PREDICT-Meso Investigator Meeting
Introduction and Overview of Progress

Kevin Blyth

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Institute of Cancer Sciences, University of Glasgow & Queen Elizabeth University Hospital, Glasgow

Director, Macmillan Scottish Mesothelioma Network

@kevingblyth

Today's Programme

Item No.	Time	Item	Work package	Speaker
1.	1-1.25	Introduction and an overview of PREDICT-Meso Progress and Activities	All	Prof Kevin Blyth
2.	1.25-1.50	Meso-ORIGINS feasibility study results, final design and main study update	WP1	Dr Katie Ferguson
3.	1.50-2.15	Making the most of mesothelioma histopathology	Wp1/2	Prof John Le Quesne
4.	2.15-2.40	Integrated Analysis of Mouse and Man for Early Detection	Aligned to Wp3/4	Prof Daniel Murphy
5.	2.40-3.10	Break		
6.	3.10-3.35	Insights from serum proteomics in the DIAPHRAGM dataset	Aligned to Wp2	Prof Crispin Miller/Dr Holly Hall
7.	3.35-4.00	Mesothelioma organoid development: working towards macrophage-containing TME	WP3	Dr Marco Bianchi
8.	4.00-4.25	Dysregulated mRNA Translation as therapeutic target in Mesothelioma	WP4	Prof Anne Willis/Prof Marion MacFarlane
9.	4.25-4.50	Fully Automated Volumetric Tumour Segmentation using Deep Learning AI	WP5	Prof Kevin Blyth

Plan

- Brief Background and Updated Timelines
- Overview of Progress by Work Package
- Website
- Additional Funding

Aim and Key Questions

PREDICT-Meso

Aim

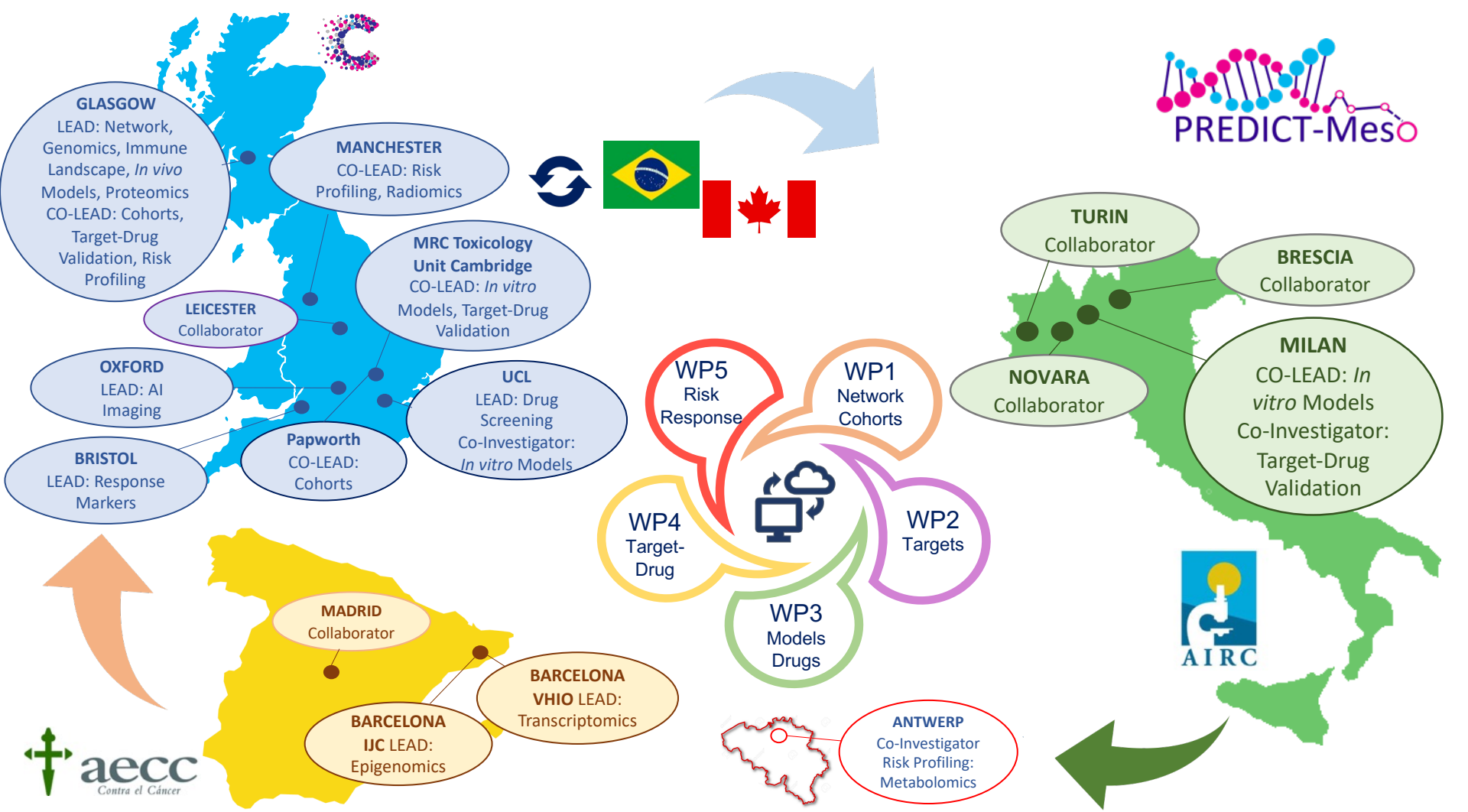
To build a large cohort of **Benign-MPM tissue pairs**, plus the technologies and infrastructure needed to

