WEBVTT

NOTE duration:"00:54:33" NOTE recognizability:0.728

NOTE language:en-us

NOTE Confidence: 0.747943522

 $00:00:02.320 \longrightarrow 00:00:04.624$ Welcome everyone. Today's Grand

NOTE Confidence: 0.747943522

00:00:04.624 --> 00:00:08.080 Round speaker is Doctor Ben Shue,

NOTE Confidence: 0.747943522

 $00:00:08.080 \longrightarrow 00:00:11.920$ A preeminent head and neck pathologist.

NOTE Confidence: 0.744893306857143

 $00:00:14.120 \longrightarrow 00:00:19.670$ Doctor Ben Shue graduated from medical

NOTE Confidence: 0.744893306857143

00:00:19.670 --> 00:00:23.960 school from McGill University in Montreal,

NOTE Confidence: 0.744893306857143

 $00:00:23.960 \longrightarrow 00:00:27.488$ QC, Canada, where she went on to

NOTE Confidence: 0.744893306857143

 $00{:}00{:}27.488 \dashrightarrow 00{:}00{:}30.658$ do a pathology residence residency,

NOTE Confidence: 0.744893306857143

 $00:00:30.658 \longrightarrow 00:00:32.392$ and after completion,

NOTE Confidence: 0.744893306857143

 $00{:}00{:}32.392 \dashrightarrow 00{:}00{:}36.408$ she actually applied for a head and

NOTE Confidence: 0.744893306857143

00:00:36.408 --> 00:00:39.740 neck fellowship here at Yale in 2014.

NOTE Confidence: 0.744893306857143

 $00{:}00{:}39.740 \dashrightarrow 00{:}00{:}44.844$ But that was exactly the year I did not.

NOTE Confidence: 0.744893306857143

 $00:00:44.844 \longrightarrow 00:00:48.245$ We did not have a CGME accreditation and

NOTE Confidence: 0.744893306857143

 $00:00:48.245 \longrightarrow 00:00:53.080$ that was the year we did not have funding.

 $00:00:53.080 \longrightarrow 00:00:57.360$ So Doctor Shoe went to memorial to do

NOTE Confidence: 0.744893306857143

00:00:57.360 --> 00:01:01.000 2 years of fellowship the first year

NOTE Confidence: 0.744893306857143

 $00:01:01.000 \longrightarrow 00:01:04.665$ as is an Oncologic Surgical Pathology

NOTE Confidence: 0.744893306857143

 $00:01:04.665 \longrightarrow 00:01:09.356$ fellow and the second year as a head

NOTE Confidence: 0.744893306857143

 $00:01:09.356 \longrightarrow 00:01:12.732$ and neck pathology fellow and made

NOTE Confidence: 0.744893306857143

 $00:01:12.732 \longrightarrow 00:01:17.240$ excellent use of her two years there.

NOTE Confidence: 0.744893306857143

 $00:01:17.240 \longrightarrow 00:01:19.796$ She went on to become attending

NOTE Confidence: 0.744893306857143

 $00:01:19.800 \longrightarrow 00:01:24.400$ pathologist back in Canada at Sunnybrook

NOTE Confidence: 0.744893306857143

 $00:01:24.400 \longrightarrow 00:01:26.906$ Health Sciences Center in Toronto

NOTE Confidence: 0.744893306857143

 $00:01:26.906 \longrightarrow 00:01:30.945$ and then after a couple of years she

NOTE Confidence: 0.744893306857143

 $00{:}01{:}30.945 \dashrightarrow 00{:}01{:}34.460$ was ready to move and was recruited

NOTE Confidence: 0.744893306857143

 $00:01:34.460 \longrightarrow 00:01:38.010$ by Memorial Sloan Kettering Cancer

NOTE Confidence: 0.744893306857143

 $00:01:38.010 \longrightarrow 00:01:42.560$ Center as Assistant Attending and has

NOTE Confidence: 0.744893306857143

 $00:01:42.560 \longrightarrow 00:01:46.400$ recently been promoted to Associate

NOTE Confidence: 0.744893306857143

00:01:46.516 --> 00:01:50.239 Attending Pathology Pathologist.

NOTE Confidence: 0.744893306857143

 $00:01:50.240 \longrightarrow 00:01:53.516$ She practices Head and Neck pathology

 $00:01:53.516 \longrightarrow 00:01:55.154$ and Gu Pathology

NOTE Confidence: 0.50975657

 $00:01:57.360 \longrightarrow 00:02:01.020$ Doctor. Shu has won many awards during

NOTE Confidence: 0.50975657

00:02:01.020 --> 00:02:04.900 her career and award right from early

NOTE Confidence: 0.50975657

00:02:04.900 --> 00:02:08.560 years and award for Excellent student

NOTE Confidence: 0.50975657

 $00{:}02{:}08.560 \dashrightarrow 00{:}02{:}12.474$ in China scholarship and for graduate

NOTE Confidence: 0.50975657

 $00:02:12.474 \longrightarrow 00:02:14.862$ student various different fellowships

NOTE Confidence: 0.50975657

 $00:02:14.862 \longrightarrow 00:02:17.880$ and awards throughout her career.

NOTE Confidence: 0.91817194

 $00:02:20.800 \longrightarrow 00:02:26.310$ The Best Resident Award as well as the

NOTE Confidence: 0.91817194

 $00:02:26.310 \longrightarrow 00:02:30.600$ Best Author Award for Pathology Outlines.

NOTE Confidence: 0.91817194

 $00{:}02{:}30.600 \dashrightarrow 00{:}02{:}35.052$ Dr. Shu has contributed close to 200

NOTE Confidence: 0.91817194

 $00:02:35.052 \longrightarrow 00:02:38.240$ publications to medical literature.

NOTE Confidence: 0.91817194

 $00:02:38.240 \longrightarrow 00:02:40.960$ Her online presence is

NOTE Confidence: 0.91817194

 $00{:}02{:}40.960 \dashrightarrow 00{:}02{:}43.680$ phenomenal and very significant.

NOTE Confidence: 0.91817194

 $00:02:43.680 \longrightarrow 00:02:47.220$ And among her major contributions

NOTE Confidence: 0.91817194

00:02:47.220 --> 00:02:49.344 is morphologic characterization

 $00:02:49.344 \longrightarrow 00:02:51.600$ of thyroid cancers,

NOTE Confidence: 0.91817194

 $00:02:51.600 \longrightarrow 00:02:55.218$ especially in a plastic thyroid cancers

NOTE Confidence: 0.91817194

 $00:02:55.218 \longrightarrow 00:02:59.239$ and Dicer one associated thyroid nodules.

NOTE Confidence: 0.91817194

 $00:02:59.240 \longrightarrow 00:03:01.091$ She's characterized mesenchymal

NOTE Confidence: 0.91817194

 $00{:}03{:}01.091 \dashrightarrow 00{:}03{:}05.410$ tumors of head and neck as well

NOTE Confidence: 0.91817194

 $00:03:05.512 \longrightarrow 00:03:08.032$ as thyroid not midline tumors

NOTE Confidence: 0.91817194

 $00:03:08.032 \longrightarrow 00:03:11.080$ in the genital urinary system.

NOTE Confidence: 0.8913839075

 $00:03:12.400 \longrightarrow 00:03:14.200$ She's also very active

NOTE Confidence: 0.794765196

 $00:03:14.200 \longrightarrow 00:03:17.540$ in risk stratification or grading

NOTE Confidence: 0.794765196

 $00:03:17.540 \longrightarrow 00:03:20.880$ of various cancers like medullary,

NOTE Confidence: 0.794765196

00:03:20.880 --> 00:03:24.600 thyroid cancer, muco, epidermoid cancer,

NOTE Confidence: 0.794765196

 $00:03:24.600 \longrightarrow 00:03:26.619$ ascenic cell carcinoma,

NOTE Confidence: 0.794765196

 $00:03:26.619 \longrightarrow 00:03:29.984$ secretory carcinoma of the thyroid

NOTE Confidence: 0.794765196

 $00{:}03{:}29.984 \dashrightarrow 00{:}03{:}34.246$ and also the prognostic value of

NOTE Confidence: 0.794765196

 $00:03:34.246 \longrightarrow 00:03:37.058$ characterizing extra nodal extension

NOTE Confidence: 0.794765196

 $00:03:37.058 \longrightarrow 00:03:40.679$ for tumor positive lymph nodes.

 $00:03:40.680 \longrightarrow 00:03:44.222$ Most of these papers or publications I

NOTE Confidence: 0.794765196

 $00{:}03{:}44.222 \dashrightarrow 00{:}03{:}47.679$ mentioned of practice changing publications,

NOTE Confidence: 0.794765196

 $00{:}03{:}47.680 \dashrightarrow 00{:}03{:}50.872$ we have actively discussed them at our

NOTE Confidence: 0.794765196

 $00:03:50.872 \longrightarrow 00:03:54.309$ team meetings and journal club and almost

NOTE Confidence: 0.794765196

 $00:03:54.309 \longrightarrow 00:03:57.880$ immediately adopted them in our practice.

NOTE Confidence: 0.794765196

 $00:03:57.880 \longrightarrow 00:04:01.240$ So these are significant contributions.

NOTE Confidence: 0.794765196

 $00:04:01.240 \longrightarrow 00:04:03.982$ She's also a contributor of two

NOTE Confidence: 0.794765196

00:04:03.982 --> 00:04:07.080 of The Who Blue book series,

NOTE Confidence: 0.794765196

 $00:04:07.080 \longrightarrow 00:04:09.830$ one on endocrine pathology and

NOTE Confidence: 0.794765196

 $00:04:09.830 \longrightarrow 00:04:12.800$ another on pediatric pathology.

NOTE Confidence: 0.794765196

00:04:12.800 --> 00:04:15.320 So with that brief introduction,

NOTE Confidence: 0.794765196

00:04:15.320 --> 00:04:17.020 I invite Doctor Shoot to

NOTE Confidence: 0.794765196

00:04:17.020 --> 00:04:18.840 give her Grand Round talk.

NOTE Confidence: 0.85645901555556

 $00{:}04{:}23.600 \dashrightarrow 00{:}04{:}26.096$ Thank you so much Doctor Facade

NOTE Confidence: 0.85645901555556

 $00:04:26.096 \longrightarrow 00:04:28.568$ for the kind introduction and for

 $00:04:28.568 \longrightarrow 00:04:30.758$ inviting me for the Grand Round.

NOTE Confidence: 0.85645901555556

00:04:30.760 --> 00:04:32.398 It's a pleasure to be here,

NOTE Confidence: 0.85645901555556

 $00:04:32.400 \longrightarrow 00:04:34.188$ although I didn't make it to

NOTE Confidence: 0.856459015555556

 $00:04:34.188 \longrightarrow 00:04:36.160$ the head and neck fellowship.

NOTE Confidence: 0.856459015555556

 $00:04:36.160 \longrightarrow 00:04:39.471$ So my talk today is on recent

NOTE Confidence: 0.856459015555556

00:04:39.471 --> 00:04:41.960 advances in thyroid pathology,

NOTE Confidence: 0.856459015555556

 $00:04:41.960 \longrightarrow 00:04:44.505$ mostly focusing on the more

NOTE Confidence: 0.85645901555556

00:04:44.505 --> 00:04:47.050 aggressive type including high grade

NOTE Confidence: 0.856459015555556

 $00:04:47.134 \longrightarrow 00:04:49.999$ carcinoma and the plastic carcinoma.

NOTE Confidence: 0.856459015555556

00:04:50.000 --> 00:04:52.872 And the last part I'll touch on the

NOTE Confidence: 0.856459015555556

 $00{:}04{:}52.872 \dashrightarrow 00{:}04{:}55.019$ grieving of majorly cyrocarcinoma

NOTE Confidence: 0.856459015555556

 $00:04:55.019 \longrightarrow 00:04:57.719$ and the molecular associations.

NOTE Confidence: 0.856459015555556

 $00{:}04{:}57.720 \dashrightarrow 00{:}05{:}00.210$ I have nothing to disclose so

NOTE Confidence: 0.856459015555556

 $00:05:00.210 \longrightarrow 00:05:02.280$ start from the a real case.

NOTE Confidence: 0.856459015555556

 $00:05:02.280 \longrightarrow 00:05:05.745$ So this is a 68 year old male patient

NOTE Confidence: 0.856459015555556

 $00:05:05.745 \longrightarrow 00:05:08.704$ with a 4.5 centimeter thyroid nodule.

 $00:05:08.704 \longrightarrow 00:05:11.800$ Have metastasis to the central compartment,

NOTE Confidence: 0.856459015555556

 $00:05:11.800 \longrightarrow 00:05:13.596$ lymph node to starvis.

NOTE Confidence: 0.85645901555556

00:05:13.596 --> 00:05:15.841 So he underwent total thyroidectomy

NOTE Confidence: 0.856459015555556

 $00:05:15.841 \longrightarrow 00:05:18.397$ and the central neck dissection.

NOTE Confidence: 0.856459015555556

00:05:18.400 --> 00:05:20.746 We already know the outcome up

NOTE Confidence: 0.856459015555556

 $00:05:20.746 \longrightarrow 00:05:23.783$ from now that he did develop lung

NOTE Confidence: 0.856459015555556

 $00:05:23.783 \longrightarrow 00:05:26.555$ and brain metastasis in one year,

NOTE Confidence: 0.856459015555556

 $00:05:26.560 \longrightarrow 00:05:29.272$ and he has died of his metastatic

NOTE Confidence: 0.85645901555556

 $00:05:29.272 \longrightarrow 00:05:32.440$ cancer in three years.

NOTE Confidence: 0.85645901555556

00:05:32.440 --> 00:05:34.876 So what's the thyroid tumor looks like?

NOTE Confidence: 0.856459015555556

 $00{:}05{:}34.880 \dashrightarrow 00{:}05{:}38.408$ It's looks like a typical classic

NOTE Confidence: 0.85645901555556

 $00:05:38.408 \longrightarrow 00:05:40.760$ variants of papular pterocarcinoma.

NOTE Confidence: 0.856459015555556

 $00{:}05{:}40.760 \dashrightarrow 00{:}05{:}42.760$ There are many branching papilla is.

NOTE Confidence: 0.85645901555556

 $00:05:42.760 \longrightarrow 00:05:44.760$ There are no solid girls.

NOTE Confidence: 0.85645901555556

 $00:05:44.760 \longrightarrow 00:05:47.020$ They're evident nuclear feature

 $00:05:47.020 \longrightarrow 00:05:48.715$ of papular cytocarcinoma.

NOTE Confidence: 0.856459015555556

 $00{:}05{:}48.720 \dashrightarrow 00{:}05{:}50.928$ But as you can notice point

NOTE Confidence: 0.856459015555556

 $00:05:50.928 \longrightarrow 00:05:52.400$ by those Red Arrows,

NOTE Confidence: 0.85645901555556

 $00:05:52.400 \longrightarrow 00:05:57.284$ they're focal spotty tumor necrosis and the

NOTE Confidence: 0.856459015555556

 $00:05:57.284 \longrightarrow 00:05:59.678$ necrosis is more evidence in the nodule,

NOTE Confidence: 0.856459015555556

00:05:59.680 --> 00:06:00.982 nodule metastasis,

NOTE Confidence: 0.856459015555556

 $00:06:00.982 \longrightarrow 00:06:04.237$ nodal metastasis at the presentation.

NOTE Confidence: 0.85645901555556

 $00:06:04.240 \longrightarrow 00:06:07.320$ As you can see by the red arrow.

NOTE Confidence: 0.856459015555556 00:06:07.320 --> 00:06:07.733 Again, NOTE Confidence: 0.856459015555556

 $00:06:07.733 \longrightarrow 00:06:09.798$ even in the nodal metastasis,

NOTE Confidence: 0.856459015555556

 $00{:}06{:}09.800 \dashrightarrow 00{:}06{:}12.765$ the tumor preserved the popular

NOTE Confidence: 0.856459015555556

 $00:06:12.765 \longrightarrow 00:06:16.480$ architectures and nuclear feature of PTC.

NOTE Confidence: 0.85645901555556

 $00:06:16.480 \longrightarrow 00:06:19.305$ So the question comes to

NOTE Confidence: 0.856459015555556

 $00:06:19.305 \longrightarrow 00:06:21.000$ what's the diagnosis?

NOTE Confidence: 0.856459015555556

 $00:06:21.000 \longrightarrow 00:06:25.140$ So before the new WHO 2020 250 edition,

NOTE Confidence: 0.856459015555556

 $00:06:25.140 \longrightarrow 00:06:27.990$ this can be called variably by

 $00:06:28.082 \longrightarrow 00:06:31.278$ multiple terminology including most

NOTE Confidence: 0.856459015555556

 $00:06:31.280 \longrightarrow 00:06:33.820$ commonly by practicing pathologists

NOTE Confidence: 0.856459015555556

 $00{:}06{:}33.820 \dashrightarrow 00{:}06{:}36.360$ as papular sero carcinoma.

NOTE Confidence: 0.856459015555556

 $00:06:36.360 \longrightarrow 00:06:38.760$ But clearly that does not capture

NOTE Confidence: 0.85645901555556

 $00:06:38.760 \longrightarrow 00:06:40.801$ the aggressive outcome of this

NOTE Confidence: 0.856459015555556

 $00:06:40.801 \longrightarrow 00:06:42.997$ case as patient have the system

NOTE Confidence: 0.856459015555556

00:06:42.997 --> 00:06:45.290 metastasis in one year and dead

NOTE Confidence: 0.856459015555556

 $00:06:45.290 \longrightarrow 00:06:47.155$ of disease within three years.

NOTE Confidence: 0.856459015555556

 $00{:}06{:}47.160 \dashrightarrow 00{:}06{:}49.309$ As we know that papular sero carcinoma

NOTE Confidence: 0.85645901555556

 $00:06:49.309 \longrightarrow 00:06:51.560$ overall is a very endowing cancer,

NOTE Confidence: 0.856459015555556

 $00{:}06{:}51.560 \dashrightarrow 00{:}06{:}54.200$ they have normal life expectancy.

NOTE Confidence: 0.85645901555556

00:06:54.200 --> 00:06:56.680 They rarely develop distant metastasis,

NOTE Confidence: 0.856459015555556

 $00:06:56.680 \longrightarrow 00:07:00.480$ usually in the 1 to 2% range.

NOTE Confidence: 0.856459015555556

 $00:07:00.480 \dashrightarrow 00:07:03.413$ The other alternative to call it a

NOTE Confidence: 0.85645901555556

 $00:07:03.413 \dashrightarrow 00:07:05.160$ Papillocera carcinoma high grade.

