WEBVTT

NOTE duration: "00:02:18.8160000"

NOTE recognizability:0.870

NOTE language:en-us

NOTE Confidence: 0.87011445

00:00:00.000 --> 00:00:01.870 Amario Snow Lima medical oncologist.

NOTE Confidence: 0.87011445

 $00:00:01.870 \longrightarrow 00:00:04.689$ I treat Melanoma and renal cell carcinoma.

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 $00:00:04.690 \longrightarrow 00:00:06.215$ My major interest outside of

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 $00:00:06.215 \longrightarrow 00:00:08.179$ these two diseases is really the

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 $00:00:08.179 \longrightarrow 00:00:09.719$ development of immune therapies.

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00:00:09.720 --> 00:00:11.616 I've been working on this probably

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00:00:11.616 --> 00:00:14.332 for the past 35 years and it turns

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 $00{:}00{:}14.332 \dashrightarrow 00{:}00{:}16.414$ out that Melanoma and kidney cancer,

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 $00:00:16.420 \dashrightarrow 00:00:19.100$ which are the two diseases that are treat,

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 $00:00:19.100 \longrightarrow 00:00:21.438$ are the most responsive to immune therapies,

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 $00:00:21.440 \longrightarrow 00:00:23.861$ or at least there was a time when those

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 $00:00:23.861 \longrightarrow 00:00:26.361$ were the only two diseases that were

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 $00:00:26.361 \longrightarrow 00:00:28.480$ really responsive to immune therapies.

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 $00:00:28.480 \longrightarrow 00:00:30.598$ With these new drugs that that.

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 $00:00:30.600 \longrightarrow 00:00:31.680$ We helped develop.

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 $00:00:31.680 \longrightarrow 00:00:33.480$ Immunotherapy is now used in

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00:00:33.480 --> 00:00:35.160 almost every kind of cancer,

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 $00:00:35.160 \longrightarrow 00:00:37.446$ but initially it was Melanoma and

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 $00{:}00{:}37.446 \dashrightarrow 00{:}00{:}39.950$ kidney cancer and that's why I was

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 $00:00:39.950 \longrightarrow 00:00:42.064$ drawn to those two diseases and I've

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 $00:00:42.138 \longrightarrow 00:00:44.637$ stayed with that for my entire career.

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 $00{:}00{:}44.640 \dashrightarrow 00{:}00{:}46.044$ We're very satisfied that

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 $00:00:46.044 \longrightarrow 00:00:47.812$ approximately 50% of the patients

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00:00:47.812 --> 00:00:49.582 can be really treated effectively

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 $00:00:49.582 \longrightarrow 00:00:52.009$ with the medicines that we have now,

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 $00:00:52.010 \longrightarrow 00:00:53.414$ but the truth is,

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 $00:00:53.414 \longrightarrow 00:00:55.990$ the other 50% don't do well and can

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 $00:00:55.990 \longrightarrow 00:00:57.996$ possibly die of their menist attic

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 $00:00:57.996 \longrightarrow 00:01:00.076$ disease if not treated effectively.

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 $00:01:00.080 \longrightarrow 00:01:02.306$ Research is really important in finding.

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 $00{:}01{:}02.310 \dashrightarrow 00{:}01{:}04.222$ A more effective treatments

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 $00:01:04.222 \longrightarrow 00:01:06.134$ for those other 50%.

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00:01:06.140 --> 00:01:08.138 So our clinical research is really

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 $00{:}01{:}08.138 \dashrightarrow 00{:}01{:}09.888$ focused around finding new medications

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 $00:01:09.888 \longrightarrow 00:01:11.688$ that can effectively treat those

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00:01:11.688 --> 00:01:13.797 that don't respond to the group

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 $00:01:13.797 \longrightarrow 00:01:15.317$ of medications that work now,

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 $00{:}01{:}15.320 \dashrightarrow 00{:}01{:}17.020$ and we integrate our clinical

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 $00{:}01{:}17.020 \dashrightarrow 00{:}01{:}18.720$ research with our clinical practice.

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 $00:01:18.720 \longrightarrow 00:01:21.264$ We feel that for the subset of patients

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00:01:21.264 --> 00:01:23.816 that don't have viable standard of care,

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 $00{:}01{:}23.820 \dashrightarrow 00{:}01{:}25.728$ alternative options we should be offering

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 $00:01:25.728 \longrightarrow 00:01:27.422$ them the best available investigational

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 $00:01:27.422 \longrightarrow 00:01:29.257$ therapies that are out there.

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 $00:01:29.260 \longrightarrow 00:01:31.572$ We take a very much a team approach

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 $00:01:31.572 \longrightarrow 00:01:33.764$ to the treatment of our patients

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 $00{:}01{:}33.764 \dashrightarrow 00{:}01{:}36.074$ and we encourage people to ask

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 $00:01:36.152 \longrightarrow 00:01:38.462$ questions and we try and spend as

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 $00:01:38.462 \longrightarrow 00:01:41.828$ much time with them at the beginning.

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 $00:01:41.830 \longrightarrow 00:01:43.839$ Of each patient journey at the at

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00:01:43.839 --> 00:01:45.684 very first visit to answer all

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 $00:01:45.684 \longrightarrow 00:01:47.224$ the questions that they have.

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 $00{:}01{:}47.230 \dashrightarrow 00{:}01{:}49.406$ But the other thing that we try and

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 $00:01:49.406 \longrightarrow 00:01:51.967$ do is we try and answer the questions

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 $00:01:51.967 \longrightarrow 00:01:54.129$ that they may not know to ask,

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 $00:01:54.130 \longrightarrow 00:01:56.326$ so as much as possible we we try and

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 $00:01:56.326 \longrightarrow 00:01:58.521$ have a very long conversation and I

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 $00:01:58.521 \longrightarrow 00:02:00.887$ go through all aspects of the disease

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00:02:00.887 --> 00:02:02.530 and Natural History, the treatment,

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 $00:02:02.530 \longrightarrow 00:02:04.030$ how we monitor for recurrence.

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 $00:02:04.030 \longrightarrow 00:02:05.022$ A number of visits.

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 $00{:}02{:}05.022 \dashrightarrow 00{:}02{:}06.865$ I also introduce them to our practice

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 $00:02:06.865 \longrightarrow 00:02:08.635$ nurses which are in really important

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 $00{:}02{:}08.635 \dashrightarrow 00{:}02{:}10.984$ part of our practice because those that's

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 $00{:}02{:}10.984 \dashrightarrow 00{:}02{:}13.096$ the interface between the outside and.

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 $00:02:13.100 \longrightarrow 00:02:14.068$ And into our clinic.