Iniciativa científica de:

GECP lung cancer research

Lung Cancer UPDATES

ASCO HIGHLIGHTS

29 MAYO - 02 JUNIO 2026

Chicago, USA

#ASCOUPDATES

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Chicago, USA

Cáncer de pulmón no microcítico metastático sin driver

Bartomeu Massuti MD

Hospital Universitario Dr Balmis Alicante - ISABIAL

The science and practice of translation: Improving cancer outcomes worlwide

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GeCP lung cancer research

Mensajes resumen

Los anticuerpos biespecificos anti-PD(L)-1 y anti-VEGF(R) pueden mejorar los resultados actuales de la inmunoterapia

En desarrollo multiples combinaciones de ADCs con inmunoterapia

Persiste la falta de factores predictivos para la IT actual y están en desarrollo tratamientos dirigidos mecanismos de resistencia y a proteinas intracelulares, Ag duales, células APC, NK y TME

BUSINESS

China's Rise in Drug Development Looms Over U.S.

Clinical trials in China are getting attention at an international oncology gathering in Chicago. China's surging biotechnology industry is fueling alarm that U.S. dominance in the field is waning.

By Rebecca Robbins and Gina Kolata

MAY 30

- A multicenter, randomized, double-blind, parallel-controlled phase 3 study

Key Eligibility Criteria
- Pathologically confirmed squamous NSCLC
- Stage IIIB-IV
- No prior systemic therapy
- No EGFR mutations or ALK rearrangements
- ECOG PS 0 or 1

R 1:1

N=532

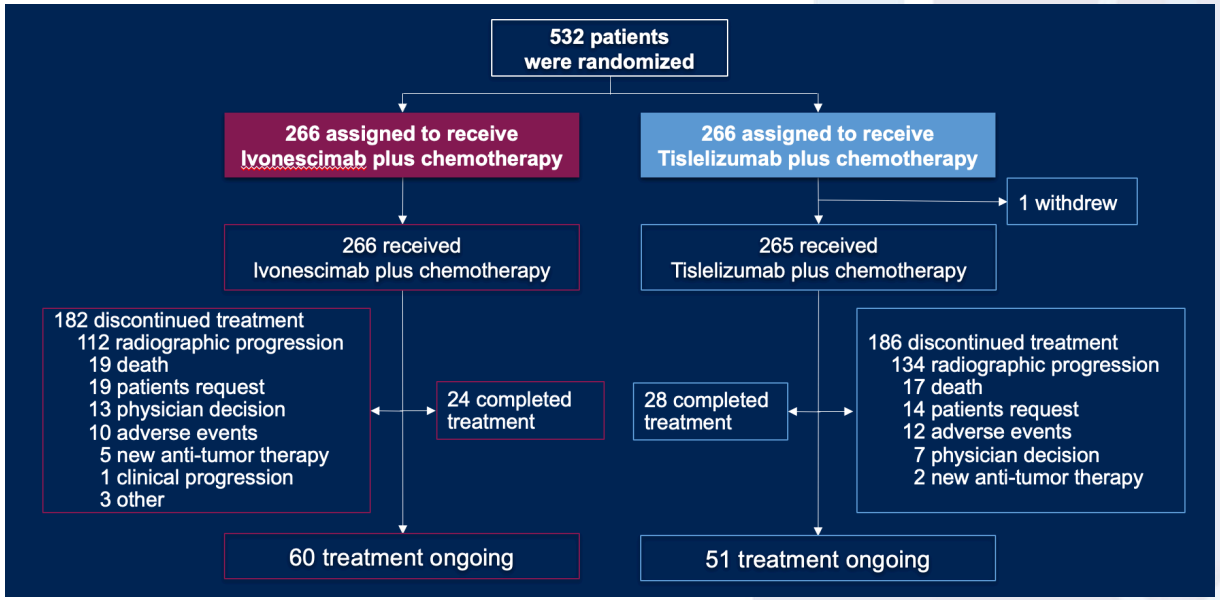
Ivonescimab (20 mg/kg, Q3W) + Carboplatin (AUC 5, Q3W) + Paclitaxel (175 mg/m^2, Q3W) up to 4 cycles → **Ivonescimab** (20 mg/kg, Q3W) up to 24 months

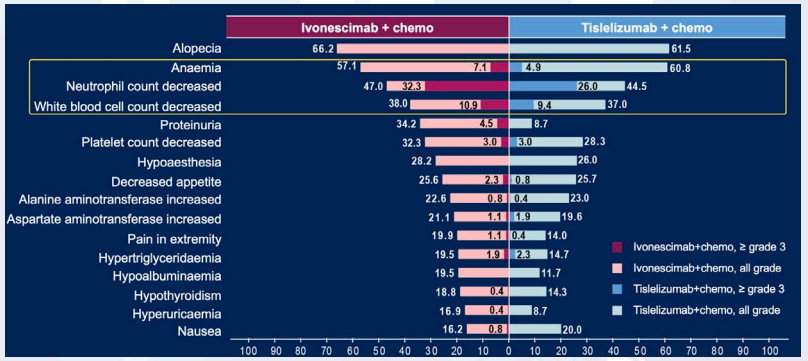
Tislelizumab (200 mg, Q3W) + Carboplatin (AUC 5, Q3W) + Paclitaxel (175 mg/m^2, Q3W) up to 4 cycles → **Tislelizumab** (200 mg, Q3W) up to 24 months

Stratification Factors:
- Stage: IIIB/IIIC vs. IV
- PD-L1 TPS: ≥1% vs. <1%

Endpoints:
- **Primary endpoint: PFS by IRRC per RECIST v1.1**
- **Key secondary endpoint: OS**
- Secondary endpoints: PFS by INV, ORR, DCR, DoR, TTR and safety

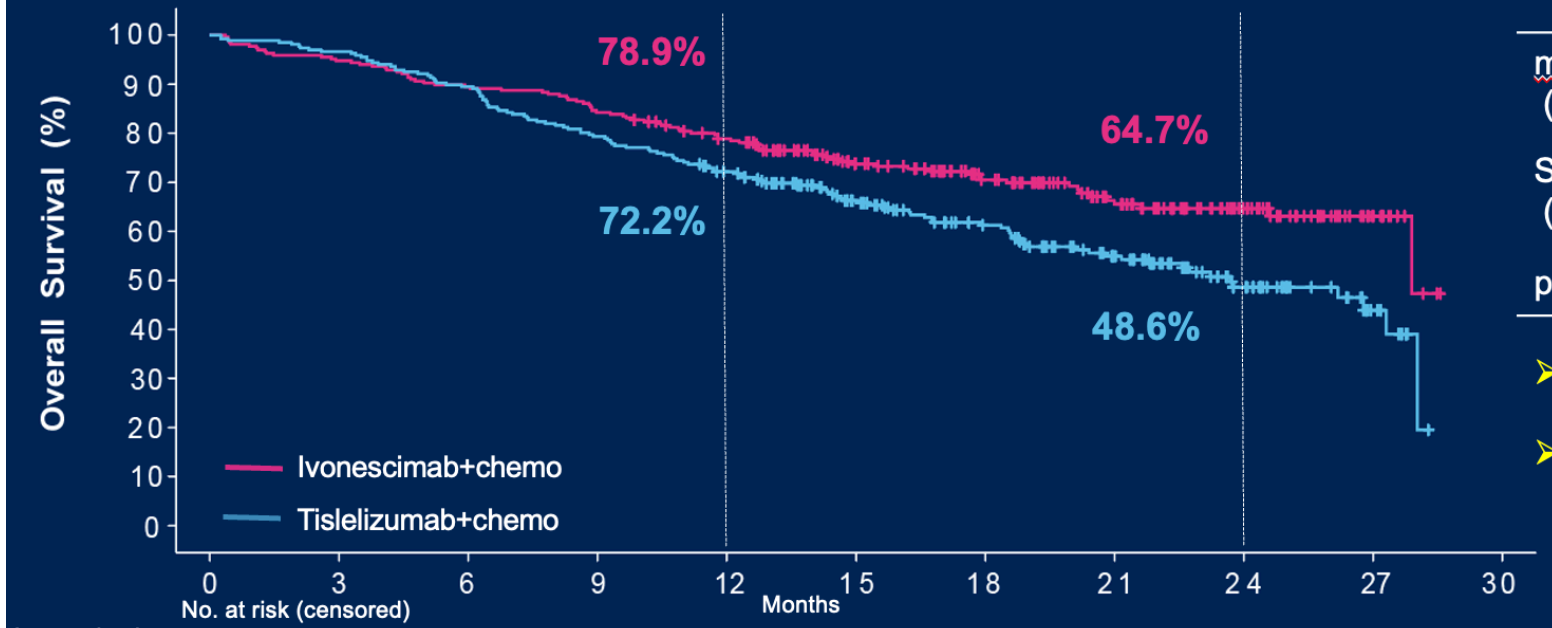
Characteristics, n(%)		Ivonescimab + chemo (N=266)	Tislelizumab + chemo (N=266)
Age, years	< 65	135 (50.8)	139 (52.3)
	≥ 65	131 (49.2)	127 (47.7)
Sex	Male	256 (96.2)	238 (89.5)
	Female	10 (3.8)	28 (10.5)
ECOG PS*	0	42 (15.8)	42 (15.8)
	1	224 (84.2)	222 (83.5)
Smoking history	Never	21 (7.9)	37 (13.9)
	Current/Former	245 (92.1)	229 (86.1)
Disease stage	IIIB/IIIC	21 (7.9)	20 (7.5)
	IV	245 (92.1)	246 (92.5)
Tumor characteristics	Central type	178 (66.9)	158 (59.4)
	Major blood vessel encasement	49 (18.4)	44 (16.5)
	With cavity	24 (9.0)	23 (8.6)
	With hemoptysis history	86 (32.3)	79 (29.7)
PD-L1 TPS	<1%	105 (39.5)	105 (39.5)
	≥ 1%	161 (60.5)	161 (60.5)
	1-49%	112 (42.1)	99 (37.2)
	≥ 50%	49 (18.4)	62 (23.3)
Metastases sites	≥3 metastatic sites	42 (15.8)	39 (14.7)
	Liver metastases	28 (10.5)	45 (16.9)
	Brain metastases	9 (3.4)	17 (6.4)





Possibly VEGF-Related AEs#	Ivonescimab + chemo (N=266)				Tislelizumab + chemo (N=265)			
	Any Grade	Grade 1	Grade 2	Grade ≥3	Any Grade	Grade 1	Grade 2	Grade ≥3
Proteinuria	113 (42.5)	35 (13.2)	60 (22.6)	**18 (6.8)**	34 (12.8)	26 (9.8)	8 (3.0)	**0**
Haemorrhage	**66 (24.8)**	**39 (14.7)**	**20 (7.5)**	**7 (2.6)**	**32 (12.1)**	**24 (9.1)**	**6 (2.3)**	**2 (0.8)**
Hypertension	39 (14.7)	7 (2.6)	22 (8.3)	**10 (3.8)**	15 (5.7)	3 (1.1)	7 (2.6)	**5 (1.9)**
Arterial thromboembolism	4 (1.5)	1 (0.4)	0	**3 (1.1)**	0	0	0	**0**
Venous thromboembolism	2 (0.8)	0	2 (0.8)	**0**	3 (1.1)	0	2 (0.8)	**1 (0.4)**
Fistula	1 (0.4)	0	1 (0.4)	**0**	0	0	0	**0**

