WEBVTT

NOTE duration:"01:01:44" NOTE recognizability:0.838

NOTE language:en-us

NOTE Confidence: 0.720982675714286

 $00:00:00.000 \longrightarrow 00:00:02.534$ What about what come the live audience?

NOTE Confidence: 0.720982675714286

 $00:00:02.540 \longrightarrow 00:00:05.092$ And I want to welcome everybody who's joining

NOTE Confidence: 0.720982675714286

 $00{:}00{:}05.092 \dashrightarrow 00{:}00{:}07.920$ us today on zoom for the Sun Special Lecture.

NOTE Confidence: 0.720982675714286

 $00:00:07.920 \longrightarrow 00:00:12.176$ So I will be introducing Dr Sears

NOTE Confidence: 0.720982675714286

 $00:00:12.176 \longrightarrow 00:00:14.320$ and today's lecture honoree.

NOTE Confidence: 0.720982675714286

00:00:14.320 --> 00:00:17.732 And and then Doctor Zaiden, who is on zoom

NOTE Confidence: 0.720982675714286

 $00{:}00{:}17.732 \dashrightarrow 00{:}00{:}19.400$ will be introducing Patrick and Harden.

NOTE Confidence: 0.720982675714286

 $00:00:19.400 \dashrightarrow 00:00:22.392$ So the Blanche Tom and lecture series was

NOTE Confidence: 0.720982675714286

 $00:00:22.392 \longrightarrow 00:00:25.380$ established in 2012 by Doctor Marvin Sears.

NOTE Confidence: 0.720982675714286

 $00{:}00{:}25.380 \dashrightarrow 00{:}00{:}28.188$ Dr Sears was a long time chair and founder

NOTE Confidence: 0.720982675714286

 $00:00:28.188 \dashrightarrow 00:00:30.589$ of Ophthalmology and visual science at Yale.

NOTE Confidence: 0.720982675714286

 $00:00:30.590 \longrightarrow 00:00:31.940$ And the lecture was established

NOTE Confidence: 0.720982675714286

 $00:00:31.940 \longrightarrow 00:00:33.290$ in honor of his mother,

 $00:00:33.290 \longrightarrow 00:00:35.930$ Lange Tolman, who passed away from

NOTE Confidence: 0.720982675714286

 $00{:}00{:}35.930 \dashrightarrow 00{:}00{:}37.250$ acute myelogenous leukemia.

NOTE Confidence: 0.720982675714286

 $00:00:37.250 \longrightarrow 00:00:39.254$ This was actually the first lecture

NOTE Confidence: 0.720982675714286

 $00:00:39.254 \longrightarrow 00:00:40.970$ series dedicated solely to hematologic

NOTE Confidence: 0.720982675714286

00:00:40.970 --> 00:00:42.908 malignancies at Yale and it is

NOTE Confidence: 0.720982675714286

00:00:42.908 --> 00:00:44.904 intended to bring to Yale pioneers

NOTE Confidence: 0.720982675714286

 $00:00:44.904 \longrightarrow 00:00:46.519$ that have made major contributions

NOTE Confidence: 0.720982675714286

00:00:46.519 --> 00:00:48.810 to under to our understanding of

NOTE Confidence: 0.720982675714286

00:00:48.810 --> 00:00:50.860 the current trends in hematologic

NOTE Confidence: 0.720982675714286

 $00:00:50.860 \longrightarrow 00:00:52.909$ malignancies and in particular leukemia.

NOTE Confidence: 0.720982675714286

 $00:00:52.910 \longrightarrow 00:00:54.029$ So doctors Aiden,

NOTE Confidence: 0.720982675714286

00:00:54.029 --> 00:00:56.640 I welcome you to introduce Doctor Kantarjian.

NOTE Confidence: 0.944682032

 $00:00:58.500 \longrightarrow 00:01:00.260$ Yeah. Thank you so much, Stephanie.

NOTE Confidence: 0.944682032

 $00:01:00.260 \longrightarrow 00:01:02.560$ It's really a pleasure to

NOTE Confidence: 0.944682032

00:01:02.560 --> 00:01:03.940 introduce Doctor Kantarjian,

NOTE Confidence: 0.944682032

00:01:03.940 --> 00:01:05.494 who I could not think of any,

 $00:01:05.500 \longrightarrow 00:01:07.552$ but anyone more suited to give

NOTE Confidence: 0.944682032

 $00{:}01{:}07.552 \dashrightarrow 00{:}01{:}09.364$ this lecture about new developments

NOTE Confidence: 0.944682032

00:01:09.364 --> 00:01:11.608 on leukemia because he has been

NOTE Confidence: 0.944682032

 $00:01:11.608 \longrightarrow 00:01:14.383$ a major force in many of the new

NOTE Confidence: 0.944682032

 $00:01:14.383 \longrightarrow 00:01:16.375$ developments over the last few decades,

NOTE Confidence: 0.944682032

00:01:16.375 --> 00:01:18.280 really in leukemia,

NOTE Confidence: 0.944682032

 $00:01:18.280 \longrightarrow 00:01:22.140$ both in AML and CLL and CML as well.

NOTE Confidence: 0.944682032

00:01:22.140 --> 00:01:24.170 So Doctor Kantarjian is a professor and

NOTE Confidence: 0.944682032

00:01:24.170 --> 00:01:26.329 chair of the Department of leukemia at

NOTE Confidence: 0.944682032

 $00:01:26.329 \longrightarrow 00:01:28.509$ the University of Texas and the Anderson.

NOTE Confidence: 0.944682032

 $00:01:28.510 \longrightarrow 00:01:29.372$ Cancer Center.

NOTE Confidence: 0.944682032

 $00:01:29.372 \longrightarrow 00:01:31.527$ He's also the Samsung Distinguished

NOTE Confidence: 0.944682032

 $00{:}01{:}31.527 \dashrightarrow 00{:}01{:}33.899$ Leukemia chair in cancer medicine.

NOTE Confidence: 0.944682032

 $00:01:33.900 \longrightarrow 00:01:36.228$ His research has focused on translation

NOTE Confidence: 0.944682032

 $00:01:36.230 \longrightarrow 00:01:38.375$ and clinical development therapeutics in

 $00:01:38.375 \longrightarrow 00:01:40.865$ leukemia over the last three decades.

NOTE Confidence: 0.944682032

 $00:01:40.870 \longrightarrow 00:01:43.445$ He had made significant contributions

NOTE Confidence: 0.944682032

 $00:01:43.445 \longrightarrow 00:01:46.020$ that improved our understanding of

NOTE Confidence: 0.944682032

 $00:01:46.095 \longrightarrow 00:01:48.797$ both the prognosis as well as the

NOTE Confidence: 0.944682032

 $00:01:48.797 \longrightarrow 00:01:51.381$ survival of patients of CMLL as

NOTE Confidence: 0.944682032

00:01:51.381 --> 00:01:53.631 well as discoveries of decitabine

NOTE Confidence: 0.944682032

 $00:01:53.631 \longrightarrow 00:01:54.915$ in myelodysplastic syndromes

NOTE Confidence: 0.944682032

 $00:01:54.915 \longrightarrow 00:01:56.790$ and clofarabine in the treatment

NOTE Confidence: 0.944682032

 $00:01:56.790 \longrightarrow 00:01:58.700$ of leukemias and many other.

NOTE Confidence: 0.944682032

 $00:01:58.700 \longrightarrow 00:01:59.072$ Medications.

NOTE Confidence: 0.944682032

 $00:01:59.072 \longrightarrow 00:01:59.816$ In fact,

NOTE Confidence: 0.944682032

 $00:01:59.816 \longrightarrow 00:02:02.048$ he and his group have contributed

NOTE Confidence: 0.944682032

 $00:02:02.048 \longrightarrow 00:02:04.801$ to more than 20 develop new drug

NOTE Confidence: 0.944682032

 $00{:}02{:}04.801 \dashrightarrow 00{:}02{:}06.870$ developments in in this space.

NOTE Confidence: 0.944682032

 $00:02:06.870 \longrightarrow 00:02:10.878$ He has been an author of more than

NOTE Confidence: 0.944682032

00:02:10.878 --> 00:02:12.846 2000 peer reviewed publications,

 $00:02:12.850 \longrightarrow 00:02:15.562$ and he actually has been a major

NOTE Confidence: 0.944682032

00:02:15.562 --> 00:02:17.010 advocate of clinical research.

NOTE Confidence: 0.944682032

 $00:02:17.010 \longrightarrow 00:02:19.794$ He has mentored hundreds of leukemia

NOTE Confidence: 0.944682032

 $00{:}02{:}19.794 \dashrightarrow 00{:}02{:}22.305$ doctors and researchers all over the

NOTE Confidence: 0.944682032

 $00{:}02{:}22.305 \dashrightarrow 00{:}02{:}25.086$ US and the world and has been a big

NOTE Confidence: 0.944682032

 $00:02:25.086 \longrightarrow 00:02:27.978$ advocate for introduction and use of.

NOTE Confidence: 0.944682032

 $00:02:27.978 \longrightarrow 00:02:30.058$ Therapy is across the world,

NOTE Confidence: 0.944682032

 $00{:}02{:}30.060 \dashrightarrow 00{:}02{:}32.030$ especially in low resource countries.

NOTE Confidence: 0.944682032

 $00:02:32.030 \longrightarrow 00:02:33.801$ So it's really a pleasure to have

NOTE Confidence: 0.944682032

 $00:02:33.801 \longrightarrow 00:02:35.233$ doctor Kantarjian and who are very

NOTE Confidence: 0.944682032

 $00:02:35.233 \longrightarrow 00:02:36.682$ grateful to have you speak to us

NOTE Confidence: 0.944682032

 $00{:}02{:}36.733 \dashrightarrow 00{:}02{:}38.068$ today about acute and plastic

NOTE Confidence: 0.856134666666667

 $00{:}02{:}38.080 \dashrightarrow 00{:}02{:}39.268$ leukemia. Thank you.

NOTE Confidence: 0.83799161

 $00:02:40.180 \longrightarrow 00:02:41.998$ Thank you very much, Doctor Zeidan.

NOTE Confidence: 0.83799161

 $00:02:42.000 \longrightarrow 00:02:44.765$ It's really a great honor and a

 $00:02:44.765 \longrightarrow 00:02:48.801$ pleasure to give it the talk at Yale and

NOTE Confidence: 0.83799161

 $00:02:48.801 \longrightarrow 00:02:51.140$ particularly the special Tallman talk.

NOTE Confidence: 0.83799161

 $00:02:51.140 \longrightarrow 00:02:53.692$ But I'm going to do is review the

NOTE Confidence: 0.83799161

 $00{:}02{:}53.692 \dashrightarrow 00{:}02{:}55.752$ progress and research in a cute

NOTE Confidence: 0.83799161

 $00:02:55.752 \longrightarrow 00:02:58.440$ lymphocytic leukemia as it stands today.

NOTE Confidence: 0.83799161

 $00{:}02{:}58.440 \dashrightarrow 00{:}03{:}01.088$ And a lot of the things I'm going

NOTE Confidence: 0.83799161

 $00:03:01.088 \longrightarrow 00:03:04.076$ to say may be very different from

NOTE Confidence: 0.83799161

 $00:03:04.076 \longrightarrow 00:03:06.900$ what you view all treatment today.

NOTE Confidence: 0.83799161

 $00:03:06.900 \longrightarrow 00:03:08.500$ So bear with me,

NOTE Confidence: 0.83799161

 $00:03:08.500 \longrightarrow 00:03:11.490$ I'll try to get you through the information.

NOTE Confidence: 0.83799161

 $00{:}03{:}11.490 \dashrightarrow 00{:}03{:}14.393$ And perhaps convince you that the

NOTE Confidence: 0.83799161

00:03:14.393 --> 00:03:16.608 times are changing very quickly.

NOTE Confidence: 0.83799161

 $00{:}03{:}16.610 \dashrightarrow 00{:}03{:}19.286$ These are my conflicts of interest.

NOTE Confidence: 0.83799161

 $00:03:19.290 \longrightarrow 00:03:21.985$ So this is the standard of care

NOTE Confidence: 0.83799161

 $00:03:21.985 \longrightarrow 00:03:23.594$ in acute lymphocytic leukemia

NOTE Confidence: 0.83799161

 $00:03:23.594 \longrightarrow 00:03:25.874$ as it stands today we give.

 $00:03:25.880 \longrightarrow 00:03:28.730$ A lot of intensive chemotherapy with

NOTE Confidence: 0.83799161

 $00{:}03{:}28.730 \dashrightarrow 00{:}03{:}31.075$ 15 chemotherapy drugs over three

NOTE Confidence: 0.83799161

 $00:03:31.075 \longrightarrow 00:03:33.658$ years in childhood there L on the

NOTE Confidence: 0.83799161

 $00:03:33.658 \longrightarrow 00:03:35.743$ left side the investigators have

NOTE Confidence: 0.83799161

 $00:03:35.743 \longrightarrow 00:03:38.697$ reported your rates of up to 80%.

NOTE Confidence: 0.83799161

 $00:03:38.700 \longrightarrow 00:03:40.968$ On the right side is the data

NOTE Confidence: 0.83799161

 $00:03:40.968 \longrightarrow 00:03:42.969$ and adult L MD Anderson.

NOTE Confidence: 0.83799161

 $00:03:42.970 \longrightarrow 00:03:45.794$ So up till 2010 we were able to

NOTE Confidence: 0.83799161

 $00:03:45.794 \longrightarrow 00:03:48.979$ claim A5 year survival of maybe 50%.

NOTE Confidence: 0.83799161

 $00:03:48.980 \longrightarrow 00:03:51.848$ This is regardless of age and

NOTE Confidence: 0.83799161

 $00{:}03{:}51.848 \dashrightarrow 00{:}03{:}54.042$ it has improved since 2010,

NOTE Confidence: 0.83799161

00:03:54.042 --> 00:03:56.016 but I'm going to show you that.

NOTE Confidence: 0.83799161

 $00:03:56.020 \longrightarrow 00:04:00.292$ That even the red curve is outdated in 2022.

NOTE Confidence: 0.83799161

00:04:00.292 --> 00:04:02.404 So it's important to just keep

NOTE Confidence: 0.83799161

00:04:02.404 --> 00:04:04.721 an open mind about the things

00:04:04.721 --> 00:04:06.696 which I'm going to mention,

NOTE Confidence: 0.83799161

00:04:06.700 --> 00:04:09.395 because I truly believe what I will

NOTE Confidence: 0.83799161

 $00:04:09.395 \longrightarrow 00:04:12.275$ show will be the next standard of

NOTE Confidence: 0.83799161

00:04:12.275 --> 00:04:15.140 care and maybe five years from now.

NOTE Confidence: 0.83799161

 $00:04:15.140 \longrightarrow 00:04:19.388$ So one of the questions is why is still

NOTE Confidence: 0.83799161

 $00:04:19.388 \longrightarrow 00:04:22.548$ there 30% difference or 40% difference in

NOTE Confidence: 0.83799161

 $00:04:22.548 \longrightarrow 00:04:26.148$ the cure rate between childhood and adult L?

NOTE Confidence: 0.83799161

00:04:26.150 --> 00:04:27.635 With intensive chemotherapy,

NOTE Confidence: 0.83799161

 $00:04:27.635 \longrightarrow 00:04:32.279$ so this is because of four subsets uh which

NOTE Confidence: 0.83799161

 $00:04:32.279 \longrightarrow 00:04:35.029$ have different incidences and prognosis.

NOTE Confidence: 0.83799161

 $00{:}04{:}35.030 \dashrightarrow 00{:}04{:}37.711$ So in childhood all the hyper deployed

NOTE Confidence: 0.83799161

00:04:37.711 --> 00:04:40.632 and ETV 6 runx 1 constitute half

NOTE Confidence: 0.83799161

00:04:40.632 --> 00:04:43.595 of childhood all less than 10% of

NOTE Confidence: 0.83799161

 $00:04:43.595 \longrightarrow 00:04:46.570$ adult all and these have a favorable

NOTE Confidence: 0.83799161

 $00:04:46.570 \longrightarrow 00:04:48.930$ prognosis with intensive chemotherapy

NOTE Confidence: 0.83799161

 $00{:}04{:}48.930 \dashrightarrow 00{:}04{:}51.794$ in contrast historically Philadelphia

 $00:04:51.794 \longrightarrow 00:04:55.171$ positive and Philadelphia like L

NOTE Confidence: 0.83799161

 $00:04:55.171 \longrightarrow 00:04:57.614$ which constitute 50% of adult.

NOTE Confidence: 0.83799161

00:04:57.614 --> 00:05:01.865 L and the 15% of childhood L These

NOTE Confidence: 0.83799161

 $00{:}05{:}01.865 \dashrightarrow 00{:}05{:}03.893$ have had unfavorable outcomes

NOTE Confidence: 0.83799161

00:05:03.893 --> 00:05:06.469 with intensive chemotherapy.

NOTE Confidence: 0.83799161

 $00:05:06.470 \longrightarrow 00:05:08.162$ I'm going to show you that

NOTE Confidence: 0.83799161

00:05:08.162 --> 00:05:09.850 this does not apply anymore,

NOTE Confidence: 0.83799161

 $00{:}05{:}09.850 \dashrightarrow 00{:}05{:}12.070$ neither for Philadelphia positive

NOTE Confidence: 0.83799161

 $00:05:12.070 \longrightarrow 00:05:15.400$ nor for the Philadelphia like it.

NOTE Confidence: 0.83799161

 $00:05:15.400 \longrightarrow 00:05:17.296$ So if you use the intensive

NOTE Confidence: 0.83799161

 $00:05:17.296 \longrightarrow 00:05:18.560$ chemotherapy for three years,

NOTE Confidence: 0.83799161

 $00:05:18.560 \longrightarrow 00:05:21.344$ what is the cost of this

NOTE Confidence: 0.83799161

 $00:05:21.344 \longrightarrow 00:05:22.736$ traditional intensive chemotherapy?

NOTE Confidence: 0.83799161

 $00:05:22.740 \longrightarrow 00:05:24.612$ So you're using a lot of

NOTE Confidence: 0.83799161

00:05:24.612 --> 00:05:25.860 chemotherapy over three years.

 $00:05:25.860 \longrightarrow 00:05:27.780$ This could be manageable

NOTE Confidence: 0.83799161

 $00:05:27.780 \longrightarrow 00:05:29.700$ and the ivory towers,

NOTE Confidence: 0.83799161

 $00:05:29.700 \longrightarrow 00:05:31.440$ leukemia centers of excellence.

NOTE Confidence: 0.83799161

 $00:05:31.440 \longrightarrow 00:05:35.279$ But if you apply this to the Community

NOTE Confidence: 0.83799161

 $00:05:35.279 \longrightarrow 00:05:38.154$ practice and emerging nations among

NOTE Confidence: 0.83799161

 $00:05:38.154 \longrightarrow 00:05:40.277$ poorer and disadvantaged populations,

NOTE Confidence: 0.83799161

00:05:40.277 --> 00:05:42.262 there's a very high dropout

NOTE Confidence: 0.83799161

 $00:05:42.262 \longrightarrow 00:05:44.920$ rate due to the socioeconomic.

NOTE Confidence: 0.83799161

 $00:05:44.920 \longrightarrow 00:05:47.950$ Conditions as well as in the

NOTE Confidence: 0.83799161

 $00:05:47.950 \longrightarrow 00:05:49.465$ infrastructure and support.

NOTE Confidence: 0.83799161

 $00:05:49.470 \longrightarrow 00:05:51.420$ Even then the frontline therapy

NOTE Confidence: 0.83799161

 $00:05:51.420 \longrightarrow 00:05:53.622$ will cost half \$1,000,000 in the

NOTE Confidence: 0.83799161

 $00:05:53.622 \longrightarrow 00:05:55.686$ United States and if the patients

NOTE Confidence: 0.83799161

 $00:05:55.686 \longrightarrow 00:05:57.004$ relapse that's \$2,000,000.

NOTE Confidence: 0.83799161

 $00:05:57.004 \longrightarrow 00:06:00.952$ And moreover there are multiple long term

NOTE Confidence: 0.83799161

 $00:06:00.952 \longrightarrow 00:06:03.549$ complications including organ dysfunctions,

 $00:06:03.550 \longrightarrow 00:06:04.746$ healthcare issues,

NOTE Confidence: 0.83799161

 $00{:}06{:}04.746 \dashrightarrow 00{:}06{:}07.138$ psychological and social issues.

NOTE Confidence: 0.83799161

 $00:06:07.140 \longrightarrow 00:06:09.968$ So what is the solution to this?

NOTE Confidence: 0.83799161

 $00:06:09.970 \longrightarrow 00:06:12.530$ So let me try to show you some

NOTE Confidence: 0.83799161

 $00:06:12.530 \longrightarrow 00:06:15.119$ data uh from uh other nations.

NOTE Confidence: 0.83799161

 $00:06:15.120 \longrightarrow 00:06:18.722$ So this is Peru and India and these are

NOTE Confidence: 0.83799161

 $00:06:18.722 \longrightarrow 00:06:21.550$ recent reports and what they show is

NOTE Confidence: 0.805844978421053

 $00{:}06{:}21.640 \longrightarrow 00{:}06{:}24.216$ accurate and childhood L not of 80

NOTE Confidence: 0.805844978421053

 $00:06:24.216 \longrightarrow 00:06:27.491$ or 90% but in the range of 60 to 70%

NOTE Confidence: 0.805844978421053

 $00:06:27.491 \longrightarrow 00:06:30.859$ if you go to the older patients see.

NOTE Confidence: 0.805844978421053

 $00:06:30.860 \longrightarrow 00:06:32.545$ So these are the patients

NOTE Confidence: 0.805844978421053

 $00:06:32.545 \longrightarrow 00:06:34.476$ that we treat more commonly.

NOTE Confidence: 0.805844978421053

 $00{:}06{:}34.476 \dashrightarrow 00{:}06{:}37.682$ The cure rate is anywhere from 10

NOTE Confidence: 0.805844978421053

 $00{:}06{:}37.682 \dashrightarrow 00{:}06{:}40.876$ to 27% and this is simply because.

NOTE Confidence: 0.805844978421053

 $00:06:40.880 \longrightarrow 00:06:43.358$ The intensive chemotherapy for three years

 $00:06:43.358 \longrightarrow 00:06:46.438$ is not feasible among many of the patients.

NOTE Confidence: 0.805844978421053

 $00{:}06{:}46.440 \dashrightarrow 00{:}06{:}49.203$ So the solution in my view is to try

NOTE Confidence: 0.805844978421053

 $00:06:49.203 \longrightarrow 00:06:52.012$ to develop different regimens which

NOTE Confidence: 0.805844978421053

 $00:06:52.012 \longrightarrow 00:06:53.872$ incorporate the newer treatments which

NOTE Confidence: 0.805844978421053

 $00:06:53.872 \longrightarrow 00:06:56.399$ have been discovered in the last 10 years.

NOTE Confidence: 0.805844978421053

 $00:06:56.400 \longrightarrow 00:06:58.014$ So for example,

NOTE Confidence: 0.805844978421053

 $00:06:58.014 \longrightarrow 00:07:01.242$ the third generation BCR able kinase

NOTE Confidence: 0.805844978421053

 $00:07:01.242 \longrightarrow 00:07:04.315$ inhibitors like PONATINIB in Philadelphia

NOTE Confidence: 0.805844978421053

 $00:07:04.315 \longrightarrow 00:07:08.291$ positive all and also incorporating.

NOTE Confidence: 0.805844978421053

00:07:08.291 --> 00:07:12.399 New antibodies that target CD19CD20

NOTE Confidence: 0.805844978421053

 $00{:}07{:}12.399 \dashrightarrow 00{:}07{:}15.033$ and CD22 and perhaps consider that

NOTE Confidence: 0.805844978421053

 $00:07:15.033 \longrightarrow 00:07:18.086$ the best role of the car T cells

NOTE Confidence: 0.805844978421053

 $00{:}07{:}18.086 \dashrightarrow 00{:}07{:}20.440$ is not an active salvage disease.

