WEBVTT

NOTE duration:"01:02:13.1700000"

NOTE recognizability:0.835

NOTE language:en-us

NOTE Confidence: 0.86236195

 $00:00:00.000 \rightarrow 00:00:04.315$ Welcome everyone to the 2023 Post American

NOTE Confidence: 0.86236195

00:00:04.315 --> 00:00:06.980 Society of Hematology annual meeting

NOTE Confidence: 0.841294297692308

 $00{:}00{:}07{.}066 \dashrightarrow 00{:}00{:}09{.}895$ at CME series. We are starting off the

NOTE Confidence: 0.841294297692308

 $00:00:09.895 \dashrightarrow 00:00:11.520$ series today with multiple myeloma.

NOTE Confidence: 0.84337565

 $00:00:12.210 \longrightarrow 00:00:13.678$ Our first two presenters

NOTE Confidence: 0.820358457692308

 $00{:}00{:}13.690 \dashrightarrow 00{:}00{:}16.497$ are Doctor Nofar Barr and Doctor Sabrina

NOTE Confidence: 0.820358457692308

 $00:00:16.497 \rightarrow 00:00:19.370$ Browning who will be reviewing abstracts.

NOTE Confidence: 0.820358457692308

 $00:00:19.370 \longrightarrow 00:00:21.120$ We will then have a question and

NOTE Confidence: 0.820358457692308

 $00:00:21.120 \longrightarrow 00:00:22.964$ answer period at the end of the

NOTE Confidence: 0.820358457692308

 $00:00:22.964 \rightarrow 00:00:24.239$ presentation where we will be

NOTE Confidence: 0.820358457692308

 $00:00:24.239 \dashrightarrow 00:00:26.255$ joined by two other panelists, Dr.

NOTE Confidence: 0.820358457692308

 $00{:}00{:}26.255 \dashrightarrow 00{:}00{:}28.380$ Ellen Gorshin and Doctor Natalia

NOTE Confidence: 0.820358457692308

 $00{:}00{:}28.380 \dashrightarrow 00{:}00{:}30.358$ and appraise. If you could please

00:00:30.358 --> 00:00:32.050 put your questions in the Q&A.

NOTE Confidence: 0.820358457692308

 $00{:}00{:}32.050 \dashrightarrow 00{:}00{:}33.070$ And save them to the end?

NOTE Confidence: 0.820358457692308

 $00:00:33.070 \rightarrow 00:00:35.210$ That would be greatly appreciated.

NOTE Confidence: 0.820358457692308

00:00:35.210 --> 00:00:37.530 I will now turn it over to Doctor Barr.

NOTE Confidence: 0.941861452

00:00:41.630 --> 00:00:43.655 Hi everyone, I'm just gonna

NOTE Confidence: 0.941861452

00:00:43.655 --> 00:00:45.680 start sharing my screen here.

NOTE Confidence: 0.86048138

00:00:54.330 --> 00:00:56.826 Alright, it's good to be here.

NOTE Confidence: 0.86048138

 $00:00:56.830 \longrightarrow 00:00:57.712$ Good afternoon.

NOTE Confidence: 0.86048138

00:00:57.712 --> 00:01:01.240 Today I'm going to be looking at the

NOTE Confidence: 0.86048138

00:01:01.327 --> 00:01:04.292 newly diagnosed myeloma abstracts in

NOTE Confidence: 0.86048138

00:01:04.292 --> 00:01:06.835 Ashes 2022 this past December with

NOTE Confidence: 0.86048138

 $00:01:06.835 \dashrightarrow 00:01:08.780$ a particular focus on subgroups.

NOTE Confidence: 0.9029528

00:01:13.830 --> 00:01:16.550 So I have no disclosures.

NOTE Confidence: 0.9029528

 $00:01:16.550 \rightarrow 00:01:18.468$ The first subgroup I'm going to be

NOTE Confidence: 0.9029528

 $00{:}01{:}18.468 \dashrightarrow 00{:}01{:}20.125$ speaking about are the frail patients

NOTE Confidence: 0.9029528

 $00:01:20.125 \longrightarrow 00:01:21.938$ and why is it important to have

- NOTE Confidence: 0.9029528
- $00:01:21.990 \longrightarrow 00:01:23.886$ dedicated studies for these folks is

 $00{:}01{:}23.886 \dashrightarrow 00{:}01{:}25.578$ that they have different outcomes,

NOTE Confidence: 0.9029528

00:01:25.578 - 00:01:27.290 they have shorter survival,

NOTE Confidence: 0.9029528

 $00:01:27.290 \rightarrow 00:01:29.438$ they have higher rates of toxicity

NOTE Confidence: 0.9029528

 $00{:}01{:}29{.}438 \dashrightarrow 00{:}01{:}31{.}369$ and therefore higher rates of

NOTE Confidence: 0.9029528

 $00:01:31.369 \longrightarrow 00:01:32.689$ discontinuation of the rapy.

NOTE Confidence: 0.9029528

00:01:32.690 --> 00:01:33.262 Traditionally,

NOTE Confidence: 0.9029528

 $00:01:33.262 \rightarrow 00:01:35.550$ studies have categorized myeloma

NOTE Confidence: 0.9029528

 $00{:}01{:}35{.}550 \dashrightarrow 00{:}01{:}38{.}410$ patients as either transplant or

NOTE Confidence: 0.9029528

 $00:01:38.487 \rightarrow 00:01:40.417$ transplant ineligible patients,

NOTE Confidence: 0.9029528

 $00:01:40.417 \longrightarrow 00:01:42.979$ but this category really does not

NOTE Confidence: 0.9029528

 $00{:}01{:}42.979 \dashrightarrow 00{:}01{:}45.474$ capture frail patients because the frail NOTE Confidence: 0.9029528

 $00:01:45.474 \rightarrow 00:01:47.766$ scores are not routinely checked in

NOTE Confidence: 0.9029528

 $00{:}01{:}47.766$ --> $00{:}01{:}50.349$ those non transplant eligible patients.

NOTE Confidence: 0.9029528

 $00{:}01{:}50{.}350 \dashrightarrow 00{:}01{:}52{.}838$ For a long time the standard of care

 $00:01:52.838 \rightarrow 00:01:55.138$ for non transplant eligible patients

NOTE Confidence: 0.9029528

 $00{:}01{:}55{.}138 \dashrightarrow 00{:}01{:}58{.}342$ was with REVLIMID and dexame thasone Rd.

NOTE Confidence: 0.9029528

 $00:01:58.350 \rightarrow 00:02:00.750$ But since the Maya study,

NOTE Confidence: 0.9029528

 $00:02:00.750 \dashrightarrow 00:02:03.126$ we now have a new standard of care

NOTE Confidence: 0.9029528

 $00{:}02{:}03.126 \dashrightarrow 00{:}02{:}05.690$ for patients which is Derek Tuma Mab

NOTE Confidence: 0.9029528

 $00{:}02{:}05.690 \dashrightarrow 00{:}02{:}07.590$ REVLIMID and dexame thas one there Rd.

NOTE Confidence: 0.9029528

 $00{:}02{:}07{.}590 \dashrightarrow 00{:}02{:}12{.}950$ So what the FM 2017 O3 study analyzed

NOTE Confidence: 0.9029528

 $00:02:12.950 \longrightarrow 00:02:15.950$ is removal of dexame thas early.

NOTE Confidence: 0.9029528

00:02:15.950 --> 00:02:18.476 So they hypothesized if you take

NOTE Confidence: 0.9029528

 $00:02:18.476 \rightarrow 00:02:20.160$ away dexame thas one from there.

NOTE Confidence: 0.9029528

 $00{:}02{:}20{.}160 \dashrightarrow 00{:}02{:}20{.}566$ Rd.

NOTE Confidence: 0.9029528

 $00{:}02{:}20.566 \dashrightarrow 00{:}02{:}22.596$ this will still be effective

NOTE Confidence: 0.9029528

 $00{:}02{:}22.596 \dashrightarrow 00{:}02{:}25.180$ and it will reduce to xicities.

NOTE Confidence: 0.9029528

 $00:02:25.180 \longrightarrow 00:02:26.916$ Before we get into the study design,

NOTE Confidence: 0.9029528

 $00:02:26.920 \rightarrow 00:02:29.080$ I want to talk about what is a frailty score.

NOTE Confidence: 0.9029528

 $00:02:29.080 \rightarrow 00:02:31.105$ Some of you might not have had a chance

- NOTE Confidence: 0.9029528
- 00:02:31.105 00:02:33.256 to take a look at this in your clinic,

 $00:02:33.260 \longrightarrow 00:02:34.876$ so I am WG.

NOTE Confidence: 0.9029528

 $00:02:34.876 \longrightarrow 00:02:37.300$ Frailty score involves a few things.

NOTE Confidence: 0.9029528

00:02:37.300 --> 00:02:39.700 Age, activity of daily living,

NOTE Confidence: 0.9029528

00:02:39.700 --> 00:02:41.764 which involves feeding oneself,

NOTE Confidence: 0.9029528

 $00:02:41.764 \rightarrow 00:02:43.676$ bathing oneself, instrumental activities

NOTE Confidence: 0.9029528

00:02:43.676 --> 00:02:46.304 of daily living which involve food,

NOTE Confidence: 0.9029528

 $00:02:46.310 \longrightarrow 00:02:48.282$ shopping, cleaning the house,

NOTE Confidence: 0.9029528

 $00:02:48.282 \rightarrow 00:02:51.240$ doing your finances and the comorbidity

NOTE Confidence: 0.9029528

00:02:51.311 - > 00:02:53.000 index, which is what it means.

NOTE Confidence: 0.9029528

00:02:53.000 --> 00:02:55.070 Comorbidity is like lung disease.

NOTE Confidence: 0.9029528

 $00{:}02{:}55{.}070$ --> $00{:}02{:}58{.}190$ Diabetes, liver disease and so forth.

NOTE Confidence: 0.9029528

 $00:02:58.190 \longrightarrow 00:02:59.840$ Now, as you can imagine,

NOTE Confidence: 0.9029528

 $00{:}02{:}59{.}840 \dashrightarrow 00{:}03{:}01{.}808$ this takes time to do this frailty score.

NOTE Confidence: 0.9029528

 $00{:}03{:}01{.}810 \dashrightarrow 00{:}03{:}03{.}364$ There was a lot of questions involved.

 $00:03:03.370 \dashrightarrow 00:03:06.534$ So the IM group devised a simplified

NOTE Confidence: 0.9029528

 $00:03:06.534 \rightarrow 00:03:08.290$ score which involves age,

NOTE Confidence: 0.9029528

 $00:03:08.290 \longrightarrow 00:03:09.750$ which is fairly easy,

NOTE Confidence: 0.9029528

00:03:09.750 --> 00:03:10.845 ECOG performance status,

NOTE Confidence: 0.9029528

 $00:03:10.850 \longrightarrow 00:03:12.118$ which we do routinely,

NOTE Confidence: 0.9029528

 $00{:}03{:}12.118 \dashrightarrow 00{:}03{:}13.703$ and then the comorbidity index,

NOTE Confidence: 0.9029528

 $00:03:13.710 \longrightarrow 00:03:16.447$ which is easily accessible from chart review.

NOTE Confidence: 0.9029528

00:03:16.450 - 00:03:19.030 And if you had a score of two or more,

NOTE Confidence: 0.9029528

00:03:19.030 --> 00:03:20.982 you're classified as frail

NOTE Confidence: 0.9029528

 $00:03:20.982 \rightarrow 00:03:22.934$ and otherwise you're fit.

NOTE Confidence: 0.9029528

 $00:03:22.940 \longrightarrow 00:03:24.968$ So this is the study design.

NOTE Confidence: 0.9029528

 $00:03:24.970 \dashrightarrow 00:03:26.955$ They include a newly diagnosed

NOTE Confidence: 0.9029528

 $00:03:26.955 \rightarrow 00:03:29.830$ patients over 65 years of age and I

NOTE Confidence: 0.9029528

00:03:29.830 --> 00:03:32.429 am I FM frailty score of two or above.

NOTE Confidence: 0.9029528

 $00{:}03{:}32{.}430 \dashrightarrow 00{:}03{:}36{.}136$ It was a 2 to one randomization with

NOTE Confidence: 0.9029528

00:03:36.136 --> 00:03:39.666 REVLIMID decks or Dara REVLIMID.

 $00:03:39.670 \rightarrow 00:03:41.956$ I do want to note that with the Dara

NOTE Confidence: 0.9029528

00:03:41.960 --> 00:03:44.368 Rev
limid's group which ARM B right here,

NOTE Confidence: 0.9029528

 $00{:}03{:}44.370 \dashrightarrow 00{:}03{:}47.016$ they did receive steroids for the first

NOTE Confidence: 0.9029528

00:03:47.016 --> 00:03:49.320 two cycles along with dexame
thas
one

NOTE Confidence: 0.9029528

00:03:49.320 --> 00:03:52.070 primarily to avoid infusion reactions.

NOTE Confidence: 0.9029528

 $00{:}03{:}52{.}070 \dashrightarrow 00{:}03{:}55{.}250$ So their primary endpoint was PFS,

NOTE Confidence: 0.9029528

 $00{:}03{:}55{.}250 \dashrightarrow 00{:}03{:}57{.}469$ but this is immature at the moment.

NOTE Confidence: 0.9029528

 $00{:}03{:}57{.}470 \dashrightarrow 00{:}03{:}59{.}857$ So they did an interim analysis and

NOTE Confidence: 0.9029528

 $00{:}03{:}59{.}857 \dashrightarrow 00{:}04{:}02{.}289$ they looked at response rate including NOTE Confidence: 0.9029528

 $00{:}04{:}02{.}289 \dashrightarrow 00{:}04{:}04{.}509$ MRD negative rate and occurrence

NOTE Confidence: 0.9029528

 $00:04:04.509 \dashrightarrow 00:04:07.178$ of grade three or more toxicities.

NOTE Confidence: 0.9029528

 $00{:}04{:}07{.}180 \dashrightarrow 00{:}04{:}09{.}070$ I want to highlight here some

NOTE Confidence: 0.9029528

 $00{:}04{:}09{.}070 \dashrightarrow 00{:}04{:}10{.}330$ of the patient characteristics.

NOTE Confidence: 0.9029528

 $00{:}04{:}10{.}330 \dashrightarrow 00{:}04{:}12{.}594$ So if you look at the median age,

NOTE Confidence: 0.9029528

 $00:04:12.600 \longrightarrow 00:04:14.544$ they were significantly older,

 $00:04:14.544 \rightarrow 00:04:17.460$ median age of 81 compared to

NOTE Confidence: 0.9029528

 $00{:}04{:}17{.}543 \dashrightarrow 00{:}04{:}20{.}990$ the Maya study which was 73.

NOTE Confidence: 0.9029528

 $00{:}04{:}20{.}990 \dashrightarrow 00{:}04{:}22{.}675$ While the inclusion criteria in

NOTE Confidence: 0.9029528

00:04:22.675 --> 00:04:25.013 the study included two or for the

NOTE Confidence: 0.9029528

 $00:04:25.013 \rightarrow 00:04:26.783$ frailty score was two or higher,

NOTE Confidence: 0.9029528

 $00:04:26.790 \longrightarrow 00:04:28.875$ actually the majority of the

NOTE Confidence: 0.9029528

 $00:04:28.875 \dashrightarrow 00:04:30.960$ patients were three and higher.

NOTE Confidence: 0.93684912

00:04:30.960 --> 00:04:33.025 If you look at the risk categories,

NOTE Confidence: 0.93684912

 $00{:}04{:}33{.}030 \dashrightarrow 00{:}04{:}37{.}310$ they were fairly similar in the two groups.

NOTE Confidence: 0.93684912

 $00:04:37.310 \dashrightarrow 00:04:39.536$ So Dara REVLIMID clearly led to

NOTE Confidence: 0.93684912

 $00:04:39.536 \rightarrow 00:04:41.464$ deeper response rates than REVLIMID

NOTE Confidence: 0.93684912

NOTE Confidence: 0.93684912

 $00{:}04{:}43.726 \dashrightarrow 00{:}04{:}46.400$ based on just the the response rates,

NOTE Confidence: 0.93684912

00:04:46.400 --> 00:04:49.096 you had higher CR and very good partial

NOTE Confidence: 0.93684912

 $00{:}04{:}49.096$ --> $00{:}04{:}51.598$ response rates and then Dara Rev Group and NOTE Confidence: 0.93684912

 $00:04:51.598 \rightarrow 00:04:54.030$ you also had higher MRD negative rates,

 $00{:}04{:}54{.}030 \dashrightarrow 00{:}04{:}56{.}890$ attentive negative 5th using next

NOTE Confidence: 0.93684912

 $00:04:56.890 \rightarrow 00:05:00.330$ generation sequencing 10 compared to three.

NOTE Confidence: 0.93684912

 $00{:}05{:}00{.}330 \dashrightarrow 00{:}05{:}03{.}147$ MRD was assessed at one year in patients who

NOTE Confidence: 0.93684912

 $00:05:03.147 \rightarrow 00:05:06.067$ had a very good posture response or higher,

NOTE Confidence: 0.93684912

 $00:05:06.070 \longrightarrow 00:05:07.426$ it is important to note that.

NOTE Confidence: 0.93684912

 $00{:}05{:}07{.}430 \dashrightarrow 00{:}05{:}10{.}944$ Any missing data was considered MRD positive.

NOTE Confidence: 0.93684912

 $00{:}05{:}10.950 \dashrightarrow 00{:}05{:}13.064$ So it's important because there is a

NOTE Confidence: 0.93684912

 $00:05:13.064 \rightarrow 00:05:14.979$ significant group of patients that have

NOTE Confidence: 0.93684912

 $00:05:14.979 \rightarrow 00:05:17.306$ missing data and for example, the Dr.

NOTE Confidence: 0.93684912

00:05:17.306 --> 00:05:20.670 Group had 20% missing data and the Rd.

NOTE Confidence: 0.93684912

00:05:20.670 --> 00:05:22.126 had 14% missing data.

NOTE Confidence: 0.93684912

 $00{:}05{:}22.126 \dashrightarrow 00{:}05{:}24.310$ And I'm not about to compare

NOTE Confidence: 0.93684912

 $00{:}05{:}24.392 \dashrightarrow 00{:}05{:}26.797$ different studies to one another,

NOTE Confidence: 0.93684912

 $00{:}05{:}26.800 \dashrightarrow 00{:}05{:}28.520$ but I want to give us a framework

NOTE Confidence: 0.93684912

 $00{:}05{:}28{.}520 \dashrightarrow 00{:}05{:}30{.}168$ of what the Maya study showed.

 $00:05:30.170 \dashrightarrow 00:05:32.994$ So in the Maya study they assess MRD

NOTE Confidence: 0.93684912

 $00{:}05{:}32.994 \dashrightarrow 00{:}05{:}34.878$ negativity, attend to negative 5th,

NOTE Confidence: 0.93684912

 $00:05:34.878 \rightarrow 00:05:37.170$ but they used a different assay

NOTE Confidence: 0.93684912

 $00:05:37.247 \longrightarrow 00:05:38.427$ so they use flow.

NOTE Confidence: 0.93684912

 $00:05:38.430 \longrightarrow 00:05:42.066$ So flow tends to have a higher MRD negative

NOTE Confidence: 0.93684912

 $00:05:42.066 \rightarrow 00:05:45.338$ rate just by the nature of its assets.

NOTE Confidence: 0.93684912

 $00:05:45.340 \longrightarrow 00:05:46.690$ So just something to note,

NOTE Confidence: 0.93684912

00:05:46.690 --> 00:05:49.946 but they had in the DRD group 24%

NOTE Confidence: 0.93684912

 $00:05:49.946 \dashrightarrow 00:05:52.578$ MRD negativity versus 7 in the Rd.

NOTE Confidence: 0.93684912

00:05:52.580 --> 00:05:56.710 group. In terms of toxicity,

NOTE Confidence: 0.93684912

 $00:05:56.710 \longrightarrow 00:05:58.146$ which is very important,

NOTE Confidence: 0.93684912

 $00{:}05{:}58{.}146 \dashrightarrow 00{:}06{:}00{.}970$ you can see that Grade 3 or above

NOTE Confidence: 0.93684912

 $00:06:00.970 \longrightarrow 00:06:03.329$ Texas City was higher in the Dr.

NOTE Confidence: 0.93684912

00:06:03.330 --> 00:06:03.998 Group,

NOTE Confidence: 0.93684912

 $00{:}06{:}03{.}998 \dashrightarrow 00{:}06{:}06{.}002$ particularly with hematologic

NOTE Confidence: 0.93684912

 $00:06:06.002 \rightarrow 00:06:09.342$ toxicities like anemia or neutropenia.

- NOTE Confidence: 0.93684912
- 00:06:09.350 --> 00:06:10.466 And in this group,
- NOTE Confidence: 0.93684912
- 00:06:10.466 --> 00:06:11.861 of course you worry about
- NOTE Confidence: 0.93684912
- $00:06:11.861 \dashrightarrow 00:06:13.309$ infections with this neutropenia,
- NOTE Confidence: 0.93684912
- $00{:}06{:}13.310 \dashrightarrow 00{:}06{:}15.558$ but they did not see an increase in
- NOTE Confidence: 0.93684912
- $00:06:15.558 \dashrightarrow 00:06:17.950$ grade 3 above infections in the Dr.
- NOTE Confidence: 0.93684912
- 00:06:17.950 --> 00:06:19.980 Group compared to the R group and
- NOTE Confidence: 0.93684912
- $00:06:19.980 \longrightarrow 00:06:22.054$ even when looking at patients who are
- NOTE Confidence: 0.93684912
- $00:06:22.054 \rightarrow 00:06:24.050$ very frail with scores of four and.
- NOTE Confidence: 0.93684912
- 00:06:24.050 --> 00:06:24.477 Five,
- NOTE Confidence: 0.93684912
- $00{:}06{:}24.477 \dashrightarrow 00{:}06{:}27.466$ there was no difference in grade 3
- NOTE Confidence: 0.93684912
- $00:06:27.466 \rightarrow 00:06:29.756$ infections, so this is reassuring.
- NOTE Confidence: 0.93684912
- 00:06:29.756 --> 00:06:31.148 So in conclusion,
- NOTE Confidence: 0.93684912
- $00{:}06{:}31{.}150 \dashrightarrow 00{:}06{:}33{.}630$ I think it is time to rethink duration
- NOTE Confidence: 0.93684912
- $00:06:33.630 \rightarrow 00:06:35.829$ deaths methadone especially for outpatients,
- NOTE Confidence: 0.93684912
- 00:06:35.830 --> 00:06:39.268 longer follow-up of PFS is needed
- NOTE Confidence: 0.93684912

 $00:06:39.270 \rightarrow 00:06:42.084$ but higher MRD rates in the Dr.

NOTE Confidence: 0.93684912

 $00:06:42.090 \longrightarrow 00:06:44.110$ Group is very promising.

NOTE Confidence: 0.93684912

 $00:06:44.110 \longrightarrow 00:06:47.500$ I think the better comparator to Dr.

NOTE Confidence: 0.93684912

 $00{:}06{:}47{.}500 \dashrightarrow 00{:}06{:}50{.}034$ like DRD and Maya would be a

NOTE Confidence: 0.93684912

 $00:06:50.034 \dashrightarrow 00:06:52.119$ would have been a better design.

NOTE Confidence: 0.93684912

00:06:52.119 --> 00:06:52.368 However,

NOTE Confidence: 0.93684912

 $00{:}06{:}52.368 \dashrightarrow 00{:}06{:}53.862$ this was not the standard of

NOTE Confidence: 0.93684912

 $00:06:53.862 \rightarrow 00:06:55.229$ care when this was designed.

NOTE Confidence: 0.93684912

 $00{:}06{:}55{.}230 \dashrightarrow 00{:}06{:}57{.}510$ They are going to be there are going

NOTE Confidence: 0.93684912

 $00:06:57.510 \rightarrow 00:06:59.898$ to have a retrospective comparison.

NOTE Confidence: 0.93684912

 $00:06:59.900 \rightarrow 00:07:02.684$ To the main study in the frail population,

NOTE Confidence: 0.93684912

00:07:02.690 --> 00:07:04.602 I think you know in you know right

NOTE Confidence: 0.93684912

 $00{:}07{:}04.602 \dashrightarrow 00{:}07{:}06.520$ now when you see patients in clinic

NOTE Confidence: 0.93684912

 $00{:}07{:}06{.}520 \dashrightarrow 00{:}07{:}08{.}869$ when you have that very frail over 80

NOTE Confidence: 0.93684912

 $00:07:08.869 \dashrightarrow 00:07:10.669$ year old patient where you're really

NOTE Confidence: 0.93684912

 $00:07:10.669 \rightarrow 00:07:13.050$ not sure about triple drug induction

 $00:07:13.050 \rightarrow 00:07:15.830$ and you're thinking about a doublets.

NOTE Confidence: 0.93684912

 $00{:}07{:}15.830 \dashrightarrow 00{:}07{:}17.998$ I would choose Dara Rev with a short

NOTE Confidence: 0.93684912

 $00{:}07{:}17.998 \dashrightarrow 00{:}07{:}20.407$ duration of steroids as opposed to Rev Deck.

NOTE Confidence: 0.93684912

 $00:07:20.410 \longrightarrow 00:07:22.986$ So I I do think it's meaningful

NOTE Confidence: 0.93684912

00:07:22.986 --> 00:07:25.460 for for our practice today.

NOTE Confidence: 0.93684912

00:07:25.460 --> 00:07:27.833 The next set of subgroups I want

NOTE Confidence: 0.93684912

 $00{:}07{:}27.833 \dashrightarrow 00{:}07{:}30.343$ to talk about another area of very

NOTE Confidence: 0.93684912

 $00:07:30.343 \rightarrow 00:07:33.065$ high unmet need is the high risk

NOTE Confidence: 0.93684912

 $00{:}07{:}33.065 \dashrightarrow 00{:}07{:}35.680$ population where we really have

NOTE Confidence: 0.93684912

 $00:07:35.680 \rightarrow 00:07:37.772$ limited randomized studies guiding

NOTE Confidence: 0.834063828333333

 $00:07:37.780 \longrightarrow 00:07:38.740$ our treatment.

NOTE Confidence: 0.834063828333333

00:07:38.740 $\operatorname{-->}$ 00:07:41.857 The only randomized study was a -,

NOTE Confidence: 0.834063828333333

 $00{:}07{:}41.857 \dashrightarrow 00{:}07{:}44.251$ 1 and this was evaluated the

NOTE Confidence: 0.834063828333333

00:07:44.251 --> 00:07:47.085 addition of ELOTUZUMAB to Velcade

NOTE Confidence: 0.834063828333333

 $00{:}07{:}47.085 \dashrightarrow 00{:}07{:}49.429$ REVLIMID index methadone VRD.

00:07:49.430 --> 00:07:51.850 Now we know we need to do better than VRD,

NOTE Confidence: 0.834063828333333

 $00:07:51.850 \longrightarrow 00:07:53.326$ but how do we do it?

NOTE Confidence: 0.834063828333333

 $00:07:53.330 \rightarrow 00:07:56.204$ So one appealing option was switching

NOTE Confidence: 0.834063828333333

 $00:07:56.204 \rightarrow 00:07:58.670$ out the VELCADE with carfilzomib

NOTE Confidence: 0.834063828333333

 $00:07:58.670 \dashrightarrow 00:08:01.506$ which is a more potent proteasome

NOTE Confidence: 0.834063828333333

 $00:08:01.506 \rightarrow 00:08:03.986$ inhibitor and outperform VELCADE in

NOTE Confidence: 0.834063828333333

 $00:08:03.986 \rightarrow 00:08:05.970$ the relapsed refractory setting.

NOTE Confidence: 0.834063828333333

00:08:05.970 --> 00:08:06.499 Additionally,

NOTE Confidence: 0.834063828333333

 $00{:}08{:}06{.}499 \dashrightarrow 00{:}08{:}09{.}673$ there was phase two studies showing

NOTE Confidence: 0.834063828333333

00:08:09.673 --> 00:08:12.369 high MRD negative rates in KRD.

NOTE Confidence: 0.834063828333333

 $00:08:12.370 \dashrightarrow 00:08:14.674$ So it made sense to compare VRD to

NOTE Confidence: 0.834063828333333

 $00:08:14.674 \longrightarrow 00:08:17.452$ card and they did this in an endurance

NOTE Confidence: 0.834063828333333

 $00:08:17.452 \longrightarrow 00:08:19.280$ the endurance study and they.

