

[(14:29:30)] Interviewer: Okay. So, look at me, unfortunate for you. So, who is Liam Hendriks? Who have you seen him to be so far?

[(14:29:50)] Dr. Allison Rosenthal: Yeah. So, let's see. I met Liam about two and a half months ago, when I got contacted by the team position that he had [(14:30:00)] been diagnosed with lymphoma. It's my specialty. I take care of lymphoma patients. When he came in for his visit he was super positive, could tell he was kind of nervous, but who isn't when you come see a cancer doctor? He just was kind of, "Tell me the plan. What's going on? What do I need to know? How do we get this fixed, so that I can get back to doing what I love to do?" He came the first time with his wife Christy, and then the second time with his whole family. [(14:30:30)] So, his family, I don't know, maybe by happenstance was here from Australia at the time and so, I got to meet his parents and his sister.

[(14:30:40)] Man 1: Sorry, before we could go, last thing. See that, just the cable?

[(14:30:42)] Dr. Rosenthal: This?

[(14:30:43)] Man 1: Yeah.

[(14:30:43)] Dr. Rosenthal: You want it off?

[(14:30:44)] Man 1: No, the big windy thing.

[(14:30:47)] Dr. Rosenthal: This?

[(14:30:48)] Man 1: Yeah.

[(14:30:56)] Dr. Rosenthal: Good?

[(14:30:57)] Man 1: The cable that's running behind you, wide one, sort of just push it in. [(14:31:00)] Yeah, that way.

[(14:31:01)] Dr. Rosenthal: Oh, this doesn't have to be here at all.

[(14:31:02)] Man 1: Yeah, there you go. That's good. Sorry, miss.

[(14:31:07)] Dr. Rosenthal: Okay, happy?

[(14:31:09)] Interviewer: So, I've realized I should have you introduce yourself. Who are you, and can you tell me your name, title, specialty?

[(14:31:17)] Dr. Rosenthal: Sure. So, I'm Allison Rosenthal. I'm a lymphoma specialist at the Mayo Clinic in Arizona.

[(14:31:24)] Interviewer: You mentioned Christie also. And I was struck by something you said earlier [(14:31:30)] in the exam which was, "No one goes through this alone," right? Can you talk about that and what you meant by that; how this affects more than just the patient and then specifically [crosstalk].

[(14:31:44)] Man 1: Is there a fridge in there?

[(14:31:46)] Dr. Rosenthal: Yeah. Do you need a minute? There's nothing in it. Do you want me to unplug it?

[(14:31:52)] Man 1: Yeah, here, I'll get it.

[(14:31:53)] Dr. Rosenthal: Okay. I think it's just halfway down there. One of them.

[(14:32:23)] Production crew member: This is Take 2, mark. Alright, and set.

[(14:32:30)] Interviewer: So, no one goes through cancer alone. What do you mean? What is behind that thought?

[(14:32:35)] Dr. Rosenthal: Yeah. So, a cancer diagnosis can be really overwhelming and scary for people and hopefully, nobody has to go through it alone. Almost everybody shows up with their people, right? And so they're people could be their family, could be their friends, could be their spouse. You know, could be anybody that wants to be there to support them, but it doesn't impact just the patient, it impacts the people around them too. Because they have to show up. Their person they care about is going through something scary that [(14:33:00)] probably haven't been through before.

And so, in our first encounter with patients, I always introduce them to my whole team. Because I expect that we're going to know their whole team and we can't take good care of them if we don't take care of them as a whole person, which means taking care of their people too.

[(14:33:15)] Interviewer: So, I know that we've had a few cycles, and you had a handful of interactions at this point. What have you seen from the specific partnership of Liam and Christie?

[(14:33:24)] Dr. Rosenthal: Christie is, obviously, Liam's number one fan, but also Liam's number one advocate. [(14:33:30)] So, you know, he's not a complainer, as I expect most of my young people are not. And you probably heard me say to him today too, one of the

things I often tell people when they start this is: "This is not a no pain, no gain exercise. You don't get bonus points if you don't complain. This is not like an exercise of toughness."

If we don't know what's happening or if someone's struggling, we can't help make this an easier process for them. And so, I can count on Christy when she shows up to tell me exactly what's going on and what the real story is. Because, Liam is in the midst of it and he thinks [(14:34:00)] like a lot of people think, like "I'm supposed to be sick, this isn't supposed to be fun. This should be hard." And it doesn't really have to be.