Discontinuación tto: 5.3% vs 4,5%
AE G5: 3.8% vs 4.2%



	Ivonescimab + chemo (N=266)	Tislelizumab + chemo (N=266)
mOS, months (95% CI)	27.89 (27.89, NE)	23.69 (20.11, NE)
Stratified HR (95% CI)	**0.66** (0.50, 0.87)	
p-value	**0.0017**	

- OS significance boundary: 0.0049
- The median OS in the ivonescimab group would have not been reached without the last single event

- Data cutoff date: Feb 27, 2026
- Median Follow-up: 21.36 months

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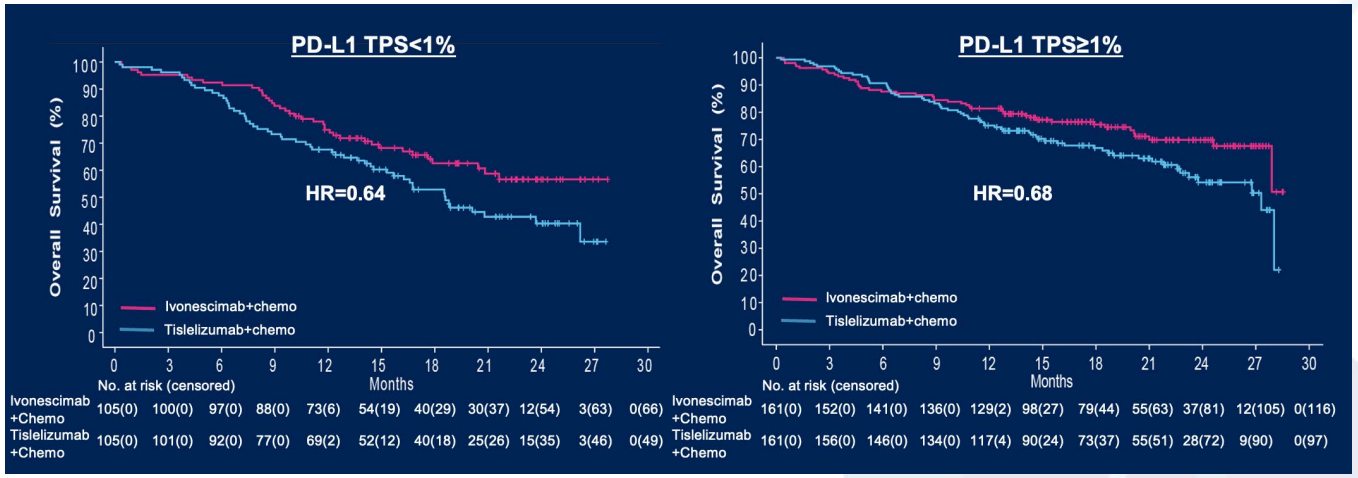
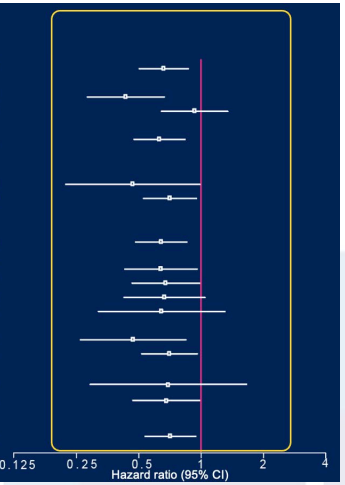
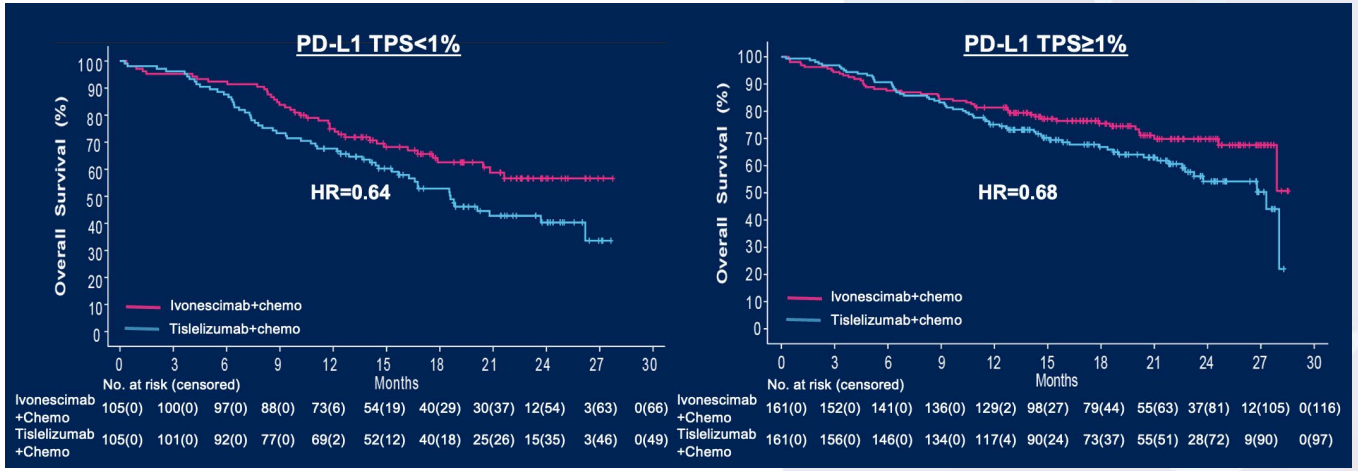


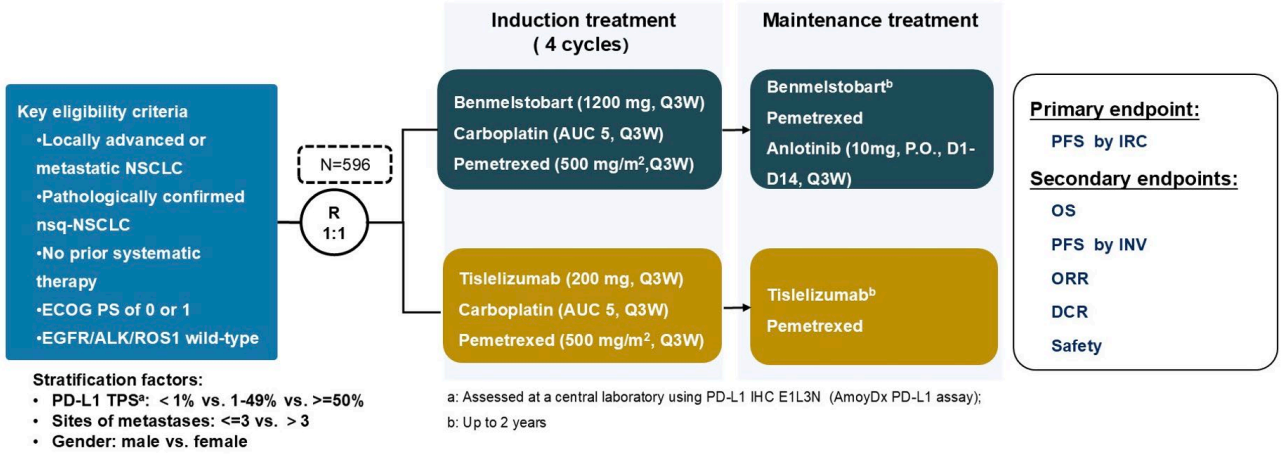
Charecteristic	Ivonescimab+chemo Events/Number of subjects	Tislelizumab+chemo Events/Number of subjects	Hazard ratio (95% CI)
Overall	84/266	120/266	0.66 (0.50, 0.87)
Age, years			
<65	31/135	63/139	0.43 (0.28, 0.67)
≥65	53/131	57/127	0.93 (0.64, 1.36)
Sex			
Male	79/256	110/238	0.63 (0.47, 0.84)
Female	5/10	10/28	
ECOG PS			
0	10/42	21/42	0.47 (0.22, 0.99)
1	74/224	99/222	0.71 (0.52, 0.96)
Disease Stage			
IIIB/IIIC	7/21	8/20	
IV	77/245	112/246	0.64 (0.48, 0.86)
PD-L1 TPS			
<1%	39/105	56/105	0.64 (0.43, 0.96)
≥1%	45/161	64/161	0.68 (0.46, 0.99)
1-49%	32/112	43/99	0.67 (0.42, 1.05)
≥50%	13/49	21/62	0.64 (0.32, 1.31)
≥3 metastases sites			
Yes	18/42	28/39	0.47 (0.26, 0.85)
No	66/224	92/227	0.70 (0.51, 0.97)
Liver metastases			
Yes	11/28	25/45	0.69 (0.34, 1.41)
No	73/238	95/221	0.68 (0.50, 0.92)
Brain metastases			
Yes	2/9	12/17	
No	82/257	108/249	0.71 (0.53, 0.95)



- Median OS and HR will not be reported for subgroups with fewer than 10 events



	Ivonescimab + chemo (N=266)	Tislelizumab + chemo (N=266)
Systemic therapy	**95 (35.7)**	**97 (36.5)**
Chemotherapy	64 (24.1)	60 (22.6)
Immunotherapy	**37 (13.9)**	**51 (19.2)**
Targeted therapy	33 (12.4)	46 (17.3)
Traditional Chinese Medicine	12 (4.5)	14 (5.3)
ADC	12 (4.5)	15 (5.6)
Blinded Investigational Agents Therapy	2 (0.8)	6 (2.3)
Other	3 (1.1)	2 (0.8)
Surgery	3 (1.1)	1 (0.4)
Radiotherapy	25 (9.4)	26 (9.8)

