Iniciativa científica de:

GECP lung cancer research

Lung Cancer UPDATES

ESMO HIGHLIGHTS

23 - 27 OCTUBRE 2026

Madrid, Spain



#ESMOUPDATES

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Cáncer de pulmón no microcítico avanzado sin mutación *driver*

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Servicio de Oncología Médica
Hospital Universitario de Salamanca

ÍNDICE DE LA PRESENTACIÓN

1. PERSEE
   - → CPNM avanzado, 1L PD-L1 ≥50%
2. OptiTROP-Lung06
   - → CPNM avanzado, 1L no escamoso PD-L1 negativo
3. SigVie-002
   - → CPNM avanzado, 2L ADC anti-integrina β6
4. ROSETTA Lung-107
   - → CPNM avanzado, 2L biespecífico PD-L1/VEGF-A
5. Investigación traslacional en CPNM avanzado sin diana

* La presentación actual se ha realizado mediante el material científico-docente del congreso ESMO 2026

ESTUDIO PERSEE

ESTUDIO PERSEE

QT-inmunoterapia frente inmunoterapia en CNMP avanzado en 1L con PD-L1 ≥50%



- Objetivo primario: PFS
- Tratamiento estándar con pembrolizumab

Estudio académico

Study Design

A phase III, multicenter, open-label, randomized trial

Key eligibility criteria
- Stage IV and unresectable or not amenable to definitive radiotherapy stage III NSCLC
- TPS PD-L1 ≥50% (local assessment)
- ECOG Performance Status ≤1
- No *EGFR, ALK* or *ROS1* alteration

R 1:1

PEMBROLIZUMAB 200 mg, Q3W → Up to 35 cycles

- Non-squamous NSCLC :
PEMBROLIZUMAB 200mg Q3W
+ PEMETREXED 500 mg/m2
+ CARBOPLATIN AUC5 Q3W or **CISPLATIN** 75 mg/m2 Q3W

- Squamous NSCLC :
PEMBROLIZUMAB 200 mg Q3W
+ PACLITAXEL 200 mg/m2 Q3W
+ CARBOPLATIN AUC 6 Q3W

Up to 4 cycles

Maintenance treatment
- Non-squamous:
PEMBROLIZUMAB up to 31 cycles **and PEMETREXED**
- Squamous:
PEMBROLIZUMAB up to 31 cycles

Stratification factors :
- Squamous *vs* non-squamous
- Brain metastases yes *vs* no

Primary endpoint: PFS by BCR per RECIST v1.1.
Key Secondary endpoints: PFS by investigators, OS, ORR, DoR, DCR, efficacy according to PD-L1 sub-groups expression, safety.
Key Exploratory endpoints: incidence of early progression, PFS2, QoL, translational analyses

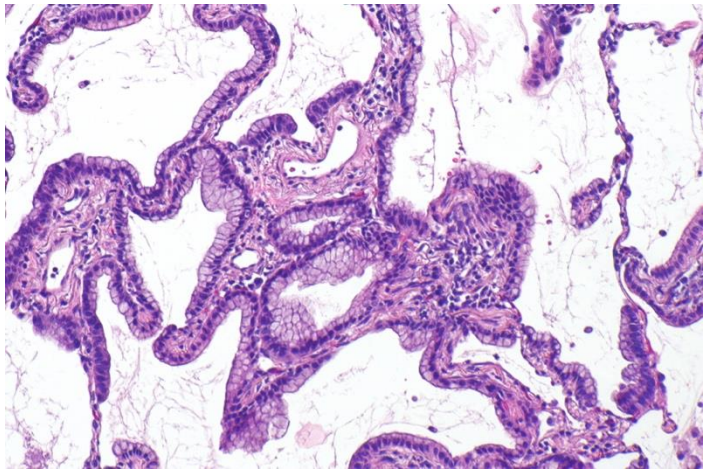
Patient Demographic and Disease Characteristics (ITT Population)

From **December 22, 2020, to December 21, 2023,** a total of **321 patients** at **28 centers in France were randomized.**

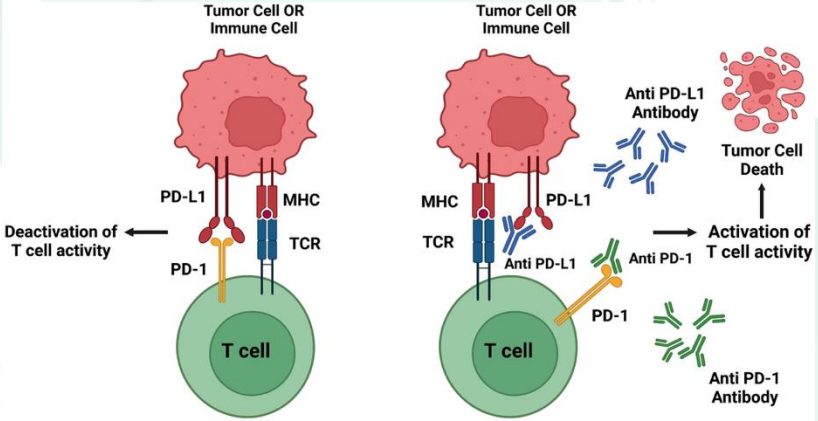
	Pembrolizumab plus Chemotherapy (N = 160)	Pembrolizumab Monotherapy (N = 161)
Age, years		
Median (range)	63 (38-83)	64 (39-86)
<70 years	126 (78.8)	116 (72.0)
Sex		
Male	107 (66.9)	110 (68.3)
ECOG performance status		
0	76 (47.5)	75 (46.6)
1	84 (52.5)	86 (53.4)
Disease stage		
III	11 (6.9)	10 (6.2)
IV	149 (93.2)	151 (93.7)
Smoking status#		
Current smoker	56 (35.2)	64 (39.8)
Former smoker	99 (62.3)	94 (58.4)
Non-smoker	4 (2.5)	3 (1.9)
Histologic features		
Non squamous	129 (80.6)	129 (80.1)
Squamous	31 (19.4)	32 (19.9)

	Pembrolizumab plus Chemotherapy (N = 160)	Pembrolizumab Monotherapy (N = 161)
Metastases		
Median metastasis sites No. (range)	2 (0-8)	2 (0-7)
>3 metastatic sites	34 (21.3)	32 (19.9)
Brain	39 (24.4)	36 (22.4)
Liver	23 (14.4)	26 (16.1)
Bone	61 (38.1)	49 (30.4)
PD-L1 ≥50%*		
50-74%	54 (33.8)	58 (36.0)
75-100%	91 (56.9)	95 (59.0)
90-100%	52 (32.5)	57 (35.4)
Not evaluated	15 (9.4)	8 (5.0)
NGS mutation, n/N (%)		
No	54 / 139 (38.8)	59 / 136 (43.4)
Yes	85 / 139 (61.2)	77 / 136 (56.6)
Missing	21	25
Mutations identified, n/N (%)		
KRAS mutation	58 / 139 (41.7)	57 / 136 (41.9)



