Good evening everyone.
This is the updated safety analysis of BRAF and McInibita, Encorefineb and Bini Materneb
in patients of lung cancers who are BRAF B600 and this is updated safety analysis after
the primary analysis after which the drug has been approved.
This is a far-stoose phase 2 study where patients of BRAF B600 and mutant lung cancer
in both the lines.
In treatment name as well as previously treated patients were given and McInib and Bini Materneb
at a dose of 450 mg OD and 45 mg BD and given till progression or toxicity.
And this is the updated safety analysis.
The primary cut-off was done in July 1923 and now the data cut-off was in July 1923
and the previous primary end point was in September 2022.
After like September 2022 until July 23 almost in treatment name patients 42% patients were
ongoing in 2022 while in 23 almost 32% patients the treatment was ongoing in treatment name
patients and similarly 21% patients in previously treated cohort the treatment was ongoing in
2022 and now the treatment was ongoing in 10% of the patient in previously untreated.
So this is a safety analysis at 23.
The treatment related adverse event in overall population and at data cut-off which was
in July 23 it was the most common being nausea and diarrhea it was 52% and 44% respectively
which is not increased from last 10 months.
The primary cut-off at 50% and 43% the other side effects like fatigue, vomiting andemia
they were almost similar which was seen in previous 10 months and majority of the side
effects were grade 1 only, grade 1 and 2 only.
And now dividing the patients at this current cut-off in treatment name versus previously
treated one and the patients who were treatment name had more nausea almost 60% patient had
nausea while in previously treated one only 40% patients had nausea and diarrhea almost
similar 41 versus 49% fatigue being 30% so the majority were grade 1 and grade 2 only
few were grade 3 and 4.
Similarly in the patients who were previously treated like 39 patients were previously
treated in the data who received prior immunotherapy versus those who did not receive any immunotherapy
the patient who received prior immunotherapy had significantly more fatigue and nausea
and vomiting compared to patients who did not receive any prior immunotherapy before starting
be refinibitone.
However diarrhea was similar so the treatment related adverse event leading to those modifications
and in the overall population almost 44% patient required those interruption and in
previous cut-off in September 22, oh 22, violent current and in the current data analysis of
July 23 48% patient required rose interruption which is almost similar like those interruption

dose reduction almost 25% patient required which is not increased at current data cut-off.
So this is a very relevant dose continuation for seeing 15% patients and at present data
cut-off it is almost seen in 16% patients so concluding and this updated safety analysis
of anocoraphone plus binematin after 10 additional months of fall-off short similar treatment
related adverse events with no new safety signals in treatment neighbors as previously treated
patients when comparing patients with previously treated with or without immunotherapy there
are some differences in adverse event profile but the small numbers in the post-shock analysis
limits interpretation of the results.
The safety profile remains manageable and generally consistent with that seen with the earlier analysis and that established be rough of V600E mutant patients of metastatic
melanoma using the same dosing regimen.
I think this is the abstract which is presented in WCLC and what the thanks participants.
Thank you.