Iniciativa científica de:

GECP lung cancer research

Lung Cancer UPDATES

ASCO HIGHLIGHTS

29 MAYO - 02 JUNIO 2026

Chicago, USA

#ASCOUPDATES

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Novedades en Anticuerpos Conjugados (ADCs)

Carlos Aguado

Hospital Clínico San Carlos

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GECP lung cancer research

ADCS

- 1L: Combinación TROP2 (Sac-TMT – OptiTROP LUng05)
- 2L: PDL1 (HLX43)
  B7-H3 (SYS6043)

2026 ASCO ANNUAL MEETING

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Sacituzumab tirumotecan (sac-TMT) plus pembrolizumab versus pembrolizumab as first-line treatment for PD-L1-positive advanced non-small cell lung cancer (NSCLC): results from the randomized phase 3 OptiTROP-Lung05 study

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Professor Caicun Zhou

Background

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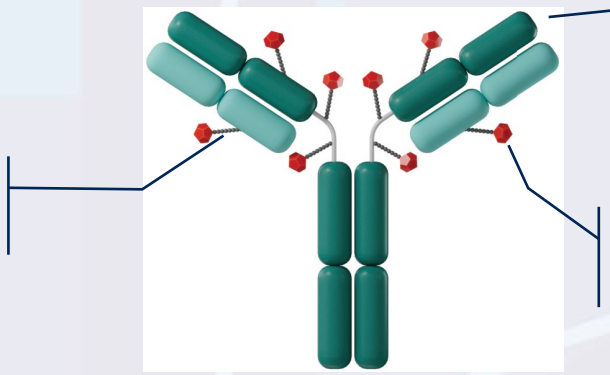
- For PD-L1-positive advanced NSCLC, anti-PD-1/L1 therapy, alone or with chemotherapy, is a standard first-line option; however, outcomes remain suboptimal for a substantial proportion of patients, with mPFS ~5-8 months and mOS ~16-20 months
- TROP2 is broadly expressed in NSCLC, and higher TROP2 expression may be associated with a less inflamed, more immunosuppressive tumor microenvironment. TROP2-directed ADCs may complement PD-1/L1 blockade through cytotoxicity, immunogenic cell death, antigen release, and T-cell priming
- Prior phase 2 studies of sac-TMT plus tagitanlimab (anti-PD-L1) or pembrolizumab showed promising activity in first-line PD-L1-positive NSCLC, supporting this phase 3 study of sac-TMT plus pembrolizumab[1,2]

Sac-TMT (TROP2 ADC) design

Unique, bifunctional linker

- Maximizes payload delivery to tumor cells
- Irreversible connection with the antibody ensures minimal payload loss in the circulation
- pH-sensitive cleavage from the payload in the lysosome ensures payload release in the tumor cell



Monoclonal antibody

- Sacituzumab, a humanized anti-TROP2 antibody with high affinity for TROP2

Cytotoxic payload

- Novel, **belotecan-derived** topoisomerase I inhibitor
- Average DAR of 7.4 (range, 7–8)
- Membrane permeability elicits a bystander effect in nearby tumor cells

1. Hong S et al. *Nat Med* 2025;31:3654-61. 2. Fang W et al. *Ann Oncol* 2025;36:1949P.
ADC, antibody-drug conjugate; DAR, drug-to-antibody ratio; mOS, median overall survival; mPFS, median progression-free survival; NSCLC, non-small-cell lung cancer; PD-1, programmed death 1; PD-L1, programmed death ligand 1; TROP2, trophoblast cell surface antigen 2.

OptiTROP-Lung05 Study Design

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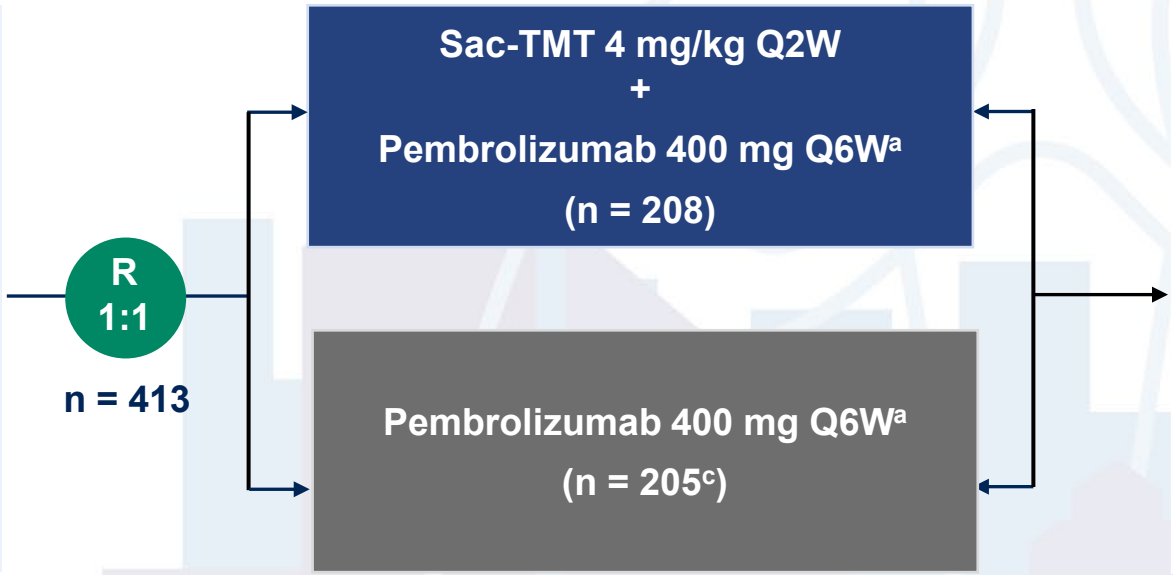
Randomized, multicenter, open-label, phase 3 trial (NCT06448312)

Key Eligibility

- Locally advanced (stage IIIB/IIIC) or metastatic (stage IV) NSCLC
- No prior systemic antitumor therapy
- No sensitizing *EGFR* or *ALK* alteration
- PD-L1 TPS≥ 1% (IHC 22C3, central lab)
- ECOG score 0 or 1



Endpoints [b]

Primary

- PFS assessed by BICR

Secondary

- OS (key secondary endpoint)
- PFS assessed by investigator
- ORR, DCR, DOR, etc.
- Safety

Stratification factors

- Histology (squamous vs. non-squamous)
- PD-L1 TPS (1-49% vs. ≥ 50%)
- ECOG score (0 vs. 1)

Patients received sac-TMT + pembro or pembro monotherapy until disease progression or unacceptable toxicity

[a] Pembro was administered for a maximum of 18 cycles. [b] Tumor response was assessed using RECIST version 1.1. [c] One participant in the pembro group did not receive the assigned study treatment.
ALK, anaplastic lymphoma kinase; BICR, blinded independent central review; DCR, disease control rate; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; *EGFR*, epidermal growth factor receptor; ORR, objective response rate; Pembro, Pembrolizumab; R, randomization; RECIST, Response Evaluation Criteria in Solid Tumors; TPS, tumor proportion score.

PFS by BICR

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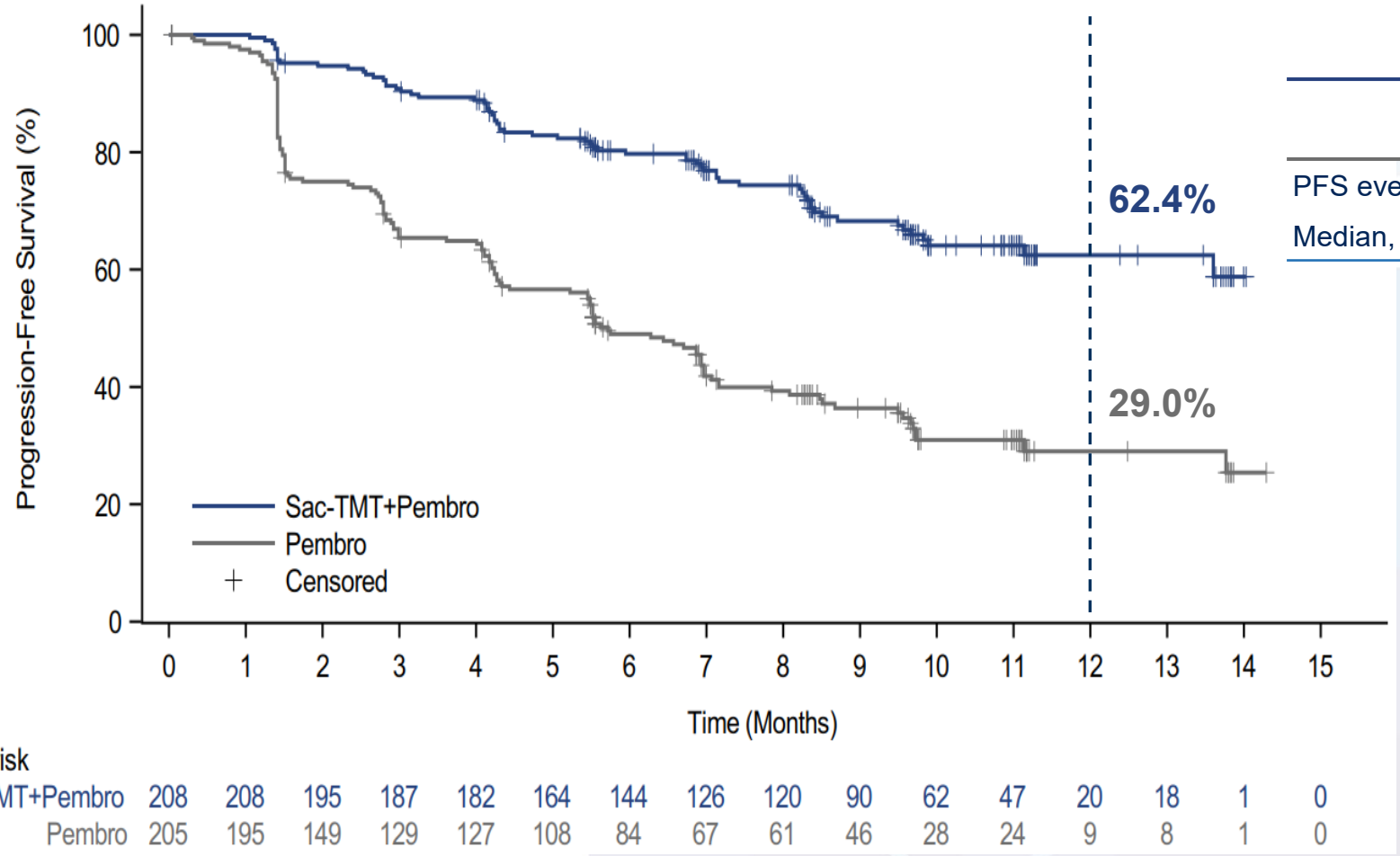
Sac-TMT + pembro significantly improved PFS vs. pembro, with a 65% reduction in risk of disease progression or death



