Iniciativa científica de:

GECP lung cancer research

Lung Cancer UPDATES

ASCO HIGHLIGHTS

29 MAYO - 02 JUNIO 2026

Chicago, USA

#ASCOUPDATES

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29 MAYO - 02 JUNIO 2026

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Biomarcadores predictivos y personalización.

Dra. Eider Azkona Uribelarrea

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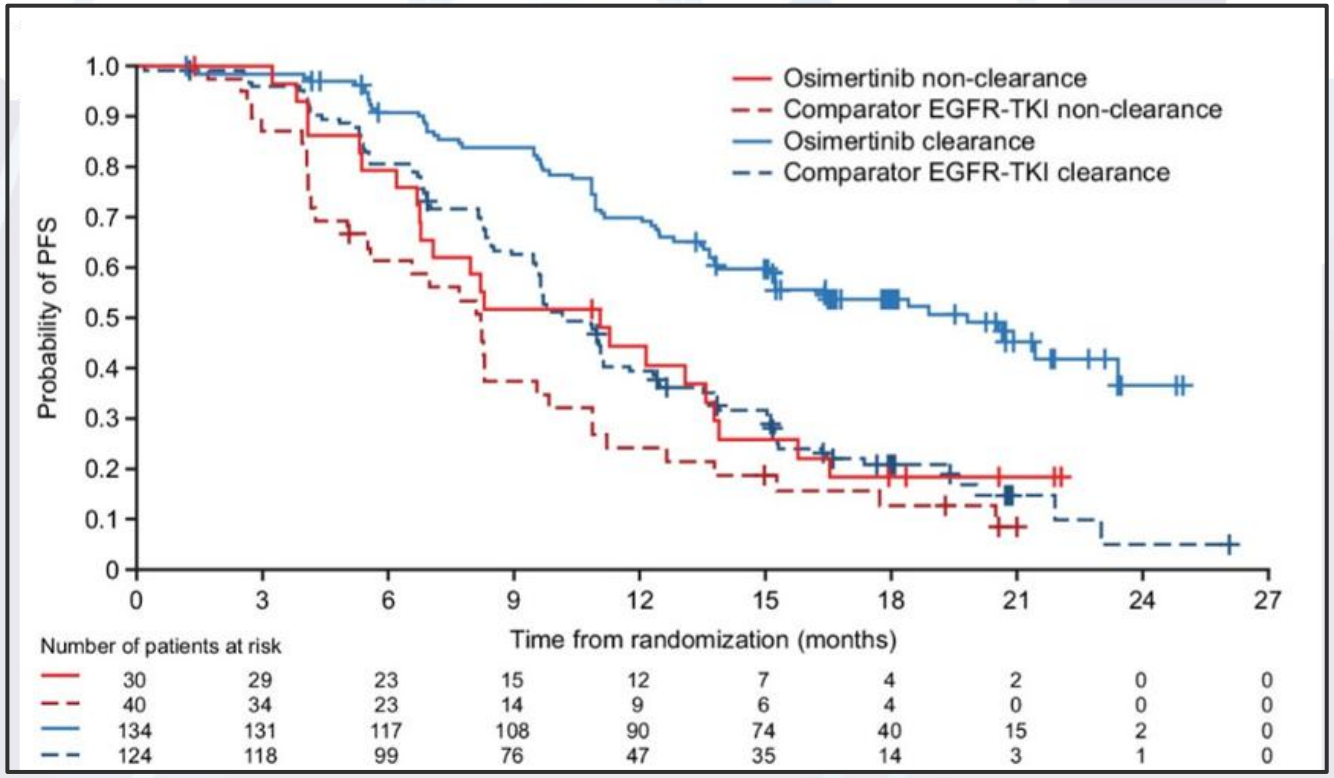
ctDNA

ctDNA in Clinical Practice: From Early Detection to Clinical Decision-Making

Usos de la Bx Líquida

- Detección precoz de múltiples tipos de cáncer→ limitaciones: baja sensibilidad y falta de evidencia suficiente.
  - Ensayos de detección precoz en pacientes de alto riesgo podrían ser viables como complemento.
- Ensayos ultrasensibles para la detección de la enfermedad residual mínima (ERM) están ganando terreno.
- Detección de la enfermedad residual mediante ctDNA: indicador temprano de la respuesta al tratamiento.

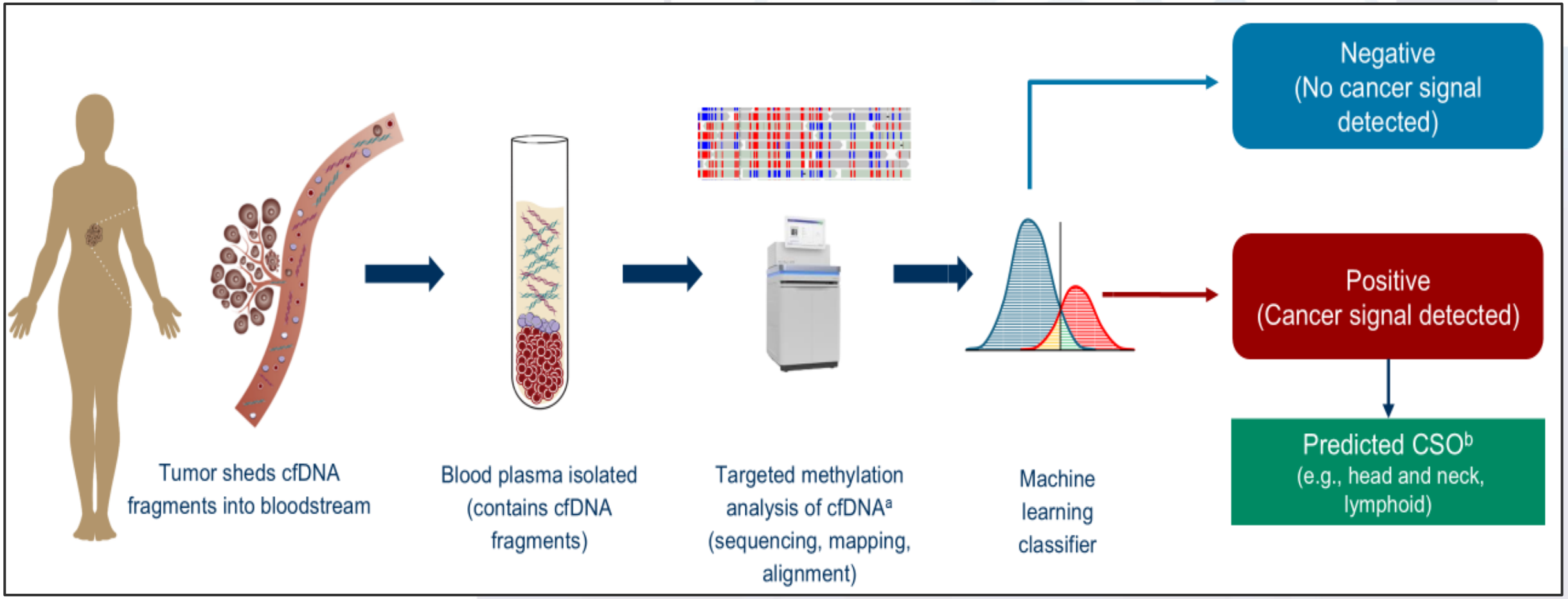
FLAURA: Molecular disease progression (**week 6**) on osimertinib predicts shorter PFS



NHS-Galleri: Primary Results From a Randomised Controlled Trial to Assess the Clinical Utility of a Multi-Cancer Early Detection (MCED) Test in Population Screening

Charles Swanton, MBPhD

Prueba MCED: detecta una señal de cáncer a partir del ADN libre circulante en sangre y predice el origen de la señal de cáncer para orientar la evaluación diagnóstica.



