I will look as to the answer to be short and sweet.
So we have already discussed this in the last panel discussion but I will just revise
everywhere.
So this trial was presented at ESCO, it is published in NEGM and Oslo also a subgroup
analysis was published and was presented at ASMO.
So the standard of care for several decades was concurrent chemo radiotherapy and the
median overall survival was 25 to 30 months with 5 years survival of just 29% to 34%.
With specific trial we see that concurrent chemo radiotherapy dual volume app helps in
non-small cell lung cancer.
The same thing that we have seen that after dual volume app along with platinum itopocyte
helps in improving the OS of small cell lung cancer.
So this adiatic trial was done with the similar design as of specific trial where we have
given after chemo radiotherapy dual volume app.
So there was three arms, one was after chemo radiotherapy one was dual volume app, the
other was placebo and one was dual volume app plus trimel, trimel, trimel, the primary
end point was PFS and OS for dual volume app versus placebo.
The secondary end point was dual volume app plus trimel, trimel, the map versus placebo.
So these were the baseline characteristic we have already discussed in parent discussion,
70% of the male patient, 50% where PS0, most of the patient's face smoker and 87% based
these three cancer patient, carboplatin, itopocyte was received by 34% of the patient, previous
radiation, once daily schedule was given to 73 and twice daily to 96% of the patient.
Most of the patient has partial response, 72% of the patient and 11.7% patient have complete
response.
What we have seen in OS and PFS was 24 month OS was 68% versus 58%, 36 month OS was 56.5
versus 47.6.
In the PFS if you see there was much benefit 48.1 versus 36.1.
In subgroup analysis it has almost benefited all the subgroups we have detailed the discuss
that in our panel discussion and this was the subgroup analysis irrespective of the subgroup
whether they have received BID or QDRT, once daily RT there was benefit with the dual
volume app and even in those who have received carboplatin or cisplatin there was little
less benefit in those who have received cisplatin and I don't know why they have a lower PFS
as compared to the carboplatin app and same other thing was there in overall survival
also.
Same thing when those patients who have received PCI versus those who have not received PCI
there was benefit.
So they concluded in the subgroup analysis that irrespective of the group there is

there
is consistent benefit with dual volume app.
Now coming to the safety we have already discussed that radiation pneumonitis was seen
there in 40% of the patient in the dual volume app versus 30% in the placebo app and those
toxicity is leading to death was 2.7% versus 1.9% and immune related reactions was there
in 32.1 versus 10.2 out of this 5.3% were grade 3 grade 4.
So the most common side effect as expected from an immunotherapy drug is hypothyroidism
and rest of the side effects were nearly comparable between the two group.
The safety profile also you can see it was not much difference between the two apps it
was almost comparable irrespective of the subgroup.
So these were the conclusion of the investigator that statistically significantly meaningful
overall survival and PFS improvement was there 55.9 month versus 33.4 months and safety
profile was consistent.
Thank you very much.