

WEBVTT

NOTE duration:"01:00:49"

NOTE recognizability:0.882

NOTE language:en-us

NOTE Confidence: 0.820927715833333

00:00:00.000 --> 00:00:02.471 Today we have two speakers and our

NOTE Confidence: 0.820927715833333

00:00:02.471 --> 00:00:04.780 first speaker is Michaela Dine-in,

NOTE Confidence: 0.820927715833333

00:00:04.780 --> 00:00:06.292 who's an associate professor

NOTE Confidence: 0.820927715833333

00:00:06.292 --> 00:00:08.560 Epidemiology and Co leader of the

NOTE Confidence: 0.820927715833333

00:00:08.623 --> 00:00:10.858 Yale Cancer Center Cancer Prevention

NOTE Confidence: 0.820927715833333

00:00:10.858 --> 00:00:12.646 and Control Research program.

NOTE Confidence: 0.820927715833333

00:00:12.650 --> 00:00:14.736 She joined us from Duke University last

NOTE Confidence: 0.820927715833333

00:00:14.736 --> 00:00:17.773 year and is a Health Sciences features

NOTE Confidence: 0.820927715833333

00:00:17.773 --> 00:00:19.853 researcher specializing in using

NOTE Confidence: 0.820927715833333

00:00:19.853 --> 00:00:21.837 epidemiological methodologies to study

NOTE Confidence: 0.820927715833333

00:00:21.837 --> 00:00:24.027 complex datasets with particular expertise

NOTE Confidence: 0.820927715833333

00:00:24.027 --> 00:00:26.135 and leveraging existing real-world

NOTE Confidence: 0.820927715833333

00:00:26.135 --> 00:00:30.060 datasets to examine cancer outcomes.

NOTE Confidence: 0.820927715833333

00:00:30.060 --> 00:00:33.390 Is also a leading researcher lean,
NOTE Confidence: 0.820927715833333

00:00:33.390 --> 00:00:35.550 and then I NCI funded study
NOTE Confidence: 0.820927715833333

00:00:35.550 --> 00:00:37.026 looking at health disparities
NOTE Confidence: 0.820927715833333

00:00:37.026 --> 00:00:38.916 in patients with kidney cancer.
NOTE Confidence: 0.820927715833333

00:00:38.920 --> 00:00:40.108 And so I think we'll hear
NOTE Confidence: 0.820927715833333

00:00:40.108 --> 00:00:41.220 about some of that today.
NOTE Confidence: 0.820927715833333

00:00:41.220 --> 00:00:42.990 So Michaela welcome and I
NOTE Confidence: 0.820927715833333

00:00:42.990 --> 00:00:44.760 have to have to unmute.
NOTE Confidence: 0.921427352857143

00:00:48.230 --> 00:00:50.498 Great, just pulling up my slides here.
NOTE Confidence: 0.871345002222222

00:00:52.970 --> 00:00:55.553 OK, looks like we're ready to rock and roll.
NOTE Confidence: 0.871345002222222

00:00:55.560 --> 00:00:58.248 Alright so thank you so much.
NOTE Confidence: 0.871345002222222

00:00:58.250 --> 00:00:59.432 Good afternoon everyone.
NOTE Confidence: 0.871345002222222

00:00:59.432 --> 00:01:02.190 I'm actually in Chicago right now and
NOTE Confidence: 0.871345002222222

00:01:02.261 --> 00:01:04.486 attending the Astro annual meeting.
NOTE Confidence: 0.871345002222222

00:01:04.490 --> 00:01:06.787 So technically it's still morning here,
NOTE Confidence: 0.871345002222222

00:01:06.787 --> 00:01:08.569 but either way I'm delighted to

NOTE Confidence: 0.871345002222222

00:01:08.569 --> 00:01:10.566 be speaking with you today so.

NOTE Confidence: 0.871345002222222

00:01:10.566 --> 00:01:12.750 Uhm, as was mentioned,

NOTE Confidence: 0.871345002222222

00:01:12.750 --> 00:01:14.605 I'm a health outcomes researcher by training

NOTE Confidence: 0.871345002222222

00:01:14.605 --> 00:01:16.845 and I can bucket my current research

NOTE Confidence: 0.871345002222222

00:01:16.845 --> 00:01:18.590 projects into three broad categories,

NOTE Confidence: 0.871345002222222

00:01:18.590 --> 00:01:21.470 including emerging technology in oncology,

NOTE Confidence: 0.871345002222222

00:01:21.470 --> 00:01:22.041 survivorship,

NOTE Confidence: 0.871345002222222

00:01:22.041 --> 00:01:24.896 and patient outcomes and molecular

NOTE Confidence: 0.871345002222222

00:01:24.896 --> 00:01:26.609 oncology outcomes research.

NOTE Confidence: 0.871345002222222

00:01:26.610 --> 00:01:28.335 But the running theme throughout

NOTE Confidence: 0.871345002222222

00:01:28.335 --> 00:01:30.060 these example projects is leveraging

NOTE Confidence: 0.871345002222222

00:01:30.115 --> 00:01:32.145 real-world data to answer questions

NOTE Confidence: 0.871345002222222

00:01:32.145 --> 00:01:33.363 about dissemination outcomes,

NOTE Confidence: 0.871345002222222

00:01:33.370 --> 00:01:34.432 costs and disparities,

NOTE Confidence: 0.871345002222222

00:01:34.432 --> 00:01:36.556 and how I think about answering

NOTE Confidence: 0.871345002222222

00:01:36.556 --> 00:01:38.690 these types of questions using
NOTE Confidence: 0.8713450022222222

00:01:38.690 --> 00:01:39.980 real-world data resources.
NOTE Confidence: 0.8713450022222222

00:01:39.980 --> 00:01:42.140 So what is the value added?
NOTE Confidence: 0.8713450022222222

00:01:42.140 --> 00:01:45.116 Of health outcomes research and while
NOTE Confidence: 0.8713450022222222

00:01:45.120 --> 00:01:46.974 RCT's are considered higher up in
NOTE Confidence: 0.8713450022222222

00:01:46.974 --> 00:01:49.327 the food chain than cohort and case
NOTE Confidence: 0.8713450022222222

00:01:49.327 --> 00:01:51.077 control studies in the traditional
NOTE Confidence: 0.8713450022222222

00:01:51.077 --> 00:01:53.479 levels of evidence pyramid shown here,
NOTE Confidence: 0.8713450022222222

00:01:53.480 --> 00:01:55.124 there are many types of questions
NOTE Confidence: 0.8713450022222222

00:01:55.124 --> 00:01:56.734 that are not feasible to examine
NOTE Confidence: 0.8713450022222222

00:01:56.734 --> 00:01:58.114 in the context of a trial,
NOTE Confidence: 0.8713450022222222

00:01:58.120 --> 00:02:00.829 but that are feasible within health outcomes,
NOTE Confidence: 0.8713450022222222

00:02:00.830 --> 00:02:01.584 study methodologies,
NOTE Confidence: 0.8713450022222222

00:02:01.584 --> 00:02:04.223 and here are some examples of the
NOTE Confidence: 0.8713450022222222

00:02:04.223 --> 00:02:07.312 types of questions we can answer about
NOTE Confidence: 0.8713450022222222

00:02:07.312 --> 00:02:09.072 emerging diagnostics and therapeutics

NOTE Confidence: 0.871345002222222

00:02:09.144 --> 00:02:11.160 using real-world data resources.

NOTE Confidence: 0.871345002222222

00:02:11.160 --> 00:02:12.800 Randomized trials are required.

NOTE Confidence: 0.871345002222222

00:02:12.800 --> 00:02:15.260 Approval of a novel therapeutic agent,

NOTE Confidence: 0.871345002222222

00:02:15.260 --> 00:02:17.230 but approvals of diagnostics and

NOTE Confidence: 0.871345002222222

00:02:17.230 --> 00:02:19.200 other biomarkers are more complex

NOTE Confidence: 0.871345002222222

00:02:19.260 --> 00:02:21.168 and not always evaluated by ARC.

NOTE Confidence: 0.871345002222222

00:02:21.170 --> 00:02:23.425 Prior to their approval or

NOTE Confidence: 0.871345002222222

00:02:23.425 --> 00:02:24.778 coverage by insurance.

NOTE Confidence: 0.871345002222222

00:02:24.780 --> 00:02:27.230 However, even for therapeutic agents,

NOTE Confidence: 0.871345002222222

00:02:27.230 --> 00:02:29.590 initial approvals often arise from

NOTE Confidence: 0.871345002222222

00:02:29.590 --> 00:02:31.950 RCT comparisons with another single

NOTE Confidence: 0.871345002222222

00:02:32.025 --> 00:02:34.150 treatment which may be outdated

NOTE Confidence: 0.871345002222222

00:02:34.150 --> 00:02:36.275 by the time approvals received.

NOTE Confidence: 0.871345002222222

00:02:36.280 --> 00:02:37.106 In reality,

NOTE Confidence: 0.871345002222222

00:02:37.106 --> 00:02:38.758 more and more cancers.

NOTE Confidence: 0.871345002222222

00:02:38.760 --> 00:02:40.515 Have increasing numbers of possible
NOTE Confidence: 0.871345002222222

00:02:40.515 --> 00:02:41.919 treatment options and combinations
NOTE Confidence: 0.871345002222222

00:02:41.919 --> 00:02:43.909 and it's just not feasible to
NOTE Confidence: 0.871345002222222

00:02:43.909 --> 00:02:45.181 examine all possible treatment
NOTE Confidence: 0.871345002222222

00:02:45.181 --> 00:02:46.778 strategies in a head-to-head fashion,
NOTE Confidence: 0.871345002222222

00:02:46.780 --> 00:02:48.640 and oftentimes there's honestly
NOTE Confidence: 0.871345002222222

00:02:48.640 --> 00:02:50.500 not adequate financial incentives
NOTE Confidence: 0.871345002222222

00:02:50.500 --> 00:02:52.229 to support such trials.
NOTE Confidence: 0.871345002222222

00:02:52.230 --> 00:02:54.764 We also know that patients who participate
NOTE Confidence: 0.871345002222222

00:02:54.764 --> 00:02:56.798 in RCT's differ systematically from
NOTE Confidence: 0.871345002222222

00:02:56.798 --> 00:02:58.883 the average real world patient,
NOTE Confidence: 0.871345002222222

00:02:58.890 --> 00:03:00.504 where life and treatment is just
NOTE Confidence: 0.871345002222222

00:03:00.504 --> 00:03:02.886 a lot messier as compared to the
NOTE Confidence: 0.871345002222222

00:03:02.886 --> 00:03:04.554 highly curated patient population
NOTE Confidence: 0.871345002222222

00:03:04.554 --> 00:03:06.410 and controlled environment of an RCT.
NOTE Confidence: 0.871345002222222

00:03:06.410 --> 00:03:07.730 And this is an example study,

NOTE Confidence: 0.871345002222222

00:03:07.730 --> 00:03:09.949 not mine of a patient of patients

NOTE Confidence: 0.871345002222222

00:03:09.949 --> 00:03:12.144 with primary CNS lymphoma treated at

NOTE Confidence: 0.871345002222222

00:03:12.144 --> 00:03:14.502 the same institution who received the

NOTE Confidence: 0.871345002222222

00:03:14.502 --> 00:03:17.180 same treatment both on and off protocol,

NOTE Confidence: 0.871345002222222

00:03:17.180 --> 00:03:18.720 and the investigators showed that

NOTE Confidence: 0.871345002222222

00:03:18.720 --> 00:03:20.958 patients who were treated in the real

NOTE Confidence: 0.871345002222222

00:03:20.958 --> 00:03:22.558 world practice meaning off protocol.

NOTE Confidence: 0.871345002222222

00:03:22.560 --> 00:03:23.244 Or older,

NOTE Confidence: 0.871345002222222

00:03:23.244 --> 00:03:25.296 sicker had worse disease and had

NOTE Confidence: 0.871345002222222

00:03:25.296 --> 00:03:26.698 dramatically worse survival than

NOTE Confidence: 0.871345002222222

00:03:26.698 --> 00:03:28.348 the patients who were treated

NOTE Confidence: 0.871345002222222

00:03:28.348 --> 00:03:29.740 on the clinical trial.

NOTE Confidence: 0.871345002222222

00:03:29.740 --> 00:03:31.450 So here I have presented an

NOTE Confidence: 0.871345002222222

00:03:31.450 --> 00:03:32.926 overview of many different types

NOTE Confidence: 0.871345002222222

00:03:32.926 --> 00:03:35.126 of data that can be used to conduct

NOTE Confidence: 0.871345002222222

00:03:35.126 --> 00:03:36.780 real-world health outcomes research,
NOTE Confidence: 0.871345002222222

00:03:36.780 --> 00:03:38.484 and what I really want to drive home
NOTE Confidence: 0.871345002222222

00:03:38.484 --> 00:03:40.291 is that it's important to remind folks
NOTE Confidence: 0.871345002222222

00:03:40.291 --> 00:03:42.449 that there is no perfect single data set.
NOTE Confidence: 0.871345002222222

00:03:42.450 --> 00:03:44.388 But by leveraging the major strengths
NOTE Confidence: 0.871345002222222

00:03:44.388 --> 00:03:45.980 and weaknesses of different data,
NOTE Confidence: 0.871345002222222

00:03:45.980 --> 00:03:47.400 different types of datasets
NOTE Confidence: 0.871345002222222

00:03:47.400 --> 00:03:48.820 as they currently exist,
NOTE Confidence: 0.871345002222222

00:03:48.820 --> 00:03:50.048 or improving upon them,
NOTE Confidence: 0.871345002222222

00:03:50.048 --> 00:03:52.520 we can answer some pretty cool questions.
NOTE Confidence: 0.871345002222222

00:03:52.520 --> 00:03:54.002 So this is an example of
NOTE Confidence: 0.871345002222222

00:03:54.002 --> 00:03:54.990 a past fully completed
NOTE Confidence: 0.932342130588235

00:03:55.051 --> 00:03:57.158 study that I conducted in breast cancer,
NOTE Confidence: 0.932342130588235

00:03:57.160 --> 00:03:58.805 and this was a five year study
NOTE Confidence: 0.932342130588235

00:03:58.805 --> 00:03:59.969 that was funded by AHRQ.
NOTE Confidence: 0.932342130588235

00:03:59.970 --> 00:04:01.410 Where we were looking at adoption,

NOTE Confidence: 0.932342130588235

00:04:01.410 --> 00:04:02.858 chemotherapy, use and costs

NOTE Confidence: 0.932342130588235

00:04:02.858 --> 00:04:04.306 associated with Oncotype DX,

NOTE Confidence: 0.932342130588235

00:04:04.310 --> 00:04:07.040 in brand and breast cancer and a

NOTE Confidence: 0.932342130588235

00:04:07.040 --> 00:04:08.510 lot has changed in the subsequent

NOTE Confidence: 0.932342130588235

00:04:08.510 --> 00:04:10.210 years since this work was completed,

NOTE Confidence: 0.932342130588235

00:04:10.210 --> 00:04:12.130 but at the time in CC and guidelines.

NOTE Confidence: 0.932342130588235

00:04:12.130 --> 00:04:13.285 Recommended consideration of

NOTE Confidence: 0.932342130588235

00:04:13.285 --> 00:04:15.595 chemotherapy and all of early stage

NOTE Confidence: 0.932342130588235

00:04:15.595 --> 00:04:17.506 disease patients with primary tumors

NOTE Confidence: 0.932342130588235

00:04:17.506 --> 00:04:19.346 greater than one centimeter node.

NOTE Confidence: 0.932342130588235

00:04:19.350 --> 00:04:20.882 Negative ER positive disease,

NOTE Confidence: 0.932342130588235

00:04:20.882 --> 00:04:22.414 and patients characteristics that

NOTE Confidence: 0.932342130588235

00:04:22.414 --> 00:04:24.110 were consistent with chemotherapy.

NOTE Confidence: 0.932342130588235

00:04:24.110 --> 00:04:25.951 Candidacy and uncle Type DX was still

NOTE Confidence: 0.932342130588235

00:04:25.951 --> 00:04:27.889 relatively new to the scene at this time,

NOTE Confidence: 0.932342130588235

00:04:27.890 --> 00:04:28.989 and no one had looked at its
NOTE Confidence: 0.932342130588235

00:04:28.989 --> 00:04:30.170 use in real world population.
NOTE Confidence: 0.932342130588235

00:04:30.170 --> 00:04:30.870 Case studies.
NOTE Confidence: 0.932342130588235

00:04:30.870 --> 00:04:32.970 So let's consider the gaps in
NOTE Confidence: 0.932342130588235

00:04:32.970 --> 00:04:34.948 knowledge that existed at the time,
NOTE Confidence: 0.932342130588235

00:04:34.950 --> 00:04:36.900 so we know that randomized trials
NOTE Confidence: 0.932342130588235

00:04:36.900 --> 00:04:38.567 had confirmed the prognostic and
NOTE Confidence: 0.932342130588235

00:04:38.567 --> 00:04:40.137 predictive value of Oncotype DX,
NOTE Confidence: 0.932342130588235

00:04:40.140 --> 00:04:42.324 and there had been some single
NOTE Confidence: 0.932342130588235

00:04:42.324 --> 00:04:43.780 institution series that suggested
NOTE Confidence: 0.932342130588235

00:04:43.840 --> 00:04:45.484 that decreased chemotherapy was
NOTE Confidence: 0.932342130588235

00:04:45.484 --> 00:04:47.539 associated with archetype DX use.
NOTE Confidence: 0.932342130588235

00:04:47.540 --> 00:04:47.955 However,
NOTE Confidence: 0.932342130588235

00:04:47.955 --> 00:04:50.030 there hadn't been any nationally
NOTE Confidence: 0.932342130588235

00:04:50.030 --> 00:04:51.275 representative studies conducted.
NOTE Confidence: 0.932342130588235

00:04:51.280 --> 00:04:53.212 There were still questions about whether

NOTE Confidence: 0.932342130588235
00:04:53.212 --> 00:04:55.535 or not the adoption and diffusion of
NOTE Confidence: 0.932342130588235
00:04:55.535 --> 00:04:57.497 Archetype DX was being done equitably
NOTE Confidence: 0.932342130588235
00:04:57.497 --> 00:04:59.916 across different subgroups in the population,
NOTE Confidence: 0.932342130588235
00:04:59.920 --> 00:05:01.045 and there are questions about
NOTE Confidence: 0.932342130588235
00:05:01.045 --> 00:05:01.720 the impact that.
NOTE Confidence: 0.932342130588235
00:05:01.720 --> 00:05:03.628 Architect DX was having on chemotherapy,
NOTE Confidence: 0.932342130588235
00:05:03.630 --> 00:05:04.440 utilizations and costs.
NOTE Confidence: 0.932342130588235
00:05:04.440 --> 00:05:05.520 In the real world.
NOTE Confidence: 0.932342130588235
00:05:05.520 --> 00:05:06.064 And finally,
NOTE Confidence: 0.932342130588235
00:05:06.064 --> 00:05:07.696 there was limited data on patients
NOTE Confidence: 0.932342130588235
00:05:07.696 --> 00:05:09.238 who are 65 years and older.
NOTE Confidence: 0.932342130588235
00:05:09.240 --> 00:05:11.180 Because these were underrepresented
NOTE Confidence: 0.932342130588235
00:05:11.180 --> 00:05:14.090 in any of the child data.
NOTE Confidence: 0.932342130588235
00:05:14.090 --> 00:05:16.036 So in thinking about the types of
NOTE Confidence: 0.932342130588235
00:05:16.036 --> 00:05:17.158 questions about architects that
NOTE Confidence: 0.932342130588235

00:05:17.158 --> 00:05:18.586 I was interested in looking at,
NOTE Confidence: 0.932342130588235

00:05:18.590 --> 00:05:20.930 I chose to use the seer Medicare linked data,
NOTE Confidence: 0.932342130588235

00:05:20.930 --> 00:05:22.940 which combines the detailed clinical
NOTE Confidence: 0.932342130588235

00:05:22.940 --> 00:05:24.950 pathologic data from this year
NOTE Confidence: 0.932342130588235

00:05:25.015 --> 00:05:26.615 registry with the LOGITUDINAL
NOTE Confidence: 0.932342130588235

00:05:26.615 --> 00:05:28.615 claims from the Medicare data.
NOTE Confidence: 0.932342130588235

00:05:28.620 --> 00:05:30.650 So we use the Medicare claims portion
NOTE Confidence: 0.932342130588235

00:05:30.650 --> 00:05:33.037 of the SEER Medicare data to detect the
NOTE Confidence: 0.932342130588235

00:05:33.037 --> 00:05:35.799 use of Oncotype DX in our study population.
NOTE Confidence: 0.932342130588235

00:05:35.800 --> 00:05:36.210 Now,
NOTE Confidence: 0.932342130588235

00:05:36.210 --> 00:05:38.630 there was no specific CPT procedure
NOTE Confidence: 0.932342130588235

00:05:38.630 --> 00:05:40.110 code for Oncotype DX.
NOTE Confidence: 0.932342130588235

00:05:40.110 --> 00:05:40.980 In fact,
NOTE Confidence: 0.932342130588235

00:05:40.980 --> 00:05:44.971 the test is build using the CPT code 84999.
NOTE Confidence: 0.932342130588235

00:05:44.971 --> 00:05:47.526 Defined as unlisted chemistry procedure.
NOTE Confidence: 0.932342130588235

00:05:47.530 --> 00:05:47.907 However,

NOTE Confidence: 0.932342130588235
00:05:47.907 --> 00:05:50.169 using the knowledge that all Oncotype
NOTE Confidence: 0.932342130588235
00:05:50.169 --> 00:05:52.570 DX tests are processed by single
NOTE Confidence: 0.932342130588235
00:05:52.570 --> 00:05:54.570 provider in a single location,
NOTE Confidence: 0.932342130588235
00:05:54.570 --> 00:05:56.714 we were able to use an algorithm to
NOTE Confidence: 0.932342130588235
00:05:56.714 --> 00:05:59.005 detect the archetypes DX code in the
NOTE Confidence: 0.932342130588235
00:05:59.005 --> 00:06:00.695 Medicare claims data and confirm
NOTE Confidence: 0.932342130588235
00:06:00.761 --> 00:06:03.085 that all tests were performed by the
NOTE Confidence: 0.932342130588235
00:06:03.085 --> 00:06:05.305 same single provider from the same
NOTE Confidence: 0.932342130588235
00:06:05.305 --> 00:06:07.993 single location with 95% of these
NOTE Confidence: 0.932342130588235
00:06:07.993 --> 00:06:10.753 tests having identical payment of \$3414.
NOTE Confidence: 0.932342130588235
00:06:10.753 --> 00:06:12.571 So this was considered a very
NOTE Confidence: 0.932342130588235
00:06:12.571 --> 00:06:14.020 creative approach at the time.
NOTE Confidence: 0.932342130588235
00:06:14.020 --> 00:06:15.370 Again, this was a while ago,
NOTE Confidence: 0.932342130588235
00:06:15.370 --> 00:06:15.734 and.
NOTE Confidence: 0.932342130588235
00:06:15.734 --> 00:06:17.190 And I believe ultimately,
NOTE Confidence: 0.932342130588235

00:06:17.190 --> 00:06:18.690 this creative approach is what
NOTE Confidence: 0.932342130588235

00:06:18.690 --> 00:06:19.890 got the study funded,
NOTE Confidence: 0.932342130588235

00:06:19.890 --> 00:06:21.540 but I've seen this approach recreated
NOTE Confidence: 0.932342130588235

00:06:21.540 --> 00:06:23.209 for other diagnostics many times signs.
NOTE Confidence: 0.932342130588235

00:06:23.210 --> 00:06:25.055 And this is just a side note to suggest
NOTE Confidence: 0.932342130588235

00:06:25.055 --> 00:06:27.076 that if you can think of novel ways to use
NOTE Confidence: 0.932342130588235

00:06:27.076 --> 00:06:28.910 data that have been around a long time,
NOTE Confidence: 0.932342130588235

00:06:28.910 --> 00:06:30.310 you can still make real
NOTE Confidence: 0.932342130588235

00:06:30.310 --> 00:06:31.430 contributions to the field.
NOTE Confidence: 0.932342130588235

00:06:31.430 --> 00:06:31.865 Interestingly,
NOTE Confidence: 0.932342130588235

00:06:31.865 --> 00:06:34.475 the Seer Medicare data now actually
NOTE Confidence: 0.932342130588235

00:06:34.475 --> 00:06:36.453 includes the Oncotype DX rescored
NOTE Confidence: 0.932342130588235

00:06:36.453 --> 00:06:38.265 data in the data set itself,
NOTE Confidence: 0.921729892222222

00:06:38.270 --> 00:06:40.094 but back then this data was
NOTE Confidence: 0.921729892222222

00:06:40.094 --> 00:06:41.006 not publicly available,
NOTE Confidence: 0.921729892222222

00:06:41.010 --> 00:06:42.599 so we were only able to detect

NOTE Confidence: 0.921729892222222

00:06:42.599 --> 00:06:43.888 receipt of testing at the time,

NOTE Confidence: 0.921729892222222

00:06:43.890 --> 00:06:45.994 but did not know what the test results.