 $00:07:05.160 \longrightarrow 00:07:05.660$ However,

NOTE Confidence: 0.85645901555556

 $00{:}07{:}05.660 \dashrightarrow 00{:}07{:}08.160$ there are many clinicians not

NOTE Confidence: 0.85645901555556

 $00:07:08.160 \longrightarrow 00:07:09.756$ used to this terminology.

NOTE Confidence: 0.856459015555556

 $00:07:09.756 \longrightarrow 00:07:12.150$ They may treat it as garden

NOTE Confidence: 0.856459015555556

 $00:07:12.235 \longrightarrow 00:07:14.227$ variety of Papillocera carcinomas

NOTE Confidence: 0.856459015555556

 $00{:}07{:}14.227 \dashrightarrow 00{:}07{:}16.717$ and not until the publication

NOTE Confidence: 0.85645901555556

00:07:16.717 --> 00:07:19.320 of WHO Fixed Edition in 2022.

NOTE Confidence: 0.85645901555556

00:07:19.320 --> 00:07:21.920 CAP actually does not mandate

NOTE Confidence: 0.85645901555556

 $00{:}07{:}21.920 \dashrightarrow 00{:}07{:}24.000$ us to grade papulocerrocarcinoma

NOTE Confidence: 0.856459015555556

 $00:07:24.084 \longrightarrow 00:07:26.700$ and we don't need to mandatory

NOTE Confidence: 0.85645901555556

 $00{:}07{:}26.700 \dashrightarrow 00{:}07{:}29.234$ be reporting mitotic index and

NOTE Confidence: 0.85645901555556

 $00:07:29.234 \longrightarrow 00:07:31.358$ necrosis in papulocerrocarcinoma.

NOTE Confidence: 0.736101587

 $00:07:34.200 \longrightarrow 00:07:38.040$ It's MSK actually we call it 40 differentia

NOTE Confidence: 0.736101587

 $00:07:38.040 \longrightarrow 00:07:40.936$ cyro carcinoma based on mitosis and

NOTE Confidence: 0.736101587

 $00:07:40.936 \longrightarrow 00:07:43.714$ necrosis for the longest time since

NOTE Confidence: 0.865860736363636

 $00:07:46.160 \longrightarrow 00:07:48.965$ 2020, 2006. But this approach

 $00:07:48.965 \longrightarrow 00:07:52.480$ was not adopted outside of MSKCC.

NOTE Confidence: 0.865860736363636

 $00:07:52.480 \longrightarrow 00:07:55.088$ And the last thing I'm going to touch

NOTE Confidence: 0.865860736363636

 $00:07:55.088 \longrightarrow 00:07:57.667$ on this high grade differentiation

NOTE Confidence: 0.865860736363636

 $00:07:57.667 \longrightarrow 00:08:00.747$ cyrocarcinoma is a new classification

NOTE Confidence: 0.865860736363636

 $00:08:00.747 \longrightarrow 00:08:03.437$ terminology included in WHO 5th Edition.

NOTE Confidence: 0.865860736363636

 $00:08:03.440 \longrightarrow 00:08:06.450$ And this particular category of tumor is

NOTE Confidence: 0.865860736363636

 $00:08:06.450 \longrightarrow 00:08:09.928$ aimed to capture those tumors that I show

NOTE Confidence: 0.865860736363636

 $00{:}08{:}09.928 \dashrightarrow 00{:}08{:}13.640$ with necrosis or elevated mitotic index,

NOTE Confidence: 0.865860736363636

 $00:08:13.640 \longrightarrow 00:08:16.790$ but otherwise return a differentiated

NOTE Confidence: 0.865860736363636

 $00:08:16.790 \longrightarrow 00:08:18.680$ psoriatic carcinoma morphology.

NOTE Confidence: 0.865860736363636

 $00:08:18.680 \longrightarrow 00:08:20.786$ So to touch on this new

NOTE Confidence: 0.865860736363636

 $00:08:20.786 \longrightarrow 00:08:21.839$ classification of tumor,

NOTE Confidence: 0.865860736363636

 $00{:}08{:}21.840 \dashrightarrow 00{:}08{:}24.240$ I just want to briefly touch on the

NOTE Confidence: 0.865860736363636

 $00:08:24.240 \longrightarrow 00:08:26.800$ history of Poly deficiency cyrocarcinoma

NOTE Confidence: 0.865860736363636

 $00:08:26.800 \longrightarrow 00:08:29.999$ or high grade carcinoma in the thyroid.

 $00:08:30.000 \longrightarrow 00:08:32.742$ So it was first described by

NOTE Confidence: 0.865860736363636

00:08:32.742 --> 00:08:34.568 Doctor Rosi in 1984.

NOTE Confidence: 0.865860736363636

00:08:34.568 --> 00:08:35.912 At that time,

NOTE Confidence: 0.865860736363636

 $00{:}08{:}35.912 \dashrightarrow 00{:}08{:}38.600$ it was named as insular carcinoma.

NOTE Confidence: 0.865860736363636 00:08:38.600 --> 00:08:39.600 Reportedly,

NOTE Confidence: 0.865860736363636

 $00:08:39.600 \longrightarrow 00:08:42.195$ differentiated carcinoma basically

NOTE Confidence: 0.865860736363636

 $00{:}08{:}42.195 \dashrightarrow 00{:}08{:}45.170$ described these tumors with a

NOTE Confidence: 0.865860736363636

 $00:08:45.170 \longrightarrow 00:08:47.550$ fetal thyroid appearance and

NOTE Confidence: 0.865860736363636

 $00{:}08{:}47.640 \dashrightarrow 00{:}08{:}51.240$ solid trabecular insular growth.

NOTE Confidence: 0.865860736363636

00:08:51.240 --> 00:08:54.299 It was not until 2004 was first

NOTE Confidence: 0.865860736363636

 $00{:}08{:}54.299 \dashrightarrow 00{:}08{:}57.480$ included in The Who classification.

NOTE Confidence: 0.865860736363636

 $00:08:57.480 \longrightarrow 00:09:00.232$ Named as poorly differentiated

NOTE Confidence: 0.865860736363636

 $00:09:00.232 \longrightarrow 00:09:00.920$ styrocarcinoma,

NOTE Confidence: 0.865860736363636

 $00:09:00.920 \longrightarrow 00:09:03.385$ this was proposed to capture

NOTE Confidence: 0.865860736363636

 $00:09:03.385 \longrightarrow 00:09:05.357$ tumors with indetermined prognosis

NOTE Confidence: 0.865860736363636

 $00{:}09{:}05.357 \dashrightarrow 00{:}09{:}07.655$ between papular stereo carcinoma

 $00:09:07.655 \longrightarrow 00:09:09.959$ and endoplastic stereo carcinoma.

NOTE Confidence: 0.865860736363636

 $00:09:09.960 \longrightarrow 00:09:13.656$ The only definition was included at the

NOTE Confidence: 0.865860736363636

 $00:09:13.656 \longrightarrow 00:09:16.560$ solid trabecular insular growth pattern.

NOTE Confidence: 0.608655332

 $00:09:19.160 \longrightarrow 00:09:23.530$ It's not until 2007 or 2006 that

NOTE Confidence: 0.608655332

 $00:09:23.530 \longrightarrow 00:09:25.755$ two separate study was published.

NOTE Confidence: 0.608655332

00:09:25.760 --> 00:09:28.960 Proposing criteria for Porto

NOTE Confidence: 0.608655332

 $00:09:28.960 \longrightarrow 00:09:30.560$ differentiation cyrocarcinoma.

NOTE Confidence: 0.608655332

 $00:09:30.560 \longrightarrow 00:09:34.144$ On top is a Turing proposal beat by

NOTE Confidence: 0.608655332

 $00:09:34.144 \longrightarrow 00:09:36.966$ Doctor Rosai Visa International Group

NOTE Confidence: 0.608655332

 $00{:}09{:}36.966 \dashrightarrow 00{:}09{:}39.534$ that define Porto differentiation

NOTE Confidence: 0.608655332

 $00{:}09{:}39.534 \dashrightarrow 00{:}09{:}42.361$ cyrocarcinoma as solid trabecular

NOTE Confidence: 0.608655332

 $00{:}09{:}42.361 \dashrightarrow 00{:}09{:}45.299$ in sular architecture absent of nuclear

NOTE Confidence: 0.608655332

 $00{:}09{:}45.299 \dashrightarrow 00{:}09{:}47.031$ feature of popular cyrocarcinoma

NOTE Confidence: 0.608655332

00:09:47.031 --> 00:09:50.052 and at least one of the following

NOTE Confidence: 0.608655332

 $00{:}09{:}50.052 \dashrightarrow 00{:}09{:}52.112$ features being collated in nuclei

 $00:09:52.120 \longrightarrow 00:09:57.200$ elevated mitosis or tumor necrosis.

NOTE Confidence: 0.608655332

 $00:09:57.200 \dashrightarrow 00:10:01.424$ At about the same time MSKCC actually did

NOTE Confidence: 0.608655332

 $00:10:01.424 \longrightarrow 00:10:05.712$ a separate study and separate criteria

NOTE Confidence: 0.608655332

00:10:05.712 --> 00:10:08.944 based defining ported differentiate

NOTE Confidence: 0.608655332

 $00:10:08.944 \longrightarrow 00:10:12.350$ carcinoma based solely on mitosis

NOTE Confidence: 0.608655332

 $00:10:12.350 \longrightarrow 00:10:16.472$ and or necrosis Buried in both paper

NOTE Confidence: 0.608655332

 $00:10:16.472 \longrightarrow 00:10:19.512$ they're actually mentioning that solid

NOTE Confidence: 0.608655332

 $00:10:19.520 \longrightarrow 00:10:22.568$ Tribeca or to insular growth pattern

NOTE Confidence: 0.608655332

NOTE Confidence: 0.608655332

00:10:25.654 --> 00:10:28.558 does not impact survival at all.

NOTE Confidence: 0.608655332

 $00:10:28.560 \longrightarrow 00:10:30.004$ Well in the Ms.

NOTE Confidence: 0.608655332

 $00:10:30.004 \longrightarrow 00:10:32.170$ case study it's also showed that

NOTE Confidence: 0.608655332

 $00:10:32.255 \longrightarrow 00:10:35.120$ architecture does not impact survival.

NOTE Confidence: 0.608655332

 $00{:}10{:}35.120 \dashrightarrow 00{:}10{:}38.090$ So despite this mentioning of

NOTE Confidence: 0.608655332

00:10:38.090 --> 00:10:42.160 architecture doesn't affect outcome,

NOTE Confidence: 0.608655332

 $00:10:42.160 \longrightarrow 00:10:46.736$ the 2017 WHO Forced Edition

 $00:10:46.736 \longrightarrow 00:10:48.738$ officially included Turing proposal

NOTE Confidence: 0.608655332

 $00:10:48.738 \longrightarrow 00:10:52.294$ which is on top as a definition of

NOTE Confidence: 0.608655332

 $00:10:52.294 \longrightarrow 00:10:54.199$ pretty differentiated carcinoma.

NOTE Confidence: 0.608655332

00:10:54.200 --> 00:10:56.560 That's basically left those tumors

NOTE Confidence: 0.608655332

00:10:56.560 --> 00:10:59.406 result solid growth pattern or with

NOTE Confidence: 0.608655332

 $00:10:59.406 \longrightarrow 00:11:01.830$ PTC nuclei but have some mitosis

NOTE Confidence: 0.608655332

00:11:01.830 --> 00:11:04.341 and necrosis behind and those

NOTE Confidence: 0.608655332

00:11:04.341 --> 00:11:07.176 tumors can be classified variably

NOTE Confidence: 0.608655332

00:11:07.176 --> 00:11:09.799 as popular Sero carcinoma,

NOTE Confidence: 0.608655332

 $00{:}11{:}09.800 \dashrightarrow 00{:}11{:}12.782$ puppy Sero carcinoma high grade were in

NOTE Confidence: 0.608655332

 $00:11:12.782 \longrightarrow 00:11:16.238$ our center as 40 differential carcinoma.

NOTE Confidence: 0.608655332

 $00:11:16.240 \longrightarrow 00:11:18.860$ So that's the eventually data

NOTE Confidence: 0.608655332

 $00{:}11{:}18.860 \dashrightarrow 00{:}11{:}21.480$ viewed within this two decades,

NOTE Confidence: 0.608655332

 $00:11:21.480 \longrightarrow 00:11:25.360$ these two reclassification in 2022.

NOTE Confidence: 0.608655332

 $00:11:25.360 \longrightarrow 00:11:27.784$ I'm just going to mention the

 $00:11:27.784 \longrightarrow 00:11:29.914$ classification here and then outcome

NOTE Confidence: 0.608655332

 $00{:}11{:}29.914 \dashrightarrow 00{:}11{:}33.458$ in following sides to show that it's

NOTE Confidence: 0.608655332

 $00:11:33.458 \longrightarrow 00:11:36.206$ more justified to include this high

NOTE Confidence: 0.608655332

00:11:36.206 --> 00:11:38.320 grade differentiated thyroid carcinoma,

NOTE Confidence: 0.608655332

 $00:11:38.320 \longrightarrow 00:11:41.180$ morphology or classification because

NOTE Confidence: 0.608655332

 $00:11:41.180 \longrightarrow 00:11:44.755$ they do also have intermediate

NOTE Confidence: 0.608655332

00:11:44.755 --> 00:11:46.958 prognosis worse than PTC.

NOTE Confidence: 0.608655332

 $00:11:46.960 \longrightarrow 00:11:50.549$ So nowaday in the 2022 WHO they

NOTE Confidence: 0.608655332

 $00{:}11{:}50.549 \dashrightarrow 00{:}11{:}52.847$ have a new classification of high

NOTE Confidence: 0.608655332

 $00:11:52.847 \longrightarrow 00:11:55.667$ grade follicular cell derived non

NOTE Confidence: 0.608655332

 $00{:}11{:}55.667 {\:\dashrightarrow\:} 00{:}11{:}57.434$ endopathic thyroid carcinoma,

NOTE Confidence: 0.608655332

 $00:11:57.440 \longrightarrow 00:12:01.664$ a hand of mouthful of nomenclatures

NOTE Confidence: 0.608655332

 $00:12:01.664 \longrightarrow 00:12:05.472$ and that can be further divided into

NOTE Confidence: 0.608655332

 $00:12:05.472 \longrightarrow 00:12:08.738$ Poly differentiated carcinoma and high

NOTE Confidence: 0.608655332

 $00:12:08.738 \longrightarrow 00:12:10.835$ grade differentiated cyrocarcinoma.

NOTE Confidence: 0.608655332

 $00:12:10.840 \longrightarrow 00:12:13.570$ And the high grade differentiated

00:12:13.570 --> 00:12:15.208 cyrocarcinoma basically preserved

NOTE Confidence: 0.608655332

 $00{:}12{:}15.208 \dashrightarrow 00{:}12{:}17.500$ for tumor meet MSKCC criteria

NOTE Confidence: 0.608655332

 $00:12:17.500 \longrightarrow 00:12:20.880$ but does not need to rain.

NOTE Confidence: 0.608655332

 $00:12:20.880 \longrightarrow 00:12:22.480$ So it's here is a summary

NOTE Confidence: 0.608655332

 $00:12:22.480 \longrightarrow 00:12:23.840$ of what it looks like.

NOTE Confidence: 0.608655332

 $00:12:23.840 \longrightarrow 00:12:26.680$ So the high grade differentiated

NOTE Confidence: 0.608655332

00:12:26.680 --> 00:12:29.462 high grade follicular derived non

NOTE Confidence: 0.608655332

00:12:29.462 --> 00:12:31.972 the past styrocarcinoma is defined

NOTE Confidence: 0.608655332

 $00:12:31.972 \longrightarrow 00:12:35.052$ by elevated mitotic count and or

NOTE Confidence: 0.608655332

 $00:12:35.052 \longrightarrow 00:12:38.016$ tumor necrosis and they don't have

NOTE Confidence: 0.608655332

 $00{:}12{:}38.016 \dashrightarrow 00{:}12{:}40.382$ an aplastic morphology and under it

NOTE Confidence: 0.608655332

 $00:12:40.382 \longrightarrow 00:12:43.476$ they're two subgroup the on the left

NOTE Confidence: 0.608655332

 $00{:}12{:}43.476 \dashrightarrow 00{:}12{:}45.272$ the pretty differentiated carcinoma

NOTE Confidence: 0.608655332

00:12:45.272 --> 00:12:48.199 which is defined by Turing proposal

NOTE Confidence: 0.608655332

 $00:12:48.200 \longrightarrow 00:12:51.203$ and that can be further divided into

 $00:12:51.203 \longrightarrow 00:12:53.693$ non oncocytic one and oncocytic

NOTE Confidence: 0.608655332

 $00{:}12{:}53.693 \dashrightarrow 00{:}12{:}56.478$ one that have oncocytic morphology.

NOTE Confidence: 0.608655332

 $00:12:56.480 \longrightarrow 00:12:58.916$ And on the right are the high

NOTE Confidence: 0.608655332

 $00:12:58.916 \longrightarrow 00:12:59.960$ grade differentiated carcinoma.

NOTE Confidence: 0.608655332

 $00:12:59.960 \longrightarrow 00:13:02.837$ This a tumor with any architecture urine

NOTE Confidence: 0.608655332

 $00:13:02.837 \longrightarrow 00:13:05.679$ not salted or any nuclear feature.

NOTE Confidence: 0.608655332

 $00:13:05.680 \longrightarrow 00:13:08.046$ So they can re preserve the nuclear

NOTE Confidence: 0.608655332

00:13:08.046 --> 00:13:10.000 feature of popping Seracarcinoma,

NOTE Confidence: 0.608655332

 $00:13:10.000 \longrightarrow 00:13:12.860$ but they additionally have either

NOTE Confidence: 0.608655332

 $00:13:12.860 \longrightarrow 00:13:16.600$ elevated mitotic index or tumor necrosis.

NOTE Confidence: 0.608655332

00:13:16.600 --> 00:13:21.190 And from WHO 2022 ton high power

NOTE Confidence: 0.608655332

00:13:21.190 --> 00:13:24.528 fuels now switched to 2mm squares

NOTE Confidence: 0.608655332

00:13:24.528 --> 00:13:26.559 for mitotic index.

NOTE Confidence: 0.608655332

 $00{:}13{:}26.560 \dashrightarrow 00{:}13{:}28.656$ So why we propose,

NOTE Confidence: 0.608655332

 $00:13:28.656 \longrightarrow 00:13:31.276$ why we propose this classification?

NOTE Confidence: 0.608655332

 $00:13:31.280 \longrightarrow 00:13:34.544$ Is it really because they capture

00:13:34.544 --> 00:13:36.720 carcinoma of Interment prognosis?

NOTE Confidence: 0.608655332

 $00{:}13{:}36.720 \to 00{:}13{:}40.101$ So here I'm showing to study on the left.

