Iniciativa científica de:

GECP lung cancer research

Lung Cancer UPDATES

ESMO HIGHLIGHTS

23 - 27 OCTUBRE 2026

Madrid, Spain

Tratamiento perioperatorio y cáncer de pulmón localmente avanzado

Ana Cardeña Gutiérrez

Oncología Médica

H. U. Nuestra Sra. De Candelaria

Tratamiento perioperatorio y cáncer de pulmón localmente avanzado

Ensayos Fase III Perioperatorios

Neotorch

Keynote 671

Keynote 091

Ensayos Fase II y dinámica de ctDNA

CTONG 1804

LungMate-014

MDT-BRIDGE

NeoCOAST-2

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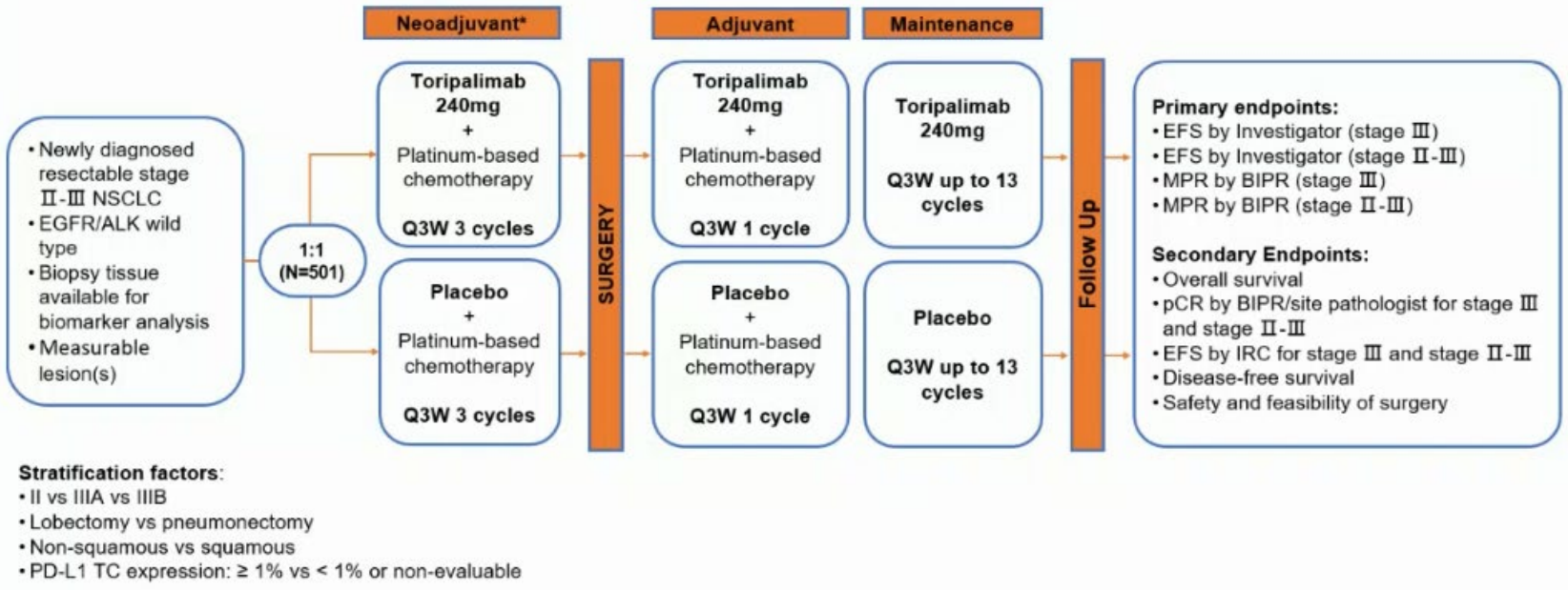
LungMate-014

MDT-BRIDGE

NeoCOAST-2

Toripalimab plus chemotherapy as perioperative treatment for resectable stage II or III non-small cell lung cancer (NSCLC): Final analysis of the phase 3 Neotorch study

S. Lu et al. ***LBA64***



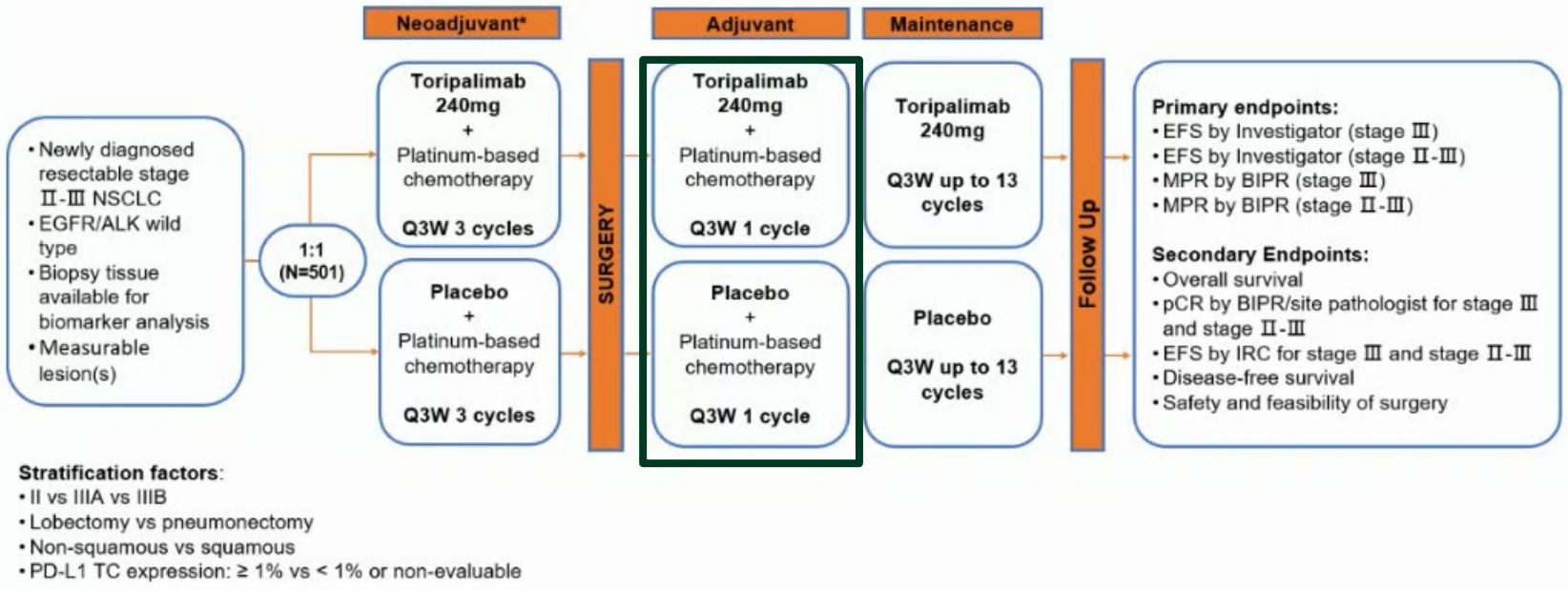
Anti PD-1

IIIA y IIIB
(54 y 26% respectivamente en cada brazo)

78% escamoso
22% adenocarcinoma

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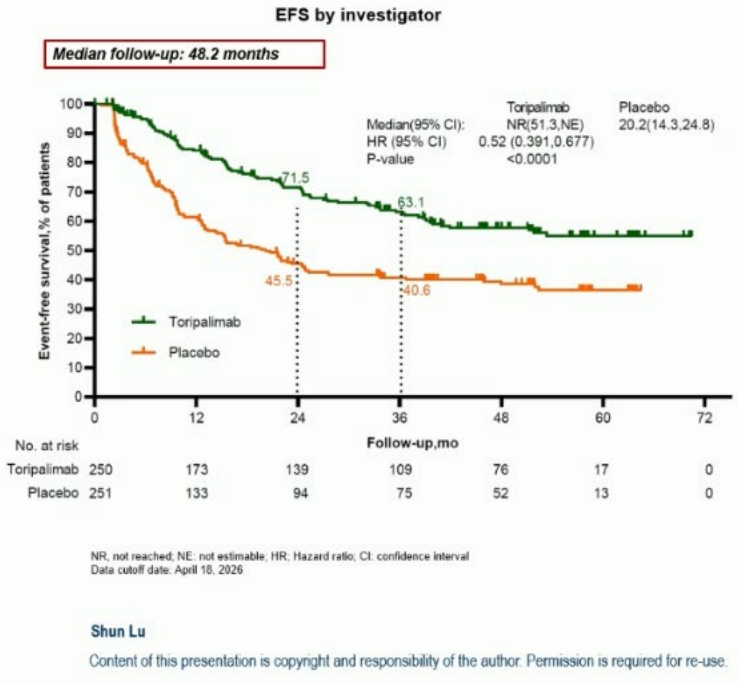
Toripalimab plus chemotherapy as perioperative treatment for resectable stage II or III non-small cell lung cancer (NSCLC): Final analysis of the phase 3 Neotorch study

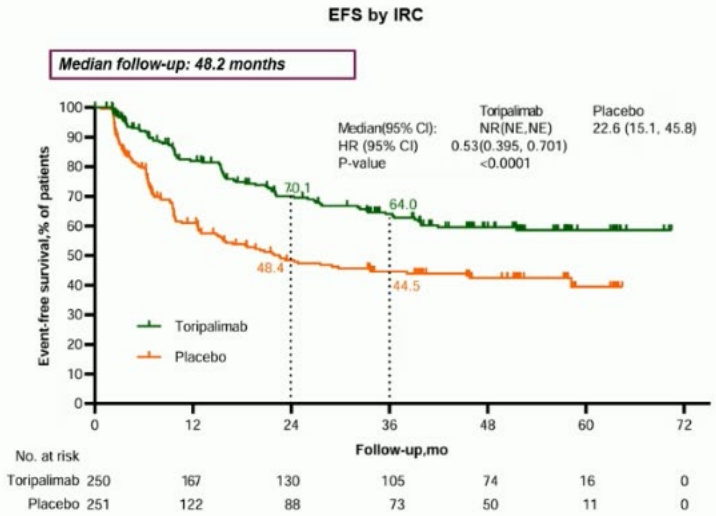
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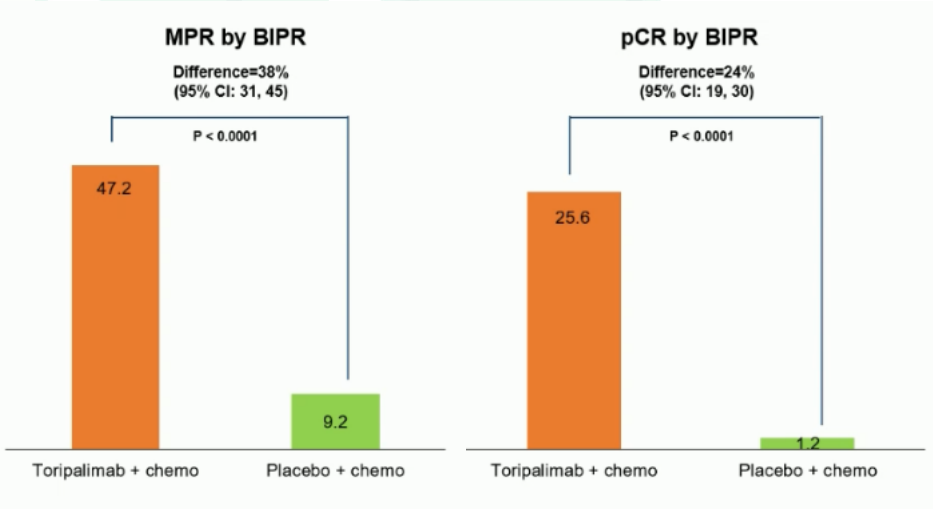
EFS: HR 0.52 (95% CI: 0.39-0.68), P<0.0001; median EFS NR vs 20.2 months
OS: HR 0.66 (95% CI: 0.49-0.89), P=0.0072; median OS NR vs NR

Beneficio independiente de PD-L1

EFS in Stage Ⅱ and Ⅲ Patients







No añade beneficio el añadir el ciclo de QT adyuvante - 55% completaron el tratamiento

Association of biomarkers with efficacy in the phase 3 KEYNOTE-671 study of perioperative pembrolizumab (Pembro) plus neoadjuvant chemotherapy (Chemo) in early-stage non–small-cell lung cancer (NSCLC)

M.C. Garassino et al. ***2519O***

KEYNOTE-671 Study Design

Randomized, Double-Blind, Phase 3 Trial

Neoadjuvant Phase

Surgery per Local Standards[d]

Performed ≤20 wk after first neoadjuvant dose (4–8 wk after last dose if <4 neoadjuvant cycles)

Adjuvant Phase

Started 4–12 wk after surgery

Key Eligibility Criteria

- Age ≥18 y
- Pathologically confirmed, resectable stage II, IIIA, or IIIB (N2) NSCLC per AJCC v8
- No prior therapy
- Able to undergo surgery
- Provision of tumor sample for PD-L1 evaluation[a]
- ECOG PS 0 or 1

N = 797
R 1:1

Pembrolizumab 200 mg IV Q3W
+
Cisplatin and gemcitabine[b]
or
Cisplatin and pemetrexed[c]
for up to 4 cycles

→ **Surgery** → **Pembrolizumab 200 mg IV Q3W for up to 13 cycles (~9 mo)**

Placebo IV Q3W
+
Cisplatin and gemcitabine[b]
or
Cisplatin and pemetrexed[c]
for up to 4 cycles