NOTE Confidence: 0.921729892222222

00:06:46.000 --> 00:06:48.168 Actually were so we were able to show

NOTE Confidence: 0.921729892222222

00:06:48.168 --> 00:06:50.156 that archetype decks used in the real

NOTE Confidence: 0.921729892222222

00:06:50.156 --> 00:06:51.960 world increased over the study period,

NOTE Confidence: 0.921729892222222

00:06:51.960 --> 00:06:54.192 particularly with in the younger age

NOTE Confidence: 0.921729892222222

00:06:54.192 --> 00:06:56.720 group in the SEER Medicare data.

NOTE Confidence: 0.921729892222222

00:06:56.720 --> 00:06:58.488 And since the use of Oncotype DX was

NOTE Confidence: 0.921729892222222

00:06:58.488 --> 00:07:00.232 supposed to inform whether or not

NOTE Confidence: 0.921729892222222

00:07:00.232 --> 00:07:01.480 a patient received chemotherapy,

NOTE Confidence: 0.921729892222222

00:07:01.480 --> 00:07:03.448 we wanted to see how often the the

NOTE Confidence: 0.921729892222222

00:07:03.448 --> 00:07:05.449 use of diagnostic or sorry we wanted

NOTE Confidence: 0.921729892222222

00:07:05.449 --> 00:07:08.081 to see how the use of the diagnostic

NOTE Confidence: 0.921729892222222

00:07:08.081 --> 00:07:10.325 was impacting the use of chemotherapy.

NOTE Confidence: 0.921729892222222

00:07:10.330 --> 00:07:11.930 And here we can see that in patients

NOTE Confidence: 0.921729892222222

00:07:11.930 --> 00:07:13.179 who would traditionally be considered
NOTE Confidence: 0.921729892222222

00:07:13.179 --> 00:07:15.479 high risk due to their tumor size or stage,
NOTE Confidence: 0.921729892222222

00:07:15.480 --> 00:07:16.364 that chemotherapy.
NOTE Confidence: 0.921729892222222

00:07:16.364 --> 00:07:18.574 He's appeared to decline following
NOTE Confidence: 0.921729892222222

00:07:18.574 --> 00:07:20.939 the introduction of architect Deacs.
NOTE Confidence: 0.921729892222222

00:07:20.940 --> 00:07:22.140 So in multivariable analysis,
NOTE Confidence: 0.921729892222222

00:07:22.140 --> 00:07:24.354 we did not see an overall association
NOTE Confidence: 0.921729892222222

00:07:24.354 --> 00:07:26.129 between receipt of Archetype DX
NOTE Confidence: 0.921729892222222

00:07:26.129 --> 00:07:27.549 and receipt of chemo.
NOTE Confidence: 0.921729892222222

00:07:27.550 --> 00:07:27.912 However,
NOTE Confidence: 0.921729892222222

00:07:27.912 --> 00:07:30.084 we did see that patients with
NOTE Confidence: 0.921729892222222

00:07:30.084 --> 00:07:32.008 clinical markers of more aggressive
NOTE Confidence: 0.921729892222222

00:07:32.008 --> 00:07:33.928 disease such as tumor size,
NOTE Confidence: 0.921729892222222

00:07:33.930 --> 00:07:35.253 grade and NCCN,
NOTE Confidence: 0.921729892222222

00:07:35.253 --> 00:07:37.899 defined clinical pathologic risk had an
NOTE Confidence: 0.921729892222222

00:07:37.899 --> 00:07:40.449 increased likelihood of receiving chemo.

NOTE Confidence: 0.921729892222222

00:07:40.450 --> 00:07:42.700 The most nuanced and interesting finding,

NOTE Confidence: 0.921729892222222

00:07:42.700 --> 00:07:43.095 however,

NOTE Confidence: 0.921729892222222

00:07:43.095 --> 00:07:45.860 was that when we looked at the

NOTE Confidence: 0.921729892222222

00:07:45.860 --> 00:07:47.927 interaction between receipt of Oncotype

NOTE Confidence: 0.921729892222222

00:07:47.927 --> 00:07:50.339 DX and NCCN defined clinical risk,

NOTE Confidence: 0.921729892222222

00:07:50.340 --> 00:07:51.558 we saw that.

NOTE Confidence: 0.921729892222222

00:07:51.558 --> 00:07:53.994 Receipt of Oncotype DX was associated

NOTE Confidence: 0.921729892222222

00:07:53.994 --> 00:07:56.314 with decreased chemo in NCCN

NOTE Confidence: 0.921729892222222

00:07:56.314 --> 00:07:58.604 high risk patients and increased

NOTE Confidence: 0.921729892222222

00:07:58.604 --> 00:08:01.138 chemo and NCCN low risk patients.

NOTE Confidence: 0.921729892222222

00:08:01.140 --> 00:08:03.340 So at the time it was a foregone

NOTE Confidence: 0.921729892222222

00:08:03.340 --> 00:08:05.361 conclusion by many that the use of

NOTE Confidence: 0.921729892222222

00:08:05.361 --> 00:08:07.909 Oncotype DX would not only be cost effective,

NOTE Confidence: 0.921729892222222

00:08:07.910 --> 00:08:09.918 but also costs saving.

NOTE Confidence: 0.921729892222222

00:08:09.918 --> 00:08:10.420 However,

NOTE Confidence: 0.921729892222222

00:08:10.420 --> 00:08:12.520 there was a meta analysis of the
NOTE Confidence: 0.9217298922222222

00:08:12.520 --> 00:08:15.057 ability of AC type DX to reduce costs,
NOTE Confidence: 0.9217298922222222

00:08:15.060 --> 00:08:16.698 and it revealed that there was
NOTE Confidence: 0.9217298922222222

00:08:16.698 --> 00:08:18.643 a wide range in the perceived
NOTE Confidence: 0.9217298922222222

00:08:18.643 --> 00:08:20.628 benefit cost benefits of archetype
NOTE Confidence: 0.9217298922222222

00:08:20.628 --> 00:08:22.360 deacs according to weather.
NOTE Confidence: 0.9217298922222222

00:08:22.360 --> 00:08:24.216 A study had been funded by Genomic Health.
NOTE Confidence: 0.9217298922222222

00:08:24.220 --> 00:08:26.998 The sponsor, which is those studies,
NOTE Confidence: 0.9217298922222222

00:08:27.000 --> 00:08:28.876 are shown in blue on this graph.
NOTE Confidence: 0.9217298922222222

00:08:28.880 --> 00:08:30.620 As opposed to other funding sources.
NOTE Confidence: 0.9217298922222222

00:08:30.620 --> 00:08:32.168 So interestingly,
NOTE Confidence: 0.9217298922222222

00:08:32.168 --> 00:08:35.146 the five studies that suggested
NOTE Confidence: 0.9217298922222222

00:08:35.146 --> 00:08:37.114 Archetype DX was cost saving were
NOTE Confidence: 0.9217298922222222

00:08:37.114 --> 00:08:38.830 all funded by genomic health.
NOTE Confidence: 0.9217298922222222

00:08:38.830 --> 00:08:39.180 Ultimately,
NOTE Confidence: 0.9217298922222222

00:08:39.180 --> 00:08:39.530 however,

NOTE Confidence: 0.921729892222222

00:08:39.530 --> 00:08:41.980 these were all modeling studies and we

NOTE Confidence: 0.921729892222222

00:08:41.980 --> 00:08:44.185 wanted to try to look at real-world data,

NOTE Confidence: 0.921729892222222

00:08:44.190 --> 00:08:45.162 so this is important,

NOTE Confidence: 0.921729892222222

00:08:45.162 --> 00:08:46.377 because when you look closely

NOTE Confidence: 0.921729892222222

00:08:46.377 --> 00:08:47.700 at these modeling studies,

NOTE Confidence: 0.921729892222222

00:08:47.700 --> 00:08:51.138 18 of them assume that T stage

NOTE Confidence: 0.921729892222222

00:08:51.138 --> 00:08:52.800 and tumor grade had no impact

NOTE Confidence: 0.921729892222222

00:08:52.866 --> 00:08:54.339 on chemotherapy decisions,

NOTE Confidence: 0.921729892222222

00:08:54.340 --> 00:08:55.964 which we clearly saw in the data

NOTE Confidence: 0.921729892222222

00:08:55.964 --> 00:08:57.380 I showed previously was not the

NOTE Confidence: 0.921729892222222

00:08:57.380 --> 00:08:58.495 case in our real-world data,

NOTE Confidence: 0.921729892222222

00:08:58.500 --> 00:08:59.788 and only five studies.

NOTE Confidence: 0.921729892222222

00:08:59.788 --> 00:09:01.398 Accounting for the fact that

NOTE Confidence: 0.921729892222222

00:09:01.398 --> 00:09:03.211 architect at DX testing might

NOTE Confidence: 0.921729892222222

00:09:03.211 --> 00:09:04.647 actually increase chemotherapy use

NOTE Confidence: 0.921729892222222

00:09:04.647 --> 00:09:06.370 in clinically low risk patients.
NOTE Confidence: 0.921729892222222

00:09:06.370 --> 00:09:08.218 So what did we find when we looked
NOTE Confidence: 0.921729892222222

00:09:08.218 --> 00:09:09.702 at costs associated with Oncotype
NOTE Confidence: 0.921729892222222

00:09:09.702 --> 00:09:11.634 DX in the real world setting?
NOTE Confidence: 0.921729892222222

00:09:11.640 --> 00:09:13.789 So the main takeaway lesson was that
NOTE Confidence: 0.921729892222222

00:09:13.789 --> 00:09:15.991 the impact of these tests depends
NOTE Confidence: 0.921729892222222

00:09:15.991 --> 00:09:18.016 strongly on the patient population
NOTE Confidence: 0.921729892222222

00:09:18.016 --> 00:09:20.444 and pretest likelihood that a patient
NOTE Confidence: 0.921729892222222

00:09:20.444 --> 00:09:22.766 was going to get chemotherapy anyway.
NOTE Confidence: 0.921729892222222

00:09:22.770 --> 00:09:24.080 So in patients who were
NOTE Confidence: 0.921729892222222

00:09:24.080 --> 00:09:25.390 planned for chemo or high
NOTE Confidence: 0.902128943333333

00:09:25.450 --> 00:09:27.868 risk patients, Oncotype DX can
NOTE Confidence: 0.902128943333333

00:09:27.868 --> 00:09:30.923 can reduce costs, chemo and costs.
NOTE Confidence: 0.902128943333333

00:09:30.923 --> 00:09:33.228 However, for lower intermediate patients,
NOTE Confidence: 0.902128943333333

00:09:33.230 --> 00:09:35.390 there is no evidence that Oncotype
NOTE Confidence: 0.902128943333333

00:09:35.390 --> 00:09:37.750 DX will reduce costs in actuality.

NOTE Confidence: 0.902128943333333

00:09:37.750 --> 00:09:40.018 And it's it's use is actually

NOTE Confidence: 0.902128943333333

00:09:40.018 --> 00:09:42.480 associated with higher non cancer costs,

NOTE Confidence: 0.902128943333333

00:09:42.480 --> 00:09:44.685 likely due to just general

NOTE Confidence: 0.902128943333333

00:09:44.685 --> 00:09:46.449 overall increased health care

NOTE Confidence: 0.902128943333333

00:09:46.449 --> 00:09:48.190 utilization in this population.

NOTE Confidence: 0.902128943333333

00:09:48.190 --> 00:09:50.178 And then finally using these same data,

NOTE Confidence: 0.902128943333333

00:09:50.180 --> 00:09:52.399 we were able to look at questions

NOTE Confidence: 0.902128943333333

00:09:52.399 --> 00:09:54.170 regarding what physician or provider

NOTE Confidence: 0.902128943333333

00:09:54.170 --> 00:09:55.304 characteristics were associated

NOTE Confidence: 0.902128943333333

00:09:55.304 --> 00:09:57.703 with the use of archetype DX and

NOTE Confidence: 0.902128943333333

00:09:57.703 --> 00:09:59.694 what we saw was that about 70% of

NOTE Confidence: 0.902128943333333

00:09:59.694 --> 00:10:01.279 patients who were receiving Oncotype

NOTE Confidence: 0.902128943333333

00:10:01.279 --> 00:10:03.882 DX had the Oncotype DX test ordered

NOTE Confidence: 0.902128943333333

00:10:03.882 --> 00:10:05.470 by their medical oncologists.

NOTE Confidence: 0.902128943333333

00:10:05.470 --> 00:10:07.566 But we were also able to look at

NOTE Confidence: 0.902128943333333

00:10:07.566 --> 00:10:08.585 factors physician characteristics
NOTE Confidence: 0.9021289433333333

00:10:08.585 --> 00:10:10.785 that were associated with increased
NOTE Confidence: 0.9021289433333333

00:10:10.785 --> 00:10:12.545 likelihood of receiving Oncotype
NOTE Confidence: 0.9021289433333333

00:10:12.603 --> 00:10:14.360 DX and these were having been seen
NOTE Confidence: 0.9021289433333333

00:10:14.360 --> 00:10:15.836 by a surgical oncologist having
NOTE Confidence: 0.9021289433333333

00:10:15.836 --> 00:10:17.984 been seen having had your surgery
NOTE Confidence: 0.9021289433333333

00:10:17.984 --> 00:10:20.269 at an academic Medical Center.
NOTE Confidence: 0.9021289433333333

00:10:20.270 --> 00:10:22.769 Having been treated by a female medical
NOTE Confidence: 0.9021289433333333

00:10:22.769 --> 00:10:24.882 oncologist and having been treated by
NOTE Confidence: 0.9021289433333333

00:10:24.882 --> 00:10:26.844 a medical oncologist who was within
NOTE Confidence: 0.9021289433333333

00:10:26.844 --> 00:10:29.229 five years of finishing their training.
NOTE Confidence: 0.9021289433333333

00:10:29.230 --> 00:10:31.330 So I'm going to move on to my next example,
NOTE Confidence: 0.9021289433333333

00:10:31.330 --> 00:10:33.185 which is from my current NCI funded
NOTE Confidence: 0.9021289433333333

00:10:33.185 --> 00:10:35.358 R 01 where we are examining access
NOTE Confidence: 0.9021289433333333

00:10:35.358 --> 00:10:37.332 and adherence to oral anti cancer
NOTE Confidence: 0.9021289433333333

00:10:37.390 --> 00:10:39.502 agents and drivers of real world

NOTE Confidence: 0.902128943333333

00:10:39.502 --> 00:10:41.355 disparities in patients with metastatic

NOTE Confidence: 0.902128943333333

00:10:41.355 --> 00:10:42.690 renal cell carcinoma.

NOTE Confidence: 0.902128943333333

00:10:42.690 --> 00:10:46.090 As is the case in many cancers,

NOTE Confidence: 0.902128943333333

00:10:46.090 --> 00:10:48.792 the number of available therapies for kidney

NOTE Confidence: 0.902128943333333

00:10:48.792 --> 00:10:50.755 cancers have expanded dramatically over

NOTE Confidence: 0.902128943333333

00:10:50.755 --> 00:10:53.707 the past decade and a half and interestingly,

NOTE Confidence: 0.902128943333333

00:10:53.710 --> 00:10:54.946 ten of these therapy,

NOTE Confidence: 0.902128943333333

00:10:54.946 --> 00:10:56.491 ten of the therapies approved

NOTE Confidence: 0.902128943333333

00:10:56.491 --> 00:10:58.300 between 2005 and 2016.

NOTE Confidence: 0.902128943333333

00:10:58.300 --> 00:10:59.800 Of those 10.

NOTE Confidence: 0.902128943333333

00:10:59.800 --> 00:11:01.912 Seven of them were oral agents and we

NOTE Confidence: 0.902128943333333

00:11:01.912 --> 00:11:04.478 can use real world data to look at

NOTE Confidence: 0.902128943333333

00:11:04.478 --> 00:11:06.212 issues pertaining to patients ability

NOTE Confidence: 0.902128943333333

00:11:06.212 --> 00:11:08.718 to access and then stay adherent to

NOTE Confidence: 0.902128943333333

00:11:08.718 --> 00:11:10.480 these potentially lifesaving drugs.

NOTE Confidence: 0.902128943333333

00:11:10.480 --> 00:11:12.040 So once again,
NOTE Confidence: 0.9021289433333333

00:11:12.040 --> 00:11:13.992 let's take a look at what what was
NOTE Confidence: 0.9021289433333333

00:11:13.992 --> 00:11:15.394 known versus the knowledge gaps
NOTE Confidence: 0.9021289433333333

00:11:15.394 --> 00:11:17.110 surrounding a a use in patients
NOTE Confidence: 0.9021289433333333

00:11:17.110 --> 00:11:18.798 with kidney cancer at the time.
NOTE Confidence: 0.9021289433333333

00:11:18.800 --> 00:11:20.912 So we know we knew that oral anti
NOTE Confidence: 0.9021289433333333

00:11:20.912 --> 00:11:23.080 cancer agents and we know that they
NOTE Confidence: 0.9021289433333333

00:11:23.080 --> 00:11:25.056 pose unique challenges to delivery and
NOTE Confidence: 0.9021289433333333

00:11:25.056 --> 00:11:27.084 also there was clinical trial data
NOTE Confidence: 0.9021289433333333

00:11:27.084 --> 00:11:28.582 that showed increased progression,
NOTE Confidence: 0.9021289433333333

00:11:28.582 --> 00:11:30.992 free survival and overall survival
NOTE Confidence: 0.9021289433333333

00:11:30.992 --> 00:11:33.349 for several different ways and
NOTE Confidence: 0.9021289433333333

00:11:33.349 --> 00:11:35.897 typically always have shown to have a
NOTE Confidence: 0.9021289433333333

00:11:35.897 --> 00:11:38.617 more favorable toxicity profile than
NOTE Confidence: 0.9021289433333333

00:11:38.617 --> 00:11:40.537 traditional cytotoxic chemotherapies.
NOTE Confidence: 0.9021289433333333

00:11:40.540 --> 00:11:41.650 However their continued.

NOTE Confidence: 0.9021289433333333
00:11:41.650 --> 00:11:43.870 To be gaps in the knowledge
NOTE Confidence: 0.9021289433333333
00:11:43.870 --> 00:11:45.379 around whether outcomes,
NOTE Confidence: 0.9021289433333333
00:11:45.380 --> 00:11:47.540 what outcomes and toxicities looked like
NOTE Confidence: 0.9021289433333333
00:11:47.540 --> 00:11:50.199 in older and comorbid patient populations,
NOTE Confidence: 0.9021289433333333
00:11:50.200 --> 00:11:52.655 there were few head-to-head OA
NOTE Confidence: 0.9021289433333333
00:11:52.655 --> 00:11:55.110 comparisons and there were additional
NOTE Confidence: 0.9021289433333333
00:11:55.189 --> 00:11:57.174 unknown adherence barriers as well
NOTE Confidence: 0.9021289433333333
00:11:57.174 --> 00:12:00.299 as impacts of out of cost out of
NOTE Confidence: 0.9021289433333333
00:12:00.299 --> 00:12:02.423 pocket costs on adherence and how
NOTE Confidence: 0.9021289433333333
00:12:02.423 --> 00:12:04.868 the impact of non what the impact
NOTE Confidence: 0.9021289433333333
00:12:04.868 --> 00:12:06.794 of nonadherence had on outcomes
NOTE Confidence: 0.9021289433333333
00:12:06.794 --> 00:12:08.198 for these patients.
NOTE Confidence: 0.9021289433333333
00:12:08.200 --> 00:12:09.096 So for this study,
NOTE Confidence: 0.9021289433333333
00:12:09.096 --> 00:12:10.440 we once again decided to leverage
NOTE Confidence: 0.9021289433333333
00:12:10.488 --> 00:12:11.608 the strengths of the Seer,
NOTE Confidence: 0.9021289433333333

00:12:11.610 --> 00:12:13.956 Medicare and the Medicare claims data,
NOTE Confidence: 0.9021289433333333

00:12:13.960 --> 00:12:16.088 and in this case, Medicare Part D,
NOTE Confidence: 0.9021289433333333

00:12:16.090 --> 00:12:18.490 which is includes prescription drug claims,
NOTE Confidence: 0.9021289433333333

00:12:18.490 --> 00:12:19.970 was crucial for this study.
NOTE Confidence: 0.9021289433333333

00:12:19.970 --> 00:12:21.916 But we also added an additional data
NOTE Confidence: 0.9021289433333333

00:12:21.916 --> 00:12:23.708 source called the North Carolina Cypher
NOTE Confidence: 0.9021289433333333

00:12:23.708 --> 00:12:25.801 data now North Carolina Cypher is an
NOTE Confidence: 0.915946695666667

00:12:25.858 --> 00:12:27.592 example of a state cancer registry
NOTE Confidence: 0.915946695666667

00:12:27.592 --> 00:12:29.356 that's been linked to claims data,
NOTE Confidence: 0.915946695666667

00:12:29.356 --> 00:12:31.477 and in this case it's the North
NOTE Confidence: 0.915946695666667

00:12:31.477 --> 00:12:33.555 Carolina Cancer Registry data that has
NOTE Confidence: 0.915946695666667

00:12:33.555 --> 00:12:35.292 been linked to Medicare, Medicaid,
NOTE Confidence: 0.915946695666667

00:12:35.292 --> 00:12:37.464 and Blue Cross Blue Shield data.
NOTE Confidence: 0.915946695666667

00:12:37.470 --> 00:12:38.510 So you can see here.
NOTE Confidence: 0.915946695666667

00:12:38.510 --> 00:12:40.330 That strengths include the same
NOTE Confidence: 0.915946695666667

00:12:40.330 --> 00:12:42.150 detailed clinical pathologic data that's

NOTE Confidence: 0.915946695666667

00:12:42.205 --> 00:12:44.228 contained in the SEER Medicare data set.

