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

CNMP metastásico con Driver (no EGFR no ALK)

Dra. Eider Azkona Uribelarrea

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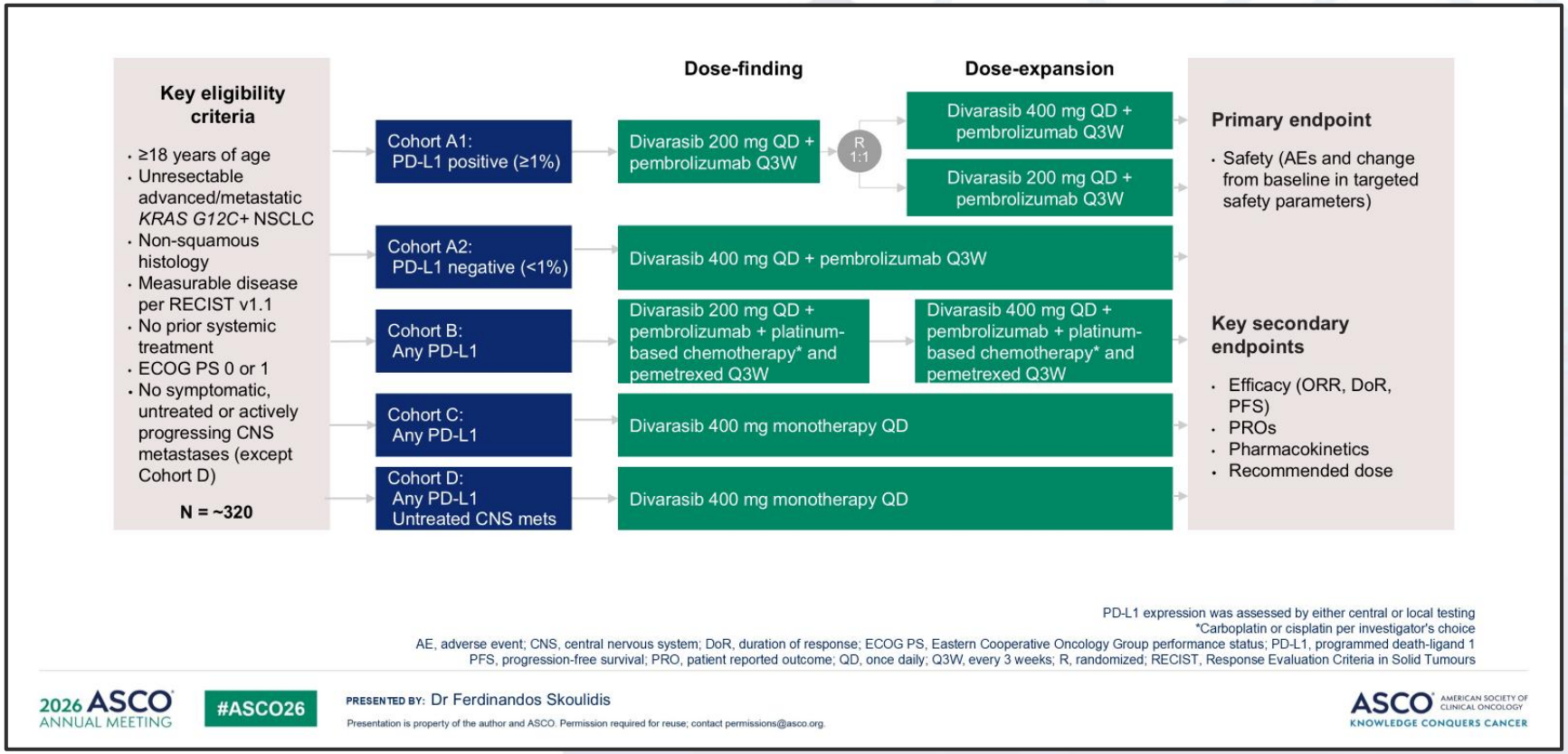
KRAS

KRAS G12C

First-line divarasib plus pembrolizumab in advanced or metastatic KRAS G12C+ non-small cell lung cancer: results from the Krascendo 170 study

Ferdinandos Skoulidis



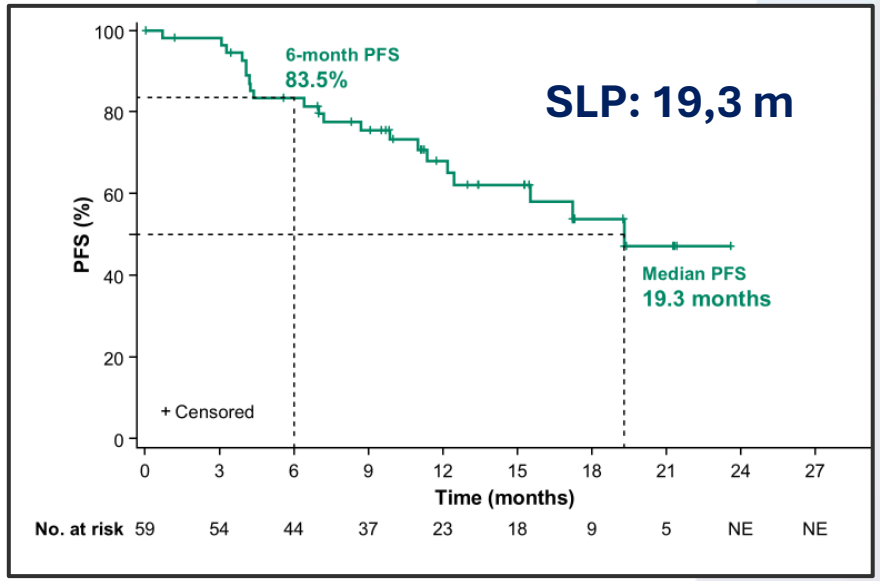
KRAS G12C

First-line divarasib plus pembrolizumab in advanced or metastatic KRAS G12C+ non-small cell lung cancer: results from the Krascendo 170 study

