Haga clic para modificar el estilo de texto del patrón

Cáncer de pulmón microcítico y otros tumores

Andrés Barba Joaquín

Hospital de la Santa Creu i Sant Pau

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CONFLICTO DE INTERESES

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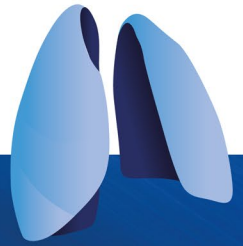

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CPCP
Tratamiento de mantenimiento en 1L

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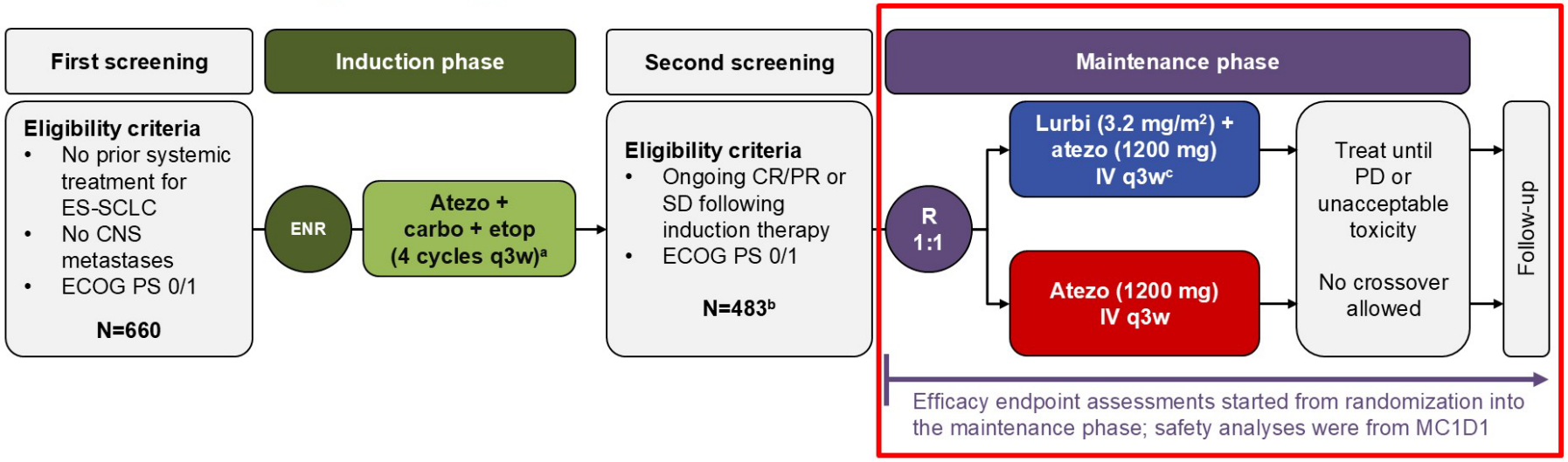
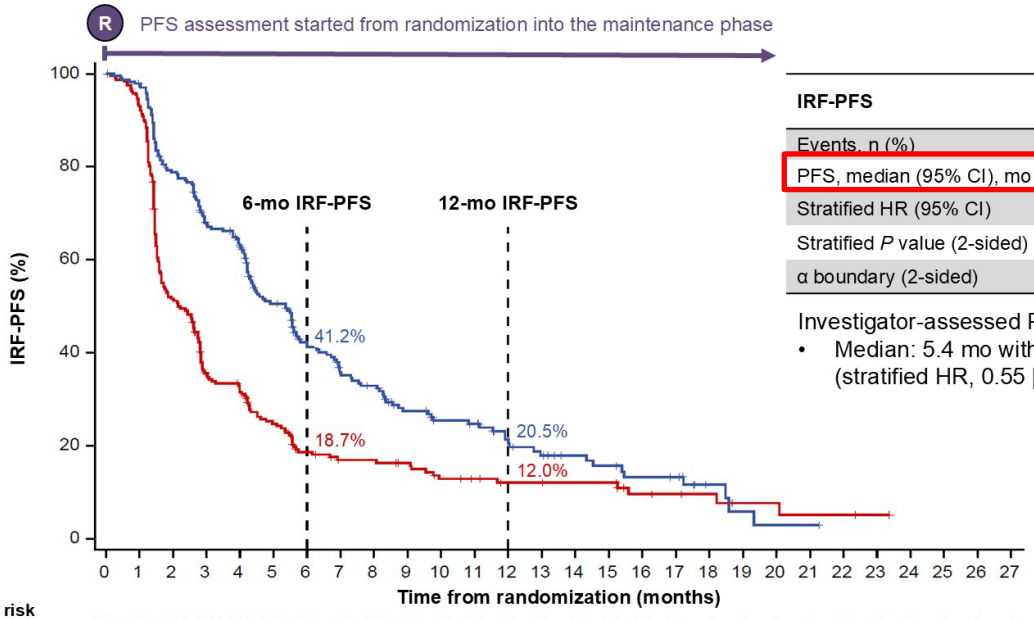
MANTENIMIENTO LURBINECTEDINA-ATEZOLIZUMAB – Ph3 IMforte





IRF-PFS	Lurbi + atezo (n=242)	Atezo (n=241)
Events, n (%)	174 (71.9)	202 (83.8)
PFS, median (95% CI), mo	5.4 (4.2, 5.8)	2.1 (1.6, 2.7)
Stratified HR (95% CI)	**0.54 (0.43, 0.67)**	
Stratified *P* value (2-sided)	<0.0001	
α boundary (2-sided)	0.001	

Investigator-assessed PFS was consistent with IRF-PFS
- Median: 5.4 mo with lurbi + atezo and 2.7 mo with atezo (stratified HR, 0.55 [95% CI: 0.45, 0.68])

Clinical cutoff: July 29, 2024; median survival follow-up: 15.0 mo (minimum follow-up: 3.0 mo).
CI, confidence interval; HR, hazard ratio.

ORR: 19.4% vs. 10.4%
DoR: 9.0 m vs. 5.6m

PFS a 6m: +22.5%
PFS a 1 año: +8.5%

L.Paz-Ares, ASCO 2025
L.Paz-Ares, ASCO 2025

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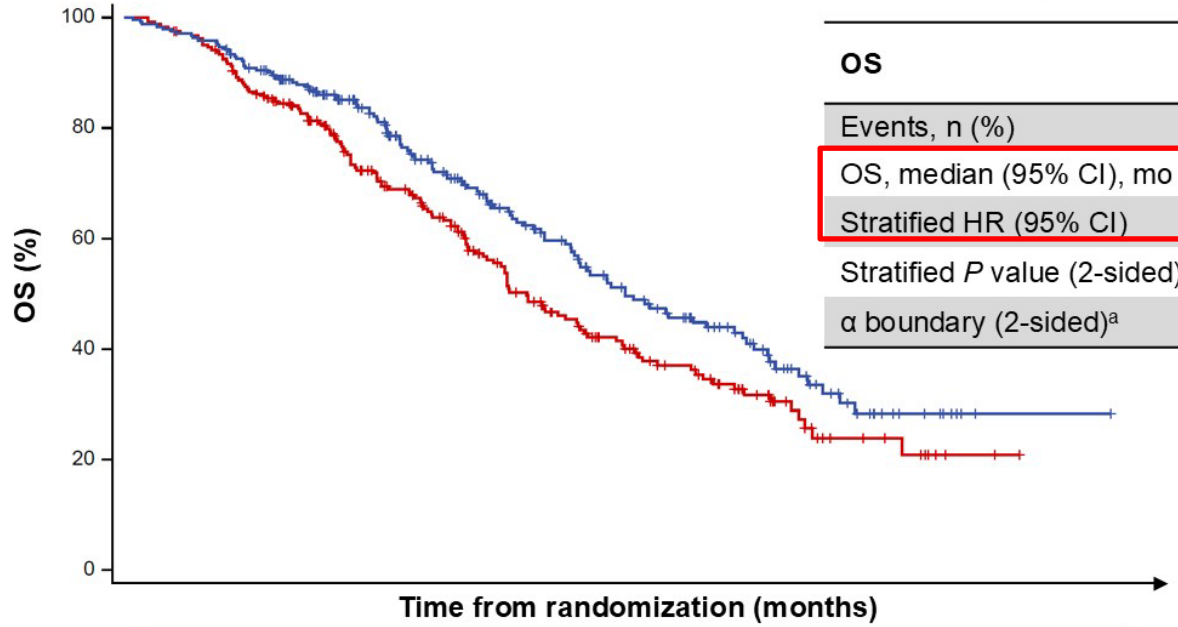
MANTENIMIENTO LURBINECTEDINA-ATEZOLIZUMAB – Ph3 IMforte

OS from randomization into maintenance phase



OS	Lurbi + atezo (n=242)	Atezo (n=241)
Events, n (%)	113 (46.7)	136 (56.4)
OS, median (95% CI), mo	13.2 (11.9, 16.4)	10.6 (9.5, 12.2)
Stratified HR (95% CI)	**0.73 (0.57, 0.95)**	
Stratified *P* value (2-sided)	0.0174	
α boundary (2-sided)[a]	0.0313	

Induction treatment
Atezo + carbo + etop

3.2 months[a]

R

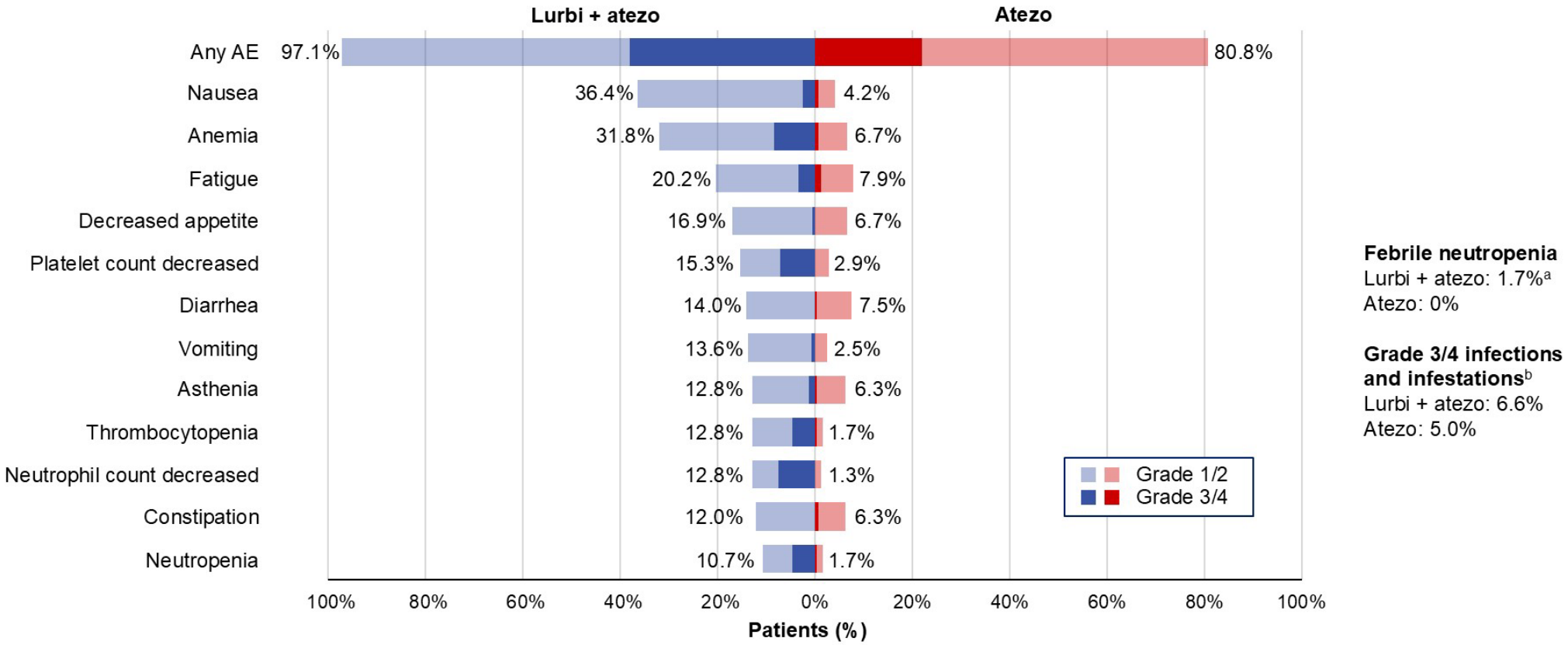
Maintenance treatment
Lurbi + atezo
Median OS from randomization: 13.2 months

Maintenance treatment
Atezo
Median OS from randomization: 10.6 months

IMforte results do not include time on induction treatment

MANTENIMIENTO LURBINECTEDINA-ATEZOLIZUMAB – Ph3 IMforte

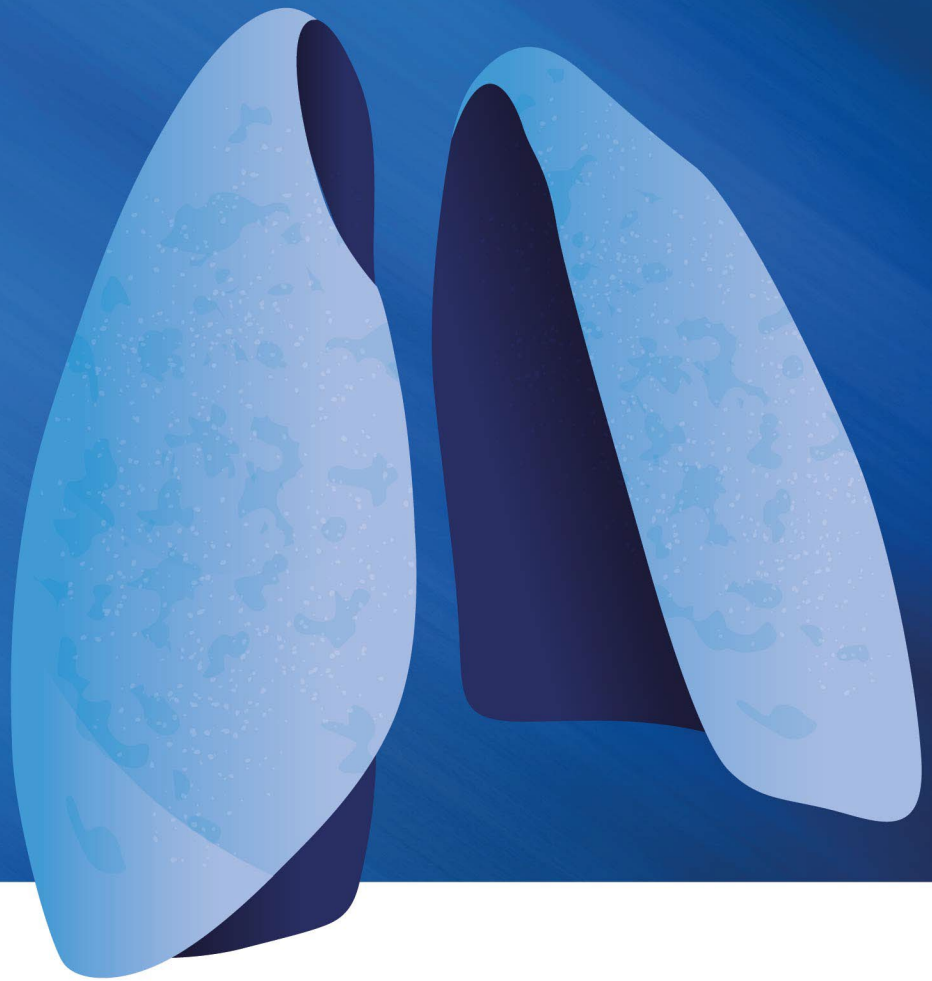
All-cause AEs with incidence ≥10% in either arm



Febrile neutropenia
Lurbi + atezo: 1.7%[a]
Atezo: 0%

Grade 3/4 infections and infestations[b]
Lurbi + atezo: 6.6%
Atezo: 5.0%

Clinical cutoff: July 29, 2024. Percentage labels represent all-grade AEs, including Grade 5 AEs. Grade 5 AEs occurred in 12 (5.0%) patients in the lurbi + atezo arm and 6 (2.5%) patients in the atezo arm.
[a] Includes 1 Grade 5 AE. [b] Grade 5 infections: lurbi + atezo arm (n=6 [2.5%]): COVID-19 pneumonia, pneumonia, pneumonia viral, sepsis, septic shock, and vascular device infection (n=1 each); atezo arm (n=4 [1.7%]): pneumonia (n=2), abscess intestinal, and sepsis (n=1 each).