NOTE Confidence: 0.915946695666667

00:12:44.230 --> 00:12:46.228 But for patients of all ages,

NOTE Confidence: 0.915946695666667

00:12:46.230 --> 00:12:47.730 we receive Medicare is limited to

NOTE Confidence: 0.915946695666667

00:12:47.730 --> 00:12:49.907 those who are 65 years and older and

NOTE Confidence: 0.915946695666667

00:12:49.907 --> 00:12:51.587 with unsafe Cypher has patients with

NOTE Confidence: 0.915946695666667

00:12:51.645 --> 00:12:53.550 different types of insurance coverage.

NOTE Confidence: 0.915946695666667

00:12:53.550 --> 00:12:55.100 Where senior Medicare is limited,

NOTE Confidence: 0.915946695666667

00:12:55.100 --> 00:12:58.790 obviously, to just the Medicare population.

NOTE Confidence: 0.915946695666667

00:12:58.790 --> 00:13:01.198 So here I show the seer Medicare rates

NOTE Confidence: 0.915946695666667

00:13:01.198 --> 00:13:03.092 of utilization of oral anti cancer

NOTE Confidence: 0.915946695666667

00:13:03.092 --> 00:13:04.934 agents in patients with renal cell

NOTE Confidence: 0.915946695666667

00:13:04.996 --> 00:13:06.838 carcinoma and we also reproduce this

NOTE Confidence: 0.915946695666667

00:13:06.838 --> 00:13:08.956 data in the North Carolina cypher

NOTE Confidence: 0.915946695666667

00:13:08.956 --> 00:13:11.614 data where we saw highly similar

NOTE Confidence: 0.915946695666667

00:13:11.614 --> 00:13:13.870 trajectories and rates of OH agents.

NOTE Confidence: 0.915946695666667

00:13:13.870 --> 00:13:15.830 We found that roughly 1/3 of patients
NOTE Confidence: 0.915946695666667

00:13:15.830 --> 00:13:17.423 were receiving an oral anti cancer
NOTE Confidence: 0.915946695666667

00:13:17.423 --> 00:13:19.429 agent at all within a year of being
NOTE Confidence: 0.915946695666667

00:13:19.429 --> 00:13:21.004 diagnosed with advanced disease and
NOTE Confidence: 0.915946695666667

00:13:21.004 --> 00:13:23.112 that the majority of these patients
NOTE Confidence: 0.915946695666667

00:13:23.112 --> 00:13:25.217 were initially treated with sunitinib.
NOTE Confidence: 0.915946695666667

00:13:25.220 --> 00:13:27.722 A multivariable analysis of CR Medicare
NOTE Confidence: 0.915946695666667

00:13:27.722 --> 00:13:29.390 factors associated with utilization
NOTE Confidence: 0.915946695666667

00:13:29.449 --> 00:13:31.549 did not show evidence of differential
NOTE Confidence: 0.915946695666667

00:13:31.549 --> 00:13:33.898 receipt of oral therapies by patient race,
NOTE Confidence: 0.915946695666667

00:13:33.900 --> 00:13:36.380 ethnicity, or socioeconomic status.
NOTE Confidence: 0.915946695666667

00:13:36.380 --> 00:13:37.000 However,
NOTE Confidence: 0.915946695666667

00:13:37.000 --> 00:13:38.580 we did see decreased utilization
NOTE Confidence: 0.915946695666667

00:13:38.580 --> 00:13:40.160 in patients who were unmarried,
NOTE Confidence: 0.915946695666667

00:13:40.160 --> 00:13:42.904 older, or that lived in the South.
NOTE Confidence: 0.915946695666667

00:13:42.910 --> 00:13:44.555 So one of the strengths of the

NOTE Confidence: 0.915946695666667
00:13:44.555 --> 00:13:45.936 North Carolina cipher data is that
NOTE Confidence: 0.915946695666667
00:13:45.936 --> 00:13:47.184 it includes adults of all ages
NOTE Confidence: 0.915946695666667
00:13:47.184 --> 00:13:48.618 as well as private insurance.
NOTE Confidence: 0.915946695666667
00:13:48.620 --> 00:13:50.620 As I've already mentioned before,
NOTE Confidence: 0.915946695666667
00:13:50.620 --> 00:13:52.120 we adjusted for age.
NOTE Confidence: 0.915946695666667
00:13:52.120 --> 00:13:54.370 There were large differences in utilization
NOTE Confidence: 0.915946695666667
00:13:54.431 --> 00:13:56.596 by private versus Medicare insurance.
NOTE Confidence: 0.915946695666667
00:13:56.600 --> 00:13:59.040 However, in multivariable adjusted analysis,
NOTE Confidence: 0.915946695666667
00:13:59.040 --> 00:14:00.874 we saw that there was no difference
NOTE Confidence: 0.915946695666667
00:14:00.874 --> 00:14:02.339 in the utilization by insurance.
NOTE Confidence: 0.915946695666667
00:14:02.340 --> 00:14:02.647 Instead,
NOTE Confidence: 0.915946695666667
00:14:02.647 --> 00:14:04.796 this was likely driven entirely by age,
NOTE Confidence: 0.915946695666667
00:14:04.800 --> 00:14:06.455 with older patients being less
NOTE Confidence: 0.915946695666667
00:14:06.455 --> 00:14:07.779 likely to receive therapy.
NOTE Confidence: 0.915946695666667
00:14:07.780 --> 00:14:10.246 We also observed that frailty and
NOTE Confidence: 0.915946695666667

00:14:10.246 --> 00:14:11.890 having multiple kohram abilities
NOTE Confidence: 0.915946695666667

00:14:11.958 --> 00:14:13.578 were both associated with.
NOTE Confidence: 0.915946695666667

00:14:13.580 --> 00:14:14.988 Decrease to a utilization.
NOTE Confidence: 0.915946695666667

00:14:14.988 --> 00:14:17.482 And lastly we looked at patients with
NOTE Confidence: 0.915946695666667

00:14:17.482 --> 00:14:19.736 all stages of kidney cancer and saw
NOTE Confidence: 0.915946695666667

00:14:19.736 --> 00:14:21.917 that patients who were diagnosed with
NOTE Confidence: 0.915946695666667

00:14:21.917 --> 00:14:24.131 stage one disease but that experienced
NOTE Confidence: 0.915946695666667

00:14:24.140 --> 00:14:26.090 progression to metastatic disease were
NOTE Confidence: 0.915946695666667

00:14:26.090 --> 00:14:28.490 less likely to utilize Inoue within
NOTE Confidence: 0.915946695666667

00:14:28.490 --> 00:14:30.788 a year of metastatic disease diagnosis,
NOTE Confidence: 0.915946695666667

00:14:30.790 --> 00:14:33.275 and this is likely due to slower
NOTE Confidence: 0.915946695666667

00:14:33.275 --> 00:14:35.564 growing disease with a less urgent
NOTE Confidence: 0.915946695666667

00:14:35.564 --> 00:14:37.096 need to treat immediately.
NOTE Confidence: 0.915946695666667

00:14:37.100 --> 00:14:39.086 Come for oral anti cancer agents.
NOTE Confidence: 0.915946695666667

00:14:39.090 --> 00:14:39.426 However,
NOTE Confidence: 0.915946695666667

00:14:39.426 --> 00:14:41.106 it's important to remember that

NOTE Confidence: 0.915946695666667

00:14:41.106 --> 00:14:42.450 in addition to utilization,

NOTE Confidence: 0.915946695666667

00:14:42.450 --> 00:14:44.640 there's also the concept of adherence

NOTE Confidence: 0.915946695666667

00:14:44.640 --> 00:14:47.191 or the percentage of time a patient

NOTE Confidence: 0.915946695666667

00:14:47.191 --> 00:14:49.243 was taking their anti cancer drug.

NOTE Confidence: 0.915946695666667

00:14:49.250 --> 00:14:50.430 We know that in general,

NOTE Confidence: 0.915946695666667

00:14:50.430 --> 00:14:52.548 adherence to oral medications is often

NOTE Confidence: 0.915946695666667

00:14:52.548 --> 00:14:55.410 far from 100% due to any number of

NOTE Confidence: 0.915946695666667

00:14:55.410 --> 00:14:57.950 reasons such as side effects or costs.

NOTE Confidence: 0.915946695666667

00:14:57.950 --> 00:15:00.148 We looked at adherence in both the

NOTE Confidence: 0.915946695666667

00:15:00.148 --> 00:15:02.228 Seer Medicare and the Cypher cohorts

NOTE Confidence: 0.915946695666667

00:15:02.228 --> 00:15:04.013 and we observed slightly higher

NOTE Confidence: 0.915946695666667

00:15:04.013 --> 00:15:06.664 rates of adherence within the North

NOTE Confidence: 0.915946695666667

00:15:06.664 --> 00:15:08.540 Carolina cypher patient population.

NOTE Confidence: 0.915946695666667

00:15:08.540 --> 00:15:10.948 As compared to the CR Medicare cohort,

NOTE Confidence: 0.915946695666667

00:15:10.950 --> 00:15:12.934 we think this is largely due to the

NOTE Confidence: 0.915946695666667

00:15:12.934 --> 00:15:14.700 difference in age between the cohorts.
NOTE Confidence: 0.915946695666667

00:15:14.700 --> 00:15:16.345 As both cohorts showed evidence
NOTE Confidence: 0.915946695666667

00:15:16.345 --> 00:15:17.990 of either older patients or
NOTE Confidence: 0.910958852777778

00:15:18.053 --> 00:15:19.701 those with Medicare insurance
NOTE Confidence: 0.910958852777778

00:15:19.701 --> 00:15:21.349 having lower adherence rates.
NOTE Confidence: 0.910958852777778

00:15:21.350 --> 00:15:23.282 North Carolina Cypher was somewhat limited
NOTE Confidence: 0.910958852777778

00:15:23.282 --> 00:15:26.018 in power due to the smaller sample sizes,
NOTE Confidence: 0.910958852777778

00:15:26.020 --> 00:15:27.922 and it did not examine adherence
NOTE Confidence: 0.910958852777778

00:15:27.922 --> 00:15:29.689 by by different agents in
NOTE Confidence: 0.910958852777778

00:15:29.689 --> 00:15:30.988 the multivariable analysis.
NOTE Confidence: 0.910958852777778

00:15:30.990 --> 00:15:33.540 However, there was evidence of substantially
NOTE Confidence: 0.910958852777778

00:15:33.540 --> 00:15:36.457 lower adherence to soften it in both cohorts.
NOTE Confidence: 0.910958852777778

00:15:36.460 --> 00:15:38.772 We saw a strong impact of poverty on
NOTE Confidence: 0.910958852777778

00:15:38.772 --> 00:15:40.657 adherence within the SEER Medicare data,
NOTE Confidence: 0.910958852777778

00:15:40.660 --> 00:15:42.655 but not the North Carolina cypher data.
NOTE Confidence: 0.910958852777778

00:15:42.660 --> 00:15:44.478 And although it is unclear why,

NOTE Confidence: 0.910958852777778

00:15:44.480 --> 00:15:46.405 we hypothesize that older patients

NOTE Confidence: 0.910958852777778

00:15:46.405 --> 00:15:49.660 living on a fixed income may be more

NOTE Confidence: 0.910958852777778

00:15:49.660 --> 00:15:51.340 sensitive to financial stressors.

NOTE Confidence: 0.910958852777778

00:15:51.340 --> 00:15:52.315 Consistent with this,

NOTE Confidence: 0.910958852777778

00:15:52.315 --> 00:15:53.615 we saw that OAS,

NOTE Confidence: 0.910958852777778

00:15:53.620 --> 00:15:56.539 with out of pocket costs over \$200,

NOTE Confidence: 0.910958852777778

00:15:56.539 --> 00:15:59.084 were associated with decreased adherence

NOTE Confidence: 0.910958852777778

00:15:59.084 --> 00:16:01.700 within the SEER Medicare cohort.

NOTE Confidence: 0.910958852777778

00:16:01.700 --> 00:16:03.326 So these real world datasets also

NOTE Confidence: 0.910958852777778

00:16:03.326 --> 00:16:05.109 allow you to look at survival.

NOTE Confidence: 0.910958852777778

00:16:05.110 --> 00:16:07.558 And here is a three month landmark survival

NOTE Confidence: 0.910958852777778

00:16:07.558 --> 00:16:10.118 curve of all 'cause mortality for a pass.

NOTE Confidence: 0.910958852777778

00:16:10.120 --> 00:16:11.672 Open abusers by whether

NOTE Confidence: 0.910958852777778

00:16:11.672 --> 00:16:13.224 they received the trial.

NOTE Confidence: 0.910958852777778

00:16:13.230 --> 00:16:15.900 Recommended dose of 800 milligrams of

NOTE Confidence: 0.910958852777778

00:16:15.900 --> 00:16:19.130 pheasant per day in the three months
NOTE Confidence: 0.910958852777778

00:16:19.130 --> 00:16:21.410 following a a initiation for the
NOTE Confidence: 0.910958852777778

00:16:21.410 --> 00:16:22.535 patients getting the prescribed dose
NOTE Confidence: 0.910958852777778

00:16:22.535 --> 00:16:24.270 for the first three months of treatment,
NOTE Confidence: 0.910958852777778

00:16:24.270 --> 00:16:26.394 we saw superior outcomes and survival
NOTE Confidence: 0.910958852777778

00:16:26.394 --> 00:16:28.354 was assessed beginning at three
NOTE Confidence: 0.910958852777778

00:16:28.354 --> 00:16:30.286 months post postoperative initiation.
NOTE Confidence: 0.910958852777778

00:16:30.290 --> 00:16:31.930 In order to avoid introducing.
NOTE Confidence: 0.910958852777778

00:16:31.930 --> 00:16:34.558 Immortal time bias in the analysis.
NOTE Confidence: 0.910958852777778

00:16:34.560 --> 00:16:36.660 So I think it's incredibly critical to
NOTE Confidence: 0.910958852777778

00:16:36.660 --> 00:16:38.389 acknowledge that a key limitation of
NOTE Confidence: 0.910958852777778

00:16:38.389 --> 00:16:40.597 all these data sets is that the patient
NOTE Confidence: 0.910958852777778

00:16:40.597 --> 00:16:43.040 perspective and the patient voice is missing.
NOTE Confidence: 0.910958852777778

00:16:43.040 --> 00:16:44.727 I also feel it's incredibly important to
NOTE Confidence: 0.910958852777778

00:16:44.727 --> 00:16:46.800 do our best to include this perspective,
NOTE Confidence: 0.910958852777778

00:16:46.800 --> 00:16:48.616 even when working exclusively

NOTE Confidence: 0.910958852777778
00:16:48.616 --> 00:16:49.978 with secondary data,
NOTE Confidence: 0.910958852777778
00:16:49.980 --> 00:16:51.702 and one way that we address this
NOTE Confidence: 0.910958852777778
00:16:51.702 --> 00:16:53.299 for the renal cell carcinoma.
NOTE Confidence: 0.910958852777778
00:16:53.300 --> 00:16:55.764 A study was by partnering with patient
NOTE Confidence: 0.910958852777778
00:16:55.764 --> 00:16:58.012 advocacy groups who helped us identify
NOTE Confidence: 0.910958852777778
00:16:58.012 --> 00:17:00.644 questions that were most important to them.
NOTE Confidence: 0.910958852777778
00:17:00.650 --> 00:17:01.008 So,
NOTE Confidence: 0.910958852777778
00:17:01.008 --> 00:17:01.724 for example,
NOTE Confidence: 0.910958852777778
00:17:01.724 --> 00:17:03.514 these patients and their families,
NOTE Confidence: 0.910958852777778
00:17:03.520 --> 00:17:05.319 they wanted to know how often providers
NOTE Confidence: 0.910958852777778
00:17:05.319 --> 00:17:06.650 were switching their medications.
NOTE Confidence: 0.910958852777778
00:17:06.650 --> 00:17:08.200 Which is something we hadn't
NOTE Confidence: 0.910958852777778
00:17:08.200 --> 00:17:09.130 planned on examining,
NOTE Confidence: 0.910958852777778
00:17:09.130 --> 00:17:11.086 but we were absolutely capable of
NOTE Confidence: 0.910958852777778
00:17:11.086 --> 00:17:12.930 examining in our real-world data set.
NOTE Confidence: 0.910958852777778

00:17:12.930 --> 00:17:15.522 So we looked at the request of the patients,
NOTE Confidence: 0.910958852777778

00:17:15.530 --> 00:17:17.567 and we found that while only 6%
NOTE Confidence: 0.910958852777778

00:17:17.570 --> 00:17:20.155 of RCC patients switched away
NOTE Confidence: 0.910958852777778

00:17:20.155 --> 00:17:22.740 within 90 days of diagnosis,
NOTE Confidence: 0.910958852777778

00:17:22.740 --> 00:17:25.905 that number increased to 20% of RCC patients,
NOTE Confidence: 0.910958852777778

00:17:25.905 --> 00:17:27.485 switched to their always
NOTE Confidence: 0.910958852777778

00:17:27.485 --> 00:17:29.649 within one year of diagnosis.
NOTE Confidence: 0.910958852777778

00:17:29.650 --> 00:17:31.730 So now I'd like to move on to an example
NOTE Confidence: 0.910958852777778

00:17:31.788 --> 00:17:33.769 of current future work that I'm doing.
NOTE Confidence: 0.910958852777778

00:17:33.770 --> 00:17:35.849 So I was recently awarded in American
NOTE Confidence: 0.910958852777778

00:17:35.849 --> 00:17:37.808 Cancer Society 5 year Research Scholar
NOTE Confidence: 0.910958852777778

00:17:37.808 --> 00:17:40.160 Grant and this grant will be developing
NOTE Confidence: 0.910958852777778

00:17:40.215 --> 00:17:41.920 algorithms to inform risk stratified
NOTE Confidence: 0.910958852777778

00:17:41.920 --> 00:17:43.962 care for long term cancer survivors.
NOTE Confidence: 0.910958852777778

00:17:43.962 --> 00:17:46.286 So this figure was modified from a
NOTE Confidence: 0.910958852777778

00:17:46.286 --> 00:17:48.343 paper by Effinger and McCabe which

NOTE Confidence: 0.910958852777778
00:17:48.343 --> 00:17:50.770 shows at the top the current model,
NOTE Confidence: 0.910958852777778
00:17:50.770 --> 00:17:51.994 care for cancer survivors,
NOTE Confidence: 0.910958852777778
00:17:51.994 --> 00:17:54.252 which is more of a one size
NOTE Confidence: 0.910958852777778
00:17:54.252 --> 00:17:55.329 fits all approach.
NOTE Confidence: 0.910958852777778
00:17:55.330 --> 00:17:57.245 Once the patient is diagnosed
NOTE Confidence: 0.910958852777778
00:17:57.245 --> 00:17:58.394 with their cancer,
NOTE Confidence: 0.910958852777778
00:17:58.400 --> 00:18:00.444 their care is transferred to an oncologist
NOTE Confidence: 0.910958852777778
00:18:00.444 --> 00:18:02.110 for an indefinite period of time.
NOTE Confidence: 0.910958852777778
00:18:02.110 --> 00:18:03.900 Little to no ongoing participation
NOTE Confidence: 0.910958852777778
00:18:03.900 --> 00:18:04.974 from the PCP.
NOTE Confidence: 0.910958852777778
00:18:04.980 --> 00:18:06.770 The bottom shows the proposed
NOTE Confidence: 0.910958852777778
00:18:06.770 --> 00:18:08.560 shared practice model care based
NOTE Confidence: 0.910958852777778
00:18:08.621 --> 00:18:09.950 on risk stratification,
NOTE Confidence: 0.910958852777778
00:18:09.950 --> 00:18:10.902 which helps to inform
NOTE Confidence: 0.910958852777778
00:18:10.902 --> 00:18:12.330 the point in time when a
NOTE Confidence: 0.917677370333333

00:18:12.385 --> 00:18:14.145 cancer survivors care might be
NOTE Confidence: 0.9176773703333333

00:18:14.145 --> 00:18:16.245 appropriately transferred back to you or
NOTE Confidence: 0.9176773703333333

00:18:16.245 --> 00:18:17.955 shared with the primary care physician
NOTE Confidence: 0.9176773703333333

00:18:17.955 --> 00:18:20.162 with the idea being that the new
NOTE Confidence: 0.9176773703333333

00:18:20.162 --> 00:18:22.190 model represents both a more efficient
NOTE Confidence: 0.9176773703333333

00:18:22.258 --> 00:18:24.220 and better quality model of care.
NOTE Confidence: 0.9176773703333333

00:18:24.220 --> 00:18:26.152 So this figure is from a study
NOTE Confidence: 0.9176773703333333

00:18:26.152 --> 00:18:27.715 where McConnell and colleagues used
NOTE Confidence: 0.9176773703333333

00:18:27.715 --> 00:18:29.400 National Cancer Registry data from
NOTE Confidence: 0.9176773703333333

00:18:29.400 --> 00:18:31.565 the UK and Northern Ireland tourist
NOTE Confidence: 0.9176773703333333

00:18:31.565 --> 00:18:33.390 stratify patients with twenty of
NOTE Confidence: 0.9176773703333333

00:18:33.390 --> 00:18:35.716 the most common cancers into three
NOTE Confidence: 0.9176773703333333

00:18:35.716 --> 00:18:38.110 groups based on overall survival at
NOTE Confidence: 0.9176773703333333

00:18:38.179 --> 00:18:40.339 one in five years from diagnosis.
NOTE Confidence: 0.9176773703333333

00:18:40.340 --> 00:18:42.531 And this is just to demonstrate that
NOTE Confidence: 0.9176773703333333

00:18:42.531 --> 00:18:44.121 crude risk categorization is possible

NOTE Confidence: 0.917677370333333
00:18:44.121 --> 00:18:45.909 and is currently being used to
NOTE Confidence: 0.917677370333333
00:18:45.909 --> 00:18:47.519 inform treatment in other countries.
NOTE Confidence: 0.917677370333333
00:18:47.520 --> 00:18:49.236 So the authors noted that important
NOTE Confidence: 0.917677370333333
00:18:49.236 --> 00:18:50.769 caveats of this analysis included
NOTE Confidence: 0.917677370333333
00:18:50.769 --> 00:18:52.439 the absence of treatment information
NOTE Confidence: 0.917677370333333
00:18:52.439 --> 00:18:54.090 which was not available, and.
NOTE Confidence: 0.917677370333333
00:18:54.090 --> 00:18:56.260 That their data was unable to assess
NOTE Confidence: 0.917677370333333
00:18:56.260 --> 00:18:57.680 treatment related complications,
NOTE Confidence: 0.917677370333333
00:18:57.680 --> 00:18:59.738 both of which I propose to improve
NOTE Confidence: 0.917677370333333
00:18:59.738 --> 00:19:02.358 upon in our models for this ACS grant.
NOTE Confidence: 0.917677370333333
00:19:02.360 --> 00:19:03.497 So once again,
NOTE Confidence: 0.917677370333333
00:19:03.497 --> 00:19:05.392 we return to existing currently
NOTE Confidence: 0.917677370333333
00:19:05.392 --> 00:19:06.500 existing knowledge gaps,
NOTE Confidence: 0.917677370333333
00:19:06.500 --> 00:19:08.135 which real-world data and outcome
NOTE Confidence: 0.917677370333333
00:19:08.135 --> 00:19:09.770 methodologies can help to address,
NOTE Confidence: 0.917677370333333

