Пан in Matathorn sadyene sainke ya sain behastas wahtir Valley
So, I will be very brief and short.
I thank Vijay sir and Ashay sir for giving this opportunity.
This is the first case 82 year main CA prostrate stage 4 high risk liver methe since
9 bilateral or creatomy was done followed by a patient received the symptomide then progression in liver then received dosage taxid then again progression then received
the composite exal.
Now again had progression BRC mutation is negative or no other action mutation.
Lucium therapy was not feasible due to absence of receptor.
So, sir any thoughts anything else?
In this scenario first thing is to do a biopsy from the liver because you are saying
that there is no lutecium expression in that.
So, first we have to rule out the small cell transformation in this case first thing
and other things that how fit he is in what is the other comorbid it is 82 year meal
how the other lie comorbid it is definitely will plan the further treatment in this case.
Yes.
From a size is non actionable basically.
So, it is very unheard of one percent humor expresses that it is very uncommon.
So, from the therapeutic point of view even if you are taking a non small cell the person seems to be very limited in this and then at this point of time you should involve
the palliative care and the goal of the treatment needs to be discussed with the family at this
point of time.
Yes.
Answer any experience of TDHD in this kind of patients?
In a non breast I think in one or two patients I remember using that at this in the stomach
one or two patients I have seen the prostate.
No prostate no.
So, prostate unfortunately it is not a very immune hot tumors and otherwise other targets
have not worked that well in the prostate compared to the other tumors.
Now coming to our area of interest what we can do for this cellular therapy in prostate
cancer.
So, this is a paper presented in nature.
This is regarding PASM targeting TGF beta insensitive armor carty cell in metastatic
castration resistant prostate cancer is a phase one trial.
The studies is unique in that it is the first clinical trial involving the use of carty
cells optimally engineered with a domain negative TGF or beta R what sir was saying that it is armor carty and it is more specific.
Those was used one to one to three into the 10 to the power 100 meter squared with no
grade three grade or more side effects in total at three months imaging for a 39 almost
40 percent of the subjects were in stable disease.
Medianovirus survival in this rapse factor setting was 477 days that is 15.9 months and the
PFS was around 4.4 months in these 13 subjects.
My armor carty cell is required for this kind of patient is because previously as

just
discussed there was previous one type of carty which was an armant it has it was very good
in the sense that there was rapid PASM dropping almost 98 percent of these patients.
However, it had very severe neurodoxylate and even one grade rate the grade effect that is that causing HLH.
Now, there is another type of carty this is prostrate stem cell carty this is also phase
1 trial for this and this is already we have discussed number of time today how we do
it.
Here also what we see from this is that lot of these patients are heavily pre-treated and
routine what we use routinely like dosi-taxyl, composite-taxyl, aberatron, insolidomile.
All these patients are already be treated and in these patients you know what they saw is that almost three like in this heavily pre-treated population there are three patients
are in this cohort which crossed one year and one of these patients are doing good despite
being heavily pre-treated and do not know dose limiting toxicities was observed in DGL1
only one grade 3 studies was there.
Saticone CRS syndrome was grade 1 grade 2 in 5 out of 14 patients and PASM decline was
more than 30 percent decline was falling 4 out of 14 patients as well as theoretical
improvement.
So, this is evolving data and it is exciting to see that we are getting more and more
targets.
Another paper where they have found new targets almost 75 to 95 percent express my CA and SLA and SMACA SLACA as target.
This is another paper here what we was used was basically engineering cells here what
they use is of the Chef Government Deltaractics cell with Zologonic Acid and Interlooking
Two here what they found is that in this patients who are left or refactor in laps 12
months you can see these patients have crossed one year survival and if you see the other
they are not able to the median survival is around 6.2 months.
So, this is for Government Deltaractics and then another what new SMACA is Government Deltar
Carty. So, this is in engineering Government Deltaracty here early dose escalation of Lava
1207 it is a novel by specific Government Deltaracty cell Engager therapy in patients with
metastatic cholera castration is in prostate cancer. It is an open level 3 plus 3 design which
phase 1 to 2 study in patients with therapy refactory metastatic metastatic services. Total
patients were taken in this study what is interesting is that at the end of the 8 weeks
we have 3 out of 8 patients which had stable disease. So, in this patient also lot of
new therapies are evolving. Now coming to the second part Rinal Cell Carcinoma this is

