Thank you organizers for giving me this opportunity. So what Dr. Kil was discussing about the PD 11 is this in perfect marker
We need something more at the same time is only immunotherapy one is enough how to increase the
Effectiveness of the immunotherapy and WCLC the first abstract presented by dr. Adwaid was showing the Ivan is a mob
And so now this is a new drug a relax lima
Also, this was used and approved in melanoma in the past. This is in the lung cancer
nebuloma plus
Relat lima with platinum doublet chemotherapy versus nebuloma plus platinum doublet chemotherapy as a first line treatment for stage four or
recurrent NCLC result from randomized phase two trial and this is a
Nicholas gird where there are a few Indian names you can see and
from the US
So this is a background. What is the real art lima? This is a Rayla. I will call it as a Rayla
It's a human LA g3 blocking antibodies imposite
antigen gene
Imposite activating gene 3 blocking antibody that is restores the vector T cell function
So here we can see at the site the mechanism of action where it is
shown that activated CD4 and T cells and CD8 cells having the receptors where
Realize blocking lg3 and the voice blocking PD1 and that's why it is giving combination as a result
So this is a first randomized phase two study to evaluate
Lg3 blocking antibody containing regime as a first line treatment in metastatic and a CLC as a part one
Which was a safety analysis was the safety was demonstrated and this is a part two where the effectiveness?
Was demonstrated here? So this is eligibility criteria first line stage four recurrent
No prior systemic therapy no ejfar Ross, Alk
ECO GPS 01 tumor and they are certified on the basis of PD 11 that is more than 1% less than 1%
histology non-scammer squamous and
2 3 3 109 which is a significant number of patients were enrolled in it and they were 360 milligram and
Rayla as a 360 milligram although it was a little lower dose in melanoma trial, which was approved
Which is combined with platinum doublet chemotherapy four cycles which is compared with the nebulumab with platinum doublet chemotherapy
So the primary endpoint was overall response rate and the secondary was PFS and safety
So here part two we can see neveau rela versus nevo
They both are quite comparable. So
Now this is a safety summary safety summary you can see the all type of adverse events here
Which are also quite comparable there are a few comments on it serious adverse event
You can see grade three and grade four where 33 which is 21% in
neveau rela compared to 32 in 22% in nevo
And that leads to there are a few points they have mentioned but only when you see neroponic adverse events
That more than great treatment related neroponic adverse events occur in 6% neveau rela as compared to 14% in nevo
And that leading to death is
Neutroponic sepsis in favor of neutropenia and pneumonia at least and nevena with the causes and

So most common adverse event here this mention as
Anemia, nausea, notropenia thrombocytopenia and figure and funny
So here the randomized so all randomized patient. This is all patient comparison and this nevo rela versus nevo
6.7 versus 6
Not the gap is not that big and the HR is 0.88 and the difference in the response rate is 51%
0.3 versus
43.7
But when they analyze in the subgroup population then they can see they see so although that PDL1 more than 1%
We were discussing about whether it is a correct marker or not
But this is here what they have seen is more than or equal to 1% PDL1 the nevo rela is 9.8
Midian PFS versus 6.1 as a nevo
And which is the forest plot such as that it is a significant HR is 0.63 and overall response rate 52.2 53.2 versus 40.8
So when you compare the non-squammas versus squammas 8.3 versus 6 is Midian PFS
Although this HR is just 0.686 and 47.7 nevo rela versus
38.5 overall response rate in a nevo arm
So here is the subset which is a PDL1 expression more than 1% and non-squammas PFS and overall response rate
Here we can see Midian PFS in nevo rela is 11.6 versus nevo arm is 6.9 with HR 0.55
Which is quite significant and the difference of overall response rate is 58% versus 39.6%
So specifically PDL1 more than or equal to 1% and non-squammas data the significant difference is seen
We divide it into 1 to 49% and more than 50% as a as per the PDL1 expression and non-squammas
The nevo rela arm is 9.8 versus nevo is 5.6 HR is very significant 0.45 and
We can clearly see the separation of course and the difference in overall response rate is 60.7 versus 30%
And which is significant so specifically this subset PDL1 expression 1 to 49% and non-squammas the highest benefit was found
When the PDL1 expression is more than or equal to 50% it is the difference of Midian PFS is 13.8 versus 7.1 HR is 0.6 significant
difference 54.5 versus 46.4, but it's significant but as compared to the subset that we have mentioned it is a little less
The summary of this is nevo mop plus
relaat lemob
3060 milligram in metastatic NSCLC this relativity 104 is the first proof of concept
Randomized phase 2 study in the metastatic NSCLC that demonstrated improved clinical benefit from addition of
LAG3 inhibition to NTPD1 plus chemotherapy in PDL1 more than or equal to certified and
Prespecified patients of brook which was further enriched with the non-squammas histology the safety profile with nevo
rela
plus chemotherapy was consistent with the known profile of individual component of combination and which showed no increase in
Adversi vent versus nevo arm the relativity
1093 that is coming up. It's open level randomized phase 3 study evaluating nevo rela
plus chemo standard care of standard of care
Just compared with the standard of care pembrolyzoma plus chemo as a first line treatment for a patient with metastatic NSCLC having PDL1 expression
1 to 49 percent and non-squammas histology
Additional phase 3 study for patient with metastatic NSCLC having PDL1 more than 50

percent and non-squammas
histology is currently under development. Thank you