WEBVTT

NOTE duration: "00:58:01.4100000"

NOTE recognizability:0.928

NOTE language:en-us

NOTE Confidence: 0.948487290909091

 $00:00:00.000 \longrightarrow 00:00:00.735$ Good afternoon, everybody.

NOTE Confidence: 0.948487290909091

00:00:00.735 --> 00:00:02.840 I think we'll go ahead and get started.

NOTE Confidence: 0.948487290909091

 $00:00:02.840 \longrightarrow 00:00:04.975$ So greetings to everybody in

NOTE Confidence: 0.948487290909091

 $00:00:04.975 \longrightarrow 00:00:07.760$ the room and to everyone online.

NOTE Confidence: 0.948487290909091

00:00:07.760 --> 00:00:09.758 And welcome to Yale Cancer Center,

NOTE Confidence: 0.948487290909091

 $00{:}00{:}09.760 \dashrightarrow 00{:}00{:}11.755$ Grand Rounds. My name is Pam Koons.

NOTE Confidence: 0.948487290909091

 $00:00:11.760 \longrightarrow 00:00:13.025$ I'm the director of the

NOTE Confidence: 0.948487290909091

 $00:00:13.025 \longrightarrow 00:00:14.037$ Center for GI Cancers,

NOTE Confidence: 0.948487290909091

 $00:00:14.040 \longrightarrow 00:00:16.200$ for those of you who do not know me.

NOTE Confidence: 0.948487290909091

 $00:00:16.200 \longrightarrow 00:00:18.744$ And it is a great honor to introduce

NOTE Confidence: 0.948487290909091

 $00{:}00{:}18.744 \dashrightarrow 00{:}00{:}21.599$ my friend Doctor James Yao as the

NOTE Confidence: 0.948487290909091

 $00{:}00{:}21.599 \dashrightarrow 00{:}00{:}23.319$ Norbert Schnog Endowed Lecturer.

NOTE Confidence: 0.948487290909091

 $00{:}00{:}23.320 \dashrightarrow 00{:}00{:}25.462$ So Doctor Yao is a Professor and

00:00:25.462 --> 00:00:27.610 Chair in the Department of GI

NOTE Confidence: 0.948487290909091

 $00{:}00{:}27.610 \to 00{:}00{:}29.545$ Medical Oncology at the University

NOTE Confidence: 0.948487290909091

00:00:29.545 --> 00:00:31.958 of MD Anderson Cancer Center,

NOTE Confidence: 0.948487290909091

 $00:00:31.960 \longrightarrow 00:00:34.306$ and he received his medical degree

NOTE Confidence: 0.948487290909091

 $00:00:34.306 \longrightarrow 00:00:36.955$ from Baylor College of Medicine and

NOTE Confidence: 0.948487290909091

 $00:00:36.955 \longrightarrow 00:00:39.653$ completed his fellowship at MD Anderson.

NOTE Confidence: 0.948487290909091

00:00:39.653 --> 00:00:42.308 So for the last two decades, Dr.

NOTE Confidence: 0.948487290909091

 $00:00:42.308 \longrightarrow 00:00:44.156$ Yao and colleagues have really transformed

NOTE Confidence: 0.948487290909091

 $00:00:44.156 \longrightarrow 00:00:46.280$ the field of neuroendocrine tumors.

NOTE Confidence: 0.948487290909091

00:00:46.280 --> 00:00:50.332 So that is how I know him and he has led

NOTE Confidence: 0.948487290909091

 $00{:}00{:}50.332 \dashrightarrow 00{:}00{:}52.997$ practice changing randomized clinical trials,

NOTE Confidence: 0.948487290909091

00:00:53.000 --> 00:00:55.724 specifically the family of radiant clinical

NOTE Confidence: 0.948487290909091

 $00:00:55.724 \longrightarrow 00:00:58.423$ trials that include the drug everolimus

NOTE Confidence: 0.948487290909091

00:00:58.423 --> 00:01:01.671 that led to FD approvals for pancreatic net,

NOTE Confidence: 0.948487290909091

 $00:01:01.680 \longrightarrow 00:01:04.648$ lung net and GI and undercon tumors.

NOTE Confidence: 0.948487290909091

00:01:04.650 --> 00:01:05.168 Doctor Yeah,

00:01:05.168 --> 00:01:06.722 I was also a strong advocate

NOTE Confidence: 0.948487290909091

 $00:01:06.722 \longrightarrow 00:01:07.970$ of mentoring and education.

NOTE Confidence: 0.948487290909091

 $00{:}01{:}07.970 \dashrightarrow 00{:}01{:}09.979$ He is a founding member and past

NOTE Confidence: 0.948487290909091

 $00:01:09.979 \longrightarrow 00:01:11.645$ chairman of the North American

NOTE Confidence: 0.948487290909091

00:01:11.645 --> 00:01:13.500 Neuroendocrinic Tumor Society of which

NOTE Confidence: 0.948487290909091

 $00:01:13.500 \longrightarrow 00:01:16.049$ I am the president of this year.

NOTE Confidence: 0.948487290909091

 $00:01:16.050 \longrightarrow 00:01:18.584$ And then through that society can helped

NOTE Confidence: 0.948487290909091

 $00:01:18.584 \longrightarrow 00:01:20.713$ establish two young investigator awards

NOTE Confidence: 0.948487290909091

 $00{:}01{:}20.713 \longrightarrow 00{:}01{:}23.168$ that fund early career investigators.

NOTE Confidence: 0.948487290909091

 $00:01:23.170 \longrightarrow 00:01:25.004$ He's also the past chair of the

NOTE Confidence: 0.948487290909091

00:01:25.010 --> 00:01:27.260 NCIA and under consumer task force.

NOTE Confidence: 0.948487290909091

 $00:01:27.260 \longrightarrow 00:01:28.728$ And during his tenure,

NOTE Confidence: 0.948487290909091

 $00{:}01{:}28.728 \dashrightarrow 00{:}01{:}30.563$ early career and female investigators

NOTE Confidence: 0.948487290909091

 $00:01:30.563 \longrightarrow 00:01:33.012$ led more than 50% of the multicentered

NOTE Confidence: 0.948487290909091

 $00:01:33.012 \longrightarrow 00:01:34.708$ clinical trials developed through

 $00:01:34.708 \longrightarrow 00:01:36.420$ that net task force.

NOTE Confidence: 0.948487290909091

 $00{:}01{:}36.420 \dashrightarrow 00{:}01{:}39.579$ I've known doctor Yes since I was a fellow.

NOTE Confidence: 0.948487290909091

 $00:01:39.580 \longrightarrow 00:01:41.701$ I am one of those early career

NOTE Confidence: 0.948487290909091

 $00:01:41.701 \longrightarrow 00:01:43.312$ investigators who benefited from his

NOTE Confidence: 0.948487290909091

 $00:01:43.312 \longrightarrow 00:01:44.932$ mentorship and scholarship and had

NOTE Confidence: 0.948487290909091

 $00:01:44.932 \longrightarrow 00:01:47.085$ the opportunity to lead one of the

NOTE Confidence: 0.948487290909091

 $00:01:47.085 \longrightarrow 00:01:49.147$ randomized trials through the net task force.

NOTE Confidence: 0.948487290909091

00:01:49.147 --> 00:01:51.716 So I'm grateful for you coming today

NOTE Confidence: 0.948487290909091

 $00:01:51.716 \longrightarrow 00:01:54.200$ and joining us to speak on the 2nd

NOTE Confidence: 0.948487290909091

 $00:01:54.200 \longrightarrow 00:01:56.459$ century of the land of small tumors.

NOTE Confidence: 0.948487290909091

 $00{:}01{:}56.460 --> 00{:}01{:}56.979$ So thank you,

NOTE Confidence: 0.94137175555556

 $00:02:01.500 \longrightarrow 00:02:04.588$ Thank you so much for that kind introduction

NOTE Confidence: 0.94137175555556

 $00:02:04.588 \longrightarrow 00:02:07.260$ and very glad to be here with you today.

NOTE Confidence: 0.941371755555556

 $00:02:07.260 \longrightarrow 00:02:09.836$ So today I'm going to talk a little

NOTE Confidence: 0.94137175555556

00:02:09.836 --> 00:02:12.139 bit about your endocrine tumors,

NOTE Confidence: 0.94137175555556

 $00:02:12.140 \longrightarrow 00:02:15.068$ where we've been and some of the challenge

 $00:02:15.068 \longrightarrow 00:02:17.839$ remains and for you know what we need to.

NOTE Confidence: 0.94137175555556

 $00:02:17.840 \longrightarrow 00:02:20.156$ Make the next century even better

NOTE Confidence: 0.94137175555556

 $00:02:20.156 \longrightarrow 00:02:24.053$ than the what we've done so far and

NOTE Confidence: 0.94137175555556

 $00:02:24.053 \longrightarrow 00:02:27.046$ it's a plug for nanettes this this

NOTE Confidence: 0.94137175555556

 $00:02:27.046 \longrightarrow 00:02:29.224$ rainbow at this photograph was from

NOTE Confidence: 0.94137175555556

00:02:29.224 --> 00:02:31.492 one of the nanettes meetings which

NOTE Confidence: 0.94137175555556

 $00:02:31.492 \longrightarrow 00:02:35.285$ we held at the at the Grand Tea

NOTE Confidence: 0.94137175555556

 $00{:}02{:}35.285 \to 00{:}02{:}39.160$ Towns National Park and let's see

NOTE Confidence: 0.957026033333333

00:02:42.000 --> 00:02:44.409 here's my disclosures.

NOTE Confidence: 0.957026033333333

 $00{:}02{:}44.410 \dashrightarrow 00{:}02{:}46.906$ So the field of neuroendocrine tumor

NOTE Confidence: 0.957026033333333

00:02:46.906 --> 00:02:49.509 started with open door for first

NOTE Confidence: 0.957026033333333

00:02:49.509 --> 00:02:52.687 described this entity about in 1907 he

NOTE Confidence: 0.9570260333333333

 $00{:}02{:}52.687 \dashrightarrow 00{:}02{:}55.561$ described this group disease is cancer

NOTE Confidence: 0.957026033333333

 $00:02:55.561 \longrightarrow 00:02:59.603$ like or part of what tumors are more slow

NOTE Confidence: 0.957026033333333

 $00:02:59.603 \longrightarrow 00:03:02.609$ growing than the typical carcinomas.

00:03:02.610 --> 00:03:06.292 The 1st century of net has been a a

NOTE Confidence: 0.957026033333333

 $00{:}03{:}06.292 \dashrightarrow 00{:}03{:}08.119$ century where we've learned a lot about

NOTE Confidence: 0.957026033333333

00:03:08.119 --> 00:03:10.157 the Natural History of the disease.

NOTE Confidence: 0.957026033333333

 $00:03:10.160 \longrightarrow 00:03:13.274$ Understand a lot of the endocrine

NOTE Confidence: 0.957026033333333

 $00:03:13.274 \longrightarrow 00:03:15.350$ manifestations of neuroendocrine tumors

NOTE Confidence: 0.957026033333333

 $00:03:15.426 \longrightarrow 00:03:18.965$ and we also learn a lot about epidemiology

NOTE Confidence: 0.957026033333333

 $00:03:18.965 \longrightarrow 00:03:22.040$ of disease in semester biology.

NOTE Confidence: 0.957026033333333

00:03:22.040 --> 00:03:24.970 However, the number of therapeutic

NOTE Confidence: 0.957026033333333

 $00:03:24.970 \longrightarrow 00:03:27.936$ introduced over this period is

NOTE Confidence: 0.957026033333333

 $00:03:27.936 \longrightarrow 00:03:32.451$ actually relatively sparse prior to I

NOTE Confidence: 0.957026033333333

 $00:03:32.451 \longrightarrow 00:03:34.677$ would say the more recent approvals.

NOTE Confidence: 0.9570260333333333

00:03:34.680 --> 00:03:37.404 There was only one drug that was FDA

NOTE Confidence: 0.957026033333333

 $00:03:37.404 \longrightarrow 00:03:40.308$ approved for oncologic control and that

NOTE Confidence: 0.9570260333333333

 $00:03:40.308 \longrightarrow 00:03:42.600$ streptosis dosen for pancreatic net.

NOTE Confidence: 0.957026033333333

 $00:03:42.600 \longrightarrow 00:03:46.124$ There were two drugs approved for hormonal

NOTE Confidence: 0.957026033333333

 $00:03:46.124 \longrightarrow 00:03:50.760$ control of the neuroendocrine tumors.

 $00:03:50.760 \longrightarrow 00:03:53.560$ This is certainly not for lack of effort.

NOTE Confidence: 0.957026033333333

 $00:03:53.560 \longrightarrow 00:03:56.815$ This is a classic lecture by Chuck

NOTE Confidence: 0.957026033333333

 $00{:}03{:}56.815 \dashrightarrow 00{:}03{:}58.655$ Mortell where he talks about his

NOTE Confidence: 0.957026033333333

00:03:58.655 --> 00:04:01.064 odyssey in the land of small tumors as

NOTE Confidence: 0.957026033333333

 $00:04:01.064 \longrightarrow 00:04:03.440$ you can see on the table on the right.

NOTE Confidence: 0.957026033333333

 $00:04:03.440 \longrightarrow 00:04:06.095$ There's been numerous agents that

NOTE Confidence: 0.957026033333333

 $00:04:06.095 \longrightarrow 00:04:08.525$ were studied but these chemotherapy

NOTE Confidence: 0.957026033333333

 $00{:}04{:}08.525 \dashrightarrow 00{:}04{:}11.255$ agents did not really have that

NOTE Confidence: 0.957026033333333

00:04:11.255 --> 00:04:14.685 much activity with the exception of

NOTE Confidence: 0.957026033333333

 $00{:}04{:}14.685 \dashrightarrow 00{:}04{:}18.710$ DTIC and streptozosin in pancreatic

NOTE Confidence: 0.9570260333333333

 $00:04:18.710 \longrightarrow 00:04:20.320$ neuroendocrine tumors.

NOTE Confidence: 0.957026033333333

 $00:04:20.320 \longrightarrow 00:04:22.438$ Another thing you'll see is that

NOTE Confidence: 0.957026033333333

 $00{:}04{:}22.440 \dashrightarrow 00{:}04{:}24.462$ that because you know this disease

NOTE Confidence: 0.957026033333333

 $00:04:24.462 \longrightarrow 00:04:26.976$ was thought to be rare and he that's

NOTE Confidence: 0.957026033333333

 $00:04:26.976 \longrightarrow 00:04:29.628$ why he used the the term land

 $00:04:29.628 \longrightarrow 00:04:30.789$ of small tumors.

NOTE Confidence: 0.957026033333333

 $00:04:30.790 \longrightarrow 00:04:34.590$ The studies were actually very small and I

NOTE Confidence: 0.957026033333333

 $00:04:34.590 \longrightarrow 00:04:37.670$ think that really limited the progress.

NOTE Confidence: 0.957026033333333

 $00:04:37.670 \longrightarrow 00:04:39.728$ These were all single arm studies

NOTE Confidence: 0.957026033333333

 $00:04:39.728 \longrightarrow 00:04:41.997$ and some of them only containing

NOTE Confidence: 0.957026033333333

 $00:04:41.997 \longrightarrow 00:04:44.469$ less than a handful of patients.

NOTE Confidence: 0.930937682962963

 $00:04:47.550 \longrightarrow 00:04:50.061$ So one of the first things I think we

NOTE Confidence: 0.930937682962963

 $00:04:50.061 \longrightarrow 00:04:52.035$ needed to understand about neuroendocrine

NOTE Confidence: 0.930937682962963

 $00:04:52.035 \longrightarrow 00:04:54.942$ tumors is that the disease is probably

NOTE Confidence: 0.930937682962963

 $00:04:54.942 \longrightarrow 00:04:57.336$ actually more common than we think.

NOTE Confidence: 0.930937682962963

 $00{:}04{:}57.340 \dashrightarrow 00{:}05{:}00.439$ One of the analysis we did in from

NOTE Confidence: 0.930937682962963

 $00:05:00.439 \longrightarrow 00:05:03.652$ the SEAR database and we showed that

NOTE Confidence: 0.930937682962963

 $00:05:03.652 \longrightarrow 00:05:06.779$ comparing to other malignant neoplasms

NOTE Confidence: 0.930937682962963

 $00:05:06.780 \longrightarrow 00:05:09.260$ diagnose incidence of neuroendocrine

NOTE Confidence: 0.930937682962963

 $00:05:09.260 \longrightarrow 00:05:12.364$ tumor is continually rising and since

NOTE Confidence: 0.930937682962963

 $00:05:12.364 \longrightarrow 00:05:15.220$ this we have a kind of updated the data

 $00:05:15.220 \longrightarrow 00:05:19.665$ and in you know when when it was in 2004

NOTE Confidence: 0.930937682962963

 $00:05:19.665 \longrightarrow 00:05:23.685$ the incident was about 5 per 100,000,

NOTE Confidence: 0.930937682962963

 $00:05:23.685 \longrightarrow 00:05:25.560$ 2012 about the.

NOTE Confidence: 0.930937682962963

 $00:05:25.560 \longrightarrow 00:05:29.220$ 7 to per 100,000 and more more

NOTE Confidence: 0.930937682962963

 $00:05:29.220 \longrightarrow 00:05:31.630$ recent data would happen publish

NOTE Confidence: 0.930937682962963

 $00:05:31.714 \longrightarrow 00:05:35.090$ it is well above 8 per 100,000.

NOTE Confidence: 0.930937682962963

 $00:05:35.090 \longrightarrow 00:05:37.045$ Another thing that's different about

NOTE Confidence: 0.930937682962963

 $00{:}05{:}37.045 \dashrightarrow 00{:}05{:}39.373$ this disease is because the disease

NOTE Confidence: 0.930937682962963

 $00:05:39.373 \longrightarrow 00:05:41.239$ is more slower growing patient live

NOTE Confidence: 0.930937682962963

 $00{:}05{:}41.239 \dashrightarrow 00{:}05{:}43.890$ a lot a lot longer with the cancer.

NOTE Confidence: 0.930937682962963

 $00:05:43.890 \longrightarrow 00:05:45.758$ So essentially the prevalence

NOTE Confidence: 0.930937682962963

 $00{:}05{:}45.758 \dashrightarrow 00{:}05{:}48.560$ statistic which is the number of

NOTE Confidence: 0.930937682962963

 $00{:}05{:}48.643 \dashrightarrow 00{:}05{:}50.506$ patients who are potentially in

NOTE Confidence: 0.930937682962963

 $00:05:50.506 \longrightarrow 00:05:52.802$ need of care because there are life

NOTE Confidence: 0.930937682962963

 $00:05:52.802 \longrightarrow 00:05:55.080$ with disease is actually higher.

 $00:05:55.080 \longrightarrow 00:05:58.020$ So if you did limited duration

NOTE Confidence: 0.930937682962963

 $00:05:58.020 \longrightarrow 00:06:00.477$ prevalence analysis which we did from

NOTE Confidence: 0.930937682962963

00:06:00.477 --> 00:06:03.305 the SEAR data it the US prevalence

NOTE Confidence: 0.930937682962963

 $00:06:03.305 \longrightarrow 00:06:06.090$ last we looked was above 170,000.

NOTE Confidence: 0.930937682962963

 $00:06:06.090 \longrightarrow 00:06:09.835$ So certainly this is still at least

NOTE Confidence: 0.930937682962963

 $00:06:09.835 \longrightarrow 00:06:13.372$ for the moment below the 200,000 cut

NOTE Confidence: 0.930937682962963

 $00:06:13.372 \longrightarrow 00:06:16.500$ off which the FDA uses this definition

NOTE Confidence: 0.930937682962963

00:06:16.500 --> 00:06:19.376 of rare disease and certainly if you

NOTE Confidence: 0.930937682962963

 $00:06:19.376 \longrightarrow 00:06:21.710$ further divide you're in the consumer

NOTE Confidence: 0.930937682962963

 $00{:}06{:}21.777 \dashrightarrow 00{:}06{:}23.985$ into a subtypes that will remain.

NOTE Confidence: 0.930937682962963

 $00{:}06{:}23.990 \dashrightarrow 00{:}06{:}27.110$ Rare for quite a quite a long time.

NOTE Confidence: 0.930937682962963

00:06:27.110 --> 00:06:29.909 So one of the question to think about is,

NOTE Confidence: 0.930937682962963

 $00{:}06{:}29.910 \dashrightarrow 00{:}06{:}32.316$ was this rising incidence and so

NOTE Confidence: 0.930937682962963

 $00:06:32.316 \longrightarrow 00:06:34.590$ forth is what's going on here.

NOTE Confidence: 0.930937682962963

 $00:06:34.590 \longrightarrow 00:06:36.865$ There are environmental factors that

NOTE Confidence: 0.930937682962963

 $00{:}06{:}36.865 \dashrightarrow 00{:}06{:}39.140$ are increasing the incidence of

 $00:06:39.215 \longrightarrow 00:06:41.867$ neuroendocrine tumor or perhaps this is

NOTE Confidence: 0.930937682962963

 $00{:}06{:}41.867 \dashrightarrow 00{:}06{:}44.510$ just better recognition of the disease.

NOTE Confidence: 0.930937682962963

 $00:06:44.510 \longrightarrow 00:06:47.365$ Certainly we are seeing more

NOTE Confidence: 0.930937682962963

 $00:06:47.365 \longrightarrow 00:06:49.800$ neuroendocrine tumors in some case

NOTE Confidence: 0.930937682962963

 $00:06:49.800 \longrightarrow 00:06:52.810$ related in the gastric urine the consumer.

