WEBVTT

NOTE duration:"01:06:27"

NOTE recognizability:0.828

NOTE language:en-us

NOTE Confidence: 0.787287484615385

 $00:00:00.000 \rightarrow 00:00:02.352$ Thanks for joining for the fourth

NOTE Confidence: 0.787287484615385

 $00:00:02.352 \rightarrow 00:00:04.852$ session of the weekly Yale Cancer

NOTE Confidence: 0.787287484615385

 $00:00:04.852 \longrightarrow 00:00:07.940$ Center 2023 post Ash CME review.

NOTE Confidence: 0.787287484615385

00:00:07.940 --> 00:00:09.870 Today we'll be going over

NOTE Confidence: 0.787287484615385

00:00:09.870 --> 00:00:11.800 lymphoma and I'm Scott Huntington,

NOTE Confidence: 0.787287484615385

 $00:00:11.800 \dashrightarrow 00:00:13.648$ lymphoma specialist here and I had

NOTE Confidence: 0.787287484615385

 $00{:}00{:}13.648 \dashrightarrow 00{:}00{:}15.347$ the distinct pleasure of introducing

NOTE Confidence: 0.787287484615385

00:00:15.347 -> 00:00:16.979 our three presenters today.

NOTE Confidence: 0.787287484615385

00:00:16.980 --> 00:00:19.818 Our first presenter is Francesca Montanari,

NOTE Confidence: 0.787287484615385

 $00:00:19.820 \rightarrow 00:00:22.494$ who will be presenting an indolent lymphomas.

NOTE Confidence: 0.787287484615385

 $00{:}00{:}22{.}500 \dashrightarrow 00{:}00{:}24{.}690$ Dr. Shalon Cathari will go next

NOTE Confidence: 0.787287484615385

 $00{:}00{:}24.690 \dashrightarrow 00{:}00{:}26.620$ and present aggressive B cell

NOTE Confidence: 0.787287484615385

 $00{:}00{:}26.620 \dashrightarrow 00{:}00{:}28.640$ lymphomas and then doctor Tarsin

 $00:00:28.640 \rightarrow 00:00:30.780$ Sethi will be presenting T cell.

NOTE Confidence: 0.787287484615385

 $00{:}00{:}30{.}780 \dashrightarrow 00{:}00{:}32{.}555$ Performance and harsh gonna follow

NOTE Confidence: 0.787287484615385

 $00{:}00{:}32.555 \dashrightarrow 00{:}00{:}35.112$ the rest of the lymphoma group is

NOTE Confidence: 0.787287484615385

 $00:00:35.112 \rightarrow 00:00:36.917$ pictured here including Doctor Sufi

NOTE Confidence: 0.787287484615385

 $00{:}00{:}36{.}917 \dashrightarrow 00{:}00{:}39{.}173$ and Doctor Foss who see lymphoma

NOTE Confidence: 0.787287484615385

 $00:00:39.173 \dashrightarrow 00:00:41.128$ but also do cellular the rapeutics.

NOTE Confidence: 0.787287484615385

 $00:00:41.130 \rightarrow 00:00:44.058$ And then Doctor Seropian is really

NOTE Confidence: 0.787287484615385

 $00{:}00{:}44.058 \dashrightarrow 00{:}00{:}46.515$ fixed in terms of his clinical

NOTE Confidence: 0.787287484615385

 $00:00:46.515 \rightarrow 00:00:48.087$ practice on cellular the rapeutics.

NOTE Confidence: 0.787287484615385

 $00:00:48.090 \rightarrow 00:00:51.310$ But this is the broad group here

NOTE Confidence: 0.787287484615385

00:00:51.310 --> 00:00:53.261 including Doctor Montanari who

NOTE Confidence: 0.787287484615385

 $00:00:53.261 \rightarrow 00:00:55.726$ sees patients at Smilow Greenwich.

NOTE Confidence: 0.787287484615385

 $00{:}00{:}55{.}730 \dashrightarrow 00{:}00{:}57{.}767$ So I think we'll move to the

NOTE Confidence: 0.787287484615385

 $00{:}00{:}57.767 \dashrightarrow 00{:}00{:}59.550$ remainder of the presentation.

NOTE Confidence: 0.787287484615385

00:00:59.550 --> 00:01:00.552 If there's additional

NOTE Confidence: 0.787287484615385

 $00:01:00.552 \rightarrow 00:01:01.888$ questions that you have,

- NOTE Confidence: 0.787287484615385
- $00{:}01{:}01{.}890 \dashrightarrow 00{:}01{:}03{.}264$ please use the chat feature or
- NOTE Confidence: 0.787287484615385
- $00{:}01{:}03.264 \dashrightarrow 00{:}01{:}04.849$ question and answer and we hope to
- NOTE Confidence: 0.787287484615385
- $00:01:04.849 \longrightarrow 00:01:05.889$ have about 10 minute discussion
- NOTE Confidence: 0.787287484615385
- $00:01:05.889 \rightarrow 00:01:07.408$ at the end of this presentation.
- NOTE Confidence: 0.6997716866666667
- 00:01:17.940 --> 00:01:21.858 Doctor Montanari mute. Those things happen.
- NOTE Confidence: 0.7283074066666667
- $00:01:23.450 \longrightarrow 00:01:24.128$ Sorry about that.
- NOTE Confidence: 0.819620173809524
- $00:01:24.540 \longrightarrow 00:01:27.109$ I'll start sharing with you my selection
- NOTE Confidence: 0.819620173809524
- $00:01:27.109 \dashrightarrow 00:01:29.782$ of abstract of indolent lymphomas and I
- NOTE Confidence: 0.819620173809524
- $00:01:29.782 \longrightarrow 00:01:32.700$ have no conflict of interest to disclose.
- NOTE Confidence: 0.819620173809524
- $00:01:32.700 \longrightarrow 00:01:34.340$ This is my abstract selection.
- NOTE Confidence: 0.819620173809524
- 00:01:34.340 --> 00:01:36.559 We'll start, we'll space from first line,
- NOTE Confidence: 0.819620173809524
- $00:01:36.560 \rightarrow 00:01:39.560$ second line by specific antibodies,
- NOTE Confidence: 0.819620173809524
- $00:01:39.560 \dashrightarrow 00:01:42.195$ single agent and in combination
- NOTE Confidence: 0.819620173809524
- 00:01:42.195 --> 00:01:44.830 and ultimately we'll review a
- NOTE Confidence: 0.819620173809524
- $00{:}01{:}44{.}924 \dashrightarrow 00{:}01{:}47{.}520$ new model for prognostication.
- NOTE Confidence: 0.819620173809524

 $00:01:47.520 \dashrightarrow 00:01:49.602$ So the first abstract I've selected

NOTE Confidence: 0.819620173809524

 $00:01:49.602 \longrightarrow 00:01:52.486$ is the long term follow-up of an

NOTE Confidence: 0.819620173809524

 $00:01:52.486 \rightarrow 00:01:54.382$ international randomized phase three

NOTE Confidence: 0.819620173809524

 $00:01:54.382 \rightarrow 00:01:57.283$ study of rituximab versus watching weight

NOTE Confidence: 0.819620173809524

 $00{:}01{:}57.283 \dashrightarrow 00{:}01{:}59.623$ approach in patient with asymptomatic

NOTE Confidence: 0.819620173809524

 $00:01:59.623 \dashrightarrow 00:02:02.066$ low tumor burden follicular lymphoma. NOTE Confidence: 0.819620173809524

 $00:02:02.066 \rightarrow 00:02:05.078$ Our current approach in these patients

NOTE Confidence: 0.819620173809524

 $00:02:05.078 \rightarrow 00:02:07.088$ population is watch and wait based

NOTE Confidence: 0.819620173809524

00:02:07.088 --> 00:02:09.056 primarily on data on the Prairie

NOTE Confidence: 0.819620173809524

 $00{:}02{:}09{.}056 \dashrightarrow 00{:}02{:}11{.}182$ taxicab area that teach didn't show

NOTE Confidence: 0.819620173809524

 $00:02:11.182 \longrightarrow 00:02:12.977$ any benefit in early treatment.

NOTE Confidence: 0.819620173809524

 $00{:}02{:}12{.}980 \dashrightarrow 00{:}02{:}15{.}265$ This study earlier analysis led

NOTE Confidence: 0.819620173809524

 $00:02:15.265 \longrightarrow 00:02:17.550$ to the approval of rituximab.

NOTE Confidence: 0.819620173809524

 $00:02:17.550 \longrightarrow 00:02:17.963$ Connection.

NOTE Confidence: 0.819620173809524

 $00{:}02{:}17{.}963 \dashrightarrow 00{:}02{:}20{.}441$ In this patient population in the

NOTE Confidence: 0.819620173809524

 $00:02:20.441 \dashrightarrow 00:02:23.898$ UK and then here is a presented the

 $00:02:23.898 \longrightarrow 00:02:25.610$ long-term follow-up analysis with

NOTE Confidence: 0.819620173809524

 $00:02:25.610 \longrightarrow 00:02:28.534$ a median follow-up of 12.6 years.

NOTE Confidence: 0.819620173809524

 $00:02:28.534 \rightarrow 00:02:32.710$ Umm, here's the schema of the uh trial.

NOTE Confidence: 0.819620173809524

 $00:02:32.710 \longrightarrow 00:02:36.405$ Uh patients have 8018 year old,

NOTE Confidence: 0.819620173809524

 $00{:}02{:}36{.}405 \dashrightarrow 00{:}02{:}38{.}820$ years older within three months of the

NOTE Confidence: 0.819620173809524

 $00{:}02{:}38.886 \dashrightarrow 00{:}02{:}41.382$ diagnosis with the Grade 138 follicular

NOTE Confidence: 0.819620173809524

 $00{:}02{:}41{.}382 \dashrightarrow 00{:}02{:}44{.}076$ lymphoma and early stage from two to

NOTE Confidence: 0.819620173809524

00:02:44.076 --> 00:02:46.309 four with no organ dys
function and no

NOTE Confidence: 0.819620173809524

 $00{:}02{:}46{.}310 \dashrightarrow 00{:}02{:}48{.}848$ symptoms and low burden of disease.

NOTE Confidence: 0.819620173809524

 $00{:}02{:}48.850 \dashrightarrow 00{:}02{:}51.104$ And we'll randomize the to receive it.

NOTE Confidence: 0.819620173809524

 $00:02:51.110 \longrightarrow 00:02:53.295$ I watch and wait approach

NOTE Confidence: 0.819620173809524

00:02:53.295 --> 00:02:54.169 rituximab induction,

NOTE Confidence: 0.819620173809524

 $00{:}02{:}54.170 \dashrightarrow 00{:}02{:}56.786$ which consisted in rituximab weekly times

NOTE Confidence: 0.819620173809524

00:02:56.786 --> 00:02:59.739 four or tumor induction plus maintenance.

NOTE Confidence: 0.819620173809524

 $00:02:59.740 \dashrightarrow 00:03:02.892$ For up to two years and the follow-up

 $00:03:02.892 \rightarrow 00:03:05.592$ they were monitored with the

NOTE Confidence: 0.819620173809524

 $00{:}03{:}05{.}592 \dashrightarrow 00{:}03{:}07{.}736$ serial imaging primary endpoint,

NOTE Confidence: 0.819620173809524

 $00:03:07.740 \longrightarrow 00:03:10.398$ time to initiation of a new

NOTE Confidence: 0.819620173809524

 $00:03:10.398 \rightarrow 00:03:12.690$ treatment and quality of life.

NOTE Confidence: 0.819620173809524

 $00{:}03{:}12.690 \dashrightarrow 00{:}03{:}15.896$ India is a update with a median

NOTE Confidence: 0.819620173809524

 $00:03:15.896 \rightarrow 00:03:18.152$ follow-up duration of 12.7 years.

NOTE Confidence: 0.819620173809524

 $00{:}03{:}18.152 \dashrightarrow 00{:}03{:}20.798$ The medium time to initiation of

NOTE Confidence: 0.819620173809524

 $00:03:20.798 \longrightarrow 00:03:23.376$ first line treatment was 22.7 years

NOTE Confidence: 0.819620173809524

 $00{:}03{:}23{.}376 \dashrightarrow 00{:}03{:}25{.}357$ for patients in the watch and wait

NOTE Confidence: 0.819620173809524

 $00{:}03{:}25{.}357 \dashrightarrow 00{:}03{:}27{.}372$ approach compared to almost 10 years

NOTE Confidence: 0.819620173809524

 $00{:}03{:}27{.}372 \dashrightarrow 00{:}03{:}29{.}047$ in patients with rituximab induction

NOTE Confidence: 0.819620173809524

 $00{:}03{:}29{.}108 \dashrightarrow 00{:}03{:}31{.}348$ and not reach the poor patients with

NOTE Confidence: 0.819620173809524

 $00{:}03{:}31{.}348 \dashrightarrow 00{:}03{:}34{.}820$ rituximab induction plus maintenance.

NOTE Confidence: 0.819620173809524

 $00{:}03{:}34{.}820 \dashrightarrow 00{:}03{:}38{.}035$ Time from randomization to second

NOTE Confidence: 0.819620173809524

 $00:03:38.035 \rightarrow 00:03:41.110$ treatment was a similarly no

NOTE Confidence: 0.819620173809524

 $00:03:41.110 \longrightarrow 00:03:43.610$ difference between the three arms.

- NOTE Confidence: 0.939689732
- 00:03:45.670 --> 00:03:47.390 In terms of overall survival,

 $00{:}03{:}47{.}390 \dashrightarrow 00{:}03{:}49{.}539$ there was no difference in the overall

NOTE Confidence: 0.939689732

00:03:49.539 --> 00:03:51.089 survival between the true group,

NOTE Confidence: 0.939689732

 $00:03:51.090 \dashrightarrow 00:03:53.414$ the three groups that median overall survival

NOTE Confidence: 0.939689732

 $00:03:53.414 \rightarrow 00:03:55.670$ was not reached in the watch and wait,

NOTE Confidence: 0.939689732

 $00{:}03{:}55{.}670$ --> $00{:}03{:}59{.}079$ and the taxman maintenance group and was

NOTE Confidence: 0.939689732

 $00{:}03{:}59{.}079 \dashrightarrow 00{:}04{:}03{.}740$ a 17.4 years in the rituximab induction.

NOTE Confidence: 0.939689732

 $00:04:03.740 \longrightarrow 00:04:07.494$ 20% of the 20% of patients that died on

NOTE Confidence: 0.939689732

 $00{:}04{:}07{.}494$ --> $00{:}04{:}10{.}681$ average on each arm and 10% of the deaths NOTE Confidence: 0.939689732

 $00{:}04{:}10.681 \dashrightarrow 00{:}04{:}13.214$ were attributed to the lymphoma. Um.

NOTE Confidence: 0.939689732

 $00:04:13.214 \rightarrow 00:04:15.278$ In terms of high grade transformation

NOTE Confidence: 0.939689732

 $00{:}04{:}15{.}278 \dashrightarrow 00{:}04{:}17{.}350$ and time to 2nd malignancy,

NOTE Confidence: 0.939689732

 $00{:}04{:}17.350 \dashrightarrow 00{:}04{:}20.278$ again no difference between the three

NOTE Confidence: 0.939689732

00:04:20.278 --> 00:04:23.920 groups with about 20% events of high

NOTE Confidence: 0.939689732

 $00{:}04{:}23{.}920$ --> $00{:}04{:}27{.}110$ grade transformation in each arm and 20%

 $00:04:27.110 \rightarrow 00:04:31.460$ of secondary malignancy in each group.

NOTE Confidence: 0.939689732

 $00{:}04{:}31{.}460 \dashrightarrow 00{:}04{:}33{.}200$ So the other concludes the conclusions

NOTE Confidence: 0.939689732

 $00:04:33.200 \longrightarrow 00:04:35.440$ that are are that earlier taxing up

NOTE Confidence: 0.939689732

 $00{:}04{:}35{.}440 \dashrightarrow 00{:}04{:}37{.}492$ treatment should be considered a standard

NOTE Confidence: 0.939689732

00:04:37.492 --> 00:04:39.812 option in patient with low turnover

NOTE Confidence: 0.939689732

00:04:39.812 --> 00:04:41.352 than asymptomatic follicular lymphoma.

NOTE Confidence: 0.939689732

00:04:41.360 --> 00:04:43.824 Given the significant advantage in time to

NOTE Confidence: 0.939689732

 $00{:}04{:}43.824 \dashrightarrow 00{:}04{:}46.205$ new treatment and no detrimental effect

NOTE Confidence: 0.939689732

 $00{:}04{:}46.205 \dashrightarrow 00{:}04{:}48.300$ on high grade transformation rates,

NOTE Confidence: 0.939689732

 $00{:}04{:}48.300 \dashrightarrow 00{:}04{:}50.712$ secondary primary malignancy and

NOTE Confidence: 0.939689732

 $00:04:50.712 \longrightarrow 00:04:52.521$ previously reported improvement

NOTE Confidence: 0.939689732

00:04:52.521 --> 00:04:55.500 in quality of life measures,

NOTE Confidence: 0.939689732

 $00:04:55.500 \longrightarrow 00:04:57.912$ is this practice changing?

NOTE Confidence: 0.939689732

 $00{:}04{:}57{.}912 \dashrightarrow 00{:}05{:}01{.}864$ I think this is a this is a very valuable.

NOTE Confidence: 0.939689732

 $00:05:01.870 \longrightarrow 00:05:04.444$ Data set that will provide us a little bit

NOTE Confidence: 0.939689732

 $00:05:04.444 \longrightarrow 00:05:06.872$ more flexibility to better individualized

- NOTE Confidence: 0.939689732
- $00{:}05{:}06.872 \dashrightarrow 00{:}05{:}09.472$ treatment based on patients preferences.
- NOTE Confidence: 0.939689732
- $00:05:09.480 \longrightarrow 00:05:11.136$ I find a very,
- NOTE Confidence: 0.939689732
- $00:05:11.136 \longrightarrow 00:05:14.051$ very reassuring that 1/4 of patients in
- NOTE Confidence: 0.939689732
- $00{:}05{:}14.051 \dashrightarrow 00{:}05{:}17.280$ the watch and weight arm at 12.7 years of
- NOTE Confidence: 0.939689732
- $00{:}05{:}17.280 \dashrightarrow 00{:}05{:}19.180$ follow-up never required any treatment.
- NOTE Confidence: 0.939689732
- $00:05:19.180 \longrightarrow 00:05:21.462$ So I think that this trial also
- NOTE Confidence: 0.939689732
- 00:05:21.462 --> 00:05:23.252 reinforces our approach of watching
- NOTE Confidence: 0.939689732
- $00:05:23.252 \rightarrow 00:05:25.117$ with strategy in these patients,
- NOTE Confidence: 0.939689732
- $00{:}05{:}25{.}120 \dashrightarrow 00{:}05{:}27{.}584$ but it's also good to know that it's
- NOTE Confidence: 0.939689732
- $00{:}05{:}27.584 \dashrightarrow 00{:}05{:}29.707$ not detrimental to start rituximab in
- NOTE Confidence: 0.939689732
- $00:05:29.707 \rightarrow 00:05:31.873$ those patients who for life preference.
- NOTE Confidence: 0.939689732
- $00{:}05{:}31{.}880 \dashrightarrow 00{:}05{:}33{.}920$ Decide to be more uncontrolled
- NOTE Confidence: 0.939689732
- $00:05:33.920 \longrightarrow 00:05:35.144$ of their disease.
- NOTE Confidence: 0.939689732
- $00{:}05{:}35{.}150 \dashrightarrow 00{:}05{:}37{.}364$ 2nd abstract I've selected is A5
- NOTE Confidence: 0.939689732
- $00:05:37.364 \rightarrow 00:05:39.765$ year overall five year results and
- NOTE Confidence: 0.939689732

 $00{:}05{:}39.765 \dashrightarrow 00{:}05{:}42.339$ overall survival update from the phase

NOTE Confidence: 0.939689732

 $00{:}05{:}42.339 \dashrightarrow 00{:}05{:}44.777$ three augment trial Lenalidomide plus

NOTE Confidence: 0.939689732

 $00{:}05{:}44{.}777 \dashrightarrow 00{:}05{:}47{.}292$ rituximab versus rituximab plus placebo NOTE Confidence: 0.939689732

 $00:05:47.292 \rightarrow 00:05:49.854$ in patients with relapsed refractory

NOTE Confidence: 0.939689732

00:05:49.854 --> 00:05:51.926 indolent and Hodgkin lymphoma.

NOTE Confidence: 0.939689732

 $00:05:51.930 \dashrightarrow 00:05:55.461$ As we all know the AUGMENT study the NOTE Confidence: 0.939689732

 $00:05:55.461 \dashrightarrow 00:05:57.516$ R square the demonstrated superior

NOTE Confidence: 0.939689732

 $00{:}05{:}57{.}516 \dashrightarrow 00{:}05{:}59{.}644$ efficacy compared to rituximab place bo

NOTE Confidence: 0.939689732

 $00:05:59.644 \rightarrow 00:06:01.759$ in patients with relapsed refractory

NOTE Confidence: 0.939689732

 $00{:}06{:}01.759 \dashrightarrow 00{:}06{:}03.832$ and non Hodgkin's lymphoma leading

NOTE Confidence: 0.939689732

 $00:06:03.832 \longrightarrow 00:06:05.116$ to the approval of.

NOTE Confidence: 0.939689732

 $00:06:05.120 \rightarrow 00:06:06.852$ These combination in previously

NOTE Confidence: 0.939689732

 $00{:}06{:}06{.}852 \dashrightarrow 00{:}06{:}09{.}017$ treated follicular and marginal zone

NOTE Confidence: 0.939689732

 $00{:}06{:}09{.}017 \dashrightarrow 00{:}06{:}10.855$ lymphoma when the initial analysis

NOTE Confidence: 0.939689732

 $00{:}06{:}10.855 \dashrightarrow 00{:}06{:}13.143$ was published in 2019.

NOTE Confidence: 0.939689732

 $00{:}06{:}13.143 \dashrightarrow 00{:}06{:}17.510$ Just reminding the schema of the

 $00:06:17.510 \longrightarrow 00:06:20.240$ trial patient that with the follicular

NOTE Confidence: 0.939689732

00:06:20.330 --> 00:06:22.998 lymphoma grade 123A or marginal zone

NOTE Confidence: 0.939689732

00:06:22.998 --> 00:06:25.290 lymphoma that received one prior line

NOTE Confidence: 0.939689732

 $00{:}06{:}25{.}363 \dashrightarrow 00{:}06{:}27{.}913$ of systemic treatment and documented

NOTE Confidence: 0.939689732

00:06:27.913 --> 00:06:29.963 relapse refractory disease but

NOTE Confidence: 0.939689732

 $00:06:29.963 \longrightarrow 00:06:32.528$ not refractory to rituximab where

NOTE Confidence: 0.939689732

 $00{:}06{:}32.528 \dashrightarrow 00{:}06{:}35.130$ stratified and randomized to learn.

NOTE Confidence: 0.939689732

 $00:06:35.130 \longrightarrow 00:06:38.050$ Metaxa amab as we as it is currently

NOTE Confidence: 0.939689732

 $00{:}06{:}38.050 \dashrightarrow 00{:}06{:}40.106$ approved for with the Lenalidomide

NOTE Confidence: 0.939689732

 $00:06:40.106 \longrightarrow 00:06:43.025$ for one full year of treatment and

NOTE Confidence: 0.939689732

 $00:06:43.102 \rightarrow 00:06:45.840$ rituximab given during the first five cycles,

NOTE Confidence: 0.939689732

 $00{:}06{:}45{.}840 \dashrightarrow 00{:}06{:}49{.}188$ it's only for the 1st 5 cycles and the

NOTE Confidence: 0.939689732

 $00:06:49.188 \dashrightarrow 00:06:51.740$ rituximab placebo was given similarly

NOTE Confidence: 0.939689732

 $00{:}06{:}51.740 \dashrightarrow 00{:}06{:}55.590$ primary endpoint being PFS secondary

NOTE Confidence: 0.939689732

 $00:06:55.590 \rightarrow 00:06:58.670$ endpoints including overall survival.

- $00{:}06{:}58.670 \dashrightarrow 00{:}07{:}01.303$ And we,
- NOTE Confidence: 0.939689732
- 00:07:01.303 --> 00:07:01.796 uh,
- NOTE Confidence: 0.939689732
- 00:07:01.796 -> 00:07:03.768 with the additional follow-up
- NOTE Confidence: 0.939689732
- $00:07:03.768 \longrightarrow 00:07:06.946$ provided with this update at a median
- NOTE Confidence: 0.939689732
- $00:07:06.946 \longrightarrow 00:07:08.970$ follow-up of 65.7 months,
- NOTE Confidence: 0.939689732
- 00:07:08.970 --> 00:07:12.780 median PFS continued to favor the
- NOTE Confidence: 0.939689732
- $00:07:12.780 \longrightarrow 00:07:16.235$ R Square group 27.6 months versus
- NOTE Confidence: 0.939689732
- 00:07:16.235 --> 00:07:19.205 14.3 months in year placebo group
- NOTE Confidence: 0.939689732
- $00:07:19.210 \dashrightarrow 00:07:21.646$ time to the next lymphoma treatment,
- NOTE Confidence: 0.939689732
- $00:07:21.650 \rightarrow 00:07:24.500$ which is a more subjective kind
- NOTE Confidence: 0.939689732
- $00{:}07{:}24.500 \dashrightarrow 00{:}07{:}26.400$ of measure because time
- NOTE Confidence: 0.817100010666667
- 00:07:26.495 00:07:29.090 to initiation in 320 lymphoma.
- NOTE Confidence: 0.817100010666667
- $00{:}07{:}29{.}090 \dashrightarrow 00{:}07{:}32{.}906$ Is not as a standardized um was continued
- NOTE Confidence: 0.817100010666667
- $00:07:32.906 \longrightarrow 00:07:36.570$ to favor the R square 73.1 months
- NOTE Confidence: 0.817100010666667
- $00:07:36.570 \longrightarrow 00:07:39.320$ versus 31.8 months for our placebo.
- NOTE Confidence: 0.817100010666667
- $00:07:39.320 \longrightarrow 00:07:42.302$ And with fewer patients in the R

 $00{:}07{:}42.302 \dashrightarrow 00{:}07{:}44.900$ square arm receiving more than one

NOTE Confidence: 0.817100010666667

 $00:07:44.900 \longrightarrow 00:07:46.660$ subsequent lines of treatment.

NOTE Confidence: 0.817100010666667

 $00{:}07{:}46.660 \dashrightarrow 00{:}07{:}49.036$ And I think this was the most important,

NOTE Confidence: 0.817100010666667

 $00:07:49.040 \longrightarrow 00:07:52.388$ the most relevant data that with

NOTE Confidence: 0.817100010666667

 $00{:}07{:}52.388 \dashrightarrow 00{:}07{:}55.035$ the overall survival analysis with

NOTE Confidence: 0.817100010666667

 $00:07:55.035 \rightarrow 00:07:56.695$ this median follow-up extension

NOTE Confidence: 0.817100010666667

 $00:07:56.695 \dashrightarrow 00:07:59.470$ and the two curves have remained.