00:19:09.770 --> 00:19:12.052 so we know that Uncle logic and
NOTE Confidence: 0.9176773703333333

00:19:12.052 --> 00:19:13.915 noncaloric risks vary substantially by
NOTE Confidence: 0.9176773703333333

00:19:13.915 --> 00:19:16.785 cancer stage and treatment and cancer type.
NOTE Confidence: 0.9176773703333333

00:19:16.790 --> 00:19:18.500 We also know that cancer site
NOTE Confidence: 0.9176773703333333

00:19:18.500 --> 00:19:20.517 and stage alone can provide broad
NOTE Confidence: 0.9176773703333333

00:19:20.517 --> 00:19:22.145 uncle logic risk categories.
NOTE Confidence: 0.9176773703333333

00:19:22.150 --> 00:19:25.560 However, non uncle logic disease.
NOTE Confidence: 0.9176773703333333

00:19:25.560 --> 00:19:28.240 Risks have been defined qualitatively,
NOTE Confidence: 0.9176773703333333

00:19:28.240 --> 00:19:30.034 but not quantitatively,
NOTE Confidence: 0.9176773703333333

00:19:30.034 --> 00:19:31.828 and cancer survivors.
NOTE Confidence: 0.9176773703333333

00:19:31.830 --> 00:19:34.598 And we do not know how Uncle Logic
NOTE Confidence: 0.9176773703333333

00:19:34.598 --> 00:19:38.114 and on non uncle logic risks compare
NOTE Confidence: 0.9176773703333333

00:19:38.114 --> 00:19:40.854 or compete within cancer survivors.
NOTE Confidence: 0.9176773703333333

00:19:40.860 --> 00:19:43.639 And there's also a need to estimate
NOTE Confidence: 0.9176773703333333

00:19:43.639 --> 00:19:46.338 these risks at the point of care.
NOTE Confidence: 0.9176773703333333

00:19:46.340 --> 00:19:48.260 So we will once again use this year

NOTE Confidence: 0.9176773703333333
00:19:48.260 --> 00:19:50.340 Medicare and the North Carolina cipher data.
NOTE Confidence: 0.9176773703333333
00:19:50.340 --> 00:19:52.405 But the new data set addition to
NOTE Confidence: 0.9176773703333333
00:19:52.405 --> 00:19:54.133 this project will be incorporating
NOTE Confidence: 0.9176773703333333
00:19:54.133 --> 00:19:56.479 data from the Veterans Health system
NOTE Confidence: 0.9176773703333333
00:19:56.480 --> 00:19:58.524 and the overarching plan is to use
NOTE Confidence: 0.9176773703333333
00:19:58.524 --> 00:20:00.175 inputs that are available from
NOTE Confidence: 0.9176773703333333
00:20:00.175 --> 00:20:01.965 all three of these datasets,
NOTE Confidence: 0.9176773703333333
00:20:01.970 --> 00:20:03.980 such as cancer or specific variables
NOTE Confidence: 0.9176773703333333
00:20:03.980 --> 00:20:05.980 like site and stage treatment.
NOTE Confidence: 0.9176773703333333
00:20:05.980 --> 00:20:07.776 Personal characteristics like age
NOTE Confidence: 0.9176773703333333
00:20:07.776 --> 00:20:10.470 and gender and race and ethnicity,
NOTE Confidence: 0.9176773703333333
00:20:10.470 --> 00:20:13.074 and then aging related concerns like
NOTE Confidence: 0.9176773703333333
00:20:13.074 --> 00:20:14.810 comorbidities and functional status
NOTE Confidence: 0.9176773703333333
00:20:14.810 --> 00:20:16.820 to develop risk prediction models.
NOTE Confidence: 0.9176773703333333
00:20:16.820 --> 00:20:18.026 In breast, breast,
NOTE Confidence: 0.9176773703333333

00:20:18.026 --> 00:20:19.634 prostate and colorectal cancers.
NOTE Confidence: 0.9176773703333333

00:20:19.640 --> 00:20:21.776 To predict both ankle logic and
NOTE Confidence: 0.9176773703333333

00:20:21.776 --> 00:20:22.844 non oncologic events,
NOTE Confidence: 0.9176773703333333

00:20:22.850 --> 00:20:24.780 for which long term cancer
NOTE Confidence: 0.9176773703333333

00:20:24.780 --> 00:20:26.710 survivors are at increased risk.
NOTE Confidence: 0.9176773703333333

00:20:26.710 --> 00:20:28.882 So these risk algorithm algorithms will
NOTE Confidence: 0.9176773703333333

00:20:28.882 --> 00:20:31.449 separate long term cancer survivors into low,
NOTE Confidence: 0.9176773703333333

00:20:31.450 --> 00:20:33.610 medium and high risk categories to
NOTE Confidence: 0.9176773703333333

00:20:33.610 --> 00:20:35.050 help inform discussions between
NOTE Confidence: 0.9176773703333333

00:20:35.109 --> 00:20:37.019 survivors and physicians about their
NOTE Confidence: 0.9176773703333333

00:20:37.019 --> 00:20:38.909 optimal care going forward and
NOTE Confidence: 0.9176773703333333

00:20:38.909 --> 00:20:41.063 ultimately the final product will be
NOTE Confidence: 0.9176773703333333

00:20:41.063 --> 00:20:43.298 a freely available web calculator in
NOTE Confidence: 0.9176773703333333

00:20:43.298 --> 00:20:45.488 which patients and or physicians can
NOTE Confidence: 0.9176773703333333

00:20:45.488 --> 00:20:47.248 input their individual information
NOTE Confidence: 0.9176773703333333

00:20:47.248 --> 00:20:49.468 to help categorize their individual

NOTE Confidence: 0.917677370333333

00:20:49.468 --> 00:20:51.560 risk and inform pathways of care.

NOTE Confidence: 0.917677370333333

00:20:51.560 --> 00:20:54.230 So next on the horizon for me is

NOTE Confidence: 0.917677370333333

00:20:54.230 --> 00:20:56.235 tackling additional unmet needs of

NOTE Confidence: 0.917677370333333

00:20:56.235 --> 00:20:57.899 traditional health services research

NOTE Confidence: 0.917677370333333

00:20:57.899 --> 00:21:00.305 through novel data linkages and I'm

NOTE Confidence: 0.917677370333333

00:21:00.305 --> 00:21:02.194 developing studies that will include

NOTE Confidence: 0.917677370333333

00:21:02.194 --> 00:21:03.904 actual physical tumor samples so

NOTE Confidence: 0.917677370333333

00:21:03.904 --> 00:21:06.004 that we can run genomic sequence

NOTE Confidence: 0.917677370333333

00:21:06.004 --> 00:21:08.356 analysis on them and then link that

NOTE Confidence: 0.917677370333333

00:21:08.422 --> 00:21:09.790 additional biologic information

NOTE Confidence: 0.917677370333333

00:21:09.790 --> 00:21:12.526 to both tumor registry data and

NOTE Confidence: 0.917677370333333

00:21:12.526 --> 00:21:13.636 longitudinal claims data.

NOTE Confidence: 0.917677370333333

00:21:13.636 --> 00:21:15.574 So there are a couple existing

NOTE Confidence: 0.917677370333333

00:21:15.574 --> 00:21:16.220 resources which

NOTE Confidence: 0.915641128

00:21:16.284 --> 00:21:18.348 I have already tapped into to get this

NOTE Confidence: 0.915641128

00:21:18.348 --> 00:21:20.648 work off the ground and the first of which
NOTE Confidence: 0.915641128

00:21:20.648 --> 00:21:22.371 is the SEER residual tissue repository,
NOTE Confidence: 0.915641128

00:21:22.371 --> 00:21:25.332 which is a program that used to be funded
NOTE Confidence: 0.915641128

00:21:25.332 --> 00:21:27.467 by NCI to maintain physical tumor samples
NOTE Confidence: 0.915641128

00:21:27.467 --> 00:21:29.772 for patients contained in the SEER
NOTE Confidence: 0.915641128

00:21:29.772 --> 00:21:31.712 registry for three participating sites,
NOTE Confidence: 0.915641128

00:21:31.720 --> 00:21:34.388 which were Iowa, Hawaii and Los Angeles, CA.
NOTE Confidence: 0.915641128

00:21:34.388 --> 00:21:37.672 So like I said, the program
NOTE Confidence: 0.915641128

00:21:37.672 --> 00:21:39.776 consists of pathologic specimens.
NOTE Confidence: 0.915641128

00:21:39.780 --> 00:21:41.555 These are old specimens were
NOTE Confidence: 0.915641128

00:21:41.555 --> 00:21:43.644 collected between 1992 and 2006.
NOTE Confidence: 0.915641128

00:21:43.644 --> 00:21:44.560 I've already.
NOTE Confidence: 0.915641128

00:21:44.560 --> 00:21:46.680 Mention the participating see registries,
NOTE Confidence: 0.915641128

00:21:46.680 --> 00:21:49.907 but they do allow the ability to
NOTE Confidence: 0.915641128

00:21:49.907 --> 00:21:52.486 physically analyze tumor samples and So
NOTE Confidence: 0.915641128

00:21:52.486 --> 00:21:55.308 what I did was we recently completed a

NOTE Confidence: 0.915641128

00:21:55.308 --> 00:21:57.740 proof of concept study on a very small

NOTE Confidence: 0.915641128

00:21:57.802 --> 00:21:59.777 breast cancer cohort to demonstrate

NOTE Confidence: 0.915641128

00:21:59.777 --> 00:22:02.120 the process for combining the sear,

NOTE Confidence: 0.915641128

00:22:02.120 --> 00:22:02.762 the Medicare,

NOTE Confidence: 0.915641128

00:22:02.762 --> 00:22:05.009 and the genomic or biologic data obtained

NOTE Confidence: 0.915641128

00:22:05.009 --> 00:22:06.927 from running gene expression analysis

NOTE Confidence: 0.915641128

00:22:06.927 --> 00:22:08.857 on the tumor samples themselves.

NOTE Confidence: 0.915641128

00:22:08.860 --> 00:22:09.542 So unfortunately,

NOTE Confidence: 0.915641128

00:22:09.542 --> 00:22:12.270 LA did not participate in this pilot study

NOTE Confidence: 0.915641128

00:22:12.334 --> 00:22:14.838 due to an inability to procure large enough.

NOTE Confidence: 0.915641128

00:22:14.840 --> 00:22:16.465 Funds to cover their participation

NOTE Confidence: 0.915641128

00:22:16.465 --> 00:22:18.992 costs and this left us with two

NOTE Confidence: 0.915641128

00:22:18.992 --> 00:22:21.102 very distinct and racially and

NOTE Confidence: 0.915641128

00:22:21.102 --> 00:22:22.368 ethnically homogeneous populations

NOTE Confidence: 0.915641128

00:22:22.426 --> 00:22:24.076 which were not was not ideal.

NOTE Confidence: 0.915641128

00:22:24.080 --> 00:22:25.256 We would have liked it to have
NOTE Confidence: 0.915641128

00:22:25.256 --> 00:22:26.370 been much more representative,
NOTE Confidence: 0.915641128

00:22:26.370 --> 00:22:28.917 but it did allow us to proceed with the
NOTE Confidence: 0.915641128

00:22:28.917 --> 00:22:31.535 proof of concept study and here is a brief
NOTE Confidence: 0.915641128

00:22:31.535 --> 00:22:33.769 summary of some of our major findings,
NOTE Confidence: 0.915641128

00:22:33.770 --> 00:22:35.646 so this publication is in press and
NOTE Confidence: 0.915641128

00:22:35.646 --> 00:22:37.612 will be published in two days in JAMA
NOTE Confidence: 0.915641128

00:22:37.612 --> 00:22:39.334 Network and I'm happy to share that
NOTE Confidence: 0.915641128

00:22:39.334 --> 00:22:41.002 publication with folks to go through
NOTE Confidence: 0.915641128

00:22:41.002 --> 00:22:42.844 in more detail once it's published.
NOTE Confidence: 0.915641128

00:22:42.844 --> 00:22:45.769 But you can see that our major findings.
NOTE Confidence: 0.915641128

00:22:45.770 --> 00:22:47.933 Really show how we were able to
NOTE Confidence: 0.915641128

00:22:47.933 --> 00:22:49.687 leverage the different aspects of
NOTE Confidence: 0.915641128

00:22:49.687 --> 00:22:51.607 these three different data linkages.
NOTE Confidence: 0.915641128

00:22:51.610 --> 00:22:53.105 The three different datasets that
NOTE Confidence: 0.915641128

00:22:53.105 --> 00:22:55.192 we linked together so we were able

NOTE Confidence: 0.915641128

00:22:55.192 --> 00:22:56.800 to show from the Medicare claims

NOTE Confidence: 0.915641128

00:22:56.800 --> 00:22:58.426 data that symptomatic detection of

NOTE Confidence: 0.915641128

00:22:58.426 --> 00:23:00.151 breast cancer was associated with

NOTE Confidence: 0.915641128

00:23:00.151 --> 00:23:01.975 a higher mortality hazards ratio

NOTE Confidence: 0.915641128

00:23:01.975 --> 00:23:04.225 as from the SEER registry data.

NOTE Confidence: 0.915641128

00:23:04.230 --> 00:23:07.170 We were able to show that.

NOTE Confidence: 0.915641128

00:23:07.170 --> 00:23:09.252 Low levels of high school graduation

NOTE Confidence: 0.915641128

00:23:09.252 --> 00:23:11.345 rates were associated with a higher

NOTE Confidence: 0.915641128

00:23:11.345 --> 00:23:12.970 mortality mortality hazard ratio and

NOTE Confidence: 0.915641128

00:23:12.970 --> 00:23:15.300 then from the tumor samples and the

NOTE Confidence: 0.915641128

00:23:15.300 --> 00:23:17.581 genetic analysis that we conducted on these,

NOTE Confidence: 0.915641128

00:23:17.581 --> 00:23:19.898 we were able to show that androgen

NOTE Confidence: 0.915641128

00:23:19.898 --> 00:23:21.806 receptor macrophage set of toxicity and T.

NOTE Confidence: 0.915641128

00:23:21.810 --> 00:23:24.085 Rex signaling were all associated

NOTE Confidence: 0.915641128

00:23:24.085 --> 00:23:25.450 with reduced mortality.

NOTE Confidence: 0.915641128

00:23:25.450 --> 00:23:27.466 But the key thing that I want to
NOTE Confidence: 0.915641128

00:23:27.466 --> 00:23:29.128 highlight here is that factors
NOTE Confidence: 0.915641128

00:23:29.128 --> 00:23:30.953 related to socioeconomic status and
NOTE Confidence: 0.915641128

00:23:30.953 --> 00:23:32.520 screening access remained associated
NOTE Confidence: 0.915641128

00:23:32.520 --> 00:23:34.455 with mortality even after adjusting
NOTE Confidence: 0.915641128

00:23:34.455 --> 00:23:38.170 for clinical and genomic factors.
NOTE Confidence: 0.915641128

00:23:38.170 --> 00:23:39.696 So what does the future look like
NOTE Confidence: 0.915641128

00:23:39.696 --> 00:23:40.350 for this work?
NOTE Confidence: 0.915641128

00:23:40.350 --> 00:23:40.654 Well,
NOTE Confidence: 0.915641128

00:23:40.654 --> 00:23:42.478 I'm getting ready to submit a
NOTE Confidence: 0.915641128

00:23:42.478 --> 00:23:44.608 narrow one which would leverage the
NOTE Confidence: 0.915641128

00:23:44.608 --> 00:23:46.538 sear virtual tissue repository and
NOTE Confidence: 0.915641128

00:23:46.538 --> 00:23:48.470 proposes the first in kind linkage
NOTE Confidence: 0.915641128

00:23:48.470 --> 00:23:51.224 ever of the tumor samples with ceron,
NOTE Confidence: 0.915641128

00:23:51.224 --> 00:23:52.667 Medicare longitudinal claims.
NOTE Confidence: 0.915641128

00:23:52.670 --> 00:23:55.340 So the server consists of

NOTE Confidence: 0.915641128

00:23:55.340 --> 00:23:56.408 seven participating.

NOTE Confidence: 0.915641128

00:23:56.410 --> 00:23:59.317 See registry, so we're up to 7 from 3,

NOTE Confidence: 0.915641128

00:23:59.320 --> 00:24:01.055 and the pathologic specimen location

NOTE Confidence: 0.915641128

00:24:01.055 --> 00:24:03.809 is known for the most recent 10 years.

NOTE Confidence: 0.915641128

00:24:03.810 --> 00:24:06.266 So this is, this is the the oldest.

NOTE Confidence: 0.915641128

00:24:06.270 --> 00:24:08.538 The tissue samples are ten years old.

NOTE Confidence: 0.916855962

00:24:08.540 --> 00:24:10.210 But the collection is ongoing,

NOTE Confidence: 0.916855962

00:24:10.210 --> 00:24:11.520 so these are recent tissues.

NOTE Confidence: 0.916855962

00:24:11.520 --> 00:24:13.164 And once again we must physically

NOTE Confidence: 0.916855962

00:24:13.164 --> 00:24:14.706 request and fund the acquisition

NOTE Confidence: 0.916855962

00:24:14.706 --> 00:24:16.635 of the pathologic specimens from

NOTE Confidence: 0.916855962

00:24:16.635 --> 00:24:18.360 the pathology labs storing them.

NOTE Confidence: 0.916855962

00:24:18.360 --> 00:24:20.493 But what are we proposing to do? So?

NOTE Confidence: 0.916855962

00:24:20.493 --> 00:24:22.754 We're calling this a retro genomic approach,

NOTE Confidence: 0.916855962

00:24:22.760 --> 00:24:25.189 which we are defining as a combination

NOTE Confidence: 0.916855962

00:24:25.189 --> 00:24:27.263 of population level cohort studies
NOTE Confidence: 0.916855962

00:24:27.263 --> 00:24:29.203 followed by retrospective retrospective
NOTE Confidence: 0.916855962

00:24:29.203 --> 00:24:31.563 selection of patient cases in
NOTE Confidence: 0.916855962

00:24:31.563 --> 00:24:33.358 which to pursue genomic analysis,
NOTE Confidence: 0.916855962

00:24:33.360 --> 00:24:35.424 and this allows us to bypass a common
NOTE Confidence: 0.916855962

00:24:35.424 --> 00:24:37.165 weakness of traditional trials where
NOTE Confidence: 0.916855962

00:24:37.165 --> 00:24:39.110 patients are assigned to specific.
NOTE Confidence: 0.916855962

00:24:39.110 --> 00:24:41.190 Groups and then we wait to see what
NOTE Confidence: 0.916855962

00:24:41.190 --> 00:24:42.898 outcomes they have and this approach
NOTE Confidence: 0.916855962

00:24:42.898 --> 00:24:44.952 we can use the Medicare claims data
NOTE Confidence: 0.916855962

00:24:44.952 --> 00:24:46.800 to cherry pick specific outcomes of
NOTE Confidence: 0.916855962

00:24:46.800 --> 00:24:49.120 interest and then go and pull the tumor
NOTE Confidence: 0.916855962

00:24:49.120 --> 00:24:50.898 samples for the patients who experience
NOTE Confidence: 0.916855962

00:24:50.898 --> 00:24:52.866 these outcomes in the real world
NOTE Confidence: 0.916855962

00:24:52.866 --> 00:24:54.970 and study which treatment patterns,
NOTE Confidence: 0.916855962

00:24:54.970 --> 00:24:55.830 SES factors,

NOTE Confidence: 0.916855962

00:24:55.830 --> 00:24:57.550 or clinical pathologic characteristics

NOTE Confidence: 0.916855962

00:24:57.550 --> 00:25:00.229 appear to be driving those outcomes.

NOTE Confidence: 0.916855962

00:25:00.230 --> 00:25:02.190 And in the case of RRCC proposal,

NOTE Confidence: 0.916855962

00:25:02.190 --> 00:25:03.500 that we're getting ready to

NOTE Confidence: 0.916855962

00:25:03.500 --> 00:25:04.613 submit in February, February,

NOTE Confidence: 0.916855962

00:25:04.613 --> 00:25:06.874 we're going to look at two rare

NOTE Confidence: 0.916855962

00:25:06.874 --> 00:25:08.247 events experienced by patients

NOTE Confidence: 0.916855962

00:25:08.247 --> 00:25:09.575 related to amino therapy.

NOTE Confidence: 0.916855962

00:25:09.580 --> 00:25:10.114 Namely,

NOTE Confidence: 0.916855962

00:25:10.114 --> 00:25:13.318 severe IO toxicities and durable responders,

NOTE Confidence: 0.916855962

00:25:13.320 --> 00:25:14.730 so we're calling this project

NOTE Confidence: 0.916855962

00:25:14.730 --> 00:25:15.858 the virtual siert issue,

NOTE Confidence: 0.916855962

00:25:15.860 --> 00:25:18.120 registry Genomics and Medicare cohort,

NOTE Confidence: 0.916855962

00:25:18.120 --> 00:25:19.248 or a Verge cohort.

