}16.030 \dashrightarrow 00{:}43{:}17.670$ cell, lung, and hepatocellular,

NOTE Confidence: 0.8379239

 $00:43:17.670 \longrightarrow 00:43:19.955$ and was recently approved as

NOTE Confidence: 0.8379239

 $00{:}43{:}19.955 \dashrightarrow 00{:}43{:}22.240$ first line treatment for HCC.

NOTE Confidence: 0.8379239

 $00:43:22.240 \longrightarrow 00:43:23.348$ Anne in head neck.

NOTE Confidence: 0.8379239

 $00:43:23.348 \longrightarrow 00:43:25.467$ We had a Phase 1B trial looking

NOTE Confidence: 0.8379239

00:43:25.467 --> 00:43:27.801 at the combination of Pedro and

00:43:27.801 --> 00:43:29.908 botnet which showed a response rate

NOTE Confidence: 0.8379239

00:43:29.908 --> 00:43:33.190 of 36% and the PFS of 8.2 months.

NOTE Confidence: 0.8379239

 $00:43:33.190 \longrightarrow 00:43:35.430$ So we designed a Phase 2 slash

NOTE Confidence: 0.8379239

 $00:43:35.430 \longrightarrow 00:43:36.880$ 3 trial through ekach.

NOTE Confidence: 0.8379239

 $00:43:36.880 \longrightarrow 00:43:39.886$ There will be 3 arms in the initial phase.

NOTE Confidence: 0.8379239

 $00:43:39.890 \longrightarrow 00:43:41.570$ Two portion of this study.

NOTE Confidence: 0.8379239

 $00:43:41.570 \longrightarrow 00:43:43.943$ We chose chemo and cetuximab as a

NOTE Confidence: 0.8379239

 $00:43:43.943 \longrightarrow 00:43:46.101$ control arm because that was the

NOTE Confidence: 0.8379239

 $00{:}43{:}46.101 \dashrightarrow 00{:}43{:}47.891$ regimen most patients coming off

NOTE Confidence: 0.8379239

 $00:43:47.891 \longrightarrow 00:43:50.439$ of key note over 8 went on to an

NOTE Confidence: 0.8379239

 $00:43:50.439 \longrightarrow 00:43:52.242$ the two experimental arms are chemo

NOTE Confidence: 0.8379239

 $00:43:52.242 \longrightarrow 00:43:54.419$ and Beves is a map anitys alisme

NOTE Confidence: 0.8379239

 $00:43:54.419 \longrightarrow 00:43:56.926$ AB Inbev's is a map 216 patients

NOTE Confidence: 0.8379239

 $00:43:56.926 \longrightarrow 00:43:59.062$ will be randomized in the initial

NOTE Confidence: 0.8379239

00:43:59.062 --> 00:44:01.337 phase two part of the trial and

 $00:44:01.337 \longrightarrow 00:44:03.390$ the winner of the phase two.

NOTE Confidence: 0.8379239

 $00:44:03.390 \longrightarrow 00:44:05.514$ Portion will then move to phase

NOTE Confidence: 0.8379239

 $00:44:05.514 \longrightarrow 00:44:07.377$ three against the standard chemo's

NOTE Confidence: 0.8379239

 $00:44:07.377 \longrightarrow 00:44:09.681$ attacks ARM and another 214 patients

NOTE Confidence: 0.8379239

00:44:09.681 --> 00:44:11.741 will be randomized in phase three

NOTE Confidence: 0.8379239

 $00:44:11.741 \longrightarrow 00:44:13.701$ for a total sample size of 430.

NOTE Confidence: 0.8379239

 $00:44:13.710 \longrightarrow 00:44:15.430$ Expected study duration is about

NOTE Confidence: 0.8379239

 $00:44:15.430 \longrightarrow 00:44:17.150$ four and a half years.

NOTE Confidence: 0.8379239

00:44:17.150 --> 00:44:19.214 We expect this study to actually

NOTE Confidence: 0.8379239

 $00:44:19.214 \longrightarrow 00:44:20.246$ be activated soon.

NOTE Confidence: 0.8379239

 $00:44:20.250 \longrightarrow 00:44:22.818$ We are collaborating with Jeff Ishizuka

NOTE Confidence: 0.8379239

 $00:44:22.818 \longrightarrow 00:44:25.157$ on that issue Correlatives an at

NOTE Confidence: 0.8379239

00:44:25.157 --> 00:44:27.110 the end of the phase three portion

NOTE Confidence: 0.8379239

 $00:44:27.110 \longrightarrow 00:44:29.632$ we hope to have a clear answer for

NOTE Confidence: 0.8379239

 $00:44:29.632 \longrightarrow 00:44:31.869$ best second line treatment moving forward.

NOTE Confidence: 0.8379239

00:44:31.869 --> 00:44:32.302 Uhm,

 $00{:}44{:}32.302 \dashrightarrow 00{:}44{:}36.317$ that's all I have for my work here so far.

NOTE Confidence: 0.8379239

 $00:44:36.320 \longrightarrow 00:44:39.896$ I'll pass it on to Melissa.

NOTE Confidence: 0.8379239

 $00:44:39.900 \longrightarrow 00:44:41.170$ Screen sharing.

NOTE Confidence: 0.89253813

 $00:44:48.760 \longrightarrow 00:44:50.322$ Alright now and thank you.

NOTE Confidence: 0.89253813

 $00:44:50.322 \longrightarrow 00:44:54.510$ I'll try to get my screen up. Next

NOTE Confidence: 0.8404386

 $00:45:02.550 \longrightarrow 00:45:04.532$ and I am again I want to

NOTE Confidence: 0.8404386

 $00:45:04.532 \longrightarrow 00:45:05.640$ thank everyone here for

NOTE Confidence: 0.8404386

00:45:05.707 --> 00:45:07.407 the opportunity to discuss.

NOTE Confidence: 0.8404386

 $00:45:07.410 \longrightarrow 00:45:09.346$ It's such an honor to be able to

NOTE Confidence: 0.8404386

 $00{:}45{:}09.346 \dashrightarrow 00{:}45{:}11.191$ speak in combination with Doctor

NOTE Confidence: 0.8404386

00:45:11.191 --> 00:45:12.915 Burtness and Doctor Bhatia,

NOTE Confidence: 0.8404386

 $00{:}45{:}12.920 \dashrightarrow 00{:}45{:}15.368$ and I look forward to the years that we

NOTE Confidence: 0.8404386

00:45:15.368 --> 00:45:17.756 have in the future to continue these

NOTE Confidence: 0.8404386

 $00{:}45{:}17.756 \dashrightarrow 00{:}45{:}20.050$ projects that we're all excited about.

NOTE Confidence: 0.8404386

 $00:45:20.050 \longrightarrow 00:45:23.040$ Part of what I wanted to do today in terms

 $00:45:23.119 \longrightarrow 00:45:26.255$ of my brief presentation was to really also.

NOTE Confidence: 0.8404386

 $00:45:26.260 \longrightarrow 00:45:27.845$ While we're focusing a lot

NOTE Confidence: 0.8404386

 $00:45:27.845 \longrightarrow 00:45:29.840$ on the head and neck dart,

NOTE Confidence: 0.8404386

 $00:45:29.840 \longrightarrow 00:45:32.440$ Anan the spore that we have funding for,

NOTE Confidence: 0.8404386

 $00:45:32.440 \longrightarrow 00:45:34.150$ and how we're incorporating that

NOTE Confidence: 0.8404386

 $00:45:34.150 \longrightarrow 00:45:35.860$ to the clinical trial progression

NOTE Confidence: 0.8404386

00:45:35.913 --> 00:45:37.683 at Yale didn't want to discount

NOTE Confidence: 0.8404386

00:45:37.683 --> 00:45:39.248 the the contribution that the

NOTE Confidence: 0.8404386

 $00{:}45{:}39.248 \dashrightarrow 00{:}45{:}40.888$ radiation oncology Dart also does.

NOTE Confidence: 0.8404386

00:45:40.890 --> 00:45:42.615 And we work very collaboratively

NOTE Confidence: 0.8404386

 $00{:}45{:}42.615 \dashrightarrow 00{:}45{:}43.650$ collaboratively between the

NOTE Confidence: 0.8404386

00:45:43.650 --> 00:45:44.789 two organizations and arts,

NOTE Confidence: 0.8404386

 $00:45:44.790 \longrightarrow 00:45:47.294$ so I wanted to kind of highlight some

NOTE Confidence: 0.8404386

 $00:45:47.294 \longrightarrow 00:45:49.987$ of the trials that we do have open,

NOTE Confidence: 0.8404386

 $00:45:49.990 \longrightarrow 00:45:52.006$ and some of the hope that that

NOTE Confidence: 0.8404386

 $00:45:52.006 \longrightarrow 00:45:54.209$ will be able to help contribute,

 $00:45:54.210 \longrightarrow 00:45:56.866$ both with supporting the head and neck dart.

NOTE Confidence: 0.8404386

 $00:45:56.870 \longrightarrow 00:45:59.374$ But also with the head and neck score,

NOTE Confidence: 0.8404386

 $00:45:59.380 \longrightarrow 00:46:01.592$ I have no disclosures and I am

NOTE Confidence: 0.8404386

 $00:46:01.592 \longrightarrow 00:46:04.088$ not going to spend a lot of time.

NOTE Confidence: 0.8404386

 $00:46:04.090 \longrightarrow 00:46:06.916$ I know we're running a little short on time,

NOTE Confidence: 0.8404386

 $00:46:06.920 \longrightarrow 00:46:08.873$ but as everyone here knows that you

NOTE Confidence: 0.8404386

00:46:08.873 --> 00:46:10.750 know head and neck squamous cell

NOTE Confidence: 0.8404386

 $00:46:10.750 \longrightarrow 00:46:13.025$ carcinoma is very common with at least

NOTE Confidence: 0.8404386

 $00:46:13.086 \longrightarrow 00:46:15.036$ 64,000 cases in the United States

NOTE Confidence: 0.8404386

 $00{:}46{:}15.036 \dashrightarrow 00{:}46{:}17.402$ and this is reiterating some of what

NOTE Confidence: 0.8404386

 $00{:}46{:}17.402 \dashrightarrow 00{:}46{:}19.172$ Doctor Burtness had previously already

NOTE Confidence: 0.8404386

 $00{:}46{:}19.172 \dashrightarrow 00{:}46{:}21.297$ mentioned is that the head and neck

NOTE Confidence: 0.8404386

 $00{:}46{:}21.297 \dashrightarrow 00{:}46{:}23.016$ location of cancer is very sensitive

NOTE Confidence: 0.8404386

 $00:46:23.016 \longrightarrow 00:46:25.144$ part of the body and it's very

NOTE Confidence: 0.8404386

 $00:46:25.144 \longrightarrow 00:46:27.330$ important with how we interact with society.

