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Letter from Prof Rolf Stahel

Dear Colleagues

It is my pleasure to present this ETOP slide set which has been designed to highlight and summarise key findings in thoracic cancers from the major congresses in 2025. This slide set specifically focuses on the **IASLC 2025 World Conference on Lung Cancer** and is available in 3 languages – English, Chinese and Japanese.

The area of clinical research in oncology is a challenging and continually changing environment. Within this environment we all value access to scientific data and research which helps to educate and inspire further advancements in our roles as scientists, clinicians and educators. I hope you find this review of the latest developments in thoracic cancers of benefit to you in your practice. If you would like to share your thoughts with us, we would welcome your comments. Please send any correspondence to etop@etop.eu-org.

I would like to thank our ETOP members Drs Enriqueta Felip, Solange Peters, Martin Reck and Egbert Smit for their roles as Editors – for prioritising abstracts and reviewing slide content. The slide set you see before you would not be possible without their commitment and hard work.

Finally, we are also very grateful to Lilly Oncology for their financial, administrative and logistical support in the realisation of this complex yet rewarding activity.

Yours sincerely,
Rolf Stahel
President, ETOP Foundation Council

ETOP Medical Oncology Slide Deck Editors 2025

Focus: biomarkers (all stages)

Dr Enriqueta Felip

Oncology Department, Vall d'Hebron University Hospital, Barcelona, Spain

Focus: early and locally advanced NSCLC (stages I–III)

Dr Egbert Smit

Netherlands Cancer Institute, Antoni van Leeuwenhoek Hospital, Amsterdam, Netherlands

Focus: advanced NSCLC (not radically treatable stage III & stage IV)

Dr Solange Peters

Multidisciplinary Oncology Center, Lausanne Cancer Center, Lausanne, Switzerland

Focus: other malignancies, SCLC, mesothelioma, rare tumors

Dr Martin Reck

Department of Thoracic Oncology, Hospital Grosshansdorf, Grosshansdorf, Germany

Contents

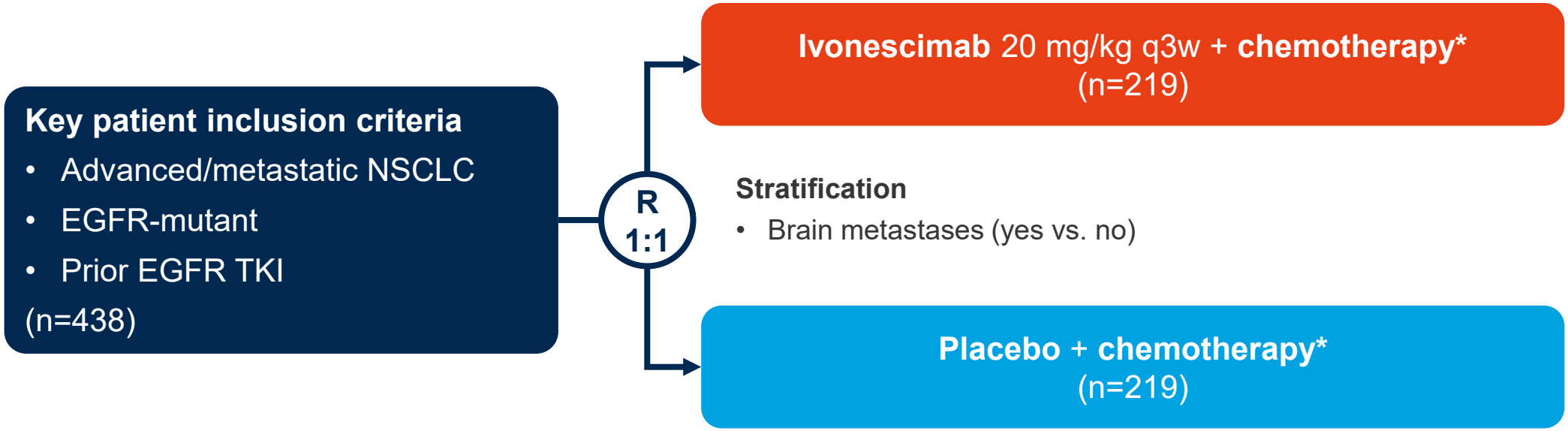
- Advanced NSCLC
  - Immunotherapy
  - Targeted therapies
- Other malignancies
  - SCLC, mesothelioma and thymic epithelial tumors

Advanced NSCLC

Immunotherapy

PL02.08: Ivonescimab vs Placebo Plus Chemo, Phase 3 in Patients with EGFR+ NSCLC Progressed with 3rd gen EGFR-TKI Treatment: HARMONi – Goldman JW, et al

- **Study objective**
  - To evaluate the efficacy and safety of ivonescimab in patients with EGFR-mutant NSCLC who have progressed on a third-generation EGFR TKI in the phase 3 HARMONi study



Primary endpoints

- OS, PFS (IRRC, RECIST v1.1)

Secondary endpoints

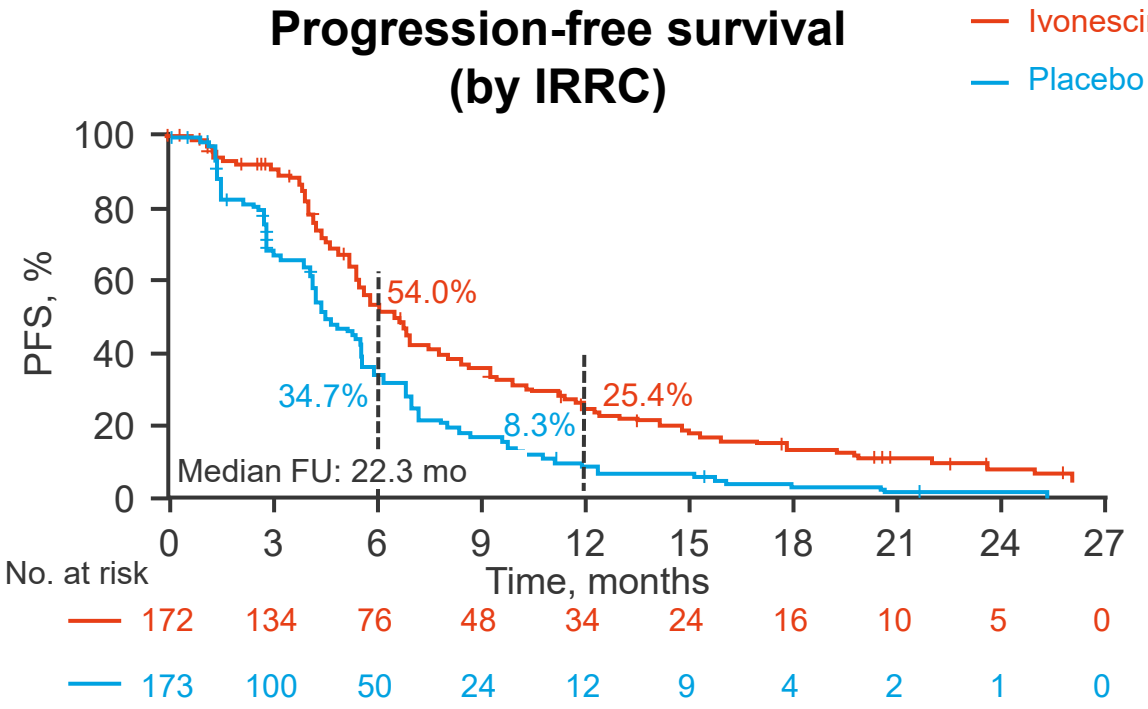
- ORR, DoR, safety

*Carboplatin AUC5 q3w (4 cycles) + pemetrexed 500 mg/m^2 q3w.

PL02.08: Ivonescimab vs Placebo Plus Chemo, Phase 3 in Patients with EGFR+ NSCLC Progressed with 3rd gen EGFR-TKI Treatment: HARMONi – Goldman JW, et al

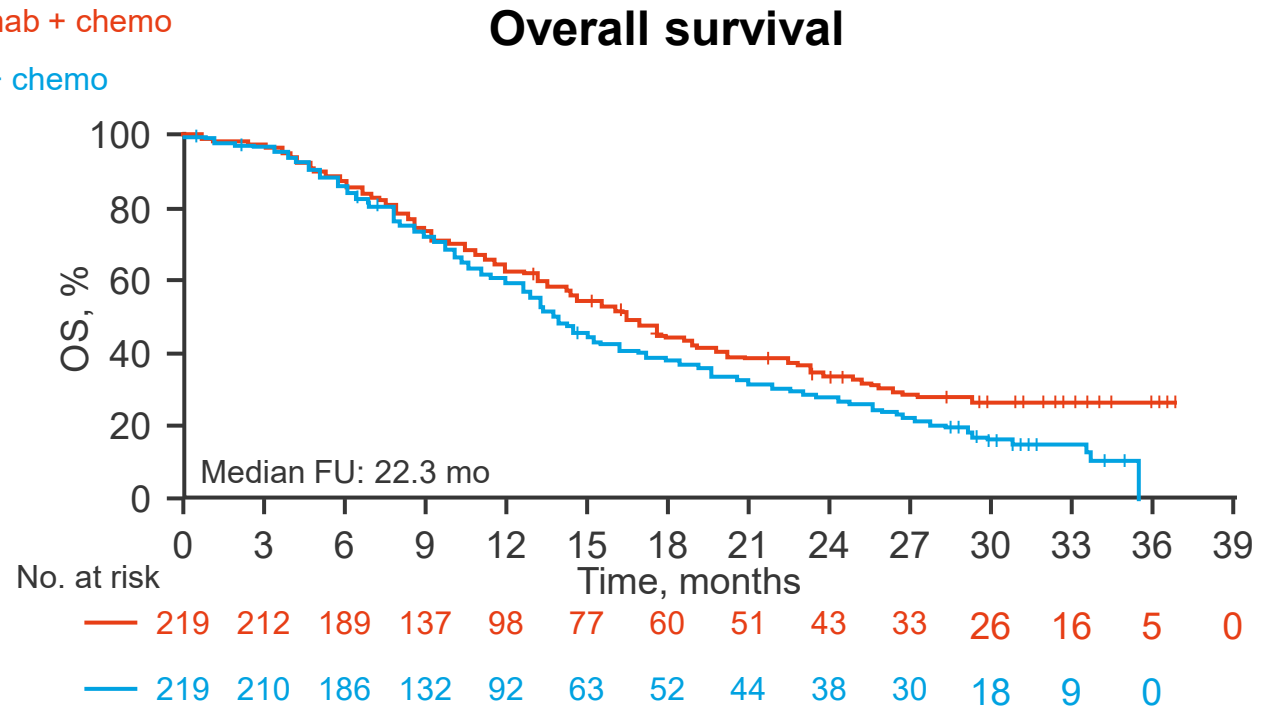
- **Key results**

Progression-free survival (by IRRC)



	Ivonescimab + chemotherapy	Placebo + chemotherapy
Events, n (%)	129 (75.0)	146 (84.4)
mPFS, mo	6.8	4.4
HR (95%CI); p-value	0.52 (0.41, 0.66); <0.0001	

Overall survival



	Ivonescimab + chemotherapy	Placebo + chemotherapy
Events, n (%)	122 (55.7)	140 (63.9)
mOS, mo	16.8	14.0
HR (95%CI); p-value	0.79 (0.62, 1.01); 0.0570	

PL02.08: Ivonescimab vs Placebo Plus Chemo, Phase 3 in Patients with EGFR+ NSCLC Progressed with 3rd gen EGFR-TKI Treatment: HARMONi – Goldman JW, et al

- **Key results (cont.)**

	Ivonescimab + chemotherapy	Placebo + chemotherapy
DCR, %	84	73
ORR, %	45	34
DoR, mo (95%CI)	7.6 (5.5, 10.6)	4.2 (2.9, 4.7)

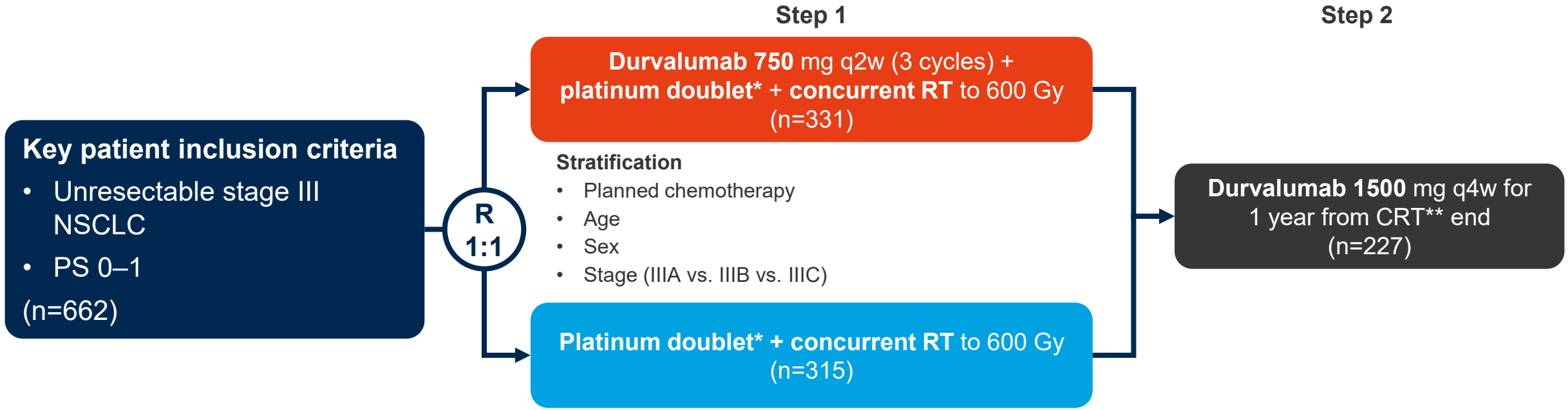
TRAEs, n (%)*	Ivonescimab + chemotherapy (n=218)	Placebo + chemotherapy (n=218)
Any	207 (95.0)	203 (93.1)
Grade ≥3	109 (50.0)	92 (42.2)
Serious	61 (28.0)	33 (15.1)
Led to discontinuation	16 (7.3)	11 (5.0)
Led to death	4 (1.8)	5 (2.3)
Grade ≥3 irAE	21 (9.6)	13 (6.0)
Grade ≥3 VEGF-related	16 (7.3)	7 (3.2)

- **Conclusions**
  - In patients with EGFR-mutant NSCLC, ivonescimab + chemotherapy provided a statistically significant improvement in PFS while maintaining a favourable safety profile. However, the trial failed to show an OS benefit of ivonescimab + chemotherapy compared with standard platinum-doublet chemotherapy

*One patient in each arm did not receive the study drug.

PL03.04: EA5181: Phase 3 Trial of Concurrent and Consolidative Durvalumab vs Consolidation Durva Alone for Unresectable Stage 3 NSCLC – Varlotto JM, et al

- **Study objective**
  - To evaluate the efficacy and safety of concurrent and consolidative durvalumab vs consolidation durvalumab in patients with unresectable stage 3 NSCLC in the phase 3 EA5181 study



Primary endpoint

- OS

Secondary endpoints

- PFS, ORR, safety

*Investigator choice: cisplatin 50 mg/m^2 + etoposide 50 mg/m^2; cisplatin 75 mg/m^2 + pemetrexed 500 mg/m^2; carboplatin AUC 2 + paclitaxel 45 mg/m^2;
**starting within 14 days (toxicity dependent) but not later than 45 days.

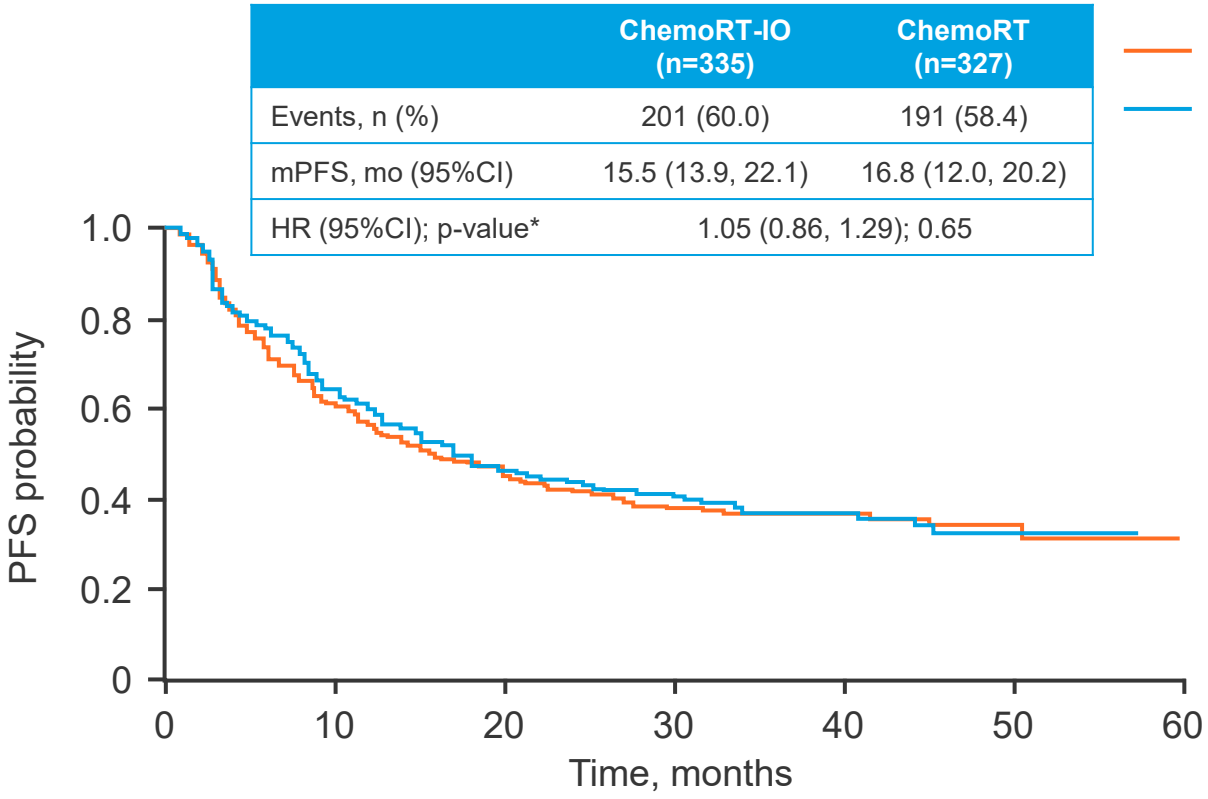
Varlotto JM, et al. J Thorac Oncol 2025;20(suppl):Abstr PL03.04