NOTE Confidence: 0.930937682962963

00:06:52.810 --> 00:06:55.650 Related to use of PPI's,

NOTE Confidence: 0.930937682962963

 $00:06:55.650 \longrightarrow 00:06:58.594$ but I think for the most part these

NOTE Confidence: 0.930937682962963

 $00{:}06{:}58.594 \dashrightarrow 00{:}07{:}00.850$ neuroendocrine tumor has always been there.

NOTE Confidence: 0.930937682962963

 $00:07:00.850 \longrightarrow 00:07:03.167$ So here are a couple of classic

NOTE Confidence: 0.930937682962963

 $00:07:03.167 \longrightarrow 00:07:04.450$ studies in two in,

NOTE Confidence: 0.930937682962963

 $00:07:04.450 \longrightarrow 00:07:04.962$ in,

NOTE Confidence: 0.930937682962963

 $00:07:04.962 \longrightarrow 00:07:08.034$ in Carcino tumors are really talking

NOTE Confidence: 0.930937682962963

 $00:07:08.034 \longrightarrow 00:07:09.570$ about intestinal neuroendocrine

NOTE Confidence: 0.930937682962963

 $00:07:09.647 \longrightarrow 00:07:12.209$ tumors are two studies that included

NOTE Confidence: 0.930937682962963

 $00:07:12.210 \longrightarrow 00:07:14.850$ 15,000 autopsies and these tumors

 $00:07:14.850 \longrightarrow 00:07:18.380$ are found in about 1% of autopsies.

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 $00{:}07{:}18.380 \dashrightarrow 00{:}07{:}21.050$ So these are patient who died

NOTE Confidence: 0.930937682962963

 $00:07:21.050 \longrightarrow 00:07:22.560$ from unrelated causes.

NOTE Confidence: 0.930937682962963

00:07:22.560 --> 00:07:25.871 And most mostly lift out their natural

NOTE Confidence: 0.930937682962963

 $00:07:25.871 \longrightarrow 00:07:28.520$ lifespan without having them diagnosed.

NOTE Confidence: 0.930937682962963

 $00:07:28.520 \longrightarrow 00:07:31.285$ So really the question is not so

NOTE Confidence: 0.930937682962963

 $00:07:31.285 \longrightarrow 00:07:34.800$ much whether they're increasing in

NOTE Confidence: 0.930937682962963

 $00:07:34.800 \longrightarrow 00:07:36.680$ and what are environmental factors,

NOTE Confidence: 0.930937682962963

 $00:07:36.680 \longrightarrow 00:07:39.760$ but what transforms some of these nine

NOTE Confidence: 0.930937682962963

00:07:39.760 --> 00:07:42.656 small tumor into malignant ones but

NOTE Confidence: 0.930937682962963

 $00{:}07{:}42.656 \dashrightarrow 00{:}07{:}44.160$ pancreatic neur in different tumors.

NOTE Confidence: 0.930937682962963

00:07:44.160 --> 00:07:46.600 There's one study that was in Hong Kong,

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 $00:07:46.600 \longrightarrow 00:07:51.070$ again 11,000 autopsy one in 1000.

NOTE Confidence: 0.930937682962963

00:07:51.070 --> 00:07:53.428 Autopsy specimen had a pancreatic urine.

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 $00:07:53.430 \longrightarrow 00:07:54.218$ The consumer,

NOTE Confidence: 0.930937682962963

00:07:54.218 --> 00:07:56.944 if you look for them compare this

 $00:07:56.944 \longrightarrow 00:07:59.206$ to a diagnosed instance more like

NOTE Confidence: 0.930937682962963

 $00:07:59.206 \longrightarrow 00:08:02.255$ in the range of maybe three to five

NOTE Confidence: 0.930937682962963

 $00:08:02.255 \longrightarrow 00:08:03.747$ per million per year.

NOTE Confidence: 0.930937682962963

 $00:08:03.750 \longrightarrow 00:08:06.630$ That tells you probably less than

NOTE Confidence: 0.930937682962963

 $00:08:06.630 \longrightarrow 00:08:09.030$ 1% of pancrea and urine.

NOTE Confidence: 0.930937682962963

 $00:08:09.030 \longrightarrow 00:08:11.995$ The consumers that are present

NOTE Confidence: 0.930937682962963

00:08:11.995 --> 00:08:15.094 and in patients eventually become

NOTE Confidence: 0.930937682962963

 $00:08:15.094 \longrightarrow 00:08:16.346$ clinically relevant.

NOTE Confidence: 0.930937682962963

 $00{:}08{:}16.350 \dashrightarrow 00{:}08{:}18.252$ This is posing a challenge for

NOTE Confidence: 0.930937682962963

 $00:08:18.252 \longrightarrow 00:08:20.170$ us as we move forward.

NOTE Confidence: 0.930937682962963

 $00:08:20.170 \longrightarrow 00:08:23.000$ Because the increased use of

NOTE Confidence: 0.930937682962963

00:08:23.000 --> 00:08:24.882 imaging nowadays you can hardly

NOTE Confidence: 0.930937682962963

 $00:08:24.882 \longrightarrow 00:08:26.850$ go to the ER with abdominal

NOTE Confidence: 0.938664642105263

 $00:08:26.920 \dashrightarrow 00:08:29.683$ pain without leaving the ER with a CT scan.

NOTE Confidence: 0.938664642105263

 $00:08:29.690 \longrightarrow 00:08:33.450$ So we're finding a lot of small tiny

00:08:33.450 --> 00:08:34.635 pancreatic neuroendocrine tumors,

NOTE Confidence: 0.938664642105263

 $00{:}08{:}34.635 \dashrightarrow 00{:}08{:}37.789$ some of them in the head of pancreas

NOTE Confidence: 0.938664642105263

 $00:08:37.789 \longrightarrow 00:08:40.642$ where if you try to operate on them may,

NOTE Confidence: 0.938664642105263

 $00:08:40.650 \longrightarrow 00:08:42.596$ may, may be a quite a morbid

NOTE Confidence: 0.938664642105263

 $00:08:42.596 \longrightarrow 00:08:44.130$ and higher risk procedure.

NOTE Confidence: 0.938664642105263

00:08:44.130 --> 00:08:47.210 So understanding which of these can be

NOTE Confidence: 0.938664642105263

 $00:08:47.210 \longrightarrow 00:08:50.180$ left alone and patients are going to.

NOTE Confidence: 0.938664642105263

 $00{:}08{:}50.180 \dashrightarrow 00{:}08{:}51.560$ Essentially lived with disease

NOTE Confidence: 0.938664642105263

00:08:51.560 --> 00:08:52.940 in their natural lifespan,

NOTE Confidence: 0.938664642105263

 $00:08:52.940 \longrightarrow 00:08:55.306$ which one is near to near that

NOTE Confidence: 0.938664642105263

 $00{:}08{:}55.306 \mathrel{--}{>} 00{:}08{:}57.668$ really needs to intervene on is

NOTE Confidence: 0.938664642105263

 $00:08:57.668 \longrightarrow 00:09:00.212$ going to be important going forward.

NOTE Confidence: 0.938664642105263

 $00:09:00.220 \longrightarrow 00:09:03.668$ So the other thing that the with you know

NOTE Confidence: 0.938664642105263

 $00:09:03.668 \longrightarrow 00:09:05.748$ this information about the incidence

NOTE Confidence: 0.938664642105263

 $00:09:05.748 \longrightarrow 00:09:08.180$ and prevalence in your endocrine tumors

NOTE Confidence: 0.938664642105263

 $00:09:08.180 \longrightarrow 00:09:11.978$ is that the patient advocacy groups,

 $00:09:11.980 \longrightarrow 00:09:14.404$ you know in the past decades

NOTE Confidence: 0.938664642105263

 $00:09:14.404 \longrightarrow 00:09:16.020$ has really got engaged.

NOTE Confidence: 0.938664642105263

 $00:09:16.020 \longrightarrow 00:09:17.830$ There are the stories of

NOTE Confidence: 0.938664642105263

 $00:09:17.830 \longrightarrow 00:09:19.278$ patients who have had.

NOTE Confidence: 0.938664642105263

00:09:19.280 --> 00:09:21.660 Long history of symptom maybe

NOTE Confidence: 0.938664642105263

 $00:09:21.660 \longrightarrow 00:09:24.040$ that went undiagnosed for decades.

NOTE Confidence: 0.938664642105263

 $00:09:24.040 \longrightarrow 00:09:27.163$ So there's a there was a strive to see

NOTE Confidence: 0.938664642105263

 $00{:}09{:}27.163 \to 00{:}09{:}29.891$ whether we can recognize the symptoms

NOTE Confidence: 0.938664642105263

 $00:09:29.891 \longrightarrow 00:09:32.880$ earlier and diagnose the cancer earlier.

NOTE Confidence: 0.938664642105263

 $00:09:32.880 \longrightarrow 00:09:36.376$ But the challenge is the symptoms that are

NOTE Confidence: 0.938664642105263

 $00:09:36.376 \longrightarrow 00:09:39.080$ associated with these tumors are fairly

NOTE Confidence: 0.938664642105263

 $00:09:39.080 \longrightarrow 00:09:42.400$ vague and common in the general population.

NOTE Confidence: 0.938664642105263

 $00{:}09{:}42.400 \dashrightarrow 00{:}09{:}44.698$ So this is study we did

NOTE Confidence: 0.938664642105263

00:09:44.698 --> 00:09:46.230 from CR Medicare database.

NOTE Confidence: 0.938664642105263

00:09:46.230 --> 00:09:48.864 Essentially, looked at the year prior

 $00:09:48.864 \longrightarrow 00:09:51.430$ to their neuron cancer diagnosis,

NOTE Confidence: 0.938664642105263

 $00{:}09{:}51.430 \dashrightarrow 00{:}09{:}54.391$ what kind of doctor do they go visit and

NOTE Confidence: 0.938664642105263

 $00:09:54.391 \longrightarrow 00:09:57.509$ what sort of symptoms do they complain of?

NOTE Confidence: 0.938664642105263

 $00:09:57.510 \longrightarrow 00:09:59.382$ You can see, well,

NOTE Confidence: 0.938664642105263

 $00:09:59.382 \longrightarrow 00:10:02.190$ statistically significant for most of these.

NOTE Confidence: 0.938664642105263

 $00:10:02.190 \longrightarrow 00:10:03.810$ There are differences in

NOTE Confidence: 0.938664642105263

 $00:10:03.810 \longrightarrow 00:10:05.025$ rates of hypertension,

NOTE Confidence: 0.938664642105263

00:10:05.030 --> 00:10:07.750 abdominal pain, heart failure,

NOTE Confidence: 0.938664642105263

 $00{:}10{:}07.750 \dashrightarrow 00{:}10{:}09.159$ diarrhea, and peripheral edema.

NOTE Confidence: 0.938664642105263

00:10:09.159 --> 00:10:11.533 But if you try to look at a positive

NOTE Confidence: 0.938664642105263

 $00{:}10{:}11.533 \dashrightarrow 00{:}10{:}13.083$ predictive value of these symptoms

NOTE Confidence: 0.938664642105263

 $00:10:13.083 \longrightarrow 00:10:14.999$ when you're in the current tumor.

NOTE Confidence: 0.938664642105263

00:10:15.000 --> 00:10:16.065 They're all very,

NOTE Confidence: 0.938664642105263

 $00:10:16.065 \longrightarrow 00:10:17.840$ very low because they're very

NOTE Confidence: 0.938664642105263

00:10:17.840 --> 00:10:20.120 common in the general population.

NOTE Confidence: 0.920688171333333

 $00{:}10{:}22.560 \dashrightarrow 00{:}10{:}24.942$ The newer endocrine field also is

 $00:10:24.942 \longrightarrow 00:10:27.466$ a field where the very terminology

NOTE Confidence: 0.920688171333333

 $00:10:27.466 \longrightarrow 00:10:30.462$ we or she used to describe the

NOTE Confidence: 0.920688171333333

00:10:30.462 --> 00:10:32.641 disease has been evolving in the

NOTE Confidence: 0.920688171333333

 $00:10:32.641 \longrightarrow 00:10:35.256$ in in the over the past decades.

NOTE Confidence: 0.920688171333333

 $00:10:35.256 \longrightarrow 00:10:37.596$ In the older time frame,

NOTE Confidence: 0.920688171333333

 $00:10:37.600 \longrightarrow 00:10:40.040$ the worst like carcinoy eyelid

NOTE Confidence: 0.920688171333333

 $00:10:40.040 \longrightarrow 00:10:41.992$ spells were commonly used.

NOTE Confidence: 0.920688171333333

 $00{:}10{:}42.000 \dashrightarrow 00{:}10{:}45.732$ And it's moved to newer endocrine

NOTE Confidence: 0.920688171333333

 $00{:}10{:}45.732 \dashrightarrow 00{:}10{:}48.013$ neoplasms and there's grading

NOTE Confidence: 0.920688171333333

00:10:48.013 --> 00:10:51.319 initially just grade 1-2 and now

NOTE Confidence: 0.920688171333333

 $00:10:51.319 \longrightarrow 00:10:53.740$ differentiation is added to add a

NOTE Confidence: 0.920688171333333

 $00:10:53.740 \longrightarrow 00:10:56.150$ historical context on why the the

NOTE Confidence: 0.920688171333333

 $00{:}10{:}56.150 \dashrightarrow 00{:}10{:}58.700$ constant change almost feels like

NOTE Confidence: 0.920688171333333

 $00:10:58.700 \longrightarrow 00:11:00.956$ in terminology is that this field

NOTE Confidence: 0.920688171333333

 $00:11:00.956 \longrightarrow 00:11:03.624$ you know at the time when these

 $00:11:03.624 \longrightarrow 00:11:06.235$ terminologies classification created was.

NOTE Confidence: 0.920688171333333

 $00{:}11{:}06.235 \dashrightarrow 00{:}11{:}06.630$ Relatively.

NOTE Confidence: 0.920688171333333

00:11:06.630 --> 00:11:09.395 I think people didn't really know where

NOTE Confidence: 0.920688171333333

 $00:11:09.395 \longrightarrow 00:11:12.370$ the right cutoff is in terms of the disease.

NOTE Confidence: 0.920688171333333

 $00:11:12.370 \longrightarrow 00:11:14.872$ It's more based on consensus and

NOTE Confidence: 0.920688171333333

 $00{:}11{:}14.872 \longrightarrow 00{:}11{:}18.330$ recurrence and relate the true biology.

NOTE Confidence: 0.920688171333333

 $00:11:18.330 \longrightarrow 00:11:20.830$ What beginning to understand is

NOTE Confidence: 0.920688171333333

00:11:20.830 --> 00:11:23.194 clearly there's two different group

NOTE Confidence: 0.920688171333333

00:11:23.194 --> 00:11:24.908 of diseases well differentiated,

NOTE Confidence: 0.920688171333333

 $00:11:24.908 \longrightarrow 00:11:27.631$ you're in the consumer grade 1-2 and

NOTE Confidence: 0.920688171333333

 $00:11:27.631 \longrightarrow 00:11:30.417$ three and they're mostly grade 1-2 and

NOTE Confidence: 0.920688171333333

 $00:11:30.417 \longrightarrow 00:11:33.178$ numerically and then the essentially

NOTE Confidence: 0.920688171333333

 $00:11:33.178 \longrightarrow 00:11:36.138$ the poorly differentiated urine carcinomas.

NOTE Confidence: 0.920688171333333

 $00:11:36.140 \longrightarrow 00:11:38.390$ Which is a completely different disease

NOTE Confidence: 0.920688171333333

00:11:38.390 --> 00:11:41.099 that has nothing to do with the other,

NOTE Confidence: 0.920688171333333 00:11:41.100 --> 00:11:41.555 right.

 $00:11:41.555 \longrightarrow 00:11:43.830$ And there are also differences

NOTE Confidence: 0.920688171333333

 $00:11:43.830 \longrightarrow 00:11:46.860$ in terms of the primary site.

NOTE Confidence: 0.920688171333333

 $00:11:46.860 \longrightarrow 00:11:49.132$ We'll talk a little bit about the

NOTE Confidence: 0.920688171333333

 $00:11:49.132 \longrightarrow 00:11:51.020$ molecular landscape and genomics

NOTE Confidence: 0.920688171333333

 $00:11:51.020 \longrightarrow 00:11:53.380$ of the different primary sites,

NOTE Confidence: 0.920688171333333

 $00:11:53.380 \longrightarrow 00:11:56.060$ but they are characterized by

NOTE Confidence: 0.920688171333333

00:11:56.060 --> 00:11:58.740 relatively low tumor mutational burden,

NOTE Confidence: 0.920688171333333

 $00{:}11{:}58.740 \dashrightarrow 00{:}12{:}01.901$ but these tumor actually has high

NOTE Confidence: 0.920688171333333

00:12:01.901 --> 00:12:05.106 high rates of chromosomal instability.

NOTE Confidence: 0.920688171333333

00:12:05.110 --> 00:12:07.990 You see instead of point mutations,

NOTE Confidence: 0.920688171333333

00:12:07.990 --> 00:12:11.110 a large scale chromosomal changes

NOTE Confidence: 0.920688171333333

00:12:11.110 --> 00:12:13.170 lung neuro endocrine tumor.

NOTE Confidence: 0.920688171333333

00:12:13.170 --> 00:12:16.571 The most common mutation see is M

NOTE Confidence: 0.920688171333333

 $00:12:16.571 \longrightarrow 00:12:19.226$ EM1 and the same with pancreas M EM1.

NOTE Confidence: 0.920688171333333

 $00:12:19.230 \longrightarrow 00:12:23.120$ But here you also see DAX and ATRX and

00:12:23.120 --> 00:12:27.545 intestinal relatively few somatic mutations,

NOTE Confidence: 0.920688171333333

 $00{:}12{:}27.550 \dashrightarrow 00{:}12{:}30.790$ but you see frequent loss of chromosome 18,

NOTE Confidence: 0.920688171333333

 $00:12:30.790 \longrightarrow 00:12:32.149$ the poorly differential

NOTE Confidence: 0.920688171333333

 $00:12:32.149 \longrightarrow 00:12:33.508$ neuro endocrine tumor.

NOTE Confidence: 0.920688171333333

 $00:12:33.510 \longrightarrow 00:12:36.268$ It's probably really a mixed bag a

NOTE Confidence: 0.920688171333333

 $00:12:36.270 \longrightarrow 00:12:39.318$ lot of time these are essentially

NOTE Confidence: 0.920688171333333

 $00:12:39.318 \longrightarrow 00:12:42.390$ transformed versions of adenocarcinoma,

NOTE Confidence: 0.920688171333333

 $00:12:42.390 \longrightarrow 00:12:44.470$ occasionally transformed lower grade

NOTE Confidence: 0.920688171333333

00:12:44.470 --> 00:12:47.590 tumor after certain types of therapy,

NOTE Confidence: 0.920688171333333

00:12:47.590 --> 00:12:50.038 but they're characterized by a very

NOTE Confidence: 0.920688171333333

 $00{:}12{:}50.038 \mathrel{--}{>} 00{:}12{:}53.213$ fast growth rate and mutation in TP53

NOTE Confidence: 0.920688171333333

 $00:12:53.213 \longrightarrow 00:12:57.854$ and RV are the most common mutations.

NOTE Confidence: 0.920688171333333

 $00:12:57.860 \longrightarrow 00:13:00.068$ So if you understand the genomics

NOTE Confidence: 0.920688171333333

 $00{:}13{:}00.068 \mathrel{--}{>} 00{:}13{:}01.172$ of neuroendocrine tumors,

NOTE Confidence: 0.920688171333333

 $00:13:01.180 \longrightarrow 00:13:03.952$ so one of the things we did is leverage

NOTE Confidence: 0.920688171333333

 $00{:}13{:}03.952 \dashrightarrow 00{:}13{:}06.779$ our large phase three clinical trials.

 $00:13:06.780 \longrightarrow 00:13:09.668$ We did a series of trials called radium

NOTE Confidence: 0.920688171333333

00:13:09.668 --> 00:13:11.738 trials looking at everolimus where

NOTE Confidence: 0.920688171333333

00:13:11.740 --> 00:13:14.988 over about 1000 patients across you

NOTE Confidence: 0.920688171333333

 $00:13:14.988 \longrightarrow 00:13:17.064$ know four studies were were enrolled

NOTE Confidence: 0.920688171333333

 $00:13:17.064 \longrightarrow 00:13:19.178$ and where we can get the tumor.

NOTE Confidence: 0.920688171333333

 $00:13:19.180 \longrightarrow 00:13:24.510$ We did a whole genome analysis.

NOTE Confidence: 0.920688171333333

00:13:24.510 --> 00:13:28.470 We saw relatively few somatic mutations,

NOTE Confidence: 0.920688171333333

 $00{:}13{:}28.470 \dashrightarrow 00{:}13{:}31.606$ but what is striking is the amount

NOTE Confidence: 0.920688171333333

00:13:31.606 --> 00:13:33.869 of largescale chromosomal changes

NOTE Confidence: 0.920688171333333

 $00:13:33.870 \longrightarrow 00:13:36.720$ that you see chromosomal gain and

NOTE Confidence: 0.920688171333333

00:13:36.720 --> 00:13:39.410 chromosomal loss and these actually

NOTE Confidence: 0.920688171333333

 $00:13:39.410 \longrightarrow 00:13:42.310$ have very significant prognostic value.

