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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 **AACR Annual Meeting 2026** 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 and Solange Peters 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 2026

Focus: Advanced NSCLC (not radically treatable stage III and stage IV) and biomarkers (all stages)

Dr Solange Peters

Multidisciplinary Oncology Center, Lausanne Cancer Center, Lausanne, Switzerland

Focus: Early and locally advanced NSCLC (stage I–III) and other malignancies, SCLC, mesothelioma, rare tumours

Dr Enriqueta Felip

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

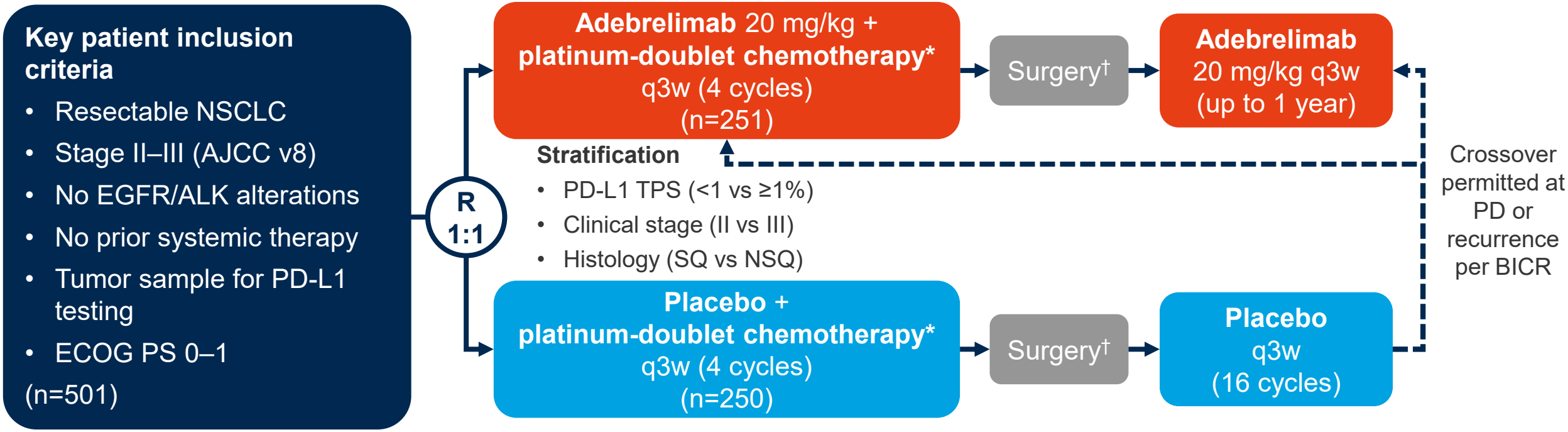
Contents

- Early stage and locally advanced NSCLC – Stages I, II and III
- Advanced NSCLC – Not radically treatable stage III and stage IV
  - Immunotherapy
  - Targeted therapies
  - ADCs and other therapies
- Genomics

Early stage and locally advanced NSCLC – Stages I, II and III

CT014: Perioperative adebrelimab (A) plus chemotherapy (chemo) in resectable stage II-III NSCLC: Phase 3 EFS interim analysis (IA) and molecular residual disease (MRD) analysis – Wu Y-L, et al

- **Study objective**
  - To evaluate EFS and MRD for perioperative adebrelimab + chemotherapy in patients with resectable stage II–III NSCLC



Primary endpoints

- EFS (BICR), MPR (BIPR)

Secondary endpoints

- EFS (investigator assessed), OS, pCR, ORR, DFS, PFS2, safety

Median follow-up 23.6 months.

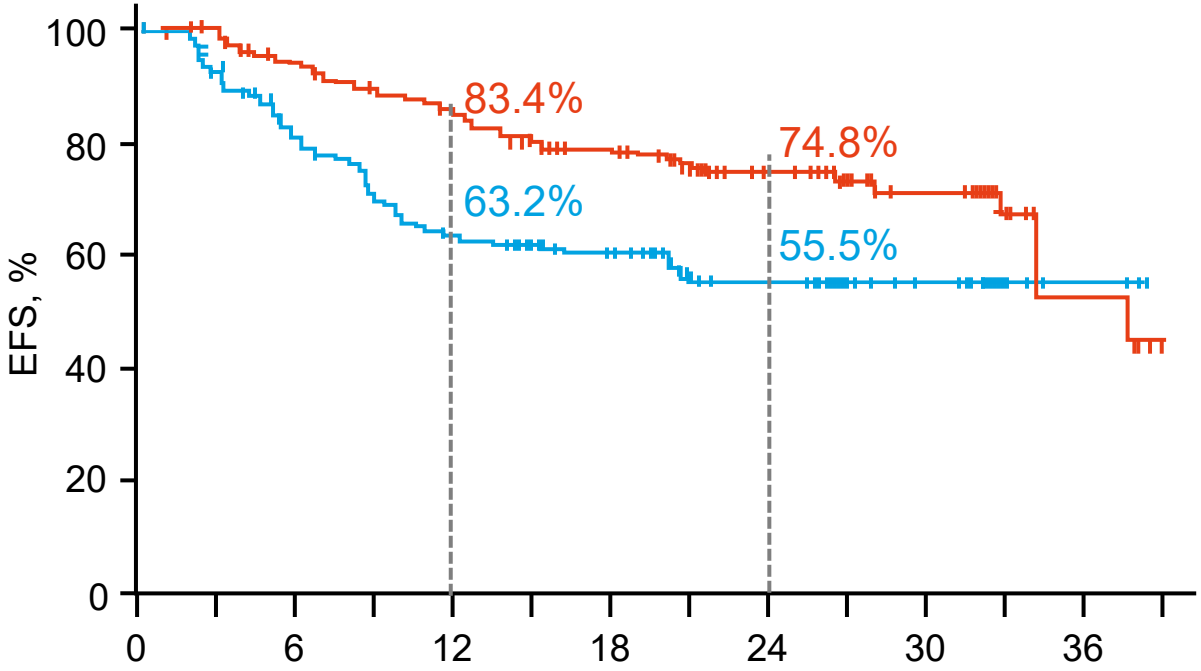
*SQ: paclitaxel/nab-paclitaxel + carboplatin or gemcitabine + cisplatin; NSQ: pemetrexed + cisplatin/carboplatin.

CT014: Perioperative adebrelimab (A) plus chemotherapy (chemo) in resectable stage II-III NSCLC: Phase 3 EFS interim analysis (IA) and molecular residual disease (MRD) analysis – Wu Y-L, et al

- **Key results**

Event-free survival

	Adebre (n=251)	Placebo (n=250)
Events, n (%)	62 (24.7)	96 (38.4)
HR (95%CI); p-value (1-sided)	0.52 (0.38, 0.72); <0.001	

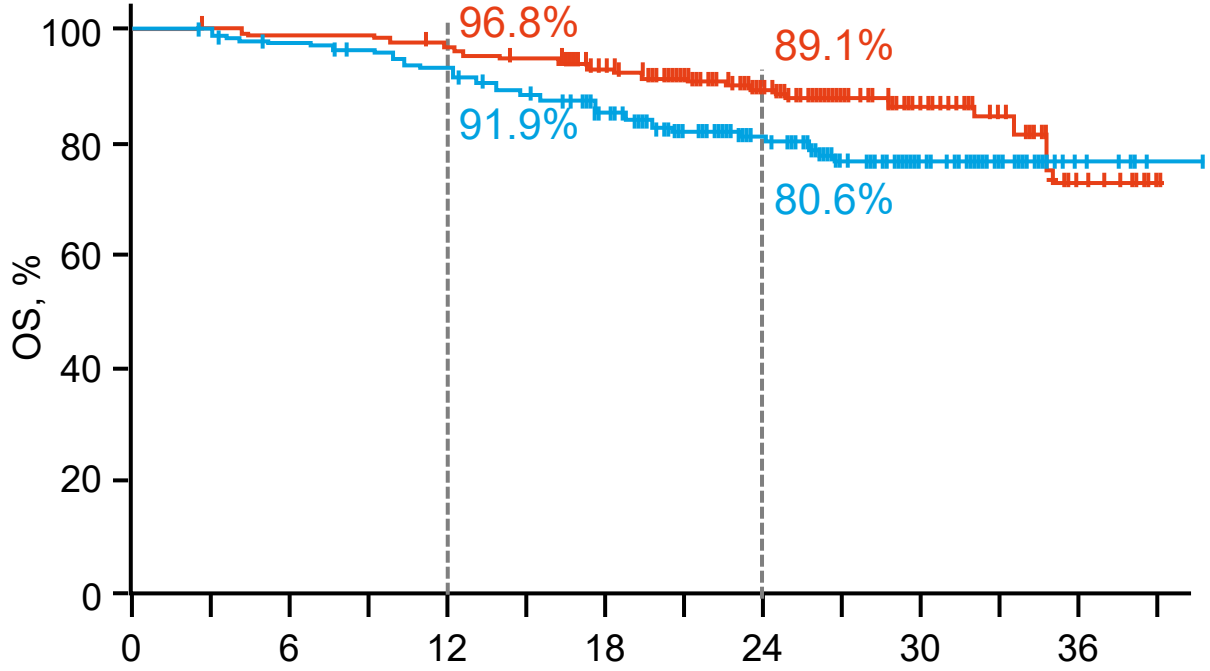


No. at risk

Ade	251	224	210	200	188	165	155	94	83	50	38	13	7	0
PBO	250	211	182	154	138	125	115	66	62	36	28	10	4	0

Overall survival

	Adebre (n=251)	Placebo (n=250)
Events, n (%)	32 (12.7)	50 (20.0)
HR (95%CI)	0.57 (0.36, 0.86)	



No. at risk

Ade	251	251	248	248	242	236	215	172	123	84	59	33	12	1
PBO	250	247	239	234	224	214	189	146	108	71	44	27	8	1

Wu Y-L, et al. AACR; 2026. Abstract nr CT014

CT014: Perioperative adebrelimab (A) plus chemotherapy (chemo) in resectable stage II-III NSCLC: Phase 3 EFS interim analysis (IA) and molecular residual disease (MRD) analysis – Wu Y-L, et al

- **Key results (cont.)**

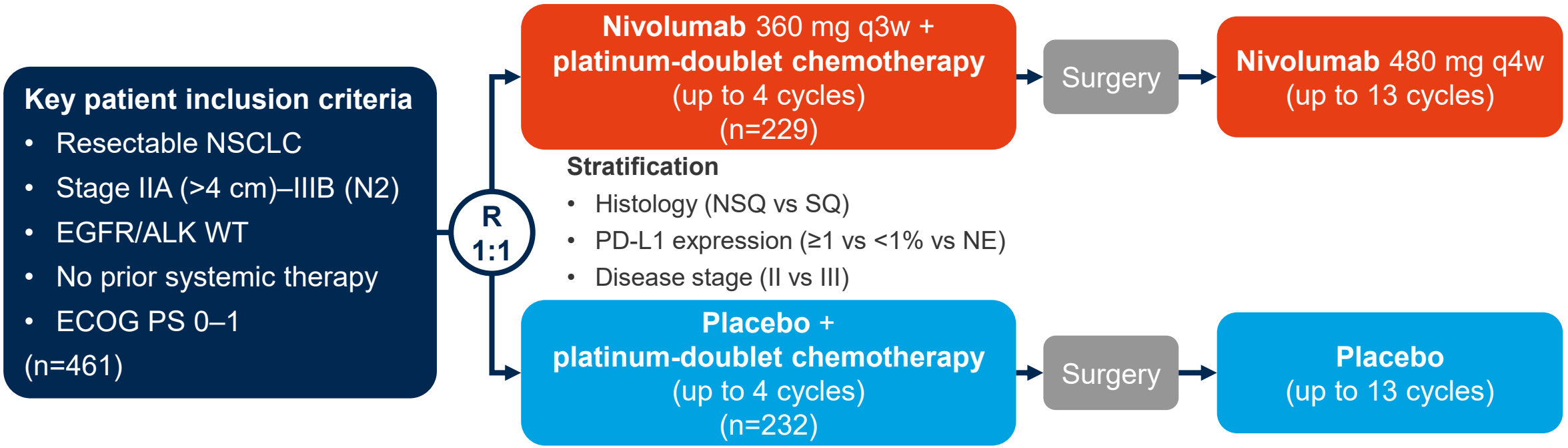
	Adebrelimab (n=251)	Placebo (n=250)
MPR, n (%)	135 (53.8)	46 (18.4)
Δ% (95%CI); p-value (1-sided)	35.6 (28.0, 43.1); <0.001	
pCR, n (%)	78 (31.1)	19 (7.6)
Δ (95%CI)	23.7 (17.2, 30.2)	

AEs, n (%)	Adebrelimab (n=251)	Placebo (n=250)
TRAEs	243 (96.8)	246 (98.4)
Grade ≥3	132 (52.6)	134 (53.6)
Serious	46 (18.3)	39 (15.6)
Led to discontinuation	20 (8.0)	11 (4.4)
Led to death	1 (0.4)	5 (2.0)
imAE	46 (18.3)	23 (9.2)
Grade ≥3	11 (4.4)	4 (1.6)
Led to discontinuation	13 (5.2)	2 (0.8)
Led to death	1 (0.4)	0

- **Conclusions**
  - In patients with resectable stage II–III NSCLC, perioperative adebrelimab + chemotherapy demonstrated a significant improvement in EFS and MPR with a manageable safety profile, and early evidence for a trend in survival benefit

CT015: Clinical outcomes by genomic markers and ctDNA dynamics with perioperative nivolumab (NIVO) for resectable NSCLC from CheckMate 77T – Cascone T, et al

- **Objective**
  - To evaluate clinical outcomes with perioperative nivolumab according to genomic markers and ctDNA dynamics in patients with resectable NSCLC



Primary endpoint

- EFS (RECIST v1.1, BICR)

Secondary endpoints

- pCR, MPR, OS, safety

Exploratory analyses

- Genomic profiling, EFS by genomic alteration status and ctDNA dynamics

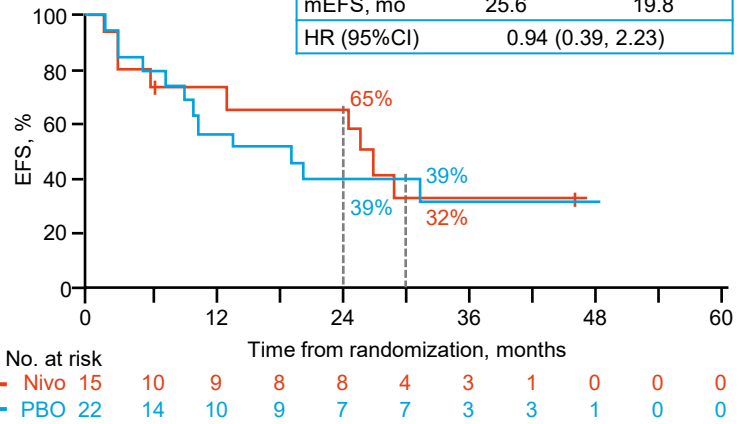
Median follow-up 41.0 months (range 31.3–59.8).

