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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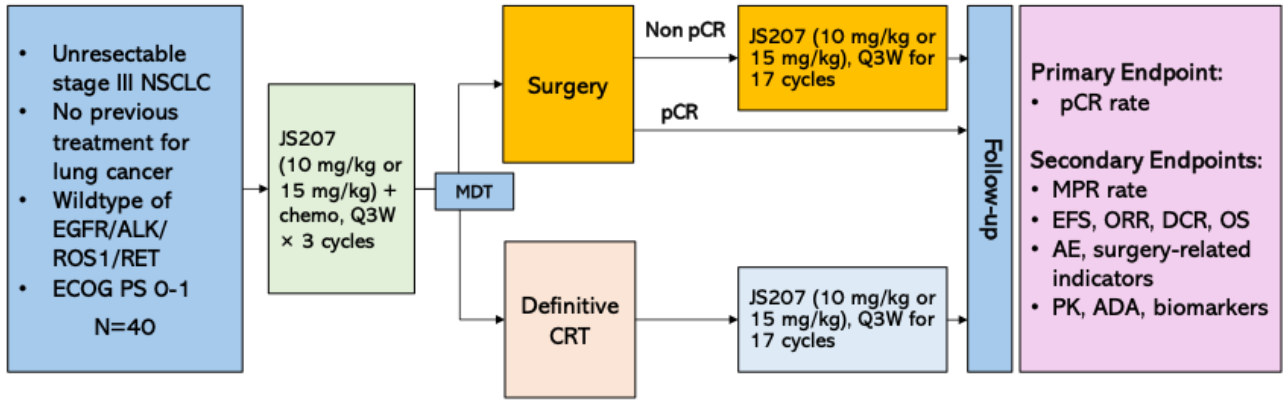
Cáncer de pulmón no microcítico localmente avanzado

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Catalan Institute of Oncology (ICO Badalona); B-ARGO/CARE-IGTP

Cáncer de pulmón no microcítico localmente avanzado

OAO9.03: Yi-Long Wu et al A Phase 2 Study of JS207, a PD-1/VEGF Bispecific Antibody, Plus Chemotherapy in Patients with Unresectable Stag III NSCLC

Study Design



NSCLC, Non-small Cell Lung Cancer; EGFR, Epidermal Growth Factor Receptor; ALK, Anaplastic Lymphoma Kinase; ROS1, ROS proto-oncogene 1, receptor tyrosine kinase; RET, Rearranged during Transfection; ECOG, Eastern Cooperative Oncology Group Performance Status; chemo, Chemotherapy; Q3W, once every 3 weeks; MDT, Multidisciplinary Team; CRT, Chemoradiotherapy; pCR, pathological Complete Response; MPR, Major Pathological Response; EFS, Event Free Survival; ORR, Objective Response Rate; DCR, Disease Control Rate; OS, Overall survival; AE, Adverse Event; PK, Pharmacokinetics; ADA, Anti-drug Antibody.

- JS207 is a bispecific IgG4 antibody that targets both PD-1 and VEGF.

- This Phase 2 study (NCT06944470) aimed to evaluate the efficacy and safety of JS207 in combination with platinum-based doublet chemotherapy in patients with unresectable stage III NSCLC.

Baseline characteristics

	Stage III Unresectable (N = 42)
Median Age (range), Years	61 (30 - 75)
Age Category, n (%)	
<=65	29 (69.0)
>65	13 (31.0)
Sex, n (%)	
Male	39 (92.9)
Female	3 (7.1)
ECOG Performance Status, n (%)	
0	20 (47.6)
1	22 (52.4)
Hisological Classification, n (%)	
Adenocarcinoma	14 (33.3)
Squamous Cell Carcinoma	25 (59.5)
NOS	3 (7.1)

Data cutoff date: June 4, 2026

	Stage III Unresectable (N = 42)
Regional Lymph Nodes, n (%)	
N0-1	10 (23.8)
N2	12 (28.6)
N3	20 (47.6)
AJCC 8th Staging, n (%)	
III A	16 (38.1)
III B	16 (38.1)
III C	10 (23.8)
TPS, n (%)	
<1%	7 (16.7)
1-49%	12 (28.6)
>=50%	4 (9.5)
Unknown	19 (45.2)

