WEBVTT

NOTE duration:"01:10:49" NOTE recognizability:0.839

NOTE language:en-us

NOTE Confidence: 0.6393677 00:00:00.000 --> 00:00:00.410 Yes.

NOTE Confidence: 0.83098558

 $00{:}00{:}03.480 \dashrightarrow 00{:}00{:}05.958$ So targeting her 2IN breast cancer

NOTE Confidence: 0.83098558

 $00{:}00{:}05.958 \mathrel{--}{>} 00{:}00{:}08.170$ has resulted in markedly improved

NOTE Confidence: 0.83098558

 $00:00:08.170 \longrightarrow 00:00:10.620$ results in treating this disease.

NOTE Confidence: 0.83098558

 $00:00:10.620 \longrightarrow 00:00:12.260$ And as this slide shows,

NOTE Confidence: 0.83098558

 $00{:}00{:}12.260 \dashrightarrow 00{:}00{:}14.619$ there are now eight her two targeting

NOTE Confidence: 0.83098558

 $00:00:14.619 \longrightarrow 00:00:17.546$ drugs that are FDA approved not including

NOTE Confidence: 0.83098558

 $00:00:17.546 \longrightarrow 00:00:19.390$ biosimilars or subcube preparations

NOTE Confidence: 0.83098558

 $00:00:19.390 \longrightarrow 00:00:21.858$ and most with indications in multiple

NOTE Confidence: 0.83098558

 $00{:}00{:}21.858 \dashrightarrow 00{:}00{:}24.760$ settings and six new drug or disease

NOTE Confidence: 0.83098558

 $00{:}00{:}24.760 \dashrightarrow 00{:}00{:}28.160$ setting approvals just since 2019.

NOTE Confidence: 0.83098558

00:00:28.160 --> 00:00:31.120 In this talk, I'd like to focus on

NOTE Confidence: 0.83098558

 $00:00:31.120 \longrightarrow 00:00:34.092$ recent results with the antibody drug

 $00:00:34.092 \longrightarrow 00:00:36.244$ conjugate trastuzumab Durex tecan.

NOTE Confidence: 0.83098558

 $00{:}00{:}36.250 \dashrightarrow 00{:}00{:}39.682$ Include with my personal thoughts about

NOTE Confidence: 0.83098558

 $00:00:39.682 \longrightarrow 00:00:42.943$ application of this particular drug in

NOTE Confidence: 0.83098558

 $00:00:42.943 \longrightarrow 00:00:45.758$ phase one studies trastuzumab dierickx

NOTE Confidence: 0.83098558

 $00:00:45.758 \longrightarrow 00:00:48.942$ tecan had remarkable activity not only

NOTE Confidence: 0.83098558

 $00{:}00{:}48.942 \dashrightarrow 00{:}00{:}51.498$ in her two positive breast cancer.

NOTE Confidence: 0.83098558

00:00:51.500 --> 00:00:54.034 But as shown here also another her

NOTE Confidence: 0.83098558

 $00:00:54.034 \longrightarrow 00:00:56.224$ two positive tumor types and in

NOTE Confidence: 0.83098558

 $00:00:56.224 \longrightarrow 00:00:58.276$ breast cancer that was assayed as

NOTE Confidence: 0.83098558

00:00:58.276 --> 00:01:00.895 her two IHC one plus and two plus

NOTE Confidence: 0.83098558

 $00:01:00.895 \longrightarrow 00:01:02.962$ that were called her two low.

NOTE Confidence: 0.83098558

 $00:01:02.962 \longrightarrow 00:01:04.832$ I'll return to this group

NOTE Confidence: 0.83098558

 $00:01:04.832 \longrightarrow 00:01:06.799$ in just a few moments.

NOTE Confidence: 0.83098558

 $00:01:06.800 \longrightarrow 00:01:08.500$ Getting back to her two

NOTE Confidence: 0.83098558

 $00:01:08.500 \longrightarrow 00:01:09.520$ positive breast cancer,

NOTE Confidence: 0.83098558

 $00:01:09.520 \longrightarrow 00:01:11.722$ the destiny breast 01 trial was

00:01:11.722 --> 00:01:14.503 a single arm phase two trial of

NOTE Confidence: 0.83098558

00:01:14.503 --> 00:01:16.969 trastuzumab Durex t
can for her two

NOTE Confidence: 0.83098558

 $00:01:16.969 \longrightarrow 00:01:19.298$ positive metastatic breast cancer.

NOTE Confidence: 0.83098558

00:01:19.300 --> 00:01:21.330 All patients had prior treatment.

NOTE Confidence: 0.83098558

00:01:21.330 --> 00:01:23.078 With trastuzumab and TDM,

NOTE Confidence: 0.83098558

 $00:01:23.078 \longrightarrow 00:01:25.700$ one and 2/3 had prior treatment.

NOTE Confidence: 0.83098558

00:01:25.700 --> 00:01:26.468 With pertuzumab,

NOTE Confidence: 0.83098558

 $00{:}01{:}26.468 \dashrightarrow 00{:}01{:}29.156$ the median number of prior lines of

NOTE Confidence: 0.83098558

 $00{:}01{:}29.156 \dashrightarrow 00{:}01{:}31.776$ therapy in the metastatic setting was six,

NOTE Confidence: 0.83098558

 $00{:}01{:}31.780 \dashrightarrow 00{:}01{:}36.510$ and 92% had visceral metastases.

NOTE Confidence: 0.83098558

 $00{:}01{:}36.510 \dashrightarrow 00{:}01{:}40.115$ The results showed again remarkable

NOTE Confidence: 0.83098558

00:01:40.115 --> 00:01:43.882 activity in this or two positive

NOTE Confidence: 0.83098558

 $00{:}01{:}43.882 \dashrightarrow 00{:}01{:}46.018$ population with a confirmed

NOTE Confidence: 0.83098558

 $00:01:46.018 \longrightarrow 00:01:48.405$ objective response rate of 60.9%,

NOTE Confidence: 0.83098558

 $00{:}01{:}48.405 \dashrightarrow 00{:}01{:}51.675$ some complete responses and a Disease

 $00:01:51.675 \longrightarrow 00:01:55.346$ Control rate of an astounding 97.3%.

NOTE Confidence: 0.83098558

 $00{:}01{:}55.346 \dashrightarrow 00{:}01{:}59.126$ In this heavily pretreated population,

NOTE Confidence: 0.83098558

 $00:01:59.130 \longrightarrow 00:02:01.945$ the median progression free survival

NOTE Confidence: 0.83098558

 $00:02:01.945 \longrightarrow 00:02:04.275$ was 16.4 months and the median

NOTE Confidence: 0.83098558

 $00:02:04.275 \longrightarrow 00:02:06.610$ overall survival has not been reached.

NOTE Confidence: 0.83098558

 $00:02:06.610 \longrightarrow 00:02:09.025$ At the time of the initial publication,

NOTE Confidence: 0.83098558

 $00:02:09.030 \longrightarrow 00:02:11.245$ the median duration of response

NOTE Confidence: 0.83098558

00:02:11.245 --> 00:02:14.726 was 14.8 months and again in a

NOTE Confidence: 0.83098558

 $00{:}02{:}14.726 \dashrightarrow 00{:}02{:}16.750$ very heavily pretreated population.

NOTE Confidence: 0.83098558

 $00{:}02{:}16.750 \dashrightarrow 00{:}02{:}19.710$ So the results of this trial led to

NOTE Confidence: 0.83098558

00:02:19.710 --> 00:02:22.124 FDA accelerated approval of this agent

NOTE Confidence: 0.83098558

 $00:02:22.124 \longrightarrow 00:02:25.083$ in December of 2019 for patients with

NOTE Confidence: 0.83098558

 $00:02:25.083 \longrightarrow 00:02:28.005$ her two positive metastatic breast cancer.

NOTE Confidence: 0.83098558

 $00:02:28.010 \longrightarrow 00:02:30.670$ Following two or more anti

NOTE Confidence: 0.83098558

 $00:02:30.670 \longrightarrow 00:02:32.798$ her two based regiments.

NOTE Confidence: 0.83098558

 $00{:}02{:}32.800 \dashrightarrow 00{:}02{:}35.302$ The destiny breast 03 study was

 $00{:}02{:}35.302 \longrightarrow 00{:}02{:}37.476$ a randomized phase three trial

NOTE Confidence: 0.83098558

 $00{:}02{:}37.476 \dashrightarrow 00{:}02{:}39.601$ of trastuzumab dierickx team can

NOTE Confidence: 0.83098558

00:02:39.601 --> 00:02:42.361 versus TDM one for patients with

NOTE Confidence: 0.83098558

 $00:02:42.361 \longrightarrow 00:02:44.821$ metastatic her two positive breast

NOTE Confidence: 0.83098558

 $00{:}02{:}44.821 \dashrightarrow 00{:}02{:}47.242$ cancer with prior trastuzumab and

NOTE Confidence: 0.83098558

 $00:02:47.242 \longrightarrow 00:02:50.068$ and taxane treatment and this once

NOTE Confidence: 0.83098558

 $00:02:50.068 \longrightarrow 00:02:52.191$ again showed superior progression

NOTE Confidence: 0.83098558

 $00:02:52.191 \longrightarrow 00:02:54.956$ free survival and overall response

NOTE Confidence: 0.83098558

 $00{:}02{:}54.956 \dashrightarrow 00{:}02{:}57.440$ benefit across all subgroups.

NOTE Confidence: 0.83098558

 $00{:}02{:}57.440 \dashrightarrow 00{:}02{:}59.840$ The confirmed response rates were

NOTE Confidence: 0.83098558

 $00:02:59.840 \longrightarrow 00:03:03.872$ almost 80% for trastuzumab Drex Tcan.

NOTE Confidence: 0.83098558

 $00{:}03{:}03.872 \dashrightarrow 00{:}03{:}07.220$ Versus 43.2% for TDM one and this

NOTE Confidence: 0.83098558

 $00{:}03{:}07.220 \dashrightarrow 00{:}03{:}10.414$ trial led to full FDA approval of

NOTE Confidence: 0.83098558

 $00:03:10.414 \longrightarrow 00:03:13.627$ this agent in May of this year.

NOTE Confidence: 0.83098558

00:03:13.630 --> 00:03:17.918 Phase One expansion result.

00:03:17.920 --> 00:03:19.476 Showing here, Debbie one,

NOTE Confidence: 0.83098558

 $00{:}03{:}19.476 \dashrightarrow 00{:}03{:}21.421$ that there was remarkably high

NOTE Confidence: 0.83098558

 $00:03:21.421 \longrightarrow 00:03:23.257$ response rates for patients with

NOTE Confidence: 0.83098558

00:03:23.257 --> 00:03:25.339 tumors that were her two negative,

NOTE Confidence: 0.83098558

 $00:03:25.340 \longrightarrow 00:03:29.414$ but IHC one plus or two plus.

NOTE Confidence: 0.83098558

 $00:03:29.420 \longrightarrow 00:03:31.940$ This led to a randomized phase three

NOTE Confidence: 0.83098558

 $00:03:31.940 \longrightarrow 00:03:34.749$ study in this 1 + 2 plus population

NOTE Confidence: 0.83098558

00:03:34.749 --> 00:03:37.919 destiny breast O four of trastuzumab DirectX,

NOTE Confidence: 0.83098558

00:03:37.920 --> 00:03:40.864 tecan versus chemotherapy treatment

NOTE Confidence: 0.83098558

00:03:40.864 --> 00:03:42.288 of physician's choice.

NOTE Confidence: 0.83098558

 $00{:}03{:}42.288 \longrightarrow 00{:}03{:}44.696$ Patients could have had one or two

NOTE Confidence: 0.83098558

 $00:03:44.696 \longrightarrow 00:03:46.574$ prior lines of chemotherapy for

NOTE Confidence: 0.83098558

 $00{:}03{:}46.574 \dashrightarrow 00{:}03{:}48.409$ recurrence or or recurrence within

NOTE Confidence: 0.83098558

 $00{:}03{:}48.409 \to 00{:}03{:}50.677$ six months of adjuvant chemotherapy.

NOTE Confidence: 0.83098558

00:03:50.680 --> 00:03:53.635 This study enrolled 557 patients

NOTE Confidence: 0.83098558

 $00:03:53.635 \longrightarrow 00:03:56.696$ of which 88% were hormone receptor

 $00:03:56.696 \longrightarrow 00:03:58.572$ positive but considered endocrine

NOTE Confidence: 0.83098558

 $00:03:58.572 \longrightarrow 00:03:59.510$ therapy refractory.

NOTE Confidence: 0.901779001818182

 $00:03:59.510 \longrightarrow 00:04:02.302$ And 70 to 80% of the patients also

NOTE Confidence: 0.901779001818182

00:04:02.302 --> 00:04:05.900 had a prior CDK 46 inhibitor.

NOTE Confidence: 0.901779001818182

 $00:04:05.900 \longrightarrow 00:04:08.224$ The results showed markedly

NOTE Confidence: 0.901779001818182

 $00:04:08.224 \longrightarrow 00:04:10.548$ improved progression free survival

NOTE Confidence: 0.901779001818182

00:04:10.548 --> 00:04:12.960 for trustees mapped DXT can,

NOTE Confidence: 0.901779001818182

 $00:04:12.960 \longrightarrow 00:04:14.421$ compared with chemotherapy,

NOTE Confidence: 0.901779001818182

 $00:04:14.421 \longrightarrow 00:04:16.856$ a physician's choice in the

NOTE Confidence: 0.901779001818182

 $00:04:16.856 \longrightarrow 00:04:18.773$ hormone receptor positive group

NOTE Confidence: 0.901779001818182

 $00:04:18.773 \longrightarrow 00:04:20.948$ and similarly in all patients.

NOTE Confidence: 0.901779001818182

 $00{:}04{:}20.950 \dashrightarrow 00{:}04{:}24.646$ Overall survival as well was improved

NOTE Confidence: 0.901779001818182

 $00{:}04{:}24.646 \dashrightarrow 00{:}04{:}28.908$ in both groups by over six months

NOTE Confidence: 0.901779001818182

 $00:04:28.910 \longrightarrow 00:04:30.818$ and confirmed objective response

NOTE Confidence: 0.901779001818182

00:04:30.818 --> 00:04:33.203 rates were remarkably higher for

 $00:04:33.203 \longrightarrow 00:04:35.409$ trastuzumab DirectX tcan in both

NOTE Confidence: 0.901779001818182

 $00:04:35.409 \longrightarrow 00:04:37.484$ hormone receptor positive and hormone

NOTE Confidence: 0.901779001818182

 $00:04:37.484 \longrightarrow 00:04:39.456$ receptor negative patients as shown

NOTE Confidence: 0.901779001818182

 $00:04:39.456 \longrightarrow 00:04:41.688$ here as were the clinical benefit

NOTE Confidence: 0.901779001818182

 $00:04:41.690 \longrightarrow 00:04:45.410$ rates and the duration of response.

NOTE Confidence: 0.901779001818182

00:04:45.410 --> 00:04:47.666 So this these remarkable results in

NOTE Confidence: 0.901779001818182

 $00:04:47.666 \longrightarrow 00:04:49.677$ what we're conventionally her two

NOTE Confidence: 0.901779001818182

 $00{:}04{:}49.677 \dashrightarrow 00{:}04{:}51.437$ negative metastatic breast cancer.

NOTE Confidence: 0.901779001818182

 $00:04:51.440 \longrightarrow 00:04:53.735$ Patients suggests that it takes

NOTE Confidence: 0.901779001818182

 $00:04:53.735 \longrightarrow 00:04:56.483$ very little her to expression for

NOTE Confidence: 0.901779001818182

 $00{:}04{:}56.483 \dashrightarrow 00{:}04{:}59.066$ on tumor cells for this drug to

NOTE Confidence: 0.901779001818182

 $00:04:59.066 \longrightarrow 00:05:01.090$ have activity against a tumor.

NOTE Confidence: 0.901779001818182

00:05:01.090 --> 00:05:03.330 And based on the results of this trial,

NOTE Confidence: 0.901779001818182

 $00:05:03.330 \longrightarrow 00:05:05.787$ in August of this year the FDA

NOTE Confidence: 0.901779001818182

 $00:05:05.787 \longrightarrow 00:05:07.916$ approved a new indication for

NOTE Confidence: 0.901779001818182

 $00{:}05{:}07.916 \dashrightarrow 00{:}05{:}10.411$ trastuzumab direct can for patients

 $00:05:10.411 \longrightarrow 00:05:13.828$ with what has now been termed quote

NOTE Confidence: 0.901779001818182

 $00{:}05{:}13.828 \dashrightarrow 00{:}05{:}16.588$ her too low metastatic breast cancer.

NOTE Confidence: 0.901779001818182

 $00:05:16.590 \longrightarrow 00:05:18.838$ So I would like to share my thoughts

NOTE Confidence: 0.901779001818182

 $00:05:18.838 \longrightarrow 00:05:20.799$ and concerns about the omission from

NOTE Confidence: 0.901779001818182

 $00{:}05{:}20.799 \dashrightarrow 00{:}05{:}22.797$ these studies and an omission from

NOTE Confidence: 0.901779001818182

00:05:22.861 --> 00:05:24.685 the FDA approval of patients who

NOTE Confidence: 0.901779001818182

 $00:05:24.685 \longrightarrow 00:05:29.450$ have tumors that are hurt to IHC 0.

NOTE Confidence: 0.901779001818182

00:05:29.450 --> 00:05:33.048 So first, regarding the technique of IHC,

NOTE Confidence: 0.901779001818182

 $00:05:33.050 \longrightarrow 00:05:35.630$ this is not a quantitative assay,

NOTE Confidence: 0.901779001818182

 $00:05:35.630 \longrightarrow 00:05:37.814$ but rather a qualitative test best

NOTE Confidence: 0.901779001818182

 $00{:}05{:}37.814 \dashrightarrow 00{:}05{:}39.966$ at detecting the presence or absence

NOTE Confidence: 0.901779001818182

 $00:05:39.966 \longrightarrow 00:05:42.171$ of an antigen under the conditions of

NOTE Confidence: 0.901779001818182

 $00{:}05{:}42.171 \dashrightarrow 00{:}05{:}44.560$ the essay and the tissue preparation.

NOTE Confidence: 0.901779001818182

 $00{:}05{:}44.560 \dashrightarrow 00{:}05{:}47.068$ It might be considered at best

NOTE Confidence: 0.901779001818182

 $00:05:47.068 \longrightarrow 00:05:48.740$ semi quantitative and conventional.

 $00:05:48.740 \longrightarrow 00:05:51.506$ IHC is subjective as it's interpreted

NOTE Confidence: 0.901779001818182

 $00{:}05{:}51.506 \dashrightarrow 00{:}05{:}53.350$ by the reader's eye.

NOTE Confidence: 0.901779001818182

 $00:05:53.350 \longrightarrow 00:05:55.775$ There are technologies to adapt

NOTE Confidence: 0.901779001818182

 $00:05:55.775 \longrightarrow 00:05:57.715$ immunodetection of antigens and

NOTE Confidence: 0.901779001818182

 $00:05:57.715 \longrightarrow 00:05:59.450$ tissue for quantitation,

NOTE Confidence: 0.901779001818182

 $00:05:59.450 \longrightarrow 00:06:02.054$ including one termed Aqua developed by

NOTE Confidence: 0.901779001818182

 $00:06:02.054 \longrightarrow 00:06:05.048$ my Yale colleague David Rim and Bob Camp,

NOTE Confidence: 0.901779001818182

 $00{:}06{:}05.050 \dashrightarrow 00{:}06{:}07.306$ but these are generally not used

NOTE Confidence: 0.901779001818182

 $00{:}06{:}07.306 \dashrightarrow 00{:}06{:}08.810$ in routine clinical practice.

NOTE Confidence: 0.901779001818182

 $00:06:08.810 \longrightarrow 00:06:11.366$ It just so happens that with

NOTE Confidence: 0.901779001818182

 $00{:}06{:}11.366 \dashrightarrow 00{:}06{:}12.644$ her two immunohistochemistry,

NOTE Confidence: 0.901779001818182

 $00{:}06{:}12.650 \dashrightarrow 00{:}06{:}15.374$ strong staining in formal and fixed

NOTE Confidence: 0.901779001818182

 $00:06:15.374 \longrightarrow 00:06:17.637$ paraffin embedded tissue correlates very

NOTE Confidence: 0.901779001818182

 $00:06:17.637 \longrightarrow 00:06:19.899$ well with her two gene amplification

NOTE Confidence: 0.901779001818182

 $00:06:19.899 \longrightarrow 00:06:21.907$ and performs well at identifying

NOTE Confidence: 0.901779001818182

 $00:06:21.907 \longrightarrow 00:06:23.917$ a tumor that is biologically.

 $00:06:23.920 \longrightarrow 00:06:24.706$ Driven by her,

NOTE Confidence: 0.901779001818182

00:06:24.706 --> 00:06:24.968 too. NOTE Confidence: 0.80763433

 $00:06:27.470 \longrightarrow 00:06:29.170$ These original results by

NOTE Confidence: 0.80763433

00:06:29.170 --> 00:06:30.870 Dennis Slayman and colleagues,

NOTE Confidence: 0.80763433

 $00:06:30.870 \longrightarrow 00:06:33.880$ reported in science in 1989,

NOTE Confidence: 0.80763433

 $00{:}06{:}33.880 \dashrightarrow 00{:}06{:}36.390$ compare for five different tumors.

NOTE Confidence: 0.80763433

00:06:36.390 --> 00:06:39.407 Her two gene content by Southern blot,

NOTE Confidence: 0.80763433

 $00{:}06{:}39.410 \dashrightarrow 00{:}06{:}42.924$ her 2M RNA expression by northern blot,

NOTE Confidence: 0.80763433

 $00:06:42.930 \longrightarrow 00:06:45.366$ and protein expression by Western blot,

NOTE Confidence: 0.80763433

00:06:45.370 --> 00:06:47.665 which is what I want you to focus on,

NOTE Confidence: 0.80763433

 $00{:}06{:}47.670 \dashrightarrow 00{:}06{:}48.918$ and immunohistochemical staining.

NOTE Confidence: 0.80763433

 $00:06:48.918 \longrightarrow 00:06:52.388$ And you can see that even the tumor

NOTE Confidence: 0.80763433

 $00{:}06{:}52.388 \dashrightarrow 00{:}06{:}55.769$ here with the weakest or almost absent

NOTE Confidence: 0.80763433

 $00:06:55.769 \longrightarrow 00:06:57.857$ immunohistochemical staining in the 4th lane.

NOTE Confidence: 0.80763433

 $00:06:57.860 \longrightarrow 00:07:00.386$ That lacks her two gene amplification

 $00:07:00.386 \longrightarrow 00:07:03.199$ and has low levels of her 2M RNA.

NOTE Confidence: 0.80763433

00:07:03.200 --> 00:07:05.400 Clearly has her two protein

NOTE Confidence: 0.80763433

 $00:07:05.400 \longrightarrow 00:07:07.160$ detectable by Western blot.

NOTE Confidence: 0.80763433

00:07:07.160 --> 00:07:10.121 And I want to make the point that her

NOTE Confidence: 0.80763433

 $00:07:10.121 \longrightarrow 00:07:13.478$ two IHC result of zero in formalin

NOTE Confidence: 0.80763433

 $00{:}07{:}13.478 \dashrightarrow 00{:}07{:}15.938$ fixed paraffin embedded tissue is

NOTE Confidence: 0.80763433

00:07:15.938 --> 00:07:18.416 not necessarily her too low null.

NOTE Confidence: 0.80763433

 $00:07:18.420 \longrightarrow 00:07:20.766$ And I suspect that there are

NOTE Confidence: 0.80763433

 $00{:}07{:}20.766 \dashrightarrow 00{:}07{:}22.831$ really likely no breast tumors

NOTE Confidence: 0.80763433

 $00:07:22.831 \longrightarrow 00:07:25.345$ that are completely her to null.

NOTE Confidence: 0.80763433

 $00:07:25.350 \longrightarrow 00:07:27.884$ So what we've learned is that her

NOTE Confidence: 0.80763433

 $00:07:27.884 \longrightarrow 00:07:30.052$ two positive breast cancer expresses

NOTE Confidence: 0.80763433

 $00:07:30.052 \longrightarrow 00:07:32.587$ about 2,000,000 molecules per cell,

NOTE Confidence: 0.80763433

 $00:07:32.590 \longrightarrow 00:07:35.334$ and that level is about 100 times the

NOTE Confidence: 0.80763433

 $00:07:35.334 \longrightarrow 00:07:37.609$ normal level of her two expression,

NOTE Confidence: 0.80763433

00:07:37.610 --> 00:07:39.465 which is in the range of about

 $00:07:39.470 \longrightarrow 00:07:42.585$ 20,000 molecules of her two per cell.

NOTE Confidence: 0.80763433

 $00:07:42.590 \longrightarrow 00:07:45.718$ So rather than refer to breast cancer as

NOTE Confidence: 0.80763433

00:07:45.718 --> 00:07:49.267 her two positive versus her two negative,

NOTE Confidence: 0.80763433

 $00:07:49.270 \longrightarrow 00:07:51.095$ a more appropriate description in

NOTE Confidence: 0.80763433

 $00:07:51.095 \longrightarrow 00:07:53.482$ my opinion is her two overexpressing

NOTE Confidence: 0.80763433

 $00:07:53.482 \longrightarrow 00:07:55.446$ versus her two normal.

NOTE Confidence: 0.88478821

00:07:58.130 --> 00:08:00.570 Never intending to be quantitative,

NOTE Confidence: 0.88478821

 $00{:}08{:}00.570 \dashrightarrow 00{:}08{:}02.868$ Mike Press suggested the well known

NOTE Confidence: 0.88478821

 $00{:}08{:}02.868 \dashrightarrow 00{:}08{:}05.770$ scoring system for her two IHC which is

NOTE Confidence: 0.88478821

 $00:08:05.770 \longrightarrow 00:08:08.198$ shown here which was designed to allow

NOTE Confidence: 0.88478821

 $00:08:08.198 \longrightarrow 00:08:10.694$ routine testing in pathology labs giving

NOTE Confidence: 0.88478821

 $00:08:10.694 \longrightarrow 00:08:12.934$ their ability to swing distinguish.

NOTE Confidence: 0.88478821

00:08:12.934 --> 00:08:15.886 Her two driven her two overexpressing

NOTE Confidence: 0.88478821

 $00:08:15.886 \longrightarrow 00:08:18.595$ breast tumors from all the others and

NOTE Confidence: 0.88478821

 $00:08:18.595 \longrightarrow 00:08:21.066$ it turned out that high level protein

00:08:21.066 --> 00:08:24.042 over expression by IHC most of the time

NOTE Confidence: 0.88478821

 $00{:}08{:}24.050 \dashrightarrow 00{:}08{:}26.906$ correlated with her two gene amplification.

NOTE Confidence: 0.88478821

 $00:08:26.910 \longrightarrow 00:08:29.450$ And pathologists could relatively easily

NOTE Confidence: 0.88478821

 $00:08:29.450 \longrightarrow 00:08:31.482$ identify tumors with overexpression.

NOTE Confidence: 0.880442007142857

 $00:08:33.880 \longrightarrow 00:08:35.992$ David Rimm has found in the

NOTE Confidence: 0.880442007142857

 $00:08:35.992 \longrightarrow 00:08:37.892$ publication shown here that even

NOTE Confidence: 0.880442007142857

 $00:08:37.892 \longrightarrow 00:08:39.584$ experienced pathologists don't have

NOTE Confidence: 0.880442007142857

 $00:08:39.584 \longrightarrow 00:08:42.452$ a high level of agreement on scoring

NOTE Confidence: 0.880442007142857

00:08:42.452 --> 00:08:44.516 for breast cancers that are not,

NOTE Confidence: 0.880442007142857

 $00:08:44.520 \longrightarrow 00:08:46.548$ frankly her, too positive.

NOTE Confidence: 0.880442007142857

00:08:46.548 --> 00:08:48.069 In this publication,

NOTE Confidence: 0.880442007142857

 $00:08:48.070 \longrightarrow 00:08:50.618$ he showed that data from the College

NOTE Confidence: 0.880442007142857

00:08:50.618 --> 00:08:52.055 of American Pathologists surveys

NOTE Confidence: 0.880442007142857

 $00:08:52.055 \longrightarrow 00:08:54.550$ on a series of about 1400 breast

NOTE Confidence: 0.880442007142857

 $00:08:54.550 \longrightarrow 00:08:57.830$ cancer cases showed that 19% of the

NOTE Confidence: 0.880442007142857

 $00:08:57.830 \longrightarrow 00:08:59.630$ cases generate results with less

 $00:08:59.630 \longrightarrow 00:09:02.002$ than or equal to 70% concordance

NOTE Confidence: 0.880442007142857

 $00:09:02.002 \longrightarrow 00:09:06.050$ for her two IHC 0 versus 1 plus.

NOTE Confidence: 0.880442007142857

 $00:09:06.050 \longrightarrow 00:09:08.694$ And in another series of 170 Yale

NOTE Confidence: 0.880442007142857

 $00:09:08.694 \longrightarrow 00:09:10.854$ Cancer Center cases that was

NOTE Confidence: 0.880442007142857

00:09:10.854 --> 00:09:13.250 distributed to 18 pathologists,

NOTE Confidence: 0.880442007142857

 $00:09:13.250 \longrightarrow 00:09:15.770$ there was only 26% concordance

NOTE Confidence: 0.880442007142857

 $00:09:15.770 \longrightarrow 00:09:18.850$ between IHC Zero and one plus.

NOTE Confidence: 0.8644511825

00:09:21.500 --> 00:09:23.490 In another study, David Rimm's

NOTE Confidence: 0.8644511825

 $00{:}09{:}23.490 \dashrightarrow 00{:}09{:}26.165$ group used his Aqua method of

NOTE Confidence: 0.8644511825

 $00:09:26.165 \longrightarrow 00:09:27.989$ quantitative immunofluorescence to

NOTE Confidence: 0.8644511825

 $00:09:27.989 \longrightarrow 00:09:31.029$ develop conditions that could more

NOTE Confidence: 0.8644511825

 $00:09:31.029 \longrightarrow 00:09:33.179$ quantitatively measure levels of her

NOTE Confidence: 0.8644511825

 $00{:}09{:}33.180 \dashrightarrow 00{:}09{:}36.040$ 2IN non overexpressing breast tumors.

NOTE Confidence: 0.8644511825

 $00:09:36.040 \longrightarrow 00:09:38.220$ And this plot shows quantitation

NOTE Confidence: 0.8644511825

 $00:09:38.220 \longrightarrow 00:09:41.235$ of her two levels in cases that

00:09:41.235 --> 00:09:43.860 are IHC 3 plus shown in Green,

NOTE Confidence: 0.8644511825

 $00{:}09{:}43.860 --> 00{:}09{:}46.220$ 2 plus shown in black,

NOTE Confidence: 0.8644511825

 $00:09:46.220 \longrightarrow 00:09:48.560$ one plus shown in red,

NOTE Confidence: 0.8644511825

 $00:09:48.560 \longrightarrow 00:09:51.230$ and zero is shown in blue.