NOTE Confidence: 0.805844978421053

 $00:07:20.440 \longrightarrow 00:07:23.401$ But as a consolidation in remission and

NOTE Confidence: 0.805844978421053

 $00:07:23.401 \longrightarrow 00:07:25.768$ first second transplant also we need

NOTE Confidence: 0.805844978421053

 $00{:}07{:}25.768 \dashrightarrow 00{:}07{:}28.162$ to measure the disease in better ways.

 $00:07:28.170 \longrightarrow 00:07:31.537$ So there's a way that's called next

NOTE Confidence: 0.805844978421053

 $00:07:31.537 \longrightarrow 00:07:33.448$ generation sequencing that measures

NOTE Confidence: 0.805844978421053

00:07:33.448 --> 00:07:35.818 the immunoglobulin heavy chain of

NOTE Confidence: 0.805844978421053

00:07:35.818 --> 00:07:38.433 the particular all it can analyze

NOTE Confidence: 0.805844978421053

 $00:07:38.433 \longrightarrow 00:07:39.546$ up to 3,000,000.

NOTE Confidence: 0.805844978421053

 $00:07:39.550 \longrightarrow 00:07:39.865 \text{ Yes.}$

NOTE Confidence: 0.805844978421053

00:07:39.865 --> 00:07:42.700 And this will allow us to decide on changing

NOTE Confidence: 0.805844978421053

 $00:07:42.772 \longrightarrow 00:07:45.348$ the therapy and the duration of therapy.

NOTE Confidence: 0.805844978421053

 $00:07:45.350 \longrightarrow 00:07:48.032$ So I'm going to show you at the end

NOTE Confidence: 0.805844978421053

 $00:07:48.032 \longrightarrow 00:07:50.695$ what we refer to today as the dose

NOTE Confidence: 0.805844978421053

 $00:07:50.695 \longrightarrow 00:07:52.768$ dance mini CVD in oblina regimen

NOTE Confidence: 0.805844978421053

 $00{:}07{:}52.768 \rightarrow 00{:}07{:}55.134$ with or without the car T cells.

NOTE Confidence: 0.805844978421053

 $00{:}07{:}55.140 \dashrightarrow 00{:}07{:}58.108$ This is a seven month regiment which

NOTE Confidence: 0.805844978421053

 $00:07:58.108 \longrightarrow 00:08:01.499$ I'm hoping may become some form of a

NOTE Confidence: 0.805844978421053

 $00:08:01.499 \longrightarrow 00:08:04.370$ standard of care five years from now.

 $00:08:04.370 \longrightarrow 00:08:06.570$ This is not fiction.

NOTE Confidence: 0.805844978421053

 $00:08:06.570 \longrightarrow 00:08:09.870$ We did these studies now and.

NOTE Confidence: 0.805844978421053

 $00:08:09.870 \longrightarrow 00:08:12.082$ ALS salvage with good results and we

NOTE Confidence: 0.805844978421053

 $00:08:12.082 \longrightarrow 00:08:14.490$ have moved it to the older patients.

NOTE Confidence: 0.805844978421053

 $00:08:14.490 \longrightarrow 00:08:17.829$ So this is something that is happening.

NOTE Confidence: 0.805844978421053

 $00:08:17.830 \longrightarrow 00:08:20.260$ So this is a regimen that

NOTE Confidence: 0.805844978421053

00:08:20.260 --> 00:08:21.707 contains blinatumomab, rituximab,

NOTE Confidence: 0.805844978421053 00:08:21.707 --> 00:08:22.344 inotuzumab,

NOTE Confidence: 0.805844978421053

 $00:08:22.344 \longrightarrow 00:08:25.529$ the three existing effective antibodies

NOTE Confidence: 0.805844978421053

 $00:08:25.529 \longrightarrow 00:08:28.590$ and we do a condensed.

NOTE Confidence: 0.805844978421053

 $00{:}08{:}28.590 \dashrightarrow 00{:}08{:}30.138$ Approach with chemotherapy.

NOTE Confidence: 0.805844978421053

 $00:08:30.138 \longrightarrow 00:08:32.718$ So rather than sequencing the

NOTE Confidence: 0.805844978421053

 $00:08:32.718 \longrightarrow 00:08:34.859$ chemotherapy followed by blinatumomab,

NOTE Confidence: 0.805844978421053

 $00:08:34.860 \longrightarrow 00:08:37.908$ we are doing it as a condensed regiment.

NOTE Confidence: 0.805844978421053

 $00:08:37.910 \longrightarrow 00:08:40.304$ So this is something that can be

NOTE Confidence: 0.805844978421053

 $00:08:40.304 \longrightarrow 00:08:41.330$ still improved upon.

 $00:08:41.330 \longrightarrow 00:08:44.074$ I'll show you some of the results.

NOTE Confidence: 0.805844978421053

 $00:08:44.080 \longrightarrow 00:08:46.285$ So why do I believe that it is time

NOTE Confidence: 0.805844978421053

 $00:08:46.285 \longrightarrow 00:08:48.974$ to break with the 40 year old tradition?

NOTE Confidence: 0.805844978421053

 $00:08:48.980 \longrightarrow 00:08:51.619$ I I believe so because in Philadelphia

NOTE Confidence: 0.805844978421053

 $00{:}08{:}51.619 \dashrightarrow 00{:}08{:}54.670$ positive L I'll show you that non

NOTE Confidence: 0.805844978421053

 $00:08:54.670 \longrightarrow 00:08:56.514$ chemotherapy regimens without the

NOTE Confidence: 0.805844978421053

 $00:08:56.514 \longrightarrow 00:08:59.399$ transplant are giving outstanding results.

NOTE Confidence: 0.805844978421053

 $00:08:59.400 \longrightarrow 00:09:02.900$ Also in the pre bhal less chemotherapy

NOTE Confidence: 0.805844978421053

 $00:09:02.900 \longrightarrow 00:09:05.688$ for shorter durations in combination

NOTE Confidence: 0.805844978421053

 $00{:}09{:}05.688 \dashrightarrow 00{:}09{:}08.854$ with these antibodies are improving

NOTE Confidence: 0.805844978421053

 $00:09:08.854 \longrightarrow 00:09:10.900$ the outcome significantly.

NOTE Confidence: 0.805844978421053

 $00:09:10.900 \longrightarrow 00:09:12.748$ I'm not sure about this lol

NOTE Confidence: 0.805844978421053

 $00{:}09{:}12.748 \dashrightarrow 00{:}09{:}14.400$ because we do not have.

NOTE Confidence: 0.805844978421053 00:09:14.400 --> 00:09:14.893 Antibodies, NOTE Confidence: 0.805844978421053

 $00:09:14.893 \longrightarrow 00:09:16.865$ which are broadly available

 $00:09:16.865 \longrightarrow 00:09:19.330$ to treat T cell L,

NOTE Confidence: 0.805844978421053

 $00:09:19.330 \longrightarrow 00:09:21.976$ But I'll show you some of the data with

NOTE Confidence: 0.805844978421053

 $00:09:21.976 \longrightarrow 00:09:24.211$ the incorporation of venetoclax and

NOTE Confidence: 0.805844978421053

00:09:24.211 --> 00:09:27.007 asparagine is nelarabine at the end.

NOTE Confidence: 0.805844978421053

 $00:09:27.010 \longrightarrow 00:09:30.616$ Now, anytime you break with tradition.

NOTE Confidence: 0.805844978421053

 $00:09:30.620 \longrightarrow 00:09:34.575$ It it bothers some of the skeptics,

NOTE Confidence: 0.805844978421053

 $00:09:34.580 \longrightarrow 00:09:35.554$ the traditionalist.

NOTE Confidence: 0.805844978421053

 $00:09:35.554 \longrightarrow 00:09:38.476$ So I'm showing this slide just

NOTE Confidence: 0.805844978421053

 $00:09:38.476 \longrightarrow 00:09:41.300$ to show you how times change.

NOTE Confidence: 0.805844978421053

 $00:09:41.300 \longrightarrow 00:09:43.395$ So this is a slide from 1970.

NOTE Confidence: 0.805844978421053

 $00:09:43.395 \longrightarrow 00:09:46.715$ This was the time when ARC was discovered

NOTE Confidence: 0.805844978421053

 $00:09:46.715 \longrightarrow 00:09:49.789$ at three as the treatment for AML.

NOTE Confidence: 0.805844978421053

 $00:09:49.790 \dashrightarrow 00:09:52.930$ And there was a debate then between

NOTE Confidence: 0.805844978421053

00:09:52.930 --> 00:09:55.610 a very eminent hematologist,

NOTE Confidence: 0.805844978421053

00:09:55.610 --> 00:09:58.660 Dr Crosby, and Doctor Friedrich.

NOTE Confidence: 0.816436226666667

 $00:09:58.660 \longrightarrow 00:10:00.592$ And the question was,

 $00:10:00.592 \longrightarrow 00:10:03.007$ even though we have arasse,

NOTE Confidence: 0.816436226666667

 $00{:}10{:}03.010 \dashrightarrow 00{:}10{:}05.320$ should we treat or not treat

NOTE Confidence: 0.816436226666667

00:10:05.320 --> 00:10:06.475 acute myeloid leukemia?

NOTE Confidence: 0.816436226666667

 $00:10:06.480 \longrightarrow 00:10:08.740$ So the answer is obvious.

NOTE Confidence: 0.816436226666667

00:10:08.740 --> 00:10:11.698 Today we treat almost all leukemias,

NOTE Confidence: 0.816436226666667

 $00:10:11.700 \longrightarrow 00:10:14.300$ but it was not obvious 50 years ago.

NOTE Confidence: 0.816436226666667

 $00:10:14.300 \longrightarrow 00:10:17.540$ And this was 15 years after I was born.

NOTE Confidence: 0.816436226666667

00:10:17.540 --> 00:10:20.492 So what? What? What?

NOTE Confidence: 0.816436226666667

 $00:10:20.492 \longrightarrow 00:10:22.706$ Seems unusual or.

NOTE Confidence: 0.816436226666667

00:10:22.710 --> 00:10:25.014 Out of the norm can become

NOTE Confidence: 0.816436226666667

00:10:25.014 --> 00:10:27.010 very quickly standard of care,

NOTE Confidence: 0.816436226666667

 $00:10:27.010 \longrightarrow 00:10:29.850$ uh within a lifetime.

NOTE Confidence: 0.816436226666667

 $00:10:29.850 \longrightarrow 00:10:31.190$ So I think the Anderson,

NOTE Confidence: 0.816436226666667

00:10:31.190 --> 00:10:33.050 we developed the Hyper C

NOTE Confidence: 0.816436226666667

 $00:10:33.050 \longrightarrow 00:10:34.607$ Weather Regiment in 1992.

00:10:34.607 --> 00:10:37.229 We changed the CNS prophylaxis from

NOTE Confidence: 0.816436226666667

 $00{:}10{:}37.229 \dashrightarrow 00{:}10{:}39.049$ radiation therapy to intrathe cal

NOTE Confidence: 0.816436226666667

 $00:10:39.049 \longrightarrow 00:10:41.647$ that became a standard of care.

NOTE Confidence: 0.816436226666667 00:10:41.650 --> 00:10:42.388 In 2000. NOTE Confidence: 0.816436226666667

 $00:10:42.388 \longrightarrow 00:10:43.864$ We added the rituximab

NOTE Confidence: 0.816436226666667

 $00:10:43.864 \longrightarrow 00:10:45.630$ to workout and three BL.

NOTE Confidence: 0.816436226666667

 $00:10:45.630 \longrightarrow 00:10:47.950$ This was confirmed in randomized

NOTE Confidence: 0.816436226666667

00:10:47.950 --> 00:10:49.806 trials which were published

NOTE Confidence: 0.816436226666667

 $00:10:49.806 \longrightarrow 00:10:52.574$ in 2017 and this has become a

NOTE Confidence: 0.816436226666667

 $00:10:52.574 \longrightarrow 00:10:54.618$ standard of care in Philadelphia

NOTE Confidence: 0.816436226666667

 $00{:}10{:}54.618 {\:\dashrightarrow\:} 00{:}10{:}57.593$ positive L it was only in 2000

NOTE Confidence: 0.816436226666667

00:10:57.593 --> 00:11:00.617 that we added IMAGINATE to hyper.

NOTE Confidence: 0.816436226666667

 $00:11:00.620 \longrightarrow 00:11:02.684$ We replaced it with the Satanic

NOTE Confidence: 0.816436226666667

 $00:11:02.684 \longrightarrow 00:11:04.992$ in 2006 and with PONATINIB

NOTE Confidence: 0.816436226666667

 $00:11:04.992 \longrightarrow 00:11:08.283$ in 2010 and the Hyper Cvad.

NOTE Confidence: 0.816436226666667

 $00:11:08.283 \longrightarrow 00:11:10.588$ The satanic followed by transplant

 $00:11:10.588 \longrightarrow 00:11:13.734$ is what is currently the standard of

NOTE Confidence: 0.816436226666667

 $00:11:13.734 \longrightarrow 00:11:16.496$ care in the United States in 2022.

NOTE Confidence: 0.816436226666667

 $00:11:16.496 \longrightarrow 00:11:18.752$ And I'll show you that it's

NOTE Confidence: 0.816436226666667

00:11:18.752 --> 00:11:19.880 probably old fashioned,

NOTE Confidence: 0.816436226666667

 $00{:}11{:}19.880 \dashrightarrow 00{:}11{:}21.700$ outdated and perhaps obsolete.

NOTE Confidence: 0.816436226666667

 $00:11:21.700 \longrightarrow 00:11:24.430$ The big breakthrough came of course

NOTE Confidence: 0.816436226666667

 $00:11:24.505 \longrightarrow 00:11:26.863$ with the discovery of the new

NOTE Confidence: 0.816436226666667

 $00:11:26.863 \longrightarrow 00:11:29.200$ antibodies that were highly effective,

NOTE Confidence: 0.816436226666667

 $00:11:29.200 \longrightarrow 00:11:30.212$ more effective.

NOTE Confidence: 0.816436226666667

 $00:11:30.212 \longrightarrow 00:11:32.742$ And intensive chemotherapy and which

NOTE Confidence: 0.816436226666667

 $00:11:32.742 \longrightarrow 00:11:35.954$ targeted 2 of the cluster designation

NOTE Confidence: 0.816436226666667

00:11:35.954 --> 00:11:38.639 so blinatumomab bispecific T cell

NOTE Confidence: 0.816436226666667

00:11:38.639 --> 00:11:40.941 engager that targets CD19 and

NOTE Confidence: 0.816436226666667

 $00:11:40.941 \longrightarrow 00:11:43.622$ you know to zoom out and antibody

NOTE Confidence: 0.816436226666667

00:11:43.630 --> 00:11:47.236 drug conjugate that targets CD 22.

 $00:11:47.240 \longrightarrow 00:11:50.582$ So on the left side I show the again

NOTE Confidence: 0.816436226666667

 $00:11:50.582 \longrightarrow 00:11:52.688$ the data and the younger patients.

NOTE Confidence: 0.816436226666667

 $00:11:52.690 \longrightarrow 00:11:56.040$ So this is patients up to the age of 60

NOTE Confidence: 0.816436226666667

 $00:11:56.127 \longrightarrow 00:11:58.720$ and since 2010 there is an improvement.

NOTE Confidence: 0.816436226666667

 $00:11:58.720 \longrightarrow 00:12:02.173$ So now the five year survival is over 60%.

NOTE Confidence: 0.816436226666667

 $00{:}12{:}02.173 \dashrightarrow 00{:}12{:}05.317$ On the right side is the data with

NOTE Confidence: 0.816436226666667

 $00{:}12{:}05.317 \dashrightarrow 00{:}12{:}07.923$ mini CD in Oblina which started

NOTE Confidence: 0.816436226666667

 $00:12:07.923 \longrightarrow 00:12:11.432$ in 2010 and this is where we had a

NOTE Confidence: 0.816436226666667

 $00{:}12{:}11.432 \dashrightarrow 00{:}12{:}13.898$ big improvement in the five year

NOTE Confidence: 0.816436226666667

 $00:12:13.898 \longrightarrow 00:12:18.018$ survival from 20% to about 50%.

NOTE Confidence: 0.816436226666667

 $00{:}12{:}18.020 \mathrel{--}{>} 00{:}12{:}20.372$ So we still use the Hyper Siva

NOTE Confidence: 0.816436226666667

 $00:12:20.372 \longrightarrow 00:12:22.869$ that MD Anderson in contrast to

NOTE Confidence: 0.816436226666667

 $00:12:22.869 \longrightarrow 00:12:25.229$ many other places where pediatric

NOTE Confidence: 0.816436226666667

 $00{:}12{:}25.229 \dashrightarrow 00{:}12{:}27.425$ inspired regimens are used because

NOTE Confidence: 0.816436226666667

 $00:12:27.425 \longrightarrow 00:12:29.783$ it's easier to incorporate it into

NOTE Confidence: 0.816436226666667

 $00{:}12{:}29.783 \dashrightarrow 00{:}12{:}32.028$ the newer targeted the rapies and

 $00{:}12{:}32.028 \dashrightarrow 00{:}12{:}34.800$ because at our institution we found

NOTE Confidence: 0.816436226666667

 $00{:}12{:}34.873 \dashrightarrow 00{:}12{:}37.799$ that Hyper Cvad which is also a

NOTE Confidence: 0.816436226666667

 $00:12:37.799 \longrightarrow 00:12:39.536$ pediatric inspired regimen performed

NOTE Confidence: 0.816436226666667

 $00:12:39.536 \longrightarrow 00:12:42.392$ as well as the asparaginase containing

NOTE Confidence: 0.816436226666667

 $00:12:42.392 \longrightarrow 00:12:44.600$ regimens during the induction.

NOTE Confidence: 0.816436226666667

 $00:12:44.600 \longrightarrow 00:12:47.240$ Now for people who use the Hyper Cvad,

NOTE Confidence: 0.816436226666667

00:12:47.240 --> 00:12:48.340 I would like to draw.

NOTE Confidence: 0.816436226666667

 $00:12:48.340 \longrightarrow 00:12:50.804$ Your attention to a review in cancer

NOTE Confidence: 0.816436226666667

 $00{:}12{:}50.804 \dashrightarrow 00{:}12{:}52.589$ which gives you some vignettes

NOTE Confidence: 0.816436226666667

 $00:12:52.589 \longrightarrow 00:12:55.237$ and pearls as to how to reduce the

NOTE Confidence: 0.816436226666667

 $00:12:55.312 \longrightarrow 00:12:57.410$ myelosuppression complications.

NOTE Confidence: 0.816436226666667

 $00:12:57.410 \longrightarrow 00:13:00.650$ The key issue is in the event courses

NOTE Confidence: 0.816436226666667

 $00:13:00.650 \longrightarrow 00:13:04.056$ where reduce the methotrexate by 24 percent,

NOTE Confidence: 0.816436226666667

 $00:13:04.060 \longrightarrow 00:13:06.391$ 25% and the RC from 3 to

NOTE Confidence: 0.816436226666667

00:13:06.391 --> 00:13:08.690 2 grams per meter square.

 $00:13:08.690 \longrightarrow 00:13:12.330$ But there are other small clues to

NOTE Confidence: 0.816436226666667

 $00:13:12.330 \longrightarrow 00:13:15.360$ improve the toxicities of this regime.

NOTE Confidence: 0.81643622666666700:13:15.360 --> 00:13:15.657 Now,

NOTE Confidence: 0.816436226666667

00:13:15.657 --> 00:13:17.439 when I'm going to show you

NOTE Confidence: 0.816436226666667

 $00:13:17.439 \longrightarrow 00:13:19.160$ the research at MD Anderson,

NOTE Confidence: 0.816436226666667

00:13:19.160 --> 00:13:21.870 you're going to be wondering

NOTE Confidence: 0.816436226666667

00:13:21.870 --> 00:13:24.406 why we're resorting to Bayesian

NOTE Confidence: 0.816436226666667

 $00{:}13{:}24.406 \dashrightarrow 00{:}13{:}26.816$ designs with signal arm trials.

NOTE Confidence: 0.816436226666667

00:13:26.820 --> 00:13:29.354 And I'll try to explain my position,

NOTE Confidence: 0.816436226666667

 $00:13:29.360 \longrightarrow 00:13:31.418$ but also why is it that

NOTE Confidence: 0.816436226666667

00:13:31.418 --> 00:13:32.790 different regiments have been

NOTE Confidence: 0.906986124166667

 $00:13:32.863 \longrightarrow 00:13:34.289$ developed differently?

NOTE Confidence: 0.906986124166667

 $00:13:34.290 \longrightarrow 00:13:36.210$ And this is essentially because

NOTE Confidence: 0.906986124166667

 $00:13:36.210 \longrightarrow 00:13:39.739$ a lot of the times it is what we

NOTE Confidence: 0.906986124166667

 $00:13:39.739 \longrightarrow 00:13:41.654$ propose and the drug companies

NOTE Confidence: 0.906986124166667

 $00:13:41.654 \longrightarrow 00:13:44.487$ offer us in terms of free drugs, so.

 $00:13:44.487 \longrightarrow 00:13:47.423$ Uh, the the evolution of a lot of

NOTE Confidence: 0.906986124166667

 $00:13:47.423 \longrightarrow 00:13:50.039$ the Ind studies at MD Anderson

NOTE Confidence: 0.906986124166667

 $00:13:50.039 \longrightarrow 00:13:53.380$ where based on if and when the

NOTE Confidence: 0.906986124166667

 $00:13:53.380 \longrightarrow 00:13:56.115$ antibodies were available and free

NOTE Confidence: 0.906986124166667

 $00{:}13{:}56.115 \dashrightarrow 00{:}13{:}59.420$ on island studies as well as on

NOTE Confidence: 0.906986124166667

 $00:13:59.420 \longrightarrow 00:14:01.495$ the maturing Bayesian based data.

NOTE Confidence: 0.906986124166667

00:14:01.500 --> 00:14:06.748 So we started with the mini CVD in 2010,

NOTE Confidence: 0.906986124166667

 $00{:}14{:}06.748 \dashrightarrow 00{:}14{:}09.488$ we added the BLINATUMOMAB later

NOTE Confidence: 0.906986124166667

 $00:14:09.488 \longrightarrow 00:14:12.860$ in 2015 and the younger patients,

NOTE Confidence: 0.906986124166667

 $00:14:12.860 \longrightarrow 00:14:15.521$ the Hyper Cvad started in 2018.

NOTE Confidence: 0.906986124166667

 $00:14:15.521 \longrightarrow 00:14:17.326$ And I'll show you that.

NOTE Confidence: 0.906986124166667

 $00{:}14{:}17.330 \dashrightarrow 00{:}14{:}20.366$ And I mentioned that those dense

NOTE Confidence: 0.906986124166667

 $00{:}14{:}20.366 \dashrightarrow 00{:}14{:}23.330$ mini CVD started only September

NOTE Confidence: 0.906986124166667

 $00:14:23.330 \longrightarrow 00:14:25.946$ 2021 and we opened this study

NOTE Confidence: 0.906986124166667

 $00:14:25.946 \longrightarrow 00:14:28.810$ for the older AML year later.

 $00:14:28.810 \longrightarrow 00:14:31.770$ So I'm going to show you some of

NOTE Confidence: 0.906986124166667

 $00:14:31.770 \longrightarrow 00:14:33.970$ the evolution of these studies.

NOTE Confidence: 0.906986124166667

 $00:14:33.970 \longrightarrow 00:14:35.760$ So let's start with Philadelphia

NOTE Confidence: 0.906986124166667

 $00:14:35.760 \longrightarrow 00:14:37.550$ positive and then in 2000,

NOTE Confidence: 0.906986124166667

 $00:14:37.550 \longrightarrow 00:14:40.812$ this diagnosis was a death sentence unless

NOTE Confidence: 0.906986124166667

 $00:14:40.812 \longrightarrow 00:14:43.908$ the patient had an allogeneic donor.

NOTE Confidence: 0.906986124166667

 $00:14:43.910 \longrightarrow 00:14:46.202$ So if the patients did not

NOTE Confidence: 0.906986124166667

 $00:14:46.202 \longrightarrow 00:14:48.260$ have a donor even zone,

NOTE Confidence: 0.906986124166667

 $00:14:48.260 \longrightarrow 00:14:50.661$ 90% of them went in a complete

NOTE Confidence: 0.906986124166667

 $00:14:50.661 \longrightarrow 00:14:52.570$ remission with intensive chemotherapy.