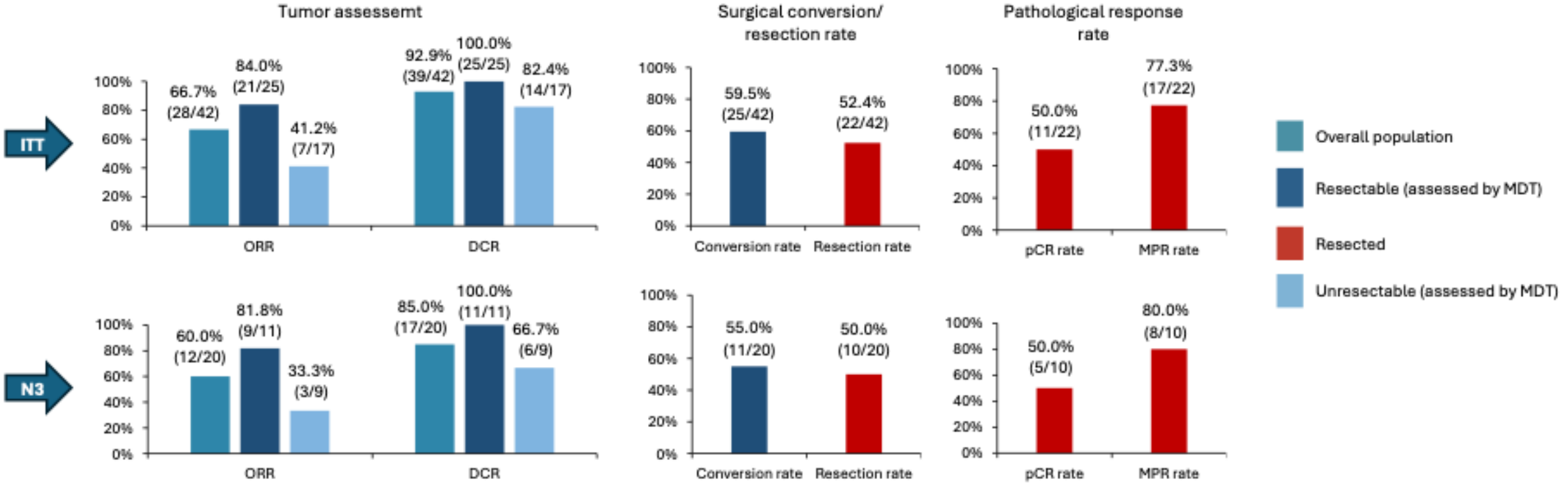
NOS: not otherwise specified

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Primary and Secondary Outcomes

- ITT population: surgical conversion rate 59.5% (25/42), pCR rate 50.0% (11/22*)
- N3 disease: surgical conversion rate 55.0% (11/20), pCR rate 50.0% (5/10*)



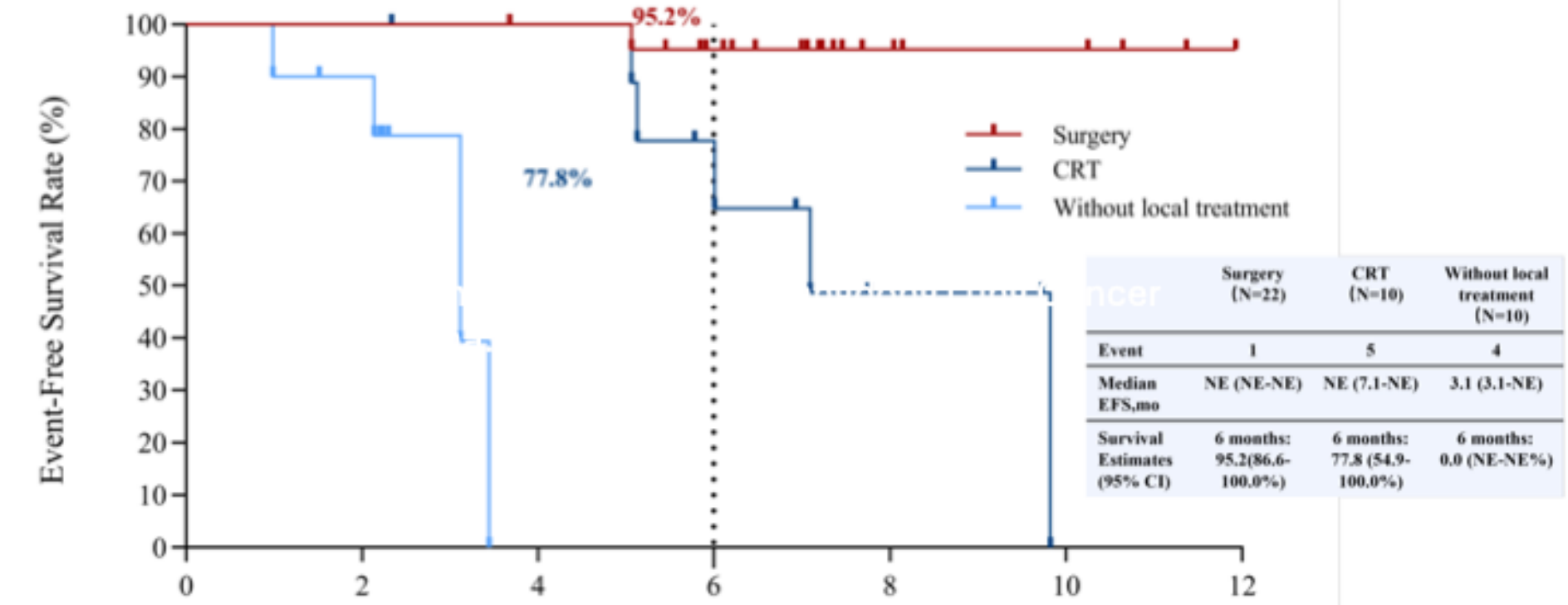
ITT: Intend to treat, ITT population include all enrolled patients

* Three patients in ITT population deemed resectable declined surgical resection, and one was with N3 disease.

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EFS by local treatment



	Surgery (N=22)	CRT (N=10)	Without local treatment (N=10)
Event	1	5	4
Median EFS,mo	NE (NE-NE)	NE (7.1-NE)	3.1 (3.1-NE)
Survival Estimates (95% CI)	6 months: 95.2(86.6-100.0%)	6 months: 77.8 (54.9-100.0%)	6 months: 0.0 (NE-NE%)