PL03.04: EA5181: Phase 3 Trial of Concurrent and Consolidative Durvalumab vs Consolidation Durva Alone for Unresectable Stage 3 NSCLC – Varlotto JM, et al

- **Key results**

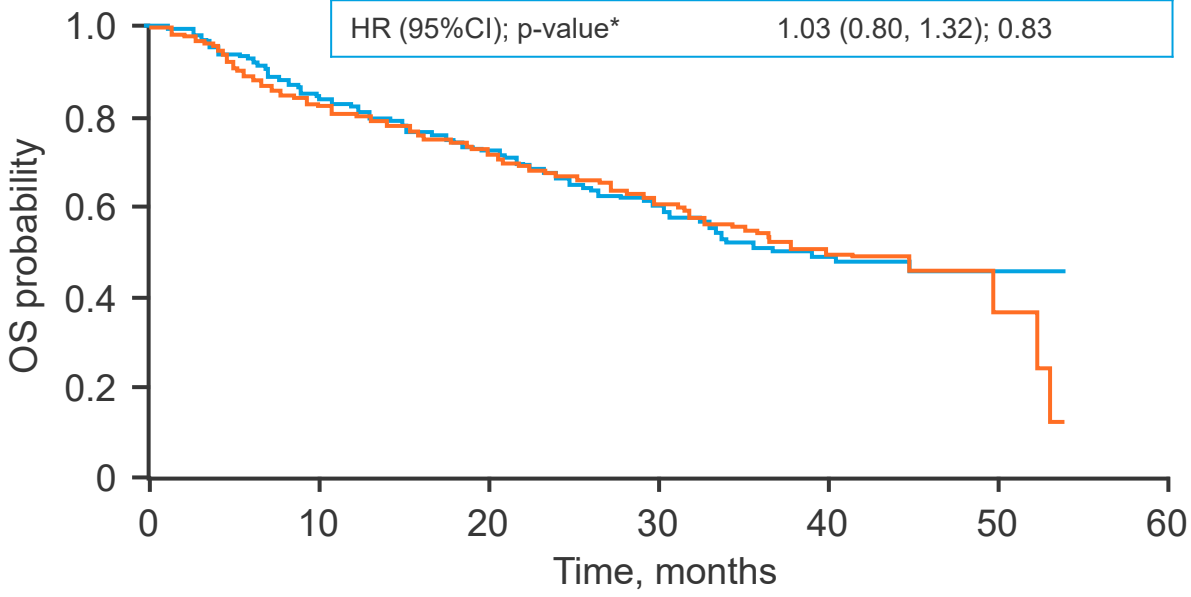
Progression-free survival

	ChemoRT-IO (n=335)	ChemoRT (n=327)
Events, n (%)	201 (60.0)	191 (58.4)
mPFS, mo (95%CI)	15.5 (13.9, 22.1)	16.8 (12.0, 20.2)
HR (95%CI); p-value*	1.05 (0.86, 1.29); 0.65	



Overall survival

	ChemoRT-IO (n=335)	ChemoRT (n=327)
Events, n (%)	129 (38.5)	125 (38.2)
mOS, mo (95%CI)	41.5 (34.4, NR)	39.4 (33.4, NR)
HR (95%CI); p-value*	1.03 (0.80, 1.32); 0.83	



*Log–rank test.

PL03.04: EA5181: Phase 3 Trial of Concurrent and Consolidative Durvalumab vs Consolidation Durva Alone for Unresectable Stage 3 NSCLC – Varlotto JM, et al

- **Key results (cont.)**

	ChemoRT-IO	ChemoRT
Local recurrence, n (%)	81 (24.2)	72 (22)
Radiation in-field recurrences, n (%)	22 (6.6)	25 (7.6)
ORR (CR+ PR), %		
Step 1	51.3	47.1
Step 2	71.5	67.1

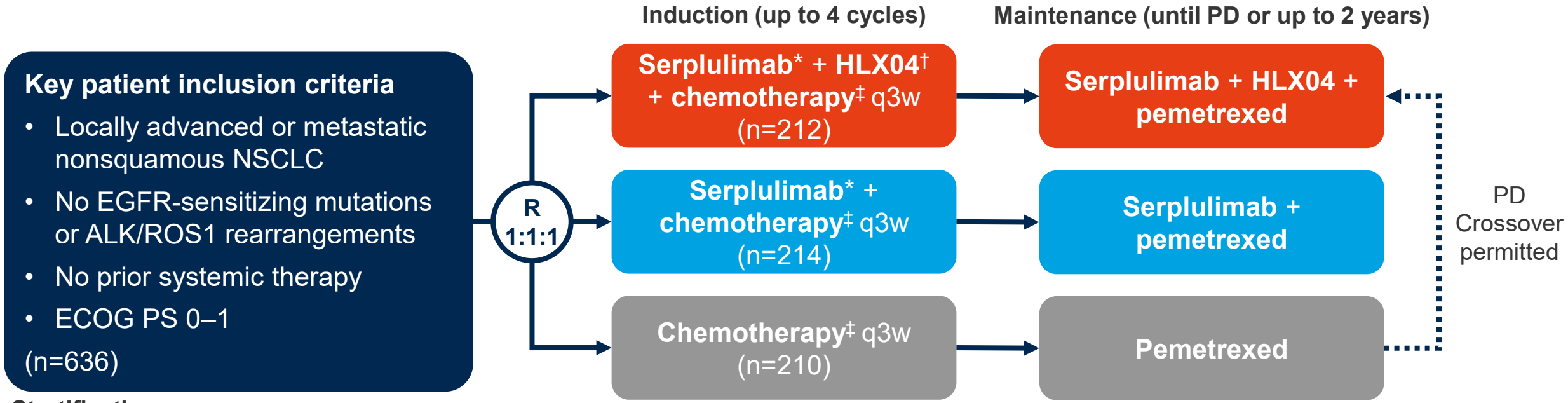
TRAEs, n (%)	ChemoRT-IO (n=331)	ChemoRT (n=315)
Pulmonary (Step 1)		
Grade 2–5	188 (56.8)	166 (52.7)
Grade 3–5	30 (9.1)	19 (6.0)
Cardiac (Step 1)		
Grade 2–5	67 (20.2)	52 (16.5)
Grade 3–5	31 (9.4)	26 (8.3)
AE (Step 1 and 2)		
Grade 3–4	224 (67.7)	196 (62.2)
Grade 5	12 (3.6)	11 (3.5)
Led to discontinuation	63 (19.0)	52 (16.5)

- **Conclusions**
  - In patients with unresectable stage 3 NSCLC, concurrent use of durvalumab + chemoradiation followed by durvalumab failed to provide OS benefits compared to starting durvalumab alone as consolidation
  - The current standard of initiating durvalumab after chemoradiation remains appropriate for unresectable stage 3 NSCLC

Varlotto JM, et al. J Thorac Oncol 2025;20(suppl):Abstr PL03.04

OA05.01: ASTRUM-002: First-Line Serplulimab Plus Chemotherapy With or Without HLX04 in Advanced Nonsquamous Non-Small Cell Lung Cancer – Shi Y, et al

- **Study objective**
  - To evaluate the efficacy and safety of 1L serplulimab (an anti-PD-1 antibody) + chemotherapy ± HLX04 (bevacizumab biosimilar) in patients with advanced nonsquamous NSCLC in the phase 3 ASTRUM-002 study



Stratification
- PD-L1 status (negative vs. positive vs. not evaluable)
- Smoking history (yes vs. no)
- Brain metastasis (yes vs. no)

Primary endpoint
- PFS (BICR, RECIST v1.1)

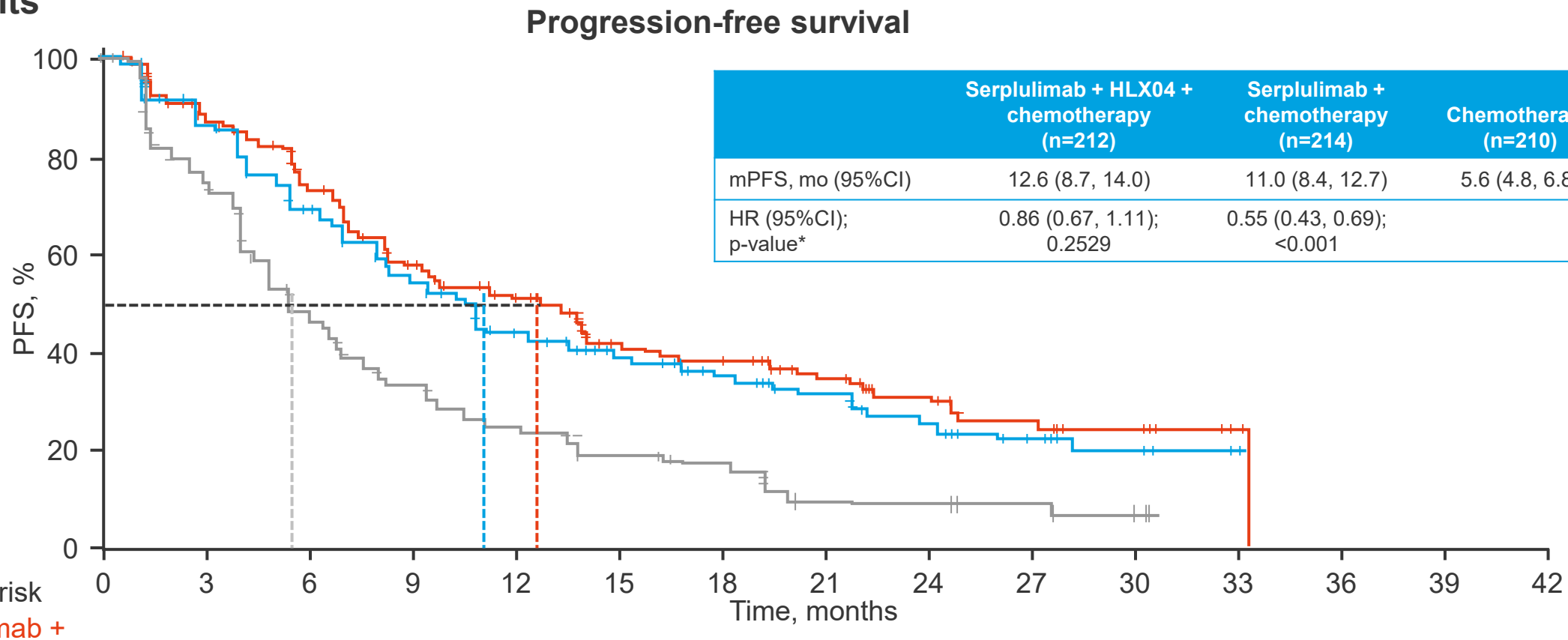
Secondary endpoints
- OS, ORR, DoR, PK, immunogenicity, biomarkers, QoL, safety

*Serplulimab 4.5 mg/kg; †HLX04 15 mg/kg; ‡carboplatin AUC5 up to 800 mg + pemetrexed 500 mg/m^2.

Shi Y, et al. J Thorac Oncol 2025;20(suppl):Abstr OA05.01

OA05.01: ASTRUM-002: First-Line Serplulimab Plus Chemotherapy With or Without HLX04 in Advanced Nonsquamous Non-Small Cell Lung Cancer – Shi Y, et al

- **Key results**



	Serplulimab + HLX04 + chemotherapy (n=212)	Serplulimab + chemotherapy (n=214)	Chemotherapy (n=210)
mPFS, mo (95%CI)	12.6 (8.7, 14.0)	11.0 (8.4, 12.7)	5.6 (4.8, 6.8)
HR (95%CI); p-value*	0.86 (0.67, 1.11); 0.2529	0.55 (0.43, 0.69); <0.001	

OA05.01: ASTRUM-002: First-Line Serplulimab Plus Chemotherapy With or Without HLX04 in Advanced Nonsquamous Non-Small Cell Lung Cancer – Shi Y, et al

- **Key results (cont.)**

	Serplulimab + HLX04 + chemotherapy (n=212)	Serplulimab + chemotherapy (n=214)	Chemotherapy (n=210)
BOR, n (%)			
CR	2 (1)	2 (1)	2 (1)
PR	114 (54)	111 (52)	56 (27)
SD	68 (32)	72 (34)	94 (45)
PD	13 (6)	19 (9)	38 (18)
NE	15 (7)	10 (5)	20 (10)
ORR, % (95%CI)	55 (48, 62)	53 (46, 60)	28 (22, 34)
OR (95%CI); p-value	1.07 (0.73, 1.58); 0.7139	2.84 (1.90, 4.23); <0.0001	
mDoR, mo (95%CI)	18.3 (11.2, 29.1)	15.4 (11.0, 21.2)	9.7 (5.5, 13.9)
HR (95%CI); p-value	0.87 (0.60, 1.27); 0.4823	0.57 (0.37, 0.88); 0.0096	

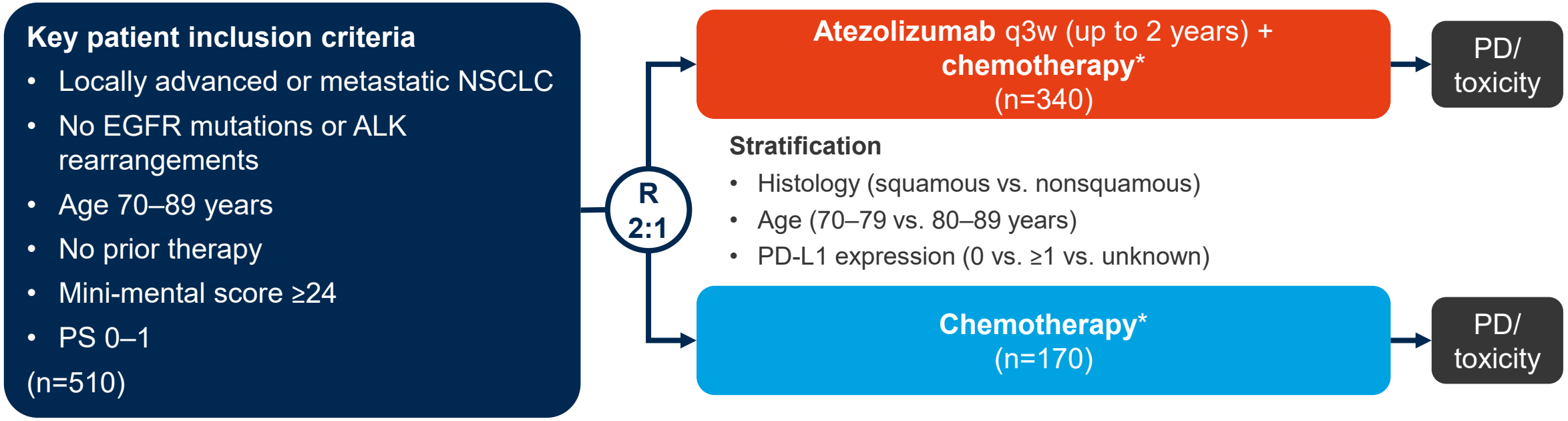
TRAEs, n (%)	Serplulimab + HLX04 + chemotherapy (n=211)	Serplulimab + chemotherapy (n=214)	Chemotherapy (n=209)
Any	210 (100)	212 (99)	208 (100)
Related to serplulimab	195 (92)	192 (90)	163 (78)
Related to HLX04	198 (94)	180 (84)	159 (76)
Grade ≥3	149 (71)	142 (66)	119 (57)
Related to serplulimab	97 (46)	87 (41)	63 (30)
Related to HLX04	100 (47)	75 (35)	64 (31)
Serious	82 (39)	79 (37)	51 (24)
Led to discontinuation	42 (20)	33 (15)	15 (7)
Led to death	10 (5)	5 (2)	7 (3)

- **Conclusions**
  - In patients with advanced nonsquamous NSCLC, 1L serplulimab + chemotherapy demonstrated a significant improvement in PFS as compared with chemotherapy alone and had a manageable safety profile. The addition of bevacizumab did not provide any further clinical benefits

Shi Y, et al. J Thorac Oncol 2025;20(suppl):Abstr OA05.01

OA05.02: First-Line Atezolizumab Plus Chemotherapy in Elderly Patients With Advanced NSCLC, IFCT-1805 Elderly: A Randomized, Multicenter, Phase 3 Trial – Mascaux C, et al

- **Study objective**
  - To evaluate the efficacy and safety of 1L atezolizumab + chemotherapy in elderly patients with advanced NSCLC in the phase 3 IFCT-1805 Elderly study



Primary endpoint

- OS

Secondary endpoints

- PFS, ORR, DoR, safety

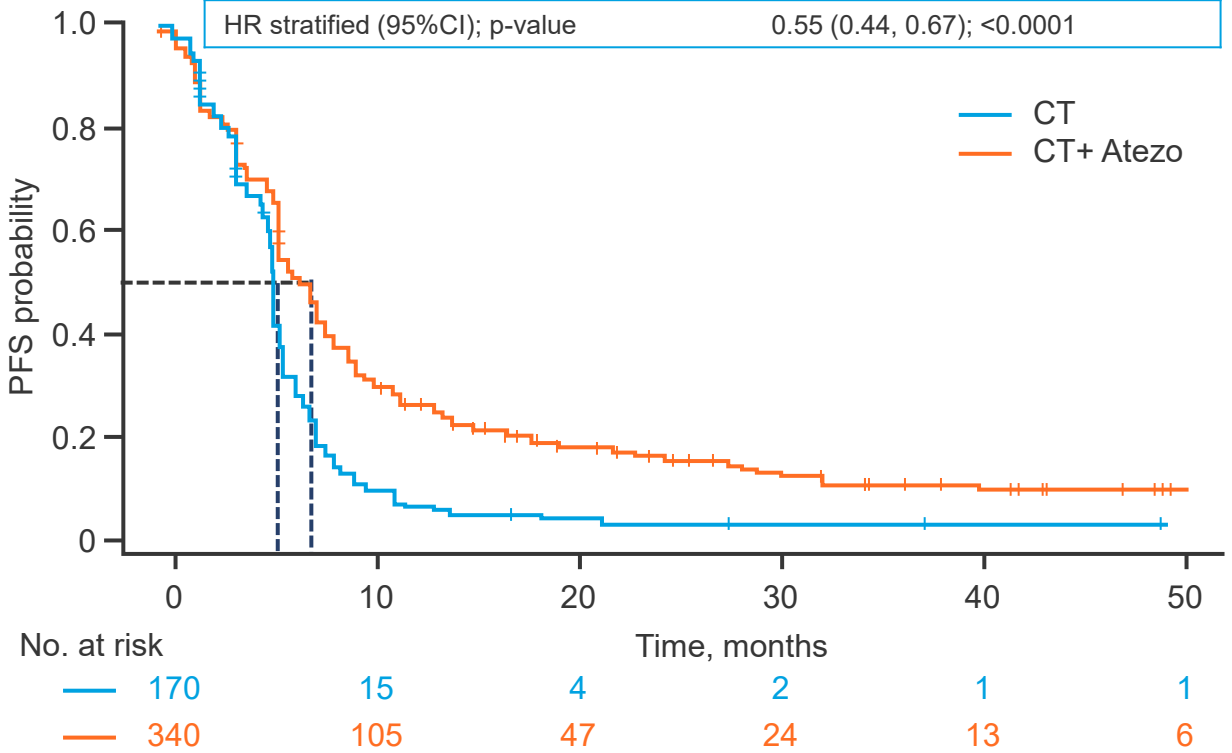
*Carboplatin q4w + paclitaxel qw (4 cycles).