	Sac-TMT + Pembro (n = 208)	Pembro (n = 205)
PFS events, n (%)	66 (31.7)	128 (62.4)
Median, mo (95%CI)	NR (13.6, NE)	5.7 (4.3, 7.0)

HR 0.35 (95%CI: 0.26, 0.47)

***p* < 0.0001[a]**

[a] Updated efficacy boundary (corresponding to actual PFS events of 194): 0.0174 (2-sided).
NE, not estimable; NR, not reached.

PFS (BICR) by PD-L1 Expression

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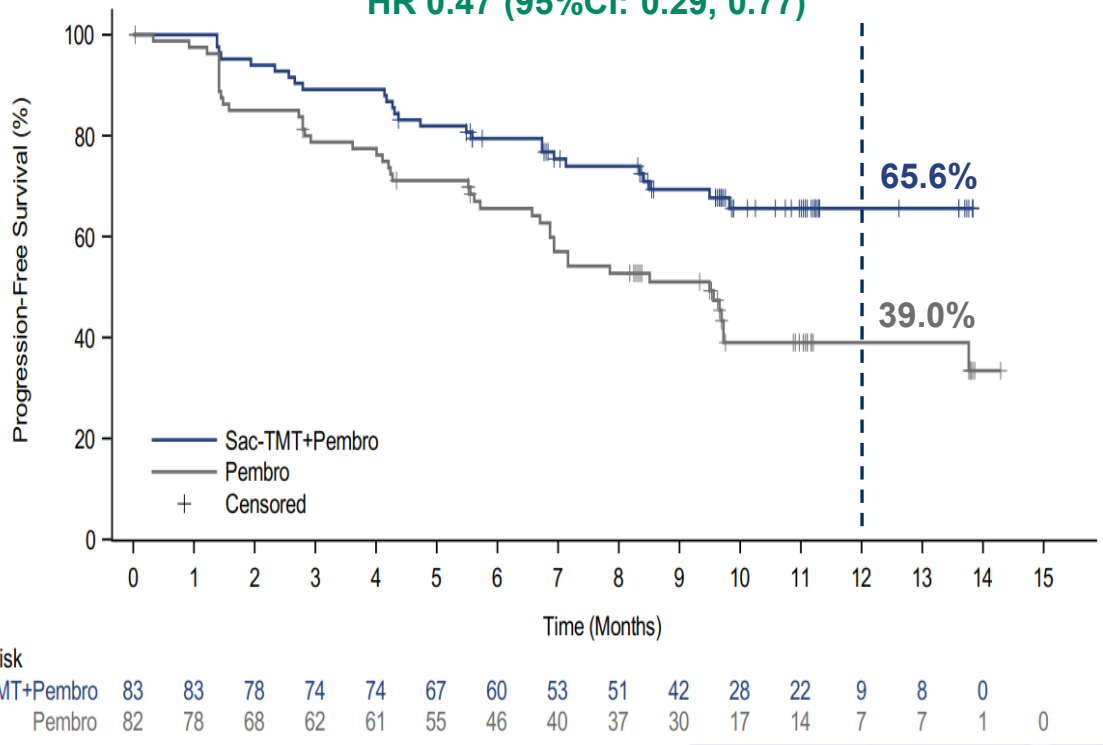
TPS ≥ 50%	Sac-TMT + Pembro (n = 83)	Pembro (n = 82)
PFS events, n (%)	26 (31.3)	44 (53.7)
Median, mo (95%CI)	NR (NE, NE)	9.5 (6.9, 13.8)

HR 0.47 (95%CI: 0.29, 0.77)

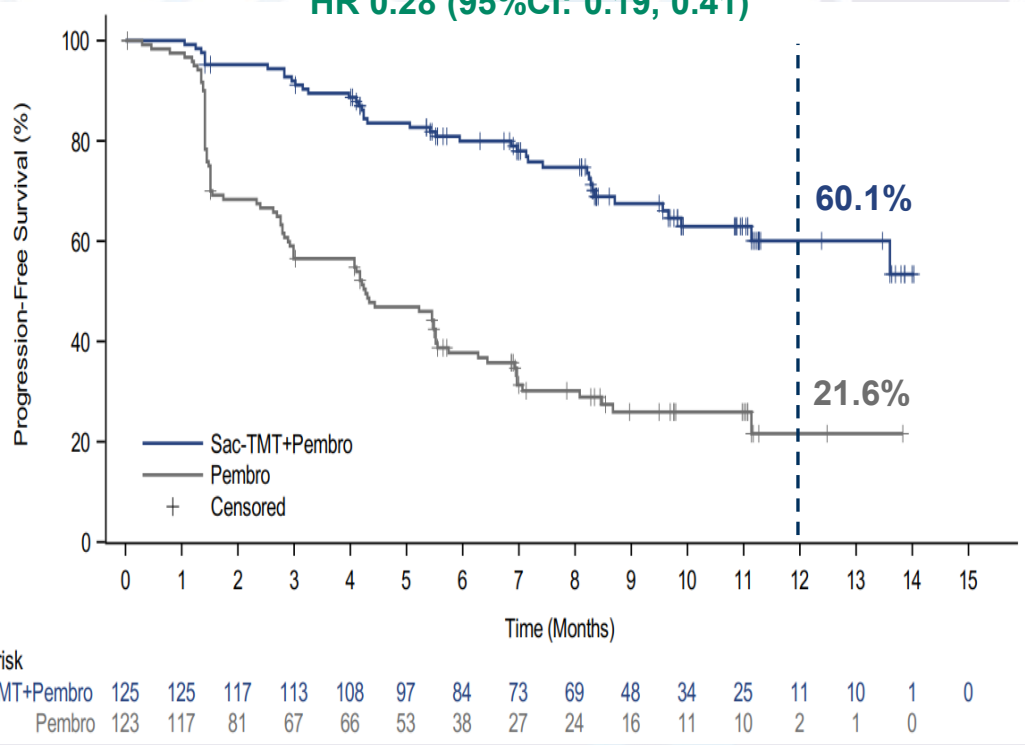


No.at risk

Sac-TMT+Pembro	83	83	78	74	74	67	60	53	51	42	28	22	9	8	0
Pembro	82	78	68	62	61	55	46	40	37	30	17	14	7	7	1	0

TPS 1-49%	Sac-TMT + Pembro (n = 125)	Pembro (n = 123)
PFS events, n (%)	40 (32.0)	84 (68.3)
Median, mo (95%CI)	NR (11.1, NE)	4.3 (2.9, 5.5)

HR 0.28 (95%CI: 0.19, 0.41)



No.at risk

Sac-TMT+Pembro	125	125	117	113	108	97	84	73	69	48	34	25	11	10	1	0
Pembro	123	117	81	67	66	53	38	27	24	16	11	10	2	1	0