Ferdinandos Skoulidis

<u>COHORTE A1 (PD-L1 +)</u>: Divarasib 200 mg +Pembrolizumab

- TR: 72,9%
- DoR: NR
- T a resp 43 días



<u>COHORTE A2 (PD-L1 -)</u>: Divarasib 400 mg +Pembrolizumab

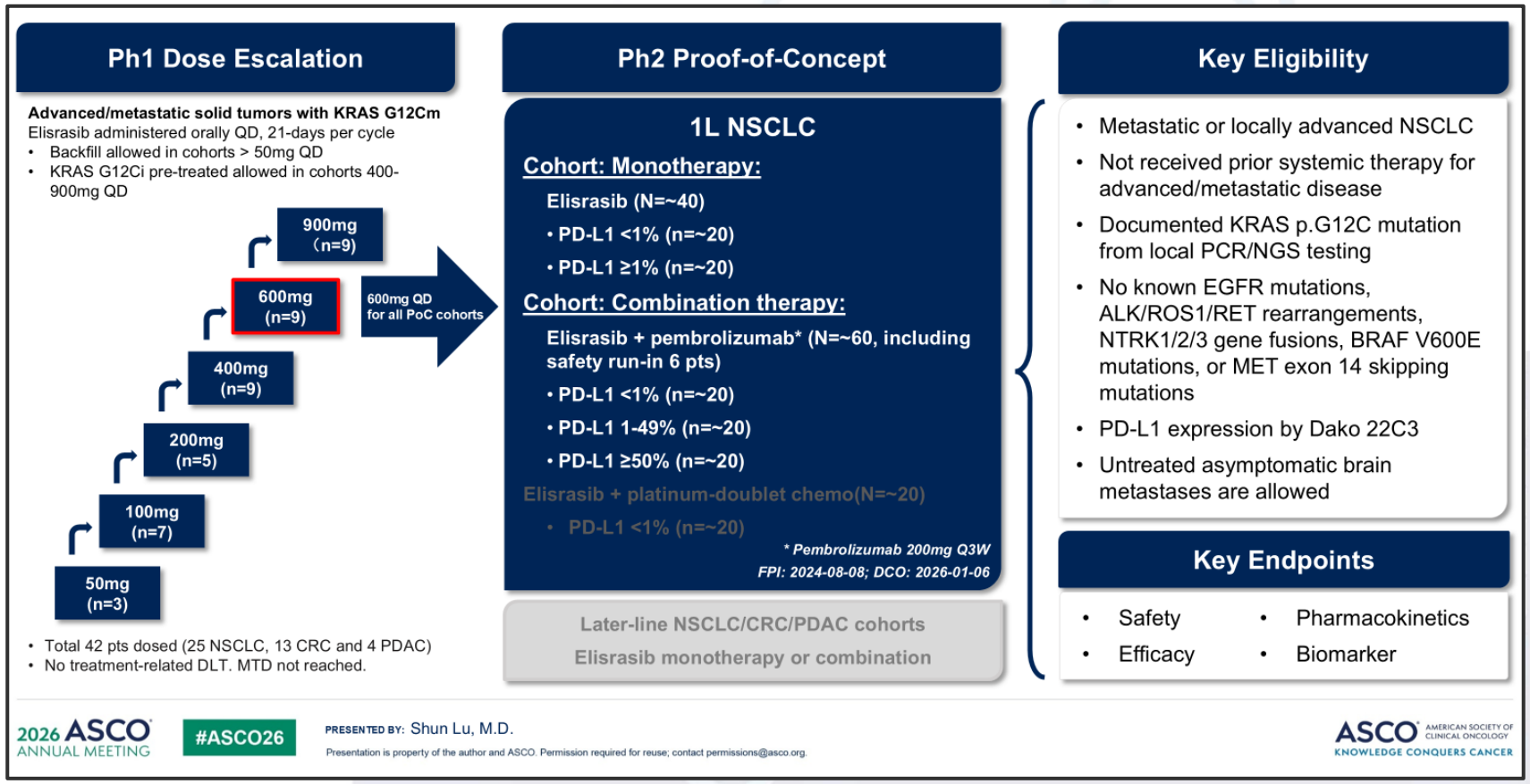
- TR: 69,6%
- T a resp: 40,5 m

- EAs ≥G3: 65,4%
  - ALT 20%, AST 18%diarrea 16%; N y V2%
- Disminución de dosis: 52,6%
- Interrupciones: 69,2%
- Stop: 12,8%
- Diarrea, transaminitis, aumento lipasa, N/V.

KRAS G12C

Elisrasib (D3S-001), a next-generation GDP-bound KRAS G12C inhibitor, as first-line therapy for KRAS G12C mutation–positive non–small cell lung cancer (NSCLC)

Shun Lu[1]



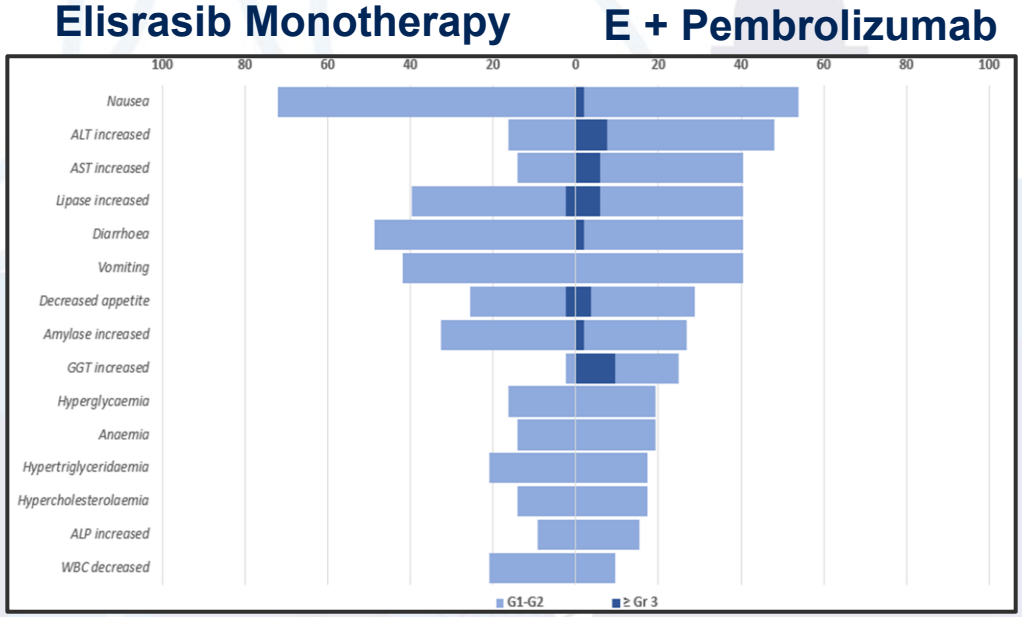
KRAS G12C

Elisrasib (D3S-001), a next-generation GDP-bound KRAS G12C inhibitor, as first-line therapy for KRAS G12C mutation–positive non–small cell lung cancer (NSCLC)

Shun Lu[1]

	MONOTERAPIA	+ PEMBROLIZUMAB
TR	78%	81,3%
TCE	95,1%	97,9%
SLP	12,4m (12m: 50,8%)	NR (a 12m: 53,7%)
SV a 12 m	90,0%	88,8%
DoR	NR • a 12m: 52,6%	NR • a 12m: 73,2%
Respuesta a las 6 s	65,6%	82,1%

