WEBVTT

NOTE duration:"00:54:25" NOTE recognizability:0.835

NOTE language:en-us

NOTE Confidence: 0.854699887

 $00:00:00.000 \longrightarrow 00:00:02.070$ It is my pleasure to introduce

NOTE Confidence: 0.854699887

00:00:02.070 --> 00:00:03.450 today's grand round speaker,

NOTE Confidence: 0.854699887

00:00:03.450 --> 00:00:04.863 Doctor David Premer.

NOTE Confidence: 0.854699887

 $00:00:04.863 \longrightarrow 00:00:07.689$ The doctor Premer got his undergraduate

NOTE Confidence: 0.854699887

 $00:00:07.689 \longrightarrow 00:00:10.049$ degree in kinesiology from the

NOTE Confidence: 0.854699887

 $00:00:10.049 \longrightarrow 00:00:12.314$ University of Illinois in Chicago.

NOTE Confidence: 0.854699887

00:00:12.320 --> 00:00:14.252 Got his MD from Saint Louis University

NOTE Confidence: 0.854699887

 $00{:}00{:}14.252 \dashrightarrow 00{:}00{:}15.811$ School of Medicine where he realized

NOTE Confidence: 0.854699887

00:00:15.811 --> 00:00:17.940 early on that he wanted to do pathology.

NOTE Confidence: 0.854699887

 $00{:}00{:}17.940 \dashrightarrow 00{:}00{:}19.746$ His training there included a post

NOTE Confidence: 0.854699887

 $00{:}00{:}19.746 \dashrightarrow 00{:}00{:}21.479$ sophomore year in pathology and he

NOTE Confidence: 0.854699887

 $00:00:21.479 \longrightarrow 00:00:23.145$ also received while he was there the

NOTE Confidence: 0.854699887

00:00:23.145 --> 00:00:24.914 Henry J Pinkerton Award for Outstanding

00:00:24.914 --> 00:00:27.940 Achievement in the study of Pathology.

NOTE Confidence: 0.854699887

 $00{:}00{:}27.940 \dashrightarrow 00{:}00{:}30.496$ He did his training in residency.

NOTE Confidence: 0.854699887

 $00:00:30.500 \longrightarrow 00:00:31.480$ Actually, he was here.

NOTE Confidence: 0.854699887

 $00:00:31.480 \longrightarrow 00:00:32.950$ The last time he was here

NOTE Confidence: 0.854699887

 $00:00:33.003 \longrightarrow 00:00:34.275$ in New Haven was in 2015,

NOTE Confidence: 0.854699887

 $00:00:34.280 \longrightarrow 00:00:36.478$ where he interviewed for a position here.

NOTE Confidence: 0.854699887

 $00:00:36.480 \longrightarrow 00:00:38.838$ But alas, he decided instead to go to the

NOTE Confidence: 0.854699887

 $00:00:38.838 \longrightarrow 00:00:40.769$ Indiana University School of Medicine,

NOTE Confidence: 0.854699887

 $00:00:40.770 \longrightarrow 00:00:44.235$ where he did atomic pathology and neuropath.

NOTE Confidence: 0.854699887

 $00:00:44.240 \longrightarrow 00:00:46.452$ His training while he was there included

NOTE Confidence: 0.854699887

00:00:46.452 --> 00:00:48.696 three months at the New York City

NOTE Confidence: 0.854699887

00:00:48.696 --> 00:00:50.556 office of the Chief Medical Examiner,

NOTE Confidence: 0.854699887

 $00:00:50.560 \longrightarrow 00:00:51.972$ and while a resident,

NOTE Confidence: 0.854699887

00:00:51.972 --> 00:00:53.737 he received the Resident Award

NOTE Confidence: 0.854699887

 $00:00:53.737 \longrightarrow 00:00:55.610$ for Excellence in teaching.

NOTE Confidence: 0.854699887

00:00:55.610 --> 00:00:59.590 Once he finished his residency,

 $00:00:59.590 \longrightarrow 00:00:59.816 \ 2019,$

NOTE Confidence: 0.854699887

 $00{:}00{:}59.816 \dashrightarrow 00{:}01{:}01.624$ he spent a year as an instructor in

NOTE Confidence: 0.854699887

00:01:01.624 --> 00:01:03.275 the division of autopsy pathology

NOTE Confidence: 0.854699887

00:01:03.275 --> 00:01:04.985 at the Johns Hopkins University

NOTE Confidence: 0.854699887

00:01:04.985 --> 00:01:06.366 School of Medicine and unique

NOTE Confidence: 0.854699887

 $00:01:06.366 \longrightarrow 00:01:07.842$ position as far as I know.

NOTE Confidence: 0.854699887

 $00:01:07.850 \longrightarrow 00:01:09.554$ And there he worked with Jody

NOTE Confidence: 0.854699887

00:01:09.554 --> 00:01:11.190 Hooper and worked very closely,

NOTE Confidence: 0.854699887

 $00:01:11.190 \longrightarrow 00:01:12.900$ among other things,

NOTE Confidence: 0.854699887

 $00:01:12.900 \longrightarrow 00:01:15.750$ on the research autopsy program.

NOTE Confidence: 0.854699887

 $00:01:15.750 \longrightarrow 00:01:16.996$ That was one of the one of

NOTE Confidence: 0.854699887

00:01:16.996 --> 00:01:18.149 the best in the country,

NOTE Confidence: 0.854699887

 $00{:}01{:}18.150 \dashrightarrow 00{:}01{:}18.834$ my opinion.

NOTE Confidence: 0.854699887

 $00:01:18.834 \longrightarrow 00:01:21.228$ He's now an assistant professor of pathology

NOTE Confidence: 0.854699887

00:01:21.228 --> 00:01:23.607 at the Uniformed Services University,

 $00:01:23.610 \longrightarrow 00:01:24.452$ Edward A.

NOTE Confidence: 0.854699887

00:01:24.452 --> 00:01:26.136 Bear School of Medicine.

NOTE Confidence: 0.854699887

 $00:01:26.140 \longrightarrow 00:01:27.940$ And he's the clinical director of

NOTE Confidence: 0.854699887

 $00{:}01{:}27.940 \dashrightarrow 00{:}01{:}29.488$ the Department of Defense Brain

NOTE Confidence: 0.854699887

 $00:01:29.488 \longrightarrow 00:01:31.258$ Tissue Repository and works with the

NOTE Confidence: 0.854699887

 $00{:}01{:}31.258 \dashrightarrow 00{:}01{:}33.328$ Henry M Jackson Foundation for the

NOTE Confidence: 0.854699887

 $00{:}01{:}33.328 \dashrightarrow 00{:}01{:}34.840$ Advancement of Military Medicine.

NOTE Confidence: 0.854699887

00:01:34.840 --> 00:01:36.520 He's an active neuropathologist

NOTE Confidence: 0.854699887

 $00:01:36.520 \longrightarrow 00:01:37.780$ and signs out.

NOTE Confidence: 0.854699887

 $00:01:37.780 \longrightarrow 00:01:39.694$ He has privileges at the Walter

NOTE Confidence: 0.854699887

 $00{:}01{:}39.694 \dashrightarrow 00{:}01{:}41.364$ Reed National Medical Center and

NOTE Confidence: 0.854699887

00:01:41.364 --> 00:01:43.064 he's heavily involved with teaching

NOTE Confidence: 0.854699887

 $00:01:43.064 \longrightarrow 00:01:44.960$ pathology to the medical students.

NOTE Confidence: 0.854699887

 $00{:}01{:}44.960 \dashrightarrow 00{:}01{:}46.940$ He's giving talks across the country,

NOTE Confidence: 0.854699887

 $00:01:46.940 \longrightarrow 00:01:50.783$ and in his early career he's

NOTE Confidence: 0.854699887

00:01:50.783 --> 00:01:52.889 already gotten a book chapter in

00:01:52.889 --> 00:01:55.098 28 peer reviewed publications,

NOTE Confidence: 0.854699887

 $00:01:55.100 \longrightarrow 00:01:56.360$ including a first author.

NOTE Confidence: 0.854699887

 $00:01:56.360 \longrightarrow 00:01:58.649$ Publication last year and the New England

NOTE Confidence: 0.854699887

00:01:58.649 --> 00:02:00.707 Journal of Medicine on today's topic.

NOTE Confidence: 0.868153745172414

 $00:02:02.780 \longrightarrow 00:02:04.388$ I've had the privilege of working

NOTE Confidence: 0.868153745172414

 $00:02:04.388 \longrightarrow 00:02:06.610$ with him on the autopsy committee of

NOTE Confidence: 0.868153745172414

 $00:02:06.610 \longrightarrow 00:02:08.420$ the College of American Pathologists

NOTE Confidence: 0.868153745172414

 $00:02:08.420 \longrightarrow 00:02:10.997$ where he is the editor for the

NOTE Confidence: 0.868153745172414

 $00:02:10.997 \longrightarrow 00:02:12.433$ autopsy continually education series.

NOTE Confidence: 0.868153745172414

00:02:12.440 --> 00:02:14.726 And I think David's work really

NOTE Confidence: 0.868153745172414

 $00:02:14.726 \longrightarrow 00:02:17.287$ demonstrates the power of applying a

NOTE Confidence: 0.868153745172414

 $00:02:17.287 \longrightarrow 00:02:19.697$ solid background in anatomic pathology

NOTE Confidence: 0.868153745172414

 $00{:}02{:}19.697 \dashrightarrow 00{:}02{:}21.959$ along with information technology and

NOTE Confidence: 0.868153745172414

 $00:02:21.959 \longrightarrow 00:02:24.203$ and and sort of molecular technology

NOTE Confidence: 0.868153745172414

00:02:24.203 --> 00:02:28.420 to a large well curated tissue back.

 $00:02:28.420 \longrightarrow 00:02:30.596$ So today he's going to speak to us

NOTE Confidence: 0.868153745172414

 $00:02:30.596 \longrightarrow 00:02:32.720$ on chronic traumatic encephalopathy.

NOTE Confidence: 0.868153745172414

00:02:32.720 --> 00:02:35.920 And military service. It's all yours.

NOTE Confidence: 0.849563992222222

00:02:40.130 --> 00:02:42.174 Alrighty, thank you Harry

NOTE Confidence: 0.849563992222222

 $00:02:42.174 \longrightarrow 00:02:44.729$ for those really kind words.

NOTE Confidence: 0.849563992222222

 $00{:}02{:}44.730 \dashrightarrow 00{:}02{:}47.322$ It's sounds a lot nicer than I think

NOTE Confidence: 0.849563992222222

00:02:47.322 --> 00:02:49.629 I almost deserve at this point,

NOTE Confidence: 0.849563992222222

 $00:02:49.630 \longrightarrow 00:02:51.830$ but thank you very much.

NOTE Confidence: 0.849563992222222

 $00:02:51.830 \longrightarrow 00:02:53.470$ I want to thank all of you for

NOTE Confidence: 0.849563992222222

 $00:02:53.470 \longrightarrow 00:02:54.629$ attending my talk and inviting

NOTE Confidence: 0.849563992222222

 $00{:}02{:}54.629 \dashrightarrow 00{:}02{:}56.027$ me here to to speak today.

NOTE Confidence: 0.849563992222222

 $00:02:56.030 \longrightarrow 00:02:57.650$ I'm doctor David primer.

NOTE Confidence: 0.849563992222222

00:02:57.650 --> 00:02:58.865 As Harry said,

NOTE Confidence: 0.849563992222222

00:02:58.870 --> 00:03:00.652 I'm an assistant professor of pathology

NOTE Confidence: 0.849563992222222

00:03:00.652 --> 00:03:02.390 at the Uniformed Services University,

NOTE Confidence: 0.849563992222222

 $00{:}03{:}02.390 \dashrightarrow 00{:}03{:}03.886$ the Human Neuropathology clinical

00:03:03.886 --> 00:03:06.130 director at the Department of Defense,

NOTE Confidence: 0.849563992222222

 $00:03:06.130 \longrightarrow 00:03:08.956$ USU brain Tissue repository where our.

NOTE Confidence: 0.849563992222222

 $00:03:08.960 \longrightarrow 00:03:11.389$ Primary focus is as a tissue bank

NOTE Confidence: 0.849563992222222

 $00:03:11.389 \longrightarrow 00:03:13.950$ studying a TBI or traumatic brain

NOTE Confidence: 0.849563992222222

 $00:03:13.950 \longrightarrow 00:03:16.350$ injury in the military population.

NOTE Confidence: 0.849563992222222

 $00{:}03{:}16.350 \dashrightarrow 00{:}03{:}18.166$ And today I'm going to talk to you

NOTE Confidence: 0.849563992222222

 $00:03:18.166 \longrightarrow 00:03:20.195$ about our experience with chronic

NOTE Confidence: 0.849563992222222

 $00:03:20.195 \longrightarrow 00:03:22.292$ traumatic encephalopathy, or CTE,

NOTE Confidence: 0.849563992222222

00:03:22.292 --> 00:03:24.456 specifically in military personnel.

NOTE Confidence: 0.806774728888889

 $00:03:28.410 \longrightarrow 00:03:29.830$ Ohh, here we go.

NOTE Confidence: 0.806774728888889

 $00:03:29.830 \longrightarrow 00:03:31.605$ This is my required disclaimer.

NOTE Confidence: 0.806774728888889

 $00:03:31.610 \longrightarrow 00:03:33.260$ None of my opinions are are

NOTE Confidence: 0.806774728888889

 $00:03:33.260 \longrightarrow 00:03:34.804$ necessarily those of the federal

NOTE Confidence: 0.806774728888889

 $00:03:34.804 \longrightarrow 00:03:36.368$ government or its affiliates.

NOTE Confidence: 0.806774728888889

 $00:03:36.370 \longrightarrow 00:03:38.662$ I do not have any conflicts

 $00:03:38.662 \longrightarrow 00:03:40.190$ of interest to disclose.

NOTE Confidence: 0.806774728888889

00:03:40.190 --> 00:03:41.694 These are some objectives

NOTE Confidence: 0.806774728888889

 $00:03:41.694 \longrightarrow 00:03:43.574$ which we will cover today.

NOTE Confidence: 0.806774728888889

 $00:03:43.580 \longrightarrow 00:03:45.080$ And to begin this talk,

NOTE Confidence: 0.806774728888889

 $00:03:45.080 \longrightarrow 00:03:48.088$ I want to give a rather a comprehensive

NOTE Confidence: 0.806774728888889

00:03:48.088 --> 00:03:49.990 history of chronic traumatic

NOTE Confidence: 0.806774728888889

 $00:03:49.990 \longrightarrow 00:03:52.126$ encephalopathy from its inception

NOTE Confidence: 0.806774728888889

 $00:03:52.126 \longrightarrow 00:03:55.398$ about 100 years ago to modern day.

NOTE Confidence: 0.806774728888889

 $00:03:55.400 \longrightarrow 00:03:58.011$ And like I said the timeline of

NOTE Confidence: 0.806774728888889

 $00:03:58.011 \longrightarrow 00:03:59.455$ product traumatic encephalopathy it

NOTE Confidence: 0.806774728888889

 $00{:}03{:}59.455 \dashrightarrow 00{:}04{:}01.289$ takes place or it has taken place

NOTE Confidence: 0.806774728888889

00:04:01.289 --> 00:04:03.253 now over the course of approximately

NOTE Confidence: 0.806774728888889

 $00:04:03.253 \longrightarrow 00:04:05.719$ 100 years and and it's outlined in

NOTE Confidence: 0.806774728888889

 $00:04:05.719 \longrightarrow 00:04:08.512$ detail here and what we'll go over

NOTE Confidence: 0.806774728888889

00:04:08.512 --> 00:04:11.197 this timeline and it really begins in

NOTE Confidence: 0.806774728888889

 $00:04:11.200 \longrightarrow 00:04:13.530$ 1928 with Doctor Harrison Martland.

00:04:13.530 --> 00:04:16.015 Who is a pathologist and

NOTE Confidence: 0.806774728888889

00:04:16.015 --> 00:04:18.003 a clinician in Newark,

NOTE Confidence: 0.806774728888889

 $00:04:18.010 \longrightarrow 00:04:21.334$ NJ who described a A syndrome

NOTE Confidence: 0.806774728888889

 $00:04:21.334 \longrightarrow 00:04:23.550$ in a professional boxers,

NOTE Confidence: 0.806774728888889

00:04:23.550 --> 00:04:25.402 particularly the brawling type,

NOTE Confidence: 0.806774728888889

 $00:04:25.402 \longrightarrow 00:04:26.328$ professional boxers,

NOTE Confidence: 0.806774728888889

 $00:04:26.330 \longrightarrow 00:04:28.285$ numerous heavy knockouts over their

NOTE Confidence: 0.806774728888889

 $00{:}04{:}28.285 \dashrightarrow 00{:}04{:}31.055$ long careers that he called the Punch

NOTE Confidence: 0.806774728888889

 $00{:}04{:}31.055 \dashrightarrow 00{:}04{:}32.920$ Drunk syndrome and he character,

NOTE Confidence: 0.806774728888889

 $00{:}04{:}32.920 \dashrightarrow 00{:}04{:}35.153$ and this is a clinical designation he

NOTE Confidence: 0.806774728888889

00:04:35.153 --> 00:04:36.970 he characterized early symptomatology,

NOTE Confidence: 0.806774728888889

 $00:04:36.970 \longrightarrow 00:04:39.402$ those in post fight and in the weeks

NOTE Confidence: 0.806774728888889

 $00{:}04{:}39.402 \dashrightarrow 00{:}04{:}41.568$ and months following a hard fight,

NOTE Confidence: 0.806774728888889

 $00:04:41.570 \longrightarrow 00:04:44.380$ symptoms of unsteady gait disequilibrium.

NOTE Confidence: 0.806774728888889

 $00:04:44.380 \longrightarrow 00:04:46.365$ And oftentimes the patient

 $00:04:46.365 \longrightarrow 00:04:48.771$ would appear as though they are

NOTE Confidence: 0.806774728888889

 $00{:}04{:}48.771 \dashrightarrow 00{:}04{:}50.829$ intoxicated or slug nutty as he

NOTE Confidence: 0.806774728888889

 $00:04:50.829 \longrightarrow 00:04:53.572$ referred to it in his in his paper

NOTE Confidence: 0.806774728888889

 $00{:}04{:}53.572 \dashrightarrow 00{:}04{:}55.623$ OK and he characterized late stage

NOTE Confidence: 0.806774728888889

 $00:04:55.623 \longrightarrow 00:04:57.638$ symptomatology in these patients as

NOTE Confidence: 0.806774728888889

 $00:04:57.638 \longrightarrow 00:04:59.725$ well typically years after retirement

NOTE Confidence: 0.806774728888889

 $00:04:59.725 \longrightarrow 00:05:01.800$ from their long boxing careers.

NOTE Confidence: 0.806774728888889

 $00{:}05{:}01.800 \dashrightarrow 00{:}05{:}04.110$ And he described a combinations

NOTE Confidence: 0.806774728888889

 $00{:}05{:}04.110 --> 00{:}05{:}05.958$ of of various motor,

NOTE Confidence: 0.806774728888889

 $00:05:05.960 \longrightarrow 00:05:08.292$ cognitive and behavioral symptomatology.

NOTE Confidence: 0.806774728888889

 $00{:}05{:}08.292 \dashrightarrow 00{:}05{:}11.207$ The motor symptomatology not infrequently

NOTE Confidence: 0.806774728888889

 $00:05:11.207 \longrightarrow 00:05:13.777$ included tremors or Frank Parkinsonism.

NOTE Confidence: 0.806774728888889

 $00:05:13.780 \longrightarrow 00:05:14.402$ The.

NOTE Confidence: 0.806774728888889

00:05:14.402 --> 00:05:16.268 Cognitive symptomatology not

NOTE Confidence: 0.806774728888889

 $00:05:16.268 \longrightarrow 00:05:18.756$ infrequently included frank dementia.

NOTE Confidence: 0.806774728888889

 $00:05:18.760 \longrightarrow 00:05:20.454$ And so he postulated at the time,

 $00:05:20.460 \longrightarrow 00:05:21.416$ in 1928,

NOTE Confidence: 0.806774728888889

 $00:05:21.416 \longrightarrow 00:05:24.284$ that this may actually represent a

NOTE Confidence: 0.806774728888889

 $00:05:24.284 \longrightarrow 00:05:25.698$ chronic neurodegenerative disease

NOTE Confidence: 0.806774728888889

00:05:25.698 --> 00:05:28.026 in the boxing community and that

NOTE Confidence: 0.806774728888889

 $00:05:28.026 \longrightarrow 00:05:30.159$ we should study this further.

NOTE Confidence: 0.806774728888889

 $00:05:30.160 \longrightarrow 00:05:33.536$ So moving forward into the 1930s and 40s,

NOTE Confidence: 0.806774728888889

 $00:05:33.540 \longrightarrow 00:05:35.192$ more clinicians and researchers

NOTE Confidence: 0.806774728888889

 $00:05:35.192 \longrightarrow 00:05:37.257$ came out with further clinical

NOTE Confidence: 0.806774728888889

00:05:37.257 --> 00:05:38.779 descriptions of this phenomenon,

NOTE Confidence: 0.806774728888889

 $00:05:38.780 \longrightarrow 00:05:41.440$ including now a famous doctors mill Spa,

NOTE Confidence: 0.806774728888889

00:05:41.440 --> 00:05:42.847 Harry Parker, McDonald,

NOTE Confidence: 0.806774728888889 00:05:42.847 --> 00:05:43.316 Critchley,

NOTE Confidence: 0.806774728888889

 $00{:}05{:}43.316 \dashrightarrow 00{:}05{:}45.661$ who all described similar phenomenon

NOTE Confidence: 0.806774728888889

 $00{:}05{:}45.661 \to 00{:}05{:}47.977$ in the brains of former boxers,

NOTE Confidence: 0.806774728888889

 $00:05:47.980 \longrightarrow 00:05:50.038$ however they were as a collective.

 $00:05:50.040 \longrightarrow 00:05:52.716$ Somewhat adverse to using the term

NOTE Confidence: 0.806774728888889

 $00:05:52.716 \longrightarrow 00:05:55.669$ punch-drunk to to describe these patients.

NOTE Confidence: 0.806774728888889

 $00:05:55.670 \longrightarrow 00:05:57.945$ And so here even doctor Millspaugh refers

NOTE Confidence: 0.806774728888889

 $00:05:57.945 \longrightarrow 00:06:00.488$ to punch drunk as a derisive connotation.

NOTE Confidence: 0.806774728888889

 $00:06:00.490 \longrightarrow 00:06:03.367$ And so new nomenclature started to emerge,

NOTE Confidence: 0.806774728888889

 $00:06:03.370 \longrightarrow 00:06:05.530$ dementia pugilistica and now as

NOTE Confidence: 0.806774728888889

 $00:06:05.530 \longrightarrow 00:06:06.826$ we know today,

NOTE Confidence: 0.806774728888889

00:06:06.830 --> 00:06:09.080 traumatic encephalopathy or

NOTE Confidence: 0.806774728888889

 $00:06:09.080 \longrightarrow 00:06:11.330$ chronic traumatic encephalopathy.

NOTE Confidence: 0.806774728888889

00:06:11.330 --> 00:06:13.922 But keep in mind at this point in time,

NOTE Confidence: 0.806774728888889

 $00{:}06{:}13.930 \dashrightarrow 00{:}06{:}16.324$ all of this research is based on

NOTE Confidence: 0.806774728888889

 $00:06:16.324 \longrightarrow 00:06:18.067$ clinical assessments of current and

NOTE Confidence: 0.806774728888889

 $00:06:18.067 \longrightarrow 00:06:20.349$ former boxers at this point in time.

NOTE Confidence: 0.806774728888889

 $00:06:20.350 \longrightarrow 00:06:22.460$ No brain was actually examined

NOTE Confidence: 0.806774728888889

 $00:06:22.460 \longrightarrow 00:06:24.148$ of a former boxer,

NOTE Confidence: 0.806774728888889

 $00:06:24.150 \longrightarrow 00:06:27.279$ and it actually took almost 50 years

 $00:06:27.279 \longrightarrow 00:06:29.308$ since Doctor Martin's first description

NOTE Confidence: 0.806774728888889

 $00:06:29.308 \longrightarrow 00:06:31.564$ of the Punch drunk syndrome for

NOTE Confidence: 0.806774728888889

 $00:06:31.564 \longrightarrow 00:06:34.404$ there to be a definitive report that

NOTE Confidence: 0.806774728888889

 $00:06:34.404 \longrightarrow 00:06:36.004$ described relatively unique pathology

NOTE Confidence: 0.806774728888889

 $00:06:36.063 \longrightarrow 00:06:38.709$ in the brains in the brains of former boxers.