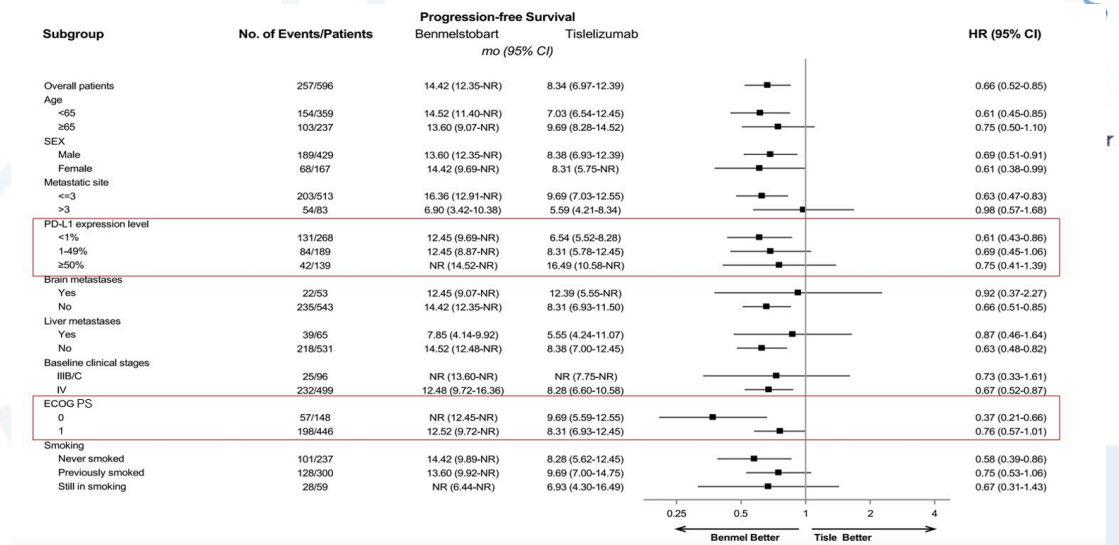


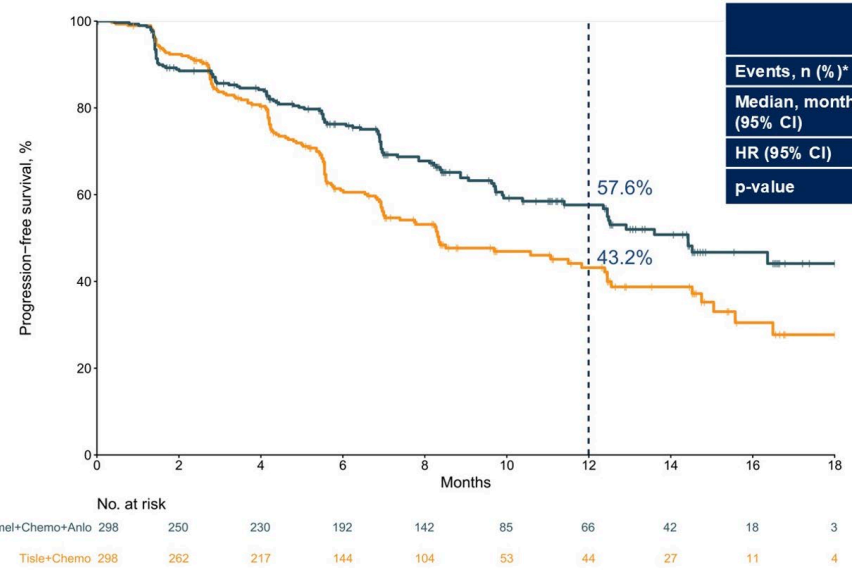
Stratification factors:

- **PD-L1 TPS[a]: <1% vs. 1-49% vs. >=50%**
- **Sites of metastases: <=3 vs. >3**
- **Gender: male vs. female**

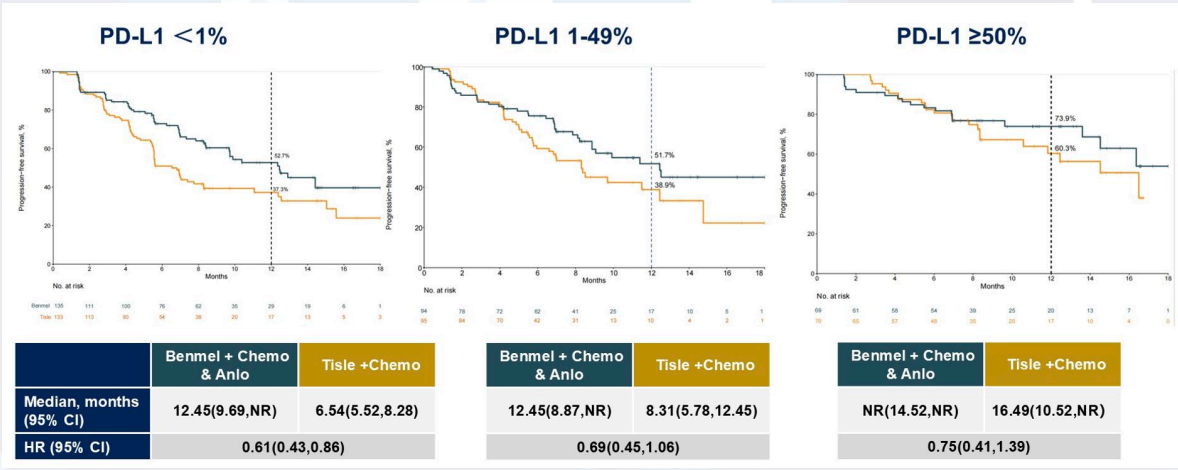
a: Assessed at a central laboratory using PD-L1 IHC E1L3N (AmoyDx PD-L1 assay);

b: Up to 2 years

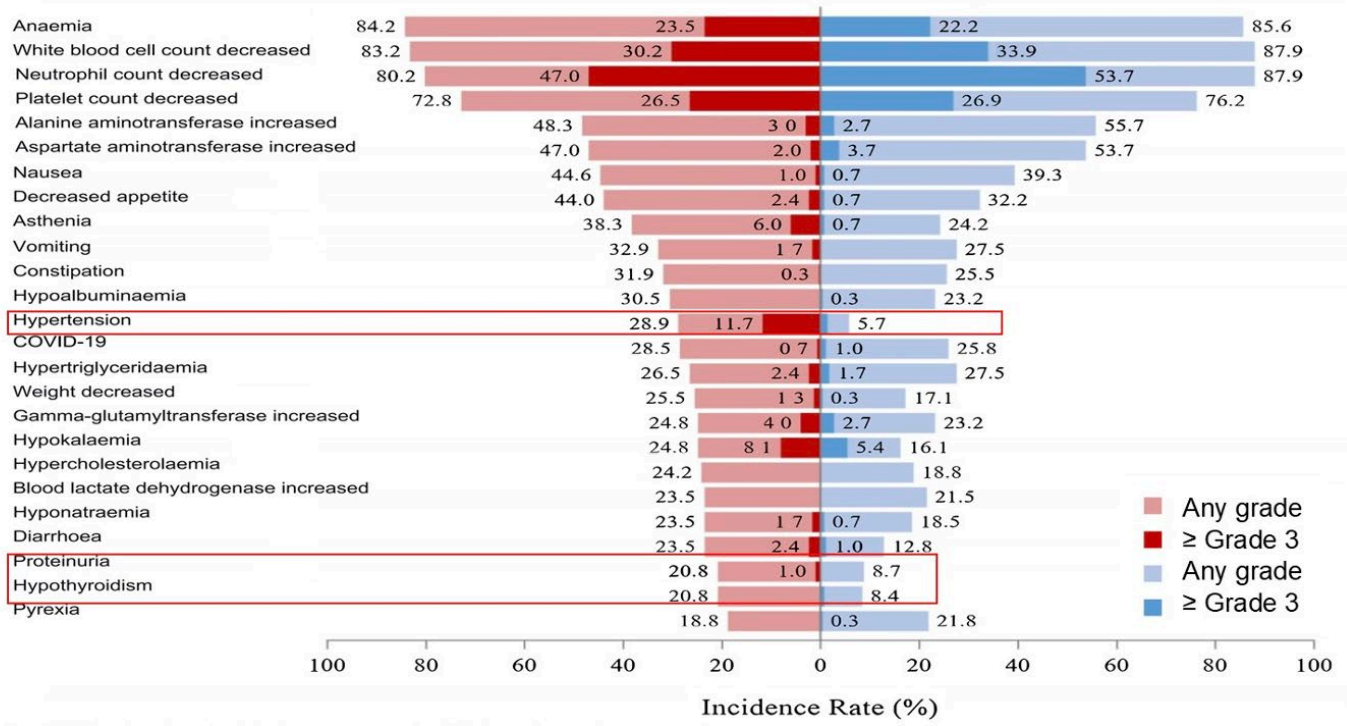


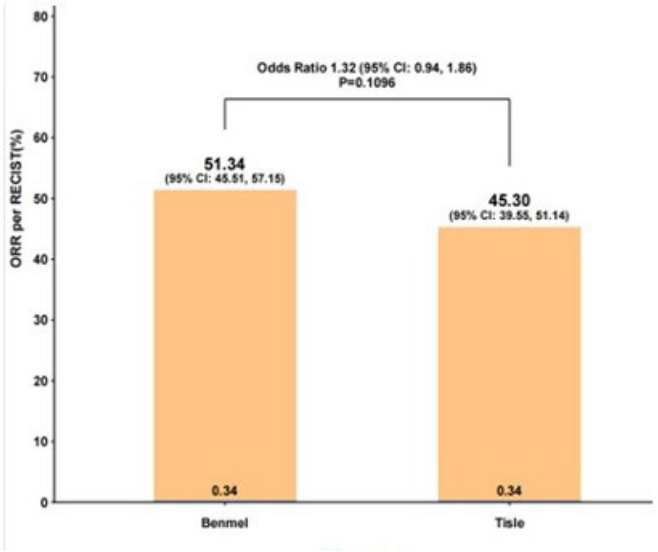


	Benmel + Chemo & Anlo（N=298）	Tisle +Chemo（N=298）
Events, n (%)*	113	144
Median, months (95% CI)	14.42(12.35,NE)	8.34(6.97,12.39)
HR (95% CI)	0.67(0.52,0.86)	
p-value	0.0017	



	Benmel + Chemo & Anlo	Tisle +Chemo	Benmel + Chemo & Anlo	Tisle +Chemo	Benmel + Chemo & Anlo	Tisle +Chemo
Median, months (95% CI)	12.45(9.69,NR)	6.54(5.52,8.28)	12.45(8.87,NR)	8.31(5.78,12.45)	NR(14.52,NR)	16.49(10.52,NR)
HR (95% CI)	0.61(0.43,0.86)		0.69(0.45,1.06)		0.75(0.41,1.39)	





Summary of safety

	Benmel + Chemo & Anlo (N=298)	Tisle +Chemo (N=298)
Any grade	296(99.33)	296(99.33)
≥ Grade 3	233(78.19)	219(73.49)
SAEs	116(38.93)	91(30.54)
Leading to discontinuation of any treatment	20(6.71)	19(6.38)
Leading to death	5(1.68)	7(2.35)

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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

R 1:1

n = 413

Sac-TMT 4 mg/kg Q2W + Pembrolizumab 400 mg Q6W[a] (n = 208)

Pembrolizumab 400 mg Q6W[a] (n = 205[c])

Endpoints [b]

Primary

- PFS assessed by BICR

Secondary

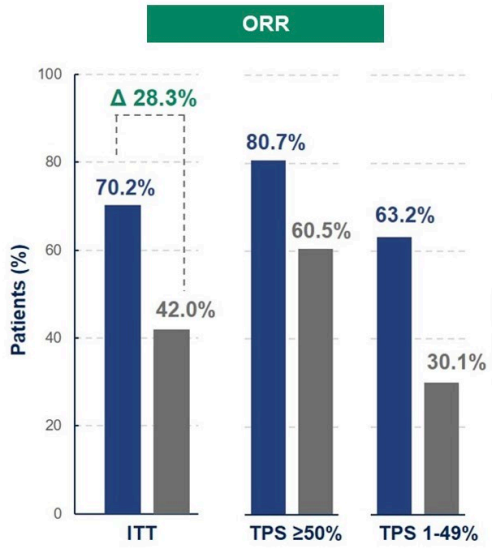
- OS (key secondary endpoint)
- PFS assessed by investigator
- ORR, DCR, DOR, etc.
- Safety

