MLS Nashville: Bladder and Prostate Cancer Updates in 2024

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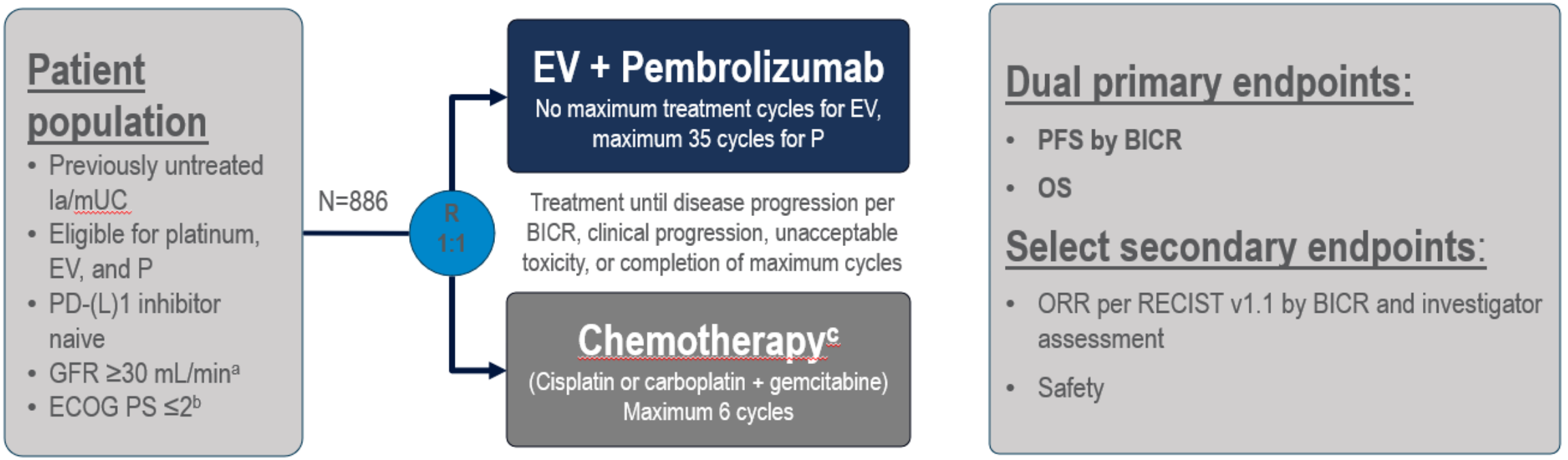
SCRI Sarah Cannon Research Institute

Metastatic Urothelial Carcinoma

EV-302: Enfortumab Vedotin + Pembrolizumab



Stratification factors: cisplatin eligibility (eligible/ineligible), PD-L1 expression (high/low), liver metastases (present/absent)

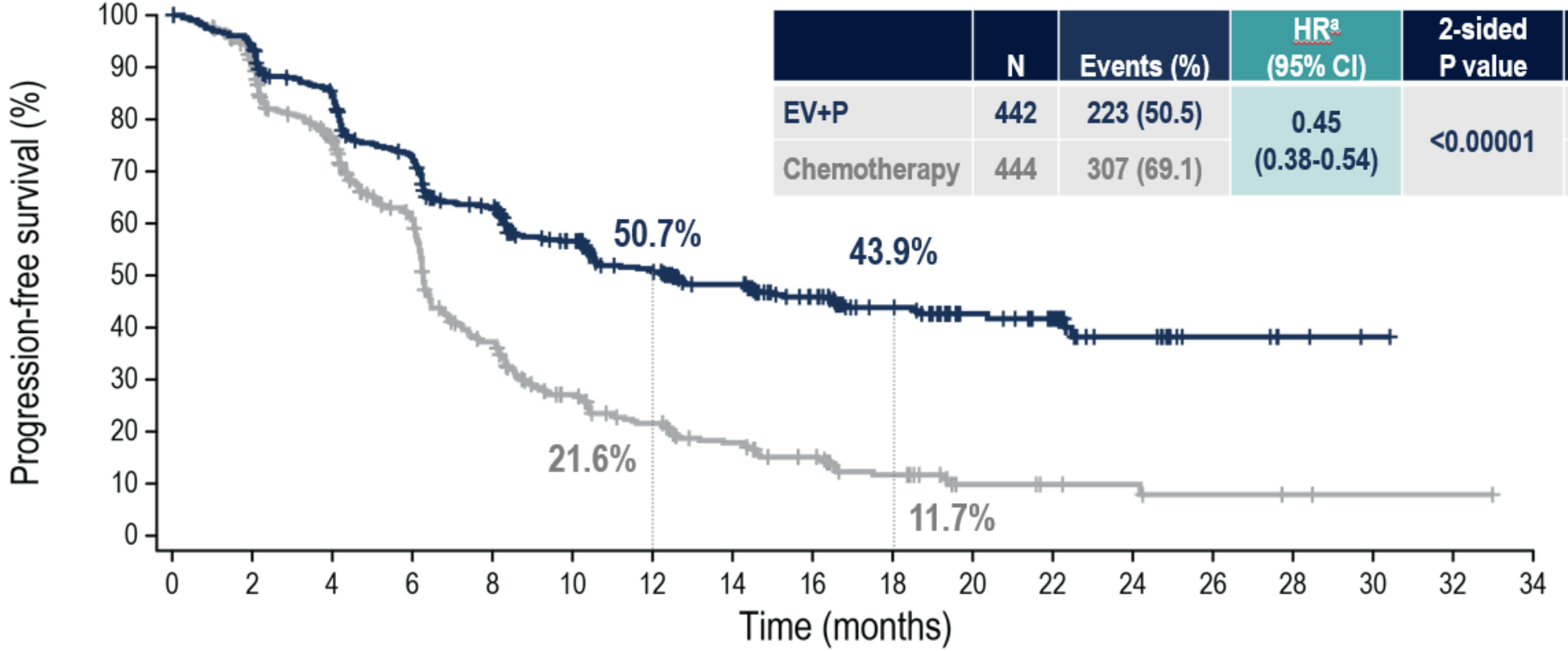
Cisplatin eligibility and assignment/dosing of cisplatin vs carboplatin were protocol-defined; patients received 3-week cycles of EV (1.25 mg/kg; IV) on Days 1 and 8 and P (200 mg; IV) on Day 1

Powles et al., ESMO 2023

EV-302: Progression-Free Survival per BICR

Risk of progression or death was reduced by 55% in patients who received EV+P

	N	Events (%)	HR[a] (95% CI)	2-sided P value	mPFS (95% CI), months
EV+P	442	223 (50.5)	0.45 (0.38-0.54)	<0.00001	12.5 (10.4-16.6)
Chemotherapy	444	307 (69.1)			6.3 (6.2-6.5)



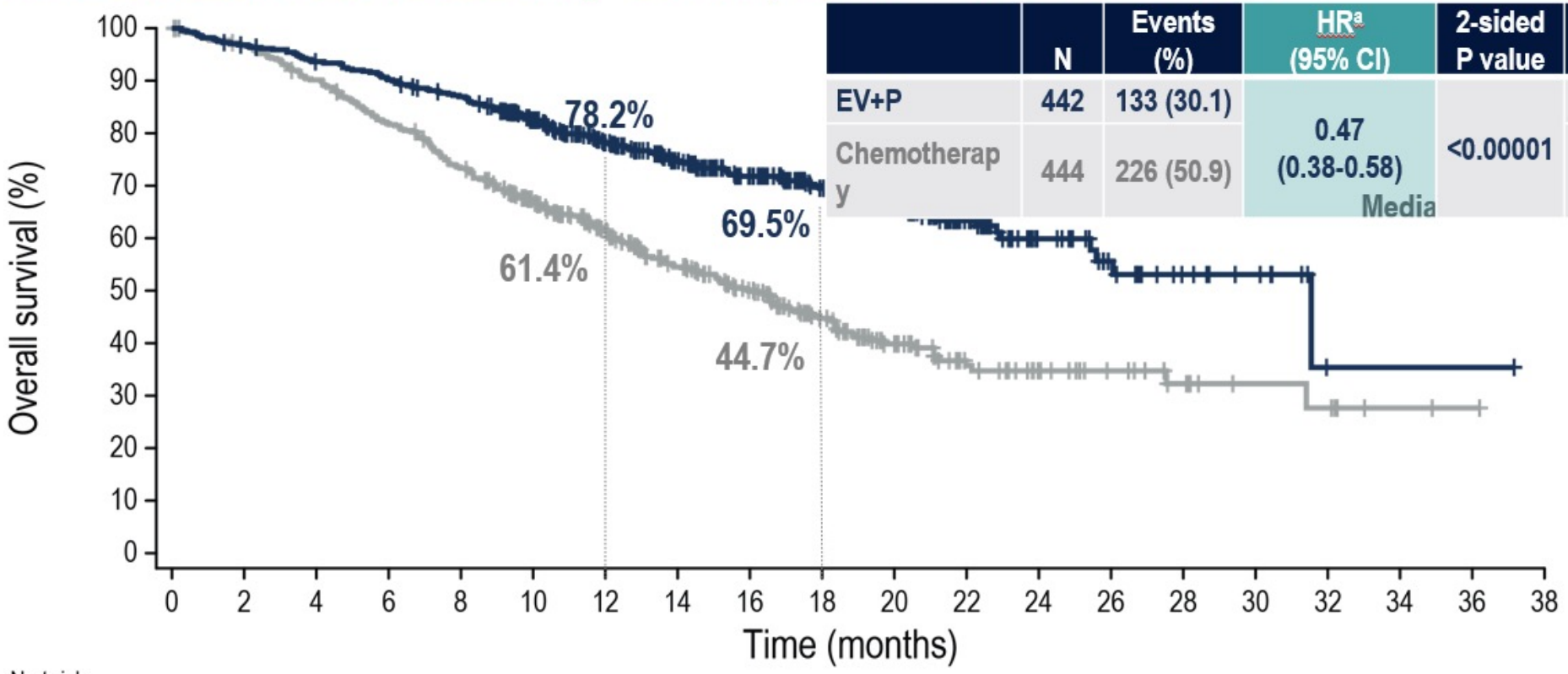
N at risk

EV+P	442	409	361	303	253	204	167	132	102	73	45	33	17	6	3	1
Chemotherapy	444	380	297	213	124	78	56	41	30	19	8	6	5	3	2	1	1

Powles et al., ESMO 2023

EV-302: Overall Survival per BICR

Risk of death was reduced by 53% in patients who received EV+P



	N	Events (%)	HR[a] (95% CI)	2-sided P value	mOS (95% CI), months
EV+P	442	133 (30.1)	0.47 (0.38-0.58)	<0.00001	31.5 (25.4-NR)
Chemotherapy	444	226 (50.9)			16.1 (13.9-18.3)

Media

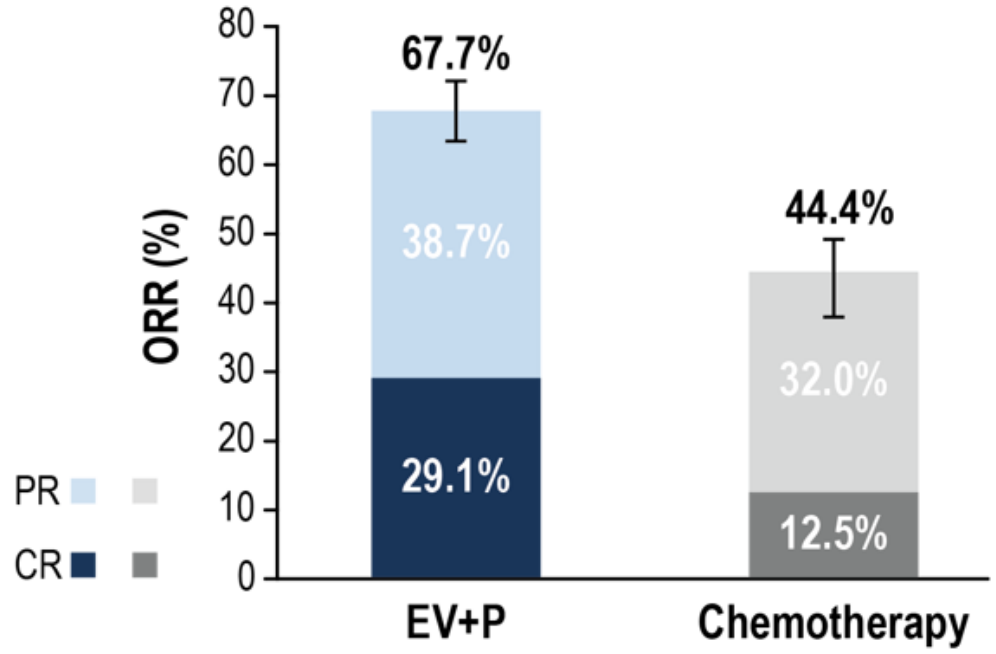
N at risk

EV+P	442	426	409	394	376	331	270	222	182	141	108	67	36	22	12	8	1	1	1
Chemotherapy	444	423	393	356	317	263	209	164	125	90	60	37	25	18	12	7	6	2	1

Powles et al., ESMO 2023

EV-302: Overall Response per BICR

Significant improvement in objective response rate was observed with EV+P



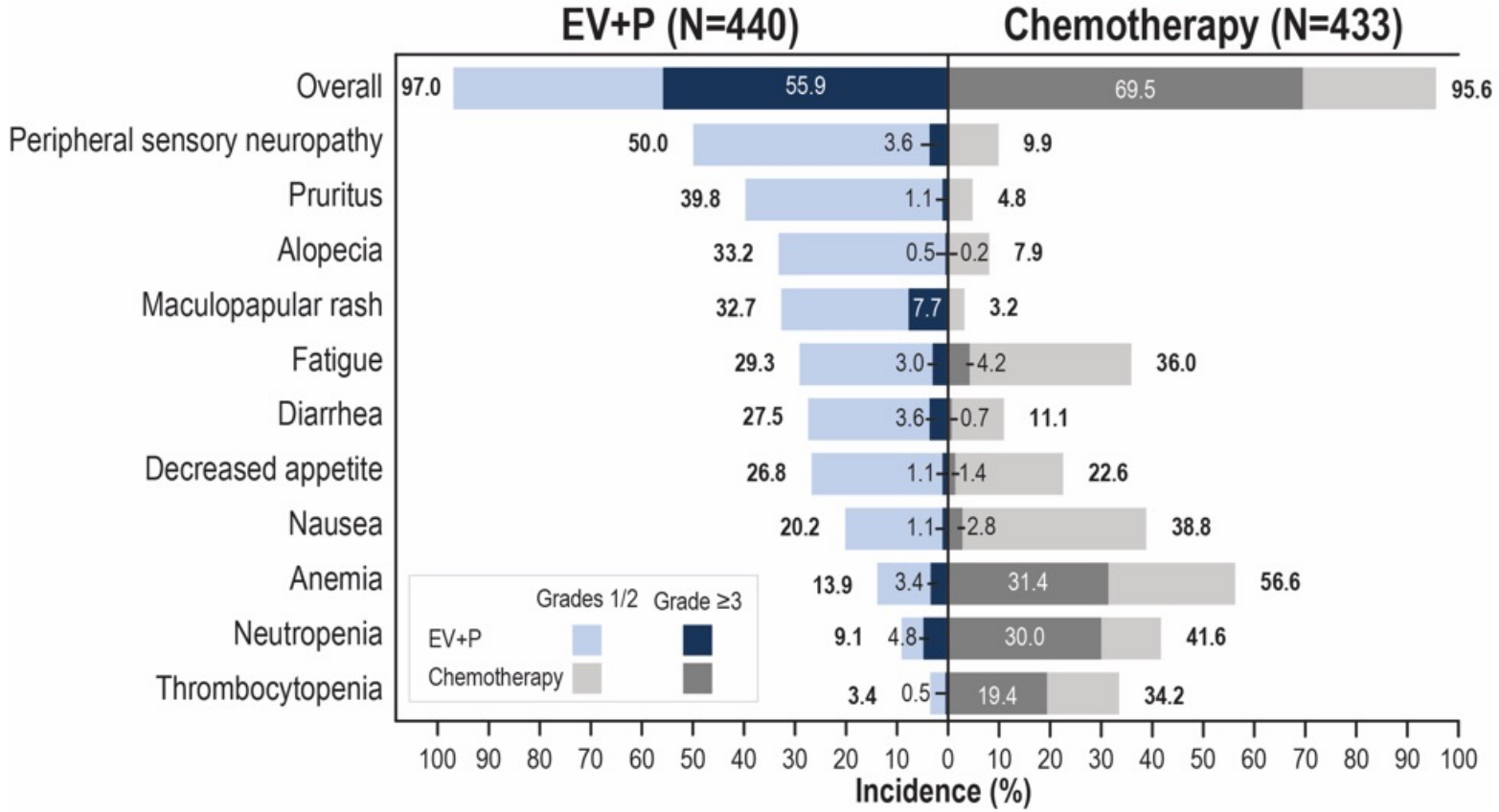
	EV+P (N=437)	Chemotherapy (N=441)
Confirmed ORR, n (%) (95% CI)	**296 (67.7) (63.1-72.1)**	**196 (44.4) (39.7-49.2)**
2-sided P value	<0.00001	
Best overall response[a], n (%)		
Complete response	127 (29.1)	55 (12.5)
Partial response	169 (38.7)	141 (32.0)
Stable disease	82 (18.8)	149 (33.8)
Progressive disease	38 (8.7)	60 (13.6)
Not evaluable/No assessment[b]	21 (4.8)	36 (8.2)

Median DOR (95% CI)	NR (20.2, NR)	7.0 (6.2, 10.2)

Powles et al., ESMO 2023

EV-302: Treatment-Related Adverse Events

Grade ≥3 events were 56% in EV+P and 70% in chemotherapy



Serious TRAEs:
- 122 (27.7%) EV+P
- 85 (19.6%) chemotherapy

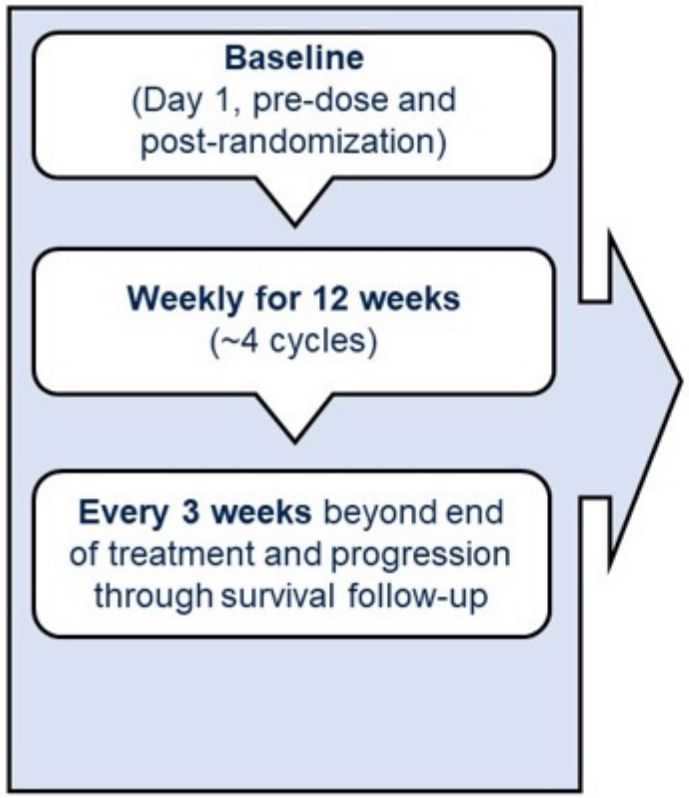
TRAEs leading to death (per investigator):
EV+P: 4 (0.9%)
- Asthenia
- Diarrhea
- Immune-mediated lung disease
- Multiple organ dysfunction syndrome

Chemotherapy: 4 (0.9%)
- Febrile neutropenia
- Myocardial infarction
- Neutropenic sepsis
- Sepsis

Median number of cycles (range): 12.0 (1,46) for EV+P; 6.0 (1,6) for chemotherapy

Powles et al., ESMO 2023

EV-302: PRO Collection (ASCO 2024 Update)



EORTC QLQ-C30
(score range 0-100; higher score represents greater symptom burden, higher functioning, and better QoL)

Cancer-related symptoms

Appetite loss, Constipation, Diarrhea, Dyspnea, Fatigue, Insomnia, Nausea and vomiting, Pain

Function

Physical, Cognitive, Emotional, Role, Social

QoL/GHS

BPI-SF
(score range 0-10; higher score represents more pain)

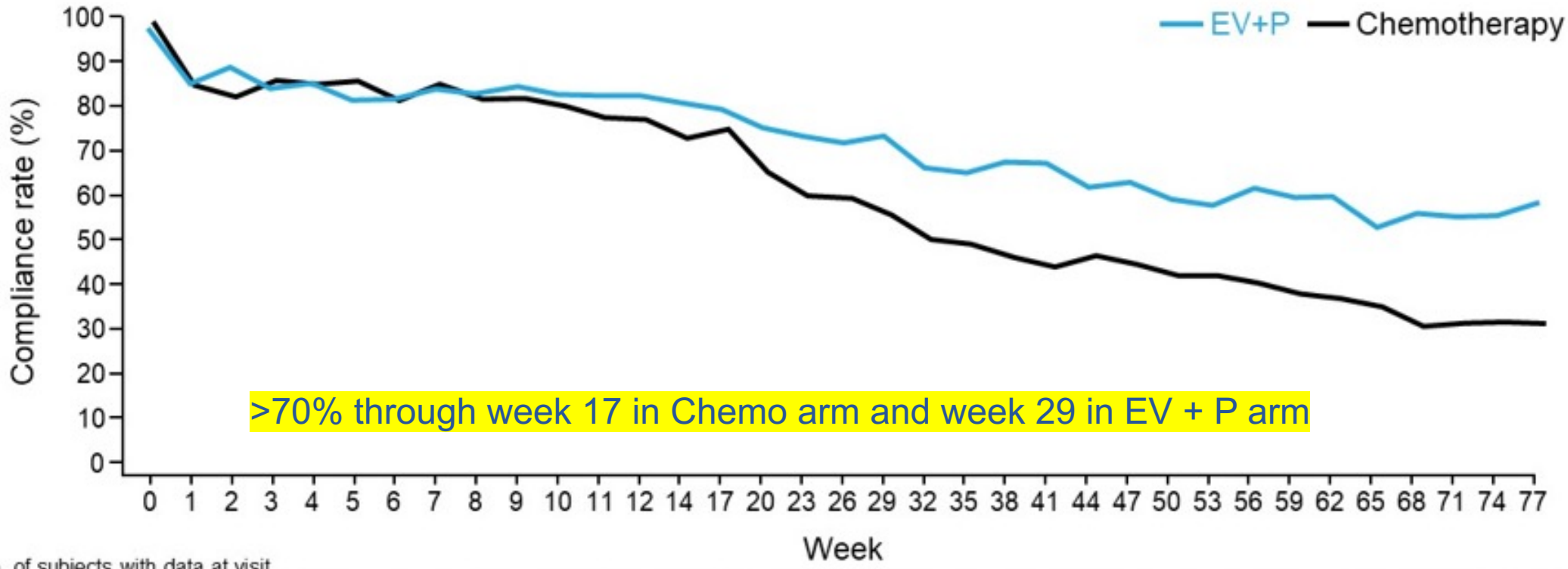
Includes

Worst pain, Average pain, Least pain, Pain right now, Pain interference, Location of pain

- TTPP and mean change from baseline in worst pain (BPI-SF Question 3) at week 26 were pre-specified endpoints included in the hierarchical statistical testing plan.
- Pre-specified descriptive analyses included change from baseline and time to confirmed deterioration (TTCD).
- Patients with moderate/severe pain at baseline were a pre-specified subgroup of interest.