00:46:27.330 --> 00:46:28.548 Maintain nutrition, communicate.

NOTE Confidence: 0.8404386

00:46:28.548 --> 00:46:29.766 Anan, it's what,

NOTE Confidence: 0.8404386

 $00:46:29.770 \longrightarrow 00:46:31.366$ especially in a pandemic.

NOTE Confidence: 0.8404386

00:46:31.366 --> 00:46:34.329 How we visualize each other to how we,

NOTE Confidence: 0.8404386

 $00:46:34.330 \longrightarrow 00:46:37.370$ how we see each other and communicate orally.

NOTE Confidence: 0.8404386

 $00:46:37.370 \longrightarrow 00:46:39.519$ So currently as we know that in

NOTE Confidence: 0.8404386

 $00:46:39.519 \longrightarrow 00:46:41.454$ order to provide curative treatment

NOTE Confidence: 0.8404386

00:46:41.454 --> 00:46:43.829 for people who are nonmetastatic,

NOTE Confidence: 0.8404386

 $00:46:43.830 \longrightarrow 00:46:46.702$ that is usually some form of local therapy

NOTE Confidence: 0.8404386

00:46:46.702 --> 00:46:49.148 which may be surgery or radiation,

NOTE Confidence: 0.8404386

00:46:49.150 --> 00:46:51.430 or sometimes a combination of both,

NOTE Confidence: 0.8404386

 $00:46:51.430 \longrightarrow 00:46:53.710$ which carries a lot of potential

NOTE Confidence: 0.8404386

 $00:46:53.710 \longrightarrow 00:46:55.230$ risk for functional impairment.

NOTE Confidence: 0.8404386

00:46:55.230 --> 00:46:57.510 Whether it's related to surgical changes,

NOTE Confidence: 0.8404386

 $00:46:57.510 \longrightarrow 00:46:59.988$ scar tissue from both, surgery radiation.

NOTE Confidence: 0.8404386

00:46:59.990 --> 00:47:01.868 I'm swallowing dysfunction pain dry mouth.

00:47:01.870 --> 00:47:02.532 You know,

NOTE Confidence: 0.8404386

 $00{:}47{:}02.532 \dashrightarrow 00{:}47{:}04.187$ complications that can arise from

NOTE Confidence: 0.8404386

 $00:47:04.187 \longrightarrow 00:47:06.102$ dental health and other things that

NOTE Confidence: 0.8404386

 $00:47:06.102 \longrightarrow 00:47:07.836$ that come down the line after.

NOTE Confidence: 0.8404386

 $00{:}47{:}07.840 \dashrightarrow 00{:}47{:}09.718$ As a consequence of the curative

NOTE Confidence: 0.8404386

00:47:09.718 --> 00:47:10.344 intent treatment.

NOTE Confidence: 0.8404386

00:47:10.350 --> 00:47:12.240 So while patients may be cured,

NOTE Confidence: 0.8404386

 $00:47:12.240 \longrightarrow 00:47:14.556$ they could be left with lifelong

NOTE Confidence: 0.8404386

 $00:47:14.556 \longrightarrow 00:47:16.418$ implications of their treatment and

NOTE Confidence: 0.8404386

 $00:47:16.418 \longrightarrow 00:47:18.695$ some of the goals that we have both at

NOTE Confidence: 0.8404386

 $00{:}47{:}18.762 \dashrightarrow 00{:}47{:}20.785$ Yale but also across the country in

NOTE Confidence: 0.8404386

 $00{:}47{:}20.785 \dashrightarrow 00{:}47{:}23.005$ the world or to understand how we can

NOTE Confidence: 0.8404386

 $00:47:23.005 \longrightarrow 00:47:25.141$ try to reduce the morbidity of that

NOTE Confidence: 0.8404386

 $00:47:25.141 \longrightarrow 00:47:26.986$ treatment without compromising cure rates.

NOTE Confidence: 0.8404386

 $00:47:26.990 \longrightarrow 00:47:27.884$ But also importantly,

 $00:47:27.884 \longrightarrow 00:47:29.970$ we still have a long ways to

NOTE Confidence: 0.8404386

00:47:30.031 --> 00:47:31.696 go in certain disease sites.

NOTE Confidence: 0.8404386

 $00:47:31.700 \longrightarrow 00:47:33.692$ We've already heard a lot about

NOTE Confidence: 0.8404386

 $00:47:33.692 \longrightarrow 00:47:35.020$ the P-16 negative population.

NOTE Confidence: 0.8404386

 $00:47:35.020 \longrightarrow 00:47:36.812$ And and disease resistance.

NOTE Confidence: 0.8404386

00:47:36.812 --> 00:47:39.500 And how can we overcome treatment

NOTE Confidence: 0.8404386

 $00:47:39.580 \longrightarrow 00:47:42.040$ resistance but also prevent further

NOTE Confidence: 0.8404386

 $00:47:42.040 \longrightarrow 00:47:45.389$ morbidity of the treatment that we provide?

NOTE Confidence: 0.8404386

 $00{:}47{:}45.390 \dashrightarrow 00{:}47{:}47.959$ Some of what's been touched on already,

NOTE Confidence: 0.8404386

 $00:47:47.960 \longrightarrow 00:47:50.162$ as is the importance in recognition

NOTE Confidence: 0.8404386

 $00:47:50.162 \longrightarrow 00:47:51.630$ of immune checkpoint inhibitors.

NOTE Confidence: 0.8404386

 $00:47:51.630 \longrightarrow 00:47:53.682$ Certainly other disease sites and FDA

NOTE Confidence: 0.8404386

 $00:47:53.682 \longrightarrow 00:47:56.029$ approvals have come along showing activity.

NOTE Confidence: 0.8404386

 $00:47:56.030 \longrightarrow 00:47:57.878$ An other disease sites and we

NOTE Confidence: 0.8404386

 $00:47:57.878 \longrightarrow 00:47:59.110$ now see data showing

NOTE Confidence: 0.8281421

 $00:47:59.180 \longrightarrow 00:48:01.305$ the efficacy that immune checkpoint

00:48:01.305 --> 00:48:03.005 inhibitors appear to have,

NOTE Confidence: 0.8281421

 $00:48:03.010 \longrightarrow 00:48:05.206$ both also in head and neck

NOTE Confidence: 0.8281421

 $00:48:05.206 \longrightarrow 00:48:06.978$ cancer as well, and therefore,

NOTE Confidence: 0.8281421

 $00:48:06.978 \longrightarrow 00:48:09.650$ while a lot of initial data has indicated

NOTE Confidence: 0.8281421

00:48:09.718 --> 00:48:11.808 efficacy in the metastatic setting,

NOTE Confidence: 0.8281421

 $00:48:11.810 \longrightarrow 00:48:13.784$ we're also now looking to see

NOTE Confidence: 0.8281421

 $00:48:13.784 \longrightarrow 00:48:16.090$ how this might be incorporated.

NOTE Confidence: 0.8281421

 $00:48:16.090 \longrightarrow 00:48:18.250$ In the upfront definitive setting

NOTE Confidence: 0.8281421

 $00{:}48{:}18.250 \dashrightarrow 00{:}48{:}20.956$ and whether or not that might

NOTE Confidence: 0.8281421

 $00:48:20.956 \longrightarrow 00:48:23.306$ also provide some opportunity for

NOTE Confidence: 0.8281421

 $00:48:23.306 \longrightarrow 00:48:26.020$ either reduced dose of radiation,

NOTE Confidence: 0.8281421

 $00:48:26.020 \longrightarrow 00:48:28.390$ reduced need for cytotoxic chemotherapy,

NOTE Confidence: 0.8281421

 $00:48:28.390 \longrightarrow 00:48:31.609$ but still maintaining.

NOTE Confidence: 0.8281421

00:48:31.610 --> 00:48:33.310 Equivalent cure rates as to

NOTE Confidence: 0.8281421

 $00:48:33.310 \longrightarrow 00:48:34.670$ what we already have,

 $00:48:34.670 \longrightarrow 00:48:36.958$ so a lot of these trials are now

NOTE Confidence: 0.8281421

00:48:36.958 --> 00:48:39.089 moving into the definitive setting,

NOTE Confidence: 0.8281421

00:48:39.090 --> 00:48:40.470 looking at multiple different

NOTE Confidence: 0.8281421

00:48:40.470 --> 00:48:41.505 immune checkpoint inhibitors

NOTE Confidence: 0.8281421

 $00:48:41.505 \longrightarrow 00:48:43.170$ that I've got listed here.

NOTE Confidence: 0.8281421

 $00:48:43.170 \longrightarrow 00:48:44.910$ Some of the former trials that

NOTE Confidence: 0.8281421

 $00:48:44.910 \longrightarrow 00:48:47.267$ we are now in in either actively

NOTE Confidence: 0.8281421

00:48:47.267 --> 00:48:49.523 enrolling on through the head and

NOTE Confidence: 0.8281421

00:48:49.523 --> 00:48:52.005 neck through the head and neck DART,

NOTE Confidence: 0.8281421

 $00:48:52.010 \longrightarrow 00:48:54.050$ but also previously open trials that

NOTE Confidence: 0.8281421

 $00:48:54.050 \longrightarrow 00:48:56.090$ are now in their follow-up phase,

NOTE Confidence: 0.8281421

 $00:48:56.090 \longrightarrow 00:48:57.946$ have used immune checkpoint inhibitors

NOTE Confidence: 0.8281421

 $00:48:57.946 \longrightarrow 00:48:59.841$ in the upfront setting whether

NOTE Confidence: 0.8281421

 $00:48:59.841 \longrightarrow 00:49:02.020$ it was in keynote for 12, where.