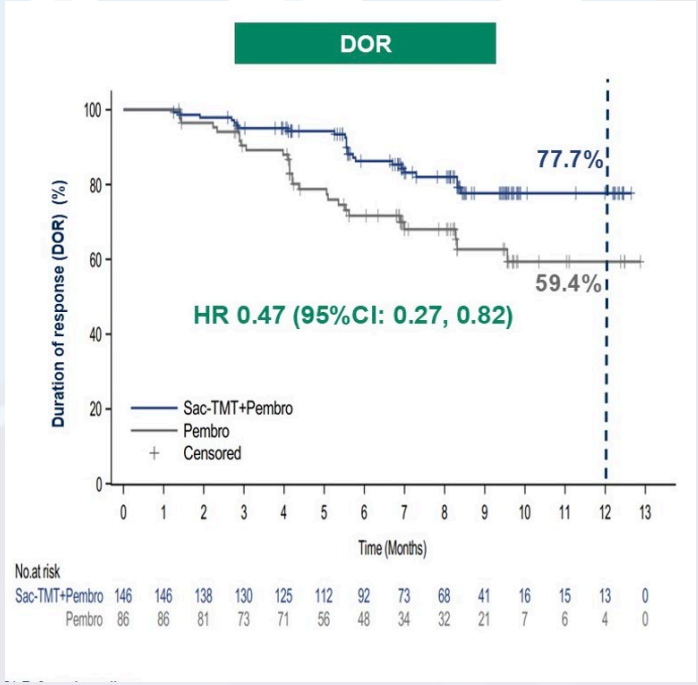
Stratification factors

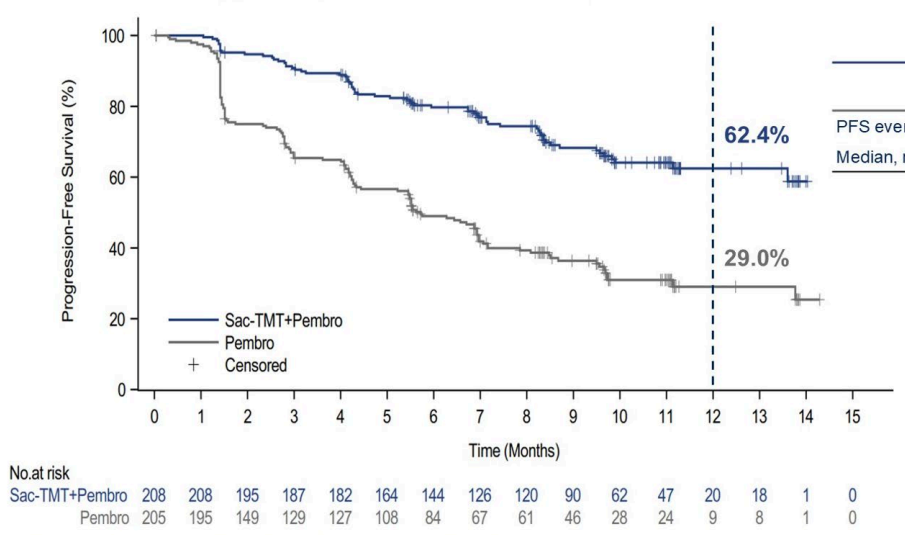
- Histology (squamous vs. non-squamous)
- PD-L1 TPS (1-49% vs. ≥ 50%)
- ECOG score (0 vs. 1)

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

Characteristic		Sac-TMT + Pembro (n = 208)	Pembro (n = 205)
Age	Median (range), years	64 (28, 75)	65 (22, 75)
	≥ 65	101 (48.6)	108 (52.7)
Sex	Male	166 (79.8)	174 (84.9)
ECOG score	1	176 (84.6)	173 (84.4)
Smoking history	Current or former	166 (79.8)	176 (85.9)
	Never	42 (20.2)	29 (14.1)
Histology	Adenocarcinoma	122 (58.7)	123 (60.0)
	Squamous cell carcinoma	85 (40.9)	80 (39.0)
	Other[a]	1 (0.5)	2 (1.0)
Clinical stage	IIIB/IIIC	14 (6.7)	13 (6.3)
	IV	194 (93.3)	192 (93.7)
PD-L1 TPS	1-49%	125 (60.1)	123 (60.0)
	≥50%	83 (39.9)	82 (40.0)
Metastases	Brain	7 (3.4)	6 (2.9)
	Liver	21 (10.1)	23 (11.2)
	≥ 3 Distant metastatic sites	60 (28.8)	55 (26.8)







	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)

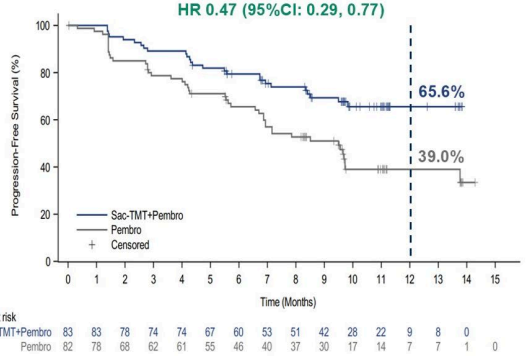
***p* < 0.0001[a]**

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)

Neumonitis ≥ G3 2.9% vs 1.5%
Toxicidad ocular G1-2 14.4%

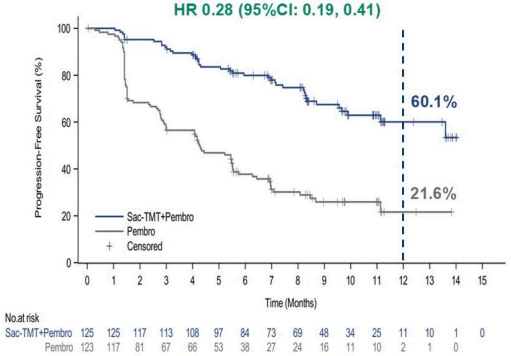
TPS ≥ 50%

	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)



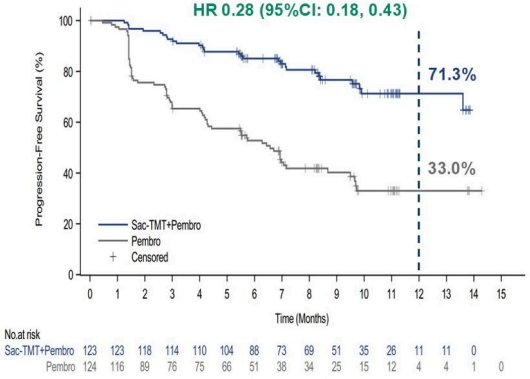
TPS 1-49%

	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)



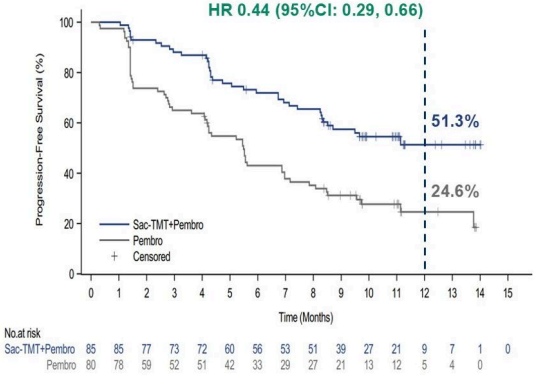
Non-Squamous

	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)



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Key eligibility criteria

- Histologically or cytologically confirmed stage IIIB/IIIC or IV NSCLC without actionable genomic alterations
- No previous systemic therapy for NSCLC
- ≥1 measurable lesion per RECIST v1.1
- ECOG PS 0–1
- Any PD-L1 status

Phase 2 primary endpoints

- Safety, ORR, best percentage change in tumor size

Data cut-off was April 13, 2026
Median follow-up (range) was 9.0 months (0.0–12.8) overall

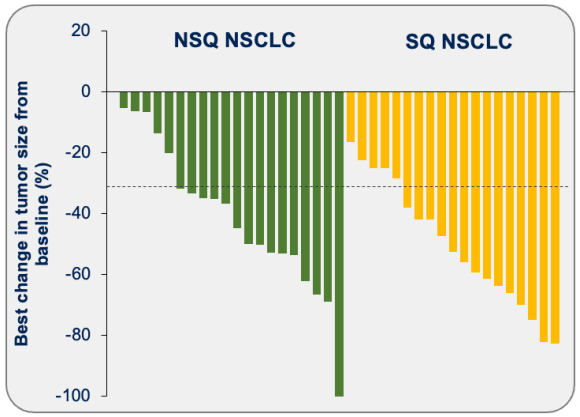
Phase 2 part: 4 cycles Q3W followed by maintenance*

- NSQ (1:1, n = 23)
  - Pumitamig 1400 mg + carboplatin AUC5 + pemetrexed 500 mg/m²
  - Pumitamig 2000 mg + carboplatin AUC5 + pemetrexed 500 mg/m²
- SQ (1:1, n = 21)
  - Pumitamig 1400 mg + carboplatin AUC6 + paclitaxel 200 mg/m²
  - Pumitamig 2000 mg + carboplatin AUC6 + paclitaxel 200 mg/m²

		All NSCLC N = 44
Age, years, median (range)		66.0 (41–87)
Sex, n (%)	Female	15 (34.1)
Race, n (%)	White	28 (63.6)
	Asian	15 (34.1)
	Black	1 (2.3)
Histology, n (%)	NSQ	23 (52.3)
	SQ	21 (47.7)
Smoker, n (%)	Never	3 (6.8)
	Former	37 (84.1)
	Current	4 (9.1)
ECOG PS, n (%)	0	17 (38.6)
	1	27 (61.4)
Brain metastasis, n (%)	Present	4 (9.1)
Liver metastasis, n (%)	Present	6 (13.6)

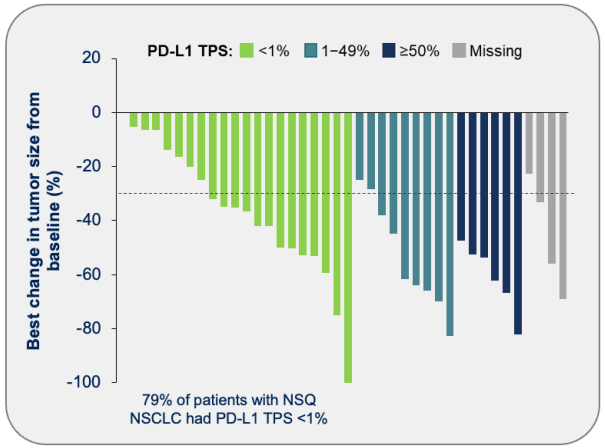
PD-L1 TPS,† %	NSQ	SQ	All
<1%	**78.9**	35.3	58.3
1–49%	5.3	47.1	25.0
≥50%	15.8	17.6	16.7

	NSQ NSCLC			SQ NSCLC		
	1400 mg (n = 11)	2000 mg (n = 10)	Overall (n = 21)	1400 mg (n = 11)	2000 mg (n = 8)	Overall (n = 19)
uORR,* % (95% CI)	81.8 (48.2–97.7)	60.0 (26.2–87.8)	71.4 (47.8–88.7)	81.8 (48.2–97.7)	62.5 (24.5–91.5)	73.7 (48.8–90.9)
cORR, % (95% CI)	63.6 (30.8–89.1)	50.0 (18.7–81.3)	57.1 (34.0–78.2)	72.7 (39.0–94.0)	62.5 (24.5–91.5)	68.4 (43.4–87.4)
cBOR, n (%)						
CR	0	0	0	0	1 (12.5)	1 (5.3)
PR	7 (63.6)	5 (50.0)	12 (57.1)	8 (72.7)	4 (50.0)	12 (63.2)
SD	4 (36.4)	5 (50.0)	9 (42.9)	3 (27.3)	3 (37.5)	6 (31.6)
cDCR, % (95% CI)	100.0 (71.5–100.0)	100.0 (69.2–100.0)	100.0 (83.9–100.0)	100.0 (71.5–100.0)	100.0 (63.1–100.0)	100.0 (82.4–100.0)