NOTE Confidence: 0.8644511825

 $00:09:51.230 \longrightarrow 00:09:54.166$ And you can see that her two protein

NOTE Confidence: 0.8644511825

 $00:09:54.166 \longrightarrow 00:09:56.630$ was detected in all of these cases,

NOTE Confidence: 0.8644511825

 $00:09:56.630 \longrightarrow 00:09:58.958$ and within the limit of linearity

NOTE Confidence: 0.8644511825

 $00:09:58.958 \longrightarrow 00:10:00.510$ of this particular assay,

NOTE Confidence: 0.8644511825

 $00{:}10{:}00.510 \dashrightarrow 00{:}10{:}02.620$ cases that were called by

NOTE Confidence: 0.8644511825

 $00:10:02.620 \longrightarrow 00:10:05.969$ pathologists 2 + 1 plus or zero

NOTE Confidence: 0.8644511825

 $00{:}10{:}05.969 \dashrightarrow 00{:}10{:}08.265$ are fairly randomly distributed.

NOTE Confidence: 0.8644511825

 $00:10:08.270 \longrightarrow 00:10:10.124$ Doctor Rimm suspects that there may

NOTE Confidence: 0.8644511825

 $00:10:10.124 \longrightarrow 00:10:11.909$ be a small percentage of cases,

NOTE Confidence: 0.8644511825

 $00:10:11.910 \longrightarrow 00:10:13.538$ not more than 10%,

NOTE Confidence: 0.8644511825

00:10:13.538 --> 00:10:15.573 that may truly have undetectable

NOTE Confidence: 0.8644511825

00:10:15.573 --> 00:10:16.828 levels of her two.

00:10:16.830 --> 00:10:19.135 But I actually remain unconvinced

NOTE Confidence: 0.8644511825

 $00:10:19.135 \longrightarrow 00:10:22.539$ so far that there are any truly

NOTE Confidence: 0.8644511825

 $00{:}10{:}22.539 \dashrightarrow 00{:}10{:}25.054$ her two negative breast cancers.

NOTE Confidence: 0.8644511825

 $00:10:25.060 \longrightarrow 00:10:27.526$ Two studies looked at whether there

NOTE Confidence: 0.8644511825

 $00{:}10{:}27.526 \dashrightarrow 00{:}10{:}29.170$ are actually clinical differences

NOTE Confidence: 0.8644511825

00:10:29.236 --> 00:10:30.906 in breast cancer behavior between

NOTE Confidence: 0.8644511825

 $00:10:30.906 \longrightarrow 00:10:33.184$ tumors that are her 20 or those

NOTE Confidence: 0.8644511825

 $00:10:33.184 \longrightarrow 00:10:34.828$ that are being called her too

NOTE Confidence: 0.8644511825

00:10:34.828 --> 00:10:36.976 low one plus or two plus.

NOTE Confidence: 0.8644511825

 $00:10:36.976 \longrightarrow 00:10:39.370$ The first study from Canada looked

NOTE Confidence: 0.8644511825

 $00:10:39.456 \longrightarrow 00:10:41.675$ at 319 cases and suggested that

NOTE Confidence: 0.8644511825

00:10:41.675 --> 00:10:44.639 her 20 cases compared to 1 pluses

NOTE Confidence: 0.8644511825

 $00{:}10{:}44.639 \rightarrow 00{:}10{:}46.669$ and two pluses were actually

NOTE Confidence: 0.8644511825

 $00:10:46.669 \longrightarrow 00:10:49.059$ more likely to be high grade,

NOTE Confidence: 0.8644511825

00:10:49.060 --> 00:10:51.560 have lower ER histo score,

00:10:51.560 --> 00:10:54.199 be less likely to be PCR positive.

NOTE Confidence: 0.8644511825

 $00:10:54.200 \longrightarrow 00:10:56.594$ Be more likely to be triple negative

NOTE Confidence: 0.8644511825

 $00:10:56.594 \longrightarrow 00:10:58.829$ and have worse overall survival,

NOTE Confidence: 0.8644511825

 $00:10:58.830 \longrightarrow 00:11:00.470$ which is actually counterintuitive

NOTE Confidence: 0.8644511825

 $00:11:00.470 \longrightarrow 00:11:02.930$ to the known association of her

NOTE Confidence: 0.8644511825

 $00:11:02.997 \longrightarrow 00:11:05.047$ two with more aggressive disease.

NOTE Confidence: 0.8644511825

00:11:05.050 --> 00:11:05.439 However,

NOTE Confidence: 0.8644511825

00:11:05.439 --> 00:11:07.773 a larger study from Dana Farber

NOTE Confidence: 0.8644511825

 $00:11:07.773 \longrightarrow 00:11:10.203$ with over 5000 cases showed that

NOTE Confidence: 0.8644511825

00:11:10.203 --> 00:11:12.183 although once again her two

NOTE Confidence: 0.8644511825

 $00{:}11{:}12.183 \dashrightarrow 00{:}11{:}15.015$ zeros seem to be less likely to

NOTE Confidence: 0.8644511825

00:11:15.015 --> 00:11:16.587 be hormone receptor positive,

NOTE Confidence: 0.8644511825

 $00:11:16.590 \longrightarrow 00:11:18.545$ they actually showed no difference

NOTE Confidence: 0.8644511825

 $00{:}11{:}18.545 \dashrightarrow 00{:}11{:}20.109$ in disease free survival,

NOTE Confidence: 0.8644511825

00:11:20.110 --> 00:11:22.122 distant disease free survival,

NOTE Confidence: 0.8644511825

 $00{:}11{:}22.122 \dashrightarrow 00{:}11{:}24.134$ overall survival or pathologic

 $00:11:24.134 \longrightarrow 00:11:26.546$ complete response rates for those

NOTE Confidence: 0.8644511825

 $00:11:26.546 \longrightarrow 00:11:28.330$ who got neoadjuvant chemotherapy.

NOTE Confidence: 0.8644511825

 $00:11:28.330 \longrightarrow 00:11:30.050$ And that suggested that her

NOTE Confidence: 0.8644511825

 $00:11:30.050 \longrightarrow 00:11:32.739$ two low breast cancer is not a

NOTE Confidence: 0.8644511825

00:11:32.739 --> 00:11:34.089 distinct biological subtype.

NOTE Confidence: 0.777617024909091

00:11:36.370 --> 00:11:38.895 Finally, the Daisy study actually

NOTE Confidence: 0.777617024909091

 $00:11:38.895 \longrightarrow 00:11:41.420$ examined the activity of trastuzumab

NOTE Confidence: 0.777617024909091

 $00{:}11{:}41.500 \dashrightarrow 00{:}11{:}44.056$ direkt can in all breast cancer

NOTE Confidence: 0.777617024909091

 $00{:}11{:}44.056 \dashrightarrow 00{:}11{:}46.629$ subtypes with three cohorts shown here.

NOTE Confidence: 0.777617024909091

00:11:46.630 --> 00:11:48.650 Cohort 1 being conventionally

NOTE Confidence: 0.777617024909091

00:11:48.650 --> 00:11:50.670 hurt you positive patients,

NOTE Confidence: 0.777617024909091

00:11:50.670 --> 00:11:53.148 Cohort 2 being IHC one plus

NOTE Confidence: 0.777617024909091

00:11:53.148 --> 00:11:55.750 or two plus fish negative,

NOTE Confidence: 0.777617024909091

 $00:11:55.750 \longrightarrow 00:11:59.188$ what we now call her too low and cohort

NOTE Confidence: 0.777617024909091

00:11:59.188 --> 00:12:02.682 3 being actually her 20 cases and

 $00:12:02.682 \longrightarrow 00:12:06.322$ responses were seen in 33% of the 72.

NOTE Confidence: 0.777617024909091

 $00:12:06.322 \longrightarrow 00:12:11.118$ Were too low cases, but also in 30.6% of

NOTE Confidence: 0.777617024909091

 $00:12:11.118 \longrightarrow 00:12:15.780$ the 30s of the 36 her two IHC 0 cases.

NOTE Confidence: 0.777617024909091

 $00:12:15.780 \longrightarrow 00:12:19.506$ So while the IH2 IHC 0 cases were slightly

NOTE Confidence: 0.777617024909091

 $00:12:19.506 \longrightarrow 00:12:22.377$ numerically less and the numbers are small,

NOTE Confidence: 0.777617024909091

00:12:22.380 --> 00:12:24.675 this study certainly supports activity

NOTE Confidence: 0.777617024909091

 $00:12:24.675 \longrightarrow 00:12:27.750$ of this agent in her 20 cases.

NOTE Confidence: 0.877171672857143

 $00:12:30.080 \longrightarrow 00:12:33.174$ So to summarize, I think I've discussed

NOTE Confidence: 0.877171672857143

 $00{:}12{:}33.174 \dashrightarrow 00{:}12{:}36.759$ that IHC is not a quantitative assay,

NOTE Confidence: 0.877171672857143

00:12:36.760 --> 00:12:38.700 that pathologists have difficulty

NOTE Confidence: 0.877171672857143

 $00{:}12{:}38.700 \dashrightarrow 00{:}12{:}40.640$ in distinguishing between her

NOTE Confidence: 0.877171672857143

 $00:12:40.640 \longrightarrow 00:12:42.839$ two one plus and 0 cases,

NOTE Confidence: 0.877171672857143

 $00:12:42.840 \longrightarrow 00:12:44.770$ that her two can certainly

NOTE Confidence: 0.877171672857143

 $00:12:44.770 \longrightarrow 00:12:47.280$ be measured in IHC 0 cases,

NOTE Confidence: 0.877171672857143

 $00:12:47.280 \longrightarrow 00:12:50.388$ that her two IHC breast cancers behave

NOTE Confidence: 0.877171672857143

 $00:12:50.388 \longrightarrow 00:12:53.198$ similarly to quote her two low cases,

 $00:12:53.200 \longrightarrow 00:12:55.132$ and that in the Daisy trial

NOTE Confidence: 0.877171672857143

 $00:12:55.132 \longrightarrow 00:12:56.906$ there was activity of trastuzumab

NOTE Confidence: 0.877171672857143

 $00:12:56.906 \longrightarrow 00:12:58.986$ dierickx tikan in her two.

NOTE Confidence: 0.877171672857143

 $00:12:58.990 \longrightarrow 00:13:01.414$ 0 cases that is with the

NOTE Confidence: 0.877171672857143

 $00:13:01.414 \longrightarrow 00:13:03.740$ small number of cases tested,

NOTE Confidence: 0.877171672857143

 $00:13:03.740 \longrightarrow 00:13:06.158$ really not very different from the

NOTE Confidence: 0.877171672857143

 $00:13:06.158 \longrightarrow 00:13:09.118$ activity seen in quote her two low cases.

NOTE Confidence: 0.877171672857143

 $00{:}13{:}09.120 \dashrightarrow 00{:}13{:}11.832$ So I reiterate that her two IHC 0

NOTE Confidence: 0.877171672857143

 $00{:}13{:}11.832 \dashrightarrow 00{:}13{:}14.805$ is not necessarily her to null and

NOTE Confidence: 0.877171672857143

 $00{:}13{:}14.805 \dashrightarrow 00{:}13{:}17.565$ I suspect that no breast cancer

NOTE Confidence: 0.877171672857143

 $00:13:17.565 \longrightarrow 00:13:19.895$ is completely her to know.

NOTE Confidence: 0.877171672857143

 $00{:}13{:}19.900 \dashrightarrow 00{:}13{:}22.756$ And it's clear that what we would

NOTE Confidence: 0.877171672857143

 $00{:}13{:}22.756 \dashrightarrow 00{:}13{:}25.502$ consider normal levels of her two

NOTE Confidence: 0.877171672857143

 $00:13:25.502 \longrightarrow 00:13:27.426$ expression can confer sensitivity

NOTE Confidence: 0.877171672857143

 $00:13:27.426 \longrightarrow 00:13:29.240$ to trastuzumab direkt CAD.

 $00{:}13{:}29.240 \dashrightarrow 00{:}13{:}31.850$ So I want to state that I think we

NOTE Confidence: 0.877171672857143

 $00{:}13{:}31.850 \dashrightarrow 00{:}13{:}34.358$ know that there is her two expressed

NOTE Confidence: 0.877171672857143

 $00:13:34.358 \longrightarrow 00:13:36.680$ and there is her two normal.

NOTE Confidence: 0.877171672857143

 $00:13:36.680 \longrightarrow 00:13:38.792$ But I don't feel that we know for

NOTE Confidence: 0.877171672857143

 $00:13:38.792 \longrightarrow 00:13:40.791$ certain that there is any other

NOTE Confidence: 0.877171672857143

 $00:13:40.791 \longrightarrow 00:13:42.897$ category but besides those two categories.

NOTE Confidence: 0.877171672857143

 $00:13:42.900 \longrightarrow 00:13:45.245$ And so I make somewhat of a

NOTE Confidence: 0.877171672857143

00:13:45.245 --> 00:13:45.915 provocative statement,

NOTE Confidence: 0.877171672857143

00:13:45.920 --> 00:13:48.664 but I think I prefer I would propose

NOTE Confidence: 0.877171672857143

 $00:13:48.664 \longrightarrow 00:13:51.214$ that perhaps we should not be excluding

NOTE Confidence: 0.877171672857143

 $00{:}13{:}51.214 \dashrightarrow 00{:}13{:}53.541$ her 20 IHC patients from potentially

NOTE Confidence: 0.877171672857143

 $00:13:53.541 \longrightarrow 00:13:55.856$ benefiting from trastuzumab dierickx T

NOTE Confidence: 0.877171672857143

 $00:13:55.856 \longrightarrow 00:13:59.380$ can I note that this would be off label?

NOTE Confidence: 0.877171672857143

 $00:13:59.380 \longrightarrow 00:13:59.734$ Use,

NOTE Confidence: 0.877171672857143

 $00:13:59.734 \longrightarrow 00:14:01.504$ but I think scientifically and

NOTE Confidence: 0.877171672857143

 $00:14:01.504 \longrightarrow 00:14:03.730$ with support from the Daisy trial,

 $00:14:03.730 \longrightarrow 00:14:05.435$ we could consider this agent

NOTE Confidence: 0.877171672857143

 $00:14:05.435 \longrightarrow 00:14:07.567$ for patients with her two zeros

NOTE Confidence: 0.877171672857143

00:14:07.567 --> 00:14:09.382 that otherwise don't have any

NOTE Confidence: 0.877171672857143

 $00:14:09.382 \longrightarrow 00:14:12.648$ other good treatments for them.

NOTE Confidence: 0.877171672857143

 $00:14:12.650 \longrightarrow 00:14:13.838$ That's my last slide.

NOTE Confidence: 0.841771010526316

 $00:14:16.880 \longrightarrow 00:14:18.868$ Thank you, doctor Digiovanna.

NOTE Confidence: 0.841771010526316

 $00:14:18.868 \longrightarrow 00:14:21.850$ That was a fantastic real overview

NOTE Confidence: 0.841771010526316

00:14:21.937 --> 00:14:23.769 of the evolving definition

NOTE Confidence: 0.841771010526316

 $00:14:23.769 \longrightarrow 00:14:26.059$ of her too and positivity.

NOTE Confidence: 0.841771010526316

 $00{:}14{:}26.060 \dashrightarrow 00{:}14{:}28.742$ I'm sure that'll create some provocative

NOTE Confidence: 0.841771010526316

 $00:14:28.742 \longrightarrow 00:14:31.199$ hopefully questions in the chat box.

NOTE Confidence: 0.841771010526316

 $00:14:31.200 \longrightarrow 00:14:36.020$ And also later in the panel session,

NOTE Confidence: 0.841771010526316

 $00:14:36.020 \longrightarrow 00:14:37.628$ we're going to move on to

NOTE Confidence: 0.841771010526316

00:14:37.628 --> 00:14:38.432 Doctor Rachel Greenup,

NOTE Confidence: 0.841771010526316

 $00:14:38.440 \longrightarrow 00:14:40.660$ who's our chief of breast surgery

 $00:14:40.660 \longrightarrow 00:14:42.390$ here at Yale Department of

NOTE Confidence: 0.841771010526316

 $00{:}14{:}42.390 \dashrightarrow 00{:}14{:}43.774$ Surgery and Associate Professor

NOTE Confidence: 0.841771010526316

00:14:43.774 --> 00:14:45.659 of surgery I'm talking about.

NOTE Confidence: 0.841771010526316

 $00{:}14{:}45.660 \to 00{:}14{:}47.460$ Dates and breast cancer surgery.

NOTE Confidence: 0.841771010526316

 $00:14:47.460 \longrightarrow 00:14:48.460$ Thank you, Doctor Greenup.

NOTE Confidence: 0.857416

00:14:53.500 --> 00:14:54.628 My name is Ray.

NOTE Confidence: 0.92116813

 $00:14:54.700 \longrightarrow 00:14:55.988$ Give me one second.

NOTE Confidence: 0.86900458

 $00:14:57.150 \longrightarrow 00:14:58.118$ I just have to.

NOTE Confidence: 0.7009086

 $00:15:00.870 \longrightarrow 00:15:01.800$ Re share.

NOTE Confidence: 0.88272972

 $00:15:10.460 \longrightarrow 00:15:13.680$ Can you see that? OK, great.

NOTE Confidence: 0.88272972

 $00:15:13.680 \longrightarrow 00:15:15.580$ Thank you for having me.

NOTE Confidence: 0.88272972

 $00:15:15.580 \longrightarrow 00:15:17.060$ So I'm Rachel greenup.

NOTE Confidence: 0.88272972

 $00:15:17.060 \longrightarrow 00:15:19.860$ I'm a associate professor of breast surgery.

NOTE Confidence: 0.88272972

00:15:19.860 --> 00:15:22.180 I've been at Yale about a year and a half,

NOTE Confidence: 0.88272972

 $00:15:22.180 \longrightarrow 00:15:24.090$ and I'm excited to be

NOTE Confidence: 0.88272972

 $00:15:24.090 \longrightarrow 00:15:26.000$ here with you all tonight.

 $00:15:26.000 \longrightarrow 00:15:28.825$ So I often start with this slide because

NOTE Confidence: 0.88272972

 $00:15:28.825 \longrightarrow 00:15:31.609$ one of our favorite things about breast

NOTE Confidence: 0.88272972

 $00:15:31.609 \longrightarrow 00:15:34.219$ cancer surgery is seeing the incredible

NOTE Confidence: 0.88272972

00:15:34.219 --> 00:15:36.408 strides we've made in practicing.

NOTE Confidence: 0.88272972

 $00:15:36.410 \longrightarrow 00:15:39.140$ And by reducing what we do unnecessarily

NOTE Confidence: 0.88272972

 $00:15:39.140 \longrightarrow 00:15:42.449$ and seeing how it improves patient outcomes.

NOTE Confidence: 0.88272972

 $00:15:42.450 \longrightarrow 00:15:44.865$ So we stopped doing radical

NOTE Confidence: 0.88272972

 $00:15:44.865 \longrightarrow 00:15:46.916$ mastectomies in the 1990s,

NOTE Confidence: 0.88272972

00:15:46.916 --> 00:15:47.960 early 2000s,

NOTE Confidence: 0.88272972

 $00:15:47.960 \longrightarrow 00:15:50.462$ when we learned that lumpectomy with

NOTE Confidence: 0.88272972

 $00:15:50.462 \longrightarrow 00:15:52.130$ radiation was equally effective.

NOTE Confidence: 0.88272972

00:15:52.130 --> 00:15:54.468 And you can see this picture here,

NOTE Confidence: 0.88272972

 $00{:}15{:}54.470 \dashrightarrow 00{:}15{:}56.066$ this old black and white photo

NOTE Confidence: 0.88272972

00:15:56.066 --> 00:15:57.926 of this woman who's really had

NOTE Confidence: 0.88272972

 $00:15:57.926 \longrightarrow 00:15:59.398$ extensive surgery with resection

 $00:15:59.398 \longrightarrow 00:16:00.870$ of her pectoralis muscle.

NOTE Confidence: 0.88272972

 $00:16:00.870 \longrightarrow 00:16:03.006$ It's so rare for us to need to

NOTE Confidence: 0.88272972

 $00:16:03.006 \longrightarrow 00:16:05.170$ do such extensive treatment in

NOTE Confidence: 0.78604835625

 $00:16:05.970 \longrightarrow 00:16:08.268$ 2022. I don't think the slides

NOTE Confidence: 0.78604835625

 $00:16:08.268 \longrightarrow 00:16:10.780$ are forwarding yet, seeing that.

NOTE Confidence: 0.78604835625

 $00:16:10.780 \longrightarrow 00:16:13.380$ We're still on the updates and breast cancer.

NOTE Confidence: 0.851759308

 $00:16:14.850 \longrightarrow 00:16:19.720$ And that's happening. Let me.

NOTE Confidence: 0.851759308

00:16:19.720 --> 00:16:22.557 Let's try this again. Can you see that?

NOTE Confidence: 0.716443724285714

 $00:16:23.600 \longrightarrow 00:16:25.740$ We're looking at the Milan one trial. Yeah.

NOTE Confidence: 0.919685013333333

00:16:25.830 --> 00:16:29.100 OK. Sorry about that. Thank you.

NOTE Confidence: 0.919685013333333

 $00{:}16{:}29.100 \dashrightarrow 00{:}16{:}31.508$ More recently we've been able to reduce

NOTE Confidence: 0.919685013333333

00:16:31.508 --> 00:16:33.947 the number of axillary lymph node

NOTE Confidence: 0.919685013333333

 $00:16:33.947 \longrightarrow 00:16:36.182$ dissections and significantly reduce the

NOTE Confidence: 0.9196850133333333

 $00:16:36.182 \longrightarrow 00:16:39.065$ rates of lymphedema in women who have

NOTE Confidence: 0.919685013333333

 $00:16:39.065 \longrightarrow 00:16:41.449$ small amounts of node positive disease.

NOTE Confidence: 0.919685013333333

00:16:41.449 --> 00:16:44.732 We have good 10 year data suggesting

 $00{:}16{:}44.732 \dashrightarrow 00{:}16{:}47.545$ that older women with favorable

NOTE Confidence: 0.919685013333333

 $00:16:47.545 \longrightarrow 00:16:49.925$ hormone receptor positive breast

NOTE Confidence: 0.919685013333333

00:16:49.925 --> 00:16:53.140 tumors can safely forgo radiation.

NOTE Confidence: 0.919685013333333

00:16:53.140 --> 00:16:55.292 We have good data to suggest that many

NOTE Confidence: 0.919685013333333

 $00:16:55.292 \longrightarrow 00:16:57.126$ women with hormone receptor positive

NOTE Confidence: 0.919685013333333

 $00:16:57.126 \longrightarrow 00:16:59.186$ breast cancer have little benefit.

NOTE Confidence: 0.919685013333333

 $00:16:59.190 \longrightarrow 00:17:01.286$ From chemotherapy above and

NOTE Confidence: 0.919685013333333

 $00:17:01.286 \longrightarrow 00:17:02.858$ beyond endocrine therapy.

NOTE Confidence: 0.919685013333333

 $00:17:02.860 \longrightarrow 00:17:05.326$ And we have ongoing national and

NOTE Confidence: 0.919685013333333

 $00{:}17{:}05.326 \dashrightarrow 00{:}17{:}07.454$ international trials of of which

NOTE Confidence: 0.9196850133333333

00:17:07.454 --> 00:17:09.920 doctor Golshan is very much involved

NOTE Confidence: 0.919685013333333

 $00:17:09.920 \longrightarrow 00:17:12.758$ looking at women with low grade or

NOTE Confidence: 0.919685013333333

 $00{:}17{:}12.758 \dashrightarrow 00{:}17{:}14.673$ low risk ductal carcinoma insight

NOTE Confidence: 0.919685013333333

 $00{:}17{:}14.673 \longrightarrow 00{:}17{:}17.190$ two who can forego usual care

NOTE Confidence: 0.919685013333333

 $00:17:17.190 \longrightarrow 00:17:19.320$ for active surveillance and this

 $00:17:19.393 \longrightarrow 00:17:22.165$ is a comment trial which we are

NOTE Confidence: 0.919685013333333

00:17:22.165 --> 00:17:24.020 currently enrolling at at Yale.

NOTE Confidence: 0.919685013333333

00:17:24.020 --> 00:17:25.868 So many of our patients come to us

NOTE Confidence: 0.919685013333333

 $00:17:25.868 \longrightarrow 00:17:28.102$ with a breast cancer that was diagnosed

NOTE Confidence: 0.919685013333333

 $00:17:28.102 \longrightarrow 00:17:30.252$ on screening imaging and you can

NOTE Confidence: 0.919685013333333

 $00:17:30.252 \longrightarrow 00:17:32.107$ see here a traditional diagnostic

NOTE Confidence: 0.919685013333333

 $00:17:32.107 \longrightarrow 00:17:34.102$ mammogram with a correlating ultrasound

NOTE Confidence: 0.919685013333333

00:17:34.102 --> 00:17:37.114 showing a biopsy proven breast cancer.

NOTE Confidence: 0.919685013333333

 $00:17:37.120 \longrightarrow 00:17:38.660$ And I'm going to start with breast cancer

NOTE Confidence: 0.919685013333333

 $00:17:38.660 \longrightarrow 00:17:40.520$ screening even though Doctor Lewis here,

NOTE Confidence: 0.919685013333333 00:17:40.520 --> 00:17:41.675 I'll be brief. NOTE Confidence: 0.919685013333333

00:17:41.675 --> 00:17:44.370 There's been a lot of opinions over

NOTE Confidence: 0.919685013333333

 $00:17:44.448 \longrightarrow 00:17:48.016$ several years and as a group we are

NOTE Confidence: 0.9196850133333333

00:17:48.016 --> 00:17:49.414 generally recommending screening

NOTE Confidence: 0.919685013333333

00:17:49.414 --> 00:17:52.375 starting at 40 on an annual basis,

NOTE Confidence: 0.919685013333333

 $00:17:52.380 \longrightarrow 00:17:53.790$ we more recently.

00:17:53.790 --> 00:17:56.610 In our American Society of Breast

NOTE Confidence: 0.919685013333333

 $00:17:56.610 \longrightarrow 00:17:57.950$ surgeons community,

NOTE Confidence: 0.919685013333333

 $00:17:57.950 \longrightarrow 00:18:00.200$ there has been formal guidelines that

NOTE Confidence: 0.919685013333333

00:18:00.200 --> 00:18:02.608 came forward in 2019 suggesting that

NOTE Confidence: 0.919685013333333

 $00:18:02.608 \longrightarrow 00:18:05.098$ women over 25 should undergo formal

NOTE Confidence: 0.919685013333333

 $00{:}18{:}05.098 \dashrightarrow 00{:}18{:}07.158$ risk assessment for breast cancer

NOTE Confidence: 0.919685013333333

00:18:07.158 --> 00:18:09.382 based on personal and family history

NOTE Confidence: 0.919685013333333

 $00{:}18{:}09.382 \dashrightarrow 00{:}18{:}11.706$ and that they were also eligible

NOTE Confidence: 0.919685013333333

 $00:18:11.706 \longrightarrow 00:18:13.770$ for consideration of screening.

NOTE Confidence: 0.919685013333333

 $00:18:13.770 \longrightarrow 00:18:14.690$ In addition,

NOTE Confidence: 0.919685013333333

 $00:18:14.690 \longrightarrow 00:18:16.530$ these guidelines were really

NOTE Confidence: 0.919685013333333

 $00:18:16.530 \longrightarrow 00:18:18.370$ valuable for practicing surgeons

NOTE Confidence: 0.919685013333333

 $00{:}18{:}18.441 \dashrightarrow 00{:}18{:}21.001$ and that they included potential

NOTE Confidence: 0.919685013333333

00:18:21.001 --> 00:18:23.049 recommendations for supplemental imaging,

NOTE Confidence: 0.919685013333333

 $00:18:23.050 \longrightarrow 00:18:24.973$ including 3D mammography.

 $00{:}18{:}24.973 \dashrightarrow 00{:}18{:}28.178$ MRI and or screening ultrasound

NOTE Confidence: 0.919685013333333

 $00{:}18{:}28.178 \dashrightarrow 00{:}18{:}31.659$ for which yells very well known.

NOTE Confidence: 0.919685013333333

00:18:31.660 --> 00:18:33.404 When we meet our patients with

NOTE Confidence: 0.919685013333333

 $00:18:33.404 \longrightarrow 00:18:34.756$ a breast cancer diagnosis,

NOTE Confidence: 0.919685013333333

 $00:18:34.760 \longrightarrow 00:18:36.716$ many of them have options for

NOTE Confidence: 0.919685013333333

00:18:36.716 --> 00:18:39.773 surgery and this is a black and white

NOTE Confidence: 0.919685013333333

 $00:18:39.773 \longrightarrow 00:18:41.453$ illustration demonstrating an A

NOTE Confidence: 0.919685013333333

 $00:18:41.453 \longrightarrow 00:18:43.986$ simplest form of breast conservation

NOTE Confidence: 0.919685013333333

 $00:18:43.986 \longrightarrow 00:18:46.154$ with lumpectomy versus mastectomy.

NOTE Confidence: 0.919685013333333

 $00:18:46.160 \longrightarrow 00:18:48.116$ When we talk about breast conservation,

NOTE Confidence: 0.9196850133333333

 $00:18:48.120 \longrightarrow 00:18:50.250$ that typically includes language of

NOTE Confidence: 0.919685013333333

 $00:18:50.250 \longrightarrow 00:18:51.954$ lumpectomy followed by radiation.

NOTE Confidence: 0.919685013333333

 $00:18:51.960 \longrightarrow 00:18:53.952$ But more recently we have identified

NOTE Confidence: 0.9196850133333333

 $00:18:53.952 \longrightarrow 00:18:56.478$ a subset of lower risk patients for

NOTE Confidence: 0.919685013333333

 $00:18:56.478 \longrightarrow 00:18:58.734$ which radiation may not be necessary.

NOTE Confidence: 0.919685013333333

 $00:18:58.740 \longrightarrow 00:19:01.506$ We always defer that decision to

 $00:19:01.506 \longrightarrow 00:19:02.889$ our radiation colleagues.

NOTE Confidence: 0.919685013333333

 $00:19:02.890 \longrightarrow 00:19:05.270$ And we typically require support

NOTE Confidence: 0.919685013333333

 $00:19:05.270 \longrightarrow 00:19:07.870$ from our radiologist either through

NOTE Confidence: 0.919685013333333

 $00:19:07.870 \longrightarrow 00:19:10.576$ wire localized lumpectomy to mark the

NOTE Confidence: 0.919685013333333

00:19:10.576 --> 00:19:13.935 spot on mammogram or in modern day

NOTE Confidence: 0.919685013333333

00:19:13.935 --> 00:19:16.870 through localizing devices we have

NOTE Confidence: 0.919685013333333

 $00:19:16.870 \longrightarrow 00:19:19.176$ instrumented and operationalized tag

NOTE Confidence: 0.919685013333333

 $00{:}19{:}19.176 \dashrightarrow 00{:}19{:}21.856$ localization across our smile sites.

NOTE Confidence: 0.919685013333333

00:19:21.860 --> 00:19:23.564 And the data is suggesting that

NOTE Confidence: 0.919685013333333

 $00{:}19{:}23.564 \dashrightarrow 00{:}19{:}25.094$ use of these smaller implantable

NOTE Confidence: 0.9196850133333333

 $00:19:25.094 \longrightarrow 00:19:27.122$ devices that are removed at the

NOTE Confidence: 0.919685013333333

 $00:19:27.122 \longrightarrow 00:19:28.931$ time of lumpectomy improve comfort

NOTE Confidence: 0.919685013333333

 $00{:}19{:}28.931 \dashrightarrow 00{:}19{:}30.761$ for patients and are associated

NOTE Confidence: 0.919685013333333

 $00{:}19{:}30.761 \dashrightarrow 00{:}19{:}32.466$ with higher patient satisfaction

NOTE Confidence: 0.919685013333333

 $00:19:32.466 \longrightarrow 00:19:36.102$ scores with reduced rates of margin

 $00:19:36.102 \longrightarrow 00:19:38.628$ positivity and smaller resections

NOTE Confidence: 0.919685013333333

00:19:38.628 --> 00:19:41.088 of removed breast volume.