CT015: Clinical outcomes by genomic markers and ctDNA dynamics with perioperative nivolumab (NIVO) for resectable NSCLC from CheckMate 77T – Cascone T, et al

- **Key results**

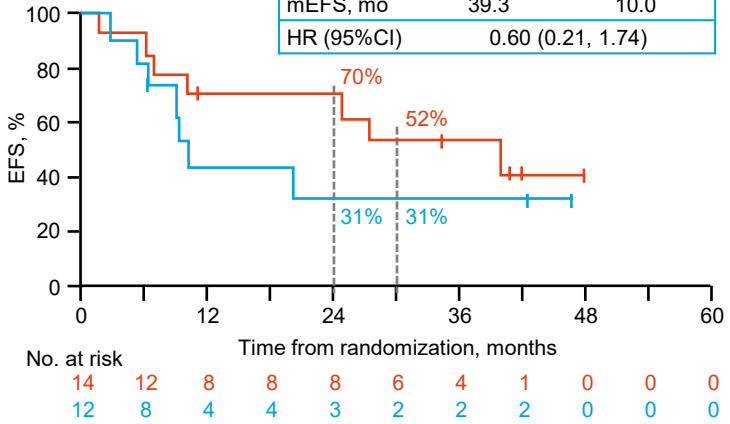
***KRAS*-mutant**

	Nivo (n=15)	PBO (n=22)
mEFS, mo	25.6	19.8
HR (95%CI)	0.94 (0.39, 2.23)	



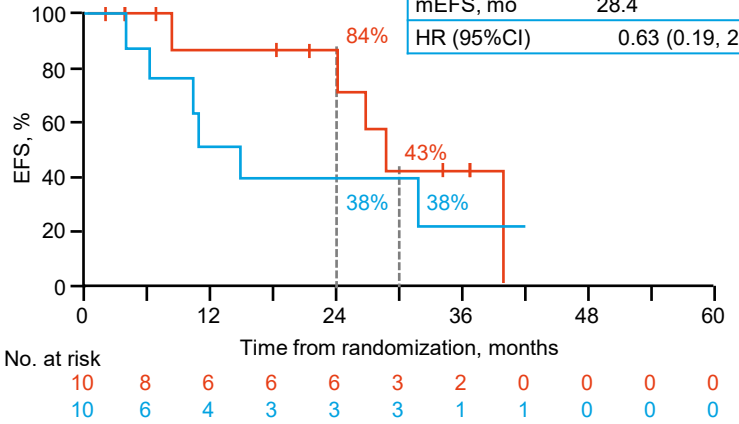
***KEAP1*-mutant**

	Nivo (n=14)	PBO (n=12)
mEFS, mo	39.3	10.0
HR (95%CI)	0.60 (0.21, 1.74)	



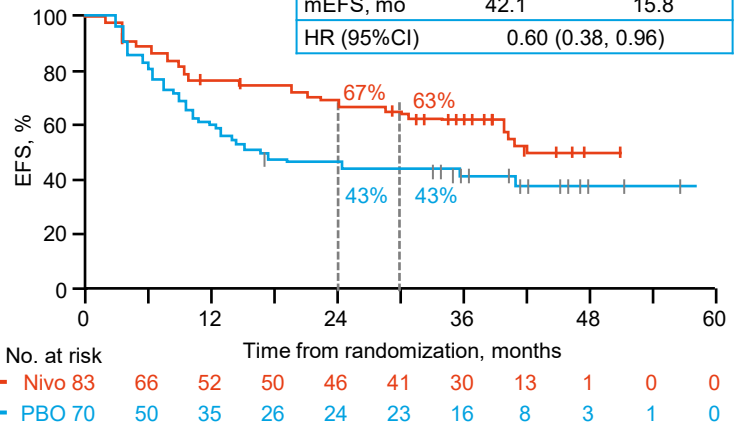
***STK11*-mutant**

	Nivo (n=10)	PBO (n=10)
mEFS, mo	28.4	12.4
HR (95%CI)	0.63 (0.19, 2.09)	



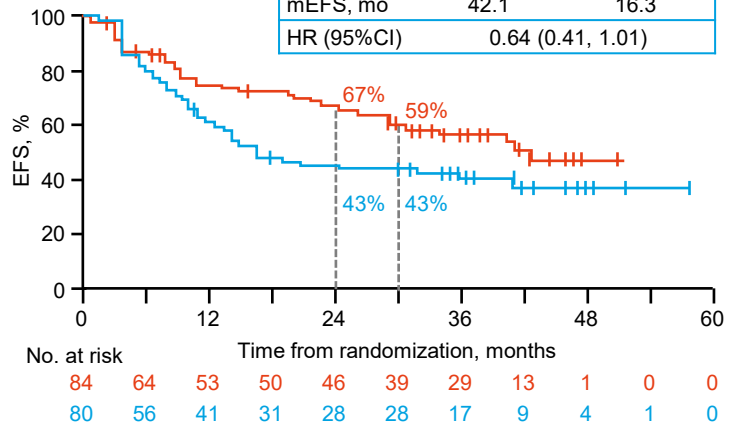
***KRAS*-wild-type**

	Nivo (n=83)	PBO (n=70)
mEFS, mo	42.1	15.8
HR (95%CI)	0.60 (0.38, 0.96)	



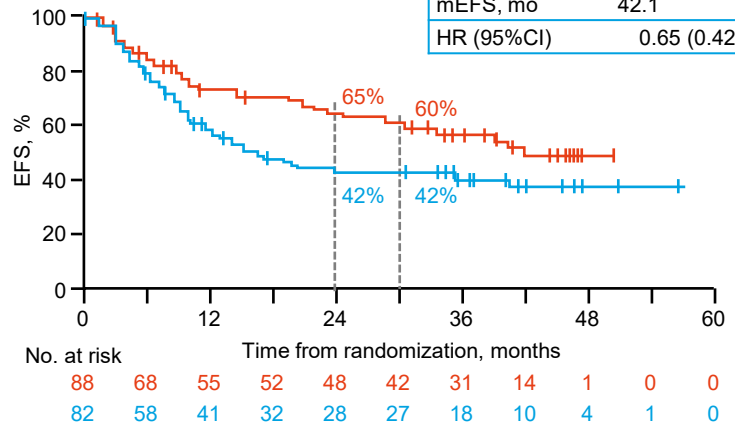
***KEAP1*-wild-type**

	Nivo (n=84)	PBO (n=80)
mEFS, mo	42.1	16.3
HR (95%CI)	0.64 (0.41, 1.01)	



***STK11*-wild-type**

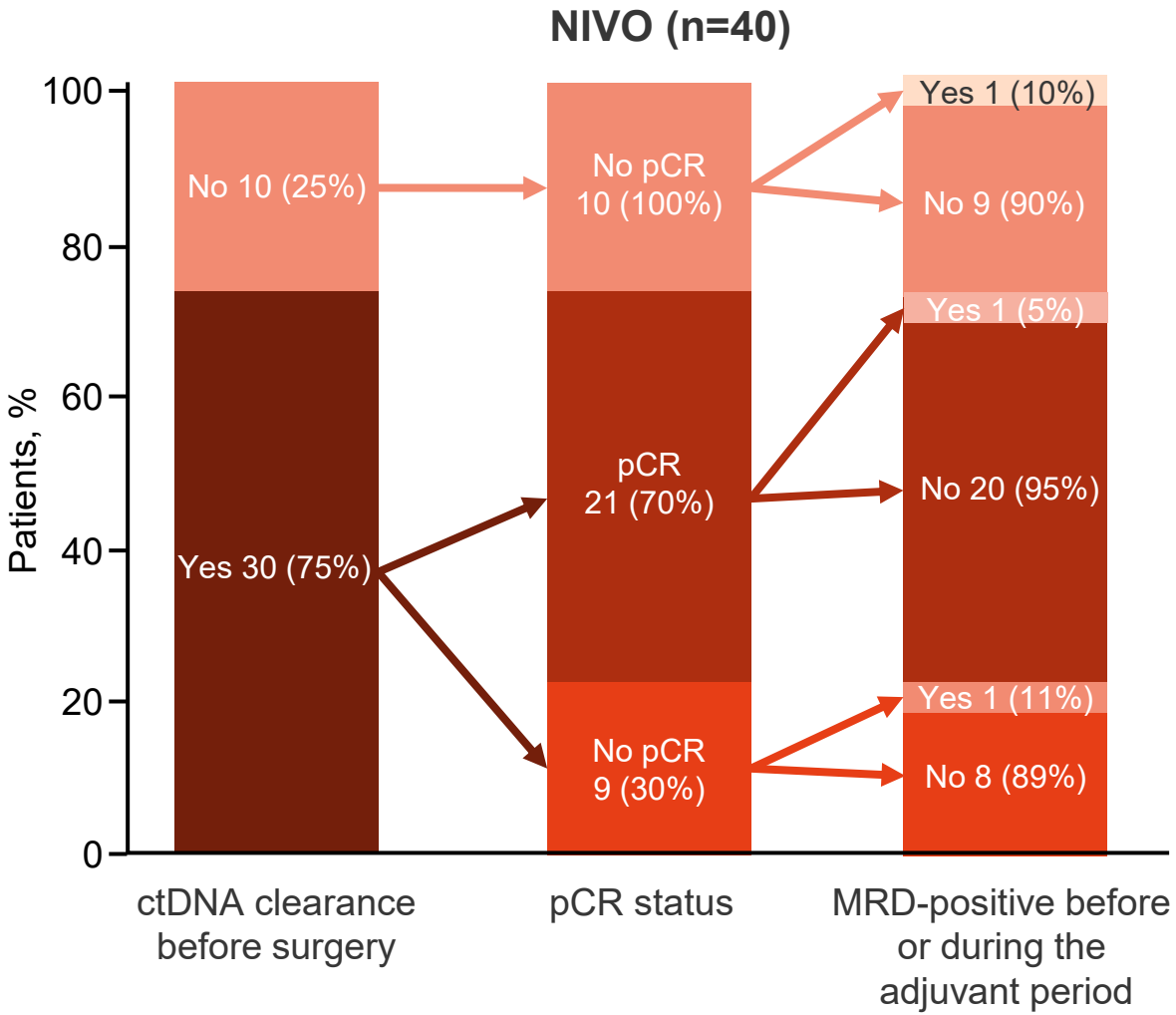
	Nivo (n=88)	PBO (n=82)
mEFS, mo	42.1	16.3
HR (95%CI)	0.65 (0.42, 1.01)	