NOTE Confidence: 0.8281421

 $00:49:02.020 \longrightarrow 00:49:04.470$ Checkpoint inhibitor Kimbrough was added

NOTE Confidence: 0.8281421

 $00:49:04.470 \longrightarrow 00:49:06.430$ in conjunction with CHEMORADIATION

 $00:49:06.496 \longrightarrow 00:49:08.530$ but also in the maintenance phase.

NOTE Confidence: 0.8281421

 $00:49:08.530 \longrightarrow 00:49:10.828$ We are currently enrolling on the

NOTE Confidence: 0.8281421

 $00:49:10.828 \longrightarrow 00:49:13.183$ ikago Akron 3161 that is looking

NOTE Confidence: 0.8281421

00:49:13.183 --> 00:49:15.815 at addition of at atrovent you know

NOTE Confidence: 0.8281421

00:49:15.815 --> 00:49:18.663 therapy after an initial phase of

NOTE Confidence: 0.8281421

00:49:18.663 --> 00:49:20.103 definitive chemoradiotherapy and

NOTE Confidence: 0.8281421

 $00:49:20.103 \longrightarrow 00:49:22.634$ there have been some phase one

NOTE Confidence: 0.8281421

 $00:49:22.634 \longrightarrow 00:49:24.980$ trials including H NO3 that have

NOTE Confidence: 0.8281421

 $00:49:25.060 \longrightarrow 00:49:27.130$ looked at how immunotherapy may

NOTE Confidence: 0.8281421

 $00:49:27.130 \longrightarrow 00:49:30.265$ play some role and also safety and

NOTE Confidence: 0.8281421

 $00:49:30.265 \longrightarrow 00:49:32.735$ the adjutant setting after surgery.

NOTE Confidence: 0.8281421

 $00:49:32.740 \longrightarrow 00:49:35.309$ One of the trials that we currently

NOTE Confidence: 0.8281421

 $00{:}49{:}35.309 \dashrightarrow 00{:}49{:}37.362$ have open through the radiation

NOTE Confidence: 0.8281421

00:49:37.362 --> 00:49:39.984 oncology DART is looking at how

NOTE Confidence: 0.8281421

 $00:49:39.984 \longrightarrow 00:49:41.814$ immunotherapy may perhaps improve

00:49:41.814 --> 00:49:44.466 efficacy in a high risk population.

NOTE Confidence: 0.8281421

 $00:49:44.470 \longrightarrow 00:49:45.242$ So specifically,

NOTE Confidence: 0.8281421

 $00:49:45.242 \longrightarrow 00:49:47.944$ this is looking at patients who have

NOTE Confidence: 0.8281421

 $00:49:47.944 \longrightarrow 00:49:50.244$ positive margin or extranodal extension

NOTE Confidence: 0.8281421

 $00:49:50.244 \longrightarrow 00:49:52.549$ after initial surgical resection of

NOTE Confidence: 0.8281421

00:49:52.549 --> 00:49:54.949 locally advanced head and neck cancer,

NOTE Confidence: 0.8281421

 $00:49:54.950 \longrightarrow 00:49:57.045$ and patients are currently standard

NOTE Confidence: 0.8281421

 $00:49:57.045 \longrightarrow 00:49:59.140$ of care is radiation cisplatin,

NOTE Confidence: 0.8281421

 $00:49:59.140 \longrightarrow 00:50:01.840$ but this is now heading into

NOTE Confidence: 0.8281421

 $00:50:01.840 \longrightarrow 00:50:03.640$ the phase three design.

NOTE Confidence: 0.8281421

 $00{:}50{:}03.640 \dashrightarrow 00{:}50{:}05.873$ An activation and this is now exploring

NOTE Confidence: 0.8281421

 $00:50:05.873 \longrightarrow 00:50:07.705$ the combination of Docetaxel subtaxa

NOTE Confidence: 0.8281421

 $00:50:07.705 \longrightarrow 00:50:09.740$ map with radiotherapy versus cisplatin

NOTE Confidence: 0.8281421

 $00:50:09.740 \longrightarrow 00:50:11.959$ with the addition of immunotherapy,

NOTE Confidence: 0.8281421

 $00:50:11.960 \longrightarrow 00:50:13.850$ this one being a tease.

NOTE Confidence: 0.8281421

 $00:50:13.850 \longrightarrow 00:50:15.740$ Oh, and this has been.

00:50:15.740 --> 00:50:17.248 Unfortunately, I must admit,

NOTE Confidence: 0.8281421

 $00:50:17.248 \longrightarrow 00:50:20.272$ a high accruing trial. In part, I think.

NOTE Confidence: 0.8281421

 $00:50:20.272 \longrightarrow 00:50:23.824$ Again, we're seeing this.

NOTE Confidence: 0.8281421

 $00:50:23.824 \longrightarrow 00:50:28.056$ A phenomenon of increased.

NOTE Confidence: 0.8281421

00:50:28.060 --> 00:50:28.873 Higher stage disease,

NOTE Confidence: 0.8281421

 $00:50:28.873 \longrightarrow 00:50:29.957$ more locally advanced disease,

NOTE Confidence: 0.8281421

 $00:50:29.960 \longrightarrow 00:50:31.857$ especially as patients have have had maybe

NOTE Confidence: 0.8281421

 $00{:}50{:}31.857 \dashrightarrow 00{:}50{:}33.770$ some delays in their care from COVID.

NOTE Confidence: 0.8281421

 $00:50:33.770 \longrightarrow 00:50:34.874$ And so we have.

NOTE Confidence: 0.8281421

 $00:50:34.874 \longrightarrow 00:50:36.254$ We have actually been accruing

NOTE Confidence: 0.8281421

 $00:50:36.254 \longrightarrow 00:50:38.119$ to this at a rather high rate,

NOTE Confidence: 0.8281421

 $00:50:38.120 \dashrightarrow 00:50:41.540$ and we look forward to the results to come.

NOTE Confidence: 0.8281421

 $00:50:41.540 \longrightarrow 00:50:45.769$ We are also, as I alluded to, looking at how.

NOTE Confidence: 0.8281421

00:50:45.770 --> 00:50:47.798 We might be able to improve

NOTE Confidence: 0.8281421

00:50:47.798 --> 00:50:48.812 our definitive intent,

 $00:50:48.820 \longrightarrow 00:50:50.108$ and there's certain populations

NOTE Confidence: 0.8281421

00:50:50.108 --> 00:50:52.550 where we have some room to improve,

NOTE Confidence: 0.8281421

 $00:50:52.550 \longrightarrow 00:50:54.572$ and one of that population is

NOTE Confidence: 0.8281421

 $00:50:54.572 \longrightarrow 00:50:56.315$ a cisplatin ineligible group of

NOTE Confidence: 0.8281421

 $00:50:56.315 \longrightarrow 00:50:58.307$ patients has already been alluded to,

NOTE Confidence: 0.8281421

 $00:50:58.310 \longrightarrow 00:51:01.700$ so I won't get into the details of the data.

NOTE Confidence: 0.8281421

 $00:51:01.700 \longrightarrow 00:51:03.400$ But as was previously mentioned,

NOTE Confidence: 0.8281421

 $00:51:03.400 \longrightarrow 00:51:06.104$ so tuck some AB does have some improvement.

NOTE Confidence: 0.8281421

 $00:51:06.110 \longrightarrow 00:51:08.144$ The Bonner Trials had indicated some

NOTE Confidence: 0.8281421

00:51:08.144 --> 00:51:09.500 improvement over radiotherapy alone,

NOTE Confidence: 0.8281421

 $00{:}51{:}09.500 \dashrightarrow 00{:}51{:}11.200$ but when compared to cisplatin,

NOTE Confidence: 0.8281421

 $00:51:11.200 \longrightarrow 00:51:12.028$ it is inferior,

NOTE Confidence: 0.8281421

00:51:12.028 --> 00:51:13.960 although we do have that group of

NOTE Confidence: 0.8304057

 $00:51:14.024 \longrightarrow 00:51:15.660$ patients that are ineligible

NOTE Confidence: 0.8304057

00:51:15.660 --> 00:51:17.296 for cisplatin instaed eczema,

NOTE Confidence: 0.8304057

 $00:51:17.300 \longrightarrow 00:51:20.037$ maybe that that therapy that we have.

 $00:51:20.040 \longrightarrow 00:51:22.504$ And so H&O four is now looking at

NOTE Confidence: 0.8304057

 $00:51:22.504 \longrightarrow 00:51:25.051$ whether or not we can take those

NOTE Confidence: 0.8304057

 $00:51:25.051 \longrightarrow 00:51:26.906$ patients who are ineligible for

NOTE Confidence: 0.8304057

 $00:51:26.984 \longrightarrow 00:51:29.784$ cisplatin and compare how they might do.

NOTE Confidence: 0.8304057

 $00{:}51{:}29.790 \dashrightarrow 00{:}51{:}31.590$ And compared to Subtaxa ma'am.

NOTE Confidence: 0.8304057

 $00:51:31.590 \longrightarrow 00:51:34.839$ So this is using a derbe as an immunotherapy,

NOTE Confidence: 0.8304057

 $00:51:34.840 \longrightarrow 00:51:37.017$ and whether or not this might also

NOTE Confidence: 0.8304057

00:51:37.017 --> 00:51:38.362 provide meaningful outcomes help

NOTE Confidence: 0.8304057

 $00{:}51{:}38.362 \dashrightarrow 00{:}51{:}39.430$ radiosensitizing those patients

NOTE Confidence: 0.8304057

 $00{:}51{:}39.430 \dashrightarrow 00{:}51{:}41.210$ who are not otherwise eligible

NOTE Confidence: 0.8304057

 $00:51:41.210 \longrightarrow 00:51:42.780$ for cytotoxic chemotherapy.

NOTE Confidence: 0.8304057

 $00:51:42.780 \longrightarrow 00:51:45.307$ This is open to more advanced P.

