Iniciativa científica de:

GECP lung cancer research

Lung Cancer UPDATES

WCLC HIGHLIGHTS

12 - 15 **SEPTIEMBRE** 2026

Seoul, Republic of South Korea



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Cáncer de pulmón de célula pequeña

Aitor Azkárate Martínez

IASLC 2026 World Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026 | SEOUL, REPUBLIC OF KOREA

SWOG S1827/MAVERICK: A Phase III Trial of Brain MRI Surveillance +/- Prophylactic Cranial Irradiation (PCI) for Small-Cell Lung Cancer (SCLC)

Chad G. Rusthoven, Mary W. Redman, Paul D Brown*, Jeffrey S. Wefel, Jieling Miao, Ming-Hui Hsieh, Justin Honce, Joseph M Unger, N. Lynn Henry, Abhijit A. Patel, Daphna Y. Gelblum, Jonathan Greenland, Drew Moghanaki, Tithi Biswas, Laura Alder, Neal S. McCall, Jhanelle Gray, Karen Kelly

*Co-principal investigator

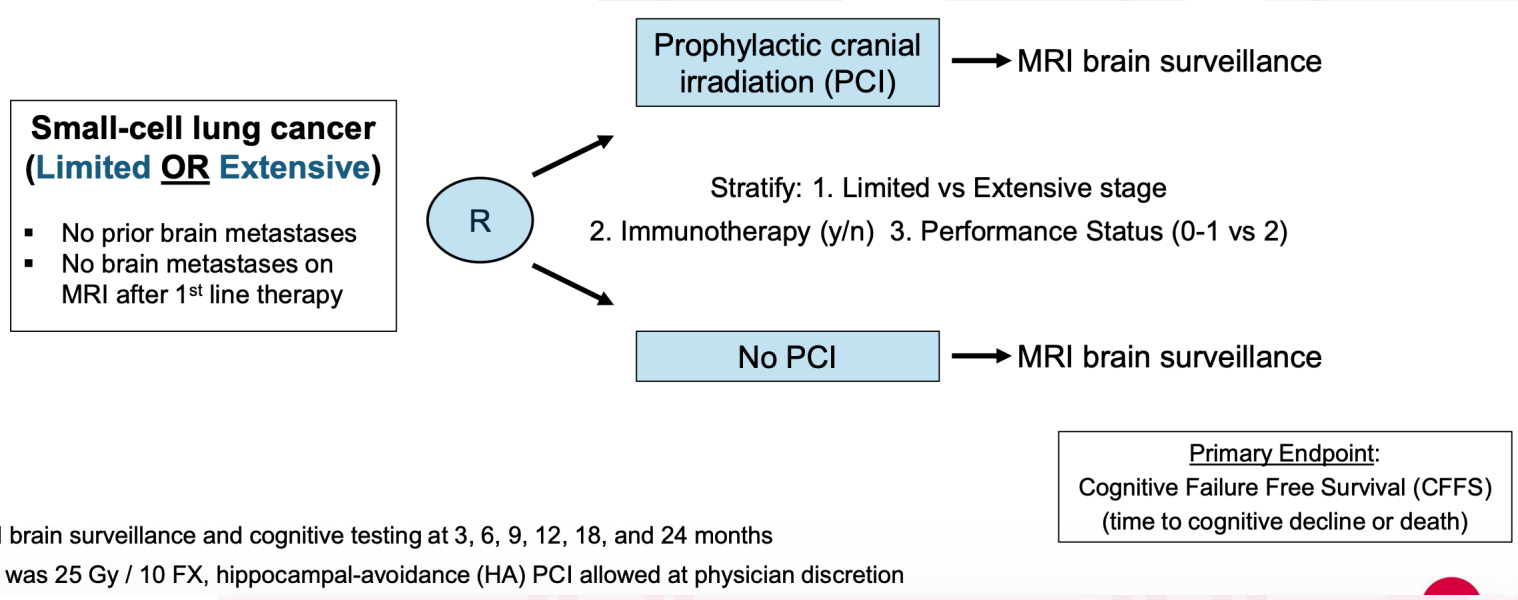
Background

PCI became standard of care when studies from the pre-MRI era reported improved overall survival (OS)

- Auperin et al, 1999, meta-analysis (86%) limited-stage (LS): 5.4% OS benefit at 3-years with PCI vs observation
- Slotman et al, 2007, EORTC phase 3 trial in extensive-stage (ES): 1 year OS 27% (PCI) vs 13% (observation)
- Brain MRI surveillance may allow for earlier detection of BM and more effective salvage therapy, and thus eliminate the OS benefit previously observed with PCI
- A phase 3 trial in Japan randomized ES-SCLC pts to MRI surveillance +/- PCI (Takahashi et al, Lancet Oncol 2017) No significant difference in OS were observed between the MRI alone arm vs MRI+PCI arm

Hypothesis

Compared with PCI + MRI surveillance, MRI surveillance alone will result in superior cognitive failure free survival (CFFS) without a decline in OS



Endpoints

- Protocol amendment
  - The initial primary endpoint was OS (non-inferiority design, initial accrual goal 668 patients)
  - Due to accrual rate, amended to make CFFS the primary endpoint (previously the key secondary endpt)

- Primary endpoint: cognitive failure free survival (CFFS)
  - Definition: time to cognitive failure or death
  - Standardized Tests: Hopkins Verbal Learning Test-Revised, Controlled Oral Word Association, Trail Making Test
  - Cognitive testing was required for all patients in US and Canada who spoke English or French
  - Cognitive testing performed on same schedule as MRI surveillance (q3 month in year-1, q6 month in year-2)
  - Cognitive failure: Reliable Change Index (RCI)-defined decline on one or more tests
  - Accrual target: 300 pts, 90% power to detect HR of 0.66 in favor of MR alone, with 1-sided 5% level test
  - Modified intention-to-treat (mITT) analysis; includes all patients randomized with confirmed trial eligibility

- Secondary endpoints
  - OS=key 2° endpt: to eval if OS is non-inferior w/ MRI alone (NI margin for upper 90% CI = 1.25), final at 190 events
  - Progression-free survival (PFS), cumulative incidence of BM, BM-free survival, cognitive failure, toxicities

Category	PCI + MRI (n=152)	MRI alone (n=151)
Age		
Median (Range)	67 (29-90)	66 (50-86)
Sex		
Female	53%	54%
Male	47%	46%
Stage		
Limited	69%	68%
Extensive	31%	32%
Performance		
0-1	91%	90%
2	9%	10%
Immunotherapy w/upfront therapy		
Yes	39%	42%
No	61%	58%
PCI given		
HA-PCI	77%	NA
PCI	23%	NA

Patient Characteristics

Patient characteristics were well balanced between the arms

68% of patients had LS-SCLC

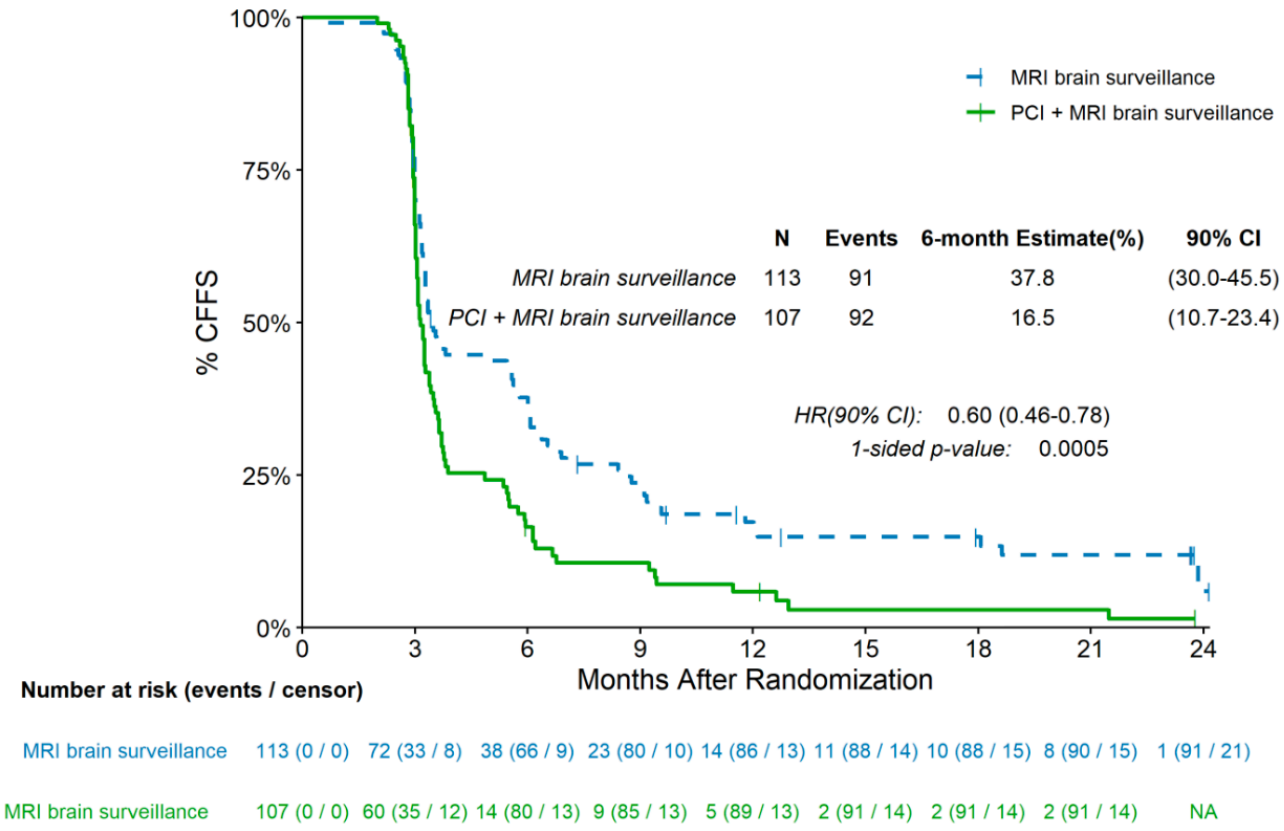
41% received immunotherapy with upfront treatment

Note, the ADRIATIC trial establishing adjuvant durvalumab as standard of care for LS-SCLC was published during trial enrollment period (Cheng et al, NEJM 2024)

77% of patients receiving PCI were treated with HA-PCI

Cheng et al, The *New England journal of medicine* 391.14 (2024): 1313-1327

Primary Endpoint - Cognitive Failure Free Survival (CFFS)



MRI surveillance alone resulted in improved CFFS

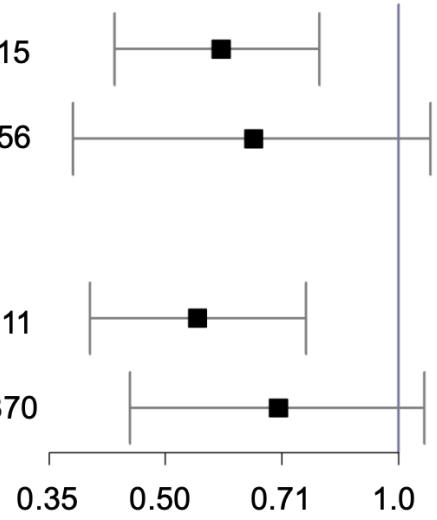
MRI alone, HR 0.60, 90% CI 0.46-0.78, p=0.0005

Patients randomized to MRI alone were significantly more likely to be both alive and free from cognitive decline compared to those randomized to MRI+PCI

	Cognitive Failure Free Survival (CFFS)	
	6 month % [90% CI]	12 month % [90% CI]
MRI alone	38% [30-46]	17% [12-24]
MRI + PCI	17% [11-23]	6% [3-11]

Subgroup analyses of cognitive failure free survival (CFFS) by Disease Stage and Receipt of Immunotherapy

Variable	N	Events	HR (90% CI)	1-sided p-value	Interaction p-value
Disease Stage					
Limited stage	158	134	0.59 (0.43-0.79)	0.0015	
Extensive stage	62	49	0.65 (0.38-1.10)	0.0856	**0.79**
Immunotherapy w/1st line treatment					
No	139	115	0.55 (0.40-0.76)	0.0011	
Yes	81	68	0.70 (0.45-1.08)	0.0870	**0.46**



Favors MRI alone

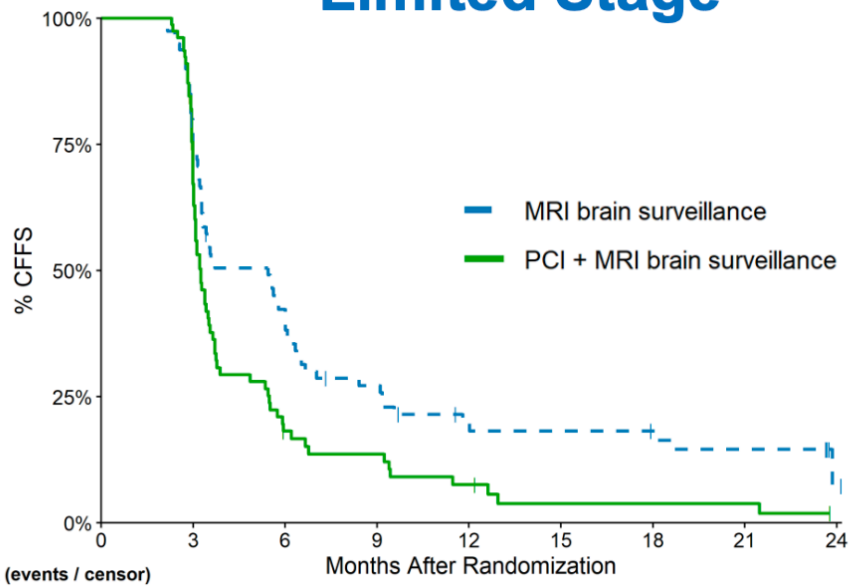
Favors MRI + PCI

The hazard ratios for CFFS favored MRI surveillance alone across the subgroups by disease stage and receipt of immunotherapy

The interaction tests were non-significant, indicating that there was no significant difference in the benefit of MRI alone by either disease stage (limited vs extensive) or receipt of immunotherapy

Subgroup analyses of cognitive failure free survival (CFFS) by disease stage

Limited Stage



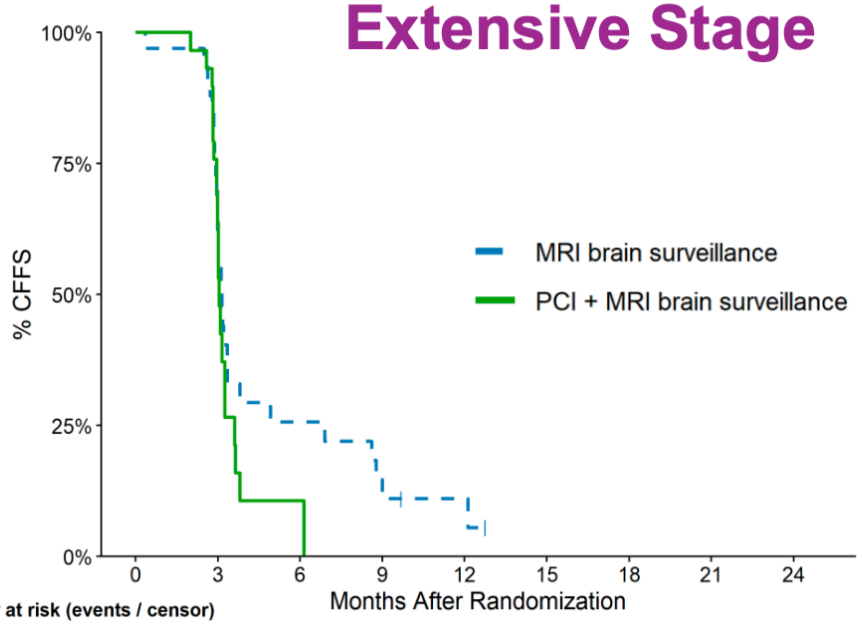
Number at risk (events / censor)

MRI brain surveillance	80 (0 / 0)	55 (21 / 4)	31 (44 / 5)	19 (55 / 6)	12 (60 / 8)	11 (61 / 8)	10 (61 / 9)	8 (63 / 9)	1 (64 / 15)
PCI + MRI brain surveillance	78 (0 / 0)	48 (25 / 5)	12 (60 / 6)	9 (63 / 6)	5 (67 / 6)	2 (69 / 7)	2 (69 / 7)	2 (69 / 7)	NA

HR 0.59 (90% CI, 0.43-0.79)

6-month CFFS: 42.3% (MRI) vs 18.2% (MRI+PCI)