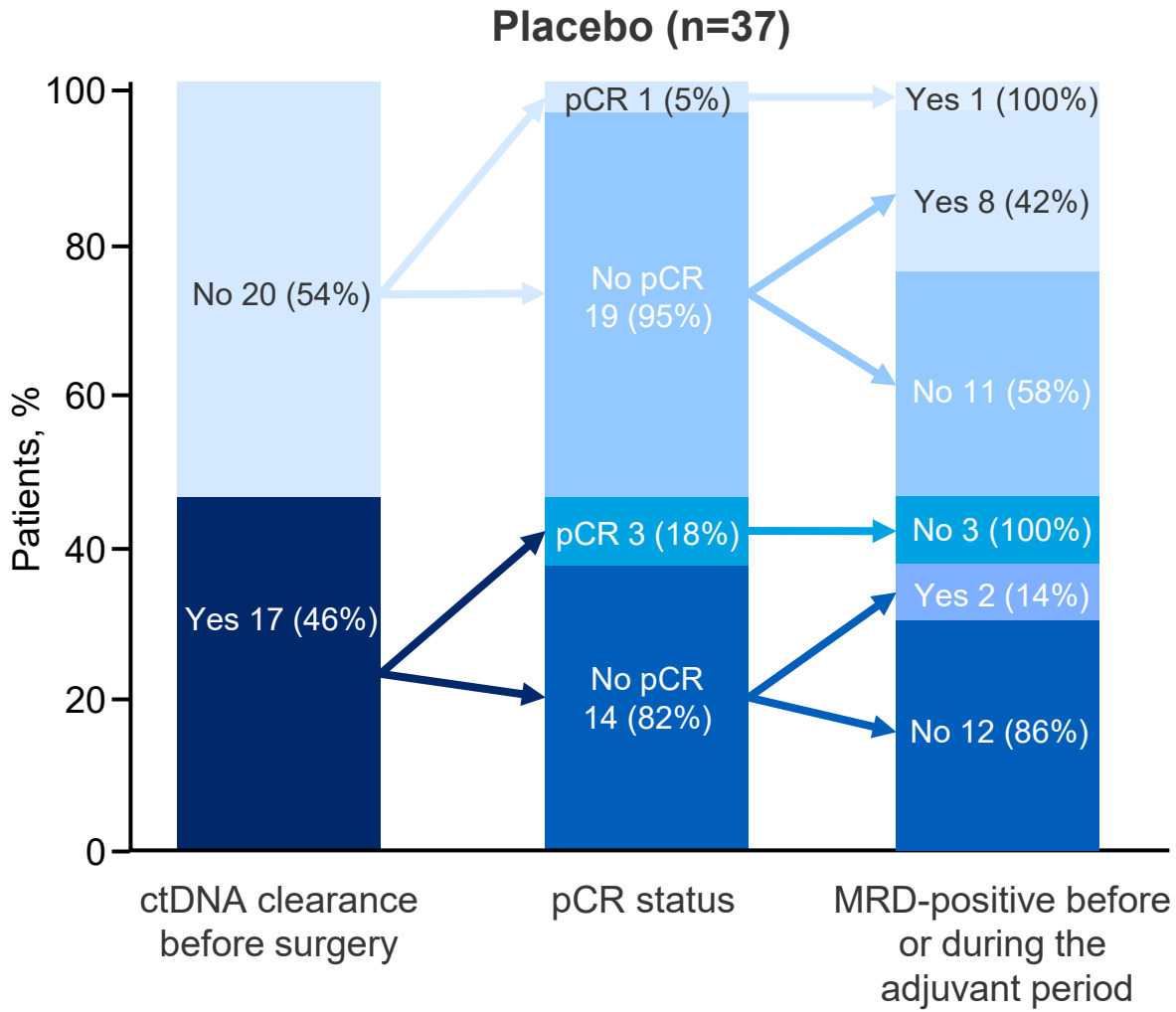


Cascone T, et al. AACR; 2026. Abstract nr CT015

CT015: Clinical outcomes by genomic markers and ctDNA dynamics with perioperative nivolumab (NIVO) for resectable NSCLC from CheckMate 77T – Cascone T, et al

- **Key results**





Cascone T, et al. AACR; 2026. Abstract nr CT015

CT015: Clinical outcomes by genomic markers and ctDNA dynamics with perioperative nivolumab (NIVO) for resectable NSCLC from CheckMate 77T – Cascone T, et al

- **Key results (cont.)**

	Nivolumab	Placebo
≥1 alteration (KEAP1, STK11, CDK2NA and/or SMARCA4)		
n	60	45
mEFS, mo (95%CI)	42.1 (24.4, NR)	10.5 (8.8, 16.3)
HR (95%CI)	0.48 (0.28, 0.83)	
All WT (KEAP1, STK11, CDK2NA, SMARCA4)		
n	38	47
mEFS, mo (95%CI)	33.7 (24.2, NR)	35.1 (13.9, NR)
HR (95%CI)	0.90 (0.48, 1.69)	

	Nivolumab	Placebo
Detectable ctDNA before neoadjuvant therapy		
n	83	75
mEFS, mo	42.1	13.7
HR (95%CI)	0.58 (0.37, 0.92)	
ctDNA clearance before surgery for nivolumab vs placebo, HR (95%CI)		
Yes	0.48 (0.22, 1.02)	
No	0.76 (0.40, 1.46)	
Landmark EFS from surgery in MRD-negative patient before adjuvant therapy		
n	55	46
mEFS, mo	NR	NR
HR (95%CI)	0.75 (0.40, 1.42)	

- **Conclusions**
  - In patients with resectable NSCLC, perioperative nivolumab provided consistent benefit in EFS regardless of clinical and genomic status

Advanced NSCLC – Not radically treatable stage III and stage IV

Immunotherapy

CT233: Multi-modal multi-omic analyses reveal mechanisms of immunotherapy resistance in non-small cell lung cancer (NSCLC) – Balan A, et al

- **Study objective**
  - To evaluate mechanisms of immunotherapy resistance in patients with NSCLC using a multi-modal multi-omic analyses of the HUDSON central screening population

Key patient inclusion criteria

- Locally advanced or metastatic NSCLC
- Progression on platinum-based chemotherapy
- Failure of prior anti-PD-(L)1
- No targetable alterations (EGFR, ALK, ROS1, BRAF, MET, RET)

(n=951*)

Group A (biomarker-matched)

HRRm	Olaparib + durvalumab
LKB1	Olaparib + durvalumab
ATM	Ceralasertib + durvalumab
ATM	Ceralasertib alone
RICTOR	Vistusertib + durvalumab
CD73h	Oleclumab + durvalumab
HERe	Ceralasertib + durvalumab
HER2m	Ceralasertib alone

Group B (biomarker non-matched)

Primary resistance (disease progression ≤24 weeks) (n=507)	Acquired resistance (disease progression >24 weeks) (n=393)
Olaparib + durvalumab	Olaparib + durvalumab
Danvatirsen + durvalumab	Danvatirsen + durvalumab
Ceralasertib + durvalumab	Ceralasertib + durvalumab
Oleclumab + durvalumab	Oleclumab + durvalumab
	Cediranib + durvalumab

Group C (molecular aberration independent)

- Ceralasertib + durvalumab
- Ceralasertib alone

Exploratory endpoints

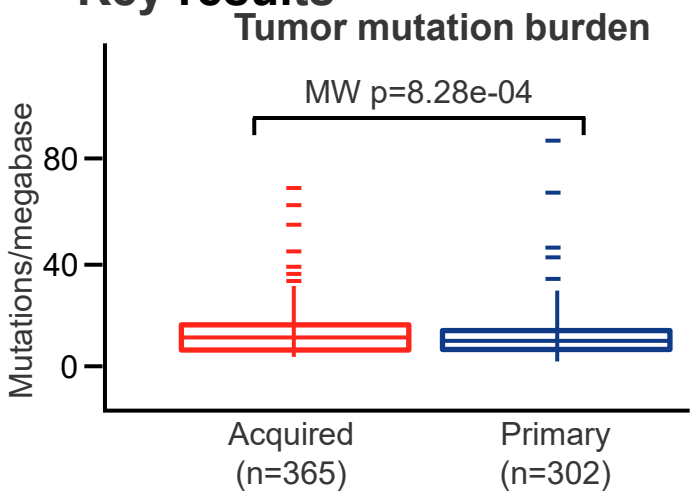
- Landscape characterization (genomic, transcriptomic and immune architectures for primary vs acquired resistance to prior immunotherapy
- Biomarker discovery (response/resistance to durvalumab-based combination regimens)

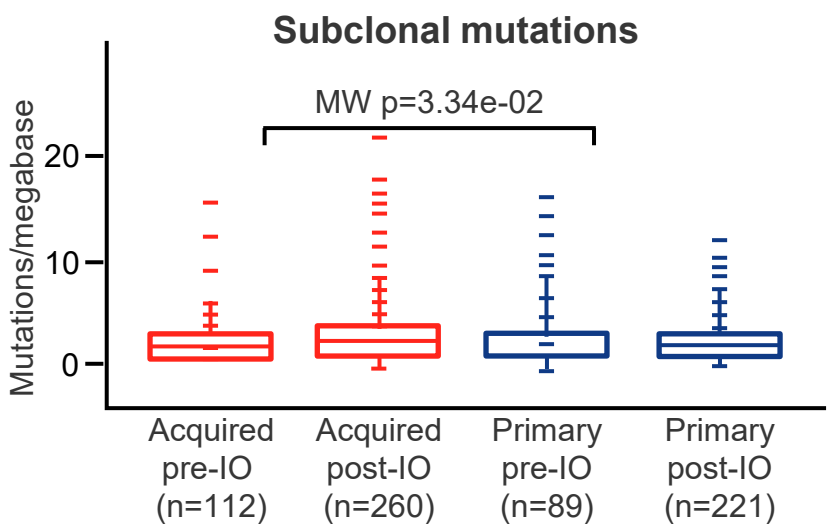
*507 with acquired and 393 with primary immunotherapy resistance.

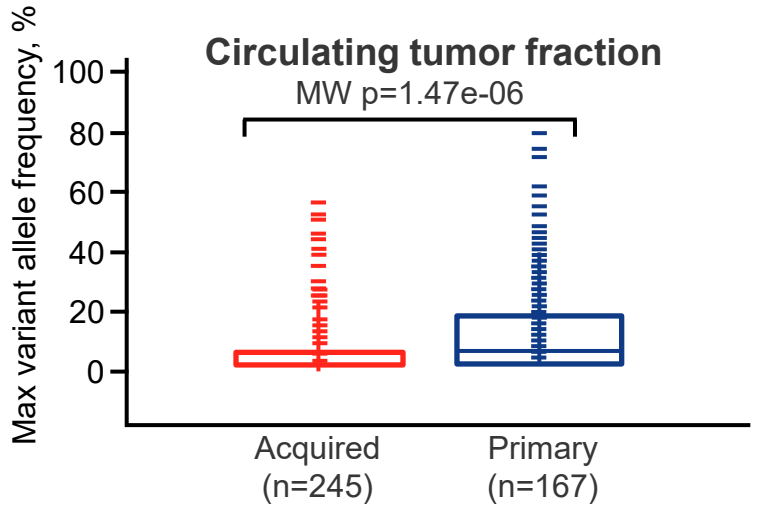
Balan A, et al. AACR; 2026. Abstract nr CT233

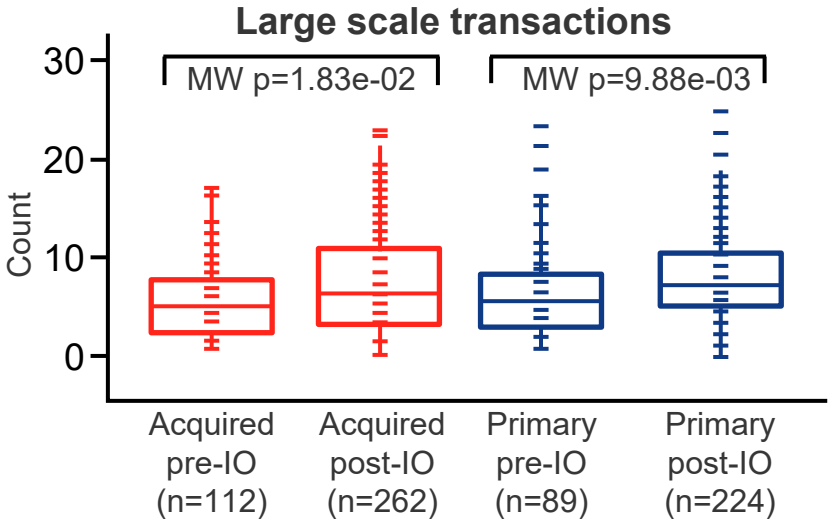
CT233: Multi-modal multi-omic analyses reveal mechanisms of immunotherapy resistance in non-small cell lung cancer (NSCLC) – Balan A, et al

