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Introducción

José Luis González Larriba

Hospital Clínico San Carlos. Universidad Complutense. Madrid

GECP
lung cancer research

Disclosures of Financial Relationships

✓Honoraria

- ✓ MSD Oncology, Pfizer, Astellas Pharma, Roche, Novartis, Janssen-Cilag, Bristol-Myers Squibb, Astra Zeneca

✓Consulting of Advisory Role

- ✓ Janssen-Cilag, MSD Oncology, Bristol-Myers Squibb, Boehringer Ingelheim, Beigene

✓Speaker´s Bureau

- ✓ MSD Oncology, Astra Zeneca

✓Research Funding

- ✓ Miratti Therapeutics, Astra Zeneca, Bayer, OncoMed, Astellas Pharma, Janssen-Cilag, Roche, Abbvie, Boehringer-Ingelheim, Pfizer, PharmaMar, Bristol-Myers Squibb, Novartis, Celgene, Ignyta

✓Travel, Accomodations, Expenses

- ✓ Bristol-Myers Squibb, Janssen-Cilag, Takeda, Pfizer, MSD Oncology, Roche, Merck

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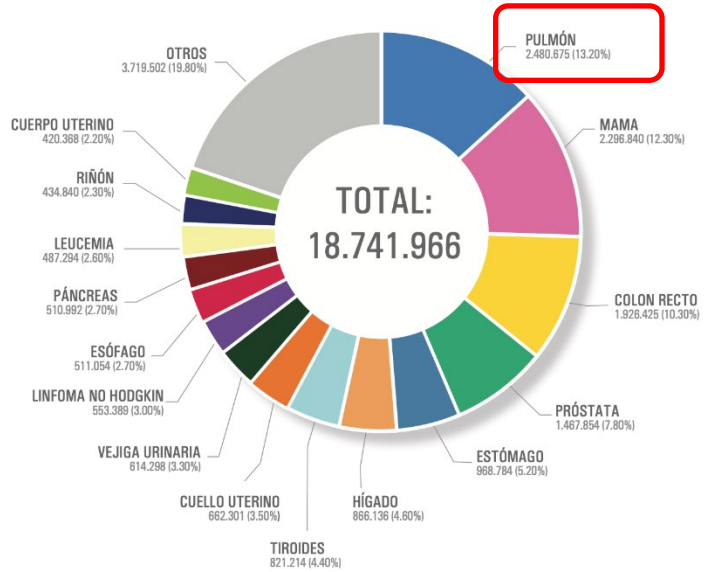
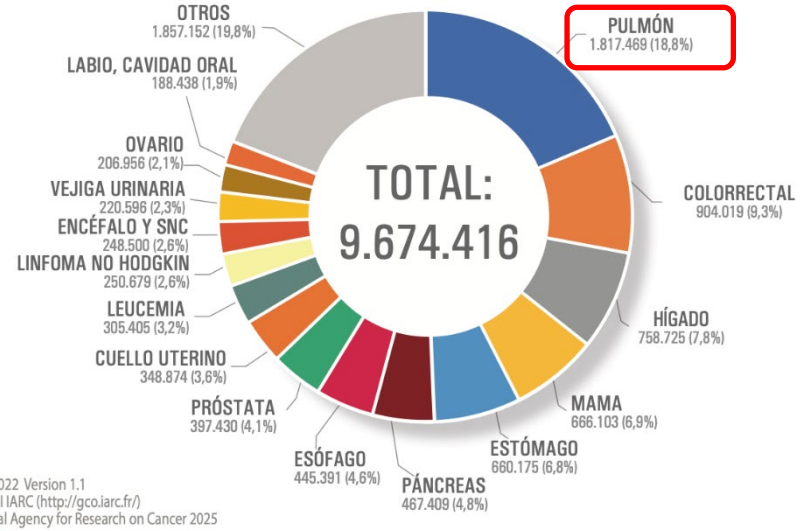
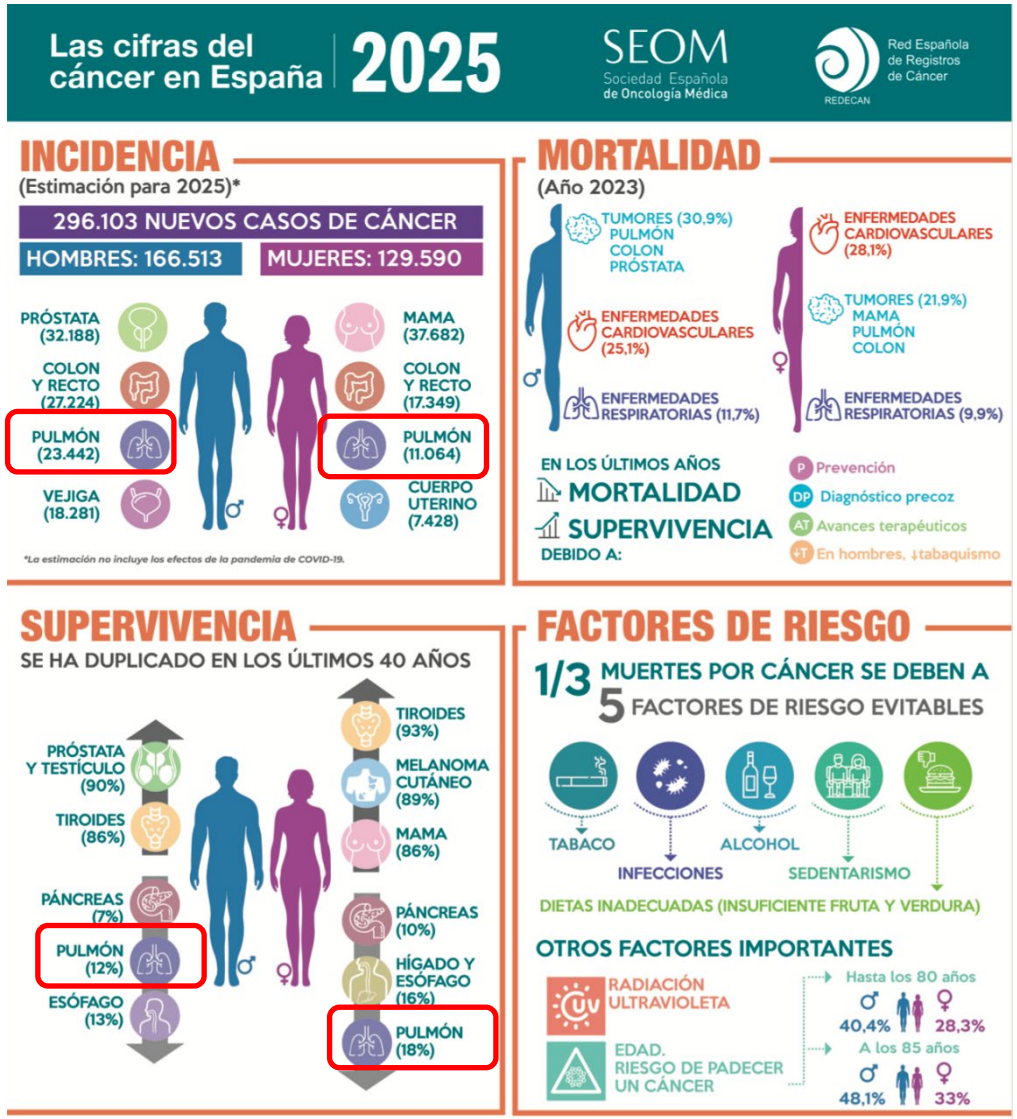