NOTE Confidence: 0.920688171333333

 $00{:}13{:}42.310 \longrightarrow 00{:}13{:}45.010$ So for example in pancreatic

NOTE Confidence: 0.920688171333333

00:13:45.010 --> 00:13:46.630 neuron different tumors,

NOTE Confidence: 0.920688171333333

 $00:13:46.630 \longrightarrow 00:13:48.960$ patient with high chromosomal instability

00:13:48.960 --> 00:13:51.834 actually have a much better prognosis

NOTE Confidence: 0.920688171333333

 $00:13:51.834 \longrightarrow 00:13:54.199$ in the advanced disease setting.

NOTE Confidence: 0.920688171333333

 $00:13:54.200 \longrightarrow 00:13:56.279$ And we'll talk about a little bit

NOTE Confidence: 0.920688171333333

 $00:13:56.280 \longrightarrow 00:13:58.688$ in the next few slides why that

NOTE Confidence: 0.920688171333333

00:13:58.688 --> 00:14:01.440 is because it is a specific you

NOTE Confidence: 0.920688171333333

00:14:01.440 --> 00:14:04.000 know carcinogenesis pathway that's

NOTE Confidence: 0.920688171333333

 $00:14:04.000 \longrightarrow 00:14:06.320$ this this is implying here.

NOTE Confidence: 0.920688171333333

 $00:14:06.320 \longrightarrow 00:14:09.866$ And then we see also those patients

NOTE Confidence: 0.920688171333333

 $00:14:09.866 \longrightarrow 00:14:11.758$ with intestinal neuroendocrine tumor

NOTE Confidence: 0.920688171333333

00:14:11.758 --> 00:14:15.052 with loss of chromosome 18 also have a

NOTE Confidence: 0.920688171333333

 $00{:}14{:}15.052 \dashrightarrow 00{:}14{:}17.880$ far better prognosis than those who do

NOTE Confidence: 0.942621458823529

 $00:14:17.969 \longrightarrow 00:14:20.559$ not have a loss of chromosome 18

NOTE Confidence: 0.942621458823529

 $00{:}14{:}20.560 \dashrightarrow 00{:}14{:}23.446$ whereas the loss of chromosome 3.

NOTE Confidence: 0.942621458823529

00:14:23.450 --> 00:14:26.708 On the lung neuron, different tumors

NOTE Confidence: 0.942621458823529

 $00:14:26.708 \longrightarrow 00:14:29.970$ pertains to a poor prognosis.

NOTE Confidence: 0.942621458823529

 $00:14:29.970 \longrightarrow 00:14:32.914$ So one of the things that really always

00:14:32.914 --> 00:14:35.324 short struck me is really what's going on

NOTE Confidence: 0.942621458823529

 $00:14:35.324 \longrightarrow 00:14:37.169$ with pancreatic neural in the consumer.

NOTE Confidence: 0.942621458823529

00:14:37.170 --> 00:14:38.958 It's really one of my favorite

NOTE Confidence: 0.942621458823529

00:14:38.958 --> 00:14:41.130 diseases in the sense there's so much,

NOTE Confidence: 0.942621458823529

 $00:14:41.130 \longrightarrow 00:14:42.786$ so much stuff here.

NOTE Confidence: 0.942621458823529

 $00:14:42.786 \longrightarrow 00:14:45.951$ So you see here when we sequence

NOTE Confidence: 0.942621458823529

 $00:14:45.951 \longrightarrow 00:14:48.740$ the pancreatic neural in the tumors.

NOTE Confidence: 0.942621458823529

 $00:14:48.740 \longrightarrow 00:14:50.828$ They roughly fall into three categories

NOTE Confidence: 0.942621458823529

 $00{:}14{:}50.828 \dashrightarrow 00{:}14{:}53.864$ when you look at the host whole genome

NOTE Confidence: 0.942621458823529

 $00{:}14{:}53.864 \dashrightarrow 00{:}14{:}56.574$ in terms of chromosomal changes.

NOTE Confidence: 0.942621458823529

00:14:56.580 --> 00:14:59.220 In the first group here, Group One,

NOTE Confidence: 0.942621458823529

 $00:14:59.220 \longrightarrow 00:15:02.580$ they lose one copy of 11 of

NOTE Confidence: 0.942621458823529

 $00:15:02.580 \longrightarrow 00:15:04.899$ the 22 chromosomes.

NOTE Confidence: 0.942621458823529

 $00:15:04.900 \longrightarrow 00:15:06.784$ In the second group,

NOTE Confidence: 0.942621458823529

 $00:15:06.784 \longrightarrow 00:15:11.658$ there's loss of 1 copy of the 11 chromosomes,

 $00:15:11.660 \longrightarrow 00:15:14.330$ 11 one copy of 11 chromosomes.

NOTE Confidence: 0.942621458823529

 $00{:}15{:}14.330 \dashrightarrow 00{:}15{:}18.086$ And gain on the complementary 11

NOTE Confidence: 0.942621458823529

 $00:15:18.090 \longrightarrow 00:15:20.560$ chromosomes and then there's a

NOTE Confidence: 0.942621458823529

 $00:15:20.560 \longrightarrow 00:15:23.706$ group that are relatively stable in

NOTE Confidence: 0.942621458823529

 $00:15:23.706 \longrightarrow 00:15:26.090$ terms of chromosomal abnormalities.

NOTE Confidence: 0.942621458823529

 $00:15:26.090 \longrightarrow 00:15:28.330$ And on the bottom panel is little small.

NOTE Confidence: 0.942621458823529

 $00:15:28.330 \longrightarrow 00:15:30.402$ So I'll just talk through it a

NOTE Confidence: 0.942621458823529

 $00{:}15{:}30.402 \dashrightarrow 00{:}15{:}32.431$ little bit and it's important in

NOTE Confidence: 0.942621458823529

 $00:15:32.431 \longrightarrow 00:15:34.567$ the sense that you can actually

NOTE Confidence: 0.942621458823529

 $00:15:34.567 \longrightarrow 00:15:36.862$ link these chromosomal changes to

NOTE Confidence: 0.942621458823529

 $00:15:36.862 \longrightarrow 00:15:39.202$ specific mutations that are present

NOTE Confidence: 0.942621458823529

 $00:15:39.210 \longrightarrow 00:15:42.040$ in if you look at this.

NOTE Confidence: 0.942621458823529

 $00:15:42.040 \longrightarrow 00:15:44.176$ The chromosomal instability tumors

NOTE Confidence: 0.942621458823529

 $00{:}15{:}44.176 \dashrightarrow 00{:}15{:}48.114$ so that that's these are in Gray and

NOTE Confidence: 0.942621458823529

 $00:15:48.114 \longrightarrow 00:15:50.945$ in red are essentially are in rich

NOTE Confidence: 0.942621458823529

 $00{:}15{:}50.945 \dashrightarrow 00{:}15{:}54.080$ for patients with M EM1 mutations.

 $00:15:54.080 \longrightarrow 00:15:57.531$ So what's the link between M EM1

NOTE Confidence: 0.942621458823529

00:15:57.531 --> 00:16:01.512 mutation and this and the M EM1

NOTE Confidence: 0.942621458823529

 $00:16:01.512 \longrightarrow 00:16:04.500$ mutations is also linked with DAX

NOTE Confidence: 0.942621458823529

 $00:16:04.606 \longrightarrow 00:16:09.520$ mutations whereas the ATRX mutations.

NOTE Confidence: 0.942621458823529

 $00:16:09.520 \longrightarrow 00:16:12.180$ Essentially also involved in a TRX and

NOTE Confidence: 0.942621458823529

 $00:16:12.180 \longrightarrow 00:16:14.838$ DAX are involved in alternative links.

NOTE Confidence: 0.942621458823529

 $00:16:14.840 \longrightarrow 00:16:18.848$ Near telomeres can be associated with

NOTE Confidence: 0.942621458823529

 $00:16:18.848 \longrightarrow 00:16:23.438$ chromosome instability in absence of M EM1.

NOTE Confidence: 0.942621458823529

 $00{:}16{:}23.440 \dashrightarrow 00{:}16{:}26.976$ So the ATRX by itself the mutation

NOTE Confidence: 0.942621458823529

 $00:16:26.976 \longrightarrow 00:16:29.716$ seems to drive this phenomenon.

NOTE Confidence: 0.942621458823529

 $00:16:29.720 \longrightarrow 00:16:32.402$ So so So what we see here is then

NOTE Confidence: 0.942621458823529

 $00:16:32.402 \longrightarrow 00:16:35.903$ you see DAX and ATRX mutations

NOTE Confidence: 0.942621458823529

 $00{:}16{:}35.903 \dashrightarrow 00{:}16{:}37.775$ associated chromosomal instability.

NOTE Confidence: 0.942621458823529

00:16:37.780 --> 00:16:38.677 And you have,

NOTE Confidence: 0.942621458823529

00:16:38.677 --> 00:16:41.763 you know loss of 1 copy of 11 chromosome

00:16:41.763 --> 00:16:44.522 and gain on the complementary 11

NOTE Confidence: 0.942621458823529

 $00:16:44.522 \longrightarrow 00:16:46.832$ chromosomes and the strong association

NOTE Confidence: 0.942621458823529

00:16:46.832 --> 00:16:49.459 between men one mutation and DAX

NOTE Confidence: 0.942621458823529

00:16:49.459 --> 00:16:51.909 in the combination of men one DAX

NOTE Confidence: 0.942621458823529

 $00:16:51.909 \longrightarrow 00:16:54.298$ mutation with chromosome instability.

NOTE Confidence: 0.942621458823529

 $00:16:54.300 \longrightarrow 00:16:55.500$ So what's going on here?

NOTE Confidence: 0.942621458823529

 $00:16:55.500 \longrightarrow 00:16:58.510$ Why are we losing one copy of

NOTE Confidence: 0.942621458823529

00:16:58.510 --> 00:17:01.819 11 chromosome and gaining on the

NOTE Confidence: 0.942621458823529

00:17:01.819 --> 00:17:05.130 complementary 11 chromosomes?

NOTE Confidence: 0.942621458823529

 $00:17:05.130 \longrightarrow 00:17:06.450$ For whatever reason,

NOTE Confidence: 0.942621458823529

 $00{:}17{:}06.450 \dashrightarrow 00{:}17{:}08.210$ you're essentially what's actually

NOTE Confidence: 0.942621458823529

00:17:08.210 --> 00:17:11.842 going on is you're losing one copy of

NOTE Confidence: 0.942621458823529

00:17:11.842 --> 00:17:14.450 11 chromosomes and this in some patients,

NOTE Confidence: 0.942621458823529

00:17:14.450 --> 00:17:16.730 probably due to happily insufficiency,

NOTE Confidence: 0.942621458823529

 $00:17:16.730 \longrightarrow 00:17:20.168$ is leading to whole genome duplication.

NOTE Confidence: 0.942621458823529

 $00:17:20.170 \longrightarrow 00:17:25.245$ So essentially these are copy neutral LOH.

 $00:17:25.250 \longrightarrow 00:17:29.018$ They are occurring essentially in the

NOTE Confidence: 0.942621458823529

 $00:17:29.018 \longrightarrow 00:17:31.990$ game because the whole genome duplication.

NOTE Confidence: 0.942621458823529

 $00:17:31.990 \longrightarrow 00:17:34.458$ Is occurring in the

NOTE Confidence: 0.942621458823529

00:17:34.458 --> 00:17:36.309 complementary 11 chromosomes.

NOTE Confidence: 0.942621458823529

 $00:17:36.310 \longrightarrow 00:17:38.150$ So what's the story here?

NOTE Confidence: 0.942621458823529

00:17:38.150 --> 00:17:42.008 While the most common mutation in your

NOTE Confidence: 0.942621458823529

00:17:42.008 --> 00:17:44.462 endocrine tumor is man one specifically

NOTE Confidence: 0.942621458823529

 $00:17:44.462 \longrightarrow 00:17:46.590$ linked to pancreatic neuroendocrine

NOTE Confidence: 0.942621458823529

 $00{:}17{:}46.590 \dashrightarrow 00{:}17{:}49.670$ tumors occurring roughly about 40%

NOTE Confidence: 0.942621458823529

 $00:17:49.670 \longrightarrow 00:17:53.426$ of patients and also associated with

NOTE Confidence: 0.942621458823529

00:17:53.426 --> 00:17:55.304 lung neuroendocrine tumors.

NOTE Confidence: 0.942621458823529

00:17:55.310 --> 00:17:58.598 What do we know about man one biology?

NOTE Confidence: 0.942621458823529

 $00{:}17{:}58.600 \dashrightarrow 00{:}18{:}01.440$ It is certainly is epigenetic

NOTE Confidence: 0.942621458823529

 $00{:}18{:}01.440 \dashrightarrow 00{:}18{:}03.712$ regulators involved in modulating

NOTE Confidence: 0.942621458823529

 $00:18:03.720 \longrightarrow 00:18:06.850$ P27 and it's actually involved

 $00:18:06.850 \longrightarrow 00:18:09.354$ in controlling endocrine mass.

NOTE Confidence: 0.942621458823529

 $00{:}18{:}09.360 \dashrightarrow 00{:}18{:}12.616$ So this is a study done at Stanford

NOTE Confidence: 0.942621458823529

 $00:18:12.616 \longrightarrow 00:18:15.184$ where the group looked at men

NOTE Confidence: 0.942621458823529

00:18:15.184 --> 00:18:19.000 and in in mice doing pregnancy

NOTE Confidence: 0.929103402777778

 $00:18:19.000 \longrightarrow 00:18:21.814$ and you can see that men and

NOTE Confidence: 0.929103402777778

00:18:21.814 --> 00:18:24.117 expression goes down during pregnancy

NOTE Confidence: 0.929103402777778

00:18:24.117 --> 00:18:27.135 and goes back up post pregnancy.

NOTE Confidence: 0.929103402777778

 $00:18:27.140 \longrightarrow 00:18:31.522$ Associated with that is turning on cell

NOTE Confidence: 0.929103402777778

 $00{:}18{:}31.522 \dashrightarrow 00{:}18{:}35.459$ cycle and increase in endocrine mass.

NOTE Confidence: 0.929103402777778

 $00:18:35.460 \longrightarrow 00:18:39.619$ And so there is a, you know there's

NOTE Confidence: 0.929103402777778

 $00{:}18{:}39.619 {\:{\mbox{--}}\!>}\ 00{:}18{:}43.224$ important biology here in prevention of

NOTE Confidence: 0.929103402777778

 $00{:}18{:}43.224 \dashrightarrow 00{:}18{:}46.260$ gestational diabetes related to men in

NOTE Confidence: 0.916977357272727

 $00:18:48.300 \longrightarrow 00:18:51.674$ men in turns out is also an

NOTE Confidence: 0.916977357272727

 $00{:}18{:}51.674 \dashrightarrow 00{:}18{:}54.190$ important regulator of telomeres.

NOTE Confidence: 0.916977357272727

00:18:54.190 --> 00:18:58.856 In the Nurses in the Prostate, Lung,

NOTE Confidence: 0.916977357272727

00:18:58.856 --> 00:19:00.908 Colorectal Ovarian Cancer Screening

 $00:19:00.908 \longrightarrow 00:19:03.893$ Trial and Nurses Health Study that

NOTE Confidence: 0.916977357272727

00:19:03.893 --> 00:19:05.950 involved about 3600 patients,

NOTE Confidence: 0.916977357272727

00:19:05.950 --> 00:19:09.481 the group this group evaluated 743

NOTE Confidence: 0.916977357272727

00:19:09.481 --> 00:19:13.198 snips and try to correlate that with

NOTE Confidence: 0.916977357272727

 $00:19:13.198 \longrightarrow 00:19:16.030$ essentially peripheral blood telomere lens.

NOTE Confidence: 0.916977357272727

 $00:19:16.030 \longrightarrow 00:19:18.638$ The only gene that fell out to be

NOTE Confidence: 0.916977357272727

 $00:19:18.638 \longrightarrow 00:19:20.550$ important was actually men and.

NOTE Confidence: 0.916977357272727

 $00{:}19{:}20.550 \dashrightarrow 00{:}19{:}23.952$ It was the most important implicated

NOTE Confidence: 0.916977357272727

 $00:19:23.952 \longrightarrow 00:19:26.710$ in control of telomere lens

NOTE Confidence: 0.916977357272727

 $00:19:26.710 \longrightarrow 00:19:31.390$ for for in in the study.

NOTE Confidence: 0.916977357272727

 $00:19:31.390 \longrightarrow 00:19:34.270$ So the story of telomeres,

NOTE Confidence: 0.916977357272727

 $00:19:34.270 \dashrightarrow 00:19:36.694$ you know as you know the telomeres are

NOTE Confidence: 0.916977357272727

 $00{:}19{:}36.694 {\:{\circ}{\circ}{\circ}}>00{:}19{:}39.470$ in the caps and end of our chromosomes

NOTE Confidence: 0.916977357272727

 $00:19:39.470 \longrightarrow 00:19:43.070$ and Menon is driving cell cycle in here.

NOTE Confidence: 0.916977357272727

00:19:43.070 --> 00:19:45.765 The telomere lens is going to get

00:19:45.765 --> 00:19:48.870 short as telomere lens gets short.

NOTE Confidence: 0.916977357272727

 $00{:}19{:}48.870 \dashrightarrow 00{:}19{:}51.214$ Essentially usually the cancer

NOTE Confidence: 0.916977357272727

 $00:19:51.214 \longrightarrow 00:19:53.990$ cell dies where you need to turn

NOTE Confidence: 0.916977357272727

 $00:19:53.990 \longrightarrow 00:19:56.046$ on some way of maintenance of

NOTE Confidence: 0.916977357272727

00:19:56.046 --> 00:19:57.870 telomere or Linston telomeres.

NOTE Confidence: 0.916977357272727

 $00:19:57.870 \longrightarrow 00:20:01.518$ For most cancers this is essentially

NOTE Confidence: 0.916977357272727

00:20:01.518 --> 00:20:03.342 activation of telomeres,

NOTE Confidence: 0.916977357272727

 $00:20:03.350 \longrightarrow 00:20:06.822$ but in a few cancers and in in

NOTE Confidence: 0.916977357272727

00:20:06.822 --> 00:20:08.430 pancreatic neuroendocrine tumors,

NOTE Confidence: 0.916977357272727

 $00:20:08.430 \longrightarrow 00:20:13.010$ the mechanism that's gets gets gets activated

NOTE Confidence: 0.916977357272727

 $00{:}20{:}13.010 \dashrightarrow 00{:}20{:}17.060$ as alternative linsing of telomeres.

NOTE Confidence: 0.916977357272727

00:20:17.060 --> 00:20:18.220 How do we know this?

NOTE Confidence: 0.916977357272727

 $00:20:18.220 \longrightarrow 00:20:21.220$ This is some slice courtesy of

NOTE Confidence: 0.916977357272727

00:20:21.220 --> 00:20:24.420 Christopher Heefy where he showed

NOTE Confidence: 0.916977357272727

 $00:20:24.420 \longrightarrow 00:20:26.852$ essentially in neuro endocrine tumor

NOTE Confidence: 0.916977357272727

 $00{:}20{:}26.852 \dashrightarrow 00{:}20{:}30.933$ that has well typed Dax ATRX you see

 $00:20:30.933 \longrightarrow 00:20:35.120$ fairly normal telomere lens and when

NOTE Confidence: 0.916977357272727

 $00:20:35.120 \longrightarrow 00:20:39.165$ there is Dax or a TRX alterations

NOTE Confidence: 0.916977357272727

 $00{:}20{:}39.165 \dashrightarrow 00{:}20{:}42.169$ you see these bright pink spots

NOTE Confidence: 0.916977357272727

 $00:20:42.169 \longrightarrow 00:20:45.169$ which are telomere specific fish.

NOTE Confidence: 0.916977357272727

 $00{:}20{:}45.170 \dashrightarrow 00{:}20{:}49.600$ Showing a classic pattern associated

NOTE Confidence: 0.916977357272727

 $00:20:49.600 \longrightarrow 00:20:53.130$ with alternative listening of telomeres,

NOTE Confidence: 0.933544666666667

 $00:20:55.450 \longrightarrow 00:20:59.076$ the story on essentially alternative

NOTE Confidence: 0.933544666666667

 $00{:}20{:}59.076 \dashrightarrow 00{:}21{:}02.294$ listening telomeres and DAX ATRX mutations

NOTE Confidence: 0.933544666666667

 $00{:}21{:}02.294 \dashrightarrow 00{:}21{:}06.088$ is actually complex in terms of prognosis.

NOTE Confidence: 0.933544666666667

00:21:06.090 --> 00:21:09.282 Earlier on I showed you a slide

NOTE Confidence: 0.933544666666667

 $00:21:09.282 \longrightarrow 00:21:11.476$ where essentially the the.

NOTE Confidence: 0.933544666666667

 $00:21:11.476 \longrightarrow 00:21:16.508$ Mutation of DAX ATRX and and turning

NOTE Confidence: 0.933544666666667

 $00{:}21{:}16.508 \dashrightarrow 00{:}21{:}19.202$ out ELT was associated with good

NOTE Confidence: 0.933544666666667

 $00{:}21{:}19.202 \dashrightarrow 00{:}21{:}22.357$ prognosis in patients with advanced

NOTE Confidence: 0.933544666666667

 $00:21:22.357 \longrightarrow 00:21:24.526$ pancreatic neuroendocrine tumor.