NOTE Confidence: 0.8304057

 $00{:}51{:}45.310 \dashrightarrow 00{:}51{:}48.198$ 16 and higher risk P 16 positive population,

NOTE Confidence: 0.8304057

 $00:51:48.200 \longrightarrow 00:51:50.360$ but also the P-16 negative population.

NOTE Confidence: 0.8304057

 $00:51:50.360 \longrightarrow 00:51:53.370$ Both stage three and stage four cancers.

 $00:51:53.370 \longrightarrow 00:51:55.674$ I mean and also a trial that we

NOTE Confidence: 0.8304057

00:51:55.674 --> 00:51:57.895 have been enrolling on with at

NOTE Confidence: 0.8304057

00:51:57.895 --> 00:51:59.860 least about 7 patients currently

NOTE Confidence: 0.8304057

 $00:51:59.860 \longrightarrow 00:52:02.508$ on study and in its current state.

NOTE Confidence: 0.8304057

 $00:52:02.510 \longrightarrow 00:52:03.530$ And then lastly,

NOTE Confidence: 0.8304057

 $00{:}52{:}03.530 \dashrightarrow 00{:}52{:}05.230$ in terms of the intensification,

NOTE Confidence: 0.8304057

 $00:52:05.230 \longrightarrow 00:52:07.012$ it is certainly one of our

NOTE Confidence: 0.8304057

 $00:52:07.012 \longrightarrow 00:52:09.309$ goals as is also been mentioned,

NOTE Confidence: 0.8304057

00:52:09.310 --> 00:52:10.462 the HPV population.

NOTE Confidence: 0.8304057

 $00:52:10.462 \longrightarrow 00:52:13.150$ Has been recognized as having a better

NOTE Confidence: 0.8304057

 $00:52:13.218 \longrightarrow 00:52:15.480$ prognosis than that of the P-16

NOTE Confidence: 0.8304057

00:52:15.480 --> 00:52:17.590 population and across the country.

NOTE Confidence: 0.8304057

00:52:17.590 --> 00:52:20.117 We're now trying to tease out how.

NOTE Confidence: 0.8304057

 $00:52:20.120 \longrightarrow 00:52:22.752$ How might we be able to safely D

NOTE Confidence: 0.8304057

00:52:22.752 --> 00:52:25.528 intensify in therapy and the ikago Akron,

NOTE Confidence: 0.8304057

00:52:25.530 --> 00:52:27.696 3311, or this I should say,

 $00:52:27.700 \longrightarrow 00:52:30.451$ the COGS 3311 is kind of one

NOTE Confidence: 0.8304057

 $00{:}52{:}30.451 \dashrightarrow 00{:}52{:}33.292$ example of where there might be

NOTE Confidence: 0.8304057

 $00:52:33.292 \longrightarrow 00:52:35.388$ some opportunity to reduce.

NOTE Confidence: 0.8304057

00:52:35.390 --> 00:52:35.704 Treatment,

NOTE Confidence: 0.8304057

00:52:35.704 --> 00:52:37.902 but the outcomes and the number of

NOTE Confidence: 0.8304057

 $00{:}52{:}37.902 \dashrightarrow 00{:}52{:}40.365$ failures are low because this is a

NOTE Confidence: 0.8304057

00:52:40.365 --> 00:52:41.785 relatively good prognosis population,

NOTE Confidence: 0.8304057

 $00:52:41.790 \longrightarrow 00:52:44.051$ so we have to think about this

NOTE Confidence: 0.8304057

 $00{:}52{:}44.051 \dashrightarrow 00{:}52{:}45.811$ meaningfully an carefully an whether

NOTE Confidence: 0.8304057

 $00{:}52{:}45.811 \dashrightarrow 00{:}52{:}47.995$ or not that's some combination of

NOTE Confidence: 0.8304057

00:52:47.995 --> 00:52:49.716 reducing radiation dose whether or

NOTE Confidence: 0.8304057

00:52:49.716 --> 00:52:51.588 not it's a combination of surgery

NOTE Confidence: 0.8304057

 $00:52:51.588 \longrightarrow 00:52:52.908$ with reduced radiation dose.

NOTE Confidence: 0.8304057

 $00:52:52.908 \longrightarrow 00:52:55.260$ I'm not going to be talking about

NOTE Confidence: 0.8304057

00:52:55.322 --> 00:52:57.252 any kind of induction, you know,

 $00:52:57.252 \longrightarrow 00:52:59.148$ systemic therapy followed by your dose

NOTE Confidence: 0.8304057

00:52:59.148 --> 00:53:01.338 reduced or risk adjusted local therapy,

NOTE Confidence: 0.8304057

 $00:53:01.340 \longrightarrow 00:53:03.446$ but certainly a lot of different

NOTE Confidence: 0.8304057

 $00{:}53{:}03.446 \dashrightarrow 00{:}53{:}06.160$ ways in which this could be explored.

NOTE Confidence: 0.8304057

 $00:53:06.160 \longrightarrow 00:53:09.985$ And we are going to be looking to move.

NOTE Confidence: 0.8304057

00:53:09.990 --> 00:53:12.979 We're moving to open H and 05,

NOTE Confidence: 0.8304057

 $00{:}53{:}12.980 \dashrightarrow 00{:}53{:}15.955$ which is looking at our low risk.

NOTE Confidence: 0.8304057

00:53:15.960 --> 00:53:17.238 P-16 population today.

NOTE Confidence: 0.8304057

00:53:17.238 --> 00:53:18.090 Intensified protocol,

NOTE Confidence: 0.8304057

 $00:53:18.090 \longrightarrow 00:53:21.261$ kind of as a jumping point from

NOTE Confidence: 0.8304057

 $00{:}53{:}21.261 \dashrightarrow 00{:}53{:}23.379$ previously published results of H

NOTE Confidence: 0.8304057

 $00:53:23.379 \longrightarrow 00:53:25.419$ and O2 that had shown reasonably

NOTE Confidence: 0.8304057

 $00:53:25.419 \longrightarrow 00:53:27.459$ good to your progression.

NOTE Confidence: 0.8304057

 $00:53:27.460 \longrightarrow 00:53:30.470$ Free survival of 90% with the instead

NOTE Confidence: 0.8304057

 $00:53:30.470 \longrightarrow 00:53:33.419$ of our typical 70 Gy of radiation.

NOTE Confidence: 0.8304057

 $00:53:33.420 \longrightarrow 00:53:35.720$ Instead 60 grave radiation with

 $00:53:35.720 \longrightarrow 00:53:37.560$ cisplatin omitting the cisplatin

NOTE Confidence: 0.8304057

 $00{:}53{:}37.560 \dashrightarrow 00{:}53{:}40.121$ did did cross to lower progression

NOTE Confidence: 0.8304057

 $00:53:40.121 \longrightarrow 00:53:41.339$ free survival so.

NOTE Confidence: 0.8304057 00:53:41.340 --> 00:53:41.623 Hi,

NOTE Confidence: 0.8304057

00:53:41.623 --> 00:53:43.887 no five is looking to keep the 60

NOTE Confidence: 0.8304057

00:53:43.887 --> 00:53:46.064 Gray with cisplatin arm but also

NOTE Confidence: 0.8304057

 $00:53:46.064 \longrightarrow 00:53:48.399$ then looking at a somewhat escalated

NOTE Confidence: 0.8304057

 $00{:}53{:}48.399 \dashrightarrow 00{:}53{:}50.155$ or hyper accelerated radiation

NOTE Confidence: 0.8304057

00:53:50.155 --> 00:53:53.102 delivery of 60 Gray over 5 weeks

NOTE Confidence: 0.8304057

 $00:53:53.102 \longrightarrow 00:53:54.982$ with the addition of immunotherapy

NOTE Confidence: 0.8304057

 $00{:}53{:}54.982 \dashrightarrow 00{:}53{:}57.394$ to compare how that may may relate

NOTE Confidence: 0.8304057

 $00:53:57.394 \longrightarrow 00:53:59.711$ to the standard of care 70 grain

NOTE Confidence: 0.8304057

 $00:53:59.711 \longrightarrow 00:54:02.255$ cisplatin versus 60 Gray and cisplatin.

NOTE Confidence: 0.8304057

 $00:54:02.260 \longrightarrow 00:54:04.885$ So we do look forward to opening

NOTE Confidence: 0.8304057

 $00:54:04.885 \longrightarrow 00:54:06.711$ this specific population that we

00:54:06.711 --> 00:54:08.923 don't have a lot of trial opportunity

NOTE Confidence: 0.8304057

 $00{:}54{:}08.923 \dashrightarrow 00{:}54{:}11.073$ in clinical trial opportunity and

NOTE Confidence: 0.8304057

 $00:54:11.073 \longrightarrow 00:54:12.399$ look forward to.

NOTE Confidence: 0.8304057

 $00:54:12.400 \longrightarrow 00:54:14.935$ To providing more options and

NOTE Confidence: 0.8304057

 $00:54:14.935 \longrightarrow 00:54:16.963$ contributing to important questions

NOTE Confidence: 0.8304057

 $00:54:16.963 \longrightarrow 00:54:18.880$ nationally and internationally.

NOTE Confidence: 0.8304057

 $00:54:18.880 \longrightarrow 00:54:19.396$ And then,

NOTE Confidence: 0.8304057

 $00:54:19.396 \longrightarrow 00:54:21.460$ in terms of the future goals for our

NOTE Confidence: 0.8304057

 $00{:}54{:}21.522 \dashrightarrow 00{:}54{:}23.138$ the rapeutic radiation oncology dart

NOTE Confidence: 0.8304057

 $00:54:23.138 \longrightarrow 00:54:25.562$ in combination with how we interface

NOTE Confidence: 0.8559582

 $00:54:25.625 \longrightarrow 00:54:26.915$ with all of the other

NOTE Confidence: 0.8559582

 $00:54:26.915 \longrightarrow 00:54:28.205$ darts that we work with.

