Iniciativa científica de:

GECP lung cancer research

Lung Cancer UPDATES

ESMO HIGHLIGHTS

23 - 27 OCTUBRE 2026

Madrid, Spain



#ESMOUPDATES

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Cáncer Pulmón Microcítico

Parte I (Primera línea)

Manuel Dómine

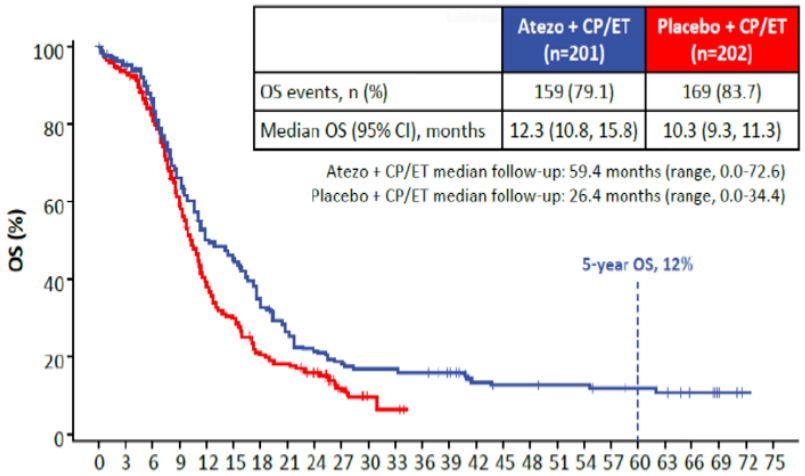
Coordinador de Investigación Comprehensive Cancer Center Fundación Jiménez Díaz.

Director de Tumores Torácicos. Fundación Jiménez Díaz Campus hospitalario

Instituto de Investigación Sanitaria Fundación Jiménez Díaz (IIS-FJD

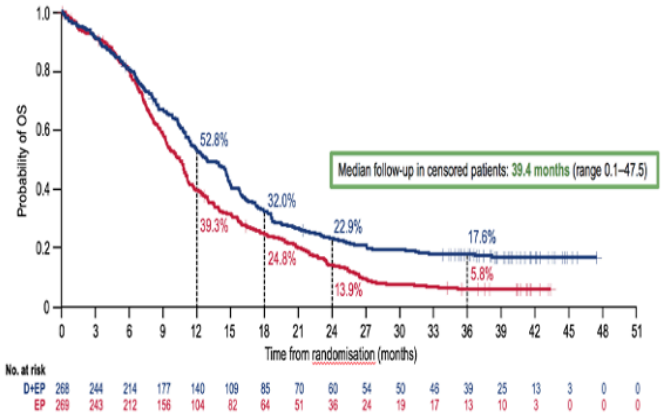
Chemo- Immunotherapy in ES-SCLC

Impower 133 and Imbrella. A



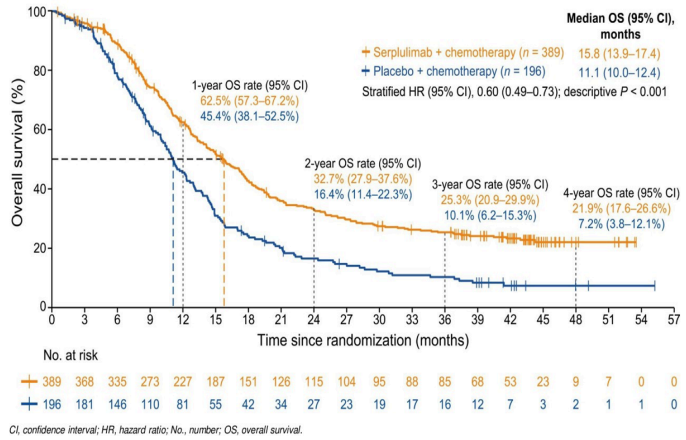
Horn l, et al NEJM 2018, Liu S, et al 0a01.04 WCLC 2023

CASPIAN



Paz-Ares L, et al. Lancet 2019, Paz –Ares, et al, ESMO Open. 2022

ASTRUM- 005



Jingjing L, et al. JAMA 2026

	Impower 133 Atezolizumab (PD-L1)	CASPIAN Durvalumab (PD-L1)	Capstone-1 Adebrelimab (PD-L1)	KN604 Pembrolizumab (PD-1)	ASTRUM-005 Serplulimab (PD-1)	RATIONALE - 312 Tislelizumab (PD-1)	EXTENTORCH Toripalimab (PD-1)	ETER 701 Benmelstobart (PD-L1) + Anlotinib
N	403	805	462	453	585	457	442	738
mSG QT-IO/QT-Pcb HR (95% IC) 36 meses 60 meses	12.3/10.3 meses 0.76(0.60-0.95) 16%/NE 12%/NE	12.9/10.5 meses 0.71 M(0.60-0.86) 17.6%/5.8% NE	15.3/12.8 m 0.72 (0.58-0.90) NE NE	10.8/9.7 meses 0.76 ,(0.63-0.93) 15.5%/5.9% NE	15.4/10.9 meses 0.63 (0.49-0.82) NE NE	15.5/13.5 m 0.75 (0.61-0.92) NE NE	14.6/13.3 meses 0.798(0.648-0.982) NE NE	19.32/11.89 meses 0.61 (0.46 – O.79) NE NE
mSLP HR (95% IC)	5.2/4.3 meses 0.77 (0.62-0.93)	5.1/5.4 meses 0.80 (0.66-0.96)	5.8/5.6 meses 0.67 (0.54-0.83)	4.5/4.3 mese 0.75 (0.61-0.91)	5.7/4.3 mese 0.48 (0.38-0.59)	4.8/4.3 meses 0.63 (0.51-0.78)	5.9/5.6 meses 0.667 (0.539 - 0.824)	6.9/4.2 meses 0.32 (0.26-0.42)
RG mDR,	60.2/64.4% 4.2/3.9 m	68/58% 5.1/5.1 m	70.4/65.9% 5.6/4.6 m	70.6%/61.8% 4.2/3.7 m	80.2%/70.4% 5.6/3.2 m	68.3%/61.7% 4.3/4.7 m	NR NR	81.3/66.8% 5.8/3.1 m

Dómine M, et al [Rev Cáncer 2023;37(4):204-214]

MADRID 2026 ESMO congress

Randomized trial of serplulimab or atezolizumab plus chemotherapy in USA patients with extensive-stage small cell lung cancer (ASTRIDE)

David R. Gandara[1], Evan Wu[2], Eric Schaefer[3], Rama Balaraman[4], Faris Badin[5], Murtaza Bhuriwala[6], Vu Phan[7], Mitchell Haut[8], Nagaprasad Nagajothi[9], Sumit Sawhney[10], Omar Abughanimeh[11], Shaker Dakhil[12], Santosh Nair[13], Roger S. Keresztes[14], Nikki James[15], Hongyan Ni[15], Qingyu Wang[15], Afshin Dowlati[16]

[1]Hematology and Oncology, University of California Davis Comprehensive Cancer Center, Sacramento, USA; [2]Hematology and Oncology, University of Hawaii, Honolulu, USA; [3]Hematology and Oncology, Highlands Oncology Group, Springdale, USA; [4]Hematology and Oncology, Ocala Oncology Center PL DBA Florida Cancer Affiliates, Ocala, USA; [5]Hematology and Oncology, Baptist Health Lexington, Lexington, USA; [6]Internal Medicine and Oncology, Millennium Research & Clinical Development, North Houston, USA; [7]Hematology and Oncology, Oncology Physicians Network (OPN)-Los Alamitos, Los Alamitos, USA; [8]Oncology, Cleveland Clinic Mercy Hospital, Canton, USA; [9]Internal Medicine and Oncology, Tri-County Hematology & Oncology Associates, Inc., Massillon, USA; [10]Hematology and Oncology, Advanced Research, LLC, Tamarac, USA; [11]Division of Medical Oncology, University of Nebraska Medical Center, Omaha, USA; [12]Hematology and Oncology, Cancer Center of Kansas, Wichita, USA; [13]Hematology and Oncology, Mid-Florida Hematology and Oncology Centers, Oviedo, USA; [14]Hematology and Oncology, Stony Brook Cancer Center, Stony Brook, USA; [15]Global Product Development, Shanghai Henlius Biotech, Inc., Shanghai, China; [16]Hematology and Oncology, University Hospitals Seidman Cancer Center and Case Western Reserve University, Cleveland, USA

Presented by Dr. David R. Gandara
Hematology and Oncology, University of California Davis Comprehensive Cancer Center, Sacramento, USA

