This transcript was edited by Douglas Tyler on July 7, 2019, and as such does not completely match the audio recording of his interview. Any quotes from Douglas Tyler used in future publications or postings should come from this written transcript, not from the audio interview.

Stewart [00:00:00] It's Emily Stewart and I'm interviewing Dr. Douglas Tyler who was Dr. Sabiston's chief resident in 1992 and currently serves as the chairman at the UTMB health department of surgery. It's June 10th [2019] at 1:00 p.m. Central Time and we're speaking on the phone. Now, Dr. Tyler was all that information I just said correct?

Tyler [00:00:22] Uh huh.

Stewart [00:00:22] Were you his resident in 1992. OK, awesome. So, just to get started, can you tell me a little bit about where you grew up?

Tyler [00:00:32] I grew up in Boston. I was born in 1959 and lived in a suburb of Boston called Brookline. Ended up going to Dartmouth undergrad and medical school and then in 1985 came down to Duke where I did the general surgery residency training program from 1985 to 1992... As part of that training program there was a two year period between 1987 and 1989 that we spent in the research lab and I focused my research in a laboratory that was part of the department of surgery that was studying Human Retroviruses and specifically the HIV virus.

Stewart [00:01:26] Awesome. So was Duke the first college you attended... Or where did you first go for your undergrad?

Tyler [00:01:35] So Dartmouth was where I went for undergrad

Stewart [00:01:36] OK. And then...

Tyler [00:01:38] I went to Dartmouth Medical school...

Stewart [00:01:38] And then....

Tyler [00:01:39] I didn't go to Duke until I did my general surgery training. So that was after medical school.

Stewart [00:01:44] Awesome. And then what made you decide you wanted to be a doctor. Did you make that decision before attending Dartmouth, or while you were there...

Tyler [00:01:55] I grew up in a family where my father was head of neurology at the Peter Bent Brigham Hospital which is merged now to become Brigham and Women's Hospital. Being a physician was something that I think I was exposed to more so than other professions. And ultimately, I think as I was in college, I sort of realized that this was an area that I was interested in. Towards the end of medical school, I got a little more interested in surgery as a component of medicine, as opposed to internal medicine and neurology. I had an older brother who followed my dad's footsteps and went into internal medicine and ultimately neurology and is currently Chair of the department of neurology at the Health Science Center in Denver. I also have a younger sister who's a doctor and she's and OBGYN. So, I think being a physician was something we were influenced to become by the influence of my father and our family.

Stewart [00:03:13] Yeah how awesome. A family of physicians. So, well... What made you decide to apply to Duke specifically for your residency?

Tyler [00:03:25] At the time we looked for the best places to get training. There were a number of excellent surgery programs. Growing up in Boston the Massachusetts General Hospital and the Brigham and Women's Hospital were high on my list. During my third year of medical school I was married. My wife, Donna, was from Atlanta, so we were looking as well at some places in the south for which Emory was high on the list. Duke was also high on the list. But, neither of us really had much familiarity with that region. I think kind of humorously, my wife didn't really want to move to Boston.... being from the south. And at that time, when I was looking at Emory, the chair of surgery at Emory had just passed away. They didn't really have a clear succession plan for the department. And so, we sort of viewed Duke as being a nice compromise. It was a little more in the south than the north. Dr. Sabiston who was in charge of the program was at the peak of his heyday. I think it was in 1984 to 1985 time period that he was president elect of the American College of Surgeons. And I think it was 85 to 86 that he actually was the president of that organization. So, Duke was viewed as one of the top general surgery training programs in the country. If your mindset was to stay in academic medicine, which is what I had been exposed to through my father, Duke would be one of the best programs to go to.

Stewart [00:05:21] So, you had heard of Dr. Sabiston before deciding to apply to Duke, right?

Tyler [00:05:27], I'd never met him until I interviewed here. But, I was clearly aware of who he was. There were two major textbooks of surgery at the time. One was by Seymour Schwartz, who was the chair of surgery at the University of Rochester, and then the other was the Textbook of Surgery, by Dr. Sabiston. So, you know, we were... You're aware of him through the textbook and those contributions. It wasn't until I actually interviewed here... let's see, probably it would have been the fall of 1984 that I first met him.

Stewart [00:06:13] And what was that first interaction like, when you met him?