Extensive Stage



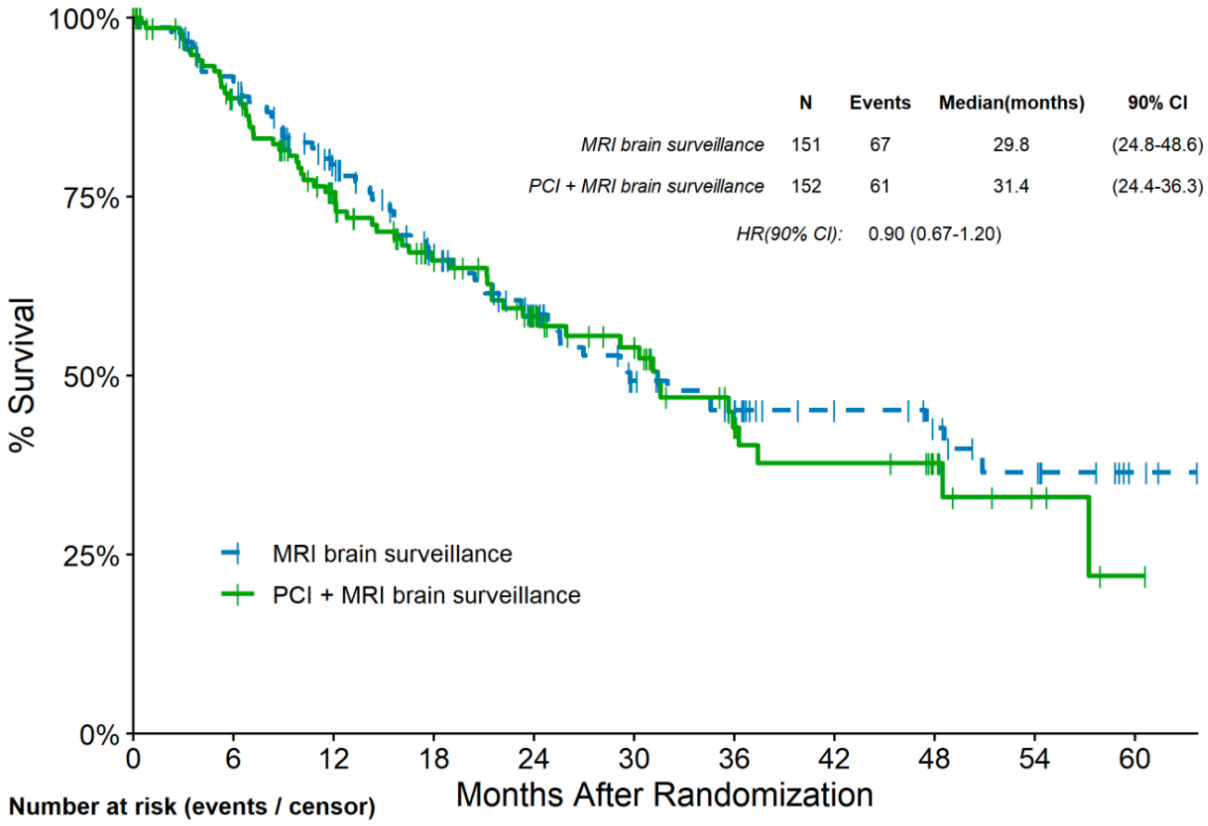
Number at risk (events / censor)

MRI brain surveillance	33 (0 / 0)	17 (12 / 4)	7 (22 / 4)	4 (25 / 4)	2 (26 / 5)	NA	NA	NA	NA
MRI brain surveillance	29 (0 / 0)	12 (10 / 7)	2 (20 / 7)	NA	NA	NA	NA	NA	NA

HR 0.65 (90% CI, 0.38-1.10)

6-month CFFS: 25.7% (MRI) vs 10.6% (MRI+PCI)

Overall Survival



Number at risk (events / censor)

MRI brain surveillance 151 (0 / 1) 132 (12 / 7) 101 (29 / 21) 76 (44 / 31) 55 (53 / 43) 39 (61 / 51) 31 (64 / 56) 21 (64 / 66) 16 (65 / 70) 11 (67 / 73) 3 (67 / 81)

PCI + MRI brain surveillance 152 (0 / 3) 112 (15 / 25) 84 (31 / 37) 63 (41 / 48) 47 (48 / 57) 35 (51 / 66) 20 (57 / 75) 15 (59 / 78) 10 (59 / 83) 4 (60 / 88) 1 (61 / 90)

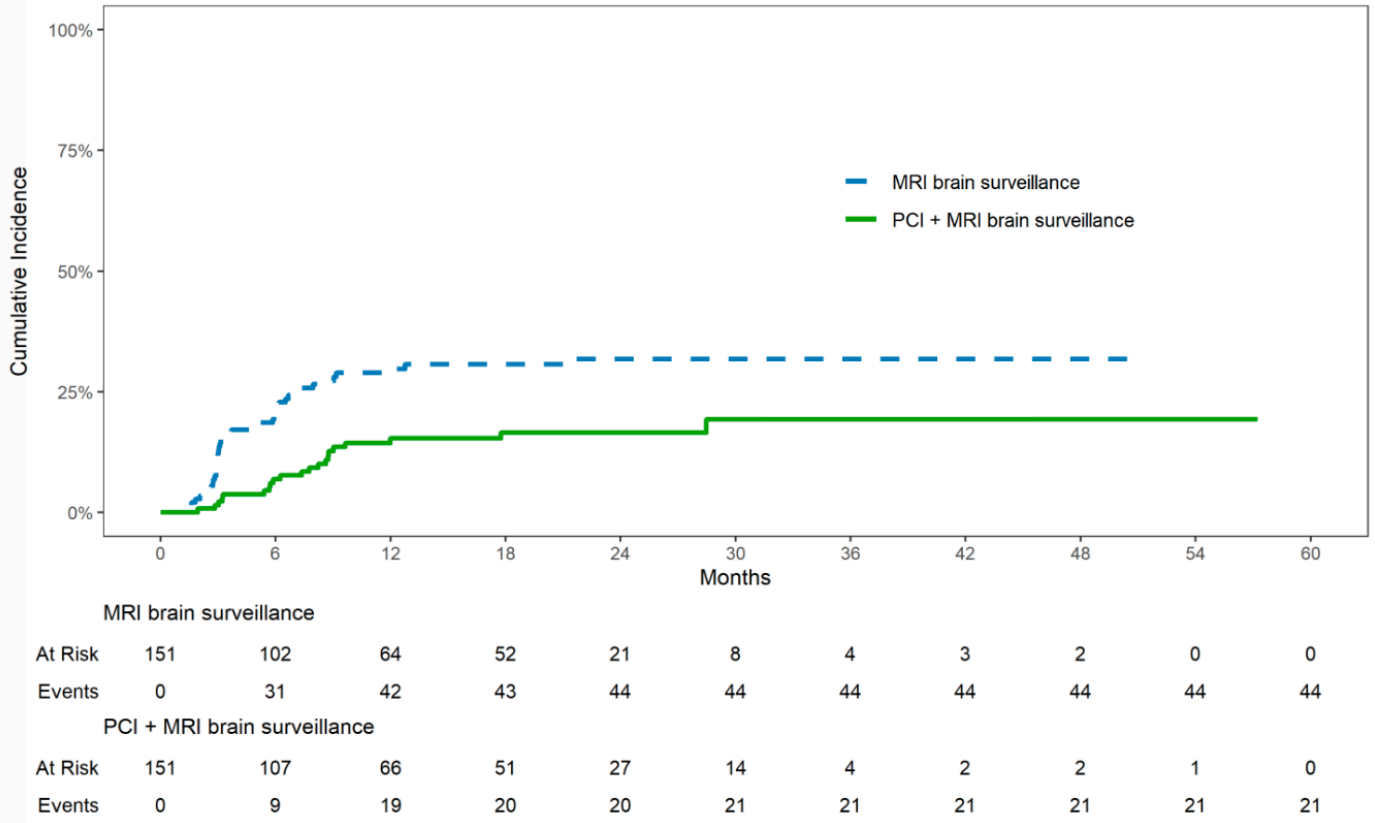
Preliminary analyses at 128 events suggest no significant difference in overall survival (OS)

MRI alone, HR 0.90 (90% CI, 0.67-1.20)

Upper bound of 90% CI of 1.2 for MRI alone is currently below the non-inferiority margin of 1.25

Final OS results will be analyzed after 190 events

Cumulative incidence of brain metastases

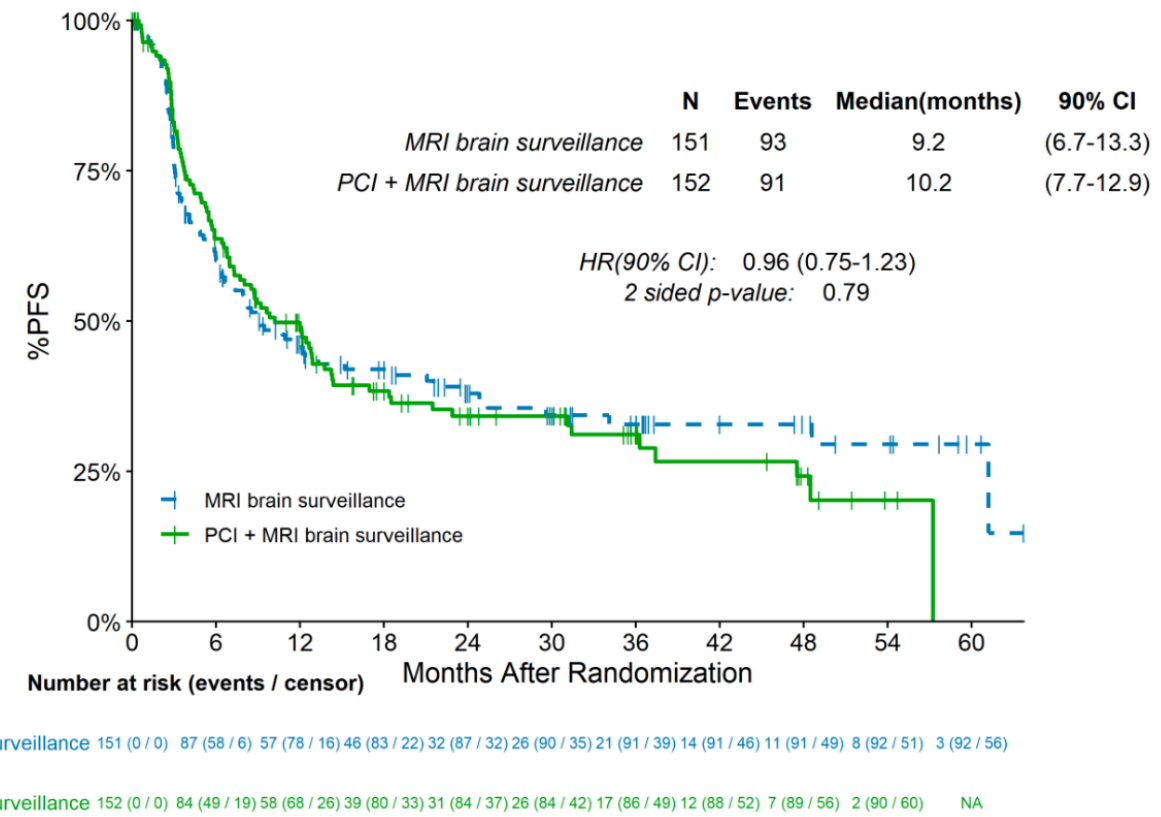


The incidence of brain metastases was higher with MRI alone compared to MRI + PCI

sHR 2.19 (95% CI, 1.31-3.64)

Cumulative Incidence of Brain Metastases (w/death as a competing risk)		
	6-month	12-month
MRI alone	21%	30%
MRI + PCI	7%	15%

Progression Free Survival (PFS)



There was no significant difference in PFS between the arms

MRI alone, HR 0.96, 90% CI 0.75-1.23

PCI altered the patterns of initial failure:

MRI alone: higher rate of CNS progression

MRI + PCI: higher rate of extracranial-only progression

Site of first disease progression		
	Brain	Extra-cranial only
MRI alone	18%	31%
MRI + PCI	5%	45%

Treatment-related adverse events (AEs)

Treatment-related AEs	MRI + PCI	MRI alone	*p* value
Grade 2+	41.3%	1.7%	
Grade 3+	7.9%	0.8%	0.004

In the MRI+PCI arm, there was one treatment-related grade 5 encephalopathy event

With MRI+PCI, the most common treatment-related AEs were fatigue, alopecia, nausea, and poor appetite

SWOG S1827/Maverick, conclusions

- Compared to MRI+PCI, MRI alone was associated with superior cognitive failure free survival (CFFS)
- There were no significant differences in the CFFS benefit of MRI alone by disease stage (limited vs extensive stage) or receipt of immunotherapy
- Preliminary OS analyses after 128 events suggest no significant differences in survival
  - Final OS analysis will be performed after 190 events
- Although brain metastases were decreased with PCI, there was no significant difference in progression free survival
- MRI alone was associated with less toxicity compared to MRI + PCI
- These results support MRI surveillance as the preferred management approach patients with SCLC

MAVERICK; PCI for LS and ES-SCLC

- Hideyuki Harada

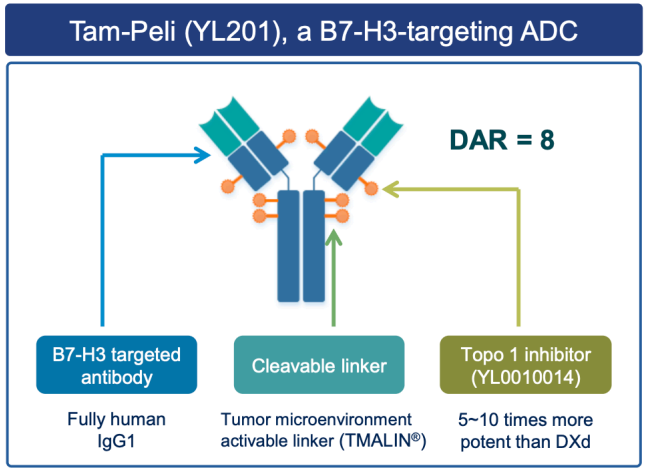
Japan

IASLC 2026 World Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026 | SEOUL, REPUBLIC OF KOREA

Tam-Peli, an Anti-B7-H3 Antibody-drug Conjugate, *versus* Topotecan in Relapsed Small Cell Lung Cancer (SCLC): A Randomized, Open-label, Phase 3 Study (TAISHAN-302)

Li Zhang[1], Yuanyuan Zhao[1], Hongxu Liu[2], Xiangjiao Meng[3], Zhihua Liu[4], Yan Yu[5], Yulong Zheng[6], Longhua Sun[7], Runxiang Yang[8], Jian Liu[6], Yanqiu Zhao[9], Lin Wu[10], Lei Yang[11], Zhiye Zhang[12], Mingjun Li[13], Peng Zhang[14], Yan Zhang[15], Hua Zhong[16], Jiuwei Cui[17], Zhangzhou Huang[18], Yanwei Yin[19], Manxiang Li[20], Fan Tong[21], Dan Xue[22], Dongqing Lv[23], Xufeng Li[24], Xian Zhang[24], Steve Chin[24], Jiaqiang Cai[24], Tongtong Xue[24], Yan Huang[1], Hongyun Zhao[1]

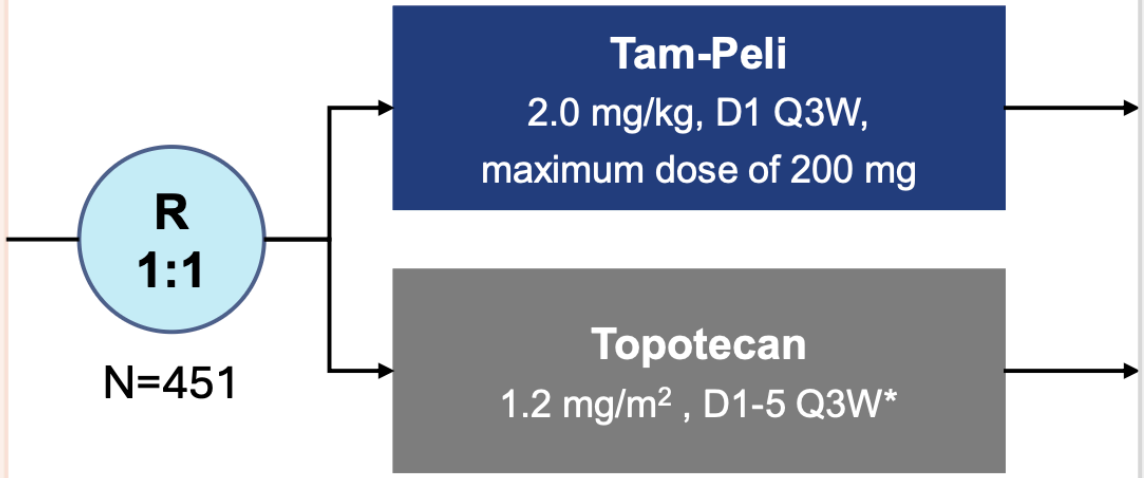


A multicenter, randomized, open-label, phase 3 study (NCT06612151)

Key eligibility criteria:

- Histologically or cytologically confirmed SCLC
- Progressed after 1 prior line of platinum-based therapy
- At least one measurable lesion per RECIST v1.1
- ECOG PS 0-1

Treatment until disease progression per RECIST v1.1 or intolerable toxicity. Crossover between arms is not permitted.



