Another strategy that may be used to identify the appropriate patients is surgery, and then using pathology (pathological analysis of the tumour that you remove) to guide post-op radiation. And this is one trial that I'll tell you about ECOG 3311. They got transoral surgery, with robot or laser; and this is the robot, and the patient here, and you can see the patient's tumour on the screen. The tumour can be removed transorally, usually lymph nodes are removed in the neck. And then, based on the pathology, patients are identified. In this trial, low risk patients and high risk patients got standard therapy. For low risk patients, there was no treatment; no radiation, no chemotherapy. For the high risk patients, it was chemotherapy with radiation at the standard dose. The really interesting part of this trial was the intermediate risk patients that were randomised to either a lower-dose radiation or a higher-dose radiation. And, interestingly, the survival (both overall and progression-free survival) was similar for these Arms. And all these patients did very well on this overall survival curve, but you can see Arm B and C which were the intermediate patients, with Arm B having the lower radiation dose, survival in Arm B were very similar to survival in Arm C. Interestingly, up to 69% of these patients after surgery could have avoided radiation altogether or gotten a lower dose of radiation if it wasn't a trial, if it was standard therapy.