Gupta et al., ASCO 2024

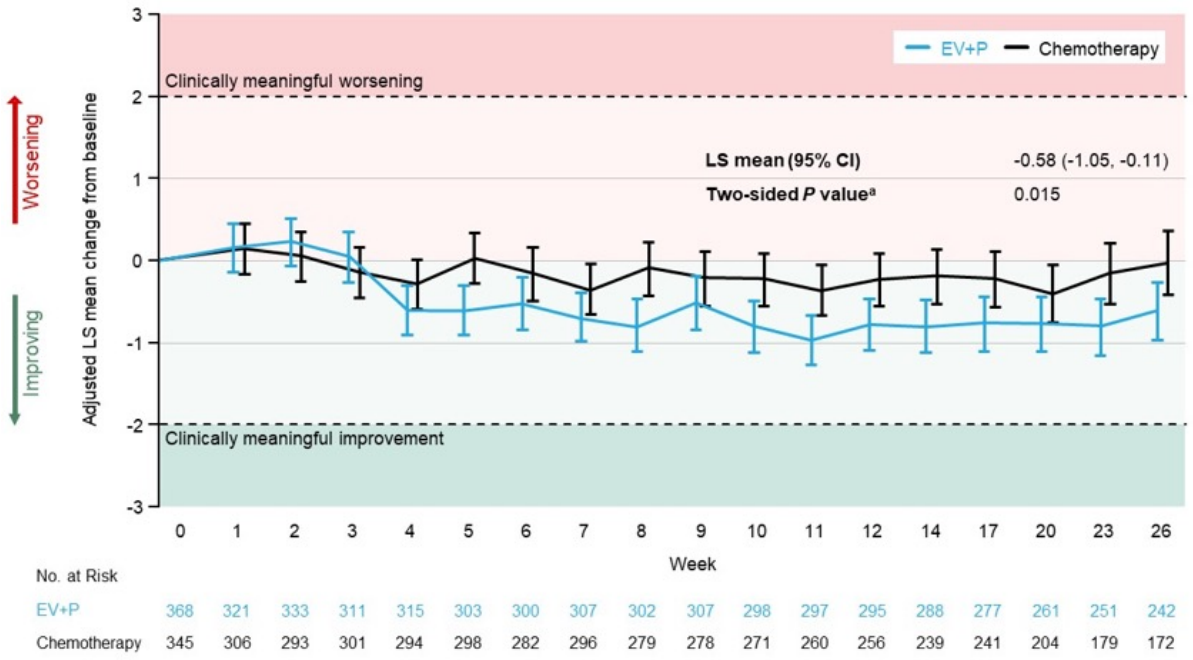
EV-302: PRO Collection (ASCO 2024 Update)



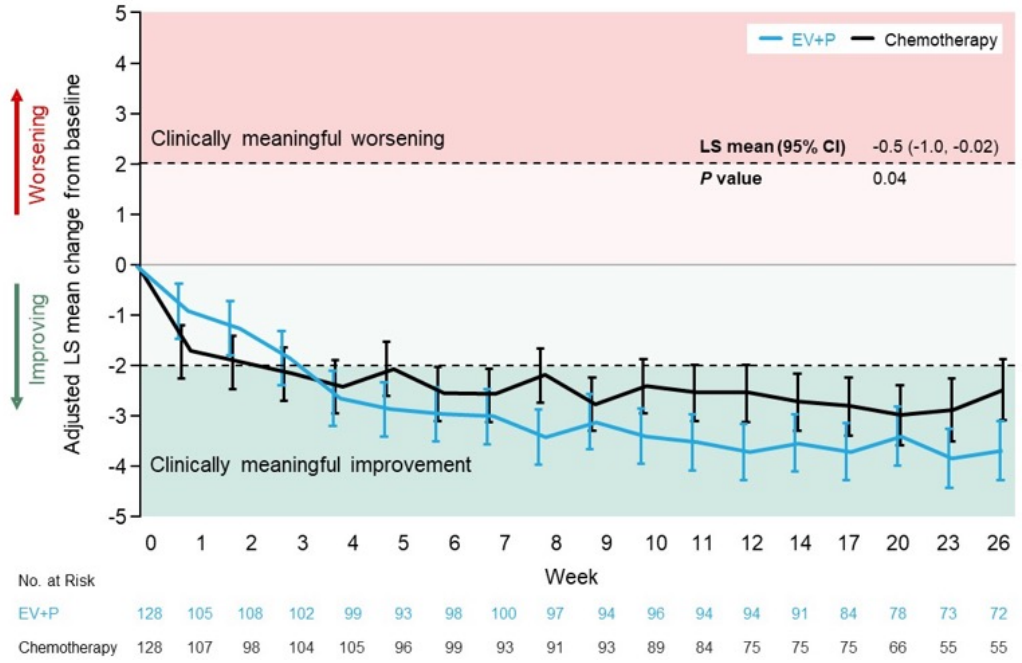
No. of subjects with data at visit																																	
EV+P	365	321	330	311	314	300	300	306	301	307	299	296	296	289	278	261	252	241	241	215	210	212	205	177	166	150	138	139	127	117	95	95	88	82	77
Chemotherapy	350	300	288	300	294	296	282	294	279	278	271	260	256	239	240	204	179	172	158	135	127	116	104	98	89	78	70	63	54	49	42	34	32	29	26
No. of subjects who are expected to have PRO assessments																																	
EV+P	376	376	373	371	369	368	367	365	364	363	361	359	359	357	350	348	343	336	330	326	323	314	306	285	265	254	239	226	213	196	180	170	160	148	132
Chemotherapy	355	355	352	351	348	347	347	347	343	342	340	337	334	329	322	314	300	291	285	270	261	252	238	212	201	186	168	157	142	133	121	112	103	92	84

Gupta et al., ASCO 2024

EV-302: Change in Worst Pain (BPI-SF)



All Patients



Patients with Moderate/Severe Pain at Baseline

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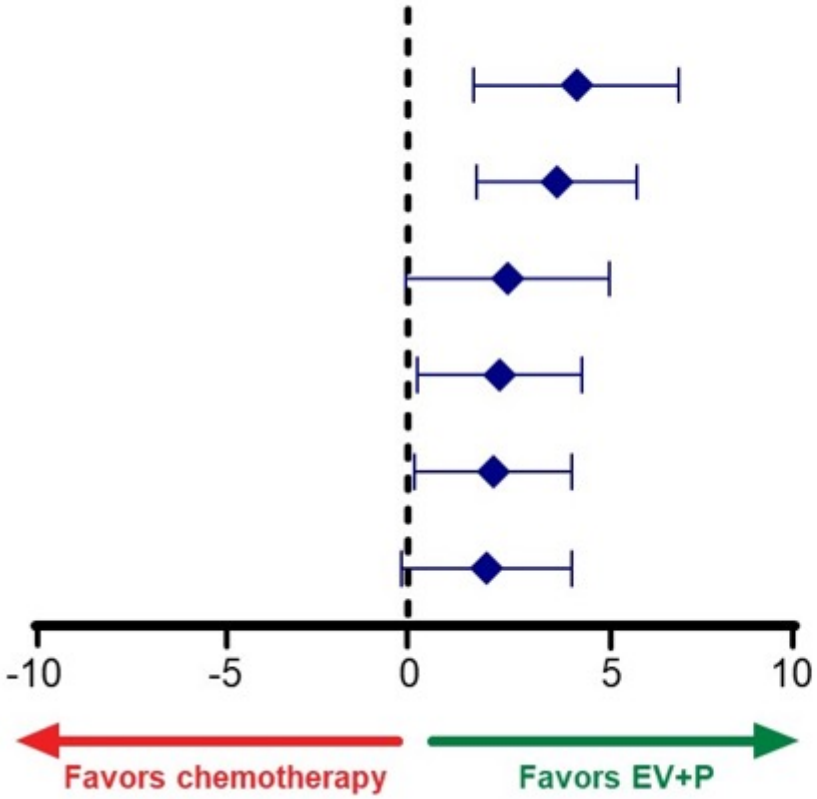
EV-302: EORTC QLQ-C30 Functioning Domains

Functioning domain	EV+P LS mean (SE)	Chemotherapy LS mean (SE)	EV+P – Chemotherapy LS mean (95% CI)	*P* value
Role functioning	-5.36 (1.23)	-9.49 (1.26)	4.13 (1.47, 6.79)	0.0024
Physical functioning	-2.63 (0.96)	-6.25 (0.99)	3.62 (1.54, 5.70)	0.0007
Social functioning	-2.94 (1.22)	-5.52 (1.25)	2.57 (-0.07, 5.22)	0.0561
Global health status/QoL	-0.59 (0.99)	-3.12 (1.01)	2.54 (0.41, 4.67)	0.0197
Cognitive functioning	-0.54 (0.95)	-2.69 (0.97)	2.15 (0.10, 4.20)	0.0400
Emotional functioning	3.85 (0.97)	1.96 (0.98)	1.89 (-0.19, 3.97)	0.0750

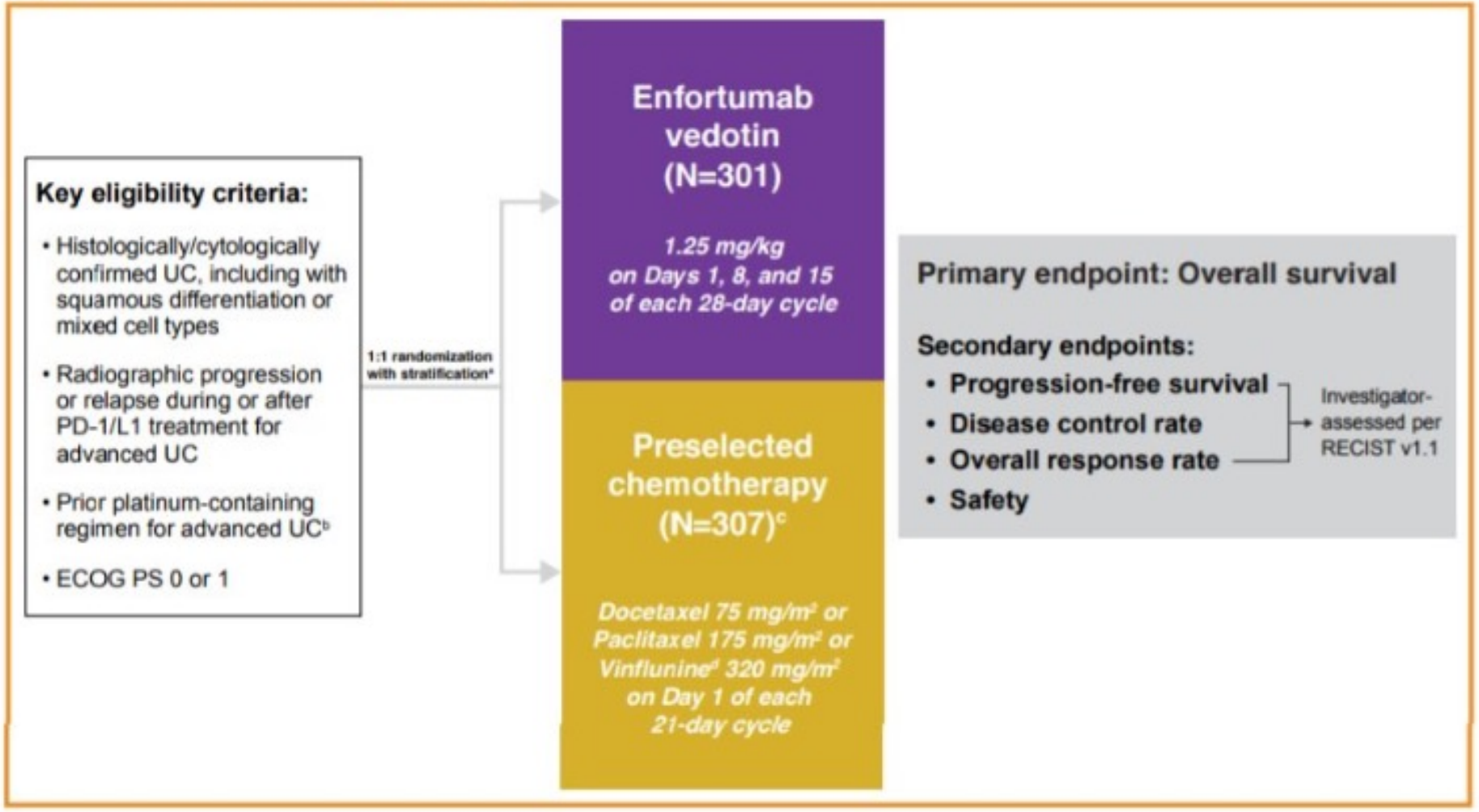


Based on change from baseline during the first 26 weeks

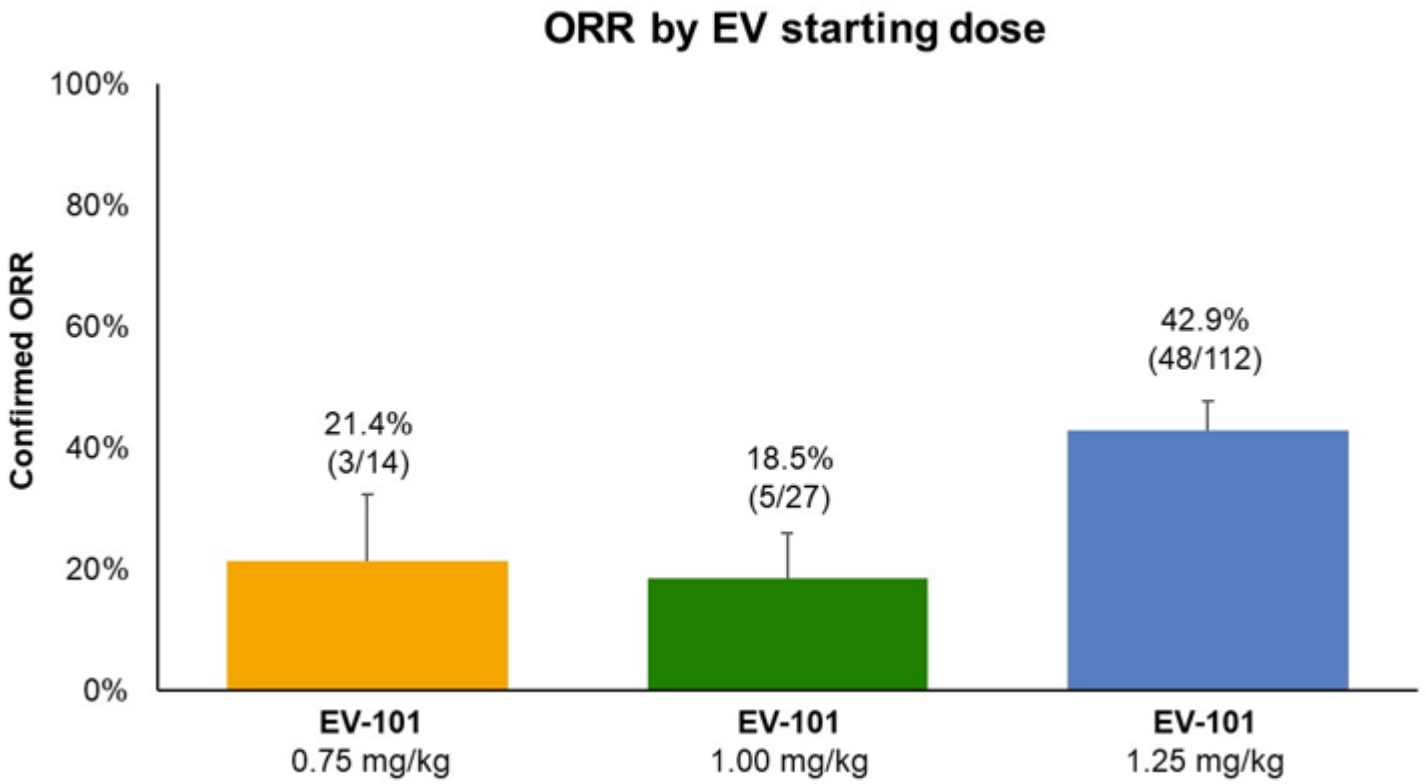
Gupta et al., ASCO 2024

Effect of Enfortumab Exposure

Figure 1. EV-301 Study Design

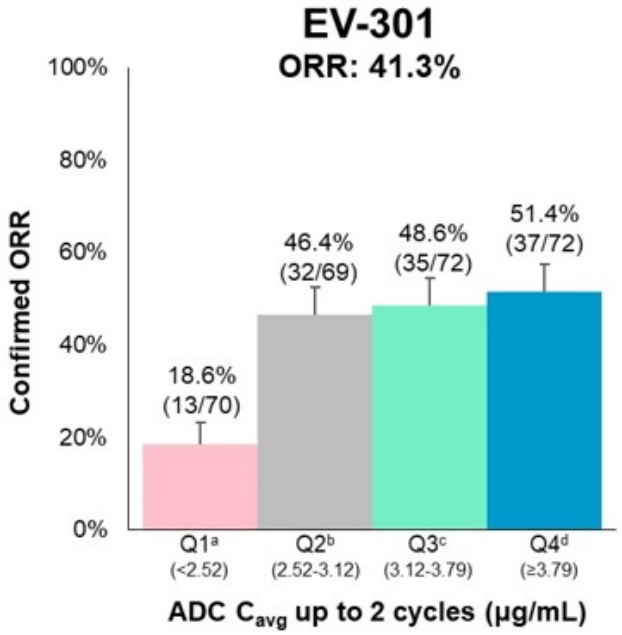


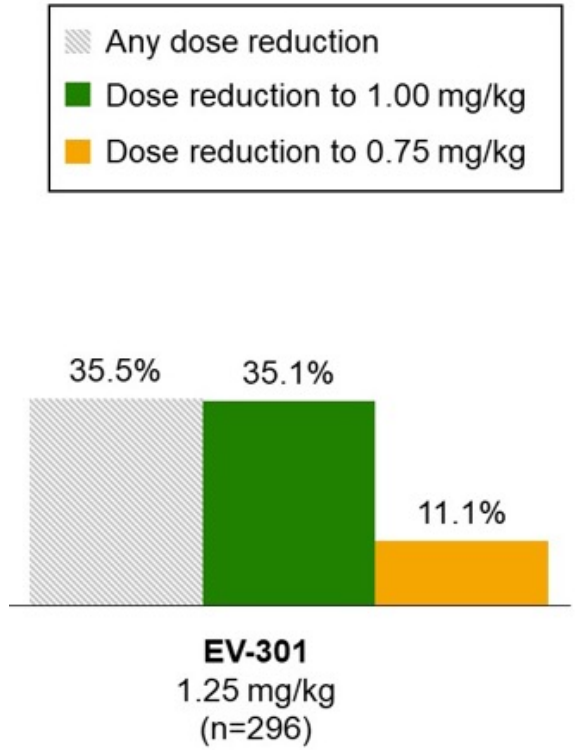
Effect of Enfortumab Vedotin Exposure
(monotherapy, EV-101 Phase 1 Study)