Primary endpoint:
- OS

Key secondary endpoints:
- PFS by investigators
- ORR by investigators

Other secondary endpoints:
- DCR, DoR, TTR by investigators
- Safety, PK, and immunogenicity

Exploratory endpoints:
- Intracranial efficacy

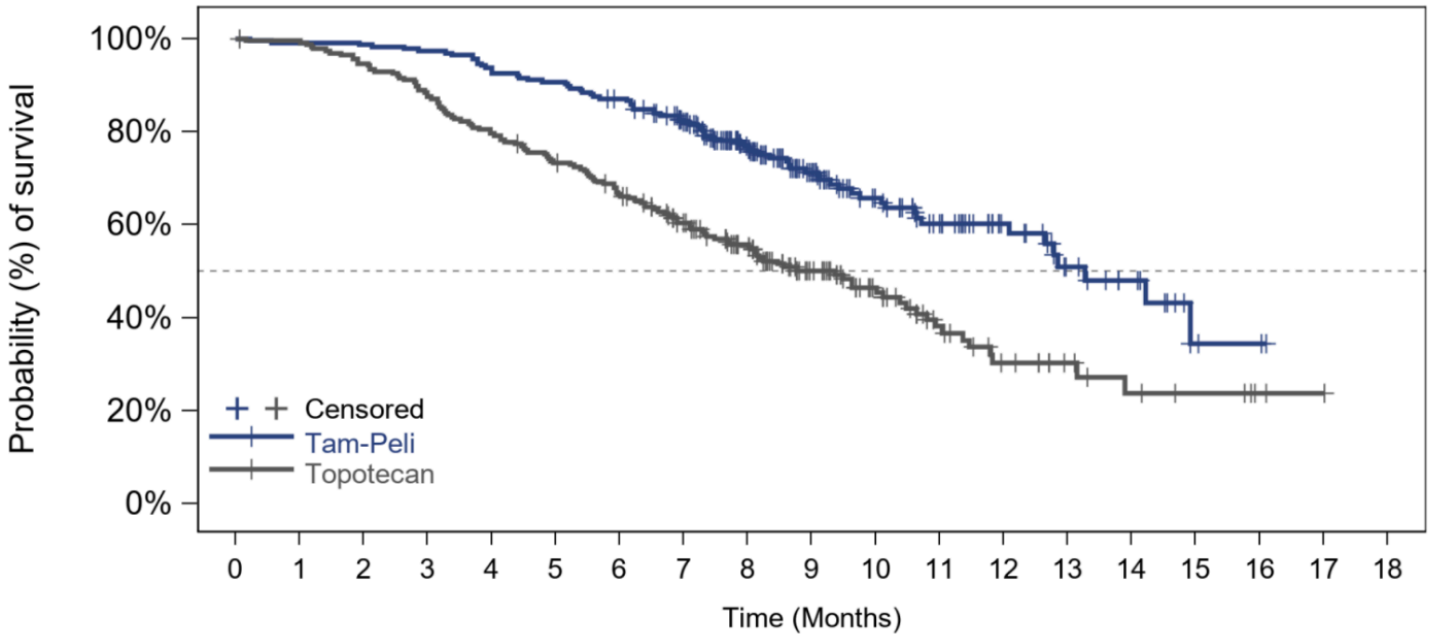
Stratification factors
- Disease status (local** or systemic disease)
- Brain metastasis (yes or no)
- Chemotherapy-free interval (<90 or ≥90 days)

Baseline Characteristics

Characteristic, n (%)		Tam-Peli (N = 225)	Topotecan (N = 226)
Age	Median (range), years	62.0 (28, 74)	62.0 (18, 75)
	≥ 65	88 (39.1)	77 (34.1)
Sex	Male	183 (81.3)	191 (84.5)
	Female	42 (18.7)	35 (15.5)
ECOG PS	0	39 (17.3)	27 (11.9)
	1	186 (82.7)	199 (88.1)
Smoking history	Current or former	162 (72.0)	158 (69.9)
	Never	63 (28.0)	68 (30.1)
Prior therapy	Chemotherapy	225 (100)	226 (100)
	Immunotherapy	194 (86.2)	199 (88.1)
	Target therapy	13 (5.8)	19 (8.4)
	Other	5 (2.2)	5 (2.2)
Disease stage at enrollment	Local disease*	7 (3.1)	10 (4.4)
	Systemic disease	218 (96.9)	216 (95.6)
Chemotherapy-free interval	≥ 90 days	115 (51.1)	116 (51.3)
	< 90 days	110 (48.9)	110 (48.7)
Metastases	Brain	78 (34.7)	77 (34.1)
	Liver	72 (32.0)	80 (35.4)
	≥ 3 distant metastatic sites**	86 (42.0)	77 (36.2)

Overall Survival

Tam-Peli demonstrated statistically significant and clinically meaningful improvement in OS *vs.* topotecan, with a 54% reduction in rate of death



No. at risk: Time (Months)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Tam-Peli	225	223	222	219	211	204	194	171	126	88	64	48	30	18	12	3	2	0	0
Topotecan	226	224	213	197	179	164	147	122	97	65	44	27	17	11	7	5	2	1	0

	Tam-Peli (N = 225)	Topotecan (N = 226)
OS events, n (%)	76 (33.8)	124 (54.9)
Median OS, months (95% CI)	**13.3** (12.1, NE)	**9.4** (7.7, 10.5)

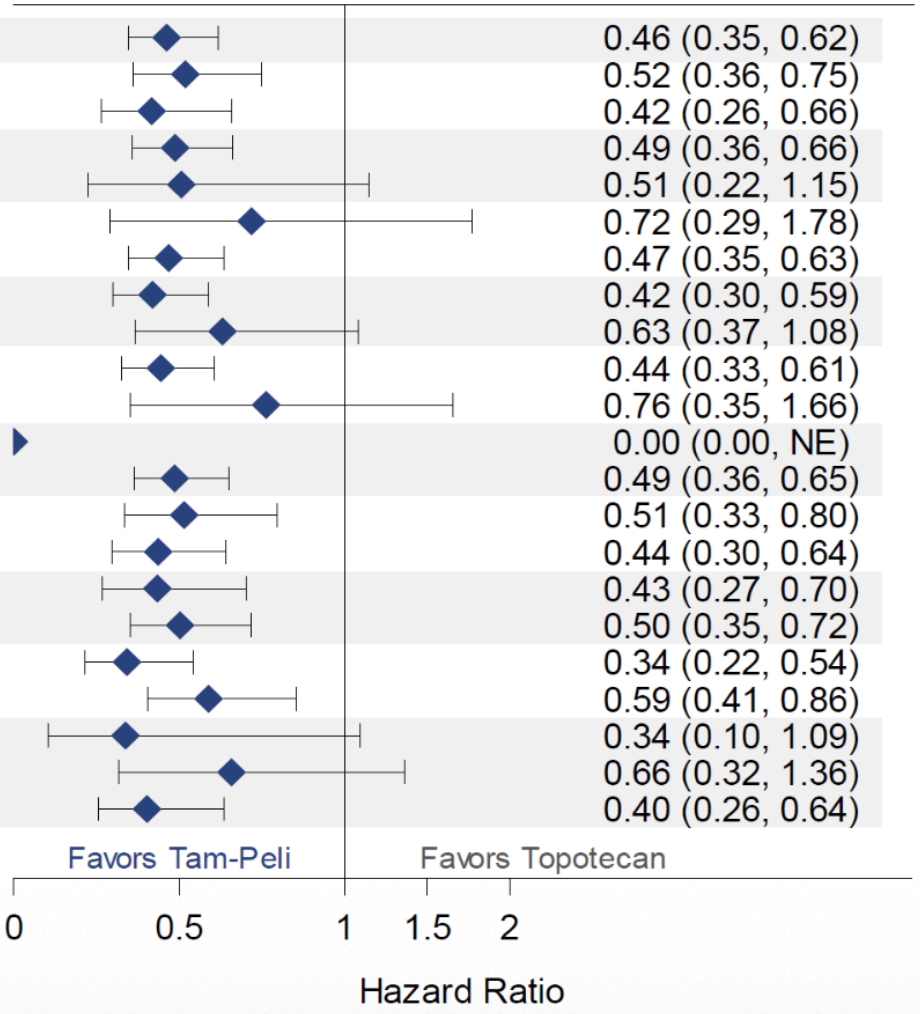
HR 0.46 (95% CI: 0.35, 0.62)

P <0.0001*

OS in Subgroups

A consistent OS benefit of Tam-Peli over topotecan was observed across all predefined subgroups

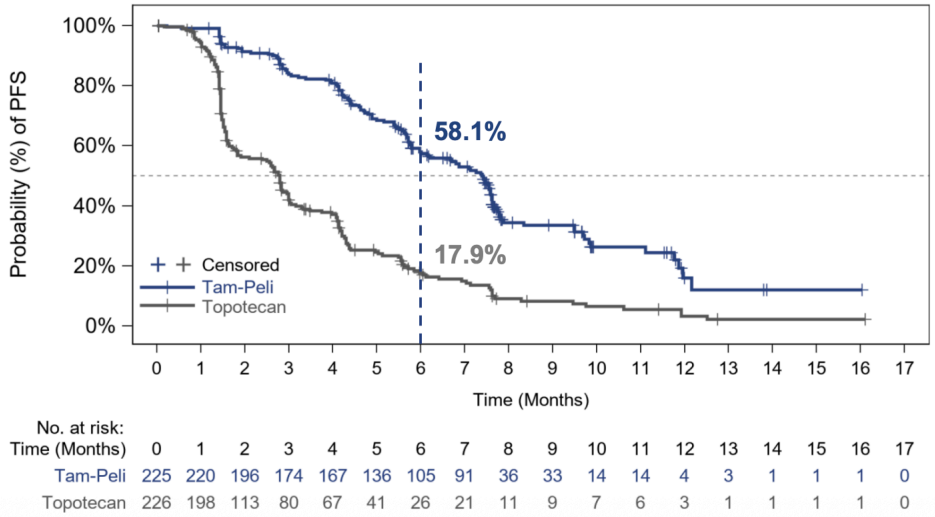
Category	Subgroup	No. of events/subjects Tam-Peli	Topotecan	Hazard Ratio (95%CI)
Overall		**76/225**	**124/226**	0.46 (0.35, 0.62)
Age	<65 years	**46/137**	**77/149**	0.52 (0.36, 0.75)
	≥65 years	**30/88**	**47/77**	0.42 (0.26, 0.66)
Sex	Male	**66/183**	**110/191**	0.49 (0.36, 0.66)
	Female	**10/42**	**14/35**	0.51 (0.22, 1.15)
ECOG PS	0	**10/39**	**9/27**	0.72 (0.29, 1.78)
	1	**66/186**	**115/199**	0.47 (0.35, 0.63)
Smoking history	Yes	**54/162**	**91/158**	0.42 (0.30, 0.59)
	No	**22/63**	**33/68**	0.63 (0.37, 1.08)
Prior PD-(L)1 therapy	Yes	**64/194**	**110/199**	0.44 (0.33, 0.61)
	No	**12/31**	**14/27**	0.76 (0.35, 1.66)
Disease stage at enrollment	Local disease*	**0/7**	**5/10**	0.00 (0.00, NE)
	Systemic disease	**76/218**	**119/216**	0.49 (0.36, 0.65)
Chemotherapy-free interval	≥90 days	**33/115**	**54/116**	0.51 (0.33, 0.80)
	<90 days	**43/110**	**70/110**	0.44 (0.30, 0.64)
Brain metastasis	Yes	**27/78**	**45/77**	0.43 (0.27, 0.70)
	No	**49/147**	**79/149**	0.50 (0.35, 0.72)
Liver metastasis	Yes	**29/72**	**57/80**	0.34 (0.22, 0.54)
	No	**47/153**	**67/146**	0.59 (0.41, 0.86)
B7-H3 expression**	High	**5/12**	**7/10**	0.34 (0.10, 1.09)
	Intermediate	**13/38**	**17/36**	0.66 (0.32, 1.36)
	Low	**31/104**	**46/83**	0.40 (0.26, 0.64)



* Patients with local disease defined as those initially diagnosed with limited-stage disease who developed local recurrence within 6 months after platinum-based chemotherapy plus definitive radiotherapy.
** Include patients who have baseline B7-H3 expression data only. H-score is categorized as low (0–100), intermediate (101–200), or high (201–300).
ECOG PS, Eastern Cooperative Oncology Group performance status; OS, overall survival.

Progression-Free Survival by Investigators

Tam-Peli demonstrated statistically significant and clinically meaningful improvement in PFS *vs.* topotecan, with a 71% reduction in rate of disease progression or death

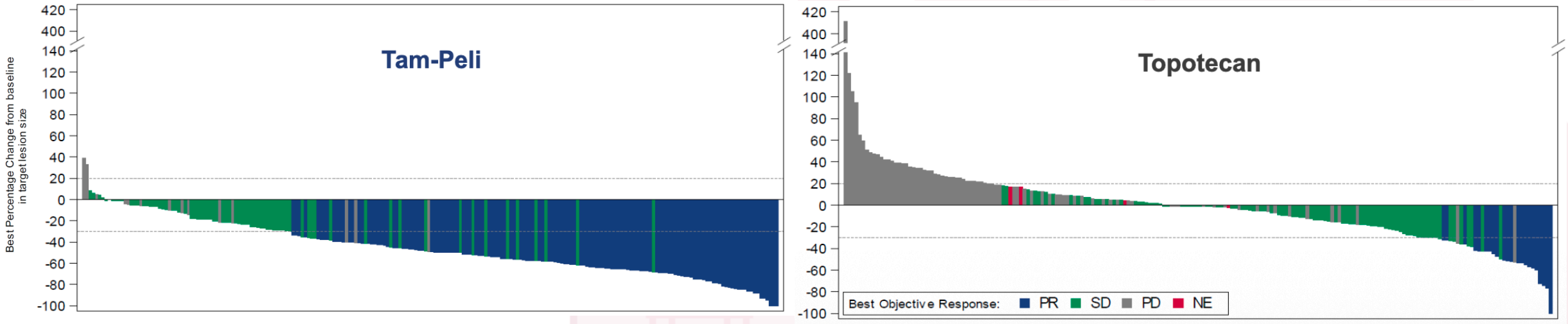


	Tam-Peli (N = 225)	Topotecan (N = 226)
PFS events, n (%)	134 (59.6)	179 (79.2)
Median PFS, months (95% CI)	**7.4** (6.1, 7.6)	**2.8** (1.8, 3.0)

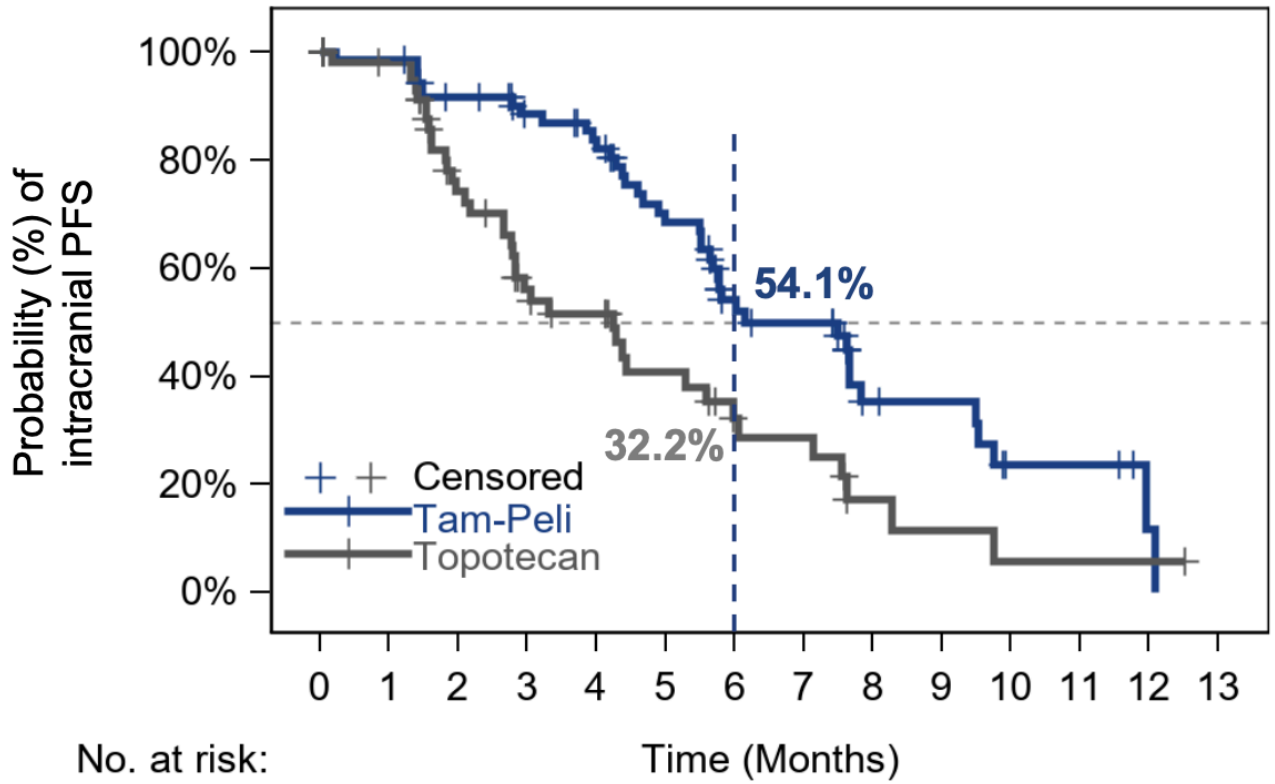
HR 0.29 (95% CI: 0.23, 0.37)

P <0.0001

		Tam-Peli (N = 225)	Topotecan (N = 226)
BOR	CR, n (%)	0	0
	PR, n (%)	133 (59.1)	22 (9.7)
	SD, n (%)	72 (32.0)	93 (41.2)
	PD, n (%)	15 (6.7)	80 (35.4)
	NE, n (%)	5 (2.2)	31 (13.7)
cORR	Percentage (95% CI)	**59.1** (52.4, 65.6)	**9.7** (6.2, 14.4)
	P-value	<0.0001	
DCR	Percentage (95% CI)	91.1 (86.6, 94.5)	50.9 (44.2, 57.6)
DoR	Median, months (95% CI)	6.3 (6.0, 8.0)	7.8 (3.3, 9.9)
TTR	Median, months (range)	1.5 (1.1, 4.5)	2.6 (1.4, 4.8)



Intracranial Efficacy by Investigators



No. at risk:

Time (Months)	0	1	2	3	4	5	6	7	8	9	10	11	12	13
Tam-Peli	74	72	64	57	52	40	26	23	10	9	4	4	1	0
Topotecan	69	56	38	26	22	15	9	8	3	2	1	1	1	0

		Tam-Peli (N = 74)	Topotecan (N = 69)
Intracranial PFS	Median, months (95% CI)	**6.1** (5.7, 7.8)	**4.2** (2.8, 5.6)
	HR (95% CI) P-value*	0.43 (0.27, 0.68) 0.0002	
Intracranial cORR	Percentage (95% CI)	**32.4** (22.0, 44.3)	**2.9** (0.4, 10.1)
	P-value*	<0.0001	
Intracranial DCR	Percentage (95% CI)	**90.5** (81.5, 96.1)	**59.4** (46.9, 71.1)
	P-value*	<0.0001	

Safety Summary

	Tam-Peli (N = 224)	Topotecan (N = 217)
Median duration of exposure, weeks (range)	31.1 (3, 72.9)	10.1 (3, 70.4)
TRAEs, n (%)		
All grades	221 (98.7)	216 (99.5)
Grade ≥3	**104 (46.4)**	**162 (74.7)**
Serious TRAEs	**58 (25.9)**	**79 (36.4)**
Leading to dose interruption	78 (34.8)	80 (36.9)
Leading to dose reduction	**58 (25.9)**	**80 (36.9)**
Leading to discontinuation	13 (5.8)	6 (2.8)
Leading to death	**0**	**1 (0.5)**

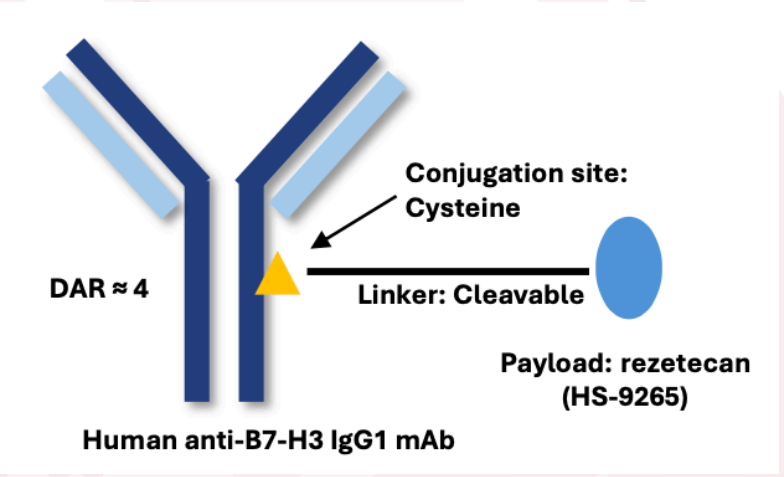
- Fewer grade ≥3 TRAEs, serious TRAEs and TRAEs leading to dose reduction were observed with Tam-Peli compared with topotecan (46% vs 74% and 25% vs 36%).
- No treatment-related deaths were reported in the Tam-Peli arm.
- The incidences of all-grade TRAEs and dose interruptions were similar between arms.
- The most common grade ≥3 TRAEs were hematologic toxicities, with lower incidence observed in the Tam-Peli arm.
- Treatment-emergent ILD/pneumonitis events were observed at 4.9% in the Tam-Peli arm *vs.* 1.4% with topotecan; grade 3 events occurred at 0.9% in each arm, and no grade 4 or 5 events were reported.