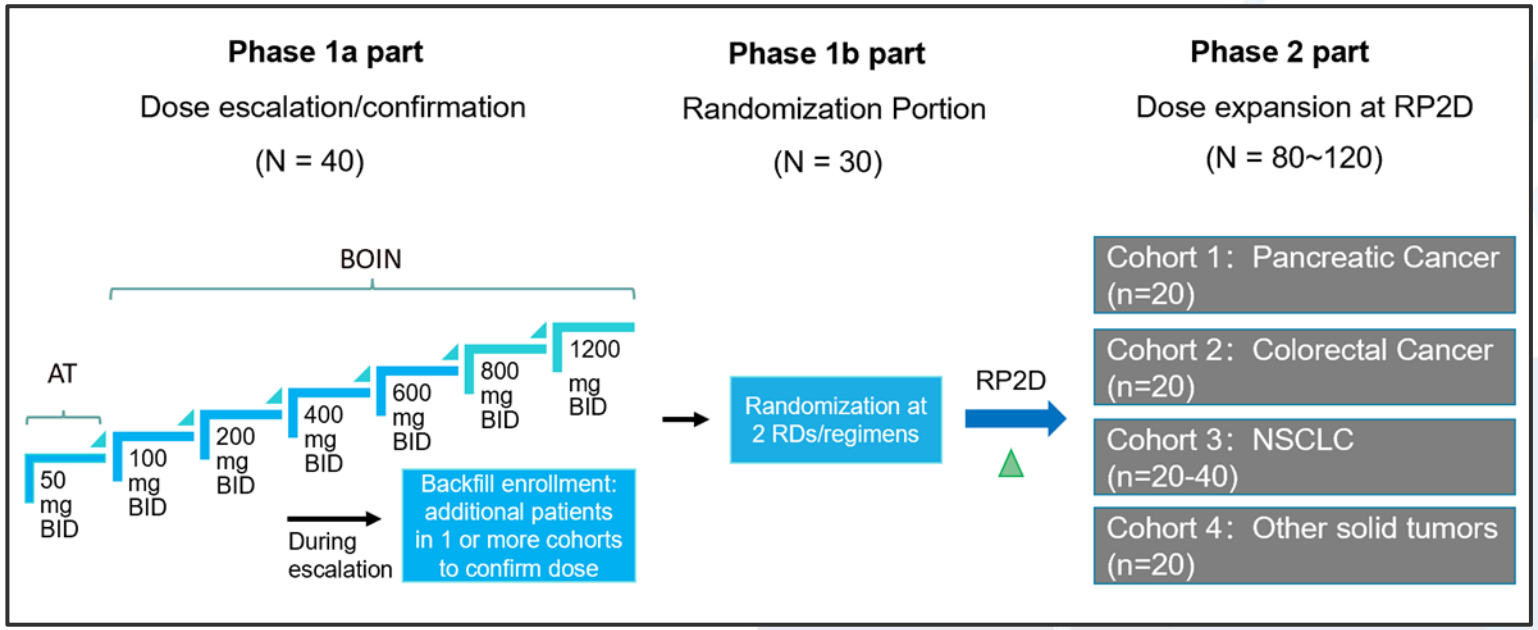
	MONOTERAPIA	+ PEMBROLIZUMAB
EAa≥G3	7%	32,7%
Disminución dosis	0	23,1%
Interrupciones	9,3%	50%



→ Actividad robusta y duradera
→ Fase 3

KRAS G12D

A phase 1/2 study of TSN1611, a highly selective oral KRAS G12D inhibitor, in solid tumors: encouraging efficacy and manageable safety in KRAS G12D mutated NSCLC patients



- EAs G3: 21,4%
- Interrupciones de dosis: 14,3%
- Disminución dosis: 23,8%
- Stop: 0%
- Lo mas frec: diarrea: aumento lipasa, N/V, anemia y linfopenia

	1ªL (n=5)	Previamente tratados (n=22)	Total (n=27)
TR	80%	36,4%	44,4%
TCE	100%	86,4%	88,9%

DoR: 8,4m

KRAS G12D

Phase I/IIa study of DN022150, a novel selective noncovalent small molecule KRAS^{G12D} inhibitor in patients with advanced KRAS^{G12D}–mutant solid tumors

Yuejuan Cheng, MD

Criterios de inclusión:

- Tumores solidos avanzados KRAS G12D
- Previamente tratados con tto estándar
- ECOG 01-1

Obj 1º: seguridad, MTD, dosis, TR

Eas ≥G3: 50,7%

7,5% AST, 13,4% neutropenia, 7,5% anemia

Disminución dosis: 4,5%

Stop: 4,5%

	Dose Escalation N=28	Dose Expansion N=29	Indication Exploration N=10	Total N=67
Median age, year	59.5	63	67	63
Male, N(%)	11(39.3)	21(72.4)	4(40.0)	36(53.7)
ECOG PS 1, N(%)	26(92.9)	24(82.8)	7(70.0)	57(85.1)
Tumor type, N(%)				
NSCLC	3(10.7)	0(0.0)	0(0.0)	3(4.5)
CRC	8(28.6)	0(0.0)	0(0.0)	8(11.9)
PDAC	15(53.6)	29(100.0)	10(100.0)	54(80.6)
Others	2(7.1)	0(0.0)	0(0.0)	2(3.0)

TR; 33,9%

TCE 78%

KRAS G12D

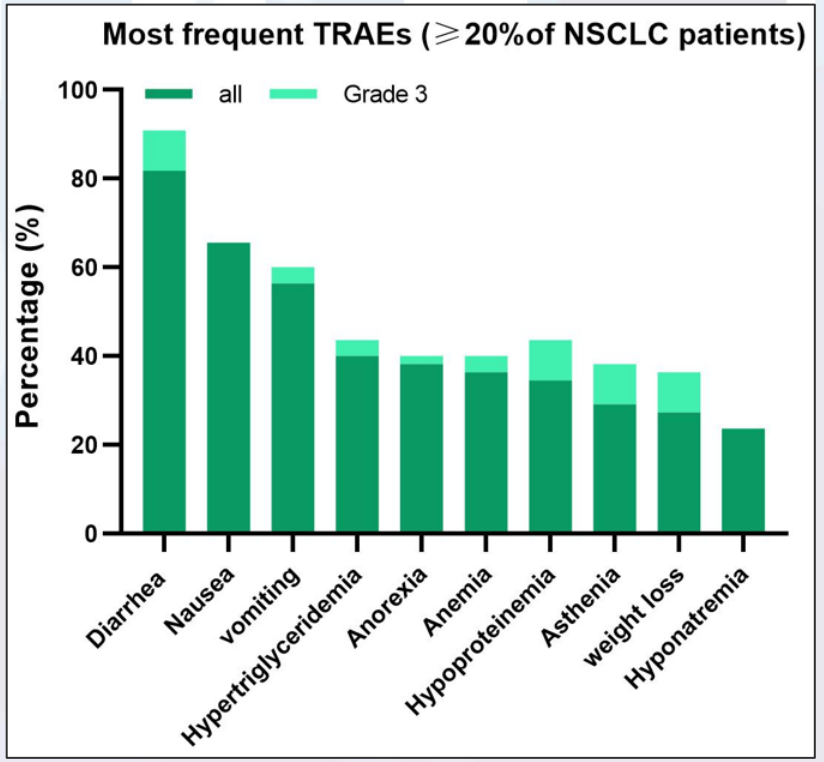
Clinical Activity and Safety of RNK08954 in Advanced Non-Small Cell Lung Cancer (NSCLC) Patients with KRAS G12D Mutation (NCT06667544)