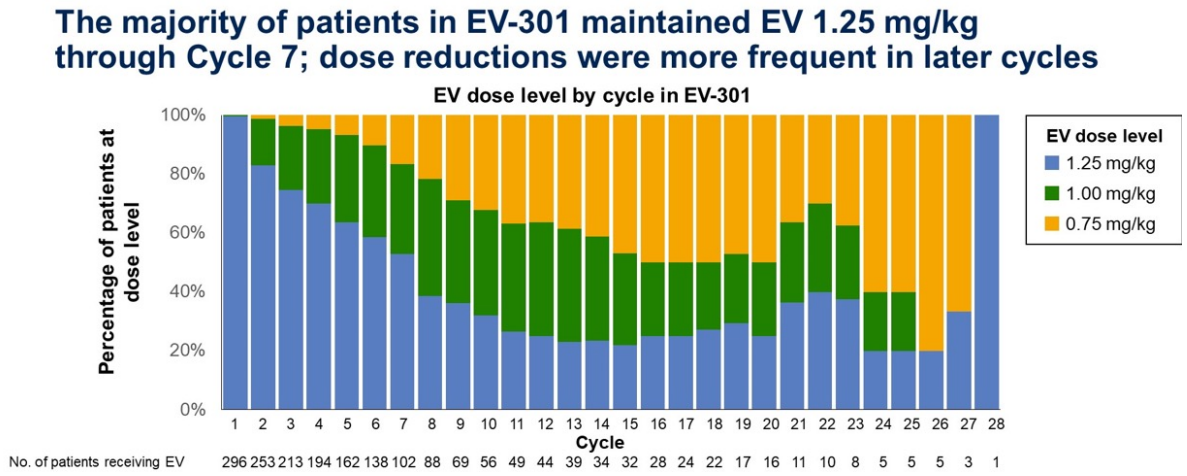


Petrylak, et al., ASCO 2024

Effect of Enfortumab Vedotin Exposure
(monotherapy, EV-301 Phase 3 Study)







Response Rate

Dose Reductions

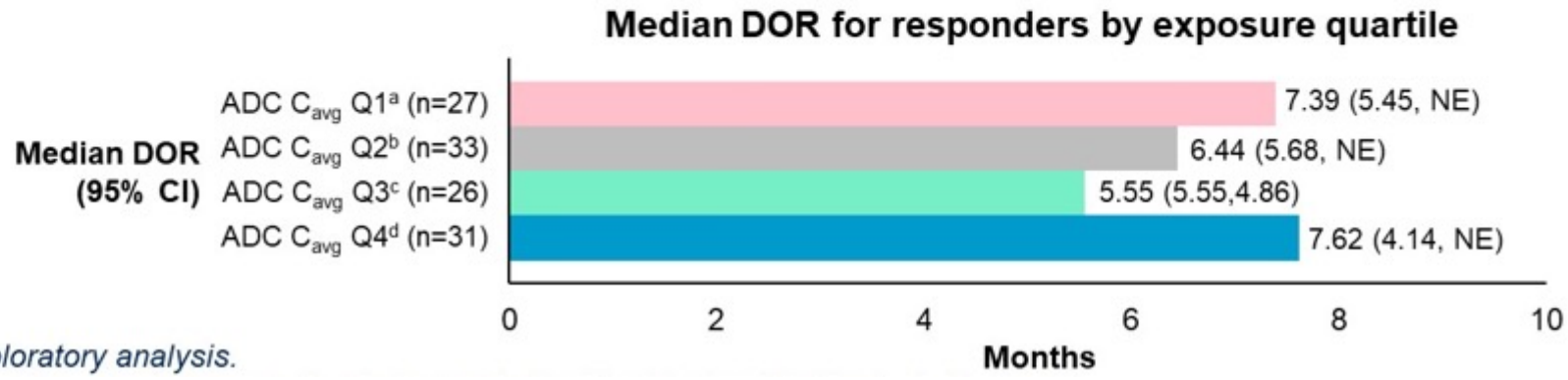
Dose Level by Cycle

Petrylak, et al., ASCO 2024

EV-301: Durable Responses even with Modificatios

	ADC C_{avg} Q1[a] (n=74)	ADC C_{avg} Q2[b] (n=74)	ADC C_{avg} Q3[c] (n=74)	ADC C_{avg} Q4[d] (n=74)
Median EV ADI (mg/kg/4 week)[e] (range)	2.37 (1.15, 3.77)	2.96 (1.57, 3.82)	3.26 (2.36, 3.86)	3.59 (2.50, 3.93)
Any EV dose delay (%)	59.5	58.1	44.6	26.4
Any EV dose reduction (%)	54.1	39.2	28.4	20.3
To 1.0 mg/kg	52.7	39.2	28.4	20.3
To 0.75 mg/kg	21.6	14.9	6.8	1.4
Median time to EV dose reduction (range), mo	2.02 (0.79, 9.27)	2.96 (0.95, 12)	3.06 (0.72, 6.64)	2.79 (0.89, 9.04)

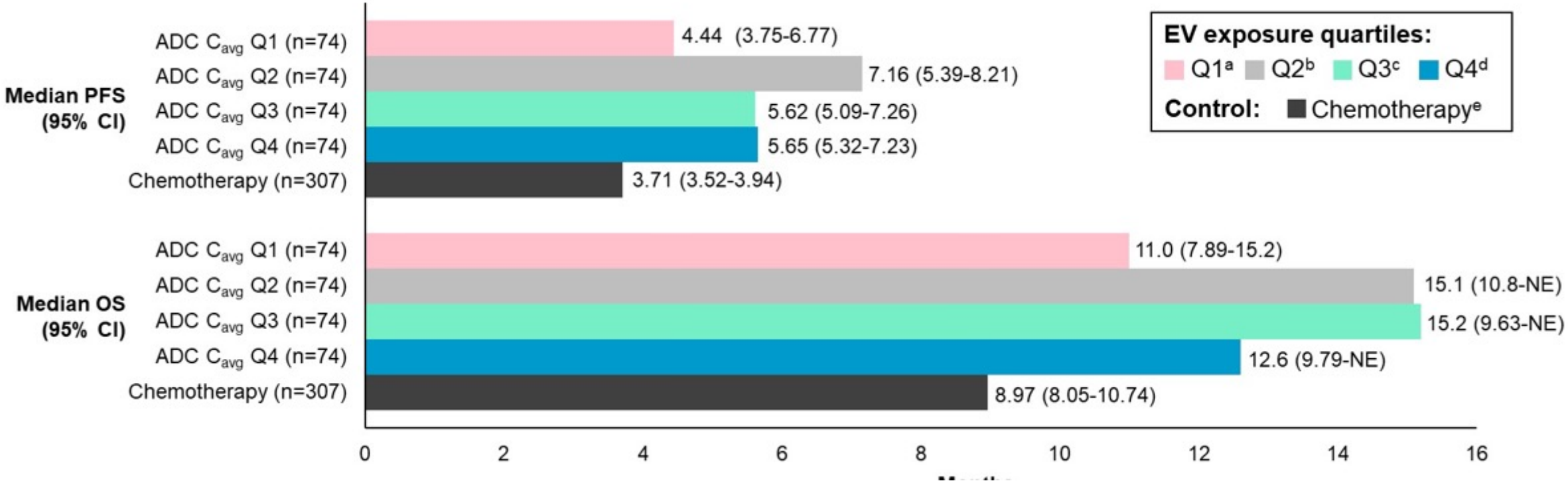
EV-301:[1]
ORR: 41%
Median time to response:
1.9 months (range: 1.1-5.7)



All data presented are from a post hoc, exploratory analysis.

Petrylak, et al., ASCO 2024

EV-301: Survival Benefit vs Chemotherapy



Petrylak, et al., ASCO 2024

CM-901: Nivolumab + Gemcitabine/Cisplatin vs GC

Key inclusion criteria

- Age ≥ 18 years
- Previously untreated unresectable or mUC involving the renal pelvis, ureter, bladder, or urethra
- Cisplatin eligible
- ECOG PS of 0-1

Stratification factors:
- Tumor PD-L1 expression (≥ 1% vs < 1%)
- Liver metastases (yes vs no)

R

N = 304

Combination phase

NIVO 360 mg on D1
+ **Gemcitabine** 1000 mg/m^2 on D1/D8
+ **Cisplatin** 70 mg/m^2 on D1
Q3W (up to 6 cycles)[b]

3 weeks

Monotherapy phase

NIVO 480 mg Q4W
(until progression, unacceptable toxicity, withdrawal, or up to 24 months[c])

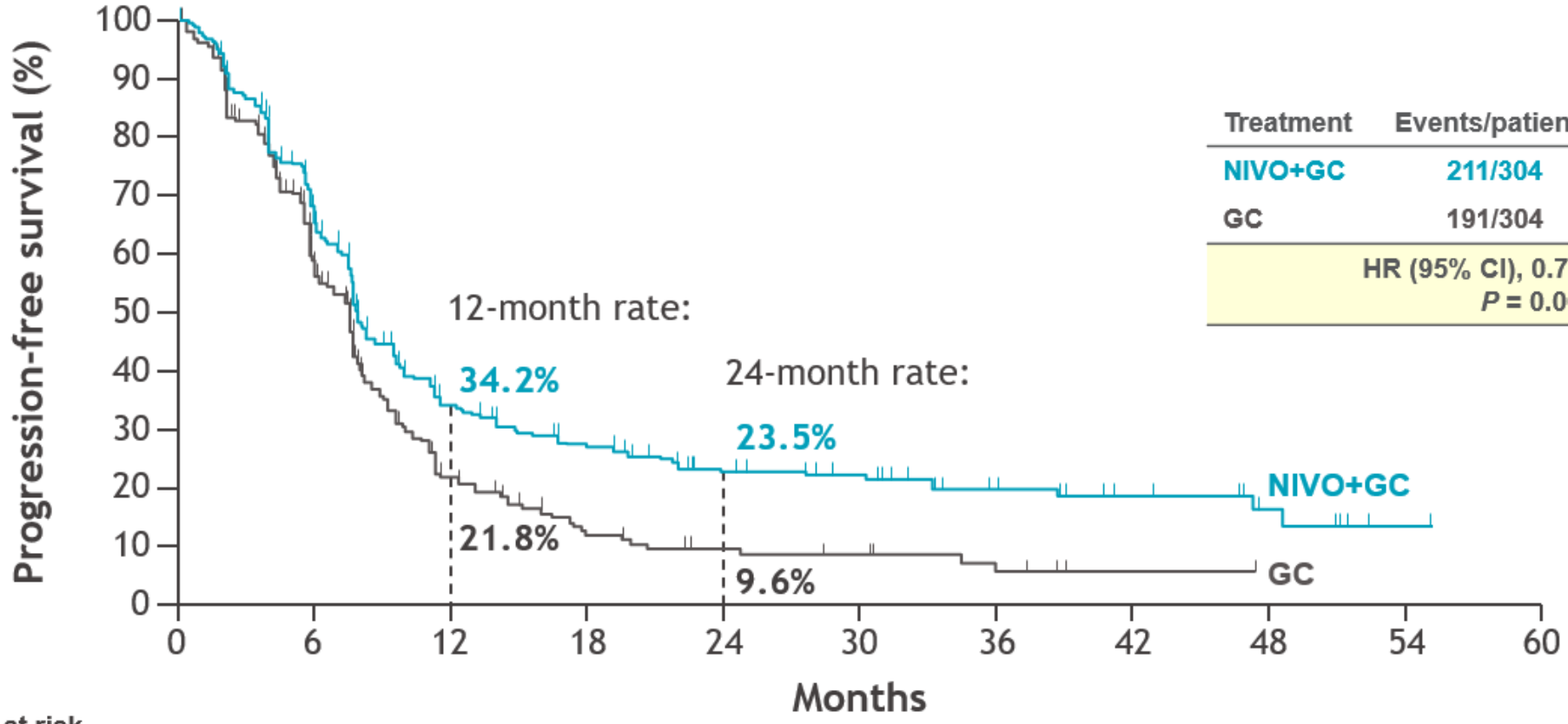
N = 304

Gemcitabine 1000 mg/m^2 on D1/D8
+ **Cisplatin** 70 mg/m^2 on D1
Q3W (up to 6 cycles)[b]

Median (range) study follow-up, 33.6 (7.4-62.4) months

Primary endpoints: OS, PFS per BICR
Key secondary endpoints: OS and PFS by PD-L1 ≥ 1%,[d] HRQoL
Key exploratory endpoints: ORR per BICR, safety

CM-901: PFS per BICR

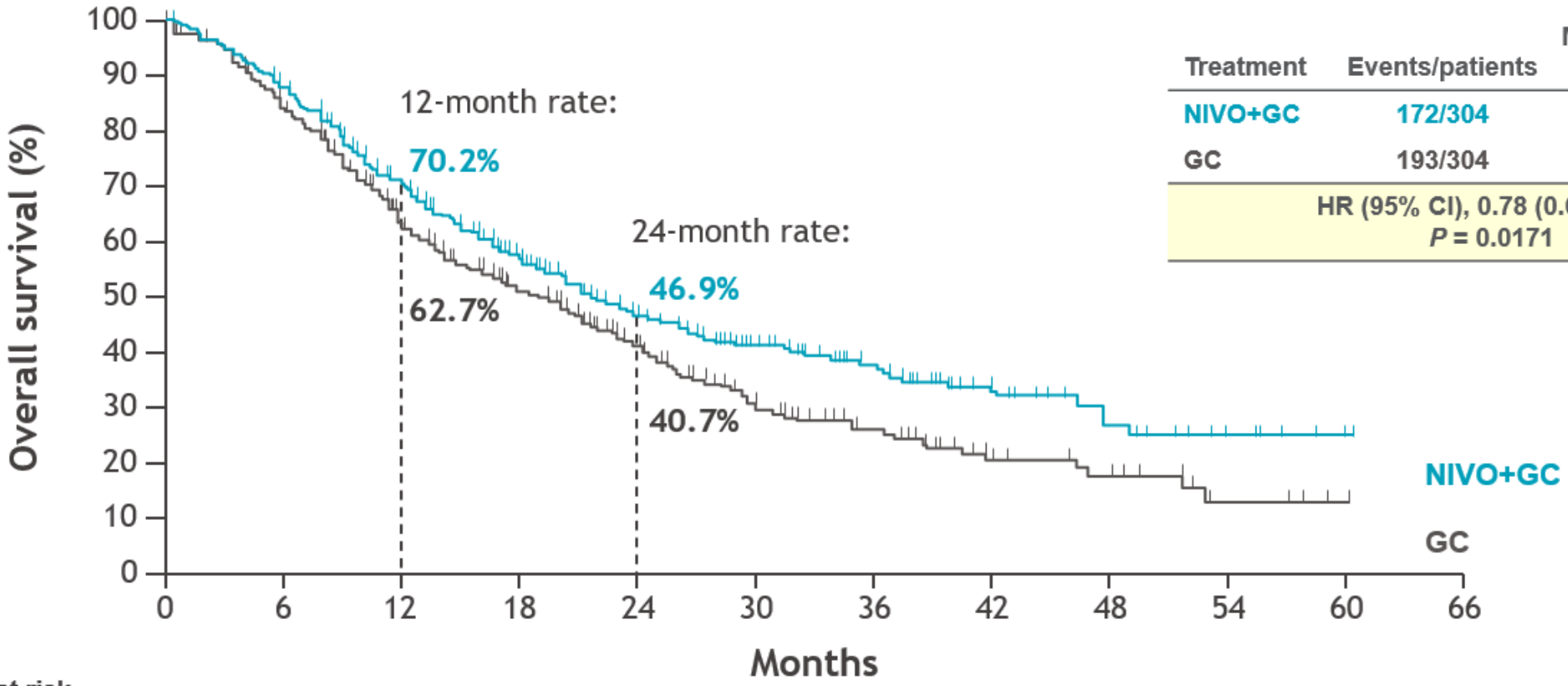


Treatment	Events/patients	Median PFS (95% CI), months
NIVO+GC	211/304	7.9 (7.6-9.5)
GC	191/304	7.6 (6.1–7.8)
HR (95% CI), 0.72 (0.59–0.88) *P* = 0.0012		

No. at risk											
NIVO+GC	304	179	82	57	41	31	19	11	6	1	0
GC	304	119	35	17	10	8	5	1	0	0	0

van der Heigden et al., ESMO 2023

CM-901: Overall Survival

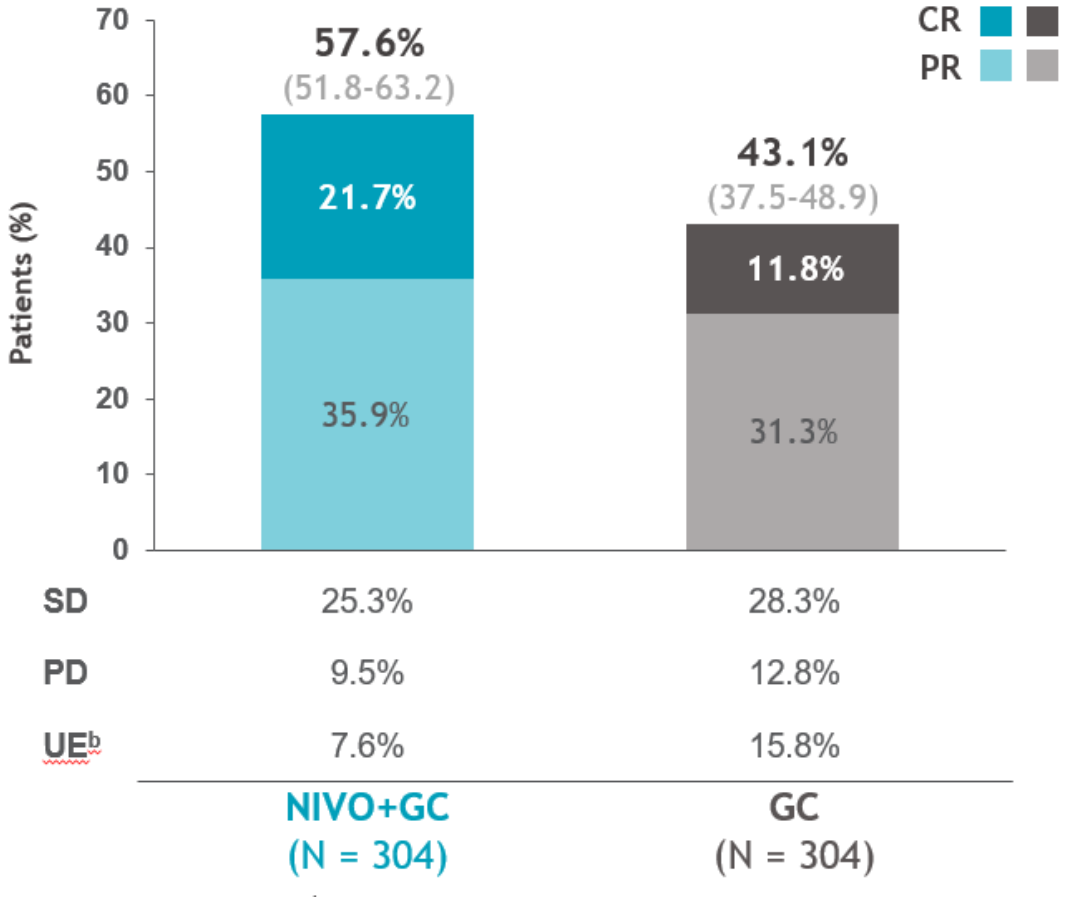


Treatment	Events/patients	Median OS (95% CI), months
NIVO+GC	172/304	21.7 (18.6-26.4)
GC	193/304	18.9 (14.7–22.4)
HR (95% CI), 0.78 (0.63–0.96) *P* = 0.0171		

No. at risk												
NIVO+GC	304	264	196	142	97	69	48	25	15	7	2	0
GC	304	242	166	122	82	49	33	17	13	4	1	0

CM-901: Objective Response Rate

ORR (95% CI) and BOR per BICR[a]



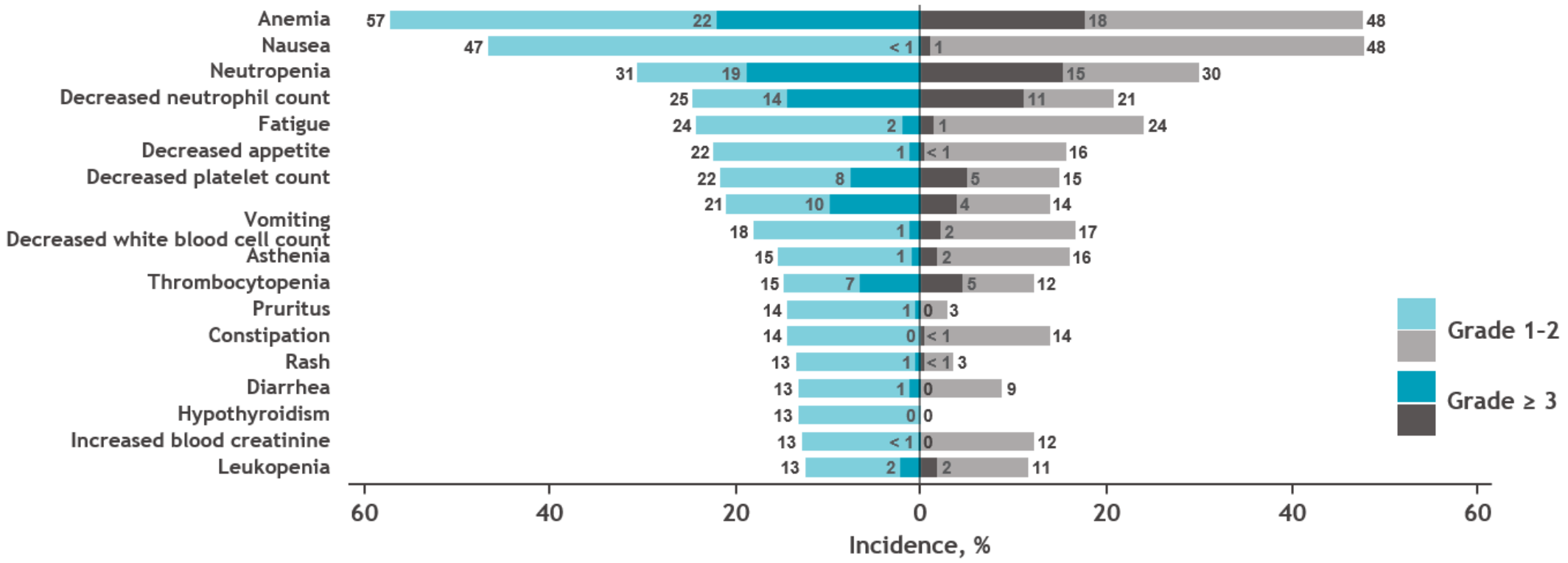
Time to and duration of responses

Any objective response[c]	NIVO+GC (n = 175)	GC (n = 131)
Median TTR (Q1-Q3), months	2.1 (2.0–2.3)	2.1 (2.0–2.2)
Median DoR (95% CI), months	9.5 (7.6–15.1)	7.3 (5.7–8.9)