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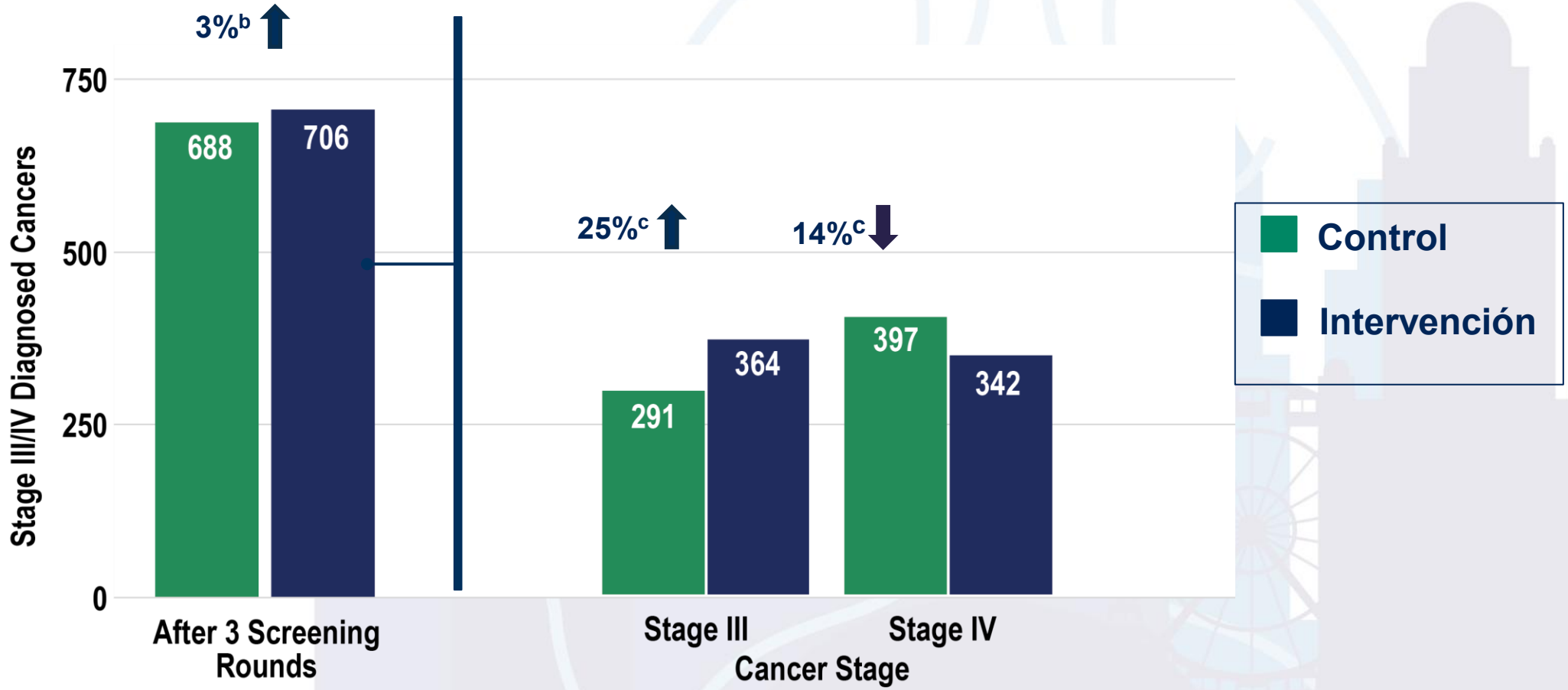

Incidence Rate Ratio[d] (Intervention/Control)

1.03
(95% CI, 0.92, 1.14)
p=0.6324

NHS-Galleri: Primary Results From a Randomised Controlled Trial to Assess the Clinical Utility of a Multi-Cancer Early Detection (MCED) Test in Population Screening

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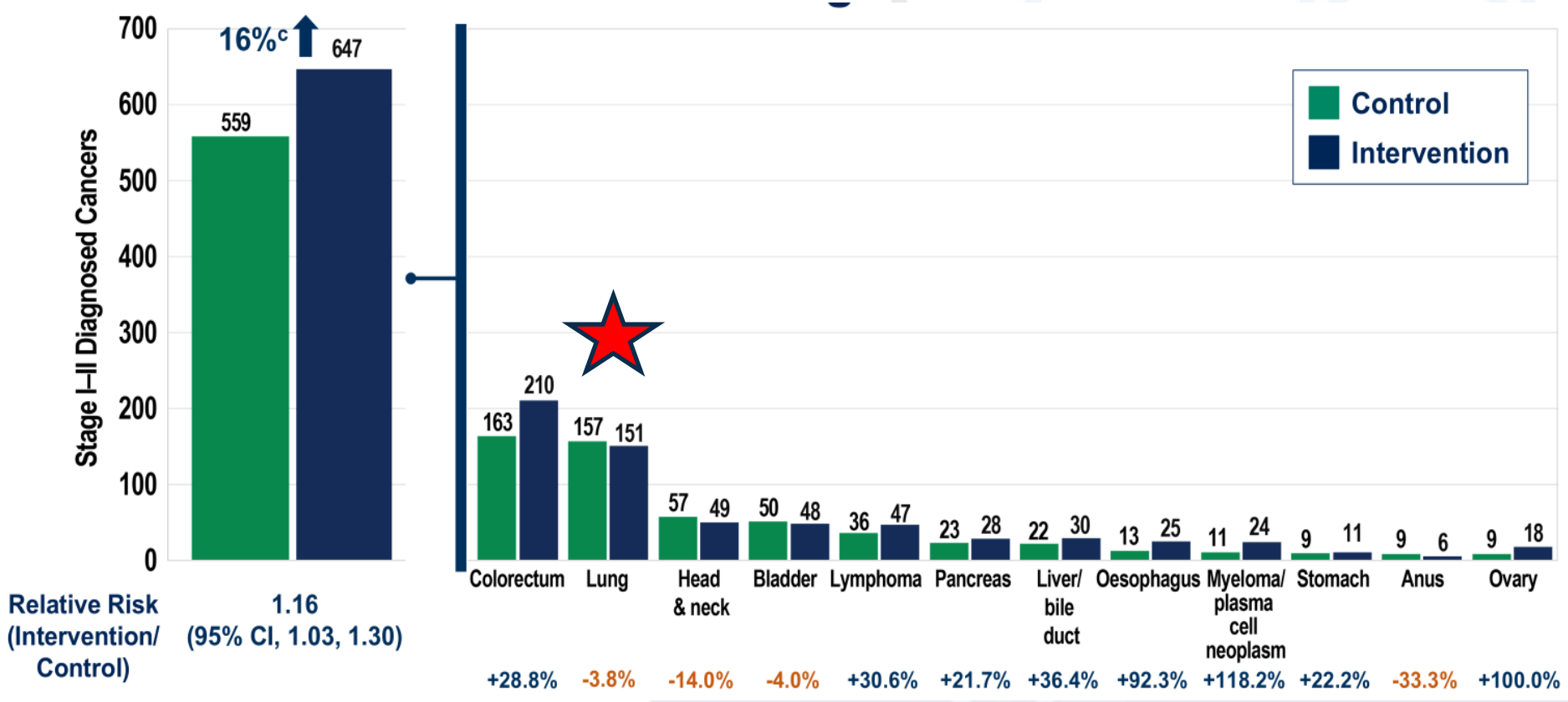
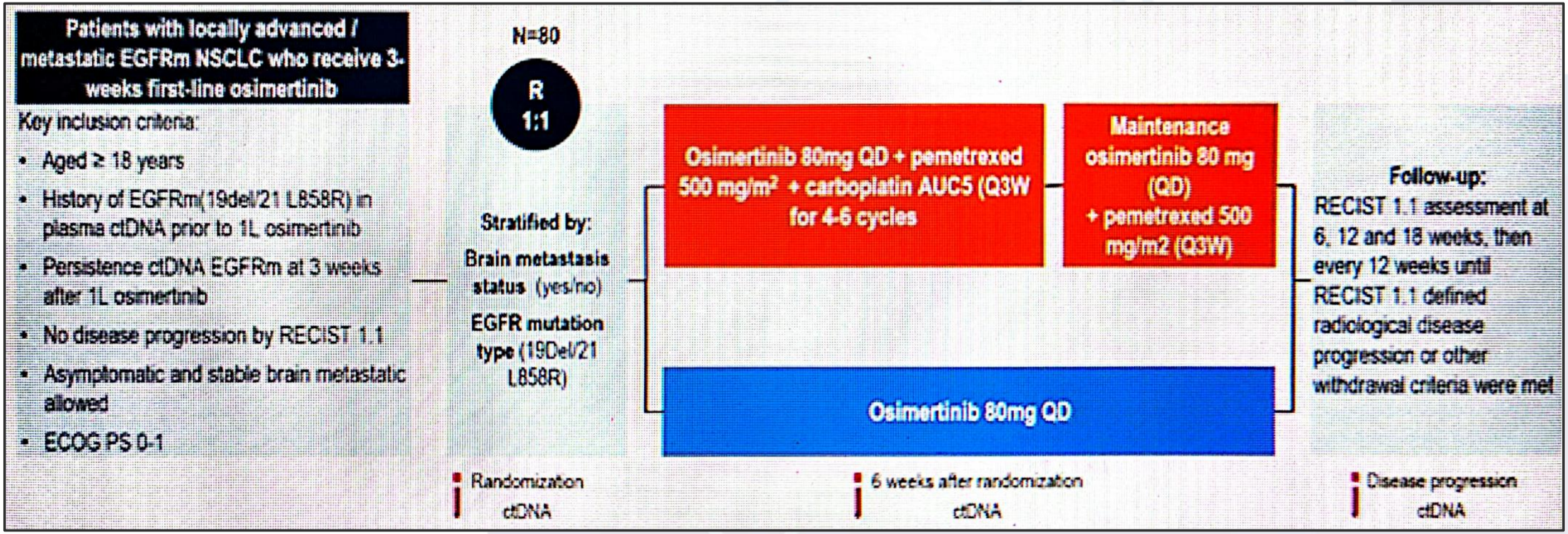