NOTE Confidence: 0.919685013333333

00:19:41.090 --> 00:19:43.018 I think it's worth discussing all

NOTE Confidence: 0.919685013333333

00:19:43.018 --> 00:19:44.526 the controversy around margins.

NOTE Confidence: 0.919685013333333

00:19:44.530 --> 00:19:49.740 This really hit the late press even in 2019,

NOTE Confidence: 0.919685013333333 00:19:49.740 --> 00:19:50.030 2020.

NOTE Confidence: 0.919685013333333

 $00:19:50.030 \longrightarrow 00:19:52.350$ And this was based on the fact that

NOTE Confidence: 0.919685013333333

00:19:52.414 --> 00:19:53.970 re excision rates historically

NOTE Confidence: 0.919685013333333

 $00:19:53.970 \longrightarrow 00:19:56.304$ were really high ranging from 15

NOTE Confidence: 0.919685013333333

 $00:19:56.366 \longrightarrow 00:19:58.359$ to 25% and many of women who went

NOTE Confidence: 0.9196850133333333

 $00{:}19{:}58.359 \dashrightarrow 00{:}19{:}59.160$ back for second

NOTE Confidence: 0.86888420375

 $00{:}19{:}59.223 \to 00{:}20{:}01.485$ surgery had close but negative margins,

NOTE Confidence: 0.86888420375

 $00:20:01.490 \longrightarrow 00:20:04.250$ meaning the second surgery did not

NOTE Confidence: 0.86888420375

 $00:20:04.250 \longrightarrow 00:20:06.090$ identify identify residual disease.

NOTE Confidence: 0.86888420375

 $00:20:06.090 \longrightarrow 00:20:07.986$ So there was a clear lack of consensus

NOTE Confidence: 0.86888420375

 $00:20:07.986 \longrightarrow 00:20:09.988$ about what was enough and there was

 $00:20:09.988 \longrightarrow 00:20:11.463$ wide variation in clinical practice.

NOTE Confidence: 0.86888420375

00:20:11.470 --> 00:20:14.470 Across the country. Doctor Moran,

NOTE Confidence: 0.86888420375

 $00:20:14.470 \longrightarrow 00:20:16.708$ who leads our breast radiation oncology

NOTE Confidence: 0.86888420375

00:20:16.708 --> 00:20:18.857 program was really critical in taking

NOTE Confidence: 0.86888420375

 $00:20:18.857 \longrightarrow 00:20:20.657$ the lead on bringing together experts

NOTE Confidence: 0.86888420375

 $00:20:20.657 \longrightarrow 00:20:22.989$ from a multidisciplinary perspective.

NOTE Confidence: 0.86888420375

 $00:20:22.990 \longrightarrow 00:20:26.630$ They reviewed 33 men and 33 studies in a

NOTE Confidence: 0.86888420375

00:20:26.630 --> 00:20:28.888 meta analysis including over 28,000 patients.

NOTE Confidence: 0.86888420375

 $00:20:28.888 \longrightarrow 00:20:31.751$ And what they found was that certainly

NOTE Confidence: 0.86888420375

 $00:20:31.751 \longrightarrow 00:20:33.894$ positive margins did definitely increase

NOTE Confidence: 0.86888420375

 $00:20:33.894 \longrightarrow 00:20:36.390$ the risk of in breast recurrence.

NOTE Confidence: 0.86888420375

 $00:20:36.390 \longrightarrow 00:20:38.730$ However, no tumor on ink for

NOTE Confidence: 0.86888420375

00:20:38.730 --> 00:20:40.859 invasive ductal cancer was considered

NOTE Confidence: 0.86888420375

 $00:20:40.859 \longrightarrow 00:20:43.835$ considered a negative margin and that.

NOTE Confidence: 0.86888420375

 $00:20:43.840 \longrightarrow 00:20:46.822$ Age Histology size did not impact these

 $00:20:46.822 \longrightarrow 00:20:50.902$ findings and no amount of added radiation or

NOTE Confidence: 0.86888420375

 $00:20:50.902 \longrightarrow 00:20:53.617$ chemotherapy could overcome good surgery.

NOTE Confidence: 0.86888420375

00:20:53.620 --> 00:20:55.090 And Doctor Moran,

NOTE Confidence: 0.86888420375

 $00:20:55.090 \longrightarrow 00:20:58.030$ in a partnership with many colleagues

NOTE Confidence: 0.86888420375

 $00:20:58.030 \longrightarrow 00:21:01.032$ from across the country in both

NOTE Confidence: 0.86888420375

 $00:21:01.032 \longrightarrow 00:21:03.412$ surgery and radiation also replicated

NOTE Confidence: 0.86888420375

00:21:03.412 --> 00:21:05.310 this process for DCIS,

NOTE Confidence: 0.86888420375

 $00:21:05.310 \longrightarrow 00:21:07.160$ which was really practice changing.

NOTE Confidence: 0.86888420375

 $00:21:07.160 \longrightarrow 00:21:09.449$ And when we estimated the number of

NOTE Confidence: 0.86888420375

00:21:09.449 --> 00:21:11.418 surgeries that it saved per year,

NOTE Confidence: 0.86888420375

 $00:21:11.420 \longrightarrow 00:21:15.120$ it was about 25,000.

NOTE Confidence: 0.86888420375

00:21:15.120 --> 00:21:16.988 Additional research that came out

NOTE Confidence: 0.86888420375

 $00:21:16.988 \longrightarrow 00:21:19.218$ of Yale looking at margin was the

NOTE Confidence: 0.86888420375

 $00:21:19.218 \longrightarrow 00:21:21.360$ landmark trial by Doctor Ennis Chappar.

NOTE Confidence: 0.86888420375

00:21:21.360 --> 00:21:23.436 This was a randomized clinical trial,

NOTE Confidence: 0.86888420375

 $00:21:23.440 \longrightarrow 00:21:24.012$ small numbers,

 $00:21:24.012 \longrightarrow 00:21:26.300$ yet it was one of the few local

NOTE Confidence: 0.86888420375

 $00{:}21{:}26.367 {\:\dashrightarrow\:} 00{:}21{:}28.172$ regional trials done in breast

NOTE Confidence: 0.86888420375

 $00{:}21{:}28.172 \dashrightarrow 00{:}21{:}29.977$ cancer for quite some time.

NOTE Confidence: 0.86888420375

 $00:21:29.980 \longrightarrow 00:21:32.692$ And women were randomized to either

NOTE Confidence: 0.86888420375

 $00:21:32.692 \longrightarrow 00:21:34.500$ having margins resected according

NOTE Confidence: 0.86888420375

 $00:21:34.569 \longrightarrow 00:21:37.138$ to the discretion of the surgeon or

NOTE Confidence: 0.86888420375

00:21:37.138 --> 00:21:39.485 routine cavity shave margins and it

NOTE Confidence: 0.86888420375

00:21:39.485 --> 00:21:41.843 clearly reduced the rate of margin

NOTE Confidence: 0.86888420375

 $00{:}21{:}41.843 \dashrightarrow 00{:}21{:}43.860$ positivity and the need for re excision

NOTE Confidence: 0.86888420375

 $00:21:43.860 \longrightarrow 00:21:45.889$ by about half and again practice.

NOTE Confidence: 0.86888420375

 $00{:}21{:}45.890 \rightarrow 00{:}21{:}48.800$ Changing for our surgical community.

NOTE Confidence: 0.86888420375

 $00:21:48.800 \longrightarrow 00:21:49.957$ When we talk about mastectomy,

NOTE Confidence: 0.86888420375

 $00{:}21{:}49.957 \dashrightarrow 00{:}21{:}52.176$ we talk about removing the breast tissue.

NOTE Confidence: 0.86888420375

 $00:21:52.180 \longrightarrow 00:21:54.245$ This can be done with or without

NOTE Confidence: 0.86888420375

 $00:21:54.245 \longrightarrow 00:21:55.972$ reconstruction and we have wonderful

 $00:21:55.972 \longrightarrow 00:21:57.917$ plastic surgery colleagues that can

NOTE Confidence: 0.86888420375

00:21:57.917 --> 00:22:00.399 offer either implant based and or

NOTE Confidence: 0.86888420375

 $00:22:00.399 \longrightarrow 00:22:01.659$ autologous tissue reconstruction.

NOTE Confidence: 0.86888420375

 $00{:}22{:}01.660 \longrightarrow 00{:}22{:}04.180$ And you'll hear from Doctor Ayalla

NOTE Confidence: 0.86888420375

 $00:22:04.180 \longrightarrow 00:22:05.860$ later in our session,

NOTE Confidence: 0.86888420375

00:22:05.860 --> 00:22:08.471 we know that there's been an increasing

NOTE Confidence: 0.86888420375

 $00:22:08.471 \longrightarrow 00:22:10.081$ rates of contralateral prophylactic

NOTE Confidence: 0.86888420375

00:22:10.081 --> 00:22:11.769 mastectomy or double mastectomy

NOTE Confidence: 0.86888420375

 $00{:}22{:}11.769 \dashrightarrow 00{:}22{:}14.232$ and that these rates have tripled

NOTE Confidence: 0.86888420375

 $00:22:14.232 \longrightarrow 00:22:15.687$ in the last 40 years.

NOTE Confidence: 0.86888420375

00:22:15.690 --> 00:22:17.895 I show this picture always of Angelina

NOTE Confidence: 0.86888420375

 $00{:}22{:}17.895 \dashrightarrow 00{:}22{:}20.302$ Jolie because she has a known Braca 1

NOTE Confidence: 0.86888420375

 $00:22:20.302 \longrightarrow 00:22:22.143$ mutation and came out publicly talking

NOTE Confidence: 0.86888420375

00:22:22.143 --> 00:22:24.405 about her choice for double mastectomy.

NOTE Confidence: 0.86888420375

00:22:24.410 --> 00:22:26.630 Yet she's at incredibly high risk,

NOTE Confidence: 0.86888420375

 $00:22:26.630 \longrightarrow 00:22:30.030$ as are our other hereditary

 $00:22:30.030 \longrightarrow 00:22:31.390$ cancer populations.

NOTE Confidence: 0.86888420375

 $00{:}22{:}31.390 \to 00{:}22{:}33.945$ But this data is really reflecting average

NOTE Confidence: 0.86888420375

 $00:22:33.945 \longrightarrow 00:22:36.712$ risk women who don't have a high risk

NOTE Confidence: 0.86888420375

00:22:36.712 --> 00:22:39.090 of developing cancer on the other side.

NOTE Confidence: 0.86888420375

 $00:22:39.090 \longrightarrow 00:22:41.673$ We know that when women have their

NOTE Confidence: 0.86888420375

 $00:22:41.673 \longrightarrow 00:22:43.648$ unaffected breast removed and have

NOTE Confidence: 0.86888420375

00:22:43.648 --> 00:22:45.248 no hereditary Cancer syndrome,

NOTE Confidence: 0.86888420375

00:22:45.250 --> 00:22:47.242 removal of the healthy breast does

NOTE Confidence: 0.86888420375

 $00{:}22{:}47.242 \dashrightarrow 00{:}22{:}49.496$ not add oncologic or survival benefit

NOTE Confidence: 0.86888420375

 $00:22:49.496 \longrightarrow 00:22:51.212$ and is unfortunately associated

NOTE Confidence: 0.86888420375

 $00:22:51.212 \longrightarrow 00:22:53.932$ with a small increased risk of

NOTE Confidence: 0.86888420375

00:22:53.932 --> 00:22:54.870 surgical complications.

NOTE Confidence: 0.86888420375

 $00{:}22{:}54.870 \longrightarrow 00{:}22{:}57.094$ But we do know many of our patients

NOTE Confidence: 0.86888420375

 $00{:}22{:}57.094 \dashrightarrow 00{:}22{:}58.954$ choose double mast ectomy for the

NOTE Confidence: 0.86888420375

00:22:58.954 --> 00:23:00.610 benefit of reduced surveillance,

 $00:23:00.610 \longrightarrow 00:23:03.466$ improved symmetry and Peace of Mind.

NOTE Confidence: 0.86888420375

 $00:23:03.470 \longrightarrow 00:23:04.628$ And so again,

NOTE Confidence: 0.86888420375

00:23:04.628 --> 00:23:06.558 our association of Breast surgery

NOTE Confidence: 0.86888420375

 $00:23:06.558 \longrightarrow 00:23:09.010$ came forward in 2016 with a consensus.

NOTE Confidence: 0.86888420375

 $00:23:09.010 \longrightarrow 00:23:12.484$ Statement saying that we should consider

NOTE Confidence: 0.86888420375

 $00:23:12.484 \longrightarrow 00:23:16.029$ double mastectomy but not recommend it.

NOTE Confidence: 0.86888420375

00:23:16.030 --> 00:23:17.194 We are increasingly doing

NOTE Confidence: 0.86888420375

00:23:17.194 --> 00:23:18.649 a greater number of ******

NOTE Confidence: 0.877999839285714

00:23:18.650 --> 00:23:19.184 sparing mastectomies.

NOTE Confidence: 0.877999839285714

 $00:23:19.184 \longrightarrow 00:23:20.786$ We need to think about distance

NOTE Confidence: 0.877999839285714

00:23:20.786 --> 00:23:22.681 of the tumor from the ***** the

NOTE Confidence: 0.877999839285714

 $00:23:22.681 \longrightarrow 00:23:24.586$ skin quality, the tumor side.

NOTE Confidence: 0.877999839285714

 $00:23:24.590 \longrightarrow 00:23:26.222$ Increasingly we're realizing that

NOTE Confidence: 0.877999839285714

 $00:23:26.222 \longrightarrow 00:23:28.262$ even BRCA mutation carriers can

NOTE Confidence: 0.877999839285714

 $00:23:28.262 \longrightarrow 00:23:30.464$ safely have this operation done and

NOTE Confidence: 0.877999839285714

00:23:30.464 --> 00:23:32.194 the improved aesthetics for some

 $00:23:32.254 \longrightarrow 00:23:34.192$ women really helps them make it

NOTE Confidence: 0.877999839285714

 $00:23:34.192 \longrightarrow 00:23:37.570$ difficult choice for risk reduction.

NOTE Confidence: 0.877999839285714

 $00{:}23{:}37.570 \dashrightarrow 00{:}23{:}40.209$ A little bit of a plug for our program,

NOTE Confidence: 0.877999839285714

00:23:40.210 --> 00:23:42.674 we're ready to launch a home recovery

NOTE Confidence: 0.877999839285714

 $00:23:42.674 \longrightarrow 00:23:44.249$ after mastectomy program at Yale.

NOTE Confidence: 0.877999839285714

 $00:23:44.250 \longrightarrow 00:23:46.642$ And this is really for a very select

NOTE Confidence: 0.877999839285714

 $00:23:46.642 \longrightarrow 00:23:48.980$ group of patients who live near the

NOTE Confidence: 0.877999839285714

 $00{:}23{:}48.980 \dashrightarrow 00{:}23{:}51.310$ hospital who want to go home for

NOTE Confidence: 0.877999839285714

 $00:23:51.310 \longrightarrow 00:23:53.403$ recovery and who have a a safety

NOTE Confidence: 0.877999839285714

00:23:53.403 --> 00:23:56.350 net or support system with family,

NOTE Confidence: 0.877999839285714

 $00:23:56.350 \longrightarrow 00:23:58.246$ friends and a visiting home nurse.

NOTE Confidence: 0.877999839285714

 $00{:}23{:}58.250 \dashrightarrow 00{:}24{:}00.833$ And we're excited to launch that program

NOTE Confidence: 0.877999839285714

 $00{:}24{:}00.833 \dashrightarrow 00{:}24{:}02.788$ to again improve patient experience

NOTE Confidence: 0.877999839285714

 $00{:}24{:}02.788 \dashrightarrow 00{:}24{:}05.511$ and choice of how they recover after

NOTE Confidence: 0.877999839285714

 $00:24:05.511 \longrightarrow 00:24:07.648$ such a life changing operation.

 $00:24:07.650 \longrightarrow 00:24:08.858$ When we think about managing

NOTE Confidence: 0.877999839285714

 $00:24:08.858 \longrightarrow 00:24:10.428$ lymph nodes in the axilla,

NOTE Confidence: 0.877999839285714

 $00:24:10.430 \longrightarrow 00:24:12.923$ we have good data from almost a decade ago,

NOTE Confidence: 0.877999839285714

 $00:24:12.930 \longrightarrow 00:24:14.974$ the Acas Oxy 11 trial that showed

NOTE Confidence: 0.877999839285714

 $00:24:14.974 \longrightarrow 00:24:16.772$ that women have a small amount

NOTE Confidence: 0.877999839285714

00:24:16.772 --> 00:24:18.488 of nodal positivity do not need

NOTE Confidence: 0.877999839285714

 $00:24:18.488 \longrightarrow 00:24:20.447$ a full lymph node dissection.

NOTE Confidence: 0.877999839285714

 $00:24:20.450 \longrightarrow 00:24:23.215$ We can rely on systemic therapy and

NOTE Confidence: 0.877999839285714

 $00:24:23.215 \longrightarrow 00:24:25.570$ radiation to sterilize remaining nodes.

NOTE Confidence: 0.877999839285714

00:24:25.570 --> 00:24:28.706 And we have a long-awaited data coming soon,

NOTE Confidence: 0.877999839285714

 $00{:}24{:}28.710 \dashrightarrow 00{:}24{:}31.040$ hopefully from the Alliance 11202

NOTE Confidence: 0.877999839285714

 $00:24:31.040 \longrightarrow 00:24:33.925$ trials suggesting that women who have

NOTE Confidence: 0.877999839285714

 $00:24:33.925 \longrightarrow 00:24:36.335$ upfront biopsy proven nodal disease,

NOTE Confidence: 0.877999839285714

 $00:24:36.340 \longrightarrow 00:24:38.716$ who go on to have chemotherapy.

NOTE Confidence: 0.877999839285714

00:24:38.720 --> 00:24:40.898 And convert either to node negative

NOTE Confidence: 0.877999839285714

 $00:24:40.898 \longrightarrow 00:24:43.923$ or node positive may be able to rely

 $00:24:43.923 \longrightarrow 00:24:45.803$ on radiation further deescalating the

NOTE Confidence: 0.877999839285714

 $00:24:45.803 \longrightarrow 00:24:48.258$ need for completion lymphadenectomy.

NOTE Confidence: 0.91236078

 $00:24:50.480 \longrightarrow 00:24:52.490$ Lastly, I'd like to talk

NOTE Confidence: 0.91236078

 $00:24:52.490 \longrightarrow 00:24:53.696$ about genetic testing.

NOTE Confidence: 0.91236078

 $00{:}24{:}53.700 \dashrightarrow 00{:}24{:}56.622$ We had clear NCCN guidelines around

NOTE Confidence: 0.91236078

 $00:24:56.622 \longrightarrow 00:25:00.058$ who was eligible for and covered for,

NOTE Confidence: 0.91236078

00:25:00.060 --> 00:25:02.480 from an insurance perspective,

NOTE Confidence: 0.91236078

 $00{:}25{:}02.480 \dashrightarrow 00{:}25{:}04.295$ hereditary cancer screening.

NOTE Confidence: 0.91236078

00:25:04.300 --> 00:25:06.624 This study by Peter Beija was the

NOTE Confidence: 0.91236078

00:25:06.624 --> 00:25:09.079 first to suggest that we were probably

NOTE Confidence: 0.91236078

00:25:09.079 --> 00:25:11.594 missing a large group of women who

NOTE Confidence: 0.91236078

00:25:11.594 --> 00:25:13.814 did not meet our historic criteria,

NOTE Confidence: 0.91236078

 $00{:}25{:}13.820 \to 00{:}25{:}16.410$ who then went on to have positive

NOTE Confidence: 0.91236078

 $00{:}25{:}16.410 \dashrightarrow 00{:}25{:}19.080$ test results and again this prompted.

NOTE Confidence: 0.91236078

00:25:19.080 --> 00:25:21.195 Changes in our American Society

 $00:25:21.195 \longrightarrow 00:25:23.310$ of Breast surgeons guidelines for

NOTE Confidence: 0.91236078

00:25:23.375 --> 00:25:25.223 hereditary breast cancer testing

NOTE Confidence: 0.91236078

00:25:25.223 --> 00:25:27.533 really endorsing that any patient

NOTE Confidence: 0.91236078

 $00:25:27.533 \longrightarrow 00:25:30.281$ with a known breast cancer should be

NOTE Confidence: 0.91236078

 $00:25:30.281 \longrightarrow 00:25:32.836$ offered a genetic testing and that

NOTE Confidence: 0.91236078

00:25:32.836 --> 00:25:34.968 genetic counseling and potential

NOTE Confidence: 0.91236078

 $00{:}25{:}34.968 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}25{:}38.020$ testing should be made available.

NOTE Confidence: 0.91236078

00:25:38.020 --> 00:25:38.490 Finally,

NOTE Confidence: 0.91236078

 $00{:}25{:}38.490 \to 00{:}25{:}41.310$ we have long-awaited data again from

NOTE Confidence: 0.91236078

 $00:25:41.310 \longrightarrow 00:25:43.660$ the ECOG 2108 trial suggesting that

NOTE Confidence: 0.91236078

 $00{:}25{:}43.660 \dashrightarrow 00{:}25{:}45.999$ removal of the primary breast tumor

NOTE Confidence: 0.91236078

00:25:45.999 --> 00:25:47.944 in women with metastatic disease

NOTE Confidence: 0.91236078

 $00:25:47.944 \longrightarrow 00:25:50.120$ does not improve overall survival.

NOTE Confidence: 0.91236078

 $00:25:50.120 \longrightarrow 00:25:52.493$ This was a study by Seema Khan

NOTE Confidence: 0.91236078

00:25:52.493 --> 00:25:54.908 and Doctor Golshan was also very

NOTE Confidence: 0.91236078

 $00{:}25{:}54.908 \dashrightarrow 00{:}25{:}57.113$ involved in this national discussion.

 $00:25:57.120 \longrightarrow 00:25:59.016$ They looked at a secondary outcomes

NOTE Confidence: 0.91236078

00:25:59.016 --> 00:26:00.966 of chest wall disease and patient

NOTE Confidence: 0.91236078

00:26:00.966 --> 00:26:01.899 quality of life.

NOTE Confidence: 0.91236078

 $00{:}26{:}01.900 \dashrightarrow 00{:}26{:}04.210$ Women went on to have breast

NOTE Confidence: 0.91236078

 $00:26:04.210 \longrightarrow 00:26:05.750$ conservation or mastectomy with

NOTE Confidence: 0.91236078

 $00{:}26{:}05.821 \dashrightarrow 00{:}26{:}07.749$ negative margins and systemic.

NOTE Confidence: 0.91236078

 $00:26:07.750 \longrightarrow 00:26:09.290$ Treatment at the discretion

NOTE Confidence: 0.91236078

00:26:09.290 --> 00:26:10.830 of their treating team.

NOTE Confidence: 0.91236078

00:26:10.830 --> 00:26:12.150 And essentially we found

NOTE Confidence: 0.91236078

 $00:26:12.150 \longrightarrow 00:26:13.470$ that local regional therapy,

NOTE Confidence: 0.91236078

 $00:26:13.470 \longrightarrow 00:26:15.034$ including surgery and radiation

NOTE Confidence: 0.91236078

00:26:15.034 --> 00:26:16.989 did not extend survival in

NOTE Confidence: 0.91236078

 $00{:}26{:}16.989 \dashrightarrow 00{:}26{:}19.126$ women who were diagnosed with

NOTE Confidence: 0.91236078

00:26:19.126 --> 00:26:20.806 newly metastatic breast cancer,

NOTE Confidence: 0.91236078

 $00:26:20.810 \longrightarrow 00:26:23.264$ but it did have some improvements

 $00:26:23.264 \longrightarrow 00:26:24.900$ on controlling disease and

NOTE Confidence: 0.91236078

 $00{:}26{:}24.977 \dashrightarrow 00{:}26{:}26.888$ disease progression locally.

NOTE Confidence: 0.91236078

 $00:26:26.890 \longrightarrow 00:26:28.720$ So that's a whirlwind tour on

NOTE Confidence: 0.91236078

00:26:28.720 --> 00:26:30.450 updates and breast cancer surgery.

NOTE Confidence: 0.91236078

 $00:26:30.450 \longrightarrow 00:26:32.256$ I'd be happy to take any questions

NOTE Confidence: 0.91236078

 $00:26:32.256 \longrightarrow 00:26:33.669$ and thanks for joining us.

NOTE Confidence: 0.844033587666666

 $00:26:35.070 \longrightarrow 00:26:37.056$ Thank you. Doctor Greenup having you

NOTE Confidence: 0.844033587666666

 $00:26:37.056 \longrightarrow 00:26:39.165$ here lead our breast surgical program

NOTE Confidence: 0.844033587666666

 $00{:}26{:}39.165 \dashrightarrow 00{:}26{:}41.325$ is just absolutely fantastic and all

NOTE Confidence: 0.844033587666666

00:26:41.325 --> 00:26:43.710 the work that you've done whether it's

NOTE Confidence: 0.844033587666666

 $00:26:43.710 \longrightarrow 00:26:46.008$ in the home recovery from mastectomy

NOTE Confidence: 0.844033587666666

 $00:26:46.008 \longrightarrow 00:26:50.196$ and others is so welcome here.

NOTE Confidence: 0.844033587666666

 $00:26:50.200 \longrightarrow 00:26:51.894$ We're going to move on to doctor

NOTE Confidence: 0.844033587666666

00:26:51.894 --> 00:26:52.378 Kristen Knowlton.

NOTE Confidence: 0.844033587666666

 $00:26:52.380 \longrightarrow 00:26:53.790$ Doctor Kristen Olson is one

NOTE Confidence: 0.844033587666666

 $00:26:53.790 \longrightarrow 00:26:54.918$ of our radiation oncologist.

 $00:26:54.920 \longrightarrow 00:26:58.010$ She's also the director of our

NOTE Confidence: 0.844033587666666

 $00{:}26{:}58.010 \dashrightarrow 00{:}27{:}01.279$ Smilo site and Hampden and also our

NOTE Confidence: 0.844033587666666

 $00{:}27{:}01.279 \dashrightarrow 00{:}27{:}05.360$ NA PVC lead and director here at

NOTE Confidence: 0.844033587666666

00:27:05.360 --> 00:27:08.060 our Yale New Haven Hospital site.

NOTE Confidence: 0.844033587666666

 $00:27:08.060 \longrightarrow 00:27:11.198$ She'll be discussing a radiation oncology.

NOTE Confidence: 0.939084262

 $00:27:13.690 \longrightarrow 00:27:14.764$ Great. Thank you.

NOTE Confidence: 0.939084262

 $00:27:14.764 \longrightarrow 00:27:17.270$ Are you able to see my screen?

NOTE Confidence: 0.939084262

 $00:27:17.270 \longrightarrow 00:27:19.530$ Not yet. OK, all right.

NOTE Confidence: 0.86694515

 $00:27:21.590 \longrightarrow 00:27:24.510$ OK. Here we go. How about now?

NOTE Confidence: 0.86694515

00:27:24.510 --> 00:27:27.322 Yes. OK. All right.

NOTE Confidence: 0.86694515

 $00:27:27.322 \longrightarrow 00:27:29.520$ So hi, I'm Kristen knolton.

NOTE Confidence: 0.86694515

 $00:27:29.520 \longrightarrow 00:27:31.170$ Thank you for the introduction.

NOTE Confidence: 0.86694515

 $00:27:31.170 \longrightarrow 00:27:34.572$ And this is our updates in radiation

NOTE Confidence: 0.86694515

 $00{:}27{:}34.572 \dashrightarrow 00{:}27{:}38.010$ on cology from the Smilow Breast Center.

NOTE Confidence: 0.86694515

 $00:27:38.010 \longrightarrow 00:27:40.730$ So the Smilo network, as we all know,

00:27:40.730 --> 00:27:42.790 the Smilow cancer hospital, Yale,

NOTE Confidence: 0.86694515

 $00{:}27{:}42.790 \dashrightarrow 00{:}27{:}45.670$ New Haven Health Network spans quite

NOTE Confidence: 0.86694515

 $00:27:45.670 \longrightarrow 00:27:48.760$ a bit of Connecticut and radiation

NOTE Confidence: 0.86694515

 $00:27:48.760 \longrightarrow 00:27:51.465$ is offered at Rennich Trumbull.

NOTE Confidence: 0.86694515

 $00:27:51.470 \longrightarrow 00:27:53.170$ We have Derby where,

NOTE Confidence: 0.86694515

 $00:27:53.170 \longrightarrow 00:27:55.720$ well that is under Griffin Hospital.

NOTE Confidence: 0.86694515

 $00:27:55.720 \longrightarrow 00:27:58.982$ The physicians who treat patients in the

NOTE Confidence: 0.86694515

00:27:58.982 --> 00:28:01.341 radiation oncology Department are Yale

NOTE Confidence: 0.86694515

00:28:01.341 --> 00:28:03.810 physicians from our department, Hamden,

NOTE Confidence: 0.86694515

00:28:03.810 --> 00:28:07.260 New Haven, Guildford and Waterford.

NOTE Confidence: 0.86694515

 $00:28:07.260 \longrightarrow 00:28:09.540$ And each site has a representative

NOTE Confidence: 0.86694515

 $00:28:09.540 \longrightarrow 00:28:12.448$ from what we call the breast team

NOTE Confidence: 0.86694515

00:28:12.448 --> 00:28:15.076 and which means that that person

NOTE Confidence: 0.86694515

00:28:15.076 --> 00:28:17.200 specializes in Breast Cancer Care,

NOTE Confidence: 0.86694515

 $00:28:17.200 \longrightarrow 00:28:18.631$ attends tumor boards,

NOTE Confidence: 0.86694515

00:28:18.631 --> 00:28:21.016 attends our weekly Recology Center,

 $00:28:21.020 \longrightarrow 00:28:21.752$ radiation oncology.

NOTE Confidence: 0.86694515

 $00{:}28{:}21.752 \dashrightarrow 00{:}28{:}24.314$ Eating and breast chart rounds as well.

NOTE Confidence: 0.86694515

 $00:28:24.320 \longrightarrow 00:28:26.516$ And all of the sites within

NOTE Confidence: 0.86694515

00:28:26.516 --> 00:28:27.980 the Smilow Cancer Hospital,

NOTE Confidence: 0.86694515

 $00:28:27.980 \longrightarrow 00:28:30.446$ Yale New Haven Health system have

NOTE Confidence: 0.86694515

 $00:28:30.446 \longrightarrow 00:28:32.699$ apex accreditation that stands for

NOTE Confidence: 0.86694515

 $00:28:32.699 \longrightarrow 00:28:34.859$ accreditation programs for excellence.

NOTE Confidence: 0.86694515

 $00:28:34.860 \longrightarrow 00:28:37.737$ And that's under the auspices of Astro,

NOTE Confidence: 0.86694515

 $00:28:37.740 \longrightarrow 00:28:40.164$ which is essentially the premier radiation

NOTE Confidence: 0.86694515

 $00:28:40.164 \longrightarrow 00:28:42.699$ oncology society in the United States.

NOTE Confidence: 0.86694515

 $00:28:42.700 \longrightarrow 00:28:44.938$ And one could also argue globally,

NOTE Confidence: 0.86694515

00:28:44.940 --> 00:28:46.320 except for Derby,

NOTE Confidence: 0.86694515

 $00{:}28{:}46.320 \dashrightarrow 00{:}28{:}49.540$ but Derby does also have great accreditation

NOTE Confidence: 0.86694515

 $00:28:49.616 \longrightarrow 00:28:52.508$ from the American College of Radiology.