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PFS (BICR) by Histology

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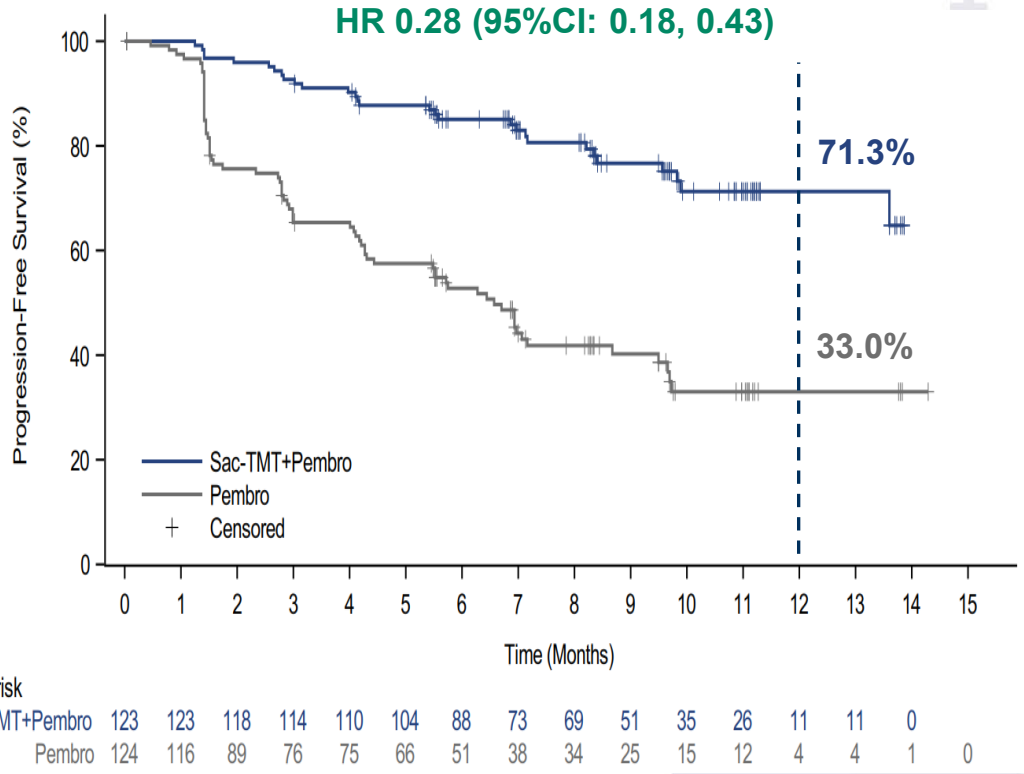
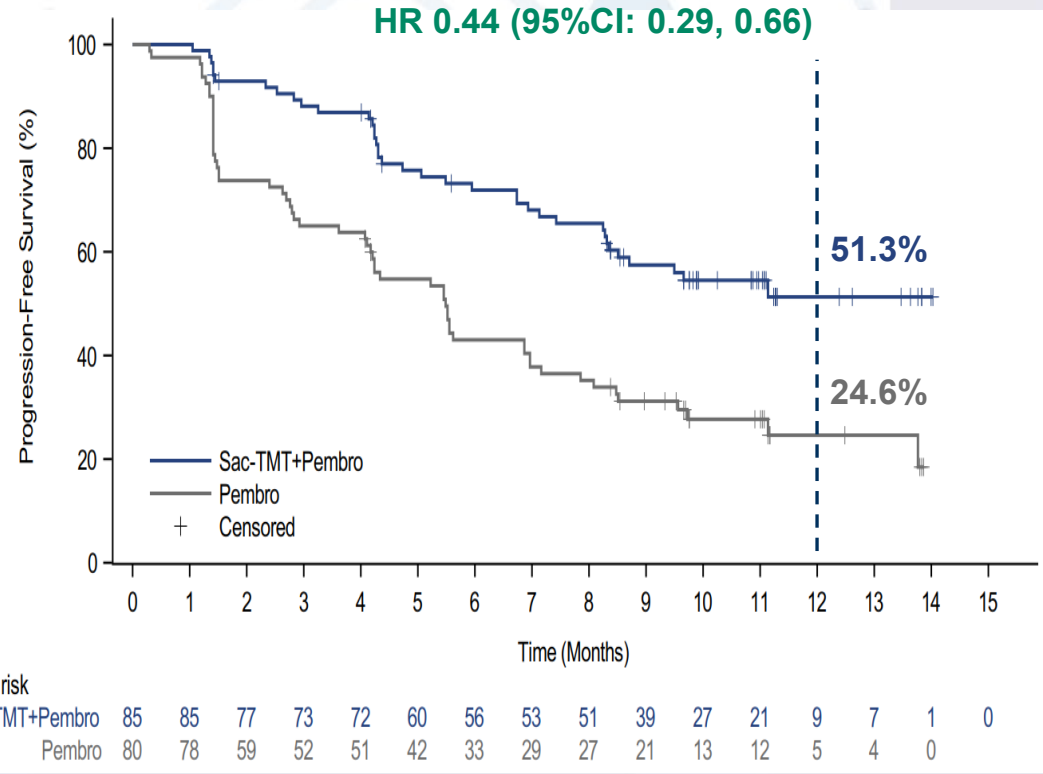
Non-Squamous	Sac-TMT + Pembro (n = 123)	Pembro (n = 124[a])
PFS events, n (%)	29 (23.6)	70 (56.5)
Median, mo (95%CI)	NR (13.6, NE)	6.6 (4.3, 8.7)



Squamous	Sac-TMT + Pembro (n = 85)	Pembro (n = 80)
PFS events, n (%)	37 (43.5)	58 (72.5)
Median, mo (95%CI)	NR (8.3, NE)	5.5 (4.1, 7.0)



[a] One patient with thymoma was excluded from the pembro group in the subgroup analysis of histology.

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ORR, Deep Response, and DOR (BICR)

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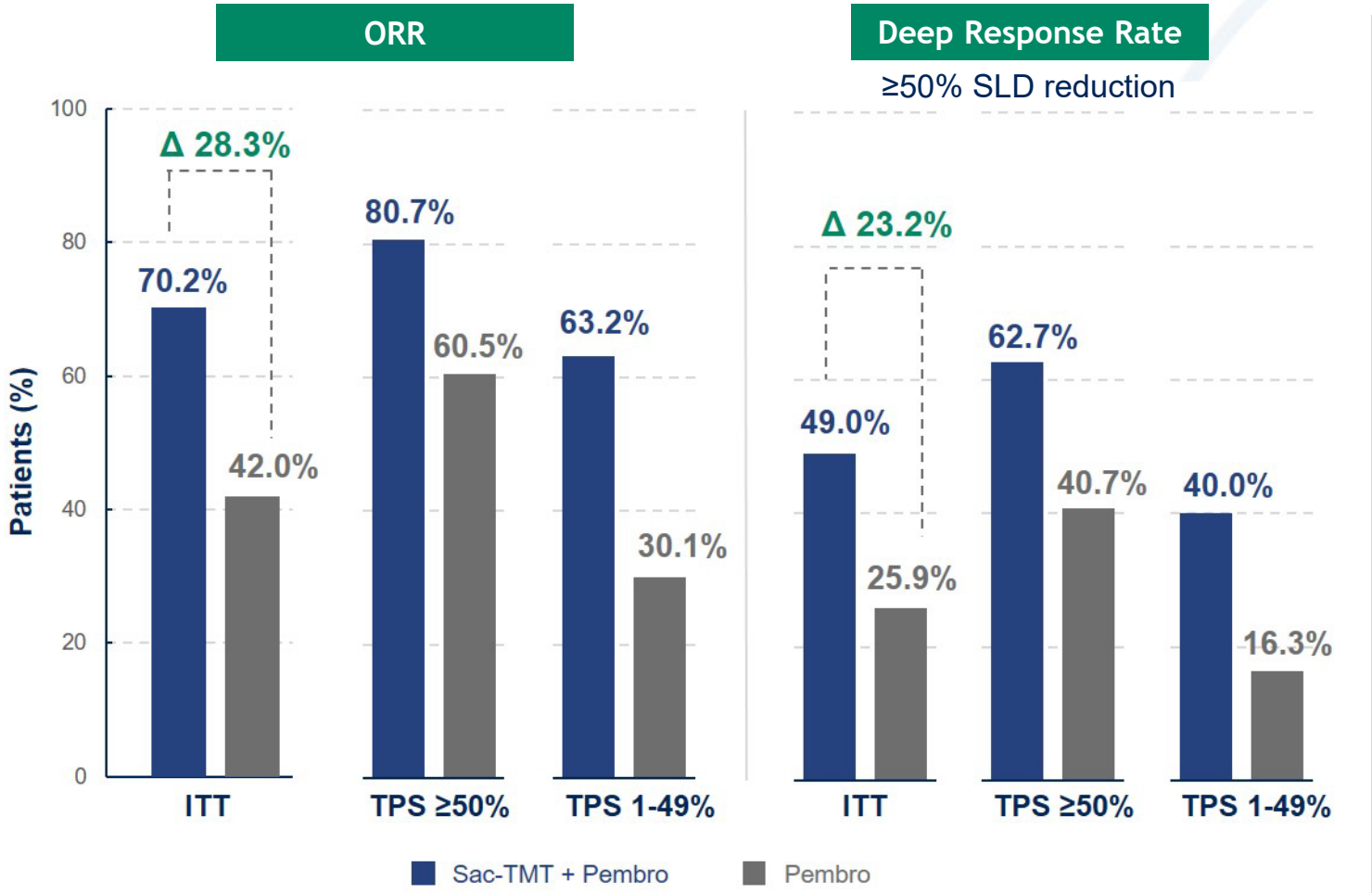
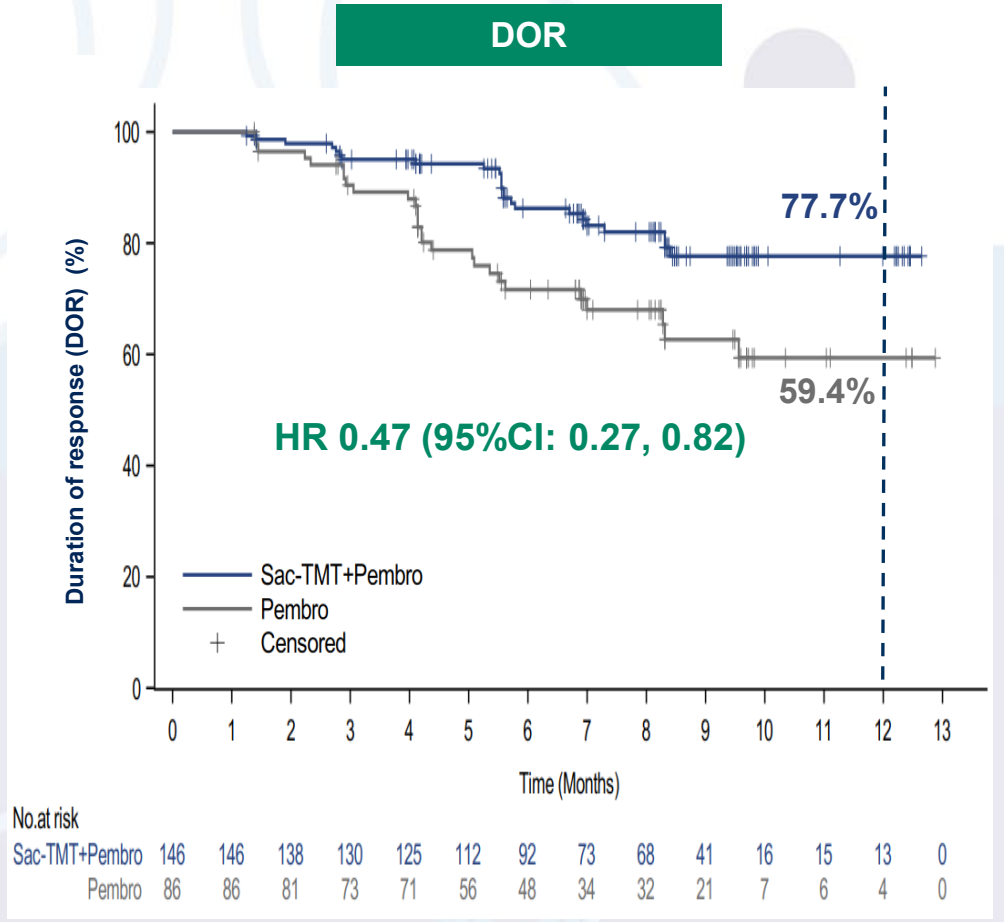
Sac-TMT + pembro improved ORR, deep response rate, and duration of response vs. pembro





