I just wanted to give each one of you a minute or two, what are some final thoughts and key takeaways or insights that you'd like to share with the group as far as what's happening in CAR-T these other modified cells, and just a couple key statements you want to share about this area of CAR-T and other engineered immune cells?

Mark Gilbert: I'll start but it's going to be very simple. So, Chris was talking about being a believer in certain things and as I mentioned when I introduced myself I've been a believer of immune cell therapy from the beginning of my professional career and I absolutely believe we are now making the transition to seeing that as a reality and I think many people would agree with that statement. There's so much more to come, I think the biggest thing is being able to keep your finger on the pulse of the new findings that we will have with all of the different approaches that are being explored right now and so I think there's a great reason to see promise not only in these approaches and hope for patients thankfully. But it really is going to be an interesting period of the next five to ten years as these different therapies are reading out in the clinic more frequently.

"There's so much more to come, I think the biggest thing is being able to keep your finger on the pulse of the new findings that we will have with all of the different approaches that are being explored right now and so I think there's a great reason to see promise not only in these approaches and hope for patients thankfully."

Mike Nicholson: I was thinking the same thing Mark, right now it is moving so fast on so many fronts. There was a paper a couple months ago, I think there are over 500 CAR-T clinical trials worldwide now. So, I think one of the challenges in the field is not only to work on what we are working on but to keep track of what everybody else is too, because again I don't think anyone is going to have the sole answer or find the key question. I think it will really be this combination of understanding, none of these things are in a vacuum, you can't address the TME in a vacuum, you can't address targeting in a vacuum, you can't address cell type or effector type in a vacuum I think as a field, as an industry, we have to keep our eyes open and recognize, not to belabor the point but a monotargeted monocell therapy is likely not going to be the answer. So, we all need to focus on what we need to focus on in our own programs but also make sure we're paying attention, collaborating when we can, trying new ideas, making sure that we're not missing out on everything that's happening right now.

Christopher Heery: I would echo those thoughts, I think both answers remind us that there was 30 years of work in academic labs on these problems before it really got to the point where an industry partner was willing to put the money behind it to get it going, and we really have to give a lot of credit to those companies that blazed those trails, including Marks. The thing is now we have a quorum, we have so many companies working on so many different problems, that what I believe what will happen is there will be, just like in most therapeutics, a convergence of all of these different questions into sort of an ultimate, ideal product, and that I still think is 5 or 6 years away.

…But you're going to find yes there will still be winners in the allogeneic space that understand how to manipulate cells, there are going to be winners in how to control the expansion characteristics, how to find the best targets, you know, all of those things. And they will converge into the best of the best products and then they will most likely be 4 or 5 of the best big companies that buy up little bits of that until they can own these. I think we needed this, it's almost like social media, it really doesn't work unless everyone's on it. And now here we are, it's happening, and it's just a matter of time now with this many smart people working on each problem until it really starts to crack the problems for more patients.

"There was a paper a couple months ago, I think there are over 500 CAR-T clinical trials worldwide now. So, I think one of the challenges in the field is not only to work on what we are working on but to keep track of what everybody else is too, because again I don't think anyone is going to have the sole answer or find the key question. I think it will really be this combination of understanding, none of these things are in a vacuum, you can't address the TME in a vacuum, you can't address targeting in a vacuum, you can't address cell type or effector type in a vacuum."