- Sensibilidad: 30,7%
- Especificidad: 99,55%
- VPP: 52%
- VPN: 99,55%

Osimertinib monotherapy vs osimertinib plus chemotherapy in advanced mEGFR NSCLC with persistent ctDNA mEGFR at 3 weeks after osimertinib monotherapy initiation: a multicenter randomized trial (FLAME study)

Jia Zhong



Osimertinib monotherapy vs osimertinib plus chemotherapy in advanced mEGFR NSCLC with persistent ctDNA mEGFR at 3 weeks after osimertinib monotherapy initiation: a multicenter randomized trial (FLAME study).

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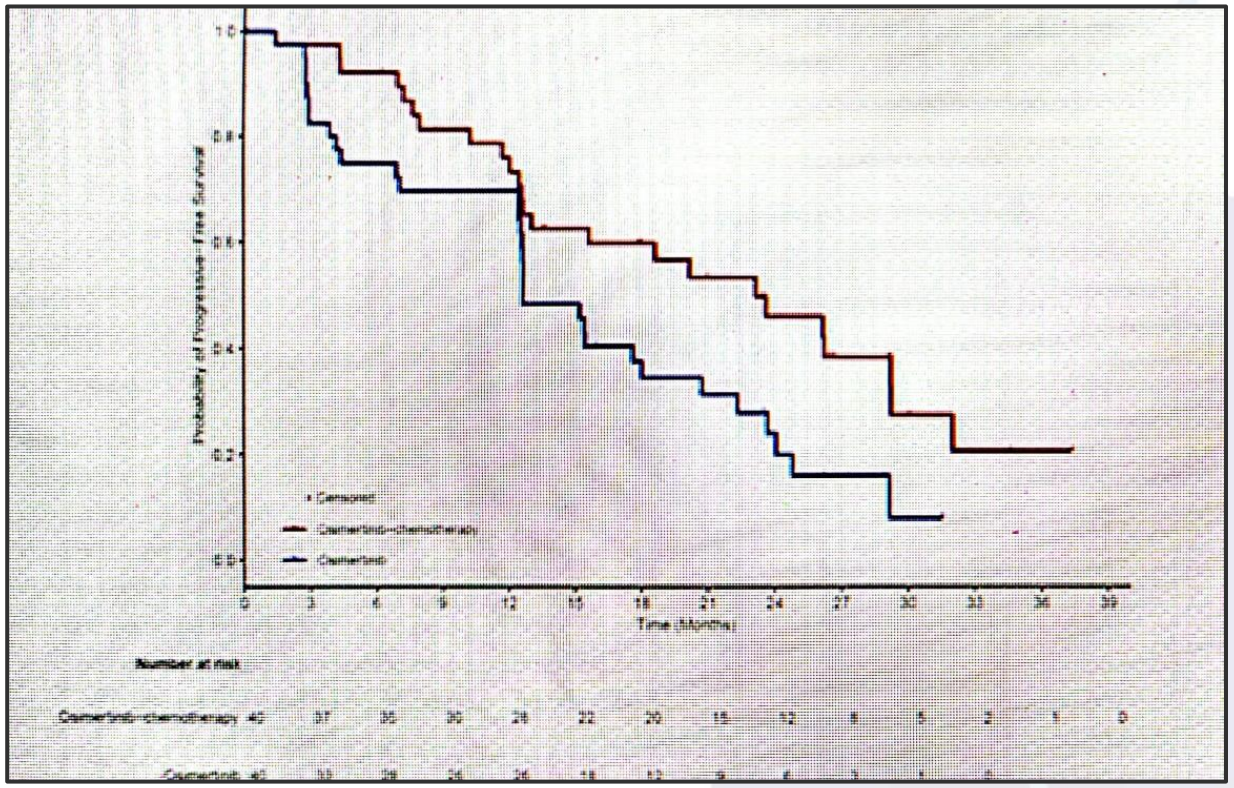
Jia Zhong