T-cell engagers en CPCP

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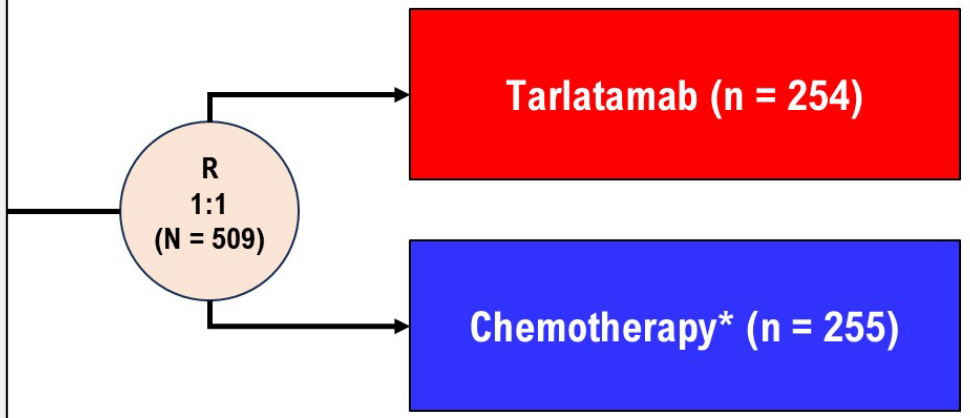
TARLATAMAB EN 2L - Ph3 DeLLphi-304

Key inclusion criteria

- Histologically or cytologically confirmed SCLC
- Progression after 1L platinum-based chemotherapy +/- anti-PD-(L)1
- ECOG PS 0 or 1
- Asymptomatic, treated or untreated brain metastases

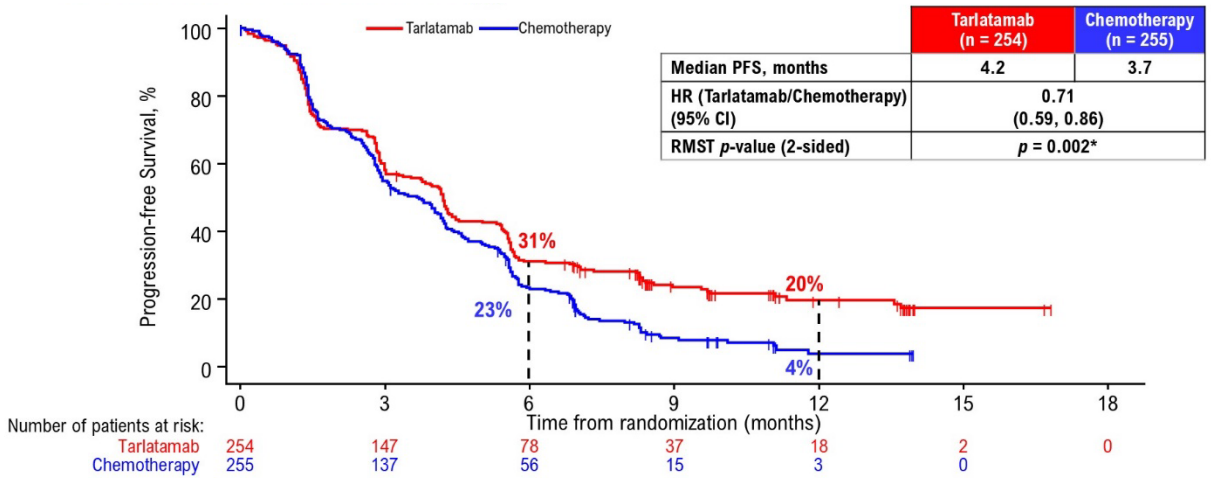
Randomization stratified by

- Prior anti-PD-(L)1 exposure (yes/no)
- Chemotherapy-free interval (< 90 days vs ≥ 90 to < 180 days vs ≥ 180 days)
- Presence of (previous/current) brain metastases (yes/no)
- Intended chemotherapy (topotecan/amrubicin vs lurbinectedin)



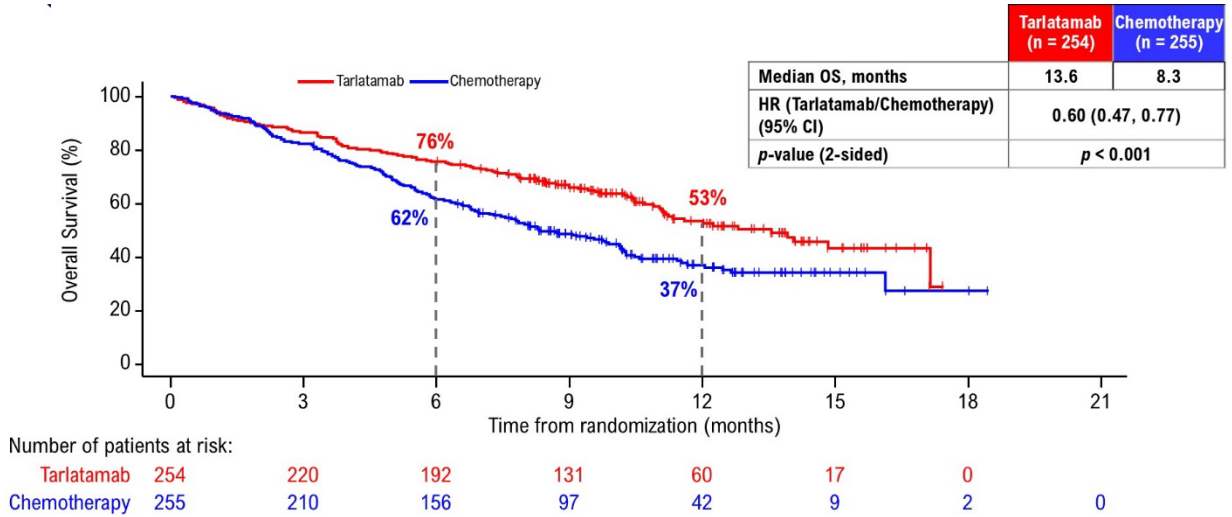
Topotecan (n = 185); Lurbinectedin (n = 47); Amrubicin (n = 23)

CFI <90d: T 43%; CT 45%
Brain M1: T 44%; CT 45%



	Tarlatamab (n = 254)	Chemotherapy (n = 255)
Median PFS, months	4.2	3.7
HR (Tarlatamab/Chemotherapy) (95% CI)	0.71 (0.59, 0.86)	
RMST *p*-value (2-sided)	*p* = 0.002*	

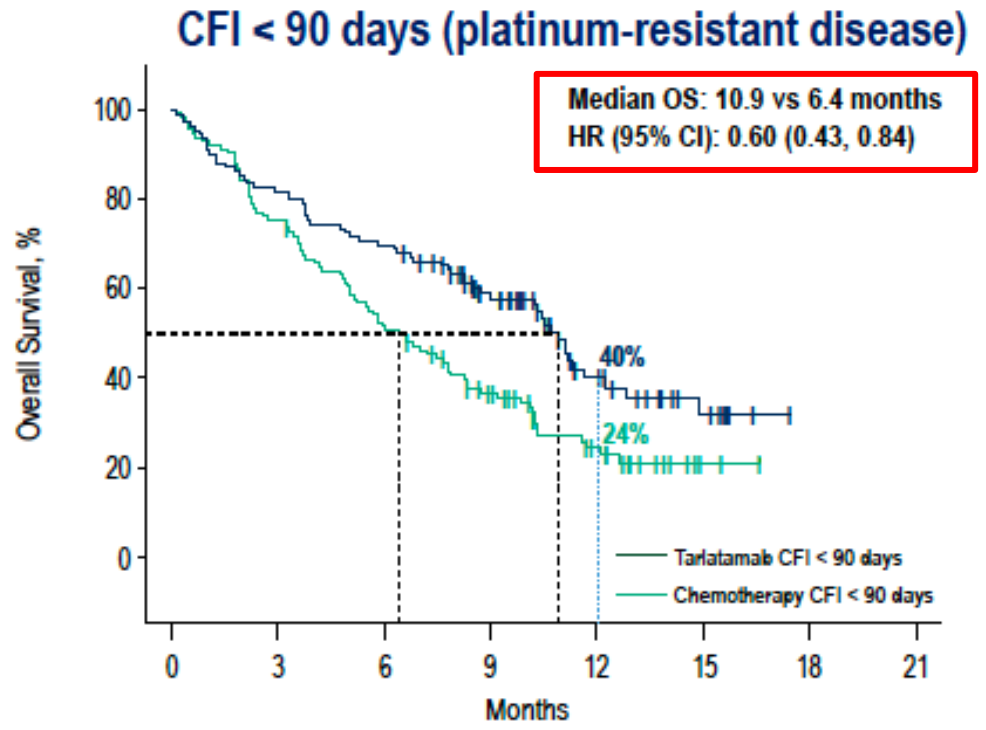
PFS 1 año: +16%



	Tarlatamab (n = 254)	Chemotherapy (n = 255)
Median OS, months	13.6	8.3
HR (Tarlatamab/Chemotherapy) (95% CI)	0.60 (0.47, 0.77)	
p-value (2-sided)	*p* < 0.001	

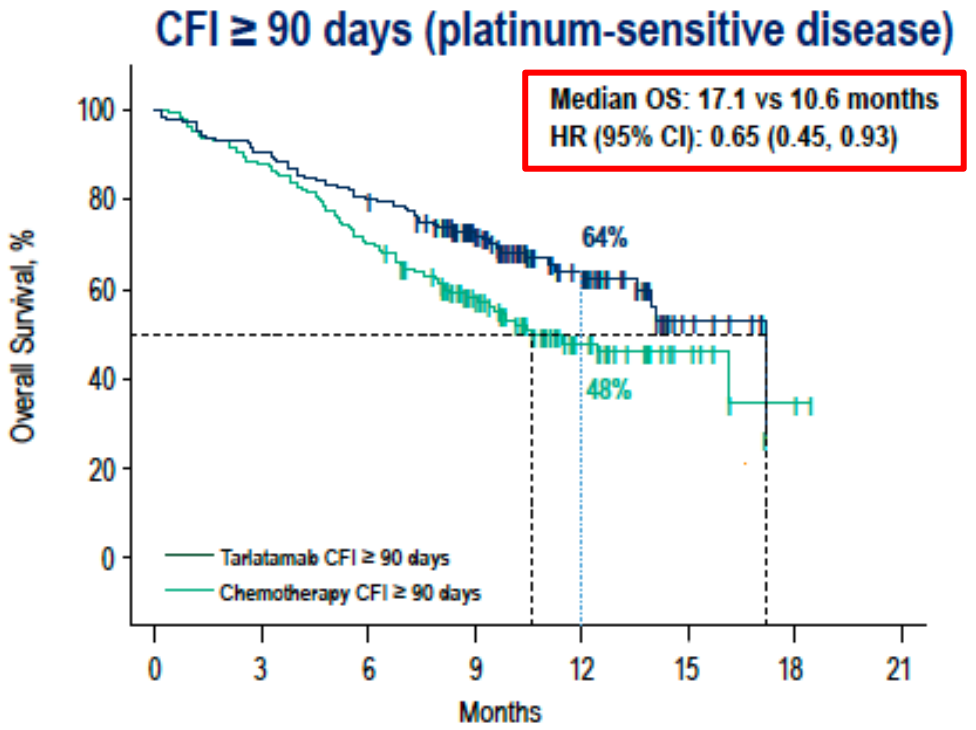
OS 1 año: +16%

TARLATAMAB EN 2L - Ph3 DeLLphi-304



Number of Patients at Risk:

Tarlatamab CFI < 90 days	109	89	76	50	21	9	0
Chemotherapy CFI < 90 days	114	86	57	36	16	2	0



Number of Patients at Risk:

Tarlatamab CFI ≥ 90 days	145	131	116	81	39	8	0
Chemotherapy CFI ≥ 90 days	141	124	99	61	26	7	2	0

OS - HR Brain M1: 0.45 (0.31-0.65)