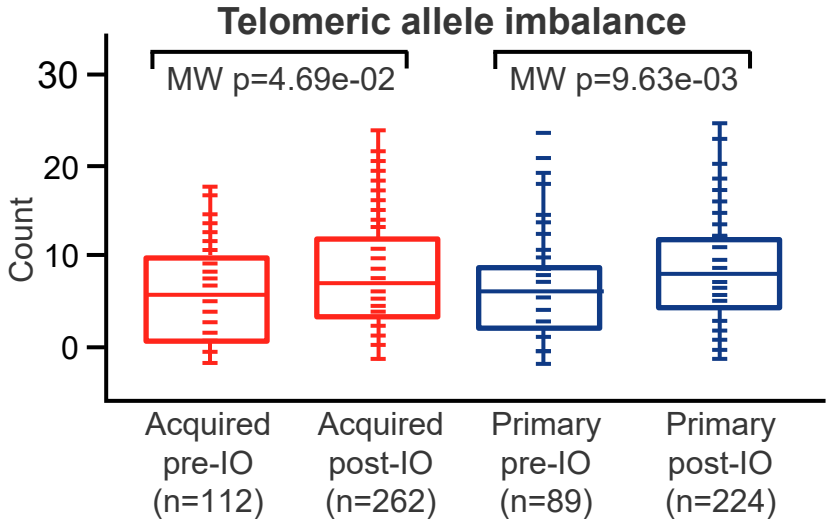
- **Key results**

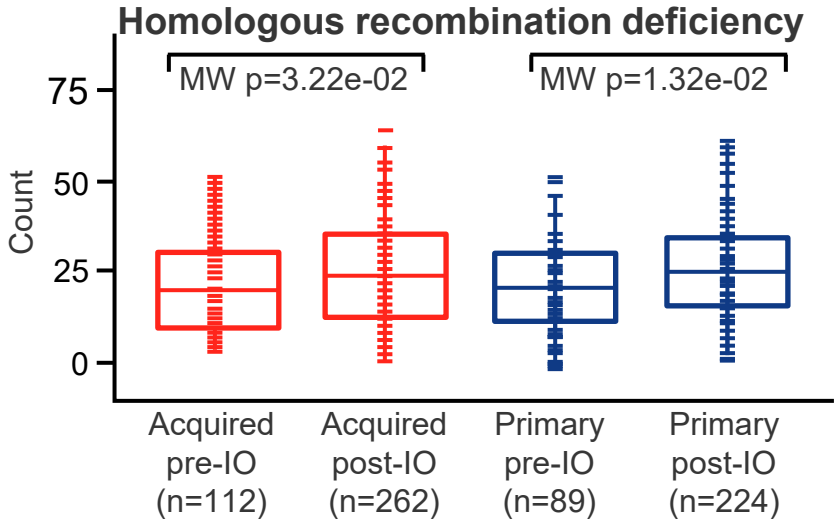








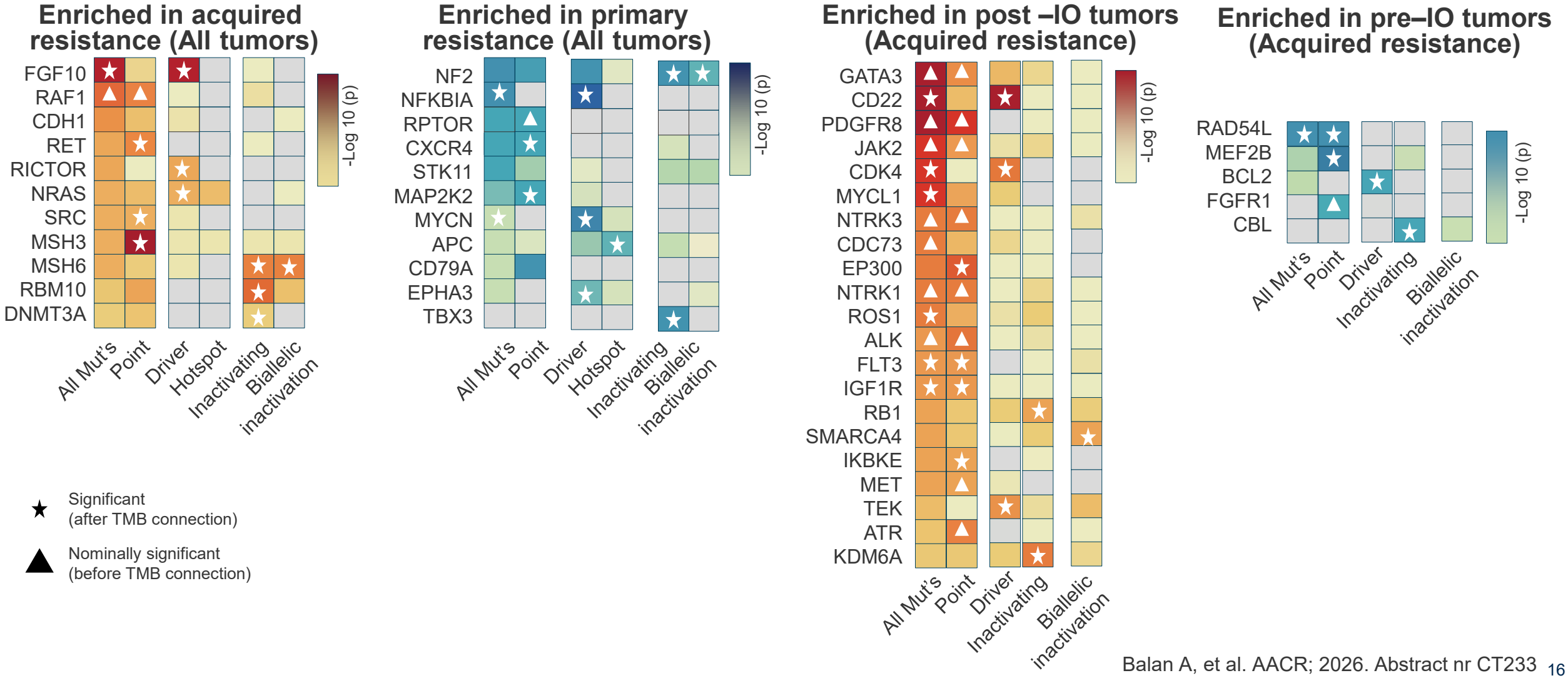




Balan A, et al. AACR; 2026. Abstract nr CT233

CT233: Multi-modal multi-omic analyses reveal mechanisms of immunotherapy resistance in non-small cell lung cancer (NSCLC) – Balan A, et al

- **Key results**



Balan A, et al. AACR; 2026. Abstract nr CT233

CT233: Multi-modal multi-omic analyses reveal mechanisms of immunotherapy resistance in non-small cell lung cancer (NSCLC) – Balan A, et al

- **Conclusions**
  - In patients with NSCLC, resistance to immunotherapy appears to be caused by convergent evolution with cancer cells acquiring a fitness advantage from activation of different cancer hallmarks, cell states and immune escape
  - Both primary and acquired resistance are linked to higher rates of genomic instability
  - Primary resistance is associated with STK11, MYCN and NF2 mutations, while acquired resistance is related to cell cycle/DDR 9CDK4, RB1, MSH3) , chromatin regulation, proliferative signaling (FGF10, RICTOR) and dedifferentiation (SMARCA4) alterations

Advanced NSCLC – Not radically treatable stage III and stage IV

Targeted therapies

CT020: Safety and efficacy of elisrasib (D3S-001), a next generation GDP-bound KRAS G12C inhibitor, as monotherapy in advanced non-small cell lung cancer (NSCLC) previously treated with or without a KRAS G12C inhibitor: Results from a phase 1/2 study – Cho BC, et al

- **Study objective**
  - To evaluate the efficacy and safety of elisrasib, a KRAS G12C inhibitor, in previously treated patients with advanced NSCLC

Key patient inclusion criteria

- Locally advanced or metastatic solid tumors
- KRAS G12C mutation, but no known 2nd KRAS driver mutations
- ≥1 prior systemic therapy
- ECOG PS 0–1

Dose escalation

Elisrasib
50, 100, 200, 400, 600, 900 mg/day
(n=42; 25 NSCLC, 13 CRC, 4 PDAC)

Proof-of-concept

Cohort 2a-1 (n=86)
2L+ NSCLC KRAS G12Ci naïve

Cohort 2a-2 (n=32)
3L+ NSCLC KRAS G12Ci refractory

Cohort 2c-1
2L+ CRC

Cohort 2c-2
2L+PDAC

Cohort 3b
2L+ CRC (combined with cetuximab)

Endpoints

- Safety, ORR, DoR, PFS, OS

CT020: Safety and efficacy of elisrasib (D3S-001), a next generation GDP-bound KRAS G12C inhibitor, as monotherapy in advanced non-small cell lung cancer (NSCLC) previously treated with or without a KRAS G12C inhibitor: Results from a phase 1/2 study – Cho BC, et al

- **Key results**

TRAEs, n (%)	2L+ NSCLC (G12Ci naïve) All doses (n=86)	3L+ NSCLC (G12Ci refractory) Elisrasib 600 mg (n=32)
Any	77 (89.5)	27 (84.4)
Grade ≥3	12 (14.0)	5 (15.6)
Serious	7 (8.1)	2 (6.3)
Led to dose reduction	8 (9.3)	5 (15.6)
Led to dose interruption	17 (19.8)	7 (21.9)
Led to discontinuation	1 (1.2)	1 (3.1)

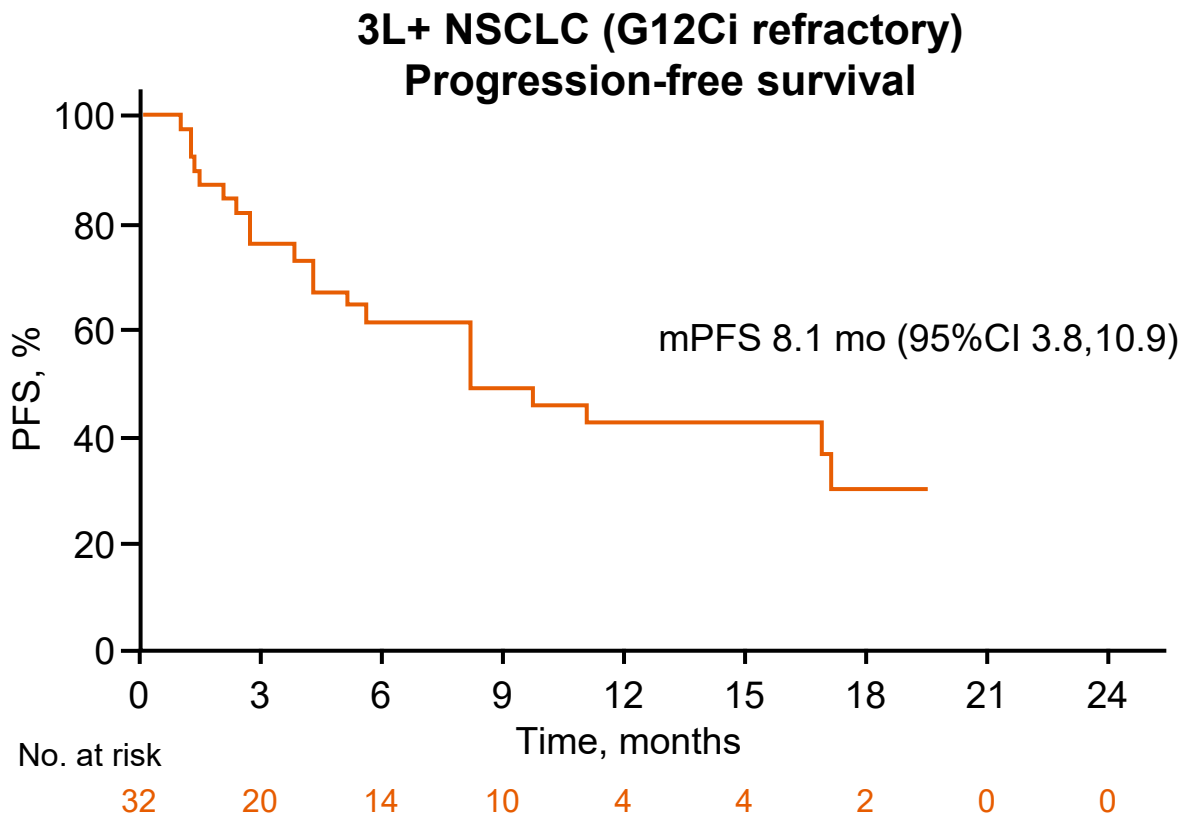
Outcomes	2L+ NSCLC (G12Ci naïve)	
	All doses (n=84)	Elisrasib 600 mg (n=32)
ORR, n (%)	50 (59.5)	40 (58.8)
cORR, n (%)	45 (53.6)	36 (52.9)
BOR, n (%)		
CR	1 (1.2)	1 (1.5)
PR	44 (52.4)	35 (51.5)
DCR, n (%)	83 (98.8)	67 (98.5)
mDoR, mo (95%CI)	14.9 (7.1, 17.9)	16.5 (10.2, 20.8)
mPFS, mo (95%CI)	9.4 (8.1, 14.1)	12.2 (7.2, 18.1)
12-mo OS rate, %	68	72

Cho BC, et al. AACR; 2026. Abstract nr CT020

CT020: Safety and efficacy of elisrasib (D3S-001), a next generation GDP-bound KRAS G12C inhibitor, as monotherapy in advanced non-small cell lung cancer (NSCLC) previously treated with or without a KRAS G12C inhibitor: Results from a phase 1/2 study – Cho BC, et al

- **Key results (cont.)**

Outcomes	3L+ NSCLC (G12Ci refractory) Elisrasib 600 mg (n=31)
BOR, n (%)	
PR	10 (32.3)
DCR	83.9
mDoR, mo (95%CI)	15.6 (1.5, NC)
12-mo OS rate, %	71



- **Conclusions**
  - In patients with advanced NSCLC with or without prior KRAS G12C inhibitor treatment, elisrasib showed encouraging antitumor activity with a favorable safety profile

CT021: Preliminary safety and clinical activity of zoldonrasib (RMC-9805), an oral, RAS(ON) G12D-selective, tri-complex inhibitor in patients with previously treated KRAS G12D non-small cell lung cancer (NSCLC) – Riess J, et al

- **Study objective**
  - To evaluate the efficacy and safety of zoldonrasib, a RAS(ON) G12D-selective inhibitor, in previously treated patients with KRAS G12D-mutant NSCLC

Key patient inclusion criteria

- Advanced solid tumors
- KRAS G12D mutation
- Prior standard therapy
- No active brain metastases
- ECOG PS 0–1

Dose escalation

Zoldonrasib
150, 300, 600, 900, 1200 mg/day PO q3w
or
300, 450, 600 mg BID PO q3w
(n=42; 25 NSCLC, 13 CRC, 4 PDAC)

Dose expansion

NSCLC cohort
Zoldonrasib
1200 mg/day
(n=40)

