WEBVTT

NOTE duration: "00:48:00.2800000"

NOTE recognizability:0.529

NOTE language:en-us

NOTE Confidence: 0.71403414 00:00:00.000 --> 00:00:00.880 OK. NOTE Confidence: 0.71403414

00:00:05.480 --> 00:00:06.240 Yeah. Thank you so much,

NOTE Confidence: 0.71403414

 $00:00:06.240 \longrightarrow 00:00:09.400$  Jerry, for the introduction.

NOTE Confidence: 0.71403414

 $00:00:09.400 \dashrightarrow 00:00:12.048$  And this work with Anglo 5 I've been

NOTE Confidence: 0.71403414

 $00:00:12.048 \longrightarrow 00:00:14.439$  doing for I think about 15 years.

NOTE Confidence: 0.71403414

 $00:00:14.440 \longrightarrow 00:00:16.190$  And it actually started in

NOTE Confidence: 0.71403414

 $00:00:16.190 \longrightarrow 00:00:17.240$  collaboration with Jerry.

NOTE Confidence: 0.71403414

00:00:17.240 --> 00:00:19.892 Jerry was my mentor on my

NOTE Confidence: 0.71403414

 $00{:}00{:}19.892 \dashrightarrow 00{:}00{:}22.200$  first imaging study with this.

NOTE Confidence: 0.71403414

 $00:00:22.200 \longrightarrow 00:00:24.288$  I will not be talking about

NOTE Confidence: 0.71403414

 $00{:}00{:}24.288 \dashrightarrow 00{:}00{:}25.680$  synaptic density much today,

NOTE Confidence: 0.71403414

 $00:00:25.680 \longrightarrow 00:00:29.170$  but I'd be happy to come back and another

NOTE Confidence: 0.71403414

00:00:29.170 --> 00:00:31.960 grand rounds and talk about that.

 $00:00:31.960 \longrightarrow 00:00:34.655$  So if you guys know it takes

NOTE Confidence: 0.71403414

 $00{:}00{:}34.655 --> 00{:}00{:}37.199$  an army to do this work,

NOTE Confidence: 0.71403414

 $00:00:37.200 \longrightarrow 00:00:38.887$  this is some of the army that

NOTE Confidence: 0.71403414

 $00:00:38.887 \longrightarrow 00:00:40.399$  has helped me do this work.

NOTE Confidence: 0.71403414

 $00:00:40.400 \longrightarrow 00:00:43.001$  And I just want to just show all the

NOTE Confidence: 0.71403414

00:00:43.001 --> 00:00:45.437 people now in case we run out of time.

NOTE Confidence: 0.71403414

 $00:00:45.440 \longrightarrow 00:00:47.555$  And these are the acknowledgements

NOTE Confidence: 0.71403414

 $00:00:47.555 \longrightarrow 00:00:49.670$  on the translational brain imaging

NOTE Confidence: 0.71403414

 $00{:}00{:}49.731 \dashrightarrow 00{:}00{:}52.764$  program with Nicole de La Jolla and

NOTE Confidence: 0.71403414

 $00:00:52.764 \longrightarrow 00:00:55.288$  Sarah Davanni have been doing a lot

NOTE Confidence: 0.71403414

 $00{:}00{:}55.288 \to 00{:}00{:}57.325$  of help with recruitment of subjects

NOTE Confidence: 0.71403414

 $00:00:57.325 \longrightarrow 00:00:58.673$  and identification of subjects.

NOTE Confidence: 0.71403414

00:00:58.680 --> 00:01:00.990 And then Rich Carson has been my

NOTE Confidence: 0.71403414

00:01:00.990 --> 00:01:03.318 mentor from when I started doing PET.

NOTE Confidence: 0.71403414

00:01:03.320 --> 00:01:04.580 And then Chrissy de Lorenzo

NOTE Confidence: 0.71403414

 $00:01:04.580 \longrightarrow 00:01:06.154$  has done a lot of ketamine.

00:01:06.154 --> 00:01:09.147 I'm go 5 work with me and Jane Taylor,

NOTE Confidence: 0.71403414

 $00{:}01{:}09.147 \dashrightarrow 00{:}01{:}10.992$  Hilary Bloomberg and Jerry Sinacor

NOTE Confidence: 0.71403414

 $00:01:10.992 \longrightarrow 00:01:12.957$  have really helped a lot through

NOTE Confidence: 0.71403414

 $00{:}01{:}12.960 \dashrightarrow 00{:}01{:}15.760$  for clinical and clinical studies.

NOTE Confidence: 0.71403414

00:01:15.760 --> 00:01:19.000 And I don't have any relevant

NOTE Confidence: 0.71403414

 $00:01:19.000 \longrightarrow 00:01:20.080$  financial disclosures.

NOTE Confidence: 0.71403414

00:01:20.080 --> 00:01:22.888 And so why did I decide to study

NOTE Confidence: 0.71403414

 $00:01:22.888 \longrightarrow 00:01:25.318$  glutamate besides the fact that we

NOTE Confidence: 0.71403414

 $00:01:25.318 \longrightarrow 00:01:26.974$  can actually image glutamatergic

NOTE Confidence: 0.71403414

 $00:01:26.974 \longrightarrow 00:01:29.279$  system in the brain in humans?

NOTE Confidence: 0.71403414 00:01:29.280 --> 00:01:29.644 Well,

NOTE Confidence: 0.71403414

 $00{:}01{:}29.644 \dashrightarrow 00{:}01{:}31.464$  glutamate is the most common

NOTE Confidence: 0.71403414

 $00:01:31.464 \longrightarrow 00:01:33.650$  neurotransmitter in the brain with 80

NOTE Confidence: 0.71403414

 $00{:}01{:}33.650 \dashrightarrow 00{:}01{:}35.840$  to 90% of synapses being glutamatergic.

NOTE Confidence: 0.71403414

00:01:35.840 --> 00:01:37.800 And so if you think about it,

00:01:37.800 --> 00:01:39.660 whatever system you're studying,

NOTE Confidence: 0.71403414

00:01:39.660 --> 00:01:41.520 whatever disorder you're studying,

NOTE Confidence: 0.71403414

 $00:01:41.520 \longrightarrow 00:01:43.260$  glutamate dysfunction is going to

NOTE Confidence: 0.71403414

 $00:01:43.260 \longrightarrow 00:01:45.000$  be implicated in that disorder.

NOTE Confidence: 0.71403414

 $00:01:45.000 \longrightarrow 00:01:47.838$  There are two types of receptors.

NOTE Confidence: 0.71403414

 $00{:}01{:}47.840 \dashrightarrow 00{:}01{:}50.040$  Bionotropic receptors are responsible

NOTE Confidence: 0.71403414

 $00{:}01{:}50.040 \dashrightarrow 00{:}01{:}52.240$  for fast excitatory transmission.

NOTE Confidence: 0.71403414

00:01:52.240 --> 00:01:54.365 Emmetabotropic have more of a

NOTE Confidence: 0.71403414

 $00{:}01{:}54.365 \dashrightarrow 00{:}01{:}57.063$  modulatory role in the central nervous

NOTE Confidence: 0.71403414

00:01:57.063 --> 00:01:59.918 system and so I'm studying Amglu 5.

NOTE Confidence: 0.71403414

 $00{:}01{:}59.920 \dashrightarrow 00{:}02{:}02{:}02{:}320$  It's AG protein coupled receptor.

NOTE Confidence: 0.71403414

00:02:02.320 --> 00:02:04.255 It is located mostly post

NOTE Confidence: 0.71403414

 $00:02:04.255 \longrightarrow 00:02:05.803$  synaptically everywhere in the

NOTE Confidence: 0.71403414

 $00:02:05.803 \longrightarrow 00:02:07.880$  brain and the peripheral tissue.

NOTE Confidence: 0.71403414

 $00:02:07.880 \longrightarrow 00:02:09.440$  It is involved in everything that

NOTE Confidence: 0.71403414

 $00:02:09.440 \longrightarrow 00:02:10.900$  we do including learning, memory,

 $00{:}02{:}10.900 \dashrightarrow 00{:}02{:}13.000$  anxiety and perception of pain.

NOTE Confidence: 0.71403414

 $00:02:13.000 \longrightarrow 00:02:16.048$  Probably sleeping cycle as well and

NOTE Confidence: 0.71403414

 $00:02:16.048 \longrightarrow 00:02:18.088$  allosteric modulation of the system

NOTE Confidence: 0.71403414

00:02:18.088 --> 00:02:19.720 contributes to cognitive function,

NOTE Confidence: 0.71403414

 $00:02:19.720 \longrightarrow 00:02:20.334$  anxiety, pain.

NOTE Confidence: 0.71403414

 $00:02:20.334 \longrightarrow 00:02:23.178$  A lot of this work has been done in

NOTE Confidence: 0.71403414

00:02:23.178 --> 00:02:25.418 animal models and then I'll show you

NOTE Confidence: 0.71403414

 $00:02:25.418 \longrightarrow 00:02:27.756$  some work that we've done in human.

NOTE Confidence: 0.71403414

 $00:02:27.760 \longrightarrow 00:02:30.424$  And so the way I study Anglo 5 is

NOTE Confidence: 0.71403414

 $00:02:30.424 \longrightarrow 00:02:33.360$  through positron emission tomography or PET.

NOTE Confidence: 0.71403414

 $00:02:33.360 \longrightarrow 00:02:36.304$  I'll just show you a few slides on

NOTE Confidence: 0.71403414

 $00:02:36.304 \longrightarrow 00:02:38.740$  what we actually study and how PET

NOTE Confidence: 0.71403414

 $00:02:38.740 \dashrightarrow 00:02:41.000$  works so that you can understand better

NOTE Confidence: 0.71403414

 $00:02:41.000 \longrightarrow 00:02:42.960$  what it is that I'm studying and

NOTE Confidence: 0.71403414

 $00:02:42.960 \longrightarrow 00:02:44.956$  the data that I will show you later.

00:02:44.960 --> 00:02:46.560 And so for PET, we need a cyclotron,

NOTE Confidence: 0.71403414

 $00:02:46.560 \longrightarrow 00:02:48.822$  which is a large machine that

NOTE Confidence: 0.71403414

 $00:02:48.822 \longrightarrow 00:02:50.406$  makes radioactive particles such

NOTE Confidence: 0.71403414

 $00:02:50.406 \longrightarrow 00:02:52.636$  as carbon 11 and F18,

NOTE Confidence: 0.71403414

 $00:02:52.640 \longrightarrow 00:02:55.624$  which we then bind to whatever target

NOTE Confidence: 0.71403414

 $00{:}02{:}55.624 \dashrightarrow 00{:}02{:}57.752$  you're sending into the brain to bind

NOTE Confidence: 0.71403414

 $00:02:57.752 \longrightarrow 00:03:00.399$  to the enzyme neurotransmitter receptor,

NOTE Confidence: 0.71403414

 $00:03:00.400 \longrightarrow 00:03:02.598$  whatever it is you're trying to study.

NOTE Confidence: 0.71403414

 $00{:}03{:}02.600 \dashrightarrow 00{:}03{:}05.000$  And this composite is called the

NOTE Confidence: 0.71403414

 $00:03:05.000 \longrightarrow 00:03:06.640$  radio pharmaceutical or radio

NOTE Confidence: 0.71403414

00:03:06.640 --> 00:03:08.320 ligand or radio tracer.

NOTE Confidence: 0.71403414

 $00:03:08.320 \longrightarrow 00:03:11.000$  We use those terms interchangeably.

NOTE Confidence: 0.71403414

 $00{:}03{:}11.000 \dashrightarrow 00{:}03{:}12.835$  I also short and sometimes

NOTE Confidence: 0.71403414

00:03:12.835 --> 00:03:14.670 I'll say ligand or tracer

NOTE Confidence: 0.62159127

 $00:03:14.741 \longrightarrow 00:03:16.995$  and it all means the same thing.

NOTE Confidence: 0.62159127

 $00{:}03{:}17.000 \dashrightarrow 00{:}03{:}19.247$  We inject this into the subject as

 $00{:}03{:}19.247 \dashrightarrow 00{:}03{:}21.723$  a bolus over a one minute push or

NOTE Confidence: 0.62159127

 $00:03:21.723 \longrightarrow 00:03:23.421$  bolus plus injection over could be

NOTE Confidence: 0.62159127

 $00:03:23.421 \longrightarrow 00:03:25.379$  an hour a couple hours depending

NOTE Confidence: 0.62159127

 $00:03:25.379 \longrightarrow 00:03:27.748$  on the system that we're studying.

NOTE Confidence: 0.62159127

 $00:03:27.748 \longrightarrow 00:03:29.833$  And then we acquire images.

NOTE Confidence: 0.62159127

 $00:03:29.840 \longrightarrow 00:03:32.640$  And this is just an example of a PET scanner.

NOTE Confidence: 0.62159127

 $00:03:32.640 \longrightarrow 00:03:33.880$  This is an outdated picture,

NOTE Confidence: 0.62159127

 $00:03:33.880 \longrightarrow 00:03:36.877$  but it gives you an idea of a brain.

NOTE Confidence: 0.62159127

 $00{:}03{:}36.880 \dashrightarrow 00{:}03{:}39.484$  Dedicated PET scanner has a short

NOTE Confidence: 0.62159127

 $00:03:39.484 \longrightarrow 00:03:41.860$  bore where only the subject's head

NOTE Confidence: 0.62159127

 $00:03:41.860 \longrightarrow 00:03:44.315$  is positioned and so people with

NOTE Confidence: 0.62159127

 $00{:}03{:}44.315 \dashrightarrow 00{:}03{:}46.550$  claustrophobia really have an easier

NOTE Confidence: 0.62159127

 $00{:}03{:}46.550 \dashrightarrow 00{:}03{:}48.384$  time participating in PET scans.

NOTE Confidence: 0.62159127

 $00:03:48.384 \longrightarrow 00:03:50.114$  Now we have different scanners

NOTE Confidence: 0.62159127

 $00:03:50.114 \longrightarrow 00:03:52.131$  with where the bore is larger and

 $00:03:52.131 \longrightarrow 00:03:53.760$  the whole body needs to go in.

NOTE Confidence: 0.62159127

 $00{:}03{:}53.760 \dashrightarrow 00{:}03{:}56.640$  So we do account for claustrophobia.

NOTE Confidence: 0.62159127

 $00:03:56.640 \longrightarrow 00:03:58.280$  And so as Jerry mentioned,

NOTE Confidence: 0.62159127

 $00:03:58.280 \longrightarrow 00:04:01.600$  I'm a neuropsychologist by training.

NOTE Confidence: 0.62159127

 $00:04:01.600 \longrightarrow 00:04:03.920$  And so for me when I found PET,

NOTE Confidence: 0.62159127

 $00:04:03.920 \longrightarrow 00:04:06.512$  I was super excited.

NOTE Confidence: 0.62159127

 $00{:}04{:}06.512 \dashrightarrow 00{:}04{:}08.618$  And I'm really honoured to be able

NOTE Confidence: 0.62159127

 $00{:}04{:}08.618 \dashrightarrow 00{:}04{:}10.459$  to do these studies where I can look

NOTE Confidence: 0.62159127

 $00{:}04{:}10.459 \dashrightarrow 00{:}04{:}12.165$  at what's going on in the brain and

NOTE Confidence: 0.62159127

00:04:12.165 --> 00:04:13.877 I can ask people how do they feel,

NOTE Confidence: 0.62159127

 $00:04:13.880 \longrightarrow 00:04:15.560$  measure their cognition, etcetera, etcetera.

NOTE Confidence: 0.62159127

00:04:15.560 --> 00:04:17.000 So I can, you know,

NOTE Confidence: 0.62159127

 $00{:}04{:}17.000 \dashrightarrow 00{:}04{:}21.480$  unite the human and neuroscience.

NOTE Confidence: 0.62159127

 $00{:}04{:}21.480 \dashrightarrow 00{:}04{:}24.301$  And so this is an example of

NOTE Confidence: 0.62159127

 $00:04:24.301 \longrightarrow 00:04:27.160$  participation in the study by a subject.

NOTE Confidence: 0.62159127

00:04:27.160 --> 00:04:29.338 So first we collect MRI images

 $00:04:29.338 \longrightarrow 00:04:31.237$  to guide placements of regions

NOTE Confidence: 0.62159127

00:04:31.237 --> 00:04:33.695 of interest for PET and to make

NOTE Confidence: 0.62159127

 $00:04:33.695 \longrightarrow 00:04:35.320$  sure there are no abnormalities.

NOTE Confidence: 0.62159127

 $00:04:35.320 \longrightarrow 00:04:37.624$  Sometimes we see people have tumors

NOTE Confidence: 0.62159127

 $00{:}04{:}37.624 \dashrightarrow 00{:}04{:}40.317$  or hemorrhage and we of course report

NOTE Confidence: 0.62159127

 $00:04:40.317 \longrightarrow 00:04:42.695$  that and then the radio chemist

NOTE Confidence: 0.62159127

 $00:04:42.695 \longrightarrow 00:04:45.103$  synthesize the radio tracer when the

NOTE Confidence: 0.62159127

00:04:45.103 --> 00:04:47.315 subjects show up at the PET scan.

NOTE Confidence: 0.62159127

 $00:04:47.320 \longrightarrow 00:04:48.657$  So it is not something that we

NOTE Confidence: 0.62159127

 $00:04:48.657 \longrightarrow 00:04:49.639$  can do ahead of time.

NOTE Confidence: 0.62159127

 $00:04:49.640 \longrightarrow 00:04:53.000$  The radio tracers have a half

NOTE Confidence: 0.62159127

 $00:04:53.000 \longrightarrow 00:04:54.360$  life of some 20 minutes,

NOTE Confidence: 0.62159127

00:04:54.360 --> 00:04:55.341 some 110 minutes.

NOTE Confidence: 0.62159127

00:04:55.341 --> 00:04:57.630 And so it's not something that can

NOTE Confidence: 0.62159127

00:04:57.697 --> 00:04:59.809 be done in batches and distributed

 $00:04:59.809 \longrightarrow 00:05:01.600$  throughout the day or week.

NOTE Confidence: 0.62159127

 $00{:}05{:}01.600 \dashrightarrow 00{:}05{:}04.183$  And then we collect bloods for metabolism

NOTE Confidence: 0.62159127

 $00:05:04.183 \longrightarrow 00:05:06.558$  and protein binding of the radio tracer.

NOTE Confidence: 0.62159127

00:05:06.560 --> 00:05:08.200 Since everybody you know works,

NOTE Confidence: 0.62159127

 $00:05:08.200 \longrightarrow 00:05:09.888$  their systems work differently.

NOTE Confidence: 0.62159127

 $00:05:09.888 \longrightarrow 00:05:12.420$  And then we inject the radio

NOTE Confidence: 0.62159127

 $00{:}05{:}12.490 \dashrightarrow 00{:}05{:}14.600$  tracer and collect PET images.

NOTE Confidence: 0.62159127

 $00:05:14.600 \longrightarrow 00:05:17.295$  And so this is an example of

NOTE Confidence: 0.62159127

 $00{:}05{:}17.295 \dashrightarrow 00{:}05{:}20.000$  a PET image and Amar image.

NOTE Confidence: 0.62159127

 $00:05:20.000 \longrightarrow 00:05:23.320$  And so for pet outcome measures we have,

NOTE Confidence: 0.62159127

 $00:05:23.320 \longrightarrow 00:05:24.331$  we have several,

NOTE Confidence: 0.62159127

00:05:24.331 --> 00:05:26.353 but I'll be talking about two.

NOTE Confidence: 0.62159127

 $00:05:26.360 \longrightarrow 00:05:29.440$  One is BPNT, which is a binding potential.