P. Rocha, ESMO 2025; C.M. Rudin, ASCO 2025

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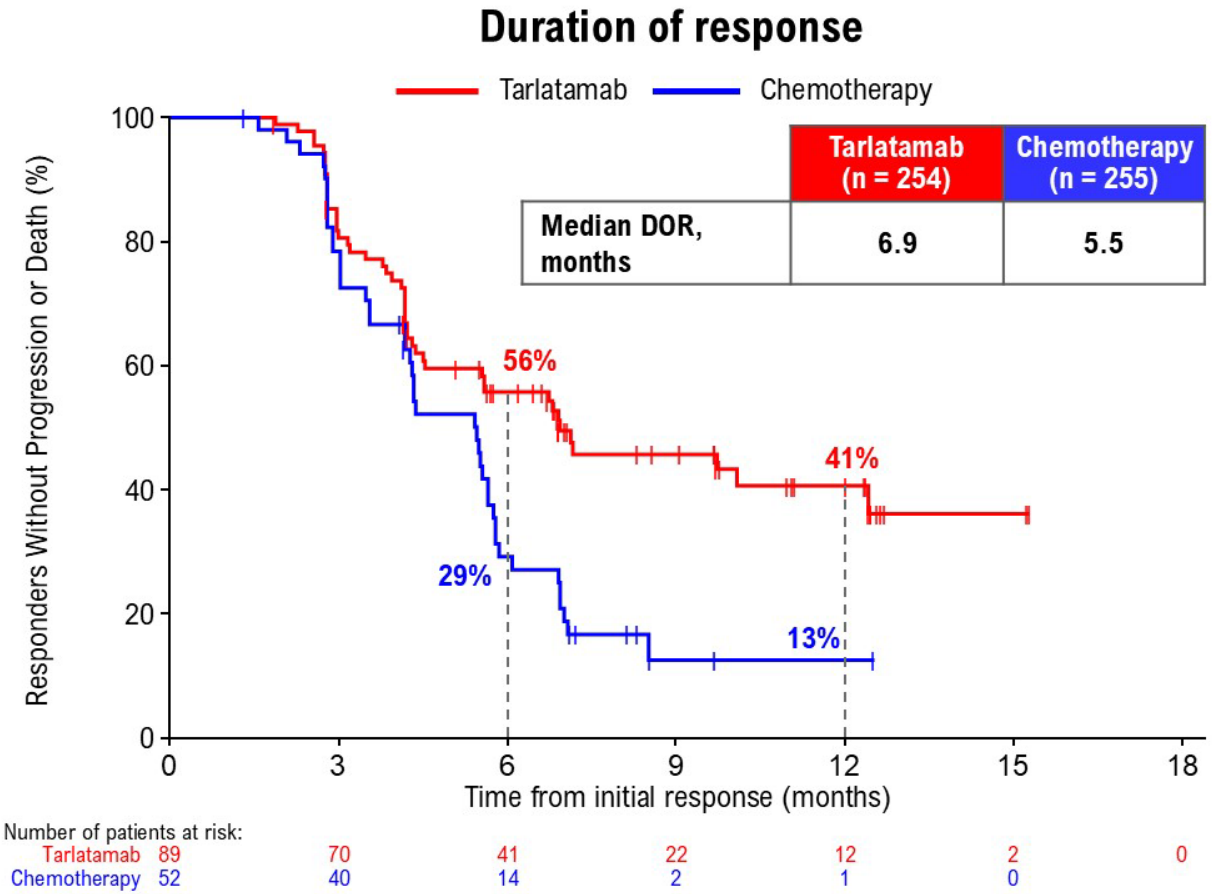
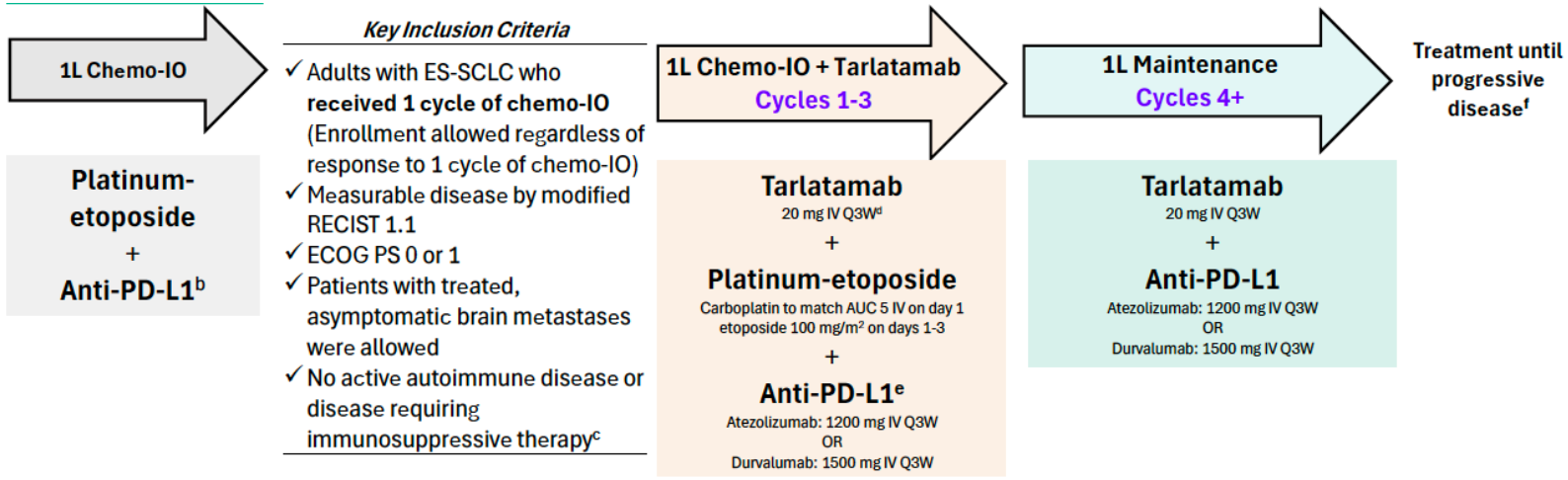
TARLATAMAB EN 2L - Ph3 DeLLphi-304

	Tarlatamab (n = 254)	Chemotherapy (n = 255)
Best overall response[*†], n (%)		
Complete response	3 (1)	0 (0)
Partial response	86 (34)	52 (20)
Stable disease	84 (33)	112 (44)
Progressive disease	56 (22)	50 (20)
Not evaluable/no post-baseline scan	25 (10)	41 (16)
Objective response rate[‡], % (95% CI)	35 (29–41)	20 (16–26)
Median duration of response, months	6.9	5.5
Median time to objective response, months	1.5	1.4
Ongoing response at data cutoff, n[§] (%)	42 (47)	8 (15)

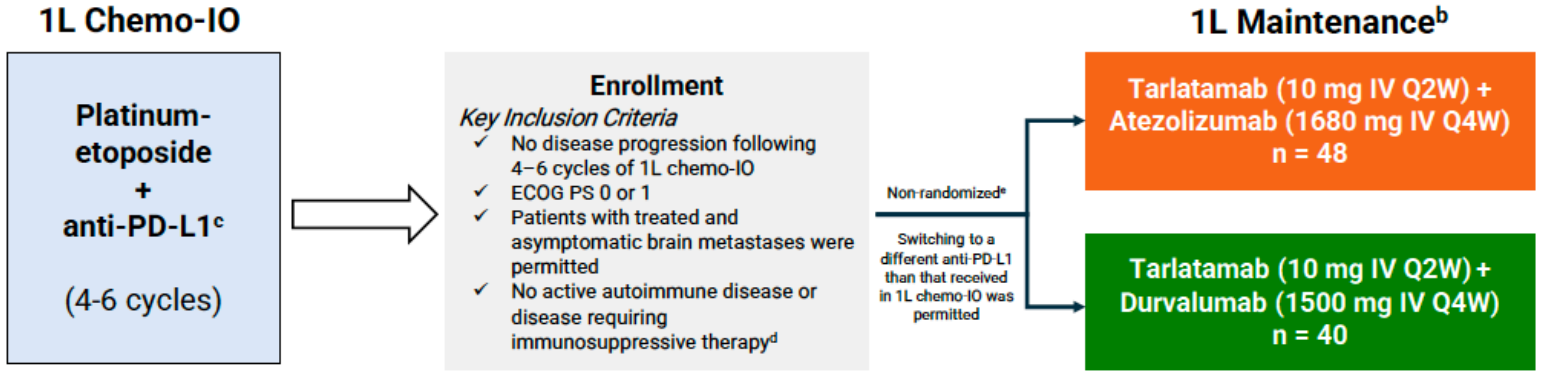


TARLATAMAB EN 1L - Ph1b: DeLLphi-303

Cohortes 2,4,7



Cohortes 5,6,8



K.G.Paulson, WCLC 2025; M.Wermke, ESMO 2025

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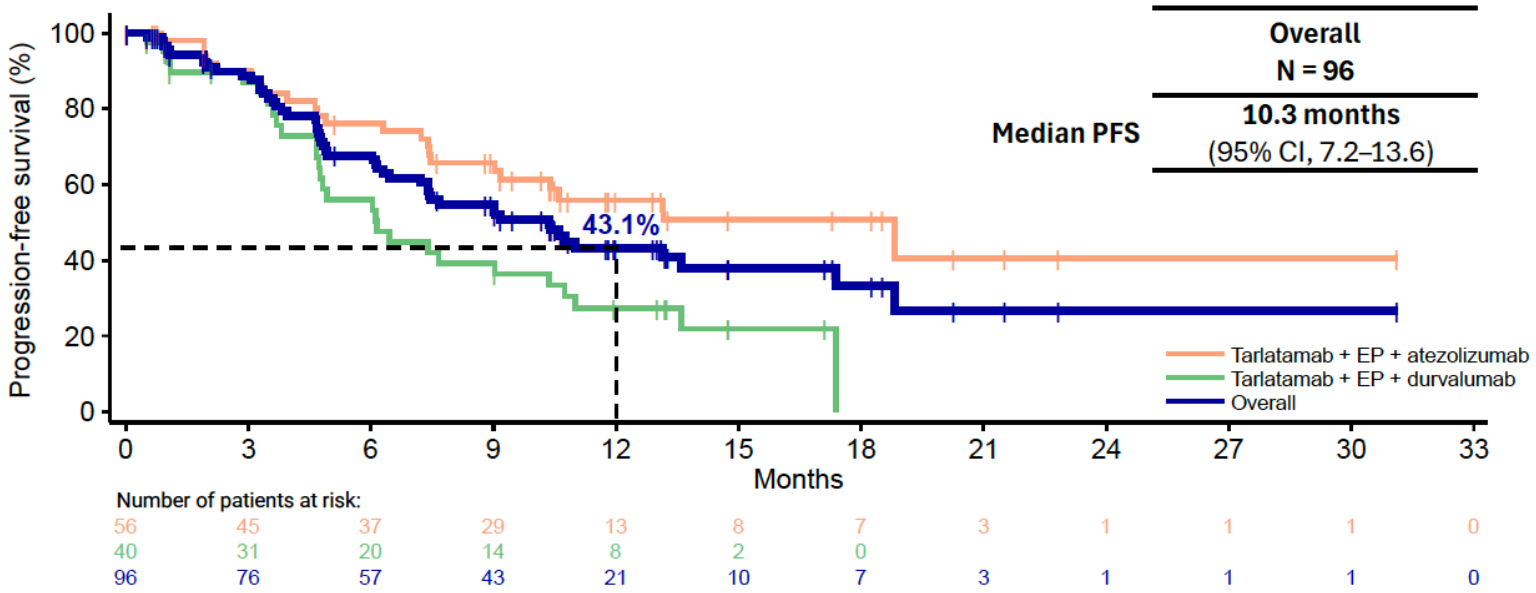
TARLATAMAB EN 1L - Ph1b: DeLLphi-303

DESDE INDUCCIÓN

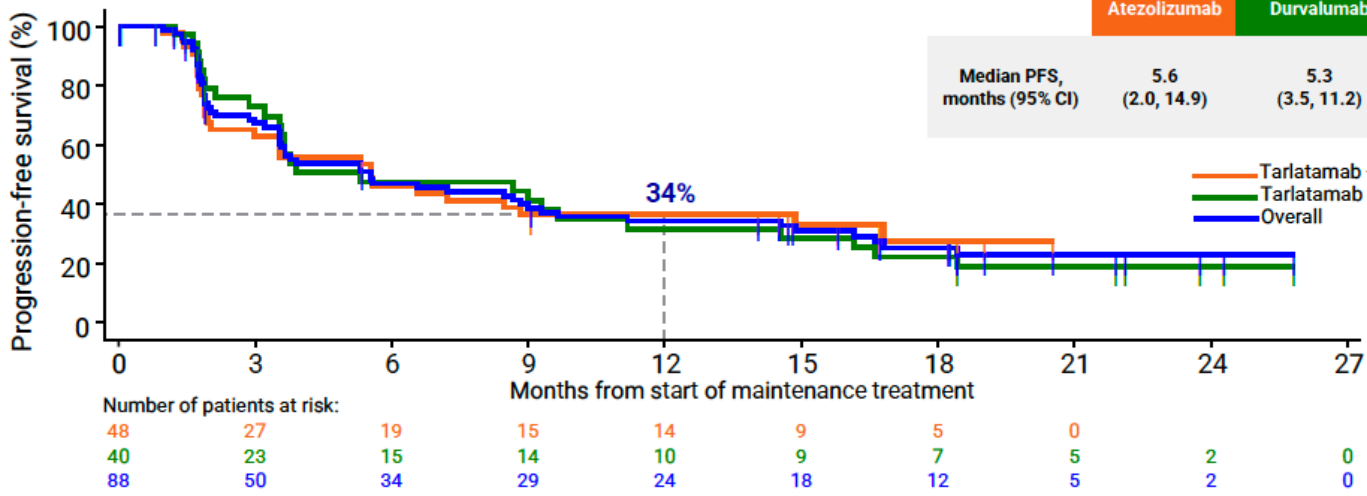
(Cohortes 2,4,7)



	Overall N = 96
Median PFS	10.3 months (95% CI, 7.2–13.6)

DESDE MANTENIMIENTO

(Cohortes 5,6,8)



	Tarlatamab+ Atezolizumab	Tarlatamab+ Durvalumab	Overall Tarlatamab + Anti-PD-L1
Median PFS, months (95% CI)	5.6 (2.0, 14.9)	5.3 (3.5, 11.2)	5.6 (3.5, 9.0)

K.G.Paulson, WCLC 2025; M.Wermke, ESMO 2025

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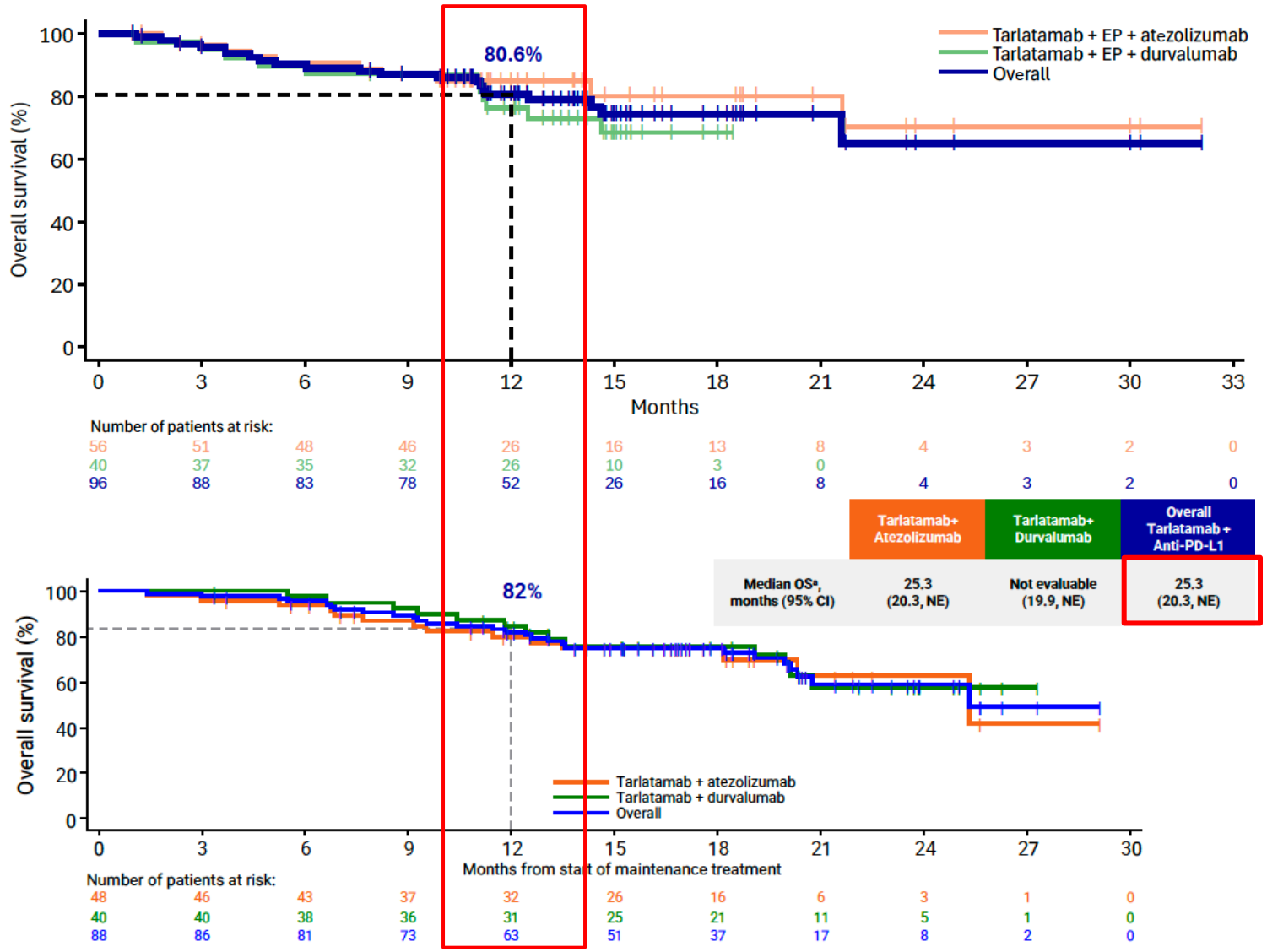
TARLATAMAB EN 1L - Ph1b: DeLLphi-303