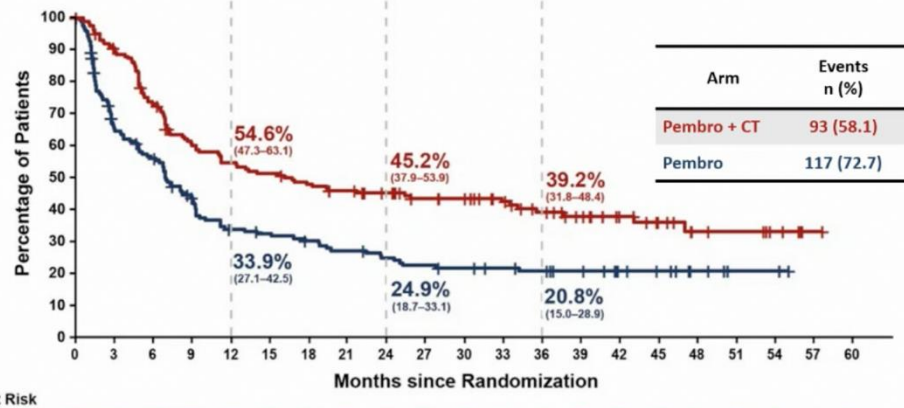






Primary endpoint: PFS by BCR (RECIST 1.1)

Median follow-up was 38.7 (35.3-41.6) months



Arm	Events n (%)	Median PFS (95% CI), months	HR (95% CI) Two-sided P value
Pembro + CT	93 (58.1)	16.1 (11–34.1)	0.56 (0.43–0.74)
Pembro	117 (72.7)	6.9 (5.5–9.3)	P < 0.001

PFS assessed by BCR was significantly longer in the pembro-CT group than in the pembro group, with a clinically meaningful benefit sustained over time.

The PFS benefit was consistent with investigators assessment with a **HR 0.59 (0.46-0.77)**

SUPERVIVENCIA LIBRE DE PROGRESIÓN

16,1m frente 6,9m

HR=0,56 (-0,74)

>>> 3 años: 39,2% frente 20,8%

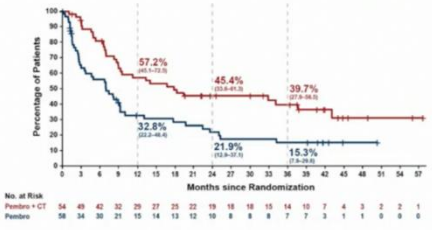
Beneficio en todos los subgrupos de PD-L1

Especialmente importante en pacientes con expresión entre 50-74%

The PFS benefit was observed regardless of PD-L1 expression level

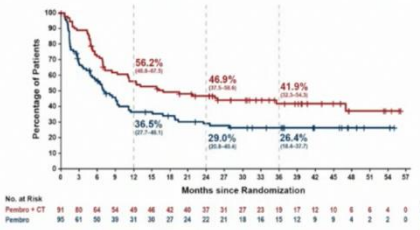
PD-L1 50% - 74%

Arm	Events n (%)	mPFS months (IC 95 %)	HR (IC 95 %)
Pembro + CT	32 (59.3)	17.8 (9.3–NC)	0.46 (0.29–0.74)
Pembro	44 (75.9)	7.0 (3.6–10)	



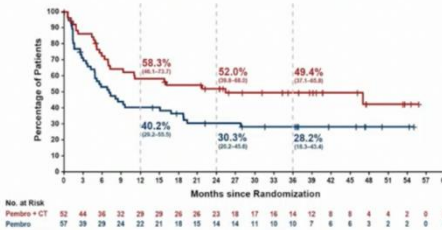
PD-L1 75% - 100%

Arm	Events n (%)	mPFS months (IC 95 %)	HR (IC 95 %)
Pembro + CT	51 (56.0)	16.9 (11.1–NC)	0.62 (0.43–0.91)
Pembro	65 (68.4)	7.1 (5.1–11.2)	

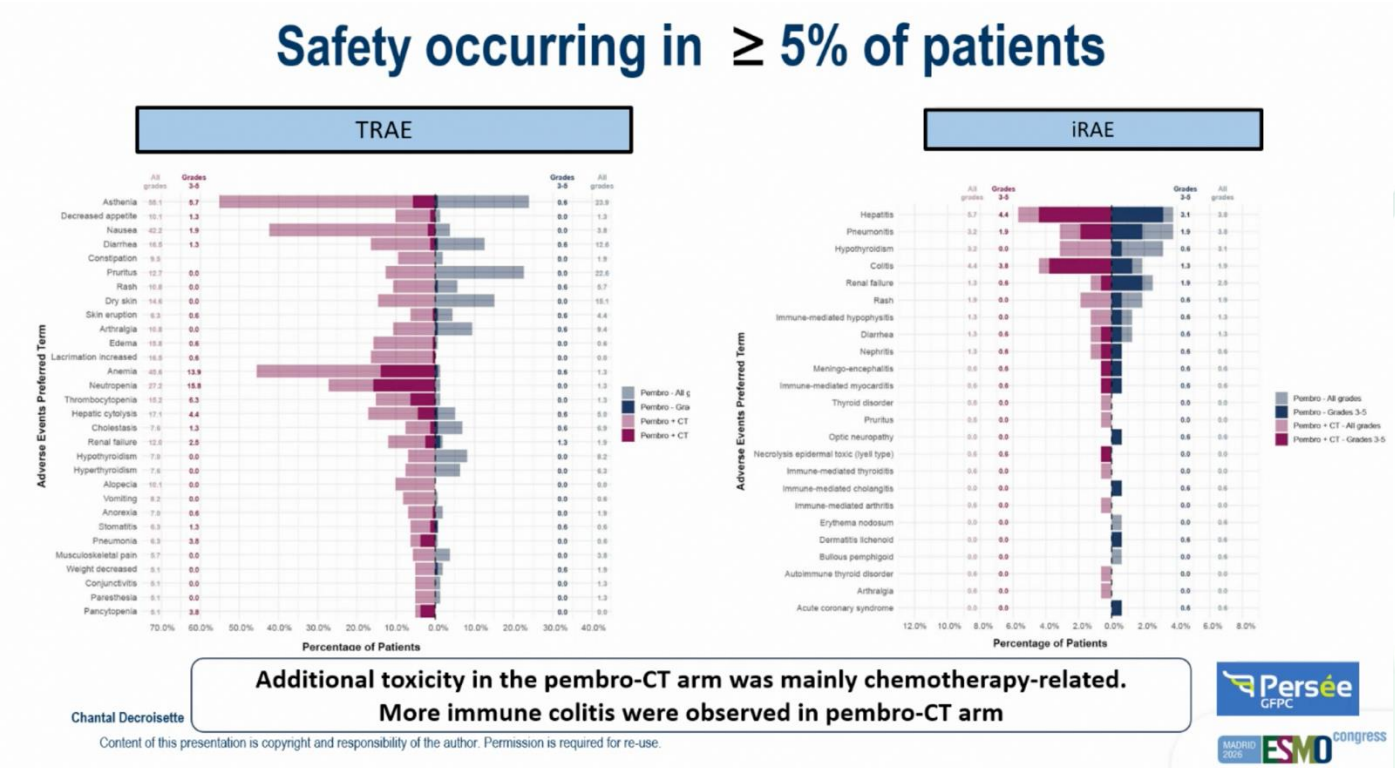


PD-L1 90% - 100%

Arm	Events n (%)	mPFS months (IC 95 %)	HR (IC 95 %)
Pembro + CT	26 (50.0)	25.4 (11–NC)	0.6 (0.36–1)
Pembro	39 (68.4)	7.1 (4.9–18.8)	



Toxicidad



- Toxicidad esperada sin cambios a la ya conocida.
- Mayor tasa de eventos adversos grado ≥3 asociados a QT (54% frente 19%).
- Eventos grado 5 (1,9% en ambas ramas).
- 48% de los pacientes discontinuaron la quimioterapia por toxicidad.