OA05.02: First-Line Atezolizumab Plus Chemotherapy in Elderly Patients With Advanced NSCLC, IFCT-1805 Elderly: A Randomized, Multicenter, Phase 3 Trial – Mascaux C, et al

- **Key results**

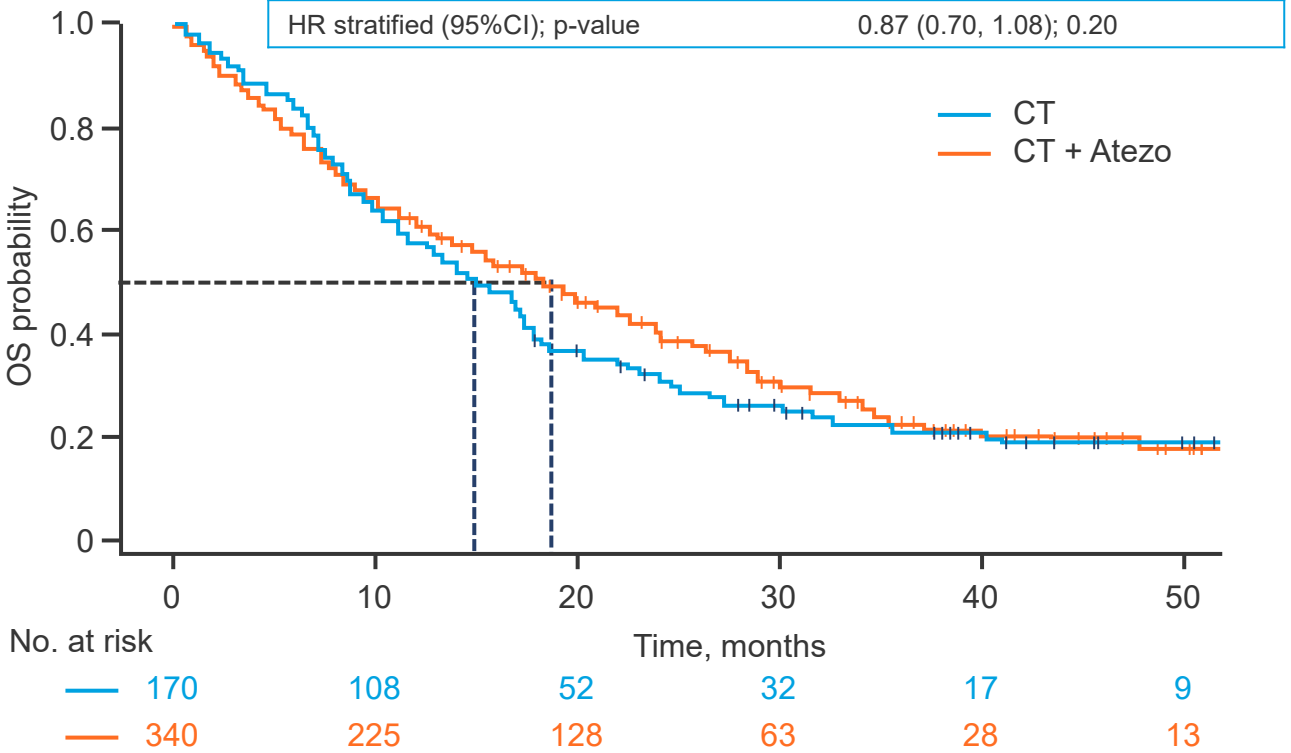
Progression-free survival

	Atezo + chemo (n=340)	Chemotherapy (n=170)
mPFS, mo (95%CI)	7.4 (6.0, 7.8)	5.6 (5.4, 5.8)
6-mo PFS, % (95%CI)	55.4 (49.9, 60.6)	33.0 (25.7, 40.4)
12-mo PFS, % (95%CI)	29.0 (24.2, 34.0)	5.8 (2.9, 10.3)
HR stratified (95%CI); p-value	0.55 (0.44, 0.67); <0.0001	



Overall survival

	Atezo + chemo (n=340)	Chemotherapy (n=170)
mOS, mo (95%CI)	18.6 (15.5, 22.4)	15.0 (11.8, 17.5)
6-mo OS, % (95%CI)	79.1 (74.4, 83.1)	83.5 (77, 88.3)
12-mo OS, % (95%CI)	62.3 (57, 67.3)	57.6 (49.8, 64.7)
HR stratified (95%CI); p-value	0.87 (0.70, 1.08); 0.20	



Mascaux C, et al. J Thorac Oncol 2025;20(suppl):Abstr OA05.02

OA05.02: First-Line Atezolizumab Plus Chemotherapy in Elderly Patients With Advanced NSCLC, IFCT-1805 Elderly: A Randomized, Multicenter, Phase 3 Trial – Mascaux C, et al

- **Key results (cont.)**

	Atezolizumab + CTx (n=340)	CTx (n=170)
BOR, n (%)		
CR	2.1 (0.8, 4.2)	1.2 (0.1, 4.2)
PR	49.1 (43.7, 54.6)	40.6 (33.1, 48.4)
SD	30.3 (25.5, 35.5)	40.6 (33.1, 48.4)
PD	8.5 (5.8, 12.0)	10.6 (6.4, 16.2)
NE	10.0 (7.0, 13.7)	7.1 (3.7, 12.0)
DCR, % (95%CI)	81.5 (76.9, 85.5)	82.4 (75.8, 87.8)
ORR, % (95%CI)	51.2 (45.7, 56.6)	41.8 (34.3, 49.6)
p-value	p=0.04	
mDoR, n mo (95%CI)	174 6.7 (5.9, 8.2)	71 3.8 (3.3, 4.2)
HR (95%CI); p-value	0.45 (0.33, 0.61) <0.0001	

AEs, n (%)	Atezolizumab + CTx (n=332)	CTx (n=168)
Any	331 (97.7)	168 (100)
Any TRAEs	322 (97.0)	165 (98.2)
Grade ≥3	237 (71.4)	104 (61.9)
Serious TRAEs	79 (23.8)	14 (8.3)
Grade ≥3	54 (16.3)	13 (7.7)
TRAEs led to discontinuation	35 (11.6)	6 (3.7)
TRAEs Grade ≥5 led to death	5 (1.5)*	0

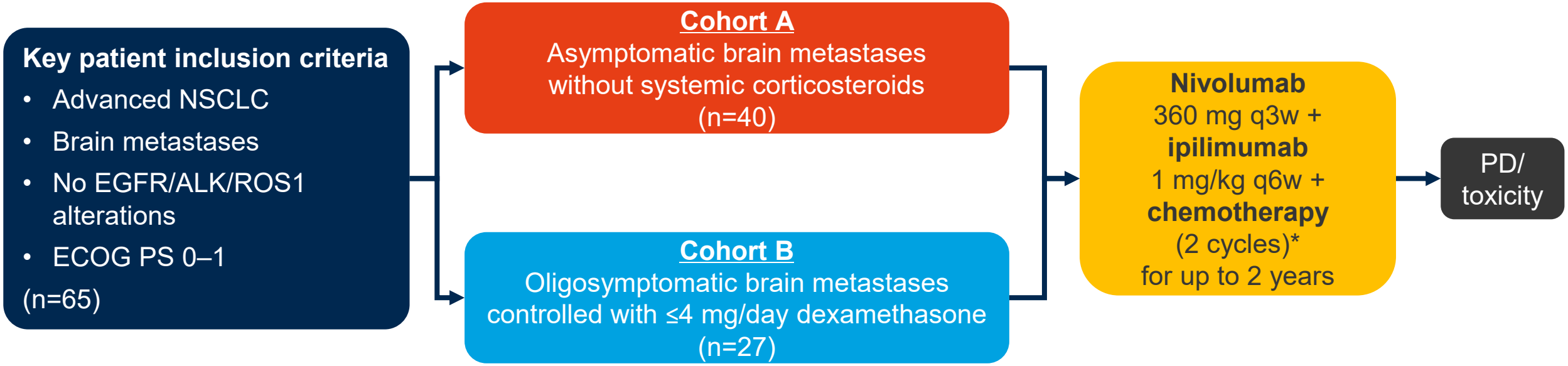
- **Conclusions**
  - In elderly patients with advanced NSCLC, 1L atezolizumab + chemotherapy demonstrated improved PFS, ORR, and DoR, but did not significantly improve OS and was associated with increased toxicity
  - Biomarker analyses are ongoing to identify predictors of efficacy and safety

*Febrile neutropenia/sepsis (n=1); cardiac arrest (n=1); immune-mediated encephalitis (n=2); pneumonitis (n=1).

Mascaux C, et al. J Thorac Oncol 2025;20(suppl):Abstr OA05.02

OA05.03: NIVIPI-Brain: Phase 2 Study of Nivolumab + Ipilimumab Combined With Chemotherapy in NSCLC With Synchronous Brain Metastases – Nadal E, et al

- **Study objective**
  - To evaluate the efficacy and safety of nivolumab + ipilimumab + chemotherapy in patients with NSCLC and synchronous brain metastases in the phase 2 NIVIPI-Brain study



Primary endpoint

- Intracranial DCR (RANO-BM)

Secondary endpoints

- Intracranial and systemic ORR, intracranial and systemic PFS, OS, time to brain RT, safety

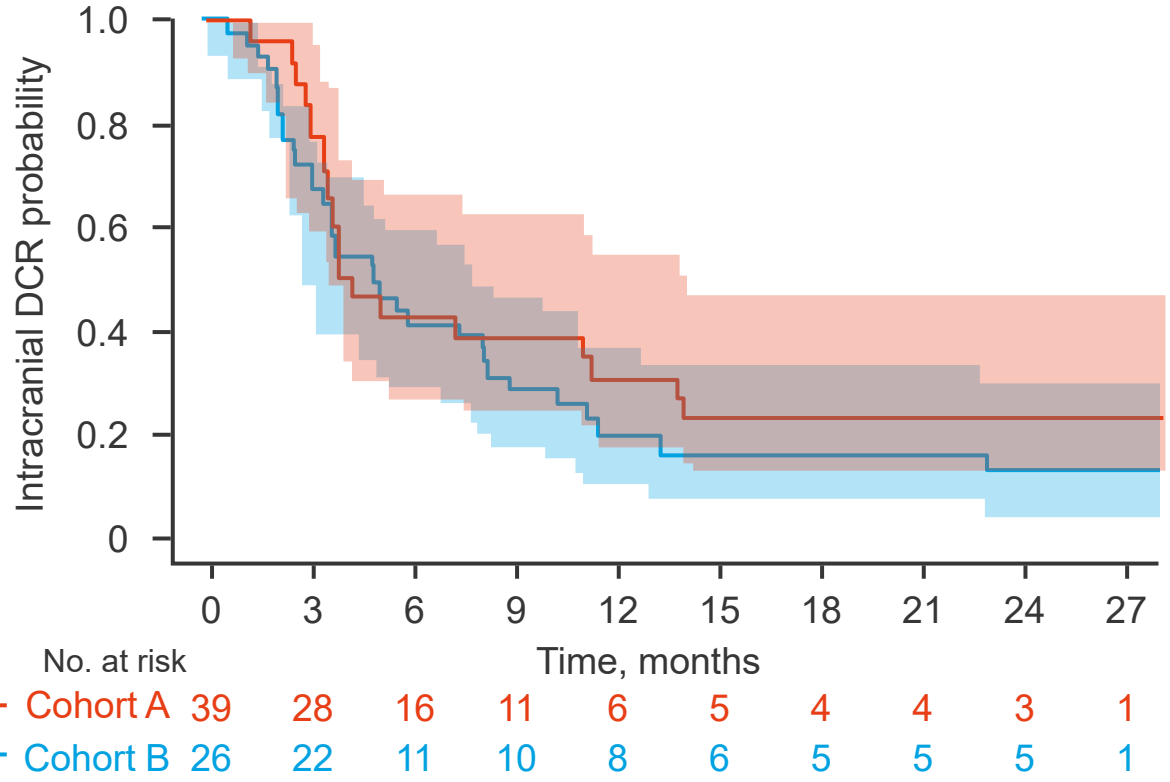
*Platinum-based chemotherapy based on histological type.

OA05.03: NIVIPI-Brain: Phase 2 Study of Nivolumab + Ipilimumab Combined With Chemotherapy in NSCLC With Synchronous Brain Metastases – Nadal E, et al

- **Key results**

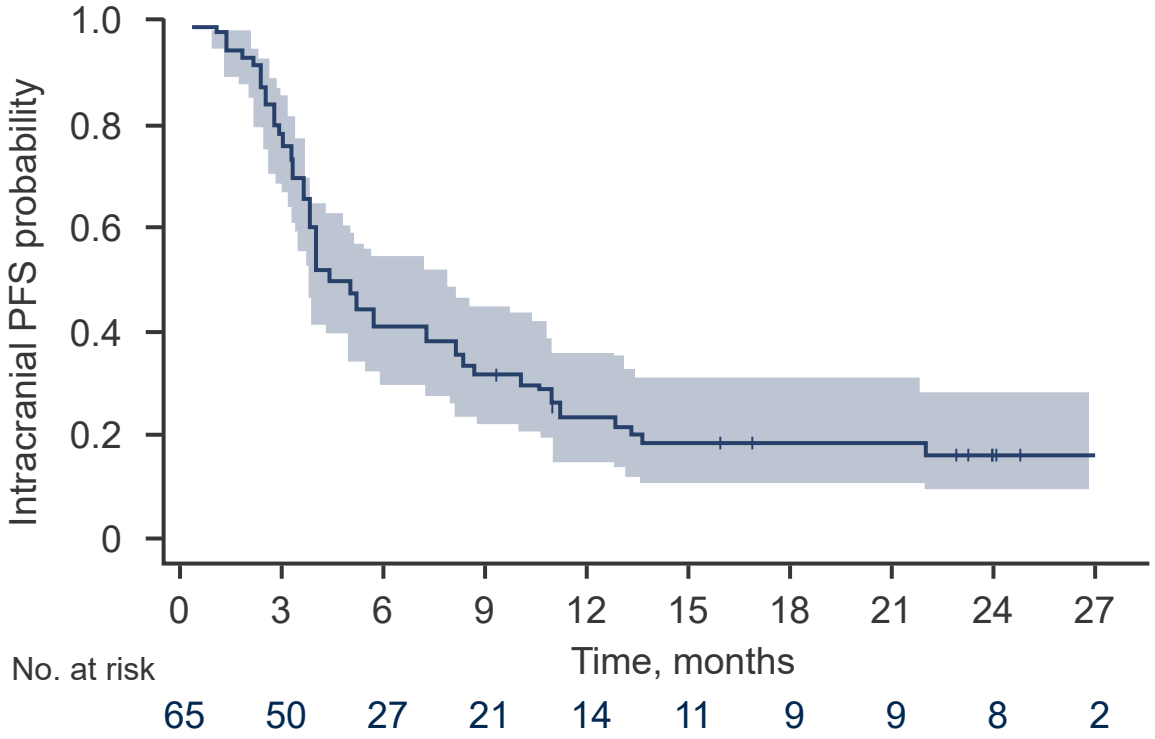
Intracranial DCR

	Cohort A	Cohort B
Intracranial DCR		
6-mo DCR, % (95%CI)	41 (28, 60)	-
5-mo DCR, % (95%CI)	-	46 (31, 79)



CNS PFS (by RANO-BM)

	All
Median intracranial PFS, mo (95%CI)	4.9 (3.7, 8.3)



Nadal E, et al. J Thorac Oncol 2025;20(suppl):Abstr OA05.03

OA05.03: NIVIPI-Brain: Phase 2 Study of Nivolumab + Ipilimumab Combined With Chemotherapy in NSCLC With Synchronous Brain Metastases – Nadal E, et al

- **Key results (cont.)**

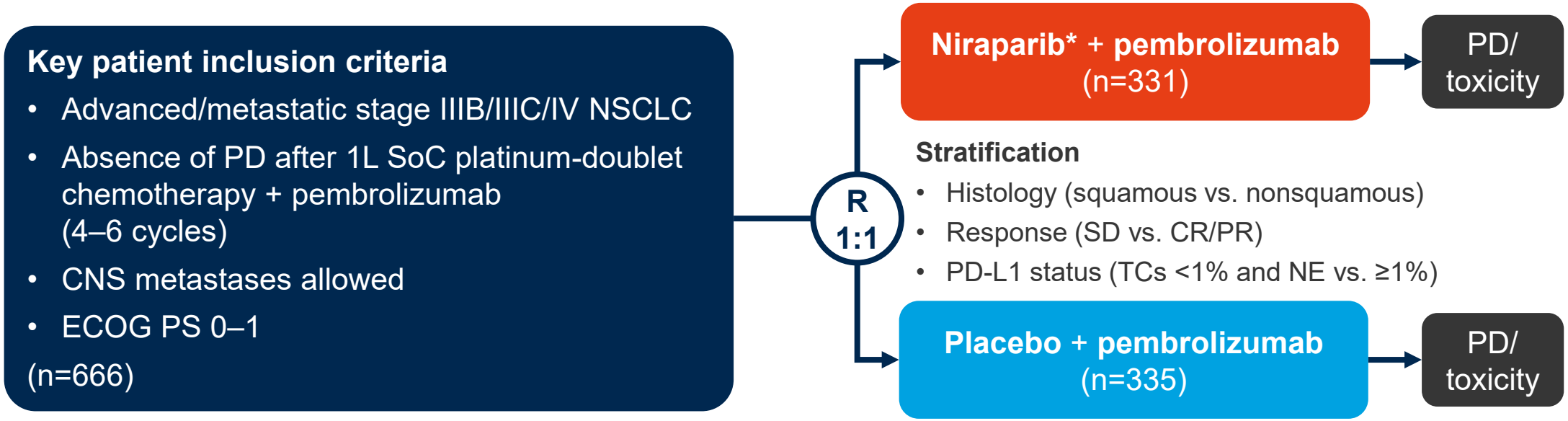
	All patients
CNS BOR, % (95%CI)	41.5 (24.9, 54.4)
Systemic BOR, % (95%CI)	41.5 (24.9, 54.4)