NOTE Confidence: 0.834063828333333

00:08:19.280 --> 00:08:20.840 Actually did not find superiority

NOTE Confidence: 0.834063828333333

 $00:08:20.840 \longrightarrow 00:08:22.650$ of care due to the Rd.

NOTE Confidence: 0.834063828333333

 $00:08:22.650 \rightarrow 00:08:26.226$ but they excluded high risk patients.

- NOTE Confidence: 0.834063828333333
- $00:08:26.230 \longrightarrow 00:08:28.071$ So that question about how do we
- NOTE Confidence: 0.834063828333333
- $00{:}08{:}28{.}071 \dashrightarrow 00{:}08{:}29{.}521$ better improve our induction in
- NOTE Confidence: 0.834063828333333
- $00{:}08{:}29{.}521 \dashrightarrow 00{:}08{:}31{.}345$ the high risk patients was not
- NOTE Confidence: 0.834063828333333
- $00:08:31.345 \longrightarrow 00:08:32.752$ really answered by this study.
- NOTE Confidence: 0.834063828333333
- $00{:}08{:}32.752 \dashrightarrow 00{:}08{:}35.044$ But people have not a bandoned care
- NOTE Confidence: 0.834063828333333
- $00:08:35.044 \longrightarrow 00:08:37.462$ being in in high risk patients
- NOTE Confidence: 0.834063828333333
- $00:08:37.462 \longrightarrow 00:08:39.447$ for a variety of reasons.
- NOTE Confidence: 0.834063828333333
- $00:08:39.450 \longrightarrow 00:08:41.724$ But in the memorial Stone Kettering
- NOTE Confidence: 0.834063828333333
- $00:08:41.724 \rightarrow 00:08:43.850$ Group where they are earlier,
- NOTE Confidence: 0.834063828333333
- $00:08:43.850 \longrightarrow 00:08:45.426$ they were early adapters
- NOTE Confidence: 0.834063828333333
- 00:08:45.426 --> 00:08:46.608 of Carradine induction.
- NOTE Confidence: 0.834063828333333
- $00{:}08{:}46.610 \dashrightarrow 00{:}08{:}48.682$ They were able to do a retrospective
- NOTE Confidence: 0.834063828333333
- $00:08:48.682 \rightarrow 00:08:50.399$ analysis and this was presented.
- NOTE Confidence: 0.834063828333333
- 00:08:50.400 --> 00:08:53.248 Doctor Tan in this years ash of Care
- NOTE Confidence: 0.834063828333333
- $00:08:53.248 \dashrightarrow 00:08:56.098$ D versus verdine high risk myeloma.
- NOTE Confidence: 0.834063828333333

 $00:08:56.100 \longrightarrow 00:08:57.828$ Their inclusion criteria for

NOTE Confidence: 0.834063828333333

 $00{:}08{:}57{.}828 \dashrightarrow 00{:}08{:}59{.}988$ high risk included having gain

NOTE Confidence: 0.834063828333333

00:08:59.988 --> 00:09:01.748 of 1 Q translocations

NOTE Confidence: 0.724173888333333

 $00:09:04.050 \dashrightarrow 00:09:07.574$ 41414161420 and deletion 17P.

NOTE Confidence: 0.724173888333333

 $00{:}09{:}07{.}574 \dashrightarrow 00{:}09{:}10{.}036$ They identified 154

NOTE Confidence: 0.724173888333333

 $00:09:10.036 \longrightarrow 00:09:12.820$ patients in this category.

NOTE Confidence: 0.724173888333333

 $00{:}09{:}12.820 \dashrightarrow 00{:}09{:}16.859$ 6067 had VRD and 87 had KRD.

NOTE Confidence: 0.724173888333333

 $00{:}09{:}16.860 \dashrightarrow 00{:}09{:}19.681$ About 50% of each of these groups

NOTE Confidence: 0.724173888333333

 $00:09:19.681 \dashrightarrow 00:09:22.160$ underwent early stem cell transplant.

NOTE Confidence: 0.724173888333333

 $00{:}09{:}22.160 \dashrightarrow 00{:}09{:}23.865$ Their primary endpoint was progression

NOTE Confidence: 0.724173888333333

 $00{:}09{:}23.865 \dashrightarrow 00{:}09{:}25.959$ free survival and they also looked

NOTE Confidence: 0.724173888333333

 $00:09:25.959 \dashrightarrow 00:09:27.599$ at response rate including MRD,

NOTE Confidence: 0.724173888333333

 $00:09:27.600 \rightarrow 00:09:30.730$ negative rate and overall survival.

NOTE Confidence: 0.724173888333333

 $00:09:30.730 \longrightarrow 00:09:32.506$ So this is the patient characteristics.

NOTE Confidence: 0.724173888333333

 $00:09:32.510 \longrightarrow 00:09:34.170$ A few things to highlight.

NOTE Confidence: 0.724173888333333

 $00{:}09{:}34{.}170 \dashrightarrow 00{:}09{:}37{.}290$ The carotid group were younger

 $00:09:37.290 \longrightarrow 00:09:39.810$ and then I want to look at the

NOTE Confidence: 0.724173888333333

 $00:09:39.810 \longrightarrow 00:09:40.769$ cytogenetic characteristics here

NOTE Confidence: 0.724173888333333

 $00:09:40.769 \longrightarrow 00:09:42.631$ just to see who are dealing with

NOTE Confidence: 0.724173888333333

 $00:09:42.631 \longrightarrow 00:09:44.475$ majority of the patients who are high

NOTE Confidence: 0.724173888333333

00:09:44.475 --> 00:09:46.534 risk or high risk by definition of

NOTE Confidence: 0.724173888333333

 $00{:}09{:}46{.}534 \dashrightarrow 00{:}09{:}48{.}544$ chromosome 1Q gain or amplification,

NOTE Confidence: 0.724173888333333

 $00{:}09{:}48.550 \dashrightarrow 00{:}09{:}50.181$ which is not unusual because this is

NOTE Confidence: 0.724173888333333

 $00:09:50.181 \dashrightarrow 00:09:52.327$ one of the more common findings we see.

NOTE Confidence: 0.724173888333333

 $00{:}09{:}52.330 \dashrightarrow 00{:}09{:}54.286$ The second most common was deletion

NOTE Confidence: 0.724173888333333

 $00:09:54.290 \longrightarrow 00:09:56.444$ 17P and importantly about 1/4 of

NOTE Confidence: 0.724173888333333

 $00:09:56.444 \rightarrow 00:09:58.918$ the patients of E in each group

NOTE Confidence: 0.724173888333333

 $00:09:58.918 \longrightarrow 00:10:00.832$ had two or more high risk.

NOTE Confidence: 0.724173888333333

 $00:10:00.840 \longrightarrow 00:10:01.749$ The genetic abnormalities,

NOTE Confidence: 0.724173888333333

 $00{:}10{:}01{.}749 \dashrightarrow 00{:}10{:}03{.}870$ and this is now called the double

NOTE Confidence: 0.724173888333333

 $00{:}10{:}03{.}923 \dashrightarrow 00{:}10{:}05{.}792$ hit or the ultra high risk patients

 $00:10:05.792 \rightarrow 00:10:07.360$ which really have poor outcomes.

NOTE Confidence: 0.724173888333333

 $00{:}10{:}07{.}360 \dashrightarrow 00{:}10{:}09{.}370$ So this is the response rates

NOTE Confidence: 0.724173888333333

 $00:10:09.370 \longrightarrow 00:10:11.340$ and the median PFS results.

NOTE Confidence: 0.724173888333333

 $00:10:11.340 \longrightarrow 00:10:13.500$ You see higher CR rates with

NOTE Confidence: 0.724173888333333

00:10:13.500 --> 00:10:14.940 KRD compared to VRD,

NOTE Confidence: 0.724173888333333

00:10:14.940 --> 00:10:18.918 higher MRD negative rates by flow,

NOTE Confidence: 0.724173888333333

 $00:10:18.920 \longrightarrow 00:10:20.876$ but it was not statistically significant.

NOTE Confidence: 0.724173888333333

 $00{:}10{:}20.880 \dashrightarrow 00{:}10{:}22.965$ I think the most impressive

NOTE Confidence: 0.724173888333333

 $00:10:22.965 \rightarrow 00:10:24.633$ results is the PFS,

NOTE Confidence: 0.724173888333333

 $00:10:24.640 \longrightarrow 00:10:28.412$ the KD having a median of 71 months

NOTE Confidence: 0.724173888333333

 $00:10:28.412 \longrightarrow 00:10:31.950$ compared to 41 months and this

NOTE Confidence: 0.724173888333333

00:10:31.950 --> 00:10:33.925 was you know highly statistical

NOTE Confidence: 0.724173888333333

 $00:10:33.925 \longrightarrow 00:10:35.965$ significance and they also saw

NOTE Confidence: 0.724173888333333

 $00:10:35.965 \longrightarrow 00:10:37.537$ an overall survival benefit.

NOTE Confidence: 0.724173888333333

 $00:10:37.540 \longrightarrow 00:10:39.640$ The five year estimate of

NOTE Confidence: 0.724173888333333

 $00:10:39.640 \longrightarrow 00:10:41.076 85\%$ compared to 63%.

 $00{:}10{:}41.076 \dashrightarrow 00{:}10{:}44.558$ I want to just point out here in the

NOTE Confidence: 0.724173888333333

 $00{:}10{:}44.558 \dashrightarrow 00{:}10{:}47.048$ ENDURANCE study remembers it is non

NOTE Confidence: 0.724173888333333

 $00{:}10{:}47.048 \dashrightarrow 00{:}10{:}49.820$ high risk patients the PFS of both

NOTE Confidence: 0.724173888333333

 $00:10:49.820 \longrightarrow 00:10:52.105$ arms was 30-4 months and it's not

NOTE Confidence: 0.724173888333333

00:10:52.105 --> 00:10:54.492 quite clear why in this high risk

NOTE Confidence: 0.724173888333333

 $00{:}10{:}54.492 \dashrightarrow 00{:}10{:}56.874$ populations that PFS is actually higher.

NOTE Confidence: 0.724173888333333

 $00:10:56.880 \longrightarrow 00:10:58.455$ So this was kind of brought up

NOTE Confidence: 0.724173888333333

 $00{:}10{:}58.455 \dashrightarrow 00{:}11{:}00.160$ to the presenter and it was not

NOTE Confidence: 0.724173888333333

 $00:11:00.160 \dashrightarrow 00:11:01.380$ there wasn't a great explanation

NOTE Confidence: 0.724173888333333

 $00:11:01.380 \longrightarrow 00:11:03.000$ but something to think about you

NOTE Confidence: 0.724173888333333

00:11:03.000 --> 00:11:05.624 know endurance was done in a in a a

NOTE Confidence: 0.724173888333333

 $00:11:05.624 \dashrightarrow 00:11:07.616$ lot of community setting and this.

NOTE Confidence: 0.724173888333333

 $00{:}11{:}07.616$ --> $00{:}11{:}11.234$ Early as in a single institution,

NOTE Confidence: 0.724173888333333

00:11:11.234 --> 00:11:13.428 tertiary center.

NOTE Confidence: 0.724173888333333

 $00{:}11{:}13{.}430 \dashrightarrow 00{:}11{:}15{.}776$ So next they did a multivariate

 $00:11:15.776 \rightarrow 00:11:17.777$ analysis looking at different factors

NOTE Confidence: 0.724173888333333

 $00{:}11{:}17.777 \dashrightarrow 00{:}11{:}20.689$ that are associated with better PFS and OS.

NOTE Confidence: 0.724173888333333

00:11:20.690 --> 00:11:23.005 So first type of inductions, OK,

NOTE Confidence: 0.724173888333333

 $00:11:23.005 \rightarrow 00:11:26.050$ D is better, early transplant was better,

NOTE Confidence: 0.724173888333333

 $00:11:26.050 \longrightarrow 00:11:28.000$ having revised ISIS one compared to

NOTE Confidence: 0.724173888333333

 $00{:}11{:}28{.}000 \dashrightarrow 00{:}11{:}30{.}663$ two or three was better and and that

NOTE Confidence: 0.724173888333333

 $00{:}11{:}30.663 \dashrightarrow 00{:}11{:}33.062$ who are these revised access one in

NOTE Confidence: 0.724173888333333

 $00:11:33.062 \rightarrow 00:11:34.987$ this high risk patient population,

NOTE Confidence: 0.724173888333333

 $00{:}11{:}34{.}990 \dashrightarrow 00{:}11{:}36{.}525$ it's really those patients that

NOTE Confidence: 0.724173888333333

00:11:36.525 --> 00:11:38.060 have gained one cube because

NOTE Confidence: 0.724173888333333

 $00:11:38.120 \longrightarrow 00:11:39.300$ they were not included,

NOTE Confidence: 0.724173888333333

 $00:11:39.300 \longrightarrow 00:11:41.948$ it's not part of the revised ISS criteria.

NOTE Confidence: 0.724173888333333

 $00:11:41.950 \longrightarrow 00:11:44.295$ So you know who who these patients.

NOTE Confidence: 0.724173888333333

 $00:11:44.300 \longrightarrow 00:11:47.024$ And then the number of cycles

NOTE Confidence: 0.724173888333333

 $00:11:47.024 \longrightarrow 00:11:49.465$ having six or more induction

NOTE Confidence: 0.724173888333333

00:11:49.465 - 00:11:52.627 cycles had better PFS and OS.

- NOTE Confidence: 0.724173888333333
- $00:11:52.630 \longrightarrow 00:11:53.545$ So to summarize,
- NOTE Confidence: 0.724173888333333
- $00{:}11{:}53.545 \dashrightarrow 00{:}11{:}55.375$ I think the study is interesting.
- NOTE Confidence: 0.724173888333333
- $00{:}11{:}55{.}380 \dashrightarrow 00{:}11{:}57{.}780$ It does suggest that maybe Cardi could be
- NOTE Confidence: 0.724173888333333
- $00:11:57.780 \rightarrow 00:11:59.919$ better than VRD in high risk patients,
- NOTE Confidence: 0.724173888333333
- $00:11:59.920 \longrightarrow 00:12:02.433$ but it is very limited by the
- NOTE Confidence: 0.724173888333333
- $00:12:02.433 \rightarrow 00:12:04.389$ retrospective nature of this design.
- NOTE Confidence: 0.724173888333333
- $00:12:04.390 \rightarrow 00:12:06.462$ I also think that you know they
- NOTE Confidence: 0.724173888333333
- $00{:}12{:}06{.}462 \dashrightarrow 00{:}12{:}08{.}274$ don't talk about which maintenance
- NOTE Confidence: 0.724173888333333
- $00{:}12{:}08{.}274 \dashrightarrow 00{:}12{:}10{.}860$ strategies they used and that will
- NOTE Confidence: 0.724173888333333
- $00:12:10.860 \rightarrow 00:12:12.470$ definitely impact PFS and OS.
- NOTE Confidence: 0.724173888333333
- 00:12:12.470 --> 00:12:14.360 I think this study continues
- NOTE Confidence: 0.724173888333333
- $00:12:14.360 \longrightarrow 00:12:16.250$ to support the notion that
- NOTE Confidence: 0.8891692166666667
- $00{:}12{:}16.326 \dashrightarrow 00{:}12{:}19.168$ early transplant in high risk patients is
- NOTE Confidence: 0.8891692166666667
- $00{:}12{:}19{.}168 \dashrightarrow 00{:}12{:}22{.}178$ beneficial and it does bring into question.
- NOTE Confidence: 0.8891692166666667
- $00{:}12{:}22{.}180 \dashrightarrow 00{:}12{:}25{.}225$ What is the optimal number of induction
- NOTE Confidence: 0.8891692166666667

 $00:12:25.225 \rightarrow 00:12:27.659$ treatments in high risk patients?

NOTE Confidence: 0.8891692166666667

00:12:27.660 --> 00:12:30.228 Next I want to move to a more

NOTE Confidence: 0.8891692166666667

00:12:30.228 --> 00:12:31.748 modern question is, you know,

NOTE Confidence: 0.8891692166666667

 $00:12:31.748 \longrightarrow 00:12:33.218$ now that we're using quadruplex,

NOTE Confidence: 0.8891692166666667

 $00{:}12{:}33{.}220 \dashrightarrow 00{:}12{:}35{.}537$ how do high risk patients fare with

NOTE Confidence: 0.8891692166666667

 $00{:}12{:}35{.}537 \dashrightarrow 00{:}12{:}37{.}659$ the most commonly used quadruplets,

NOTE Confidence: 0.8891692166666667

 $00:12:37.660 \longrightarrow 00:12:39.409$ the Dara VRD.

NOTE Confidence: 0.8891692166666667

00:12:39.409 --> 00:12:43.176 So Dara VRD was studied in the Griffin study,

NOTE Confidence: 0.8891692166666667

 $00:12:43.180 \longrightarrow 00:12:45.880$ which compared the addition of Dara

NOTE Confidence: 0.8891692166666667

 $00{:}12{:}45{.}880 \dashrightarrow 00{:}12{:}49{.}209$ to VRD in transplant eligible patients.

NOTE Confidence: 0.8891692166666667

 $00{:}12{:}49{.}210 \dashrightarrow 00{:}12{:}51{.}632$ In all patients they saw that there

NOTE Confidence: 0.8891692166666667

 $00{:}12{:}51{.}632 \dashrightarrow 00{:}12{:}54{.}167$ were higher MRD rates and also

NOTE Confidence: 0.8891692166666667

 $00:12:54.167 \rightarrow 00:12:56.067$ progression free survival benefit.

NOTE Confidence: 0.8891692166666667

 $00:12:56.070 \rightarrow 00:12:57.786$ But again this isn't all patients.

NOTE Confidence: 0.889169216666667

 $00:12:57.790 \rightarrow 00:12:59.925$ There are only 15% of those patients

NOTE Confidence: 0.8891692166666667

 $00:12:59.925 \longrightarrow 00:13:02.069$ and study that were high risk

- NOTE Confidence: 0.8891692166666667
- $00:13:02.069 \rightarrow 00:13:04.014$ cytogenetics by the traditional high
- NOTE Confidence: 0.8891692166666667
- 00:13:04.014 --> 00:13:05.870 risk features like deletion 17,
- NOTE Confidence: 0.8891692166666667
- $00:13:05.870 \longrightarrow 00:13:09.750$ translocation 414 and four 416.
- NOTE Confidence: 0.8891692166666667
- $00{:}13{:}09{.}750 \dashrightarrow 00{:}13{:}13{.}754$ So the Doctor Charity wanted to evaluate
- NOTE Confidence: 0.8891692166666667
- $00{:}13{:}13{.}754 \dashrightarrow 00{:}13{:}16{.}972$ evaluated this subset group in the
- NOTE Confidence: 0.8891692166666667
- $00{:}13{:}16.972 \dashrightarrow 00{:}13{:}20.262$ Griffin to really hone in on different
- NOTE Confidence: 0.8891692166666667
- $00:13:20.360 \rightarrow 00:13:23.870$ high risk categories in the Griffin study.
- NOTE Confidence: 0.889169216666667
- $00{:}13{:}23.870 \dashrightarrow 00{:}13{:}25.394$ And I want to.
- NOTE Confidence: 0.8891692166666667
- 00:13:25.394 --> 00:13:26.918 Really it's a busy,
- NOTE Confidence: 0.8891692166666667
- $00:13:26.920 \rightarrow 00:13:27.860$ a little bit busy slide,
- NOTE Confidence: 0.8891692166666667
- $00:13:27.860 \longrightarrow 00:13:29.778$ but let's just focus in on the
- NOTE Confidence: 0.8891692166666667
- $00{:}13{:}29{.}778 \dashrightarrow 00{:}13{:}31{.}333$ side the genetic risk categories
- NOTE Confidence: 0.8891692166666667
- $00{:}13{:}31{.}333 \dashrightarrow 00{:}13{:}33{.}664$ here as I highlighted they as I
- NOTE Confidence: 0.8891692166666667
- $00{:}13{:}33{.}664 \dashrightarrow 00{:}13{:}35{.}579$ mentioned the initial high risk risk
- NOTE Confidence: 0.8891692166666667
- $00:13:35.579 \rightarrow 00:13:37.780$ category were very few in both arms,
- NOTE Confidence: 0.889169216666667

 $00:13:37.780 \longrightarrow 00:13:40.160$ but then they revised or high risk

NOTE Confidence: 0.8891692166666667

00:13:40.160 --> 00:13:42.408 category to include chromosome abnormality

NOTE Confidence: 0.8891692166666667

 $00:13:42.408 \rightarrow 00:13:44.713$ and that really increased their,

NOTE Confidence: 0.8891692166666667

 $00:13:44.720 \longrightarrow 00:13:47.370$ their patient population from 16

NOTE Confidence: 0.8891692166666667

 $00{:}13{:}47{.}370 \dashrightarrow 00{:}13{:}50{.}378$ to 42 patients in the Dara VRD and

NOTE Confidence: 0.8891692166666667

 $00{:}13{:}50{.}378 \dashrightarrow 00{:}13{:}53{.}970$ 14 to 37 patients and then they

NOTE Confidence: 0.8891692166666667

 $00:13:53.970 \rightarrow 00:13:56.406$ categorize patients having zero.

NOTE Confidence: 0.8891692166666667

00:13:56.410 --> 00:13:57.830 So no high risk features,

NOTE Confidence: 0.8891692166666667

00:13:57.830 --> 00:13:58.802 HCA 1,

NOTE Confidence: 0.8891692166666667

 $00:13:58.802 \rightarrow 00:14:01.232$ high risk cell genetic abnormality

NOTE Confidence: 0.8891692166666667

 $00{:}14{:}01{.}232 \dashrightarrow 00{:}14{:}05{.}179$ or two or more as we call the

NOTE Confidence: 0.8891692166666667

 $00:14:05.179 \longrightarrow 00:14:07.087$ ultra high risk patients.

NOTE Confidence: 0.8891692166666667

 $00:14:07.090 \rightarrow 00:14:09.842$ Clearly you can see the PFS in patients

NOTE Confidence: 0.8891692166666667

 $00{:}14{:}09{.}842 \dashrightarrow 00{:}14{:}12.654$ who are standard risk didn't seem to

NOTE Confidence: 0.889169216666667

 $00:14:12.654 \dashrightarrow 00:14:15.290$ differ much between the two groups.

NOTE Confidence: 0.8891692166666667

 $00:14:15.290 \longrightarrow 00:14:17.474$ Both of them had were were not reached

- NOTE Confidence: 0.8891692166666667
- $00:14:17.474 \longrightarrow 00:14:19.609$ in the meeting in the 15 months.
- NOTE Confidence: 0.8891692166666667
- $00:14:19.610 \longrightarrow 00:14:21.350$ Clearly the ultra high risk
- NOTE Confidence: 0.8891692166666667
- $00:14:21.350 \longrightarrow 00:14:23.544$ patients are too small to really
- NOTE Confidence: 0.8891692166666667
- $00:14:23.544 \rightarrow 00:14:25.479$ make any conclusions about only
- NOTE Confidence: 0.8891692166666667
- $00:14:25.479 \rightarrow 00:14:27.690$ 10 patients in eight patients.
- NOTE Confidence: 0.8891692166666667
- $00:14:27.690 \longrightarrow 00:14:30.290$ But in the high risk in the one
- NOTE Confidence: 0.8891692166666667
- 00:14:30.290 --> 00:14:32.054 high risk cytogenetic abnormality
- NOTE Confidence: 0.8891692166666667
- 00:14:32.054 --> 00:14:34.629 group there was an improvement
- NOTE Confidence: 0.8891692166666667
- $00{:}14{:}34{.}629 \dashrightarrow 00{:}14{:}37{.}850$ in PFS not reached compared to.
- NOTE Confidence: 0.8891692166666667
- 00:14:37.850 --> 00:14:38.718 48 months,
- NOTE Confidence: 0.8891692166666667
- $00:14:38.718 \rightarrow 00:14:41.756$ and this is the only subgroup here
- NOTE Confidence: 0.8891692166666667
- $00:14:41.756 \longrightarrow 00:14:44.682$ that actually does not cross the
- NOTE Confidence: 0.8891692166666667
- $00{:}14{:}44.682 \dashrightarrow 00{:}14{:}47.094$ hazard ratio does not cross one.
- NOTE Confidence: 0.8891692166666667
- $00{:}14{:}47.100 \dashrightarrow 00{:}14{:}48.766$ So a different way of looking at
- NOTE Confidence: 0.8891692166666667
- 00:14:48.766 --> 00:14:50.848 the same data, if you're you know,
- NOTE Confidence: 0.8891692166666667

 $00:14:50.848 \rightarrow 00:14:52.216$ a more visual person,

NOTE Confidence: 0.8891692166666667

 $00:14:52.220 \longrightarrow 00:14:56.245$ is looking at the PFS curves and.

NOTE Confidence: 0.8891692166666667

 $00{:}14{:}56{.}250 \dashrightarrow 00{:}14{:}59{.}080$ What I want to show here in the kind of

NOTE Confidence: 0.8891692166666667

 $00:14:59.160 \rightarrow 00:15:01.701$ medium purple line the dare RVD with

NOTE Confidence: 0.8891692166666667

 $00:15:01.701 \longrightarrow 00:15:04.469$ one high risk staging netic feature.

NOTE Confidence: 0.8891692166666667

 $00{:}15{:}04{.}470 \dashrightarrow 00{:}15{:}08{.}326$ Compare that to this green dotted line here,

NOTE Confidence: 0.8891692166666667

 $00:15:08.330 \rightarrow 00:15:12.145$ the derivative with sorry with VRD

NOTE Confidence: 0.8891692166666667

 $00:15:12.145 \rightarrow 00:15:14.560$ with one high risk feature there's a

NOTE Confidence: 0.8891692166666667

 $00:15:14.636 \rightarrow 00:15:17.006$ clear separation of the PFS curves,

NOTE Confidence: 0.8891692166666667

 $00:15:17.010 \longrightarrow 00:15:19.600$ while there is really not a big

NOTE Confidence: 0.8891692166666667

 $00:15:19.600 \longrightarrow 00:15:21.184$ difference with those patients

NOTE Confidence: 0.8891692166666667

00:15:21.184 --> 00:15:23.572 who are standard risk and clearly

NOTE Confidence: 0.8891692166666667

00:15:23.572 --> 00:15:25.960 the ultra high risk due poorly.

NOTE Confidence: 0.8891692166666667

 $00:15:25.960 \longrightarrow 00:15:28.216$ Now look at the graph on the right.

NOTE Confidence: 0.889169216666667

 $00{:}15{:}28{.}220 \dashrightarrow 00{:}15{:}30{.}236$ These are these are the amplification

NOTE Confidence: 0.8891692166666667

 $00:15:30.236 \rightarrow 00:15:33.709$ or gain of 1 Q and the grasp is actually

- NOTE Confidence: 0.8891692166666667
- 00:15:33.709 00:15:36.005 pretty identical to the ones with
- NOTE Confidence: 0.8891692166666667
- $00{:}15{:}36.005 \dashrightarrow 00{:}15{:}38.573$ the one high risk hydrogenic abnormality,
- NOTE Confidence: 0.89576314625
- $00:15:38.580 \rightarrow 00:15:41.136$ which really showed you who those
- NOTE Confidence: 0.89576314625
- 00:15:41.136 --> 00:15:43.376 patients are. So in conclusion,
- NOTE Confidence: 0.89576314625
- $00{:}15{:}43.376 \dashrightarrow 00{:}15{:}46.508$ I think this analysis shows that Dara
- NOTE Confidence: 0.89576314625
- $00{:}15{:}46.508 \dashrightarrow 00{:}15{:}49.490$ VRD seemed to outperform VRD in high
- NOTE Confidence: 0.89576314625
- $00:15:49.576 \dashrightarrow 00:15:52.607$ risk patients harbouring gain of 1 Q.
- NOTE Confidence: 0.89576314625
- $00:15:52.610 \longrightarrow 00:15:55.865$ High risk patients with more than two
- NOTE Confidence: 0.89576314625
- $00:15:55.865 \rightarrow 00:15:57.830$ cytogenetic abnormalities do poorly,
- NOTE Confidence: 0.89576314625
- $00:15:57.830 \rightarrow 00:16:00.356$ and we can't make any conclusions
- NOTE Confidence: 0.89576314625
- $00:16:00.356 \longrightarrow 00:16:02.474$ for this analysis because of
- NOTE Confidence: 0.89576314625
- $00{:}16{:}02{.}474 \dashrightarrow 00{:}16{:}04{.}259$ the numbers were too small.
- NOTE Confidence: 0.89576314625
- $00:16:04.260 \longrightarrow 00:16:06.997$ So this brings me to this category
- NOTE Confidence: 0.89576314625
- 00:16:06.997 --> 00:16:09.944 of ultra high risk myeloma and the
- NOTE Confidence: 0.89576314625
- $00{:}16{:}09{.}944 \dashrightarrow 00{:}16{:}12{.}408$ optimum study was very clever study in
- NOTE Confidence: 0.89576314625

 $00:16:12.408 \rightarrow 00:16:15.158$ the UK they it was a screening study.