DESDE INDUCCIÓN (Cohortes 2,4,7)



DESDE MANTENIMIENTO (Cohortes 5,6,8)

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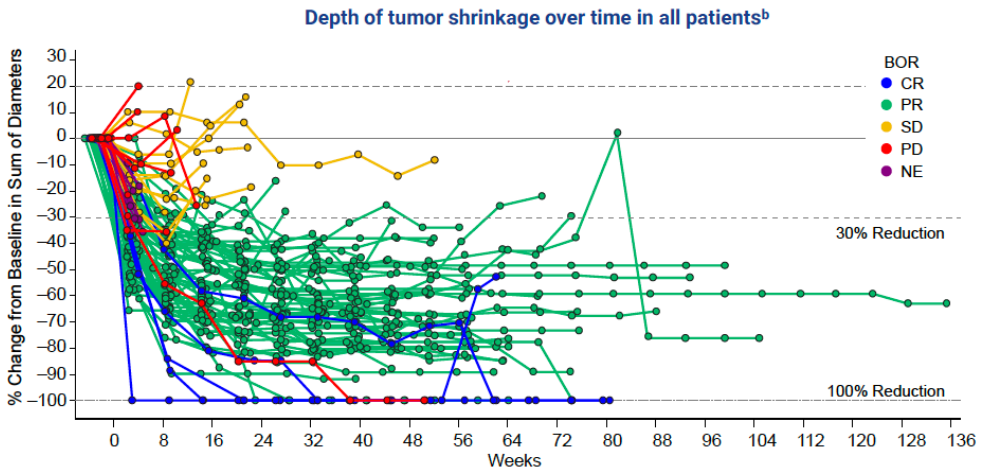
TARLATAMAB EN 1L - Ph1b: DeLLphi-303

	Overall N = 96
ORR[a], n (%) 95% CI	**68 (71)** 61–80
CR	5 (5)
PR	63 (66)
SD	11 (11)
PD	8 (8)
NE/no post-baseline scan	9 (9)
mDOR, mos (95% CI)	**11.0 (8.5, NE)**
DCR, % (95% CI)	**82 (73–89)**
mDoDC, mos (95% CI)	**10.7 (7.7–18.8)**

Median study follow-up: 13.8 months

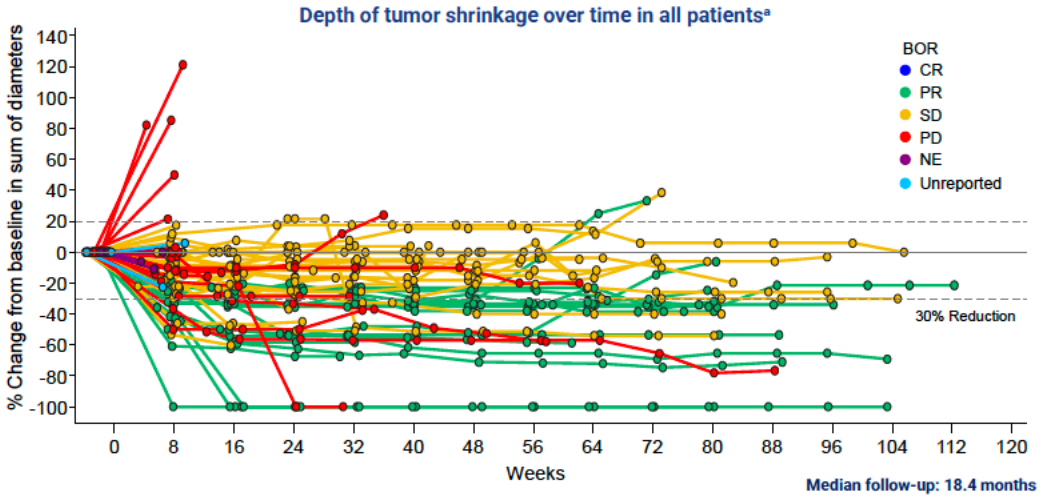


DESDE INDUCCIÓN (Cohortes 2,4,7)

Control de enfermedad sostenida ≥ 52 semanas: 39%

From a baseline obtained after completion of 1L chemo-IO:

- Overall ORR: 24% (2 CR, 19 PR); median duration of response: 16.6 months (7.1, NE)
- Overall DCR: 60% (2 CR, 19 PR, 32 SD); median duration of disease control: 14.6 months (95% CI 7.2, 18.4)
- 24% of patients remained on treatment at data cutoff and 36% of patients showed sustained DC ≥ 52 weeks



DESDE MANTENIMIENTO (Cohortes 5,6,8)

Control de enfermedad sostenida ≥ 52 semanas: 36%

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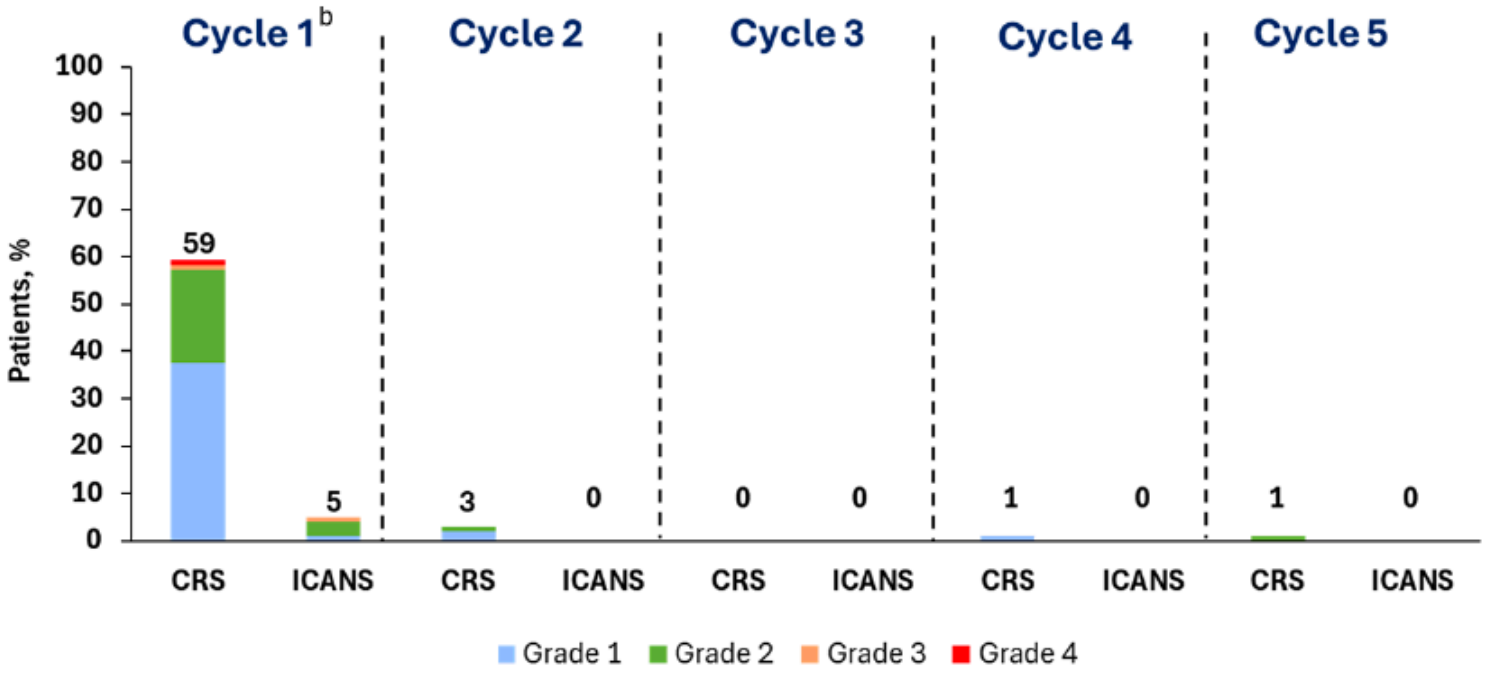
TARLATAMAB EN 1L - Ph1b: DeLLphi-303

DESDE INDUCCIÓN (Cohortes 2,4,7)

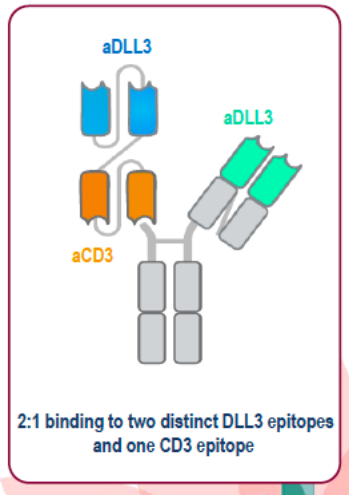
Treatment-emergent CRS and ICANS by cycle[a]



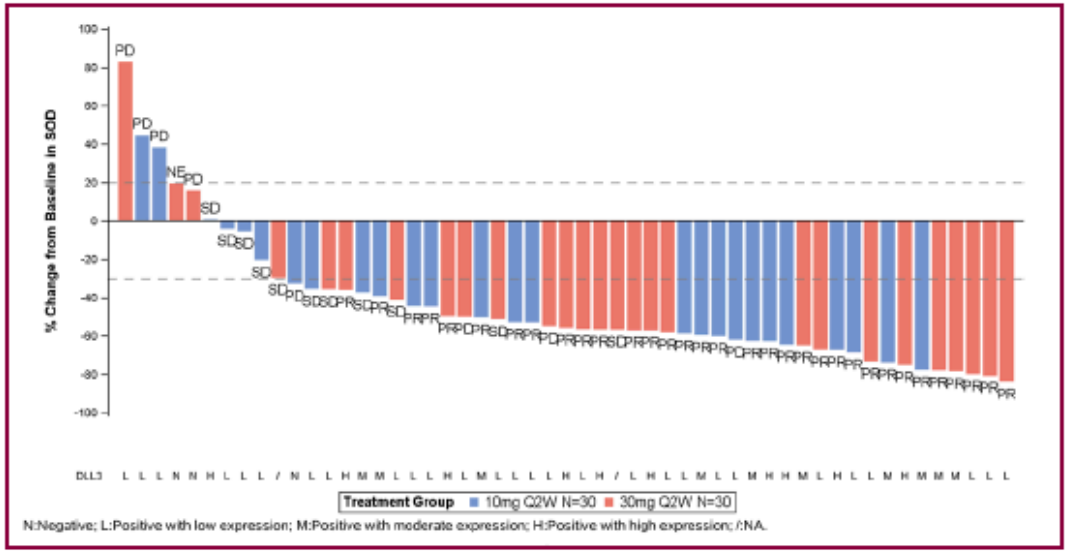
- CRS and ICANS were associated with a low rate of
  - tarlatamab dose interruptions (CRS and ICANS: 1% each)
  - tarlatamab discontinuations (CRS and ICANS: 1% each)
- There were no fatalities related to CRS or ICANS
- The median time to onset of CRS from last prior dose of tarlatamab was 13.3 hours (IQR: 8.0–19.3)
- The median time to onset of ICANS from last prior dose of tarlatamab was 5 days (IQR: 3.0–5.0)

ALVELTAMIG EN PREVIAMENTE TRATADOS (>2L) - Ph II

(ZG006)



	10mg Q2W (N=30)	30mg Q2W (N=30)
BOR		
PR, n (%)	18 (60.0)	20 (66.7)
SD, n (%)	4 (13.3)	2 (6.7)
PD, n (%)	7 (23.3)	6 (20.0)
NE, n (%)	1 (3.3)	2 (6.7)
uORR, n (%) 95% CI	18 (60.0) (40.60, 77.34)	20 (66.7) (47.19, 82.71)
cORR, n (%) 95% CI	16 (53.3) (34.33, 71.66)	17 (56.7) (37.43, 74.54)
DCR, n (%) 95% CI	22 (73.3) (54.11, 87.72)	22 (73.3) (54.11, 87.72)



	10mg Q2W (N=30)	30mg Q2W (N=30)
PFS (Months)		
Median (95% CI)	7.03 (2.92, NE)	5.59 (2.79, NE)
DoR (Months)		
Median (95% CI)	NR (3.78, NE)	NR (4.60, NE)
9m (95% CI)	61.6 (29.51, 82.46)	55.6 (22.67, 79.30)

OS 12m
69.1% (10mg); 58.2% (30mg)