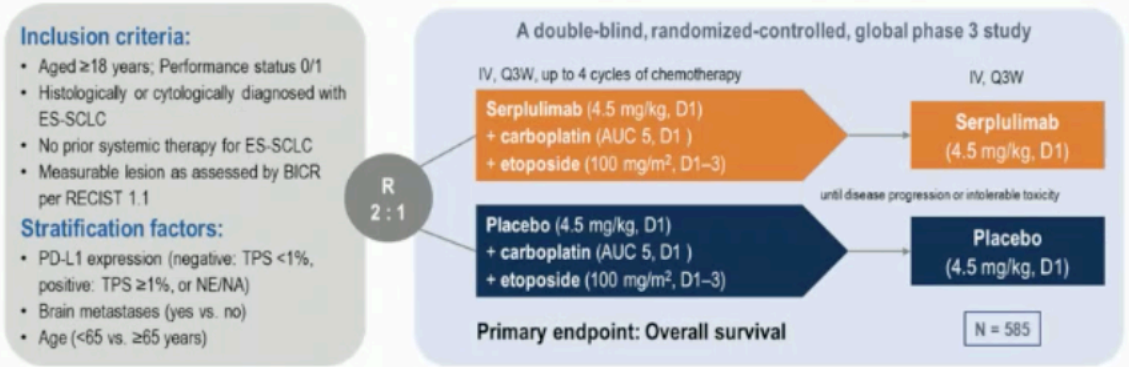
26 October 2026

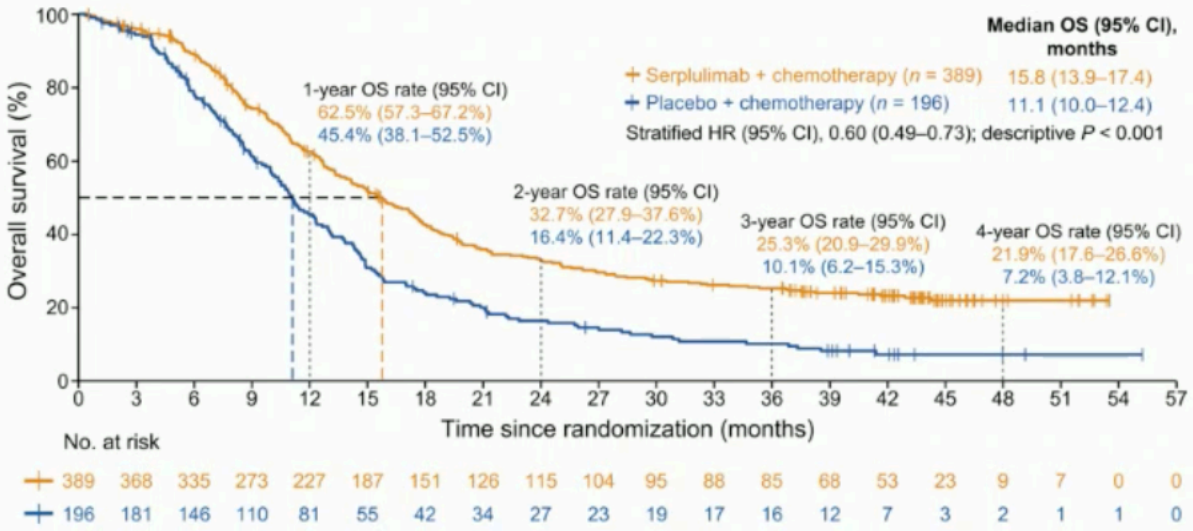


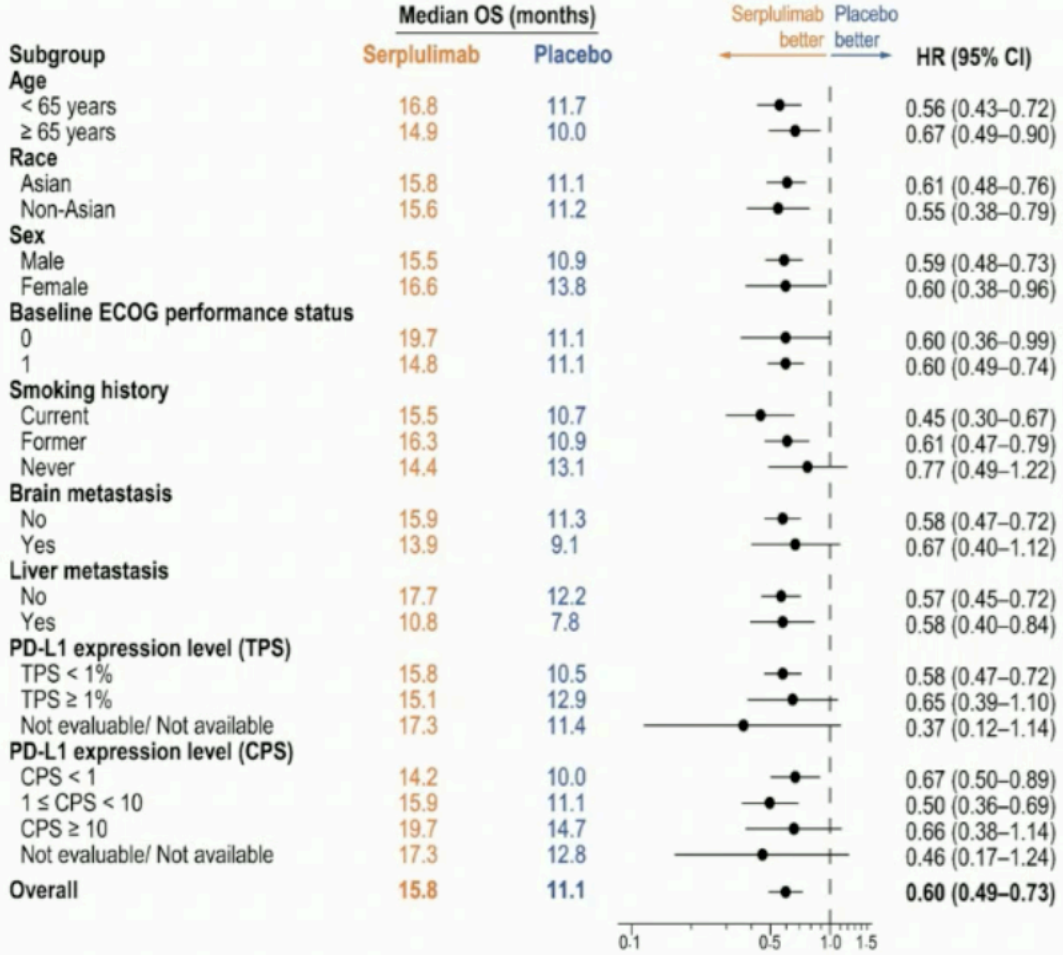
ESMO

Background: ASTRUM-005: Serplulimab ± carboplatin-etoposide in ES-SCLC[1,2]

Patients were screened across six countries: China, Ukraine, Poland, etc. Of these, 401 were Asian and 184 were non-Asian.







1. Ying Cheng et al. J Clin Oncol 43, 8093-8093(2025); 2. Liu J, Han L, Wu L, et al. JAMA Oncol. 2026;12(8):810–818.

Presented by Dr. David R. Gandara

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Background

- The global phase 3 ASTRUM-005 trial demonstrated survival benefits with serplulimab-chemotherapy for treatment-naïve extensive-stage small cell lung cancer (ES-SCLC)[1].
- Confirmatory data for consistency of ASTRUM-005 findings in USA patients was required.
- Moreover, there is no prospective data directly comparing different immune checkpoint inhibitors in this setting.

Here we present the randomised ASTRIDE bridging trial, comparing serplulimab-chemotherapy versus atezolizumab-chemotherapy in USA patients with ES-SCLC.

USA, United States of America.

1. JAMA. 2022 Sep 27;328(12):1223-1232.

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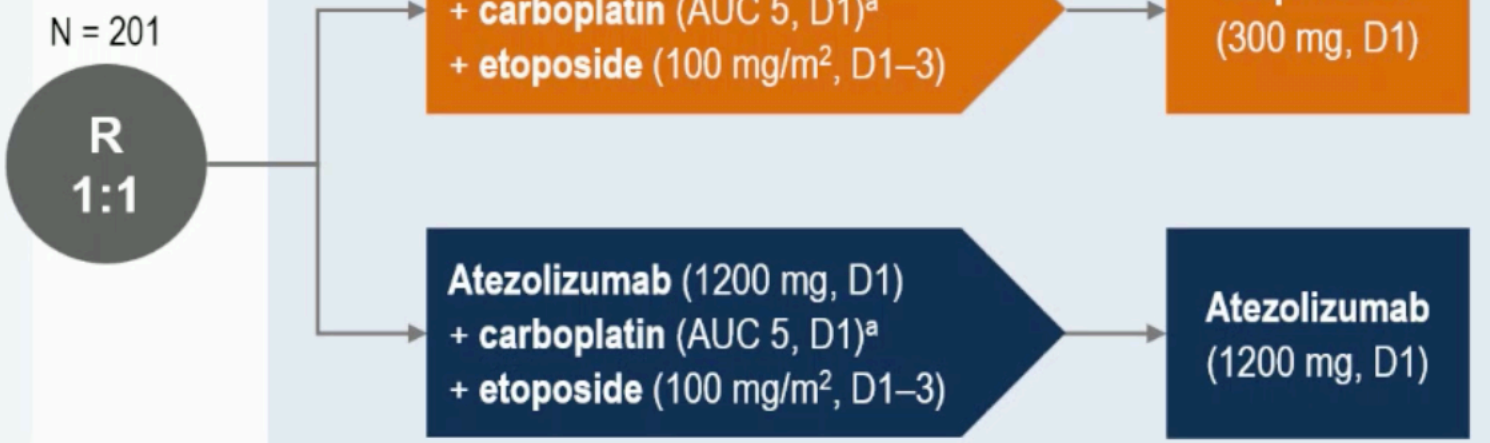
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ASTRIDE study design

Between 2022 and 2025, a total of 201 patients were enrolled at 70 study sites across the United States.