NOTE Confidence: 0.62159127

 $00:05:29.440 \longrightarrow 00:05:31.414$  It's how much radioactivity we have in

NOTE Confidence: 0.62159127

 $00:05:31.414 \longrightarrow 00:05:33.519$  a region that you're trying to study

NOTE Confidence: 0.62159127

 $00:05:33.520 \longrightarrow 00:05:35.422$  versus how much radioactivity is in

 $00:05:35.422 \longrightarrow 00:05:37.617$  the region that has nothing of what

NOTE Confidence: 0.62159127

 $00{:}05{:}37.617 \dashrightarrow 00{:}05{:}39.633$  it is that you're trying to study.

NOTE Confidence: 0.62159127

 $00:05:39.640 \longrightarrow 00:05:42.436$  So it has negligible specific binding.

NOTE Confidence: 0.62159127

 $00:05:42.440 \longrightarrow 00:05:43.812$  Sometimes for some systems,

NOTE Confidence: 0.62159127

 $00:05:43.812 \longrightarrow 00:05:46.264$  we don't have that and so we

NOTE Confidence: 0.62159127

 $00:05:46.264 \longrightarrow 00:05:47.560$  have to measure blood.

NOTE Confidence: 0.62159127

 $00:05:47.560 \longrightarrow 00:05:49.814$  And so we look at how much

NOTE Confidence: 0.62159127

 $00:05:49.814 \longrightarrow 00:05:52.220$  radioactivity is in the brain and the

NOTE Confidence: 0.62159127

 $00:05:52.220 \longrightarrow 00:05:54.440$  tissue that you're trying to study

NOTE Confidence: 0.62159127

 $00{:}05{:}54.440 \dashrightarrow 00{:}05{:}56.718$  versus how much is in the blood.

NOTE Confidence: 0.62159127

 $00:05:56.720 \longrightarrow 00:05:58.560$  And so the first one is called BPNT

NOTE Confidence: 0.62159127

 $00:05:58.560 \longrightarrow 00:06:00.360$  and the second one is called BT.

NOTE Confidence: 0.62159127

 $00:06:00.360 \longrightarrow 00:06:01.836$  And I as I go through,

NOTE Confidence: 0.62159127

 $00:06:01.840 \longrightarrow 00:06:03.200$  I will tell you which one I used.

NOTE Confidence: 0.5679808

 $00:06:05.240 \longrightarrow 00:06:08.468$  We have two radio ligands that most

 $00:06:08.468 \longrightarrow 00:06:11.432$  commonly used to study Onglu 5 in human

NOTE Confidence: 0.5679808

 $00{:}06{:}11.432 \dashrightarrow 00{:}06{:}14.520$  in vivo and I have used both of these.

NOTE Confidence: 0.5679808

00:06:14.520 --> 00:06:17.224 One is F18 FPEB, it has very high

NOTE Confidence: 0.5679808

 $00:06:17.224 \longrightarrow 00:06:19.377$  affinity and specificity for the

NOTE Confidence: 0.5679808

 $00:06:19.377 \longrightarrow 00:06:21.717$  receptor has slower kinetics of

NOTE Confidence: 0.5679808

 $00:06:21.720 \longrightarrow 00:06:25.462$  110 minute half life and and that

NOTE Confidence: 0.5679808

00:06:25.462 --> 00:06:27.317 sorry half life's 110 minutes.

NOTE Confidence: 0.5679808

 $00:06:27.320 \longrightarrow 00:06:29.609$  And we think because of its high

NOTE Confidence: 0.5679808

 $00{:}06{:}29.609 \dashrightarrow 00{:}06{:}31.039$  specificity it's well suited

NOTE Confidence: 0.5679808

 $00:06:31.039 \longrightarrow 00:06:32.959$  to study between group changes.

NOTE Confidence: 0.5679808

 $00{:}06{:}32.960 \dashrightarrow 00{:}06{:}34.664$  So even if the differences between

NOTE Confidence: 0.5679808

00:06:34.664 --> 00:06:36.370 groups are really, really small,

NOTE Confidence: 0.5679808

 $00{:}06{:}36.370 \dashrightarrow 00{:}06{:}38.920$  we can detect it with FBEB.

NOTE Confidence: 0.5679808

00:06:38.920 --> 00:06:40.600 AEP 688 is also high affinity,

NOTE Confidence: 0.5679808

 $00:06:40.600 \longrightarrow 00:06:42.840$  not as good as FBEB but because

NOTE Confidence: 0.5679808

 $00:06:42.840 \longrightarrow 00:06:44.920$  of its short half life we can do

 $00:06:44.979 \longrightarrow 00:06:46.629$  challenge studies on the same

NOTE Confidence: 0.5679808

00:06:46.629 --> 00:06:48.701 day we can administer this radio

NOTE Confidence: 0.5679808

 $00:06:48.701 \longrightarrow 00:06:50.117$  tracer even three times.

NOTE Confidence: 0.5679808

00:06:50.120 --> 00:06:52.960 They're both negative ballasteric modulators,

NOTE Confidence: 0.5679808

 $00{:}06{:}52.960 \dashrightarrow 00{:}06{:}55.067$  which means they bind on the receptor

NOTE Confidence: 0.5679808

 $00:06:55.067 \longrightarrow 00:06:58.347$  on a site different from where they're

NOTE Confidence: 0.5679808

 $00:06:58.347 \longrightarrow 00:07:00.078$  endogenous neurotransmitter binds.

NOTE Confidence: 0.5679808

 $00:07:00.080 \longrightarrow 00:07:02.160$  And I will explain that to you in a minute.

NOTE Confidence: 0.56170344

 $00:07:04.400 \longrightarrow 00:07:06.290$  So first I wanted to show you

NOTE Confidence: 0.56170344

 $00:07:06.290 \longrightarrow 00:07:08.104$  what typically happens in the

NOTE Confidence: 0.56170344

 $00{:}07{:}08.104 \dashrightarrow 00{:}07{:}10.034$  brain when we measure receptors,

NOTE Confidence: 0.56170344

 $00:07:10.040 \longrightarrow 00:07:12.026$  and then I will show you

NOTE Confidence: 0.56170344

 $00:07:12.026 \longrightarrow 00:07:13.560$  what happens with Anglo 5.

NOTE Confidence: 0.56170344

00:07:13.560 --> 00:07:16.479 So this was published by Mark Laurel,

NOTE Confidence: 0.56170344

 $00:07:16.480 \longrightarrow 00:07:20.228$  who was a trainee here a few decades ago.

00:07:20.228 --> 00:07:23.118 Then he was here again for a few months,

NOTE Confidence: 0.56170344

 $00{:}07{:}23.120 \longrightarrow 00{:}07{:}25.493$  maybe a decade ago, and he explained

NOTE Confidence: 0.56170344

 $00:07:25.493 \dashrightarrow 00:07:28.280$  really well the classical occupancy model.

NOTE Confidence: 0.56170344

 $00:07:28.280 \longrightarrow 00:07:31.840$  So the gap, the little Y shapes are,

NOTE Confidence: 0.56170344

00:07:31.840 --> 00:07:34.960 for example, D2 dopamine receptors,

NOTE Confidence: 0.56170344

 $00:07:34.960 \longrightarrow 00:07:38.600$  the the black triangles is dopamine,

NOTE Confidence: 0.56170344

 $00:07:38.600 \longrightarrow 00:07:40.658$  the endogenous neurotransmitter

NOTE Confidence: 0.56170344

 $00:07:40.658 \longrightarrow 00:07:42.716$  or endogenous ligand,

NOTE Confidence: 0.56170344

00:07:42.720 --> 00:07:45.156 and the Pentagon shapes are rocklopride,

NOTE Confidence: 0.56170344

00:07:45.160 --> 00:07:46.456 our radio tracer.

NOTE Confidence: 0.56170344

 $00:07:46.456 \longrightarrow 00:07:48.616$  So in the typical situation

NOTE Confidence: 0.56170344

 $00:07:48.616 \longrightarrow 00:07:50.559$  in the middle here,

NOTE Confidence: 0.56170344

 $00:07:50.560 \longrightarrow 00:07:52.275$  some of the receptors are going to

NOTE Confidence: 0.56170344

 $00:07:52.275 \longrightarrow 00:07:54.178$  be occupied by dopamine, not all.

NOTE Confidence: 0.56170344

 $00:07:54.178 \longrightarrow 00:07:56.152$  And so the radio ligand can

NOTE Confidence: 0.56170344

00:07:56.152 --> 00:07:58.000 occupy the other receptors.

 $00:07:58.000 \longrightarrow 00:08:01.042$  So the endogenous neurotransmitter has higher

NOTE Confidence: 0.56170344

 $00:08:01.042 \longrightarrow 00:08:04.124$  affinity or higher ligand for the receptor,

NOTE Confidence: 0.56170344

 $00:08:04.124 \longrightarrow 00:08:06.420$  so it's going to the radio

NOTE Confidence: 0.56170344

 $00:08:06.420 \longrightarrow 00:08:08.320$  ligand cannot kick them off.

NOTE Confidence: 0.56170344

 $00:08:08.320 \longrightarrow 00:08:09.950$  So whatever dopamine does not

NOTE Confidence: 0.56170344

 $00:08:09.950 \longrightarrow 00:08:12.040$  occupy is what rectified can occupy.

NOTE Confidence: 0.56170344

 $00:08:12.040 \longrightarrow 00:08:15.316$  And so this is called receptor availability.

NOTE Confidence: 0.56170344

 $00:08:15.320 \longrightarrow 00:08:17.078$  When we have a situation where

NOTE Confidence: 0.56170344

 $00:08:17.078 \longrightarrow 00:08:18.880$  we have too much dopamine,

NOTE Confidence: 0.56170344

 $00:08:18.880 \longrightarrow 00:08:19.616$  for example,

NOTE Confidence: 0.56170344

 $00:08:19.616 \longrightarrow 00:08:20.720$  we gave subjects

NOTE Confidence: 0.67398137

 $00:08:22.800 \longrightarrow 00:08:24.800$  a medication that induces dopamine

NOTE Confidence: 0.67398137

 $00{:}08{:}24.800 \dashrightarrow 00{:}08{:}27.544$  relief or a dopamine release or we have a

NOTE Confidence: 0.67398137

 $00{:}08{:}27.544 \dashrightarrow 00{:}08{:}29.718$  condition where there's too much dopamine,

NOTE Confidence: 0.67398137

 $00:08:29.720 \longrightarrow 00:08:31.664$  we don't have as many receptors

 $00:08:31.664 \longrightarrow 00:08:33.440$  for the radioligand to occupy.

NOTE Confidence: 0.67398137

 $00:08:33.440 \longrightarrow 00:08:35.060$  So now we're measuring

NOTE Confidence: 0.67398137

00:08:35.060 --> 00:08:36.275 low receptor availability.

NOTE Confidence: 0.67398137

 $00:08:36.280 \longrightarrow 00:08:37.954$  And then on the left here is the opposite.

NOTE Confidence: 0.67398137

 $00:08:37.960 \longrightarrow 00:08:39.468$  When there's either dopamine

NOTE Confidence: 0.67398137

 $00{:}08{:}39.468 \dashrightarrow 00{:}08{:}41.730$  depletion by tryptophan or a situation

NOTE Confidence: 0.67398137

00:08:41.791 --> 00:08:43.741 where the subject has too little

NOTE Confidence: 0.67398137

 $00:08:43.741 \longrightarrow 00:08:45.554$  dopamine because of an illness,

NOTE Confidence: 0.67398137

 $00{:}08{:}45.554 \dashrightarrow 00{:}08{:}47.639$  we have more receptors available

NOTE Confidence: 0.67398137

00:08:47.639 --> 00:08:49.950 and so high receptor availability

NOTE Confidence: 0.67398137

 $00:08:49.950 \longrightarrow 00:08:52.400$  is going to be measured.

NOTE Confidence: 0.67398137

 $00:08:52.400 \longrightarrow 00:08:54.160$  Unfortunately, in my case,

NOTE Confidence: 0.67398137

 $00:08:54.160 \longrightarrow 00:08:56.800$  Anglu 5 works a bit differently.

NOTE Confidence: 0.67398137

 $00:08:56.800 \longrightarrow 00:09:00.552$  So the endogenous ligand glutamate is

NOTE Confidence: 0.67398137

 $00:09:00.552 \longrightarrow 00:09:03.520$  going to bind in the extrasynaptic space,

NOTE Confidence: 0.67398137

 $00{:}09{:}03.520 \dashrightarrow 00{:}09{:}05.950$  but the radioligand binds in

 $00:09:05.950 \longrightarrow 00:09:07.464$  the membrane space.

NOTE Confidence: 0.67398137

 $00:09:07.464 \longrightarrow 00:09:10.024$  So there's no direct competition

NOTE Confidence: 0.67398137

 $00:09:10.024 \longrightarrow 00:09:13.150$  between the endogenous ligand and the

NOTE Confidence: 0.67398137

 $00:09:13.150 \longrightarrow 00:09:16.239$  neurotransmitter and the radio ligand.

NOTE Confidence: 0.67398137

 $00:09:16.240 \longrightarrow 00:09:19.474$  So whatever happens at the glutamate site

NOTE Confidence: 0.67398137

 $00:09:19.480 \longrightarrow 00:09:23.638$  may not influence the radio ligand site.

NOTE Confidence: 0.67398137

 $00:09:23.640 \longrightarrow 00:09:26.125$  And I was really trying hard to

NOTE Confidence: 0.67398137

 $00:09:26.125 \longrightarrow 00:09:28.249$  understand that concept and some other

NOTE Confidence: 0.67398137

 $00{:}09{:}28.249 \to 00{:}09{:}30.552$  concepts that I will show you later.

NOTE Confidence: 0.67398137

 $00:09:30.560 \longrightarrow 00:09:32.600$  And at the same time I was doing my In

NOTE Confidence: 0.67398137

00:09:32.661 --> 00:09:35.344 Vivo work, Jonathan Jovic at Columbia,

NOTE Confidence: 0.67398137

 $00:09:35.344 \longrightarrow 00:09:39.594$  I was doing some hexel work showing these

NOTE Confidence: 0.67398137

 $00{:}09{:}39.594 \dashrightarrow 00{:}09{:}42.179$  similar phenomenon and explaining how

NOTE Confidence: 0.67398137

 $00:09:42.179 \dashrightarrow 00:09:45.437$  Anglo 5 ligands really work in brain.

NOTE Confidence: 0.67398137

 $00:09:45.440 \longrightarrow 00:09:50.784$  So in one study he administered glutamate

 $00:09:50.784 \longrightarrow 00:09:53.536$  and he saw that it did not influence

NOTE Confidence: 0.67398137

 $00:09:53.536 \longrightarrow 00:09:56.435$  the binding of the radioligand so again,

NOTE Confidence: 0.67398137

 $00:09:56.440 \longrightarrow 00:09:57.280$  as I showed you before,

NOTE Confidence: 0.67398137

 $00:09:57.280 \longrightarrow 00:09:58.932$  there's no drug competition

NOTE Confidence: 0.67398137

00:09:58.932 --> 00:10:02.772 between ligand and glutamate.

NOTE Confidence: 0.67398137

00:10:02.772 --> 00:10:04.278 However,

NOTE Confidence: 0.67398137

 $00{:}10{:}04.280 \dashrightarrow 00{:}10{:}07.760$  when he administered an agonist,

NOTE Confidence: 0.67398137

 $00:10:07.760 \longrightarrow 00:10:08.432$  however, sorry,

NOTE Confidence: 0.67398137

 $00{:}10{:}08.432 \dashrightarrow 00{:}10{:}10.448$  he was trying to also measure

NOTE Confidence: 0.67398137

 $00:10:10.448 \longrightarrow 00:10:11.120$  internalized receptors.

NOTE Confidence: 0.67398137

 $00:10:11.120 \longrightarrow 00:10:14.312$  And he could not measure internalized

NOTE Confidence: 0.67398137

 $00:10:14.312 \longrightarrow 00:10:15.908$  receptors without administering

NOTE Confidence: 0.67398137

 $00:10:15.908 \longrightarrow 00:10:18.310$  something that's going to permealize the

NOTE Confidence: 0.67398137

 $00:10:18.310 \dashrightarrow 00:10:21.075$  membrane and let the radio ligand in.

NOTE Confidence: 0.67398137

 $00:10:21.080 \longrightarrow 00:10:24.257$  So here we see that the radio ligand cannot

NOTE Confidence: 0.67398137

 $00:10:24.257 \longrightarrow 00:10:27.356$  cross the membrane and bind to Homer cells.

00:10:27.360 --> 00:10:29.958 But when they permealize the membrane,

NOTE Confidence: 0.67398137

 $00{:}10{:}29.960 \dashrightarrow 00{:}10{:}33.166$  the radio ligand can bind and

NOTE Confidence: 0.67398137

 $00:10:33.166 \longrightarrow 00:10:34.264$  same thing here.

NOTE Confidence: 0.67398137

00:10:34.264 --> 00:10:36.964 And blue is the typical binding,

NOTE Confidence: 0.67398137

 $00:10:36.964 \longrightarrow 00:10:39.487$  in red is just sending the

NOTE Confidence: 0.67398137

 $00:10:39.487 \longrightarrow 00:10:41.581$  radioligand in it cannot cross the

NOTE Confidence: 0.67398137

 $00:10:41.581 \longrightarrow 00:10:43.957$  and bind to internalized receptors.

NOTE Confidence: 0.67398137

 $00{:}10{:}43.960 \dashrightarrow 00{:}10{:}46.256$  And in purple when we make little holes

NOTE Confidence: 0.67398137

00:10:46.256 --> 00:10:48.637 in the membrane with the detergent,

NOTE Confidence: 0.67398137

 $00{:}10{:}48.640 \dashrightarrow 00{:}10{:}50.728$  it can cross the membrane and

NOTE Confidence: 0.67398137

 $00{:}10{:}50.728 \dashrightarrow 00{:}10{:}52.120$  bind to internalized receptors.

NOTE Confidence: 0.67398137

 $00:10:52.120 \longrightarrow 00:10:54.766$  So this is really second really

NOTE Confidence: 0.67398137

 $00{:}10{:}54.766 \dashrightarrow 00{:}10{:}57.153$  important concept that our radioligands

NOTE Confidence: 0.67398137

 $00:10:57.153 \longrightarrow 00:10:59.341$  cannot bind to internalized

NOTE Confidence: 0.67398137

00:10:59.341 --> 00:11:02.076 receptors unless they get help.

 $00:11:02.080 \longrightarrow 00:11:04.096$  And so I was really excited to see that

NOTE Confidence: 0.67398137

 $00:11:04.096 \longrightarrow 00:11:06.036$  because it really explains some of my work.

NOTE Confidence: 0.67398137

00:11:06.040 --> 00:11:06.415 However,

NOTE Confidence: 0.67398137

 $00:11:06.415 \longrightarrow 00:11:08.665$  when I presented my data conferences

NOTE Confidence: 0.67398137

00:11:08.665 --> 00:11:10.998 or was trying to publish papers,

NOTE Confidence: 0.67398137

00:11:11.000 --> 00:11:11.848 people said,

NOTE Confidence: 0.67398137

 $00:11:11.848 \longrightarrow 00:11:12.272$  well,

NOTE Confidence: 0.67398137

00:11:12.272 --> 00:11:14.392 how come your radioligand passes

NOTE Confidence: 0.67398137

 $00{:}11{:}14.392 \dashrightarrow 00{:}11{:}16.844$  through the the vein barrier but

NOTE Confidence: 0.67398137

 $00:11:16.844 \longrightarrow 00:11:18.540$  cannot pass through the membrane.

NOTE Confidence: 0.67398137

 $00:11:18.540 \longrightarrow 00:11:21.400$  So I went back to Jonathan and he showed you.

NOTE Confidence: 0.67398137

00:11:21.400 --> 00:11:23.596 So this is what I just showed you before.