[(14:34:10)] Interviewer: Can you talk more about the diagnosis? His diagnosis. And just for people who are unaware of that, just like what that is, Non-Hodgkin's, and just speak to the disease, and then we can get into treatment.

[(14:34:24)] Dr. Rosenthal: Sure. So, lymphomas are our blood cancers, there are, at this point [(14:34:30)] over 80 kinds. They split into two broad categories; Hodgkin's and Non-Hodgkin's Lymphoma, and that diagnosis is made under the microscope. So, people can present with similar symptoms, no symptoms. And so, a biopsy is how we figure that out and it's really important that we know the details of that type of lymphoma, because their treatment plan is designed based on what they have. So, some people can come in with no symptoms at all. Some people are really sick when they come in and everything in between.

[(14:35:00)] Interviewer: It's so specialized to his body composition, like it's not 30 years ago. It seems like from what I know, from what he's told me, you guys are able to really hone in on what you think he's going to respond best to, is that correct?

[(14:35:17)] Dr. Rosenthal: Sort of. So, we try to personalize anybody's treatment plan best we can. So, our goal is for all of our patients to be well. We don't want any of them to be sick, but in getting them from start to finish, there are usually different options [(14:35:30)] for us to get that to happen. So, Liam's plan is personalized based on his goals which are my goals, and how we best could get him there, both from the standpoint of effective therapy and keeping in mind, what his aftertreatment goals are. So that we could make sure that we had tailored it best we could.

[(14:35:50)] Interviewer: There was one point today where he said something about like it was scarier when we just Googled it, and I think everything is scarier when you just Google it. [(14:36:00)] I know that maybe he was advised, like, not to look at the stats and everything because his case is unique, and he's a professional athlete. Can you talk about like, how you work with people on frame of mind and staying optimistic.

[(14:36:18)] Dr. Rosenthal: Yeah, I'm glad you brought that up because kind of funny. At our first visit, we had talked about the diagnosis, and we hadn't gotten to a lot of details yet, and I had to step out of the room to grab something from my office or answer a call. I don't recall what it was, but [(14:36:30)] I remember stepping out of the room, closing the door, and immediately turning around and opening the door to say, "Don't get on the internet." And he already had his phone out. Because I wasn't done yet sharing what I knew, and I knew when they got on the internet it was going to be overwhelming.

But I think the other part of Liam's situation that is really unique is that, the type of lymphoma he has most often happens in older patients. And so, if you get on the internet and you read about it, what you find are stats that apply to people who are his parents' age or older, and that can look really scary [(14:37:00)] because you're not 60 or 70 years old. And so, we don't know as much about how it would impact somebody in their younger years and what the best treatment options are, because it hasn't been as well studied.

[(14:37:11)] Interviewer: And can you talk about AYA, specifically like what that stands for. Because his take on that was, I don't know if you know, it was hilarious. I can't tell you.

[(14:37:18)] Dr. Rosenthal: No, you have to tell me.

[(14:37:20)] Interviewer: Can you just define AYA?

[(14:37:21)] Dr. Rosenthal: Yeah, of course. So, AYA stands for Adolescent Young Adult oncology, which we realize is a unique subset of patients who get cancer and it's defined [(14:37:30)] by the National Cancer Institute as people age 15 to 39. I think practically and functionally, you can probably divide that into two groups; probably 25 and under, and 25 and up, or 26 and up. Because if you think about what people are going through at that stage of their life and what kind of experiences people in their teens, and 20s, and 30s are having, like those are your formative years.

Like that's the time of your life when you're supposed to be finding yourself, and your partner, and building a family, and starting a career, and building assets, and all those [(14:38:00)] things. And so, it's a really inconvenient time for your life to be interrupted by cancer. They got defined as a specific subgroup. Specifically because there isn't a lot of research going into AYA oncology, compared to Pediatrics or adult patients. And so, with that in mind, what has happened is we have seen a lag in outcomes. We haven't seen as many advancements, or as good of survival as we might see in other groups. So, it's really been called [(14:38:30)] out as an actionable kind of group of patients. I'm going to grab a drink of water.

[(14:38:34)] Interviewer: Yes, go for it. His reaction to learning that he's in fact, a young adult. Was that his favorite reading that he does is like--

[(14:38:49)] Man 2: Sorry. Excuse us.

[(14:38:49)] Dr. Rosenthal: Hi, sorry.

[(14:38:50)] Man 2: Are you guys filming?

[(14:38:53)] Interviewer: We are, but is this your office?