Fuente:
GLOBOCAN 2022 Version 1.1
Cancer Today I IARC (http://gco.iarc.fr/)



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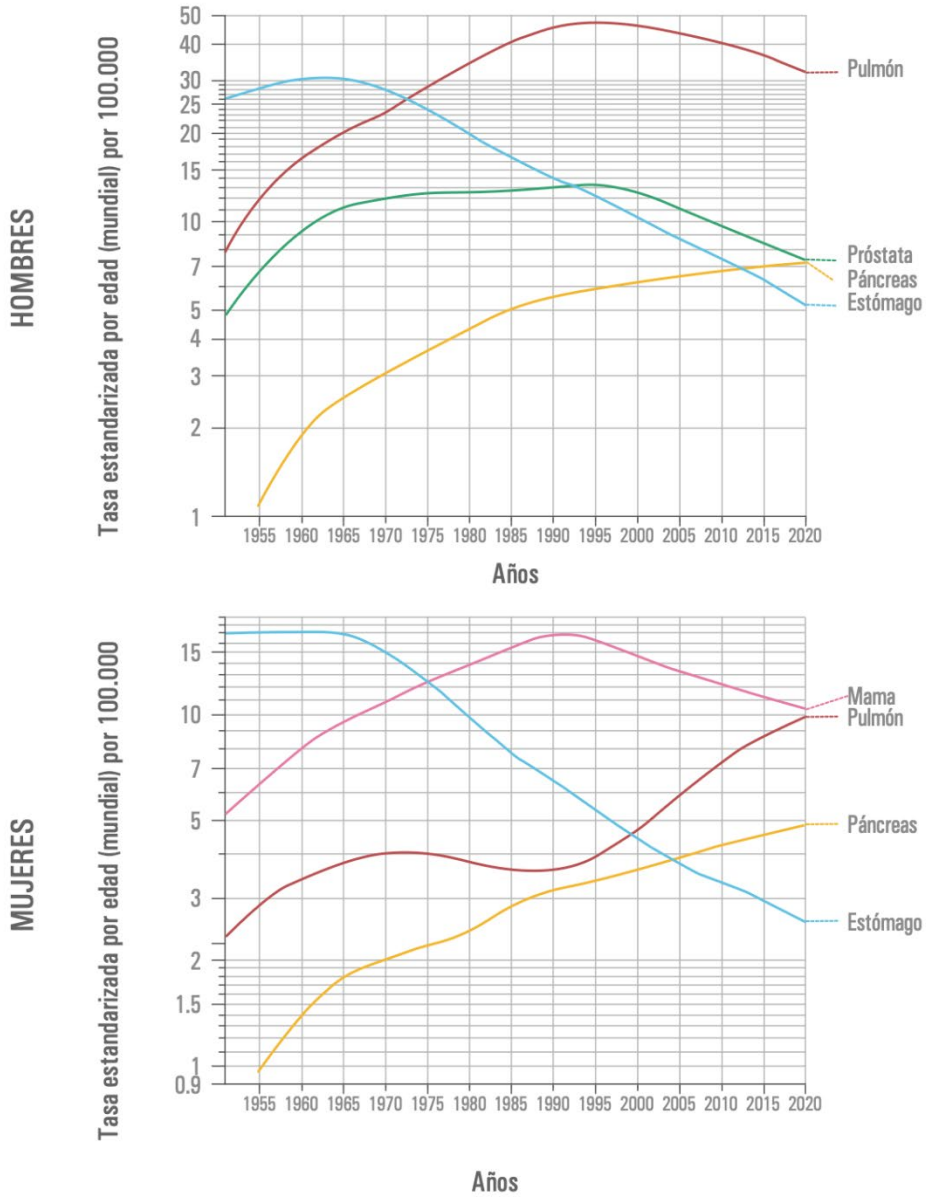
TIPO TUMORAL	N
Cavidad Oral y Faringe	7.446
Esófago	2.300
Estómago	7.136
Colon	30.311
Recto	14.262
Hígado	6.800
Vesícula biliar	2.359
Páncreas	10.338
Laringe	3.190
Pulmón	34.506
Melanoma de piel	9.408
Mama	37.682
Cérvix Uterino	2.307
Cuerpo Uterino	7.428
Ovario	3.748
Próstata	32.188
Testículo	1.677
Riñón (sin pelvis)	9.774
Vejiga urinaria	22.435
Encéfalo y sistema nervioso	4.630
Tiroides	6.495
Linfoma de Hodgkin	1.732
Linfomas no hodgkinianos	10.383
Mieloma	3.731
Leucemias	6.264
Otros	17.573
Todos excepto piel no melanoma	296.103



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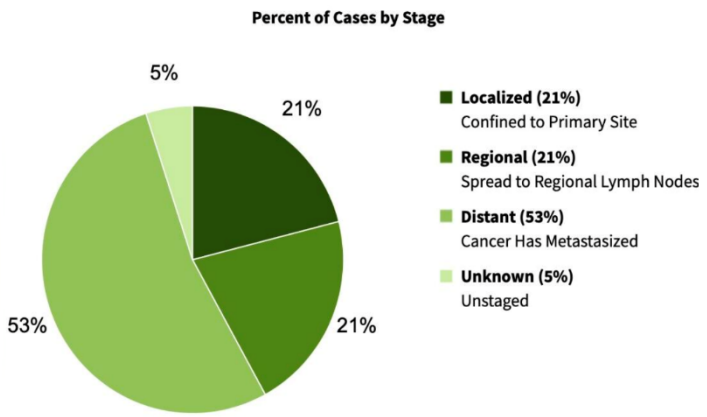

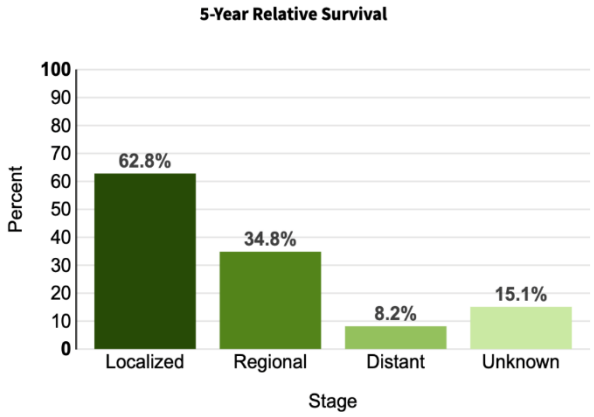

Lung Cancer Screening

Diagnosis in Early Stages

Multidisciplinary Tumor Committee

Biomarkers

New Approaches and Drugs

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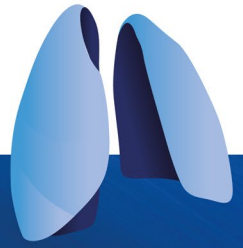
A DECADE OF CHANGE