NOTE Confidence: 0.806774728888889

 $00:06:38.710 \longrightarrow 00:06:40.761$ And that is the paper by Doctor

NOTE Confidence: 0.806774728888889

00:06:40.761 --> 00:06:41.347 Nick dorsalis,

NOTE Confidence: 0.806774728888889

 $00:06:41.350 \longrightarrow 00:06:43.182$ the aftermath of boxing,

NOTE Confidence: 0.806774728888889

 $00{:}06{:}43.182 \dashrightarrow 00{:}06{:}45.930$ in which he reports a constellation

NOTE Confidence: 0.806774728888889

 $00:06:46.014 \longrightarrow 00:06:47.778$ of neuropathology in the

NOTE Confidence: 0.806774728888889

 $00:06:47.778 \longrightarrow 00:06:49.983$ brains of 15 former boxers,

NOTE Confidence: 0.806774728888889

 $00:06:49.990 \longrightarrow 00:06:51.678$ most of which were.

NOTE Confidence: 0.806774728888889

 $00{:}06{:}51.678 \dashrightarrow 00{:}06{:}53.366$ Professional boxers and again,

NOTE Confidence: 0.861271546

 $00:06:53.370 \longrightarrow 00:06:55.314$ it includes relatively unique

NOTE Confidence: 0.861271546

 $00:06:55.314 \longrightarrow 00:06:57.258$ gross findings coincident with

 $00:06:57.258 \longrightarrow 00:06:59.376$ microscopic findings. A grossly Dr.

NOTE Confidence: 0.861271546

00:06:59.376 --> 00:07:01.286 Corsellis made the observation that

NOTE Confidence: 0.861271546

 $00{:}07{:}01.286 \dashrightarrow 00{:}07{:}03.729$ these former boxers frequently had a

NOTE Confidence: 0.861271546

 $00{:}07{:}03.729 \dashrightarrow 00{:}07{:}05.749$ defects in their separate glycinin,

NOTE Confidence: 0.861271546

 $00:07:05.750 \longrightarrow 00:07:07.070$ whether that be cavum, septum,

NOTE Confidence: 0.861271546

 $00:07:07.070 \longrightarrow 00:07:08.558$ pellucidum, or fenestrations or

NOTE Confidence: 0.861271546

 $00:07:08.558 \longrightarrow 00:07:10.920$ tears in the septum, and so on.

NOTE Confidence: 0.861271546

 $00:07:10.920 \longrightarrow 00:07:12.950$ He additionally noted atrophy in the in

NOTE Confidence: 0.861271546

 $00:07:13.015 \longrightarrow 00:07:15.195$ the hypothalamus and mammillary bodies

NOTE Confidence: 0.861271546

 $00:07:15.195 \longrightarrow 00:07:17.375$ that not infrequently contributed to

NOTE Confidence: 0.861271546

 $00:07:17.434 \longrightarrow 00:07:19.384$ some dilatation of the third ventricle

NOTE Confidence: 0.861271546

 $00:07:19.384 \longrightarrow 00:07:21.598$ as opposed to the lateral ventricles.

NOTE Confidence: 0.861271546

00:07:21.598 --> 00:07:24.322 As well as depigmentation of the

NOTE Confidence: 0.861271546

 $00:07:24.322 \longrightarrow 00:07:26.419$ pigmented nuclei in the brainstem.

NOTE Confidence: 0.861271546

 $00:07:26.420 \longrightarrow 00:07:27.905$ And the microscopy is where

NOTE Confidence: 0.861271546

 $00:07:27.905 \longrightarrow 00:07:29.093$ it really got interesting.

00:07:29.100 --> 00:07:31.008 He noted neurofibrillary pathology,

NOTE Confidence: 0.861271546

00:07:31.008 --> 00:07:32.916 neurofibrillary tangles to high

NOTE Confidence: 0.861271546

 $00:07:32.916 \longrightarrow 00:07:35.160$ degrees in the cerebral cortex,

NOTE Confidence: 0.861271546

00:07:35.160 --> 00:07:36.744 and mesial temporal structures

NOTE Confidence: 0.861271546

 $00:07:36.744 \longrightarrow 00:07:37.536$ like hippocampus,

NOTE Confidence: 0.861271546

 $00:07:37.540 \longrightarrow 00:07:40.235$ and in the pigmented brain stem nuclei.

NOTE Confidence: 0.861271546

 $00:07:40.240 \longrightarrow 00:07:42.116$ But he noted these in the absence

NOTE Confidence: 0.861271546

 $00{:}07{:}42.116 \dashrightarrow 00{:}07{:}43.620$ of evidence of senile plaques

NOTE Confidence: 0.861271546

 $00:07:43.620 \longrightarrow 00:07:45.215$ in the majority of cases,

NOTE Confidence: 0.861271546

 $00:07:45.220 \longrightarrow 00:07:46.630$ and in those cases that did

NOTE Confidence: 0.861271546

 $00:07:46.630 \longrightarrow 00:07:47.335$ have senile plagues,

NOTE Confidence: 0.861271546

 $00:07:47.340 \longrightarrow 00:07:49.445$ the tangle pathology far was

NOTE Confidence: 0.861271546

 $00{:}07{:}49.445 \dashrightarrow 00{:}07{:}52.085$ far out of proportion to what

NOTE Confidence: 0.861271546

 $00:07:52.085 \longrightarrow 00:07:54.335$ the the plaque pathology was.

NOTE Confidence: 0.861271546

 $00:07:54.340 \longrightarrow 00:07:55.870$ And so ultimately he concludes

 $00:07:55.870 \longrightarrow 00:07:56.788$ that these changes.

NOTE Confidence: 0.861271546

 $00{:}07{:}56.790 \dashrightarrow 00{:}07{:}58.770$ Have no particular connection

NOTE Confidence: 0.861271546

 $00:07:58.770 \longrightarrow 00:08:00.255$ with Alzheimer's disease,

NOTE Confidence: 0.861271546

 $00:08:00.260 \longrightarrow 00:08:02.192$ and in fact the alteration that links

NOTE Confidence: 0.861271546

 $00:08:02.192 \longrightarrow 00:08:03.697$ this condition with repeated head

NOTE Confidence: 0.861271546

 $00:08:03.697 \longrightarrow 00:08:05.867$ injury is the curious way in which

NOTE Confidence: 0.861271546

 $00:08:05.867 \longrightarrow 00:08:07.160$ neurofibrillary tangles develop in

NOTE Confidence: 0.861271546

 $00:08:07.160 \longrightarrow 00:08:08.705$ the absence of neuritic plaques,

NOTE Confidence: 0.861271546

 $00{:}08{:}08.710 \dashrightarrow 00{:}08{:}10.154$ therefore not Alzheimer's disease.

NOTE Confidence: 0.861271546

00:08:10.154 --> 00:08:13.020 And his final statement is he knows of

NOTE Confidence: 0.861271546

 $00{:}08{:}13.020 \dashrightarrow 00{:}08{:}15.267$ no other condition that has the same

NOTE Confidence: 0.861271546

00:08:15.267 --> 00:08:17.228 combination of neuropathologic findings.

NOTE Confidence: 0.861271546

 $00:08:17.230 \longrightarrow 00:08:20.126$ And so it is with this paper that

NOTE Confidence: 0.861271546

00:08:20.126 --> 00:08:21.859 the neuropathology of CTE starts

NOTE Confidence: 0.861271546

 $00:08:21.859 \longrightarrow 00:08:24.268$ to 1st emerge in the early 1970s.

NOTE Confidence: 0.861271546

 $00:08:24.268 \longrightarrow 00:08:27.008$ OK, however, at this time.

00:08:27.010 --> 00:08:28.502 A chronic traumatic encephalopathy

NOTE Confidence: 0.861271546

 $00:08:28.502 \longrightarrow 00:08:30.367$ is a rather obscure disease.

NOTE Confidence: 0.861271546

 $00:08:30.370 \longrightarrow 00:08:31.800$ It's thought to be rare,

NOTE Confidence: 0.861271546

 $00:08:31.800 \longrightarrow 00:08:34.467$ and it's thought to be more or

NOTE Confidence: 0.861271546

00:08:34.467 --> 00:08:36.890 less unique to former boxers.

NOTE Confidence: 0.861271546

00:08:36.890 --> 00:08:38.770 And from a research standpoint,

NOTE Confidence: 0.861271546

 $00:08:38.770 \longrightarrow 00:08:40.918$ this disease kind of lays low

NOTE Confidence: 0.861271546

 $00:08:40.918 \longrightarrow 00:08:42.350$ for a long time.

NOTE Confidence: 0.861271546

 $00:08:42.350 \longrightarrow 00:08:44.786$ It's dormant for for several decades.

NOTE Confidence: 0.861271546

00:08:44.790 --> 00:08:47.956 But that all changes in 2005 when

NOTE Confidence: 0.861271546

00:08:47.956 --> 00:08:51.463 CTE meets the NFL with now with

NOTE Confidence: 0.861271546

 $00:08:51.463 \longrightarrow 00:08:53.360$ the now famous case report that was

NOTE Confidence: 0.861271546

00:08:53.424 --> 00:08:55.309 published by Doctor Bennett Omalu,

NOTE Confidence: 0.861271546

 $00:08:55.310 \longrightarrow 00:08:56.920$ who is a neuropathologist and

NOTE Confidence: 0.861271546

 $00:08:56.920 \longrightarrow 00:08:57.906$ forensic pathologist. Pittsburgh.

00:08:57.906 --> 00:08:58.914 At the time,

NOTE Confidence: 0.861271546

 $00:08:58.914 \longrightarrow 00:09:01.385$ he received the brain of a former

NOTE Confidence: 0.861271546

 $00{:}09{:}01.385 \dashrightarrow 00{:}09{:}03.713$ high profile NFL athlete and he

NOTE Confidence: 0.861271546

 $00:09:03.713 \longrightarrow 00:09:05.819$ diagnosed changes of chronic traumatic

NOTE Confidence: 0.861271546

00:09:05.819 --> 00:09:07.989 encephalopathy in this brain and

NOTE Confidence: 0.861271546

 $00{:}09{:}07.989 \dashrightarrow 00{:}09{:}10.323$ of course urged the community to

NOTE Confidence: 0.861271546

 $00:09:10.323 \longrightarrow 00:09:11.687$ study football players further.

NOTE Confidence: 0.861271546

00:09:11.690 --> 00:09:14.147 And as many in the audience know,

NOTE Confidence: 0.861271546

 $00:09:14.150 \longrightarrow 00:09:17.930$ this resulted in a rather

NOTE Confidence: 0.861271546

 $00:09:17.930 \longrightarrow 00:09:20.198$ significant public interest.

NOTE Confidence: 0.861271546

 $00{:}09{:}20.200 \dashrightarrow 00{:}09{:}23.170$ And so ultimately also in the

NOTE Confidence: 0.861271546

 $00:09:23.170 \longrightarrow 00:09:25.788$ creation in 2008 of the Boston

NOTE Confidence: 0.861271546

00:09:25.788 --> 00:09:28.230 University CTE Center and Brain Bank,

NOTE Confidence: 0.861271546

 $00:09:28.230 \longrightarrow 00:09:29.922$ which has been headed this entire

NOTE Confidence: 0.861271546

00:09:29.922 --> 00:09:31.440 time by Doctor Ann McKee,

NOTE Confidence: 0.861271546

 $00:09:31.440 \longrightarrow 00:09:32.970$ who's pictured on the left.

 $00:09:32.970 \longrightarrow 00:09:34.290$ And it's really doctor Mickey's

NOTE Confidence: 0.861271546

 $00:09:34.290 \longrightarrow 00:09:36.037$ work and the worker for colleagues

NOTE Confidence: 0.861271546

 $00:09:36.037 \longrightarrow 00:09:37.533$ and receiving numerous brains

NOTE Confidence: 0.861271546

 $00:09:37.533 \longrightarrow 00:09:39.029$ from former football players,

NOTE Confidence: 0.861271546

 $00:09:39.030 \longrightarrow 00:09:40.582$ particularly professional football players,

NOTE Confidence: 0.861271546

 $00:09:40.582 \longrightarrow 00:09:43.870$ and has found that a very high percentage,

NOTE Confidence: 0.861271546

00:09:43.870 --> 00:09:47.488 approaching 100% of former NFL players

NOTE Confidence: 0.861271546

 $00:09:47.490 \longrightarrow 00:09:50.250$ have CTE pathology. That is not.

NOTE Confidence: 0.861271546

 $00:09:50.250 \longrightarrow 00:09:52.580$ Visible in age match controls.

NOTE Confidence: 0.861271546 00:09:52.580 --> 00:09:52.844 OK. NOTE Confidence: 0.861271546

 $00:09:52.844 \longrightarrow 00:09:54.428$ And so the result of this,

NOTE Confidence: 0.861271546

00:09:54.430 --> 00:09:56.640 as you can imagine and as many of you know,

NOTE Confidence: 0.861271546

 $00{:}09{:}56.640 \dashrightarrow 00{:}09{:}58.440$ was an absolute media firestorm.

NOTE Confidence: 0.861271546

00:09:58.440 --> 00:10:00.648 Innumerable magazine articles,

NOTE Confidence: 0.861271546

00:10:00.648 --> 00:10:02.120 online articles,

 $00:10:02.120 \longrightarrow 00:10:03.936$ newspaper articles that continue

NOTE Confidence: 0.861271546

 $00:10:03.936 \longrightarrow 00:10:06.206$ to this day publish books,

NOTE Confidence: 0.787891618888889

00:10:06.210 --> 00:10:08.688 Hollywood movies and then ultimately a

NOTE Confidence: 0.787891618888889

 $00:10:08.688 \longrightarrow 00:10:10.798$ congressional hearings with NFL leadership

NOTE Confidence: 0.787891618888889

 $00:10:10.798 \longrightarrow 00:10:13.535$ in front of the House Judiciary Committee.

NOTE Confidence: 0.787891618888889

 $00:10:13.540 \longrightarrow 00:10:15.524$ So you see on the top left there's

NOTE Confidence: 0.787891618888889

 $00{:}10{:}15.524 \dashrightarrow 00{:}10{:}17.297$ the NFL commissioner Roger Goodell

NOTE Confidence: 0.787891618888889

00:10:17.297 --> 00:10:19.954 speaking to the house and then

NOTE Confidence: 0.787891618888889

 $00{:}10{:}19.954 \dashrightarrow 00{:}10{:}22.539$ finally the NFL concussion settlement.

NOTE Confidence: 0.787891618888889

00:10:22.540 --> 00:10:26.381 Which as of October of 2022 has officially

NOTE Confidence: 0.787891618888889

 $00{:}10{:}26.381 \dashrightarrow 00{:}10{:}30.154$ paid over \$1 billion to former NFL players

NOTE Confidence: 0.787891618888889

 $00:10:30.154 \longrightarrow 00:10:33.070$ and their families regarding this disease.

NOTE Confidence: 0.787891618888889

00:10:33.070 --> 00:10:35.770 However, moving forward to today,

NOTE Confidence: 0.787891618888889

00:10:35.770 --> 00:10:38.050 we have found CTE pathology not

NOTE Confidence: 0.787891618888889

 $00:10:38.050 \longrightarrow 00:10:40.791$ only in former boxers and in former

NOTE Confidence: 0.787891618888889

 $00:10:40.791 \longrightarrow 00:10:43.083$ football players of of all levels,

 $00:10:43.090 \longrightarrow 00:10:45.634$ but we have also found CTE and other

NOTE Confidence: 0.787891618888889

00:10:45.634 --> 00:10:47.470 combative sports to think about MMA,

NOTE Confidence: 0.787891618888889

00:10:47.470 --> 00:10:48.710 think about wrestling, and yes,

NOTE Confidence: 0.787891618888889

 $00:10:48.710 \longrightarrow 00:10:50.960$ I also mean so-called professional

NOTE Confidence: 0.787891618888889

00:10:50.960 --> 00:10:52.760 wrestling WWE type stuff.

NOTE Confidence: 0.787891618888889

 $00{:}10{:}52.760 \dashrightarrow 00{:}10{:}54.970$ CTE exists in that population.

NOTE Confidence: 0.787891618888889

 $00:10:54.970 \longrightarrow 00:10:56.410$ It's been found in rugby players,

NOTE Confidence: 0.787891618888889

 $00:10:56.410 \longrightarrow 00:10:58.706$ hockey players and now more recently from

NOTE Confidence: 0.787891618888889

 $00{:}10{:}58.706 \to 00{:}11{:}01.329$ a because of FIFA just kind of came up.

NOTE Confidence: 0.787891618888889

 $00:11:01.330 \longrightarrow 00:11:03.382$ It's been found in soccer players

NOTE Confidence: 0.787891618888889

 $00:11:03.382 \longrightarrow 00:11:05.970$ and as well as baseball players

NOTE Confidence: 0.787891618888889

00:11:05.970 --> 00:11:07.414 outside of contact sports.

NOTE Confidence: 0.787891618888889

 $00{:}11{:}07.414 \dashrightarrow 00{:}11{:}09.979$ CTE pathology has been identified in the

NOTE Confidence: 0.787891618888889

 $00:11:09.979 \longrightarrow 00:11:11.977$ setting of repetitive impact head trauma

NOTE Confidence: 0.787891618888889

 $00:11:11.977 \longrightarrow 00:11:14.240$ in rare cases of domestic violence.

00:11:14.240 --> 00:11:17.208 And we're still learning a lot about that

NOTE Confidence: 0.787891618888889

 $00:11:17.208 \longrightarrow 00:11:19.148$ particular community with regard to CTE.

NOTE Confidence: 0.787891618888889

 $00:11:19.150 \longrightarrow 00:11:21.430$ It has emerged in epileptic patients.

NOTE Confidence: 0.787891618888889

 $00:11:21.430 \longrightarrow 00:11:23.580$ It has emerged in neurodevelopmental.

NOTE Confidence: 0.787891618888889

 $00:11:23.580 \longrightarrow 00:11:26.356$ Disabled individuals with headbanging

NOTE Confidence: 0.787891618888889

00:11:26.356 --> 00:11:28.598 behaviors and then very interestingly

NOTE Confidence: 0.787891618888889

 $00:11:28.598 \longrightarrow 00:11:31.480$ CTE or CTE like pathology has also

NOTE Confidence: 0.787891618888889

 $00:11:31.480 \longrightarrow 00:11:33.895$ been identified in circumstances and

NOTE Confidence: 0.787891618888889

 $00:11:33.895 \longrightarrow 00:11:36.956$ associated with individual as opposed to

NOTE Confidence: 0.787891618888889

 $00:11:36.956 \longrightarrow 00:11:39.360$ repetitive individual severe head trauma.

NOTE Confidence: 0.787891618888889

 $00:11:39.360 \longrightarrow 00:11:41.790$ And probably the most interesting of

NOTE Confidence: 0.787891618888889

 $00:11:41.790 \longrightarrow 00:11:44.491$ these from I guess from my perspective

NOTE Confidence: 0.787891618888889

 $00{:}11{:}44.491 \dashrightarrow 00{:}11{:}47.250$ is a study that identified CTE like

NOTE Confidence: 0.787891618888889

00:11:47.250 --> 00:11:48.978 pathology immediately adjacent to

NOTE Confidence: 0.787891618888889

00:11:48.978 --> 00:11:51.874 lobotomy sites in the brains of

NOTE Confidence: 0.787891618888889

 $00:11:51.874 \longrightarrow 00:11:53.620$ formerly institutionalized individuals.

00:11:53.620 --> 00:11:53.971 OK.

NOTE Confidence: 0.787891618888889

 $00:11:53.971 \longrightarrow 00:11:56.077$ And so this pathology has been

NOTE Confidence: 0.787891618888889

 $00:11:56.077 \longrightarrow 00:11:58.130$ identified in many circumstances?

NOTE Confidence: 0.787891618888889 00:11:58.130 --> 00:11:58.540 And so, NOTE Confidence: 0.787891618888889

00:11:58.540 --> 00:12:00.180 even though it started out as kind of

NOTE Confidence: 0.787891618888889

00:12:00.234 --> 00:12:01.878 this clinical phenomenon in the 20s,

NOTE Confidence: 0.787891618888889

 $00:12:01.880 \longrightarrow 00:12:03.089$ thirties and 40s,

NOTE Confidence: 0.787891618888889

 $00{:}12{:}03.089 \dashrightarrow 00{:}12{:}05.104$ CTE today is a neuropathological

NOTE Confidence: 0.787891618888889

 $00:12:05.104 \longrightarrow 00:12:07.487$ entity that currently can only be

NOTE Confidence: 0.787891618888889

 $00{:}12{:}07.487 \dashrightarrow 00{:}12{:}09.749$ diagnosed on the basis of postmortem

NOTE Confidence: 0.787891618888889

 $00:12:09.818 \longrightarrow 00:12:11.249$ examination of tissue.

NOTE Confidence: 0.787891618888889

00:12:11.250 --> 00:12:11.731 OK.

NOTE Confidence: 0.787891618888889

 $00{:}12{:}11.731 \dashrightarrow 00{:}12{:}14.617$ And this diagnosis is achieved by

NOTE Confidence: 0.787891618888889

00:12:14.617 --> 00:12:17.336 the by discovering the presence or

NOTE Confidence: 0.787891618888889

 $00:12:17.336 \longrightarrow 00:12:20.556$ absence of what we refer to as the

 $00:12:20.556 \longrightarrow 00:12:23.460$ path in a monic lesion of for CTE.

NOTE Confidence: 0.787891618888889

 $00{:}12{:}23.460 \dashrightarrow 00{:}12{:}24.690$ And that lesion is accomplished,

NOTE Confidence: 0.787891618888889

 $00:12:24.690 \longrightarrow 00:12:26.994$ that you find that lesion through

NOTE Confidence: 0.787891618888889

00:12:26.994 --> 00:12:28.530 immunohistochemistry for phosphorylated Tau,

NOTE Confidence: 0.787891618888889

 $00:12:28.530 \longrightarrow 00:12:30.700$ and I'll read it out.

NOTE Confidence: 0.787891618888889

 $00:12:30.700 \longrightarrow 00:12:32.365$ Tau aggregates in neurons with

NOTE Confidence: 0.787891618888889

 $00:12:32.365 \longrightarrow 00:12:33.364$ or without astrocytes,

NOTE Confidence: 0.787891618888889

 $00:12:33.370 \longrightarrow 00:12:35.064$ at the depth of a cortical sulcus,

NOTE Confidence: 0.787891618888889

 $00{:}12{:}35.070 \dashrightarrow 00{:}12{:}36.996$ around a small blood vessel deep

NOTE Confidence: 0.787891618888889

 $00:12:36.996 \longrightarrow 00:12:37.959$ in the parenchyma,

NOTE Confidence: 0.787891618888889

 $00{:}12{:}37.960 \dashrightarrow 00{:}12{:}39.904$ and not restricted to subpial or

NOTE Confidence: 0.787891618888889

 $00:12:39.904 \longrightarrow 00:12:41.640$ superficial readings of the sulcus.

NOTE Confidence: 0.787891618888889

00:12:41.640 --> 00:12:43.696 So Long story short,

NOTE Confidence: 0.787891618888889

00:12:43.696 --> 00:12:45.752 Perry Vascular pattern of

NOTE Confidence: 0.787891618888889

00:12:45.752 --> 00:12:47.376 neurofibrillary pathology and the

NOTE Confidence: 0.787891618888889

 $00:12:47.376 \longrightarrow 00:12:49.462$ depth of a cortical sulcus in the

 $00{:}12{:}49.462 \dashrightarrow 00{:}12{:}51.777$ deep layers of the cerebral cortex.

NOTE Confidence: 0.787891618888889

00:12:51.780 --> 00:12:52.848 And So what you're seeing on

NOTE Confidence: 0.787891618888889

 $00:12:52.848 \longrightarrow 00:12:54.138$ the image here is a single what?

NOTE Confidence: 0.787891618888889

 $00:12:54.140 \longrightarrow 00:12:57.410$ You would call CTE lesion.

NOTE Confidence: 0.787891618888889

 $00:12:57.410 \longrightarrow 00:12:58.830$ And as it stands today,

NOTE Confidence: 0.787891618888889

 $00:12:58.830 \longrightarrow 00:13:01.644$ one lesion 1 sulcal depth with this

NOTE Confidence: 0.787891618888889

00:13:01.644 --> 00:13:04.190 pathology equals a diagnosis of CTE.

NOTE Confidence: 0.787891618888889

 $00{:}13{:}04.190 --> 00{:}13{:}06.737$ OK and that and so it can go on

NOTE Confidence: 0.787891618888889

 $00:13:06.737 \longrightarrow 00:13:09.250$ a diagnostic report as CTE.