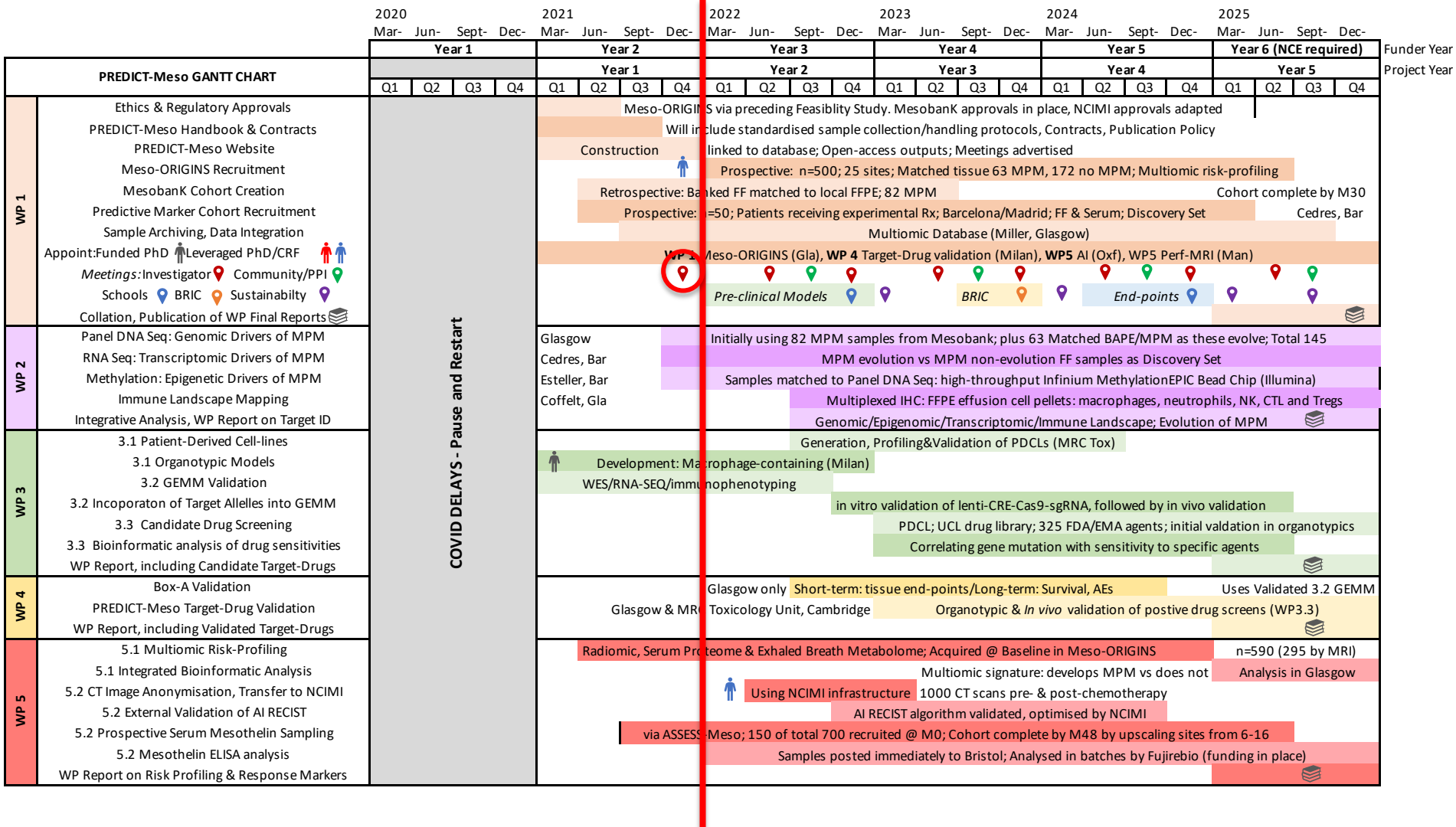
- Design effective MPM therapies
- Deliver future human trials

Key Questions

- How does asbestos-driven chronic inflammation evolve into MPM? What are the **key molecular events** and **vulnerabilities**?
- Can individuals destined to develop MPM be identified at a pre-malignant stage?
- Can suitable treatment response tools be validated?

CANCER RESEARCH UK | AIRC | FUNDACIÓN aecc INVESTIGACIÓN CONTRA EL CÁNCER


PREDICT-Meso
GLASGOW
LEAD: Network, Genomics, Immune Landscape, *In vivo* Models, Proteomics
CO-LEAD: Cohorts, Target-Drug Validation, Risk Profiling
MANCHESTER
CO-LEAD: Risk Profiling, Radiomics
MRC Toxicology Unit Cambridge
CO-LEAD: *In vitro* Models, Target-Drug Validation
LEICESTER
Collaborator
OXFORD
LEAD: AI Imaging
UCL
LEAD: Drug Screening
Co-Investigator: *In vitro* Models
BRISTOL
LEAD: Response Markers
Papworth
CO-LEAD: Cohorts
TURIN
Collaborator
BRESCIA
Collaborator
NOVARA
Collaborator
MILAN
CO-LEAD: *In vitro* Models
Co-Investigator: Target-Drug Validation
WP5
Risk Response
WP1
Network Cohorts
WP4
Target-Drug
WP2
Targets
WP3
Models Drugs
MADRID
Collaborator
BARCELONA
VHIO LEAD: Transcriptomics
BARCELONA
IJC LEAD: Epigenomics
ANTWERP
Co-Investigator
Risk Profiling: Metabolomics
AIRC
aecc
Contra el Cáncer