NOTE Confidence: 0.906986124166667

 $00:14:52.570 \longrightarrow 00:14:54.766$ They almost all relapsed and died.

NOTE Confidence: 0.906986124166667

 $00:14:54.770 \longrightarrow 00:14:55.950$ If they had the donor,

NOTE Confidence: 0.906986124166667

 $00:14:55.950 \longrightarrow 00:14:57.795$ we gave them the transplant

NOTE Confidence: 0.906986124166667

 $00:14:57.795 \longrightarrow 00:14:59.640$ and their mission and the

NOTE Confidence: 0.906986124166667

 $00:14:59.711 \longrightarrow 00:15:01.797$ cure rate was about 30 to 40%.

NOTE Confidence: 0.906986124166667

00:15:01.800 --> 00:15:03.042 At MD Anderson,

 $00:15:03.042 \longrightarrow 00:15:06.679$ we added the imatinib to Hyper Cvad in 2000.

NOTE Confidence: 0.906986124166667

 $00{:}15{:}06.680 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}15{:}09.150$ Allogeneic transplant was almost always

NOTE Confidence: 0.906986124166667

00:15:09.150 --> 00:15:11.620 done in first complete remission.

NOTE Confidence: 0.906986124166667 00:15:11.620 --> 00:15:12.384 In 2006, NOTE Confidence: 0.906986124166667

 $00:15:12.384 \longrightarrow 00:15:14.676$ we replaced that with the SAT

NOTE Confidence: 0.906986124166667

 $00:15:14.676 \longrightarrow 00:15:17.760$ in it and we started doing the

NOTE Confidence: 0.906986124166667

00:15:17.760 --> 00:15:20.080 transplant only if the patients

NOTE Confidence: 0.906986124166667

00:15:20.165 --> 00:15:22.817 were still PCR positive in 2010,

NOTE Confidence: 0.906986124166667

 $00{:}15{:}22.817 --> 00{:}15{:}25.302$ because 20% of the relapses

NOTE Confidence: 0.906986124166667

 $00:15:25.302 \longrightarrow 00:15:27.644$ were with the T315I clone.

NOTE Confidence: 0.906986124166667

 $00{:}15{:}27.644 \dashrightarrow 00{:}15{:}30.176$ We replace the satanic with ponatinib,

NOTE Confidence: 0.906986124166667

 $00:15:30.180 \longrightarrow 00:15:32.358$ the patients who are living longer.

NOTE Confidence: 0.906986124166667

00:15:32.360 --> 00:15:34.508 10 to 15% were developing CNS

NOTE Confidence: 0.906986124166667

 $00:15:34.508 \longrightarrow 00:15:37.120$ leukemia with the 8 intraceuticals.

NOTE Confidence: 0.906986124166667

 $00:15:37.120 \longrightarrow 00:15:40.011$ So we increased this to 12 intraceuticals

00:15:40.011 --> 00:15:42.923 and we did the transplant less and

NOTE Confidence: 0.906986124166667

 $00{:}15{:}42.923 \dashrightarrow 00{:}15{:}45.946$ only if there was no major molecular

NOTE Confidence: 0.906986124166667

 $00:15:45.946 \longrightarrow 00:15:48.476$ response in 2017 we switched.

NOTE Confidence: 0.906986124166667

 $00:15:48.476 \longrightarrow 00:15:51.308$ So this was the drastic change

NOTE Confidence: 0.906986124166667

 $00:15:51.308 \longrightarrow 00:15:52.934$ eliminating chemotherapy and

NOTE Confidence: 0.906986124166667

 $00:15:52.934 \longrightarrow 00:15:55.609$ transplant and using two targeted

NOTE Confidence: 0.906986124166667

00:15:55.609 --> 00:15:58.399 therapies for net and Lina tuna.

NOTE Confidence: 0.906986124166667

 $00:15:58.400 \longrightarrow 00:16:00.570$ So I'm going to show you the

NOTE Confidence: 0.906986124166667

 $00:16:00.570 \longrightarrow 00:16:02.420$ sequence of the studies but.

NOTE Confidence: 0.906986124166667

00:16:02.420 --> 00:16:04.796 I'd like to draw your attention that none

NOTE Confidence: 0.906986124166667

 $00:16:04.796 \longrightarrow 00:16:07.239$ of these studies were randomized trial.

NOTE Confidence: 0.906986124166667

 $00:16:07.240 \longrightarrow 00:16:09.711$ And I'm gonna come back to this

NOTE Confidence: 0.906986124166667

 $00:16:09.711 \longrightarrow 00:16:12.305$ for the sake of the younger

NOTE Confidence: 0.906986124166667

 $00{:}16{:}12.305 \dashrightarrow 00{:}16{:}14.715$ students and others because they,

NOTE Confidence: 0.906986124166667

 $00:16:14.720 \longrightarrow 00:16:16.994$ we and they have been indoctrinated

NOTE Confidence: 0.906986124166667

 $00:16:16.994 \longrightarrow 00:16:19.310$ that the only way to advance

00:16:19.310 --> 00:16:21.494 research in medicine and in cancer

NOTE Confidence: 0.906986124166667

 $00{:}16{:}21.494 \dashrightarrow 00{:}16{:}24.158$ is in through randomized trials.

NOTE Confidence: 0.906986124166667

00:16:24.160 --> 00:16:27.604 And I'm going to probably state

NOTE Confidence: 0.906986124166667

 $00:16:27.604 \longrightarrow 00:16:31.448$ that that depends on where we are.

NOTE Confidence: 0.906986124166667

 $00:16:31.450 \longrightarrow 00:16:33.934$ So this is the progress in

NOTE Confidence: 0.906986124166667

00:16:33.934 --> 00:16:36.030 Philadelphia positive L before 2000,

NOTE Confidence: 0.906986124166667

 $00:16:36.030 \longrightarrow 00:16:40.230$ the patients died since 2002,

NOTE Confidence: 0.906986124166667

 $00:16:40.230 \longrightarrow 00:16:42.830$ 2010 these cure rate or

NOTE Confidence: 0.906986124166667

 $00:16:42.830 \longrightarrow 00:16:44.910$ survival improved to 40%.

NOTE Confidence: 0.906986124166667

 $00:16:44.910 \longrightarrow 00:16:47.586$ Since 2010 it went to A5

NOTE Confidence: 0.906986124166667

 $00{:}16{:}47.586 \dashrightarrow 00{:}16{:}49.359$ year survival of 70%.

NOTE Confidence: 0.906986124166667

 $00:16:49.359 \longrightarrow 00:16:51.933$ Now the hyper Cvad Desatino was

NOTE Confidence: 0.906986124166667

 $00{:}16{:}51.933 \dashrightarrow 00{:}16{:}54.890$ taken by the SW Oncology group.

NOTE Confidence: 0.906986124166667

 $00{:}16{:}54.890 \dashrightarrow 00{:}16{:}57.144$ It was tested in a single arm

NOTE Confidence: 0.906986124166667

 $00:16:57.144 \longrightarrow 00:16:59.415$ trial and they found that they

00:16:59.415 --> 00:17:01.875 could reproduce the data from the

NOTE Confidence: 0.906986124166667

 $00:17:01.875 \longrightarrow 00:17:04.643$ single institution CR rate of 88%

NOTE Confidence: 0.906986124166667

 $00:17:04.643 \longrightarrow 00:17:08.375$ and a three-year survival of 70%.

NOTE Confidence: 0.906986124166667

 $00:17:08.375 \longrightarrow 00:17:10.565$ And they showed at that time

NOTE Confidence: 0.906986124166667

 $00:17:10.565 \longrightarrow 00:17:11.660$ that doing allogeneic

NOTE Confidence: 0.800246754941176

00:17:11.726 --> 00:17:13.658 transplant in first remission

NOTE Confidence: 0.800246754941176

00:17:13.658 --> 00:17:15.107 improved the outcome.

NOTE Confidence: 0.800246754941176

00:17:15.110 --> 00:17:17.630 So this became and is still the

NOTE Confidence: 0.800246754941176

 $00:17:17.630 \longrightarrow 00:17:20.357$ standard of care in the United States.

NOTE Confidence: 0.800246754941176

 $00:17:20.360 \longrightarrow 00:17:22.630$ I perceive that this afternoon

NOTE Confidence: 0.800246754941176

 $00{:}17{:}22.630 \dashrightarrow 00{:}17{:}24.446$ followed by allogeneic transplant

NOTE Confidence: 0.800246754941176

 $00:17:24.446 \longrightarrow 00:17:26.669$ in first complete remission.

NOTE Confidence: 0.800246754941176

 $00:17:26.670 \longrightarrow 00:17:29.310$ Now people question whether the satanic

NOTE Confidence: 0.800246754941176

 $00:17:29.310 \longrightarrow 00:17:31.965$ was superior to imatinib and they

NOTE Confidence: 0.800246754941176

00:17:31.965 --> 00:17:34.025 waited for the randomized trials.

NOTE Confidence: 0.800246754941176

 $00{:}17{:}34.030 \dashrightarrow 00{:}17{:}35.590$ So this randomized trial did

00:17:35.590 --> 00:17:37.630 not come from the United States,

NOTE Confidence: 0.800246754941176

00:17:37.630 --> 00:17:40.564 it came actually from China where

NOTE Confidence: 0.800246754941176

00:17:40.564 --> 00:17:42.620 children with Philadelphia positive

NOTE Confidence: 0.800246754941176

00:17:42.620 --> 00:17:45.190 L were randomized to chemotherapy

NOTE Confidence: 0.800246754941176

 $00:17:45.263 \longrightarrow 00:17:47.388$ with these satanic or imatinib.

NOTE Confidence: 0.800246754941176

 $00:17:47.390 \longrightarrow 00:17:50.442$ And that study showed clearly that the

NOTE Confidence: 0.800246754941176

 $00:17:50.442 \longrightarrow 00:17:53.210$ four year survival was superior with

NOTE Confidence: 0.800246754941176

00:17:53.210 --> 00:17:57.000 desatnik 88 versus 69% but notice on either.

NOTE Confidence: 0.800246754941176

 $00:17:57.000 \longrightarrow 00:18:00.087$ From the results are better than in adult L,

NOTE Confidence: 0.800246754941176

 $00:18:00.090 \longrightarrow 00:18:02.028$ so this is a common scene.

NOTE Confidence: 0.800246754941176

 $00:18:02.030 \longrightarrow 00:18:05.486$ Children with L do better than adults with L,

NOTE Confidence: 0.800246754941176

 $00:18:05.490 \longrightarrow 00:18:07.850$ whether they receive intensive chemotherapy,

NOTE Confidence: 0.800246754941176

00:18:07.850 --> 00:18:09.010 allogeneic transplant,

NOTE Confidence: 0.800246754941176

 $00:18:09.010 \longrightarrow 00:18:11.590$ car T cells, antibodies,

NOTE Confidence: 0.800246754941176

 $00:18:11.590 \longrightarrow 00:18:16.630$ or any other modalities so far.

00:18:16.630 --> 00:18:19.354 Now the hyper Cvad, Ponatinib started

NOTE Confidence: 0.800246754941176

 $00:18:19.354 \longrightarrow 00:18:22.560$ in 2010 because Ponatinib was toxic.

NOTE Confidence: 0.800246754941176

 $00:18:22.560 \longrightarrow 00:18:25.437$ We reduced the dose very quickly to

NOTE Confidence: 0.800246754941176

 $00:18:25.437 \longrightarrow 00:18:28.557$ 30 milligrams in CR to 15 milligrams

NOTE Confidence: 0.800246754941176

 $00:18:28.557 \longrightarrow 00:18:30.812$ in complete molecular response and

NOTE Confidence: 0.800246754941176

 $00:18:30.812 \longrightarrow 00:18:33.851$ we published the data on the 86

NOTE Confidence: 0.800246754941176

 $00:18:33.851 \longrightarrow 00:18:36.574$ patients treated with this regimen.

NOTE Confidence: 0.800246754941176

00:18:36.574 --> 00:18:39.512 CR 800%, PCR negativity 84%,

NOTE Confidence: 0.800246754941176

 $00{:}18{:}39.512 \dashrightarrow 00{:}18{:}43.670$ five year survival shown on the left

NOTE Confidence: 0.800246754941176

 $00:18:43.785 \longrightarrow 00:18:47.506$ side 75% and now we have a longer follow-up,

NOTE Confidence: 0.800246754941176 00:18:47.510 --> 00:18:48.214 so we. NOTE Confidence: 0.800246754941176

 $00:18:48.214 \longrightarrow 00:18:49.974$ This is very solid data,

NOTE Confidence: 0.800246754941176

 $00:18:49.980 \longrightarrow 00:18:52.196$ but for the first time on the right

NOTE Confidence: 0.800246754941176

 $00:18:52.196 \longrightarrow 00:18:54.944$ side of the slide we showed that

NOTE Confidence: 0.800246754941176

 $00:18:54.944 \longrightarrow 00:18:56.219$ perhaps allogeneic transplantation

NOTE Confidence: 0.800246754941176

 $00{:}18{:}56.219 \dashrightarrow 00{:}18{:}58.818$ is not necessary in all patients.

 $00:18:58.820 \longrightarrow 00:19:01.361$ So the blue curve is actually the

NOTE Confidence: 0.800246754941176

 $00:19:01.361 \longrightarrow 00:19:03.589$ patients who did undergo transplantation

NOTE Confidence: 0.800246754941176

 $00:19:03.589 \longrightarrow 00:19:07.313$ either by physician or by patients choice.

NOTE Confidence: 0.800246754941176

 $00:19:07.320 \longrightarrow 00:19:10.442$ So this was 1/4 of the patients

NOTE Confidence: 0.800246754941176

 $00:19:10.442 \longrightarrow 00:19:12.500$ and they did worse.

NOTE Confidence: 0.800246754941176

 $00:19:12.500 \longrightarrow 00:19:14.988$ The 12 intraceuticals abrogated

NOTE Confidence: 0.800246754941176

 $00:19:14.988 \longrightarrow 00:19:18.098$ or eliminated the CNS leukemia.

NOTE Confidence: 0.800246754941176

 $00{:}19{:}18.100 \dashrightarrow 00{:}19{:}20.500$ So now we're sticking with 12

NOTE Confidence: 0.800246754941176

 $00:19:20.500 \longrightarrow 00:19:23.045$ intraceuticals and this is the best

NOTE Confidence: 0.800246754941176

00:19:23.045 --> 00:19:26.270 we could do to convince people who

NOTE Confidence: 0.800246754941176

 $00:19:26.270 \longrightarrow 00:19:28.260$ wish for the randomized trials.

NOTE Confidence: 0.800246754941176

 $00:19:28.260 \longrightarrow 00:19:31.380$ We did the propensity score analysis

NOTE Confidence: 0.800246754941176

 $00{:}19{:}31.380 \dashrightarrow 00{:}19{:}34.657$ that showed that ponatinib was superior

NOTE Confidence: 0.800246754941176

 $00:19:34.657 \longrightarrow 00:19:37.999$ to desatnik in our institutional studies.

NOTE Confidence: 0.800246754941176

 $00:19:38.000 \longrightarrow 00:19:40.160$ Now in the meantime,

00:19:40.160 --> 00:19:43.700 Lena and Inotuzumab were undergoing uh,

NOTE Confidence: 0.800246754941176

 $00{:}19{:}43.700 \dashrightarrow 00{:}19{:}45.800$ the single and randomized trials.

NOTE Confidence: 0.800246754941176

 $00:19:45.800 \longrightarrow 00:19:47.745$ And the randomized trials showed

NOTE Confidence: 0.800246754941176

00:19:47.745 --> 00:19:50.942 that in the subset of patients with

NOTE Confidence: 0.800246754941176

 $00:19:50.942 \longrightarrow 00:19:53.290$ Philadelphia positive L refractory

NOTE Confidence: 0.800246754941176

00:19:53.290 --> 00:19:55.638 relapsed blinatumomab and INOTUZUMAB

NOTE Confidence: 0.800246754941176

 $00:19:55.638 \longrightarrow 00:19:58.568$ were superior to intensive chemotherapy

NOTE Confidence: 0.800246754941176

 $00:19:58.568 \longrightarrow 00:20:02.396$ in terms of improving the CRA and

NOTE Confidence: 0.800246754941176

00:20:02.396 --> 00:20:04.452 perhaps improving survival modesty.

NOTE Confidence: 0.800246754941176

 $00:20:04.460 \longrightarrow 00:20:05.808$ So because of this,

NOTE Confidence: 0.800246754941176

 $00:20:05.808 \longrightarrow 00:20:08.618$ we went to a regiment in 2017.

NOTE Confidence: 0.800246754941176

 $00{:}20{:}08.618 \dashrightarrow 00{:}20{:}11.413$ That skipped the intensive chemotherapy

NOTE Confidence: 0.800246754941176

 $00:20:11.413 \longrightarrow 00:20:14.140$ and skipped the transplant.

NOTE Confidence: 0.800246754941176

 $00:20:14.140 \longrightarrow 00:20:16.990$ And we use Ponatinib and blinatumomab

NOTE Confidence: 0.800246754941176

 $00:20:16.990 \longrightarrow 00:20:19.493$ during the induction and then

NOTE Confidence: 0.800246754941176

 $00{:}20{:}19.493 \dashrightarrow 00{:}20{:}21.577$ blinatumomab for five cycles.

00:20:21.580 --> 00:20:24.576 The Ponatinib is as of today indefinitely,

NOTE Confidence: 0.800246754941176

00:20:24.580 --> 00:20:28.596 but but based on the NGH smurd studies,

NOTE Confidence: 0.800246754941176

 $00:20:28.600 \longrightarrow 00:20:31.342$ we're thinking to follow a strategy

NOTE Confidence: 0.800246754941176

 $00:20:31.342 \longrightarrow 00:20:35.219$ similar to CML where if the patients are NGS,

NOTE Confidence: 0.800246754941176

00:20:35.220 --> 00:20:37.500 MRD negative for five years,

NOTE Confidence: 0.800246754941176

 $00:20:37.500 \longrightarrow 00:20:39.460$ maybe we'll stop the treatment,

NOTE Confidence: 0.800246754941176

 $00:20:39.460 \longrightarrow 00:20:41.360$ but we're not there yet.

NOTE Confidence: 0.800246754941176

 $00:20:41.360 \longrightarrow 00:20:43.760$ But let me show you the data which

NOTE Confidence: 0.800246754941176

 $00{:}20{:}43.760 \dashrightarrow 00{:}20{:}46.352$ is going to be published in Lancet

NOTE Confidence: 0.800246754941176

 $00:20:46.352 \longrightarrow 00:20:49.040$ hematology in the next couple of months.

NOTE Confidence: 0.800246754941176

 $00:20:49.040 \longrightarrow 00:20:51.660$ So we treated 63 patients,

NOTE Confidence: 0.800246754941176

 $00{:}20{:}51.660 \dashrightarrow 00{:}20{:}53.765$ 43 where newly diagnosed Philadelphia

NOTE Confidence: 0.800246754941176

 $00{:}20{:}53.765 \dashrightarrow 00{:}20{:}57.083$ positive L so if you look at those

NOTE Confidence: 0.800246754941176

00:20:57.083 --> 00:20:59.357 43 patients in the middle column,

NOTE Confidence: 0.800246754941176

 $00:20:59.360 \longrightarrow 00:21:02.200$ the CR rate is universal

 $00:21:02.200 \longrightarrow 00:21:03.772$ complete molecular response rate

NOTE Confidence: 0.878950760434783

 $00{:}21{:}03.772 \dashrightarrow 00{:}21{:}06.510$ also in most of the patients and

NOTE Confidence: 0.878950760434783

 $00:21:06.510 \longrightarrow 00:21:08.364$ for the first time they estimated

NOTE Confidence: 0.878950760434783

 $00:21:08.364 \longrightarrow 00:21:10.868$ 2 to three years survival is 95%.

NOTE Confidence: 0.878950760434783

 $00:21:10.868 \longrightarrow 00:21:13.316$ So this is better than anything

NOTE Confidence: 0.878950760434783

00:21:13.316 --> 00:21:16.660 we've ever had and only one of the

NOTE Confidence: 0.878950760434783

 $00:21:16.660 \longrightarrow 00:21:18.700$ 43 patients went to transplant.

NOTE Confidence: 0.878950760434783

00:21:18.700 --> 00:21:21.810 Now for patients with refractory

NOTE Confidence: 0.878950760434783

 $00:21:21.810 \longrightarrow 00:21:24.195$ relapsed Philadelphia positive AML

NOTE Confidence: 0.878950760434783

00:21:24.195 --> 00:21:27.285 or CML chronic phase that evolved

NOTE Confidence: 0.878950760434783

 $00{:}21{:}27.285 \to 00{:}21{:}30.240$ into the lymphoid blastic phase,

NOTE Confidence: 0.878950760434783

 $00:21:30.240 \longrightarrow 00:21:31.700$ the outcome is still bad.

NOTE Confidence: 0.878950760434783

00:21:31.700 --> 00:21:34.705 So we still use the hyper Cvad, ponatinib,

NOTE Confidence: 0.878950760434783

 $00:21:34.705 \longrightarrow 00:21:38.330$ blinatumomab in those two subsets.

NOTE Confidence: 0.878950760434783

00:21:38.330 --> 00:21:40.906 And this is to show you how quickly

NOTE Confidence: 0.878950760434783

00:21:40.906 --> 00:21:43.169 the patients achieve PCR negativity.

00:21:43.170 --> 00:21:46.964 So if you treat Philadelphia positive CLL,

NOTE Confidence: 0.878950760434783

 $00:21:46.970 \longrightarrow 00:21:49.346$ you are used to the fact that the

NOTE Confidence: 0.878950760434783

00:21:49.346 --> 00:21:51.461 PCR does not become negative till

NOTE Confidence: 0.878950760434783

00:21:51.461 --> 00:21:54.410 three to six months into a remission.

NOTE Confidence: 0.878950760434783

 $00{:}21{:}54.410 \dashrightarrow 00{:}21{:}57.659$ Here I show and we did this the PCR

NOTE Confidence: 0.878950760434783

 $00{:}21{:}57.659 \dashrightarrow 00{:}22{:}00.737$ weekly simply to see whether we're going

NOTE Confidence: 0.878950760434783

 $00:22:00.737 \longrightarrow 00:22:04.506$ to see some major signal and we were

NOTE Confidence: 0.878950760434783

 $00:22:04.506 \longrightarrow 00:22:08.518$ surprised to notice that within the four.

NOTE Confidence: 0.878950760434783

00:22:08.520 --> 00:22:10.388 Weeks of induction therapy,

NOTE Confidence: 0.878950760434783

 $00:22:10.388 \longrightarrow 00:22:13.190 2/3$ of the patients became PCR

NOTE Confidence: 0.878950760434783

00:22:13.271 --> 00:22:16.169 negative and before the next course,

NOTE Confidence: 0.878950760434783

 $00:22:16.170 \longrightarrow 00:22:19.354 3/4$ of the patients had become PCR negative.

NOTE Confidence: 0.878950760434783

 $00{:}22{:}19.360 \dashrightarrow 00{:}22{:}22.054$ So very quick achievement of PCR

NOTE Confidence: 0.878950760434783

 $00:22:22.054 \longrightarrow 00:22:24.840$ negativity and NGS MRD negativity.

NOTE Confidence: 0.878950760434783

 $00:22:24.840 \longrightarrow 00:22:27.368$ And now I show the survival in the

 $00:22:27.368 \longrightarrow 00:22:29.655$ red with the ponatinib blinatumomab

NOTE Confidence: 0.878950760434783

 $00{:}22{:}29.655 \dashrightarrow 00{:}22{:}32.799$ compared to the hyper cvad ponatinib.

NOTE Confidence: 0.878950760434783

 $00{:}22{:}32.800 \longrightarrow 00{:}22{:}36.112$ So the question is will you do a

NOTE Confidence: 0.878950760434783

00:22:36.112 --> 00:22:38.970 randomized study today comparing poneto?