NOTE Confidence: 0.787891618888889

 $00:13:09.250 \longrightarrow 00:13:12.082$ And in cases where an individual may be

NOTE Confidence: 0.787891618888889

00:13:12.082 --> 00:13:14.629 or pathologist may be concerned about CTE,

NOTE Confidence: 0.787891618888889

 $00:13:14.630 \longrightarrow 00:13:16.210$ consensus sampling currently recommends

NOTE Confidence: 0.787891618888889

 $00:13:16.210 \longrightarrow 00:13:18.580$ a minimum of five sampling of

NOTE Confidence: 0.791541952727273

 $00:13:18.643 \longrightarrow 00:13:20.315$ five minimal cortical regions

NOTE Confidence: 0.791541952727273

00:13:20.315 --> 00:13:21.987 to discover CTE pathology

00:13:21.987 --> 00:13:23.629 including frontal frontal lobe,

NOTE Confidence: 0.791541952727273

 $00{:}13{:}23.630 {\:{\circ}{\circ}{\circ}}>00{:}13{:}25.205$ temporal lobe, mesial temporal lobe

NOTE Confidence: 0.791541952727273

 $00:13:25.205 \longrightarrow 00:13:26.465$ with hippocampus and amygdala.

NOTE Confidence: 0.791541952727273

 $00:13:26.470 \longrightarrow 00:13:29.518$ Right lobe occipital lobe.

NOTE Confidence: 0.791541952727273

 $00:13:29.520 \longrightarrow 00:13:31.445$ And in in in efforts to discover

NOTE Confidence: 0.791541952727273

 $00:13:31.445 \longrightarrow 00:13:33.319$ a path in demonic lesion.

NOTE Confidence: 0.791541952727273

 $00:13:33.320 \longrightarrow 00:13:35.828$ However when it comes to actually

NOTE Confidence: 0.791541952727273

 $00:13:35.828 \longrightarrow 00:13:38.286$ staging the pathology for CTE we're

NOTE Confidence: 0.791541952727273

 $00:13:38.286 \longrightarrow 00:13:40.410$ still in pretty early phases in

NOTE Confidence: 0.791541952727273

 $00:13:40.410 \longrightarrow 00:13:42.830$ terms of assessing the severity.

NOTE Confidence: 0.791541952727273

 $00{:}13{:}42.830 \dashrightarrow 00{:}13{:}44.415$ There have been two staging

NOTE Confidence: 0.791541952727273

 $00:13:44.415 \longrightarrow 00:13:45.683$ criteria that were proposed.

NOTE Confidence: 0.791541952727273

00:13:45.690 --> 00:13:47.090 The first proposed staging

NOTE Confidence: 0.791541952727273

00:13:47.090 --> 00:13:49.190 criteria was a four stage McKee

NOTE Confidence: 0.791541952727273

 $00:13:49.256 \longrightarrow 00:13:51.188$ staging scheme from one to four.

NOTE Confidence: 0.791541952727273

 $00:13:51.190 \longrightarrow 00:13:53.311$ This is kind of the most famous

 $00:13:53.311 \longrightarrow 00:13:55.978$ one that you see pop up and and

NOTE Confidence: 0.791541952727273

 $00{:}13{:}55.978 \dashrightarrow 00{:}13{:}57.663$ articles and this was proposed

NOTE Confidence: 0.791541952727273

 $00:13:57.741 \longrightarrow 00:13:59.924$ in 2015 and then a more recent.

NOTE Confidence: 0.791541952727273

 $00:13:59.924 \longrightarrow 00:14:02.060$ A criteria proposal was a made

NOTE Confidence: 0.791541952727273

 $00:14:02.137 \longrightarrow 00:14:04.316$ by a consensus in 2021 which is

NOTE Confidence: 0.791541952727273

 $00:14:04.316 \longrightarrow 00:14:06.570$ a two state system which is kind

NOTE Confidence: 0.791541952727273

 $00:14:06.647 \longrightarrow 00:14:09.125$ of algorithms out to the right

NOTE Confidence: 0.791541952727273

 $00{:}14{:}09.125 \dashrightarrow 00{:}14{:}11.218$ here which characterizes CTE as

NOTE Confidence: 0.791541952727273

00:14:11.218 --> 00:14:13.028 either low or high severity.

NOTE Confidence: 0.791541952727273

 $00:14:13.030 \longrightarrow 00:14:15.534$ However at this point in time it is

NOTE Confidence: 0.791541952727273

 $00:14:15.534 \longrightarrow 00:14:17.635$ very important to stress that these

NOTE Confidence: 0.791541952727273

 $00{:}14{:}17.635 \dashrightarrow 00{:}14{:}19.390$ that these staging criteria for

NOTE Confidence: 0.791541952727273

 $00{:}14{:}19.390 \dashrightarrow 00{:}14{:}21.630$ the severity of CTE are proposed.

NOTE Confidence: 0.791541952727273

 $00:14:21.630 \longrightarrow 00:14:23.105$ They are an experimental phases

NOTE Confidence: 0.791541952727273

00:14:23.105 --> 00:14:25.345 and I'm not sure how near they

 $00:14:25.345 \longrightarrow 00:14:26.745$ are to clinical validation,

NOTE Confidence: 0.791541952727273

 $00:14:26.750 \longrightarrow 00:14:29.720$ probably not too close and.

NOTE Confidence: 0.791541952727273

 $00:14:29.720 \longrightarrow 00:14:31.538$ So at this point in time,

NOTE Confidence: 0.791541952727273

 $00:14:31.540 \longrightarrow 00:14:33.545$ it remains pretty difficult to

NOTE Confidence: 0.791541952727273

00:14:33.545 --> 00:14:36.093 correlate any degree of CTE pathology

NOTE Confidence: 0.791541952727273

 $00:14:36.093 \longrightarrow 00:14:37.973$ definitively with the clinical

NOTE Confidence: 0.791541952727273

00:14:37.973 --> 00:14:41.159 phenotype or in other words to predict,

NOTE Confidence: 0.791541952727273

 $00{:}14{:}41.160 \dashrightarrow 00{:}14{:}43.008$ to predict whether or not a certain

NOTE Confidence: 0.791541952727273

 $00{:}14{:}43.008 \dashrightarrow 00{:}14{:}45.042$ degree of CTE pathology may even

NOTE Confidence: 0.791541952727273

 $00:14:45.042 \longrightarrow 00:14:46.614$ correspond to clinical symptoms.

NOTE Confidence: 0.791541952727273

 $00:14:46.620 \longrightarrow 00:14:48.420$ And this is very challenging

NOTE Confidence: 0.791541952727273

00:14:48.420 --> 00:14:49.500 from our perspective,

NOTE Confidence: 0.791541952727273

 $00:14:49.500 \longrightarrow 00:14:51.635$ particularly in cases where we

NOTE Confidence: 0.791541952727273

 $00{:}14{:}51.635 \mathrel{--}{>} 00{:}14{:}53.770$ have very mild pathology and

NOTE Confidence: 0.791541952727273

 $00:14:53.850 \longrightarrow 00:14:56.105$ it's very difficult to ascribe

NOTE Confidence: 0.791541952727273

 $00:14:56.105 \longrightarrow 00:14:57.909$ a symptomatology to that.

00:14:57.910 --> 00:14:58.323 However,

NOTE Confidence: 0.791541952727273

 $00:14:58.323 \longrightarrow 00:15:00.801$ the clinical pursuit of a diary

NOTE Confidence: 0.791541952727273

 $00:15:00.801 \longrightarrow 00:15:03.384$ of a clinical diagnosis of CTE

NOTE Confidence: 0.791541952727273

 $00:15:03.384 \longrightarrow 00:15:05.489$ has been an aggressive one,

NOTE Confidence: 0.791541952727273

 $00:15:05.490 \longrightarrow 00:15:07.125$ and probably the most notable

NOTE Confidence: 0.791541952727273

 $00:15:07.125 \longrightarrow 00:15:09.494$ aspect of this has been the the

NOTE Confidence: 0.791541952727273

 $00:15:09.494 \longrightarrow 00:15:11.486$ designation of a new clinical term,

NOTE Confidence: 0.791541952727273

 $00:15:11.490 \longrightarrow 00:15:12.801$ traumatic encephalopathy syndrome.

NOTE Confidence: 0.791541952727273

 $00{:}15{:}12.801 \dashrightarrow 00{:}15{:}15.860$ This is a syndrome that is proposed

NOTE Confidence: 0.791541952727273

 $00{:}15{:}15.930 \dashrightarrow 00{:}15{:}18.294$ to be the clinical syndrome that

NOTE Confidence: 0.791541952727273

00:15:18.294 --> 00:15:19.870 corresponds to underlying CTE.

NOTE Confidence: 0.791541952727273

 $00:15:19.870 \longrightarrow 00:15:21.630$ Pathology was coined in 2014,

NOTE Confidence: 0.791541952727273

00:15:21.630 --> 00:15:25.006 and in 2021 a multidisciplinary

NOTE Confidence: 0.791541952727273

 $00:15:25.006 \longrightarrow 00:15:28.090$ consensus panel met together to define.

NOTE Confidence: 0.791541952727273

 $00:15:28.090 \longrightarrow 00:15:30.065$ Experimental criteria for this syndrome

 $00:15:30.065 \longrightarrow 00:15:32.580$ and they characterize it as follows.

NOTE Confidence: 0.791541952727273

 $00{:}15{:}32.580 {\:{\circ}{\circ}{\circ}}>00{:}15{:}34.895$ They progressive course of cognitive

NOTE Confidence: 0.791541952727273

 $00:15:34.895 \longrightarrow 00:15:36.747$ impairment and or neurobehavioral

NOTE Confidence: 0.791541952727273

 $00:15:36.747 \longrightarrow 00:15:38.394$ dysregulation associated with a

NOTE Confidence: 0.791541952727273

 $00:15:38.394 \longrightarrow 00:15:40.269$ confirmed history of quote substantial

NOTE Confidence: 0.791541952727273

 $00:15:40.269 \longrightarrow 00:15:42.399$ exposure to repetitive head impacts.

NOTE Confidence: 0.791541952727273

 $00:15:42.400 \longrightarrow 00:15:44.524$ That is quote not fully accounted

NOTE Confidence: 0.791541952727273

 $00:15:44.524 \longrightarrow 00:15:45.940$ for by other disorders,

NOTE Confidence: 0.791541952727273

00:15:45.940 --> 00:15:47.956 but not accounted for by Alzheimer's disease,

NOTE Confidence: 0.791541952727273

00:15:47.960 --> 00:15:51.180 neuropsychiatric disease or other disorders.

NOTE Confidence: 0.791541952727273

 $00:15:51.180 \longrightarrow 00:15:53.385$ And simultaneously they proposed an

NOTE Confidence: 0.791541952727273

 $00:15:53.385 \longrightarrow 00:15:56.476$ algorithm by which they hope to be

NOTE Confidence: 0.791541952727273

 $00:15:56.476 \longrightarrow 00:15:58.906$ able to predict underlying CTE pathology.

NOTE Confidence: 0.791541952727273

 $00:15:58.910 \longrightarrow 00:16:01.028$ On the basis of clinical information,

NOTE Confidence: 0.791541952727273

 $00:16:01.030 \longrightarrow 00:16:03.448$ OK, all these are also experimental.

NOTE Confidence: 0.791541952727273

 $00:16:03.450 \longrightarrow 00:16:06.054$ Time will tell whether or not these

 $00{:}16{:}06.054 \dashrightarrow 00{:}16{:}08.402$ criteria and whether or not this

NOTE Confidence: 0.791541952727273

00:16:08.402 --> 00:16:10.332 algorithm actually ends up being

NOTE Confidence: 0.791541952727273

00:16:10.332 --> 00:16:12.170 predictive of underlying CTE.

NOTE Confidence: 0.791541952727273

 $00:16:12.170 \longrightarrow 00:16:12.525$ OK.

NOTE Confidence: 0.791541952727273

00:16:12.525 --> 00:16:15.010 So now with all of that said,

NOTE Confidence: 0.791541952727273

 $00:16:15.010 \longrightarrow 00:16:16.900$ what does this have to do with

NOTE Confidence: 0.791541952727273

00:16:16.900 --> 00:16:17.710 military service members?

NOTE Confidence: 0.791541952727273

 $00{:}16{:}17.710 \dashrightarrow 00{:}16{:}20.080$ What is the history of traumatic

NOTE Confidence: 0.791541952727273

 $00:16:20.080 \longrightarrow 00:16:22.430$ brain injury in the military?

NOTE Confidence: 0.791541952727273

 $00{:}16{:}22.430 \dashrightarrow 00{:}16{:}25.181$ Well as it pertains to our current

NOTE Confidence: 0.791541952727273

00:16:25.181 --> 00:16:26.878 understanding and our current

NOTE Confidence: 0.791541952727273

 $00:16:26.878 \longrightarrow 00:16:29.524$ experience with TBI in the military?

NOTE Confidence: 0.791541952727273

 $00{:}16{:}29.530 \dashrightarrow 00{:}16{:}31.882$ That history all begins in World

NOTE Confidence: 0.791541952727273

 $00:16:31.882 \longrightarrow 00:16:33.450$ War One with the

NOTE Confidence: 0.865110228095238

 $00:16:33.539 \longrightarrow 00:16:36.185$ advent of TNT and widespread use

 $00:16:36.185 \longrightarrow 00:16:38.430$ of high explosives and more.

NOTE Confidence: 0.865110228095238

 $00:16:38.430 \longrightarrow 00:16:41.166$ So in 18 in the 1860s TNT was was

NOTE Confidence: 0.865110228095238

00:16:41.166 --> 00:16:42.872 discovered or synthesized and it

NOTE Confidence: 0.865110228095238

 $00:16:42.872 \longrightarrow 00:16:45.350$ was first used as a drying agent.

NOTE Confidence: 0.865110228095238

 $00:16:45.350 \longrightarrow 00:16:47.996$ Nobody intended it for it to be

NOTE Confidence: 0.865110228095238

 $00:16:47.996 \longrightarrow 00:16:50.256$ explosive until in the early 1900s

NOTE Confidence: 0.865110228095238

 $00:16:50.256 \longrightarrow 00:16:51.720$ of Germans actually discovered

NOTE Confidence: 0.865110228095238

 $00:16:51.720 \longrightarrow 00:16:54.012$ that it was explosive and started

NOTE Confidence: 0.865110228095238

 $00:16:54.012 \longrightarrow 00:16:56.027$ putting it into artillery shells.

NOTE Confidence: 0.865110228095238

00:16:56.030 --> 00:16:57.787 And of course this was right before

NOTE Confidence: 0.865110228095238

 $00:16:57.787 \longrightarrow 00:16:59.668$ World War One and so World War One.

NOTE Confidence: 0.865110228095238

00:16:59.670 --> 00:17:02.232 Became the first major war in which

NOTE Confidence: 0.865110228095238

 $00{:}17{:}02.232 \dashrightarrow 00{:}17{:}05.315$ we had massive or widespread use of

NOTE Confidence: 0.865110228095238

 $00{:}17{:}05.315 \dashrightarrow 00{:}17{:}08.171$ millions of high explosive artillery shells.

NOTE Confidence: 0.865110228095238

00:17:08.180 --> 00:17:09.874 And kind of the culmination of this,

NOTE Confidence: 0.865110228095238

00:17:09.880 --> 00:17:11.940 or if you had to give one anecdote of this,

00:17:11.940 --> 00:17:13.578 would be the Battle of Verdun,

NOTE Confidence: 0.865110228095238

 $00:17:13.580 \longrightarrow 00:17:15.974$ which is the longest battle of World War One.

NOTE Confidence: 0.865110228095238

 $00:17:15.980 \longrightarrow 00:17:21.233$ Lasted 10 months talking about 306,000

NOTE Confidence: 0.865110228095238

 $00:17:21.233 \longrightarrow 00:17:24.740$ soldiers died in this battle and over

NOTE Confidence: 0.865110228095238

00:17:24.740 --> 00:17:27.260 40 million rounds of high explosive

NOTE Confidence: 0.865110228095238

 $00:17:27.260 \longrightarrow 00:17:30.238$ artillery were used in just this one battle.

NOTE Confidence: 0.865110228095238

00:17:30.240 --> 00:17:32.760 OK, and so while many soldiers,

NOTE Confidence: 0.865110228095238

00:17:32.760 --> 00:17:34.596 particularly because protective equipment

NOTE Confidence: 0.865110228095238

 $00:17:34.596 \longrightarrow 00:17:37.852$ had not evolved to manage high explosives

NOTE Confidence: 0.865110228095238

 $00:17:37.852 \longrightarrow 00:17:40.918$ while many soldiers died from this exposure,

NOTE Confidence: 0.865110228095238

00:17:40.920 --> 00:17:41.994 many socials,

NOTE Confidence: 0.865110228095238

 $00:17:41.994 \longrightarrow 00:17:44.679$ many soldiers also survived this

NOTE Confidence: 0.865110228095238

 $00{:}17{:}44.679 \dashrightarrow 00{:}17{:}47.100$ high intensity blast exposure.

NOTE Confidence: 0.865110228095238

 $00:17:47.100 \longrightarrow 00:17:50.300$ And many service members who had survived the

NOTE Confidence: 0.865110228095238

 $00:17:50.300 \longrightarrow 00:17:53.786$ started to develop chronic persistent neuro

 $00:17:53.786 \longrightarrow 00:17:56.394$ behavioral and cognitive manifestations.

NOTE Confidence: 0.865110228095238

 $00:17:56.400 \longrightarrow 00:17:58.132$ OK, including persistent headaches,

NOTE Confidence: 0.865110228095238

 $00:17:58.132 \longrightarrow 00:17:58.998$ concentration issues,

NOTE Confidence: 0.865110228095238

 $00:17:59.000 \longrightarrow 00:18:01.508$ memory issues, sleeping.

NOTE Confidence: 0.865110228095238

 $00:18:01.508 \longrightarrow 00:18:03.180$ Issues impulsivity.

NOTE Confidence: 0.865110228095238

00:18:03.180 --> 00:18:06.080 Operative issues and even suicidality.

NOTE Confidence: 0.865110228095238

 $00:18:06.080 \longrightarrow 00:18:07.664$ And because this was a brand

NOTE Confidence: 0.865110228095238

 $00:18:07.664 \longrightarrow 00:18:09.040$ new phenomenon at the time,

NOTE Confidence: 0.865110228095238

 $00:18:09.040 \longrightarrow 00:18:11.596$ in their medical charts they were

NOTE Confidence: 0.865110228095238

00:18:11.596 --> 00:18:13.791 characterized as having quote not

NOTE Confidence: 0.865110228095238

 $00{:}18{:}13.791 \dashrightarrow 00{:}18{:}15.876$ yet diagnosed comma neurologic or

NOTE Confidence: 0.865110228095238

 $00:18:15.880 \longrightarrow 00:18:18.052$ NYDN or or characterized by the

NOTE Confidence: 0.865110228095238

00:18:18.052 --> 00:18:20.875 new late term of shell shock, OK.

NOTE Confidence: 0.865110228095238

 $00:18:20.875 \longrightarrow 00:18:24.035$ And this affected a huge proportion of the

NOTE Confidence: 0.865110228095238

 $00:18:24.035 \longrightarrow 00:18:27.018$ military personnel on both sides of the war.

NOTE Confidence: 0.865110228095238

00:18:27.020 --> 00:18:28.436 And as an example of this,

 $00:18:28.440 \longrightarrow 00:18:30.325$ it affected over 100,000 British

NOTE Confidence: 0.865110228095238

 $00:18:30.325 \longrightarrow 00:18:31.456$ military service members,

NOTE Confidence: 0.865110228095238

 $00:18:31.460 \longrightarrow 00:18:33.560$ which amounted to about 10%.

NOTE Confidence: 0.865110228095238

 $00:18:33.560 \longrightarrow 00:18:36.110$ Of the British military force.

NOTE Confidence: 0.865110228095238

 $00:18:36.110 \longrightarrow 00:18:38.570$ And so as you can imagine,

NOTE Confidence: 0.865110228095238

 $00:18:38.570 \longrightarrow 00:18:40.810$ the British Government was actually

NOTE Confidence: 0.865110228095238

00:18:40.810 --> 00:18:42.602 quite interested in research,

NOTE Confidence: 0.865110228095238 00:18:42.610 --> 00:18:43.080 diagnosis, NOTE Confidence: 0.865110228095238

00:18:43.080 --> 00:18:44.490 management and prevention

NOTE Confidence: 0.865110228095238

 $00:18:44.490 \longrightarrow 00:18:47.310$ of what is now shell shock.

NOTE Confidence: 0.865110228095238

 $00:18:47.310 \longrightarrow 00:18:49.942$ And So what they did is they commandeered

NOTE Confidence: 0.865110228095238

 $00{:}18{:}49.942 \dashrightarrow 00{:}18{:}52.370$ the services of a number of psychiatric

NOTE Confidence: 0.865110228095238

 $00{:}18{:}52.370 \dashrightarrow 00{:}18{:}54.075$ research hospitals in the UK,

NOTE Confidence: 0.865110228095238

00:18:54.080 --> 00:18:56.970 most notably the Maudsley Hospital,

NOTE Confidence: 0.865110228095238 00:18:56.970 --> 00:18:57.476 which is, NOTE Confidence: 0.865110228095238 00:18:57.476 --> 00:18:59.247 which is in London still there today.

NOTE Confidence: 0.865110228095238

00:18:59.250 --> 00:19:01.898 Picture at the top and or that's yeah,

NOTE Confidence: 0.865110228095238

 $00:19:01.900 \longrightarrow 00:19:03.275$ that's the Mosley hospital and

NOTE Confidence: 0.865110228095238

 $00:19:03.275 \longrightarrow 00:19:04.375$ then below the Moss.

NOTE Confidence: 0.865110228095238

 $00:19:04.380 \longrightarrow 00:19:06.662$ White Hospital and Mcgall and these two

NOTE Confidence: 0.865110228095238

00:19:06.662 --> 00:19:08.989 hospitals are very interesting to look at,

NOTE Confidence: 0.865110228095238

 $00:19:08.990 \longrightarrow 00:19:11.138$ juxtaposed next to each other because

NOTE Confidence: 0.865110228095238

00:19:11.138 --> 00:19:13.538 in many ways they were competing

NOTE Confidence: 0.865110228095238

 $00{:}19{:}13.538 \dashrightarrow 00{:}19{:}15.334$ institutions with incongruent views

NOTE Confidence: 0.865110228095238

 $00:19:15.334 \longrightarrow 00:19:18.180$ in regards to what is shell shock.

NOTE Confidence: 0.865110228095238

 $00{:}19{:}18.180 --> 00{:}19{:}19.580$ So at the Maudsley Hospital,

NOTE Confidence: 0.865110228095238

 $00:19:19.580 \longrightarrow 00:19:20.800$ this hospital was directed

NOTE Confidence: 0.865110228095238

00:19:20.800 --> 00:19:22.020 by Doctor Frederick Mott,

NOTE Confidence: 0.865110228095238

 $00:19:22.020 \longrightarrow 00:19:23.975$ who was trained in neurology

NOTE Confidence: 0.865110228095238

 $00:19:23.975 \longrightarrow 00:19:24.757$ and neuropathology.

NOTE Confidence: 0.865110228095238

 $00{:}19{:}24.760 \dashrightarrow 00{:}19{:}27.539$ And he and his staff largely looked

 $00{:}19{:}27.539 \dashrightarrow 00{:}19{:}29.882$ at physicians like Charcot and

NOTE Confidence: 0.865110228095238

00:19:29.882 --> 00:19:32.038 Alzheimer for their inspiration,

NOTE Confidence: 0.865110228095238

00:19:32.040 --> 00:19:33.625 for their clinical management and

NOTE Confidence: 0.865110228095238

 $00:19:33.625 \longrightarrow 00:19:34.893$ for their diagnostic techniques.

NOTE Confidence: 0.865110228095238

 $00:19:34.900 \longrightarrow 00:19:37.231$ And it was it was largely the view of

NOTE Confidence: 0.865110228095238

 $00:19:37.231 \longrightarrow 00:19:39.745$ the Maudsley Hospital that shell shock

NOTE Confidence: 0.865110228095238

 $00:19:39.745 \longrightarrow 00:19:41.930$ was an organic neurologic disorder

NOTE Confidence: 0.865110228095238

 $00{:}19{:}41.993 \dashrightarrow 00{:}19{:}44.117$ related to physical changes in the

NOTE Confidence: 0.865110228095238

00:19:44.117 --> 00:19:46.926 brain caused by blast or some other

NOTE Confidence: 0.865110228095238

 $00{:}19{:}46.926 \dashrightarrow 00{:}19{:}48.774$ battle field exposure in contrast.