Ziming Li, ESMO Asia 2025

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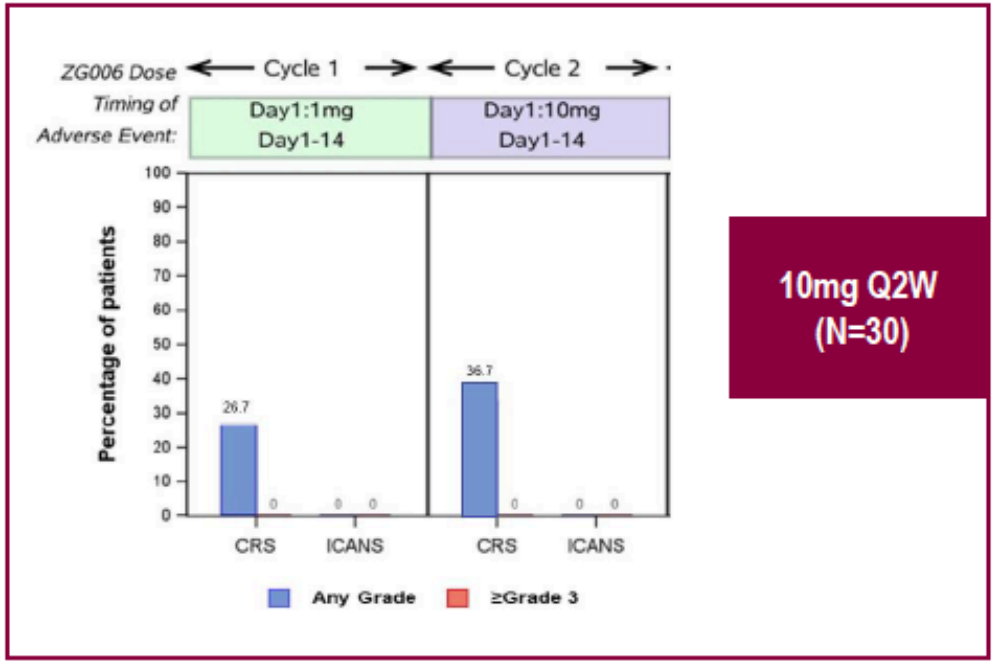
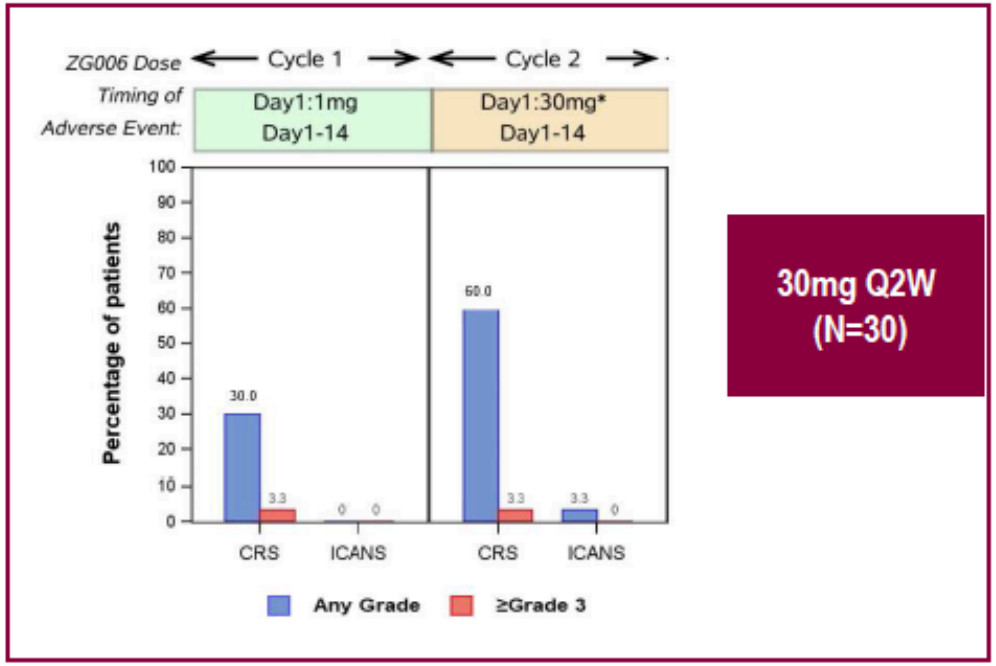
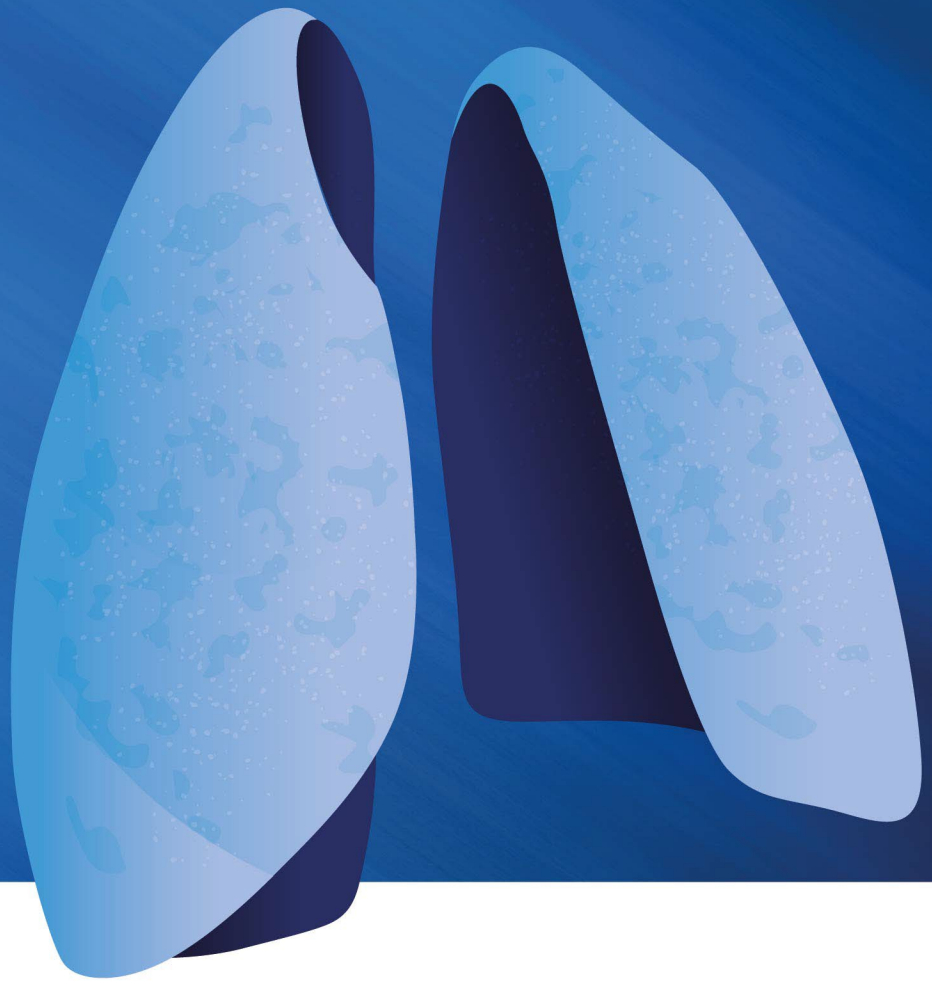
ALVELTAMIG EN PREVIAMENTE TRATADOS (>2L) - Ph II: DeLLphi-303

CRS and ICANS on Treatment

- Most CRS events were Grade 1-2 in severity, and resolved quickly after symptomatic treatment
- The incidence of CRS and ICANS according to severity by the treatment cycle showed most CRS events occurred during the 1st to 2nd dosing cycle
- Grade ≥3 CRS occurred in only 2 patients at 30 mg dose group







ADCs y anti-VEGF en CPCP

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lung cancer
research

ADCs EN CPCP

DLL3

Rova-T
SHR-4849 (IDE819)

B7-H3

HMB088C
HS-20093 (GSK5764227)
I-DXd (DS7300)
YL201

SEZ-6

ABBV-706
ABBV-011

TROP-2

SACI-GOVITECAN
SHR-A1921

IFINATAMAB-DXd EN PRETADOS - Ph2: Ideate-Lung01

ADC anti-B7-H3

Patient eligibility

- Histologically or cytologically documented ES-SCLC
- Age ≥18 years[a]
- ≥1 prior line of PBC and ≤3 prior lines of systemic therapy
- Radiologically documented PD on or after most recent prior systemic therapy
- ECOG PS 0–1
- ≥1 measurable lesion per RECIST 1.1[b]
- Patients with asymptomatic brain metastases (untreated or previously treated) were eligible

Part 1: Dose optimization

R 1:1

- Arm 1: I-DXd 8 mg/kg Q3W n=46
- Arm 2: I-DXd 12 mg/kg Q3W n=42

Part 2: Extension

- I-DXd 12 mg/kg Q3W n=95

Stratification factors:

- 2L CTFI <90 days; 2L CTFI ≥90 days; 3L or 4L
- Prior anti–PD-(L)1 treatment (yes or no)

Primary endpoint

- ORR by BICR[c]

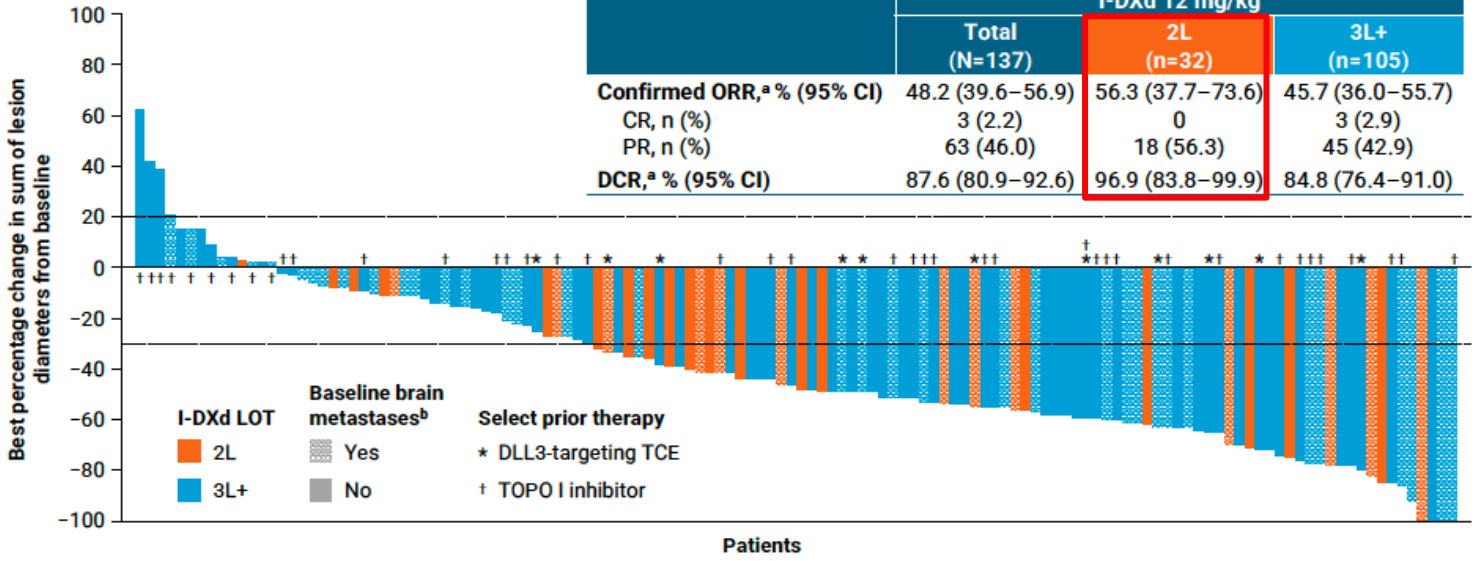
Secondary endpoints

- DOR by BICR and inv[c]
- PFS by BICR and inv[c]
- OS
- DCR by BICR and inv[c]
- TTR by BICR and inv[c]
- ORR by inv[c]
- Safety
- Pharmacokinetics
- Immunogenicity

Exploratory analysis

- Intracranial ORR by BICR[d]

	I-DXd 12 mg/kg		
	Total (N=137)	2L (n=32)	3L+ (n=105)
Confirmed ORR,[a] % (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,[a] % (95% CI)	87.6 (80.9–92.6)	96.9 (83.8–99.9)	84.8 (76.4–91.0)



ORR CFI ≤ 30 d: 11.1%
ORR CFI 30-90 d: 50.0%
ORR CFI ≥ 90 d: 55.6%

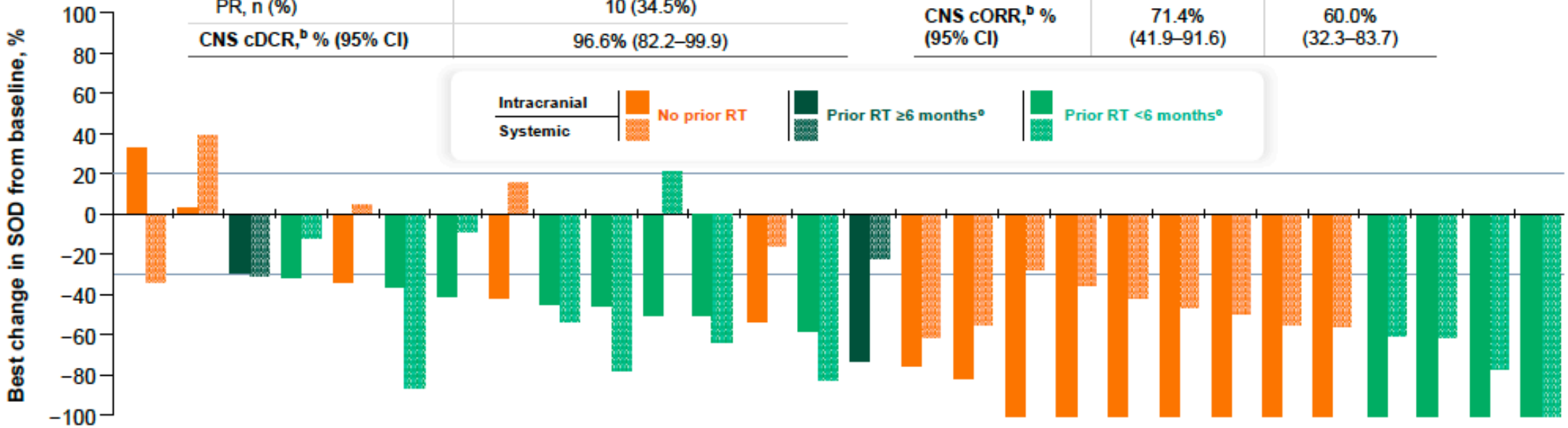
DoR: 5.3m (2L: 7.2m)

IFINATAMAB-DXd EN PRETADOS - Ph2: Ideate-Lung01

ADC anti-B7-H3

	With baseline brain target lesions (n=29)
CNS cORR,[b] % (95% CI)	65.5% (45.7–82.1)
CR, n (%)	9 (31.0%)
PR, n (%)	10 (34.5%)
CNS cDCR,[b] % (95% CI)	96.6% (82.2–99.9)

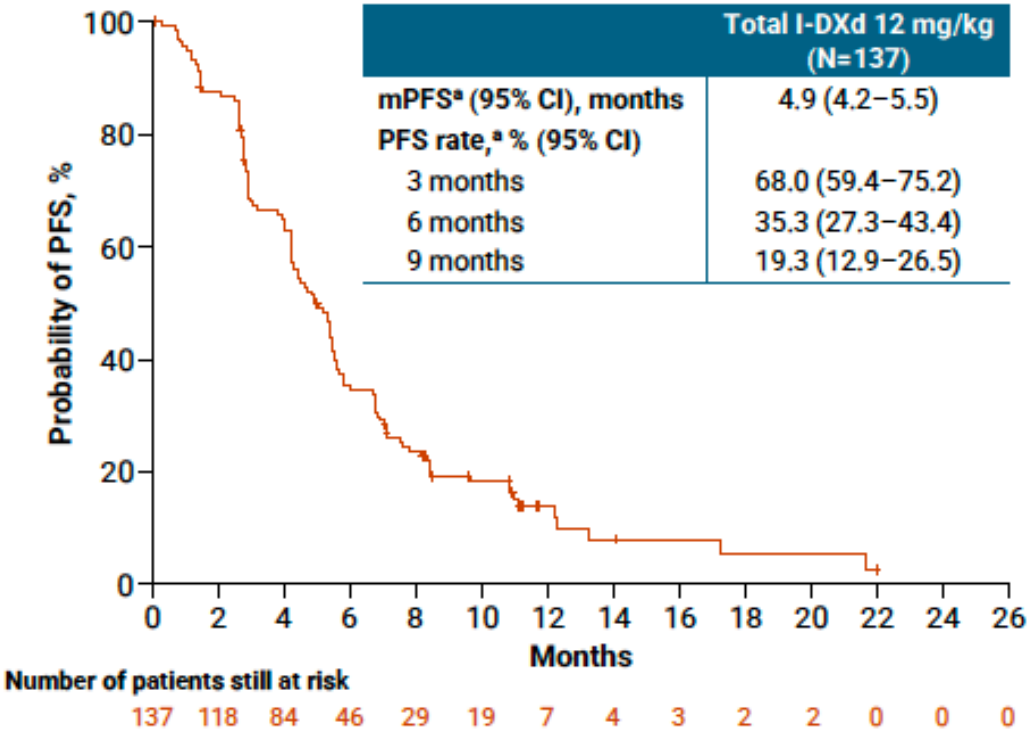
	No prior RT (n=14)	With prior RT (n=15)
CNS cORR,[b] % (95% CI)	71.4% (41.9–91.6)	60.0% (32.3–83.7)