NOTE Confidence: 0.878950760434783

 $00:22:38.970 \longrightarrow 00:22:40.270$ Lena to map to hyper.

NOTE Confidence: 0.878950760434783

 $00:22:40.270 \longrightarrow 00:22:43.698$ See that? Um, imagine it.

NOTE Confidence: 0.878950760434783

 $00:22:43.698 \longrightarrow 00:22:46.610$ So this is an important question and

NOTE Confidence: 0.878950760434783

 $00:22:46.690 \longrightarrow 00:22:49.858$ I have to tell you that this is a

NOTE Confidence: 0.878950760434783

 $00{:}22{:}49.858 \dashrightarrow 00{:}22{:}52.770$ randomized study that's ongoing in Europe.

NOTE Confidence: 0.878950760434783

00:22:52.770 --> 00:22:56.106 So you have to decide is this randomized

NOTE Confidence: 0.878950760434783

 $00:22:56.106 \longrightarrow 00:22:58.549$ trial which provides equipoise,

NOTE Confidence: 0.878950760434783

00:22:58.550 --> 00:23:01.510 which is the basis of a randomized trial,

NOTE Confidence: 0.878950760434783

 $00:23:01.510 \longrightarrow 00:23:04.546$ meaning that the investigator does not

NOTE Confidence: 0.878950760434783

 $00:23:04.546 \longrightarrow 00:23:08.238$ know whether one or the other arms

NOTE Confidence: 0.878950760434783

 $00:23:08.238 \longrightarrow 00:23:10.858$ of the randomization is superior.

NOTE Confidence: 0.878950760434783

 $00:23:10.860 \longrightarrow 00:23:12.556$ So as I mentioned,

 $00:23:12.556 \longrightarrow 00:23:14.676$ we still use intensive chemotherapy

NOTE Confidence: 0.878950760434783

 $00:23:14.676 \longrightarrow 00:23:17.648$ with ponatinib blinatumomab in CML

NOTE Confidence: 0.878950760434783

00:23:17.648 --> 00:23:19.868 chronic phase that evolves into

NOTE Confidence: 0.878950760434783

 $00:23:19.868 \longrightarrow 00:23:22.324$ a blastic phase and refractory

NOTE Confidence: 0.878950760434783

 $00{:}23{:}22.324 \dashrightarrow 00{:}23{:}24.396$ relapsed Philadelphia positive L

NOTE Confidence: 0.878950760434783

 $00{:}23{:}24.396 \dashrightarrow 00{:}23{:}28.119$ and then in two other rare subsets.

NOTE Confidence: 0.878950760434783

00:23:28.120 --> 00:23:29.752 So patients with Philadelphia

NOTE Confidence: 0.878950760434783

 $00:23:29.752 \longrightarrow 00:23:32.684$ positive L but where the fish is

NOTE Confidence: 0.878950760434783

 $00:23:32.684 \longrightarrow 00:23:35.120$ positive on the mature granular sites,

NOTE Confidence: 0.878950760434783

00:23:35.120 --> 00:23:38.780 these are patients mostly with P210,

NOTE Confidence: 0.878950760434783

 $00:23:38.780 \longrightarrow 00:23:41.660$ Philadelphia positive L and another rare.

NOTE Confidence: 0.878950760434783

00:23:41.660 --> 00:23:45.090 Upset, which we did not think existed,

NOTE Confidence: 0.878950760434783

 $00:23:45.090 \longrightarrow 00:23:47.960$ but we had now 7 cases of

NOTE Confidence: 0.878950760434783

 $00{:}23{:}47.960 \dashrightarrow 00{:}23{:}50.369$ Philadelphia positive L and CRLF two.

NOTE Confidence: 0.878950760434783

 $00:23:50.370 \longrightarrow 00:23:53.460$ These do badly and they need

 $00:23:53.460 \longrightarrow 00:23:55.005$ the intensive chemotherapy.

NOTE Confidence: 0.878950760434783

 $00{:}23{:}55.010 \dashrightarrow 00{:}23{:}58.394$ Now next I'm going to move to Philadelphia

NOTE Confidence: 0.878950760434783

 $00:23:58.394 \longrightarrow 00:24:02.129$ like so for the students and the fellows.

NOTE Confidence: 0.878950760434783

 $00:24:02.130 \longrightarrow 00:24:05.588$ Philadelphia Lucky L is an L entity

NOTE Confidence: 0.878950760434783

 $00:24:05.588 \longrightarrow 00:24:09.134$ where the cytogenetics do not show the

NOTE Confidence: 0.878950760434783

 $00:24:09.134 \longrightarrow 00:24:11.218$ translocation 922 and the molecular

NOTE Confidence: 0.878950760434783

00:24:11.218 --> 00:24:14.418 studies do not show the BCR able

NOTE Confidence: 0.878950760434783

00:24:14.418 --> 00:24:16.608 translocation molecular events,

NOTE Confidence: 0.878950760434783

 $00:24:16.610 \longrightarrow 00:24:19.058$ but they have a genomic profile

NOTE Confidence: 0.878950760434783

 $00:24:19.058 \longrightarrow 00:24:21.274$ which is identical to Philadelphia

NOTE Confidence: 0.878950760434783

 $00:24:21.274 \longrightarrow 00:24:23.779$ positive all and different from

NOTE Confidence: 0.878950760434783

 $00:24:23.779 \longrightarrow 00:24:26.170$ the other subsets of all.

NOTE Confidence: 0.878950760434783

00:24:26.170 --> 00:24:28.366 So what we've learned is Philadelphia,

NOTE Confidence: 0.878950760434783

 $00:24:28.370 \longrightarrow 00:24:31.034$ like L has a bad prognosis

NOTE Confidence: 0.878950760434783

 $00:24:31.034 \longrightarrow 00:24:32.366$ with intensive chemotherapy.

NOTE Confidence: 0.878950760434783

 $00:24:32.370 \longrightarrow 00:24:34.870$ On the left side is the data from Saint Jude,

 $00:24:34.870 \longrightarrow 00:24:37.054$ on the right side is the data

NOTE Confidence: 0.878950760434783

 $00:24:37.054 \longrightarrow 00:24:37.990$ from MD Anderson.

NOTE Confidence: 0.878950760434783

00:24:37.990 --> 00:24:40.654 And what you notice is historically

NOTE Confidence: 0.878950760434783

 $00:24:40.654 \longrightarrow 00:24:41.986$ with intensive chemotherapy,

NOTE Confidence: 0.878950760434783

 $00:24:41.990 \longrightarrow 00:24:45.169$ the cure rate in children was 25%.

NOTE Confidence: 0.878950760434783

 $00:24:45.169 \longrightarrow 00:24:49.930$ The cure rate and adult also was below 20%.

NOTE Confidence: 0.88114062631579

 $00:24:49.930 \longrightarrow 00:24:53.282$ We now know that this is more common

NOTE Confidence: 0.88114062631579

00:24:53.282 --> 00:24:56.030 in Hispanics because they have got

NOTE Confidence: 0.88114062631579

00:24:56.030 --> 00:24:58.988 a 3 variant that increases CRF2,

NOTE Confidence: 0.88114062631579

 $00{:}24{:}58.988 \dashrightarrow 00{:}25{:}04.412$ so they have a lot of Philadelphia like.

NOTE Confidence: 0.88114062631579

 $00:25:04.420 \longrightarrow 00:25:06.510$ So Philadelphia like LL is

NOTE Confidence: 0.88114062631579

 $00:25:06.510 \longrightarrow 00:25:08.182$ divided into 2 entities.

NOTE Confidence: 0.88114062631579

 $00:25:08.190 \longrightarrow 00:25:12.900$ So this is just 1/4 of pre BL,

NOTE Confidence: 0.88114062631579

 $00:25:12.900 \longrightarrow 00:25:17.000$ but 50% of Hispanics pre B all,

NOTE Confidence: 0.88114062631579

00:25:17.000 --> 00:25:19.968 most of them 80% have CRLF two

00:25:19.968 --> 00:25:22.177 over expression and half of

NOTE Confidence: 0.88114062631579

00:25:22.177 --> 00:25:24.297 these have a Jack mutation.

NOTE Confidence: 0.88114062631579

00:25:24.300 --> 00:25:28.040 So if you take 100 patients with L25,

NOTE Confidence: 0.88114062631579

 $00{:}25{:}28.040 \dashrightarrow 00{:}25{:}30.140$ we'll have Philadelphia like Disease,

NOTE Confidence: 0.88114062631579

00:25:30.140 --> 00:25:31.996 20 will be CRLF,

NOTE Confidence: 0.88114062631579

 $00:25:31.996 \longrightarrow 00:25:34.780$ 2 overexpressed and 10 of them.

NOTE Confidence: 0.88114062631579

 $00:25:34.780 \longrightarrow 00:25:37.660$ Will be Jack 2 mutated and these are bad.

NOTE Confidence: 0.88114062631579

 $00:25:37.660 \longrightarrow 00:25:41.128$ These patients may still need

NOTE Confidence: 0.88114062631579

00:25:41.128 --> 00:25:42.436 the allogeneic transplantation,

NOTE Confidence: 0.88114062631579

 $00:25:42.440 \longrightarrow 00:25:44.290$ but otherwise the other Philadelphia

NOTE Confidence: 0.88114062631579

 $00:25:44.290 \longrightarrow 00:25:46.950$ like I'll show you do well with

NOTE Confidence: 0.88114062631579

 $00:25:46.950 \longrightarrow 00:25:48.815$ the addition of the antibodies.

NOTE Confidence: 0.88114062631579

 $00:25:48.820 \longrightarrow 00:25:50.860$ Then there's an uncommon subset,

NOTE Confidence: 0.88114062631579

 $00{:}25{:}50.860 \dashrightarrow 00{:}25{:}53.805$ so five of the 100 or 20% of

NOTE Confidence: 0.88114062631579

00:25:53.805 --> 00:25:56.430 the Philadelphia like that have

NOTE Confidence: 0.88114062631579

 $00:25:56.430 \longrightarrow 00:25:57.480$ able translocations.

 $00:25:57.480 \longrightarrow 00:25:59.678$ So this is not the BCR able,

NOTE Confidence: 0.88114062631579

 $00:25:59.680 \longrightarrow 00:26:02.180$ but they are able translocations

NOTE Confidence: 0.88114062631579

 $00:26:02.180 \longrightarrow 00:26:05.184$ to other genes and these patients.

NOTE Confidence: 0.88114062631579

 $00:26:05.184 \longrightarrow 00:26:08.190$ Respond to BCR able kinase inhibitors.

NOTE Confidence: 0.88114062631579

 $00:26:08.190 \longrightarrow 00:26:11.046$ So here I show it more schematically.

NOTE Confidence: 0.88114062631579

 $00:26:11.050 \longrightarrow 00:26:16.994$ In blue are the translocations of able one.

NOTE Confidence: 0.88114062631579

 $00:26:17.000 \longrightarrow 00:26:20.732$ To other genes that produce enable

NOTE Confidence: 0.88114062631579

 $00{:}26{:}20.732 \dashrightarrow 00{:}26{:}24.376$ translocation that responds to the BCR

NOTE Confidence: 0.88114062631579

 $00:26:24.376 \longrightarrow 00:26:27.532$ able kinase inhibitors also the same

NOTE Confidence: 0.88114062631579

 $00{:}26{:}27.532 \dashrightarrow 00{:}26{:}31.179$ applies to PDGFR beta translocations.

NOTE Confidence: 0.88114062631579

 $00:26:31.180 \longrightarrow 00:26:33.790$ So these patients with Abel

NOTE Confidence: 0.88114062631579

 $00:26:33.790 \longrightarrow 00:26:35.878$ or PD GFR fusions,

NOTE Confidence: 0.88114062631579

 $00{:}26{:}35.880 \dashrightarrow 00{:}26{:}38.190$ we treat them on the

NOTE Confidence: 0.88114062631579

 $00{:}26{:}38.190 \dashrightarrow 00{:}26{:}39.576$ Philadelphia positive protocols.

NOTE Confidence: 0.88114062631579

 $00:26:39.580 \longrightarrow 00:26:41.908$ There is another subset with not

00:26:41.908 --> 00:26:44.835 Jack 2 mutations but with Jack to

NOTE Confidence: 0.88114062631579

 $00{:}26{:}44.835 \dashrightarrow 00{:}26{:}46.990$ translocations and it is possible.

NOTE Confidence: 0.88114062631579

 $00:26:46.990 \longrightarrow 00:26:48.700$ That these may respond to resolution

NOTE Confidence: 0.88114062631579

 $00:26:48.700 \longrightarrow 00:26:51.208$ and we do not know and they are rare,

NOTE Confidence: 0.88114062631579

 $00:26:51.210 \longrightarrow 00:26:53.982$ so we haven't been able to

NOTE Confidence: 0.88114062631579

 $00:26:53.982 \longrightarrow 00:26:56.780$ treat them on our studies.

NOTE Confidence: 0.88114062631579

 $00:26:56.780 \longrightarrow 00:27:01.190$ This is a study from France where

NOTE Confidence: 0.88114062631579

 $00:27:01.190 \longrightarrow 00:27:03.122$ 24 patients with essentially

NOTE Confidence: 0.88114062631579

 $00:27:03.122 \longrightarrow 00:27:05.054$ able translocations were treated

NOTE Confidence: 0.88114062631579

 $00{:}27{:}05.054 \dashrightarrow 00{:}27{:}07.820$ with BCR able kinase inhibitors

NOTE Confidence: 0.88114062631579

 $00{:}27{:}07.820 \dashrightarrow 00{:}27{:}09.545$ and intensive chemotherapy.

NOTE Confidence: 0.88114062631579

 $00:27:09.550 \longrightarrow 00:27:12.707$ And they showed in this study that

NOTE Confidence: 0.88114062631579

 $00{:}27{:}12.707 \dashrightarrow 00{:}27{:}15.054$ like Philadelphia positive all these

NOTE Confidence: 0.88114062631579

 $00:27:15.054 \longrightarrow 00:27:16.886$ patients who receive chemotherapy

NOTE Confidence: 0.88114062631579

 $00:27:16.886 \longrightarrow 00:27:19.662$ and BCR ABL kinase inhibitor have

NOTE Confidence: 0.88114062631579

 $00:27:19.662 \longrightarrow 00:27:22.656$ a high response rate close to 90%

 $00:27:22.656 \longrightarrow 00:27:25.610$ and the four year survival of 60%.

NOTE Confidence: 0.88114062631579

 $00:27:25.610 \longrightarrow 00:27:27.176$ So these able.

NOTE Confidence: 0.88114062631579

00:27:27.176 --> 00:27:28.220 Mislocated lol.

NOTE Confidence: 0.88114062631579

 $00:27:28.220 \longrightarrow 00:27:30.810$ We treat the same way as Philadelphia

NOTE Confidence: 0.88114062631579 00:27:30.810 --> 00:27:31.550 positive L. NOTE Confidence: 0.88114062631579

 $00:27:31.550 \longrightarrow 00:27:32.807$ So to summarize,

NOTE Confidence: 0.88114062631579

 $00:27:32.807 \longrightarrow 00:27:35.740$ Philadelphia like L has the same genomic

NOTE Confidence: 0.88114062631579

 $00:27:35.822 \longrightarrow 00:27:38.397$ profile as Philadelphia positive L,

NOTE Confidence: 0.88114062631579

 $00:27:38.400 \longrightarrow 00:27:42.040$ but not the 922 translocation and

NOTE Confidence: 0.88114062631579

 $00{:}27{:}42.040 \dashrightarrow 00{:}27{:}45.160$ not the BCR able molecular events.

NOTE Confidence: 0.88114062631579

 $00:27:45.160 \longrightarrow 00:27:48.190$ It constitutes 25% of the adults.

NOTE Confidence: 0.88114062631579

 $00:27:48.190 \longrightarrow 00:27:50.236$ Historically it has a poor prognosis,

NOTE Confidence: 0.88114062631579

 $00:27:50.240 \longrightarrow 00:27:51.719$ but not anymore.

NOTE Confidence: 0.88114062631579

 $00:27:51.719 \longrightarrow 00:27:54.677$ It is more common among Hispanics

NOTE Confidence: 0.88114062631579

 $00:27:54.677 \longrightarrow 00:27:57.640$ and it is 2 distinct entities.

00:27:57.640 --> 00:28:00.088 The CRF2 overexpressed and

NOTE Confidence: 0.88114062631579

 $00{:}28{:}00.088 \dashrightarrow 00{:}28{:}01.924$ they're able translocated.

NOTE Confidence: 0.88114062631579

00:28:01.930 --> 00:28:04.456 Which we treat like Philadelphia positively.

NOTE Confidence: 0.88114062631579

 $00:28:04.460 \longrightarrow 00:28:07.148$ And so the newer approaches are

NOTE Confidence: 0.88114062631579

00:28:07.148 --> 00:28:08.940 actually improving the outcome

NOTE Confidence: 0.88114062631579

00:28:09.019 --> 00:28:10.899 in both of these entities.

NOTE Confidence: 0.88114062631579

 $00:28:10.900 \longrightarrow 00:28:14.008$ And I'll show you that for the

NOTE Confidence: 0.88114062631579

00:28:14.008 --> 00:28:17.710 particular subset of CRF2 overexpression.

NOTE Confidence: 0.88114062631579

 $00{:}28{:}17.710 \dashrightarrow 00{:}28{:}20.251$ Next I'm going to talk about the

NOTE Confidence: 0.88114062631579

 $00:28:20.251 \longrightarrow 00:28:21.633$ therapeutic revolution in the

NOTE Confidence: 0.88114062631579

 $00{:}28{:}21.633 \dashrightarrow 00{:}28{:}23.465$ L and I show it on the slide.

NOTE Confidence: 0.88114062631579

 $00:28:23.470 \longrightarrow 00:28:25.330$ It comes from 2 subsets.

NOTE Confidence: 0.88114062631579

00:28:25.330 --> 00:28:29.032 The first one are the newer

NOTE Confidence: 0.88114062631579

 $00:28:29.032 \longrightarrow 00:28:30.836$ antibodies including antibody

NOTE Confidence: 0.88114062631579

 $00:28:30.836 \longrightarrow 00:28:34.394$ drug conjugates and by specific T

NOTE Confidence: 0.88114062631579

 $00:28:34.394 \longrightarrow 00:28:37.289$ cell engagers that are targeting

 $00:28:37.290 \longrightarrow 00:28:40.727$ CD19CD20 and CD2CD22 and CD20.

NOTE Confidence: 0.88114062631579

 $00:28:40.727 \longrightarrow 00:28:44.344$ So you may be aware of the CD 20 bytes

NOTE Confidence: 0.88114062631579

00:28:44.344 --> 00:28:47.046 which have shown very high efficacy in

NOTE Confidence: 0.876509035714286

00:28:47.125 --> 00:28:49.670 lymphoma. So we'd like to use

NOTE Confidence: 0.876509035714286

00:28:49.670 --> 00:28:51.150 them to replace rituximab.

NOTE Confidence: 0.876509035714286

 $00:28:51.150 \longrightarrow 00:28:53.341$ And that way we have 3 antibodies

NOTE Confidence: 0.876509035714286

 $00:28:53.341 \longrightarrow 00:28:54.970$ which are highly effective.

NOTE Confidence: 0.876509035714286

 $00{:}28{:}54.970 \longrightarrow 00{:}28{:}57.210$ On the right side are the cartel cells,

NOTE Confidence: 0.876509035714286

 $00:28:57.210 \longrightarrow 00:28:59.475$ which are a revolution in

NOTE Confidence: 0.876509035714286

 $00{:}28{:}59.475 \dashrightarrow 00{:}29{:}01.287$ both lymphoma and myeloma.

NOTE Confidence: 0.876509035714286

 $00:29:01.290 \longrightarrow 00:29:03.270$ But I think for them to

NOTE Confidence: 0.876509035714286

 $00:29:03.270 \longrightarrow 00:29:04.830$ be important in the L,

NOTE Confidence: 0.876509035714286

 $00{:}29{:}04.830 \longrightarrow 00{:}29{:}07.670$ they have to be used in the setting

NOTE Confidence: 0.876509035714286

 $00:29:07.670 \longrightarrow 00:29:09.779$ of minimal residual disease.

NOTE Confidence: 0.876509035714286

00:29:09.780 --> 00:29:14.296 So in 2009 at MD Anderson,

 $00:29:14.296 \longrightarrow 00:29:17.530$ we were aware of the INOTUZUMAB

NOTE Confidence: 0.876509035714286

 $00:29:17.634 \longrightarrow 00:29:19.190$ studies and lymphoma.

NOTE Confidence: 0.876509035714286

 $00:29:19.190 \longrightarrow 00:29:22.095$ And so we convinced the company to

NOTE Confidence: 0.876509035714286

00:29:22.095 --> 00:29:25.179 give us an investigator in this study,

NOTE Confidence: 0.876509035714286

 $00:29:25.180 \longrightarrow 00:29:27.550$ which we did initially with

NOTE Confidence: 0.876509035714286

 $00:29:27.550 \longrightarrow 00:29:31.055$ single dose per course and then in

NOTE Confidence: 0.876509035714286

 $00:29:31.055 \longrightarrow 00:29:33.610$ fractionated doses and that study

NOTE Confidence: 0.876509035714286

00:29:33.707 --> 00:29:36.941 matured into 90 patients that showed

NOTE Confidence: 0.876509035714286

 $00:29:36.941 \longrightarrow 00:29:40.010$ that a single antibody produced.

NOTE Confidence: 0.876509035714286

 $00:29:40.010 \longrightarrow 00:29:42.140$ Mario CR rate of 58%.

NOTE Confidence: 0.876509035714286

 $00:29:42.140 \longrightarrow 00:29:43.427$ In the meantime,

NOTE Confidence: 0.876509035714286

 $00:29:43.427 \longrightarrow 00:29:45.143$ the randomized trials and

NOTE Confidence: 0.876509035714286

 $00:29:45.143 \longrightarrow 00:29:46.950$ lymphoma with INOTUZUMAB failed.

NOTE Confidence: 0.876509035714286

 $00:29:46.950 \longrightarrow 00:29:50.338$ So the company went ahead with the

NOTE Confidence: 0.876509035714286

 $00:29:50.338 \longrightarrow 00:29:52.940$ randomized trial and I show here the

NOTE Confidence: 0.876509035714286

 $00:29:52.940 \longrightarrow 00:29:55.070$ the data in the randomized trial.

 $00:29:55.070 \longrightarrow 00:29:58.280$ So there were two studies.

NOTE Confidence: 0.876509035714286

 $00{:}29{:}58.280 \dashrightarrow 00{:}30{:}02.180$ Two parallel trials with Blinatumomab

NOTE Confidence: 0.876509035714286

 $00{:}30{:}02.180 \longrightarrow 00{:}30{:}04.712$ and these were both randomized

NOTE Confidence: 0.876509035714286

 $00:30:04.712 \longrightarrow 00:30:07.318$ trials that compared the antibodies

NOTE Confidence: 0.876509035714286

 $00:30:07.318 \longrightarrow 00:30:10.028$ to intensive chemotherapy and both

NOTE Confidence: 0.876509035714286

 $00:30:10.028 \longrightarrow 00:30:13.093$ trials showed that blinatumomab and

NOTE Confidence: 0.876509035714286

 $00:30:13.093 \longrightarrow 00:30:16.148$ inotuzumab were superior to intensive

NOTE Confidence: 0.876509035714286

 $00:30:16.148 \dashrightarrow 00:30:18.550$ chemotherapy in refractory relaxed.

NOTE Confidence: 0.876509035714286

 $00:30:18.550 \longrightarrow 00:30:21.098$ I want you all to also notice

NOTE Confidence: 0.876509035714286

 $00:30:21.098 \longrightarrow 00:30:23.095$ that even though we reported

NOTE Confidence: 0.876509035714286

 $00:30:23.095 \longrightarrow 00:30:25.972$ Amaro CR rate in the MD Anderson

NOTE Confidence: 0.876509035714286

00:30:25.972 --> 00:30:28.158 studies of 59% because of the.

NOTE Confidence: 0.876509035714286

 $00:30:28.158 \dashrightarrow 00:30:30.450$ Better selection in the randomized trials.