NOTE Confidence: 0.8559582

 $00:54:28.210 \longrightarrow 00:54:29.740$ But today specifically the head

NOTE Confidence: 0.8559582

 $00:54:29.740 \longrightarrow 00:54:31.630$ in our head and neck dart,

NOTE Confidence: 0.8559582

00:54:31.630 --> 00:54:33.639 you know our goal is to continue

NOTE Confidence: 0.8559582

 $00:54:33.639 \longrightarrow 00:54:35.442$ to collaborate with this for a

 $00:54:35.442 \longrightarrow 00:54:37.200$ lot of the physicians that doctor

NOTE Confidence: 0.8559582

 $00{:}54{:}37.200 \dashrightarrow 00{:}54{:}38.583$ Burtness had previously indicated

NOTE Confidence: 0.8559582

 $00:54:38.583 \longrightarrow 00:54:40.647$ at the beginning of her slides,

NOTE Confidence: 0.8559582

 $00:54:40.650 \longrightarrow 00:54:42.911$ there were at least six physicians just

NOTE Confidence: 0.8559582

 $00:54:42.911 \longrightarrow 00:54:44.521$ from radiation oncology faculty alone

NOTE Confidence: 0.8559582

 $00:54:44.521 \longrightarrow 00:54:46.558$ who are part of this combined effort.

NOTE Confidence: 0.8559582

 $00:54:46.560 \longrightarrow 00:54:48.772$ We have a lot of clinician scientists

NOTE Confidence: 0.8559582

 $00:54:48.772 \longrightarrow 00:54:50.660$ who are actively engaged in DNA.

NOTE Confidence: 0.8559582

 $00{:}54{:}50.660 \dashrightarrow 00{:}54{:}53.332$ Repair and how we might be able to

NOTE Confidence: 0.8559582

 $00:54:53.332 \longrightarrow 00:54:55.640$ improve outcomes in this fits nicely with

NOTE Confidence: 0.8559582

 $00:54:55.640 \longrightarrow 00:54:58.069$ the purpose and an goal of the head.

NOTE Confidence: 0.8559582

00:54:58.070 --> 00:54:59.036 And next four,

NOTE Confidence: 0.8559582

 $00{:}54{:}59.036 \dashrightarrow 00{:}55{:}00.968$ and will also be continuing toward

NOTE Confidence: 0.8559582

 $00:55:00.968 \longrightarrow 00:55:03.253$ to support the head and neck dart

NOTE Confidence: 0.8559582

 $00:55:03.253 \longrightarrow 00:55:05.150$ with the trials that were able

 $00:55:05.150 \longrightarrow 00:55:07.078$ to open our resources as well.

NOTE Confidence: 0.8559582

 $00{:}55{:}07.078 \dashrightarrow 00{:}55{:}09.332$ Also, we want to continue to open

NOTE Confidence: 0.8559582

 $00:55:09.332 \longrightarrow 00:55:10.992$ cooperative group trials that will

NOTE Confidence: 0.8559582

00:55:10.992 --> 00:55:13.204 align with the needs of our patient

NOTE Confidence: 0.8559582

 $00:55:13.204 \longrightarrow 00:55:14.844$ population here in Connecticut and

NOTE Confidence: 0.8559582

 $00:55:14.844 \longrightarrow 00:55:17.056$ continue to assess that and make sure

NOTE Confidence: 0.8559582

 $00:55:17.060 \longrightarrow 00:55:18.926$ that we're opening trials that are

NOTE Confidence: 0.8559582

 $00:55:18.926 \longrightarrow 00:55:20.610$ appropriate for our Community efforts.

NOTE Confidence: 0.8559582

 $00:55:20.610 \longrightarrow 00:55:21.879$ And then lastly,

NOTE Confidence: 0.8559582

 $00:55:21.879 \longrightarrow 00:55:23.994$ is was also alluded to.

NOTE Confidence: 0.8559582

00:55:24.000 --> 00:55:26.520 Outcomes are better at high volume centers,

NOTE Confidence: 0.8559582

 $00:55:26.520 \longrightarrow 00:55:28.935$ so as we continue to expand an

NOTE Confidence: 0.8559582

 $00:55:28.935 \longrightarrow 00:55:30.839$ need to serve a greater,

NOTE Confidence: 0.8559582

 $00:55:30.840 \longrightarrow 00:55:32.515$ expensive community across the entire

NOTE Confidence: 0.8559582

00:55:32.515 --> 00:55:34.800 state of Connecticut and our department,

NOTE Confidence: 0.8559582

 $00:55:34.800 \longrightarrow 00:55:37.159$ we are working very vigorously of maintaining

 $00:55:37.159 \longrightarrow 00:55:39.838$ high quality at our care center specifically.

NOTE Confidence: 0.8559582

 $00{:}55{:}39.840 \dashrightarrow 00{:}55{:}41.640$ Really water for Dan Trumbull.

NOTE Confidence: 0.8559582

00:55:41.640 --> 00:55:43.800 In addition to our main campus

NOTE Confidence: 0.8559582

 $00:55:43.800 \longrightarrow 00:55:45.240$ here in New Haven.

NOTE Confidence: 0.8559582

 $00:55:45.240 \longrightarrow 00:55:47.655$ So we have extensive efforts in standardizing

NOTE Confidence: 0.8559582

 $00{:}55{:}47.655 \dashrightarrow 00{:}55{:}49.200$ our radiation treatment planning,

NOTE Confidence: 0.8559582

 $00:55:49.200 \longrightarrow 00:55:51.720$ ensuring we have quality across the system.

NOTE Confidence: 0.8559582

 $00:55:51.720 \longrightarrow 00:55:54.240$ How we do that is multi factorial,

NOTE Confidence: 0.8559582

 $00:55:54.240 \longrightarrow 00:55:55.960$ but certainly we have peer

NOTE Confidence: 0.8559582

 $00:55:55.960 \longrightarrow 00:55:58.200$ review of all of our cases.

NOTE Confidence: 0.8559582

 $00:55:58.200 \longrightarrow 00:55:58.532$ We've.

NOTE Confidence: 0.8559582

 $00:55:58.532 \longrightarrow 00:56:00.524$ Do them regularly whether patients are

NOTE Confidence: 0.8559582

 $00{:}56{:}00.524 \dashrightarrow 00{:}56{:}03.188$ on or off clinical trial to make sure

NOTE Confidence: 0.8559582

00:56:03.188 --> 00:56:05.340 that we have and maintain quality.

NOTE Confidence: 0.8559582

 $00:56:05.340 \longrightarrow 00:56:06.705$ All the physicians that participate

 $00:56:06.705 \longrightarrow 00:56:08.955$ in any head and neck treatment under

NOTE Confidence: 0.8559582

 $00{:}56{:}08.955 \dashrightarrow 00{:}56{:}10.615$ satellite through also attending

NOTE Confidence: 0.8559582

 $00:56:10.615 \longrightarrow 00:56:12.275$ these multidisciplinary tumor boards

NOTE Confidence: 0.8559582

 $00:56:12.327 \longrightarrow 00:56:14.343$ and and many of us also attend

NOTE Confidence: 0.8559582

 $00:56:14.343 \longrightarrow 00:56:15.533$ multidisciplinary clinics as well.

NOTE Confidence: 0.8559582

00:56:15.533 --> 00:56:17.471 So we're very engaged with with

NOTE Confidence: 0.8559582

 $00:56:17.471 \longrightarrow 00:56:19.160$ the head and neck team.

NOTE Confidence: 0.8674745

 $00:56:23.950 \longrightarrow 00:56:26.100$ Like any of the cooperative groups

NOTE Confidence: 0.8674745

 $00{:}56{:}26.100 \dashrightarrow 00{:}56{:}27.900$ that have external review required

NOTE Confidence: 0.8674745

00:56:27.957 --> 00:56:29.865 as part of our radiation planning,

NOTE Confidence: 0.8674745

 $00:56:29.870 \longrightarrow 00:56:31.605$ have have identified no concerns

NOTE Confidence: 0.8674745

00:56:31.605 --> 00:56:32.993 with our radiation planning.

NOTE Confidence: 0.8674745

 $00:56:33.000 \longrightarrow 00:56:33.975$ And then lastly,

NOTE Confidence: 0.8674745

 $00:56:33.975 \longrightarrow 00:56:36.637$ I think one of the things that is

NOTE Confidence: 0.8674745

00:56:36.637 --> 00:56:38.863 important is that we work very hard

NOTE Confidence: 0.8674745

 $00:56:38.863 \longrightarrow 00:56:41.890$ to make sure that we have the clinical

 $00:56:41.890 \longrightarrow 00:56:43.788$ support services that are key.

NOTE Confidence: 0.8674745

 $00{:}56{:}43.788 \dashrightarrow 00{:}56{:}45.527$ So the speech, language, pathology,

NOTE Confidence: 0.8674745

00:56:45.527 --> 00:56:47.609 the social work that was mentioned,

NOTE Confidence: 0.8674745

 $00:56:47.610 \longrightarrow 00:56:49.595$ the surgical resources and expert

NOTE Confidence: 0.8674745

 $00{:}56{:}49.595 \dashrightarrow 00{:}56{:}52.447$ experts on site so that we can

NOTE Confidence: 0.8674745

00:56:52.447 --> 00:56:54.027 make sure to appropriately.

NOTE Confidence: 0.8674745

 $00:56:54.030 \longrightarrow 00:56:55.650$ I'm triage our patience is as

NOTE Confidence: 0.8674745

 $00{:}56{:}55.650 \dashrightarrow 00{:}56{:}57.320$ they go through their treatment,

NOTE Confidence: 0.8674745

 $00:56:57.320 \longrightarrow 00:56:59.060$ but also have the same high

NOTE Confidence: 0.8674745

 $00:56:59.060 \longrightarrow 00:57:00.220$ quality surveillance and and

NOTE Confidence: 0.8674745

 $00{:}57{:}00.273 \dashrightarrow 00{:}57{:}02.373$ also support as they are in their

NOTE Confidence: 0.8674745

 $00:57:02.373 \longrightarrow 00:57:03.900$ survivorship from heaven and cancer.

NOTE Confidence: 0.8674745

00:57:03.900 --> 00:57:04.713 And I'll combine.

NOTE Confidence: 0.8674745

 $00:57:04.713 \longrightarrow 00:57:06.994$ I think this will help continue to improve

NOTE Confidence: 0.8674745

00:57:06.994 --> 00:57:09.276 access as well as improved clinical trial,

00:57:09.280 --> 00:57:10.174 trial, enrollment everywhere.