2020
Mar- Jun- Sept- Dec-
2021
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2022
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2023
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2024
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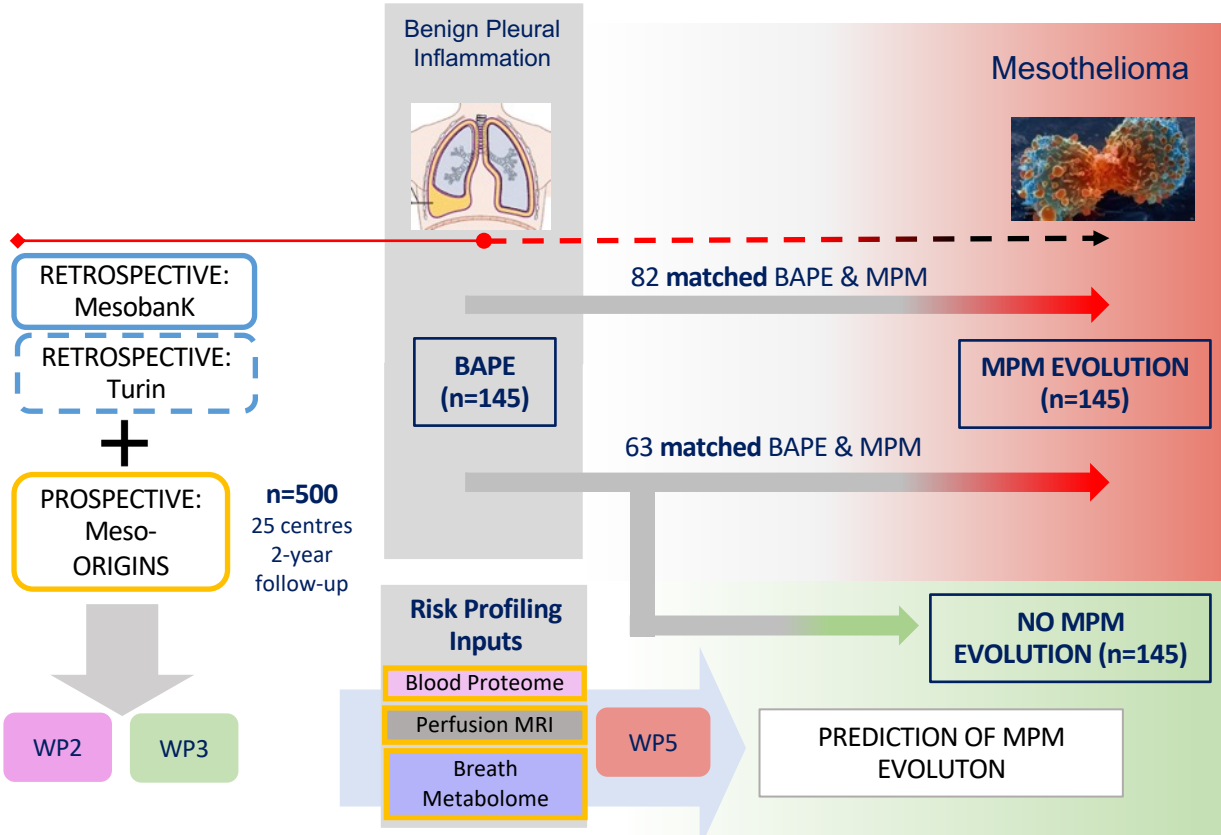
2025
Mar- Jun- Sept- Dec-
Year 1
Year 2
Year 3
Year 4
Year 5
Year 6 (NCE required)
Funder Year
PREDICT-Meso GANTT CHART
Year 1
Year 2
Year 3
Year 4
Year 5
Project Year
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4
WP 1
Ethics & Regulatory Approvals
PREDICT-Meso Handbook & Contracts
PREDICT-Meso Website
Meso-ORIGINS Recruitment
MesobanK Cohort Creation
Predictive Marker Cohort Recruitment
Sample Archiving, Data Integration
Appoint:Funded PhD Leveraged PhD/CRF
Meetings: Investigator Community/PPI
Schools BRIC Sustainabilty
Collation, Publication of WP Final Reports
Meso-ORIGINS via preceding Feasiblity Study. MesobanK approvals in place, NCIMI approvals adapted
Will include standardised sample collection/handling protocols, Contracts, Publication Policy
Construction
linked to database; Open-access outputs; Meetings advertised
Prospective: n=500; 25 sites; Matched tissue 63 MPM, 172 no MPM; Multiomic risk-profiling
Retrospective: Banked FF matched to local FFPE; 82 MPM
Cohort complete by M30
Prospective: n=50; Patients receiving experimental Rx; Barcelona/Madrid; FF & Serum; Discovery Set
Cedres, Bar
Multiomic Database (Miller, Glasgow)
WP 1 Meso-ORIGINS (Gla), WP 4 Target-Drug validation (Milan), WP5 AI (Oxf), WP5 Perf-MRI (Man)
Pre-clinical Models
BRIC
End-points
WP 2
Panel DNA Seq: Genomic Drivers of MPM
RNA Seq: Transcriptomic Drivers of MPM
Methylation: Epigenetic Drivers of MPM
Immune Landscape Mapping
Integrative Analysis, WP Report on Target ID
Glasgow
Cedres, Bar
Esteller, Bar
Coffelt, Gla
Initially using 82 MPM samples from Mesobank; plus 63 Matched BAPE/MPM as these evolve; Total 145
MPM evolution vs MPM non-evolution FF samples as Discovery Set
Samples matched to Panel DNA Seq: high-throughput Infinium MethylationEPIC Bead Chip (Illumina)
Multiplexed IHC: FFPE effusion cell pellets: macrophages, neutrophils, NK, CTL and Tregs
Genomic/Epigenomic/Transcriptomic/Immune Landscape; Evolution of MPM
WP 3
3.1 Patient-Derived Cell-lines
3.1 Organotypic Models
3.2 GEMM Validation
3.2 Incoporaton of Target Allelles into GEMM
3.3 Candidate Drug Screening
3.3 Bioinformatic analysis of drug sensitivities
WP Report, including Candidate Target-Drugs
Generation, Profiling&Validation of PDCLs (MRC Tox)
Development: Macrophage-containing (Milan)
WES/RNA-SEQ/immunophenotyping
in vitro validation of lenti-CRE-Cas9-sgRNA, followed by in vivo validation
PDCL; UCL drug library; 325 FDA/EMA agents; initial valdation in organotypics
Correlating gene mutation with sensitivity to specific agents
WP 4
Box-A Validation
PREDICT-Meso Target-Drug Validation
WP Report, including Validated Target-Drugs
Glasgow only
Short-term: tissue end-points/Long-term: Survival, AEs
Uses Validated 3.2 GEMM
Glasgow & MRC Toxicology Unit, Cambridge
Organotypic & In vivo validation of postive drug screens (WP3.3)
WP 5
5.1 Multiomic Risk-Profiling
5.1 Integrated Bioinformatic Analysis
5.2 CT Image Anonymisation, Transfer to NCIMI
5.2 External Validation of AI RECIST
5.2 Prospective Serum Mesothelin Sampling
5.2 Mesothelin ELISA analysis
WP Report on Risk Profiling & Response Markers
Radiomic, Serum Proteome & Exhaled Breath Metabolome; Acquired @ Baseline in Meso-ORIGINS
n=590 (295 by MRI)
Multiomic signature: develops MPM vs does not
Analysis in Glasgow
Using NCIMI infrastructure
1000 CT scans pre- & post-chemotherapy
AI RECIST algorithm validated, optimised by NCIMI
via ASSESS-Meso; 150 of total 700 recruited @ M0; Cohort complete by M48 by upscaling sites from 6-16
Samples posted immediately to Bristol; Analysed in batches by Fujirebio (funding in place)
COVID DELAYS - Pause and Restart

WP1: Network & Cohorts

Blyth Glasgow | **Rintoul** Cambridge | Righi Turin | Miller Glasgow

- Network Coordination
- Cohort Building
- Data Integration & Sharing
- Education & PhD Training
- Governance
- PPI & Engagement



WP1 Progress

- Appointment of PREDICT-Meso Project Manager: Alex MacPherson
- Funding & Collaboration Agreement → Funds Released to UK sites
- Network Governance: PMG, Steering Group, Tissue & Data Access Board, Membership access and terms
- PREDICT-Meso Research Tissue Bank (RTB): REC Approval March 2021
- Completion of multi-centre Meso-ORIGINS Feasibility Study: Update later…
- Meso-ORIGINS Protocol and documentation complete, REC Approval Nov ’21
- CTU Database design ongoing, ~12 recruitment sites in setup
- www.predict-meso.com coming soon @PREDICT_Meso live

Meso-ORIGINS: Mesothelioma Observational study of RIsk prediction and Generation of benign-meso tissue pairs, Including a Nested MRI Sub-study

PREDICT-Meso

Arm A

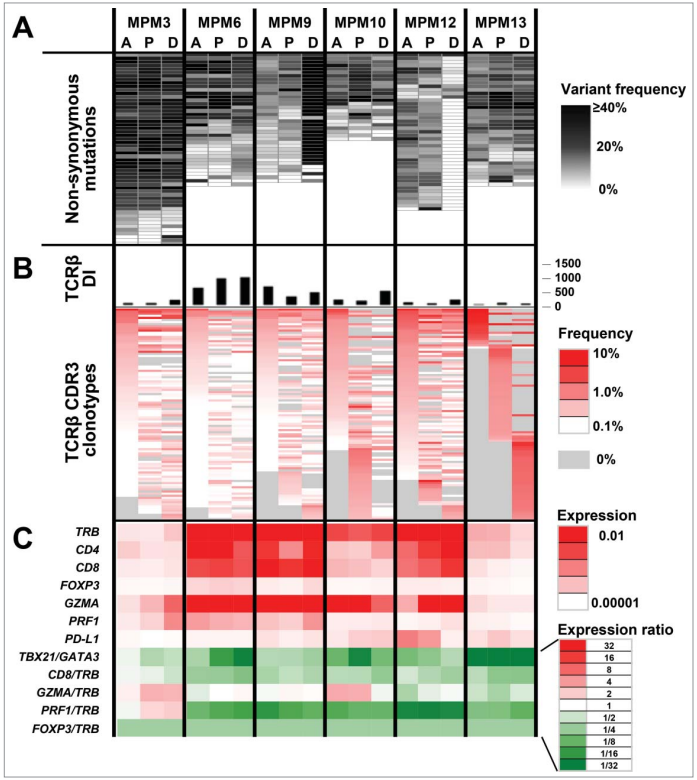
- 500 patients with asbestos exposure and an initial benign pleural biopsy
- Recruited post-biopsy.
- FFPE biopsy retrieval and 2-year surveillance
- Repeat biopsies if Mesothelioma evolution suspected
- Invitation to repeat biopsy in 145 patients with benign follow-up
- Risk profiling at baseline: serum proteomics, breath metabolomics, perfusion MRI