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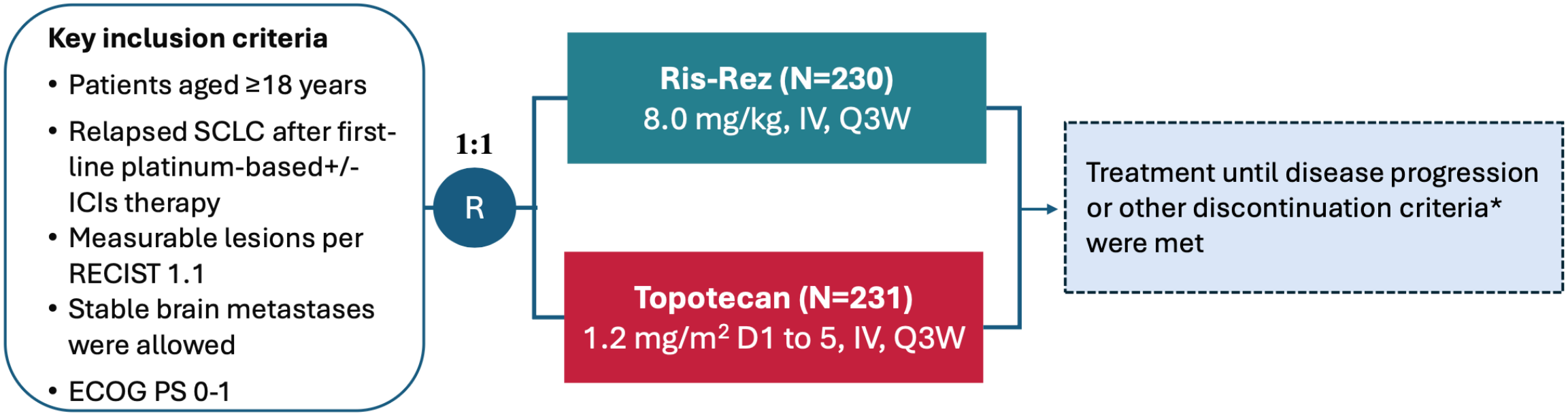
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Risvutatug Rezetecan vs Topotecan in Relapsed SCLC: Primary Results of Phase 3 ARTEMIS-008

J. Wang[1], L. Wang[2], J. Duan[1], H. Liu[3], Q. Wang[4], H. Wang[2], L. Sun[5], S. Huang[6], Y. Huang[7], F. Tong[8], W. Zheng[9], T. Chu[10], Y. Fan[11], D. Huang[12], P. Zhang[13], W. Guo[14], B. Liu[15], J. Zhou[16], Q. Li[17], Y. Dong[18], Q. Liu[18], M. Zhang[18], X. Zhang[18], J. Yu[2]



ARTEMIS-008: A multi-center, open-label, randomized, controlled phase 3 (NCT06498479)



Stratification:

- Chemo-free interval (<90 days or ≥90 days)
- Baseline brain metastases (yes or no)
- Disease stage at study entry (LS or ES)

- **Primary endpoint**: OS
- **Secondary endpoints:** PFS, ORR, DCR, DoR by BICR and investigator; safety

OS IA was pre-planned at 192 events (75% information fraction of the 256 OS events at the final analysis)

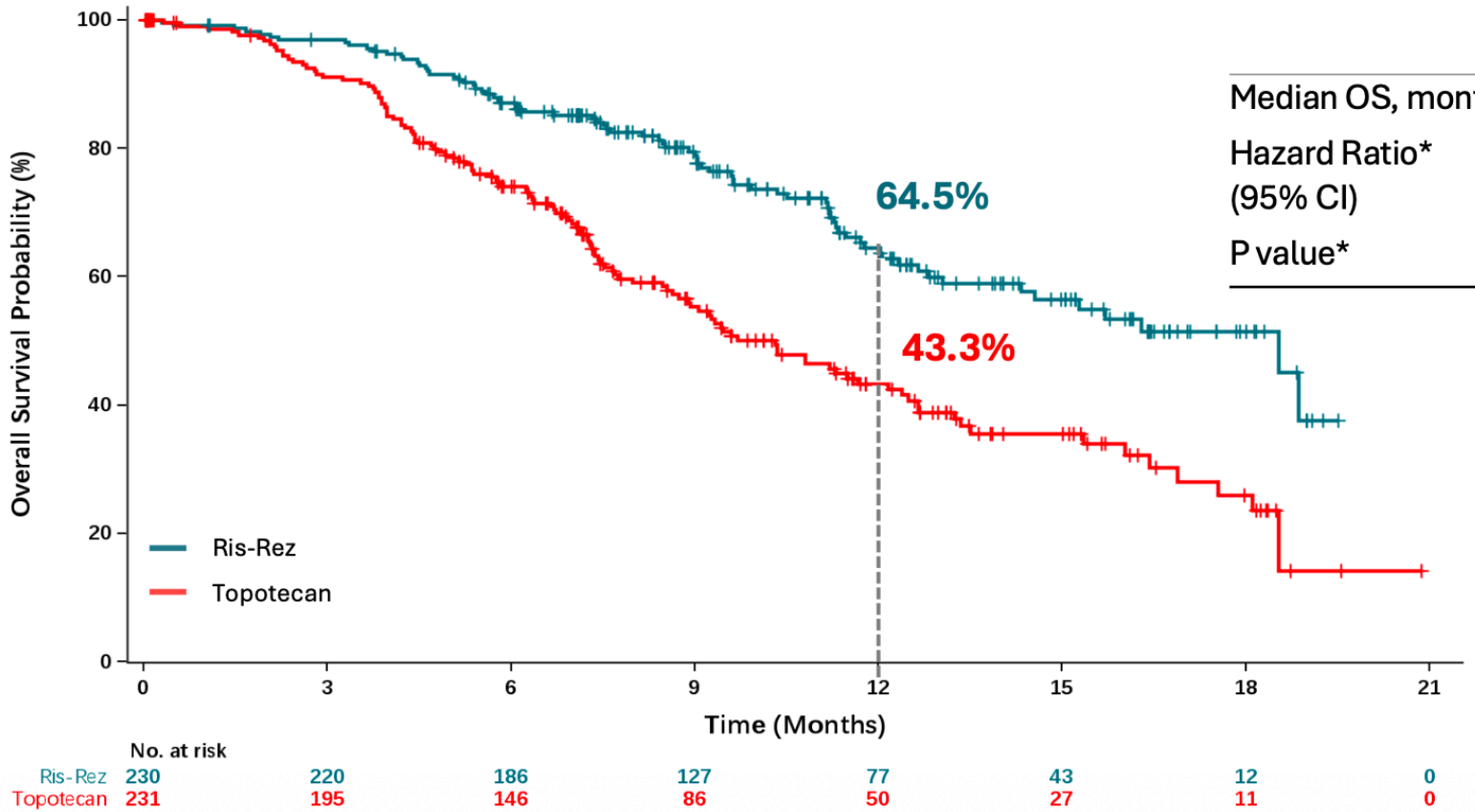
Baseline Characteristics

	Ris-Rez (N= 230)	Topotecan (N= 231)
Age (years), median (range)	61.5 (31, 80)	63.0 (41, 78)
<65, n (%)	140 (60.9)	138 (59.7)
≥65, n (%)	90 (39.1)	93 (40.3)
Race, n (%)		
Asian	230 (100.0)	231 (100.0)
Sex, n (%)		
Male	192 (83.5)	190 (82.3)
Female	38 (16.5)	41 (17.7)
Smoking history, n (%)		
Never	71 (30.9)	72 (31.2)
Former	140 (60.9)	133 (57.6)
Current	19 (8.3)	26 (11.3)
ECOG PS score, n (%)		
0	44 (19.1)	35 (15.2)
1	186 (80.9)	196 (84.8)
Disease stage at study entry (VALG), n (%)		
Limited stage	30 (13.0)	28 (12.1)
Extensive stage	200 (87.0)	203 (87.9)

	Ris-Rez (N= 230)	Topotecan (N= 231)
Lines of prior anti-tumor therapy, n (%)		
1	230 (100.0)	231 (100.0)
Prior anti-tumor regimens, n (%)		
Platinum-based	**230 (100.0)**	**231 (100.0)**
PD-(L)1 inhibitors	**190 (82.6)**	**183 (79.2)**
Chemotherapy-free interval, n (%)		
<90 days	**83 (36.1)**	**85 (36.8)**
≥90 days	**147 (63.9)**	**146 (63.2)**
Prior thoracic radiotherapy, n (%)		
Yes	86 (37.4)	75 (32.5)
No	144 (62.6)	156 (67.5)
Metastasis at baseline, n (%)		
Brain	**44 (19.1)**	**46 (19.9)**
Liver	**49 (21.3)**	**64 (27.7)**

Primary Endpoint: OS

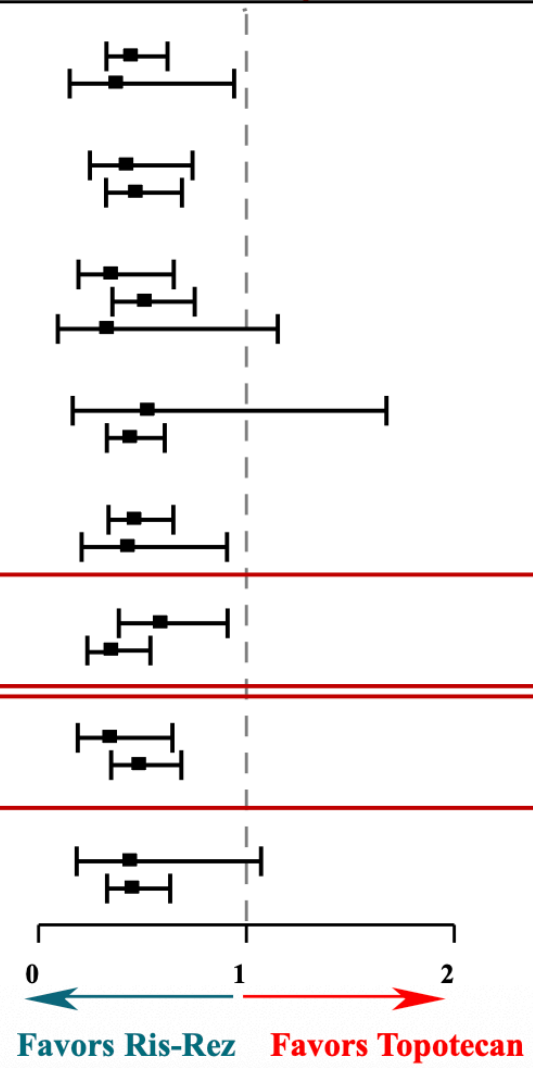
- At this IA (DCO June 6, 2026), there're 77 (33.5%) OS events in Ris-Rez arm and 121(52.4%) in Topotecan arm.
- With a median follow-up of 12.2 months, Ris-Rez demonstrated statistically significant and clinical meaningful improvement in OS.



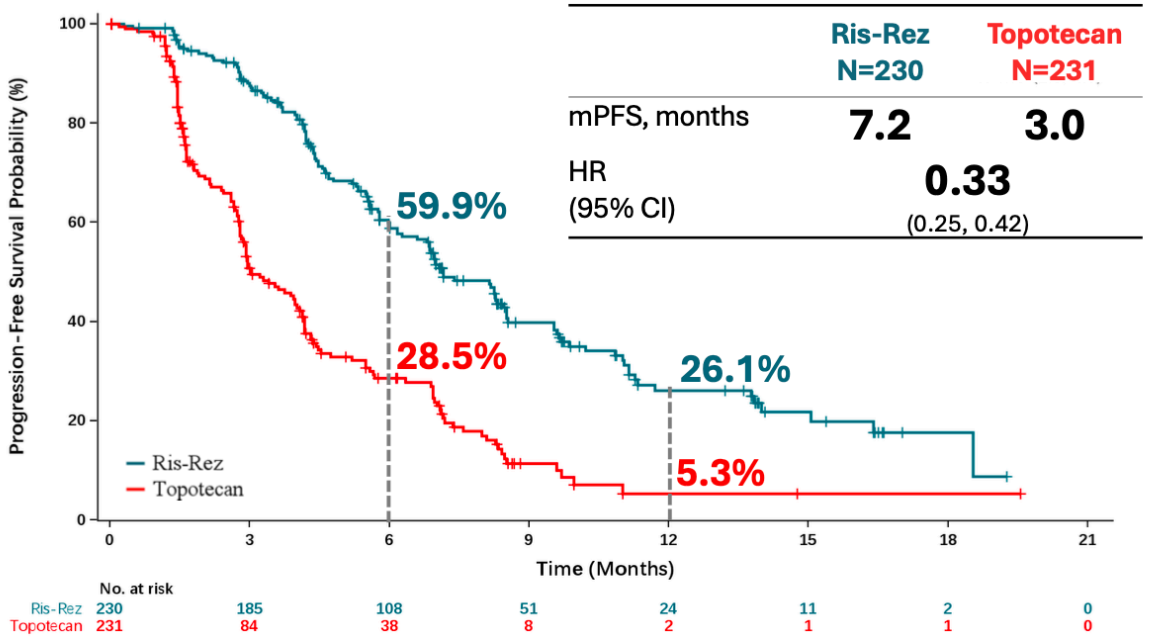
	Ris-Rez N=230	Topotecan N=231
Median OS, months	**18.5**	**10.3**
Hazard Ratio* (95% CI)	**0.46** (0.35, 0.62)	
P value*	**<0.0001**	

Overall Survival – Benefit Across Pre-defined Subgroups

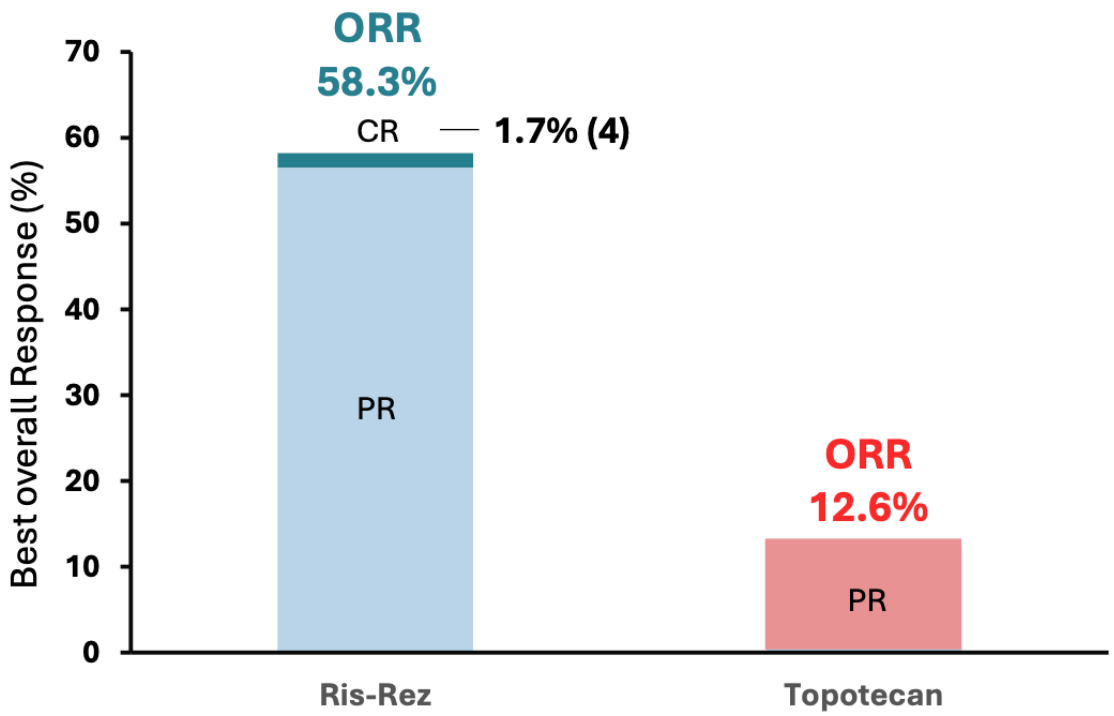
	Event/N		Stratified HR	Stratified HR(95%CI)
	Ris-Rez	Topotecan	Ris-Rez vs Topotecan	
Sex				
Male	68/192	103/190		0.46 (0.34, 0.63)
Female	9/38	18/41		0.39 (0.16, 0.95)
Age				
≥65 years	26/90	45/93		0.44 (0.26, 0.75)
<65 years	51/140	76/138		0.48 (0.33, 0.70)
Smoking history				
Never smoker	19/71	37/72		0.36 (0.20, 0.66)
Former smoker	52/140	71/133		0.53 (0.36, 0.76)
Current smoker	6/19	13/26		0.34 (0.10, 1.16)
VALG stage at study entry				
Limited stage	5/30	8/28		0.54 (0.17, 1.68)
Extensive stage	72/200	113/203		0.46 (0.34, 0.62)
Prior anti-PD-(L)1 therapy				
Yes	64/190	96/183		0.48 (0.35, 0.66)
No	13/40	25/48		0.45 (0.22, 0.92)
Chemotherapy-free interval				
<90 days	40/83	51/85		0.60 (0.40, 0.92)
≥90 days	37/147	70/146		0.37 (0.24, 0.55)
Brain metastases at study entry				
Yes	18/44	31/46		0.36 (0.20, 0.65)
No	59/186	90/185		0.50 (0.36, 0.70)
ECOG PS				
0	13/44	14/35		0.46 (0.19, 1.08)
1	64/186	107/196		0.47 (0.34, 0.64)