[(14:38:53)] Dr. Rosenthal: No, no, no. He's just going to end of the hall.

[(14:38:55)] Man 2: Excuse me. You can keep the chair close if you want.

[(14:38:58)] Interviewer: Okay. He [(14:39:00)] reads a lot of like Science fiction, I think like teens stuff?

[(14:39:04)] Dr. Rosenthal: Correct.

[(14:39:05)] Interviewer: And so, he was like, "Oh, I'm a young adult? I'm reading at exactly the level I'm supposed to." He felt like [crosstalk] that choice was accurate.

[(14:39:11)] Dr. Rosenthal: Yeah. When I gave him a hard time about making sure to tell me if this was hard, or if he wasn't feeling well. He was like, "This should be easy, I relate most to adolescent" to the mindset of an adolescent girl, and oh boy.

[(14:39:28)] Interviewer: So, can you tell me about the course of treatment? Like, [(14:39:30)] where we are in it? What has transpired to this point, and then what's ahead of him, potentially?

[(14:39:36)] Dr. Rosenthal: Yeah, so we decided on a treatment that combines chemotherapy with immunotherapy, mostly because the immunotherapy helps the chemotherapy work better. So, we're a little over halfway through what we hope to be our treatment plan. There's room to extend it if need be. But we're hoping we got what we needed to done pretty quickly. So, after this round of treatment, he's going to have a PET scan, so that we can assess how much things have improved. [(14:40:00)] Although, to be honest, pretty early we already know that things are going to be better, because the lymph nodes you could see and feel have already improved a lot. Which is exactly what we hope for and exactly what's expected.

[(14:40:12)] Interviewer: So, early on at diagnosis, they were inflamed, they were swollen.

[(14:40:17)] Dr. Rosenthal: Oh yeah. When he went like this, did he tell you that he could see it on TV, when he turned his head when he was pitching? And so, he easily could make the lymph nodes on the side of his neck pop out, once we knew that there was a problem there. So, that was [(14:40:30)] you know, something that we easily could assess for improvement right away.

[(14:40:35)] Interviewer: Can you talk about some of side effects? Either with him or generally speaking, and how you manage those. Because I know that with the drugs for the cancer, there's also other things happening concurrently, right?

[(14:40:47)] Dr. Rosenthal: Yeah. So, chemotherapy unfortunately, is not as specific as we would hope for people. Which means it kills bad cells but goes after some good cells too, kind of by-friendly fire. So, that means a lot of the [(14:41:00)] side effects from chemotherapy are just related to the fact that it's just not smart enough to get the just the bad stuff. Some people will have low blood counts, which then increases their risk of infection. Some people will have GI side effects where they have nausea, or constipation, or diarrhea, or something that kind of upsets their stomach. Their appetite could change. The taste for foods they really like could be different. Fatigue, pretty much, comes with everything and so, I counsel all of my patients, you know, "Pay attention to that. Listen to your body. It's not the time to train for [(14:41:30)] a 5k or do a CrossFit Marathon if that's not something that you've been doing already." But we actually know that people with Non-Hodgkin's lymphoma who stay physically active have better outcomes. And so, the second part of that is I encourage people to get off the couch you know, on your good days get out there and do things you enjoy and get some physical activity.

[(14:41:49)] Interviewer: I think it's, at least for him, I think it was kind of a process--

[(14:41:53)] Man 1: You need to come through?

[(14:41:55)] Interviewer: Okay, thanks. It was a process because I think at first, he wasn't certain like how much [(14:42:00)] he can push it. He talked to some other people in the baseball community who had been through different cancers, but they said the same thing. I said, "Listen to your body." And he is an active person. He's a professional athlete, right? So, can you talk a little bit more about like, he's pushing himself, he's trying to be smart, but he has a goal in mind to get back to the field.

[(14:42:22)] Dr. Rosenthal: Absolutely. So, I myself was an athlete for most of my life. I did competitive gymnastics through college, and I think we related pretty quickly [(14:42:30)] on that level when we first met. And as you probably know, Christy was also a figure skater, right? So she sees it from that angle as well. I know what I was like when somebody told me like, "Okay, you had knee surgery? It takes 8 weeks for rehab" and I'll be like, "All right, I'll be back in six." And I know Liam is the same way, and if you tell him he can't do something, he's the first one to tell you otherwise.