NOTE Confidence: 0.916855962

00:25:19.248 --> 00:25:20.376 And as I mentioned,

NOTE Confidence: 0.916855962

00:25:20.380 --> 00:25:21.742 our first application to go in
NOTE Confidence: 0.916855962

00:25:21.742 --> 00:25:23.248 will be in renal cell carcinoma
NOTE Confidence: 0.916855962

00:25:23.248 --> 00:25:24.874 since this study will be following
NOTE Confidence: 0.916855962

00:25:24.874 --> 00:25:26.680 on the heels of my current R 01,
NOTE Confidence: 0.916855962

00:25:26.680 --> 00:25:28.269 but our intention always has been and
NOTE Confidence: 0.916855962

00:25:28.269 --> 00:25:30.025 remains to have several different bridge
NOTE Confidence: 0.916855962

00:25:30.025 --> 00:25:31.740 cohorts across different disease sites.
NOTE Confidence: 0.916855962

00:25:31.740 --> 00:25:33.584 Answering all types of
NOTE Confidence: 0.916855962

00:25:33.584 --> 00:25:34.967 different clinical questions.
NOTE Confidence: 0.916855962

00:25:34.970 --> 00:25:36.002 So in summary,
NOTE Confidence: 0.916855962

00:25:36.002 --> 00:25:37.722 there are many questions relevant
NOTE Confidence: 0.916855962

00:25:37.722 --> 00:25:39.708 to cancer care that can be
NOTE Confidence: 0.916855962

00:25:39.708 --> 00:25:41.248 informed and enhanced by real
NOTE Confidence: 0.916855962

00:25:41.248 --> 00:25:43.110 World Health services research.
NOTE Confidence: 0.916855962

00:25:43.110 --> 00:25:45.840 Many questions cannot be feasibly or
NOTE Confidence: 0.916855962

00:25:45.840 --> 00:25:48.600 ethically addressed by clinical trials alone,

NOTE Confidence: 0.916855962
00:25:48.600 --> 00:25:50.220 and novel linkages may pave
NOTE Confidence: 0.916855962
00:25:50.220 --> 00:25:51.840 the way to novel opportunities
NOTE Confidence: 0.916855962
00:25:51.903 --> 00:25:53.467 in health services research.
NOTE Confidence: 0.916855962
00:25:53.470 --> 00:25:55.395 There are several datasets that
NOTE Confidence: 0.916855962
00:25:55.395 --> 00:25:57.320 are available for research in
NOTE Confidence: 0.916855962
00:25:57.392 --> 00:25:58.972 real world outcomes data and
NOTE Confidence: 0.916855962
00:25:58.972 --> 00:26:01.250 each data has its own strengths,
NOTE Confidence: 0.916855962
00:26:01.250 --> 00:26:01.503 weaknesses,
NOTE Confidence: 0.916855962
00:26:01.503 --> 00:26:03.527 and nuances that you need to know how
NOTE Confidence: 0.916855962
00:26:03.527 --> 00:26:05.538 to work with in order to get the best.
NOTE Confidence: 0.916855962
00:26:05.540 --> 00:26:07.646 And most accurate data and then
NOTE Confidence: 0.916855962
00:26:07.646 --> 00:26:09.050 the incorporation of genomics
NOTE Confidence: 0.916855962
00:26:09.111 --> 00:26:10.806 and biology into health service
NOTE Confidence: 0.916855962
00:26:10.806 --> 00:26:12.501 research is on the horizon.
NOTE Confidence: 0.916855962
00:26:12.510 --> 00:26:12.984 With that,
NOTE Confidence: 0.916855962

00:26:12.984 --> 00:26:14.643 I want to thank the team members
NOTE Confidence: 0.916855962

00:26:14.643 --> 00:26:16.265 who participated in all the various
NOTE Confidence: 0.916855962

00:26:16.265 --> 00:26:18.459 studies that I that I presented today.
NOTE Confidence: 0.916855962

00:26:18.460 --> 00:26:20.242 All of the work I do is team based
NOTE Confidence: 0.916855962

00:26:20.242 --> 00:26:22.170 science and I couldn't do it without
NOTE Confidence: 0.916855962

00:26:22.170 --> 00:26:23.584 the clinical collaborators and the
NOTE Confidence: 0.916855962

00:26:23.584 --> 00:26:25.306 support staff who are helping me with
NOTE Confidence: 0.916855962

00:26:25.306 --> 00:26:26.790 this work. Thank you for your time.
NOTE Confidence: 0.83374828

00:26:29.390 --> 00:26:30.488 Thank you Michaela.
NOTE Confidence: 0.83374828

00:26:30.488 --> 00:26:31.586 Very interesting work.
NOTE Confidence: 0.83374828

00:26:31.590 --> 00:26:33.585 If there are any questions, I I guess
NOTE Confidence: 0.83374828

00:26:33.585 --> 00:26:37.600 what we do is we type them into the chat.
NOTE Confidence: 0.83374828

00:26:37.600 --> 00:26:40.036 While we're waiting now to question.
NOTE Confidence: 0.83374828

00:26:40.040 --> 00:26:43.320 I I thought the most interesting thing
NOTE Confidence: 0.83374828

00:26:43.320 --> 00:26:46.720 he showed was the effect of ZIP code.
NOTE Confidence: 0.83374828

00:26:46.720 --> 00:26:48.758 The five fold increase in mortality.

NOTE Confidence: 0.83374828

00:26:48.760 --> 00:26:50.520 Yes, 'cause of course in within

NOTE Confidence: 0.83374828

00:26:50.520 --> 00:26:52.300 the ZIP code there are many people.

NOTE Confidence: 0.83374828

00:26:52.300 --> 00:26:55.216 There's a range of educational levels,

NOTE Confidence: 0.83374828

00:26:55.220 --> 00:26:58.758 so if you if you just actually broke it down.

NOTE Confidence: 0.83374828

00:26:58.760 --> 00:27:00.659 Are you able to break it down by actual,

NOTE Confidence: 0.83374828

00:27:00.660 --> 00:27:02.070 whether or not a patient

NOTE Confidence: 0.83374828

00:27:02.070 --> 00:27:03.198 has graduated or not?

NOTE Confidence: 0.83374828

00:27:03.200 --> 00:27:04.586 'cause I would assume then that

NOTE Confidence: 0.83374828

00:27:04.586 --> 00:27:05.890 difference would be much greater.

NOTE Confidence: 0.931836977777778

00:27:06.260 --> 00:27:07.034 Yeah, I mean,

NOTE Confidence: 0.931836977777778

00:27:07.034 --> 00:27:08.582 so obviously that would be ideal.

NOTE Confidence: 0.931836977777778

00:27:08.590 --> 00:27:09.898 That's just that's just a limitation

NOTE Confidence: 0.931836977777778

00:27:09.898 --> 00:27:11.000 of this year Medicare data,

NOTE Confidence: 0.931836977777778

00:27:11.000 --> 00:27:15.120 so the the SES data is in this

NOTE Confidence: 0.931836977777778

00:27:15.120 --> 00:27:16.580 available in their Medicare data,

NOTE Confidence: 0.931836977777778

00:27:16.580 --> 00:27:18.134 and I could talk a whole another
NOTE Confidence: 0.931836977777778

00:27:18.134 --> 00:27:19.080 half hour about this.
NOTE Confidence: 0.931836977777778

00:27:19.080 --> 00:27:20.648 Is zipcode level information,
NOTE Confidence: 0.931836977777778

00:27:20.648 --> 00:27:22.216 so it's not ideal,
NOTE Confidence: 0.931836977777778

00:27:22.220 --> 00:27:24.218 but it does give you a sense of you.
NOTE Confidence: 0.931836977777778

00:27:24.220 --> 00:27:25.585 You get zipcode level information
NOTE Confidence: 0.931836977777778

00:27:25.585 --> 00:27:26.677 about high school graduation,
NOTE Confidence: 0.931836977777778

00:27:26.680 --> 00:27:29.130 zipcode level, information about poverty.
NOTE Confidence: 0.931836977777778

00:27:29.130 --> 00:27:32.388 Uhm, about, uh,
NOTE Confidence: 0.931836977777778

00:27:32.390 --> 00:27:35.050 like the racial or ethnic makeup of
NOTE Confidence: 0.931836977777778

00:27:35.050 --> 00:27:36.840 a neighborhood somebody lives in.
NOTE Confidence: 0.931836977777778

00:27:36.840 --> 00:27:38.050 So obviously it's a proxy.
NOTE Confidence: 0.931836977777778

00:27:38.050 --> 00:27:38.800 It's not ideal,
NOTE Confidence: 0.931836977777778

00:27:38.800 --> 00:27:40.300 but it's it's better than what's
NOTE Confidence: 0.931836977777778

00:27:40.300 --> 00:27:41.777 in a lot of other datasets,
NOTE Confidence: 0.931836977777778

00:27:41.780 --> 00:27:42.878 so it's still

NOTE Confidence: 0.8580466833333333
00:27:42.910 --> 00:27:45.856 despite those very very striking difference.
NOTE Confidence: 0.8580466833333333
00:27:45.860 --> 00:27:47.060 We have a question from Laos.
NOTE Confidence: 0.835911504285714
00:27:48.410 --> 00:27:49.562 Yes, Titan, congratulations
NOTE Confidence: 0.835911504285714
00:27:49.562 --> 00:27:51.098 is clearly very exciting.
NOTE Confidence: 0.835911504285714
00:27:51.100 --> 00:27:52.175 What you described I,
NOTE Confidence: 0.835911504285714
00:27:52.175 --> 00:27:53.708 I wonder who is your year
NOTE Confidence: 0.835911504285714
00:27:53.710 --> 00:27:56.320 collaborator Co investigator for the
NOTE Confidence: 0.707717595
00:27:56.330 --> 00:27:59.710 genomic analysts piece of Euro one who
NOTE Confidence: 0.707717595
00:27:59.710 --> 00:28:01.720 will actually do the the sequencing
NOTE Confidence: 0.734202074444445
00:28:01.730 --> 00:28:02.938 and data analysts and
NOTE Confidence: 0.734202074444445
00:28:02.938 --> 00:28:04.448 linking to the clinical data.
NOTE Confidence: 0.734202074444445
00:28:04.450 --> 00:28:05.350 Yeah, so we're still working
NOTE Confidence: 0.734202074444445
00:28:05.350 --> 00:28:06.250 through the details of that,
NOTE Confidence: 0.734202074444445
00:28:06.250 --> 00:28:08.224 but we've been talking to all the
NOTE Confidence: 0.734202074444445
00:28:08.224 --> 00:28:09.872 various cores and thinking about
NOTE Confidence: 0.734202074444445

00:28:09.872 --> 00:28:12.425 exactly what what we want to do
NOTE Confidence: 0.734202074444445

00:28:12.425 --> 00:28:15.090 in terms of the genomic analysis.
NOTE Confidence: 0.734202074444445

00:28:15.090 --> 00:28:16.625 Obviously there's a couple things
NOTE Confidence: 0.734202074444445

00:28:16.625 --> 00:28:18.380 that are going to weigh in.
NOTE Confidence: 0.734202074444445

00:28:18.380 --> 00:28:19.370 This is a big study.
NOTE Confidence: 0.734202074444445

00:28:19.370 --> 00:28:20.914 It like I said, it's going to involve.
NOTE Confidence: 0.734202074444445

00:28:20.920 --> 00:28:23.456 It's all ecipes from all of the six
NOTE Confidence: 0.734202074444445

00:28:23.456 --> 00:28:25.948 registries I mentioned are all on board.
NOTE Confidence: 0.734202074444445

00:28:25.950 --> 00:28:27.258 We're going to have,
NOTE Confidence: 0.734202074444445

00:28:27.258 --> 00:28:28.893 so that'll be six sites,
NOTE Confidence: 0.734202074444445

00:28:28.900 --> 00:28:30.755 and so a lot of this unfortunately
NOTE Confidence: 0.734202074444445

00:28:30.755 --> 00:28:32.689 is gonna be driven by what we
NOTE Confidence: 0.734202074444445

00:28:32.689 --> 00:28:34.290 can afford in terms of, you know.
NOTE Confidence: 0.734202074444445

00:28:34.290 --> 00:28:35.739 So we're going to start with a
NOTE Confidence: 0.734202074444445

00:28:35.739 --> 00:28:36.788 very focused analysis and then
NOTE Confidence: 0.734202074444445

00:28:36.788 --> 00:28:37.556 from there you know.

NOTE Confidence: 0.734202074444445

00:28:37.560 --> 00:28:39.989 I'm hoping to build on that with

NOTE Confidence: 0.734202074444445

00:28:39.989 --> 00:28:41.030 either administrative supplements

NOTE Confidence: 0.734202074444445

00:28:41.089 --> 00:28:42.509 or other funding mechanisms to

NOTE Confidence: 0.734202074444445

00:28:42.509 --> 00:28:44.250 build out and expand on that,

NOTE Confidence: 0.734202074444445

00:28:44.250 --> 00:28:46.056 so that's still that that specific pieces

NOTE Confidence: 0.734202074444445

00:28:46.056 --> 00:28:47.968 build still being in development right now,

NOTE Confidence: 0.734202074444445

00:28:47.970 --> 00:28:48.816 but we're.

NOTE Confidence: 0.734202074444445

00:28:48.816 --> 00:28:51.354 Talking with all the Yale course.

NOTE Confidence: 0.734202074444445

00:28:51.360 --> 00:28:52.596 There's a lot to follow up

NOTE Confidence: 0.734202074444445

00:28:52.596 --> 00:28:53.581 with you because you know,

NOTE Confidence: 0.734202074444445

00:28:53.581 --> 00:28:55.284 I I couldn't write the Yale Genetics

NOTE Confidence: 0.734202074444445

00:28:55.284 --> 00:28:57.018 Genomics program and you may know

NOTE Confidence: 0.734202074444445

00:28:57.018 --> 00:28:58.436 that we have a similar large

NOTE Confidence: 0.734202074444445

00:28:58.436 --> 00:29:01.398 initiative that's run by like Murray.

NOTE Confidence: 0.734202074444445

00:29:01.398 --> 00:29:02.904 The generations project,

NOTE Confidence: 0.734202074444445

00:29:02.910 --> 00:29:04.368 and I think there is a lot of synergy
NOTE Confidence: 0.734202074444445

00:29:04.370 --> 00:29:05.577 that you could you could leverage.
NOTE Confidence: 0.734202074444445

00:29:05.577 --> 00:29:07.059 Yeah, it'd be great to talk,
NOTE Confidence: 0.734202074444445

00:29:07.060 --> 00:29:08.315 and we're still we're still
NOTE Confidence: 0.734202074444445

00:29:08.315 --> 00:29:09.319 developing that specific piece.
NOTE Confidence: 0.734202074444445

00:29:09.320 --> 00:29:10.336 I would love to talk about it more.
NOTE Confidence: 0.86150755

00:29:12.280 --> 00:29:15.115 Thanks Flash any other questions or comments?
NOTE Confidence: 0.828124807692308

00:29:18.950 --> 00:29:22.088 How the work is obviously critically
NOTE Confidence: 0.828124807692308

00:29:22.088 --> 00:29:25.809 dependent on how good the datasets are.
NOTE Confidence: 0.828124807692308

00:29:25.810 --> 00:29:27.754 Which you have not a lot of control over
NOTE Confidence: 0.828124807692308

00:29:27.754 --> 00:29:29.436 other than select which ones to use.
NOTE Confidence: 0.828124807692308

00:29:29.440 --> 00:29:31.828 I mean for example other VA.
NOTE Confidence: 0.828124807692308

00:29:31.830 --> 00:29:32.856 How does that compare to see?
NOTE Confidence: 0.828124807692308

00:29:32.860 --> 00:29:34.477 Or how does that compare to Medicare?
NOTE Confidence: 0.828124807692308

00:29:34.480 --> 00:29:36.570 Or are there systematic differences?
NOTE Confidence: 0.932014826

00:29:36.930 --> 00:29:38.730 Yeah, so great question.

NOTE Confidence: 0.932014826

00:29:38.730 --> 00:29:41.980 Again, I have a whole other talk just

NOTE Confidence: 0.932014826

00:29:41.980 --> 00:29:43.680 talking specifically about these.

NOTE Confidence: 0.932014826

00:29:43.680 --> 00:29:45.640 Uhm, so you know it.

NOTE Confidence: 0.932014826

00:29:45.640 --> 00:29:46.816 It's all about like I said,

NOTE Confidence: 0.932014826

00:29:46.820 --> 00:29:48.296 like knowing the datasets well knowing

NOTE Confidence: 0.932014826

00:29:48.296 --> 00:29:49.823 what their strengths or weaknesses are

NOTE Confidence: 0.932014826

00:29:49.823 --> 00:29:51.573 and knowing how to leverage them so

NOTE Confidence: 0.932014826

00:29:51.573 --> 00:29:52.834 specifically for the wrist ratification

NOTE Confidence: 0.932014826

00:29:52.834 --> 00:29:54.286 grant that I'm talking about where

NOTE Confidence: 0.932014826

00:29:54.290 --> 00:29:55.370 we're going to be using serum,

NOTE Confidence: 0.932014826

00:29:55.370 --> 00:29:57.266 Medicare cipher and the VA data,

NOTE Confidence: 0.932014826

00:29:57.270 --> 00:29:58.765 we're specifically focusing on the

NOTE Confidence: 0.932014826

00:29:58.765 --> 00:30:00.260 variables of interest on things

NOTE Confidence: 0.932014826

00:30:00.312 --> 00:30:01.720 that we know we can get out of.

NOTE Confidence: 0.932014826

00:30:01.720 --> 00:30:03.369 Each of those three datasets, right?

NOTE Confidence: 0.932014826

00:30:03.369 --> 00:30:05.041 So because we want to be able to
NOTE Confidence: 0.932014826

00:30:05.041 --> 00:30:06.660 like develop and then validate
NOTE Confidence: 0.932014826

00:30:06.660 --> 00:30:08.016 the risk prediction algorithms.
NOTE Confidence: 0.932014826

00:30:08.020 --> 00:30:09.649 I mean, I, I said it from the beginning.
NOTE Confidence: 0.932014826

00:30:09.650 --> 00:30:11.400 There's no perfect data set.
NOTE Confidence: 0.932014826

00:30:11.400 --> 00:30:12.435 There are things that are
NOTE Confidence: 0.932014826

00:30:12.435 --> 00:30:13.470 really strong about this year.
NOTE Confidence: 0.932014826

00:30:13.470 --> 00:30:14.166 Medicare data.
NOTE Confidence: 0.932014826

00:30:14.166 --> 00:30:16.602 It is probably the most widely used
NOTE Confidence: 0.932014826

00:30:16.602 --> 00:30:18.269 real-world data set for oncology.
NOTE Confidence: 0.932014826

00:30:18.270 --> 00:30:19.562 Specific research is an
NOTE Confidence: 0.932014826

00:30:19.562 --> 00:30:20.854 incredibly strong data set,
NOTE Confidence: 0.932014826

00:30:20.860 --> 00:30:22.582 but the two big limitations that
NOTE Confidence: 0.932014826

00:30:22.582 --> 00:30:24.492 everyone can tell you right off the
NOTE Confidence: 0.932014826

00:30:24.492 --> 00:30:26.446 top of their head is that it's limited
NOTE Confidence: 0.932014826

00:30:26.446 --> 00:30:28.526 to those who are 65 years and older.

NOTE Confidence: 0.932014826

00:30:28.530 --> 00:30:29.379 It's Medicare only,

NOTE Confidence: 0.932014826

00:30:29.379 --> 00:30:31.077 and then the other limitation is

NOTE Confidence: 0.932014826

00:30:31.077 --> 00:30:32.467 there's a pretty significant lag

NOTE Confidence: 0.932014826

00:30:32.467 --> 00:30:34.555 with the data because it relies on a

NOTE Confidence: 0.932014826

00:30:34.555 --> 00:30:36.363 linkage that's done every two years at NCI,

NOTE Confidence: 0.932014826

00:30:36.370 --> 00:30:37.970 so it's usually about three

NOTE Confidence: 0.932014826

00:30:37.970 --> 00:30:39.454 to four years behind, right?

NOTE Confidence: 0.932014826

00:30:39.454 --> 00:30:40.678 So if you're trying to look

NOTE Confidence: 0.932014826

00:30:40.678 --> 00:30:41.290 at emerging technologies,

NOTE Confidence: 0.932014826

00:30:41.290 --> 00:30:43.054 it can be a little bit of a nuisance.

NOTE Confidence: 0.932014826

00:30:43.060 --> 00:30:44.626 So from the current R 01.

NOTE Confidence: 0.932014826

00:30:44.630 --> 00:30:47.878 Using Seer Medicare data.

NOTE Confidence: 0.932014826

00:30:47.880 --> 00:30:49.350 Actually getting ready to purchase

NOTE Confidence: 0.932014826

00:30:49.350 --> 00:30:51.294 a cohort of the Medicare 100% data.

NOTE Confidence: 0.932014826

00:30:51.294 --> 00:30:52.953 So the limitation to that data set

NOTE Confidence: 0.932014826

00:30:52.953 --> 00:30:54.973 is going to be that it doesn't have
NOTE Confidence: 0.932014826

00:30:54.973 --> 00:30:56.360 the seer registry information,
NOTE Confidence: 0.932014826

00:30:56.360 --> 00:30:58.635 so we're not going to know things
NOTE Confidence: 0.932014826

00:30:58.635 --> 00:31:01.014 like stage or like other clinical
NOTE Confidence: 0.932014826

00:31:01.014 --> 00:31:01.876 pathologic variables.
NOTE Confidence: 0.932014826

00:31:01.880 --> 00:31:02.130 However,
NOTE Confidence: 0.932014826

00:31:02.130 --> 00:31:03.630 the whole you know we're trying
NOTE Confidence: 0.932014826

00:31:03.630 --> 00:31:05.660 to fill in the gaps that we know
NOTE Confidence: 0.932014826

00:31:05.660 --> 00:31:07.193 exist from the previous work that
NOTE Confidence: 0.932014826

00:31:07.193 --> 00:31:08.705 we did with the other datasets,
NOTE Confidence: 0.932014826

00:31:08.710 --> 00:31:11.440 which is the lag that we saw in in this era.
NOTE Confidence: 0.932014826

00:31:11.440 --> 00:31:12.590 Medicare data and the North
NOTE Confidence: 0.932014826

00:31:12.590 --> 00:31:13.280 Carolina cipher data,
NOTE Confidence: 0.932014826

00:31:13.280 --> 00:31:15.026 so we can't look at O as in the
NOTE Confidence: 0.932014826

00:31:15.026 --> 00:31:16.519 context of current immunotherapy,
NOTE Confidence: 0.932014826

00:31:16.520 --> 00:31:18.744 which we know is playing a huge role.

NOTE Confidence: 0.932014826

00:31:18.750 --> 00:31:21.050 In a renal cell carcinoma

NOTE Confidence: 0.932014826

00:31:21.050 --> 00:31:22.241 treatment right now,

NOTE Confidence: 0.932014826

00:31:22.241 --> 00:31:24.226 so the Medicare claims data,

NOTE Confidence: 0.932014826

00:31:24.230 --> 00:31:25.790 while it will have different gaps,

NOTE Confidence: 0.932014826

00:31:25.790 --> 00:31:28.697 is going to allow us to look at other

NOTE Confidence: 0.932014826

00:31:28.697 --> 00:31:30.498 questions alongside of what we've

NOTE Confidence: 0.932014826

00:31:30.498 --> 00:31:33.189 already done to look at how aydelette

NOTE Confidence: 0.932014826

00:31:33.189 --> 00:31:35.769 OAA utilization and adherence looks

NOTE Confidence: 0.932014826

00:31:35.770 --> 00:31:38.608 in the context of amino therapies.

NOTE Confidence: 0.932014826

00:31:38.610 --> 00:31:40.170 So it's just about figuring out,

NOTE Confidence: 0.932014826

00:31:40.170 --> 00:31:41.720 like it's just about acknowledging

NOTE Confidence: 0.932014826

00:31:41.720 --> 00:31:42.960 where the limitations exist,

NOTE Confidence: 0.932014826

00:31:42.960 --> 00:31:45.179 and then figuring out a way to

NOTE Confidence: 0.932014826

00:31:45.179 --> 00:31:47.688 kind of fill that information in.

NOTE Confidence: 0.932014826

00:31:47.690 --> 00:31:48.110 Terrific,

NOTE Confidence: 0.899751644285714

00:31:48.120 --> 00:31:49.060 thank you very much.
NOTE Confidence: 0.899751644285714

00:31:49.060 --> 00:31:49.765 Very interesting talk.
NOTE Confidence: 0.899751644285714

00:31:49.770 --> 00:31:52.674 We need to move on to our second
NOTE Confidence: 0.899751644285714

00:31:52.674 --> 00:31:55.660 speaker who's Gloria Wong and Gloria
NOTE Confidence: 0.899751644285714

00:31:55.660 --> 00:31:58.712 is a social professor of OBGYN
NOTE Confidence: 0.899751644285714

00:31:58.712 --> 00:32:00.440 and reproductive sciences here,
NOTE Confidence: 0.899751644285714

00:32:00.440 --> 00:32:01.980 and she specialized in the
NOTE Confidence: 0.899751644285714

00:32:01.980 --> 00:32:03.520 treatment and prevention of ovarian,
NOTE Confidence: 0.899751644285714

00:32:03.520 --> 00:32:05.348 uterine, and cervical cancers.
NOTE Confidence: 0.899751644285714

00:32:05.348 --> 00:32:07.633 She's a board certified gynecological
NOTE Confidence: 0.899751644285714

00:32:07.633 --> 00:32:09.505 oncologist who performs minimally
NOTE Confidence: 0.899751644285714

00:32:09.505 --> 00:32:11.322 invasive surgery and her research
NOTE Confidence: 0.899751644285714

00:32:11.322 --> 00:32:12.538 interests are in Dimitriou,
NOTE Confidence: 0.899751644285714

00:32:12.540 --> 00:32:14.460 SIS associated and ovarian cancer
NOTE Confidence: 0.899751644285714

00:32:14.460 --> 00:32:16.380 in the prevention and treatment
NOTE Confidence: 0.899751644285714

00:32:16.440 --> 00:32:18.388 of endometrial cancer recurrence.