BICR-assessed PFS



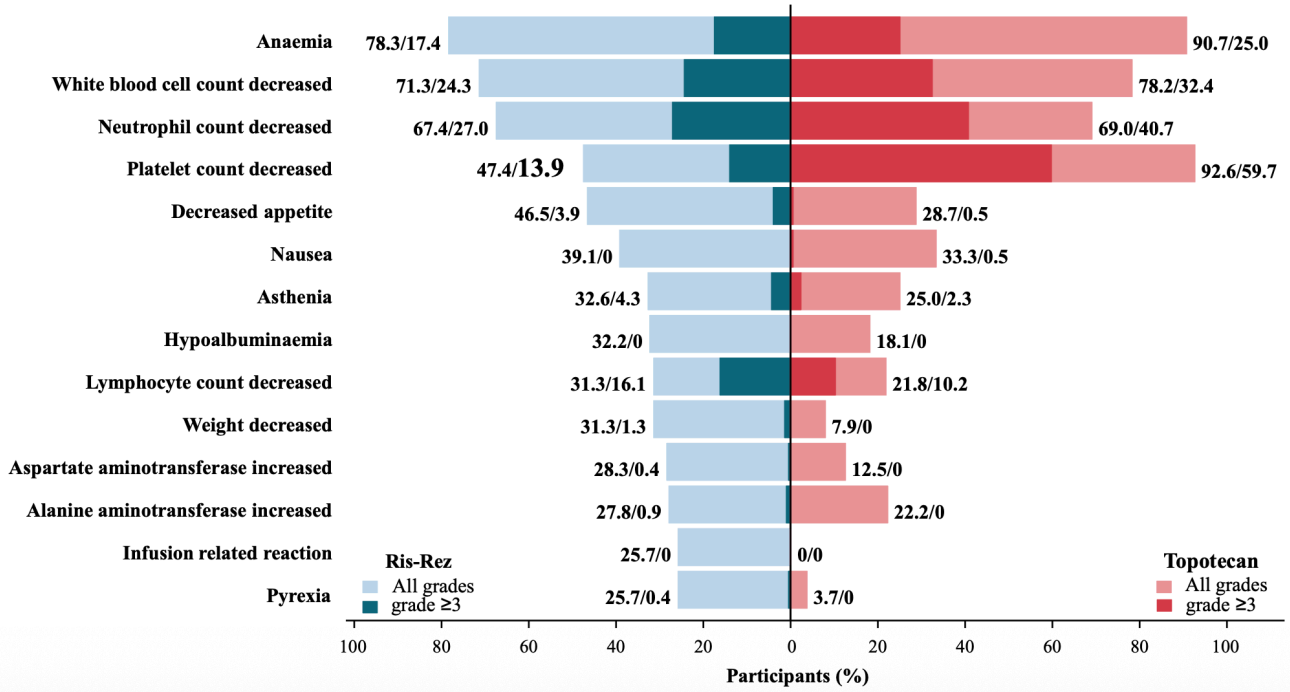
	Ris-Rez N=230	Topotecan N=231
mPFS, months	7.2	3.0
HR (95% CI)	0.33 (0.25, 0.42)	



- Median exposure duration was 6.9 months for Ris-Rez and 2.8 months for topotecan.
- Ris-Rez demonstrated a favorable safety profile with no new safety signals and no Grade 4/5 ILD events.

	Ris-Rez (n= 230)	Topotecan (n= 216)
TRAEs, n (%)	230 (100.0)	216 (100.0)
Leading to dose delay	88 (38.3)	86 (39.8)
Leading to dose interruption	26 (11.3)	1 (0.5)
Leading to dose reduction	47 (20.4)	82 (38.0)
Leading to treatment discontinuation	21 (9.1)	9 (4.2)
Grade ≥3	**140 (60.9)**	**169 (78.2)**
Serious TRAEs	79 (34.3)	81 (37.5)
Leading to death#	3 (1.3)	2 (0.9)
ILD events*, n (%)	27 (11.7)	4 (1.9)
Grade ≥3	9 (3.9)	2 (0.9)

Most Common TRAEs (≥20% of patients) and Grade ≥3 TRAEs



IASLC 2026 World Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026 | SEOUL, REPUBLIC OF KOREA

A Phase 2 Trial of QLC5508 (MHB088C) Plus QL1706 or QL2107 as First-line Treatment for Extensive-stage Small Cell Lung Cancer

Xinru Chen[1], Hongxu Liu[2], Pengbo Deng[3], Qiming Wang[4], Jianlin Long[5], Fang Su[6], Yibing Liu[7], Rui Meng[8], Wei Zuo[9], Qi Dang[10], Haiyong Wang[10], Lianhua Ye[11], Junmei Jia[12], Han Xuan[13], Wenfeng Li[14], Huaxin Duan[15], Jinlu Shan[16], Yuming Jia[17], Yajie Zhu[18], Xiaolong Yan[19], Wenxiu Cheng[20], Tao Zhang[20], Hongying Wei[20], Caicun Zhou[1*]

Key eligibility criteria for phase 2 part

- ES-SCLC
- ≥ 18 years old
- No prior systemic therapy
- ECOG PS 0 or 1
- ≥1 measurable lesions per RECIST 1.1

Cohort 1
QLC5508 2.4 mg/kg Q3W + QL1706[a] 5 mg/kg Q3W

Cohort 2
QLC5508 2.4 mg/kg Q3W + QL2107[b] 200 mg Q3W

Primary endpoint

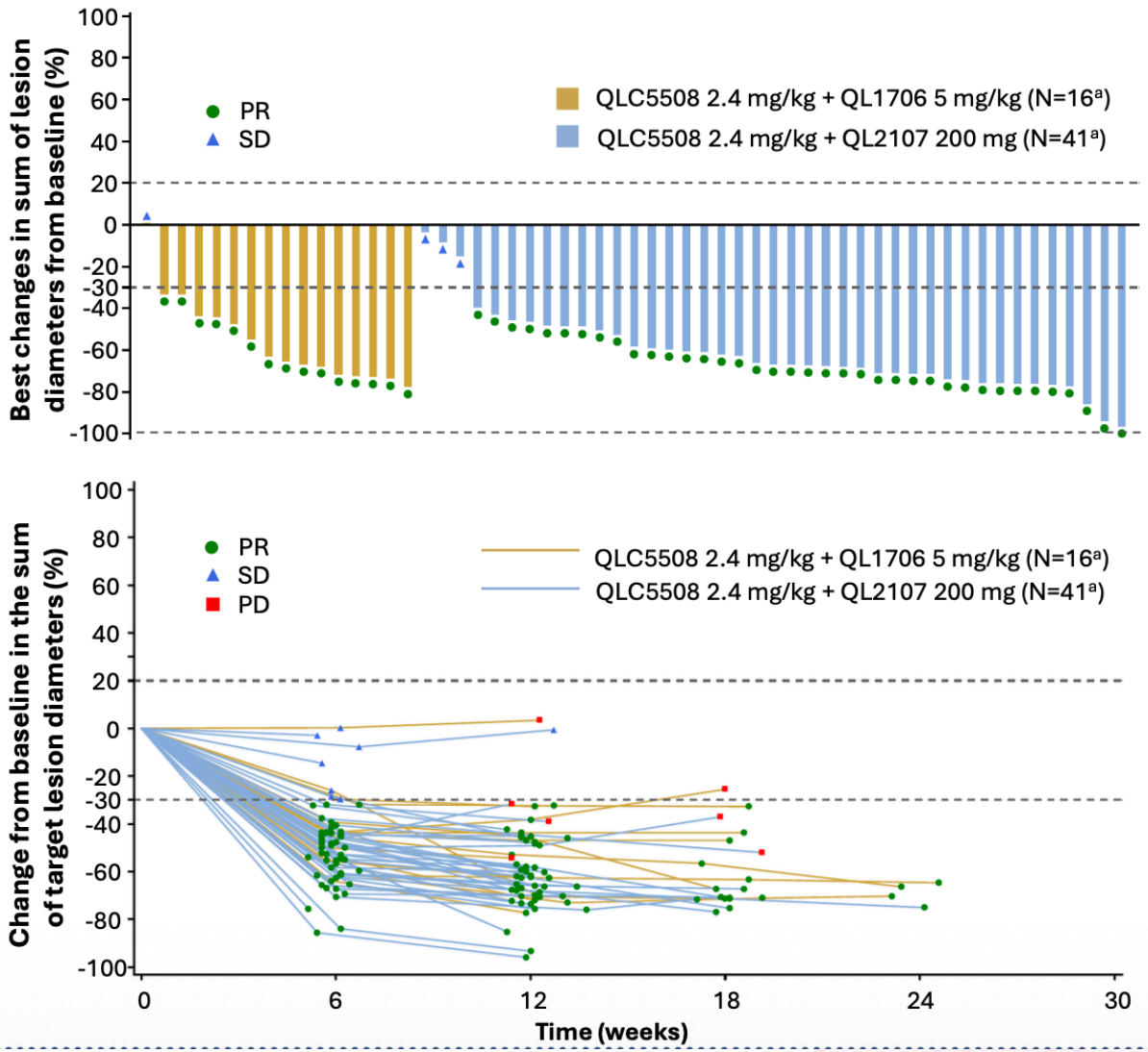
- **Investigator-assessed ORR** per RECIST 1.1

Secondary endpoints

- DCR
- DoR
- PFS
- OS
- Safety

[a] QL1706: iparomlimab and tuvonralimab (bifunctional antibody targeting PD-1 and CTLA-4);
[b] QL2107: pembrolizumab biosimilar.

Both Combinations Demonstrated Promising Antitumor Activity



Tumor response	QLC5508 + QL1706	QLC5508 + QL2107	Total
No. of patients [a]	16	41	57
BOR, n (%)			
CR	0	0	0
PR	15 (93.8)	38 (92.7)	53 (93.0)
SD	1 (6.3)	3 (7.3)	4 (7.0)
PD	0	0	0
uORR, % (95% CI)	**93.8 (69.8, 99.8)**	**92.7 (80.1, 98.5)**	**93.0 (83.0, 98.1)**
cORR, % (95% CI)	**81.3 (54.4, 96.0)**	**80.5 (65.1, 91.2)**	**80.7 (68.1, 90.0)**
DCR, % (95% CI)	100.0 (79.4, 100.0)	100.0 (91.4, 100.0)	100.0 (93.7, 100.0)

[a] Patients who received ≥1 dose of study drug, had measurable baseline lesions, and underwent ≥1 valid post-baseline tumor assessment.

Abbreviations: No., number; u, unconfirmed; c, confirmed; BOR, Best Overall Response; CR, Complete Response; PR, Partial Response; SD, Stable Disease; PD, Progressive Disease; ORR, Objective Response Rate; DCR, Disease Control Rate.

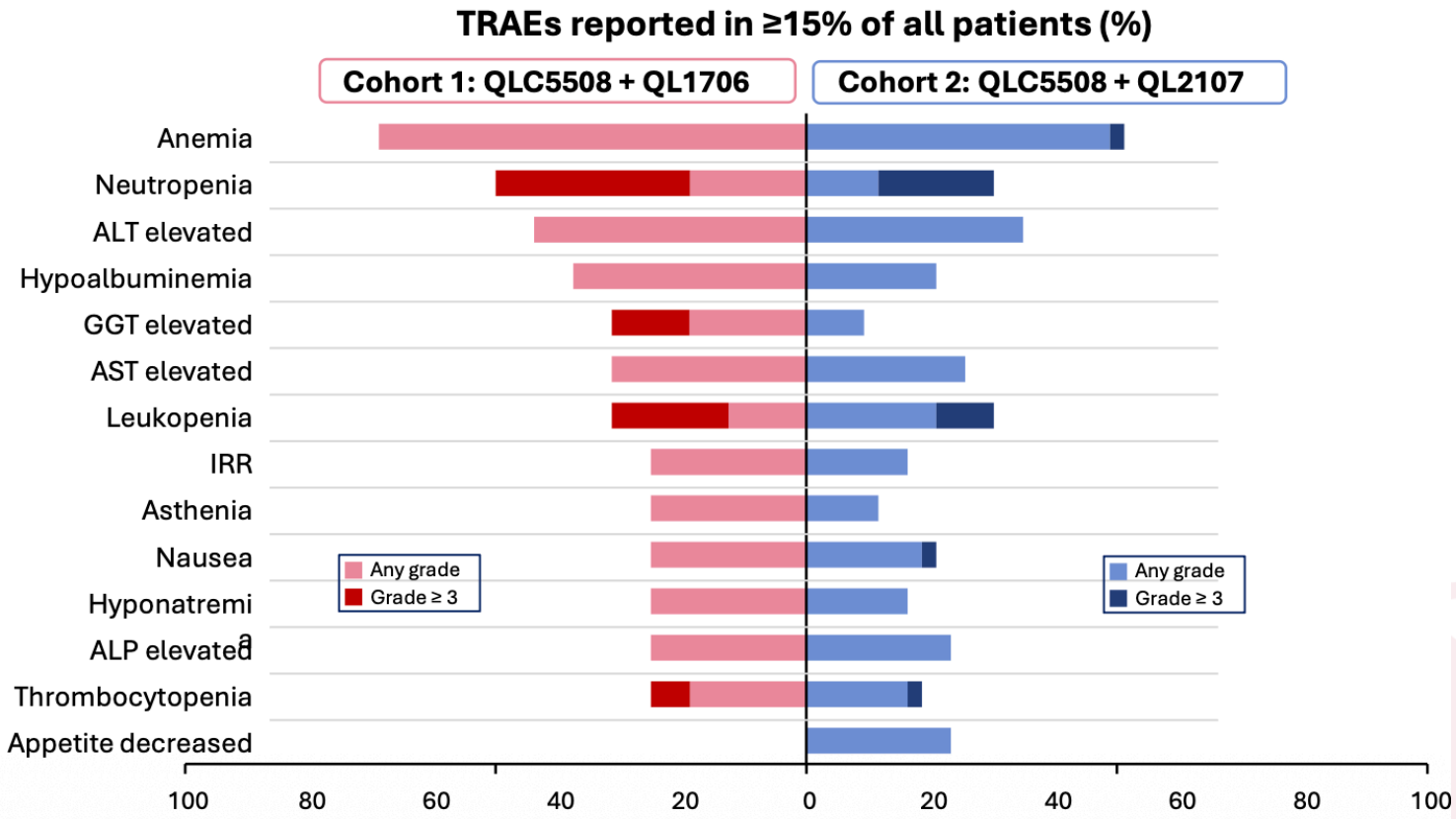
Safety Profile

- Grade ≥3 TRAEs occurred in 43.8% and 37.2% of patients in Cohort 1 and Cohort 2, respectively.
- The most frequent all-grade and grade ≥3 TRAEs across both regimens were hematologic toxicities, with neutropenia and leukopenia being the most common grade ≥3 events. Other grade ≥3 TRAEs occurred at low frequencies.
- ALT/AST elevations were limited to grade 1–2, with no concurrent bilirubin elevation or treatment discontinuation.

TRAE, n (%)	QLC5508 + QL1706 (N = 16)	QLC5508 + QL2107 (N = 43)	Total (N = 59)
Any TRAE	16 (100.0)	43 (100.0)	59 (100.0)
Any Grade ≥3	7 (43.8)	16 (37.2)	23 (39.0)
Any TRSAE	3 (18.8)	10 (23.3)	13 (22.0)
Any TRAE leading to			
dose interruption [a]	2 (12.5)	14 (32.6)	16 (27.1)
dose reduction [a]	3 (18.8)	4 (9.3)	7 (11.9)
discontinuation [a]	1 (6.3)	3 (7.0)	4 (6.8)
death	0	1 (2.3) [b]	1 (1.7)
ILD			
Any grade	1 (6.3)	2 (4.7)	3 (5.1)
Grade ≥3	0	1 (2.3)	1 (1.7)

[a] Dose interruption, dose reduction, and discontinuation refer to modifications of any treatment; [b] One death occurred due to myelosuppression.

