**qual test**

*Oct 3, 2025 | 3:00 PM | R01 Transcript*

Date: October 3, 2025

Time: 3:00 PM

**Moderator:** So my name is Nancy. My job today is to ask you a lot of questions about SMA. I am not an expert or a medical provider. I'm just here to understand. I have a lot of questions, so every once in a while, I might interrupt to make sure we end on time. Part of my job is to protect your confidentiality, so please don't tell me your last name or the names of any of your doctors. We are recording this for research purposes, but your name won't be attached to it. If you mention a less than ideal experience on a medication my client makes, I have to write up a report called an adverse event report. Are you good with all that?

**Respondent:** I am. Thank you.

**Moderator:** Awesome. Can you tell me a little bit about yourself, like how old you are, if you live with anybody, how you spend your days?

**Respondent:** I am 60 years old, and I live with my spouse of thirty-four years. We have a 22-year-old daughter who's in college, and she also lives here. I work full-time at a university. I oversee a team of researchers in the fundraising arm of the university. I've been at this university for almost thirteen years, and I was at another university in the Midwest for seven years. I love flea markets and traveling. I recently had a medical emergency in July after returning from a twelve-day Mediterranean cruise. I got sick when I got home, which turned into pneumonia, and I ended up in the ICU with respiratory failure. Now I have a trach. The trach is new, within the last couple of months, and I'm adjusting to my new normal.

**Moderator:** That's a remarkable story. You used the word respiratory failure, which is dramatic. Were you intubated?

**Respondent:** They could not intubate. They tried three times in the ICU and then had to perform an emergency cric, which is a trach but not permanently placed. I was sedated for several days. It was very scary for my family and for me when I came out of the sedation. A few days after that emergency cric, I went into surgery, and they put in the permanent trach. I was in the hospital for three and a half weeks. I've been home since early August, and two weeks ago, I was back in the hospital to have my gallbladder removed.

**Moderator:** Wow. You've had no surgeries ever in your life until this year?

**Respondent:** Yes, I made it sixty years with no surgeries or any major medical issues, other than my spinal muscular atrophy. I consider that a win, and so do the pulmonologists that I see.

**Moderator:** You present as an incredibly joyous human being.

**Respondent:** Thank you. I really am trying. I'm on short-term disability from my job right now, and I'm hoping to go back to work in the next couple of weeks because I miss it and I miss all my people.

**Moderator:** It's a time when universities need you to be doing some fundraising.

**Respondent:** Yes, ma'am.

**Moderator:** I have so much to ask you, and I'm so excited that I got you on this interview. Thank you so much. I'm going to do my best to get through all my questions. I have written down here that you're type three SMA. Is that accurate?

**Respondent:** That's accurate. When I was diagnosed, there were no types. In 1967, when I was diagnosed at three years old, they diagnosed me with Weierman Costman Syndrome, which I believe now is considered type one. But there were no types back then, and it got readjusted later in my life to SMA type three.

**Moderator:** Before the crisis in July, how would you describe your SMA? How had it been and the arc of the SMA up until that point?

**Respondent:** I'm a very active person, and people are often surprised with my SMA, how active I am. In the last ten to twelve years, there has been a definite decline in my strength and abilities. It hasn't stopped me from doing things, but there's certainly more weakness. I walked until I was 12 or 13 and transitioned into a wheelchair in late middle school. I drove until about fifteen years ago and then decided that my strength was such that I didn't feel safe, so I didn't want to drive anymore. I was very ambitious. I went away to school and traveled by myself in my early years until I was in my thirties. I've had periods of time where I've been very strong. I used to be able to do all kinds of things. Doctors would bring in residents when I would go to the clinic, and they would be amazed at what I was able to do. I didn't have a motorized wheelchair until I was 18 years old and went away to college. I used a manual wheelchair and propelled myself. As we age, you lose things that you wish you hadn't lost. Gaining weight has been a struggle my whole life. I have what I call an SMA belly. It's just very rounded. I think having the weight on me has made it easier for me, maybe because I don't know. It's made me more stable. I'm able to sit up and do a lot more things because I had more muscle mass.

**Moderator:** Thank you for all of that. To what extent do you feel connected to the broader SMA community?

**Respondent:** I feel pretty connected. I belong to a number of groups on Facebook. I'm of the age where Facebook is my friend. My daughter would tell me that Facebook is lame, but for me, it's a place I go to for information. I belong to a number of SMA-specific groups. I also belong to a trach group where I can post questions and say, "Hey, how are you handling this?" I feel pretty connected. I went to MDA summer camp until I was in my early twenties. I have very good friends that I met at summer camp, and we're still friends thirty years later.