Tyler [00:06:18] He was smaller and older than the pictures in the textbooks. Back then, there was not formal days to do interviewing and so you called up and said hey I'm going to be in the area. The day that I happened to pick, I was doing an away rotation, an elective, down at Emory in cardiology. During that four week rotation I requested a little time off, so I could go interview at Duke. When I got there, you received a little schedule of three or four people to meet with. There were four other people who were interviewing on the same day. I remember, as I was getting my schedule from Dr. Sabiston's secretary, she said to come back to the office at noon because Dr. Sabiston wanted to meet with me. But, it wasn't on my printed schedule sheet. And she said, "Don't say anything to the other applicants because they're not gonna be interviewing today with Dr. Sabiston." So at noon, I came back there and that was the first time I met Dr. Sabiston. When I sat down we chatted a little bit. There were two things I remembered about the interview. One, was I had a letter of recommendation from a physician at the Brigham, named Frank Austin, who was the head of rheumatology and I had worked one summer in his research lab and so he wrote a letter of recommendation for me. Dr. Sabiston was reading the letter out loud and seemed to mistakenly think that the letter was from Gerald Austin, Frank Austin's brother, who was chief of surgery at Mass General and a very good friend of Dr. Sabiston. I remember thinking to myself, "Should I correct him, or just let it go?" And I decided just to let it go. You don't correct him on this. And then the other thing that stood out was a specific question he asked me, which was, "How do you define the quality of a training

program?" I paused and said, "You know, there are a number of things you can look at, but one of the most important things to start with is where the individuals finishing that training program end up, you know, at their first position." Back then, most people did not do fellowships and so one of the signs of a good training program was the ability of that training program to put its graduates into academic positions around the country. Dr. Sabiston said, "Stop. Go no further." And he pressed his little intercom button for his secretary to come in and all of a sudden I had a whole new schedule. I was meeting with like 14 people. I was going out to dinner that night. I had a resident taking me to the airport for my plane. So, it... somehow, I think I answered the question the right way...and given a very different experience because of it. So, I guess I said what he wanted to hear and it ultimately worked out well.

Stewart [00:09:48] Yeah, it seems like it. So would you say he influenced your decision to attend Duke?

Tyler [00:09:57] Duke clearly was one of the top programs, at the time. Other places like the Brigham. MGH, and Hopkins were all also very high on the list. My mindset was I just want the best training possible and I think the two areas that we were most familiar with was either Boston (MGH or Brigham) or Duke. And I didn't really apply to anything west of the Mississippi. I personally didn't think I could go wrong with any of those three. Duke, Mass General, or Brigham, but since my wife was more comfortable in the south and didn't want to be, sort of, in the backyard of my parents we ranked Duke number one and we're fortunate to match there.

Stewart [00:11:00] I gotcha. Once you finally got there, what was it like being an intern a surgery at Duke?

Tyler [00:11:11] So, back then, it was every other night call and all the sub-specialties generally did two years of general surgery before you went into your sub-specialty. There was very much a work hard, play hard mentality. You would always try to be prepared for Dr Sabiston. But also, that there was sort of a culture where you paid your dues and then you were rewarded, you know, as you climbed the ladder with regard to being given opportunities to write book chapters or papers with him or other faculty. You became very close with your co residents and trainees as training was much more a way of life than it is currently. I mean, because you were in the hospital for 36 hours straight, every other day. And so, many of my closest friends are still people that I trained with during that period of time. Dr Sabiston was like a sports team coach where he may not have been your best friend but you went there to be part of like a championship team. You know, and Dr. Sabiston had a track record of producing people who were very successful in academics. Now, not everybody who went to this program thrived in the environment that he created. But, if you did, you generally were very successful in academics...I think history shows that many of the people he trained went on to be leaders in academic medicine over time.

Stewart [00:13:33] So what were some of the ways you think Dr. Sabiston put his personal stamp on the program at Duke?

Tyler [00:13:38] He basically had a very formulaic way of... training people and a lot of it was ways that probably aren't totally acceptable in today's environment. He created a very competitive structure, where people were put on the spot... expected to know things and you really didn't want to be in a situation where you didn't know something in front of Dr. Sabiston. And so, you know, fear of displeasing him, kind, of motivated you to prepare very hard for conferences and rounding with him.. I personally liked that kind of

competitive environment. But, I can honestly say other people didn't do well in that kind of environment and currently in today's world that kind of environment is really frowned upon in terms of creating an environment where you learn through fear of being put on the spot or being yelling at for not knowing something.