ORR: the proportion of patients with a CR/PR; Deep response rate: the proportion of responders with ≥ 50% reduction in target-lesion SLD from baseline.
CR, complete response; PR, partial response; SLD, sum of lesion diameters.

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Descriptive OS at PFS IA

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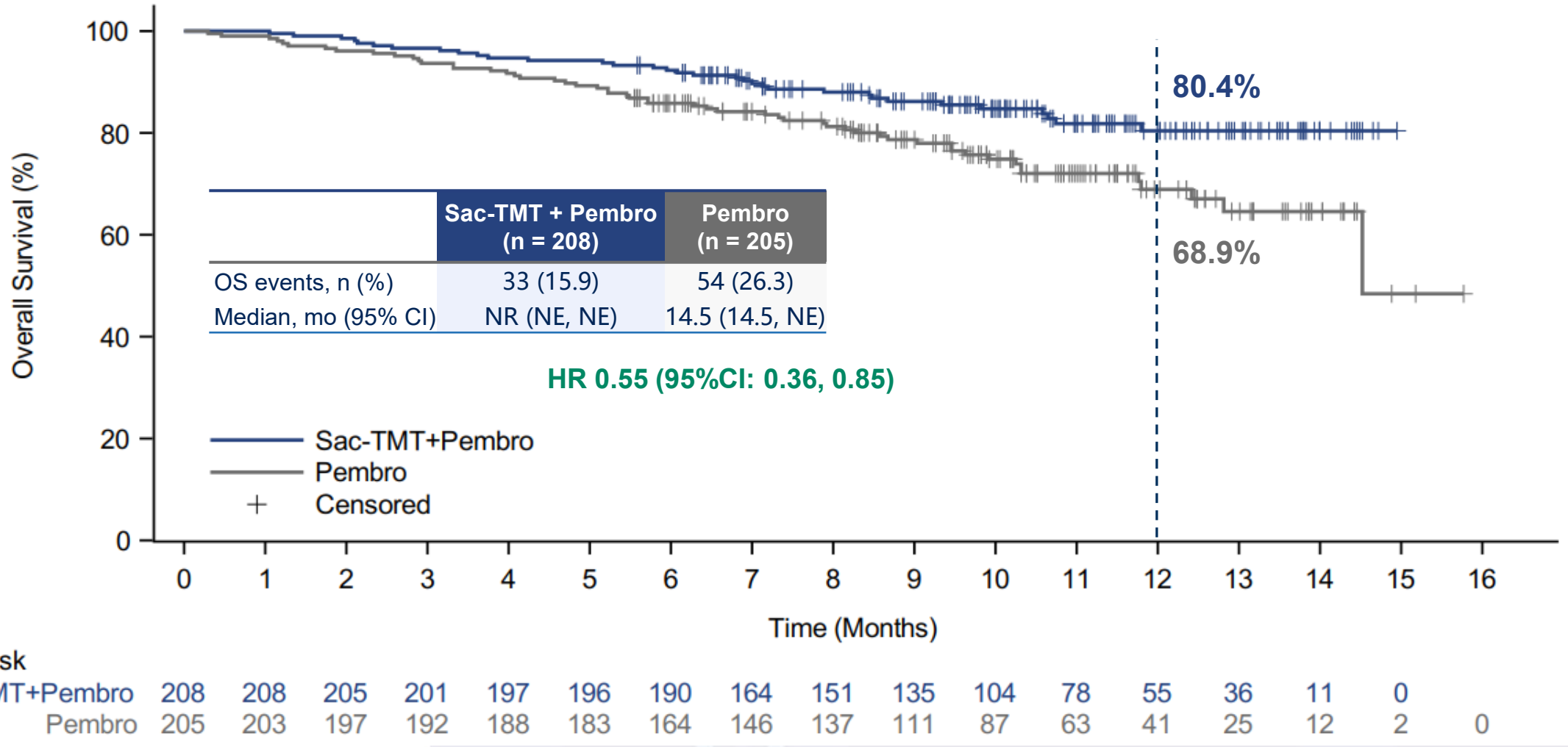
A favorable trend was observed with sac-TMT + pembro



Median follow-up was 10.5 months.

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Summary of Safety

Event, n (%)	Sac-TMT + Pembro (n = 208)		Pembro (n = 204)	
	Any grade	Grade ≥3	Any grade	Grade ≥3
Treatment-emergent AEs	207 (99.5)	115 (55.3)	178 (87.3)	64 (31.4)
Serious	81 (38.9)	—	59 (28.9)	—
Led to discontinuation of sac-TMT/ pembro	8 (3.8) / 11 (5.3)	—	10 (4.9)	—
Led to death	5 (2.4)	—	13 (6.4)	—
Common TEAEs[a]				
Anemia	182 (87.5)	19 (9.1)	55 (27.0)	2 (1.0)
Alopecia	137 (65.9)	0	6 (2.9)	0
White blood cell count decreased	96 (46.2)	18 (8.7)	5 (2.5)	1 (0.5)
Neutrophil count decreased	93 (44.7)	36 (17.3)	3 (1.5)	1 (0.5)
Stomatitis	84 (40.4)	11 (5.3)	3 (1.5)	0
Decreased appetite	73 (35.1)	2 (1.0)	27 (13.2)	0
Weakness	71 (34.1)	8 (3.8)	23 (11.3)	2 (1.0)
Nausea	70 (33.7)	0	11 (5.4)	0
Hypoalbuminemia	61 (29.3)	0	35 (17.2)	0
Weight decreased	56 (26.9)	1 (0.5)	19 (9.3)	1 (0.5)
ALT increased	55 (26.4)	1 (0.5)	33 (16.2)	0
Rash	50 (24.0)	6 (2.9)	33 (16.2)	1 (0.5)

[a] Summary of any grade TEAEs with incidence ≥ 20% in either treatment group.
ALT increased, alanine aminotransferase increased; TEAE, treatment-emergent adverse events.

- Median duration of exposure
  - Sac-TMT + Pembro: Sac-TMT 8.9 months/ Pembro 8.3 months
  - Pembro alone: 5.1 months
- Higher incidence of grade ≥3 TEAEs with sac-TMT+ pembro vs. pembro, primarily driven by expected hematologic AEs of sac-TMT
- Treatment-emergent AEs leading to discontinuation of pembro were similar in both groups. No treatment-related deaths were attributed to sac-TMT

2026 ASCO ANNUAL MEETING

Efficacy and Safety of HLX43 (Anti-PD-L1 ADC) in Patients with Advanced Non-small Cell Lung Cancer

Investigators: Jie Wang, Jianjun Zhang, Ning Li, Rui Wan, Xin Wang, Shan Zeng, Lin Wu, Hua Zhong, Jingxun Wu, Runxiang Yang, Shaozhang Zhou, Guowu Wu, Bin Yang, Donglin Wang, Chuan Jin, Haifeng Liu, Xiaolong Yan, Fred.R. Hirsch, Jie He

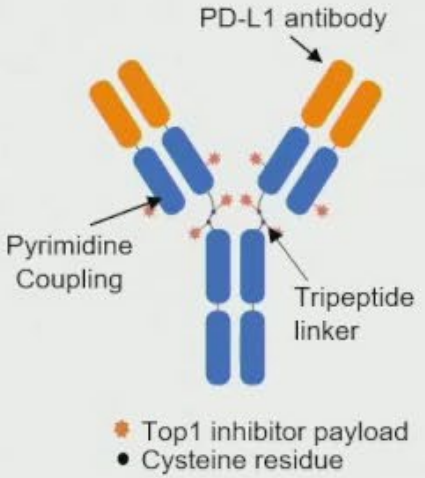
Leading PI: Jie Wang, M.D
Presenter: Rui Wan, M.D
Affiliation: Department of Internal Medicine, National Cancer Center/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China.