NOTE Confidence: 0.876509035714286

 $00:30:30.450 \longrightarrow 00:30:33.438$ Actually the randomized trial showed higher

NOTE Confidence: 0.876509035714286

00:30:33.438 --> 00:30:37.150 mercy RA than our institutional study.

 $00:30:37.150 \longrightarrow 00:30:41.525$ So both these agents became FDA approved

NOTE Confidence: 0.876509035714286

 $00:30:41.525 \longrightarrow 00:30:46.382$ in 2014 and in 2017 as single agents for

NOTE Confidence: 0.876509035714286

 $00:30:46.382 \longrightarrow 00:30:50.250$ the treatment of refractory relapse AML.

NOTE Confidence: 0.876509035714286

 $00:30:50.250 \longrightarrow 00:30:52.302$ But what you see is the

NOTE Confidence: 0.876509035714286

 $00:30:52.302 \longrightarrow 00:30:53.670$ benefit is very modest.

NOTE Confidence: 0.876509035714286

 $00:30:53.670 \longrightarrow 00:30:56.316$ So very quickly we decided this is

NOTE Confidence: 0.876509035714286

00:30:56.316 --> 00:30:59.690 not how we are going to use them

NOTE Confidence: 0.876509035714286

 $00:30:59.690 \longrightarrow 00:31:02.150$ and we incorporated them rapidly

NOTE Confidence: 0.876509035714286

 $00:31:02.150 \longrightarrow 00:31:05.110$ into the standard chemotherapy.

NOTE Confidence: 0.876509035714286

00:31:05.110 --> 00:31:08.170 So I'm going to show you next the data

NOTE Confidence: 0.876509035714286

 $00:31:08.170 \longrightarrow 00:31:11.369$ with Hyper Cvad blinatumomab in pre Bal.

NOTE Confidence: 0.876509035714286

 $00:31:11.370 \longrightarrow 00:31:13.590$ So the design of the original

NOTE Confidence: 0.876509035714286

 $00:31:13.590 \longrightarrow 00:31:16.123$ study was four cycles of intensive

NOTE Confidence: 0.876509035714286

 $00:31:16.123 \longrightarrow 00:31:18.558$ chemotherapy and because the prevailing

NOTE Confidence: 0.876509035714286

00:31:18.558 --> 00:31:21.400 notion was you cannot dose dense.

NOTE Confidence: 0.876509035714286

 $00:31:21.400 \longrightarrow 00:31:22.636$ With the chemotherapy,

00:31:22.636 --> 00:31:24.284 because the chemotherapy kills

NOTE Confidence: 0.876509035714286

 $00:31:24.284 \longrightarrow 00:31:25.970$ the these T cells,

NOTE Confidence: 0.876509035714286

 $00{:}31{:}25.970 \dashrightarrow 00{:}31{:}27.950$ so theoretically blinatum omab

NOTE Confidence: 0.876509035714286

 $00:31:27.950 \longrightarrow 00:31:30.590$ would be less effective.

NOTE Confidence: 0.876509035714286

00:31:30.590 --> 00:31:32.963 The company allowed us only to use

NOTE Confidence: 0.876509035714286

 $00:31:32.963 \longrightarrow 00:31:35.599$ it in sequence and then we shorten

NOTE Confidence: 0.876509035714286

 $00:31:35.599 \longrightarrow 00:31:37.534$ the duration of the maintenance

NOTE Confidence: 0.876509035714286

 $00:31:37.534 \longrightarrow 00:31:39.517$ from two years to one year.

NOTE Confidence: 0.876509035714286

00:31:39.520 --> 00:31:42.138 And later on the other company uh

NOTE Confidence: 0.876509035714286

 $00{:}31{:}42.138 \dashrightarrow 00{:}31{:}44.779$ allowed us to add in otuzumab um.

NOTE Confidence: 0.876509035714286

 $00:31:44.780 \longrightarrow 00:31:47.740$ So we had two of the antibodies as

NOTE Confidence: 0.876509035714286

 $00:31:47.740 \longrightarrow 00:31:51.056$ three drugs that we incorporated into

NOTE Confidence: 0.876509035714286

 $00{:}31{:}51.056 \dashrightarrow 00{:}31{:}54.276$ the high perceived blinatum omab inotuzumab.

NOTE Confidence: 0.876509035714286

 $00:31:54.280 \longrightarrow 00:31:56.842$ So we are going to publish the

NOTE Confidence: 0.876509035714286

00:31:56.842 --> 00:31:59.750 data in the 1st 63% again unless it

 $00:31:59.750 \longrightarrow 00:32:02.320$ hematology in the next couple of months.

NOTE Confidence: 0.876509035714286

 $00:32:02.320 \longrightarrow 00:32:04.772$ The CR8 was 100%,

NOTE Confidence: 0.876509035714286

 $00{:}32{:}04.772 \dashrightarrow 00{:}32{:}07.744$ MRD negativity 95% and for the

NOTE Confidence: 0.876509035714286

 $00:32:07.744 \longrightarrow 00:32:11.721$ first time in pre BLA in adult pre

NOTE Confidence: 0.876509035714286

00:32:11.721 --> 00:32:15.250 BL the three-year survival was 85%.

NOTE Confidence: 0.876509035714286

 $00:32:15.250 \longrightarrow 00:32:18.530$ On the right side I showed the the

NOTE Confidence: 0.876509035714286

 $00:32:18.530 \longrightarrow 00:32:21.840$ data since we added the inotuzumab,

NOTE Confidence: 0.876509035714286

 $00:32:21.840 \longrightarrow 00:32:23.912$ so by adding inotuzumab.

NOTE Confidence: 0.876509035714286

 $00{:}32{:}23.912 \dashrightarrow 00{:}32{:}26.502$ To the high perceived blina tumomab

NOTE Confidence: 0.876509035714286

 $00:32:26.502 \longrightarrow 00:32:28.870$ we improved the outcome,

NOTE Confidence: 0.876509035714286

 $00{:}32{:}28.870 \dashrightarrow 00{:}32{:}31.504$ perhaps because we so far have

NOTE Confidence: 0.876509035714286

 $00:32:31.504 \longrightarrow 00:32:33.260$ not seen any relapses.

NOTE Confidence: 0.876509035714286

 $00:32:33.260 \longrightarrow 00:32:35.710$ So that's why I think that this

NOTE Confidence: 0.876509035714286

 $00:32:35.710 \longrightarrow 00:32:37.769$ is perhaps a potential standard

NOTE Confidence: 0.876509035714286

 $00:32:37.769 \longrightarrow 00:32:40.094$ of care in the future.

NOTE Confidence: 0.823395777692308

 $00:32:40.100 \longrightarrow 00:32:43.016$ Now let's look at the data compared to the

00:32:43.016 --> 00:32:45.912 previous high perceived of atumumab, a 20%

NOTE Confidence: 0.823395777692308

 $00:32:45.912 \longrightarrow 00:32:48.894$ difference in the survival at three years.

NOTE Confidence: 0.823395777692308

 $00:32:48.900 \longrightarrow 00:32:52.986$ And this shows the subset in blue of patients

NOTE Confidence: 0.823395777692308

 $00:32:52.986 \longrightarrow 00:32:56.516$ with Philadelphia like disease where the

NOTE Confidence: 0.823395777692308

00:32:56.516 --> 00:33:00.220 survival is not anymore 20% as I showed you,

NOTE Confidence: 0.823395777692308

 $00:33:00.220 \longrightarrow 00:33:04.210$ but it has gone up to 70% and this shows the.

NOTE Confidence: 0.823395777692308

00:33:04.210 --> 00:33:06.616 Survival with or without the transplant,

NOTE Confidence: 0.823395777692308

 $00:33:06.620 \longrightarrow 00:33:09.524$ again suggesting that the role of

NOTE Confidence: 0.823395777692308

 $00:33:09.524 \longrightarrow 00:33:12.028$ transplant is not that important

NOTE Confidence: 0.823395777692308

 $00:33:12.028 \longrightarrow 00:33:15.360$ and not for all patients with ALS.

NOTE Confidence: 0.823395777692308

00:33:15.360 --> 00:33:17.576 So I showed you the top two slides,

NOTE Confidence: 0.823395777692308

 $00:33:17.580 \longrightarrow 00:33:20.828$ the top two studies from MD Anderson and

NOTE Confidence: 0.823395777692308

 $00{:}33{:}20.828 \dashrightarrow 00{:}33{:}24.539$ what you see is this is a common trend now.

NOTE Confidence: 0.823395777692308

 $00:33:24.540 \longrightarrow 00:33:27.908$ So even though randomized trials has been or

NOTE Confidence: 0.823395777692308

00:33:27.908 --> 00:33:31.818 is the standard of care in Cancer Research,

 $00:33:31.820 \longrightarrow 00:33:33.692$ what you see is many of

NOTE Confidence: 0.823395777692308

00:33:33.692 --> 00:33:34.940 the studies from Germany,

NOTE Confidence: 0.823395777692308

 $00:33:34.940 \longrightarrow 00:33:36.796$ France and other places,

NOTE Confidence: 0.823395777692308

00:33:36.796 --> 00:33:40.115 they are using single arm trials in

NOTE Confidence: 0.823395777692308

 $00:33:40.115 \longrightarrow 00:33:42.803$ order to optimize the regimens before

NOTE Confidence: 0.823395777692308

 $00:33:42.803 \longrightarrow 00:33:45.779$ taking them to a final randomized.

NOTE Confidence: 0.823395777692308

 $00:33:45.780 \longrightarrow 00:33:48.620$ One and they are showing similar data with

NOTE Confidence: 0.823395777692308

 $00{:}33{:}48.620 \dashrightarrow 00{:}33{:}51.537$ high CR rates and high survival rates.

NOTE Confidence: 0.823395777692308

00:33:51.540 --> 00:33:54.978 Now, I mentioned randomized trial and

NOTE Confidence: 0.823395777692308

 $00:33:54.978 \longrightarrow 00:33:57.786$ Bayesian designs for several times

NOTE Confidence: 0.823395777692308

 $00{:}33{:}57.786 \dashrightarrow 00{:}34{:}00.863$ and I want to explain myself perhaps

NOTE Confidence: 0.823395777692308

 $00{:}34{:}00.863 \dashrightarrow 00{:}34{:}04.230$ not to the senior physicians who.

NOTE Confidence: 0.89252306

 $00:34:07.050 \longrightarrow 00:34:08.930$ May be skeptical about this,

NOTE Confidence: 0.89252306

 $00:34:08.930 \longrightarrow 00:34:12.136$ but perhaps for the fellows and students

NOTE Confidence: 0.89252306

 $00:34:12.136 \longrightarrow 00:34:15.105$ who have been educated to appreciate

NOTE Confidence: 0.89252306

 $00{:}34{:}15.105 \dashrightarrow 00{:}34{:}18.612$ randomized trials as the only way to

 $00{:}34{:}18.698 \dashrightarrow 00{:}34{:}22.345$ advance research in medicine and in cancer.

NOTE Confidence: 0.89252306

 $00{:}34{:}22.350 \dashrightarrow 00{:}34{:}25.514$ So we started the studies with INOTUZUMAB

NOTE Confidence: 0.89252306

00:34:25.514 --> 00:34:29.010 in 2010, with BLINATUMOMAB in 2012.

NOTE Confidence: 0.89252306

00:34:29.010 --> 00:34:31.686 These drugs were FDA approved in

NOTE Confidence: 0.89252306

 $00:34:31.690 \longrightarrow 00:34:37.318$ 2014 and 17 in 2022 a decade later.

NOTE Confidence: 0.89252306

 $00:34:37.318 \longrightarrow 00:34:40.810$ We still use Blinatumomab and inotuzumab

NOTE Confidence: 0.89252306

 $00:34:40.913 \longrightarrow 00:34:43.967$ as single agents in ASL solvers.

NOTE Confidence: 0.89252306

 $00:34:43.970 \longrightarrow 00:34:46.706$ We have not yet established the

NOTE Confidence: 0.89252306

 $00:34:46.706 \longrightarrow 00:34:49.239$ combinations as a standard of care.

NOTE Confidence: 0.89252306

00:34:49.240 --> 00:34:50.018 Now what?

NOTE Confidence: 0.89252306

00:34:50.018 --> 00:34:52.352 Let's go back to the history

NOTE Confidence: 0.89252306

 $00:34:52.352 \longrightarrow 00:34:53.730$ of randomized trials.

NOTE Confidence: 0.89252306

 $00:34:53.730 \longrightarrow 00:34:57.517$ What people may not know is the

NOTE Confidence: 0.89252306

00:34:57.517 --> 00:35:00.288 randomized trial started only in 1955.

NOTE Confidence: 0.89252306

 $00:35:00.288 \longrightarrow 00:35:02.128$ The first randomized trial in

 $00:35:02.128 \longrightarrow 00:35:04.829$ cancer was done by Doctor Friedrich.

NOTE Confidence: 0.89252306

 $00:35:04.830 \dashrightarrow 00:35:07.827$ This was a time when he was at the

NOTE Confidence: 0.89252306

 $00{:}35{:}07.827 \dashrightarrow 00{:}35{:}11.021$ NIH and he showed a correlation

NOTE Confidence: 0.89252306

 $00:35:11.021 \longrightarrow 00:35:13.786$ between low platelets and bleeding.

NOTE Confidence: 0.89252306

 $00:35:13.790 \longrightarrow 00:35:16.614$ So people ask him to do a randomized

NOTE Confidence: 0.89252306

 $00:35:16.614 \longrightarrow 00:35:19.389$ trial where he and he gave fresh blood

NOTE Confidence: 0.89252306

 $00:35:19.389 \longrightarrow 00:35:22.489$ and he showed that the bleeding decreased.

NOTE Confidence: 0.89252306

 $00:35:22.490 \longrightarrow 00:35:23.402$ In those days,

NOTE Confidence: 0.89252306

 $00{:}35{:}23.402 \dashrightarrow 00{:}35{:}25.530$ we did not have to resist machines,

NOTE Confidence: 0.89252306

 $00:35:25.530 \longrightarrow 00:35:28.563$ so he was asked to do a randomized trial

NOTE Confidence: 0.89252306

 $00:35:28.563 \longrightarrow 00:35:31.496$ of fresh blood versus stored blood.

NOTE Confidence: 0.89252306

 $00:35:31.500 \longrightarrow 00:35:33.768$ To show that fresh blood would

NOTE Confidence: 0.89252306

 $00{:}35{:}33.768 \dashrightarrow 00{:}35{:}35.675$ reduce the bleeding in children

NOTE Confidence: 0.89252306

00:35:35.675 --> 00:35:38.564 with a L and he showed that and when

NOTE Confidence: 0.89252306

 $00:35:38.636 \longrightarrow 00:35:40.916$ the trial turned to be positive,

NOTE Confidence: 0.89252306

 $00:35:40.920 \longrightarrow 00:35:43.895$ they accused him of falsifying the data.

 $00:35:43.900 \longrightarrow 00:35:47.748$ So this shows you a trend that perhaps a

NOTE Confidence: 0.89252306

 $00{:}35{:}47.748 {\:\raisebox{--}{\text{--}}}{>}\ 00{:}35{:}51.018$ randomized trials are established today,

NOTE Confidence: 0.89252306

 $00:35:51.020 \longrightarrow 00:35:53.138$ but maybe we can question them.

NOTE Confidence: 0.89252306

 $00:35:53.140 \longrightarrow 00:35:55.556$ So let me tell you why we should

NOTE Confidence: 0.89252306

 $00:35:55.556 \longrightarrow 00:35:56.160$ question them.

NOTE Confidence: 0.89252306

 $00:35:56.160 \longrightarrow 00:35:59.388$ So today in Europe there is

NOTE Confidence: 0.89252306

 $00:35:59.388 \longrightarrow 00:36:02.229$ a phase three study of 1.

NOTE Confidence: 0.89252306

 $00:36:02.230 \longrightarrow 00:36:03.950$ Versus intensive chemotherapy, imagine.

NOTE Confidence: 0.89252306

 $00:36:03.950 \longrightarrow 00:36:07.589$ I do not believe there is real equipoise,

NOTE Confidence: 0.89252306

 $00:36:07.590 \longrightarrow 00:36:11.370$ so the basis of all randomized trials.

NOTE Confidence: 0.89252306

00:36:11.370 --> 00:36:13.350 Is that they assume there's

NOTE Confidence: 0.89252306

 $00:36:13.350 \longrightarrow 00:36:14.538$ the knowledge equipoise.

NOTE Confidence: 0.89252306

 $00{:}36{:}14.540 \dashrightarrow 00{:}36{:}16.238$ So you're sitting in the room

NOTE Confidence: 0.89252306

 $00:36:16.238 \longrightarrow 00:36:17.879$ with the patient and you say,

NOTE Confidence: 0.89252306

 $00:36:17.880 \longrightarrow 00:36:20.575$ I'm going to randomize you to this

00:36:20.575 --> 00:36:23.573 protocol and I truly and honestly do

NOTE Confidence: 0.89252306

 $00{:}36{:}23.573 \dashrightarrow 00{:}36{:}26.213$ not believe that the new treatment

NOTE Confidence: 0.89252306

 $00:36:26.296 \longrightarrow 00:36:28.420$ is better than the old one.

NOTE Confidence: 0.89252306

 $00:36:28.420 \longrightarrow 00:36:30.268$ Now randomized trials are OK if

NOTE Confidence: 0.89252306

 $00:36:30.268 \longrightarrow 00:36:32.699$ you are in a research desert.

NOTE Confidence: 0.89252306

 $00:36:32.700 \longrightarrow 00:36:36.708$ So if you were in 1965 or 1970 or

NOTE Confidence: 0.89252306

00:36:36.708 --> 00:36:39.240 1980 where there was very little

NOTE Confidence: 0.89252306

 $00:36:39.337 \longrightarrow 00:36:41.537$ to offer to the patients,

NOTE Confidence: 0.89252306

 $00:36:41.540 \longrightarrow 00:36:43.983$ you could do a randomized trial with

NOTE Confidence: 0.89252306

 $00:36:43.983 \longrightarrow 00:36:47.406$ the new drug X or if you have a highly

NOTE Confidence: 0.89252306

 $00{:}36{:}47.406 \dashrightarrow 00{:}36{:}48.980$ curable disease like ALS today,

NOTE Confidence: 0.89252306

 $00:36:48.980 \longrightarrow 00:36:51.380$ we are in the land of research plenty.

NOTE Confidence: 0.89252306

 $00:36:51.380 \longrightarrow 00:36:53.725$ There are multiple targeted therapies

NOTE Confidence: 0.89252306

 $00:36:53.725 \longrightarrow 00:36:57.787$ in ASL and if you do a randomized

NOTE Confidence: 0.89252306

 $00:36:57.787 \longrightarrow 00:36:59.410$ trial that randomizes.

NOTE Confidence: 0.89252306

 $00:36:59.410 \longrightarrow 00:37:01.720$ The patients to the standard of

 $00:37:01.720 \longrightarrow 00:37:04.089$ care versus standard of care versus

NOTE Confidence: 0.89252306

 $00{:}37{:}04.089 \dashrightarrow 00{:}37{:}06.735$ drug X that the results of that

NOTE Confidence: 0.89252306

 $00:37:06.735 \longrightarrow 00:37:08.643$ randomized trial will be outdated

NOTE Confidence: 0.89252306

 $00:37:08.643 \longrightarrow 00:37:10.827$ by the time the data matures.

NOTE Confidence: 0.89252306

 $00:37:10.830 \longrightarrow 00:37:12.420$ And if you think about it,

NOTE Confidence: 0.89252306

 $00:37:12.420 \longrightarrow 00:37:14.982$ our whole life experience is actually

NOTE Confidence: 0.89252306

 $00:37:14.982 \longrightarrow 00:37:16.560$ not randomized. It's Bayesian.

NOTE Confidence: 0.89252306

00:37:16.560 --> 00:37:18.720 The way we raise our children,

NOTE Confidence: 0.89252306

 $00:37:18.720 \longrightarrow 00:37:21.499$ the the schools we choose for them,

NOTE Confidence: 0.89252306

 $00:37:21.500 \longrightarrow 00:37:22.780$ the restaurants we choose,

NOTE Confidence: 0.89252306

 $00:37:22.780 \longrightarrow 00:37:24.324$ the careers, the partners.

NOTE Confidence: 0.89252306

 $00:37:24.324 \longrightarrow 00:37:27.940$ You do not go out 50 times with

NOTE Confidence: 0.89252306

 $00{:}37{:}27.940 \dashrightarrow 00{:}37{:}30.348$ a new person and 50 times with

NOTE Confidence: 0.89252306

00:37:30.348 --> 00:37:32.572 another new person and then look

NOTE Confidence: 0.89252306

 $00:37:32.572 \longrightarrow 00:37:34.804$ at your experience and decide which

 $00:37:34.804 \longrightarrow 00:37:36.797$ one you're going to marry.

NOTE Confidence: 0.799205624285714

00:37:36.800 --> 00:37:41.079 You actually switch from person A to

B&C.

NOTE Confidence: 0.799205624285714

00:37:41.079 --> 00:37:45.132 Very quickly and gain a cumulative experience

NOTE Confidence: 0.799205624285714

 $00:37:45.132 \longrightarrow 00:37:49.010$ that allows you to decide on what to do.

NOTE Confidence: 0.799205624285714

 $00:37:49.010 \longrightarrow 00:37:53.518$ Now in in the editorials you you

NOTE Confidence: 0.799205624285714

00:37:53.518 --> 00:37:56.566 may have read those two examples,

NOTE Confidence: 0.799205624285714

 $00:37:56.570 \longrightarrow 00:37:58.210$ which are obvious examples.

NOTE Confidence: 0.799205624285714

00:37:58.210 --> 00:37:59.850 So parachutes were not

NOTE Confidence: 0.799205624285714

 $00:37:59.850 \longrightarrow 00:38:01.989$ based on randomized trials.

NOTE Confidence: 0.799205624285714

 $00:38:01.990 \longrightarrow 00:38:04.874$ We did not throw 50 people without

NOTE Confidence: 0.799205624285714

 $00:38:04.874 \longrightarrow 00:38:07.638$ a parachute and 50 people with

NOTE Confidence: 0.799205624285714

 $00{:}38{:}07.638 \dashrightarrow 00{:}38{:}09.931$ a parachute from airplanes to

NOTE Confidence: 0.799205624285714

 $00:38:09.931 \longrightarrow 00:38:11.736$ decide that parachutes save lives.

NOTE Confidence: 0.799205624285714

 $00:38:11.740 \longrightarrow 00:38:15.286$ And the same applied to seatbelts and so on.

NOTE Confidence: 0.799205624285714

00:38:15.290 --> 00:38:17.530 Now for the young people,

00:38:17.530 --> 00:38:19.792 they search Google all the time

NOTE Confidence: 0.799205624285714

00:38:19.792 --> 00:38:20.923 for the truth.

NOTE Confidence: 0.799205624285714

 $00:38:20.930 \longrightarrow 00:38:23.688$ So there are Google algorithm that we

NOTE Confidence: 0.799205624285714

 $00:38:23.688 \longrightarrow 00:38:26.960$ use in our daily practice to decide

NOTE Confidence: 0.799205624285714

 $00:38:26.960 \longrightarrow 00:38:29.510$ what's good and what's not good.

NOTE Confidence: 0.799205624285714

00:38:29.510 --> 00:38:32.310 So I'm going to propose that perhaps

NOTE Confidence: 0.799205624285714

 $00:38:32.310 \longrightarrow 00:38:35.674$ what we have to do in Cancer Research

NOTE Confidence: 0.799205624285714

 $00:38:35.674 \longrightarrow 00:38:38.433$ and in medical research is develop

NOTE Confidence: 0.799205624285714

 $00{:}38{:}38.433 \dashrightarrow 00{:}38{:}40.972$ apps that incorporate the research.