Stewart [00:15:45] You mentioned briefly at the beginning that you were in the research lab for... From 87 to 89, I think is what you said.

Tyler [00:15:53] Yeah.

Stewart [00:15:54] Did Dr. Sabiston shape your research experience in any other sorts of ways. Or did the... Being in the lab for that year really shape your research experience at Duke?

Tyler [00:16:06] Well, initially I wanted to work with a different person on molecular biology and breast cancer and Dr. Sabiston wanted me to work in this retroviral lab because it was a unique budding opportunity. The people involved in it, were connected with some world class researchers so it was a very unique opportunity. They literally were on the cutting edge of some of the therapeutic aspects of HIV therapeutics. I actually didn't want to work in the lab since I was more interested in breast cancer at the time. Ultimately, Dr. Sabiston, sort of, framed it that I didn't really have a choice. So, I went in the lab a little bit kicking and screaming, but it ultimately turned out to be a phenomenal experience. I hit the lab at an ideal time. As you think back, the HIV virus was just discovered in 1985. So, people weren't fully aware of how it was transmitted and they had very few treatments for it. The lab just had come up with ACT as the first treatment for it but there were still a lot of unknowns. I went into the lab at the perfect time when there were a lot of projects already set to go. We got to present at all these national meetings we were very productive. It was in the window before a lot of the research became very politicized. In my last year we presented some data at the International AIDS Conference... It was in Montreal. I want to say it was in 1990 and that was, sort of, the first meeting where you would have protesters stand up in the middle of a talk by a researcher at Burroughs Wellcome complaining and interrupting the talk. They were protesting that Burroughs Wellcome wasn't doing enough to subsidize medications for HIV patients.. So, it was in that window where you could really get a phenomenal experience in research. It wasn't, you know, crazy publicized and politicized. And it was a good example of something that I didn't want to do, but turned out it was a fantastic experience working with some world class researchers, learning how to set up a lab and ultimately, it was phenomenal experience forgetting my research career off the ground.

Stewart [00:19:16] Yeah seems like it. So kind of transitioning a little bit into when you became chief resident, how would you say your interaction with Dr. Sabiston changed as you progressed through your residency?

Tyler [00:19:35] Generally, the model of the training program, was that you had more interaction with him as you climbed the ladder. And so, the chief residents were the ones that met with him weekly and discussed issues that might be pertinent to the department. When I was a chief resident, our group was charged with actually changing the call schedule structure from every other night to every third night. We were one of the last training programs to move in this direction. And I think Dr. Sabiston saw the writing on the wall given that there's 10 or 15 top notch surgery programs competing for the best applicants and in one way shape or form your training is going to be identical whether you're at the Brigham or Hopkins or UPenn or Wisconsin or UCLA or Duke. One of the big

things that people were starting to make decisions based on was what was the call schedule. And so, a lot of the programs, to entice the better applicants were saying we're no longer every other night call, we're every third night call. Dr. Sabiston was slow to embrace that philosophy. But ultimately, when we were one of only two programs left that were every other night, he kind of charged us with coming up with a structure that changed the call schedule for residents. And so, that was a lot of what we did early on at the time. And I think the other thing that was starting to happen was increasingly, there were fellowships that were evolving to allow people to hyper specialize into various aspects of surgery. And so, again that was another area that Dr. Sabiston was generally slow to embrace because many of the old guard, sort of, felt that fellowships were breaking apart surgery into segments and the old guard was trying to keep general surgery as one big entity. So, when I, as a chief resident and was interested in focusing on surgical oncology, Dr. Sabiston was not very excited about me doing the surgical oncology fellowship. He, felt that cancer management was a core part of general surgery and that if I finished his training program I should not need to do two extra years of specialized training. Fellowship training might suggest to some that I wasn't getting the proper training at his training program. So he and I had a pretty significant disagreement towards the end of my time there, about whether I should do a fellowship or not. And I felt pretty strongly that cancer management was changing pretty drastically and Duke was not necessarily on the cusp of some of those changes. I needed to learn a vocabulary of cancer talk that wasn't being taught to surgeons at that time in the context of the general surgical training program at Duke. He was not very happy when I ultimately chose to do the surgical oncology fellowship at M.D. Anderson after I finished. And honestly, because of that I did not think I was going to be coming back to Duke. My wife and I kind of envisioned that we would do the fellowship and then we would end up at Emory to start up our academic career.