NOTE Confidence: 0.865110228095238 00:19:48.780 --> 00:19:49.356 The mall, NOTE Confidence: 0.865110228095238

 $00:19:49.356 \longrightarrow 00:19:50.508$ the mall side hospital,

NOTE Confidence: 0.87129314

 $00{:}19{:}50.510 \dashrightarrow 00{:}19{:}52.570$ was largely oriented towards psychiatry,

NOTE Confidence: 0.87129314

00:19:52.570 --> 00:19:55.050 particularly Freudian and Jungian psychiatry,

NOTE Confidence: 0.87129314

 $00:19:55.050 \longrightarrow 00:19:57.090$ for their diagnosis and management,

 $00:19:57.090 \longrightarrow 00:19:58.430$ and they largely considered shell

NOTE Confidence: 0.87129314

 $00:19:58.430 \longrightarrow 00:20:00.240$ shock to be a functional disorder,

NOTE Confidence: 0.87129314

00:20:00.240 --> 00:20:03.190 psychiatric disorder related to battlefield

NOTE Confidence: 0.87129314

 $00:20:03.190 \longrightarrow 00:20:05.550$ stresses and emotional disturbances.

NOTE Confidence: 0.87129314

 $00:20:05.550 \longrightarrow 00:20:09.350$ And so while this debate was raging on,

NOTE Confidence: 0.87129314

 $00:20:09.350 \longrightarrow 00:20:12.422$ the burden that these now 100,000

NOTE Confidence: 0.87129314

 $00:20:12.422 \longrightarrow 00:20:14.232$ plus service members was beginning

NOTE Confidence: 0.87129314

00:20:14.232 --> 00:20:16.910 to impose on the British government,

NOTE Confidence: 0.87129314

00:20:16.910 --> 00:20:19.208 particularly as it related to Pensioning.

NOTE Confidence: 0.87129314

00:20:19.210 --> 00:20:21.820 Expenses was beginning to mount.

NOTE Confidence: 0.87129314

 $00:20:21.820 \longrightarrow 00:20:24.940$ How do you deal with this this phenomenon?

NOTE Confidence: 0.87129314

 $00:20:24.940 \longrightarrow 00:20:26.872$ And so this resulted in the formation

NOTE Confidence: 0.87129314

 $00{:}20{:}26.872 \dashrightarrow 00{:}20{:}28.865$ of the War Office Committee of

NOTE Confidence: 0.87129314

 $00{:}20{:}28.865 \to 00{:}20{:}30.705$ inquiry into the causation and

NOTE Confidence: 0.87129314

 $00:20:30.705 \longrightarrow 00:20:32.539$ prevention of quote shell shock.

NOTE Confidence: 0.87129314

 $00:20:32.540 \longrightarrow 00:20:35.319$ And in this committee they heard testimony

 $00:20:35.319 \longrightarrow 00:20:37.323$ from physicians and scientists from

NOTE Confidence: 0.87129314

 $00:20:37.323 \longrightarrow 00:20:39.913$ both ends of the shell shock debate.

NOTE Confidence: 0.87129314

 $00:20:39.920 \longrightarrow 00:20:43.259$ But the opinion that tended to stick

NOTE Confidence: 0.87129314

 $00:20:43.260 \longrightarrow 00:20:45.549$ most concernedly to the to the committee

NOTE Confidence: 0.87129314

 $00:20:45.549 \longrightarrow 00:20:48.109$ was that shell shock was a sign of

NOTE Confidence: 0.87129314

 $00:20:48.109 \longrightarrow 00:20:49.624$ weakness and lack of character.

NOTE Confidence: 0.87129314

 $00:20:49.630 \longrightarrow 00:20:50.416$ And this was kind of a.

NOTE Confidence: 0.87129314

 $00:20:50.420 \longrightarrow 00:20:52.260$ Pervasive opinion about shell shock

NOTE Confidence: 0.87129314

 $00:20:52.260 \longrightarrow 00:20:53.364$ at the time,

NOTE Confidence: 0.87129314

00:20:53.370 --> 00:20:55.458 if not disguised malingering

NOTE Confidence: 0.87129314

 $00:20:55.458 \longrightarrow 00:20:57.024$ innovation of duty.

NOTE Confidence: 0.87129314

 $00:20:57.030 \longrightarrow 00:20:58.829$ When it came to the point where

NOTE Confidence: 0.87129314

 $00:20:58.829 \longrightarrow 00:21:00.033$ one neurologist who testified

NOTE Confidence: 0.87129314

 $00{:}21{:}00.033 \dashrightarrow 00{:}21{:}01.529$ openly stated that frankly,

NOTE Confidence: 0.87129314

00:21:01.530 --> 00:21:04.658 he was not prepared to draw a distinction

 $00:21:04.658 \longrightarrow 00:21:06.568$ between cowardice and shell shock.

NOTE Confidence: 0.87129314

 $00:21:06.570 \longrightarrow 00:21:06.779$ OK.

NOTE Confidence: 0.87129314

 $00:21:06.779 \longrightarrow 00:21:08.242$ And this is the opinion that the

NOTE Confidence: 0.87129314

00:21:08.242 --> 00:21:10.037 the War Office committee stuck with.

NOTE Confidence: 0.87129314

 $00:21:10.040 \longrightarrow 00:21:11.645$ And so ultimately they concluded

NOTE Confidence: 0.87129314

 $00:21:11.645 \longrightarrow 00:21:13.250$ that no case of psychoneurosis

NOTE Confidence: 0.87129314

00:21:13.308 --> 00:21:15.204 or of mental breakdown even when

NOTE Confidence: 0.87129314

00:21:15.204 --> 00:21:16.790 attributed to shell explosion or

NOTE Confidence: 0.87129314

 $00{:}21{:}16.790 \dashrightarrow 00{:}21{:}18.380$ the effect thereof should even be

NOTE Confidence: 0.87129314

 $00:21:18.380 \longrightarrow 00:21:19.922$ classified as a battle casualty.

NOTE Confidence: 0.87129314

 $00{:}21{:}19.922 \dashrightarrow 00{:}21{:}22.519$ So they were not and that cleaned

NOTE Confidence: 0.87129314

 $00:21:22.519 \longrightarrow 00:21:25.260$ up a lot of pensioning concerns on

NOTE Confidence: 0.87129314

00:21:25.260 --> 00:21:27.300 on the prevention of shell shock.

NOTE Confidence: 0.87129314

00:21:27.300 --> 00:21:29.304 They recommended that we must simply

NOTE Confidence: 0.87129314

 $00:21:29.304 \longrightarrow 00:21:31.480$ promote more morale amongst military units,

NOTE Confidence: 0.87129314

 $00:21:31.480 \longrightarrow 00:21:33.775$ organize more recreational activities and

 $00:21:33.775 \longrightarrow 00:21:36.589$ that will prevent shell shock and as.

NOTE Confidence: 0.87129314

 $00{:}21{:}36.590 \dashrightarrow 00{:}21{:}38.078$ 2 military recruitment officers.

NOTE Confidence: 0.87129314

 $00:21:38.078 \longrightarrow 00:21:39.566$ They promoted a study,

NOTE Confidence: 0.87129314

00:21:39.570 --> 00:21:41.772 a more intensive study of character

NOTE Confidence: 0.87129314

 $00:21:41.772 \longrightarrow 00:21:43.852$ for potential military recruits so as

NOTE Confidence: 0.87129314

 $00{:}21{:}43.852 \dashrightarrow 00{:}21{:}46.044$ to prevent the recruitment of those who may,

NOTE Confidence: 0.87129314

00:21:46.050 --> 00:21:48.297 who are weak of character and may

NOTE Confidence: 0.87129314

00:21:48.297 --> 00:21:50.080 suffer from shell shock later.

NOTE Confidence: 0.87129314

00:21:50.080 --> 00:21:51.151 More controversial statements,

NOTE Confidence: 0.87129314

00:21:51.151 --> 00:21:52.936 particularly from a modern lens,

NOTE Confidence: 0.87129314

 $00:21:52.940 \longrightarrow 00:21:53.920$ start to emerge when,

NOTE Confidence: 0.87129314

 $00:21:53.920 \longrightarrow 00:21:55.390$ as it pertains to the treatment

NOTE Confidence: 0.87129314

 $00{:}21{:}55.444 \to 00{:}21{:}56.140$ of shell shock.

NOTE Confidence: 0.87129314

00:21:56.140 --> 00:21:56.411 Quote,

NOTE Confidence: 0.87129314

 $00:21:56.411 \longrightarrow 00:21:58.037$ No soldier should be allowed to

00:21:58.037 --> 00:22:00.124 think that loss of nervous or mental

NOTE Confidence: 0.87129314

 $00:22:00.124 \longrightarrow 00:22:01.654$ control provides an honorable Ave.

NOTE Confidence: 0.87129314

 $00{:}22{:}01.660 \dashrightarrow 00{:}22{:}03.745$ to escape from the battle field

NOTE Confidence: 0.87129314

 $00:22:03.745 \longrightarrow 00:22:05.830$ he discharged to be pensioned.

NOTE Confidence: 0.87129314

 $00:22:05.830 \longrightarrow 00:22:07.786$ Quote when evacuation of the base

NOTE Confidence: 0.87129314

 $00:22:07.786 \longrightarrow 00:22:09.770$ from Shell shock is necessary,

NOTE Confidence: 0.87129314

00:22:09.770 --> 00:22:11.792 shell shock cases should be treated

NOTE Confidence: 0.87129314

00:22:11.792 --> 00:22:14.073 in a separate hospital or in separate

NOTE Confidence: 0.87129314

 $00{:}22{:}14.073 \dashrightarrow 00{:}22{:}16.103$ sections of a hospital and not with

NOTE Confidence: 0.87129314

 $00:22:16.170 \longrightarrow 00:22:18.725$ the quote ordinary sick or wounded patients.

NOTE Confidence: 0.87129314

 $00:22:18.730 \longrightarrow 00:22:20.795$ So these were not regarded as sick

NOTE Confidence: 0.87129314

00:22:20.795 --> 00:22:22.119 or wounded patients at all.

NOTE Confidence: 0.87129314

 $00:22:22.120 \longrightarrow 00:22:23.730$ And then finally nail on the coffin.

NOTE Confidence: 0.87129314

 $00:22:23.730 \longrightarrow 00:22:26.208$ The term shell shock should be eliminated

NOTE Confidence: 0.87129314

 $00:22:26.208 \longrightarrow 00:22:28.599$ from the official medical nomenclature.

NOTE Confidence: 0.87129314

 $00:22:28.600 \longrightarrow 00:22:31.016$ This is near the end of the report.

 $00:22:31.020 \longrightarrow 00:22:32.745$ And so with this war

NOTE Confidence: 0.87129314

 $00:22:32.745 \longrightarrow 00:22:34.125$ report as the foundation,

NOTE Confidence: 0.87129314

 $00:22:34.130 \longrightarrow 00:22:36.923$ the term Shellshock was in fact discontinued

NOTE Confidence: 0.87129314

 $00:22:36.923 \longrightarrow 00:22:39.758$ in use from from Western medicine.

NOTE Confidence: 0.87129314

 $00:22:39.760 \longrightarrow 00:22:42.056$ But that didn't mean the phenomenon stopped.

NOTE Confidence: 0.87129314 00:22:42.060 --> 00:22:42.372 OK,

NOTE Confidence: 0.87129314

 $00:22:42.372 \longrightarrow 00:22:44.556$ so it just kept on persisting with

NOTE Confidence: 0.87129314

 $00{:}22{:}44.556 \dashrightarrow 00{:}22{:}46.400$ different names in World War Two

NOTE Confidence: 0.87129314

 $00{:}22{:}46.400 \dashrightarrow 00{:}22{:}48.134$ and Korea syndrome such as battle

NOTE Confidence: 0.871254965238095

00:22:48.197 --> 00:22:49.646 fatigue, combat fatigue,

NOTE Confidence: 0.871254965238095

 $00:22:49.646 \longrightarrow 00:22:52.604$ Combat Stress reaction emerged in Vietnam.

NOTE Confidence: 0.871254965238095

 $00{:}22{:}52.610 \dashrightarrow 00{:}22{:}54.942$ That Vietnam syndrome all

NOTE Confidence: 0.871254965238095

 $00{:}22{:}54.942 \dashrightarrow 00{:}22{:}57.274$ very similar clinical entities

NOTE Confidence: 0.871254965238095

 $00:22:57.274 \longrightarrow 00:23:00.476$ and at that time in the 70s,

NOTE Confidence: 0.871254965238095

 $00:23:00.480 \longrightarrow 00:23:02.850$ while the fields of neurology and

00:23:02.850 --> 00:23:05.089 psychiatry are starting to really

NOTE Confidence: 0.871254965238095

 $00:23:05.089 \longrightarrow 00:23:07.457$ diverge as distinctive subspecialties,

NOTE Confidence: 0.871254965238095

 $00:23:07.460 \longrightarrow 00:23:10.232$ this whole issue of shell shock

NOTE Confidence: 0.871254965238095

 $00:23:10.232 \longrightarrow 00:23:12.080$ became Vietnam syndrome was

NOTE Confidence: 0.871254965238095

00:23:12.166 --> 00:23:14.438 largely delicated to schists,

NOTE Confidence: 0.871254965238095

 $00:23:14.440 \longrightarrow 00:23:16.240$ and in the DSM three put under the

NOTE Confidence: 0.871254965238095

 $00{:}23{:}16.240 \dashrightarrow 00{:}23{:}18.156$ umbrella of what became post Traumatic

NOTE Confidence: 0.871254965238095

 $00:23:18.156 \longrightarrow 00:23:20.057$ stress disorder, or PTSD. OK.

NOTE Confidence: 0.871254965238095

 $00{:}23{:}20.057 \dashrightarrow 00{:}23{:}24.119$ And so now going all the way until today,

NOTE Confidence: 0.871254965238095

 $00:23:24.120 \longrightarrow 00:23:27.873$ we are familiar with the fact that a TBI,

NOTE Confidence: 0.871254965238095

 $00{:}23{:}27.880 \dashrightarrow 00{:}23{:}29.376$ particularly so-called mild TBI,

NOTE Confidence: 0.871254965238095

00:23:29.376 --> 00:23:31.736 which you know, if you can read this here,

NOTE Confidence: 0.871254965238095

00:23:31.740 --> 00:23:34.388 the DoD defines mild TBI to include any

NOTE Confidence: 0.871254965238095

 $00:23:34.388 \longrightarrow 00:23:37.599$ loss of consciousness less than 30 minutes.

NOTE Confidence: 0.871254965238095

00:23:37.600 --> 00:23:39.749 So I will let you decide whether

NOTE Confidence: 0.871254965238095

 $00:23:39.749 \longrightarrow 00:23:42.371$ a 29 minute loss of consciousness

 $00:23:42.371 \longrightarrow 00:23:45.656$ constitutes mild, but that is what it is.

NOTE Confidence: 0.871254965238095

 $00{:}23{:}45.660 \dashrightarrow 00{:}23{:}47.956$ But we understand that TBI is amongst

NOTE Confidence: 0.871254965238095

 $00:23:47.956 \longrightarrow 00:23:50.430$ the most common if not the most common.

NOTE Confidence: 0.871254965238095

00:23:50.430 --> 00:23:52.046 Injury in Modern Warfare.

NOTE Confidence: 0.871254965238095

00:23:52.046 --> 00:23:54.470 And and on top of that,

NOTE Confidence: 0.871254965238095

00:23:54.470 --> 00:23:56.605 many military recruits are quite

NOTE Confidence: 0.871254965238095

00:23:56.605 --> 00:23:58.740 active people and they sustained

NOTE Confidence: 0.871254965238095

 $00{:}23{:}58.811 \dashrightarrow 00{:}24{:}01.097$ significant impact type TBI in their

NOTE Confidence: 0.871254965238095

 $00{:}24{:}01.097 \dashrightarrow 00{:}24{:}03.810$ civilian life at very high frequencies.

NOTE Confidence: 0.871254965238095

 $00:24:03.810 \longrightarrow 00:24:05.146$ But regardless of that,

NOTE Confidence: 0.871254965238095

00:24:05.146 --> 00:24:07.150 many service members who are exposed

NOTE Confidence: 0.871254965238095

 $00:24:07.208 \longrightarrow 00:24:09.380$ to combat and particularly to high

NOTE Confidence: 0.871254965238095

 $00{:}24{:}09.380 \dashrightarrow 00{:}24{:}10.828$ explosives are still reporting

NOTE Confidence: 0.871254965238095

 $00{:}24{:}10.884 \dashrightarrow 00{:}24{:}12.508$ the very similar neuropsychiatric

NOTE Confidence: 0.871254965238095

 $00:24:12.508 \longrightarrow 00:24:14.538$ symptomatology that we have been

 $00:24:14.538 \longrightarrow 00:24:16.470$ seeing for the last 100 years,

NOTE Confidence: 0.871254965238095

00:24:16.470 --> 00:24:17.844 combinations of physical,

NOTE Confidence: 0.871254965238095

00:24:17.844 --> 00:24:19.676 cognitive and very importantly

NOTE Confidence: 0.871254965238095

 $00:24:19.676 \longrightarrow 00:24:21.595$ behavioral and emotional symptomatology

NOTE Confidence: 0.871254965238095

 $00:24:21.595 \longrightarrow 00:24:23.038$ such as depression.

NOTE Confidence: 0.871254965238095 00:24:23.040 --> 00:24:23.422 Anxiety, NOTE Confidence: 0.871254965238095

 $00:24:23.422 \longrightarrow 00:24:24.950$ agitation and so on.

NOTE Confidence: 0.871254965238095

 $00{:}24{:}24.950 \dashrightarrow 00{:}24{:}27.262$ And so it should come as no surprise

NOTE Confidence: 0.871254965238095

 $00{:}24{:}27.262 \dashrightarrow 00{:}24{:}29.061$ that psychiatric arrangements are also

NOTE Confidence: 0.871254965238095

00:24:29.061 --> 00:24:31.389 very prevalent in the military population,

NOTE Confidence: 0.871254965238095

 $00{:}24{:}31.390 \dashrightarrow 00{:}24{:}34.786$ particularly now this diagnosis of PTSD.

NOTE Confidence: 0.871254965238095

00:24:34.790 --> 00:24:36.848 And sympatric disease may or may

NOTE Confidence: 0.871254965238095

00:24:36.848 --> 00:24:39.186 not be but frequently is comorbid

NOTE Confidence: 0.871254965238095

 $00:24:39.186 \longrightarrow 00:24:41.441$ or associated with TBI from

NOTE Confidence: 0.871254965238095

 $00:24:41.441 \longrightarrow 00:24:42.343$ battlefield experiences.

NOTE Confidence: 0.871254965238095

 $00:24:42.350 \longrightarrow 00:24:45.046$ And as you can see the the

 $00:24:45.046 \longrightarrow 00:24:46.421$ symptomatology attributed to that

NOTE Confidence: 0.871254965238095

 $00{:}24{:}46.421 \dashrightarrow 00{:}24{:}48.654$ this kind of post blast TBI syndrome

NOTE Confidence: 0.871254965238095

 $00:24:48.654 \longrightarrow 00:24:50.190$ overlaps significantly with the

NOTE Confidence: 0.871254965238095

 $00:24:50.190 \longrightarrow 00:24:52.500$ symptomatology that is now in the

NOTE Confidence: 0.871254965238095

00:24:52.500 --> 00:24:55.350 current DSM defining PTSD creating

NOTE Confidence: 0.871254965238095

 $00:24:55.350 \longrightarrow 00:24:57.810$ a rather significant diagnostic

NOTE Confidence: 0.871254965238095

 $00:24:57.810 \longrightarrow 00:25:00.449$ dilemma for these patients.

NOTE Confidence: 0.871254965238095

 $00{:}25{:}00.450 \dashrightarrow 00{:}25{:}02.760$ And so collectively mild TBI and

NOTE Confidence: 0.871254965238095

 $00:25:02.760 \longrightarrow 00:25:05.090$ PTSD are now referred to as the.

NOTE Confidence: 0.871254965238095

 $00:25:05.090 \longrightarrow 00:25:07.425$ Both signature injuries of Modern

NOTE Confidence: 0.871254965238095

 $00:25:07.425 \longrightarrow 00:25:09.293$ Warfare and because service

NOTE Confidence: 0.871254965238095

 $00:25:09.293 \longrightarrow 00:25:11.117$ members who who have these,

NOTE Confidence: 0.871254965238095

 $00{:}25{:}11.120 \dashrightarrow 00{:}25{:}12.560$ who have this symptomatology,

NOTE Confidence: 0.871254965238095

00:25:12.560 --> 00:25:14.028 who *** *** imaging,

NOTE Confidence: 0.871254965238095

 $00:25:14.028 \longrightarrow 00:25:15.898$ frequently have negative head imaging

 $00:25:15.898 \longrightarrow 00:25:18.198$ and no evidence of anatomic disease.

NOTE Confidence: 0.871254965238095

00:25:18.200 --> 00:25:18.930 By neuroradiology,

NOTE Confidence: 0.871254965238095

 $00:25:18.930 \longrightarrow 00:25:20.755$ these are called the Ford

NOTE Confidence: 0.871254965238095

 $00:25:20.755 \longrightarrow 00:25:22.140$ invisible wounds of war.

NOTE Confidence: 0.871254965238095

 $00:25:22.140 \longrightarrow 00:25:24.234$ So we've gone from shell shock

NOTE Confidence: 0.871254965238095

 $00{:}25{:}24.234 \longrightarrow 00{:}25{:}26.149$ to the invisible wounds of war.

NOTE Confidence: 0.871254965238095

00:25:26.150 --> 00:25:26.487 OK.

NOTE Confidence: 0.871254965238095

00:25:26.487 --> 00:25:28.846 And very quickly I wanted to also

NOTE Confidence: 0.871254965238095

 $00:25:28.846 \longrightarrow 00:25:31.279$ mention the the concern of suicide in

NOTE Confidence: 0.871254965238095

 $00:25:31.279 \longrightarrow 00:25:34.090$ the military is as many of you are

NOTE Confidence: 0.871254965238095

 $00:25:34.090 \longrightarrow 00:25:36.196$ probably also familiar with suicide is

NOTE Confidence: 0.871254965238095

00:25:36.196 --> 00:25:38.950 a major issue in the military community.

NOTE Confidence: 0.871254965238095

 $00:25:38.950 \longrightarrow 00:25:40.280$ So just as an example,

NOTE Confidence: 0.871254965238095

00:25:40.280 --> 00:25:42.362 only amongst active duty service members

NOTE Confidence: 0.871254965238095

 $00:25:42.362 \longrightarrow 00:25:45.048$ in the post 911 era every single year

NOTE Confidence: 0.871254965238095

 $00:25:45.048 \longrightarrow 00:25:47.530$ the rate of suicide has been going on.

 $00:25:47.530 \longrightarrow 00:25:50.376$ So for example for example 18.5 for

NOTE Confidence: 0.871254965238095

 $00:25:50.376 \longrightarrow 00:25:53.267$ 100,000 and 2014 now most recently in

NOTE Confidence: 0.871254965238095

 $00:25:53.267 \longrightarrow 00:25:56.470$ the newest data from 202136 out of 100.

NOTE Confidence: 0.871254965238095

 $00:25:56.470 \longrightarrow 00:25:57.850$ Causing our committing suicide.

NOTE Confidence: 0.871254965238095

 $00:25:57.850 \longrightarrow 00:25:59.620$ So in the post 911 era,

NOTE Confidence: 0.871254965238095

 $00:25:59.620 \longrightarrow 00:26:01.720$ over 30,000 active duty service

NOTE Confidence: 0.871254965238095

00:26:01.720 --> 00:26:03.820 members have committed suicide and

NOTE Confidence: 0.905656668125

 $00:26:03.884 \longrightarrow 00:26:05.726$ this is in comparison to only

NOTE Confidence: 0.905656668125

 $00:26:05.730 \longrightarrow 00:26:07.830$ 7000 who actually died in combat.

NOTE Confidence: 0.905656668125

 $00:26:07.830 \longrightarrow 00:26:09.958$ So an active duty soldiers four times

NOTE Confidence: 0.905656668125

00:26:09.958 --> 00:26:12.507 more likely to have to die from their own

NOTE Confidence: 0.905656668125

 $00:26:12.507 \longrightarrow 00:26:14.729$ hand than they are actually in combat.

NOTE Confidence: 0.905656668125

 $00{:}26{:}14.730 --> 00{:}26{:}15.654$ Shocking number.

NOTE Confidence: 0.905656668125

 $00:26:15.654 \longrightarrow 00:26:19.350$ And this is only talking about active duty.

NOTE Confidence: 0.905656668125

 $00:26:19.350 \longrightarrow 00:26:21.444$ When you include veterans who in

 $00:26:21.444 \longrightarrow 00:26:24.363$ the post 911 era have had an annual

NOTE Confidence: 0.905656668125

00:26:24.363 --> 00:26:26.970 average suicide rate of 6000 per year,

NOTE Confidence: 0.905656668125

 $00:26:26.970 \longrightarrow 00:26:29.675$ we're talking about anywhere between

NOTE Confidence: 0.905656668125

 $00:26:29.675 \longrightarrow 00:26:32.134 150,000$ and 200,000 military suicides

NOTE Confidence: 0.905656668125

 $00:26:32.134 \longrightarrow 00:26:35.570$ that have occurred since 2001.