And so, he's doing exactly what we discussed. Which is get out there and do what you can, don't do it 120% because we can't go backwards here, but like [(14:43:00)] small graduated steps I think are totally appropriate. And I also think that doing stuff like that; baseball or not, helps people feel not sick, right? Like the more things you can do that are part of your day-to-day and that are your regular activities, you feel more like yourself and I think it's easier to not just, you know, sit home and feel sorry for yourself or something. Yeah.

[(14:43:23)] Production crew member: I'm going to swap the media.

[(14:43:25)] Dr. Rosenthal: Okay.

[(14:43:26)] Man 1: Hey, Brad.

[(14:44:54)] Production crew member: Take 3, mark.

[(14:45:00)] Interviewer: So you talked a little bit about your- and again this is about Liam, but in the way that you related to him through athletics, are you open to sharing some of the backstory you told me about what you've been through, the cancer story?

[(14:45:15)] Dr. Rosenthal: Yeah, so same. I was a division one athlete, so that was my identity, and that's what I knew. I knew I wanted to be a doctor since I was a little girl. And so I had already started medical school, was in my second year of medical school where I thought I had the flu. Went to the ER, [(14:45:30)] said "I got the flu!" I ironically was going to meet some friends from college who would play professional sports on spring break. Didn't make it there, because I was diagnosed with acute leukemia and had to take some time off school to get that together.

My original plan was to be an orthopedic surgeon, because my doctor had put me together a bunch of times. And by the time I got back to school and started doing my clinical rotations, I realized that there might be a bigger purpose for me, and so I'm an oncologist. I'm a lymphoma specialist because of what I [(14:46:00)] went through, and I'm certain this is exactly what I'm supposed to be doing. So, also had the experience of being an adult with cancer, and got the opportunity to pay it forward in my own way.

[(14:46:13)] Interviewer: That's amazing. Another connection point here is Chicago.

[(14:46:18)] Dr. Rosenthal: Yes

[(14:46:18)] Interviewer: Can we talk about how that ties into this?

[(14:46:21)] Dr. Rosenthal: Sure. So, I was born and raised in Chicago, before moving to Arizona where I am now, when I was in high school. My dad grew up on the north side of Chicago, so we are a [(14:46:30)] Cubs household, through and through, there was no choice. If I brought home other sports stuff, it disappeared pretty quickly. And so I've been going to Cubs games since I was less than a month old, probably. And so, when I first met Liam and Christy, I had to disclose to them that I'm a big Cubs fan, and I said "Please don't hate me for this, but it's built in, like it's in my blood, I can't help it." So we agreed that that was okay, as long as I was a Liam fan after all this went down. So, yeah.

[(14:46:56)] Interviewer: And that seems like a certain thing?

[(14:46:58)] Dr. Rosenthal: Yeah, absolutely. It's hard to be not be a Liam fan, [(14:47:00)] he's a fantastic human, I mean he's just an incredible guy.

[(14:47:04)] Interviewer: Can you tell me about your White Sox crush at 7 years old? And then we can move back to the documentary.

[(14:47:10)] Dr. Rosenthal: Yeah, yeah, so this all goes back to like before the original baseball strike right? So I was a huge baseball fan, and Robin Ventura was like my favorite baseball player of all time. So, I convinced my parents to drive me to Sarasota from Chicago one spring training so that I could go down there and meet him, which we got to do, which was amazing. But that was the one time that I got to have a White Sox moment [(14:47:30)] where I was allowed to be a fan. Although we didn't get to go into any of the regular season games, because that was too far.

[(14:47:40)] Interviewer: In your consult with him today, well I guess before we get to there, you said that we're like, you know, potentially halfway through depending on the PET Scan and everything. But can you just kind of take a 30,000 foot view and say like "so we prescribe for these four months" and then we'll, you know, like get a view of that?

[(14:48:02)] Dr. Rosenthal: So, right now he's getting chemotherapy two days in a row, once a month with an immunotherapy. And we had planned to do four of those with hopes that we could control the lymphoma, make sure his pet scan had cleared up, and it all seemed to be under good control, not being active anymore and then hopefully allow him to get back and play the second half of the Season. We kind of had that negotiation to the beginning, what I thought needed to happen for his health and overall safety, and what he wanted to do. And I think [(14:48:30)] that's the compromise, we came to.

He understands that if we're not quite there yet, the treatment will have to be extended a little bit. But you know, his well-being and longevity as a person comes before unfortunately, his career as a baseball player. But we hope he's going to get to do both.