Zhengbo Song

- 1º: Fase de escalada de dosis:
- 2º parte: 3 cohortes:
  - Cohorte A: PDAC
  - Cohorte B: CNMP
    - N= 55 (39: 1200mg)
  - Cohorte C: otros tumores olidos

	TR	TCE
400-1200 mg (n=47)	42,6%	95,7%
1200 mg pretratados (n= 20)	23,1%	95%
1200 mg, no taxano previo (n=18)	50%	94,4%

- EAs ≥G3: 25,5%
- Disminución dosis: 10,9%
- Interrupciones: 25,5%
- Stop: 0%



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ROS

RET

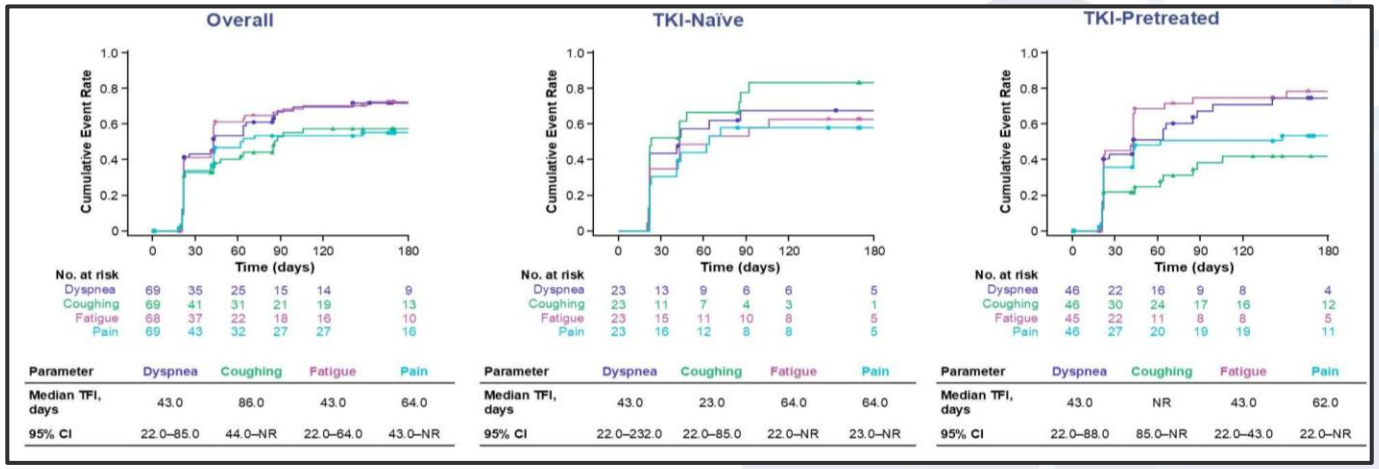
HER 2

ROS1

Patient-reported outcomes (PROs) and health-related quality of life (HRQoL) with taletrectinib in advanced ROS1+ non small cell lung cáncer (NSCLC) from the TRUST-II study.

YasirY. Elamin. Abstract #: 8629

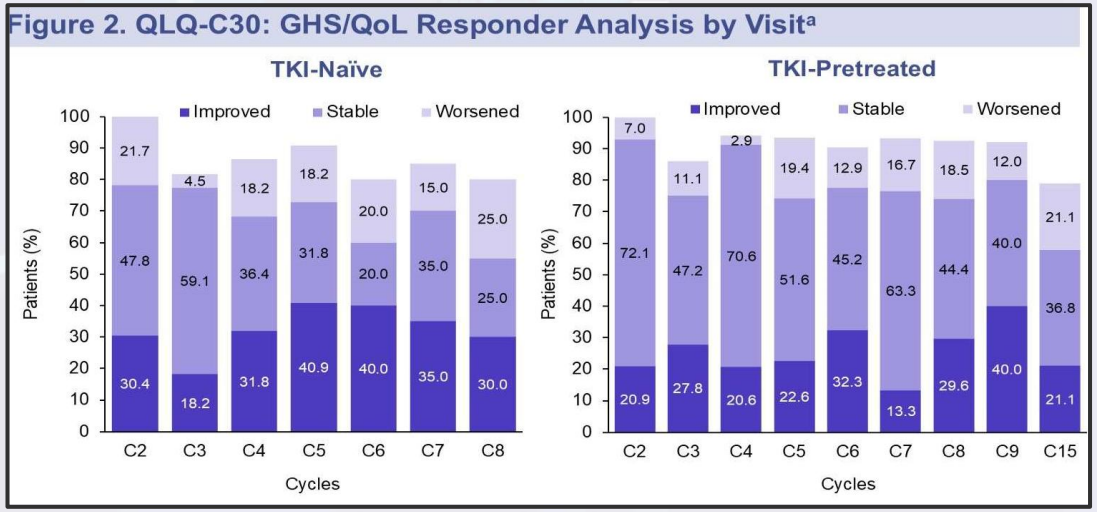
n=69 (23-TKI naive y 46 TKI pre-tto)



Parameter	Dyspnea	Coughing	Fatigue	Pain
Median TFI, days	43.0	86.0	43.0	64.0
95% CI	22.0–85.0	44.0–NR	22.0–64.0	43.0–NR

Parameter	Dyspnea	Coughing	Fatigue	Pain
Median TFI, days	43.0	23.0	64.0	64.0
95% CI	22.0–232.0	22.0–85.0	22.0–NR	23.0–NR