→ **Surgery** → **Placebo IV Q3W for up to 13 cycles (~9 mo)**

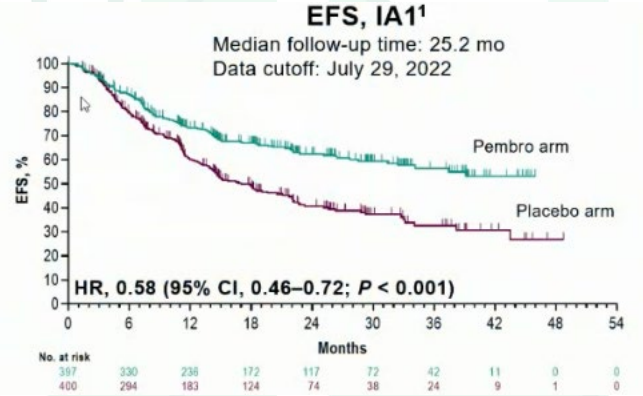
Stratification Factors

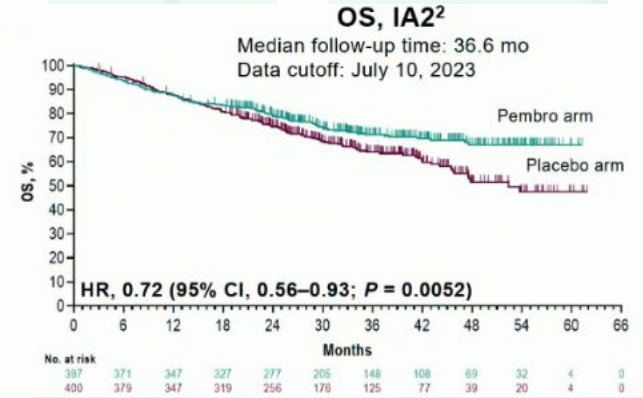
- Disease stage (II vs III)
- PD-L1 TPS[a] (<50% vs ≥50%)
- Histology (squamous vs nonsquamous)
- Geographic region (east Asia vs not east Asia)

Dual primary endpoints: EFS per investigator review and OS

Key secondary endpoints: MPR and pCR per blinded independent pathologist review and safety

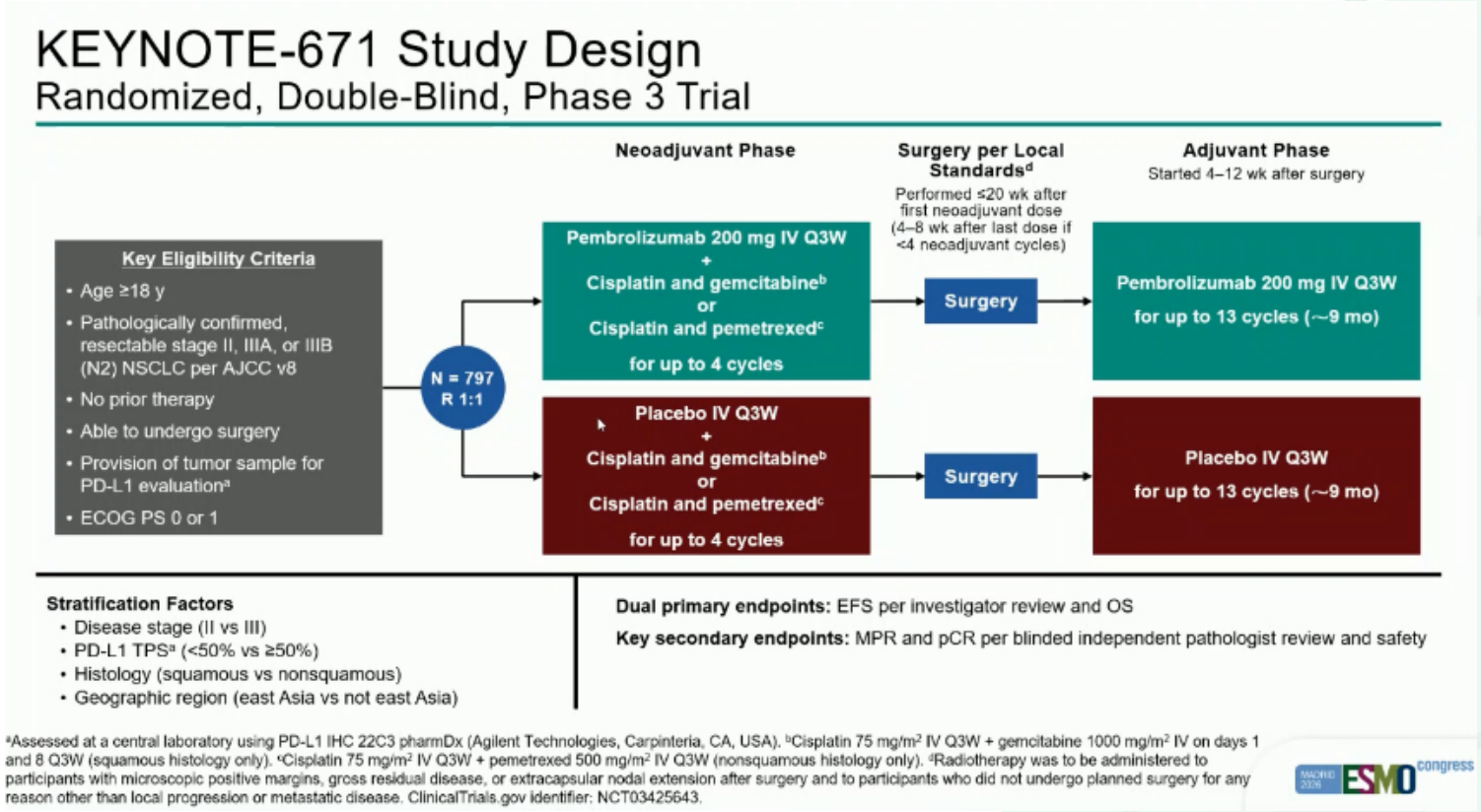
[a]Assessed at a central laboratory using PD-L1 IHC 22C3 pharmDx (Agilent Technologies, Carpinteria, CA, USA). [b]Cisplatin 75 mg/m² IV Q3W + gemcitabine 1000 mg/m² IV on days 1 and 8 Q3W (squamous histology only). [c]Cisplatin 75 mg/m² IV Q3W + pemetrexed 500 mg/m² IV Q3W (nonsquamous histology only). [d]Radiotherapy was to be administered to participants with microscopic positive margins, gross residual disease, or extracapsular nodal extension after surgery and to participants who did not undergo planned surgery for any reason other than local progression or metastatic disease. ClinicalTrials.gov identifier: NCT03425643.

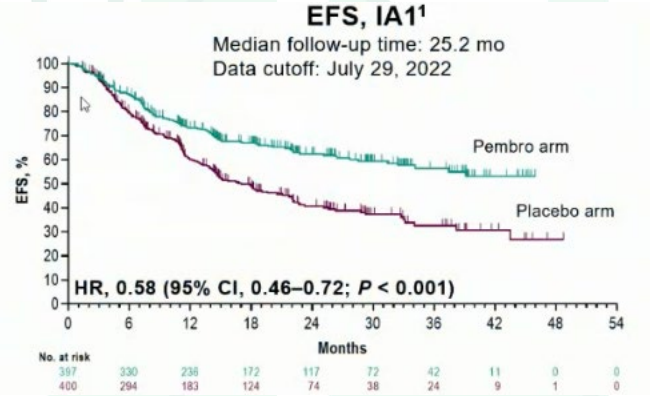


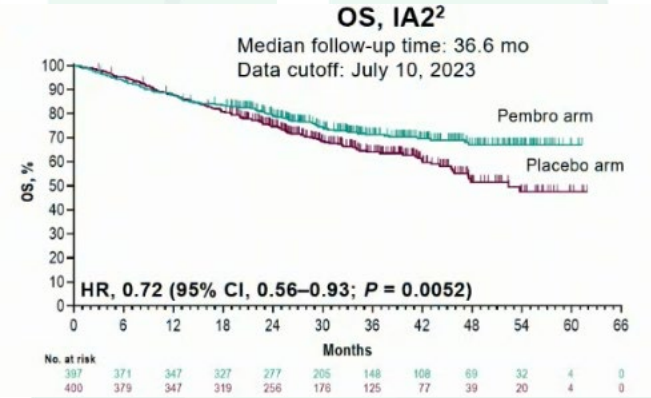


Association of biomarkers with efficacy in the phase 3 KEYNOTE-671 study of perioperative pembrolizumab (Pembro) plus neoadjuvant chemotherapy (Chemo) in early-stage non–small-cell lung cancer (NSCLC)

M.C. Garassino et al. ***2519O***







Análisis exploratorio de biomarcadores: 50% de pacientes evaluables para biomarcadores para analizar el impacto del perfil de expresión génica inflamatoria de células T, TMB y KRAS en la eficacia.

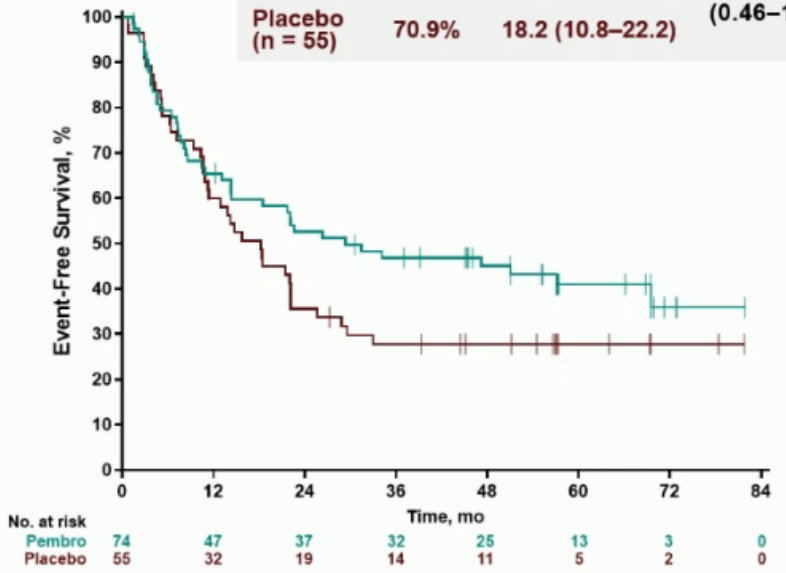
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M.C. Garassino et al. ***2519O***

EFS by $Tcell_{inf}$GEP Status (n = 387)

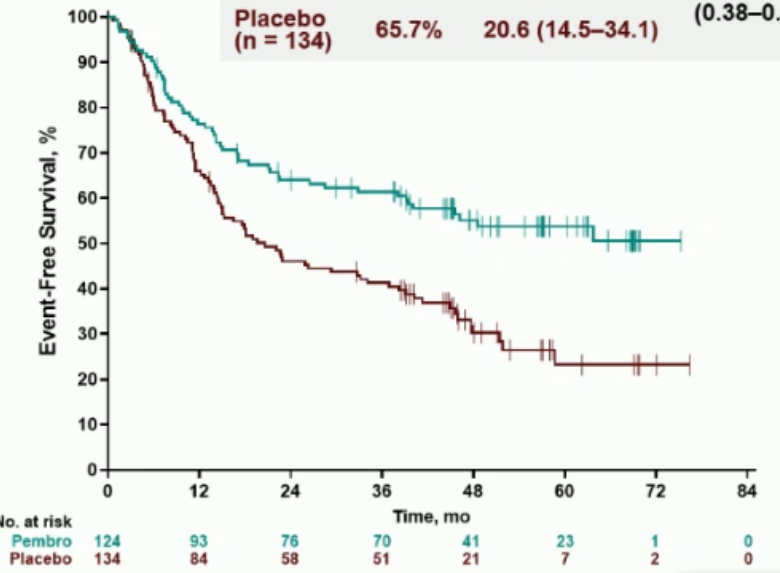
$Tcell_{inf}$GEP Low (<1st Tertile)

	Pts w/ Event	Median (95% CI), mo	HR (95% CI)
Pembro (n = 74)	56.8%	29.3 (14.3–69.5)	0.71 (0.46–1.11)
Placebo (n = 55)	70.9%	18.2 (10.8–22.2)	



$Tcell_{inf}$GEP High (≥1st Tertile)

	Pts w/ Event	Median (95% CI), mo	HR (95% CI)
Pembro (n = 124)	44.4%	NR (39.4–NR)	0.53 (0.38–0.75)
Placebo (n = 134)	65.7%	20.6 (14.5–34.1)	



Median (range) time from randomization to data cutoff (July 3, 2025) was 63.6 (42.6–85.8) mo for the RNAseq population and 62.4 (42.6–85.8) mo for the WES population.