PRESENTED BY: Prof. Rui Wan

Background

- The majority of NSCLC patients still face resistance, including both *de novo* and acquired resistance.[1, 2]
- By specifically delivering cytotoxic payloads to tumor cells, antibody-drug conjugates (ADCs) represent an effective strategy for patients who are refractory to PD-1/PD-L1 therapies.[3]
- HLX43 demonstrated encouraging efficacy with a manageable safety in patients with advanced solid tumors, including CC, NPC, ESCC.

Molecular components of HLX43



- High-affinity, internalizable PD-L1 antibody
- Highly stable linker in circulating blood
- Cleavable and **TME-activatable tripeptide linker**
- Potent cytotoxic payload Top1 inhibitor (DAR=8)

Here, we present the pooled findings from the phase 1 (HLX43-FIH101) and the global phase 2 study (HLX43-NSCLC201) investigating HLX43 in patients with NSCLC.

CC, cervical cancer; DAR, drug-to-antibody ratio; ESCC, esophageal squamous cell carcinoma; NPC, nasopharyngeal carcinoma; NSCLC, non-small cell lung cancer; PD-L1, programmed death-ligand 1; PD-1, programmed death-1; TME, tumor microenvironment; Top1, topoisomerase 1.

1. Sharma P, et al. Cell. 2023;186(8):1652-1669. 2. Doroshow DB, et al. Nat Rev Clin Oncol. 2021;18(6):345-362. 3. Fu Z, et al. Sig Transduct Target Ther. 2022;7(1):93.

BICR assessed confirmed tumor response

	2.0 mg/kg			2.5 mg/kg			3.0 mg/kg		
Tumor response[a]	Sq-NSCLC (n = 33)	Nsq-NSCLC *EGFR* wild type (n = 23)	Nsq-NSCLC *EGFR* mutant (n = 13)	Sq-NSCLC (n = 29)	Nsq-NSCLC *EGFR* wild type (n = 19)	Nsq-NSCLC *EGFR* mutant (n = 16)	Sq-NSCLC (n = 8)	Nsq-NSCLC *EGFR* wild type (n = 6)	Nsq-NSCLC *EGFR* mutant (n = 7)
Complete response	0	0	0	0	0	0	0	0	0
Partial response	11 (33.3)	1 (4.3)	2 (15.4)	4 (13.8)	7 (36.8)	6 (37.5)	1 (12.5)	2 (33.3)	0
Stable disease	16 (48.5)	15 (65.2)	7 (53.8)	20 (69.0)	11 (57.9)	8 (50.0)	5 (62.5)	3 (50.0)	3 (42.9)
Progressive disease	5 (15.2)	5 (21.7)	3 (23.1)	5 (17.2)	0	1 (6.3)	1 (12.5)	0	1 (14.3)
Not evaluable	1 (3.0)	2 (8.7)	1 (7.7)	0	1 (5.3)	1 (6.3)	1 (12.5)	1 (16.7)	3 (42.9)
Objective response rate, % (95% CI)	**33.3** (18.0, 51.8)	4.3 (0.1, 21.9)	15.4 (1.9, 45.4)	13.8 (3.9, 31.7)	**36.8** (16.3, 61.6)	**37.5** (15.2, 64.6)	12.5 (0.3, 52.7)	33.3 (4.3, 77.7)	0
Disease control rate, % (95% CI)	81.8 (64.5, 93.0)	69.6 (47.1, 86.8)	69.2 (38.6, 90.9)	82.8 (64.2, 94.2)	94.7 (74.0, 99.9)	87.5 (61.7, 98.4)	75.0 (34.9, 96.8)	83.3 (35.9, 99.6)	42.9 (9.9, 81.6)

Data are in n (%), unless specified.
[a] as assessed by BICR according to RECIST v1.1 in response-evaluable patients;
BICR, blinded independent central review; CI, confidence interval; NSCLC, non-small cell lung cancer; Nsq, nonsquamous; sq, squamous.

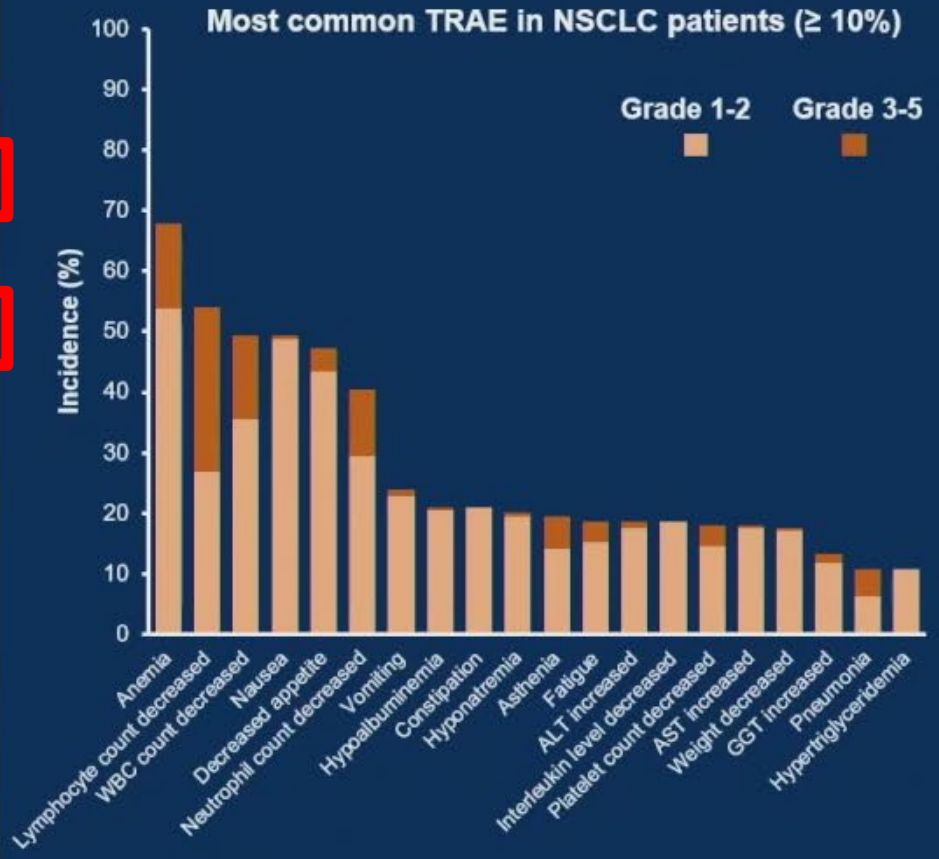
BICR assessed efficacy at the potential RP3D and in subgroups

	Confirmed ORR % (95% CI)	Confirmed DCR % (95% CI)	Median PFS (95% CI), month
NSCLC subtype			
Squamous 2.0 mg/kg (n = 33)	33.3 (18.0, 51.8)	81.8 (64.5, 93.0)	6.34 (4.07, 7.13)
Docetaxel failed (≥ 3L) (n = 15)	46.7 (21.3, 73.4)	80.0 (51.9, 95.7)	6.90 (1.35, 8.28)
Non-squamous 2.5 mg/kg (n = 35)			
EGFR wild type (n = 19)	36.8 (16.3, 61.6)	94.7 (74.0, 99.9)	6.67 (4.14, 8.25)
EGFR mutant (n = 16)	37.5 (15.2, 64.6)	87.5 (61.7, 98.4)	5.55 (4.04, NE)
Brain metastasis			
Yes (n = 10)	20.0 (2.5, 55.6)	90.0 (55.5, 99.7)	5.36 (1.18, NE)
No (n = 58)	37.9 (25.5, 51.6)	86.2 (74.6, 93.9)	6.34 (4.30, 7.16)
PD-L1 expression by TPS			
TPS ≥ 1% (n = 29)	37.9 (20.7, 57.7)	89.7 (72.6, 97.8)	6.80 (4.04, 7.13)
TPS < 1% or NE (n = 39)	33.3 (19.1, 50.2)	84.6 (69.5, 94.1)	5.49 (4.76, 8.25)

BICR, Blinded Independent Central Review; CI, confidence interval; DCR, disease control rate; EGFR, epidermal growth factor receptor; L, line; NE, not estimable; NSCLC, non-small cell lung cancer; ORR, objective response rate; PFS, progression-free survival; PD-L1, programmed death-ligand 1; TPS, tumor proportion score.