SLP: 23,1 vs. 12,7 m
HR 0,53 [0,31-0,92], p 0,02

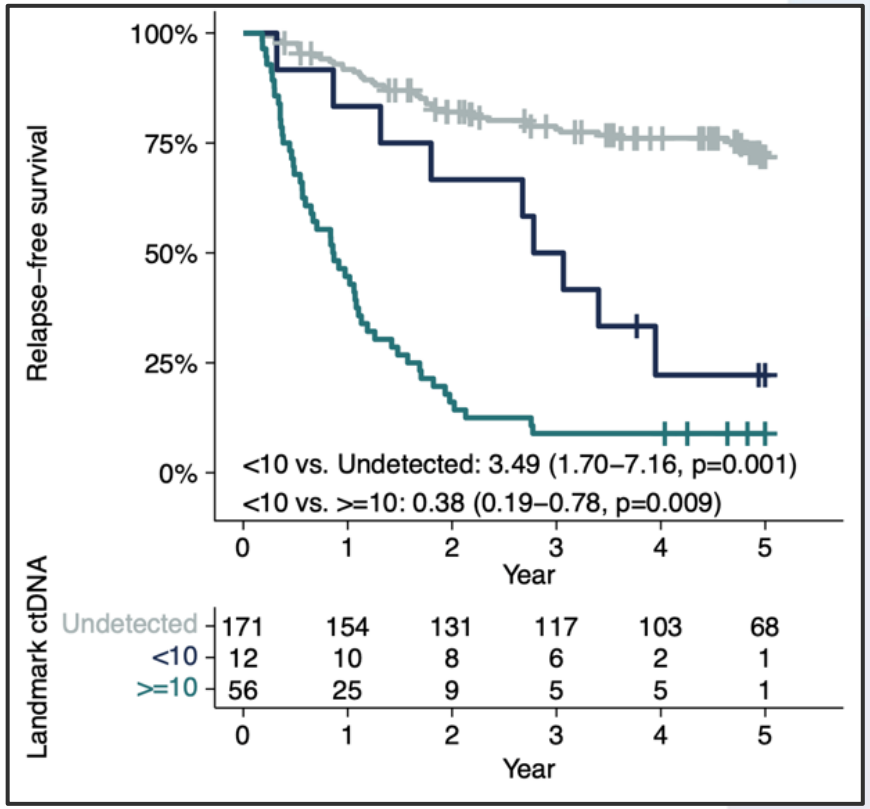
n=448 → 134

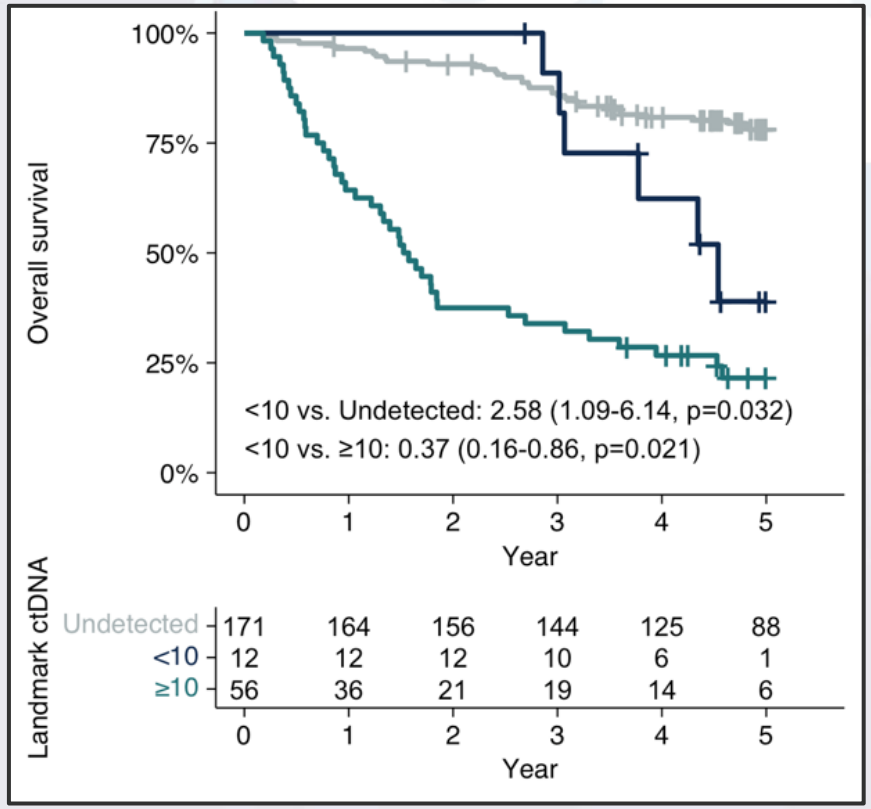
- TR: 50 vs. 35%
- DoR: 15,6 vs. 10,5 m
- Perfil de seguridad conocido

Clinical validity of ultrasensitive single-digit parts per million ctDNA detection in non–small cell lung cancer.

James R.M. Black[1,2]

- n=431 EIA-IIIB intervenidos.
- Objetivo: SLR y SV.
- Muestras: pre-IQ, post-Qx y en seguimiento (Sistema NeXT Personal de Personalis).





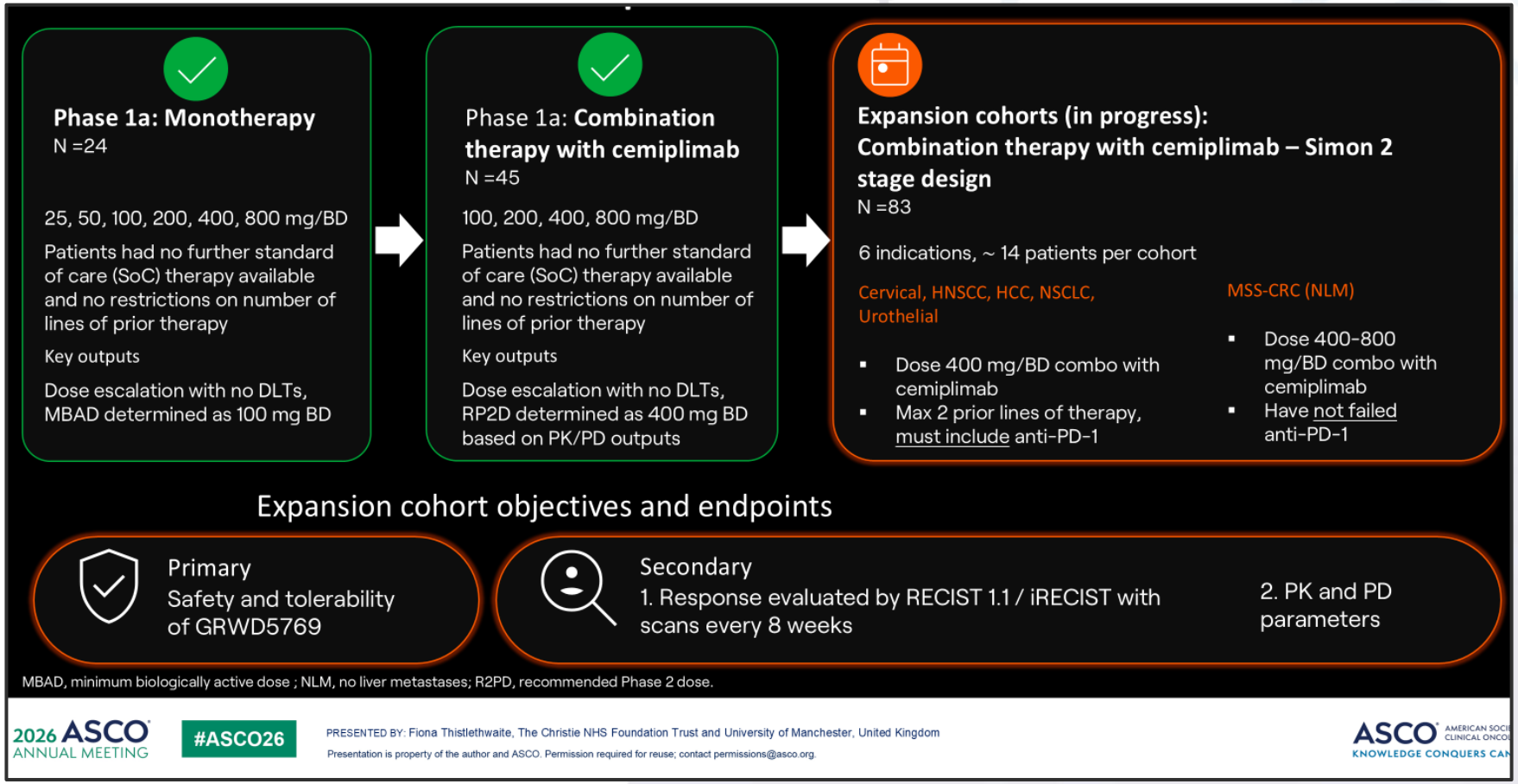
ctDNA < 10 PPM post-IQ

Riesgo 3 veces mayor de recurrencia.

ERAP1

EMITT-1: Broad & durable clinical and pharmacodynamic activity with the oral ERAP1 inhibitor GRWD5769 and cemiplimab in 6 completed Phase 1b expansion cohorts in solid tumors with anti-PD-1 resistance or MSS-CRC (NLM).