Complete response[d]	NIVO+GC (n = 66)	GC (n = 36)
Median TTCR (Q1-Q3), months	2.1 (1.9-2.2)	2.1 (1.9-2.2)
Median DoCR (95% CI), months	37.1 (18.1-NE)	13.2 (7.3-18.4)

CM-901:Treatment-related adverse events

	NIVO+GC (n = 304)		GC (n = 288)	
Treatment-related AE, %[a]	Any grade	Grade ≥ 3[b]	Any grade	Grade ≥ 3[b]
Any	97	62	93	52
Leading to discontinuation	21	11	17	8

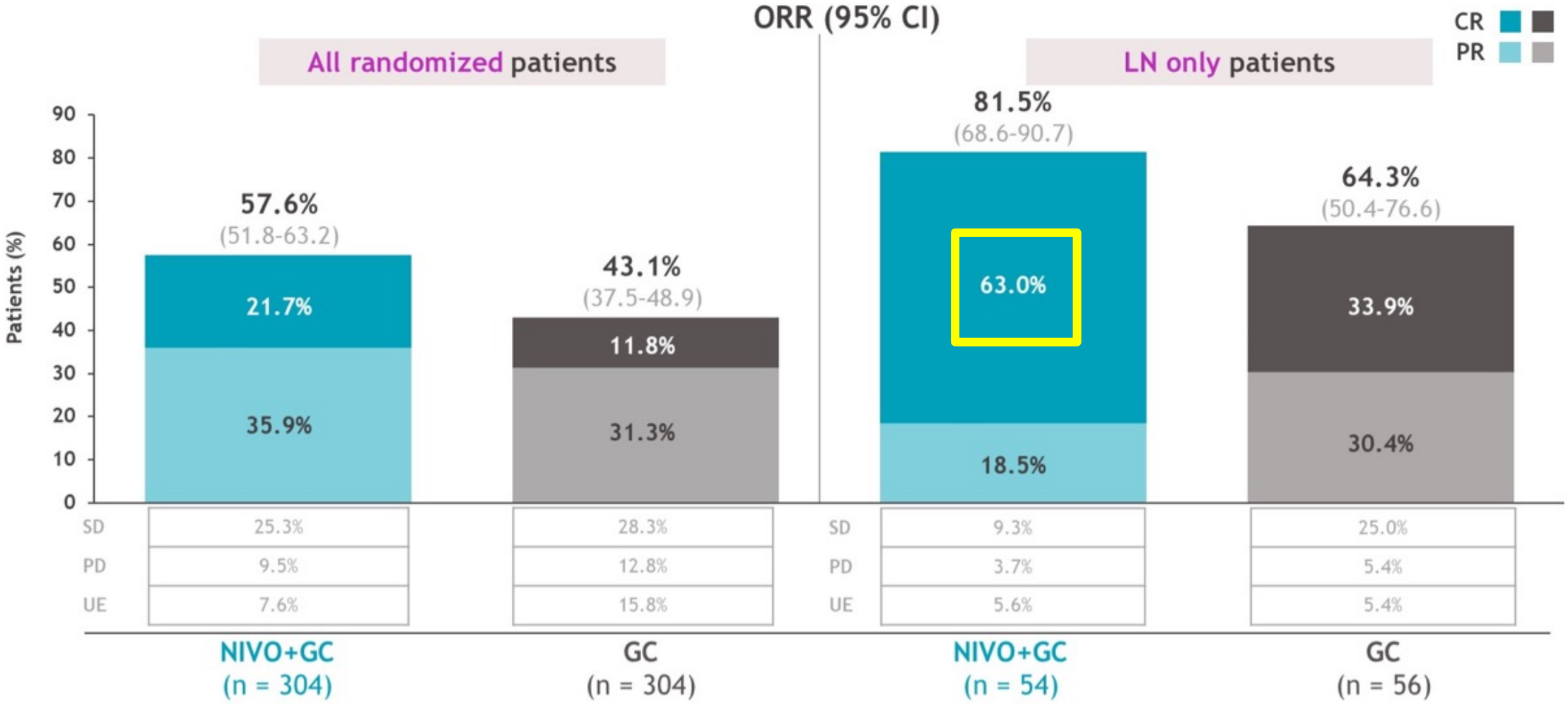


CM-901: ASCO 2024 Update (Lymph Node Only)

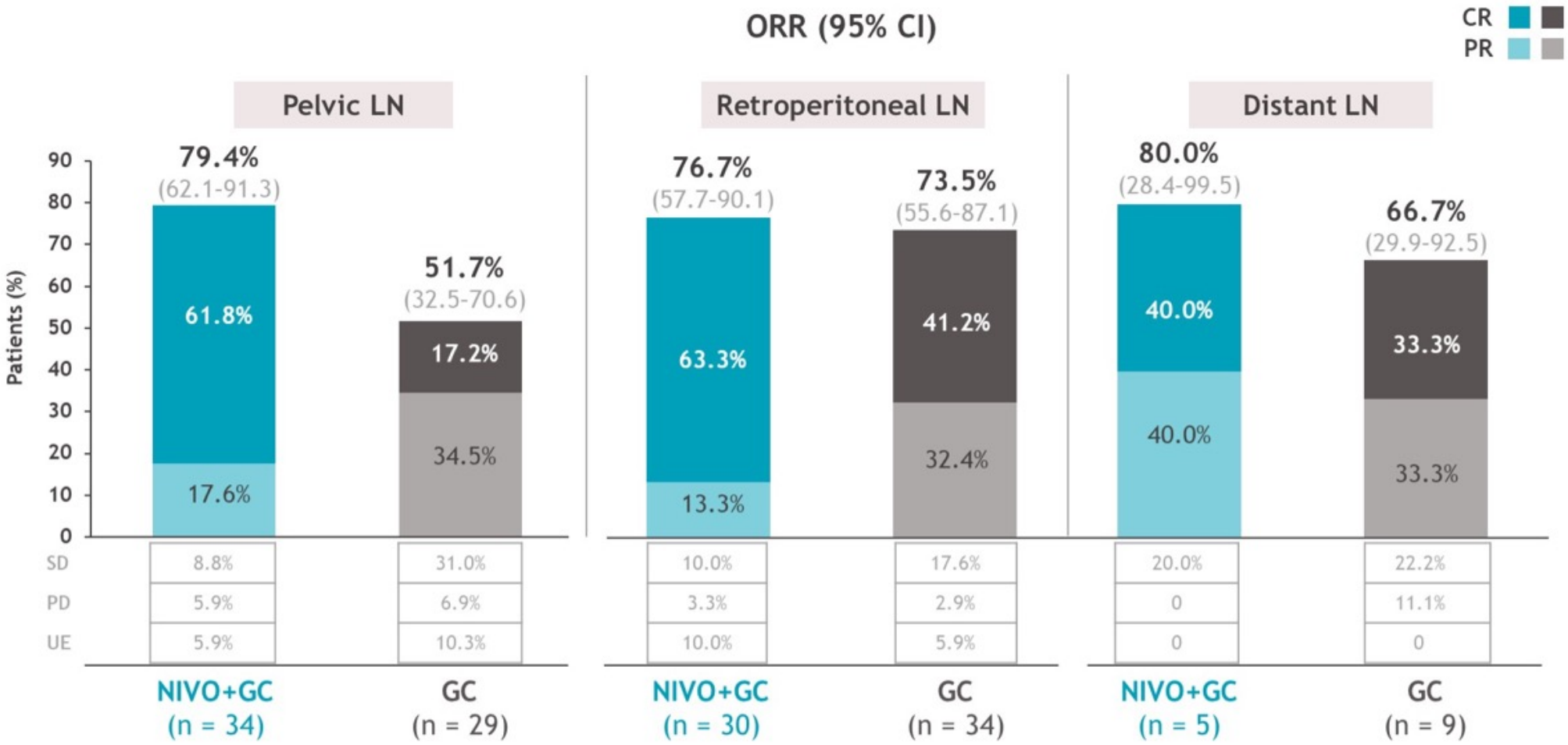
	All randomized patients		Patients with CR	
	NIVO+GC (N = 304)	GC (N = 304)	NIVO+GC (N = 66)	GC (N = 36)
Median age (range), years	65.0 (32-86)	65.0 (35-85)	65.0 (33-81)	63.5 (36-80)
Male sex, n (%)	236 (78)	234 (77)	53 (80)	31 (86)
Race				
White	211 (69)	225 (74)	47 (71)	27 (75)
Black or African American	0	2 (< 1)	0	0
American Indian or Alaska Native	1 (< 1)	1 (< 1)	0	1 (3)
Asian	75 (25)	63 (21)	16 (24)	6 (17)
Other	17 (6)	13 (4)	3 (5)	2 (6)
LN only disease,[a] n (%)	54 (18)	56 (18)	34 (52)	19 (53)
Disease stage at study entry, n (%)				
Stage III	37 (12)	28 (9)	9 (14)	5 (14)
Stage IV	265 (87)	274 (90)	56 (85)	31 (86)
Not reported	2 (< 1)	2 (< 1)	1 (2)	0
PD-L1 status, n (%)				
≥ 1%	112 (37)	109 (36)	28 (42)	11 (31)
< 1%	192 (63)	195 (64)	38 (58)	25 (69)
Subsequent anticancer therapy received	108 (36)	156 (51)	23 (35)	15 (42)

- Of the 608 total patients randomized, 102 (16.8%) achieved a CR
- Approximately 50% of patients with CR had LN only mUC vs approximately 20% of all randomized patients

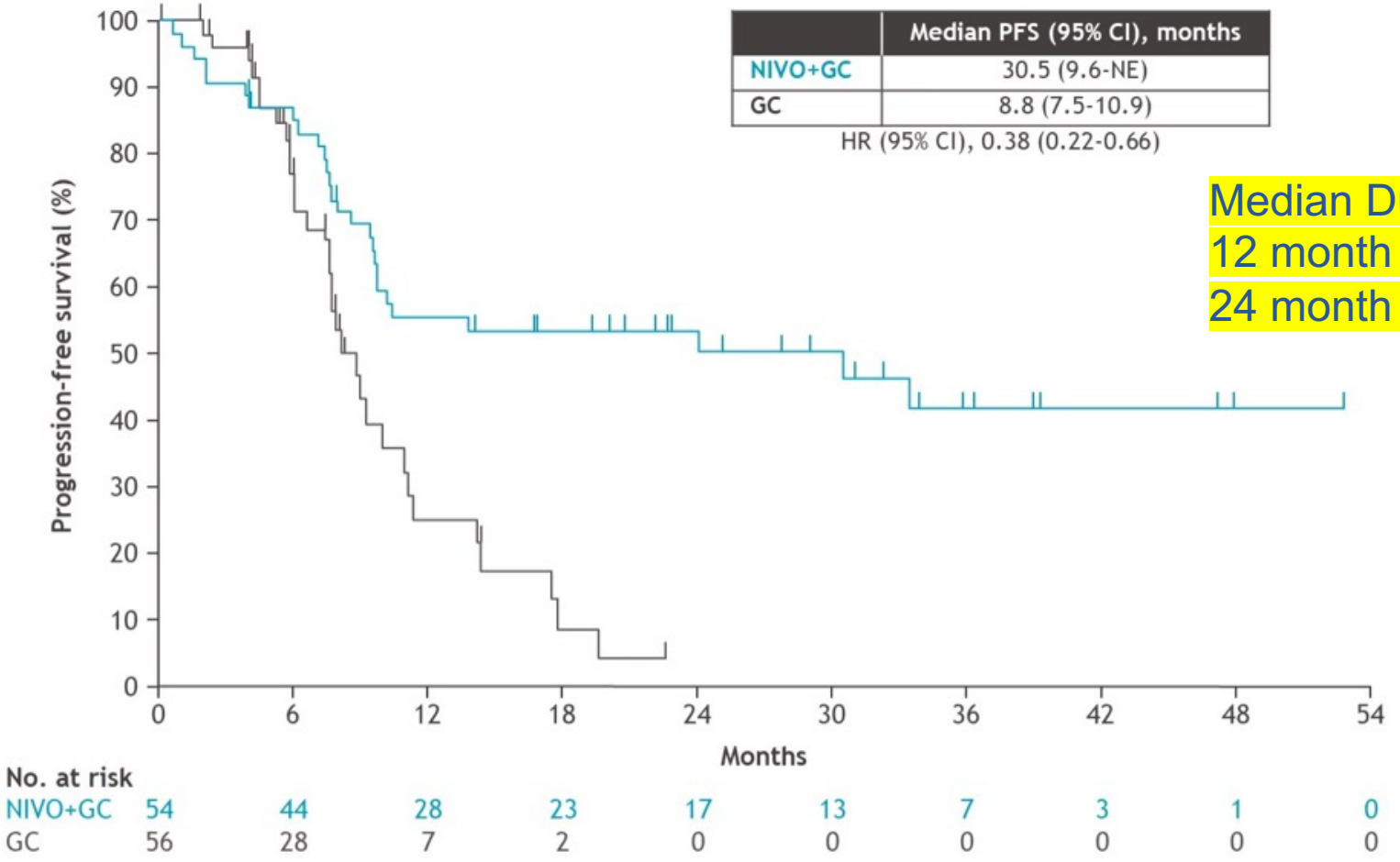
CM-901: LN-Only Response Rates



CM-901: LN-Only Response Rates

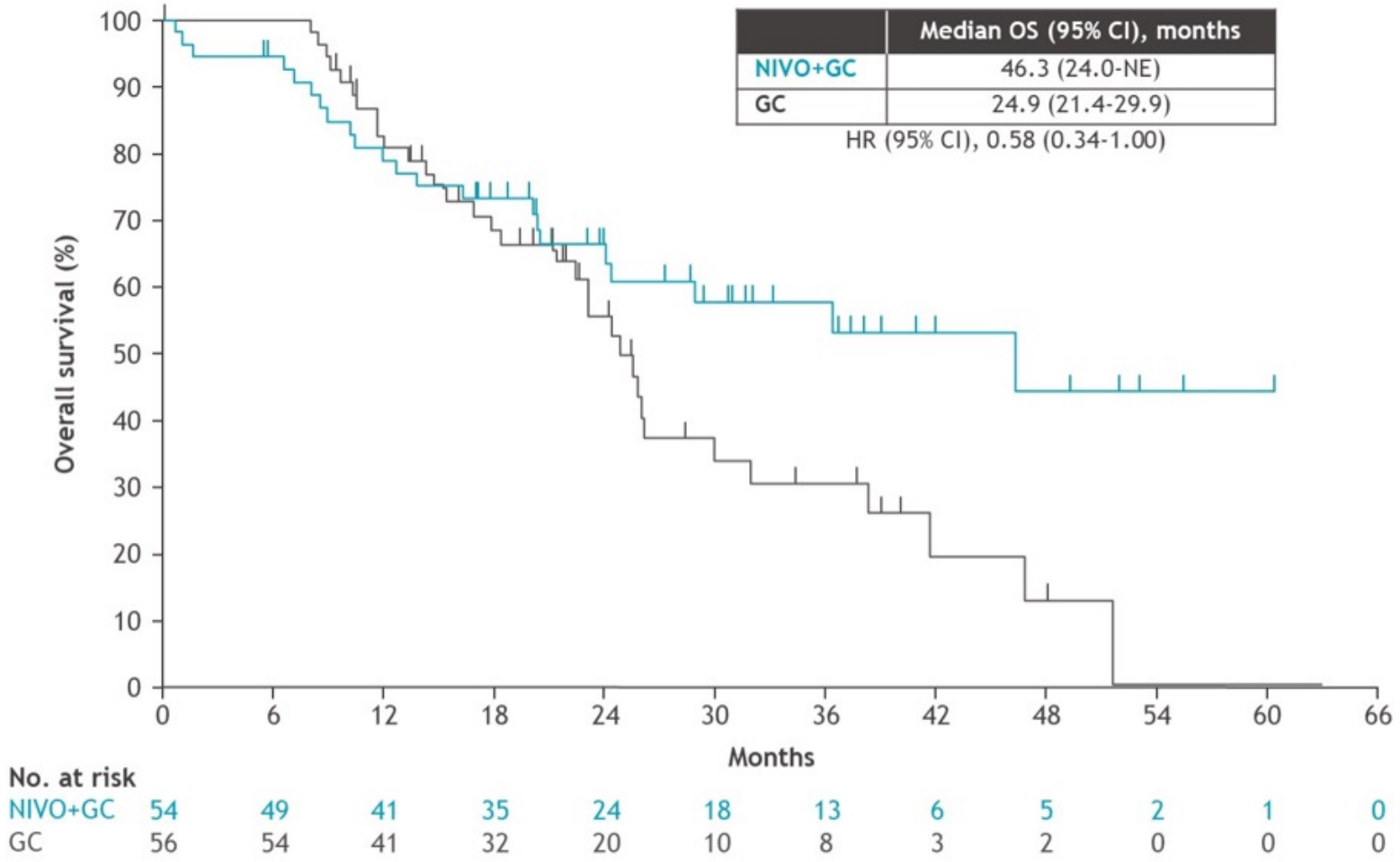


CM-901: LN-Only Progression Free Survival



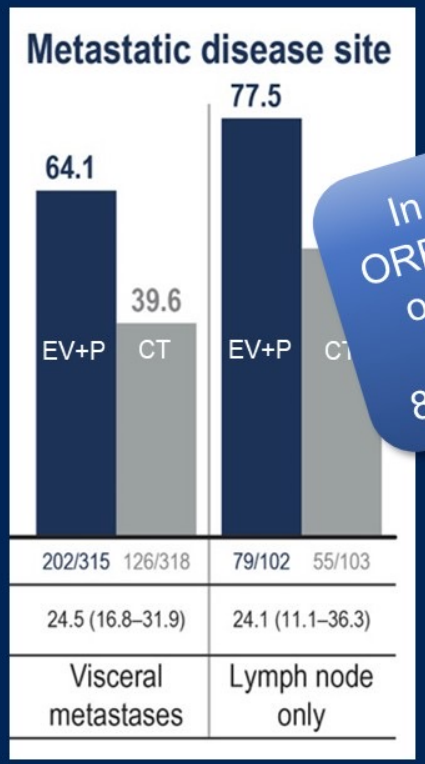
Median Duration of CR: NR vs 8.7 months
12 month CR Rate: 70% (vs 32%)
24 month CR Rate: 65% (vs 0%)

CM-901: LN-Only Overall Survival

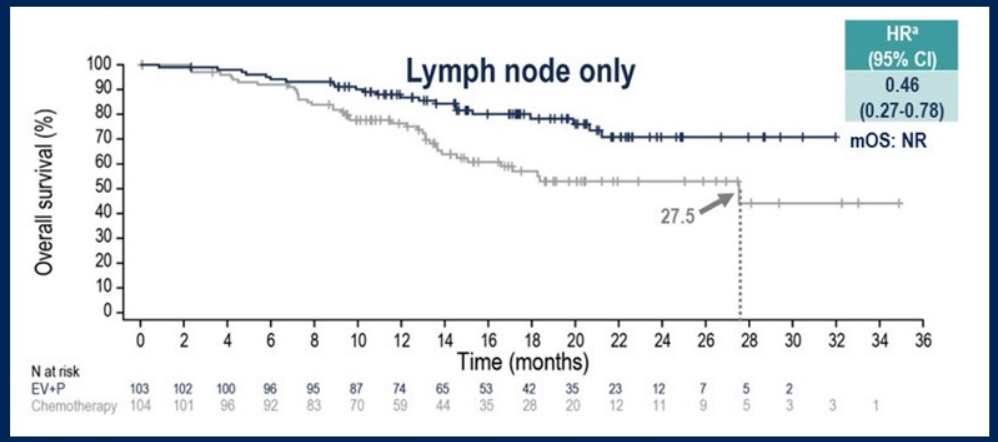


How EV+P performed in lymph node-only aUC patients?