WE HAVE SHIFTED OUR PARADIGM

CHEMOTHERAPY
↓
TARGETED THERAPIES
↓
IMMUNOTHERAPY
↓
PRECISION ONCOLOGY
↓
ADC
↓
BISPECIFIC ANTIBODIES
↓
ETC

ADVANCED TREATMENT
↓
ADJUVANT TREATMENT
↓
NEODJUVANT TREATMENT
↓
MAINTENANCE TREATMENT
↓
PERIOPERATIVE THERAPIES

IMPACT ON ALL STAGES



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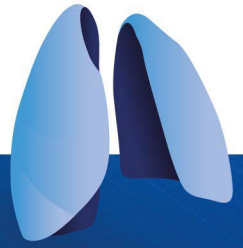
Changes in screening and early diagnosis

- ✓ Low-dose CT (LDCT)
  - ✓ The most effective tool for high-risk screening and its use in vulnerable populations is increasing
- ✓ Liquid biopsies (ctDNA)
  - ✓ Used to monitor response and resistance to treatment
- ✓ AI for image análisis
  - ✓ Nodule detection and more accurate diagnosis, helping to detect cancers at earlier stages
- ✓ Emerging non-invasive technologies
  - ✓ Breath volatile organic compound (VOC) sensors



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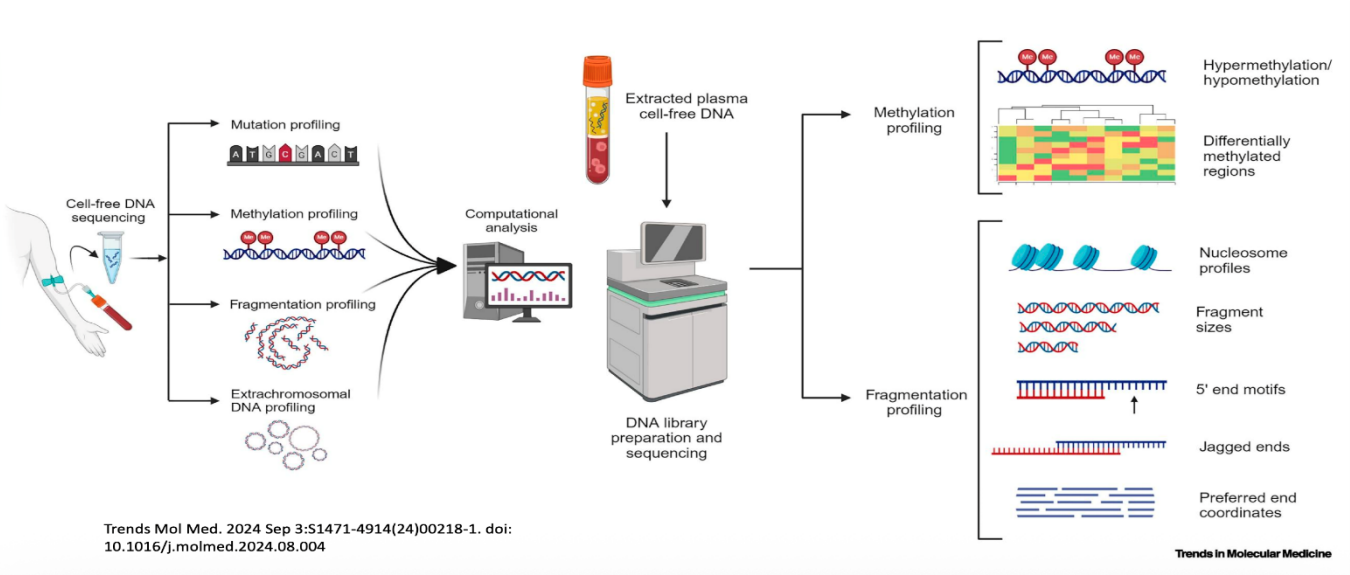
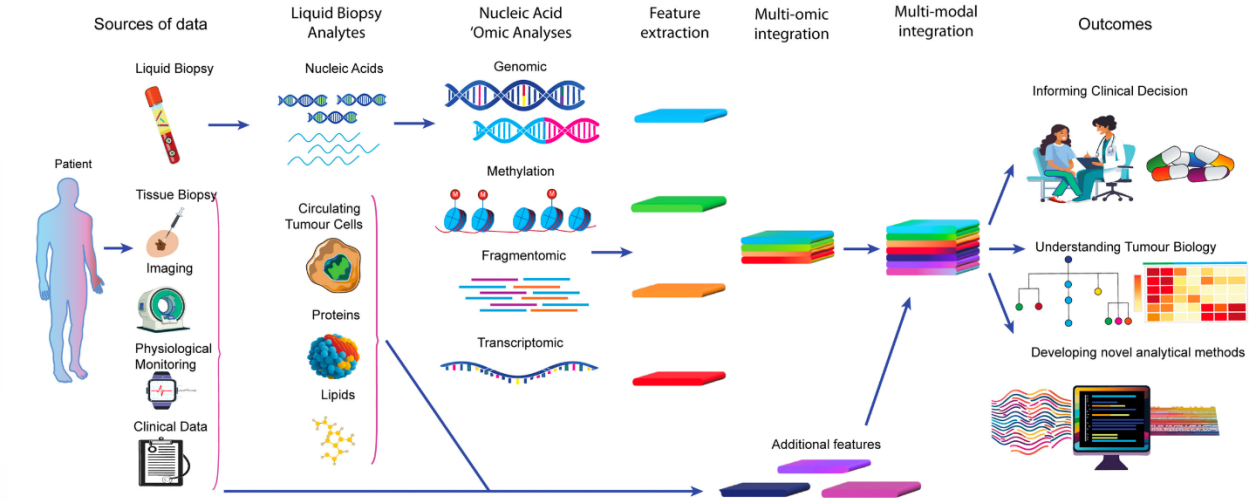
Future Directions of ctDNA