**Moderator:** Are you connected to any organizations like SMA Connect or Cure SMA?

**Respondent:** I don't know if I get a magazine, but I like Cure SMA. I'm on their news group. My sister stays very well connected and sends me links all the time. She's great. She lives out of state, but I've seen her a lot because she has been flying in multiple times this summer. She's really connected to different groups on my behalf.

**Moderator:** Which SMA-specific groups do you belong to on Facebook?

**Respondent:** There is a Living with MD group, where the majority of people on that list have SMA. Of course, Cure SMA. Those are the two biggest groups that I interact with.

**Moderator:** You mentioned your neurologist. What healthcare providers do you talk to about SMA or are part of your SMA care?

**Respondent:** My primary care physician is often my starting point because she's close by. My neurologist is an hour away, and recently, I've been seeing a pulmonologist. Those are the three main doctors that I interact with regarding my SMA.

**Moderator:** How often do you see this neurologist who is an hour away?

**Respondent:** Once a year.

**Moderator:** What's your relationship like with that neurologist?

**Respondent:** I love her. She's amazing, very knowledgeable. She mostly deals with children, but she's amazing. She takes time. I can send her a message in the portal, and she'll answer me. If I need a quick video visit, we can do that. I really trust her.

**Moderator:** How much of your dynamic with her is her saying, "This is what I think you should do," versus you saying, "I've read about this. What do you think?"

**Respondent:** I probably bring up the ideas and say, "Oh, I read about this. What do you know about it? Do you think it would help me?" I recently did that because there's this new drug on the horizon, and I'm like, "Hey, I read about this. I want to know more. What can you tell me?"

**Moderator:** What role does your PCP play in terms of your SMA?

**Respondent:** She often helps if I need specific equipment because you have to have a script for everything. She's the point person for me now as I deal with things with my employer and this new trach. She consults with the pulmonologist because they're in the same umbrella practice. She's where I go when I'm sick, so she has to know how to treat in conjunction with my SMA. For instance, the hospitalist wanted me to have a muscle relaxer, and she said, "Because of her SMA, we don't really like giving muscle relaxers." She advocates for me.

**Moderator:** It's striking that she knows enough about SMA to even say that.

**Respondent:** She didn't in the beginning. I'm a very good educator. I don't know how many times when I was in the hospital, either me or my wife would say, "Have you read the chart? Maybe you should go read the chart and then come back and talk to me." I expect that if you're going to treat me, you need to learn a little bit. I get that SMA is not something that every doctor knows about, but you should at least Google it and be a little bit smart about it.

**Moderator:** I want to talk about treatment. I have written down here that you were on a brisee liquid as well as SPINRAZA, but that you haven't been treated since September 2020. Is that right?

**Respondent:** I might have filled that out wrong. I started with SPINRAZA because it was the only treatment that was out there and was finally approved for adults. I started it in March 2020. I did it until Evrytesse was released later that fall. I asked my neurologist to switch because I had one really bad experience with SPINRAZA. The injections were painful, and the two days of immobility after the injections interrupted my life too much. I got a spinal headache following the injection, which was horrible. When my sister called me and said, "If RISD is released, you need to talk to your neurologist," I called her and said, "I want to switch. How do I do it?" She said, "Okay. Let's do it."

**Moderator:** Were there any upsides for you with SPINRAZA as a treatment?

**Respondent:** I never felt any upsides. I have a lot of friends who felt energized after it, but I never felt that. I never had any of the upsides that people were talking about.

**Moderator:** What motivated you to go on SPINRAZA in the first place? What were you hoping to achieve?

**Respondent:** Anything that would stop the progression. That was my number one. I would have loved to have seen some strength increases, some noticeable changes in my world, but I just didn't. My hope going on it was to try it because it was finally approved. I had a tough time getting approved, and my insurance never approved it. I ended up going through the Spinraza Foundation or the Powell program, and they paid for it.

**Moderator:** Do you know why the insurance denied you?

**Respondent:** A lot of it was my age. They kept saying that I didn't fall within the age bracket even though I did, and there wasn't enough evidence in the clinical trials to show benefit.

