Thank you organizers for giving me this opportunity.
So my topic is Pembrozema plus chemotherapy for metastatic analysis with programs held
at ligand 1, tumor proportions course less than 1 percent.
This is a pooled analysis of outcome after 5 years of follow up and this is a pooled analysis
of the outcome.
So we will study this.
Pembrozema has been a combination of chemotherapy and was found to have significant improvement
in the PFS and OS compared to the plasma wave.
When it is given to the patients which are previously untreated metastatic and SLC without
each of our analysis alterations, irrespective of the program's death ligand and tumor
proportion course less than 1 percent.
This has been studied in the keynote 1, 8, 9 and keynote 1, 407 studies where the population
or subset of these kinds of patients were minimal and it has become, this Pembrozema
has become the standard of care.
So if we are going to look at the real world studies which have revealed that up to 48
percent of the patients would have been on TFS expression less than 1 percent and some
of the countries like Europe so it has seen in the real world analysis that so up to
60 percent of the patients were not able to have Pembrozema have been a combination
of the chemotherapy and this substantial population of the patients should only chemotherapy
alone in spite of having good data.
To study this study have been connected to see a long-term outcome with the Pembrozema
and chemotherapy in the patients with the period of less than 1 percent and patients
were taken from keynote 1, 8, 9 and keynote 4, 0, 7 trials.
So for doing this pooled analysis, so out of these trials 3,000, 15 patients, so from
keynote 1, 8, 9 and keynote 4, 0, 7, 4, hundred 42 patients were chosen and that is approximately
33.6 percent with the period of less than 1 percent.
Pembrozema plus chemotherapy group 255 patients were allocated and versus placebo plus chemotherapy
187 patients were allocated.
So while making cut off of this study, so there was one patient in Pembrozema group that
was going on the treatment and rest were completed treatment.
So if you look at the best-line characteristics of the patients, so they were well balanced
in Pembrozema group, they were a higher number of the non-scrammaspation seen.
Looking at the smoking status, it was almost similar and lower metastatic status was more
in the placebo plus chemotherapy group.
So this is actually a study design of keynote 1, 8, 9 global and a Japan extensions were
previously untreated patients of stage 4 non-scrammaspinist CLC with no age of oral calculations
where given Pembrozema up to 100 milligram every 3 weekly plus Pembrotaxate plus platinum

versus placebo plus Pembrotaxate plus platinum.
So random machine was done in 2x2, 1 and another study that is keynote 407 global and China
extension their previously untreated patient with stage 4 squamous in a CLC.
So they were treated with the Pembrozema 200 milligram plus carboplatin and paklidaxil
or napaklidaxil.
Versace, placebo plus carboplatin and paklidaxil or napaklidaxil.
Basically in these studies they had included a squamous patients and for keynote 1, 8,
9 they included adenocasoma patients.
So with these 2 studies when this pool analysis was done, so their aim is to get PFS, OS and
PFS to benefit.
So coming to the results, so if we are looking at this Kaplan-Merkarov overall survival,
so we can see that median overall survival is 18.3 months in the Pembrozema plus chemo
group versus 11.4 months in placebo plus chemo group.
So the curve was initially started separating but later on this placebo curve there is
plateau.
So plateau is because of the cross over, cross over was allowed in this trial and because
of this the more number of the patients were survived.
So in Pembrozema group itself, so up to 25 patients they had completed 35 cycles of the Pembrozema map.
That's why so by the year means 30 years, so half of the 25% of, 20 patients were surviving
and this is the median survival which we are now getting with this combination.
So if you look at the forest plot of overall survival Pembrozema versus placebo, here also
we can see across all subgroup maybe it be histology, smoking status, lower metastasis
and brain metastasis.
So these are all favoring towards Pembrozema plus chemo therapy.
So this is Kaplan-Merkarov PFS, so here also you can see that median progression free
survival is 6.5 months versus 5.5 for the placebo.
Here also similar kind of thing has happened, so because of the cross over so plateau has
happened in the placebo curve.
So this is forest plot curve of the PFS, here also we can see irrespective of the subgroup
which is favoring Pembrozema plus chemo therapy versus placebo plus chemo therapy.
So this is PFS2, this means from randomization to second treatment line.
So where patient can get death or progressive disease, so here also we can see the mediation
progression free survival at 2, it is 14.4 month in the Pembrozema plus chemo group versus
9.2 month in placebo plus chemo therapy group.
So since there was cross over in this trial, more than 60 percent, no, it is 7.2 to percent
patients, 7.2 to patients were cross over to the placebo from Pembrozema.
So here also we can get the placebo.
So looking at this situation, so we have got good response in the populations where Pembrozema
expression is less than 1 percent.
So overall response was 50 percent with the Pembrozema plus chemo therapy group

versus
33.2 percent with the placebo group and median duration of response that is 7.6 versus 5.5.
So looking at the safety, so grade 3, grade 5 side effects leading to discontinuation
and leading to death were more commonly seen in the Pembrozema group.
So 12 point, so I can say most of the patients got dead because of the pneumonitis because
of the Pembrozema.
So in conclusion, looking at the results in this trial, Pembrozema supports Pembrozema
plus chemo therapy is become a standard of care as a first-length therapy for metastatic
and SLC with Pembrozema expression less than 1 percent and Pembrozema plus chemo therapy
had a manageable safety profile approximately 5 years of follow-up in this pooled analysis.
Pembrozema plus chemo therapy provided a meaningful durable improvement in OSPFAs, overall response
rate and PFS2 compared to the chemo therapy alone in the patient with a previously untreated
metastatic and SLC with Pembrozema TPS less than 1 percent without EJFR alterations which are enrolled from the keynote 189 and 407.
Thank you.
Thank you, Dr. Vijay.
So this was another important abstract which highlighted the importance of human therapy
even in Pembrozema negative subgroup.
We always discuss Pembrozema is an imperfect biomarker.
So what additional testing can be done, anybody?
Additional testing which might change the future, it is not presently the standard of
care.
TMB, okay, yes, that is.
Anything?
My ish, your thesis?
Microbiome testing.
So, microbiome seems to be very important predictor of the response.
We will have two abstracts on microbiome.
So we have designed the abstract in such a way actually that we discuss about the things.
Thank you, Dr. Vijay.