Beneficio clínico independiente del subgrupo del biomarcador

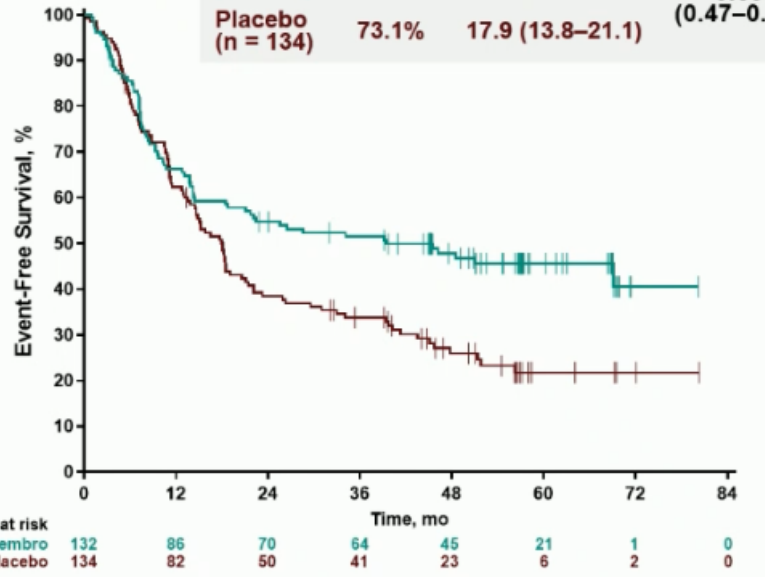
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M.C. Garassino et al. ***2519O***

EFS by TMB Status (n = 459)

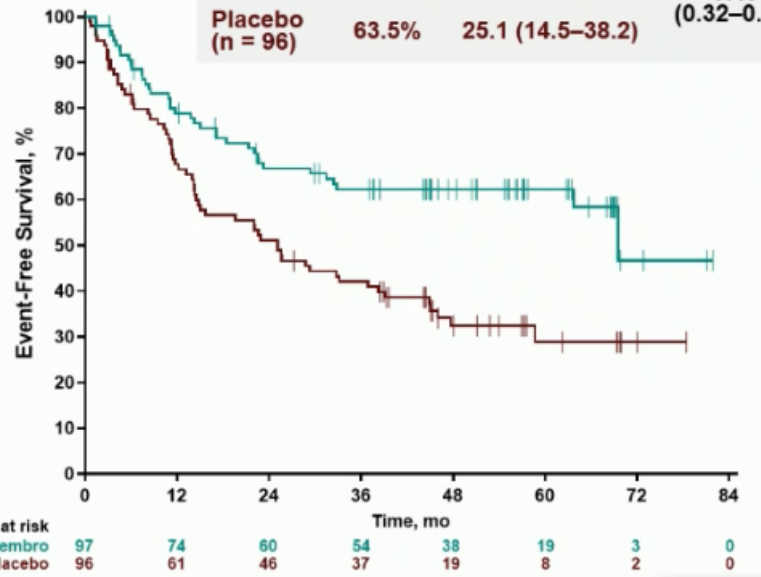
TMB Low (<175 mut/exome)

	Pts w/ Event	Median (95% CI), mo	HR (95% CI)
Pembro (n = 132)	53.0%	39.4 (18.4–NR)	0.63 (0.47–0.86)
Placebo (n = 134)	73.1%	17.9 (13.8–21.1)	



TMB High (≥175 mut/exome)

	Pts w/ Event	Median (95% CI), mo	HR (95% CI)
Pembro (n = 97)	38.1%	69.5 (63.7–NR)	0.49 (0.32–0.73)
Placebo (n = 96)	63.5%	25.1 (14.5–38.2)	



Median (range) time from randomization to data cutoff (July 3, 2025) was 63.6 (42.6–85.8) mo for the RNAseq population and 62.4 (42.6–85.8) mo for the WES population.

Beneficio clínico independiente del subgrupo del biomarcador

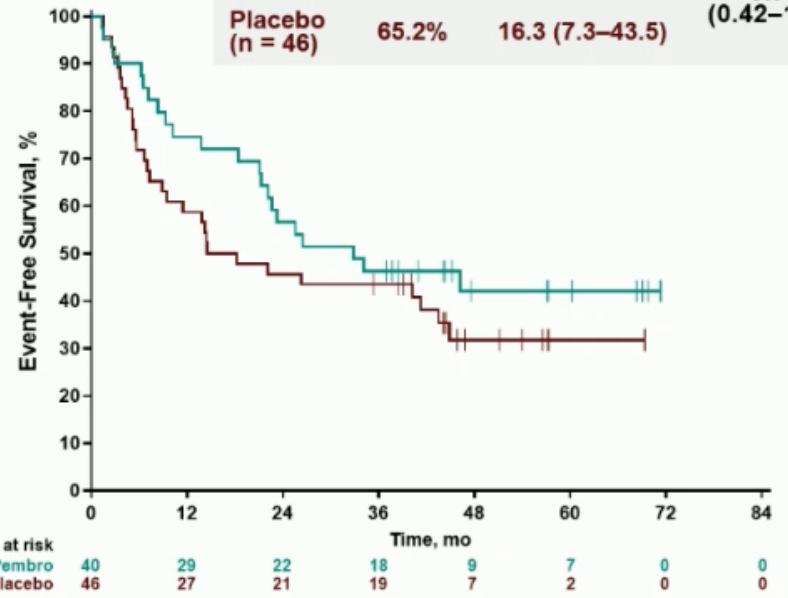
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M.C. Garassino et al. ***2519O***

EFS by *KRAS* Mutation Status[a] (n = 255)

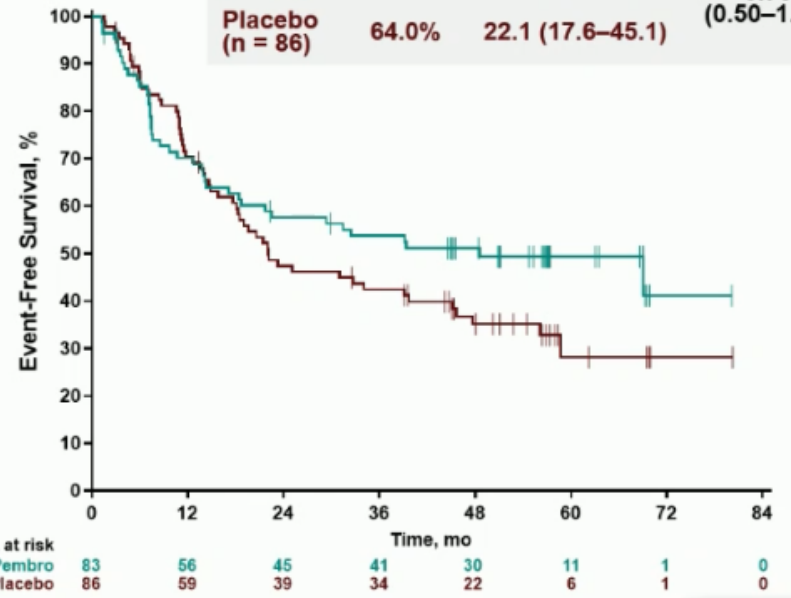
KRAS Mutation

	Pts w/ Event	Median (95% CI), mo	HR[b] (95% CI)
Pembro (n = 40)	55.0%	32.9 (21.1–NR)	0.73 (0.42–1.28)
Placebo (n = 46)	65.2%	16.3 (7.3–43.5)	



KRAS Wild-Type

	Pts w/ Event	Median (95% CI), mo	HR[b] (95% CI)
Pembro (n = 83)	49.4%	48.5 (18.4–NR)	0.75 (0.50–1.12)
Placebo (n = 86)	64.0%	22.1 (17.6–45.1)	



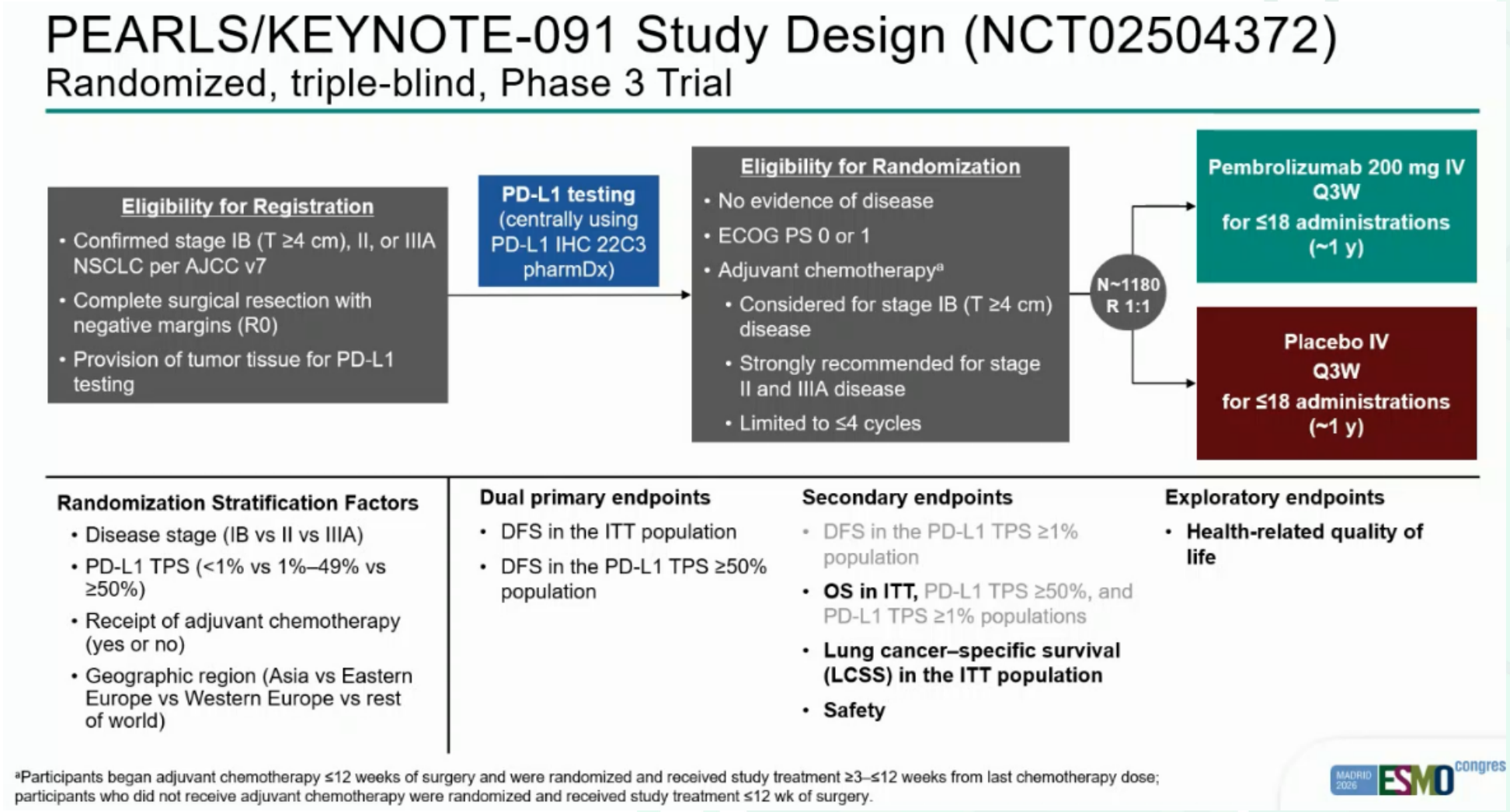
[a]A total of 10 participants did not have a normal control; thus, their mutation status could not be specified.
[b]HR's in this subgroup were of insufficient power to detect interaction.
Median (range) time from randomization to data cutoff (July 3, 2025) was 63.6 (42.6–85.8) mo for the RNAseq population and 62.4 (42.6–85.8) mo for the WES population.

WES, no escamosos

Muestra insuficiente para evaluar el impacto de co-mutaciones (STK11 o KEAP1)

Final analysis of adjuvant pembrolizumab (pembro) in resected early-stage non–small-cell lung cancer (NSCLC): Phase 3 PEARLS/KEYNOTE-091 study

M. O'Brien et al. ***2511O***



85-88% fumador/ex
29-27% IIIA
67-61% no escamoso
85% recibían QT

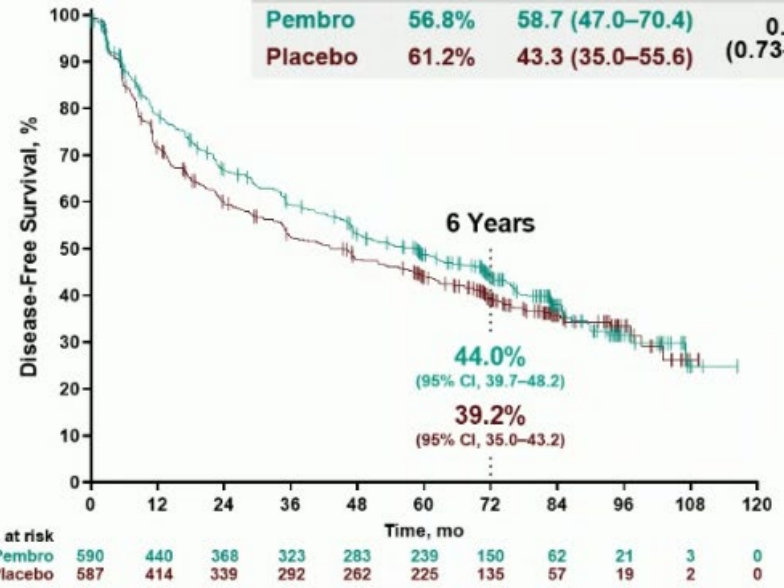
Final analysis of adjuvant pembrolizumab (pembro) in resected early-stage non–small-cell lung cancer (NSCLC): Phase 3 PEARLS/KEYNOTE-091 study