Endpoints

- Safety, PK, antitumor activity

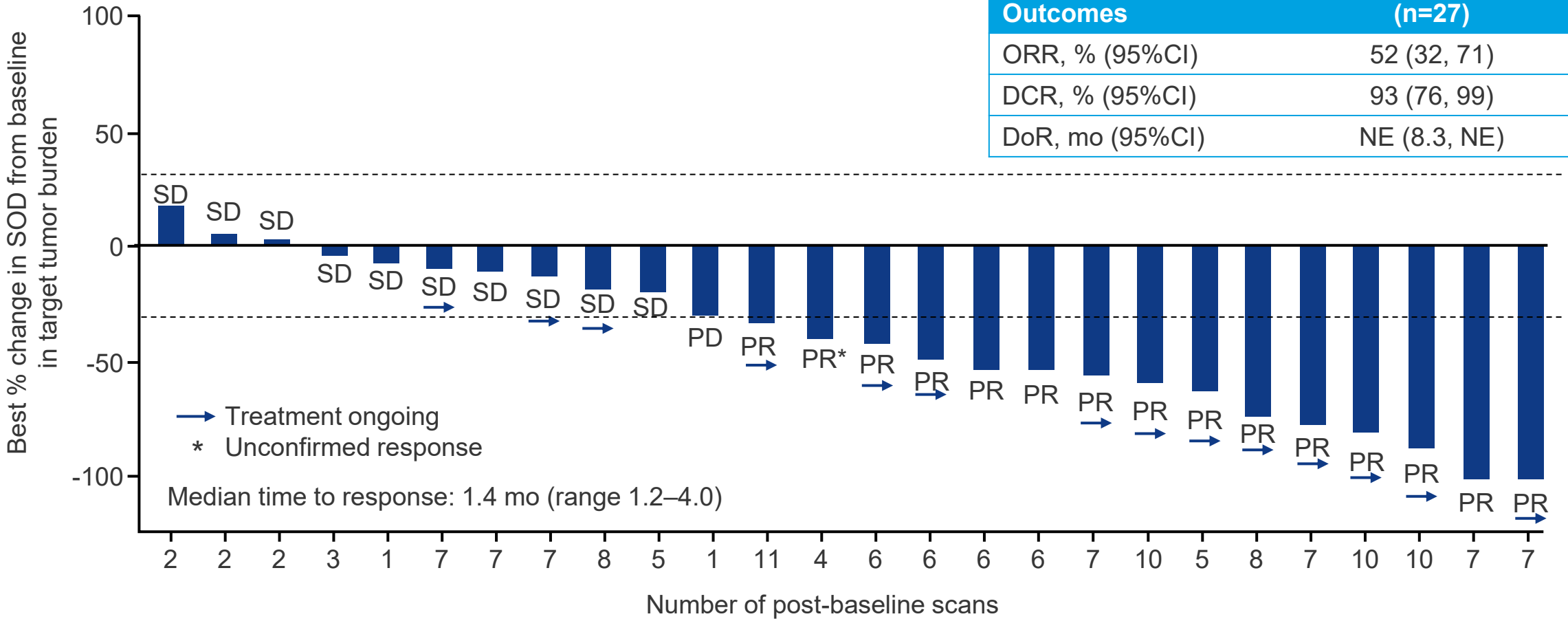
Riess J, et al. AACR; 2026. Abstract nr CT021

CT021: Preliminary safety and clinical activity of zoldonrasib (RMC-9805), an oral, RAS(ON) G12D-selective, tri-complex inhibitor in patients with previously treated KRAS G12D non-small cell lung cancer (NSCLC) – Riess J, et al

- **Key results**

Responses

Outcomes	ICI and platinum chemotherapy (no prior docetaxel) Zoldonrasib 1200 mg/day PO (n=27)
ORR, % (95%CI)	52 (32, 71)
DCR, % (95%CI)	93 (76, 99)
DoR, mo (95%CI)	NE (8.3, NE)



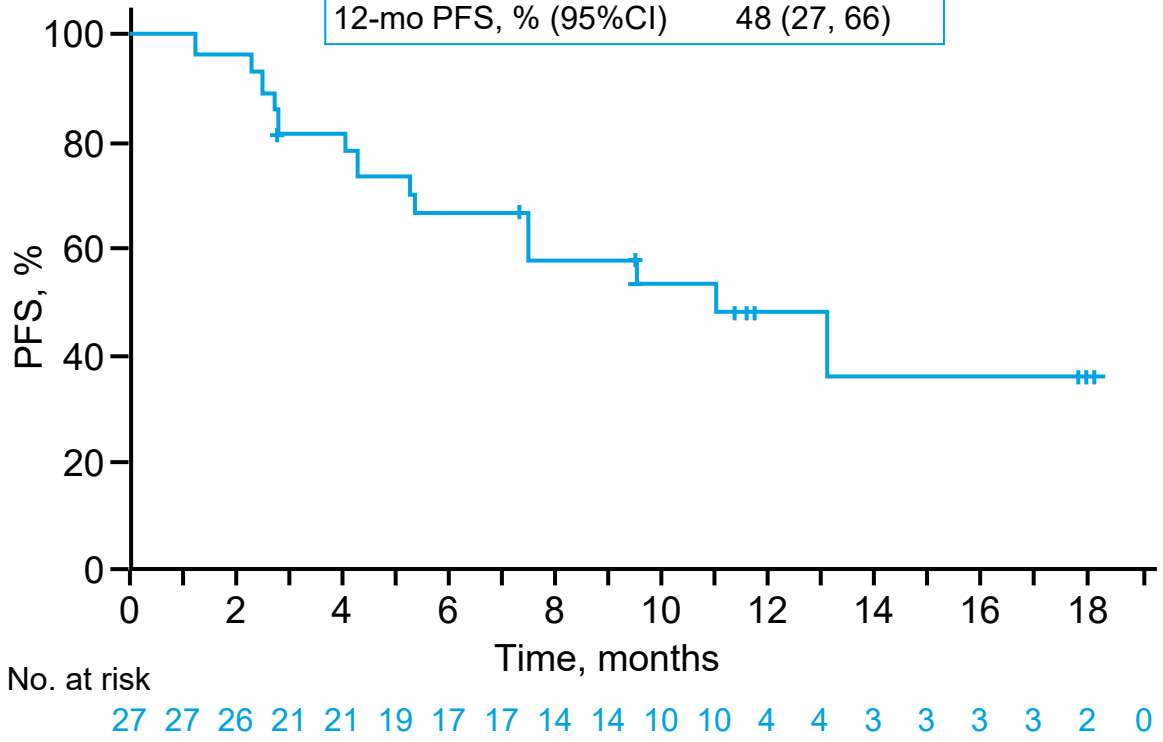
Riess J, et al. AACR; 2026. Abstract nr CT021

CT021: Preliminary safety and clinical activity of zoldonrasib (RMC-9805), an oral, RAS(ON) G12D-selective, tri-complex inhibitor in patients with previously treated KRAS G12D non-small cell lung cancer (NSCLC) – Riess J, et al

- **Key results (cont.)**

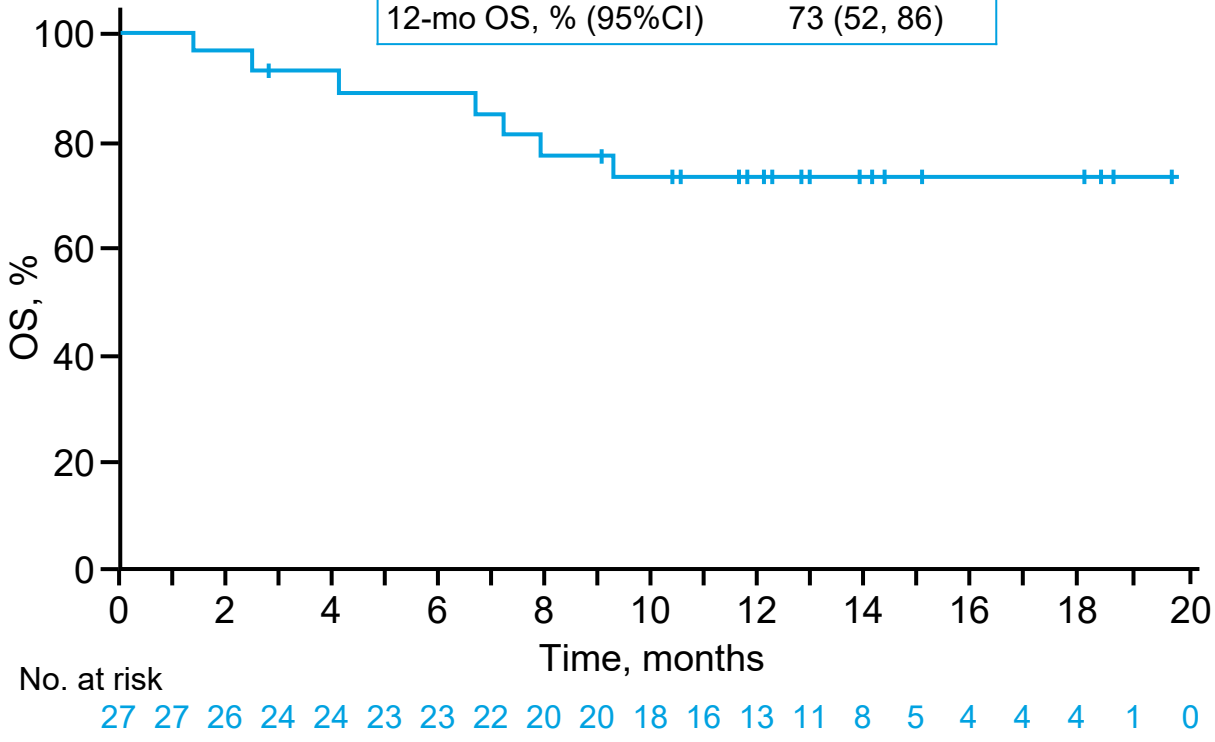
Progression-free survival

ICI and platinum chemotherapy (no prior docetaxel) Zoldonrasib 1200 mg/day PO (n=27)	
mPFS, mo (95%CI)	11.1 (5.3, NE)
12-mo PFS, % (95%CI)	48 (27, 66)



Overall survival

ICI and platinum chemotherapy (no prior docetaxel) Zoldonrasib 1200 mg/day PO (n=27)	
mOS, mo (95%CI)	NE (NE, NE)
12-mo OS, % (95%CI)	73 (52, 86)



Riess J, et al. AACR; 2026. Abstract nr CT021

CT021: Preliminary safety and clinical activity of zoldonrasib (RMC-9805), an oral, RAS(ON) G12D-selective, tri-complex inhibitor in patients with previously treated KRAS G12D non-small cell lung cancer (NSCLC) – Riess J, et al

- **Key results (cont.)**

TRAEs, n (%)	Zoldonrasib 1200 mg/day PO (n=40)
Any	36 (90)
Led to dose reduction	1 (3)
Led to dose interruption	6 (15)
Led to discontinuation	2 (5)

TRAEs in ≥10% of patients, n (%)	Zoldonrasib 1200 mg/day PO (n=40)		
	Grade 1	Grade 2	Grade 3
Any	23 (58)	8 (20)	5 (13)
Nausea	16 (40)	1 (3)	0
Vomiting	12 (30)	1 (3)	0
Diarrhea	11 (28)	0	1 (3)
Rash	7 (18)	0	0
Fatigue	4 (10)	0	0
AST increased	4 (10)	0	0
Appetite decreased	3 (8)	2 (5)	0
Anemia	2 (5)	1 (3)	1 (3)

- **Conclusions**
  - In previously treated patients with KRAS G12D mutant NSCLC, zoldonrasib showed promising antitumor activity with a manageable safety profile

Riess J, et al. AACR; 2026. Abstract nr CT021

CT300: Taletrectinib in tyrosine kinase inhibitor (TKI)-naïve patients with ROS1+ non-small cell lung cancer (NSCLC): Updated data from TRUST-I and TRUST-II – Bazhenova L, et al

- **Study objective**
  - To evaluate the updated efficacy and safety of taletrectinib in TKI-naïve patients with ROS+ NSCLC

Key patient inclusion criteria
- Locally advanced or metastatic NSCLC
- ROS1 fusion
- Stable brain metastases
- ECOG PS 0–1

(n=363)

TRUST-I
China phase 2

TRUST-II
Global phase 2

Cohort 1
TKI naive

Cohort 2
TKI pretreated

Taletrectinib
600 mg/day

Primary endpoint
- ORR (RECIST v1.1, IRC)

Secondary endpoints
- DoR, PFS, OS, safety

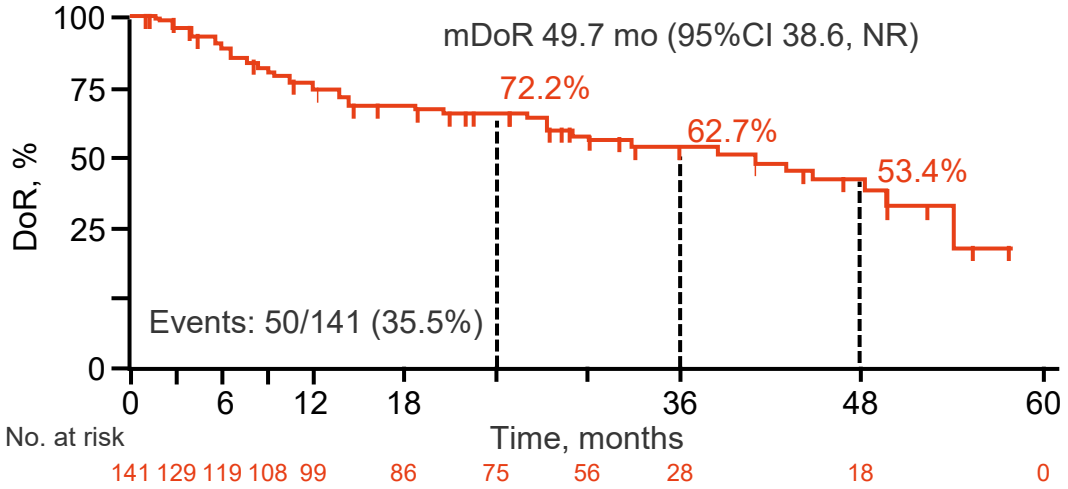
Median follow-up 35.5 months. Efficacy assessed in TKI-naïve patients from both TRUST studies, while safety is pooled data for all patients in phase 1 and 2 studies.