NOTE Confidence: 0.899751644285714
00:32:18.390 --> 00:32:20.838 So Gloria, the floor is yours.
NOTE Confidence: 0.900049427894737
00:32:21.710 --> 00:32:23.852 Hey, thank you so much for the
NOTE Confidence: 0.900049427894737
00:32:23.852 --> 00:32:25.491 introduction and I really enjoyed
NOTE Confidence: 0.900049427894737
00:32:25.491 --> 00:32:27.773 the first talk and learns a lot.
NOTE Confidence: 0.900049427894737
00:32:27.780 --> 00:32:30.460 So let me just see if I can
NOTE Confidence: 0.900049427894737
00:32:30.460 --> 00:32:32.580 bring up my slides here.
NOTE Confidence: 0.827367892
00:32:35.660 --> 00:32:37.500 Can you see those? Yes,
NOTE Confidence: 0.910976
00:32:37.510 --> 00:32:41.750 could you put in presentation? Yes perfect
NOTE Confidence: 0.8530016845
00:32:41.760 --> 00:32:44.064 great alright. Well today I wanted
NOTE Confidence: 0.8530016845
00:32:44.064 --> 00:32:46.741 to talk about a couple of topics
NOTE Confidence: 0.8530016845
00:32:46.741 --> 00:32:49.212 on near and dear to my heart,
NOTE Confidence: 0.8530016845
00:32:49.220 --> 00:32:51.925 which is translational science and
NOTE Confidence: 0.8530016845
00:32:51.925 --> 00:32:54.630 pivotal trials and gynecological cancer.
NOTE Confidence: 0.837866694
00:32:56.960 --> 00:32:59.728 I have my disclosures on file with the
NOTE Confidence: 0.837866694
00:32:59.728 --> 00:33:01.675 CME office, none of which are related
NOTE Confidence: 0.837866694

00:33:01.675 --> 00:33:03.670 to the content of this presentation.
NOTE Confidence: 0.814904234761905

00:33:06.750 --> 00:33:09.954 In this talk, I want to first give a
NOTE Confidence: 0.814904234761905

00:33:09.954 --> 00:33:12.760 epidemic brief overview of the epidemiology
NOTE Confidence: 0.814904234761905

00:33:12.760 --> 00:33:15.770 and current trends in GYN cancer.
NOTE Confidence: 0.814904234761905

00:33:15.770 --> 00:33:18.140 Challenges and successes in the
NOTE Confidence: 0.814904234761905

00:33:18.140 --> 00:33:20.510 field of GYN Cancer Research,
NOTE Confidence: 0.814904234761905

00:33:20.510 --> 00:33:22.601 including highlighting some
NOTE Confidence: 0.814904234761905

00:33:22.601 --> 00:33:25.389 recent practice changing trials
NOTE Confidence: 0.814904234761905

00:33:25.390 --> 00:33:28.780 and example of how translational
NOTE Confidence: 0.814904234761905

00:33:28.780 --> 00:33:31.080 science in my personal experience,
NOTE Confidence: 0.814904234761905

00:33:31.080 --> 00:33:34.105 can be a driver for clinical trial
NOTE Confidence: 0.814904234761905

00:33:34.105 --> 00:33:36.169 development and team science,
NOTE Confidence: 0.814904234761905

00:33:36.170 --> 00:33:38.738 and then also just touch briefly
NOTE Confidence: 0.814904234761905

00:33:38.738 --> 00:33:40.450 on some resources available
NOTE Confidence: 0.814904234761905

00:33:40.530 --> 00:33:42.459 for translational research.
NOTE Confidence: 0.8775650333333333

00:33:45.110 --> 00:33:47.036 And these are the learning objectives.

NOTE Confidence: 0.896806442857143

00:33:51.880 --> 00:33:53.732 Endometrial cancer has been

NOTE Confidence: 0.896806442857143

00:33:53.732 --> 00:33:56.047 increasing in both incidence and

NOTE Confidence: 0.896806442857143

00:33:56.047 --> 00:33:57.968 mortality in the United States.

NOTE Confidence: 0.896806442857143

00:33:57.970 --> 00:34:00.556 Currently, the lifetime risk of developing

NOTE Confidence: 0.896806442857143

00:34:00.556 --> 00:34:03.150 under mutual cancer is about one in

NOTE Confidence: 0.896806442857143

00:34:03.150 --> 00:34:06.135 32 and over 800,000 women in the US

NOTE Confidence: 0.896806442857143

00:34:06.135 --> 00:34:08.320 are living with endometrial cancer.

NOTE Confidence: 0.896806442857143

00:34:08.320 --> 00:34:10.930 Ovarian cancer mortality has slightly

NOTE Confidence: 0.896806442857143

00:34:10.930 --> 00:34:14.136 declined in recent years and currently

NOTE Confidence: 0.896806442857143

00:34:14.136 --> 00:34:16.706 the lifetime risk of developing

NOTE Confidence: 0.896806442857143

00:34:16.706 --> 00:34:19.700 ovarian cancer is about one in 83

NOTE Confidence: 0.896806442857143

00:34:19.700 --> 00:34:21.638 and over 200,000 women in EU S R.

NOTE Confidence: 0.896806442857143

00:34:21.640 --> 00:34:24.718 Living with ovarian cancer. In EU.

NOTE Confidence: 0.896806442857143

00:34:24.720 --> 00:34:27.370 S. Thanks to HPV vaccination

NOTE Confidence: 0.896806442857143

00:34:27.370 --> 00:34:28.960 and cervical screening.

NOTE Confidence: 0.896806442857143

00:34:28.960 --> 00:34:31.996 The cervical cancer rate has declined
NOTE Confidence: 0.896806442857143

00:34:31.996 --> 00:34:36.182 over the past decades to about 167 women.
NOTE Confidence: 0.896806442857143

00:34:36.182 --> 00:34:38.946 However, there are significant
NOTE Confidence: 0.896806442857143

00:34:38.946 --> 00:34:41.884 disparities related to access
NOTE Confidence: 0.896806442857143

00:34:41.884 --> 00:34:45.624 of care and affecting outcomes.
NOTE Confidence: 0.896806442857143

00:34:45.630 --> 00:34:46.718 She whined.
NOTE Confidence: 0.896806442857143

00:34:46.718 --> 00:34:49.438 Cancers arise from the reproductive
NOTE Confidence: 0.896806442857143

00:34:49.438 --> 00:34:51.802 tract organs, including the ovary,
NOTE Confidence: 0.896806442857143

00:34:51.802 --> 00:34:53.194 fallopian tube, uterus,
NOTE Confidence: 0.896806442857143

00:34:53.194 --> 00:34:55.370 cervix, ***** and vagina,
NOTE Confidence: 0.896806442857143

00:34:55.370 --> 00:34:57.920 and these organs are remarkable in
NOTE Confidence: 0.896806442857143

00:34:57.920 --> 00:35:00.221 their ability to respond rapidly
NOTE Confidence: 0.896806442857143

00:35:00.221 --> 00:35:02.776 to endocrine signals, produce sex,
NOTE Confidence: 0.896806442857143

00:35:02.776 --> 00:35:05.241 hormones and their remarkable capacity
NOTE Confidence: 0.896806442857143

00:35:05.241 --> 00:35:06.676 for proliferation, regeneration,
NOTE Confidence: 0.896806442857143

00:35:06.676 --> 00:35:08.014 and morphological changes,

NOTE Confidence: 0.896806442857143
00:35:08.014 --> 00:35:11.153 and some of these do relate to
NOTE Confidence: 0.896806442857143
00:35:11.153 --> 00:35:13.118 underlying risk factors and protective
NOTE Confidence: 0.896806442857143
00:35:13.118 --> 00:35:15.290 factors for GY and cancers.
NOTE Confidence: 0.896806442857143
00:35:15.290 --> 00:35:16.940 Full fearing cancer,
NOTE Confidence: 0.896806442857143
00:35:16.940 --> 00:35:19.690 there's a correlation with increased
NOTE Confidence: 0.896806442857143
00:35:19.690 --> 00:35:21.370 lifetime ambulatory cycles,
NOTE Confidence: 0.896806442857143
00:35:21.370 --> 00:35:23.698 whereas oral contraceptive use,
NOTE Confidence: 0.896806442857143
00:35:23.698 --> 00:35:25.444 pregnancy and risk,
NOTE Confidence: 0.896806442857143
00:35:25.450 --> 00:35:28.550 and breastfeeding decrease risk.
NOTE Confidence: 0.896806442857143
00:35:28.550 --> 00:35:31.650 A MWe now that.
NOTE Confidence: 0.896806442857143
00:35:31.650 --> 00:35:33.815 Term line genetic testing has
NOTE Confidence: 0.896806442857143
00:35:33.815 --> 00:35:36.340 become much more widespread and may,
NOTE Confidence: 0.896806442857143
00:35:36.340 --> 00:35:38.748 you know, be available to the general public.
NOTE Confidence: 0.896806442857143
00:35:38.750 --> 00:35:42.334 It is available now for out of
NOTE Confidence: 0.896806442857143
00:35:42.334 --> 00:35:46.013 pocket cost for you know about \$250
NOTE Confidence: 0.896806442857143

00:35:46.013 --> 00:35:49.254 to determine if one carries a BRCA
NOTE Confidence: 0.896806442857143

00:35:49.254 --> 00:35:52.861 one or two mutation and for those
NOTE Confidence: 0.896806442857143

00:35:52.861 --> 00:35:55.146 patients risk reducing surgery is
NOTE Confidence: 0.896806442857143

00:35:55.146 --> 00:35:57.957 highly protective for women at average risk.
NOTE Confidence: 0.896806442857143

00:35:57.960 --> 00:36:00.560 There is a benefit to
NOTE Confidence: 0.896806442857143

00:36:00.560 --> 00:36:02.120 opportunistic salpingectomy so,
NOTE Confidence: 0.896806442857143

00:36:02.120 --> 00:36:02.646 uhm,
NOTE Confidence: 0.896806442857143

00:36:02.646 --> 00:36:05.802 a surgical removal of the flippin
NOTE Confidence: 0.896806442857143

00:36:05.802 --> 00:36:10.174 tubes at the time of other pelvic
NOTE Confidence: 0.896806442857143

00:36:10.174 --> 00:36:12.858 surgery for benign indications.
NOTE Confidence: 0.896806442857143

00:36:12.860 --> 00:36:17.882 Endometrial cancer is linked to the
NOTE Confidence: 0.896806442857143

00:36:17.882 --> 00:36:20.834 rising obesity rate unopposed estrogen
NOTE Confidence: 0.896806442857143

00:36:20.834 --> 00:36:23.494 as well as hereditary factors,
NOTE Confidence: 0.896806442857143

00:36:23.500 --> 00:36:26.804 and we know that use of progestin
NOTE Confidence: 0.896806442857143

00:36:26.804 --> 00:36:28.220 containing oral contraceptive
NOTE Confidence: 0.896806442857143

00:36:28.302 --> 00:36:30.732 pills or progestin IUD can offer

NOTE Confidence: 0.896806442857143

00:36:30.732 --> 00:36:33.365 protection as well as risk reducing

NOTE Confidence: 0.896806442857143

00:36:33.365 --> 00:36:36.173 surgery for patients at higher risk.

NOTE Confidence: 0.896806442857143

00:36:36.180 --> 00:36:40.879 And cervical cancer can be really

NOTE Confidence: 0.896806442857143

00:36:40.879 --> 00:36:42.931 eliminated with widespread implementation

NOTE Confidence: 0.896806442857143

00:36:42.931 --> 00:36:46.140 of HPV vaccination and cervical screening,

NOTE Confidence: 0.896806442857143

00:36:46.140 --> 00:36:49.175 which currently consists mainly of

NOTE Confidence: 0.896806442857143

00:36:49.175 --> 00:36:53.639 liquid cytology and high risk HPV detection.

NOTE Confidence: 0.896806442857143

00:36:53.640 --> 00:36:56.016 We are still facing notable challenges

NOTE Confidence: 0.896806442857143

00:36:56.016 --> 00:36:58.680 in the fields of GI and cancer,

NOTE Confidence: 0.896806442857143

00:36:58.680 --> 00:37:01.686 and I'm going to focus today on and a

NOTE Confidence: 0.896806442857143

00:37:01.686 --> 00:37:04.460 mutual cancer which has an increasing

NOTE Confidence: 0.896806442857143

00:37:04.460 --> 00:37:07.432 incidence and mortality rate as well

NOTE Confidence: 0.896806442857143

00:37:07.432 --> 00:37:10.624 as substantial racial disparity in outcomes.

NOTE Confidence: 0.896806442857143

00:37:10.630 --> 00:37:11.144 However,

NOTE Confidence: 0.896806442857143

00:37:11.144 --> 00:37:14.228 this is buffeted by recent successes

NOTE Confidence: 0.896806442857143

00:37:14.228 --> 00:37:17.110 and pivotal trials in GI and cancer
NOTE Confidence: 0.896806442857143

00:37:17.110 --> 00:37:20.120 in just in the past 18 months alone,
NOTE Confidence: 0.896806442857143

00:37:20.120 --> 00:37:22.796 we've seen new first line maintenance
NOTE Confidence: 0.896806442857143

00:37:22.796 --> 00:37:25.130 therapy options for ovarian cancer.
NOTE Confidence: 0.896806442857143

00:37:25.130 --> 00:37:27.338 New indications for immunotherapy,
NOTE Confidence: 0.896806442857143

00:37:27.338 --> 00:37:29.546 including for mismatch repair,
NOTE Confidence: 0.896806442857143

00:37:29.550 --> 00:37:31.590 proficient at a mutual cancer,
NOTE Confidence: 0.896806442857143

00:37:31.590 --> 00:37:33.862 as well as new first line and second
NOTE Confidence: 0.896806442857143

00:37:33.862 --> 00:37:36.079 line standard of care for cervical cancer.
NOTE Confidence: 0.896806442857143

00:37:36.080 --> 00:37:40.280 So really quite amazing how many.
NOTE Confidence: 0.896806442857143

00:37:40.280 --> 00:37:42.655 Pivotal trials have resulted in
NOTE Confidence: 0.896806442857143

00:37:42.655 --> 00:37:46.182 the recent 18 to 24 months leading
NOTE Confidence: 0.896806442857143

00:37:46.182 --> 00:37:49.530 to practice changing.
NOTE Confidence: 0.896806442857143

00:37:49.530 --> 00:37:51.330 Approaches,
NOTE Confidence: 0.896806442857143

00:37:51.330 --> 00:37:55.818 so in 2000 end of 2019 the results
NOTE Confidence: 0.896806442857143

00:37:55.818 --> 00:37:58.434 of Primon Paolo one were published

NOTE Confidence: 0.896806442857143

00:37:58.434 --> 00:38:00.899 in the New England Journal,

NOTE Confidence: 0.863152505882353

00:38:00.900 --> 00:38:03.609 leading to the approval of two different

NOTE Confidence: 0.863152505882353

00:38:03.609 --> 00:38:05.872 options for first line maintenance

NOTE Confidence: 0.863152505882353

00:38:05.872 --> 00:38:08.447 therapy of epithelial ovarian cancer.

NOTE Confidence: 0.863152505882353

00:38:08.450 --> 00:38:10.110 Fallopian tube for primary piratini,

NOTE Confidence: 0.863152505882353

00:38:10.110 --> 00:38:12.170 oh cancer. Following complete or

NOTE Confidence: 0.863152505882353

00:38:12.170 --> 00:38:14.916 partial response to first line platinum

NOTE Confidence: 0.863152505882353

00:38:14.916 --> 00:38:18.900 based chemotherapy, the new rap rib.

NOTE Confidence: 0.863152505882353

00:38:18.900 --> 00:38:21.660 Demonstrated a significant improvement

NOTE Confidence: 0.863152505882353

00:38:21.660 --> 00:38:25.316 in progression free survival in both

NOTE Confidence: 0.863152505882353

00:38:25.316 --> 00:38:28.004 the overall intent to treat population

NOTE Confidence: 0.863152505882353

00:38:28.004 --> 00:38:30.227 and the homologous recombination

NOTE Confidence: 0.863152505882353

00:38:30.227 --> 00:38:33.935 deficient population with a hazard risk

NOTE Confidence: 0.863152505882353

00:38:33.935 --> 00:38:38.840 of 0.43 in progression free survival.

NOTE Confidence: 0.863152505882353

00:38:38.840 --> 00:38:42.608 Come with clear divergance of the

NOTE Confidence: 0.863152505882353

00:38:42.610 --> 00:38:45.938 progression free survival curves.
NOTE Confidence: 0.863152505882353

00:38:45.938 --> 00:38:50.082 Similarly, Palo one which tested elapp rib
NOTE Confidence: 0.863152505882353

00:38:50.082 --> 00:38:54.040 and bevacizumab for first line maintenance,
NOTE Confidence: 0.863152505882353

00:38:54.040 --> 00:38:55.364 showed remarkable
NOTE Confidence: 0.863152505882353

00:38:55.364 --> 00:38:57.350 improvement and progression.
NOTE Confidence: 0.863152505882353

00:38:57.350 --> 00:38:59.290 Free survival on the upper
NOTE Confidence: 0.863152505882353

00:38:59.290 --> 00:39:00.842 left in the bracket.
NOTE Confidence: 0.863152505882353

00:39:00.850 --> 00:39:03.650 Mutated population hazard ratio
NOTE Confidence: 0.863152505882353

00:39:03.650 --> 00:39:07.158 of 0.31 and on the lower right.
NOTE Confidence: 0.863152505882353

00:39:07.160 --> 00:39:09.200 Patients without a BRAC mutation.
NOTE Confidence: 0.863152505882353

00:39:09.200 --> 00:39:13.314 But with a molecular test demonstrating.
NOTE Confidence: 0.863152505882353

00:39:13.314 --> 00:39:15.666 Homologous recombination deficiency
NOTE Confidence: 0.863152505882353

00:39:15.666 --> 00:39:20.370 as tested by genomic instability also
NOTE Confidence: 0.863152505882353

00:39:20.467 --> 00:39:22.584 showed a progression free survival
NOTE Confidence: 0.863152505882353

00:39:22.584 --> 00:39:25.710 benefit with a hazard ratio of 0.4.
NOTE Confidence: 0.835525848

00:39:35.170 --> 00:39:37.380 And outcomes for patients who,

NOTE Confidence: 0.835525848

00:39:37.380 --> 00:39:39.620 unfortunately often prevent present

NOTE Confidence: 0.835525848

00:39:39.620 --> 00:39:42.420 with advanced stage ovarian cancer,

NOTE Confidence: 0.835525848

00:39:42.420 --> 00:39:45.894 and we know that upon recurrence

NOTE Confidence: 0.835525848

00:39:45.894 --> 00:39:49.209 becomes more difficult to treat and

NOTE Confidence: 0.835525848

00:39:49.210 --> 00:39:51.328 more likely to be chemo resistant.

NOTE Confidence: 0.784302386363636

00:39:53.820 --> 00:39:57.278 In mutual cancer, just to review some

NOTE Confidence: 0.784302386363636

00:39:57.278 --> 00:40:00.468 of our recent exciting new options.

NOTE Confidence: 0.784302386363636

00:40:00.468 --> 00:40:03.780 And this has been really a big deal

NOTE Confidence: 0.784302386363636

00:40:03.867 --> 00:40:06.842 because actually progress has been

NOTE Confidence: 0.784302386363636

00:40:06.842 --> 00:40:09.817 quite slow and endometrial cancer.

NOTE Confidence: 0.784302386363636

00:40:09.820 --> 00:40:13.720 Progestin therapy Megace was approved.

NOTE Confidence: 0.784302386363636

00:40:13.720 --> 00:40:16.450 You know, many decades ago for

NOTE Confidence: 0.784302386363636

00:40:16.450 --> 00:40:18.270 palliative treatment of enemy,

NOTE Confidence: 0.784302386363636

00:40:18.270 --> 00:40:20.700 enemy, troll, and breast cancer.