NOTE Confidence: 0.67398137

 $00:11:23.600 \longrightarrow 00:11:28.478$  He showed that the radioligand these

NOTE Confidence: 0.67398137

 $00:11:28.480 \longrightarrow 00:11:30.904 \text{ MGO}$  5 ligands actually cannot on

NOTE Confidence: 0.67398137

 $00:11:30.904 \longrightarrow 00:11:33.466$  their own pass the DVB that they

NOTE Confidence: 0.67398137

 $00{:}11{:}33.466 \dashrightarrow 00{:}11{:}35.344$  need a transporter to get them

 $00:11:35.344 \longrightarrow 00:11:37.238$  through the blood brain barrier.

NOTE Confidence: 0.67398137

 $00{:}11{:}37.240 \dashrightarrow 00{:}11{:}39.022$  So this is again really important

NOTE Confidence: 0.67398137

 $00:11:39.022 \longrightarrow 00:11:41.048$  because a lot of the other

NOTE Confidence: 0.67398137

 $00:11:41.048 \longrightarrow 00:11:43.364$  ligands that we study can actually

NOTE Confidence: 0.67398137

 $00:11:43.364 \longrightarrow 00:11:44.800$  measure internalized receptors.

NOTE Confidence: 0.67398137

 $00:11:44.800 \longrightarrow 00:11:46.774$  And so the explanation of what

NOTE Confidence: 0.67398137

 $00:11:46.774 \longrightarrow 00:11:48.090$  it is that we're

NOTE Confidence: 0.55249465

00:11:48.160 --> 00:11:50.398 seeing is going to be different.

NOTE Confidence: 0.55249465

 $00:11:50.400 \longrightarrow 00:11:52.638$  And then the third caveat of

NOTE Confidence: 0.55249465

 $00:11:52.638 \longrightarrow 00:11:54.668$  studying Mglo Five came initially

NOTE Confidence: 0.55249465

00:11:54.668 --> 00:11:57.434 from studies by Chrissy de Lorenzo,

NOTE Confidence: 0.55249465

 $00{:}11{:}57.440 \dashrightarrow 00{:}11{:}59.645$  who was at Columbia when she did

NOTE Confidence: 0.55249465

 $00{:}11{:}59.645 \dashrightarrow 00{:}12{:}01.864$  this first study and then she did

NOTE Confidence: 0.55249465

 $00:12:01.864 \longrightarrow 00:12:03.676$  the second study here at Yale.

NOTE Confidence: 0.55249465

 $00:12:03.680 \longrightarrow 00:12:06.680$  So when we bring up new radio ligands,

 $00:12:06.680 \longrightarrow 00:12:08.985$  we go through different processes

NOTE Confidence: 0.55249465

 $00:12:08.985 \longrightarrow 00:12:11.807$  of studying them in cells and

NOTE Confidence: 0.55249465

 $00{:}12{:}11.807 \dashrightarrow 00{:}12{:}13.957$  animal models and then human.

NOTE Confidence: 0.55249465

00:12:13.960 --> 00:12:15.920 And to study in human,

NOTE Confidence: 0.55249465

 $00:12:15.920 \longrightarrow 00:12:17.536$  we need to do test, retest studies.

NOTE Confidence: 0.55249465

 $00:12:17.536 \longrightarrow 00:12:20.320$  So we administer the ligand in the morning,

NOTE Confidence: 0.55249465

 $00:12:20.320 \longrightarrow 00:12:22.448$  then we give the subjects a break

NOTE Confidence: 0.55249465

 $00{:}12{:}22.448 \dashrightarrow 00{:}12{:}24.012$  and minister in the afternoon

NOTE Confidence: 0.55249465

 $00{:}12{:}24.012 \dashrightarrow 00{:}12{:}26.348$  and we want to make sure that the

NOTE Confidence: 0.55249465

 $00:12:26.411 \longrightarrow 00:12:28.399$  test retest is within 10 to 15%.

NOTE Confidence: 0.55249465

00:12:28.400 --> 00:12:31.074 So that every time that you measure,

NOTE Confidence: 0.55249465

 $00{:}12{:}31.080 \to 00{:}12{:}32.480$  whatever it is you're trying to measure,

NOTE Confidence: 0.55249465

00:12:32.480 --> 00:12:34.600 it is the same thing that you're measuring,

NOTE Confidence: 0.55249465

 $00:12:34.600 \longrightarrow 00:12:37.558$  that there are no significant differences.

NOTE Confidence: 0.55249465

 $00:12:37.560 \longrightarrow 00:12:38.760$  And so back in the day,

NOTE Confidence: 0.55249465

00:12:38.760 --> 00:12:40.385 these studies were done only

00:12:40.385 --> 00:12:41.360 in male subjects.

NOTE Confidence: 0.55249465

 $00:12:41.360 \longrightarrow 00:12:44.000$  So Chrissy had nine subjects participate.

NOTE Confidence: 0.55249465

00:12:44.000 --> 00:12:47.318 They were all new to PET scanning

NOTE Confidence: 0.55249465

 $00:12:47.320 \longrightarrow 00:12:51.192$  and contrary to the 1015 plus minus

NOTE Confidence: 0.55249465

 $00:12:51.192 \longrightarrow 00:12:53.600$  test 3 test that we typically see,

NOTE Confidence: 0.55249465

 $00:12:53.600 \longrightarrow 00:12:57.048$  Chrissy showed about 20 to 40% plus.

NOTE Confidence: 0.55249465

 $00:12:57.048 \longrightarrow 00:12:59.320$  So in the morning,

NOTE Confidence: 0.55249465

 $00:12:59.320 \longrightarrow 00:13:01.870$  subjects were scanned and then their

NOTE Confidence: 0.55249465

 $00:13:01.870 \longrightarrow 00:13:03.570$  receptor availabilities appeared to

NOTE Confidence: 0.55249465

 $00:13:03.633 \longrightarrow 00:13:05.757$  go up in the afternoon by 20 to 40%.

NOTE Confidence: 0.55249465

 $00{:}13{:}05.760 \dashrightarrow 00{:}13{:}08.118$  And so this was really puzzling.

NOTE Confidence: 0.55249465

 $00:13:08.120 \longrightarrow 00:13:09.436$  And we were trying to figure out,

NOTE Confidence: 0.55249465

 $00{:}13{:}09.440 \dashrightarrow 00{:}13{:}11.148$  is it because people were anxious because

NOTE Confidence: 0.55249465

00:13:11.148 --> 00:13:12.717 I've never had a PET scan before,

NOTE Confidence: 0.55249465

00:13:12.720 --> 00:13:14.351 so they're anxious in the morning and

 $00:13:14.351 \longrightarrow 00:13:16.676$  then in the afternoon they're not so anxious.

NOTE Confidence: 0.55249465

 $00:13:16.680 \longrightarrow 00:13:18.320$  Or was there something else?

NOTE Confidence: 0.55249465

00:13:18.320 --> 00:13:20.120 Was there heart rate, you know,

NOTE Confidence: 0.55249465

 $00{:}13{:}20.120 \dashrightarrow 00{:}13{:}21.476$  or blood pressure higher in the

NOTE Confidence: 0.55249465

00:13:21.476 --> 00:13:23.400 morning or like, what was going on?

NOTE Confidence: 0.55249465

 $00:13:23.400 \longrightarrow 00:13:24.640$  And in the mean time,

NOTE Confidence: 0.55249465

00:13:24.640 --> 00:13:26.660 we all thought this was AVP 688.

NOTE Confidence: 0.55249465

 $00:13:26.660 \longrightarrow 00:13:28.040$  We all thought that this was a bad lag.

NOTE Confidence: 0.55249465

 $00{:}13{:}28.040 \mathrel{--}{>} 00{:}13{:}30.147$  And so I was doing test retest

NOTE Confidence: 0.55249465

00:13:30.147 --> 00:13:32.398 studies on the same day with FBAB.

NOTE Confidence: 0.55249465

 $00{:}13{:}32.400 \dashrightarrow 00{:}13{:}33.740$  But Chrissy was persistent,

NOTE Confidence: 0.55249465

 $00:13:33.740 \longrightarrow 00:13:35.080$  and she did test,

NOTE Confidence: 0.55249465

 $00:13:35.080 \longrightarrow 00:13:36.102$  retest again,

NOTE Confidence: 0.55249465

 $00:13:36.102 \longrightarrow 00:13:39.168$  this time at Yale with female

NOTE Confidence: 0.55249465

 $00:13:39.168 \longrightarrow 00:13:40.720$  participants as well.

NOTE Confidence: 0.55249465

 $00:13:40.720 \longrightarrow 00:13:43.801$  And so this is AVP 688 showing

00:13:43.801 --> 00:13:46.206 increases in the afternoon scan

NOTE Confidence: 0.55249465

 $00{:}13{:}46.206 \dashrightarrow 00{:}13{:}49.519$  binding in male and female subjects.

NOTE Confidence: 0.55249465

00:13:49.520 --> 00:13:52.275 And then this is FBEB showing

NOTE Confidence: 0.55249465

 $00:13:52.275 \longrightarrow 00:13:54.250$  increases in the afternoon scan

NOTE Confidence: 0.55249465

 $00:13:54.250 \longrightarrow 00:13:56.520$  in female and male subjects.

NOTE Confidence: 0.55249465

 $00:13:56.520 \longrightarrow 00:13:59.080$  And if you see here,

NOTE Confidence: 0.55249465

 $00:13:59.080 \longrightarrow 00:14:00.900$  so the females are in red and

NOTE Confidence: 0.55249465

 $00:14:00.900 \longrightarrow 00:14:02.320$  the males are in blue.

NOTE Confidence: 0.55249465

 $00{:}14{:}02.320 \dashrightarrow 00{:}14{:}05.820$  Females showed a greater increase in the

NOTE Confidence: 0.55249465

 $00:14:05.820 \longrightarrow 00:14:08.959$  after noon scan as compared to males.

NOTE Confidence: 0.55249465

00:14:08.960 --> 00:14:10.436 And so we started you know,

NOTE Confidence: 0.55249465

00:14:10.440 --> 00:14:11.172 reading literature.

NOTE Confidence: 0.55249465

 $00{:}14{:}11.172 \dashrightarrow 00{:}14{:}13.368$  We also took people's heart rates

NOTE Confidence: 0.55249465

 $00{:}14{:}13.368 \dashrightarrow 00{:}14{:}15.310$  and blood pressure and their

NOTE Confidence: 0.55249465

 $00:14:15.310 \longrightarrow 00:14:16.826$  anxiety levels etcetera, etcetera.

 $00:14:16.826 \longrightarrow 00:14:19.437$  But nothing could really well explain this,

NOTE Confidence: 0.55249465

00:14:19.440 --> 00:14:22.950 you know 20 to like 80% increase in

NOTE Confidence: 0.55249465

 $00:14:22.950 \longrightarrow 00:14:25.560$  receptor availability over a few hours.

NOTE Confidence: 0.55249465

 $00:14:25.560 \longrightarrow 00:14:27.876$  And we read some animal work,

NOTE Confidence: 0.55249465

 $00:14:27.880 \longrightarrow 00:14:29.384$  some medication development work.

NOTE Confidence: 0.55249465

 $00{:}14{:}29.384 \to 00{:}14{:}32.050$  And what became apparent to us was

NOTE Confidence: 0.55249465

 $00:14:32.050 \longrightarrow 00:14:34.114$  that we weren't studying test retest.

NOTE Confidence: 0.55249465

 $00:14:34.120 \longrightarrow 00:14:36.598$  We were studying during our variation.

NOTE Confidence: 0.55249465

 $00{:}14{:}36.600 \dashrightarrow 00{:}14{:}38.736$  So for those of you who are not

NOTE Confidence: 0.55249465

 $00:14:38.736 \longrightarrow 00:14:40.520$  familiar with the cortisol system,

NOTE Confidence: 0.55249465

 $00{:}14{:}40.520 \dashrightarrow 00{:}14{:}43.400$  cortisol levels in humans increase

NOTE Confidence: 0.55249465

 $00:14:43.400 \longrightarrow 00:14:45.178$  overnight and in the morning we wake

NOTE Confidence: 0.55249465

 $00:14:45.178 \longrightarrow 00:14:47.158$  up because of higher cortisol levels.

NOTE Confidence: 0.3123216

 $00:14:47.160 \longrightarrow 00:14:48.826$  We're more alert. We're ready to go

NOTE Confidence: 0.3123216

 $00:14:48.826 \longrightarrow 00:14:50.638$  maybe a little chocolate or caffeine,

NOTE Confidence: 0.3123216

00:14:50.640 --> 00:14:52.544 but you know, we're ready to start

 $00:14:52.544 \longrightarrow 00:14:55.040$  the day and get to work and do stuff.

NOTE Confidence: 0.3123216

 $00:14:55.040 \longrightarrow 00:14:58.510$  And then over the afternoon our corisol

NOTE Confidence: 0.3123216

00:14:58.510 --> 00:15:00.995 levels decrease and we get more tired,

NOTE Confidence: 0.3123216

 $00:15:01.000 \longrightarrow 00:15:02.328$  a bit more lethargic.

NOTE Confidence: 0.3123216

00:15:02.328 --> 00:15:05.112 We're kind of done with the day and by

NOTE Confidence: 0.3123216

00:15:05.112 --> 00:15:06.648 evening they're the lowest and that's

NOTE Confidence: 0.3123216

 $00:15:06.648 \longrightarrow 00:15:08.439$  when we are ready to go to sleep.

NOTE Confidence: 0.3123216

 $00:15:08.440 \longrightarrow 00:15:10.240$  And then the cycle continues.

NOTE Confidence: 0.3123216

 $00:15:10.240 \longrightarrow 00:15:12.440$  Well, animal literature shows that

NOTE Confidence: 0.3123216

 $00:15:12.440 \longrightarrow 00:15:14.222$  administration of cortisone actually

NOTE Confidence: 0.3123216

 $00:15:14.222 \longrightarrow 00:15:17.456$  decreases Anglo 5 S increases in Corso

NOTE Confidence: 0.3123216

 $00:15:17.456 \longrightarrow 00:15:20.000$  levels decrease Anglo 5 availability.

NOTE Confidence: 0.3123216

 $00:15:20.000 \longrightarrow 00:15:22.846$  So what we think is happening in our

NOTE Confidence: 0.3123216

 $00:15:22.846 \longrightarrow 00:15:25.247$  test retest scanning is that in the

NOTE Confidence: 0.3123216

 $00:15:25.247 \longrightarrow 00:15:27.716$  morning when Corso levels are highest,

00:15:27.720 --> 00:15:30.318 we're observing lower Anglo 5 availability.

NOTE Confidence: 0.3123216

 $00{:}15{:}30.320 \dashrightarrow 00{:}15{:}32.952$  In the afternoon when the Corso levels

NOTE Confidence: 0.3123216

 $00:15:32.952 \longrightarrow 00:15:35.895$  are much lower for observing greater

NOTE Confidence: 0.3123216

 $00:15:35.895 \longrightarrow 00:15:38.315$  or higher amplified availability.

NOTE Confidence: 0.3123216

 $00:15:38.320 \longrightarrow 00:15:40.742$  So in so the test retest studies

NOTE Confidence: 0.3123216

 $00:15:40.742 \longrightarrow 00:15:43.832$  were really are not accurate but are

NOTE Confidence: 0.3123216

 $00:15:43.832 \longrightarrow 00:15:45.680$  measuring journal variation which

NOTE Confidence: 0.3123216

 $00:15:45.680 \longrightarrow 00:15:47.120$  actually was something interesting.

NOTE Confidence: 0.3123216

 $00{:}15{:}47.120 --> 00{:}15{:}48.080$  And based on these data,

NOTE Confidence: 0.3123216

00:15:48.080 --> 00:15:51.328 Chrissy got an RO one to study circadian

NOTE Confidence: 0.3123216

 $00:15:51.328 \longrightarrow 00:15:54.253$  rhythm and sleep wake cycle in people

NOTE Confidence: 0.3123216

 $00:15:54.253 \longrightarrow 00:15:57.639$  who are controls and who have depression.

NOTE Confidence: 0.3123216

 $00:15:57.640 \longrightarrow 00:15:59.978$  And so these were the many caveats

NOTE Confidence: 0.3123216

 $00{:}15{:}59.978 \dashrightarrow 00{:}16{:}01.520$  of studying amplified in Viva.

NOTE Confidence: 0.41547155

00:16:04.040 --> 00:16:08.036 And now I'll show you our work in psychiatry.

NOTE Confidence: 0.41547155

 $00:16:08.040 \longrightarrow 00:16:11.619$  So this was maybe in 2008 or 2010

 $00:16:11.619 \longrightarrow 00:16:14.370$  long time ago that we decided to

NOTE Confidence: 0.41547155

 $00{:}16{:}14.463 \to 00{:}16{:}16.677$ study Anglu5 in unipolar depression.

NOTE Confidence: 0.41547155

00:16:16.677 --> 00:16:19.692 And I showed you that Anglu 5 is

NOTE Confidence: 0.41547155

00:16:19.692 --> 00:16:21.837 important to our daily functioning.

NOTE Confidence: 0.41547155

 $00:16:21.840 \longrightarrow 00:16:24.288$  And at that time, a lot of pharma

NOTE Confidence: 0.41547155

 $00:16:24.288 \longrightarrow 00:16:26.689$  studies were studying Anglu 5 agent

NOTE Confidence: 0.41547155

 $00:16:26.689 \longrightarrow 00:16:28.834$  agents for treatment of depression.

NOTE Confidence: 0.41547155

 $00:16:28.840 \longrightarrow 00:16:30.954$  But there was no work in human,

NOTE Confidence: 0.41547155

 $00:16:30.960 \longrightarrow 00:16:33.640$  a lot of the work was done in animal studies.

NOTE Confidence: 0.41547155

 $00:16:33.640 \longrightarrow 00:16:36.484$  And so we thought that it would be good

NOTE Confidence: 0.41547155

 $00:16:36.484 \longrightarrow 00:16:39.304$  to to invivo human work and see if Mglu

NOTE Confidence: 0.41547155

 $00:16:39.304 \longrightarrow 00:16:41.344$  5 actually plays a role in depression.

NOTE Confidence: 0.41547155

 $00{:}16{:}41.344 \dashrightarrow 00{:}16{:}44.199$  At the same time as I was writing that grant,

NOTE Confidence: 0.41547155

 $00:16:44.200 \longrightarrow 00:16:46.240$  this was a Dana grant.

NOTE Confidence: 0.41547155

00:16:46.240 --> 00:16:48.400 There was a preliminary study published

 $00:16:48.400 \longrightarrow 00:16:50.574$  by Gregor Hessler's group showing in

NOTE Confidence: 0.41547155

 $00{:}16{:}50.574 \dashrightarrow 00{:}16{:}52.776$  11 people with depression and then

NOTE Confidence: 0.41547155

00:16:52.776 --> 00:16:55.660 they also had postmortem group that

NOTE Confidence: 0.41547155

 $00:16:55.660 \longrightarrow 00:17:00.454$  MGLU 5 availability is lower and lower

NOTE Confidence: 0.41547155

 $00:17:00.454 \longrightarrow 00:17:03.189$  angulified availability was in their

NOTE Confidence: 0.41547155

 $00{:}17{:}03.189 \dashrightarrow 00{:}17{:}06.280$  group associated with anxiety symptoms.

NOTE Confidence: 0.41547155

 $00:17:06.280 \longrightarrow 00:17:08.653$  And so I had the opportunity to

NOTE Confidence: 0.41547155

00:17:08.653 --> 00:17:11.520 study a much larger group of people.

NOTE Confidence: 0.41547155

00:17:11.520 --> 00:17:15.240 And so we scanned 30 subjects with MDD,

NOTE Confidence: 0.41547155

00:17:15.240 --> 00:17:18.240 which for PET is quite a large study.

NOTE Confidence: 0.41547155

 $00{:}17{:}18.240 \dashrightarrow 00{:}17{:}20.640$  They were all unmedicated 35 years

NOTE Confidence: 0.41547155

 $00:17:20.640 \longrightarrow 00:17:22.240$  of age on average.