M. O'Brien et al. ***2511O***

Final Analysis: Disease-Free Survival[a,b] After 7 Years of Follow-Up

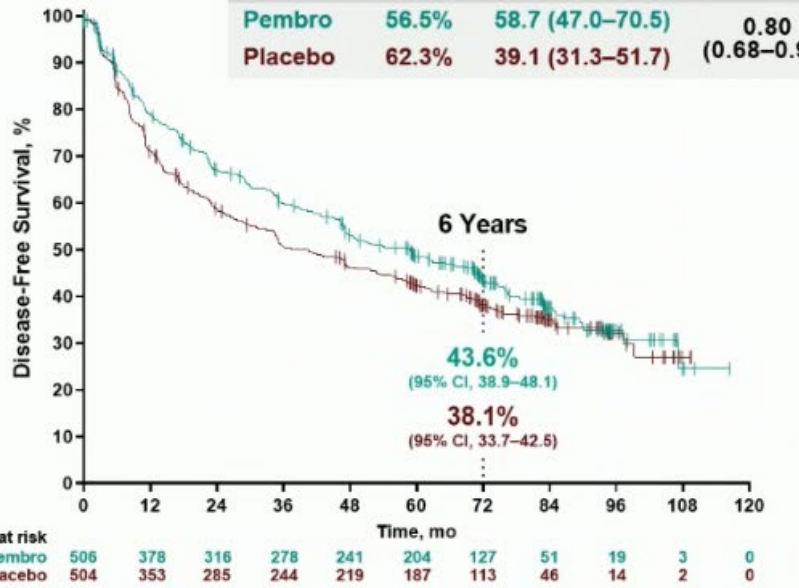
ITT Population[c]

	Pts w/ Event	Median (95% CI), mo	HR[d] (95% CI)
Pembro	56.8%	58.7 (47.0–70.4)	0.85 (0.73–0.98)
Placebo	61.2%	43.3 (35.0–55.6)	



Received Adjuvant Chemo

	Pts w/ Event	Median (95% CI), mo	HR[d] (95% CI)
Pembro	56.5%	58.7 (47.0–70.5)	0.80 (0.68–0.94)
Placebo	62.3%	39.1 (31.3–51.7)	



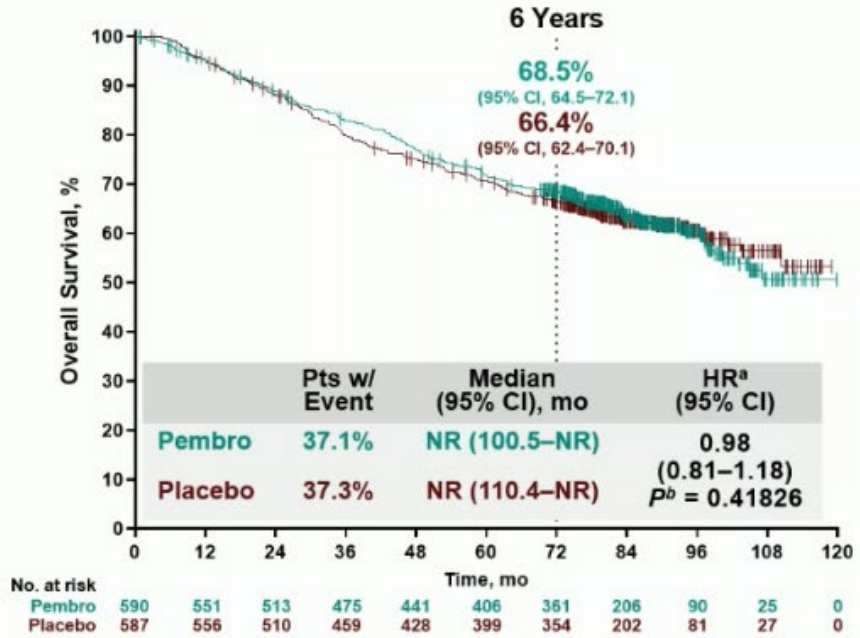
[a]Per RECIST v1.1 by investigator assessment.
[b]DFS HR in the PD-L1 TPS ≥50% population was 0.87 (95% CI, 0.65–1.17).
[c]Among DFS events, new malignancy events occurred in 55 participants (9.3%) in the pembrolizumab arm and 65 (11.1%) in the placebo arm.
[d]Based on the multivariate Cox regression model.
Median time from randomization to data cutoff (January 21, 2026) was 87.7 (range, 68.6–120.1) mo.

Final analysis of adjuvant pembrolizumab (pembro) in resected early-stage non–small-cell lung cancer (NSCLC): Phase 3 PEARLS/KEYNOTE-091 study

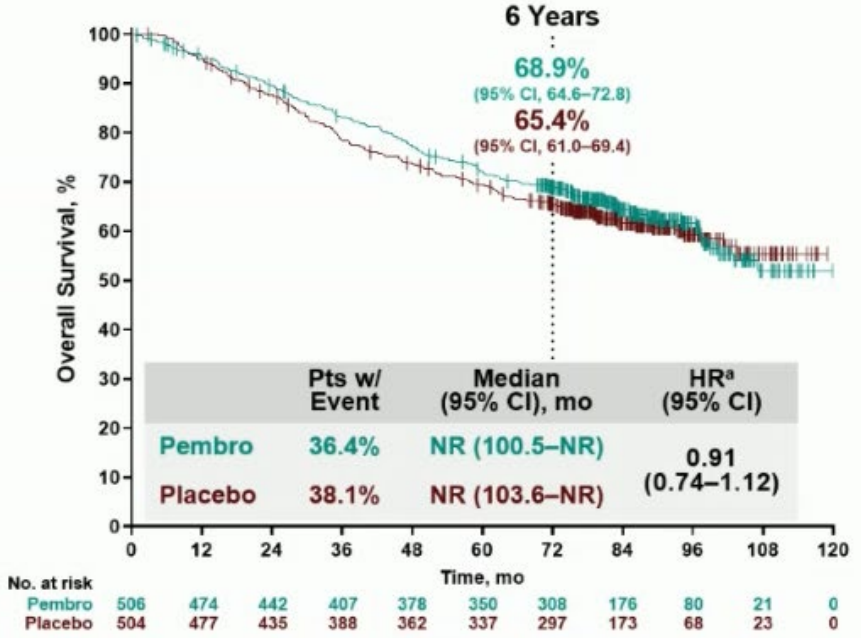
M. O'Brien et al. ***2511O***

Final Analysis: Overall Survival

ITT Population



Received Adjuvant Chemo



12.8% of participants (pembro arm) vs 29.3% (chemo arm) with PD received subsequent IO therapy

[a]Based on the multivariate Cox regression model.
[b]One-sided *P* value based on the Wald Test in the multivariate Cox regression model.
Median time from randomization to data cutoff (January 21, 2026) was 87.7 (range, 68.6–120.1) mo.



30% toxicidad G3-5

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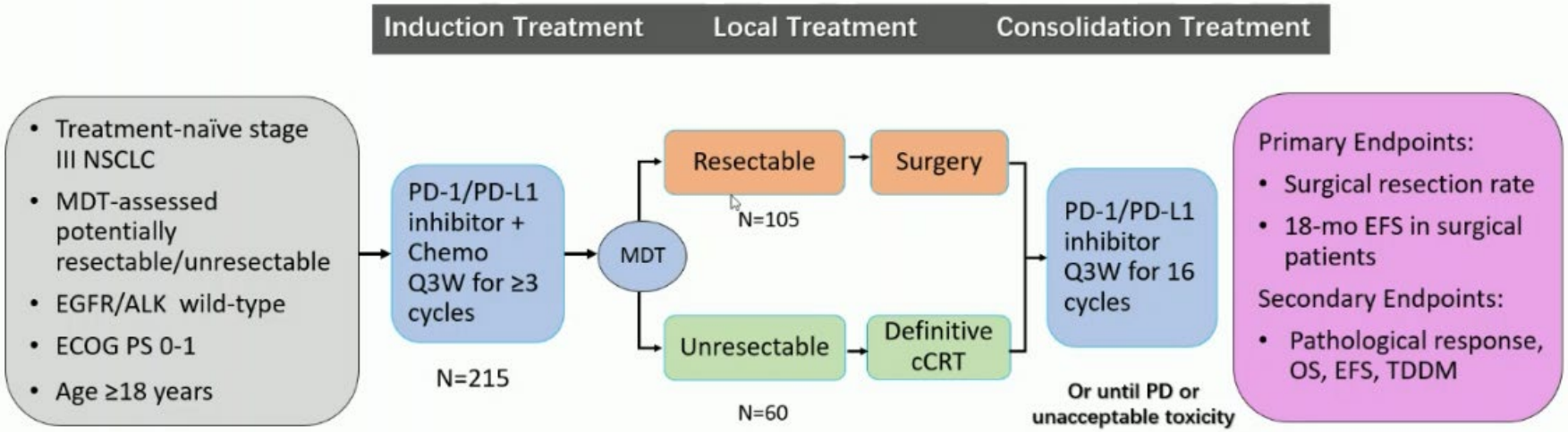
MDT-BRIDGE

NeoCOAST-2

Surgical conversion and survival outcomes after induction chemoimmunotherapy in potentially resectable or unresectable stage III NSCLC: Preliminary results from the prospective phase II study (CTONG 1804 part 3)

Y. Pan et al. ***LBA65***

Study Design



Statistical Analysis

- 18-mo EFS assumption: 50% (H_0) vs 68% (H_1)*; one-sided α=0.025, power=90%; 75 surgical patients / 29 events required.
- Assuming a **35% resection rate**, the target enrollment was **215 patients**.

*EFS assumptions informed by PACIFIC and CheckMate 816.

NSCLC, Non-small Cell Lung Cancer; EGFR, Epidermal Growth Factor Receptor; ALK, Anaplastic Lymphoma Kinase; ECOG, Eastern Cooperative Oncology Group Performance Status; Chemo, Chemotherapy; Q3W, once every 3 weeks; MDT, Multidisciplinary Team; cCRT, Concurrent Chemoradiotherapy; EFS, Event-Free Survival; OS, Overall Survival; TDDM, Time to Death or Distant Metastasis.

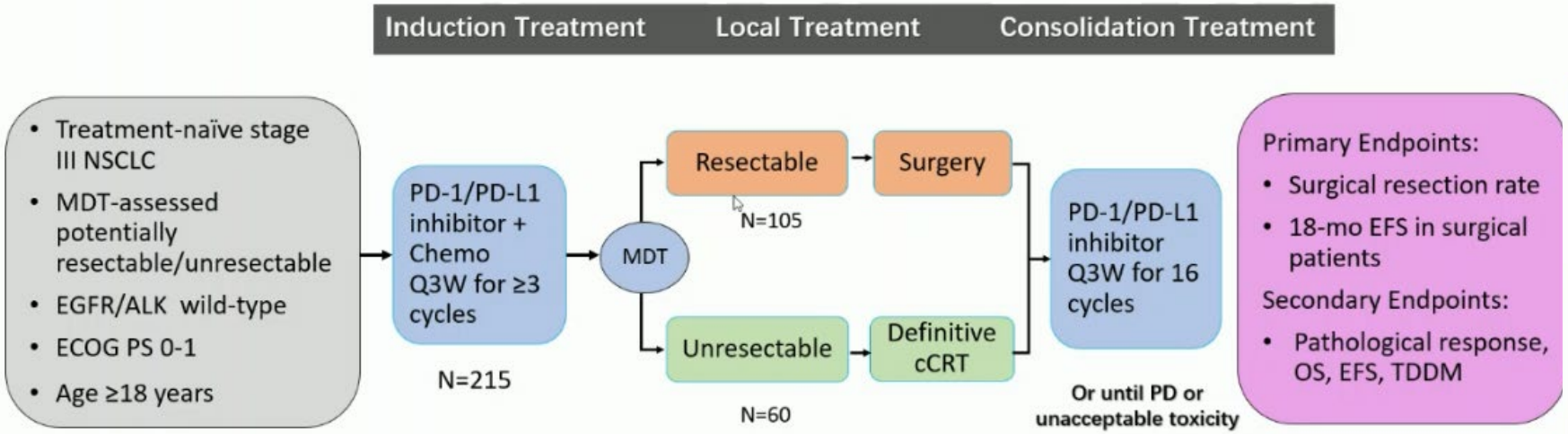
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MADRID 2026 ESMO congress

Surgical conversion and survival outcomes after induction chemoimmunotherapy in potentially resectable or unresectable stage III NSCLC: Preliminary results from the prospective phase II study (CTONG 1804 part 3)

Y. Pan et al. ***LBA65***

Study Design



		All, n=215
Primary tumor, n(%)	T1	39 (18.1)
	T2	49 (22.8)
	T3	50 (23.3)
	T4	77 (35.8)
Regional lymph node, n(%)	N0	5 (2.3)
	N1	14 (6.5)
	N2	70 (32.6)
	N3	126 (58.6)
AJCC 8th edition stage, n(%)	IIIA	42 (19.5)
	IIIB	117 (54.5)
	IIIC	56 (26.0)
MDT assessment, n(%)	potentially resectable	19 (8.8)
	Unresectable	196(91.2)

Statistical Analysis

- 18-mo EFS assumption: 50% (H_0) vs 68% (H_1)*; one-sided α=0.025, power=90%; 75 surgical patients / 29 events required.
- Assuming a **35% resection rate**, the target enrollment was **215 patients**.

