Next speaker is Dr. Tanmeh Kumar Mandul from Kolkata and he will be talking to us about
Flora 2, Resistance and Impact of Baseline TP53 mutation in patients treated with first
line Osimatinev with or without chemotherapy.
Dr. Tanmeh.
So, good morning everyone and so I will be discussing on the resistance and the impact
of baseline TP53 alterations in patients treated with first line Osimatinev with or without the platinum doublet chemotherapy.
So, this was the study design of the Flora 2 as we all know that the key inclusion criteria
of which it was X1-19 and elite 5-8 mutated patients with stable CNS metastasis were
allowed.
One arm was Osimatinev plus chemotherapy followed by Osimatinev plus pematrixate maintenance
and the opposite or control arm was the Osimatinev alone arm.
So, here the as we are we will be discussing on the TP53 mutation.
So, baseline paired samples were collected baseline samples of plasma samples were collected
on cycle 1 day 1 and tissue was collected at the time of the screening and plasma samples
were collected longitudinally during the study period and at the end of the study when the
patient progresses.
So, these samples were analyzed by NGS mostly by either guarded or tissue foundation medicine.
So, exploratory endpoint as an exploratory endpoint the updated analysis for acquired
mutations of resistance and novel analysis of innate mutation mechanisms of resistance
including the including the impact of baseline P53 was studied in this.
So, these were the baseline characteristics and outcomes which were broadly similar for
the plasma analysis set and the full analysis set.
So, in total around 167 paired samples were included in this analysis and what we say
that irrespective of this SX the median age was around 61 at the race it was divided
stratified into Asian and the non-Asian population.
The EGF are mutation at randomization whether it is an X-1-19 or 8-8 the CNS metastasis
at baseline.
So, all were well matched in both the arms in the combination arm and in the Osimatinev
alone arm in both the full analysis set and the plasma analysis set.
So, this was the acquired resistance mutations in mechanisms in patients in plasma which were
broadly similar between the treatment arm.
The most common mutation which was acquired mutation which was seen was the C797S mutation
which in patient it was an acquired mutations otherwise the acquired resistance mutations
were broadly similar in both the arms.
So, no novel resistance mutations were detected in the plasma with the addition of chemotherapy
to Osimatinev because the study was done in the both the arms.
So, what we saw that there was no additional novel resistance mechanisms which are

detected
in this.
So, fever patients had more than one preexisting acquired resistance alterations with the addition
of chemotherapy to Osimatinev around 40 percent compared with Osimatine monotherapy which
was around 46 percent.
So, the baseline tissue characteristics and the outcomes were broadly similar for the
tissue analysis set and the full analysis set.
So, as T53 are one of the most common most frequent chip mutations which confounds the
plasma analysis.
So, the tissue analysis analysis was conducted to differentiate between whether it is a chip
or whether it is a tumor specific T53 mutations.
So, in a total of 141 tissue samples were included in this analysis and it was also the baseline
characteristics were also well matched in both the sites.
So, the PFS benefit of Osimatine plus chemotherapy versus the Ocimatine valve arm appeared to
be similar irrespective of the baseline T53 status.
In the T53 wild type at baseline the median PFS was not reached in both the arms whereas,
in the T53 mutated at baseline the Ocimatine plus chemotherapy had a median PFS of 27.6
months whereas, the Ocimatine monotherapy also had a median PFS of 27.6 months.
So, it was not not dissimilar.
So, the conclusions are in this updated plasma analysis in the in this updated plasma analysis
acquired resistance mutation mechanisms remain generally similar between the treatment arms.
Fewer patients had detected acquired genomic alterations with Ocimatine plus chemotherapy
versus Ocimatine monotherapy and no new acquired resistance mechanisms were observed.
The preliminary baseline tissue analysis suggest that the T53 alterations appeared to be a
prognostic factor for PFS across both the treatment groups.
The PFS benefit of Ocimatine plus chemotherapy versus Ocimatine monotherapy appeared to be
similar irrespective of the P53 alterations.
An additional analysis of poor prognostic factors including the baseline genomic alterations
are ongoing, plasma sampling in the FLORA 2 will continue until the mature overall survival results are available.
So, T53 alterations may be a prognostic factor for PFS benefit with Ocimatine plus platinum
and paminates at chemotherapy over Ocimatine monotherapy.
So, with this I end the talk.
Thank you.
Thank you, Dr. Tanmay.