	Number of cycles, median (range)
Nivolumab	7 (1–33)
Ipilimumab	4 (1–17)
	TRAE Grade 3–4, n (%)
Nivolumab	19 (29.2)
Ipilimumab	20 (30.7)
Chemotherapy	27 (41.5)
	TRAE Grade 3–4, n (%)
All	31 (63.1)
Grade 3–4	29 (44.6)
Grade 5	0 (0)

- **Conclusions**
  - In a cohort of patients with NSCLC and brain metastases, nivolumab + ipilimumab + chemotherapy demonstrated a RR similar to the systemic RR of 41%, and a modest CNS PFS, most likely in line with the systemic PFS in such an advanced disease population
  - The specific role of ipilimumab cannot be evaluated in absence of a comparative arm in this selected patient population

OA05.04: A Randomized Phase 3 Study of Niraparib Plus Pembrolizumab as Maintenance Therapy for Advanced/Metastatic NSCLC: ZEAL-1L – Ramalingam S, et al

- **Study objective**
  - To evaluate the efficacy and safety of maintenance niraparib + pembrolizumab in patients with advanced or metastatic NSCLC in the phase 3 ZEAL-1L study



Primary endpoint

- PFS (BICR) in the CR/PR population

Secondary endpoints

- PFS (BICR in ITT), OS, TTP-CNS, safety

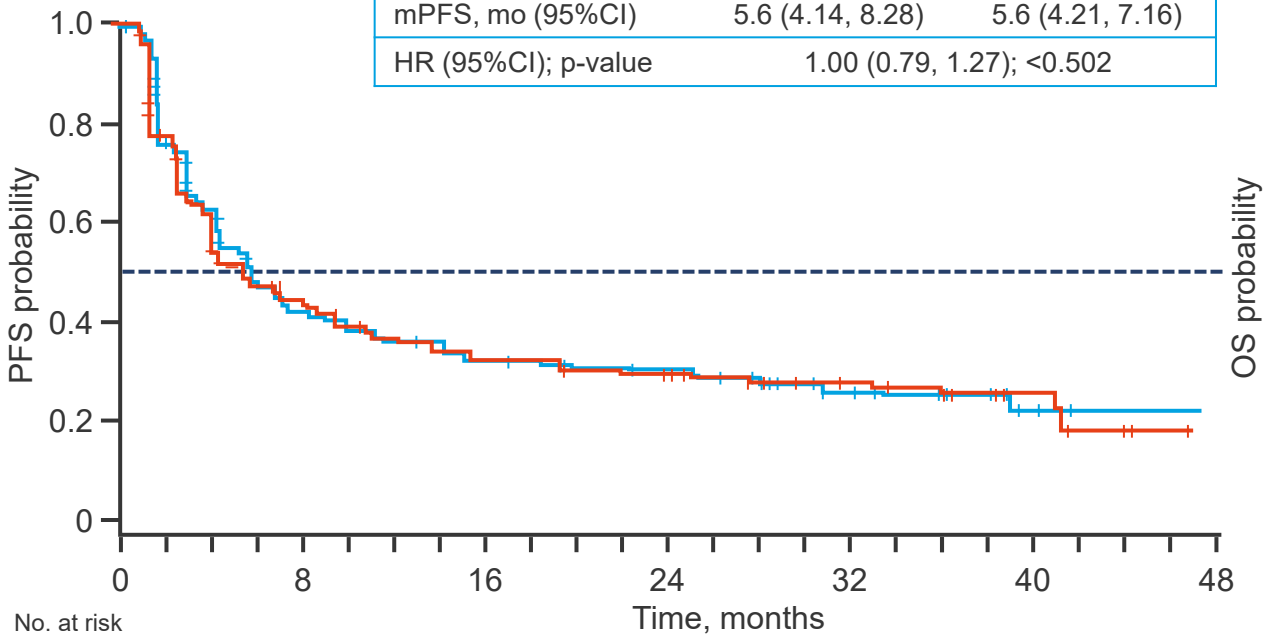
*Niraparib 300 mg for baseline body weight ≥77 kg and baseline platelet count ≥150,000/μL or 200 mg for baseline body weight <77 kg and/or baseline platelet count <150,000/μL.

OA05.04: A Randomized Phase 3 Study of Niraparib Plus Pembrolizumab as Maintenance Therapy for Advanced/Metastatic NSCLC: ZEAL-1L – Ramalingam S, et al

- **Key results**

PFS in the CR/PR population

CR/PR population	Niraparib + pembrolizumab (n=200)	Pembrolizumab (n=201)
Median follow-up, mo	30.32	33.15
mPFS, mo (95%CI)	5.6 (4.14, 8.28)	5.6 (4.21, 7.16)
HR (95%CI); p-value	1.00 (0.79, 1.27); <0.502	

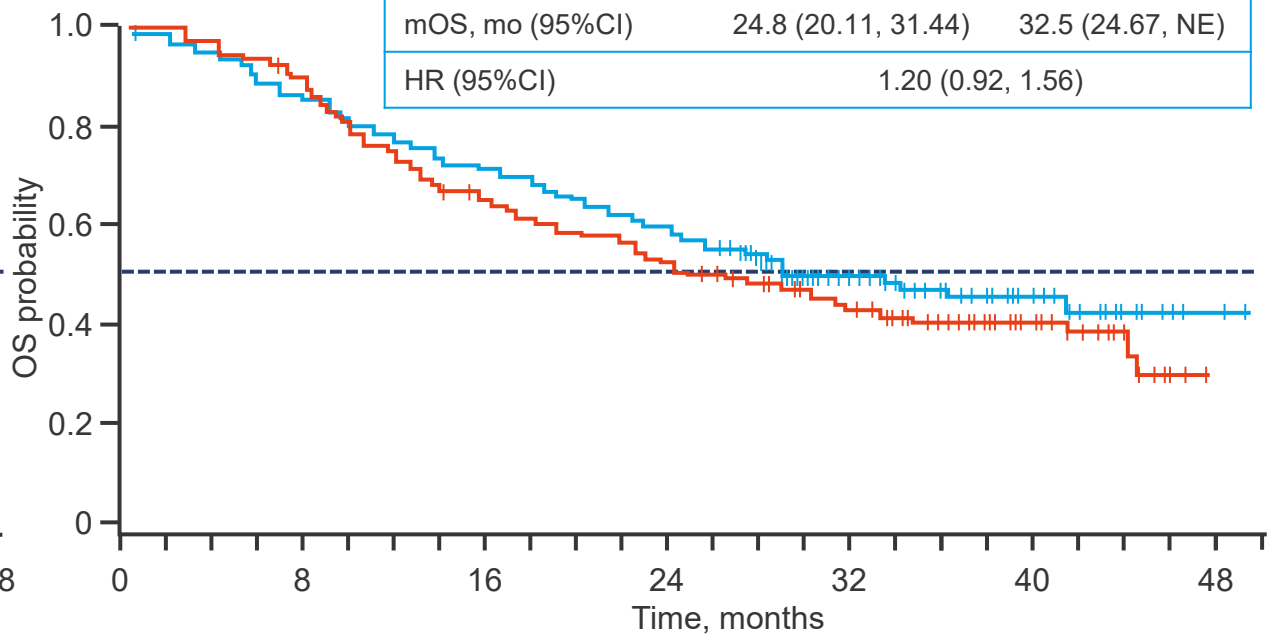


No. at risk

Nir + pembro	200	145	114	81	74	64	59	54	53	52	44	44	43	38	32	29	25	21	16	13	9	3	3	1	0
PBO + pembro	201	142	117	87	76	70	66	62	59	57	53	53	51	48	37	35	29	23	18	14	8	4	4	2	0

Overall survival in the CR/PR population

CR/PR population	Niraparib + pembrolizumab (n=200)	Pembrolizumab (n=201)
Median follow-up, mo	34.66	34.43
mOS, mo (95%CI)	24.8 (20.11, 31.44)	32.5 (24.67, NE)
HR (95%CI)	1.20 (0.92, 1.56)	



Nir + pembro	200	199	192	186	175	157	145	132	126	119	113	110	100	95	86	74	56	46	38	32	23	16	9	3	0
PBO + pembro	201	195	189	177	171	160	153	145	142	136	128	122	114	108	95	80	68	53	41	32	21	14	8	3	2	0

Ramalingam S, et al. J Thorac Oncol 2025;20(suppl):Abstr OA05.04

OA05.04: A Randomized Phase 3 Study of Niraparib Plus Pembrolizumab as Maintenance Therapy for Advanced/Metastatic NSCLC: ZEAL-1L – Ramalingam S, et al

- **Key results (cont.)**

	Niraparib + pembrolizumab (n=329)	Placebo + pembrolizumab (n=329)
Any related grade ≥3 TEAE	103 (31)	47 (14)
Anemia	27 (8)	1 (<1)
Thrombocytopenia	23 (7)	0
Neutropenia	16 (5)	3 (<1)
Fatigue	8 (2)	5 (2)
Nausea	8 (2)	0
ALT increased	6 (2)	4 (1)
Diarrhea	4 (1)	3 (<1)
Asthenia	4 (1)	2 (<1)
Hypertension	4 (1)	2 (<1)

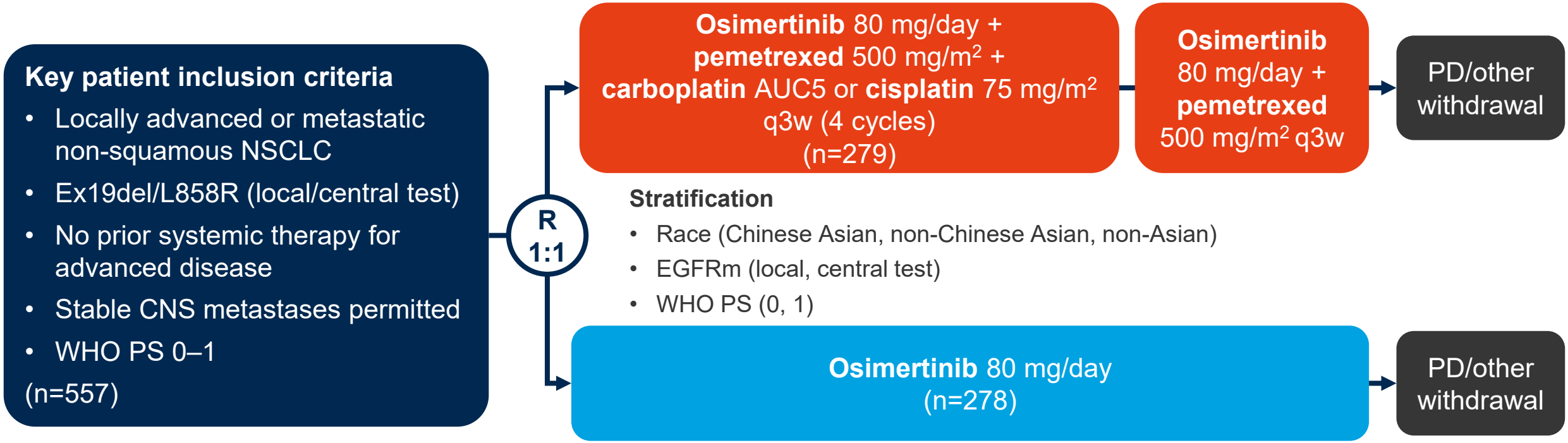
- **Conclusions**
  - In patients with advanced or metastatic NSCLC, niraparib + pembrolizumab consolidation did not demonstrate a survival benefit over pembrolizumab alone across all subgroups, including in the primary endpoint PR/CR target subgroup

Advanced NSCLC

Targeted therapies

PL02.04: First-Line Osimertinib + Chemotherapy Versus Osimertinib Monotherapy in EGFRm Advanced NSCLC: FLAURA2 Final Overall Survival – Planchard D, et al

- **Study objective**
  - To evaluate the final OS with 1L osimertinib ± platinum-pemetrexed in patients with EGFRm advanced NSCLC in the phase 3 FLAURA2 study



Primary endpoint

- PFS (investigator assessed, RECIST v1.1)

Secondary endpoints

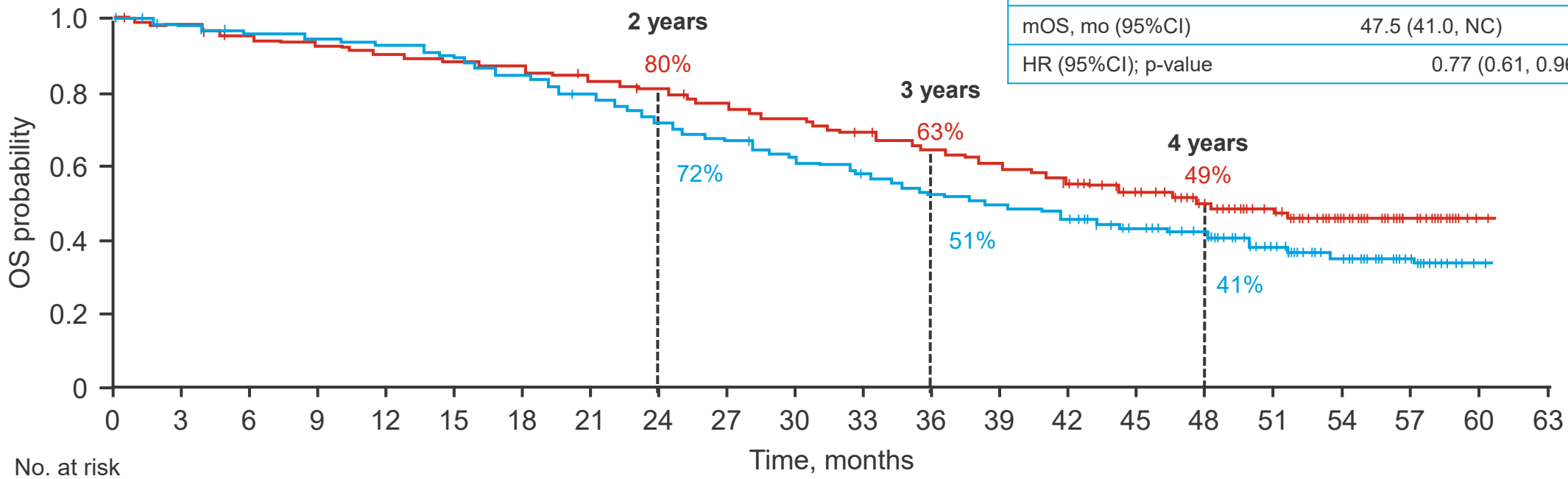
- OS, TFST, DoR, DCR, PFS2, TSST, safety

PL02.04: First-Line Osimertinib + Chemotherapy Versus Osimertinib Monotherapy in EGFRm Advanced NSCLC: FLAURA2 Final Overall Survival – Planchard D, et al

- **Key results**

Overall survival

	Osimertinib + chemo (n=279)	Osimertinib (n=278)
Median follow-up, mo (range)	51.2 (0.2–60.4)	51.3 (0.1–60.1)
Events, n (%)	144 (52)	171 (62)
mOS, mo (95%CI)	47.5 (41.0, NC)	37.6 (33.3, 43.2)
HR (95%CI); p-value	0.77 (0.61, 0.96); 0.02	



No. at risk

Osi + CT	279	267	258	253	245	240	236	226	218	202	196	183	170	158	143	123	105	71	36	16	1	0
Osimertinib	278	267	260	257	252	245	229	214	195	180	165	152	137	131	118	103	93	61	38	16	1	0

Data cut-off: 12 June 2025.

Planchard D, et al. J Thorac Oncol 2025;20(suppl):Abstr PL02.04

PL02.04: First-Line Osimertinib + Chemotherapy Versus Osimertinib Monotherapy in EGFRm Advanced NSCLC: FLAURA2 Final Overall Survival – Planchard D, et al

- **Key results (cont.)**

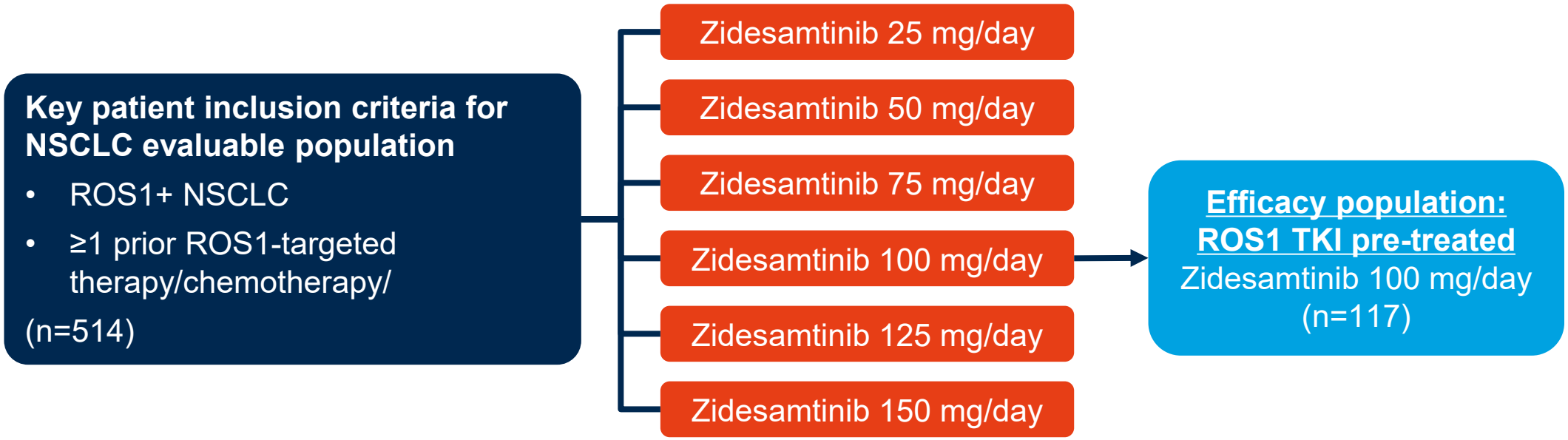
n (%)	Osimertinib + chemo (n=276)	Osimertinib (n=275)
Any	276 (100)	269 (98)
Grade ≥3	193 (70)	94 (34)
Serious	126 (46)	75 (27)
Led to death	22 (8)	10 (4)
Considered possibly related to treatment	5 (2)	2 (1)
Led to discontinuation of osimertinib	34 (12)	20 (7)
Led to discontinuation of pemetrexed	137 (50)	NA
Led to discontinuation of platinum	46 (17)	NA

- **Conclusions**
  - In patients with EGFRm advanced NSCLC, osimertinib + platinum-pemetrexed demonstrated a clinically meaningful and statistically significant 10-month OS benefit over osimertinib alone. The benefit was observed across all subgroups