NOTE Confidence: 0.905656668125

 $00:26:35.570 \longrightarrow 00:26:36.560$ And ultimately,

NOTE Confidence: 0.905656668125

 $00:26:36.560 \longrightarrow 00:26:39.530$ as as as one could think,

NOTE Confidence: 0.905656668125

 $00:26:39.530 \longrightarrow 00:26:43.178$ the reasons behind this are very

NOTE Confidence: 0.905656668125

00:26:43.178 --> 00:26:45.002 likely multifactorial pre-existing

NOTE Confidence: 0.905656668125

00:26:45.002 --> 00:26:46.796 psychiatric disease readjusting

NOTE Confidence: 0.905656668125

 $00{:}26{:}46.796 \dashrightarrow 00{:}26{:}49.546$ to civilian life after combat.

NOTE Confidence: 0.905656668125

00:26:49.550 --> 00:26:52.022 Depression or other or other issues

NOTE Confidence: 0.905656668125

 $00:26:52.022 \longrightarrow 00:26:54.036$ related to public opinions about

NOTE Confidence: 0.905656668125

 $00:26:54.036 \longrightarrow 00:26:56.129$ the wars they're in and so on.

NOTE Confidence: 0.905656668125

 $00:26:56.130 \longrightarrow 00:26:56.544$ However,

NOTE Confidence: 0.905656668125

00:26:56.544 --> 00:27:00.270 despite a lot of the recent interest in TBI,

00:27:00.270 --> 00:27:02.294 and particularly military TBI,

NOTE Confidence: 0.905656668125

 $00:27:02.294 \longrightarrow 00:27:05.824$ the issue of military suicide has largely

NOTE Confidence: 0.905656668125

 $00{:}27{:}05.824 \dashrightarrow 00{:}27{:}08.729$ been one of a mental health issue,

NOTE Confidence: 0.905656668125

 $00:27:08.730 \longrightarrow 00:27:11.530$ and most of the money has been dedicated

NOTE Confidence: 0.905656668125

 $00:27:11.530 \longrightarrow 00:27:14.470$ to mental health research in this regard.

NOTE Confidence: 0.905656668125 00:27:14.470 --> 00:27:14.814 However,

NOTE Confidence: 0.905656668125

 $00:27:14.814 \longrightarrow 00:27:16.878$ with all of the stuff we've

NOTE Confidence: 0.905656668125

 $00:27:16.878 \longrightarrow 00:27:18.310$ talked about in mind,

NOTE Confidence: 0.905656668125

 $00:27:18.310 \longrightarrow 00:27:20.560$ a question may come here.

NOTE Confidence: 0.905656668125

 $00{:}27{:}20.560 \dashrightarrow 00{:}27{:}22.666$ Have we actually been missing an

NOTE Confidence: 0.905656668125

 $00:27:22.666 \longrightarrow 00:27:24.400$ underlying pathology this entire time,

NOTE Confidence: 0.905656668125

 $00:27:24.400 \longrightarrow 00:27:26.720$ or an underlying pathobiology?

NOTE Confidence: 0.905656668125

 $00:27:26.720 \longrightarrow 00:27:29.620$ Do these soldiers have CTE?

NOTE Confidence: 0.905656668125

 $00:27:29.620 \longrightarrow 00:27:31.860$ Is that the invisible wound?

NOTE Confidence: 0.905656668125

 $00:27:31.860 \longrightarrow 00:27:33.894$ It's a legitimate question because if

 $00:27:33.894 \longrightarrow 00:27:36.780$ you look at the symptomatology of combat

NOTE Confidence: 0.905656668125

 $00{:}27{:}36.780 \dashrightarrow 00{:}27{:}39.220$ and blast exposed military personnel

NOTE Confidence: 0.905656668125

 $00:27:39.220 \longrightarrow 00:27:41.540$ juxtaposed next to the symptomatology

NOTE Confidence: 0.905656668125

 $00:27:41.540 \longrightarrow 00:27:44.220$ that has been described with CTE,

NOTE Confidence: 0.905656668125

 $00:27:44.220 \longrightarrow 00:27:46.978$ there is a lot of overlap between

NOTE Confidence: 0.905656668125

 $00:27:46.978 \longrightarrow 00:27:49.000$ these two clinical syndromes.

NOTE Confidence: 0.905656668125

 $00:27:49.000 \longrightarrow 00:27:51.124$ There is one major difference that

NOTE Confidence: 0.905656668125

 $00:27:51.124 \longrightarrow 00:27:53.720$ exists between the two and that is the

NOTE Confidence: 0.905656668125

 $00:27:53.720 \longrightarrow 00:27:55.803$ the subject of latency or the topic

NOTE Confidence: 0.905656668125

 $00:27:55.803 \longrightarrow 00:27:58.531$ of latency or the time of onset to

NOTE Confidence: 0.905656668125

 $00:27:58.531 \longrightarrow 00:28:00.075$ symptomatology is kind of the classic

NOTE Confidence: 0.905656668125

 $00{:}28{:}00.075 \dashrightarrow 00{:}28{:}01.910$ history of CTE that an individual.

NOTE Confidence: 0.905656668125

 $00:28:01.910 \longrightarrow 00:28:03.140$ Develop symptomatology usually

NOTE Confidence: 0.905656668125

 $00:28:03.140 \longrightarrow 00:28:04.780$ in their retirement years.

NOTE Confidence: 0.905656668125

 $00:28:04.780 \longrightarrow 00:28:06.455$ So classically an NFL player

NOTE Confidence: 0.905656668125

00:28:06.455 --> 00:28:08.966 retires and then starts to develop

00:28:08.966 --> 00:28:10.510 neurocognitive symptomatology,

NOTE Confidence: 0.905656668125

 $00:28:10.510 \longrightarrow 00:28:12.260$ whereas in the combat and

NOTE Confidence: 0.905656668125

00:28:12.260 --> 00:28:14.010 blast exposed a service member.

NOTE Confidence: 0.905656668125

 $00:28:14.010 \longrightarrow 00:28:16.032$ That symptomatology tends to develop right

NOTE Confidence: 0.905656668125

 $00:28:16.032 \longrightarrow 00:28:18.549$ away with very little of any latent period,

NOTE Confidence: 0.905656668125 00:28:18.550 --> 00:28:18.832 OK. NOTE Confidence: 0.905656668125

00:28:18.832 --> 00:28:19.396 However, nonetheless,

NOTE Confidence: 0.905656668125

 $00:28:19.396 \longrightarrow 00:28:21.088$ there is a lot of overlap

NOTE Confidence: 0.905656668125

 $00:28:21.088 \longrightarrow 00:28:22.429$ between these two phenomenon.

NOTE Confidence: 0.905656668125

 $00:28:22.430 \longrightarrow 00:28:24.554$ The question remains and as we

NOTE Confidence: 0.905656668125

 $00:28:24.554 \longrightarrow 00:28:26.730$ start to answer these questions,

NOTE Confidence: 0.905656668125

 $00:28:26.730 \longrightarrow 00:28:28.277$ or we begin to and we begin

NOTE Confidence: 0.905656668125

00:28:28.277 --> 00:28:29.510 to answer these questions,

NOTE Confidence: 0.905656668125

 $00:28:29.510 \longrightarrow 00:28:32.090$ some familiar faces begin to emerge.

NOTE Confidence: 0.905656668125

 $00:28:32.090 \longrightarrow 00:28:33.197$ In this conversation,

 $00:28:33.197 \longrightarrow 00:28:33.566$ OK,

NOTE Confidence: 0.905656668125

 $00{:}28{:}33.566 \dashrightarrow 00{:}28{:}36.234$ so both doctors have been Imola and

NOTE Confidence: 0.905656668125

 $00:28:36.234 \longrightarrow 00:28:38.950$ Ann McKee jumped on this question and

NOTE Confidence: 0.905656668125

00:28:38.950 --> 00:28:41.846 working separately between 2011 and 2014,

NOTE Confidence: 0.905656668125

 $00:28:41.846 \longrightarrow 00:28:46.477$ both of them reported a total of 5 cases

NOTE Confidence: 0.905656668125

 $00{:}28{:}46.477 \dashrightarrow 00{:}28{:}49.094$ of CTE and former military personnel

NOTE Confidence: 0.905656668125

 $00:28:49.094 \longrightarrow 00:28:51.830$ who were blast exposed and symptomatic.

NOTE Confidence: 0.905656668125

 $00:28:51.830 \longrightarrow 00:28:53.540$ And a couple of interesting

NOTE Confidence: 0.905656668125

 $00:28:53.540 \longrightarrow 00:28:54.908$ conclusions came from this.

NOTE Confidence: 0.905656668125

 $00:28:54.910 \longrightarrow 00:28:56.498$ Repetitive TBI can sometimes

NOTE Confidence: 0.905656668125

 $00:28:56.498 \longrightarrow 00:28:58.483$ provoke the development of CTE,

NOTE Confidence: 0.905656668125

00:28:58.490 --> 00:29:00.386 as has been demonstrated in veterans

NOTE Confidence: 0.905656668125

 $00:29:00.386 \longrightarrow 00:29:02.190$ of the Iraq and Afghanistan

NOTE Confidence: 0.905656668125

 $00:29:02.190 \longrightarrow 00:29:04.086$ conflicts exposed to blast.

NOTE Confidence: 0.905656668125

 $00:29:04.090 \longrightarrow 00:29:06.030$ Although the neurobiological effects of

NOTE Confidence: 0.905656668125

 $00:29:06.030 \longrightarrow 00:29:08.339$ blast neurotrauma are complex or more

 $00:29:08.339 \longrightarrow 00:29:10.187$ complex than TBI from other causes,

NOTE Confidence: 0.905656668125

 $00{:}29{:}10.190 \dashrightarrow 00{:}29{:}12.290$ such as a boxing punch for example,

NOTE Confidence: 0.905656668125

 $00:29:12.290 \longrightarrow 00:29:14.640$ the mechanisms involved put these

NOTE Confidence: 0.905656668125

00:29:14.640 --> 00:29:16.990 individuals at risk for CTE.

NOTE Confidence: 0.905656668125

00:29:16.990 --> 00:29:17.331 However,

NOTE Confidence: 0.905656668125

 $00:29:17.331 \longrightarrow 00:29:19.377$ the fine print of these five

NOTE Confidence: 0.905656668125

 $00:29:19.377 \longrightarrow 00:29:21.902$ cases is that four of these five

NOTE Confidence: 0.905656668125

 $00:29:21.902 \longrightarrow 00:29:23.687$ cases were of contact sports,

NOTE Confidence: 0.872604462857143

 $00:29:23.690 \longrightarrow 00:29:25.796$ athletes and or individuals who had

NOTE Confidence: 0.872604462857143

 $00{:}29{:}25.796 \dashrightarrow 00{:}29{:}28.890$ some sort of a major impact TBI event.

NOTE Confidence: 0.872604462857143

 $00:29:28.890 \longrightarrow 00:29:30.983$ At least one, but oftentimes multiple in

NOTE Confidence: 0.872604462857143

 $00:29:30.983 \longrightarrow 00:29:32.928$ their civilian life unrelated to sports.

NOTE Confidence: 0.872604462857143

 $00{:}29{:}32.930 \dashrightarrow 00{:}29{:}34.508$ They would get into bar fights.

NOTE Confidence: 0.872604462857143

00:29:34.510 --> 00:29:36.526 And things like that with orbital fractures,

NOTE Confidence: 0.872604462857143

 $00:29:36.530 \longrightarrow 00:29:38.090$ and that's in their history.

 $00:29:38.090 \longrightarrow 00:29:40.925$ And the remaining case simply neglected to

NOTE Confidence: 0.872604462857143

 $00:29:40.925 \longrightarrow 00:29:43.989$ affirm or deny that type of information.

NOTE Confidence: 0.872604462857143

 $00:29:43.990 \longrightarrow 00:29:46.000$ But nonetheless, these five cases

NOTE Confidence: 0.872604462857143

00:29:46.000 --> 00:29:48.010 were lumped together with roughly

NOTE Confidence: 0.872604462857143

 $00:29:48.070 \longrightarrow 00:29:49.978$ about a dozen and 1/2 pre-existing

NOTE Confidence: 0.872604462857143

 $00:29:49.978 \longrightarrow 00:29:52.546$ cases that were in the literature of

NOTE Confidence: 0.872604462857143

00:29:52.546 --> 00:29:54.606 athletes who were military personnel,

NOTE Confidence: 0.872604462857143

 $00{:}29{:}54.610 \dashrightarrow 00{:}29{:}56.488$ who were included in a thlete studies.

NOTE Confidence: 0.872604462857143

00:29:56.490 --> 00:29:58.996 But ultimately all to start building the

NOTE Confidence: 0.872604462857143

 $00:29:58.996 \longrightarrow 00:30:01.898$ case that I that a military career and

NOTE Confidence: 0.872604462857143

 $00:30:01.898 \longrightarrow 00:30:04.758$ blast exposure is a risk factor for CTE.

NOTE Confidence: 0.872604462857143

00:30:04.760 --> 00:30:07.160 OK, and so what's the result of this?

NOTE Confidence: 0.872604462857143

00:30:07.160 --> 00:30:09.570 We get another media firestorm,

NOTE Confidence: 0.872604462857143

00:30:09.570 --> 00:30:11.160 not directed toward the NFL,

NOTE Confidence: 0.872604462857143

00:30:11.160 --> 00:30:14.198 but now with regard to the military,

NOTE Confidence: 0.872604462857143

 $00{:}30{:}14.200 \dashrightarrow 00{:}30{:}16.730$ that ultimately culminates in a

 $00:30:16.730 \longrightarrow 00:30:19.260$ 60 minutes piece entitled Combat

NOTE Confidence: 0.872604462857143

00:30:19.341 --> 00:30:22.029 Veterans are coming home with CTE.

NOTE Confidence: 0.872604462857143

 $00:30:22.030 \longrightarrow 00:30:24.890$ And so we begin to see that the lay media,

NOTE Confidence: 0.872604462857143

 $00:30:24.890 \longrightarrow 00:30:27.254$ the public and then eventually the

NOTE Confidence: 0.872604462857143

 $00:30:27.254 \longrightarrow 00:30:29.267$ medical community and military community

NOTE Confidence: 0.872604462857143

 $00:30:29.267 \longrightarrow 00:30:31.864$ begin to accept that a military career,

NOTE Confidence: 0.872604462857143

00:30:31.870 --> 00:30:33.382 particularly blast exposure,

NOTE Confidence: 0.872604462857143

 $00:30:33.382 \dashrightarrow 00:30:36.910$ actually represents a risk factor for CTE.

NOTE Confidence: 0.872604462857143

00:30:36.910 --> 00:30:38.849 And this got to the point where

NOTE Confidence: 0.872604462857143

 $00{:}30{:}38.849 \dashrightarrow 00{:}30{:}40.833$ the new criteria for traumatic

NOTE Confidence: 0.872604462857143

00:30:40.833 --> 00:30:41.929 encephalopathy syndrome,

NOTE Confidence: 0.872604462857143

 $00{:}30{:}41.930 \dashrightarrow 00{:}30{:}44.310$ remember the clinical syndrome that's

NOTE Confidence: 0.872604462857143

 $00{:}30{:}44.310 \dashrightarrow 00{:}30{:}47.238$ supposed to correspond to CTE includes

NOTE Confidence: 0.872604462857143

 $00{:}30{:}47.238 \to 00{:}30{:}49.583$ military service with multiple blast

NOTE Confidence: 0.872604462857143

00:30:49.583 --> 00:30:52.957 exposures as a known risk factor for CTE.

 $00:30:52.960 \longrightarrow 00:30:55.678$ And so at this point I will remind you

NOTE Confidence: 0.872604462857143

00:30:55.678 --> 00:30:58.435 that all of this is based on five cases

NOTE Confidence: 0.872604462857143

 $00:30:58.440 \longrightarrow 00:31:01.037$ and and five imperfect cases from what

NOTE Confidence: 0.872604462857143

00:31:01.037 --> 00:31:03.750 I would from what I would surmise.

NOTE Confidence: 0.872604462857143

 $00:31:03.750 \longrightarrow 00:31:05.862$ And so the question becomes have

NOTE Confidence: 0.872604462857143

 $00:31:05.862 \longrightarrow 00:31:08.010$ we actually done our diligence?

NOTE Confidence: 0.872604462857143

 $00:31:08.010 \longrightarrow 00:31:10.254$ Where is the large scale data

NOTE Confidence: 0.872604462857143

 $00:31:10.254 \longrightarrow 00:31:12.079$ that supports military service as

NOTE Confidence: 0.872604462857143

00:31:12.079 --> 00:31:13.379 a risk factor for CTE,

NOTE Confidence: 0.872604462857143

 $00:31:13.380 \longrightarrow 00:31:15.336$ whereas the large scale and experimental

NOTE Confidence: 0.872604462857143

 $00{:}31{:}15.336 \dashrightarrow 00{:}31{:}17.459$ data that supports that blast exposure,

NOTE Confidence: 0.872604462857143

 $00:31:17.460 \longrightarrow 00:31:18.765$ which is a totally different

NOTE Confidence: 0.872604462857143

00:31:18.765 --> 00:31:20.510 type of TBI than an impact,

NOTE Confidence: 0.872604462857143

 $00:31:20.510 \longrightarrow 00:31:22.586$ is a risk factor for CTE.

NOTE Confidence: 0.872604462857143

 $00:31:22.590 \longrightarrow 00:31:25.428$ It's not there at this point.

NOTE Confidence: 0.872604462857143

00:31:25.430 --> 00:31:28.118 And so in comes the DoD USU

 $00:31:28.118 \longrightarrow 00:31:29.270$ brain tissue repository.

NOTE Confidence: 0.872604462857143

 $00:31:29.270 \longrightarrow 00:31:31.454$ We were started in 2012 and we're

NOTE Confidence: 0.872604462857143

 $00:31:31.454 \longrightarrow 00:31:33.317$ now in a state-of-the-art lab space.

NOTE Confidence: 0.872604462857143

 $00:31:33.317 \longrightarrow 00:31:35.835$ We are the only brain bank in the

NOTE Confidence: 0.872604462857143

 $00:31:35.835 \longrightarrow 00:31:37.325$ world that is exclusively dedicated

NOTE Confidence: 0.872604462857143

00:31:37.325 --> 00:31:39.770 to the study of military brain health,

NOTE Confidence: 0.872604462857143

00:31:39.770 --> 00:31:42.710 primarily TBI military service members.

NOTE Confidence: 0.872604462857143

 $00:31:42.710 \longrightarrow 00:31:44.475$ We accept postmortem brain donations

NOTE Confidence: 0.872604462857143

 $00:31:44.475 \longrightarrow 00:31:46.240$ from anyone who is actually

NOTE Confidence: 0.872604462857143

00:31:46.299 --> 00:31:47.789 who served in the military,

NOTE Confidence: 0.872604462857143

00:31:47.790 --> 00:31:49.038 regardless of branch,

NOTE Confidence: 0.872604462857143

00:31:49.038 --> 00:31:50.286 regardless of symptomatology,

NOTE Confidence: 0.872604462857143

 $00{:}31{:}50.290 \dashrightarrow 00{:}31{:}51.914$ regardless of of exposures,

NOTE Confidence: 0.872604462857143

00:31:51.914 --> 00:31:55.010 and regardless of cause and manner of death,

NOTE Confidence: 0.872604462857143

 $00:31:55.010 \longrightarrow 00:31:55.409$ OK.

 $00:31:55.409 \longrightarrow 00:31:57.404$ Each brain receives a comprehensive

NOTE Confidence: 0.872604462857143

 $00{:}31{:}57.404 \dashrightarrow 00{:}31{:}58.202$ neuropathologic examination

NOTE Confidence: 0.872604462857143

 $00:31:58.202 \longrightarrow 00:32:00.388$ by a trainer of pathologists,

NOTE Confidence: 0.872604462857143

 $00{:}32{:}00.390 \dashrightarrow 00{:}32{:}03.162$ including myself and my team and

NOTE Confidence: 0.872604462857143

 $00:32:03.162 \longrightarrow 00:32:05.154$ ultimately towards our goal of studying

NOTE Confidence: 0.872604462857143

 $00:32:05.154 \longrightarrow 00:32:07.668$ the the brain health of the warfighter.

NOTE Confidence: 0.872604462857143

 $00:32:07.670 \longrightarrow 00:32:07.977$ OK.

NOTE Confidence: 0.872604462857143

00:32:07.977 --> 00:32:10.126 And so at this point in time,

NOTE Confidence: 0.872604462857143

 $00:32:10.130 \longrightarrow 00:32:11.642$ as of this month,

NOTE Confidence: 0.872604462857143

 $00:32:11.642 \longrightarrow 00:32:14.760$ we have 315 brains in our repository

NOTE Confidence: 0.872604462857143

 $00{:}32{:}14.760 \dashrightarrow 00{:}32{:}17.120$ with a rather unique collection

NOTE Confidence: 0.872604462857143

 $00:32:17.204 \longrightarrow 00:32:19.626$ in regards to age or average age

NOTE Confidence: 0.872604462857143

 $00:32:19.626 \longrightarrow 00:32:22.075$ is 48 years across a very broad

NOTE Confidence: 0.872604462857143

 $00:32:22.075 \longrightarrow 00:32:26.063$ age range of 18 to 103 years 98.

NOTE Confidence: 0.872604462857143

00:32:26.063 --> 00:32:27.581 Percent of our our our brain

NOTE Confidence: 0.872604462857143

 $00{:}32{:}27.581 \dashrightarrow 00{:}32{:}28.840$ donations are from military.

 $00:32:28.840 \longrightarrow 00:32:31.464$ We have a small number of civilian controls,

NOTE Confidence: 0.910425421538462

 $00:32:31.470 \longrightarrow 00:32:33.645$ pretty even distribution of active

NOTE Confidence: 0.910425421538462

 $00:32:33.645 \longrightarrow 00:32:35.385$ duty and retired distribution

NOTE Confidence: 0.910425421538462

 $00:32:35.385 \longrightarrow 00:32:37.229$ across all military branches,

NOTE Confidence: 0.910425421538462

 $00:32:37.230 \longrightarrow 00:32:39.920$ and as you can imagine a diversity

NOTE Confidence: 0.910425421538462

 $00:32:39.920 \longrightarrow 00:32:42.195$ of various exposures and factors.

NOTE Confidence: 0.910425421538462

 $00:32:42.200 \longrightarrow 00:32:44.356$ So 10% of our brain donations are

NOTE Confidence: 0.910425421538462

 $00{:}32{:}44.356 \dashrightarrow 00{:}32{:}45.930$ from special forces operators.

NOTE Confidence: 0.910425421538462

 $00:32:45.930 \longrightarrow 00:32:46.868$ Very importantly,

NOTE Confidence: 0.910425421538462

 $00:32:46.868 \longrightarrow 00:32:50.151$ this is a critical subgroup because these

NOTE Confidence: 0.910425421538462

00:32:50.151 --> 00:32:52.470 individuals are heavily combat exposed,

NOTE Confidence: 0.910425421538462

 $00:32:52.470 \longrightarrow 00:32:56.250$ heavily blast exposed, a subgroup 27.

NOTE Confidence: 0.910425421538462

 $00:32:56.250 \longrightarrow 00:32:58.380$ Percent have a history of

NOTE Confidence: 0.910425421538462

00:32:58.380 --> 00:32:59.658 contact sports participation,

NOTE Confidence: 0.910425421538462

 $00:32:59.660 \longrightarrow 00:33:02.509$ 23% of a history of known or

 $00:33:02.509 \longrightarrow 00:33:04.500$ otherwise reported blast exposure,

NOTE Confidence: 0.910425421538462

 $00:33:04.500 \longrightarrow 00:33:06.320$ 22% of our donations, unfortunately,

NOTE Confidence: 0.910425421538462

 $00:33:06.320 \longrightarrow 00:33:09.140$ our deaths by suicide.

NOTE Confidence: 0.910425421538462

 $00:33:09.140 \longrightarrow 00:33:11.632$ 38% of our donations involve individuals with

NOTE Confidence: 0.910425421538462

 $00:33:11.632 \longrightarrow 00:33:14.100$ the diagnosed with a psychiatric diagnosis,

NOTE Confidence: 0.910425421538462

00:33:14.100 --> 00:33:17.156 PTSD being the most common and in addition,

NOTE Confidence: 0.910425421538462

 $00{:}33{:}17.160 \dashrightarrow 00{:}33{:}20.064$ 10% of our bank had a firm psychiatric

NOTE Confidence: 0.910425421538462

 $00:33:20.064 \longrightarrow 00:33:21.660$ symptomatology according to interviews,

NOTE Confidence: 0.910425421538462

 $00{:}33{:}21.660 {\:{\mbox{--}}\!\!>} 00{:}33{:}24.750$ but never actually sought psychiatric care.