Stewart [00:23:38] That was actually one of my questions... what were his feelings about a post-residency fellowship. So, thanks for, thanks for talking about that. So, while you were there ,were there women going through the residency program? And African-Americans going through the program, as well?

Tyler [00:24:00] There were a couple. Jim Douglas was one of the African-American residents. Who else? Chace Lottich was there as one of the women residents and then there were some women who went through below me, or after me. Back then the program was not very conducive to women. And that was, sort of, the mindset back then. And I think, generally, the structure of it was women would have to make many more sacrifices than men to try to do it. And so, that's why fewer of them were willing. There were also fewer women in medical school classes. Now classes are 50% women. I also think that as times changed and all the sudden we went from every third to every fourth night and calls schedules became a little easier, there were restricted work hours and then, I think programs start to embrace ways to help facilitate residents of both genders having time off for childbirth. Back then I remember you were given no time off if your spouse had a kid. I remember I had to give a presentation at a conference on Monday afternoon after we came back from a meeting and my wife was in labor with our first child and she hadn't delivered yet, but every hour they're calling me, "Are you going to be able to present at five o'clock?" You know, fortunately my wife delivered at quarter of five. So, I got off the hook. But, you know, back then you're at work the next day and I mean you didn't even think twice about it.. But, I think over time, the changes were positive so that, by the time I left as a faculty, we had a chief resident surgery class at Duke that was all women. So, it was very different kind of environment that evolved. But, you know, back when Dr. Sabiston was there, there was I suspect a bias against women. And my dad had the same kind of mindset that, you know... You know, he was head of neurology at the Brigham and

preferred male residents over females mainly because, you know, he thought they were more devoted to medicine. But, it has obviously significantly changed since then.

Stewart [00:27:52] So did you see Dr. Sabiston incorporating women into the program in any instances or, you know, offering support to the few women that were in his program while you were there?

Tyler [00:28:05] I'm honestly not the best person probably to answer that. I mean, I was the last person he hired in 1994 and then Bob Anderson came in August of 1994 and I started July of 1994. So, there were very few women faculty and as I mentioned there were very few women residents. I think Dr. Sabiston had expectations for how people should perform and how hard they should work. And if you lived up to those expectations, he supported you. I can't say he treated men different than women. I didn't really see that and again there wasn't many women for me to observe him doing that during the training program and stuff. But, he was always, I mean, socially, he was always, sort of, a consummate gentleman.

Stewart [00:29:33] Right. What would you say he was like when interacting with patients? Or did you interact with them much with patients?

Tyler [00:29:41] More so as a resident. He generally was very good. Again my interface with him was more at the tail end of his clinical career. If Dr. Sabiston had a patient come in you had to make sure everything was perfect with that patient. That was the expectation that all of Dr. Sabiston's patients got VIP treatment. So, I'm not sure he really understood what the average person got exposed to. And he generally was very polite and cordial to his patients. But again, you know, from my experience with him from between the mid 80s to the early 90s was honestly at the tail end of his career. He wasn't doing as much operating on his private patients. When he did, he was always technically a good surgeon and very focused on using patients to educate us in terms of clinical findings and operative techniques.

Stewart [00:31:14] So, I know a little earlier you talked about while you were a chief resident creating a new call schedule. But, do you have any other examples or stories about what it was like to be the chief resident.... or a chief resident on Dr. Sabiston's service?

Tyler [00:31:38] Yeah, honestly it was very challenging.

Stewart [00:31:46] That's okay.

Tyler [00:31:47] That, you know, he expected perfection. So the amount of energy that you would have to put in to the one patient that he would have on the service or if he was going to round on the service was enormous. You had to have everything perfect as he would want it so you'd waste a whole day making sure everything was in place. I remember, I was a younger resident on the service... Dr. Sabiston had somebody come in. Your whole job, the whole day, would be just to find that patient do his H&P, and get them all set up. That generally came at the expense of all the other patients that you would have to care for and manage. We used to hate it because it would get you so far behind in all your other work. As a chief resident, your mindset was what can possibly go wrong.

Stewart [00:33:28] Did you interact with Mrs. Sabiston much?