Fiona Thisltlethwaite



n=63. CNMP: n=14

EAs≥G3: 4%

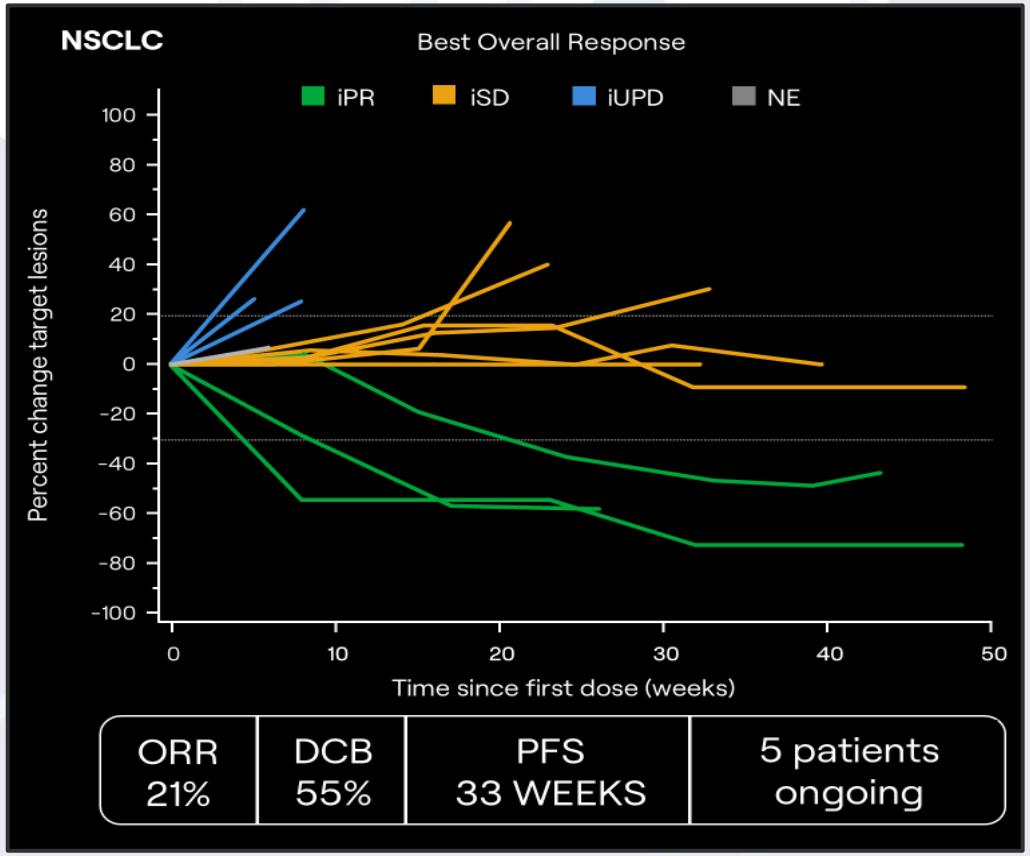
TR: 13-36%

ERAP1

EMITT-1: Broad & durable clinical and pharmacodynamic activity with the oral ERAP1 inhibitor GRWD5769 and cemiplimab in 6 completed Phase 1b expansion cohorts in solid tumors with anti-PD-1 resistance or MSS-CRC (NLM).

Fiona Thisltlethwaite

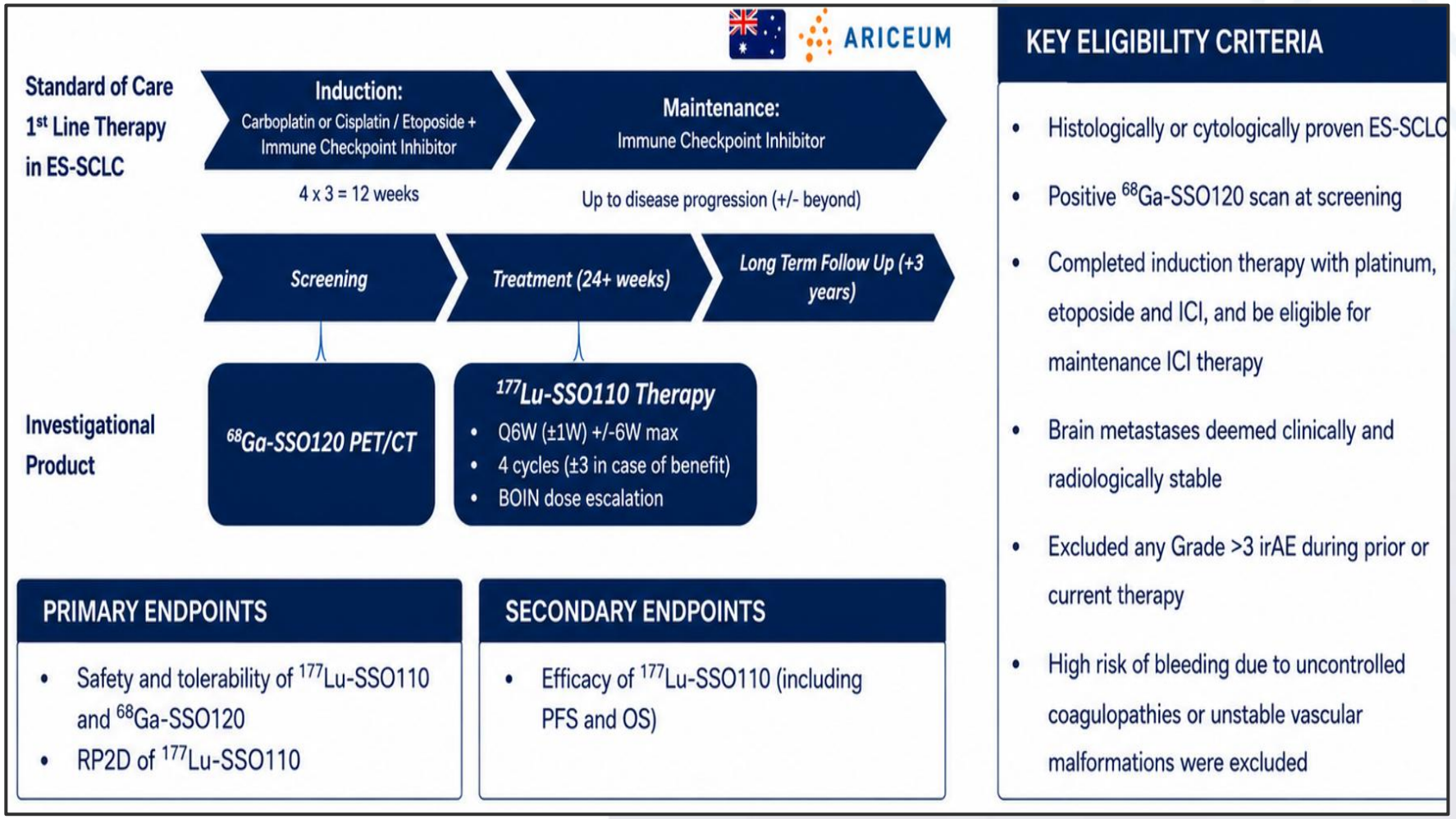
Cohort	Eval	PR	ORR %	DCB %	PFS (wks)
UC	14	5	36	36	8
NSCLC	14	3	21	55	33
HCC	14	2	14	32	16
MSS-CRC (NLM)	12	2	17	51	33
Cervical	14	2	14	18	9
HNSCC	8	1	13	38	14



^{68}Ga-SSO120

LuSato-1: Phase I study of ^{177}Lu-SSO110 with ^{68}Ga-SSO120 companion imaging in patients with extensive stage small cell lung cancer (ES-SCLC) on maintenance treatment with immune checkpoint inhibition

Surein Arulananda



n=20

EAs: 90%

IrEAs: 50%

Disminución dosis: 20%

Stop por EAs: 20%

Más frec: fatiga (12/20)
trombocitopenia (13/20)

- SLP: 3,7 m (2,5-5,4)
- SV: 8 m (4,8-9,7)

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ADC Targets

Analysis of spatial atlas of ADC targets in immunotherapy-treated NSCLC and other solid tumors to link compartment-specific target expression with tumor immune contexture, clinical outcome, and on-treatment remodeling.

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Antoine Italiano

- Objetivo: generar un atlas de los target de ADCs de los tumores más frecuentes.

Methods

Histology	N
NSCLC	97*
Bladder	50
Gastric	50
Endometrial	48

Two precision medicine studies:

- **STING (NCT04932525, Gustave Roussy, Villejuif, France)**
- **BIP (NCT02534649, Institut Bergonié, Bordeaux, France)**

Panel 1: ADC targets
CLDN18.2, TROP2, B7-H3, B7-H4, panCK, CD45

Panel 2: receptor set
ERBB2/HER2, EGFR, MET, STEAP2, panCK, CD45

Immune contexture
CD8, TIM3, LAG3, TIGIT, PD1, panCK

1. Trop 2 es el target de ADC más frec.
2. Heterogeneidad inter e intra pacientes
3. Alta co-expresión dianas de ADCs duales o bioespecificos:
   - EGFR/MET ± HER2: ADC CNMP
   - TROP2/B7-H3: en CNMP escamoso.