NOTE Confidence: 0.86694515

 $00:28:52.510 \longrightarrow 00:28:54.855$ So all sites that shows that we

00:28:54.855 --> 00:28:56.971 have no clear concrete evidence

NOTE Confidence: 0.86694515

 $00{:}28{:}56.971 \dashrightarrow 00{:}29{:}00.055$ that we are providing high quality

NOTE Confidence: 0.86694515

 $00:29:00.055 \longrightarrow 00:29:02.507$ patient centered care at all sites.

NOTE Confidence: 0.86694515

 $00:29:02.510 \longrightarrow 00:29:04.610$ So the breast team is led

NOTE Confidence: 0.86694515

00:29:04.610 --> 00:29:06.540 by Doctor Marina Mina Moran,

NOTE Confidence: 0.86694515

 $00:29:06.540 \longrightarrow 00:29:08.430$ she's a professor in our department.

NOTE Confidence: 0.86694515

 $00:29:08.430 \longrightarrow 00:29:10.660$ She's obviously chief of our

NOTE Confidence: 0.86694515

00:29:10.660 --> 00:29:12.444 breast cancer radiation oncology

NOTE Confidence: 0.86694515

 $00{:}29{:}12.444 \to 00{:}29{:}14.663$ group and she's also vice chair

NOTE Confidence: 0.86694515

00:29:14.663 --> 00:29:16.830 of the NCCN Breast Cancer panel.

NOTE Confidence: 0.86694515

 $00{:}29{:}16.830 \dashrightarrow 00{:}29{:}19.230$ And under her leadership the

NOTE Confidence: 0.86694515

00:29:19.230 --> 00:29:21.630 Breast team practices high quality

NOTE Confidence: 0.86694515

 $00{:}29{:}21.715 \dashrightarrow 00{:}29{:}24.310$ evidence based Breast Cancer Care.

NOTE Confidence: 0.86694515

 $00{:}29{:}24.310 \dashrightarrow 00{:}29{:}26.949$ And what that really means is that

NOTE Confidence: 0.86694515

 $00:29:26.949 \longrightarrow 00:29:29.040$ we we strive to always provide

NOTE Confidence: 0.86694515

 $00{:}29{:}29.040 \dashrightarrow 00{:}29{:}31.254$ care that is supported by high

 $00:29:31.254 \longrightarrow 00:29:33.010$ quality data with meaningful.

NOTE Confidence: 0.86694515

 $00:29:33.010 \longrightarrow 00:29:33.826$ Follow up.

NOTE Confidence: 0.86694515

 $00:29:33.826 \longrightarrow 00:29:36.274$ Also the rest team participates in

NOTE Confidence: 0.86694515

 $00:29:36.274 \longrightarrow 00:29:38.527$ clinical trials often in conjunction

NOTE Confidence: 0.86694515

00:29:38.527 --> 00:29:40.802 with our medical oncology and

NOTE Confidence: 0.86694515

 $00{:}29{:}40.802 \dashrightarrow 00{:}29{:}42.520$ surgical oncology colleagues.

NOTE Confidence: 0.86694515

 $00:29:42.520 \longrightarrow 00:29:44.770$ We hold weekly disease site

NOTE Confidence: 0.86694515

 $00:29:44.770 \longrightarrow 00:29:46.120$ specific chart rounds.

NOTE Confidence: 0.86694515

00:29:46.120 --> 00:29:47.844 We've adopted systemwide planning

NOTE Confidence: 0.86694515

 $00:29:47.844 \longrightarrow 00:29:50.430$ goals and objectives and the point

NOTE Confidence: 0.86694515

 $00{:}29{:}50.503 \dashrightarrow 00{:}29{:}52.589$ of this team approach is that to

NOTE Confidence: 0.86694515

 $00:29:52.589 \longrightarrow 00:29:54.463$ that to ensure that when patients

NOTE Confidence: 0.86694515

 $00{:}29{:}54.463 \dashrightarrow 00{:}29{:}56.591$ go to any site where we offer

NOTE Confidence: 0.86694515

 $00:29:56.600 \longrightarrow 00:29:58.695$ radiation oncology within the smilow

NOTE Confidence: 0.86694515

 $00:29:58.695 \longrightarrow 00:30:00.790$ cancer hospital system that the

00:30:00.852 --> 00:30:02.697 patient will get similar care.

NOTE Confidence: 0.86694515

 $00:30:02.700 \dashrightarrow 00:30:04.662$ I do want to go back to this disease.

NOTE Confidence: 0.86694515

 $00:30:04.670 \longrightarrow 00:30:08.378$ Site specific chart rounds specifically to.

NOTE Confidence: 0.86694515

00:30:08.380 --> 00:30:10.664 So in radiation oncology,

NOTE Confidence: 0.86694515

 $00{:}30{:}10.664 \dashrightarrow 00{:}30{:}13.519$ it's mandated that all radiation

NOTE Confidence: 0.86694515

00:30:13.519 --> 00:30:16.128 plans get reviewed by your

NOTE Confidence: 0.86694515

 $00:30:16.128 \longrightarrow 00:30:18.558$ peers and it happens weekly.

NOTE Confidence: 0.86694515

00:30:18.560 --> 00:30:19.912 And in our department,

NOTE Confidence: 0.86694515

 $00{:}30{:}19.912 \dashrightarrow 00{:}30{:}22.680$ we used to do all sites together.

NOTE Confidence: 0.86694515

 $00:30:22.680 \longrightarrow 00:30:24.456$ But under me and his leadership,

NOTE Confidence: 0.86694515

 $00{:}30{:}24.460 \dashrightarrow 00{:}30{:}26.770$ we started to have breast cancer

NOTE Confidence: 0.86694515

00:30:26.770 --> 00:30:29.098 disease teams chart rounds on our own,

NOTE Confidence: 0.86694515

 $00:30:29.100 \longrightarrow 00:30:30.438$ separate from the rest of the

NOTE Confidence: 0.86694515

 $00:30:30.438 \longrightarrow 00:30:31.962$ group so that we could really

NOTE Confidence: 0.86694515

 $00:30:31.962 \longrightarrow 00:30:33.417$ concentrate and delve in deeply

NOTE Confidence: 0.86694515

 $00{:}30{:}33.417 \dashrightarrow 00{:}30{:}34.969$ into the breast cancer cases.

 $00:30:34.970 \longrightarrow 00:30:36.802$ And she really was ahead of the curve

NOTE Confidence: 0.86694515

 $00{:}30{:}36.802 \to 00{:}30{:}38.590$ when we started that seven years ago

NOTE Confidence: 0.86694515

 $00:30:38.590 \longrightarrow 00:30:40.849$ and we were the first disease team in

NOTE Confidence: 0.86694515

 $00:30:40.849 \longrightarrow 00:30:42.715$ our department to do that subsequently.

NOTE Confidence: 0.86694515

 $00:30:42.720 \longrightarrow 00:30:44.766$ Now the Gu team and the

NOTE Confidence: 0.86694515

 $00:30:44.766 \longrightarrow 00:30:46.130$ thoracic team are doing

NOTE Confidence: 0.799177013636364

 $00:30:46.207 \longrightarrow 00:30:48.298$ that. So I chose thinking

NOTE Confidence: 0.799177013636364

 $00:30:48.298 \longrightarrow 00:30:50.026$ about our talk today,

NOTE Confidence: 0.799177013636364

 $00:30:50.030 \longrightarrow 00:30:52.316$ I chose to concentrate on our

NOTE Confidence: 0.799177013636364

 $00:30:52.316 \longrightarrow 00:30:54.450$ commitment to de escalation of care,

NOTE Confidence: 0.799177013636364

 $00:30:54.450 \longrightarrow 00:30:57.000$ which is certainly an important emerging

NOTE Confidence: 0.799177013636364

 $00:30:57.000 \longrightarrow 00:30:59.410$ strategy in breast cancer treatment.

NOTE Confidence: 0.799177013636364

 $00{:}30{:}59.410 \dashrightarrow 00{:}31{:}02.158$ And specifically I chose to concentrate

NOTE Confidence: 0.799177013636364

 $00:31:02.158 \longrightarrow 00:31:05.050$ on our clinical trial participation

NOTE Confidence: 0.799177013636364

 $00:31:05.050 \longrightarrow 00:31:08.319$ because I do believe that our departments

 $00:31:08.319 \longrightarrow 00:31:10.225$ clinical trial participation really

NOTE Confidence: 0.799177013636364

00:31:10.225 --> 00:31:12.395 shows our commitment to embracing

NOTE Confidence: 0.799177013636364

 $00:31:12.395 \longrightarrow 00:31:14.518$ and helping move forward escalation

NOTE Confidence: 0.799177013636364

 $00:31:14.518 \longrightarrow 00:31:17.070$ of care and what I mean by that.

NOTE Confidence: 0.799177013636364

 $00:31:17.070 \longrightarrow 00:31:19.730$ Is either decreasing the dose

NOTE Confidence: 0.799177013636364

00:31:19.730 --> 00:31:22.390 or the number of fractions,

NOTE Confidence: 0.799177013636364

 $00:31:22.390 \longrightarrow 00:31:25.570$ or maybe even omitting radiation completely,

NOTE Confidence: 0.799177013636364

 $00:31:25.570 \longrightarrow 00:31:28.770$ but aiming to decrease toxicity

NOTE Confidence: 0.799177013636364

 $00:31:28.770 \longrightarrow 00:31:30.690$ essentially while keeping

NOTE Confidence: 0.799177013636364

 $00:31:30.690 \longrightarrow 00:31:33.897$ outcomes the same or even better.

NOTE Confidence: 0.799177013636364

 $00:31:33.900 \longrightarrow 00:31:36.570$ So an important trial that

NOTE Confidence: 0.799177013636364

 $00:31:36.570 \longrightarrow 00:31:38.534$ recently closed at our institution,

NOTE Confidence: 0.799177013636364

 $00:31:38.534 \longrightarrow 00:31:40.620$ but we was open and we enrolled

NOTE Confidence: 0.799177013636364

 $00:31:40.688 \longrightarrow 00:31:42.268$ a large number of patients.

NOTE Confidence: 0.799177013636364

 $00:31:42.270 \longrightarrow 00:31:44.748$ It's called the idea study and it

NOTE Confidence: 0.799177013636364

 $00:31:44.748 \longrightarrow 00:31:46.332$ stands for individualized decisions

 $00:31:46.332 \longrightarrow 00:31:48.156$ for endocrine therapy alone.

NOTE Confidence: 0.799177013636364

 $00{:}31{:}48.160 \dashrightarrow 00{:}31{:}50.974$ And the Pi locally was Doctor Moran

NOTE Confidence: 0.799177013636364

 $00:31:50.974 \longrightarrow 00:31:54.326$ and this will piggyback a little bit

NOTE Confidence: 0.799177013636364

 $00:31:54.326 \longrightarrow 00:31:56.906$ on Doctor Greenup's discussion where

NOTE Confidence: 0.799177013636364

 $00:31:56.906 \longrightarrow 00:31:59.705$ she mentioned the CLG B9343 study.

NOTE Confidence: 0.799177013636364

 $00:31:59.705 \longrightarrow 00:32:03.400$ So that study was a well done phase three.

NOTE Confidence: 0.799177013636364

 $00:32:03.400 \longrightarrow 00:32:06.270$ This trial with over 12 years of

NOTE Confidence: 0.799177013636364

 $00{:}32{:}06.270 \dashrightarrow 00{:}32{:}08.655$ median follow-up that has shown us

NOTE Confidence: 0.799177013636364

 $00:32:08.655 \longrightarrow 00:32:11.767$ that patients over 70 with a tumor 2

NOTE Confidence: 0.799177013636364

 $00:32:11.767 \dashrightarrow 00:32:14.427$ centimeters or less estrogen receptor

NOTE Confidence: 0.799177013636364

00:32:14.427 --> 00:32:16.555 positive excised with negative

NOTE Confidence: 0.799177013636364

00:32:16.560 --> 00:32:19.545 margins and negative nodes either

NOTE Confidence: 0.799177013636364

 $00{:}32{:}19.545 \dashrightarrow 00{:}32{:}21.933$ clinically or surgically tested.

NOTE Confidence: 0.799177013636364

 $00:32:21.940 \longrightarrow 00:32:24.226$ Those patients if they take endocrine

NOTE Confidence: 0.799177013636364

 $00:32:24.226 \longrightarrow 00:32:26.584$ therapy they can do very well

00:32:26.584 --> 00:32:28.489 and radiation therapy can safely

NOTE Confidence: 0.799177013636364

 $00:32:28.489 \longrightarrow 00:32:30.440$ be withheld in that group.

NOTE Confidence: 0.799177013636364

 $00:32:30.440 \longrightarrow 00:32:31.964$ So the idea trial,

NOTE Confidence: 0.799177013636364

 $00:32:31.964 \longrightarrow 00:32:34.790$ the goal is to expand on that.

NOTE Confidence: 0.799177013636364

 $00:32:34.790 \longrightarrow 00:32:36.488$ We start looking at younger ages,

NOTE Confidence: 0.799177013636364 00:32:36.490 --> 00:32:37.597 50 to 69, NOTE Confidence: 0.799177013636364

 $00:32:37.597 \longrightarrow 00:32:40.810$ but this is a single ARM cohort study.

NOTE Confidence: 0.799177013636364

 $00:32:40.810 \longrightarrow 00:32:42.430$ So it's not a randomized trial,

NOTE Confidence: 0.799177013636364

00:32:42.430 --> 00:32:44.458 it's a single ARM cohort study

NOTE Confidence: 0.799177013636364

 $00:32:44.458 \longrightarrow 00:32:45.810$ to start exploring this.

NOTE Confidence: 0.799177013636364

 $00{:}32{:}45.810 --> 00{:}32{:}48.474$ So it's similar at you know

NOTE Confidence: 0.799177013636364

00:32:48.474 --> 00:32:49.806 hormonal receptor positive,

NOTE Confidence: 0.799177013636364

 $00:32:49.810 \longrightarrow 00:32:50.680$ margins negative,

NOTE Confidence: 0.799177013636364 00:32:50.680 --> 00:32:51.550 no negative.

NOTE Confidence: 0.799177013636364

 $00:32:51.550 \longrightarrow 00:32:54.160$ These patients because they're younger do

NOTE Confidence: 0.799177013636364

00:32:54.228 --> 00:32:56.828 need to have some sort of axillary staging,

00:32:56.830 --> 00:32:59.190 Sentinel node biopsy or axillary

NOTE Confidence: 0.799177013636364

 $00{:}32{:}59.190 \dashrightarrow 00{:}33{:}02.105$ dissection and in order to ensure

NOTE Confidence: 0.799177013636364

 $00:33:02.105 \longrightarrow 00:33:04.919$ that it's a favorable cancer that.

NOTE Confidence: 0.799177013636364

 $00:33:04.920 \longrightarrow 00:33:06.264$ Ideally we'll behave well.

NOTE Confidence: 0.799177013636364

 $00{:}33{:}06.264 \dashrightarrow 00{:}33{:}07.608$ The Oncotype recurrence score

NOTE Confidence: 0.799177013636364

 $00:33:07.608 \longrightarrow 00:33:09.650$ must be less than or equal to 18.

NOTE Confidence: 0.799177013636364

 $00:33:09.650 \longrightarrow 00:33:11.480$ So these patients were enrolled on

NOTE Confidence: 0.799177013636364

 $00:33:11.480 \longrightarrow 00:33:13.760$ the single ARM cohort study and they

NOTE Confidence: 0.799177013636364

 $00:33:13.760 \longrightarrow 00:33:15.430$ did not receive radiation therapy.

NOTE Confidence: 0.799177013636364

 $00{:}33{:}15.430 \dashrightarrow 00{:}33{:}17.806$ They had their lumpectomy with their

NOTE Confidence: 0.799177013636364

00:33:17.806 --> 00:33:20.393 axillary staging and five years of

NOTE Confidence: 0.799177013636364

 $00:33:20.393 \longrightarrow 00:33:22.265$ endocrine therapy and surveillance.

NOTE Confidence: 0.799177013636364

 $00{:}33{:}22.270 \dashrightarrow 00{:}33{:}24.214$ And the primary objective is looking

NOTE Confidence: 0.799177013636364

 $00{:}33{:}24.214 \dashrightarrow 00{:}33{:}25.510$ at local regional recurrence.

NOTE Confidence: 0.799177013636364

00:33:25.510 --> 00:33:27.550 And here we have our secondary

00:33:27.550 --> 00:33:29.602 objectives looking at the rates of

NOTE Confidence: 0.799177013636364

 $00{:}33{:}29.602 \dashrightarrow 00{:}33{:}31.807$ salvage mastectomy and also to see as

NOTE Confidence: 0.799177013636364

 $00{:}33{:}31.807 \dashrightarrow 00{:}33{:}33.884$ local regional recurrence associated

NOTE Confidence: 0.799177013636364

 $00:33:33.884 \longrightarrow 00:33:36.140$ with endocrine therapy compliance.

NOTE Confidence: 0.799177013636364

 $00:33:36.140 \longrightarrow 00:33:38.630$ So this trial is maturing now.

NOTE Confidence: 0.799177013636364

 $00:33:38.630 \longrightarrow 00:33:41.138$ It's closed as we said and

NOTE Confidence: 0.799177013636364

 $00:33:41.138 \longrightarrow 00:33:43.910$ now the data is gathering.

NOTE Confidence: 0.799177013636364

00:33:43.910 --> 00:33:45.430 Also at our at Yale,

NOTE Confidence: 0.799177013636364

 $00:33:45.430 \longrightarrow 00:33:47.434$ we we're offering the fabric trial

NOTE Confidence: 0.799177013636364

 $00:33:47.434 \longrightarrow 00:33:49.421$ that closed even more recently and

NOTE Confidence: 0.799177013636364

 $00:33:49.421 \longrightarrow 00:33:51.757$ as we could see a pair fabric stands

NOTE Confidence: 0.799177013636364

 $00:33:51.826 \longrightarrow 00:33:53.886$ for study of radiation fractionation

NOTE Confidence: 0.799177013636364

 $00:33:53.886 \longrightarrow 00:33:55.946$ on patient outcomes after breast

NOTE Confidence: 0.799177013636364

 $00:33:55.950 \longrightarrow 00:33:58.840$ reconstruction for invasive breast cancer.

NOTE Confidence: 0.799177013636364

00:33:58.840 --> 00:34:00.276 Although ironically the people,

NOTE Confidence: 0.799177013636364

 $00:34:00.276 \longrightarrow 00:34:02.430$ the physicians could have stage zero

 $00:34:02.490 \longrightarrow 00:34:04.866$ but they do put invasive cancer in the trial.

NOTE Confidence: 0.799177013636364

 $00{:}34{:}04.870 \dashrightarrow 00{:}34{:}07.005$ So the question that this is trying

NOTE Confidence: 0.799177013636364

 $00{:}34{:}07.005 \dashrightarrow 00{:}34{:}09.282$ to answer is can we decrease the

NOTE Confidence: 0.799177013636364

 $00:34:09.282 \longrightarrow 00:34:11.226$ treatment time IE the number of

NOTE Confidence: 0.885786871071429

 $00:34:11.293 \longrightarrow 00:34:13.041$ fractions for these patients

NOTE Confidence: 0.885786871071429

 $00:34:13.041 \longrightarrow 00:34:14.789$ and possibly the toxicity.

NOTE Confidence: 0.885786871071429

00:34:14.790 --> 00:34:16.940 For patients who require postmastectomy

NOTE Confidence: 0.885786871071429

 $00:34:16.940 \longrightarrow 00:34:19.515$ radiation therapy in the setting of

NOTE Confidence: 0.885786871071429

 $00:34:19.515 \longrightarrow 00:34:21.335$ implant based reconstruction and I

NOTE Confidence: 0.885786871071429

 $00:34:21.335 \longrightarrow 00:34:23.857$ highlighted this to let us know that

NOTE Confidence: 0.885786871071429

 $00:34:23.857 \longrightarrow 00:34:25.861$ what that patients had to undergo

NOTE Confidence: 0.885786871071429

 $00:34:25.861 \longrightarrow 00:34:27.084$ immediate reconstruction meaning

NOTE Confidence: 0.885786871071429

 $00{:}34{:}27.084 \dashrightarrow 00{:}34{:}29.736$ the placement of a tissue expander

NOTE Confidence: 0.885786871071429

 $00{:}34{:}29.736 \dashrightarrow 00{:}34{:}32.556$ or an implant either at the time

NOTE Confidence: 0.885786871071429

 $00:34:32.556 \longrightarrow 00:34:34.840$ of mastectomy or within 30 days.

 $00:34:34.840 \longrightarrow 00:34:37.810$ So and we see they could have stage zero

NOTE Confidence: 0.885786871071429

 $00{:}34{:}37.810 \dashrightarrow 00{:}34{:}40.339$ through stage 3 invasive breast cancer.

NOTE Confidence: 0.885786871071429

00:34:40.340 --> 00:34:43.274 Yeah, it was could be ER positive or not,

NOTE Confidence: 0.885786871071429

 $00:34:43.280 \longrightarrow 00:34:44.402$ chemo or not.

NOTE Confidence: 0.885786871071429

 $00:34:44.402 \longrightarrow 00:34:48.017$ It was very open but the two arms are

NOTE Confidence: 0.885786871071429

 $00{:}34{:}48.017 \dashrightarrow 00{:}34{:}50.741$ arm two is our standard treatment

NOTE Confidence: 0.885786871071429

 $00:34:50.741 \longrightarrow 00:34:53.202$ which is 25 fractions for these

NOTE Confidence: 0.885786871071429

 $00:34:53.202 \longrightarrow 00:34:55.142$ patients to great per fraction.

NOTE Confidence: 0.885786871071429

00:34:55.150 --> 00:34:57.856 And the experimental arm is looking

NOTE Confidence: 0.885786871071429

00:34:57.856 --> 00:34:59.209 at hypofractionation cutting

NOTE Confidence: 0.885786871071429

 $00{:}34{:}59.209 \dashrightarrow 00{:}35{:}01.369$ down the number of treatments.

NOTE Confidence: 0.885786871071429

 $00:35:01.370 \longrightarrow 00:35:03.356$ And in intact breast cancer cases

NOTE Confidence: 0.885786871071429

 $00:35:03.356 \longrightarrow 00:35:05.653$ we've seen that this can be very

NOTE Confidence: 0.885786871071429

 $00:35:05.653 \longrightarrow 00:35:07.158$ successful in actually with as

NOTE Confidence: 0.885786871071429

 $00:35:07.158 \longrightarrow 00:35:09.030$ far as controlling the disease

NOTE Confidence: 0.885786871071429

 $00{:}35{:}09.030 \dashrightarrow 00{:}35{:}11.442$ locally and also has less toxicity.

 $00:35:11.450 \longrightarrow 00:35:13.178$ So the goal in this trial is to

NOTE Confidence: 0.885786871071429

00:35:13.178 --> 00:35:14.936 say hey well this also hold up.

NOTE Confidence: 0.885786871071429

 $00:35:14.940 \longrightarrow 00:35:17.496$ In the setting of an implant or a tissue

NOTE Confidence: 0.885786871071429

 $00:35:17.496 \longrightarrow 00:35:19.586$ expander to be exchanged to an implant.

NOTE Confidence: 0.885786871071429

 $00:35:19.590 \longrightarrow 00:35:21.540$ So the objectives for this trial

NOTE Confidence: 0.885786871071429

 $00:35:21.540 \longrightarrow 00:35:23.276$ were looking at physical well-being

NOTE Confidence: 0.885786871071429

 $00:35:23.276 \longrightarrow 00:35:25.532$ of the patients and patient recorded

NOTE Confidence: 0.885786871071429

 $00{:}35{:}25.532 \dashrightarrow 00{:}35{:}27.852$ outcomes using the fact be instrument

NOTE Confidence: 0.885786871071429

 $00{:}35{:}27.852 \dashrightarrow 00{:}35{:}30.108$ and here's some other patient recorded

NOTE Confidence: 0.885786871071429

 $00{:}35{:}30.108 \dashrightarrow 00{:}35{:}31.306$ outcomes that will be looked.

NOTE Confidence: 0.885786871071429

 $00:35:31.306 \longrightarrow 00:35:32.326$ They were looking at pain,

NOTE Confidence: 0.885786871071429

00:35:32.330 --> 00:35:32.944 our mobility,

NOTE Confidence: 0.885786871071429

 $00{:}35{:}32.944 \dashrightarrow 00{:}35{:}35.093$ lymphedema and of course we want to

NOTE Confidence: 0.885786871071429

 $00:35:35.093 \longrightarrow 00:35:37.110$ look at the clinical outcomes too,

NOTE Confidence: 0.88578687107142900:35:37.110 --> 00:35:37.564 recurrence,

 $00:35:37.564 \longrightarrow 00:35:39.380$ breast cancer specific survival

NOTE Confidence: 0.885786871071429

 $00{:}35{:}39.380 \dashrightarrow 00{:}35{:}41.650$ and interestingly this also wanted

NOTE Confidence: 0.885786871071429

 $00:35:41.715 \longrightarrow 00:35:43.997$ to see was there a difference in

NOTE Confidence: 0.885786871071429

 $00:35:43.997 \longrightarrow 00:35:44.975$ the two fractionations.

NOTE Confidence: 0.885786871071429

00:35:44.980 --> 00:35:47.596 As far as rare radiation oncology,

NOTE Confidence: 0.885786871071429

 $00:35:47.600 \longrightarrow 00:35:50.342$ radiation therapy side effects such as

NOTE Confidence: 0.885786871071429

 $00:35:50.342 \longrightarrow 00:35:52.950$ brachial plexopathy or secondary malignancy.

NOTE Confidence: 0.830093063333333

 $00:35:55.070 \longrightarrow 00:35:56.162$ Now we're getting to

NOTE Confidence: 0.830093063333333

 $00{:}35{:}56.162 \dashrightarrow 00{:}35{:}57.527$ trials that that are open.

NOTE Confidence: 0.830093063333333

 $00:35:57.530 \longrightarrow 00:36:00.626$ So we have open now at Yale at

NOTE Confidence: 0.830093063333333

 $00:36:00.626 \longrightarrow 00:36:03.586$ essentially all I think of all the sites,

NOTE Confidence: 0.830093063333333

00:36:03.590 --> 00:36:06.794 the MA 39 trial also called the Taylor RT,

NOTE Confidence: 0.830093063333333

 $00{:}36{:}06.800 \dashrightarrow 00{:}36{:}09.311$ I'm the local Pi for this trial and here

NOTE Confidence: 0.830093063333333

 $00:36:09.311 \longrightarrow 00:36:12.392$ we see the name a randomized trial of

NOTE Confidence: 0.830093063333333

 $00:36:12.392 \longrightarrow 00:36:14.539$ regional radiotherapy and biomarker low.

NOTE Confidence: 0.830093063333333

00:36:14.540 --> 00:36:17.093 Low risk node positive and T3N0

 $00:36:17.093 \longrightarrow 00:36:18.758$ breast cancer. That's a mouthful,

NOTE Confidence: 0.830093063333333

 $00{:}36{:}18.760 \dashrightarrow 00{:}36{:}21.147$ but that's the official title and the

NOTE Confidence: 0.830093063333333

 $00:36:21.147 \dashrightarrow 00:36:23.696$ question that this is looking to answer is.

NOTE Confidence: 0.830093063333333

 $00:36:23.700 \longrightarrow 00:36:26.095$ Can we withhold regional nodal

NOTE Confidence: 0.830093063333333

 $00:36:26.095 \longrightarrow 00:36:28.490$ radiation therapy in patients with

NOTE Confidence: 0.830093063333333

 $00:36:28.567 \longrightarrow 00:36:31.612$ low volume nodal disease who have a

NOTE Confidence: 0.830093063333333

 $00:36:31.612 \longrightarrow 00:36:33.890$ favorable breast cancer IE hormonal

NOTE Confidence: 0.830093063333333

 $00{:}36{:}33.890 \dashrightarrow 00{:}36{:}35.686$ receptor positive and Oncotype

NOTE Confidence: 0.830093063333333

 $00:36:35.686 \longrightarrow 00:36:38.890$ score of less than or equal to 25.

NOTE Confidence: 0.830093063333333

 $00:36:38.890 \longrightarrow 00:36:39.940$ And so yes,

NOTE Confidence: 0.830093063333333

 $00:36:39.940 \longrightarrow 00:36:42.343$ here we see down here PCP one or two

NOTE Confidence: 0.830093063333333

 $00:36:42.343 \longrightarrow 00:36:44.467$ with low volume nodal disease and

NOTE Confidence: 0.830093063333333

 $00{:}36{:}44.467 \dashrightarrow 00{:}36{:}46.796$ the definition of what low volume

NOTE Confidence: 0.830093063333333

 $00:36:46.796 \longrightarrow 00:36:49.141$ nodal disease is changes depending

NOTE Confidence: 0.830093063333333

 $00:36:49.141 \longrightarrow 00:36:51.418$ on whether axillary dissection was

 $00:36:51.418 \longrightarrow 00:36:53.806$ performed or Sentinel lymph node biopsy.

NOTE Confidence: 0.830093063333333

00:36:53.810 --> 00:36:54.896 Only was performed.

NOTE Confidence: 0.830093063333333

 $00:36:54.896 \longrightarrow 00:36:57.068$ We see here the Oncotype score.

NOTE Confidence: 0.830093063333333

 $00:36:57.070 \longrightarrow 00:36:58.990$ The patients could not have

NOTE Confidence: 0.830093063333333

 $00:36:58.990 \longrightarrow 00:37:00.526$ chemotherapy before the surgery,

NOTE Confidence: 0.830093063333333

 $00:37:00.530 \longrightarrow 00:37:03.085$ but it is allowed after the surgery.

NOTE Confidence: 0.830093063333333

00:37:03.090 --> 00:37:06.246 And however, when COVID came around,

NOTE Confidence: 0.830093063333333

 $00:37:06.250 \longrightarrow 00:37:08.287$ they changed it to allow some limited,

NOTE Confidence: 0.830093063333333

 $00:37:08.290 \longrightarrow 00:37:10.290$ they should say neoadjuvant endocrine

NOTE Confidence: 0.830093063333333

00:37:10.290 --> 00:37:12.734 therapy allowed because as we know

NOTE Confidence: 0.830093063333333

 $00:37:12.734 \longrightarrow 00:37:15.026$ during COVID some patients were placed

NOTE Confidence: 0.830093063333333

 $00{:}37{:}15.026 \dashrightarrow 00{:}37{:}17.249$ on endocrine the rapy as a placeholder.

NOTE Confidence: 0.830093063333333

 $00:37:17.250 \longrightarrow 00:37:19.374$ So here we see our primary

NOTE Confidence: 0.830093063333333

 $00:37:19.374 \longrightarrow 00:37:21.100$ objectives in in May 39,

NOTE Confidence: 0.830093063333333

 $00:37:21.100 \longrightarrow 00:37:23.266$ it's to compare breast cancer recurrence

NOTE Confidence: 0.830093063333333

00:37:23.266 --> 00:37:25.178 free interval and our secondary

00:37:25.178 --> 00:37:27.578 objectives are all our usual suspects,

NOTE Confidence: 0.830093063333333

 $00:37:27.580 \longrightarrow 00:37:29.011$ disease free survival,

NOTE Confidence: 0.830093063333333

 $00{:}37{:}29.011 \dashrightarrow 00{:}37{:}30.919$ breast cancer specific survival,

NOTE Confidence: 0.830093063333333

00:37:30.920 --> 00:37:33.616 overall survival, local recurrence,

NOTE Confidence: 0.830093063333333

00:37:33.616 --> 00:37:35.638 local regional recurrence,

NOTE Confidence: 0.830093063333333 00:37:35.640 --> 00:37:36.808 free interval.