[(14:48:45)] Interviewer: It seems like, you know, however long ago that was that you were an athlete trying to get back in 6 weeks from an 8-week downtime. Is it interesting for you to be the one pulling those reins, and trying to be [(14:49:00)] like "we have to get you healthy, I have to look out for the human before the player", kind of. Even if you're totally on board with trying to- Like how do you manage that pushing forward.

[(14:49:11)] Dr. Rosenthal: It's really good question. You know, why work at Mayo Clinic? And you probably have seen when you guys were up here today, that the motto on the wall is the needs of the patient come first, right? So, no matter what I think of Liam as an athlete or as a human, or as a husband, or as a friend or whatever, I have to get him well. That's my job, and I can [(14:49:30)] only control what I can control, which is frustrating for office on some days. But I think we have a solid plan, and I think it gets us both where we want to be, which is a scan that says the lymphoma is gone, and Liam back on the mound pitching like he loves to do.

[(14:49:46)] Interviewer: And this is something I'm actually curious about, cancer of the blood, lymphoma, you zap it with all the chemo and all the drugs, and then hopefully you can build up the healthy cells that [(14:50:00)] you want again, right? Can it stay at bay? What is the best case scenario? How does it look to have fought this off?

[(14:50:10)] Dr. Rosenthal: Yeah, so all of them are treatable. Some of them are treatable with the expectation that we cure it and it never comes back. Some of them are treatable, but the expectation is that it could follow a relapsing and remitting course, meaning it could pop up again during someone's lifetime, need treatment again, put it to sleep, pop up again. And so that part is the part that is [(14:50:30)] a little bit unpredictable, but our treatments are really good. So even in the cases in which it might come back, we hope that there is an extended period of time where we don't see it. Patients in that situation will have to be monitored regularly to watch for it. But we hope that a long time goes by, where it's kind of in the in the back seat and out of sight, out of mind.

[(14:50:51)] Interviewer: I wanted to talk about Liam's resiliency, as Christie said to me [(14:51:00)] "Liam Hendriks is a fucking fighter."

[(14:51:03)] Dr. Rosenthal: You saw his bag, right?

[(14:51:06)] Interviewer: Yeah, I saw his bag. So can you talk about that resiliency and that drive. Like he's going to get knocked back this week, but he's hoping to be at the complex on Friday, and like play long toss and get into his routine and get stronger and stronger up until the next game[?]. Just talk about, specific to him, like what you see. I mean all professional athletes [(14:51:30)] have it to some degree and different ways but what is it in him that you see?

[(14:51:35)] Dr. Rosenthal: Yeah, well I mean I don't believe that attitude is everything, but attitude is a lot right there, that brings you a long way. And so, having a consistently positive outlook on, things can't hurt. And anybody who has gotten to that level of Athletics, inborn talent or not, a lot of hard work went into that, right? So like tenacity is built-in. I have no doubt, he's going to get from start to finish, just like we have planned and then [(14:52:00)] deal with whatever comes thereafter. But he isn't going to let this hold him back from being where it wants to be.

[(14:52:06)] Interviewer: That's great.

[(14:52:08)] Dr. Rosenthal: Sorry

[(14:52:18)] Interviewer: We're just going to try and come up[?] with one conversation and then I'm kind of wrapping it up.

[(14:52:22)] Dr. Rosenthal: Okay.

[(14:52:30)] [background conversations]

[(14:52:45)] Interviewer: I guess can you just kind of recap the consult that you had with Liam and Christie today before he went in for treatment, and how would you report on that in terms of [(14:53:00)] what information you could share with them, and what happened in that room?

[(14:53:04)] Dr. Rosenthal: Yeah. So, even through we have laid out a plan for x number of cycles or x treatments, we see patients before each one in case adjustments need to be made. So, I need to see somebody to know "ok, you're up for another one", I need to know if anything new or different happened the last time so we can make adjustments if we need to. We look at bloodwork and make sure that the body is tolerating it okay, and that we don't have any issues from that standpoint. But we want to make sure that, you know, all positive things are [(14:53:30)] happening, right?

This is chemotherapy. It's not like giving somebody an antibiotic and seeing like "If your cough doesn't get better, let us know." We have to make sure that we're on the right track still, and so standard and evaluation Labs, physical exam to make sure that we're on track and that we can continue as planned.