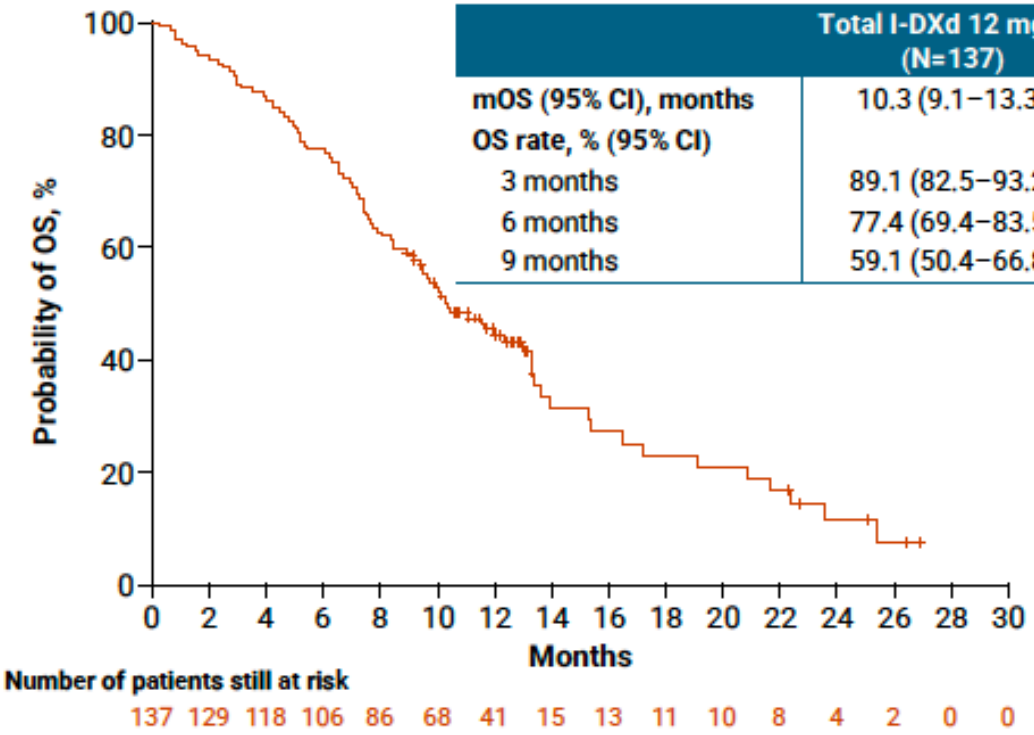
Concordance between systemic and CNS **objective response: 69.0%**

IFINATAMAB-DXd EN PRETADOS - Ph2: Ideate-Lung01

ADC anti-B7-H3



	Total I-DXd 12 mg/kg (N=137)
mPFS[a] (95% CI), months	4.9 (4.2–5.5)
PFS rate,[a] % (95% CI)	
3 months	68.0 (59.4–75.2)
6 months	35.3 (27.3–43.4)
9 months	19.3 (12.9–26.5)



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

I-DXd 12mg/Kg 2L (n=32)
mPFS: 5.6m
mOS: 12.0m

Myung-Ju Ahn, WCLC 2025

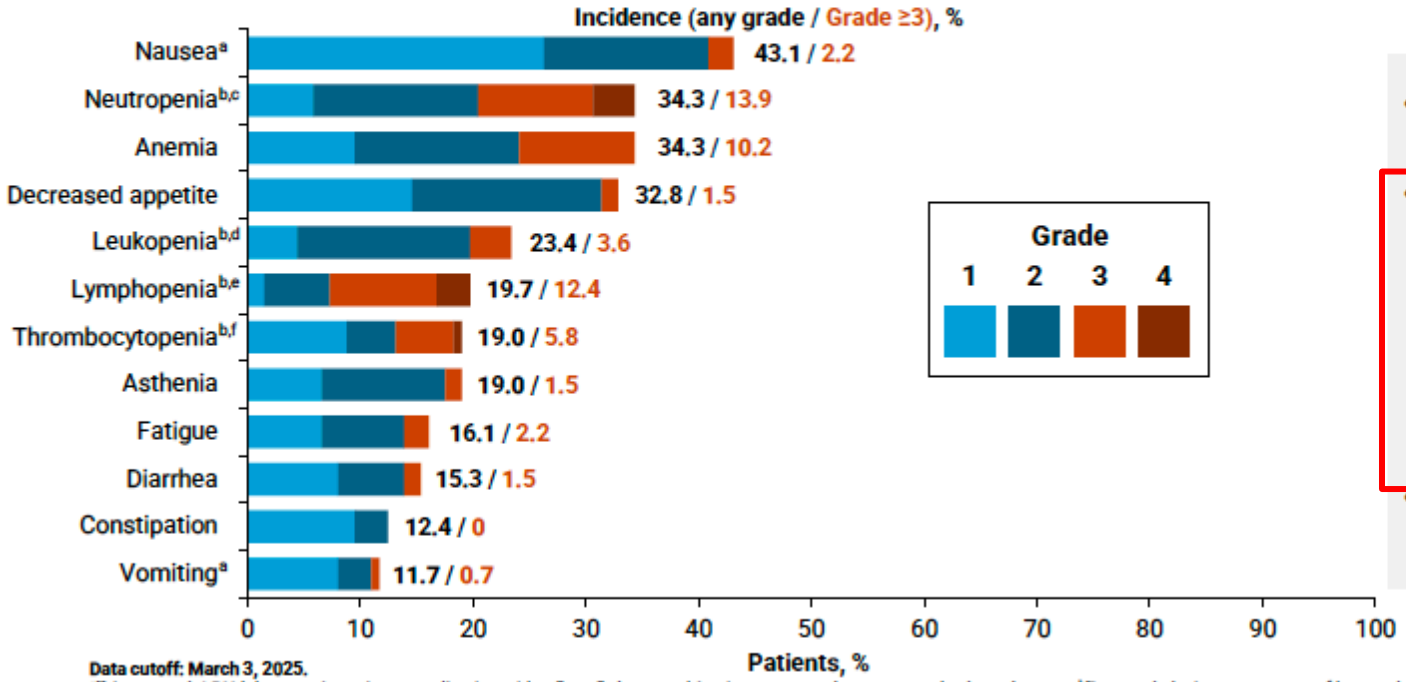
GECP lung cancer research

IFINATAMAB-DXd EN PRETADOS - Ph2: Ideate-Lung01

ADC anti-B7-H3

The most common TRAEs were hematologic or gastrointestinal in nature, and fatigue

TRAEs reported in ≥10% of patients in the total I-DXd 12-mg/kg group (N=137)



- Among the most common TRAEs, the majority were Grade 1 or 2
- Adjudicated treatment-related ILD/pneumonitis was reported in 17 (12.4%) patients:
  - Grade 1 or 2, n=11 (8.0%)
  - Grade 3, n=4 (2.9%)
  - Grade 5, n=2 (1.5%)[g]
- No ILD events were pending adjudication at data cutoff

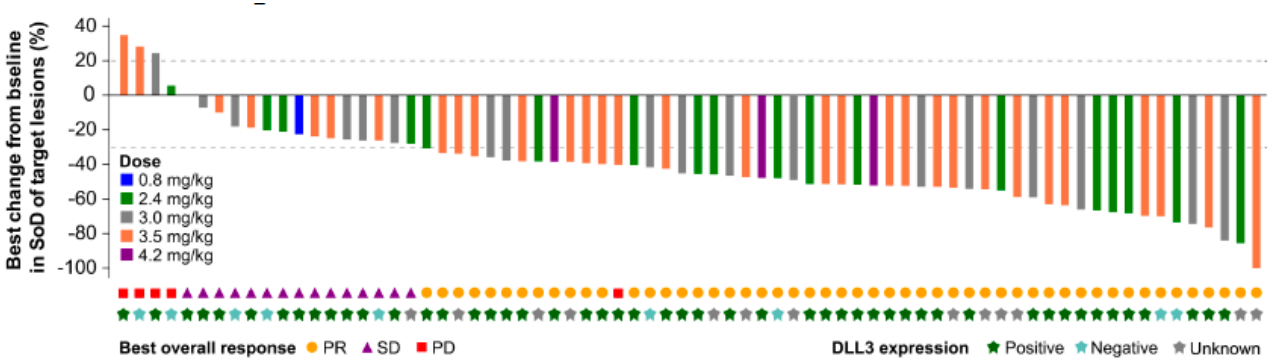
Data cutoff: March 3, 2025.

[a]Prior to each I-DXd dose, antiemetic premedication with a 2- or 3-drug combination was mandatory across both study parts. [b]For prophylaxis or treatment of hematologic toxicity, trilaciclib, hematopoietic growth factors, or transfusion of blood, red blood cells, and platelets could be administered. [c]Includes the preferred terms "neutrophil count decreased" and "neutropenia." [d]Includes the preferred terms "white blood cell count decreased" and "leukopenia." [e]Includes the preferred terms "lymphocyte count decreased" and "lymphopenia." [f]Includes the preferred terms "platelet count decreased" and "thrombocytopenia". [g]Both patients were deemed to have adjudicated Grade 5 treatment-related ILD by the ILD adjudication committee; however, only 1 of these patients also had treatment-related ILD associated with death per investigator.

ILD, interstitial lung disease; TRAE, treatment-related adverse event.

SHR-4849 (IDE849) en pretratados - Ph1 first-in-human

ADC anti-DLL3



Líneas de tratamiento previas (%):
1L 51%, **2L 33.0%, 3L 15.0%**

M1 cerebrales: 24.0%

	Total (≥2.4 mg/kg)	
	2L Setting (n=35)	All (n=71)
ORR, n (%; 95% CI)	27 (77.1%; 59.9-89.6)	52 (73.2%; 61.4-83.1)
Confirmed ORR, n (%; 95% CI)	21 (60.0%; 42.1-76.1)	34 (47.9%; 35.9-60.1)
Response pending confirmation, n (%)	4 (11.4%)	10 (14.1%)
DCR, n (%; 95% CI)	34 (97.1%; 85.1-99.9)	66 (93.0% 84.3-97.7)

ORR en M1 SNC: 83.3%
DCR en M1 SNC: 100%

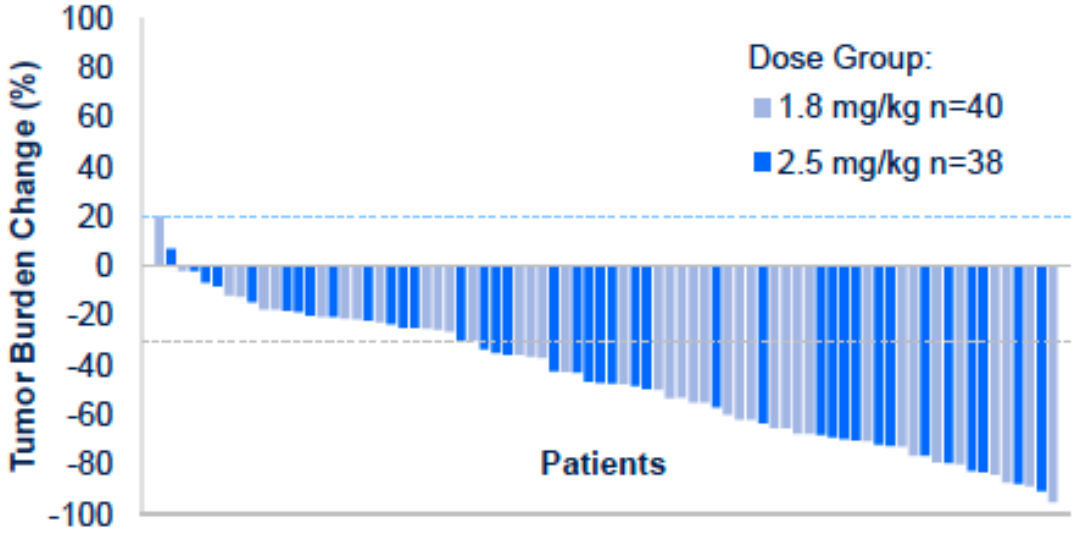
PFS 6m: **59% 2L**; 55.3% Todos

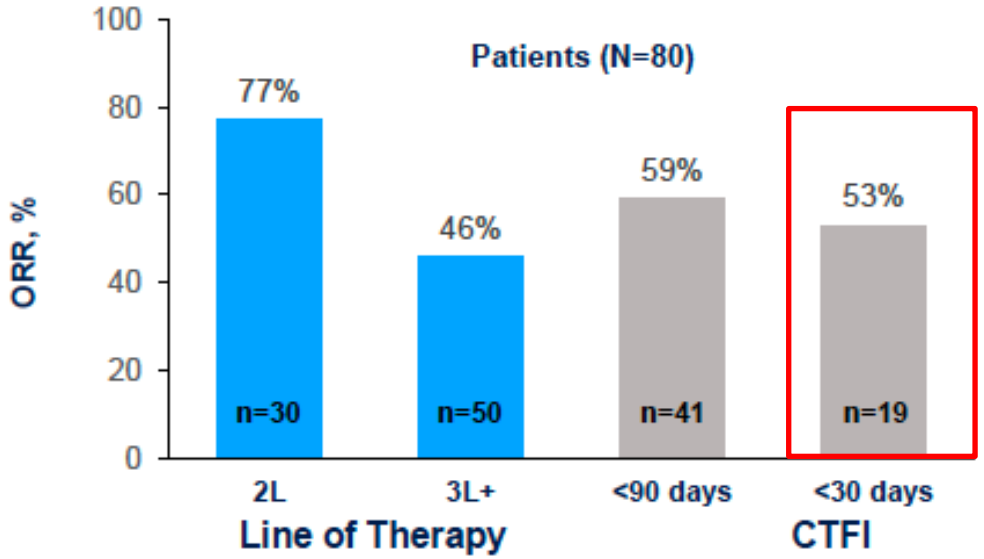
L.Wang, WCLC 2025

GECP lung cancer research

ABBV-706 en pretratados - Ph1 M2-385

ADC anti-SEZ6 (*Seizure-related homolog protein 6*)





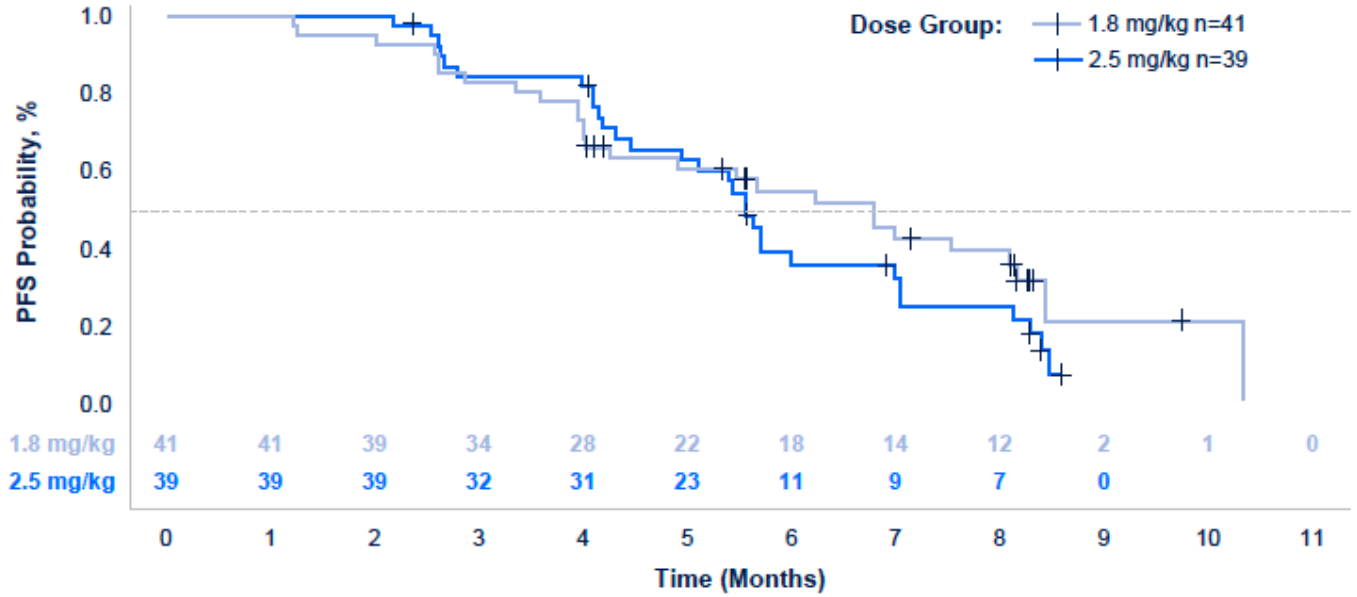
	1.8 mg/kg (n=41)	2.5 mg/kg (n=39)	Total (N=80)
Median (95% CI) DOR, months	**6.2 (4.2–NE)**	**4.4 (3.5–6.9)**	**5.6 (4.2–6.9)**
2L	6.9 (3.0–NE)	5.2 (2.7–NE)	6.9 (3.2–7.1)
CTFI <30 days	6.2 (2.8–NE)	5.0 (3.2–7.0)	5.7 (2.8–7.5)