NOTE Confidence: 0.817100010666667

 $00:07:59.470 \longrightarrow 00:08:00.631$ Continues to separate.

NOTE Confidence: 0.8171000106666667

 $00{:}08{:}00{.}631 \dashrightarrow 00{:}08{:}02{.}566$ Although the median overall survival

NOTE Confidence: 0.817100010666667

 $00:08:02.566 \rightarrow 00:08:04.667$ was not reached in either arm,

NOTE Confidence: 0.817100010666667

 $00:08:04.670 \longrightarrow 00:08:07.134$ there was an improvement in the overall

NOTE Confidence: 0.817100010666667

 $00{:}08{:}07{.}134 \dashrightarrow 00{:}08{:}09{.}543$ survival and the R square compared to

NOTE Confidence: 0.817100010666667

 $00{:}08{:}09{.}543 \dashrightarrow 00{:}08{:}12{.}772$ the R placebo hazard ratio was 0.59 and

NOTE Confidence: 0.8171000106666667

00:08:12.772 --> 00:08:15.376 P significantly statistically significant.

NOTE Confidence: 0.817100010666667

 $00{:}08{:}15{.}380 \dashrightarrow 00{:}08{:}17{.}100$ Um.

00:08:17.100 --> 00:08:19.740 And there were no new treatment

NOTE Confidence: 0.817100010666667

 $00{:}08{:}19.740 \dashrightarrow 00{:}08{:}22.540$ emergent is reported in this update.

NOTE Confidence: 0.817100010666667

 $00:08:22.540 \longrightarrow 00:08:24.295$ This work come came from

NOTE Confidence: 0.817100010666667

 $00:08:24.295 \longrightarrow 00:08:25.348$ the original analysis.

NOTE Confidence: 0.817100010666667

 $00{:}08{:}25.350 \dashrightarrow 00{:}08{:}27.684$ So not surprisingly there were more

NOTE Confidence: 0.817100010666667

00:08:27.684 --> 00:08:30.595 toxicity on the R square group compared

NOTE Confidence: 0.817100010666667

 $00{:}08{:}30.595 \dashrightarrow 00{:}08{:}33.577$ to the R place bo and especially with

NOTE Confidence: 0.817100010666667

 $00:08:33.652 \dashrightarrow 00:08:36.147$ the most common being neutropenia.

NOTE Confidence: 0.817100010666667

 $00{:}08{:}36{.}150 \dashrightarrow 00{:}08{:}37{.}360$ But in the long term,

NOTE Confidence: 0.817100010666667

 $00{:}08{:}37{.}360 \dashrightarrow 00{:}08{:}39{.}940$ there was no signal that was

NOTE Confidence: 0.817100010666667

 $00{:}08{:}39{.}940 \dashrightarrow 00{:}08{:}43{.}297$ worrisome for an increase in the risk

NOTE Confidence: 0.817100010666667

00:08:43.297 --> 00:08:45.369 of secondary primary malignancies

NOTE Confidence: 0.817100010666667

00:08:45.369 - 00:08:47.720 due to Lenalidomide exposure.

NOTE Confidence: 0.8171000106666667

 $00:08:47.720 \dashrightarrow 00:08:48.935$ Or histologic transformation.

NOTE Confidence: 0.817100010666667

 $00{:}08{:}48{.}935 \dashrightarrow 00{:}08{:}51{.}365$ So I think that these updated

NOTE Confidence: 0.817100010666667

 $00:08:51.365 \rightarrow 00:08:53.612$ result further support the use of

- NOTE Confidence: 0.817100010666667
- $00{:}08{:}53.612 \dashrightarrow 00{:}08{:}55.392$ this combination in the relapse
- NOTE Confidence: 0.817100010666667
- $00:08:55.454 \rightarrow 00:08:56.620$ refractory setting.
- NOTE Confidence: 0.90503716
- $00{:}08{:}58{.}640 \dashrightarrow 00{:}09{:}03{.}405$ Moving forward, I'd like to review data on
- NOTE Confidence: 0.90503716
- 00:09:03.405 00:09:06.990 the city 20 CD 3 by specific antibodies.
- NOTE Confidence: 0.90503716
- $00:09:06.990 \dashrightarrow 00:09:09.982$ This was a very big and very popular
- NOTE Confidence: 0.90503716
- $00{:}09{:}09{.}982 \dashrightarrow 00{:}09{:}12.267$ topic attitude this year ASH meeting
- NOTE Confidence: 0.90503716
- $00:09:12.267 \rightarrow 00:09:14.910$ this antibody as we all know binds
- NOTE Confidence: 0.90503716
- $00:09:14.910 \dashrightarrow 00:09:18.014$ CD20 and malignant cell CD3 on T cell
- NOTE Confidence: 0.90503716
- 00:09:18.014 --> 00:09:20.690 eliciting T cell mediated toxicity.
- NOTE Confidence: 0.90503716
- $00{:}09{:}20.690 \dashrightarrow 00{:}09{:}24.170$ We will review here the efficacy and safety
- NOTE Confidence: 0.90503716
- $00{:}09{:}24.170 \dashrightarrow 00{:}09{:}27.930$ data on Mozilla on other next AMAB and.
- NOTE Confidence: 0.90503716
- $00{:}09{:}27{.}930 \dashrightarrow 00{:}09{:}29{.}834$ The combination of equipment
- NOTE Confidence: 0.90503716
- $00:09:29.834 \rightarrow 00:09:31.738$ that with our square,
- NOTE Confidence: 0.90503716
- $00{:}09{:}31.740 \dashrightarrow 00{:}09{:}34.148$ I just want to highlight here that most
- NOTE Confidence: 0.90503716
- $00{:}09{:}34.150 \dashrightarrow 00{:}09{:}36.950$ mob after the this data were presented at
- NOTE Confidence: 0.90503716

 $00:09:36.950 \rightarrow 00:09:39.939$ the ASH meeting very earlier this year. NOTE Confidence: 0.90503716 00:09:39.940 --> 00:09:42.460 I received accelerated approval for NOTE Confidence: 0.90503716 $00{:}09{:}42.460 \dashrightarrow 00{:}09{:}44.980$ follicular lymphoma would receive at NOTE Confidence: 0.90503716 00:09:45.056 --> 00:09:47.480 least two prior lines of treatment NOTE Confidence: 0.90503716 00:09:47.480 --> 00:09:50.560 including an anti CD20 antibody and NOTE Confidence: 0.90503716 $00:09:50.560 \rightarrow 00:09:53.620$ an alkylating agent or the next Amada. NOTE Confidence: 0.90503716 $00:09:53.620 \rightarrow 00:09:55.120$ Also very promising results we're NOTE Confidence: 0.90503716 $00:09:55.120 \longrightarrow 00:09:56.928$ going to review as being granted NOTE Confidence: 0.90503716 $00:09:56.928 \dashrightarrow 00:09:58.640$ fast track designation by the FDA. NOTE Confidence: 0.90503716 00:09:58.640 --> 00:10:01.220 Or fully comic drama. NOTE Confidence: 0.90503716 $00:10:01.220 \longrightarrow 00:10:04.436$ So here the update on uh, NOTE Confidence: 0.90503716 00:10:04.440 $\operatorname{-->}$ 00:10:06.732 the people that were phase two NOTE Confidence: 0.90503716 $00:10:06.732 \rightarrow 00:10:09.291$ study on monotherapy in patients NOTE Confidence: 0.90503716 $00{:}10{:}09{.}291 \dashrightarrow 00{:}10{:}11{.}679$ with relapsed refractory lymphoma. NOTE Confidence: 0.90503716 00:10:11.680 --> 00:10:13.208 Key inclusion criteria included NOTE Confidence: 0.90503716 $00:10:13.208 \rightarrow 00:10:14.736$ patients with follicular lymphoma

- NOTE Confidence: 0.90503716
- $00:10:14.736 \longrightarrow 00:10:17.115$ grade one to three a with a good
- NOTE Confidence: 0.90503716
- 00:10:17.115 --> 00:10:18.495 performance status with more than
- NOTE Confidence: 0.90503716
- 00:10:18.495 --> 00:10:19.940 two prior lines of treatment.
- NOTE Confidence: 0.90503716
- $00:10:19.940 \rightarrow 00:10:23.492$ The by specific antibody was given
- NOTE Confidence: 0.90503716
- $00{:}10{:}23.492 \dashrightarrow 00{:}10{:}26.401$ intravenously with a step up
- NOTE Confidence: 0.90503716
- $00:10:26.401 \rightarrow 00:10:29.496$ dosing in cycle one that is usually
- NOTE Confidence: 0.90503716
- $00:10:29.496 \longrightarrow 00:10:31.304$ a strategy to mitigate.
- NOTE Confidence: 0.90503716
- $00{:}10{:}31{.}310 \dashrightarrow 00{:}10{:}34{.}244$ The risk of CRS that that is unique to
- NOTE Confidence: 0.90503716
- $00{:}10{:}34{.}244 \dashrightarrow 00{:}10{:}37{.}291$ this group of drugs and then subsequent
- NOTE Confidence: 0.90503716
- 00:10:37.291 --> 00:10:41.810 to the step up dosing was a given day
- NOTE Confidence: 0.90503716
- $00{:}10{:}41{.}810 \dashrightarrow 00{:}10{:}44{.}629$ one of every cycle 60 milligrams with
- NOTE Confidence: 0.90503716
- $00:10:44.629 \longrightarrow 00:10:47.191$ cycle two down to 30 with cycle 3
- NOTE Confidence: 0.90503716
- $00{:}10{:}47.191 \dashrightarrow 00{:}10{:}49.326$ on it was a fixed duration treatment.
- NOTE Confidence: 0.90503716
- 00:10:49.330 --> 00:10:51.546 People achieving patients achieving
- NOTE Confidence: 0.90503716
- $00{:}10{:}51{.}546 \dashrightarrow 00{:}10{:}54{.}870$ CR after 8 cycles stopped treatment
- NOTE Confidence: 0.90503716

 $00{:}10{:}54{.}953 \dashrightarrow 00{:}10{:}57{.}527$ and we're allowed to be retreated

NOTE Confidence: 0.90503716

 $00{:}10{:}57{.}527 \dashrightarrow 00{:}10{:}59{.}456$ should the recurrence patient

NOTE Confidence: 0.90503716

 $00:10:59.456 \longrightarrow 00:11:01.588$ achieving a stable disease.

NOTE Confidence: 0.90503716

 $00:11:01.590 \rightarrow 00:11:03.195$ Was a partial remission continued

NOTE Confidence: 0.90503716

 $00:11:03.195 \longrightarrow 00:11:05.260$ on the treatment for 17 cycles.

NOTE Confidence: 0.90503716

 $00{:}11{:}05{.}260 \dashrightarrow 00{:}11{:}07{.}695$ There were no mandatory hospitalization

NOTE Confidence: 0.90503716

 $00{:}11{:}07.695 \dashrightarrow 00{:}11{:}10.675$ and the study made its primary

NOTE Confidence: 0.90503716

 $00:11:10.675 \rightarrow 00:11:13.435$ endpoint of efficacy at the prior

NOTE Confidence: 0.90503716

00:11:13.440 --> 00:11:16.050 published initial analysis with a

NOTE Confidence: 0.90503716

00:11:16.050 --> 00:11:19.712 rate of 60% in patients that compared

NOTE Confidence: 0.90503716

 $00{:}11{:}19{.}712 \dashrightarrow 00{:}11{:}22{.}077$ to 14% of historical control.

NOTE Confidence: 0.90503716

 $00{:}11{:}22.077 \dashrightarrow 00{:}11{:}25.728$ And here it was provided an updated efficacy

NOTE Confidence: 0.90503716

00:11:25.728 --> 00:11:29.235 and safety analysis with a longer follow-up,

NOTE Confidence: 0.90503716

 $00:11:29.240 \rightarrow 00:11:32.635$ 10 months longer than the original analysis.

NOTE Confidence: 0.90503716

00:11:32.640 --> 00:11:33.555 Baseline characteristics I

NOTE Confidence: 0.90503716

00:11:33.555 - 00:11:35.080 just want to highlight here,

- NOTE Confidence: 0.90503716
- $00{:}11{:}35{.}080 \dashrightarrow 00{:}11{:}36{.}271$ these were very,
- NOTE Confidence: 0.90503716
- 00:11:36.271 --> 00:11:37.859 very heavily pretreated patients
- NOTE Confidence: 0.90503716
- $00:11:37.859 \longrightarrow 00:11:40.422$ and patients up to the age of 90
- NOTE Confidence: 0.90503716
- $00:11:40.422 \longrightarrow 00:11:42.130$ were included in the study and
- NOTE Confidence: 0.90503716
- $00{:}11{:}42{.}130 \dashrightarrow 00{:}11{:}44{.}104$ there were a lot of significant
- NOTE Confidence: 0.90503716
- 00:11:44.104 --> 00:11:46.159 proportion of what we call PD-24,
- NOTE Confidence: 0.90503716
- 00:11:46.159 --> 00:11:49.116 which are very, very high risk patient
- NOTE Confidence: 0.90503716
- $00:11:49.116 \rightarrow 00:11:51.960$ that usually have a worse outcome.
- NOTE Confidence: 0.90503716
- 00:11:51.960 --> 00:11:52.530 Um,
- NOTE Confidence: 0.90503716
- $00:11:52.530 \longrightarrow 00:11:53.670$ these analysis,
- NOTE Confidence: 0.90503716
- $00:11:53.670 \longrightarrow 00:11:57.090$ there was no difference in the
- NOTE Confidence: 0.90503716
- $00{:}11{:}57.090 \dashrightarrow 00{:}11{:}59.968$ reported efficacy compared to the prior
- NOTE Confidence: 0.90503716
- 00:11:59.968 --> 00:12:02.110 analysis with an overall response rate
- NOTE Confidence: 0.90503716
- $00{:}12{:}02{.}175 \dashrightarrow 00{:}12{:}04{.}978$ of almost 80% and a CR rate of 60%.
- NOTE Confidence: 0.90503716
- $00:12:04.980 \longrightarrow 00:12:07.890$ Very quick time to 1st respond 1.4
- NOTE Confidence: 0.90503716

00:12:07.890 --> 00:12:10.200 months and three months for the time

NOTE Confidence: 0.90503716

 $00{:}12{:}10.200 \dashrightarrow 00{:}12{:}13.341$ to the CR I think was what is more

NOTE Confidence: 0.90503716

 $00{:}12{:}13{.}341 \dashrightarrow 00{:}12{:}15{.}255$ meaningful about this update is

NOTE Confidence: 0.90503716

 $00:12:15.255 \rightarrow 00:12:17.679$ that the duration of these responses

NOTE Confidence: 0.90503716

 $00{:}12{:}17.680 \dashrightarrow 00{:}12{:}19.744$ and the benefit that appeared to

NOTE Confidence: 0.90503716

00:12:19.744 --> 00:12:21.120 be very impressive especially

NOTE Confidence: 0.90503716

 $00{:}12{:}21{.}179 \dashrightarrow 00{:}12{:}22{.}789$ when compared to the benefit.

NOTE Confidence: 0.90503716

 $00:12:22.790 \longrightarrow 00:12:25.485$ Achieved with the prior line of treatment

NOTE Confidence: 0.90503716

00:12:25.485 --> 00:12:27.323 before Mozilla Tusm having these

NOTE Confidence: 0.90503716

 $00{:}12{:}27{.}323 \dashrightarrow 00{:}12{:}29{.}795$ patient as we see here the blue line

NOTE Confidence: 0.692425145833333

00:12:29.863 --> 00:12:32.068 is most inotuzum
ab prior to your 20s

NOTE Confidence: 0.692425145833333

 $00{:}12{:}32.068 \dashrightarrow 00{:}12{:}34.664$ in red median duration of complete

NOTE Confidence: 0.692425145833333

 $00:12:34.664 \rightarrow 00:12:37.404$ response not reached for monotheism

NOTE Confidence: 0.692425145833333

 $00:12:37.404 \longrightarrow 00:12:41.225$ 15 months for prior treatment and

NOTE Confidence: 0.692425145833333

00:12:41.225 --> 00:12:44.490 PFS similarly favoring like was

NOTE Confidence: 0.692425145833333

 $00:12:44.490 \longrightarrow 00:12:46.583$ was 24 months compared to 12 months

- NOTE Confidence: 0.692425145833333
- $00:12:46.583 \rightarrow 00:12:48.698$ for a prior line of treatment.
- NOTE Confidence: 0.692425145833333
- $00{:}12{:}48.700 \dashrightarrow 00{:}12{:}50.988$ And I think this is very important in
- NOTE Confidence: 0.692425145833333
- $00{:}12{:}50{.}988 \dashrightarrow 00{:}12{:}52{.}909$ the because breaks as sort of the.
- NOTE Confidence: 0.692425145833333
- $00{:}12{:}52{.}910 \dashrightarrow 00{:}12{:}55{.}490$ Vicious cycle in patients with particular
- NOTE Confidence: 0.692425145833333
- $00{:}12{:}55{.}490 \dashrightarrow 00{:}12{:}57{.}615$ lymphoma with subsequent lines of
- NOTE Confidence: 0.692425145833333
- $00{:}12{:}57.615 \dashrightarrow 00{:}12{:}59.315$ treatment usually and the duration
- NOTE Confidence: 0.692425145833333
- $00:12:59.315 \rightarrow 00:13:01.759$ of response is half of the prior one.
- NOTE Confidence: 0.692425145833333
- 00:13:01.760 --> 00:13:04.060 In terms of safety profile,
- NOTE Confidence: 0.692425145833333
- $00{:}13{:}04.060 \dashrightarrow 00{:}13{:}08.060$ there was not an update on the ages
- NOTE Confidence: 0.692425145833333
- $00:13:08.060 \rightarrow 00:13:09.890$ reported in the original analysis
- NOTE Confidence: 0.692425145833333
- $00:13:09.890 \longrightarrow 00:13:12.401$ and most of the adverse event not
- NOTE Confidence: 0.692425145833333
- $00{:}13{:}12{.}401 \dashrightarrow 00{:}13{:}14.865$ related to CRS where Grade 3 and grade
- NOTE Confidence: 0.692425145833333
- $00:13:14.932 \longrightarrow 00:13:16.804$ four were essentially neutropenia
- NOTE Confidence: 0.692425145833333
- $00{:}13{:}16{.}804 \dashrightarrow 00{:}13{:}18{.}676$ and hypophosphatemia which seemed
- NOTE Confidence: 0.692425145833333
- $00:13:18.676 \longrightarrow 00:13:21.268$ to be appear to be manageable.
- NOTE Confidence: 0.692425145833333

00:13:21.268 --> 00:13:23.740 And also in terms of CRS,

NOTE Confidence: 0.692425145833333

 $00{:}13{:}23.740 \dashrightarrow 00{:}13{:}25.798$ most of the CRS were predictable

NOTE Confidence: 0.692425145833333

 $00{:}13{:}25.798 \dashrightarrow 00{:}13{:}28.232$ after the first dose and after the

NOTE Confidence: 0.692425145833333

 $00:13:28.232 \rightarrow 00:13:30.218$ first full dose of the antibody,

NOTE Confidence: 0.692425145833333

 $00:13:30.220 \longrightarrow 00:13:31.900$ mostly grade one and grade.

NOTE Confidence: 0.692425145833333

00:13:31.900 --> 00:13:33.718 That was on a grade three and a grade

NOTE Confidence: 0.692425145833333

 $00:13:33.718 \longrightarrow 00:13:35.469$ four was in a patient that apparently

NOTE Confidence: 0.692425145833333

 $00{:}13{:}35{.}469 \dashrightarrow 00{:}13{:}37{.}074$ had a leukemic form of follicular

NOTE Confidence: 0.692425145833333

 $00:13:37.074 \rightarrow 00:13:39.020$ lymphoma with a very high white count.

NOTE Confidence: 0.692425145833333

 $00:13:39.020 \rightarrow 00:13:41.274$ So had a really high risk features.

NOTE Confidence: 0.692425145833333

00:13:41.280 --> 00:13:43.555 And again this is I think practice

NOTE Confidence: 0.692425145833333

 $00:13:43.555 \rightarrow 00:13:45.595$ changing after the FDA approved this

NOTE Confidence: 0.692425145833333

 $00:13:45.595 \rightarrow 00:13:47.599$ drug in the third line setting,

NOTE Confidence: 0.692425145833333

 $00:13:47.600 \rightarrow 00:13:49.968$ we have now a new option and it's

NOTE Confidence: 0.692425145833333

 $00:13:49.968 \rightarrow 00:13:51.685$ very exciting and it's probably

NOTE Confidence: 0.692425145833333

 $00:13:51.685 \rightarrow 00:13:53.803$ going to be in direct competition

 $00:13:53.803 \rightarrow 00:13:56.104$ with car T cell in this space.

NOTE Confidence: 0.692425145833333

 $00:13:56.104 \rightarrow 00:13:59.030$ I just want to highlight here a

NOTE Confidence: 0.692425145833333

 $00:13:59.130 \longrightarrow 00:14:01.528$ poster presentation that has.

NOTE Confidence: 0.692425145833333

 $00:14:01.528 \rightarrow 00:14:04.222$ If in time happens when a drug shows

NOTE Confidence: 0.692425145833333

 $00:14:04.222 \rightarrow 00:14:06.334$ such an amazing activity in patients

NOTE Confidence: 0.692425145833333

 $00:14:06.334 \rightarrow 00:14:08.261$ that are heavily pretreated and

NOTE Confidence: 0.692425145833333

00:14:08.261 --> 00:14:10.266 in subsequent line of treatment,

NOTE Confidence: 0.692425145833333

 $00:14:10.270 \longrightarrow 00:14:13.091$ it is attested earlier in the course

NOTE Confidence: 0.692425145833333

 $00{:}14{:}13.091 \dashrightarrow 00{:}14{:}15.906$ of the treatment and in combination

NOTE Confidence: 0.692425145833333

 $00:14:15.906 \longrightarrow 00:14:17.946$ with the approved treatment.

NOTE Confidence: 0.692425145833333

 $00:14:17.950 \rightarrow 00:14:20.170$ And we have currently opened here

NOTE Confidence: 0.692425145833333

 $00{:}14{:}20{.}170 \dashrightarrow 00{:}14{:}23{.}094$ at Yale under the lead of Doctor

NOTE Confidence: 0.692425145833333

 $00{:}14{:}23.094 \dashrightarrow 00{:}14{:}25.502$ Huntington clinical trial here's in

NOTE Confidence: 0.692425145833333

 $00{:}14{:}25{.}502 \dashrightarrow 00{:}14{:}27{.}454$ combination in collaboration with

NOTE Confidence: 0.692425145833333

00:14:27.454 --> 00:14:28.430 Brown University.

 $00:14:28.430 \rightarrow 00:14:31.895$ This is a map with the land.

NOTE Confidence: 0.692425145833333

 $00{:}14{:}31{.}900 \dashrightarrow 00{:}14{:}33{.}725$ Augmentation as first line the rapy

NOTE Confidence: 0.692425145833333

00:14:33.725 --> 00:14:35.550 for follicular and marginal zone

NOTE Confidence: 0.692425145833333

 $00:14:35.611 \rightarrow 00:14:37.546$ lymphoma in these clinical trial

NOTE Confidence: 0.692425145833333

 $00{:}14{:}37{.}546 \dashrightarrow 00{:}14{:}39{.}094$ patients with untreated follicular

NOTE Confidence: 0.692425145833333

 $00{:}14{:}39{.}094 \dashrightarrow 00{:}14{:}41{.}472$ and marginal zone lymphoma in need of

NOTE Confidence: 0.692425145833333

 $00{:}14{:}41{.}472 \dashrightarrow 00{:}14{:}44{.}352$ treatment will be treated with Mozilla.

NOTE Confidence: 0.692425145833333

 $00:14:44.352 \rightarrow 00:14:47.110$ As we reviewed previously.

NOTE Confidence: 0.692425145833333

 $00{:}14{:}47{.}110 \dashrightarrow 00{:}14{:}49{.}700$ The same schedule is going to be

NOTE Confidence: 0.692425145833333

 $00:14:49.700 \rightarrow 00:14:51.335$ given though subcutaneously after

NOTE Confidence: 0.692425145833333

00:14:51.335 --> 00:14:53.825 four cycle patients in CR will

NOTE Confidence: 0.692425145833333

 $00:14:53.825 \longrightarrow 00:14:56.108$ continue for a total of eight

NOTE Confidence: 0.692425145833333

 $00:14:56.108 \rightarrow 00:14:57.838$ cycle patient not achieving CR.

NOTE Confidence: 0.692425145833333

 $00{:}14{:}57{.}840 \dashrightarrow 00{:}14{:}59{.}808$ So with the partial response of

NOTE Confidence: 0.692425145833333

 $00:14:59.808 \rightarrow 00:15:01.979$ stable disease will go on receiving.

NOTE Confidence: 0.692425145833333

 $00{:}15{:}01{.}980 \dashrightarrow 00{:}15{:}03{.}975$ Augmentation with Lenalidomide 4 to

- NOTE Confidence: 0.692425145833333
- $00:15:03.975 \rightarrow 00:15:06.763$ complete its cycle and then there is
- NOTE Confidence: 0.692425145833333
- $00{:}15{:}06.763 \dashrightarrow 00{:}15{:}08.568$ provision for an extended documentation
- NOTE Confidence: 0.692425145833333
- $00{:}15{:}08.568 \dashrightarrow 00{:}15{:}11.370$ if no CR is achieved after cycle 8.
- NOTE Confidence: 0.692425145833333
- 00:15:11.370 --> 00:15:13.110 Primary endpoints of the studies
- NOTE Confidence: 0.692425145833333
- $00:15:13.110 \rightarrow 00:15:14.502$ are overall response rate,
- NOTE Confidence: 0.692425145833333
- $00{:}15{:}14{.}510 \dashrightarrow 00{:}15{:}17{.}030$ CR rate and PFS and there are
- NOTE Confidence: 0.692425145833333
- $00:15:17.030 \rightarrow 00:15:18.110$ correlative studies looking
- NOTE Confidence: 0.692425145833333
- $00:15:18.175 \longrightarrow 00:15:20.067$ at the tumor microenvironment,
- NOTE Confidence: 0.692425145833333
- $00{:}15{:}20.070 \dashrightarrow 00{:}15{:}26.110$ CD, circulating DNA and MRT.
- NOTE Confidence: 0.692425145833333
- 00:15:26.110 --> 00:15:26.838 Moving forward,
- NOTE Confidence: 0.692425145833333
- $00:15:26.838 \rightarrow 00:15:29.022$ the other very promising by specific
- NOTE Confidence: 0.692425145833333
- $00{:}15{:}29{.}022 \dashrightarrow 00{:}15{:}31{.}092$ antibody that was presented at the
- NOTE Confidence: 0.692425145833333
- 00:15:31.092 --> 00:15:32.692 ASH meeting in follicular lymphoma
- NOTE Confidence: 0.692425145833333
- $00{:}15{:}32.692 \dashrightarrow 00{:}15{:}35.039$ is other next a mab and be very quick
- NOTE Confidence: 0.692425145833333
- $00{:}15{:}35{.}039 \dashrightarrow 00{:}15{:}36{.}718$ here because it's essentially the
- NOTE Confidence: 0.692425145833333

 $00:15:36.718 \longrightarrow 00:15:39.616$ data are similar to the one that

NOTE Confidence: 0.692425145833333

 $00{:}15{:}39.616 \dashrightarrow 00{:}15{:}42.490$ we have reviewed with most about

NOTE Confidence: 0.692425145833333

 $00{:}15{:}42{.}490 \dashrightarrow 00{:}15{:}45{.}490$ though the follow-up was much shorter NOTE Confidence: 0.825341224

 $00{:}15{:}45{.}490 \dashrightarrow 00{:}15{:}48{.}352$ and it is given with a step up dosing NOTE Confidence: 0.825341224

 $00{:}15{:}48{.}352 \dashrightarrow 00{:}15{:}51{.}349$ that was changed in the course of the NOTE Confidence: 0.825341224

 $00{:}15{:}51{.}349$ --> $00{:}15{:}53{.}816$ study to further mitigate the risk of NOTE Confidence: 0.825341224

 $00{:}15{:}53.816 \dashrightarrow 00{:}15{:}56.915$ a Sears and so it was a little bit.