NOTE Confidence: 0.41547155

00:17:22.240 --> 00:17:23.976 Average depression scores we

NOTE Confidence: 0.41547155

 $00:17:23.976 \longrightarrow 00:17:25.278$  measured with PDI,

NOTE Confidence: 0.41547155

 $00{:}17{:}25.280 \dashrightarrow 00{:}17{:}28.520$  modulus and AMD and then we had 35

NOTE Confidence: 0.41547155

 $00:17:28.520 \longrightarrow 00:17:31.318$  healthy controls who were matched by sex,

 $00:17:31.320 \longrightarrow 00:17:33.420$  age and smoking status.

NOTE Confidence: 0.41547155

 $00:17:33.420 \longrightarrow 00:17:36.650$  None of them had significant personal

NOTE Confidence: 0.41547155

 $00:17:36.650 \longrightarrow 00:17:39.475$  psychiatric history or first degree

NOTE Confidence: 0.41547155

00:17:39.475 --> 00:17:41.800 relative with psychiatric history,

NOTE Confidence: 0.41547155

 $00:17:41.800 \longrightarrow 00:17:44.280$  and subjects did PET scan, Mrs.

NOTE Confidence: 0.41547155

00:17:44.280 --> 00:17:45.560 and MRI,

NOTE Confidence: 0.41547155

 $00:17:45.560 \longrightarrow 00:17:46.840$  and Mrs.

NOTE Confidence: 0.41547155

 $00:17:46.840 \longrightarrow 00:17:49.120$  stands for magnetic resonance spectroscopy.

NOTE Confidence: 0.41547155

00:17:49.120 --> 00:17:51.848 This part of the study was done in

NOTE Confidence: 0.41547155

 $00{:}17{:}51.848 \dashrightarrow 00{:}17{:}53.440$  collaboration with Graham Mason.

NOTE Confidence: 0.41547155

 $00{:}17{:}53.440 \dashrightarrow 00{:}17{:}55.743$  We use a magnet to study metabolic

NOTE Confidence: 0.41547155

 $00:17:55.743 \longrightarrow 00:17:57.200$  changes in the brain.

NOTE Confidence: 0.41547155

 $00:17:57.200 \longrightarrow 00:17:59.006$  All the measurements are in tissue

NOTE Confidence: 0.41547155

 $00:17:59.006 \longrightarrow 00:18:01.040$  and when when we get the data,

NOTE Confidence: 0.41547155

 $00:18:01.040 \longrightarrow 00:18:03.384$  it's put into a spectrum and each metabolite

 $00:18:03.384 \longrightarrow 00:18:05.440$  has its own peak in the spectrum.

NOTE Confidence: 0.41547155

 $00:18:05.440 \longrightarrow 00:18:07.841$  And so this was back back in

NOTE Confidence: 0.41547155

 $00:18:07.841 \longrightarrow 00:18:10.489$  the day when we couldn't really

NOTE Confidence: 0.41547155

 $00:18:10.489 \longrightarrow 00:18:13.555$  separate glutamate and GLN too well.

NOTE Confidence: 0.41547155

 $00:18:13.560 \longrightarrow 00:18:14.644$  So we studied GLX,

NOTE Confidence: 0.41547155

 $00:18:14.644 \longrightarrow 00:18:17.119$  which is the sum of glutamate and glutamine.

NOTE Confidence: 0.8321714

 $00:18:19.520 \longrightarrow 00:18:22.700$  And the other caveat with Mrs. is that,

NOTE Confidence: 0.8321714

00:18:22.700 --> 00:18:25.280 especially when I started doing this,

NOTE Confidence: 0.8321714

 $00:18:25.280 \longrightarrow 00:18:27.760$  we could only do one voxel at a time because

NOTE Confidence: 0.8321714

 $00:18:27.821 \longrightarrow 00:18:30.071$  it took us about two hours to do 1 scan.

NOTE Confidence: 0.8321714

 $00{:}18{:}30.080 \dashrightarrow 00{:}18{:}31.694$  And as you can imagine, the subjects

NOTE Confidence: 0.8321714

 $00{:}18{:}31.694 \dashrightarrow 00{:}18{:}33.510$  were not going to be in the scanner

NOTE Confidence: 0.8321714

 $00:18:33.560 \longrightarrow 00:18:35.360$  for four hours for us to get 2 voxels.

NOTE Confidence: 0.8321714

 $00:18:35.360 \longrightarrow 00:18:37.705$  And so we decided to study the

NOTE Confidence: 0.8321714

 $00:18:37.705 \longrightarrow 00:18:39.313$  anterior singular cortex given its

NOTE Confidence: 0.8321714

 $00{:}18{:}39.313 \dashrightarrow 00{:}18{:}43.438$  role in mood and cognitive processes.

 $00:18:43.440 \longrightarrow 00:18:45.960$  And so this is our main outcome.

NOTE Confidence: 0.8321714

 $00:18:45.960 \longrightarrow 00:18:48.193$  So the healthy controls are in diamonds

NOTE Confidence: 0.8321714

 $00:18:48.193 \longrightarrow 00:18:50.510$  and people with depression are in circles.

NOTE Confidence: 0.8321714

 $00:18:50.510 \longrightarrow 00:18:52.990$  We did not see any differences between groups

NOTE Confidence: 0.8321714

 $00:18:52.990 \longrightarrow 00:18:55.319$  in any of the regions that we assessed.

NOTE Confidence: 0.8321714

 $00{:}18{:}55.320 \dashrightarrow 00{:}18{:}57.528$  And with that you can look across

NOTE Confidence: 0.8321714

 $00:18:57.528 \longrightarrow 00:19:00.104$  the whole brain and we saw nothing

NOTE Confidence: 0.8321714

 $00:19:00.104 \longrightarrow 00:19:01.759$  across the whole brain.

NOTE Confidence: 0.8321714

 $00:19:01.760 \longrightarrow 00:19:05.600$  The previous study used a reference

NOTE Confidence: 0.8321714

 $00{:}19{:}05.600 \dashrightarrow 00{:}19{:}07.700$  region to calculate their outcomes.

NOTE Confidence: 0.8321714

 $00:19:07.700 \longrightarrow 00:19:09.525$  So even though Anglo fives

NOTE Confidence: 0.8321714

 $00:19:09.525 \longrightarrow 00:19:11.438$  are everywhere in the brain,

NOTE Confidence: 0.8321714

 $00{:}19{:}11.440 \dashrightarrow 00{:}19{:}14.038$  I decided to try that too,

NOTE Confidence: 0.8321714

 $00:19:14.040 \dashrightarrow 00:19:16.420$  because may be that was the difference of

NOTE Confidence: 0.8321714

 $00:19:16.420 \longrightarrow 00:19:18.870$  why would it not see significant findings.

 $00:19:18.870 \longrightarrow 00:19:21.600$  And again, whether we use blood

NOTE Confidence: 0.8321714

 $00:19:21.600 \longrightarrow 00:19:23.598$  or cerebellum as a reference,

NOTE Confidence: 0.8321714

 $00:19:23.600 \longrightarrow 00:19:26.477$  we did not see difference between groups.

NOTE Confidence: 0.8321714

00:19:26.480 --> 00:19:26.716 However,

NOTE Confidence: 0.8321714

00:19:26.716 --> 00:19:28.840 if you go back and look at the literature,

NOTE Confidence: 0.8321714

 $00:19:28.840 \longrightarrow 00:19:31.120$  we're actually not an odd duck.

NOTE Confidence: 0.8321714

 $00{:}19{:}31.120 \dashrightarrow 00{:}19{:}33.010$  So there's a postmortem study

NOTE Confidence: 0.8321714

00:19:33.010 --> 00:19:34.522 showing no differences between

NOTE Confidence: 0.8321714

 $00{:}19{:}34.522 \dashrightarrow 00{:}19{:}36.439$  controls and people with depression,

NOTE Confidence: 0.8321714

00:19:36.440 --> 00:19:38.800 with psychosis or no psychosis,

NOTE Confidence: 0.8321714

 $00:19:38.800 \longrightarrow 00:19:40.105$  and amplified availability.

NOTE Confidence: 0.8321714

 $00:19:40.105 \longrightarrow 00:19:43.191$  And then we did our own autobadiography

NOTE Confidence: 0.8321714

 $00:19:43.191 \longrightarrow 00:19:46.017$  study was showing no differences between

NOTE Confidence: 0.8321714

 $00:19:46.017 \longrightarrow 00:19:48.211$  people with depression as compared

NOTE Confidence: 0.8321714

00:19:48.211 --> 00:19:50.359 to controls in Anglo 5 availability,

NOTE Confidence: 0.8321714

 $00:19:50.360 \longrightarrow 00:19:52.640$  although there's a little more

00:19:52.640 --> 00:19:54.920 variability in the MDT group.

NOTE Confidence: 0.8321714

 $00:19:54.920 \longrightarrow 00:19:58.720$  The novel part is that we of course did Mrs.

NOTE Confidence: 0.8321714

00:19:58.720 --> 00:20:03.680 with PET and so we saw higher glutamate,

NOTE Confidence: 0.8321714

 $00{:}20{:}03.680 \dashrightarrow 00{:}20{:}05.870$  glutamine and GLX levels in people

NOTE Confidence: 0.8321714

 $00{:}20{:}05.870 \dashrightarrow 00{:}20{:}07.716$  with depression as compared to

NOTE Confidence: 0.8321714

 $00:20:07.716 \longrightarrow 00:20:10.080$  controls and when we looked at

NOTE Confidence: 0.8321714

 $00:20:10.080 \longrightarrow 00:20:12.411$  relationship between glutamate.

NOTE Confidence: 0.8321714

 $00{:}20{:}12.411 \dashrightarrow 00{:}20{:}17.073$  Or G glutamine or GLX and

NOTE Confidence: 0.8321714

00:20:17.080 --> 00:20:17.944 receptor availability,

NOTE Confidence: 0.8321714

 $00:20:17.944 \longrightarrow 00:20:20.536$  we saw that people who had

NOTE Confidence: 0.8321714

 $00{:}20{:}20{:}536 \dashrightarrow 00{:}20{:}21.920$  greater glutamate levels,

NOTE Confidence: 0.8321714

 $00:20:21.920 \longrightarrow 00:20:24.758$  et cetera had low receptor availability.

NOTE Confidence: 0.8321714

 $00:20:24.760 \longrightarrow 00:20:26.956$  So this really makes sense that

NOTE Confidence: 0.8321714

 $00:20:26.960 \longrightarrow 00:20:29.438$  higher endogenous neurotransmitter

NOTE Confidence: 0.8321714

 $00:20:29.438 \longrightarrow 00:20:32.914$  would down regulate receptors which

00:20:32.914 --> 00:20:35.399 would then in turn internalize.

NOTE Confidence: 0.8321714

00:20:35.400 --> 00:20:36.966 But this has never been shown

NOTE Confidence: 0.8321714

 $00:20:36.966 \longrightarrow 00:20:38.360$  in human in the vivo.

NOTE Confidence: 0.8321714

 $00:20:38.360 \longrightarrow 00:20:41.360$  We've hypothesized for years that

NOTE Confidence: 0.8321714

00:20:41.360 --> 00:20:42.800 too much glutamate is excited,

NOTE Confidence: 0.8321714

 $00:20:42.800 \longrightarrow 00:20:43.036$  toxic,

NOTE Confidence: 0.8321714

 $00:20:43.036 \longrightarrow 00:20:44.452$  but that's the first time we

NOTE Confidence: 0.8321714

 $00:20:44.452 \longrightarrow 00:20:46.000$  were able to show it in vivo,

NOTE Confidence: 0.8321714

 $00{:}20{:}46.000 \dashrightarrow 00{:}20{:}48.560$  and this was really exciting.

NOTE Confidence: 0.8321714

 $00:20:48.560 \longrightarrow 00:20:54.370$  So this work has been published and

NOTE Confidence: 0.8321714

 $00{:}20{:}54.370 \longrightarrow 00{:}20{:}57.172$  has given the rise to a lot of other

NOTE Confidence: 0.8321714

00:20:57.172 --> 00:20:58.797 work that I won't now show you,

NOTE Confidence: 0.8321714

 $00:20:58.800 \longrightarrow 00:21:00.998$  some of which has now been published.

NOTE Confidence: 0.8321714

00:21:01.000 --> 00:21:04.164 So my first R1 was actually looking

NOTE Confidence: 0.8321714

 $00:21:04.164 \longrightarrow 00:21:08.304$  at Anglo 5 as a marker to help us

NOTE Confidence: 0.8321714

 $00{:}21{:}08.304 \dashrightarrow 00{:}21{:}10.160$  differentiate depression during bipolar

 $00:21:10.241 \longrightarrow 00:21:12.596$  disorder versus in unipolar disorder.

NOTE Confidence: 0.8321714

 $00:21:12.596 \longrightarrow 00:21:15.230$  And this work was done in

NOTE Confidence: 0.8321714

 $00:21:15.313 \longrightarrow 00:21:18.157$  collaboration with Hilary Blumberg.

NOTE Confidence: 0.8321714

00:21:18.160 --> 00:21:20.720 And so we recruited people who are controls,

NOTE Confidence: 0.8321714

00:21:20.720 --> 00:21:22.960 people who have bipolar depression,

NOTE Confidence: 0.8321714

00:21:22.960 --> 00:21:25.160 people who have bipolar euthymia,

NOTE Confidence: 0.8321714

 $00:21:25.160 \longrightarrow 00:21:27.757$  and then people who have unipolar depression.

NOTE Confidence: 0.8321714

 $00:21:27.760 \longrightarrow 00:21:30.120$  And although the grant did

NOTE Confidence: 0.8321714

00:21:30.120 --> 00:21:32.480 not call for bipolar Euthymia,

NOTE Confidence: 0.8321714

 $00{:}21{:}32.480 \longrightarrow 00{:}21{:}34.400$  but when we recruited people and

NOTE Confidence: 0.8321714

 $00:21:34.400 \longrightarrow 00:21:36.297$  we did their screening and then

NOTE Confidence: 0.8321714

00:21:36.297 --> 00:21:37.953 they showed up for PET scans,

NOTE Confidence: 0.28242582

 $00{:}21{:}37.960 \dashrightarrow 00{:}21{:}39.880$  they were in whatever mood episode,

NOTE Confidence: 0.28242582

 $00:21:39.880 \longrightarrow 00:21:42.424$  you know, because people depression cycle

NOTE Confidence: 0.28242582

 $00:21:42.424 \longrightarrow 00:21:45.179$  with bipolar disorder cycle quite a bit.

 $00:21:45.179 \longrightarrow 00:21:48.146$  So we amended our protocol and let people

NOTE Confidence: 0.28242582

 $00:21:48.146 \longrightarrow 00:21:52.758$  with any mood state participate in the study.

NOTE Confidence: 0.28242582

 $00:21:52.760 \longrightarrow 00:21:54.160$  So there are no differences

NOTE Confidence: 0.28242582

00:21:54.160 --> 00:21:55.280 between subjects and age,

NOTE Confidence: 0.28242582

00:21:55.280 --> 00:21:57.800 sex, smoking status, etcetera,

NOTE Confidence: 0.28242582

 $00:21:57.800 \longrightarrow 00:22:00.320$  except for depression status.

NOTE Confidence: 0.28242582

 $00{:}22{:}00.320 \dashrightarrow 00{:}22{:}02.324$  So people with bipolar disorder who

NOTE Confidence: 0.28242582

 $00:22:02.324 \longrightarrow 00:22:04.068$  are depressed and unipolar disorder

NOTE Confidence: 0.28242582

 $00{:}22{:}04.068 \mathrel{\text{--}}{>} 00{:}22{:}05.870$  who are depressed or more significantly

NOTE Confidence: 0.28242582

 $00:22:05.870 \longrightarrow 00:22:07.120$  depressed than any other group,

NOTE Confidence: 0.28242582

 $00{:}22{:}07.120 \dashrightarrow 00{:}22{:}10.840$  another group was depressed.

NOTE Confidence: 0.28242582

 $00:22:10.840 \longrightarrow 00:22:13.108$  And so these are our data that

NOTE Confidence: 0.28242582

 $00:22:13.108 \longrightarrow 00:22:14.936$  were recently published with Sophie

NOTE Confidence: 0.28242582

 $00{:}22{:}14.936 \dashrightarrow 00{:}22{:}17.076$  Holmes and Booth Ashe leading

NOTE Confidence: 0.28242582

 $00:22:17.080 \longrightarrow 00:22:18.960$  the writing of the manuscript.

NOTE Confidence: 0.28242582

 $00:22:18.960 \longrightarrow 00:22:21.473$  And so we see that people who

00:22:21.473 --> 00:22:23.000 are controls aren't grey,

NOTE Confidence: 0.28242582

 $00:22:23.000 \longrightarrow 00:22:24.680$  people with unipolar depression

NOTE Confidence: 0.28242582

 $00:22:24.680 \longrightarrow 00:22:25.520$  aren't orange.

NOTE Confidence: 0.28242582

00:22:25.520 --> 00:22:25.912 Again,

NOTE Confidence: 0.28242582

00:22:25.912 --> 00:22:27.480 there's no difference receptor

NOTE Confidence: 0.28242582

 $00:22:27.480 \longrightarrow 00:22:29.048$  availability between these two

NOTE Confidence: 0.28242582

 $00:22:29.048 \longrightarrow 00:22:31.360$  groups as we showed previously.

NOTE Confidence: 0.28242582

 $00:22:31.360 \longrightarrow 00:22:33.760$  And then people bipolar disorder

NOTE Confidence: 0.28242582

 $00:22:33.760 \longrightarrow 00:22:36.371$  who are depressed or in purple and

NOTE Confidence: 0.28242582

 $00:22:36.371 \longrightarrow 00:22:39.557$  who are euthymic are in turquoise

NOTE Confidence: 0.28242582

 $00:22:39.560 \longrightarrow 00:22:41.639$  and both of these groups are lower

NOTE Confidence: 0.28242582

00:22:41.639 --> 00:22:42.973 in their receptor availability

NOTE Confidence: 0.28242582

 $00{:}22{:}42.973 \dashrightarrow 00{:}22{:}45.666$  as compared to controls and are

NOTE Confidence: 0.28242582

00:22:45.666 --> 00:22:47.238 unipolar depressed.

NOTE Confidence: 0.28242582

 $00:22:47.240 \longrightarrow 00:22:49.118$  And this was across brain regions.

00:22:49.120 --> 00:22:50.720 The prefrontal cortical regions

NOTE Confidence: 0.28242582

00:22:50.720 --> 00:22:52.445 were my main hypothesis,

NOTE Confidence: 0.28242582

 $00{:}22{:}52.445 \dashrightarrow 00{:}22{:}56.220$  but this was across the brain and

NOTE Confidence: 0.28242582

 $00:22:56.220 \longrightarrow 00:22:59.940$  what was really interesting as well

NOTE Confidence: 0.28242582

 $00:22:59.940 \longrightarrow 00:23:02.756$  is not only is Amglo 5 availability

NOTE Confidence: 0.28242582

00:23:02.756 --> 00:23:04.220 different between people bipolar

NOTE Confidence: 0.28242582

 $00:23:04.282 \longrightarrow 00:23:06.198$  disorder versus unipolar disorder,

NOTE Confidence: 0.28242582

 $00:23:06.200 \longrightarrow 00:23:09.853$  but its relationship to mood and

NOTE Confidence: 0.28242582

 $00:23:09.853 \longrightarrow 00:23:13.718$  cognitive functioning was also different.

NOTE Confidence: 0.28242582

 $00:23:13.720 \longrightarrow 00:23:16.717$  So this shows us that Amglo 5 can help

NOTE Confidence: 0.28242582

00:23:16.717 --> 00:23:19.120 potentially to differentiate to disorders,

NOTE Confidence: 0.28242582

 $00:23:19.120 \longrightarrow 00:23:22.288$  but may also be treatment targets

NOTE Confidence: 0.28242582

 $00:23:22.288 \longrightarrow 00:23:24.400$  specifically for bipolar disorder.