NOTE Confidence: 0.608655332

 $00:13:40.101 \longrightarrow 00:13:42.063$ The Kaplan mayor curve is to

NOTE Confidence: 0.608655332

00:13:42.063 --> 00:13:43.998 compare popular Sero carcinoma.

NOTE Confidence: 0.608655332

 $00:13:44.000 \longrightarrow 00:13:45.900$ Tall cell subtype or tall

NOTE Confidence: 0.608655332

 $00:13:45.900 \longrightarrow 00:13:47.800$ cell variants is a high

NOTE Confidence: 0.595270819166667

 $00:13:47.882 \longrightarrow 00:13:49.893$ grade differential cyrocarcinoma

NOTE Confidence: 0.595270819166667

 $00:13:49.893 \longrightarrow 00:13:53.706$ that also have tall cell morphology

NOTE Confidence: 0.595270819166667

 $00{:}13{:}53.706 \dashrightarrow 00{:}13{:}57.436$ including 30% of tall cells.

NOTE Confidence: 0.595270819166667

 $00{:}13{:}57.440 \dashrightarrow 00{:}14{:}00.878$ Those tumors are actually very rare.

NOTE Confidence: 0.595270819166667

 $00:14:00.880 \longrightarrow 00:14:03.796$ They account for only 5% of all

NOTE Confidence: 0.595270819166667

00:14:03.796 --> 00:14:06.286 tumors with tall cell morphology

NOTE Confidence: 0.595270819166667

 $00{:}14{:}06.286 \mathrel{--}{>} 00{:}14{:}08.346$ and characterized by elevated

NOTE Confidence: 0.595270819166667

00:14:08.346 --> 00:14:10.751 mitotic index or tumor necrosis

NOTE Confidence: 0.595270819166667

 $00{:}14{:}10.751 \dashrightarrow 00{:}14{:}13.990$ and can see their disease specific

 $00:14:13.990 \longrightarrow 00:14:16.610$ survival and distant metastasis

NOTE Confidence: 0.595270819166667

 $00:14:16.610 \longrightarrow 00:14:19.110$ free survival drastically different.

NOTE Confidence: 0.595270819166667

00:14:19.110 --> 00:14:23.233 So in PTC Tal cell subtype those

NOTE Confidence: 0.595270819166667

 $00:14:23.233 \longrightarrow 00:14:25.998$ result elevated mitosis or necrosis.

NOTE Confidence: 0.595270819166667

 $00:14:26.000 \longrightarrow 00:14:28.530$ Their mortality at five years

NOTE Confidence: 0.595270819166667

 $00:14:28.530 \longrightarrow 00:14:31.748$ only one to 2% and their distant

NOTE Confidence: 0.595270819166667

00:14:31.748 --> 00:14:34.520 metastasis rate is super low at 2%.

NOTE Confidence: 0.595270819166667

 $00:14:34.520 \longrightarrow 00:14:37.355$ However, when you get to the high

NOTE Confidence: 0.595270819166667

00:14:37.355 --> 00:14:39.132 grade differentiate cyrocarcinoma

NOTE Confidence: 0.595270819166667

00:14:39.132 --> 00:14:41.876 or portly differentiated carcinoma,

NOTE Confidence: 0.595270819166667

 $00:14:41.880 \longrightarrow 00:14:44.520$ their five year disease related

NOTE Confidence: 0.595270819166667

00:14:44.520 --> 00:14:48.928 mortality is around 20 to 25% and

NOTE Confidence: 0.595270819166667

 $00{:}14{:}48.928 \dashrightarrow 00{:}14{:}52.060$ the five year risk of distant

NOTE Confidence: 0.595270819166667

 $00:14:52.060 \longrightarrow 00:14:54.160$ metastasis is more than half.

NOTE Confidence: 0.595270819166667

 $00:14:54.160 \longrightarrow 00:14:58.437$ So 50 to 61% developed decent metastasis.

NOTE Confidence: 0.595270819166667

 $00:14:58.440 \longrightarrow 00:15:00.815$ So clearly just mitosis and

 $00:15:00.815 \longrightarrow 00:15:03.854$ necrosis allow can capture for the

NOTE Confidence: 0.595270819166667

 $00{:}15{:}03.854 \dashrightarrow 00{:}15{:}06.759$ chemo cell derived carcinoma with

NOTE Confidence: 0.595270819166667

 $00:15:06.759 \longrightarrow 00:15:09.083$ this indeterminate prognosis that

NOTE Confidence: 0.595270819166667

00:15:09.171 --> 00:15:11.480 need additional clinical care.

NOTE Confidence: 0.734256655

 $00:15:15.800 \longrightarrow 00:15:18.544$ We additionally showed that

NOTE Confidence: 0.734256655

00:15:18.544 --> 00:15:21.048 high grade thyroid carcinoma,

NOTE Confidence: 0.734256655

00:15:21.048 --> 00:15:24.432 it's main cause of radioactive iodine

NOTE Confidence: 0.734256655

 $00:15:24.432 \longrightarrow 00:15:27.252$ refractory disease and also main cause

NOTE Confidence: 0.734256655

00:15:27.252 --> 00:15:29.790 of deaths in non endopathic thyroid

NOTE Confidence: 0.734256655

 $00{:}15{:}29.873 \dashrightarrow 00{:}15{:}32.795$ for the killer cell derived carcinoma.

NOTE Confidence: 0.734256655

 $00{:}15{:}32.800 \dashrightarrow 00{:}15{:}35.104$ Molecularly this group as a group

NOTE Confidence: 0.734256655

 $00{:}15{:}35.104 \dashrightarrow 00{:}15{:}37.940$ high grade for the killer cell

NOTE Confidence: 0.734256655

 $00{:}15{:}37.940 \dashrightarrow 00{:}15{:}41.938$ derived cyrocarcinoma also have more

NOTE Confidence: 0.734256655

 $00:15:41.938 \longrightarrow 00:15:44.716$ aggressive molecular signatures.

NOTE Confidence: 0.734256655

 $00:15:44.720 \longrightarrow 00:15:47.560$ Not sure it's maybe two,

00:15:47.560 --> 00:15:49.513 I'm not sure whether the phone is too small.

NOTE Confidence: 0.734256655

 $00{:}15{:}49.520 \dashrightarrow 00{:}15{:}51.653$ So on the left are the PTCS and on

NOTE Confidence: 0.734256655

00:15:51.653 --> 00:15:54.095 the right are the high grade for the

NOTE Confidence: 0.734256655

 $00:15:54.095 \longrightarrow 00:15:55.861$ killer derived thyrocarcinoma ISO

NOTE Confidence: 0.734256655

 $00:15:55.861 \longrightarrow 00:15:58.783$ group including portate death and high

NOTE Confidence: 0.734256655

00:15:58.783 --> 00:16:01.399 grade differentiated thyrocarcinoma.

NOTE Confidence: 0.734256655

 $00:16:01.400 \longrightarrow 00:16:03.524$ You can see the driver mutation

NOTE Confidence: 0.734256655

 $00:16:03.524 \longrightarrow 00:16:05.672$ remains the same being B RAF and

NOTE Confidence: 0.734256655

 $00{:}16{:}05.672 \dashrightarrow 00{:}16{:}09.000$ the Ras well The high grade for the

NOTE Confidence: 0.734256655

 $00:16:09.000 \longrightarrow 00:16:10.920$ cure derived thyrocarcinomas tend

NOTE Confidence: 0.734256655

 $00{:}16{:}11.003 \dashrightarrow 00{:}16{:}14.092$ to to gain additional aggressive

NOTE Confidence: 0.734256655

 $00:16:14.092 \longrightarrow 00:16:17.024$ molecular signatures particularly third

NOTE Confidence: 0.734256655

 $00:16:17.024 \longrightarrow 00:16:21.120$ promoter mutation in 40% of cases,

NOTE Confidence: 0.734256655

00:16:21.120 --> 00:16:25.680 TP53 in 10% of cases and peak 3C AAKTM

NOTE Confidence: 0.734256655

 $00:16:25.680 \longrightarrow 00:16:29.040$ Tor pathway alterations in 11% of cases.

NOTE Confidence: 0.781656569473684

 $00:16:31.240 \longrightarrow 00:16:33.848$ So why don't we just lump all the

 $00:16:33.848 \longrightarrow 00:16:36.855$ tumors as a high grade for the

NOTE Confidence: 0.781656569473684

 $00:16:36.855 \longrightarrow 00:16:38.675$ first cell derived cyrocarcinoma.

NOTE Confidence: 0.781656569473684

00:16:38.680 --> 00:16:42.298 Why bother subdividing is is because

NOTE Confidence: 0.781656569473684

00:16:42.298 --> 00:16:45.379 poorly differential cyrocarcinoma and the

NOTE Confidence: 0.781656569473684

 $00:16:45.379 \longrightarrow 00:16:48.309$ high grade differential cyrocarcinoma do

NOTE Confidence: 0.781656569473684

 $00:16:48.309 \longrightarrow 00:16:51.640$ have molecular and clinical difference.

NOTE Confidence: 0.781656569473684

00:16:51.640 --> 00:16:54.120 ISO group. The poorly differential

NOTE Confidence: 0.781656569473684

 $00{:}16{:}54.120 \dashrightarrow 00{:}16{:}56.600$ cytocarcinoma is mostly Ras driven.

NOTE Confidence: 0.781656569473684

00:16:56.600 --> 00:17:00.506 Their Ras mutation rate is around 45 to 50%.

NOTE Confidence: 0.781656569473684

 $00:17:00.506 \dashrightarrow 00:17:04.256$ The urine like B Ravi sundry E mutations

NOTE Confidence: 0.781656569473684

00:17:04.256 --> 00:17:07.671 and they're usually more radioactive

NOTE Confidence: 0.781656569473684

 $00{:}17{:}07.671 \dashrightarrow 00{:}17{:}12.202$ I then AB avid and responsive and the

NOTE Confidence: 0.781656569473684

 $00{:}17{:}12.202 \dashrightarrow 00{:}17{:}16.446$ the risk of distal metastasis is much

NOTE Confidence: 0.781656569473684

 $00:17:16.446 \longrightarrow 00:17:19.830$ higher significant higher compared to the

NOTE Confidence: 0.781656569473684

 $00:17:19.830 \longrightarrow 00:17:21.998$ high grade differential cyrocarcinoma.

 $00:17:22.000 \longrightarrow 00:17:24.610$ Although the risk of this metastasis

NOTE Confidence: 0.781656569473684

 $00:17:24.610 \longrightarrow 00:17:27.906$ over all is still over 50% in the

NOTE Confidence: 0.781656569473684

 $00:17:27.906 \longrightarrow 00:17:29.558$ high grade differentiated carcinoma.

NOTE Confidence: 0.781656569473684

 $00:17:29.560 \longrightarrow 00:17:32.577$ On the other hand the high grade

NOTE Confidence: 0.781656569473684

 $00:17:32.577 \longrightarrow 00:17:33.870$ differentiated scarcity thyroid

NOTE Confidence: 0.781656569473684

00:17:33.938 --> 00:17:36.158 carcinoma is mostly B RAF driven.

NOTE Confidence: 0.781656569473684

 $00:17:36.160 \longrightarrow 00:17:38.248$ The rate of Ras mutations lower

NOTE Confidence: 0.781656569473684

 $00:17:38.248 \longrightarrow 00:17:41.159$ and the rate of B RAF desantry E

NOTE Confidence: 0.781656569473684

 $00:17:41.159 \longrightarrow 00:17:42.920$ mutations is over 50%.

NOTE Confidence: 0.791789882222222

 $00:17:46.680 \longrightarrow 00:17:50.544$ Looking at the molecular signature in

NOTE Confidence: 0.791789882222222

 $00{:}17{:}50.544 \dashrightarrow 00{:}17{:}52.476$ hybrid differentiated cyrocarcinoma,

NOTE Confidence: 0.791789882222222

 $00:17:52.480 \longrightarrow 00:17:54.340$ hybrid follicular style divide

NOTE Confidence: 0.791789882222222

 $00:17:54.340 \longrightarrow 00:17:56.200$ cyrocarcinoma as a whole,

NOTE Confidence: 0.791789882222222

 $00:17:56.200 \longrightarrow 00:17:59.340$ it seems that B RAF is only E is associated

NOTE Confidence: 0.791789882222222

 $00:17:59.420 \longrightarrow 00:18:02.198$ with a proplicity for nodal metastasis

NOTE Confidence: 0.791789882222222

 $00:18:02.200 \longrightarrow 00:18:04.636$ and decreased risk of distant metastasis.

 $00:18:04.640 \longrightarrow 00:18:07.080$ Just as the well differentiated

NOTE Confidence: 0.791789882222222

 $00:18:07.080 \dashrightarrow 00:18:09.032$ counterpart being popular cyrocarcinoma

NOTE Confidence: 0.791789882222222

 $00{:}18{:}09.032 \dashrightarrow 00{:}18{:}11.200$ were follicular cyrocarcinoma.

NOTE Confidence: 0.791789882222222

00:18:11.200 --> 00:18:15.885 So overall RAST driven hybrid carcinoma have

NOTE Confidence: 0.791789882222222

 $00:18:15.885 \longrightarrow 00:18:19.035$ a higher percentage of vascular invasion,

NOTE Confidence: 0.791789882222222

 $00:18:19.040 \longrightarrow 00:18:22.561$ lower rate of nodal metastasis and higher

NOTE Confidence: 0.791789882222222

00:18:22.561 --> 00:18:25.460 frequency of distant metastasis being

NOTE Confidence: 0.791789882222222

 $00{:}18{:}25.460 \to 00{:}18{:}29.280$ approaching 90% compared to B Ravi sundry

NOTE Confidence: 0.791789882222222

 $00{:}18{:}29.280 \dashrightarrow 00{:}18{:}31.800$ E mutation mutated hybrid carcinoma.

NOTE Confidence: 0.791789882222222

 $00{:}18{:}31.800 \dashrightarrow 00{:}18{:}34.922$ They still have a risk of distant

NOTE Confidence: 0.791789882222222

 $00{:}18{:}34.922 \dashrightarrow 00{:}18{:}37.079$ metastasis being 1:00 and 2:00,

NOTE Confidence: 0.791789882222222

00:18:37.080 --> 00:18:39.348 but they have much higher risk

NOTE Confidence: 0.791789882222222

 $00{:}18{:}39.348 \mathrel{--}{>} 00{:}18{:}41.448$ of nodal metastasis and lower

NOTE Confidence: 0.791789882222222

 $00{:}18{:}41.448 \dashrightarrow 00{:}18{:}43.520$ frequency of vascular invasion.

NOTE Confidence: 0.791789882222222

 $00:18:43.520 \longrightarrow 00:18:46.550$ Overall the disease specific deaths

 $00:18:46.550 \longrightarrow 00:18:49.148$ doesn't different between doesn't differ

NOTE Confidence: 0.791789882222222

 $00:18:49.148 \longrightarrow 00:18:51.633$ between the two molecular signature.

NOTE Confidence: 0.6440547175

00:18:54.160 --> 00:18:56.735 So how about oncocetic partially

NOTE Confidence: 0.6440547175

 $00:18:56.735 \longrightarrow 00:18:58.280$ differentiated thyroid carcinoma,

NOTE Confidence: 0.6440547175

 $00:18:58.280 \longrightarrow 00:19:01.580$ those are tumor defined by

NOTE Confidence: 0.6440547175

 $00:19:01.580 \longrightarrow 00:19:05.360$ over 75% of oncocetic cells,

NOTE Confidence: 0.6440547175

 $00:19:05.360 \longrightarrow 00:19:08.960$ but also additionally have solid

NOTE Confidence: 0.6440547175

 $00:19:08.960 \longrightarrow 00:19:12.680$ growth pattern or tumor necrosis

NOTE Confidence: 0.6440547175

00:19:12.680 --> 00:19:15.720 were elevated metallic index.

NOTE Confidence: 0.6440547175

00:19:15.720 --> 00:19:18.373 Those tumor as a group overall likes

NOTE Confidence: 0.6440547175

 $00:19:18.373 \dashrightarrow 00:19:22.616$ Ras and B RAF mutations just as the

NOTE Confidence: 0.6440547175

 $00:19:22.616 \longrightarrow 00:19:25.032$ well differentiated oncocytic carcinoma.

NOTE Confidence: 0.6440547175

00:19:25.040 --> 00:19:28.200 They have a very low rate of Ras

NOTE Confidence: 0.6440547175

00:19:28.200 --> 00:19:32.360 mutation being 7% only no B RAF besundry

NOTE Confidence: 0.6440547175

 $00:19:32.360 \longrightarrow 00:19:35.343$ mutations and overall they have a

NOTE Confidence: 0.6440547175

00:19:35.343 --> 00:19:39.114 higher frequency of TP 53 then F1

00:19:39.114 --> 00:19:43.044 and P10 mutations in oncocytic party

NOTE Confidence: 0.6440547175

 $00:19:43.044 \longrightarrow 00:19:44.807$ differentiate carcinoma canonically.

NOTE Confidence: 0.6440547175

 $00:19:44.807 \longrightarrow 00:19:47.936$ They also behave differently from the non

NOTE Confidence: 0.6440547175

00:19:47.936 --> 00:19:50.560 oncocytic party difference styrocarcinoma.

NOTE Confidence: 0.6440547175

 $00:19:50.560 \longrightarrow 00:19:52.672$ The oncocytic party difference

NOTE Confidence: 0.6440547175

 $00:19:52.672 \longrightarrow 00:19:55.840$ Styrocarcinoma is less a REI avid

NOTE Confidence: 0.6440547175

00:19:55.931 --> 00:19:58.326 just like the oncocytic carcinomas

NOTE Confidence: 0.6440547175

 $00{:}19{:}58.326 \dashrightarrow 00{:}20{:}01.343$ and the reason of nodal metastasis

NOTE Confidence: 0.6440547175

 $00:20:01.343 \longrightarrow 00:20:04.238$ is prognosis on the other hand does

NOTE Confidence: 0.6440547175

 $00{:}20{:}04.238 \longrightarrow 00{:}20{:}06.599$ not differ between the two group.

NOTE Confidence: 0.848740681875

 $00:20:09.960 \longrightarrow 00:20:12.560$ So taking everything together also

NOTE Confidence: 0.848740681875

 $00:20:12.560 \longrightarrow 00:20:16.492$ combined this evidence we know from the

NOTE Confidence: 0.848740681875

 $00{:}20{:}16.492 \dashrightarrow 00{:}20{:}18.996$ well differentiated thyroid carcinoma.

NOTE Confidence: 0.848740681875

 $00{:}20{:}19.000 \dashrightarrow 00{:}20{:}22.000$ We now know that thyroid follicular

NOTE Confidence: 0.848740681875

 $00:20:22.000 \longrightarrow 00:20:25.170$ cell derived carcinoma can be basically

00:20:25.170 --> 00:20:27.880 divide divide into three subgroup.