NOTE Confidence: 0.825341224

00:15:56.915 -> 00:16:00.070 Or day one and day two they get

NOTE Confidence: 0.825341224

00:16:00.070 --> 00:16:02.709 91516 of cycle 1 escalated to the

NOTE Confidence: 0.825341224

 $00{:}16{:}02.709 \dashrightarrow 00{:}16{:}04.629$ full dose Hollywood cycle two.

NOTE Confidence: 0.825341224

 $00{:}16{:}04{.}630 \dashrightarrow 00{:}16{:}07{.}157$ And the way that these by specific NOTE Confidence: 0.825341224

 $00:16:07.157 \longrightarrow 00:16:09.976$ antibody was given as a sort of

NOTE Confidence: 0.825341224

00:16:09.976 --> 00:16:11.224 maintenance continuous treatment

NOTE Confidence: 0.825341224

 $00{:}16{:}11.224 \dashrightarrow 00{:}16{:}13.904$ every two weeks of again here we

NOTE Confidence: 0.825341224

00:16:13.904 --> 00:16:15.950 see similar response rate than we

NOTE Confidence: 0.825341224

 $00:16:15.950 \rightarrow 00:16:19.990$ have seen with most of a very high

- NOTE Confidence: 0.825341224
- $00{:}16{:}19{.}990 \dashrightarrow 00{:}16{:}23{.}350$ overall response rate over 80% and the

00:16:23.350 --> 00:16:25.722 complete response rate 75% medium.

NOTE Confidence: 0.825341224

00:16:25.722 --> 00:16:28.518 Uh opportunity to follow up has

NOTE Confidence: 0.825341224

 $00{:}16{:}28{.}518 \dashrightarrow 00{:}16{:}30{.}250$ been uh 2022.4 months.

NOTE Confidence: 0.825341224

00:16:30.250 --> 00:16:32.650 And in terms of safety profile,

NOTE Confidence: 0.825341224

00:16:32.650 --> 00:16:37.174 again similar to mob neutropenia

NOTE Confidence: 0.825341224

 $00:16:37.174 \rightarrow 00:16:39.284$ was a big adverse event.

NOTE Confidence: 0.825341224

 $00:16:39.290 \rightarrow 00:16:42.377$ Besides the CRS and CRS risk were

NOTE Confidence: 0.825341224

 $00:16:42.377 \longrightarrow 00:16:44.850$ mostly grade one and Grade 2,

NOTE Confidence: 0.825341224

 $00:16:44.850 \longrightarrow 00:16:46.546$ especially after the optimization

NOTE Confidence: 0.825341224

 $00:16:46.546 \longrightarrow 00:16:48.666$ of the step up regimen,

NOTE Confidence: 0.825341224

00:16:48.670 --> 00:16:51.466 Grade 3 became much less frequent

NOTE Confidence: 0.825341224

 $00{:}16{:}51{.}466 \dashrightarrow 00{:}16{:}54{.}436$ and just to remind what is a

NOTE Confidence: 0.825341224

 $00{:}16{:}54{.}436 \dashrightarrow 00{:}16{:}56{.}464$ big deal at Grade 3 CRS.

NOTE Confidence: 0.825341224

 $00{:}16{:}56{.}470 \dashrightarrow 00{:}16{:}59{.}249$ Is that with the demand high grade

 $00:16:59.249 \rightarrow 00:17:01.070$ oxygen and vasopressor support?

NOTE Confidence: 0.849085844285714

00:17:03.480 --> 00:17:06.315 Finally, I'd like to review this study,

NOTE Confidence: 0.849085844285714

 $00{:}17{:}06.320 \dashrightarrow 00{:}17{:}08.044$ the subcutaneous combination of

NOTE Confidence: 0.849085844285714

 $00:17:08.044 \longrightarrow 00:17:09.768$ eculizumab with rituximab and

NOTE Confidence: 0.849085844285714

 $00{:}17{:}09.768 \dashrightarrow 00{:}17{:}12.056$ Lenalidomide in patients with relapsed

NOTE Confidence: 0.849085844285714

 $00:17:12.056 \rightarrow 00:17:13.880$ or refractory follicular lymphoma.

NOTE Confidence: 0.849085844285714

 $00:17:13.880 \longrightarrow 00:17:16.640$ So by specific antibody in combination

NOTE Confidence: 0.849085844285714

 $00:17:16.640 \rightarrow 00:17:19.163$ with an approved chemo immunotherapy

NOTE Confidence: 0.849085844285714

 $00{:}17{:}19{.}163 \dashrightarrow 00{:}17{:}22{.}781$ and these were patient with follicular

NOTE Confidence: 0.849085844285714

 $00:17:22.781 \rightarrow 00:17:25.101$ lymphoma relapse refractory need

NOTE Confidence: 0.849085844285714

 $00{:}17{:}25{.}101 \dashrightarrow 00{:}17{:}27{.}236$ for treatment and there were.

NOTE Confidence: 0.849085844285714

00:17:27.240 --> 00:17:31.060 Included higher risk patient epically

NOTE Confidence: 0.849085844285714

 $00{:}17{:}31.060 \dashrightarrow 00{:}17{:}36.350$ was given subcutaneously and for.

NOTE Confidence: 0.849085844285714

 $00:17:36.350 \rightarrow 00:17:38.600$ And was given in combination with

NOTE Confidence: 0.849085844285714

 $00{:}17{:}38{.}600 \dashrightarrow 00{:}17{:}41{.}144$ rituximab and lend a little while

NOTE Confidence: 0.849085844285714

 $00:17:41.144 \rightarrow 00:17:43.088$ following the AUGMENT schema.

- NOTE Confidence: 0.849085844285714
- $00:17:43.090 \longrightarrow 00:17:45.342$ Treatment lasted 2 years.
- NOTE Confidence: 0.849085844285714
- 00:17:45.342 --> 00:17:48.157 Primary objective was in safety
- NOTE Confidence: 0.849085844285714
- $00:17:48.157 \longrightarrow 00:17:50.569$ and antitumor activity.
- NOTE Confidence: 0.849085844285714
- $00{:}17{:}50{.}570 \dashrightarrow 00{:}17{:}52{.}538$ Treatment emergent adverse event
- NOTE Confidence: 0.849085844285714
- $00{:}17{:}52{.}538 \dashrightarrow 00{:}17{:}56{.}220$ as expected based on the R square
- NOTE Confidence: 0.849085844285714
- $00{:}17{:}56{.}220 \dashrightarrow 00{:}17{:}59{.}085$ toxicity profile and I think the study
- NOTE Confidence: 0.849085844285714
- $00:17:59.085 \rightarrow 00:18:02.087$ was impacted by the fact that it was
- NOTE Confidence: 0.849085844285714
- 00:18:02.087 --> 00:18:04.327 conducting during the COVID-19 pandemic.
- NOTE Confidence: 0.849085844285714
- $00:18:04.330 \dashrightarrow 00:18:07.025$ With many patients contracting the CD 19,
- NOTE Confidence: 0.849085844285714
- 00:18:07.030 --> 00:18:09.214 COVID-19 in less CSS,
- NOTE Confidence: 0.849085844285714
- $00:18:09.214 \rightarrow 00:18:11.744$ the event very minimal,
- NOTE Confidence: 0.849085844285714
- $00:18:11.744 \rightarrow 00:18:15.329$ very encouraging these results and
- NOTE Confidence: 0.849085844285714
- 00:18:15.330 --> 00:18:17.528 mostly grade one and grade two no
- NOTE Confidence: 0.849085844285714
- $00{:}18{:}17.528 \dashrightarrow 00{:}18{:}21.188$ grade three years was recorded and
- NOTE Confidence: 0.849085844285714
- $00{:}18{:}21{.}188 \dashrightarrow 00{:}18{:}24{.}939$ over all response rate 95% with a
- NOTE Confidence: 0.849085844285714

 $00:18:24.939 \rightarrow 00:18:27.404$ complete metabolic response of 80%.

NOTE Confidence: 0.849085844285714

00:18:27.410 --> 00:18:30.346 So based on these very exciting

NOTE Confidence: 0.849085844285714

 $00:18:30.346 \longrightarrow 00:18:31.926$ results there is currently a

NOTE Confidence: 0.849085844285714

 $00:18:31.926 \longrightarrow 00:18:33.960$ phase three trial of subcutaneous.

NOTE Confidence: 0.849085844285714

 $00:18:33.960 \rightarrow 00:18:35.895$ Create the mapping combination with

NOTE Confidence: 0.849085844285714

00:18:35.895 --> 00:18:39.336 our square uh versus uh R square among

NOTE Confidence: 0.849085844285714

 $00:18:39.336 \rightarrow 00:18:41.252$ patients with relapsed refractory

NOTE Confidence: 0.849085844285714

 $00:18:41.252 \rightarrow 00:18:43.480$ follicular lymphoma that is ongoing.

NOTE Confidence: 0.849085844285714

 $00:18:43.480 \longrightarrow 00:18:46.343$ I'd like to close my selection of

NOTE Confidence: 0.849085844285714

 $00{:}18{:}46{.}343 \dashrightarrow 00{:}18{:}49{.}048$ abstract with uh these abstract

NOTE Confidence: 0.849085844285714

 $00{:}18{:}49{.}048 \dashrightarrow 00{:}18{:}50{.}440$ on prognostication.

NOTE Confidence: 0.849085844285714

 $00:18:50.440 \longrightarrow 00:18:52.828$ This is a very important and

NOTE Confidence: 0.849085844285714

 $00{:}18{:}52{.}828 \dashrightarrow 00{:}18{:}56{.}114$ area of clinical and met need for

NOTE Confidence: 0.849085844285714

 $00:18:56.114 \longrightarrow 00:18:57.186$ follicular lymphoma.

NOTE Confidence: 0.849085844285714

 $00:18:57.190 \rightarrow 00:18:59.482$ We know the patients of particular

NOTE Confidence: 0.849085844285714

 $00:18:59.482 \rightarrow 00:19:01.726$ lymphoma is very terrigenous with the

00:19:01.726 --> 00:19:03.790 patient doing well on the watch and

NOTE Confidence: 0.849085844285714

 $00{:}19{:}03.790 \dashrightarrow 00{:}19{:}06.112$ wait approach for more than 12 years

NOTE Confidence: 0.849085844285714

 $00{:}19{:}06{.}112 \dashrightarrow 00{:}19{:}07{.}942$ and patients instead relapsing with

NOTE Confidence: 0.849085844285714

 $00:19:07.942 \rightarrow 00:19:10.150$ their disease within 24 months from

NOTE Confidence: 0.849085844285714

 $00:19:10.150 \longrightarrow 00:19:11.920$ initiation of a chemo immunotherapy

NOTE Confidence: 0.849085844285714

 $00:19:11.920 \dashrightarrow 00:19:13.600$ and those are really the patients.

NOTE Confidence: 0.849085844285714

 $00:19:13.600 \longrightarrow 00:19:19.670$ That we really need to do more

NOTE Confidence: 0.849085844285714

 $00:19:19.670 \rightarrow 00:19:23.225$ research and develop new treatment

NOTE Confidence: 0.849085844285714

 $00{:}19{:}23.225 \dashrightarrow 00{:}19{:}26.255$ paradigm for because these are the

NOTE Confidence: 0.849085844285714

 $00{:}19{:}26.255 \dashrightarrow 00{:}19{:}29.431$ patients that have the more challenging

NOTE Confidence: 0.849085844285714

 $00:19:29.431 \longrightarrow 00:19:32.330$ prognosis so in the this study.

NOTE Confidence: 0.849085844285714

00:19:32.330 --> 00:19:36.054 And it is presented at new prognostic

NOTE Confidence: 0.849085844285714

 $00{:}19{:}36{.}054 \dashrightarrow 00{:}19{:}39{.}166$ model called Flippy 24 and this model

NOTE Confidence: 0.849085844285714

 $00{:}19{:}39{.}166 \dashrightarrow 00{:}19{:}41{.}226$ was specifically developed to predict

NOTE Confidence: 0.849085844285714

 $00{:}19{:}41.226 \dashrightarrow 00{:}19{:}43.403$ the risk of disease progression

 $00{:}19{:}43{.}403 \dashrightarrow 00{:}19{:}45{.}959$ within 24 months from starting the

NOTE Confidence: 0.849085844285714

00:19:45.959 --> 00:19:48.347 first line of chemo immuno
therapy.

NOTE Confidence: 0.849085844285714

00:19:48.350 --> 00:19:50.870 So we currently we have no current NOTE Confidence: 0.849085844285714

 $00:19:50.870 \rightarrow 00:19:53.342$ tool to identify these patients and

NOTE Confidence: 0.849085844285714

00:19:53.342 --> 00:19:55.970 having the ability of identifying these

NOTE Confidence: 0.849085844285714

00:19:55.970 --> 00:19:58.674 POD 24 patients earlier will help

NOTE Confidence: 0.849085844285714

 $00:19:58.674 \rightarrow 00:20:01.324$ direct clinical trials and novel therapy.

NOTE Confidence: 0.849085844285714

 $00:20:01.324 \rightarrow 00:20:05.410$ So these are flip 24 model uses 5 lineal

NOTE Confidence: 0.849085844285714

 $00{:}20{:}05{.}506$ --> $00{:}20{:}08{.}950$ variable age LDH hemoglobin WBC and

NOTE Confidence: 0.849085844285714

 $00{:}20{:}08{.}950 \dashrightarrow 00{:}20{:}12{.}829$ beta 2 microglobulin which are very easily.

NOTE Confidence: 0.849085844285714

 $00{:}20{:}12.830 \dashrightarrow 00{:}20{:}15.252$ Which are common variables that we have

NOTE Confidence: 0.849085844285714

 $00{:}20{:}15{.}252 \dashrightarrow 00{:}20{:}17{.}598$ available for all of our patients and

NOTE Confidence: 0.849085844285714

 $00{:}20{:}17.598 \dashrightarrow 00{:}20{:}20{.}130$ it's based on these five linear variables.

NOTE Confidence: 0.849085844285714

 $00{:}20{:}20{.}130 \dashrightarrow 00{:}20{:}22{.}402$ It divides patient risks.

NOTE Confidence: 0.849085844285714

00:20:22.402 --> 00:20:25.242 Patients in five risk group,

NOTE Confidence: 0.849085844285714

 $00{:}20{:}25{.}250 \dashrightarrow 00{:}20{:}27{.}350$ the low Risk group has less than

- NOTE Confidence: 0.849085844285714
- 00:20:27.350 --> 00:20:30.050 10% chances of developing a POD 20
- NOTE Confidence: 0.849085844285714
- $00:20:30.050 \longrightarrow 00:20:32.562$ to to progressive within 24 months
- NOTE Confidence: 0.849085844285714
- $00{:}20{:}32{.}562 \dashrightarrow 00{:}20{:}34{.}637$ from the initial treatment versus
- NOTE Confidence: 0.849085844285714
- $00:20:34.637 \rightarrow 00:20:37.489$ the very high risk has a very high,
- NOTE Confidence: 0.849085844285714
- $00:20:37.490 \rightarrow 00:20:41.102$ more than 40% chance of progressing
- NOTE Confidence: 0.849085844285714
- $00{:}20{:}41.102 \dashrightarrow 00{:}20{:}43.546$ and therefore I think that.
- NOTE Confidence: 0.849085844285714
- 00:20:43.546 --> 00:20:46.018 This model would provide a good
- NOTE Confidence: 0.849085844285714
- $00:20:46.018 \longrightarrow 00:20:48.593$ platform for future models and
- NOTE Confidence: 0.849085844285714
- $00{:}20{:}48.593 \dashrightarrow 00{:}20{:}50.612$ incorporating maybe other information.
- NOTE Confidence: 0.849085844285714
- $00{:}20{:}50{.}612 \dashrightarrow 00{:}20{:}53{.}042$ Tumor total metabolic tumor volume
- NOTE Confidence: 0.849085844285714
- $00:20:53.042 \rightarrow 00:20:56.594$ seems to be an emerging important
- NOTE Confidence: 0.849085844285714
- $00:20:56.594 \dashrightarrow 00:20:57.940$ independent predictors,
- NOTE Confidence: 0.849085844285714
- 00:20:57.940 --> 00:21:00.778 predictors for response especially in Carti.
- NOTE Confidence: 0.856813196
- $00{:}21{:}00{.}780 \dashrightarrow 00{:}21{:}02{.}860$ We don't have a lot of data about
- NOTE Confidence: 0.856813196
- $00:21:02.860 \longrightarrow 00:21:05.357$ that in by specific antibodies so far,
- NOTE Confidence: 0.856813196

 $00:21:05.360 \longrightarrow 00:21:09.520$ but I think this was a good start.

NOTE Confidence: 0.856813196

 $00{:}21{:}09{.}520 \dashrightarrow 00{:}21{:}13{.}178$ So in summary, we have reviewed the

NOTE Confidence: 0.856813196

 $00{:}21{:}13.178$ --> $00{:}21{:}14.972$ data that showed that the rituximab NOTE Confidence: 0.856813196

00:21:14.972 --> 00:21:16.443 induction plus of maintenance plus

NOTE Confidence: 0.856813196

 $00{:}21{:}16.443 \dashrightarrow 00{:}21{:}17.818$ or minus maintenance appears to

NOTE Confidence: 0.856813196

00:21:17.818 --> 00:21:19.373 be non inferior non detrimental

NOTE Confidence: 0.856813196

 $00{:}21{:}19{.}373 \dashrightarrow 00{:}21{:}21{.}281$ alternative to watch and wait for

NOTE Confidence: 0.856813196

 $00:21:21.281 \longrightarrow 00:21:22.872$ selected patients with asymptomatic

NOTE Confidence: 0.856813196

00:21:22.872 --> 00:21:25.416 low tumor burden for liquor lymphoma.

NOTE Confidence: 0.856813196

00:21:25.420 --> 00:21:27.856 5 year follow-up of Lenalidomide of

NOTE Confidence: 0.856813196

 $00{:}21{:}27.856$ --> $00{:}21{:}30.797$ Ataxia map continues to show PFS and NOTE Confidence: 0.856813196

 $00:21:30.797 \longrightarrow 00:21:32.862$ an overall survival benefit compared

NOTE Confidence: 0.856813196

 $00{:}21{:}32.862 \dashrightarrow 00{:}21{:}35.272$ to place bo with rituximab CD20CD3

NOTE Confidence: 0.856813196

 $00{:}21{:}35{.}272 \dashrightarrow 00{:}21{:}37{.}440$ bispecific antibody demonstrated durable

NOTE Confidence: 0.856813196

 $00:21:37.440 \rightarrow 00:21:40.150$ efficacy with manageable toxicity and.

NOTE Confidence: 0.856813196

 $00:21:40.150 \rightarrow 00:21:41.775$ High risk patients with follicular

- NOTE Confidence: 0.856813196
- $00:21:41.775 \rightarrow 00:21:43.799$ lymphoma and was INOTUZUMAB has now

 $00{:}21{:}43.799 \dashrightarrow 00{:}21{:}45.499$ received the accelerated FDA approval

NOTE Confidence: 0.856813196

 $00:21:45.499 \rightarrow 00:21:47.360$ in patients with follicular lymphoma.

NOTE Confidence: 0.856813196

 $00:21:47.360 \longrightarrow 00:21:48.860$ In the third line setting.

NOTE Confidence: 0.856813196

 $00:21:48.860 \rightarrow 00:21:50.810$ There are ongoing clinical trials

NOTE Confidence: 0.856813196

 $00:21:50.810 \longrightarrow 00:21:52.760$ that are evaluating by specific

NOTE Confidence: 0.856813196

 $00{:}21{:}52.827 \dashrightarrow 00{:}21{:}54.879$ earlier in the lines of treatment

NOTE Confidence: 0.856813196

 $00{:}21{:}54.879 \dashrightarrow 00{:}21{:}56.749$ and in combination with approved

NOTE Confidence: 0.856813196

 $00{:}21{:}56{.}749 \dashrightarrow 00{:}21{:}58{.}489$ treatments and the identification

NOTE Confidence: 0.856813196

00:21:58.489 --> 00:22:01.570 of diagnosis of PDD 24 patients is a

NOTE Confidence: 0.856813196

 $00{:}22{:}01{.}570 \dashrightarrow 00{:}22{:}03{.}340$ very important clinical unmet need.

NOTE Confidence: 0.856813196

 $00{:}22{:}03{.}340 \dashrightarrow 00{:}22{:}05{.}788$ This new flip 24 model proposed

NOTE Confidence: 0.856813196

00:22:05.788 --> 00:22:08.465 by Mayo Clinic and emerging data

NOTE Confidence: 0.856813196

 $00{:}22{:}08{.}465 \dashrightarrow 00{:}22{:}10{.}855$ on a total metabolic tumor.

NOTE Confidence: 0.856813196

 $00{:}22{:}10.860 \dashrightarrow 00{:}22{:}13.635$ Burden and hopefully will help

- $00:22:13.635 \longrightarrow 00:22:15.855$ us prognosticate better these
- NOTE Confidence: 0.856813196
- $00{:}22{:}15.855 \dashrightarrow 00{:}22{:}17.490$ subset of patients.
- NOTE Confidence: 0.856813196
- 00:22:17.490 --> 00:22:18.906 And with this,
- NOTE Confidence: 0.856813196
- $00:22:18.906 \rightarrow 00:22:22.510$ I'm gonna stop sharing my presentation.
- NOTE Confidence: 0.856813196
- 00:22:22.510 --> 00:22:26.500 I'm going to let Doctor Shalin
- NOTE Confidence: 0.856813196
- 00:22:26.614 --> 00:22:29.522 Kothari take over and discuss
- NOTE Confidence: 0.856813196
- 00:22:29.522 --> 00:22:31.162 Mandelson and aggressive lymphomas
- NOTE Confidence: 0.856813196
- $00:22:31.162 \longrightarrow 00:22:33.164$ and I'm happy to take any question
- NOTE Confidence: 0.856813196
- $00{:}22{:}33.164 \dashrightarrow 00{:}22{:}34.879$ at the end of the presentation.
- NOTE Confidence: 0.3599245
- 00:22:43.470 --> 00:22:49.100 But. One second. OK, can you see my screen?
- NOTE Confidence: 0.8666413
- $00:22:51.420 \rightarrow 00:22:54.348$ We see your PowerPoint. You want perfect?
- NOTE Confidence: 0.85936822
- $00:22:56.370 \longrightarrow 00:22:57.679$ Slide show if you want to go.
- NOTE Confidence: 0.9293418
- $00:23:04.820 \longrightarrow 00:23:05.240$ Perfect.
- NOTE Confidence: 0.847445003333333
- 00:23:06.640 --> 00:23:08.761 So I'm going to focus more mainly
- NOTE Confidence: 0.847445003333333
- 00:23:08.761 --> 00:23:10.779 on large B cell lymphomas,
- NOTE Confidence: 0.847445003333333
- 00:23:10.780 --> 00:23:12.980 mainly aggressive B cell lymphomas
- NOTE Confidence: 0.847445003333333
- $00:23:12.980 \rightarrow 00:23:15.690$ and mental cell lymphoma have no
- NOTE Confidence: 0.847445003333333
- $00{:}23{:}15.690 \dashrightarrow 00{:}23{:}18.065$ relevant conflicts of interest to
- NOTE Confidence: 0.847445003333333
- $00{:}23{:}18.065 \dashrightarrow 00{:}23{:}20.620$ disclose for this presentation.
- NOTE Confidence: 0.847445003333333
- 00:23:20.620 --> 00:23:23.595 The first abstract I chose was a
- NOTE Confidence: 0.847445003333333
- $00:23:23.595 \rightarrow 00:23:25.343$ biomarker driven treatment strategy
- NOTE Confidence: 0.847445003333333
- 00:23:25.343 --> 00:23:28.115 in high risk large B cell lymphoma.
- NOTE Confidence: 0.847445003333333
- $00{:}23{:}28{.}120 \dashrightarrow 00{:}23{:}30{.}976$ The final results of a Nordic phase
- NOTE Confidence: 0.847445003333333
- 00:23:30.976 --> 00:23:34.240 two study they this study included
- NOTE Confidence: 0.847445003333333
- $00:23:34.240 \longrightarrow 00:23:38.308$ patients from 18 to 65 years of age.
- NOTE Confidence: 0.847445003333333
- 00:23:38.308 --> 00:23:39.936 Histologically confirmed CD 20
- NOTE Confidence: 0.847445003333333
- 00:23:39.936 --> 00:23:42.601 positive DLBCL, including Hygrid B,
- NOTE Confidence: 0.847445003333333
- $00:23:42.601 \rightarrow 00:23:45.686$ cell lymphomas and follicular 3B.
- NOTE Confidence: 0.847445003333333
- $00{:}23{:}45.690 \dashrightarrow 00{:}23{:}48.345$ They had to have at least stage two where
- NOTE Confidence: 0.847445003333333
- $00:23:48.345 \rightarrow 00:23:51.270$ the age adjusted IPS score of two to three.
- NOTE Confidence: 0.847445003333333
- $00{:}23{:}51{.}270 \dashrightarrow 00{:}23{:}54{.}119$ Uh with more than one external site
- NOTE Confidence: 0.847445003333333

 $00:23:54.119 \rightarrow 00:23:56.382$ of disease testicular lymphoma and

NOTE Confidence: 0.847445003333333

 $00:23:56.382 \rightarrow 00:23:58.342$ paranasal sinus and orbital lymphoma

NOTE Confidence: 0.847445003333333

 $00:23:58.342 \longrightarrow 00:24:00.530$ with the destruction of the bone.