Safety and tolerability

Event, n (%)	1.0 mg/kg (n = 3)	2.0 mg/kg (n = 89)	2.5 mg/kg (n = 85)	3.0 mg/kg (n = 23)	4.0 mg/kg (n = 5)	NSCLC (n = 205)
Any TRAE	3 (100.0)	85 (95.5)	83 (97.6)	23 (100.0)	5 (100.0)	199 (97.1)
Grade ≥3	0	37 (41.6)	46 (54.1)	14 (60.9)	3 (60.0)	100 (48.8)
Most common Grade ≥3 (≥ 10%)#						
Lymphocyte count decreased	0	18 (20.2)	29 (34.1)	8 (34.8)	1 (20.0)	56 (27.3)
Anemia	0	7 (7.9)	17 (20.0)	2 (8.7)	3 (60.0)	29 (14.1)
WBC count decreased	0	3 (3.4)	17 (20.0)	5 (21.7)	3 (60.0)	28 (13.7)
Neutrophil count decreased	0	2 (2.2)	13 (15.3)	6 (26.1)	2 (40.0)	23 (11.2)
TRAE leading to Tx interruption	0	27 (30.3)	37 (43.5)	9 (39.1)	5 (100.0)	78 (38.0)
TRAE leading to Tx discontinuation	0	5 (5.6)	7 (8.2)	4 (17.4)	0	16 (7.8)
TRAE leading to Tx reduction	0	3 (3.4)	13 (15.3)	4 (17.4)	5 (100.0)	25 (12.2)
TRAE leading to death	0	0	1 (1.2)	1 (4.3)	0	2 (1.0) *



Occurring in at least 10% of all the 205 patients. * Due to respiratory failure (n = 1 in the 2.5 mg/kg group), and pneumonia (n = 1 in the 3.0 mg/kg group).

ALT, alanine aminotransferase; AST, aspartate aminotransferase; GGT, gamma-glutamyltransferase; NSCLC, non-small cell lung cancer; TRAE, treatment-related adverse event; Tx, treatment; WBC, white blood cell.

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Iniciativa científica de: GECP lung cancer research

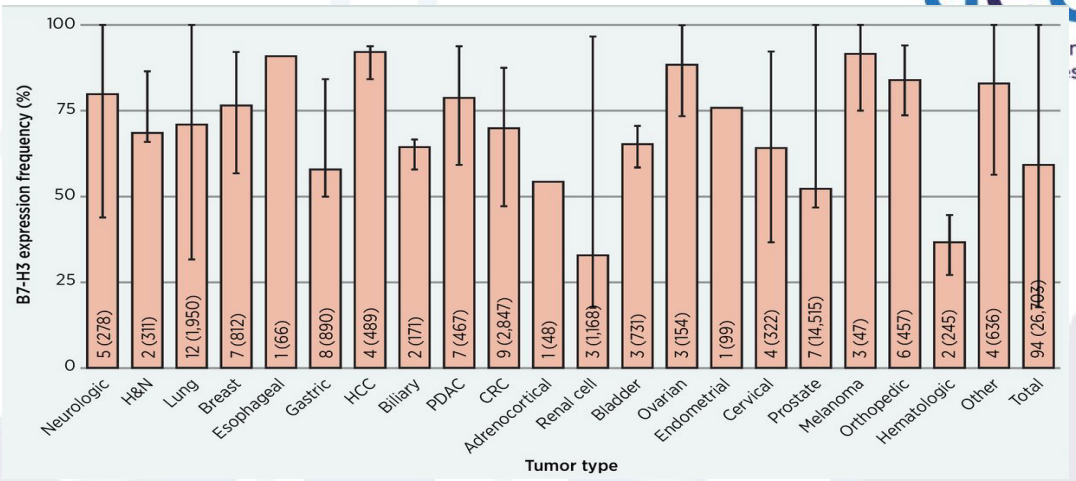
First-in-Human Study of SYS6043, a Novel B7-H3 Targeting Antibody-Drug Conjugate, in Patients with Advanced Pan-Tumor Malignancies

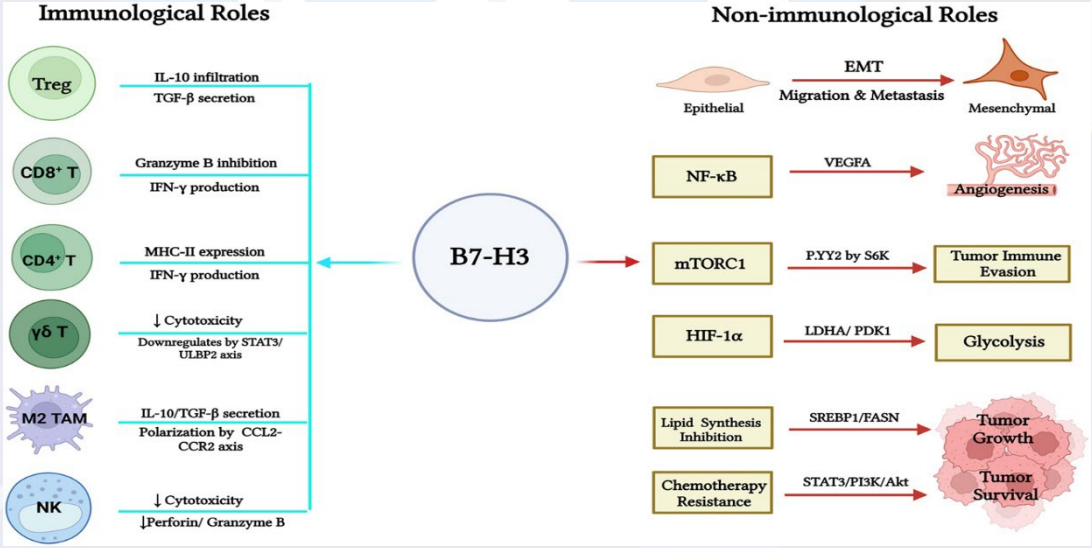
Li Zhang[1], Lingying Wu[2], Hongyun Zhao[1], Jing Zuo[2], Yuxiang Ma[1], Tongsen Zheng[3], Jinlong Hu[4], Hongxia Wang[5], Li Juan[6], Xiaomei Fan[7], Mingxia Wang[8], Hongying Yang[9], Jing Lin[10], Jinheng Hao[11], Ying Xin[11], Xuechao Wan[11], Han Wu[11], Wennai Guo[11], Ying Chen[11], Chunqing Zhang[11]

[1]Sun Yat-sen University Cancer Center, Guangzhou, China; [2]National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Science and Peking Union Medical College, Beijing, China; [3]Harbin Medical University Affiliated Cancer Hospital, Harbin, China; [4]Henan Provincial People's Hospital, Zhengzhou, China; [5]Fudan University Shanghai Cancer Center, Shanghai, China; [6]The Fourth Hospital of Hebei Medical University, Shijiazhuang, China; [7]Yunnan Cancer Hospital, Kunming, China; [8]Fujian Cancer Hospital, Fuzhou, China; [9]West China Hospital of Sichuan University, Chengdu, China,[10]The First Hospital of Jilin University, Changchun, China; [11]CSPC Pharmaceutical Group Limited, Shijiazhuang, China

B7-H3, a promising therapeutic target

- B7-H3 is highly expressed in a wide rang of solid tumors[1]. 60% to 93% of patient tumor samples showing high levels across most cancer types[2].
- B7-H3 is linked to tumor progression and immune evasion through immune-mediated and non-immune-mediated signaling pathways[3].
- Previous clinical development of B7-H3–targeting ADCs has mainly focused on selected tumor types such as SCLC and prostate cancer, with relatively limited exploration in other solid tumors.





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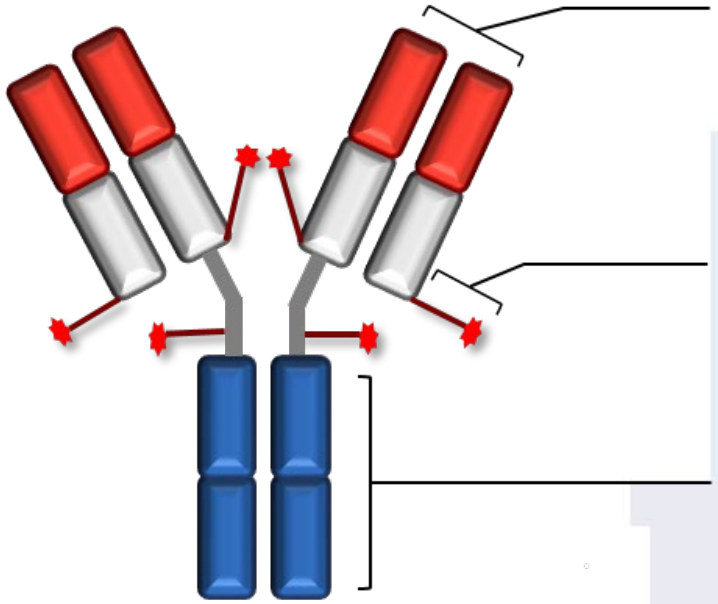
SYS6043, a new-generation B7-H3 targeting ADC



Antibody Fab region
B7-H3 binding

Linker-payload DAR 6
Site-specific conjugation
Payload: JS-1, topoisomerase I inhibitor

Antibody Fc region
Abrogate FcγR and C1q binding activity with no ADCC and CDC function

- ✓ **Designed without Fcγ receptors to reduce off-target toxicity**
- ✓ **Payload: topoisomerase I inhibitor**
- ✓ **Linger: Cleavable linker**
- ✓ **Bystander antitumor effect**
- ✓ **DAR ~6**

In this report, we present data on the safety and efficacy of SYS6043 in patients with advanced pan-tumor malignancies from a phase I/II study (ChiCTR2400094683).