Abbreviations: TRAE, Treatment-Related Adverse Event; SAE, Serious Adverse Event; ALT, Alanine



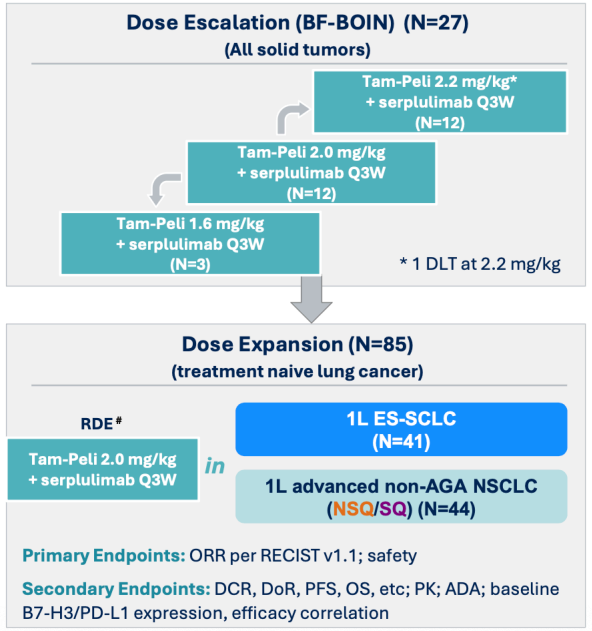
IASLC 2026 World Conference on Lung Cancer
SEPTEMBER 12 – 15, 2026 | SEOUL, REPUBLIC OF KOREA

First-Line YL201 Plus Serplulimab in ES-SCLC and Advanced NSCLC: Phase 1 Results of a B7-H3-Directed Combination Strategy

Hongyun Zhao[1], Yuxiang Ma[1], Lin Wu[2], Longhua Sun[3], Mingjun Li[4], Dongqing Lv[5], Peiliang Zhang[6], Yulong Zheng[7], Zhangzhou Huang[8], Yan Yu[9], Yuan Liang[10], Yongchang Zhang[11], Jiuwei Cui[12], Shifeng Kan[13], Yun Fan[14], Ning Li[15], Guowei Che[16], Suxia Luo[17], Xiangjiao Meng[18], Zhihua Liu[19], Yiheng Hu[20], Ruihua Wang[20], Steve Chin[20], Jiaqiang Cai[20], Tongtong Xue[20], Li Zhang[1]

Study Design and Results Overview

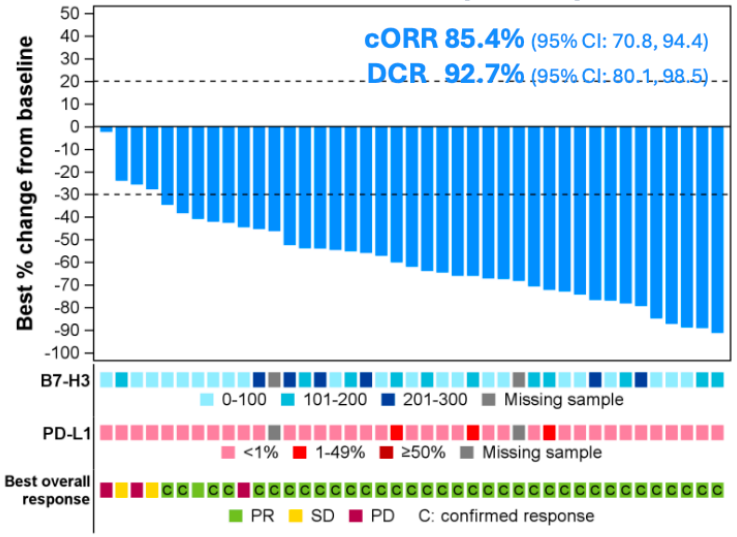
A Phase 1, multicenter, open-label study of Tam-Peli plus serplulimab in patients with advanced solid tumors in China (NCT06394414)



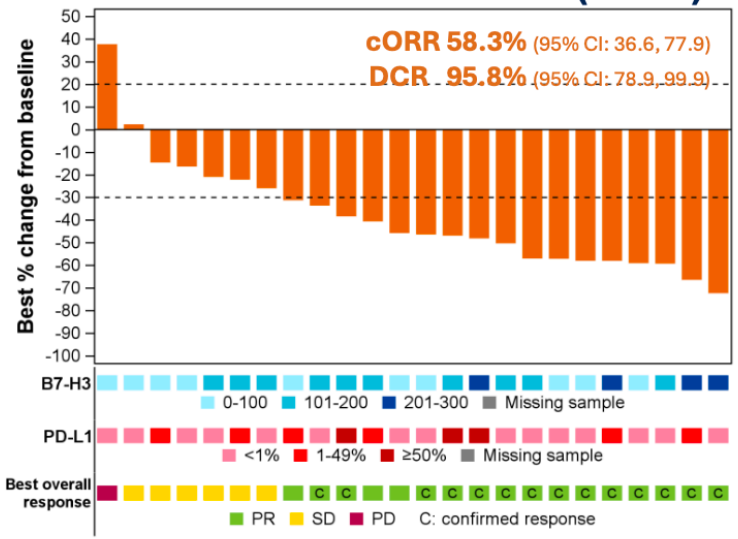
	1L ES-SCLC (N=41)	1L NSQ-NSCLC (N=24)	1L SQ-NSCLC† (N=19)
Age (years), median (range)	63 (37,74)	61.5 (44,74)	69 (54,75)
≥65 years, n (%)	18 (43.9%)	9 (37.5%)	10 (52.6%)
Gender [male, n (%)]	35 (85.4%)	19 (79.2%)	18 (94.7%)
ECOG PS of 1, n (%)	39 (95.1%)	20 (83.3%)	17 (89.5%)
Stage of diagnosis			
Stage IIIB/IIIC	5 (12.2%)	2 (8.3%)	6 (31.6%)
Stage IV	36 (87.8%)	22 (91.7%)	13 (68.4%)
Brain metastasis, n (%)	2 (4.9%)	4 (16.7%)	2 (10.5%)
Liver metastasis, n (%)	16 (39.0%)	2 (8.3%)	7 (36.8%)
PD-L1 TPS, % [n (%)]			
<1%	36 (87.8%)	15 (62.5%)	7 (36.8%)
1-49%	3 (7.3%)	6 (25.0%)	3 (15.8%)
≥50%	0	3 (12.5%)	5 (26.3%)
Missing	2 (4.9%)	0	4 (21.1%)

Efficacy of Tam-Peli Plus Serplulimab in 1L Lung Cancer by Histology

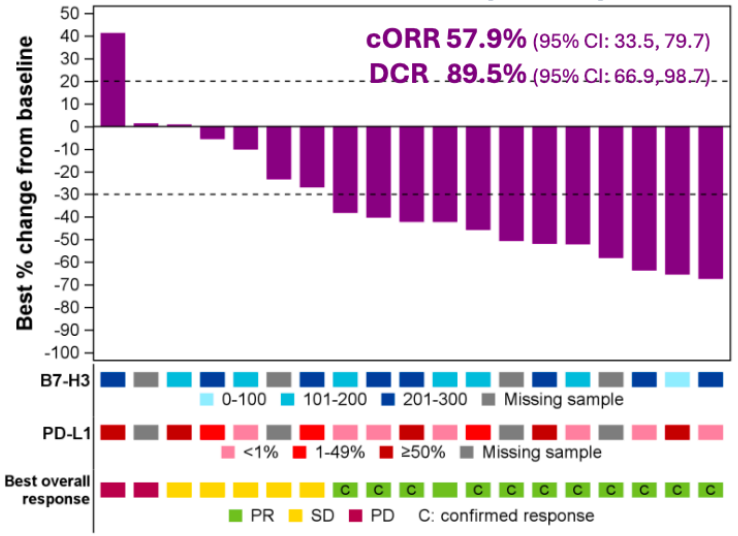
ES-SCLC (N=41)



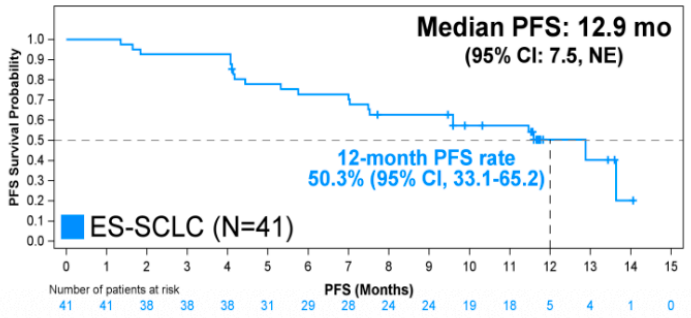
non-AGA NSQ-NSCLC (N=24)

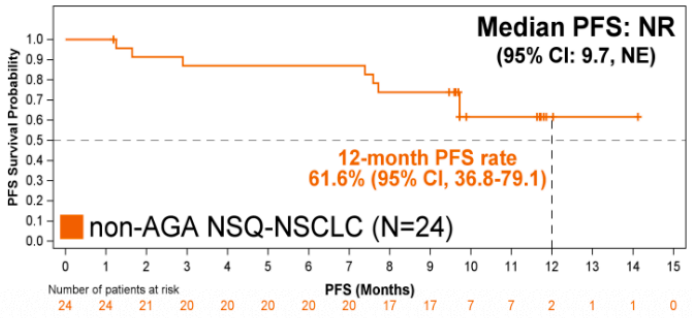


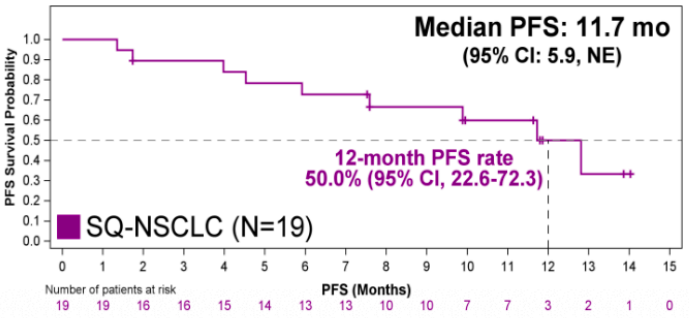
SQ-NSCLC (N=19)



No significant correlation was observed between B7-H3 or PD-L1 expression and cORR across all 3 histological subtypes. Responses were seen in PD-L1 negative and low NSCLC.







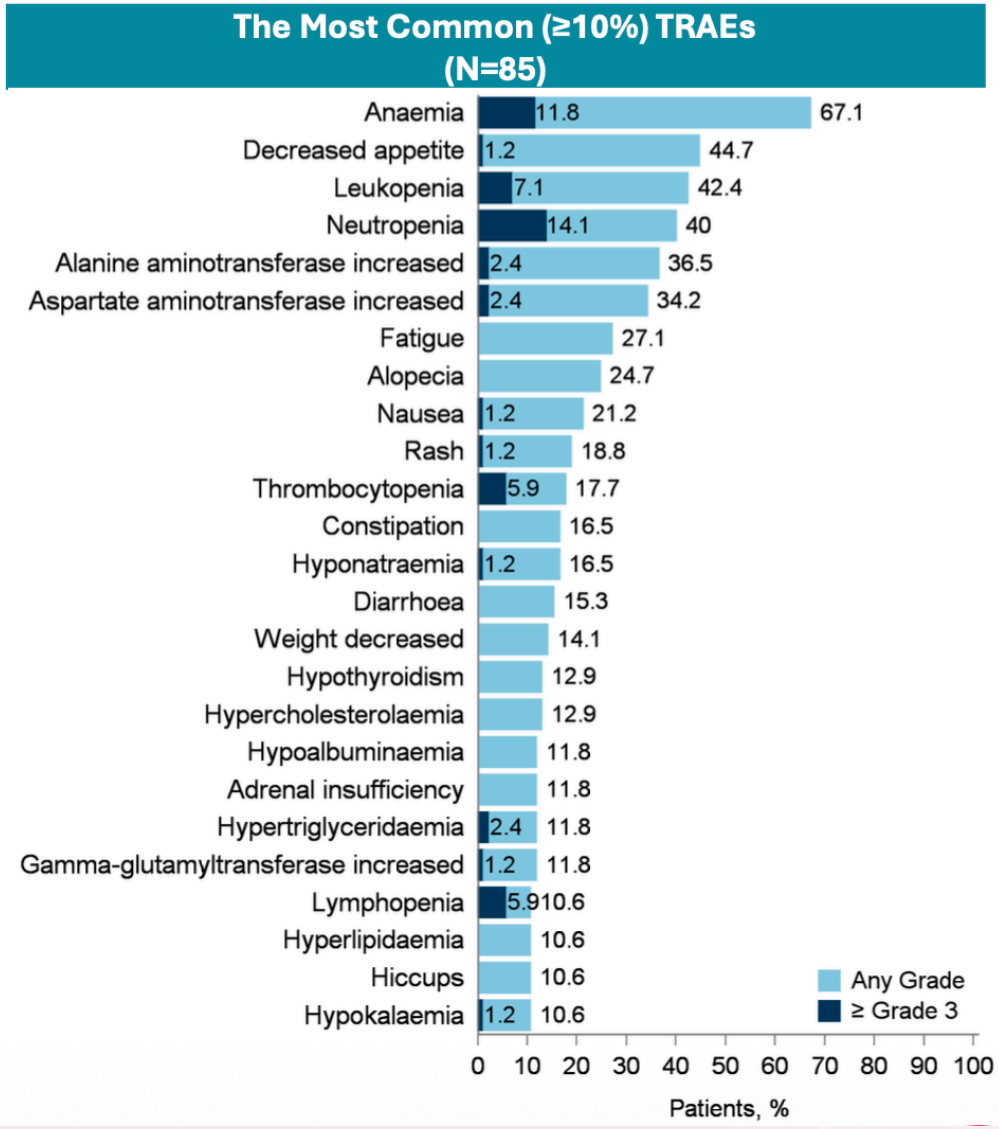
12-mon OS rate 80.3% (95% CI: 64.3, 89.6)

Data cutoff: March 13, 2026. Median follow-up: 12.0 months (range: 1.6, 14.6).

Overall Safety of Tam-Peli Plus Serplulimab in 1L Lung Cancer

	All patients (N=85)
Any TEAEs, n (%)	85 (100%)
Any TRAEs, n (%)	83 (97.6%)
Grade ≥3 TRAEs	33 (38.8%)
Serious TRAEs	13 (15.3%)
TRAEs leading to drug interruption	26 (30.6%)
TRAEs leading to dose reduction	8 (9.4%)
TRAEs leading to drug discontinuation	4 (4.7%)
TRAEs leading to death	0
Any grade irAEs	21(24.7%)
Grade ≥3	4(4.7%)
Any grade ILD/pneumonitis TRAEs	4(4.7%)
Grade ≥3	1(1.2%)

- Overall safety was similar across histological subtypes.
- The most common TRAEs were hematological toxicities, which occurred at low rates and were manageable.



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Tarlatamab Extended-Interval Dosing Regimens in Patients With SCLC: The Randomized Phase 2 DeLLphi-309 Study

Jonathan Goldman, MD

Screening

- Adults (≥ 18 years) with SCLC whose disease progressed on or recurred after 1L platinum-based chemotherapy[a]
- ECOG PS 0 or 1
- Asymptomatic, treated or untreated brain metastases permitted

1:1:1
(N = 252)

Stratification:
1L Platinum sensitivity
(≥ 90 days vs < 90 days)

Open-Label Treatment Period

Tarlatamab 10 mg IV Q2W (n = 83)
(1 mg on C1D1, 10 mg on C1D8 and C1D15, and Q2W thereafter in 28-day cycles)

Tarlatamab 20 mg IV Q3W (n = 84)
(1 mg on C1D1, 20 mg on C1D8 and C2D1, and Q3W thereafter in 21-day cycles)

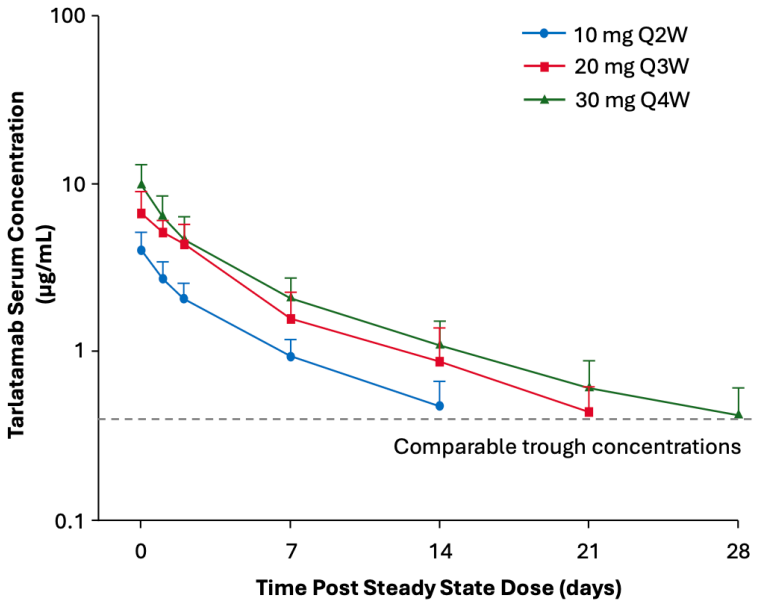
Tarlatamab 30 mg IV Q4W (n = 85)
(1 mg on C1D1, 30 mg on C1D8 and C2D1, and Q4W thereafter in 28-day cycles)

- **Primary Endpoint: ORR based on BICR per RECIST 1.1**
- **Secondary Endpoints:**
  - **Efficacy:** ORR (investigator); DOR, DCR, DODC, PFS (BICR and investigator); OS
  - **Pharmacokinetics**
  - **Safety:** TEAEs and TRAEs

Statistical Considerations: Analyses were descriptive; no hypotheses were formally tested

Monitoring:
- 10 mg Q2W: 1–2-hour monitoring first 2 doses
- 20 mg Q3W & 30 mg Q4W: 6–8 hours monitoring first 3 doses

Geometric Mean Steady-State Exposures Were Comparable Across the Tarlatamab Dosing Regimens

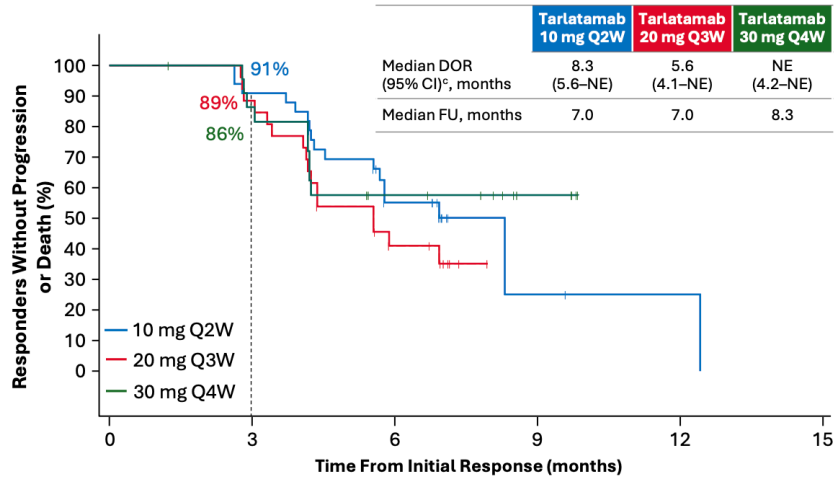


PK parameter	Tarlatamab 10 mg Q2W	Tarlatamab 20 mg Q3W	Tarlatamab 30 mg Q4W
C_{trough}, µg/mL (% CV)[a]	0.425 (54%) n = 47	0.406 (41%) n = 53	0.383 (44%) n = 45
C_{avg}, µg/mL (% CV)[b]	1.37 (42%) n = 9	1.78 (31%) n = 12	1.84 (42%) n = 19