Objective Response Rate



In comparison, ORR in lymph node only disease for Nivo + CG is 81.5% (63% CRR)

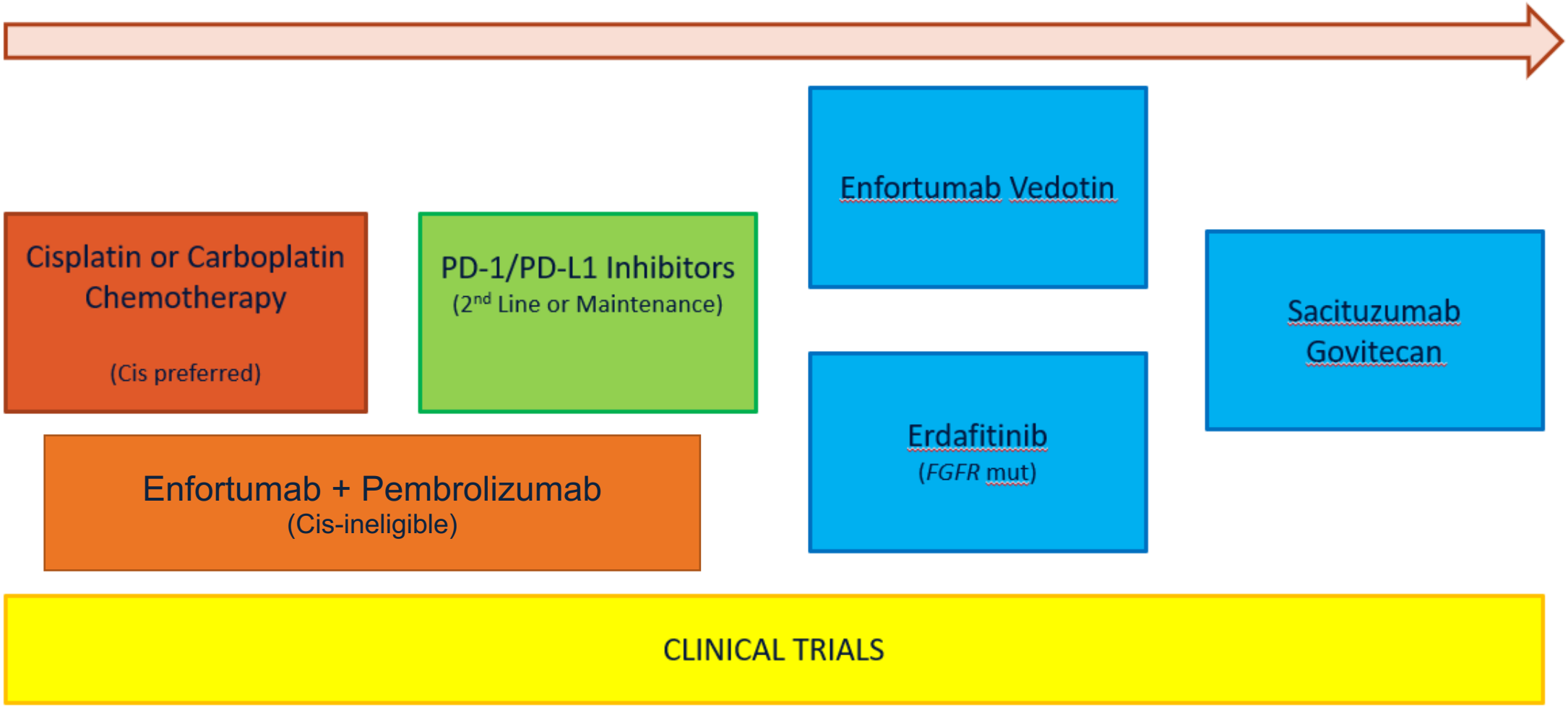


Subgroup	mOS, months (Events/N) EV+P	Chemotherapy	Hazard Ratio (95% CI)
Overall	31.5 (133/442)	16.1 (226/444)	0.47 (0.38–0.58)
Metastatic disease site			
Visceral metastases	25.6 (108/318)	13.6 (182/318)	0.47 (0.37–0.60)
Lymph node only	NR (22/103)	27.5 (39/104)	0.46 (0.27–0.78)

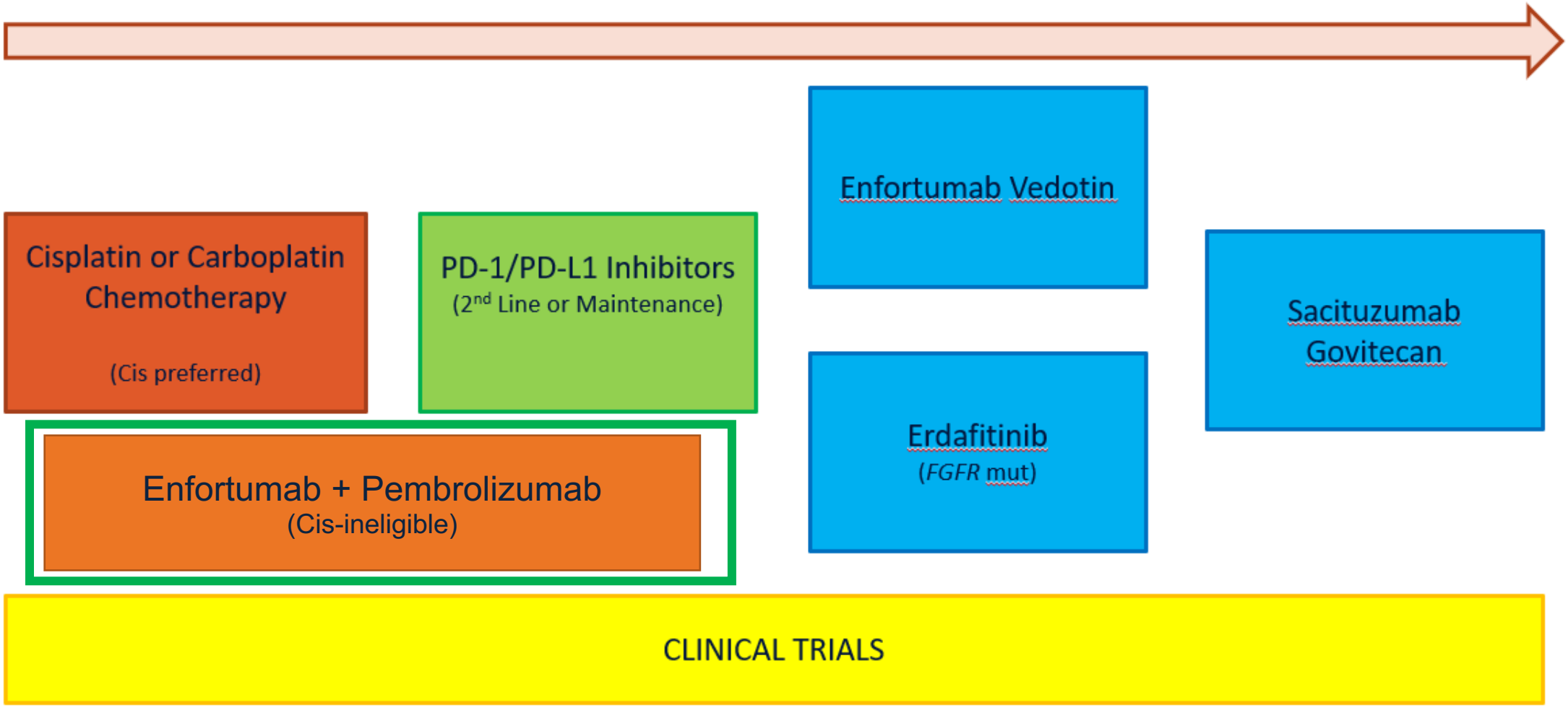
1. Van der Heijden MS, et al. *J Clin Oncol* 2024;42(Suppl. 4):LBA530.

EV+P, Enfortumab Vedotin + Pembrolizumab; aUC, advanced urothelial cancer; CT, chemotherapy; HR, hazard ratio; CI, confidence interval; mOS, median overall survival; NR, not reached; N, number; ORR, objective response rate; Nivo, Nivolumab; CG, Cisplatin + Gencitabine; CRR, complete response rate