**Moderator:** Your sister is like, "Michelle, your wrist is available," and you're like, "I don't have to go into the hospital. Let me call my neurologist." When did you start that?

**Respondent:** I started in September of 2020, and then I was on it until February '22.

**Moderator:** So a year and a half. What led you to stop?

**Respondent:** I wasn't seeing any improvements. I didn't feel any different. I was still losing strength and gaining weight. After talking with my doctor, I said, "I'm frustrated. I don't know that it's really working." My upper limb evaluations were pretty much the same. I expected improvements because everybody was seeing improvements, and I wasn't. So I made the decision to go off it. It was a tough decision, but I discussed it with my family.

**Moderator:** You mentioned weight gain and the sense that you couldn't see improvement. What other reasons led you to stop?

**Respondent:** Traveling was super challenging. I don't know how we would have done the cruise because we were on a ten-hour flight and trying to keep it cool. I wasn't approved through my insurance, so it was all being paid for through the program. I had to jump through a lot of hoops to get reapproved for that. Every time it was delivered, I was like, "Oh my god. Don't break anything. That's $38,000 in medication in there." I just wasn't sure it was worth it. There was a lot of conversation in some of the groups from adults saying, "I'm kinda done trying."

**Moderator:** With the weight gain, how significant was that in your decision to stop?

**Respondent:** I gained 30 pounds in that year and a half. That's a lot for someone with SMA. I haven't lost that whole 30, but it just correlated with starting a freeze. They say weight gain is not one of the side effects, but that's what I experienced.

**Moderator:** What was the physical, emotional impact of the weight gain for you?

**Respondent:** A lot. Fitting into my clothes and feeling confident. Extra weight makes it harder to do things. I noticed little things, like sitting at the bar area because I could put my elbow up. I just noticed little things that probably aren't that big of a deal, but for somebody with SMA, it's that little incremental loss of things.

**Moderator:** You talked about portability. Anything else about the impact of the liquid and needing to be refrigerated?

**Respondent:** Just the refrigeration and the regimen of having to remember to take something every single day.

**Moderator:** What's the downside of having to remember to take something every day?

**Respondent:** I'm terrible at that. I'm a very organized person, but regimenting medications is hard. My spouse is really good at it. She'd remind me, "It's time to take a freeze." It shouldn't have been that big of a deal, but it was.

**Moderator:** You talked about not getting insurance, and you were getting money through the manufacturer. You said you had to jump through a lot of hoops to get reapproved. Can you talk about that?

**Respondent:** Both the Brindsey and the Spinraza people were super nice and wanted to help get it covered, but you had to be reapproved every so often. I always felt like I was taking this drug from somebody else that doesn't have insurance. I was mad at my insurance. We went through many appeal processes. I felt guilty because I have good insurance, and why aren't they paying for this? I'd see online that everyone's like, "Oh, yeah. I went through my insurance. No problem." I felt like I was taking money to pay for my drug over somebody that probably really needed it.

**Moderator:** Did it feel like it was a zero-sum game, like if you got money, someone else couldn't?

**Respondent:** That's kinda what I felt like, possibly. I didn't know if that was true or not.

**Moderator:** Can I ask what those hoops were for you in that process?

**Respondent:** It was all that financial stuff. I had to answer a lot of questions and get recertified to be covered under their program. It involved a phone call a couple of times a year. I can't remember if I had to provide financials, but it took a while and multiple appeal processes. I accepted it because that's the only way I could get the drug. I couldn't afford it out of pocket.

**Moderator:** When you stopped, that was in 2022. How are you feeling about treatment now?

**Respondent:** It's been back and forth in my mind. Should I go back? Should I not? I don't think I'll ever go back to SPINRAZA unless they change the way it's given. It's possible I would consider d again, but probably only in conjunction with some sort of muscle builder. I want to see some increase, even if they're incremental. Since my hospitalization in July, I basically cannot lift my left arm. My sister told me about the new drug on the horizon, the myostatin. Scholar Rock is the one. We talked about maybe now is the time to rethink going back on something. I've had this trauma, and maybe my body would respond differently now. It was quite a scare this summer. My family wants me to be here for a lot longer, so part of that is reconsidering how to stop the progression. Now that I'm a trach user, I have more risks. I don't want to stop living, so how do I try to improve the quality and length of my life? It might involve going back on some sort of treatment to slow that progression because it feels like the progression is accelerating as I get older.