 $00:21:24.530 \longrightarrow 00:21:26.642$ The situation is actually

NOTE Confidence: 0.933544666666667

 $00{:}21{:}26.642 \dashrightarrow 00{:}21{:}29.266$ reversed in the earlier disease.

NOTE Confidence: 0.933544666666667

 $00:21:29.266 \longrightarrow 00:21:32.410$ Essentially what's going on is that

NOTE Confidence: 0.933544666666667

 $00:21:32.410 \longrightarrow 00:21:37.564$ advanced disease the the DAX ATRX mutation.

NOTE Confidence: 0.933544666666667

00:21:37.564 --> 00:21:40.623 Is marking a group of pancrea urine

NOTE Confidence: 0.933544666666667

 $00:21:40.623 \longrightarrow 00:21:44.377$ the consumer who goes down a very

NOTE Confidence: 0.933544666666667

00:21:44.377 --> 00:21:45.994 specific carcinogenic pathway,

NOTE Confidence: 0.933544666666667

 $00:21:46.000 \longrightarrow 00:21:48.868$ whereas in in the earlier disease

NOTE Confidence: 0.933544666666667

 $00{:}21{:}48.868 \dashrightarrow 00{:}21{:}51.362$ this actually the IT pretends

NOTE Confidence: 0.933544666666667

 $00:21:51.362 \longrightarrow 00:21:53.797$ to be a worst prognosis.

NOTE Confidence: 0.933544666666667

 $00:21:53.800 \longrightarrow 00:21:55.528$ So this is a great study

NOTE Confidence: 0.933544666666667

 $00:21:55.528 \longrightarrow 00:21:57.040$ that was done in men,

NOTE Confidence: 0.933544666666667

 $00:21:57.040 \longrightarrow 00:21:58.132$ one families.

NOTE Confidence: 0.933544666666667

 $00:21:58.132 \longrightarrow 00:22:00.940$ So these are patients with

NOTE Confidence: 0.933544666666667

 $00:22:00.940 \longrightarrow 00:22:04.040$ familial mutations in M EM1.

NOTE Confidence: 0.933544666666667

 $00:22:04.040 \longrightarrow 00:22:06.637$ What they're able to show is that.

 $00:22:06.640 \longrightarrow 00:22:09.160$ When the tumors are small,

NOTE Confidence: 0.933544666666667

 $00{:}22{:}09.160 \dashrightarrow 00{:}22{:}12.892$ you usually don't see DAX ETRX

NOTE Confidence: 0.933544666666667

 $00:22:12.892 \longrightarrow 00:22:16.270$ mutations and the DAX ETRX mutations

NOTE Confidence: 0.933544666666667

 $00:22:16.270 \longrightarrow 00:22:19.760$ occurs in tumors that are larger

NOTE Confidence: 0.933544666666667

 $00:22:19.760 \longrightarrow 00:22:21.783$ in this case and I think they

NOTE Confidence: 0.933544666666667

 $00:22:21.783 \longrightarrow 00:22:24.039$ use a cutoff about 3 centimeters

NOTE Confidence: 0.933544666666667

 $00:22:24.040 \longrightarrow 00:22:26.760$ and also happens in patients

NOTE Confidence: 0.933544666666667

 $00{:}22{:}26.760 \dashrightarrow 00{:}22{:}29.480$ who have lymph node metastasis.

NOTE Confidence: 0.933544666666667

 $00:22:29.480 \longrightarrow 00:22:32.720$ So likely what's going on is

NOTE Confidence: 0.933544666666667

 $00:22:32.720 \longrightarrow 00:22:35.297$ that as the these tumor.

NOTE Confidence: 0.933544666666667

 $00{:}22{:}35.297 \dashrightarrow 00{:}22{:}38.291$ Are driven by men one to

NOTE Confidence: 0.933544666666667

 $00:22:38.291 \longrightarrow 00:22:40.770$ proliferate these benign tumors.

NOTE Confidence: 0.933544666666667

 $00{:}22{:}40.770 \dashrightarrow 00{:}22{:}43.890$ The tilar mirrors are getting shorter

NOTE Confidence: 0.933544666666667

 $00:22:43.890 \longrightarrow 00:22:46.896$ and the ones who are able to turn on

NOTE Confidence: 0.933544666666667

 $00:22:46.896 \longrightarrow 00:22:48.818$ tilar mirror maintenance throughout

 $00:22:48.818 \longrightarrow 00:22:52.325$ are the ones that gets larger and

NOTE Confidence: 0.933544666666667

 $00{:}22{:}52.411 \dashrightarrow 00{:}22{:}54.970$ then lead to regional metastasis.

NOTE Confidence: 0.934383283333333

 $00:22:58.970 \longrightarrow 00:23:02.300$ So again, this is just showing

NOTE Confidence: 0.934383283333333

 $00:23:02.300 \longrightarrow 00:23:05.219$ the same in terms of A.

NOTE Confidence: 0.934383283333333

00:23:05.220 --> 00:23:07.660 In a recurrence free survival graph,

NOTE Confidence: 0.934383283333333

 $00:23:07.660 \longrightarrow 00:23:09.856$ those who are turning on health

NOTE Confidence: 0.934383283333333

 $00{:}23{:}09.860 \dashrightarrow 00{:}23{:}12.460$ in the localized setting where

NOTE Confidence: 0.934383283333333

 $00:23:12.460 \longrightarrow 00:23:14.986$ they have three section have

NOTE Confidence: 0.934383283333333

00:23:14.986 --> 00:23:17.216 a little bit poor prognosis.

NOTE Confidence: 0.93773775

 $00:23:20.500 \longrightarrow 00:23:22.428$ Next I'm going to shift gear a little

NOTE Confidence: 0.93773775

 $00:23:22.428 \longrightarrow 00:23:25.075$ bit and talk about essentially on the

NOTE Confidence: 0.93773775

 $00:23:25.075 \longrightarrow 00:23:28.316$ clinical side the development of new

NOTE Confidence: 0.93773775

 $00:23:28.316 \longrightarrow 00:23:31.156$ novel the rapies for neuroendocrine tumors.

NOTE Confidence: 0.93773775

 $00:23:31.160 \longrightarrow 00:23:34.680$ So essentially prior to 2007,

NOTE Confidence: 0.93773775

00:23:34.680 --> 00:23:37.194 we only had Streptozosin for your

NOTE Confidence: 0.93773775

 $00:23:37.194 \longrightarrow 00:23:40.000$ in the contumor of the pancreas.

 $00:23:40.000 \longrightarrow 00:23:42.340$ And since then you really have

NOTE Confidence: 0.93773775

 $00:23:42.340 \longrightarrow 00:23:45.496$ seen a lot of new agents showing

NOTE Confidence: 0.93773775

 $00:23:45.496 \longrightarrow 00:23:48.460$ activity getting FDA approved for

NOTE Confidence: 0.93773775

 $00:23:48.460 \longrightarrow 00:23:50.960$ having positive phase three trials.

NOTE Confidence: 0.93773775

 $00{:}23{:}50.960 \longrightarrow 00{:}23{:}54.696$ And I think a key thing here that

NOTE Confidence: 0.93773775

00:23:54.696 --> 00:23:57.517 happened really related to one of the

NOTE Confidence: 0.93773775

 $00:23:57.517 \longrightarrow 00:23:59.470$ meetings in Pam you were involved with.

NOTE Confidence: 0.93773775

 $00:23:59.470 \longrightarrow 00:24:03.395$ Was the first in a CTPM meeting sponsored

NOTE Confidence: 0.93773775

00:24:03.395 --> 00:24:06.116 by NCI and the importance of that

NOTE Confidence: 0.93773775

 $00:24:06.116 \longrightarrow 00:24:09.070$ meeting is really to come to consensus.

NOTE Confidence: 0.93773775

 $00:24:09.070 \longrightarrow 00:24:11.966$ What is the right kind of clinical trial

NOTE Confidence: 0.93773775

00:24:11.966 --> 00:24:14.427 design when you're in the consumers,

NOTE Confidence: 0.93773775

 $00:24:14.430 \longrightarrow 00:24:16.710$ what are the correct endpoints?

NOTE Confidence: 0.93773775

 $00:24:16.710 \longrightarrow 00:24:18.622$ There's a recognition progression,

NOTE Confidence: 0.93773775

 $00:24:18.622 \longrightarrow 00:24:21.012$ free survival is probably the

00:24:21.012 --> 00:24:23.108 right endpoint or in,

NOTE Confidence: 0.93773775

00:24:23.108 --> 00:24:25.603 but the phase three trials

NOTE Confidence: 0.93773775

 $00:24:25.603 \longrightarrow 00:24:27.100$ are are recommended.

NOTE Confidence: 0.93773775

00:24:27.100 --> 00:24:29.284 Overall survival trials,

NOTE Confidence: 0.93773775

00:24:29.284 --> 00:24:30.740 neuroendocrine tumors,

NOTE Confidence: 0.93773775

 $00:24:30.740 \longrightarrow 00:24:33.660$ we came that out in doing the meeting

NOTE Confidence: 0.93773775

 $00{:}24{:}33.660 \dashrightarrow 00{:}24{:}36.408$ and realized they will require a

NOTE Confidence: 0.93773775

 $00:24:36.408 \longrightarrow 00:24:39.209$ probably about two to 3000 patients

NOTE Confidence: 0.93773775

 $00{:}24{:}39.209 \dashrightarrow 00{:}24{:}42.737$ and probably 8 to 10 years to execute.

NOTE Confidence: 0.93773775

 $00:24:42.740 \longrightarrow 00:24:46.625$ So that that's why you will see

NOTE Confidence: 0.93773775

 $00{:}24{:}46.625 \dashrightarrow 00{:}24{:}49.796$ in the subsequent slide most of

NOTE Confidence: 0.93773775

 $00:24:49.796 \longrightarrow 00:24:52.334$ the approved agents are able to

NOTE Confidence: 0.93773775

 $00{:}24{:}52.334 \dashrightarrow 00{:}24{:}54.086$ then demonstrate PFS benefit.

NOTE Confidence: 0.93773775

00:24:54.090 --> 00:24:55.638 But we don't have quite a

NOTE Confidence: 0.93773775

00:24:55.638 --> 00:24:57.170 large sample size needed that

NOTE Confidence: 0.93773775

 $00:24:57.170 \longrightarrow 00:24:58.490$ demonstrates survival benefit

 $00:25:02.050 \longrightarrow 00:25:04.492$ going going into the systemic

NOTE Confidence: 0.945672246923077

 $00{:}25{:}04.492 \dashrightarrow 00{:}25{:}06.762$ randomized space free trials are you

NOTE Confidence: 0.945672246923077

 $00:25:06.762 \longrightarrow 00:25:09.066$ know we you're going to talk to them

NOTE Confidence: 0.945672246923077

 $00:25:09.141 \longrightarrow 00:25:11.565$ a little bit about different targets.

NOTE Confidence: 0.945672246923077

 $00{:}25{:}11.570 \dashrightarrow 00{:}25{:}13.598$ So the first targets we'll talk

NOTE Confidence: 0.945672246923077

 $00{:}25{:}13.598 \dashrightarrow 00{:}25{:}15.610$ about is the Smestan receptor.

NOTE Confidence: 0.945672246923077

00:25:15.610 --> 00:25:18.884 For a long time prior to this Smestan

NOTE Confidence: 0.945672246923077

 $00{:}25{:}18.884 \to 00{:}25{:}21.580$ receptor targeting was Octreotype.

NOTE Confidence: 0.945672246923077

 $00{:}25{:}21.580 \dashrightarrow 00{:}25{:}24.016$ Was approved for control of Carson

NOTE Confidence: 0.945672246923077

 $00:25:24.016 \longrightarrow 00:25:26.453$ syndrome it relief flushing and diarrhea

NOTE Confidence: 0.945672246923077

 $00:25:26.453 \longrightarrow 00:25:28.858$ in probably about 70% of the patients.

NOTE Confidence: 0.945672246923077

 $00:25:28.858 \longrightarrow 00:25:31.415$ But there are a lot of back and

NOTE Confidence: 0.945672246923077

 $00:25:31.415 \longrightarrow 00:25:33.461$ forth debate as to whether actually

NOTE Confidence: 0.945672246923077

 $00{:}25{:}33.461 \dashrightarrow 00{:}25{:}36.450$ or not is slow cancer grows and it

NOTE Confidence: 0.945672246923077

 $00:25:36.450 \longrightarrow 00:25:38.580$ was almost like a little religion

 $00:25:38.580 \longrightarrow 00:25:40.915$ people either believe it or we they

NOTE Confidence: 0.945672246923077

 $00:25:40.915 \longrightarrow 00:25:42.672$ they didn't but what was important

NOTE Confidence: 0.945672246923077

 $00:25:42.672 \longrightarrow 00:25:44.892$ is you just need to actually do the

NOTE Confidence: 0.945672246923077

 $00:25:44.892 \longrightarrow 00:25:47.712$ trial it turns out and in this phase

NOTE Confidence: 0.945672246923077

 $00:25:47.712 \longrightarrow 00:25:50.788$ three trial that's done by the.

NOTE Confidence: 0.945672246923077

00:25:50.790 --> 00:25:55.718 A multicenter German trial in in patients

NOTE Confidence: 0.945672246923077

 $00:25:55.718 \longrightarrow 00:25:59.509$ were relatively newly diagnosed with

NOTE Confidence: 0.945672246923077

 $00:25:59.510 \longrightarrow 00:26:01.530$ small bowel neuroendocrine tumor.

NOTE Confidence: 0.945672246923077

 $00{:}26{:}01.530 \dashrightarrow 00{:}26{:}04.055$ They were able to demonstrate

NOTE Confidence: 0.945672246923077

 $00:26:04.055 \longrightarrow 00:26:06.388$ improvement progression free survival.

NOTE Confidence: 0.945672246923077

 $00{:}26{:}06.390 \dashrightarrow 00{:}26{:}08.922$ A similar trial was land Realty

NOTE Confidence: 0.945672246923077

 $00:26:08.922 \longrightarrow 00:26:11.709$ was conducted as a larger trial

NOTE Confidence: 0.945672246923077

 $00:26:11.710 \longrightarrow 00:26:14.152$ and included a broader group of

NOTE Confidence: 0.945672246923077

00:26:14.152 --> 00:26:15.780 patients including pancreatic and

NOTE Confidence: 0.945672246923077

 $00:26:15.844 \longrightarrow 00:26:17.659$ rectal neuroendocrine tumors.

NOTE Confidence: 0.945672246923077

 $00:26:17.660 \longrightarrow 00:26:19.775$ And again showing significant benefit

 $00:26:19.775 \longrightarrow 00:26:22.540$ in terms of progression free survival.

NOTE Confidence: 0.945672246923077

 $00{:}26{:}22.540 \dashrightarrow 00{:}26{:}24.840$ Notice however the hazard ratio

NOTE Confidence: 0.945672246923077

 $00:26:24.840 \longrightarrow 00:26:27.580$ for the octerotized study was a

NOTE Confidence: 0.945672246923077

 $00:26:27.580 \longrightarrow 00:26:29.752$ little bit lower than the hazard

NOTE Confidence: 0.945672246923077

 $00:26:29.752 \longrightarrow 00:26:32.499$ ratio for the land real time study.

NOTE Confidence: 0.945672246923077

 $00:26:32.500 \longrightarrow 00:26:36.516$ This is probably a by byproduct in terms

NOTE Confidence: 0.945672246923077

 $00:26:36.516 \longrightarrow 00:26:40.618$ of the way the trial were executed.

NOTE Confidence: 0.945672246923077

 $00:26:40.620 \longrightarrow 00:26:43.980$ It turns out the octerotized study

NOTE Confidence: 0.945672246923077

00:26:43.980 --> 00:26:46.220 was permanent terminated early.

NOTE Confidence: 0.945672246923077

 $00{:}26{:}46.220 \dashrightarrow 00{:}26{:}50.240$ At interim analysis and in there's

NOTE Confidence: 0.945672246923077

00:26:50.240 --> 00:26:52.646 been subsequent publications and

NOTE Confidence: 0.945672246923077

 $00:26:52.646 \longrightarrow 00:26:55.311$ analysing analysis of popular population

NOTE Confidence: 0.945672246923077

 $00{:}26{:}55.311 \dashrightarrow 00{:}26{:}57.796$ of studies that can demonstrate

NOTE Confidence: 0.945672246923077

00:26:57.796 --> 00:27:00.628 while when you terminate a study

NOTE Confidence: 0.945672246923077

00:27:00.628 --> 00:27:03.178 early for outstanding efficacy,

 $00:27:03.180 \longrightarrow 00:27:06.046$ you tend to overestimate the the

NOTE Confidence: 0.945672246923077

 $00{:}27{:}06.046 \dashrightarrow 00{:}27{:}08.376$ magnitude of the treatment effect.

NOTE Confidence: 0.945672246923077

 $00:27:08.380 \longrightarrow 00:27:12.340$ And that's just a you know a byproduct

NOTE Confidence: 0.945672246923077

 $00:27:12.340 \longrightarrow 00:27:14.090$ of our early termination because

NOTE Confidence: 0.945672246923077

 $00:27:14.090 \longrightarrow 00:27:16.197$ when you terminate a study early.

NOTE Confidence: 0.945672246923077

 $00{:}27{:}16.200 \mathrel{--}{>} 00{:}27{:}19.000$ You preserve your ability to

NOTE Confidence: 0.945672246923077

 $00:27:19.000 \longrightarrow 00:27:20.680$ test the hypothesis,

NOTE Confidence: 0.945672246923077

 $00:27:20.680 \longrightarrow 00:27:22.924$ but not the ability to estimate

NOTE Confidence: 0.945672246923077

 $00{:}27{:}22.924 \dashrightarrow 00{:}27{:}25.000$ the magnitude of treatment benefit.

NOTE Confidence: 0.847688196363636

 $00:27:27.120 \longrightarrow 00:27:29.910$ Another way to term to target

NOTE Confidence: 0.847688196363636

 $00{:}27{:}29.910 \dashrightarrow 00{:}27{:}32.594$ some mass and receptor is PRRT,

NOTE Confidence: 0.847688196363636

 $00{:}27{:}32.594 \dashrightarrow 00{:}27{:}35.918$ which really has become very well,

NOTE Confidence: 0.847688196363636

 $00:27:35.920 \longrightarrow 00:27:39.119$ you know, widely used at this point.

NOTE Confidence: 0.847688196363636

 $00:27:39.120 \longrightarrow 00:27:40.824$ Again, in the earlier

NOTE Confidence: 0.847688196363636

 $00:27:40.824 \longrightarrow 00:27:43.452$ development of PRRT it was not.

NOTE Confidence: 0.847688196363636

 $00:27:43.452 \longrightarrow 00:27:47.500$ It was a lot of a single single

00:27:47.500 --> 00:27:49.850 institution studies and you have

NOTE Confidence: 0.847688196363636

 $00:27:49.850 \longrightarrow 00:27:52.336$ these publications in high impact

NOTE Confidence: 0.847688196363636

 $00:27:52.336 \longrightarrow 00:27:54.966$ journals where they purportedly report

NOTE Confidence: 0.847688196363636

 $00:27:54.966 \longrightarrow 00:27:59.070$ a phase two study of 1000 patients.

NOTE Confidence: 0.847688196363636

00:27:59.070 --> 00:27:59.994 And you know,

NOTE Confidence: 0.847688196363636

 $00:27:59.994 \longrightarrow 00:28:01.842$ but actually what was needed for

NOTE Confidence: 0.847688196363636

 $00:28:01.842 \longrightarrow 00:28:03.397$ really demonstrating benefit and

NOTE Confidence: 0.847688196363636

 $00:28:03.397 \longrightarrow 00:28:05.767$ approval is a randomized phase three

NOTE Confidence: 0.847688196363636

 $00{:}28{:}05.767 \dashrightarrow 00{:}28{:}08.074$ trial which you can do actually was

NOTE Confidence: 0.847688196363636

 $00{:}28{:}08.074 \dashrightarrow 00{:}28{:}10.940$ far fewer than thousand patients.

NOTE Confidence: 0.847688196363636

 $00:28:10.940 \longrightarrow 00:28:13.256$ So this takes advantage of the

NOTE Confidence: 0.847688196363636

 $00{:}28{:}13.256 \dashrightarrow 00{:}28{:}15.239$ fact that semastin receptors are

NOTE Confidence: 0.847688196363636

 $00{:}28{:}15.239 \dashrightarrow 00{:}28{:}17.079$ present on your endocrine cancer

NOTE Confidence: 0.847688196363636

 $00:28:17.079 \longrightarrow 00:28:19.952$ cells in 7080% of the cases.

NOTE Confidence: 0.847688196363636

 $00{:}28{:}19.952 \dashrightarrow 00{:}28{:}22.084$ Specifically for semastin receptor

 $00:28:22.084 \longrightarrow 00:28:25.130$ 2 when the lichen binds to

NOTE Confidence: 0.847688196363636

 $00{:}28{:}25.130 \dashrightarrow 00{:}28{:}27.138$ the receptor is internalized.

NOTE Confidence: 0.847688196363636

 $00:28:27.140 \longrightarrow 00:28:27.806$ So.

NOTE Confidence: 0.847688196363636

 $00:28:27.806 \longrightarrow 00:28:31.615$ So these agents essentially takes a

NOTE Confidence: 0.847688196363636

00:28:31.615 --> 00:28:34.940 Lutetian 177 and taking into the cell

NOTE Confidence: 0.847688196363636

 $00:28:34.940 \longrightarrow 00:28:37.298$ and leading to very good efficacy.