NOTE Confidence: 0.848740681875

 $00{:}20{:}27.880 --> 00{:}20{:}30.508$ The Ras like tumor urely at

NOTE Confidence: 0.848740681875

 $00:20:30.508 \longrightarrow 00:20:32.260$ the follicular pattern lesion

NOTE Confidence: 0.848740681875

 $00:20:32.338 \longrightarrow 00:20:34.720$ including follicular carcinoma.

NOTE Confidence: 0.848740681875

 $00{:}20{:}34.720 \dashrightarrow 00{:}20{:}37.920$ The PTC encapsulated follicular events.

NOTE Confidence: 0.848740681875

 $00:20:37.920 \longrightarrow 00:20:39.465$ When they progress,

NOTE Confidence: 0.848740681875

 $00:20:39.465 \longrightarrow 00:20:41.525$ they progress to pretty

NOTE Confidence: 0.848740681875

 $00:20:41.525 \longrightarrow 00:20:43.346$ differentiated thyroid carcinoma,

NOTE Confidence: 0.848740681875

 $00:20:43.346 \longrightarrow 00:20:45.958$ the non oncocytic type.

NOTE Confidence: 0.848740681875

 $00:20:45.960 \longrightarrow 00:20:48.956$ In the middle are the oncocytic tumors.

NOTE Confidence: 0.848740681875

 $00{:}20{:}48.960 \dashrightarrow 00{:}20{:}51.767$ This tumors as shown by our group

NOTE Confidence: 0.848740681875

 $00{:}20{:}51.767 \dashrightarrow 00{:}20{:}54.266$ and the group from Harvard Lakes

NOTE Confidence: 0.848740681875

00:20:54.266 --> 00:20:57.073 B Ravi Sundry E and the Ras,

NOTE Confidence: 0.848740681875

 $00:20:57.080 \longrightarrow 00:20:59.855$ they already have widespread chromosome

NOTE Confidence: 0.848740681875

 $00{:}20{:}59.855 \dashrightarrow 00{:}21{:}03.227$ loss and mitochondria DNA mutation which

NOTE Confidence: 0.848740681875

 $00:21:03.227 \longrightarrow 00:21:06.323$ allow them to accumulate this oncocytic

 $00:21:06.323 \longrightarrow 00:21:09.040$ cytoplasm that we see on Histology.

NOTE Confidence: 0.848740681875

 $00:21:09.040 \longrightarrow 00:21:10.669$ When they progress,

NOTE Confidence: 0.848740681875

 $00:21:10.669 \longrightarrow 00:21:13.384$ they progress to poorly differentiated

NOTE Confidence: 0.848740681875

 $00:21:13.384 \longrightarrow 00:21:16.238$ cyber carcinoma but the oncocytic type.

NOTE Confidence: 0.848740681875

 $00:21:16.240 \longrightarrow 00:21:19.822$ Lastly at the B RAF driven tumor that would

NOTE Confidence: 0.848740681875

00:21:19.822 --> 00:21:22.944 be include PTC papular sero carcinoma,

NOTE Confidence: 0.848740681875

00:21:22.944 --> 00:21:25.474 classic type papular sero carcinoma,

NOTE Confidence: 0.848740681875

 $00{:}21{:}25.480 \dashrightarrow 00{:}21{:}28.140$ tall cell subtype or virus and the

NOTE Confidence: 0.848740681875

 $00:21:28.140 \longrightarrow 00:21:30.309$ infiltrated for the coronary virus

NOTE Confidence: 0.848740681875

 $00:21:30.309 \longrightarrow 00:21:33.177$ of papular sero carcinoma and they

NOTE Confidence: 0.848740681875

00:21:33.177 --> 00:21:36.027 typically progress to high grade

NOTE Confidence: 0.848740681875

 $00{:}21{:}36.027 \dashrightarrow 00{:}21{:}37.237$ differentiated cyrocarcinoma.

NOTE Confidence: 0.848740681875

 $00{:}21{:}37.240 \dashrightarrow 00{:}21{:}40.456$ And when this tumor progressed the

NOTE Confidence: 0.848740681875

 $00:21:40.456 \longrightarrow 00:21:42.600$ additionally can other molecular

NOTE Confidence: 0.848740681875

00:21:42.680 --> 00:21:45.080 changes including turn promoter

 $00:21:45.080 \longrightarrow 00:21:47.480$ mutations and TP53 mutations.

NOTE Confidence: 0.7867238

 $00:21:49.960 \longrightarrow 00:21:52.935$ So that's pretty much the new calcification

NOTE Confidence: 0.7867238

 $00{:}21{:}52.935 \dashrightarrow 00{:}21{:}55.988$ for the high grade carcinoma and I'm

NOTE Confidence: 0.7867238

00:21:55.988 --> 00:21:59.094 going to switch deer to anapacic thyroid

NOTE Confidence: 0.7867238

 $00:21:59.094 \longrightarrow 00:22:01.962$ carcinoma which is the most deadly

NOTE Confidence: 0.7867238

00:22:01.962 --> 00:22:05.047 thyroid carcinoma in the human body.

NOTE Confidence: 0.7867238

00:22:05.047 --> 00:22:08.890 So by WHO definitions is a highly

NOTE Confidence: 0.7867238

00:22:09.010 --> 00:22:13.572 aggressive you're the fatal Cyril malignancy

NOTE Confidence: 0.7867238

 $00{:}22{:}13.572 \dashrightarrow 00{:}22{:}16.636$ composed of undifferentiated cells.

NOTE Confidence: 0.7867238

 $00:22:16.640 \longrightarrow 00:22:19.315$ The undifferentiated morphology can be

NOTE Confidence: 0.7867238

 $00{:}22{:}19.315 \dashrightarrow 00{:}22{:}23.018$ manifest by Histology that you no longer

NOTE Confidence: 0.7867238

 $00{:}22{:}23.018 \dashrightarrow 00{:}22{:}25.856$ recognize a physical cell origins or

NOTE Confidence: 0.7867238

 $00:22:25.856 \longrightarrow 00:22:28.991$ by immunohasal chemistry when they lost

NOTE Confidence: 0.7867238

00:22:28.991 --> 00:22:31.626 expression of thyroid specific markers

NOTE Confidence: 0.7867238

 $00:22:31.626 \longrightarrow 00:22:35.640$ such as TTF 1 Seroglobulus tax eight

NOTE Confidence: 0.7867238

 $00:22:35.640 \longrightarrow 00:22:38.944$ our lowest pathologist not only to make

00:22:38.944 --> 00:22:41.940 right diagnosis but this day we're

NOTE Confidence: 0.7867238

 $00{:}22{:}41.940 \dashrightarrow 00{:}22{:}44.440$ required to provide some prognosis,

NOTE Confidence: 0.7867238

00:22:44.440 --> 00:22:47.340 prognostic and predictive values for

NOTE Confidence: 0.7867238

 $00:22:47.340 \longrightarrow 00:22:50.240$ from our specimen including actionable

NOTE Confidence: 0.7867238

00:22:50.325 --> 00:22:52.880 molecular targets such as Birafi,

NOTE Confidence: 0.7867238

 $00:22:52.880 \longrightarrow 00:22:57.495$ Sandra E this we touched a little

NOTE Confidence: 0.7867238

00:22:57.495 --> 00:22:59.754 bit during our science seminar this

NOTE Confidence: 0.7867238

 $00:22:59.754 \longrightarrow 00:23:02.010$ morning and the passive sero carcinoma

NOTE Confidence: 0.7867238

 $00:23:02.010 \longrightarrow 00:23:04.000$ can look like many things.

NOTE Confidence: 0.7867238

00:23:04.000 --> 00:23:06.800 The most common morphology are

NOTE Confidence: 0.7867238

 $00:23:06.800 \longrightarrow 00:23:08.480$ the spindle phenotype,

NOTE Confidence: 0.7867238

00:23:08.480 --> 00:23:10.520 and among spindle morphology

NOTE Confidence: 0.7867238

 $00{:}23{:}10.520 \dashrightarrow 00{:}23{:}12.560$ they have various morphology.

NOTE Confidence: 0.7867238

 $00:23:12.560 \longrightarrow 00:23:15.520$ They can be cellular spindle,

NOTE Confidence: 0.7867238

 $00:23:15.520 \longrightarrow 00:23:18.076$ they can be posicellular and spindle,

 $00:23:18.080 \longrightarrow 00:23:19.548$ so-called the posicellular variants,

NOTE Confidence: 0.7867238

 $00:23:19.548 \longrightarrow 00:23:22.080$ and they can focally have mixed ways,

NOTE Confidence: 0.7867238

 $00{:}23{:}22.080 \rightarrow 00{:}23{:}26.720$ stroma, redemptal and mixo fibrosarcoma.

NOTE Confidence: 0.7867238

 $00:23:26.720 \longrightarrow 00:23:29.620$ They can be prunomorphic with

NOTE Confidence: 0.7867238

 $00:23:29.620 \longrightarrow 00:23:31.360$ tumor gene cells.

NOTE Confidence: 0.7867238

 $00:23:31.360 \longrightarrow 00:23:34.069$ They can be squamous that have two

NOTE Confidence: 0.7867238

 $00:23:34.069 \longrightarrow 00:23:36.301$ keratin pros and keratinizations where

NOTE Confidence: 0.7867238

 $00:23:36.301 \longrightarrow 00:23:39.759$ they can be epicidioid or epicidio in

NOTE Confidence: 0.7867238

 $00{:}23{:}39.759 \dashrightarrow 00{:}23{:}42.721$ which they return the expression of

NOTE Confidence: 0.7867238

00:23:42.721 --> 00:23:45.631 keratin but no longer appreciable as

NOTE Confidence: 0.7867238

 $00{:}23{:}45.631 \dashrightarrow 00{:}23{:}48.186$ a follicular cell derived carcinoma

NOTE Confidence: 0.7867238

 $00:23:48.186 \longrightarrow 00:23:52.080$ based on Histology and immunohistochemistry.

NOTE Confidence: 0.7867238

 $00:23:52.080 \longrightarrow 00:23:56.120$ Other rare phenotype including rapidoid

NOTE Confidence: 0.7867238

 $00:23:56.120 \longrightarrow 00:23:59.352$ with prominent eccentric cytoplasm

NOTE Confidence: 0.7867238

 $00{:}23{:}59.352 \rightarrow 00{:}24{:}01.892$ inclusions all still class Gen.

NOTE Confidence: 0.7867238

 $00{:}24{:}01.892 \dashrightarrow 00{:}24{:}04.416$ cell rich subtype which we covered

00:24:04.416 --> 00:24:07.448 2 case during the size seminar and

NOTE Confidence: 0.7867238

 $00{:}24{:}07.448 \dashrightarrow 00{:}24{:}09.783$ rarely you can see heterogeneous

NOTE Confidence: 0.7867238

 $00:24:09.783 \longrightarrow 00:24:12.790$ component in these tumors as well-being

NOTE Confidence: 0.7867238

 $00:24:12.790 \longrightarrow 00:24:15.520$ chondrosarcomatoid or osteosarcomatoid.

NOTE Confidence: 0.834096275714286

 $00:24:17.920 \longrightarrow 00:24:20.538$ There is a question in the morning

NOTE Confidence: 0.834096275714286

 $00:24:20.538 \longrightarrow 00:24:22.286$ seminar saying whether this

NOTE Confidence: 0.834096275714286

 $00:24:22.286 \longrightarrow 00:24:23.960$ histological feature matters.

NOTE Confidence: 0.834096275714286

 $00:24:23.960 \longrightarrow 00:24:27.355$ We have shown that from a corpora

NOTE Confidence: 0.834096275714286

 $00{:}24{:}27.355 \dashrightarrow 00{:}24{:}30.576$ of 360 anaplastic pterocarcinoma as

NOTE Confidence: 0.834096275714286

 $00{:}24{:}30.576 \dashrightarrow 00{:}24{:}34.680$ a combined combined effort from us

NOTE Confidence: 0.834096275714286

 $00{:}24{:}34.787 \dashrightarrow 00{:}24{:}38.030$ and from Sydney all this nuclear

NOTE Confidence: 0.834096275714286

 $00:24:38.030 \longrightarrow 00:24:40.310$ all this histological features

NOTE Confidence: 0.834096275714286

00:24:40.310 --> 00:24:42.840 does not impact outcome.

NOTE Confidence: 0.834096275714286

 $00{:}24{:}42.840 \dashrightarrow 00{:}24{:}46.025$ So it's really for us to recognize

NOTE Confidence: 0.834096275714286

00:24:46.025 --> 00:24:47.898 the histological spectrum to

 $00:24:47.898 \longrightarrow 00:24:49.598$ make the right diagnosis.

NOTE Confidence: 0.834096275714286

 $00{:}24{:}49.600 \dashrightarrow 00{:}24{:}51.804$ But histological feature per

NOTE Confidence: 0.834096275714286

 $00{:}24{:}51.804 \dashrightarrow 00{:}24{:}54.559$ SE does not impact prognosis.

NOTE Confidence: 0.834096275714286

 $00:24:54.560 \longrightarrow 00:24:56.936$ They are case report of positive

NOTE Confidence: 0.834096275714286

 $00:24:56.936 \longrightarrow 00:24:58.520$ cellular variants of antopathy.

NOTE Confidence: 0.834096275714286

 $00{:}24{:}58.520 \dashrightarrow 00{:}25{:}01.695$ Steroid carcinoma can have slow

NOTE Confidence: 0.834096275714286

00:25:01.695 --> 00:25:04.235 progression and improve survival,

NOTE Confidence: 0.834096275714286

 $00:25:04.240 \longrightarrow 00:25:06.712$ but the evidence is only based

NOTE Confidence: 0.834096275714286

 $00{:}25{:}06.712 \dashrightarrow 00{:}25{:}09.294$ on case report and it's not

NOTE Confidence: 0.834096275714286

 $00:25:09.294 \longrightarrow 00:25:11.399$ very conclusive as of now.

NOTE Confidence: 0.96571273

 $00:25:14.880 \longrightarrow 00:25:21.678$ The only histological contribution of

NOTE Confidence: 0.96571273

 $00{:}25{:}21.680 {\:{\mbox{--}}\!>}\ 00{:}25{:}24.896$ anapasi steroid carcinoma is recently based

NOTE Confidence: 0.96571273

 $00:25:24.896 \longrightarrow 00:25:28.359$ on molecular findings and prognostic data.

NOTE Confidence: 0.96571273

 $00{:}25{:}28.360 \dashrightarrow 00{:}25{:}31.315$ The pure, the so-called thyroid

NOTE Confidence: 0.96571273

 $00:25:31.315 \longrightarrow 00:25:34.851$ squamous cell carcinoma is now debunked

NOTE Confidence: 0.96571273

 $00:25:34.851 \longrightarrow 00:25:38.575$ and taken out of WHO 5th edition.

 $00:25:38.575 \longrightarrow 00:25:41.600$ So thyroid squamous cell carcinoma

NOTE Confidence: 0.96571273

 $00{:}25{:}41.600 \dashrightarrow 00{:}25{:}44.835$ was initially defined as a separate

NOTE Confidence: 0.96571273

 $00:25:44.835 \longrightarrow 00:25:47.860$ entity in The Who 4th edition.

NOTE Confidence: 0.96571273

00:25:47.860 --> 00:25:51.683 It's defined by tumor comprised entirely of

NOTE Confidence: 0.96571273

00:25:51.683 --> 00:25:54.918 tumor cells with squamous differentiations.

NOTE Confidence: 0.96571273

 $00:25:54.920 \longrightarrow 00:25:57.895$ And there's no evidence of other type

NOTE Confidence: 0.96571273

00:25:57.895 --> 00:26:00.924 of thyroid carcinoma being most commonly

NOTE Confidence: 0.96571273

 $00:26:00.924 \longrightarrow 00:26:03.719$ papulosario carcinoma tall cell variants.

NOTE Confidence: 0.96571273

 $00:26:03.720 \longrightarrow 00:26:06.205$ However, recent study especially those

NOTE Confidence: 0.96571273

 $00:26:06.205 \longrightarrow 00:26:09.474$ from our group have shown that this

NOTE Confidence: 0.96571273

 $00{:}26{:}09.474 \dashrightarrow 00{:}26{:}12.232$ tumor this is a squamous phenotype have

NOTE Confidence: 0.96571273

 $00:26:12.232 \longrightarrow 00:26:15.339$ a higher frequency of B Ravi sundry

NOTE Confidence: 0.96571273

00:26:15.339 --> 00:26:17.574 E mutations just like Papulocerio

NOTE Confidence: 0.96571273

 $00:26:17.649 \longrightarrow 00:26:21.480$ carcinoma and the outcome is similar

NOTE Confidence: 0.96571273

00:26:21.480 --> 00:26:24.460 between this pure squamous phenotype

 $00:26:24.460 \longrightarrow 00:26:27.440$ and the other endopathic styrocarcinoma.

NOTE Confidence: 0.96571273

 $00{:}26{:}27.440 \dashrightarrow 00{:}26{:}30.352$ The medium overall survival is 14 months

NOTE Confidence: 0.96571273

 $00:26:30.352 \longrightarrow 00:26:33.837$ in your study compared to all the other

NOTE Confidence: 0.96571273

 $00:26:33.837 \longrightarrow 00:26:37.079$ tumor that was medium survival of 10 months.

NOTE Confidence: 0.96571273

 $00:26:37.080 \longrightarrow 00:26:39.055$ So based on this prognostic

NOTE Confidence: 0.96571273

 $00:26:39.055 \longrightarrow 00:26:40.635$ data and molecular data,

NOTE Confidence: 0.96571273

 $00:26:40.640 \longrightarrow 00:26:43.671$ it's it is now believed that thyroid

NOTE Confidence: 0.96571273

00:26:43.671 --> 00:26:45.837 squamous cell carcinoma is a

NOTE Confidence: 0.96571273

00:26:45.837 --> 00:26:47.822 subtype of an aplastic sero carcinoma

NOTE Confidence: 0.96571273

 $00:26:47.822 \longrightarrow 00:26:50.239$ rather than a separate entity.

NOTE Confidence: 0.82429327

 $00{:}26{:}53.160 \dashrightarrow 00{:}26{:}55.400$ So in term of the immuno profile,

NOTE Confidence: 0.82429327

00:26:55.400 --> 00:26:58.568 I'm only going to touch quickly you already

NOTE Confidence: 0.82429327

 $00:26:58.568 \longrightarrow 00:27:01.560$ because they underwent the differentiation,

NOTE Confidence: 0.82429327

 $00{:}27{:}01.560 \longrightarrow 00{:}27{:}04.542$ so they start to lose expression of

NOTE Confidence: 0.82429327

 $00:27:04.542 \longrightarrow 00:27:07.562$ cyber physical cell markers and keratins.