Trends Mol Med. 2024 Sep 3:S1471-4914(24)00218-1. doi: 10.1016/j.molmed.2024.08.004



https://doi.org/10.1016/j.xcrm.2024.101736

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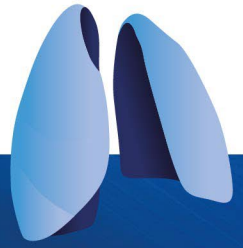
Early Detection and Screening (Impact in Early Stages)

- ✓ Implementing low-dose CT (LDCT) screening programs
  - ✓ Increase survival rates to approximately 80% when detected in early stages.
  - ✓ Without these programs, only 20-30% of tumors are detected at operable stages.

- ✓ Key: Diagnosing in stages IA-IIIA offers the best probability of cure through curative-intent treatments.



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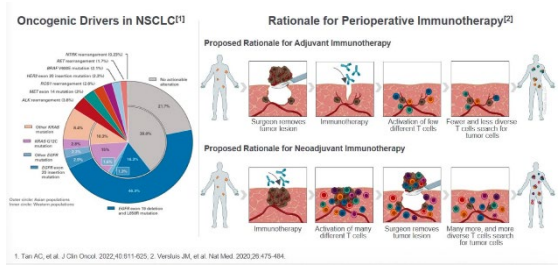
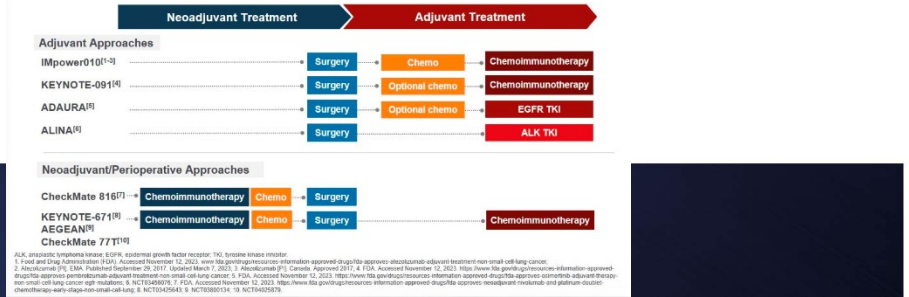
NSCLC. Early Stage (IA-IIIA) - Advances in Treatment



- ✓ Minimally Invasive Surgery
  - ✓ Surgery remains the cornerstone of treatment for resectable NSCLC
  - ✓ VATS (video-assisted surgery) or robotic surgery techniques reduce postoperative complications and facilitate the early initiation of adjuvant therapies
- ✓ Paradigm-Changing Perioperative Therapies
  - ✓ Neoadjuvant Therapy (before surgery):
    - ✓ Immunotherapy alone or in combination with chemotherapy before surgery is showing high rates of major or complete pathological response and resectable R0
  - ✓ Adjuvant Therapy (after surgery):
    - ✓ Osimertinib in EGFR-mutant patients
    - ✓ Adjuvant alectinib in ALK-positive tumors
    - ✓ Chemotherapy plus PD-1/PD-L1 inhibitors after surgery is becoming established as a standard option



