Good morning everyone.
So I will be discussing this Chinese molecule anti-PDL1 drug with chemotherapy and subsequent
thoracic radiation also as a first-line treatment for extensive stage disease.
So there has been approvals in first-line setting in intensive stage disease with IM-Power 133
and Caspian trials.
IOP plus chemotherapy is the standard of care.
This drug is developed in China.
It is a humanized IgG4 monoclonal antibody against PDL1 and it was approved in phase
3 trial which included chemotherapy with adebralimab and similar to previous trials of Caspian
and IOP-Power it has shown to be of beneficial and overall survival.
There has been hypothesis in extensive stage disease that after giving chemotherapy if we
combine radiation to the thoracic radiation specifically then probably it may have certain
immunogenic effect and may improve overall survival and there has been previous studies
in pre-IO era.
So these are the results of those studies.
If we see this trial this was a phase 2 trial which included same design as of IM-Power
and Caspian initially 4 to 6 cycles of anti-PDL1 drug adebralimab along with chemotherapy.
Followed by those who have at least partial response they have included thoracic radiation
and adebralimab was continued for 2 years and primary and point was OS.
It was a phase 2 single center single arm trial.
So total 67 patients were enrolled into the trial and most of the patients 84% were male
and 66% population had current or former smoking status.
They allowed stable brain mats also into the study.
So the patients who had at least partial response are better they consequently received thoracic
radiation.
10% patient had disease progression during initial 4 cycles of chemotherapy and immunoso
so they were excluded later on.
So if we see the efficacy those who had response and could further receive thoracic radiation
median overall survival was 22.9 months.
So this is strikingly different from the previous trials of IO plus chemotherapy where median
OS was around 13 to 14 months.
And if we see the efficacy, efficacy obviously is the same.
Overall response rates are 71% and median duration of response was 8.2.
And safety wise there were concerns regarding risk of humanitis.
So it has been consistent with the previous reports and there were no further increase
in the risk of immunolated side effects especially if we combine immunotherapy with the radiation.
They have also included circulating tumor DNA and tumor mutation burden and other mutation
analysis.
So they have found that we have cleared tumor mutation CT DNA after 6 cycles of chemo
they have better overall survival and PFS as well as they have analyzed that those

who
have TP53 and RB1 co-mutations they have shorter OS.
Meanwhile those patients who have higher TMB burden they have longer OS.
So two conclude probably this trial has shown that those patients who had better responses
or at least partial responses after initial 426 cycles of chemo plus immuno if given
consequent thoracic radiation there may be a probability that OS may be increase in those
patients.
So this trial has showed around 2 years of OS which was unheard of in this setting.
And those patients who had CT DNA positive after 6 cycles or TP53 and RB1 co-imitation
they had poorer outcomes.
So two conclude they have written that or they have concluded that at a daily map the
schema therapy followed by sequential thoracic radiation may be a valuable potential new
treatment option for extensive stage disease especially for those who have low volume extra
thoracic disease and better responses after 426 cycles.
Thank you.