NOTE Confidence: 0.82429327

 $00:27:07.562 \longrightarrow 00:27:10.928$ So generally this tumor should be

00:27:10.928 --> 00:27:13.520 seroglobulin negative if it's positive,

NOTE Confidence: 0.82429327

 $00{:}27{:}13.520 \dashrightarrow 00{:}27{:}15.914$ it's only really focal and it is

NOTE Confidence: 0.82429327

 $00:27:15.914 \longrightarrow 00:27:17.600$ transition between a differentiated

NOTE Confidence: 0.82429327

 $00:27:17.600 \longrightarrow 00:27:20.560$ sero carcinoma and antopathic carcinoma.

NOTE Confidence: 0.82429327

 $00:27:20.560 \longrightarrow 00:27:24.928$ About 1/3 is TTF 1 positive and packs

NOTE Confidence: 0.82429327

 $00:27:24.928 \longrightarrow 00:27:29.246$ 8 depending on the conality 50% to

NOTE Confidence: 0.82429327

 $00:27:29.246 \longrightarrow 00:27:32.725$ 70% of packs 8 positive keratin.

NOTE Confidence: 0.82429327

 $00:27:32.725 \longrightarrow 00:27:35.840$ In practice we actually use a spectrum.

NOTE Confidence: 0.82429327

 $00:27:35.840 \longrightarrow 00:27:39.260$ Overall 75% of the endopathy

NOTE Confidence: 0.82429327

 $00:27:39.260 \longrightarrow 00:27:41.996$ pterocarcinoma are keratin positive,

NOTE Confidence: 0.82429327

 $00:27:42.000 \longrightarrow 00:27:45.096$ but there are some viabilities in

NOTE Confidence: 0.82429327

 $00{:}27{:}45.096 \dashrightarrow 00{:}27{:}48.776$ term of pan keratins and the high

NOTE Confidence: 0.82429327

 $00{:}27{:}48.776 \dashrightarrow 00{:}27{:}50.796$ mild cure rate keratins.

NOTE Confidence: 0.82429327

 $00:27:50.800 \longrightarrow 00:27:53.878$ We also use mutation driven protein.

NOTE Confidence: 0.82429327

 $00{:}27{:}53.880 \rightarrow 00{:}27{:}57.080$ Your diagnosis friend plastic

 $00{:}27{:}57.080 \dashrightarrow 00{:}28{:}00.400$ pterocarcinoma including a Baron

NOTE Confidence: 0.82429327

00:28:00.400 --> 00:28:02.400 P15P53 expression in about 60%

NOTE Confidence: 0.82429327

 $00:28:02.400 \longrightarrow 00:28:04.384$ of cases by immunohistochemistry.

NOTE Confidence: 0.82429327

 $00:28:04.384 \longrightarrow 00:28:07.960$ We use specific marker for B RAF

NOTE Confidence: 0.82429327

00:28:07.960 --> 00:28:10.560 V sundry E by immunohistochemistry

NOTE Confidence: 0.82429327

 $00:28:10.560 \longrightarrow 00:28:14.400$ that it's positively about 40% of

NOTE Confidence: 0.82429327

 $00{:}28{:}14.400 \dashrightarrow 00{:}28{:}17.771$ antipathy Styrocarcinoma Ras Q61R

NOTE Confidence: 0.82429327

00:28:17.771 --> 00:28:24.260 detect H Ras N Ras and K Ras Q61 are

NOTE Confidence: 0.82429327

 $00{:}28{:}24.260 \dashrightarrow 00{:}28{:}27.410$ mutation only and that is positively

NOTE Confidence: 0.82429327

 $00:28:27.515 \longrightarrow 00:28:29.772$ about 15% of the cases.

NOTE Confidence: 0.82429327

 $00{:}28{:}29.772 \dashrightarrow 00{:}28{:}32.963$ So in practice and the KSE 7

NOTE Confidence: 0.82429327

00:28:32.963 --> 00:28:34.439 it's usually high.

NOTE Confidence: 0.82429327

00:28:34.440 --> 00:28:34.819 However,

NOTE Confidence: 0.82429327

00:28:34.819 --> 00:28:37.093 there's a caviar that some of

NOTE Confidence: 0.82429327

00:28:37.093 --> 00:28:38.960 the anaplastic sero carcinoma,

NOTE Confidence: 0.82429327

 $00{:}28{:}38.960 \dashrightarrow 00{:}28{:}40.848$ especially the squamous one.

00:28:40.848 --> 00:28:43.680 Because of the highest Dromo content,

NOTE Confidence: 0.82429327

 $00:28:43.680 \longrightarrow 00:28:46.398$ the KSE 7 May be lower,

NOTE Confidence: 0.82429327

 $00:28:46.400 \longrightarrow 00:28:50.400$ ranging from 10% to 100%.

NOTE Confidence: 0.82429327

00:28:50.400 --> 00:28:51.600 So in practice,

NOTE Confidence: 0.82429327

00:28:51.600 --> 00:28:52.800 In our practice,

NOTE Confidence: 0.82429327

00:28:52.800 --> 00:28:56.112 we're actually using a combination of

NOTE Confidence: 0.82429327

 $00:28:56.112 \longrightarrow 00:28:58.320$ differentiation marker and mutation

NOTE Confidence: 0.82429327

 $00:28:58.397 \longrightarrow 00:29:01.797$ marker to diagnose anaplastic styrocarcinoma.

NOTE Confidence: 0.82429327

 $00:29:01.800 \longrightarrow 00:29:03.300$ The differential diagnosis is

NOTE Confidence: 0.82429327

 $00:29:03.300 \longrightarrow 00:29:04.800$ extensively covered this morning

NOTE Confidence: 0.82429327

 $00:29:04.800 \longrightarrow 00:29:06.479$ in the science seminar,

NOTE Confidence: 0.82429327

 $00:29:06.480 \longrightarrow 00:29:09.154$ so I won't touch on it now.

NOTE Confidence: 0.82429327

 $00{:}29{:}09.160 \dashrightarrow 00{:}29{:}13.024$ I only going to quickly mention one

NOTE Confidence: 0.82429327

 $00{:}29{:}13.024 \dashrightarrow 00{:}29{:}16.832$ paper because it's one of my rear

NOTE Confidence: 0.82429327

 $00:29:16.832 \longrightarrow 00:29:20.720$ collaboration with a Yale pathologist.

 $00:29:20.720 \longrightarrow 00:29:23.660$ So basically we established that

NOTE Confidence: 0.82429327

 $00{:}29{:}23.660 \to 00{:}29{:}27.065$ primary sarcoma of the thyroid gun

NOTE Confidence: 0.82429327

00:29:27.065 --> 00:29:30.320 can occur is a comfort license 1%

NOTE Confidence: 0.82429327

 $00:29:30.320 \longrightarrow 00:29:33.596$ of all thyroid malignancies and we

NOTE Confidence: 0.82429327

00:29:33.596 --> 00:29:37.238 report a single case of he coma

NOTE Confidence: 0.82429327

 $00:29:37.238 \longrightarrow 00:29:40.712$ that was never reported in the

NOTE Confidence: 0.82429327

00:29:40.712 --> 00:29:43.499 thyroid literature that have RBM

NOTE Confidence: 0.82429327

 $00:29:43.499 \longrightarrow 00:29:46.812$ 10 and TFE 3 translocation and Dr.

NOTE Confidence: 0.82429327

00:29:46.812 --> 00:29:49.514 Sinai and Doctor Wu can be helped

NOTE Confidence: 0.82429327

 $00:29:49.520 \longrightarrow 00:29:51.038$ for this project.

NOTE Confidence: 0.82429327

 $00{:}29{:}51.038 \dashrightarrow 00{:}29{:}54.580$ So moving on to the molecular of

NOTE Confidence: 0.82429327

 $00{:}29{:}54.683 \to 00{:}29{:}57.719$ endoplastic thyroid carcinoma,

NOTE Confidence: 0.82429327

00:29:57.720 --> 00:29:59.868 once again endopathic thyroid

NOTE Confidence: 0.82429327

 $00:29:59.868 \longrightarrow 00:30:02.280$ carcinoma because it's for the

NOTE Confidence: 0.82429327

00:30:02.280 --> 00:30:03.480 cure cell derived,

NOTE Confidence: 0.82429327

 $00{:}30{:}03.480 \dashrightarrow 00{:}30{:}05.510$ they returned the early driver

 $00{:}30{:}05.510 \dashrightarrow 00{:}30{:}07.540$ mutations being B RAC with

NOTE Confidence: 0.82429327

 $00{:}30{:}07.614 \dashrightarrow 00{:}30{:}09.720$ sundry E and the Ras mutations.

NOTE Confidence: 0.82429327

 $00:30:09.720 \longrightarrow 00:30:14.866$ The frequency is being 638% and

NOTE Confidence: 0.82429327

 $00:30:14.866 \longrightarrow 00:30:17.940$ 27% compared to differentiated,

NOTE Confidence: 0.82429327

 $00{:}30{:}17.940 \dashrightarrow 00{:}30{:}20.420$ well differentiated and poor

NOTE Confidence: 0.82429327

 $00:30:20.420 \longrightarrow 00:30:22.280$ high grade thyrocarcinoma.

NOTE Confidence: 0.82429327

00:30:22.280 --> 00:30:25.840 The accumulate even more mutations.

NOTE Confidence: 0.82429327

 $00:30:25.840 \longrightarrow 00:30:28.516$ the TP 53 mutation for example,

NOTE Confidence: 0.82429327

 $00:30:28.520 \longrightarrow 00:30:30.752$ becoming highly prevalent,

NOTE Confidence: 0.82429327

 $00{:}30{:}30{:}752 \dashrightarrow 00{:}30{:}33.623$ accounting for 63% of an aplastic

NOTE Confidence: 0.82429327

 $00{:}30{:}33.623 \dashrightarrow 00{:}30{:}35.928$ thyrocarcinoma and the frequency of

NOTE Confidence: 0.82429327

00:30:35.928 --> 00:30:38.599 turtle motor mutation is also higher,

NOTE Confidence: 0.82429327

 $00:30:38.600 \longrightarrow 00:30:39.902$ being 50%.

NOTE Confidence: 0.82429327

 $00:30:39.902 \longrightarrow 00:30:43.157$ They also additionally have peak

NOTE Confidence: 0.82429327

00:30:43.160 --> 00:30:45.880 3C AAQTM tour pathway alterations,

 $00:30:45.880 \longrightarrow 00:30:49.710$ swift sniff complex alterations and

NOTE Confidence: 0.82429327

 $00{:}30{:}49.710 \dashrightarrow 00{:}30{:}53.438$ mismatch mismatch Repair alterations.

NOTE Confidence: 0.6199489565

 $00:30:55.680 \longrightarrow 00:30:57.057$ Anapastic SERO carcinoma,

NOTE Confidence: 0.6199489565

00:30:57.057 --> 00:31:00.270 the B RAF Nissundry E and the

NOTE Confidence: 0.6199489565

 $00:31:00.358 \longrightarrow 00:31:02.738$ Ras no longer designate the

NOTE Confidence: 0.6199489565

 $00:31:02.738 \longrightarrow 00:31:05.118$ route of spread and survival.

NOTE Confidence: 0.6199489565

00:31:05.120 --> 00:31:08.466 At this stage is really the Anapaci

NOTE Confidence: 0.6199489565

00:31:08.466 --> 00:31:10.531 stereo carcinoma morphology or

NOTE Confidence: 0.6199489565

 $00:31:10.531 \longrightarrow 00:31:12.719$ diagnosis that designate outcome.

NOTE Confidence: 0.6199489565

00:31:12.720 --> 00:31:16.000 The B Ravi sundry E mutated or Ras

NOTE Confidence: 0.6199489565

 $00{:}31{:}16.000 \to 00{:}31{:}18.399$ mutated endopathy stereo carcinoma have

NOTE Confidence: 0.6199489565

00:31:18.399 --> 00:31:21.393 a similar rate of nodal metastasis,

NOTE Confidence: 0.6199489565

 $00:31:21.400 \longrightarrow 00:31:23.540$ distant metastasis and mortality

NOTE Confidence: 0.6199489565

 $00:31:23.540 \longrightarrow 00:31:27.720$ being in the range of 60 to 70%.

NOTE Confidence: 0.601711429473684

00:31:30.320 --> 00:31:34.296 1 thing as a pathologist we know commonly

NOTE Confidence: 0.601711429473684

 $00:31:34.296 \dashrightarrow 00:31:38.472$ being asked to do as B RAF is only E testing.

 $00:31:38.480 \longrightarrow 00:31:42.400$ The reason is that this new adjuvant that

NOTE Confidence: 0.601711429473684

 $00:31:42.400 \longrightarrow 00:31:45.518$ Bafinib which is AB RAF inhibitors and

NOTE Confidence: 0.601711429473684

00:31:45.518 --> 00:31:48.236 Trabafinib which is a Berk inhibitors,

NOTE Confidence: 0.601711429473684

 $00:31:48.240 \longrightarrow 00:31:50.505$ they have a fabulous response

NOTE Confidence: 0.601711429473684

00:31:50.505 --> 00:31:54.250 in B RAF V certainly E mutated

NOTE Confidence: 0.601711429473684

 $00:31:54.250 \longrightarrow 00:31:56.320$ antopathy steroid carcinoma.

NOTE Confidence: 0.601711429473684

00:31:56.320 --> 00:31:58.785 Data from MB Anderson showed

NOTE Confidence: 0.601711429473684

 $00:31:58.785 \longrightarrow 00:32:02.105$ that they lead to feasibility of

NOTE Confidence: 0.601711429473684

 $00{:}32{:}02.105 \dashrightarrow 00{:}32{:}04.365$ complete surgical resection and

NOTE Confidence: 0.601711429473684

 $00:32:04.365 \longrightarrow 00:32:07.038$ durable local regional controls.

NOTE Confidence: 0.601711429473684

 $00{:}32{:}07.040 \dashrightarrow 00{:}32{:}10.008$ Based on this data,

NOTE Confidence: 0.601711429473684

 $00:32:10.008 \dashrightarrow 00:32:12.699$ FDA actually approved combined

NOTE Confidence: 0.601711429473684

 $00{:}32{:}12.699 \dashrightarrow 00{:}32{:}15.453$ that Bafnib and tribetanib as a

NOTE Confidence: 0.601711429473684

 $00:32:15.453 \longrightarrow 00:32:18.686$ standard first line treatment for B

NOTE Confidence: 0.601711429473684

00:32:18.686 --> 00:32:21.401 RAF eccentric E mutated endopathy

 $00:32:21.401 \longrightarrow 00:32:24.223$ cyrocarcinoma and this is included

NOTE Confidence: 0.601711429473684

 $00:32:24.223 \longrightarrow 00:32:28.312$ in endopathic in ATA guideline to

NOTE Confidence: 0.601711429473684

 $00:32:28.312 \longrightarrow 00:32:30.556$ treating endopathy cyrocarcinoma.

NOTE Confidence: 0.601711429473684

 $00:32:30.560 \longrightarrow 00:32:32.552$ Here is an example actually of

NOTE Confidence: 0.601711429473684

 $00:32:32.552 \longrightarrow 00:32:34.919$ a real case we recently see.

NOTE Confidence: 0.601711429473684

00:32:34.920 --> 00:32:37.800 You can see on the left the PET

NOTE Confidence: 0.601711429473684

 $00:32:37.800 \longrightarrow 00:32:40.848$ showing a large thyroid base PET

NOTE Confidence: 0.601711429473684

 $00:32:40.848 \longrightarrow 00:32:43.758$ Avid mass emitting the trachea

NOTE Confidence: 0.601711429473684

 $00:32:43.760 \longrightarrow 00:32:46.730$ and after only three cycles of

NOTE Confidence: 0.601711429473684

00:32:46.730 --> 00:32:49.338 Dypathinib and tribadinib the tumor

NOTE Confidence: 0.601711429473684

 $00{:}32{:}49.338 \dashrightarrow 00{:}32{:}52.058$ shrink down significantly and the

NOTE Confidence: 0.601711429473684

 $00:32:52.058 \longrightarrow 00:32:54.234$ path avidity is decreased.

NOTE Confidence: 0.601711429473684

 $00:32:54.240 \dashrightarrow 00:32:57.082$ And here is the case after surgical

NOTE Confidence: 0.601711429473684

 $00:32:57.082 \longrightarrow 00:32:59.934$ resection on the left of the

NOTE Confidence: 0.601711429473684

00:32:59.934 --> 00:33:02.514 pre treatment sample showing a

NOTE Confidence: 0.601711429473684

 $00:33:02.514 \longrightarrow 00:33:04.800$ hypercellular endopathy pterocarcinoma.

 $00{:}33{:}04.800 \dashrightarrow 00{:}33{:}07.712$ We supported morphic slash

NOTE Confidence: 0.601711429473684

 $00:33:07.712 \longrightarrow 00:33:10.144$ spindomorphology on the on the

NOTE Confidence: 0.601711429473684

 $00:33:10.144 \longrightarrow 00:33:12.700$ right a basically the post treatment

NOTE Confidence: 0.601711429473684

 $00:33:12.786 \longrightarrow 00:33:15.780$ sample of the thyroid dectomy we

NOTE Confidence: 0.601711429473684

 $00:33:15.780 \longrightarrow 00:33:17.888$ received and the entire tumor,

NOTE Confidence: 0.601711429473684

 $00:33:17.888 \longrightarrow 00:33:20.791$ nearly the entire tumor is wiped out

NOTE Confidence: 0.601711429473684

 $00:33:20.791 \longrightarrow 00:33:23.251$ as this fibrosis and information and

NOTE Confidence: 0.601711429473684

 $00{:}33{:}23.251 \longrightarrow 00{:}33{:}26.284$ that there are only one small focus

NOTE Confidence: 0.601711429473684

 $00:33:26.284 \longrightarrow 00:33:28.444$ of endopathy styroid carcinoma in

NOTE Confidence: 0.601711429473684

 $00{:}33{:}28.444 \dashrightarrow 00{:}33{:}31.718$ the middle top and at high power.

NOTE Confidence: 0.601711429473684

 $00:33:31.720 \longrightarrow 00:33:33.750$ You can see that endopathy

NOTE Confidence: 0.601711429473684

 $00:33:33.750 \longrightarrow 00:33:35.780$ styrocarcinoma is only manifest as

NOTE Confidence: 0.601711429473684

 $00{:}33{:}35.853 \dashrightarrow 00{:}33{:}38.013$ this scattered hyperchlomatic for

NOTE Confidence: 0.601711429473684

 $00{:}33{:}38.013 \dashrightarrow 00{:}33{:}41.168$ neomorphic cells embedded in the

NOTE Confidence: 0.601711429473684

 $00:33:41.168 \longrightarrow 00:33:44.367$ sea of macrophages and lymphocytes.