NOTE Confidence: 0.28242582

 $00:23:24.400 \longrightarrow 00:23:29.687$  And we also collected BOLD fMRI and

NOTE Confidence: 0.28242582

 $00:23:29.687 \longrightarrow 00:23:32.501$  during an emotional processing task that

NOTE Confidence: 0.28242582

 $00{:}23{:}32.501 \dashrightarrow 00{:}23{:}35.238$  Hillary has extensively published on.

 $00:23:35.240 \longrightarrow 00:23:36.240$  And so in this task,

NOTE Confidence: 0.28242582

 $00:23:36.240 \longrightarrow 00:23:40.280$  people are oriented to happy,

NOTE Confidence: 0.28242582

 $00:23:40.280 \longrightarrow 00:23:42.320$  neutral or fearful faces.

NOTE Confidence: 0.28242582

00:23:42.320 --> 00:23:45.120 And our data are currently under review.

NOTE Confidence: 0.28242582

 $00:23:45.120 \longrightarrow 00:23:47.020$  Biological Psychiatry with Ruth

NOTE Confidence: 0.28242582

 $00:23:47.020 \longrightarrow 00:23:49.395$  Ash being the lead author.

NOTE Confidence: 0.28242582

 $00:23:49.400 \longrightarrow 00:23:52.433$  And we have people who are controls in black,

NOTE Confidence: 0.28242582

 $00:23:52.440 \longrightarrow 00:23:54.252$  people with bipolar disorder

NOTE Confidence: 0.28242582

00:23:54.252 --> 00:23:56.517 across smooth states in brown,

NOTE Confidence: 0.28242582

00:23:56.520 --> 00:23:59.243 and then people who are who have

NOTE Confidence: 0.28242582

00:23:59.243 --> 00:24:00.840 unipolar depression in blue.

NOTE Confidence: 0.28242582

 $00{:}24{:}00.840 \longrightarrow 00{:}24{:}03.283$  And you can see that the response

NOTE Confidence: 0.28242582

 $00:24:03.283 \longrightarrow 00:24:06.464$  and the fear task is the same between

NOTE Confidence: 0.28242582

 $00:24:06.464 \longrightarrow 00:24:08.514$  controls and people with MDD.

NOTE Confidence: 0.28242582

 $00:24:08.520 \longrightarrow 00:24:10.920$  But people with bipolar disorder

 $00:24:10.920 \longrightarrow 00:24:13.373$  have an upregulated response across

NOTE Confidence: 0.28242582

 $00:24:13.373 \longrightarrow 00:24:16.038$  various clusters in the brain.

NOTE Confidence: 0.28242582

 $00:24:16.040 \longrightarrow 00:24:18.728$  And when we correlate this response

NOTE Confidence: 0.28242582

00:24:18.728 --> 00:24:20.072 with anglify availability,

NOTE Confidence: 0.28242582

 $00:24:20.080 \longrightarrow 00:24:22.300$  we also see significant findings

NOTE Confidence: 0.28242582

 $00:24:22.300 \longrightarrow 00:24:24.520$  in the bipolar group only.

NOTE Confidence: 0.28242582

 $00:24:24.520 \longrightarrow 00:24:25.756$  So we here,

NOTE Confidence: 0.28242582

00:24:25.756 --> 00:24:28.228 we're seeing that Anglo 5 potentially

NOTE Confidence: 0.28242582

 $00{:}24{:}28.228 \dashrightarrow 00{:}24{:}30.477$  can help but differentiate BD

NOTE Confidence: 0.28242582

00:24:30.477 --> 00:24:33.560 from MDD across mood,

NOTE Confidence: 0.28242582

 $00{:}24{:}33.560 \dashrightarrow 00{:}24{:}37.536$  cognitive and bold response measures.

NOTE Confidence: 0.28242582

00:24:37.536 --> 00:24:38.720 And currently,

NOTE Confidence: 0.28242582

00:24:38.720 --> 00:24:42.360 I'm evaluating Anglo 5 to see if it

NOTE Confidence: 0.28242582

 $00:24:42.360 \longrightarrow 00:24:45.560$  can help us differentiate suicidality

NOTE Confidence: 0.28242582

 $00:24:45.560 \longrightarrow 00:24:48.680$  in people with bipolar disorder specifically.

NOTE Confidence: 0.28242582

 $00:24:48.680 \longrightarrow 00:24:52.135$  And this RO one started right before COVID.

 $00:24:52.135 \longrightarrow 00:24:55.412$  And so we've not been as successful

NOTE Confidence: 0.28242582

 $00:24:55.412 \longrightarrow 00:24:56.716$  in these previous studies,

NOTE Confidence: 0.28242582

00:24:56.720 --> 00:24:58.440 but the data collection's ongoing.

NOTE Confidence: 0.28242582

 $00:24:58.440 \longrightarrow 00:25:00.176$  I'll be happy to present our data

NOTE Confidence: 0.28242582

 $00:25:00.176 \longrightarrow 00:25:01.479$  in a couple of years,

NOTE Confidence: 0.28242582

00:25:01.480 --> 00:25:04.238 but right now I will switch gears

NOTE Confidence: 0.28242582

 $00:25:04.238 \longrightarrow 00:25:05.920$  and talk about PTSD.

NOTE Confidence: 0.28242582

 $00:25:05.920 \longrightarrow 00:25:07.920$  So a few years ago,

NOTE Confidence: 0.28242582

00:25:07.920 --> 00:25:11.914 I was asked to incorporate PTSD and

NOTE Confidence: 0.28242582

 $00{:}25{:}11.914 \dashrightarrow 00{:}25{:}15.376$  get the PTSD molecular imaging program

NOTE Confidence: 0.28242582

 $00:25:15.376 \longrightarrow 00:25:17.910$  growing at Yale and in collaboration

NOTE Confidence: 0.28242582

 $00{:}25{:}17.910 \dashrightarrow 00{:}25{:}20.280$  with the National Center for PTSD.

NOTE Confidence: 0.28242582

 $00{:}25{:}20.280 \dashrightarrow 00{:}25{:}23.313$  And so I wanted to see if Amglu 5

NOTE Confidence: 0.313723

00:25:23.320 --> 00:25:25.635 availability again can help us

NOTE Confidence: 0.313723

 $00:25:25.635 \longrightarrow 00:25:27.950$  differentiate people who have PTSD

00:25:28.028 --> 00:25:30.238 versus MDD or bipolar etcetera,

NOTE Confidence: 0.313723

 $00{:}25{:}30.240 {\:{\circ}{\circ}{\circ}}>00{:}25{:}33.600$  et cetera in in terms of helping

NOTE Confidence: 0.313723

 $00:25:33.600 \longrightarrow 00:25:35.174$  them get better treatment.

NOTE Confidence: 0.313723

 $00:25:35.174 \longrightarrow 00:25:37.540$  And so PTSD is one of the

NOTE Confidence: 0.313723

 $00:25:37.616 \longrightarrow 00:25:39.556$  newer disorders in the DSM.

NOTE Confidence: 0.313723

 $00:25:39.560 \longrightarrow 00:25:42.004$  It was established as a diagnosis in 1980,

NOTE Confidence: 0.313723

 $00:25:42.004 \longrightarrow 00:25:43.708$  and it is the only disorder

NOTE Confidence: 0.313723

 $00:25:43.708 \longrightarrow 00:25:45.678$  that we know the etiology for.

NOTE Confidence: 0.313723

 $00{:}25{:}45.680 \dashrightarrow 00{:}25{:}48.320$  There has to have been a traumatic event,

NOTE Confidence: 0.313723

 $00:25:48.320 \longrightarrow 00:25:51.162$  a criterion, a event that has led

NOTE Confidence: 0.313723

00:25:51.162 --> 00:25:54.319 to this to development of PTSD.

NOTE Confidence: 0.313723

 $00:25:54.320 \longrightarrow 00:25:56.672$  About 8% of Americans suffer from

NOTE Confidence: 0.313723

 $00{:}25{:}56.672 \dashrightarrow 00{:}25{:}59.386$  PTSD and this number varies between

NOTE Confidence: 0.313723

 $00:25:59.386 \longrightarrow 00:26:01.518$  a few different publications.

NOTE Confidence: 0.313723

 $00:26:01.520 \longrightarrow 00:26:03.236$  It is more prevalent in women,

NOTE Confidence: 0.313723

 $00:26:03.240 \longrightarrow 00:26:04.912$  more prevalent in veterans,

 $00:26:04.912 \longrightarrow 00:26:08.120$  and it is the only anxiety disorder

NOTE Confidence: 0.313723

 $00{:}26{:}08.120 \mathrel{--}{>} 00{:}26{:}10.468$  which predicts anxiety related

NOTE Confidence: 0.313723

 $00:26:10.468 \longrightarrow 00:26:12.816$  disorder which predicts suicidality

NOTE Confidence: 0.313723

 $00:26:12.816 \longrightarrow 00:26:15.519$  independent of other comorbidities.

NOTE Confidence: 0.313723

 $00:26:15.520 \longrightarrow 00:26:18.240$  Unfortunately, there are only two

NOTE Confidence: 0.313723

00:26:18.240 --> 00:26:20.960 FDA approved treatments for PTSD.

NOTE Confidence: 0.313723

 $00:26:20.960 \longrightarrow 00:26:24.020$  They're both SSRIs and they're both

NOTE Confidence: 0.313723

 $00:26:24.020 \longrightarrow 00:26:27.280$  developed for the treatment of depression.

NOTE Confidence: 0.313723

00:26:27.280 --> 00:26:29.160 So they have modest efficacy,

NOTE Confidence: 0.313723

00:26:29.160 --> 00:26:33.157 about 10% difference as compared to placebo,

NOTE Confidence: 0.313723

 $00{:}26{:}33.160 \dashrightarrow 00{:}26{:}36.260$  smaller effect size than psychotherapy

NOTE Confidence: 0.313723

 $00:26:36.260 \longrightarrow 00:26:39.360$  and unclear synergy with psychotherapy.

NOTE Confidence: 0.313723

 $00{:}26{:}39.360 \dashrightarrow 00{:}26{:}43.424$  They are slow to response typical to any

NOTE Confidence: 0.313723

 $00:26:43.424 \longrightarrow 00:26:46.920$  SSRIs of about, you know, two months.

NOTE Confidence: 0.313723

00:26:46.920 --> 00:26:47.824 And so you know,

00:26:47.824 --> 00:26:49.560 we don't think that that's good enough,

NOTE Confidence: 0.313723

 $00:26:49.560 \longrightarrow 00:26:50.033$  right.

NOTE Confidence: 0.313723

00:26:50.033 --> 00:26:52.398 If somebody has severe symptoms,

NOTE Confidence: 0.313723

 $00:26:52.400 \longrightarrow 00:26:53.273$  they cannot sleep,

NOTE Confidence: 0.313723

 $00:26:53.273 \longrightarrow 00:26:54.437$  they cannot work etcetera,

NOTE Confidence: 0.313723

 $00:26:54.440 \longrightarrow 00:26:54.745$  etcetera.

NOTE Confidence: 0.313723

 $00:26:54.745 \longrightarrow 00:26:57.880$  You want to be able to help them right away.

NOTE Confidence: 0.313723

 $00:26:57.880 \longrightarrow 00:27:00.301$  And so there is a lot of data in

NOTE Confidence: 0.313723

 $00{:}27{:}00.301 \dashrightarrow 00{:}27{:}02.566$  the literature showing that Anglo

NOTE Confidence: 0.313723

 $00{:}27{:}02.566 \to 00{:}27{:}05.440$ 5 is anxiolytic and could actually

NOTE Confidence: 0.313723

 $00{:}27{:}05.515 \dashrightarrow 00{:}27{:}08.360$  participate in symptomatology of PTSD.

NOTE Confidence: 0.313723

 $00:27:08.360 \longrightarrow 00:27:10.160$  And all these data come

NOTE Confidence: 0.313723

 $00:27:10.160 \longrightarrow 00:27:11.240$  from preclinical models.

NOTE Confidence: 0.313723

 $00:27:11.240 \longrightarrow 00:27:13.886$  There are no data in human before

NOTE Confidence: 0.313723

 $00:27:13.886 \longrightarrow 00:27:15.440$  we started publishing this.

NOTE Confidence: 0.313723

 $00:27:15.440 \longrightarrow 00:27:18.104$  So we see that fear conditioning

 $00:27:18.104 \longrightarrow 00:27:19.880$  is associated with increased

NOTE Confidence: 0.313723

 $00{:}27{:}19.957 --> 00{:}27{:}21.557$  expression of Anglo 5.

NOTE Confidence: 0.313723

 $00:27:21.560 \longrightarrow 00:27:24.362$  Anglo 5 activity leads to enhancement

NOTE Confidence: 0.313723

 $00:27:24.362 \longrightarrow 00:27:26.840$  of contextual fear after stress.

NOTE Confidence: 0.313723

 $00:27:26.840 \longrightarrow 00:27:29.678$  Studies have shown that administration of

NOTE Confidence: 0.313723

 $00{:}27{:}29.678 \to 00{:}27{:}32.240$  a negative Alastric modulator immediately

NOTE Confidence: 0.313723

 $00:27:32.240 \longrightarrow 00:27:35.240$  post trauma inhibits memory consolidation.

NOTE Confidence: 0.313723

 $00{:}27{:}35.240 \dashrightarrow 00{:}27{:}37.592$  Our blockaded knockout of Anglo 5

NOTE Confidence: 0.313723

00:27:37.592 --> 00:27:39.160 interferes with fear extinction.

NOTE Confidence: 0.313723

 $00{:}27{:}39.160 \dashrightarrow 00{:}27{:}42.839$  So these some of these seem against

NOTE Confidence: 0.313723

 $00:27:42.839 \longrightarrow 00:27:44.751$  each other And so we have to be

NOTE Confidence: 0.313723

 $00:27:44.751 \longrightarrow 00:27:46.245$  really careful of when we give

NOTE Confidence: 0.313723

 $00{:}27{:}46.245 \dashrightarrow 00{:}27{:}47.760$  Anglo 5 to people with PTSD,

NOTE Confidence: 0.313723

00:27:47.760 --> 00:27:51.040 if we give it and whether we would

NOTE Confidence: 0.313723

 $00:27:51.040 \longrightarrow 00:27:53.810$  give agents directly targeting Anglo

 $00:27:53.810 \longrightarrow 00:27:57.360$  5 or modulate via different pathway.

NOTE Confidence: 0.313723

 $00{:}27{:}57.360 \dashrightarrow 00{:}28{:}00.600$  And so this is the first study that we did.

NOTE Confidence: 0.313723

 $00:28:00.600 \longrightarrow 00:28:04.236$  We recruited 16 individuals with PTSD.

NOTE Confidence: 0.313723

 $00:28:04.240 \longrightarrow 00:28:07.000$  They were all unmedicated, 16 age,

NOTE Confidence: 0.313723

 $00:28:07.000 \longrightarrow 00:28:10.840$  sex and smoking status match controls.

NOTE Confidence: 0.313723

 $00:28:10.840 \longrightarrow 00:28:13.560$  We did a lot of measures

NOTE Confidence: 0.313723

00:28:13.560 --> 00:28:16.360 including CAPS and and PCL,

NOTE Confidence: 0.313723

00:28:16.360 --> 00:28:18.384 which measured PTSD specifically.

NOTE Confidence: 0.313723

 $00{:}28{:}18.384 \dashrightarrow 00{:}28{:}22.375$  And then all participants did a PET scan

NOTE Confidence: 0.313723

 $00:28:22.375 \longrightarrow 00:28:24.800$  to measure and glorify availability.

NOTE Confidence: 0.313723

00:28:24.800 --> 00:28:27.440 And so our sample was pretty chronic PTSD,

NOTE Confidence: 0.313723

 $00:28:27.440 \longrightarrow 00:28:29.024$  about 20 years.

NOTE Confidence: 0.313723

 $00:28:29.024 \longrightarrow 00:28:30.080$  On average,

NOTE Confidence: 0.313723

 $00{:}28{:}30.080 \dashrightarrow 00{:}28{:}32.198$ nine met criteria for comorbid MDD,

NOTE Confidence: 0.313723

 $00:28:32.200 \longrightarrow 00:28:34.825$  which tells you that a lot of

NOTE Confidence: 0.313723

 $00:28:34.825 \longrightarrow 00:28:36.703$  these individuals were more severe

00:28:36.703 --> 00:28:38.573 in their PTSD symptomatology.

NOTE Confidence: 0.313723

 $00{:}28{:}38.573 \dashrightarrow 00{:}28{:}42.520$  It was a mixed trauma sample with some

NOTE Confidence: 0.313723

 $00:28:42.520 \longrightarrow 00:28:44.720$  civilians and some combat veterans.

NOTE Confidence: 0.313723

 $00:28:44.720 \longrightarrow 00:28:47.464$  And then we had six people with

NOTE Confidence: 0.313723

 $00{:}28{:}47.464 \dashrightarrow 00{:}28{:}49.023$  passive suicidal ideations at

NOTE Confidence: 0.313723

 $00:28:49.023 \longrightarrow 00:28:50.598$  the time of pet scanning,

NOTE Confidence: 0.313723

 $00:28:50.600 \longrightarrow 00:28:52.925$  and four reported at least

NOTE Confidence: 0.313723

 $00:28:52.925 \longrightarrow 00:28:54.320$  one suicide attempt.

NOTE Confidence: 0.313723

 $00:28:54.320 \longrightarrow 00:28:56.156$  And so these are outcome data.

NOTE Confidence: 0.313723

 $00:28:56.160 \longrightarrow 00:28:59.346$  So the top panel is the

NOTE Confidence: 0.313723

 $00:28:59.346 \longrightarrow 00:29:01.676$  PTSD group and the bottom

NOTE Confidence: 0.78575593

 $00:29:01.680 \longrightarrow 00:29:03.520$  is our healthy control group.

NOTE Confidence: 0.78575593

 $00:29:03.520 \longrightarrow 00:29:06.800$  And so we look at, if you look at red,

NOTE Confidence: 0.78575593

00:29:06.800 --> 00:29:07.832 orange, yellow areas,

NOTE Confidence: 0.78575593

 $00:29:07.832 \longrightarrow 00:29:10.240$  these are quote UN quote hot areas.

 $00:29:10.240 \longrightarrow 00:29:11.984$  So these are the areas where we see

NOTE Confidence: 0.78575593

 $00:29:11.984 \longrightarrow 00:29:13.667$  the greatest density of whatever it is

NOTE Confidence: 0.78575593

00:29:13.667 --> 00:29:15.240 that you're trying to study in PET.

NOTE Confidence: 0.78575593

 $00:29:15.240 \longrightarrow 00:29:17.184$  And you can visually see higher

NOTE Confidence: 0.78575593

00:29:17.184 --> 00:29:18.480 receptor availability in people

NOTE Confidence: 0.78575593

00:29:18.531 --> 00:29:20.277 with PTSD as compared to controls.

NOTE Confidence: 0.78575593

 $00:29:20.280 \longrightarrow 00:29:23.045$  And that won't lie that we actually

NOTE Confidence: 0.78575593

 $00:29:23.045 \longrightarrow 00:29:25.159$  expected low receptor availability

NOTE Confidence: 0.78575593

 $00{:}29{:}25.159 \dashrightarrow 00{:}29{:}28.323$  given the previous MDD study that

NOTE Confidence: 0.78575593

 $00:29:28.323 \longrightarrow 00:29:31.209$  was published and also thinking in

NOTE Confidence: 0.78575593

 $00:29:31.209 \longrightarrow 00:29:33.520$  terms of synaptic density and that

NOTE Confidence: 0.78575593

 $00:29:33.520 \longrightarrow 00:29:35.860$  it should be lower under stress

NOTE Confidence: 0.78575593

 $00:29:35.934 \longrightarrow 00:29:38.154$  disorders and so there should be

NOTE Confidence: 0.78575593

 $00:29:38.154 \longrightarrow 00:29:40.318$  less places from Glow 5 to sit.