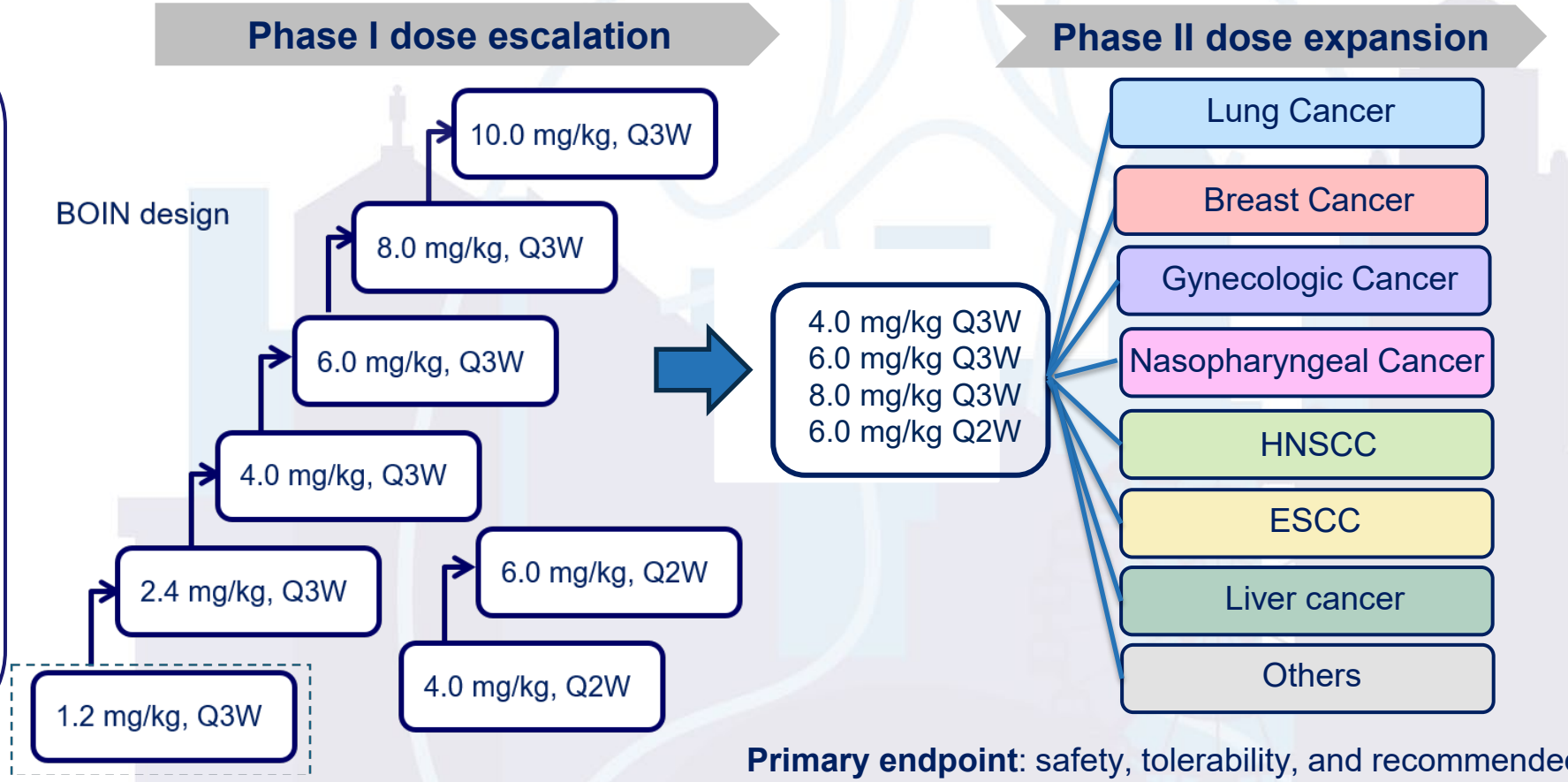
Study design

Iniciativa científica de: GECP lung cancer research

This is a multicenter, open-label, phase I/II trial conducted in China (ChiCTR2400094683)

Key eligibility criteria

- ECOG PS of 0-1
- Aged 18-75 years
- Histologically confirmed advanced and/or metastatic solid tumors
- At least a measurable lesion as per RECIST version 1.1
- Relapsed or progressed after standard treatment



Primary endpoint: safety, tolerability, and recommended phase II dose (RP2D) (phase I) and objective response rate (ORR, phase II)

ECOG PS, Eastern Cooperative Oncology Group performance status; ESCC, esophageal squamous cell carcinoma; HNSCC, head and neck squamous cell cancer; LSCC, lung squamous cell carcinoma; LVEF, left ventricular ejection fraction; RECIST, Response Evaluation Criteria in Solid Tumors; SCLC, small cell lung cancer; ORR, objective response, rate; RP2D, recommended phase 2 dose; Q2W, every 2 weeks; Q3W, every 3 weeks.

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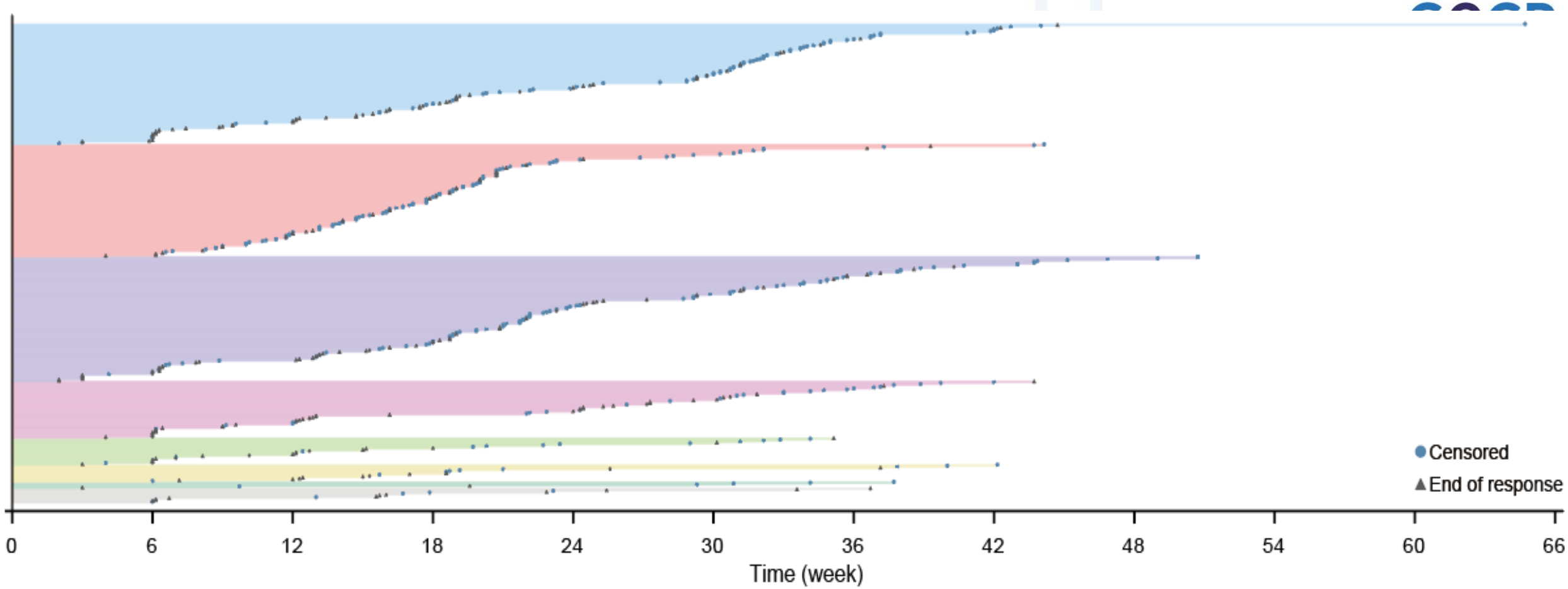
Efficacy endpoints: ORR, DCR and DOR

	Lung cancer (n=134)	Breast cancer (n=125)	GC (n=139)	NPC (n=63)	HNSCC (n=30)	ESCC (n=19)	Liver cancer (n=7)	Others (n=16)	Overall (n=533)
BOR, n (%)									
Complete response	1 (0.7)	1 (0.8)	1 (0.7)	0	0	0	0	0	3 (0.6)
Partial response	61 (45.5)	70 (56.0)	58 (41.7)	18 (28.6)	5 (16.7)	3 (15.8)	3 (42.9)	2 (12.5)	220 (41.3)
Stable disease	49 (36.6)	46 (36.8)	60 (43.2)	25 (39.7)	10 (33.3)	10 (52.6)	3 (42.9)	8 (50.0)	211 (39.6)
Progressive disease	17 (12.7)	7 (5.6)	17 (12.2)	15 (23.8)	14 (46.7)	5 (26.3)	1 (14.3)	5 (31.3)	81 (15.2)
Not evaluable*	6 (4.5)	1 (0.8)	3 (2.2)	5 (7.9)	1 (3.3)	1 (5.3)	0	1 (6.3)	18 (3.4)
ORR, n (%)	62 (46.3)	71 (56.8)	59 (42.4)	18 (28.6)	5 (16.7)	3 (15.8)	3 (42.9)	2 (12.5)	223 (41.8)
DCR, n (%)	111 (82.8)	117 (93.6)	119 (85.6)	43 (68.3)	15 (50.0)	13 (68.4)	6 (85.7)	10 (62.5)	434 (81.4)
Median DoR, months (95% CI)	6.9 (4.3, NE)	7.0 (3.9, NE)	6.9 (5.6, NE)	5.8 (4.4, NE)	NE (NE, NE)	4.5 (1.3, NE)	NE (2.9, NE)	6.8 (NE, NE)	6.9 (5.6, 7.0)