NOTE Confidence: 0.847445003333333

 $00:24:00.530 \longrightarrow 00:24:02.650$ And these are the clinical

NOTE Confidence: 0.847445003333333

 $00{:}24{:}02.650 \dashrightarrow 00{:}24{:}04.346$ characteristics which are not

NOTE Confidence: 0.847445003333333

 $00{:}24{:}04{.}346 \dashrightarrow 00{:}24{:}06{.}750$ too relevant to our discussion,

NOTE Confidence: 0.847445003333333

00:24:06.750 --> 00:24:09.710 but to kind of point out major pointers

NOTE Confidence: 0.847445003333333

 $00:24:09.710 \longrightarrow 00:24:11.964$ here that there are significant

NOTE Confidence: 0.847445003333333

 $00{:}24{:}11{.}964 \dashrightarrow 00{:}24{:}14{.}832$ portion of patients with DLBCL Nos.

NOTE Confidence: 0.847445003333333

 $00{:}24{:}14.840 \dashrightarrow 00{:}24{:}17.451$ With double hit and triple hit lymphomas

NOTE Confidence: 0.847445003333333

 $00{:}24{:}17{.}451 \dashrightarrow 00{:}24{:}20{.}509$ and high risk biological characteristics.

NOTE Confidence: 0.82452528

 $00:24:23.860 \longrightarrow 00:24:26.940$ The way this study was run was

NOTE Confidence: 0.82452528

 $00:24:26.940 \rightarrow 00:24:28.752$ patients were allowed to get some

NOTE Confidence: 0.82452528

 $00{:}24{:}28.752 \dashrightarrow 00{:}24{:}30.520$ pre phase the rapy if required.

NOTE Confidence: 0.82452528

 $00:24:30.520 \longrightarrow 00:24:32.326$ They received 2 cycles of our

NOTE Confidence: 0.82452528

 $00:24:32.326 \rightarrow 00:24:33.937$ chop followed by interim staging

 $00:24:33.937 \rightarrow 00:24:36.043$ and they were stratified based on

NOTE Confidence: 0.82452528

 $00:24:36.043 \longrightarrow 00:24:37.600$ these biological risk factors.

NOTE Confidence: 0.82452528

 $00:24:37.600 \longrightarrow 00:24:40.440$ So if they had one of these risk

NOTE Confidence: 0.82452528

 $00:24:40.440 \longrightarrow 00:24:42.535$ factors positive then they were

NOTE Confidence: 0.82452528

00:24:42.535 --> 00:24:44.710 escalated to receive those adjusted

NOTE Confidence: 0.82452528

 $00{:}24{:}44{.}710 \dashrightarrow 00{:}24{:}47{.}227$ epoch for four cycles followed by

NOTE Confidence: 0.82452528

 $00{:}24{:}47{.}227 \dashrightarrow 00{:}24{:}49{.}579$ rituximab with high dose Ara C

NOTE Confidence: 0.82452528

 $00{:}24{:}49{.}580 \dashrightarrow 00{:}24{:}51{.}764$ with final staging via a PET scan

NOTE Confidence: 0.82452528

 $00{:}24{:}51{.}764 \dashrightarrow 00{:}24{:}54{.}069$ if there are biological factors.

NOTE Confidence: 0.82452528

 $00{:}24{:}54{.}070 \dashrightarrow 00{:}24{:}57{.}828$ Are negative then instead of infusional

NOTE Confidence: 0.82452528

 $00{:}24{:}57{.}828 \dashrightarrow 00{:}25{:}01{.}476$ strategy R2 app was given for four

NOTE Confidence: 0.82452528

 $00{:}25{:}01{.}476$ --> $00{:}25{:}05{.}032$ cycles and then they were off study.

NOTE Confidence: 0.82452528

 $00{:}25{:}05{.}040 \dashrightarrow 00{:}25{:}06{.}550$ And the biological risk factors

NOTE Confidence: 0.82452528

 $00:25:06.550 \longrightarrow 00:25:08.060$ included are all clinically relevant,

NOTE Confidence: 0.82452528

 $00:25:08.060 \rightarrow 00:25:10.676$ something that we always do in the clinic.

 $00:25:10.680 \longrightarrow 00:25:13.084$ So single Mic rearrangement,

NOTE Confidence: 0.82452528

00:25:13.084 --> 00:25:16.089 DHL double hit lymphoma or

NOTE Confidence: 0.82452528

00:25:16.089 --> 00:25:18.630 double expressor lymphoma,

NOTE Confidence: 0.82452528

 $00:25:18.630 \rightarrow 00:25:24.134$ P53 positive by IHC or P53 deletion and CD5

NOTE Confidence: 0.82452528

 $00{:}25{:}24{.}134 \dashrightarrow 00{:}25{:}28{.}278$ positivity and these are the PFS curves.

NOTE Confidence: 0.82452528

 $00{:}25{:}28{.}280 \dashrightarrow 00{:}25{:}31{.}864$ So you can see that with this escalated NOTE Confidence: 0.82452528

 $00:25:31.864 \rightarrow 00:25:34.933$ strategy they were able to improve

NOTE Confidence: 0.82452528

 $00:25:34.933 \rightarrow 00:25:37.813$ overall outcomes for biologically high

NOTE Confidence: 0.82452528

00:25:37.813 --> 00:25:42.090 risk large B cell lymphomas with PFS

NOTE Confidence: 0.82452528

 $00{:}25{:}42.197 \dashrightarrow 00{:}25{:}44.780$ close to statistically insignificant

NOTE Confidence: 0.82452528

00:25:44.780 --> 00:25:48.260 biologically low risk disease.

NOTE Confidence: 0.82452528

 $00{:}25{:}48{.}260 \dashrightarrow 00{:}25{:}50{.}440$ And if I were to,

NOTE Confidence: 0.82452528

 $00:25:50.440 \longrightarrow 00:25:52.670$ you know further stratify the

NOTE Confidence: 0.82452528

 $00{:}25{:}52{.}670 \dashrightarrow 00{:}25{:}55{.}444$ high grade B cell lymphoma with

NOTE Confidence: 0.82452528

 $00{:}25{:}55{.}444 \dashrightarrow 00{:}25{:}58{.}533$ double hit disease had a similar.

NOTE Confidence: 0.82452528

 $00:25:58.533 \rightarrow 00:26:01.959$ DFS as biologically as some some

NOTE Confidence: 0.82452528 $00:26:01.959 \rightarrow 00:26:05.496$ patients with no double hit lymphoma. NOTE Confidence: 0.82452528 $00{:}26{:}05{.}500 \dashrightarrow 00{:}26{:}08{.}398$ Where this strategy did not fare well NOTE Confidence: 0.82452528 $00:26:08.398 \rightarrow 00:26:10.830$ is in patients with TP53 deletion NOTE Confidence: 0.82452528 00:26:10.830 --> 00:26:13.990 where I think we still need to figure NOTE Confidence: 0.82452528 $00:26:14.076 \longrightarrow 00:26:16.818$ out better strategies and a normal NOTE Confidence: 0.82452528 $00:26:16.818 \rightarrow 00:26:19.756$ novel strategies such as car T cell NOTE Confidence: 0.82452528 $00:26:19.756 \rightarrow 00:26:22.018$ therapy and and bispecific antibodies NOTE Confidence: 0.82452528 00:26:22.018 --> 00:26:25.174 might be more helpful in upfront NOTE Confidence: 0.82452528 $00{:}26{:}25{.}174 \dashrightarrow 00{:}26{:}27{.}703$ strategies for for TP53 aberrated disease. NOTE Confidence: 0.82452528 00:26:27.703 --> 00:26:28.164 Umm. NOTE Confidence: 0.82452528 00:26:28.164 --> 00:26:31.425 The next study I wanted to focus NOTE Confidence: 0.82452528 $00:26:31.425 \longrightarrow 00:26:34.246$ on is abstract 735 five year old NOTE Confidence: 0.82452528 $00:26:34.246 \longrightarrow 00:26:36.873$ five year survival results from NOTE Confidence: 0.82452528 $00{:}26{:}36{.}873 \dashrightarrow 00{:}26{:}39{.}768$ remodel trial which showed improved NOTE Confidence: 0.82452528 00:26:39.768 --> 00:26:42.451 outcomes in DLBCL molecular subgroups NOTE Confidence: 0.82452528

 $00:26:42.451 \rightarrow 00:26:45.493$ from addition of MIB to archtop

NOTE Confidence: 0.82452528

00:26:45.493 --> 00:26:47.590 immuno chemoimmunotherapy.

NOTE Confidence: 0.82452528

 $00:26:47.590 \longrightarrow 00:26:50.560$ The study aim was based off.

NOTE Confidence: 0.82452528

 $00{:}26{:}50{.}560 \dashrightarrow 00{:}26{:}52{.}224$ Some preliminary preclinical data

NOTE Confidence: 0.82452528

 $00{:}26{:}52{.}224 \dashrightarrow 00{:}26{:}54{.}304$ that Bortezomib and in general

NOTE Confidence: 0.82452528

 $00:26:54.304 \rightarrow 00:26:58.370$ proteasome inhibitors would have.

NOTE Confidence: 0.82452528

 $00:26:58.370 \longrightarrow 00:27:01.366$ If there is a signal in the

NOTE Confidence: 0.82452528

00:27:01.366 --> 00:27:03.788 preclinical world for the better

NOTE Confidence: 0.82452528

 $00{:}27{:}03.788 \dashrightarrow 00{:}27{:}06.408$ outcomes with ABC DLBCL models,

NOTE Confidence: 0.82452528

 $00{:}27{:}06{.}410 \dashrightarrow 00{:}27{:}09{.}626$ so the study design was patients

NOTE Confidence: 0.82452528

 $00{:}27{:}09.630 \dashrightarrow 00{:}27{:}12.440$ who had advanced stage DLBCL,

NOTE Confidence: 0.82452528

 $00:27:12.440 \longrightarrow 00:27:13.493$ they were consented,

NOTE Confidence: 0.82452528

 $00:27:13.493 \rightarrow 00:27:15.950$ eventually received first cycle of our job.

NOTE Confidence: 0.82452528

 $00:27:15.950 \rightarrow 00:27:17.930$ While they were receiving that cycle,

NOTE Confidence: 0.82452528

 $00{:}27{:}17{.}930 \dashrightarrow 00{:}27{:}20{.}460$ biopsy was sent for molecular

NOTE Confidence: 0.82452528

00:27:20.460 --> 00:27:23.881 profiling and mainly it was genus

 $00:27:23.881 \rightarrow 00:27:26.278$ expression profiling platform.

NOTE Confidence: 0.82452528

 $00:27:26.280 \longrightarrow 00:27:28.165$ And then there were stratified

NOTE Confidence: 0.82452528

 $00:27:28.165 \longrightarrow 00:27:30.050$ based on molecular phenotype and

NOTE Confidence: 0.82452528

 $00{:}27{:}30{.}111 \dashrightarrow 00{:}27{:}32{.}354$ IPI score and they were randomized

NOTE Confidence: 0.82452528

 $00{:}27{:}32{.}354 \dashrightarrow 00{:}27{:}34{.}910$ to receive five more cycles of

NOTE Confidence: 0.82452528

 $00:27:34.996 \longrightarrow 00:27:37.324$ our job with Bortezomib or five

NOTE Confidence: 0.82452528

 $00:27:37.324 \rightarrow 00:27:39.420$ cycles of our chop alone.

NOTE Confidence: 0.82452528

 $00:27:39.420 \longrightarrow 00:27:41.448$ Important to point out here that

NOTE Confidence: 0.82452528

 $00{:}27{:}41.448 \dashrightarrow 00{:}27{:}44.067$ the the there was an amendment

NOTE Confidence: 0.82452528

 $00{:}27{:}44.067 \dashrightarrow 00{:}27{:}46.461$ where the dose of Bortezomib was

NOTE Confidence: 0.82452528

 $00:27:46.461 \longrightarrow 00:27:48.103$ increased from 1.3 to 1.6.

NOTE Confidence: 0.82452528

 $00{:}27{:}48.103 \dashrightarrow 00{:}27{:}50.210$ In the middle of the trial there

NOTE Confidence: 0.82452528

 $00{:}27{:}50{.}282 \dashrightarrow 00{:}27{:}52{.}367$ was interim analysis which showed NOTE Confidence: 0.82452528

 $00{:}27{:}52{.}367 \dashrightarrow 00{:}27{:}54{.}939$ that the benefit was mainly in the NOTE Confidence: 0.82452528

00:27:54.940 --> 00:27:57.390 ABC's phenotype and hence they

 $00:27:57.390 \rightarrow 00:27:59.840$ adjusted some of their parameters,

NOTE Confidence: 0.82452528

 $00{:}27{:}59{.}840 \dashrightarrow 00{:}28{:}01{.}980$ analysis parameters based on that.

NOTE Confidence: 0.919682841428571

 $00{:}28{:}04{.}170 \dashrightarrow 00{:}28{:}07{.}348$ And this is the distribution of patients.

NOTE Confidence: 0.919682841428571

00:28:07.350 --> 00:28:09.835 It was nicely balanced between

NOTE Confidence: 0.919682841428571

 $00{:}28{:}09{.}835 \dashrightarrow 00{:}28{:}12{.}350$ the two groups and between

NOTE Confidence: 0.919682841428571

 $00{:}28{:}12{.}350 \dashrightarrow 00{:}28{:}14{.}390$ the two treatment modalities.

NOTE Confidence: 0.919682841428571

 $00:28:14.390 \longrightarrow 00:28:16.310$ And these are the results.

NOTE Confidence: 0.919682841428571

 $00{:}28{:}16{.}310 \dashrightarrow 00{:}28{:}20{.}206$ So you can see that there's a clear

NOTE Confidence: 0.919682841428571

 $00:28:20.206 \longrightarrow 00:28:22.510$ difference and statistically significant

NOTE Confidence: 0.919682841428571

 $00{:}28{:}22.510 \dashrightarrow 00{:}28{:}27.670$ PFS and OS benefit in ABC DLBCL in

NOTE Confidence: 0.919682841428571

 $00{:}28{:}27.670 \dashrightarrow 00{:}28{:}32.010$ contrast to GCB DLBCL molecular high.

NOTE Confidence: 0.919682841428571

00:28:32.010 --> 00:28:35.440 High risk group or as a subgroup

NOTE Confidence: 0.919682841428571

 $00:28:35.440 \longrightarrow 00:28:37.599$ that they had defined.

NOTE Confidence: 0.919682841428571

00:28:37.600 --> 00:28:40.642 It was a predefined subgroup based

NOTE Confidence: 0.919682841428571

 $00{:}28{:}40.642 \dashrightarrow 00{:}28{:}42.670$ on multiple different parameters

NOTE Confidence: 0.919682841428571

 $00:28:42.753 \longrightarrow 00:28:45.777$ put together as part of the gene

00:28:45.777 --> 00:28:47.703 expression profiling and that

NOTE Confidence: 0.919682841428571

00:28:47.703 --> 00:28:49.923 group also showed statistically

NOTE Confidence: 0.919682841428571

 $00:28:49.923 \rightarrow 00:28:52.482$ significant difference in PFS with

NOTE Confidence: 0.919682841428571

 $00:28:52.482 \rightarrow 00:28:54.474$ addition of Bortezomib to our job.

NOTE Confidence: 0.826643682857143

 $00{:}28{:}56{.}690 \dashrightarrow 00{:}29{:}00{.}146$ The next study I I wanted to focus on

NOTE Confidence: 0.826643682857143

 $00{:}29{:}00{.}146 \dashrightarrow 00{:}29{:}04{.}533$ is a prognostic index called Lab Pi in

NOTE Confidence: 0.826643682857143

 $00{:}29{:}04{.}533 \dashrightarrow 00{:}29{:}08{.}808$ DLBCL validation study on behalf of the

NOTE Confidence: 0.826643682857143

00:29:08.808 --> 00:29:11.308 Spanish Lymphoma Cooperative group.

NOTE Confidence: 0.826643682857143

 $00:29:11.310 \longrightarrow 00:29:14.610$ So here I'm showing all these

NOTE Confidence: 0.826643682857143

 $00:29:14.610 \longrightarrow 00:29:16.810$ different prognostic variables that

NOTE Confidence: 0.826643682857143

00:29:16.903 - > 00:29:19.525 we sometimes use in the clinic.

NOTE Confidence: 0.826643682857143

00:29:19.530 --> 00:29:21.666 But mainly we rely, as we all know,

NOTE Confidence: 0.826643682857143

00:29:21.670 --> 00:29:26.070 in on our IPI&RIPI.

NOTE Confidence: 0.826643682857143

 $00{:}29{:}26.070 \dashrightarrow 00{:}29{:}28.900$ These authors designed a prognostic

NOTE Confidence: 0.826643682857143

 $00:29:28.900 \rightarrow 00:29:32.320$ parameters which are much easier to do,

 $00:29:32.320 \longrightarrow 00:29:36.292$ cheaper to do and more easily

NOTE Confidence: 0.826643682857143

 $00:29:36.292 \rightarrow 00:29:38.868$ available in developing countries.

NOTE Confidence: 0.826643682857143

 $00{:}29{:}38.868 \dashrightarrow 00{:}29{:}42.612$ So the the three parameters

NOTE Confidence: 0.826643682857143

 $00{:}29{:}42.612 \dashrightarrow 00{:}29{:}45.482$ included high LDH anemia of less

NOTE Confidence: 0.826643682857143

 $00:29:45.482 \longrightarrow 00:29:48.978$ than 12 in men and 13.5 in females,

NOTE Confidence: 0.826643682857143

00:29:48.978 --> 00:29:51.608 high beta 2 microglobulin for

NOTE Confidence: 0.826643682857143

00:29:51.608 --> 00:29:54.807 and two points for high beta,

NOTE Confidence: 0.826643682857143

 $00:29:54.810 \rightarrow 00:29:56.560$ remarkably more than 4 milligram.

NOTE Confidence: 0.826643682857143

 $00:29:56.560 \rightarrow 00:29:58.806$ Or leader?

NOTE Confidence: 0.826643682857143

 $00{:}29{:}58.806 \dashrightarrow 00{:}29{:}59.929$ Umm.

NOTE Confidence: 0.826643682857143

 $00:29:59.930 \longrightarrow 00:30:03.080$ So what they they authors go

NOTE Confidence: 0.826643682857143

 $00:30:03.080 \longrightarrow 00:30:06.164$ to an extensive length to show

NOTE Confidence: 0.826643682857143

 $00:30:06.164 \longrightarrow 00:30:09.026$ that this this particular index

NOTE Confidence: 0.826643682857143

 $00:30:09.026 \longrightarrow 00:30:11.674$ is predictive and prognostic.

NOTE Confidence: 0.826643682857143

00:30:11.680 --> 00:30:13.618 But I'm just showing the EFS

NOTE Confidence: 0.826643682857143

 $00:30:13.618 \rightarrow 00:30:14.910$ and OS curves here,

- NOTE Confidence: 0.826643682857143
- $00:30:14.910 \longrightarrow 00:30:18.204$ and they nicely correlate with the
- NOTE Confidence: 0.826643682857143
- $00:30:18.204 \rightarrow 00:30:21.889$ IPI score that we use commonly.
- NOTE Confidence: 0.826643682857143
- $00{:}30{:}21.890 \dashrightarrow 00{:}30{:}23.880$ Based on stratification based on
- NOTE Confidence: 0.826643682857143
- $00:30:23.880 \longrightarrow 00:30:27.480$ the points of 01 to 2-3 and four,
- NOTE Confidence: 0.826643682857143
- 00:30:27.480 --> 00:30:28.984 which corresponds to lower,
- NOTE Confidence: 0.826643682857143
- 00:30:28.984 --> 00:30:30.536 lower, intermediate, high,
- NOTE Confidence: 0.826643682857143
- $00:30:30.536 \rightarrow 00:30:33.530$ intermediate and high IPI scores.
- NOTE Confidence: 0.757075532352941
- $00{:}30{:}35{.}640 \dashrightarrow 00{:}30{:}39{.}056$ The next abstract that I wanted to focus
- NOTE Confidence: 0.757075532352941
- $00:30:39.056 \longrightarrow 00:30:42.295$ on is a polatuzumab vedotin combined
- NOTE Confidence: 0.757075532352941
- 00:30:42.295 00:30:46.860 with rice or our ice as second line
- NOTE Confidence: 0.757075532352941
- 00:30:46.860 --> 00:30:49.710 therapy in relapsed refractory DLBCL.
- NOTE Confidence: 0.757075532352941
- $00{:}30{:}49{.}710 \dashrightarrow 00{:}30{:}51{.}488$ So as we know the current standard
- NOTE Confidence: 0.757075532352941
- $00:30:51.488 \dashrightarrow 00:30:53.093$ of care in relapsed refractory
- NOTE Confidence: 0.757075532352941
- $00{:}30{:}53.093 \dashrightarrow 00{:}30{:}55.427$ DLBCL relapsing more than one year,
- NOTE Confidence: 0.757075532352941
- $00{:}30{:}55{.}430 \dashrightarrow 00{:}30{:}58{.}069$ so not primary refractory after first line
- NOTE Confidence: 0.757075532352941

00:30:58.069 --> 00:31:00.268 treatment is salvage treatment followed

NOTE Confidence: 0.757075532352941

 $00{:}31{:}00{.}268 \dashrightarrow 00{:}31{:}02{.}788$ by autologous stem cell transplantation.

NOTE Confidence: 0.757075532352941

 $00:31:02.790 \longrightarrow 00:31:05.160$ So the hypothesis for this study.

NOTE Confidence: 0.757075532352941

 $00:31:05.160 \longrightarrow 00:31:07.570$ Was that polatuzumab vedotin combined

NOTE Confidence: 0.757075532352941

 $00:31:07.570 \rightarrow 00:31:09.498$ with rice salvage chemotherapy

NOTE Confidence: 0.757075532352941

 $00:31:09.498 \longrightarrow 00:31:11.709$ as first salvage treatment would

NOTE Confidence: 0.757075532352941

00:31:11.709 - 00:31:14.193 be safe and effective bridge to

NOTE Confidence: 0.757075532352941

 $00:31:14.266 \rightarrow 00:31:16.438$ autologous stem cell transplant.

NOTE Confidence: 0.757075532352941

 $00{:}31{:}16{.}440 \dashrightarrow 00{:}31{:}20{.}580$ The inclusion criteria was pretty broad.

NOTE Confidence: 0.757075532352941

00:31:20.580 --> 00:31:22.620 Adult patients with performance status

NOTE Confidence: 0.757075532352941

 $00{:}31{:}22.620 \dashrightarrow 00{:}31{:}25.733$ of zero to two with relapse refractory

NOTE Confidence: 0.757075532352941

 $00:31:25.733 \rightarrow 00:31:28.679$ disease after first line therapy that

NOTE Confidence: 0.757075532352941

 $00:31:28.679 \dashrightarrow 00:31:31.338$ must have included anthracycline.

NOTE Confidence: 0.757075532352941

00:31:31.340 --> 00:31:34.560 It also included transformed DLBCL,

NOTE Confidence: 0.757075532352941

00:31:34.560 --> 00:31:38.494 PMBCL and high grade B cell lymphomas.

NOTE Confidence: 0.757075532352941

 $00:31:38.500 \longrightarrow 00:31:41.328$ And they of course have to be

- NOTE Confidence: 0.757075532352941
- $00:31:41.328 \longrightarrow 00:31:43.662$ transplant eligible and this is
- NOTE Confidence: 0.757075532352941
- $00:31:43.662 \dashrightarrow 00:31:45.682$ the patient characteristic table.
- NOTE Confidence: 0.757075532352941
- $00{:}31{:}45.682 \dashrightarrow 00{:}31{:}48.916$ And it's important to note that there
- NOTE Confidence: 0.757075532352941
- $00:31:48.916 \rightarrow 00:31:51.344$ were equal distribution between primary
- NOTE Confidence: 0.757075532352941
- $00:31:51.344 \dashrightarrow 00:31:53.799$ refractory disease and relapse disease.
- NOTE Confidence: 0.757075532352941
- $00{:}31{:}53.800 \dashrightarrow 00{:}31{:}58.035$ Most patients were at stage four or
- NOTE Confidence: 0.757075532352941
- $00:31:58.035 \dashrightarrow 00:32:02.137$ three at advanced stage at at relapse
- NOTE Confidence: 0.757075532352941
- $00:32:02.140 \dashrightarrow 00:32:05.318$ and 78% of these patients had received
- NOTE Confidence: 0.757075532352941
- 00:32:05.318 --> 00:32:09.410 our chop and 22% had received our epoch.
- NOTE Confidence: 0.757075532352941
- $00:32:09.410 \longrightarrow 00:32:11.846$ And 17% of patients were double
- NOTE Confidence: 0.757075532352941
- $00:32:11.846 \rightarrow 00:32:14.366$ hit lymphoma and 34% were double
- NOTE Confidence: 0.757075532352941
- 00:32:14.366 --> 00:32:15.230 expressor lymphoma.
- NOTE Confidence: 0.757075532352941
- $00{:}32{:}15{.}230 \dashrightarrow 00{:}32{:}17{.}720$ And something important to note out
- NOTE Confidence: 0.757075532352941
- 00:32:17.720 --> 00:32:20.330 is that transformed lymphomas was a
- NOTE Confidence: 0.757075532352941
- $00{:}32{:}20{.}330 \dashrightarrow 00{:}32{:}21{.}647$ pretty significant representation
- NOTE Confidence: 0.757075532352941

 $00:32:21.647 \longrightarrow 00:32:25.090$ with almost 30% of patients.

NOTE Confidence: 0.757075532352941

 $00:32:25.090 \rightarrow 00:32:28.086$ The way this salvage therapy was given

NOTE Confidence: 0.757075532352941

 $00{:}32{:}28.086 \dashrightarrow 00{:}32{:}31.401$ was at those level one basically it's it

NOTE Confidence: 0.757075532352941

 $00:32:31.401 \rightarrow 00:32:34.180$ was rice therapy in addition to polatuzumab,

NOTE Confidence: 0.757075532352941

 $00:32:34.180 \longrightarrow 00:32:36.644$ the door to and given on day one

NOTE Confidence: 0.757075532352941

 $00:32:36.644 \rightarrow 00:32:38.616$ at 1.8 milligram per kilogram.

NOTE Confidence: 0.757075532352941

 $00{:}32{:}38.616 \dashrightarrow 00{:}32{:}41.100$ And then once patients had received

NOTE Confidence: 0.757075532352941

 $00{:}32{:}41.170 \dashrightarrow 00{:}32{:}42.878$ autologous stem cell transplantation

NOTE Confidence: 0.757075532352941

 $00:32:42.878 \rightarrow 00:32:46.170$ after two to three cycles of polar ice,

NOTE Confidence: 0.757075532352941

 $00:32:46.170 \longrightarrow 00:32:49.002$ they would be eligible for polatuzumab

NOTE Confidence: 0.757075532352941

 $00{:}32{:}49.002 \dashrightarrow 00{:}32{:}51.656$ consolidation of three to four cycles

NOTE Confidence: 0.757075532352941

 $00:32:51.656 \rightarrow 00:32:54.424$ given every 21 days for a total of.