Planchard D, et al. J Thorac Oncol 2025;20(suppl):Abstr PL02.04

PL02.10: Pivotal ARROS-1 Efficacy and Safety Data: Zidesamtinib in TKI Pre-treated Patients with Advanced/Metastatic ROS1+ NSCLC – Drilon AE, et al

- **Study objective**
  - To evaluate the efficacy and safety of zidesamtinib (a ROS1 inhibitor) in patients with ROS1 fusion-positive NSCLC in the phase 1/2 ARROS-1 study



Primary endpoint

- ORR (BICR)

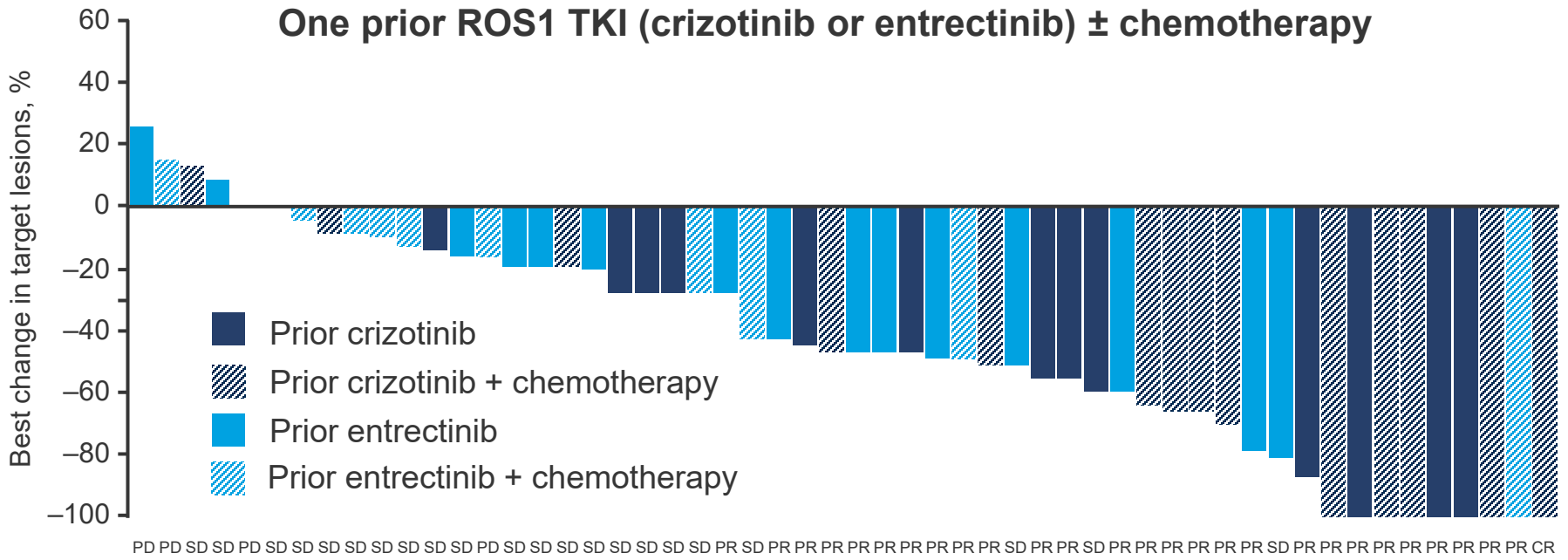
Secondary endpoints

- DoR, TTR, CBR, PFS, OS, intracranial activity, safety

PL02.10: Pivotal ARROS-1 Efficacy and Safety Data: Zidesamtinib in TKI Pre-treated Patients with Advanced/Metastatic ROS1+ NSCLC – Drilon AE, et al

- **Key results**

Response in ROS1 TKI pre-treated patients	Any prior ROS1 TKI (range 1–4) ± chemotherapy	1 prior ROS1 TKI (crizotinib or entrectinib) ± chemotherapy
ORR, % (n/N) [95%CI]	44 (51/117) [34, 53]	51 (28/55) [37/65]
CR, % (n/N)	1 (1/117)	2 (1/55)



PL02.10: Pivotal ARROS-1 Efficacy and Safety Data: Zidesamtinib in TKI Pre-treated Patients with Advanced/Metastatic ROS1+ NSCLC – Drilon AE, et al

- **Key results (cont.)**

Response in ROS1 TKI-naïve patients	Response evaluable (n=35)
ORR, n (%)	31 (89)
CR, n (%)	3 (9)
DoR ≥6 mo, % (95%CI)	96 (76, 99)
DoR ≥12 mo, % (95%CI)	96 (76, 99)

Intracranial response in ROS1 TKI-naïve patients	Measurable intracranial lesions (n=6)
IC-ORR, n (%)	5 (83)
IC-CR, n (%)	4 (67)
IC-DoR	No CNS progression events in intracranial responders

PL02.10: Pivotal ARROS-1 Efficacy and Safety Data: Zidesamtinib in TKI Pre-treated Patients with Advanced/Metastatic ROS1+ NSCLC – Drilon AE, et al

- **Key results (cont.)**

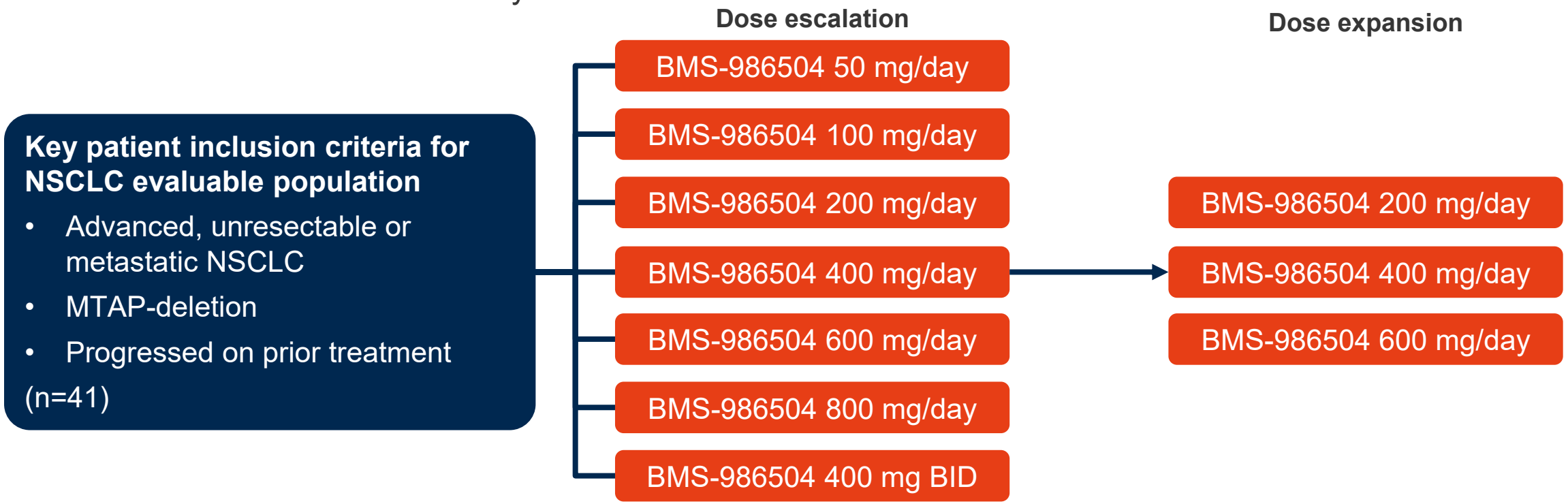
Advanced ROS1m NSCLC	Any prior ROS1 TKI (range 1–4) ± chemotherapy	1 prior ROS1 TKI (crizotinib or entrectinib) ± chemotherapy
DoR,% (95%CI)		
≥6 months	84 (71, 92)	93 (74, 98)
≥12 months	78 (62, 88)	93 (74, 98)
≥18 months	62 (28, 84)	93 (74, 98)
PFS,% (95%CI)		
≥6 months	57 (47, 66)	70 (56, 81)
≥12 months	48 (38, 57)	68 (53, 79)
≥18 months	40 (24, 55)	68 (53, 79)

AEs, %	Any grade	Grade ≥3
Peripheral edema	36	0.7
Constipation	17	0
Blood CPK increased	16	3.5
Fatigue	16	0.7
Dyspnea	15	3.0

- **Conclusions**
  - In patients with ROS1 fusion-positive NSCLC, zidesamtinib demonstrated durable antitumor activity and was well tolerated
  - The first data in TKI-naïve patients are promising

OA08.01: BMS-986504 in Patients With Homozygous MTAP-Deletion (Del): Clinical Results in Patients With NSCLC Enrolled in CA240-0007 – Janne P, et al

- **Study objective**
  - To evaluate the efficacy and safety of BMS-986504 in patients with NSCLC and a homozygous MTAP deletion in the CA240-0007 study



Primary endpoints

- Safety, pharmacokinetics

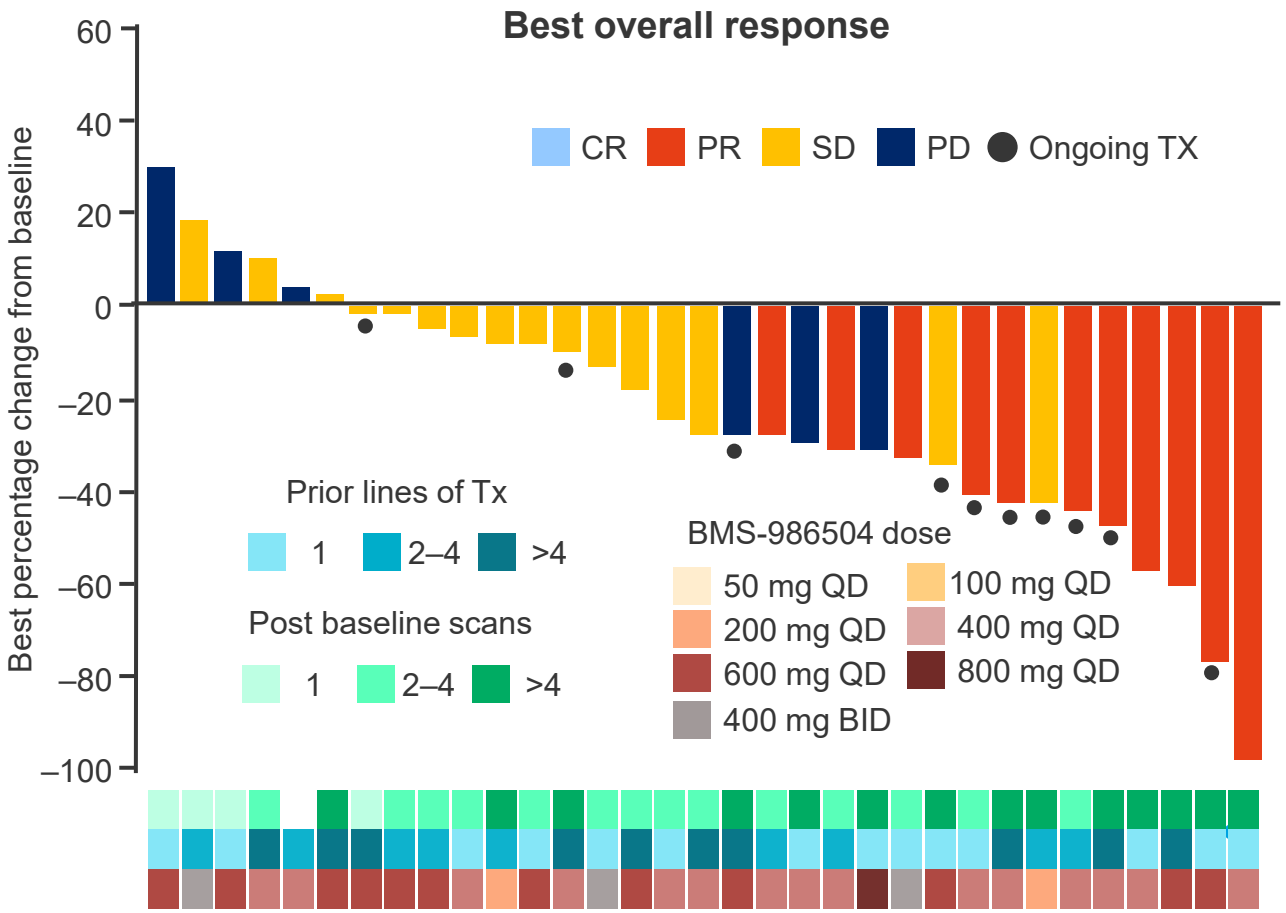
Secondary endpoints

- ORR, DCR, DoR

Janne P, et al. J Thorac Oncol 2025;20(suppl):Abstr OA08.01

OA08.01: BMS-986504 in Patients With Homozygous MTAP-Deletion (Del): Clinical Results in Patients With NSCLC Enrolled in CA240-0007 – Janne P, et al

- **Key results**



	NSCLC (n=35)	NSQ (n=32)	SQ (n=3)	TP53-positive (n=17)
ORR, n (%)	10 (29)	9 (28)	1 (33)	7 (41)
PR	10 (29)	9 (28)	1 (33)	7 (41)
SD	18 (51)	17 (53)	1 (33)	6 (35)
PD	7 (20)	6 (19)	1 (33)	4 (24)
DCR, n (%)	28 (80)	26 (81)	2 (67)	13 (76)
mDoR, mo (95%CI)	10.5 (2.8, 11.4)	10.5 (2.8, 11.4)	NR	-
mTTR, mo (range)	4.3 (2.8–7.1)	4.1 (2.8–7.1)	4.4 (4.4–4.4)	4.1 (2.8–7.1)

	EGFR-positive (n=7)	ALK-positive (n=4)	KRAS-positive (n=8)
ORR, n (%)	4 (57)	2 (50)	2 (25)
PR	4 (57)	2 (50)	2 (25)
SD	2 (29)	1 (25)	4 (50)
PD	1 (14)	1 (25)	2 (25)
DCR, n (%)	6 (86)	3 (75)	6 (75)
mDoR, mo (95%CI)	8.6 (3.1, NR)	7.1 (2.8, NR)	11.3 (11.3, NR)
mTTR, mo (range)	5.4 (2.8–7.1)	4.1 (4.1–4.1)	4.4 (4.1–4.6)

OA08.01: BMS-986504 in Patients With Homozygous MTAP-Deletion (Del): Clinical Results in Patients With NSCLC Enrolled in CA240-0007 – Janne P, et al

- **Key results (cont.)**

	Total (n=164)		NSCLC (n=41)	
Patients, n (%)	**Any grade**	**Grade ≥3**	**Any grade**	**Grade ≥3**
TEAEs	161 (98)	85 (52)	41 (100)	20 (49)
TRAEs	130 (79)	23 (14)	36 (88)	9 (22)
TEAEs led to discontinuation	5 (3)		2 (5)	
TRAEs led to discontinuation	4 (2)		2 (5)	
Serious TEAEs	50 (30)		9 (22)	
Serious TRAEs	6 (4)		2 (5)	

- **Conclusions**
  - In patients with NSCLC and a homozygous MTAP deletion, BMS-986504 showed interesting responses across all histologies, and no new safety signals were observed

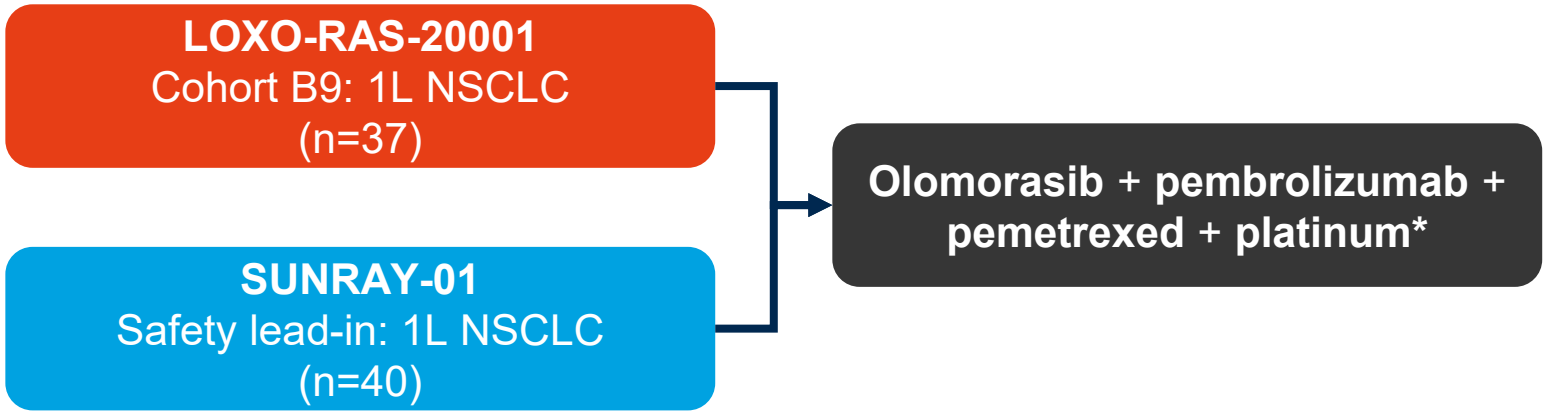
OA08.02: Efficacy and Safety of 1L Olomorasib + Chemoimmunotherapy in KRAS G12C-Mutant NSCLC: Results From LOXO-RAS-20001 and SUNRAY-01 – Negrao MV, et al

- **Study objective**
  - To evaluate the efficacy and safety of 1L olomorasib + chemoimmunotherapy in patients with KRAS G12C-mutant NSCLC in the LOXO-RAS-20001 and SUNRAY-01 studies

Key patient inclusion criteria

- Stage IIIB/IIIC or IV nonsquamous NSCLC
- Treatment-naïve
- KRAS G12C mutant
- Any PD-L1 status
- ECOG PS 0–1

(n=77)