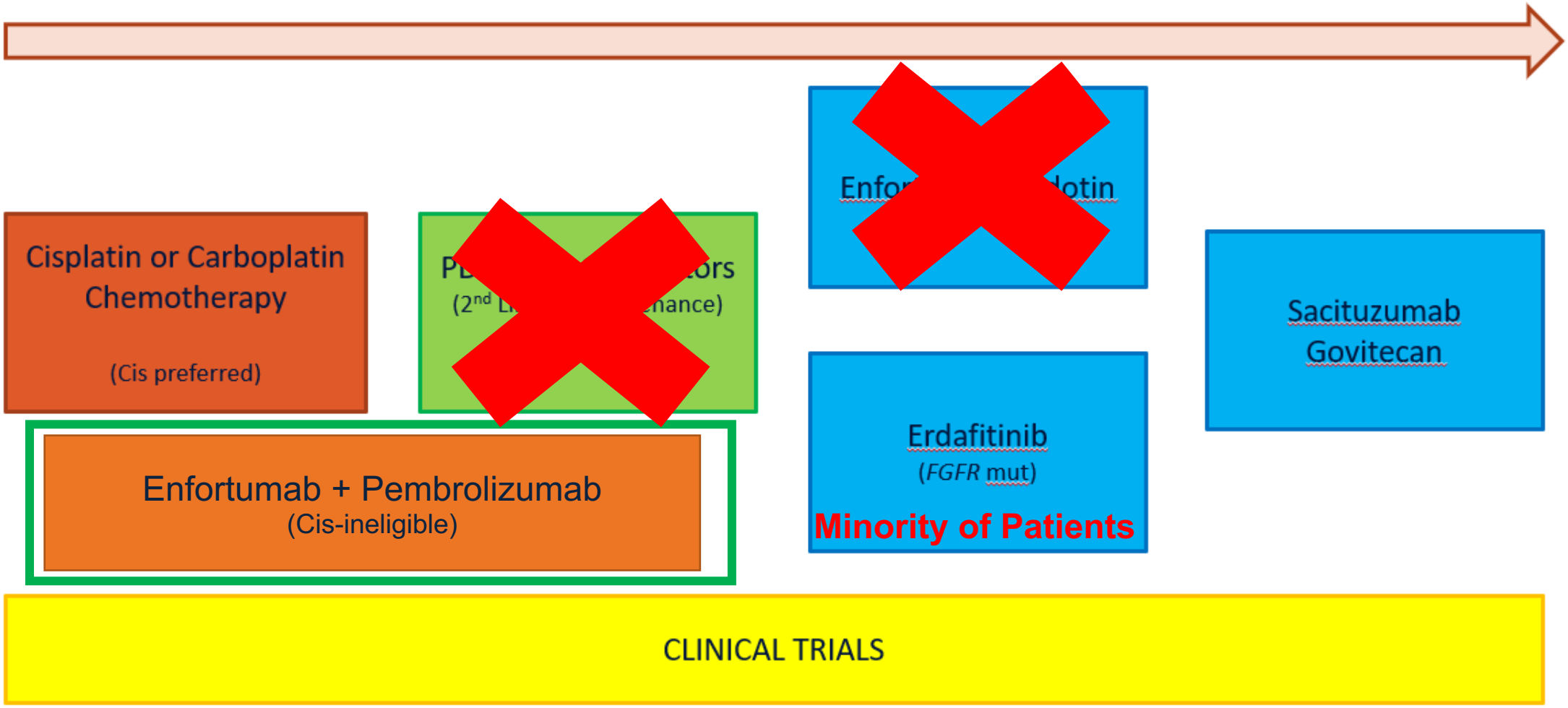
Metastatic Urothelial Carcinoma



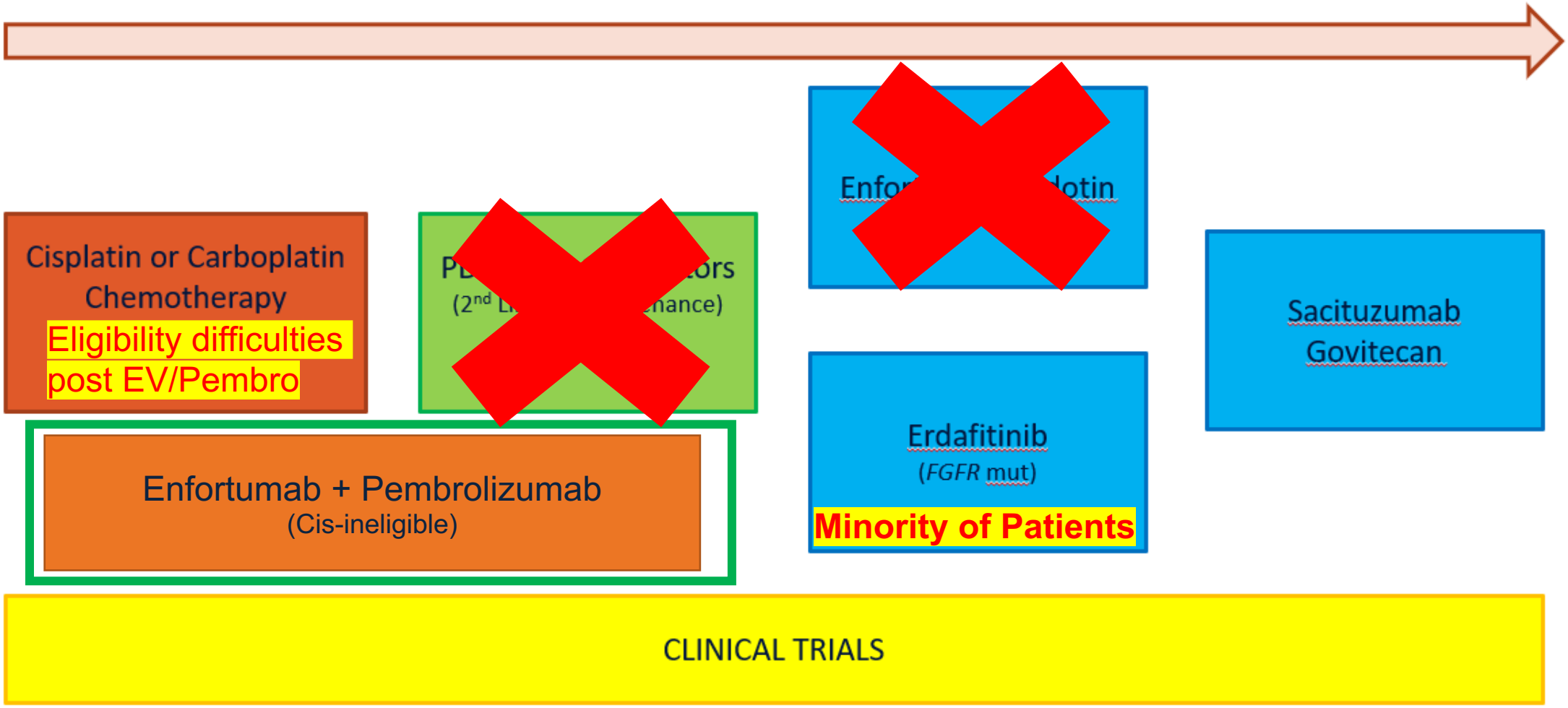
Metastatic Urothelial Carcinoma



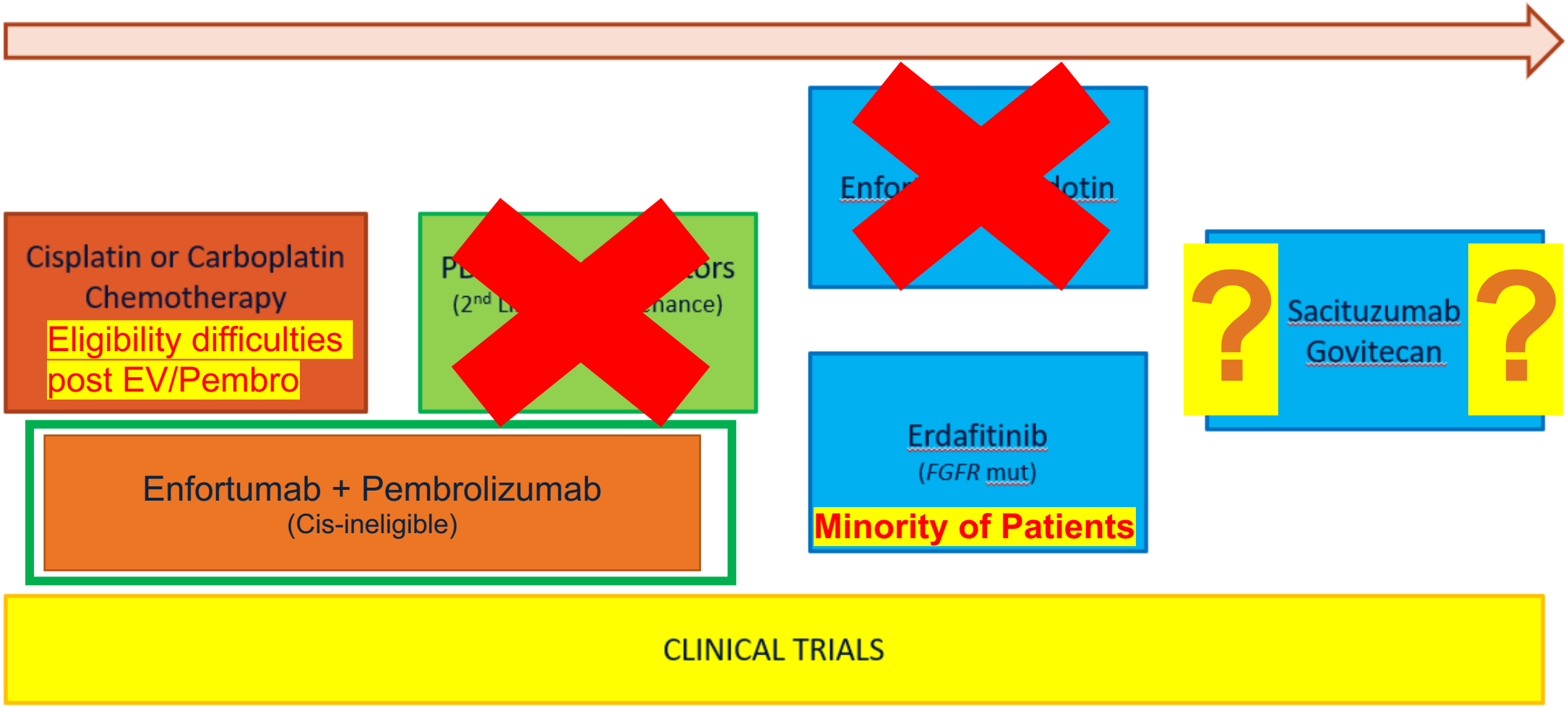
Metastatic Urothelial Carcinoma



Metastatic Urothelial Carcinoma

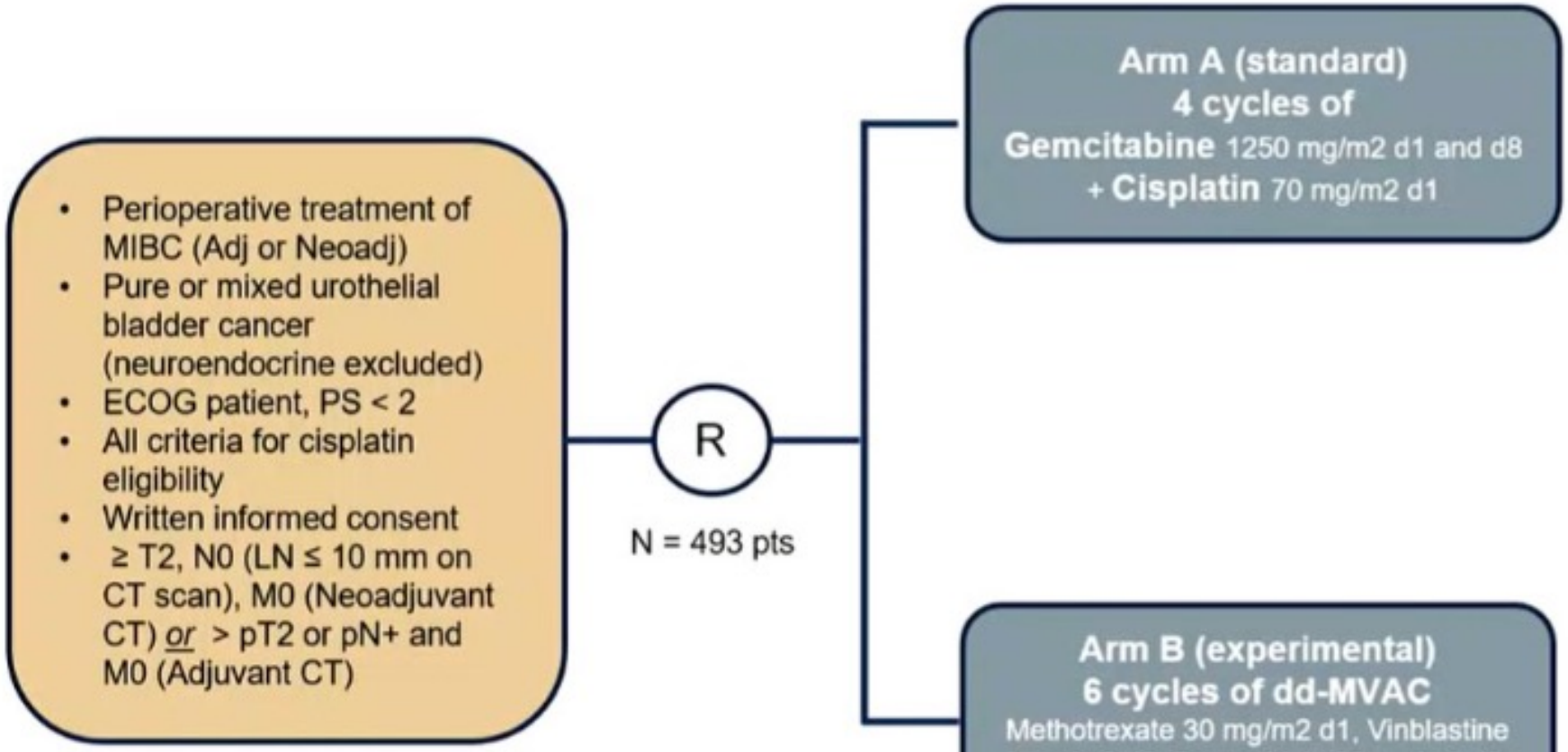


Metastatic Urothelial Carcinoma



Perioperative Urothelial Carcinoma

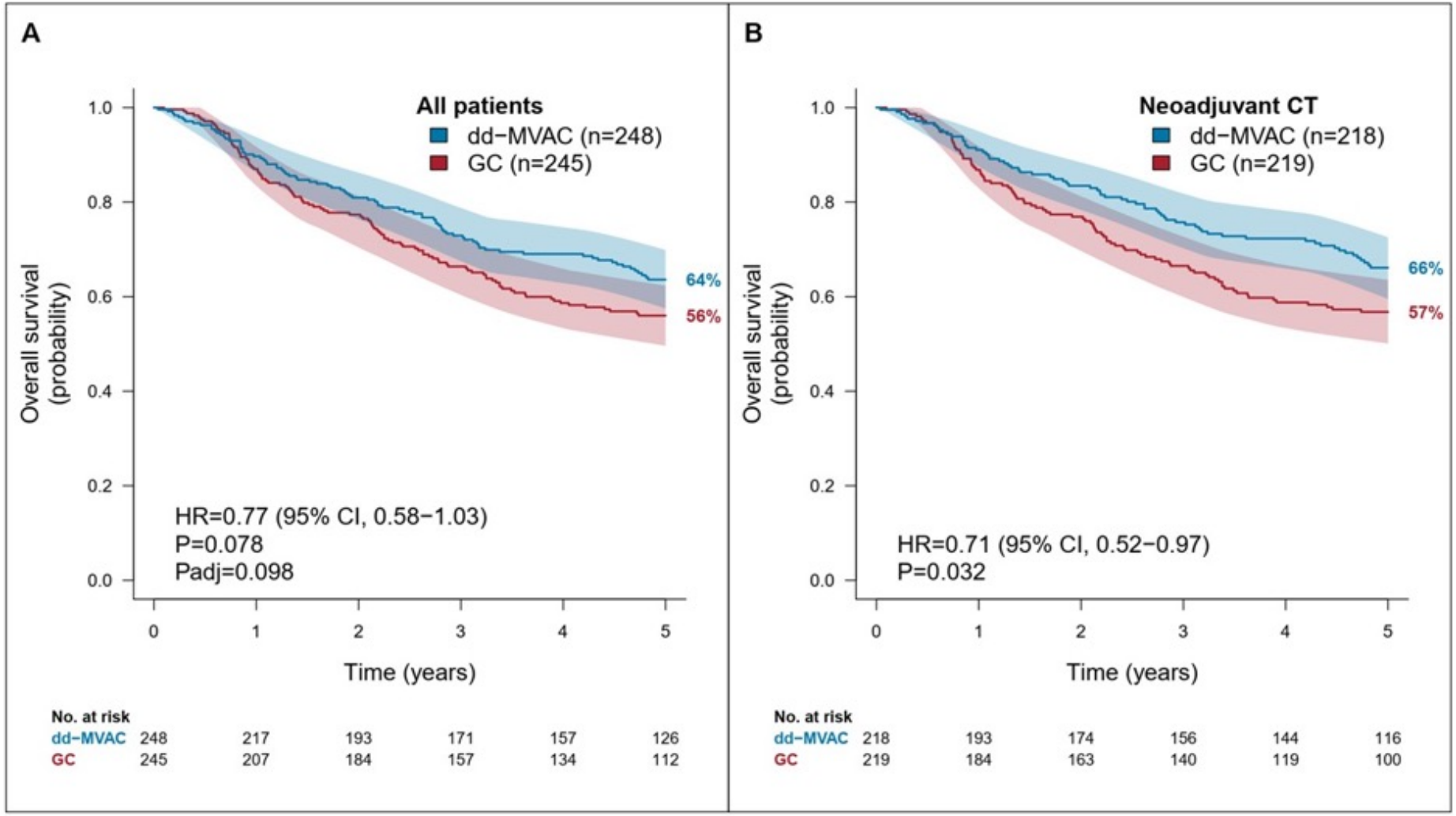
GETUG/AFU V05 VESPER Phase III Trial



- **Primary endpoint: PFS at 3 years**
- **median follow-up 40 months**

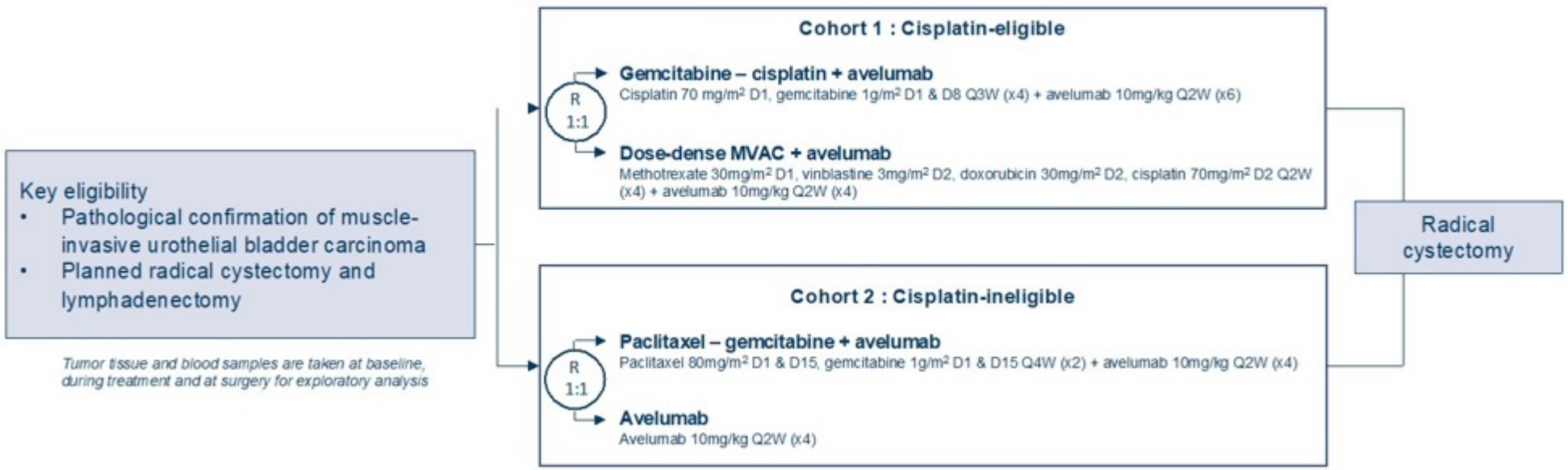
Pfister C et al, ASCO 2023

GETUG-AFU VESPER: Perioperative Chemo



Pfister C et al, ASCO 2023

AURA: Phase II Neoadjuvant Avelumab + Chemo

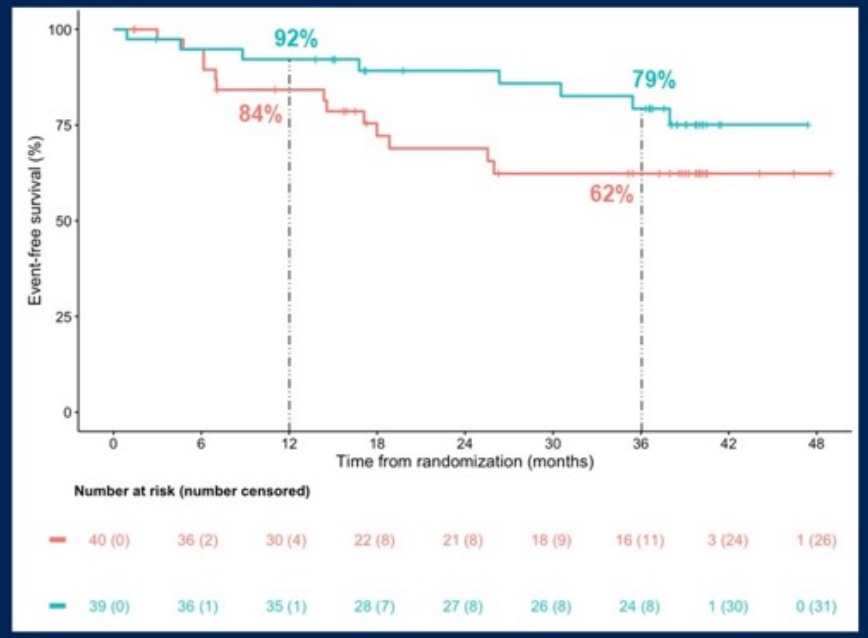


Primary endpoint was pCR

AURA: Phase II Neoadjuvant Avelumab + Chemo

Survival in the **cisplatin-eligible** cohort

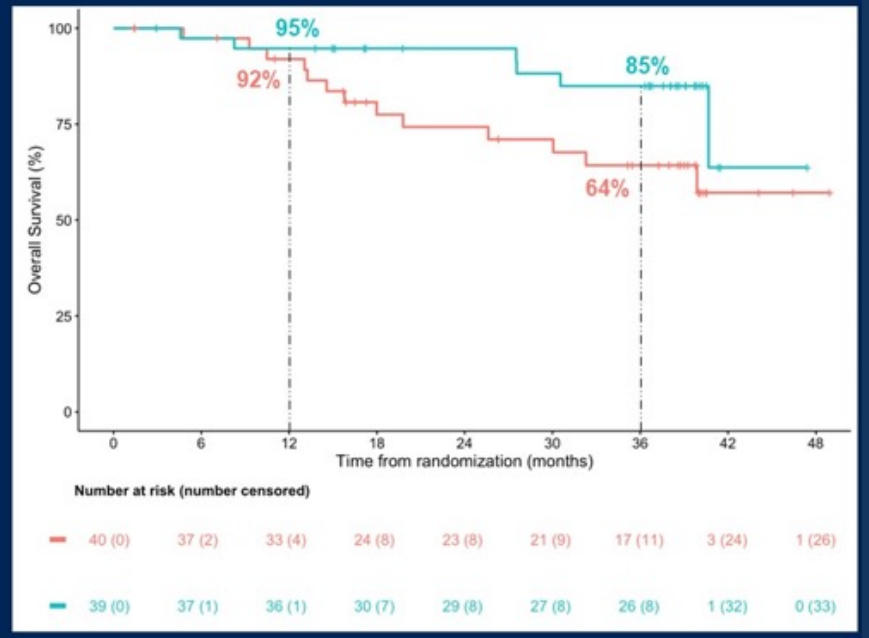
Event-free survival



ddMVAC-A

GC-A

Overall survival



12-month EFS	92% ddMVAC-A 84% GC-A
Preliminary 36-month EFS	79% ddMVAC-A 62% GC-A

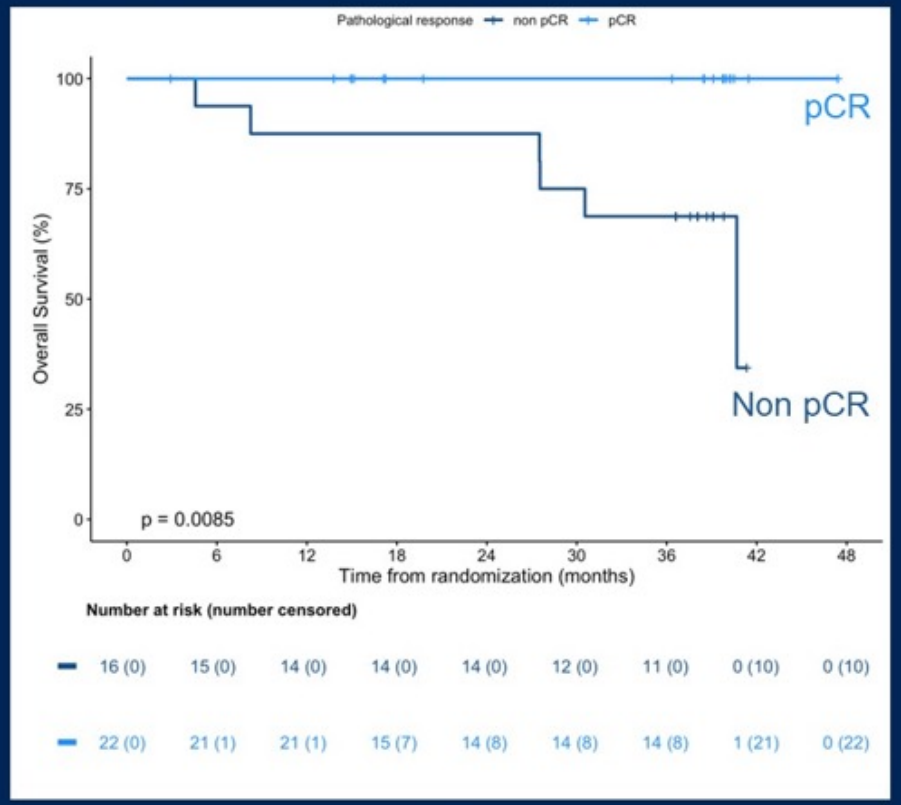
12-month OS	95% ddMVAC-A 92% GC-A
Preliminary 36-month OS	85% ddMVAC-A 64% GC-A

Blanc et al, ASCO 2024

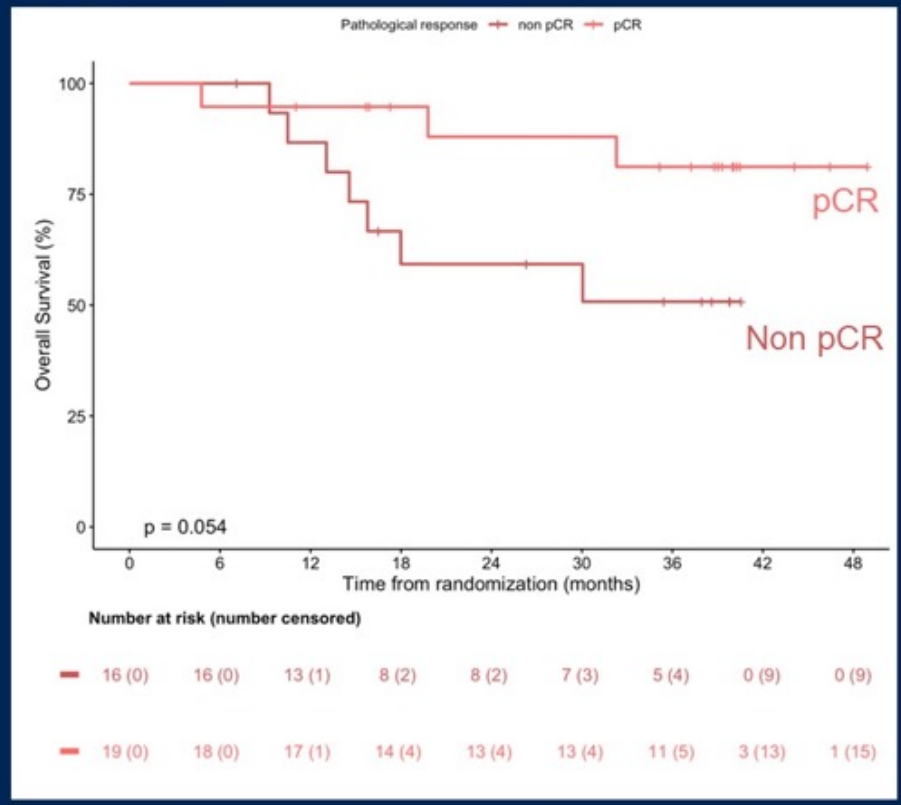
AURA: Phase II Neoadjuvant Avelumab + Chemo

Overall survival in the **cisplatin-eligible** cohort according to pCR

ddMVAC-A arm



GC-A arm



Achieving a **pCR** is associated with **longer overall survival**

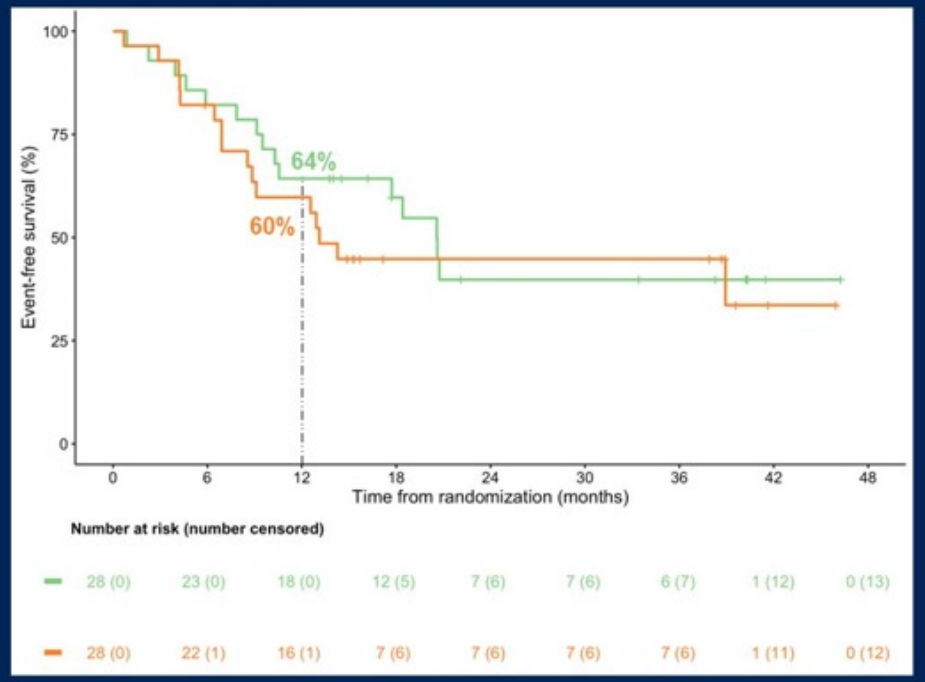
Blanc et al, ASCO 2024

AURA: Phase II Neoadjuvant Avelumab + Chemo

Survival in the **cisplatin-ineligible** cohort

9

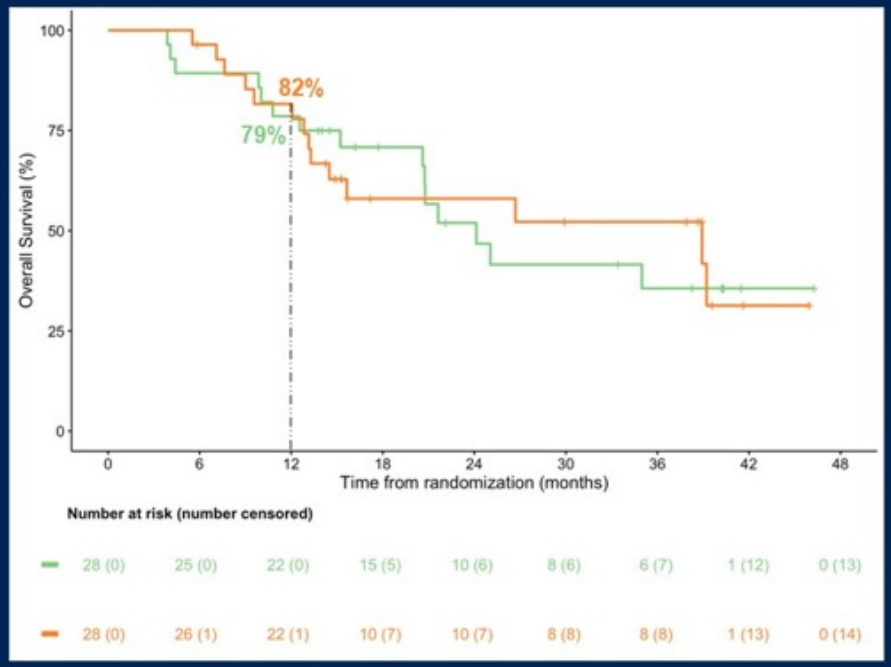
Event-free survival



PG-A

A

Overall survival



12-month EFS	64% A 60% PG-A

12-month OS	79% A 82% PG-A

Blanc et al, ASCO 2024

Metastatic Prostate Cancer

CYCLONE 2: Abiraterone +/- Abemaciclib in mCRPC

Key Eligibility Criteria

mCRPC

- Metastatic disease on bone/CT/MRI scan
- Radiographic and/or PSA progression during continuous ADT/post orchiectomy

Visceral metastases were allowed

- Including liver metastases

ECOG PS 0-1

- Symptomatic patients are eligible
- Adequate organ function

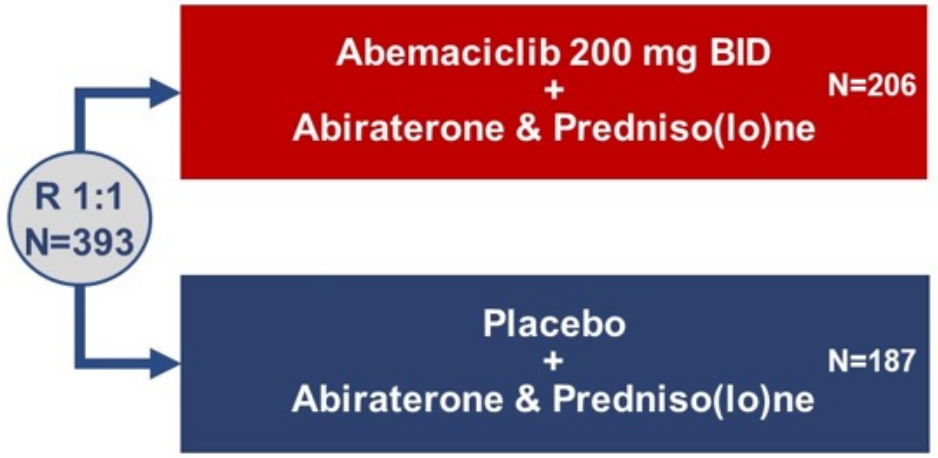
On-study requirement

- Continuous ADT

Excluded prior therapies

- CDK4/6i
- ARPI
- Chemotherapy for mCRPC (prior docetaxel for mCSPC is permitted)