ABBV-706 en pretratados - Ph1 M2-385

ADC anti-SEZ6 (*Seizure-related homolog protein 6*)

PFS was longer at 1.8 mg/kg trending toward further improvement in 2L

Progression-Free Survival



	1.8 mg/kg (n=41)	2.5 mg/kg (n=39)	Total (N=80)
Median (95% CI) PFS, months	**6.8 (4.0–8.2)**	**5.6 (4.4–7.0)**	**5.7 (4.9–7.0)**
2L	7.5 (4.0–8.4)	5.4 (2.8–NE)	6.8 (4.4–8.4)
CTFI <30 days	7.0 (2.0–NE)	4.4 (2.2–7.0)	5.7 (3.9–7.5)
9-month OS, probability (95% CI)	0.6 (0.4–0.7)	0.6 (0.4–0.7)	0.6 (0.5–0.7)

Encouraging PFS observed in CTFI <30 days subgroup

OS data remain immature at time of reporting

L.A.Byers, WCLC 2025

GECP lung cancer research

ADCs EN CPCP PREVIAMENTE TRATADOS

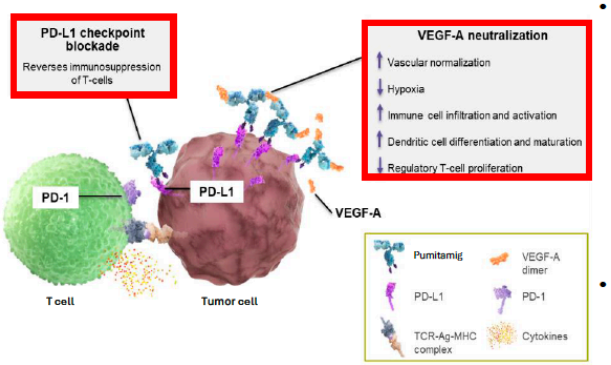
	ABBV-706 1.8mg/kg (N=41)	QLC5508 (MHB088C) 1.6-2.4mg/kg (N=103)	I-DXd 12mg/kg (N=137)	HS20093 (GSK5764227) 8mg/kg (N=31)[1]	YL201 1.6-2.8mg/kg (N=72)[2]	Sacituzumab Govitecan (N=43)[3]
Target	SEZ6	B7-H3	B7-H3	B7-H3	B7-H3	TROP2
Payload	Top1 inhibitor	Top1 inhibitor (SuperTopoi™)	Top1 inhibitor (DXd)	Top1 inhibitor (HS-9265)	Top1 inhibitor	Top1 inhibitor (SN-38)
DAR	6	4	4	4	8	7.6
Linker	Cleavable	Cleavable	Cleavable	Cleavable	Cleavable	Cleavable
ORR/DCR	56%	36.9/90.3%	48.2/87.6%	61.3/80.6%	63.9/91.7%	41.9/83.7%
mPFS/OS	6.8 months/ 60%(9month OS)	5.72/11.50 months	4.9/10.3 months	5.9/9.8 months	6.3/- months	4.4/13.6 months
Main AEs	Hematological toxicity	Hematological toxicity	Hematological toxicity/GI toxicity	Hematological toxicity	Hematological toxicity	Diarrhea/Hematological toxicity

1) WCLC 2024, 2) Ma Y, et al. Nat Med. 2025 Jun;31(6):1949-1957. 3) Dowlati A et al. J Thorac Oncol. 2025 Jun;20(6):799-808.

PUMITAMIG (BNT327) en pretratados - Ph2 BNT327-01

Biespecífico anti-PD-L1 y anti-VEGF

Pumitamig (BNT327) MOA

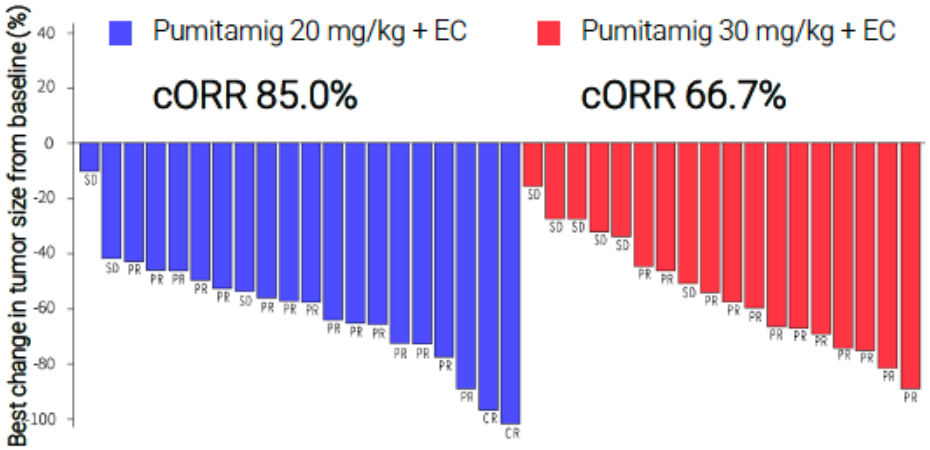


Inclusion criteria:

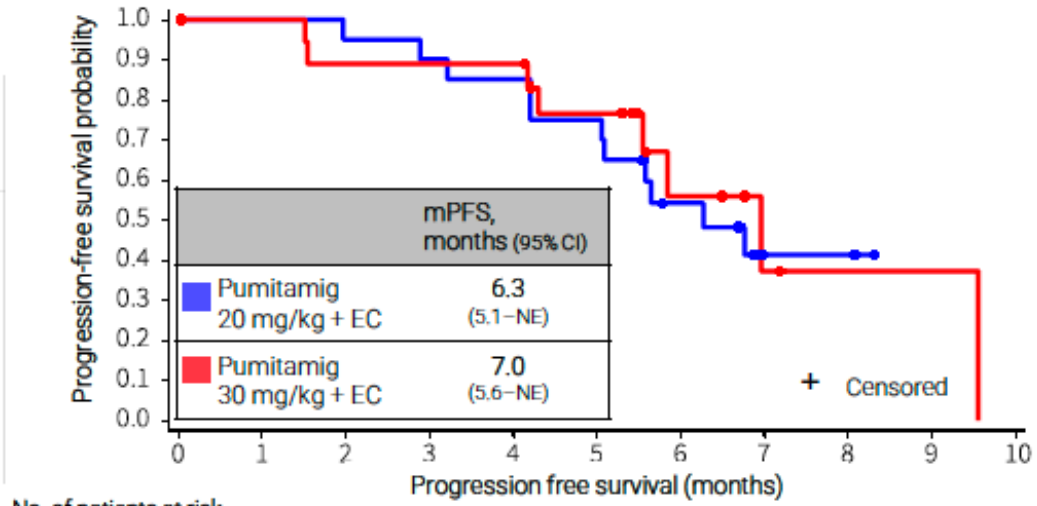
Cohort 1
- Untreated ES-SCLC*
- TFI ≥6 months since last CTx/CRTx/RTx for LS-SCLC

1:1† N=40

- Arm 1: Pumitamig 20 mg/kg IV Q3W + etoposide 100 mg/m² IV + carboplatin AUC5 x 4 cycles → Pumitamig 20 mg/kg IV Q3W
- Arm 2: Pumitamig 30 mg/kg IV Q3W + etoposide 100 mg/m² IV + carboplatin AUC5 x 4 cycles → Pumitamig 30 mg/kg IV Q3W



- mPFS in months (95% CI): **6.8** (5.6–NE) overall.



No. of patients at risk

Pumitamig 20 mg/kg + EC	22	20	19	18	17	15	9	2	2	0	0
Pumitamig 30 mg/kg + EC	21	18	16	16	16	12	5	2	1	1	0

mDoR: 4.9m
mDoR 20mg/Kg: 4.9m
mDoR 30mg/Kg: 5.4m

J.V.Heymach, WCLC 2025

PUMITAMIG (BNT327) en pretratados - Ph2 BNT327-01

Biespecífico anti-PD-L1 y anti-VEGF

Pumitamig-related TEAEs (occurring in ≥5% of overall population)

Patients, n (%)	All (N=43)		Pumitamig 20 mg/kg + EC (N=22)		Pumitamig 30 mg/kg + EC (N=21)	
	Any grade	Grade ≥3	Any grade	Grade ≥3	Any grade	Grade ≥3
Any	18 (41.9)	6 (14.0)	9 (40.9)	1 (4.5)	9 (42.9)	5 (23.8)
Nausea	4 (9.3)	0	4 (18.2)	0	0	0
Fatigue	4 (9.3)	0	3 (13.6)	0	1 (4.8)	0
Constipation	3 (7.0)	0	2 (9.1)	0	1 (4.8)	0
Hypertension	3 (7.0)	2 (4.7)	1 (4.5)	0	2 (9.5)	2 (9.5)
Epistaxis	2 (4.7)	0	1 (4.5)	0	1 (4.8)	0
Hemoptysis	2 (4.7)	1 (2.3)	1 (4.5)	1 (4.5)	1 (4.8)	0
Decreased platelet count	2 (4.7)	1 (2.3)	1 (4.5)	0	1 (4.8)	1 (4.8)
Alopecia	2 (4.7)	0	1 (4.5)	0	1 (4.8)	0
Proteinuria	2 (4.7)	1 (2.3)	0	0	2 (9.5)	1 (4.8)

- Pumitamig-related Grade ≥3 AEs were reported in:
  - 1 patient with 20 mg/kg
    - Hemoptysis (n=1)
  - 5 patients with 30 mg/kg
    - Hypertension (n=2)
    - Decreased platelet count (n=1)
    - Proteinuria (n=1)
    - Pulmonary embolism (n=1)

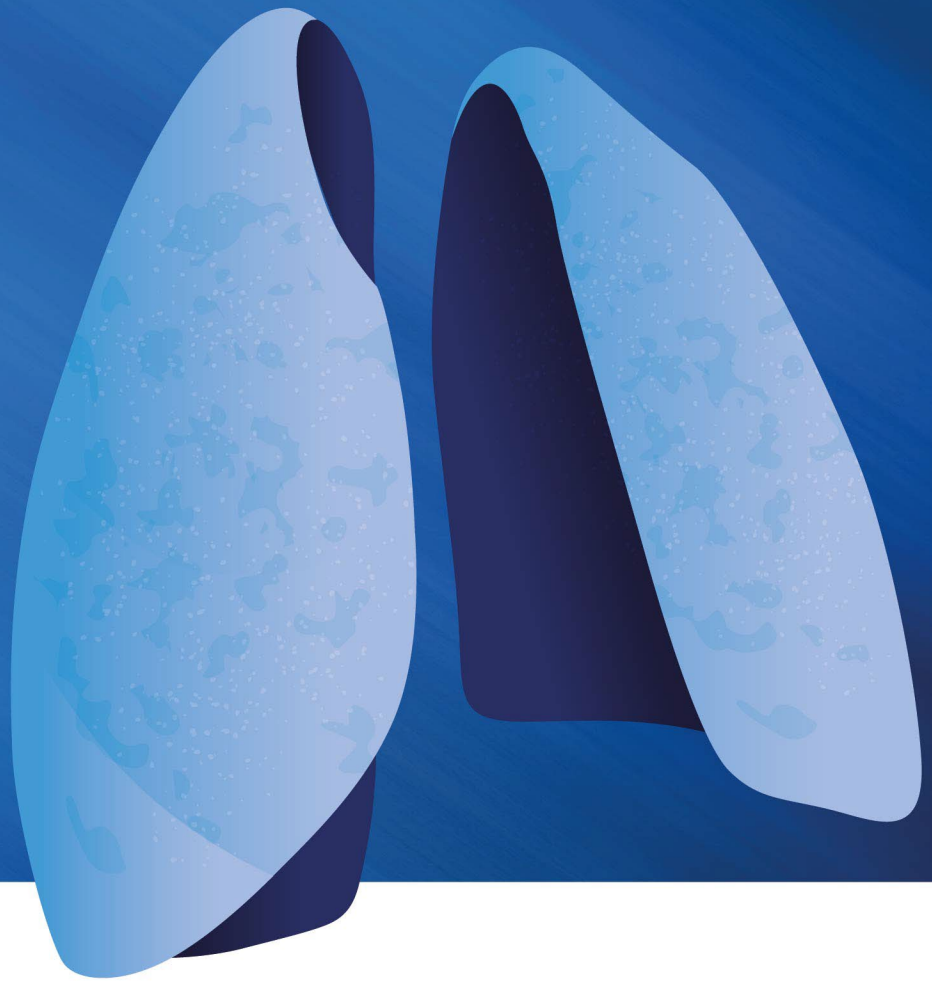
- TEAEs leading to discontinuation of pumitamig:
  - 2 patients with 20 mg/kg (9.1%)
    - hemoptysis and sepsis; both n=1
  - 4 patients with 30 mg/kg (19.0%)
    - hemoptysis, sepsis, pulmonary embolism, and pulmonary hemorrhage; all n=1
- No treatment-related deaths.