Primary endpoints

- Safety, tolerability, pharmacokinetics

Secondary endpoints

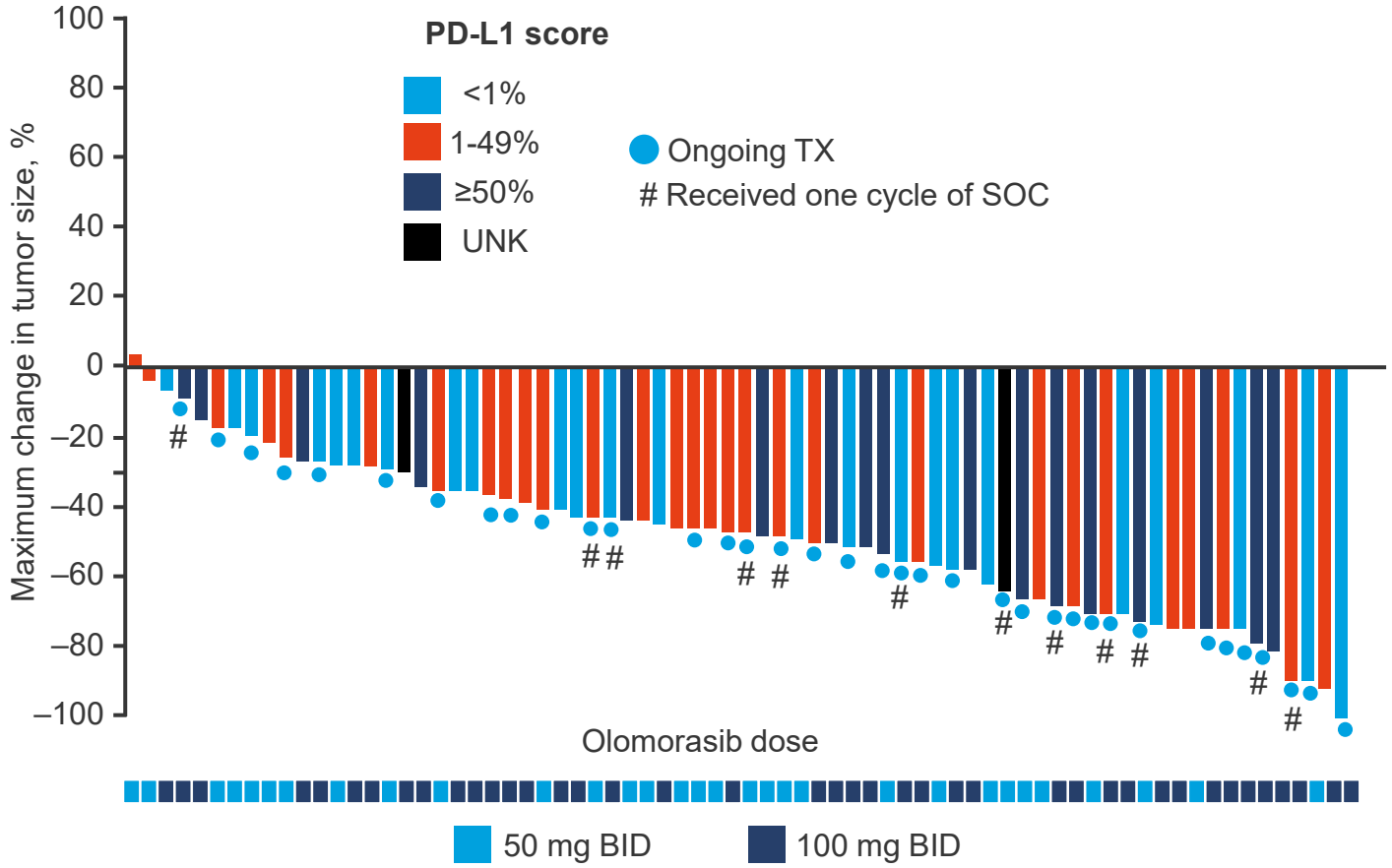
- ORR, DoR, DCR, PFS (RECIST v1.1)

*Olomorasib 50 or 100 mg BID; pembrolizumab 200 mg, q3w; pemetrexed 500 mg/m2 q3w; platinum - cisplatin 75 mg/m^2 or carboplatin AUC 5 mg/ml/min, q3w (max dose = 750 mg).

OA08.02: Efficacy and Safety of 1L Olomorasib + Chemoimmunotherapy in KRAS G12C-Mutant NSCLC: Results From LOXO-RAS-20001 and SUNRAY-01 – Negrao MV, et al

- **Key results**

Efficacy of 1L olomorasib + pembrolizumab + pemetrexed + platinum



	All patients PD-L1 0–100% (n=77)	Patients PD-L1 0–<1% (n=26)	Patients PD-L1 1–49% (n=31)	Patients PD-L1 ≥50% (n=18)
ORR, % (95%CI)	61 (49.2, 72.0)	50 (29.9, 70.1)	68 (48.6, 83.3)	67 (41.0, 86.7)
BOR, n (%)				
CR	1 (1)	-	1 (3)	-
PR	46 (60)	13 (50)	20 (65)	12 (67)
SD	22 (29)	9 (35)	8 (26)	5 (28)
PD	3 (4)	2 (8)	-	-
NE	5 (7)	2 (8)	2 (7)	1 (6)
DCR, % (95%CI)	90 (80.6, 95.4)	85 (65.1, 95.6)	94 (78.6, 99.2)	94 (72.7, 99.9)

Negrao MV, et al. J Thorac Oncol 2025;20(suppl):Abstr OA08.02

OA08.02: Efficacy and Safety of 1L Olomorasib + Chemoimmunotherapy in KRAS G12C-Mutant NSCLC: Results From LOXO-RAS-20001 and SUNRAY-01 – Negrao MV, et al

- **Key results (cont.)**

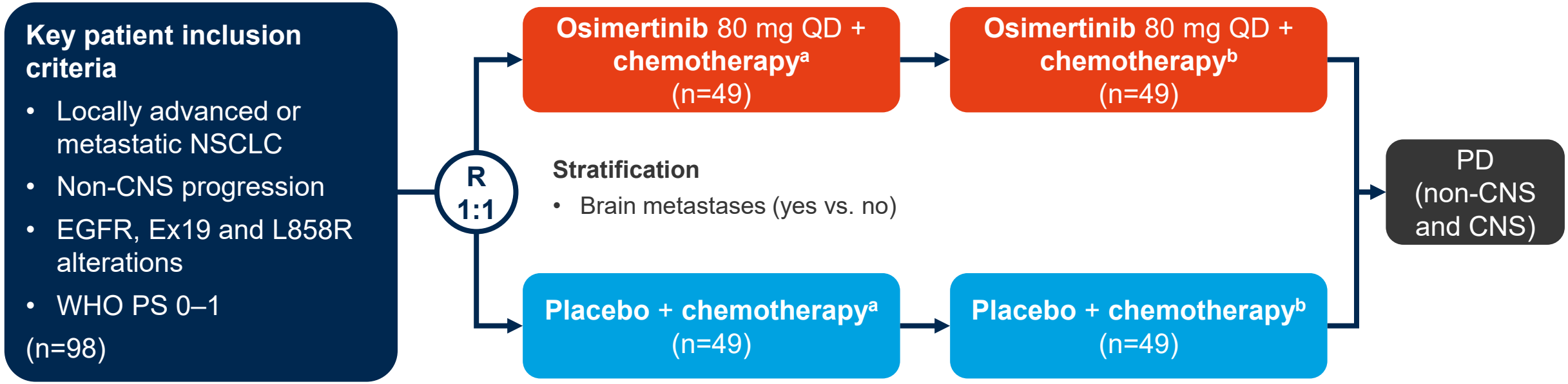
	Olomorasib + pembrolizumab + pemetrexed + platinum				
TRAEs, n (%)	Any grade	Grade 1	Grade 2	Grade 3	Grade 4
Any TRAE	74 (96.1)	7 (9.1)	29 (37.7)	26 (33.8)	12 (15.6)
Nausea	34 (44.2)	18 (23.4)	13 (16.9)	3 (3.9)	-
Anemia	31 (40.3)	6 (7.8)	14 (18.2)	10 (13.0)	1 (1.3)
Fatigue	29 (37.7)	15 (19.5)	13 (16.9)	1 (1.3)	-
AST increased	24 (31.2)	10 (13.0)	6 (7.8)	7 (9.1)	1 (1.3)
Diarrhea	24 (31.2)	12 (15.6)	8 (10.4)	4 (5.2)	-
Neutropenia	22 (28.6)	2 (2.6)	4 (5.2)	6 (7.8)	10 (13.0)
ALT increased	21 (27.3)	7 (9.1)	5 (6.5)	9 (11.7)	-
Platelet count decreased	13 (16.9)	3 (3.9)	2 (2.6)	3 (3.9)	5 (6.5)
Blood creatine increased	11 (14.3)	7 (9.1)	4 (5.2)	-	-

	Olomorasib + pembrolizumab + pemetrexed + platinum				
TRAEs, n (%) [cont.]	Any grade	Grade 1	Grade 2	Grade 3	Grade 4
Constipation	11 (43.0)	7 (9.1)	4 (5.2)	-	-
Vomiting	11 (14.3)	5 (6.5)	5 (6.5)	1 (1.3)	-
WBC decreased	11 (14.3)	3 (3.9)	1 (1.3)	4 (5.2)	3 (3.9)
Appetite decreased	9 (11.7)	5 (6.5)	3 (3.9)	1 (1.3)	-
Pneumonitis/ILD	8 (10.4)	-	6 (7.8)	2 (2.6)	-
Pruritus	8 (10.4)	4 (5.2)	4 (5.2)	-	-
Rash	8 (10.4)	4 (5.2)	3 (3.9)	1 (1.3)	-

- **Conclusions**
  - In patients with KRAS G12C-mutant NSCLC, olomorasib + chemoimmunotherapy demonstrated ORR and DCR benefit and was well-tolerated with a safety profile consistent with individual safety profiles

OA08.03: COMPEL: Osimertinib + Platinum-Based Chemotherapy in Patients With EGFRm Advanced NSCLC and Progression on 1L Osimertinib – Pasello G, et al

- **Study objective**
  - To evaluate the efficacy and safety of osimertinib + platinum-based chemotherapy in patients with EGFR-mutant advanced NSCLC after progression on 1L osimertinib in the COMPEL study



Primary endpoint

- PFS (investigator-assessed)

Secondary endpoints

- CNS PFS, non-CNS PFS and OS

[a]Cisplatin 75 mg/m^2 or carboplatin AUC5 + pemetrexed 500 mg/m^2 (q3w for 4 cycles); [b]pemetrexed 500 mg/m^2 q3w. Imaging assessment of CNS and non-CNS (chest and abdomen) metastases was performed every 6 weeks for the first 13 cycles, then every 12 weeks.

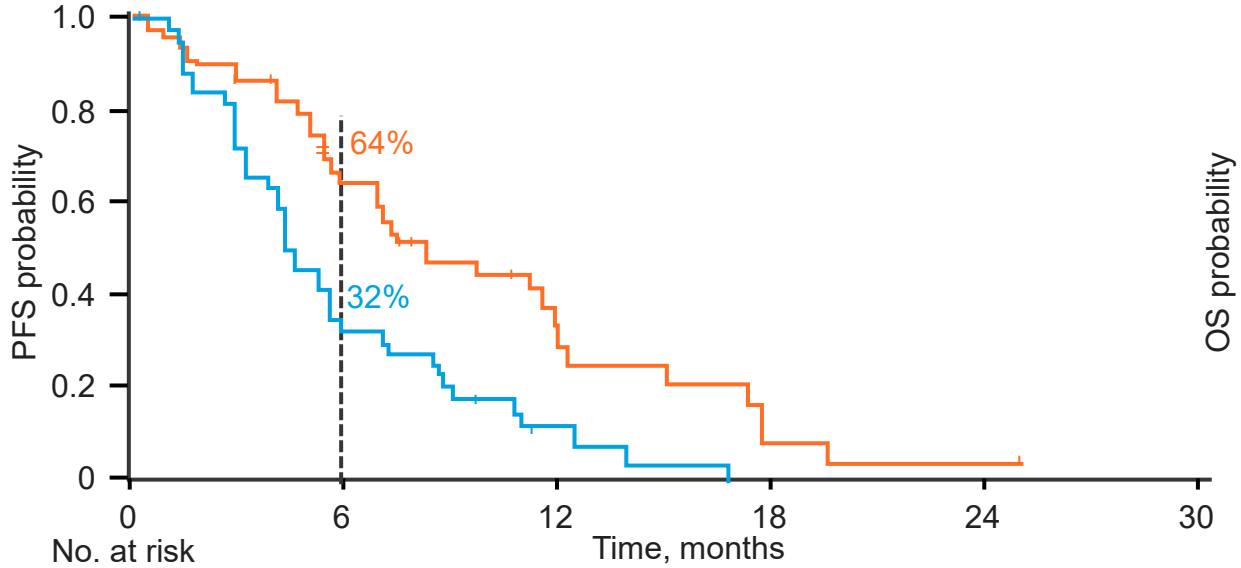
Pasello G, et al. J Thorac Oncol 2025;20(suppl):Abstr OA08.03.

OA08.03: COMPEL: Osimertinib + Platinum-Based Chemotherapy in Patients With EGFRm Advanced NSCLC and Progression on 1L Osimertinib – Pasello G, et al

- **Key results**

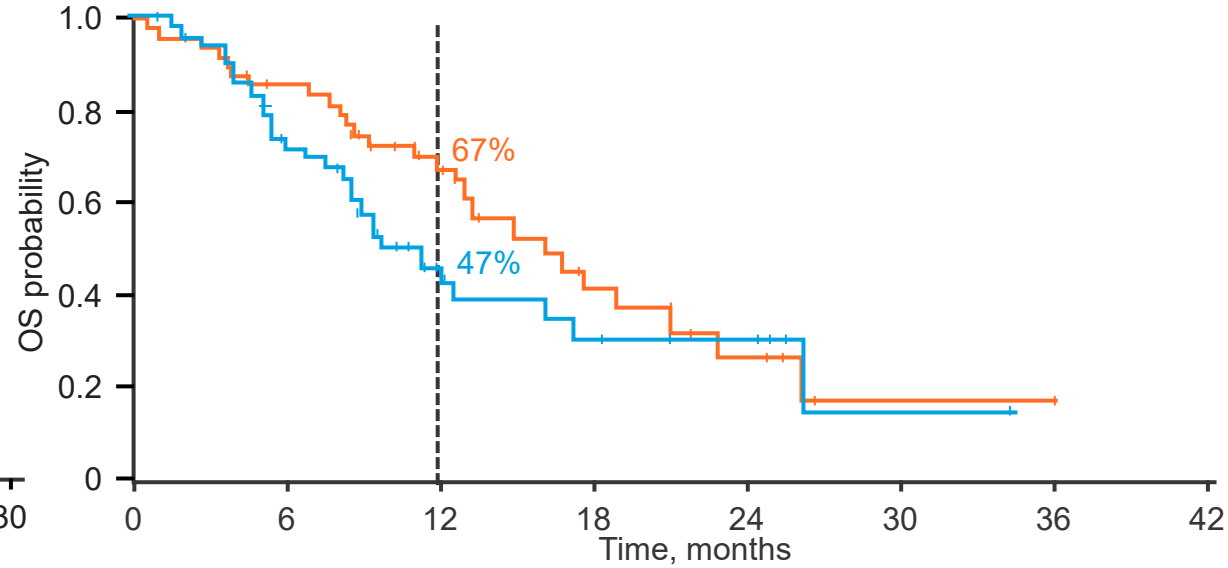
Progression-free survival

	Osi + chemo (n=49)	Chemotherapy (n=49)
Median follow-up, mo (range)	5.4 (<0.1–24.9)	5.5 (<0.1–11.1)
Events, n (%)	32 (65)	42 (86)
mPFS, mo (95%CI)	8.4 (5.7, 11.8)	4.4 (3.5, 5.6)
HR (95%CI)	0.43 (0.27, 0.70)	



Overall survival

	Osi + chemo (n=49)	Chemotherapy (n=49)
Median follow-up, mo (range)	12.0 (4.2–36.0)	11.1 (0.8–34.5)
Events, n (%)	26 (53)	28 (57)
mOS, mo (95%CI)	15.9 (12.4, 20.8)	9.8 (8.4, 17.2)
HR (95%CI)	0.71 (0.42, 1.23)	



Pasello G, et al. J Thorac Oncol 2025;20(suppl):Abstr OA08.03.

OA08.03: COMPEL: Osimertinib + Platinum-Based Chemotherapy in Patients With EGFRm Advanced NSCLC and Progression on 1L Osimertinib – Pasello G, et al

- **Key results (cont.)**

CNS PFS in patients without baseline CNS metastases	Osimertinib + chemotherapy	Chemotherapy
Events/patients, n/N (%)	14/38 (37)	18/37 (49)
Median FU, mo (range)	5.5 (<0.1–23.6)	5.6 (<0.1–13.8)
Median CNS PFS, mo (95%CI)	15.9 (7.9, 18.6)	8.6 (5.6, 19.4)
HR (95%CI)	0.56 (0.27, 1.13)	

Non-CNS (extracranial) PFS	Osimertinib + chemotherapy	Chemotherapy
Events/patients, n/N (%)	31/49 (63)	41/49 (84)
Median FU, mo (range)	3.6 (<0.1–24.9)	3.6 (<0.1–9.7)
Median non-CNS PFS, mo (95%CI)	8.4 (5.7, 11.8)	5.2 (3.5, 5.8)
HR, 95%CI	0.43 (0.26, 0.71)	

Non-CNS (extracranial)	Osimertinib + chemotherapy	Chemotherapy
non-CNS ORR, n (%) [95%CI]	17 (35) [22, 50]	14 (29) [17, 43]
non-CNS DoR, mo (IQR)	8.2 (4.4, 12.2)	4.2 (3.1, 7.6)

Median time on treatment, months	Osimertinib + chemotherapy (n=48)	Chemotherapy (n=48)
Osimertinib/placebo	6.7	5.1
Pemetrexed	6.1	5.1
Platinum	2.8	2.8
AEs, n (%)		
Any	47 (98)	47 (98)
Grade ≥3	30 (63)	22 (46)
Serious	18 (38)	15 (31)
Led to death	1 (2)	1 (2)
Led to discontinuation of osimertinib	6 (13)	1 (2)
Led to discontinuation of pemetrexed	9 (19)	1 (2)
Led to discontinuation of platinum	6 (13)	0

- **Conclusions**
  - In patients with EGFR-mutant advanced NSCLC and non-CNS progression, osimertinib + platinum-based chemotherapy provided improvements in PFS and OS compared to chemotherapy alone, including preliminary CNS and non-CNS PFS

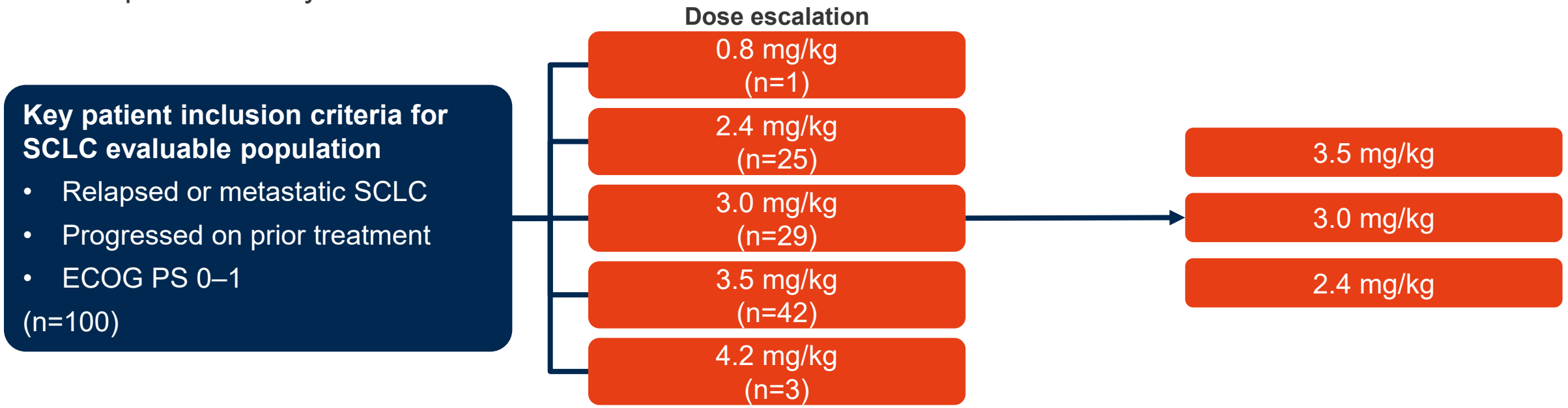
Pasello G, et al. J Thorac Oncol 2025;20(suppl):Abstr OA08.03.