LA TOXICIDAD FUE SIMILAR A LA DE LOS ENSAYOS CLÍNICOS DE CARACTERÍSTICAS SIMILARES

Discusión del estudio





Beneficio consistente en SLP

Estudio académico con simpleza de diseño

Buena representación de pacientes de mal pronóstico (vida real)

Estudio no diseñado para estudio de SG

Sigue persistiendo la duda en altos expresores (PD-L1 ≥75%)

Ausencia de biomarcador (exposición innecesaria a QT)

ESTUDIO OptiTROP-Lung06

ESTUDIO OptiTROP-Lung06

ADC frente TROP2 en pacientes con CPNM avanzado no escamoso PD-L1 negativo frente QT-IO

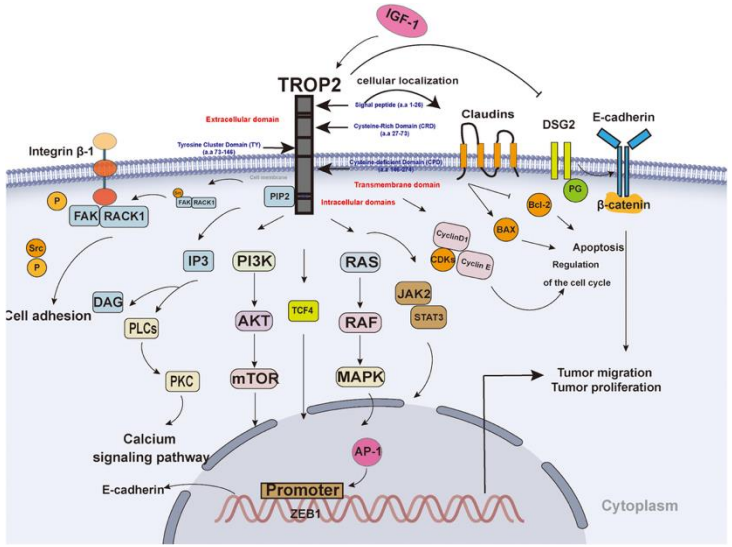
MADRID 2026 ESMO congress

Sacituzumab tirumotecan (sac-TMT) plus pembrolizumab versus chemotherapy plus pembrolizumab as first-line treatment for PD-L1-negative advanced nonsquamous NSCLC: randomized phase 3 OptiTROP-Lung06 study

Caicun Zhou[1], Fei Zhou [1], Xiangjiao Meng[2], Qingqing Ding[3], Peng Zhang[4], Wenhua Liang[5], Sanxing Guo[6], Yan Yu[7], Wenxiu Yao[8], Yun Fan[9], Xingxiang Pu[10], Chunling Liu[11], Jiuwei Cui[12], Peng Chen[13], Hua Zhong[14], Li Yin[15], Yan Qing[15], Xiaoping Jin[15], Junyou Ge[15,16]

[1] Shanghai East Hospital, Tongji University, Shanghai, China; [2] Shandong Cancer Hospital and Institute, Shandong First Medical University, Jinan, China; [3] The First Affiliated Hospital with Nanjing Medical University, Nanjing, China; [4] Shanghai Pulmonary Hospital, Shanghai, China; [5] The First Affiliated Hospital of Guangzhou Medical University, Guangzhou, China; [6] The First Affiliated Hospital of Zhengzhou University, Zhengzhou, China; [7] Harbin Medical University Cancer Hospital, Harbin, China; [8] Sichuan Clinical Research Center for Cancer, Sichuan Cancer Hospital & Institute, Sichuan Cancer Center, University of Electronic Science and Technology of China, Chengdu, China; [9] Zhejiang Cancer Hospital, Hangzhou, China; [10] Hunan Cancer Hospital/The Affiliated Cancer Hospital of Xiangya School of Medicine, Changsha, China; [11] The Affiliated Cancer Hospital of Xinjiang Medical University, Urumqi, China; [12] The First Hospital of Jilin University, Changchun, China; [13] Tianjin Medical University Cancer Institute & Hospital, Tianjin, China; [14] Shanghai Chest Hospital, Shanghai, China; [15] Sichuan Kelun-Biotech Biopharmaceutical Co., Ltd., Chengdu, China; [16] National Engineering Research Center of Targeted Biologics, Chengdu, China.

- **PD-L1 con determinación central**
- Brazo comparador: estándar con doblete platino + anti-PD1
- Objetivo primario PFS BICR



iTROP-Lung06 Study Design

Randomized, multicenter, open-label, phase 3 trial (NCT06711900)

Key eligibility criteria

- Locally advanced (stage IIIB/IIIC) or metastatic (stage IV) nsq-NSCLC
- No prior systemic therapy for advanced disease
- No sensitizing *EGFR* or *ALK* alteration
- PD-L1 TPS< 1% (IHC 22C3, central lab)
- ECOG PS score 0 or 1

Stratification factors

- Sex (male vs. female)
- ECOG PS score (0 vs. 1)
- Disease stage (IIIB/IIIC vs. IV)

R 1:1

n = 455

- Sac-TMT 4 mg/kg Q2W + Pembro 400 mg Q6W[a] (n = 229)
- Pemetrexed 500 mg/m² + Carboplatin AUC 5 or Cisplatin 75 mg/m² Q3W[b] + Pembro 400 mg Q6W[a] (n = 226)

Treatment until disease progression or unacceptable toxicity

Endpoints [c]

Primary

- PFS assessed by BICR

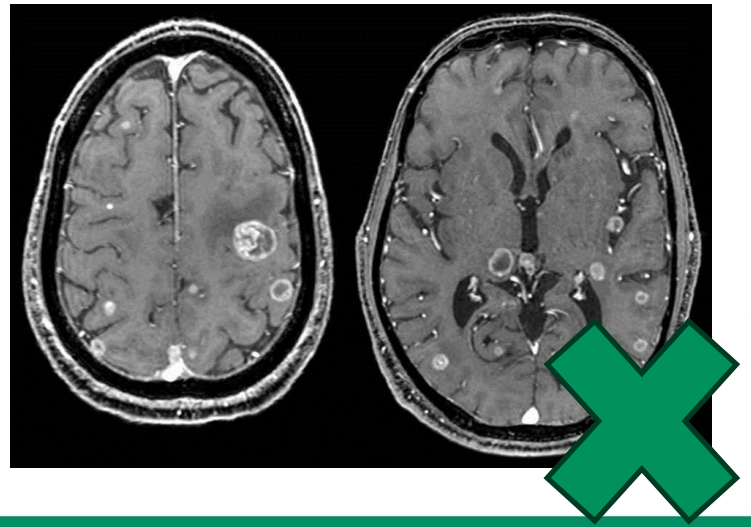
Secondary endpoints included

- OS
- PFS assessed by investigator
- ORR, DCR, DOR
- Safety

Baseline Characteristics

Characteristic		Sac-TMT + Pembro (n = 229)	Chemo + Pembro (n = 226)
Age	Median (range), years	63 (29, 75)	63 (37, 75)
	≥ 65	103 (45.0)	104 (46.0)
Sex	Male	165 (72.1)	163 (72.1)
ECOG PS score	1	189 (82.5)	186 (82.3)
Smoking history	Current or former smoker	150 (65.5)	142 (62.8)
	Never smoker	79 (34.5)	84 (37.2)
Histology	Adenocarcinoma	228 (99.6)	226 (100)
	Large-cell carcinoma	1 (0.4)	0
Disease stage	IIIB/IIIC	19 (8.3)	19 (8.4)
	IV	**210 (91.7)**	**207 (91.6)**
Metastases	**≥ 3 Distant metastatic sites**	**52 (22.7)**	**58 (25.7)**
	Brain	5(2.2)	6 (2.7)
	Liver	17(7.4)	26 (11.5)
	Bone	75 (32.8)	89 (39.4)