00:33:44.367 --> 00:33:45.708 In our experience,

NOTE Confidence: 0.601711429473684

 $00:33:45.708 \longrightarrow 00:33:49.276$ we have more than 50 case now the

NOTE Confidence: 0.601711429473684

 $00:33:49.276 \longrightarrow 00:33:51.276$ response rate but it's variable

NOTE Confidence: 0.601711429473684

00:33:51.276 --> 00:33:54.480 but many of them have a complete

NOTE Confidence: 0.601711429473684

 $00:33:54.480 \longrightarrow 00:33:56.880$ response in the surgical specimen,

NOTE Confidence: 0.601711429473684

 $00:33:56.880 \longrightarrow 00:33:58.800$ some of them does not have

NOTE Confidence: 0.601711429473684

 $00:33:58.800 \longrightarrow 00:34:01.400$ a significant response.

NOTE Confidence: 0.601711429473684

 $00{:}34{:}01.400 \dashrightarrow 00{:}34{:}04.185$ The residual difference is Ptero

NOTE Confidence: 0.601711429473684

 $00:34:04.185 \longrightarrow 00:34:06.413$ carcinoma surprisingly was urinary

NOTE Confidence: 0.601711429473684

 $00:34:06.413 \longrightarrow 00:34:08.751$ not touched by this combined

NOTE Confidence: 0.601711429473684

 $00:34:08.751 \longrightarrow 00:34:11.955$ therapies and it will be left behind

NOTE Confidence: 0.601711429473684

 $00:34:11.955 \longrightarrow 00:34:14.279$ in the thyroidectomy specimen.

NOTE Confidence: 0.601711429473684

00:34:14.280 --> 00:34:18.320 Because of this combined therapies,

NOTE Confidence: 0.601711429473684

 $00:34:18.320 \longrightarrow 00:34:20.959$ we are now asked by our clinician,

NOTE Confidence: 0.601711429473684

 $00:34:20.960 \longrightarrow 00:34:23.185$ medical oncologist to have rapid

NOTE Confidence: 0.601711429473684

 $00{:}34{:}23.185 \dashrightarrow 00{:}34{:}26.812$ B rapid sundry E on every single

 $00:34:26.812 \longrightarrow 00:34:29.436$ case of endopathy styrocarcinoma.

NOTE Confidence: 0.601711429473684

 $00:34:29.440 \longrightarrow 00:34:32.457$ In our hand we found B RAF

NOTE Confidence: 0.601711429473684

 $00:34:32.457 \longrightarrow 00:34:33.319$ Lisandre immunohistochemistry.

NOTE Confidence: 0.601711429473684

00:34:33.320 --> 00:34:36.002 It's a highly sensitive and specific

NOTE Confidence: 0.601711429473684

 $00{:}34{:}36.002 \dashrightarrow 00{:}34{:}39.993$ marker to screening for B RAF Lisandre E

NOTE Confidence: 0.601711429473684

 $00{:}34{:}39.993 \dashrightarrow 00{:}34{:}42.117$ mutations endoplastic steroid carcinoma.

NOTE Confidence: 0.601711429473684

 $00:34:42.120 \longrightarrow 00:34:44.680$ The sensitivity is about 95%.

NOTE Confidence: 0.601711429473684

 $00:34:44.680 \longrightarrow 00:34:47.416$ So there are first negative cases

NOTE Confidence: 0.601711429473684

 $00{:}34{:}47.416 \dashrightarrow 00{:}34{:}50.554$ but the specificity is 100% showing

NOTE Confidence: 0.601711429473684

 $00:34:50.554 \longrightarrow 00:34:53.839$ on the right three cases,

NOTE Confidence: 0.601711429473684

 $00:34:53.840 \longrightarrow 00:34:55.604$ one is squeamoid anoplastic,

NOTE Confidence: 0.601711429473684

 $00{:}34{:}55.604 \dashrightarrow 00{:}34{:}58.708$ one is osteocarps John cell rich and

NOTE Confidence: 0.601711429473684

 $00{:}34{:}58.708 \dashrightarrow 00{:}35{:}01.389$ one is raptoroid and all three cases

NOTE Confidence: 0.601711429473684

 $00:35:01.389 \dashrightarrow 00:35:04.071$ are positive for B RAC Nissundre E

NOTE Confidence: 0.601711429473684

00:35:04.071 --> 00:35:06.325 So basically even our patient of

 $00:35:06.325 \longrightarrow 00:35:09.160$ anopathy sero carcinoma walk into our door.

NOTE Confidence: 0.601711429473684

 $00:35:09.160 \longrightarrow 00:35:11.200$ The first thing our medical oncologist

NOTE Confidence: 0.601711429473684

00:35:11.200 --> 00:35:13.613 asked is a rapid B RAC nissundre

NOTE Confidence: 0.601711429473684

 $00:35:13.613 \longrightarrow 00:35:15.581$ E you know histochemistry and then

NOTE Confidence: 0.601711429473684

 $00:35:15.581 \longrightarrow 00:35:17.400$ we can get it turn around.

NOTE Confidence: 0.601711429473684

 $00:35:17.400 \longrightarrow 00:35:20.080$ We seen a day to put patient that

NOTE Confidence: 0.601711429473684

 $00:35:20.080 \longrightarrow 00:35:22.719$ on that bacfinib and trabechium and

NOTE Confidence: 0.601711429473684

00:35:22.719 --> 00:35:26.198 that will be followed by some form

NOTE Confidence: 0.601711429473684

 $00:35:26.198 \longrightarrow 00:35:28.993$ of molecular confirmation either by

NOTE Confidence: 0.601711429473684

00:35:28.993 --> 00:35:33.426 PCR based ISA such as E dialog or

NOTE Confidence: 0.601711429473684

 $00{:}35{:}33.426 \dashrightarrow 00{:}35{:}36.081$ next generation sequencing which can

NOTE Confidence: 0.846358732068966

 $00:35:36.177 \longrightarrow 00:35:40.155$ take two weeks or more to get the results.

NOTE Confidence: 0.846358732068966

 $00:35:40.160 \longrightarrow 00:35:43.004$ So in this graph I already

NOTE Confidence: 0.846358732068966

 $00:35:43.004 \longrightarrow 00:35:44.900$ showed the differentiated well

NOTE Confidence: 0.846358732068966

00:35:44.991 --> 00:35:47.239 differential cyrocarcinoma,

NOTE Confidence: 0.846358732068966

 $00:35:47.240 \longrightarrow 00:35:50.120$ the high grade cyrocarcinoma and

 $00:35:50.120 \longrightarrow 00:35:53.520$ I'm now just adding the last

NOTE Confidence: 0.846358732068966

 $00:35:53.520 \longrightarrow 00:35:56.640$ line of the progression which is

NOTE Confidence: 0.846358732068966

00:35:56.640 --> 00:35:58.200 anaplasic psoriatic carcinoma.

NOTE Confidence: 0.846358732068966

 $00:35:58.200 \longrightarrow 00:36:01.716$ So overall now we think thyroid

NOTE Confidence: 0.846358732068966

 $00:36:01.720 \longrightarrow 00:36:03.775$ have a style wise progression

NOTE Confidence: 0.846358732068966

 $00:36:03.775 \longrightarrow 00:36:05.830$ from well differentiated to high

NOTE Confidence: 0.846358732068966

 $00:36:05.903 \longrightarrow 00:36:08.159$ grade to anaplasic cirrocarcinoma.

NOTE Confidence: 0.846358732068966

 $00{:}36{:}08.160 \dashrightarrow 00{:}36{:}12.514$ Well, the driver mutations remains the same.

NOTE Confidence: 0.846358732068966

 $00:36:12.520 \longrightarrow 00:36:17.166$ They can additional molecular aggressive

NOTE Confidence: 0.846358732068966

 $00{:}36{:}17.166 \dashrightarrow 00{:}36{:}20.596$ molecular signatures when they progress.

NOTE Confidence: 0.846358732068966

 $00:36:20.600 \longrightarrow 00:36:23.204$ And the Ras like tumor are the

NOTE Confidence: 0.846358732068966

00:36:23.204 --> 00:36:24.320 foamicular pattern lesions,

NOTE Confidence: 0.846358732068966

 $00{:}36{:}24.320 \dashrightarrow 00{:}36{:}26.944$ the B RAF like tumor are the classic

NOTE Confidence: 0.846358732068966

 $00:36:26.944 \longrightarrow 00:36:29.318$ and talso papular sero carcinoma,

NOTE Confidence: 0.846358732068966

 $00:36:29.320 \longrightarrow 00:36:30.643$ well oncocytic carcinoma,

 $00:36:30.643 \longrightarrow 00:36:33.730$ it's by them by their own characterized

NOTE Confidence: 0.846358732068966

 $00:36:33.806 \longrightarrow 00:36:36.018$ by widespread chromosome loss

NOTE Confidence: 0.846358732068966

 $00{:}36{:}36.018 \dashrightarrow 00{:}36{:}37.677$ and mitochondria mutations.

NOTE Confidence: 0.586860573

 $00:36:39.920 \longrightarrow 00:36:42.780$ So that's basically summarize the

NOTE Confidence: 0.586860573

 $00:36:42.780 \longrightarrow 00:36:46.289$ for dicular cell derived new pattern part.

NOTE Confidence: 0.586860573

00:36:46.289 --> 00:36:50.832 So now we're moving towards a combined

NOTE Confidence: 0.586860573

 $00:36:50.832 \longrightarrow 00:36:53.680$ molecular histological classifications

NOTE Confidence: 0.586860573

00:36:53.680 --> 00:36:57.640 in which Ras tumor is really the RASP,

NOTE Confidence: 0.586860573

 $00{:}36{:}57.640 \dashrightarrow 00{:}37{:}01.000$ the for dicular pattern lesion when they go,

NOTE Confidence: 0.586860573

 $00:37:01.000 \longrightarrow 00:37:03.996$ they when they spread the spread decently

NOTE Confidence: 0.586860573

 $00:37:04.000 \longrightarrow 00:37:06.718$ that would be include for dicular adenoma.

NOTE Confidence: 0.586860573

 $00:37:06.720 \longrightarrow 00:37:09.430$ The NIFPS, the portly differential

NOTE Confidence: 0.586860573

 $00:37:09.430 \dashrightarrow 00:37:12.885$ carcinoma and the forticular carcinoma were

NOTE Confidence: 0.586860573

 $00:37:12.885 \dashrightarrow 00:37:15.557$ invasive encapsulated follicular events.

NOTE Confidence: 0.586860573

00:37:15.560 --> 00:37:18.408 But the B RAF like tumors are the

NOTE Confidence: 0.586860573

00:37:18.408 --> 00:37:21.109 infiltrative 1, they're tall cells,

 $00:37:21.109 \longrightarrow 00:37:23.761$ Casa infiltrative particular subtype

NOTE Confidence: 0.586860573

 $00{:}37{:}23.761 \dashrightarrow 00{:}37{:}26.520$ or infiltrative solid subtype.

NOTE Confidence: 0.586860573

 $00:37:26.520 \longrightarrow 00:37:29.131$ When they progress a progress to high

NOTE Confidence: 0.586860573

 $00:37:29.131 \longrightarrow 00:37:30.880$ grade differentiation center carcinoma,

NOTE Confidence: 0.586860573

 $00:37:30.880 \longrightarrow 00:37:32.994$ then we have the non B RAF,

NOTE Confidence: 0.586860573

 $00{:}37{:}33.000 \dashrightarrow 00{:}37{:}35.320$ non Ras on costatic tumor.

NOTE Confidence: 0.742072049230769

 $00:37:37.360 \longrightarrow 00:37:39.580$ Eventually all of them can

NOTE Confidence: 0.742072049230769

 $00:37:39.580 \longrightarrow 00:37:41.800$ lead to the development of

NOTE Confidence: 0.742072049230769

 $00{:}37{:}41.888 \to 00{:}37{:}44.318$ endopathic thyroid carcinoma.

NOTE Confidence: 0.742072049230769

 $00:37:44.320 \longrightarrow 00:37:46.192$ So we're going to switch here

NOTE Confidence: 0.742072049230769

 $00:37:46.192 \longrightarrow 00:37:48.948$ and use the last 10 minutes or so

NOTE Confidence: 0.742072049230769

 $00:37:48.948 \dashrightarrow 00:37:50.833$ in major or thyroid carcinoma.

NOTE Confidence: 0.684431592727273

 $00{:}37{:}52.960 \dashrightarrow 00{:}37{:}55.216$ So major or thyroid carcinoma was

NOTE Confidence: 0.684431592727273

00:37:55.216 --> 00:37:57.240 first described by Doctor Hazard,

NOTE Confidence: 0.684431592727273

00:37:57.240 --> 00:38:02.235 Doctor Kovka and Doctor Creel in 1959.

00:38:02.235 --> 00:38:04.295 Since it's publications have

NOTE Confidence: 0.684431592727273

 $00{:}38{:}04.295 \dashrightarrow 00{:}38{:}07.640$ already been more than six decades,

NOTE Confidence: 0.684431592727273

 $00:38:07.640 \longrightarrow 00:38:09.752$ the prognostic factor identified

NOTE Confidence: 0.684431592727273

 $00:38:09.752 \longrightarrow 00:38:12.392$ the imaginary steroid carcinoma age,

NOTE Confidence: 0.684431592727273

 $00:38:12.400 \longrightarrow 00:38:15.984$ sex, PMN staging serum,

NOTE Confidence: 0.684431592727273

00:38:15.984 --> 00:38:19.112 calcitonin, serum CA calcitonin,

NOTE Confidence: 0.684431592727273

00:38:19.112 --> 00:38:22.660 doubling time, type of red mutations,

NOTE Confidence: 0.684431592727273

00:38:22.660 --> 00:38:24.205 sporadic versus hereditary

NOTE Confidence: 0.684431592727273

 $00:38:24.205 \longrightarrow 00:38:27.037$ disease and so on or so forth.

NOTE Confidence: 0.684431592727273

 $00:38:27.040 \longrightarrow 00:38:30.352$ But notice that there's no not

NOTE Confidence: 0.684431592727273

 $00{:}38{:}30.352 \dashrightarrow 00{:}38{:}32.560$ a single pathological parameters

NOTE Confidence: 0.684431592727273

 $00:38:32.560 \longrightarrow 00:38:36.120$ in this prognostic factor list.

NOTE Confidence: 0.684431592727273

 $00{:}38{:}36.120 \dashrightarrow 00{:}38{:}39.288$ It's not until 2020 that a

NOTE Confidence: 0.684431592727273

 $00:38:39.288 \longrightarrow 00:38:42.186$ greeting system was developed for

NOTE Confidence: 0.684431592727273

 $00{:}38{:}42.186 \dashrightarrow 00{:}38{:}44.238$ modular stereo carcinoma.

NOTE Confidence: 0.684431592727273

 $00:38:44.240 \longrightarrow 00:38:46.720$ Well the pulmonary and pancreatic

 $00{:}38{:}46.720 \dashrightarrow 00{:}38{:}48.616$ pancreatic neuroendocrine carcinoma

NOTE Confidence: 0.684431592727273

00:38:48.616 --> 00:38:52.468 have their neoplasm have their well

NOTE Confidence: 0.684431592727273

 $00:38:52.468 \longrightarrow 00:38:55.056$ accepted well established prognostic

NOTE Confidence: 0.684431592727273

 $00:38:55.056 \longrightarrow 00:38:57.680$ relevant histological greeting system.

NOTE Confidence: 0.684431592727273

 $00:38:57.680 \longrightarrow 00:39:01.215$ So in 2020 there are two parallel

NOTE Confidence: 0.684431592727273

00:39:01.215 --> 00:39:04.518 study published a few months apart.

NOTE Confidence: 0.684431592727273

 $00:39:04.520 \longrightarrow 00:39:07.432$ One by us using A2 tier grading system

NOTE Confidence: 0.684431592727273

 $00:39:07.432 \longrightarrow 00:39:09.788$ using you only mitosis and necrosis

NOTE Confidence: 0.684431592727273

 $00:39:09.788 \dashrightarrow 00:39:12.613$ and the other by a Sydney group

NOTE Confidence: 0.684431592727273

 $00:39:12.613 \longrightarrow 00:39:15.588$ from Doctor Gill using a three tier

NOTE Confidence: 0.684431592727273

00:39:15.588 --> 00:39:18.330 grading system using mitosis necrosis

NOTE Confidence: 0.684431592727273

 $00:39:18.330 \longrightarrow 00:39:21.480$ and Kia 67 proliferation index.

NOTE Confidence: 0.681459185

 $00{:}39{:}23.520 \dashrightarrow 00{:}39{:}27.494$ We included 144 cases of my joint stereo

NOTE Confidence: 0.681459185

 $00:39:27.494 \longrightarrow 00:39:30.478$ carcinoma and we use the same cut off as

NOTE Confidence: 0.681459185

 $00:39:30.480 \dashrightarrow 00:39:34.155$ as 40 different stereo carcinoma being 5

 $00:39:34.155 \longrightarrow 00:39:38.052$ mitosis per 2mm squares and tumor necrosis.

NOTE Confidence: 0.681459185

 $00:39:38.052 \dashrightarrow 00:39:41.720$ Well Sydney grade is more resemble AGI

NOTE Confidence: 0.681459185

 $00:39:41.810 \longrightarrow 00:39:45.440$ pancreatic biliary grading system with added

NOTE Confidence: 0.681459185

 $00:39:45.440 \longrightarrow 00:39:49.759$ that cause necrosis as a served parameters.

NOTE Confidence: 0.681459185

 $00:39:49.760 \longrightarrow 00:39:52.595$ So basically a present of necrosis will

NOTE Confidence: 0.681459185

 $00:39:52.595 \longrightarrow 00:39:56.332$ boost will make the grade to be one

NOTE Confidence: 0.681459185

 $00:39:56.332 \longrightarrow 00:39:59.080$ year or higher regardless of either

NOTE Confidence: 0.681459185

 $00:39:59.080 \longrightarrow 00:40:01.280$ grading system that was proposed.

NOTE Confidence: 0.681459185

 $00{:}40{:}01.280 \longrightarrow 00{:}40{:}04.322$ In details we you can see on the right

NOTE Confidence: 0.681459185

 $00:40:04.322 \longrightarrow 00:40:07.695$ that either grading system is highly

NOTE Confidence: 0.681459185

 $00:40:07.695 \longrightarrow 00:40:10.645$ prognostically relevant and predict disease

NOTE Confidence: 0.681459185

 $00:40:10.729 \longrightarrow 00:40:13.799$ specific survival and overall survival.