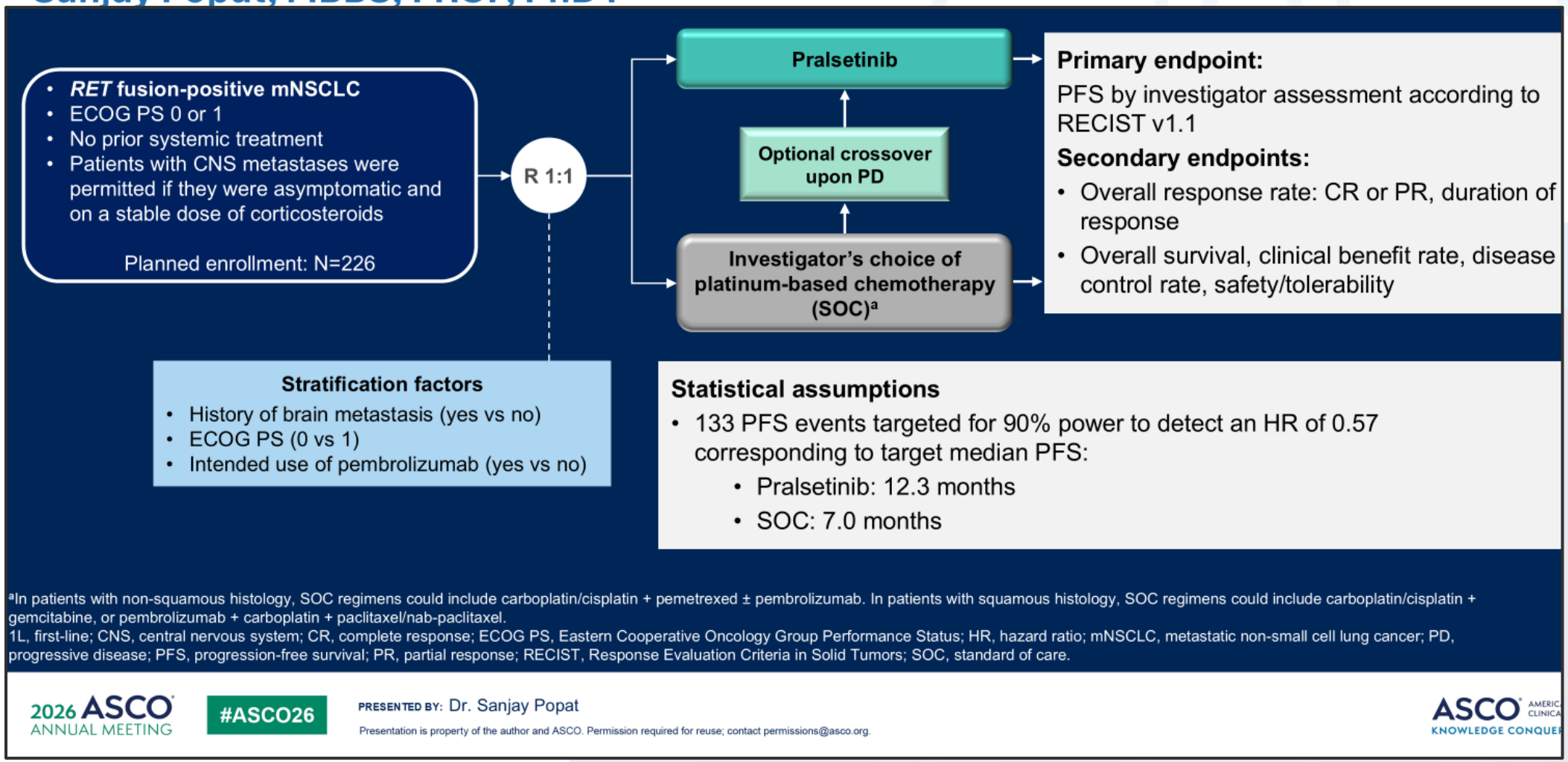
Parameter	Dyspnea	Coughing	Fatigue	Pain
Median TFI, days	43.0	NR	43.0	62.0
95% CI	22.0–88.0	85.0–NR	22.0–43.0	22.0–NR



RET

Efficacy and Safety of Pralsetinib as First-Line Treatment of RET Fusion-Positive Advanced or Metastatic Non-Small Cell Lung Cancer: The Phase 3 AcceleRET-Lung Study

Sanjay Popat, MBBS, FRCP, PhD1



+/-70% europeos
+/- 30% M1 SNC

RET

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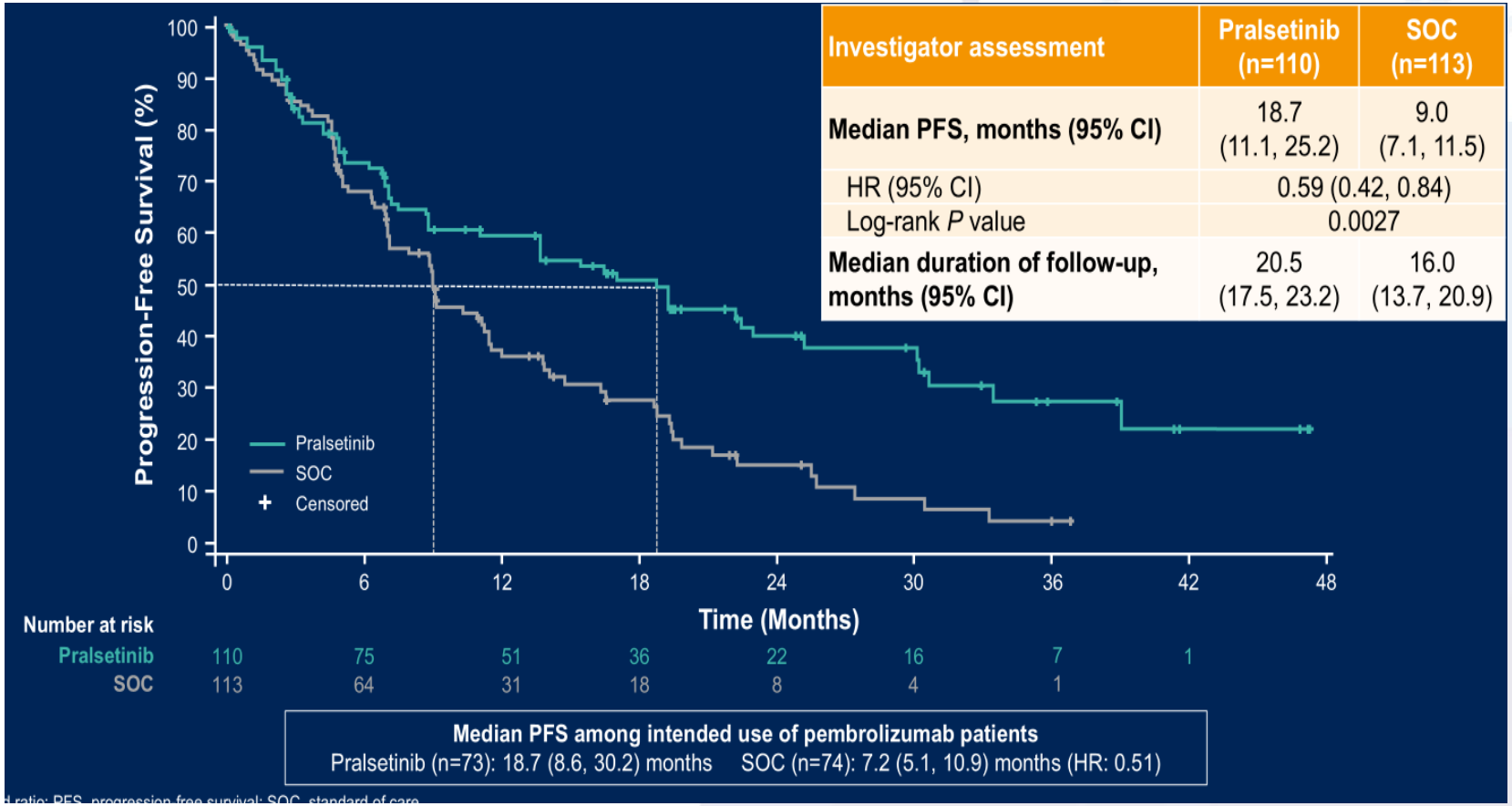