Arm B

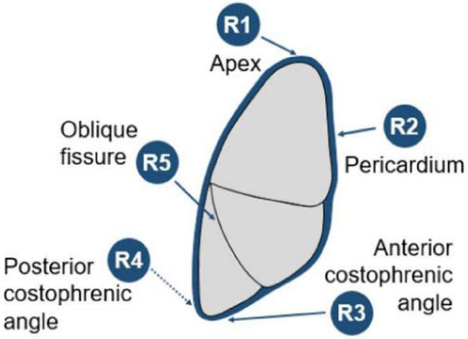
- Initial sample of 39 patients with suspected Mesothelioma
- Recruited prior to Thoracoscopy
- Multi-region pleural biopsies for heterogeneity analyses

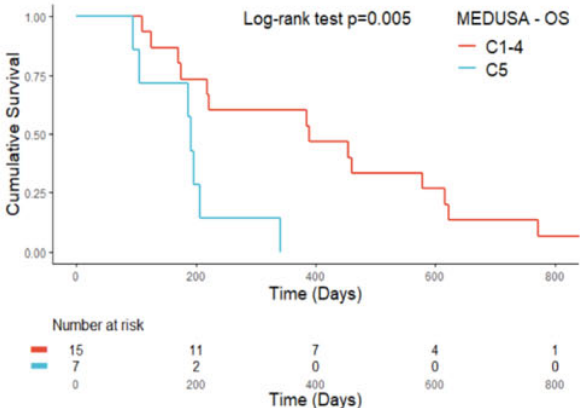
QEUH, Glasgow
Manchester
Plymouth
Preston
Salford
Stoke on Trent
Newport
Oxford
Somerset
Bristol
Papworth
Sheffield
Northumbria
Paisley
GRI, Glasgow

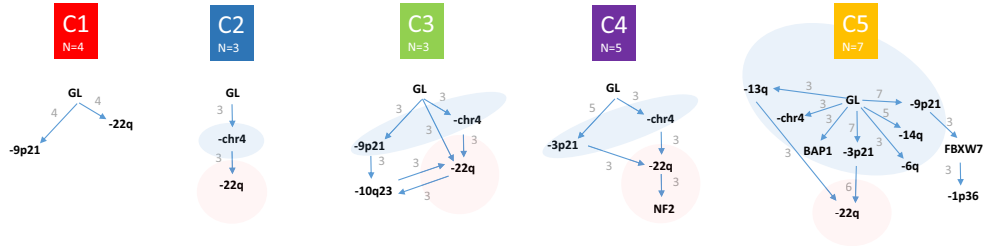
Spatial Heterogeneity



Kiyotani et al, Oncoimmunology 2017







Zhang et al, Nature Comms 2021

WP2: Targets & Vulnerabilities

Biankin
Glasgow

Cedres
VHIO, Bar

Esteller
IJC, Bar

Coffelt
Glasgow

- Molecular Processes
- Key Vulnerabilities
- Heterogeneity
- Vertical Integration
- Validation of models

Changes:

1. ***Panel DNA Seq → WES***
2. ***FFPE only: Restructure Transcriptome Analysis***

	FFPE Biopsies	FFPE Biopsies	Pleural Fluid
Genome	WES Evo v No Evo Pairs	WES, Multi-region Meso	University of Glasgow
Epigenome	Methylation 850K CpG sites		Josep Carreras LEUKAEMIA Research Institute
Transcriptome	RNA Seq +/-Nanostring	*scRNA Seq* *Pilot*	VHIO Vall d'Hebron Institute of Oncology
Immunome	Computational Modelling CIBERSORT, quanTIseq	IHC Fluid Cell Pellets	Cancer Research UK Beatson Institute

WP3 WP4

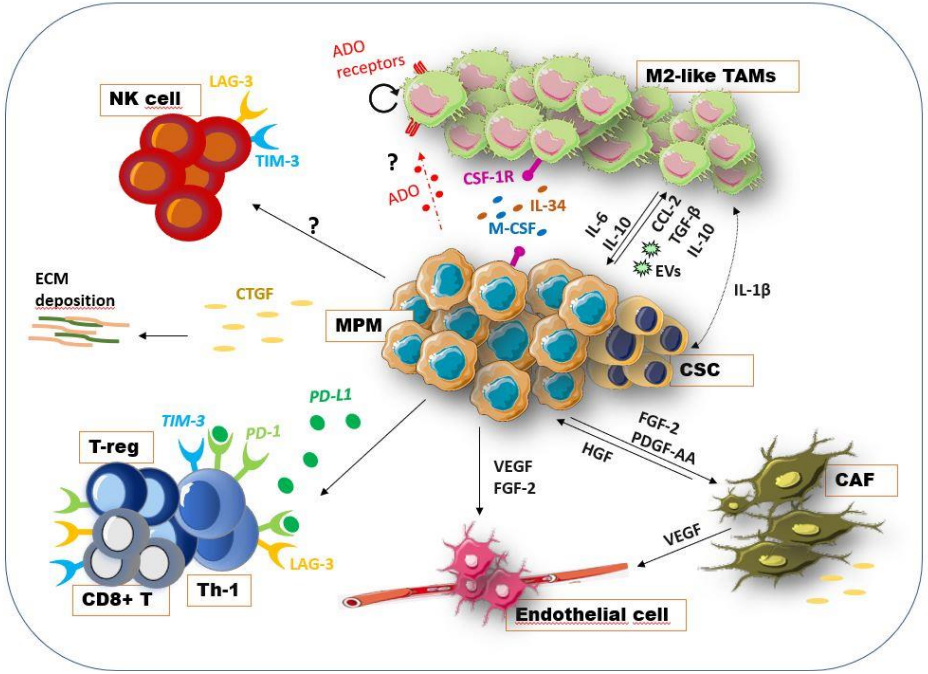
ARGO Accelerating Research in Genomic Oncology
International Cancer Genome Consortium

WP2 Progress

- DNA Panel Seq not available (CCG Max): Narrower Panel v WES/WGS?
  - WES likely to be best approach → Pilot and Tender Process ongoing
  - 5 Benign-Meso Pairs from Glasgow being retrieved (Craig Dick)
- FF preferred over FFPE for Transcriptomics
- However, FF re-biopsy at Thoracoscopy feasible in ~50% in Meso-ORIGINS Feasibility Study: Mix of FFPE/FF v all FFPE?
  - FFPE samples throughout in Meso-ORIGINS (Prospective)
  - FF Discovery RNA Seq not feasible; restructure samples sent to VHIO

WP2 Progress

- Central Pathology Review and DNA/RNA extraction pipeline:
  - Targeting of Epithelial v Stromal Compartments?