AVANCES EN 2025 EN CPCP

POTENCIALES NUEVOS ESTÁNDARES:
- MANTENIMIENTO CON LURBINECTEDINA-ATEZOLIZUMAB (No datos en pacientes con M1 cerebrales)
- TARLATAMAB EN 2L (Eficacia en enfermedad sensible y resistente y en M1 cerebrales)

DATOS PROMETEDORES….
- TARLAMATAB EN 1L (Pendiente de resultados de los Ph3 DeLLphi-305 y DeLLphi-312)
- ADCs en 2L y posteriores (anti-B7-H3, anti-DLL3, anti-SEZ6, anti-TROP2)

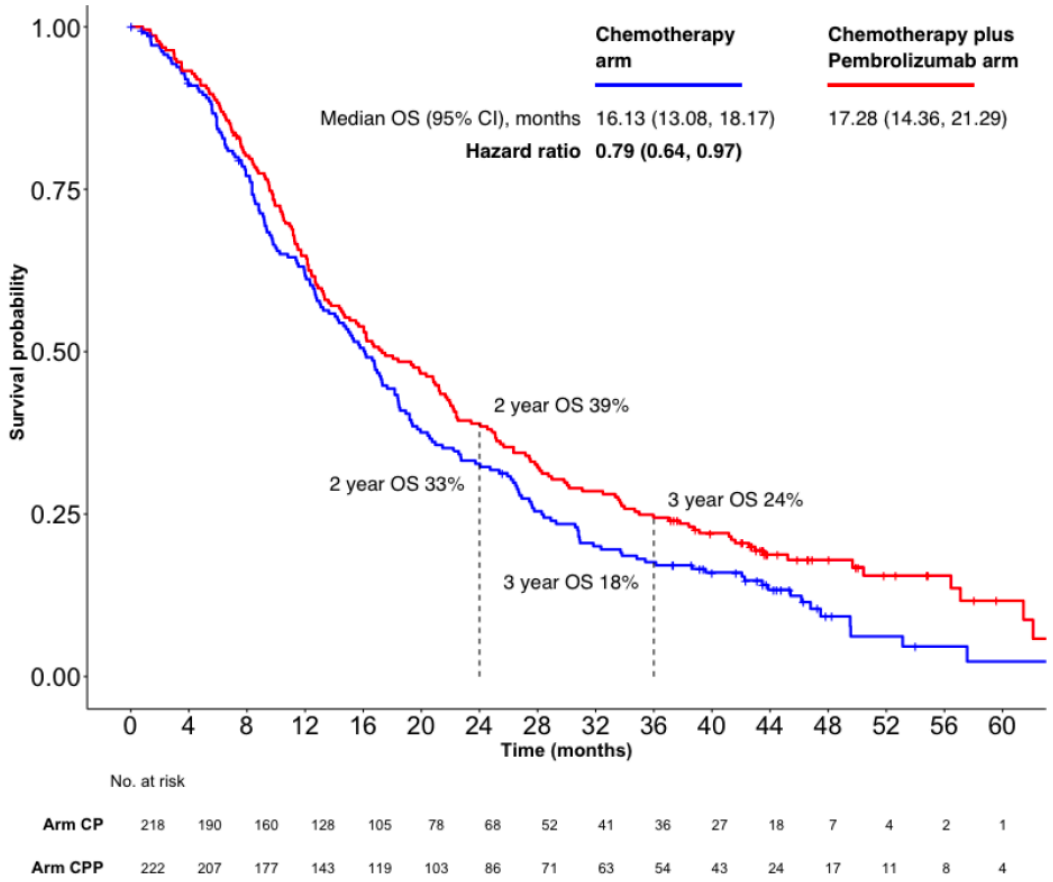
EC. EN CURSO
- 2L- Ph3 ADCs vs. SoC: IDeate-Lung02, EVOKE-SCLC-04,…
- 2L - COMBOs ADCs + BiTEs (MK-6070-02, DeLLphi-310); Topotecan + BiTE (DAREON-9)
- 1L - COMBOs ADCs + anti-PD-L1 +/- BiTEs (DeLLphi-310, SEZanne)



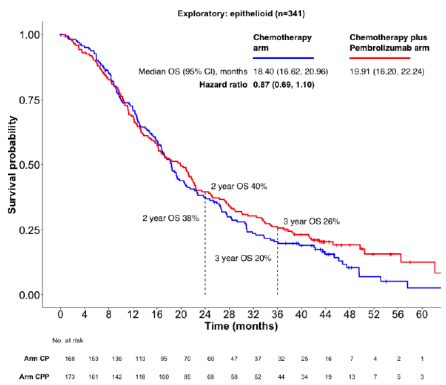
Mesotelioma

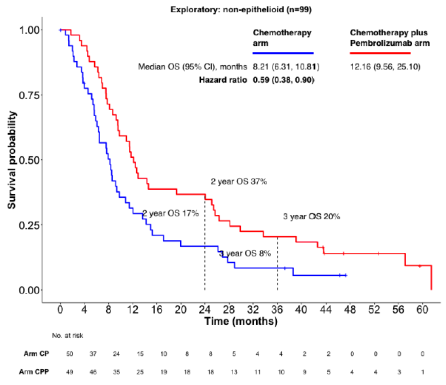
GECP
lung cancer
research

Update + Análisis exploratorio del CCTG IND227
1L: QT +/- Pembrolizumab

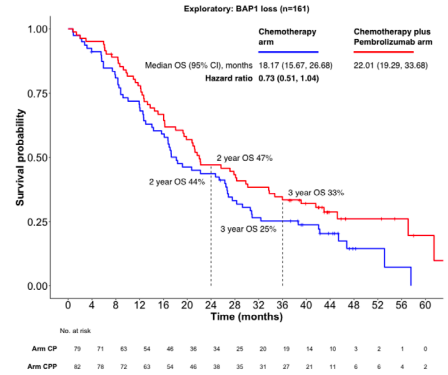


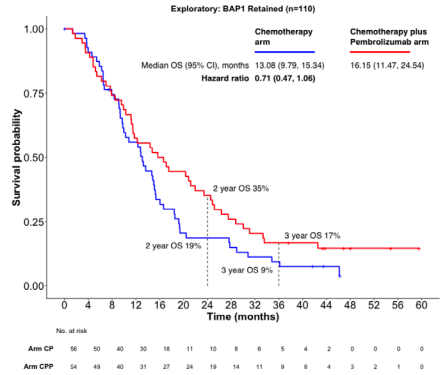
Histología



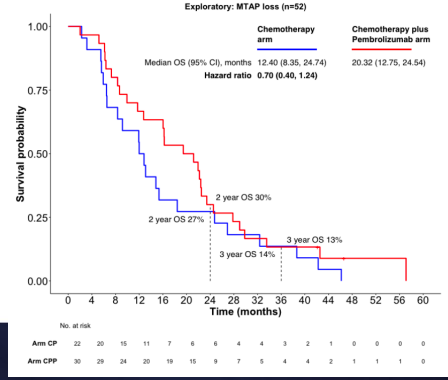


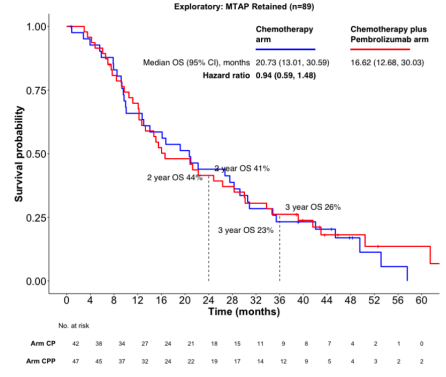
BAP1

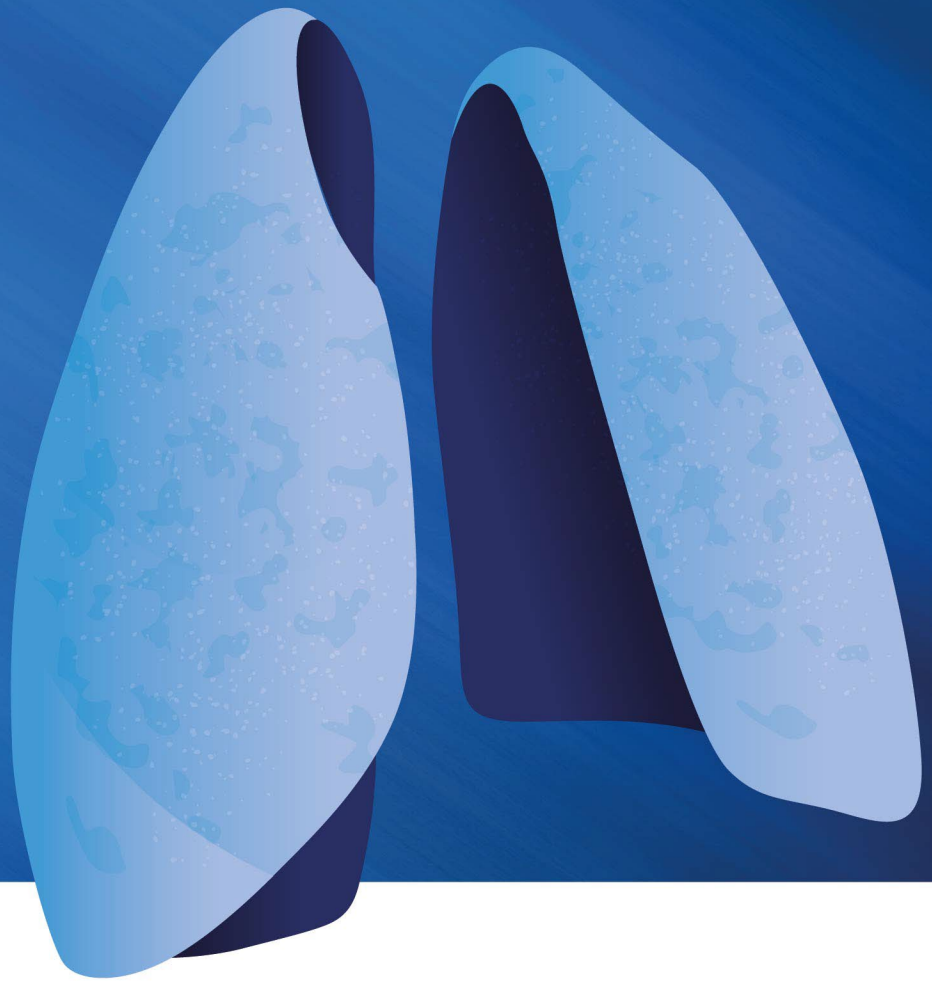




MTAP







Tumores epiteliales tímicos

GECP
lung cancer research

RIVOCERANIB – Ph2 KCSG LU23-09 (THRIVE)

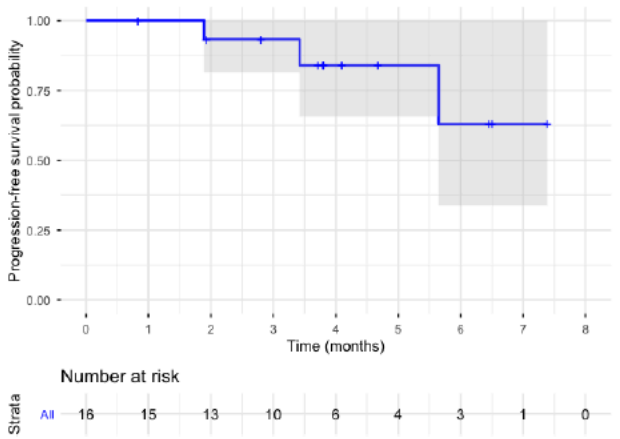
	Overall cohort (N=40)
Age, years	60 (29-82)
Sex	
Male	25 (62.5%)
Female	15 (37.5%)
ECOG	
0	13 (32.5%)
1	27 (67.5%)
Line of therapy	
2L	14 (35.0%)
3L	9 (22.5%)
4L +	17 (42.5%)
Histological subtype	
Thymoma A	1 (2.5%)
Thymoma B1	3 (7.5%)
Thymoma B2	8 (20.0%)
Thymoma B3	4 (10.0%)
Thymic Carcinoma	24 (60.0%)
Sites of metastases	
Pleura	25 (62.5%)
Lung	20 (50.0%)
Lymph node	14 (35.0%)
Liver	10 (25.0%)
Bone	8 (20.0%)
Pericardium	3 (7.5%)

Variables	Total (N=40)	Thymoma (N=16)	Thymic carcinoma (N=24)
Best response (RECIST 1.1)			
Complete response	0 (0.0%)	0 (0.0%)	0 (0.0%)
Partial response	14 (35.0%)	5 (31.2%)	9 (37.5%)
Stable disease	20 (50.0%)	10 (62.5%)	10 (41.7%)
Progressive disease	2 (5.0%)	0 (0.0%)	2 (8.3%)
Not evaluable	4 (10.0%)	1 (6.3%)	3 (12.5%)

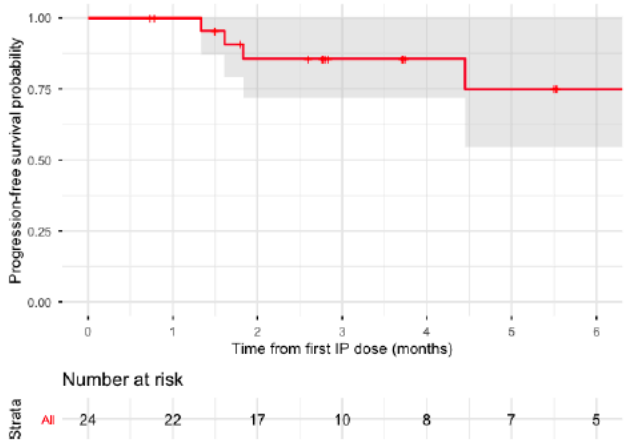
ORR 31.2% DCR 93.7%

ORR 37.5% DCR 79.2%

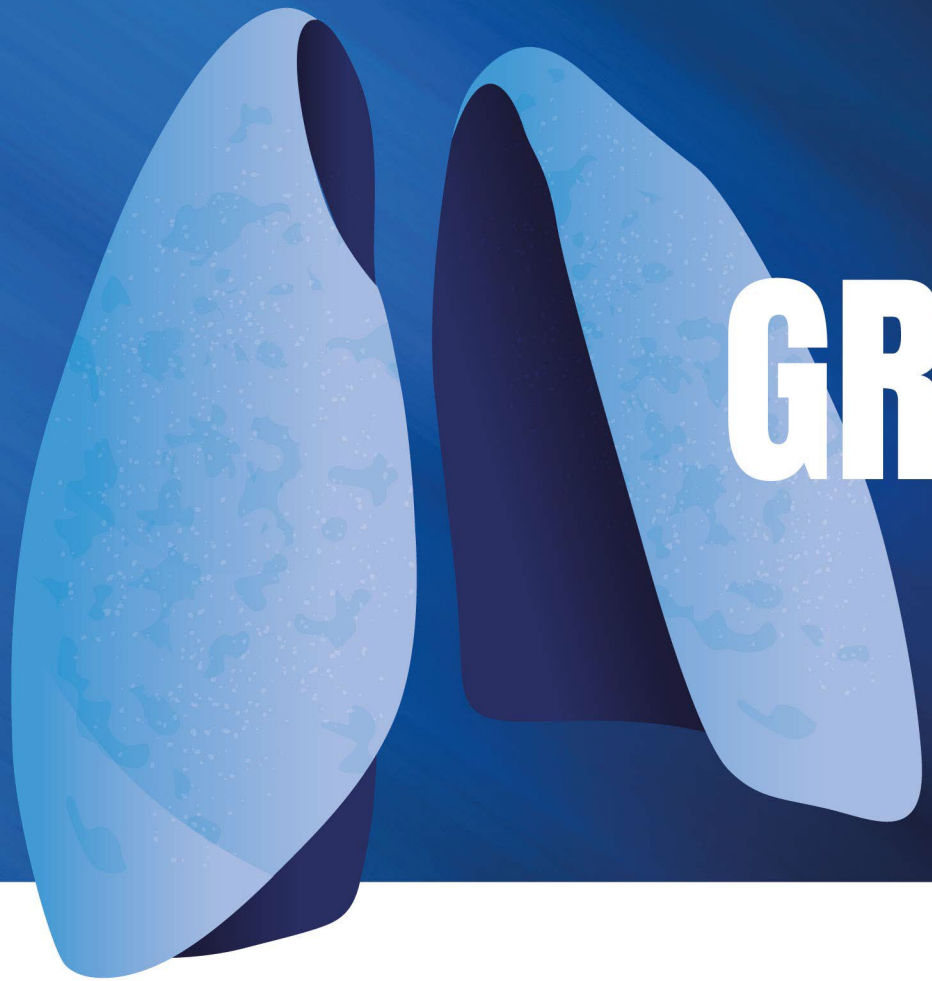
Thymoma



Thymic Carcinoma



mFU 3.7m: PFS NR



GRACIAS

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research