Bazhenova L, et al. AACR; 2026. Abstract nr CT300

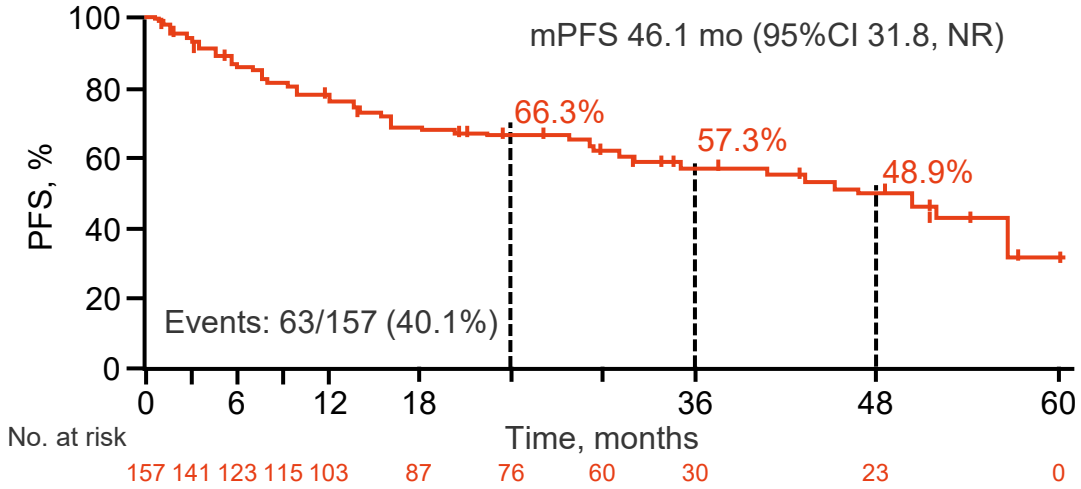
CT300: Taletrectinib in tyrosine kinase inhibitor (TKI)-naïve patients with ROS1+ non-small cell lung cancer (NSCLC): Updated data from TRUST-I and TRUST-II – Bazhenova L, et al

- **Key results**

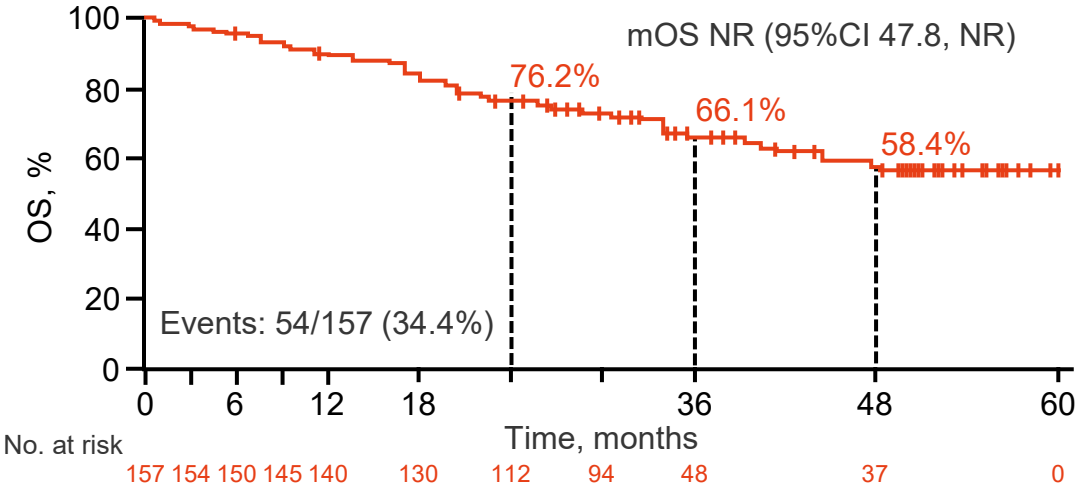
Duration of response



Progression-free survival



Overall survival



Bazhenova L, et al. AACR; 2026. Abstract nr CT300

CT300: Taletrectinib in tyrosine kinase inhibitor (TKI)-naïve patients with ROS1+ non-small cell lung cancer (NSCLC): Updated data from TRUST-I and TRUST-II – Bazhenova L, et al

- **Key results (cont.)**

Outcomes	TRUST-I and TRUST-II (n=157)
cORR, % (95%CI)	89.8 (84.0, 94.1)
Prior chemotherapy (n=30)	90.0 (73.5, 97.9)
Intracranial cORR, % (95%CI)	76.5 (50.1, 93.2)

TEAEs, %	n=363
Led to dose interruption	42.7
Led to dose reductions	31.3
Led to discontinuation	8.5

Grade ≥3 TEAEs, n (%)	n=363
ALT increased	40 (11.0)
AST increased	30 (8.3)
Anemia	15 (4.1)
QT prolongation	13 (3.6)
Diarrhea	9 (2.5)
Nausea	5 (1.4)
Vomiting	5 (1.4)
Dizziness	1 (0.3)

- **Conclusions**
  - In TKI-naïve patients with ROS1+ NSCLC, taletrectinib demonstrated encouraging antitumor activity with a manageable safety profile

Advanced NSCLC – Not radically treatable stage III and stage IV

ADCs and other therapies

CT038: Combination of risvutatug rezetecan and adebrelimab in previously treated advanced nsq-NSCLC without actionable genomic alterations: Results from ARTEMIS-101, a phase 1 study – Zhong H, et al

- **Study objective**
  - To evaluate the efficacy and safety of risvutatug rezetecan (an ADC with a fully human anti-B7-H3 mAb linked via a protease-cleavable linker to a topoisomerase I inhibitor) + adebrelimab in previously treated patients with nonsquamous NSCLC and no actionable genomic alterations

Key patient inclusion criteria

- Nonsquamous NSCLC
- No actionable genomic alterations
- Progressed after or intolerant of platinum-based therapy
- ECOG PS 0–1

(n=40)

→ **Risvutatug rezetecan** 8.0 mg/kg
+
adebrelimab 20.0 mg/kg IV q3w

Endpoints

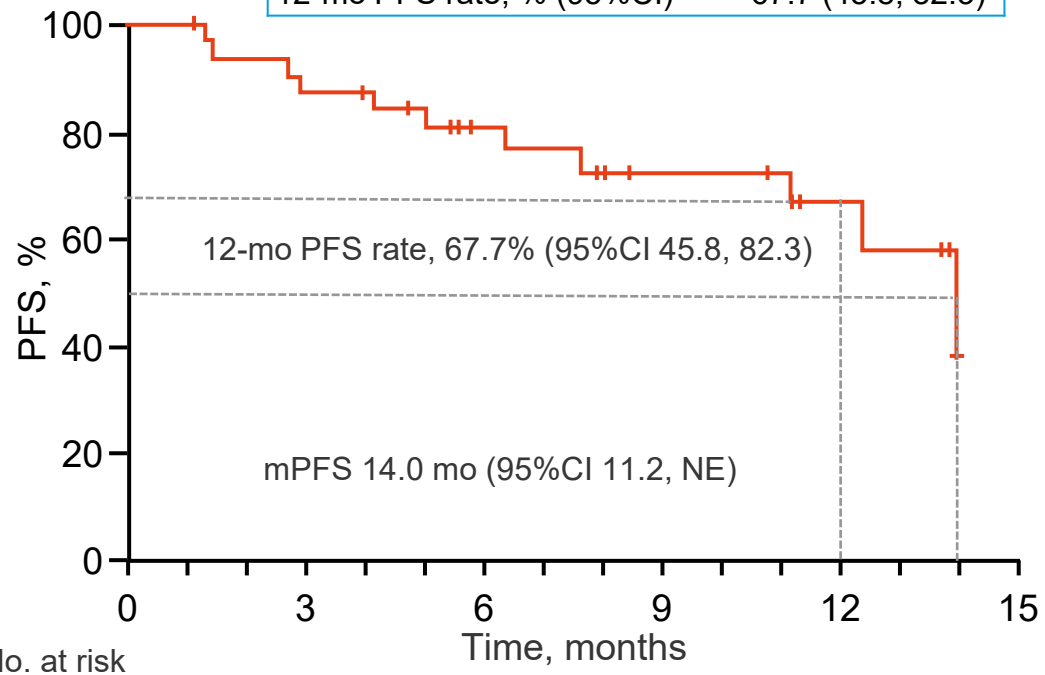
- ORR, DCR, DoR, PFS, OS, safety

CT038: Combination of risvutatug rezetecan and adebrelimab in previously treated advanced nsq-NSCLC without actionable genomic alterations: Results from ARTEMIS-101, a phase 1 study – Zhong H, et al

- **Key results**

Progression-free survival

	Total (n=34)
mPFS, mo (95%CI)	14.0 (11.2, NE)
12-mo PFS rate, % (95%CI)	67.7 (45.8, 82.3)



No. at risk

NSQ NSCLC	34	34	31	30	29	26	20	19	18	15	15	13	8	7	3	0

Outcomes	Total (n=34)
cORR, % (95%CI)	47.1 (29.8, 64.9)
mDoR, mo (95%CI)	12.6 (10.9, NE)
DCR, % (95%CI)	94.1 (90.3, 99.3)
mOS, mo (95%CI)	NR (NE, NE)

CT038: Combination of risvutatug rezetecan and adebrelimab in previously treated advanced nsq-NSCLC without actionable genomic alterations: Results from ARTEMIS-101, a phase 1 study – Zhong H, et al

- **Key results (cont.)**

Outcomes by PD-L1 expression	TPS <1 (n=15)	TPS ≥1 (n=8)
BOR, n (%)		
PR	5 (33.3)	5 (62.5)
SD	9 (60.0)	2 (25.0)
PD	1 (6.7)	1 (12.5)
cORR, % (95%CI)	33.3 (11.8, 61.6)	62.5 (24.5, 91.5)
mDoR, mo (95%CI)	NR (NE, NE)	12.6 (NE, NE)
DCR, % (95%CI)	93.3 (68.1, 99.8)	87.5 (47.3, 99.7)
mPFS, mo (95%CI)	NR (4.2, NE)	14.0 (1.5, NE)
12-mo PFS rate, % (95%CI)	53.6 (16.8, 80.4)	87.5 (38.7, 98.1)

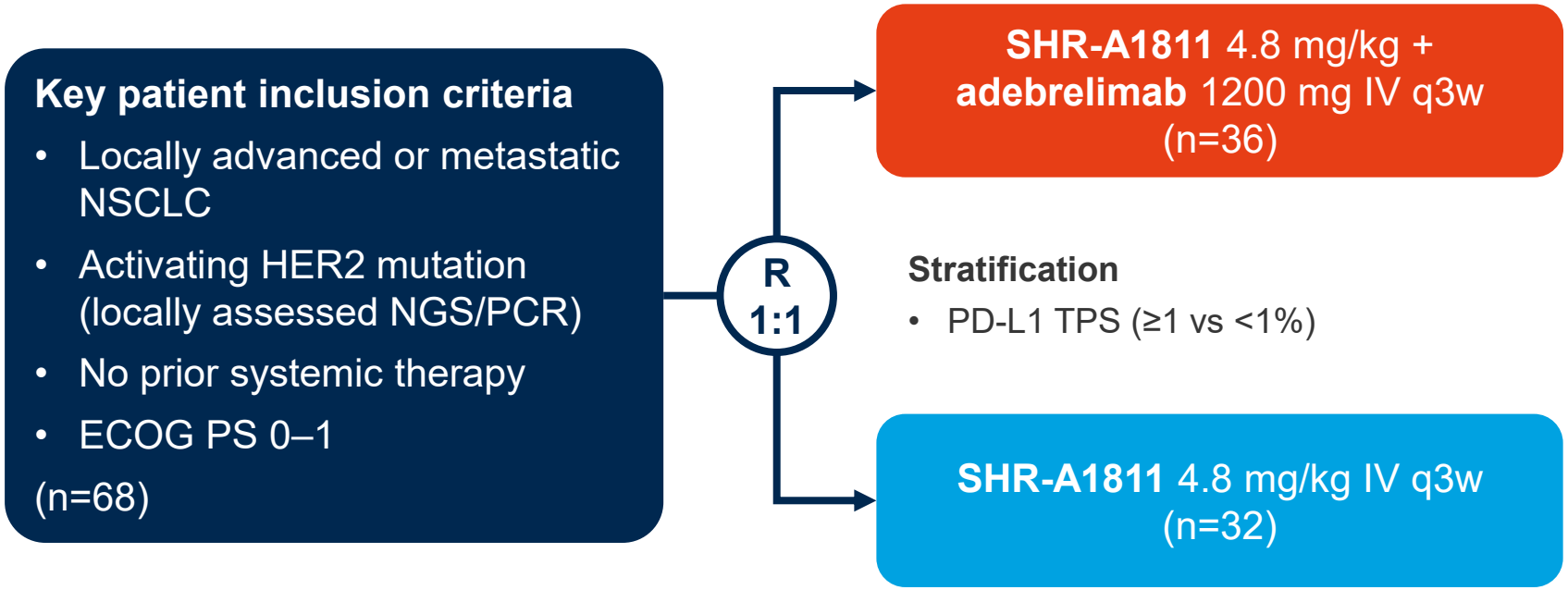
TRAEs, n (%)	Total (n=40)
Any	40 (100)
Grade ≥3	28 (70.0)
Serious	15 (37.5)
ILD events	4 (10.0)
Led of dose reduction	8 (20.0)
Led to dose delay	19 (47.5)
Led to discontinuation	6 (15.0)

Grade ≥3 TRAEs, %	Total (n=40)
↓ Lymphocyte count	30.0
↓ Neutrophil count	30.0
↓ WBC count	30.0
Anemia	25.0
↓ Platelet count	10.0
Nausea	10.0
Vomiting	5.0
Asthenia	2.5

- **Conclusions**
  - In previously treated patients with advanced nonsquamous NSCLC and no actionable genomic alterations, risvutatug rezetecan + adebrelimab showed promising antitumor activity with a manageable safety profile