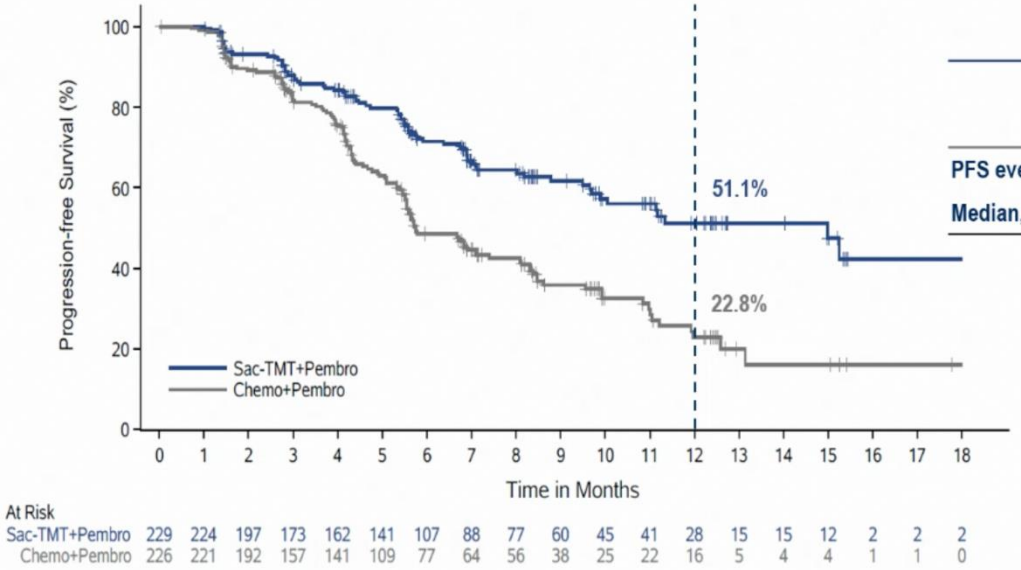






PFS by BICR

Sac-TMT + pembro significantly improved PFS vs. Chemo + pembro, with a 51% reduction in risk of disease progression or death.



	Sac-TMT + Pembro (n = 229)	Chemo + Pembro (n = 226)
PFS events, n (%)	79 (34.5)	126 (55.8)
Median, mo (95% CI)	15.0 (9.9–NE)	5.7 (5.5–7.4)

HR 0.49 (95% CI: 0.36–0.65)

P < 0.0001[a]

SUPERVIVENCIA LIBRE DE PROGRESIÓN

15,0m frente 5,7m

HR=0,49 (-0,65)

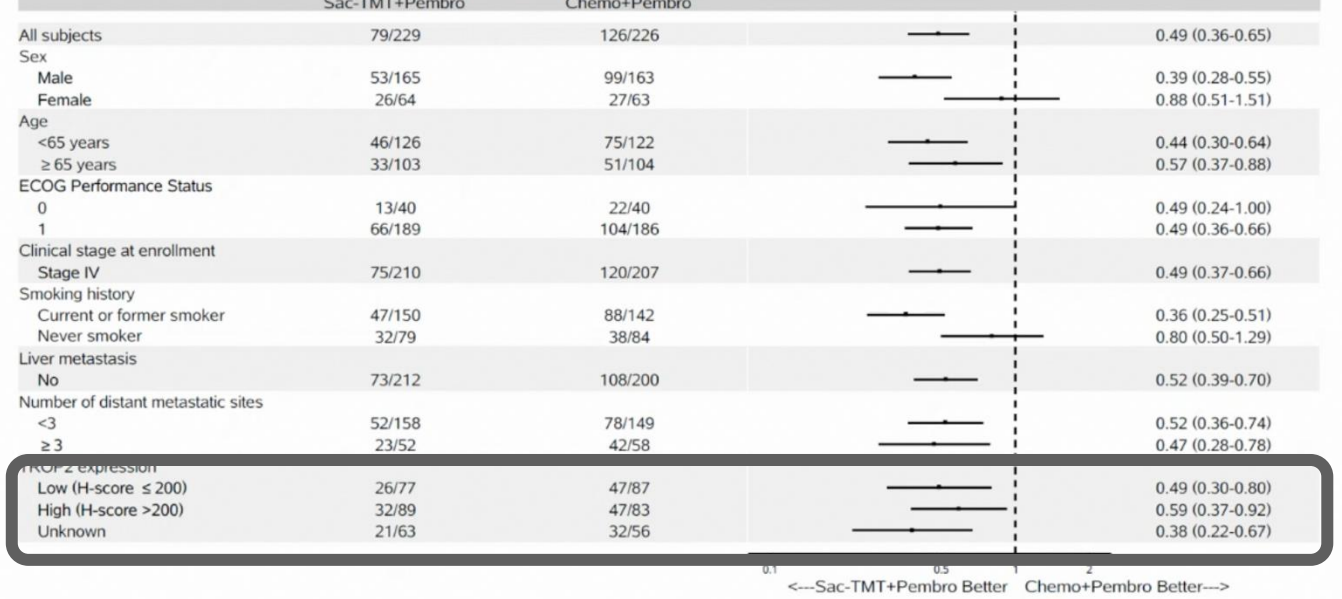
>>> 12 meses: 51,1% frente 22,8%

OS no alcanzada en ninguno de los brazos (datos inmaduros)

PFS (BICR) in Subgroups

A generally consistent PFS benefit of sac-TMT + pembro over chemo + pembro was observed across subgroups.