NOTE Confidence: 0.910425421538462

 $00:33:24.750 \longrightarrow 00:33:26.478$ And then finally 41% of our.

NOTE Confidence: 0.910425421538462

 $00{:}33{:}26.480 {\:{\mbox{--}}}{\:{\mbox{-}}} 00{:}33{:}28.465$ Donations involve a history of

NOTE Confidence: 0.910425421538462

 $00:33:28.465 \longrightarrow 00:33:30.053$ alcohol or substance abuse.

NOTE Confidence: 0.910425421538462

00:33:30.060 --> 00:33:30.262 OK.

NOTE Confidence: 0.910425421538462

 $00:33:30.262 \longrightarrow 00:33:31.474$ And so as you can imagine,

NOTE Confidence: 0.910425421538462

 $00:33:31.480 \longrightarrow 00:33:32.670$ one of the founding questions,

NOTE Confidence: 0.910425421538462

 $00:33:32.670 \longrightarrow 00:33:34.944$ if not the preeminent founding question

00:33:34.944 --> 00:33:37.590 of our laboratory was the CTE question,

NOTE Confidence: 0.910425421538462

00:33:37.590 --> 00:33:40.404 is CTE common in military service members,

NOTE Confidence: 0.910425421538462

00:33:40.410 --> 00:33:43.168 is blast exposure risk factor for CTE,

NOTE Confidence: 0.910425421538462

 $00:33:43.170 \longrightarrow 00:33:44.262$ is shell shock,

NOTE Confidence: 0.910425421538462

00:33:44.262 --> 00:33:46.446 CTE is the invisible wound CTE.

NOTE Confidence: 0.910425421538462

 $00:33:46.450 \longrightarrow 00:33:47.650$ That's probably the biggest

NOTE Confidence: 0.910425421538462

 $00:33:47.650 \longrightarrow 00:33:48.850$ question of our laboratory.

NOTE Confidence: 0.910425421538462

 $00{:}33{:}48.850 \dashrightarrow 00{:}33{:}50.684$ And after a decade of brain collection,

NOTE Confidence: 0.910425421538462

 $00:33:50.690 \longrightarrow 00:33:53.454$ it was decided that it was time to take

NOTE Confidence: 0.910425421538462

 $00:33:53.454 \longrightarrow 00:33:55.470$ the first major step in this regard.

NOTE Confidence: 0.910425421538462

 $00{:}33{:}55.470 \dashrightarrow 00{:}33{:}57.376$ And so in the winter of 2021,

NOTE Confidence: 0.910425421538462

 $00:33:57.376 \longrightarrow 00:34:00.206$ we examined the 1st 225.

NOTE Confidence: 0.910425421538462

 $00{:}34{:}00.210 \dashrightarrow 00{:}34{:}02.165$ Consecutive military brain donations in

NOTE Confidence: 0.910425421538462

00:34:02.165 --> 00:34:05.040 our bank for evidence of CTE pathology,

NOTE Confidence: 0.910425421538462

 $00:34:05.040 \longrightarrow 00:34:06.643$ and we were fortunate enough to be

 $00:34:06.643 \longrightarrow 00:34:08.065$ able to report these findings in

NOTE Confidence: 0.910425421538462

00:34:08.065 --> 00:34:09.668 a in a summer edition last June

NOTE Confidence: 0.910425421538462

 $00:34:09.716 \longrightarrow 00:34:11.508$ of of the New England in the New

NOTE Confidence: 0.910425421538462

00:34:11.508 --> 00:34:12.468 England Journal of Medicine.

NOTE Confidence: 0.910425421538462

00:34:12.468 --> 00:34:14.750 That's what I'm going to be going over now.

NOTE Confidence: 0.910425421538462

00:34:14.750 --> 00:34:15.113 OK.

NOTE Confidence: 0.910425421538462

 $00:34:15.113 \longrightarrow 00:34:18.017$ And so as far as methodology is concerned,

NOTE Confidence: 0.910425421538462

00:34:18.020 --> 00:34:19.748 each brain in our bank as I have

NOTE Confidence: 0.910425421538462

 $00:34:19.748 \longrightarrow 00:34:21.497$ said is extensively sampled and

NOTE Confidence: 0.910425421538462

00:34:21.497 --> 00:34:23.169 examined including with towel,

NOTE Confidence: 0.910425421538462

 $00:34:23.170 \longrightarrow 00:34:24.734$ towel immunostains for CTE.

NOTE Confidence: 0.910425421538462

 $00:34:24.734 \longrightarrow 00:34:26.298$ All slides are digitized.

NOTE Confidence: 0.910425421538462

 $00:34:26.300 \longrightarrow 00:34:28.040$ We're able to view them virtually

NOTE Confidence: 0.910425421538462

 $00:34:28.040 \longrightarrow 00:34:29.640$ or conventionally and we gather

NOTE Confidence: 0.910425421538462

 $00:34:29.640 \longrightarrow 00:34:31.200$ our histories retrospectively with

NOTE Confidence: 0.910425421538462

 $00:34:31.200 \longrightarrow 00:34:32.760$ semi structured interviews with

 $00{:}34{:}32.760 \dashrightarrow 00{:}34{:}34.675$ next of kin and with available

NOTE Confidence: 0.910425421538462

00:34:34.675 --> 00:34:36.150 medical records including but not

NOTE Confidence: 0.910425421538462

 $00:34:36.150 \longrightarrow 00:34:37.614$ limited to autopsy reports,

NOTE Confidence: 0.910425421538462

 $00:34:37.614 \longrightarrow 00:34:39.444$ death certificates and so on.

NOTE Confidence: 0.910425421538462

00:34:39.450 --> 00:34:40.802 And so for this,

NOTE Confidence: 0.910425421538462

 $00:34:40.802 \longrightarrow 00:34:43.340$ for this study we reviewed all Tao

NOTE Confidence: 0.910425421538462

 $00:34:43.340 \longrightarrow 00:34:45.514$ Immunostain slides for all 225.

NOTE Confidence: 0.910425421538462

 $00:34:45.514 \longrightarrow 00:34:47.734$ Cases for CTE pathology according

NOTE Confidence: 0.910425421538462

 $00:34:47.734 \longrightarrow 00:34:49.510$ to the current criteria,

NOTE Confidence: 0.910425421538462

 $00:34:49.510 \longrightarrow 00:34:51.862$ that is one path that demonic lesion

NOTE Confidence: 0.910425421538462

00:34:51.862 --> 00:34:54.681 equals CTE and we did this completely

NOTE Confidence: 0.910425421538462

 $00{:}34{:}54.681 \dashrightarrow 00{:}34{:}56.425$ blind to clinical information.

NOTE Confidence: 0.910425421538462

 $00:34:56.430 \longrightarrow 00:34:57.870$ We looked at the slides blind.

NOTE Confidence: 0.910425421538462

 $00{:}34{:}57.870 \dashrightarrow 00{:}34{:}59.832$ We did not know prior neuropathology

NOTE Confidence: 0.910425421538462

00:34:59.832 --> 00:35:01.770 reports or any information about that.

00:35:01.770 --> 00:35:03.600 And only after we made diagnosis

NOTE Confidence: 0.910425421538462

 $00{:}35{:}03.600 \dashrightarrow 00{:}35{:}06.245$ of CTE and non CTE cases did we

NOTE Confidence: 0.910425421538462

00:35:06.245 --> 00:35:07.935 unblind ourselves and begin to

NOTE Confidence: 0.910425421538462

 $00:35:07.935 \longrightarrow 00:35:09.925$ make comparisons between the CE

NOTE Confidence: 0.910425421538462

 $00:35:09.925 \longrightarrow 00:35:12.301$ and non CE population with regards

NOTE Confidence: 0.910425421538462

 $00{:}35{:}12.310 \dashrightarrow 00{:}35{:}14.030$ to various clinical factors and

NOTE Confidence: 0.910425421538462

 $00:35:14.030 \longrightarrow 00:35:15.750$ with regards to various TBI.

NOTE Confidence: 0.910425421538462 00:35:15.750 --> 00:35:17.610 Exposures.

NOTE Confidence: 0.910425421538462

 $00{:}35{:}17.610 \dashrightarrow 00{:}35{:}19.566$ So in this group 217 men,

NOTE Confidence: 0.910425421538462 00:35:19.570 --> 00:35:20.154 eight women,

NOTE Confidence: 0.910425421538462

 $00{:}35{:}20.154 \dashrightarrow 00{:}35{:}21.906$ this kind of reflects the general

NOTE Confidence: 0.910425421538462

00:35:21.906 --> 00:35:23.250 distribution of our brain bank,

NOTE Confidence: 0.910425421538462

 $00:35:23.250 \longrightarrow 00:35:25.050$ average age of 48 years,

NOTE Confidence: 0.910425421538462

00:35:25.050 --> 00:35:28.308 active duty and retired military personnel,

NOTE Confidence: 0.910425421538462

 $00:35:28.310 \longrightarrow 00:35:30.398 9.2\%$ special forces again

NOTE Confidence: 0.910425421538462

 $00:35:30.398 \longrightarrow 00:35:31.964$ important exposed subgroup,

 $00:35:31.970 \longrightarrow 00:35:36.174 \text{ a } 60 \text{ or } 25\% \text{ or } 26.7\% \text{ were former}$

NOTE Confidence: 0.910425421538462

 $00:35:36.174 \longrightarrow 00:35:38.862$ contact sports athletes of some kind

NOTE Confidence: 0.810012911904762

 $00:35:38.870 \longrightarrow 00:35:42.230$ 44 or 19.6%. Additionally at some sort of

NOTE Confidence: 0.810012911904762

 $00:35:42.230 \longrightarrow 00:35:44.806$ a significant non sports related civilian

NOTE Confidence: 0.810012911904762

 $00{:}35{:}44.806 \dashrightarrow 00{:}35{:}48.050$ impact TBI such as a skull fracture.

NOTE Confidence: 0.810012911904762

00:35:48.050 --> 00:35:49.301 From physical assault,

NOTE Confidence: 0.810012911904762

00:35:49.301 --> 00:35:50.969 intracranial bleeding from a

NOTE Confidence: 0.810012911904762

 $00:35:50.969 \longrightarrow 00:35:53.798$ motor vehicle accident, and so on.

NOTE Confidence: 0.810012911904762

 $00:35:53.798 \longrightarrow 00:35:57.734$ And then 21 or or or 45 or 20%

NOTE Confidence: 0.810012911904762

 $00{:}35{:}57.740 {\:{\circ}{\circ}{\circ}}>00{:}35{:}59.720$ had a reported history or known

NOTE Confidence: 0.810012911904762

 $00:35:59.720 \longrightarrow 00:36:01.620$ history of military blast exposure.

NOTE Confidence: 0.810012911904762

 $00:36:01.620 \longrightarrow 00:36:04.060$ So now as it pertains to psychiatric disease,

NOTE Confidence: 0.810012911904762

 $00{:}36{:}04.060 \dashrightarrow 00{:}36{:}06.980$ alcohol, substance abuse and suicidality,

NOTE Confidence: 0.810012911904762

 $00{:}36{:}06.980 \dashrightarrow 00{:}36{:}08.810$ 39.1% of the cohort had diagnosed

NOTE Confidence: 0.810012911904762

00:36:08.810 --> 00:36:09.420 psychiatric disease,

 $00:36:09.420 \longrightarrow 00:36:12.336 \text{ most commonly PTSD}$

NOTE Confidence: 0.810012911904762

00:36:12.336 --> 00:36:14.968 43.1% had alcohol or substance abuse and

NOTE Confidence: 0.810012911904762

 $00:36:14.968 \longrightarrow 00:36:18.378$ then a 22.7 per a percent or 49% or 49.

NOTE Confidence: 0.810012911904762

 $00:36:18.378 \longrightarrow 00:36:20.662$ Total in the cohort had a history of

NOTE Confidence: 0.810012911904762

 $00:36:20.662 \longrightarrow 00:36:22.834$ suicide and these are very important

NOTE Confidence: 0.810012911904762

 $00:36:22.834 \longrightarrow 00:36:24.869$ numbers because they compare rather

NOTE Confidence: 0.810012911904762

 $00:36:24.869 \longrightarrow 00:36:27.515$ favorably or rather similarly to large

NOTE Confidence: 0.810012911904762

 $00{:}36{:}27.515 \dashrightarrow 00{:}36{:}30.092$ scale epidemiologic data of of both

NOTE Confidence: 0.810012911904762

 $00{:}36{:}30.092 \dashrightarrow 00{:}36{:}32.630$ active duty and retired military personnel.

NOTE Confidence: 0.810012911904762

 $00:36:32.630 \longrightarrow 00:36:34.317$ And so we thought that we really

NOTE Confidence: 0.810012911904762

 $00{:}36{:}34.317 \dashrightarrow 00{:}36{:}36.232$ had a nice snapshot of military

NOTE Confidence: 0.810012911904762

00:36:36.232 --> 00:36:38.090 community with this group, OK.

NOTE Confidence: 0.810012911904762

 $00:36:38.090 \longrightarrow 00:36:40.540$ And so I'll remind you that the

NOTE Confidence: 0.810012911904762

 $00:36:40.540 \longrightarrow 00:36:42.080$ minimum consensus sampling protocol

NOTE Confidence: 0.810012911904762

 $00:36:42.080 \longrightarrow 00:36:44.378$ for CTE includes again a minimum

NOTE Confidence: 0.810012911904762

 $00{:}36{:}44.378 \dashrightarrow 00{:}36{:}46.938$ of five cortex containing samples.

 $00:36:46.940 \longrightarrow 00:36:49.100$ We analyzed an average of 13.

NOTE Confidence: 0.810012911904762

 $00{:}36{:}49.100 \dashrightarrow 00{:}36{:}51.290$ Cortex containing samples per case,

NOTE Confidence: 0.810012911904762

 $00:36:51.290 \longrightarrow 00:36:54.370$ and so we really oversampled looking for CTE,

NOTE Confidence: 0.810012911904762

 $00:36:54.370 \longrightarrow 00:36:56.650$ and we found CTE pathology to be an

NOTE Confidence: 0.810012911904762

 $00:36:56.650 \longrightarrow 00:37:00.470$ only ten of these 225 cases or 4.4% OK,

NOTE Confidence: 0.810012911904762

 $00:37:00.470 \longrightarrow 00:37:03.026$ and here's some examples of that.

NOTE Confidence: 0.810012911904762

 $00:37:03.030 \longrightarrow 00:37:05.686$ And this is a table that summarizes those

NOTE Confidence: 0.810012911904762

00:37:05.686 --> 00:37:07.460 10 cases. Don't worry about reading it.

NOTE Confidence: 0.810012911904762

 $00:37:07.460 \longrightarrow 00:37:08.706$ We are going to go over it.

NOTE Confidence: 0.810012911904762

 $00{:}37{:}08.710 \dashrightarrow 00{:}37{:}10.908$ First thing I want to talk about

NOTE Confidence: 0.810012911904762

 $00{:}37{:}10.908 \dashrightarrow 00{:}37{:}12.930$ is severity of those 10 cases.

NOTE Confidence: 0.810012911904762

 $00:37:12.930 \longrightarrow 00:37:16.241$ 5 cases or half had only barely

NOTE Confidence: 0.810012911904762

00:37:16.241 --> 00:37:17.187 diagnostic pathology,

NOTE Confidence: 0.810012911904762

 $00:37:17.190 \longrightarrow 00:37:18.890$ that is one single lesion.

NOTE Confidence: 0.810012911904762

 $00:37:18.890 \longrightarrow 00:37:19.859$ So here's one,

 $00:37:19.859 \longrightarrow 00:37:21.797$ here's an example of that single

NOTE Confidence: 0.810012911904762

 $00{:}37{:}21.797 \dashrightarrow 00{:}37{:}23.798$ sulcal depth with one tile lesion.

NOTE Confidence: 0.810012911904762

 $00:37:23.800 \longrightarrow 00:37:26.624$ That's the only town in the entire case.

NOTE Confidence: 0.810012911904762

 $00:37:26.630 \longrightarrow 00:37:29.108$ So minimally diagnostic and that's a very

NOTE Confidence: 0.810012911904762

00:37:29.108 --> 00:37:30.880 highly questionable clinical significance,

NOTE Confidence: 0.810012911904762

 $00:37:30.880 \longrightarrow 00:37:32.908$ at least from the early perspective.

NOTE Confidence: 0.810012911904762

 $00:37:32.910 \longrightarrow 00:37:34.824$ 2 cases were observed and more

NOTE Confidence: 0.810012911904762

 $00:37:34.824 \longrightarrow 00:37:36.949$ elderly a service members who had

NOTE Confidence: 0.810012911904762

 $00:37:36.949 \longrightarrow 00:37:38.914$ a background of severe Alzheimer's

NOTE Confidence: 0.810012911904762

 $00:37:38.914 \longrightarrow 00:37:41.108$ disease neuropathology and so kind of

NOTE Confidence: 0.810012911904762

 $00:37:41.108 \longrightarrow 00:37:43.010$ assessing CTE severity in that context.

NOTE Confidence: 0.810012911904762

00:37:43.010 --> 00:37:45.964 It's very difficult and we kind of

NOTE Confidence: 0.810012911904762

 $00:37:45.964 \longrightarrow 00:37:48.589$ abstain from doing that and then

NOTE Confidence: 0.810012911904762

 $00{:}37{:}48.589 \dashrightarrow 00{:}37{:}51.139$ finally the remaining 2 cases had.

NOTE Confidence: 0.810012911904762

00:37:51.140 --> 00:37:53.128 They had more than one CTE lesion,

NOTE Confidence: 0.810012911904762

 $00:37:53.130 \longrightarrow 00:37:55.730$ but to our perspective still

00:37:55.730 --> 00:37:57.290 relatively mild pathology.

NOTE Confidence: 0.810012911904762 00:37:57.290 --> 00:37:57.613 Again, NOTE Confidence: 0.810012911904762

00:37:57.613 --> 00:37:59.551 this is admittedly in the absence

NOTE Confidence: 0.810012911904762

 $00:37:59.551 \longrightarrow 00:38:01.030$ of clinically validated criteria.

NOTE Confidence: 0.810012911904762

00:38:01.030 --> 00:38:03.790 So I don't exactly know what mild is,

NOTE Confidence: 0.810012911904762

 $00:38:03.790 \longrightarrow 00:38:06.832$ but more or less this is what we felt.

NOTE Confidence: 0.810012911904762

 $00:38:06.840 \longrightarrow 00:38:08.300$ As far as psychiatric disease,

NOTE Confidence: 0.810012911904762

 $00:38:08.300 \longrightarrow 00:38:09.650$ alcohol substance abuse,

NOTE Confidence: 0.810012911904762

 $00:38:09.650 \longrightarrow 00:38:11.000$ manner of death,

NOTE Confidence: 0.810012911904762

 $00:38:11.000 \longrightarrow 00:38:13.658$ despite our very large brain cohort,

NOTE Confidence: 0.810012911904762

 $00:38:13.660 \longrightarrow 00:38:16.320$ despite high rates of these clinical factors,

NOTE Confidence: 0.810012911904762

 $00:38:16.320 \longrightarrow 00:38:18.357$ it is precisely because we have so

NOTE Confidence: 0.810012911904762

 $00{:}38{:}18.357 \dashrightarrow 00{:}38{:}20.439$ few CTE cases amongst all of this

NOTE Confidence: 0.810012911904762

 $00:38:20.439 \longrightarrow 00:38:22.400$ that we were we were unable to.

NOTE Confidence: 0.810012911904762

 $00:38:22.400 \longrightarrow 00:38:24.250$ Our study was underpowered to

00:38:24.250 --> 00:38:26.100 draw conclusions relating to these

NOTE Confidence: 0.810012911904762

 $00:38:26.162 \longrightarrow 00:38:27.318$ factors and and CTE.

NOTE Confidence: 0.810012911904762

00:38:27.320 --> 00:38:28.700 However, it was obvious to us,

NOTE Confidence: 0.810012911904762

 $00:38:28.700 \longrightarrow 00:38:29.876$ and I hope it's obvious to you,

NOTE Confidence: 0.810012911904762

 $00:38:29.880 \longrightarrow 00:38:32.034$ that CTE pathology did not correspond

NOTE Confidence: 0.810012911904762

00:38:32.034 --> 00:38:34.618 or coincide with the large majority of

NOTE Confidence: 0.810012911904762

 $00:38:34.618 \longrightarrow 00:38:37.131$ patients who suffered from any of these.

NOTE Confidence: 0.810012911904762

00:38:37.140 --> 00:38:38.982 Various factors. OK.

NOTE Confidence: 0.810012911904762

 $00{:}38{:}38.982 \dashrightarrow 00{:}38{:}40.210$ Now finally,

NOTE Confidence: 0.810012911904762

 $00:38:40.210 \longrightarrow 00:38:42.070$ as it relates to traumatic brain

NOTE Confidence: 0.810012911904762

00:38:42.070 --> 00:38:43.310 injury and contact sports,

NOTE Confidence: 0.850482471304348

 $00:38:43.310 \longrightarrow 00:38:45.190$ probably the most significant finding

NOTE Confidence: 0.850482471304348

 $00:38:45.190 \longrightarrow 00:38:48.147$ in our study is that all 10 cases

NOTE Confidence: 0.850482471304348

 $00:38:48.147 \longrightarrow 00:38:50.169$ of CTE that we identified were

NOTE Confidence: 0.850482471304348

 $00:38:50.169 \longrightarrow 00:38:52.128$ informer contact sports athletes.

NOTE Confidence: 0.850482471304348

 $00:38:52.130 \longrightarrow 00:38:53.842$ So in other words,

00:38:53.842 --> 00:38:57.170 10 of 60 contact sports athletes had CTE,

NOTE Confidence: 0.850482471304348

 $00:38:57.170 \longrightarrow 00:39:00.134$ 0 of 165 without a contact

NOTE Confidence: 0.850482471304348

00:39:00.134 --> 00:39:02.110 sports history had CTE,

NOTE Confidence: 0.850482471304348

 $00:39:02.110 \longrightarrow 00:39:04.147$ and most of these also had an

NOTE Confidence: 0.850482471304348

 $00{:}39{:}04.147 \dashrightarrow 00{:}39{:}05.464$ additional history of severe

NOTE Confidence: 0.850482471304348

00:39:05.464 --> 00:39:07.369 civilian impact TBI unrelated to.

NOTE Confidence: 0.850482471304348

00:39:07.370 --> 00:39:09.680 Sports again like motor vehicle accidents,

NOTE Confidence: 0.850482471304348

 $00{:}39{:}09.680 \dashrightarrow 00{:}39{:}12.100$ physical assaults and so on.

NOTE Confidence: 0.850482471304348

 $00:39:12.100 \longrightarrow 00:39:13.618$ So as it pertains to blast,

NOTE Confidence: 0.850482471304348

 $00:39{:}13.620 \dashrightarrow 00{:}39{:}15.336$ even though we had high amounts

NOTE Confidence: 0.850482471304348

00:39:15.336 --> 00:39:16.880 of exposure in our study,

NOTE Confidence: 0.850482471304348

00:39:16.880 --> 00:39:18.230 again our study was because

NOTE Confidence: 0.850482471304348

 $00{:}39{:}18.230 --> 00{:}39{:}20.010$ it had so few CT cases,

NOTE Confidence: 0.850482471304348

00:39:20.010 --> 00:39:22.374 it was under power to draw

NOTE Confidence: 0.850482471304348

 $00:39:22.374 \longrightarrow 00:39:23.556$ definitive conclusions with

 $00:39:23.556 \longrightarrow 00:39:25.699$ regard to blast exposure and CTE.

NOTE Confidence: 0.850482471304348

 $00{:}39{:}25.700 \dashrightarrow 00{:}39{:}28.620$ However, upon relative risk analysis,

NOTE Confidence: 0.850482471304348

 $00:39:28.620 \longrightarrow 00:39:31.511$ it became very clear to us that

NOTE Confidence: 0.850482471304348

 $00:39:31.511 \longrightarrow 00:39:33.608$ civilian impact TBI exposures

NOTE Confidence: 0.850482471304348

00:39:33.608 --> 00:39:35.918 particularly contact sports,

NOTE Confidence: 0.850482471304348

 $00:39:35.920 \longrightarrow 00:39:38.490$ new world numerically substantially more.