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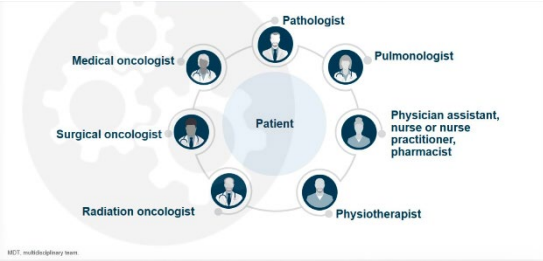
NSCLC. Locally Advanced (IIIA-IIIC) – Multidisciplinary Strategies



- ✓ Concurrent Chemoradiotherapy
  - ✓ In Locally Advanced and inoperable disease, the combination of chemotherapy and radiotherapy remains the cornerstone of achieving local control
- ✓ Consolidation with Immunotherapy
  - ✓ Following chemotherapy and radiotherapy, consolidation immunotherapy (durvalumab) improve PFS and OS
- ✓ Targeted Therapies in Consolidation
  - ✓ After Chemoradiotherapy, in patients with genetic alterations (e.g., EGFR), Osimertinib consolidate response and prolong survival.
- ✓ Key: In Locally Advanced disease without metastasis, the approach is multimodal: chemoradiotherapy + immunotherapy and/or targeted therapy based on molecular profile.

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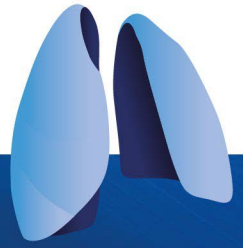
NSCLC. Metastatic Disease (Stages IV)

- ✓ New Targeted Therapies and Strategies for Resistance
  - ✓ Antibody-Conjugated Digests (ADCs)
    - ✓ Datopotamab Deruxtecan in metastatic NSCLC after prior treatments, as targeted therapy or chemotherapy. This ADC targets TROP2 on tumor cells
  - ✓ Resistance and Emerging Therapies
    - ✓ New inhibitors such Zidesamtinib, targeting ROS1 with activity against resistance mutations (e.g., G2032R), have shown high response rates in early trials for ROS1-positive tumors.
    - ✓ In tumors that progress after immunotherapy, viral immunotherapy (CAN-2409) are being explored to reactivate the immune response even after resistance to checkpoint inhibitors



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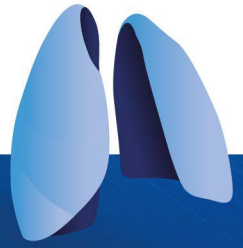
NSCLC. Metastatic Disease (Stages IV)

- ✓ New Therapeutic Combinations and Maintenance
  - ✓ Combination with Immunotherapy
    - ✓ Experimental combinations seek to overcome resistance
- ✓ Immunotherapy continues to dominate
  - ✓ Checkpoint inhibitors
    - ✓ PD-1/PD-L1 inhibitors in combination with chemotherapy or as monotherapy continue to extend survival in metastatic NSCLC, with durable responses in many patients.
  - ✓ Cellular and personalized therapies
    - ✓ Therapies beyond conventional immunotherapies continues, for example, dendritic cell therapy



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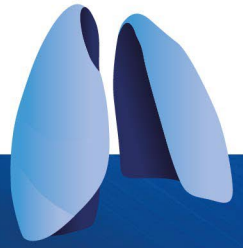
NSCLC. Metastatic Disease (Stages IV)

- ✓ Integration of Molecular Profiling into Therapeutic Decision-Making
  - ✓ Modern management of metastatic lung cancer relies on molecular profiling and biomarkers to guide targeted therapies or immuno-targeted combinations. This includes the evaluation of EGFR, ALK, ROS1, BRAF, METex14, RET, and other actionable alterations

- ✓ Key takeaway: Precision medicine is not an add-on, but a central component for deciding the sequence and type of treatment in metastatic disease.