The median follow-up time was 7.4 months
Data cutoff date: June 4, 2026

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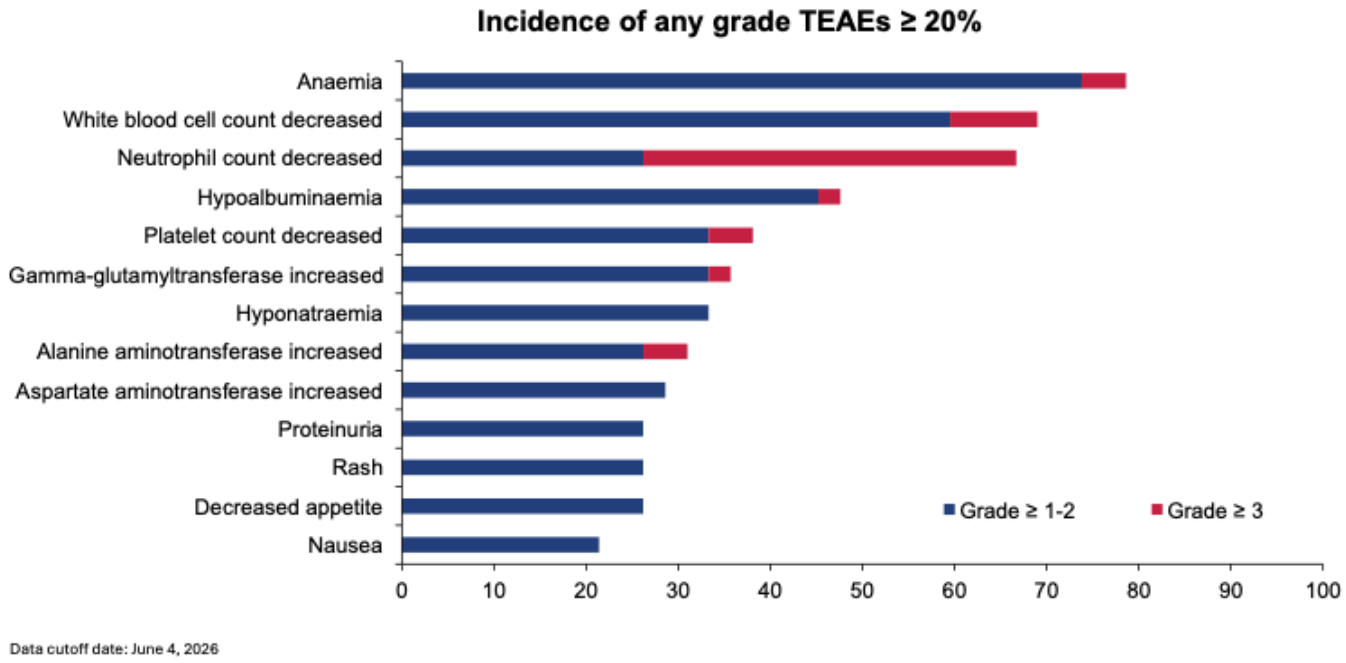
OAO9.03: Yi-Long Wu et al A Phase 2 Study of JS207, a PD-1/VEGF Bispecific Antibody, Plus Chemotherapy in Patients with Unresectable Stag III NSCLC

Safety Summary

	Stage III Unresectable (N = 42)
TEAEs, n (%)	41 (97.6)
JS207-related TEAEs	41 (97.6)
Grade ≥ 3 TEAEs	25 (59.5)
Serious TEAEs	11 (26.2)
TRAEs Leading to Interruption of JS207	9 (21.4)
TRAEs Leading to Permanent Discontinuation of JS207	3 (7.1)
TRAEs Leading to death	1 (2.4) *
irAE	22 (52.4)

* The patient developed severe pneumonia secondary to polymicrobial infection with *Staphylococcus aureus*, *Acinetobacter baumannii* and other pathogens after 3 cycles' neoadjuvant therapy and ultimately died of septic shock and multiple organ failure.

TEAEs: treatment-emergent adverse events; TRAEs: treatment-related adverse events; irAE: immune-related adverse events
Data cutoff date: June 4, 2026

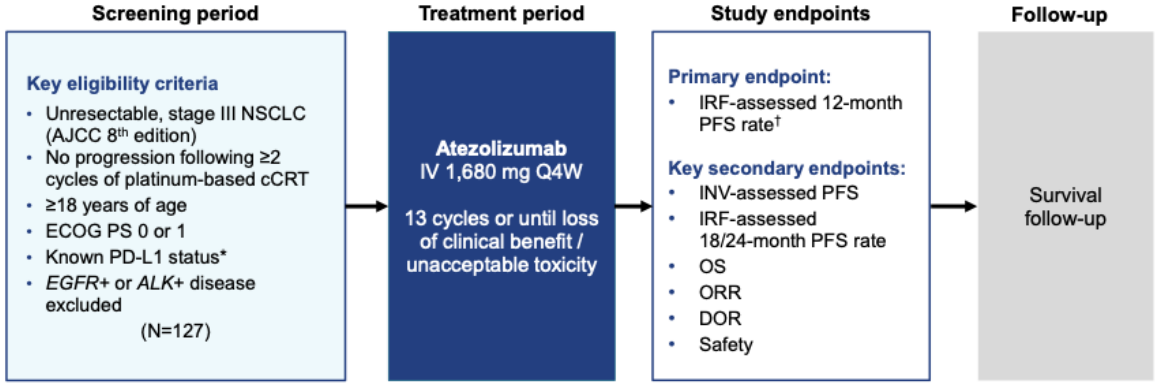


Data cutoff date: June 4, 2026

Cáncer de pulmón no microcítico localmente avanzado

OAO9.02: Enriqueta Felip et al ASTRES: A Phase 2, Single-Arm Study of Atezolizumab in Locally Advanced, Unresectable, Stage III, Non-Small Cell Lung Cancer