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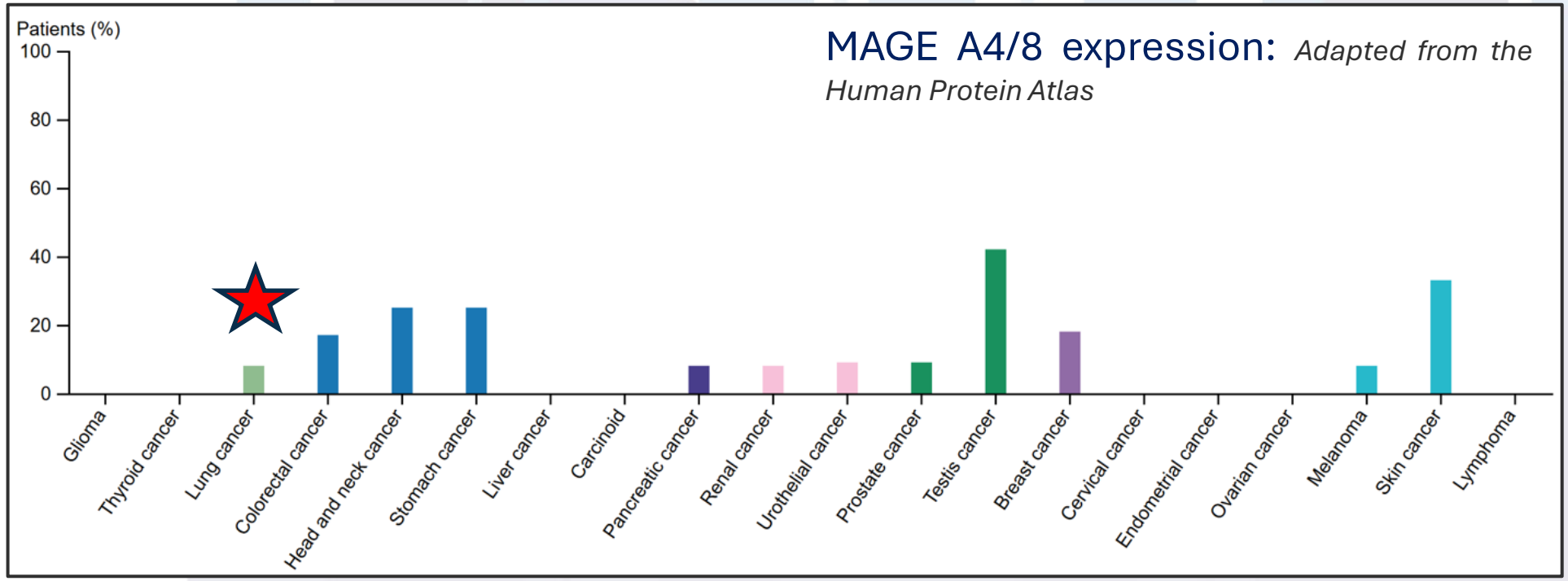
Terapia con células T-T con receptor de células T (TCR-T)

Tumor type	Frequency of *TP53* R175H mutations
Colorectal cancer	10-11%
Breast cancer	6%
Esophageal cancer	4-6%
NSCLC	1-2%
All ovarian cancer	3-5%
GBM	6%



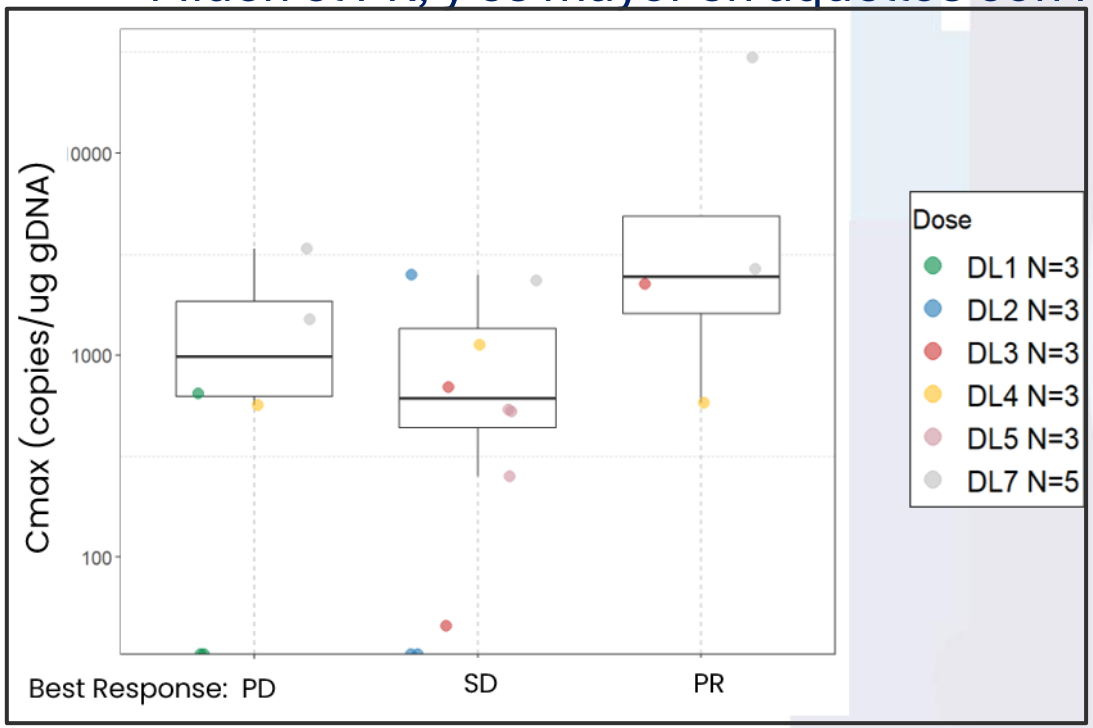
MAGE A4/8 expression: *Adapted from the Human Protein Atlas*

DLL3

Results from the Phase 1 study of LB2102, a dnTGFBR2-armored, DLL3-targeted autologous CAR-T cell therapy, in patients with relapsed or refractory SCLC or LCNEC

Zhonglin Hao MD PhD

- n=20
- EAs ≥G3: 45%
- Miden el PK, y es mayor en aquellos con RP
- TR: 28,6%
- TCE: 78,6%
- DoR: 6,5 m



	DL1 [N=3] n (%)	DL2 [N=3] n (%)	DL3 [N=3] n (%)	DL4 [N=3] n (%)	DL5 [N=3] n (%)	DL7 [N=5] n (%)	Overall [N=20] n (%)
ORR (PR)	0	0	1 (33.3)	1 (33.3)	0	2 (40.0)	4 (20.0)
DCR (PR+SD)	0	3 (100)	3 (100)	2 (66.7)	3 (100)	3 (60.0)	14 (70.0)

DL, dose level; PR, partial response; SD, stable disease

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Para screening

Lung Cancer in Never Smokers (LCINS): The evidence is rapidly evolving

Efrén J. Flores, MD

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The mutagenic forces shaping the genomes of lung cancer in never smokers

Marcos Díaz-Gay, Tongwu Zhang, Phuc H. Hoang, Charles Leduc, Marina K. Baine, William D. Travis, Lynette M. Sholl, Philippe Joubert, Azhar Khandekar, Wei Zhao, Christopher D. Steele, Burçak Otlu, Shuvro P. Nandi, Raviteja Vangara, Erik N. Bergstrom, Mariya Kazachkova, Oriol Pich, Charles Swanton Chao Agnes Hsiung, I-Shou Chang, Maria Pik Wong, Kin Chung Leung, Jian Sang, John P. McElderry, ... Maria Teresa Landi + Show authors

Nature **644**, 133–144 (2025) | Cite this article

LCINS accounts for 25% of all lung cancers

- *KRAS* mutations more common among never smokers from North America and Europe
- *EGFR* and *TP53* mutations more common among never smokers from East Asia
- Mutations and shorter telomeres observed among never smokers from regions with high levels of air polution

Efrén J. Flores, MD

Biomarker-Based Eligibility for Lung Cancer Screening
Validation of the Protein-Based INTEGRAL-Risk Model