CT301: SHR-A1811 ± adebrelimab as first-line (1L) treatment for advanced HER2-mutant NSCLC: A randomized phase 2 cohort from a phase 1b/2 study – Lu S, et al

- **Study objective**
  - To evaluate the efficacy and safety of 1L SHR-A1811, an ADC with a HER2-directed mAb, cleavable tetrapeptide linker and delivering a DNA topoisomerase I inhibitor, with or without adebrelimab in patients with HER2-mutant advanced NSCLC



Primary endpoint

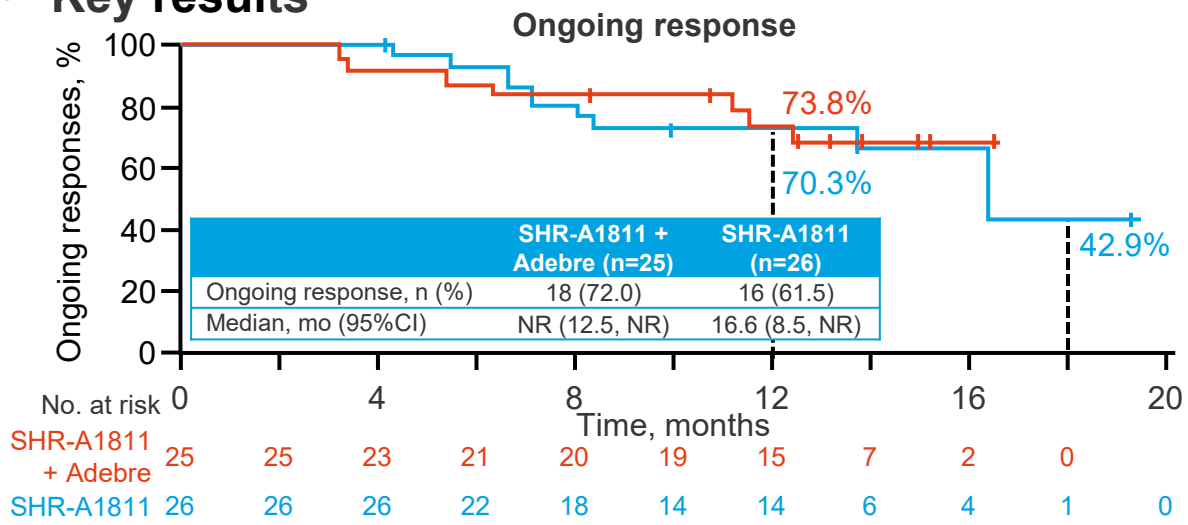
- ORR

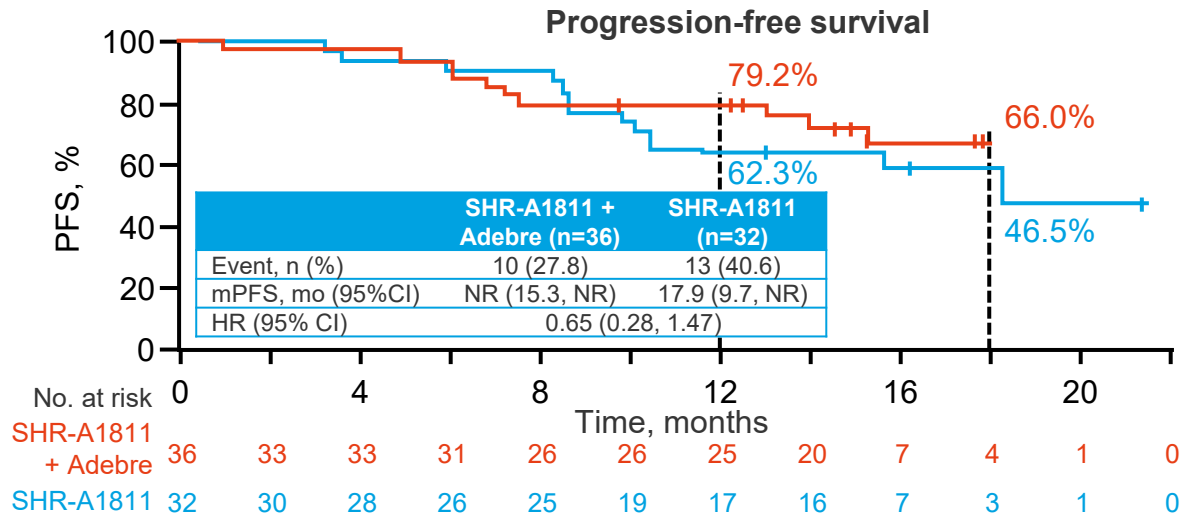
Secondary endpoints

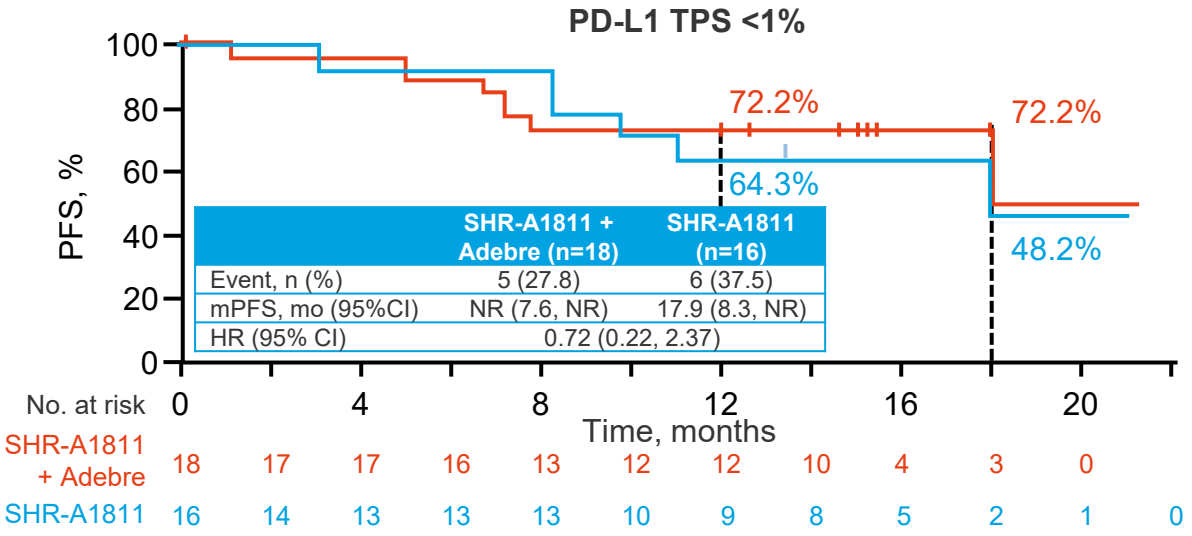
- DCR, DoR, PFS, OS, PK, immunogenicity, safety

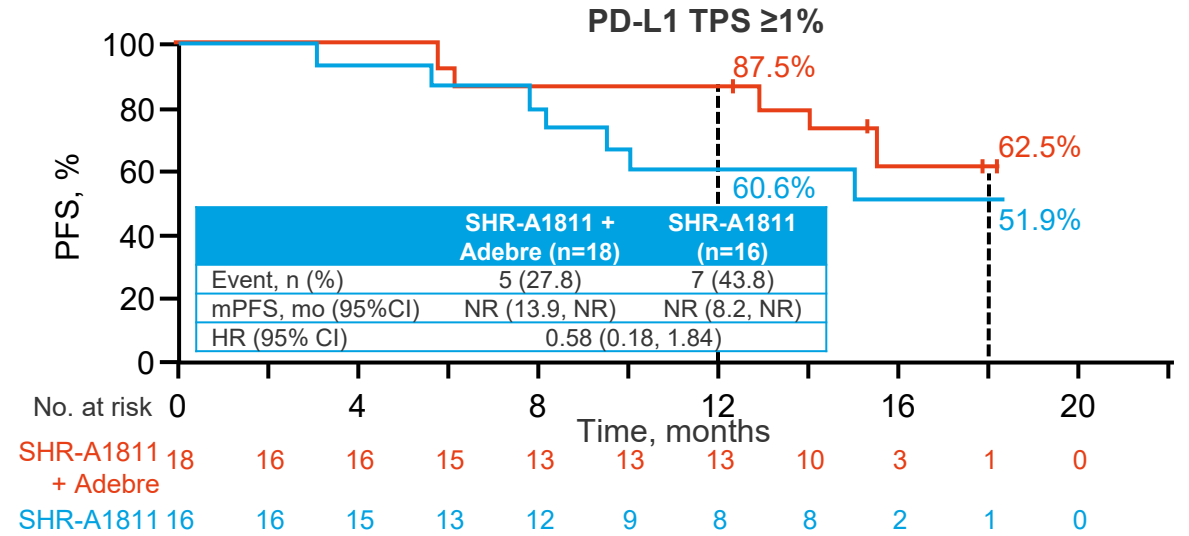
CT301: SHR-A1811 ± adebrelimab as first-line (1L) treatment for advanced HER2-mutant NSCLC: A randomized phase 2 cohort from a phase 1b/2 study – Lu S, et al

- **Key results**









Lu S, et al. AACR; 2026. Abstract nr CT301

CT301: SHR-A1811 ± adebrelimab as first-line (1L) treatment for advanced HER2-mutant NSCLC: A randomized phase 2 cohort from a phase 1b/2 study – Lu S, et al

- **Key results (cont.)**

Outcomes	SHR-A181 + adebrelimab (n=36)	SHR-A181 (n=32)
BOR, n (%)		
PR	25 (69.4)	26 (81.3)
SD	8 (22.2)	4 (12.5)
NE	3 (8.3)	2 (6.3)
ORR, % (95%CI)	69.4 (51.9, 83.7)	81.3 (63.6, 92.8)
DCR, % (95%CI)	91.7 (77.5, 98.3)	93.8 (79.2, 99.2)

AEs, n (%)	SHR-A181 + adebrelimab (n=36)	SHR-A181 (n=32)
TRAE	36 (100)	32 (100)
Grade ≥3	28 (77.8)	13 (40.6)
Serious	7 (19.4)	8 (25.0)
Led to discontinuation		
SHR-A1811	2 (5.6)	2 (6.3)
Adebrelimab	4 (11.1)	0
Led to death	1 (2.8)	1 (3.1)
irAE	5 (13.9)	0
ILD	2 (5.6)	1 (3.1)
Grade ≥3	1 (2.8)	0

- **Conclusions**
  - In patients with HER2-mutant advanced NSCLC, 1L SHR-A1811 ± adebrelimab demonstrated encouraging antitumor activity potentially regardless of PD-L1 expression with a manageable safety profile

Lu S, et al. AACR; 2026. Abstract nr CT301

6740: Selective immune activation of antigen activated T cells with STK-012, an a/b IL-2 receptor biased partial agonist, with pembrolizumab and chemotherapy in 1L PD-L1 negative non-squamous NSCLC – Punekar S, et al

- **Study objective**
  - To evaluate the efficacy and safety of 1L STK-012, an α/β-IL-2 receptor-biased partial agonist, combined with pembrolizumab + chemotherapy in patients with PD-L1-negative nonsquamous NSCLC

Key patient inclusion criteria

- Nonsquamous stage IV NSCLC
- PD-L1 TPS <1% (phase 1b)
- No actionable genomic alterations
- Treatment naive

(n=36)

→

STK-012 2.25 mg SC
+
pembrolizumab 200 mg IV
+
pemetrexed 500 mg/m^2 + **carboplatin** AUC5
q3w

Endpoints

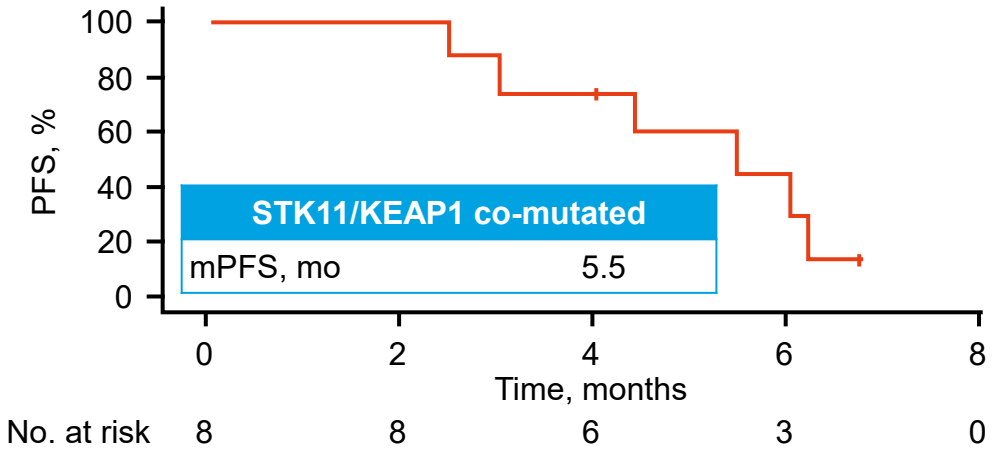
- ORR, DCR, PFS, OS, safety

6740: Selective immune activation of antigen activated T cells with STK-012, an a/b IL-2 receptor biased partial agonist, with pembrolizumab and chemotherapy in 1L PD-L1 negative non-squamous NSCLC – Punekar S, et al