Key eligibility criteria:

- Age ≥18 years;
- Performance status 0/1;
- Histologically or cytologically confirmed ES-SCLC;
- No prior systemic therapy for ES-SCLC (Patients who have received one cycle of chemotherapy for newly diagnosed ES-SCLC are eligible);
- Measurable disease as assessed by BICR per RECIST v1.1.



Descriptive Statistical Analysis: Primary endpoint: Overall survival

Secondary endpoints: PFS, ORR, DOR, safety, pharmacokinetics, immunogenicity, quality of life, exploratory biomarker analysis.

[a] Up to 750 mg. [b] Until disease progression, intolerable toxicity, discontinuation decided by the participant or the investigator, death, withdrawal of informed consent, pregnancy, noncompliance with protocol or procedure requirements, administrative reasons, or other protocol-specified reasons, whichever occurred first.

AUC, area under the curve; BICR, blinded independent central review; D, day; DOR, duration of response; ES-SCLC, extensive-stage small-cell lung cancer; IV, intravenous; ORR, objective response rate; PFS, progression-free survival; Q3W, every 3 weeks; R, randomization; RECIST, Response Evaluation Criteria in Solid Tumors.

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ASTRIDE amendment (June 2024): 1st cycle chemotherapy

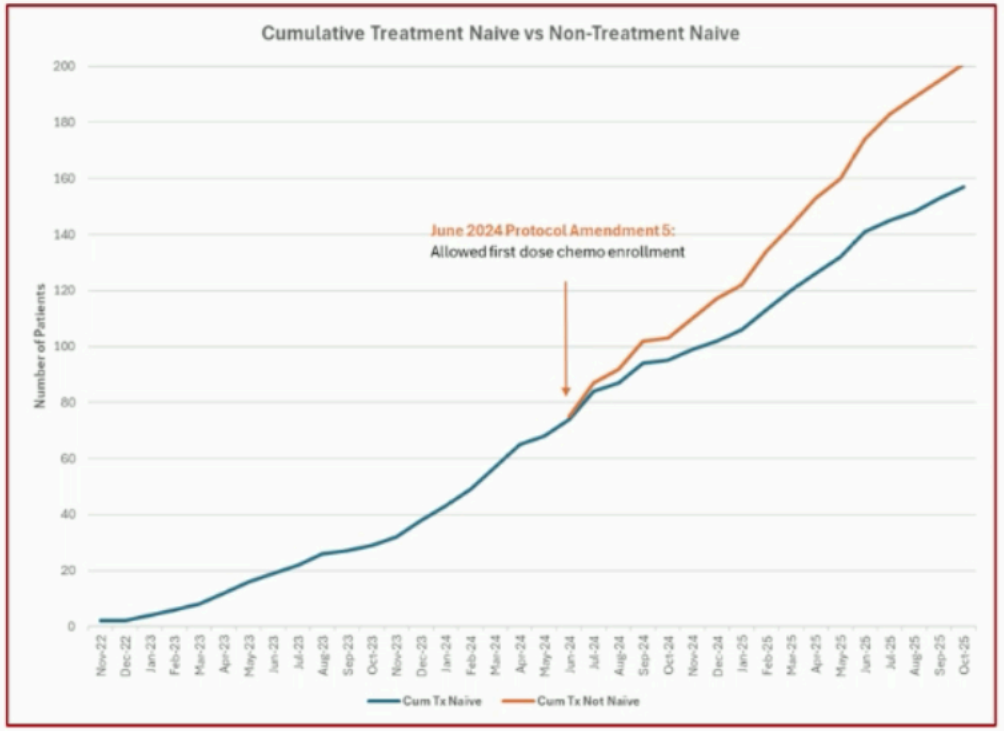
Rationale: Align to U.S. practice for newly diagnosed ES-SCLC patients

Key Change:

- **Permits first cycle of chemotherapy prior to randomization**

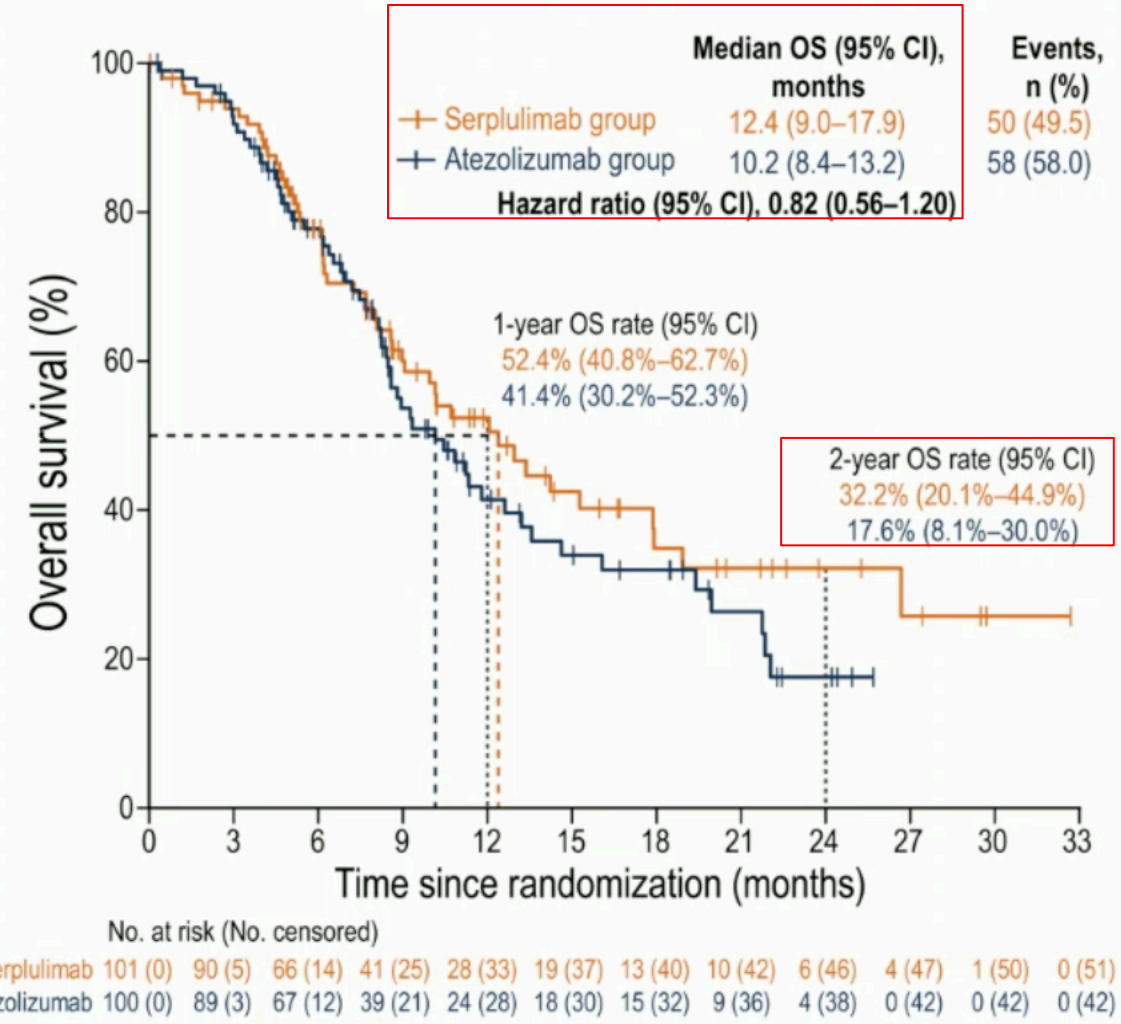
  → Aligns with real-world U.S. hospital practice where initial chemotherapy cycle often starts before trial enrollment

- Amendment increased accrual



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Efficacy: OS and subgroup analysis



Subgroup	Serplulimab (Events/Patients)	Atezolizumab (Events/Patients)	HR for death (95% CI)
Age			
<65 years	18/39	19/37	1.03 (0.54–1.97)
≥65 years	32/62	39/63	0.70 (0.44–1.13)
Sex			
Female	26/55	26/47	0.79 (0.46–1.36)
Male	24/46	32/53	0.87 (0.51–1.49)
Performance status			
0	12/30	8/23	0.92 (0.37–2.29)
1	38/70	49/76	0.89 (0.58–1.36)
≥2	0/1	1/1	NE
Race			
American Indian or Alaska native	3/3	0/0	NE
Asian American	1/2	1/4	NE
Black or African American	0/2	4/8	NE
White	46/94	53/88	0.78 (0.52–1.16)
Smoking history			
Current	20/35	17/28	0.78 (0.41–1.51)
Former	28/62	41/69	0.71 (0.44–1.16)
Never	2/4	0/3	NE
Liver metastasis			
Yes	33/50	27/40	0.85 (0.51–1.42)
No	17/51	31/60	0.60 (0.33–1.09)
Brain metastasis			
Yes	4/15	7/14	0.67 (0.20–2.31)
No	46/86	51/86	0.83 (0.55–1.24)
Prior chemotherapy for ES-SCLC			
Yes	9/19	12/24	1.16 (0.49–2.75)
No	41/82	46/76	0.77 (0.50–1.17)

CI, confidence interval; ES-SCLC, extensive-stage small cell lung cancer; HR, hazard ratio; NE, not evaluable; No., number; OS, overall survival.