NOTE Confidence: 0.960954846

 $00:40:16.080 \longrightarrow 00:40:18.968$ So the next year, in 2022,

NOTE Confidence: 0.960954846

 $00:40:18.968 \longrightarrow 00:40:22.013$ we decide to sit 2021-2022,

NOTE Confidence: 0.960954846

 $00:40:22.013 \longrightarrow 00:40:24.278$ we decide to sit together

NOTE Confidence: 0.960954846

 $00{:}40{:}24.280 \dashrightarrow 00{:}40{:}26.244$ and recruiting more center.

 $00:40:26.244 \longrightarrow 00:40:29.767$ The aim is really to develop a

NOTE Confidence: 0.960954846

 $00{:}40{:}29.767 \dashrightarrow 00{:}40{:}32.177$ universal grading system using a

NOTE Confidence: 0.960954846

 $00:40:32.177 \longrightarrow 00:40:36.190$ consensus cut off so that it can be

NOTE Confidence: 0.960954846

00:40:36.190 --> 00:40:38.675 easily applied throughout the world.

NOTE Confidence: 0.960954846

00:40:38.680 --> 00:40:42.868 In practice we recruited 327 patients

NOTE Confidence: 0.960954846

 $00:40:42.868 \longrightarrow 00:40:45.238$ from 5 center across Europe,

NOTE Confidence: 0.960954846

 $00:40:45.240 \longrightarrow 00:40:49.080$ Australia and the US.

NOTE Confidence: 0.960954846

 $00:40:49.080 \longrightarrow 00:40:52.678$ The features we use of peritotic count,

NOTE Confidence: 0.960954846

 $00:40:52.680 \longrightarrow 00:40:53.618$ PS67 necrosis,

NOTE Confidence: 0.960954846

 $00{:}40{:}53.618 \rightarrow 00{:}40{:}56.432$ and the mitotic count we followed

NOTE Confidence: 0.960954846

 $00:40:56.432 \longrightarrow 00:40:59.119$ the basically gastrointestinal sash,

NOTE Confidence: 0.960954846

00:40:59.120 --> 00:41:00.887 pancreatal biliary neuron,

NOTE Confidence: 0.960954846

 $00{:}41{:}00.887 \dashrightarrow 00{:}41{:}04.421$ The tumor criteria we counted hotspot

NOTE Confidence: 0.960954846

00:41:04.421 --> 00:41:07.454 per 2mm squares and we mandate

NOTE Confidence: 0.960954846

00:41:07.454 --> 00:41:10.980 counting of 500 to 2000 cells.

 $00:41:10.980 \longrightarrow 00:41:14.205$ Necosis is just classified as

NOTE Confidence: 0.960954846

00:41:14.205 --> 00:41:17.158 present or absent. A high grade.

NOTE Confidence: 0.960954846

 $00:41:17.158 \longrightarrow 00:41:19.580$ Major or serial carcinoma is defined by

NOTE Confidence: 0.960954846

 $00:41:19.650 \longrightarrow 00:41:22.198$ at least one of the following features,

NOTE Confidence: 0.960954846

 $00:41:22.200 \longrightarrow 00:41:25.424$ A mitotic index of five or

NOTE Confidence: 0.960954846

 $00:41:25.424 \longrightarrow 00:41:27.440$ more per 2mm squares,

NOTE Confidence: 0.960954846

 $00:41:27.440 \longrightarrow 00:41:32.380$ A KIC 7 proliferation index of 5% or more,

NOTE Confidence: 0.960954846

 $00:41:32.380 \longrightarrow 00:41:33.880$ or tumor necrosis.

NOTE Confidence: 0.960954846

 $00:41:33.880 \longrightarrow 00:41:36.416$ We did try other cut offs similar to

NOTE Confidence: 0.960954846

00:41:36.416 --> 00:41:39.439 long or pancreatic biliary in our study,

NOTE Confidence: 0.960954846

 $00:41:39.440 \longrightarrow 00:41:42.998$ but none of them work because

NOTE Confidence: 0.960954846

 $00:41:42.998 \longrightarrow 00:41:45.370$ major or pterocarcinoma generally

NOTE Confidence: 0.960954846

00:41:45.472 --> 00:41:47.652 like very high mitotic index

NOTE Confidence: 0.960954846

 $00{:}41{:}47.652 \dashrightarrow 00{:}41{:}50.104$ or KSC 7 proliferation index.

NOTE Confidence: 0.960954846

 $00:41:50.104 \longrightarrow 00:41:53.536$ So this is a consensus grading

NOTE Confidence: 0.960954846

 $00{:}41{:}53.536 \dashrightarrow 00{:}41{:}57.115$ system we came up to and what we've

00:41:57.115 --> 00:41:59.905 shown here is that they're really

NOTE Confidence: 0.960954846

 $00{:}41{:}59.905 \dashrightarrow 00{:}42{:}02.318$ highly predictive of outcome.

NOTE Confidence: 0.960954846

00:42:02.320 --> 00:42:04.256 They independently predict outcome

NOTE Confidence: 0.960954846

 $00:42:04.256 \longrightarrow 00:42:06.676$ of major or thyroid carcinomas

NOTE Confidence: 0.18027546

00:42:08.760 --> 00:42:12.540 in including overall survival,

NOTE Confidence: 0.18027546

00:42:12.540 --> 00:42:14.280 disease specific survival,

NOTE Confidence: 0.18027546

00:42:14.280 --> 00:42:16.068 local regional recurrence,

NOTE Confidence: 0.18027546

 $00:42:16.068 \longrightarrow 00:42:18.452$ free survival and distant

NOTE Confidence: 0.18027546

 $00:42:18.452 \longrightarrow 00:42:20.240$ metastasis free survival.

NOTE Confidence: 0.18027546

 $00:42:20.240 \longrightarrow 00:42:22.472$ The low grade macular thyroid carcinoma

NOTE Confidence: 0.18027546

00:42:22.472 --> 00:42:24.994 have a 10 year disease specific

NOTE Confidence: 0.18027546

 $00:42:24.994 \longrightarrow 00:42:28.318$ survival of 97% while the in the high

NOTE Confidence: 0.18027546

 $00{:}42{:}28.318 \dashrightarrow 00{:}42{:}30.620$ grade tumors it's decreased to 53%.

NOTE Confidence: 0.18027546

 $00:42:30.620 \longrightarrow 00:42:33.620$ Same thing for the distant metastasis

NOTE Confidence: 0.18027546

 $00{:}42{:}33.620 \dashrightarrow 00{:}42{:}36.852$ free survivals is 84% in low grade

 $00:42:36.852 \longrightarrow 00:42:39.800$ tumors and 31% in high grade tumors.

NOTE Confidence: 0.7521587

 $00:42:42.400 \longrightarrow 00:42:46.589$ So week based on this study the grading

NOTE Confidence: 0.7521587

 $00:42:46.589 \longrightarrow 00:42:50.095$ scheme that is now included in The

NOTE Confidence: 0.7521587

 $00:42:50.095 \longrightarrow 00:42:53.113$ Who 50 editions and we subsequently

NOTE Confidence: 0.7521587

 $00:42:53.120 \longrightarrow 00:42:56.132$ conduct a separate study looking at

NOTE Confidence: 0.7521587

 $00:42:56.132 \longrightarrow 00:42:59.319$ the molecular profile of these tumors.

NOTE Confidence: 0.7521587

 $00:42:59.320 \longrightarrow 00:43:02.260$ We take most of our tumors with

NOTE Confidence: 0.7521587

 $00:43:02.260 \longrightarrow 00:43:05.078$ tissues and we recruit one more

NOTE Confidence: 0.7521587

00:43:05.080 --> 00:43:08.320 center with being Emory University's.

NOTE Confidence: 0.7521587

 $00:43:08.320 \longrightarrow 00:43:11.592$ So a total of 290 cases of primary

NOTE Confidence: 0.7521587

 $00{:}43{:}11.592 \dashrightarrow 00{:}43{:}13.919$ resected major serial carcinoma.

NOTE Confidence: 0.7521587

 $00{:}43{:}13.920 \dashrightarrow 00{:}43{:}17.592$ And what we found is that right red

NOTE Confidence: 0.7521587

 $00{:}43{:}17.592 \dashrightarrow 00{:}43{:}20.198$ so matic mutation create this grade.

NOTE Confidence: 0.7521587

 $00:43:20.200 \longrightarrow 00:43:23.210$ So there is a much higher percentage

NOTE Confidence: 0.7521587

 $00:43:23.210 \longrightarrow 00:43:25.744$ of right somatic mutations in

NOTE Confidence: 0.7521587

 $00{:}43{:}25.744 \dashrightarrow 00{:}43{:}27.440$ high grade tumor compared.

 $00:43:29.920 \longrightarrow 00:43:31.112$ On the other hand,

NOTE Confidence: 0.84141901

 $00{:}43{:}31.112 \dashrightarrow 00{:}43{:}33.385$ we also found the right somatic mutation

NOTE Confidence: 0.84141901

 $00:43:33.385 \longrightarrow 00:43:36.821$ was associated with larger tumor size,

NOTE Confidence: 0.84141901

00:43:36.821 --> 00:43:39.729 higher prognostic group slash

NOTE Confidence: 0.84141901

 $00{:}43{:}39.729 \dashrightarrow 00{:}43{:}43.000$ stage and vascular invasion.

NOTE Confidence: 0.84141901

 $00{:}43{:}43.000 --> 00{:}43{:}47.410$ RED M918T which is an aggressive

NOTE Confidence: 0.84141901

 $00:43:47.410 \longrightarrow 00:43:50.344$ form of RED mutations was also

NOTE Confidence: 0.84141901

 $00:43:50.344 \longrightarrow 00:43:53.349$ associated with a worst clinical

NOTE Confidence: 0.84141901

 $00:43:53.349 \longrightarrow 00:43:56.586$ pathological features being younger age,

NOTE Confidence: 0.84141901

 $00{:}43{:}56.586 \dashrightarrow 00{:}43{:}59.438$ higher stage vascular invasion,

NOTE Confidence: 0.84141901

 $00:43:59.440 \longrightarrow 00:44:02.560$ extra thyroid extension positive margins.

NOTE Confidence: 0.84141901

 $00{:}44{:}02.560 \dashrightarrow 00{:}44{:}05.400$ But surprisingly it doesn't correlate

NOTE Confidence: 0.84141901

00:44:05.400 --> 00:44:08.920 with the grade in our study.

NOTE Confidence: 0.84141901

 $00:44:08.920 \longrightarrow 00:44:11.640$ I mean you look at the outcome based

NOTE Confidence: 0.84141901

00:44:11.640 --> 00:44:14.144 on molecular signature along we found

 $00:44:14.144 \longrightarrow 00:44:16.880$ that the red somatic mutations or

NOTE Confidence: 0.84141901

 $00{:}44{:}16.967 \dashrightarrow 00{:}44{:}20.273$ germline mutation is associated with a

NOTE Confidence: 0.84141901

 $00{:}44{:}20.273 \dashrightarrow 00{:}44{:}22.945$ decreased distant metastasis or that's

NOTE Confidence: 0.84141901

 $00:44:22.945 \longrightarrow 00:44:25.735$ a type of distant metastasis free

NOTE Confidence: 0.84141901

 $00:44:25.735 \longrightarrow 00:44:28.020$ survivals imagine or thyroid carcinoma.

NOTE Confidence: 0.84141901

 $00:44:28.020 \longrightarrow 00:44:29.840$ On the other hand,

NOTE Confidence: 0.84141901

 $00:44:29.840 \longrightarrow 00:44:32.810$ the Ras mutation have improved over

NOTE Confidence: 0.84141901

 $00:44:32.810 \longrightarrow 00:44:36.896$ survival but only a trend it was not

NOTE Confidence: 0.84141901

 $00:44:36.896 \longrightarrow 00:44:41.815$ significant and M9118T does not make it

NOTE Confidence: 0.84141901

 $00:44:41.815 \longrightarrow 00:44:45.440$ so it was not prognostically significant.

NOTE Confidence: 0.84141901

00:44:45.440 --> 00:44:45.957 However,

NOTE Confidence: 0.84141901

00:44:45.957 --> 00:44:48.542 all this molecular signatures when

NOTE Confidence: 0.84141901

 $00:44:48.542 \longrightarrow 00:44:51.554$ you do macular analysis together with

NOTE Confidence: 0.84141901

 $00{:}44{:}51.554 \to 00{:}44{:}54.557$ grade and group and grade and stage,

NOTE Confidence: 0.84141901

 $00:44:54.560 \longrightarrow 00:44:57.265$ the prognostic relevance of a

NOTE Confidence: 0.84141901

 $00{:}44{:}57.265 \dashrightarrow 00{:}45{:}00.560$ red and RICE mutation was lost.

 $00:45:00.560 \longrightarrow 00:45:03.304$ So in the end is really the grade

NOTE Confidence: 0.84141901

 $00{:}45{:}03.304 \dashrightarrow 00{:}45{:}06.569$ and this stage trumped the molecular

NOTE Confidence: 0.84141901

 $00:45:06.569 \longrightarrow 00:45:09.057$ signature imaginary sero carcinoma

NOTE Confidence: 0.84141901

00:45:09.057 --> 00:45:11.040 in predicting outcome.

NOTE Confidence: 0.84141901

 $00{:}45{:}11.040 \dashrightarrow 00{:}45{:}15.760$ So that's another prove that the grade works.

NOTE Confidence: 0.84141901

 $00:45:15.760 \longrightarrow 00:45:17.944$ One interesting molecular signature

NOTE Confidence: 0.84141901

 $00:45:17.944 \longrightarrow 00:45:20.674$ we found is TP 53.

NOTE Confidence: 0.84141901

 $00{:}45{:}20.680 \dashrightarrow 00{:}45{:}23.620$ It's occurring very low frequency in

NOTE Confidence: 0.84141901

00:45:23.620 --> 00:45:25.880 major steroid carcinoma being 4%,

NOTE Confidence: 0.84141901

 $00:45:25.880 \longrightarrow 00:45:29.072$ but it was associated with decreased

NOTE Confidence: 0.84141901

00:45:29.072 --> 00:45:31.200 survivals including overall survival,

NOTE Confidence: 0.84141901

 $00:45:31.200 \longrightarrow 00:45:31.760$ disease,

NOTE Confidence: 0.84141901

 $00:45:31.760 \longrightarrow 00:45:34.560$ specific survivals and distant metastasis.

NOTE Confidence: 0.84141901

 $00{:}45{:}34.560 \dashrightarrow 00{:}45{:}39.050$ Free survivals since publication

NOTE Confidence: 0.84141901

 $00:45:39.050 \longrightarrow 00:45:42.875$ are grade consensus grading paper.

 $00:45:42.880 \longrightarrow 00:45:44.896$ There are multiple studies,

NOTE Confidence: 0.84141901

00:45:44.896 --> 00:45:47.920 including one from Yeo last year,

NOTE Confidence: 0.84141901

 $00:45:47.920 \longrightarrow 00:45:51.752$ validate that the grade group works.

NOTE Confidence: 0.84141901

 $00:45:51.752 \longrightarrow 00:45:55.544$ It's it's an independent predictor of

NOTE Confidence: 0.84141901

 $00:45:55.544 \longrightarrow 00:45:59.000$ survival for vaginal pterocarcinoma.

NOTE Confidence: 0.812060633333333

 $00:46:02.000 \longrightarrow 00:46:05.732$ We also did some subsequent small

NOTE Confidence: 0.812060633333333

00:46:05.732 --> 00:46:09.514 study showing that the grid can

NOTE Confidence: 0.812060633333333

00:46:09.514 --> 00:46:12.066 be reproducible between academic

NOTE Confidence: 0.8120606333333333

 $00:46:12.066 \longrightarrow 00:46:15.593$ pathologist that was lead by just

NOTE Confidence: 0.812060633333333

00:46:15.593 --> 00:46:19.980 Doctor Balada from Brigham TA 67

NOTE Confidence: 0.812060633333333

 $00{:}46{:}19.980 \dashrightarrow 00{:}46{:}22.530$ Imaginal sero carcinoma can be

NOTE Confidence: 0.812060633333333

 $00:46:22.530 \longrightarrow 00:46:24.679$ accurately assessed by eyeballing

NOTE Confidence: 0.812060633333333

 $00{:}46{:}24.679 \dashrightarrow 00{:}46{:}27.841$ imaging analysis or AI based platform

NOTE Confidence: 0.8120606333333333

 $00{:}46{:}27.841 \dashrightarrow 00{:}46{:}31.677$ that is from Emory group and our group

NOTE Confidence: 0.555421232857143

 $00:46:34.000 \longrightarrow 00:46:36.844$ AE Tiny group. Other further also

NOTE Confidence: 0.555421232857143

 $00:46:36.844 \longrightarrow 00:46:39.600$ further support our observation that

 $00:46:39.600 \longrightarrow 00:46:43.020$ the red somatic mutation is associated

NOTE Confidence: 0.555421232857143

 $00{:}46{:}43.107 \dashrightarrow 00{:}46{:}45.999$ with high grade tumor and outcome.

NOTE Confidence: 0.555421232857143

00:46:46.000 --> 00:46:49.678 And lastly, we just recently published

NOTE Confidence: 0.555421232857143

00:46:49.678 --> 00:46:52.626 A prognostic nomogram developed

NOTE Confidence: 0.555421232857143

 $00:46:52.626 \longrightarrow 00:46:57.215$ using our multi center core and the

NOTE Confidence: 0.555421232857143

00:46:57.215 --> 00:46:59.115 normal Grammy including mitosis,

NOTE Confidence: 0.555421232857143

00:46:59.120 --> 00:47:02.438 tic 7 and tumor necrosis and this

NOTE Confidence: 0.555421232857143

 $00{:}47{:}02.438 \dashrightarrow 00{:}47{:}06.238$ study was lead by the Australia group.

NOTE Confidence: 0.555421232857143

00:47:06.240 --> 00:47:09.876 So that's pretty much the talk.

NOTE Confidence: 0.555421232857143

 $00:47:09.880 \longrightarrow 00:47:12.666$ So the take home message is really

NOTE Confidence: 0.555421232857143

 $00:47:12.666 \longrightarrow 00:47:16.244$ in the thyroid pathologies there is a

NOTE Confidence: 0.555421232857143

 $00:47:16.244 \longrightarrow 00:47:18.584$ shift towards a classification scheme

NOTE Confidence: 0.555421232857143

 $00{:}47{:}18.584 \dashrightarrow 00{:}47{:}21.295$ based on prognostically relevant

NOTE Confidence: 0.555421232857143

 $00{:}47{:}21.295 \dashrightarrow 00{:}47{:}24.675$ histological features and molecular

NOTE Confidence: 0.555421232857143

 $00:47:24.675 \longrightarrow 00:47:27.620$ pathogenesis because Mitos I hope I

 $00:47:27.620 \longrightarrow 00:47:30.254$ showed here mitosis and necosis matters

NOTE Confidence: 0.555421232857143

 $00:47:30.254 \longrightarrow 00:47:32.960$ in both C cell derived carcinomas

NOTE Confidence: 0.555421232857143

 $00:47:32.960 \longrightarrow 00:47:35.800$ and funicar cell derived carcinoma.