NOTE Confidence: 0.78575593

 $00:29:40.320 \longrightarrow 00:29:42.370$  And so it would measure

NOTE Confidence: 0.78575593

 $00:29:42.370 \longrightarrow 00:29:43.600$  low receptor availability,

 $00:29:43.600 \longrightarrow 00:29:47.156$  but we showed crater across brain regions.

NOTE Confidence: 0.78575593

 $00{:}29{:}47.160 \dashrightarrow 00{:}29{:}49.424$  And again prefrontal cortical

NOTE Confidence: 0.78575593

00:29:49.424 --> 00:29:51.622 regions were our main outcomes,

NOTE Confidence: 0.78575593

 $00:29:51.622 \longrightarrow 00:29:55.072$  but we saw this across the whole brain.

NOTE Confidence: 0.78575593

 $00{:}29{:}55.072 \dashrightarrow 00{:}29{:}57.856$  And Sophie Holmes led the publication of

NOTE Confidence: 0.78575593

 $00:29:57.856 \longrightarrow 00:30:00.880$  this study and when she ran some correlation,

NOTE Confidence: 0.78575593

 $00:30:00.880 \longrightarrow 00:30:03.040$  she saw that high Anglo 5

NOTE Confidence: 0.78575593

 $00{:}30{:}03.040 \dashrightarrow 00{:}30{:}04.480$  availability was associated with

NOTE Confidence: 0.78575593

 $00:30:04.548 \longrightarrow 00:30:06.598$  great avoidance symptoms in PTSD.

NOTE Confidence: 0.78575593

 $00{:}30{:}06.600 \dashrightarrow 00{:}30{:}09.127$  So it's it's really interesting to see

NOTE Confidence: 0.78575593

 $00:30:09.127 \longrightarrow 00:30:11.678$  differences in the brains between groups,

NOTE Confidence: 0.78575593

 $00:30:11.680 \longrightarrow 00:30:14.134$  but it's actually much more interesting

NOTE Confidence: 0.78575593

 $00:30:14.134 \longrightarrow 00:30:17.160$  to see that there's clinical relevance.

NOTE Confidence: 0.78575593

 $00:30:17.160 \longrightarrow 00:30:19.080$  And this finding is really,

NOTE Confidence: 0.78575593

 $00:30:19.080 \longrightarrow 00:30:21.592$  really important because avoidance

 $00:30:21.592 \longrightarrow 00:30:23.476$  is something that

NOTE Confidence: 0.2830151

 $00{:}30{:}26.320 {\: -->\:} 00{:}30{:}28.100$  prevents people from overcoming

NOTE Confidence: 0.2830151

00:30:28.100 --> 00:30:29.435 their PTSD symptoms.

NOTE Confidence: 0.2830151

 $00:30:29.440 \longrightarrow 00:30:31.456$  So if we avoid places, people, time,

NOTE Confidence: 0.2830151

 $00:30:31.456 \longrightarrow 00:30:34.032$  etcetera that remind us of the event,

NOTE Confidence: 0.2830151

 $00:30:34.040 \longrightarrow 00:30:36.520$  we cannot overcome the PTSD.

NOTE Confidence: 0.2830151

 $00:30:36.520 \longrightarrow 00:30:38.422$  And maybe on below 5 agents

NOTE Confidence: 0.2830151

 $00:30:38.422 \longrightarrow 00:30:40.320$  could help us with therapy,

NOTE Confidence: 0.2830151

 $00{:}30{:}40.320 \dashrightarrow 00{:}30{:}42.119$  maybe we can give it prior to

NOTE Confidence: 0.2830151

 $00:30:42.119 \longrightarrow 00:30:43.051$  exposure therapy, etcetera.

NOTE Confidence: 0.2830151

 $00{:}30{:}43.051 \dashrightarrow 00{:}30{:}46.339$  And again, I told you that I was

NOTE Confidence: 0.2830151

 $00:30:46.339 \longrightarrow 00:30:49.560$  kind of surprised by these findings.

NOTE Confidence: 0.2830151

 $00:30:49.560 \longrightarrow 00:30:52.598$  And so I had been collaborating with

NOTE Confidence: 0.2830151

 $00:30:52.598 \longrightarrow 00:30:55.376$  the late Ron Duman for some other work.

NOTE Confidence: 0.2830151

 $00:30:55.376 \longrightarrow 00:30:57.589$  And I had asked him if he could look

NOTE Confidence: 0.2830151

 $00:30:57.589 \longrightarrow 00:30:59.443$  at the postmortem brain tissue and

00:30:59.443 --> 00:31:01.610 people with PTSD that he had from

NOTE Confidence: 0.2830151

 $00:31:01.610 \longrightarrow 00:31:03.841$  National Center Brain Bank and see if

NOTE Confidence: 0.2830151

 $00:31:03.841 \longrightarrow 00:31:05.923$  there were Anglo 5 related proteins

NOTE Confidence: 0.2830151

 $00:31:05.923 \longrightarrow 00:31:08.156$  or stress related proteins that

NOTE Confidence: 0.2830151

 $00:31:08.156 \longrightarrow 00:31:10.874$  could help us explain his findings.

NOTE Confidence: 0.2830151

 $00:31:10.880 \longrightarrow 00:31:13.712$  And so Ron was kind to run some

NOTE Confidence: 0.2830151

 $00:31:13.712 \longrightarrow 00:31:15.964$  analysis for us and he showed that

NOTE Confidence: 0.2830151

00:31:15.964 --> 00:31:18.760 F KB P5 was 3 1/2 times lower and

NOTE Confidence: 0.2830151

 $00:31:18.760 \longrightarrow 00:31:21.056$  people with PTSD in the postmortem

NOTE Confidence: 0.2830151

 $00:31:21.056 \longrightarrow 00:31:23.396$  sample as compared to controls.

NOTE Confidence: 0.2830151

 $00:31:23.400 \longrightarrow 00:31:26.340$  And FKBP 5 is a glucocorticoid

NOTE Confidence: 0.2830151

 $00:31:26.340 \longrightarrow 00:31:27.320$  regulating protein.

NOTE Confidence: 0.2830151

 $00{:}31{:}27.320 \dashrightarrow 00{:}31{:}30.242$  And there's some hypothesis that there's

NOTE Confidence: 0.2830151

 $00:31:30.242 \longrightarrow 00:31:32.600$  hypochlorosolamia in people with PTSD.

NOTE Confidence: 0.2830151

 $00:31:32.600 \longrightarrow 00:31:35.664$  So this would go along with just reduced

 $00:31:35.664 \longrightarrow 00:31:37.917$  cortisol tone in people with PTSD.

NOTE Confidence: 0.2830151

00:31:37.920 --> 00:31:40.475 And then he showed that Shank protein,

NOTE Confidence: 0.2830151

 $00{:}31{:}40.480 \dashrightarrow 00{:}31{:}43.240$  but not Anglo 5 gene expression

NOTE Confidence: 0.2830151

 $00:31:43.240 \longrightarrow 00:31:46.039$  were higher in people with PTSD.

NOTE Confidence: 0.2830151

 $00:31:46.040 \longrightarrow 00:31:47.240$  And so again,

NOTE Confidence: 0.2830151

 $00:31:47.240 \longrightarrow 00:31:49.240$  what we're showing is lower

NOTE Confidence: 0.2830151

 $00{:}31{:}49.240 {\:{\circ}{\circ}{\circ}}>00{:}31{:}51.503$  cortisol protein but higher Anglo

NOTE Confidence: 0.2830151

00:31:51.503 --> 00:31:53.355 5 related trafficking protein.

NOTE Confidence: 0.2830151

 $00{:}31{:}53.360 \dashrightarrow 00{:}31{:}56.356$  And So what we think is happening

NOTE Confidence: 0.2830151

 $00:31:56.360 \longrightarrow 00:31:57.720$  in the healthy brain,

NOTE Confidence: 0.2830151

 $00:31:57.720 \longrightarrow 00:31:59.080$  there's so many receptors,

NOTE Confidence: 0.2830151

 $00:31:59.080 \longrightarrow 00:32:00.840$  some of them are internalized,

NOTE Confidence: 0.2830151

 $00:32:00.840 \longrightarrow 00:32:03.560$  some of them are in the synaptic space.

NOTE Confidence: 0.2830151

 $00:32:03.560 \dashrightarrow 00:32:05.976$  And so our radioligand as I told you

NOTE Confidence: 0.2830151

 $00:32:05.976 \longrightarrow 00:32:08.944$  can only bind to the places that to the

NOTE Confidence: 0.2830151

 $00:32:08.944 \longrightarrow 00:32:11.280$  receptors that are the synaptic space.

 $00{:}32{:}11.280 --> 00{:}32{:}12.126 \ \mathrm{In} \ \mathrm{PTSD},$ 

NOTE Confidence: 0.2830151

 $00:32:12.126 \longrightarrow 00:32:14.241$  we think that they're increased

NOTE Confidence: 0.2830151

00:32:14.241 --> 00:32:16.370 Shank levels which traffic Anglo

NOTE Confidence: 0.2830151

 $00:32:16.370 \longrightarrow 00:32:18.320$  5 to the synaptic space.

NOTE Confidence: 0.2830151

 $00:32:18.320 \longrightarrow 00:32:20.510$  Now the radioligand has more places

NOTE Confidence: 0.2830151

 $00:32:20.510 \longrightarrow 00:32:22.624$  to bind and so we're measuring

NOTE Confidence: 0.2830151

 $00:32:22.624 \longrightarrow 00:32:24.354$  receptor availability that is higher.

NOTE Confidence: 0.2830151

 $00:32:24.360 \longrightarrow 00:32:26.680$  So the number of receptors did not change,

NOTE Confidence: 0.2830151

00:32:26.680 --> 00:32:30.474 but their location changed and this location,

NOTE Confidence: 0.2830151

 $00:32:30.480 \longrightarrow 00:32:33.186$  this change in location appears to

NOTE Confidence: 0.2830151

 $00:32:33.186 \longrightarrow 00:32:36.200$  contribute to the avoided symptomatology.

NOTE Confidence: 0.2830151

00:32:36.200 --> 00:32:36.884 And so,

NOTE Confidence: 0.2830151

 $00:32:36.884 \longrightarrow 00:32:38.594$  given the higher rates of

NOTE Confidence: 0.2830151

 $00:32:38.594 \longrightarrow 00:32:40.600$  suicidality in this group as well,

NOTE Confidence: 0.2830151

 $00:32:40.600 \longrightarrow 00:32:42.285$  we proceeded with another study

 $00:32:42.285 \longrightarrow 00:32:44.690$  that was led by Maggie Davis.

NOTE Confidence: 0.2830151

 $00:32:44.690 \longrightarrow 00:32:47.700$  And we have people with who

NOTE Confidence: 0.2830151

 $00:32:47.700 \longrightarrow 00:32:49.600$  are healthy controls in grey,

NOTE Confidence: 0.2830151

 $00:32:49.600 \longrightarrow 00:32:51.520$  people with depression and purple.

NOTE Confidence: 0.2830151

00:32:51.520 --> 00:32:53.320 The light purple is people with

NOTE Confidence: 0.2830151

00:32:53.320 --> 00:32:55.202 depression who did not have suicidality

NOTE Confidence: 0.2830151

 $00:32:55.202 \longrightarrow 00:32:57.074$  at the time of pet scanning.

NOTE Confidence: 0.2830151

 $00:32:57.080 \longrightarrow 00:33:00.032$  And then the darker purple are people who

NOTE Confidence: 0.2830151

 $00{:}33{:}00.032 \dashrightarrow 00{:}33{:}02.398$  had suicidality at the time of scanning.

NOTE Confidence: 0.2830151

 $00:33:02.400 \longrightarrow 00:33:04.128$  And then in below are people

NOTE Confidence: 0.2830151

 $00:33:04.128 \longrightarrow 00:33:05.280$  with PTSD and light.

NOTE Confidence: 0.2830151

00:33:05.280 --> 00:33:07.596 No suicidality time of scanning and

NOTE Confidence: 0.2830151

 $00:33:07.596 \longrightarrow 00:33:09.959$  then dark suicidality time of scanning.

NOTE Confidence: 0.2830151

 $00:33:09.960 \longrightarrow 00:33:11.269$  And so here I just wanted to

NOTE Confidence: 0.2830151

 $00:33:11.269 \longrightarrow 00:33:12.520$  show you our pretty images.

NOTE Confidence: 0.2830151

 $00:33:12.520 \longrightarrow 00:33:15.348$  So the top panel people with PTSD

00:33:15.348 --> 00:33:18.140 with suicidality and you can see

NOTE Confidence: 0.2830151

 $00{:}33{:}18.140 \dashrightarrow 00{:}33{:}19.625$  significantly higher receptor

NOTE Confidence: 0.2830151

00:33:19.625 --> 00:33:21.540 availability in our graph and

NOTE Confidence: 0.2830151

 $00:33:21.540 \longrightarrow 00:33:24.229$  in this panel as compared to any

NOTE Confidence: 0.2830151

 $00{:}33{:}24.229 \dashrightarrow 00{:}33{:}26.599$  other group in PTSD suicidality.

NOTE Confidence: 0.2830151

 $00:33:26.600 \longrightarrow 00:33:29.040$  And what was critically important

NOTE Confidence: 0.2830151

 $00:33:29.040 \longrightarrow 00:33:30.992$  is the correlation between

NOTE Confidence: 0.24639197

 $00:33:34.320 \longrightarrow 00:33:37.572$  and mood symptoms in people with

NOTE Confidence: 0.24639197

 $00:33:37.572 \longrightarrow 00:33:39.840$  depression as compared people with

NOTE Confidence: 0.24639197

 $00:33:39.840 \dashrightarrow 00:33:41.760$  PTSD as compared to people with

NOTE Confidence: 0.24639197

00:33:41.760 --> 00:33:43.196 with depression were different.

NOTE Confidence: 0.24639197

00:33:43.196 --> 00:33:45.350 So people with PTSD who had

NOTE Confidence: 0.24639197

 $00{:}33{:}45.417 {\:{\circ}{\circ}{\circ}}>00{:}33{:}47.205$  greater receptor availability also

NOTE Confidence: 0.24639197

00:33:47.205 --> 00:33:49.440 had greater number of symptoms,

NOTE Confidence: 0.24639197

00:33:49.440 --> 00:33:51.270 but people with depression who

 $00:33:51.270 \longrightarrow 00:33:53.233$  had greater receptor availability

NOTE Confidence: 0.24639197

 $00{:}33{:}53.233 \dashrightarrow 00{:}33{:}55.357$  had actually lower symptoms.

NOTE Confidence: 0.24639197

 $00:33:55.360 \longrightarrow 00:33:56.824$  So here again,

NOTE Confidence: 0.24639197

 $00:33:56.824 \longrightarrow 00:34:00.300$  we're using Anglo 5 to help us

NOTE Confidence: 0.24639197

 $00:34:00.300 \longrightarrow 00:34:02.315$  differentiate some stress disorders

NOTE Confidence: 0.24639197

 $00:34:02.315 \longrightarrow 00:34:04.840$  that may overlap in symptomatology

NOTE Confidence: 0.24639197

 $00:34:04.840 \longrightarrow 00:34:07.033$  and show that they really potentially

NOTE Confidence: 0.24639197

 $00:34:07.033 \longrightarrow 00:34:09.798$  need to be treated differently.

NOTE Confidence: 0.24639197

 $00:34:09.800 \longrightarrow 00:34:13.112$  But what I really was confused about and

NOTE Confidence: 0.24639197

00:34:13.112 --> 00:34:16.520 still wasn't explaining about these data was,

NOTE Confidence: 0.24639197

00:34:16.520 --> 00:34:20.055 is Anglo 5A regulation A

NOTE Confidence: 0.24639197

00:34:20.055 --> 00:34:22.365 predisposition to developing a PTSD?

NOTE Confidence: 0.24639197

 $00:34:22.365 \longrightarrow 00:34:25.285$  So are people who are born with high

NOTE Confidence: 0.24639197

00:34:25.285 --> 00:34:27.871 Anglo 5 levels are more likely to

NOTE Confidence: 0.24639197

 $00:34:27.871 \longrightarrow 00:34:30.600$  develop PTSD upon a traumatic event?

NOTE Confidence: 0.24639197

00:34:30.600 --> 00:34:33.020 Or is Anglo 5A regulation

 $00:34:33.020 \longrightarrow 00:34:34.956$  A consequence of PTSD?

NOTE Confidence: 0.24639197

 $00{:}34{:}34.960 {\:{\circ}{\circ}{\circ}}>00{:}34{:}37.534$  Because a lot of people have

NOTE Confidence: 0.24639197

00:34:37.534 --> 00:34:39.720 significant trauma in their life,

NOTE Confidence: 0.24639197

 $00:34:39.720 \longrightarrow 00:34:42.720$  but not all of them or most of

NOTE Confidence: 0.24639197

00:34:42.720 --> 00:34:45.640 them will develop PTSD symptoms.

NOTE Confidence: 0.24639197

 $00:34:45.640 \longrightarrow 00:34:48.382$  And so we collaborated with Jane

NOTE Confidence: 0.24639197

 $00:34:48.382 \longrightarrow 00:34:51.529$  Taylor and Ralph de Leon in

NOTE Confidence: 0.24639197

 $00{:}34{:}51.529 \dashrightarrow 00{:}34{:}54.104$  Molecular Psychiatry and Ruth Ashe

NOTE Confidence: 0.24639197

 $00:34:54.104 \longrightarrow 00:34:56.792$  led the studies in animal models.

NOTE Confidence: 0.24639197

00:34:56.800 --> 00:34:58.116 They tried to do this in human,

NOTE Confidence: 0.24639197

 $00:34:58.120 \longrightarrow 00:35:00.028$  but it provided impossible to identify

NOTE Confidence: 0.24639197

 $00:35:00.028 \dashrightarrow 00:35:02.148$  an emergency room people who had a

NOTE Confidence: 0.24639197

 $00:35:02.148 \longrightarrow 00:35:03.463$  traumatic event and then followed

NOTE Confidence: 0.24639197

 $00:35:03.463 \longrightarrow 00:35:05.528$  them for months to see if they would

NOTE Confidence: 0.24639197

 $00:35:05.528 \longrightarrow 00:35:06.976$  develop PTSD and scan everybody.

00:35:06.976 --> 00:35:10.624 And so Ruth took on the study in

NOTE Confidence: 0.24639197

 $00{:}35{:}10.624 \dashrightarrow 00{:}35{:}13.320$  rats and we administered stress

NOTE Confidence: 0.24639197

 $00:35:13.320 \longrightarrow 00:35:15.560$  enhanced fear learning paradigm.

NOTE Confidence: 0.24639197

 $00{:}35{:}15.560 \dashrightarrow 00{:}35{:}17.558$  And so after the animal survived,

NOTE Confidence: 0.24639197

 $00:35:17.560 \longrightarrow 00:35:19.640$  they acclimated for a bit.

NOTE Confidence: 0.24639197

00:35:19.640 --> 00:35:22.520 Then they participate in pet scanning,

NOTE Confidence: 0.24639197

00:35:22.520 --> 00:35:25.880 daily handling and then Ruth

NOTE Confidence: 0.24639197

 $00:35:25.880 \longrightarrow 00:35:29.240$  did behavioral testing and then

NOTE Confidence: 0.24639197

00:35:29.352 --> 00:35:30.546 more pet scanning.

NOTE Confidence: 0.24639197

 $00:35:30.546 \longrightarrow 00:35:32.784$  And so on the first day

NOTE Confidence: 0.24639197

 $00:35:32.784 \longrightarrow 00:35:34.520$  the animals were shocked

NOTE Confidence: 0.59004176

 $00:35:36.560 \longrightarrow 00:35:38.765$  and then the next day there was no shock

NOTE Confidence: 0.59004176

 $00:35:38.765 \longrightarrow 00:35:40.862$  in animals and they were shocked again

NOTE Confidence: 0.59004176

 $00{:}35{:}40.862 \dashrightarrow 00{:}35{:}43.398$  the 3rd day and no shock on the 4th day.