Investigator assessment	Pralsetinib (n=110)	SOC (n=113)
Median PFS, months (95% CI)	18.7 (11.1, 25.2)	9.0 (7.1, 11.5)
HR (95% CI)	0.59 (0.42, 0.84)	
Log-rank *P* value	0.0027	
Median duration of follow-up, months (95% CI)	20.5 (17.5, 23.2)	16.0 (13.7, 20.9)

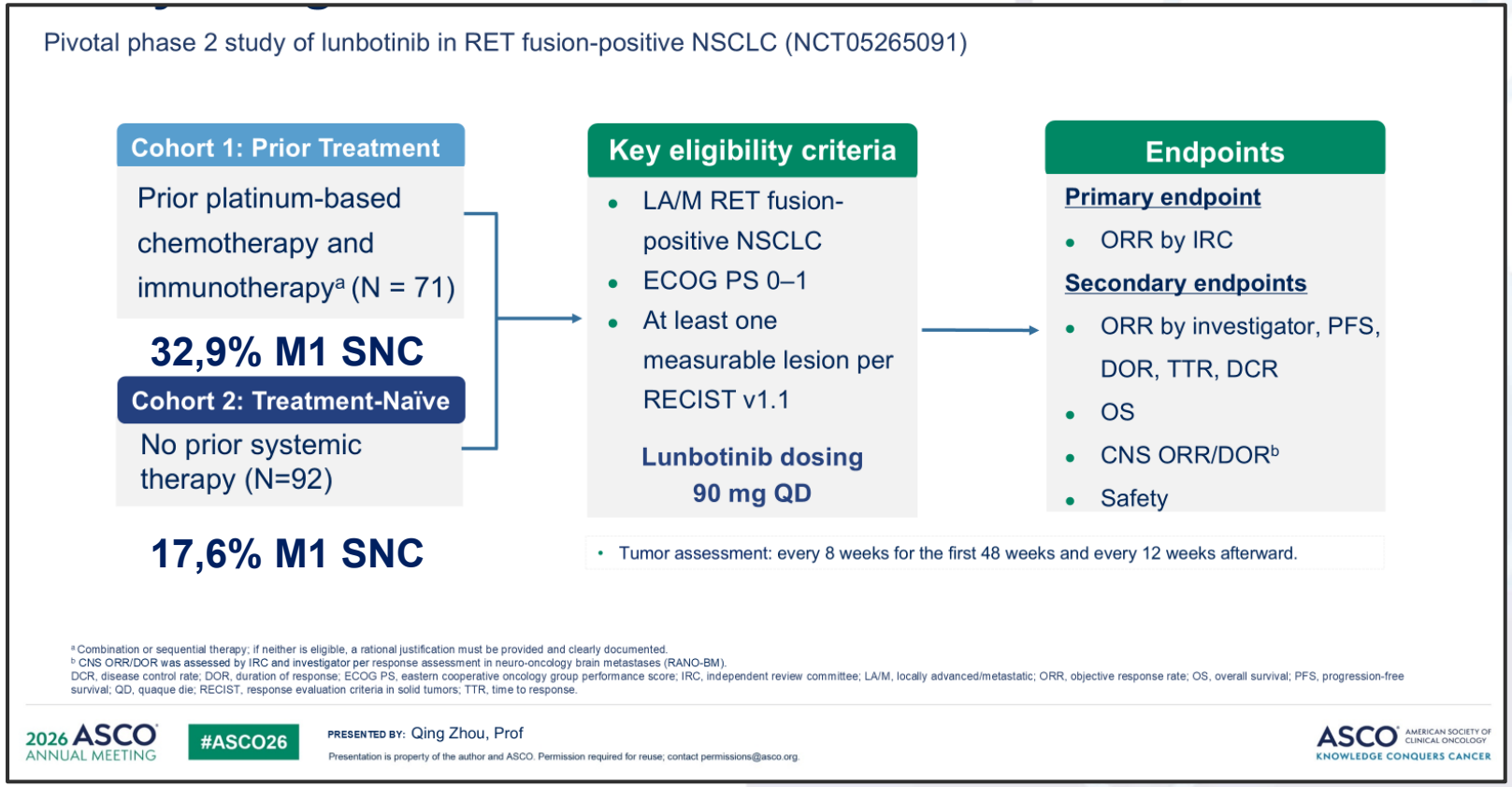
- TR: 65,5 vs. 41,6%
- DoR: 20,6 vs. 9,7 m

- EAs G3-5: 77,8 vs. 57,7%
- Muertes por EAs: 14,8 vs. 4.8%
  - Infecciones : 7,4 vs. 0%
- Modificaciones: 74,1 vs. 54,8%
- Stop por EAs: 16,7 vs. 24%
- Infecciones ≥G3: 28,7 vs. 9,6%
- Infecciones oportunistas ≥G3: 6,5 vs. 0%

RET

Efficacy and safety of lunbotinib (A400/EP0031), a next-generation selective RET inhibitor (SRI), from a pivotal phase II study in patients with advanced RET-fusion positive non-small cell lung cancer