a patient which was initially treated by a surgeon right in a fracture and left right in
term he was done initially then started on Pazapani patient did good for 2 to 3 years
then right at Rinal Cell Carcinoma he was done on progression patient was treated with
Kitu Dinexetrium on progression patient was certain exetrium then subsequently switched
to Lennwar Dinexetrium. Petsites can showed liver lesion, peritoneal deposition, right inferior
paternal reflection and all of suggestive disease progression. So, sir any thoughts what
we can give further. So, theoretically still the patient is progressed over I think
Pembro exe then still a cabaret antennae which one option which we can explore still that
has not been used in a clinical setting we also sometime go with the sonatini works in
that maybe option of a since exe is already used so, but Avrolimus can be one of the
option in the rare scenario. So, as per the standard treatment the options are just
the most of the rank TKI and VGF TKI alone in this scenario. But only thing is that what
I was just seeing slide just I was just thinking that in future there will be a competition
between the bite and this so, that is going to be the next 2 important treatments option
in terms of the medical oncology whether to offer for a cellular therapy or bite, but I personally
feel that this cellular therapy may have a edge in terms of Indian because whatever the
bite come it will come through the and the time required to get the permission in Indian
all that. So, from that aspect cellular therapy seems to be little bit more promising if
you have a production if we not have a that constraint of a time period for this. So, I
think this patient the options are limited a clinical trial. Now the world is moving towards
the Pembro registered the immunotherapy resistant there are various other trials are already
ongoing the IL-16 the LAC-3. So, there are other targets which are being used in this
scenario. Yes. So, there is a data for new target what is CD-70 which
appears to be a promising CARTY target. Here what they have defined is that the positive
cutoff rate was more than 1 percent on 2 percent and you can see that clear cell RCC is
98 percent of this patient are expressing. So, we might find CARTY for this soon and what
there was the data for this that what they have shown is that is almost 77 percent of this
patient treated with CD-70 targeting CARTY cell had response among 40 patient enrolled
in this study one patient had a long lasting full remission that is still ongoing at 2
year follow. So, I think most of the work is done in the city of
Bhoho by the one a Dr. Sumantha Paul these group is working mostly into that and now
they are utilizing the CRISPR technology to further so, what happens with that the

adaptability rates of the GVSD and all that is so, now they are further modifying so,
that the GVSD and all that. So, they are coming with the next generation I think the
number is 131A as something so, and this seems to be promising we all know that RCC is
a tumor where immune works. So, we definitely need to this is going to be much more promising
than the others. You know that immune therapy works in RCC. So, I am pretty sure that next
generation of treatment will be immunotherapy with the cellular therapy in RCC.
Yes and sir then there is also a new way to do lentigent targeting like PSMA and
CA 9 targeting for this kind of patient to make it more specific and more effective.
Then coming to the third part this gentleman is a doctor actually this is a real case.
42 year gentleman, I am going to say in Jamsil tumor post BEP, post AAP
post autolochus times transplant post JMOX post A, I remember this patient now.
So, theoretically these are the as such mid-assetage CT as a poor prognosis.
After this in a standard way mostly will go for some sort of override to post side or
something. So, mostly a best subutequery of things in moving but definitely young patient
these are the area where definitely this will come into the picture.
So, what do you have done that I wanted to do?
So, this is there is a phase 1 trial sir for evaluation of safety and efficiency of CLDN 6
CART cells and CLDN 6 encoding MRN vaccine for these patients.
So, 7 out of 21 available patient, 6 weeks post infusion had PR, 8 had stable disease,
6 had progressive disease and one patient would not was not available.
5 patients with testicular cancer responded at 6 weeks with CART cell persistence and
further tumor shrinkage and one patient was had CR at 18 weeks pet negative and 2 more
connective. So, basically it is exciting time we are getting options for this kind of
relapse effect.
With the new I think yesterday there was some paper news that the Russian had produced
MRN. Now the patient has already started what is happening when this vaccine will be available
in India.
So, actually for this patient first we state tested for CD30 because Jamsal Tumor also
is a very important patient.
And we have good data for CD30 CART is in Hodgkin's lymphoma. So, I actually wanted to
explore whether the CD30 but he was neither positive or CD30 and this patient actually
was not positive or clod in 6 weeks.
So, at present he is on best support to CART only.
Thank you.
Thank you.
Thank you.
Thank you.