NOTE Confidence: 0.95132334

 $00{:}28{:}40.790 \dashrightarrow 00{:}28{:}43.838$ There's also a role for targeted

NOTE Confidence: 0.95132334

 $00:28:43.838 \longrightarrow 00:28:45.870$ therapy in neuroendocrine tumors.

NOTE Confidence: 0.95132334

 $00{:}28{:}45.870 \dashrightarrow 00{:}28{:}48.814$ One of the drugs that we were involved

NOTE Confidence: 0.95132334

 $00:28:48.814 \longrightarrow 00:28:51.007$ in developing is everolimus of

NOTE Confidence: 0.95132334

 $00{:}28{:}51.007 \dashrightarrow 00{:}28{:}53.542$ affinitor targeting the emptor pathway.

NOTE Confidence: 0.95132334

 $00:28:53.542 \longrightarrow 00:28:57.167$ The Radian 3 trial was the first

NOTE Confidence: 0.95132334

 $00{:}28{:}57.167 \dashrightarrow 00{:}28{:}59.838$ to report out and for pancreatic

NOTE Confidence: 0.95132334

 $00:28:59.838 \longrightarrow 00:29:02.742$ neuroendocrine tumors and here you saw

NOTE Confidence: 0.95132334

 $00:29:02.742 \longrightarrow 00:29:05.421$ a benefiting progression free survival

NOTE Confidence: 0.95132334

 $00:29:05.421 \longrightarrow 00:29:09.710$ from median 4.6 months to 11 months.

 $00:29:09.710 \longrightarrow 00:29:12.746$ And hazard ratio was .35 here

NOTE Confidence: 0.95132334

 $00:29:12.750 \longrightarrow 00:29:15.125$ in overall survival because the

NOTE Confidence: 0.95132334

 $00:29:15.125 \longrightarrow 00:29:17.912$ crossover we did our PFST analysis

NOTE Confidence: 0.95132334

00:29:17.912 --> 00:29:19.676 rank preserving structure failure

NOTE Confidence: 0.95132334

00:29:19.676 --> 00:29:22.256 time showing like there's a likely

NOTE Confidence: 0.95132334

00:29:22.256 --> 00:29:23.748 benefit in overall survival,

NOTE Confidence: 0.95132334

 $00:29:23.750 \longrightarrow 00:29:27.268$ but in because of the the crossover

NOTE Confidence: 0.95132334

00:29:27.268 --> 00:29:29.656 these such studies and not these

NOTE Confidence: 0.95132334

00:29:29.656 --> 00:29:31.378 studies are really designed

NOTE Confidence: 0.95132334

 $00{:}29{:}31.378 \dashrightarrow 00{:}29{:}33.350$ to evaluate overall survival.

NOTE Confidence: 0.938423890909091

00:29:36.950 --> 00:29:39.316 For Radian 4, this is the phase

NOTE Confidence: 0.938423890909091

00:29:39.316 --> 00:29:41.762 three study we did in lung

NOTE Confidence: 0.938423890909091

 $00{:}29{:}41.762 \dashrightarrow 00{:}29{:}44.026$ and GI neuroendocrine tumors.

NOTE Confidence: 0.938423890909091

 $00{:}29{:}44.030 \dashrightarrow 00{:}29{:}47.405$ Again patient were randomized to

NOTE Confidence: 0.938423890909091

 $00:29:47.405 \longrightarrow 00:29:50.105$ receive everolimus or placebo.

 $00:29:50.110 \longrightarrow 00:29:54.148$ The the the, the PFS improved from

NOTE Confidence: 0.938423890909091

 $00:29:54.150 \longrightarrow 00:29:56.590$ 3.9 months to 11 months with a

NOTE Confidence: 0.938423890909091

 $00:29:56.590 \longrightarrow 00:29:59.270$ hazard ratio of 0.48 and a trend

NOTE Confidence: 0.938423890909091

 $00:29:59.270 \longrightarrow 00:30:01.270$ to our overall survival benefit.

NOTE Confidence: 0.9603804

 $00:30:04.990 \longrightarrow 00:30:07.090$ Another targeted agent that's

NOTE Confidence: 0.9603804

 $00:30:07.090 \longrightarrow 00:30:09.190$ shown benefit is sunitnip.

NOTE Confidence: 0.9603804

 $00:30:09.190 \longrightarrow 00:30:12.102$ So Sunita was initially evaluated in a

NOTE Confidence: 0.9603804

 $00:30:12.102 \longrightarrow 00:30:15.427$ phase two study being that had two cohorts

NOTE Confidence: 0.9603804

 $00:30:15.430 \longrightarrow 00:30:18.195$ for intestinal neuroendocrine tumors and

NOTE Confidence: 0.9603804

 $00:30:18.195 \longrightarrow 00:30:19.944$ for pancreatic neuroendocrine tumors.

NOTE Confidence: 0.9603804

 $00{:}30{:}19.944 \dashrightarrow 00{:}30{:}22.730$ All the responses were seen in the

NOTE Confidence: 0.9603804

00:30:22.794 --> 00:30:24.669 pancreatic neuroendocrine group.

NOTE Confidence: 0.9603804

 $00:30:24.670 \longrightarrow 00:30:28.189$ So it was taken into a phase three trial.

NOTE Confidence: 0.9603804

 $00:30:28.190 \longrightarrow 00:30:30.650$ The study actually terminated early

NOTE Confidence: 0.9603804

 $00:30:30.650 \longrightarrow 00:30:33.110$ at an unplanned interim analysis.

NOTE Confidence: 0.9603804

 $00:30:33.110 \longrightarrow 00:30:36.080$ Nonetheless there it was significant

 $00:30:36.080 \longrightarrow 00:30:39.448$ benefit demonstrating PFS and then that

NOTE Confidence: 0.9603804

 $00{:}30{:}39.448 \dashrightarrow 00{:}30{:}42.790$ led to the FDA approval of the drug

NOTE Confidence: 0.9603804

 $00{:}30{:}42.790 \dashrightarrow 00{:}30{:}46.750$ for pancreatic neuroendocrine tumors.

NOTE Confidence: 0.9603804

00:30:46.750 --> 00:30:49.126 We do believe VEGF inhibitors may

NOTE Confidence: 0.9603804

00:30:49.126 --> 00:30:51.856 have a role in extra pancreatic

NOTE Confidence: 0.9603804

00:30:51.856 --> 00:30:54.148 neuroendocrine tumor as well.

NOTE Confidence: 0.9603804

 $00:30:54.150 \longrightarrow 00:30:56.292$ This is a another phase three trial

NOTE Confidence: 0.9603804

 $00:30:56.292 \longrightarrow 00:30:58.547$ that I did early in my career,

NOTE Confidence: 0.9603804

 $00:30:58.550 \longrightarrow 00:31:01.174$ the SWAG O 518.

NOTE Confidence: 0.9603804

 $00:31:01.174 \longrightarrow 00:31:05.400$ And the in this study patients were

NOTE Confidence: 0.9603804

 $00{:}31{:}05.400 \dashrightarrow 00{:}31{:}08.315$ randomized from octreotype plus interferon

NOTE Confidence: 0.9603804

 $00:31:08.315 \longrightarrow 00:31:11.190$ versus octreotype plus Bebasus MAP.

NOTE Confidence: 0.9603804

 $00:31:11.190 \longrightarrow 00:31:13.192$ Where we're able to show in this

NOTE Confidence: 0.9603804

 $00:31:13.192 \longrightarrow 00:31:15.374$ study is that although the response

NOTE Confidence: 0.9603804

 $00:31:15.374 \longrightarrow 00:31:18.398$ rate improved with Bebasusan MAP and

00:31:18.398 --> 00:31:21.388 toxicity was better was Bebasusan map,

NOTE Confidence: 0.9603804

 $00{:}31{:}21.390 \dashrightarrow 00{:}31{:}24.000$ there was not any significant

NOTE Confidence: 0.9603804

 $00:31:24.000 \longrightarrow 00:31:26.610$ difference in progression free survival.

NOTE Confidence: 0.9603804

 $00:31:26.610 \longrightarrow 00:31:28.110$ So this is probably one of

NOTE Confidence: 0.9603804

 $00:31:28.110 \longrightarrow 00:31:29.570$ my regrets in the career.

NOTE Confidence: 0.9603804

 $00:31:29.570 \longrightarrow 00:31:31.568$ I probably should have done this

NOTE Confidence: 0.9603804

 $00:31:31.568 \longrightarrow 00:31:33.590$ study against placebo and we would

NOTE Confidence: 0.9603804

 $00:31:33.590 \longrightarrow 00:31:36.136$ have had another drug available

NOTE Confidence: 0.9603804

 $00:31:36.136 \longrightarrow 00:31:40.366$ for neuroendocrine much earlier on.

NOTE Confidence: 0.9603804

 $00:31:40.370 \longrightarrow 00:31:42.642$ This is what the time point in my

NOTE Confidence: 0.9603804

 $00:31:42.642 \longrightarrow 00:31:44.659$ career where we weren't sure whether

NOTE Confidence: 0.9603804

 $00:31:44.659 \longrightarrow 00:31:47.170$ we can execute a placebo control trial.

NOTE Confidence: 0.9603804

00:31:47.170 --> 00:31:49.290 It's certainly a little bit harder to do,

NOTE Confidence: 0.9603804

 $00:31:49.290 \longrightarrow 00:31:51.710$ but often placebo control trial

NOTE Confidence: 0.9603804

00:31:51.710 --> 00:31:53.646 give you cleaner data.

NOTE Confidence: 0.9603804

 $00:31:53.650 \longrightarrow 00:31:56.210$ Especially when the comparator

 $00:31:56.210 \longrightarrow 00:31:59.730$ arm is not is not very carefully

NOTE Confidence: 0.9603804

 $00:31:59.730 \longrightarrow 00:32:01.730$ what is not well defined.

NOTE Confidence: 0.938576366666667

 $00:32:04.410 \longrightarrow 00:32:08.375$ So there has been others who evaluated

NOTE Confidence: 0.938576366666667

 $00:32:08.375 \longrightarrow 00:32:11.770$ veget inhibitors in your in the Contuber.

NOTE Confidence: 0.938576366666667

 $00:32:11.770 \longrightarrow 00:32:13.810$ This is a study conducted

NOTE Confidence: 0.938576366666667

 $00:32:13.810 \longrightarrow 00:32:15.850$ also in the cooperative group.

NOTE Confidence: 0.938576366666667

 $00:32:15.850 \longrightarrow 00:32:18.750$ The Pi is Emily Burksland and

NOTE Confidence: 0.938576366666667

 $00:32:18.750 \longrightarrow 00:32:21.650$ patient were randomly assigned to

NOTE Confidence: 0.938576366666667

00:32:21.650 --> 00:32:23.970 either pizopanit versus placebo.

NOTE Confidence: 0.938576366666667

 $00{:}32{:}23.970 \dashrightarrow 00{:}32{:}26.424$ And there there was the benefit

NOTE Confidence: 0.938576366666667

 $00:32:26.424 \longrightarrow 00:32:28.752$ in terms of progression free

NOTE Confidence: 0.938576366666667

 $00:32:28.752 \longrightarrow 00:32:31.812$ survival also demonstrated in extra

NOTE Confidence: 0.938576366666667

 $00{:}32{:}31.812 \dashrightarrow 00{:}32{:}33.648$ pancreatic neuroendocrine tumors.

NOTE Confidence: 0.938576366666667

 $00:32:33.650 \longrightarrow 00:32:37.045$ So potentially showing the importance

NOTE Confidence: 0.938576366666667

00:32:37.045 --> 00:32:41.309 of role of VEGF inhibitor outside

 $00:32:41.309 \longrightarrow 00:32:45.380$ beyond the pancreatic group in terms

NOTE Confidence: 0.938576366666667

 $00{:}32{:}45.380 \dashrightarrow 00{:}32{:}48.868$ of phase three studies for extra

NOTE Confidence: 0.938576366666667

 $00:32:48.868 \longrightarrow 00:32:51.442$ pancreatic neuroendocrine tumor.

NOTE Confidence: 0.938576366666667

 $00:32:51.442 \longrightarrow 00:32:54.442$ And there's also a study that was

NOTE Confidence: 0.938576366666667

 $00:32:54.442 \longrightarrow 00:32:56.708$ performed in two studies that were

NOTE Confidence: 0.938576366666667

00:32:56.708 --> 00:32:59.972 performing in China with Serofatin NIP,

NOTE Confidence: 0.938576366666667

 $00:32:59.972 \longrightarrow 00:33:03.120$ another VEGF or multi kinase

NOTE Confidence: 0.938576366666667

 $00:33:03.120 \longrightarrow 00:33:04.860$ inhibitor demonstrating similar

NOTE Confidence: 0.938576366666667

 $00:33:04.860 \longrightarrow 00:33:07.668$ magnitude of benefit for Serofatin

NOTE Confidence: 0.938576366666667

 $00:33:07.668 \longrightarrow 00:33:11.084$ Nip both in pancreatic net and extra

NOTE Confidence: 0.938576366666667

 $00:33:11.084 \longrightarrow 00:33:13.443$ pancreatic net unfortunately the FDA.

NOTE Confidence: 0.938576366666667

00:33:13.443 --> 00:33:15.748 It's going to probably require

NOTE Confidence: 0.938576366666667

 $00:33:15.748 \longrightarrow 00:33:18.718$ the the company to redo the trial

NOTE Confidence: 0.938576366666667

 $00:33:18.718 \longrightarrow 00:33:21.614$ because it did not contain it was a

NOTE Confidence: 0.938576366666667

00:33:21.614 --> 00:33:23.748 purely Chinese population and the

NOTE Confidence: 0.938576366666667

 $00:33:23.748 \longrightarrow 00:33:26.058$ population may not fully represent

00:33:26.058 --> 00:33:28.943 the lines of prior therapy Western

NOTE Confidence: 0.938576366666667

 $00:33:28.943 \longrightarrow 00:33:31.580$ populations would have been exposed to.

NOTE Confidence: 0.948080688888889

00:33:34.140 --> 00:33:36.348 Next I'm going to mention while

NOTE Confidence: 0.948080688888889

00:33:36.348 --> 00:33:38.592 Doctor Kunz's trial Ecog 2211,

NOTE Confidence: 0.948080688888889

 $00:33:38.592 \longrightarrow 00:33:42.705$ this is actually a very important trial.

NOTE Confidence: 0.948080688888889

 $00:33:42.705 \longrightarrow 00:33:45.780$ Partially because the initial development

NOTE Confidence: 0.948080688888889

 $00:33:45.780 \longrightarrow 00:33:48.266$ of Timosolomite were essentially

NOTE Confidence: 0.948080688888889

 $00:33:48.266 \longrightarrow 00:33:52.230$ skipped the single agent step they were,

NOTE Confidence: 0.948080688888889

 $00{:}33{:}52.230 \dashrightarrow 00{:}33{:}55.178$ you know most of the trials that

NOTE Confidence: 0.948080688888889

00:33:55.178 --> 00:33:57.130 were published were doublets.

NOTE Confidence: 0.948080688888889

 $00:33:57.130 \longrightarrow 00:33:59.426$ So always been a question to feel

NOTE Confidence: 0.948080688888889

 $00{:}33{:}59.426 \dashrightarrow 00{:}34{:}01.329$ that whether you need doublets

NOTE Confidence: 0.948080688888889

 $00{:}34{:}01.330 \dashrightarrow 00{:}34{:}04.928$ or you know where the agent is,

NOTE Confidence: 0.948080688888889

 $00:34:04.930 \longrightarrow 00:34:07.990$ Timosolomite by itself is a sufficient.

NOTE Confidence: 0.948080688888889

 $00:34:07.990 \longrightarrow 00:34:09.434$ Certainly there's rationale to

 $00:34:09.434 \longrightarrow 00:34:11.790$ look at this class of agents in

NOTE Confidence: 0.948080688888889

 $00{:}34{:}11.790 \dashrightarrow 00{:}34{:}13.270$ pancreatic neuro in the consumers.

NOTE Confidence: 0.948080688888889

00:34:13.270 --> 00:34:16.228 If you dig back into Chuck

NOTE Confidence: 0.948080688888889

00:34:16.228 --> 00:34:18.910 Mattel's papers and so forth,

NOTE Confidence: 0.948080688888889

 $00:34:18.910 \longrightarrow 00:34:21.466$ DTIC is active in the disease.

NOTE Confidence: 0.948080688888889

 $00:34:21.470 \longrightarrow 00:34:24.534$ So this is a trial that compared Timosolomite

NOTE Confidence: 0.948080688888889

 $00:34:24.534 \longrightarrow 00:34:28.334$ to Tim Cape at the intern analysis.

NOTE Confidence: 0.948080688888889

 $00:34:28.334 \longrightarrow 00:34:31.170$ The study met its primary

NOTE Confidence: 0.948080688888889

 $00:34:31.170 \longrightarrow 00:34:33.170$ endpoint and showed improvement

NOTE Confidence: 0.948080688888889

 $00:34:33.170 \longrightarrow 00:34:35.420$ in progression free survival.

NOTE Confidence: 0.948080688888889

 $00{:}34{:}35.420 \dashrightarrow 00{:}34{:}39.073$ For our patients with Tim Kay and I

NOTE Confidence: 0.948080688888889

 $00:34:39.073 \longrightarrow 00:34:41.538$ think another actually very important

NOTE Confidence: 0.948080688888889

00:34:41.538 --> 00:34:44.729 finding from this study is the

NOTE Confidence: 0.948080688888889

00:34:44.729 --> 00:34:47.009 prognostic and significance with

NOTE Confidence: 0.948080688888889

 $00:34:47.009 \longrightarrow 00:34:50.980$ association of the MGMT expression

NOTE Confidence: 0.948080688888889

 $00{:}34{:}50.980 \dashrightarrow 00{:}34{:}55.440$ with the response in this is a

00:34:55.440 --> 00:34:58.508 DNA repair pathway when that often

NOTE Confidence: 0.948080688888889

 $00{:}34{:}58.508 \dashrightarrow 00{:}35{:}01.026$ are methylated MGMT and leading

NOTE Confidence: 0.948080688888889

 $00{:}35{:}01.026 \dashrightarrow 00{:}35{:}03.287$ to low expression and you can see.

NOTE Confidence: 0.948080688888889

00:35:03.290 --> 00:35:05.867 That for patients with low MGMT,

NOTE Confidence: 0.948080688888889

 $00:35:05.867 \longrightarrow 00:35:08.786$ the response rate is much higher than

NOTE Confidence: 0.948080688888889

 $00:35:08.786 \longrightarrow 00:35:11.490$ those who have intact MGMT expression.

NOTE Confidence: 0.938019439166666

 $00:35:13.530 \longrightarrow 00:35:15.746$ So if you look at the current treatment

NOTE Confidence: 0.938019439166666

 $00:35:15.746 \longrightarrow 00:35:17.450$ landscape for neuroendocrine tumor,

NOTE Confidence: 0.938019439166666

 $00:35:17.450 \longrightarrow 00:35:19.886$ we have come a long way.

NOTE Confidence: 0.938019439166666

 $00:35:19.890 \longrightarrow 00:35:22.361$ You know in the beginning historically we

NOTE Confidence: 0.938019439166666

 $00:35:22.361 \longrightarrow 00:35:25.089$ only have one agent for pancreatic net.

NOTE Confidence: 0.938019439166666

00:35:25.090 --> 00:35:28.324 Now you have number of phase three

NOTE Confidence: 0.938019439166666

 $00{:}35{:}28.324 \dashrightarrow 00{:}35{:}31.203$ clinical trial covering many of the

NOTE Confidence: 0.938019439166666

 $00:35:31.203 \longrightarrow 00:35:33.543$ different in your endocrine tumors.

NOTE Confidence: 0.938019439166666

 $00:35:33.550 \longrightarrow 00:35:36.494$ Essentially these are clustered

 $00:35:36.494 \longrightarrow 00:35:39.218$ around agents that targets these.

NOTE Confidence: 0.938019439166666

 $00:35:39.218 \longrightarrow 00:35:42.382$ These are stable or early disease like

NOTE Confidence: 0.938019439166666

 $00{:}35{:}42.382 \dashrightarrow 00{:}35{:}45.263$ TRILTY and then Realty in the pro

NOTE Confidence: 0.938019439166666

 $00:35:45.263 \longrightarrow 00:35:48.896$ Med and the CLARINET study and in the

NOTE Confidence: 0.938019439166666

 $00:35:48.896 \longrightarrow 00:35:52.433$ studies who tend to target patients

NOTE Confidence: 0.938019439166666

 $00:35:52.433 \longrightarrow 00:35:55.464$ was faster progressing disease PRT

NOTE Confidence: 0.938019439166666

 $00:35:55.464 \longrightarrow 00:35:57.588$ somewhere in the middle that required

NOTE Confidence: 0.938019439166666

 $00:35:57.588 \longrightarrow 00:35:59.720$ progression in the past three years.

NOTE Confidence: 0.938019439166666

 $00:35:59.720 \longrightarrow 00:36:02.246$ And most of the targeted agents

NOTE Confidence: 0.938019439166666

 $00:36:02.246 \longrightarrow 00:36:04.615$ require progression in the past one

NOTE Confidence: 0.938019439166666

 $00{:}36{:}04.615 \dashrightarrow 00{:}36{:}07.055$ year when in the case of Radian 4

NOTE Confidence: 0.938019439166666

 $00:36:07.128 \longrightarrow 00:36:09.960$ progression within the past six months.

