

 A large abstract graphic on the left side of the slide, composed of several thick, curved lines in various colors (teal, green, orange, grey, and light blue) arranged in a circular, sunburst-like pattern.

EPICS

# Conference Coverage: WCLC 2025 Highlights

September 15, 2025

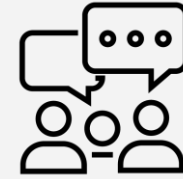
Content	Link
Meeting Snapshot	<a href="#">↗</a>
Faculty Panel	<a href="#">↗</a>
Meeting Agenda	<a href="#">↗</a>
Key Insights and Strategic Recommendations	<a href="#">↗</a>
EGFR Inhibition in Advanced NSCLC: Multiple Options Emerge	<a href="#">↗</a>
Oncogenic Drivers and Other Mutations in Advanced NSCLC	<a href="#">↗</a>
Targeted Therapy in Resectable NSCLC	<a href="#">↗</a>
Immunotherapy in Resectable NSCLC	<a href="#">↗</a>
Immunotherapy in Stage III/IV NSCLC	<a href="#">↗</a>
New Agents and Approaches in SCLC	<a href="#">↗</a>



A closed-door roundtable discussion focused on lung cancer was held virtually on **September 15, 2025**

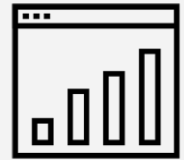


Lung cancer-specific discussions on latest research updates, therapeutic advances, and their application in clinical decision-making were led by **Corey Langer, MD, FACP**, from the University of Pennsylvania



The panel consisted of 9 key experts in lung cancer

- 2 from Europe
- 6 from US
- 1 from Canada



**Insights report** includes postmeeting analyses and actionable recommendations

# Panel Consisting of 6 US, 1 Canadian, and 2 European Lung Cancer Experts

**Marina Chiara Garassino, MD**  
University of Chicago



**Helen Ross, MD**  
Rush Cancer Center



**Sandip Patel, MD**  
University of California,  
San Diego



**CHAIR:**  
**Corey Langer, MD, FACP**  
University of Pennsylvania



**Ignacio Wistuba, MD**  
Moffitt Cancer Center



**Natasha B. Leighl, MD, FRCPC, FASCO**  
Princess Margaret Cancer Centre



**Hossein Borghaei, DO**  
Fox Chase Cancer Center



**Federico Cappuzzo, MD, PhD**  
Regina Elena National  
Cancer Institute



**Luis Paz-Ares, MD, PhD**  
Hospital Universitario 12  
de Octubre



# Meeting Agenda

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Time (EDT)	Topic	Speaker/Moderator
10.00 AM – 10.05 AM (5 min)	<b>Welcome and Introductions</b>	Corey J. Langer, MD, FACP
10.05 AM – 10.25 AM (20 min)	<b>EGFR Inhibition in Advanced NSCLC: Multiple Options Emerge</b>	Federico Cappuzzo, MD, PhD
10.25 AM – 10.50 AM (25 min)	Discussion	All faculty
10.50 AM – 11.05 AM (15 min)	<b>Oncogenic Drivers and Other Mutations in Advanced NSCLC</b>	Sandip Patel, MD Hossein Borghaei, DO
11.05 AM – 11.25 AM (20 min)	Discussion	All faculty
11.25 AM – 11.35 AM (10 min)	<b>Targeted Therapy in Resectable NSCLC</b>	Helen Ross, MD
11.35 AM – 11.55 AM (20 min)	Discussion	All faculty
11.55 AM – 12.05 PM (10 min)	BREAK	
12.05 PM – 12.15 PM (10 min)	<b>Immunotherapy in Resectable NSCLC</b>	Natasha Leighl, MD
12.15 PM – 12.35 PM (20 min)	Discussion	All faculty
12.35 PM – 12.55 PM (20 min)	<b>Immunotherapy in Stage III/IV NSCLC</b>	Marina Garassino, MD
12.55 PM – 1.20 PM (25 min)	Discussion	All faculty
1.20 PM – 1.35 PM (15 min)	<b>New Agents and Approaches in SCLC</b>	Luis Paz-Ares, MD, PhD
1.35 PM – 1.55 PM (20 min)	Discussion	All faculty
1.55 PM – 2.00 PM (5 min)	<b>Wrap-Up Comments and Adjourn</b>	Corey J. Langer, MD, FACP



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## EGFR Inhibition in Advanced NSCLC: Multiple Options Emerge