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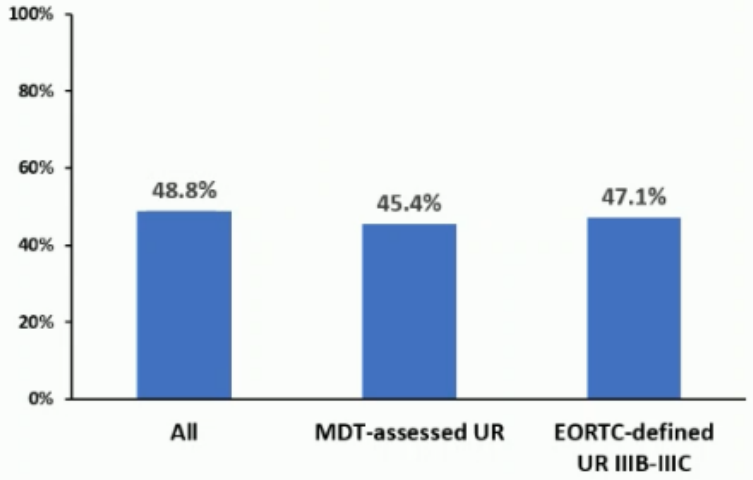
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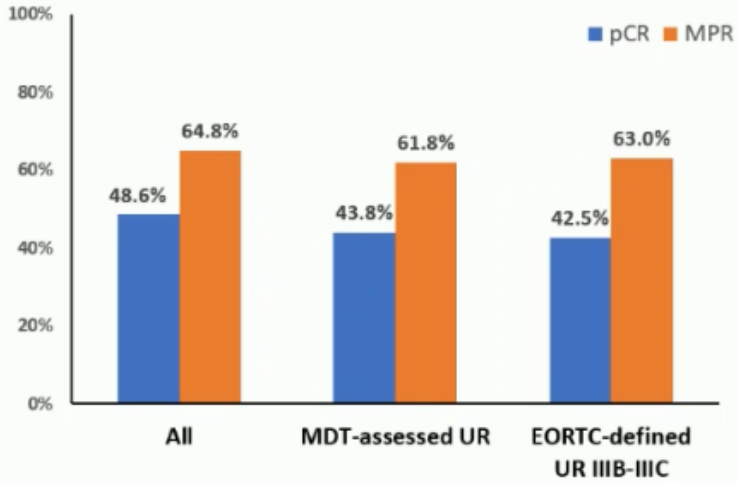
Primary and Secondary endpoints

- Nearly half of patients underwent surgery, with 98.1% achieving R0 resection and 84.8% undergoing minimally invasive surgery; only 2 patients (1.9%) required pneumonectomy.

Surgical Conversion Rate



Pathological Response



Data cutoff date: 22 July, 2026

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Surgical conversion and survival outcomes after induction chemoimmunotherapy in potentially resectable or unresectable stage III NSCLC: Preliminary results from the prospective phase II study (CTONG 1804 part 3)

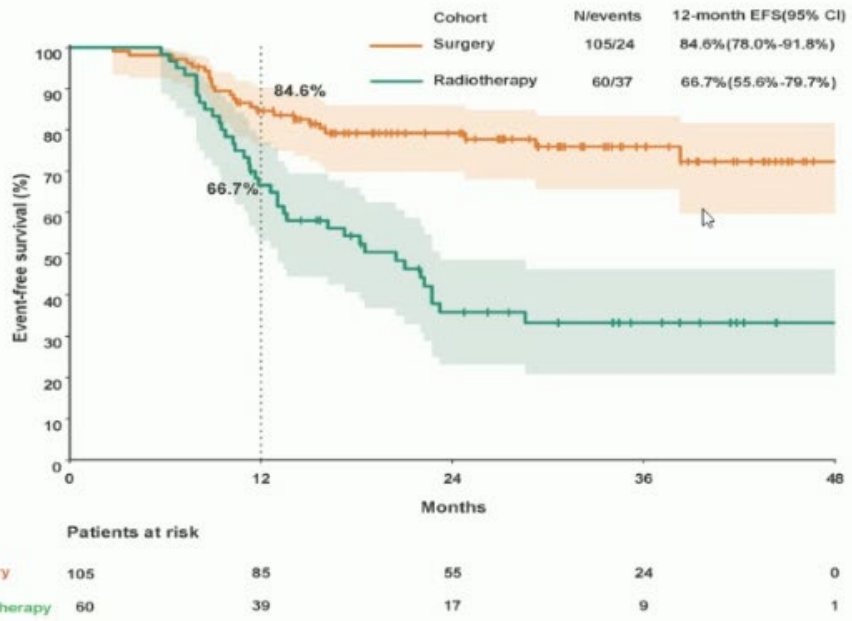
Y. Pan et al. ***LBA65***

Survival Outcomes

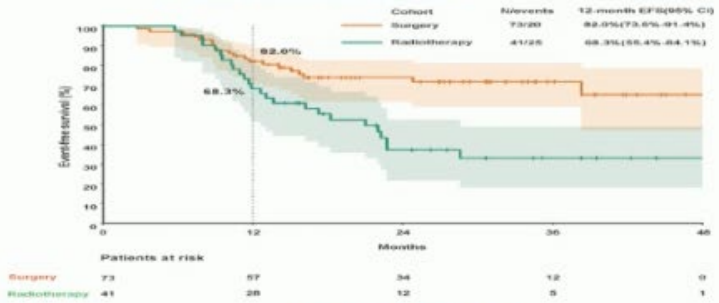
- 18-mo EFS remains immature; 12-mo EFS was 84.6%, 66.7% and 68.6% in the surgery, CRT and overall cohorts, respectively.
- Consistent EFS trends were observed in overall and EORTC-defined UR IIIB–IIIC local-therapy cohorts.

Among patients who withdrew consent, median EFS was 15.2 mo; 11 remained alive and progression-free.

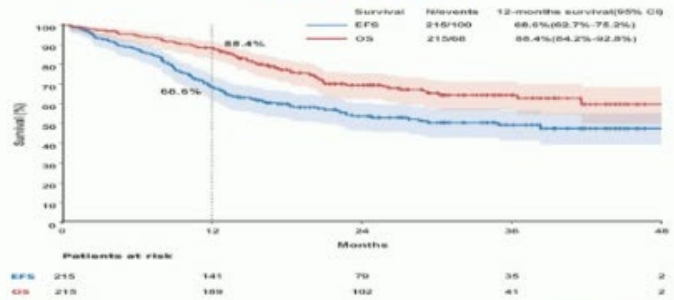
Overall Local-Therapy Cohort



EORTC-defined UR IIIB–IIIC Local-Therapy Cohort



Overall EFS and OS



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Data cutoff date: 22 July, 2026

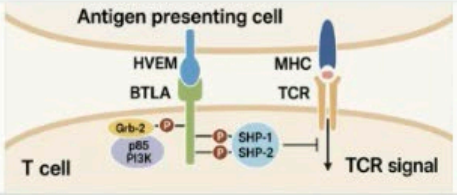
MADRID 2026 ESMO congress

Neoadjuvant toripalimab plus chemotherapy with or without tifcemalimab (anti-BTLA antibody) in potentially resectable stage III non-small cell lung cancer (LungMate-014): A randomized, phase II trial

H. Zhang et al. ***2574RO***

LungMate-014 Study Schema

- BTLA is an inhibitory immune checkpoint receptor expressed predominantly on lymphocytes that regulates T-cell activation and function.
- Tifcemalimab is a recombinant humanized anti-BTLA monoclonal antibody.



Key inclusion criteria:
- Aged ≥18 years
- Histologically or cytologically confirmed potentially resectable stage III (AJCC 8th edition) NSCLC *
- ECOG performance status of 0 or 1

Safety run-in phase:
Toripalimab (240mg) plus chemotherapy with tifcemalimab (200mg)
N = 6

R 1:1

Toripalimab (240mg) plus chemotherapy with tifcemalimab (200mg) (Q3W for 4 cycles) N = 59

Toripalimab (240mg) plus chemotherapy (Q3W for 4 cycles) N = 59

Receive surgery or radiotherapy decided by MDT
3 weeks after the last treatment

Adjuvant treatment by MDT
4-6 weeks after the last treatment

* Potentially resectable NSCLC was deemed resectable initially evaluated by multidisciplinary team.

Stratified by:
Squamous vs. others; PD-L1 ≥1% vs. <1% or unknown; N stage

Primary endpoint: pathological complete response (pCR) rate

Second endpoints: major pathological response (MPR) rate, objective response rate, safety, R0 resection rate, event-free survival, and overall survival

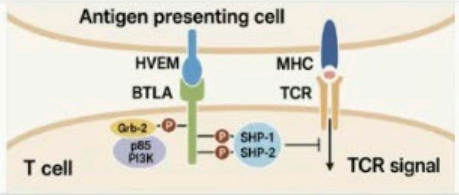
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	Tori/chemo/tifce arm (*n* = 59)	Tori/chemo arm (*n* = 59)
Age, median (IQR)	65 (60-70)	66 (61-69)
Sex, n (%)		
Male	56 (94.9)	57 (96.6)
Female	3 (5.1)	2 (3.4)
Smoking history, n (%)		
Yes	46 (78.0)	46 (78.0)
No	13 (22.0)	13 (22.0)
Histology, n (%)		
Squamous cell carcinoma	40 (67.8)	39 (66.1)
Adenocarcinoma	8 (13.6)	8 (13.6)
NSCLC-NOS#	11 (18.6)	12 (20.3)
Stage, n (%) [a]		
IIIA	39 (66.1)	40 (67.8)
IIIB	18 (30.5)	17 (28.8)
IIIC	2 (3.4)	2 (3.4)
PD-L1 TPS, n (%)		
<1%	28 (47.5)	27 (45.8)
≥1%	17 (28.8)	16 (27.1)
Not available	14 (23.7)	16 (27.1)

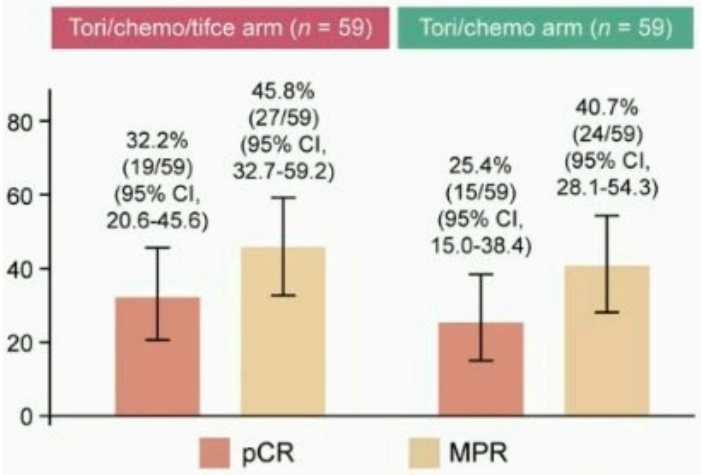
[a] Corresponding stage before treatment was determined according to the eighth edition of the American Joint Committee on Cancer staging manual.
#: NSCLC-NOS: non-small cell lung cancer not otherwise specified

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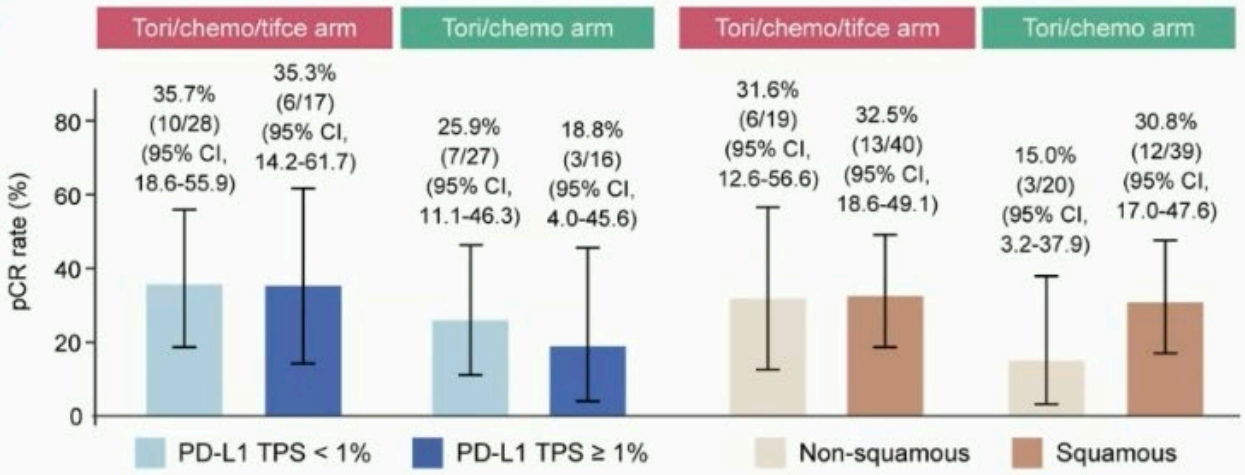
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Efficacy

Pathological response in ITT population



Subgroup analyses of pathological response



- Surgery was performed in 67.8% (40/59) and 59.3% (35/59) of patients in the Tori/chemo/tifce arm and Tori/chemo arm, with all achieving R0 resection.
- Among patients who did not undergo surgery, local therapy was administered to 9 patients in the Tori/chemo/tifce arm (radiotherapy, n = 9) and 10 patients in the Tori/chemo arm (radiotherapy, n = 9; ablation, n = 1).