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Efficacy: Secondary endpoints assessed by BICR

	Serplulimab (n = 99)[a]	Atezolizumab (n = 100)
PFS[b], median (95% CI), months	5.4 (4.5–5.8)	4.9 (4.2–5.6)
HR (95% CI)	0.95 (0.67–1.35)	
Best overall response[c], n (%)		
Complete response	1 (1.0)	1 (1.0)
Partial response	64 (64.6)	66 (66.0)
Stable disease	25 (25.3)	21 (21.0)
Progressive disease	3 (3.0)	6 (6.0)
Not evaluable[d]	6 (6.1)	6 (6.0)
ORR[c] (95% CI), %	65.7 (55.4–74.9)	67.0 (56.9–76.1)
DOR[c], median (95% CI), months	4.2 (4.1–5.6)	4.0 (3.1–4.5)
HR (95% CI)	0.95 (0.62–1.47)	

[a] Patients who did not receive study treatment were excluded from the secondary endpoint analyses. [b] According to BICR assessments per RECIST v1.1. [c] Based on confirmed tumor responses according to BICR assessments per RECIST v1.1. [d] These patients did not have post-treatment tumor assessment, except for one patient in the atezolizumab group with a non-evaluable target lesion at post-treatment tumor assessment.
BICR, blinded independent central review; CI, confidence interval; DOR, duration of response;; HR, hazard ratio; ORR, objective response rate; PFS, progression-free survival.

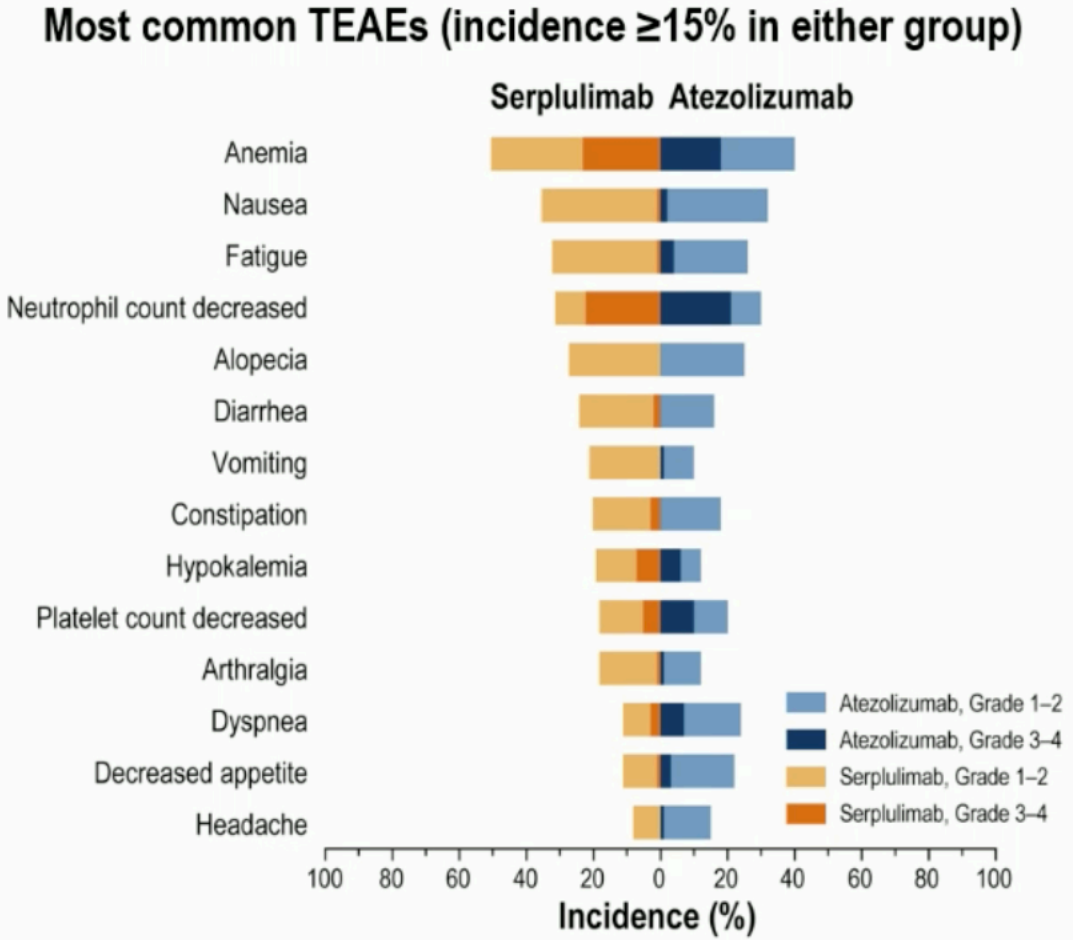
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Safety and tolerability

	Serplulimab (n = 99)	Atezolizumab (n = 100)
TEAE	97 (98.0)	99 (99.0)
Grade ≥3	73 (73.7)	73 (73.0)
Serious	44 (44.4)	46 (46.0)
Leading to Tx interruption	54 (54.5)	51 (51.0)
Leading to Tx discontinuation	16 (16.2)	12 (12.0)
Leading to death	9 (9.1)	8 (8.0)
TEAEs related to serplulimab or atezolizumab	63 (63.6)	68 (68.0)
Grade ≥3	20 (20.2)	25 (25.0)
Serious	9 (9.1)	7 (7.0)
Leading to Tx interruption	22 (22.2)	22 (22.0)
Leading to Tx discontinuation	5 (5.1)	4 (4.0)
Leading to death[a]	2 (2.0)	2 (2.0)
Adverse event of special interest	23 (23.2)	23 (23.0)
Infusion-related reaction	4 (4.0)	3 (3.0)
Immune-related adverse event	21 (21.2)	23 (23.0)



[a] One patient in the serplulimab had respiratory failure and septic shock, and the other one had respiratory failure. One patient in the atezolizumab group had colitis and septic shock, and the other one had myocarditis.
TEAE, treatment-emergent adverse event; Tx, treatment.

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Conclusions

- In the ASTRIDE trial, compared with atezolizumab, serplulimab was associated with
  - ➢ numerically longer median OS
    - ✓ ITT population: 12.4 versus 10.2 months, HR 0.82; 95% CI, 0.56–1.20
    - ✓ No 1st cycle chemotherapy: 13.4 versus 10.8 months, HR 0.77; 95% CI, 0.50–1.17
  - ➢ similar PFS, ORR, DOR outcomes
  - ➢ similar safety profiles

Serplulimab-chemotherapy compared favorably with atezolizumab-chemotherapy, supporting the benefit of serplulimab and applicability of the ASTRUM-005 findings to the USA patients with treatment-naïve ES-SCLC.

CI, confidence interval. DOR, duration of response; ES-SCLC, extensive-stage small cell lung cancer; HR, hazard ratio; ORR, objective response rate; OS, overall survival; PFS, progression-free survival.

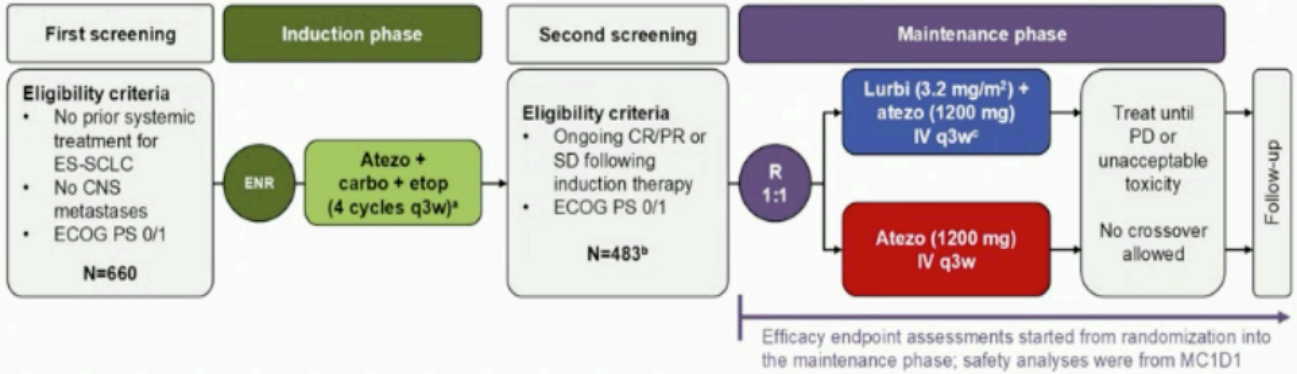
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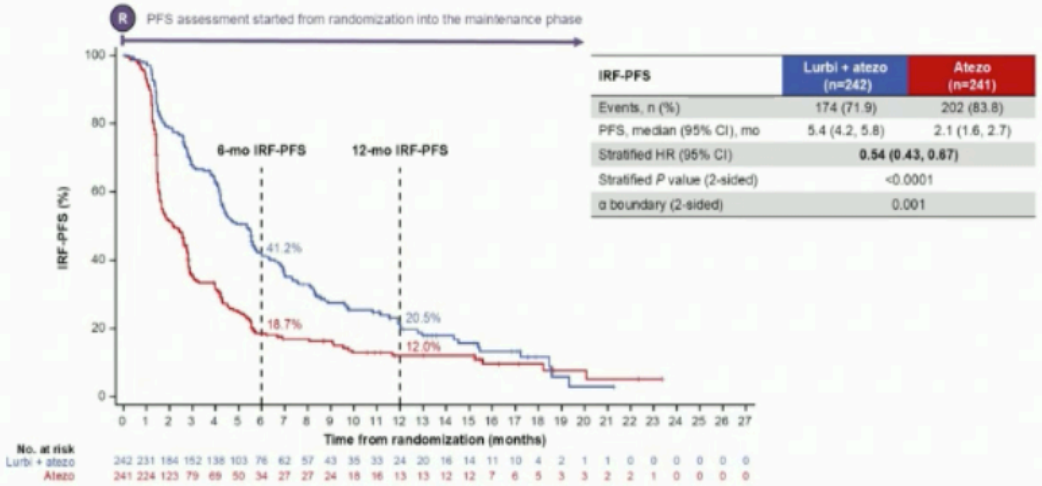
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Tratamiento de mantenimiento

