Good evening. We will be discussing on crystal 12. It is a phase 3 trial of adiacrassip versus
dose-doxelin-trivastated KRS G12C mutator and SCLC. So, we know that KRSG-Scellator approval in the US and conditional approval in UK and Europe for locally advanced and
metastatic KRSG-C with KRSG-C mutation. So, the approval for based on phase 2 crystal
trial that found a deep durable responses with promising PFS and OS were seen in previous
rotated advanced KRS mutator and SCLC. So, adiacrassip is currently the category 2A recommendation for advanced KRSG-C mutator and SCLC with brain mats. So, this was the
trial in which E-COC PS0 and 1 were previously treated immunotherapy or pattern based chemotherapies
were received and they were randomized into 2 arms. One is adiacrassip 600 milligram
twice daily, another arm was dose-doxel 75 milligram per meter square every 3 week. So, the primary endpoint was PFS by BISCR and overall response rate by BIS here was secondary endpoint. So, the median characteristics were well matched in both the arms.
When we see that more than 65 years of age, that were also nearly 50 percent E-COC 0 and 1,
they are more or less E-COC 1 patient were more. The metastatic patients were 94, 95 percent,
only 5 to 6 percent patients were locally advanced. adiacrassip is a predominant histomethology based on the brain mats nearly 70 to 18 percent patients had baseline brain
mats. So, the PFS was in adiacrassip was 5.5 versus 3.8 in the dose-doxel with the hazards ratio
of 0.58 and 6 months PFS was 45 versus 30. So, when we talk about the PFS in all the subgroups,
Asian population, gender wise, smokers, non-smokers, we can see that the adiacrassip was better than
the dose-doxel. When we talk about the duration of response, it was 8.3 versus 5.4 months in adiacrassip
versus the dose-doxel. When we talk about the intra-crenidar response by a blended, inter-precedented central review, we can see that inter-crenidal overall response rate was
much better for adiacrassip versus the dose-doxel 24 versus 11.
So, we talk about safety. Usually, it was well tolerated. I mean, the grade 3 adverse effect
events were nearly 47 in adiacrassip and 46 in the dose-doxel. The predominant side effects were
diarrhea, vomiting, nausea and a raised transombinaries, which were commonly seen in this.
So, the conclusion is that the crystal 12 trial demonstrated longer PFS with adiacrassip than
with dose-doxel in patients with previously treated KRS, G12C, mutated NSLC. The number is 5.5 versus
3.8 months with a hazard ratio of 0.58. Overall response rates were significantly higher with
adiacrassip than with dose-doxel, 32 versus 9 percent. And it was active in patients with CNS
meds at baseline. Inter-crenidal overall response rate was 27 versus
adiacrassip, 11 percent of dose-doxel. And investigators conclude that adiacrassip is an
effective treatment option for patients with NSLC and KRS G12C mutation, who are progressed on
chemotherapy and immunotherapy. Thank you so much.