Study Design

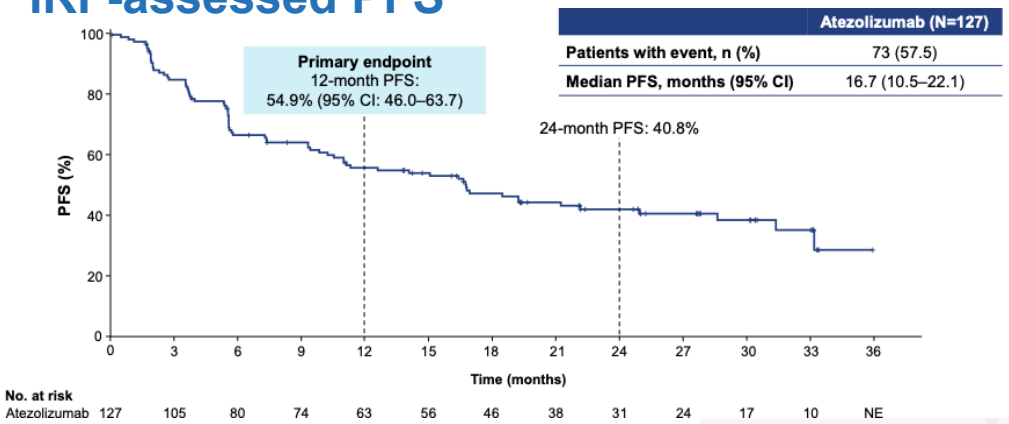


Data cutoff: Jan 22, 2026. EudraCT 2021-002695-40. First patient in: Jun 07, 2022; last patient in: 12 August 2024. Efficacy and safety analyses were conducted in the safety analysis set, which included patients who received any amount of study treatment. A sample size of N=127 was selected to achieve a 95% CI of approximately ±17% width around the 12-month PFS rate. To ensure an equal distribution of PD-L1 expression and to ensure expression was distributed similarly to SKYSCRAPER-03, the recruitment of PD-L1 negative patients was capped at n=54.

Baseline characteristics

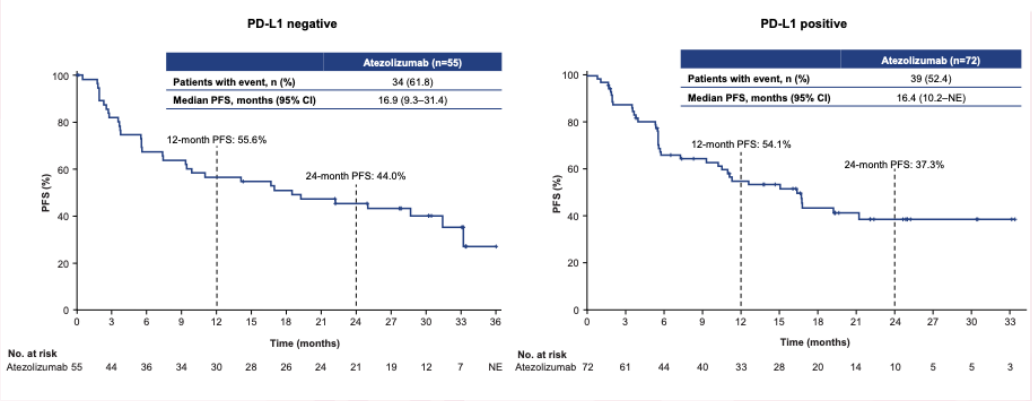
Characteristic, n (%) unless specified	Atezolizumab (N=127)
Median age, years (range)	65 (29–81)
Sex: male / female	102 (80.3) / 25 (19.7)
Race:	
White	66 (52.0)
Asian	46 (36.3)
American Indian or Alaska Native	7 (5.5)
Black or African American	4 (3.1)
Not reported / multiple / unknown	2 (1.6) / 1 (0.8) / 1 (0.8)
ECOG PS:* 0 / 1	66 (52.0) / 61 (48.0)
History of tobacco use: never / current / previous	18 (14.2) / 13 (10.2) / 96 (75.6)
PD-L1 TC score:† <1% / 1%–49% / ≥50%	55 (43.3) / 39 (30.7) / 33 (26.0)
Diagnosis staging: IIIA / IIIB / IIIC	41 (32.3) / 66 (52.0) / 20 (15.7)
Tumour histology: squamous / non-squamous	64 (50.4) / 63 (49.6)
Response to prior cCRT: PR / SD	82 (64.6) / 45 (35.4)

IRF-assessed PFS



	Atezolizumab (N=127)
Patients with event, n (%)	73 (57.5)
Median PFS, months (95% CI)	16.7 (10.5–22.1)

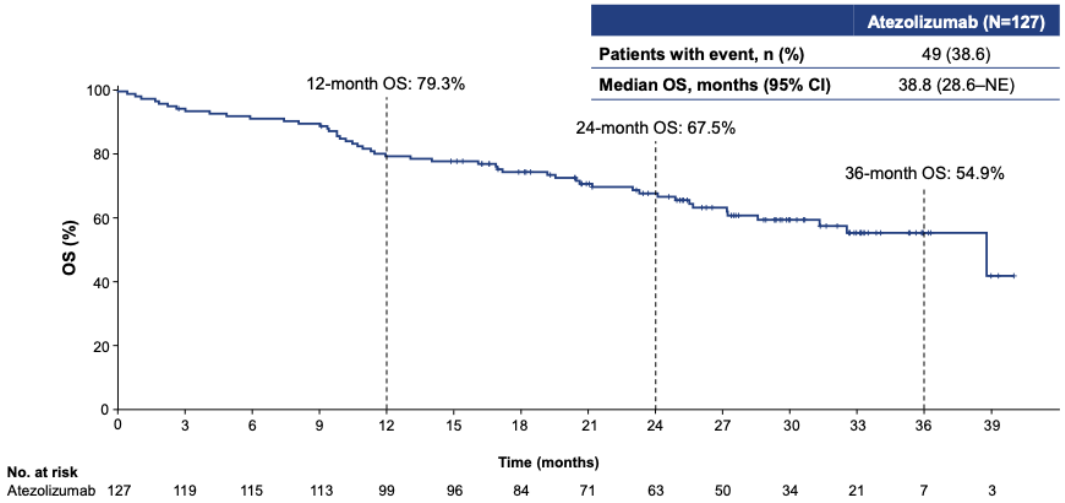
IRF-assessed PFS by PD-L1 status



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OAO9.02: Enriqueta Felip et al ASTRES: A Phase 2, Single-Arm Study of Atezolizumab in Locally Advanced, Unresectable, Stage III, Non-Small Cell Lung Cancer