NOTE Confidence: 0.757075532352941

 $00:32:54.430 \longrightarrow 00:32:55.930$ 6 cycles.

NOTE Confidence: 0.902269202

 $00:32:58.810 \longrightarrow 00:33:01.410$ And these are the results.

NOTE Confidence: 0.902269202

 $00{:}33{:}01{.}410 \dashrightarrow 00{:}33{:}06{.}780$ So you can see that a total of 441 patients

NOTE Confidence: 0.902269202

 $00:33:06.780 \rightarrow 00:33:10.586$ were evaluated and 22 patients were

 $00:33:10.586 \rightarrow 00:33:14.690$ able to get stem cell transplantation.

NOTE Confidence: 0.902269202

 $00{:}33{:}14.690 \dashrightarrow 00{:}33{:}17.690$ So the authors did note that this is

NOTE Confidence: 0.902269202

 $00{:}33{:}17.690 \dashrightarrow 00{:}33{:}20.702$ definitely a low percentage and there is

NOTE Confidence: 0.902269202

 $00:33:20.702 \dashrightarrow 00:33:24.462$ possibly a signal that pulled out in May NOTE Confidence: 0.902269202

 $00:33:24.462 \rightarrow 00:33:27.606$ potentially cause problems with stem cell.

NOTE Confidence: 0.902269202

00:33:27.610 --> 00:33:27.963 Mobilization,

NOTE Confidence: 0.902269202

 $00:33:27.963 \dashrightarrow 00:33:30.434$ but that needs to be studied further.

NOTE Confidence: 0.902269202

 $00{:}33{:}30{.}440 \dashrightarrow 00{:}33{:}33{.}114$ But what is important to note here

NOTE Confidence: 0.902269202

 $00{:}33{:}33{.}114 \dashrightarrow 00{:}33{:}36{.}685$ is the PFS and OS curves which are

NOTE Confidence: 0.902269202

00:33:36.685 --> 00:33:39.450 very encouraging in otherwise a very

NOTE Confidence: 0.902269202

 $00:33:39.450 \longrightarrow 00:33:42.330$ heavily pretreated amid other more

NOTE Confidence: 0.902269202

 $00:33:42.330 \longrightarrow 00:33:45.384$ biologically high risk patient subgroup.

NOTE Confidence: 0.902269202

00:33:45.384 --> 00:33:49.356 So here I show primary refractory

NOTE Confidence: 0.902269202

 $00{:}33{:}49{.}356$ --> $00{:}33{:}51{.}298$ patients and relapsed disease.

NOTE Confidence: 0.902269202

 $00{:}33{:}51{.}298 \dashrightarrow 00{:}33{:}53{.}428$ So clearly polarized regimen is

 $00:33:53.428 \longrightarrow 00:33:55.810$ not an effective second line

NOTE Confidence: 0.902269202

 $00{:}33{:}55{.}810 \dashrightarrow 00{:}33{:}57{.}754$ the rapy for somebody with.

NOTE Confidence: 0.902269202

00:33:57.760 --> 00:33:59.377 Primary refractory disease,

NOTE Confidence: 0.902269202

 $00:33:59.377 \rightarrow 00:34:02.611$ but for relapsed disease the PFS

NOTE Confidence: 0.902269202

 $00:34:02.611 \rightarrow 00:34:05.072$ curves look very encouraging and

NOTE Confidence: 0.902269202

 $00{:}34{:}05{.}072 \dashrightarrow 00{:}34{:}08{.}310$ this is the oral survival curve with.

NOTE Confidence: 0.902269202

 $00{:}34{:}08{.}310 \dashrightarrow 00{:}34{:}10{.}008$ You know the time to median

NOTE Confidence: 0.902269202

00:34:10.008 --> 00:34:11.410 follow-up is still pretty low.

NOTE Confidence: 0.902269202

00:34:11.410 --> 00:34:13.950 So we need to look at this data more with

NOTE Confidence: 0.902269202

 $00{:}34{:}14.012 \dashrightarrow 00{:}34{:}16.490$ more mature follow-up in upcoming years.

NOTE Confidence: 0.902269202

 $00{:}34{:}16{.}490 \dashrightarrow 00{:}34{:}18{.}704$ But the overall survival curves look

NOTE Confidence: 0.902269202

 $00:34:18.704 \rightarrow 00:34:21.105$ very encouraging in spite of many

NOTE Confidence: 0.902269202

00:34:21.105 --> 00:34:23.250 patients not receiving stem cell

NOTE Confidence: 0.902269202

 $00{:}34{:}23.250 \dashrightarrow 00{:}34{:}24.537$ transplantation after polarize.

NOTE Confidence: 0.7536891674

 $00{:}34{:}27{.}460 \dashrightarrow 00{:}34{:}29{.}900$ The next abstract I wanted to focus on

NOTE Confidence: 0.7536891674

 $00{:}34{:}29{.}900 \dashrightarrow 00{:}34{:}32{.}800$ is Tafa Len in relapse refractory large

- NOTE Confidence: 0.7536891674
- 00:34:32.800 --> 00:34:35.020 B cell lymphoma real-world outcomes
- NOTE Confidence: 0.7536891674
- $00:34:35.094 \rightarrow 00:34:37.549$ in a multicenter retrospective study.
- NOTE Confidence: 0.7536891674
- $00{:}34{:}37{.}550 \dashrightarrow 00{:}34{:}41{.}357$ And this is in contrast to the ALMINE trial.
- NOTE Confidence: 0.7536891674
- $00{:}34{:}41{.}360 \dashrightarrow 00{:}34{:}43{.}999$ And the authors go ahead and extensive
- NOTE Confidence: 0.7536891674
- $00{:}34{:}43{.}999 \dashrightarrow 00{:}34{:}46{.}965$ length to to compare the L mine
- NOTE Confidence: 0.7536891674
- $00{:}34{:}46{.}965 \dashrightarrow 00{:}34{:}49{.}170$ eligibility criteria and how Tafflin
- NOTE Confidence: 0.7536891674
- $00:34:49.249 \rightarrow 00:34:52.140$ is currently being used in the clinic.
- NOTE Confidence: 0.7536891674
- $00:34:52.140 \longrightarrow 00:34:54.370$ And what these tables really
- NOTE Confidence: 0.7536891674
- $00{:}34{:}54{.}370 \dashrightarrow 00{:}34{:}57{.}140$ show here is that the real.
- NOTE Confidence: 0.7536891674
- $00:34:57.140 \longrightarrow 00:34:58.380$ In the real world,
- NOTE Confidence: 0.7536891674
- $00:34:58.380 \longrightarrow 00:35:00.860$ only 11% of patients would have
- NOTE Confidence: 0.7536891674
- 00:35:00.860 --> 00:35:03.030 technically been eligible for L
- NOTE Confidence: 0.7536891674
- $00{:}35{:}03{.}107 \dashrightarrow 00{:}35{:}05{.}781$ mind and hence they wanted to see
- NOTE Confidence: 0.7536891674
- $00{:}35{:}05{.}781 \dashrightarrow 00{:}35{:}08{.}342$ whether this this difference in real
- NOTE Confidence: 0.7536891674
- $00:35:08.342 \longrightarrow 00:35:11.030$ world versus the trial data,
- NOTE Confidence: 0.7536891674

 $00:35:11.030 \rightarrow 00:35:14.094$ does that lead to any change in outcomes?

NOTE Confidence: 0.7536891674

 $00{:}35{:}14.100 \dashrightarrow 00{:}35{:}15.536$ And as we know,

NOTE Confidence: 0.7536891674

 $00{:}35{:}15{.}536 \dashrightarrow 00{:}35{:}17{.}690$ the reason this is a pertinent

NOTE Confidence: 0.7536891674

 $00:35:17.772 \longrightarrow 00:35:20.580$ question is because in 2020 FDA

NOTE Confidence: 0.7536891674

 $00{:}35{:}20{.}580 \dashrightarrow 00{:}35{:}23{.}056$ gave an accelerated approval to

NOTE Confidence: 0.7536891674

 $00{:}35{:}23.056 \dashrightarrow 00{:}35{:}25.641$ tafflin in patients with relapsed

NOTE Confidence: 0.7536891674

00:35:25.641 --> 00:35:27.844 refractory DLBCL including transformed

NOTE Confidence: 0.7536891674

 $00:35:27.844 \rightarrow 00:35:31.336$ DLBCL who are not eligible for

NOTE Confidence: 0.7536891674

00:35:31.336 --> 00:35:34.389 autologous stem cell transplantation.

NOTE Confidence: 0.7536891674

 $00{:}35{:}34{.}390 \dashrightarrow 00{:}35{:}38{.}278$ So these are the curves with a median PFS

NOTE Confidence: 0.7536891674

 $00{:}35{:}38.278 \dashrightarrow 00{:}35{:}42.406$ of 2.1 months and median OS seven months.

NOTE Confidence: 0.7536891674

 $00:35:42.410 \longrightarrow 00:35:45.010$ So clearly.

NOTE Confidence: 0.7536891674

 $00{:}35{:}45{.}010 \dashrightarrow 00{:}35{:}48{.}573$ It leaves a lot desired and these

NOTE Confidence: 0.7536891674

00:35:48.573 -> 00:35:51.360 data don't correspond with the

NOTE Confidence: 0.7536891674

 $00:35:51.360 \rightarrow 00:35:54.270$ trial data mainly authors conclude,

NOTE Confidence: 0.7536891674

 $00:35:54.270 \rightarrow 00:35:57.406$ because of its use in the real world,

 $00:35:57.410 \rightarrow 00:36:00.450$ which is not in congruence with the patient

NOTE Confidence: 0.7536891674

 $00:36:00.450 \longrightarrow 00:36:02.568$ population that was studied in mind.

NOTE Confidence: 0.7536891674

00:36:02.570 --> 00:36:04.070 So I think this trial,

NOTE Confidence: 0.7536891674

 $00:36:04.070 \longrightarrow 00:36:05.954$ this study is a good reminder

NOTE Confidence: 0.7536891674

 $00{:}36{:}05{.}954 \dashrightarrow 00{:}36{:}07{.}621$ to look at patient population

NOTE Confidence: 0.7536891674

 $00{:}36{:}07{.}621 \dashrightarrow 00{:}36{:}09{.}697$ for these trials and make sure

NOTE Confidence: 0.7536891674

 $00:36:09.697 \longrightarrow 00:36:12.049$ that we are using this patient,

NOTE Confidence: 0.7536891674

 $00:36:12.050 \longrightarrow 00:36:14.204$ this clinical option.

NOTE Confidence: 0.7536891674

00:36:14.204 --> 00:36:17.076 In an appropriate setting.

NOTE Confidence: 0.78904534444444

 $00{:}36{:}19{.}380 \dashrightarrow 00{:}36{:}22{.}425$ The next abstract I wanted to focus

NOTE Confidence: 0.78904534444444

 $00{:}36{:}22{.}425 \dashrightarrow 00{:}36{:}25{.}405$ on is the abstract number 555 risk

NOTE Confidence: 0.78904534444444

 $00{:}36{:}25{.}405 \dashrightarrow 00{:}36{:}28{.}010$ of CNS involvement and high grade

NOTE Confidence: 0.78904534444444

 $00{:}36{:}28.010 \dashrightarrow 00{:}36{:}30.957$ B cell lymphoma with Mick and BCL

NOTE Confidence: 0.78904534444444

 $00{:}36{:}30{.}957 \dashrightarrow 00{:}36{:}33{.}301$ 2 rearrangements analysis of a

NOTE Confidence: 0.78904534444444

 $00{:}36{:}33{.}301 \dashrightarrow 00{:}36{:}35{.}671$ population based cohort with routine

 $00:36:35.671 \longrightarrow 00:36:37.916$ fish testing in British Columbia.

NOTE Confidence: 0.78904534444444

 $00{:}36{:}37{.}916 \dashrightarrow 00{:}36{:}40{.}940$ So as we have discussed in previous

NOTE Confidence: 0.78904534444444

 $00:36:41.021 \dashrightarrow 00:36:44.009$ ASC PME is there is a flurry of data

NOTE Confidence: 0.78904534444444

 $00:36:44.009 \rightarrow 00:36:46.619$ coming out although I'll be all

NOTE Confidence: 0.78904534444444

 $00:36:46.619 \rightarrow 00:36:49.566$ retrospective but with very high numbers.

NOTE Confidence: 0.78904534444444

 $00{:}36{:}49{.}566$ --> $00{:}36{:}54{.}215$ With high confidence that that we we

NOTE Confidence: 0.78904534444444

 $00:36:54.215 \longrightarrow 00:36:56.990$ don't necessarily have good effective

NOTE Confidence: 0.78904534444444

 $00:36:56.990 \rightarrow 00:36:59.865$ strategies for CNS prophylaxis and

NOTE Confidence: 0.78904534444444

 $00{:}36{:}59{.}865 \dashrightarrow 00{:}37{:}01{.}640$ this particular study is focused

NOTE Confidence: 0.78904534444444

 $00:37:01.640 \rightarrow 00:37:04.188$ mainly in high grade B cell lymphomas.

NOTE Confidence: 0.78904534444444

 $00{:}37{:}04.190 \dashrightarrow 00{:}37{:}07.886$ So they have these two subgroups

NOTE Confidence: 0.78904534444444

 $00:37:07.890 \longrightarrow 00:37:10.910$ based on pre fish like.

NOTE Confidence: 0.78904534444444

 $00:37:10.910 \longrightarrow 00:37:13.118$ So the present subgroup is what

NOTE Confidence: 0.78904534444444

 $00:37:13.118 \rightarrow 00:37:14.980$ they call where prospectively the

NOTE Confidence: 0.78904534444444

 $00:37:14.980 \longrightarrow 00:37:16.936$ fish testing was done and the

NOTE Confidence: 0.78904534444444

 $00:37:16.936 \rightarrow 00:37:19.032$ historic subgroup is where they had

- NOTE Confidence: 0.78904534444444
- $00:37:19.032 \rightarrow 00:37:20.088$ to do retrospective.
- NOTE Confidence: 0.78904534444444
- $00:37:20.090 \longrightarrow 00:37:23.577$ Because in from 2005 to 2010 it was
- NOTE Confidence: 0.78904534444444
- $00{:}37{:}23.577 \dashrightarrow 00{:}37{:}27.210$ not standard of care at that center.
- NOTE Confidence: 0.78904534444444
- 00:37:27.210 --> 00:37:29.870 And as you can see here patients,
- NOTE Confidence: 0.78904534444444
- $00{:}37{:}29.870 \dashrightarrow 00{:}37{:}32.574$ these are all with high risk disease and
- NOTE Confidence: 0.78904534444444
- $00{:}37{:}32{.}574$ --> $00{:}37{:}34{.}887$ CNS prophylaxis was given in this fashion.
- NOTE Confidence: 0.78904534444444
- $00:37:34.890 \longrightarrow 00:37:38.341$ So 40% did not get any CNS
- NOTE Confidence: 0.78904534444444
- $00:37:38.341 \rightarrow 00:37:40.170$ prophylaxis intrathecal therapy for
- NOTE Confidence: 0.78904534444444
- $00:37:40.170 \longrightarrow 00:37:43.824$ 51% in the presence of group and
- NOTE Confidence: 0.78904534444444
- $00:37:43.824 \rightarrow 00:37:46.087 9\%$ with intravenous prophylaxis.
- NOTE Confidence: 0.78904534444444
- $00:37:46.087 \rightarrow 00:37:50.140$ So the authors show that the risk
- NOTE Confidence: 0.78904534444444
- $00:37:50.241 \rightarrow 00:37:53.328$ for CNS relapse for this high risk
- NOTE Confidence: 0.78904534444444
- $00:37:53.328 \rightarrow 00:37:56.499$ or high grade B cell lymphoma is.
- NOTE Confidence: 0.78904534444444
- $00:37:56.500 \longrightarrow 00:37:57.822$ Around 6%,
- NOTE Confidence: 0.78904534444444
- $00{:}37{:}57{.}822 \dashrightarrow 00{:}38{:}01{.}788$ which is clearly a significant percentage
- NOTE Confidence: 0.78904534444444

 $00:38:01.788 \rightarrow 00:38:05.836$ and higher than more low risk DLBCL.

NOTE Confidence: 0.78904534444444

 $00{:}38{:}05{.}840 \dashrightarrow 00{:}38{:}08{.}374$ They show that CNS IPI scoring is

NOTE Confidence: 0.78904534444444

 $00{:}38{:}08{.}374 \dashrightarrow 00{:}38{:}10.660$ still relevant in this current era

NOTE Confidence: 0.78904534444444

 $00:38:10.660 \rightarrow 00:38:13.292$ even in hybrid we sell lymphomas and

NOTE Confidence: 0.78904534444444

 $00{:}38{:}13{.}365 \dashrightarrow 00{:}38{:}15{.}917$ the high CNS IPS score is is able

NOTE Confidence: 0.78904534444444

 $00{:}38{:}15{.}917 \dashrightarrow 00{:}38{:}18{.}570$ to identify patients who are at a

NOTE Confidence: 0.78904534444444

00:38:18.570 --> 00:38:21.646 higher risk for CNS relapse, but then.

NOTE Confidence: 0.78904534444444

 $00:38:21.646 \longrightarrow 00:38:25.595$ When we look at all patients in

NOTE Confidence: 0.78904534444444

00:38:25.595 --> 00:38:28.620 this subgroup in this study,

NOTE Confidence: 0.78904534444444

00:38:28.620 --> 00:38:31.756 whether they received CNS prophylaxis or not,

NOTE Confidence: 0.78904534444444

 $00{:}38{:}31.760 \dashrightarrow 00{:}38{:}34.865$ it really didn't change the

NOTE Confidence: 0.78904534444444

 $00{:}38{:}34{.}865 \dashrightarrow 00{:}38{:}37{.}970$ cumulative incidence of CNS relapse.

NOTE Confidence: 0.78904534444444

 $00{:}38{:}37{.}970 \dashrightarrow 00{:}38{:}41{.}106$ And even when I looked into the

NOTE Confidence: 0.78904534444444

00:38:41.106 --> 00:38:44.479 subpopulation of high CNS IPI score patients,

NOTE Confidence: 0.78904534444444

 $00:38:44.480 \rightarrow 00:38:46.895$ we still did not see any difference

NOTE Confidence: 0.78904534444444

 $00:38:46.895 \rightarrow 00:38:49.460$ between patients who received CNS

00:38:49.460 --> 00:38:51.680 prophylaxis versus who didn't.

NOTE Confidence: 0.78904534444444

00:38:51.680 --> 00:38:52.652 Of course, um,

NOTE Confidence: 0.78904534444444

00:38:52.652 -> 00:38:54.920 I wouldn't make too much of this

NOTE Confidence: 0.78904534444444

00:38:54.996 --> 00:38:57.336 particular curve of CNS prophylaxis

NOTE Confidence: 0.78904534444444

00:38:57.336 --> 00:38:59.208 by modality of treatment,

NOTE Confidence: 0.78904534444444

 $00:38:59.210 \longrightarrow 00:39:02.570$ but clearly goes to show that.

NOTE Confidence: 0.78904534444444

 $00:39:02.570 \rightarrow 00:39:05.730$ The common perception that intravenous

NOTE Confidence: 0.78904534444444

 $00:39:05.730 \rightarrow 00:39:08.890$ therapy is potentially a better

NOTE Confidence: 0.78904534444444

00:39:08.981 --> 00:39:11.686 strategy is probably not true,

NOTE Confidence: 0.78904534444444

00:39:11.690 - 00:39:15.183 and we need more trials to identify

NOTE Confidence: 0.78904534444444

00:39:15.183 --> 00:39:18.720 more effective CNS prophylaxis regimens.

NOTE Confidence: 0.7670133785

 $00{:}39{:}21.070 \dashrightarrow 00{:}39{:}24.976$ Next, umm and my last abstract for

NOTE Confidence: 0.7670133785

 $00:39:24.976 \dashrightarrow 00:39:28.314$ this meeting is abstract #1 which

NOTE Confidence: 0.7670133785

 $00:39:28.314 \rightarrow 00:39:30.582$ was a plenary session paper which is

NOTE Confidence: 0.7670133785

 $00{:}39{:}30{.}582 \dashrightarrow 00{:}39{:}32{.}871$ the efficacy and safety of ibrutinib

 $00:39:32.871 \dashrightarrow 00:39:34.846$ combined with standard first line

NOTE Confidence: 0.7670133785

 $00{:}39{:}34.846 \dashrightarrow 00{:}39{:}37.275$ treatment or a substitute for autologous

NOTE Confidence: 0.7670133785

00:39:37.275 --> 00:39:39.250 stem cell transplantation in younger

NOTE Confidence: 0.7670133785

 $00:39:39.250 \rightarrow 00:39:41.770$ patients with mental cell lymphoma,

NOTE Confidence: 0.7670133785

 $00{:}39{:}41.770 \dashrightarrow 00{:}39{:}43.975$ results from the randomized triangle

NOTE Confidence: 0.7670133785

 $00:39:43.975 \rightarrow 00:39:46.820$ trial by the European MCL network.

NOTE Confidence: 0.838598972083333

 $00{:}39{:}49{.}290 \dashrightarrow 00{:}39{:}52{.}080$ This particular trial included MCL

NOTE Confidence: 0.838598972083333

 $00:39:52.080 \rightarrow 00:39:54.870$ patients who were previously untreated

NOTE Confidence: 0.838598972083333

 $00{:}39{:}54{.}955 \dashrightarrow 00{:}39{:}57{.}846$ with stage two through 4 disease who

NOTE Confidence: 0.838598972083333

 $00:39:57.846 \rightarrow 00:40:00.389$ were younger than 66 years of age,

NOTE Confidence: 0.838598972083333

 $00{:}40{:}00{.}390 \dashrightarrow 00{:}40{:}03{.}372$ and of course they were suitable for

NOTE Confidence: 0.838598972083333

 $00:40:03.372 \rightarrow 00:40:06.681$ transplant or and hydros chemotherapy with

NOTE Confidence: 0.838598972083333

 $00{:}40{:}06{.}681 \dashrightarrow 00{:}40{:}09{.}838$ ECOG performance status of 0 through 2.

NOTE Confidence: 0.838598972083333

 $00:40:09.840 \longrightarrow 00:40:11.552$ The primary outcome being

NOTE Confidence: 0.838598972083333

 $00:40:11.552 \rightarrow 00:40:12.836$ failure free survival.

NOTE Confidence: 0.838598972083333

 $00:40:12.840 \longrightarrow 00:40:14.933$ So it's important to understand how the

 $00:40:14.933 \rightarrow 00:40:17.079$ trial was designed between the three arms.

NOTE Confidence: 0.838598972083333

 $00{:}40{:}17.080 \dashrightarrow 00{:}40{:}18.528$ So arm A is.

NOTE Confidence: 0.838598972083333

 $00:40:18.528 \longrightarrow 00:40:20.700$ So in all the three arms,

NOTE Confidence: 0.838598972083333

 $00:40:20.700 \rightarrow 00:40:23.450$ the backbone of chemotherapy was

NOTE Confidence: 0.838598972083333

 $00:40:23.450 \rightarrow 00:40:25.650$ anthracycline containing and cytarabine

NOTE Confidence: 0.838598972083333

00:40:25.650 --> 00:40:27.838 containing regimen archtop Rd.

NOTE Confidence: 0.838598972083333

 $00:40:27.838 \longrightarrow 00:40:30.583$ have alternating for a total

NOTE Confidence: 0.838598972083333

 $00:40:30.583 \longrightarrow 00:40:32.820$ of three cycles each.

NOTE Confidence: 0.838598972083333

 $00{:}40{:}32.820 \dashrightarrow 00{:}40{:}34.983$ And then the difference between the two

NOTE Confidence: 0.838598972083333

 $00:40:34.983 \rightarrow 00:40:37.658$ arms is based on whether the patients

NOTE Confidence: 0.838598972083333

 $00{:}40{:}37.658 \dashrightarrow 00{:}40{:}39.763$ received autologous stem cell transplant.

NOTE Confidence: 0.838598972083333

00:40:39.770 --> 00:40:40.608 Um um.

NOTE Confidence: 0.838598972083333

00:40:40.608 --> 00:40:41.027 Yeah.

NOTE Confidence: 0.838598972083333

00:40:41.027 --> 00:40:43.122 Or versus patients who did

NOTE Confidence: 0.838598972083333

 $00{:}40{:}43.122 \dashrightarrow 00{:}40{:}45.165$ not receive autologous steps is

00:40:45.165 --> 00:40:47.960 transmit and only received two

NOTE Confidence: 0.838598972083333

 $00{:}40{:}47{.}960 \dashrightarrow 00{:}40{:}50{.}710$ years of ibrutinib maintenance.

NOTE Confidence: 0.838598972083333

 $00{:}40{:}50.710 \dashrightarrow 00{:}40{:}53.958$ The first arm did not receive a brute

NOTE Confidence: 0.838598972083333

 $00{:}40{:}53.958 \dashrightarrow 00{:}40{:}57.565$ nib along with the R Chop rdhap versus

NOTE Confidence: 0.838598972083333

 $00{:}40{:}57{.}565 \dashrightarrow 00{:}40{:}59{.}885$ these two arms received ibrutinib

NOTE Confidence: 0.838598972083333

 $00{:}40{:}59.885 \dashrightarrow 00{:}41{:}02.872$ as part of the chemo regimen itself.

NOTE Confidence: 0.838598972083333

 $00:41:02.872 \longrightarrow 00:41:05.749$ And important to note which is talked

NOTE Confidence: 0.838598972083333

 $00:41:05.749 \longrightarrow 00:41:08.155$ about less when we talk about this

NOTE Confidence: 0.838598972083333

 $00{:}41{:}08.155 \dashrightarrow 00{:}41{:}10.721$ trial is that our maintenance was

NOTE Confidence: 0.838598972083333

 $00:41:10.721 \rightarrow 00:41:13.137$ added following national guidelines.

NOTE Confidence: 0.838598972083333

 $00:41:13.140 \longrightarrow 00:41:14.310$ In all three trial arms,

NOTE Confidence: 0.838598972083333

 $00:41:14.310 \longrightarrow 00:41:15.480$ so many patients,

NOTE Confidence: 0.838598972083333

 $00{:}41{:}15{.}480 \dashrightarrow 00{:}41{:}18{.}210$ actually almost half of the patients in

NOTE Confidence: 0.838598972083333

00:41:18.287 --> 00:41:21.027 each arm received rituximab maintenance,

NOTE Confidence: 0.838598972083333

 $00:41:21.030 \rightarrow 00:41:24.006$ which is currently what we use in clinic.