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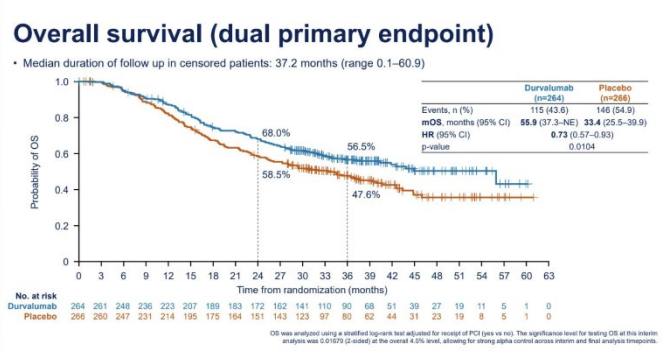
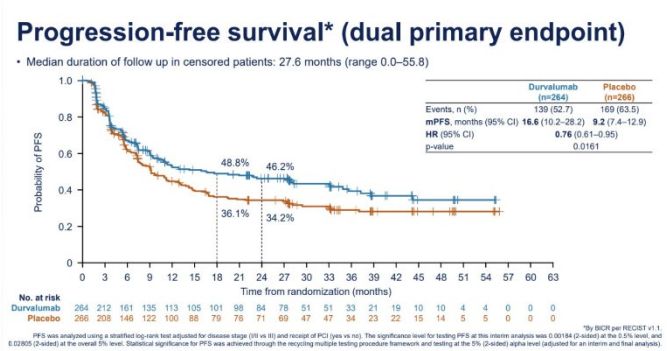
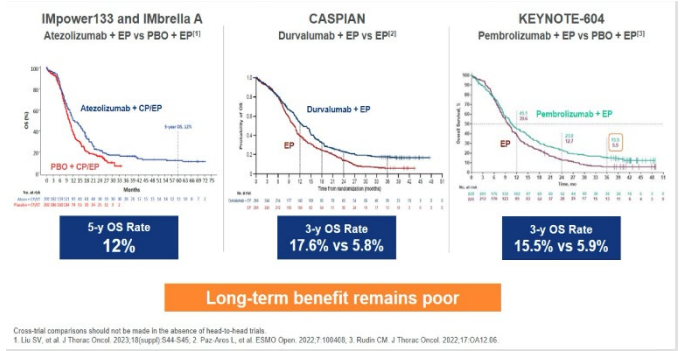
Small Cell Lung Carcinoma

- ✓ Key aspects of the 2025 scenario
  - ✓ The standard first-line treatment for SCLC (LS-SCLC and ES-SCLC) is platinum+etoposide chemotherapy plus a PD-L1 inhibitor, with maintenance immunotherapy after the initial response.

- ✓ Survival improves little with traditional therapies; therefore, efforts are focused on new agents and more effective combinations.







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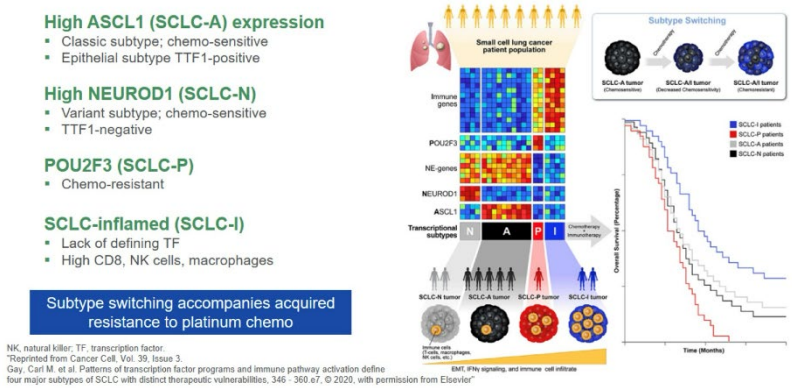
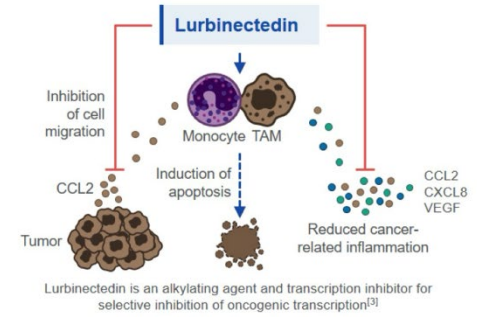
Small Cell Lung Carcinoma

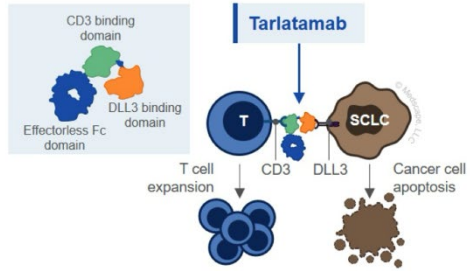


- ✓ Key Therapeutic Developments in SCLC
  - ✓ Combination Maintenance After First-Line Therapy
    - ✓ Lurbinectedin + Atezolizumab
      - ✓ *This combination has led to approval as first-line maintenance therapy for ES-SCLC in the US (including future regulatory steps in Europe).*

  - ✓ Next-generation therapies and investigational ADCs
    - ✓ Targeted antibody-drug conjugates (ADCs) (B7-H3, etc.)
    - ✓ Tarlatamab (CD3-DLL3)



Lurbinectedin is an alkylating agent and transcription inhibitor for selective inhibition of oncogenic transcription[3]



Tarlatamab is a bispecific T-cell engager immunotherapy that activates T cells without relying on MHC class I[4]

CCL2, chemokine ligand 2; CXCL8, C-X-C chemokine receptor 8; Fc, fragment crystallizable; SoC, standard of care; TAM, tumor-associated macrophage; VEGF, vascular epithelial growth factor.