NOTE Confidence: 0.59004176

 $00:35:43.400 \longrightarrow 00:35:46.066$  And so this is encephal paradigm

NOTE Confidence: 0.59004176

 $00:35:46.066 \longrightarrow 00:35:49.196$  where the shock is not,

 $00:35:49.200 \longrightarrow 00:35:50.838$  the number of shocks is not to

NOTE Confidence: 0.59004176

 $00{:}35{:}50.838 \dashrightarrow 00{:}35{:}52.465$  the extent that all animals are

NOTE Confidence: 0.59004176

00:35:52.465 --> 00:35:54.199 going to develop PTC type symptoms,

NOTE Confidence: 0.59004176

 $00:35:54.200 \longrightarrow 00:35:55.544$  there's going to be a spread

NOTE Confidence: 0.59004176

00:35:55.544 --> 00:35:56.840 like just like in humans.

NOTE Confidence: 0.59004176

 $00:35:56.840 \longrightarrow 00:35:59.552$  So some animals are going to be resilient

NOTE Confidence: 0.59004176

 $00:35:59.552 \longrightarrow 00:36:02.679$  and some animals are going to be vulnerable.

NOTE Confidence: 0.59004176

 $00:36:02.680 \longrightarrow 00:36:06.075$  And we started seeing sex differences between

NOTE Confidence: 0.59004176

 $00:36:06.075 \longrightarrow 00:36:08.838$  behaviours in animals who were shocked.

NOTE Confidence: 0.54787356

 $00{:}36{:}11.360 \dashrightarrow 00{:}36{:}14.174$  And then Ruth also divided the animals

NOTE Confidence: 0.54787356

00:36:14.174 --> 00:36:17.160 who were low responsers or resilient

NOTE Confidence: 0.54787356

 $00{:}36{:}17.160 \dashrightarrow 00{:}36{:}20.562$  versus high responders or vulnerable after

NOTE Confidence: 0.54787356

 $00{:}36{:}20.562 \dashrightarrow 00{:}36{:}23.534$  their shock in the in their freezing.

NOTE Confidence: 0.54787356

 $00:36:23.534 \longrightarrow 00:36:25.824$  And she saw sex differences

NOTE Confidence: 0.54787356

 $00:36:25.824 \longrightarrow 00:36:28.080$  in those groups as well.

00:36:28.080 --> 00:36:29.600 And then in PET scanning,

NOTE Confidence: 0.54787356

 $00:36:29.600 \longrightarrow 00:36:32.360$  we saw that actually receptor

NOTE Confidence: 0.54787356

00:36:32.360 --> 00:36:34.568 availability was not different

NOTE Confidence: 0.54787356

 $00{:}36{:}34.568 {\:\dashrightarrow\:} 00{:}36{:}37.124$  between control groups and groups

NOTE Confidence: 0.54787356

 $00:36:37.124 \longrightarrow 00:36:39.519$  who were vulnerable or groups

NOTE Confidence: 0.54787356

00:36:39.519 --> 00:36:42.277 who develop PTSD type symptoms.

NOTE Confidence: 0.54787356

 $00{:}36{:}42.280 \dashrightarrow 00{:}36{:}44.596$  So ANGLE 5 availability does not

NOTE Confidence: 0.54787356

00:36:44.596 --> 00:36:46.520 predispose to development of PTSD,

NOTE Confidence: 0.54787356

 $00:36:46.520 \longrightarrow 00:36:48.080$  at least in this work,

NOTE Confidence: 0.54787356

 $00:36:48.080 \longrightarrow 00:36:50.520$  but did increase in animals

NOTE Confidence: 0.54787356

 $00{:}36{:}50.520 {\:{\mbox{--}}}{>}\ 00{:}36{:}52.472$  as a consequence of

NOTE Confidence: 0.4481057

 $00:36:54.640 \longrightarrow 00:36:57.400$  of foot shock of stress.

NOTE Confidence: 0.4481057

 $00{:}36{:}57.400 \dashrightarrow 00{:}37{:}00.410$  And again we saw some stress sex

NOTE Confidence: 0.4481057

 $00:37:00.410 \longrightarrow 00:37:02.185$  differences And the freezing on day

NOTE Confidence: 0.4481057

 $00:37:02.185 \longrightarrow 00:37:04.720$  2 on the day that animals were not

NOTE Confidence: 0.4481057

 $00:37:04.720 \longrightarrow 00:37:06.952$  shocked is related to fear memory.

 $00:37:06.960 \longrightarrow 00:37:09.865$  So it's after the traumatic event when

NOTE Confidence: 0.4481057

 $00{:}37{:}09.865 {\:\dashrightarrow\:} 00{:}37{:}11.985$  the animals are being put back in the

NOTE Confidence: 0.4481057

 $00:37:11.985 \dashrightarrow 00:37:13.895$  context of where they were stressed and

NOTE Confidence: 0.4481057

 $00:37:13.895 \longrightarrow 00:37:16.098$  how do they behave there and how much

NOTE Confidence: 0.4481057

 $00:37:16.098 \longrightarrow 00:37:17.684$  freezing are they participating in.

NOTE Confidence: 0.4481057

 $00:37:17.684 \longrightarrow 00:37:20.358$  And so the greater the freezing behavior,

NOTE Confidence: 0.4481057

 $00:37:20.360 \longrightarrow 00:37:23.000$  the greater receptor availability and

NOTE Confidence: 0.4481057

 $00{:}37{:}23.000 \dashrightarrow 00{:}37{:}26.120$  again some sex differences in that.

NOTE Confidence: 0.4481057

 $00:37:26.120 \dashrightarrow 00:37:30.720$  And so looking at some more recent literature

NOTE Confidence: 0.4481057

 $00{:}37{:}30.720 \dashrightarrow 00{:}37{:}32.556$  and back at some other literature,

NOTE Confidence: 0.4481057

 $00{:}37{:}32.560 \to 00{:}37{:}35.712$  there is some evidence to support Anglo 5

NOTE Confidence: 0.4481057

 $00:37:35.712 \longrightarrow 00:37:38.425$  of regulation in response to PTSD events.

NOTE Confidence: 0.4481057

 $00{:}37{:}38.425 \dashrightarrow 00{:}37{:}40.910$  And so this work was done right

NOTE Confidence: 0.4481057

 $00:37:40.992 \longrightarrow 00:37:43.260$  around the time that we published

NOTE Confidence: 0.4481057

 $00:37:43.260 \longrightarrow 00:37:45.760$  our work only in male models,

 $00:37:45.760 \longrightarrow 00:37:48.935$  but also showing that freezing

NOTE Confidence: 0.4481057

 $00{:}37{:}48.935 \dashrightarrow 00{:}37{:}52.370$  behaviour is more prevalent in animals

NOTE Confidence: 0.4481057

 $00:37:52.370 \longrightarrow 00:37:54.920$  who develop PTSD type symptoms.

NOTE Confidence: 0.4481057

 $00:37:54.920 \longrightarrow 00:37:57.594$  But MPEP, which is Mglu 5 negative

NOTE Confidence: 0.4481057

00:37:57.594 --> 00:37:58.358 elastaric modulators,

NOTE Confidence: 0.4481057

 $00:37:58.360 \longrightarrow 00:38:00.220$  blocked this response,

NOTE Confidence: 0.4481057

 $00:38:00.220 \longrightarrow 00:38:02.080$  this freezing response.

NOTE Confidence: 0.4481057

00:38:02.080 --> 00:38:05.536 And actually animals also who had

NOTE Confidence: 0.4481057

 $00:38:05.536 \longrightarrow 00:38:08.834$  greater PTSD symptoms had developed more,

NOTE Confidence: 0.4481057

 $00:38:08.834 \longrightarrow 00:38:12.313$  had greater Mglu 5 availability upon retest.

NOTE Confidence: 0.4481057

 $00{:}38{:}12.320 \dashrightarrow 00{:}38{:}14.876$  But MPEP had blocked this effect.

NOTE Confidence: 0.4481057

 $00:38:14.880 \longrightarrow 00:38:16.372$  So the study actually,

NOTE Confidence: 0.4481057

 $00:38:16.372 \longrightarrow 00:38:17.118$  you know,

NOTE Confidence: 0.4481057

 $00:38:17.120 \longrightarrow 00:38:19.620$  did some treatment and showed

NOTE Confidence: 0.4481057

 $00{:}38{:}19.620 \dashrightarrow 00{:}38{:}22.560$  that treatment with Mglu 5 NAMM

NOTE Confidence: 0.4481057

 $00{:}38{:}22.560 \dashrightarrow 00{:}38{:}24.512$  could actually be beneficial.

 $00:38:24.520 \longrightarrow 00:38:27.976$  And so we also did our own work

NOTE Confidence: 0.4481057

 $00{:}38{:}27.976 \dashrightarrow 00{:}38{:}31.120$  to modulate Mglo 5 to see we'll

NOTE Confidence: 0.4481057

00:38:31.120 --> 00:38:33.399 change symptomatology in human.

NOTE Confidence: 0.59582347

 $00:38:36.280 \longrightarrow 00:38:38.345$  And we did this a while ago

NOTE Confidence: 0.59582347

 $00:38:38.345 \longrightarrow 00:38:40.878$  via administration of ketamine.

NOTE Confidence: 0.59582347

 $00:38:40.878 \longrightarrow 00:38:44.860$  And why we administered ketamine is we

NOTE Confidence: 0.59582347

00:38:44.860 --> 00:38:48.136 wanted to modulate Mglo 5 not directly,

NOTE Confidence: 0.59582347

 $00:38:48.136 \longrightarrow 00:38:50.876$  but via modulation of glutamate.

NOTE Confidence: 0.59582347

 $00:38:50.880 \longrightarrow 00:38:53.553$  And I think all of you know at this

NOTE Confidence: 0.59582347

 $00:38:53.553 \longrightarrow 00:38:55.978$  point that 7 acetic doses of ketamine

NOTE Confidence: 0.59582347

00:38:55.978 --> 00:38:58.799 lead to a large surge in glutamate.

NOTE Confidence: 0.59582347

00:38:58.800 --> 00:39:00.996 This was replicated many, many times,

NOTE Confidence: 0.59582347

 $00{:}39{:}01.000 \dashrightarrow 00{:}39{:}02.440$  but anaes thetic doses do not

NOTE Confidence: 0.59582347

 $00:39:02.440 \longrightarrow 00:39:04.560$  lead to a surge in glutamate.

NOTE Confidence: 0.59582347

 $00:39:04.560 \longrightarrow 00:39:08.200$  And there were studies done with Mrs.

 $00:39:08.200 \longrightarrow 00:39:10.200$  showing this is proton, Mrs.

NOTE Confidence: 0.59582347

 $00:39:10.200 \longrightarrow 00:39:12.080$  showing that administration of ketamine

NOTE Confidence: 0.59582347

 $00:39:12.080 \longrightarrow 00:39:14.852$  leads to increases in glutamate in human.

NOTE Confidence: 0.59582347

00:39:14.852 --> 00:39:17.528 And then Jerry Senecora and his

NOTE Confidence: 0.59582347

 $00:39:17.528 \longrightarrow 00:39:21.264$  group did a study with carbon 13 Mrs.

NOTE Confidence: 0.59582347

 $00:39:21.264 \longrightarrow 00:39:23.408$  showing increases in glutamate

NOTE Confidence: 0.59582347

 $00:39:23.408 \longrightarrow 00:39:25.656$  levels after an esthetic doses

NOTE Confidence: 0.59582347

00:39:25.656 --> 00:39:28.596 of ketamine in animal models.

NOTE Confidence: 0.59582347

 $00{:}39{:}28.600 \dashrightarrow 00{:}39{:}31.274$  And so this was our study day,

NOTE Confidence: 0.59582347

 $00:39:31.280 \longrightarrow 00:39:32.588$  our study design, sorry.

NOTE Confidence: 0.59582347

 $00{:}39{:}32.588 \dashrightarrow 00{:}39{:}34.550$  So we screened subjects and they

NOTE Confidence: 0.59582347

00:39:34.610 --> 00:39:36.396 participate in MRI scanning and

NOTE Confidence: 0.59582347

 $00:39:36.396 \longrightarrow 00:39:38.048$  then we do a baseline scan and

NOTE Confidence: 0.59582347

 $00:39:38.048 \longrightarrow 00:39:39.519$  a ketamine scan the same day.

NOTE Confidence: 0.59582347

 $00:39:39.520 \longrightarrow 00:39:41.956$  And then we invited people 24 hours

NOTE Confidence: 0.59582347

 $00{:}39{:}41.956 \dashrightarrow 00{:}39{:}43.689$  later to participate in another

 $00:39:43.689 \longrightarrow 00:39:45.920$  scan and we picked the 24 hour

NOTE Confidence: 0.59582347

 $00{:}39{:}45.920 \dashrightarrow 00{:}39{:}48.332$  time point is because that's the

NOTE Confidence: 0.59582347

 $00:39:48.332 \longrightarrow 00:39:50.030$  greatest antidepressant response

NOTE Confidence: 0.59582347

 $00:39:50.030 \longrightarrow 00:39:51.560$  of ketamine administration.

NOTE Confidence: 0.59582347

 $00:39:51.560 \longrightarrow 00:39:54.386$  And so we thought that administration

NOTE Confidence: 0.59582347

 $00:39:54.386 \longrightarrow 00:39:56.942$  of ketamine would lead to a

NOTE Confidence: 0.59582347

00:39:56.942 --> 00:39:59.137 glutamate surge which would down

NOTE Confidence: 0.59582347

 $00:39:59.137 \dashrightarrow 00:40:01.040$  regulate and Glu fives immediately.

NOTE Confidence: 0.59582347

 $00{:}40{:}01.040 \dashrightarrow 00{:}40{:}03.691$  But that would lead to an up

NOTE Confidence: 0.59582347

00:40:03.691 --> 00:40:05.825 regulation of Glu 524 hours later

NOTE Confidence: 0.59582347

 $00{:}40{:}05.825 \dashrightarrow 00{:}40{:}07.955$  because there will be more synapses.

NOTE Confidence: 0.59582347

 $00:40:07.960 \longrightarrow 00:40:10.996$  Given Ron's work of increased synaptogenesis,

NOTE Confidence: 0.59582347

 $00:40:11.000 \longrightarrow 00:40:13.920$  there will be more synapses.

NOTE Confidence: 0.59582347

 $00:40:13.920 \longrightarrow 00:40:15.720$  More places for Anglo 5 to sit on

NOTE Confidence: 0.59582347

 $00:40:15.720 \longrightarrow 00:40:18.055$  and so there will be greater angle 5

 $00:40:18.055 \longrightarrow 00:40:20.141$  availability and it will be related

NOTE Confidence: 0.59582347

 $00:40:20.141 \longrightarrow 00:40:22.482$  to instepressing response and so on.

NOTE Confidence: 0.59582347

00:40:22.482 --> 00:40:23.978 The ketamine day subjects

NOTE Confidence: 0.59582347

 $00:40:23.978 \longrightarrow 00:40:25.560$  participating to PET scans.

NOTE Confidence: 0.59582347

 $00:40:25.560 \longrightarrow 00:40:26.880$  That radio tracer was

NOTE Confidence: 0.59582347

 $00:40:26.880 \longrightarrow 00:40:28.200$  administered as a bolus,

NOTE Confidence: 0.59582347

 $00{:}40{:}28.200 \dashrightarrow 00{:}40{:}30.756$  People are scanned for 90 minutes,

NOTE Confidence: 0.59582347

 $00:40:30.760 \longrightarrow 00:40:33.256$  they had a break and then we administered

NOTE Confidence: 0.59582347

 $00{:}40{:}33.256 \to 00{:}40{:}35.691$  the radio tracer followed by ketamine

NOTE Confidence: 0.59582347

00:40:35.691 --> 00:40:37.435 bolus plus infusion paradigm.

NOTE Confidence: 0.59582347

 $00{:}40{:}37.440 \dashrightarrow 00{:}40{:}39.500$  So this administration gives a

NOTE Confidence: 0.59582347

 $00:40:39.500 \longrightarrow 00:40:42.666$  bit more ketamine than the quote

NOTE Confidence: 0.59582347

 $00:40:42.666 \longrightarrow 00:40:45.952$  typical antidepressant 40 minute

NOTE Confidence: 0.59582347

 $00:40:45.952 \longrightarrow 00:40:47.560$  just infusion administration.

NOTE Confidence: 0.59582347

00:40:47.560 --> 00:40:51.093 But we really given the expense of pet,

NOTE Confidence: 0.59582347

 $00:40:51.093 \longrightarrow 00:40:52.758$  the need for a line,

 $00:40:52.760 \longrightarrow 00:40:55.063$  the radiation we give the subjects the

NOTE Confidence: 0.59582347

 $00{:}40{:}55.063 \dashrightarrow 00{:}40{:}57.639$  time the subjects contribute to our studies.

NOTE Confidence: 0.59582347

 $00:40:57.640 \longrightarrow 00:40:59.992$  We really wanted to make sure that

NOTE Confidence: 0.59582347

00:40:59.992 --> 00:41:02.185 we're going to see significant findings

NOTE Confidence: 0.59582347

 $00:41:02.185 \longrightarrow 00:41:04.160$  if there were significant findings.

NOTE Confidence: 0.59582347

 $00:41:04.160 \longrightarrow 00:41:06.437$  So we gave a bit of a higher dose.

NOTE Confidence: 0.59582347

 $00:41:06.440 \longrightarrow 00:41:09.500$  So we had 13 people with

NOTE Confidence: 0.59582347

 $00:41:09.500 \longrightarrow 00:41:10.520$  depression participate.

NOTE Confidence: 0.59582347

 $00:41:10.520 \longrightarrow 00:41:13.238$  They you can see that they're

NOTE Confidence: 0.59582347

 $00{:}41{:}13.240 \dashrightarrow 00{:}41{:}15.034$  depression scores were a bit lower

NOTE Confidence: 0.59582347

 $00{:}41{:}15.034 \dashrightarrow 00{:}41{:}16.512$  than the typical depression group

NOTE Confidence: 0.59582347

 $00:41:16.512 \longrightarrow 00:41:18.272$  that we recruit but we were excluding

NOTE Confidence: 0.59582347

00:41:18.272 --> 00:41:19.840 people with any suicidality.

NOTE Confidence: 0.59582347

 $00:41:19.840 \longrightarrow 00:41:21.360$  We were really, really,

NOTE Confidence: 0.59582347

00:41:21.360 --> 00:41:23.074 really careful about making sure

 $00:41:23.074 \longrightarrow 00:41:24.664$  that people who are participating

NOTE Confidence: 0.59582347

 $00:41:24.664 \longrightarrow 00:41:26.781$  in the study given there was a

NOTE Confidence: 0.59582347

00:41:26.781 --> 00:41:28.811 research study with only one dose of

NOTE Confidence: 0.59582347

 $00:41:28.811 \longrightarrow 00:41:30.932$  ketamine and no treatment after that.

NOTE Confidence: 0.59582347

 $00:41:30.932 \longrightarrow 00:41:33.856$  We followed subjects but we did not

NOTE Confidence: 0.59582347

00:41:33.856 --> 00:41:35.664 provide treatment pharmacological treatment.

NOTE Confidence: 0.59582347

 $00{:}41{:}35.664 {\:\dashrightarrow\:} 00{:}41{:}38.548$  We really wanted to make sure that

NOTE Confidence: 0.59582347

 $00:41:38.548 \longrightarrow 00:41:40.800$  these were subjects who could be

NOTE Confidence: 0.59582347

 $00:41:40.800 \longrightarrow 00:41:43.003$  able to complete the study without

NOTE Confidence: 0.59582347

 $00:41:43.003 \longrightarrow 00:41:45.421$  adverse events and then we have

NOTE Confidence: 0.59582347

 $00:41:45.421 \longrightarrow 00:41:47.480$  13 match controls as typical.