NOTE Confidence: 0.838598972083333

 $00:41:24.010 \rightarrow 00:41:26.440$ So I would say that in all these arms,

- NOTE Confidence: 0.838598972083333
- $00:41:26.440 \longrightarrow 00:41:28.210$ especially in these two arms,
- NOTE Confidence: 0.838598972083333
- 00:41:28.210 --> 00:41:33.120 it was R + I maintenance for the most part.
- NOTE Confidence: 0.838598972083333
- $00:41:33.120 \rightarrow 00:41:35.520$ These are the patient characteristics.
- NOTE Confidence: 0.838598972083333
- 00:41:35.520 --> 00:41:38.000 So I just wanted to point out that
- NOTE Confidence: 0.838598972083333
- 00:41:38.000 00:41:39.659 most patients were stage four
- NOTE Confidence: 0.838598972083333
- $00{:}41{:}39{.}660 \dashrightarrow 00{:}41{:}43{.}975$ approximately almost 90% in these three
- NOTE Confidence: 0.838598972083333
- $00:41:43.975 \rightarrow 00:41:48.560$ arms and 58% of patients were low,
- NOTE Confidence: 0.838598972083333
- 00:41:48.560 --> 00:41:51.325 maybe around 30% were intermediate
- NOTE Confidence: 0.838598972083333
- $00{:}41{:}51{.}325 \dashrightarrow 00{:}41{:}55{.}004$ and 15 to 16% of high maybe patients
- NOTE Confidence: 0.838598972083333
- $00:41:55.004 \longrightarrow 00:41:56.834$ were included in this trial.
- NOTE Confidence: 0.80362338625
- $00{:}41{:}58{.}920 \dashrightarrow 00{:}42{:}00{.}810$ And these are the important
- NOTE Confidence: 0.80362338625
- $00:42:00.810 \rightarrow 00:42:03.225$ curves out of this plenary session
- NOTE Confidence: 0.80362338625
- $00:42:03.225 \longrightarrow 00:42:05.500$ paper of failure free survival.
- NOTE Confidence: 0.80362338625
- $00{:}42{:}05{.}500 \dashrightarrow 00{:}42{:}09{.}724$ And you can see that the arm where
- NOTE Confidence: 0.80362338625
- $00{:}42{:}09{.}724 \dashrightarrow 00{:}42{:}11.708$ patients received our chop Rd.
- NOTE Confidence: 0.80362338625

 $00:42:11.708 \longrightarrow 00:42:13.880$ have followed by autologous stem cell

NOTE Confidence: 0.80362338625

 $00:42:13.944 \rightarrow 00:42:16.399$ transplantation had an inferior failure,

NOTE Confidence: 0.80362338625

 $00:42:16.400 \longrightarrow 00:42:20.125$ free survival in contrast to

NOTE Confidence: 0.80362338625

 $00:42:20.125 \longrightarrow 00:42:22.360$ ibrutinib containing arms.

NOTE Confidence: 0.80362338625

 $00:42:22.360 \longrightarrow 00:42:25.741$ Now we need more time before we

NOTE Confidence: 0.80362338625

 $00{:}42{:}25.741 \dashrightarrow 00{:}42{:}29.216$ can tease those two cars out, but.

NOTE Confidence: 0.80362338625

 $00{:}42{:}29{.}216 \dashrightarrow 00{:}42{:}32{.}572$ Clearly we can say that addition

NOTE Confidence: 0.80362338625

00:42:32.572 --> 00:42:34.676 of ibrutinib makes autologous

NOTE Confidence: 0.80362338625

00:42:34.676 --> 00:42:37.383 stem cell transplant less relevant

NOTE Confidence: 0.80362338625

 $00:42:37.383 \longrightarrow 00:42:39.459$ in the frontline setting.

NOTE Confidence: 0.80362338625

 $00:42:39.460 \longrightarrow 00:42:41.590$ So that's pretty much the

NOTE Confidence: 0.80362338625

 $00:42:41.590 \longrightarrow 00:42:43.720$ take away out of this.

NOTE Confidence: 0.80362338625

 $00:42:43.720 \longrightarrow 00:42:45.370$ Study.

NOTE Confidence: 0.80362338625

 $00:42:45.370 \longrightarrow 00:42:47.826$ And that difference between

NOTE Confidence: 0.80362338625

00:42:47.826 --> 00:42:50.282 overall survival of ibrutinib

NOTE Confidence: 0.80362338625

 $00:42:50.282 \longrightarrow 00:42:52.704$ containing arms versus non

- NOTE Confidence: 0.80362338625
- $00{:}42{:}52{.}704 \dashrightarrow 00{:}42{:}55{.}469$ ibrutinib containing arms is clear.
- NOTE Confidence: 0.80362338625
- $00:42:55.470 \longrightarrow 00:42:58.172$ So the authors conclude that it overall
- NOTE Confidence: 0.80362338625
- $00{:}42{:}58{.}172 \dashrightarrow 00{:}43{:}00{.}744$ too early to evaluate statistical
- NOTE Confidence: 0.80362338625
- $00:43:00.744 \rightarrow 00:43:03.416$ significance of overall survival.
- NOTE Confidence: 0.80362338625
- $00{:}43{:}03{.}420 \dashrightarrow 00{:}43{:}06{.}899$ But there is definitely a very clear
- NOTE Confidence: 0.80362338625
- $00:43:06.899 \rightarrow 00:43:10.110$ signal that ibrutinib containing regimen,
- NOTE Confidence: 0.80362338625
- 00:43:10.110 -> 00:43:12.497 we may be able to avoid autologous
- NOTE Confidence: 0.80362338625
- $00:43:12.497 \rightarrow 00:43:13.938$ stem cell transplant consolidation
- NOTE Confidence: 0.80362338625
- $00{:}43{:}13{.}938 \dashrightarrow 00{:}43{:}16{.}374$ in those patients as long as they
- NOTE Confidence: 0.80362338625
- $00:43:16.374 \longrightarrow 00:43:18.788$ are able to receive it routine
- NOTE Confidence: 0.80362338625
- $00:43:18.788 \rightarrow 00:43:20.858$ maintenance with or without rituximab.
- NOTE Confidence: 0.80362338625
- 00:43:20.860 --> 00:43:23.380 So authors conclude that A+
- NOTE Confidence: 0.80362338625
- $00:43:23.380 \longrightarrow 00:43:25.900$ IR is superior to a.
- NOTE Confidence: 0.80362338625
- $00{:}43{:}25{.}900 \dashrightarrow 00{:}43{:}27{.}910$ The autologous stem cell transplant
- NOTE Confidence: 0.80362338625
- $00:43:27.910 \longrightarrow 00:43:29.920$ is not superior to ibrutinib
- NOTE Confidence: 0.80362338625

 $00:43:29.992 \rightarrow 00:43:31.852$ containing regimens and currently

NOTE Confidence: 0.80362338625

 $00:43:31.852 \rightarrow 00:43:34.177$ no decision whether autologous stem

NOTE Confidence: 0.80362338625

 $00{:}43{:}34{.}177 \dashrightarrow 00{:}43{:}36{.}538$ cell transplant adds to ibrutinib.

NOTE Confidence: 0.80362338625

00:43:36.540 --> 00:43:40.100 But toxicity favors ibrutinib only

NOTE Confidence: 0.80362338625

 $00{:}43{:}40.100 \dashrightarrow 00{:}43{:}41.800$ and numerical overall survival benefit

NOTE Confidence: 0.80362338625

 $00:43:41.800 \longrightarrow 00:43:43.820$ was seen in the ibrutinib arms.

NOTE Confidence: 0.923660708333333

 $00:43:46.040 \longrightarrow 00:43:47.840$ So this is my summary slide.

NOTE Confidence: 0.923660708333333

 $00:43:47.840 \rightarrow 00:43:49.915$ For mantle cell lymphoma and

NOTE Confidence: 0.923660708333333

 $00{:}43{:}49{.}915 \dashrightarrow 00{:}43{:}52{.}702$ large B cell lymphoma, our job Rd.

NOTE Confidence: 0.923660708333333

 $00:43:52.702 \longrightarrow 00:43:54.572$ HAP with ibrutinib followed by

NOTE Confidence: 0.923660708333333

 $00{:}43{:}54{.}572 \dashrightarrow 00{:}43{:}56{.}699$ ibrutinib with or without a taxman.

NOTE Confidence: 0.923660708333333

 $00{:}43{:}56{.}700 \dashrightarrow 00{:}43{:}59{.}200$ Maintenance is an effective frontline

NOTE Confidence: 0.923660708333333

 $00{:}43{:}59{.}200 \dashrightarrow 00{:}44{:}02{.}819$ strategy in young and fit MCL patients.

NOTE Confidence: 0.923660708333333

 $00:44:02.820 \longrightarrow 00:44:05.075$ Autologous stem cell transplant could

NOTE Confidence: 0.923660708333333

 $00:44:05.075 \rightarrow 00:44:08.030$ be safely avoided with this strategy.

NOTE Confidence: 0.923660708333333

 $00:44:08.030 \rightarrow 00:44:10.522$ Clinically available biomarker driven

 $00:44:10.522 \rightarrow 00:44:13.637$ strategy to escalate traditional immuno

NOTE Confidence: 0.923660708333333

00:44:13.637 --> 00:44:15.989 chemotherapy could potentially help improve

NOTE Confidence: 0.923660708333333

 $00:44:15.989 \rightarrow 00:44:19.519$ outcomes in high risk large B cell lymphoma.

NOTE Confidence: 0.923660708333333

 $00{:}44{:}19.520 \dashrightarrow 00{:}44{:}22.280$ Addition of Bortezomib to Archtops shows

NOTE Confidence: 0.923660708333333

 $00:44:22.280 \rightarrow 00:44:25.399$ improved outcomes in ABC subtype of DLBCL.

NOTE Confidence: 0.923660708333333

 $00{:}44{:}25{.}400 \dashrightarrow 00{:}44{:}28{.}200$ In my opinion it would have been practice

NOTE Confidence: 0.923660708333333

 $00:44:28.200 \longrightarrow 00:44:30.413$ changing if gene expression profiling

NOTE Confidence: 0.923660708333333

 $00:44:30.413 \rightarrow 00:44:32.823$ was readily available clinically which

NOTE Confidence: 0.923660708333333

 $00{:}44{:}32.823 \dashrightarrow 00{:}44{:}35.766$ is which is not the case at this time.

NOTE Confidence: 0.923660708333333

00:44:35.770 --> 00:44:37.986 Lab Pi prognostic model,

NOTE Confidence: 0.923660708333333

 $00{:}44{:}37{.}986 \dashrightarrow 00{:}44{:}41{.}310$ which includes LDH anemia and beta

NOTE Confidence: 0.923660708333333

00:44:41.407 --> 00:44:43.912 2 microglobulin, is a cheap,

NOTE Confidence: 0.923660708333333

 $00{:}44{:}43.912 \dashrightarrow 00{:}44{:}45.582$ reproducible and effective tool that

NOTE Confidence: 0.923660708333333

 $00{:}44{:}45{.}582 \dashrightarrow 00{:}44{:}47{.}754$ could be useful in some countries

NOTE Confidence: 0.923660708333333

 $00{:}44{:}47.754 \dashrightarrow 00{:}44{:}49.549$ and in some clinical settings.

 $00:44:49.550 \rightarrow 00:44:51.246$ Polarized followed by autologous

NOTE Confidence: 0.923660708333333

 $00:44:51.246 \longrightarrow 00:44:52.942$ stem cell transplant consolidation

NOTE Confidence: 0.923660708333333

 $00{:}44{:}52{.}942 \dashrightarrow 00{:}44{:}55{.}486$ is an effective second line regimen

NOTE Confidence: 0.923660708333333

 $00:44:55.486 \longrightarrow 00:44:56.707$ with good outcomes.

NOTE Confidence: 0.923660708333333

 $00{:}44{:}56{.}710 \dashrightarrow 00{:}44{:}59{.}678$ This off label regimen can be potentially

NOTE Confidence: 0.923660708333333

 $00{:}44{:}59{.}678$ --> $00{:}45{:}01{.}894$ considered in patients with transformed NOTE Confidence: 0.923660708333333

 $00{:}45{:}01{.}894 \dashrightarrow 00{:}45{:}04{.}516$ DLBCL who would not have otherwise

NOTE Confidence: 0.923660708333333

 $00:45:04.516 \rightarrow 00:45:07.118$ received polar in the frontline setting.

NOTE Confidence: 0.923660708333333

 $00{:}45{:}07{.}120 \dashrightarrow 00{:}45{:}09{.}520$ Tafa Len may be optimally suited

NOTE Confidence: 0.923660708333333

 $00{:}45{:}09{.}520 \dashrightarrow 00{:}45{:}12{.}084$ only for patients with fewer prior

NOTE Confidence: 0.923660708333333

 $00:45:12.084 \rightarrow 00:45:14.748$ lines of therapy and non refractory

NOTE Confidence: 0.923660708333333

 $00{:}45{:}14.748 \dashrightarrow 00{:}45{:}17.340$ disease so that it reflects Elmi

NOTE Confidence: 0.923660708333333

 $00{:}45{:}17{.}340 \dashrightarrow 00{:}45{:}19{.}052$ and clinical trial population.

NOTE Confidence: 0.923660708333333

 $00:45:19.060 \rightarrow 00:45:20.060$ And lastly,

NOTE Confidence: 0.923660708333333

 $00:45:20.060 \rightarrow 00:45:22.060$ currently utilized strategies for

NOTE Confidence: 0.923660708333333

 $00{:}45{:}22.060 \dashrightarrow 00{:}45{:}24.995$ CNS prophylaxis in high grade B

- NOTE Confidence: 0.923660708333333
- 00:45:24.995 --> 00:45:26.707 cell lymphomas are ineffective
- NOTE Confidence: 0.923660708333333
- $00{:}45{:}26.707 \dashrightarrow 00{:}45{:}29.000$ and more studies are needed.
- NOTE Confidence: 0.923660708333333
- 00:45:29.000 --> 00:45:31.168 Thank you so much and now I'll pass
- NOTE Confidence: 0.923660708333333
- 00:45:31.168 --> 00:45:33.738 on to Doctor Sethi to drive US home.
- NOTE Confidence: 0.721245302222222
- $00{:}45{:}39{.}640 \dashrightarrow 00{:}45{:}41{.}692$ Thank you Doctor uh Qatari for
- NOTE Confidence: 0.721245302222222
- $00{:}45{:}41.692 \dashrightarrow 00{:}45{:}43.290$ the excellent presentation, so.
- NOTE Confidence: 0.90884015
- $00:45:46.120 \longrightarrow 00:45:46.969$ Let me just.
- NOTE Confidence: 0.957762222
- $00:45:49.950 \longrightarrow 00:45:50.930$ Can you see my screen?
- NOTE Confidence: 0.848585272
- $00{:}45{:}53{.}370 \dashrightarrow 00{:}45{:}55{.}310$ We can see your PowerPoint. Yeah,
- NOTE Confidence: 0.848585272
- $00:45:55.310 \longrightarrow 00:45:56.930$ you can just share your slides.
- NOTE Confidence: 0.8357622425
- $00{:}45{:}58{.}860 \dashrightarrow 00{:}46{:}03{.}050$ OK, here we go. All right.
- NOTE Confidence: 0.8357622425
- 00:46:03.050 --> 00:46:05.633 Perfect. OK. Thank you. Alright,
- NOTE Confidence: 0.8357622425
- $00:46:05.633 \longrightarrow 00:46:07.897$ so I will be focusing on 2 cell
- NOTE Confidence: 0.8357622425
- $00{:}46{:}07{.}897 \dashrightarrow 00{:}46{:}09{.}508$ lymphoma and Hodgkin lymphomas.
- NOTE Confidence: 0.740549048571429
- 00:46:11.720 --> 00:46:15.155 So for the T cell lymphoma abstracts as
- NOTE Confidence: 0.740549048571429

00:46:15.155 --> 00:46:17.640 well As for the Hodgkin lymphoma abstracts,

NOTE Confidence: 0.740549048571429

00:46:17.640 --> 00:46:20.736 my selection is most

NOTE Confidence: 0.740549048571429

 $00:46:20.736 \longrightarrow 00:46:23.058$ focusing on immunotherapies.

NOTE Confidence: 0.740549048571429

 $00:46:23.060 \longrightarrow 00:46:26.280$ Both in both the diseases.

NOTE Confidence: 0.740549048571429

 $00:46:26.280 \longrightarrow 00:46:28.278$ So starting with the first abstract,

NOTE Confidence: 0.740549048571429

 $00:46:28.280 \rightarrow 00:46:31.717$ it's a phase one trial using nivolumab

NOTE Confidence: 0.740549048571429

 $00{:}46{:}31.717 \dashrightarrow 00{:}46{:}34.318$ in combination with dose adjusted

NOTE Confidence: 0.740549048571429

 $00:46:34.318 \rightarrow 00:46:36.918$ epoch in newly diagnosed PCL.

NOTE Confidence: 0.740549048571429

 $00{:}46{:}36{.}920 \dashrightarrow 00{:}46{:}38{.}780$ This was an investigator initiated

NOTE Confidence: 0.740549048571429

 $00:46:38.780 \longrightarrow 00:46:41.320$ study by Doctor, Hamaker said.

NOTE Confidence: 0.740549048571429

00:46:41.320 --> 00:46:43.450 University of Colorado,

NOTE Confidence: 0.740549048571429

 $00:46:43.450 \longrightarrow 00:46:45.650$ so we know that those are just the

NOTE Confidence: 0.740549048571429

 $00:46:45.650 \longrightarrow 00:46:47.415$ Deepak is available treatment option

NOTE Confidence: 0.740549048571429

 $00{:}46{:}47.415 \dashrightarrow 00{:}46{:}50.089$ in the first line for peripheral T

NOTE Confidence: 0.740549048571429

 $00:46:50.152 \rightarrow 00:46:52.467$ cell lymphomas regardless of subtype.

NOTE Confidence: 0.740549048571429

 $00:46:52.470 \rightarrow 00:46:54.300$ However, we also know that.

 $00:46:57.010 \rightarrow 00:47:00.126$ With anthracycline based therapies 25% of.

NOTE Confidence: 0.721655144

 $00:47:00.126 \longrightarrow 00:47:05.523$ The five year old PFS in PCL is just 25%.

NOTE Confidence: 0.721655144

 $00{:}47{:}05{.}523 \dashrightarrow 00{:}47{:}08{.}274$ So there is a great need to

NOTE Confidence: 0.721655144

 $00{:}47{:}08.274 \dashrightarrow 00{:}47{:}10.691$ improve upon these under cycling

NOTE Confidence: 0.721655144

 $00{:}47{:}10.691 \dashrightarrow 00{:}47{:}13.775$ based regimens in the first line.

NOTE Confidence: 0.721655144

 $00{:}47{:}13.780 \dashrightarrow 00{:}47{:}16.060$ The issue with the immune checkpoint

NOTE Confidence: 0.721655144

00:47:16.060 --> 00:47:18.283 black blockade in T cell lymphomas

NOTE Confidence: 0.721655144

 $00:47:18.283 \longrightarrow 00:47:20.827$ is that there has been a risk of

NOTE Confidence: 0.721655144

 $00{:}47{:}20{.}904 \dashrightarrow 00{:}47{:}23{.}429$ hyper progression noted in certain

NOTE Confidence: 0.721655144

 $00:47:23.429 \rightarrow 00:47:25.449$ subtypes like specifically atll.

NOTE Confidence: 0.721655144

 $00:47:25.450 \longrightarrow 00:47:27.166$ Single agent immune checkpoint

NOTE Confidence: 0.721655144

 $00{:}47{:}27.166 \dashrightarrow 00{:}47{:}29.740$ inhibitors had an overall response rate

NOTE Confidence: 0.721655144

 $00:47:29.807 \longrightarrow 00:47:31.870$ of 30% in heavily pretreated patients.

NOTE Confidence: 0.721655144

 $00{:}47{:}31{.}870 \dashrightarrow 00{:}47{:}35{.}182$ But again single agent the rapy in T cell NOTE Confidence: 0.721655144

 $00{:}47{:}35{.}182 \dashrightarrow 00{:}47{:}38{.}010$ lymphomas is not really the way forward NOTE Confidence: 0.721655144

 $00:47:38.010 \rightarrow 00:47:40.880$ because of the risk of hyper progression.

NOTE Confidence: 0.721655144

 $00{:}47{:}40.880 \dashrightarrow 00{:}47{:}45.640$ So this particular study wanted to look at.

NOTE Confidence: 0.721655144

 $00:47:45.640 \rightarrow 00:47:47.800$ The combination of cytotoxic therapy,

NOTE Confidence: 0.721655144

 $00:47:47.800 \longrightarrow 00:47:49.775$ uh immune checkpoint and ambition

NOTE Confidence: 0.721655144

 $00:47:49.775 \longrightarrow 00:47:52.835$ in the hope that the tissue injury

NOTE Confidence: 0.721655144

00:47:52.835 - 00:47:54.855 from chemotherapy will result

NOTE Confidence: 0.721655144

00:47:54.855 --> 00:47:57.588 in new antigen expression and

NOTE Confidence: 0.721655144

 $00:47:57.588 \rightarrow 00:47:59.508$ increased tumor immunogenicity.

NOTE Confidence: 0.721655144

 $00{:}47{:}59{.}510 \dashrightarrow 00{:}48{:}00{.}794$ So umm.

NOTE Confidence: 0.721655144

 $00:48:00.794 \longrightarrow 00:48:04.004$ Also in PTCL there is.

NOTE Confidence: 0.903276655833333

 $00{:}48{:}13.850 \dashrightarrow 00{:}48{:}16.216$ And we need more treatment options and

NOTE Confidence: 0.903276655833333

00:48:16.216 --> 00:48:19.261 the other thing is that the with the

NOTE Confidence: 0.903276655833333

 $00{:}48{:}19{.}261 \dashrightarrow 00{:}48{:}20{.}782$ immunosuppressive microenvironment and

NOTE Confidence: 0.903276655833333

 $00{:}48{:}20.782 \dashrightarrow 00{:}48{:}23.502$ high mutational burden there is a. Risk.

NOTE Confidence: 0.903276655833333

00:48:23.502 --> 00:48:27.034 Uh, there is a, you know, viable, uh,

NOTE Confidence: 0.903276655833333

 $00:48:27.034 \rightarrow 00:48:30.560$ reason why this would be effective.
- NOTE Confidence: 0.76126266125
- $00:48:33.250 \rightarrow 00:48:36.466$ So we looked at the combination of nivolumab,
- NOTE Confidence: 0.76126266125
- $00:48:36.470 \longrightarrow 00:48:41.214$ so the and epoch in this study and.
- NOTE Confidence: 0.76126266125
- $00{:}48{:}41{.}220 \dashrightarrow 00{:}48{:}43{.}428$ The they use the flat dose
- NOTE Confidence: 0.76126266125
- $00:48:43.428 \longrightarrow 00:48:45.492$ of nivolumab and the standard
- NOTE Confidence: 0.76126266125
- $00:48:45.492 \rightarrow 00:48:48.037$ dosing of dose adjusted epoch.
- NOTE Confidence: 0.76126266125
- $00:48:48.040 \longrightarrow 00:48:49.340$ And they allowed those levels
- NOTE Confidence: 0.76126266125
- $00:48:49.340 \longrightarrow 00:48:50.870$ starting at those level minus one.
- NOTE Confidence: 0.8625798475
- $00:48:53.060 \rightarrow 00:48:54.900$ So here, uh, the main thing I want
- NOTE Confidence: 0.8625798475
- $00:48:54.900 \longrightarrow 00:48:56.918$ to focus on is that they included
- NOTE Confidence: 0.8625798475
- 00:48:56.918 --> 00:48:58.418 a number of different subtypes,
- NOTE Confidence: 0.8625798475
- $00:48:58.420 \rightarrow 00:48:59.956$ also including primary cutaneous
- NOTE Confidence: 0.8625798475
- 00:48:59.956 --> 00:49:01.876 gamma delta T cell lymphoma.
- NOTE Confidence: 0.8625798475
- $00:49:01.880 \longrightarrow 00:49:05.370$ It is a an uncommon rare subtype.
- NOTE Confidence: 0.8625798475
- 00:49:05.370 --> 00:49:07.500 However, you know this is something
- NOTE Confidence: 0.8625798475
- $00{:}49{:}07{.}500 \dashrightarrow 00{:}49{:}09{.}982$ we do come across in clinical
- NOTE Confidence: 0.8625798475

 $00:49:09.982 \rightarrow 00:49:12.112$ practice and I'm highlighting that

NOTE Confidence: 0.8625798475

 $00:49:12.112 \longrightarrow 00:49:14.318$ because they found some durable

NOTE Confidence: 0.8625798475

 $00:49:14.318 \rightarrow 00:49:16.030$ responses in this population.

NOTE Confidence: 0.8625798475

 $00:49:16.030 \longrightarrow 00:49:17.986$ So as expected patients did have

NOTE Confidence: 0.8625798475

 $00{:}49{:}17{.}986 \dashrightarrow 00{:}49{:}20{.}049$ a number of immune related side

NOTE Confidence: 0.8625798475

 $00{:}49{:}20.049 \dashrightarrow 00{:}49{:}22.119$ effects and here at least one

NOTE Confidence: 0.8625798475

 $00:49:22.119 \longrightarrow 00:49:24.159$ patient had each of one of these

NOTE Confidence: 0.8625798475

 $00:49:24.159 \longrightarrow 00:49:27.290$ that you can see in this figure.

NOTE Confidence: 0.8625798475

 $00{:}49{:}27{.}290 \dashrightarrow 00{:}49{:}30{.}314$ What they found was that the immune related

NOTE Confidence: 0.8625798475

 $00:49:30.314 \rightarrow 00:49:32.770$ side effects occurred early and that.

NOTE Confidence: 0.8625798475

00:49:32.770 $\operatorname{-->}$ 00:49:38.139 A did lead to stopping new nivolumab

NOTE Confidence: 0.8625798475

 $00:49:38.139 \longrightarrow 00:49:40.779$ and these you know in the in a

NOTE Confidence: 0.8625798475

 $00{:}49{:}40.779 \dashrightarrow 00{:}49{:}42.895$ subset of these patients because of

NOTE Confidence: 0.8625798475

 $00:49:42.895 \longrightarrow 00:49:44.965$ the immune related side effects.

NOTE Confidence: 0.8625798475

 $00:49:44.970 \longrightarrow 00:49:46.346$ What was really interesting

NOTE Confidence: 0.8625798475

 $00:49:46.346 \longrightarrow 00:49:48.874$ was since the study did allow a

 $00:49:48.874 \rightarrow 00:49:50.470$ previous cycle of chemotherapy,

NOTE Confidence: 0.8625798475

 $00:49:50.470 \longrightarrow 00:49:52.300$ what they found was that the

NOTE Confidence: 0.8625798475

 $00:49:52.300 \rightarrow 00:49:53.972$ patients who had previously received

NOTE Confidence: 0.8625798475

 $00{:}49{:}53{.}972 \dashrightarrow 00{:}49{:}55{.}957$ chemotherapy and where the combined

NOTE Confidence: 0.8625798475

 $00{:}49{:}55{.}957 \dashrightarrow 00{:}49{:}57{.}545$ combination was initiated as

NOTE Confidence: 0.8625798475

 $00:49:57.607 \rightarrow 00:49:59.347$ cycle two rather than cycle one.