NOTE Confidence: 0.830093063333333

00:37:36.808 --> 00:37:39.728 They're also looking at ARM

NOTE Confidence: 0.830093063333333

 $00:37:39.728 \longrightarrow 00:37:41.480$ volume and motility,

NOTE Confidence: 0.830093063333333

00:37:41.480 --> 00:37:42.935 still looking at really at

NOTE Confidence: 0.830093063333333

 $00{:}37{:}42.935 \dashrightarrow 00{:}37{:}44.390$ lymphedema and there are some

NOTE Confidence: 0.830093063333333

00:37:44.451 --> 00:37:46.141 quality of life questionnaires and

NOTE Confidence: 0.830093063333333

00:37:46.141 --> 00:37:47.831 here we see the randomization.

NOTE Confidence: 0.830093063333333

 $00:37:47.840 \dashrightarrow 00:37:52.214$ So arm one, arm two is our standard arm.

NOTE Confidence: 0.830093063333333

 $00:37:52.220 \longrightarrow 00:37:54.458$ So if someone had lumpectomy standardly

NOTE Confidence: 0.830093063333333

00:37:54.458 --> 00:37:57.308 they were and they have regional notes,

 $00:37:57.310 \longrightarrow 00:37:58.942$ they have nodal involvement.

NOTE Confidence: 0.830093063333333

00:37:58.942 --> 00:38:01.390 Standard arm is whole breast to

NOTE Confidence: 0.830093063333333

 $00:38:01.460 \longrightarrow 00:38:03.670$ radiation therapy plus regional nodal

NOTE Confidence: 0.830093063333333

 $00:38:03.670 \longrightarrow 00:38:06.349$ RT or in the postmastectomy setting

NOTE Confidence: 0.830093063333333

 $00:38:06.349 \longrightarrow 00:38:08.737$ chest wall and regional nodal RT.

NOTE Confidence: 0.830093063333333

 $00:38:08.740 \longrightarrow 00:38:11.610$ So the experimental arm that the patients

NOTE Confidence: 0.830093063333333

 $00:38:11.610 \longrightarrow 00:38:14.741$ can be randomized to would be following

NOTE Confidence: 0.830093063333333

 $00:38:14.741 \longrightarrow 00:38:17.031$ lumpectomy just the whole breast

NOTE Confidence: 0.830093063333333

 $00:38:17.031 \longrightarrow 00:38:19.650$ irradiation therapy and not including the.

NOTE Confidence: 0.830093063333333

00:38:19.650 --> 00:38:22.666 Total fields of the patient had a step,

NOTE Confidence: 0.830093063333333

00:38:22.670 --> 00:38:24.100 they'd be randomized to no

NOTE Confidence: 0.830093063333333

 $00:38:24.100 \longrightarrow 00:38:25.530$ radiation therapy and of course

NOTE Confidence: 0.830093063333333

 $00:38:25.580 \longrightarrow 00:38:27.010$ then we'll be following them.

NOTE Confidence: 0.830093063333333

 $00:38:27.010 \longrightarrow 00:38:27.973$ But as mentioned,

NOTE Confidence: 0.830093063333333

 $00:38:27.973 \longrightarrow 00:38:29.899$ this trial remains open and patients

NOTE Confidence: 0.830093063333333

 $00:38:29.899 \longrightarrow 00:38:33.220$ can enroll through our department.

00:38:33.220 --> 00:38:36.020 And now we are opening this trial soon,

NOTE Confidence: 0.830093063333333

 $00{:}38{:}36.020 \dashrightarrow 00{:}38{:}39.220$ Deborah de escalation of breast

NOTE Confidence: 0.830093063333333

 $00:38:39.220 \longrightarrow 00:38:41.948$ radiation and RGB R007 and this

NOTE Confidence: 0.830093063333333

00:38:41.948 --> 00:38:44.120 piggybacks off of the first trial

NOTE Confidence: 0.830093063333333

00:38:44.191 --> 00:38:46.315 I talked about the idea trial,

NOTE Confidence: 0.830093063333333

 $00:38:46.320 \longrightarrow 00:38:48.791$ I remember that's the one where that

NOTE Confidence: 0.830093063333333

 $00:38:48.791 \longrightarrow 00:38:52.084$ was that was going to be looking at

NOTE Confidence: 0.830093063333333

 $00:38:52.084 \longrightarrow 00:38:53.812$ the withholding radiation therapy

NOTE Confidence: 0.830093063333333

 $00:38:53.812 \longrightarrow 00:38:56.807$ for stage one cancers ages 50 to 69,

NOTE Confidence: 0.830093063333333

 $00:38:56.807 \longrightarrow 00:38:58.208$ no nodal involvement,

NOTE Confidence: 0.830093063333333

00:38:58.208 --> 00:39:00.543 ER positive Oncotype less than

NOTE Confidence: 0.830093063333333

 $00:39:00.543 \longrightarrow 00:39:02.997$ 18 that was a cohort study.

NOTE Confidence: 0.830093063333333

 $00{:}39{:}03.000 \dashrightarrow 00{:}39{:}04.500$ And the patients of course had

NOTE Confidence: 0.830093063333333

 $00:39:04.500 \longrightarrow 00:39:05.970$ to go on endocrine therapy.

NOTE Confidence: 0.830093063333333

 $00:39:05.970 \longrightarrow 00:39:08.329$ So now this is pushing that forward

 $00:39:08.329 \longrightarrow 00:39:10.445$ even further to get even more

NOTE Confidence: 0.830093063333333

00:39:10.445 --> 00:39:12.515 high quality evidence to say hey,

NOTE Confidence: 0.879850403333333

 $00:39:12.520 \longrightarrow 00:39:14.872$ can we withhold radiation therapy in this

NOTE Confidence: 0.879850403333333

 $00:39:14.872 \longrightarrow 00:39:17.280$ setting and this is a phase three trial.

NOTE Confidence: 0.879850403333333

 $00:39:17.280 \longrightarrow 00:39:19.014$ So here we see that see

NOTE Confidence: 0.879850403333333

 $00:39:19.014 \longrightarrow 00:39:20.440$ its patients with a T1.

NOTE Confidence: 0.879850403333333

 $00:39:20.440 \longrightarrow 00:39:22.816$ So we know that means 2 centimeters or

NOTE Confidence: 0.879850403333333

 $00:39:22.816 \dashrightarrow 00:39:25.318$ less and 0 hormonal receptor positive.

NOTE Confidence: 0.879850403333333

 $00:39:25.320 \longrightarrow 00:39:27.225$ Her two negative Oncotype recurrence

NOTE Confidence: 0.879850403333333

00:39:27.225 --> 00:39:30.118 score less than 18 just like the idea

NOTE Confidence: 0.879850403333333

00:39:30.118 --> 00:39:32.376 trial the ages, well here you're allowed.

NOTE Confidence: 0.879850403333333

 $00:39:32.376 \longrightarrow 00:39:35.009$ It's a little bit more with the ages,

NOTE Confidence: 0.879850403333333

 $00:39:35.010 \longrightarrow 00:39:39.708$ but the whole point is to expand the ages.

NOTE Confidence: 0.879850403333333

00:39:39.710 --> 00:39:42.888 And so we're randomizing to arm one,

NOTE Confidence: 0.879850403333333

 $00:39:42.890 \longrightarrow 00:39:45.360$ which is the standard arm,

NOTE Confidence: 0.879850403333333

 $00:39:45.360 \longrightarrow 00:39:47.370$ which would be radiation therapy

 $00:39:47.370 \longrightarrow 00:39:49.380$ to the breast plus endocrine

NOTE Confidence: 0.879850403333333

 $00{:}39{:}49.449 \dashrightarrow 00{:}39{:}51.559$ the rapy or our experimental arm,

NOTE Confidence: 0.879850403333333

 $00:39:51.560 \longrightarrow 00:39:54.686$ no radiation therapy plus endocrine therapy.

NOTE Confidence: 0.879850403333333

 $00:39:54.690 \longrightarrow 00:39:56.640$ So while patients of all ages

NOTE Confidence: 0.879850403333333

 $00:39:56.640 \longrightarrow 00:39:58.460$ are really allowed to enroll,

NOTE Confidence: 0.879850403333333

 $00:39:58.460 \longrightarrow 00:40:00.242$ the point of this is really

NOTE Confidence: 0.879850403333333

 $00:40:00.242 \longrightarrow 00:40:02.136$ to start expanding this out to

NOTE Confidence: 0.879850403333333

 $00{:}40{:}02.136 \to 00{:}40{:}03.882$ patients that are younger. Umm.

NOTE Confidence: 0.879850403333333

00:40:03.882 --> 00:40:05.268 OK. All right.

NOTE Confidence: 0.879850403333333

 $00:40:05.268 \longrightarrow 00:40:06.654$ So thank you.

NOTE Confidence: 0.817588175666667

00:40:09.800 --> 00:40:11.260 Thank you, Doctor Knowlton.

NOTE Confidence: 0.817588175666667

 $00:40:11.260 \longrightarrow 00:40:14.166$ A lot of great trials that have been

NOTE Confidence: 0.817588175666667

 $00{:}40{:}14.166 \dashrightarrow 00{:}40{:}16.758$ run at Yale and are currently open and

NOTE Confidence: 0.817588175666667

 $00:40:16.830 \longrightarrow 00:40:19.385$ accruing your work and your team with

NOTE Confidence: 0.817588175666667

 $00{:}40{:}19.385 \dashrightarrow 00{:}40{:}21.704$ Doctor Moran has been really fantastic.

00:40:21.704 --> 00:40:24.560 We're moving on to Doctor John Lewin,

NOTE Confidence: 0.817588175666667

 $00{:}40{:}24.560 \dashrightarrow 00{:}40{:}28.226$ who's our chief of breast imaging.

NOTE Confidence: 0.817588175666667

00:40:28.230 --> 00:40:30.540 And the Espi president coming to talk

NOTE Confidence: 0.817588175666667

 $00:40:30.540 \longrightarrow 00:40:32.886$ about some of the latest in in in,

NOTE Confidence: 0.817588175666667

00:40:32.890 --> 00:40:34.645 in breast imaging available not

NOTE Confidence: 0.817588175666667

00:40:34.645 --> 00:40:36.400 only at Yale but potentially

NOTE Confidence: 0.817588175666667

 $00:40:36.467 \longrightarrow 00:40:38.047$ around the country as well.

NOTE Confidence: 0.817588175666667

00:40:38.050 --> 00:40:40.878 So, Doctor Lewin, the floor is yours.

NOTE Confidence: 0.912830138571429

 $00{:}40{:}41.710 --> 00{:}40{:}45.730$ Thank you. Can you see my

NOTE Confidence: 0.912830138571429

 $00:40:45.730 \longrightarrow 00:40:47.210$ screen? Yeah, of course.

NOTE Confidence: 0.870675994285714

 $00{:}40{:}49.730 \dashrightarrow 00{:}40{:}53.874$ So let me go to presentation mode.

NOTE Confidence: 0.870675994285714

 $00:40:53.880 \longrightarrow 00:40:57.390$ Alright, so thank you. So yeah,

NOTE Confidence: 0.870675994285714

 $00{:}40{:}57.390 \dashrightarrow 00{:}41{:}01.539$ I want to talk about what's new in breast

NOTE Confidence: 0.870675994285714

 $00{:}41{:}01.539 \dashrightarrow 00{:}41{:}03.620$ imaging and as Doctor Goldstein said,

NOTE Confidence: 0.870675994285714

 $00:41:03.620 \longrightarrow 00:41:05.840$ not just the Yale but everywhere because

NOTE Confidence: 0.870675994285714

 $00:41:05.840 \longrightarrow 00:41:07.940$ it's kind of interesting to know what's

 $00:41:07.940 \longrightarrow 00:41:10.440$ going on that's imaging effects everybody

NOTE Confidence: 0.870675994285714

 $00:41:10.440 \longrightarrow 00:41:13.980$ whether in primary care or in surgery.

NOTE Confidence: 0.870675994285714

 $00:41:13.980 \longrightarrow 00:41:16.098$ So here having just run a

NOTE Confidence: 0.870675994285714

00:41:16.098 --> 00:41:17.510 meeting on breast imaging,

NOTE Confidence: 0.870675994285714

 $00{:}41{:}17.510 \dashrightarrow 00{:}41{:}19.485$ the Society of Breast Imaging

NOTE Confidence: 0.870675994285714

 $00:41:19.485 \longrightarrow 00:41:20.960$ meeting here are the hot topics,

NOTE Confidence: 0.870675994285714

 $00:41:20.960 \longrightarrow 00:41:23.256$ so as with the rest of the world.

NOTE Confidence: 0.870675994285714

 $00:41:23.260 \longrightarrow 00:41:25.972$ AI is a hot topic and the

NOTE Confidence: 0.870675994285714

 $00{:}41{:}25.972 \dashrightarrow 00{:}41{:}27.677$ question is will mammograms be

NOTE Confidence: 0.870675994285714

 $00:41:27.677 \longrightarrow 00:41:30.410$ read by a computer in five years?

NOTE Confidence: 0.870675994285714

 $00:41:30.410 \longrightarrow 00:41:33.080$ And the answer is maybe.

NOTE Confidence: 0.870675994285714

00:41:33.080 --> 00:41:34.697 That's what we said five years ago,

NOTE Confidence: 0.870675994285714

 $00{:}41{:}34.700 --> 00{:}41{:}37.418$ so it's not at all clear.

NOTE Confidence: 0.870675994285714

 $00:41:37.420 \longrightarrow 00:41:40.060$ The it's very easy to make a nice

NOTE Confidence: 0.870675994285714

 $00:41:40.060 \longrightarrow 00:41:42.418$ paper using AI to read mammograms,

00:41:42.420 --> 00:41:44.240 but now that they're starting

NOTE Confidence: 0.870675994285714

 $00:41:44.240 \longrightarrow 00:41:46.060$ to be implemented in clinics,

NOTE Confidence: 0.870675994285714

00:41:46.060 --> 00:41:48.154 we're finding railroad real world results

NOTE Confidence: 0.870675994285714

 $00:41:48.154 \longrightarrow 00:41:50.700$ aren't quite what we'd hoped they would be.

NOTE Confidence: 0.870675994285714

 $00:41:50.700 \longrightarrow 00:41:53.040$ So it's going to be a while before we let

NOTE Confidence: 0.870675994285714

 $00:41:53.098 \longrightarrow 00:41:55.378$ the computers read screening mammograms

NOTE Confidence: 0.870675994285714

 $00:41:55.378 \longrightarrow 00:41:57.202$ even without human intervention.

NOTE Confidence: 0.870675994285714

00:41:57.210 --> 00:41:59.070 But almost certainly in five years,

NOTE Confidence: 0.870675994285714

 $00:41:59.070 \longrightarrow 00:42:02.214$ AI will be used as a second read

NOTE Confidence: 0.870675994285714

 $00:42:02.214 \longrightarrow 00:42:03.690$ in most cases.

NOTE Confidence: 0.870675994285714

 $00:42:03.690 \longrightarrow 00:42:04.920$ Now the sad thing is,

NOTE Confidence: 0.870675994285714

00:42:04.920 --> 00:42:06.560 we know from history it will mostly depend

NOTE Confidence: 0.870675994285714

 $00:42:06.560 \longrightarrow 00:42:08.300$ on if there's a payment for the act.

NOTE Confidence: 0.870675994285714

00:42:08.300 --> 00:42:09.440 That's what happened with the

NOTE Confidence: 0.870675994285714

 $00:42:09.440 \longrightarrow 00:42:10.124$ predecessor of AI,

NOTE Confidence: 0.870675994285714

 $00:42:10.130 \longrightarrow 00:42:12.968$ which was called Computer aided diagnosis.

 $00:42:12.970 \longrightarrow 00:42:14.978$ It took off only because it was paid

NOTE Confidence: 0.870675994285714

 $00:42:14.978 \longrightarrow 00:42:17.365$ for and it really didn't work that well.

NOTE Confidence: 0.870675994285714

00:42:17.370 --> 00:42:18.790 And eventually Medicare said, well,

NOTE Confidence: 0.870675994285714

00:42:18.790 --> 00:42:19.926 we're not going to pay for this anymore.

NOTE Confidence: 0.870675994285714

 $00:42:19.930 \longrightarrow 00:42:21.090$ It doesn't actually work.

NOTE Confidence: 0.870675994285714

00:42:21.090 --> 00:42:23.299 But the same thing will happen with AI.

NOTE Confidence: 0.870675994285714

 $00:42:23.300 \longrightarrow 00:42:25.668$ If we can prove that it has merit

NOTE Confidence: 0.870675994285714

00:42:25.668 --> 00:42:27.478 enough and it gets paid for,

NOTE Confidence: 0.870675994285714

 $00:42:27.480 \longrightarrow 00:42:29.488$ it will take off.

NOTE Confidence: 0.870675994285714

 $00:42:29.490 \longrightarrow 00:42:31.485$ But that there's no question AI is

NOTE Confidence: 0.870675994285714

 $00:42:31.485 \longrightarrow 00:42:33.779$ going to have everything to do with

NOTE Confidence: 0.870675994285714

00:42:33.779 --> 00:42:35.843 every part of medicine and certainly

NOTE Confidence: 0.870675994285714

 $00{:}42{:}35.911 \dashrightarrow 00{:}42{:}38.226$ radiology and certainly breast imaging.

NOTE Confidence: 0.870675994285714

 $00:42:38.230 \longrightarrow 00:42:40.330$ Contrast enhanced mammography is

NOTE Confidence: 0.870675994285714

 $00:42:40.330 \longrightarrow 00:42:43.366$ a big deal in meetings and it's

 $00:42:43.366 \longrightarrow 00:42:45.186$ a large area of research.

NOTE Confidence: 0.870675994285714

 $00{:}42{:}45.190 \dashrightarrow 00{:}42{:}47.224$ But clinical adoption has been slow

NOTE Confidence: 0.870675994285714

 $00:42:47.224 \longrightarrow 00:42:49.449$ because there is no billing code.

NOTE Confidence: 0.870675994285714

00:42:49.450 --> 00:42:51.070 So it's just like with AI,

NOTE Confidence: 0.870675994285714

 $00:42:51.070 \longrightarrow 00:42:52.288$ if we can't get paid for it,

NOTE Confidence: 0.870675994285714

00:42:52.290 --> 00:42:55.226 it's very hard to get places to buy

NOTE Confidence: 0.870675994285714

 $00:42:55.226 \longrightarrow 00:42:58.619$ it when it was conceived and invented.

NOTE Confidence: 0.870675994285714

 $00:42:58.620 \longrightarrow 00:43:00.438$ It was about 20 years ago.

NOTE Confidence: 0.870675994285714

 $00{:}43{:}00.440 \to 00{:}43{:}02.448$ The idea was that it would save money

NOTE Confidence: 0.870675994285714

 $00:43:02.448 \longrightarrow 00:43:04.897$ and we would all be capitated back then.

NOTE Confidence: 0.870675994285714

 $00{:}43{:}04.900 \dashrightarrow 00{:}43{:}05.992$ For those of you who are old

NOTE Confidence: 0.870675994285714

 $00:43:05.992 \longrightarrow 00:43:06.460$ enough to remember,

NOTE Confidence: 0.870675994285714

 $00:43:06.460 \longrightarrow 00:43:08.335$ we were all told that

NOTE Confidence: 0.870675994285714

 $00:43:08.335 \longrightarrow 00:43:09.835$ capitation was the future.

NOTE Confidence: 0.870675994285714 00:43:09.840 --> 00:43:10.184 Well,

NOTE Confidence: 0.870675994285714

 $00:43:10.184 \longrightarrow 00:43:11.560$ that really never happened.

 $00:43:11.560 \longrightarrow 00:43:13.849$ And so the fact that it's low-cost

NOTE Confidence: 0.870675994285714

00:43:13.849 --> 00:43:16.238 now was actually slowing its adoption,

NOTE Confidence: 0.870675994285714

 $00:43:16.240 \longrightarrow 00:43:18.838$ but you'll see that it's a

NOTE Confidence: 0.870675994285714

00:43:18.838 --> 00:43:20.137 pretty good modality.

NOTE Confidence: 0.870675994285714

 $00:43:20.140 \longrightarrow 00:43:23.110$ And the thing that's a big source of top of

NOTE Confidence: 0.870675994285714

 $00:43:23.179 \longrightarrow 00:43:26.077$ discussion in our world is labor shortage.

NOTE Confidence: 0.870675994285714

 $00:43:26.080 \longrightarrow 00:43:28.720$ So there's a shortage of technologists

NOTE Confidence: 0.870675994285714

 $00{:}43{:}28.720 \dashrightarrow 00{:}43{:}31.980$ all over the country and certainly Yale.

NOTE Confidence: 0.870675994285714

 $00:43:31.980 \longrightarrow 00:43:34.458$ And so if you have trouble getting

NOTE Confidence: 0.870675994285714

 $00:43:34.458 \longrightarrow 00:43:35.520$ them mammogram scheduled,

NOTE Confidence: 0.870675994285714

 $00:43:35.520 \longrightarrow 00:43:37.150$ that is why this happened,

NOTE Confidence: 0.870675994285714

 $00:43:37.150 \longrightarrow 00:43:39.685$ because of the pandemic and

NOTE Confidence: 0.870675994285714

 $00{:}43{:}39.685 \dashrightarrow 00{:}43{:}41.713$ just overall great resignation.

NOTE Confidence: 0.870675994285714

00:43:41.720 --> 00:43:43.705 Certain number of texts decided

NOTE Confidence: 0.870675994285714

 $00:43:43.705 \longrightarrow 00:43:45.690$ they had enough and now

00:43:45.762 --> 00:43:47.927 we're training new tax breast

NOTE Confidence: 0.746707799473684

 $00{:}43{:}47.927 \dashrightarrow 00{:}43{:}50.220$ radiologists are also in great.

NOTE Confidence: 0.746707799473684

 $00:43:50.220 \longrightarrow 00:43:53.580$ Short supply all over the country.

NOTE Confidence: 0.746707799473684

 $00:43:53.580 \longrightarrow 00:43:57.618$ And the last thing that is.

NOTE Confidence: 0.746707799473684

00:43:57.620 --> 00:43:59.588 A hot topic in breast imaging is how

NOTE Confidence: 0.746707799473684

00:43:59.588 --> 00:44:01.205 we screen and especially screening

NOTE Confidence: 0.746707799473684

00:44:01.205 --> 00:44:03.329 high risk women and then something

NOTE Confidence: 0.746707799473684

 $00:44:03.329 \longrightarrow 00:44:04.753$ called personalized screening and

NOTE Confidence: 0.746707799473684

 $00{:}44{:}04.753 \dashrightarrow 00{:}44{:}07.119$ that's what I'm going to talk about.

NOTE Confidence: 0.746707799473684

00:44:07.120 --> 00:44:08.632 So screening, just review,

NOTE Confidence: 0.746707799473684

 $00:44:08.632 \longrightarrow 00:44:10.900$ mammography has been proven to reduce

NOTE Confidence: 0.746707799473684

 $00:44:10.962 \longrightarrow 00:44:13.404$ breast cancer mortality by seven of

NOTE Confidence: 0.746707799473684

 $00:44:13.404 \longrightarrow 00:44:15.032$ eight randomized clinical trials.

NOTE Confidence: 0.746707799473684

 $00:44:15.040 \longrightarrow 00:44:16.430$ So that's the highest level

NOTE Confidence: 0.746707799473684

 $00:44:16.430 \longrightarrow 00:44:17.820$ of proof you can have.

NOTE Confidence: 0.746707799473684

00:44:17.820 --> 00:44:19.598 The eighth trial was the Canadian trial,

 $00:44:19.600 \longrightarrow 00:44:21.922$ which was full of problems and

NOTE Confidence: 0.746707799473684

 $00:44:21.922 \longrightarrow 00:44:24.136$ actually one nice session and this

NOTE Confidence: 0.746707799473684

00:44:24.136 --> 00:44:26.742 year's meeting had to do with people

NOTE Confidence: 0.746707799473684

 $00:44:26.742 \longrightarrow 00:44:29.402$ coming forward who are in the Canadian

NOTE Confidence: 0.746707799473684

 $00:44:29.402 \longrightarrow 00:44:32.171$ trial in the 1980s and admitting that

NOTE Confidence: 0.746707799473684

 $00:44:32.171 \longrightarrow 00:44:34.397$ they did not randomize the patients.

NOTE Confidence: 0.746707799473684

00:44:34.397 --> 00:44:36.693 Did that have a much impact on anything?

NOTE Confidence: 0.746707799473684

 $00:44:36.700 \longrightarrow 00:44:37.001$ No.

NOTE Confidence: 0.746707799473684

00:44:37.001 --> 00:44:38.506 But it's interesting because it

NOTE Confidence: 0.746707799473684

00:44:38.506 --> 00:44:40.788 was clear from the data that they

NOTE Confidence: 0.746707799473684

 $00{:}44{:}40.788 \dashrightarrow 00{:}44{:}42.488$ could not have actually randomized

NOTE Confidence: 0.746707799473684

 $00:44:42.488 \longrightarrow 00:44:43.840$ patients in that trial.

NOTE Confidence: 0.746707799473684

 $00{:}44{:}43.840 \dashrightarrow 00{:}44{:}46.488$ The next big thing that is now absolutely

NOTE Confidence: 0.746707799473684

 $00:44:46.488 \longrightarrow 00:44:48.599$ standard of care is tomosynthesis.

NOTE Confidence: 0.746707799473684

00:44:48.600 --> 00:44:51.440 This evolved from the development

 $00:44:51.440 \longrightarrow 00:44:53.144$ of digital mammography.

NOTE Confidence: 0.746707799473684

 $00{:}44{:}53.150 --> 00{:}44{:}55.286$ About 20 years ago and then

NOTE Confidence: 0.746707799473684

00:44:55.286 --> 00:44:57.257 Thomason says got approved shortly

NOTE Confidence: 0.746707799473684

00:44:57.257 --> 00:44:59.157 thereafter and now Thompson.

NOTE Confidence: 0.746707799473684

 $00:44:59.160 \longrightarrow 00:45:01.070$ This is basically the standard

NOTE Confidence: 0.746707799473684

 $00:45:01.070 \longrightarrow 00:45:02.980$ anywhere in a large city.

NOTE Confidence: 0.746707799473684

 $00:45:02.980 \longrightarrow 00:45:05.302$ There's still places that only do

NOTE Confidence: 0.746707799473684

 $00:45:05.302 \longrightarrow 00:45:07.713$ 2D mammography but Tommy was really

NOTE Confidence: 0.746707799473684

 $00:45:07.713 \longrightarrow 00:45:10.471$ become the basis so Thomas since this

NOTE Confidence: 0.746707799473684

 $00:45:10.471 \longrightarrow 00:45:12.432$ definitely find some cancers that

NOTE Confidence: 0.746707799473684

 $00{:}45{:}12.432 \dashrightarrow 00{:}45{:}14.676$ are not visible on 2D mammography

NOTE Confidence: 0.746707799473684

 $00:45:14.680 \longrightarrow 00:45:17.718$ and all mammal Yale is done with

NOTE Confidence: 0.746707799473684

 $00:45:17.718 \longrightarrow 00:45:20.958$ tomosynthesis even if it's on the mobile van.

NOTE Confidence: 0.746707799473684

 $00:45:20.960 \longrightarrow 00:45:22.913$ And the other thing which I'm sure

NOTE Confidence: 0.746707799473684

 $00:45:22.913 \longrightarrow 00:45:25.605$ which I'm sure almost all of you are

NOTE Confidence: 0.746707799473684

 $00:45:25.605 \longrightarrow 00:45:27.400$ familiar with is supplemental ultrasound,

 $00:45:27.400 \longrightarrow 00:45:29.704$ also called screening ultrasound and this

NOTE Confidence: 0.746707799473684

 $00:45:29.704 \longrightarrow 00:45:32.939$ is used for women with dense breast tissue.

NOTE Confidence: 0.746707799473684

 $00{:}45{:}32.940 \dashrightarrow 00{:}45{:}35.100$ So dense breast tissue hides

NOTE Confidence: 0.746707799473684

 $00:45:35.100 \longrightarrow 00:45:36.396$ cancers on mammography,

NOTE Confidence: 0.746707799473684

 $00:45:36.400 \longrightarrow 00:45:38.044$ and it also increases the risk

NOTE Confidence: 0.746707799473684

 $00:45:38.044 \longrightarrow 00:45:39.140$ of breast cancer somewhat.

NOTE Confidence: 0.746707799473684

 $00:45:39.140 \longrightarrow 00:45:41.282$ But it's really the fact that the

NOTE Confidence: 0.746707799473684

 $00{:}45{:}41.282 \dashrightarrow 00{:}45{:}43.118$ dense tissue can hide a cancer.

NOTE Confidence: 0.746707799473684

00:45:43.120 --> 00:45:45.184 That has been the push for

NOTE Confidence: 0.746707799473684

 $00:45:45.184 \longrightarrow 00:45:46.560$ supplemental ultrasound and the

NOTE Confidence: 0.746707799473684

 $00:45:46.621 \longrightarrow 00:45:48.517$ movement started in Connecticut.

NOTE Confidence: 0.746707799473684

 $00:45:48.520 \longrightarrow 00:45:50.884$ Screening ultrasound had been done in

NOTE Confidence: 0.746707799473684

 $00{:}45{:}50.884 \dashrightarrow 00{:}45{:}53.862$ New York at boutique practices around the

NOTE Confidence: 0.746707799473684

 $00:45:53.862 \longrightarrow 00:45:56.956$ country and most probably in some Manhattan.

NOTE Confidence: 0.746707799473684

 $00:45:56.960 \longrightarrow 00:45:59.054$ But the movement to screen all

 $00:45:59.054 \longrightarrow 00:46:01.506$ women with dense breast tissue with

NOTE Confidence: 0.746707799473684

 $00{:}46{:}01.506 \dashrightarrow 00{:}46{:}03.486$ ultrasound started in Connecticut.

NOTE Confidence: 0.746707799473684

 $00:46:03.490 \longrightarrow 00:46:05.770$ And it's really taken off.

NOTE Confidence: 0.746707799473684 00:46:05.770 --> 00:46:06.374 And again, NOTE Confidence: 0.746707799473684

 $00:46:06.374 \longrightarrow 00:46:08.186$ a lot of it is economics.

NOTE Confidence: 0.746707799473684

 $00:46:08.190 \longrightarrow 00:46:10.080$ In much of the country you would have to pay

NOTE Confidence: 0.746707799473684

 $00:46:10.124 \longrightarrow 00:46:11.924$ for your own chain out of your deductible.

NOTE Confidence: 0.746707799473684

00:46:11.930 --> 00:46:16.218 But in Connecticut it is covered and the

NOTE Confidence: 0.746707799473684

00:46:16.218 --> 00:46:19.918 most patient can pay under law is \$20.

NOTE Confidence: 0.746707799473684

 $00:46:19.920 \longrightarrow 00:46:22.008$ So what again is,

NOTE Confidence: 0.746707799473684

00:46:22.008 --> 00:46:24.096 is dense breast tissue,

NOTE Confidence: 0.746707799473684

 $00:46:24.100 \longrightarrow 00:46:26.254$ well here is a classic slide

NOTE Confidence: 0.746707799473684

 $00:46:26.254 \longrightarrow 00:46:28.605$ that I guarantee you many of

NOTE Confidence: 0.746707799473684

 $00:46:28.605 \longrightarrow 00:46:30.700$ your patients are familiar with.