NOTE Confidence: 0.8674745

 $00:57:10.174 \longrightarrow 00:57:11.962$ And with that I want to.

NOTE Confidence: 0.8674745

 $00:57:11.970 \longrightarrow 00:57:12.864$ I'll stop here.

NOTE Confidence: 0.8674745

00:57:12.864 --> 00:57:14.652 I want to thank everybody again,

NOTE Confidence: 0.8674745

 $00:57:14.660 \longrightarrow 00:57:16.746$ I I don't have an acknowledgement slide,

NOTE Confidence: 0.8674745

 $00:57:16.750 \longrightarrow 00:57:17.950$ but certainly everyone that

NOTE Confidence: 0.8674745

00:57:17.950 --> 00:57:19.150 Doctor Burtness had mentioned,

NOTE Confidence: 0.8674745

 $00:57:19.150 \longrightarrow 00:57:21.579$ plus or clinical trials team has been

NOTE Confidence: 0.8674745

 $00{:}57{:}21.579 \dashrightarrow 00{:}57{:}23.819$ very critical in our ability to do

NOTE Confidence: 0.8674745

 $00:57:23.819 \longrightarrow 00:57:26.159$ what we've been able to do in serve.

NOTE Confidence: 0.8674745

 $00{:}57{:}26.160 \dashrightarrow 00{:}57{:}27.440$ Our patients here in Connecticut.

NOTE Confidence: 0.78651327

 $00:57:31.300 \longrightarrow 00:57:32.272$ OK, thanks Melissa.

NOTE Confidence: 0.78651327

 $00:57:32.272 \longrightarrow 00:57:34.540$ We have time for a couple questions.

NOTE Confidence: 0.78651327

 $00{:}57{:}34.540 \dashrightarrow 00{:}57{:}37.133$ Please put them into the chat or if

NOTE Confidence: 0.78651327

 $00:57:37.133 \longrightarrow 00:57:39.724$ you want will unmute you so you can

NOTE Confidence: 0.78651327

 $00{:}57{:}39.724 \dashrightarrow 00{:}57{:}41.989$ speak while I'm waiting for you. I'll

 $00:57:41.990 \longrightarrow 00:57:44.041$ just say Melissa, I was very impressed

NOTE Confidence: 0.78651327

 $00:57:44.041 \longrightarrow 00:57:46.271$ by the multi modality nature of care

NOTE Confidence: 0.78651327

00:57:46.271 --> 00:57:48.618 and the fact that you're writing these

NOTE Confidence: 0.78651327

 $00:57:48.618 \longrightarrow 00:57:50.736$ trials and all the different centers.

NOTE Confidence: 0.78651327

 $00:57:50.740 \longrightarrow 00:57:52.684$ So what's the secret we need

NOTE Confidence: 0.78651327

 $00:57:52.684 \longrightarrow 00:57:53.980$ more trials like that?

NOTE Confidence: 0.78651327

00:57:53.980 --> 00:57:55.276 You know higher crewing.

NOTE Confidence: 0.78651327

 $00{:}57{:}55.276 \dashrightarrow 00{:}57{:}57.222$ You know where you can can.

NOTE Confidence: 0.78651327

 $00{:}57{:}57.222 \dashrightarrow 00{:}57{:}58.892$ It's a very prevalent type

NOTE Confidence: 0.78651327

 $00:57:58.892 \longrightarrow 00:58:00.998$ of disease with a trial that.

NOTE Confidence: 0.78651327

 $00{:}58{:}01.000 \dashrightarrow 00{:}58{:}02.455$ I guess the eligibility criteria

NOTE Confidence: 0.78651327

 $00:58:02.455 \longrightarrow 00:58:03.910$ are quite broad to allow

NOTE Confidence: 0.78651327

00:58:03.964 --> 00:58:05.188 most patients to enroll.

NOTE Confidence: 0.8262875

 $00:58:06.280 \longrightarrow 00:58:08.790$ Yeah, I think that's part of it is as we as

NOTE Confidence: 0.8262875

 $00:58:08.854 \longrightarrow 00:58:10.429$ our darts and doctor Burtness

 $00:58:10.429 \longrightarrow 00:58:12.310$ can can attest to this too.

NOTE Confidence: 0.8262875

 $00:58:12.310 \longrightarrow 00:58:13.565$ We really try to understand

NOTE Confidence: 0.8262875

00:58:13.565 --> 00:58:15.182 what's going to likely accrue for

NOTE Confidence: 0.8262875

00:58:15.182 --> 00:58:16.418 our current patient population,

NOTE Confidence: 0.8262875

 $00:58:16.420 \longrightarrow 00:58:18.338$ and I think that that's been key.

NOTE Confidence: 0.8262875

00:58:18.340 --> 00:58:20.244 But also making sure to advertise it.

NOTE Confidence: 0.8262875

 $00{:}58{:}20.250 \dashrightarrow 00{:}58{:}21.942$ And I think because our physicians

NOTE Confidence: 0.8262875

 $00:58:21.942 \longrightarrow 00:58:23.891$ have been so engaged at the other

NOTE Confidence: 0.8262875

 $00{:}58{:}23.891 \dashrightarrow 00{:}58{:}25.683$ centers were able to get these opened

NOTE Confidence: 0.8262875

 $00:58:25.739 \longrightarrow 00:58:27.377$ in enrolled at the care centers.

NOTE Confidence: 0.8262875

 $00{:}58{:}27.380 \dashrightarrow 00{:}58{:}28.745$ Sometimes we're able to meet

NOTE Confidence: 0.8262875

 $00:58:28.745 \longrightarrow 00:58:29.564$ these patients locally.

NOTE Confidence: 0.8262875

 $00:58:29.570 \longrightarrow 00:58:31.214$ I think that's been a huge

NOTE Confidence: 0.8262875

 $00:58:31.214 \longrightarrow 00:58:32.310$ part of our success.

NOTE Confidence: 0.8262875

00:58:32.310 --> 00:58:34.228 Is is making sure those patients who,

NOTE Confidence: 0.8262875

00:58:34.230 --> 00:58:36.148 specially if they're seeing a New Haven,

 $00:58:36.150 \longrightarrow 00:58:38.390$ are seeing all of us and have.

NOTE Confidence: 0.8262875

 $00:58:38.390 \longrightarrow 00:58:40.405$ Have full venue and access

NOTE Confidence: 0.8262875

 $00:58:40.405 \longrightarrow 00:58:42.017$ to understanding every every

NOTE Confidence: 0.8262875

00:58:42.017 --> 00:58:43.999 clinical trial available to them.

NOTE Confidence: 0.8262875

00:58:44.000 --> 00:58:44.310 Great

NOTE Confidence: 0.76599836

 $00:58:44.310 \longrightarrow 00:58:46.678$ thanks. We have a we have a question

NOTE Confidence: 0.76599836

00:58:46.678 --> 00:58:48.761 from Tommy Tommy you want to unmute

NOTE Confidence: 0.76599836

 $00{:}58{:}48.761 \dashrightarrow 00{:}58{:}51.130$ and will let you ask your question.

NOTE Confidence: 0.9110757

 $00:58:51.870 \longrightarrow 00:58:55.210$ Yes, first of all.

NOTE Confidence: 0.9110757

 $00:58:55.210 \dashrightarrow 00:58:58.538$ Barbara and I you have and also others.

NOTE Confidence: 0.9110757

 $00{:}58{:}58.540 \dashrightarrow 00{:}59{:}03.428$ I think that progress in this area is.

NOTE Confidence: 0.9110757

 $00:59:03.430 \longrightarrow 00:59:06.550$ Very impressed my sections to you.

NOTE Confidence: 0.9110757

 $00{:}59{:}06.550 \dashrightarrow 00{:}59{:}10.730$ Is all of your services go up to

NOTE Confidence: 0.9110757

00:59:10.730 --> 00:59:13.880 the what is happening after those

NOTE Confidence: 0.9110757

 $00:59:13.984 \longrightarrow 00:59:17.998$ combination in terms of adverse effect.

 $00:59:18.000 \longrightarrow 00:59:21.563$ Is it getting worse for the same

NOTE Confidence: 0.9110757

00:59:21.563 --> 00:59:24.566 Orpik or less? And you know this.

NOTE Confidence: 0.9110757

 $00:59:24.566 \longrightarrow 00:59:26.780$ So putting index is the most

NOTE Confidence: 0.9110757

00:59:26.864 --> 00:59:29.379 important part of the treatment.

NOTE Confidence: 0.9110757

 $00:59:29.380 \longrightarrow 00:59:30.463$ One of motion.

NOTE Confidence: 0.9110757

 $00{:}59{:}30.463 \dashrightarrow 00{:}59{:}33.614$ So could you come in anger and the

NOTE Confidence: 0.9110757

00:59:33.614 --> 00:59:37.031 particular you several, or you'll be

NOTE Confidence: 0.9110757

 $00:59:37.031 \longrightarrow 00:59:40.016$ involving using antibody email check.

NOTE Confidence: 0.9110757

 $00:59:40.020 \longrightarrow 00:59:42.213$ What's the impact?

NOTE Confidence: 0.9110757

 $00:59:42.213 \longrightarrow 00:59:48.560$ On the enterprise, the combination on the 88.

NOTE Confidence: 0.9110757

 $00:59:48.560 \longrightarrow 00:59:51.360$ In other words, anybody you want her?

NOTE Confidence: 0.9110757

 $00:59:51.360 \longrightarrow 00:59:53.760$ You go stand by the response.

NOTE Confidence: 0.9110757

00:59:53.760 --> 00:59:58.500 Is that like getting more or less or or what?

NOTE Confidence: 0.9110757

 $00:59:58.500 \longrightarrow 01:00:01.630$ So could you sort of comment on this so so

NOTE Confidence: 0.85662603

 $01:00:01.630 \longrightarrow 01:00:03.996$ maybe I'll start and then I'll pass

NOTE Confidence: 0.85662603

 $01:00:03.996 \longrightarrow 01:00:06.927$ it to to Melissa because I think.