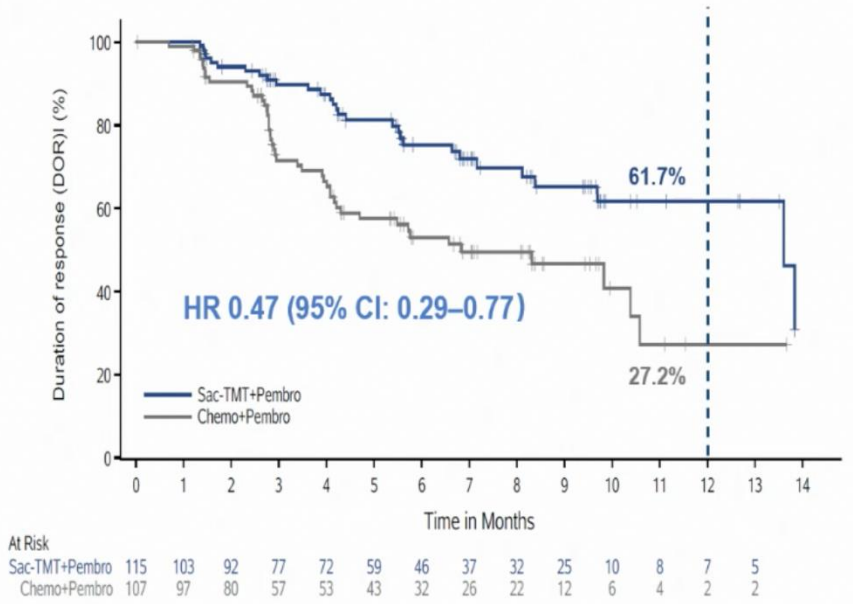
Subgroup	Number of Events/Patients Sac-TMT+Pembro	Chemo+Pembro	Hazard Ratio (95% CI)
All subjects	79/229	126/226	0.49 (0.36-0.65)
Sex			
Male	53/165	99/163	0.39 (0.28-0.55)
Female	26/64	27/63	0.88 (0.51-1.51)
Age			
<65 years	46/126	75/122	0.44 (0.30-0.64)
≥ 65 years	33/103	51/104	0.57 (0.37-0.88)
ECOG Performance Status			
0	13/40	22/40	0.49 (0.24-1.00)
1	66/189	104/186	0.49 (0.36-0.66)
Clinical stage at enrollment			
Stage IV	75/210	120/207	0.49 (0.37-0.66)
Smoking history			
Current or former smoker	47/150	88/142	0.36 (0.25-0.51)
Never smoker	32/79	38/84	0.80 (0.50-1.29)
Liver metastasis			
No	73/212	108/200	0.52 (0.39-0.70)
Number of distant metastatic sites			
<3	52/158	78/149	0.52 (0.36-0.74)
≥ 3	23/52	42/58	0.47 (0.28-0.78)
TROP2 expression			
Low (H-score ≤ 200)	26/77	47/87	0.49 (0.30-0.80)
High (H-score >200)	32/89	47/83	0.59 (0.37-0.92)
Unknown	21/63	32/56	0.38 (0.22-0.67)



ORR, Deep Response, and DOR (BICR)

ORR was similar between groups, with deeper and more durable responses observed with sac-TMT + pembro.

	Sac-TMT + Pembro (n = 229)	Chemo + Pembro (n = 226)
ORR, % (95% CI)	50.2 (43.6–56.9)	47.3 (40.7–54.1)
Deep response, %	28.8	17.3
DCR, % (95% CI)	90.4 (85.8–93.9)	88.5 (83.6–92.3)
Median DOR, mo (95% CI)	13.6 (9.7–NE)	6.8 (4.2–10.6)
HR (95% CI)	0.47 (0.29–0.77)	
12-mo DOR rate, % (95% CI)	61.7 (47.5–73.1)	27.2 (11.2–46.0)



Diferencia de ORR: 2,9%

Diferencia de mantenimiento de respuesta a 12m: >30%

PROFUNDIDAD RESPUESTA

ORR, PROFUNDIDAD DE LA RESPUESTA

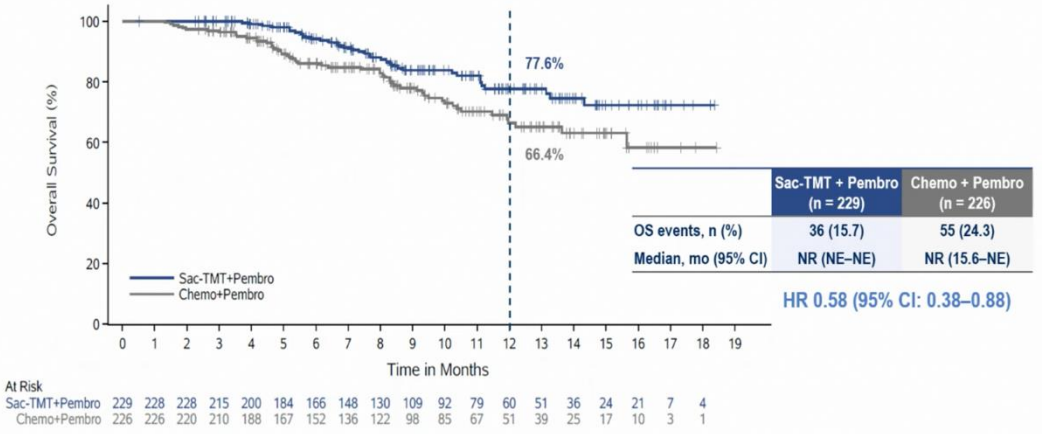
ORR: 50,2% frente 47,3%

Duración de la respuesta: 13,9m frente 6,8m

Respuesta a 12 meses: 61,7% frente 27,2%

Descriptive Overall Survival at PFS IA

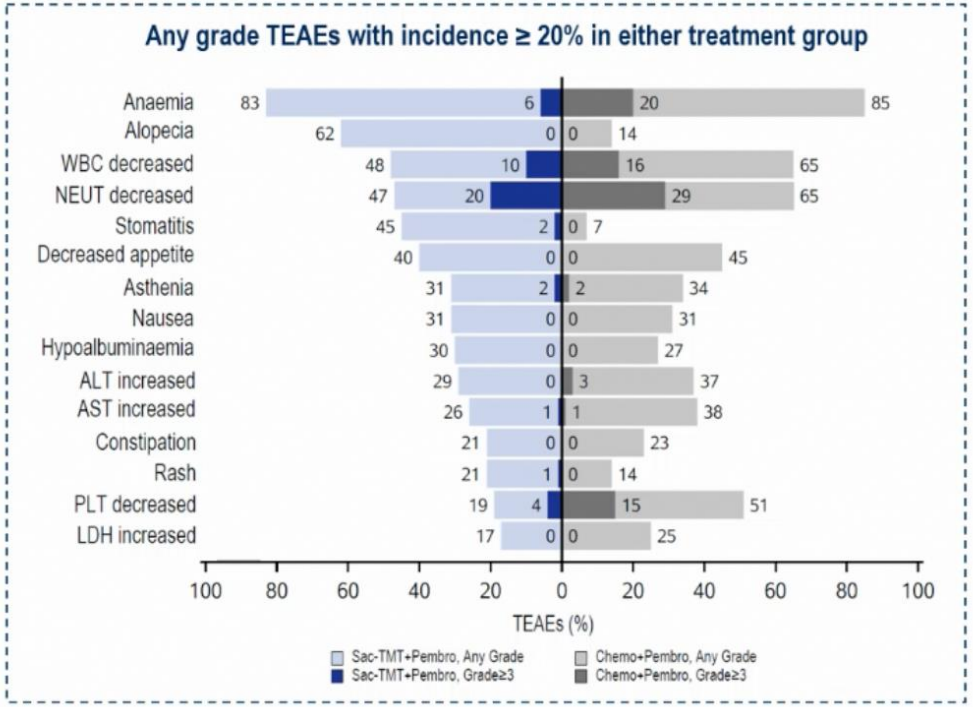
A favorable trend in overall survival was observed with sac-TMT + pembro over chemo + pembro.