	NSQ (n = 22)	SQ (n = 21)	Overall (N = 43)
Any TRAE, n (%)	19 (86.4)	21 (100.0)	40 (93.0)
Grade ≥3	8 (36.4)	13 (61.9)	21 (48.8)
Pumitamig-related TRAE, n (%)	14 (63.6)	19 (90.5)	33 (76.7)
Grade ≥3	4 (18.2)	6 (28.6)	10 (23.3)
TRAE leading to discontinuation, n (%)	3 (13.6)	5 (23.8)	8 (18.6)
Pumitamig-related	1 (4.5)	3 (14.3)	4 (9.3)
TRAE leading to death, n (%)	0	1 (4.8)*	1 (2.3)*
Pumitamig-related	0	1 (4.8)*	1 (2.3)*
Any irAE TEAE , n (%)	8 (36.4)	8 (38.1)	16 (37.2)
Grade ≥3	1 (4.5)	1 (4.8)	2 (4.7)
VEGF-related TEAEs, n (%)	10 (45.5)	14 (66.7)	24 (55.8)
Grade ≥3	1 (4.5)	1 (4.8)	2 (4.7)
Hemorrhage/bleeding TEAEs, n (%)	2 (9.1)	7 (33.3)	9 (20.9)
Grade ≥3	0	1 (4.8)‡	1 (2.3)‡

	Overall NSCLC (NSQ + SQ)				
	TPS <1% (n = 21)	TPS 1–49% (n = 9)	TPS ≥50% (n = 6)	Missing* (n = 4)	Overall (N = 40)
uORR, % (95% CI)	61.9 (38.4–81.9)	77.8 (40.0–97.2)	100.0 (54.1–100.0)	75.0 (19.4–99.4)	72.5 (56.1–85.4)
cORR, % (95% CI)	**47.6** (25.7–70.2)	77.8 (40.0–97.2)	100.0 (54.1–100.0)	50.0 (6.8–93.2)	62.5 (45.8–77.3)
cBOR, n (%)					
CR	0	1 (11.1)	0	0	1 (2.5)
PR	10 (47.6)	6 (66.7)	6 (100.0)	2 (50.0)	24 (60.0)
SD	11 (52.4)	2 (22.2)	0	2 (50.0)	15 (37.5)



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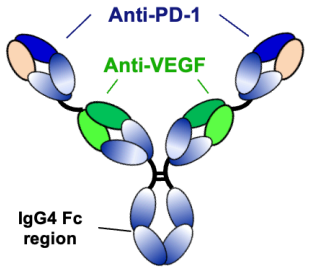


PF-08634404

Bispecific Antibody with Unique Tetravalent Structure:

VEGF and PD-1 binding arms in linear, stacked orientation

- SSGJ-707-NSCLC-II-01 was an open-label, multicenter, phase 2 study evaluating the safety and efficacy of PF'4404 monotherapy in patients with Stage IIIB/C or IV PD-L1–positive NSCLC
- Data cutoff for this analysis was February 28, 2026

Stage IIIB/C or IV NSCLC
- Treatment naive
- Without AGAs
- Squamous or non-squamous[a]
- ECOG PS 0 or 1
- PD-L1 TPS ≥1%

R 1:1:1:1

- PF'4404 5 mg/kg Q3W[b]
- PF'4404 10 mg/kg Q3W[b]
- PF'4404 20 mg/kg Q3W[b]
- PF'4404 30 mg/kg Q3W[b]

Recommended phase 3 dose

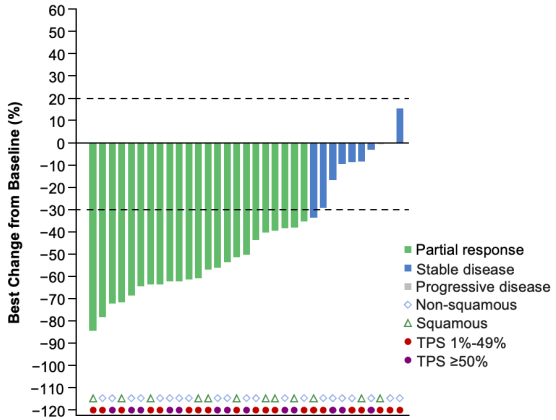
Primary endpoint
- ORR per RECIST 1.1

Secondary endpoints include
- Safety
- DOR
- PFS
- OS
- Correlation between ctDNA and efficacy

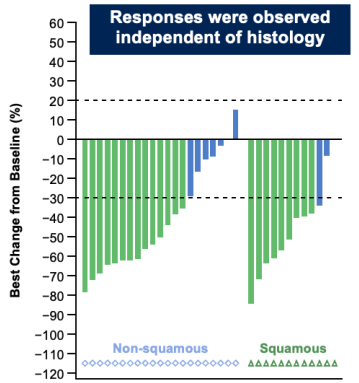
- In the 34 patients who received the **recommended phase 3 dose of 10 mg/kg Q3W**
  - The median duration of follow-up was 18.2 months (95% CI,17.3-19.3)
  - At the time of this analysis, 38.2% of patients remained on treatment

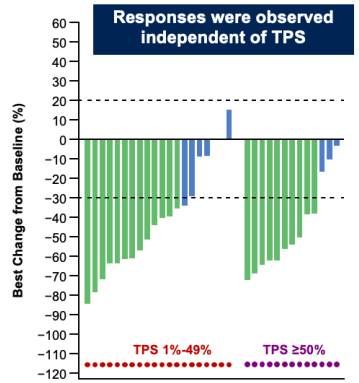
Endpoint	10 mg/kg (n=34)
Confirmed ORR, % (95% CI)	**67.6** (49.5-82.6)
Best overall response, n (%)	
Partial response	23 (67.6)
Stable disease	10 (29.4)
Progressive disease	1 (2.9)
Disease control rate, % (95% CI)	**97.1** (84.7-99.9)
Duration of response, median (95% CI), months	**18.0** (10.9-NE)

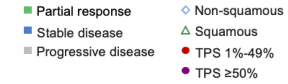
CI, confidence interval; cORR, confirmed objective response rate; NE, not estimable; Q3W, every 3 weeks; TPS, tumor proportion score.



Endpoint	Non-squamous (n=22)	Squamous (n=12)	TPS 1%-49% (n=21)	TPS ≥50% (n=13)
Confirmed ORR, % (95% CI)	**63.6 (40.7-82.8)**	**75.0 (42.8-94.5)**	**61.9 (38.4-81.9)**	**76.9 (46.2-95.0)**
Best overall response, n (%)				
Partial response	14 (63.6)	9 (75.0)	13 (61.9)	10 (76.9)
Stable disease	7 (31.8)	3 (25.0)	7 (33.3)	3 (23.1)
Progressive disease	1 (4.5)	0	1 (4.8)	0
PFS, median (95% CI), months	**12.4 (8.2-NE)**	**8.9 (2.7-NE)**	**9.6 (7.6-NE)**	**15.8 (5.9-NE)**







EAs ≥ G3 Relacionados VEGF 14.7%

EAs ≥ G3 Inmunorrelacionados 5.9%

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Study population

N≈100

- **NSQ** metastatic NSCLC with ***STK11*m ± *KEAP1*m ± *KRAS*m**
- No prior systemic treatment for metastatic disease
- No *EGFR*m or *ALK* alterations
- ECOG PS 0 or 1
- Tumor biopsy (if available) and baseline plasma sample (for ctDNA)

R 1:1

Tremelimumab + durvalumab + platinum-pemetrexed[a] → **Tremelimumab (week 16 and month 24) + durvalumab + pemetrexed[c]**

Induction: 4 cycles → Maintenance treatment

Pembrolizumab + platinum-pemetrexed[b] → **Pembrolizumab + pemetrexed[d]**

Stratification: *STK11*m vs *KEAP1*m vs *KRAS*m | PD-L1 TC ≥1% vs <1%

Primary endpoint

- PFS*

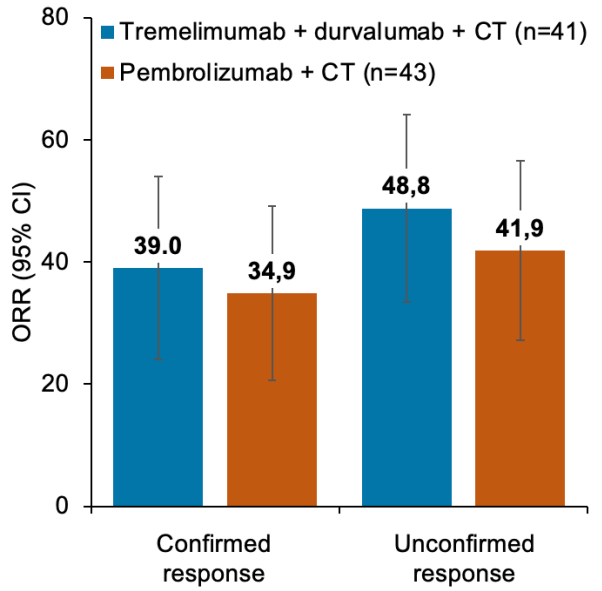
Key secondary endpoints

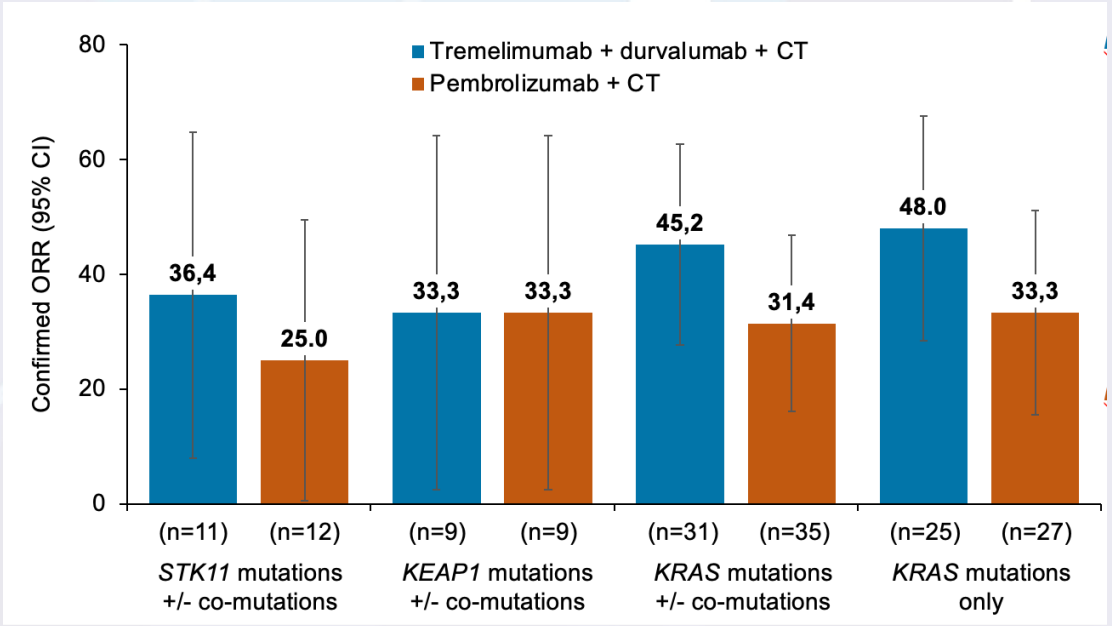
- OS (inc. rates at 12 & 24 mos)
- TFST
- ORR, DoR (inc. rates at 3, 6, 9, & 12 mos)
- Safety/tolerability