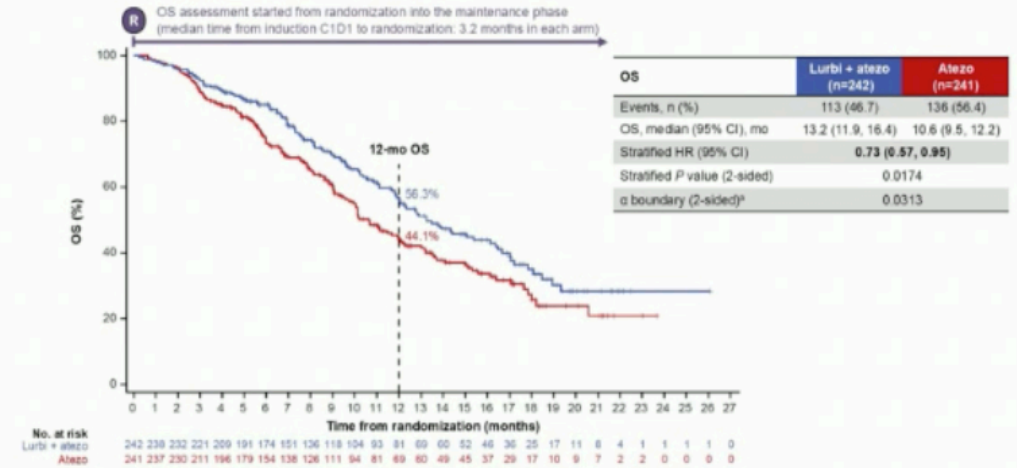
IMforte: Maintenance Lurbinectedin

- IMforte: adding lurbinectedin to maintenance atezolizumab improves both PFS and OS





IRF-PFS	Lurbi + atezo (n=242)	Atezo (n=241)
Events, n (%)	174 (71.9)	202 (83.8)
PFS, median (95% CI), mo	5.4 (4.2, 5.8)	2.1 (1.6, 2.7)
Stratified HR (95% CI)	0.54 (0.43, 0.67)	
Stratified *P* value (2-sided)	<0.0001	
α boundary (2-sided)	0.001	



OS	Lurbi + atezo (n=242)	Atezo (n=241)
Events, n (%)	113 (46.7)	136 (56.4)
OS, median (95% CI), mo	13.2 (11.9, 16.4)	10.6 (9.5, 12.2)
Stratified HR (95% CI)	0.73 (0.57, 0.95)	
Stratified *P* value (2-sided)	0.0174	
α boundary (2-sided)[a]	0.0313	

Paz-Ares, Lancet 2025

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Tarlatamab plus durvalumab vs durvalumab as first-line maintenance therapy following first-line durvalumab, platinum, and etoposide in extensive-stage small cell lung cancer: primary analysis of the phase 3 DeLLphi-305 trial

Jacob Sands, Tatsuya Yoshida, Myung-Ju Ahn, Carl M. Gay, Martin Schuler, Haifeng Liu, Ahmet Sezer, Ahmet Bilici, Ippokratis Korantzis, Sun Min Lim, Isamu Okamoto, Oscar Juan-Vidal, Yuanbin Chen, Gustavo Schvartsman, Anne-Marie C. Dingemans, Jeffrey M. Clarke, Miguel Marigil, Yuyang Zhang, Bazle Abidi, Maurice Pérol

Presenter: Jacob Sands, MD

Dana-Farber Cancer Institute

Boston, MA, United States of America

24 October 2026



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ESMO

DeLLphi-305: Study design

DeLLphi 305

A Phase 3, Open-label, Multicenter, Randomized Study of Tarlatamab in Combination With Durvalumab vs Durvalumab Alone in Patients With ES-SCLC Following Platinum, Etoposide and Durvalumab (NCT06211036)

1L Chemo-IO

Platinum-etoposide + durvalumab[a] induction therapy (4 cycles)

Key Inclusion Criteria

- Age ≥ 18 years
- No disease progression
- ECOG PS 0–1
- Asymptomatic untreated or treated brain metastasis

Stratification Factors

- Brain and/or liver metastasis (Yes/No)
- Response to 1L chemo-IO (PR/CR vs SD)
- Prior platinum type (cisplatin vs carboplatin)

Treatment until progression or unacceptable toxicity

R 1:1

N = 563

Tarlatamab (10 mg Q2W)[b] + **Durvalumab** (1500 mg Q4W)[c] **n = 282**

Durvalumab (1500 mg Q4W)[c] **n = 281**

Primary Endpoint: OS

Key Secondary Endpoint: PFS

Secondary Endpoints: ORR, DOR, safety

Interim analysis for OS: 243 (61% IF) OS events, 0.008 two-sided *P*-value boundary

Endpoints were tested sequentially according to a prespecified hierarchical testing strategy: OS → PFS → ORR

Data cut-off date: 7 JUL 2026.

[a]Eligible patients must have received ≥ 3 cycles of concomitant durvalumab as 1L treatment of ES-SCLC. [b]Patients were monitored on site for a minimum of 1 to 2 hours, or 6 to 8 hours in certain regions after the first two doses of tarlatamab. [c]Each treatment cycle consists of 28 days.

1L, first line; **CR,** complete response; **DOR,** duration of response; **ECOG PS,** Eastern Cooperative Oncology Group performance status; **ES-SCLC,** extensive-stage small cell lung cancer; **IF** information fraction; **IO,** immunotherapy; **ORR,** objective response rate; **OS,** overall survival; **PFS,** progression-free survival; **PR,** partial response; **Q2W,** once every two weeks; **Q4W,** once every four weeks; **R,** randomization; **SD,** stable disease.

ClinicalTrials.gov. https://clinicaltrials.gov/study/NCT06211036. Accessed 31 August 2026.

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Baseline characteristics

DeLLphi 305

Characteristics	Tarlatamab + Durvalumab (n = 282)	Durvalumab (n = 281)
Age, median (range), years	65.0 (35–87)	65.0 (29–86)
Male, %	69.9	71.5
Race, White/Non-white, %	57.8 / 42.2	64.4 / 35.6
Region, Americas/Asia-Pacific/Europe, %	12.8 / 40.4 / 46.8	13.9 / 35.9 / 50.2
ECOG PS, 0/1, %	45.7 / 54.3	43.1 / 56.9
Smoking history, Yes/Never, %	90.4 / 9.2	90.8 / 8.5
Limited-Stage SCLC at initial diagnosis, %	5.3	2.5
Type of platinum first received, cisplatin/carboplatin[a], %	15.6 / 84.4	15.7 / 84.0
Response to initial therapy, CR/PR/SD, %	3.2 / 85.8 / 11.0	3.6 / 84.7 / 11.7
Presence of current/prior brain metastasis, %	**19.5**	**19.9**
Presence of current/prior liver metastasis, %	**31.2**	**33.8**

- **At baseline, key characteristics were well balanced between the treatment arms**
- **Prior or current brain and/or liver metastases were observed in a meaningful proportion of patients**

[a]In durvalumab arm, one patient received carboplatin, but the dosage is not available.

CR, complete response; **ECOG PS,** Eastern Cooperative Oncology Group performance status; **SCLC,** small cell lung cancer; **PR,** partial response; **SCLC,** extensive-stage small cell lung cancer; **SD,** stable disease.