NOTE Confidence: 0.850482471304348

 $00:39:38.490 \longrightarrow 00:39:40.242$ Associated with CTE pathology

NOTE Confidence: 0.850482471304348

 $00:39:40.242 \longrightarrow 00:39:41.556$ than military exposures,

NOTE Confidence: 0.850482471304348

00:39:41.560 --> 00:39:42.667 especially blast exposure,

NOTE Confidence: 0.850482471304348

 $00:39:42.667 \longrightarrow 00:39:44.881$ which by far had the lowest

NOTE Confidence: 0.850482471304348

 $00{:}39{:}44.881 \dashrightarrow 00{:}39{:}46.420$ association with CTE pathology

NOTE Confidence: 0.850482471304348

 $00:39:46.420 \longrightarrow 00:39:48.265$ and whose confidence interval for

NOTE Confidence: 0.850482471304348

 $00:39:48.265 \longrightarrow 00:39:50.126$ relative risk was on the low end,

NOTE Confidence: 0.850482471304348

 $00:39:50.130 \longrightarrow 00:39:52.098$ was the only one to dip below one.

NOTE Confidence: 0.850482471304348

 $00:39:52.100 \longrightarrow 00:39:53.976$ OK, so they wouldn't let us write.

NOTE Confidence: 0.850482471304348

 $00{:}39{:}53.980 \dashrightarrow 00{:}39{:}55.132$ Statistically insignificant in the

00:39:55.132 --> 00:39:56.572 New England Journal of Medicine,

NOTE Confidence: 0.850482471304348

 $00:39:56.580 \longrightarrow 00:39:58.965$ but that's how I feel. OK.

NOTE Confidence: 0.850482471304348

 $00:39:58.965 \longrightarrow 00:40:00.890$ And So what does this all mean?

NOTE Confidence: 0.850482471304348

 $00:40:00.890 \longrightarrow 00:40:03.398$ We don't deny that certain perhaps

NOTE Confidence: 0.850482471304348

 $00:40:03.398 \longrightarrow 00:40:04.652$ unique military circumstances

NOTE Confidence: 0.850482471304348

00:40:04.652 --> 00:40:06.208 could predispose to CTE,

NOTE Confidence: 0.850482471304348

 $00:40:06.210 \longrightarrow 00:40:08.514$ but we demonstrate that CTE is

NOTE Confidence: 0.850482471304348

 $00:40:08.514 \longrightarrow 00:40:11.309$ uncommon and in large military cohort,

NOTE Confidence: 0.850482471304348

00:40:11.310 --> 00:40:13.730 despite high rates of exposures,

NOTE Confidence: 0.850482471304348

 $00{:}40{:}13.730 \dashrightarrow 00{:}40{:}15.734$ CT does not coincide with the

NOTE Confidence: 0.850482471304348

00:40:15.734 --> 00:40:17.070 majority of psychiatric disease,

NOTE Confidence: 0.850482471304348

 $00:40:17.070 \longrightarrow 00:40:20.430$ suicidality and and substance abuse.

NOTE Confidence: 0.850482471304348

 $00:40:20.430 \longrightarrow 00:40:21.930$ In the military context,

NOTE Confidence: 0.850482471304348

 $00:40:21.930 \longrightarrow 00:40:23.430$ when we identify CTE,

NOTE Confidence: 0.850482471304348

 $00:40:23.430 \longrightarrow 00:40:25.014$ it's oftentimes only minimally

00:40:25.014 --> 00:40:26.994 diagnostic and thus currently of

NOTE Confidence: 0.850482471304348

 $00{:}40{:}26.994 \dashrightarrow 00{:}40{:}28.589$ questionable clinical significance.

NOTE Confidence: 0.850482471304348

 $00:40:28.590 \longrightarrow 00:40:30.319$ And we have only identified it in

NOTE Confidence: 0.850482471304348

 $00:40:30.319 \longrightarrow 00:40:32.263$ the setting of a history of contact

NOTE Confidence: 0.850482471304348

 $00:40:32.263 \longrightarrow 00:40:33.991$ sports and has the lowest numerical

NOTE Confidence: 0.850482471304348

 $00:40:34.044 \longrightarrow 00:40:36.078$ and blast has the lowest numerical

NOTE Confidence: 0.850482471304348

 $00:40:36.078 \longrightarrow 00:40:37.434$ association with CTE pathology.

NOTE Confidence: 0.850482471304348

 $00:40:37.440 \longrightarrow 00:40:40.016$ And so we actually don't believe that

NOTE Confidence: 0.850482471304348

00:40:40.016 --> 00:40:42.658 blast exposure is a risk factor for CTE.

NOTE Confidence: 0.850482471304348

00:40:42.660 --> 00:40:44.140 And just as an update,

NOTE Confidence: 0.850482471304348

 $00{:}40{:}44.140 \dashrightarrow 00{:}40{:}46.700$ we now have 315 brains and we have

NOTE Confidence: 0.850482471304348

 $00{:}40{:}46.700 \dashrightarrow 00{:}40{:}49.278$ 13 cases of CTE in our repository,

NOTE Confidence: 0.850482471304348

 $00:40:49.280 \longrightarrow 00:40:51.380$ so that that rate has held true.

NOTE Confidence: 0.850482471304348

00:40:51.380 --> 00:40:53.960 And after now approaching 12 years,

NOTE Confidence: 0.850482471304348

 $00:40:53.960 \longrightarrow 00:40:55.493$ we have yet to see a single

NOTE Confidence: 0.850482471304348

00:40:55.493 --> 00:40:57.368 case of CTE in our repository in

 $00:40:57.368 \longrightarrow 00:40:58.808$ the absence of a contact.

NOTE Confidence: 0.850482471304348

00:40:58.810 --> 00:40:59.842 What's history?

NOTE Confidence: 0.850482471304348

00:40:59.842 --> 00:41:03.290 OK, and so now the question becomes,

NOTE Confidence: 0.850482471304348

00:41:03.290 --> 00:41:06.510 if all of this is not CTE?

NOTE Confidence: 0.850482471304348

00:41:06.510 --> 00:41:08.449 If the invisible wound is not CTE,

NOTE Confidence: 0.850482471304348 00:41:08.450 --> 00:41:10.679 what is it?

NOTE Confidence: 0.850482471304348

 $00:41:10.680 \longrightarrow 00:41:13.242$ And so that question is a question

NOTE Confidence: 0.850482471304348

 $00{:}41{:}13.242 \to 00{:}41{:}15.028$ that remains unanswered and that

NOTE Confidence: 0.850482471304348

00:41:15.028 --> 00:41:16.882 is the ongoing mission of our

NOTE Confidence: 0.850482471304348

 $00:41:16.882 \longrightarrow 00:41:18.708$ brain bank to to decipher it.

NOTE Confidence: 0.85048247130434800:41:18.710 --> 00:41:18.985 However, NOTE Confidence: 0.850482471304348

 $00:41:18.985 \longrightarrow 00:41:21.185$ we do feel that we have made some

NOTE Confidence: 0.850482471304348

 $00{:}41{:}21.185 \dashrightarrow 00{:}41{:}23.290$ pretty important discoveries in the

NOTE Confidence: 0.850482471304348

 $00{:}41{:}23.290 \dashrightarrow 00{:}41{:}25.505$ particularly as it concerns chronic

NOTE Confidence: 0.850482471304348

 $00:41:25.505 \longrightarrow 00:41:26.909$ neuropathology following blast.

 $00:41:26.910 \longrightarrow 00:41:28.896$ And probably the most notable of

NOTE Confidence: 0.850482471304348

 $00{:}41{:}28.896 \longrightarrow 00{:}41{:}30.977$ these is our description of an

NOTE Confidence: 0.850482471304348

 $00:41:30.977 \longrightarrow 00:41:33.065$ entity which we've referred to as

NOTE Confidence: 0.850482471304348

 $00:41:33.065 \longrightarrow 00:41:34.350$ interface astroglial scarring.

NOTE Confidence: 0.850482471304348

 $00:41:34.350 \longrightarrow 00:41:37.024$ This is a pattern of glial scarring

NOTE Confidence: 0.850482471304348

 $00:41:37.024 \longrightarrow 00:41:40.018$ detectable by just a simple GFP that occurs.

NOTE Confidence: 0.850482471304348

 $00:41:40.020 \longrightarrow 00:41:42.030$ Long Junction points or interfaces between

NOTE Confidence: 0.850482471304348

00:41:42.030 --> 00:41:43.710 heterologous elements of the brain,

NOTE Confidence: 0.850482471304348

00:41:43.710 --> 00:41:45.390 so greater white matter junction,

NOTE Confidence: 0.850482471304348

00:41:45.390 --> 00:41:46.840 perivascular spaces,

NOTE Confidence: 0.850482471304348

00:41:46.840 --> 00:41:48.290 periventricular spaces,

NOTE Confidence: 0.850482471304348

00:41:48.290 --> 00:41:51.190 the PO parenchymal interface,

NOTE Confidence: 0.877774192857143

 $00:41:51.190 \longrightarrow 00:41:54.725$ and so on. And we noticed this.

NOTE Confidence: 0.877774192857143

00:41:54.730 --> 00:41:56.970 And we continue to note that most

NOTE Confidence: 0.877774192857143

00:41:56.970 --> 00:41:58.695 prominently in individuals who are

NOTE Confidence: 0.877774192857143

 $00{:}41{:}58.695 \dashrightarrow 00{:}42{:}00.115$ symptomatic and heavily blastic,

 $00:42:00.120 \longrightarrow 00:42:02.600$ exposed and tend to not see it and

NOTE Confidence: 0.877774192857143

 $00{:}42{:}02.600 \dashrightarrow 00{:}42{:}04.199$ controls without blast exposure.

NOTE Confidence: 0.877774192857143

 $00:42:04.200 \longrightarrow 00:42:05.406$ And when we do see it,

NOTE Confidence: 0.877774192857143

00:42:05.410 --> 00:42:07.990 this scarring pattern is widespread,

NOTE Confidence: 0.877774192857143

 $00:42:07.990 \longrightarrow 00:42:09.409$ certainly involves many.

NOTE Confidence: 0.877774192857143

 $00{:}42{:}09.409 \dashrightarrow 00{:}42{:}11.774$ Brain regions and neural circuits

NOTE Confidence: 0.877774192857143

00:42:11.774 --> 00:42:13.789 that can implicate symptomatology

NOTE Confidence: 0.877774192857143

00:42:13.789 --> 00:42:16.759 in the war fighter after blast,

NOTE Confidence: 0.877774192857143

 $00:42:16.760 \longrightarrow 00:42:19.476$ and at the time we described it,

NOTE Confidence: 0.877774192857143

 $00:42:19.480 \longrightarrow 00:42:22.260$ it was certainly compatible with

NOTE Confidence: 0.877774192857143

00:42:22.260 --> 00:42:25.548 pre-existing a tissue data and other

NOTE Confidence: 0.877774192857143

 $00:42:25.548 \longrightarrow 00:42:28.103$ organs with how blast waves propagate

NOTE Confidence: 0.877774192857143

 $00{:}42{:}28.103 \dashrightarrow 00{:}42{:}29.909$ and cause in jury in those tissues.

NOTE Confidence: 0.877774192857143

 $00:42:29.910 \longrightarrow 00:42:31.980$ So it was compatible with the

NOTE Confidence: 0.877774192857143

 $00:42:31.980 \longrightarrow 00:42:33.360$ biodynamics of blast wave.

 $00:42:33.360 \longrightarrow 00:42:34.884$ However, nonetheless this diagnosis

NOTE Confidence: 0.877774192857143

 $00:42:34.884 \longrightarrow 00:42:36.789$ was understandably met with a

NOTE Confidence: 0.877774192857143

 $00:42:36.789 \longrightarrow 00:42:38.990$ lot of criticism in regards to

NOTE Confidence: 0.877774192857143

 $00:42:38.990 \longrightarrow 00:42:40.046$ its definitive relation.

NOTE Confidence: 0.877774192857143

00:42:40.050 --> 00:42:41.370 With blast, however,

NOTE Confidence: 0.877774192857143

 $00:42:41.370 \longrightarrow 00:42:44.010$ in the last year or so,

NOTE Confidence: 0.877774192857143

 $00:42:44.010 \longrightarrow 00:42:45.182$ or two years now,

NOTE Confidence: 0.877774192857143

00:42:45.182 --> 00:42:46.940 a couple of important studies have

NOTE Confidence: 0.877774192857143

 $00:42:47.000 \longrightarrow 00:42:49.130$ emerged supporting the fact that this

NOTE Confidence: 0.877774192857143

 $00:42:49.130 \longrightarrow 00:42:51.568$ pathology may actually be induced by blast.

NOTE Confidence: 0.877774192857143

 $00{:}42{:}51.570 \dashrightarrow 00{:}42{:}53.614$ The first of which is this study

NOTE Confidence: 0.877774192857143

 $00:42:53.614 \longrightarrow 00:42:55.530$ that was published in the Journal of

NOTE Confidence: 0.877774192857143

00:42:55.530 --> 00:42:57.826 Neuropathology and Experimental Neurology,

NOTE Confidence: 0.877774192857143

 $00{:}42{:}57.826 \dashrightarrow 00{:}43{:}00.696$ wherein a prospective blast model

NOTE Confidence: 0.877774192857143

 $00:43:00.696 \longrightarrow 00:43:02.890$ using ferrets was developed.

NOTE Confidence: 0.877774192857143

 $00:43:02.890 \longrightarrow 00:43:06.170$ And ferrets are a very important animal

00:43:06.170 --> 00:43:09.170 to consider here because unlike rodents,

NOTE Confidence: 0.877774192857143

 $00:43:09.170 \longrightarrow 00:43:10.229$ ferrets have gyros.

NOTE Confidence: 0.877774192857143

00:43:10.229 --> 00:43:12.700 Cephalic brains they have gyri and sulci.

NOTE Confidence: 0.877774192857143

00:43:12.700 --> 00:43:14.388 Ferrets have well delineated

NOTE Confidence: 0.877774192857143

00:43:14.388 --> 00:43:16.076 Gray white matter junction.

NOTE Confidence: 0.877774192857143

00:43:16.080 --> 00:43:17.560 Ferrets have anatomic complexity

NOTE Confidence: 0.877774192857143

 $00:43:17.560 \longrightarrow 00:43:20.128$ that is far closer to that of

NOTE Confidence: 0.877774192857143

 $00:43:20.128 \longrightarrow 00:43:21.538$ the human than a rodent,

NOTE Confidence: 0.877774192857143

00:43:21.540 --> 00:43:24.084 which has a license to phallic brain and

NOTE Confidence: 0.877774192857143

 $00:43:24.084 \longrightarrow 00:43:26.378$ an indistinct Gray white matter junction.

NOTE Confidence: 0.877774192857143

 $00:43:26.380 \longrightarrow 00:43:28.462$ And when ferrets were blasted and

NOTE Confidence: 0.877774192857143

 $00{:}43{:}28.462 \dashrightarrow 00{:}43{:}31.035$ and and sacrificed and same for GFP

NOTE Confidence: 0.877774192857143

 $00{:}43{:}31.035 \dashrightarrow 00{:}43{:}32.895$ and identical pattern of interface,

NOTE Confidence: 0.877774192857143

 $00{:}43{:}32.900 \dashrightarrow 00{:}43{:}34.580$ glial staining was identified

NOTE Confidence: 0.877774192857143

 $00:43:34.580 \longrightarrow 00:43:35.840$ in those ferrets,

 $00:43:35.840 \longrightarrow 00:43:38.264$ as we have seen in our

NOTE Confidence: 0.877774192857143

 $00:43:38.264 \longrightarrow 00:43:39.476$ postmortem human tissues.

NOTE Confidence: 0.877774192857143

00:43:39.480 --> 00:43:41.232 Further pause this further,

NOTE Confidence: 0.877774192857143

 $00:43:41.232 \longrightarrow 00:43:44.422$ a study out of Michigan State and

NOTE Confidence: 0.877774192857143

 $00:43:44.422 \longrightarrow 00:43:46.842$ the Air Force actually engineered

NOTE Confidence: 0.877774192857143

 $00:43:46.842 \longrightarrow 00:43:48.778$ an artificial head model,

NOTE Confidence: 0.877774192857143

 $00:43:48.780 \longrightarrow 00:43:50.580$ polymer based model where polymers

NOTE Confidence: 0.877774192857143

 $00:43:50.580 \longrightarrow 00:43:52.380$ of different densities were used

NOTE Confidence: 0.877774192857143

 $00{:}43{:}52.434 \dashrightarrow 00{:}43{:}54.096$ to construct a brain with jyri,

NOTE Confidence: 0.877774192857143

00:43:54.100 --> 00:43:55.600 with sulci, with Gray matter,

NOTE Confidence: 0.877774192857143

 $00{:}43{:}55.600 \dashrightarrow 00{:}43{:}57.980$ with white matter encased in

NOTE Confidence: 0.877774192857143

 $00:43:57.980 \longrightarrow 00:44:00.360$ dura with CSF and ultimately

NOTE Confidence: 0.877774192857143

 $00{:}44{:}00.444 \dashrightarrow 00{:}44{:}03.198$ encased in the skull and blasted.

NOTE Confidence: 0.877774192857143

 $00:44:03.200 \longrightarrow 00:44:05.798$ And they recorded the blast wave

NOTE Confidence: 0.877774192857143

00:44:05.798 --> 00:44:07.530 passing through this artificial

NOTE Confidence: 0.877774192857143

 $00:44:07.604 \longrightarrow 00:44:09.229$ brain and in this ultra.

 $00:44:09.230 \longrightarrow 00:44:11.678$ Slomo footage you can almost visualize

NOTE Confidence: 0.877774192857143

00:44:11.678 --> 00:44:14.299 where the strain is most maximum.

NOTE Confidence: 0.877774192857143

 $00:44:14.300 \longrightarrow 00:44:16.172$ So this is over the course of a very

NOTE Confidence: 0.877774192857143

00:44:16.172 --> 00:44:17.776 small duration of time and you can

NOTE Confidence: 0.877774192857143

 $00:44:17.776 \longrightarrow 00:44:19.575$ see right at the Gray white matter

NOTE Confidence: 0.877774192857143

00:44:19.575 --> 00:44:21.273 junctions you're you're seeing a lot

NOTE Confidence: 0.877774192857143

 $00:44:21.273 \longrightarrow 00:44:23.858$ of those forces take place and they

NOTE Confidence: 0.877774192857143

 $00{:}44{:}23.858 \operatorname{--}{>} 00{:}44{:}25.891$ actually calculated that the physical

NOTE Confidence: 0.877774192857143

 $00:44:25.891 \longrightarrow 00:44:28.477$ strain was highest at brain interfaces.

NOTE Confidence: 0.877774192857143

 $00:44:28.480 \longrightarrow 00:44:30.760$ Again compatible with what we

NOTE Confidence: 0.877774192857143

 $00{:}44{:}30.760 \dashrightarrow 00{:}44{:}33.800$ were seeing in the human tissues.

NOTE Confidence: 0.877774192857143

 $00:44:33.800 \longrightarrow 00:44:36.520$ OK and more recently they have done they

NOTE Confidence: 0.877774192857143

 $00{:}44{:}36.520 \dashrightarrow 00{:}44{:}39.316$ have used the same exact head model and.

NOTE Confidence: 0.877774192857143

00:44:39.320 --> 00:44:42.239 Impact TBI study or they drop,

NOTE Confidence: 0.877774192857143

 $00:44:42.240 \longrightarrow 00:44:44.249$ they drop the head from the ceiling

 $00:44:44.249 \longrightarrow 00:44:45.780$ and they record it impacting

NOTE Confidence: 0.877774192857143

 $00:44:45.780 \longrightarrow 00:44:47.598$ with the floor and this video,

NOTE Confidence: 0.877774192857143

00:44:47.600 --> 00:44:49.796 I wish I could show it to you is

NOTE Confidence: 0.877774192857143

 $00:44:49.796 \longrightarrow 00:44:51.656$ completely different in terms of how

NOTE Confidence: 0.877774192857143

00:44:51.656 --> 00:44:53.717 that how that traumatic brain injury

NOTE Confidence: 0.877774192857143

 $00:44:53.717 \longrightarrow 00:44:55.937$ transfers through that artificial brain.

NOTE Confidence: 0.877774192857143

00:44:55.940 --> 00:44:56.162 OK.

NOTE Confidence: 0.877774192857143

 $00:44:56.162 \longrightarrow 00:44:57.716$ And so at this point in time,

NOTE Confidence: 0.877774192857143

 $00{:}44{:}57.720 \dashrightarrow 00{:}44{:}59.615$ we are encountering this pattern

NOTE Confidence: 0.877774192857143

00:44:59.615 --> 00:45:01.510 of IS at increasing proportions

NOTE Confidence: 0.807270841428571

 $00{:}45{:}01.572 \dashrightarrow 00{:}45{:}03.884$ in our brain bank and we believe that

NOTE Confidence: 0.807270841428571

 $00:45:03.884 \longrightarrow 00:45:06.781$ we have identified at least a subset of

NOTE Confidence: 0.807270841428571

 $00:45:06.781 \longrightarrow 00:45:09.379$ military personnel who may be predisposed

NOTE Confidence: 0.807270841428571

 $00:45:09.379 \longrightarrow 00:45:11.198$ or vulnerable to neuropsychiatric

NOTE Confidence: 0.807270841428571

00:45:11.198 --> 00:45:13.398 sequelae based on physical damage

NOTE Confidence: 0.807270841428571

00:45:13.398 --> 00:45:16.384 to the brain from the blast, OK.

00:45:16.384 --> 00:45:17.988 However, at this point,

NOTE Confidence: 0.807270841428571

 $00:45:17.988 \longrightarrow 00:45:19.572$ we definitely emphasize that

NOTE Confidence: 0.807270841428571

 $00:45:19.572 \longrightarrow 00:45:22.340$ this is a brand new diagnosis.

NOTE Confidence: 0.807270841428571

 $00:45:22.340 \longrightarrow 00:45:24.476$ We do not currently have an

NOTE Confidence: 0.807270841428571

 $00:45:24.476 \longrightarrow 00:45:26.241$ objective way to diagnose. Diagnosis.

NOTE Confidence: 0.807270841428571

00:45:26.241 --> 00:45:28.287 Therefore, at this point in time,

NOTE Confidence: 0.807270841428571

00:45:28.290 --> 00:45:30.026 it's difficult to quantify,

NOTE Confidence: 0.807270841428571

00:45:30.026 --> 00:45:32.196 even more difficult to associate

NOTE Confidence: 0.807270841428571

 $00:45:32.196 \longrightarrow 00:45:34.109$ with a clinical phenotype.

NOTE Confidence: 0.807270841428571

 $00:45:34.110 \longrightarrow 00:45:36.630$ And so a lot of work needs to be done here.

NOTE Confidence: 0.807270841428571

 $00:45:36.630 \longrightarrow 00:45:38.190$ Some of that work is ongoing,

NOTE Confidence: 0.807270841428571

 $00{:}45{:}38.190 \dashrightarrow 00{:}45{:}40.422$ of course with aggression in a in a

NOTE Confidence: 0.807270841428571

 $00{:}45{:}40.422 \dashrightarrow 00{:}45{:}42.528$ very recent paper published in Brain,

NOTE Confidence: 0.807270841428571

 $00{:}45{:}42.530 \dashrightarrow 00{:}45{:}44.230$ along with our NEURORADIOLOGY

NOTE Confidence: 0.807270841428571

 $00:45:44.230 \longrightarrow 00:45:45.505$ colleagues at NIH,

00:45:45.510 --> 00:45:47.407 they have used a new imaging modality,

NOTE Confidence: 0.807270841428571

00:45:47.410 --> 00:45:49.950 AI based imaging modality and

NOTE Confidence: 0.807270841428571

 $00:45:49.950 \longrightarrow 00:45:52.840$ they have actually been able to.

NOTE Confidence: 0.807270841428571

 $00:45:52.840 \longrightarrow 00:45:54.835$ Discover a neuro radiologic signature

NOTE Confidence: 0.807270841428571

00:45:54.835 --> 00:45:57.441 using our ex vivo tissues for

NOTE Confidence: 0.807270841428571

00:45:57.441 --> 00:45:59.058 interface astroglial scarring.

NOTE Confidence: 0.807270841428571

 $00:45:59.060 \longrightarrow 00:46:00.100$ So they took our blocks,

NOTE Confidence: 0.807270841428571

 $00:46:00.100 \longrightarrow 00:46:02.071$ image them and you can almost do a heat

NOTE Confidence: 0.807270841428571

00:46:02.071 --> 00:46:04.336 map with the GFP saying and it's identical,

NOTE Confidence: 0.807270841428571 00:46:04.340 --> 00:46:04.629 OK?

NOTE Confidence: 0.807270841428571

 $00{:}46{:}04.629 \dashrightarrow 00{:}46{:}06.941$ And so we are we are sooner rather

NOTE Confidence: 0.807270841428571

 $00{:}46{:}06.941 \dashrightarrow 00{:}46{:}09.564$ than later going to be able to assess

NOTE Confidence: 0.807270841428571

 $00:46:09.564 \longrightarrow 00:46:11.679$ this disease in living patients.