NOTE Confidence: 0.8625798475

 $00:49:59.350 \longrightarrow 00:50:01.090$ These patients had very few immune

NOTE Confidence: 0.8625798475

 $00:50:01.090 \rightarrow 00:50:02.800$ related side effects and treatment.

NOTE Confidence: 0.8625798475

00:50:02.800 --> 00:50:03.680 Continuations.

NOTE Confidence: 0.8625798475

 $00{:}50{:}03.680 \dashrightarrow 00{:}50{:}08.564$ So this strategy did somehow it was

NOTE Confidence: 0.8625798475

 $00:50:08.564 \rightarrow 00:50:10.500$ like it was not really a planned thing.

NOTE Confidence: 0.8625798475

00:50:10.500 --> 00:50:13.307 It was just because these patients ended

NOTE Confidence: 0.8625798475

 $00{:}50{:}13.307 \dashrightarrow 00{:}50{:}15.873$ up starting with cycle two that they

NOTE Confidence: 0.8625798475

00:50:15.873 --> 00:50:18.378 did find fewer immune related side effects.

NOTE Confidence: 0.8625798475

 $00{:}50{:}18{.}380 \dashrightarrow 00{:}50{:}22{.}509$ So a potential strategy for future studies.

 $00{:}50{:}22{.}509 \dashrightarrow 00{:}50{:}26{.}284$ What they also saw that was that even

NOTE Confidence: 0.8625798475

 $00{:}50{:}26.284 \dashrightarrow 00{:}50{:}29.343$ though the the toxicity was seen early

NOTE Confidence: 0.8625798475

 $00:50:29.343 \rightarrow 00:50:33.156$ but a number of patients with both PR.

NOTE Confidence: 0.8625798475

 $00{:}50{:}33.160 \dashrightarrow 00{:}50{:}36.072$ As well as stable disease did did

NOTE Confidence: 0.8625798475

 $00{:}50{:}36{.}072 \dashrightarrow 00{:}50{:}39{.}410$ convert into ACR at the end of treatment.

NOTE Confidence: 0.8625798475

 $00:50:39.410 \longrightarrow 00:50:42.080$ So necessarily the treatment was

NOTE Confidence: 0.8625798475

 $00{:}50{:}42.080 \dashrightarrow 00{:}50{:}46.138$ not you know the treatment as it was

NOTE Confidence: 0.8625798475

 $00:50:46.138 \rightarrow 00:50:48.434$ continued late responses were seen.

NOTE Confidence: 0.8625798475

 $00{:}50{:}48{.}434 \dashrightarrow 00{:}50{:}51{.}540$ Uh, here's the UM survival analysis curves.

NOTE Confidence: 0.8625798475

00:50:51.540 --> 00:50:51.811 Uh,

NOTE Confidence: 0.8625798475

 $00{:}50{:}51{.}811 \dashrightarrow 00{:}50{:}53{.}708$ so the at a median follow-up of

NOTE Confidence: 0.8625798475

 $00:50:53.708 \longrightarrow 00:50:54.680$ about two years,

NOTE Confidence: 0.8625798475

 $00:50:54.680 \rightarrow 00:50:59.078$ the median progression free survival was.

NOTE Confidence: 0.8625798475

 $00:50:59.080 \longrightarrow 00:51:01.582$ For 34 days and overall survival

NOTE Confidence: 0.8625798475

00:51:01.582 --> 00:51:02.810 was 714 days.

NOTE Confidence: 0.862903195555556

 $00:51:05.390 \longrightarrow 00:51:07.075$ They did not find any

- NOTE Confidence: 0.862903195555556
- 00:51:07.075 --> 00:51:08.423 obvious predictor of outcome,
- NOTE Confidence: 0.862903195555556
- $00{:}51{:}08{.}430 \dashrightarrow 00{:}51{:}11{.}422$ so including an I think on the NGS
- NOTE Confidence: 0.862903195555556
- 00:51:11.422 --> 00:51:14.269 panel or PD1 PDL one expression.
- NOTE Confidence: 0.862903195555556
- $00{:}51{:}14.270 \dashrightarrow 00{:}51{:}17.390$ So there were no clear markers
- NOTE Confidence: 0.862903195555556
- $00:51:17.390 \longrightarrow 00:51:19.428$ of predictive of response.
- NOTE Confidence: 0.862903195555556
- 00:51:19.428 --> 00:51:20.946 So basically uh,
- NOTE Confidence: 0.862903195555556
- $00:51:20.950 \rightarrow 00:51:22.560$ the things that they highlighted
- NOTE Confidence: 0.862903195555556
- $00{:}51{:}22{.}560 \dashrightarrow 00{:}51{:}24{.}523$ was that in this particular scenario
- NOTE Confidence: 0.862903195555556
- $00{:}51{:}24{.}523 \dashrightarrow 00{:}51{:}28{.}742$ there were no hyper progression events
- NOTE Confidence: 0.862903195555556
- $00:51:28.742 \longrightarrow 00:51:31.902$ which is reassuring considering that
- NOTE Confidence: 0.862903195555556
- $00:51:31.902 \rightarrow 00:51:34.430$ single agent checkpoint inhibition
- NOTE Confidence: 0.862903195555556
- $00:51:34.520 \rightarrow 00:51:37.698$ is really something that we worry
- NOTE Confidence: 0.862903195555556
- 00:51:37.698 --> 00:51:40.115 about immune related side effects did
- NOTE Confidence: 0.862903195555556
- $00{:}51{:}40{.}115 \dashrightarrow 00{:}51{:}42{.}710$ occur early and then as I mentioned
- NOTE Confidence: 0.862903195555556
- $00{:}51{:}42.710 \dashrightarrow 00{:}51{:}46.310$ people who had had prior chemotherapy
- NOTE Confidence: 0.862903195555556

 $00:51:46.310 \longrightarrow 00:51:48.746$ did do better in terms of tolerability,

NOTE Confidence: 0.862903195555556

 $00:51:48.750 \longrightarrow 00:51:50.154$ tolerability of.

NOTE Confidence: 0.862903195555556

 $00{:}51{:}50{.}154 \dashrightarrow 00{:}51{:}52{.}260$ Meanwhile, the man.

NOTE Confidence: 0.862903195555556

 $00{:}51{:}52{.}260 \dashrightarrow 00{:}51{:}54{.}228$ So there were at least two

NOTE Confidence: 0.862903195555556

 $00{:}51{:}54{.}228 \dashrightarrow 00{:}51{:}55{.}986$ patients who had durable responses

NOTE Confidence: 0.862903195555556

 $00{:}51{:}55{.}986 \dashrightarrow 00{:}51{:}58{.}248$ in Gamma Delta T cell lymphoma,

NOTE Confidence: 0.862903195555556

 $00:51:58.250 \longrightarrow 00:51:59.638$ which is traditionally thought

NOTE Confidence: 0.862903195555556

 $00:51:59.638 \rightarrow 00:52:01.026$ to be very aggressive.

NOTE Confidence: 0.862903195555556

 $00{:}52{:}01{.}030 \dashrightarrow 00{:}52{:}03{.}606$ And so that again is I think.

NOTE Confidence: 0.88006775

 $00:52:05.670 \rightarrow 00:52:07.070$ One of the reasons that you know,

NOTE Confidence: 0.88006775

00:52:07.070 --> 00:52:09.820 checkpoint blockade is still being

NOTE Confidence: 0.88006775

 $00:52:09.820 \dashrightarrow 00:52:12.570$ investigated and RTL inform us.

NOTE Confidence: 0.88006775

00:52:12.570 --> 00:52:14.490 In the hope of, you know,

NOTE Confidence: 0.88006775

00:52:14.490 --> 00:52:16.674 finding a particular disease

NOTE Confidence: 0.88006775

 $00:52:16.674 \rightarrow 00:52:18.858$ subtypes that would respond.

NOTE Confidence: 0.88006775

 $00:52:18.860 \longrightarrow 00:52:20.652$ So the next paper again is also

- NOTE Confidence: 0.88006775
- $00:52:20.652 \longrightarrow 00:52:22.440$ in the main checkpoint based

 $00{:}52{:}22{.}440 \dashrightarrow 00{:}52{:}24{.}825$ combination and this one combines

NOTE Confidence: 0.88006775

 $00:52:24.825 \rightarrow 00:52:26.256$ pembrolizumab and romidepsin.

NOTE Confidence: 0.88006775

 $00:52:26.260 \rightarrow 00:52:27.900$ The prior study was in the front line,

NOTE Confidence: 0.88006775

 $00{:}52{:}27{.}900 \dashrightarrow 00{:}52{:}31{.}155$ this is in relapsed refractory lymphoma and

NOTE Confidence: 0.88006775

 $00{:}52{:}31{.}155 \dashrightarrow 00{:}52{:}34{.}927$ this was this is study out of MD Anderson.

NOTE Confidence: 0.88006775

 $00:52:34.930 \longrightarrow 00:52:36.916$ So basically again as we mentioned

NOTE Confidence: 0.88006775

 $00:52:36.916 \longrightarrow 00:52:39.399$ there is a even though there is

NOTE Confidence: 0.88006775

 $00:52:39.399 \longrightarrow 00:52:41.219$ a risk of hyper progression,

NOTE Confidence: 0.88006775

 $00{:}52{:}41{.}220 \dashrightarrow 00{:}52{:}43{.}747$ there is still reason to study immune

NOTE Confidence: 0.88006775

 $00:52:43.747 \longrightarrow 00:52:46.366$ checkpoint inhibitor is in cell and formulas.

NOTE Confidence: 0.88006775

 $00{:}52{:}46{.}366 \dashrightarrow 00{:}52{:}48{.}626$ And in this particular scenario

NOTE Confidence: 0.88006775

 $00:52:48.626 \longrightarrow 00:52:51.055$ they wanted to combine it with

NOTE Confidence: 0.88006775

 $00{:}52{:}51{.}055 \dashrightarrow 00{:}52{:}53{.}230$ an epigenetic modifier that is

NOTE Confidence: 0.88006775

 $00{:}52{:}53{.}230 \dashrightarrow 00{:}52{:}56{.}290$ romideps in which is an HDAC inhibitor.

 $00:52:56.290 \rightarrow 00:52:59.755$ There is a preclinical data for possible

NOTE Confidence: 0.88006775

00:52:59.755 --> 00:53:02.323 synergy that's because HDAC inhibitors

NOTE Confidence: 0.88006775

 $00{:}53{:}02{.}323 \dashrightarrow 00{:}53{:}05{.}329$ do increase PDL one expression and.

NOTE Confidence: 0.88006775

 $00:53:05.330 \longrightarrow 00:53:07.778$ So they think that they can,

NOTE Confidence: 0.88006775

 $00{:}53{:}07{.}780 \dashrightarrow 00{:}53{:}11{.}770$ um, the addition of.

NOTE Confidence: 0.88006775

 $00:53:11.770 \longrightarrow 00:53:14.454$ Checkpoint inhibitor will uh.

NOTE Confidence: 0.88006775

 $00{:}53{:}14{.}454 \dashrightarrow 00{:}53{:}18{.}480$ Promoting will basically in these patients

NOTE Confidence: 0.88006775

 $00:53:18.579 \rightarrow 00:53:22.029$ can help with the improved responses.

NOTE Confidence: 0.88006775

 $00{:}53{:}22{.}030 \dashrightarrow 00{:}53{:}24{.}854$ So in this study design they had a

NOTE Confidence: 0.88006775

 $00{:}53{:}24{.}854 \dashrightarrow 00{:}53{:}27{.}254$ phase one lead in for six patients

NOTE Confidence: 0.88006775

 $00{:}53{:}27{.}254 \dashrightarrow 00{:}53{:}30{.}116$ for as a safety cohort and then they

NOTE Confidence: 0.88006775

00:53:30.116 --> 00:53:32.989 went ahead with the phase two cohort

NOTE Confidence: 0.88006775

 $00{:}53{:}32{.}989 \dashrightarrow 00{:}53{:}35{.}454$ and ROMIDEPSIN is traditionally given

NOTE Confidence: 0.88006775

 $00:53:35.454 \longrightarrow 00:53:37.654$ day 1815 in this particular study it

NOTE Confidence: 0.88006775

 $00:53:37.654 \rightarrow 00:53:39.867$ was given only on day one and Day 8.

NOTE Confidence: 0.809778028181818

 $00:53:43.810 \rightarrow 00:53:47.239$ I just hear want to highlight that they did

- NOTE Confidence: 0.809778028181818
- $00:53:47.239 \rightarrow 00:53:50.320$ include a subset of patients that had TFH.
- NOTE Confidence: 0.67976703
- $00:53:52.580 \rightarrow 00:53:55.838$ Histology like a ITIL which traditionally,
- NOTE Confidence: 0.67976703
- $00:53:55.840 \rightarrow 00:53:58.192$ and this subset of patients usually
- NOTE Confidence: 0.67976703
- $00:53:58.192 \rightarrow 00:53:59.760$ responds well to romidepsin.
- NOTE Confidence: 0.67976703
- 00:53:59.760 --> 00:54:02.376 Um, again, they did have two
- NOTE Confidence: 0.67976703
- $00{:}54{:}02{.}376$ --> $00{:}54{:}04{.}871$ patients who had hyper progression
- NOTE Confidence: 0.67976703
- $00:54:04.871 \rightarrow 00:54:09.340$ in this particular, OK, so that is.
- NOTE Confidence: 0.67976703
- 00:54:09.340 --> 00:54:12.766 But again it was a minority of
- NOTE Confidence: 0.67976703
- $00{:}54{:}12.766 \dashrightarrow 00{:}54{:}15.031$ patients when considering you know
- NOTE Confidence: 0.67976703
- $00:54:15.031 \rightarrow 00:54:18.254$ that scene with single agent versus
- NOTE Confidence: 0.67976703
- $00{:}54{:}18{.}254 \dashrightarrow 00{:}54{:}20{.}634$ combination of checkpoint inhibition.
- NOTE Confidence: 0.67976703
- $00{:}54{:}20.640 \dashrightarrow 00{:}54{:}23.420$ The overall response rate was
- NOTE Confidence: 0.67976703
- $00:54:23.420 \longrightarrow 00:54:25.908 47\%$ with the CR rate of 37%.
- NOTE Confidence: 0.67976703
- $00{:}54{:}25{.}908 \dashrightarrow 00{:}54{:}28{.}648$ Again, this was a repeated
- NOTE Confidence: 0.67976703
- $00:54:28.648 \rightarrow 00:54:30.292$ heavily pretreated population,
- NOTE Confidence: 0.67976703

 $00{:}54{:}30{.}300 \dashrightarrow 00{:}54{:}35{.}074$ so these are not unexpected numbers and.

NOTE Confidence: 0.67976703

 $00:54:35.080 \rightarrow 00:54:37.159$ This is a Sankey plot that just shows that,

NOTE Confidence: 0.67976703

 $00:54:37.160 \rightarrow 00:54:39.267$ as you can see here, the TFH histologies,

NOTE Confidence: 0.67976703

00:54:39.267 --> 00:54:42.200 uh, many of them did respond and

NOTE Confidence: 0.67976703

00:54:42.288 --> 00:54:45.060 get CR after getting Pembroke Romi,

NOTE Confidence: 0.67976703

 $00:54:45.060 \longrightarrow 00:54:46.230$ but the response is not,

NOTE Confidence: 0.67976703

 $00:54:46.230 \longrightarrow 00:54:47.025$ as you know,

NOTE Confidence: 0.67976703

 $00:54:47.025 \rightarrow 00:54:49.470$ uniform and so some of the other subtypes.

NOTE Confidence: 0.764009

 $00{:}54{:}52{.}320 \dashrightarrow 00{:}54{:}55{.}874$ So, uh, the median overall survival in

NOTE Confidence: 0.764009

 $00:54:55.874 \rightarrow 00:55:00.306$ this cohort of patients was 21 months and.

NOTE Confidence: 0.764009

00:55:00.310 --> 00:55:04.830 And the median PFS was 4.8 months with the

NOTE Confidence: 0.764009

 $00{:}55{:}04.830 \dashrightarrow 00{:}55{:}07.889$ median duration of response of 36 months.

NOTE Confidence: 0.764009

 $00{:}55{:}07{.}889 \dashrightarrow 00{:}55{:}10{.}607$ So basically what they found was

NOTE Confidence: 0.764009

00:55:10.607 --> 00:55:12.260 that even though by absolute

NOTE Confidence: 0.764009

 $00:55:12.260 \rightarrow 00:55:14.060$ numbers it may not seem high,

NOTE Confidence: 0.764009

 $00:55:14.060 \rightarrow 00:55:15.860$ but for T cell lymphomas in this scenario,

- NOTE Confidence: 0.764009
- $00:55:15.860 \rightarrow 00:55:18.188$ it did lead to meaningful response

 $00:55:18.188 \rightarrow 00:55:20.427$ with high response rates and so

NOTE Confidence: 0.764009

 $00:55:20.427 \rightarrow 00:55:22.590$ they have a larger phase two study

NOTE Confidence: 0.764009

 $00:55:22.590 \longrightarrow 00:55:27.260$ based on this as the next step.

NOTE Confidence: 0.764009

 $00{:}55{:}27.260 \dashrightarrow 00{:}55{:}29.090$ So the next study that I'd

NOTE Confidence: 0.764009

 $00:55:29.090 \rightarrow 00:55:30.837$ like to highlight was actually

NOTE Confidence: 0.764009

 $00:55:30.837 \rightarrow 00:55:33.117$ presented by Doctor Francine Foss.

NOTE Confidence: 0.764009

 $00:55:33.120 \longrightarrow 00:55:35.800$ This is a registration trial

NOTE Confidence: 0.764009

00:55:35.800 --> 00:55:38.480 for EQUAD for EQUAD 7,

NOTE Confidence: 0.764009

 $00{:}55{:}38{.}480 \dashrightarrow 00{:}55{:}41{.}858$ which is an improved formulation of

NOTE Confidence: 0.764009

 $00{:}55{:}41.860 \dashrightarrow 00{:}55{:}45.234$ Deniliquin DeVito X, which is on that.

NOTE Confidence: 0.764009

 $00{:}55{:}45{.}240 \dashrightarrow 00{:}55{:}47{.}624$ And this included patients

NOTE Confidence: 0.764009

 $00:55:47.624 \dashrightarrow 00:55:50.008$ of relapsed refractory CTCL.

NOTE Confidence: 0.764009

 $00{:}55{:}50{.}010 \dashrightarrow 00{:}55{:}52{.}044$ So on tag is a recombinant

NOTE Confidence: 0.764009

 $00:55:52.044 \dashrightarrow 00:55:54.324$ protein that has the period toxin

- $00:55:54.324 \rightarrow 00:55:56.439$ and the human interleukin 2.
- NOTE Confidence: 0.8021546
- $00{:}55{:}58{.}600 \dashrightarrow 00{:}55{:}59{.}370$ And.
- NOTE Confidence: 0.8438974375
- $00:56:01.600 \rightarrow 00:56:04.316$ Contact was previously taken off the market
- NOTE Confidence: 0.8438974375
- $00{:}56{:}04.316 \dashrightarrow 00{:}56{:}06.475$ because of manufacturing issues in 2014,
- NOTE Confidence: 0.8438974375
- $00{:}56{:}06{.}475 \dashrightarrow 00{:}56{:}09{.}795$ so this is an improved version of this.
- NOTE Confidence: 0.8438974375
- $00:56:09.800 \longrightarrow 00:56:12.590$ So basically it has uh two
- NOTE Confidence: 0.8438974375
- $00:56:12.590 \rightarrow 00:56:14.656$ different uh ways that it adds it.
- NOTE Confidence: 0.8438974375
- $00:56:14.660 \longrightarrow 00:56:16.870$ There is direct uh tumor
- NOTE Confidence: 0.8438974375
- $00{:}56{:}16.870 \dashrightarrow 00{:}56{:}18.638$ cytotoxicity by the ill,
- NOTE Confidence: 0.8438974375
- $00:56:18.640 \rightarrow 00:56:23.505$ 2 attacking the attaching to the tumor cells
- NOTE Confidence: 0.8438974375
- $00:56:23.505 \rightarrow 00:56:26.730$ and the diphtheria toxin acting as the.
- NOTE Confidence: 0.8438974375
- $00:56:26.730 \longrightarrow 00:56:29.150$ Acting as basically the uh, uh,
- NOTE Confidence: 0.8438974375
- $00:56:29.150 \longrightarrow 00:56:32.270$ active agent and then it also
- NOTE Confidence: 0.8438974375
- $00:56:32.270 \longrightarrow 00:56:35.489$ affects the T regs in which.
- NOTE Confidence: 0.8438974375
- $00:56:35.490 \rightarrow 00:56:36.470$ Required seven is actually
- NOTE Confidence: 0.8438974375
- $00:56:36.470 \dashrightarrow 00:56:38.170$ decreases in the number of T Rex.

- NOTE Confidence: 0.8438974375
- $00:56:38.170 \longrightarrow 00:56:40.424$ So it's being thought of as a,
- NOTE Confidence: 0.8438974375
- $00:56:40.430 \rightarrow 00:56:43.594$ it is actually as an immunomodulatory agent.
- NOTE Confidence: 0.940421602
- $00:56:46.670 \longrightarrow 00:56:48.290$ So in this particular case,
- NOTE Confidence: 0.940421602
- 00:56:48.290 --> 00:56:50.875 you know we primarily included
- NOTE Confidence: 0.940421602
- $00{:}56{:}50{.}875 \dashrightarrow 00{:}56{:}54{.}630$ patients with city 5 positive,
- NOTE Confidence: 0.940421602
- $00:56:54.630 \rightarrow 00:56:59.220$ CD, 25 positive tumor with CCR.
- NOTE Confidence: 0.940421602
- $00:56:59.220 \longrightarrow 00:57:02.728$ In relapsed refractory cases.
- NOTE Confidence: 0.940421602
- 00:57:02.730 --> 00:57:05.406 So in terms of response rates,
- NOTE Confidence: 0.940421602
- $00:57:05.410 \longrightarrow 00:57:08.090$ I just you know it showed the response
- NOTE Confidence: 0.940421602
- 00:57:08.090 --> 00:57:10.684 rate was kind of dependent on stage
- NOTE Confidence: 0.940421602
- $00{:}57{:}10.684 \dashrightarrow 00{:}57{:}13.426$ and most of the responses were seen
- NOTE Confidence: 0.940421602
- $00:57:13.426 \longrightarrow 00:57:15.862$ in early stage disease with an
- NOTE Confidence: 0.940421602
- $00:57:15.862 \rightarrow 00:57:20.340$ overall response rate of 36 to 45%.
- NOTE Confidence: 0.940421602
- 00:57:20.340 --> 00:57:23.268 This just shows you, you know,
- NOTE Confidence: 0.940421602
- $00{:}57{:}23.270 \dashrightarrow 00{:}57{:}26.203$ the one of the things we assess
- NOTE Confidence: 0.940421602

 $00:57:26.203 \rightarrow 00:57:27.948$ disease responses msport with

NOTE Confidence: 0.940421602

 $00:57:27.948 \longrightarrow 00:57:30.384$ looking at the skin tumor burden.

NOTE Confidence: 0.940421602

 $00:57:30.390 \dashrightarrow 00:57:33.526$ And here we see that the maximum,

NOTE Confidence: 0.940421602

 $00:57:33.530 \rightarrow 00:57:37.082$ you know response again was seen in

NOTE Confidence: 0.940421602

 $00:57:37.082 \rightarrow 00:57:41.293$ 48% patients with the 12% achieving CR.

NOTE Confidence: 0.940421602

00:57:41.293 --> 00:57:44.398 Um, and this swimmers plot

NOTE Confidence: 0.940421602

 $00:57:44.398 \longrightarrow 00:57:47.200$ is just delineating.

NOTE Confidence: 0.940421602

00:57:47.200 --> 00:57:49.630 About 20% patients had prolonged

NOTE Confidence: 0.940421602

 $00{:}57{:}49{.}630 \dashrightarrow 00{:}57{:}52{.}560$ responses of more than one year.

NOTE Confidence: 0.940421602

 $00:57:52.560 \rightarrow 00:57:54.306$ The main side effects were expected

NOTE Confidence: 0.940421602

00:57:54.306 - 00:57:55.880 side effects that are the IL,

NOTE Confidence: 0.940421602

 $00{:}57{:}55{.}880 \dashrightarrow 00{:}57{:}58{.}120$ two related side effects like

NOTE Confidence: 0.940421602

00:57:58.120 --> 00:58:00.360 capillary leak syndrome and peripheral

NOTE Confidence: 0.940421602

 $00{:}58{:}00{.}429 \dashrightarrow 00{:}58{:}03{.}039$ edema as well as some transaminitis

NOTE Confidence: 0.940421602

 $00{:}58{:}03{.}039 \dashrightarrow 00{:}58{:}04{.}779$ and infusion related reaction.

NOTE Confidence: 0.940421602

 $00:58:04.780 \longrightarrow 00:58:08.777$ So again you know overall this is

 $00:58:08.777 \rightarrow 00:58:12.800$ an active agent in CTCL and again

NOTE Confidence: 0.940421602

 $00{:}58{:}12.800 \dashrightarrow 00{:}58{:}14.720$ it is a possible improvement over

NOTE Confidence: 0.940421602

 $00{:}58{:}14.720 \dashrightarrow 00{:}58{:}17.280$ on tag and this was a registration.

NOTE Confidence: 0.940421602

 $00{:}58{:}17{.}280 \dashrightarrow 00{:}58{:}19{.}760$ 30 and it has been.

NOTE Confidence: 0.940421602

 $00{:}58{:}19.760 \dashrightarrow 00{:}58{:}23.160$ The initial application is accepted

NOTE Confidence: 0.940421602

 $00:58:23.160 \longrightarrow 00:58:27.410$ for approval for review.

NOTE Confidence: 0.940421602

00:58:27.410 --> 00:58:29.130 So I think at this point it's uh,

NOTE Confidence: 0.940421602

00:58:29.130 --> 00:58:32.595 since it's one o'clock, I'm going to.

NOTE Confidence: 0.940421602

 $00:58:32.600 \longrightarrow 00:58:35.250$ Stop here.

NOTE Confidence: 0.940421602

 $00{:}58{:}35{.}250 \dashrightarrow 00{:}58{:}38{.}806$ And basically the Hotchkin you know cases,

NOTE Confidence: 0.940421602

 $00{:}58{:}38{.}810 \dashrightarrow 00{:}58{:}40{.}784$ the abstracts that I wanted to talk

NOTE Confidence: 0.940421602

 $00{:}58{:}40{.}784 \dashrightarrow 00{:}58{:}42{.}772$ about were nibo ice that was found

NOTE Confidence: 0.940421602

 $00:58:42.772 \longrightarrow 00:58:44.398$ to be pretty effective in high

NOTE Confidence: 0.940421602

 $00{:}58{:}44{.}455 \dashrightarrow 00{:}58{:}46{.}167$ risk Hodgkin lymphoma patients.