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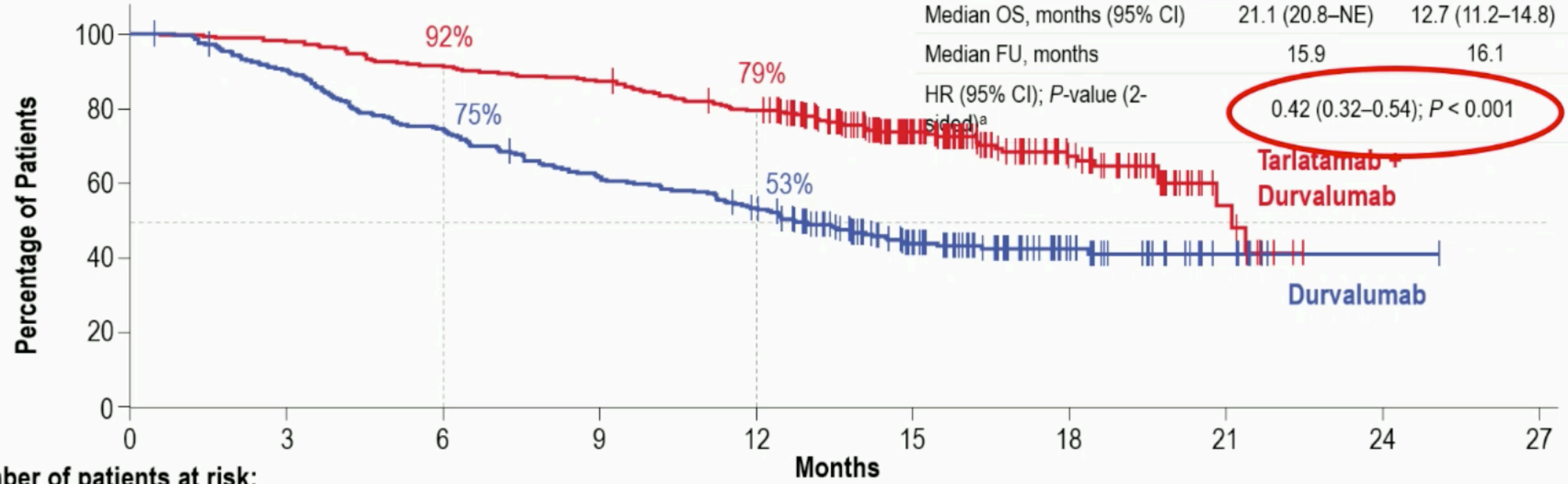
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Tarlatamab plus durvalumab significantly improved overall survival versus durvalumab alone as first-line maintenance therapy

DeLLphi 305

	Tarlatamab + Durvalumab (n = 282)	Durvalumab (n = 281)
Median OS, months (95% CI)	21.1 (20.8–NE)	12.7 (11.2–14.8)
Median FU, months	15.9	16.1
HR (95% CI); *P*-value (2-sided)[a]	0.42 (0.32–0.54); *P* < 0.001	



Number of patients at risk:

Tarlatamab + Durvalumab	282	276	258	246	222	132	55	9	0
Durvalumab	281	252	208	171	146	81	33	8	1	0

Data cut-off date: 7 JUL 2026.

At the time of data cut-off, 87 events had occurred in the tarlatamab-durvalumab arm, and 156 events had occurred in the durvalumab arm.

[a]*P* value was calculated using a stratified log-rank test.

CI, confidence interval; **FU,** follow-up; **HR,** hazard ratio; **NE,** not estimable; **OS,** overall survival.

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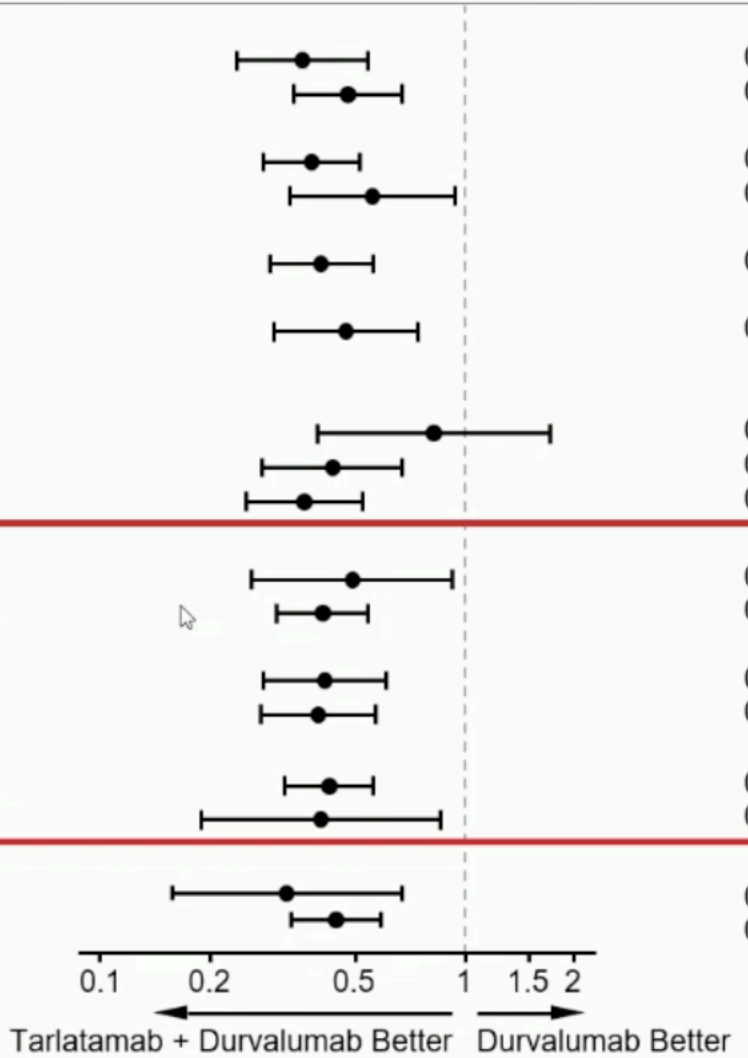
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MADRID 2026 ESMO congress

OS benefit was consistent across all key prespecified subgroups

DeLLphi 305

Subgroup	Tarlatamab + Durvalumab (no. of events / no. of patients)	Durvalumab (no. of events / no. of patients)	Hazard Ratio for Death (95% CI)
Age			
< 65 years	34 / 139	69 / 133	0.36 (0.24–0.54)
≥ 65 years	53 / 143	87 / 148	0.48 (0.34–0.67)
Sex			
Male	64 / 197	120 / 201	0.38 (0.28–0.51)
Female	23 / 85	36 / 80	0.56 (0.33–0.94)
Race			
White	54 / 163	108 / 181	0.40 (0.29–0.56)
Black	0 / 4	0 / 4	-
Asian	31 / 109	45 / 92	0.47 (0.30–0.74)
Other	2 / 6	3 / 4	-
Region			
Americas	13 / 36	16 / 39	0.82 (0.39–1.71)
Asia-Pacific	32 / 114	51 / 101	0.43 (0.28–0.67)
Europe	42 / 132	89 / 141	0.36 (0.25–0.52)
Presence (previous or current) of brain metastases			
Yes	15 / 55	26 / 56	0.49 (0.26–0.93)
No	72 / 227	130 / 225	0.41 (0.30–0.54)
Presence (previous or current) of liver metastases			
Yes	43 / 88	69 / 95	0.41 (0.28–0.61)
No	44 / 194	87 / 186	0.40 (0.28–0.57)
Response to initial therapy			
CR/PR	77 / 251	135 / 248	0.42 (0.32–0.56)
SD	10 / 31	21 / 33	0.40 (0.19–0.85)
Type of platinum first received for ES-SCLC			
Cisplatin	11 / 44	23 / 44	0.33 (0.16–0.67)
Carboplatin	76 / 238	132 / 236	0.44 (0.34–0.59)



Data cut-off date: 7 JUL 2026. Median follow-up: 15.9 months (tarlatamab + durvalumab arm); 16.1 months (durvalumab arm).

CI, confidence interval; **ES-SCLC,** extensive-stage small cell lung cancer; **CR,** complete response; **OS,** overall survival; **PR,** partial response; **SD,** stable disease.