Summary of Safety

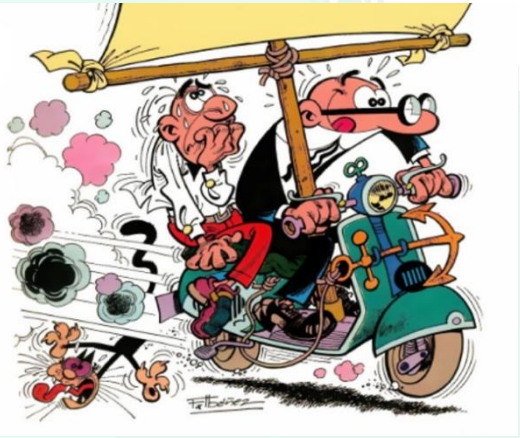
Grade ≥3 TEAEs were less frequent with sac-TMT + pembro (47.6% vs. 60.6%), particularly hematologic events.

Event, n (%)	Sac-TMT + Pembro (n = 229)	Chemo + Pembro (n = 226)
TEAEs	228 (99.6)	225 (99.6)
Grade ≥3 TEAEs	109 (47.6)	137 (60.6)
Serious TEAEs	82 (35.8)	82 (36.3)
TEAEs Leading to dose reduction[a]	11 (4.8)	45 (19.9)
TEAEs Leading to discontinuation of any study drug	13 (5.7)	32 (14.2)
TEAEs Leading to death	5 (2.2)	14 (6.2)
TRAEs Leading to death	1 (0.4)	3 (1.3)









- **Perfil de toxicidad muy diferente a la QT-inmunoterapia**
- Toxicidad grado ≥3: 47,6% frente 60,6%
- **Interrupción del tratamiento: 5,7% frente 14,2%**

Discusión del estudio





Beneficio en SLP: objetivo primario

Profundidad con duración de la respuesta

Perfil de toxicidad diferente ¿favorable?

Inmadurez de los datos del estudio (SG)

Diferencia en SLP modesta

Limitación a no escamoso PD-L1 negativo

ESTUDIO SigVie-002

ESTUDIO SigVie-002

ADC frente a integrina β6 en CPNM no escamoso avanzado, 2L frente a docetaxel

- CPNM con AGA y sin AGA.
- Objetivo primario: SG
- **No agente anti-microtúbulos previo**

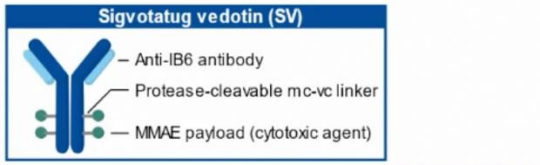
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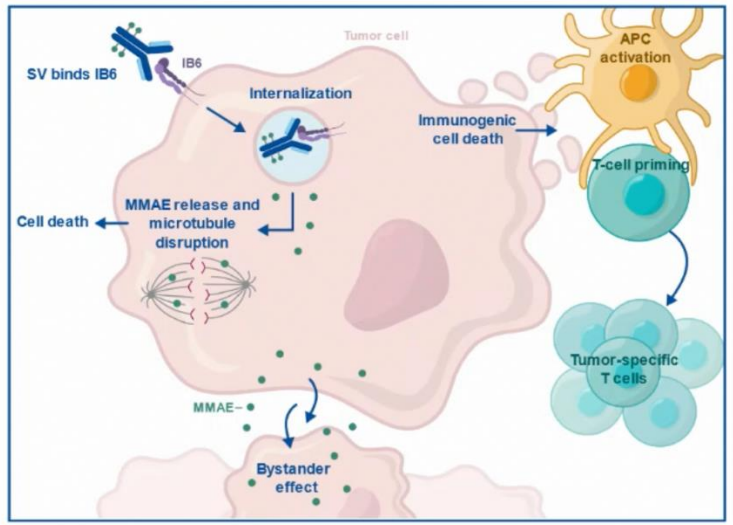
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Phase 3 study of sigvotatug vedotin vs docetaxel in previously treated nonsquamous non-small cell lung cancer

Solange Peters,[1] Noboru Yamamoto,[2] William N. William,[3] Michael L. Cheng,[4] Laurent Greillier,[5] Oscar Juan-Vidal,[6] Enriqueta Felip,[7] Izabela Chmielewska,[8] Manuel Cobo-Dols,[9] Federico Cappuzzo,[10] Yi-Long Wu,[11] David Planchard,[12] Hidehito Horinouchi,[13] Robert Jotte,[14] Vishal Navani,[15] Scott Knowles,[16] Jingmin Liu,[16] Eric Kim,[16] Polly Cronin,[17] Luis Paz-Ares[18]

[1]Oncology Department, Centre I Japan; [3]Departments of Thoraci [5]Multidisciplinary Oncology and Politécnic La Fe, Valencia, Spai Medical University of Lublin and Rome, Italy; [11]Guangdong Lung Roussy, Villejuif and Faculty of M Denver, CO, USA; [15]Division of I USA; [18]Department of Medical C





SigVie-002 study design

SigVie-002[a] is a global, randomized, open-label phase 3 study

Key eligibility

- Advanced, unresectable, or metastatic nonsquamous NSCLC
- Prior treatment:
  - PBC
  - If no known AGAs:
    - PD-(L)1 inhibitor required
  - If known AGA detected:
    - ≥1 targeted therapy required
    - PD-(L)1 inhibitor optional
  - No prior anti-microtubule agents
- ECOG PS ≤1
- No active CNS lesions[b]

Enrollment period: March 6, 2024-June 5, 2025

Randomized 1:1
N=703

- SV (n=354): 1.8 mg/kg AiBW IV Q2W
- Docetaxel (n=349): 75 mg/m² IV Q3W

Stratified by:

- ECOG PS (0 versus 1)
- AGAs (known *EGFR* mutations or *ALK* rearrangements; present versus absent or unknown)
- Regions (North America and Western Europe versus Asia Pacific versus rest of world)

Endpoints

Primary
- OS

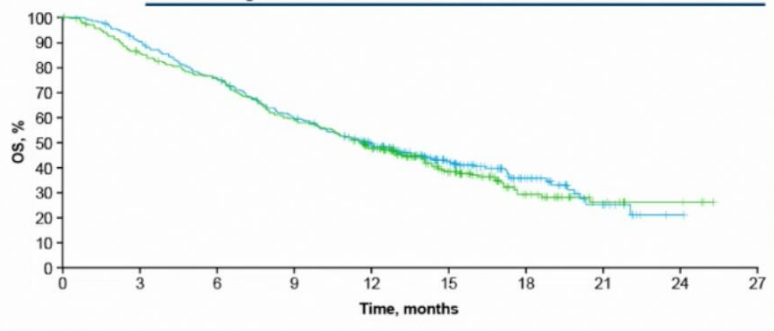
Secondary[c]
- PFS by BICR and investigator
- ORR by BICR and investigator
- Safety and tolerability