[(14:53:47)] Interviewer: There was a moment of Cubs White Sox hilarity, just that just the confluence of two worlds. You kind of being in his world and him obviously in your world. Can you talk about [(14:54:00)] that? Because the timing was like oh he can't script[?] itself. So well I had ordered his PET scan to be done like, the week of a certain date. I didn't specify a day of that week but it got scheduled for a Monday, which happens to be the only Monday I've taken a half day so that I can go to the Cubs White Sox game spring training that afternoon. So we're going to reorganize things so that we can make it a little bit easier on both of us. Otherwise, we're going to have to cover it at the field.

[(14:54:28)] Interviewer: There was only one thing and I couldn't [(14:54:30)] quite hear what it was, but he had a low level of something. Can you just tell us what that was? And I know you said you're prescribing something to handle that.

[(14:54:39)] Dr. Rosenthal: Yeah, so the type of treatment he's getting can lower the immune system and put him at risk for certain types of infections.

So we monitor suppressed it is, and if we think that he's at risk for something we can protect him from. We put him on a preventative pill that he takes to try to minimize that risk. And today's the first day that we saw, it had been low, which is not unexpected. But you know, [(14:55:00)] I believe that my patients should know everything that I know if they want to anyways, and so that's why that was shared

[(14:55:07)] Interviewer: Last thing that I think I have is just, well I know that you guys are like obviously keep every patients privacy sacred, and this is an exception because in this case the patient- you know, the reason why we're even in here. Can you talk about like both Mayo's philosophy, your philosophy of serving the [(14:55:30)] patient in terms of what they want, and then also like what his platform and what their platform has the potential to do. Because everyone unfortunately can relate to cancer stories.

[(14:55:43:23)] Dr. Rosenthal: Yeah, so I mean, one of the reasons I work here at Mayo Clinic is our motto, which is "The needs of the patient come first." And that's not just on the wall. We mean that here. And so it makes it a place where I can work in line with my values, and I think I can take the best care of patients. And so, you know, privacy [(14:56:00)] is of the utmost importance for anybody that comes through our doors, right? They can share their experience as a cancer patient with whomever they want or with no one if they don't want to. And so we've done everything that we can to maximize his comfort, and he's shared with people he wants to and not those who don't need to know or not in the know. But, you know, from the standpoint of it being a public figure and an athlete that people look up to, he has a tremendous opportunity to raise awareness in whatever way he wants.

So, you know, [(14:56:30)] the Adolescent Young Adult cancer community could use more advocates all the time, to raise money for research and to raise just awareness that like, "Hey, this is not the same when you're 20 or 30 years old, as when you're five or seventy years old. Like, it's an experience for everybody." But the things that come up and the things that are unique to this group, they need more attention and more support. So, I know he'll use his platform for good in some way, he just has to figure out after he is through it himself what that looks like, and I'm certain he's going to help a ton of people.

[(14:57:00)] Interviewer: I said last one, but one more on the next time I see you all. I guess can you tell us about tomorrow, and day 2 of this 2-day treatment?

[(14:57:09)] Dr. Rosenthal: Yeah, so the second day is a shorter day. It's just the chemotherapy part, which is a much shorter infusion and then a shot to boost up his white cells and minimize his risk for infection, and then they're out of here. And then he'll sleep or rest or whatever he needs to do for a couple days before he gets back out there just to allow his body to acclimate, and then he'll be back in a couple weeks for a PET scan. That, we'll see you

[(14:57:30)] guys then too. So, hopefully we'll all be celebrating together.

[(14:57:34)] Interviewer: That's what I thought I was asking about before I forgot about tomorrow. But that PET scan, is the PET scan like an MRI tube, or what is it?

[(14:57:47)] Dr. Rosenthal: So, a PET scan is a PET-CT scan. So, it's an imaging modality that gives us information about size of things, but also gives us information about activity. These patients get injected with a radio labeled glucose molecule, [(14:58:00)] goes through the body to increase areas of increased cell turnover or activity. And we'll have a before-and-after comparison side-by-side to be able to see what we've accomplished.

[(14:58:09)] Interviewer: So if treatment's progressing as that would reveal, then that would be kind of a inflection point where that will determine what comes next?

[(14:58:19)] Dr. Rosenthal: Yup, it will tell us if our current plan is the right plan, or if we have to change to an alternate plan or an extended plan.

[(14:58:26)] Interviewer: Well, I really appreciate it. Thank you so much.

[(14:58:28)] Dr. Rosenthal: Okay.

[(14:58:30)] Interviewer: We're going to do 10 seconds or so, of just room to home it's the easiest thing I can ask for.

[END]