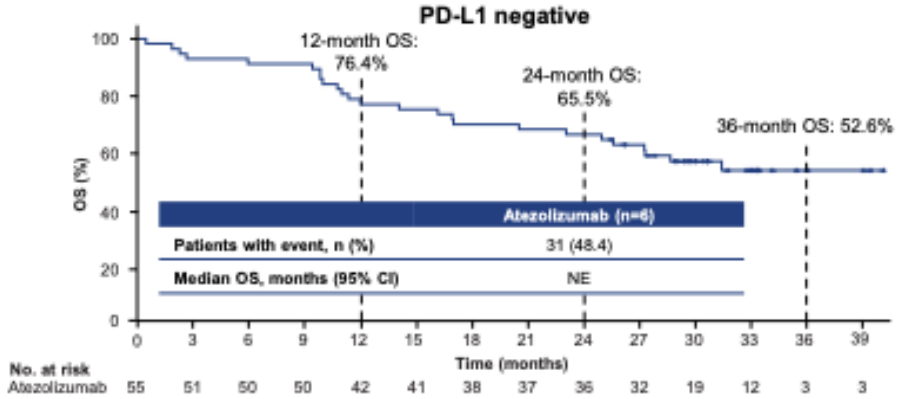
Overall Survival

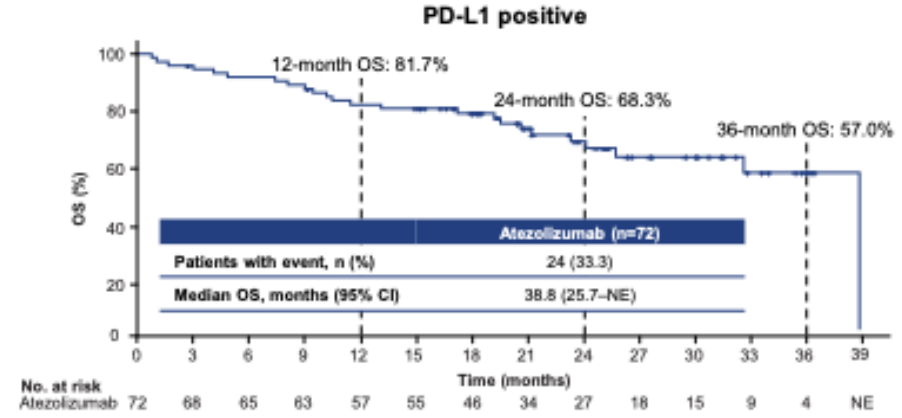


Overall Response Rate

	Atezolizumab (n=107)*
ORR, n (%) [95% CI]	48 (44.9) [35.8–54.3]
CR	1 (0.9)
PR	47 (43.9)
SD	32 (29.9)
PD	15 (14.0)
Not evaluable/missing	12 (11.2)
Median DOR, months (95% CI)	NE (23.2–NE)