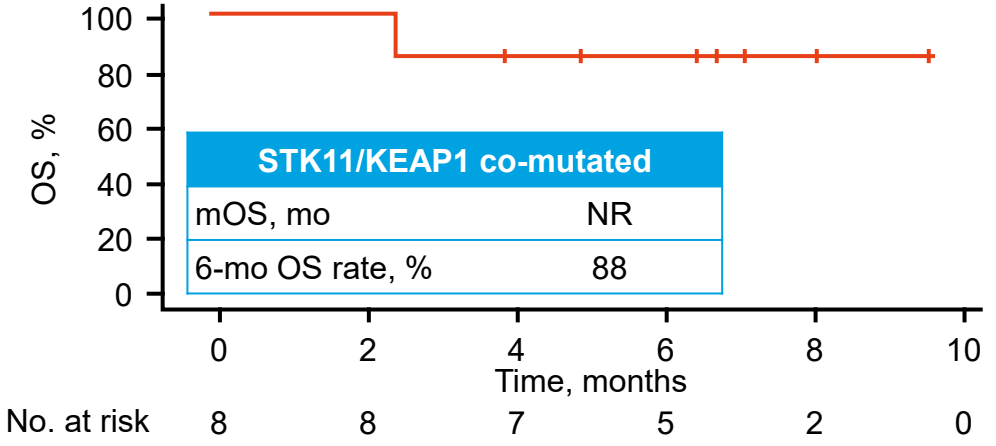
- **Key results**

	STK-012 + PCT (n=36)
ORR, %	50
BOR, n	
PR	18
SD	16
PD	1
DCR, %	97
≥1 TSG mutation (STK11, KEAP1, SMARCA4), n	18
ORR, %	61
SKT11/KEAP1 co-mutated, n	8
ORR, %	50

Progression-free survival

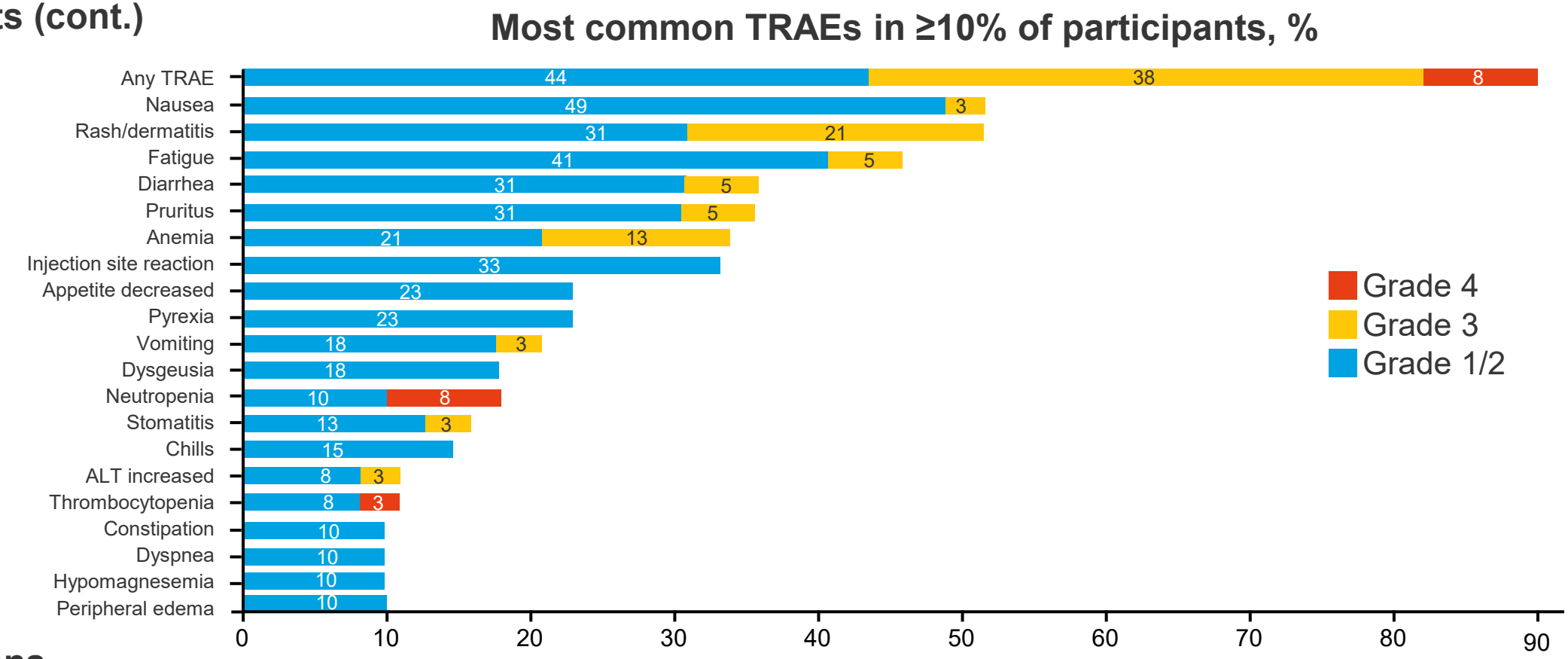


Overall survival



6740: Selective immune activation of antigen activated T cells with STK-012, an a/b IL-2 receptor biased partial agonist, with pembrolizumab and chemotherapy in 1L PD-L1 negative non-squamous NSCLC – Punekar S, et al

- **Key results (cont.)**



- **Conclusions**
  - In patients with PD-L1 negative nonsquamous NSCLC, 1L STK-012 + pembrolizumab + chemotherapy demonstrated promising antitumor activity with a manageable safety profile

Genomics

6793: Clinico-genomic characteristics of multiple primary cancers in TRACERx – Liu LY, et al

- **Study objective**
  - To define molecular and clinical characteristics of multiple lung primary cancers relevant to therapeutic decision-making

- **Methods**
  - Data from 208 of 844 (25%) patients in TRACERx were identified to have clinically diagnosed or genomically confirmed multiple primary cancers from lung and other sites[a]
    - 88 prior cancer diagnosis
    - 66 synchronous primaries at study enrollment
    - 108 new primaries during follow-up
  - The most common organ site for additional primaries was the lungs, with 101 patients having ≥2 lung primary tumors

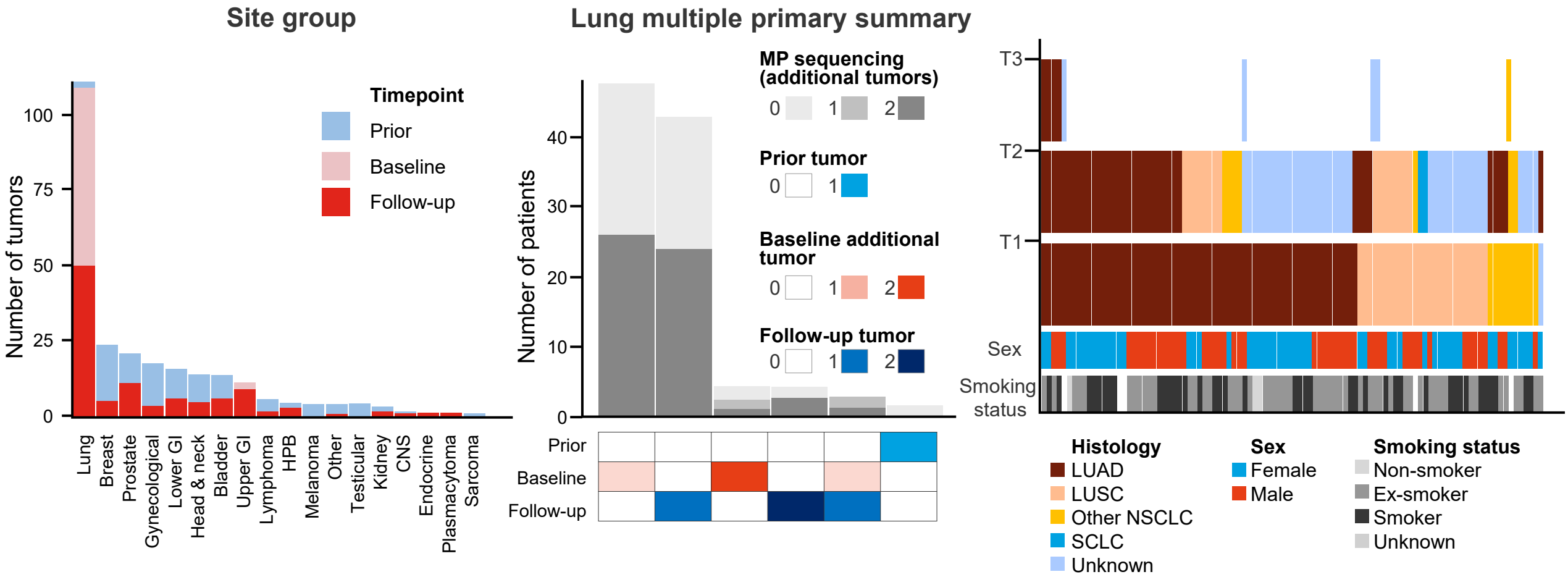
Note: Data are preliminary and can only be used for academic non-commercial research purposes.

[a]A patient may have multiple prior, synchronous or new primary diagnoses.

Grieco C, Liu LY, et al. AACR; 2026. Abstract nr 6793

6793: Clinico-genomic characteristics of multiple primary cancers in TRACERx – Liu LY, et al

- **Key results: Cohort composition**



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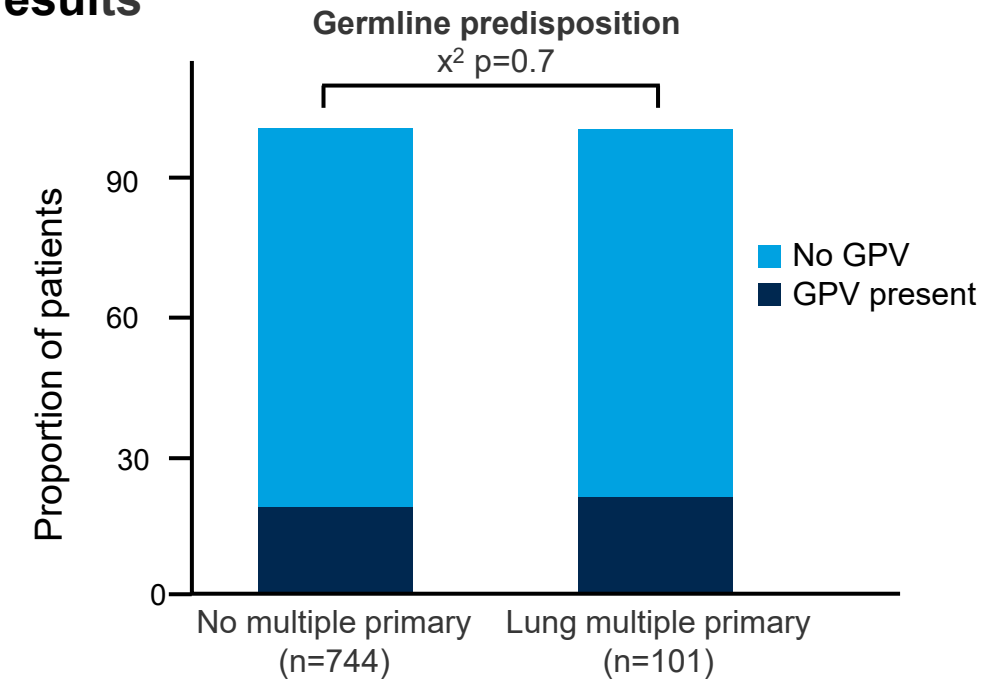
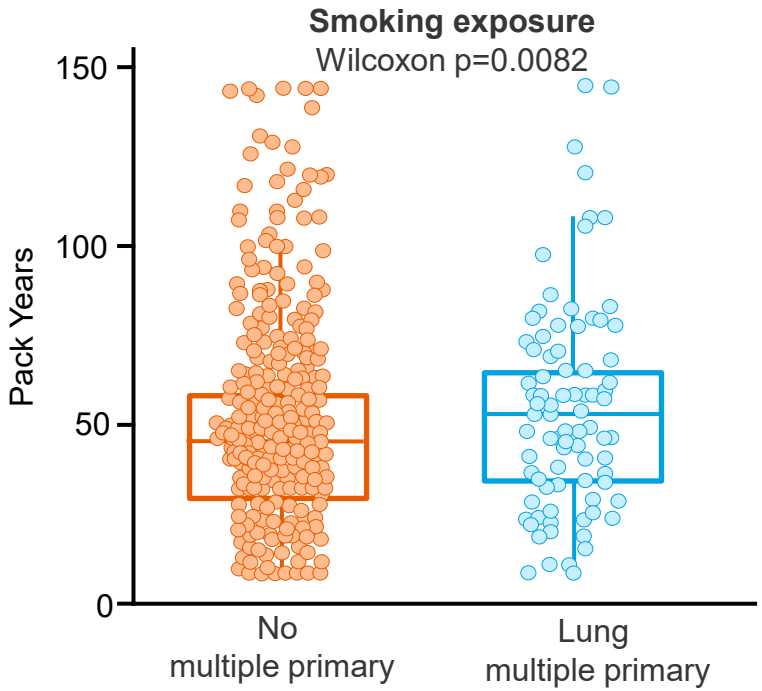
Grieco C, Liu LY, et al. AACR; 2026. Abstract nr 6793

6793: Clinico-genomic characteristics of multiple primary cancers in TRACERx – Liu LY, et al

- **Key results**





- **Conclusions**
  - Multiple primary lung tumors occur frequently and, while often sharing histological features within a patient, are genomically as divergent as tumors arising in different individuals
  - Smoking-related environmental exposure appears to be a more important driver of multiple lung primaries than germline predisposition, suggesting that repeated carcinogenic insults to the lung epithelium promote independent tumor initiation events rather than a direct underlying inherited susceptibility

Note: Data are preliminary and can only be used for academic non-commercial research purposes.

Grieco C, Liu LY, et al. AACR; 2026. Abstract nr 6793