NOTE Confidence: 0.799205624285714

 $00:38:40.972 \longrightarrow 00:38:43.639$ In cancer for example and then we

NOTE Confidence: 0.799205624285714

 $00:38:43.639 \longrightarrow 00:38:46.517$ ask the app based on the preclinical

NOTE Confidence: 0.799205624285714

 $00:38:46.517 \longrightarrow 00:38:49.260$ data and the clinical trials so far,

NOTE Confidence: 0.799205624285714

 $00:38:49.260 \longrightarrow 00:38:51.804$ what would be the best design

NOTE Confidence: 0.799205624285714

 $00:38:51.804 \longrightarrow 00:38:54.903$ to investigate a new drug in in

NOTE Confidence: 0.799205624285714

 $00:38:54.903 \longrightarrow 00:38:56.217$ the Cancer Research.

NOTE Confidence: 0.799205624285714

 $00:38:56.220 \longrightarrow 00:38:59.870$ So think about it and see if if it's

 $00:38:59.967 \longrightarrow 00:39:03.424$ something that could that could maybe

NOTE Confidence: 0.799205624285714

 $00:39:03.424 \longrightarrow 00:39:06.064$ challenge the concept of randomized

NOTE Confidence: 0.799205624285714

 $00{:}39{:}06.064 \dashrightarrow 00{:}39{:}08.358$ trials and this is not new knowledge.

NOTE Confidence: 0.799205624285714

 $00:39:08.360 \longrightarrow 00:39:10.202$ So what you notice is that

NOTE Confidence: 0.799205624285714

 $00:39:10.202 \longrightarrow 00:39:12.260$ the A today is approving.

NOTE Confidence: 0.799205624285714

 $00:39:12.260 \longrightarrow 00:39:14.689$ Several drugs not based on randomized trials,

NOTE Confidence: 0.799205624285714

 $00:39:14.690 \longrightarrow 00:39:17.903$ but based on the results of even

NOTE Confidence: 0.799205624285714

 $00:39:17.903 \longrightarrow 00:39:20.914$ phase one studies and we were

NOTE Confidence: 0.799205624285714

 $00:39:20.914 \longrightarrow 00:39:23.484$ told historically that phase one

NOTE Confidence: 0.799205624285714

 $00:39:23.484 \longrightarrow 00:39:25.950$ studies are purely to identify

NOTE Confidence: 0.799205624285714

 $00:39:25.950 \longrightarrow 00:39:29.070$ toxicities and the phase two dose.

NOTE Confidence: 0.799205624285714

 $00:39:29.070 \dashrightarrow 00:39:32.101$ Now we know that there are several

NOTE Confidence: 0.799205624285714

 $00{:}39{:}32.101 \dashrightarrow 00{:}39{:}34.646$ drugs like crizotinib and non small

NOTE Confidence: 0.799205624285714

 $00:39:34.646 \dashrightarrow 00:39:36.968$ cell lung cancer and then roughly

NOTE Confidence: 0.799205624285714

 $00:39:36.968 \longrightarrow 00:39:39.640$ in Melanoma that were approved based

 $00:39:39.640 \longrightarrow 00:39:43.850$ on the results of Phase 1/2 trials.

NOTE Confidence: 0.799205624285714

 $00:39:43.850 \longrightarrow 00:39:46.114$ So I'm going to propose at least for

NOTE Confidence: 0.799205624285714

 $00:39:46.114 \longrightarrow 00:39:49.040$ a L which is a land of the resource

NOTE Confidence: 0.799205624285714

 $00:39:49.040 \longrightarrow 00:39:51.409$ plenty that we hold the randomized

NOTE Confidence: 0.799205624285714

 $00:39:51.409 \longrightarrow 00:39:54.043$ styles because they will slow the

NOTE Confidence: 0.799205624285714

 $00:39:54.043 \longrightarrow 00:39:56.382$ progress and the discoveries and

NOTE Confidence: 0.799205624285714

 $00:39:56.382 \longrightarrow 00:39:58.747$ replace them with Bayesian trials.

NOTE Confidence: 0.799205624285714

00:39:58.750 --> 00:40:00.590 Actually randomized trials which are

NOTE Confidence: 0.799205624285714

00:40:00.590 --> 00:40:03.170 poorly designed can give you false leads.

NOTE Confidence: 0.799205624285714

 $00:40:03.170 \longrightarrow 00:40:05.826$ So there was in fact an all study

NOTE Confidence: 0.799205624285714

 $00{:}40{:}05.826 \dashrightarrow 00{:}40{:}08.760$ using a pediatric inspired regimen.

NOTE Confidence: 0.799205624285714

 $00:40:08.760 \longrightarrow 00:40:11.508$ It was a cooperative trial in

NOTE Confidence: 0.799205624285714

00:40:11.508 --> 00:40:13.790 the United States that had.

NOTE Confidence: 0.799205624285714

00:40:13.790 --> 00:40:16.885 Randomized patients to using a

NOTE Confidence: 0.799205624285714

00:40:16.885 --> 00:40:19.361 regimen with ASPARAGINASE and

NOTE Confidence: 0.799205624285714

 $00{:}40{:}19.361 \dashrightarrow 00{:}40{:}21.240$ randomization to inotuzumab.

 $00:40:21.240 \longrightarrow 00:40:23.580$ I objected vehemently to that study

NOTE Confidence: 0.799205624285714

 $00:40:23.580 \longrightarrow 00:40:25.754$ because I said that Asparaginase

NOTE Confidence: 0.799205624285714

 $00{:}40{:}25.754 \dashrightarrow 00{:}40{:}28.449$ and Inotuzumab will cause vino

NOTE Confidence: 0.799205624285714

 $00:40:28.449 \longrightarrow 00:40:30.605$ occlusive disease and mortality.

NOTE Confidence: 0.799205624285714

00:40:30.610 --> 00:40:33.130 This was not believed and the study

NOTE Confidence: 0.799205624285714

 $00:40:33.130 \longrightarrow 00:40:36.066$ was stopped two months ago after 400

NOTE Confidence: 0.799205624285714

00:40:36.066 --> 00:40:38.736 patients were entered because as expected,

NOTE Confidence: 0.799205624285714

 $00{:}40{:}38.740 \dashrightarrow 00{:}40{:}41.446$ there was a higher mortality in

NOTE Confidence: 0.799205624285714

 $00:40:41.446 \longrightarrow 00:40:43.250$ the investigational arm because

NOTE Confidence: 0.799205624285714

 $00:40:43.328 \longrightarrow 00:40:44.690$ of the anticipated.

NOTE Confidence: 0.799205624285714

00:40:44.690 --> 00:40:46.858 A synergistic toxicity of

NOTE Confidence: 0.799205624285714

 $00:40:46.858 \longrightarrow 00:40:48.484$ as paraginase and inotuzumab.

NOTE Confidence: 0.799205624285714

 $00{:}40{:}48.490 \dashrightarrow 00{:}40{:}50.785$ So I think at least in ASL we have

NOTE Confidence: 0.799205624285714

 $00:40:50.785 \longrightarrow 00:40:53.468$ to revert to single arm trials until

NOTE Confidence: 0.799205624285714

00:40:53.468 --> 00:40:55.829 we optimize the regimen that could

 $00:40:55.829 \longrightarrow 00:40:58.349$ be compared to the standard of care.

NOTE Confidence: 0.799205624285714

 $00:40:58.350 \longrightarrow 00:41:00.726$ Now next I'm going to discuss

NOTE Confidence: 0.799205624285714

00:41:00.726 --> 00:41:01.914 minimal residual disease.

NOTE Confidence: 0.799205624285714

 $00:41:01.920 \longrightarrow 00:41:04.452$ I'm going to draw your attention

NOTE Confidence: 0.799205624285714

 $00:41:04.452 \longrightarrow 00:41:06.542$ to figure the this is,

NOTE Confidence: 0.799205624285714

 $00:41:06.542 \longrightarrow 00:41:09.830$ this is patients with adult AL who are

NOTE Confidence: 0.799205624285714

 $00:41:09.923 \longrightarrow 00:41:13.248$ in remission and who are MRD positive.

NOTE Confidence: 0.799205624285714

00:41:13.250 --> 00:41:16.330 So what you see is their cure rate is at

NOTE Confidence: 0.8738667475

 $00{:}41{:}16.413 --> 00{:}41{:}18.794$ best 10% compared to over 50%

NOTE Confidence: 0.8738667475

 $00:41:18.794 \longrightarrow 00:41:21.440$ for the patients who become MRD

NOTE Confidence: 0.8738667475

 $00{:}41{:}21.532 \dashrightarrow 00{:}41{:}23.908$ negative by any methodology.

NOTE Confidence: 0.8738667475

 $00:41:23.910 \longrightarrow 00:41:27.550$ But this was mostly by flow cytometry.

NOTE Confidence: 0.8738667475

 $00:41:27.550 \longrightarrow 00:41:30.896$ So this is. Where we started using

NOTE Confidence: 0.8738667475

 $00:41:30.896 \longrightarrow 00:41:33.670$ BLINATUMOMAB for five courses in the

NOTE Confidence: 0.8738667475

 $00:41:33.670 \longrightarrow 00:41:37.172$ setting of MRD positive L in first or

NOTE Confidence: 0.8738667475

 $00:41:37.172 \longrightarrow 00:41:40.094$ second remission we observed that 80%

 $00:41:40.100 \longrightarrow 00:41:42.902$ of the patients became MRD negative

NOTE Confidence: 0.8738667475

 $00:41:42.902 \longrightarrow 00:41:46.718$ and the four year survival was not 10%,

NOTE Confidence: 0.8738667475

 $00:41:46.720 \longrightarrow 00:41:48.860$ it went up to 60%.

NOTE Confidence: 0.8738667475

 $00:41:48.860 \longrightarrow 00:41:51.852$ And on the right side I showed that

NOTE Confidence: 0.8738667475

 $00:41:51.852 \longrightarrow 00:41:54.800$ the effect of transplant was minimal.

NOTE Confidence: 0.8738667475

 $00:41:54.800 \longrightarrow 00:41:56.977$ So perhaps this is where we can

NOTE Confidence: 0.8738667475

 $00:41:56.977 \longrightarrow 00:41:58.400$ do the cartel cells.

NOTE Confidence: 0.8738667475

00:41:58.400 --> 00:41:59.579 Instead of transplant,

NOTE Confidence: 0.8738667475

 $00:41:59.579 \longrightarrow 00:42:01.544$ because if you avoid the

NOTE Confidence: 0.8738667475

 $00:42:01.544 \longrightarrow 00:42:02.990$ transplant related mortality,

NOTE Confidence: 0.8738667475

00:42:02.990 --> 00:42:06.006 maybe the cure rate will be even higher.

NOTE Confidence: 0.8738667475

00:42:06.010 --> 00:42:08.578 So This is why it's important

NOTE Confidence: 0.8738667475

 $00{:}42{:}08.578 \dashrightarrow 00{:}42{:}11.428$ to Measure Mart not by flow

NOTE Confidence: 0.8738667475

 $00:42:11.428 \longrightarrow 00:42:14.048$ cytometry looking at 10,000 cells,

NOTE Confidence: 0.8738667475

 $00:42:14.050 \longrightarrow 00:42:16.864$ but by the next generation sequencing

 $00:42:16.864 \longrightarrow 00:42:19.599$ for the immunoglobulin heavy chain that

NOTE Confidence: 0.8738667475

 $00:42:19.599 \dashrightarrow 00:42:22.727$ looks at the million to three million cells.

NOTE Confidence: 0.8738667475

 $00:42:22.730 \longrightarrow 00:42:25.502$ So this is a study in the older AL,

NOTE Confidence: 0.8738667475

00:42:25.510 --> 00:42:27.958 so I'm going to show you an update

NOTE Confidence: 0.8738667475

00:42:27.958 --> 00:42:30.429 for just for information purposes.

NOTE Confidence: 0.8738667475

 $00:42:30.430 \longrightarrow 00:42:33.647$ So this is the study that we did and

NOTE Confidence: 0.8738667475

00:42:33.647 --> 00:42:36.500 we took from the L salvage where we did

NOTE Confidence: 0.8738667475

 $00:42:36.579 \longrightarrow 00:42:38.735$ minimal chemotherapy with inotuzumab

NOTE Confidence: 0.8738667475

 $00:42:38.735 \longrightarrow 00:42:41.969$ and added the BLINATUMOMAB later on.

NOTE Confidence: 0.8738667475

 $00:42:41.970 \longrightarrow 00:42:45.498$ And we showed that by matched analysis

NOTE Confidence: 0.8738667475

 $00{:}42{:}45.498 \to 00{:}42{:}48.591$ that the new study was superior

NOTE Confidence: 0.8738667475

 $00:42:48.591 \longrightarrow 00:42:52.049$ to the old study of Hyper Siva.

NOTE Confidence: 0.8738667475

 $00:42:52.050 \longrightarrow 00:42:52.770$ The question?

NOTE Confidence: 0.8738667475

 $00:42:52.770 \longrightarrow 00:42:56.086$ Is can we do a randomized trial and what

NOTE Confidence: 0.8738667475

 $00:42:56.086 \longrightarrow 00:42:58.966$ it would be the control arm now that

NOTE Confidence: 0.8738667475

 $00:42:58.966 \longrightarrow 00:43:01.397$ there's a significant difference in

 $00:43:01.397 \longrightarrow 00:43:04.391$ the outcome compared to historical data?

NOTE Confidence: 0.8738667475

 $00{:}43{:}04.400 \dashrightarrow 00{:}43{:}06.955$ And this is the same happening elsewhere.

NOTE Confidence: 0.8738667475

 $00:43:06.960 \longrightarrow 00:43:09.608$ So in the United States there was a

NOTE Confidence: 0.8738667475

00:43:09.608 --> 00:43:12.142 single arm swork trial of chemotherapy

NOTE Confidence: 0.8738667475

 $00:43:12.142 \longrightarrow 00:43:14.647$ with blinatumomab and similar studies

NOTE Confidence: 0.8738667475

00:43:14.647 --> 00:43:17.325 were conducted again in Germany and

NOTE Confidence: 0.8738667475

 $00:43:17.325 \longrightarrow 00:43:19.533$ Australia and by the French group.

NOTE Confidence: 0.8738667475

 $00:43:19.540 \longrightarrow 00:43:23.145$ All of them are single arm trials

NOTE Confidence: 0.8738667475

 $00{:}43{:}23.145 \dashrightarrow 00{:}43{:}25.672$ combining chemotherapy with one of

NOTE Confidence: 0.8738667475

 $00{:}43{:}25.672 \dashrightarrow 00{:}43{:}27.907$ the two antibodies producing high

NOTE Confidence: 0.8738667475

 $00{:}43{:}27.907 \dashrightarrow 00{:}43{:}31.029$ CR rates and good early outcomes.

NOTE Confidence: 0.8738667475

00:43:31.030 --> 00:43:33.844 Now in this LL, as I mentioned,

NOTE Confidence: 0.8738667475

 $00:43:33.850 \longrightarrow 00:43:36.010$ we do not have an antibody.

NOTE Confidence: 0.8738667475

 $00:43:36.010 \longrightarrow 00:43:38.356$ But what we have is something

NOTE Confidence: 0.8738667475

 $00:43:38.356 \longrightarrow 00:43:39.529$ that might work,

 $00:43:39.530 \longrightarrow 00:43:42.434$ so intensive chemotherapy with a lot

NOTE Confidence: 0.8738667475

 $00:43:42.434 \longrightarrow 00:43:44.893$ of methotrexate and asparaginase and

NOTE Confidence: 0.8738667475

 $00:43:44.893 \longrightarrow 00:43:48.031$ recently we have seen that nelarabine

NOTE Confidence: 0.8738667475

 $00:43:48.031 \longrightarrow 00:43:51.708$ works there and venetoclax might work.

NOTE Confidence: 0.8738667475

 $00:43:51.710 \longrightarrow 00:43:54.788$ So we have started combining these

NOTE Confidence: 0.8738667475

 $00:43:54.788 \longrightarrow 00:43:59.159$ drugs in a trial and error formulation.

NOTE Confidence: 0.8738667475

 $00:43:59.160 \longrightarrow 00:44:02.490$ And the other thing that is

NOTE Confidence: 0.8738667475

 $00:44:02.490 \longrightarrow 00:44:06.408$ important is the fact that T cell L,

NOTE Confidence: 0.8738667475

 $00:44:06.410 \longrightarrow 00:44:10.388$ there's a subset of T cell AL shown here

NOTE Confidence: 0.8738667475

 $00:44:10.388 \longrightarrow 00:44:14.466$ that has a genomic profile more like AML.

NOTE Confidence: 0.8738667475

 $00{:}44{:}14.470 \dashrightarrow 00{:}44{:}17.246$ I think this is the precursor T cell

NOTE Confidence: 0.8738667475

 $00:44:17.246 \longrightarrow 00:44:20.703$ all where we need to start considering

NOTE Confidence: 0.8738667475

 $00:44:20.703 \longrightarrow 00:44:23.383$ treatments that incorporate AML therapies.

NOTE Confidence: 0.8738667475

 $00:44:23.390 \longrightarrow 00:44:26.225$ So this is the subset of the

NOTE Confidence: 0.8738667475

 $00:44:26.225 \longrightarrow 00:44:29.580$ cell L with methylation profile.

NOTE Confidence: 0.8738667475

 $00:44:29.580 \longrightarrow 00:44:31.725$ Identical to acute myeloid leukemia

 $00:44:31.725 \longrightarrow 00:44:34.327$ and perhaps these are the patients

NOTE Confidence: 0.8738667475

 $00:44:34.327 \longrightarrow 00:44:37.147$ that should be treated like M so

NOTE Confidence: 0.8738667475

 $00:44:37.147 \longrightarrow 00:44:39.782$ this is the multiple reiterations

NOTE Confidence: 0.8738667475

 $00:44:39.782 \longrightarrow 00:44:43.260$ of the hyper cvad asparaginase,

NOTE Confidence: 0.8738667475

 $00:44:43.260 \longrightarrow 00:44:46.125$ nelarabine regimen and not yet

NOTE Confidence: 0.8738667475

00:44:46.125 --> 00:44:48.417 ready for prime time,

NOTE Confidence: 0.8738667475

 $00:44:48.420 \longrightarrow 00:44:52.128$ but in the past two studies where we added

NOTE Confidence: 0.8738667475

 $00:44:52.128 \longrightarrow 00:44:54.799$ venetoclax and nelarabine asparaginase,

NOTE Confidence: 0.8738667475

 $00:44:54.800 \longrightarrow 00:44:57.878$ we're getting survivals not of 60%,

NOTE Confidence: 0.8738667475

 $00:44:57.880 \longrightarrow 00:44:59.413$ but over 70%.

NOTE Confidence: 0.8738667475

 $00:44:59.413 \longrightarrow 00:45:00.946$ And we are,

NOTE Confidence: 0.8738667475

 $00:45:00.950 \longrightarrow 00:45:03.362$ we hope that this will continue

NOTE Confidence: 0.8738667475

 $00:45:03.362 \longrightarrow 00:45:04.568$ with the updates.

NOTE Confidence: 0.838236597333333

 $00{:}45{:}04.570 \dashrightarrow 00{:}45{:}07.500$ Now one of the questions is then when do we

NOTE Confidence: 0.838236597333333

 $00:45:07.570 \longrightarrow 00:45:10.570$ use allogeneic transplantation in remission.

 $00:45:10.570 \longrightarrow 00:45:14.602$ So we still use it in the patients with

NOTE Confidence: 0.838236597333333

 $00:45:14.602 \longrightarrow 00:45:16.913$ translocation 11Q23IN precursor TLL

NOTE Confidence: 0.838236597333333

00:45:16.913 --> 00:45:20.018 and patients with complex karyotypes,

NOTE Confidence: 0.838236597333333

 $00:45:20.020 \longrightarrow 00:45:23.248$ so abnormalities more than five and

NOTE Confidence: 0.838236597333333

 $00{:}45{:}23.248 \dashrightarrow 00{:}45{:}26.936$ in the Philadelphia like L with CRLF

NOTE Confidence: 0.838236597333333

00:45:26.936 --> 00:45:29.810 two with Jack 2 mutations otherwise.

NOTE Confidence: 0.838236597333333

 $00:45:29.810 \longrightarrow 00:45:31.394$ So this constitutes.

NOTE Confidence: 0.838236597333333

 $00:45:31.394 \longrightarrow 00:45:35.052$ About maybe 15 to 20% of adult

NOTE Confidence: 0.838236597333333

00:45:35.052 --> 00:45:38.088 AML where we still use allogeneic

NOTE Confidence: 0.838236597333333

00:45:38.088 --> 00:45:40.533 transplant today and where we may

NOTE Confidence: 0.838236597333333

 $00:45:40.533 \longrightarrow 00:45:43.230$ use car T cells in the future.

NOTE Confidence: 0.838236597333333

 $00:45:43.230 \longrightarrow 00:45:46.326$ So this is an update in the AL solver.

NOTE Confidence: 0.838236597333333

 $00:45:46.330 \longrightarrow 00:45:48.227$ So this is where it all started.

NOTE Confidence: 0.838236597333333

00:45:48.230 --> 00:45:50.414 So even though I'm showing it at

NOTE Confidence: 0.838236597333333

00:45:50.414 --> 00:45:52.390 the end because it's L salvage,

NOTE Confidence: 0.838236597333333

 $00:45:52.390 \longrightarrow 00:45:54.364$ this is where all the research

 $00:45:54.364 \longrightarrow 00:45:55.680$ started with the MACD,

NOTE Confidence: 0.838236597333333

 $00{:}45{:}55.680 \dashrightarrow 00{:}45{:}58.687$ you know to Zuma blinatumomab and

NOTE Confidence: 0.838236597333333

 $00:45:58.687 \longrightarrow 00:46:01.170$ I showed the update in the 112

NOTE Confidence: 0.838236597333333

 $00:46:01.170 \longrightarrow 00:46:03.010$ patients treated so far,

NOTE Confidence: 0.838236597333333

00:46:03.010 --> 00:46:05.386 marrow CR 883%,

NOTE Confidence: 0.838236597333333

00:46:05.386 --> 00:46:06.970 MRD negativity,

NOTE Confidence: 0.838236597333333

00:46:06.970 --> 00:46:10.410 83\% define occlusive disease after

NOTE Confidence: 0.838236597333333

 $00:46:10.410 \longrightarrow 00:46:13.162$ we fractionated the inotuzumab.

NOTE Confidence: 0.838236597333333

 $00:46:13.170 \longrightarrow 00:46:17.520$ And kept the doors has gone from 9% to 1%.

NOTE Confidence: 0.838236597333333

 $00{:}46{:}17.520 \dashrightarrow 00{:}46{:}21.440$ AML relapse used to be again death

NOTE Confidence: 0.838236597333333

 $00{:}46{:}21.440 \dashrightarrow 00{:}46{:}24.664$ sentence and the overall 112 patients.

NOTE Confidence: 0.838236597333333

 $00:46:24.664 \longrightarrow 00:46:27.256$ The five year survival is 30%.

NOTE Confidence: 0.838236597333333

 $00{:}46{:}27.260 \dashrightarrow 00{:}46{:}29.260$ Since we added the blinatum omab

NOTE Confidence: 0.838236597333333

 $00{:}46{:}29.260 \dashrightarrow 00{:}46{:}32.106$ we have shown like in the younger

NOTE Confidence: 0.838236597333333

 $00:46:32.106 \longrightarrow 00:46:34.801$ patients when we added in auto blina

 $00:46:34.801 \longrightarrow 00:46:37.447$ we showed an improvement in the

NOTE Confidence: 0.838236597333333

 $00:46:37.447 \longrightarrow 00:46:40.450$ survival and the salvage when we added

NOTE Confidence: 0.838236597333333

 $00:46:40.450 \longrightarrow 00:46:43.285$ BLINATUMOMAB to the mini CD you know.

NOTE Confidence: 0.838236597333333

 $00:46:43.290 \longrightarrow 00:46:46.038$ We have shown an improvement in

NOTE Confidence: 0.838236597333333

 $00:46:46.038 \longrightarrow 00:46:48.270$ the three-year survival to 50%.

