ṭhaggurinig abiriban,
so as we will discuss in writing a
MET protein over expression in
non-small cell lung cancer.
So, coming to the methalteration
in non-small cell,
so basically it is divided in four groups.
MET exon 14 skipping mutation,
MET amplification,
MET protein over expression
and MET fusion.
So, what are the clinical significance
of each of this?
So, MET exon 14 skipping can be seen
up front in treatment nevi patients
as well as as a resistant pathway.
After EGFR and LTK exposure in respect to patients
and we have whatever the available TKI,
like cap-mountain event depotin,
these are most effective in this subgroup of the patients.
Then next is the MET amplification.
Again MET amplification is commonly seen
as a resistant pathway after exposure to EGFR and LTK.
Rarely 1 to 5% of the cases of methalteration
present as a front MET amplification.
Again, these subgroups are generally considered
as a little resistant to the available MET TKI,
like cap-mountain event depotin,
though they can be effective,
but the magnetro benefit is significantly lower
as compared to the exon 14 skipping mutation.
Then next is the MET overexpression.
These are generally seen up front
and also can be seen as a resistant pathway
after exposure to different TKIs.
Overall the MET overexpression
till few years back,
there was no any effective therapy
and these are just considered
as a poor prognostic marker.
Last are the MET fusions which are very rare.
0.2.3% cases can be seen in non-small cell lung cancer,
but these are TKI sensitive group.
If these are positive,
definitely they can go ahead with the starting TKI as a front therapy.
So today's we will be discussing the MET overexpression
population in non-small,
non-scomers easy for wild type non-small cell lung cancer patients.
So these are results from luminosity
in Asian subgroup of the patients.
So basically,
TELISOV is antibody drug conjugate
where it has a payload in form of MMA, MMA,
MMA which is mono-methyl-ore-statin E,
which is a micro-table inhibited cytotoxic agent.
So approximately 25% of the patients
which are non-scomers easy for wild type NACLC express this
MET protein by ISC.
And the significance is that these are considered as a

poor prognostic group lead to deterioration of the overall survival
in globally including Asian race.
In the in the luminosity trial,
which is the phase 2 trial,
two stage,
in the stage 1 they identified the optimal subgroup for C protein
overexpressing non-small cell population to treat with TELISOV
and the stage 2 which is expansion group,
they studied the efficacy and safety population.
So overall, this is the study design where you can see that
they included patients who are more than 18 years
who had advanced metastatic NACLC
and they had C MET protein overexpression.
This C MET protein overexpression was defined as a high or intermediate.
So any NACLC patients who are having more than 25% expression
of MET protein by ISC and having a 3 plus staining
will be considered as a MET overexpressure.
And out of those who are having more than 50% of ISC staining
will be considered as a high and between 25 to 49% will be considered
as an intermediate expression.
And these patients included those who had received at least two lines of
or less than two lines of therapies.
So in the stage 1 they included different subgroup,
a non-scomers EGF or wild type,
non-scomers EGF are mutated
and scomas.
So in this they found non-scomers EGF are mutated and scomas
was not eligible for further testing only in the phase 2.
They continued with the non-scomers EGF are wild type.
The primary endpoint of the study was over a response rate
and the secondary.
This is controlled at duration of response, PFS and OS.
So this is the demographic of overall population
where almost 70% were male population,
around 30% were Asian population
and in 20% population had upfront brain mates
made over expression in high and intermediate
were approximately 50-50% and almost treatment details you can see
that almost 97.5% of population received platinum-based therapy
and around 80% population has received immunotherapy drug.
So coming to the first overall response rate.
So overall there was around 28.6% patient has shown response
in this population which is around third line or second line
and between these two divide,
see met high expression has shown 34.6% response
and intermediate group has shown 20 to 9% response
and these responses were durable in the range of 8 months
and at more than 6 months those who has response
had a durable response in the range of 56%.
Again those who had high expression had a higher rate of
durable response 63% and coming to the side effects
were very far in edema, sensory neuropathy, fatigue and
in some cases ILD.
So coming to the out of these the Asian subgroups
so out of these 150 patients and 160 patients
there was 57 patients who were Asian
and out of these only efficacy was available in 48 patients
again in these 48 patients, around 40-15% cases
has brain mates and treatment details again you can see

that almost major group the patient has received platinum based or immun check inhibitor therapy.
So this is the patient disposition almost treatment median duration of treatment was 4.7 months.
Those patients who discontinued drug
almost 50% patient had progression
plus two patients has clinical progression
and two patients had three patients had withdrawn the consent and among the patients who discontinued study almost half of the population was died.
So this is again response rate in Asian population
almost similar to the global population with 35%
and those who are having higher expression had 46.2% response rate.
This is the PFS almost it was in third line around 5.5 month was the PFS and the overall survival was in the range of 17 to 18 months.
And those who had a higher expression had a longer overall survival would be 25 to 4%.
Again the toxicity was similar across the globe
in Asian population with the most common side effects were peripheral neuropathy, pneumonia and fatigue.
So conclusion so treatment with TELISOV has shown similar outcome in Asian subgroup and the side effect profile was manageable and similar to global population
and for this further the pastry study is going on
where they compare TELISOV with the dosi taxel.
Thank you.