Cersosimo et al, *Cancers* **2021**, *13*(22), 5664

WP3 and WP4: Pre-clinical models and Drugs


MacFarlane
MRC Tox
Cambridge

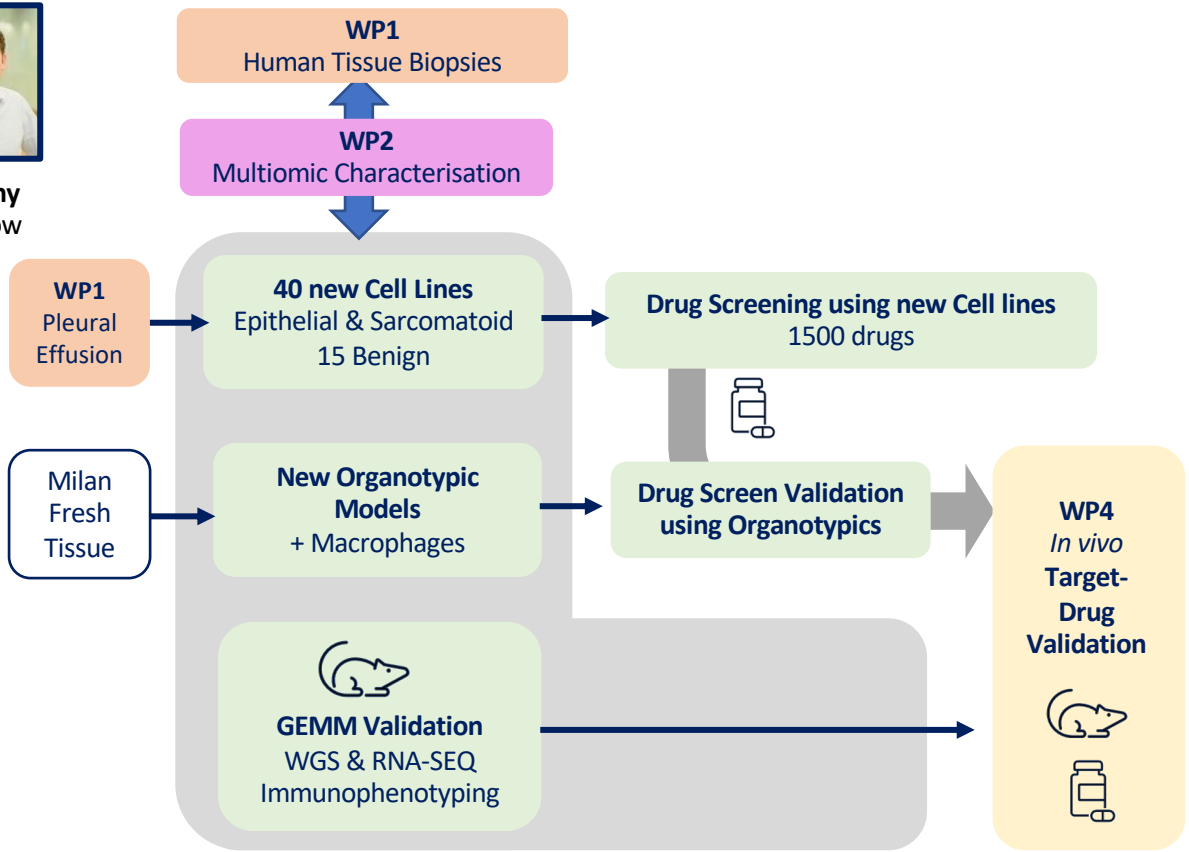

Willis
MRC Tox
Cambridge


Bianchi
Milan


Psallidas
UCL


Murphy
Glasgow

- Integrated *In vitro/vivo* pipeline
- Generated using WP1 Tissues
- Validated against WP2 'omics
- Cell lines from Pleural Effusion
- Organotypics + macrophages
- Drug Screening feeds into WP4



WP3 and 4 Progress

3.1 *In vitro* model generation and validation

- Cell lines from pleural fluid. Collection protocol (McFarlane, Murphy, Coffelt + Kanellakis)
  - ➢Unprocessed samples from sites close to Cambridge/Glasgow
- Organotypic models with retained macrophages. **Update later from Marco Bianchi**

3.2 *In vivo* GDMM Expansion and Validation

- Maintained and expanded. **Update later from Daniel Murphy**

3.3 High throughput drug screening

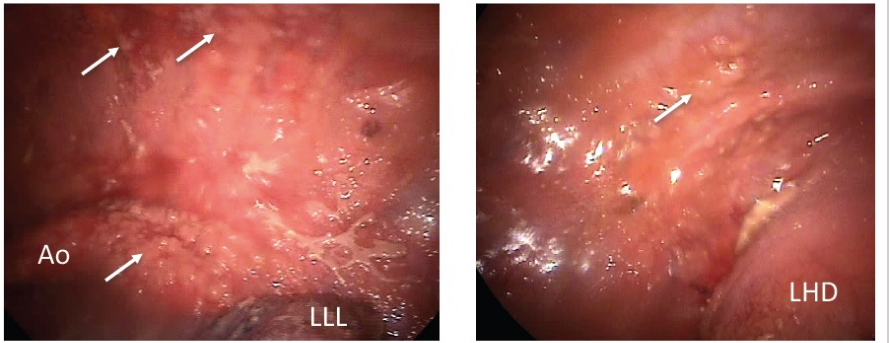
- Planned activities on schedule

4 Target-Drug Validation

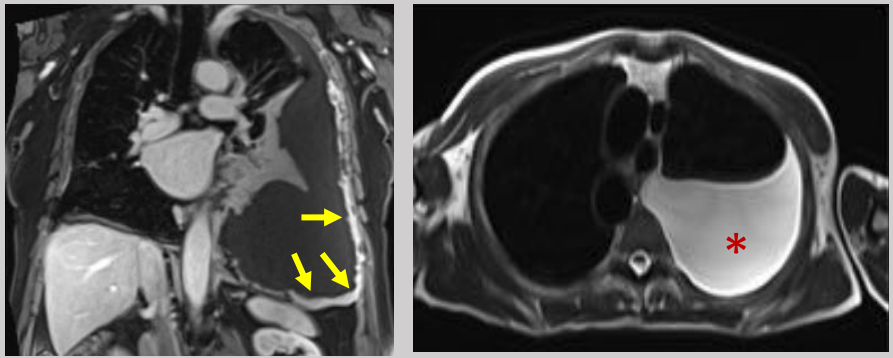
- BoxA (HMGB1, + anti-tumour immunity) → GDMM soon (Mezzapelle *et al*, EMBO Mol Med 2021)
- **Update later from Anne Willis** re mTORC1/2 inhibition (Grosso *et* al, Nat Comms 2021)