NOTE Confidence: 0.784302386363636

00:40:20.700 --> 00:40:22.852 However, really many decades

NOTE Confidence: 0.784302386363636

00:40:22.852 --> 00:40:25.542 elapsed without any new trials,
NOTE Confidence: 0.784302386363636

00:40:25.550 --> 00:40:28.635 new indicate indicated therapies for
NOTE Confidence: 0.784302386363636

00:40:28.635 --> 00:40:32.425 endometrial cancer of a big benefit
NOTE Confidence: 0.784302386363636

00:40:32.425 --> 00:40:35.095 for our patients without mutual cancer,
NOTE Confidence: 0.784302386363636

00:40:35.100 --> 00:40:37.915 with seen with the accelerated
NOTE Confidence: 0.784302386363636

00:40:37.915 --> 00:40:39.604 approval of pembrolizumab.
NOTE Confidence: 0.784302386363636

00:40:39.610 --> 00:40:44.118 For a minute, solid tumors that were
NOTE Confidence: 0.784302386363636

00:40:44.118 --> 00:40:46.994 mismatch repair deficient as about
NOTE Confidence: 0.784302386363636

00:40:46.994 --> 00:40:50.118 20% of endometrial cancers are,
NOTE Confidence: 0.784302386363636

00:40:50.118 --> 00:40:52.149 or microsatellite instability
NOTE Confidence: 0.784302386363636

00:40:52.149 --> 00:40:54.108 high or more recently,
NOTE Confidence: 0.784302386363636

00:40:54.108 --> 00:40:56.664 with the addition of the accelerated
NOTE Confidence: 0.784302386363636

00:40:56.664 --> 00:40:59.525 approval for the tumor mutation burden high.
NOTE Confidence: 0.784302386363636

00:40:59.530 --> 00:41:00.488 Uhm?
NOTE Confidence: 0.784302386363636

00:41:00.488 --> 00:41:04.320 Tumors more recently this.
NOTE Confidence: 0.784302386363636

00:41:04.320 --> 00:41:07.125 Here we have an additional

NOTE Confidence: 0.784302386363636
00:41:07.125 --> 00:41:09.369 option for mismatch repair
NOTE Confidence: 0.784302386363636
00:41:09.369 --> 00:41:11.798 deficient and demetral cancer,
NOTE Confidence: 0.784302386363636
00:41:11.800 --> 00:41:13.480 just Starla Mob,
NOTE Confidence: 0.784302386363636
00:41:13.480 --> 00:41:15.720 which received accelerated approval
NOTE Confidence: 0.784302386363636
00:41:15.720 --> 00:41:20.310 in August and then most recently
NOTE Confidence: 0.784302386363636
00:41:20.310 --> 00:41:23.886 the keynote 775 updated results were
NOTE Confidence: 0.784302386363636
00:41:23.886 --> 00:41:27.125 presented at ESMO following previous
NOTE Confidence: 0.784302386363636
00:41:27.125 --> 00:41:30.925 presentation at SGO showing combination.
NOTE Confidence: 0.784302386363636
00:41:30.930 --> 00:41:35.430 Of pembrolizumab and lymphatic nib.
NOTE Confidence: 0.784302386363636
00:41:35.430 --> 00:41:38.270 Showing actually with this combination.
NOTE Confidence: 0.784302386363636
00:41:38.270 --> 00:41:40.926 In proficient mismatch repair.
NOTE Confidence: 0.784302386363636
00:41:40.926 --> 00:41:42.918 Proficient endometrial cancers.
NOTE Confidence: 0.784302386363636
00:41:42.920 --> 00:41:43.510 Uhm,
NOTE Confidence: 0.784302386363636
00:41:43.510 --> 00:41:46.460 an improvement in overall survival,
NOTE Confidence: 0.784302386363636
00:41:46.460 --> 00:41:48.865 leading to regular approval of
NOTE Confidence: 0.784302386363636

00:41:48.865 --> 00:41:51.159 this combination for patients with
NOTE Confidence: 0.784302386363636

00:41:51.159 --> 00:41:53.374 endometrial cancer that is not
NOTE Confidence: 0.784302386363636

00:41:53.374 --> 00:41:56.615 MSI high that is mismatch repair
NOTE Confidence: 0.784302386363636

00:41:56.615 --> 00:41:59.455 proficient and have disease progression
NOTE Confidence: 0.784302386363636

00:41:59.455 --> 00:42:01.888 following prior systemic therapy.
NOTE Confidence: 0.868508536666667

00:42:04.930 --> 00:42:09.046 Next, I want to move into how we,
NOTE Confidence: 0.868508536666667

00:42:09.046 --> 00:42:11.427 as clinicians scientists, participate.
NOTE Confidence: 0.868508536666667

00:42:11.427 --> 00:42:14.769 And a example for trial in
NOTE Confidence: 0.868508536666667

00:42:14.769 --> 00:42:17.909 progress that I'd like to share.
NOTE Confidence: 0.868508536666667

00:42:17.910 --> 00:42:20.458 So I have a couple of different
NOTE Confidence: 0.868508536666667

00:42:20.458 --> 00:42:22.740 projects moving into clinical trials.
NOTE Confidence: 0.868508536666667

00:42:22.740 --> 00:42:25.945 This one that's currently in
NOTE Confidence: 0.868508536666667

00:42:25.945 --> 00:42:28.509 enrolling in clinical trial.
NOTE Confidence: 0.868508536666667

00:42:28.510 --> 00:42:31.926 And emerged from what began as a
NOTE Confidence: 0.868508536666667

00:42:31.926 --> 00:42:34.140 collaborative team science project,
NOTE Confidence: 0.868508536666667

00:42:34.140 --> 00:42:37.325 funded by a narrow one and then

NOTE Confidence: 0.868508536666667

00:42:37.325 --> 00:42:40.540 another trial, which I'm in the

NOTE Confidence: 0.868508536666667

00:42:40.540 --> 00:42:43.302 process of moving towards the clinic,

NOTE Confidence: 0.868508536666667

00:42:43.302 --> 00:42:46.690 which is which I won't talk about today,

NOTE Confidence: 0.868508536666667

00:42:46.690 --> 00:42:48.180 which was based on translational

NOTE Confidence: 0.868508536666667

00:42:48.180 --> 00:42:49.670 science done in my lab.

NOTE Confidence: 0.868508536666667

00:42:49.670 --> 00:42:52.046 Supported by DoD grant.

NOTE Confidence: 0.868508536666667

00:42:52.046 --> 00:42:53.828 For this study,

NOTE Confidence: 0.868508536666667

00:42:53.830 --> 00:42:56.210 which began quite a long time ago,

NOTE Confidence: 0.868508536666667

00:42:56.210 --> 00:43:00.670 UM, I collaborated with, UM,

NOTE Confidence: 0.868508536666667

00:43:00.670 --> 00:43:02.490 Epidemia Cancer epidemiology experts,

NOTE Confidence: 0.868508536666667

00:43:02.490 --> 00:43:05.220 and we wanted to ask the

NOTE Confidence: 0.868508536666667

00:43:05.300 --> 00:43:06.988 question of what could,

NOTE Confidence: 0.868508536666667

00:43:06.990 --> 00:43:09.954 what we know about the development

NOTE Confidence: 0.868508536666667

00:43:09.954 --> 00:43:12.384 of endometrial cancer and how

NOTE Confidence: 0.868508536666667

00:43:12.384 --> 00:43:14.604 obesity is a major risk factor

NOTE Confidence: 0.868508536666667

00:43:14.604 --> 00:43:17.028 for Type 1 endometrial cancer
NOTE Confidence: 0.868508536666667

00:43:17.028 --> 00:43:20.093 which has been increasing steadily
NOTE Confidence: 0.868508536666667

00:43:20.093 --> 00:43:22.240 and underlies the primary.
NOTE Confidence: 0.868508536666667

00:43:22.240 --> 00:43:24.540 Increase in the endometrial cancer
NOTE Confidence: 0.868508536666667

00:43:24.540 --> 00:43:27.318 incidence as shown here in this graph.
NOTE Confidence: 0.781636

00:43:29.880 --> 00:43:34.406 See. A man is dorceau tick tick
NOTE Confidence: 0.781636

00:43:34.406 --> 00:43:36.536 tick lining rate of hysterectomy
NOTE Confidence: 0.781636

00:43:36.536 --> 00:43:39.188 is another contributing factor.
NOTE Confidence: 0.781636

00:43:39.190 --> 00:43:40.502 Uh, what was known?
NOTE Confidence: 0.781636

00:43:40.502 --> 00:43:41.814 And for many studies,
NOTE Confidence: 0.781636

00:43:41.820 --> 00:43:44.196 including prospective study of
NOTE Confidence: 0.781636

00:43:44.196 --> 00:43:46.218 the Women's Health Initiative,
NOTE Confidence: 0.781636

00:43:46.218 --> 00:43:49.074 that some of the underlying biological
NOTE Confidence: 0.781636

00:43:49.074 --> 00:43:52.354 mechanisms linking obesity to endometrial
NOTE Confidence: 0.781636

00:43:52.354 --> 00:43:55.158 cancer include increased estrogen
NOTE Confidence: 0.781636

00:43:55.158 --> 00:43:58.584 levels increased by availability of

NOTE Confidence: 0.781636

00:43:58.584 --> 00:44:01.156 estrogens and insulin resistance.

NOTE Confidence: 0.781636

00:44:01.160 --> 00:44:04.256 Uhm, and the question that we asked was,

NOTE Confidence: 0.781636

00:44:04.260 --> 00:44:07.422 do these factors that underlie the

NOTE Confidence: 0.781636

00:44:07.422 --> 00:44:09.530 development of endometrial cancer.

NOTE Confidence: 0.781636

00:44:09.530 --> 00:44:12.813 Do they play a role in the

NOTE Confidence: 0.781636

00:44:12.813 --> 00:44:15.588 recurrence and progression of women

NOTE Confidence: 0.781636

00:44:15.588 --> 00:44:18.128 diagnosed with endometrial cancer?

NOTE Confidence: 0.781636

00:44:18.130 --> 00:44:19.693 For this study,

NOTE Confidence: 0.781636

00:44:19.693 --> 00:44:22.298 we utilized the tissue by

NOTE Confidence: 0.781636

00:44:22.298 --> 00:44:25.316 repository of the GOT 210 study.

NOTE Confidence: 0.781636

00:44:25.316 --> 00:44:29.040 This is a study that was over

NOTE Confidence: 0.781636

00:44:29.162 --> 00:44:32.024 60 sites around the USFRGOG

NOTE Confidence: 0.781636

00:44:32.024 --> 00:44:34.280 Gynaecologic oncology group sites,

NOTE Confidence: 0.781636

00:44:34.280 --> 00:44:38.102 now under the auspices of NRG

NOTE Confidence: 0.781636

00:44:38.102 --> 00:44:40.700 Oncology and enrolled patients who

NOTE Confidence: 0.781636

00:44:40.700 --> 00:44:42.660 were undergoing standard surgical
NOTE Confidence: 0.781636

00:44:42.660 --> 00:44:45.309 care for endometrial cancer and
NOTE Confidence: 0.781636

00:44:45.310 --> 00:44:48.242 prospective specimen banking was.
NOTE Confidence: 0.781636

00:44:48.242 --> 00:44:50.664 Performed and sent to a
NOTE Confidence: 0.781636

00:44:50.664 --> 00:44:51.618 centralized tissue bank,
NOTE Confidence: 0.781636

00:44:51.620 --> 00:44:54.676 the jioji tissue bank.
NOTE Confidence: 0.781636

00:44:54.676 --> 00:44:57.585 And and prospective epidemiological
NOTE Confidence: 0.781636

00:44:57.585 --> 00:44:59.730 surveys and outcomes.
NOTE Confidence: 0.781636

00:44:59.730 --> 00:45:01.825 Treatment and outcomes data was
NOTE Confidence: 0.781636

00:45:01.825 --> 00:45:03.920 obtained in order to facilitate
NOTE Confidence: 0.781636

00:45:03.989 --> 00:45:05.519 translational research,
NOTE Confidence: 0.781636

00:45:05.520 --> 00:45:08.995 including a variety of molecular
NOTE Confidence: 0.781636

00:45:08.995 --> 00:45:11.775 and genetic genomic assays
NOTE Confidence: 0.781636

00:45:11.775 --> 00:45:13.650 and data integration.
NOTE Confidence: 0.83187726

00:45:18.490 --> 00:45:21.380 So we proposed a study
NOTE Confidence: 0.83187726

00:45:21.380 --> 00:45:23.688 within this G210 cohort,

NOTE Confidence: 0.83187726

00:45:23.688 --> 00:45:26.558 which we obtained funding for,

NOTE Confidence: 0.83187726

00:45:26.560 --> 00:45:29.380 and this focused on the patients

NOTE Confidence: 0.83187726

00:45:29.380 --> 00:45:31.260 who had endometrioid Histology,

NOTE Confidence: 0.83187726

00:45:31.260 --> 00:45:34.452 and we investigated the sex hormone

NOTE Confidence: 0.83187726

00:45:34.452 --> 00:45:37.919 and insulin insulin like growth factor,

NOTE Confidence: 0.83187726

00:45:37.920 --> 00:45:40.590 signaling pathways implicated in the

NOTE Confidence: 0.83187726

00:45:40.590 --> 00:45:42.726 development of endometrial cancer,

NOTE Confidence: 0.83187726

00:45:42.730 --> 00:45:45.410 to determine if these factors.

NOTE Confidence: 0.83187726

00:45:45.410 --> 00:45:47.954 More related to the recurrence or

NOTE Confidence: 0.83187726

00:45:47.954 --> 00:45:50.525 progression of higher risk and a

NOTE Confidence: 0.83187726

00:45:50.525 --> 00:45:52.572 Metroid under mutual cancers and

NOTE Confidence: 0.83187726

00:45:52.572 --> 00:45:55.224 this study included over 800 women,

NOTE Confidence: 0.83187726

00:45:55.230 --> 00:45:57.936 of whom 35% experienced a recurrence

NOTE Confidence: 0.83187726

00:45:57.936 --> 00:46:01.159 in a follow-up of over five years.

NOTE Confidence: 0.645219144

00:46:06.180 --> 00:46:09.650 Or the, UM, the methods?

NOTE Confidence: 0.645219144

00:46:09.650 --> 00:46:12.356 The models were adjusted for known
NOTE Confidence: 0.645219144

00:46:12.356 --> 00:46:15.080 clinical risk factors of recurrence,
NOTE Confidence: 0.645219144

00:46:15.080 --> 00:46:17.220 including age, stage and grade,
NOTE Confidence: 0.645219144

00:46:17.220 --> 00:46:20.586 which were all significant risk factors
NOTE Confidence: 0.645219144

00:46:20.590 --> 00:46:24.076 for recurrence and just to summarize,
NOTE Confidence: 0.645219144

00:46:24.080 --> 00:46:27.260 some of the interesting findings
NOTE Confidence: 0.645219144

00:46:27.260 --> 00:46:30.236 which we presented at an ASCO
NOTE Confidence: 0.645219144

00:46:30.236 --> 00:46:32.848 plenary and we published this
NOTE Confidence: 0.645219144

00:46:32.848 --> 00:46:35.470 year in cancer epidemiol AMPDCEP.
NOTE Confidence: 0.645219144

00:46:35.470 --> 00:46:38.410 We found that circulating estradiol is
NOTE Confidence: 0.645219144

00:46:38.410 --> 00:46:41.010 positively associated with recurrence risk,
NOTE Confidence: 0.645219144

00:46:41.010 --> 00:46:43.534 independent of other factors,
NOTE Confidence: 0.645219144

00:46:43.534 --> 00:46:45.427 and in addition,
NOTE Confidence: 0.645219144

00:46:45.430 --> 00:46:47.650 a particular tissue biomarker that I
NOTE Confidence: 0.645219144

00:46:47.650 --> 00:46:50.550 was interested in based on some of my
NOTE Confidence: 0.645219144

00:46:50.550 --> 00:46:52.610 laboratory research that phosphorylated

NOTE Confidence: 0.645219144

00:46:52.610 --> 00:46:55.370 expression of insulin receptor,

NOTE Confidence: 0.645219144

00:46:55.370 --> 00:46:59.504 IGF one receptor was also independently

NOTE Confidence: 0.645219144

00:46:59.504 --> 00:47:02.260 associated with recurrence risk.

NOTE Confidence: 0.645219144

00:47:02.260 --> 00:47:06.222 And this is an example of immunohistochemical

NOTE Confidence: 0.645219144

00:47:06.222 --> 00:47:08.756 staining for the phosphorylated

NOTE Confidence: 0.645219144

00:47:08.756 --> 00:47:12.246 activated form of the receptor.

NOTE Confidence: 0.645219144

00:47:12.250 --> 00:47:14.290 Because of the, you know,

NOTE Confidence: 0.645219144

00:47:14.290 --> 00:47:17.146 large number of patients we did utilize

NOTE Confidence: 0.645219144

00:47:17.146 --> 00:47:19.368 high throughput approaches for this study,

NOTE Confidence: 0.645219144

00:47:19.370 --> 00:47:21.095 which included construction

NOTE Confidence: 0.645219144

00:47:21.095 --> 00:47:25.060 of tissue microarrays and.

NOTE Confidence: 0.645219144

00:47:25.060 --> 00:47:28.980 And in real time PCR.

NOTE Confidence: 0.645219144

00:47:28.980 --> 00:47:31.002 So the translational impact of these

NOTE Confidence: 0.645219144

00:47:31.002 --> 00:47:32.823 findings is that we identified

NOTE Confidence: 0.645219144

00:47:32.823 --> 00:47:34.878 novel sex hormone and insulin,

NOTE Confidence: 0.645219144

00:47:34.880 --> 00:47:36.930 IGF axis tissue and circulating
NOTE Confidence: 0.645219144

00:47:36.930 --> 00:47:38.980 biomarkers of recurrence in a
NOTE Confidence: 0.645219144

00:47:39.051 --> 00:47:41.697 prospective study of high stage enemy
NOTE Confidence: 0.645219144

00:47:41.697 --> 00:47:45.728 troydan mutual cancer and this led to.
NOTE Confidence: 0.645219144

00:47:45.730 --> 00:47:49.090 A motivation to test strategies to
NOTE Confidence: 0.645219144

00:47:49.090 --> 00:47:51.678 target these pathways for prevention
NOTE Confidence: 0.645219144

00:47:51.678 --> 00:47:53.948 and treatment of endometrial cancer
NOTE Confidence: 0.645219144

00:47:53.948 --> 00:47:56.060 and endometrial cancer recurrence.
NOTE Confidence: 0.803527206

00:48:00.970 --> 00:48:03.162 Come in my lab.
NOTE Confidence: 0.803527206

00:48:03.162 --> 00:48:06.810 We looked at different potential
NOTE Confidence: 0.803527206

00:48:06.810 --> 00:48:09.863 therapies for treating and demetral
NOTE Confidence: 0.803527206

00:48:09.863 --> 00:48:12.869 cancer that could be superior to
NOTE Confidence: 0.803527206

00:48:12.869 --> 00:48:15.480 the previously used strategies.
NOTE Confidence: 0.803527206

00:48:15.480 --> 00:48:18.960 So the most commonly used strategies
NOTE Confidence: 0.803527206

00:48:18.960 --> 00:48:23.176 in in the past have been protesting
NOTE Confidence: 0.803527206

00:48:23.176 --> 00:48:26.238 agents aromat ACE inhibitors or

NOTE Confidence: 0.803527206
00:48:26.238 --> 00:48:28.706 combination tamoxifen and megace,
NOTE Confidence: 0.803527206
00:48:28.710 --> 00:48:30.814 and all of those.
NOTE Confidence: 0.803527206
00:48:30.814 --> 00:48:32.918 Resulted in really modest
NOTE Confidence: 0.803527206
00:48:32.918 --> 00:48:35.170 efficacy with progression.
NOTE Confidence: 0.803527206
00:48:35.170 --> 00:48:37.354 Free survivals even in the first
NOTE Confidence: 0.803527206
00:48:37.354 --> 00:48:39.739 line setting of around three months,
NOTE Confidence: 0.803527206
00:48:39.740 --> 00:48:43.868 so this indicated a need for more effective.
NOTE Confidence: 0.803527206
00:48:43.870 --> 00:48:46.234 Effective approaches for endocrine
NOTE Confidence: 0.803527206
00:48:46.234 --> 00:48:50.271 therapy and we found both in cell
NOTE Confidence: 0.803527206
00:48:50.271 --> 00:48:53.217 line models demonstrate we found that
NOTE Confidence: 0.803527206
00:48:53.220 --> 00:49:00.210 combination cyclin D kinase CDK 46
NOTE Confidence: 0.803527206
00:49:00.210 --> 00:49:02.110 inhibition with AROMATISSE inhibitors
NOTE Confidence: 0.803527206
00:49:02.110 --> 00:49:04.553 was potently synergistic and endometrial
NOTE Confidence: 0.803527206
00:49:04.553 --> 00:49:09.342 cancer cell lines and and this is.
NOTE Confidence: 0.803527206
00:49:09.342 --> 00:49:12.434 Something that it's been very
NOTE Confidence: 0.803527206

00:49:12.434 --> 00:49:13.370 successfully implemented.
NOTE Confidence: 0.803527206

00:49:13.370 --> 00:49:14.540 Of course,
NOTE Confidence: 0.803527206

00:49:14.540 --> 00:49:18.050 in estrogen receptor positive breast cancer.
NOTE Confidence: 0.803527206

00:49:18.050 --> 00:49:21.338 And this just shows in vivo data of
NOTE Confidence: 0.803527206

00:49:21.338 --> 00:49:25.153 showing on the Y axis the tumor volumes
NOTE Confidence: 0.803527206

00:49:25.153 --> 00:49:28.070 of the endometrial cancer xenograft.
NOTE Confidence: 0.803527206

00:49:28.070 --> 00:49:31.360 And this was a RB wild type.
NOTE Confidence: 0.803527206

00:49:31.360 --> 00:49:32.224 As expected,
NOTE Confidence: 0.803527206

00:49:32.224 --> 00:49:34.816 we found that RB mutant mutual
NOTE Confidence: 0.803527206

00:49:34.816 --> 00:49:37.486 cancers are not responsive to this
NOTE Confidence: 0.803527206

00:49:37.486 --> 00:49:39.646 combination and you could see
NOTE Confidence: 0.803527206

00:49:39.646 --> 00:49:42.746 in the red that the combination
NOTE Confidence: 0.803527206

00:49:42.746 --> 00:49:44.818 therapy was significantly superior
NOTE Confidence: 0.803527206

00:49:44.818 --> 00:49:48.069 to either agent alone and.
NOTE Confidence: 0.803527206

00:49:48.069 --> 00:49:50.862 Both and much was really able to
NOTE Confidence: 0.803527206

00:49:50.862 --> 00:49:53.625 inhibit growth of this aggressive

NOTE Confidence: 0.803527206

00:49:53.625 --> 00:49:56.572 endometrial cancer xenografted and this

NOTE Confidence: 0.803527206

00:49:56.572 --> 00:50:00.820 is work we presented at the AACR meeting.

NOTE Confidence: 0.803527206

00:50:00.820 --> 00:50:04.308 And this led me to initiate a collaboration

NOTE Confidence: 0.803527206

00:50:04.308 --> 00:50:06.918 guided by valuable input from,

NOTE Confidence: 0.803527206

00:50:06.920 --> 00:50:10.200 you know my division colleagues here at Yale,

NOTE Confidence: 0.803527206

00:50:10.200 --> 00:50:13.656 who of course are leading clinical

NOTE Confidence: 0.803527206

00:50:13.660 --> 00:50:17.280 researchers as well as colleagues

NOTE Confidence: 0.803527206

00:50:17.280 --> 00:50:21.534 and in breast cancer like Doctor

NOTE Confidence: 0.803527206

00:50:21.534 --> 00:50:25.596 Puztai and my colleague Dr Santine,

NOTE Confidence: 0.803527206

00:50:25.600 --> 00:50:26.797 incorporating their input,

NOTE Confidence: 0.803527206

00:50:26.797 --> 00:50:30.170 I was able to successfully submit a concept.

NOTE Confidence: 0.803527206

00:50:30.170 --> 00:50:35.732 For a clinical trial for two to be

NOTE Confidence: 0.803527206

00:50:35.732 --> 00:50:41.240 supported by Lilly and in collaboration with.

NOTE Confidence: 0.803527206

00:50:41.240 --> 00:50:43.365 Leading clinical trialists in June

NOTE Confidence: 0.803527206

00:50:43.365 --> 00:50:46.469 ecology and the in the Jioji group,

NOTE Confidence: 0.803527206

00:50:46.470 --> 00:50:49.085 which is our major cooperative
NOTE Confidence: 0.803527206

00:50:49.085 --> 00:50:50.654 group for research.
NOTE Confidence: 0.803527206

00:50:50.660 --> 00:50:56.295 We we actually were able to successfully
NOTE Confidence: 0.803527206

00:50:56.295 --> 00:51:00.070 propose and activate an investigator
NOTE Confidence: 0.803527206

00:51:00.070 --> 00:51:03.080 initiated trial which is GOG 3039,
NOTE Confidence: 0.803527206

00:51:03.080 --> 00:51:05.330 a phase two study of abemaciclib
NOTE Confidence: 0.803527206

00:51:05.411 --> 00:51:08.246 in combination with lectures on
NOTE Confidence: 0.803527206

00:51:08.246 --> 00:51:10.514 advanced recurrent or metastatic
NOTE Confidence: 0.803527206

00:51:10.514 --> 00:51:12.630 endometrioid in Dimitriou cancer.
NOTE Confidence: 0.803527206

00:51:12.630 --> 00:51:14.910 This is a phase two single arm trial
NOTE Confidence: 0.803527206

00:51:14.910 --> 00:51:17.134 to evaluate the efficacy of this
NOTE Confidence: 0.803527206

00:51:17.134 --> 00:51:19.124 drug combination for endometrioid and
NOTE Confidence: 0.803527206

00:51:19.124 --> 00:51:20.910 imaginal cancer with dosing based
NOTE Confidence: 0.803527206

00:51:20.910 --> 00:51:22.902 on the current FDA approval for
NOTE Confidence: 0.803527206

00:51:22.910 --> 00:51:24.860 combination therapy and breast cancer.
NOTE Confidence: 0.8744750272727

00:51:27.110 --> 00:51:29.660 The study endpoints is to evaluate

NOTE Confidence: 0.874475027272727

00:51:29.660 --> 00:51:32.150 the efficacy and in addition,

NOTE Confidence: 0.874475027272727

00:51:32.150 --> 00:51:34.410 the translational research component,

NOTE Confidence: 0.874475027272727

00:51:34.410 --> 00:51:38.569 which is all being done here at Yale.