Extended-Interval Dosing Regimens Demonstrated Durable Objective Responses

	Tarlatamab 10 mg Q2W (n = 83)	Tarlatamab 20 mg Q3W (n = 84)	Tarlatamab 30 mg Q4W (n = 85)
Best Overall Response by BICR, n (%)			
Complete response	4 (4.8)	4 (4.8)	0
Partial response	29 (34.9)	22 (26.2)	23 (27.1)
Stable disease	17 (20.5)	33 (39.3)	25 (29.4)
Progressive disease	25 (30.1)	21 (25.0)	25 (29.4)
Not evaluable	2 (2.4)	0	1 (1.2)
No post-baseline scan	6 (7.2)	4 (4.8)	11 (12.9)
ORR by BICR, % (95% CI)[a]	39.8 (29.2–51.1)	31.0 (21.3–42.0)	27.1 (18.0–37.8)
Odds Ratio (95% CI)[b]	–	0.68 (0.36–1.29)	0.56 (0.30–1.08)
DCR by BICR, % (95% CI)[a]	60.2 (48.9–70.8)	70.2 (59.3–79.7)	56.5 (45.3–67.2)
ORR by Investigator, % (95% CI)[a]	36.1 (25.9–47.4)	36.9 (26.6–48.1)	30.6 (21.0–41.5)

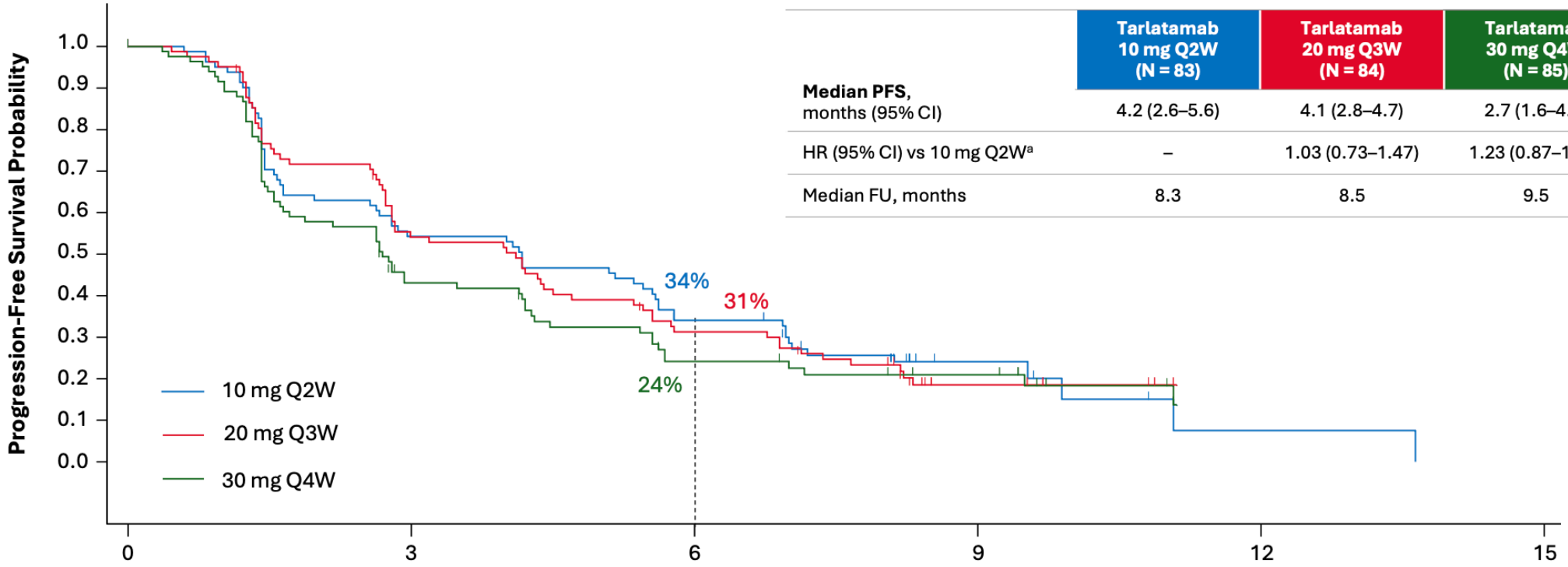
Duration of Response by BICR



Number of Participants at Risk:

10 mg Q2W	33	30	14	2	1	0
20 mg Q3W	26	23	8	0		
30 mg Q4W	23	18	10	4	0	

Progression-Free Survival by Blinded Independent Central Review



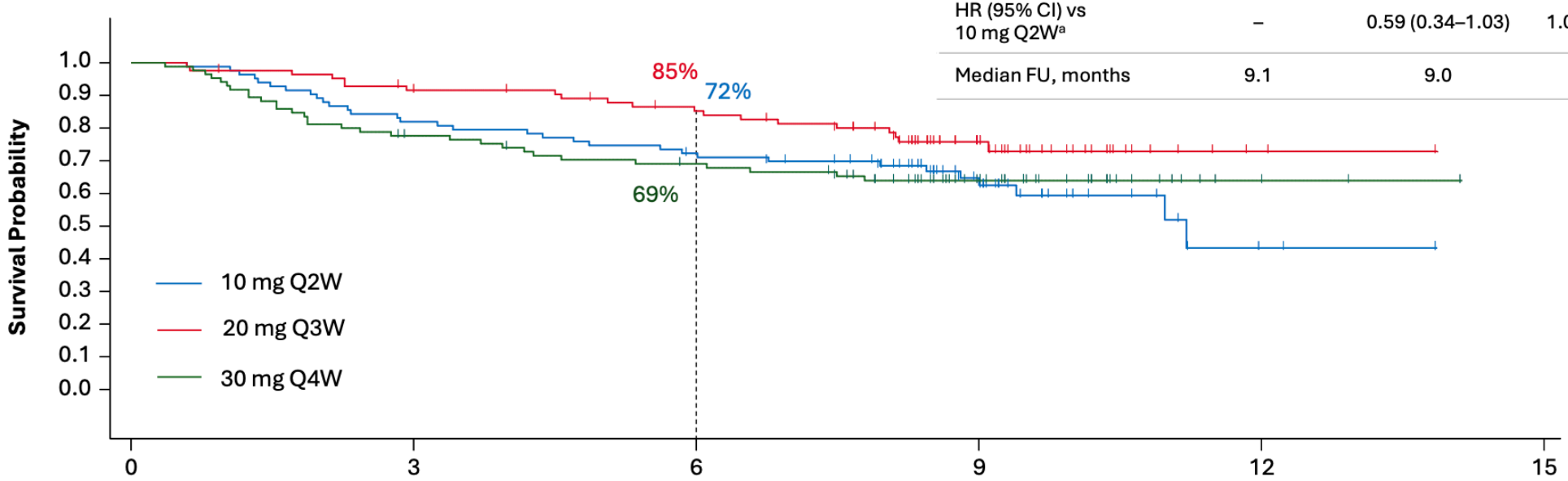
	Tarlatamab 10 mg Q2W (N = 83)	Tarlatamab 20 mg Q3W (N = 84)	Tarlatamab 30 mg Q4W (N = 85)
Median PFS, months (95% CI)	4.2 (2.6–5.6)	4.1 (2.8–4.7)	2.7 (1.6–4.2)
HR (95% CI) vs 10 mg Q2W[a]	–	1.03 (0.73–1.47)	1.23 (0.87–1.75)
Median FU, months	8.3	8.5	9.5

Number of participants at risk:

10 mg Q2W	83	43	26	6	1	0
20 mg Q3W	84	43	24	6	0	
30 mg Q4W	85	33	17	11	0	

Overall Survival Was Favorable Across Dosing Regimens

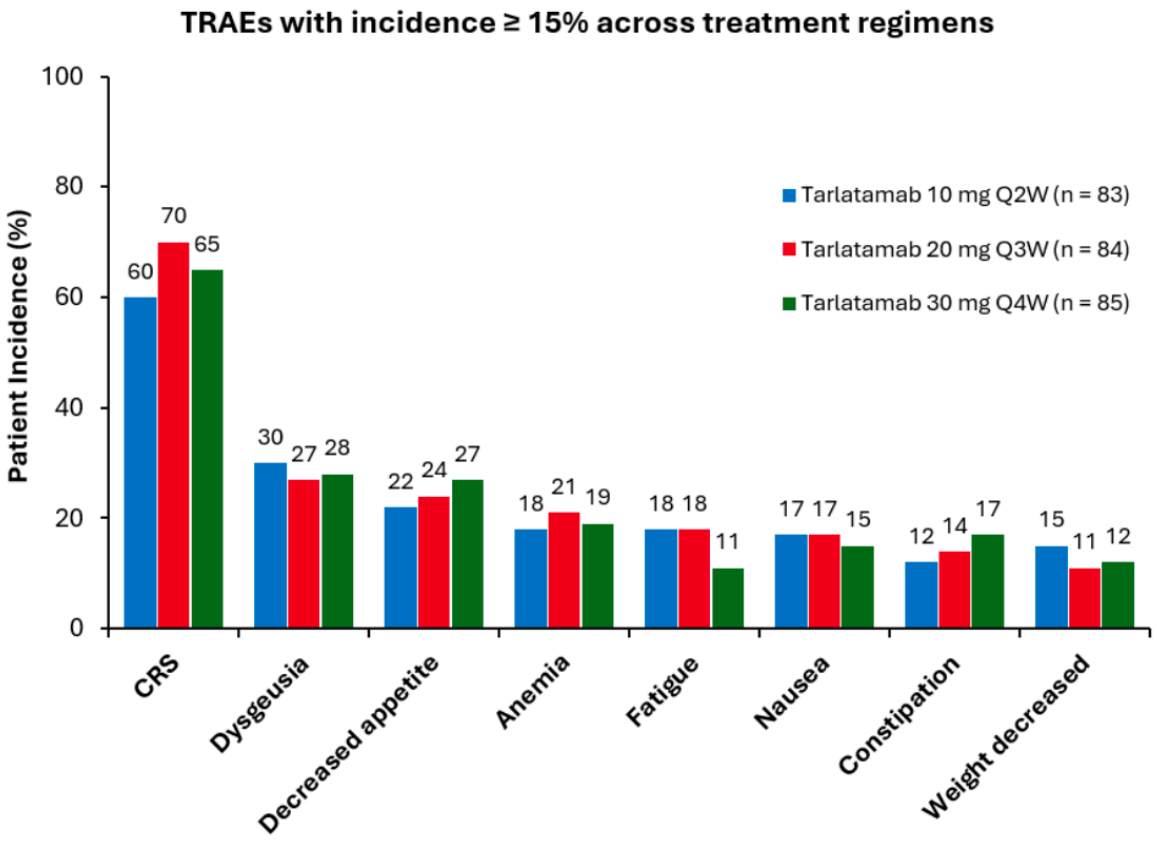
	Tarlatamab 10 mg Q2W (N = 83)	Tarlatamab 20 mg Q3W (N = 84)	Tarlatamab 30 mg Q4W (N = 85)
Median OS, months (95% CI)	11.2 (9.4–NE)	NE	NE
HR (95% CI) vs 10 mg Q2W[a]	–	0.59 (0.34–1.03)	1.03 (0.62–1.69)
Median FU, months	9.1	9.0	9.1



Number of participants at risk:						
10 mg Q2W	83	68	59	29	3	0
20 mg Q3W	84	75	66	35	2	0
30 mg Q4W	85	64	55	31	3	0

Overall Safety Profile

	Tarlatamab 10 mg Q2W (n = 83)	Tarlatamab 20 mg Q3W (n = 84)	Tarlatamab 30 mg Q4W (n = 85)
Any grade TEAEs, n (%)	82 (98.8)	83 (98.8)	84 (98.8)
Any grade TRAEs, n (%)	76 (91.6)	78 (92.9)	79 (92.9)
Grade ≥ 3	23 (27.7)	17 (20.2)	22 (25.9)
Fatal	0	0	1 (1.2)
Serious	23 (27.7)	33 (39.3)	34 (40.0)
Leading to interruption	15 (18.1)	14 (16.7)	14 (16.5)
Leading to discontinuation	1 (1.2)	6 (7.1)	4 (4.7)



Overall AEs, treatment-related grade ≥3 AEs and interruption rates were similar across regimens, while extended-interval dosing showed numerically higher treatment-related serious AEs and discontinuations, with one fatal outcome in 30 mg Q4W

Treatment-Related CRS and ICANS

	Tarlatamab 10 mg Q2W (n = 83)	Tarlatamab 20 mg Q3W (n = 84)	Tarlatamab 30 mg Q4W (n = 85)
CRS, n (%)	50 (60.2)	59 (70.2)	55 (64.7)
Grade ≥ 3	2 (2.4)	1 (1.2)	2 (2.4)
Fatal	0	0	0
Serious	15 (18.1)	23 (27.4)	21 (24.7)
Leading to interruption	2 (2.4)	2 (2.4)	0
Leading to discontinuation	0	2 (2.4)	1 (1.2)

	Tarlatamab 10 mg Q2W (n = 83)	Tarlatamab 20 mg Q3W (n = 84)	Tarlatamab 30 mg Q4W (n = 85)
ICANS, n (%)	5 (6.0)	5 (6.0)	10 (11.8)
Grade ≥ 3	1 (1.2)	3 (3.6)	1 (1.2)
Fatal	0	0	1 (1.2)[a]
Serious	3 (3.6)	4 (4.8)	8 (9.4)
Leading to interruption	2 (2.4)	1 (1.2)	3 (3.5)
Leading to discontinuation	0	2 (2.4)	1 (1.2)

- **Treatment-related CRS was higher in the extended-interval dosing regimens; majority of events were Grade 1 or 2**
- **Treatment-related ICANS was higher with 30 mg Q4W**
- **One Grade 3 ICANS event was associated with a fatal outcome in the 30 mg Q4W group; the investigator determined that the cause of death was likely due to cardiac arrhythmia**

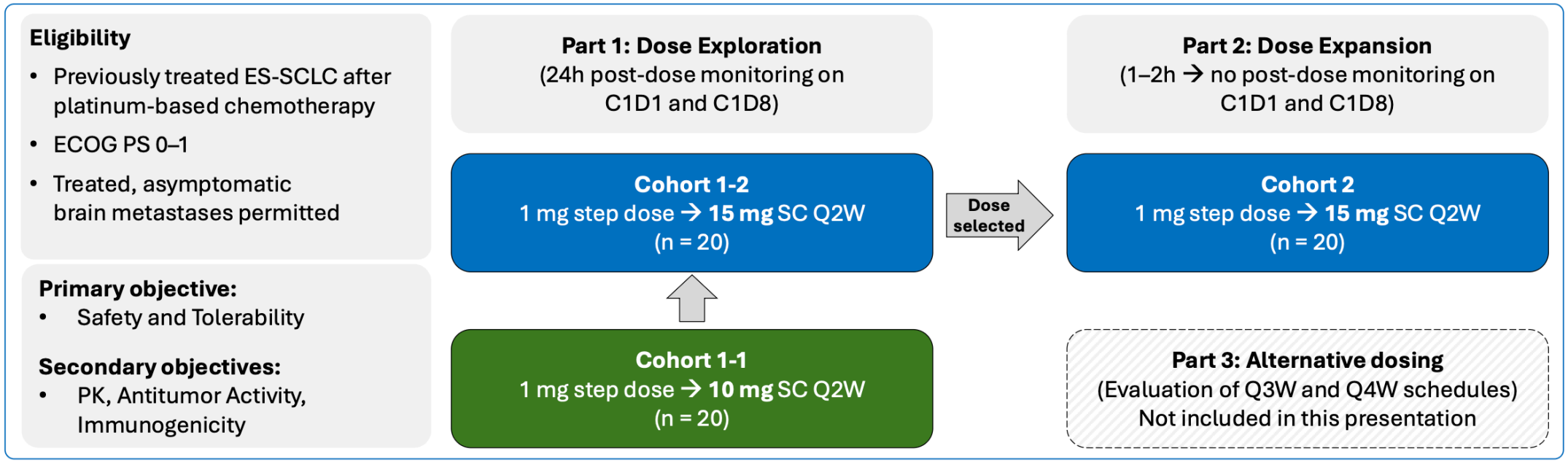
IASLC 2026 World Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026 | SEOUL, REPUBLIC OF KOREA

Subcutaneous (SC) Tarlatamab in Patients With Extensive-Stage Small Cell Lung Cancer (ES-SCLC): DeLLphi-308 Phase 1b Study