**Moderator:** How does it make you feel when you think about going back on treatment?

**Respondent:** I would say nervous, but I'm more open to it today than I was a year ago. I think there's been a lot of years now that it's been out, and the transition from the liquid to the pill is an improvement. I think there are more options available today. It's not just SPINRAZA or Infrisbee. There's more knowledge and data. I'm a data person, so there may be more data to say, "Hey, look. This is what we've seen in adults," and that might help convince me too.

**Moderator:** Have you talked to your neurologist about this?

**Respondent:** I haven't had any discussions with her this year. I had an appointment, but I was in the hospital. We're scheduled to meet in November, and part of my agenda is to discuss that. What's available? What do you think? What should I do?

**Moderator:** Looking back, are you glad she didn't bring it up again?

**Respondent:** No. I kinda wish she came up with the ideas sometimes. I feel like I'm always the one saying, "Hey. What about this?" I wish she would push me a little bit. My pulmonologist is that way. I wish my neurologist would be more assertive because she knows more than I do, and I wish she would share more of that.

**Moderator:** It's an interesting balance because you like that she respects you're a smart adult who can make decisions, but on the other hand, you're like, "Dude, you know a lot. This is what you do full-time for your job."

**Respondent:** I think there is a balance. I know she speaks in a lot of places, so I know she knows a lot. I do wish she would push that envelope with me. Maybe she will now that I've had this major medical thing. I was really healthy for my whole life until this summer.

**Moderator:** It's striking that you said you're ambivalent. You're like, "I only want to go on treatment if it's in conjunction with a muscle builder," but then you're also talking about taking treatment just to stop progression. But then you're also saying, "I want to see improvement."

**Respondent:** I think, really, for me, the muscle builder piece is important because that's the "see improvement" piece. That ties with gaining a little bit of strength, seeing some improvements in my mobility. That's what I was hoping for with Spinraza and Adversity, and I didn't see it. Part of my conversation would be I really need to see improvements. I'm a "I have to see it" person. If there's a combination of things or if that muscle myostatin builder gets approved, I want to try that.

**Moderator:** Why isn't stopping progression good enough?

**Respondent:** That's a good question. I was never convinced that I was actually stopping progression. It should be enough, but for me, it wasn't because I wasn't seeing it. I was still experiencing loss of strength and weight gain, making it harder to do things. While the upper limb tests were pretty stagnant, they moved a little bit. The physical therapist would say, "You went up a point in this area, but you went down a point in this area," so it was a wash. I wasn't seeing that significant indicator that there was slowing of progression because my upper limb test didn't really change from before I started the treatments to while I was on the treatments. They were just the same, and I expected them to improve.

**Moderator:** Before you were on treatment, were you stable?

**Respondent:** Yeah, I was already stable. I expected to either feel different or see something different, and I didn't have either. I didn't feel different. I didn't have any burst of energy. Everyone talked about, "Oh, I have this boost of energy." I didn't have it. Maybe because I was so active, I was already pushing my body to limits. I wanted more, and I wasn't getting what I thought I should. I might have had greater expectations than I should have.

**Moderator:** There's no way to say your body would have done this if you weren't on the medication and your body did this. You can't do a control.

**Respondent:** I was still experiencing some loss of abilities or strength even though my upper limb tests were coming back stable. I'm like, "How can it be stabilized? I now can't brush the back of my hair." I used to be able to do this, and now I can't do that.

**Moderator:** Your hair looks very brushed.

**Respondent:** I didn't brush it. My spouse did.

**Moderator:** The medical event you had this summer, what impact, if at all, do you think it had on this conversation we're having about your orientation towards treatment?

**Respondent:** A lot. It was very scary. I've never wanted a trach my whole life. I remember even my mom, whenever I get sick, how careful we were because respiratory illness is the number one thing with people like myself. I've been sick, but I've never been that sick. I've never been in ICU before. I think I said I never had a surgery. I broke both my femurs in February, and I recovered from that. Now that was a huge loss of strength, but there was that event where my legs were immobilized completely. Even though I used a wheelchair full-time in February, I came back from that and gained my strength back. For me now, this event in July was very close to not making it. That has scared me because I always think of myself as invincible, and I was completely helpless. I don't really look at myself as disabled. It's weird because I use a wheelchair full-time, and I need help doing things like getting dressed and showering. But I just don't see myself in that same light. It was really scary, and it still is. My future is really scary, and I think I have a different perspective. What do I need to be focusing on to maintain my health? I've been thinking about it a lot the last couple of months. What do I need to be doing differently, and should I go back on to Thursday? Do I need to try it again to help extend my life further? My daughter was laying in bed with me the other night, and she's like, "Okay. So how old were you when Gigi died?" My mom. I said I was 58. She said, "Okay. So you have to live until I'm 58." I'm like, "You're 22. That's a long time." She's like, "Yep. So you're gonna have to live in '96." I'm like, "Okay. Well, that's thirty-six more years. How do I do that?" Things like that when she says stuff or when I think about what I could miss if I can't go out of the house. I don't want to be afraid to leave my house. What do I need to do? Because now SMA has really, excuse my language, fucking impacted me with this breathing stuff, and now I want to fight harder.