Overall Survival by PDL1 status

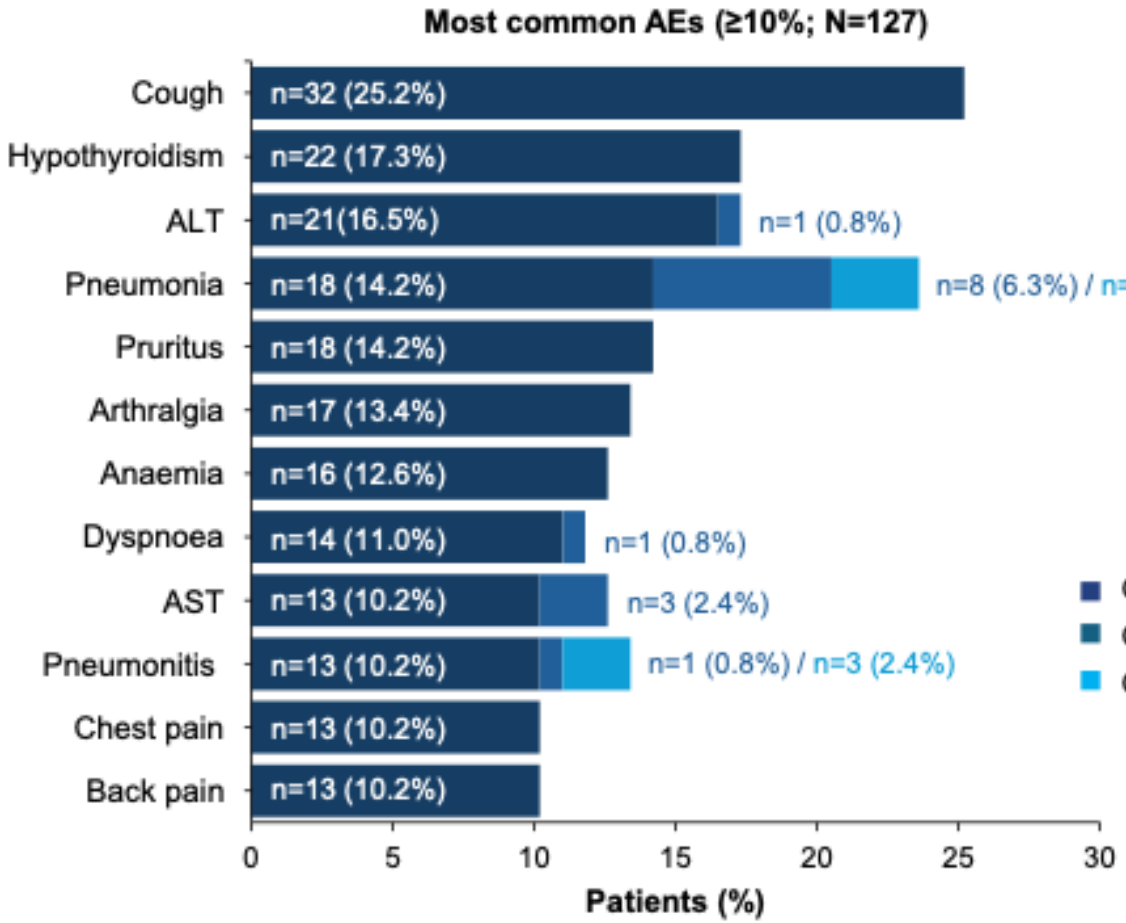


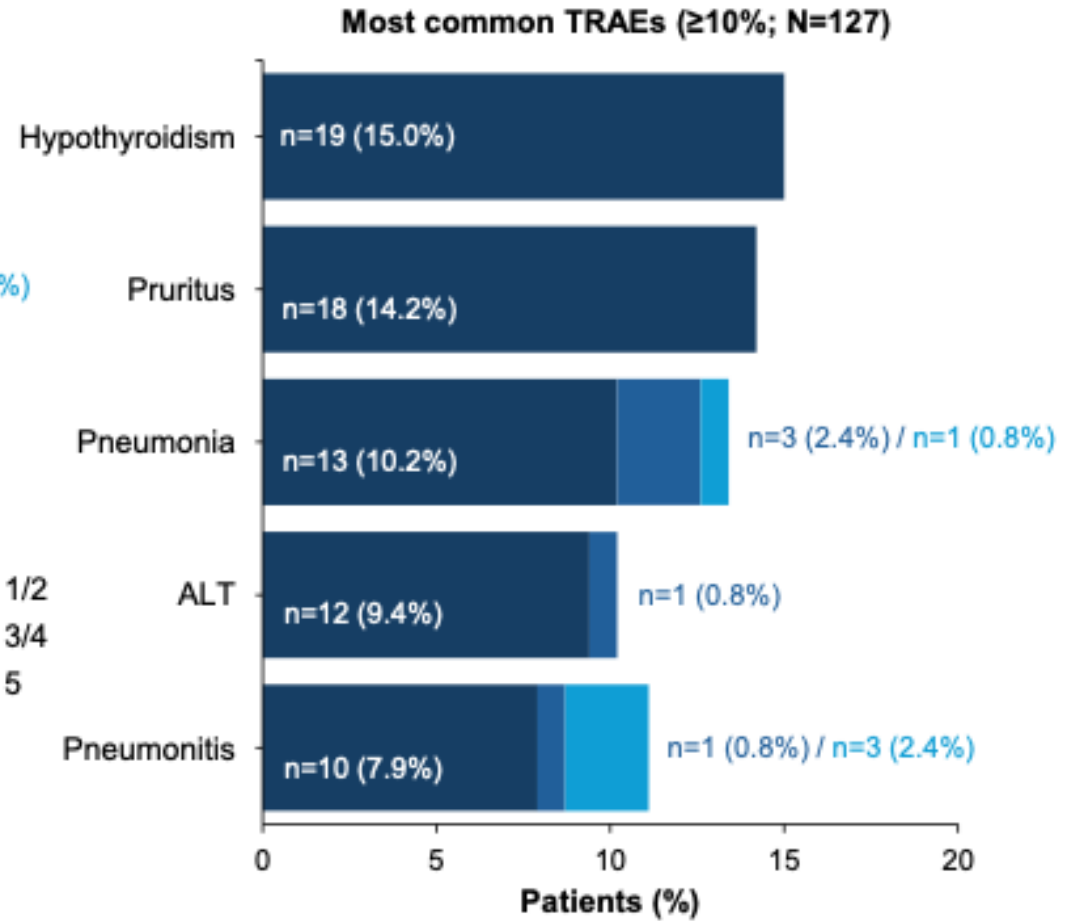


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Most common AEs and TRAEs



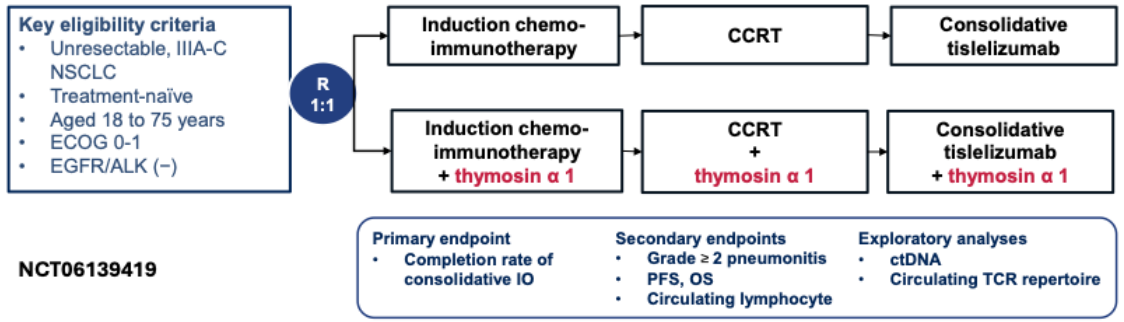


Cáncer de pulmón no microcítico localmente avanzado

OAO9.01: Bo Qiu et al Effect of Thymosin α-1 on Treatment Completion and Pneumonitis Risk in Concurrent Chemoradiotherapy plus Immunotherapy for unresectable stage III NSCLC: A Phase II Randomized Trial (GASTO-1098)

Study Design

Randomized, open-label, phase II trial



Induction regimen: Two cycles of nab-paclitaxel, cisplatin and tislelizumab
CCRT regimen: Hypo-RT+ weekly nab-paclitaxel and cisplatin
Thymosin α1: 4.8 mg d1 and d3 of each induction cycle, twice weekly during CCRT, and once every 3 weeks during consolidation.