NOTE Confidence: 0.59582347

00:41:47.480 --> 00:41:50.558 And so this is our preliminary,

NOTE Confidence: 0.59582347

00:41:50.560 --> 00:41:51.658 our first study.

NOTE Confidence: 0.59582347

00:41:51.658 --> 00:41:54.220 This was only in healthy controls that

NOTE Confidence: 0.7197303

00:41:54.293 --> 00:41:57.158 Chrissy published in Biological Psychiatry.

NOTE Confidence: 0.7197303

 $00:41:57.160 \longrightarrow 00:42:00.240$  And so the top panel is MRI scans,

 $00:42:00.240 \longrightarrow 00:42:02.968$  the middle panel is our baseline PET and

NOTE Confidence: 0.7197303

 $00:42:02.968 \longrightarrow 00:42:05.599$  the bottom panel is our ketamine study.

NOTE Confidence: 0.7197303

 $00:42:05.600 \longrightarrow 00:42:07.475$  And you can see significant

NOTE Confidence: 0.7197303

 $00:42:07.475 \longrightarrow 00:42:08.975$  decrease in receptor availability

NOTE Confidence: 0.7197303

 $00{:}42{:}08.975 \dashrightarrow 00{:}42{:}10.920$  after administration of ketamine.

NOTE Confidence: 0.7197303

 $00{:}42{:}10.920 \longrightarrow 00{:}42{:}13.472$  And if you think back to slide may be

NOTE Confidence: 0.7197303

 $00:42:13.472 \longrightarrow 00:42:17.056$  8 or 9 where I showed you there are no

NOTE Confidence: 0.7197303

 $00:42:17.056 \longrightarrow 00:42:19.824$  variation of Unglu 5 and that in the

NOTE Confidence: 0.7197303

 $00:42:19.824 \longrightarrow 00:42:22.680$  afternoon Unglu 5 levels are lower as it is.

NOTE Confidence: 0.7197303

 $00:42:22.680 \longrightarrow 00:42:23.700$  Given that we were measuring

NOTE Confidence: 0.7197303

 $00:42:23.700 \longrightarrow 00:42:24.516$  this in the afternoon,

NOTE Confidence: 0.7197303

00:42:24.520 --> 00:42:30.408 we're likely sub estimating how much display,

NOTE Confidence: 0.7197303

 $00{:}42{:}30.408 \dashrightarrow 00{:}42{:}32.616$  how much change there was after

NOTE Confidence: 0.7197303

 $00:42:32.616 \longrightarrow 00:42:33.720$  administration of ketamine.

NOTE Confidence: 0.7197303

 $00:42:33.720 \longrightarrow 00:42:36.760$  So this 20 to 40% change the way measured,

 $00:42:36.760 \longrightarrow 00:42:38.440$  it's probably even greater.

NOTE Confidence: 0.7197303

 $00{:}42{:}38.440 \dashrightarrow 00{:}42{:}41.107$  And this was across all brain regions

NOTE Confidence: 0.7197303

 $00{:}42{:}41.107 \dashrightarrow 00{:}42{:}42.662$  including the cerebellum where

NOTE Confidence: 0.7197303

00:42:42.662 --> 00:42:44.720 people use as a reference tissue,

NOTE Confidence: 0.7197303

 $00:42:44.720 \longrightarrow 00:42:47.125$  again providing evidence that there

NOTE Confidence: 0.7197303

00:42:47.125 --> 00:42:50.231 is really indeed no reference tissue

NOTE Confidence: 0.7197303

 $00:42:50.231 \longrightarrow 00:42:52.719$  for measuring anglify availability.

NOTE Confidence: 0.7197303

00:42:52.720 --> 00:42:57.640 And contrary to our initial hypothesis,

NOTE Confidence: 0.7197303

 $00:42:57.640 \longrightarrow 00:43:00.440$  the 24 hour PET scan here in Gray,

NOTE Confidence: 0.7197303

00:43:00.440 --> 00:43:03.870 we're showing persistent lower Anglify

NOTE Confidence: 0.7197303

 $00{:}43{:}03.870 \dashrightarrow 00{:}43{:}06.830$  availability and people with who are

NOTE Confidence: 0.7197303

 $00:43:06.830 \longrightarrow 00:43:10.439$  controls and and people who are depressed.

NOTE Confidence: 0.7197303

 $00:43:10.440 \longrightarrow 00:43:14.222$  And so again we were surprised and

NOTE Confidence: 0.7197303

 $00:43:14.222 \longrightarrow 00:43:16.732$  given that we expected increases

NOTE Confidence: 0.7197303

00:43:16.732 --> 00:43:18.793 in Anglophile availability and

NOTE Confidence: 0.7197303

 $00:43:18.793 \longrightarrow 00:43:21.558$  all of the initial studies,

 $00:43:21.560 \longrightarrow 00:43:23.996$  the mechanistic studies that I showed you

NOTE Confidence: 0.7197303

 $00{:}43{:}24.000 \to 00{:}43{:}26.758$  helped us understand what is going on.

NOTE Confidence: 0.7197303

 $00:43:26.760 \longrightarrow 00:43:29.955$  And so on the left we have a typical

NOTE Confidence: 0.7197303

 $00:43:29.955 \longrightarrow 00:43:32.640$  situation where person has had no drug.

NOTE Confidence: 0.7197303

 $00:43:32.640 \longrightarrow 00:43:34.365$  Some of the receptors are

NOTE Confidence: 0.7197303

 $00:43:34.365 \longrightarrow 00:43:35.400$  the extrasynaptic space.

NOTE Confidence: 0.7197303

00:43:35.400 --> 00:43:38.403 There's so much glutamate and we're measuring

NOTE Confidence: 0.7197303

 $00{:}43{:}38.403 \dashrightarrow 00{:}43{:}41.437$  receptors that are here on the cell surface.

NOTE Confidence: 0.7197303

00:43:41.440 --> 00:43:41.824 However,

NOTE Confidence: 0.7197303

 $00:43:41.824 \longrightarrow 00:43:43.360$  after administration of ketamine,

NOTE Confidence: 0.7197303

 $00{:}43{:}43.360 \dashrightarrow 00{:}43{:}45.466$  we think there's greater glutamate release

NOTE Confidence: 0.7197303

 $00:43:45.466 \longrightarrow 00:43:48.517$  which is going to down regulate on Glu fives.

NOTE Confidence: 0.7197303

 $00{:}43{:}48.520 \dashrightarrow 00{:}43{:}50.207$  So now more on Glu fives are

NOTE Confidence: 0.7197303

 $00{:}43{:}50.207 \dashrightarrow 00{:}43{:}52.080$  going to be an internal space.

NOTE Confidence: 0.7197303

00:43:52.080 --> 00:43:54.342 Given that the radio ligand cannot

00:43:54.342 --> 00:43:55.473 measure internalized receptors,

NOTE Confidence: 0.7197303

00:43:55.480 --> 00:43:58.120 we're measuring low receptor availability.

NOTE Confidence: 0.7197303

 $00:43:58.120 \longrightarrow 00:44:00.838$  So we're thinking that this low

NOTE Confidence: 0.7197303

00:44:00.838 --> 00:44:02.650 receptor availability is indeed

NOTE Confidence: 0.7197303

 $00:44:02.722 \longrightarrow 00:44:05.208$  receptor trafficking to the

NOTE Confidence: 0.7197303

 $00:44:05.208 \longrightarrow 00:44:07.828$  internalized space and potentially is

NOTE Confidence: 0.7197303

 $00:44:07.828 \longrightarrow 00:44:10.560$  associated with changes in hematology.

NOTE Confidence: 0.7197303

 $00:44:10.560 \longrightarrow 00:44:13.115$  And so of course they told you

NOTE Confidence: 0.7197303

00:44:13.115 --> 00:44:13.719 to me it's really,

NOTE Confidence: 0.7197303

00:44:13.720 --> 00:44:15.845 really important to understand the

NOTE Confidence: 0.7197303

 $00{:}44{:}15.845 \dashrightarrow 00{:}44{:}17.970$  link between what we're seeing

NOTE Confidence: 0.7197303

 $00:44:18.043 \longrightarrow 00:44:19.678$  in the brain to symptoms.

NOTE Confidence: 0.7197303

 $00:44:19.680 \longrightarrow 00:44:22.554$  And we saw a significant association

NOTE Confidence: 0.7197303

00:44:22.554 --> 00:44:25.599 between decreased and Angle 5 availability

NOTE Confidence: 0.7197303

00:44:25.600 --> 00:44:27.835 and decrease in symptomatology in

NOTE Confidence: 0.7197303

 $00:44:27.835 \longrightarrow 00:44:30.760$  specific in the psychic anxiety symptoms.

00:44:30.760 --> 00:44:34.964 And we also saw a decrease in suicidality

NOTE Confidence: 0.7197303

 $00:44:34.964 \longrightarrow 00:44:37.974$  in individuals who had greater

NOTE Confidence: 0.7197303

00:44:37.974 --> 00:44:41.319 decrease in Angle 5 availability.

NOTE Confidence: 0.7197303

 $00:44:41.320 \longrightarrow 00:44:45.340$  And so between the PTSD study

NOTE Confidence: 0.7197303

 $00:44:45.340 \longrightarrow 00:44:48.056$  and this ketamine study,

NOTE Confidence: 0.7197303

 $00:44:48.056 \longrightarrow 00:44:51.420$  we are seeing the Anglo 5 May

NOTE Confidence: 0.7197303

 $00:44:51.420 \longrightarrow 00:44:53.045$  not only help us differentiate

NOTE Confidence: 0.7197303

00:44:53.045 --> 00:44:54.639 between different disorders,

NOTE Confidence: 0.7197303

 $00:44:54.640 \longrightarrow 00:44:57.237$  but potentially has a role in suicidality.

NOTE Confidence: 0.7197303

 $00{:}44{:}57.240 \dashrightarrow 00{:}44{:}59.214$  And I'm also seeing some of this

NOTE Confidence: 0.7197303

00:44:59.214 --> 00:45:01.322 in my bipolar work that I'm not

NOTE Confidence: 0.7197303

 $00:45:01.322 \longrightarrow 00:45:02.518$  ready to present yet.

NOTE Confidence: 0.7197303

00:45:02.520 --> 00:45:05.040 But going back to the literature,

NOTE Confidence: 0.7197303

 $00:45:05.040 \longrightarrow 00:45:05.880$  there's some

NOTE Confidence: 0.44133765

 $00:45:08.200 \longrightarrow 00:45:10.916$  support for alterations in Homer which is

 $00:45:10.916 \longrightarrow 00:45:12.759$  another trafficking protein for Anglo 5

NOTE Confidence: 0.44133765

 $00:45:12.760 \longrightarrow 00:45:15.478$  which is associated with suicide attempt.

NOTE Confidence: 0.44133765

 $00{:}45{:}15.480 \dashrightarrow 00{:}45{:}19.440$  Higher PSD and 95 levels which is a

NOTE Confidence: 0.44133765

 $00:45:19.440 \longrightarrow 00:45:22.800$  post synaptic protein is a is increased

NOTE Confidence: 0.44133765

 $00:45:22.800 \longrightarrow 00:45:25.792$  in people with who died by suicide.

NOTE Confidence: 0.44133765

00:45:25.792 --> 00:45:27.732 Both ketamine and lithium exert

NOTE Confidence: 0.44133765

 $00:45:27.732 \longrightarrow 00:45:30.414$  into suicidal actions via influences

NOTE Confidence: 0.44133765

 $00:45:30.414 \longrightarrow 00:45:32.079$  and glutamatergic system.

NOTE Confidence: 0.44133765

 $00{:}45{:}32.080 \dashrightarrow 00{:}45{:}34.376$  And now we're having evidence from our

NOTE Confidence: 0.44133765

 $00:45:34.376 \longrightarrow 00:45:36.863$  group showing that greater extent of

NOTE Confidence: 0.44133765

 $00{:}45{:}36.863 \dashrightarrow 00{:}45{:}39.869$  Glu 5 down regulation is supporting

NOTE Confidence: 0.44133765

 $00:45:39.869 \longrightarrow 00:45:42.919$  greater relief from suicidal thinking.

NOTE Confidence: 0.44133765

 $00{:}45{:}42.920 \dashrightarrow 00{:}45{:}45.624$  And so I truly believe that M Glu

NOTE Confidence: 0.44133765

 $00{:}45{:}45.624 \dashrightarrow 00{:}45{:}49.297$ 5 is an important agent to study in

NOTE Confidence: 0.44133765

 $00:45:49.297 \longrightarrow 00:45:51.782$  helping us alleviate mental illness

NOTE Confidence: 0.44133765

 $00{:}45{:}51.782 \dashrightarrow 00{:}45{:}54.206$  in various populations and there

 $00:45:54.206 \longrightarrow 00:45:56.290$  could be differentially expressed

NOTE Confidence: 0.44133765

 $00:45:56.290 \longrightarrow 00:45:59.030$  and differentially important across

NOTE Confidence: 0.44133765

 $00:45:59.030 \longrightarrow 00:46:00.400$  different populations.

NOTE Confidence: 0.44133765

 $00{:}46{:}00.400 \dashrightarrow 00{:}46{:}02.720$  And this is all I have to show

NOTE Confidence: 0.44133765

 $00:46:02.720 \longrightarrow 00:46:04.639$  in terms of my large data,

NOTE Confidence: 0.44133765

 $00:46:04.640 \longrightarrow 00:46:08.276$  but I did want to show you a couple,

NOTE Confidence: 0.44133765

00:46:08.280 --> 00:46:11.800 just a couple more slides that have been,

NOTE Confidence: 0.44133765

 $00:46:11.800 \longrightarrow 00:46:14.170$  this is secondary analysis from what

NOTE Confidence: 0.44133765

00:46:14.170 --> 00:46:16.691 we've been doing and I'm looking

NOTE Confidence: 0.44133765

 $00:46:16.691 \longrightarrow 00:46:18.435$  for some collaborators especially

NOTE Confidence: 0.44133765

 $00:46:18.435 \longrightarrow 00:46:20.600$  in the studies of pain.

NOTE Confidence: 0.44133765

 $00:46:20.600 \longrightarrow 00:46:23.678$  So a lot of, you know,

NOTE Confidence: 0.44133765

 $00:46:23.680 \longrightarrow 00:46:24.568$  you know,

NOTE Confidence: 0.44133765

 $00:46:24.568 \longrightarrow 00:46:26.788$  there's interplay between pain and

NOTE Confidence: 0.44133765

00:46:26.788 --> 00:46:27.676 mood symptoms,

 $00:46:27.680 \longrightarrow 00:46:30.398$  but also between pain and suicidality.

NOTE Confidence: 0.44133765

 $00{:}46{:}30.400 \dashrightarrow 00{:}46{:}32.927$  And what we're seeing with our Angular

NOTE Confidence: 0.44133765

00:46:32.927 --> 00:46:36.283 5 work in people is higher receptor

NOTE Confidence: 0.44133765

00:46:36.283 --> 00:46:37.930 availability across diagnostic

NOTE Confidence: 0.44133765

 $00:46:37.930 \longrightarrow 00:46:40.874$  groups in people who reported chronic

NOTE Confidence: 0.44133765

00:46:40.874 --> 00:46:43.716 pain at the time of PET scanning.

NOTE Confidence: 0.44133765

 $00:46:43.720 \longrightarrow 00:46:45.477$  So they're in the top panel as

NOTE Confidence: 0.44133765

00:46:45.477 --> 00:46:47.039 compared to healthy control groups.

NOTE Confidence: 0.44133765

00:46:47.040 --> 00:46:49.630 And I just showed you that suicidality

NOTE Confidence: 0.44133765

 $00:46:49.630 \longrightarrow 00:46:51.632$  is associated with higher angular

NOTE Confidence: 0.44133765

 $00:46:51.632 \longrightarrow 00:46:53.276$  5 availability as well.

NOTE Confidence: 0.44133765

 $00{:}46{:}53.280 \dashrightarrow 00{:}46{:}56.092$  And so, you know, I'm,

NOTE Confidence: 0.44133765

00:46:56.092 --> 00:46:58.360 I'm trying to see if I can study

NOTE Confidence: 0.44133765

00:46:58.360 --> 00:47:00.360 pain and suicidality simultaneously,

NOTE Confidence: 0.44133765

 $00:47:00.360 \longrightarrow 00:47:01.491$  potentially cross diagnosis.

NOTE Confidence: 0.44133765

 $00:47:01.491 \longrightarrow 00:47:02.999$  And if anybody's interested,

 $00:47:03.000 \longrightarrow 00:47:04.688$  please let me know.

NOTE Confidence: 0.44133765

 $00{:}47{:}04.688 \dashrightarrow 00{:}47{:}07.220$  But what is also really important

NOTE Confidence: 0.44133765

00:47:07.303 --> 00:47:09.691 is our pilot data showing higher

NOTE Confidence: 0.44133765

00:47:09.691 --> 00:47:12.741 Anglo 5 levels in people who use

NOTE Confidence: 0.44133765

 $00:47:12.741 \longrightarrow 00:47:14.460$  cannabis as compared to people

NOTE Confidence: 0.44133765

 $00:47:14.460 \longrightarrow 00:47:16.035$  who do not use cannabis.

NOTE Confidence: 0.44133765

 $00:47:16.040 \longrightarrow 00:47:17.432$  And I know a lot of people use

NOTE Confidence: 0.44133765

 $00{:}47{:}17.432 \dashrightarrow 00{:}47{:}18.718$  cannabis and report using cannabis.

NOTE Confidence: 0.44133765

 $00{:}47{:}18.720 \dashrightarrow 00{:}47{:}22.960$  And again, this is across stress groups.

NOTE Confidence: 0.44133765

 $00{:}47{:}22.960 \dashrightarrow 00{:}47{:}24.612$  People call us and they say they

NOTE Confidence: 0.44133765

 $00:47:24.612 \longrightarrow 00:47:26.018$  use cannabis to relieve their

NOTE Confidence: 0.44133765

00:47:26.018 --> 00:47:27.618 PTSD symptoms or their anxiety

NOTE Confidence: 0.44133765

 $00{:}47{:}27.618 \to 00{:}47{:}29.080$  symptoms or whatever symptoms,

NOTE Confidence: 0.44133765

 $00:47:29.080 \longrightarrow 00:47:30.223$  their pain symptoms.

NOTE Confidence: 0.44133765

 $00:47:30.223 \longrightarrow 00:47:32.890$  But it appears that use of cannabis

 $00{:}47{:}32.964 \dashrightarrow 00{:}47{:}35.280$  is actually up regulating MGULA 5,

NOTE Confidence: 0.44133765

 $00{:}47{:}35.280 \dashrightarrow 00{:}47{:}36.875$  which may potentially put these

NOTE Confidence: 0.44133765

 $00:47:36.875 \longrightarrow 00:47:39.200$  people at higher risk for suicidality.

NOTE Confidence: 0.44133765

 $00:47:39.200 \longrightarrow 00:47:40.838$  So I just wanted to show this,

NOTE Confidence: 0.44133765

 $00:47:40.840 \longrightarrow 00:47:43.817$  it's all preliminary data that

NOTE Confidence: 0.44133765

 $00{:}47{:}43.817 \dashrightarrow 00{:}47{:}45.359$  we we're playing around with to

NOTE Confidence: 0.44133765

 $00:47:45.359 \longrightarrow 00:47:47.039$  see what we're going to do next.

NOTE Confidence: 0.44133765

 $00:47:47.040 \longrightarrow 00:47:48.906$  And if anybody wants to work

NOTE Confidence: 0.44133765

00:47:48.906 --> 00:47:50.488 together to collaborate, let me know.

NOTE Confidence: 0.44133765

 $00:47:50.488 \longrightarrow 00:47:52.560$  And thank you so much for your attention.

NOTE Confidence: 0.32573488

 $00:47:59.560 \longrightarrow 00:48:00.280$  Thanks, Irena.