NOTE Confidence: 0.940421602

 $00{:}58{:}46{.}170 \dashrightarrow 00{:}58{:}48{.}249$ And the other one is a combination

 $00{:}58{:}48{.}249 \dashrightarrow 00{:}58{:}50{.}806$ of a newer agent and anti lag 3

NOTE Confidence: 0.940421602

 $00{:}58{:}50{.}806 \dashrightarrow 00{:}58{:}54{.}429$ antibody with with pembrolizum ab and

NOTE Confidence: 0.940421602

 $00:58:54.430 \rightarrow 00:58:56.830$ but in the interest of time I will stop here.

NOTE Confidence: 0.940421602

 $00:58:56.830 \longrightarrow 00:58:57.090$ Thanks.

NOTE Confidence: 0.808666113076923

 $00{:}58{:}59{.}170 \dashrightarrow 00{:}59{:}01{.}807$ So I wanted to thank all three of the

NOTE Confidence: 0.808666113076923

 $00{:}59{:}01{.}807 \dashrightarrow 00{:}59{:}03{.}783$ panelists for really selecting highest

NOTE Confidence: 0.808666113076923

 $00:59:03.783 \rightarrow 00:59:06.394$ priority and impact abstracts and doing a

NOTE Confidence: 0.808666113076923

 $00:59:06.394 \rightarrow 00:59:08.547$ great job summarizing that all panelists

NOTE Confidence: 0.808666113076923

 $00{:}59{:}08{.}547 \dashrightarrow 00{:}59{:}11{.}698$ are able to stay for a few more minutes.

NOTE Confidence: 0.808666113076923

 $00{:}59{:}11.700 \dashrightarrow 00{:}59{:}13.452$ And so I thought we'd have a little

NOTE Confidence: 0.808666113076923

 $00:59:13.452 \rightarrow 00:59:15.148$ bit of question answer period,

NOTE Confidence: 0.808666113076923

 $00{:}59{:}15{.}150 \dashrightarrow 00{:}59{:}16{.}218$ some great questions coming

NOTE Confidence: 0.808666113076923

 $00{:}59{:}16.218 \dashrightarrow 00{:}59{:}17.286$ in from doctor nepotism.

NOTE Confidence: 0.808666113076923

 $00:59:17.290 \longrightarrow 00:59:20.440$ But first I I had a question

NOTE Confidence: 0.808666113076923

 $00{:}59{:}20{.}440 \dashrightarrow 00{:}59{:}21{.}790$ for Doctor Motonari.

NOTE Confidence: 0.808666113076923

 $00{:}59{:}21.790 \dashrightarrow 00{:}59{:}24.078$ You know with the augment long term data

- NOTE Confidence: 0.808666113076923
- $00{:}59{:}24.078 \dashrightarrow 00{:}59{:}26.433$ and with really encouraging data with by
- NOTE Confidence: 0.808666113076923
- $00:59:26.433 \rightarrow 00:59:28.980$ specifics a lot of patients with locular,
- NOTE Confidence: 0.808666113076923
- $00:59:28.980 \longrightarrow 00:59:31.302$ the non high risk patients are
- NOTE Confidence: 0.808666113076923
- $00:59:31.302 \rightarrow 00:59:33.239$ actually getting rituximab first line
- NOTE Confidence: 0.808666113076923
- $00{:}59{:}33{.}239 \dashrightarrow 00{:}59{:}35{.}493$ R chemo often our vendor second line.
- NOTE Confidence: 0.808666113076923
- 00:59:35.500 -> 00:59:37.516 And how do you think about third
- NOTE Confidence: 0.808666113076923
- $00:59:37.516 \longrightarrow 00:59:39.000$ line for those patients?
- NOTE Confidence: 0.808666113076923
- $00:59:39.000 \rightarrow 00:59:40.440$ Do you think about our square,
- NOTE Confidence: 0.808666113076923
- $00:59:40.440 \longrightarrow 00:59:41.760$ do you think about bispecific,
- NOTE Confidence: 0.808666113076923
- 00:59:41.760 --> 00:59:42.453 how do you,
- NOTE Confidence: 0.808666113076923
- $00:59:42.453 \rightarrow 00:59:44.399$ how do you actually you know without the
- NOTE Confidence: 0.808666113076923
- $00{:}59{:}44{.}399 \dashrightarrow 00{:}59{:}46{.}338$ data we don't really have randomized data.
- NOTE Confidence: 0.808666113076923
- $00{:}59{:}46{.}340 \dashrightarrow 00{:}59{:}48{.}132$ How are you going to approach those cases
- NOTE Confidence: 0.808666113076923
- $00{:}59{:}48.132 \dashrightarrow 00{:}59{:}49.699$ which will be actually quite common.
- NOTE Confidence: 0.777716543571429
- $00{:}59{:}51{.}330 \dashrightarrow 00{:}59{:}53{.}591$ Very good question and I think this
- NOTE Confidence: 0.777716543571429

 $00:59:53.591 \rightarrow 00:59:56.249$ is by just my my personal opinion,

NOTE Confidence: 0.777716543571429

00:59:56.250 --> 00:59:58.395 I don't think we're going

NOTE Confidence: 0.777716543571429

 $00:59:58.395 \longrightarrow 01:00:01.020$ to be given data on the.

NOTE Confidence: 0.777716543571429

 $01:00:01.020 \rightarrow 01:00:02.592$ The sequential treatment meaning

NOTE Confidence: 0.777716543571429

 $01{:}00{:}02.592 \dashrightarrow 01{:}00{:}05.409$ what would be the outcome in patients

NOTE Confidence: 0.777716543571429

 $01{:}00{:}05{.}409 \dashrightarrow 01{:}00{:}08{.}160$ receiving our square as second line and

NOTE Confidence: 0.777716543571429

 $01:00:08.160 \rightarrow 01:00:10.557$ the patients followed by specific.

NOTE Confidence: 0.777716543571429

 $01{:}00{:}10.560 \dashrightarrow 01{:}00{:}13.598$ Most of the clinical trials that are

NOTE Confidence: 0.777716543571429

 $01:00:13.598 \rightarrow 01:00:16.619$ now ongoing tend to combine our square

NOTE Confidence: 0.777716543571429

 $01{:}00{:}16.619 \dashrightarrow 01{:}00{:}19.170$ with the with or without The Dirty

NOTE Confidence: 0.777716543571429

 $01{:}00{:}19{.}170 \dashrightarrow 01{:}00{:}21{.}580$ taxi with the by specific antibody.

NOTE Confidence: 0.777716543571429

 $01:00:21.580 \longrightarrow 01:00:25.060$ So you know when we combine these treatment

NOTE Confidence: 0.777716543571429

 $01{:}00{:}25.060 \dashrightarrow 01{:}00{:}28.332$ we always get into a little bit more

NOTE Confidence: 0.777716543571429

 $01:00:28.332 \dashrightarrow 01:00:31.109$ toxicity and I'm not sure that all.

NOTE Confidence: 0.777716543571429

 $01{:}00{:}31{.}110 \dashrightarrow 01{:}00{:}33{.}978$ Nations that would be nefit from an

NOTE Confidence: 0.777716543571429

 $01:00:33.978 \rightarrow 01:00:35.890$ intensification of treatment earlier

01:00:35.963 --> 01:00:38.923 on uh what we really need is good

NOTE Confidence: 0.777716543571429

01:00:38.923 --> 01:00:40.506 prognostication model to really

NOTE Confidence: 0.777716543571429

 $01:00:40.506 \rightarrow 01:00:42.426$ risk stratify these patients up

NOTE Confidence: 0.777716543571429

 $01:00:42.426 \rightarrow 01:00:44.588$ front and guide us in the selection.

NOTE Confidence: 0.777716543571429

 $01{:}00{:}44.588 \dashrightarrow 01{:}00{:}46.804$ But for now I think it would be

NOTE Confidence: 0.777716543571429

 $01:00:46.804 \rightarrow 01:00:48.399$ content to just the sequence,

NOTE Confidence: 0.777716543571429

 $01:00:48.400 \rightarrow 01:00:50.800$ the treatment that they are available

NOTE Confidence: 0.777716543571429

 $01:00:50.800 \longrightarrow 01:00:52.942$ with our square followed by a

NOTE Confidence: 0.777716543571429

 $01:00:52.942 \longrightarrow 01:00:54.013$ by specific antibody.

NOTE Confidence: 0.777716543571429

 $01:00:54.020 \rightarrow 01:00:55.672$ Certainly after reviewing this

NOTE Confidence: 0.777716543571429

 $01:00:55.672 \rightarrow 01:00:58.953$ data card in my mind is pushed a

NOTE Confidence: 0.777716543571429

 $01:00:58.953 \longrightarrow 01:01:01.230$ little bit over in the future for.

NOTE Confidence: 0.777716543571429

 $01{:}01{:}01{.}230 \dashrightarrow 01{:}01{:}02.650$ Participation population.

NOTE Confidence: 0.839647679333333

01:01:03.940 --> 01:01:05.176 Yeah, I think that's a really

NOTE Confidence: 0.839647679333333

01:01:05.176 --> 01:01:06.000 helpful response and exactly

 $01:01:06.043 \rightarrow 01:01:06.968$ what I'm thinking as well.

NOTE Confidence: 0.839647679333333

01:01:06.970 --> 01:01:09.024 There may be some slight, you know,

NOTE Confidence: 0.839647679333333

 $01:01:09.024 \rightarrow 01:01:11.256$ select patient populations where you have

NOTE Confidence: 0.839647679333333

 $01:01:11.256 \rightarrow 01:01:13.329$ toxicity concerns whether it be renal

NOTE Confidence: 0.839647679333333

 $01:01:13.329 \rightarrow 01:01:15.237$ dysfunction with line things like that.

NOTE Confidence: 0.839647679333333

 $01{:}01{:}15{.}240 \dashrightarrow 01{:}01{:}17{.}487$ But the R-squared data is quite compelling

NOTE Confidence: 0.839647679333333

 $01{:}01{:}17{.}487 \dashrightarrow 01{:}01{:}19{.}073$ with that particularly that freedom

NOTE Confidence: 0.839647679333333

 $01{:}01{:}19{.}073 \dashrightarrow 01{:}01{:}20.777$ from next treatment of 70 months.

NOTE Confidence: 0.839647679333333

 $01{:}01{:}20.780 \dashrightarrow 01{:}01{:}23.388$ So I I think that sequence is here

NOTE Confidence: 0.839647679333333

 $01:01:23.388 \rightarrow 01:01:26.295$ to stay at least for the time being.

NOTE Confidence: 0.839647679333333

 $01:01:26.300 \rightarrow 01:01:30.560$ There's a important question to to all of us,

NOTE Confidence: 0.839647679333333

 $01:01:30.560 \longrightarrow 01:01:32.310$ but really directed to Doctor

NOTE Confidence: 0.839647679333333

01:01:32.310 --> 01:01:34.060 Cathari about what's you know,

NOTE Confidence: 0.839647679333333

 $01:01:34.060 \rightarrow 01:01:34.880$ where do we go with.

NOTE Confidence: 0.839647679333333

01:01:34.880 --> 01:01:38.610 First line DLBCL in 2023,

NOTE Confidence: 0.839647679333333

01:01:38.610 --> 01:01:41.742 you know we'll likely hear about Paul R Chip,

- NOTE Confidence: 0.839647679333333
- 01:01:41.750 --> 01:01:44.198 but I thought your data actually
- NOTE Confidence: 0.839647679333333
- $01:01:44.198 \longrightarrow 01:01:46.086$ of using our chop and then epoch
- NOTE Confidence: 0.839647679333333
- $01:01:46.086 \rightarrow 01:01:47.414$ and then giving some centering
- NOTE Confidence: 0.839647679333333
- $01{:}01{:}47{.}414 \dashrightarrow 01{:}01{:}49{.}184$ was quite compelling for the the
- NOTE Confidence: 0.839647679333333
- 01:01:49.184 --> 01:01:50.710 high grade double hit patient.
- NOTE Confidence: 0.839647679333333
- $01{:}01{:}50.710 \dashrightarrow 01{:}01{:}53.377$ So how how are you thinking about
- NOTE Confidence: 0.839647679333333
- 01:01:53.377 --> 01:01:55.342 approaching your non double hit
- NOTE Confidence: 0.839647679333333
- $01:01:55.342 \rightarrow 01:01:57.480$ and double hit patients in 2023?
- NOTE Confidence: 0.83957614
- $01{:}01{:}58{.}150 \dashrightarrow 01{:}02{:}01{.}468$ Yeah. Very difficult question to answer,
- NOTE Confidence: 0.83957614
- 01:02:01.470 --> 01:02:04.550 mainly because we don't have direct data,
- NOTE Confidence: 0.83957614
- $01{:}02{:}04.550 \dashrightarrow 01{:}02{:}06.886$ but we can put few pieces together and
- NOTE Confidence: 0.83957614
- $01{:}02{:}06.886 \dashrightarrow 01{:}02{:}09.710$ come up with a treatment plan, I guess.
- NOTE Confidence: 0.83957614
- $01{:}02{:}09{.}710$ --> $01{:}02{:}13{.}354$ So my strategy would be that if the patient NOTE Confidence: 0.83957614
- $01{:}02{:}13.354 \dashrightarrow 01{:}02{:}17.260$ is a denovo DLBCL with IPI score of three NOTE Confidence: 0.83957614
- $01{:}02{:}17.354 \dashrightarrow 01{:}02{:}20.621$ to five and it does not have a double
- NOTE Confidence: 0.83957614

 $01:02:20.621 \rightarrow 01:02:23.410$ hit disease or double expressor disease,

NOTE Confidence: 0.83957614

 $01:02:23.410 \longrightarrow 01:02:26.908$ then I would still be more,

NOTE Confidence: 0.83957614

 $01:02:26.910 \longrightarrow 01:02:29.061$ you know, favorable.

NOTE Confidence: 0.83957614

01:02:29.061 --> 01:02:31.929 Favor of Pola RCHP.

NOTE Confidence: 0.83957614

 $01:02:31.930 \longrightarrow 01:02:34.442$ If it comes to a patient where we

NOTE Confidence: 0.83957614

 $01{:}02{:}34{.}442 \dashrightarrow 01{:}02{:}36{.}522$ are worried about double expressor

NOTE Confidence: 0.83957614

 $01:02:36.522 \longrightarrow 01:02:38.358$ and double hit disease.

NOTE Confidence: 0.83957614

 $01{:}02{:}38{.}360 \dashrightarrow 01{:}02{:}40{.}950$ I I I would think that you know I would

NOTE Confidence: 0.83957614

 $01{:}02{:}41{.}024 \dashrightarrow 01{:}02{:}43{.}778$ definitely put in a lot of weight to this

NOTE Confidence: 0.83957614

 $01{:}02{:}43.778 \dashrightarrow 01{:}02{:}46.176$ dose escalation strategy where there

NOTE Confidence: 0.83957614

 $01:02:46.176 \longrightarrow 01:02:48.444$ is incorporation of high dose methotrexate,

NOTE Confidence: 0.83957614

 $01{:}02{:}48{.}450 \dashrightarrow 01{:}02{:}52{.}212$ there is incorporation of R epoch

NOTE Confidence: 0.83957614

 $01:02:52.212 \longrightarrow 01:02:54.720$ followed by hydro cytarabine.

NOTE Confidence: 0.83957614

 $01{:}02{:}54{.}720 \dashrightarrow 01{:}02{:}57{.}018$ I think the data is very

NOTE Confidence: 0.83957614

 $01:02:57.018 \longrightarrow 01:02:58.550$ compelling as you said.

NOTE Confidence: 0.83957614

 $01{:}02{:}58{.}550 \dashrightarrow 01{:}03{:}00{.}998$ In and I think Doctor Nepri

- NOTE Confidence: 0.83957614
- $01{:}03{:}00{.}998 \dashrightarrow 01{:}03{:}02{.}870$ also asked regarding how I,

01:03:02.870 --> 01:03:04.825 how I would approach subgroups

NOTE Confidence: 0.83957614

 $01:03:04.825 \longrightarrow 01:03:06.172$ of these DLBCL.

NOTE Confidence: 0.83957614

 $01{:}03{:}06{.}172 \dashrightarrow 01{:}03{:}10{.}668$ And you know at at in this current

NOTE Confidence: 0.83957614

 $01{:}03{:}10.668 \dashrightarrow 01{:}03{:}14.492$ time all so far all the trials that

NOTE Confidence: 0.83957614

 $01:03:14.492 \rightarrow 01:03:16.724$ were designed to primarily study

NOTE Confidence: 0.83957614

 $01{:}03{:}16.724 \dashrightarrow 01{:}03{:}18.809$ these subgroups have been negative.

NOTE Confidence: 0.83957614

 $01:03:18.810 \longrightarrow 01:03:22.090$ So for example Phoenix trial very

NOTE Confidence: 0.83957614

 $01{:}03{:}22.090 \dashrightarrow 01{:}03{:}24.130$ compelling results when you you know

NOTE Confidence: 0.83957614

 $01{:}03{:}24.130 \dashrightarrow 01{:}03{:}26.340$ further tease out these molecular subgroups

NOTE Confidence: 0.83957614

 $01:03:26.340 \rightarrow 01:03:28.602$ for example in the Phoenix trial.

NOTE Confidence: 0.83957614

01:03:28.610 --> 01:03:31.005 MCD subgroup did phenomenally well

NOTE Confidence: 0.83957614

 $01{:}03{:}31{.}005 \dashrightarrow 01{:}03{:}34{.}260$ when ibrutinib was added to our chalk.

NOTE Confidence: 0.83957614

 $01{:}03{:}34{.}260 \dashrightarrow 01{:}03{:}37{.}564$ Similarly the data that I presented of

NOTE Confidence: 0.83957614

01:03:37.564 --> 01:03:40.820 adding Bortezomib to our chop in ABC DLBCL.

 $01:03:40.820 \longrightarrow 01:03:43.802$ But the reality is that in clinic

NOTE Confidence: 0.83957614

 $01:03:43.802 \rightarrow 01:03:45.842$ gene expression profiling is very

NOTE Confidence: 0.83957614

 $01{:}03{:}45.842 \dashrightarrow 01{:}03{:}48.562$ challenging to do and I think we really NOTE Confidence: 0.83957614

 $01:03:48.635 \longrightarrow 01:03:50.975$ need to put in a lot of effort as

NOTE Confidence: 0.83957614

01:03:50.975 --> 01:03:55.020 as as a group of clinicians to have

NOTE Confidence: 0.83957614

 $01{:}03{:}55{.}020 \dashrightarrow 01{:}03{:}58{.}592$ better clinical modalities to to.

NOTE Confidence: 0.83957614

 $01:03:58.592 \longrightarrow 01:04:02.382$ Risk stratify patients by gene,

NOTE Confidence: 0.83957614

 $01:04:02.390 \rightarrow 01:04:06.098$ by genetic makeup in the clinic,

NOTE Confidence: 0.83957614

01:04:06.100 --> 01:04:08.256 if not by diagnosis then at least

NOTE Confidence: 0.83957614

 $01:04:08.256 \rightarrow 01:04:10.308$ by the end of first cycle,

NOTE Confidence: 0.83957614

 $01:04:10.310 \longrightarrow 01:04:12.614$ so that we can change strategy

NOTE Confidence: 0.83957614

 $01:04:12.614 \rightarrow 01:04:13.766$ second cycle onwards.

NOTE Confidence: 0.57098172

 $01:04:17.230 \longrightarrow 01:04:18.634$ That's really helpful.

NOTE Confidence: 0.57098172

01:04:18.634 $\operatorname{-->}$ 01:04:21.424 And and I guess what you're getting at

NOTE Confidence: 0.57098172

 $01{:}04{:}21{.}424 \dashrightarrow 01{:}04{:}23{.}480$ is a dynamic biomarker whether it be

NOTE Confidence: 0.57098172

 $01:04:23.480 \longrightarrow 01:04:25.955$ you know self for DNA and and or kind

 $01:04:25.955 \rightarrow 01:04:27.923$ of reduction in the circling disease.

NOTE Confidence: 0.57098172

 $01{:}04{:}27{.}930 \dashrightarrow 01{:}04{:}31{.}188$ There's a question from the audience.

NOTE Confidence: 0.57098172

01:04:31.190 --> 01:04:33.910 It kind of I think broadly in inductive

NOTE Confidence: 0.57098172

01:04:33.910 --> 01:04:35.944 Montanari kind of alluded to it

NOTE Confidence: 0.57098172

 $01:04:35.944 \rightarrow 01:04:37.870$ trying to think about by specifics

NOTE Confidence: 0.57098172

01:04:37.940 --> 01:04:40.181 versus cellular therapy car T tars
in.

NOTE Confidence: 0.57098172

01:04:40.181 $\operatorname{-->}$ 01:04:43.017 Can you help us with you know that

NOTE Confidence: 0.57098172

 $01:04:43.017 \rightarrow 01:04:44.830$ thought right now it's really just in

NOTE Confidence: 0.57098172

 $01{:}04{:}44{.}890 \dashrightarrow 01{:}04{:}46{.}846$ follicular but certainly there will be

NOTE Confidence: 0.57098172

 $01{:}04{:}46.846 \dashrightarrow 01{:}04{:}49.068$ more data with bispecific and large Sonoma.

NOTE Confidence: 0.57098172

 $01:04:49.070 \longrightarrow 01:04:51.077$ How do you how do you kind of think

NOTE Confidence: 0.57098172

 $01:04:51.077 \rightarrow 01:04:53.260$ about those modalities for your patients?

NOTE Confidence: 0.881428109444445

01:04:54.270 --> 01:04:56.034 Yeah, I think right now it's

NOTE Confidence: 0.881428109444445

 $01{:}04{:}56{.}034 \dashrightarrow 01{:}04{:}57{.}840$ such a dynamic field and which

NOTE Confidence: 0.881428109444445

 $01{:}04{:}57{.}840 \dashrightarrow 01{:}04{:}59{.}836$ is which we are thankful for to

 $01:04:59.836 \rightarrow 01:05:01.266$ have all these different options.

NOTE Confidence: 0.881428109444445

01:05:01.270 --> 01:05:03.706 But I would think that you know

NOTE Confidence: 0.881428109444445

 $01:05:03.710 \longrightarrow 01:05:06.326$ Carter cell therapy I think in

NOTE Confidence: 0.881428109444445

 $01:05:06.330 \rightarrow 01:05:09.270$ is definitely more involved.

NOTE Confidence: 0.881428109444445

 $01{:}05{:}09{.}270 \dashrightarrow 01{:}05{:}11{.}699$ And also there's often a delay because

NOTE Confidence: 0.881428109444445

 $01:05:11.699 \rightarrow 01:05:13.913$ there's no still the options we have

NOTE Confidence: 0.881428109444445

 $01:05:13.913 \dashrightarrow 01:05:16.150$ are not off the shelf uh options.

NOTE Confidence: 0.881428109444445

 $01:05:16.150 \longrightarrow 01:05:17.634$ So there's a delay in you know

NOTE Confidence: 0.881428109444445

 $01:05:17.634 \rightarrow 01:05:18.840$ getting these patients to treatment.

NOTE Confidence: 0.88142810944445

 $01{:}05{:}18.840 \dashrightarrow 01{:}05{:}22.304$ So I think having the option of bias

NOTE Confidence: 0.881428109444445

 $01{:}05{:}22{.}304 \dashrightarrow 01{:}05{:}24{.}210$ specifics really I really don't think

NOTE Confidence: 0.881428109444445

 $01:05:24.210 \longrightarrow 01:05:25.770$ that one would replace the other.

NOTE Confidence: 0.881428109444445

 $01:05:25.770 \rightarrow 01:05:27.730$ I really think that they are both important,

NOTE Confidence: 0.881428109444445

 $01{:}05{:}27{.}730 \dashrightarrow 01{:}05{:}30{.}298$ but I think having the the option of

NOTE Confidence: 0.881428109444445

 $01{:}05{:}30{.}298 \dashrightarrow 01{:}05{:}32{.}736$ by specifics as as an off the shelf

NOTE Confidence: 0.881428109444445

 $01{:}05{:}32{.}736 \dashrightarrow 01{:}05{:}34{.}921$ option will avoid the delays that we

 $01:05:34.921 \rightarrow 01:05:37.168$ usually see and then also would be

NOTE Confidence: 0.881428109444445

 $01:05:37.170 \longrightarrow 01:05:39.276$ reasonable options for maybe even older.

NOTE Confidence: 0.881428109444445

 $01{:}05{:}39{.}280 \dashrightarrow 01{:}05{:}41{.}600$ Individuals that sometimes are not

NOTE Confidence: 0.881428109444445

 $01:05:41.600 \rightarrow 01:05:43.920$ candidates for Karti cell therapy.

NOTE Confidence: 0.7700939

 $01:05:45.960 \rightarrow 01:05:47.985$ Yeah, it's it's clear that by

NOTE Confidence: 0.7700939

 $01:05:47.985 \longrightarrow 01:05:49.710$ specifics are being moved up

NOTE Confidence: 0.826370725714286

 $01:05:49.784 \longrightarrow 01:05:51.380$ earlier into first line,

NOTE Confidence: 0.826370725714286

 $01:05:51.380 \rightarrow 01:05:54.838$ so follicular pharma for large volume comma.

NOTE Confidence: 0.826370725714286

 $01{:}05{:}54{.}840 \dashrightarrow 01{:}05{:}57{.}280$ So you know I was reminded that it's

NOTE Confidence: 0.826370725714286

 $01:05:57.280 \longrightarrow 01:05:59.793$ actually it was 25 year anniversary of

NOTE Confidence: 0.826370725714286

 $01:05:59.793 \rightarrow 01:06:02.057$ rituximab being approved and to think

NOTE Confidence: 0.826370725714286

01:06:02.057 --> 01:06:04.897 about in the last three years all the

NOTE Confidence: 0.826370725714286

 $01{:}06{:}04.897 \dashrightarrow 01{:}06{:}06.276$ biospecifics being developed and how

NOTE Confidence: 0.826370725714286

 $01:06:06.276 \rightarrow 01:06:08.380$ fast this is moving is pretty remarkable.

NOTE Confidence: 0.826370725714286

01:06:08.380 --> 01:06:13.060 So I'm sure we'll have lots of

01:06:13.060 --> 01:06:15.910 dents CME post ash meetings.

NOTE Confidence: 0.826370725714286

 $01:06:15.910 \rightarrow 01:06:17.458$ For the coming years as well,

NOTE Confidence: 0.826370725714286

01:06:17.460 --> 01:06:19.316 but I want to thank our presenters and

NOTE Confidence: 0.826370725714286

 $01{:}06{:}19{.}316 \dashrightarrow 01{:}06{:}21{.}163$ and thank all of you for joining and

NOTE Confidence: 0.826370725714286

 $01{:}06{:}21{.}163 \dashrightarrow 01{:}06{:}22{.}880$ I hope everyone has a great weekend.

NOTE Confidence: 0.96436745

01:06:24.990 --> 01:06:27.000 Thank you.