Hana Zahed, PhD[1]; Xiaoshuang Feng, PhD[1]; Karine Alcala, PhD[1]; et al

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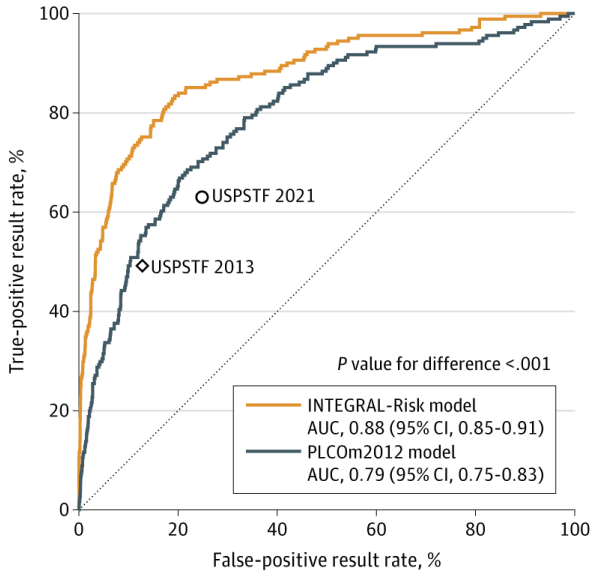
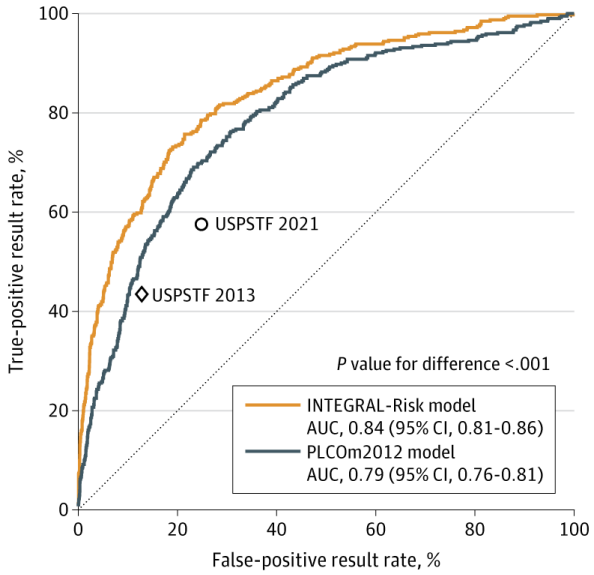
A Discrimination over 1 y



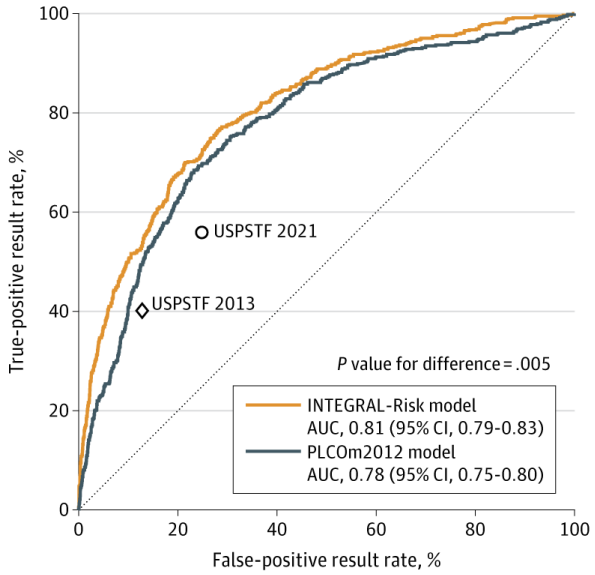
Model	USPSTF 2013 (specificity = 87%)	USPSTF 2021 (specificity = 75%)
USPSTF-2013/2021		
True-positive result, No.	88	114
Sensitivity, %	48.9 (41.8-56.1)	63.0 (56.1-70.3)
quasi-NNS	192 (149-246)	290 (230-360)
PLCOm2012 model		
True-positive result, No.	100	126
Sensitivity, %	55.5 (47.2-63.1)	69.7 (62.4-76.4)
quasi-NNS	169 (132-215)	262 (210-321)
INTEGRAL-Risk model		
True-positive result, No.	135	154
Sensitivity, %	74.4 (67.2-81.4)	84.8 (79.4-90.1)
quasi-NNS	126 (100-158)	215 (174-260)

B Discrimination over 2 y



Model	USPSTF 2013 (specificity = 87%)	USPSTF 2021 (specificity = 75%)
USPSTF-2013/2021		
True-positive result, No.	166	222
Sensitivity, %	42.8 (38.0-47.7)	57.1 (52.2-62.2)
quasi-NNS	102 (83-126)	149 (124-176)
PLCOm2012 model		
True-positive result, No.	201	269
Sensitivity, %	51.6 (44.7-58.0)	69.4 (63.9-74.5)
quasi-NNS	85 (70-102)	122 (104-143)
INTEGRAL-Risk model		
True-positive result, No.	238	303
Sensitivity, %	61.3 (55.1-68.5)	77.9 (72.5-83.4)
quasi-NNS	72 (60-86)	109 (93-126)

C Discrimination over 3 y



Model	USPSTF 2013 (specificity = 87%)	USPSTF 2021 (specificity = 75%)
USPSTF-2013/2021		
True-positive result, No.	234	326
Sensitivity, %	40.1 (35.8-44.3)	55.9 (51.9-59.9)
quasi-NNS	73 (59-89)	102 (85-120)
PLCOm2012 model		
True-positive result, No.	294	401
Sensitivity, %	50.5 (44.0-56.0)	68.8 (64.0-73.2)
quasi-NNS	58 (48-70)	83 (70-96)
INTEGRAL-Risk model		
True-positive result, No.	317	424
Sensitivity, %	54.5 (48.2-61.2)	72.7 (67.2-78.6)
quasi-NNS	54 (46-64)	78 (67-90)

Integrative Analysis of Lung Cancer Risk and Etiology (INTEGRAL) Protein-based Risk model captured 85% of lung cancer cases compared with 63% by USPSTF 2021 and 70% by PLCOm2012

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POSTERS

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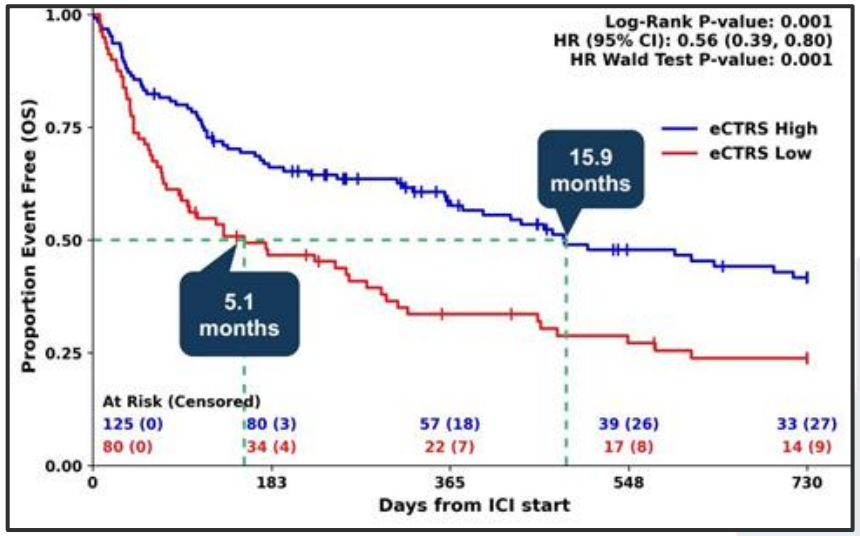
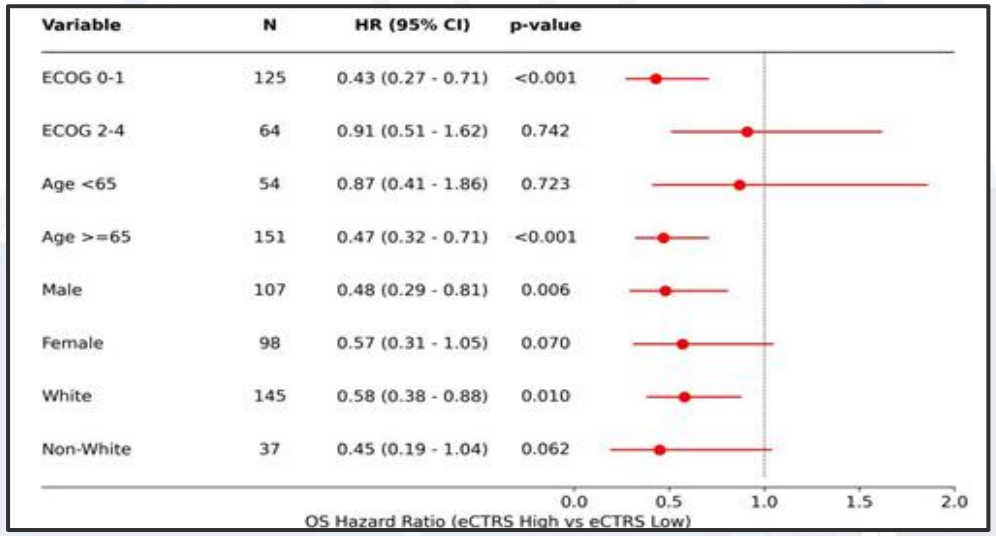
External validation of a Deep learning CT biomarker to predict first-line inmune checkpoint inhibitor monotherapy-associated survival in PD-L1-high metastatic NSCLC.