*The reason for being classified as not evaluable was that stable disease lasted for less than 42 days. BOR, best overall response; CI, confidence interval; DoR, duration of response; ESCC, esophageal squamous cell cancer; GC, gynecologic cancers; HNSCC, head and neck squamous cell carcinoma; NPC, nasopharyngeal carcinoma; ORR, objective response rate

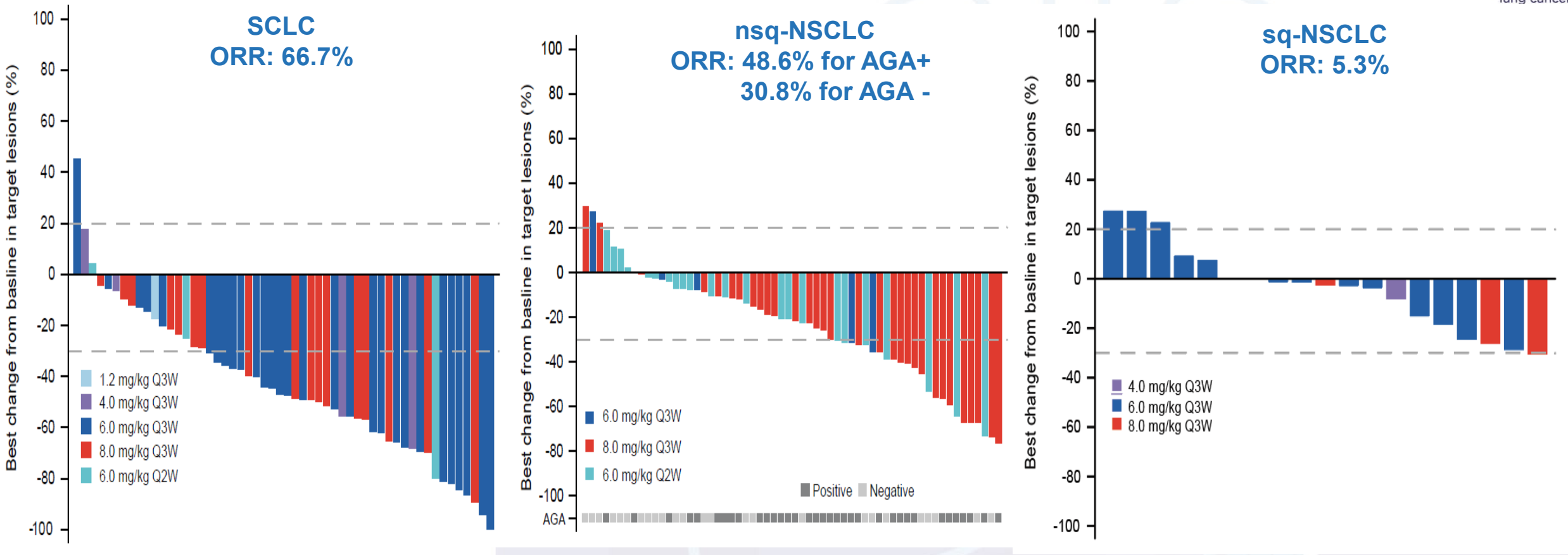
Duration of response



	Lung cancer	Breast cancer	Gynecologic cancers	NPC	HNSCC	ESCC	Liver cancer	Others
Median DoR (months), 95% CI	6.9 (4.3, NE)	7.0 (3.9, NE)	6.9 (5.6, NE)	5.8 (4.4, NE)	NE (NE, NE)	4.5 (1.3, NE)	NE (2.9, NE)	6.8 (NE, NE)

CI, confidence interval; DoR, duration of response; ESCC, esophageal squamous cell cancer; HNSCC, head and neck squamous cell carcinoma; NPC, nasopharyngeal carcinoma

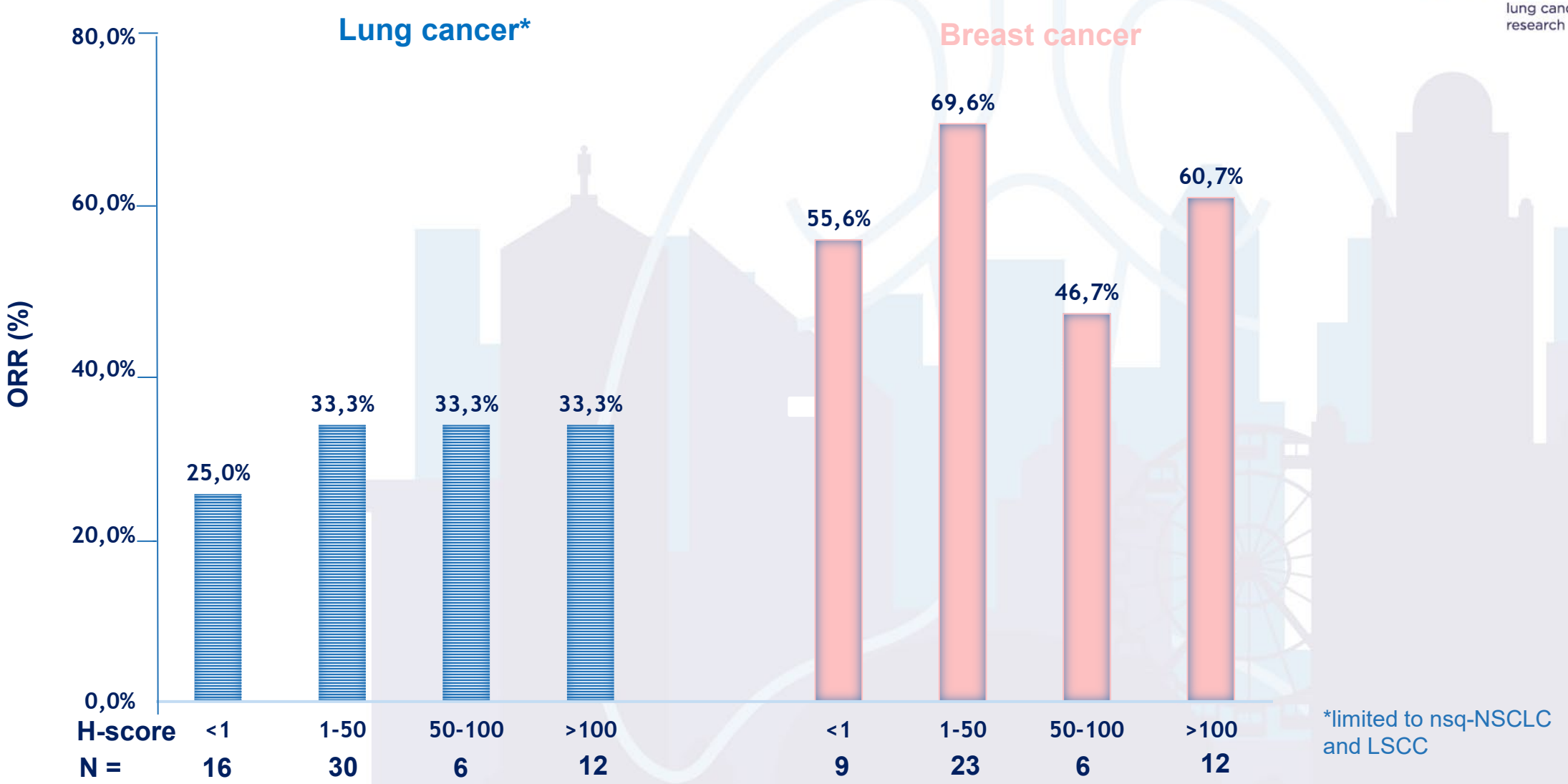
Best change in target lesions from baseline (lung cancer)



AGA, actionable oncogenic alterations; sq-NSCLC, lung squamous cell cancer; nsq-NSCLC, non-squamous non-small cell lung cancer; ORR, objective response rate; Q2W, every two weeks; Q3W, every three weeks; SCLC, small cell lung cancer

Objective response rate by B7-H3 expression

Iniciativa científica de:
GECP lung cancer research



*limited to nsq-NSCLC and LSCC

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Overall safety summary

Iniciativa científica de: GECP lung cancer research

Cutoff date: March 31, 2026
Median duration of follow-up: 4.5 months

N (%)	All patients (n=627)
Any treatment related adverse events (TRAE)	609 (97.1)
Grade ≥ 3 treatment related adverse events	233 (37.2)
Serious treatment related adverse events	120 (19.1)
Treatment related adverse events leading to dose reduction	46 (7.3)
Treatment related adverse events leading to dose interruption	176 (28.1)
Treatment related adverse events leading to treatment discontinuation	22 (3.5)
Treatment related adverse events leading to death	5 (0.8)*
Interstitial lung disease (ILD)	23 (3.7%) *

*Five deaths were considered related to treatment, including sepsis (*n*=2), respiratory failure (*n*=2) and death for unknown reason (*n*=1)
*ILD occurred in 23 patients, including grade 1 in five, grade 2 in eight, grade 3 in six, grade 4 in one, and grade 5 in three

CONCLUSIONES

- La combinación de ADC + ICI podrían ser una nueva opción en primera línea en PDL1 positivo

- Resultados preliminares prometedores de nuevos ADC dirigidos contra PDL1 y B7-H3 en segunda línea

Gracias