NOTE Confidence: 0.874475027272727

00:51:38.570 --> 00:51:43.828 We are. Collecting longitudinally

NOTE Confidence: 0.874475027272727

00:51:43.828 --> 00:51:48.785 whole whole blood for cell free DNA as

NOTE Confidence: 0.874475027272727

00:51:48.785 --> 00:51:52.558 well as FFP of the tissue samples for

NOTE Confidence: 0.874475027272727

00:51:52.558 --> 00:51:55.238 exploratory analysis and identification

NOTE Confidence: 0.874475027272727

00:51:55.238 --> 00:51:58.369 of novel biomarkers of response.

NOTE Confidence: 0.874475027272727

00:51:58.370 --> 00:52:01.984 And how does this trial the JIOJI 3039 trial

NOTE Confidence: 0.874475027272727

00:52:01.984 --> 00:52:04.546 fit into the rapidly evolving landscape

NOTE Confidence: 0.874475027272727

00:52:04.546 --> 00:52:07.030 of treatment for endometrial cancer?

NOTE Confidence: 0.874475027272727

00:52:07.030 --> 00:52:08.554 Well surgery, hysterectomy,

NOTE Confidence: 0.874475027272727

00:52:08.554 --> 00:52:11.602 removal of the tubes and ovaries,

NOTE Confidence: 0.874475027272727

00:52:11.610 --> 00:52:14.232 and nodal valuation is still the

NOTE Confidence: 0.874475027272727

00:52:14.232 --> 00:52:15.980 cornerstone of patients presenting

NOTE Confidence: 0.874475027272727

00:52:16.050 --> 00:52:18.400 with resectable ended mutual cancer.
NOTE Confidence: 0.874475027272727

00:52:18.400 --> 00:52:19.480 Following surgery,
NOTE Confidence: 0.874475027272727

00:52:19.480 --> 00:52:22.180 low end and intermediate risk
NOTE Confidence: 0.874475027272727

00:52:22.180 --> 00:52:25.209 patients are managed with observation,
NOTE Confidence: 0.874475027272727

00:52:25.210 --> 00:52:27.194 while high intermediate risk
NOTE Confidence: 0.874475027272727

00:52:27.194 --> 00:52:29.178 patients standard of care.
NOTE Confidence: 0.874475027272727

00:52:29.180 --> 00:52:31.170 Some receive radiation therapy or
NOTE Confidence: 0.874475027272727

00:52:31.170 --> 00:52:33.160 vaginal breakey therapy with the
NOTE Confidence: 0.874475027272727

00:52:33.229 --> 00:52:35.434 potential benefit of the additional
NOTE Confidence: 0.874475027272727

00:52:35.434 --> 00:52:37.639 of pembrolizumab for mismatch repair.
NOTE Confidence: 0.874475027272727

00:52:37.640 --> 00:52:40.012 Deficient patients being evaluated
NOTE Confidence: 0.874475027272727

00:52:40.012 --> 00:52:44.160 in this trial we have open here,
NOTE Confidence: 0.874475027272727

00:52:44.160 --> 00:52:49.890 which is the Gio 24 high risk higher
NOTE Confidence: 0.874475027272727

00:52:49.890 --> 00:52:52.230 risk patients following surgery
NOTE Confidence: 0.874475027272727

00:52:52.230 --> 00:52:54.170 who are fully respected.
NOTE Confidence: 0.874475027272727

00:52:54.170 --> 00:52:56.782 Admin therapy includes chemotherapy,

NOTE Confidence: 0.874475027272727

00:52:56.782 --> 00:53:00.066 usually tax on carboplatin.

NOTE Confidence: 0.874475027272727

00:53:00.070 --> 00:53:01.756 With a mentor,

NOTE Confidence: 0.874475027272727

00:53:01.756 --> 00:53:03.442 village individualized radio

NOTE Confidence: 0.874475027272727

00:53:03.442 --> 00:53:04.566 radiation therapy,

NOTE Confidence: 0.874475027272727

00:53:04.570 --> 00:53:06.294 often including pelvic radiation,

NOTE Confidence: 0.874475027272727

00:53:06.294 --> 00:53:08.449 if there's pelvic nodal involvement

NOTE Confidence: 0.874475027272727

00:53:08.450 --> 00:53:11.122 and whether or not pember Lism AB is

NOTE Confidence: 0.874475027272727

00:53:11.122 --> 00:53:13.184 going to offer additional benefit

NOTE Confidence: 0.874475027272727

00:53:13.184 --> 00:53:15.812 to reduce the risk of distant

NOTE Confidence: 0.874475027272727

00:53:15.812 --> 00:53:18.870 Mets in these higher risk women is

NOTE Confidence: 0.874475027272727

00:53:18.870 --> 00:53:20.562 being evaluated in keynote.

NOTE Confidence: 0.874475027272727

00:53:20.570 --> 00:53:24.426 E 21 and what about first line therapy

NOTE Confidence: 0.874475027272727

00:53:24.426 --> 00:53:28.140 for advanced patients measurable disease,

NOTE Confidence: 0.874475027272727

00:53:28.140 --> 00:53:29.744 metastatic disease,

NOTE Confidence: 0.874475027272727

00:53:29.744 --> 00:53:32.150 or recurrent disease?

NOTE Confidence: 0.874475027272727

00:53:32.150 --> 00:53:35.774 So the standard of care currently is
NOTE Confidence: 0.874475027272727

00:53:35.774 --> 00:53:40.233 chemotherapy with GOG 209 showing tax sale,
NOTE Confidence: 0.874475027272727

00:53:40.240 --> 00:53:43.663 CARBO doublet therapy as to double as
NOTE Confidence: 0.874475027272727

00:53:43.663 --> 00:53:46.948 adopted from ovarian cancer is seems to
NOTE Confidence: 0.874475027272727

00:53:46.948 --> 00:53:49.502 be more tolerable than triplet therapy.
NOTE Confidence: 0.874475027272727

00:53:49.502 --> 00:53:52.379 So that's become the standard of care
NOTE Confidence: 0.874475027272727

00:53:52.379 --> 00:53:54.987 and whether or not pembedin AB.
NOTE Confidence: 0.874475027272727

00:53:54.990 --> 00:53:56.915 Will improve outcomes in these
NOTE Confidence: 0.874475027272727

00:53:56.915 --> 00:53:59.361 patients who have a very high
NOTE Confidence: 0.874475027272727

00:53:59.361 --> 00:54:01.616 risk of progression and recurrence
NOTE Confidence: 0.874475027272727

00:54:01.616 --> 00:54:04.776 is being evaluated in giot, oh.
NOTE Confidence: 0.874475027272727

00:54:04.776 --> 00:54:07.698 Eighteen also actively enrolling and
NOTE Confidence: 0.874475027272727

00:54:07.698 --> 00:54:10.746 in this patient population where NCCN.
NOTE Confidence: 0.874475027272727

00:54:10.750 --> 00:54:13.370 Guidelines also described hormonal
NOTE Confidence: 0.874475027272727

00:54:13.370 --> 00:54:15.990 therapy as an option.
NOTE Confidence: 0.874475027272727

00:54:15.990 --> 00:54:19.308 Would definitely consider Geo G39 for

NOTE Confidence: 0.874475027272727

00:54:19.308 --> 00:54:22.680 these patients who would be eligible.

NOTE Confidence: 0.94380326875

00:54:25.090 --> 00:54:27.986 And what about in the second line setting?

NOTE Confidence: 0.94380326875

00:54:27.990 --> 00:54:30.150 Currently we have standard of

NOTE Confidence: 0.94380326875

00:54:30.150 --> 00:54:32.310 care options for patients who

NOTE Confidence: 0.94380326875

00:54:32.384 --> 00:54:34.834 progressed on previous chemo and

NOTE Confidence: 0.94380326875

00:54:34.834 --> 00:54:37.284 those include for mismatch repair,

NOTE Confidence: 0.94380326875

00:54:37.290 --> 00:54:40.596 deficient pembrolizumab or just Starla mad.

NOTE Confidence: 0.94380326875

00:54:40.600 --> 00:54:42.796 And then for the MMR proficient,

NOTE Confidence: 0.94380326875

00:54:42.800 --> 00:54:46.538 we saw that pembrolizumab and inland

NOTE Confidence: 0.94380326875

00:54:46.538 --> 00:54:48.922 vatnik combination performed better

NOTE Confidence: 0.94380326875

00:54:48.922 --> 00:54:52.318 than physicians choice of second line

NOTE Confidence: 0.94380326875

00:54:52.318 --> 00:54:55.206 chemo in the GY and art portfolio.

NOTE Confidence: 0.94380326875

00:54:55.210 --> 00:54:57.994 We have a number of biomarker

NOTE Confidence: 0.94380326875

00:54:57.994 --> 00:54:59.850 driven therapies being evaluated

NOTE Confidence: 0.94380326875

00:54:59.928 --> 00:55:01.648 in a phase two setting,

NOTE Confidence: 0.94380326875

00:55:01.650 --> 00:55:04.485 and these are led by Doctor Santine,
NOTE Confidence: 0.94380326875

00:55:04.490 --> 00:55:07.070 a fully receptor alpha targeting
NOTE Confidence: 0.94380326875

00:55:07.070 --> 00:55:08.618 antibody drug conjugate,
NOTE Confidence: 0.94380326875

00:55:08.620 --> 00:55:12.652 as well as a trope 2 targeting anti
NOTE Confidence: 0.94380326875

00:55:12.652 --> 00:55:16.062 antibody drug conjugate and certainly
NOTE Confidence: 0.94380326875

00:55:16.062 --> 00:55:18.806 for endometrioid endometrial cancer
NOTE Confidence: 0.94380326875

00:55:18.810 --> 00:55:22.860 would would would recommend consideration
NOTE Confidence: 0.94380326875

00:55:22.860 --> 00:55:26.030 of GOG 39 for these patients.
NOTE Confidence: 0.94380326875

00:55:26.030 --> 00:55:30.930 So patients are eligible for GOG 3039
NOTE Confidence: 0.94380326875

00:55:30.930 --> 00:55:34.290 with up to two prior systemic regimens,
NOTE Confidence: 0.94380326875

00:55:34.290 --> 00:55:36.264 one of which could have been chemo,
NOTE Confidence: 0.94380326875

00:55:36.270 --> 00:55:39.420 one of which could have been immunotherapy.
NOTE Confidence: 0.94380326875

00:55:39.420 --> 00:55:43.305 And we actually have activated over 20
NOTE Confidence: 0.94380326875

00:55:43.305 --> 00:55:48.294 sites of the 25 selected sites and have
NOTE Confidence: 0.94380326875

00:55:48.294 --> 00:55:52.600 really been having rapid accrual with the.
NOTE Confidence: 0.94380326875

00:55:52.600 --> 00:55:54.500 Current rate of accrual

NOTE Confidence: 0.94380326875

00:55:54.500 --> 00:55:56.875 exceeding our expectation of one,

NOTE Confidence: 0.94380326875

00:55:56.880 --> 00:55:59.286 and it's currently one to two

NOTE Confidence: 0.94380326875

00:55:59.286 --> 00:56:00.489 patients per week.

NOTE Confidence: 0.94380326875

00:56:00.490 --> 00:56:01.866 For this trial, which,

NOTE Confidence: 0.94380326875

00:56:01.866 --> 00:56:03.930 if it goes to second stage,

NOTE Confidence: 0.94380326875

00:56:03.930 --> 00:56:08.095 would enroll a maximum of 52 patients.

NOTE Confidence: 0.94380326875

00:56:08.100 --> 00:56:10.102 I just wanted to briefly touch on

NOTE Confidence: 0.94380326875

00:56:10.102 --> 00:56:12.079 that since this is relatively new.

NOTE Confidence: 0.94380326875

00:56:12.080 --> 00:56:15.128 Is this NCTM navigator or clinical

NOTE Confidence: 0.94380326875

00:56:15.128 --> 00:56:17.871 trial specimen resource and it's

NOTE Confidence: 0.94380326875

00:56:17.871 --> 00:56:20.355 available for validation of

NOTE Confidence: 0.94380326875

00:56:20.355 --> 00:56:22.712 hypotheses following already completed

NOTE Confidence: 0.94380326875

00:56:22.712 --> 00:56:24.936 exploratory and pilot studies,

NOTE Confidence: 0.94380326875

00:56:24.940 --> 00:56:27.298 and this includes a very vast

NOTE Confidence: 0.94380326875

00:56:27.298 --> 00:56:28.477 number of specimens,

NOTE Confidence: 0.94380326875

00:56:28.480 --> 00:56:31.392 including a lot of the specimens that were
NOTE Confidence: 0.94380326875

00:56:31.392 --> 00:56:33.860 transferred over from the jioji tissue bank,
NOTE Confidence: 0.94380326875

00:56:33.860 --> 00:56:38.246 and there is a workflow available.
NOTE Confidence: 0.94380326875

00:56:38.250 --> 00:56:42.040 For exploring what specimens are
NOTE Confidence: 0.94380326875

00:56:42.040 --> 00:56:45.072 available and submitting for
NOTE Confidence: 0.94380326875

00:56:45.080 --> 00:56:47.310 for access to these specimens,
NOTE Confidence: 0.94380326875

00:56:47.310 --> 00:56:49.935 for for addressing research questions
NOTE Confidence: 0.94380326875

00:56:49.935 --> 00:56:53.037 that may require large number of
NOTE Confidence: 0.94380326875

00:56:53.037 --> 00:56:56.240 samples that are collected in a
NOTE Confidence: 0.94380326875

00:56:56.240 --> 00:56:58.894 very rigorous way and then,
NOTE Confidence: 0.94380326875

00:56:58.894 --> 00:57:01.786 how do we fund translational research
NOTE Confidence: 0.94380326875

00:57:01.790 --> 00:57:06.186 in the area of some declining support?
NOTE Confidence: 0.94380326875

00:57:06.190 --> 00:57:08.170 One of the mechanisms.
NOTE Confidence: 0.94380326875

00:57:08.170 --> 00:57:11.140 Which has been super valuable for
NOTE Confidence: 0.94380326875

00:57:11.238 --> 00:57:14.160 supporting translational support.
NOTE Confidence: 0.94380326875

00:57:14.160 --> 00:57:15.752 Is this poor mechanism,

NOTE Confidence: 0.94380326875

00:57:15.752 --> 00:57:18.140 which of course yellows been very

NOTE Confidence: 0.94380326875

00:57:18.214 --> 00:57:21.286 successful and has spores and head and neck,

NOTE Confidence: 0.94380326875

00:57:21.290 --> 00:57:22.954 lung, and skin cancer.

NOTE Confidence: 0.94380326875

00:57:22.954 --> 00:57:25.775 There are very few GYN funded spores,

NOTE Confidence: 0.94380326875

00:57:25.775 --> 00:57:28.085 currently only one and ended meet

NOTE Confidence: 0.94380326875

00:57:28.085 --> 00:57:29.619 real one in cervical,

NOTE Confidence: 0.94380326875

00:57:29.620 --> 00:57:33.386 5 in ovarian and there's one new.

NOTE Confidence: 0.94380326875

00:57:33.390 --> 00:57:37.308 Sporen that focuses on health disparities

NOTE Confidence: 0.94380326875

00:57:37.308 --> 00:57:39.920 and endometrial Varian cancer.

NOTE Confidence: 0.94380326875

00:57:39.920 --> 00:57:42.600 So I hope I've relate some of my

NOTE Confidence: 0.94380326875

00:57:42.600 --> 00:57:44.862 enthusiasm for team science and

NOTE Confidence: 0.94380326875

00:57:44.862 --> 00:57:46.886 its essential ingredient for

NOTE Confidence: 0.94380326875

00:57:46.886 --> 00:57:49.377 translational science and conduct of

NOTE Confidence: 0.94380326875

00:57:49.377 --> 00:57:51.617 clinical trials for gene cancers,

NOTE Confidence: 0.94380326875

00:57:51.620 --> 00:57:53.900 which are relatively rare

NOTE Confidence: 0.94380326875

00:57:53.900 --> 00:57:57.395 cancers and really way for having
NOTE Confidence: 0.94380326875

00:57:57.395 --> 00:57:59.735 exciting and meaningful impact.
NOTE Confidence: 0.94380326875

00:57:59.740 --> 00:58:00.828 And I hope I've,
NOTE Confidence: 0.94380326875

00:58:00.828 --> 00:58:03.441 I hope to yell at people who are
NOTE Confidence: 0.94380326875

00:58:03.441 --> 00:58:05.257 interested in collaborating with.
NOTE Confidence: 0.94380326875

00:58:05.260 --> 00:58:07.465 Contact me in my emails listed here.
NOTE Confidence: 0.820637492

00:58:10.390 --> 00:58:12.190 Thank you Gloria. Very interesting,
NOTE Confidence: 0.820637492

00:58:12.190 --> 00:58:13.894 very exciting to see the progress
NOTE Confidence: 0.820637492

00:58:13.894 --> 00:58:15.560 that's been made and all these
NOTE Confidence: 0.820637492

00:58:15.560 --> 00:58:17.084 trials that are underway.
NOTE Confidence: 0.820637492

00:58:17.084 --> 00:58:18.780 They're underway, people can please.
NOTE Confidence: 0.935592178333333

00:58:20.890 --> 00:58:22.948 Type your questions into the chat.
NOTE Confidence: 0.935592178333333

00:58:22.950 --> 00:58:24.432 While we're waiting, you might want
NOTE Confidence: 0.935592178333333

00:58:24.432 --> 00:58:26.567 to talk to Roy Herbst if you haven't.
NOTE Confidence: 0.935592178333333

00:58:26.570 --> 00:58:28.838 He's sort of taking the lead on
NOTE Confidence: 0.935592178333333

00:58:28.838 --> 00:58:30.801 trying to organize new spores and

NOTE Confidence: 0.935592178333333

00:58:30.801 --> 00:58:32.427 has quite a bit of experience,

NOTE Confidence: 0.935592178333333

00:58:32.430 --> 00:58:33.710 so he might be someone to talk to.

NOTE Confidence: 0.935592178333333

00:58:33.710 --> 00:58:36.006 Be great to have this poor in this

NOTE Confidence: 0.935592178333333

00:58:36.006 --> 00:58:38.362 in this area in the Piola trial.

NOTE Confidence: 0.935592178333333

00:58:38.362 --> 00:58:41.230 It it it was comparing bracket positive.

NOTE Confidence: 0.935592178333333

00:58:41.230 --> 00:58:42.241 Projecting negative patients.

NOTE Confidence: 0.935592178333333

00:58:42.241 --> 00:58:45.110 Was that bracket one or two or or both?

NOTE Confidence: 0.935592178333333

00:58:45.110 --> 00:58:47.020 Did they they stratify that?

NOTE Confidence: 0.850228801

00:58:48.620 --> 00:58:51.662 So in the data that was

NOTE Confidence: 0.850228801

00:58:51.662 --> 00:58:53.690 published in the paper,

NOTE Confidence: 0.850228801

00:58:53.690 --> 00:58:55.916 at least not in the main manuscript.

NOTE Confidence: 0.850228801

00:58:55.920 --> 00:59:00.756 I don't recall seeing a stratification

NOTE Confidence: 0.850228801

00:59:00.756 --> 00:59:04.830 of the Braca one versus bracket two.

NOTE Confidence: 0.850228801

00:59:04.830 --> 00:59:09.030 They did show the hazard ratios and

NOTE Confidence: 0.850228801

00:59:09.030 --> 00:59:13.717 PFS curves for a few different groups,

NOTE Confidence: 0.850228801

00:59:13.720 --> 00:59:16.780 and that included the bracket
NOTE Confidence: 0.850228801

00:59:16.780 --> 00:59:18.616 tumor mutation positive.
NOTE Confidence: 0.850228801

00:59:18.620 --> 00:59:20.996 The bracca tumor mutation,
NOTE Confidence: 0.850228801

00:59:20.996 --> 00:59:23.966 positive and HRD positive and
NOTE Confidence: 0.850228801

00:59:23.966 --> 00:59:26.997 then the bracket to mutation.
NOTE Confidence: 0.850228801

00:59:27.000 --> 00:59:31.872 Negative or wild type and HRD
NOTE Confidence: 0.850228801

00:59:31.872 --> 00:59:34.938 positive and then for so.
NOTE Confidence: 0.850228801

00:59:34.938 --> 00:59:39.066 The UM for that trial, the, UM,
NOTE Confidence: 0.850228801

00:59:39.066 --> 00:59:44.330 the benefit was seen in the Braca positive
NOTE Confidence: 0.850228801

00:59:44.468 --> 00:59:48.860 Braca mutated or the HRD positive,
NOTE Confidence: 0.850228801

00:59:48.860 --> 00:59:51.185 which in that trial was
NOTE Confidence: 0.850228801

00:59:51.185 --> 00:59:53.045 determined by the myriad.
NOTE Confidence: 0.850228801

00:59:53.050 --> 00:59:55.334 My choice HRD thing.
NOTE Confidence: 0.850228801

00:59:55.334 --> 00:59:59.569 Uhm and there was not a clinical
NOTE Confidence: 0.850228801

00:59:59.569 --> 01:00:02.888 benefit in the HR proficient.
NOTE Confidence: 0.850228801

01:00:02.888 --> 01:00:04.742 Braka wildtype group.

NOTE Confidence: 0.850228801
01:00:04.742 --> 01:00:07.832 But that's an interesting question
NOTE Confidence: 0.850228801
01:00:07.832 --> 01:00:10.430 about if there are differences
NOTE Confidence: 0.850228801
01:00:10.430 --> 01:00:12.795 between Bracha one or two.
NOTE Confidence: 0.850228801
01:00:12.800 --> 01:00:13.592 Uhm, mutated,
NOTE Confidence: 0.850228801
01:00:13.592 --> 01:00:15.572 which I'm not sure I'll
NOTE Confidence: 0.850228801
01:00:15.572 --> 01:00:17.370 look into that though.
NOTE Confidence: 0.712997873333333
01:00:17.430 --> 01:00:20.834 OK, alright, good. There any other
NOTE Confidence: 0.712997873333333
01:00:20.834 --> 01:00:22.026 questions from the audience?
NOTE Confidence: 0.9723501
01:00:26.480 --> 01:00:27.530 If not, will thank you Gloria.
NOTE Confidence: 0.9723501
01:00:27.530 --> 01:00:29.378 It was very interesting and also Michaela.
NOTE Confidence: 0.9723501
01:00:29.380 --> 01:00:31.820 I thought we had a terrific series today
NOTE Confidence: 0.9723501
01:00:31.820 --> 01:00:35.220 and we'll see you all next week, bye. I.