1. Froeschl S, et al. J Thorac Oncol. 2008;3:163-169; 2. Ramirez RA, et al. J Clin Oncol. 2022;40(suppl 16):8584; 3. Paz-Ares L, et al. J Clin Oncol. 2025;43(16 suppl):LBA8505; 4. Lau SCM, et al. J Thorac Oncol. 2024;19(suppl):OA10.04; 5. Belgiovine C, et al. Br J Cancer. 2017;117:628.

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MDT, multidisciplinary team.

Novedades & Claves en CÁNCER de PULMÓN 2025

Añade esta fecha a tu calendario

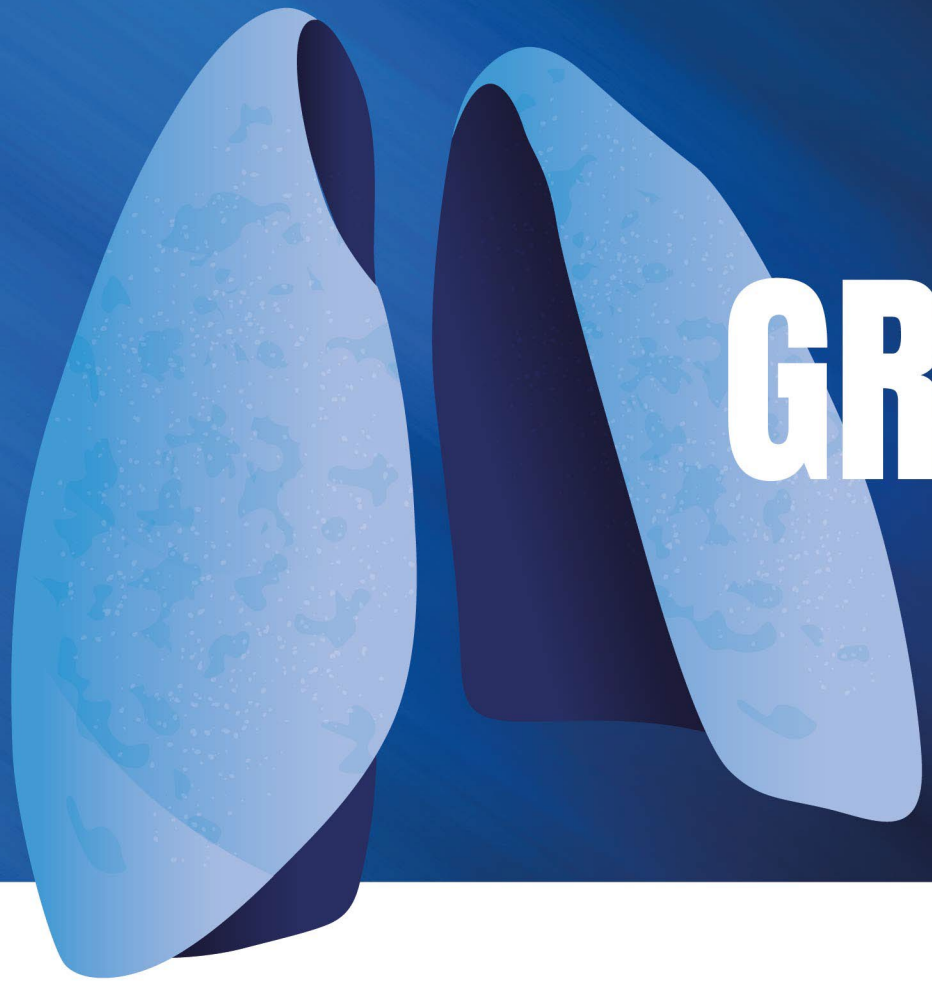
13 Enero 2026
16:00h-18:00h

FORMATO **VIRTUAL**

ACCEDER

Programa científico

16:00 - 16:10	Introducción	Dr. Jose Luis González Larriba Hospital Clínico San Carlos, Madrid
16:10 - 16:30	Biomarcadores pronósticos	Dra. Paula Espinosa Hospital General Univ. de Valencia
16:30 - 16:50	Estadios iniciales y enfermedad localmente avanzada	Dra. Patricia Cruz Hospital General Univ. de Ciudad Real
16.50 - 17:10	Enfermedad metastática (incluyendo inmunoterapia)	Dra. Begoña Campos Hospital Univ. Lucus Augusti, Lugo
17:10 - 17:30	Cáncer de pulmón microcítico y otros tumores	Dr. Andrés Barba Hospital Santa Creu I Sant Pau, Barcelona
17:30 - 17:45	Debate/preguntas	
17:45 - 18:00	Conclusiones	Dr. Jose Luis González Larriba Hospital Clínico San Carlos, Madrid



GRACIAS

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