NOTE Confidence: 0.938019439166666

 $00:36:09.960 \longrightarrow 00:36:12.592$ So what are some of the remaining

NOTE Confidence: 0.938019439166666

00:36:12.592 --> 00:36:14.412 challenges and questions that we

NOTE Confidence: 0.938019439166666

 $00:36:14.412 \longrightarrow 00:36:16.589$ we have when you're in the current

NOTE Confidence: 0.938019439166666

 $00:36:16.589 \longrightarrow 00:36:17.880$ tumor at this point,

 $00:36:17.880 \longrightarrow 00:36:20.288$ one of the question I get asked

NOTE Confidence: 0.938019439166666

 $00:36:20.288 \longrightarrow 00:36:22.280$ the most is sequencing,

NOTE Confidence: 0.938019439166666

 $00:36:22.280 \longrightarrow 00:36:24.805$ what's the optimal sequencing of

NOTE Confidence: 0.938019439166666

00:36:24.805 --> 00:36:28.749 therapy for neuro in the current tumors?

NOTE Confidence: 0.938019439166666

 $00:36:28.750 \longrightarrow 00:36:30.670$ So it's kind of interesting

NOTE Confidence: 0.938019439166666

 $00:36:30.670 \longrightarrow 00:36:32.590$ because you're in the consumers,

NOTE Confidence: 0.938019439166666

 $00:36:32.590 \longrightarrow 00:36:35.082$ you had approval a lot of agents

NOTE Confidence: 0.938019439166666

 $00{:}36{:}35.082 \dashrightarrow 00{:}36{:}38.386$ while in a short period span of time.

NOTE Confidence: 0.938019439166666

 $00{:}36{:}38.390 \dashrightarrow 00{:}36{:}41.518$ So they were not really developing a way

NOTE Confidence: 0.938019439166666

00:36:41.518 --> 00:36:44.070 where they were specific align first line,

NOTE Confidence: 0.938019439166666

 $00:36:44.070 \longrightarrow 00:36:45.938$ second line, third line.

NOTE Confidence: 0.938019439166666

 $00:36:45.938 \longrightarrow 00:36:48.740$ Most the drugs were either approved

NOTE Confidence: 0.938019439166666

 $00:36:48.821 \longrightarrow 00:36:51.271$ for progressive disease or they

NOTE Confidence: 0.938019439166666

 $00:36:51.271 \longrightarrow 00:36:53.721$ were just approved for advanced

NOTE Confidence: 0.938019439166666

 $00:36:53.805 \longrightarrow 00:36:56.012$ disease but optimal sequencing.

 $00:36:56.012 \longrightarrow 00:36:59.336$ It's really talking about which sequence

NOTE Confidence: 0.938019439166666

 $00:36:59.336 \longrightarrow 00:37:02.990$ leads to the best overall longterm survival.

NOTE Confidence: 0.938019439166666

 $00:37:02.990 \longrightarrow 00:37:05.450$ This is actually extremely

NOTE Confidence: 0.938019439166666

 $00:37:05.450 \longrightarrow 00:37:07.910$ difficult question to answer.

NOTE Confidence: 0.938019439166666

 $00:37:07.910 \longrightarrow 00:37:11.180$ It's not about which agent when used

NOTE Confidence: 0.938019439166666

 $00:37:11.180 \longrightarrow 00:37:13.670$ first has the longest initial PFS,

NOTE Confidence: 0.938019439166666

 $00:37:13.670 \longrightarrow 00:37:15.694$ because if that agent,

NOTE Confidence: 0.938019439166666 00:37:15.694 --> 00:37:16.706 you know, NOTE Confidence: 0.938019439166666

00:37:16.710 --> 00:37:21.006 essentially takes out your kidney or makes

NOTE Confidence: 0.938019439166666

 $00:37:21.006 \longrightarrow 00:37:23.638$ it difficult for you receive other agents.

NOTE Confidence: 0.938019439166666

 $00{:}37{:}23.640 \dashrightarrow 00{:}37{:}26.136$ And it may not be the best agent

NOTE Confidence: 0.938019439166666

 $00:37:26.136 \longrightarrow 00:37:27.640$ to use initially.

NOTE Confidence: 0.938019439166666

00:37:27.640 --> 00:37:29.649 So almost certainly this is if you

NOTE Confidence: 0.938019439166666

 $00:37:29.649 \longrightarrow 00:37:31.800$ really want to answer this question,

NOTE Confidence: 0.938019439166666

 $00:37:31.800 \longrightarrow 00:37:35.440$ it needs overall survival endpoint.

NOTE Confidence: 0.938019439166666 00:37:35.440 --> 00:37:35.949 Well,

 $00:37:35.949 \longrightarrow 00:37:39.003$ here's the challenge right when for

NOTE Confidence: 0.938019439166666

 $00:37:39.003 \longrightarrow 00:37:41.526$ different indications you have different

NOTE Confidence: 0.938019439166666

 $00{:}37{:}41.526 \dashrightarrow 00{:}37{:}44.840$ number of treatments available,

NOTE Confidence: 0.938019439166666

 $00:37:44.840 \longrightarrow 00:37:46.640$ the approved therapy for lung,

NOTE Confidence: 0.938019439166666

00:37:46.640 --> 00:37:49.118 there's only ever limus in peanut you

NOTE Confidence: 0.938019439166666

00:37:49.118 --> 00:37:51.519 have six agents that are available,

NOTE Confidence: 0.938019439166666

 $00:37:51.520 \longrightarrow 00:37:53.728$ approved you can use.

NOTE Confidence: 0.938019439166666

00:37:53.728 --> 00:37:56.488 A 7th agents demonstrated activity

NOTE Confidence: 0.938019439166666

 $00:37:56.490 \longrightarrow 00:38:00.330$ that that's probably works well.

NOTE Confidence: 0.938019439166666

 $00{:}38{:}00.330 \dashrightarrow 00{:}38{:}03.750$ You can imagine trying to compare

NOTE Confidence: 0.938019439166666

 $00:38:03.750 \longrightarrow 00:38:04.890$ optimal sequences.

NOTE Confidence: 0.938019439166666

 $00:38:04.890 \longrightarrow 00:38:08.810$ There's 5040 sequences,

NOTE Confidence: 0.938019439166666

 $00{:}38{:}08.810 \dashrightarrow 00{:}38{:}11.930$ 5040 arms for overall survival.

NOTE Confidence: 0.938019439166666

00:38:11.930 --> 00:38:14.458 This is not where we want to spend

NOTE Confidence: 0.938019439166666

00:38:14.458 --> 00:38:16.846 our energy and because I think

 $00:38:16.846 \longrightarrow 00:38:19.480$ likely before evening to solve a

NOTE Confidence: 0.938019439166666

 $00:38:19.571 \longrightarrow 00:38:22.696$ simpler question before you actually.

NOTE Confidence: 0.938019439166666

 $00:38:22.700 \longrightarrow 00:38:24.860$ To answer the question and complete a trial,

NOTE Confidence: 0.938019439166666

 $00:38:24.860 \longrightarrow 00:38:26.196$ the treatment landscape would

NOTE Confidence: 0.938019439166666

00:38:26.196 --> 00:38:28.200 have changed in the trial design

NOTE Confidence: 0.938019439166666

00:38:28.258 --> 00:38:30.180 will probably no longer be valid.

NOTE Confidence: 0.938423890909091

 $00:38:32.540 \longrightarrow 00:38:34.370$ And to give a actually example

NOTE Confidence: 0.938423890909091

 $00:38:34.370 \longrightarrow 00:38:35.980$ of attempt to do this,

NOTE Confidence: 0.938423890909091

 $00:38:35.980 \longrightarrow 00:38:38.122$ our European colleague

NOTE Confidence: 0.938423890909091

 $00:38:38.122 \longrightarrow 00:38:40.978$ contacted the secretor trial.

NOTE Confidence: 0.938423890909091

 $00:38:40.980 \longrightarrow 00:38:43.536$ The secretor trial look look to

NOTE Confidence: 0.938423890909091

 $00:38:43.536 \longrightarrow 00:38:46.362$ compare the sequence of Ever Linus

NOTE Confidence: 0.938423890909091

00:38:46.362 --> 00:38:48.418 followed by Streptozosin based

NOTE Confidence: 0.938423890909091

 $00:38:48.418 \longrightarrow 00:38:50.531$ chemotherapy or Streptozosin based

NOTE Confidence: 0.938423890909091

 $00:38:50.531 \longrightarrow 00:38:52.996$ chemotherapy followed by ever Linus.

NOTE Confidence: 0.938423890909091

 $00:38:53.000 \longrightarrow 00:38:55.800$ They weren't going to be quite ambitious

 $00:38:55.800 \dashrightarrow 00:38:58.480$ to try OS as the primary endpoint.

NOTE Confidence: 0.938423890909091

 $00:38:58.480 \longrightarrow 00:39:00.960$ They were going to look at P FS2.

NOTE Confidence: 0.938423890909091

 $00{:}39{:}00.960 \dashrightarrow 00{:}39{:}04.824$ So initially are due to a cruel

NOTE Confidence: 0.938423890909091

 $00:39:04.824 \longrightarrow 00:39:08.008$ issues that they had to do scale

NOTE Confidence: 0.938423890909091

 $00:39:08.008 \longrightarrow 00:39:10.216$ back their ambitions to look at

NOTE Confidence: 0.938423890909091

 $00:39:10.216 \longrightarrow 00:39:13.080$ P FS1 as the primary endpoint.

NOTE Confidence: 0.938423890909091

 $00:39:13.080 \longrightarrow 00:39:15.996$ So what did the study show?

NOTE Confidence: 0.938423890909091

 $00:39:16.000 \longrightarrow 00:39:18.775$ Yeah, actually showed that although

NOTE Confidence: 0.938423890909091

 $00{:}39{:}18.775 \dashrightarrow 00{:}39{:}21.550$ Streptozosin set of toxic chemotherapy.

NOTE Confidence: 0.938423890909091

 $00:39:21.550 \longrightarrow 00:39:23.790$ Was a little bit more toxic but higher,

NOTE Confidence: 0.938423890909091

 $00:39:23.790 \longrightarrow 00:39:25.710$ had a higher response rate,

NOTE Confidence: 0.938423890909091

 $00:39:25.710 \longrightarrow 00:39:28.650$ but there was no difference in progression

NOTE Confidence: 0.938423890909091

 $00:39:28.650 \longrightarrow 00:39:30.829$ free survival between the two arms.

NOTE Confidence: 0.938423890909091

 $00:39:30.830 \longrightarrow 00:39:34.400$ So higher higher response rate may not

NOTE Confidence: 0.938423890909091

 $00:39:34.400 \longrightarrow 00:39:38.150$ necessarily lead to a better outcome.

 $00:39:38.150 \longrightarrow 00:39:40.845$ The second most frequent question I get

NOTE Confidence: 0.938423890909091

 $00:39:40.845 \longrightarrow 00:39:43.412$ asked about nearing the consumer these

NOTE Confidence: 0.938423890909091

 $00:39:43.412 \longrightarrow 00:39:46.106$ days is precision medicines and biomarkers.

NOTE Confidence: 0.938423890909091

00:39:46.110 --> 00:39:48.710 If you did a search on your end,

NOTE Confidence: 0.938423890909091

 $00:39:48.710 \longrightarrow 00:39:51.755$ the consumer and biomarkers on Pub Med.

NOTE Confidence: 0.938423890909091

00:39:51.760 --> 00:39:54.204 And you'll get thousands,

NOTE Confidence: 0.938423890909091

 $00:39:54.204 \longrightarrow 00:39:57.016$ probably near 10,000 results back.

NOTE Confidence: 0.938423890909091

00:39:57.016 --> 00:40:00.432 So what do we know about biomarkers

NOTE Confidence: 0.938423890909091

 $00:40:00.432 \longrightarrow 00:40:03.040$ for neuroendocrine tumors?

NOTE Confidence: 0.938423890909091

00:40:03.040 --> 00:40:04.715 I usually think about biomarkers

NOTE Confidence: 0.938423890909091

00:40:04.715 --> 00:40:05.720 as two classes.

NOTE Confidence: 0.938423890909091

 $00:40:05.720 \longrightarrow 00:40:07.760$ These are prognostic identifying

NOTE Confidence: 0.938423890909091

00:40:07.760 --> 00:40:10.696 those people who have a better

NOTE Confidence: 0.938423890909091

00:40:10.696 --> 00:40:13.284 or worse outcome and predictive

NOTE Confidence: 0.938423890909091

00:40:13.284 --> 00:40:16.394 meaning to actually sorting out

NOTE Confidence: 0.938423890909091

 $00{:}40{:}16.400 \dashrightarrow 00{:}40{:}18.890$ individual who are more likely.

 $00:40:18.890 \longrightarrow 00:40:21.116$ But then similar individual without a

NOTE Confidence: 0.938423890909091

 $00{:}40{:}21.116 \dashrightarrow 00{:}40{:}23.230$ biomarker to experience a favorable

NOTE Confidence: 0.938423890909091

 $00:40:23.230 \longrightarrow 00:40:25.842$ unfavorable benefit from an exposure to

NOTE Confidence: 0.938423890909091

 $00:40:25.842 \longrightarrow 00:40:28.050$ a medical product we environment agents.

NOTE Confidence: 0.938423890909091

 $00:40:28.050 \longrightarrow 00:40:31.106$ So the bottom line is who should get

NOTE Confidence: 0.938423890909091

 $00:40:31.106 \longrightarrow 00:40:34.117$ this treatment is really the important

NOTE Confidence: 0.938423890909091

 $00:40:34.117 \longrightarrow 00:40:36.289$ question for predictive biomarker.

NOTE Confidence: 0.938423890909091

 $00:40:36.290 \longrightarrow 00:40:39.419$ Another way to think about the importance

NOTE Confidence: 0.938423890909091

00:40:39.419 --> 00:40:41.663 of predictive biomarker is really

NOTE Confidence: 0.938423890909091

00:40:41.663 --> 00:40:44.178 thinking about like who's going to

NOTE Confidence: 0.938423890909091

00:40:44.178 --> 00:40:47.494 benefit from treatment if you have a

NOTE Confidence: 0.938423890909091

 $00:40:47.494 \longrightarrow 00:40:49.538$ treatment where every body benefits.

NOTE Confidence: 0.938423890909091

 $00{:}40{:}49.540 {\: \text{--}}{\:>\:} 00{:}40{:}52.180$ Predictive biomarker can almost becomes

NOTE Confidence: 0.938423890909091

 $00:40:52.180 \longrightarrow 00:40:54.292$ essentially a prognostic biomarker.

NOTE Confidence: 0.938423890909091

00:40:54.300 --> 00:40:57.530 It's probably of less clinical

 $00:40:57.530 \longrightarrow 00:41:00.028$ importance in the situation where

NOTE Confidence: 0.938423890909091

00:41:00.028 --> 00:41:02.338 half the patient will benefit.

NOTE Confidence: 0.938423890909091

 $00:41:02.340 \longrightarrow 00:41:05.778$ A predictive biomarker is super useful

NOTE Confidence: 0.938423890909091

 $00:41:05.780 \longrightarrow 00:41:08.125$ and it's even more important when a

NOTE Confidence: 0.938423890909091

 $00:41:08.125 \longrightarrow 00:41:10.655$ smaller group of patient have profound

NOTE Confidence: 0.938423890909091

00:41:10.655 --> 00:41:13.668 benefit, but most people don't.

NOTE Confidence: 0.938423890909091

 $00:41:13.670 \longrightarrow 00:41:15.764$ So what is actually the situation

NOTE Confidence: 0.938423890909091

00:41:15.764 --> 00:41:18.235 you are in different tumor which of

NOTE Confidence: 0.938423890909091

00:41:18.235 --> 00:41:20.587 these waterfall plot do we look like?

NOTE Confidence: 0.938423890909091

 $00:41:20.590 \longrightarrow 00:41:23.374$ Fortunately it looks like this whereas

NOTE Confidence: 0.938423890909091

 $00:41:23.374 \longrightarrow 00:41:27.690$ a most the patients benefiting from the

NOTE Confidence: 0.938423890909091

 $00:41:27.690 \longrightarrow 00:41:30.990$ treatment within their treatment indications.

NOTE Confidence: 0.9534618125

 $00:41:34.390 \longrightarrow 00:41:36.520$ So the challenge of predictive

NOTE Confidence: 0.9534618125

00:41:36.520 --> 00:41:39.154 biomarker is essentially you have to

NOTE Confidence: 0.9534618125

 $00:41:39.154 \longrightarrow 00:41:41.319$ randomize more patient all patients.

NOTE Confidence: 0.9534618125

00:41:41.320 --> 00:41:43.890 Including patients who doesn't have

 $00:41:43.890 \longrightarrow 00:41:46.489$ the biomarker because without that

NOTE Confidence: 0.9534618125

 $00:41:46.489 \longrightarrow 00:41:49.104$ randomization is very difficult to

NOTE Confidence: 0.9534618125

 $00:41:49.104 \longrightarrow 00:41:51.652$ understand which biomarker is important.

NOTE Confidence: 0.9534618125

00:41:51.652 --> 00:41:54.354 You should do this when the marker

NOTE Confidence: 0.9534618125

 $00:41:54.354 \longrightarrow 00:41:57.474$ is suspected to be predictive but not

NOTE Confidence: 0.9534618125

00:41:57.474 --> 00:42:00.405 proven and you have reliable assay

NOTE Confidence: 0.9534618125

00:42:00.405 --> 00:42:03.488 methodology and cut points and there's

NOTE Confidence: 0.9534618125

 $00:42:03.488 \longrightarrow 00:42:06.040$ reason to expect benefit potentially

NOTE Confidence: 0.9534618125

 $00:42:06.040 \longrightarrow 00:42:07.880$ in biomarker negative patients.

NOTE Confidence: 0.937143952413793

 $00{:}42{:}11.310 \dashrightarrow 00{:}42{:}14.264$ Much more common we seeing oncology these

NOTE Confidence: 0.937143952413793

00:42:14.264 --> 00:42:17.829 days is this approach which is establishing

NOTE Confidence: 0.937143952413793

 $00:42:17.829 \longrightarrow 00:42:21.159$ a efficacy of biomarker population which

NOTE Confidence: 0.937143952413793

 $00{:}42{:}21.238 \dashrightarrow 00{:}42{:}24.278$ means we only essentially randomize

NOTE Confidence: 0.937143952413793

 $00{:}42{:}24.278 \dashrightarrow 00{:}42{:}26.710$ the biomarker positive population.

NOTE Confidence: 0.937143952413793

00:42:26.710 --> 00:42:30.438 So here you can prove the biomarker positive

 $00:42:30.438 \longrightarrow 00:42:33.590$ benefit patients benefit from new treatment.

NOTE Confidence: 0.937143952413793

 $00{:}42{:}33.590 \dashrightarrow 00{:}42{:}36.310$ But it's best used when no benefit is

NOTE Confidence: 0.937143952413793

 $00:42:36.310 \longrightarrow 00:42:39.348$ expected in bowel marker negative population.

NOTE Confidence: 0.937143952413793

00:42:39.350 --> 00:42:41.426 You don't have any information gained

NOTE Confidence: 0.937143952413793

 $00:42:41.426 \longrightarrow 00:42:44.030$ about the bowel marker negative population.

NOTE Confidence: 0.941691228571429

00:42:46.670 --> 00:42:48.975 But often sometimes we get it wrong, right.

NOTE Confidence: 0.941691228571429

 $00:42:48.975 \longrightarrow 00:42:52.230$ We we don't initially fully understand this.

NOTE Confidence: 0.941691228571429

 $00:42:52.230 \longrightarrow 00:42:54.490$ The classic example in

NOTE Confidence: 0.941691228571429

 $00:42:54.490 \longrightarrow 00:42:56.750$ colon cancer is cetuximab.

NOTE Confidence: 0.941691228571429

 $00:42:56.750 \longrightarrow 00:42:58.895$ The initial FDA approval in

NOTE Confidence: 0.941691228571429

 $00{:}42{:}58.895 \dashrightarrow 00{:}43{:}01.040$ clinical trial was for patients.

NOTE Confidence: 0.941691228571429

00:43:01.040 --> 00:43:05.720 Who had e.g. Fr expression on I HC?

NOTE Confidence: 0.941691228571429

00:43:05.720 --> 00:43:08.023 Turns out that has nothing to do

NOTE Confidence: 0.941691228571429

 $00:43:08.023 \longrightarrow 00:43:09.879$ with whether someone benefits from

NOTE Confidence: 0.941691228571429

 $00:43:09.880 \longrightarrow 00:43:13.516$ situximab or not in colorectal cancer.

NOTE Confidence: 0.941691228571429

 $00:43:13.520 \longrightarrow 00:43:16.355$ And the net example is really kind

00:43:16.355 --> 00:43:19.000 something I kind of lived through.

NOTE Confidence: 0.941691228571429

00:43:19.000 --> 00:43:21.275 After we started a phase three trial,

NOTE Confidence: 0.941691228571429

00:43:21.280 --> 00:43:23.476 a publication came out in science

NOTE Confidence: 0.941691228571429

 $00:43:23.480 \longrightarrow 00:43:26.756$ showing about 15% of the patients with

NOTE Confidence: 0.941691228571429

 $00:43:26.756 \longrightarrow 00:43:30.248$ pancreatic net at M Tor pathway mutations.