Tyler [00:33:34] Yes, actually. I thought very highly of Aggie and my wife got along with her very well, as well. And generally, because we were the categorical general surgery residents we were treated preferentially compared to the sub-specialty residents. He would have periodic functions at his house, like at Christmas time, and then frequently at big national meetings, Aggie would frequently be with him, so you get to meet her. And then at the very end, when he was having some problems, I was back on staff the year he was hospitalized several times with cellulitis and some other issues. She would request he be put on my service so we could take care of him and orchestrate all of his care in terms of making sure everything he got everything he needed, even if it generally wasn't surgical in nature. We would pull the strings to make sure he got the care he needed. So, if he needed a consult on Sunday afternoons people came in and saw him on Sunday afternoon. And then the last time, I won one of the Sabiston teaching award... I think was in like 2007. It was I think after he passed away. But Aggie was there sitting at our table. Actually, I was sitting next to her. And it, kind of, made it special to win the Sabiston teaching award and she was sitting at our table … kinda nice.

Stewart [00:35:43] That's sweet. So, you talked a little bit about how you did a post-residency fellowship. Can you just walk me through, a little bit, where you went after completing your residency. So the fellowship and then coming back to Duke and then how you ended up where you are now.

Tyler [00:36:05] Yeah, so as I mentioned after I finished at Duke in 92, I went to M.D. Anderson, which was the top surgical oncology training program at the time. I finished that in 94. In 1993, while I was at M.D. Anderson, I was not anticipating honestly coming back to Duke because Dr. Sabiston and I weren't really on the same page. He was upset that I was doing the cancer fellowship and I, sort of, felt he didn't really respect what the fellowship had to offer. And then, while I was at M.D. Anderson, a woman at the Durham V.A. got a grant to set up a women's health clinic within the V.A System. Part of that was to hire a surgical oncologist to start a breast cancer screening clinic there. So Ted Pappas, who became chief of the V.A. while I was at M.D. Anderson, gave me a call and said, "Hey, do you want to come back and fill this position. You would be at Duke and be part time V.A. and part time Duke?" And I said, "Well, I don't think Dr. Sabiston will want me to do that." And so, he arranged a meeting at the October 1993, American College of Surgeons meeting and I had to go meet Dr. Sabiston in his hotel room. When I knocked on the door, Dr. Sabiston was the consummate gentleman. He acted like we never had a disagreement about me doing this fellowship and basically said look at all the different places you're going to look at and when you're done looking just come and give me a call and let's talk about you coming back to Duke. And ultimately, he made me an offer to come back to Duke, which my wife and I liked it. So in '94, after finishing my fellowship, we came back to Duke and I was there for 20 years. Like I mentioned, I was the last person he hired in July of '94 and then in August of '94 Bob Anderson took over. Dr. Sabiston was still active for about two or three years after I came on staff, before he started having some health issues. It was during those two or three years, that he was very supportive of my very early career. I stayed at Duke until 2014. The chair of surgery at Duke before Allan Kirk was Danny Jacobs. Dr. Jacobs became the dean and provost at the University of Texas Medical Branch in 2012. He ultimately recruited me to help rebuild the surgery program AT UTMB in 2014. So, I viewed it as a unique opportunity... the Duke Connection.

Stewart [00:39:27] Yeah. That's an interesting story. A lot of people, when I ask that question, you know, they leave Duke right after their residency. So, that's cool that you came back. So, you talked a little bit about his health, you know, kind of thing. Did you interact... I heard that he still had an office for a while in a research building... I forget the

name. But, did you interact with him much when he was kind of transitioning, you know phased out of practicing?

Tyler [00:40:03] I would go and meet with him occasionally. He was not in the same building that I had my lab set up. He had restricted hours... He wasn't there from 7:00 in the morning to 5:00 at night. I think, generally he would be brought over for two or three hours of a day. So it wasn't always consistent when he might actually be there and have office hours. But, normally it would be If I had written a paper or, you know, had something I submitted someplace, I would frequently just send it to him and he would send me little notes back... thanking me for what I sent them or, you know, being complimentary of the work and stuff. So, he was always very supportive as, sort of, academic opportunities and things like that. I didn't... he developed some health issues pretty quickly after, you know, I came on faculty in the, sort of, mid 90s and I think that rapidly decreased the sort of contact time that most people had with him.

Stewart [00:41:24] Right. Do you have any particular story that you want to share about Dr. Sabiston today? I know that kind of puts you on the spot but....