Other malignancies

SCLC, mesothelioma and thymic epithelial tumors

OA06.01: A First-In-Human Phase 1 Study of SHR-4849 (IDE849), a DLL3-Directed Antibody-Drug Conjugate, in Relapsed SCLC – Wang L, et al

- **Study objective**
  - To evaluate the efficacy and safety of SHR-4849, a DLL-directed ADC, in patients with relapsed SCLC in a phase 1 study



Primary endpoints

- Safety, MTD or MAD, R2PD

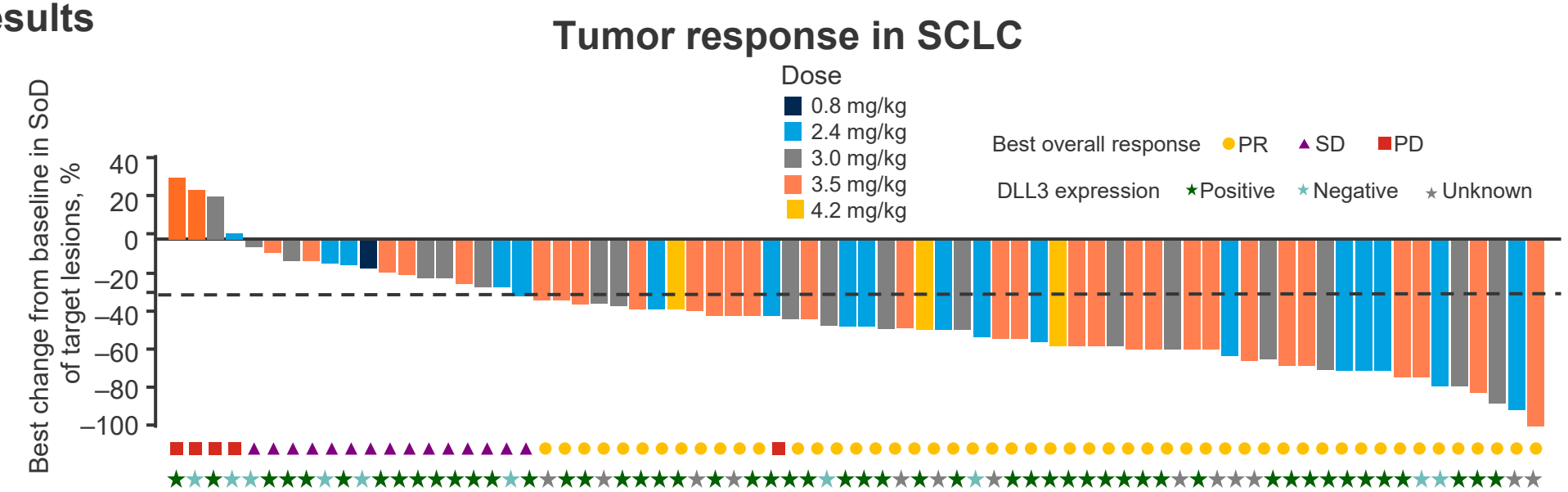
Secondary endpoints

- Efficacy, pharmacokinetics, immunogenicity

SHR-4849 was administered intravenously every 3 weeks.

OA06.01: A First-In-Human Phase 1 Study of SHR-4849 (IDE849), a DLL3-Directed Antibody-Drug Conjugate, in Relapsed SCLC – Wang L, et al

- **Key results**



	≥2.4 mg/kg		3.0 mg/kg		3.5 mg/kg		4.2 mg/kg		Total (≥2.4 mg/kg)	
	2L (n=10)	All (n=19)	2L (n=8)	All (n=18)	2L (n=16)	All (n=31)	2L (n=1)	All (n=3)	2L (n=35)	All (n=71)
ORR, n (%) [95%CI]	8 (80.0) [44.4, 97.5]	14 (73.7) [48.8, 90.9]	6 (75.0) [34.9, 96.8]	12 (66.7) [41.0, 86.7]	12 (75.0) [47.6, 92.7]	23 (74.2) [55.4, 88.1]	1 (100) [2.5, 100]	3 (100) [29.2, 100]	27 (77.1) [59.9, 89.6]	52 (73.2) [61.4, 83.1]
Confirmed ORR, n (%) [95%CI)	7 (70.0) [34.8, 93.3]	11 (57.9) [33.5, 79.7]	2 (25.0) [3.2, 65.1]	4 (22.2) [6.4, 47.6]	11 (68.8) [41.3, 89.0]	16 (51.6) [33.1, 69.8]	1 (100.0) [2.5, 100]	3 (100) [29.2, 100]	21 (60.0) [42.1, 76.1]	34 (47.9) [35.9, 60.1]
Response pending confirmation, n (%)	0	1 (5.3)	4 (50.0)	8 (44.4)	0	1 (3.2)	0	0	4 (11.4)	10 (14.1)
DCR, n (%) [95%CI]	10 (100) [69.2, 100]	18 (94.7) [74.0, 99.9]	8 (100) [63.1, 100]	17 (94.4) [72.7, 99.9]	15 (93.8) [69.8, 99.8]	28 (90.3) [74.2, 98.0]	1 (100) [2.5, 100]	3 (100) [29.2, 100]	34 (97.1) [85.1, 99.9]	66 (93.0) [84.3, 97.7]

OA06.01: A First-In-Human Phase 1 Study of SHR-4849 (IDE849), a DLL3-Directed Antibody-Drug Conjugate, in Relapsed SCLC – Wang L, et al

- **Key results (cont.)**

PFS in SCLC	Total (≥2.4 mg/kg) 2L (n=42)	Total (≥2.4 mg/kg) All (n=86)
Events, n (%)	8 (19.0)	22 (25.6)
mPFS, mo (95%CI)	NR (4.4, NR)	6.7 (4.4, NR)
3-mo rate, % (95%CI)	93.3 (75.2, 98.3)	83.3 (71.0, 90.7)
6-mo rate, % (95%CI)	59.0 (31.2, 78.8)	55.3 (37.8, 69.7)

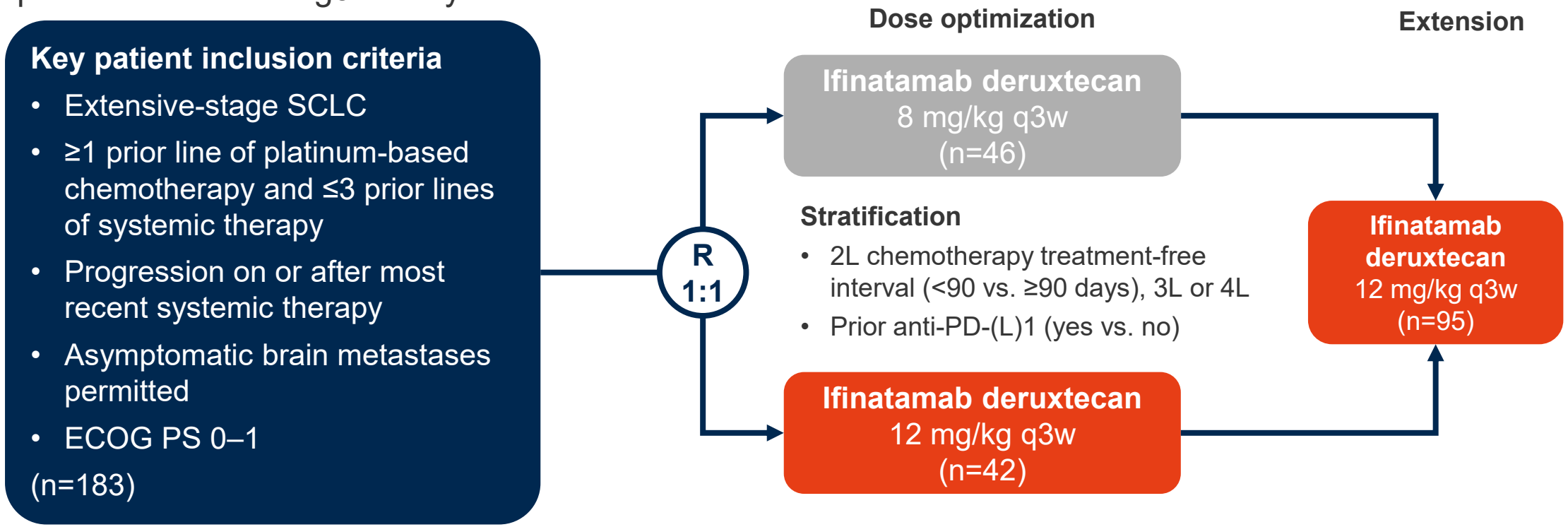
n (%)	Total (n=100)
Any TEAE	92 (92)
Grade ≥3	52 (52)
Any TRAE	92 (92)
Grade ≥3	48 (48)
Led to dose reduction	15 (15)
Led to discontinuation	2 (2)
Serious	16 (16)
Led to death	0

TRAEs occurring in ≥10% of patients, %	Grade 1–2	Grade ≥3
WBC decreased	46	27
Neutrophil count decreased	36	33
Anemia	60	6
Nausea	47	0
Platelet count decreased	36	7
Lymphocyte count decreased	14	5

- **Conclusions**
  - In patients with relapsed SCLC, SHR-4849 demonstrated a tolerable toxicity profile and encouraging antitumor activity

OA06.03: Ifinatamab Deruxtecan (I-DXd) in Extensive-Stage Small Cell Lung Cancer: Primary Analysis of the Phase 2 IDeate-Lung01 Study – Ahn M-J, et al

- **Study objective**
  - To evaluate the efficacy and safety of ifinatamab deruxtecan in patients with extensive-stage SCLC in the phase 2 IDeate-Lung01 study



Primary endpoint
- ORR (BICR)

Secondary endpoints
- DoR, PFS, OS, DCR, TTR, PK, safety

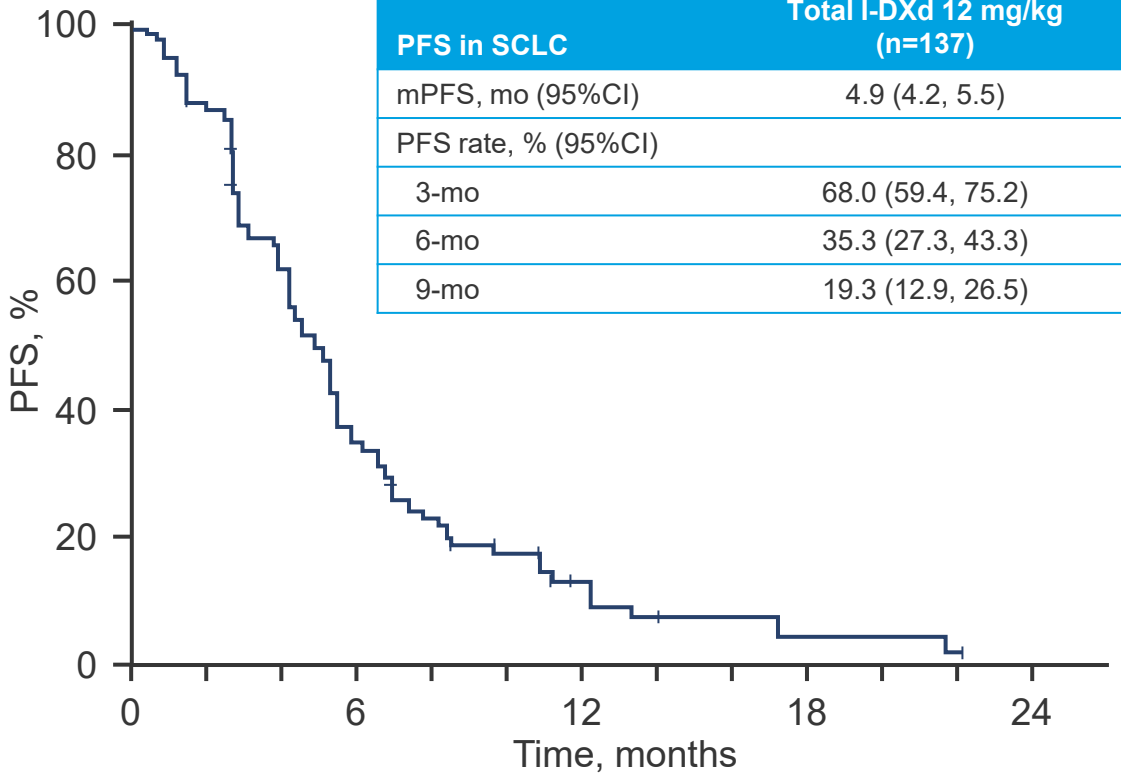
Exploratory endpoint
- Intracranial ORR

OA06.03: Ifinatamab Deruxtecan (I-DXd) in Extensive-Stage Small Cell Lung Cancer: Primary Analysis of the Phase 2 IDeate-Lung01 Study – Ahn M-J, et al

- **Key results**

Progression-free survival

PFS in SCLC	Total I-DXd 12 mg/kg (n=137)
mPFS, mo (95%CI)	4.9 (4.2, 5.5)
PFS rate, % (95%CI)	
3-mo	68.0 (59.4, 75.2)
6-mo	35.3 (27.3, 43.3)
9-mo	19.3 (12.9, 26.5)

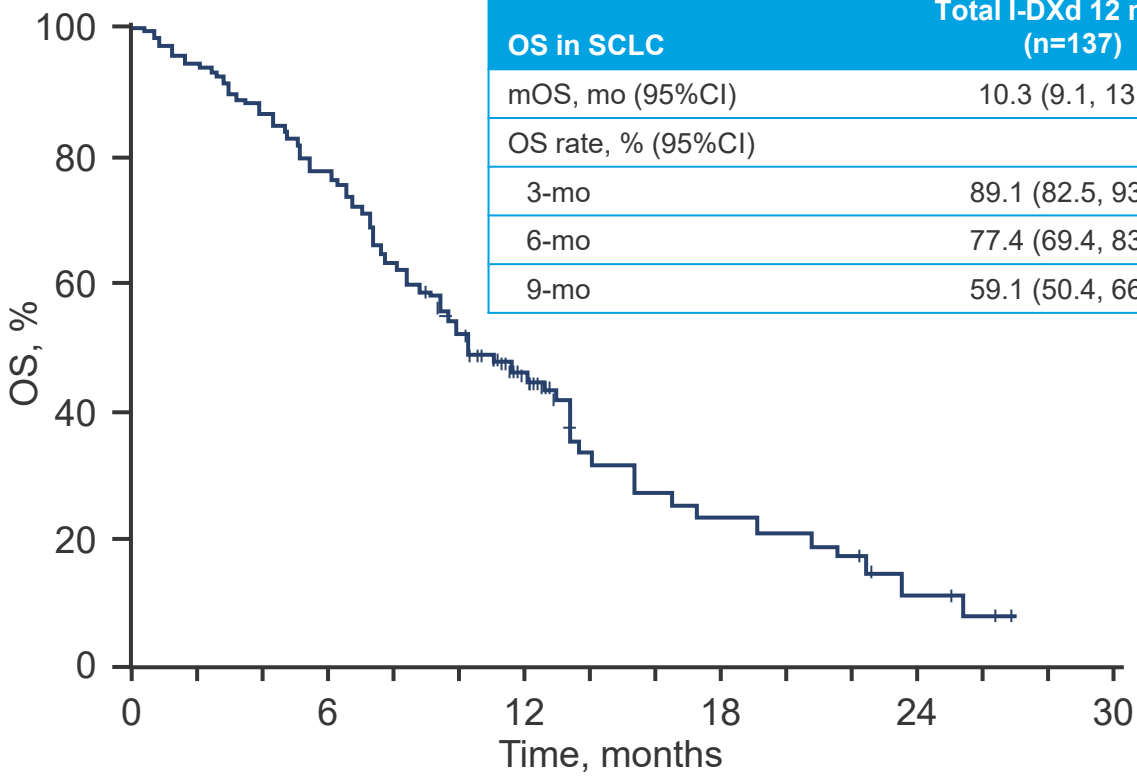


No. at risk

137	118	84	46	29	19	7	4	3	2	2	0	0

Overall survival

OS in SCLC	Total I-DXd 12 mg/kg (n=137)
mOS, mo (95%CI)	10.3 (9.1, 13.3)
OS rate, % (95%CI)	
3-mo	89.1 (82.5, 93.2)
6-mo	77.4 (69.4, 83.5)
9-mo	59.1 (50.4, 66.8)



No. at risk

137	129	118	106	86	68	41	15	13	11	10	8	4	2	0	0

Ahn M-J, et al. J Thorac Oncol 2025;20(suppl):Abstr OA06.03

OA06.03: Ifinatamab Deruxtecan (I-DXd) in Extensive-Stage Small Cell Lung Cancer: Primary Analysis of the Phase 2 IDeate-Lung01 Study – Ahn M-J, et al