Translation of Human MRI endpoints to Mouse Models

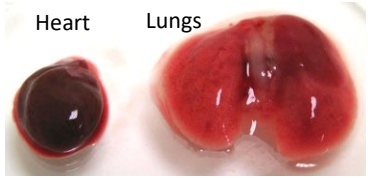
Human Meso at Local Anaesthetic Thoracoscopy: T1N0M0 Epithelioid. Both images are from left pleural space after drainage of associated large pleural effusion. Arrows highlight multiple areas of tumour. Ao: Aorta, LLL: Left lower lobe, LHD: left hemidiaphragm



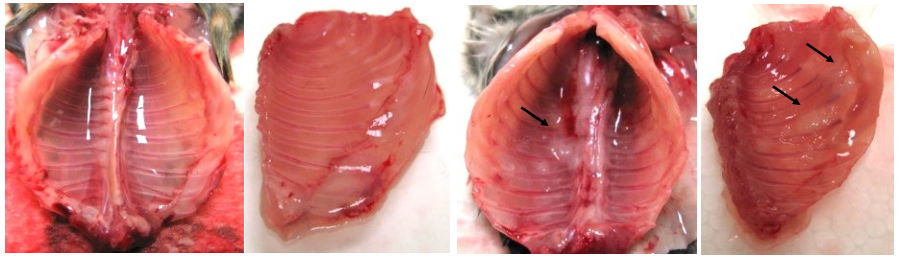
Thoracic MR images of human Mesothelioma: 3T Siemens Magnetom scanner, Glasgow Imaging Centre of Excellence. Left panel: T1-weighted, coronal, contrast-enhanced (IV Gadovist) showing nodular left pleural tumour (arrows), ipsilateral effusion and compressed lung. Right panel: T2-weighted axial showing ipsilateral effusion in white (see red *).



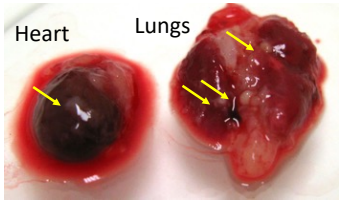
Wildtype Mouse:
Normal post-mortem appearances



Pleural Space



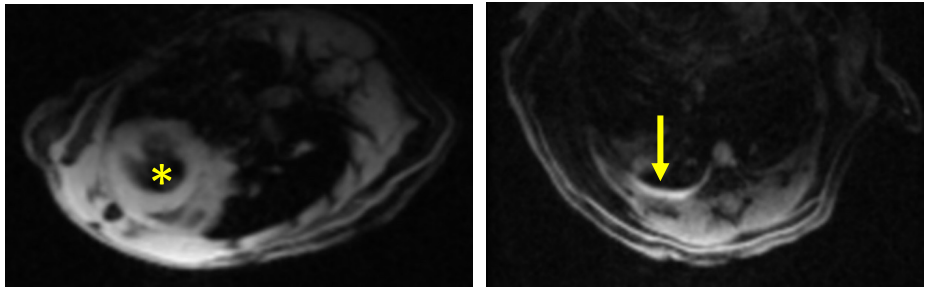
Meso GDMM: Extensive post-mortem tumour (arrows) after pleural effusion drained



Pleural Space

July '21: Pilot work in wildtype mice

GDMM imaging planned, 7T v 1T, effusion +/- more complex eg volumetry, perfusion

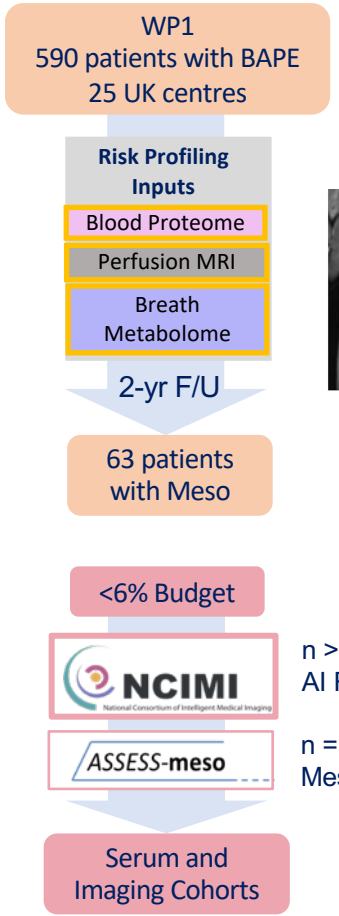


Thoracic MR images of wild type mouse: 7-T Bruker Biospec scanner, Glasgow Experimental MRI Centre. Left panel: T1-weighted, axial showing cardiac structures (* on left ventricle) but no pleural effusion nor mass. Right Panel: T2-weighted, contrast enhanced (IV Magnevist) following intra-pleural injection of 250 µl saline to induce a small right pleural effusion (arrow)

WP5: Risk and Response

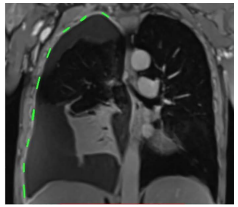
Blyth Glasgow
Irion Manchester
Van Meerbeeck Antwerp
Gleeson Oxford
Bibby Bristol

- Additional longitudinal human cohorts
- RISK of Benign - Meso Evolution
  - Serum Proteomics
  - Exhaled Breath Metabolomics
  - Perfusion MRI
- RESPONSE: AI volumetric imaging and circulating markers
- Critical for future trials

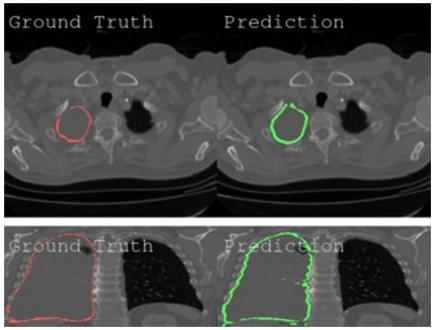


PREDICT-Meso

DIAPHRAGM: n=748, 23 sites, 3yrs



Hochhegger Porto Alegre



Canon

WP5.1 Progress

Risk Profiling (@ Benign Inflammation in Meso-ORIGINS)

- Perfusion MRI Manual complete. Training, Software and Remote Access → Matheus Zanon and Stephan Altmayer
- Breath Metabolomic training videos complete. Kevin Lamote
- Serum Proteomics:
  - DIAPHRAGM study, Tsim *et al*, JTO 2021
  - Meso v Asb Exp Controls:
    - Se 75% Sp 82%, AUC 0.855
  - Further work ongoing

ORIGINAL ARTICLE

IASLC

Serum Proteomics and Plasma Fibulin-3 in Differentiation of Mesothelioma From Asbestos-Exposed Controls and Patients With Other Pleural Diseases

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ABSTRACT

Introduction: Malignant pleural mesothelioma (MPM) is difficult to diagnose. An accurate blood biomarker could prompt specialist referral or be deployed in future screening. In earlier retrospective studies, SOMAscan proteomics (SomaLogic, Boulder, CO) and fibulin-3 seemed highly accurate, but SOMAscan has not been validated prospectively and subsequent fibulin-3 data have been contradictory.

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Disclosure: Drs. Ostroff and Alexander are employees of SomaLogic Inc. The remaining authors declare no conflict of interest.