Exploratory analyses

- Outcomes by individual mutations

	T+D+CT n=41	P+CT n=43
Median age (range), years	69.0 (47–82)	69.0 (51–86)
Male, %	48.8	62.8
White / Black or African American / Asian*, %	70.7 / 14.6 / 7.3	72.1 / 20.9 / 4.7
ECOG PS 0 / 1, %	22.0 / 78.0	37.2 / 62.8
Adenocarcinoma typical / Other NSQ histology†, %	85.4 / 12.2	88.4 / 11.6
Current or former / Never smoker, %	90.2 / 9.8	93.0 / 7.0
***STK11* / *KEAP1* / *KRAS* mutation‡§**, %	26.8 / 22.0 / 75.6	27.9 / 20.9 / 81.4
PD-L1 TC <1% / TC ≥1%§, %	39.0 / 61.0	39.5 / 60.5
CNS metastases, %	9.8	11.6
Liver metastases, %	17.1	11.6
Median (range) number of D/P doses	8.0 (1–16)	7.0 (1–20)
Received 5 tremelimumab doses, n (%)	24 (58.5)*	–
Received 4 cycles of platinum chemotherapy, n (%)	33 (80.5)	28 (65.1)
Received maintenance pemetrexed, n (%)	29 (70.7)	30 (69.8)
Median (range) duration of D/P treatment, months	5.7 (0.4–14.9)	4.8 (0.7–18.2)





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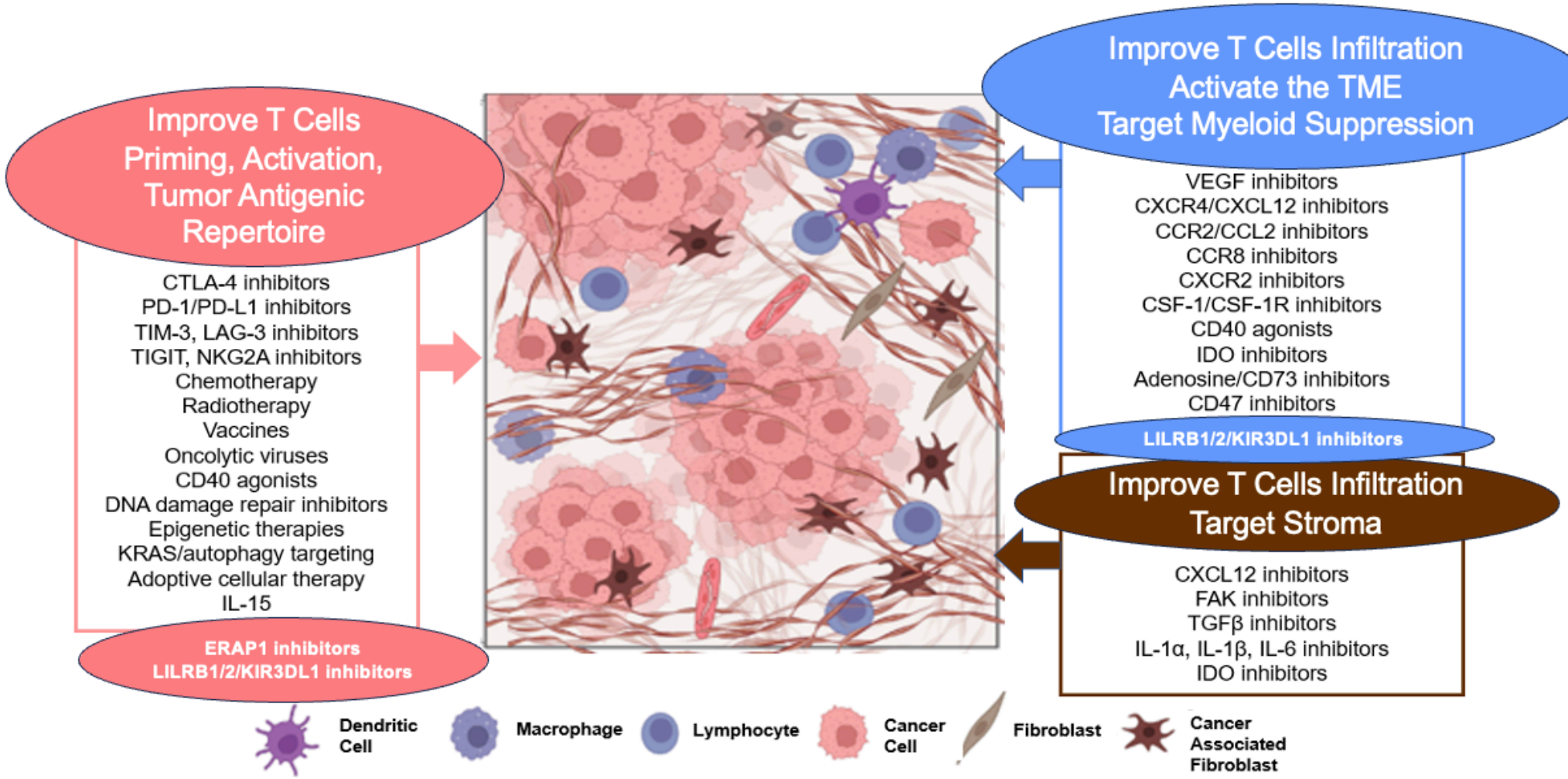
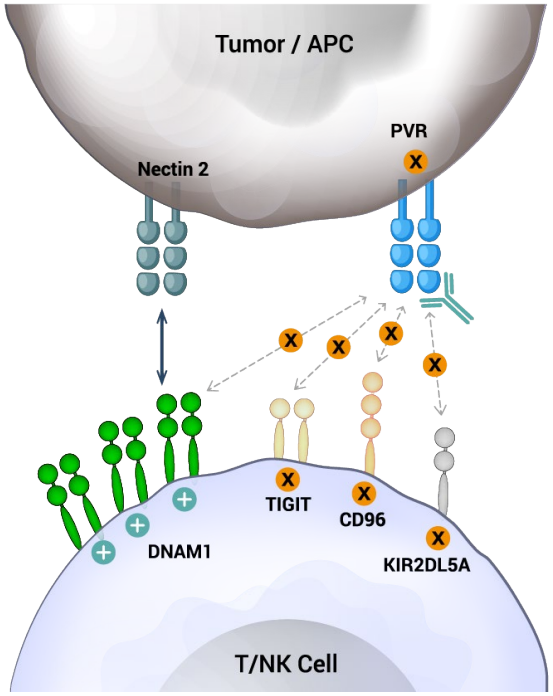
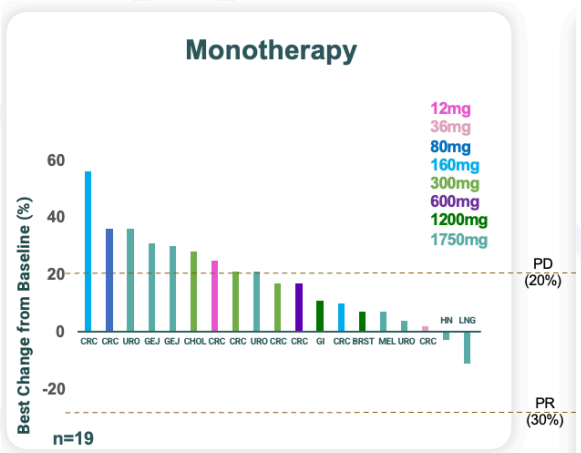
Matchmaking to Prevent Immunotherapy Resistance



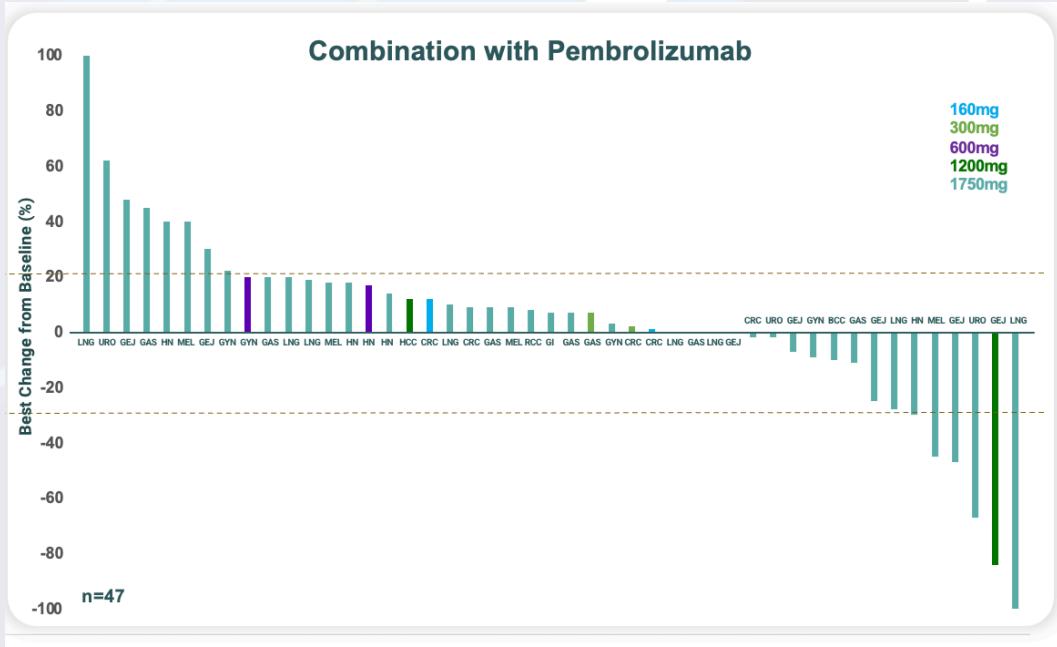


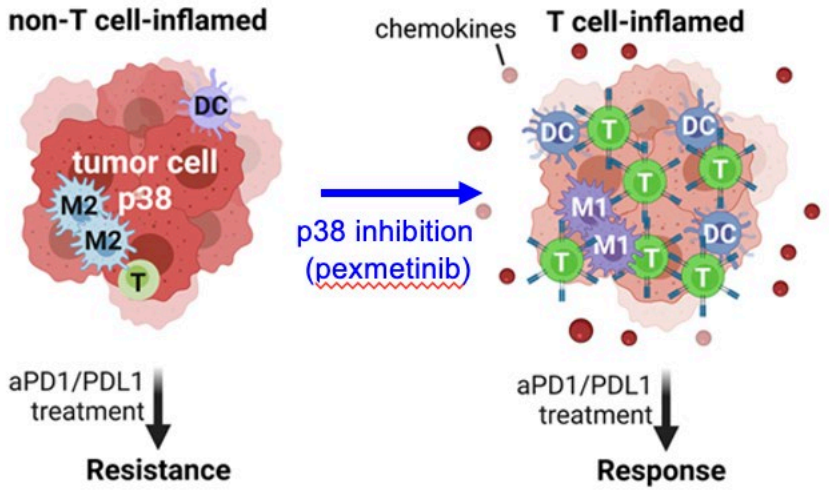
Cancer Type	*Patients (n=91)*
Upper GI	26 (29%)
mCRC	16 (18%)
NSCLC	12 (13%)
Urothelial	8 (9%)
Melanoma	7 (8%)
SCCHN	7 (8%)
Gyn	4 (4%)
HCC and bile	3 (3%)
Small Bowel	3 (3%)
BCC	2 (2%)
PDAC	1 (1%)
Breast	1 (1%)
RCC	1 (1%)