- **Key results (cont.)**

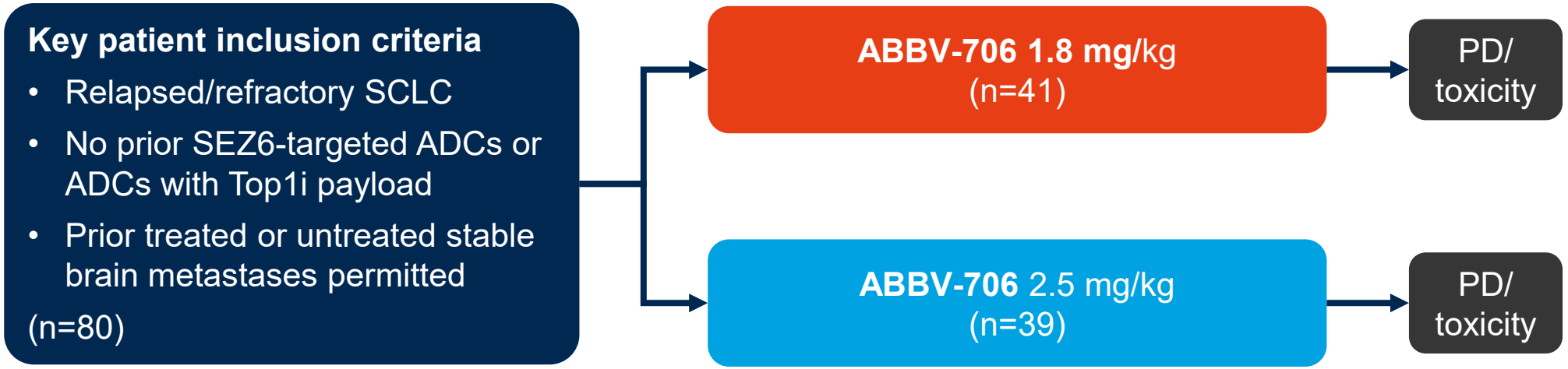
	I-DXd 12 mg/kg		
	Total (n=137)	2L (n=32)	3L+ (n=105)
cORR, % (95%CI)	48.2 (39.6, 56.9)	56.3 (37.7, 73.6)	45.7 (36.0, 55.7)
CR, n (%)	3 (2.2)	0	3 (2.9)
PR, n (%)	63 (46.0)	18 (56.3)	45 (42.9)
DCR, % (95%CI)	87.6 (80.9, 92.6)	96.9 (83.8, 99.9)	84.8 (76.4, 91.0)

	I-DXd 12 mg/kg (n=137)
Median treatment duration, mo (range)	4.8 (0.7–22.7)
Median cycles, n (range)	7.0 (1.0–32.0)
Any grade TRAEs, n (%)	123 (89.8)
Grade ≥3	50 (36.5)
Led to dose delay	35 (25.5)
Led to dose reduction	21 (15.3)
Led to treatment discontinuation	13 (9.5)
Led to death	6 (4.4)

- **Conclusions**
  - In patients with extensive-stage SCLC, ifinatamab deruxtecan demonstrated rapid and durable responses regardless of the treatment line, and the safety profile was consistent with previous findings

OA06.04: Safety and Efficacy of ABBV-706, a Seizure-related Homolog Protein 6-targeting Antibody-drug Conjugate, in R/R SCLC – Byers LA, et al

- **Study objective**
  - To evaluate the efficacy and safety of ABBV-706, a seizure-related homolog protein 6-targeting ADC, in patients with relapsed/refractory SCLC



Primary endpoints
- Safety, PK, RP2D

Secondary endpoints
- ORR, DoR, PFS, OS

Exploratory analysis
- SEZ6 by IHC, biomarkers

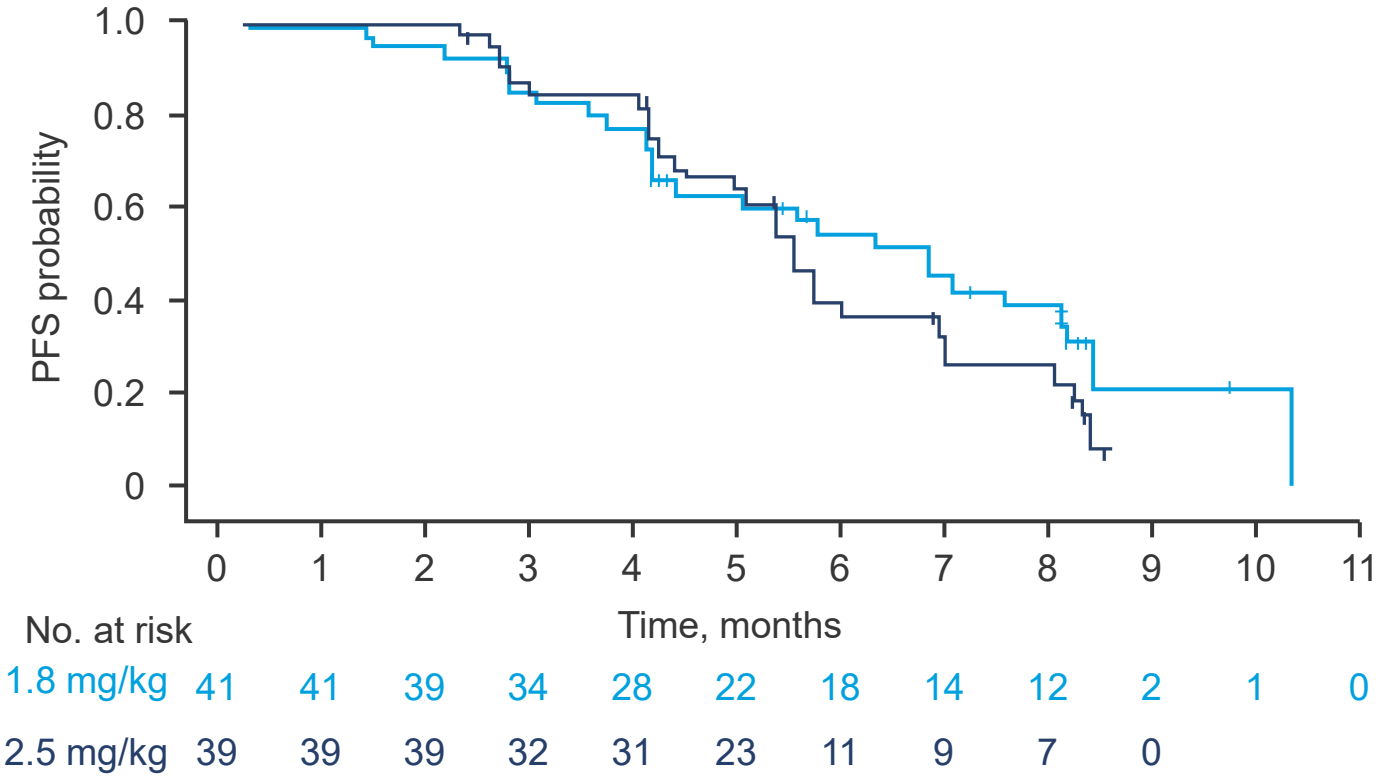
OA06.04: Safety and Efficacy of ABBV-706, a Seizure-related Homolog Protein 6-targeting Antibody-drug Conjugate, in R/R SCLC – Byers LA, et al

- **Key results**

	1.8 mg/kg (n=41)	2.5 mg/kg (n=39)	Total (n=80)
ORR (confirmed CR/PR), n (%)	23 (56)	23 (59)	46 (58)
ORR (confirmed CR/PR) by LOT, n/N (%)			
2L	13/16 (81)	10/14 (71)	20/30 (77)
3L+	10/25 (40)	13/25 (52)	23/50 (46)
ORR (confirmed CR/PR) by CTFI, n/N (%)			
≥90 days	7/12 (58)	10/18 (56)	17/30 (57)
<90 days	13/24 (54)	11/17 (65)	21/41 (59)
<30 days	5/11 (46)	5/8 (63)	10/19 (53)
ORR (confirmed CR/PR) by brain metastases, n/N (%)			
Yes	10/16 (63)	6/12 (50)	16/28 (57)
No	10/16 (63)	15/20 (75)	25/36 (69)

Progression-free survival

	1.8 mg/kg (n=41)	2.5 mg/kg (n=39)	Total (n=80)
mPFS, mo (95%CI)	6.8 (4.0, 8.2)	5.6 (4.4, 7.0)	5.7 (4.9, 7.0)



Byers LA, et al. J Thorac Oncol 2025;20(suppl):Abstr OA06.04

OA06.04: Safety and Efficacy of ABBV-706, a Seizure-related Homolog Protein 6-targeting Antibody-drug Conjugate, in R/R SCLC – Byers LA, et al

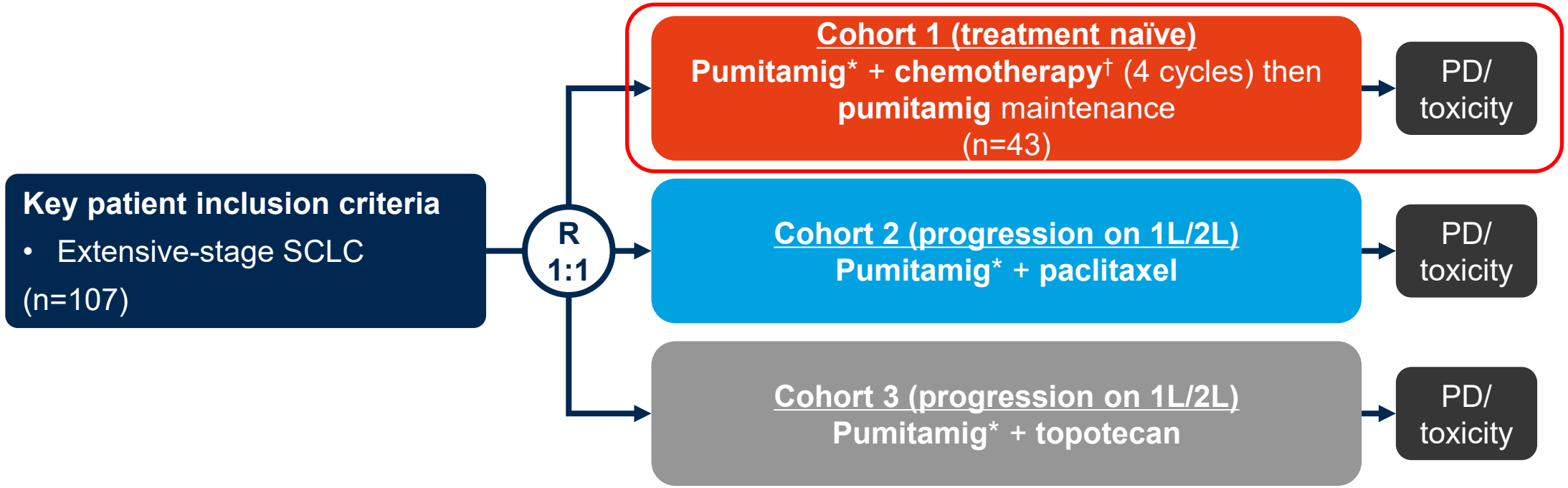
- **Key results (cont.)**

	1.8 mg/kg (n=41)	2.5 mg/kg (n=39)	Total (n=80)
TRAEs, n (%)			
Any grade	35 (85)	37 (95)	72 (90)
Grade ≥ 3	20 (49)	30 (77)	50 (63)
SAEs	7 (17)	4 (10)	11 (14)
Led to dose interruption	10 (24)	25 (64)	35 (44)
Led to dose reduction	8 (20)	14 (36)	22 (28)
Led to discontinuation	4 (10)	3 (8)	7 (9)
Exposure			
Median treatment duration, mo (range)	6.2 (0.7, 10.9)	5.5 (0.7, 11.3)	5.8 (0.7, 11.3)
Relative dose intensity, %	99	85	92
Median follow-up time, mo	9.0	8.3	8.4

- **Conclusions**
  - In patients with relapsed/refractory SCLC, ABBV-706 demonstrated a durable clinical benefit with a manageable safety profile

OA13.02: Global Phase 2 Randomized Trial of BNT327 (Pumitamig; PD-L1 x VEGF-A bsAb) + Chemotherapy for 1L ES-SCLC: Dose Optimization Analysis – Heymach JV, et al

- **Study objective**
  - To evaluate the efficacy and safety of 1L pumitamig (a PD-L1 and VEGF-A bispecific antibody) + chemotherapy in patients with extensive-stage SCLC in a phase 2 study



Primary endpoints

- ORR (RECIST v1.1), safety

Secondary endpoints

- DoR, TTR, PFS, OS, PK, immunogenicity

*Pumitamig 20 or 30 mg/kg IV q3w for up to 2 years; †etoposide 100 mg/m^2 IV + carboplatin AUC5.

Heymach JV, et al. J Thorac Oncol 2025;20(suppl):Abstr OA13.02

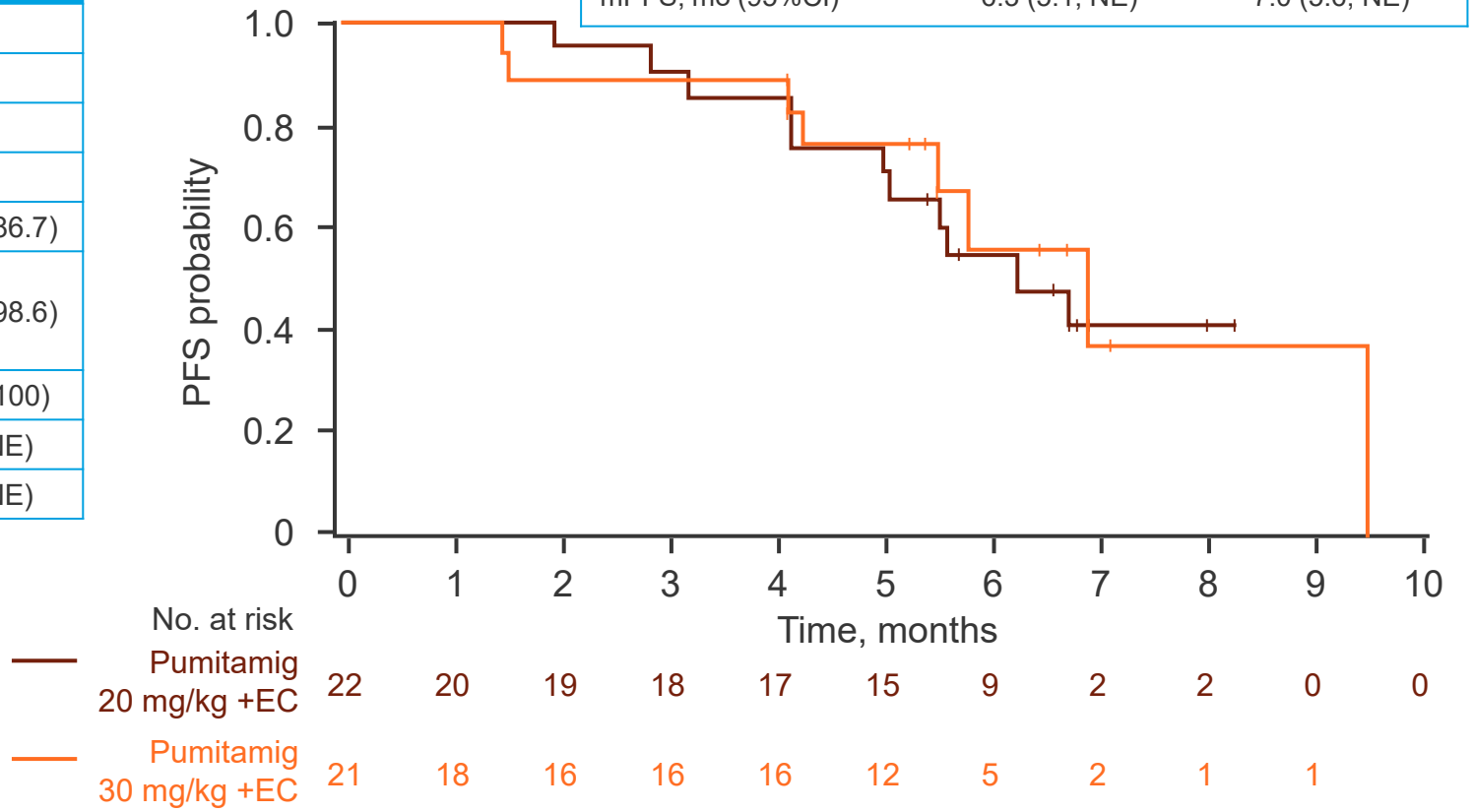
OA13.02: Global Phase 2 Randomized Trial of BNT327 (Pumitamig; PD-L1 x VEGF-A bsAb) + Chemotherapy for 1L ES-SCLC: Dose Optimization Analysis – Heymach JV, et al

- **Key results**

	All (n=43)	Pumitamig 20 mg/kg + EC (n=22)	Pumitamig 30 mg/kg + EC (n=21)
BOR, n			
CR	2	2	0
PR	27	15	12
SD	9	3	6
cORR, % (95%CI)	76.3 (59.8, 88.6)	85.0 (62.1, 96.8)	66.7 (41.0, 86.7)
Early tumor shrinkage, % (95%CI)	89.5 (75.2, 97.1)	90.0 (68.3, 98.8)	88.9 (65.3, 98.6)
DCR, % (95%CI)	100 (90.7, 100)	100 (83.2, 100)	100 (81.5, 100)
mDoR, mo (95%CI)	4.9 (4.2, NE)	4.9 (3.7, NE)	5.4 (4.1, NE)
mPFS, mo (95%CI)	6.8 (5.6, NE)	6.3 (5.1, NE)	7.0 (5.6, NE)

Progression-free survival

	Pumitamig 20 mg/kg + EC	Pumitamig 30 mg/kg + EC
mPFS, mo (95%CI)	6.3 (5.1, NE)	7.0 (5.6, NE)



Heymach JV, et al. J Thorac Oncol 2025;20(suppl):Abstr OA13.02

OA13.02: Global Phase 2 Randomized Trial of BNT327 (Pumitamig; PD-L1 x VEGF-A bsAb) + Chemotherapy for 1L ES-SCLC: Dose Optimization Analysis – Heymach JV, et al

- **Key results (cont.)**

Grade ≥3 AEs, n (%)	All (n=43)	Pumitamig 20 mg/kg + EC (n=22)	Pumitamig 30 mg/kg + EC (n=21)
Any	27 (62.8)	12 (54.5)	15 (71.4)
Treatment-related	23 (53.5)	11 (50.0)	12 (57.1)
Serious	13 (30.2)	6 (27.3)	7 (33.3)
Treatment-related	7 (16.3)	4 (18.2)	3 (14.3)
Led to dose interruption any treatment	8 (18.6)	4 (18.2)	4 (19.0)
Led to discontinuation			
Any treatment	7 (16.3)	2 (9.1)	5 (23.8)
Pumitamig	6 (14.0)	2 (9.1)	4 (19.0)
Led to EC dose reduction	11 (25.6)	6 (27.3)	5 (23.8)

- **Conclusions**
  - In patients with ES-SCLC, 1L pumitamig + chemotherapy showed encouraging efficacy outcomes with a manageable safety profile