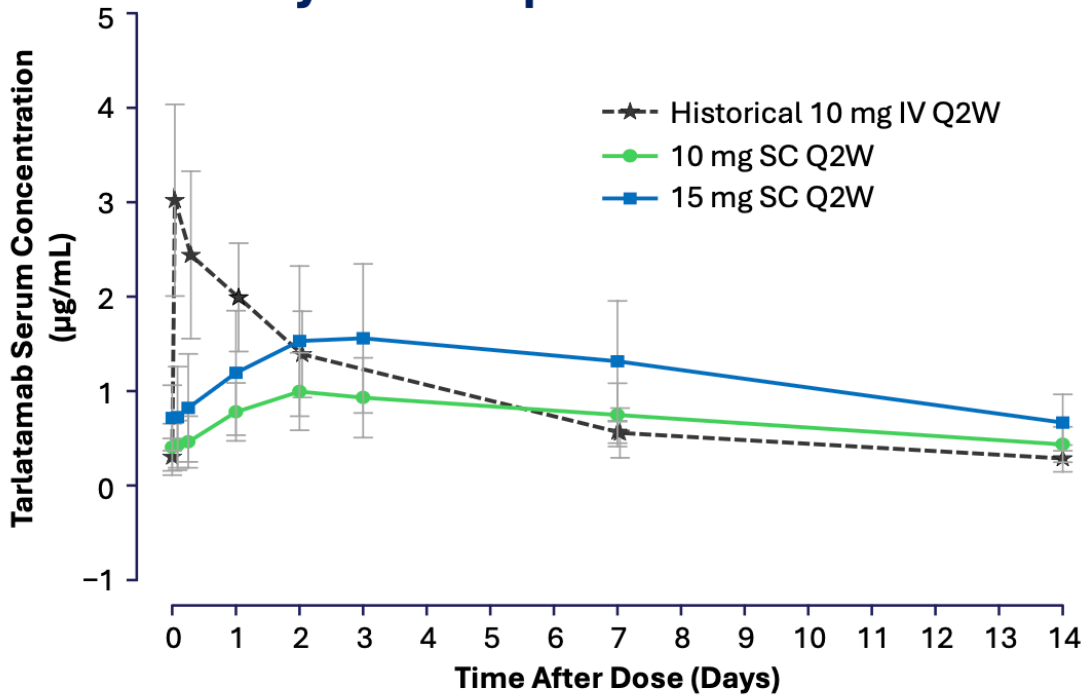
Pedro Rocha, MD, PhD

Phase 1b dose-exploration and expansion study; first clinical evaluation of subcutaneous tarlatamab (NCT06598306)



Subcutaneous Administration at 15 mg Q2W Achieved Exposure Comparable to 10 mg IV Q2W With Low Rates of CRS

Steady-State Exposure Over Time



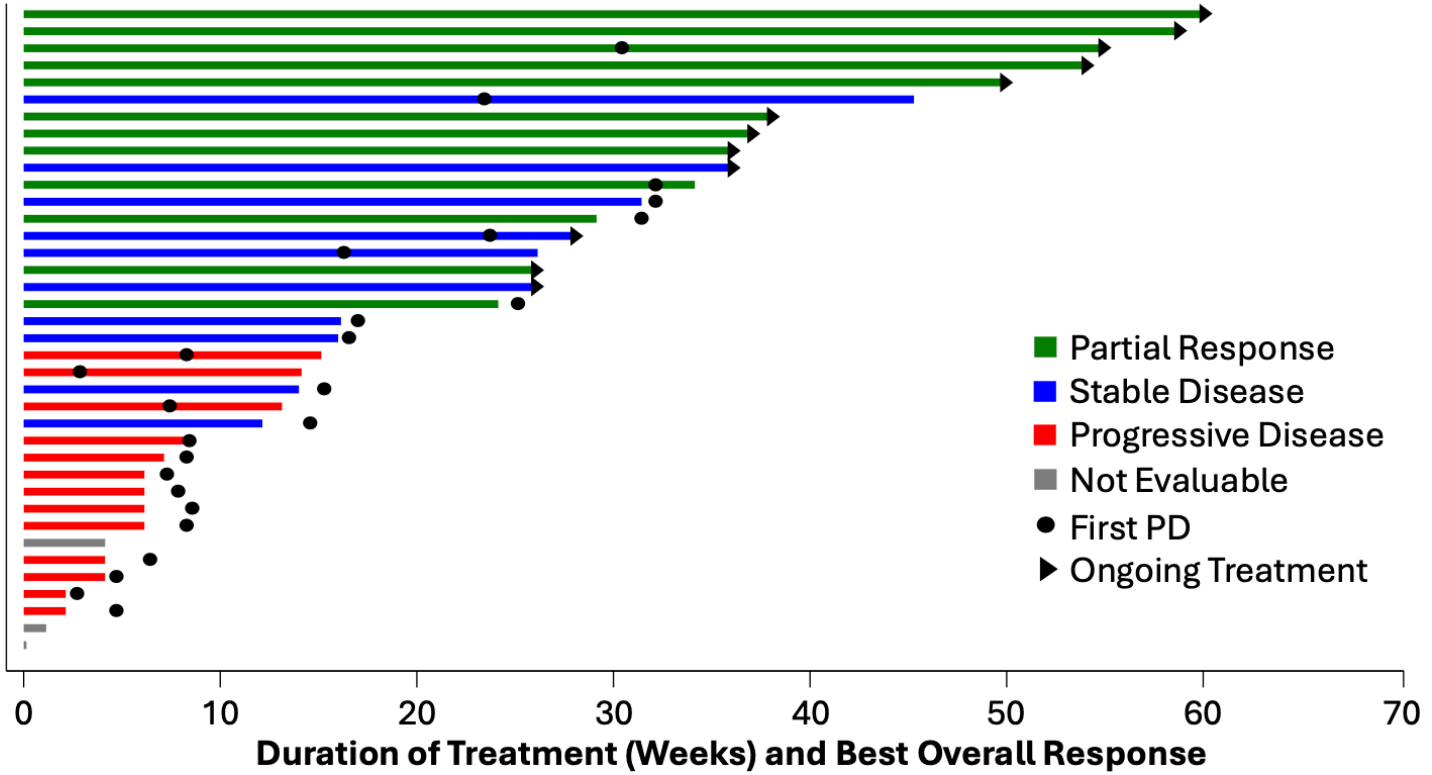
Parameter, Geometric mean (% CV)	10 mg IV Q2W	10 mg SC Q2W	15 mg SC Q2W
AUC_{tau}, hr*µg/mL	289 (44%) n = 41	228 (42%) n = 14	336 (42%) n = 27

Key Treatment-Related Adverse Events by Grade

15 mg Q2W SC-treated patients (n = 40)				
TRAE, n (%)	**G1**	**G2**	**≥ G3**	**Overall**
CRS	11 (28)	4 (10)	0	15 (38)
ICANS	0	0	0	0
Injection site reactions	18 (45)	2 (5)	0	20 (50)
Dysgeusia	14 (35)	5 (13)	0	19 (48)
Neutropenia	2 (5)	2 (5)	0	4 (10)
CRS – IV, historical DeLLphi-304 (n = 252)[1]	107 (42)	32 (13)	3 (1)	142 (56)

Tarlatamab 15 mg SC Q2W Demonstrated Antitumor Activity With Ongoing Responses in Previously Treated ES-SCLC

Treatment Response at 15 mg Q2W (n = 40)	
ORR, n (%)	12 (30)
CR	0
PR	12 (30)
SD, n (%)	10 (25)
PD, n (%)	13 (33)
Not evaluable, n (%)	3 (8)
No post-baseline assessment, n (%)	2 (5)
DCR, n (%)	22 (55)
Mean TTR, months	1.8
Median DOR, months (95% CI)[a]	NE (4.1, NE)
Median FU for DOR, months (95% CI)[a]	9.4 (5.6, 11.1)



- **Tarlatamab 15 mg SC Q2W showed promising anticancer activity with ORR of 30% in previously treated ES-SCLC**
- **The median PFS was 3.7 months (95% CI: 1.9, 7.0; median follow-up 7.7 months), and median OS was 11.7 months (95% CI: 5.4, NE; median follow-up 9.5 months)**

The Phase 3 study DeLLphi-315 is evaluating the efficacy and safety of subcutaneous versus intravenous tarlatamab in SCLC (NCT07778316)

IASLC

2026 World Conference on Lung Cancer

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

Dr. Alberto Chiappori

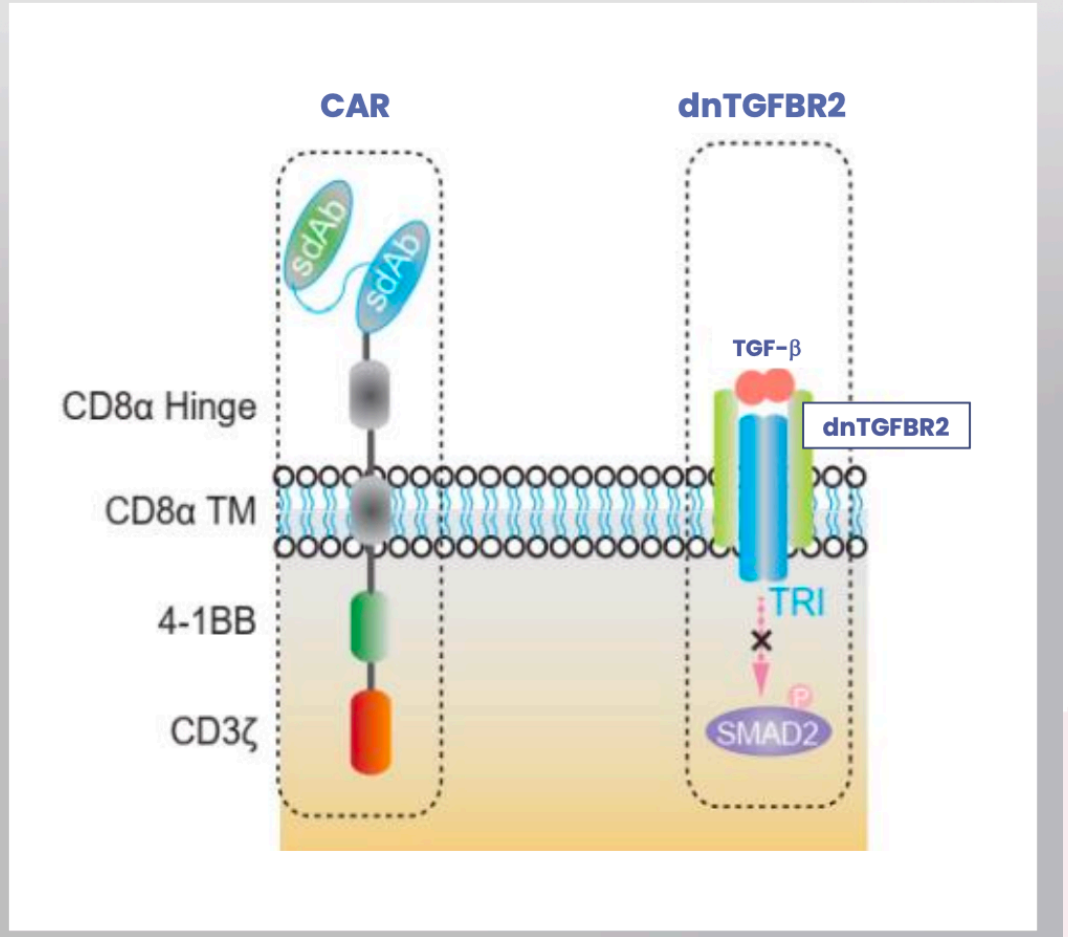
LB2102 : DLL3-targeted Autologous CAR-T Cells With dnTGFBR2 Armor

DLL3

- An inhibitory Notch ligand highly expressed on the cell surface in SCLC and other neuroendocrine tumors
- Minimal expression in normal tissues

LB2102 CAR-T Cell Design

- Chimeric antigen receptor (CAR): dual single-domain antibodies (sdAb) with high-affinity binding for DLL3
- **dnTGFBR2** blocks TGFβ-mediated signaling to SMAD2
- dnTGFBR2 removes the inhibitory effects of TGF-β on the CAR-T cells, leading to their increased activation, proliferation, and anti-tumor effector functions



dnTGFBR2, dominant negative TGFβ Receptor 2

Oral abstract, **no. 339** ASCGT Congress 2026

Clinical Activity Observed at DL3 and Above, Primarily in SCLC

At DL3 and above (n=14)

- **SCLC**: ORR 33.3% (4/12)
  DCR 83.3% (10/12)
- **LCNEC**: ORR 0% (0/2)
  DCR 50.0% (1/2)

	DL1-DL2 [N=6]	DL3-DL7 [N=14]	Overall [N=20]
Non-measurable Disease at Baseline Per RECIST	1 (16.7%)	0	1 (5.0%)
Best Overall Response			
Complete Response (CR)	0	0	0
Partial Response (PR)	0	4 (28.6%)	4 (20.0%)
Stable Disease (SD)	3 (50.0%)	7 (50.0%)	10 (50.0%)
Progressive Disease (PD)	3 (50.0%)	3 (21.4%)	6 (30.0%)
Not Evaluable (NE)	0	0	0
Objective Response Rate (PR + CR) [90% CI]	0 [0%, 39.3%]	**4 (28.6%)** [10.4%, 54.0%]	4 (20.0%) [7.1%, 40.1%]
Disease Control Rate (SD + PR + CR) [90% CI]	3 (50.0%) [15.3%, 84.7%]	**11 (78.6%)** [53.4%, 93.9%]	14 (70.0%) [49.2%, 86.0%]

Notes: Percentages are based on the number of subjects in the Safety analysis set (N)

Durable Clinical Benefit Observed at Dose Levels ≥ 3

Median Progression-free Survival (mPFS)

(n=20): 2.9 months (95% CI, 1.0-7.0)

At ≥ DL3 (n=14) mPFS: 3.8 months

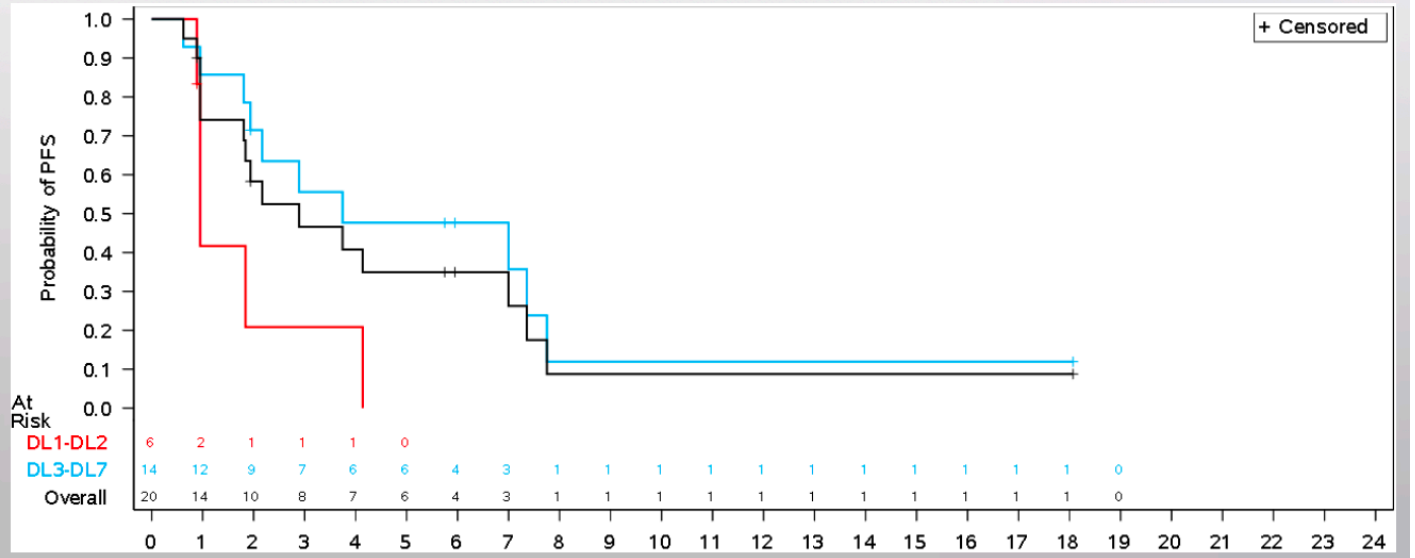
(95% CI, 1.8-7.8)

Median Overall Survival: 10.5 months

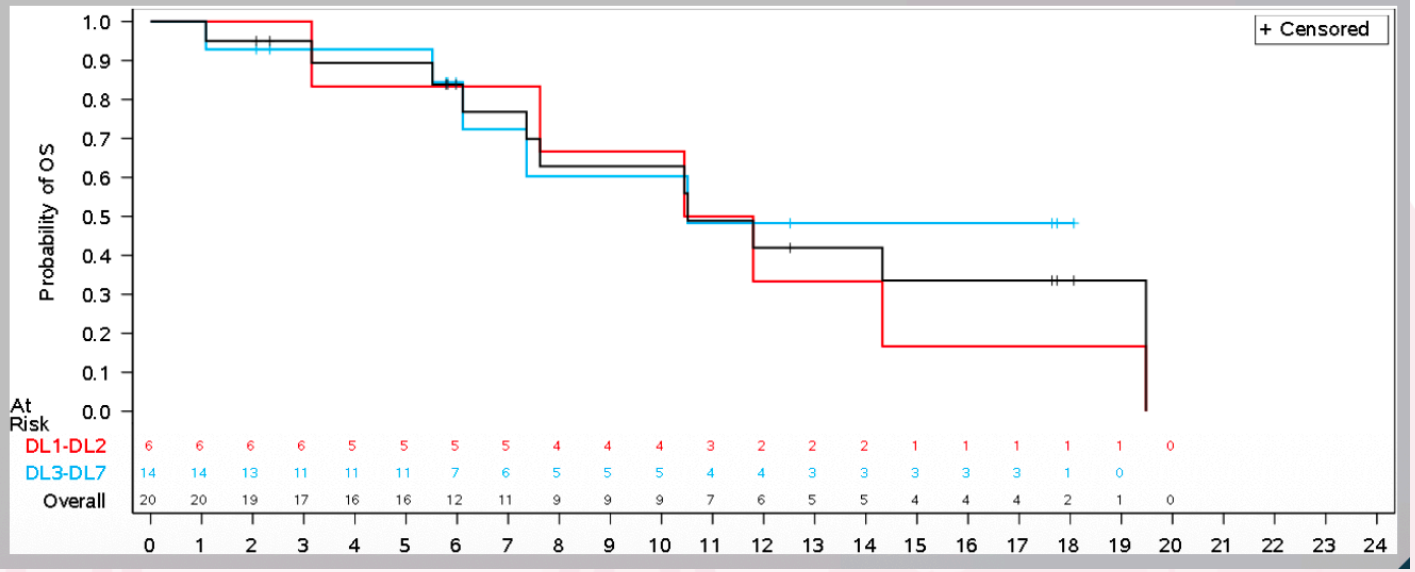
(95% CI, 6.1-NR;

median follow up: 17.6 months)

Kaplan-Meier Plot for Progression Free Survival by Pooled Dose Level



Kaplan-Meier Plot for Overall Survival by Pooled Dose Level




Gracias