NOTE Confidence: 0.89576314625

 $00{:}16{:}15{.}160 \dashrightarrow 00{:}16{:}17{.}026$ So anyone in multiple UK centers

NOTE Confidence: 0.89576314625

 $00:16:17.026 \rightarrow 00:16:19.079$ who had the who's being worked

NOTE Confidence: 0.89576314625

00:16:19.079 --> 00:16:21.690 up for myeloma or was offered the

NOTE Confidence: 0.89576314625

 $00:16:21.690 \longrightarrow 00:16:23.712$ participation in the study and they

NOTE Confidence: 0.89576314625

 $00:16:23.712 \rightarrow 00:16:25.755$ screen patients for high risk features,

NOTE Confidence: 0.89576314625

 $00:16:25.755 \longrightarrow 00:16:27.575$ they're they're inclusion was

NOTE Confidence: 0.89576314625

 $00:16:27.575 \longrightarrow 00:16:29.395$ to be double hit.

NOTE Confidence: 0.89576314625

 $00{:}16{:}29{.}400 \dashrightarrow 00{:}16{:}32{.}696$ So you have to have two of the

NOTE Confidence: 0.89576314625

 $00:16:32.696 \rightarrow 00:16:33.913$ following translocation 4141416.

NOTE Confidence: 0.89576314625

 $00:16:33.913 \longrightarrow 00:16:35.878$ Station one gain of 1,

NOTE Confidence: 0.89576314625

 $00{:}16{:}35{.}880 \dashrightarrow 00{:}16{:}38{.}728$ so deletion one peak gain of 1Q and

NOTE Confidence: 0.89576314625

 $00:16:38.728 \longrightarrow 00:16:41.478$ deletion 17P or high risk gene profile

NOTE Confidence: 0.89576314625

00:16:41.478 --> 00:16:45.109 or if you had plasma cell leukemia,

NOTE Confidence: 0.89576314625

 $00:16:45.110 \longrightarrow 00:16:47.390$ which really is these patients

NOTE Confidence: 0.89576314625

00:16:47.390 --> 00:16:49.670 are excluded from every study

- NOTE Confidence: 0.89576314625
- 00:16:49.670 --> 00:16:51.706 they identified 107 patients,
- NOTE Confidence: 0.89576314625
- 00:16:51.706 --> 00:16:55.640 ten of which had plasma cell leukemia.
- NOTE Confidence: 0.89576314625
- $00:16:55.640 \rightarrow 00:16:56.960$ So there's a few things going
- NOTE Confidence: 0.89576314625
- $00:16:56.960 \longrightarrow 00:16:57.840$ on in this study.
- NOTE Confidence: 0.89576314625
- $00:16:57.840 \longrightarrow 00:16:59.768$ I want to focus first on the study
- NOTE Confidence: 0.89576314625
- 00:16:59.768 --> 00:17:01.298 design of the optimum study,
- NOTE Confidence: 0.89576314625
- $00:17:01.300 \longrightarrow 00:17:02.938$ which you talked about up here.
- NOTE Confidence: 0.89576314625
- $00{:}17{:}02{.}940 \dashrightarrow 00{:}17{:}06{.}236$ On top, they use five drugs in induction.
- NOTE Confidence: 0.89576314625
- $00:17:06.240 \dashrightarrow 00:17:09.719$ So they added cytotoxin to Dara VRD.
- NOTE Confidence: 0.89576314625
- $00:17:09.720 \longrightarrow 00:17:12.080$ They added VELCADE in the
- NOTE Confidence: 0.89576314625
- $00{:}17{:}12.080 \dashrightarrow 00{:}17{:}13.496$ Peri transplant period.
- NOTE Confidence: 0.89576314625
- 00:17:13.500 --> 00:17:16.468 They used six cycles of Dara VRD
- NOTE Confidence: 0.89576314625
- $00:17:16.468 \longrightarrow 00:17:19.788$ induction and then 12 more cycles of
- NOTE Confidence: 0.89576314625
- 00:17:19.788 --> 00:17:22.238 Dara RVD in extended consolidation,
- NOTE Confidence: 0.89576314625
- $00:17:22.240 \longrightarrow 00:17:24.288$ so basically excluding steroids
- NOTE Confidence: 0.89576314625

 $00:17:24.288 \longrightarrow 00:17:25.824$ in another year.

NOTE Confidence: 0.89576314625

 $00{:}17{:}25.830 \dashrightarrow 00{:}17{:}28.335$ Of consolidation to and then

NOTE Confidence: 0.89576314625

 $00{:}17{:}28{.}335 \dashrightarrow 00{:}17{:}30{.}840$ there are in until progression

NOTE Confidence: 0.89576314625

 $00:17:30.932 \rightarrow 00:17:34.142$ and notably they're not using a

NOTE Confidence: 0.89576314625

 $00{:}17{:}34{.}142 \dashrightarrow 00{:}17{:}36{.}282$ proteasome inhibitor long term.

NOTE Confidence: 0.89576314625

 $00{:}17{:}36{.}290 \dashrightarrow 00{:}17{:}38{.}642$ So ideally the authors would love NOTE Confidence: 0.89576314625

 $00:17:38.642 \rightarrow 00:17:41.689$ to have done a randomized study,

NOTE Confidence: 0.89576314625

 $00{:}17{:}41.690 \dashrightarrow 00{:}17{:}43.076$ but there was no standard of care

NOTE Confidence: 0.89576314625

 $00{:}17{:}43.076 \dashrightarrow 00{:}17{:}44.480$ for these ultra high risk patients.

NOTE Confidence: 0.89576314625

 $00:17:44.480 \longrightarrow 00:17:45.650$ They thought it was unethical,

NOTE Confidence: 0.89576314625

 $00{:}17{:}45.650 \dashrightarrow 00{:}17{:}46.868$ so they did not do so.

NOTE Confidence: 0.89576314625

 $00:17:46.870 \longrightarrow 00:17:48.250$ So it's a single arm study,

NOTE Confidence: 0.89576314625

 $00:17:48.250 \rightarrow 00:17:50.608$ but they were very much interested

NOTE Confidence: 0.89576314625

 $00:17:50.608 \rightarrow 00:17:52.644$ in understanding how this would

NOTE Confidence: 0.89576314625

 $00:17:52.644 \rightarrow 00:17:54.639$ compare to a genetically similar

NOTE Confidence: 0.89576314625

00:17:54.639 - > 00:17:56.830 group of patients with myeloma.

- NOTE Confidence: 0.89576314625
- $00{:}17{:}56.830 \dashrightarrow 00{:}17{:}59.315$ So they looked at their myeloma ex
- NOTE Confidence: 0.89576314625
- $00:17:59.315 \longrightarrow 00:18:02.433$ study and they had genetic testing for
- NOTE Confidence: 0.89576314625
- $00:18:02.433 \rightarrow 00:18:05.391$ all these patients identified and identical.
- NOTE Confidence: 0.89576314625
- $00:18:05.400 \longrightarrow 00:18:07.068$ Population with this ultra
- NOTE Confidence: 0.89576314625
- 00:18:07.068 --> 00:18:08.319 high risk phenotype,
- NOTE Confidence: 0.89576314625
- $00:18:08.320 \rightarrow 00:18:10.184$ I'm not going to go into the details
- NOTE Confidence: 0.89576314625
- $00{:}18{:}10{.}184 \dashrightarrow 00{:}18{:}11{.}973$ of that study because I do think
- NOTE Confidence: 0.89576314625
- $00:18:11.973 \rightarrow 00:18:13.880$ it's an overall sub par comparator.
- NOTE Confidence: 0.89576314625
- 00:18:13.880 --> 00:18:16.556 But it's just for numerical purposes
- NOTE Confidence: 0.89576314625
- $00:18:16.556 \longrightarrow 00:18:19.152$ here that they used cytotoxin
- NOTE Confidence: 0.89576314625
- 00:18:19.152 --> 00:18:22.400 REVLIMID decks or carfilzomib,
- NOTE Confidence: 0.89576314625
- 00:18:22.400 --> 00:18:23.288 cytoxan, REVLIMID,
- NOTE Confidence: 0.89576314625
- $00:18:23.288 \rightarrow 00:18:25.508$ dexin induction transplant and then
- NOTE Confidence: 0.89576314625
- $00{:}18{:}25{.}508 \dashrightarrow 00{:}18{:}27{.}521$ either they got no maintenance
- NOTE Confidence: 0.89576314625
- $00:18:27.521 \longrightarrow 00:18:29.656$ which is really not what we do
- NOTE Confidence: 0.89576314625

00:18:29.656 --> 00:18:31.549 or REVLIMID maintenance so.

NOTE Confidence: 0.89576314625

 $00:18:31.550 \longrightarrow 00:18:34.427$ Their objectives of the studies to look

NOTE Confidence: 0.89576314625

00:18:34.427 --> 00:18:37.410 at MRD, to look at PFS and toxicity.

NOTE Confidence: 0.89576314625

 $00:18:37.410 \longrightarrow 00:18:40.146$ I do want to note this is quite an

NOTE Confidence: 0.89576314625

 $00:18:40.146 \rightarrow 00:18:42.383$ intensive treatment and they did

NOTE Confidence: 0.89576314625

 $00{:}18{:}42{.}383 \dashrightarrow 00{:}18{:}44{.}247$ have several fallouts dropouts.

NOTE Confidence: 0.89576314625

00:18:44.250 --> 00:18:46.970 So out of 107 patients,

NOTE Confidence: 0.89576314625

 $00:18:46.970 \rightarrow 00:18:51.230$ only 74 patients completed consolidation too.

NOTE Confidence: 0.89576314625

 $00:18:51.230 \rightarrow 00:18:53.312$ The dropouts in the induction transplant

NOTE Confidence: 0.89576314625

 $00:18:53.312 \longrightarrow 00:18:55.163$ section was due to intolerance

NOTE Confidence: 0.89576314625

 $00{:}18{:}55{.}163 \dashrightarrow 00{:}18{:}57{.}138$ and dropout and consolidation was

NOTE Confidence: 0.89576314625

 $00:18:57.138 \longrightarrow 00:18:59.250$ due to progression of disease.

NOTE Confidence: 0.89576314625

 $00{:}18{:}59{.}250 \dashrightarrow 00{:}19{:}02{.}530$ So this is MRD at different time points.

NOTE Confidence: 0.787925930526316

 $00{:}19{:}02{.}530 \dashrightarrow 00{:}19{:}04.665$ You can see that the MRDD deepened

NOTE Confidence: 0.787925930526316

 $00{:}19{:}04.665 \dashrightarrow 00{:}19{:}06.970$ as you move from end of induction

NOTE Confidence: 0.787925930526316

 $00:19:06.970 \longrightarrow 00:19:08.966$ to end of transplant at 63%.

- NOTE Confidence: 0.787925930526316
- 00:19:08.966 --> 00:19:11.318 I don't want you to be discouraged
- NOTE Confidence: 0.787925930526316
- $00:19:11.318 \longrightarrow 00:19:13.643$ by the lower percentage after
- NOTE Confidence: 0.787925930526316
- $00{:}19{:}13.643 \dashrightarrow 00{:}19{:}16.273$ end of consolidation because they
- NOTE Confidence: 0.787925930526316
- $00:19:16.273 \longrightarrow 00:19:18.350$ mentioned there are dropouts.
- NOTE Confidence: 0.787925930526316
- $00:19:18.350 \longrightarrow 00:19:20.814$ So you can see here 30% of the
- NOTE Confidence: 0.787925930526316
- $00{:}19{:}20.814 \dashrightarrow 00{:}19{:}22.549$ patients didn't reach that endpoint.
- NOTE Confidence: 0.787925930526316
- $00:19:22.550 \rightarrow 00:19:24.746$ So that's why you see numerically
- NOTE Confidence: 0.787925930526316
- $00:19:24.746 \longrightarrow 00:19:26.710$ lower rates of MRD there.
- NOTE Confidence: 0.787925930526316
- $00:19:26.710 \longrightarrow 00:19:28.590$ What is important we know
- NOTE Confidence: 0.787925930526316
- 00:19:28.590 --> 00:19:30.470 sustain MRD is actually more.
- NOTE Confidence: 0.787925930526316
- $00:19:30.470 \rightarrow 00:19:32.744$ Relevance than just one time point
- NOTE Confidence: 0.787925930526316
- $00:19:32.744 \longrightarrow 00:19:34.580$ of emerging negativity is that
- NOTE Confidence: 0.787925930526316
- 00:19:34.580 --> 00:19:37.580 84% had sustained MRD negativity
- NOTE Confidence: 0.787925930526316
- $00{:}19{:}37{.}580 \dashrightarrow 00{:}19{:}40{.}156$ at the end of consolidation.
- NOTE Confidence: 0.787925930526316
- $00:19:40.156 \longrightarrow 00:19:43.710$ So that is very important.
- NOTE Confidence: 0.787925930526316

 $00:19:43.710 \longrightarrow 00:19:45.922$ Now this is the PFS course again

NOTE Confidence: 0.787925930526316

 $00{:}19{:}45{.}922 \dashrightarrow 00{:}19{:}47{.}984$ I'm not surprised that the PFS

NOTE Confidence: 0.787925930526316

 $00:19:47.984 \longrightarrow 00:19:49.724$ is better with this optimum

NOTE Confidence: 0.787925930526316

 $00:19:49.724 \rightarrow 00:19:51.690$ regiments than the the comparator.

NOTE Confidence: 0.787925930526316

 $00:19:51.690 \longrightarrow 00:19:53.482$ They did spread out in the in the

NOTE Confidence: 0.787925930526316

 $00{:}19{:}53.482 \dashrightarrow 00{:}19{:}55.452$ myeloma X the ones that got prophesied NOTE Confidence: 0.787925930526316

 $00:19:55.452 \rightarrow 00:19:57.217$ that were not to secularism seemed

NOTE Confidence: 0.787925930526316

 $00{:}19{:}57{.}217 \dashrightarrow 00{:}19{:}59{.}169$ to be a little bit better than not.

NOTE Confidence: 0.787925930526316

00:19:59.170 - > 00:20:01.380 Again not very surprising with

NOTE Confidence: 0.787925930526316

 $00:20:01.380 \longrightarrow 00:20:03.590$ produce some inhibitor but regardless

NOTE Confidence: 0.787925930526316

 $00:20:03.660 \longrightarrow 00:20:05.766$ I think it's very impressive the

NOTE Confidence: 0.787925930526316

 $00:20:05.766 \longrightarrow 00:20:09.200$ 30 month PFS estimate of 77% and

NOTE Confidence: 0.787925930526316

 $00:20:09.200 \rightarrow 00:20:14.690$ this does fare favorably to other.

NOTE Confidence: 0.787925930526316

 $00:20:14.690 \rightarrow 00:20:17.651$ Other data out there for this really

NOTE Confidence: 0.787925930526316

00:20:17.651 --> 00:20:19.870 high risk patient population.

NOTE Confidence: 0.787925930526316

00:20:19.870 --> 00:20:21.054 In terms of toxicity,

- NOTE Confidence: 0.787925930526316
- $00:20:21.054 \rightarrow 00:20:23.285$ which is very relevant when people are
- NOTE Confidence: 0.787925930526316
- 00:20:23.285 --> 00:20:25.270 getting this intense prolonged treatment,
- NOTE Confidence: 0.787925930526316
- $00:20:25.270 \longrightarrow 00:20:27.690$ they showed you here the
- NOTE Confidence: 0.787925930526316
- $00:20:27.690 \longrightarrow 00:20:29.626$ consolidation to adverse events.
- NOTE Confidence: 0.787925930526316
- $00{:}20{:}29{.}630 \dashrightarrow 00{:}20{:}32{.}984$ So there are some grade three side effects.
- NOTE Confidence: 0.787925930526316
- $00:20:32.984 \longrightarrow 00:20:34.569$ There are not that many,
- NOTE Confidence: 0.787925930526316
- $00:20:34.570 \longrightarrow 00:20:37.495$ most of them are hematological
- NOTE Confidence: 0.787925930526316
- $00{:}20{:}37{.}495 \dashrightarrow 00{:}20{:}38{.}665$ like neutropenia.
- NOTE Confidence: 0.787925930526316
- 00:20:38.670 --> 00:20:41.670 There were some Grade 3 infections,
- NOTE Confidence: 0.787925930526316
- $00:20:41.670 \longrightarrow 00:20:42.338$ about 12%,
- NOTE Confidence: 0.787925930526316
- $00:20:42.338 \rightarrow 00:20:44.342 \mod 1000 \mod 1000$
- NOTE Confidence: 0.787925930526316
- $00{:}20{:}44.342 \dashrightarrow 00{:}20{:}46.358$ infections and they don't separate out,
- NOTE Confidence: 0.787925930526316
- $00{:}20{:}46{.}360 \dashrightarrow 00{:}20{:}48{.}810$ you know, the viruses from the bacteria,
- NOTE Confidence: 0.787925930526316
- $00{:}20{:}48.810 \dashrightarrow 00{:}20{:}50.290$ but that I think that would be relevant.
- NOTE Confidence: 0.787925930526316
- $00{:}20{:}50{.}290 \dashrightarrow 00{:}20{:}53{.}706$ Especially in the era of of a pandemic.
- NOTE Confidence: 0.787925930526316

 $00:20:53.710 \longrightarrow 00:20:55.936$ So it seems to be fairly toggled.

NOTE Confidence: 0.787925930526316

 $00:20:55.940 \longrightarrow 00:20:56.410$ They did.

NOTE Confidence: 0.787925930526316

 $00:20:56.410 \rightarrow 00:21:00.840$ One thing to note, they did allow for very.

NOTE Confidence: 0.787925930526316

00:21:00.840 --> 00:21:02.061 Flexible dose reductions,

NOTE Confidence: 0.787925930526316

 $00{:}21{:}02{.}061 \dashrightarrow 00{:}21{:}05{.}414$ even for Grade 1 toxicity to allow patients

NOTE Confidence: 0.787925930526316

 $00:21:05.414 \rightarrow 00:21:08.030$ to continue on treatment for longer.

NOTE Confidence: 0.787925930526316

 $00:21:08.030 \longrightarrow 00:21:08.795$ So in conclusion,

NOTE Confidence: 0.787925930526316

 $00:21:08.795 \rightarrow 00:21:10.580$ I think these type of single ARM

NOTE Confidence: 0.787925930526316

00:21:10.634 --> 00:21:12.319 studies can serve as comparators

NOTE Confidence: 0.787925930526316

 $00{:}21{:}12{.}319 \dashrightarrow 00{:}21{:}14{.}366$ for future randomized studies and of

NOTE Confidence: 0.787925930526316

 $00{:}21{:}14.366 \dashrightarrow 00{:}21{:}15.921$ course balancing the efficacy and

NOTE Confidence: 0.787925930526316

 $00{:}21{:}15{.}921 \dashrightarrow 00{:}21{:}19{.}450$ toxicity in this patient population.

NOTE Confidence: 0.787925930526316

 $00{:}21{:}19{.}450 \dashrightarrow 00{:}21{:}21{.}628$ Now the last study I'm going to go into,

NOTE Confidence: 0.787925930526316

 $00:21:21.630 \rightarrow 00:21:23.443$ I'm going to shift gears to a

NOTE Confidence: 0.787925930526316

00:21:23.443 --> 00:21:24.870 different subtype of high risk

NOTE Confidence: 0.787925930526316

 $00:21:24.870 \rightarrow 00:21:26.646$ patients and these are the functional

- NOTE Confidence: 0.787925930526316
- $00{:}21{:}26.646 \dashrightarrow 00{:}21{:}28.640$ high risk myeloma and these are not
- NOTE Confidence: 0.787925930526316
- $00:21:28.640 \longrightarrow 00:21:30.205$ the patients you know that they're
- NOTE Confidence: 0.787925930526316
- 00:21:30.205 --> 00:21:31.710 high risk when you first see them,
- NOTE Confidence: 0.787925930526316
- $00:21:31.710 \rightarrow 00:21:33.710$ they they demonstrate themselves
- NOTE Confidence: 0.787925930526316
- $00:21:33.710 \rightarrow 00:21:36.710$ because they or they relapse early.
- NOTE Confidence: 0.787925930526316
- $00{:}21{:}36{.}710 \dashrightarrow 00{:}21{:}39{.}062$ So patients who have early relapse
- NOTE Confidence: 0.787925930526316
- $00:21:39.062 \rightarrow 00:21:41.153$ after transplant within one year
- NOTE Confidence: 0.787925930526316
- $00:21:41.153 \longrightarrow 00:21:42.527$ have horrible prognosis.
- NOTE Confidence: 0.787925930526316
- $00:21:42.530 \longrightarrow 00:21:44.702$ You see here 26 months overall
- NOTE Confidence: 0.787925930526316
- 00:21:44.702 --> 00:21:46.580 survival compared to 91 months
- NOTE Confidence: 0.787925930526316
- 00:21:46.580 --> 00:21:48.710 if you didn't have this early.
- NOTE Confidence: 0.787925930526316
- 00:21:48.710 --> 00:21:49.718 About relapse,
- NOTE Confidence: 0.787925930526316
- 00:21:49.718 --> 00:21:53.246 So what this Karma 2A study analyzed
- NOTE Confidence: 0.787925930526316
- $00{:}21{:}53.246 \dashrightarrow 00{:}21{:}57.016$ is the use of either cell or abukuma,
- NOTE Confidence: 0.787925930526316
- $00{:}21{:}57.020 \dashrightarrow 00{:}21{:}59.054$ which is the first CMA directed
- NOTE Confidence: 0.787925930526316

 $00{:}21{:}59{.}054 \dashrightarrow 00{:}22{:}01{.}299$ car T cell product for myeloma.

NOTE Confidence: 0.787925930526316

 $00{:}22{:}01{.}300 \dashrightarrow 00{:}22{:}03{.}995$ They used it in this patient population.

NOTE Confidence: 0.787925930526316

 $00{:}22{:}04.000 \dashrightarrow 00{:}22{:}05.840$ The inclusion criteria includes

NOTE Confidence: 0.787925930526316

 $00:22:05.840 \longrightarrow 00:22:08.140$ elaps 18 months after initiation

NOTE Confidence: 0.787925930526316

 $00:22:08.140 \longrightarrow 00:22:09.909$ of frontline therapy.

NOTE Confidence: 0.787925930526316

 $00{:}22{:}09{.}910 \dashrightarrow 00{:}22{:}12{.}442$ And you had to have revilement

NOTE Confidence: 0.787925930526316

 $00:22:12.442 \longrightarrow 00:22:13.286$ based maintenance.

NOTE Confidence: 0.787925930526316

00:22:13.290 - 00:22:15.474 The primary endpoint was a CR

NOTE Confidence: 0.787925930526316

 $00{:}22{:}15{.}474 \dashrightarrow 00{:}22{:}16{.}930$ and secondary endpoints include

NOTE Confidence: 0.770254851538461

 $00:22:16.995 \rightarrow 00:22:18.249$ duration of response,

NOTE Confidence: 0.770254851538461

 $00{:}22{:}18.250 \dashrightarrow 00{:}22{:}21.210$ progression free survival and toxicity.

NOTE Confidence: 0.770254851538461

 $00{:}22{:}21{.}210 \dashrightarrow 00{:}22{:}22{.}635$ So patient characteristics

NOTE Confidence: 0.770254851538461

00:22:22.635 --> 00:22:24.060 are presented here,

NOTE Confidence: 0.770254851538461

 $00:22:24.060 \longrightarrow 00:22:25.395$ few things to highlight in

NOTE Confidence: 0.770254851538461

00:22:25.395 --> 00:22:26.730 terms of high risk features.

NOTE Confidence: 0.770254851538461

 $00:22:26.730 \rightarrow 00:22:29.145$ There were 32% high risk disease in

 $00:22:29.145 \rightarrow 00:22:31.080$ this functionally high risk patients.

NOTE Confidence: 0.770254851538461

 $00:22:31.080 \longrightarrow 00:22:35.136$ There were 40% with missing data.

NOTE Confidence: 0.770254851538461

 $00{:}22{:}35{.}140 \dashrightarrow 00{:}22{:}37{.}636$ It they did have information about

NOTE Confidence: 0.770254851538461

 $00:22:37.636 \rightarrow 00:22:39.758$ their response to upfront therapy

NOTE Confidence: 0.770254851538461

 $00{:}22{:}39.758 \dashrightarrow 00{:}22{:}41.982$ and 24% of the patients have CR

NOTE Confidence: 0.770254851538461

 $00:22:41.982 \longrightarrow 00:22:44.000$ to their first line of the rapy.

NOTE Confidence: 0.770254851538461

 $00{:}22{:}44.000 \dashrightarrow 00{:}22{:}46.150$ Most patients have progression of

NOTE Confidence: 0.770254851538461

 $00{:}22{:}46.150 \dashrightarrow 00{:}22{:}48.773$ disease within 12 months of transplant

NOTE Confidence: 0.770254851538461

 $00{:}22{:}48.773 \dashrightarrow 00{:}22{:}51.538$ and no patients were refractory to an

NOTE Confidence: 0.770254851538461

 $00:22:51.538 \longrightarrow 00:22:54.240$ anti CD 38 like there are two now.

NOTE Confidence: 0.770254851538461

 $00:22:54.240 \longrightarrow 00:22:56.040$ This is the efficacy data.

NOTE Confidence: 0.770254851538461

 $00{:}22{:}56{.}040 \dashrightarrow 00{:}22{:}58{.}713$ The CRH which I think is the most relevant

NOTE Confidence: 0.770254851538461

 $00:22:58.713 \longrightarrow 00:23:03.140$ in terms of the response rate is 45%.

NOTE Confidence: 0.770254851538461

00:23:03.140 --> 00:23:04.600 Just put here in Gray,

NOTE Confidence: 0.770254851538461

 $00{:}23{:}04.600 \dashrightarrow 00{:}23{:}06.724$ what is the CR rate that was seen in

 $00:23:06.724 \rightarrow 00:23:09.229$ this agent in the relapse that heavily

NOTE Confidence: 0.770254851538461

 $00:23:09.229 \longrightarrow 00:23:12.770$ pretreated population which is 33%?

NOTE Confidence: 0.770254851538461

00:23:12.770 - 00:23:14.555 Just like the other car T products,

NOTE Confidence: 0.770254851538461

 $00:23:14.560 \longrightarrow 00:23:15.950$ we see the deeper response,

NOTE Confidence: 0.770254851538461

 $00:23:15.950 \rightarrow 00:23:17.840$ the longer duration of response.

NOTE Confidence: 0.770254851538461

 $00:23:17.840 \longrightarrow 00:23:20.336$ Overall, the median duration of the

NOTE Confidence: 0.770254851538461

00:23:20.336 --> 00:23:22.670 responder responding patients was 15 months,

NOTE Confidence: 0.770254851538461

 $00:23:22.670 \longrightarrow 00:23:25.551$ but if you had a CR then it goes to 23

NOTE Confidence: 0.770254851538461

 $00:23:25.551 \rightarrow 00:23:28.260$ months and if you had a PR for example,

NOTE Confidence: 0.770254851538461

 $00:23:28.260 \longrightarrow 00:23:29.940$ it's as short as three months.

NOTE Confidence: 0.770254851538461

 $00{:}23{:}29{.}940 \dashrightarrow 00{:}23{:}33{.}030$ So really depth of response

NOTE Confidence: 0.770254851538461

 $00:23:33.030 \longrightarrow 00:23:34.884$ is extremely important.