Tarlatamab: DeLLphi-305: Efficacy



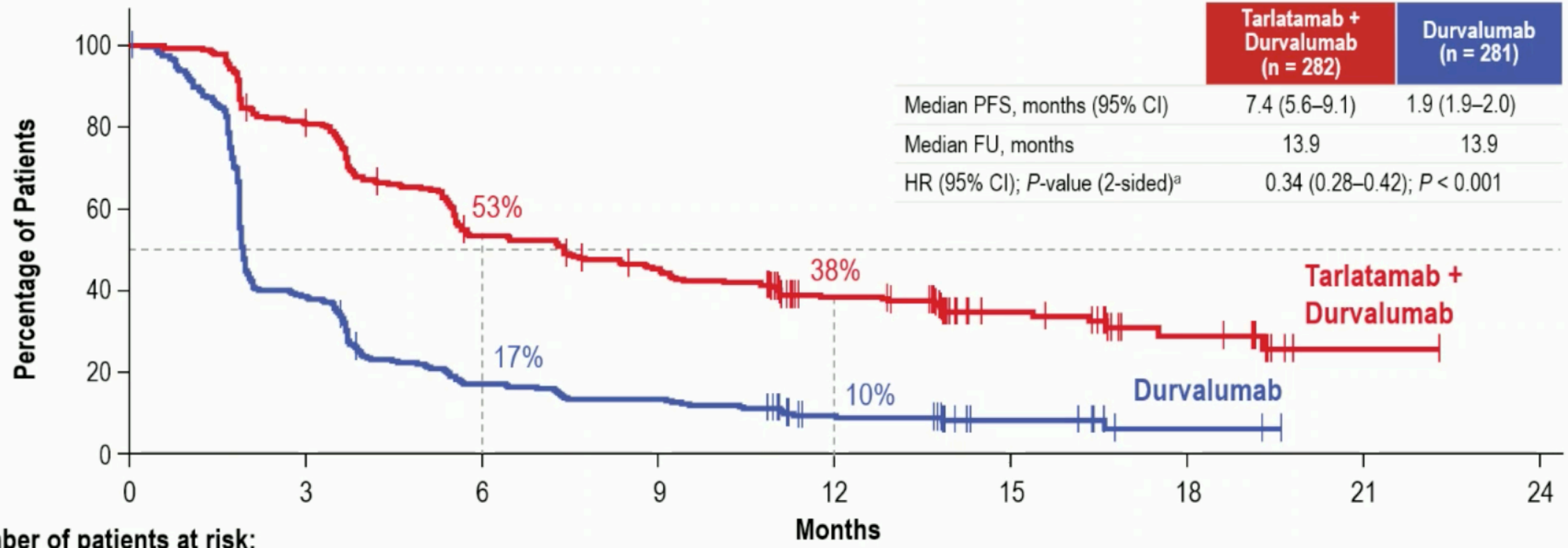
	DeLLphi-305 *Tarla/Durva vs Durva*	IMforte *Lurbi/Atezo vs Atezo*
Median OS	21.1 vs 12.7m	13.2 vs 10.6m
1y OS rate	79% vs 53%	56% vs 44%
OS HR	0.42	0.73
Median PFS	7.4 vs 1.9m	5.4 vs 2.1m
1y PFS rate	38% vs 10%	21% vs 12%
PFS HR	0.34	0.54

- Real signs of durable benefit
  - With 16m median follow up
  - 79% of patients alive at 1 year
  - 44% of patients remain on tarlatamab
- Is tarlatamab changing SCLC biology?
  - Treatment beyond progression permitted
  - Local therapy could be employed to address oligoprogression
- CNS efficacy?
- QoL, PROs?
- Long-term, landmark survival?

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Tarlatamab plus durvalumab significantly improved PFS versus durvalumab

DeLLphi 305



	Tarlatamab + Durvalumab (n = 282)	Durvalumab (n = 281)
Median PFS, months (95% CI)	7.4 (5.6–9.1)	1.9 (1.9–2.0)
Median FU, months	13.9	13.9
HR (95% CI); *P*-value (2-sided)[a]	0.34 (0.28–0.42); *P* < 0.001	

Number of patients at risk:

Tarlatamab + Durvalumab	282	225	147	122	86	32	14	1	0
Durvalumab	281	106	46	36	18	8	2	0	

Data cut-off date: 7 JUL 2026.

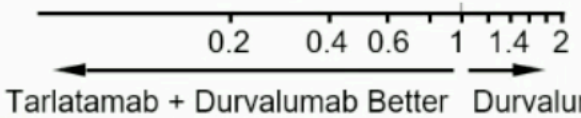
At the time of data cut-off, 182 events had occurred in the tarlatamab-durvalumab arm, and 250 events had occurred in the durvalumab arm.

[a]*P*-value was calculated using a stratified log-rank test.

PFS favored tarlatamab plus durvalumab across prespecified subgroups

DeLLphi 305

Subgroup	Tarlatamab + Durvalumab (no. of events / no. of patients)	Durvalumab (no. of events / no. of patients)	Hazard Ratio for Disease Progression or Death (95% CI)
Age			
< 65 years	86 / 139	119 / 133	0.32 (0.24–0.42)
≥ 65 years	96 / 143	131 / 148	0.38 (0.29–0.50)
Sex			
Male	128 / 197	176 / 201	0.36 (0.28–0.45)
Female	54 / 85	74 / 80	0.33 (0.23–0.47)
Race			
White	103 / 163	161 / 181	0.34 (0.26–0.44)
Black	1 / 4	4 / 4	-
Asian	75 / 109	81 / 92	0.38 (0.27–0.52)
Other	3 / 6	4 / 4	-
Region			
Americas	23 / 36	31 / 39	0.54 (0.31–0.93)
Asia-Pacific	77 / 114	90 / 101	0.35 (0.26–0.48)
Europe	82 / 132	129 / 141	0.30 (0.22–0.40)
Presence (previous or current) of brain metastases			
Yes	36 / 55	51 / 56	0.33 (0.21–0.51)
No	146 / 227	199 / 225	0.36 (0.29–0.44)
Presence (previous or current) of liver metastases			
Yes	71 / 88	91 / 95	0.34 (0.25–0.47)
No	111 / 194	159 / 186	0.34 (0.27–0.44)
Response to initial therapy			
CR/PR	161 / 251	221 / 248	0.33 (0.27–0.41)
SD	21 / 31	29 / 33	0.50 (0.28–0.88)
Type of platinum first received for ES-SCLC			
Cisplatin	26 / 44	41 / 44	0.23 (0.14–0.39)
Carboplatin	156 / 238	208 / 236	0.38 (0.30–0.47)



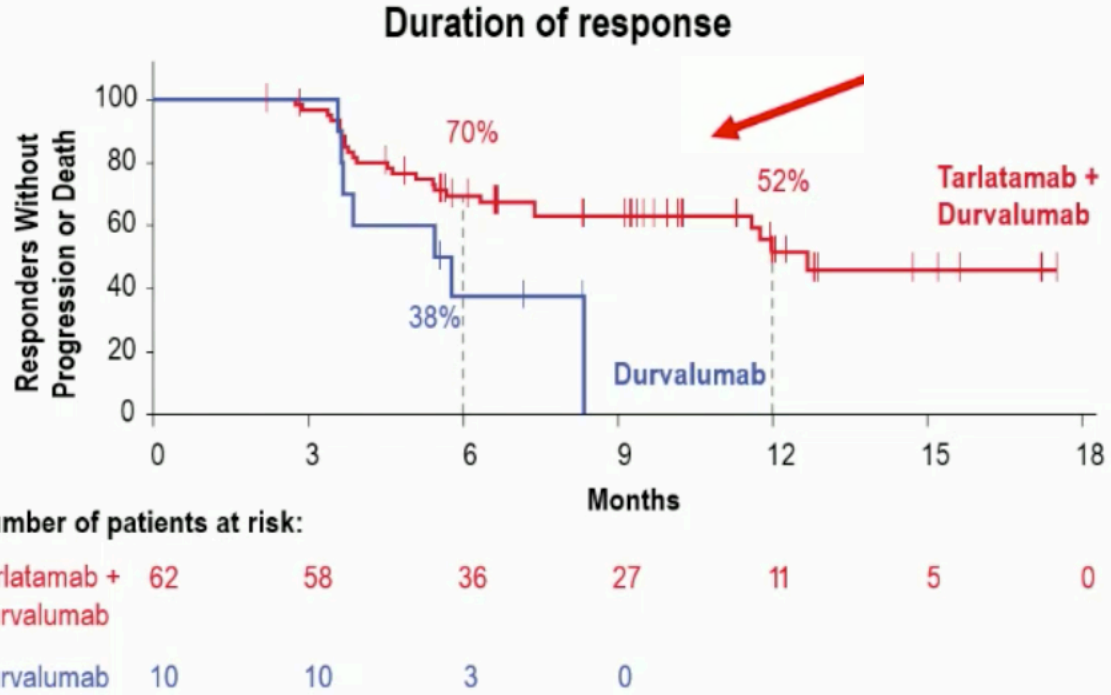
Data cut-off date: 7 JUL 2026. Median follow-up: 13.9 months (tarlatamab + durvalumab arm); 13.9 months (durvalumab arm).

CI, confidence interval; **CR,** complete response; **ES-SCLC,** extensive-stage small cell lung cancer; **PFS,** progression-free survival; **PR,** partial response; **SD,** stable disease.

Tarlatamab plus durvalumab demonstrated significantly improved objective response rate versus durvalumab

DeLLphi 305

	Tarlatamab + Durvalumab (n = 235)[a]	Durvalumab (n = 244)[a]
BOR, n (%)[a,b]		
Confirmed CR[c]	2 (0.9)	1 (0.4)
Confirmed PR[c]	60 (25.5)	9 (3.7)
Stable disease	127 (54.0)	74 (30.3)
Progressive disease	43 (18.3)	150 (61.5)
ORR, % (95% CI)	**26.4 (20.9–32.5)**	**4.1 (2.0–7.4)**
P-value (2-sided)	< 0.001	
Median DOR, months (95% CI)	**12.7 (7.4–NE)**	**5.6 (3.6–NE)**



As of data cut-off, 43.6% and 11.4% of patients remained on treatment in tarlatamab plus durvalumab and durvalumab arm, respectively

Data cut-off date: 7 JUL 2026. Median follow-up: 10.2 months (tarlatamab + durvalumab arm); 8.3 months (durvalumab arm).
[a]Based on RECIST 1.1 per investigator assessment in patients with measurable disease at baseline at the time of randomization. [b]Postbaseline scan data was not available for 3 (1.3%) patients in tarlatamab + durvalumab arm and 10 (4.1%) in durvalumab arm. [c]Confirmation of a CR or a PR was required and had to take place no fewer than 4 weeks after the initial documentation of a CR or a PR.
1L, first line; **BOR,** best overall response; **CI,** confidence interval; **CR,** complete response; **DOR,** duration of response; **NE,** not estimable; **ORR,** objective response rate; **PR,** partial response, **RECIST,** Response Evaluation Criteria in Solid Tumors.