NOTE Confidence: 0.807270841428571

00:46:11.680 --> 00:46:12.448 And so in closing,

NOTE Confidence: 0.807270841428571

 $00:46:12.448 \longrightarrow 00:46:14.080$ just as a way to close this out,

NOTE Confidence: 0.807270841428571

 $00{:}46{:}14.080 \dashrightarrow 00{:}46{:}15.704$ I want to emphasize that our brain

 $00:46:15.704 \longrightarrow 00:46:17.723$ bank is the only one in the world

NOTE Confidence: 0.807270841428571

00:46:17.723 --> 00:46:19.383 that is studying the biology of

NOTE Confidence: 0.807270841428571

00:46:19.383 --> 00:46:20.759 last exposure and exclusively

NOTE Confidence: 0.807270841428571

 $00:46:20.759 \longrightarrow 00:46:22.479$ dedicated to military brain health.

NOTE Confidence: 0.807270841428571

00:46:22.480 --> 00:46:23.521 And of course,

NOTE Confidence: 0.807270841428571

 $00:46:23.521 \longrightarrow 00:46:25.256$ the availability of this collection

NOTE Confidence: 0.807270841428571

00:46:25.256 --> 00:46:27.193 provides for us a unique opportunity

NOTE Confidence: 0.807270841428571

 $00{:}46{:}27.193 \dashrightarrow 00{:}46{:}29.409$ not only for this research but more

NOTE Confidence: 0.807270841428571

 $00{:}46{:}29.409 \dashrightarrow 00{:}46{:}31.279$ broadly speaking toward an improved

NOTE Confidence: 0.807270841428571

 $00{:}46{:}31.279 \dashrightarrow 00{:}46{:}33.257$ understanding of biology or the

NOTE Confidence: 0.807270841428571

00:46:33.257 --> 00:46:36.119 biologic underpinnings of of military TBI,

NOTE Confidence: 0.807270841428571

00:46:36.120 --> 00:46:37.482 particularly blast exposure.

NOTE Confidence: 0.807270841428571

 $00{:}46{:}37.482 \dashrightarrow 00{:}46{:}40.660$ So I want to thank of course

NOTE Confidence: 0.807270841428571

 $00:46:40.660 \longrightarrow 00:46:42.280$ service Members and their families.

NOTE Confidence: 0.807270841428571

 $00:46:42.280 \longrightarrow 00:46:43.156$ Not for their donations.

 $00:46:43.156 \longrightarrow 00:46:44.734$ We wouldn't be able to do any

NOTE Confidence: 0.807270841428571

 $00:46:44.734 \longrightarrow 00:46:45.610$ of this without them.

NOTE Confidence: 0.807270841428571

 $00:46:45.610 \longrightarrow 00:46:47.754$ I want to give a special thanks to

NOTE Confidence: 0.807270841428571

 $00:46:47.754 \longrightarrow 00:46:49.264$ the special forces who recently

NOTE Confidence: 0.807270841428571

00:46:49.264 --> 00:46:51.385 had us visit Fort Bragg for kind

NOTE Confidence: 0.807270841428571

00:46:51.451 --> 00:46:53.809 of a day in the life of what they

NOTE Confidence: 0.807270841428571

 $00:46:53.809 \longrightarrow 00:46:55.271$ experienced just during training.

NOTE Confidence: 0.807270841428571

 $00:46:55.271 \longrightarrow 00:46:57.653$ And the amount of blast exposure

NOTE Confidence: 0.807270841428571

 $00{:}46{:}57.653 \dashrightarrow 00{:}47{:}00.103$ that they sustained just during

NOTE Confidence: 0.807270841428571

00:47:00.103 --> 00:47:02.087 training operations is dramatic.

NOTE Confidence: 0.807270841428571

 $00:47:02.090 \longrightarrow 00:47:03.866$ And they do this day in and day

NOTE Confidence: 0.807270841428571

 $00:47:03.866 \longrightarrow 00:47:05.806$ out when they are not deployed and

NOTE Confidence: 0.807270841428571

 $00:47:05.806 \longrightarrow 00:47:07.626$ doing the and and blasting things

NOTE Confidence: 0.807270841428571

 $00:47:07.626 \longrightarrow 00:47:09.528$ and shooting things in real life.

NOTE Confidence: 0.807270841428571

 $00:47:09.530 \longrightarrow 00:47:10.810$ So I want to thank the team and

NOTE Confidence: 0.807270841428571

 $00:47:10.810 \longrightarrow 00:47:11.939$ all of our collaborators.

 $00:47:11.940 \longrightarrow 00:47:13.375$ I want to thank all of you

NOTE Confidence: 0.807270841428571

 $00:47:13.375 \longrightarrow 00:47:14.310$ for your attention today.

NOTE Confidence: 0.807270841428571

 $00:47:14.310 \longrightarrow 00:47:15.630$ These are my references.

NOTE Confidence: 0.807270841428571

 $00:47:15.630 \longrightarrow 00:47:18.910$ This is my dog, Peppa.

NOTE Confidence: 0.807270841428571

 $00:47:18.910 \longrightarrow 00:47:20.678$ And I'll I'm happy to take any questions.

NOTE Confidence: 0.603168462

 $00{:}47{:}26.430 \dashrightarrow 00{:}47{:}28.850$ Questions from the audience mangine.

NOTE Confidence: 0.72758424

 $00:47:52.310 \longrightarrow 00:47:53.570$ We repeat the question for.

NOTE Confidence: 0.90564089125

 $00:47:55.580 \longrightarrow 00:47:58.093$ OK. So the question was whether or

NOTE Confidence: 0.90564089125

 $00:47:58.093 \longrightarrow 00:48:00.219$ not military helmets have protection

NOTE Confidence: 0.90564089125

00:48:00.219 --> 00:48:02.179 against against blast injury.

NOTE Confidence: 0.90564089125

 $00{:}48{:}02.180 \dashrightarrow 00{:}48{:}04.268$ And the second question was whether or not

NOTE Confidence: 0.90564089125

 $00:48:04.268 \longrightarrow 00:48:06.592$ we've had ferrets wear helmets when and not

NOTE Confidence: 0.90564089125

 $00:48:06.592 \longrightarrow 00:48:08.720$ wear helmets with regard to blast exposure.

NOTE Confidence: 0.90564089125

 $00:48:08.720 \longrightarrow 00:48:10.316$ I'll answer the second question first.

NOTE Confidence: 0.90564089125

 $00:48:10.320 \longrightarrow 00:48:12.350$ No, that hasn't happened yet.

 $00:48:12.350 \longrightarrow 00:48:14.096$ It may. But the first question

NOTE Confidence: 0.90564089125

 $00:48:14.096 \longrightarrow 00:48:16.478$ is kind of a more complex one.

NOTE Confidence: 0.90564089125

 $00:48:16.480 \longrightarrow 00:48:17.120$ But interestingly,

NOTE Confidence: 0.90564089125

 $00:48:17.120 \longrightarrow 00:48:19.680$ the answer to that question is also no.

NOTE Confidence: 0.90564089125

 $00:48:19.680 \longrightarrow 00:48:23.988$ OK, the most recent helmet that has

NOTE Confidence: 0.90564089125

00:48:23.988 --> 00:48:26.928 just been deployed to the US military.

NOTE Confidence: 0.90564089125

 $00:48:26.930 \longrightarrow 00:48:29.666$ They spent something like \$9 billion

NOTE Confidence: 0.90564089125

 $00:48:29.670 \longrightarrow 00:48:31.600$ in development of this helmet.

NOTE Confidence: 0.90564089125

00:48:31.600 --> 00:48:34.225 But the principal focus in the development

NOTE Confidence: 0.90564089125

 $00:48:34.225 \longrightarrow 00:48:36.929$ of this helmet was to deflect bullets.

NOTE Confidence: 0.90564089125

 $00:48:36.930 \longrightarrow 00:48:39.184$ They did not concern themselves largely with

NOTE Confidence: 0.90564089125

 $00:48:39.184 \longrightarrow 00:48:41.530$ blast exposure and mitigating blast exposure.

NOTE Confidence: 0.90564089125

 $00:48:41.530 \longrightarrow 00:48:43.954$ So even the most modern helmet of today

NOTE Confidence: 0.90564089125

 $00:48:43.954 \longrightarrow 00:48:46.869$ is not designed to protect against blast.

NOTE Confidence: 0.90564089125

 $00:48:46.870 \longrightarrow 00:48:49.810$ And so we're still a ways away

NOTE Confidence: 0.90564089125

 $00:48:49.810 \longrightarrow 00:48:51.892$ from protective head equipment

00:48:51.892 --> 00:48:54.108 mitigating a blast exposure.

NOTE Confidence: 0.90564089125

 $00:48:54.110 \longrightarrow 00:48:56.690$ Certainly our body armor has has

NOTE Confidence: 0.90564089125

 $00:48:56.690 \longrightarrow 00:48:59.482$ resulted in far fewer deaths from

NOTE Confidence: 0.90564089125

 $00:48:59.482 \longrightarrow 00:49:02.086$ blast exposure over time. And so on.

NOTE Confidence: 0.90564089125

00:49:02.086 --> 00:49:03.570 World War One people were dying left

NOTE Confidence: 0.90564089125

 $00:49:03.624 \longrightarrow 00:49:05.388$ and right from high explosive exposure.

NOTE Confidence: 0.90564089125

 $00:49:05.390 \longrightarrow 00:49:07.120$ Now there are far less.

NOTE Confidence: 0.90564089125

 $00:49:07.120 \longrightarrow 00:49:09.370$ Because of more modernized body armor,

NOTE Confidence: 0.90564089125

 $00:49:09.370 \longrightarrow 00:49:10.828$ as far as helmets are concerned,

NOTE Confidence: 0.90564089125

 $00:49:10.830 \longrightarrow 00:49:15.750$ we haven't gotten. Unfortunately.

NOTE Confidence: 0.90564089125 00:49:15.750 --> 00:49:16.030 Work. NOTE Confidence: 0.545029703333333

00:49:18.790 --> 00:49:19.684 Quick question,

NOTE Confidence: 0.545029703333333

 $00:49:19.684 \longrightarrow 00:49:22.813$ what is correctly if I mentioned that?

NOTE Confidence: 0.545029703333333

 $00:49:22.820 \longrightarrow 00:49:26.450$ But it seemed like a rainbow.

NOTE Confidence: 0.545029703333333

 $00:49:26.450 \longrightarrow 00:49:28.765$ Their military subset that have

00:49:28.765 --> 00:49:31.043 played confidence force, yeah,

NOTE Confidence: 0.545029703333333

 $00:49:31.043 \longrightarrow 00:49:35.458$ lower than grade in context.

NOTE Confidence: 0.545029703333333

00:49:35.460 --> 00:49:38.563 Previously reported. In other words,

NOTE Confidence: 0.545029703333333

 $00:49:38.563 \longrightarrow 00:49:40.120$ if you have that occur in the NFL,

NOTE Confidence: 0.545029703333333

 $00:49:40.120 \longrightarrow 00:49:42.660$ should do, then go into.

NOTE Confidence: 0.545029703333333

 $00:49:42.660 \longrightarrow 00:49:47.960$ Protect your head. So.

NOTE Confidence: 0.545029703333333

 $00:49:47.960 \longrightarrow 00:49:50.456$ So yeah, so the question was,

NOTE Confidence: 0.545029703333333

 $00:49:50.460 \longrightarrow 00:49:51.890$ we had 60 contact sports

NOTE Confidence: 0.545029703333333

 $00:49:51.890 \longrightarrow 00:49:53.034$ athletes in this study.

NOTE Confidence: 0.545029703333333

 $00:49:53.040 \longrightarrow 00:49:55.007$ Only ten of them had CTE and

NOTE Confidence: 0.545029703333333

 $00{:}49{:}55.007 \dashrightarrow 00{:}49{:}57.473$ this rate is lower than what has

NOTE Confidence: 0.545029703333333

 $00:49:57.473 \longrightarrow 00:49:59.413$ been reported in other studies.

NOTE Confidence: 0.545029703333333

 $00:49:59.420 \longrightarrow 00:50:01.560$ That is some somewhat true.

NOTE Confidence: 0.545029703333333

 $00:50:01.560 \longrightarrow 00:50:03.702$ It really depends on what level of

NOTE Confidence: 0.545029703333333

 $00:50:03.702 \longrightarrow 00:50:05.469$ contact sports athletes you're looking.

NOTE Confidence: 0.545029703333333

 $00:50:05.470 \longrightarrow 00:50:08.214$ So if you go to the the study

00:50:08.214 --> 00:50:11.363 out of the BU group which is 101

NOTE Confidence: 0.545029703333333

00:50:11.363 --> 00:50:13.128 NFL brain something like that,

NOTE Confidence: 0.545029703333333

00:50:13.130 --> 00:50:14.930 they report CTE neuropathology

NOTE Confidence: 0.545029703333333

 $00:50:14.930 \longrightarrow 00:50:16.730$ at three different levels.

NOTE Confidence: 0.545029703333333

00:50:16.730 --> 00:50:18.706 NFL players, college players,

NOTE Confidence: 0.545029703333333

 $00:50:18.706 \longrightarrow 00:50:20.188$ high school athletes,

NOTE Confidence: 0.545029703333333

00:50:20.190 --> 00:50:22.825 they find that close to 100% of NFL players,

NOTE Confidence: 0.545029703333333

00:50:22.825 --> 00:50:25.183 if not 100% have CTE pathology,

NOTE Confidence: 0.545029703333333

 $00:50:25.183 \longrightarrow 00:50:28.249$ 88% of college athletes have CTE

NOTE Confidence: 0.545029703333333

 $00:50:28.249 \longrightarrow 00:50:31.034$ pathology and then only 20% of high

NOTE Confidence: 0.545029703333333

00:50:31.034 --> 00:50:33.386 school football players have CTE pathology.

NOTE Confidence: 0.545029703333333

 $00{:}50{:}33.390 \dashrightarrow 00{:}50{:}34.248$ OK and so.

NOTE Confidence: 0.545029703333333

 $00{:}50{:}34.248 \to 00{:}50{:}36.250$ If you if you didn't have a

NOTE Confidence: 0.545029703333333

00:50:36.332 --> 00:50:38.517 very long career in football,

NOTE Confidence: 0.545029703333333

00:50:38.520 --> 00:50:40.326 your chances of having CD appear to

 $00:50:40.326 \longrightarrow 00:50:42.474$ be far lower than that and then we

NOTE Confidence: 0.545029703333333

 $00:50:42.474 \longrightarrow 00:50:44.432$ don't know what those rates are in

NOTE Confidence: 0.545029703333333

 $00:50:44.432 \longrightarrow 00:50:46.462$ other contact sports or what we are

NOTE Confidence: 0.545029703333333

 $00:50:46.462 \longrightarrow 00:50:48.020$ considering other contact sports now.

NOTE Confidence: 0.545029703333333

 $00:50:48.020 \longrightarrow 00:50:50.237$ And so I wasn't surprised to see

NOTE Confidence: 0.545029703333333

 $00:50:50.237 \longrightarrow 00:50:52.341$ this 10 of 60 because we have this

NOTE Confidence: 0.545029703333333

 $00:50:52.341 \longrightarrow 00:50:54.375$ myriad of different contact sports

NOTE Confidence: 0.545029703333333

 $00:50:54.375 \longrightarrow 00:50:56.515$ and different levels of participation.

NOTE Confidence: 0.545029703333333

 $00:50:56.520 \longrightarrow 00:50:56.853$ OK.

NOTE Confidence: 0.545029703333333

 $00:50:56.853 \longrightarrow 00:50:58.851$ And then and so considering that

NOTE Confidence: 0.545029703333333

 $00{:}50{:}58.851 \dashrightarrow 00{:}51{:}01.550$ this is an active an active male

NOTE Confidence: 0.545029703333333

00:51:01.550 --> 00:51:03.980 population on that non active duty,

NOTE Confidence: 0.545029703333333

 $00:51:03.980 \longrightarrow 00:51:06.300$ I mean physically active population.

NOTE Confidence: 0.545029703333333

 $00:51:06.300 \longrightarrow 00:51:08.687$ This may actually be a as close

NOTE Confidence: 0.545029703333333

 $00:51:08.687 \longrightarrow 00:51:11.009$ of a representation of of the rate

NOTE Confidence: 0.545029703333333

00:51:11.009 --> 00:51:12.851 of CTE pathology and the active

 $00:51:12.927 \longrightarrow 00:51:15.270$ male community overall as we have.

NOTE Confidence: 0.545029703333333

 $00{:}51{:}15.270 \dashrightarrow 00{:}51{:}17.747$ So I think that's that that kind of

NOTE Confidence: 0.545029703333333

 $00:51:17.747 \longrightarrow 00:51:20.009$ fits my perspective on that question.

NOTE Confidence: 0.545029703333333

 $00:51:20.010 \longrightarrow 00:51:21.414$ It really depends on duration of

NOTE Confidence: 0.545029703333333

 $00:51:21.414 \longrightarrow 00:51:22.910$ play and and level you've

NOTE Confidence: 0.545029703333333

00:51:22.910 --> 00:51:24.428 reached in contact sports and so

NOTE Confidence: 0.545029703333333

 $00:51:24.428 \longrightarrow 00:51:26.089$ I'm not surprised by this rate.

NOTE Confidence: 0.6335743325

 $00:51:29.240 \longrightarrow 00:51:32.940$ Yeah, we're, I think.

NOTE Confidence: 0.6335743325

 $00{:}51{:}32.940 \dashrightarrow 00{:}51{:}35.278$ I think you know, military for the

NOTE Confidence: 0.6335743325

 $00:51:35.278 \longrightarrow 00:51:37.684$ most part it's it's an occupation and

NOTE Confidence: 0.6335743325

00:51:37.684 --> 00:51:40.213 a lot of people don't have combat

NOTE Confidence: 0.6335743325

 $00:51:40.213 \longrightarrow 00:51:42.955$ exposure or it's relatively minimal and.

NOTE Confidence: 0.6335743325

00:51:42.960 --> 00:51:44.950 Uh, so we're dealing again,

NOTE Confidence: 0.6335743325

00:51:44.950 --> 00:51:47.008 I think we're, we're as close as,

NOTE Confidence: 0.6335743325

 $00:51:47.010 \longrightarrow 00:51:49.140$ as the literature has gotten to

 $00:51:49.140 \longrightarrow 00:51:51.484$ assessing CTE frequency in an active

NOTE Confidence: 0.6335743325

 $00:51:51.484 \longrightarrow 00:51:53.629$ male population regardless of military.

NOTE Confidence: 0.6335743325

 $00:51:53.630 \longrightarrow 00:51:54.626$ One other question.

NOTE Confidence: 0.6335743325

 $00:51:54.626 \longrightarrow 00:51:57.960$ So the distribution.

NOTE Confidence: 0.6335743325

 $00:51:57.960 \longrightarrow 00:52:00.792$ Change is fairly similar.

NOTE Confidence: 0.6335743325

00:52:00.792 --> 00:52:03.620 And you know that that depth of

NOTE Confidence: 0.6335743325

 $00:52:03.706 \longrightarrow 00:52:06.090$ salt patient you know as suggested

NOTE Confidence: 0.6335743325

 $00:52:06.090 \longrightarrow 00:52:08.132$ by the biophysical model as

NOTE Confidence: 0.6335743325

 $00{:}52{:}08.132 \dashrightarrow 00{:}52{:}10.092$ suggested by the distribution of

NOTE Confidence: 0.6335743325

 $00:52:10.092 \longrightarrow 00:52:14.040$ all IS and the distribution of.

NOTE Confidence: 0.6335743325 00:52:14.040 --> 00:52:16.240 Tall. NOTE Confidence: 0.6335743325

 $00:52:16.240 \longrightarrow 00:52:17.488$ All sort of anatomically

NOTE Confidence: 0.6335743325

 $00:52:17.488 \longrightarrow 00:52:19.048$ as some of the addition.

NOTE Confidence: 0.787675642857143

00:52:21.370 --> 00:52:25.346 Yeah, this is a spectrum of change.

NOTE Confidence: 0.787675642857143

 $00:52:25.350 \longrightarrow 00:52:28.070$ This perceived that this is sort of the

NOTE Confidence: 0.787675642857143

 $00:52:28.070 \longrightarrow 00:52:31.424$ the acute vision which compounded multiple

 $00:52:31.424 \longrightarrow 00:52:35.816$ times eventually leads to, you know.

NOTE Confidence: 0.787675642857143

 $00:52:35.816 \longrightarrow 00:52:39.944$ We also into. Maybe. I think.

NOTE Confidence: 0.787675642857143

 $00:52:39.944 \longrightarrow 00:52:42.450$ I think that the jury is still

NOTE Confidence: 0.787675642857143

00:52:42.450 --> 00:52:44.914 out with regard to whether CTE cases

NOTE Confidence: 0.787675642857143

 $00:52:44.914 \longrightarrow 00:52:47.110$ have this background pathology.

NOTE Confidence: 0.787675642857143

00:52:47.110 --> 00:52:49.370 That hasn't been reliably demonstrated,

NOTE Confidence: 0.787675642857143

 $00:52:49.370 \longrightarrow 00:52:51.379$ at least to to me just yet.

NOTE Confidence: 0.787675642857143

 $00{:}52{:}51.380 \dashrightarrow 00{:}52{:}55.756$ I will say in these IRS cases that.

NOTE Confidence: 0.787675642857143

 $00:52:55.760 \longrightarrow 00:52:58.035$ Negative. There is no topology in them,

NOTE Confidence: 0.787675642857143

 $00:52:58.040 \longrightarrow 00:53:00.165$ and the scarring does not

NOTE Confidence: 0.787675642857143

 $00:53:00.165 \longrightarrow 00:53:01.440$ favor soulful depth.

NOTE Confidence: 0.787675642857143

 $00:53:01.440 \longrightarrow 00:53:04.716$ It's more of a diffuse interface pattern,

NOTE Confidence: 0.787675642857143

 $00{:}53{:}04.720 \dashrightarrow 00{:}53{:}07.416$ and so I think that question is reasonable.

NOTE Confidence: 0.787675642857143

00:53:07.420 --> 00:53:08.986 I think it's something that still

NOTE Confidence: 0.787675642857143

 $00:53:08.986 \longrightarrow 00:53:11.260$ may end up being the case, not sure,

 $00:53:11.260 \longrightarrow 00:53:14.622$ but at this point in time we are not

NOTE Confidence: 0.787675642857143

00:53:14.622 --> 00:53:17.240 seeing them coexist or at least match up,

NOTE Confidence: 0.787675642857143

 $00:53:17.240 \longrightarrow 00:53:19.720$ or at least match up.

NOTE Confidence: 0.787675642857143

00:53:19.720 --> 00:53:21.589 And so in that kind of vein,

NOTE Confidence: 0.787675642857143

00:53:21.590 --> 00:53:24.425 I also oftentimes get the question of,

NOTE Confidence: 0.787675642857143

00:53:24.430 --> 00:53:27.126 you know, you have a very young cohort.

NOTE Confidence: 0.787675642857143

 $00:53:27.130 \longrightarrow 00:53:29.461$ Could they just be developing CTE later

NOTE Confidence: 0.787675642857143

00:53:29.461 --> 00:53:32.129 and you're not getting that snapshot now?

NOTE Confidence: 0.787675642857143

00:53:32.130 --> 00:53:33.978 That's a frequent question I get.

NOTE Confidence: 0.787675642857143

 $00:53:33.980 \longrightarrow 00:53:36.654$ And my answer to that is that

NOTE Confidence: 0.787675642857143

 $00{:}53{:}36.654 \dashrightarrow 00{:}53{:}39.219$ these people are symptomatic now.

NOTE Confidence: 0.787675642857143

00:53:39.220 --> 00:53:41.560 OK. And so their symptomatology,

NOTE Confidence: 0.787675642857143

 $00:53:41.560 \longrightarrow 00:53:43.195$ this invisible wound that they

NOTE Confidence: 0.787675642857143

 $00:53:43.195 \longrightarrow 00:53:44.830$ have now is not explainable?

NOTE Confidence: 0.806731645

 $00:53:49.590 \longrightarrow 00:53:51.452$ Ohh there are some check questions but

NOTE Confidence: 0.806731645

00:53:51.452 --> 00:53:54.600 they were popping up earlier. Oh, text no.

 $00{:}53{:}57.080 \dashrightarrow 00{:}53{:}58.370$ Somebody's talking about an autopsy case.

NOTE Confidence: 0.54160823

00:54:01.770 --> 00:54:02.570 Any questions?

NOTE Confidence: 0.9260463825

 $00:54:05.240 \longrightarrow 00:54:06.640$ Thank you very much.