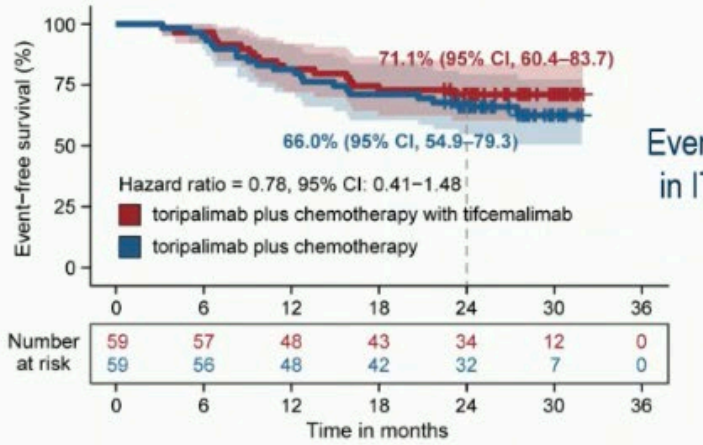
Data cut-off: July 2026

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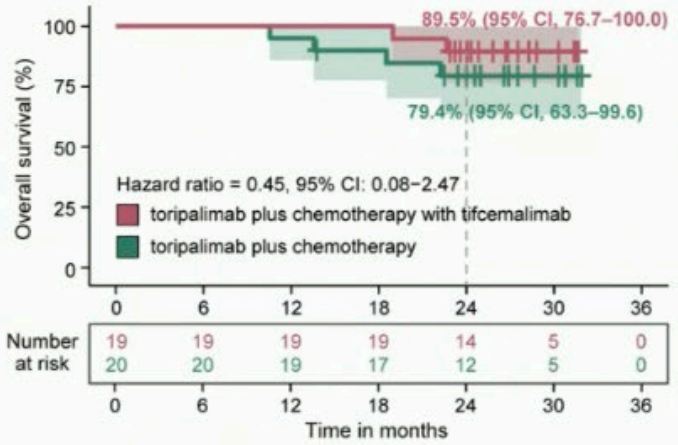
Neoadjuvant toripalimab plus chemotherapy with or without tifcemalimab (anti-BTLA antibody) in potentially resectable stage III non-small cell lung cancer (LungMate-014): A randomized, phase II trial

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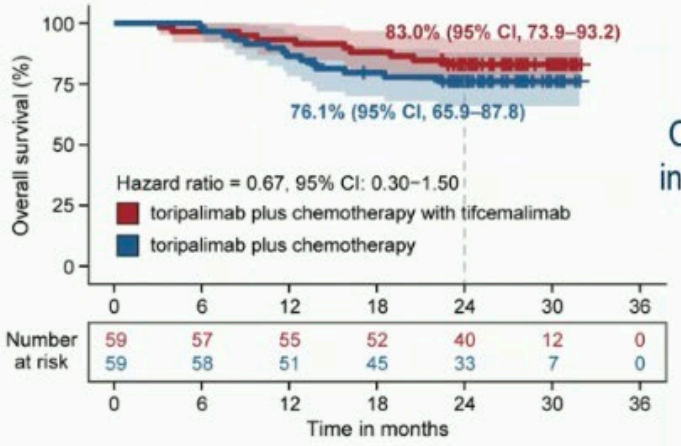
Survival analysis



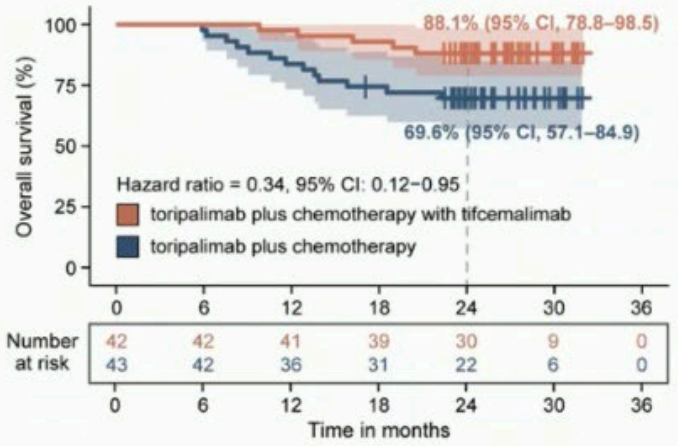
Event-free survival in ITT population



Subgroup analyses of OS in non-squamous population



Overall survival in ITT population



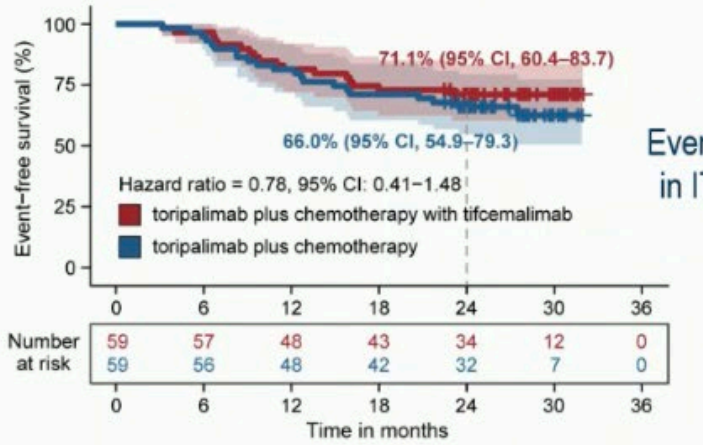
Subgroup analyses of OS in PD-L1 TPS<1% population

Data cut-off: July 2026; Median follow-up in all patients: 26.6 months

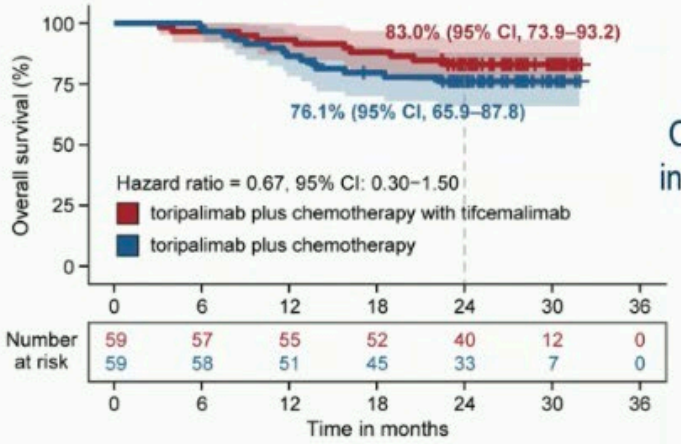
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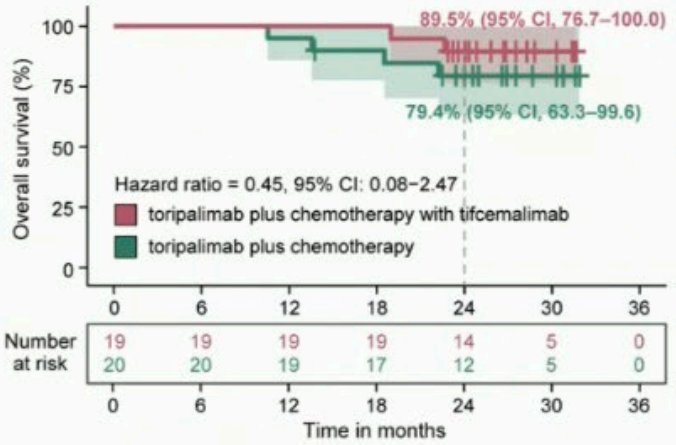
Survival analysis

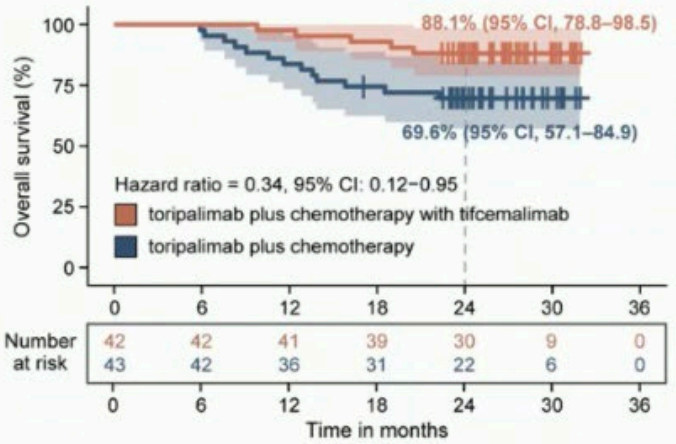


Event-free survival in ITT population



Overall survival in ITT population





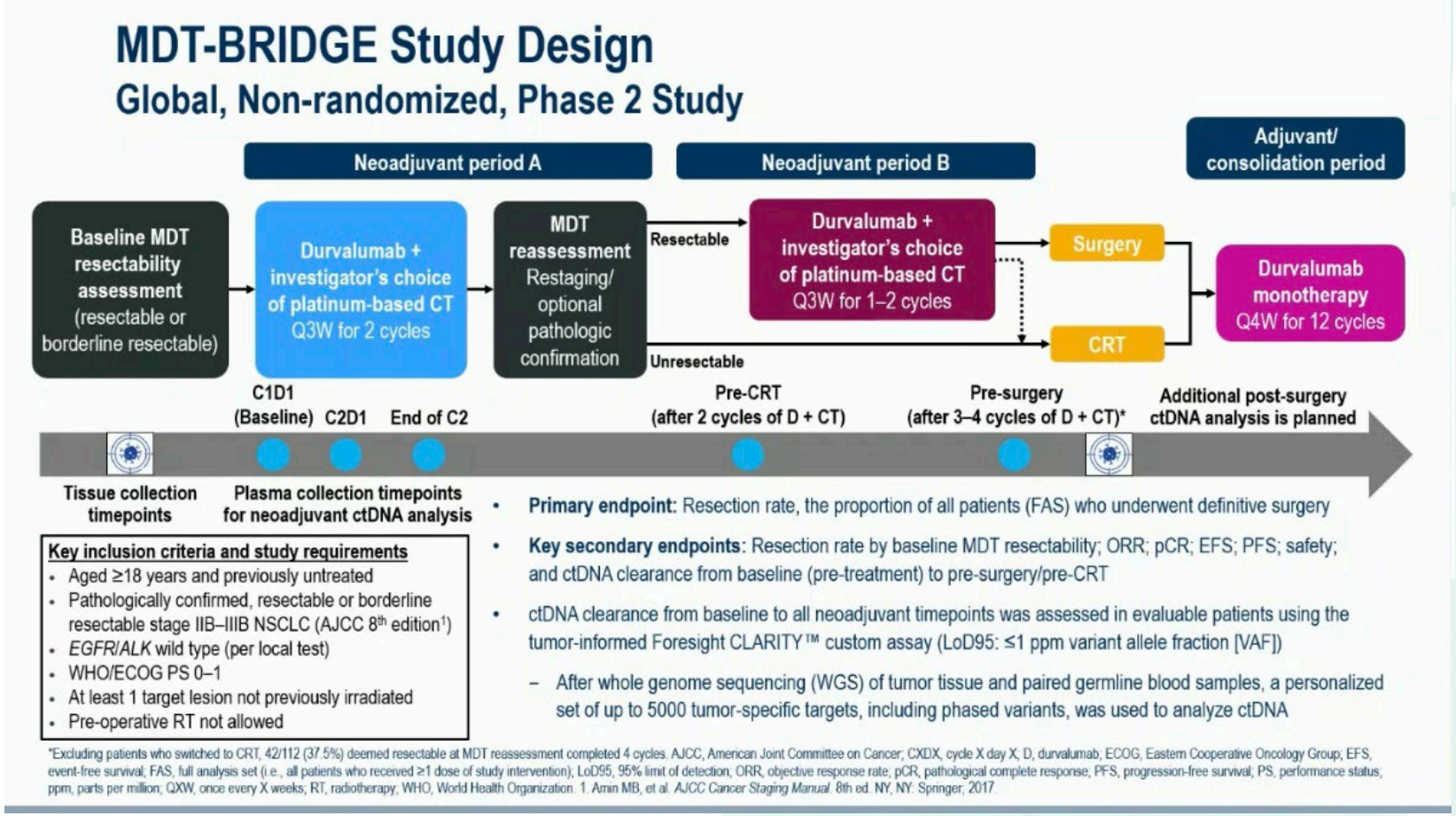
Subgroup analyses of OS in non-squamous population

	Tori / chemo / tifce arm (*n* = 40)	Tori / chemo arm (*n* = 35)
Interval from last treatment to surgery (days), median (IQR)	37.0 (31.8-41.5)	34.0 (30.5-40.0)
Operative time (min), median (IQR)	170 (122.2-210.0)	155 (112.5-228.0)
Blood loss (mL), median (IQR)	50 (50.0-100.0)	100 (50.0-100.0)
Blood transfusion, n (%)	3 (7.5)	6 (17.1)
Duration of chest tube drainage (days), median (IQR)	9.5 (6.8-14.3)	12 (6.0-20.5)
Length of hospital stay after surgery (days), median (IQR)	6 (5.0-8.0)	6 (5.0-8.5)

Data cut-off: July 2026; Median follow-up in all patients: 26.6 months

ctDNA clearance (CL) during neoadjuvant treatment (neoadj Tx) and its association with outcomes in patients (pts) with resectable/borderline resectable stage IIB–IIIB NSCLC from MDT-BRIDGE