NOTE Confidence: 0.770254851538461

00:23:34.890 --> 00:23:38.030 PFS is roughly a year,

NOTE Confidence: 0.770254851538461

 $00:23:38.030 \longrightarrow 00:23:40.172$ so 11 months here which is quite

NOTE Confidence: 0.770254851538461

 $00:23:40.172 \longrightarrow 00:23:43.105$ similar to what was seen in the relapse

NOTE Confidence: 0.770254851538461

 $00:23:43.105 \rightarrow 00:23:44.661$ refractory patient population and

- NOTE Confidence: 0.770254851538461
- $00{:}23{:}44.661 \dashrightarrow 00{:}23{:}47.303$ you know I think again this includes

 $00{:}23{:}47{.}303 \dashrightarrow 00{:}23{:}49{.}366$ all those non responders as well.

NOTE Confidence: 0.770254851538461

 $00{:}23{:}49{.}366 \dashrightarrow 00{:}23{:}51{.}790$ I think it would be interesting to see

NOTE Confidence: 0.770254851538461

 $00:23:51.857 \rightarrow 00:23:55.660$ the PFS for those who are responding.

NOTE Confidence: 0.770254851538461

00:23:55.660 --> 00:23:57.068 In terms of toxicity,

NOTE Confidence: 0.770254851538461

 $00{:}23{:}57.068 \dashrightarrow 00{:}23{:}59.180$ there was initial concern that when

NOTE Confidence: 0.770254851538461

 $00:23:59.249 \rightarrow 00:24:01.009$ you're using these cartee products

NOTE Confidence: 0.770254851538461

00:24:01.009 - 00:24:03.171 earlier in the line of treatment

NOTE Confidence: 0.770254851538461

 $00{:}24{:}03{.}171 \dashrightarrow 00{:}24{:}05{.}495$ that the T cells might be fitter,

NOTE Confidence: 0.770254851538461

 $00{:}24{:}05{.}500 \dashrightarrow 00{:}24{:}07{.}690$ they might be healthier and actually

NOTE Confidence: 0.770254851538461

00:24:07.690 - 00:24:09.950 have higher toxicities like CRS

NOTE Confidence: 0.770254851538461

 $00:24:09.950 \longrightarrow 00:24:12.500$ and and the neurotoxicity icams,

NOTE Confidence: 0.770254851538461

 $00:24:12.500 \longrightarrow 00:24:14.516$ but they didn't see that in this study.

NOTE Confidence: 0.770254851538461

 $00{:}24{:}14.520 \dashrightarrow 00{:}24{:}16.938$ So there were roughly the same

NOTE Confidence: 0.770254851538461

 $00:24:16.938 \rightarrow 00:24:19.407$ amount of percentage of events in

 $00:24:19.407 \rightarrow 00:24:21.735$ the CRS and the neurotoxicity group

NOTE Confidence: 0.770254851538461

 $00:24:21.735 \longrightarrow 00:24:24.608$ as was seen in the prior study

NOTE Confidence: 0.770254851538461

 $00:24:24.608 \rightarrow 00:24:26.623$ and actually there were lower.

NOTE Confidence: 0.770254851538461

 $00:24:26.630 \rightarrow 00:24:29.552$ Or at least numerically lower number

NOTE Confidence: 0.770254851538461

 $00:24:29.552 \rightarrow 00:24:33.176$ of high grade events like grade 3/4 in

NOTE Confidence: 0.770254851538461

 $00:24:33.176 \rightarrow 00:24:35.738$ both groups compared to the prior study.

NOTE Confidence: 0.770254851538461

 $00{:}24{:}35{.}738 \dashrightarrow 00{:}24{:}38{.}006$ I do want to mention infections

NOTE Confidence: 0.770254851538461

 $00:24:38.006 \rightarrow 00:24:40.737$ is still an issue of post party.

NOTE Confidence: 0.770254851538461

 $00{:}24{:}40{.}740 \dashrightarrow 00{:}24{:}44{.}314$ There was a grade 3-4 infections at 22%

NOTE Confidence: 0.770254851538461

 $00{:}24{:}44{.}314 \dashrightarrow 00{:}24{:}47{.}466$ and in fact 2 deaths from this with

NOTE Confidence: 0.770254851538461

 $00{:}24{:}47{.}466 \dashrightarrow 00{:}24{:}50{.}679$ pneumonia and another from studemont sepsis.

NOTE Confidence: 0.770254851538461

 $00:24:50.680 \longrightarrow 00:24:51.856$ So in conclusion,

NOTE Confidence: 0.770254851538461

 $00:24:51.856 \longrightarrow 00:24:53.424$ in this functionally high

NOTE Confidence: 0.770254851538461

 $00:24:53.424 \longrightarrow 00:24:54.600$ risk patient population,

NOTE Confidence: 0.770254851538461

 $00:24:54.600 \rightarrow 00:24:56.628$ either cell achieved 45% CR rates

NOTE Confidence: 0.770254851538461

 $00{:}24{:}56{.}628 \dashrightarrow 00{:}24{:}58{.}970$ and this was higher than what was

 $00:24:58.970 \longrightarrow 00:25:01.112$ seen in the first line of therapy.

NOTE Confidence: 0.770254851538461

 $00:25:01.120 \longrightarrow 00:25:02.341$ For these patients.

NOTE Confidence: 0.770254851538461

 $00{:}25{:}02{.}341 \dashrightarrow 00{:}25{:}05{.}190$ It seems that there are less grade

NOTE Confidence: 0.770254851538461

 $00:25:05.273 \longrightarrow 00:25:08.148$ 3-4 toxicities compared to the

NOTE Confidence: 0.770254851538461

 $00{:}25{:}08{.}148 \dashrightarrow 00{:}25{:}09{.}873$ relapse refractory population.

NOTE Confidence: 0.770254851538461

 $00{:}25{:}09{.}880 \dashrightarrow 00{:}25{:}12{.}424$ The PFS seems similar to what was seen

NOTE Confidence: 0.770254851538461

 $00:25:12.424 \rightarrow 00:25:15.260$ in the heavily pretreated population,

NOTE Confidence: 0.770254851538461

 $00:25:15.260 \rightarrow 00:25:17.255$ but these patients are very high risk,

NOTE Confidence: 0.770254851538461

 $00:25:17.260 \longrightarrow 00:25:18.890$ they they are very difficult

NOTE Confidence: 0.770254851538461

 $00:25:18.890 \longrightarrow 00:25:20.520$ to treat and salvage so.

NOTE Confidence: 0.770254851538461

 $00{:}25{:}20{.}520 \dashrightarrow 00{:}25{:}22{.}344$ I think we really need randomized

NOTE Confidence: 0.770254851538461

 $00{:}25{:}22{.}344 \dashrightarrow 00{:}25{:}24{.}719$ study to see what is the best

NOTE Confidence: 0.770254851538461

 $00{:}25{:}24.719 \dashrightarrow 00{:}25{:}26.539$ treatment for these patients and

NOTE Confidence: 0.770254851538461

 $00{:}25{:}26{.}539 \dashrightarrow 00{:}25{:}28{.}147$ ideally identify those that have

NOTE Confidence: 0.770254851538461

 $00{:}25{:}28.147 \dashrightarrow 00{:}25{:}29.779$ that will have a CR rate.

 $00{:}25{:}29{.}780 \dashrightarrow 00{:}25{:}33{.}140$ So I want to close with this one last slide.

NOTE Confidence: 0.909416426

 $00:25:33.140 \longrightarrow 00:25:35.300$ This is what I think is the future.

NOTE Confidence: 0.909416426

 $00:25:35.300 \rightarrow 00:25:37.844$ It's this risk adaptive therapy directed

NOTE Confidence: 0.909416426

 $00:25:37.844 \rightarrow 00:25:40.180$ according to response type of study.

NOTE Confidence: 0.909416426

00:25:40.180 --> 00:25:42.700 This is the radar study that was presented

NOTE Confidence: 0.909416426

 $00{:}25{:}42{.}700 \dashrightarrow 00{:}25{:}44{.}928$ by Doctor Wong from the UK don't want NOTE Confidence: 0.909416426

 $00:25:44.928 \longrightarrow 00:25:47.314$ to go into the details of all this is

NOTE Confidence: 0.909416426

 $00:25:47.314 \rightarrow 00:25:49.748$ a busy slide but the concept here is

NOTE Confidence: 0.909416426

 $00{:}25{:}49{.}748 \dashrightarrow 00{:}25{:}52{.}004$ extremely important that you separate out

NOTE Confidence: 0.909416426

 $00:25:52.004 \rightarrow 00:25:54.478$ the standard risk from the high risk,

NOTE Confidence: 0.909416426

 $00:25:54.480 \longrightarrow 00:25:55.140$ high risk patients.

NOTE Confidence: 0.909416426

 $00{:}25{:}55{.}140 \dashrightarrow 00{:}25{:}56{.}680$ We don't want to stop treatment on,

NOTE Confidence: 0.909416426

 $00{:}25{:}56{.}680 \dashrightarrow 00{:}25{:}58{.}660$ we need better treatments standard

NOTE Confidence: 0.909416426

 $00{:}25{:}58.660 \dashrightarrow 00{:}25{:}59.848$ risk that have.

NOTE Confidence: 0.909416426

 $00:25:59.850 \rightarrow 00:26:02.482$ MRD negative disease can maybe even stop

NOTE Confidence: 0.909416426

 $00:26:02.482 \rightarrow 00:26:03.984$ treatment and standardized patients

 $00:26:03.984 \rightarrow 00:26:05.554$ who don't achieve MRD negativity

NOTE Confidence: 0.909416426

 $00:26:05.554 \rightarrow 00:26:07.991$ how is how are we going to deepen

NOTE Confidence: 0.909416426

 $00{:}26{:}07{.}991 \dashrightarrow 00{:}26{:}10{.}058$ their response how are we going to

NOTE Confidence: 0.909416426

 $00{:}26{:}10.058 \dashrightarrow 00{:}26{:}12.326$ get them together MRD negative state

NOTE Confidence: 0.909416426

 $00:26:12.326 \longrightarrow 00:26:14.953$ so you know when and randomizing

NOTE Confidence: 0.909416426

 $00:26:14.953 \longrightarrow 00:26:17.313$ doing a randomized fashion so.

NOTE Confidence: 0.909416426

 $00:26:17.320 \longrightarrow 00:26:19.721$ The this and other type studies like

NOTE Confidence: 0.909416426

 $00{:}26{:}19.721 \dashrightarrow 00{:}26{:}22.470$ this are ongoing and I think the next

NOTE Confidence: 0.909416426

 $00{:}26{:}22{.}470 \dashrightarrow 00{:}26{:}25{.}034$ decade hopefully we'll have an answer to

NOTE Confidence: 0.909416426

 $00{:}26{:}25{.}034 \dashrightarrow 00{:}26{:}27{.}758$ how to personalize treatments for myeloma.

NOTE Confidence: 0.909416426

00:26:27.760 --> 00:26:30.950 And with that I will close my section of the

NOTE Confidence: 0.909416426

 $00{:}26{:}31.028 \dashrightarrow 00{:}26{:}34.148$ talk and we'll move on to Doctor Brownings.

NOTE Confidence: 0.885277639166667

 $00{:}26{:}39.870 \dashrightarrow 00{:}26{:}41.802$ OK, great. Well, thank you Doctor

NOTE Confidence: 0.885277639166667

 $00{:}26{:}41.802 \dashrightarrow 00{:}26{:}44.050$ Barr and and welcome again every one.

NOTE Confidence: 0.885277639166667

 $00:26:44.050 \rightarrow 00:26:46.378$ My name is Sabrina Browning and with the NOTE Confidence: 0.885277639166667

 $00{:}26{:}46.378$ --> $00{:}26{:}48.505$ remainder of our time that we have left,

NOTE Confidence: 0.885277639166667

 $00:26:48.510 \longrightarrow 00:26:51.214$ I'm going to review with you data on

NOTE Confidence: 0.885277639166667

 $00:26:51.214 \rightarrow 00:26:53.049$ relapse refractory myeloma and we'll

NOTE Confidence: 0.885277639166667

 $00:26:53.049 \rightarrow 00:26:55.590$ also briefly touch upon a new therapeutic

NOTE Confidence: 0.885277639166667

 $00{:}26{:}55{.}657 \dashrightarrow 00{:}26{:}57{.}687$ in light chainer ALE amyloidosis.

NOTE Confidence: 0.885277639166667

 $00{:}26{:}57.690 \dashrightarrow 00{:}27{:}00.308$ And I have no disclosures to report.

NOTE Confidence: 0.885277639166667

 $00:27:00.310 \longrightarrow 00:27:02.420$ So a major focus in myeloma at

NOTE Confidence: 0.885277639166667

 $00:27:02.420 \longrightarrow 00:27:05.121$ Ash this year was the diverse and

NOTE Confidence: 0.885277639166667

00:27:05.121 --> 00:27:06.780 advancing immunotherapeutic landscape

NOTE Confidence: 0.885277639166667

 $00:27:06.780 \rightarrow 00:27:09.545$ for relapse and refractory disease.

NOTE Confidence: 0.885277639166667

 $00{:}27{:}09{.}550 \dashrightarrow 00{:}27{:}12.678$ And as you all are familiar B cell

NOTE Confidence: 0.885277639166667

00:27:12.678 --> 00:27:14.760 maturation antigen or BCM A has been

NOTE Confidence: 0.885277639166667

 $00{:}27{:}14.760 \dashrightarrow 00{:}27{:}16.650$ a critical target on myeloma cells.

NOTE Confidence: 0.885277639166667

 $00{:}27{:}16.650 \dashrightarrow 00{:}27{:}18.729$ And as Doctor Barr mentioned we now

NOTE Confidence: 0.885277639166667

00:27:18.729 --> 00:27:20.859 have two approved anti BCM a car ${\rm T}$

NOTE Confidence: 0.885277639166667

 $00:27:20.859 \rightarrow 00:27:22.537$ cell products eye to cell and cell

- NOTE Confidence: 0.885277639166667
- $00{:}27{:}22.537 \dashrightarrow 00{:}27{:}24.633$ to cell as well as an anti BCM A
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}24.633 \dashrightarrow 00{:}27{:}26.348$ by specific antibody articles a mab
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}26{.}348 \dashrightarrow 00{:}27{:}28{.}869$ and while I won't cover this today.
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}28.870 \dashrightarrow 00{:}27{:}30.928$ There was promising early phase data
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}30{.}928 \dashrightarrow 00{:}27{:}33{.}019$ presented on the combination of teclis
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}33.019 \dashrightarrow 00{:}27{:}34.679$ tamal with daratum umab and Lenalidomide
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}34.679 \dashrightarrow 00{:}27{:}36.398$ and there are other combinations
- NOTE Confidence: 0.885277639166667
- $00:27:36.398 \longrightarrow 00:27:38.390$ with this by specific antibody that
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}38{.}390 \dashrightarrow 00{:}27{:}40{.}080$ are also actively being studied.
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}40.080 \dashrightarrow 00{:}27{:}43.274$ As well as the number of new BCM ART
- NOTE Confidence: 0.885277639166667
- $00:27:43.274 \rightarrow 00:27:45.139$ invites but importantly the abstracts
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}45{.}139 \dashrightarrow 00{:}27{:}47{.}924$ that I will focus on today with with
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}47{.}924 \dashrightarrow 00{:}27{:}50{.}312$ you all highlight some T cell to
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}50{.}312 \dashrightarrow 00{:}27{:}51{.}876$ redirection the rapies that harness
- NOTE Confidence: 0.885277639166667
- $00{:}27{:}51.876 \dashrightarrow 00{:}27{:}53.970$ new myeloma cell antigen targets.
- NOTE Confidence: 0.885277639166667

 $00:27:53.970 \rightarrow 00:27:56.670$ And these include G protein coupled

NOTE Confidence: 0.885277639166667

 $00{:}27{:}56.670 \dashrightarrow 00{:}27{:}59.891$ receptor family C Group 5 member D or

NOTE Confidence: 0.885277639166667

 $00{:}27{:}59{.}891 \dashrightarrow 00{:}28{:}03{.}370$ what's referred to as GPRC 5D and SC

NOTE Confidence: 0.885277639166667

 $00:28:03.370 \longrightarrow 00:28:06.794$ receptor homologue 5 or FCR H5 as well

NOTE Confidence: 0.885277639166667

 $00{:}28{:}06{.}794 \dashrightarrow 00{:}28{:}08{.}720$ as some non cellular the rapies that

NOTE Confidence: 0.885277639166667

 $00:28:08.789 \rightarrow 00:28:11.039$ help reverse tumor mediated immune.

NOTE Confidence: 0.885277639166667

 $00{:}28{:}11.040 \dashrightarrow 00{:}28{:}13.650$ Paralysis that occurs in in myeloma,

NOTE Confidence: 0.885277639166667

 $00:28:13.650 \rightarrow 00:28:15.426$ and these include the novel cereblon,

NOTE Confidence: 0.885277639166667

00:28:15.430 --> 00:28:16.639 Eli Gaze modulators,

NOTE Confidence: 0.885277639166667

 $00{:}28{:}16.639 \dashrightarrow 00{:}28{:}20.529$ or what is referred to as as cell months.

NOTE Confidence: 0.885277639166667

 $00{:}28{:}20{.}530 \dashrightarrow 00{:}28{:}23{.}419$ So to to start we will discuss the phase

NOTE Confidence: 0.885277639166667

 $00{:}28{:}23{.}419 \dashrightarrow 00{:}28{:}26{.}193$ two results from the monumental one

NOTE Confidence: 0.885277639166667

00:28:26.193 --> 00:28:29.079 study which represented by Doctor Ajai

NOTE Confidence: 0.885277639166667

 $00{:}28{:}29.079 \dashrightarrow 00{:}28{:}31.707$ Chari and this evaluates talked a mab.

NOTE Confidence: 0.885277639166667

00:28:31.710 --> 00:28:34.833 Talked Amab is a first in class T cell

NOTE Confidence: 0.885277639166667

 $00:28:34.833 \rightarrow 00:28:37.406$ bispecific antibody that targets GPRC 5D.

- NOTE Confidence: 0.885277639166667
- $00:28:37.406 \rightarrow 00:28:39.374$ And as previously discussed this is
- NOTE Confidence: 0.885277639166667
- $00:28:39.374 \rightarrow 00:28:41.338$ highly expressed on myeloma cells and
- NOTE Confidence: 0.885277639166667
- $00:28:41.338 \rightarrow 00:28:43.210$ thought to have limited expression on
- NOTE Confidence: 0.885277639166667
- $00{:}28{:}43.268 \dashrightarrow 00{:}28{:}45.368$ normal cells cells and that includes
- NOTE Confidence: 0.885277639166667
- $00{:}28{:}45{.}368 \dashrightarrow 00{:}28{:}47{.}017$ hematopoietic stem cells and in
- NOTE Confidence: 0.885277639166667
- $00{:}28{:}47.017 \dashrightarrow 00{:}28{:}48.746$ December of this past year the phase
- NOTE Confidence: 0.885277639166667
- $00:28:48.746 \rightarrow 00:28:50.638$ one data from the monumental study.
- NOTE Confidence: 0.885277639166667
- $00:28:50.640 \rightarrow 00:28:53.146$ Were published in the New England Journal
- NOTE Confidence: 0.885277639166667
- $00{:}28{:}53{.}146 \dashrightarrow 00{:}28{:}54{.}976$ and demonstrated an impressive overall
- NOTE Confidence: 0.885277639166667
- $00:28:54.976 \longrightarrow 00:28:58.020$ response rate of 64 to 70% with both
- NOTE Confidence: 0.885277639166667
- $00:28:58.020 \rightarrow 00:29:00.660$ weekly and every other weekly dosing.
- NOTE Confidence: 0.885277639166667
- $00{:}29{:}00{.}660 \dashrightarrow 00{:}29{:}02{.}620$ And so for the phase two portion
- NOTE Confidence: 0.885277639166667
- $00:29:02.620 \longrightarrow 00:29:03.460$ of the study,
- NOTE Confidence: 0.885277639166667
- $00{:}29{:}03.460 \dashrightarrow 00{:}29{:}05.340$ patients had to have an ECOG of zero
- NOTE Confidence: 0.885277639166667
- $00{:}29{:}05{.}340 \dashrightarrow 00{:}29{:}07{.}102$ to two with measurable disease and
- NOTE Confidence: 0.885277639166667

 $00:29:07.102 \rightarrow 00:29:09.440$ three or more lines of prior therapy.

NOTE Confidence: 0.885277639166667

00:29:09.440 --> 00:29:11.960 And this included a PROTEOSOME inhibitor,

NOTE Confidence: 0.885277639166667

00:29:11.960 --> 00:29:15.080 an imid and an anti CD 38 antibody.

NOTE Confidence: 0.885277639166667

 $00:29:15.080 \rightarrow 00:29:17.103$ And the three cohorts in this portion

NOTE Confidence: 0.885277639166667

 $00:29:17.103 \longrightarrow 00:29:19.260$ of the study that you see outlined

NOTE Confidence: 0.885277639166667

 $00:29:19.260 \longrightarrow 00:29:21.394$ here included a 0.4 milligram.

NOTE Confidence: 0.885277639166667

 $00:29:21.394 \rightarrow 00:29:24.429$ 4 kilogram weekly subcutaneous dosing

NOTE Confidence: 0.885277639166667

 $00:29:24.429 \rightarrow 00:29:26.220$ and 122 patients enrolled in this.

NOTE Confidence: 0.885277639166667

 $00{:}29{:}26{.}220 \dashrightarrow 00{:}29{:}29{.}090$ In this group 0.8 milligrams per kilogram

NOTE Confidence: 0.885277639166667

 $00:29:29.090 \rightarrow 00:29:31.570$ every other week subcutaneous dosing

NOTE Confidence: 0.885277639166667

 $00:29:31.570 \longrightarrow 00:29:33.316$ where 109 patients were enrolled.

NOTE Confidence: 0.885277639166667

 $00:29:33.316 \rightarrow 00:29:35.450$ And then a third group of patients

NOTE Confidence: 0.885277639166667

 $00:29:35.450 \longrightarrow 00:29:37.478$ who had received prior T cell

NOTE Confidence: 0.885277639166667

00:29:37.478 - 00:29:38.492 redirection therapy and

NOTE Confidence: 0.818111631724138

 $00{:}29{:}38.556 \dashrightarrow 00{:}29{:}40.466$ were administered either of the

NOTE Confidence: 0.818111631724138

 $00{:}29{:}40.466 \dashrightarrow 00{:}29{:}41.994$ two mentioned dosing schedules.

 $00{:}29{:}42.000 \dashrightarrow 00{:}29{:}45.618$ And the aim of this study was to assess

NOTE Confidence: 0.818111631724138

 $00:29:45.618 \rightarrow 00:29:48.708$ efficacy and safety of this novel agent.

NOTE Confidence: 0.818111631724138

 $00{:}29{:}48.710 \dashrightarrow 00{:}29{:}50.942$ And so the the table on the left here

NOTE Confidence: 0.818111631724138

 $00:29:50.942 \rightarrow 00:29:53.565$ on the slide outline some of the key

NOTE Confidence: 0.818111631724138

 $00{:}29{:}53.565 \dashrightarrow 00{:}29{:}55.410$ patient and disease characteristics from

NOTE Confidence: 0.818111631724138

 $00{:}29{:}55{.}410 \dashrightarrow 00{:}29{:}58{.}168$ the phase two cohorts of this study.

NOTE Confidence: 0.818111631724138

 $00:29:58.170 \longrightarrow 00:30:02.994$ Median age was 67 and 8.4% of the 0.4

NOTE Confidence: 0.818111631724138

00:30:02.994 --> 00:30:05.856 milligram per kilogram group and 6.2% of

NOTE Confidence: 0.818111631724138

00:30:05.856 --> 00:30:07.974 the 0.8 kilogram milligram per kilogram

NOTE Confidence: 0.818111631724138

 $00{:}30{:}07{.}974 \dashrightarrow 00{:}30{:}10{.}330$ group were black or African American.

NOTE Confidence: 0.818111631724138

 $00:30:10.330 \longrightarrow 00:30:12.938$ And as one would expect in a heavily

NOTE Confidence: 0.818111631724138

00:30:12.938 --> 00:30:14.508 pretreated population with an average

NOTE Confidence: 0.818111631724138

 $00{:}30{:}14.508 \dashrightarrow 00{:}30{:}17.104$ of five prior lines of the rapy high risk

NOTE Confidence: 0.818111631724138

00:30:17.104 --> 00:30:19.216 features including extramedullary disease.

NOTE Confidence: 0.818111631724138

 $00:30:19.220 \longrightarrow 00:30:21.770$ High risk cytogenetics and isss stage

 $00:30:21.770 \longrightarrow 00:30:24.199$ three disease were observed in about

NOTE Confidence: 0.818111631724138

00:30:24.199 --> 00:30:26.488 1/4 to 1/3 of patients as documented

NOTE Confidence: 0.818111631724138

 $00{:}30{:}26{.}488 \dashrightarrow 00{:}30{:}28{.}686$ here in the table and approximately

NOTE Confidence: 0.818111631724138

 $00:30:28.686 \rightarrow 00:30:31.506 3/4$ of the patients have triple had

NOTE Confidence: 0.818111631724138

 $00{:}30{:}31{.}506$ --> $00{:}30{:}33{.}538$ triple class refractory disease.

NOTE Confidence: 0.818111631724138

 $00{:}30{:}33{.}540 \dashrightarrow 00{:}30{:}35{.}815$ However despite this population again

NOTE Confidence: 0.818111631724138

 $00{:}30{:}35{.}815 \dashrightarrow 00{:}30{:}39{.}000$ with with high risk disease and there

NOTE Confidence: 0.818111631724138

 $00{:}30{:}39{.}000 \dashrightarrow 00{:}30{:}41{.}100$ wasn't an impressive overall response

NOTE Confidence: 0.818111631724138

 $00{:}30{:}41{.}100 \dashrightarrow 00{:}30{:}44{.}439$ rate as seen in the figure here on on the

NOTE Confidence: 0.818111631724138

 $00:30:44.439 \rightarrow 00:30:49.080$ right at 74.1% and 73.1% in the two dosing.

NOTE Confidence: 0.818111631724138

 $00{:}30{:}49{.}080 \dashrightarrow 00{:}30{:}51{.}726$ Groups and VGPR are better was

NOTE Confidence: 0.818111631724138

 $00:30:51.726 \longrightarrow 00:30:53.841$ achieved in approximately 60% of

NOTE Confidence: 0.818111631724138

 $00:30:53.841 \rightarrow 00:30:55.947$ patients which also indicates a high

NOTE Confidence: 0.818111631724138

 $00{:}30{:}55{.}947 \dashrightarrow 00{:}30{:}58{.}048$ depth of response with this agent.

NOTE Confidence: 0.818111631724138

 $00{:}30{:}58.050 \dashrightarrow 00{:}31{:}00.260$ These responses were maintained across

NOTE Confidence: 0.818111631724138

 $00:31:00.260 \dashrightarrow 00:31:02.470$ across subgroups except for those

 $00:31:02.533 \rightarrow 00:31:04.277$ with Extramedullary disease where

NOTE Confidence: 0.818111631724138

 $00{:}31{:}04.277 \dashrightarrow 00{:}31{:}06.893$ the overall response rate was reduced

NOTE Confidence: 0.818111631724138

 $00{:}31{:}06{.}954 \dashrightarrow 00{:}31{:}09{.}062$ some at 50% and responses were rapid

NOTE Confidence: 0.818111631724138

 $00:31:09.062 \rightarrow 00:31:11.538$ with the median time to response of

NOTE Confidence: 0.818111631724138

00:31:11.538 --> 00:31:13.650 a little over a month and a median

NOTE Confidence: 0.818111631724138

 $00:31:13.650 \rightarrow 00:31:16.046$ time to best response of approximately

NOTE Confidence: 0.818111631724138

 $00:31:16.050 \rightarrow 00:31:18.150 2.5$ months and thus far responses

NOTE Confidence: 0.818111631724138

 $00:31:18.150 \longrightarrow 00:31:19.550$ have also been durable.