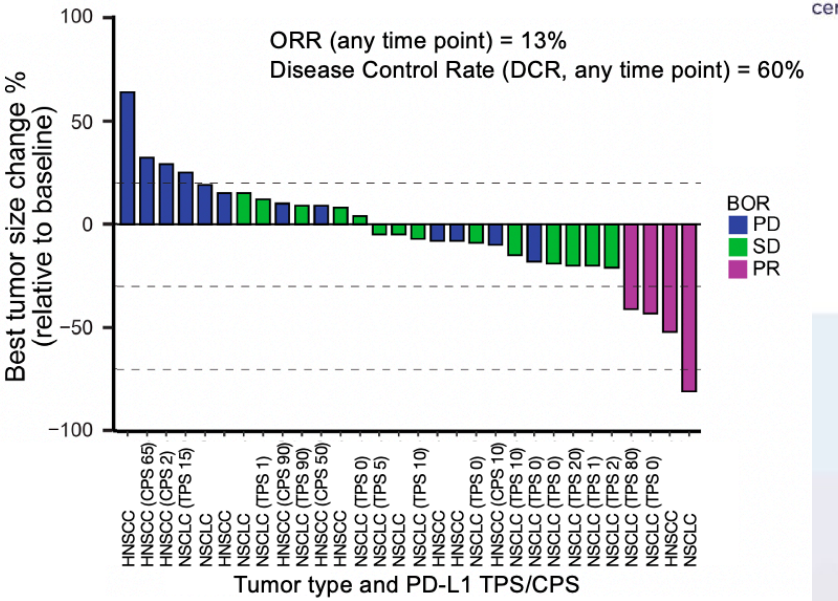
All patients were treated at Q3W

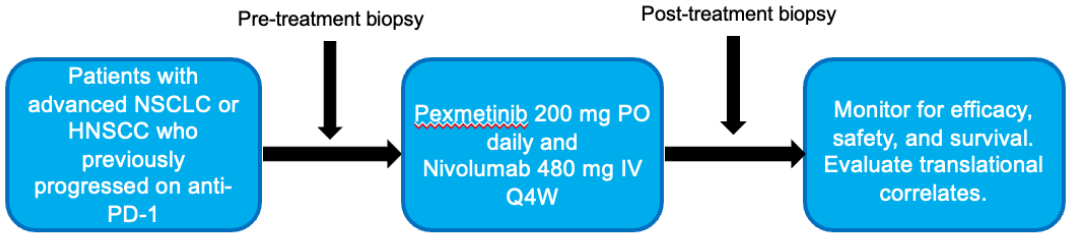
Data cut-off 30 April 2026





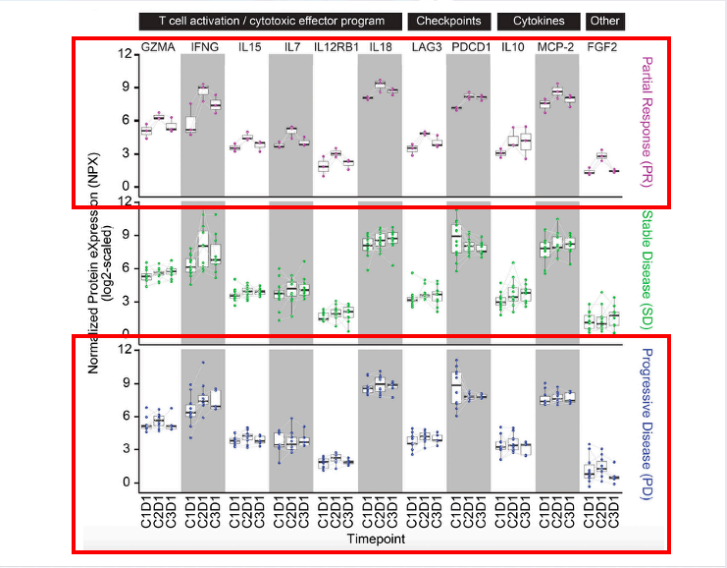
	Number of Participants, n = 35
Age at Enrollment (Median [IQR])	62 [58, 66]
Sex (%)	
Female	14 (40)
Male	21 (60)
Race (%)	
White	29 (83)
Black or African American	6 (17)
Ethnicity (%)	
Hispanic or Latino	0 (0)
Non-Hispanic	35 (100)
ECOG Performance Status (%)	
0	4 (11)
1	31 (89)
Disease Histology (%)	
Head and Neck Squamous Carcinoma (HNSCC)	11 (31)
Oral Cavity	*1*
Laryngeal	*4*
Oropharyngeal	*6*
Non-Small Cell Lung Cancer (NSCLC)	24 (69)
Adenocarcinoma	*15*
Squamous Cell Carcinoma	*3*
Other[1]	*6*
Prior anti-PD-1/PD-L1 Therapy (%)	35 (100)
PD-L1 Combined Positive Score (CPS) in HNSCC[6] (%)	
CPS ≥ 1	5 (100)
CPS ≥ 20	3 (60)
PD-L1 Tumor Proportional Score (TPS) in NSCLC[7] (%)	
TPS ≥ 1%	13 (65)
TPS ≥ 50%	3 (15)
Median Lines of Systemic Therapy (range)	2 (1 - 5)





Primary endpoint: Overall response rate (ORR)
Secondary endpoints: Overall survival (OS), Progression-free survival (PFS), Safety

- Incremento IFN-gamma
- Aumento reclutamiento-infiltración CD8+



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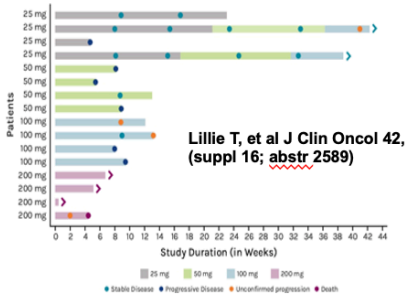
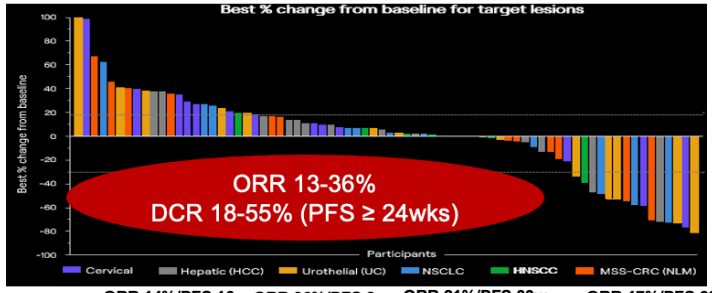
Abstract 2500: ERAP1 inhibitor GRWD5769 and Cemiplimab in solid tumors with anti-PD1 resistance or MSS-CRC without liver metastases

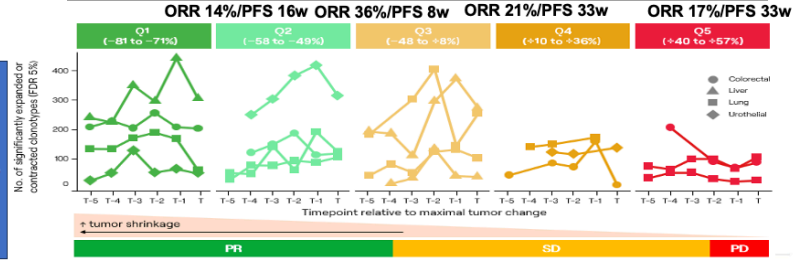
GRWS5769 monotherapy



Lillie T, et al J Clin Oncol 42, 2024 (suppl 16; abstr 2589)

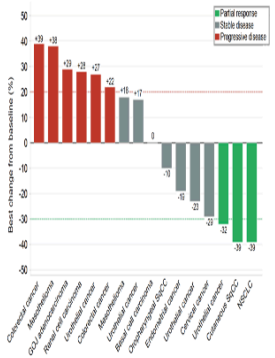
N=83
Median 2 lines (1-6)
All (– CRC) had prior PD1 with SD ≥ 3 mo
400 mg BID days1-14 q21d
2% grade 3 imAE (hepatitis, renal)

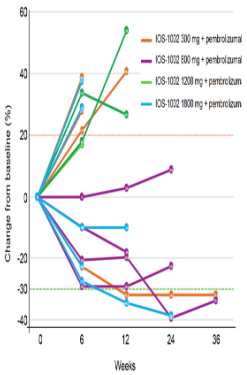




Abstract 2501
Re-sensitizing PD-1/PD-L1 relapsed/refractory solid tumors: Phase 1a results of IOS-1002, a LILRB1/2 and KIR3DL1 checkpoint inhibitor, in combination with pembrolizumab

PD1-relapsed





Safety

2/28 (7%) patients Grade 3 imAEs:
- Encephalitis, adrenal insufficiency
- CNS vasculitis

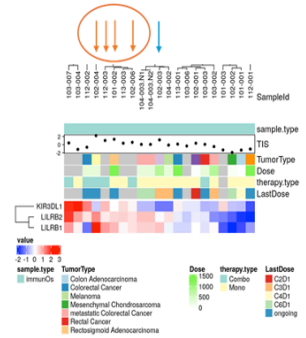
3 (11%) Gr 1-2 Infusion reactions

Efficacy

	PD1 Naïve IOS + P N=12	PD1 Relapsed IOS + P N=16	All IOS N=19
PR	2 (16%)	3 (19%)	0
SD	8 (69%)	7 (37%)	6 (32%)
DoR	24 wks	30 wks	

Translational

Expression of IOS-1002 targets



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Targeted immunotherapy: the next wave of personalized cancer therapy

New targets

- Expanding targets for conventional ADC & TCE
- Intracellular targets with TCR therapeutics
- Dual antigen targeting
- Non-T cell immune targets
- Stromal and TME targets

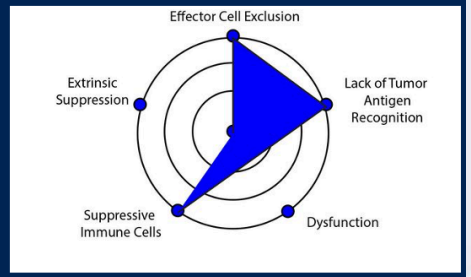
New modalities

- Conditional therapeutics
- Next generation cell therapies
- Personalized vaccines
- Novel combinations