NOTE Confidence: 0.838236597333333

 $00:46:48.270 \longrightarrow 00:46:49.581$ In salvage one,

NOTE Confidence: 0.838236597333333

 $00:46:49.581 \longrightarrow 00:46:52.640$ the potential five year survival is now

NOTE Confidence: 0.838236597333333

 $00{:}46{:}52.722 \dashrightarrow 00{:}46{:}55.448$ 40% and we do not see a difference with

NOTE Confidence: 0.838236597333333

 $00{:}46{:}55.448 \dashrightarrow 00{:}46{:}57.569$ or without a lot transplant because I

NOTE Confidence: 0.838236597333333

00:46:57.569 --> 00:47:00.342 think we're losing a lot of patience

NOTE Confidence: 0.838236597333333

 $00:47:00.342 \longrightarrow 00:47:02.558$ to the transplant complications.

NOTE Confidence: 0.838236597333333

 $00:47:02.560 \longrightarrow 00:47:05.440$ So if we do the car T cells maybe we'll

NOTE Confidence: 0.838236597333333

 $00:47:05.519 \longrightarrow 00:47:09.720$ improve the survival further than 40%.

NOTE Confidence: 0.838236597333333

 $00:47:09.720 \longrightarrow 00:47:11.020$ Now people may say, well,

NOTE Confidence: 0.838236597333333

 $00:47:11.020 \longrightarrow 00:47:12.280$ we have the cartee cells,

NOTE Confidence: 0.838236597333333

 $00:47:12.280 \longrightarrow 00:47:14.320$ why have you ignored them?

 $00:47:14.320 \longrightarrow 00:47:15.680$ So on the left side,

NOTE Confidence: 0.838236597333333

 $00{:}47{:}15.680 \dashrightarrow 00{:}47{:}17.828$ I showed you data with inotuzumab.

NOTE Confidence: 0.838236597333333

 $00{:}47{:}17.830 \dashrightarrow 00{:}47{:}19.558$ We're not curing too many patients,

 $\begin{aligned} & \text{NOTE Confidence: } 0.838236597333333\\ & 00:47:19.560 --> 00:47:20.616 \text{ maybe } 20\%. \end{aligned}$

NOTE Confidence: 0.838236597333333

 $00{:}47{:}20.616 \dashrightarrow 00{:}47{:}24.098$ And we need the transplant here in

NOTE Confidence: 0.838236597333333

 $00:47:24.098 \longrightarrow 00:47:26.562$ the middle or the newer car T cells,

NOTE Confidence: 0.838236597333333

 $00:47:26.570 \longrightarrow 00:47:29.895$ the approved car T cells for the

NOTE Confidence: 0.838236597333333

 $00{:}47{:}29.895 \dashrightarrow 00{:}47{:}32.815$ older patients and what you see is the

NOTE Confidence: 0.838236597333333

 $00:47:32.815 \longrightarrow 00:47:35.646$ two year survival is probably 20%.

NOTE Confidence: 0.838236597333333

00:47:35.650 --> 00:47:39.810 And now I show you the the UM in blue,

NOTE Confidence: 0.838236597333333

 $00:47:39.810 \longrightarrow 00:47:42.145$ the post amendment where the

NOTE Confidence: 0.838236597333333

 $00:47:42.145 \longrightarrow 00:47:44.013$ three-year survival is 50%.

NOTE Confidence: 0.838236597333333

 $00{:}47{:}44.020 \dashrightarrow 00{:}47{:}46.540$ So I think in L salvage if I

NOTE Confidence: 0.838236597333333

 $00:47:46.540 \longrightarrow 00:47:49.518$ have a patient who has relapsed,

NOTE Confidence: 0.838236597333333

00:47:49.520 --> 00:47:51.784 I would use the mini CVD in oblina

 $00:47:51.784 \longrightarrow 00:47:54.519$ and then I would do the Carticel to

NOTE Confidence: 0.838236597333333

00:47:54.519 --> 00:47:56.320 improve the potential cure rate.

NOTE Confidence: 0.838236597333333

 $00:47:56.320 \longrightarrow 00:47:58.846$ Now why have I insisted several

NOTE Confidence: 0.838236597333333

 $00:47:58.846 \longrightarrow 00:48:02.139$ times on the CART sales to be

NOTE Confidence: 0.838236597333333

 $00:48:02.139 \longrightarrow 00:48:04.664$ tested in minimal residual disease?

NOTE Confidence: 0.838236597333333

 $00:48:04.670 \longrightarrow 00:48:06.364$ I think the car T cells today

NOTE Confidence: 0.838236597333333

 $00:48:06.364 \longrightarrow 00:48:07.870$ are being used the same way.

NOTE Confidence: 0.838236597333333

 $00:48:07.870 \longrightarrow 00:48:09.374$ We use allogeneic transplant

NOTE Confidence: 0.838236597333333

 $00:48:09.374 \longrightarrow 00:48:12.034$ in the 1970s in active disease

NOTE Confidence: 0.838236597333333

 $00:48:12.034 \longrightarrow 00:48:14.890$ and we're curing 20 to 30%.

NOTE Confidence: 0.838236597333333

 $00:48:14.890 \longrightarrow 00:48:17.473$ If we start using the car T cells and

NOTE Confidence: 0.838236597333333

 $00:48:17.473 \longrightarrow 00:48:19.801$ minimal residual disease the same way

NOTE Confidence: 0.838236597333333

00:48:19.801 --> 00:48:22.230 as allogeneic transplant is used today,

NOTE Confidence: 0.838236597333333

 $00:48:22.230 \longrightarrow 00:48:24.258$ then perhaps we we will cure

NOTE Confidence: 0.838236597333333

 $00:48:24.258 \longrightarrow 00:48:25.610$ many more of them.

NOTE Confidence: 0.838236597333333

00:48:25.610 --> 00:48:28.214 Now people will object to this saying,

00:48:28.220 --> 00:48:29.284 well no,

NOTE Confidence: 0.838236597333333

 $00:48:29.284 \longrightarrow 00:48:31.944$ you need active disease to

NOTE Confidence: 0.838236597333333

 $00:48:31.950 \longrightarrow 00:48:34.788$ to expand the car T cells.

NOTE Confidence: 0.858727813

 $00:48:34.790 \longrightarrow 00:48:36.578$ But the real world data shows

NOTE Confidence: 0.858727813

 $00{:}48{:}36.578 \dashrightarrow 00{:}48{:}39.450$ that in fact when you do the car T

NOTE Confidence: 0.858727813

 $00:48:39.450 \longrightarrow 00:48:41.065$ cells in minimal residual disease,

NOTE Confidence: 0.858727813

 $00:48:41.070 \longrightarrow 00:48:43.350$ which are the red and the blue curve,

NOTE Confidence: 0.858727813

 $00:48:43.350 \longrightarrow 00:48:45.490$ you potentially cure more patients

NOTE Confidence: 0.858727813

 $00:48:45.490 \longrightarrow 00:48:49.235$ than if you do it in the setting

NOTE Confidence: 0.858727813

 $00{:}48{:}49.235 \dashrightarrow 00{:}48{:}51.259$ of minimal residual disease.

NOTE Confidence: 0.858727813

00:48:51.260 --> 00:48:52.550 So in summary,

NOTE Confidence: 0.858727813

 $00{:}48{:}52.550 \dashrightarrow 00{:}48{:}54.700$ I think in Philadelphia positive

NOTE Confidence: 0.858727813

 $00:48:54.700 \longrightarrow 00:48:56.793$ L Ponatinib BLINATUMOMAB will be

NOTE Confidence: 0.858727813

00:48:56.793 --> 00:48:59.495 the future form of therapy and I

NOTE Confidence: 0.858727813

 $00:48:59.572 \longrightarrow 00:49:01.812$ think the future of pre BL will

 $00:49:01.812 \longrightarrow 00:49:04.022$ be with much less chemotherapy

NOTE Confidence: 0.858727813

 $00:49:04.022 \longrightarrow 00:49:07.127$ for shorter duration combined with

NOTE Confidence: 0.858727813

 $00{:}49{:}07.127 \dashrightarrow 00{:}49{:}10.357$ the antibodies using the car T

NOTE Confidence: 0.858727813

 $00:49:10.357 \longrightarrow 00:49:12.907$ cells in the setting of minimal

NOTE Confidence: 0.858727813

 $00:49:12.907 \longrightarrow 00:49:15.181$ residual disease and monitoring

NOTE Confidence: 0.858727813

00:49:15.181 --> 00:49:18.106 patients by next generation MRD.

NOTE Confidence: 0.858727813

 $00:49:18.110 \longrightarrow 00:49:20.476$ Now can we do better than this?

NOTE Confidence: 0.858727813

00:49:20.480 --> 00:49:22.824 So this is what I showed you with

NOTE Confidence: 0.858727813

 $00:49:22.824 \longrightarrow 00:49:25.645$ what I call the break or the dose

NOTE Confidence: 0.858727813

00:49:25.645 --> 00:49:28.278 dense mini CBD regimen and this is

NOTE Confidence: 0.858727813

 $00{:}49{:}28.278 \dashrightarrow 00{:}49{:}31.050$ what we are testing today in older

NOTE Confidence: 0.858727813

 $00:49:31.138 \longrightarrow 00:49:34.405$ all and we may move it to younger all.

NOTE Confidence: 0.858727813

 $00:49:34.410 \longrightarrow 00:49:36.076$ So this is very similar to what

NOTE Confidence: 0.858727813

 $00{:}49{:}36.076 --> 00{:}49{:}37.380$ you do in lymphoma,

NOTE Confidence: 0.858727813

 $00:49:37.380 \longrightarrow 00:49:40.313$ just six courses of therapy and perhaps

NOTE Confidence: 0.858727813

 $00:49:40.313 \longrightarrow 00:49:43.707$ the need of car T cell consolidation,

 $00:49:43.710 \longrightarrow 00:49:45.348$ but can we do better than this.

NOTE Confidence: 0.858727813

 $00:49:45.350 \longrightarrow 00:49:48.458$ So you may be aware that.

NOTE Confidence: 0.858727813

 $00:49:48.460 \longrightarrow 00:49:52.240$ There are T cell engagers which

NOTE Confidence: 0.858727813

 $00:49:52.240 \longrightarrow 00:49:55.150$ target more than CD19 or CD20.

NOTE Confidence: 0.858727813

00:49:55.150 --> 00:49:57.530 This is what we call the Tetra

NOTE Confidence: 0.858727813

 $00:49:57.614 \longrightarrow 00:49:59.550$ specific T cell engagers.

NOTE Confidence: 0.858727813

 $00:49:59.550 \longrightarrow 00:50:01.630$ This is not science fiction.

NOTE Confidence: 0.858727813

 $00{:}50{:}01.630 \dashrightarrow 00{:}50{:}04.024$ These will be developed and there

NOTE Confidence: 0.858727813

 $00{:}50{:}04.024 \dashrightarrow 00{:}50{:}06.521$ are also cartee cells which target

NOTE Confidence: 0.858727813

 $00:50:06.521 \longrightarrow 00:50:08.165$ more than one target,

NOTE Confidence: 0.858727813

 $00:50:08.170 \longrightarrow 00:50:11.404$ so dulci 19 and 20 cart set.

NOTE Confidence: 0.858727813

 $00:50:11.410 \dashrightarrow 00:50:13.690$ So it is possible that in the future

NOTE Confidence: 0.858727813

 $00{:}50{:}13.690 \dashrightarrow 00{:}50{:}16.011$ we will use very little chemotherapy

NOTE Confidence: 0.858727813

 $00:50:16.011 \longrightarrow 00:50:18.537$ to induce the patients in remission.

NOTE Confidence: 0.858727813

 $00:50:18.540 \longrightarrow 00:50:20.785$ Consolidate them with the Tetra

 $00:50:20.785 \longrightarrow 00:50:23.606$ specific T cell engagers and then

NOTE Confidence: 0.858727813

 $00:50:23.606 \longrightarrow 00:50:25.590$ we'll further consolidate them

NOTE Confidence: 0.858727813

 $00:50:25.590 \longrightarrow 00:50:27.078$ with Karti cells.

NOTE Confidence: 0.858727813

 $00:50:27.080 \longrightarrow 00:50:28.916$ So in total duration of therapy

NOTE Confidence: 0.858727813

 $00:50:28.916 \longrightarrow 00:50:30.660$ of three to four months,

NOTE Confidence: 0.858727813

 $00:50:30.660 \longrightarrow 00:50:33.404$ which will not be toxic and which

NOTE Confidence: 0.858727813

 $00:50:33.404 \longrightarrow 00:50:36.007$ will be highly effective and

NOTE Confidence: 0.858727813

00:50:36.007 --> 00:50:38.017 potentially highly curable.

NOTE Confidence: 0.858727813

 $00{:}50{:}38.020 \dashrightarrow 00{:}50{:}39.946$ Thank you for your attention and

NOTE Confidence: 0.858727813

 $00:50:39.946 \longrightarrow 00:50:42.159$ I'm happy to answer any questions.

NOTE Confidence: 0.49338372

 $00:50:52.040 \longrightarrow 00:50:56.340$ Did I thank you for this absolutely fantastic

NOTE Confidence: 0.816172336666667

00:50:56.340 --> 00:50:58.902 lecture? And we actually have hematology

NOTE Confidence: 0.816172336666667

 $00:50:58.902 \longrightarrow 00:51:01.279$ faculty and trainees in the room.

NOTE Confidence: 0.816172336666667

 $00:51:01.280 \longrightarrow 00:51:03.055$ So I encourage everybody to

NOTE Confidence: 0.816172336666667

 $00:51:03.055 \longrightarrow 00:51:04.475$ ask questions in person.

NOTE Confidence: 0.816172336666667

 $00{:}51{:}04.480 \dashrightarrow 00{:}51{:}06.587$ You're welcome to come up to the

00:51:06.587 --> 00:51:08.770 podium or I'm happy to repeat

NOTE Confidence: 0.816172336666667

 $00:51:08.770 \longrightarrow 00:51:10.780$ your questions from the audience.

NOTE Confidence: 0.816172336666667

 $00:51:10.780 \longrightarrow 00:51:13.335$ And then are you seeing

NOTE Confidence: 0.816172336666667

 $00:51:13.335 \longrightarrow 00:51:15.379$ questions from in soon?

NOTE Confidence: 0.841299015714286

 $00:51:20.980 \longrightarrow 00:51:22.340$ So I don't see questions

NOTE Confidence: 0.841299015714286

 $00:51:22.340 \longrightarrow 00:51:25.280$ in either that. Question.

NOTE Confidence: 0.820887385714286

00:51:27.180 --> 00:51:29.715 OK. Thank you for that

NOTE Confidence: 0.820887385714286

 $00{:}51{:}29.715 \dashrightarrow 00{:}51{:}30.729$ excellent presentation.

NOTE Confidence: 0.820887385714286

 $00{:}51{:}30.730 \dashrightarrow 00{:}51{:}33.362$ I think the pH positive word is largely

NOTE Confidence: 0.820887385714286

 $00:51:33.362 \longrightarrow 00:51:35.980$ driven by what happens at MD Anderson.

NOTE Confidence: 0.820887385714286

 $00:51:35.980 \longrightarrow 00:51:37.515$ And it's interesting to see

NOTE Confidence: 0.820887385714286

 $00{:}51{:}37.515 \dashrightarrow 00{:}51{:}39.393$ it's negative disease and ALS is

NOTE Confidence: 0.820887385714286

 $00{:}51{:}39.393 \dashrightarrow 00{:}51{:}40.828$ going that direction as well.

NOTE Confidence: 0.820887385714286

 $00:51:40.830 \longrightarrow 00:51:44.316$ Thank you for those excellent slides.

NOTE Confidence: 0.820887385714286

 $00:51:44.320 \longrightarrow 00:51:46.518$ You show a couple of interesting but

00:51:46.518 --> 00:51:49.500 equally provocative slides, right?

NOTE Confidence: 0.820887385714286

00:51:49.500 --> 00:51:51.008 Innovate and leaner trials,

NOTE Confidence: 0.820887385714286

00:51:51.008 --> 00:51:52.139 when published historically

NOTE Confidence: 0.820887385714286

 $00:51:52.139 \longrightarrow 00:51:53.859$ compared them against standard of

NOTE Confidence: 0.820887385714286

 $00:51:53.860 \longrightarrow 00:51:56.708$ chemo while the Cartesian trials.

NOTE Confidence: 0.820887385714286

00:51:56.708 --> 00:51:59.759 At INA and Lena failure in my mind,

NOTE Confidence: 0.820887385714286

 $00:51:59.760 \longrightarrow 00:52:02.598$ those were probably more refractory diseases.

NOTE Confidence: 0.820887385714286

 $00{:}52{:}02.600 \dashrightarrow 00{:}52{:}04.912$ Based on the CR and the MRD rate

NOTE Confidence: 0.820887385714286

 $00{:}52{:}04.912 \dashrightarrow 00{:}52{:}07.201$ that are reported across Kartes as

NOTE Confidence: 0.820887385714286

00:52:07.201 --> 00:52:09.655 is approved with the FDA agents.

NOTE Confidence: 0.820887385714286

 $00{:}52{:}09.660 \dashrightarrow 00{:}52{:}11.670$ What's the hesitation of you

NOTE Confidence: 0.820887385714286

 $00:52:11.670 \longrightarrow 00:52:12.876$ trying them first?

NOTE Confidence: 0.820887385714286

 $00:52:12.880 \longrightarrow 00:52:15.048$ And why are we still pursuing with Inar

NOTE Confidence: 0.820887385714286

00:52:15.048 --> 00:52:16.520 Deena approaches with chemotherapy?

NOTE Confidence: 0.820887385714286

 $00:52:16.520 \longrightarrow 00:52:17.600$ I think the answer to that

NOTE Confidence: 0.820887385714286

 $00:52:17.600 \longrightarrow 00:52:18.970$ will lead to my next question.

 $00:52:19.700 \longrightarrow 00:52:21.656$ So that's a very important question.

NOTE Confidence: 0.793569498333333

00:52:21.660 --> 00:52:24.140 And the answer to this is I do

NOTE Confidence: 0.793569498333333

 $00:52:24.140 \longrightarrow 00:52:26.245$ not compare the single agent

NOTE Confidence: 0.793569498333333

 $00:52:26.245 \longrightarrow 00:52:28.595$ antibodies to the cartica results,

NOTE Confidence: 0.793569498333333

00:52:28.600 --> 00:52:31.840 but you have to do is compare the hyper

NOTE Confidence: 0.793569498333333

 $00:52:31.840 \longrightarrow 00:52:35.200$ cvad in oblina and salvage to the Carticel.

NOTE Confidence: 0.793569498333333

 $00.52:35.200 \longrightarrow 00.52:36.380$ So with the cart cells,

NOTE Confidence: 0.793569498333333

 $00:52:36.380 \longrightarrow 00:52:37.900$ if you take 100 patients,

NOTE Confidence: 0.793569498333333

 $00:52:37.900 \longrightarrow 00:52:40.686$ you're infusing probably only 2/3 of them

NOTE Confidence: 0.793569498333333

 $00{:}52{:}40.686 \dashrightarrow 00{:}52{:}43.400$ because you lose some of the patients.

NOTE Confidence: 0.793569498333333

 $00:52:43.400 \longrightarrow 00:52:46.368$ In the process with the mini CD and

NOTE Confidence: 0.793569498333333

00:52:46.368 --> 00:52:48.876 Oblina you are treating 100% of

NOTE Confidence: 0.793569498333333

 $00{:}52{:}48.876 \longrightarrow 00{:}52{:}51.024$ the patients and you're getting a

NOTE Confidence: 0.793569498333333

00:52:51.024 --> 00:52:53.910 mirror CR rate of 85% and that does

NOTE Confidence: 0.793569498333333

 $00:52:53.910 \longrightarrow 00:52:56.310$ not negate the need and potential

 $00:52:56.388 \longrightarrow 00:52:58.503$ use of either allogeneic transplant

NOTE Confidence: 0.793569498333333

 $00{:}52{:}58.503 \dashrightarrow 00{:}53{:}01.800$ or Cathy cell as a consolidation.

NOTE Confidence: 0.793569498333333

 $00:53:01.800 \longrightarrow 00:53:05.283$ So I do not see the antibodies and Carty

NOTE Confidence: 0.793569498333333

 $00:53:05.283 \longrightarrow 00:53:09.039$ cells as either or or competitive modalities,

NOTE Confidence: 0.793569498333333

 $00:53:09.040 \longrightarrow 00:53:12.010$ I see them as in fact

NOTE Confidence: 0.793569498333333

 $00:53:12.010 \longrightarrow 00:53:13.495$ synergistic modalities that.

NOTE Confidence: 0.793569498333333

 $00:53:13.500 \longrightarrow 00:53:15.420$ Have to be used in the proper sequence.

NOTE Confidence: 0.795680875

 $00:53:16.270 \longrightarrow 00:53:18.490$ I think that begs the question,

NOTE Confidence: 0.795680875

 $00{:}53{:}18.490 \dashrightarrow 00{:}53{:}20.300$ since we're competing for the

NOTE Confidence: 0.795680875

00:53:20.300 --> 00:53:22.570 CD19 targets with Lena and Carti,

NOTE Confidence: 0.795680875

 $00{:}53{:}22.570 \dashrightarrow 00{:}53{:}24.691$ why not just stick to your mini

NOTE Confidence: 0.795680875

00:53:24.691 --> 00:53:26.562 hyper Cvad prasina to Zoom app and

NOTE Confidence: 0.795680875

 $00:53:26.562 \longrightarrow 00:53:27.812$ then a different target, right?

NOTE Confidence: 0.795680875

 $00{:}53{:}27.812 \dashrightarrow 00{:}53{:}31.160$ Because it's 19 or 22 expressions.

NOTE Confidence: 0.795680875

00:53:31.160 --> 00:53:32.412 Because the bigger question

NOTE Confidence: 0.795680875

 $00:53:32.412 \longrightarrow 00:53:33.977$ of how to sequence this,

 $00:53:33.980 \longrightarrow 00:53:36.676$ should blina be avoided,

NOTE Confidence: 0.795680875

 $00:53:36.676 \longrightarrow 00:53:38.698$ especially in car?

NOTE Confidence: 0.795680875

 $00{:}53{:}38.700 \dashrightarrow 00{:}53{:}39.771$ Likely coordinating patients

NOTE Confidence: 0.795680875

 $00:53:39.771 \longrightarrow 00:53:41.556$ or however you design it,

NOTE Confidence: 0.795680875

 $00:53:41.560 \longrightarrow 00:53:42.826$ because there are some issues of

NOTE Confidence: 0.795680875

 $00:53:42.826 \longrightarrow 00:53:44.409$ competing for the same antigenic targets.

NOTE Confidence: 0.820880795714286

 $00:53:45.730 \longrightarrow 00:53:47.395$ So that's an important question

NOTE Confidence: 0.820880795714286

 $00{:}53{:}47.395 \dashrightarrow 00{:}53{:}49.060$ and the Carticel experts have

NOTE Confidence: 0.820880795714286

 $00:53:49.122 \longrightarrow 00:53:50.490$ always brought the issue.

NOTE Confidence: 0.820880795714286

00:53:50.490 --> 00:53:53.248 If you treat the patients with blinatumomab,

NOTE Confidence: 0.820880795714286

 $00:53:53.250 \longrightarrow 00:53:54.630$ you may lose the target.

NOTE Confidence: 0.820880795714286

 $00{:}53{:}54.630 \dashrightarrow 00{:}53{:}56.562$ And there were data that showed

NOTE Confidence: 0.820880795714286

 $00{:}53{:}56.562 \dashrightarrow 00{:}53{:}58.469$ that the outcome may be worse.

NOTE Confidence: 0.820880795714286

 $00:53:58.470 \longrightarrow 00:54:00.878$ But there is this real world data

NOTE Confidence: 0.820880795714286

 $00:54:00.878 \longrightarrow 00:54:03.504$ which I've shown you have updated the

00:54:03.504 --> 00:54:05.778 results and they've shown that the

NOTE Confidence: 0.820880795714286

 $00{:}54{:}05.852 \dashrightarrow 00{:}54{:}07.952$ results were worse with blinatum omab

NOTE Confidence: 0.820880795714286

 $00:54:07.952 \longrightarrow 00:54:10.505$ only in the patients who failed

NOTE Confidence: 0.820880795714286

 $00:54:10.505 \longrightarrow 00:54:13.175$ blinatumomab and the patients who respond

NOTE Confidence: 0.820880795714286

 $00:54:13.175 \longrightarrow 00:54:15.420$ to blinatumomab when they relapse.