NOTE Confidence: 0.818111631724138

 $00{:}31{:}19.550 \dashrightarrow 00{:}31{:}21.752$ Of the median progression free survival

NOTE Confidence: 0.818111631724138

 $00{:}31{:}21.752 \dashrightarrow 00{:}31{:}24.674$ at the time of presentation was 7.5

NOTE Confidence: 0.818111631724138

 $00:31:24.674 \longrightarrow 00:31:27.026$ months and 11.9 months in the 22 cohorts

NOTE Confidence: 0.818111631724138

 $00{:}31{:}27.026 \dashrightarrow 00{:}31{:}29.294$ with a median duration of of response

NOTE Confidence: 0.818111631724138

 $00{:}31{:}29{.}294 \dashrightarrow 00{:}31{:}31{.}677$ that was not reached in patients who

NOTE Confidence: 0.818111631724138

00:31:31.677 --> 00:31:33.765 had achieved a complete response or

NOTE Confidence: 0.818111631724138

 $00{:}31{:}33.765 \dashrightarrow 00{:}31{:}35.920$ better and median overall survival was

 $00:31:35.920 \longrightarrow 00:31:38.739$ not reached for the study cohort to date.

NOTE Confidence: 0.818111631724138

 $00{:}31{:}38{.}740 \dashrightarrow 00{:}31{:}40{.}864$ Importantly for the patients who had

NOTE Confidence: 0.818111631724138

 $00:31:40.864 \dashrightarrow 00:31:42.862$ received prior T cell redirection

NOTE Confidence: 0.818111631724138

 $00:31:42.862 \rightarrow 00:31:44.905$ therapy which included 70%,

NOTE Confidence: 0.818111631724138

 $00{:}31{:}44{.}905 \dashrightarrow 00{:}31{:}47{.}815$ seventy .6% of patients who had

NOTE Confidence: 0.818111631724138

 $00:31:47.815 \longrightarrow 00:31:50.181$ received prior car T and 35.3%.

NOTE Confidence: 0.818111631724138

 $00:31:50.181 \rightarrow 00:31:52.467$ Would have received prior by specific.

NOTE Confidence: 0.818111631724138

 $00{:}31{:}52{.}470 \dashrightarrow 00{:}31{:}54{.}595$ The overall response rate was

NOTE Confidence: 0.818111631724138

 $00:31:54.595 \longrightarrow 00:31:56.320$ still high at 62.7%.

NOTE Confidence: 0.818111631724138

 $00:31:56.320 \rightarrow 00:31:59.470$ Responses were higher in those that received

NOTE Confidence: 0.818111631724138

 $00:31:59.470 \longrightarrow 00:32:02.509$ prior car T compared to buy specifics,

NOTE Confidence: 0.818111631724138

 $00:32:02.510 \longrightarrow 00:32:04.659$ although the number of patients in in

NOTE Confidence: 0.818111631724138

 $00:32:04.659 \dashrightarrow 00:32:06.944$ the study that received prior price by

NOTE Confidence: 0.818111631724138

 $00:32:06.944 \dashrightarrow 00:32:09.309$ specifics was small with an end of 18.

NOTE Confidence: 0.855970994347826

00:32:12.000 --> 00:32:13.830 It's important to consider safety

NOTE Confidence: 0.855970994347826

 $00:32:13.830 \rightarrow 00:32:16.420$ for this agent given its novel target

 $00:32:16.420 \longrightarrow 00:32:18.155$ as we discussed and fortunately

NOTE Confidence: 0.855970994347826

00:32:18.155 --> 00:32:20.400 as you can see outlined here,

NOTE Confidence: 0.855970994347826

 $00:32:20.400 \rightarrow 00:32:22.164$ high grade adverse events were uncommon

NOTE Confidence: 0.855970994347826

 $00:32:22.164 \rightarrow 00:32:24.075$ but when they were present they

NOTE Confidence: 0.855970994347826

 $00:32:24.075 \rightarrow 00:32:25.775$ were mostly hematologic in nature.

NOTE Confidence: 0.855970994347826

 $00:32:25.780 \longrightarrow 00:32:27.440$ And with that being said,

NOTE Confidence: 0.855970994347826

 $00:32:27.440 \longrightarrow 00:32:29.688$ still there was less than 1/3 of patients

NOTE Confidence: 0.855970994347826

 $00:32:29.688 \rightarrow 00:32:31.548$ that had high grade heme toxicities

NOTE Confidence: 0.855970994347826

 $00:32:31.548 \longrightarrow 00:32:33.782$ and most of the toxicity was limited

NOTE Confidence: 0.855970994347826

 $00:32:33.782 \longrightarrow 00:32:35.994$ to the first few cycles of treatment.

NOTE Confidence: 0.855970994347826

00:32:36.000 --> 00:32:37.760 High grade infections were also

NOTE Confidence: 0.855970994347826

 $00:32:37.760 \longrightarrow 00:32:39.857$ uncommon in this study and as

NOTE Confidence: 0.855970994347826

 $00{:}32{:}39{.}857 \dashrightarrow 00{:}32{:}41{.}726$ you can see that included a low

NOTE Confidence: 0.855970994347826

 $00{:}32{:}41.726 \dashrightarrow 00{:}32{:}43.849$ number of opportunistic infections.

NOTE Confidence: 0.855970994347826

 $00{:}32{:}43.850 \dashrightarrow 00{:}32{:}45.450$ COVID infections occurred in

 $00:32:45.450 \rightarrow 00:32:47.168$ approximately 10% of patients with

NOTE Confidence: 0.855970994347826

 $00:32:47.168 \rightarrow 00:32:49.310$ only two deaths from COVID and actually

NOTE Confidence: 0.855970994347826

 $00:32:49.369 \longrightarrow 00:32:51.322$ 0 deaths reported in the phase one

NOTE Confidence: 0.855970994347826

 $00:32:51.322 \rightarrow 00:32:53.199$ portion that was published in the

NOTE Confidence: 0.855970994347826

 $00:32:53.199 \rightarrow 00:32:55.167$ New England Journal back in December.

NOTE Confidence: 0.855970994347826

 $00{:}32{:}55{.}170 \dashrightarrow 00{:}32{:}55{.}892$ As mentioned,

NOTE Confidence: 0.855970994347826

00:32:55.892 --> 00:32:58.419 rates of IVIG use were also relatively

NOTE Confidence: 0.855970994347826

 $00{:}32{:}58{.}419 \dashrightarrow 00{:}33{:}01{.}128$ low with with less severe and this

NOTE Confidence: 0.855970994347826

 $00{:}33{:}01{.}128 \dashrightarrow 00{:}33{:}03{.}062$ less severe infection signal that

NOTE Confidence: 0.855970994347826

 $00:33:03.062 \rightarrow 00:33:05.456$ we're seeing in that with this agent

NOTE Confidence: 0.855970994347826

 $00{:}33{:}05{.}456 \dashrightarrow 00{:}33{:}08{.}160$ is somewhat distinct from our anti

NOTE Confidence: 0.855970994347826

 $00:33:08.160 \longrightarrow 00:33:11.190$ BCM a targeted by specific antibodies

NOTE Confidence: 0.855970994347826

 $00{:}33{:}11{.}190 \dashrightarrow 00{:}33{:}13{.}780$ that are now in utilization.

NOTE Confidence: 0.855970994347826

 $00{:}33{:}13.780 \dashrightarrow 00{:}33{:}16.366$ The most common adverse events were

NOTE Confidence: 0.855970994347826

00:33:16.366 --> 00:33:18.360 cytokine release syndrome or CRS

NOTE Confidence: 0.855970994347826

 $00:33:18.360 \longrightarrow 00:33:20.600$ as well as altered taste.

00:33:20.600 --> 00:33:23.372 Or discuss Jia skin and nail

NOTE Confidence: 0.855970994347826

 $00{:}33{:}23{.}372 \dashrightarrow 00{:}33{:}26{.}399$ related events as well and the.

NOTE Confidence: 0.855970994347826

 $00:33:26.400 \rightarrow 00:33:28.962$ The CRS events appear to be restricted

NOTE Confidence: 0.855970994347826

 $00:33:28.962 \rightarrow 00:33:31.431$ largely to step up dosing and full

NOTE Confidence: 0.855970994347826

 $00{:}33{:}31{.}431 \dashrightarrow 00{:}33{:}33{.}736$ first full dose with a median time

NOTE Confidence: 0.855970994347826

 $00:33:33.736 \longrightarrow 00:33:36.020$ to onset of two days immune effector

NOTE Confidence: 0.855970994347826

 $00:33:36.020 \dashrightarrow 00:33:37.760$ cell associated neurotoxicity or

NOTE Confidence: 0.855970994347826

 $00{:}33{:}37.760 \dashrightarrow 00{:}33{:}40.479$ what we refer to as icans occurred

NOTE Confidence: 0.855970994347826

 $00:33:40.479 \longrightarrow 00:33:43.056$ in about 10 to 11% of patients,

NOTE Confidence: 0.855970994347826

 $00:33:43.056 \rightarrow 00:33:46.254$ but again we're mostly low grade.

NOTE Confidence: 0.855970994347826

00:33:46.260 --> 00:33:47.337 So in conclusion,

NOTE Confidence: 0.855970994347826

 $00{:}33{:}47{.}337 \dashrightarrow 00{:}33{:}50{.}973$ tell Ketama B which is a a first in

NOTE Confidence: 0.855970994347826

 $00{:}33{:}50{.}973 \dashrightarrow 00{:}33{:}53{.}558$ class by specific antibody again

NOTE Confidence: 0.855970994347826

 $00{:}33{:}53{.}558 \dashrightarrow 00{:}33{:}56{.}168$ targeting novel GPRC 5D on myeloma

NOTE Confidence: 0.855970994347826

 $00{:}33{:}56.168 \dashrightarrow 00{:}33{:}57.736$ cells demonstrated an impressive

 $00:33:57.736 \rightarrow 00:33:59.555$ overall response rate of more than

NOTE Confidence: 0.855970994347826

 $00{:}33{:}59{.}555 \dashrightarrow 00{:}34{:}02{.}165$ 70% in patients with heavily pretreated

NOTE Confidence: 0.855970994347826

 $00:34:02.165 \dashrightarrow 00:34:04.057$ relapsed and refractory myeloma.

NOTE Confidence: 0.855970994347826

 $00:34:04.060 \rightarrow 00:34:05.962$ And high overall response rates were

NOTE Confidence: 0.855970994347826

 $00{:}34{:}05{.}962 \dashrightarrow 00{:}34{:}08{.}302$ also seen in those who had received

NOTE Confidence: 0.855970994347826

 $00:34:08.302 \rightarrow 00:34:09.977$ prior T cell redirection therapy

NOTE Confidence: 0.855970994347826

 $00:34:09.977 \longrightarrow 00:34:12.154$ which is an important cohort to

NOTE Confidence: 0.855970994347826

 $00:34:12.154 \rightarrow 00:34:14.039$ learn more about responses have

NOTE Confidence: 0.855970994347826

 $00{:}34{:}14{.}039 \dashrightarrow 00{:}34{:}15{.}889$ been durable and the agent.

NOTE Confidence: 0.855970994347826

00:34:15.890 --> 00:34:17.785 Because generally been overall well

NOTE Confidence: 0.855970994347826

 $00{:}34{:}17.785 \dashrightarrow 00{:}34{:}20.111$ tolerated with CRS that seems to

NOTE Confidence: 0.855970994347826

 $00:34:20.111 \rightarrow 00:34:21.956$ be manageable and fewer infections.

NOTE Confidence: 0.855970994347826

 $00:34:21.960 \dashrightarrow 00:34:24.258$ Although it does have unique safety

NOTE Confidence: 0.855970994347826

 $00:34:24.258 \rightarrow 00:34:26.182$ profile and those include things

NOTE Confidence: 0.855970994347826

 $00{:}34{:}26.182 \dashrightarrow 00{:}34{:}28.108$ like skin and nail related events

NOTE Confidence: 0.855970994347826

 $00{:}34{:}28.108 \dashrightarrow 00{:}34{:}30.930$ as well as taste alteration or dusia

- NOTE Confidence: 0.855970994347826
- $00:34:30.930 \longrightarrow 00:34:32.277$ as previously mentioned.
- NOTE Confidence: 0.855970994347826
- $00:34:32.280 \rightarrow 00:34:33.935$ Although these were generally managed
- NOTE Confidence: 0.855970994347826
- $00{:}34{:}33{.}935 \dashrightarrow 00{:}34{:}35{.}899$ with supportive care and there was
- NOTE Confidence: 0.855970994347826
- $00{:}34{:}35{.}899 \dashrightarrow 00{:}34{:}37{.}417$ a low overall rate of discontinuation
- NOTE Confidence: 0.855970994347826
- $00{:}34{:}37{.}417 \dashrightarrow 00{:}34{:}39{.}515$ due to the adverse events and and
- NOTE Confidence: 0.855970994347826
- $00{:}34{:}39{.}515 \dashrightarrow 00{:}34{:}41{.}120$ therefore there are additional studies
- NOTE Confidence: 0.855970994347826
- $00:34:41.120 \longrightarrow 00:34:43.208$ that are now ongoing to looking at
- NOTE Confidence: 0.855970994347826
- $00:34:43.208 \rightarrow 00:34:45.978$ the look at talked amab both in combination.
- NOTE Confidence: 0.855970994347826
- $00{:}34{:}45{.}980 \dashrightarrow 00{:}34{:}49{.}058$ In combination with a variety of
- NOTE Confidence: 0.855970994347826
- $00:34:49.058 \rightarrow 00:34:51.110$ different anti myeloma agents.
- NOTE Confidence: 0.855970994347826
- 00:34:51.110 --> 00:34:52.946 And so next I want to briefly share
- NOTE Confidence: 0.855970994347826
- $00{:}34{:}52{.}946 \dashrightarrow 00{:}34{:}54{.}670$ with you the following abstract.
- NOTE Confidence: 0.855970994347826
- $00:34:54.670 \rightarrow 00:34:56.992$ This was presented by Doctor Jesus
- NOTE Confidence: 0.855970994347826
- $00:34:56.992 \rightarrow 00:35:00.191$ Berdeja and this is now a novel car
- NOTE Confidence: 0.855970994347826
- 00:35:00.191 > 00:35:02.161 T cell therapy that's
- NOTE Confidence: 0.855970994347826

 $00:35:02.161 \rightarrow 00:35:03.922$ targeting GPRC 5D and this has

NOTE Confidence: 0.855970994347826

 $00{:}35{:}03{.}922 \dashrightarrow 00{:}35{:}06{.}124$ a this car T construct as seen in

NOTE Confidence: 0.855970994347826

 $00:35:06.124 \rightarrow 00:35:07.966$ the figure here on the right.

NOTE Confidence: 0.855970994347826

 $00:35:07.970 \longrightarrow 00:35:10.357$ And this data came from a phase

NOTE Confidence: 0.855970994347826

 $00:35:10.357 \rightarrow 00:35:12.170$ one multicenter open label study

NOTE Confidence: 0.855970994347826

 $00{:}35{:}12.170 \dashrightarrow 00{:}35{:}14.246$ and the data was presented on

NOTE Confidence: 0.855970994347826

 $00:35:14.246 \longrightarrow 00:35:15.630$ 33 patients enrolled in

NOTE Confidence: 0.823225243181818

 $00{:}35{:}15.703 \dashrightarrow 00{:}35{:}18.629$ the part a dose escalation cohort eligible

NOTE Confidence: 0.823225243181818

 $00:35:18.629 \rightarrow 00:35:21.199$ patients had relapsed refractory myeloma.

NOTE Confidence: 0.823225243181818

 $00{:}35{:}21{.}200 \dashrightarrow 00{:}35{:}23{.}888$ With three or more prior lines of the rapy

NOTE Confidence: 0.823225243181818

 $00{:}35{:}23.888 \dashrightarrow 00{:}35{:}26.279$ and prior BCMA therapy was allowed,

NOTE Confidence: 0.823225243181818

 $00{:}35{:}26.280 \dashrightarrow 00{:}35{:}29.094$ there were five dose levels that were

NOTE Confidence: 0.823225243181818

 $00{:}35{:}29.094 \dashrightarrow 00{:}35{:}31.402$ tested from ranging from 25 to 450

NOTE Confidence: 0.823225243181818

 $00{:}35{:}31{.}402 \dashrightarrow 00{:}35{:}33{.}978$ million car T cells and thus far the

NOTE Confidence: 0.823225243181818

 $00:35:33.978 \rightarrow 00:35:36.579$ state the overall safety and efficacy

NOTE Confidence: 0.823225243181818

00:35:36.579 --> 00:35:39.560 profile have profiles have been favorable.

 $00:35:39.560 \rightarrow 00:35:41.972$ Treatment emergent adverse events were seen

NOTE Confidence: 0.823225243181818

 $00:35:41.972 \longrightarrow 00:35:46.360$ in close to 88% of patients and 73% of of

NOTE Confidence: 0.823225243181818

00:35:46.360 - 00:35:49.920 patients had grade 3 or 4 adverse events.

NOTE Confidence: 0.823225243181818

 $00:35:49.920 \rightarrow 00:35:53.140$ And in comparison to Cal talked tamag,

NOTE Confidence: 0.823225243181818

 $00{:}35{:}53{.}140 \dashrightarrow 00{:}35{:}54{.}912$ hematologic adverse events and

NOTE Confidence: 0.823225243181818

 $00{:}35{:}54{.}912 \dashrightarrow 00{:}35{:}56{.}241$ and particularly neutropenia

NOTE Confidence: 0.823225243181818

 $00:35:56.241 \rightarrow 00:35:57.127$ and thrombocytopenia.

NOTE Confidence: 0.823225243181818

 $00:35:57.130 \rightarrow 00:35:59.284$ Thrombocytopenia seemed to be more more

NOTE Confidence: 0.823225243181818

 $00{:}35{:}59{.}284 \dashrightarrow 00{:}36{:}02{.}285$ common with a dose limiting toxicity

NOTE Confidence: 0.823225243181818

 $00:36:02.285 \rightarrow 00:36:05.267$ of prolonged grade 4 neutropenia and

NOTE Confidence: 0.823225243181818

 $00:36:05.267 \rightarrow 00:36:06.880$ thrombocytopenia in two patients.

NOTE Confidence: 0.823225243181818

00:36:06.880 --> 00:36:09.238 Again CRS was the most common

NOTE Confidence: 0.823225243181818

00:36:09.238 --> 00:36:10.024 non hematologic.

NOTE Confidence: 0.823225243181818

 $00{:}36{:}10.030 \dashrightarrow 00{:}36{:}14.250$ Reverse advent at 63.6% and the median time

NOTE Confidence: 0.823225243181818

 $00:36:14.250 \dashrightarrow 00:36:17.570$ to onset with this cartee was three days.

 $00:36:17.570 \rightarrow 00:36:20.097$ Although grade three and four CRS events

NOTE Confidence: 0.823225243181818

 $00:36:20.097 \dashrightarrow 00:36:22.394$ were only observed in 6% of patients.

NOTE Confidence: 0.823225243181818

 $00:36:22.394 \rightarrow 00:36:24.926$ Icans was infrequent with only two

NOTE Confidence: 0.823225243181818

 $00:36:24.926 \longrightarrow 00:36:27.147$ two patients and was reversible

NOTE Confidence: 0.823225243181818

 $00{:}36{:}27{.}147 \dashrightarrow 00{:}36{:}28{.}449$ in both instances.

NOTE Confidence: 0.823225243181818

 $00:36:28.450 \dashrightarrow 00:36:30.570$ Instances with steroid treatment,

NOTE Confidence: 0.823225243181818

 $00:36:30.570 \rightarrow 00:36:33.220$ again because of the GPR,

NOTE Confidence: 0.823225243181818

 $00:36:33.220 \rightarrow 00:36:36.900$ the unique target that this car T

NOTE Confidence: 0.823225243181818

 $00:36:36.900 \rightarrow 00:36:40.036$ targets there were skin and nail related.

NOTE Confidence: 0.823225243181818

 $00:36:40.040 \rightarrow 00:36:42.798$ Adverse events as well as taste alterations,

NOTE Confidence: 0.823225243181818

 $00{:}36{:}42.800 \dashrightarrow 00{:}36{:}45.232$ but these seem to be less common than

NOTE Confidence: 0.823225243181818

 $00{:}36{:}45{.}232 \dashrightarrow 00{:}36{:}47{.}357$ talked amab and all were low grade

NOTE Confidence: 0.823225243181818

00:36:47.357 --> 00:36:49.251 and the majority did not require

NOTE Confidence: 0.823225243181818

 $00:36:49.251 \rightarrow 00:36:50.739$ any sort of treatment.

NOTE Confidence: 0.823225243181818

 $00{:}36{:}50{.}740 \dashrightarrow 00{:}36{:}52{.}888$ The maximum tolerated dose has not

NOTE Confidence: 0.823225243181818

 $00:36:52.888 \rightarrow 00:36:55.388$ yet been exceeded in this study and

 $00:36:55.388 \rightarrow 00:36:57.380$ there have been no deaths thought

NOTE Confidence: 0.823225243181818

 $00:36:57.380 \longrightarrow 00:36:59.738$ to be related to study treatment.

NOTE Confidence: 0.823225243181818

00:36:59.740 --> 00:37:00.236 Importantly,

NOTE Confidence: 0.823225243181818

 $00:37:00.236 \rightarrow 00:37:03.708$ the overall response rate of the total

NOTE Confidence: 0.823225243181818

 $00{:}37{:}03.708 \dashrightarrow 00{:}37{:}07.302$ cohort what was high at 89.5% with a CR

NOTE Confidence: 0.823225243181818

 $00:37:07.302 \dashrightarrow 00:37:10.155$ rate a complete response rate of 47.4.

NOTE Confidence: 0.823225243181818

 $00:37:10.155 \longrightarrow 00:37:12.405$ Percent and there were four patients

NOTE Confidence: 0.823225243181818

 $00{:}37{:}12.405 \dashrightarrow 00{:}37{:}14.208$ that were evaluated for minimal

NOTE Confidence: 0.823225243181818

 $00{:}37{:}14.208 \dashrightarrow 00{:}37{:}16.056$ residual disease or MRD and all

NOTE Confidence: 0.823225243181818

 $00:37{:}16.056$ --> $00{:}37{:}18.190$ four of those were MRD negative.

NOTE Confidence: 0.823225243181818

 $00{:}37{:}18.190 \dashrightarrow 00{:}37{:}19.579$ So in conclusion,

NOTE Confidence: 0.823225243181818

 $00{:}37{:}19{.}579 \dashrightarrow 00{:}37{:}21{.}894$ responses with this novel cartee

NOTE Confidence: 0.823225243181818

 $00{:}37{:}21.894 \dashrightarrow 00{:}37{:}24.292$ seem durable and and seem to

NOTE Confidence: 0.823225243181818

 $00:37:24.292 \longrightarrow 00:37:25.688$ also deepen over time,

NOTE Confidence: 0.823225243181818

 $00:37:25.690 \rightarrow 00:37:27.130$ making this a promising

00:37:27.130 --> 00:37:28.210 treatment moving forward,

NOTE Confidence: 0.823225243181818

 $00{:}37{:}28{.}210 \dashrightarrow 00{:}37{:}30{.}382$ including in those patients that are

NOTE Confidence: 0.823225243181818

 $00:37:30.382 \dashrightarrow 00:37:32.629$ already exposed to BCM a treatment.

NOTE Confidence: 0.810628541333333

 $00:37:34.840 \dashrightarrow 00:37:37.493$ The the next abstract that I will

NOTE Confidence: 0.810628541333333

 $00{:}37{:}37{.}493 \dashrightarrow 00{:}37{:}39{.}377$ present was discussed by Doctor

NOTE Confidence: 0.810628541333333

 $00{:}37{:}39{.}377 \dashrightarrow 00{:}37{:}41{.}736$ Susan Trudell and it looked at 1

NOTE Confidence: 0.810628541333333

00:37:41.736 --> 00:37:43.871 cohort in a safety and efficacy

NOTE Confidence: 0.810628541333333

 $00{:}37{:}43.871 \dashrightarrow 00{:}37{:}45.938$ trial of savasta amab and SAVASA.

NOTE Confidence: 0.810628541333333

00:37:45.938 --> 00:37:47.966 A
mab is a bispecific antibody seen

NOTE Confidence: 0.810628541333333

 $00{:}37{:}47.966 \dashrightarrow 00{:}37{:}50.542$ here on the right that targets yet

NOTE Confidence: 0.810628541333333

 $00:37:50.542 \longrightarrow 00:37:52.252$ another new myeloma antigen known NOTE Confidence: 0.810628541333333

 $00:37:52.252 \dashrightarrow 00:37:55.044$ known as FC RH Five which again is

NOTE Confidence: 0.810628541333333

00:37:55.044 --> 00:37:57.204 exclusively expressed in B cell lineage NOTE Confidence: 0.810628541333333

 $00:37{:}57.204 \dashrightarrow 00{:}37{:}59.725$ and is thought to be near ubiquitous

NOTE Confidence: 0.810628541333333

 $00{:}37{:}59{.}725 \dashrightarrow 00{:}38{:}02{.}810$ on myeloma cells and at ASH in 2021

NOTE Confidence: 0.810628541333333

 $00:38:02.810 \dashrightarrow 00:38:05.060$ there was initial data presented.

 $00:38:05.060 \rightarrow 00:38:07.428$ On the phase one dose finding study of

NOTE Confidence: 0.810628541333333

 $00{:}38{:}07{.}428 \dashrightarrow 00{:}38{:}09{.}526$ savasta mab and revealed a favorable

NOTE Confidence: 0.810628541333333

 $00{:}38{:}09{.}526 \dashrightarrow 00{:}38{:}11.692$ efficacy and safety profile in those

NOTE Confidence: 0.810628541333333

 $00:38:11.756 \rightarrow 00:38:13.865$ patients with heavily pretreated

NOTE Confidence: 0.810628541333333

 $00{:}38{:}13.865 \dashrightarrow 00{:}38{:}16.045$ relapsed and refractory myeloma.

NOTE Confidence: 0.810628541333333

00:38:16.050 - 00:38:17.582 This year's abstract reviews

NOTE Confidence: 0.810628541333333

 $00{:}38{:}17.582 \dashrightarrow 00{:}38{:}20.250$ reviewed a cohort in this study who

NOTE Confidence: 0.810628541333333

 $00{:}38{:}20{.}250 \dashrightarrow 00{:}38{:}22{.}650$ received a single dose of the IL 6

NOTE Confidence: 0.810628541333333

 $00{:}38{:}22.650 \dashrightarrow 00{:}38{:}24.550$ receptor blocker to Solus amount

NOTE Confidence: 0.810628541333333

00:38:24.550 --> 00:38:26.465 at 8 milligrams per kilograms.

NOTE Confidence: 0.810628541333333

 $00:38:26.470 \longrightarrow 00:38:28.494$ And and this was given 2 hours prior

NOTE Confidence: 0.810628541333333

 $00{:}38{:}28{.}494 \dashrightarrow 00{:}38{:}30{.}703$ to the first of Austin maps step up

NOTE Confidence: 0.810628541333333

00:38:30.703 - 00:38:33.450 dose which is 3.6 milligram and these

NOTE Confidence: 0.810628541333333

00:38:33.450 --> 00:38:35.850 patients were then compared retrospectively.

NOTE Confidence: 0.810628541333333

 $00{:}38{:}35{.}850 \dashrightarrow 00{:}38{:}37{.}890$ To a previously enrolled group who

 $00:38:37.890 \dashrightarrow 00:38:39.930$ did not receive to cilizumab and the

NOTE Confidence: 0.810628541333333

 $00:38:39.930 \longrightarrow 00:38:41.802$ objective which was based on preclinical

NOTE Confidence: 0.810628541333333

00:38:41.802 --> 00:38:43.893 data was to determine whether there's NOTE Confidence: 0.810628541333333

 $00:38:43.893 \rightarrow 00:38:45.999$ this would reduce the frequency

NOTE Confidence: 0.810628541333333

00:38:46.000 --> 00:38:47.986 of cytokine release syndrome or CRS

NOTE Confidence: 0.810628541333333

 $00:38{:}47.986$ --> $00{:}38{:}50.197$ which as we've discussed now in several NOTE Confidence: 0.810628541333333

 $00{:}38{:}50{.}197 \dashrightarrow 00{:}38{:}52{.}129$ abstracts is one of the most common

NOTE Confidence: 0.810628541333333

 $00:38:52.185 \rightarrow 00:38:54.060$ adverse event with bispecific antibody

NOTE Confidence: 0.810628541333333

 $00{:}38{:}54.060 \dashrightarrow 00{:}38{:}56.387$ treatment and it's thought to be

NOTE Confidence: 0.810628541333333

 $00{:}38{:}56{.}387 \dashrightarrow 00{:}38{:}59{.}516$ mediated by IL sex and other cytokines.