NOTE Confidence: 0.555421232857143

 $00:47:35.800 \longrightarrow 00:47:39.382$ And because of that is our part of our

NOTE Confidence: 0.555421232857143

 $00:47:39.382 \longrightarrow 00:47:42.716$ job to search for elevated mitotic

NOTE Confidence: 0.555421232857143

 $00{:}47{:}42.720 \dashrightarrow 00{:}47{:}45.513$ the index and necrosis in this tumor

NOTE Confidence: 0.555421232857143

 $00:47:45.513 \longrightarrow 00:47:48.587$ in order to accurately classify this

NOTE Confidence: 0.555421232857143

00:47:48.587 --> 00:47:52.175 tumor grading this tumor and provide

NOTE Confidence: 0.555421232857143

 $00{:}47{:}52.175 \dashrightarrow 00{:}47{:}55.520$ prognostic relevant data to the clinicians.

NOTE Confidence: 0.555421232857143

 $00:47:55.520 \longrightarrow 00:47:58.400$ So that's pretty much the talk.

NOTE Confidence: 0.555421232857143

 $00:47:58.400 \longrightarrow 00:48:00.822$ Thank you very much and I'm open

NOTE Confidence: 0.55542123285714300:48:00.822 --> 00:48:01.514 to questions.

NOTE Confidence: 0.732103915

 $00:48:05.200 \longrightarrow 00:48:07.000$ Oh yeah, just a second. I was

NOTE Confidence: 0.732103915

00:48:07.000 --> 00:48:10.960 told I have to turn this on. OK,

NOTE Confidence: 0.5108488688

 $00:48:11.520 \longrightarrow 00:48:13.361$ good talk. I like it's the value

NOTE Confidence: 0.5108488688

 $00:48:13.361 \longrightarrow 00:48:15.016$ of necrosis and Mectotis most of

00:48:15.016 --> 00:48:16.899 the things not they got EFNI and

NOTE Confidence: 0.5108488688

 $00:48:16.953 \longrightarrow 00:48:18.598$ we can have ischemic necrosis,

NOTE Confidence: 0.5108488688

 $00:48:18.600 \longrightarrow 00:48:20.205$ attractive proliferation. Yeah.

NOTE Confidence: 0.5108488688

00:48:20.205 --> 00:48:22.880 Are you using this criteria?

NOTE Confidence: 0.5108488688

 $00:48:22.880 \longrightarrow 00:48:24.679$ We are not over calling this group.

NOTE Confidence: 0.559763045

00:48:25.560 --> 00:48:28.422 We exclude I think in all of our study

NOTE Confidence: 0.559763045

 $00:48:28.422 \longrightarrow 00:48:31.190$ we exclude Fla related degenerative

NOTE Confidence: 0.559763045

 $00:48:31.190 \longrightarrow 00:48:33.558$ necrosis and tumor necrosis.

NOTE Confidence: 0.559763045

00:48:33.560 --> 00:48:36.480 So I have to be true tumor necrosis,

NOTE Confidence: 0.559763045

 $00:48:36.480 \longrightarrow 00:48:39.120$ the imaginary cereal carcinoma for example,

NOTE Confidence: 0.559763045

 $00{:}48{:}39.120 \dashrightarrow 00{:}48{:}41.208$ the specifically mentioned here

NOTE Confidence: 0.559763045

 $00{:}48{:}41.208 \dashrightarrow 00{:}48{:}43.818$ FOA related necrosis or degenerated

NOTE Confidence: 0.559763045

 $00{:}48{:}43.818 {\:\dashrightarrow\:} 00{:}48{:}46.160$ necrosis is not tumor necrosis.

NOTE Confidence: 0.559763045

00:48:46.160 --> 00:48:48.560 So you need 2 tumor necrosis. Yeah,

NOTE Confidence: 0.5261931

 $00{:}48{:}53.240 \dashrightarrow 00{:}48{:}58.618$ other question where has a

 $00:48:58.620 \longrightarrow 00:49:03.700$ so-called lumner cell carcinoma that

NOTE Confidence: 0.5261931

 $00{:}49{:}03.700 \dashrightarrow 00{:}49{:}08.175$ always had you can type necros is and

NOTE Confidence: 0.5261931

 $00{:}49{:}08.175 \dashrightarrow 00{:}49{:}10.640$ add like colonic carcinoma like here

NOTE Confidence: 0.321105598

 $00:49:13.240 \longrightarrow 00:49:14.280$ where in the cell could

NOTE Confidence: 0.583769619375

00:49:14.760 --> 00:49:17.184 it be high grade if you have necrosis

NOTE Confidence: 0.583769619375

 $00:49:17.184 \longrightarrow 00:49:19.974$ or elevated mitosis will be high grade

NOTE Confidence: 0.583769619375

 $00:49:19.974 \longrightarrow 00:49:23.040$ differentiated cell carcinoma. So

NOTE Confidence: 0.572335326

 $00:49:23.040 \longrightarrow 00:49:25.320$ you do not recommend columns?

NOTE Confidence: 0.796896029

 $00:49:27.800 \longrightarrow 00:49:31.016$ No. But we do see cases

NOTE Confidence: 0.796896029

 $00{:}49{:}31.016 \dashrightarrow 00{:}49{:}33.160$ resolved necrosis and mitosis.

NOTE Confidence: 0.796896029

00:49:33.160 --> 00:49:35.392 So common cell variants do occur,

NOTE Confidence: 0.796896029

 $00:49:35.392 \longrightarrow 00:49:38.387$ but only those resolved mitosis and necrosis

NOTE Confidence: 0.796896029

00:49:38.387 --> 00:49:40.759 will be called papulosariocarcinoma,

NOTE Confidence: 0.796896029

00:49:40.760 --> 00:49:44.960 coloner cell subtype or rare.

NOTE Confidence: 0.796896029

00:49:44.960 --> 00:49:47.360 But many of those as it was classified

NOTE Confidence: 0.796896029

 $00{:}49{:}47.360 \dashrightarrow 00{:}49{:}49.742$ as one aggressive variance, right.

 $00:49:49.742 \longrightarrow 00:49:52.416$ But I think really because they're high

NOTE Confidence: 0.796896029

 $00{:}49{:}52.416 {\:{\circ}{\circ}{\circ}}>00{:}49{:}55.332$ grade, so there should belongs to the

NOTE Confidence: 0.796896029

00:49:55.332 --> 00:49:58.028 high grade category rather than PTC,

NOTE Confidence: 0.796896029

00:49:58.028 --> 00:49:59.912 popular serial carcinoma,

NOTE Confidence: 0.796896029

 $00:49:59.912 \longrightarrow 00:50:01.796$ common cell variants.

NOTE Confidence: 0.796896029

 $00:50:01.800 \longrightarrow 00:50:04.110$ But we see common cell variants

NOTE Confidence: 0.796896029

 $00:50:04.110 \longrightarrow 00:50:06.180$ without mitosis, we do see rarely.

NOTE Confidence: 0.796896029

 $00:50:06.180 \longrightarrow 00:50:07.480$ We do see them.

NOTE Confidence: 0.796896029

00:50:07.480 --> 00:50:10.240 Yeah, I haven't seen

NOTE Confidence: 0.505808841666667

 $00:50:10.320 \longrightarrow 00:50:12.410$ it also it seems like we have.

NOTE Confidence: 0.505808841666667

00:50:12.410 --> 00:50:15.830 I'll see would be extremely helpful

NOTE Confidence: 0.505808841666667

 $00:50:15.830 \longrightarrow 00:50:19.060$ and diagnosing and positive carcinomas

NOTE Confidence: 0.505808841666667

 $00{:}50{:}19.060 \dashrightarrow 00{:}50{:}21.720$ that may experience carcinomas.

NOTE Confidence: 0.505808841666667

 $00:50:21.720 \longrightarrow 00:50:25.410$ You anyone know what the incidence

NOTE Confidence: 0.505808841666667

 $00:50:25.410 \longrightarrow 00:50:28.236$ of the inevitation is in Gordon?

 $00:50:28.236 \longrightarrow 00:50:31.170$ The like is when as carcinomas

NOTE Confidence: 0.505808841666667

 $00:50:31.265 \longrightarrow 00:50:36.320$ of the they are, they are

NOTE Confidence: 0.532213764285714

00:50:36.520 --> 00:50:40.870 low frequency of my kinase passing

NOTE Confidence: 0.532213764285714

 $00:50:40.870 \longrightarrow 00:50:43.040$ alterations in hidden neck,

NOTE Confidence: 0.532213764285714

 $00:50:43.040 \longrightarrow 00:50:45.506$ mucosal base, squamous cell carcinoma.

NOTE Confidence: 0.532213764285714

 $00:50:45.506 \longrightarrow 00:50:49.838$ I don't have the exact percentage in my I

NOTE Confidence: 0.532213764285714

 $00{:}50{:}49.838 \dashrightarrow 00{:}50{:}52.785$ think all together is less than 10% and

NOTE Confidence: 0.532213764285714

 $00:50:52.785 \longrightarrow 00:50:56.935$ it can be rough and B rough so B rough.

NOTE Confidence: 0.532213764285714

00:50:56.935 --> 00:51:00.920 This entry per SE should be really low,

NOTE Confidence: 0.532213764285714

 $00:51:00.920 \longrightarrow 00:51:05.240$ around 1 to 2% maximum. Yeah.

NOTE Confidence: 0.543475096666667

 $00{:}51{:}09.120 \dashrightarrow 00{:}51{:}11.718$ Sorry. Thank you for coming across

NOTE Confidence: 0.543475096666667

 $00:51:11.720 \longrightarrow 00:51:14.320$ ATC's that have fusion signatures

NOTE Confidence: 0.543475096666667

00:51:14.320 --> 00:51:17.680 like PTP 6 or rather, yeah, yeah,

NOTE Confidence: 0.679260068571429

 $00{:}51{:}17.720 --> 00{:}51{:}20.170$ we do. Actually in our 360 core

NOTE Confidence: 0.679260068571429

 $00:51:20.170 \longrightarrow 00:51:22.786$ we have a few fusion driven

NOTE Confidence: 0.679260068571429

 $00:51:22.786 \longrightarrow 00:51:27.064$ tumor including red PC1 OP and

 $00:51:27.064 \longrightarrow 00:51:30.472$ one in track three I believe.

NOTE Confidence: 0.679260068571429

 $00:51:30.480 \longrightarrow 00:51:34.680$ Yeah, so it happens kind of

NOTE Confidence: 0.583635618333333

 $00:51:34.680 \longrightarrow 00:51:35.920$ just like all the other issues, it's

NOTE Confidence: 0.586197934

 $00:51:35.960 \longrightarrow 00:51:38.280$ just as all the other ATC.

NOTE Confidence: 0.586197934

 $00:51:38.280 \longrightarrow 00:51:40.800$ So by the end when they transform

NOTE Confidence: 0.586197934

 $00:51:40.800 \longrightarrow 00:51:42.720$ to antipathy stereocarcinoma,

NOTE Confidence: 0.586197934

 $00:51:42.720 \longrightarrow 00:51:44.850$ it's really the tumor type

NOTE Confidence: 0.586197934

00:51:44.850 --> 00:51:47.640 that Disney the outcome. Yeah,

NOTE Confidence: 0.589070946

 $00:51:50.520 \longrightarrow 00:51:51.544$ yeah, very nice thought.

NOTE Confidence: 0.589070946

 $00:51:51.544 \longrightarrow 00:51:54.192$ Thank you. Thank you.

NOTE Confidence: 0.589070946

 $00{:}51{:}54.192 \dashrightarrow 00{:}51{:}55.968$ I'm understanding correctly

NOTE Confidence: 0.589070946

00:51:55.968 --> 00:51:58.068 the however the carcinomas in

NOTE Confidence: 0.589070946

 $00{:}51{:}58.068 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}51{:}59.360$ an aggressive category, so you

NOTE Confidence: 0.335769585714286

 $00:52:01.520 \longrightarrow 00:52:05.195$ put re rapture from juniors as well.

NOTE Confidence: 0.335769585714286

 $00:52:05.200 \longrightarrow 00:52:08.462$ And my question is the presence of

00:52:08.462 --> 00:52:11.296 target therapy by rewrap with neck,

NOTE Confidence: 0.335769585714286

 $00:52:11.296 \longrightarrow 00:52:15.984$ has that altered the spiral of the

NOTE Confidence: 0.335769585714286

 $00:52:15.984 \longrightarrow 00:52:18.198$ patients or is that that or not

NOTE Confidence: 0.771089913333333

 $00:52:20.200 \longrightarrow 00:52:21.799$ yet anaplasic styrocarcinoma.

NOTE Confidence: 0.771089913333333

 $00:52:21.799 \longrightarrow 00:52:24.464$ They do have improved survival

NOTE Confidence: 0.771089913333333

 $00:52:24.464 \longrightarrow 00:52:27.360$ because they becoming some of them

NOTE Confidence: 0.771089913333333

 $00:52:27.360 \longrightarrow 00:52:29.291$ becoming surgically managed both

NOTE Confidence: 0.771089913333333

 $00{:}52{:}29.291 \dashrightarrow 00{:}52{:}32.770$ disease if it's local and the plastic

NOTE Confidence: 0.771089913333333

 $00{:}52{:}32.858 \dashrightarrow 00{:}52{:}35.760$ styrocarcinoma and even in decent

NOTE Confidence: 0.771089913333333

 $00{:}52{:}35.760 \dashrightarrow 00{:}52{:}37.826$ metastasis they do control them

NOTE Confidence: 0.771089913333333

 $00{:}52{:}37.826 \longrightarrow 00{:}52{:}41.264$ better because in general the the

NOTE Confidence: 0.771089913333333

 $00:52:41.264 \longrightarrow 00:52:43.184$ average survival for endopathy cereal

NOTE Confidence: 0.771089913333333

 $00:52:43.184 \longrightarrow 00:52:45.479$ carcinoma is only a few months.

NOTE Confidence: 0.771089913333333

 $00:52:45.480 \longrightarrow 00:52:48.906$ And we do have patient Barack and

NOTE Confidence: 0.771089913333333

00:52:48.906 --> 00:52:51.952 Merck survive one year, two years,

NOTE Confidence: 0.771089913333333

 $00:52:51.952 \longrightarrow 00:52:54.540$ but the data is still early

 $00:52:54.540 \longrightarrow 00:52:56.480$ because it's a recent change.

NOTE Confidence: 0.654204587272727

 $00:52:57.000 \longrightarrow 00:52:58.950$ Would you expect that survival benefit

NOTE Confidence: 0.654204587272727

 $00:52:58.950 \longrightarrow 00:53:00.840$ to be carried into the general,

NOTE Confidence: 0.48110821

00:53:02.840 --> 00:53:05.720 no, like unfortunately no birac,

NOTE Confidence: 0.48110821

 $00:53:05.720 \longrightarrow 00:53:09.738$ Merc or birac inhibitor by itself in

NOTE Confidence: 0.48110821

 $00{:}53{:}09.738 \dashrightarrow 00{:}53{:}11.676$ treating differential cyrocarcinoma.

NOTE Confidence: 0.48110821

00:53:11.680 --> 00:53:13.760 Our experience is quite disappointing.

NOTE Confidence: 0.48110821

 $00{:}53{:}13.760 \dashrightarrow 00{:}53{:}15.260$ They're not touching them,

NOTE Confidence: 0.48110821

00:53:15.260 --> 00:53:18.060 they only, they basically only

NOTE Confidence: 0.48110821

 $00{:}53{:}18.060 \dashrightarrow 00{:}53{:}20.320$ treating the anapacic component.

NOTE Confidence: 0.48110821

 $00:53:20.320 \longrightarrow 00:53:21.301$ That's the case.

NOTE Confidence: 0.48110821

 $00:53:21.301 \longrightarrow 00:53:23.263$ I show the differentiated component was

NOTE Confidence: 0.48110821

 $00{:}53{:}23.263 \dashrightarrow 00{:}53{:}25.397$ not touched by the combined the rapy.

NOTE Confidence: 0.48110821

 $00:53:25.400 \longrightarrow 00:53:27.960$ It's there. Yeah, thank you.

NOTE Confidence: 0.4692084975

 $00:53:27.960 \longrightarrow 00:53:31.415$ Actually the general carcinomas patients

 $00:53:31.415 \longrightarrow 00:53:36.360$ by or natural causes not from cancers.

NOTE Confidence: 0.4692084975

 $00{:}53{:}36.360 \dashrightarrow 00{:}53{:}39.916$ So we have the rapy it's known for.

NOTE Confidence: 0.4692084975

 $00:53:39.920 \longrightarrow 00:53:41.240$ So they don't have cancer

NOTE Confidence: 0.742008110909091

 $00:53:43.880 \longrightarrow 00:53:46.274$ but I I was not thinking that

NOTE Confidence: 0.742008110909091

 $00:53:46.274 \longrightarrow 00:53:48.824$ there was an aggressive it was

NOTE Confidence: 0.742008110909091

 $00:53:48.824 \longrightarrow 00:53:52.200$ more aggressive but it's not.

NOTE Confidence: 0.742008110909091

 $00:53:52.200 \longrightarrow 00:53:56.371$ No. So the way very few of

NOTE Confidence: 0.742008110909091

 $00:53:56.371 \longrightarrow 00:53:59.000$ the general kind of once they.

NOTE Confidence: 0.19342594

 $00{:}54{:}10.840 \dashrightarrow 00{:}54{:}14.256$ Yeah. Yeah exactly. So the rash German

NOTE Confidence: 0.19342594

 $00:54:14.256 \longrightarrow 00:54:16.679$ tumor are you already REI sensitive.

NOTE Confidence: 0.636834878181818

 $00:54:16.680 \longrightarrow 00:54:19.312$ Yeah. So they they you already try REI

NOTE Confidence: 0.636834878181818

 $00:54:19.312 \longrightarrow 00:54:22.108$ first for distant metastasis and distant

NOTE Confidence: 0.636834878181818

 $00{:}54{:}22.108 \operatorname{--}{>} 00{:}54{:}24.048$ metastasis in different shapes are

NOTE Confidence: 0.636834878181818

 $00{:}54{:}24.048 {\:\dashrightarrow\:} 00{:}54{:}27.240$ carcinoma is mostly rash driven. Yeah.