Qing Zhou1



- cTR:
  - 1ªL: 81,3%
  - Otras L: 87,1%
- icTR: 79,5%
- icTCE: 89,7%

- DoR:
  - 1ªL: NR; a 21m: 67,1%
  - Otras: 25,7 m; a 24m: 55,4%

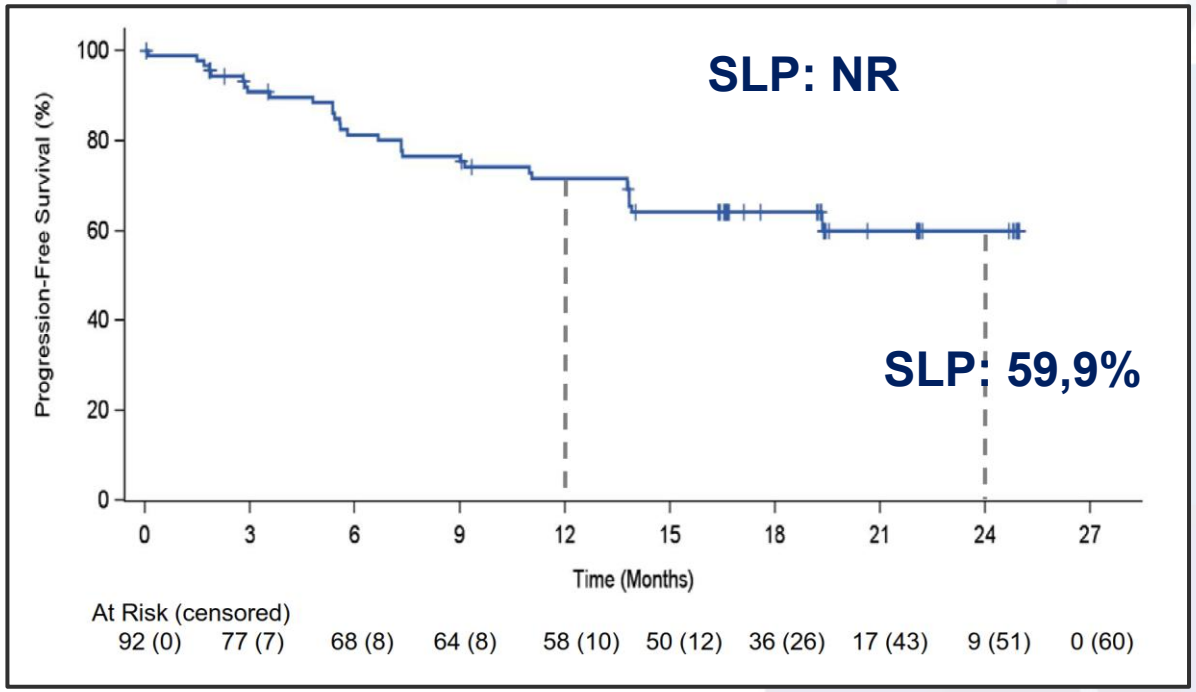
- ctDNA basal+ → <SLP
  - 80,9% aclara en la semana 8

RET

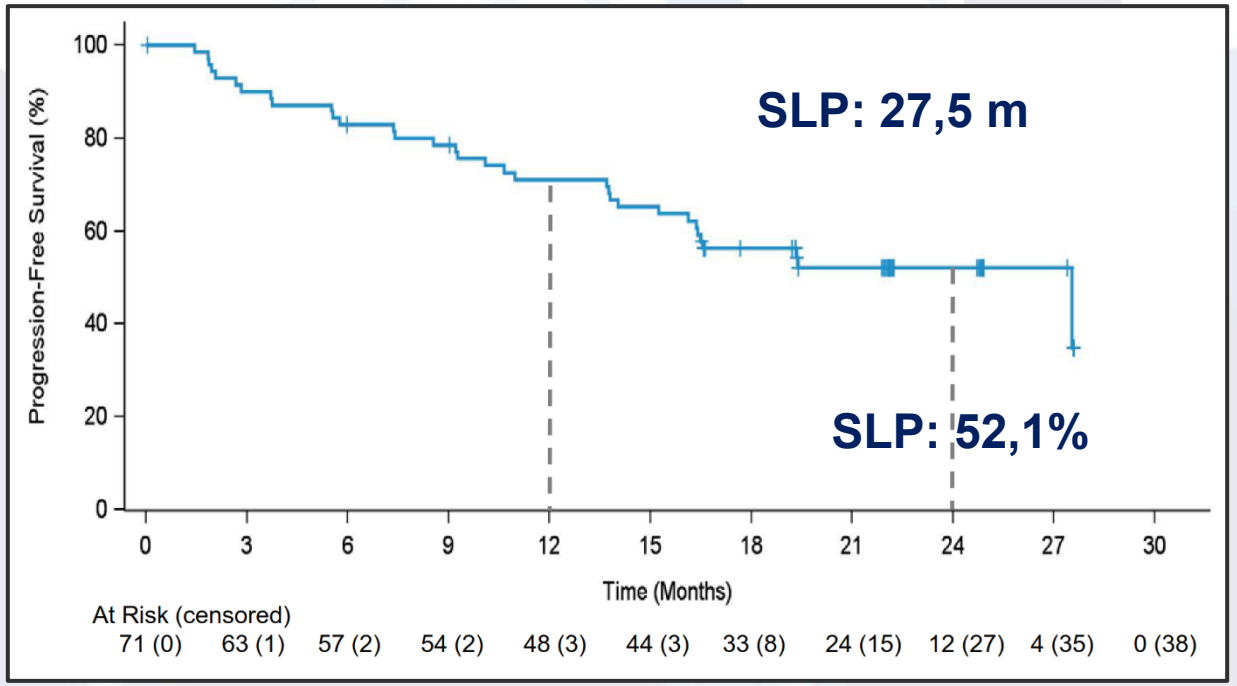
Efficacy and safety of lunbotinib (A400/EP0031), a next-generation selective RET inhibitor (SRI), from a pivotal phase II study in patients with advanced RET-fusion positive non-small cell lung cancer