Exploratory[d]
- Efficacy in IB6-high[e] subgroup

Data cutoff: May 18, 2026

Primary: OS in overall population

	SV (n=354)	Docetaxel (n=349)
OS, median (95% CI), months	11.9 (10.1–14.0)	11.5 (10.2–13.3)
HR (95% CI)	0.929 (0.767–1.126)	
Stratified log-rank 1-sided *P* value	0.226	



No. at risk

SV	354	317	266	206	158	81	35	10	1	1
Docetaxel	349	294	257	201	154	72	29	9	5	0

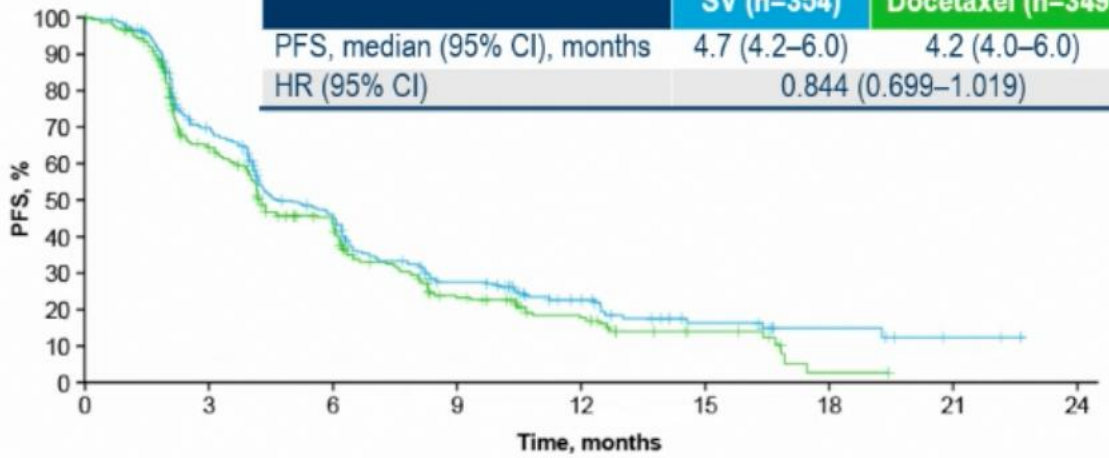
Overall survival by subgroups

	Events/n SV	Events/n Docetaxel	HR (95% CI)
Overall	211/354	215/349	0.93 (0.77–1.13)
Age group			
<65 years	103/173	113/193	1.04 (0.80–1.36)
≥65 years	108/181	102/156	0.83 (0.63–1.08)
Sex			
Male	130/210	127/191	0.88 (0.69–1.13)
Female	81/144	88/158	0.98 (0.73–1.33)
Region[a]			
North America and Western Europe	149/249	163/246	0.84 (0.67–1.05)
Asia Pacific	30/58	27/57	1.25 (0.74–2.11)
Rest of world	32/47	25/46	1.20 (0.71–2.02)
ECOG performance status[a]			
0	64/124	63/121	0.96 (0.68–1.37)
1	147/230	152/228	0.93 (0.74–1.16)
Smoking history			
Former or current	167/281	174/272	0.88 (0.71–1.09)
Never	43/72	41/77	1.16 (0.76–1.79)
***EGFR* or *ALK* alterations**[a]			
Present	52/84	41/81	1.32 (0.87–1.99)
Absent or unknwon	159/270	174/268	0.85 (0.68–1.05)
AGA status			
AGA	70/113	53/95	1.14 (0.80–1.63)
Non-AGA	141/241	162/254	0.86 (0.69–1.08)
Line of systemic therapy			
2L	134/236	151/241	0.83 (0.66–1.05)
3L+	77/117	63/105	1.19 (0.85–1.66)



Secondary: PFS by BICR in overall population

	SV (n=354)	Docetaxel (n=349)
PFS, median (95% CI), months	4.7 (4.2–6.0)	4.2 (4.0–6.0)
HR (95% CI)	0.844 (0.699–1.019)	



No. at risk

SV	354	211	126	59	32	13	6	2	0
Docetaxel	349	175	103	41	23	9	1	0	0

TENDENCIA A BENEFICIO EN:
1. SEGUNDA LÍNEA FRENTE POSTERIORES
2. NO MUTACIONES DIANA

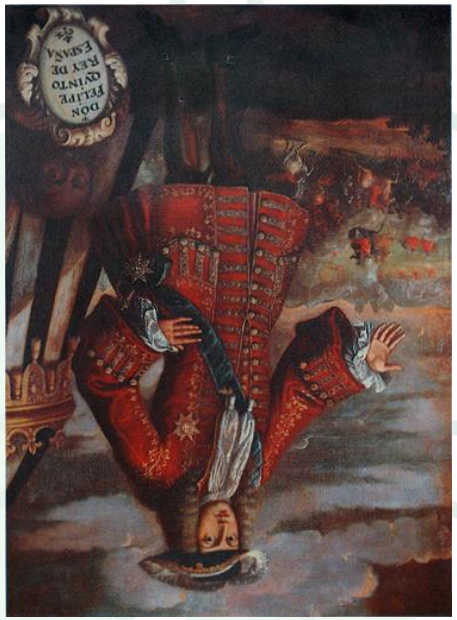
Anotaciones del estudio:

>>> No beneficio en función de expresión de integrina β6

>>> Perfil de toxicidad dudoso

Discusión del estudio





Datos favorables en subgrupos, señales de actividad

Nuevo ADC fallido en CPNM frente docetaxel **¿selección de pacientes?**

Nueva diana terapéutica

Perfil de toxicidad complejo

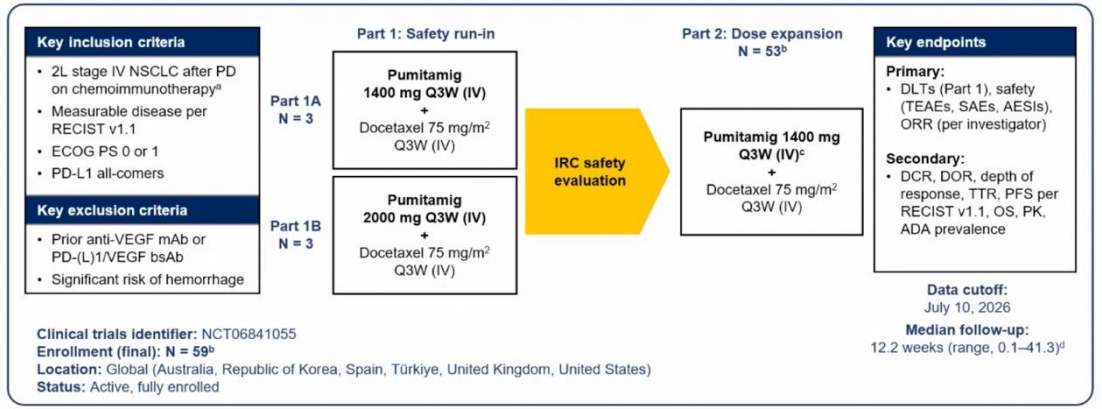
Abertura de camino a nuevos escenarios

Necesidad de biomarcadores, no diferencias en expresión de integrina ß6

ESTUDIO ROSETTA Lung-107

Global phase 2 in post-chemoimmunotherapy mNSCLC

ROSETTA LUNG-187



Pumitamig (biespecífico PD-L1 / VEGF-A) + docetaxel

- mPFS: 6,9 meses
- 6mPFS: 63,3%
- Actividad superior en escamoso (ORR 57,1%)

Toxicidad G≥3: 56%

18% discontinuaciones de tratamiento.