 $01:00:06.930 \longrightarrow 01:00:10.242$ Radiation has its its whole own story with

NOTE Confidence: 0.85662603

 $01{:}00{:}10.242 \to 01{:}00{:}13.038$ the toxicity in terms of the combination

NOTE Confidence: 0.85662603

01:00:13.038 --> 01:00:15.980 of Pember Lism AB with chemotherapy,

NOTE Confidence: 0.85662603

01:00:15.980 --> 01:00:18.605 it did not lead to more toxicity

NOTE Confidence: 0.85662603

01:00:18.605 --> 01:00:21.537 than people is made with the taxman

NOTE Confidence: 0.85662603

01:00:21.537 --> 01:00:24.123 and pembrolizumab alone was a lot

NOTE Confidence: 0.85662603

 $01:00:24.205 \longrightarrow 01:00:26.760$ less toxic than the combination.

NOTE Confidence: 0.85662603

 $01:00:26.760 \longrightarrow 01:00:29.245$ The there is a suggestion that there

NOTE Confidence: 0.85662603

 $01:00:29.245 \longrightarrow 01:00:32.028$ is a little bit of intensification

NOTE Confidence: 0.85662603

 $01:00:32.028 \longrightarrow 01:00:35.310$ of the myelosuppression when you give

NOTE Confidence: 0.85662603

 $01:00:35.310 \longrightarrow 01:00:38.159$ pembrolizumab chemo relative to the tax man.

NOTE Confidence: 0.85662603

 $01:00:38.160 \dashrightarrow 01:00:41.488$ Chemo and although it didn't lead to a

NOTE Confidence: 0.85662603

 $01:00:41.488 \longrightarrow 01:00:44.086$ significant increase in the number of deaths,

NOTE Confidence: 0.85662603

 $01:00:44.090 \longrightarrow 01:00:47.422$ we did see more tumor bleeding when

NOTE Confidence: 0.85662603

 $01:00:47.422 \longrightarrow 01:00:51.180$ we used pen bro or Pembroke chemo.

 $01:00:51.180 \longrightarrow 01:00:56.220$ And that I think may have to do with.

NOTE Confidence: 0.85662603

 $01:00:56.220 \longrightarrow 01:00:59.545$ Loss of immune checkpoint at as regards

NOTE Confidence: 0.85662603

 $01{:}00{:}59.545 \dashrightarrow 01{:}01{:}02.333$ the interaction of the activated T

NOTE Confidence: 0.85662603

 $01{:}01{:}02.333 \dashrightarrow 01{:}01{:}05.315$ cells with the wall of these damaged

NOTE Confidence: 0.85662603

 $01:01:05.398 \longrightarrow 01:01:08.018$ blood vessels within the tumors,

NOTE Confidence: 0.85662603

 $01:01:08.020 \longrightarrow 01:01:11.110$ these are these antibodies are

NOTE Confidence: 0.85662603

 $01:01:11.110 \longrightarrow 01:01:15.269$ not inducing a high rate of.

NOTE Confidence: 0.85662603

 $01:01:15.270 \longrightarrow 01:01:16.730$ Anti humanized antibody antibodies.

NOTE Confidence: 0.85662603

01:01:16.730 --> 01:01:19.337 So overall I would say our experience

NOTE Confidence: 0.85662603

01:01:19.337 --> 01:01:21.491 with toxicity is this the subgroup

NOTE Confidence: 0.85662603

01:01:21.491 --> 01:01:23.687 of patients who have high grade

NOTE Confidence: 0.85662603

 $01:01:23.687 \longrightarrow 01:01:25.452$ immune related adverse events and

NOTE Confidence: 0.85662603

 $01:01:25.452 \longrightarrow 01:01:27.556$ other than that not really worse

NOTE Confidence: 0.85662603

 $01:01:27.556 \longrightarrow 01:01:30.878$ than it used to be in the prior era.

NOTE Confidence: 0.85662603

 $01:01:30.880 \longrightarrow 01:01:31.750$ And then Melissa,

NOTE Confidence: 0.85662603

01:01:31.750 --> 01:01:34.244 I don't know if you want to talk

 $01:01:34.244 \longrightarrow 01:01:36.602$ about is we've added the immune

NOTE Confidence: 0.85662603

 $01{:}01{:}36.602 \dashrightarrow 01{:}01{:}38.500$ checkpoint inhibitors to radiation.

NOTE Confidence: 0.8164279

 $01:01:40.640 \longrightarrow 01:01:41.639$ So certainly some

NOTE Confidence: 0.8164279

 $01:01:41.640 \longrightarrow 01:01:43.978$ of the initial patients that we've followed.

NOTE Confidence: 0.8164279

 $01:01:43.980 \longrightarrow 01:01:45.649$ I think there's the immune,

NOTE Confidence: 0.8164279

 $01:01:45.650 \longrightarrow 01:01:47.648$ so we talk about potentially using.

NOTE Confidence: 0.8164279

 $01:01:47.650 \longrightarrow 01:01:49.325$ I mean therapies is something

NOTE Confidence: 0.8164279

 $01:01:49.325 \longrightarrow 01:01:50.330$ to avoid cytotoxic,

NOTE Confidence: 0.8164279

 $01:01:50.330 \longrightarrow 01:01:51.820$ but certainly there's the immune

NOTE Confidence: 0.8164279

 $01:01:51.820 \longrightarrow 01:01:53.750$ concern and we certainly are seeing

NOTE Confidence: 0.8164279

 $01:01:53.750 \longrightarrow 01:01:55.665$ activation of psoriasis skin conditions.

NOTE Confidence: 0.8164279

 $01:01:55.670 \longrightarrow 01:01:57.250$ You know anything underlying those

NOTE Confidence: 0.8164279

 $01:01:57.250 \longrightarrow 01:01:59.531$ are the things that I think we're

NOTE Confidence: 0.8164279

 $01:01:59.531 \longrightarrow 01:02:01.778$ still learning to manage in terms of

NOTE Confidence: 0.8164279

01:02:01.778 --> 01:02:03.683 toxicity during radiation have not

01:02:03.683 --> 01:02:05.313 necessarily seen any worse toxicity

NOTE Confidence: 0.8164279

 $01:02:05.313 \longrightarrow 01:02:07.239$ during the actual course of radiation

NOTE Confidence: 0.8164279

 $01:02:07.239 \longrightarrow 01:02:09.363$ and these initial patients that have

NOTE Confidence: 0.8164279

 $01:02:09.363 \longrightarrow 01:02:11.103$ been on these combined modality.

NOTE Confidence: 0.8164279

01:02:11.110 --> 01:02:12.772 Therapy, but there are different things

NOTE Confidence: 0.8164279

01:02:12.772 --> 01:02:14.480 that we're having to think about.

NOTE Confidence: 0.8164279

01:02:14.480 --> 01:02:15.884 You know when do we,

NOTE Confidence: 0.8164279

01:02:15.884 --> 01:02:17.585 you know we're having to determine

NOTE Confidence: 0.8164279

 $01{:}02{:}17.585 \dashrightarrow 01{:}02{:}19.580$ whether or not we're needing to add

NOTE Confidence: 0.8164279

 $01:02:19.640 \longrightarrow 01:02:21.509$ steroids at any point along the way.

NOTE Confidence: 0.8164279

 $01{:}02{:}21.510 \dashrightarrow 01{:}02{:}22.810$ Different toxicities that we didn't

NOTE Confidence: 0.8164279

 $01:02:22.810 \longrightarrow 01:02:24.110$ necessarily have to think about

NOTE Confidence: 0.8164279

01:02:24.157 --> 01:02:25.361 checking for during radiation

NOTE Confidence: 0.8164279

 $01{:}02{:}25.361 \dashrightarrow 01{:}02{:}26.565$ for definitive intent treatment,

NOTE Confidence: 0.8164279

 $01:02:26.570 \longrightarrow 01:02:28.439$ but I think that is what we

NOTE Confidence: 0.8164279

 $01:02:28.439 \longrightarrow 01:02:29.660$ are continuing to learn.

 $01:02:29.660 \longrightarrow 01:02:30.640$ And for these trials,

NOTE Confidence: 0.8164279

 $01{:}02{:}30.640 \dashrightarrow 01{:}02{:}32.110$ the information we get from these

NOTE Confidence: 0.8164279

 $01:02:32.158 \longrightarrow 01:02:33.718$ trials and toxicity assessments will

NOTE Confidence: 0.8164279

 $01:02:33.718 \longrightarrow 01:02:35.278$ be very important in determining.

NOTE Confidence: 0.8164279

 $01:02:35.280 \longrightarrow 01:02:37.240$ Is this a way of the intensifying?

NOTE Confidence: 0.7297384

 $01:02:39.060 \longrightarrow 01:02:42.109$ That's the way we're going to.

NOTE Confidence: 0.7297384

 $01:02:42.110 \longrightarrow 01:02:42.978$ So I'll go ahead

NOTE Confidence: 0.84002036

 $01:02:42.980 \longrightarrow 01:02:44.492$ with just about overtime, but I know

NOTE Confidence: 0.84002036

01:02:44.492 --> 01:02:46.020 my car, which has a question too,

NOTE Confidence: 0.84002036

 $01:02:46.020 \longrightarrow 01:02:47.964$ but you can do a quick follow up time.

NOTE Confidence: 0.80312536

01:02:48.750 --> 01:02:53.160 OK. In terms of skin, **** city.

NOTE Confidence: 0.80312536

01:02:53.160 --> 01:02:55.545 Your EGFR inhibitor,

NOTE Confidence: 0.80312536

01:02:55.545 --> 01:02:58.725 but it caused skin.

NOTE Confidence: 0.80312536

 $01:02:58.730 \longrightarrow 01:03:00.440$ And also the other antibody,

NOTE Confidence: 0.80312536

 $01:03:00.440 \longrightarrow 01:03:01.826$ also called skin.

 $01:03:01.826 \longrightarrow 01:03:05.400$ So what happens if you use combination as?

NOTE Confidence: 0.80312536

 $01{:}03{:}05.400 \dashrightarrow 01{:}03{:}08.088$ I think it was mentioned it's getting

NOTE Confidence: 0.80312536

 $01:03:08.088 \longrightarrow 01:03:11.387$ worse as that is a quite a very

NOTE Confidence: 0.80312536

01:03:11.387 --> 01:03:13.457 unpleasant this toxicity patient app.