**Moderator:** I was talking to someone yesterday, and I might not be characterizing it a 100% correctly. But I think there was a way in which for this person, it was kind of a bummer for him to be on medication. It somehow reinforced that this was a part of his identity. Right? That, like, "I'm taking this medication, and it's reminding me that I have SMA, and I don't want to think of myself that way."

**Respondent:** I share a lot of that sentiment. I lived my life before this as if I didn't even have a disability. It was not the first thing I identified with myself. Now that I have this trach, that's how I feel. It's visible. Everybody sees it. I'm pretty vain. I don't like it. I try covering it with scarves. I'm afraid to go back to work because I don't want people to look at me differently. SMA did that to me. This is all because of SMA and the anatomy of my throat and being able to intubate or not intubate. It has changed my future. I have to figure out how to do that and still be who I was. That means I gotta figure something out so that I can get beyond that this is who I am and that people aren't gonna see this. I know that will be the case again, but it's a long way from where I am right now.

**Moderator:** Thanks for sharing that. Do you think there's any kind of psychic downside to taking a daily medication for you for SMA?

**Respondent:** No. I don't think so. I was really excited when I started. I told everybody about it. Everyone knew, and everyone was so excited that there was this possible treatment. People were like, "Oh, I'm so glad there's a cure." I'm like, "No. It's not a cure. It's a treatment, and it's different." I was really proud in the beginning to be on it. I've always wanted to be part of some clinical trial. I always said, "I'm a perfect sample. I'm an old woman, older. We're living so much longer. Take this population of adults with us today and do something with us." It's not that I'm embarrassed of the disability. It's just it doesn't define me. I'm worried that now it does define me because of my new breathing.

**Moderator:** Let's imagine you decide to transition to treatment, whether Ryzdalone or a Ryzdalene combination with this anti-myostatin or some other muscle builder. What would help you make that transition? Is there anything the manufacturer could do, your doctors, or a peer talking to a peer about SMA and being on one of those medications?

**Respondent:** I think there are a couple of things. I'm very data-oriented. I would love to see more data on adults. I would love to have a conversation or some sort of group made up of adults talking about their experiences. I would love to see some of the marketing directed specifically for adults. There's a lot of data about people 18 and younger, and I would like to see more data related to those of us 30 and older.

**Moderator:** Do you feel like there's a disregard or invisibility with people regarding?

**Respondent:** I think so. I felt that we don't matter kind of experience from the Muscular Dystrophy Association. They do a lot of services, camps, and this and that for kids. They don't really have a lot in place for 21 and up. They used to provide assistance towards a new wheelchair. They only do that for kids. Even with the new drugs, the adult approval was secondary and took longer to get. It's like, "Okay. This drug's out, but I can't take it because I'm not 18." I think there is a little bit of that, especially when you go to look at the data. I know that Resideo has done a specific trial with adults. That was early on, so they probably have a lot more data now, and I just haven't looked at it. I would like to see more data. Here's an example. This group that I'm on, Living with MD, one of the things that I had done earlier this year was a suprapubic catheter, which helps me urinate. It just makes it easier. It's not that I needed it, but it makes it easier. This group, first of all, lots of information in the group about people that have done it. But when they find out that there's a new person going through the procedure, they give you a buddy. I had a buddy that was like, "Hey. Here are the supplies you might need. Here's what you might experience. Here are some questions you should ask." While that seems silly, it was great to have somebody that I could talk to. I think having that one-on-one relationship with somebody else going through the same things that's close to my age would be amazing. I don't know if it'd be possible, but it would be amazing.