Phase 2/3 Seamless Study Design



Enrollment Period:
Nov 2018 - July 2022

Stratification:

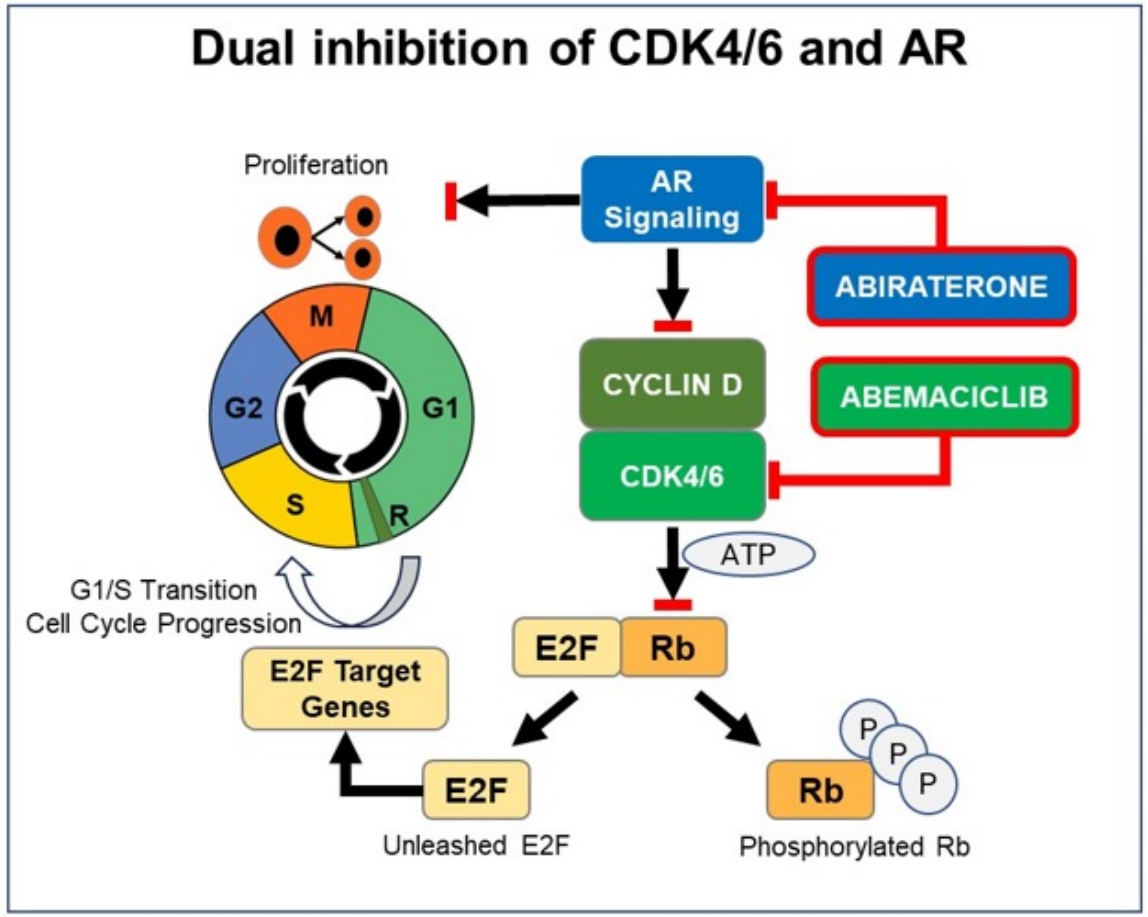
- Radiographic progression
- Measurable disease
- Prior docetaxel for mCSPC

- **Part 1:** N=46, Safety and PK Lead-in
  RP2D Selection: Abemaciclib 200 mg BID
- **Part 2:** N=146, Signal Detection - Expand Study if rPFS HR ≤ 0.668
  Adaptive Interim Analysis by IDMC at 55 rPFS events: **criterion for expansion met**
- **Part 3:** N=201, Enrollment Expansion

Smith MR, et al; ASCO 2024

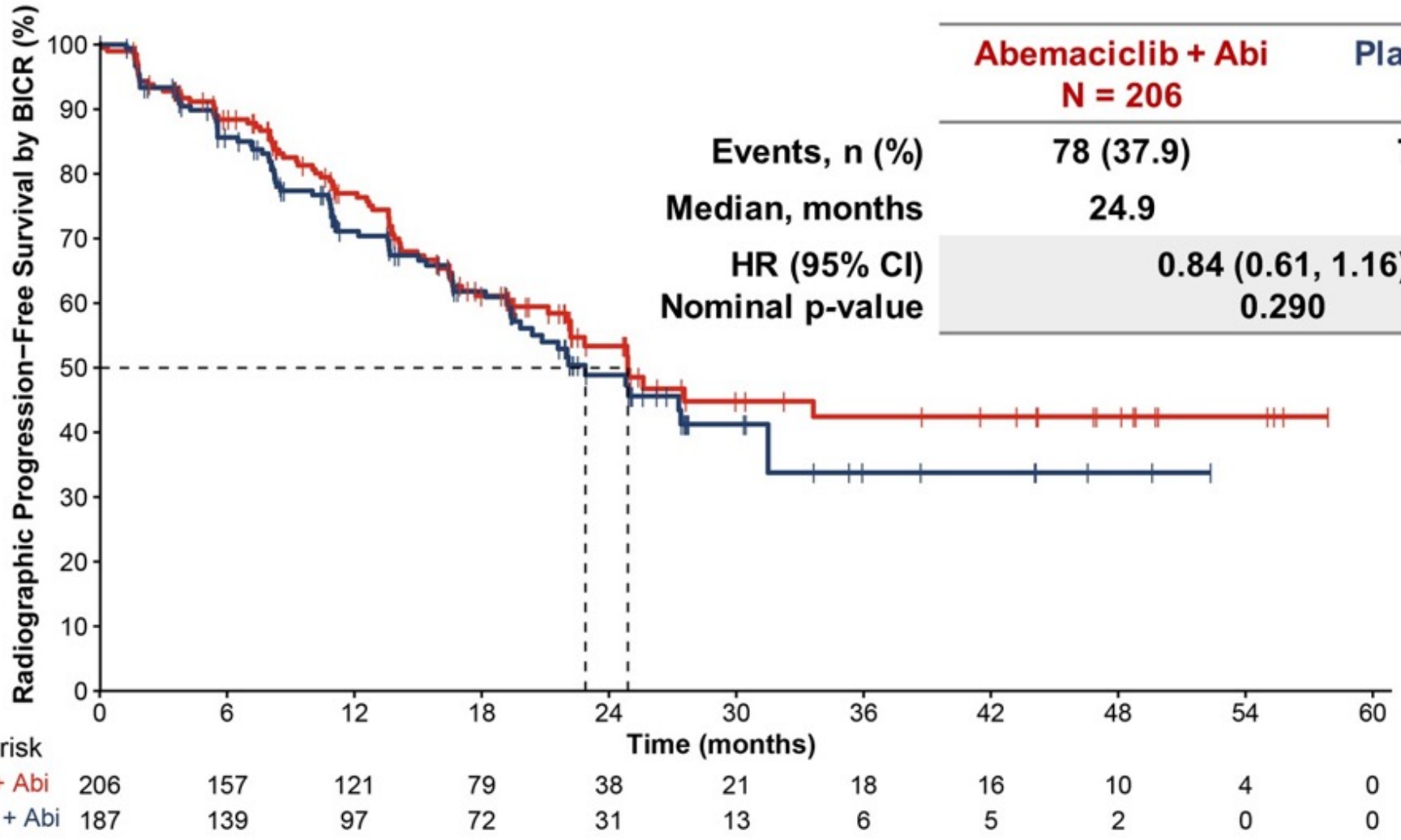
CYCLONE 2: Abiraterone +/- Abemaciclib in mCRPC

- Abemaciclib is an oral, continuously dosed, cyclin-dependent kinase 4/6 (CDK4/6) inhibitor indicated for the treatment of metastatic and high-risk early-stage HR+, HER2- breast cancer[1]
- AR signaling activates CDK4/6 to sustain proliferation of prostate cancer cells[2] and upregulation of cyclin D1 is a potential mechanism of resistance to AR signaling therapy[3]
- Abemaciclib induces cell cycle arrest and tumor growth inhibition in prostate cancer models[4] and showed signals of clinical activity in heavily pretreated patients with mCRPC (CYCLONE 1)[5]
- The addition of CDK4/6 blockade with abemaciclib may maximize the depth and duration of efficacy of AR pathway inhibition in the treatment of mCRPC



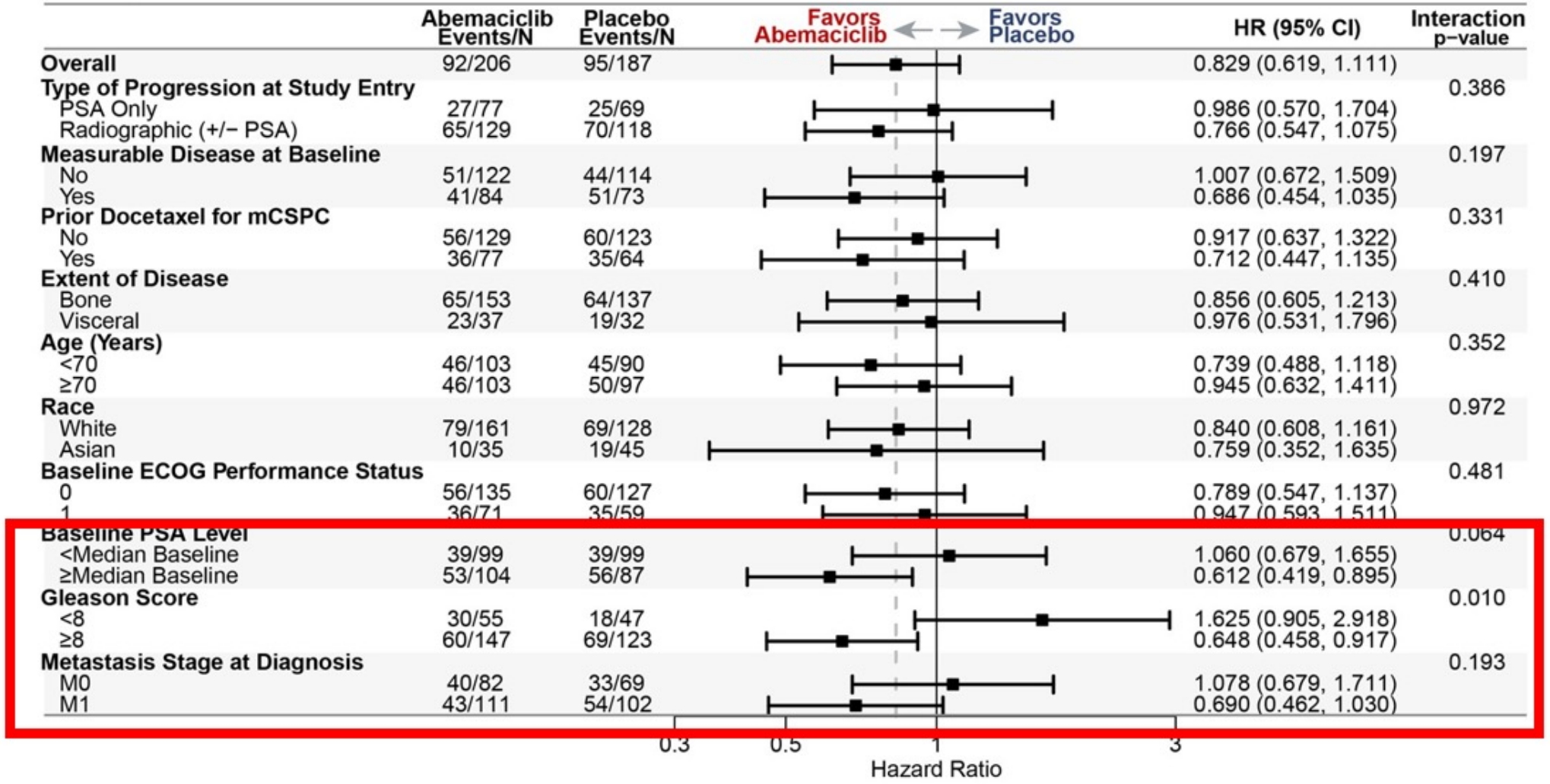
1. Abemaciclib [package insert]. Indianapolis, IN; Eli Lilly and Company; 2021; 2. Xu Y, et al. Can Res. 2006;66(15):7783-92; 3. Pal SK, et al. Cancer. 2018;124(6):1216-1224; 4. Torres-Guzmán, et al. Cancer Res. 2020;80(16):4850; 5. Agarwal N. et al. Clin Cancer Res. 2024

CYCLONE 2: Radiographic PFS by Central Review



	Abemaciclib + Abi N = 206	Placebo + Abi N = 187
Events, n (%)	78 (37.9)	77 (41.2)
Median, months	24.9	22.9
HR (95% CI)	0.84 (0.61, 1.16)	
Nominal p-value	0.290	

CYCLONE 2: Radiographic PFS

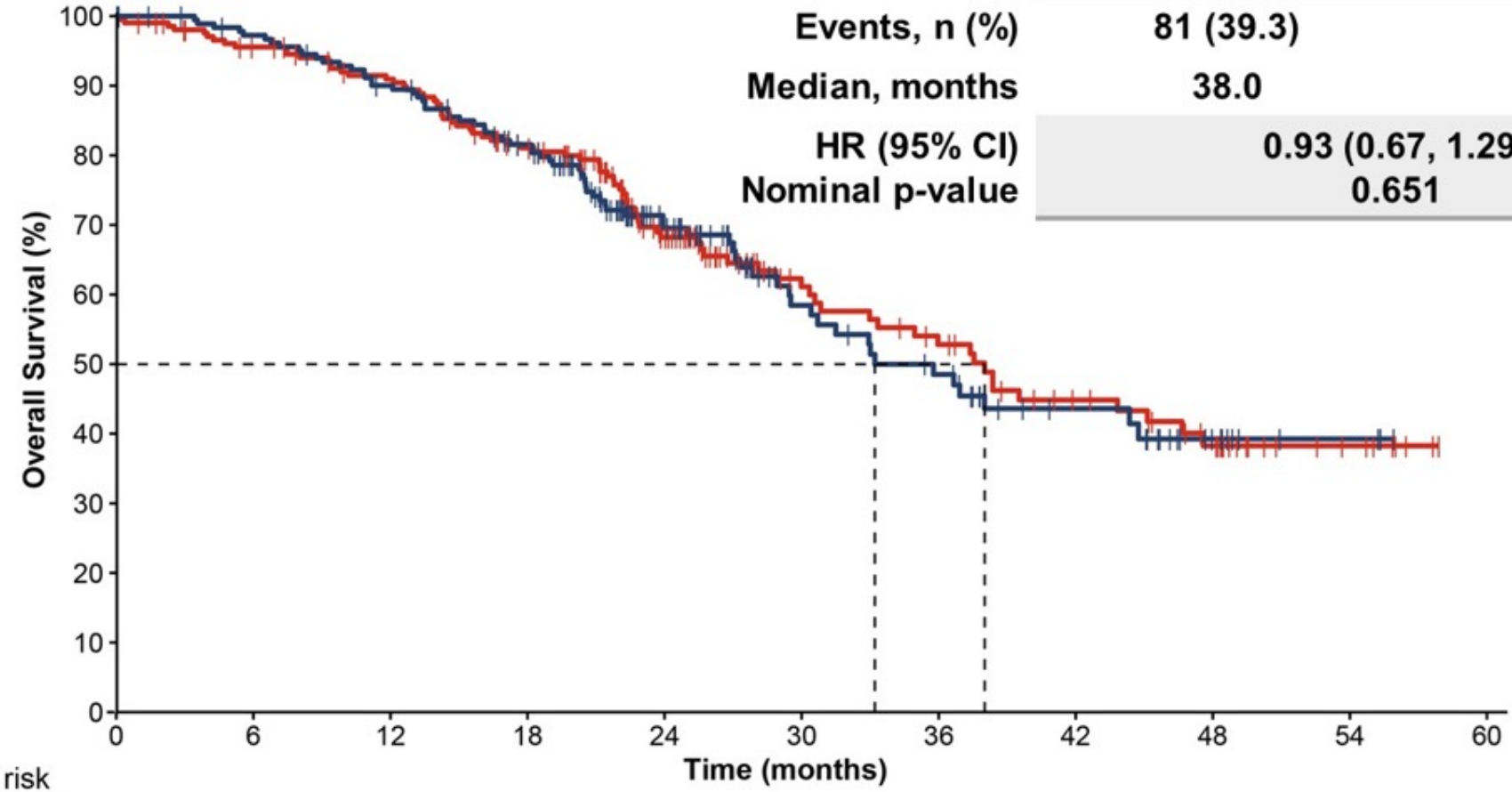


	Abemaciclib Events/N	Placebo Events/N	HR (95% CI)	Interaction p-value
Overall	92/206	95/187	0.829 (0.619, 1.111)	
Type of Progression at Study Entry				0.386
PSA Only	27/77	25/69	0.986 (0.570, 1.704)	
Radiographic (+/− PSA)	65/129	70/118	0.766 (0.547, 1.075)	
Measurable Disease at Baseline				0.197
No	51/122	44/114	1.007 (0.672, 1.509)	
Yes	41/84	51/73	0.686 (0.454, 1.035)	
Prior Docetaxel for mCSPC				0.331
No	56/129	60/123	0.917 (0.637, 1.322)	
Yes	36/77	35/64	0.712 (0.447, 1.135)	
Extent of Disease				0.410
Bone	65/153	64/137	0.856 (0.605, 1.213)	
Visceral	23/37	19/32	0.976 (0.531, 1.796)	
Age (Years)				0.352
<70	46/103	45/90	0.739 (0.488, 1.118)	
≥70	46/103	50/97	0.945 (0.632, 1.411)	
Race				0.972
White	79/161	69/128	0.840 (0.608, 1.161)	
Asian	10/35	19/45	0.759 (0.352, 1.635)	
Baseline ECOG Performance Status				0.481
0	56/135	60/127	0.789 (0.547, 1.137)	
1	36/71	35/59	0.947 (0.593, 1.511)	
Baseline PSA Level				0.064
<Median Baseline	39/99	39/99	1.060 (0.679, 1.655)	
≥Median Baseline	53/104	56/87	0.612 (0.419, 0.895)	
Gleason Score				0.010
<8	30/55	18/47	1.625 (0.905, 2.918)	
≥8	60/147	69/123	0.648 (0.458, 0.917)	
Metastasis Stage at Diagnosis				0.193
M0	40/82	33/69	1.078 (0.679, 1.711)	
M1	43/111	54/102	0.690 (0.462, 1.030)	

Trends for numerically greater treatment effect in poor prognosis subgroups

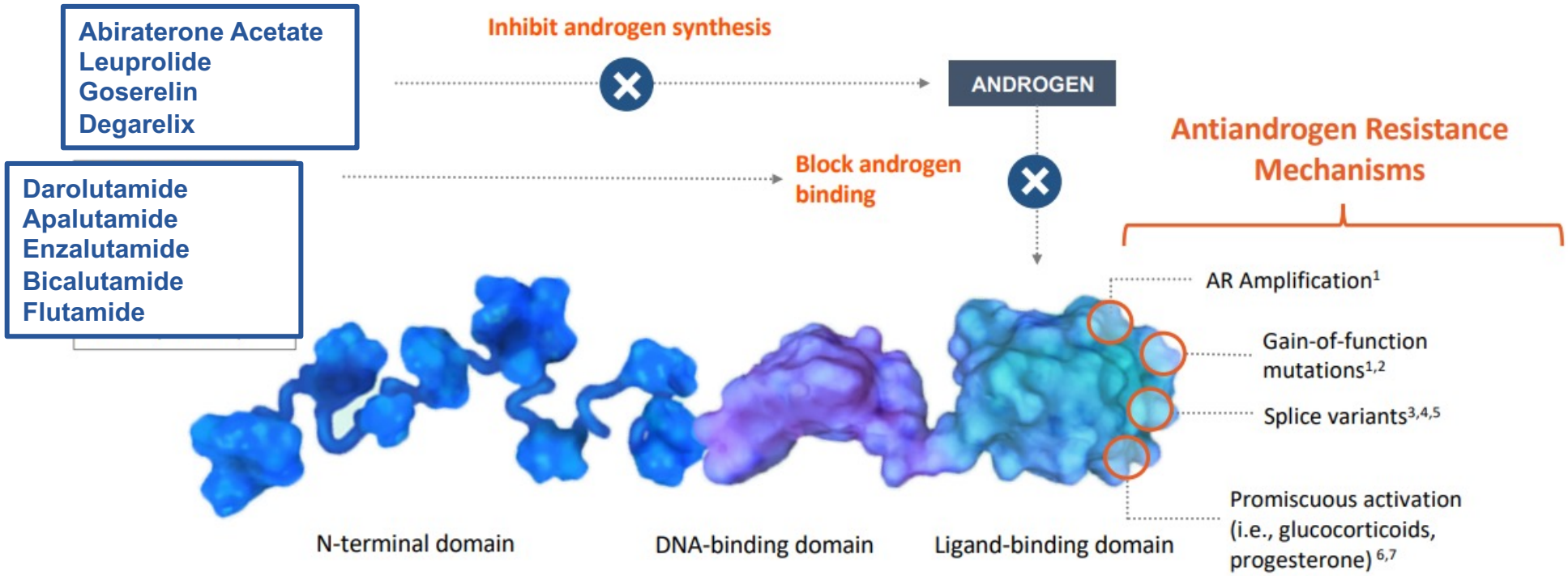
CYCLONE 2: Overall Survival

	Abemaciclib + Abi N = 206	Placebo + Abi N = 187
Events, n (%)	81 (39.3)	72 (38.5)
Median, months	38.0	33.2
HR (95% CI)	0.93 (0.67, 1.29)	
Nominal p-value	0.651	