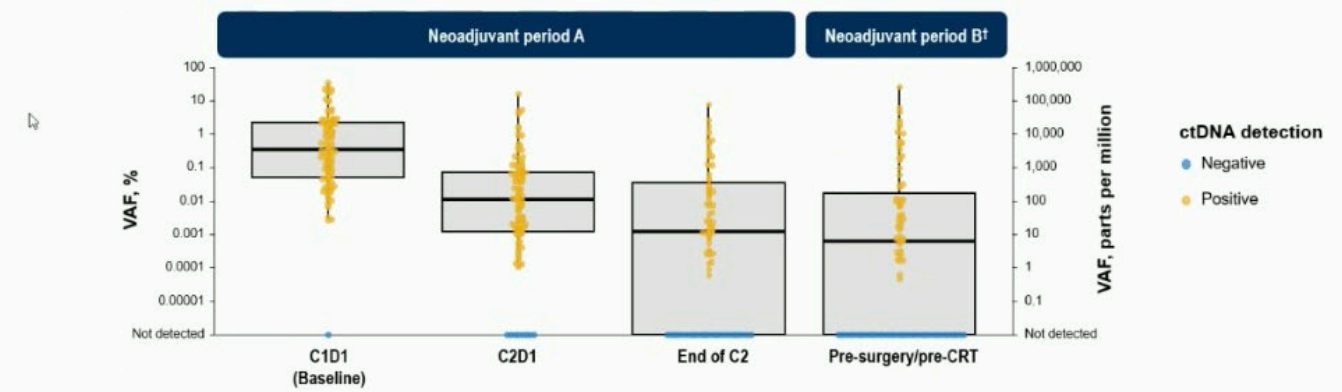
J. Spicer et al. ***LBA62***



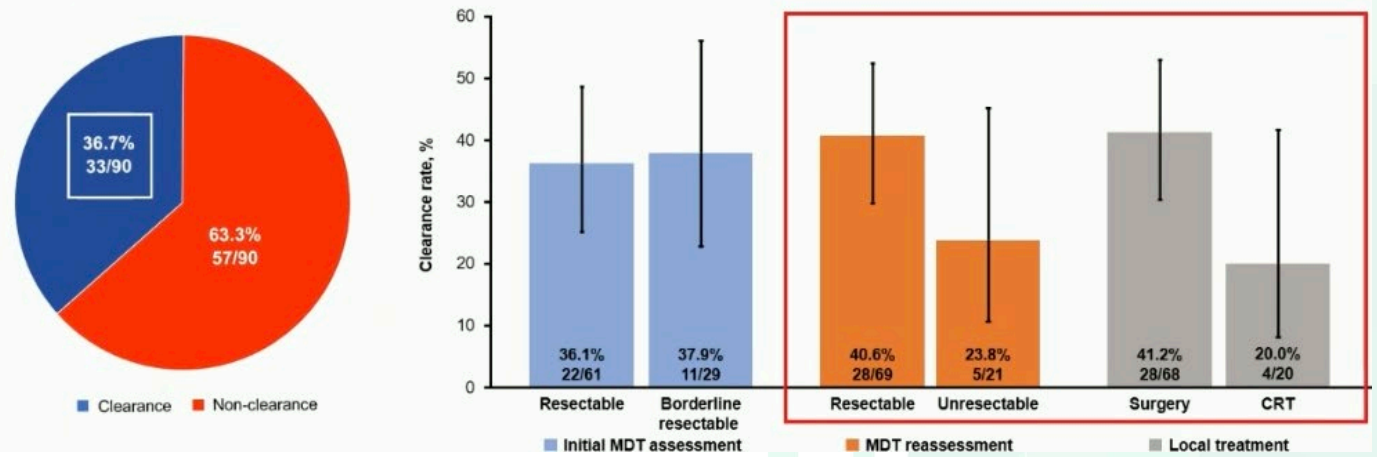
Análisis de ctDNA basados en **107 pacientes** con ensayos desarrollados mediante secuenciación del genoma completo (WGS) de tejido de cribado no tratado previamente (*treatment-naïve*) para evitar el sesgo de selección.

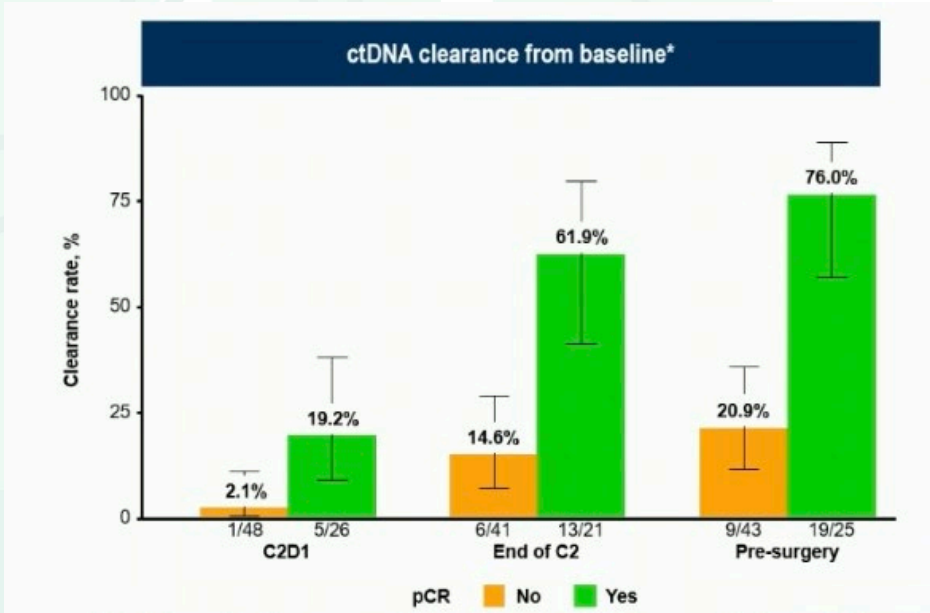
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J. Spicer et al. ***LBA62***



	C1D1 (Baseline)	C2D1	End of C2	Pre-surgery/pre-CRT
ctDNA detected, n/N‡ (%)	105/106 (99.1)	96/104 (92.3)	56/79 (70.9)	57/91 (62.6)
Median VAF, % (ppm)¶	0.3339 (3,339)	0.0152 (152)	0.00779 (77.9)	0.00901 (90.1)
Mean, %	2.648	0.432	0.332	0.885
Range, %	0.00265–33.8	0.000109–15.9	0.00006–7.59	0.000046–26.4



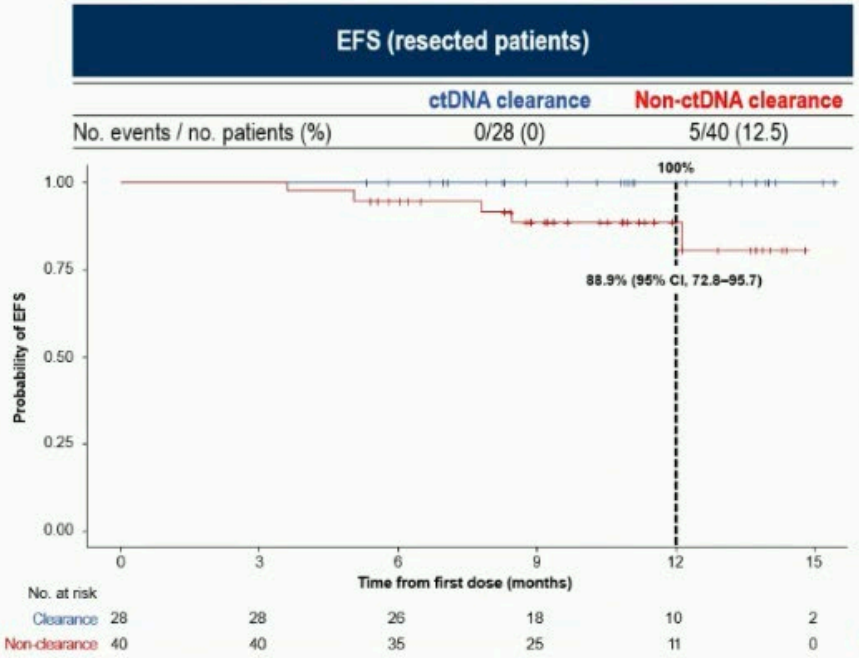


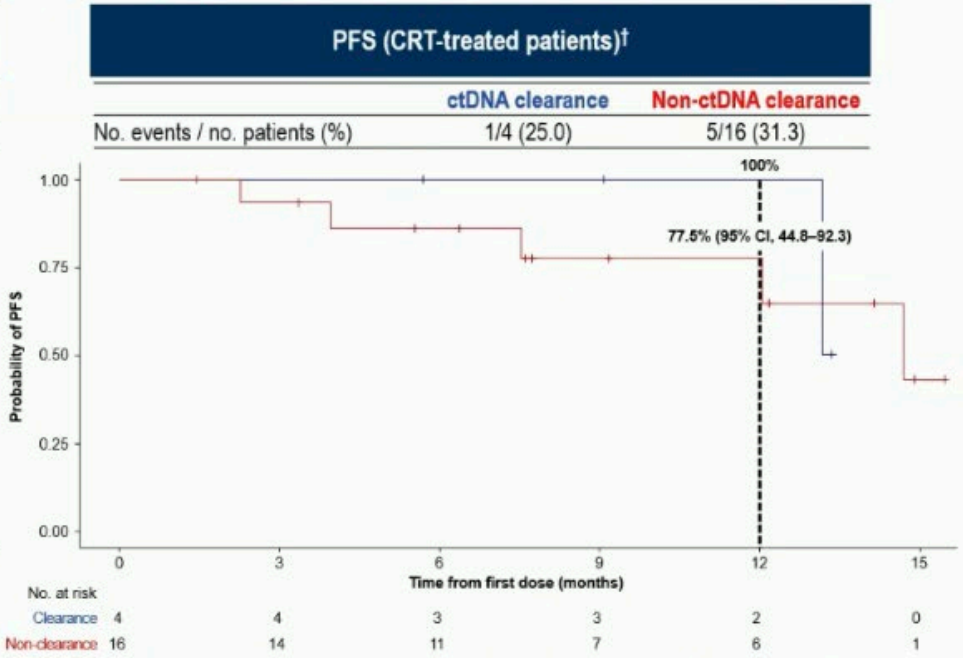
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J. Spicer et al. ***LBA62***

Association of ctDNA Clearance at Pre-surgery/pre-CRT with Preliminary EFS and PFS (ctDNA BEP)*

- Among resected patients, none with pre-surgery ctDNA clearance had an EFS event, while 12-month EFS in patients without clearance was 88.9%
- Among CRT-treated patients, only one with pre-CRT ctDNA clearance had a PFS event (after 12 months), while 12-month PFS in patients without clearance was 77.5%, although patient numbers were small



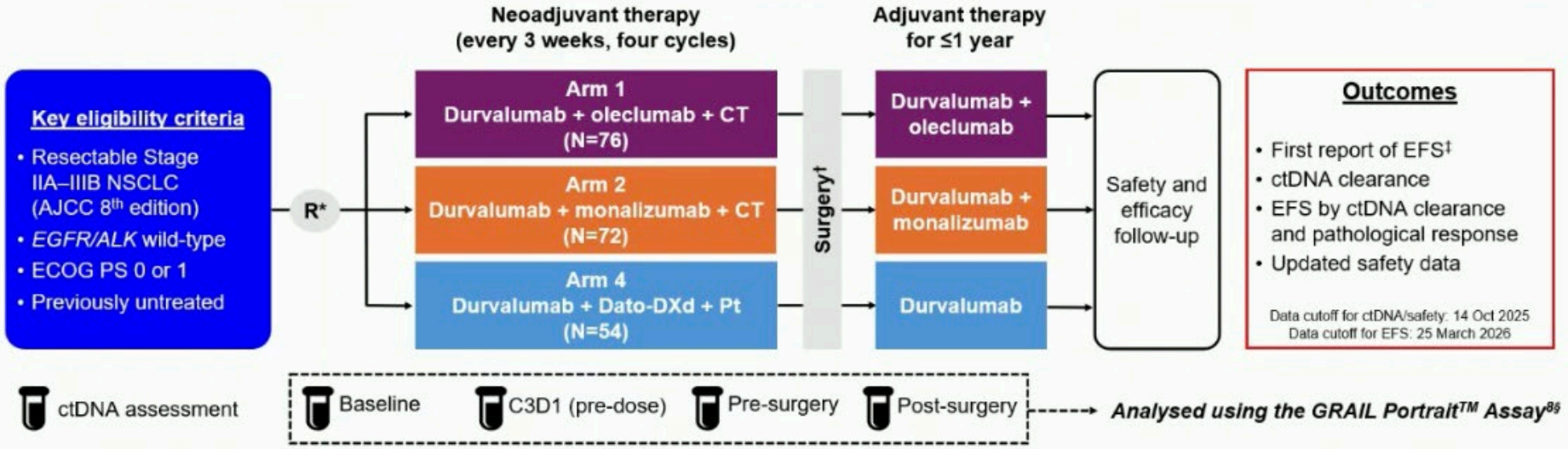


NeoCOAST-2: Association of ctDNA clearance with clinical outcomes in a global platform phase 2 perioperative trial

T. Cascone et al. ***4244RO***

NeoCOAST-2: EFS, ctDNA, and updated safety data

- ctDNA clearance after neoadjuvant chemoimmunotherapy is associated with pCR/MPR and survival outcomes.[1–3]
  - In AEGEAN, ctDNA clearance before surgery was associated with pCR and longer EFS.[4–6]
- The NeoCOAST-2 primary analysis demonstrated promising pCR/MPR rates and manageable safety.[7]