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Site Feasibility and Recruitment

WP5.2 Progress

Response Biomarkers

- Circulating Markers in ASSESS-meso
  - Prospective, multi-centre, longitudinal observational cohort study
  - Longitudinal banking of pleural fluid and blood (plus data and imaging)
  - 15 of 20 planned sites now open: Serum mesothelin analyses planned
  - Infrastructure and banked samples leveraged in:
    - IAMMED-Meso CRUK Programme: Details later…
    - ctDNA Meso Biomarker: Collins Lab, UBC

- Automated Volumetric Segmentation using Deep Learning AI
  - Prototype complete and *manuscript under review.* Details later…

PRE-MALIGNANT DRIVERS COMBINED WITH TARGET-DRUG VALIDATION IN MESOTHELIOMA

PREDICT-MESO IS AN INTERNATIONAL NETWORK OF RESEARCHERS FROM ACROSS THE UK AND EUROPE INTERESTED IN THE STUDY OF MESOTHELIOMA, AN INCURABLE CANCER MOST

Mesothelioma is preceded by decades of pleural inflammation providing a window of opportunity for precision prediction and early treatment that the Network wishes to explore. Together the teams hope to better understand how mesothelioma develops from its early stages and translate this into more effective diagnosis and treatment for patients.

Additional Funding

PREDICT-Meso

Support for you | Support us | What we do | HELPLINE | DONATE | SEARCH

'Mesothelioma research grants, supported by catalina' funding call 2021 – Applications are now open

Applications are invited for support of research into mesothelioma, supported by Catalina Services UK Limited. Grants are available either to medically qualified applicants, post-doctoral scientists or allied health professionals for clinical, laboratory and/or epidemiological research where appropriate.
The following grants are available:

- **Clinical Trial Award.** Funding is available to support trials of new/existing molecules (either molecules that are not yet licenced for any indication or those that are already licenced for use in other indications). Grants are for a specified period of up to four years to a maximum of £500,000 per award. **Preliminary application deadline:** 13th January 2022.
- **Project Grant for research into improved early diagnosis.** Grants are for a specified period of up to three years to a maximum of £400,000 per award. **Preliminary application deadline:** 13th January 2022.
- **Pump Priming Grant for research into improved early diagnosis.** Grants are for a specified period of up to 18 months to a maximum of £40,000 per award. **Full application deadline:** 10th February 2022.

Collaboration is encouraged, both within and outside the UK, but the grant-holding institution must be based in the UK. Applications involving early-career investigators are also encouraged. Due to timescale restrictions, we will accept letters of intention for collaborations (e.g. with industry partners).

Summary

- Despite challenges there has been considerable progress
- Timetable has effectively been shifted back by 1 year; *on-schedule*
- Moving into tissue collection phase, feeding downstream pre-clinical pipelines
- Final design decisions re tissue pipeline and molecular analysis
- COVID pressures will make recruitment to Meso-ORIGINS challenging
- Increased visibility soon via www.predict-meso.com
- Tissue and data sharing, new collaborations and projects, additional funding
- Project Manager: alexandrea.macpherson@glasgow.ac.uk

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Meso-ORIGINS Feasibility Sites
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PREDICT-Meso

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Questions or Comments

 www.predictmeso.com - coming soon

 @PREDICT_Meso

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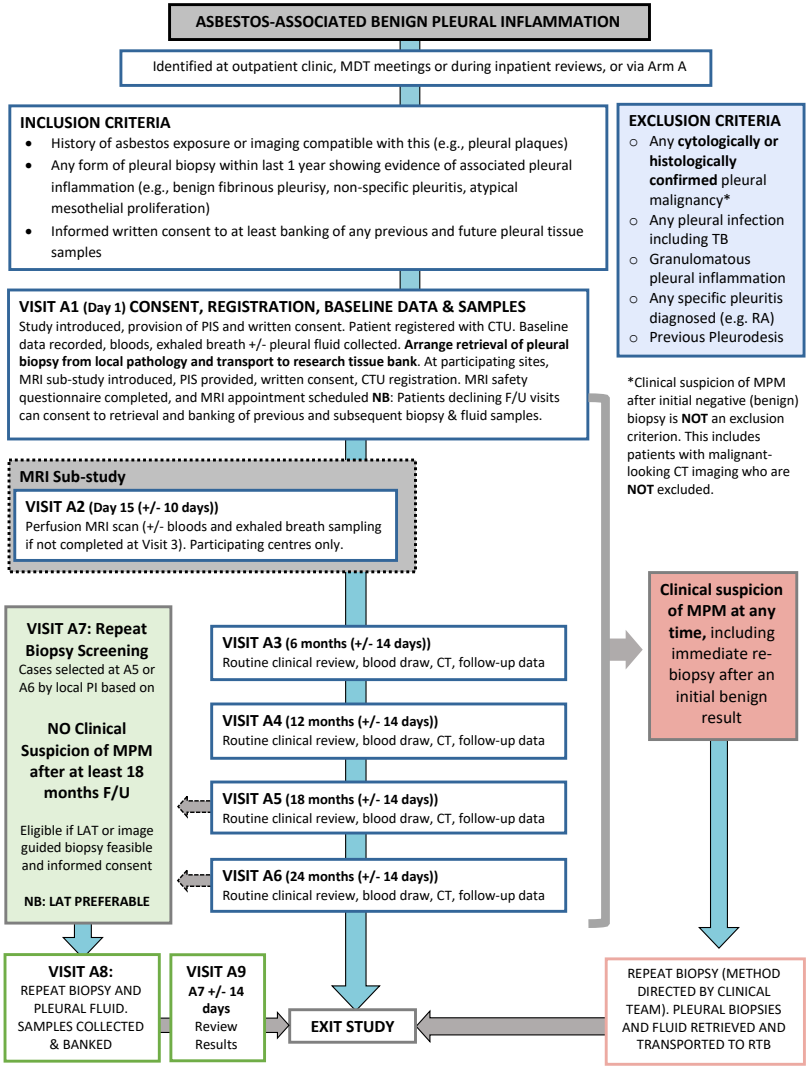
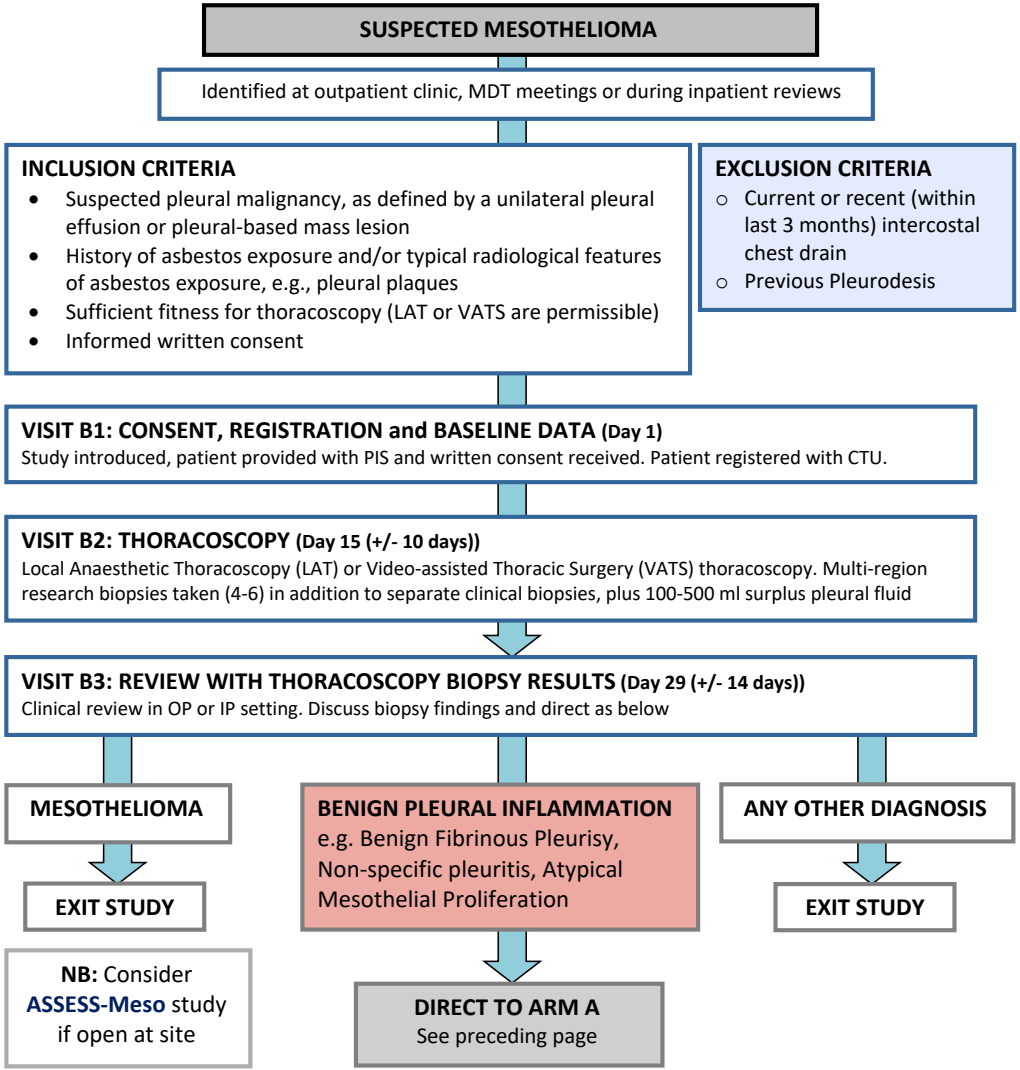