Personalization

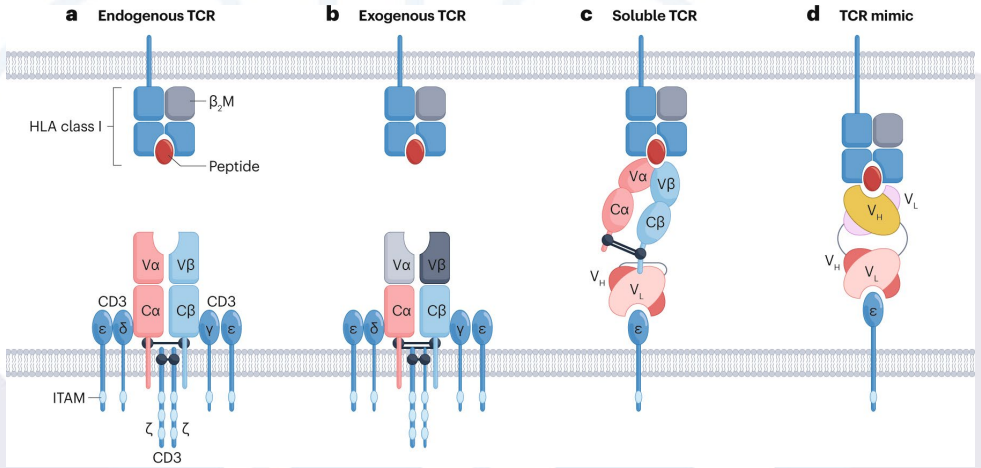
- Integrating molecular data (genomics, protein expression), HLA type, & immunotherapy biomarkers
- Sequencing strategies

- Moving beyond mutations, microsatellite status, TMB
- Requires understanding of individual tumor features and upfront targeting of certain mechanisms
- Integrating histology/metastatic sites, targets (mutations, over-expressed proteins), HLA type, immune milieu. Examples:
  - High neoantigen burden → vaccine / TCR
  - Immune-excluded tumor → TME-modulating therapy first
  - Antigen-defined tumor → cell therapy / TCE / ADC + ICI

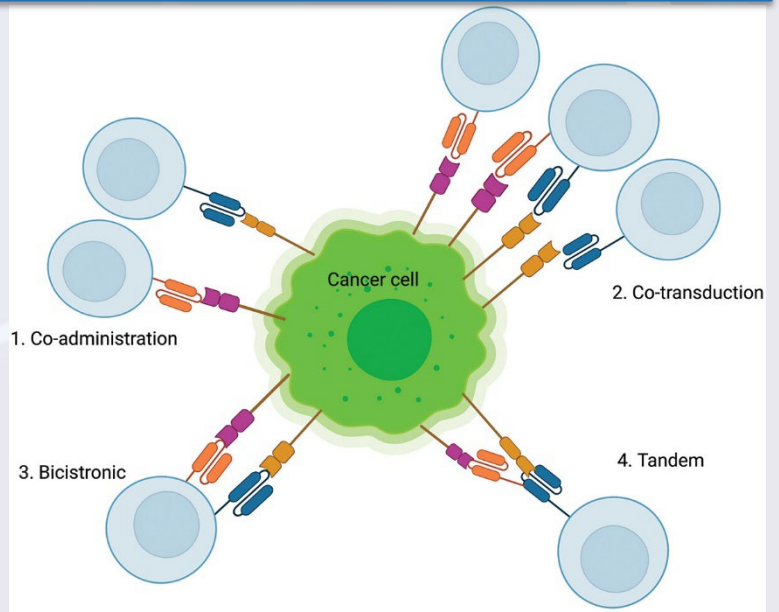


Anderson et al, *JITC*, 2023

TCR dirigidos a Ab intracelulares



TCR dirigidos a Ag duales



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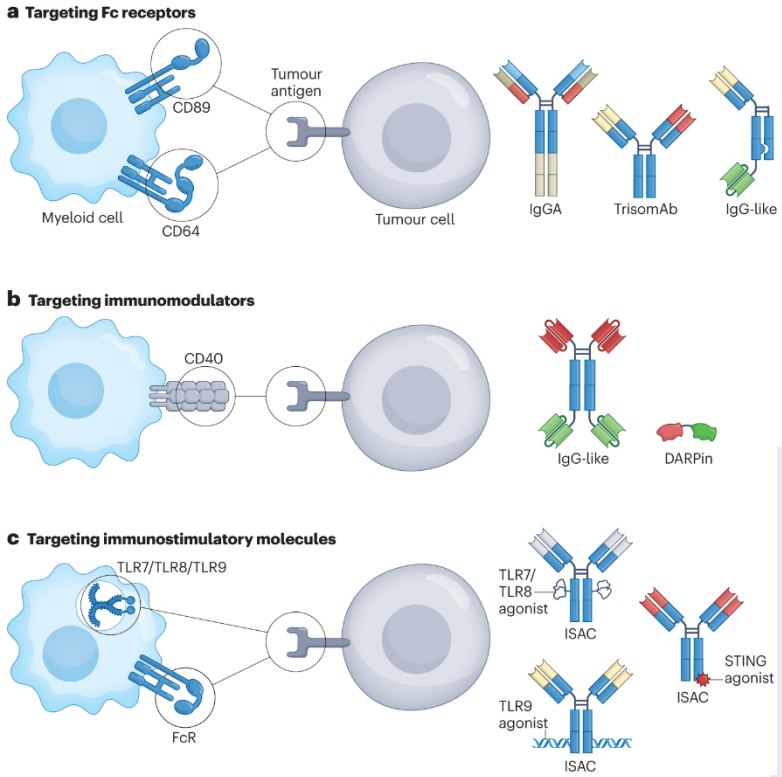
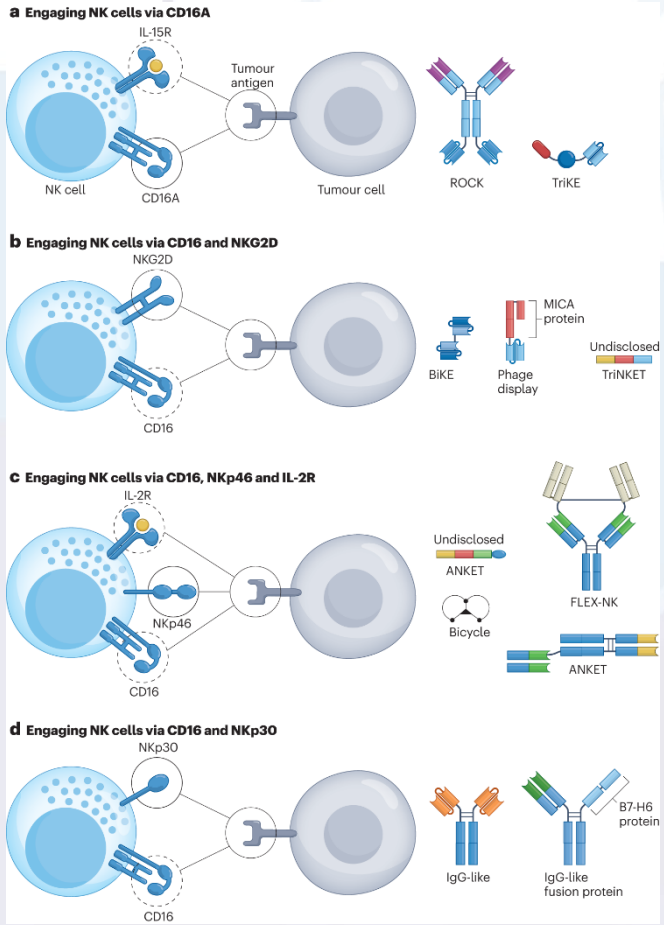
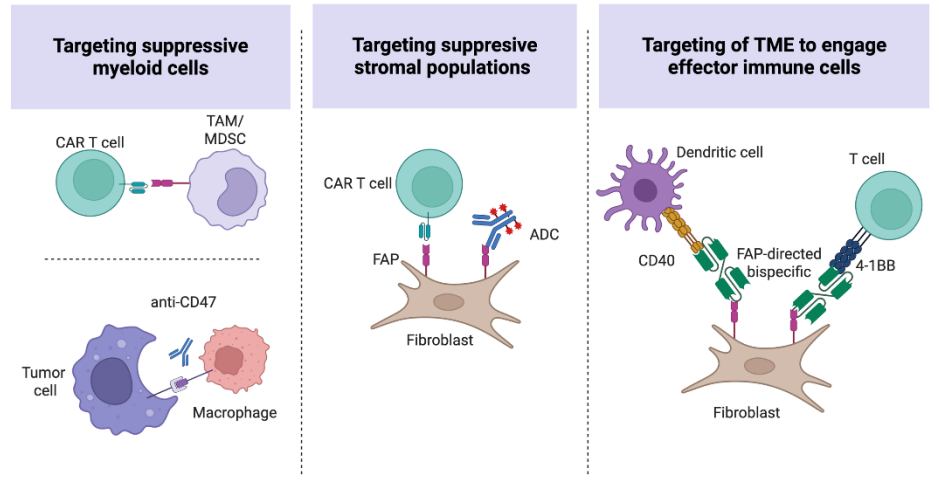
Células presentadoras Ag



Células NK



Microambiente tumoral



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GeCP lung cancer research

Mensajes resumen

Los anticuerpos biespecificos anti-PD(L)-1 y anti-VEGF(R) pueden mejorar los resultados actuales de la inmunoterapia

En desarrollo multiples combinaciones de ADCs con inmunoterapia

Persiste la falta de factores predictivos para la IT actual y están en desarrollo tratamientos dirigidos mecanismos de resistencia y a proteinas intracelulares, Ag duales, células APC, NK y TME

Abstracts utilizados en la presentación

Iniciativa científica de: GECP lung cancer research

- Lu S et al :Abstract LBA04 . Oral Presentation Plenary Session
- Shi Y et al: Abstract LBA8508. Oral Presentation Session Lung Cancer Non Small Cell Metastatic
- Zhou C et al: Abstract 8507. Oral Presentation Session Lung Cancer Non Small Cell Metastatic
- Peters S et al :Abstract 8513. Oral Presentation Session Lung Cancer Non Small Cell Metastatic
- Wu L et al Abstract 8514. Oral Presentation Session Lung Cancer Non Small Cell Metastatic
- Skoulidis F et al Abstract 8515. Oral Presentation Session Lung Cancer Non Small Cell Metastatic
- Chiorean EG: Discussant Oral Abstracts Session Developmental Therapeutics Immunotherapy
- Piha-Paul SA et al: Abstract 2518. Oral Presentation Abstracts Session Developmental Therapeutics Immunotherapy
- Nguyen MK et al: Abstract 2515. Oral Presentation Abstracts Session Developmental Therapeutics Immunotherapy
- Thisthlethwaite F et al: Abstract 2500. Oral Presentation Abstracts Session Developmental Therapeutics Immunotherapy
- Luen SJ et al: Abstract 2501. Oral Presentation Abstracts Session Developmental Therapeutics Immunotherapy
- Keenan BP: Educational Session State of the Art: Immunotherapy, Targeted Therapy or Both?

Gracias