- A parallel real-world study (RWS) cohort receiving standard-of-care CCRT followed by consolidative IO without Tα1 was included as an external reference.
- Abbreviations: CCRT, concurrent chemoradiotherapy; IO, immunotherapy; MRD, minimal residual disease; TCR, T cell receptor.

Baseline characteristics

Characteristics	Tα1 (N=57)	Control (N=57)	RWS (N=61)
Median Age (range, yrs)	61 (45–75)	60 (40–75)	61 (39–76)
Male Sex, n (%)	51 (89.5%)	47 (82.5%)	49 (80.3%)
ECOG PS 0, n (%)	31 (54.4%)	32 (56.1%)	38 (62.3%)
Current/Former Smoker, n (%)	33 (57.9%)	37 (64.9%)	40 (65.6%)
Stage IIIA, n(%)	15 (26.3%)	20 (35.1%)	18 (29.5%)
Squamous Histology, n (%)	31 (54.4%)	29 (50.9%)	38 (62.3%)
PD-L1 Expression ≥1%, n (%)	31 (54.4%)	28 (49.1%)	13 (21.3%)

- **Clinical Challenges:** Suboptimal consolidation completion limits survival benefits. Grade ≥2 pneumonitis is one of the major barriers to treatment completion.

- **Thymosin α1 Mechanism:** Tα1 is an immuno-modulatory peptide. It promotes T-cell maturation and mitigates excessive inflammation.

- **Hypothesis:** Adding Tα1 to the combined regimen would improve the completion rate of consolidative immunotherapy by restoring immune function and mitigating pneumonitis.

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Primary Endpoint

Tα1 increased 12-Month Consolidation Completion Rate

	Tα1 group (N=57)	Control group (N=57)	RWS cohort (N=61)
12-month consolidation completion rate, n (%)	**31 (54.4%)**	**17 (29.8%)**	16 (26.2%)
Consolidation infusions, median (range)	17 (1–17)	10 (1–17)	8 (1–17)
Reasons for non-initiation/ discontinuation, n (%)			
Toxicity	13 (22.8%)	22 (38.6%)	17 (27.6%)
Disease progression	9 (15.8%)	13 (22.8%)	24 (39.3%)
Others	4 (7.0%)	5 (8.8%)	4 (6.6%)

Reasons for non-initiation or premature discontinuation: The most common causes were toxicities and disease progression, with pneumonitis being a key toxicity impacting therapy completion.

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Secondary Endpoint

Tα1 decreased the incidence of Grade ≥2 Pneumonitis

	Tα1 group (N=57)	Control group (N=57)	P-value
Grade ≥2 Pneumonitis	**12 (21.1%)**	**22 (38.6%)**	0.041
Grade ≥3 Pneumonitis	2 (3.5%)	4 (7.0%)	-
The median time to onset of grade ≥2 pneumonitis from the start of RT, months	6.4	5.7	-

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Safety Summary

Toxicities	Tα1 group (n=57)			Control group (n=57)		
	G0-1	G2	G3 +	G0-1	G2	G3+
Anemia	43 (75.4%)	12 (21.1%)	2 (3.5%)	44 (77.2%)	11 (19.3%)	2 (3.5%)
Lymphopenia	21 (36.8%)	28 (49.1%)	8 (14.0%)	22 (38.6%)	19 (33.3%)	16 (28.1%)
Cough	28 (49.1%)	29 (50.9%)	0 (0.0%)	27 (47.4%)	29 (50.9%)	1 (1.7%)
Dyspnea	42 (73.7%)	14 (24.6%)	1 (1.7%)	45 (78.9%)	11 (19.3%)	1 (1.8%)
Pneumonitis	45 (80.0%)	10 (17.5%)	2 (3.5%)	35 (61.4%)	18 (31.6%)	4 (7.0%)
Tracheobronchial toxicity	50 (87.7%)	6 (10.5%)	1 (1.8%)	47 (82.4%)	9 (15.8%)	1 (1.8%)
Diarrhea	52 (91.2%)	3 (5.3%)	2 (3.5%)	52 (91.2%)	4 (7.0%)	1 (1.8%)
Nausea	54 (94.7%)	3 (5.3%)	0 (0.0%)	54 (94.7%)	2 (3.5%)	1 (1.8%)
Esophagitis	49 (86.0%)	8 (14.0%)	0 (0.0%)	50 (87.7%)	7 (12.3%)	0 (0.0%)
Hypothyroidism	47 (82.5%)	10 (17.5%)	0 (0.0%)	50 (87.7%)	6 (10.5%)	1 (1.8%)
Dermatitis	52 (91.2%)	4 (7.0%)	1 (1.8%)	53 (93.0%)	3 (5.3%)	1 (1.8%)