Qing Zhou1

1ª Línea



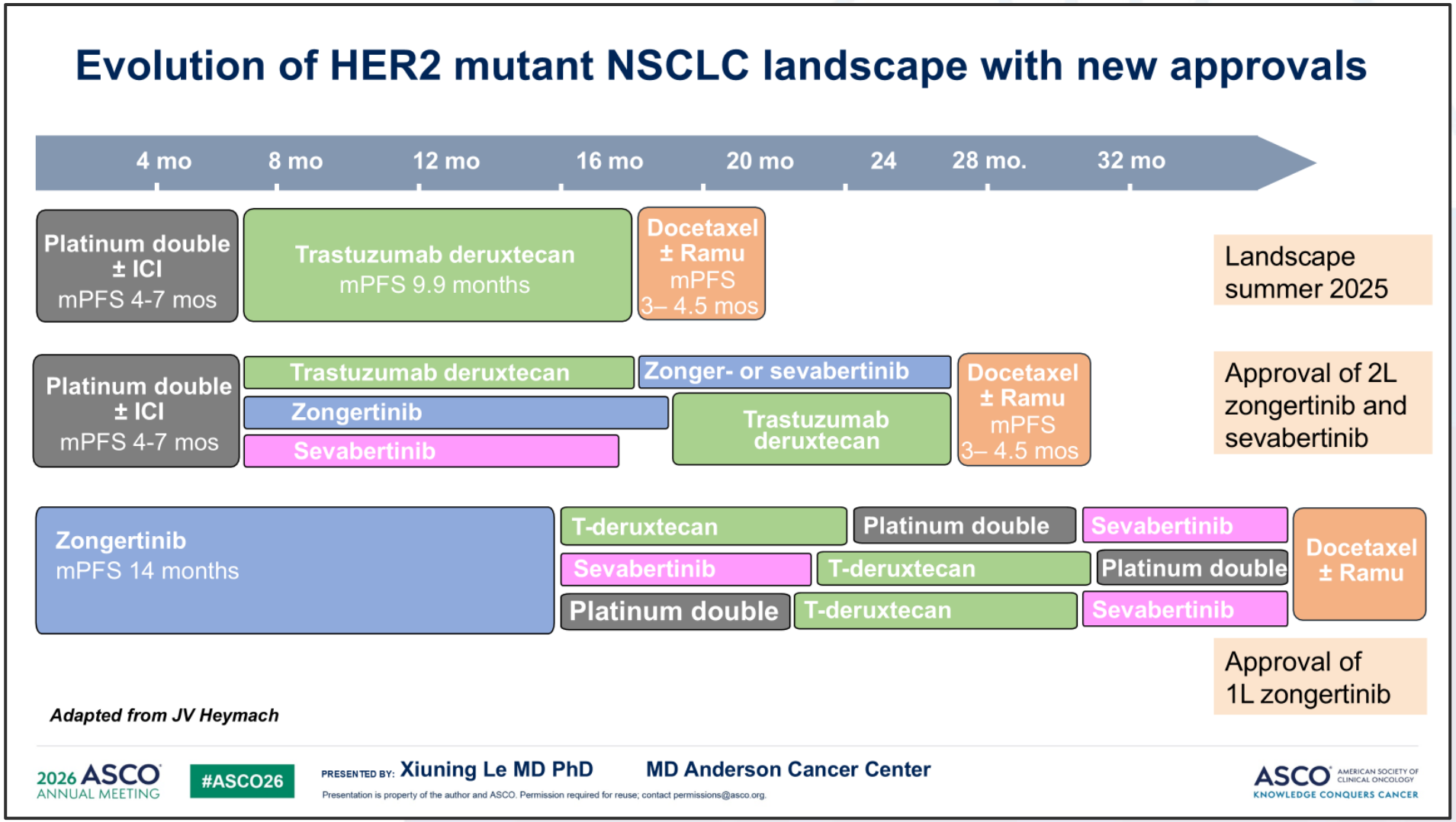
Otras líneas



- EAs≥G3: 40,5%
- Disminución de dosis: 48,5%; Stop: 1,2%
- Aumento de transaminasas, anemia, retención de orina, ojo seco.

HER2

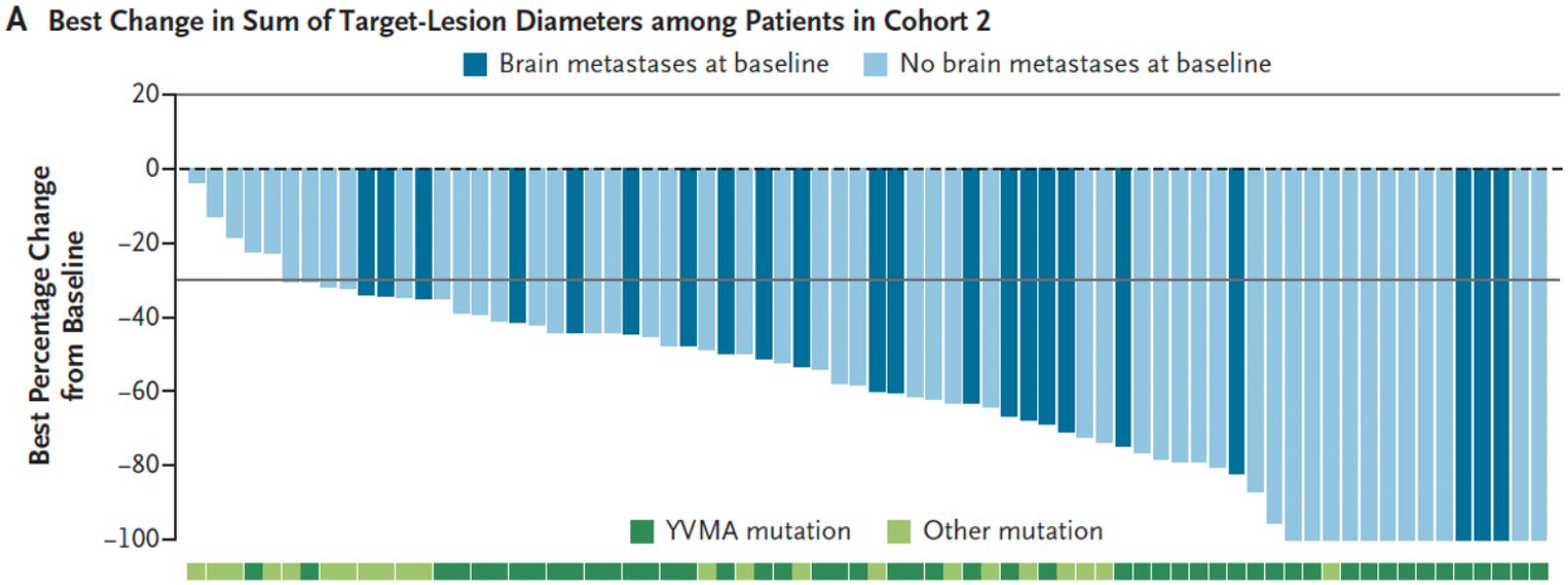
Xiuning Le, M.D., Ph.D.



HER2

Zongertinib in treatment-naïve patients with TKD HER2 mutations. BEAMION-Lung-01 trial

Xiuning Le, M.D., Ph.D.



Zongertinib, n=74	
TR	77%
TCE	96%
SLP	14,4 m
DoR	15,2 m

PRO results from the Beamion LUNG-1 trial in treatment-naïve patients with HER2-mutant advanced NSCLC.

Poster session. Abstract #: 8616

Mejoría funcional en C1. 70% mejoría síntomas C5.
8% preocupados por EAs.

Gracias