NOTE Confidence: 0.941691228571429 00:43:30.250 --> 00:43:32.170 So I I I will,

NOTE Confidence: 0.941691228571429

00:43:32.170 --> 00:43:35.014 I would gladly admit I was a very lucky

NOTE Confidence: 0.941691228571429

 $00{:}43{:}35.014 \dashrightarrow 00{:}43{:}38.203$ not to know that when I started the trial.

NOTE Confidence: 0.941691228571429

 $00:43:38.210 \longrightarrow 00:43:41.586$ But because it turns out you

NOTE Confidence: 0.941691228571429

00:43:41.586 --> 00:43:43.730 know extra pancreatic net,

NOTE Confidence: 0.941691228571429

 $00:43:43.730 \longrightarrow 00:43:45.530$ none of the patients have

NOTE Confidence: 0.941691228571429

00:43:45.530 --> 00:43:46.610 mtor pathway mutations,

NOTE Confidence: 0.941691228571429

 $00{:}43{:}46.610 \dashrightarrow 00{:}43{:}48.686$ quote mtor pathway mutations,

NOTE Confidence: 0.941691228571429

 $00{:}43{:}48.686 \to 00{:}43{:}52.490$ but they all benefited from the therapy

NOTE Confidence: 0.941691228571429

 $00:43:52.490 \longrightarrow 00:43:55.325$ and even in the pancreatic net group

 $00:43:55.330 \longrightarrow 00:43:58.240$ those who had mtor pathway mutations.

NOTE Confidence: 0.941691228571429

 $00:43:58.240 \longrightarrow 00:44:01.257$ And didn't have M Tor pathway mutation

NOTE Confidence: 0.941691228571429

00:44:01.257 --> 00:44:03.400 have similar magnitude of benefit.

NOTE Confidence: 0.941691228571429

00:44:03.400 --> 00:44:06.438 That's not to say that it's not

NOTE Confidence: 0.941691228571429

 $00:44:06.440 \longrightarrow 00:44:08.762$ correct that you know what what

NOTE Confidence: 0.941691228571429

 $00:44:08.762 \longrightarrow 00:44:11.121$ was published is just means that

NOTE Confidence: 0.941691228571429

00:44:11.121 --> 00:44:13.311 I don't think we may sometimes

NOTE Confidence: 0.941691228571429

00:44:13.311 --> 00:44:15.866 know the full M Tor pathway or

NOTE Confidence: 0.941691228571429

 $00:44:15.866 \longrightarrow 00:44:17.996$ how these drugs actually work.

NOTE Confidence: 0

 $00:44:20.980 \longrightarrow 00:44:23.020$ Those are biomarkers.

NOTE Confidence: 0

00:44:23.020 --> 00:44:25.060 In neuroendocrine trials,

NOTE Confidence: 0

 $00:44:25.060 \longrightarrow 00:44:28.420$ the question often is asked about the

NOTE Confidence: 0

 $00:44:28.420 \longrightarrow 00:44:31.795$ semester and syntacriphy in for semester.

NOTE Confidence: 0

00:44:31.795 --> 00:44:35.020 And like octreotile and Realty,

NOTE Confidence: 0

 $00:44:35.020 \longrightarrow 00:44:37.440$ the prominence study actually

NOTE Confidence: 0

 $00:44:37.440 \longrightarrow 00:44:41.216$ allowed for both semester and

00:44:41.216 --> 00:44:45.284 receptor syntacrification of.

NOTE Confidence: 0

 $00:44:45.284 \longrightarrow 00:44:53.420$ And clarinet study only treated patient

NOTE Confidence: 0

 $00:44:53.612 \longrightarrow 00:44:55.610$ for semester and receptor positive.

NOTE Confidence: 0.943913018181818

 $00:44:57.930 \longrightarrow 00:45:00.639$ This one comes close to a predictive

NOTE Confidence: 0.943913018181818

 $00:45:00.639 \longrightarrow 00:45:03.270$ biomarker which is the degree of

NOTE Confidence: 0.943913018181818

 $00:45:03.270 \longrightarrow 00:45:06.220$ uptake and response and tumor

NOTE Confidence: 0.943913018181818

 $00:45:06.220 \longrightarrow 00:45:09.730$ shrinkage in in in for treatment

NOTE Confidence: 0.943913018181818

 $00{:}45{:}09.730 \dashrightarrow 00{:}45{:}12.650$ with a peptide receptor radiotherapy

NOTE Confidence: 0.943913018181818

 $00:45:12.650 \longrightarrow 00:45:14.732$ as you can see that comparing

NOTE Confidence: 0.943913018181818

 $00:45:14.732 \longrightarrow 00:45:17.260$ to the using the craning scale.

NOTE Confidence: 0.943913018181818

 $00:45:17.260 \longrightarrow 00:45:18.700$ As the expression goes up,

NOTE Confidence: 0.943913018181818

 $00{:}45{:}18.700 \dashrightarrow 00{:}45{:}21.855$ the response rate increase compared

NOTE Confidence: 0.943913018181818

 $00{:}45{:}21.855 \dashrightarrow 00{:}45{:}24.379$ for peptide receptor radiotherapy.

NOTE Confidence: 0.957025933333333

 $00:45:26.420 \longrightarrow 00:45:29.738$ Another biomarker that was evaluated is

NOTE Confidence: 0.957025933333333

 $00:45:29.740 \longrightarrow 00:45:33.580$ is more like a pharmacodynamic biomarker.

 $00:45:33.580 \longrightarrow 00:45:36.023$ In early studies and single arm study

NOTE Confidence: 0.957025933333333

00:45:36.023 --> 00:45:39.006 it looked like those patient who had an

NOTE Confidence: 0.957025933333333

 $00:45:39.006 \longrightarrow 00:45:42.444$ early drop in pomegranate had a benefit

NOTE Confidence: 0.957025933333333

 $00:45:42.444 \longrightarrow 00:45:44.940$ for patients treated was everolimus.

NOTE Confidence: 0.957025933333333

 $00:45:44.940 \longrightarrow 00:45:48.119$ But this turned out actually not to be

NOTE Confidence: 0.957025933333333

 $00:45:48.119 \longrightarrow 00:45:50.559$ that useful when we took it to phase

NOTE Confidence: 0.957025933333333

 $00:45:50.559 \longrightarrow 00:45:52.290$ three because the placebo patient

NOTE Confidence: 0.957025933333333

00:45:52.290 --> 00:45:54.889 who had a 30% dropping from Granny

NOTE Confidence: 0.9570259333333333

 $00:45:54.889 \longrightarrow 00:45:58.110$ A also had a better outcome as well.

NOTE Confidence: 0.957025933333333

 $00:45:58.110 \longrightarrow 00:46:00.735$ So likely this is pointing out some

NOTE Confidence: 0.9570259333333333

 $00:46:00.735 \longrightarrow 00:46:03.502$ issues with the assay performance and

NOTE Confidence: 0.957025933333333

 $00:46:03.502 \longrightarrow 00:46:05.374$ also whether we're not you actually

NOTE Confidence: 0.957025933333333

 $00:46:05.374 \longrightarrow 00:46:07.504$ have to test these patient multiple

NOTE Confidence: 0.957025933333333

 $00:46:07.504 \longrightarrow 00:46:10.150$ times before you get a reliable results.

NOTE Confidence: 0.9452853

00:46:12.320 --> 00:46:14.450 Another BOW marker attempting to look

NOTE Confidence: 0.9452853

 $00{:}46{:}14.450 \dashrightarrow 00{:}46{:}17.542$ at the predictive bow marker in terms of

00:46:17.542 --> 00:46:20.609 response is looking at profusion CT in

NOTE Confidence: 0.9452853

 $00{:}46{:}20.609 \dashrightarrow 00{:}46{:}22.954$ patients treated with veg inhibitors.

NOTE Confidence: 0.9452853

 $00{:}46{:}22.960 \dashrightarrow 00{:}46{:}25.920$ We're able to show that in patients treated

NOTE Confidence: 0.9452853

00:46:25.920 --> 00:46:28.574 with Bebasusan app is open in a flipper

NOTE Confidence: 0.9452853

 $00:46:28.574 \longrightarrow 00:46:31.200$ set that essentially baseline parameter

NOTE Confidence: 0.9452853

 $00:46:31.200 \longrightarrow 00:46:33.994$ and change after treatment correlated

NOTE Confidence: 0.9452853

 $00:46:33.994 \longrightarrow 00:46:37.078$ with the degree of tumor shrinkage.

NOTE Confidence: 0.9452853

 $00:46:37.080 \longrightarrow 00:46:39.720$ I think what we learned here is that

NOTE Confidence: 0.9452853

 $00:46:39.720 \longrightarrow 00:46:41.957$ these are very difficult to do.

NOTE Confidence: 0.9452853

 $00:46:41.960 \longrightarrow 00:46:43.636$ And very operator dependent.

NOTE Confidence: 0.9452853

 $00:46:43.636 \longrightarrow 00:46:46.996$ So it's was possible to do it in

NOTE Confidence: 0.9452853

 $00{:}46{:}46.996 \dashrightarrow 00{:}46{:}50.080$ clinical trial taking it out to the

NOTE Confidence: 0.9452853

 $00{:}46{:}50.080 \dashrightarrow 00{:}46{:}52.400$ wider clinical practice is challenging.

NOTE Confidence: 0.9452853

 $00:46:52.400 \longrightarrow 00:46:55.039$ So if you look at a biomarker

NOTE Confidence: 0.9452853

 $00:46:55.040 \longrightarrow 00:46:57.188$ landscape for neuroendocrine tumor,

 $00:46:57.188 \longrightarrow 00:47:00.976$ you see that in terms of understanding

NOTE Confidence: 0.9452853

 $00{:}47{:}00.976 \dashrightarrow 00{:}47{:}04.758$ whether the treatment work in the in,

NOTE Confidence: 0.9452853

 $00:47:04.758 \longrightarrow 00:47:08.384$ in the indication we do pretty well.

NOTE Confidence: 0.9452853

00:47:08.390 --> 00:47:10.058 Whereas predictive biomarkers,

NOTE Confidence: 0.9452853

 $00:47:10.058 \longrightarrow 00:47:13.394$ there are a few promising ones

NOTE Confidence: 0.9452853

00:47:13.394 --> 00:47:15.348 like printing scale for

NOTE Confidence: 0.879102842222222

00:47:17.910 --> 00:47:19.656 PRT&mGMT for Timosolemai,

NOTE Confidence: 0.879102842222222

 $00:47:19.656 \longrightarrow 00:47:23.148$ However, we're still need a lot,

NOTE Confidence: 0.879102842222222

 $00:47:23.150 \longrightarrow 00:47:25.606$ lot more work to do in terms of

NOTE Confidence: 0.879102842222222

00:47:25.606 --> 00:47:29.880 getting real predictive biomarkers.

NOTE Confidence: 0.879102842222222

 $00{:}47{:}29.880 \dashrightarrow 00{:}47{:}31.668$ So I mentioned earlier that we

NOTE Confidence: 0.879102842222222

 $00:47:31.668 \longrightarrow 00:47:33.716$ have a lot of approved therapy

NOTE Confidence: 0.879102842222222

 $00{:}47{:}33.716 \dashrightarrow 00{:}47{:}36.467$ but most of these trial were not

NOTE Confidence: 0.879102842222222

 $00:47:36.467 \longrightarrow 00:47:38.760$ designed to ask a survival question.

NOTE Confidence: 0.879102842222222

 $00:47:38.760 \longrightarrow 00:47:42.000$ So you know has all this work been

NOTE Confidence: 0.879102842222222

 $00:47:42.000 \longrightarrow 00:47:44.798$ approval our patients doing better,

 $00:47:44.800 \longrightarrow 00:47:47.411$ we can look back into the SEAR

NOTE Confidence: 0.879102842222222

00:47:47.411 --> 00:47:49.071 database again and showing

NOTE Confidence: 0.879102842222222

 $00:47:49.071 \longrightarrow 00:47:51.356$ that the trend in improving,

NOTE Confidence: 0.879102842222222

00:47:51.360 --> 00:47:53.068 improving overall survival in

NOTE Confidence: 0.879102842222222

 $00{:}47{:}53.068 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}00{:}47{:}55.630$ patients with great one to two

NOTE Confidence: 0.879102842222222

 $00:47:55.708 \longrightarrow 00:47:58.060$ metastatic neuroendocrine tumors.

NOTE Confidence: 0.879102842222222

 $00:47:58.060 \longrightarrow 00:48:01.066$ Suggesting that what we did actually

NOTE Confidence: 0.879102842222222

 $00{:}48{:}01.066 \dashrightarrow 00{:}48{:}04.220$ does actually make a real impact.

NOTE Confidence: 0.879102842222222

 $00:48:04.220 \longrightarrow 00:48:06.476$ So next what do you think we need

NOTE Confidence: 0.879102842222222

 $00:48:06.476 \longrightarrow 00:48:08.926$ to do to continue the progress

NOTE Confidence: 0.879102842222222

00:48:08.926 --> 00:48:10.734 in your endocrine tumors?

NOTE Confidence: 0.879102842222222

 $00:48:10.740 \longrightarrow 00:48:12.930$ I think clearly we one thing

NOTE Confidence: 0.879102842222222

 $00{:}48{:}12.930 \dashrightarrow 00{:}48{:}16.068$ we learned is the use of robust

NOTE Confidence: 0.879102842222222

 $00:48:16.068 \longrightarrow 00:48:18.398$ randomized clinical trials and we

NOTE Confidence: 0.879102842222222

00:48:18.398 --> 00:48:20.612 shouldn't be shy about using placebo

00:48:20.612 --> 00:48:22.779 control trial in the right setting.

NOTE Confidence: 0.879102842222222

 $00{:}48{:}22.780 \dashrightarrow 00{:}48{:}25.195$ We do need better availability of neuro

NOTE Confidence: 0.879102842222222

 $00:48:25.195 \longrightarrow 00:48:28.089$ in the model for translational research.

NOTE Confidence: 0.879102842222222

 $00:48:28.090 \longrightarrow 00:48:30.658$ I think we have a baseline group of

NOTE Confidence: 0.879102842222222

 $00:48:30.658 \longrightarrow 00:48:33.203$ therapy that works now to find the

NOTE Confidence: 0.879102842222222

 $00:48:33.203 \longrightarrow 00:48:36.254$ next pathway to target the next target.

NOTE Confidence: 0.879102842222222

 $00:48:36.254 \longrightarrow 00:48:39.489$ I think the the neuron models in

NOTE Confidence: 0.879102842222222

 $00:48:39.489 \longrightarrow 00:48:42.207$ the lab will really benefit us

NOTE Confidence: 0.879102842222222

 $00:48:42.210 \longrightarrow 00:48:45.726$ and we need to obviously explore

NOTE Confidence: 0.879102842222222

 $00:48:45.726 \longrightarrow 00:48:47.484$ novel therapeutic approaches.

NOTE Confidence: 0.879102842222222

 $00{:}48{:}47.490 \dashrightarrow 00{:}48{:}50.418$ I'll just have two more slides

NOTE Confidence: 0.879102842222222

 $00:48:50.418 \longrightarrow 00:48:52.760$ on the modeling part so.

NOTE Confidence: 0.879102842222222

 $00:48:52.760 \longrightarrow 00:48:54.710$ There's a real challenge with

NOTE Confidence: 0.879102842222222

 $00:48:54.710 \longrightarrow 00:48:56.270$ developing models for well

NOTE Confidence: 0.879102842222222

 $00:48:56.338 \longrightarrow 00:48:58.810$ differentiating your endocrine tumors.

NOTE Confidence: 0.879102842222222

 $00{:}48{:}58.810 \dashrightarrow 00{:}49{:}01.630$ There's been many attempt to generate

 $00:49:01.630 \longrightarrow 00:49:03.983$ cell lines, xenographs and organize.

NOTE Confidence: 0.879102842222222

 $00{:}49{:}03.983 \dashrightarrow 00{:}49{:}06.809$ Principally they are limited by a

NOTE Confidence: 0.879102842222222

 $00:49:06.809 \longrightarrow 00:49:09.446$ slow growing nature of the tumor.

NOTE Confidence: 0.879102842222222

 $00:49:09.450 \longrightarrow 00:49:11.776$ So if you think about it in

NOTE Confidence: 0.879102842222222

00:49:11.776 --> 00:49:14.206 placebo arm of clinical trial,

NOTE Confidence: 0.879102842222222

 $00:49:14.210 \longrightarrow 00:49:17.648$ you see these tumors takes about

NOTE Confidence: 0.879102842222222

 $00:49:17.650 \longrightarrow 00:49:20.723$ somewhere between 5 to 18 months median.

NOTE Confidence: 0.879102842222222

 $00:49:20.723 \longrightarrow 00:49:24.294$ To show about a 20% increase in diameter,

NOTE Confidence: 0.879102842222222

00:49:24.294 --> 00:49:27.925 if you really had a representative Model 1,

NOTE Confidence: 0.879102842222222

 $00{:}49{:}27.925 \dashrightarrow 00{:}49{:}29.700$ those models are very difficult

NOTE Confidence: 0.879102842222222

 $00:49:29.700 \longrightarrow 00:49:30.765$ to keep alive.

NOTE Confidence: 0.879102842222222

 $00{:}49{:}30.770 \dashrightarrow 00{:}49{:}33.185$ Second, will take you years to run

NOTE Confidence: 0.879102842222222

 $00{:}49{:}33.185 \dashrightarrow 00{:}49{:}34.969$ one single experiment in the lab.

NOTE Confidence: 0.879102842222222

 $00:49:34.970 \longrightarrow 00:49:36.218$ So it's it's very,

NOTE Confidence: 0.879102842222222

 $00:49:36.218 \longrightarrow 00:49:37.444$ very, very challenging.

 $00:49:37.444 \longrightarrow 00:49:39.729$ There are models out there,

NOTE Confidence: 0.879102842222222

 $00:49:39.730 \longrightarrow 00:49:42.442$ but many of them are altering in such

NOTE Confidence: 0.879102842222222

 $00:49:42.442 \longrightarrow 00:49:44.820$ a fundamental way that I don't think

NOTE Confidence: 0.879102842222222

 $00:49:44.820 \longrightarrow 00:49:47.050$ they represent your end of biology.

NOTE Confidence: 0.879102842222222

 $00:49:47.050 \longrightarrow 00:49:49.990$ So if you look at the published

NOTE Confidence: 0.879102842222222

 $00:49:49.990 \longrightarrow 00:49:51.250$ cell lines and.

NOTE Confidence: 0.879102842222222

 $00:49:51.250 \longrightarrow 00:49:54.687$ In in the the models out there,

NOTE Confidence: 0.879102842222222

00:49:54.690 --> 00:49:56.850 many of them highlighting yellow,

NOTE Confidence: 0.879102842222222

 $00:49:56.850 \longrightarrow 00:50:00.126$ have mutation that do not occur naturally.

NOTE Confidence: 0.879102842222222

 $00:50:00.130 \longrightarrow 00:50:04.568$ While differentiating Nets with P53 and RB.

NOTE Confidence: 0.879102842222222

 $00{:}50{:}04.570 \dashrightarrow 00{:}50{:}06.810$ The remaining usually are

NOTE Confidence: 0.879102842222222

00:50:06.810 --> 00:50:11.290 unknown in terms of P53RB status.

NOTE Confidence: 0.879102842222222

 $00:50:11.290 \longrightarrow 00:50:12.986$ So here's the conundrum.

NOTE Confidence: 0.879102842222222

 $00:50:12.986 \longrightarrow 00:50:15.530$ You need a model that's grows

NOTE Confidence: 0.879102842222222

00:50:15.611 --> 00:50:17.886 fast enough to actually take.

NOTE Confidence: 0.879102842222222

 $00:50:17.890 \longrightarrow 00:50:19.970$ And can generate enough material

00:50:19.970 --> 00:50:23.010 that you can actually do experiments,

NOTE Confidence: 0.879102842222222

 $00:50:23.010 \longrightarrow 00:50:26.754$ but you still need to represent the the

NOTE Confidence: 0.879102842222222

00:50:26.754 --> 00:50:29.890 neuroendocrine slow growing biology.

NOTE Confidence: 0.879102842222222

 $00:50:29.890 \longrightarrow 00:50:32.248$ So how do we tackle this?

NOTE Confidence: 0.879102842222222

 $00:50:32.250 \longrightarrow 00:50:34.518$ One of the efforts we've been doing

NOTE Confidence: 0.879102842222222

 $00:50:34.518 \longrightarrow 00:50:37.489$ in our lab is using a genetically

NOTE Confidence: 0.879102842222222

 $00:50:37.489 \longrightarrow 00:50:40.369$ engineered patient derived organo way models.

NOTE Confidence: 0.879102842222222

 $00:50:40.370 \longrightarrow 00:50:42.128$ So what are we doing here?

NOTE Confidence: 0.879102842222222

00:50:42.130 --> 00:50:45.264 We know that if you alter P53 or RV.

NOTE Confidence: 0.879102842222222

 $00{:}50{:}45.264 \dashrightarrow 00{:}50{:}47.154$ These these things will grow

NOTE Confidence: 0.879102842222222

 $00:50:47.154 \longrightarrow 00:50:49.250$ and take and proliferate,

NOTE Confidence: 0.879102842222222

 $00{:}50{:}49.250 \dashrightarrow 00{:}50{:}52.480$ but you don't want the P53RB L you

NOTE Confidence: 0.879102842222222

 $00{:}50{:}52.480 \dashrightarrow 00{:}50{:}54.330$ know altered when you're testing,

NOTE Confidence: 0.879102842222222

 $00{:}50{:}54.330 \dashrightarrow 00{:}50{:}58.686$ studying new drugs or understanding the

NOTE Confidence: 0.9402536

 $00:50:58.690 \longrightarrow 00:51:01.250$ the biology of Nets.