NOTE Confidence: 0.746707799473684

 $00:46:30.700 \longrightarrow 00:46:32.950$ So on the left is the rest that is

NOTE Confidence: 0.746707799473684

 $00:46:32.950 \longrightarrow 00:46:35.013$ mostly made of fat and in on the

00:46:35.013 --> 00:46:37.094 Mammo report we would say that the

NOTE Confidence: 0.746707799473684

 $00{:}46{:}37.094 \dashrightarrow 00{:}46{:}39.368$ breast tissue is almost half that is.

NOTE Confidence: 0.746707799473684

00:46:39.368 --> 00:46:40.104 Really worded,

NOTE Confidence: 0.746707799473684

 $00:46:40.104 \longrightarrow 00:46:43.609$ I would say the best issue is best issue.

NOTE Confidence: 0.746707799473684

00:46:43.610 --> 00:46:45.528 Even if there's even no lines like

NOTE Confidence: 0.746707799473684

 $00{:}46{:}45.528 {\: -->\:} 00{:}46{:}47.354$ you see here, it still makes milk,

NOTE Confidence: 0.746707799473684

 $00:46:47.354 \longrightarrow 00:46:48.609$ it still has breast elements,

NOTE Confidence: 0.746707799473684

 $00{:}46{:}48.610 \dashrightarrow 00{:}46{:}51.298$ and it can still get breast cancer.

NOTE Confidence: 0.762834215

 $00:46:51.300 \longrightarrow 00:46:53.356$ But that's the wording they chose to use.

NOTE Confidence: 0.762834215

 $00:46:53.360 \longrightarrow 00:46:55.832$ And then the next one up is called

NOTE Confidence: 0.762834215

 $00:46:55.832 \rightarrow 00:46:57.240$ scattered fibroglandular tissue tissue,

NOTE Confidence: 0.762834215

 $00:46:57.240 \longrightarrow 00:46:58.938$ and it looks something like that,

NOTE Confidence: 0.762834215

 $00:46:58.940 \longrightarrow 00:47:01.856$ where there's more black than white.

NOTE Confidence: 0.762834215

 $00:47:01.860 \longrightarrow 00:47:03.840$ This may not be nowadays.

NOTE Confidence: 0.762834215

 $00:47:03.840 \longrightarrow 00:47:05.955$ It's a little less dense when you see it

 $00:47:05.955 \longrightarrow 00:47:08.217$ on digital mammography with processing.

NOTE Confidence: 0.762834215

 $00{:}47{:}08.220 \dashrightarrow 00{:}47{:}09.660$ But then the next heterogeneous,

NOTE Confidence: 0.762834215

 $00:47:09.660 \longrightarrow 00:47:12.474$ where it's denser but there's still at

NOTE Confidence: 0.762834215

 $00:47:12.474 \longrightarrow 00:47:16.304$ least 25% of the tissue is not dense

NOTE Confidence: 0.762834215

 $00:47:16.304 \longrightarrow 00:47:18.418$ and then extremely dense and you can

NOTE Confidence: 0.762834215

 $00:47:18.418 \longrightarrow 00:47:20.776$ see it would be hard to see a cancer.

NOTE Confidence: 0.762834215

00:47:20.780 --> 00:47:22.260 And because cancers are white,

NOTE Confidence: 0.762834215

 $00:47:22.260 \longrightarrow 00:47:25.292$ in the middle of all that white tissue

NOTE Confidence: 0.762834215

 $00:47:25.292 \longrightarrow 00:47:28.719$ and your patients can go online and go to

NOTE Confidence: 0.762834215

00:47:28.720 --> 00:47:32.580 densebreast-info.org formally are you dense?

NOTE Confidence: 0.762834215

 $00:47:32.580 \longrightarrow 00:47:34.020$ What's the name of that website?

NOTE Confidence: 0.762834215

 $00{:}47{:}34.020 \dashrightarrow 00{:}47{:}36.572$ And certainly in Connecticut,

NOTE Confidence: 0.762834215

 $00:47:36.572 \longrightarrow 00:47:39.124$ everybody knows about presidents.

NOTE Confidence: 0.762834215

 $00{:}47{:}39.130 \dashrightarrow 00{:}47{:}41.104$ So here's an old example of

NOTE Confidence: 0.762834215

 $00:47:41.104 \longrightarrow 00:47:42.690$ just what the problem is.

NOTE Confidence: 0.762834215

 $00{:}47{:}42.690 \dashrightarrow 00{:}47{:}45.270$ So here is a digital mammogram

 $00:47:45.270 \longrightarrow 00:47:47.202$ where there is a cancer and when

NOTE Confidence: 0.762834215

 $00:47:47.202 \longrightarrow 00:47:49.000$ you when I should listen.

NOTE Confidence: 0.598212682

00:47:52.230 --> 00:47:53.928 Eatings the audience is like, well,

NOTE Confidence: 0.598212682

00:47:53.928 --> 00:47:56.380 it must be right here, but in fact it

NOTE Confidence: 0.598212682

 $00:47:56.380 \longrightarrow 00:47:58.570$ was found because it was palpable.

NOTE Confidence: 0.598212682

 $00:47:58.570 \longrightarrow 00:48:01.144$ But it was also visible in Old Town and

NOTE Confidence: 0.598212682

 $00:48:01.144 \longrightarrow 00:48:03.557$ was enrolled into my first digital.

NOTE Confidence: 0.598212682

00:48:03.560 --> 00:48:06.530 Contrast tomography trial and it's

NOTE Confidence: 0.598212682

 $00:48:06.530 \longrightarrow 00:48:08.880$ right there shows not only how

NOTE Confidence: 0.598212682

 $00{:}48{:}08.880 \longrightarrow 00{:}48{:}11.046$ tricky it is to find breast cancers

NOTE Confidence: 0.598212682

 $00:48:11.046 \longrightarrow 00:48:13.524$ and dense tissue but also how well

NOTE Confidence: 0.598212682

 $00{:}48{:}13.524 \dashrightarrow 00{:}48{:}15.558$ certain other modalities can work.

NOTE Confidence: 0.598212682

 $00:48:15.560 \longrightarrow 00:48:19.148$ So that's why our supplemental and.

NOTE Confidence: 0.598212682

 $00{:}48{:}19.150 \dashrightarrow 00{:}48{:}22.071$ Incomes. So in retrospect,

NOTE Confidence: 0.598212682

 $00:48:22.071 \longrightarrow 00:48:23.253$ you can see the cancers here,

 $00:48:23.260 \longrightarrow 00:48:24.695$ but you would never be able to

NOTE Confidence: 0.598212682

 $00:48:24.695 \longrightarrow 00:48:26.253$ pick that out and on this slide

NOTE Confidence: 0.598212682

 $00:48:26.253 \longrightarrow 00:48:27.670$ to zillions of people, no one.

NOTE Confidence: 0.7573675

00:48:29.950 --> 00:48:32.688 So. I risk screening,

NOTE Confidence: 0.7573675

 $00:48:32.688 \longrightarrow 00:48:34.318$ which is different than supplemental

NOTE Confidence: 0.7573675

 $00:48:34.318 \longrightarrow 00:48:36.289$ screening is what I want to talk about.

NOTE Confidence: 0.7573675

 $00:48:36.290 \longrightarrow 00:48:37.935$ The additional screening for patients

NOTE Confidence: 0.7573675

00:48:37.935 --> 00:48:40.343 who are at high risk and typically

NOTE Confidence: 0.7573675

 $00:48:40.343 \longrightarrow 00:48:42.088$ that's due to family history.

NOTE Confidence: 0.7573675

 $00:48:42.090 \longrightarrow 00:48:44.000$ So the biggest risk factors

NOTE Confidence: 0.7573675

 $00{:}48{:}44.000 \dashrightarrow 00{:}48{:}45.910$ for breast cancer are gender.

NOTE Confidence: 0.7573675

00:48:45.910 --> 00:48:47.062 If you're familiar with

NOTE Confidence: 0.7573675

 $00:48:47.062 \longrightarrow 00:48:48.502$ higher risk and then age,

NOTE Confidence: 0.7573675

00:48:48.510 --> 00:48:50.350 as you get older, your risk goes up.

NOTE Confidence: 0.7573675

 $00:48:50.350 \longrightarrow 00:48:52.990$ But aside from those,

NOTE Confidence: 0.7573675

 $00:48:52.990 \longrightarrow 00:48:54.970$ family history is.

 $00:48:54.970 \longrightarrow 00:48:58.610$ The risk factor that is most you utilized

NOTE Confidence: 0.7573675

 $00:48:58.610 \longrightarrow 00:49:01.192$ to determine your risk gene mutations

NOTE Confidence: 0.7573675

00:49:01.192 --> 00:49:04.069 is another source of high risk force.

NOTE Confidence: 0.7573675

 $00:49:04.070 \longrightarrow 00:49:06.450$ The bracket one and bracket 2 carriers

NOTE Confidence: 0.7573675

00:49:06.450 --> 00:49:09.366 are at very high risk as you all know,

NOTE Confidence: 0.7573675

 $00:49:09.370 \longrightarrow 00:49:11.064$ but now there are many other mutations,

NOTE Confidence: 0.7573675

 $00:49:11.070 \longrightarrow 00:49:14.265$ there's check too is a common one that we

NOTE Confidence: 0.7573675

00:49:14.265 --> 00:49:19.878 screen typically high risk patients for so.

NOTE Confidence: 0.7573675

 $00:49:19.880 \longrightarrow 00:49:20.984$ The other thing that can cause

NOTE Confidence: 0.7573675

 $00:49:20.984 \longrightarrow 00:49:22.706$ you to be high risk is if you had

NOTE Confidence: 0.7573675

 $00:49:22.706 \longrightarrow 00:49:23.909$ a previous biopsy with what we

NOTE Confidence: 0.7573675

 $00:49:23.909 \longrightarrow 00:49:25.205$ would consider a high risk lesion,

NOTE Confidence: 0.7573675

 $00{:}49{:}25.210 \dashrightarrow 00{:}49{:}26.563$ atypical ductal hyperplasia,

NOTE Confidence: 0.7573675

 $00{:}49{:}26.563 \dashrightarrow 00{:}49{:}28.367$ fibular carcinoma insight two

NOTE Confidence: 0.7573675

 $00:49:28.367 \longrightarrow 00:49:30.270$ these are benign lesions.

 $00:49:30.270 \longrightarrow 00:49:32.678$ But they confer an increased risk for the

NOTE Confidence: 0.7573675

 $00:49:32.678 \longrightarrow 00:49:35.365$ rest of your life of three to four times.

NOTE Confidence: 0.7573675

 $00:49:35.370 \longrightarrow 00:49:36.648$ So if you have any risk at all and

NOTE Confidence: 0.7573675

00:49:36.648 --> 00:49:38.037 you multiply by three to four times,

NOTE Confidence: 0.7573675

 $00:49:38.040 \longrightarrow 00:49:39.660$ you end up high risk.

NOTE Confidence: 0.7573675

 $00:49:39.660 \longrightarrow 00:49:42.556$ And the other thing is a history of

NOTE Confidence: 0.7573675

 $00:49:42.556 \longrightarrow 00:49:45.237$ mental radiation between puberty and age 30.

NOTE Confidence: 0.7573675

00:49:45.240 --> 00:49:46.788 It's interesting that you can radiate

NOTE Confidence: 0.7573675

 $00:49:46.788 \longrightarrow 00:49:48.651$ women after age 30 and not really

NOTE Confidence: 0.7573675

00:49:48.651 --> 00:49:50.217 increase the risk for breast cancer,

NOTE Confidence: 0.7573675

 $00:49:50.220 \longrightarrow 00:49:52.760$ but between puberty and 30.

NOTE Confidence: 0.7573675

 $00:49:52.760 \longrightarrow 00:49:56.939$ A dose of radiation used to treat

NOTE Confidence: 0.7573675

 $00:49:56.939 \longrightarrow 00:49:59.316$ cancer is a high risk factor.

NOTE Confidence: 0.7573675

 $00:49:59.316 \longrightarrow 00:50:01.080$ Personal history of breast cancer makes

NOTE Confidence: 0.7573675

 $00:50:01.134 \longrightarrow 00:50:03.374$ you more likely to get another breast cancer,

NOTE Confidence: 0.7573675

 $00:50:03.380 \longrightarrow 00:50:05.627$ and that one's a little controversial whether

 $00:50:05.627 \longrightarrow 00:50:08.320$ we should do high risk screening for those.

NOTE Confidence: 0.7573675

 $00:50:08.320 \longrightarrow 00:50:11.666$ So the guidelines for high risk screening?

NOTE Confidence: 0.7573675

 $00:50:11.670 \longrightarrow 00:50:14.036$ Are as follows the most followed guidelines

NOTE Confidence: 0.7573675

00:50:14.036 --> 00:50:15.940 from the American Cancer Society.

NOTE Confidence: 0.7573675

 $00:50:15.940 \longrightarrow 00:50:17.935$ And this is where that 20 to

NOTE Confidence: 0.7573675

 $00:50:17.940 \longrightarrow 00:50:19.648$ 25% lifetime risk comes.

NOTE Confidence: 0.7573675

 $00:50:19.648 \longrightarrow 00:50:21.783$ So you calculate the risk

NOTE Confidence: 0.7573675

 $00:50:21.783 \longrightarrow 00:50:23.667$ using one of the models,

NOTE Confidence: 0.7573675

 $00:50:23.670 \longrightarrow 00:50:25.930$ and if it's above 20%,

NOTE Confidence: 0.7573675

 $00:50:25.930 \longrightarrow 00:50:28.372$ then the Marion County Society would

NOTE Confidence: 0.7573675

 $00:50:28.372 \longrightarrow 00:50:30.788$ recommend that you consider screening with

NOTE Confidence: 0.7573675

 $00:50:30.788 \longrightarrow 00:50:33.684$ MRI as well as mammography starting at 30.

NOTE Confidence: 0.7573675

00:50:33.690 --> 00:50:35.022 News from for as long as

NOTE Confidence: 0.7573675

00:50:35.022 --> 00:50:35.910 they're in good health.

NOTE Confidence: 0.7573675

 $00:50:35.910 \longrightarrow 00:50:37.248$ Now, this is a lifetime risk.

 $00{:}50{:}37.250 \dashrightarrow 00{:}50{:}39.637$ So you you really interpret this that

NOTE Confidence: 0.7573675

 $00:50:39.637 \longrightarrow 00:50:41.425$ you continue until their lifetime

NOTE Confidence: 0.7573675

 $00:50:41.425 \longrightarrow 00:50:43.666$ risk falls below that 20% range.

NOTE Confidence: 0.7573675

 $00:50:43.666 \longrightarrow 00:50:46.146$ But it's not for everybody.

NOTE Confidence: 0.7573675

 $00:50:46.150 \longrightarrow 00:50:47.818$ There's downsides to high

NOTE Confidence: 0.7573675

00:50:47.818 --> 00:50:49.486 risk screening with MRI,

NOTE Confidence: 0.7573675

 $00:50:49.490 \longrightarrow 00:50:51.170$ and I'll show you some of those,

NOTE Confidence: 0.7573675

 $00:50:51.170 \longrightarrow 00:50:53.660$ but keep in mind that 2025% lifetime

NOTE Confidence: 0.7573675

 $00{:}50{:}53.660 {\:{\mbox{--}}\!>} 00{:}50{:}55.760$ risk based on family history and

NOTE Confidence: 0.7573675

00:50:55.760 --> 00:50:57.186 genetics or mental radiation

NOTE Confidence: 0.7573675

00:50:57.186 --> 00:50:59.184 or if you have leaf framing,

NOTE Confidence: 0.7573675

00:50:59.190 --> 00:51:01.366 which puts you at a very high risk.

NOTE Confidence: 0.7573675

 $00:51:01.370 \longrightarrow 00:51:03.060$ Now we've talked about the

NOTE Confidence: 0.7573675

 $00:51:03.060 \longrightarrow 00:51:03.736$ American collector.

NOTE Confidence: 0.7573675

 $00{:}51{:}03.740 \dashrightarrow 00{:}51{:}04.925$ We talked about the American

NOTE Confidence: 0.7573675

 $00{:}51{:}04.925 \dashrightarrow 00{:}51{:}06.110$ College radiology and the American

 $00:51:06.155 \longrightarrow 00:51:07.058$ Society breast surgeons.

NOTE Confidence: 0.7573675

 $00:51:07.060 \longrightarrow 00:51:08.340$ They have similar recommendations

NOTE Confidence: 0.7573675

00:51:08.340 --> 00:51:09.300 to American Society,

NOTE Confidence: 0.7573675

 $00:51:09.300 \longrightarrow 00:51:10.950$ but they also include high risk

NOTE Confidence: 0.7573675

 $00{:}51{:}10.950 \dashrightarrow 00{:}51{:}12.692$ screening for women who have a

NOTE Confidence: 0.7573675

00:51:12.692 --> 00:51:14.157 personal history of breast cancer,

NOTE Confidence: 0.7573675

00:51:14.160 --> 00:51:15.805 especially if they're young and

NOTE Confidence: 0.7573675

 $00:51:15.805 \longrightarrow 00:51:17.450$ they have dense breast tissue.

NOTE Confidence: 0.844037048571429

00:51:19.620 --> 00:51:20.880 What do we use for risk models?

NOTE Confidence: 0.844037048571429

 $00:51:20.880 \longrightarrow 00:51:23.088$ If you see risk models in

NOTE Confidence: 0.844037048571429

00:51:23.088 --> 00:51:24.192 your radiology report,

NOTE Confidence: 0.844037048571429

 $00:51:24.200 \longrightarrow 00:51:25.568$ you want to know where they come from.

NOTE Confidence: 0.844037048571429

 $00{:}51{:}25.570 \dashrightarrow 00{:}51{:}27.316$ Well, the oldest model is the

NOTE Confidence: 0.844037048571429

00:51:27.316 --> 00:51:29.474 Gale model and that was what was

NOTE Confidence: 0.844037048571429

 $00:51:29.474 \longrightarrow 00:51:31.334$ used for all the tamoxifen trials.

 $00:51:31.340 \longrightarrow 00:51:34.665$ It is primarily focused on

NOTE Confidence: 0.844037048571429

 $00{:}51{:}34.665 \dashrightarrow 00{:}51{:}37.034$ environmental and hormonal. Actors.

NOTE Confidence: 0.844037048571429

00:51:37.034 --> 00:51:39.278 It has a family history factor,

NOTE Confidence: 0.844037048571429

 $00:51:39.280 \longrightarrow 00:51:40.548$ but it's very coarse.

NOTE Confidence: 0.844037048571429

00:51:40.548 --> 00:51:41.916 It's it's oh, basically.

NOTE Confidence: 0.844037048571429

00:51:41.916 --> 00:51:45.244 The backup pro and Klaus and Myriad models

NOTE Confidence: 0.844037048571429

00:51:45.244 --> 00:51:48.047 predict the risk of having a PRC mutation,

NOTE Confidence: 0.844037048571429

00:51:48.050 --> 00:51:49.730 but they do not predict predict

NOTE Confidence: 0.844037048571429

 $00{:}51{:}49.730 \dashrightarrow 00{:}51{:}50.850$ your overall cancer risk.

NOTE Confidence: 0.844037048571429

 $00:51:50.850 \longrightarrow 00:51:52.818$ The one we use for determining high risk

NOTE Confidence: 0.844037048571429

 $00{:}51{:}52.818 \dashrightarrow 00{:}51{:}54.389$ screening is the tire cusick model,

NOTE Confidence: 0.844037048571429

 $00:51:54.390 \longrightarrow 00:51:56.470$ which is also called Ibis.

NOTE Confidence: 0.844037048571429

 $00:51:56.470 \longrightarrow 00:51:58.470$ And it uses multiple factors,

NOTE Confidence: 0.844037048571429

 $00:51:58.470 \longrightarrow 00:51:59.330$ and the latest version,

NOTE Confidence: 0.844037048571429

 $00:51:59.330 \longrightarrow 00:52:00.190$ which is version 8,

NOTE Confidence: 0.844037048571429

00:52:00.190 --> 00:52:01.375 includes breast density.

00:52:01.375 --> 00:52:04.140 It has a much more complete family

NOTE Confidence: 0.844037048571429

 $00:52:04.213 \longrightarrow 00:52:06.088$ history than the GAIL model.

NOTE Confidence: 0.844037048571429

 $00:52:06.090 \longrightarrow 00:52:08.491$ It comes with outputs that are five

NOTE Confidence: 0.844037048571429

00:52:08.491 --> 00:52:11.015 year lifetime and we use lifetime to

NOTE Confidence: 0.844037048571429

00:52:11.015 --> 00:52:13.480 decide whether people should have an MRI.

NOTE Confidence: 0.844037048571429 00:52:13.480 --> 00:52:14.396 Excuse me?

NOTE Confidence: 0.844037048571429

 $00:52:14.396 \longrightarrow 00:52:17.144$ And the reason is because we're

NOTE Confidence: 0.844037048571429

 $00:52:17.144 \longrightarrow 00:52:19.296$ trying to gear these toward young

NOTE Confidence: 0.844037048571429

 $00:52:19.296 \longrightarrow 00:52:21.150$ women where we have the greatest

NOTE Confidence: 0.844037048571429

00:52:21.207 --> 00:52:23.139 chance of having a positive impact,

NOTE Confidence: 0.844037048571429

00:52:23.140 --> 00:52:26.660 saving as many years of life as possible.

NOTE Confidence: 0.844037048571429

 $00:52:26.660 \longrightarrow 00:52:28.124$ The only genes in the model

NOTE Confidence: 0.844037048571429

00:52:28.124 --> 00:52:29.380 of BRACA one and two.

NOTE Confidence: 0.844037048571429

 $00:52:29.380 \longrightarrow 00:52:31.244$ So it doesn't include all the other genes,

NOTE Confidence: 0.844037048571429

 $00:52:31.250 \longrightarrow 00:52:33.062$ which is a little problematic because

 $00:52:33.062 \longrightarrow 00:52:35.371$ now many of our patients have genetic

NOTE Confidence: 0.844037048571429

00:52:35.371 --> 00:52:37.453 panels that show they have mutations

NOTE Confidence: 0.844037048571429

 $00{:}52{:}37.453 \dashrightarrow 00{:}52{:}39.516$ in other genes that confer risk.

NOTE Confidence: 0.844037048571429

 $00:52:39.520 \longrightarrow 00:52:41.081$ And you cannot have had a personal

NOTE Confidence: 0.844037048571429

 $00:52:41.081 \longrightarrow 00:52:42.100$ history of breast cancer.

NOTE Confidence: 0.844037048571429

 $00{:}52{:}42.100 \dashrightarrow 00{:}52{:}43.724$ It does not take that into account.

NOTE Confidence: 0.916705914

 $00:52:45.890 \longrightarrow 00:52:50.198$ So what do you do if you are at high risk?

NOTE Confidence: 0.916705914

 $00:52:50.200 \longrightarrow 00:52:52.550$ Well, as I said, we do annual MRI and that

NOTE Confidence: 0.916705914

 $00:52:52.615 \longrightarrow 00:52:54.750$ has to be performed with Ivy contrast.

NOTE Confidence: 0.916705914

 $00.52.54.750 \longrightarrow 00.52.55.858$ There's no utility to

NOTE Confidence: 0.916705914

 $00{:}52{:}55.858 \dashrightarrow 00{:}52{:}57.243$ ordering a non contrast MRI.

NOTE Confidence: 0.916705914

 $00{:}52{:}57.250 \dashrightarrow 00{:}52{:}59.160$ The patient is months MRI

NOTE Confidence: 0.916705914

 $00:52:59.160 \longrightarrow 00:53:01.070$ but they don't want contrast.

NOTE Confidence: 0.916705914

00:53:01.070 --> 00:53:04.410 Then it's useless. First demography.

NOTE Confidence: 0.916705914

 $00:53:04.410 \longrightarrow 00:53:05.946$ We do non contrast them right

NOTE Confidence: 0.916705914

 $00:53:05.946 \longrightarrow 00:53:06.970$ only to evaluate implants.

 $00:53:06.970 \longrightarrow 00:53:09.084$ We do that very rarely these days.

NOTE Confidence: 0.916705914

 $00{:}53{:}09.090 \dashrightarrow 00{:}53{:}11.328$ Elenium contrast is now very safe.

NOTE Confidence: 0.916705914

 $00:53:11.330 \longrightarrow 00:53:15.479$ It does this thing called NSF where it was.

NOTE Confidence: 0.916705914

00:53:15.480 --> 00:53:16.158 Horrible disease,

NOTE Confidence: 0.916705914

 $00:53:16.158 \longrightarrow 00:53:18.531$ but the contrast agent that caused that

NOTE Confidence: 0.916705914

00:53:18.531 --> 00:53:20.828 is off the market and the point where

NOTE Confidence: 0.916705914

 $00:53:20.828 \longrightarrow 00:53:23.058$ we don't even do routine crap testing.

NOTE Confidence: 0.916705914 00:53:23.060 --> 00:53:25.620 So.

NOTE Confidence: 0.916705914

 $00{:}53{:}25.620 \dashrightarrow 00{:}53{:}27.868$ The other so you know for that FF.

NOTE Confidence: 0.916705914

 $00:53:27.870 \longrightarrow 00:53:28.990$ So that really saves a lot of work.

NOTE Confidence: 0.916705914

 $00{:}53{:}28.990 \dashrightarrow 00{:}53{:}31.713$ You don't have to worry about getting

NOTE Confidence: 0.916705914

 $00{:}53{:}31.713 \dashrightarrow 00{:}53{:}33.560$ pre MRI creatinine deposition of

NOTE Confidence: 0.916705914

 $00{:}53{:}33.560 \dashrightarrow 00{:}53{:}35.260$ gallium you've probably heard about.

NOTE Confidence: 0.916705914

 $00:53:35.260 \longrightarrow 00:53:37.178$ They could see it in people's brains

NOTE Confidence: 0.916705914

 $00:53:37.178 \longrightarrow 00:53:39.533$ who have had multiple MRI with contrast

 $00:53:39.533 \longrightarrow 00:53:41.747$ that has been essentially eliminated by

NOTE Confidence: 0.916705914

 $00:53:41.805 \longrightarrow 00:53:44.205$ changing to macrocyclic from linear agents.

NOTE Confidence: 0.916705914

00:53:44.210 --> 00:53:45.476 So with MI,

NOTE Confidence: 0.916705914

 $00:53:45.476 \longrightarrow 00:53:48.008$ you also should have annual mammography

NOTE Confidence: 0.916705914

 $00:53:48.008 \longrightarrow 00:53:50.786$ because in studies you find about 9% more

NOTE Confidence: 0.916705914

 $00:53:50.786 \longrightarrow 00:53:53.270$ cancers if you add the mammogram for the MRI.

NOTE Confidence: 0.916705914

00:53:53.270 --> 00:53:54.728 So by far if somebody says

NOTE Confidence: 0.916705914

 $00:53:54.728 \longrightarrow 00:53:56.279$ I only want one of these,

NOTE Confidence: 0.916705914

 $00{:}53{:}56.280 \dashrightarrow 00{:}53{:}57.930$ then they should have the MRI.

NOTE Confidence: 0.916705914

 $00:53:57.930 \longrightarrow 00:53:59.910$ It's quite far the better test.

NOTE Confidence: 0.916705914

00:53:59.910 --> 00:54:01.305 But if you want to have the best screening,

NOTE Confidence: 0.916705914

00:54:01.310 --> 00:54:02.890 it's MRI plus mammography.

NOTE Confidence: 0.916705914

 $00:54:02.890 \longrightarrow 00:54:04.865$ And typically the mammography is

NOTE Confidence: 0.916705914

 $00:54:04.865 \longrightarrow 00:54:06.849$ there just like calcifications,

NOTE Confidence: 0.916705914

 $00:54:06.850 \longrightarrow 00:54:09.027$ which can be a sign of TCS.

NOTE Confidence: 0.916705914

00:54:09.030 --> 00:54:10.570 And if you're going to have MRI,

00:54:10.570 --> 00:54:12.664 there's no benefit to adding screening

NOTE Confidence: 0.916705914

00:54:12.664 --> 00:54:14.440 ultrasound every study has shown.

NOTE Confidence: 0.816547505

 $00:54:17.250 \longrightarrow 00:54:18.454$ So what does it look like if

NOTE Confidence: 0.816547505

 $00:54:18.454 \longrightarrow 00:54:19.770$ you have a screening cancer?

NOTE Confidence: 0.816547505

 $00:54:19.770 \longrightarrow 00:54:23.060$ Well, here's one that's about 8 millimeters

NOTE Confidence: 0.816547505

 $00:54:23.060 \longrightarrow 00:54:25.770$ and they certainly can come smaller

NOTE Confidence: 0.816547505

 $00:54:25.770 \longrightarrow 00:54:27.966$ at three and four millimeter cancers,

NOTE Confidence: 0.816547505

 $00:54:27.970 \longrightarrow 00:54:31.606$ but this is the perfect example.

NOTE Confidence: 0.816547505

 $00:54:31.610 \longrightarrow 00:54:33.185$ It's a patient with very

NOTE Confidence: 0.816547505

00:54:33.185 --> 00:54:34.130 low background enhancement,

NOTE Confidence: 0.816547505

 $00:54:34.130 \longrightarrow 00:54:36.286$ a single lesion that's obvious to everybody,

NOTE Confidence: 0.816547505

 $00:54:36.290 \longrightarrow 00:54:38.190$ even without the green circle.

NOTE Confidence: 0.816547505

 $00:54:38.190 \longrightarrow 00:54:40.486$ In fact, she'd had a screening mammogram

NOTE Confidence: 0.816547505

 $00:54:40.486 \longrightarrow 00:54:43.146$ the year before and it wasn't there, so.

NOTE Confidence: 0.816547505

 $00:54:43.146 \longrightarrow 00:54:46.198$ If you knew a little bit spiculated,

 $00:54:46.200 \longrightarrow 00:54:47.252$ it's a little subtle,

NOTE Confidence: 0.816547505

 $00:54:47.252 \longrightarrow 00:54:48.830$ but to us that little tiny

NOTE Confidence: 0.816547505

00:54:48.889 --> 00:54:50.477 bump there means speculation.

NOTE Confidence: 0.75510810375

 $00:54:52.870 \longrightarrow 00:54:54.091$ This one's trickier.

NOTE Confidence: 0.75510810375

00:54:54.091 --> 00:54:56.126 This one's Oval and smooth.

NOTE Confidence: 0.75510810375

00:54:56.130 --> 00:54:57.462 And in fact, this one turned

NOTE Confidence: 0.75510810375

 $00:54:57.462 \longrightarrow 00:54:59.190$ out to be a fibroadenomas.

NOTE Confidence: 0.75510810375

 $00:54:59.190 \longrightarrow 00:55:00.665$ So it's not that everything

NOTE Confidence: 0.75510810375

 $00{:}55{:}00.665 \dashrightarrow 00{:}55{:}02.650$ that lights up is a cancer.

NOTE Confidence: 0.75510810375

 $00:55:02.650 \longrightarrow 00:55:04.190$ So the case I showed, of course.

NOTE Confidence: 0.75510810375

00:55:04.190 --> 00:55:06.170 Great if everything looked like that,

NOTE Confidence: 0.75510810375

 $00:55:06.170 \longrightarrow 00:55:07.994$ but it doesn't always.