Conference Highlights Presented by  
Federico Cappuzzo, MD, PhD

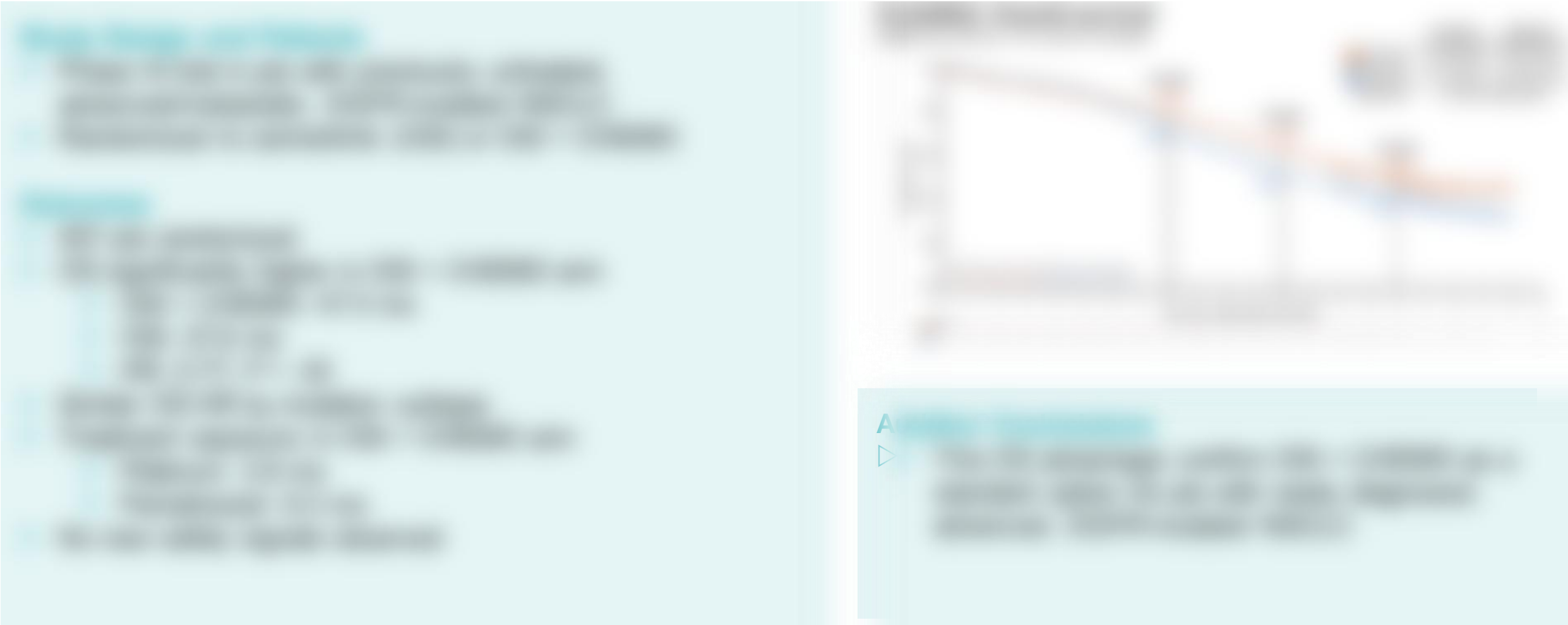
# Abstract Selection (1/2)

Abstract	Rating
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Abstract 2: [Faint text about abstract 2]	5 4 3 2 1
Abstract 3: [Faint text about abstract 3]	5 4 3 2 1
Abstract 4: [Faint text about abstract 4]	5 4 3 2 1
Abstract 5: [Faint text about abstract 5]	5 4 3 2 1
Abstract 6: [Faint text about abstract 6]	5 4 3 2 1

Abstract	Topic
Abstract 1001: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness
Abstract 1002: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness
Abstract 1003: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness
Abstract 1004: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness
Abstract 1005: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness
Abstract 1006: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness
Abstract 1007: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness
Abstract 1008: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness
Abstract 1009: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness
Abstract 1010: The Role of the Nurse in the Management of the Patient with a Chronic Illness	Chronic Illness

# First-Line Osimertinib + Chemotherapy Versus Osimertinib Monotherapy in *EGFR*m Advanced NSCLC: FLAURA2 Final Overall Survival