 $00:51:01.250 \longrightarrow 00:51:04.358$ So we are using a lenty viral

NOTE Confidence: 0.9402536

 $00:51:04.358 \longrightarrow 00:51:06.776$ vector to introduce essentially

NOTE Confidence: 0.9402536

 $00:51:06.776 \longrightarrow 00:51:09.602$ doxycycline inducible alterations

NOTE Confidence: 0.9402536

00:51:09.602 --> 00:51:12.930 in key proliferation pathways.

NOTE Confidence: 0.9402536

 $00:51:12.930 \longrightarrow 00:51:15.700$ So the idea is you.

NOTE Confidence: 0.9402536

00:51:15.700 --> 00:51:18.340 Essentially putting a growth on

NOTE Confidence: 0.9402536

 $00:51:18.340 \longrightarrow 00:51:21.468$ and off switch into the patient

NOTE Confidence: 0.9402536

 $00:51:21.468 \longrightarrow 00:51:24.396$ tumor samples and then you control

NOTE Confidence: 0.9402536

 $00:51:24.396 \longrightarrow 00:51:27.624$ it with in this case doxycycline.

NOTE Confidence: 0.9402536

00:51:27.624 --> 00:51:31.780 We're using either SV40 large T antigen

NOTE Confidence: 0.9402536

 $00{:}51{:}31.780 \dashrightarrow 00{:}51{:}37.950$ behind a the behind the promoter or

NOTE Confidence: 0.9402536

 $00:51:37.950 \longrightarrow 00:51:41.636$ a altered P53R273 because the P53.

NOTE Confidence: 0.9402536

 $00{:}51{:}41.636 \dashrightarrow 00{:}51{:}45.111$ Acts as a tetramer when even one

NOTE Confidence: 0.9402536

00:51:45.111 --> 00:51:47.115 copy is is actually mutated.

NOTE Confidence: 0.9402536

00:51:47.115 --> 00:51:49.290 Is in Paris its function

NOTE Confidence: 0.942029494117647

 $00:51:51.450 \longrightarrow 00:51:53.258$ still a lot of work to do to

 $00:51:53.258 \longrightarrow 00:51:54.936$ figure this out because there

NOTE Confidence: 0.942029494117647

 $00:51:54.936 \longrightarrow 00:51:56.488$ are many different variations.

NOTE Confidence: 0.942029494117647

 $00:51:56.490 \longrightarrow 00:51:57.846$ You can do this.

NOTE Confidence: 0.942029494117647

00:51:57.846 --> 00:52:01.009 You can directly in fact the primary cells,

NOTE Confidence: 0.942029494117647

 $00:52:01.010 \longrightarrow 00:52:02.570$ you can grow them in organizing.

NOTE Confidence: 0.942029494117647

00:52:02.570 --> 00:52:06.562 In fact the organize and what's the right

NOTE Confidence: 0.942029494117647

00.52.06.562 --> 00.52.09.750 condition and how to solve this work.

NOTE Confidence: 0.942029494117647

 $00:52:09.750 \longrightarrow 00:52:11.100$ We're happy to show that

NOTE Confidence: 0.942029494117647

00:52:11.100 --> 00:52:11.910 we're making progress,

NOTE Confidence: 0.942029494117647

 $00:52:11.910 \longrightarrow 00:52:15.247$ that we can actually use the system to

NOTE Confidence: 0.942029494117647

00:52:15.247 --> 00:52:20.149 make your endocrine tumor organoids grow

NOTE Confidence: 0.942029494117647

 $00:52:20.150 \longrightarrow 00:52:22.148$ because the previous attempts to organize,

NOTE Confidence: 0.942029494117647

 $00:52:22.150 \longrightarrow 00:52:23.590$ while you can use growth

NOTE Confidence: 0.942029494117647

 $00:52:23.590 \longrightarrow 00:52:25.030$ factor to keep them alive,

NOTE Confidence: 0.942029494117647

 $00:52:25.030 \longrightarrow 00:52:26.170$ they don't really grow.

 $00:52:26.170 \longrightarrow 00:52:28.916$ So the only way you can study them is

NOTE Confidence: 0.942029494117647

 $00{:}52{:}28.916 \dashrightarrow 00{:}52{:}31.478$ to have a constant stream of material

NOTE Confidence: 0.942029494117647

00:52:31.478 --> 00:52:33.630 coming from the operating room.

NOTE Confidence: 0.942029494117647

00:52:33.630 --> 00:52:35.670 But each time is a little bit different,

NOTE Confidence: 0.942029494117647

 $00:52:35.670 \longrightarrow 00:52:39.570$ right? So we're hoping that.

NOTE Confidence: 0.942029494117647

 $00:52:39.570 \longrightarrow 00:52:42.426$ Over the next month to year to fully

NOTE Confidence: 0.942029494117647

 $00{:}52{:}42.426 \dashrightarrow 00{:}52{:}44.588$ characterize all the these organized

NOTE Confidence: 0.942029494117647

 $00.52.44.588 \longrightarrow 00.52.46.752$ that we're developing in terms

NOTE Confidence: 0.942029494117647

 $00{:}52{:}46.752 \dashrightarrow 00{:}52{:}49.489$ of what what is staying the same,

NOTE Confidence: 0.942029494117647

 $00:52:49.490 \longrightarrow 00:52:52.297$ what is being altered and to what

NOTE Confidence: 0.942029494117647

00:52:52.297 --> 00:52:55.460 extent we can reverse the P53

NOTE Confidence: 0.942029494117647

00:52:55.460 --> 00:52:59.798 and and SV40 induce changes,

NOTE Confidence: 0.942029494117647

 $00{:}52{:}59.798 \dashrightarrow 00{:}53{:}03.410$ we show all the doxycycline to do

NOTE Confidence: 0.942029494117647

 $00{:}53{:}03.508 \dashrightarrow 00{:}53{:}06.946$ drug screening or study the biology.

NOTE Confidence: 0.942029494117647

 $00:53:06.950 \longrightarrow 00:53:09.173$ So I'm going to end the talk here and

NOTE Confidence: 0.942029494117647

 $00{:}53{:}09.173 \dashrightarrow 00{:}53{:}11.389$ may be just a few minutes for questions.

00:53:11.390 --> 00:53:11.470 You

NOTE Confidence: 0.6325332

 $00:53:24.760 \longrightarrow 00:53:27.320$ can say it there. Any questions

NOTE Confidence: 0.941691228571429

 $00{:}53{:}27.320 \dashrightarrow 00{:}53{:}30.197$ from the audience or from or online,

NOTE Confidence: 0.941691228571429

 $00:53:30.200 \longrightarrow 00:53:32.120$ maybe one, see if anyone in the chat,

NOTE Confidence: 0.893761866666667

00:53:34.240 --> 00:53:35.680 I'll, I'll ask the first question,

NOTE Confidence: 0.893761866666667

 $00:53:35.680 \longrightarrow 00:53:38.760$ what are you most excited about from a

NOTE Confidence: 0.893761866666667

00:53:38.760 --> 00:53:40.799 therapeutic standpoint in the next decade?

NOTE Confidence: 0.950317

 $00:53:41.920 \longrightarrow 00:53:44.600$ That's a tough question.

NOTE Confidence: 0.950317

 $00:53:44.600 \longrightarrow 00:53:48.146$ You know I I I think there's still a role

NOTE Confidence: 0.950317

 $00:53:48.146 \longrightarrow 00:53:51.988$ for immunotherapy but probably not with

NOTE Confidence: 0.950317

 $00{:}53{:}51.988 \dashrightarrow 00{:}53{:}55.528$ existing checkpoint inhibitors but may be

NOTE Confidence: 0.950317

 $00:53:55.528 \longrightarrow 00:53:57.812$ within except for maybe subpopulations.

NOTE Confidence: 0.950317

 $00:53:57.812 \longrightarrow 00:54:00.170$ That's one of the things we're

NOTE Confidence: 0.950317

 $00:54:00.232 \longrightarrow 00:54:02.656$ learning is although tumor tumor

NOTE Confidence: 0.950317

 $00:54:02.656 \longrightarrow 00:54:05.596$ mutational burden is generally low,

 $00:54:05.600 \longrightarrow 00:54:09.200$ you're in the patients live a long time.

NOTE Confidence: 0.950317

 $00{:}54{:}09.200 \dashrightarrow 00{:}54{:}11.050$ So that tumor mutation burden

NOTE Confidence: 0.950317

 $00:54:11.050 \longrightarrow 00:54:12.900$ actually may change over time.

NOTE Confidence: 0.950317

00:54:12.900 --> 00:54:15.978 If you look late in the course of disease,

NOTE Confidence: 0.950317

 $00:54:15.980 \longrightarrow 00:54:19.396$ you may find you know patients will

NOTE Confidence: 0.950317

 $00:54:19.396 \longrightarrow 00:54:21.340$ benefit from those those sort of

NOTE Confidence: 0.950317

 $00:54:21.401 \longrightarrow 00:54:23.049$ treatments especially interesting is

NOTE Confidence: 0.950317

00:54:23.049 --> 00:54:25.940 like your work with Timozola mine right,

NOTE Confidence: 0.950317

 $00:54:25.940 \longrightarrow 00:54:28.382$ because these are Asians that tend

NOTE Confidence: 0.950317

 $00:54:28.382 \longrightarrow 00:54:31.375$ to induce tumor mutations and and may

NOTE Confidence: 0.950317

 $00{:}54{:}31.375 \dashrightarrow 00{:}54{:}33.535$ increase tumor orientation will burden.

NOTE Confidence: 0.950317

 $00:54:33.540 \longrightarrow 00:54:36.150$ So that's actually I think the

NOTE Confidence: 0.950317

 $00:54:36.150 \longrightarrow 00:54:37.455$ relevant sequencing question.

NOTE Confidence: 0.950317

 $00:54:37.460 \longrightarrow 00:54:38.460$ When you use that early,

NOTE Confidence: 0.950317

 $00:54:38.460 \longrightarrow 00:54:40.372$ does that mean later on they have a

NOTE Confidence: 0.950317

00:54:40.372 --> 00:54:42.738 high T MB and you can go back with I/O,

00:54:42.740 --> 00:54:43.284 that sort of things?

NOTE Confidence: 0.950317

 $00:54:43.284 \longrightarrow 00:54:43.420$ Yeah.

NOTE Confidence: 0.950317

 $00:54:43.420 \longrightarrow 00:54:43.620$ Kevin, NOTE Confidence: 0.9519942333333333

00:54:47.340 --> 00:54:48.939 thanks. Doctor Yellen,

NOTE Confidence: 0.951994233333333

 $00{:}54{:}48.939 \dashrightarrow 00{:}54{:}52.229$ can you comment given the expanding

NOTE Confidence: 0.951994233333333

 $00:54:52.229 \longrightarrow 00:54:54.481$ armamentarian and systemic agents

NOTE Confidence: 0.951994233333333

 $00:54:54.481 \longrightarrow 00:54:57.804$ where you see the evolving role

NOTE Confidence: 0.951994233333333

 $00:54:57.804 \longrightarrow 00:55:00.379$ of surgical therapy fitting in?

NOTE Confidence: 0.951994233333333

 $00:55:00.380 \longrightarrow 00:55:02.920$ It's complicated historically?

NOTE Confidence: 0.951994233333333

 $00:55:02.920 \longrightarrow 00:55:04.970$ Depending on where you are

NOTE Confidence: 0.951994233333333

 $00:55:04.970 \longrightarrow 00:55:06.909$ and who you work with,

NOTE Confidence: 0.951994233333333

 $00{:}55{:}06.910 \dashrightarrow 00{:}55{:}11.327$ what the landscape is and we have

NOTE Confidence: 0.9519942333333333

 $00{:}55{:}11.327 \dashrightarrow 00{:}55{:}15.062$ felt like surgical cyto reduction

NOTE Confidence: 0.951994233333333

 $00:55:15.062 \longrightarrow 00:55:18.606$ has a role in this disease.

NOTE Confidence: 0.951994233333333

00:55:18.606 --> 00:55:21.534 But I I don't know that that's

 $00:55:21.534 \longrightarrow 00:55:23.790$ as much the case the current

NOTE Confidence: 0.951994233333333

 $00:55:23.868 \longrightarrow 00:55:26.228$ era or it will be in the future.

NOTE Confidence: 0.951994233333333

 $00:55:26.230 \longrightarrow 00:55:27.910$ I think that's the great question.

NOTE Confidence: 0.951994233333333

 $00:55:27.910 \longrightarrow 00:55:30.080$ I think there's still be a very

NOTE Confidence: 0.951994233333333

 $00:55:30.080 \longrightarrow 00:55:31.818$ important role for cyto reduction

NOTE Confidence: 0.951994233333333

 $00:55:31.818 \longrightarrow 00:55:33.678$ in surgery in this disease.

NOTE Confidence: 0.951994233333333 00:55:33.680 --> 00:55:34.560 If nothing,

NOTE Confidence: 0.951994233333333

 $00{:}55{:}34.560 \dashrightarrow 00{:}55{:}37.176$ it actually gives the patient a

NOTE Confidence: 0.951994233333333

 $00:55:37.176 \longrightarrow 00:55:39.256$ potentially a long treatment free

NOTE Confidence: 0.951994233333333

 $00:55:39.256 \longrightarrow 00:55:41.365$ interval from systemic therapy and

NOTE Confidence: 0.9519942333333333

 $00:55:41.365 \longrightarrow 00:55:44.480$ although the time course here is long,

NOTE Confidence: 0.951994233333333

 $00:55:44.480 \longrightarrow 00:55:46.775$ so metastatic small bowel patients

NOTE Confidence: 0.951994233333333

 $00:55:46.775 \longrightarrow 00:55:49.680$ are living 8 to 10 years.

NOTE Confidence: 0.9519942333333333

00:55:49.680 --> 00:55:51.720 But if you ask the patient they will

NOTE Confidence: 0.951994233333333

 $00:55:51.720 \longrightarrow 00:55:53.875$ say 8 to 10 years is not enough,

NOTE Confidence: 0.951994233333333 00:55:53.880 --> 00:55:54.191 right?

 $00:55:54.191 \longrightarrow 00:55:56.057$ So I think there's still room

NOTE Confidence: 0.951994233333333

 $00:55:56.057 \longrightarrow 00:55:58.071$ to use more modality including

NOTE Confidence: 0.951994233333333

00:55:58.071 --> 00:55:59.589 surgery and international

NOTE Confidence: 0.951994233333333

 $00:55:59.589 \longrightarrow 00:56:02.119$ radiology technique and so forth.

NOTE Confidence: 0.918433135

 $00:56:04.610 \longrightarrow 00:56:08.490$ The surgery of symptoms,

NOTE Confidence: 0.918433135

 $00:56:08.490 \longrightarrow 00:56:12.410$ it certainly can mean, yeah,

NOTE Confidence: 0.918433135

00:56:12.410 --> 00:56:14.165 you know there's many different

NOTE Confidence: 0.918433135

00:56:14.165 --> 00:56:16.697 ways it can in you know some

NOTE Confidence: 0.918433135

 $00{:}56{:}16.697 {\:{\circ}{\circ}{\circ}}>00{:}56{:}18.628$ cases patients have essentially

NOTE Confidence: 0.918433135

 $00:56:18.628 \longrightarrow 00:56:21.258$ abdominal discomfort from a local

NOTE Confidence: 0.918433135

 $00{:}56{:}21.258 \dashrightarrow 00{:}56{:}24.120$ tumor with nodes and the surgical

NOTE Confidence: 0.918433135

 $00:56:24.120 \longrightarrow 00:56:26.781$ resection will bypass can be very

NOTE Confidence: 0.918433135

 $00:56:26.781 \longrightarrow 00:56:28.836$ important for them even though

NOTE Confidence: 0.918433135

 $00:56:28.836 \longrightarrow 00:56:31.234$ palliative and patients who have.

NOTE Confidence: 0.918433135

 $00:56:31.234 \longrightarrow 00:56:33.218$ Severe Carson syndrome sometime

 $00:56:33.218 \longrightarrow 00:56:35.014$ refractive therapy and benefit

NOTE Confidence: 0.918433135

00:56:35.014 --> 00:56:36.854 from the bulking all types

NOTE Confidence: 0.954789557777778

 $00:56:40.420 \longrightarrow 00:56:42.085$ should there's an increase in

NOTE Confidence: 0.954789557777778

 $00:56:42.085 \longrightarrow 00:56:43.417$ incidence but also survival.

NOTE Confidence: 0.954789557777778

00:56:43.420 --> 00:56:45.730 Are you able to kind of differentiate

NOTE Confidence: 0.954789557777778

00:56:45.730 --> 00:56:47.368 increased diagnosis of otherwise

NOTE Confidence: 0.954789557777778

00:56:47.368 --> 00:56:49.548 ability versus advances in therapy

NOTE Confidence: 0.954789557777778

 $00:56:49.548 \longrightarrow 00:56:52.981$ or you know parse this out? Yeah.

NOTE Confidence: 0.954789557777778

 $00{:}56{:}52.981 \dashrightarrow 00{:}56{:}55.510$ So I think one of the ways we're looking

NOTE Confidence: 0.954789557777778

 $00:56:55.578 \longrightarrow 00:56:58.021$ at the survival changes is limiting our

NOTE Confidence: 0.954789557777778

 $00{:}56{:}58.021 \dashrightarrow 00{:}57{:}00.600$ analysis to those with metastatic disease.

NOTE Confidence: 0.954789557777778

 $00:57:00.600 \longrightarrow 00:57:03.050$ There are still very much some limitations

NOTE Confidence: 0.954789557777778

 $00:57:03.050 \longrightarrow 00:57:05.476$ when you look at that sort of data.

NOTE Confidence: 0.954789557777778

 $00:57:05.480 \longrightarrow 00:57:07.811$ But I think the large registry is

NOTE Confidence: 0.954789557777778

00:57:07.811 --> 00:57:09.867 probably still the best way to look

NOTE Confidence: 0.954789557777778

 $00:57:09.867 \longrightarrow 00:57:12.084$ at the survival data because when

00:57:12.084 --> 00:57:14.239 you look at individual institutions,

NOTE Confidence: 0.954789557777778

 $00:57:14.240 \longrightarrow 00:57:16.354$ you have a lot of referral bias.

NOTE Confidence: 0.954789557777778

 $00{:}57{:}16.360 \dashrightarrow 00{:}57{:}17.760$ You know, those patients who

NOTE Confidence: 0.954789557777778

 $00:57:17.760 \longrightarrow 00:57:18.880$ has surgery are cured,

NOTE Confidence: 0.954789557777778

 $00:57:18.880 \longrightarrow 00:57:20.911$ they don't come to tertiary centers, right.

NOTE Confidence: 0.954789557777778

00:57:20.911 --> 00:57:22.866 They're going on and living

NOTE Confidence: 0.954789557777778

 $00:57:22.866 \longrightarrow 00:57:24.039$ their normal lives.

NOTE Confidence: 0.954789557777778

 $00{:}57{:}24.040 \dashrightarrow 00{:}57{:}26.530$ And so the large registry still

NOTE Confidence: 0.954789557777778

 $00{:}57{:}26.530 \dashrightarrow 00{:}57{:}29.129$ have a very important role there.

NOTE Confidence: 0.954789557777778

 $00:57:29.130 \longrightarrow 00:57:32.042$ And the increase in incidence is happening

NOTE Confidence: 0.954789557777778

 $00{:}57{:}32.042 \dashrightarrow 00{:}57{:}35.086$ in distinct areas like rectal is you

NOTE Confidence: 0.954789557777778

 $00:57:35.086 \longrightarrow 00:57:37.331$ know because the screen colonoscopy

NOTE Confidence: 0.954789557777778

 $00{:}57{:}37.331 \dashrightarrow 00{:}57{:}41.110$ you're finding lot of tiny rectal,

NOTE Confidence: 0.954789557777778

 $00{:}57{:}41.110 \dashrightarrow 00{:}57{:}43.630$ you're in the consumers which also

NOTE Confidence: 0.954789557777778

 $00:57:43.630 \longrightarrow 00:57:46.528$ is linked to specific race and

 $00{:}57{:}46.528 \dashrightarrow 00{:}57{:}49.055$ ethnicity issues and in in in small

NOTE Confidence: 0.954789557777778

 $00:57:49.055 \longrightarrow 00:57:50.540$ pancreatic urine the consumer is

NOTE Confidence: 0.954789557777778

 $00{:}57{:}50.598 \dashrightarrow 00{:}57{:}52.308$ going to be something we're going

NOTE Confidence: 0.954789557777778

 $00:57:52.308 \longrightarrow 00:57:54.491$ to have to deal with just the

NOTE Confidence: 0.954789557777778

 $00{:}57{:}54.491 \dashrightarrow 00{:}57{:}56.126$ increase CT start getting done.

NOTE Confidence: 0.896334164

 $00:57:59.210 \longrightarrow 00:58:00.310$ Well, thank you so much

NOTE Confidence: 0.896334164

00:58:00.310 --> 00:58:01.410 Doctor Yao for coming today.