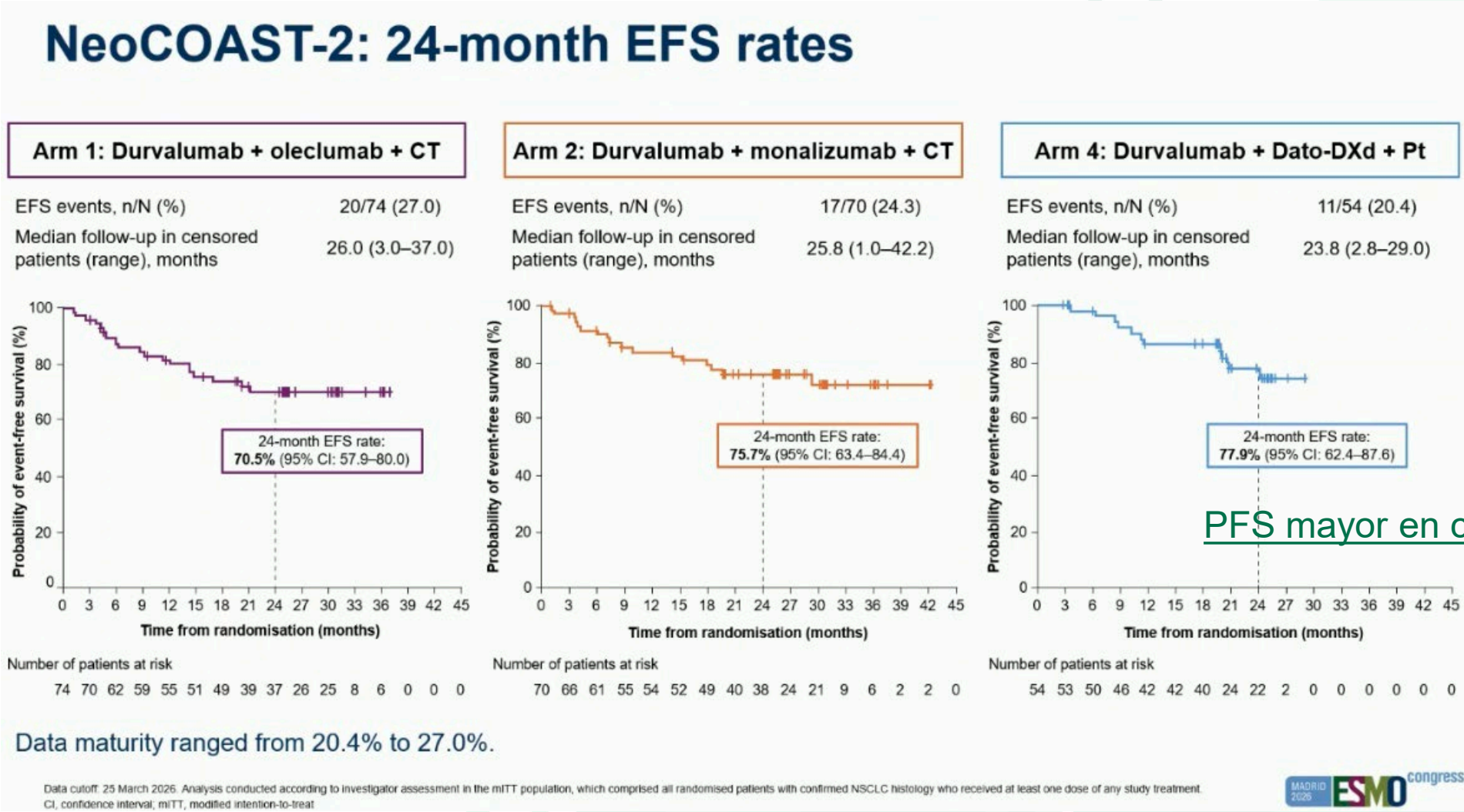
ctDNA clearance at C3D1 was defined as ctDNA detected at baseline and undetected at C3D1

*Stratified by PD-L1 status (<1% versus ≥1%). †Within 40 days of the last dose of neoadjuvant therapy. ‡After the opportunity to complete ≥24 months of follow-up in all patients, including the opportunity to complete adjuvant therapy.
§ctDNA was analysed using the tumour-agnostic methylation-based GRAIL Portrait Assay (GRAIL, Inc, Sunnyvale, CA) with a proprietary NSCLC classifier for ctDNA detection.
AJCC, American Joint Committee on Cancer; ALK, anaplastic lymphoma kinase; C3D1, Cycle 3 Day 1; CT, platinum-doublet chemotherapy; ctDNA, circulating tumour DNA; Dato-DXd, datopotamab deruxtecan; ECOG PS, Eastern Cooperative Oncology Group performance status; EFS, event-free survival; EGFR, epidermal growth factor receptor; MPR, major pathological response; pCR, pathological complete response; PD-L1, programmed cell death ligand-1; Pt, single-agent platinum chemotherapy

1. Chaudhuri AA, et al. Cancer Discov 2017;7:1394–403; 2. Moding EJ, et al. Nat Cancer 2020;1:176–83; 3. Cascone T, et a. Nature 2026; doi: 10.1038/s41586-026-10925-6; 4. Reck M, et al. Ann Oncol 2024;35:Abstract LBA49; 5. Gale D, et al. Cancer Res 2024;84(7_suppl):Abstract CT238; 6. Heymach J, et al. Ann Oncol 2025;36:Abstract LBA70; 7. Cascone T, et al. Nat Med 2025;31:2788–96; 8. Klein E, et al. Ann Oncol 2021;32:1167–77.

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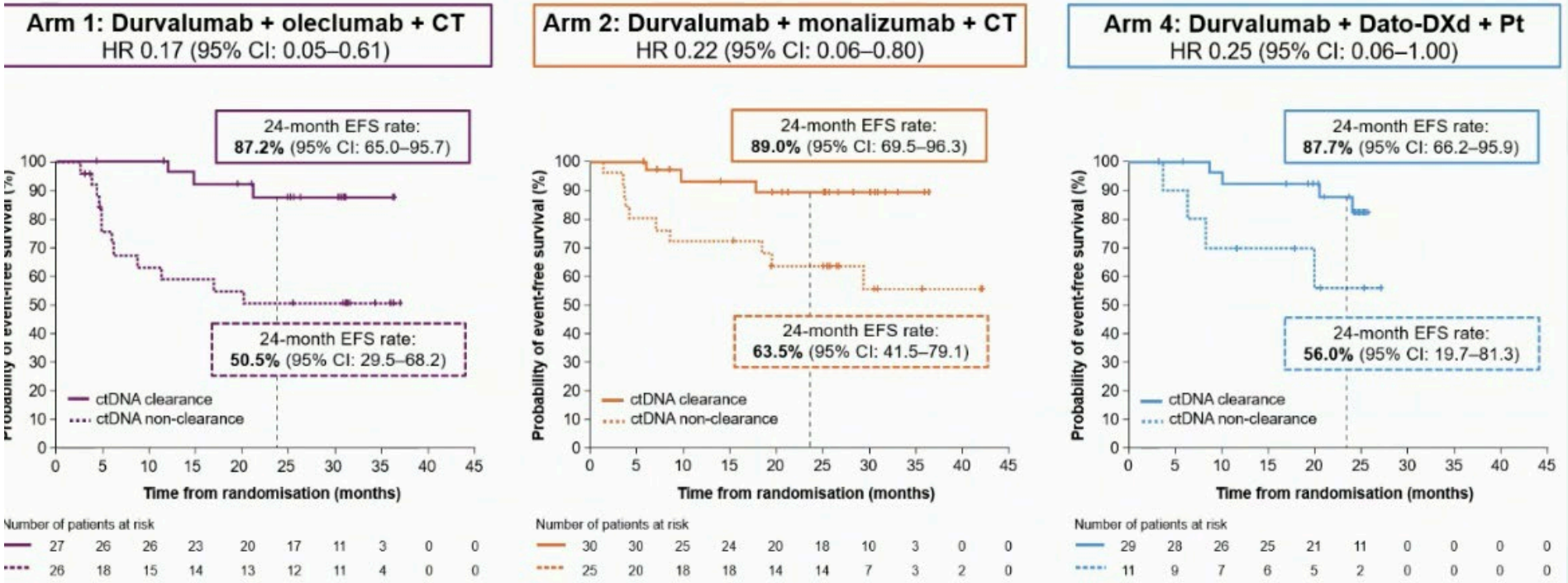


PFS mayor en caso de PCR

NeoCOAST-2: Association of ctDNA clearance with clinical outcomes in a global platform phase 2 perioperative trial

T. Cascone et al. ***4244RO***

24-month EFS rates were numerically higher in patients with versus without ctDNA clearance at neoadjuvant C3D1



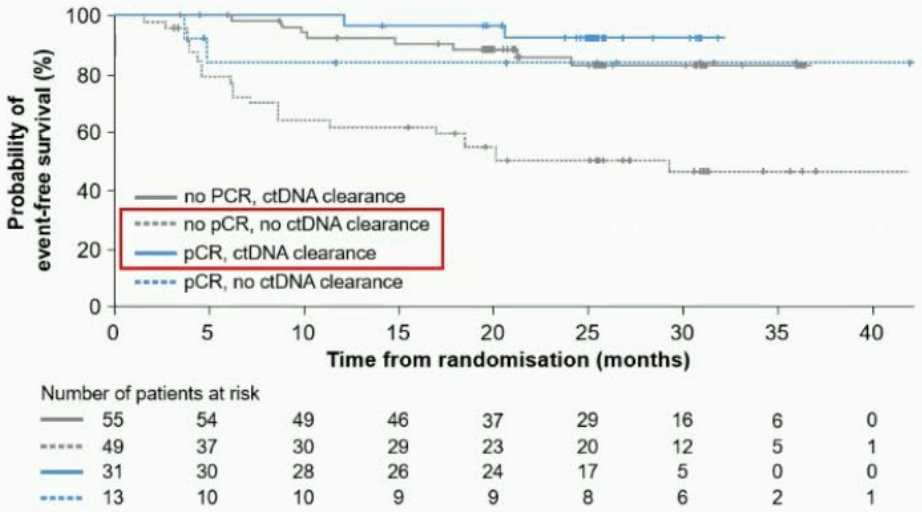
Data cutoff: 14 October 2025 for ctDNA data; 25 March 2026 for EFS data. Analysis conducted according to investigator assessment in the C3D1 ctDNA clearance-evaluable population. HRs calculated using Cox proportional hazards regression. EFS events, n/N (%): 20/74 (27.0) in Arm 1; 17/70 (24.3) in Arm 2; 11/54 (20.4) in Arm 4. A lung-cancer specific EFS event is any EFS event or death specifically related to lung cancer. Median follow-up in censored patients (range), months: 26.0 (3.0–37.0) in Arm 1; 25.8 (1.0–42.2) in Arm 2; 23.8 (2.8–29.0) in Arm 4. HR, hazard ratio

NeoCOAST-2: Association of ctDNA clearance with clinical outcomes in a global platform phase 2 perioperative trial

T. Cascone et al. ***4244RO***

Both ctDNA clearance at neoadjuvant C3D1 and pCR/MPR were associated with prolonged EFS in a pooled analysis*

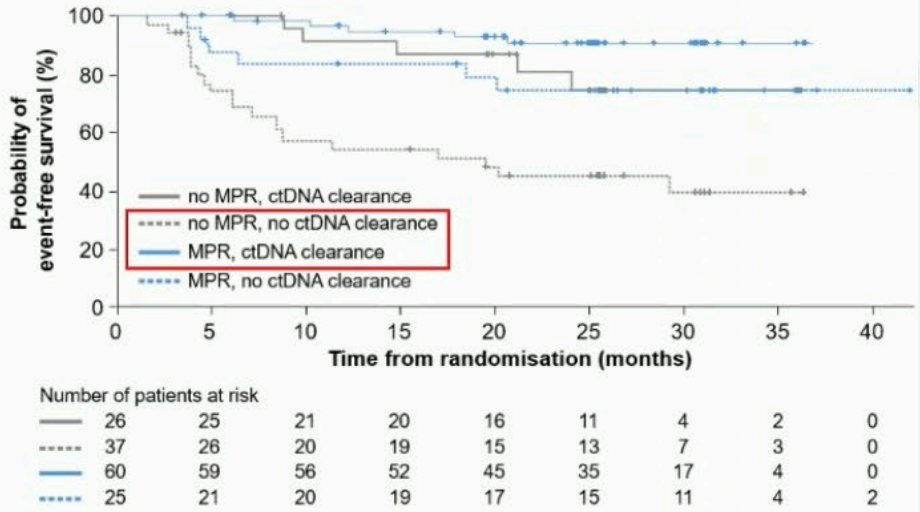
EFS according to ctDNA clearance at C3D1 and pCR status



Number of patients at risk

no PCR, ctDNA clearance	55	54	49	46	37	29	16	6	0
no pCR, no ctDNA clearance	49	37	30	29	23	20	12	5	1
pCR, ctDNA clearance	31	30	28	26	24	17	5	0	0
pCR, no ctDNA clearance	13	10	10	9	9	8	6	2	1

EFS according to ctDNA clearance at C3D1 and MPR status



Number of patients at risk

no MPR, ctDNA clearance	26	25	21	20	16	11	4	2	0
no MPR, no ctDNA clearance	37	26	20	19	15	13	7	3	0
MPR, ctDNA clearance	60	59	56	52	45	35	17	4	0
MPR, no ctDNA clearance	25	21	20	19	17	15	11	4	2

The HR for experiencing an EFS event in the pooled analysis* was:

- 0.10 (95% CI: 0.02–0.42) for patients with ctDNA clearance at C3D1 and pCR versus patients with neither.
- 0.10 (95% CI: 0.04–0.28) for patients with ctDNA clearance at C3D1 and MPR versus patients with neither.

*Pooled analyses were conducted across arms to provide adequate patient numbers for subgroup analyses, and because of the similar outcomes observed across arms.
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Conclusiones

- Consolidación del estándar perioperatorio e independencia de biomarcadores clásicos.
  - ¿Perioperatorio vs neoadyuvancia?
  - Nuevos estudios de adyuvancia tras neoadyuvancia y cirugía en marcha (anti TROP2, vacunas mRNA)

- El valor crítico del Comité Multidisciplinar (MDT) en la enfermedad "Borderline”

- La próxima frontera terapéutica: Nuevas combinaciones.

- El ctDNA como brújula dinámica para la toma de decisiones.

Gracias