NOTE Confidence: 0.80312536

 $01:03:13.460 \longrightarrow 01:03:15.878$ If you have a skin issues.

NOTE Confidence: 0.7891823

01:03:19.270 --> 01:03:20.850 So I don't know if if

NOTE Confidence: 0.7891823

 $01:03:20.850 \longrightarrow 01:03:22.150$ Artie wants to address The

NOTE Confidence: 0.7891823

 $01:03:22.215 \longrightarrow 01:03:23.199$ Phantoms to talk.

NOTE Confidence: 0.7891823

01:03:23.200 --> 01:03:24.344 Samantha has been associated

NOTE Confidence: 0.7891823

 $01:03:24.344 \longrightarrow 01:03:26.506$ with a fair bit of skin toxicity

NOTE Confidence: 0.7891823

 $01:03:26.506 \longrightarrow 01:03:28.046$ that responds to steroids.

NOTE Confidence: 0.7891823

 $01:03:28.050 \longrightarrow 01:03:29.880$ So talk some ampem Bros.

NOTE Confidence: 0.7891823

 $01{:}03{:}29.880 \dashrightarrow 01{:}03{:}31.920$ Been reported now in head neck

NOTE Confidence: 0.7891823

 $01:03:31.920 \longrightarrow 01:03:34.134$ cancer to be quite active without

NOTE Confidence: 0.7891823

 $01:03:34.134 \longrightarrow 01:03:36.468$ really much of a difference in

NOTE Confidence: 0.7891823

 $01:03:36.468 \longrightarrow 01:03:38.639$ the safety signal so you know,

 $01:03:38.640 \longrightarrow 01:03:40.608$ I think there's there's obviously still

NOTE Confidence: 0.7891823

 $01:03:40.608 \longrightarrow 01:03:43.195$ a lot to learn with these regiments

NOTE Confidence: 0.7891823

01:03:43.195 --> 01:03:45.210 that are reported with patients,

NOTE Confidence: 0.7891823

 $01:03:45.210 \longrightarrow 01:03:47.388$ but I think we're all quite

NOTE Confidence: 0.7891823

 $01:03:47.388 \longrightarrow 01:03:49.265$ intrigued by the possibility of

NOTE Confidence: 0.7891823

 $01:03:49.265 \longrightarrow 01:03:51.045$ the IO anti EGFR combinations.

NOTE Confidence: 0.76544744

01:03:54.750 --> 01:03:56.335 OK, and then the final question

NOTE Confidence: 0.76544744

01:03:56.335 --> 01:03:57.660 Micro it's you've had your

NOTE Confidence: 0.76544744

01:03:57.715 --> 01:03:58.647 hand up along time.

NOTE Confidence: 0.70547545

01:04:02.390 --> 01:04:06.250 No, not always. Mark Horowitz,

NOTE Confidence: 0.65168154

 $01:04:06.250 \longrightarrow 01:04:09.764$ yes, so fresh ham it number one.

NOTE Confidence: 0.65168154

 $01{:}04{:}09.770 \dashrightarrow 01{:}04{:}13.856$ I had an HPV positive tumors that I was

NOTE Confidence: 0.65168154

 $01{:}04{:}13.856 \dashrightarrow 01{:}04{:}17.797$ she at yeah portion is actually bad.

NOTE Confidence: 0.65168154

01:04:17.800 --> 01:04:21.816 Yeah I was my holiday since actually yeah,

NOTE Confidence: 0.65168154

 $01:04:21.820 \longrightarrow 01:04:24.640$ 'cause my radiation allergist and

 $01:04:24.640 \longrightarrow 01:04:27.460$ Schumer was eventually recessive as

NOTE Confidence: 0.65168154

 $01{:}04{:}27.549 \dashrightarrow 01{:}04{:}29.879$ absolute treasure and who oppose

NOTE Confidence: 0.65168154

01:04:29.879 --> 01:04:33.004 them by Sasha Mirror and tell you

NOTE Confidence: 0.65168154

01:04:33.004 --> 01:04:35.384 that I received superior hair?

NOTE Confidence: 0.65168154

01:04:35.384 --> 01:04:38.468 I just change and your experience

NOTE Confidence: 0.65168154

 $01:04:38.468 \longrightarrow 01:04:40.010$ is just fantastic.

NOTE Confidence: 0.65168154

 $01{:}04{:}40.010 \dashrightarrow 01{:}04{:}46.370$ So I'm a year and a half out tumor free.

NOTE Confidence: 0.65168154

01:04:46.370 --> 01:04:47.792 Couldn't be happier.

NOTE Confidence: 0.65168154

 $01:04:47.792 \longrightarrow 01:04:52.450$ I'm back in my lab in the Department of

NOTE Confidence: 0.65168154

01:04:52.450 --> 01:04:56.776 Voice appears looking away so thank you.

NOTE Confidence: 0.65168154

 $01:04:56.780 \longrightarrow 01:04:58.888$ I work with pleasure.

NOTE Confidence: 0.68799436

01:05:00.980 --> 01:05:04.136 They have voted, but you see,

NOTE Confidence: 0.68799436

 $01:05:04.140 \longrightarrow 01:05:07.745$ an influx of mafic ages fo a

NOTE Confidence: 0.68799436

 $01:05:07.745 \longrightarrow 01:05:10.968$ positive cells in or around HPV.

NOTE Confidence: 0.68799436

01:05:10.970 --> 01:05:14.882 Positive tumors in the presence of

NOTE Confidence: 0.68799436

 $01:05:14.882 \longrightarrow 01:05:18.599$ patients who are treated with the.

 $01:05:18.600 \longrightarrow 01:05:21.568$ Checkpoint inhibitors versus intros.

NOTE Confidence: 0.8499375

 $01:05:25.580 \longrightarrow 01:05:28.821$ So I think less so than the

NOTE Confidence: 0.8499375

 $01:05:28.821 \longrightarrow 01:05:30.930$ infiltration of T cells.

NOTE Confidence: 0.8499375

 $01:05:30.930 \longrightarrow 01:05:33.360$ It is well understood that,

NOTE Confidence: 0.8499375

 $01:05:33.360 \longrightarrow 01:05:35.775$ particularly in the more hypoxic

NOTE Confidence: 0.8499375

01:05:35.775 --> 01:05:38.190 and HPV negative head neck

NOTE Confidence: 0.8499375

 $01:05:38.275 \longrightarrow 01:05:40.650$ cancers there is at baseline.

NOTE Confidence: 0.8499375

 $01:05:40.650 \longrightarrow 01:05:42.590$ Quite a lot of.

NOTE Confidence: 0.84170383

 $01:05:45.820 \longrightarrow 01:05:47.356$ Extensive macrophage population and

NOTE Confidence: 0.84170383

 $01{:}05{:}47.356 \dashrightarrow 01{:}05{:}50.473$ that it's sort of M2 polarized and make

NOTE Confidence: 0.84170383

 $01{:}05{:}50.473 \dashrightarrow 01{:}05{:}52.338$ correspond to the macrophage populations

NOTE Confidence: 0.84170383

 $01:05:52.338 \longrightarrow 01:05:54.894$ that have been defined in preclinical

NOTE Confidence: 0.84170383

 $01{:}05{:}54.894 \dashrightarrow 01{:}05{:}57.189$ models for predicting hyper progression.

NOTE Confidence: 0.84170383

 $01:05:57.190 \longrightarrow 01:06:00.438$ For example in non small cell lung cancer.

NOTE Confidence: 0.84170383

 $01:06:00.440 \longrightarrow 01:06:02.995$ So I think still a lot of

 $01:06:02.995 \longrightarrow 01:06:05.310$ work to be done there,

NOTE Confidence: 0.84170383

 $01:06:05.310 \longrightarrow 01:06:07.896$ but the the response when someone

NOTE Confidence: 0.84170383

 $01:06:07.896 \longrightarrow 01:06:10.441$ is responding seems to be that

NOTE Confidence: 0.84170383

 $01:06:10.441 \longrightarrow 01:06:13.017$ we're seeing in ingress of T cells.

NOTE Confidence: 0.8907175

 $01:06:15.220 \longrightarrow 01:06:17.164$ Well, thank you. Thank you for

NOTE Confidence: 0.8907175

01:06:17.164 --> 01:06:18.844 your wonderful comment and for

NOTE Confidence: 0.8907175

 $01:06:18.844 \longrightarrow 01:06:20.506$ telling the whole world what how

NOTE Confidence: 0.8907175

 $01:06:20.506 \longrightarrow 01:06:22.720$ lucky I am to work with these two.

NOTE Confidence: 0.6882981

 $01:06:24.100 \longrightarrow 01:06:25.369$ It's just issue,

NOTE Confidence: 0.77037885

01:06:25.370 --> 01:06:27.810 yes issues. Well, well, you

NOTE Confidence: 0.82509935

 $01{:}06{:}27.810 \dashrightarrow 01{:}06{:}29.581$ know that's a great way to end

NOTE Confidence: 0.82509935

01:06:29.581 --> 01:06:31.409 and you know with the patient,

NOTE Confidence: 0.82509935

 $01:06:31.410 \longrightarrow 01:06:33.060$ care comes first and the the

NOTE Confidence: 0.82509935

 $01:06:33.060 \longrightarrow 01:06:34.740$ amazing work that you're all doing.

NOTE Confidence: 0.82509935

 $01:06:34.740 \longrightarrow 01:06:36.679$ And we have an example right here.

NOTE Confidence: 0.82509935

 $01:06:36.680 \longrightarrow 01:06:37.784$ So keep it up.

01:06:37.784 --> 01:06:39.164 Lab to clinic clinical lab.

NOTE Confidence: 0.82509935

01:06:39.170 --> 01:06:40.550 You know multi modality care.

NOTE Confidence: 0.82509935

 $01:06:40.550 \longrightarrow 01:06:42.489$ It's exactly what we all aspire to.

NOTE Confidence: 0.82509935

 $01:06:42.490 \longrightarrow 01:06:44.714$ So thank you all for coming to grand

NOTE Confidence: 0.82509935

 $01{:}06{:}44.714 \dashrightarrow 01{:}06{:}46.920$ Rounds today and we'll see you next week.