So thank you, Kille. So beat ST style, it is a randomized phase
T trial in which Atizoli zoom app is combined with BVUSO2 map versus
placebo in combination with Atizope and platinum based chemotherapy.
So it was done in extensive ST small cell lung cancer.
So the background is that we have the older trial,
IMBOR 150 trial in which Atizope was combined and we have a good results
in that trial, ABCP combination versus BCP combination.
So there was a median OS of 19.5 months as compared to 14.7 months with BCP.
So BVUSO2 map, we already know that it has a synergistic action with Atizoli zoom app.
So we have older trials also in which BVUSO2 map had was used in different type of malignancies
like non-small cell lung cancer, CRC, GBM.
Also the last trial was in the petosellular carcinoma,
atizope1 150 and we have a very good results with this synergistic combination.
So this combination is tried again in this study.
So the eligibility criteria is that the patients PS should be 0 to 1 and the disease should be measurable.
A should be more than 20 years and there should be no cases or DNO and there is no cond- one indication for BVUSO.
And so patients who received four cycles of three weekly BV plus ACEs or placebo plus ACEs,
it was randomized one ratio one and after that maintenance was continued every three weekly.
So primary endpoint was in investigate SS PFS and key secondary endpoint was PFS per
independent review and overall survival.
So this was the statistical analysis plan.
The target enrollment was 3.30 and so now this is the patient disposition.
Patient total number of patient was 3.33 and in intention to treat population.
So overall patient who received this drug is N equals to 166 and so on treatment patients are
N equals to 45 and survive fall-off is N equals to 30 and baseline these are baseline and treatment characteristic.
So they are all well balanced between both the arms.
Treatment cycle for each study drug.
So for median treatment cycle for BVUSO for ACEs was 7 and for carbovaradine was 4, sputin was 4 and toposide was 4.
For placebo plus ACE also the median number of cycle for ACEs, olezome was 6 and rest were 4.
This is the invested Gator Assist PFS which was our primary endpoint.
So after the median PFS was 5.7 versus 4.4 and the hazard ratio 0.70 which was significant.
12 month PFS was increased it is 20.4 in the experimental arm as compared to 11% in the placebo plus chemotherapy arm.
This is the forest drought so nothing great in this.
PFS per independent review that is a secondary endpoint the median PFS is 6 as per independent review
and within placebo plus ACE it was 4.4 and the hazard ratio is 0.67.
OS N, first interim analysis of OS so on first analysis the median OS we don't have any statistical significant difference in the median OS.
So it was 13 versus 16.6.
Now the second OS analysis was also done in S and it was presented in SMO 2024 also the OS is not significant till now.
Now we are waiting for the third OS analysis.
University Gator says overall response rate and duration of response so the overall response rate which is PR BACR is 81.9 versus 73.3.
Safety summary so both the arms are safe and they have similar side effects only the hypertension and proteinuria is more in

the lower PFS as compared to placebo plus ACE arm.
Subsequent anti-cancer therapies, patient received second line regimen in 40% versus 50% of the cases.
So in our conclusion the PFS is improved and the OS data is still immature we are waiting for the third interim analysis.
Thank you. Thank you. Thank you.