**Moderator:** Going through what in your case? What would that mean?

**Respondent:** For me, now, I would love to know how many people have trachs that are on the medication. What kinds of improvements to their respiratory function they're seeing? That's sort of changed my perspective, going through this. Also, the pros and cons. What are they feeling? It'd be great to have a group. I don't even know if there isn't a Frisbee group.

**Moderator:** A trach Evrisky adult group? Is that what they're doing?

**Respondent:** Like that. Or even just a plain, a RISD group.

**Moderator:** On Facebook, you mean?

**Respondent:** Yeah. I'm looking. Oh, yeah. Oh, there's only a 100 people in it.

**Moderator:** Does that seem big or small? I'm sorry. I'm not a...

**Respondent:** That's small. Oh, here's one with 6,000. RISD department, RISD information for SMA. That has six thousand members. Oh, I'm already in that group. That's hilarious. It must not show up on my feed.

**Moderator:** The settings are just such that it doesn't show up.

**Respondent:** They just don't show up. I'm on there now, and it's a lot of kids.

**Moderator:** You talk about data. What specific data would be of interest to you?

**Respondent:** Data that I want to see involves respiratory improvement function. What is the percentage of progression slowing or stopping? What do the age brackets look like that we're seeing that in? I'm in an age bracket now, which is amazing that I'm so old. What do they know about people above 50? When you lump adults, they could be all 25-year-olds or 30-year-olds. That's different than somebody in their fifties and now 60. I'd like more data that I can tease out that looks like me.

**Moderator:** It's interesting. To what extent does data show the stopping of progression of disease? Does that only come from people who are on placebo who are not getting treated versus people who are getting treated?

**Respondent:** I don't know what the answer is, but I know that the data that was out there again, this has been five years ago. It was very limited because they were just beginning. It might be interesting to see what their data says now that they've been out for five years, and they have a new way that you can take the medication.

**Moderator:** The tablet. Is there anything else? We have five more minutes technically, but this has been enormously helpful to talk to you. Just personally meaningful. I've just really enjoyed our conversation.

**Respondent:** Thank you.

**Moderator:** Is there anything else you would want manufacturers of SMA treatments to know about you and how to make it easier for you to access treatment or to feel comfortable with treatment?

**Respondent:** Again, I think something that would be an improvement is in their marketing materials. The way that it's marketed, I think it's a different conversation when you're talking with a family with a 10-year-old than it is for adults. I think that kind of marketing and experience sharing would be really important. Now that they're five years old, they've been in the market for five years, really honing in on different populations. Because I think that, just as anybody that's trying to sell me something or you, they're honing in on who we are and what our lives are like. I think I'm an anomaly. I work full-time. I have a family. I'm super active. I'm not the only person with SMA in their upper years doing that, but there aren't a lot of us. I know that, so use me to learn as an anomaly. I've lived a very long time with this disease. I've known since I was two years old that I've had this disease. I think that really honing in on education towards people of an older age, above 30, but even older, and realizing that selling me on the possibilities is what they need to do. My life is not gonna be thirty-six more years, but it might be with the right treatments.

**Moderator:** Are you still in touch with someone from the manufacturer?

**Respondent:** No. I know with SPINRAZA, they had a really good program. If RISD had something similar, but they just weren't as engaged with me. I compared it to the Spinraza program. That person contacted me all the time. Even after I left, she called me, and we had a long conversation. Then she sent me an email even a few months after that. "How's it going on the new drug? I hope it's going well." I didn't get that experience with the InfraMD patient advocates or whatever they're called. That was another thing that could be improved is that advocacy through their company and that person checking in and serving as an actual advocate. I was not impressed with them. That person should have tried to talk me into staying.

**Moderator:** Michelle, thank you so much. I feel so lucky that I got to talk to you.

**Respondent:** Thank you very much. I really appreciate the opportunity to share my opinions.

**Moderator:** It's so interesting. For me, you just look like you're wearing a hip necklace from here. I mean, granted, you're across the screen, but that's honestly what it looks like. It's like a little bit punk rock or something.

**Respondent:** Thank you. I like hearing that because I need to know that it's really not that big of a deal. So thank you. That helps a lot.

**Moderator:** It's a transition. Thank you for the work that you're doing too, in your job.

**Respondent:** Thank you.

**Moderator:** Let's go higher ed. Okay?

**Respondent:** Yeah.

**Moderator:** Alright. Thank you.

**Respondent:** Take care.

**Moderator:** Bye.

**Respondent:** Bye.