The next presenter is Rautra Anuraj Prohith from Jodpur
and she'll be speaking to us on IONSC map
in combination with chemo in patients with EGFR mutated NCLC
who progressed on EGFR TKI.
Thank you.
The Harmony A study.
Over to you.
Thank you, sir.
Good morning, everyone.
I'll be talking on the molecule IONSC map combined with chemo therapy in patient with
EGFR mutant, non-squambers, non-small cell lung cancer who progressed on EGFR TKI.
So this study was done in China and got approval there.
So we all know that in EGFR mutant NCLC patient, the upfront treatment with tyrosine kinase
inhibitors is standard.
However, the drug resistance remains a challenge and now we are looking for the new effective
therapy and the answer we got by this molecule.
So what is IONSC map?
It's an NTPD1 and the Weijev bi-specific antibody displaying cooperative-binding characteristics.
So already phase two clinical studies have shown the benefit in this group and this study
which is phase three aim to evaluate and confirm the efficacy and safety of IVO combined
with chemo therapy compared to chemo therapy alone in this population.
So this is Harmony A study design.
They included non-squambers, cell, NSCLC, advanced stage three which were ineligible
for the surgery or the local therapy and the stage four EGFR sensitive mutation, ECOPPS
021, regardless of PDL1 expression.
So they divided into two IONSC map plus chemo therapy which was pemitrexia carboplatin and
the second was placebo in combination with pemitrexin and the carboplatin.
So treatment was given until the intolerable toxicity, no clinical benefit up to 24 months.
Primary endpoint was progression free survival, second is the survival response duration of
response and time to response and safety.
So 320 patients were included.
All data except OS are based on the clinical data cut off of March 2023 at which point
the median fall up duration was 7.8 months.
So this is a study design.
501 patients were assessed for the eligibility out of which 322 patients got enrolled, 161
in each arm.
So these are the baseline characteristics.
So the median age was 60 years.
30% of the patients were more than 65 years.
Half were male, almost half were female.
Almost 85% of patients had ECOP1.
If we talk about the smoking status, 30% were the current or the former smokers and 70%
were the non-smoker.
In 20% of the patient had brain metastasis.
If we look at the EGFR mutation type, so almost 57% patient has exone 19 followed

by the EGFR
exone L858 are in 37%.
And the T790 mutation status was in 16%.
And if we look at the previous EGFR TK treatment in 60% of the patients received first or second
generation TK followed by the third generation TKI.
So these are the PFs result.
We can see at the 6 months 55% versus 33% at 9 months 37% versus 18 months with hazard
ratio of 0.46.
Coming to the subgroup analysis of PFS, we can see all the subgroup got benefited.
Here one point is noticeable, which is T790 mutation status.
Those who were positive got better results, those compared to those who were negative.
Coming to the PFS based on the 19 deletion or L858 are we can see both the group got
benefit with the hazard ratio 0.48 in 19 arm and 0.43 in the L858 arm.
So this is the PFS by the presence of brain metastasis.
Even the patient who had brain metastasis, those also got benefit.
So this is the overall response rate.
50% in the IBO arm compared to the placebo, which was only 35%.
The median duration of the response was 6.6 month in the IBO arm and compared to the 4.2
in the placebo.
So this is the overall survival at 30% of data maturity with the hazard ratio 0.72.
We can see at the 6 months the results are almost equal, but as time goes the curve separates
at the 9 month it is 77 versus 70%.
Similarly at 52% of data maturity, the hazard ratio is 0.8.
We can see the gap are getting separated.
At 12 month it is 65% versus 59.8%.
Coming to the safety profile we can see the almost all patients showed some form of toxicity.
If we look at the grade 3 it is 54% in the IBO arm compared to the 42 which is placebo.
Serious event happened in 28% of the patient in IBO and SMB plus chemotherapy arm.
But no death happened in any of the group.
So these are the most common side effects.
So most were the cytopenias, whether it is decrease in the W basic counts or hemoglobin
or neutrophil followed by the increase in the liver enzymes followed by the GI symptoms
like vomiting, decreased appetite constipation.
If you look at the immune related adverse event in this arm, so it happened in almost
one fourth of the patient, but grades 3 happened only in 6%.
And the most common were the abnormality in endocrine system which is thyroid followed
by the pneumonitis, dermatitis which we expect with the immunotherapy.
So this is the adverse event of spatial interest.
Some patients showed some form of hemorrhage but they were not serious.
So coming to the conclusion, so IBO and SMB plus chemotherapy significantly improved
PFS in patients who progressed on prior EGFR TKIs with hazard ratio 0.6 and all the subgroup
showed the benefit and the CFD profile is manageable without any unexpected adverse event.
This study is now being expanded globally.
So we are waiting for the result in another part of the world.

Thank you.
Thank you very much.
Anun, nice presentation.