NOTE Confidence: 0.820880795714286

 $00:54:15.420 \longrightarrow 00:54:17.065$ And they get the car T cells,

NOTE Confidence: 0.820880795714286

 $00:54:17.070 \longrightarrow 00:54:19.146$ the results are still as good.

NOTE Confidence: 0.820880795714286

 $00:54:19.150 \longrightarrow 00:54:22.970$ So it was a selection of the patients

NOTE Confidence: 0.820880795714286

 $00:54:22.970 \longrightarrow 00:54:25.370$ who are refractory to blinatumomab who

NOTE Confidence: 0.820880795714286

 $00:54:25.370 \longrightarrow 00:54:28.087$ were also refractory to the cartesius.

NOTE Confidence: 0.820880795714286

 $00:54:28.090 \longrightarrow 00:54:31.780$ So I have no hesitation and no issues with

NOTE Confidence: 0.820880795714286

 $00:54:31.780 \longrightarrow 00:54:35.347$ using blinatumomab before the car T cells,

NOTE Confidence: 0.820880795714286

00:54:35.350 --> 00:54:39.410 because loss of the target is minimal,

NOTE Confidence: 0.820880795714286 00:54:39.410 --> 00:54:41.438 if at all, NOTE Confidence: 0.820880795714286

 $00:54:41.438 \longrightarrow 00:54:45.494$ and also because the updated data.

NOTE Confidence: 0.820880795714286

 $00:54:45.500 \longrightarrow 00:54:48.125$ Does not show that exposure to blinatumomab

 $00:54:48.125 \longrightarrow 00:54:50.447$ worsens the outcome of the car T cells.

NOTE Confidence: 0.820880795714286

 $00:54:50.450 \longrightarrow 00:54:53.186$ It was an epiphenomenon of the

NOTE Confidence: 0.820880795714286

 $00:54:53.186 \longrightarrow 00:54:55.010$ patients who are refractory,

NOTE Confidence: 0.820880795714286

 $00:54:55.010 \longrightarrow 00:54:57.452$ truly refractory to blina that also

NOTE Confidence: 0.820880795714286

00:54:57.452 --> 00:54:59.800 are refractory to the cortices.

NOTE Confidence: 0.752436460666667

 $00{:}55{:}00.760 \to 00{:}55{:}02.335$ OK. Thank you. And last comment was

NOTE Confidence: 0.752436460666667

 $00:55:02.335 \longrightarrow 00:55:04.225$ going to make was now I'll let others

NOTE Confidence: 0.752436460666667

 $00:55:04.225 \longrightarrow 00:55:06.157$ take the question because a couple of my

NOTE Confidence: 0.752436460666667

 $00{:}55{:}06.157 \dashrightarrow 00{:}55{:}07.823$ other colleagues have to go for Nicola.

NOTE Confidence: 0.724480298

 $00:55:10.280 \longrightarrow 00:55:10.934$ It's a nickel.

NOTE Confidence: 0.724480298

00:55:10.934 --> 00:55:12.460 I guess you have just one question.

NOTE Confidence: 0.724480298

 $00:55:12.460 \longrightarrow 00:55:14.260$ Have you noticed that you know

NOTE Confidence: 0.724480298

 $00{:}55{:}14.260 \dashrightarrow 00{:}55{:}15.944$ by maybe not running phase

NOTE Confidence: 0.724480298

00:55:15.944 --> 00:55:17.636 three trial randomized trials,

NOTE Confidence: 0.724480298

 $00:55:17.640 \longrightarrow 00:55:20.314$ but these early phase trials that you

00:55:20.314 --> 00:55:22.309 have better inclusion of you know,

NOTE Confidence: 0.724480298

00:55:22.310 --> 00:55:23.845 people who may be more

NOTE Confidence: 0.724480298

 $00:55:23.845 \longrightarrow 00:55:25.380$ hesitant to enroll in trials,

NOTE Confidence: 0.724480298

 $00:55:25.380 \longrightarrow 00:55:27.978$ so underrepresented population.

NOTE Confidence: 0.837536906

 $00:55:28.640 \longrightarrow 00:55:30.410$ Well that's one issue because

NOTE Confidence: 0.837536906

 $00:55:30.410 \longrightarrow 00:55:32.695$ as I mentioned today with all

NOTE Confidence: 0.837536906

 $00:55:32.695 \longrightarrow 00:55:34.915$ the targeted the rapies with the

NOTE Confidence: 0.837536906

00:55:34.915 --> 00:55:36.691 multitudes of targeted therapies,

NOTE Confidence: 0.837536906

 $00{:}55{:}36.700 \dashrightarrow 00{:}55{:}39.436$ it's very difficult for an investigator.

NOTE Confidence: 0.837536906

 $00:55:39.440 \longrightarrow 00:55:42.312$ We truly and transparently

NOTE Confidence: 0.837536906

 $00{:}55{:}42.312 \dashrightarrow 00{:}55{:}44.598$ states a situation of equipoise,

NOTE Confidence: 0.837536906

 $00{:}55{:}44.598 \dashrightarrow 00{:}55{:}46.950$ meaning that you tell the patient,

NOTE Confidence: 0.837536906

 $00:55:46.950 \longrightarrow 00:55:51.540$ look, I have hyper cvad. Um.

NOTE Confidence: 0.618526289555556

 $00:55:55.430 \longrightarrow 00:55:57.830$ Imagine versus ponatinib, blinatumomab

NOTE Confidence: 0.618526289555556

 $00:55:57.830 \longrightarrow 00:56:02.302$ and I truly believe that I do not know

NOTE Confidence: 0.618526289555556

 $00:56:02.302 \longrightarrow 00:56:05.365$ the answer to to that, to that strategy.

00:56:05.365 --> 00:56:09.030 So I think if you tell the patient,

NOTE Confidence: 0.618526289555556

 $00:56:09.030 \longrightarrow 00:56:11.389$ look, we have gathered all our knowledge

NOTE Confidence: 0.618526289555556

 $00:56:11.389 \longrightarrow 00:56:13.684$ and to the best of my knowledge

NOTE Confidence: 0.618526289555556

 $00:56:13.684 \longrightarrow 00:56:16.169$ this is a trial that will help you.

NOTE Confidence: 0.618526289555556

 $00:56:16.170 \longrightarrow 00:56:20.614$ First, it would reduce the restrictive

NOTE Confidence: 0.618526289555556

 $00:56:20.614 \longrightarrow 00:56:24.070$ eligibility criteria, which was.

NOTE Confidence: 0.618526289555556

 $00:56:24.070 \longrightarrow 00:56:26.982$ You can. You can negotiate better within

NOTE Confidence: 0.618526289555556

 $00:56:26.982 \longrightarrow 00:56:30.109$ your own Ind studies and in single

NOTE Confidence: 0.618526289555556

 $00{:}56{:}30.109 \dashrightarrow 00{:}56{:}32.797$ ARM trials to reduce the obstacles.

NOTE Confidence: 0.61852628955556

 $00:56:32.800 \longrightarrow 00:56:34.710$ And second, you probably can

NOTE Confidence: 0.618526289555556

 $00:56:34.710 \longrightarrow 00:56:36.620$ convince the patients better that

NOTE Confidence: 0.618526289555556

00:56:36.685 --> 00:56:38.683 what you're offering them is truly

NOTE Confidence: 0.618526289555556

 $00{:}56{:}38.683 \dashrightarrow 00{:}56{:}40.938$ what you believe is best for them.

NOTE Confidence: 0.774941991666667

00:56:41.670 --> 00:56:43.410 Thank you so much Doctor Baldev,

NOTE Confidence: 0.774941991666667

 $00:56:43.410 \longrightarrow 00:56:44.420$ come on to the podium.

00:56:47.590 --> 00:56:49.005 Doctor Contagion, thank you very

NOTE Confidence: 0.652388093333333

 $00{:}56{:}49.005 \dashrightarrow 00{:}56{:}50.137$ much for excellent presentation.

NOTE Confidence: 0.652388093333333

 $00:56:50.140 \longrightarrow 00:56:53.094$ My question is about use of Ponatinib

NOTE Confidence: 0.652388093333333

 $00:56:53.094 \longrightarrow 00:56:55.074$ and BLINATUMOMAB and pH positive

NOTE Confidence: 0.652388093333333

 $00:56:55.074 \longrightarrow 00:56:57.016$ L so you know this is applicable

NOTE Confidence: 0.652388093333333

00:56:57.016 --> 00:56:58.735 to younger and older patients and

NOTE Confidence: 0.652388093333333

 $00:56:58.735 \longrightarrow 00:57:00.744$ obviously there is a lot of concern

NOTE Confidence: 0.652388093333333

00:57:00.744 --> 00:57:02.527 about the natib related toxicity.

NOTE Confidence: 0.652388093333333

 $00:57:02.530 \longrightarrow 00:57:03.955$ Would you see any contraindications

NOTE Confidence: 0.652388093333333

00:57:03.955 --> 00:57:06.034 and what do you think about long

NOTE Confidence: 0.652388093333333

 $00{:}57{:}06.034 \dashrightarrow 00{:}57{:}07.534$ term use of management after

NOTE Confidence: 0.652388093333333

 $00{:}57{:}07.534 \dashrightarrow 00{:}57{:}08.990$ you finished initial treatment,

NOTE Confidence: 0.652388093333333

 $00:57:08.990 \longrightarrow 00:57:10.230$ how long should we continue?

NOTE Confidence: 0.793629846666667

00:57:11.240 --> 00:57:13.825 So you're absolutely correct that

NOTE Confidence: 0.793629846666667

 $00:57:13.825 \longrightarrow 00:57:15.893$ Ponatinib has significant toxicities.

NOTE Confidence: 0.793629846666667

 $00:57:15.900 \longrightarrow 00:57:18.643$ That's why we reduce it from 45.

00:57:18.643 --> 00:57:20.958 Actually in the ponatinib Lina,

NOTE Confidence: 0.793629846666667

 $00:57:20.960 \longrightarrow 00:57:23.340$ we start with 30 milligrams and we

NOTE Confidence: 0.793629846666667

 $00:57:23.340 \longrightarrow 00:57:25.591$ reduce it to 15 milligrams usually

NOTE Confidence: 0.793629846666667

 $00:57:25.591 \longrightarrow 00:57:28.279$ within a month as I showed you.

NOTE Confidence: 0.793629846666667

 $00:57:28.280 \longrightarrow 00:57:30.518$ But your question is very legitimate.

NOTE Confidence: 0.793629846666667

 $00:57:30.520 \longrightarrow 00:57:33.310$ What do we do with all the patients who

NOTE Confidence: 0.793629846666667

 $00:57:33.310 \longrightarrow 00:57:36.098$ have already existing arterial occlusive

NOTE Confidence: 0.793629846666667

 $00:57:36.098 \longrightarrow 00:57:38.498$ events or cardiovascular events.

NOTE Confidence: 0.793629846666667

 $00:57:38.500 \longrightarrow 00:57:41.190$ So in those situations there's.

NOTE Confidence: 0.793629846666667

 $00:57:41.190 \longrightarrow 00:57:44.920$ One could design a trial

NOTE Confidence: 0.793629846666667

 $00:57:44.920 \longrightarrow 00:57:47.158$ with Bosutinib Blinatumomab.

NOTE Confidence: 0.793629846666667

00:57:47.160 --> 00:57:50.530 Or with the satanic Blinatumomab,

NOTE Confidence: 0.793629846666667

 $00{:}57{:}50.530 \dashrightarrow 00{:}57{:}53.370$ but you're going to encounter

NOTE Confidence: 0.793629846666667

 $00{:}57{:}53.370 \dashrightarrow 00{:}57{:}56.254$ perhaps relapse rate of maybe

NOTE Confidence: 0.793629846666667

 $00:57:56.254 \longrightarrow 00:57:59.492$ 10 to 20% with 315I clones.

00:57:59.492 --> 00:58:01.547 You hope that the Blinatumomab

NOTE Confidence: 0.793629846666667

 $00:58:01.547 \longrightarrow 00:58:03.310$ will suppress these clones,

NOTE Confidence: 0.793629846666667

00:58:03.310 --> 00:58:06.230 and if you try to design A regimen like this,

NOTE Confidence: 0.793629846666667

 $00:58:06.230 \longrightarrow 00:58:09.023$ I would encourage to use the blinatumomab

NOTE Confidence: 0.793629846666667

 $00:58:09.023 \longrightarrow 00:58:11.448$ starting day one with the induction

NOTE Confidence: 0.793629846666667

00.58:11.448 -> 00.58:14.143 rather than as the Italians did where

NOTE Confidence: 0.793629846666667

 $00:58:14.219 \longrightarrow 00:58:17.179$ they used it three months into a remission.

NOTE Confidence: 0.793629846666667

00:58:17.180 --> 00:58:20.956 So today if I have a patient with

NOTE Confidence: 0.793629846666667

 $00:58:20.956 \longrightarrow 00:58:22.140$ cardiovascular contraindications,

NOTE Confidence: 0.793629846666667

 $00:58:22.140 \longrightarrow 00:58:24.270$ arterial occlusive events.

NOTE Confidence: 0.793629846666667

 $00:58:24.270 \longrightarrow 00:58:29.368$ Then by all means I I could start

NOTE Confidence: 0.793629846666667

 $00{:}58{:}29.368 \to 00{:}58{:}32.047$ them with with desatino blinatum omab,

NOTE Confidence: 0.793629846666667

 $00:58:32.047 \longrightarrow 00:58:35.890$ but then you have to somehow carve

NOTE Confidence: 0.793629846666667

 $00{:}58{:}35.980 \dashrightarrow 00{:}58{:}39.018$ out a time space where you give

NOTE Confidence: 0.793629846666667

00:58:39.018 --> 00:58:41.912 them ponatinib to try to eliminate

NOTE Confidence: 0.793629846666667

00:58:41.912 --> 00:58:44.380 those perhaps 10% of the patients

 $00:58:44.380 \longrightarrow 00:58:46.872$ who can relapse with the T315 icron.

NOTE Confidence: 0.793629846666667

00:58:46.872 --> 00:58:49.102 Alternatively you can see what

NOTE Confidence: 0.793629846666667

 $00:58:49.102 \longrightarrow 00:58:51.660$ the residual disease is left with

NOTE Confidence: 0.793629846666667

 $00:58:51.660 \longrightarrow 00:58:53.570$ next generation sequencing and if

NOTE Confidence: 0.793629846666667

 $00:58:53.570 \longrightarrow 00:58:55.966$ you see it there then you can.

NOTE Confidence: 0.793629846666667 00:58:55.970 --> 00:58:57.060 Change 2.18.

NOTE Confidence: 0.734378402083333

00:58:58.220 --> 00:58:59.936 So following with Jim, next Gen

NOTE Confidence: 0.734378402083333

 $00{:}58{:}59.936 \to 00{:}59{:}01.593$ sequencing rather than with PCR is

NOTE Confidence: 0.734378402083333

 $00:59:01.593 \dashrightarrow 00:59:02.961$ what you suggest because you know

NOTE Confidence: 0.734378402083333

 $00:59:02.961 \dashrightarrow 00:59:04.878$ PCR is reasonably sensitive as well.

NOTE Confidence: 0.811219101666667

 $00{:}59{:}05.510 \dashrightarrow 00{:}59{:}08.786$ So the PCR detects 100,000 cells.

NOTE Confidence: 0.811219101666667

 $00{:}59{:}08.790 \dashrightarrow 00{:}59{:}12.150$ The NGS when successful can

NOTE Confidence: 0.811219101666667

 $00:59:12.150 --> 00:59:14.166 \ \mathrm{measure} \ 3{,}000{,}000 \ \mathrm{cents}.$

NOTE Confidence: 0.811219101666667

00:59:14.170 --> 00:59:16.220 We're doing both of them.

NOTE Confidence: 0.811219101666667

 $00:59:16.220 \longrightarrow 00:59:17.888$ Another interesting finding which

00:59:17.888 --> 00:59:20.390 I didn't mention is we have

NOTE Confidence: 0.811219101666667

00:59:20.459 --> 00:59:22.509 patients who are NCGS negative

NOTE Confidence: 0.811219101666667

00:59:22.510 --> 00:59:24.568 and PCR positive at low levels.

NOTE Confidence: 0.811219101666667

 $00:59:24.570 \longrightarrow 00:59:26.910$ So you could say, well is this a fluke,

NOTE Confidence: 0.811219101666667

 $00:59:26.910 \longrightarrow 00:59:28.446$ how can that be?

NOTE Confidence: 0.811219101666667

 $00:59:28.446 \longrightarrow 00:59:30.750$ And we think that the eggs,

NOTE Confidence: 0.811219101666667

 $00:59:30.750 \longrightarrow 00:59:33.222$ because it measures the immunoglobulin heavy

NOTE Confidence: 0.811219101666667

 $00:59:33.222 \longrightarrow 00:59:36.119$ chain is looking only at the lymphoblast.

NOTE Confidence: 0.811219101666667

00:59:36.120 --> 00:59:40.544 But there could be some BCR able

NOTE Confidence: 0.811219101666667

 $00:59:40.550 \longrightarrow 00:59:44.387$ signals in the myeloid cells which

NOTE Confidence: 0.811219101666667

 $00{:}59{:}44.387 \dashrightarrow 00{:}59{:}47.249$ will not cause an ACL relapse.

NOTE Confidence: 0.811219101666667

 $00{:}59{:}47.250 \to 00{:}59{:}49.923$ And in fact this is what we are noticing.

NOTE Confidence: 0.811219101666667

 $00:59:49.930 \longrightarrow 00:59:52.030$ There's a subset of patients

NOTE Confidence: 0.811219101666667

 $00{:}59{:}52.030 \dashrightarrow 00{:}59{:}54.130$ who are NGS MRD negative,

NOTE Confidence: 0.811219101666667

 $00:59:54.130 \longrightarrow 00:59:58.368$ PCR positive at low level 0.01 or 0.1%.

NOTE Confidence: 0.811219101666667

00:59:58.368 --> 01:00:00.804 And these patients are not relapsing,

 $01:00:00.810 \longrightarrow 01:00:03.491$ so we're not sending them to transplant

NOTE Confidence: 0.811219101666667

01:00:03.491 --> 01:00:05.999 if they are NGS MRD negative.

NOTE Confidence: 0.811219101666667

 $01:00:06.000 \longrightarrow 01:00:07.578$ But we haven't published on this.

NOTE Confidence: 0.811219101666667 01:00:07.580 --> 01:00:08.528 It's A twist.

NOTE Confidence: 0.8402872825

 $01:00:10.560 \longrightarrow 01:00:14.340$ To some patients so more specialized

NOTE Confidence: 0.8402872825

 $01:00:14.340 \longrightarrow 01:00:16.710$ than what? What one needs to know.

NOTE Confidence: 0.654074203384615

01:00:17.590 --> 01:00:19.280 And duration of Inactive and

NOTE Confidence: 0.654074203384615

 $01:00:19.280 \longrightarrow 01:00:20.632$ younger patients receive treatment

NOTE Confidence: 0.654074203384615

 $01{:}00{:}20.632 \dashrightarrow 01{:}00{:}22.418$ with minor ponatinib combination.

NOTE Confidence: 0.827764602

 $01:00:22.690 \longrightarrow 01:00:24.010$ So we do not know,

NOTE Confidence: 0.827764602

 $01:00:24.010 \longrightarrow 01:00:25.886$ but here's what we're going to do.

NOTE Confidence: 0.827764602

 $01:00:25.890 \longrightarrow 01:00:28.946$ We're going to adopt strategy similar to CML.

NOTE Confidence: 0.827764602

01:00:28.950 --> 01:00:31.098 We're going to say if the

NOTE Confidence: 0.827764602

01:00:31.098 --> 01:00:32.530 patient is NCGS negative,

NOTE Confidence: 0.827764602

01:00:32.530 --> 01:00:34.950 MRD negative for five years,

 $01:00:34.950 \longrightarrow 01:00:37.498$ we are going to either stop the

NOTE Confidence: 0.827764602

 $01{:}00{:}37.498 \dashrightarrow 01{:}00{:}39.405$ treatment for toxicities or accidentally

NOTE Confidence: 0.827764602

01:00:39.405 --> 01:00:42.002 if the patient doesn't want it or

NOTE Confidence: 0.827764602

 $01:00:42.002 \longrightarrow 01:00:44.066$ perhaps in the future on purpose,

NOTE Confidence: 0.827764602

01:00:44.070 --> 01:00:46.482 we're going to tell them you have been NGS,

NOTE Confidence: 0.827764602

 $01:00:46.490 \longrightarrow 01:00:48.170$ MRD negative for five years.

NOTE Confidence: 0.827764602

 $01:00:48.170 \longrightarrow 01:00:50.898$ They think the disease is not going to

NOTE Confidence: 0.827764602

 $01{:}00{:}50.898 \dashrightarrow 01{:}00{:}53.614$ relapse and perhaps ponatinib will will

NOTE Confidence: 0.827764602

 $01{:}00{:}53.614 \dashrightarrow 01{:}00{:}56.338$ buy you more problems than benefits.

NOTE Confidence: 0.827764602

 $01:00:56.340 \longrightarrow 01:00:58.532$ So we're going to stop and see what

NOTE Confidence: 0.827764602

 $01{:}00{:}58.532 \dashrightarrow 01{:}01{:}00.887$ happens the same way as we do in

NOTE Confidence: 0.827764602

 $01:01:00.887 \longrightarrow 01:01:02.505$ chronic myeloid leukemia with the

NOTE Confidence: 0.827764602

 $01:01:02.505 \longrightarrow 01:01:04.450$ concept of treatment free remission.

NOTE Confidence: 0.827764602

 $01:01:04.450 \longrightarrow 01:01:05.600$ But we're not there yet.

NOTE Confidence: 0.827764602

 $01:01:05.600 \longrightarrow 01:01:08.000$ We need to get to a population of

NOTE Confidence: 0.827764602

 $01:01:08.000 \longrightarrow 01:01:09.901$ patients who are NGS MRD negative

 $01{:}01{:}09{.}901 \dashrightarrow 01{:}01{:}12.137$ for five years or at least three

NOTE Confidence: 0.827764602

 $01:01:12.137 \longrightarrow 01:01:14.093$ years to offer them that kind

NOTE Confidence: 0.827764602

01:01:14.093 --> 01:01:16.160 of a treatment option if they

NOTE Confidence: 0.827764602

01:01:16.160 --> 01:01:17.960 have toxicities or side effects.

NOTE Confidence: 0.827764602

01:01:18.950 --> 01:01:19.480 Thank you.

NOTE Confidence: 0.801806937692308

01:01:20.960 --> 01:01:22.010 Right. I think we're at the top

NOTE Confidence: 0.801806937692308

01:01:22.010 --> 01:01:23.229 of the hour at Doctor Kantarjian.

NOTE Confidence: 0.801806937692308

 $01:01:23.230 \longrightarrow 01:01:25.138$ Thank you so much for this

NOTE Confidence: 0.801806937692308

 $01{:}01{:}25.138 \dashrightarrow 01{:}01{:}26.092$ absolutely spectacular lecture.

NOTE Confidence: 0.801806937692308

 $01:01:26.100 \longrightarrow 01:01:28.872$ And Dr Sears, thank you for

NOTE Confidence: 0.801806937692308

01:01:28.872 --> 01:01:30.720 bringing these amazing advances

NOTE Confidence: 0.801806937692308

 $01:01:30.802 \longrightarrow 01:01:32.837$ to our lecture hall today.

NOTE Confidence: 0.801806937692308

 $01{:}01{:}32.840 \dashrightarrow 01{:}01{:}33.944$ So thank you so much and thank you,

NOTE Confidence: 0.801806937692308

 $01:01:33.950 \longrightarrow 01:01:35.550$ Amar, for the wonderful introduction.

NOTE Confidence: 0.865950278571429

 $01:01:36.020 \longrightarrow 01:01:38.092$ Thank you very much for the honor of

 $01{:}01{:}38.092 \dashrightarrow 01{:}01{:}39.967$ inviting me to this special lecture.