NOTE Confidence: 0.75510810375

00:55:07.994 --> 00:55:10.730 So you will have probably benign.

NOTE Confidence: 0.75510810375

 $00:55:10.730 \longrightarrow 00:55:11.447$ Comes from these,

NOTE Confidence: 0.75510810375

 $00:55:11.447 \longrightarrow 00:55:13.440$ so we give you an assessment of probably

NOTE Confidence: 0.75510810375

 $00:55:13.440 \longrightarrow 00:55:15.568$ benign and we recommend a follow up MRI.

 $00:55:15.570 \longrightarrow 00:55:17.490$ We recommend the targeted ultrasound.

NOTE Confidence: 0.75510810375

 $00:55:17.490 \longrightarrow 00:55:19.090$ We cannot always tell a

NOTE Confidence: 0.75510810375

 $00:55:19.090 \longrightarrow 00:55:20.370$ benign from malignant lesion.

NOTE Confidence: 0.75510810375

 $00:55:20.370 \longrightarrow 00:55:22.405$ We have the capability to

NOTE Confidence: 0.75510810375

00:55:22.405 --> 00:55:24.033 biopsy under Mr Guidance.

NOTE Confidence: 0.838742302105263

 $00:55:26.260 \longrightarrow 00:55:28.372$ The other thing that is sort of the

NOTE Confidence: 0.838742302105263

 $00:55:28.372 \longrightarrow 00:55:30.342$ equivalent of dense breast tissue but

NOTE Confidence: 0.838742302105263

 $00:55:30.342 \longrightarrow 00:55:32.077$ for MRI is background enhancement.

NOTE Confidence: 0.838742302105263

 $00:55:32.080 \longrightarrow 00:55:34.240$ So if the normal tissue lights up like this,

NOTE Confidence: 0.838742302105263

 $00:55:34.240 \longrightarrow 00:55:35.842$ and especially if it lights up with a bunch

NOTE Confidence: 0.838742302105263

 $00:55:35.842 \longrightarrow 00:55:37.645$ of blobs that are a little bigger than this,

NOTE Confidence: 0.838742302105263

 $00:55:37.650 \longrightarrow 00:55:39.394$ which is not uncommon,

NOTE Confidence: 0.838742302105263

 $00{:}55{:}39.394 \dashrightarrow 00{:}55{:}42.010$ it could potentially provide a cancer.

NOTE Confidence: 0.838742302105263

 $00:55:42.010 \longrightarrow 00:55:43.030$ Even on this pattern,

NOTE Confidence: 0.838742302105263

 $00:55:43.030 \longrightarrow 00:55:45.129$ we would be able to see a cancer,

 $00:55:45.130 \longrightarrow 00:55:47.326$ but we're not going to see

NOTE Confidence: 0.838742302105263

00:55:47.326 --> 00:55:49.980 as many as we see if that.

NOTE Confidence: 0.838742302105263

 $00:55:49.980 \longrightarrow 00:55:53.140$ Especially DCIS is what we would lose.

NOTE Confidence: 0.838742302105263

00:55:53.140 --> 00:55:56.956 So how does DCIS typically present?

NOTE Confidence: 0.838742302105263

 $00:55:56.960 \longrightarrow 00:55:58.360$ So it can present as a thing

NOTE Confidence: 0.838742302105263

 $00{:}55{:}58.360 \dashrightarrow 00{:}55{:}59.560$ called non mass enhancement.

NOTE Confidence: 0.838742302105263

 $00:55:59.560 \longrightarrow 00:56:01.261$ So you see a report and it

NOTE Confidence: 0.838742302105263

 $00:56:01.261 \longrightarrow 00:56:02.720$ says there's mass enhancement.

NOTE Confidence: 0.838742302105263

00:56:02.720 --> 00:56:03.364 We're saying,

NOTE Confidence: 0.838742302105263

 $00:56:03.364 \longrightarrow 00:56:04.974$ well it could be DCIS,

NOTE Confidence: 0.838742302105263

 $00:56:04.980 \longrightarrow 00:56:07.129$ but it's more likely normal and we

NOTE Confidence: 0.838742302105263

 $00:56:07.129 \longrightarrow 00:56:09.499$ have to decide we biopsy this or not.

NOTE Confidence: 0.838742302105263

 $00:56:09.500 \longrightarrow 00:56:11.428$ We know that neither one of these is

NOTE Confidence: 0.838742302105263

00:56:11.428 --> 00:56:13.171 likely to be an invasive cancer and

NOTE Confidence: 0.838742302105263

 $00:56:13.171 \longrightarrow 00:56:15.520$ in fact we know that both of them are

NOTE Confidence: 0.838742302105263

 $00:56:15.520 \longrightarrow 00:56:17.152$ more likely normal tissue than DCS.

00:56:17.160 --> 00:56:19.820 But if we want to make sure we catch dsas,

NOTE Confidence: 0.838742302105263

 $00:56:19.820 \longrightarrow 00:56:22.808$ we. We have to have a threshold.

NOTE Confidence: 0.838742302105263

 $00:56:22.810 \longrightarrow 00:56:26.666$ When do we biopsy, when do we not?

NOTE Confidence: 0.838742302105263

 $00:56:26.670 \longrightarrow 00:56:28.934$ So those are kind of the things that

NOTE Confidence: 0.838742302105263

 $00:56:28.934 \longrightarrow 00:56:31.608$ might help you interpret the reports you get.

NOTE Confidence: 0.838742302105263

 $00:56:31.610 \longrightarrow 00:56:33.770$ So how good are each of these tests?

NOTE Confidence: 0.838742302105263

 $00:56:33.770 \longrightarrow 00:56:37.550$ Well, when you add tomography.

NOTE Confidence: 0.838742302105263

 $00:56:37.550 \longrightarrow 00:56:40.182$ For the first thousand patients in the

NOTE Confidence: 0.838742302105263

00:56:40.182 --> 00:56:42.230 first screening round, I know that well.

NOTE Confidence: 0.838742302105263

 $00:56:42.230 \longrightarrow 00:56:43.610$ First of all know that typical

NOTE Confidence: 0.838742302105263

 $00:56:43.662 \longrightarrow 00:56:45.150$ screening mammography practice,

NOTE Confidence: 0.838742302105263

 $00:56:45.150 \longrightarrow 00:56:47.625$ we will find 2 to 4 cancers per thousand.

NOTE Confidence: 0.838742302105263

 $00:56:47.630 \longrightarrow 00:56:49.933$ The yearly incidence of cancer is around

NOTE Confidence: 0.838742302105263

 $00:56:49.933 \longrightarrow 00:56:52.607$ two to three in screening age patients.

NOTE Confidence: 0.838742302105263

00:56:52.610 --> 00:56:53.778 But not everybody shows

 $00:56:53.778 \longrightarrow 00:56:54.946$ up absolutely every year.

NOTE Confidence: 0.838742302105263

 $00:56:54.950 \longrightarrow 00:56:57.810$ So it tends to be a yield of about four.

NOTE Confidence: 0.838742302105263

 $00:56:57.810 \longrightarrow 00:57:00.150$ Adding tomosynthesis in the early studies

NOTE Confidence: 0.838742302105263

 $00:57:00.150 \longrightarrow 00:57:03.248$ showed about one to two additional cancers.

NOTE Confidence: 0.838742302105263

 $00:57:03.250 \longrightarrow 00:57:04.906$ Often these were low grade cancers

NOTE Confidence: 0.838742302105263

00:57:04.906 --> 00:57:07.010 which was a little bit disappointing.

NOTE Confidence: 0.838742302105263

 $00:57:07.010 \longrightarrow 00:57:07.486$ Ultrasound.

NOTE Confidence: 0.838742302105263

 $00:57:07.486 \longrightarrow 00:57:08.438$ Was better.

NOTE Confidence: 0.838742302105263

 $00{:}57{:}08.438 {\:\dashrightarrow\:} 00{:}57{:}10.818$ So adding supplemental ultrasound is

NOTE Confidence: 0.838742302105263

 $00:57:10.818 \longrightarrow 00:57:13.490$ better than just doing tomosynthesis.

NOTE Confidence: 0.838742302105263

 $00:57:13.490 \longrightarrow 00:57:15.530$ Three to four additional cancers,

NOTE Confidence: 0.838742302105263

 $00:57:15.530 \longrightarrow 00:57:18.050$ almost all invasive and not all low grade.

NOTE Confidence: 0.838742302105263

 $00:57:18.050 \longrightarrow 00:57:20.450$ There were some high grade cancers for sure.

NOTE Confidence: 0.838742302105263

00:57:20.450 --> 00:57:21.786 Contracts that enhanced mammography

NOTE Confidence: 0.838742302105263

 $00:57:21.786 \longrightarrow 00:57:24.210$ and screening studies is a big jump

NOTE Confidence: 0.838742302105263

 $00:57:24.210 \dashrightarrow 00:57:25.666$ because you're giving contrast.

 $00:57:25.670 \longrightarrow 00:57:28.010$ So the studies that were done

NOTE Confidence: 0.838742302105263

 $00:57:28.010 \longrightarrow 00:57:29.570$ showed eleven additional cancers,

NOTE Confidence: 0.838742302105263

 $00:57:29.570 \longrightarrow 00:57:31.466$ but the one that really drives

NOTE Confidence: 0.838742302105263

 $00:57:31.466 \longrightarrow 00:57:33.469$ everything is that if you do MRI,

NOTE Confidence: 0.838742302105263

 $00:57:33.470 \longrightarrow 00:57:35.870$ you find 14 additional cancers.

NOTE Confidence: 0.838742302105263

 $00:57:35.870 \longrightarrow 00:57:37.028$ So what does that really mean?

NOTE Confidence: 0.838742302105263

00:57:37.030 --> 00:57:37.938 But first of all,

NOTE Confidence: 0.838742302105263

 $00:57:37.938 \longrightarrow 00:57:39.300$ where does that really come from?

NOTE Confidence: 0.838742302105263

 $00:57:39.300 \longrightarrow 00:57:42.340$ So that 14 number comes from a study

NOTE Confidence: 0.838742302105263

 $00:57:42.340 \longrightarrow 00:57:44.350$ called the acronym 6666 trial.

NOTE Confidence: 0.838742302105263

 $00:57:44.350 \longrightarrow 00:57:46.170$ And for that trial you did not

NOTE Confidence: 0.838742302105263

 $00:57:46.170 \longrightarrow 00:57:47.499$ have to be high risk,

NOTE Confidence: 0.838742302105263

 $00:57:47.500 \longrightarrow 00:57:49.438$ you only had to have dense

NOTE Confidence: 0.838742302105263

00:57:49.438 --> 00:57:51.152 breast tissue 2800 subjects,

NOTE Confidence: 0.838742302105263

00:57:51.152 --> 00:57:53.276 they had mammography with

 $00:57:53.276 \longrightarrow 00:57:54.869$ or without tomosynthesis.

NOTE Confidence: 0.838742302105263

 $00:57:54.870 \longrightarrow 00:57:56.886$ And then for three years in a row they

NOTE Confidence: 0.838742302105263

 $00:57:56.886 \longrightarrow 00:57:58.620$ also had supplemental ultrasound.

NOTE Confidence: 0.838742302105263

 $00:57:58.620 \longrightarrow 00:58:00.942$ That's where they found about four

NOTE Confidence: 0.838742302105263

 $00:58:00.942 \longrightarrow 00:58:02.956$ cancers per thousand extra just

NOTE Confidence: 0.838742302105263

 $00:58:02.956 \longrightarrow 00:58:03.760$ on ultrasound.

NOTE Confidence: 0.838742302105263

00:58:03.760 --> 00:58:04.633 Pretty good yield,

NOTE Confidence: 0.838742302105263

00:58:04.633 --> 00:58:06.379 do you think you found everything?

NOTE Confidence: 0.838742302105263

00:58:06.380 --> 00:58:08.500 But then after three rounds of that day,

NOTE Confidence: 0.838742302105263

 $00:58:08.500 \longrightarrow 00:58:09.808$ they decided to do one round

NOTE Confidence: 0.838742302105263

 $00{:}58{:}09.808 \dashrightarrow 00{:}58{:}11.310$ of MRI and lo and behold,

NOTE Confidence: 0.783299121578947

 $00:58:11.310 \longrightarrow 00:58:13.428$ there were 14 cancers per thousand

NOTE Confidence: 0.783299121578947

 $00:58:13.428 \longrightarrow 00:58:16.019$ that had been lurking there that were

NOTE Confidence: 0.783299121578947

00:58:16.019 --> 00:58:18.245 not found by mammography and Epstein.

NOTE Confidence: 0.783299121578947

 $00:58:18.250 \longrightarrow 00:58:19.050$ So what does that mean?

NOTE Confidence: 0.783299121578947

 $00:58:19.050 \longrightarrow 00:58:20.255$ Are we finding additional cancers

00:58:20.255 --> 00:58:21.750 that never would have been found?

NOTE Confidence: 0.783299121578947

 $00:58:21.750 \longrightarrow 00:58:24.190$ No. We're finding cancers earlier.

NOTE Confidence: 0.783299121578947

 $00:58:24.190 \longrightarrow 00:58:28.327$ So it's moving the detection point earlier.

NOTE Confidence: 0.783299121578947

00:58:28.330 --> 00:58:29.745 So that you're finding hopefully

NOTE Confidence: 0.783299121578947

 $00:58:29.745 \longrightarrow 00:58:30.877$ the same cancers earlier.

NOTE Confidence: 0.783299121578947

 $00:58:30.880 \longrightarrow 00:58:32.616$ We do not want to find 14

NOTE Confidence: 0.783299121578947

00:58:32.616 --> 00:58:34.010 cancers per thousand every year.

NOTE Confidence: 0.783299121578947

 $00:58:34.010 \longrightarrow 00:58:35.510$ That means we're over diagnosing,

NOTE Confidence: 0.783299121578947

 $00.58:35.510 \longrightarrow 00.58:36.650$ we're finding too many cancers,

NOTE Confidence: 0.783299121578947

 $00:58:36.650 \longrightarrow 00:58:38.110$ but that's not what happens.

NOTE Confidence: 0.783299121578947

 $00:58:38.110 \longrightarrow 00:58:39.680$ You find the 14 cancer.

NOTE Confidence: 0.846039831111111

 $00:58:42.480 \longrightarrow 00:58:43.740$ Number and the point is

NOTE Confidence: 0.846039831111111

 $00{:}58{:}43.740 \dashrightarrow 00{:}58{:}44.748$ we're finding them earlier.

NOTE Confidence: 0.846039831111111

 $00:58:44.750 \longrightarrow 00:58:45.758$ So if you screen with MRI,

NOTE Confidence: 0.846039831111111

 $00:58:45.760 \longrightarrow 00:58:47.596$ you'll find smaller cancers

 $00:58:47.596 \longrightarrow 00:58:50.350$ and the cancers will all be.

NOTE Confidence: 0.846039831111111

 $00:58:50.350 \longrightarrow 00:58:52.846$ Of all different types as far as aggression.

NOTE Confidence: 0.846039831111111

 $00:58:52.850 \longrightarrow 00:58:54.908$ So they have to be aggressive enough

NOTE Confidence: 0.846039831111111

 $00:58:54.908 \longrightarrow 00:58:56.650$ that they make their own blood

NOTE Confidence: 0.846039831111111

 $00:58:56.650 \longrightarrow 00:58:58.890$ vessels in order to show up on MRI.

NOTE Confidence: 0.846039831111111

 $00:58:58.890 \longrightarrow 00:59:00.912$ So it's not prone to over

NOTE Confidence: 0.846039831111111

00:59:00.912 --> 00:59:02.882 diagnosis the way, for example,

NOTE Confidence: 0.846039831111111

 $00:59:02.882 \longrightarrow 00:59:06.214$ tomosynthesis seemed to be a little bit.

NOTE Confidence: 0.846039831111111

 $00:59:06.220 \longrightarrow 00:59:07.236$ So that's the feature.

NOTE Confidence: 0.846039831111111

 $00:59:07.236 \longrightarrow 00:59:08.506$ The feature is called personalized

NOTE Confidence: 0.846039831111111

 $00:59:08.506 \dashrightarrow 00:59:09.937$ screening and in personalized screening,

NOTE Confidence: 0.846039831111111

 $00:59:09.940 \longrightarrow 00:59:11.396$ which we are not doing at this point,

NOTE Confidence: 0.846039831111111

 $00:59:11.400 \longrightarrow 00:59:13.600$ but we will be.

NOTE Confidence: 0.846039831111111

 $00:59:13.600 \longrightarrow 00:59:14.628$ As things progressed over

NOTE Confidence: 0.846039831111111

 $00:59:14.628 \longrightarrow 00:59:15.656$ the next five years,

NOTE Confidence: 0.846039831111111

00:59:15.660 --> 00:59:17.280 each patient will get screened

 $00:59:17.280 \longrightarrow 00:59:19.440$ based on their own risk factors.

NOTE Confidence: 0.846039831111111

 $00:59:19.440 \longrightarrow 00:59:21.536$ That has to mean that some get more

NOTE Confidence: 0.846039831111111

00:59:21.536 --> 00:59:22.980 screening and others get less.

NOTE Confidence: 0.846039831111111

 $00:59:22.980 \longrightarrow 00:59:24.396$ Doesn't do any good if we

NOTE Confidence: 0.846039831111111

00:59:24.396 --> 00:59:25.340 just screen everybody more.

NOTE Confidence: 0.846039831111111

 $00:59:25.340 \longrightarrow 00:59:26.738$ So it'll affect how often we

NOTE Confidence: 0.846039831111111

 $00:59:26.738 \longrightarrow 00:59:28.027$ say they should be screened

NOTE Confidence: 0.846039831111111

 $00:59:28.027 \longrightarrow 00:59:29.517$ and what modalities we use.

NOTE Confidence: 0.846039831111111

 $00:59:29.520 \longrightarrow 00:59:30.972$ We will use the standard risk

NOTE Confidence: 0.846039831111111

00:59:30.972 --> 00:59:31.940 factors that I mentioned,

NOTE Confidence: 0.846039831111111

 $00:59:31.940 \longrightarrow 00:59:33.125$ family history, etcetera.

NOTE Confidence: 0.846039831111111

 $00{:}59{:}33.125 \dashrightarrow 00{:}59{:}36.478$ But also we can use AI to analyze

NOTE Confidence: 0.846039831111111

 $00{:}59{:}36.478 \dashrightarrow 00{:}59{:}38.998$ the pattern on their mammogram.

NOTE Confidence: 0.846039831111111

 $00:59:39.000 \longrightarrow 00:59:42.726$ And it's been shown that with AI you can

NOTE Confidence: 0.846039831111111

 $00:59:42.726 \longrightarrow 00:59:45.995$ predict their short term risk very well.

 $00:59:46.000 \longrightarrow 00:59:47.240$ I'm more than just looking

NOTE Confidence: 0.846039831111111

 $00:59:47.240 \longrightarrow 00:59:48.680$ at density as we looked at,

NOTE Confidence: 0.846039831111111

00:59:48.680 --> 00:59:50.040 but if you look at the actual pattern,

NOTE Confidence: 0.846039831111111

 $00:59:50.040 \longrightarrow 00:59:52.920$ somehow the computer can tell

NOTE Confidence: 0.846039831111111

 $00:59:52.920 \longrightarrow 00:59:54.138$ what their short term risk is.

NOTE Confidence: 0.846039831111111

 $00:59:54.140 \longrightarrow 00:59:56.484$ So you might ask well how and they

NOTE Confidence: 0.846039831111111

 $00{:}59{:}56.484 \dashrightarrow 00{:}59{:}58.280$ realized we really don't know.

NOTE Confidence: 0.846039831111111

00:59:58.280 --> 01:00:00.800 But if you're looking at short term risk,

NOTE Confidence: 0.8460398311111111

01:00:00.800 --> 01:00:02.459 but you're really looking at not so

NOTE Confidence: 0.846039831111111

 $01:00:02.459 \longrightarrow 01:00:04.219$ much as risk but early detection.

NOTE Confidence: 0.8460398311111111

 $01{:}00{:}04.220 \dashrightarrow 01{:}00{:}06.416$ So in my opinion they're seeing

NOTE Confidence: 0.846039831111111

01:00:06.416 --> 01:00:07.880 early signs of cancer,

NOTE Confidence: 0.846039831111111

 $01:00:07.880 \longrightarrow 01:00:09.017$ not super specifically,

NOTE Confidence: 0.8460398311111111

 $01:00:09.017 \longrightarrow 01:00:11.670$ but enough that if you take those

NOTE Confidence: 0.846039831111111

 $01:00:11.738 \longrightarrow 01:00:13.598$ patients where they say hey,

NOTE Confidence: 0.846039831111111

 $01:00:13.600 \longrightarrow 01:00:15.456$ this looks like there's going to be a

 $01:00:15.456 \longrightarrow 01:00:17.056$ cancer here and you do MRI on them.

NOTE Confidence: 0.846039831111111

01:00:17.060 --> 01:00:19.286 Find that it's the best predictor

NOTE Confidence: 0.846039831111111

01:00:19.286 --> 01:00:20.399 of short-term risk,

NOTE Confidence: 0.846039831111111

 $01:00:20.400 \longrightarrow 01:00:24.408$ so it's better than the entire music model.

NOTE Confidence: 0.846039831111111

01:00:24.410 --> 01:00:26.390 And that is what's going.

NOTE Confidence: 0.846039831111111

 $01:00:26.390 \longrightarrow 01:00:28.082$ So that's what we have to look forward to.

NOTE Confidence: 0.846039831111111

 $01:00:28.090 \longrightarrow 01:00:30.148$ But here's where we are today.

NOTE Confidence: 0.846039831111111

 $01:00:30.150 \longrightarrow 01:00:31.650$ Screening Murphy is still the

NOTE Confidence: 0.846039831111111

 $01:00:31.650 \longrightarrow 01:00:33.150$ only tool that was validated

NOTE Confidence: 0.846039831111111

 $01:00:33.209 \longrightarrow 01:00:34.789$ using trials with mortalities and

NOTE Confidence: 0.8460398311111111

01:00:34.789 --> 01:00:36.797 endpoint and it's still the mainstay

NOTE Confidence: 0.846039831111111

01:00:36.797 --> 01:00:38.289 of breast cancer screening.

NOTE Confidence: 0.846039831111111

 $01{:}00{:}38.290 \dashrightarrow 01{:}00{:}40.404$ But we know it's far from perfect.

NOTE Confidence: 0.846039831111111

01:00:40.410 --> 01:00:41.640 Ultrasound definitely finds

NOTE Confidence: 0.846039831111111

 $01:00:41.640 \longrightarrow 01:00:43.690$ additional cancers and dense breasts.

01:00:43.690 --> 01:00:45.671 And while we don't have a mortality

NOTE Confidence: 0.846039831111111

01:00:45.671 --> 01:00:48.048 based trial to prove that it saves lives,

NOTE Confidence: 0.846039831111111

 $01:00:48.050 \longrightarrow 01:00:49.346$ clearly we're finding cancers

NOTE Confidence: 0.846039831111111

01:00:49.346 --> 01:00:50.966 that would have kept growing,

NOTE Confidence: 0.846039831111111

 $01:00:50.970 \longrightarrow 01:00:53.052$ would have been found later with

NOTE Confidence: 0.846039831111111

 $01:00:53.052 \longrightarrow 01:00:54.194$ only mammography, understand.

NOTE Confidence: 0.846039831111111

01:00:54.194 --> 01:00:56.858 MRI is our most sensitive test,

NOTE Confidence: 0.846039831111111

 $01{:}00{:}56.860 \dashrightarrow 01{:}00{:}58.612$ but it's also our most expensive

NOTE Confidence: 0.846039831111111

 $01{:}00{:}58.612 \dashrightarrow 01{:}01{:}01{:}121$ and it also has this reputation of

NOTE Confidence: 0.846039831111111

01:01:01.121 --> 01:01:03.222 having false positives, which it does.

NOTE Confidence: 0.846039831111111

 $01{:}01{:}03.222 \dashrightarrow 01{:}01{:}05.999$ But we've come to where we can manage those.

NOTE Confidence: 0.846039831111111

 $01:01:06.000 \longrightarrow 01:01:07.415$ We know where our threshold

NOTE Confidence: 0.846039831111111

 $01:01:07.415 \longrightarrow 01:01:09.600$ should be and we can do biopsies.

NOTE Confidence: 0.846039831111111

01:01:09.600 --> 01:01:11.370 And the key to optimizing screening

NOTE Confidence: 0.846039831111111

 $01:01:11.370 \longrightarrow 01:01:13.179$ in the future will be matching

NOTE Confidence: 0.846039831111111

 $01:01:13.179 \longrightarrow 01:01:14.889$ every patient to the best tests

 $01:01:14.889 \longrightarrow 01:01:16.779$ and interval for her.

NOTE Confidence: 0.846039831111111

01:01:16.780 --> 01:01:19.316 And AI will very likely play a role,

NOTE Confidence: 0.846039831111111

01:01:19.320 --> 01:01:20.880 which means mammography will very

NOTE Confidence: 0.846039831111111

 $01:01:20.880 \longrightarrow 01:01:22.968$ likely play a role because it's from

NOTE Confidence: 0.846039831111111

 $01:01:22.968 \longrightarrow 01:01:24.840$ the mammogram that we use the AI to

NOTE Confidence: 0.795321680454545

01:01:24.898 --> 01:01:26.460 determine risk. So again,

NOTE Confidence: 0.795321680454545

01:01:26.460 --> 01:01:28.800 a whirlwind tour of what's going

NOTE Confidence: 0.795321680454545

 $01{:}01{:}28.800 \dashrightarrow 01{:}01{:}31.780$ on in breast imaging. So thank you.

NOTE Confidence: 0.89375819

 $01:01:33.430 \longrightarrow 01:01:34.734$ Thank you, doctor Lewin.

NOTE Confidence: 0.89375819

 $01:01:34.734 \longrightarrow 01:01:36.038$ That was really comprehensive

NOTE Confidence: 0.89375819

 $01{:}01{:}36.038 \dashrightarrow 01{:}01{:}38.079$ and so much going on in the

NOTE Confidence: 0.89375819

 $01:01:38.079 \longrightarrow 01:01:39.147$ world of breast imaging.

NOTE Confidence: 0.89375819

01:01:39.150 --> 01:01:40.170 Last but not least,

NOTE Confidence: 0.89375819

 $01:01:40.170 \longrightarrow 01:01:41.556$ we have a doctor, Ayela,

NOTE Confidence: 0.89375819

01:01:41.556 --> 01:01:43.386 who's our newest faculty member,

01:01:43.390 --> 01:01:45.310 joining us from Memorial Sloan Kettering.

NOTE Confidence: 0.89375819

01:01:45.310 --> 01:01:48.650 Umm talking about advances in

NOTE Confidence: 0.89375819

 $01:01:48.650 \longrightarrow 01:01:49.986$ breast reconstruction.

NOTE Confidence: 0.89375819

 $01:01:49.990 \longrightarrow 01:01:52.085$ We're really excited to have

NOTE Confidence: 0.89375819

 $01:01:52.085 \longrightarrow 01:01:53.342$ a talented microvascular

NOTE Confidence: 0.89375819

 $01{:}01{:}53.342 \dashrightarrow 01{:}01{:}55.329$ surgeon like you here at Yale.

NOTE Confidence: 0.89375819

 $01:01:55.330 \longrightarrow 01:01:56.150$ Thank you.

NOTE Confidence: 0.918385908

 $01:01:58.720 \longrightarrow 01:02:00.200$ Thank you for the introduction.

NOTE Confidence: 0.918385908

01:02:00.200 --> 01:02:01.910 Can you see my screen?

NOTE Confidence: 0.7522228

 $01:02:03.020 \longrightarrow 01:02:04.770$ Yes, awesome.

NOTE Confidence: 0.838278036

01:02:07.370 --> 01:02:08.622 All right. Well, good evening, everyone.

NOTE Confidence: 0.838278036

 $01:02:08.622 \longrightarrow 01:02:09.950$ This is a homestretch.

NOTE Confidence: 0.838278036

 $01:02:09.950 \longrightarrow 01:02:11.750$ Thank you for the introduction

NOTE Confidence: 0.838278036

 $01:02:11.750 \longrightarrow 01:02:13.190$ and for the invitation.

NOTE Confidence: 0.838278036

01:02:13.190 --> 01:02:14.470 So for the next 10 minutes or so,

NOTE Confidence: 0.838278036

 $01:02:14.470 \longrightarrow 01:02:17.932$ I'll be talking about strategies and

 $01:02:17.932 \longrightarrow 01:02:19.663$ comprehensive breast reconstruction.

NOTE Confidence: 0.838278036

01:02:19.670 --> 01:02:21.998 So we'll briefly discuss the background,

NOTE Confidence: 0.838278036

 $01:02:21.998 \longrightarrow 01:02:24.408$ why do we choose reconstruction,

NOTE Confidence: 0.838278036

 $01:02:24.410 \longrightarrow 01:02:27.110$ some options after both breast conservation

NOTE Confidence: 0.838278036

 $01:02:27.110 \longrightarrow 01:02:29.556$ and mastectomy surgery and a couple

NOTE Confidence: 0.838278036

 $01:02:29.556 \longrightarrow 01:02:31.868$ of new directions that we hope to be

NOTE Confidence: 0.838278036

01:02:31.938 --> 01:02:34.188 exploring at Yale for our patients.

NOTE Confidence: 0.838278036

 $01:02:34.190 \longrightarrow 01:02:36.534$ That it's been almost 25 years since the

NOTE Confidence: 0.838278036

 $01:02:36.534 \longrightarrow 01:02:38.479$ government has mandated healthcare payer

NOTE Confidence: 0.838278036

 $01:02:38.479 \longrightarrow 01:02:40.644$ coverage for all breast reconstruction,

NOTE Confidence: 0.838278036

 $01:02:40.650 \longrightarrow 01:02:42.478$ including contralateral procedures to

NOTE Confidence: 0.838278036

 $01:02:42.478 \longrightarrow 01:02:44.763$ achieve symmetry and any treatment

NOTE Confidence: 0.838278036

 $01{:}02{:}44.763 \dashrightarrow 01{:}02{:}46.629$ after sequella of mast ectomy.

NOTE Confidence: 0.838278036

01:02:46.630 --> 01:02:48.330 However, they're really still continues

NOTE Confidence: 0.838278036

 $01:02:48.330 \longrightarrow 01:02:51.326$ to be less than a 50% rate of women

 $01:02:51.326 \longrightarrow 01:02:53.086$ who are seeking breast reconstruction.

NOTE Confidence: 0.838278036

 $01:02:53.090 \longrightarrow 01:02:54.298$ And upon additional surveys

NOTE Confidence: 0.838278036

01:02:54.298 --> 01:02:55.204 of these patients,

NOTE Confidence: 0.838278036

 $01:02:55.210 \longrightarrow 01:02:57.220$ we have found that common reasons

NOTE Confidence: 0.838278036

 $01:02:57.220 \longrightarrow 01:02:59.358$ not to choose reconstruction are to

NOTE Confidence: 0.838278036

 $01:02:59.358 \longrightarrow 01:03:01.198$ avoid additional surgery belief that

NOTE Confidence: 0.838278036

 $01:03:01.198 \longrightarrow 01:03:03.069$ reconstruction is either not important

NOTE Confidence: 0.838278036

 $01:03:03.069 \longrightarrow 01:03:04.844$ or not available or potentially.