Tyler [00:41:39] None that are... I mean, I think, you know, I remember him as just someone who was very devoted to creating a, sort of, pathway for people to be academically successful. And it was a narrow pathway, but if you followed it, your odds of being successful were very good. And if you deviated from that pathway, he usually wasn't very tolerant of it. This approach I think at times stifled some people's creativity, and they did not thrive in the environment that he created. He had a template for successfully creating academic surgeons. He was tremendously devoted to making your career in surgery be productive. Back then, you know, I think being a surgeon and, you know, when.... I'm probably guilty of this as well, you know, I mean, to me especially growing up in the family that I did and training with Dr. Sabiston, you know, being a surgeon and a doctor was a lifestyle choice. Now it's viewed as a job. And so, it's a job you work from 9:00 to 5:00 and then you want to be as far away from it as you can. Back then you would work all day and when you went home you would keep working on preparing for cases or writing papers. I mean, it really was your life. I mean, that's why we didn't think twice about 36 on, 12 off, you know, the mindset was, you know, the only problem with, you know, every other night call is every other night you miss something good in the operating room. And so, there were many of the great educators or academic surgeons of that era that again, viewed things as a lifestyle kind of mindset. And now, you know, interestingly, I think if you look at academics who, you know, teach you how to be a good leader or how to encourage people to learn, many of the characteristics that were used by the great leaders of that era are frowned upon now... learning by fear and intimidation and working until you basically are going to drop dead, you know, and making it a lifestyle and now that's kind of, you know, buzzwords are... we didn't recognize back then, you know, it's like burnout or other things that, you know, are much more recognized now and probably not viewed as being totally healthy or optimal ways to learn. And I think now what you see is much more creativity in terms of what's called research. It doesn't have to be a petri dish, you know, and running gels in the laboratory can be outcomes research. It could be education research. You know, those are kind of things that didn't exist, you know, in the narrow field. You know, that that these people had in the past. But, I think, you know, Dr. Sabiston opened a lot of doors. You know, he taught me. I learned a lot from him and things that I still to this day believe, you know, in terms of attention to detail and you know hard work. But, there's also, you know, some things that I learned from him that I... I don't want to, you know, continue. And I think, you know, that's... you learn from everyone you interface with, you know, in terms of how we ran things with fear and intimidation, you

know, there wasn't a tolerance for deviating, you know, from very narrow norms, you know, kind of, thinking again that was that was the model back then.

Stewart [00:46:17] So, is there anything else you think we should know about Dr. Sabiston? Besides all that you just said, which was great.

Tyler [00:46:30] There are other stories. I'm not sure they're totally appropriate for this. I'll reserve on it at the moment. But no, I just... he will be, you know, one of the people as I enter, sort of, a phase of my career where I'm sort of trying to impart knowledge and credit for people who have gotten me to where I am today. He's certainly one of those people and in his lessons you know.... You know, sort of, live on and I try to impart them to people I train and stuff and he definitely was a major positive influence on my life, both he and Aggie as well.

Stewart [00:47:27] So just kind of, you know, wrapping things up, is there anything I didn't ask you today that you want to make sure we get on record?

Tyler [00:47:39] No, I think it was good.

Stewart [00:47:41] OK. So, just so you know moving forward how this project is going to work. So, we're just in the interviewing phase right now, collecting oral history is about Dr. Sabiston and eventually Duke wants to use them as a resource for a written biography. As stated in your consent form, the interviews are going to be archived in the medical center library. If you for some reason decide, you know, after we hang up that there's any part of this that you don't want to be made public, you can review your consent form and send it back to me. And then I'll also send you a transcript of the interview, that way you can look it over at your leisure and if you find, you know, reading through it you decide you don't want anything in it, please let me know. Also, if you think of anything else that you'd like to make sure we know about Dr. Sabiston, feel free to reach out to me as well. Yeah, that's that's just how we're moving forward. And I appreciate you taking your time today to speak with me for a little while about Dr. Sabiston and about your time at Duke.

Tyler [00:48:56] OK. Well appreciate it. I don't think anything that I don't mind you using.

Stewart [00:49:01] OK.

Tyler [00:49:03] Looking forward to seeing the transcript. Thanks very much.

Stewart [00:49:04] Awesome. Yeah. Have a great afternoon.

Tyler [00:49:06] You too. Bye Bye.

Stewart [00:49:07] All right, Bye.