Ravi B. Parikh. Abstract #:2534





Baseline CT-derived QVT score as predictor of Bevacizumab benefit in advanced non-squamous NSCLC: A retrospective biomarker analysis of SWOG S0819.

Kai Zhang. Abstract #:8549

QVT score (quartiles)	n	BV effect (HR)	p
01	84	0,89 [0,56-1,42]	P,64
02	83	0,70 [0,44-1,12]	0,14
03	83	0,54 [0,34-0,85]	0,01
04	84	0,40 [0,24-0,65]	0,0003

Machine learning-optimized multi-biomarker panel for discriminating lung cancer from LDCT-benign pulmonary nodules.

Sugjoon Park. Abstract #:10539.

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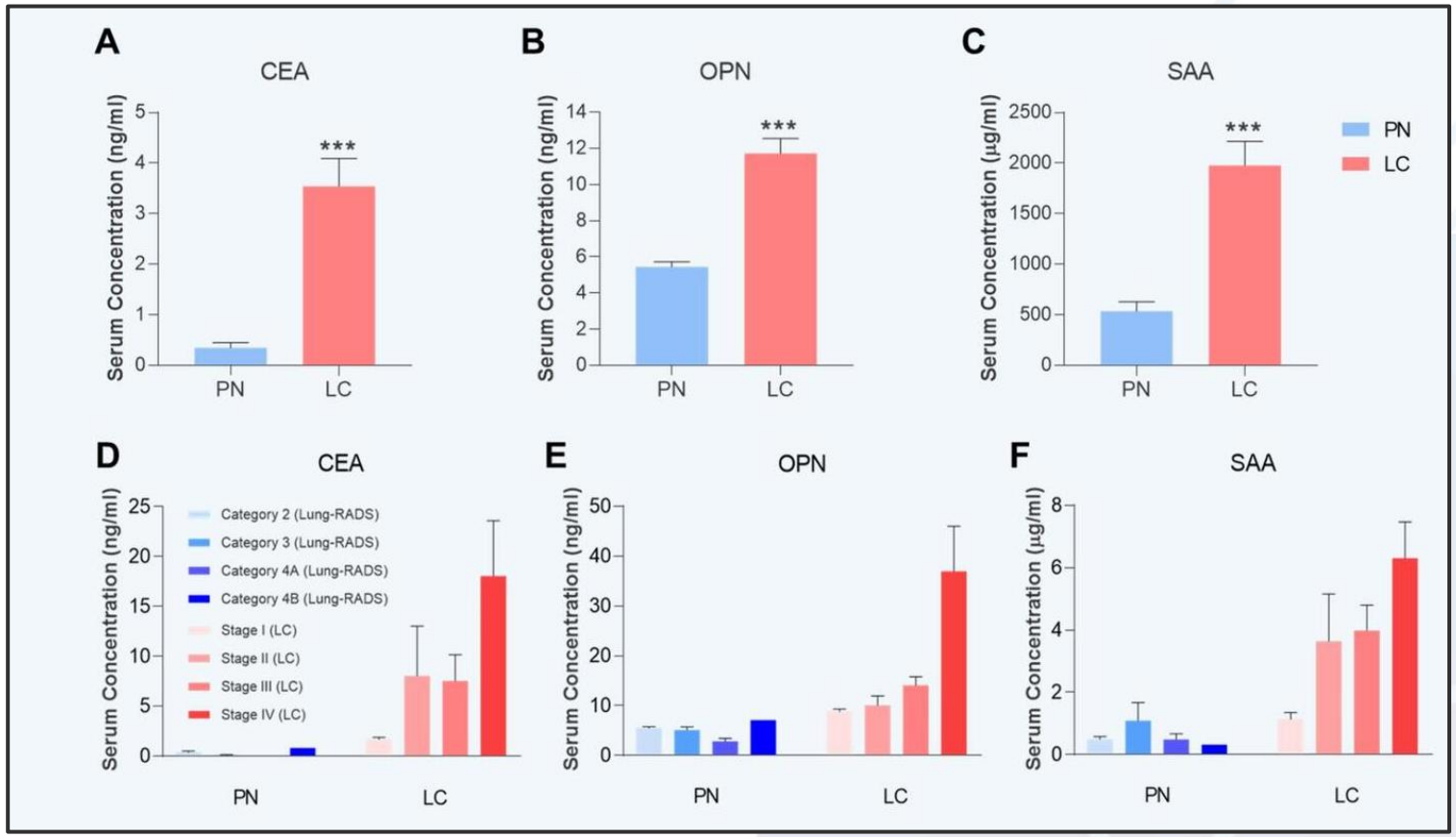
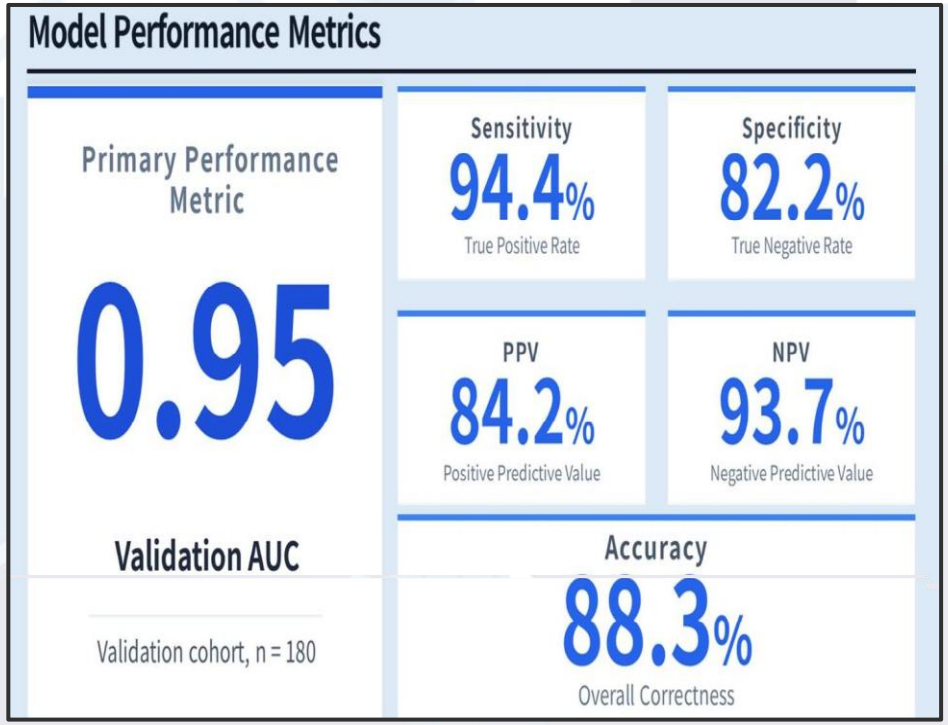


CEA, Amiloide A y osteopontina



Gracias