NOTE Confidence: 0.838278036

 $01:03:04.850 \longrightarrow 01:03:06.270$ A fear of breast implants,

NOTE Confidence: 0.838278036

 $01:03:06.270 \longrightarrow 01:03:08.244$ especially surrounding the

NOTE Confidence: 0.838278036

 $01:03:08.244 \longrightarrow 01:03:10.218$ current media state.

NOTE Confidence: 0.838278036

 $01:03:10.220 \longrightarrow 01:03:11.552$ We have found over and over

NOTE Confidence: 0.838278036

 $01:03:11.552 \longrightarrow 01:03:12.823$ that patients who do undergo

NOTE Confidence: 0.838278036

01:03:12.823 --> 01:03:14.171 reconstructive procedures have very

NOTE Confidence: 0.838278036

01:03:14.171 --> 01:03:16.140 high rate of satisfaction and very,

NOTE Confidence: 0.838278036

 $01:03:16.140 \longrightarrow 01:03:18.708$ very good and improved quality of life.

 $01:03:18.708 \longrightarrow 01:03:20.728$ And reconstruction is we can

NOTE Confidence: 0.838278036

01:03:20.728 --> 01:03:22.434 be performed concurrently with

NOTE Confidence: 0.838278036

 $01:03:22.434 \longrightarrow 01:03:24.126$ both breast conservation methods

NOTE Confidence: 0.838278036

 $01:03:24.126 \longrightarrow 01:03:26.241$ as well as after mastectomy.

NOTE Confidence: 0.838278036

 $01:03:26.250 \longrightarrow 01:03:28.693$ And it's important to note for our

NOTE Confidence: 0.838278036

 $01:03:28.693 \longrightarrow 01:03:30.031$ patients that reconstruction is

NOTE Confidence: 0.838278036

 $01:03:30.031 \longrightarrow 01:03:31.655$ safe and it does not affect the

NOTE Confidence: 0.838278036

 $01:03:31.655 \longrightarrow 01:03:33.570$ risk of local disease recurrence.

NOTE Confidence: 0.838278036

 $01:03:33.570 \longrightarrow 01:03:35.215$ And we think about uncle plastic surgery.

NOTE Confidence: 0.838278036

01:03:35.220 --> 01:03:37.488 This is very advantageous in many respects,

NOTE Confidence: 0.838278036

 $01:03:37.490 \longrightarrow 01:03:39.446$ and there's tons of literature and

NOTE Confidence: 0.838278036

 $01{:}03{:}39.446 \dashrightarrow 01{:}03{:}41.535$ numerous algorithms to help us decide

NOTE Confidence: 0.838278036

 $01{:}03{:}41.535 \dashrightarrow 01{:}03{:}43.707$ the optimal incisions and resection patterns.

NOTE Confidence: 0.838278036

 $01{:}03{:}43.710 \dashrightarrow 01{:}03{:}45.726$ But I think it's simplest to tell

NOTE Confidence: 0.838278036

 $01:03:45.726 \longrightarrow 01:03:47.700$ patients that large breasts generally

 $01:03:47.700 \longrightarrow 01:03:49.269$ undergo therapeutic reduction.

NOTE Confidence: 0.838278036

 $01:03:49.270 \longrightarrow 01:03:52.084$ Small breasts with small masses undergo

NOTE Confidence: 0.838278036

 $01:03:52.084 \longrightarrow 01:03:54.390$ tissue rearrangement with a lift,

NOTE Confidence: 0.838278036

 $01:03:54.390 \longrightarrow 01:03:56.838$ and small breasts with a large

NOTE Confidence: 0.838278036

 $01:03:56.838 \longrightarrow 01:03:58.973$ mass may need volume replacement

NOTE Confidence: 0.838278036

 $01:03:58.973 \longrightarrow 01:04:02.317$ in the form of a local tissue flap.

NOTE Confidence: 0.838278036

 $01:04:02.320 \longrightarrow 01:04:04.252$ So here's a schematic of an oncoplastic

NOTE Confidence: 0.838278036

 $01:04:04.252 \longrightarrow 01:04:05.840$ reduction for a larger breast.

NOTE Confidence: 0.838278036

 $01:04:05.840 \longrightarrow 01:04:07.538$ We usually use this incision pattern,

NOTE Confidence: 0.838278036

 $01:04:07.540 \longrightarrow 01:04:10.630$ the the wise pattern and this is a

NOTE Confidence: 0.838278036

 $01{:}04{:}10.630 \dashrightarrow 01{:}04{:}12.730$ patient who had a upper outer tumor

NOTE Confidence: 0.838278036

 $01:04:12.730 \longrightarrow 01:04:14.620$ for resection and we approached

NOTE Confidence: 0.838278036

 $01:04:14.620 \longrightarrow 01:04:16.745$ this using again that traditional

NOTE Confidence: 0.838278036

 $01:04:16.745 \longrightarrow 01:04:18.380$ wise pattern incision.

NOTE Confidence: 0.838278036

 $01:04:18.380 \longrightarrow 01:04:20.242$ We were able to reduce and lift

NOTE Confidence: 0.838278036

 $01{:}04{:}20.242 \dashrightarrow 01{:}04{:}22.080$ the breast after the tumor was

 $01:04:22.080 \longrightarrow 01:04:24.360$ removed and she here she is postop,

NOTE Confidence: 0.838278036

 $01:04:24.360 \longrightarrow 01:04:27.100$ good contour, good symmetry.

NOTE Confidence: 0.838278036

 $01:04:27.100 \longrightarrow 01:04:29.356$ Small breasted patients who are losing

NOTE Confidence: 0.838278036

01:04:29.356 --> 01:04:31.716 a significant amount of their volume

NOTE Confidence: 0.838278036

 $01:04:31.716 \longrightarrow 01:04:33.706$ may need replacement with tissue.

NOTE Confidence: 0.838278036

 $01:04:33.710 \longrightarrow 01:04:35.957$ Often we take this from the back.

NOTE Confidence: 0.838278036

 $01:04:35.960 \longrightarrow 01:04:37.031$ So for example,

NOTE Confidence: 0.838278036

 $01:04:37.031 \longrightarrow 01:04:39.173$ this woman had a upper intermedial

NOTE Confidence: 0.838278036

 $01:04:39.173 \longrightarrow 01:04:41.628$ quadrant tumor and would have definitely

NOTE Confidence: 0.838278036

 $01:04:41.628 \longrightarrow 01:04:43.658$ had an aesthetic contour deformity.

NOTE Confidence: 0.838278036

01:04:43.660 --> 01:04:45.442 It doesn't have quite enough tissue

NOTE Confidence: 0.838278036

 $01:04:45.442 \longrightarrow 01:04:46.965$ to rearrange and she definitely

NOTE Confidence: 0.838278036

 $01:04:46.965 \longrightarrow 01:04:48.375$ does not lean a lift,

NOTE Confidence: 0.838278036

 $01:04:48.380 \longrightarrow 01:04:49.717$ nor does she want to be smaller.

NOTE Confidence: 0.838278036

 $01:04:49.720 \longrightarrow 01:04:52.240$ So the plan is to replace this volume with

01:04:52.240 --> 01:04:54.937 a thoracodorsal artery perforator flap,

NOTE Confidence: 0.838278036

 $01:04:54.940 \longrightarrow 01:04:57.124$ taking just the skin and the fat.

NOTE Confidence: 0.838278036

 $01:04:57.130 \longrightarrow 01:04:59.990$ Of the back and sparing the muscle.

NOTE Confidence: 0.838278036

01:04:59.990 --> 01:05:02.270 And this is her post-op healed good contour,

NOTE Confidence: 0.838278036

 $01:05:02.270 \longrightarrow 01:05:03.150$ no volume loss.

NOTE Confidence: 0.767471916666667

 $01:05:05.630 \longrightarrow 01:05:06.686$ So options after mastectomy,

NOTE Confidence: 0.767471916666667

 $01:05:06.686 \longrightarrow 01:05:08.790$ there are two traditional arms we know about.

NOTE Confidence: 0.767471916666667

 $01\text{:}05\text{:}08.790 \dashrightarrow 01\text{:}05\text{:}11.328$ Of course for total breast volume

NOTE Confidence: 0.767471916666667

 $01:05:11.328 \longrightarrow 01:05:13.470$ replacement implant or autologous based.

NOTE Confidence: 0.767471916666667

 $01:05:13.470 \longrightarrow 01:05:15.982$ We decide on the best arm together with

NOTE Confidence: 0.767471916666667

 $01:05:15.982 \longrightarrow 01:05:18.282$ the patient after discussing her unique

NOTE Confidence: 0.767471916666667

 $01:05:18.282 \longrightarrow 01:05:20.688$ goals and values and certain specific

NOTE Confidence: 0.767471916666667

 $01:05:20.749 \longrightarrow 01:05:22.969$ factors such as plans for radiation.

NOTE Confidence: 0.767471916666667

 $01:05:22.970 \longrightarrow 01:05:25.728$ Implants are still the most popular choice.

NOTE Confidence: 0.767471916666667

01:05:25.730 --> 01:05:27.510 A certain subset of patients,

NOTE Confidence: 0.767471916666667

 $01{:}05{:}27.510 \dashrightarrow 01{:}05{:}28.934$ small breasted minimal tosis,

 $01:05:28.934 \longrightarrow 01:05:30.714$ can have an implant placed

NOTE Confidence: 0.767471916666667

 $01{:}05{:}30.714 \dashrightarrow 01{:}05{:}32.546$ directly at the time of mastectomy,

NOTE Confidence: 0.767471916666667

 $01{:}05{:}32.550 \dashrightarrow 01{:}05{:}34.195$ but it is still definitely more common

NOTE Confidence: 0.767471916666667

 $01:05:34.195 \longrightarrow 01:05:35.988$ for this to be done in two stages.

NOTE Confidence: 0.767471916666667

 $01:05:35.990 \longrightarrow 01:05:37.500$ This allows the mastectomy skin

NOTE Confidence: 0.767471916666667

 $01:05:37.500 \longrightarrow 01:05:39.649$ to heal and in cases of limited

NOTE Confidence: 0.767471916666667

 $01:05:39.649 \longrightarrow 01:05:41.679$ skin will allow us to expand the

NOTE Confidence: 0.767471916666667

 $01:05:41.679 \longrightarrow 01:05:43.308$ pocket to the desired volume.

NOTE Confidence: 0.767471916666667

 $01:05:43.310 \longrightarrow 01:05:44.774$ The prosthetics have traditionally

NOTE Confidence: 0.767471916666667

 $01:05:44.774 \longrightarrow 01:05:46.604$ been placed underneath them also,

NOTE Confidence: 0.767471916666667

 $01:05:46.610 \longrightarrow 01:05:48.339$ but now there's a large movement to

NOTE Confidence: 0.767471916666667

 $01:05:48.339 \longrightarrow 01:05:50.259$ place them above the muscle and these

NOTE Confidence: 0.767471916666667

 $01{:}05{:}50.259 \dashrightarrow 01{:}05{:}51.664$ implants of course include silicone

NOTE Confidence: 0.767471916666667

 $01:05:51.664 \longrightarrow 01:05:53.279$ or saline still in the market.

NOTE Confidence: 0.771689783

 $01:05:55.980 \longrightarrow 01:05:57.870$ The pros of course is you

01:05:57.870 --> 01:05:59.130 have one operative site,

NOTE Confidence: 0.771689783

 $01:05:59.130 \longrightarrow 01:06:00.960$ you're only operating on the chest.

NOTE Confidence: 0.771689783

 $01:06:00.960 \longrightarrow 01:06:02.830$ Compared to the autologous group,

NOTE Confidence: 0.771689783

 $01:06:02.830 \longrightarrow 01:06:04.923$ it is a reduced operative time and

NOTE Confidence: 0.771689783

 $01:06:04.923 \longrightarrow 01:06:07.320$ there is more rapid post-op recovery.

NOTE Confidence: 0.771689783

 $01:06:07.320 \longrightarrow 01:06:09.665$ But the cons is we're doing unilateral

NOTE Confidence: 0.771689783

 $01{:}06{:}09.665 \dashrightarrow 01{:}06{:}11.900$ reconstruction is very difficult to obtain

NOTE Confidence: 0.771689783

 $01:06:11.900 \longrightarrow 01:06:13.855$ symmetry to the contralateral breast.

NOTE Confidence: 0.771689783

 $01:06:13.860 \longrightarrow 01:06:15.135$ The patient does have to

NOTE Confidence: 0.771689783

01:06:15.135 --> 01:06:16.155 come back very frequently,

NOTE Confidence: 0.771689783

 $01:06:16.160 \longrightarrow 01:06:18.128$ sometimes over the course of several

NOTE Confidence: 0.771689783

 $01{:}06{:}18.128 \dashrightarrow 01{:}06{:}19.860$ months for tissue expansion visits,

NOTE Confidence: 0.771689783

 $01:06:19.860 \longrightarrow 01:06:22.692$ and they do require at least two operations

NOTE Confidence: 0.771689783

 $01{:}06{:}22.692 \to 01{:}06{:}25.170$ to achieve reconstructive completion.

NOTE Confidence: 0.771689783

 $01:06:25.170 \longrightarrow 01:06:27.330$ With radiation there is potential

NOTE Confidence: 0.771689783

 $01{:}06{:}27.330 \dashrightarrow 01{:}06{:}29.058$ for increasing complications and

01:06:29.058 --> 01:06:30.831 sometimes in very thin patients who

NOTE Confidence: 0.771689783

 $01{:}06{:}30.831 \dashrightarrow 01{:}06{:}32.833$ have low BMI and we are putting

NOTE Confidence: 0.771689783

 $01:06:32.833 \longrightarrow 01:06:34.498$ the implant above the muscle,

NOTE Confidence: 0.771689783

 $01:06:34.500 \longrightarrow 01:06:35.910$ the implants can be visible,

NOTE Confidence: 0.771689783

 $01:06:35.910 \longrightarrow 01:06:39.640$ palpable or you can see rippling.

NOTE Confidence: 0.771689783

01:06:39.640 --> 01:06:40.621 Natalie, this option,

NOTE Confidence: 0.771689783

01:06:40.621 --> 01:06:42.583 great options for patients who want

NOTE Confidence: 0.771689783

01:06:42.583 --> 01:06:44.171 their own tissue natural appearance

NOTE Confidence: 0.771689783

01:06:44.171 --> 01:06:46.362 and feel often are very good options

NOTE Confidence: 0.771689783

 $01:06:46.362 \longrightarrow 01:06:47.997$ in unilaterally constructions to match

NOTE Confidence: 0.771689783

 $01:06:47.997 \longrightarrow 01:06:49.928$ the tosis of the contralateral breast.

NOTE Confidence: 0.771689783

 $01:06:49.928 \longrightarrow 01:06:52.091$ And I think this is usually the

NOTE Confidence: 0.771689783

 $01{:}06{:}52.091 \dashrightarrow 01{:}06{:}53.818$ better option in the setting of

NOTE Confidence: 0.771689783

 $01:06:53.818 \longrightarrow 01:06:55.700$ radiation or very large skin deficits.

NOTE Confidence: 0.771689783

 $01:06:55.700 \longrightarrow 01:06:56.058$ However,

 $01:06:56.058 \longrightarrow 01:06:58.206$ it does require an experienced microsurgeon

NOTE Confidence: 0.771689783

 $01{:}06{:}58.206 \dashrightarrow 01{:}07{:}00.329$ and we're operating on two sets of body.

NOTE Confidence: 0.771689783

 $01:07:00.330 \longrightarrow 01:07:03.613$ So this does necessitate a longer operative

NOTE Confidence: 0.771689783

 $01:07:03.613 \longrightarrow 01:07:07.198$ time and a longer recovery upfront.

NOTE Confidence: 0.771689783

 $01:07:07.200 \longrightarrow 01:07:09.083$ So there's a lot of discussion about

NOTE Confidence: 0.771689783

 $01{:}07{:}09.083 \dashrightarrow 01{:}07{:}10.819$ the optimal timing of reconstruction.

NOTE Confidence: 0.771689783

 $01:07:10.820 \longrightarrow 01:07:12.050$ Immediate reconstruction is

NOTE Confidence: 0.771689783

01:07:12.050 --> 01:07:13.280 definitely always preferred,

NOTE Confidence: 0.771689783

 $01{:}07{:}13.280 \dashrightarrow 01{:}07{:}15.332$ so patients do not have to wake up flat.

NOTE Confidence: 0.771689783

 $01:07:15.340 \longrightarrow 01:07:17.076$ But a lot of plastic surgeons are

NOTE Confidence: 0.771689783

 $01{:}07{:}17.076 \dashrightarrow 01{:}07{:}19.088$ wary of the effects of radiation

NOTE Confidence: 0.771689783

01:07:19.088 --> 01:07:20.696 on their final reconstruction,

NOTE Confidence: 0.771689783

 $01:07:20.700 \longrightarrow 01:07:22.500$ whether that is an implant or

NOTE Confidence: 0.771689783

01:07:22.500 --> 01:07:24.160 if it is a flap.

NOTE Confidence: 0.771689783

01:07:24.160 --> 01:07:25.732 And we've also found that patients

NOTE Confidence: 0.771689783

 $01:07:25.732 \longrightarrow 01:07:27.344$ can be very overwhelmed with their

01:07:27.344 --> 01:07:28.886 recent cancer diagnosis and they want

NOTE Confidence: 0.771689783

 $01{:}07{:}28.886 \dashrightarrow 01{:}07{:}30.610$ to defer thinking about their choice

NOTE Confidence: 0.771689783

01:07:30.610 --> 01:07:32.344 of final reconstruction until all of

NOTE Confidence: 0.771689783

 $01:07:32.350 \longrightarrow 01:07:35.776$ their adjuvant therapy can be completed.

NOTE Confidence: 0.771689783

 $01:07:35.780 \longrightarrow 01:07:37.524$ So we find that we can mitigate all

NOTE Confidence: 0.771689783

 $01{:}07{:}37.524 \dashrightarrow 01{:}07{:}39.304$ of these concerns by placing a tissue

NOTE Confidence: 0.771689783

 $01:07:39.304 \longrightarrow 01:07:40.984$ expander at the time of mastectomy

NOTE Confidence: 0.771689783

01:07:40.984 --> 01:07:42.679 to maintain the breast pocket,

NOTE Confidence: 0.771689783

 $01{:}07{:}42.680 \dashrightarrow 01{:}07{:}44.318$ make sure that the patient does wake

NOTE Confidence: 0.771689783

 $01{:}07{:}44.318 \dashrightarrow 01{:}07{:}46.078$ up with some sort of breast mound.

NOTE Confidence: 0.771689783

 $01:07:46.080 \longrightarrow 01:07:47.640$ And then we have the patient

NOTE Confidence: 0.771689783

 $01{:}07{:}47.640 \dashrightarrow 01{:}07{:}48.680$ complete their cancer treatment

NOTE Confidence: 0.771689783

 $01{:}07{:}48.723 \dashrightarrow 01{:}07{:}49.980$ including adjuvant radiation,

NOTE Confidence: 0.771689783

01:07:49.980 --> 01:07:50.277 chemo,

NOTE Confidence: 0.771689783

 $01:07:50.277 \longrightarrow 01:07:52.059$ whatever is needed with the expander

 $01:07:52.059 \longrightarrow 01:07:53.639$ in place the entire time.

NOTE Confidence: 0.771689783

 $01:07:53.640 \longrightarrow 01:07:55.593$ And then in these cases it's preferred

NOTE Confidence: 0.771689783

 $01:07:55.593 \longrightarrow 01:07:57.668$ that the tissue expander should be placed

NOTE Confidence: 0.771689783

01:07:57.668 --> 01:08:00.060 in the pre pectoral plane above the muscle,

NOTE Confidence: 0.771689783

 $01:08:00.060 \longrightarrow 01:08:01.560$ avoid the morbidity of

NOTE Confidence: 0.771689783

 $01:08:01.560 \longrightarrow 01:08:03.060$ elevating the pectoralis muscle.

NOTE Confidence: 0.771689783

 $01:08:03.060 \longrightarrow 01:08:05.356$ It allows much faster, much more comfortable.

NOTE Confidence: 0.771689783

 $01:08:05.360 \longrightarrow 01:08:06.715$ Extension for the patient so

NOTE Confidence: 0.771689783

01:08:06.715 --> 01:08:08.070 they can be fully expanded,

NOTE Confidence: 0.771689783

 $01:08:08.070 \longrightarrow 01:08:08.488$ healed,

NOTE Confidence: 0.771689783

 $01{:}08{:}08.488 \dashrightarrow 01{:}08{:}11.414$ go on to adjuvant the rapy more quickly.

NOTE Confidence: 0.771689783

01:08:11.420 --> 01:08:13.275 And then on the patient's own timeline,

NOTE Confidence: 0.771689783

01:08:13.280 --> 01:08:15.260 the expander can be exchanged electively,

NOTE Confidence: 0.771689783

 $01{:}08{:}15.260 \dashrightarrow 01{:}08{:}17.374$ so patients have time to discuss again,

NOTE Confidence: 0.771689783

 $01:08:17.380 \longrightarrow 01:08:20.276$ choose if they want to continue and replace

NOTE Confidence: 0.771689783

01:08:20.276 --> 01:08:22.658 this expander with a permanent implant,

 $01:08:22.660 \longrightarrow 01:08:24.932$ or at this point they can remove the

NOTE Confidence: 0.771689783

 $01{:}08{:}24.932 \longrightarrow 01{:}08{:}26.896$ prosthesis and put in their own tissue.

NOTE Confidence: 0.771689783

01:08:26.900 --> 01:08:28.248 This patient shown here,

NOTE Confidence: 0.771689783

01:08:28.248 --> 01:08:29.596 she underwent expander placement,

NOTE Confidence: 0.771689783

 $01:08:29.600 \longrightarrow 01:08:31.178$ fully expanded in a few weeks,

NOTE Confidence: 0.771689783

 $01:08:31.180 \longrightarrow 01:08:32.645$ completed all of her radiation

NOTE Confidence: 0.771689783

 $01:08:32.645 \longrightarrow 01:08:33.817$ and then came back,

NOTE Confidence: 0.771689783

 $01:08:33.820 \longrightarrow 01:08:36.660$ I believe six months later

NOTE Confidence: 0.771689783

 $01{:}08{:}36.660 \dashrightarrow 01{:}08{:}38.364$ for autologous reconstruction.

NOTE Confidence: 0.771689783

 $01:08:38.370 \longrightarrow 01:08:40.600$ So we figured out a really good way to use

NOTE Confidence: 0.870645268888889

 $01:08:40.660 \longrightarrow 01:08:42.190$ our own tissue to create

NOTE Confidence: 0.870645268888889

 $01:08:42.190 \longrightarrow 01:08:43.108$ healthy warm breasts,

NOTE Confidence: 0.870645268888889

 $01{:}08{:}43.110 \dashrightarrow 01{:}08{:}44.325$ restoring blood flow in and

NOTE Confidence: 0.870645268888889

 $01:08:44.325 \longrightarrow 01:08:45.890$ out of this new breast mound.

NOTE Confidence: 0.870645268888889

 $01:08:45.890 \longrightarrow 01:08:47.420$ And we tell patients that they're

 $01:08:47.420 \longrightarrow 01:08:48.939$ going to feel like a breast,

NOTE Confidence: 0.870645268888889

 $01:08:48.940 \longrightarrow 01:08:49.910$ which is true to others,

NOTE Confidence: 0.870645268888889

 $01:08:49.910 \longrightarrow 01:08:51.470$ but not necessarily the patient.

NOTE Confidence: 0.870645268888889

 $01:08:51.470 \longrightarrow 01:08:53.020$ Often patients are very disconcerted

NOTE Confidence: 0.870645268888889

 $01:08:53.020 \longrightarrow 01:08:55.239$ with the numb feeling in their chest.

NOTE Confidence: 0.870645268888889

01:08:55.240 --> 01:08:57.184 So now we're working on strategies

NOTE Confidence: 0.870645268888889

 $01:08:57.184 \longrightarrow 01:08:59.047$ to improve sensory recovery after

NOTE Confidence: 0.870645268888889

 $01:08:59.047 \longrightarrow 01:09:00.571$ mastectomy concurrently with

NOTE Confidence: 0.870645268888889

 $01:09:00.571 \longrightarrow 01:09:02.095$ autologous tissue reconstruction.

NOTE Confidence: 0.870645268888889

 $01:09:02.100 \longrightarrow 01:09:03.264$ I really like the way one

NOTE Confidence: 0.870645268888889

01:09:03.264 --> 01:09:04.220 of my partners put it.

NOTE Confidence: 0.870645268888889

 $01:09:04.220 \longrightarrow 01:09:06.684$ We have to hook up the plumbing

NOTE Confidence: 0.870645268888889

 $01:09:06.684 \longrightarrow 01:09:08.815$ and the electricity to make

NOTE Confidence: 0.870645268888889

 $01:09:08.815 \longrightarrow 01:09:10.309$ the reconstruction complete.

NOTE Confidence: 0.870645268888889

01:09:10.310 --> 01:09:12.435 So to offer truly comprehensive

NOTE Confidence: 0.870645268888889

 $01:09:12.435 \longrightarrow 01:09:13.285$ breast reconstruction,

 $01:09:13.290 \longrightarrow 01:09:15.618$ we must be able to also offer options

NOTE Confidence: 0.870645268888889

 $01:09:15.618 \longrightarrow 01:09:18.058$ to prevent and treat sequella of

NOTE Confidence: 0.870645268888889

 $01:09:18.058 \longrightarrow 01:09:19.850$ axillary dissections under radiation.

NOTE Confidence: 0.870645268888889 01:09:19.850 --> 01:09:20.765 As we know,

NOTE Confidence: 0.870645268888889

01:09:20.765 --> 01:09:22.290 lymphedema is very devastating to

NOTE Confidence: 0.870645268888889

01:09:22.290 --> 01:09:24.042 patients quality of life and we have

NOTE Confidence: 0.870645268888889

 $01:09:24.042 \longrightarrow 01:09:25.670$ not yet found a curative treatment.

NOTE Confidence: 0.870645268888889

 $01:09:25.670 \longrightarrow 01:09:27.770$ We do offer hope to offer preventative

NOTE Confidence: 0.870645268888889

 $01{:}09{:}27.770 \dashrightarrow 01{:}09{:}29.452$ options such as immediate lymphatic

NOTE Confidence: 0.870645268888889

 $01{:}09{:}29.452 \dashrightarrow 01{:}09{:}31.257$ reconstruction or also known as

NOTE Confidence: 0.870645268888889

01:09:31.257 --> 01:09:33.691 lympha at the time of the axillary

NOTE Confidence: 0.870645268888889

 $01:09:33.691 \longrightarrow 01:09:35.623$ dissection and we can utilize reverse

NOTE Confidence: 0.870645268888889

 $01{:}09{:}35.630 \dashrightarrow 01{:}09{:}37.645$ lymphatic mapping to identify which

NOTE Confidence: 0.870645268888889

 $01:09:37.645 \longrightarrow 01:09:40.290$ nodes are important for armed drainage.

NOTE Confidence: 0.870645268888889

 $01:09:40.290 \longrightarrow 01:09:41.970$ For patients who already develop

01:09:41.970 --> 01:09:43.650 develop any sort of lymphedema,

NOTE Confidence: 0.870645268888889

 $01{:}09{:}43.650 \dashrightarrow 01{:}09{:}45.225$ they do have patent lymphatic

NOTE Confidence: 0.870645268888889

 $01:09:45.225 \longrightarrow 01:09:46.485$ channels in their arm.

NOTE Confidence: 0.870645268888889

 $01:09:46.490 \longrightarrow 01:09:48.824$ We can bypass these scarred lymphatics

NOTE Confidence: 0.870645268888889

 $01:09:48.824 \longrightarrow 01:09:51.140$ with serial lymphatic ovular anastomosis.

NOTE Confidence: 0.870645268888889

01:09:51.140 --> 01:09:54.164 This is a really easy outpatient procedure.

NOTE Confidence: 0.870645268888889

 $01:09:54.170 \longrightarrow 01:09:55.395$ And for those who are a little

NOTE Confidence: 0.870645268888889

 $01:09:55.395 \longrightarrow 01:09:55.920$ bit more advanced,

NOTE Confidence: 0.870645268888889

 $01:09:55.920 \longrightarrow 01:09:57.480$ I have no channels left in their arm.

NOTE Confidence: 0.870645268888889

 $01:09:57.480 \longrightarrow 01:10:00.098$ Lymph node transplant can often be performed.

NOTE Confidence: 0.870645268888889

 $01:10:00.100 \longrightarrow 01:10:02.692$ So we use the omentum as a good donor

NOTE Confidence: 0.870645268888889

 $01:10:02.692 \longrightarrow 01:10:05.318$ side to prevent donor site lymphedema.

NOTE Confidence: 0.870645268888889

 $01:10:05.320 \longrightarrow 01:10:07.630$ But with the use of referral synthetic

NOTE Confidence: 0.870645268888889

 $01:10:07.630 \longrightarrow 01:10:09.871$ mapping we can also take select

NOTE Confidence: 0.870645268888889

01:10:09.871 --> 01:10:11.836 groin lymphatics along with the

NOTE Confidence: 0.870645268888889

 $01:10:11.836 \longrightarrow 01:10:14.131$ abdominal flap for whole holistic

 $01:10:14.131 \longrightarrow 01:10:16.055$ breast and axillary reconstruction.

NOTE Confidence: 0.870645268888889

01:10:16.060 --> 01:10:17.830 So very grateful to join Yale,

NOTE Confidence: 0.870645268888889

01:10:17.830 --> 01:10:19.468 be a part of this multidisciplinary

NOTE Confidence: 0.870645268888889

 $01:10:19.468 \longrightarrow 01:10:20.899$ team focused on cancer eradication

NOTE Confidence: 0.870645268888889

 $01:10:20.899 \longrightarrow 01:10:22.334$ and really improvement of quality

NOTE Confidence: 0.870645268888889

 $01:10:22.334 \longrightarrow 01:10:23.960$ of life for our patients.

NOTE Confidence: 0.870645268888889

01:10:23.960 --> 01:10:25.370 So thanks for the opportunity to

NOTE Confidence: 0.870645268888889

 $01{:}10{:}25.370 \dashrightarrow 01{:}10{:}26.814$ discuss our approach to comprehensive

NOTE Confidence: 0.870645268888889

 $01{:}10{:}26.814 \dashrightarrow 01{:}10{:}28.197$ breast reconstruction to night.

NOTE Confidence: 0.8691891

 $01:10:29.300 \longrightarrow 01:10:31.440$ Thank you, Doctor Ayala. Wow.

NOTE Confidence: 0.8691891

 $01:10:31.440 \longrightarrow 01:10:33.600$ Thank you, everyone for, you know,

NOTE Confidence: 0.8691891

 $01:10:33.600 \longrightarrow 01:10:36.231$ 5 phenomenal presentations

NOTE Confidence: 0.8691891

 $01{:}10{:}36.231 \dashrightarrow 01{:}10{:}40.136$ and the audience for sticking

NOTE Confidence: 0.8691891

 $01:10:40.136 \longrightarrow 01:10:42.116$ with us through this evening.

NOTE Confidence: 0.8691891

 $01:10:42.120 \longrightarrow 01:10:43.562$ There are a couple of questions that

 $01{:}10{:}43.562 \dashrightarrow 01{:}10{:}44.879$ actually came in through the chat,

NOTE Confidence: 0.8691891

 $01:10:44.880 \longrightarrow 01:10:45.940$ not sure they can actually

NOTE Confidence: 0.8691891

 $01:10:45.940 \longrightarrow 01:10:47.335$ be seen by the audience.

NOTE Confidence: 0.8691891

01:10:47.335 --> 01:10:49.000 I'm going to ask our panel.