So, yeah, good afternoon everyone. I am Dr. Chakolubura and I thank the organization
organizers for giving me this opportunity. I thank the for presenting the Laura just before
me because this poll star is just nothing but Chinese Laura. So, poll star study, exactly
similar study to what has been done in Laura, stage 3, unresectable, non-small cell lung
cancer patients who have undergone CTRT, EGFR mutation positive, exon 19 deletion or
L858 or mutation positive. This is the exact same same population which they have taken
in. The same background like post-CTRT, Durvalumab, Dzendogod and EGFR positive patients, we
needed something more. So, Oasimatinep was done in the West and Amulur-Tenep was done
in the East in China. The study design is same, EECOG 101 exon 19 deletion, L858 or mutations,
not progress post-CTRT within 6 weeks post-CTRT, 2 is to 1 randomization and the drug was
continued, 2 is to 1 randomization 110 milligram of Amulur-Tenep as compared to placebo was
given till progression or till toxicity and crossover was allowed. So, again the same things.
The primary endpoint was progression free survival and secondary endpoint OS and oral
response rate disease control rate and all. And this was a pre-planned interim analysis
which was presented at the September meeting of WCLC at San Diego in USA. So, the study
cohort, so 147 patients were randomized 94 in the Amulur-Tenep Am and 53 in the placebo
Am and out of which 73 at this at the point of the data cut off 73 percent in the Amulur-Tenep
Am were ongoing on the drug while 32 percent patients in the placebo Amul still on observation
or on the placebo. The baseline characteristics were comparable in both the arms in terms of
which mutation was seen, the age group, the gender, a smoking non-smoker and adenocarcinoma
versus others. And so the PFS by BICR, so the median PFS was 30.4 months in the Amulur-Tenep Am versus
it was 3.8 months in the placebo. So, it is quite comparable with that as compared to
Osema-Tenep where it was 39 months versus 5.6 months like much lesser actually I will say,
but doing a cross trial comparison is not what we usually recommend. At one year 69 percent of
the patients were on, were disease free, were progression free in the study arm in the experimental
arm as compared to 21 percent. If you just remember the earlier graph shown by the 74 percent and 25
percent were the, was were on the Osema-Tenep and placebo in that study. As investigated by the
the PFS by the investigators 75 percent versus 24 percent at one year. And again the PFS was
30.4 and 3.8 months. As a ratio of 0.15.02. The forest plot shows that irrespective of the
subgroup Amulur-Tenep did better, whether it will be stage 3A or stage 3B, whether

it is EJFRL85A
or EXHON19, age group smoker, non-smoker, everywhere Amulur-Tenep is done better. Tumor responses as expected, yes the drug, the patients on the study arm did better.
Ose and new legions, this is too early to say anything because the median PFS, median
follow-up for Ose was just 16 months. So, to say that the, we have an Ose benefit as of now with
the drug is too early to say anything like that. And about new legions also, they have given a
graph but that is also very few numbers to be spoken about. The safety, this drug is equally
safe as is Osema-Tenep, just a few slightly increased risk of radiation, pneumonitis as compared to
those with placebo. But all of these, or most of these were, all of these were grade 1 or 2 manageable
and doable. So, to conclude, yes we have an alternative to Amulur-Tenep, we have an alternative to Osema-Tenep, that is Amulur-Tenep if it ever comes to India. Thank you.