No hipertensión o proteinuria grado 3.

- Actividad muy prometedora ¿mejor que docetaxel en monoterapia?
- Acción independiente de histología
- Perfil de toxicidad favorable

Efficacy: BOR in the response-evaluable population[a]

ROSETTA LUNG-187

	Pumitamig 1400 mg + docetaxel[a] (N = 30)	TPS <1% (n = 7)	TPS 1%–49% (n = 18)	TPS ≥50% (n = 5)
cORR, n (%) [95% CI]	11 (36.7) [19.9–56.1]	3 (42.9) [9.9–81.6]	6 (33.3) [13.3–59.0]	2 (40.0) [5.3–85.3]
uORR, n (%)	13 (43.3)	3 (42.9)	8 (44.4)	2 (40.0)
cDCR, n (%)	27 (90.0)	6 (85.7)	17 (94.4)	4 (80.0)
cBOR, n (%)				
PR	11 (36.7)	3 (42.9)	6 (33.3)	2 (40.0)
SD	16 (53.3)	3 (42.9)	11 (61.1)	2 (40.0)
PD	2 (6.7)	1 (14.3)	0	1 (20.0)
NE	1 (3.3)	0	1 (5.6)	0

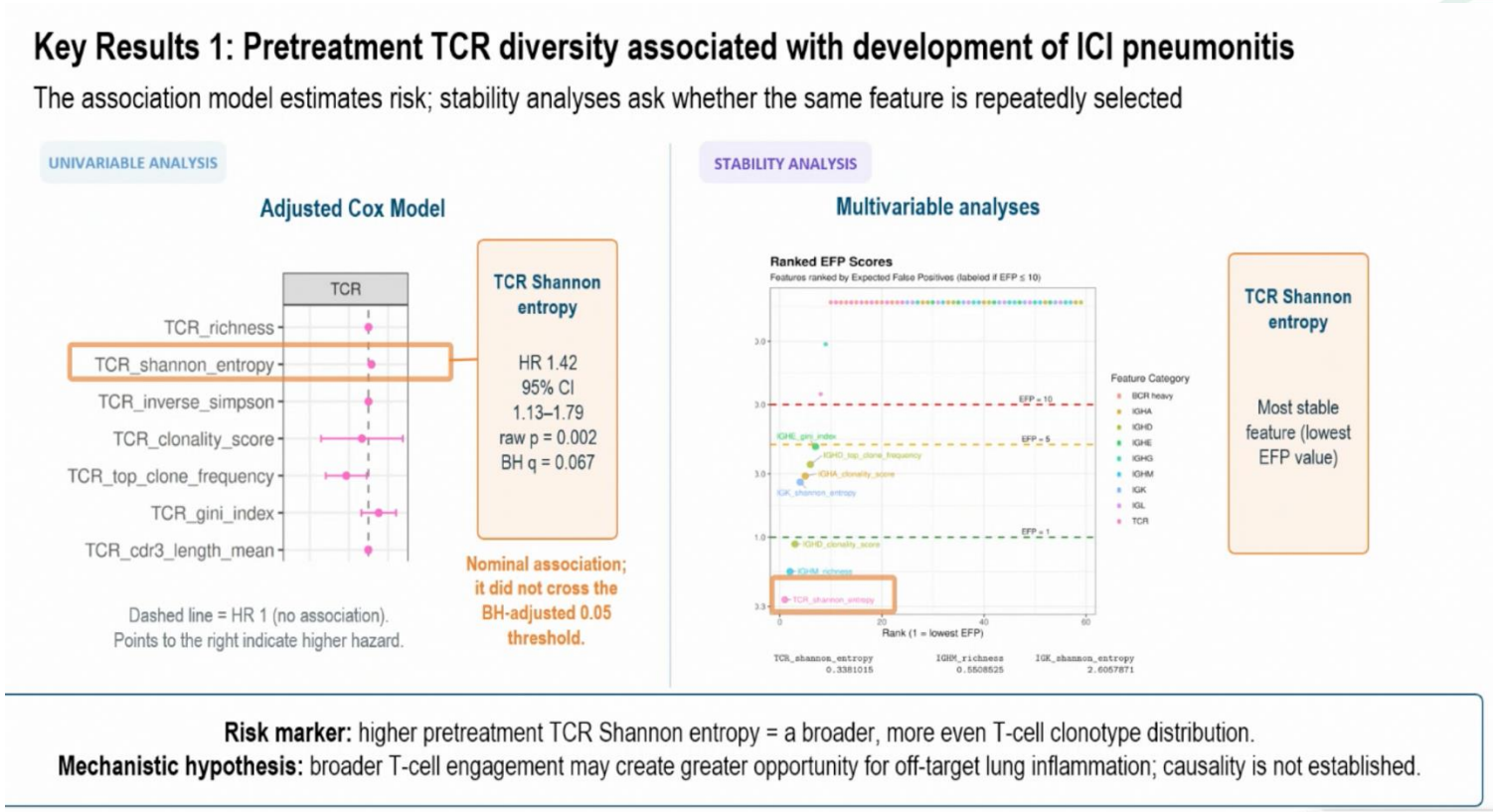
- Encouraging responses were observed across histologies
  - SQ NSCLC (n = 7): cORR and uORR were 57.1%, with cDCR of 100%
  - NSQ NSCLC (n = 23): cORR was 30.4% (uORR 39.1%), with cDCR of 87.0%
- Early mPFS (ITT) was 6.9 months (95% CI 4.2–NR)[b]
  - The 6-month PFS rate was 63.3% (95% CI 39.6–79.8)

Encouraging responses were observed across PD-L1 levels and histologies, with early PFS data showing a median of 6.9 months

Investigación traslacional en CPNM avanzado sin diana

Predicción de la respuesta inmunomediada

Estudio de la clonalidad y diversidad de los linfocitos T para la predicción de neumonitis en CPNM avanzado



POSIBILIDAD DE ESTABLECER UN MODELO DE PREDICCIÓN DE LA TOXICIDAD INMUNE

4.084 pacientes con CPNM (78 desarrollaron neumonitis, 1,9 %).

La diversidad TCR, la riqueza del repertorio IGHM y la clonalidad IGHD se asociaron con el desarrollo de neumonitis inmunomediada.

El modelo alcanzó una sensibilidad del 70 % y una especificidad del 74%, con un valor predictivo positivo potencialmente bajo.

Aplicabilidad clínica limitada (no validado modelo individual)

Conclusiones

Conclusiones

PERSEE refuerza el papel de la quimioinmunoterapia en pacientes con PD-L1 ≥50%, aunque persisten dudas sobre la selección óptima de pacientes, especialmente en muy altos expresores.

Los **ADC y los anticuerpos biespecíficos muestran resultados prometedores** y podrían modificar las estrategias terapéuticas, especialmente en primera y especialmente segunda línea.

La **investigación traslacional** y los biomarcadores serán fundamentales para individualizar los tratamientos y mejorar la **predicción de eficacia y toxicidad.**

Gracias