NOTE Confidence: 0.810628541333333

 $00:38:59.520 \longrightarrow 00:39:01.833$ And as you can see here on the the

NOTE Confidence: 0.810628541333333

00:39:01.833 --> 00:39:03.816 bottom savasa amab is its administered

NOTE Confidence: 0.810628541333333

 $00:39:03.816 \longrightarrow 00:39:05.860$ with a single step up dose.

NOTE Confidence: 0.810628541333333

00:39:05.860 --> 00:39:07.780 Initially at 3.6 milligrams and then

NOTE Confidence: 0.810628541333333

 $00:39:07.780 \longrightarrow 00:39:10.149$ to a target dose of 90 milligrams,

NOTE Confidence: 0.810628541333333

 $00:39:10.150 \longrightarrow 00:39:12.046$ and it's given intravenously

 $00:39:12.046 \longrightarrow 00:39:13.468$ every three weeks.

NOTE Confidence: 0.84287700875

 $00{:}39{:}16{.}460 \dashrightarrow 00{:}39{:}19{.}729$ So 31 patients were enrolled in the

NOTE Confidence: 0.84287700875

 $00{:}39{:}19{.}729 \dashrightarrow 00{:}39{:}21{.}716$ total amount pretreatment arm with

NOTE Confidence: 0.84287700875

 $00:39{:}21.716$ --> $00{:}39{:}24.304$ 44 patients in the comparator arm and

NOTE Confidence: 0.84287700875

 $00{:}39{:}24{.}304 \dashrightarrow 00{:}39{:}26{.}509$ in both groups as you can see in the

NOTE Confidence: 0.84287700875

 $00:39:26.570 \dashrightarrow 00:39:29.314$ table here on the left included heavily

NOTE Confidence: 0.84287700875

 $00:39:29.314 \rightarrow 00:39:31.504$ pretreated patients with a median time,

NOTE Confidence: 0.84287700875

 $00:39:31.504 \dashrightarrow 00:39:33.820$ excuse me, a median line of the rapies

NOTE Confidence: 0.84287700875

 $00{:}39{:}33{.}820 \dashrightarrow 00{:}39{:}35{.}924$ being four and six respectively with

NOTE Confidence: 0.84287700875

 $00:39:35.924 \rightarrow 00:39:37.959$ fairly similar patient and disease

NOTE Confidence: 0.84287700875

 $00{:}39{:}37{.}959 \dashrightarrow 00{:}39{:}39{.}916$ characteristics except for those that

NOTE Confidence: 0.84287700875

 $00:39:39.916 \dashrightarrow 00:39:42.084$ I've highlighted for you here on the in NOTE Confidence: 0.84287700875

101E Confidence. 0.04201100015

00:39:42.084 --> 00:39:44.349 the table on the left and as you can see NOTE Confidence: 0.84287700875

00:39:44.349 --> 00:39:46.567 the tocilizum
ab pretreatment group did.

NOTE Confidence: 0.84287700875

 $00:39:46.570 \rightarrow 00:39:47.906$ Have somewhat less extramedullary

00:39:47.906 - > 00:39:49.910 disease as well as less penta,

NOTE Confidence: 0.84287700875

00:39:49.910 --> 00:39:52.538 refractory penta drug refractory disease and

NOTE Confidence: 0.84287700875

 $00{:}39{:}52{.}538 \dashrightarrow 00{:}39{:}55{.}690$ fewer patients in the tocilizum ab are arm.

NOTE Confidence: 0.84287700875

00:39:55.690 --> 00:39:59.029 Had received prior anti BCM cell therapy

NOTE Confidence: 0.84287700875

 $00:39{:}59.030 \dashrightarrow 00{:}40{:}00.938$ and the most commonly observed adverse

NOTE Confidence: 0.84287700875

00:40:00.938 --> 00:40:03.170 events in both groups were neutropenia,

NOTE Confidence: 0.84287700875

 $00{:}40{:}03.170$ --> $00{:}40{:}05.606$ anemia, thrombocytopenia and CRS and of NOTE Confidence: 0.84287700875

 $00:40:05.606 \rightarrow 00:40:08.517$ no neutropenia which is a known side

NOTE Confidence: 0.84287700875

00:40:08.517 --> 00:40:10.547 effect of tocilizum
ab with significantly % 10.547

NOTE Confidence: 0.84287700875

 $00{:}40{:}10.547 \dashrightarrow 00{:}40{:}13.299$ higher in the Tosi pre treatment group,

NOTE Confidence: 0.84287700875

 $00{:}40{:}13.300 \dashrightarrow 00{:}40{:}15.156$ but was said by the authors to be

NOTE Confidence: 0.84287700875

 $00:40:15.156 \rightarrow 00:40:16.788$ reversible and manageable with growth.

NOTE Confidence: 0.84287700875

 $00{:}40{:}16.790 \dashrightarrow 00{:}40{:}19.177$ Doctor um when appropriate and this did NOTE Confidence: 0.84287700875

 $00{:}40{:}19{.}177 \dashrightarrow 00{:}40{:}22{.}220$ not lead to Savasta Amab discontinuation.

NOTE Confidence: 0.84287700875

 $00:40:22.220 \rightarrow 00:40:24.110$ The infection rate was also reportedly

NOTE Confidence: 0.84287700875

 $00:40:24.110 \longrightarrow 00:40:25.620$ higher than the comparator arm,

 $00:40:25.620 \rightarrow 00:40:27.365$ although compared to other cohorts

NOTE Confidence: 0.84287700875

 $00{:}40{:}27.365 \dashrightarrow 00{:}40{:}29.896$ in the study there was a similar

NOTE Confidence: 0.84287700875

 $00{:}40{:}29.896 \dashrightarrow 00{:}40{:}32.423$ infection rate and grade three grade 3

NOTE Confidence: 0.84287700875

 $00{:}40{:}32{.}423 \dashrightarrow 00{:}40{:}34{.}535$ infections also occurred at a similar

NOTE Confidence: 0.84287700875

 $00:40:34.535 \longrightarrow 00:40:36.497$ rate between these two study groups.

NOTE Confidence: 0.84287700875

 $00{:}40{:}36{.}497 \dashrightarrow 00{:}40{:}38{.}713$ And as you can see in the figure

NOTE Confidence: 0.84287700875

 $00:40:38.713 \longrightarrow 00:40:39.859$ here on the right,

NOTE Confidence: 0.84287700875

 $00{:}40{:}39{.}860 \dashrightarrow 00{:}40{:}42{.}128$ the overall rate of CRS was

NOTE Confidence: 0.84287700875

 $00{:}40{:}42.128 \dashrightarrow 00{:}40{:}44.466$ significantly lower in the Tosi Pre

NOTE Confidence: 0.84287700875

 $00:40:44.466 \longrightarrow 00:40:46.048$ treatment group at 38.7%.

NOTE Confidence: 0.84287700875

 $00{:}40{:}46.048 \dashrightarrow 00{:}40{:}48.736$ Compared to the non Tosi group

NOTE Confidence: 0.84287700875

00:40:48.736 --> 00:40:51.158 at 90.9% CRS was limited to grade

NOTE Confidence: 0.84287700875

 $00:40:51.158 \longrightarrow 00:40:53.619$ one and Grade 2 events in both,

NOTE Confidence: 0.84287700875

 $00{:}40{:}53.620 \dashrightarrow 00{:}40{:}55.510$ in both cohorts in both groups with

NOTE Confidence: 0.84287700875

 $00{:}40{:}55{.}510 \dashrightarrow 00{:}40{:}57{.}439$ the median time to onset of one day.

 $00{:}40{:}57{.}440 \dashrightarrow 00{:}40{:}59{.}906$ And the beneficial effects of Tosi

NOTE Confidence: 0.84287700875

 $00{:}40{:}59{.}910 \dashrightarrow 00{:}41{:}02{.}712$ on CRS were continued with subsequent

NOTE Confidence: 0.84287700875

 $00:41:02.712 \longrightarrow 00:41:04.580$ doses in cycle one.

NOTE Confidence: 0.84287700875

 $00:41:04.580 \rightarrow 00:41:07.460$ In the tocilizumab pretreatment arm.

NOTE Confidence: 0.84287700875

00:41:07.460 --> 00:41:09.844 I can't was seen in frequently in both

NOTE Confidence: 0.84287700875

 $00{:}41{:}09{.}844 \dashrightarrow 00{:}41{:}11{.}464$ groups occurred in only two patients NOTE Confidence: 0.84287700875

 $00{:}41{:}11{.}464 \dashrightarrow 00{:}41{:}13{.}939$ in the Tosi arm and six patients in the NOTE Confidence: 0.84287700875

 $00:41:13.939 \rightarrow 00:41:15.870$ non-toxic arm and interestingly the

NOTE Confidence: 0.84287700875

 $00{:}41{:}15.870 \dashrightarrow 00{:}41{:}18.020$ authors demonstrated in the to asty.

NOTE Confidence: 0.84287700875

 $00{:}41{:}18.020 \dashrightarrow 00{:}41{:}21.030$ Pretreatment arm that after the 1st NOTE Confidence: 0.84287700875

00:41:21.030 --> 00:41:23.330 3.6 milligrams of fastmac dose,

NOTE Confidence: 0.84287700875

 $00:41:23.330 \rightarrow 00:41:25.430$ there were higher peak levels of IL

NOTE Confidence: 0.84287700875

 $00:41:25.430 \longrightarrow 00:41:27.749$ 6 which were hypothesized to be due

NOTE Confidence: 0.84287700875

 $00:41:27.749 \longrightarrow 00:41:30.237$ to inhibition of IL 6 clearance by

NOTE Confidence: 0.84287700875

 $00{:}41{:}30{.}237 \dashrightarrow 00{:}41{:}31{.}029$ the tocilizumab.

NOTE Confidence: 0.84287700875

00:41:31.030 --> 00:41:31.388 However,

- NOTE Confidence: 0.84287700875
- $00{:}41{:}31{.}388 \dashrightarrow 00{:}41{:}33{.}178$ there was also near complete
- NOTE Confidence: 0.84287700875
- $00:41:33.178 \longrightarrow 00:41:35.348$ suppression of CRP which is produced
- NOTE Confidence: 0.84287700875
- $00:41:35.348 \rightarrow 00:41:37.728$ by IL 6 receptor binding and thereby
- NOTE Confidence: 0.84287700875
- $00:41:37.728 \rightarrow 00:41:39.402$ suggesting that there was effective
- NOTE Confidence: 0.84287700875
- 00:41:39.402 --> 00:41:42.034 blockade or blockage of the IL 6
- NOTE Confidence: 0.84287700875
- 00:41:42.034 --> 00:41:44.930 inflammatory signal signaling pathway,
- NOTE Confidence: 0.84287700875
- $00:41:44.930 \longrightarrow 00:41:46.790$ also importantly pretreatment
- NOTE Confidence: 0.84287700875
- $00{:}41{:}46.790 \dashrightarrow 00{:}41{:}48.030$ with to cilizumab.
- NOTE Confidence: 0.84287700875
- $00{:}41{:}48.030 \dashrightarrow 00{:}41{:}50.820$ Did not appear to negatively impact
- NOTE Confidence: 0.84287700875
- $00:41:50.820 \longrightarrow 00:41:53.060$ clinical response rates with an
- NOTE Confidence: 0.84287700875
- $00:41:53.060 \rightarrow 00:41:55.530$ overall response rate rate of 54.8%
- NOTE Confidence: 0.84287700875
- $00{:}41{:}55{.}530 \dashrightarrow 00{:}41{:}57{.}750$ and a very good partial response
- NOTE Confidence: 0.84287700875
- 00:41:57.750 --> 00:42:00.666 or a VGR or better rate of 32.3%
- NOTE Confidence: 0.84287700875
- $00{:}42{:}00.666 \dashrightarrow 00{:}42{:}02.596$ observed in the Tosi group.
- NOTE Confidence: 0.84287700875
- $00{:}42{:}02.600 \dashrightarrow 00{:}42{:}04.868$ And that was compared to an overall
- NOTE Confidence: 0.84287700875

 $00:42:04.868 \longrightarrow 00:42:07.535$ response rate of 37.2% and VG,

NOTE Confidence: 0.84287700875

 $00{:}42{:}07{.}535 \dashrightarrow 00{:}42{:}11{.}251$ VG PR or better of 25.5% in the

NOTE Confidence: 0.84287700875

00:42:11.251 --> 00:42:13.033 the non-toxic arm and median time

NOTE Confidence: 0.84287700875

 $00:42:13.033 \rightarrow 00:42:15.436$ to best response as well as median

NOTE Confidence: 0.84287700875

 $00{:}42{:}15{.}436 \dashrightarrow 00{:}42{:}17{.}234$ duration of response was similar

NOTE Confidence: 0.84287700875

 $00:42:17.234 \longrightarrow 00:42:18.738$ between the two groups.

NOTE Confidence: 0.84287700875

00:42:18.740 --> 00:42:19.886 So in conclusion,

NOTE Confidence: 0.84287700875

 $00:42:19.886 \longrightarrow 00:42:21.414$ pretreatment with a single

NOTE Confidence: 0.84287700875

00:42:21.414 --> 00:42:22.560 dose of tocilizum
ab

NOTE Confidence: 0.7604757118

 $00{:}42{:}22.626 \dashrightarrow 00{:}42{:}24.918$ prior to the initiation of savasa

NOTE Confidence: 0.7604757118

 $00{:}42{:}24{.}918 \dashrightarrow 00{:}42{:}26{.}846$ amab significantly reduced the the

NOTE Confidence: 0.7604757118

 $00:42:26.846 \longrightarrow 00:42:29.184$ the rate of CRS in patients with

NOTE Confidence: 0.7604757118

 $00{:}42{:}29{.}184 \dashrightarrow 00{:}42{:}30{.}594$ relapsed refractory myeloma likely

NOTE Confidence: 0.7604757118

 $00:42:30.594 \rightarrow 00:42:32.429$ thought to be through suppression

NOTE Confidence: 0.7604757118

 $00:42:32.429 \rightarrow 00:42:34.860$ of the IL 6 signaling pathway,

NOTE Confidence: 0.7604757118

 $00:42:34.860 \rightarrow 00:42:37.212$ but did not seem to negatively impact the

 $00:42:37.212 \longrightarrow 00:42:39.380$ anti myeloma activity of this Asia agent.

NOTE Confidence: 0.7604757118

 $00{:}42{:}39{.}380 \dashrightarrow 00{:}42{:}41{.}662$ And so the authors noted that two

NOTE Confidence: 0.7604757118

00:42:41.662 --> 00:42:43.765 salesman may may play an important

NOTE Confidence: 0.7604757118

 $00:42:43.765 \rightarrow 00:42:46.229$ future role in CRS mitigation as pre

NOTE Confidence: 0.7604757118

 $00:42:46.299 \rightarrow 00:42:48.910$ dosing and may potentially help us move.

NOTE Confidence: 0.7604757118

 $00{:}42{:}48{.}910 \dashrightarrow 00{:}42{:}50{.}558$ By specific treatment to

NOTE Confidence: 0.7604757118

 $00:42:50.558 \longrightarrow 00:42:51.794$ the outpatient setting.

NOTE Confidence: 0.7462215285

 $00:42:54.330 \longrightarrow 00:42:57.096$ The the next abstract was presented

NOTE Confidence: 0.7462215285

 $00:42:57.096 \longrightarrow 00:42:59.735$ by Doctor Paul Richardson and this

NOTE Confidence: 0.7462215285

 $00:42:59.735 \longrightarrow 00:43:01.889$ was on amazing amide or what?

NOTE Confidence: 0.7462215285

 $00:43:01.890 \longrightarrow 00:43:03.445$ What's referred to as Messi

NOTE Confidence: 0.7462215285

 $00{:}43{:}03{.}445 \dashrightarrow 00{:}43{:}05{.}989$ and Messi is a a potent novel.

NOTE Confidence: 0.7462215285

00:43:05.990 --> 00:43:07.929 Sarah Blunt Eli Gaze modulator or what

NOTE Confidence: 0.7462215285

 $00{:}43{:}07{.}929 \dashrightarrow 00{:}43{:}10{.}718$ we know as a cell mod and this was looked

NOTE Confidence: 0.7462215285

 $00{:}43{:}10.718$ --> $00{:}43{:}12.670$ at in combination with dexame thasone.

 $00:43:12.670 \longrightarrow 00:43:15.198$ In this abstract Messi is an oral agent

NOTE Confidence: 0.7462215285

 $00:43:15.198 \rightarrow 00:43:18.169$ and as could be seen in the figure here,

NOTE Confidence: 0.7462215285

 $00{:}43{:}18{.}170 \dashrightarrow 00{:}43{:}20{.}078$ it binds and activates Sarah blown

NOTE Confidence: 0.7462215285

 $00:43:20.078 \longrightarrow 00:43:22.558$ and it leads to what happens is

NOTE Confidence: 0.7462215285

 $00:43:22.558 \rightarrow 00:43:24.463$ it leads to maximal degradation.

NOTE Confidence: 0.7462215285

 $00:43:24.470 \longrightarrow 00:43:26.126$ Of important transcription factors

NOTE Confidence: 0.7462215285

 $00{:}43{:}26.126 \dashrightarrow 00{:}43{:}29.036$ and that includes ICAROS and ilos that

NOTE Confidence: 0.7462215285

 $00:43:29.036 \rightarrow 00:43:31.178$ are both really important in myeloma

NOTE Confidence: 0.7462215285

 $00{:}43{:}31{.}180 \dashrightarrow 00{:}43{:}32{.}659$ pathophysiology and pathobiology.

NOTE Confidence: 0.7462215285

 $00{:}43{:}32.659 \dashrightarrow 00{:}43{:}35.617$ And this results in enhanced myeloma

NOTE Confidence: 0.7462215285

 $00{:}43{:}35{.}617 \dashrightarrow 00{:}43{:}37{.}949$ cell killing and immune stimulatory

NOTE Confidence: 0.7462215285

 $00:43:37.949 \longrightarrow 00:43:40.595$ activity when compared to our common

NOTE Confidence: 0.7462215285

00:43:40.663 --> 00:43:43.558 immunomodulatory drugs such as Lenalidomide.

NOTE Confidence: 0.7462215285

 $00:43:43.560 \rightarrow 00:43:45.534$ And in this phase one two trial,

NOTE Confidence: 0.7462215285

 $00{:}43{:}45{.}540 \dashrightarrow 00{:}43{:}47{.}994$ Messi was evaluated alone and in

NOTE Confidence: 0.7462215285

 $00:43:47.994 \rightarrow 00:43:49.630$ combination with dexame thas one and

 $00{:}43{:}49.697 \dashrightarrow 00{:}43{:}51.785$ the recommended phase two dose for

NOTE Confidence: 0.7462215285

00:43:51.785 --> 00:43:54.107 for Messi was selected at 1 milligram

NOTE Confidence: 0.7462215285

 $00{:}43{:}54{.}107 \dashrightarrow 00{:}43{:}55{.}259$ daily for 21 days.

NOTE Confidence: 0.7462215285

 $00:43:55.260 \rightarrow 00:43:58.445$ Out of a 28 day cycle with a notable

NOTE Confidence: 0.7462215285

 $00{:}43{:}58{.}445 \dashrightarrow 00{:}44{:}00{.}515$ overall response rate in the phase

NOTE Confidence: 0.7462215285

 $00:44:00.515 \longrightarrow 00:44:04.154$ one portion of 54.5% and to be

NOTE Confidence: 0.7462215285

 $00:44:04.154 \longrightarrow 00:44:05.930$ eligible for the phase two dose

NOTE Confidence: 0.7462215285

 $00:44:05.998 \rightarrow 00:44:08.038$ expansion portion of the study that

NOTE Confidence: 0.7462215285

 $00{:}44{:}08{.}038 \dashrightarrow 00{:}44{:}10{.}349$ was reported in in this abstract,

NOTE Confidence: 0.7462215285

 $00:44:10.350 \longrightarrow 00:44:12.438$ patients had to be relapsed refractory

NOTE Confidence: 0.7462215285

 $00{:}44{:}12{.}438 \dashrightarrow 00{:}44{:}15{.}197$ and have had received three or more prior

NOTE Confidence: 0.7462215285

 $00{:}44{:}15.197 \dashrightarrow 00{:}44{:}17.147$ lines of treatment and be refractory

NOTE Confidence: 0.7462215285

 $00{:}44{:}17{.}212 \dashrightarrow 00{:}44{:}19{.}480$ to at least one immunomodulatory agent.

NOTE Confidence: 0.7462215285

00:44:19.480 --> 00:44:22.012 Again prior exposure to CMA therapy

NOTE Confidence: 0.7462215285

 $00{:}44{:}22.012 \dashrightarrow 00{:}44{:}24.141$ was allowed and dexame thas one was

 $00:44:24.141 \longrightarrow 00:44:26.367$ administered at 20 to 40 milligrams.

NOTE Confidence: 0.7462215285

00:44:26.370 --> 00:44:29.765 Dependent on age in combination with Mezzi,

NOTE Confidence: 0.7462215285

 $00:44:29.770 \longrightarrow 00:44:31.870$ the main objectives of the study

NOTE Confidence: 0.7462215285

00:44:31.870 --> 00:44:33.270 included advocacy and safety

NOTE Confidence: 0.7462215285

 $00{:}44{:}33{.}328 \dashrightarrow 00{:}44{:}34{.}820$ of this novel combination.

NOTE Confidence: 0.769961027307693

 $00:44:37.160 \longrightarrow 00:44:39.617$ So 101 patients were included in the

NOTE Confidence: 0.769961027307693

 $00:44:39.617 \rightarrow 00:44:42.806$ MEZZI plus DEX cohort and they're patient

NOTE Confidence: 0.769961027307693

 $00{:}44{:}42.806 \dashrightarrow 00{:}44{:}44.870$ and disease disease characteristics

NOTE Confidence: 0.769961027307693

 $00:44:44.870 \longrightarrow 00:44:47.700$ are outlined in the table on the left.

NOTE Confidence: 0.769961027307693

 $00{:}44{:}47{.}700 \dashrightarrow 00{:}44{:}50{.}852$ Median age as expected was 67 years and

NOTE Confidence: 0.769961027307693

 $00:44:50.852 \rightarrow 00:44:53.373$ these were heavily pretreated patients

NOTE Confidence: 0.769961027307693

 $00{:}44{:}53{.}373 \dashrightarrow 00{:}44{:}56{.}679$ with a median time since initial

NOTE Confidence: 0.769961027307693

00:44:56.679 --> 00:44:59.024 diagnosis of myeloma of 7.44 years,

NOTE Confidence: 0.769961027307693

 $00:44:59.024 \longrightarrow 00:45:01.418$ a median of 6 lines of prior

NOTE Confidence: 0.769961027307693

 $00:45:01.418 \longrightarrow 00:45:03.320$ treatment and 100% of patients

NOTE Confidence: 0.769961027307693

 $00:45:03.320 \rightarrow 00:45:05.200$ were triple class refractory.

00:45:05.200 - 00:45:06.472 There were only approximately

NOTE Confidence: 0.769961027307693

 $00:45:06.472 \longrightarrow 00:45:08.401 \ 20\%$ of patients with.

NOTE Confidence: 0.769961027307693

 $00:45:08.401 \longrightarrow 00:45:11.023$ Stage three disease although 39.6

NOTE Confidence: 0.769961027307693

 $00:45:11.023 \rightarrow 00:45:13.388$ had extramedullary disease and this

NOTE Confidence: 0.769961027307693

 $00:45:13.388 \longrightarrow 00:45:16.307$ included in in their study soft

NOTE Confidence: 0.769961027307693

 $00{:}45{:}16.307 \dashrightarrow 00{:}45{:}18.199$ tissue bone related plasmacytoma

NOTE Confidence: 0.769961027307693

 $00{:}45{:}18.199 \dashrightarrow 00{:}45{:}21.841$ in in addition to true soft tissue

NOTE Confidence: 0.769961027307693

 $00:45:21.841 \longrightarrow 00:45:24.666$ extramedullary disease and 36.6% of

NOTE Confidence: 0.769961027307693

 $00:45:24.666 \rightarrow 00:45:27.556$ patients had high risk cytogenetics

NOTE Confidence: 0.769961027307693

 $00{:}45{:}27{.}560 \dashrightarrow 00{:}45{:}30{.}140$ 29.7% of patients had received prior

NOTE Confidence: 0.769961027307693

 $00{:}45{:}30{.}140 \dashrightarrow 00{:}45{:}32{.}709$ anti BCMH treatment mostly in the

NOTE Confidence: 0.769961027307693

 $00{:}45{:}32.709 \dashrightarrow 00{:}45{:}34.659$ form of antibody drug conjugates.

NOTE Confidence: 0.769961027307693

00:45:34.660 --> 00:45:37.156 And in terms of clinical activity,

NOTE Confidence: 0.769961027307693

 $00{:}45{:}37.160 \dashrightarrow 00{:}45{:}38.203$ as you can see on the figure

NOTE Confidence: 0.769961027307693

 $00:45:38.203 \rightarrow 00:45:38.920$ here on the right,

 $00:45:38.920 \longrightarrow 00:45:42.280$ the overall response in the total

NOTE Confidence: 0.769961027307693

 $00:45:42.280 \longrightarrow 00:45:46.233$ population of what what's 40.6% with a

NOTE Confidence: 0.769961027307693

 $00:45:46.233 \rightarrow 00:45:49.659$ high quality responses that included a

NOTE Confidence: 0.769961027307693

 $00:45:49.659 \rightarrow 00:45:53.139$ stringent CR complete response and VGPR.

NOTE Confidence: 0.769961027307693

 $00{:}45{:}53{.}140 \dashrightarrow 00{:}45{:}55{.}055$ And in those with Extra medullary

NOTE Confidence: 0.769961027307693

 $00{:}45{:}55{.}055 \dashrightarrow 00{:}45{:}57{.}327$ disease overall response rate was still NOTE Confidence: 0.769961027307693

 $00{:}45{:}57{.}327 \dashrightarrow 00{:}45{:}59{.}976$ notable at 30% and patients who had

NOTE Confidence: 0.769961027307693

00:45:59.976 --> 00:46:02.196 received anti BCH treatment although

NOTE Confidence: 0.769961027307693

 $00:46:02.196 \longrightarrow 00:46:04.826$ small in in number with 30 patients.

NOTE Confidence: 0.769961027307693

 $00{:}46{:}04{.}830 \dashrightarrow 00{:}46{:}07{.}238$ Portal had an overall response rate of of

NOTE Confidence: 0.769961027307693

 $00{:}46{:}07{.}240 \dashrightarrow 00{:}46{:}11{.}280$ 50% and while follow-up is short to date,

NOTE Confidence: 0.769961027307693

 $00:46:11.280 \longrightarrow 00:46:13.365$ the median progression free survival

NOTE Confidence: 0.769961027307693

 $00{:}46{:}13.365 \dashrightarrow 00{:}46{:}15.800$ observed was 4.4 months and median

NOTE Confidence: 0.769961027307693

 $00:46:15.800 \longrightarrow 00:46:18.600$ duration of response was 9.2 months

NOTE Confidence: 0.769961027307693

 $00:46:18.600 \rightarrow 00:46:21.600$ when patients achieved VGPR better.

NOTE Confidence: 0.769961027307693

00:46:21.600 --> 00:46:23.875 And Doctor Richardson presented some

 $00:46:23.875 \rightarrow 00:46:26.720$ correlative data from this abstract as well,

NOTE Confidence: 0.769961027307693

 $00{:}46{:}26{.}720 \dashrightarrow 00{:}46{:}29{.}016$ showing that Messi is active in patients

NOTE Confidence: 0.769961027307693

 $00:46:29.016 \rightarrow 00:46:31.385$ who are either refractory to pomalidomide

NOTE Confidence: 0.769961027307693

00:46:31.385 --> 00:46:34.031 or POMALYST and in those receiving

NOTE Confidence: 0.769961027307693

 $00:46:34.031 \rightarrow 00:46:36.028$ pomalidomide as in their last regimen.

NOTE Confidence: 0.769961027307693

 $00:46:36.030 \rightarrow 00:46:38.868$ As their last regimen of treatment.