Tarlatamab plus durvalumab showed a manageable safety profile consistent with the individual agents

DeLLphi 305

	Tarlatamab + Durvalumab (n = 282)	Durvalumab (n = 278)
Median duration of treatment, weeks (IQR)	46.9 (16.4–65.6)	8.1 (4.1–20.1)
Any grade TEAEs, n (%)	281 (99.6)	258 (92.8)
Grade ≥ 3, n (%)	132 (46.8)	113 (40.6)
Serious, n (%)	118 (41.8)	88 (31.7)
Fatal, n (%)	13 (4.6)	13 (4.7)
Leading to discontinuation of tarlatamab, n (%)	16 (5.7)	NA
Leading to discontinuation of durvalumab, n (%)	16 (5.7)	16 (5.8)
Any grade, TRAEs[a], n (%)	268 (95.0)	145 (52.2)
Grade ≥ 3, n (%)	59 (20.9)	30 (10.8)
Serious, n (%)	63 (22.3)	26 (9.4)
Fatal, n (%)	0 (0.0)	2 (0.7)
Leading to discontinuation of tarlatamab, n (%)	9 (3.2)	NA
Leading to discontinuation of durvalumab, n (%)	9 (3.2)	10 (3.6)

- The grade ≥ 3 TRAEs occurring in ≥ 1% of the patients included neutrophil count decreased, neutropenia, and decreased appetite in the tarlatamab plus durvalumab arm, and pneumonitis, AST increased and lipase increased in the durvalumab arm
- Treatment with tarlatamab plus durvalumab resulted in a low frequency of treatment discontinuations and no treatment-related fatalities

Tarlatamab: DeLLphi-305: Safety

CRS[a,b], n (%)	Tarlatamab + Durvalumab (n = 282)	Durvalumab (n = 278)
Any grade	140 (49.6)	4 (1.4)
Grade 2	21 (7.4)	2 (0.7)
Grade 3	1 (0.4)	0 (0.0)
Grade 4	0 (0.0)	0 (0.0)
Serious adverse events	36 (12.8)	2 (0.7)
Leading to discontinuation of tarlatamab	1 (0.4)	NA
Fatal adverse events	0 (0.0)	0 (0.0)
Utilization of any CRS interventions[c]	65 (23.0)	2 (0.7)

- CRS seen in 50% of patients
- 84% of CRS cases were grade 1
- Likely under-reporting with less observation but did not translate into high grade CRS
- CRS leading to discontinuation of tarlatamab in one patient (0.4%)
- Due to less disease burden?

- **Most CRS events resolved with supportive care (and antipyretics)**
  - **Interventions included corticosteroids (21.6%), tocilizumab (3.9%), and low-flow oxygen (1.4%)**

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Tarlatamab: DeLLphi-305: Safety

ICANS[d], n (%)	Tarlatamab + Durvalumab (n = 282)	Durvalumab (n = 278)
Any grade	3 (1.1)	0 (0.0)
Grade 2	1 (0.4)	0 (0.0)
Grade 3	0 (0.0)	0 (0.0)
Grade 4	0 (0.0)	0 (0.0)
Serious adverse events	0 (0.0)	0 (0.0)
Leading to discontinuation of tarlatamab	0 (0.0)	NA
Fatal adverse events	0 (0.0)	0 (0.0)

- ICANS seen in 1% of patients
- Only 3 cases (2 grade 1 and 1 grade 2 with no grade 3+)
- Due to less disease burden?
- Due to omitting hospitalization?

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Conclusions

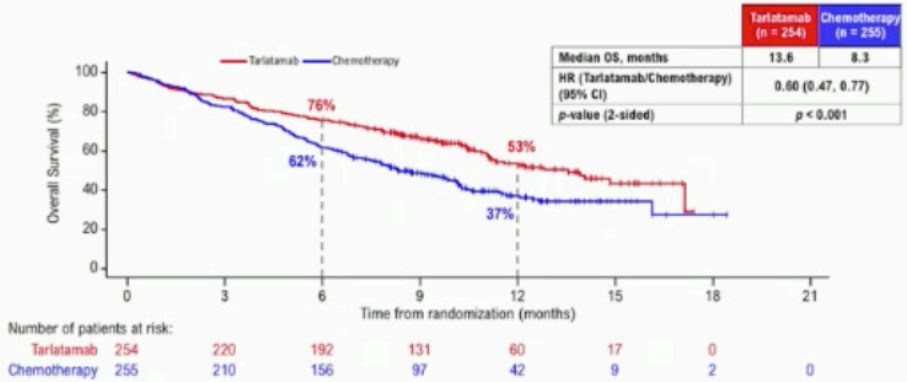
DeLLphi 305

- Tarlatamab plus durvalumab significantly improved OS, PFS, and ORR versus durvalumab in patients with ES-SCLC without progression after initial chemo plus durvalumab
  - 58% reduction in the risk of death; $P < 0.001$
  - 66% reduction in the risk of disease progression or death; $P < 0.001$
  - ORR: 26.4% vs 4.1%; $P < 0.001$
- Survival benefit extended to all pre-defined subgroups including patients with brain metastases, liver metastases, or minimal response to initial chemo plus durvalumab
- Tarlatamab plus durvalumab demonstrated a manageable safety profile with low rates of treatment discontinuation due to adverse events

DeLLphi-305 outcomes support tarlatamab plus durvalumab as a new standard of care first-line maintenance therapy in ES-SCLC

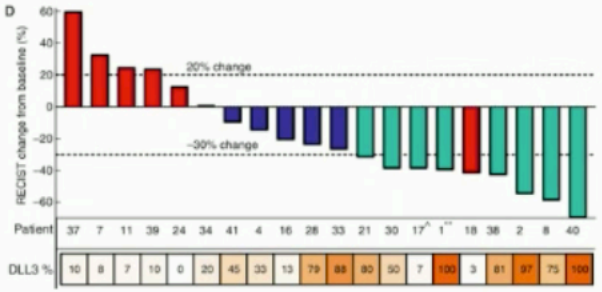
Tarlatamab: Predictive Biomarkers?

- Positive or negative predictive biomarkers could help guide strategies
- DLL3 expression has potential in this setting
- DeLLphi-304: 2L tarlatamab vs chemotherapy



DLL3 IHC	Tarlatamab OS	Chemo OS	OS HR
< 25%	7.8 months	7.9 months	0.954
≥ 25%	17.1 months	9.6 months	0.505

- DLL3 expression on CTCs being explored
  - DLL3 high: RR 75%
  - DLL3 low: RR 11%



Rudin, ASCO 2025; EMA EPAR; Mishra, Cancer Disc 2026

Conclusiones

- El tratamiento con platino-etoposido + anti-PD-L1/PD1 muestra resultados equivalentes entre las distintas combinaciones de anti-PD-L1/PD1.

- El estudio. Fase III descriptivo ASTRIDE que compara platino-etoposido-serplulimab vs carboplatino-etoposido. Serplulimab. muestra superioridad numérica en supervivencia, pero sin mostrar diferencias significativas.

- El tratamiento de mantenimiento (IMforte) con lurbinectidina + atezolizumab fue el primer estudio de mantenimiento que mostróunaumento significativo en supervivencia. Es la opción estándar que disponemos en este momento

- El estudio Dellphi 305. con tarlatamab + durvalumab de mantenimiento aumenta de manera muy importante y significativa la supervivencia global, supervivencia libre de progresión, respuestas y duración de respuestas con un perfil de toxicidad manejable y constituirá el tratamiento estándar en un futuro próximo, aunque el acceso global a esta medicación será complicado y no inmediato.

Select T-Cell Engagers in Development for SCLC

Trial	T-Cell Engager	Study Phase	Description
DeLLphi-312	Tarlatamab	Phase III	First-line carboplatin + etoposide + durvalumab +/- tarlatamab
DeLLphi-306	Tarlatamab	Phase III	Consolidation tarlatamab vs placebo post chemoradiation
DeLLphi-315	Tarlatamab	Phase III	Second-line subcutaneous vs IV
DAREON-Lung-1	Obrixtamig	Phase III	First-line carboplatin + etoposide + atezolizumab +/- obrixtamig
DAREON-Rosetta35	Obrixtamig	Phase Ib/II	Obrixtamig + pumitamig +/- carboplatin + etoposide
MK-6070-003	Gocatamig	Phase Ib/II	Gocatamig + I-DXd +/- atezolizumab vs chemo-IO
MK-6070-002	Gocatamig	Phase Ib/II	Gocatamig, gocatamig + I-DXd, gocatamig + durvalumab

Gracias