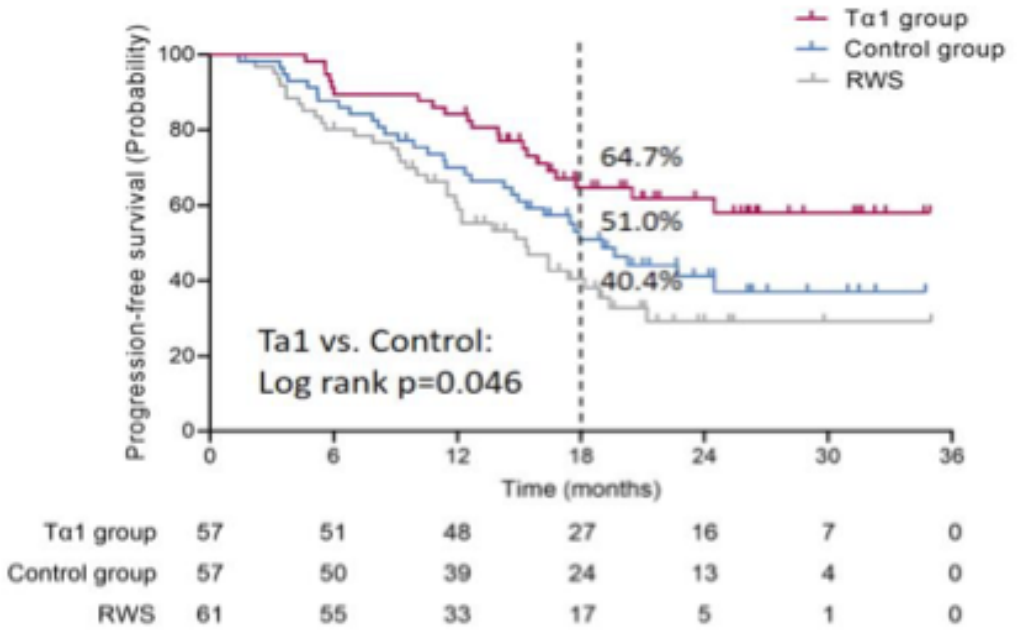
Included were events reported in at least 10% of the patients and all grade 3~4 events. No Grade 5 adverse event was recorded.

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Secondary Endpoint

Tα1 Group Demonstrated Significant PFS Benefit & Favorable OS Trend



	Tα1 Group	Control Group
18-month PFS Rate	**64.7%**	51.0%
Median PFS (mo)	**Not Reached**	19.1 months
HR (95% CI) , P-value	**0.57 (0.33–0.99), P = 0.046**	

Median follow-up: 23.6 months.

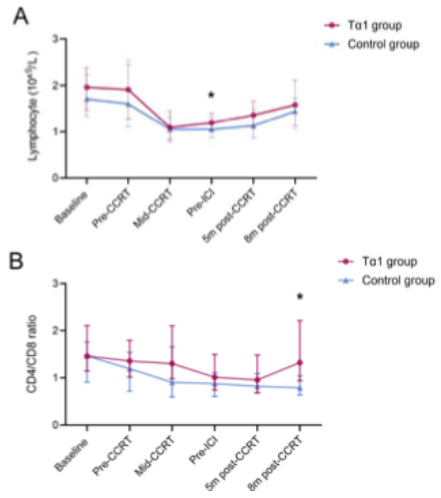
Overall Survival: OS data remain immature; a favorable trend towards improved OS was observed in the Tα1 group (HR 0.46; P = 0.054).

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Translational Research

Tα1 preserved lymphocyte counts and CD4/CD8 Ratio



Circulating Lymphocyte Counts

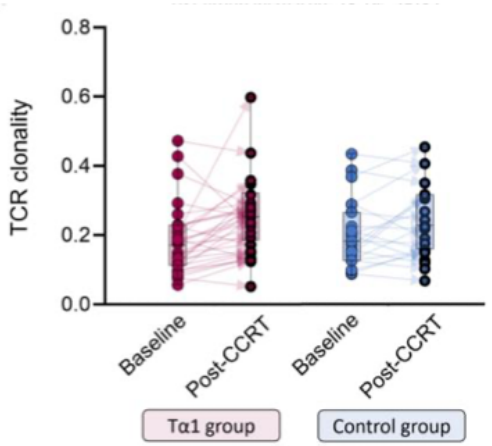
At consolidation initiation, in the Tα1 group:

- A higher median count (1.19 vs. 1.05 $\times 10^9$/L, P=0.038)
- A lower rate of lymphopenia (19.3% vs. 40.4%, P=0.014)

CD4/CD8 Ratio Recovery

By 8 months post-CCRT, CD4/CD8 Ratio was better restored in the Tα1 group (1.32 vs 0.79, P=0.023).

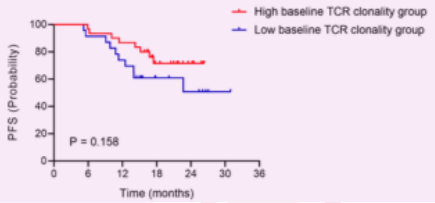
Tα1 May Promote Circulating TCR Clonal Expansion Post-CCRT



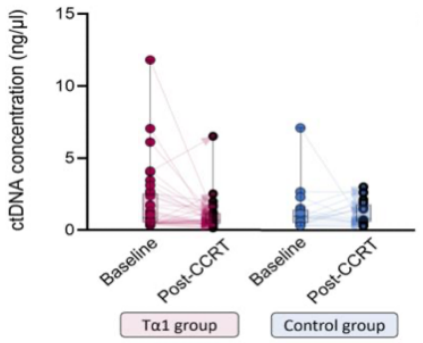
01. Increased TCR Clonality in Tα1 Group

	Tα1 Group	Control	P-value
Pts with increased TCR clonality, %	78.1%	47.6%	0.032

02. Association of TCR clonality with PFS



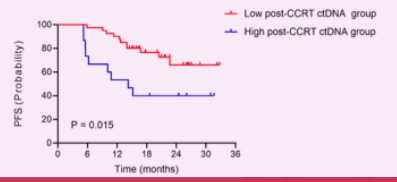
Tα1 Promoted Greater ctDNA Reduction After CCRT



01. Greater Reduction in ctDNA Concentration

	Tα1 Group	Control	P-value
Median ΔctDNA	0.19	0.02	0.037

02. Post-CCRT ctDNA as a Prognostic Biomarker




Gracias