As to Lorala Ghatin one second time I am presenting Lorala.
So this is a phase two study of Lorala to advance Roushva positive known as small cell
lung cancer, pre-treated with Chryzotenim and platinum base chemotherapy.
That means the third line.
I am not Y Lohng Wu, I am Dr. Tharachung Gupta but this was presented by Y Lohng Wu.
They are usually the early generation Roushva tyrosine kinase inhibitors approved for the
Roushva positive known as small cell lung cancer exhibit anti-tumor activity but they
are having suboptimal intra-cranial activity and resistance developed ultimately.
So Lorala Ghatin was introduced and to check the efficacy in the phase one and phase two
study that was showing that Lorala Ghatin is quite effective in this cohort.
So this trial was done that is a single arm study only with a phase two local advance
or metastatic Roushva positive known as small cell lung cancer over progressed on the prior
Roushva inhibitor and platinum base developed chemotherapy.
The Lorala ghatin was given in 100 V M O D till progression.
The primary endpoint was the overall response rate and secondary endpoints were overall
survival progression free trial and so on.
These were the demographics 55 year was the median age of this cohort and patients were
more predominantly 94% patients were adenocarcinoma and stage four we was 65.7% and most of the
patients were stage four around 97%.
CNS metastasis was present in around 63% of the patients.
Most of the patients were on third line that is after the two lines of treatment 67%
and in fourth line 24.3% and after beyond that it was 8.6%.
Most of the patients were non-smoker around two third patients and disease progression
on prior region of 68.6 and two over tolerance 31.4.
Roushva fusion partners were most common was the CD 74 around 34% SLC 34A2 SDC4 other
and unknown.
So, why are we enumerating these partners by one by one we will see in later slides.
This is the efficacy overall response rate by independent central review that was around
partial response around 44.6% and stable disease in 38.5% of the patients.
The subgroup analysis all the patients are showing very good response.
We got either irrespective of stage and performance status and lines.
You can see that I just highlighted slide before.
According to the Roushva fusion partner the poorest response was observed with the CD 74
that is around 33.3%.
The maximum response was the with the partner gene of SDC4 around 77.8% patients, 77.8%
was the response rate and so the most of the patients were CD 74 but over responder.
Duration of response median duration not reached with the and progression free survival was
around 17.9 month patient and of the 29 participants confirmed response the median
time to tumor response assessed why ICR was 1.4 month and median was not reached at a

median follow-up of 9.4 month.
12 month OS rate was 73.2%.
It is quite a graph.
It is like if you have ever seen before that was neoplast OMCT graph the response rate
of 6 month 9 month.
Columbia you must aware now yes you have made just now.
Off EKC intracranial response that a complete response was 21.6% and partial response 21.6%
median ones were 13.8 month.
Safety analysis that was as per the Lorelatinib profile now new signals were observed.
In this phase 2 trial Lorelatinib showed robust and durable response and locally advanced
or metastatic.
Ross 1 positive non-small cell lung cancer participants who received prior crijotenib
and platinum based chemotherapy.
Lorelatinib also exuded notable intra-acranial activity and demonstrated a manageable safety
profile.
Lorelatinib is a safe and effective treatment option for Ross 1 positive no NSCLC patients
after crijotenib and platinum based chemotherapy till now if any trial comes further in the
first line.
Thank you.