NOTE Confidence: 0.769961027307693

 $00:46:38.870 \longrightarrow 00:46:42.510$ At a median follow-up of 7.5 months,

NOTE Confidence: 0.769961027307693

00:46:42.510 --> 00:46:44.790 90.1% of patients had discontinued treatment,

NOTE Confidence: 0.769961027307693

 $00:46:44.790 \longrightarrow 00:46:46.378$ although the majority due

NOTE Confidence: 0.769961027307693

 $00:46:46.378 \rightarrow 00:46:47.569$ to progressive myeloma.

NOTE Confidence: 0.769961027307693

00:46:47.570 --> 00:46:49.530 5 patients were reported

NOTE Confidence: 0.769961027307693

 $00:46:49.530 \longrightarrow 00:46:51.490$ to have adverse events.

NOTE Confidence: 0.769961027307693

 $00:46:51.490 \dashrightarrow 00:46:52.154$ Related events,

NOTE Confidence: 0.769961027307693

00:46:52.154 --> 00:46:52.818 excuse me.

NOTE Confidence: 0.769961027307693

 $00{:}46{:}52.818 \dashrightarrow 00{:}46{:}54.810$ 5 patients were reported to have

 $00:46:54.874 \rightarrow 00:46:56.510$ adverse event related deaths,

NOTE Confidence: 0.769961027307693

00:46:56.510 --> 00:46:58.870 including two with PJP pneumonia,

NOTE Confidence: 0.769961027307693

 $00{:}46{:}58{.}870 \dashrightarrow 00{:}47{:}00{.}320$ an additional with pneumonia and

NOTE Confidence: 0.769961027307693

 $00{:}47{:}00{.}320 \dashrightarrow 00{:}47{:}02{.}104$ one due to COVID-19 infection

NOTE Confidence: 0.769961027307693

 $00:47:02.104 \longrightarrow 00:47:04.846$ and one due to septic shock.

NOTE Confidence: 0.769961027307693

 $00:47:04.850 \rightarrow 00:47:07.298$ And while a majority of patients did require

NOTE Confidence: 0.769961027307693

 $00{:}47{:}07{.}298$ --> $00{:}47{:}09{.}029$ dose interruptions due to adverse events.

NOTE Confidence: 0.769961027307693

 $00:47:09.030 \longrightarrow 00:47:11.022$ Those reductions were less

NOTE Confidence: 0.769961027307693

 $00{:}47{:}11.022 \dashrightarrow 00{:}47{:}13.512$ common and a few patient,

NOTE Confidence: 0.769961027307693

 $00:47:13.520 \longrightarrow 00:47:14.736$ a few patients discontinued

NOTE Confidence: 0.769961027307693

 $00{:}47{:}14.736 \dashrightarrow 00{:}47{:}16.840$ drug due to adverse events as is

NOTE Confidence: 0.769961027307693

 $00:47:16.840 \longrightarrow 00:47:18.408$ outlined here and as you can see

NOTE Confidence: 0.769961027307693

 $00:47:18.408 \longrightarrow 00:47:20.297$ in the tables here on the bottom,

NOTE Confidence: 0.769961027307693

 $00:47:20.300 \rightarrow 00:47:22.088$ treatment emergent adverse events

NOTE Confidence: 0.769961027307693

 $00:47:22.088 \longrightarrow 00:47:23.876$ were primarily hematologic in

NOTE Confidence: 0.769961027307693

 $00{:}47{:}23.876 \dashrightarrow 00{:}47{:}26.011$ nature with neutropenia being the

 $00{:}47{:}26.011 \dashrightarrow 00{:}47{:}27.964$ most common although this was felt

NOTE Confidence: 0.769961027307693

 $00{:}47{:}27{.}964 \dashrightarrow 00{:}47{:}29{.}710$ to be manageable again with those

NOTE Confidence: 0.769961027307693

 $00{:}47{:}29{.}770 \dashrightarrow 00{:}47{:}31{.}750$ adjustments and growth factor support.

NOTE Confidence: 0.769961027307693

 $00:47:31.750 \longrightarrow 00:47:33.770$ Additionally infections were the

NOTE Confidence: 0.769961027307693

 $00{:}47{:}33.770 \dashrightarrow 00{:}47{:}36.295$ most common non hematologic adverse

NOTE Confidence: 0.769961027307693

 $00{:}47{:}36{.}295 \dashrightarrow 00{:}47{:}38{.}547$ event with infections of any grade

NOTE Confidence: 0.769961027307693

 $00:47:38.547 \longrightarrow 00:47:40.910$ seen in about 2/3 of patients.

NOTE Confidence: 0.769961027307693

 $00{:}47{:}40{.}910 \dashrightarrow 00{:}47{:}43{.}244$ Other observed side effects are are

NOTE Confidence: 0.769961027307693

 $00:47:43.244 \longrightarrow 00:47:45.888$ listed here in the in the tables,

NOTE Confidence: 0.769961027307693

 $00:47:45.890 \rightarrow 00:47:47.815$ although they were less common

NOTE Confidence: 0.769961027307693

 $00{:}47{:}47{.}815 \dashrightarrow 00{:}47{:}48{.}970$ and less severe.

NOTE Confidence: 0.769961027307693

00:47:48.970 --> 00:47:50.074 So to summarize,

NOTE Confidence: 0.769961027307693

00:47:50.074 --> 00:47:52.282 Mazda Magnemite or Messi is an

NOTE Confidence: 0.769961027307693

 $00{:}47{:}52.282 \dashrightarrow 00{:}47{:}55.102$ or al potent novel cell mod which in

NOTE Confidence: 0.769961027307693

 $00{:}47{:}55{.}102 \dashrightarrow 00{:}47{:}57{.}356$ preclinical studies has a distinct

00:47:57.356 --> 00:48:00.306 profile from our immunomodulatory agents.

NOTE Confidence: 0.769961027307693

 $00{:}48{:}00{.}310 \dashrightarrow 00{:}48{:}02{.}530$ And when combined with dexame thasone

NOTE Confidence: 0.769961027307693

 $00{:}48{:}02{.}530 \dashrightarrow 00{:}48{:}04{.}750$ overall response rate was notable

NOTE Confidence: 0.85525948

 $00{:}48{:}04{.}823 \dashrightarrow 00{:}48{:}08{.}294$ at 40.6% in the total cohort and 30% in

NOTE Confidence: 0.85525948

 $00:48:08.294 \rightarrow 00:48:10.230$ patients with extramedullary disease,

NOTE Confidence: 0.85525948

 $00:48:10.230 \longrightarrow 00:48:11.310$ the safety profile.

NOTE Confidence: 0.85525948

 $00{:}48{:}11{.}310 \dashrightarrow 00{:}48{:}13{.}470$ Is manageable with most higher grade

NOTE Confidence: 0.85525948

 $00:48:13.470 \rightarrow 00:48:15.466$ adverse events being hematologic in

NOTE Confidence: 0.85525948

 $00{:}48{:}15{.}466 \dashrightarrow 00{:}48{:}17{.}436$ nature and most commonly neutropenia

NOTE Confidence: 0.85525948

 $00{:}48{:}17{.}436 \dashrightarrow 00{:}48{:}19{.}548$ which did require some dose adjustments

NOTE Confidence: 0.85525948

 $00{:}48{:}19{.}548 \dashrightarrow 00{:}48{:}21{.}539$ and GCF support when when needed.

NOTE Confidence: 0.85525948

 $00:48:21.539 \longrightarrow 00:48:22.526$ Given these findings,

NOTE Confidence: 0.85525948

 $00:48:22.526 \longrightarrow 00:48:24.500$ Mezi is now being evaluated in

NOTE Confidence: 0.85525948

 $00:48:24.560 \longrightarrow 00:48:26.204$ combination with standard myeloma

NOTE Confidence: 0.85525948

 $00{:}48{:}26{.}204 \dashrightarrow 00{:}48{:}28{.}259$ the rapies including in phase three

NOTE Confidence: 0.85525948

 $00:48:28.259 \rightarrow 00:48:29.962$ trials with Bortezomib and carfilzomib

 $00:48:29.962 \rightarrow 00:48:32.336$ and this appears to be a promising

NOTE Confidence: 0.85525948

 $00:48:32.336 \longrightarrow 00:48:34.966$ agent in patients with heavily

NOTE Confidence: 0.85525948

00:48:34.966 --> 00:48:37.070 pretreated relapsed refractory myeloma

NOTE Confidence: 0.85525948

 $00{:}48{:}37.142 \dashrightarrow 00{:}48{:}39.500$ including those who may be refractory

NOTE Confidence: 0.85525948

00:48:39.500 --> 00:48:41.740 to to imids including POMALYST.

NOTE Confidence: 0.85525948

00:48:41.740 --> 00:48:43.780 So I'll I will shift gears a bit

NOTE Confidence: 0.85525948

 $00{:}48{:}43.780 \dashrightarrow 00{:}48{:}46.019$ now with this last abstract and

NOTE Confidence: 0.85525948

00:48:46.019 --> 00:48:48.094 discuss like Chainer ALE amyloidosis,

NOTE Confidence: 0.85525948

 $00{:}48{:}48{.}100 \dashrightarrow 00{:}48{:}50{.}137$ which as you guys likely know is

NOTE Confidence: 0.85525948

 $00{:}48{:}50{.}137 \dashrightarrow 00{:}48{:}51{.}768$ a rare progressive disorder where

NOTE Confidence: 0.85525948

 $00{:}48{:}51{.}768 \dashrightarrow 00{:}48{:}53{.}856$ clonal plasma cells in the bone

NOTE Confidence: 0.85525948

00:48:53.856 --> 00:48:55.324 marrow produce immunoglobulin light

NOTE Confidence: 0.85525948

 $00{:}48{:}55{.}324 \dashrightarrow 00{:}48{:}57{.}448$ chains that misfold and and and

NOTE Confidence: 0.85525948

 $00{:}48{:}57{.}448 \dashrightarrow 00{:}48{:}59{.}387$ then form amyloid fibrils that

NOTE Confidence: 0.85525948

 $00:48:59.387 \longrightarrow 00:49:01.432$ become insoluble and deposit in

 $00{:}49{:}01{.}432 \dashrightarrow 00{:}49{:}03{.}190$ extracellular tissues and organs

NOTE Confidence: 0.85525948

 $00:49:03.190 \longrightarrow 00:49:04.958$ resulting in significant dysfunction.

NOTE Confidence: 0.85525948

 $00{:}49{:}04{.}960 \dashrightarrow 00{:}49{:}07{.}208$ And we have made advances in the treatment

NOTE Confidence: 0.85525948

 $00{:}49{:}07{.}208 \dashrightarrow 00{:}49{:}09{.}415$ of AL amyloid with exciting data from

NOTE Confidence: 0.85525948

 $00{:}49{:}09{.}415 \dashrightarrow 00{:}49{:}11{.}999$ last year's ASH on the Andromeda trial.

NOTE Confidence: 0.85525948

 $00:49:12.000 \longrightarrow 00:49:13.940$ Uh which showed improved team

NOTE Confidence: 0.85525948

00:49:13.940 --> 00:49:16.292 hematologic and organ responses with the

NOTE Confidence: 0.85525948

 $00{:}49{:}16.292 \dashrightarrow 00{:}49{:}18.404$ addition of daratum umab to cyber deem.

NOTE Confidence: 0.85525948

00:49:18.410 --> 00:49:18.796 However,

NOTE Confidence: 0.85525948

 $00{:}49{:}18.796 \dashrightarrow 00{:}49{:}20.726$ these available the rapies target the

NOTE Confidence: 0.85525948

00:49:20.726 --> 00:49:23.255 clonal plasma cells in order to stop

NOTE Confidence: 0.85525948

00:49:23.255 --> 00:49:25.109 or halt production of light chains,

NOTE Confidence: 0.85525948

 $00:49:25.110 \longrightarrow 00:49:27.090$ new light chains but they don't

NOTE Confidence: 0.85525948

 $00{:}49{:}27.090 \dashrightarrow 00{:}49{:}28.777$ address the amyloid that's already

NOTE Confidence: 0.85525948

00:49:28.777 $\operatorname{-->}$ 00:49:30.589 been deposited and in and organs

NOTE Confidence: 0.85525948

 $00:49:30.589 \rightarrow 00:49:32.809$ that lead to significant morbidity.

- NOTE Confidence: 0.85525948
- $00:49:32.810 \longrightarrow 00:49:34.295$ And in patients with advanced
- NOTE Confidence: 0.85525948
- 00:49:34.295 --> 00:49:34.889 cardiac disease,
- NOTE Confidence: 0.85525948
- $00:49:34.890 \longrightarrow 00:49:37.056$ high mortality with a median overall
- NOTE Confidence: 0.85525948
- 00:49:37.056 --> 00:49:38.864 survival in patients with Mayo
- NOTE Confidence: 0.85525948
- $00:49:38.864 \rightarrow 00:49:40.718$ stage four disease of only 5.8
- NOTE Confidence: 0.85525948
- $00{:}49{:}40.718 \dashrightarrow 00{:}49{:}42.110$ months and the abstract.
- NOTE Confidence: 0.85525948
- $00:49:42.110 \longrightarrow 00:49:43.750$ We'll discuss was presented by
- NOTE Confidence: 0.85525948
- $00{:}49{:}43.750 \dashrightarrow 00{:}49{:}45.807$ Doctor Morie Gertz from the Mayo
- NOTE Confidence: 0.85525948
- 00:49:45.807 --> 00:49:47.597 Clinic on Beartown bertam amount,
- NOTE Confidence: 0.85525948
- $00{:}49{:}47.600 \dashrightarrow 00{:}49{:}50.035$ which is a humanized monoclonal
- NOTE Confidence: 0.85525948
- 00:49:50.035 --> 00:49:51.496 antibody administered intravenously
- NOTE Confidence: 0.85525948
- $00{:}49{:}51{.}496 \dashrightarrow 00{:}49{:}54{.}029$ every 28 days and binds conserved
- NOTE Confidence: 0.85525948
- $00{:}49{:}54{.}029 \dashrightarrow 00{:}49{:}56{.}261$ epitopes on both Kappa and Lambda NOTE Confidence: 0.85525948
- $00{:}49{:}56{.}327 \dashrightarrow 00{:}49{:}58{.}732$ immunoglobulin light chains and that NOTE Confidence: 0.85525948
- $00:49:58.732 \rightarrow 00:50:01.137$ leads to neutralization of circulating NOTE Confidence: 0.85525948
 - 85

 $00{:}50{:}01{.}140 \dashrightarrow 00{:}50{:}03{.}732$ light chain aggregates as well as

NOTE Confidence: 0.85525948

 $00:50:03.732 \longrightarrow 00:50:05.961$ depletes the insoluble amyloid deposited

NOTE Confidence: 0.85525948

 $00{:}50{:}05{.}961 \dashrightarrow 00{:}50{:}08{.}985$ in the organ organs thought to be

NOTE Confidence: 0.85525948

 $00:50:08.985 \rightarrow 00:50:10.929$ through phagocytosis by macrophages.

NOTE Confidence: 0.85525948

 $00:50:10.930 \longrightarrow 00:50:13.065$ And the study schema here on the

NOTE Confidence: 0.85525948

 $00{:}50{:}13.065 \dashrightarrow 00{:}50{:}15.018$ top outlines the phase three vital

NOTE Confidence: 0.85525948

 $00{:}50{:}15.018 \dashrightarrow 00{:}50{:}16.968$ study which is a multi center

NOTE Confidence: 0.85525948

00:50:16.970 --> 00:50:17.776 double-blind placebo-controlled

NOTE Confidence: 0.85525948

 $00{:}50{:}17.776$ --> $00{:}50{:}19.791$ trial in patients with newly

NOTE Confidence: 0.85525948

 $00{:}50{:}19{.}791 \dashrightarrow 00{:}50{:}21{.}570$ diagnosed treatment naive AL amyloid.

NOTE Confidence: 0.85525948

 $00{:}50{:}21.570 \dashrightarrow 00{:}50{:}23.790$ All patients enrolled had cardiac involvement

NOTE Confidence: 0.85525948

 $00:50:23.790 \rightarrow 00:50:25.929$ and were stratified by Mayo stage,

NOTE Confidence: 0.85525948

 $00:50:25.930 \dashrightarrow 00:50:28.800$ renal stage and six minute walk test.

NOTE Confidence: 0.85525948

 $00:50:28.800 \longrightarrow 00:50:30.810$ 260 patients total were enrolled

NOTE Confidence: 0.85525948

 $00{:}50{:}30{.}810 \dashrightarrow 00{:}50{:}32{.}820$ and randomized to receive birtamod

NOTE Confidence: 0.85525948

 $00:50:32.820 \longrightarrow 00:50:35.193$ amab in addition to standard of care

00:50:35.193 - > 00:50:37.390 or placebo with standard of care.

NOTE Confidence: 0.85525948

 $00{:}50{:}37{.}390 \dashrightarrow 00{:}50{:}39{.}530$ There was an interim futility

NOTE Confidence: 0.85525948

 $00:50:39.530 \longrightarrow 00:50:41.191$ analysis back in 2018.

NOTE Confidence: 0.85525948

00:50:41.191 - > 00:50:43.046 That actually resulted in early

NOTE Confidence: 0.85525948

00:50:43.046 --> 00:50:44.911 study termination given concern that

NOTE Confidence: 0.85525948

 $00{:}50{:}44{.}911 \dashrightarrow 00{:}50{:}46{.}819$ the primary endpoint which was all

NOTE Confidence: 0.85525948

 $00{:}50{:}46.819 \dashrightarrow 00{:}50{:}48.839$ all cause mortality or time to all

NOTE Confidence: 0.85525948

 $00{:}50{:}48.839 \dashrightarrow 00{:}50{:}50.626$ cause mortality would not be met in

NOTE Confidence: 0.85525948

 $00{:}50{:}50{.}626 \dashrightarrow 00{:}50{:}52{.}488$ a in a reasonable amount of time.

NOTE Confidence: 0.85525948

 $00{:}50{:}52{.}490 \dashrightarrow 00{:}50{:}55{.}829$ And so afterwards a post hoc analysis

NOTE Confidence: 0.85525948

 $00{:}50{:}55{.}829 \dashrightarrow 00{:}50{:}58{.}373$ was performed on 77 patients that

NOTE Confidence: 0.85525948

 $00{:}50{:}58{.}373 \dashrightarrow 00{:}51{:}00{.}599$ had Mayo Stage 4 cardiac amyloid.

NOTE Confidence: 0.85525948

 $00:51:00.600 \dashrightarrow 00:51:02.430$ And this has previously been reported

NOTE Confidence: 0.85525948

 $00{:}51{:}02{.}430 \dashrightarrow 00{:}51{:}04{.}859$ to show as you can see in the

NOTE Confidence: 0.85525948

00:51:04.859 --> 00:51:06.581 Kaplan Meier curve here a survival

 $00:51:06.645 \rightarrow 00:51:08.169$ benefit with significant reduction

NOTE Confidence: 0.85525948

 $00:51:08.169 \longrightarrow 00:51:10.455$ in time to all cause mortality

NOTE Confidence: 0.859358008

 $00:51:10.460 \longrightarrow 00:51:13.900$ in this cohort. With 74% of patients NOTE Confidence: 0.859358008

 $00{:}51{:}13{.}900 \dashrightarrow 00{:}51{:}15{.}970$ in the Bertambah group being alive NOTE Confidence: 0.859358008

 $00:51:15.970 \longrightarrow 00:51:18.344$ at month nine with only compared to

NOTE Confidence: 0.859358008

 $00{:}51{:}18{.}344 \dashrightarrow 00{:}51{:}21{.}197$ only 49% in the place bo arm with the NOTE Confidence: 0.859358008

 $00{:}51{:}21{.}197 \dashrightarrow 00{:}51{:}23{.}839$ hazard ratio that you see listed here.

NOTE Confidence: 0.859358008

 $00:51:23.840 \longrightarrow 00:51:25.820$ So in this year's abstract Dr.

NOTE Confidence: 0.859358008

00:51:25.820 --> 00:51:27.480 Gerson is coauthors showed using

NOTE Confidence: 0.859358008

 $00{:}51{:}27{.}480 \dashrightarrow 00{:}51{:}29{.}906$ the data from the post hoc analysis NOTE Confidence: 0.859358008

 $00:51:29.906 \longrightarrow 00:51:32.006$ that reduction in time to all

NOTE Confidence: 0.859358008

 $00:51:32.006 \rightarrow 00:51:33.679$ cause mortality at nine months.

NOTE Confidence: 0.859358008

 $00{:}51{:}33{.}680 \dashrightarrow 00{:}51{:}35{.}660$ I'm favoring the pertama a mab arm

NOTE Confidence: 0.859358008

 $00:51:35.660 \rightarrow 00:51:37.720$ persisted in these Mayo stage four

NOTE Confidence: 0.859358008

 $00:51:37.720 \rightarrow 00:51:39.425$ patients ever even after adjusting

NOTE Confidence: 0.859358008

 $00:51:39.425 \rightarrow 00:51:41.505$ for a variety of demographic

- NOTE Confidence: 0.859358008
- $00{:}51{:}41{.}505 \dashrightarrow 00{:}51{:}42{.}996$ and disease characteristics.
- NOTE Confidence: 0.859358008
- 00:51:43.000 --> 00:51:45.784 As you can see in the forest plots
- NOTE Confidence: 0.859358008
- $00{:}51{:}45{.}784 \dashrightarrow 00{:}51{:}49{.}102$ here that come from small numbers but
- NOTE Confidence: 0.859358008
- $00:51:49.102 \rightarrow 00:51:51.637$ have again impressive hazard ratios.
- NOTE Confidence: 0.859358008
- $00:51:51.640 \rightarrow 00:51:54.864$ There was also in the post tech analysis.
- NOTE Confidence: 0.859358008
- $00{:}51{:}54{.}870 \dashrightarrow 00{:}51{:}56{.}820$ Patients who received Birtamod had
- NOTE Confidence: 0.859358008
- 00:51:56.820 --> 00:51:58.770 less deterioration in quality of
- NOTE Confidence: 0.859358008
- $00:51:58.833 \rightarrow 00:52:00.989$ life and improved 6 minute walk test.
- NOTE Confidence: 0.859358008
- $00{:}52{:}00{.}990 \dashrightarrow 00{:}52{:}03{.}132$ And so with the available data for
- NOTE Confidence: 0.859358008
- $00{:}52{:}03{.}132 \dashrightarrow 00{:}52{:}05{.}583$ Tim Amab has been safe and well
- NOTE Confidence: 0.859358008
- $00:52:05.583 \rightarrow 00:52:07.408$ tolerated even in these patients
- NOTE Confidence: 0.859358008
- 00:52:07.408 --> 00:52:09.989 with advanced cardiac disease and
- NOTE Confidence: 0.859358008
- $00{:}52{:}09{.}989 \dashrightarrow 00{:}52{:}14{.}621$ it has this data has served as the
- NOTE Confidence: 0.859358008
- 00:52:14.621 --> 00:52:17.775 foundation for the Affirm ALS trial
- NOTE Confidence: 0.859358008
- 00:52:17.775 00:52:20.050 and we have this trial open here
- NOTE Confidence: 0.859358008

 $00:52:20.050 \longrightarrow 00:52:22.651$ at Yale as well as in a number of NOTE Confidence: 0.859358008 00:52:22.651 --> 00:52:24.948 our our care centers in Trumbull. NOTE Confidence: 0.859358008 $00{:}52{:}24.950 \dashrightarrow 00{:}52{:}27.582$ Saint Francis Francis and a female is NOTE Confidence: 0.859358008 $00:52:27.582 \rightarrow 00:52:30.142$ looking to enroll patients with newly NOTE Confidence: 0.859358008 $00:52:30.142 \longrightarrow 00:52:32.402$ diagnosed treatment naive al amyloid NOTE Confidence: 0.859358008 $00:52:32.402 \rightarrow 00:52:34.935$ with with Mayo stage four disease NOTE Confidence: 0.859358008 $00:52:34.935 \rightarrow 00:52:37.275$ with the criteria listed here and NOTE Confidence: 0.859358008 00:52:37.280 --> 00:52:38.904 and looking again to see if we see NOTE Confidence: 0.859358008 $00:52:38.904 \rightarrow 00:52:40.549$ this this survival benefit that was NOTE Confidence: 0.859358008 $00:52:40.549 \rightarrow 00:52:42.325$ demonstrated in the post hoc analysis. NOTE Confidence: 0.859358008 00:52:42.330 --> 00:52:43.745 And patients will be randomized NOTE Confidence: 0.859358008 $00:52:43.745 \rightarrow 00:52:45.929$ 2 to one to receive vertamae in NOTE Confidence: 0.859358008 $00:52:45.929 \rightarrow 00:52:47.337$ addition to standard care. NOTE Confidence: 0.859358008 00:52:47.340 --> 00:52:49.876 And I do think this is an incredibly NOTE Confidence: 0.859358008 $00:52:49.876 \rightarrow 00:52:51.847$ important trial for a very complex NOTE Confidence: 0.859358008 $00:52:51.847 \rightarrow 00:52:54.108$ very hard to treat population and I

- NOTE Confidence: 0.859358008
- $00:52:54.108 \rightarrow 00:52:56.138$ would be happy to talk with anybody.
- NOTE Confidence: 0.859358008
- $00{:}52{:}56{.}140 \dashrightarrow 00{:}52{:}58{.}642$ Interested who might have eligible patients
- NOTE Confidence: 0.859358008
- $00:52:58.642 \rightarrow 00:53:01.248$ or have questions about the trial?
- NOTE Confidence: 0.859358008
- 00:53:01.250 --> 00:53:01.551 So,
- NOTE Confidence: 0.859358008
- $00:53:01.551 \longrightarrow 00:53:02.454$ so in summary,
- NOTE Confidence: 0.859358008
- $00{:}53{:}02{.}454 \dashrightarrow 00{:}53{:}04{.}725$ we saw many exciting abstracts at ASH
- NOTE Confidence: 0.859358008
- $00:53:04.725 \rightarrow 00:53:07.155$ looking at new myeloma target antigens
- NOTE Confidence: 0.859358008
- $00{:}53{:}07{.}155 \dashrightarrow 00{:}53{:}08{.}998$ from biospecific antibodies and car
- NOTE Confidence: 0.859358008
- $00{:}53{:}08{.}998 \dashrightarrow 00{:}53{:}10{.}979$ T as well as abstract looking at
- NOTE Confidence: 0.859358008
- 00:53:10.979 --> 00:53:12.806 improved manufacturing and management
- NOTE Confidence: 0.859358008
- $00{:}53{:}12.806 \dashrightarrow 00{:}53{:}15.366$ of side effects including CRS.
- NOTE Confidence: 0.859358008
- $00{:}53{:}15{.}370 \dashrightarrow 00{:}53{:}17{.}660$ I I will end so that we can move to
- NOTE Confidence: 0.859358008
- $00:53:17.735 \rightarrow 00:53:20.021$ the questions and answers by just
- NOTE Confidence: 0.859358008
- $00:53:20.021 \rightarrow 00:53:22.530$ saying that although not covered today,
- NOTE Confidence: 0.859358008
- $00:53:22.530 \longrightarrow 00:53:24.700$ there were up to 30 abstracts on
- NOTE Confidence: 0.859358008

 $00:53:24.700 \longrightarrow 00:53:26.549$ looking at health disparities in

NOTE Confidence: 0.859358008

 $00{:}53{:}26{.}549 \dashrightarrow 00{:}53{:}28{.}689$ multiple myeloma which remains really

NOTE Confidence: 0.859358008

 $00:53:28.689 \rightarrow 00:53:31.089$ a critical unmet need and ongoing.

NOTE Confidence: 0.859358008

 $00:53:31.090 \rightarrow 00:53:32.710$ Investigation is really imperative.

NOTE Confidence: 0.859358008

 $00{:}53{:}32{.}710 \dashrightarrow 00{:}53{:}35{.}490$ The QR code I've included here links

NOTE Confidence: 0.859358008

 $00:53:35.490 \rightarrow 00:53:37.464$ to a video by Doctor Joel McHale

NOTE Confidence: 0.859358008

 $00{:}53{:}37{.}464 \dashrightarrow 00{:}53{:}39{.}140$ and the International Myeloma

NOTE Confidence: 0.859358008

 $00:53:39.140 \rightarrow 00:53:41.750$ Foundation addressing some of these

NOTE Confidence: 0.859358008

 $00{:}53{:}41.750 \dashrightarrow 00{:}53{:}43.316$ really important abstracts.