Smith MR, et al; ASCO 2024

Current Novel Antiandrogen Therapies Only Target the Androgen Receptor Ligand Binding Domain

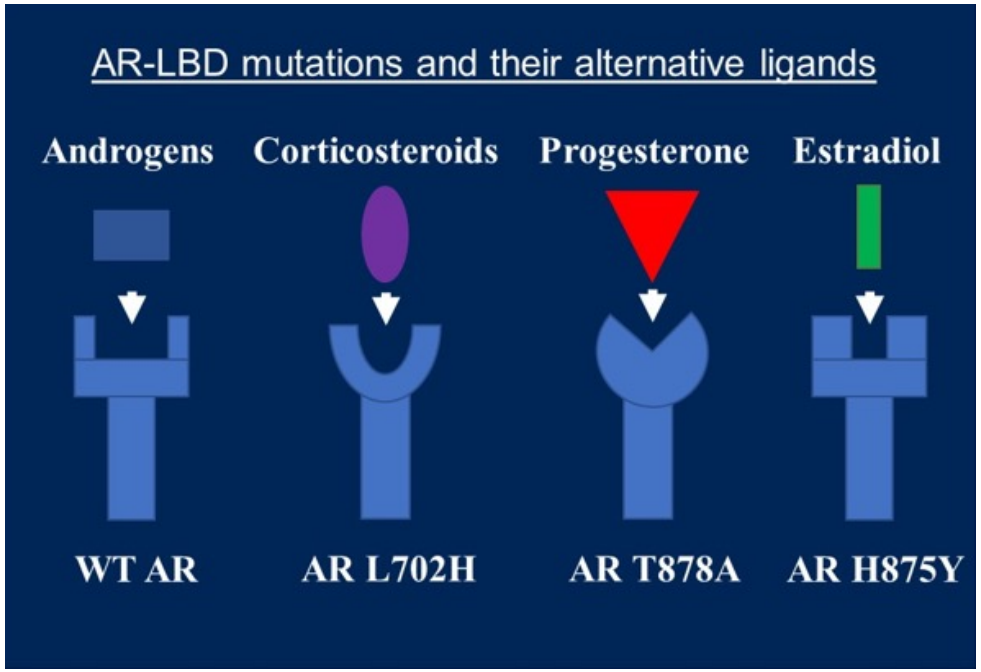


- All current antiandrogens function through the ligand-binding domain of the androgen receptor
- Known antiandrogen resistance mechanisms develop at the ligand binding domain

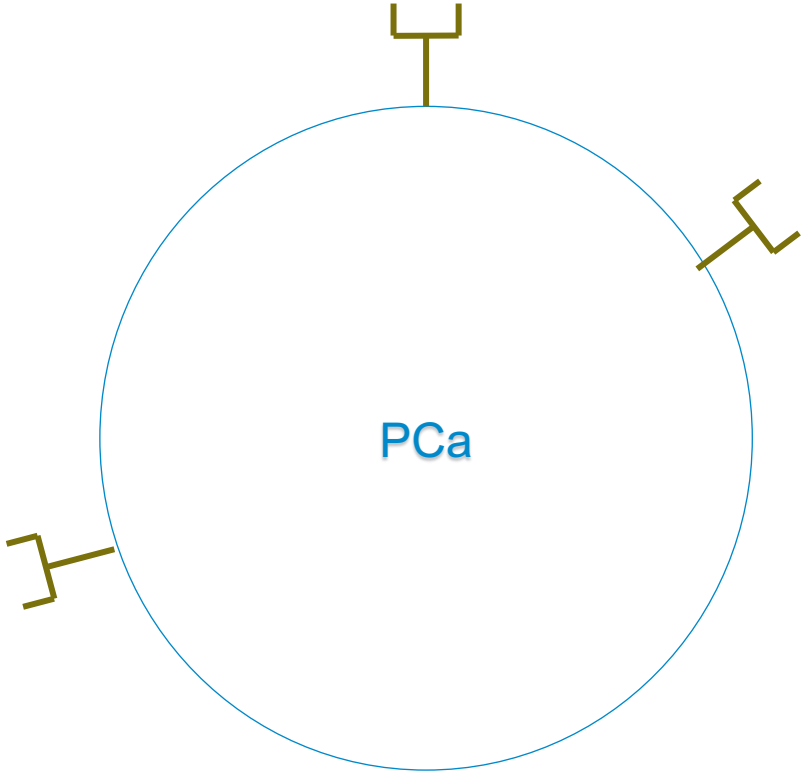
ESSA Corporate Presentation 2021.

1. Azad AA, et al. Clin Cancer Res. 2015.
2. Joseph JD, et al. Cancer Discov. 2013.
3. Antonarakis ES. et al. NEJM. 2014.
4. Mostagehel, EA. et al. AI Clin Cancer Res. 2011.
5. Chen, EJ. et al. Clin Cancer Res. 2015.

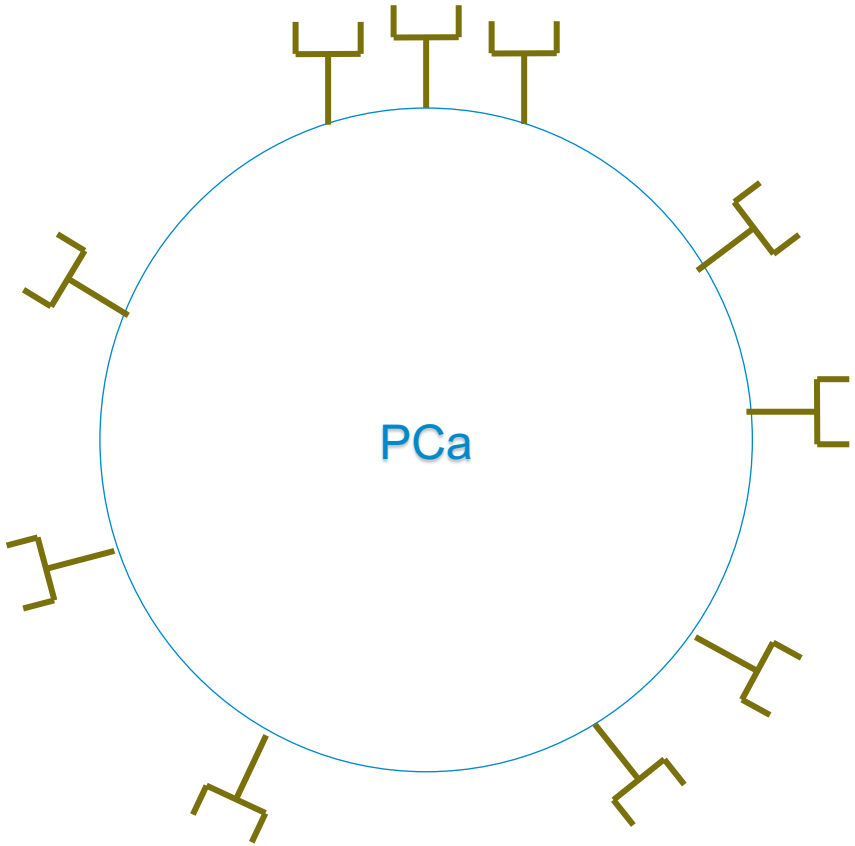
Further Hormone Manipulation in Prostate Cancer



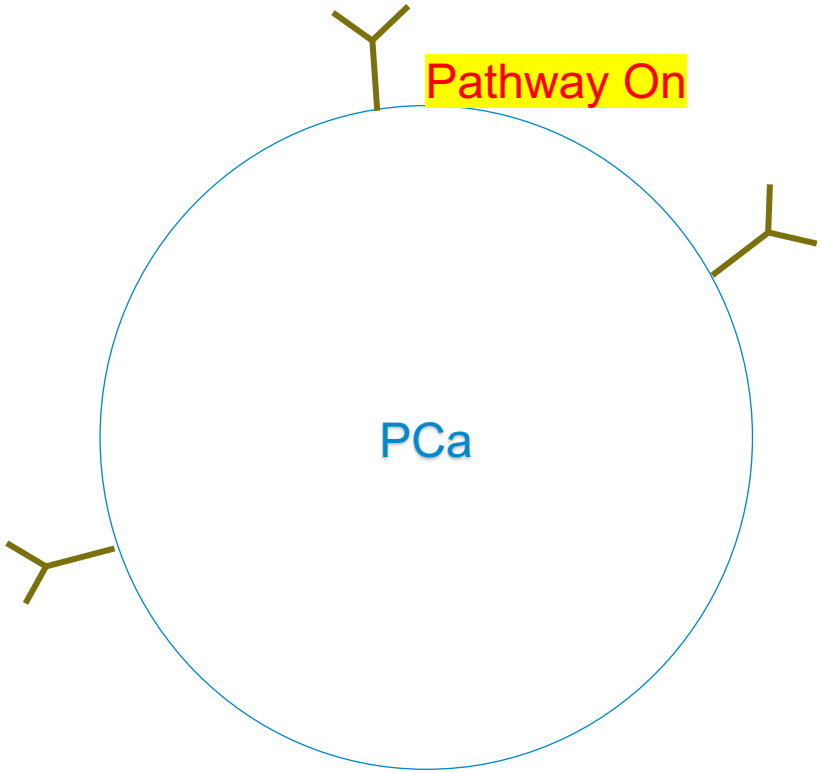
Fizzazi, et al. GU ASCO 2022



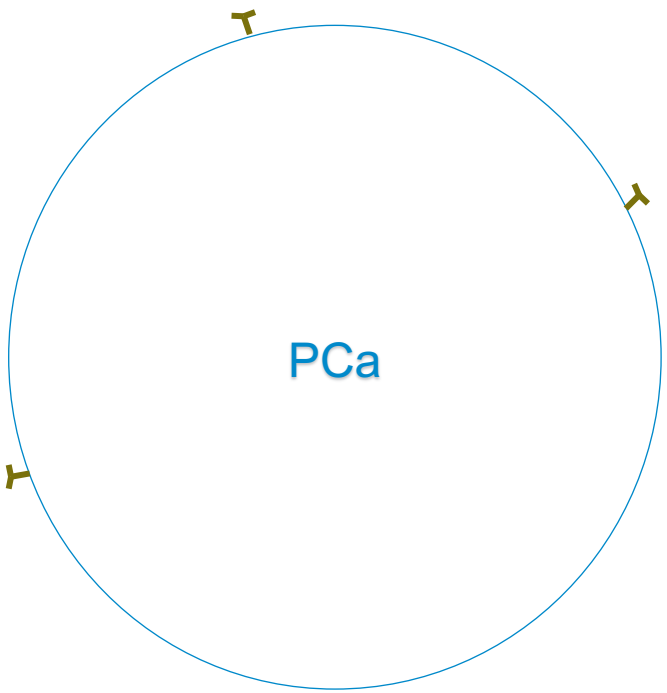
Further Hormone Manipulation in Prostate Cancer



AR Amplifications

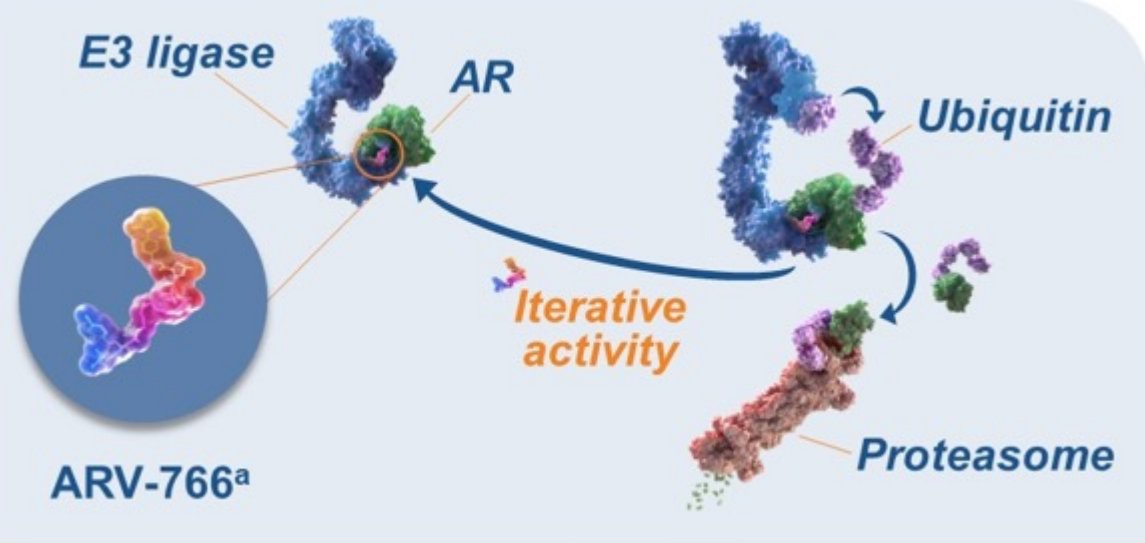


AR LBD Mutations



AR Truncations/Splice

ARV-766: Androgen Receptor Degrader

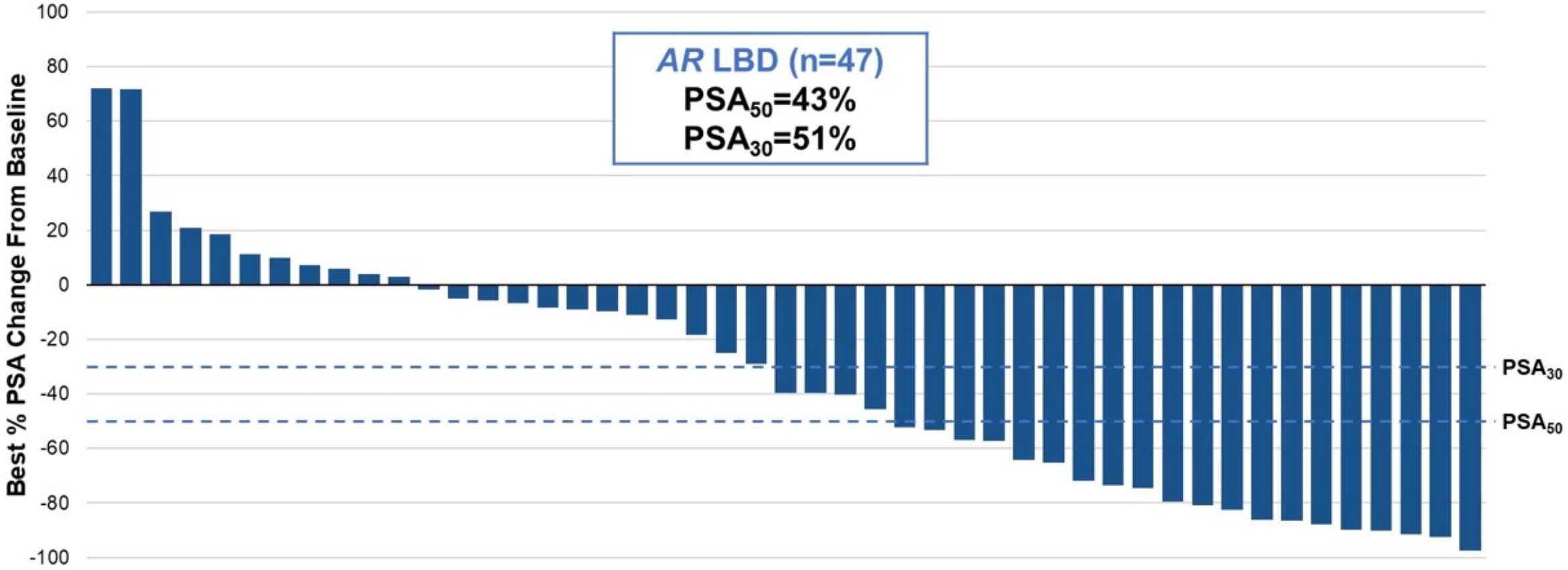


- ~20% of men with mCRPC will develop *AR* LBD mutations (amino acids 671-920)
  - L702H, H875Y, T878A are most common (poor prognosis)

Phase 1 dose escalation (part A)	Phase 2 cohort expansion (part B)
Key eligibility criteria • Progressive mCRPC • Ongoing ADT • ≥2 prior systemic therapies (including ≥1 ARPI)	**Key eligibility criteria** • Progressive mCRPC • Ongoing ADT • 1–3 prior ARPIs • ≤2 prior chemotherapy regimens
Treatment • Ascending doses of ARV-766 (20–500 mg orally QD)	**Treatment** • ARV-766 100 mg or 300 mg orally QD (1:1 randomization)
Primary objective • Safety and tolerability of ARV-766 to select RP2Ds	**Primary objective** • Evaluate the antitumor activity of ARV-766

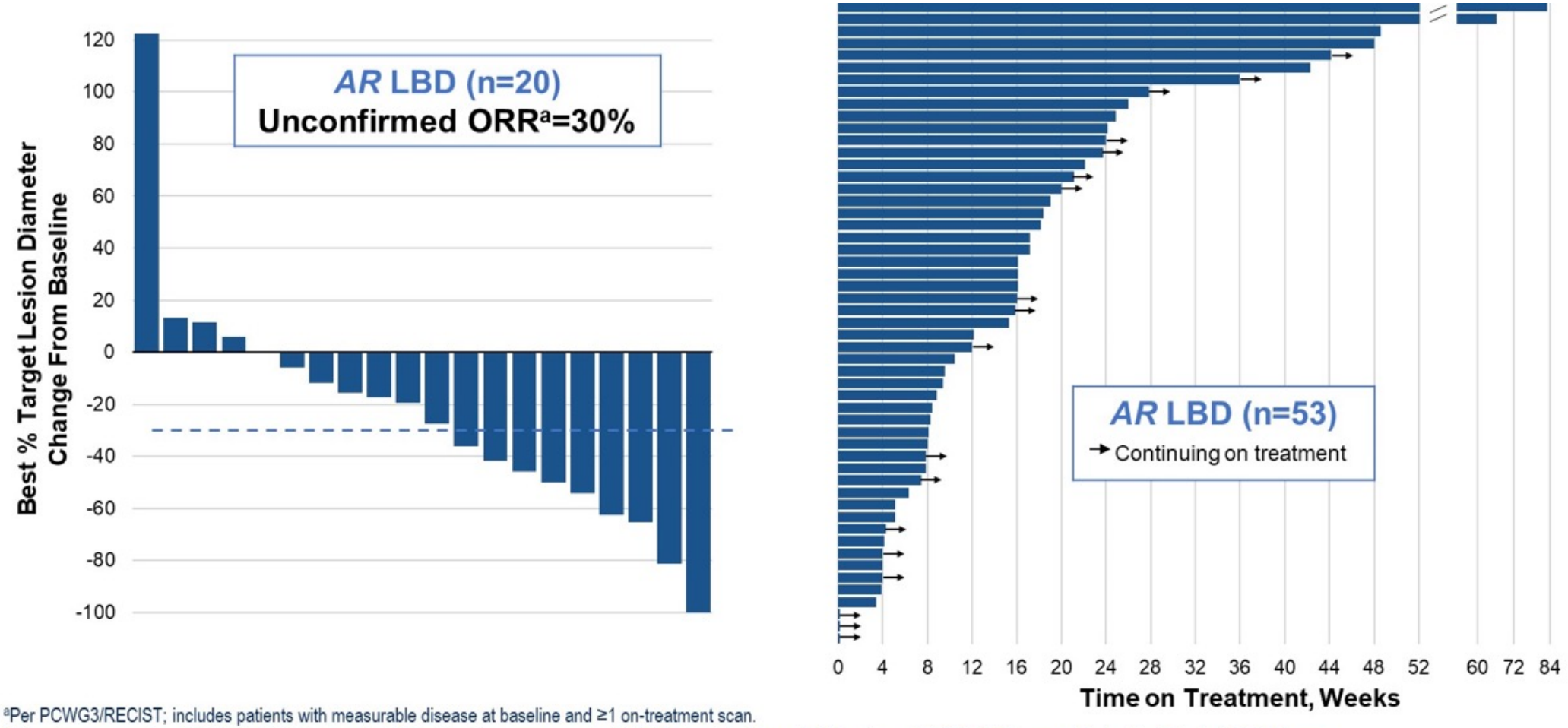
Petrylak DP, et al; ASCO 2024

ARV-766: Best PSA Declines in Patients with AR LBD Mutations



Petrylak DP, et al; ASCO 2024

ARV-766: Tumor Response and Treatment Duration (LBD mut)



[a]Per PCWG3/RECIST; includes patients with measurable disease at baseline and ≥1 on-treatment scan.

AR=androgen receptor; LBD=ligand-binding domain; ORR=objective response rate; PCWG3=Prostate Cancer Working Group 3; RECIST=Response Evaluation Criteria in Solid Tumors.

Thank you!

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