ASBESTOS-ASSOCIATED BENIGN PLEURAL INFLAMMATION
Identified at outpatient clinic, MDT meetings or during inpatient reviews, or via Arm A
INCLUSION CRITERIA
History of asbestos exposure or imaging compatible with this (e.g., pleural plaques)
Any form of pleural biopsy within last 1 year showing evidence of associated pleural inflammation (e.g., benign fibrinous pleurisy, non-specific pleuritis, atypical mesothelial proliferation)
Informed written consent to at least banking of any previous and future pleural tissue samples
EXCLUSION CRITERIA
Any cytologically or histologically confirmed pleural malignancy*
Any pleural infection including TB
Granulomatous pleural inflammation
Any specific pleuritis diagnosed (e.g. RA)
Previous Pleurodesis
VISIT A1 (Day 1) CONSENT, REGISTRATION, BASELINE DATA & SAMPLES
Study introduced, provision of PIS and written consent. Patient registered with CTU. Baseline data recorded, bloods, exhaled breath +/- pleural fluid collected. Arrange retrieval of pleural biopsy from local pathology and transport to research tissue bank. At participating sites, MRI sub-study introduced, PIS provided, written consent, CTU registration. MRI safety questionnaire completed, and MRI appointment scheduled NB: Patients declining F/U visits can consent to retrieval and banking of previous and subsequent biopsy & fluid samples.
*Clinical suspicion of MPM after initial negative (benign) biopsy is NOT an exclusion criterion. This includes patients with malignant-looking CT imaging who are NOT excluded.
MRI Sub-study
VISIT A2 (Day 15 (+/- 10 days))
Perfusion MRI scan (+/- bloods and exhaled breath sampling if not completed at Visit 3). Participating centres only.
VISIT A3 (6 months (+/- 14 days))
Routine clinical review, blood draw, CT, follow-up data
VISIT A4 (12 months (+/- 14 days))
Routine clinical review, blood draw, CT, follow-up data
VISIT A5 (18 months (+/- 14 days))
Routine clinical review, blood draw, CT, follow-up data
VISIT A6 (24 months (+/- 14 days))
Routine clinical review, blood draw, CT, follow-up data
VISIT A7: Repeat Biopsy Screening
Cases selected at A5 or A6 by local PI based on
NO Clinical Suspicion of MPM after at least 18 months F/U
Eligible if LAT or image guided biopsy feasible and informed consent
NB: LAT PREFERABLE
Clinical suspicion of MPM at any time, including immediate re-biopsy after an initial benign result
VISIT A8:
REPEAT BIOPSY AND PLEURAL FLUID. SAMPLES COLLECTED & BANKED
VISIT A9
A7 +/- 14 days
Review Results
EXIT STUDY
REPEAT BIOPSY (METHOD DIRECTED BY CLINICAL TEAM). PLEURAL BIOPSIES AND FLUID RETRIEVED AND TRANSPORTED TO RTB


SUSPECTED MESOTHELIOMA
Identified at outpatient clinic, MDT meetings or during inpatient reviews
INCLUSION CRITERIA
Suspected pleural malignancy, as defined by a unilateral pleural effusion or pleural-based mass lesion
History of asbestos exposure and/or typical radiological features of asbestos exposure, e.g., pleural plaques
Sufficient fitness for thoracoscopy (LAT or VATS are permissible)
Informed written consent
EXCLUSION CRITERIA
Current or recent (within last 3 months) intercostal chest drain
Previous Pleurodesis
VISIT B1: CONSENT, REGISTRATION and BASELINE DATA (Day 1)
Study introduced, patient provided with PIS and written consent received. Patient registered with CTU.
VISIT B2: THORACOSCOPY (Day 15 (+/- 10 days))
Local Anaesthetic Thoracoscopy (LAT) or Video-assisted Thoracic Surgery (VATS) thoracoscopy. Multi-region research biopsies taken (4-6) in addition to separate clinical biopsies, plus 100-500 ml surplus pleural fluid
VISIT B3: REVIEW WITH THORACOSCOPY BIOPSY RESULTS (Day 29 (+/- 14 days))
Clinical review in OP or IP setting. Discuss biopsy findings and direct as below
MESOTHELIOMA
EXIT STUDY
NB: Consider ASSESS-Meso study if open at site
BENIGN PLEURAL INFLAMMATION
e.g. Benign Fibrinous Pleurisy, Non-specific pleuritis, Atypical Mesothelial Proliferation
DIRECT TO ARM A
See preceding page
ANY OTHER DIAGNOSIS
EXIT STUDY

ZONE	APPEARANCE	RESEARCH BIOPSIES Ideally 4-6 from different zones			(3) CLINICAL BIOPSIES
1		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
2		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
3		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
4		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
5		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
6		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
7		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
8		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
9		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
10		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
11		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
12		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
13		☐ No	☐ Yes	Pot(s) #_____	☐ Yes
14		☐ No	☐ Yes	Pot(s) #_____	☐ Yes