NOTE Confidence: 0.859358008

 $00{:}53{:}43{.}320 \dashrightarrow 00{:}53{:}45{.}336$ So thank you again all for your time and

NOTE Confidence: 0.859358008

 $00{:}53{:}45{.}336 \dashrightarrow 00{:}53{:}47{.}797$ I look forward to answering some questions.

NOTE Confidence: 0.8115555366666667

 $00{:}53{:}57{.}110 \dashrightarrow 00{:}53{:}59{.}440$ Thank you Sabrina and Nofar

NOTE Confidence: 0.8115555366666667

 $00{:}53{:}59{.}440 \dashrightarrow 00{:}54{:}01{.}304$ for those excellent reviews.

NOTE Confidence: 0.8115555366666667

 $00:54:01.310 \longrightarrow 00:54:02.870$ We do have time for questions,

NOTE Confidence: 0.8115555366666667

 $00{:}54{:}02{.}870 \dashrightarrow 00{:}54{:}04{.}490$ so I would encourage every one

NOTE Confidence: 0.8115555366666667

 $00:54:04.490 \longrightarrow 00:54:06.110$ to please place your questions,

- NOTE Confidence: 0.8115555366666667
- $00{:}54{:}06{.}110 \dashrightarrow 00{:}54{:}08{.}486$ if you have any in the Q&A portion
- NOTE Confidence: 0.8115555366666667
- $00{:}54{:}08{.}486 \dashrightarrow 00{:}54{:}11{.}158$ that can be found below in the screen.
- NOTE Confidence: 0.8115555366666667
- 00:54:11.160 00:54:12.540 As we wait for questions,
- NOTE Confidence: 0.8115555366666667
- $00:54:12.540 \longrightarrow 00:54:14.997$ I will start by asking a few.
- NOTE Confidence: 0.8115555366666667
- $00:54:15.000 \dashrightarrow 00:54:18.416$ Maybe we'll start with Elon and Natalia.
- NOTE Confidence: 0.811555536666667
- $00{:}54{:}18{.}420 \dashrightarrow 00{:}54{:}20{.}362$ We heard a lot about side effects
- NOTE Confidence: 0.8115555366666667
- $00:54:20.362 \rightarrow 00:54:22.648$ from the bispecific T cell engagers,
- NOTE Confidence: 0.811555536666667
- $00{:}54{:}22.650 \dashrightarrow 00{:}54{:}25.240$ the cartes and even the cell mods
- NOTE Confidence: 0.8115555366666667
- $00:54:25.240 \longrightarrow 00:54:27.210$ in relationship to infections.
- NOTE Confidence: 0.8115555366666667
- $00{:}54{:}27{.}210 \dashrightarrow 00{:}54{:}29{.}590$ So how would you propose we manage
- NOTE Confidence: 0.8115555366666667
- $00:54:29.590 \longrightarrow 00:54:32.422$ that risk to help keep our patients
- NOTE Confidence: 0.8115555366666667
- $00:54:32.422 \rightarrow 00:54:35.026$ safe as these therapies move forward?
- NOTE Confidence: 0.890344838571429
- 00:54:42.240 --> 00:54:43.339 I mean I guess I can start.
- NOTE Confidence: 0.890344838571429
- 00:54:43.340 --> 00:54:45.640 We know that there's a risk of a
- NOTE Confidence: 0.890344838571429
- $00:54:45.640 \rightarrow 00:54:47.099$ hypogammaglobulinemia with this patient.
- NOTE Confidence: 0.890344838571429

 $00:54:47.099 \longrightarrow 00:54:48.857$ So I think that keeping a

NOTE Confidence: 0.890344838571429

00:54:48.857 --> 00:54:50.060 close signing IG level,

NOTE Confidence: 0.890344838571429

00:54:50.060 --> 00:54:52.184 making sure that it's you know

NOTE Confidence: 0.890344838571429

 $00:54:52.184 \longrightarrow 00:54:54.424$ consistently at least 400 or

NOTE Confidence: 0.890344838571429

 $00{:}54{:}54{.}424 \dashrightarrow 00{:}54{:}57{.}704$ even 500 compliance with you know

NOTE Confidence: 0.890344838571429

00:54:57.704 --> 00:55:00.600 antiviral anti microbial prophylaxis

NOTE Confidence: 0.890344838571429

 $00{:}55{:}00{.}600 \dashrightarrow 00{:}55{:}04{.}800$ and I think also just educating

NOTE Confidence: 0.890344838571429

 $00{:}55{:}04.800 \dashrightarrow 00{:}55{:}06.420$ you know the various colleagues.

NOTE Confidence: 0.890344838571429

 $00:55:06.420 \longrightarrow 00:55:08.970$ And members of the community

NOTE Confidence: 0.890344838571429

 $00{:}55{:}08{.}970 \dashrightarrow 00{:}55{:}10{.}859$ and the oncology team about the,

NOTE Confidence: 0.890344838571429

 $00:55:10.860 \dashrightarrow 00:55:13.062$ you know, the risk for infection

NOTE Confidence: 0.890344838571429

 $00{:}55{:}13.062 \dashrightarrow 00{:}55{:}15.020$ complications in these novel agents.

NOTE Confidence: 0.7885724475

 $00{:}55{:}20{.}830 \dashrightarrow 00{:}55{:}22{.}374$ I think they tell you you're a mute.

NOTE Confidence: 0.689506

 $00{:}55{:}31{.}830 \dashrightarrow 00{:}55{:}33{.}060$ Help, you're still muted.

NOTE Confidence: 0.68477774

 $00:55:47.060 \dashrightarrow 00:55:50.786$ And. Natalia, you were still on mute.

NOTE Confidence: 0.68477774

 $00:55:50.790 \dashrightarrow 00:55:52.240$ So unfortunately we're not been

 $00:55:52.240 \longrightarrow 00:55:54.300$ able to hear what you have said.

NOTE Confidence: 0.9241706675

 $00{:}55{:}56{.}170 \dashrightarrow 00{:}55{:}57{.}418$ And we can move

NOTE Confidence: 0.899809279

 $00{:}55{:}57{.}430 \dashrightarrow 00{:}56{:}00{.}926$ on. We did have one question from the

NOTE Confidence: 0.899809279

 $00:56:00.926 \rightarrow 00:56:03.902$ audience which is asking if calcium

NOTE Confidence: 0.899809279

 $00:56:03.902 \rightarrow 00:56:06.926$ deficiency is seen in multiple myeloma.

NOTE Confidence: 0.3717668

00:56:09.420 --> 00:56:12.842 Umm. I don't know if anyone wants

NOTE Confidence: 0.3717668

 $00:56:12.842 \longrightarrow 00:56:14.630$ to take the question regarding

NOTE Confidence: 0.3717668

 $00:56:14.630 \longrightarrow 00:56:16.590$ calcium and multiple myeloma.

NOTE Confidence: 0.863859932

 $00{:}56{:}20{.}110 \dashrightarrow 00{:}56{:}24{.}440$ I mean I think that usually with

NOTE Confidence: 0.7988402

 $00:56:24.550 \longrightarrow 00:56:25.570$ myeloma we see

NOTE Confidence: 0.86062957

 $00{:}56{:}25{.}580 \dashrightarrow 00{:}56{:}27{.}841$ hypercalcemia and I think if it's poorly

NOTE Confidence: 0.86062957

00:56:27.841 --> 00:56:30.800 controlled we can see hypercal
cemia. You

NOTE Confidence: 0.8365501866666667

 $00{:}56{:}30{.}810 \dashrightarrow 00{:}56{:}32{.}878$ know the bisphosphonates and the bone

NOTE Confidence: 0.8365501866666667

00:56:32.878 --> 00:56:34.838 modifying agents can cause hypocalcemia,

NOTE Confidence: 0.910736112857143

 $00:56:34.850 \rightarrow 00:56:38.546$ but but typically we would see hypercalcemia.

00:56:40.140 --> 00:56:42.648 Thank you, Elon.

NOTE Confidence: 0.7836153866666667

 $00:56:42.650 \longrightarrow 00:56:44.340$ So I may ask a question that's a

NOTE Confidence: 0.7836153866666667

 $00:56:44.340 \longrightarrow 00:56:45.786$ little bit unfair to the group.

NOTE Confidence: 0.7836153866666667

 $00{:}56{:}45{.}786 \dashrightarrow 00{:}56{:}47{.}698$ And we can have each of the panelists

NOTE Confidence: 0.7836153866666667

 $00{:}56{:}47.698 \dashrightarrow 00{:}56{:}49.784$ answer with all of these new targets

NOTE Confidence: 0.7836153866666667

 $00:56:49.784 \rightarrow 00:56:51.958$ and they relapsed refractory setting.

NOTE Confidence: 0.7836153866666667

 $00:56:51.960 \longrightarrow 00:56:53.902$ How do you propose that we sequence

NOTE Confidence: 0.7836153866666667

 $00{:}56{:}53{.}902 \dashrightarrow 00{:}56{:}56{.}849$ them and most of these studies have

NOTE Confidence: 0.7836153866666667

 $00{:}56{:}56{.}849 \dashrightarrow 00{:}56{:}59{.}697$ been done after potentially BCM a.

NOTE Confidence: 0.7836153866666667

00:56:59.700 --> 00:57:01.362 But again, I would be interested

NOTE Confidence: 0.7836153866666667

 $00:57:01.362 \longrightarrow 00:57:02.470$ in everyone's thoughts as

NOTE Confidence: 0.7836153866666667

 $00{:}57{:}02{.}520 \dashrightarrow 00{:}57{:}03{.}620$ far as they're optimal.

NOTE Confidence: 0.7836153866666667

 $00:57:03.620 \longrightarrow 00:57:05.900$ And maybe we can start with Elon and

NOTE Confidence: 0.7836153866666667

 $00:57:05.900 \rightarrow 00:57:08.160$ Natalia and then go to no farms, Sabrina.

NOTE Confidence: 0.566959742857143

 $00{:}57{:}14.620 \dashrightarrow 00{:}57{:}16.145$ Another Natalia sorted out her

NOTE Confidence: 0.566959742857143

 $00:57:16.145 \longrightarrow 00:57:21.218$ mute option, but. I guess not.

- NOTE Confidence: 0.566959742857143
- $00{:}57{:}21.220 \dashrightarrow 00{:}57{:}23.500$ So I think obviously that's an
- NOTE Confidence: 0.566959742857143
- $00{:}57{:}23.500 \dashrightarrow 00{:}57{:}25.761$ ongoing area of of evaluation and
- NOTE Confidence: 0.566959742857143
- $00:57:25.761 \dashrightarrow 00:57:27.216$ research with these novel agents.
- NOTE Confidence: 0.566959742857143
- $00{:}57{:}27{.}220 \dashrightarrow 00{:}57{:}29{.}116$ We are looking at them in
- NOTE Confidence: 0.566959742857143
- 00:57:29.116 --> 00:57:30.380 earlier lines of therapy,
- NOTE Confidence: 0.566959742857143
- 00:57:30.380 --> 00:57:31.820 you know in clinical trials,
- NOTE Confidence: 0.566959742857143
- $00{:}57{:}31{.}820 \dashrightarrow 00{:}57{:}34{.}040$ cartoon etcetera.
- NOTE Confidence: 0.566959742857143
- $00:57:34.040 \longrightarrow 00:57:35.305$ I think that it depends
- NOTE Confidence: 0.566959742857143
- $00{:}57{:}35{.}305 \dashrightarrow 00{:}57{:}36{.}480$ on a couple of factors.
- NOTE Confidence: 0.566959742857143
- $00:57:36.480 \longrightarrow 00:57:37.920$ You know how did the patients
- NOTE Confidence: 0.566959742857143
- 00:57:37.920 --> 00:57:38.880 respond to prior treatments,
- NOTE Confidence: 0.566959742857143
- $00:57:38.880 \longrightarrow 00:57:42.276$ what prior treatments have they had.
- NOTE Confidence: 0.566959742857143
- 00:57:42.280 --> 00:57:43.480 You know, high risk,
- NOTE Confidence: 0.566959742857143
- 00:57:43.480 --> 00:57:44.310 standard risk,
- NOTE Confidence: 0.80878907
- $00{:}57{:}45{.}400 \dashrightarrow 00{:}57{:}46{.}560$ I think that the
- NOTE Confidence: 0.731248512

 $00:57:46.570 \longrightarrow 00:57:48.355$ data is pretty encouraging and

NOTE Confidence: 0.731248512

 $00:57:48.355 \rightarrow 00:57:50.140$ promising for biospecifics and cartes.

NOTE Confidence: 0.731248512

00:57:50.140 --> 00:57:52.820 So I think that. You know,

NOTE Confidence: 0.731248512

 $00:57:52.820 \longrightarrow 00:57:53.820$ if they're candidates for that,

NOTE Confidence: 0.731248512

 $00:57:53.820 \longrightarrow 00:57:56.760$ we should try to push for that.

NOTE Confidence: 0.731248512

 $00:57:56.760 \longrightarrow 00:57:59.810$ But a lot, a lot will be. Coming

NOTE Confidence: 0.798742452

 $00{:}57{:}59{.}820 \dashrightarrow 00{:}58{:}00{.}480$ and we'll have a lot

NOTE Confidence: 0.917500438

 $00:58:00.490 \rightarrow 00:58:01.970$ more information in the upcoming,

NOTE Confidence: 0.917500438

 $00{:}58{:}01{.}970 \dashrightarrow 00{:}58{:}03{.}820$ you know, months and annual meetings.

NOTE Confidence: 0.701242738333333

00:58:05.560 --> 00:58:07.400 Thank you, Ellen, and no far Sabrina.

NOTE Confidence: 0.83174792125

 $00{:}58{:}09{.}440 \dashrightarrow 00{:}58{:}11{.}699$ Yeah. So I think at the end of the

NOTE Confidence: 0.83174792125

 $00{:}58{:}11.699 \dashrightarrow 00{:}58{:}14.152$ day the answer is we don't know as

NOTE Confidence: 0.83174792125

 $00{:}58{:}14.152 \dashrightarrow 00{:}58{:}16.264$ you know they're they're all quite

NOTE Confidence: 0.83174792125

 $00{:}58{:}16{.}264 \dashrightarrow 00{:}58{:}18{.}986$ effective and we don't really know which

NOTE Confidence: 0.83174792125

 $00{:}58{:}18{.}986 \dashrightarrow 00{:}58{:}21{.}374$ subtypes of patients would do better.

NOTE Confidence: 0.83174792125

 $00{:}58{:}21{.}380 \dashrightarrow 00{:}58{:}23{.}907$ But we do have some information that

- NOTE Confidence: 0.83174792125
- 00:58:23.907 --> 00:58:25.999 patients who have gained 1Q have

 $00{:}58{:}25{.}999 \dashrightarrow 00{:}58{:}28{.}197$ high expressions of the FC RH 5.

NOTE Confidence: 0.83174792125

00:58:28.200 --> 00:58:31.420 So perhaps you know being a little

NOTE Confidence: 0.83174792125

 $00:58:31.420 \rightarrow 00:58:34.120$ bit more specific in terms of patient

NOTE Confidence: 0.83174792125

 $00:58:34.120 \rightarrow 00:58:36.663$ selection to some of these again more

NOTE Confidence: 0.83174792125

 $00:58:36.663 \rightarrow 00:58:39.455$ studies really need to be done in subgroup.

NOTE Confidence: 0.83174792125

00:58:39.460 --> 00:58:39.961 Populations.

NOTE Confidence: 0.83174792125

 $00{:}58{:}39{.}961 \dashrightarrow 00{:}58{:}43{.}468$ I think it is encouraging that the

NOTE Confidence: 0.83174792125

 $00{:}58{:}43{.}468 \dashrightarrow 00{:}58{:}46{.}813$ infection risk is is lower with tell

NOTE Confidence: 0.83174792125

 $00{:}58{:}46.813 \dashrightarrow 00{:}58{:}49.073$ kalamas supposed to Tequesta amab.

NOTE Confidence: 0.83174792125

 $00:58:49.080 \rightarrow 00:58:51.628$ So for patients where you're more worried

NOTE Confidence: 0.83174792125

 $00{:}58{:}51{.}628 \dashrightarrow 00{:}58{:}54{.}211$ about that maybe in a post transplant

NOTE Confidence: 0.83174792125

 $00:58:54.211 \rightarrow 00:58:56.353$ setting where you know there's other

NOTE Confidence: 0.83174792125

 $00{:}58{:}56{.}360 \dashrightarrow 00{:}58{:}57{.}794$ additives infection complications.

NOTE Confidence: 0.83174792125

 $00:58:57.794 \dashrightarrow 00:59:02.089$ So I think more to come we don't know.

00:59:04.910 --> 00:59:06.470 You know, I would completely,

NOTE Confidence: 0.79330085

 $00{:}59{:}06{.}470 \dashrightarrow 00{:}59{:}07{.}040$ completely agree.

NOTE Confidence: 0.79330085

 $00{:}59{:}07{.}040 \dashrightarrow 00{:}59{:}09{.}035$ You know, I think there's a question

NOTE Confidence: 0.79330085

 $00:59:09.035 \longrightarrow 00:59:10.400$ of not only how to sequence

NOTE Confidence: 0.79330085

 $00{:}59{:}10{.}400 \dashrightarrow 00{:}59{:}11{.}980$ our car T and by specifics,

NOTE Confidence: 0.79330085

 $00:59:11.980 \longrightarrow 00:59:13.695$ but now sequence in terms of targets.

NOTE Confidence: 0.79330085

00:59:13.700 - 00:59:15.542 So, you know, I agree with

NOTE Confidence: 0.79330085

 $00:59:15.542 \longrightarrow 00:59:17.250$ Doctor Barr that I think.

NOTE Confidence: 0.79330085

00:59:17.250 --> 00:59:18.996 You know thinking about choosing a

NOTE Confidence: 0.79330085

 $00:59:18.996 \rightarrow 00:59:21.053$ carte or by specific I think depends

NOTE Confidence: 0.79330085

 $00{:}59{:}21.053 \dashrightarrow 00{:}59{:}23.013$ a little bit on the patient's disease

NOTE Confidence: 0.79330085

 $00{:}59{:}23.069 \dashrightarrow 00{:}59{:}25.211$ at that time and the time that it may

NOTE Confidence: 0.79330085

00:59:25.211 --> 00:59:28.208 require for them to get the treatment.

NOTE Confidence: 0.79330085

00:59:28.210 --> 00:59:29.842 I think you know it's exciting

NOTE Confidence: 0.79330085

 $00{:}59{:}29{.}842 \dashrightarrow 00{:}59{:}31{.}580$ now to have different targets that

NOTE Confidence: 0.79330085

 $00:59:31.580 \longrightarrow 00:59:33.350$ do have a unique safety profile.

 $00:59:33.350 \dashrightarrow 00:59:35.150$ You know and I think a lot of these

NOTE Confidence: 0.79330085

 $00{:}59{:}35{.}150 \dashrightarrow 00{:}59{:}36{.}814$ newer targets are showing response in

NOTE Confidence: 0.79330085

 $00:59:36.814 \rightarrow 00:59:39.010$ patients who had prior BCM a cell therapy.

NOTE Confidence: 0.79330085

 $00{:}59{:}39{.}010 \dashrightarrow 00{:}59{:}40{.}864$ So you know I think we have the most

NOTE Confidence: 0.79330085

 $00{:}59{:}40{.}864 \dashrightarrow 00{:}59{:}42{.}726$ data obviously from our CMA products,

NOTE Confidence: 0.79330085

 $00{:}59{:}42{.}730 \dashrightarrow 00{:}59{:}44{.}881$ but I think there are going to be patient

NOTE Confidence: 0.79330085

 $00:59:44.881 \rightarrow 00:59:46.233$ populations where these new targets I

NOTE Confidence: 0.79330085

 $00:59:46.233 \rightarrow 00:59:48.338$ think are going to be important and perhaps.

NOTE Confidence: 0.79330085

00:59:48.340 --> 00:59:48.770 You know,

NOTE Confidence: 0.79330085

 $00:59:48.770 \dashrightarrow 00:59:50.580$ our first choice moving forward.

NOTE Confidence: 0.79330085

 $00:59:50.580 \longrightarrow 00:59:51.520$ Wonderful.

NOTE Confidence: 0.830471895454545

00:59:51.530 --> 00:59:52.493 Thank you all.

NOTE Confidence: 0.830471895454545

 $00{:}59{:}52{.}493 \dashrightarrow 00{:}59{:}54{.}419$ Will you have another question from

NOTE Confidence: 0.830471895454545

 $00{:}59{:}54{.}419 \dashrightarrow 00{:}59{:}56{.}248$ the audience with the results of

NOTE Confidence: 0.830471895454545

 $00{:}59{:}56{.}250 \dashrightarrow 00{:}59{:}59{.}029$ the I FM 2009 and determination,

 $00:59:59.029 \dashrightarrow 01:00:02.382$ how do you see MRD driving transplant

NOTE Confidence: 0.830471895454545

 $01:00:02.382 \rightarrow 01:00:05.137$ and sequencing of therapies in general?

NOTE Confidence: 0.830471895454545

01:00:05.140 --> 01:00:06.508 So I don't know if Natalia

NOTE Confidence: 0.830471895454545

 $01:00:06.508 \rightarrow 01:00:08.050$ or Nofar you have a response?

NOTE Confidence: 0.925201375

 $01{:}00{:}09{.}340 \dashrightarrow 01{:}00{:}11{.}920$ Yeah, I can talk about this.

NOTE Confidence: 0.925201375

 $01:00:11.920 \longrightarrow 01:00:15.456$ So I think MRD is going to be

NOTE Confidence: 0.925201375

 $01:00:15.456 \longrightarrow 01:00:18.400$ driving how we treat patients.

NOTE Confidence: 0.925201375

01:00:18.400 --> 01:00:20.311 I think what we see is in

NOTE Confidence: 0.925201375

 $01:00:20.311 \longrightarrow 01:00:21.760$ both of those studies,

NOTE Confidence: 0.925201375

 $01{:}00{:}21.760 \dashrightarrow 01{:}00{:}23.745$ patients who are MRD negative

NOTE Confidence: 0.925201375

 $01:00:23.745 \longrightarrow 01:00:28.360$ just do better in the IM 2009.

NOTE Confidence: 0.925201375

 $01:00:28.360 \longrightarrow 01:00:31.139$ 30% of patients who had VRD in

NOTE Confidence: 0.925201375

 $01{:}00{:}31{.}139 \dashrightarrow 01{:}00{:}33{.}828$ transplant and one year only one

NOTE Confidence: 0.925201375

01:00:33.828 --> 01:00:35.708 year maintenance still remain

NOTE Confidence: 0.925201375

 $01:00:35.708 \rightarrow 01:00:38.510$ in remission 8 years after. So.

NOTE Confidence: 0.925201375

 $01:00:38.510 \longrightarrow 01:00:40.490$ So clearly we are over treating

- NOTE Confidence: 0.925201375
- $01:00:40.490 \longrightarrow 01:00:42.747$ some patients and we need to figure
- NOTE Confidence: 0.925201375
- $01{:}00{:}42.747 \dashrightarrow 01{:}00{:}44.972$ out who those patients are and I
- NOTE Confidence: 0.925201375
- $01{:}00{:}44.972 \dashrightarrow 01{:}00{:}46.911$ think even with transplant, right.
- NOTE Confidence: 0.925201375
- $01{:}00{:}46{.}911 \dashrightarrow 01{:}00{:}49{.}857$ So if we achieve MRD negativity
- NOTE Confidence: 0.925201375
- $01{:}00{:}49{.}857 \dashrightarrow 01{:}00{:}50{.}839$ with quadruplets,
- NOTE Confidence: 0.925201375
- $01{:}00{:}50.840 \dashrightarrow 01{:}00{:}52.796$ I think we need to assess
- NOTE Confidence: 0.925201375
- $01{:}00{:}52.796 \dashrightarrow 01{:}00{:}53.774$ this transplant better.
- NOTE Confidence: 0.925201375
- $01:00:53.780 \longrightarrow 01:00:55.580$ What is the marginal benefit of
- NOTE Confidence: 0.925201375
- $01:00:55.580 \longrightarrow 01:00:56.480$ transferring those patients?
- NOTE Confidence: 0.925201375
- $01:00:56.480 \longrightarrow 01:00:57.764$ These studies are underway.
- NOTE Confidence: 0.925201375
- 01:00:57.764 --> 01:00:59.048 We will find out,
- NOTE Confidence: 0.925201375
- $01:00:59.050 \longrightarrow 01:01:01.048$ but it will take many years.
- NOTE Confidence: 0.925201375
- 01:01:01.050 --> 01:01:03.731 Right now I, you know I do discuss costs,
- NOTE Confidence: 0.925201375
- 01:01:03.731 --> 01:01:05.777 you know risk benefit with patients
- NOTE Confidence: 0.925201375
- 01:01:05.777 $\operatorname{-->}$ 01:01:07.740 when I talk about transplant
- NOTE Confidence: 0.925201375

- $01{:}01{:}07{.}740 \dashrightarrow 01{:}01{:}09{.}920$ especially in standard risk MRD
- NOTE Confidence: 0.925201375
- 01:01:09.920 --> 01:01:12.234 negative patients as patients who
- NOTE Confidence: 0.925201375
- $01:01:12.234 \rightarrow 01:01:14.114$ are considered that presumably

01:01:14.114 --> 01:01:15.524 transplant and relying.

NOTE Confidence: 0.910012605

01:01:18.690 $\operatorname{-->}$ 01:01:20.194 And I'm sorry, I had difficulties

NOTE Confidence: 0.910012605

01:01:20.194 --> 01:01:21.998 with odd earlier, but I

NOTE Confidence: 0.842675274285714

 $01:01:22.050 \dashrightarrow 01:01:24.185$ I do agree with what's been said.

NOTE Confidence: 0.842675274285714

01:01:24.190 --> 01:01:26.958 MRD does have a value and its primary

NOTE Confidence: 0.842675274285714

01:01:26.958 --> 01:01:28.950 significances in predicting progression

NOTE Confidence: 0.842675274285714

 $01{:}01{:}28.950 \dashrightarrow 01{:}01{:}30.690$ free survival and overall survival.

NOTE Confidence: 0.842675274285714

01:01:30.690 --> 01:01:32.170 So we do use it in practice

NOTE Confidence: 0.842675274285714

 $01:01:32.170 \longrightarrow 01:01:34.240$ as a prognostic tool and with

NOTE Confidence: 0.86610916

 $01{:}01{:}34.250 \dashrightarrow 01{:}01{:}36.860$ enough data with more mature data, we,

NOTE Confidence: 0.86610916

 $01:01:36.860 \longrightarrow 01:01:40.100$ we, we will most likely in the

NOTE Confidence: 0.86610916

 $01{:}01{:}40.100 \dashrightarrow 01{:}01{:}42.700$ future use the data to discontinue

NOTE Confidence: 0.874376228333333

 $01:01:42.710 \longrightarrow 01:01:44.858$ certain patients with low risk cytogenetics

- NOTE Confidence: 0.772469423333333
- $01{:}01{:}44.870 \dashrightarrow 01{:}01{:}48.278$ and durable sustained MRD negative state.
- NOTE Confidence: 0.831060438461539
- 01:01:49.570 --> 01:01:50.971 Hey, wonderful. Well,
- NOTE Confidence: 0.831060438461539
- $01{:}01{:}50{.}971 \dashrightarrow 01{:}01{:}55{.}610$ we are after time as it is one of three.
- NOTE Confidence: 0.831060438461539
- $01{:}01{:}55{.}610 \dashrightarrow 01{:}01{:}59{.}048$ So I will like to thank all of our
- NOTE Confidence: 0.831060438461539
- $01:01:59.048 \rightarrow 01:02:01.184$ panelists for their presentations and input
- NOTE Confidence: 0.831060438461539
- $01{:}02{:}01{.}184 \dashrightarrow 01{:}02{:}04{.}030$ today and thank you all for joining us.
- NOTE Confidence: 0.831060438461539
- 01:02:04.030 --> 01:02:06.430 Please tune in next Friday
- NOTE Confidence: 0.831060438461539
- $01:02:06.430 \longrightarrow 01:02:09.088$ for the next in the series.
- NOTE Confidence: 0.831060438461539
- 01:02:09.090 --> 01:02:10.400 Have a good afternoon everyone.
- NOTE Confidence: 0.831060438461539
- 01:02:10.670 --> 01:02:13.170 Thank you. 581.