Planchard D, et al. WCLC 2025. Abstract PL02.06



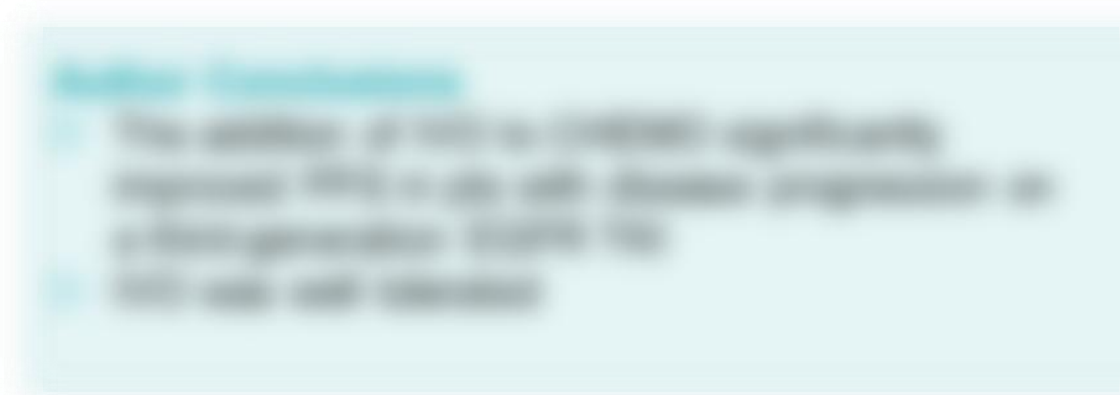
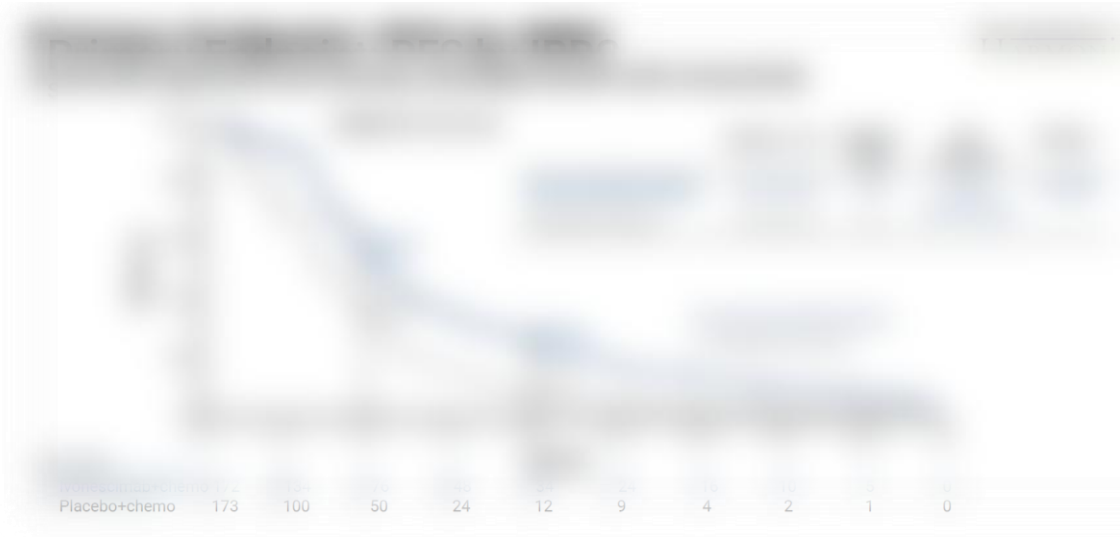
# First-Line Osimertinib + Chemotherapy Versus Osimertinib Monotherapy in *EGFR*m Advanced NSCLC: FLAURA2 Final Overall Survival

Planchard D, et al. WCLC 2025. Abstract PL02.06



# Ivonescimab vs Placebo Plus Chemo, Phase 3 in Patients with *EGFR*+ NSCLC Progressed with 3rd gen *EGFR*-TKI Treatment: HARMONI

Goldman JW, et al. WCLC 2025. Abstract PL02.12



# Ivonescimab vs Placebo Plus Chemo, Phase 3 in Patients with *EGFR*+ NSCLC Progressed with 3rd gen *EGFR*-TKI Treatment: HARMONI

Goldman JW, et al. WCLC 2025. Abstract PL02.12



Presented by: [Name]  
[Text]  
[Text]



# A Multinational Phase 2 Randomized Pivotal Study of Sunvozertinib in Pretreated NSCLC With *EGFR* Exon 20 Insertion Mutations

Wang M, et al. WCLC 2025. Abstract MA08.01



# A Multinational Phase 2 Randomized Pivotal Study of Sunvozertinib in Pretreated NSCLC With *EGFR* Exon 20 Insertion Mutations

Wang M, et al. WCLC 2025. Abstract MA08.01

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# Zipalertinib in NSCLC Patients (Pts) With *EGFR* Exon 20 Insertion (Ex20Ins) Mutations Who Received Prior Amivantamab

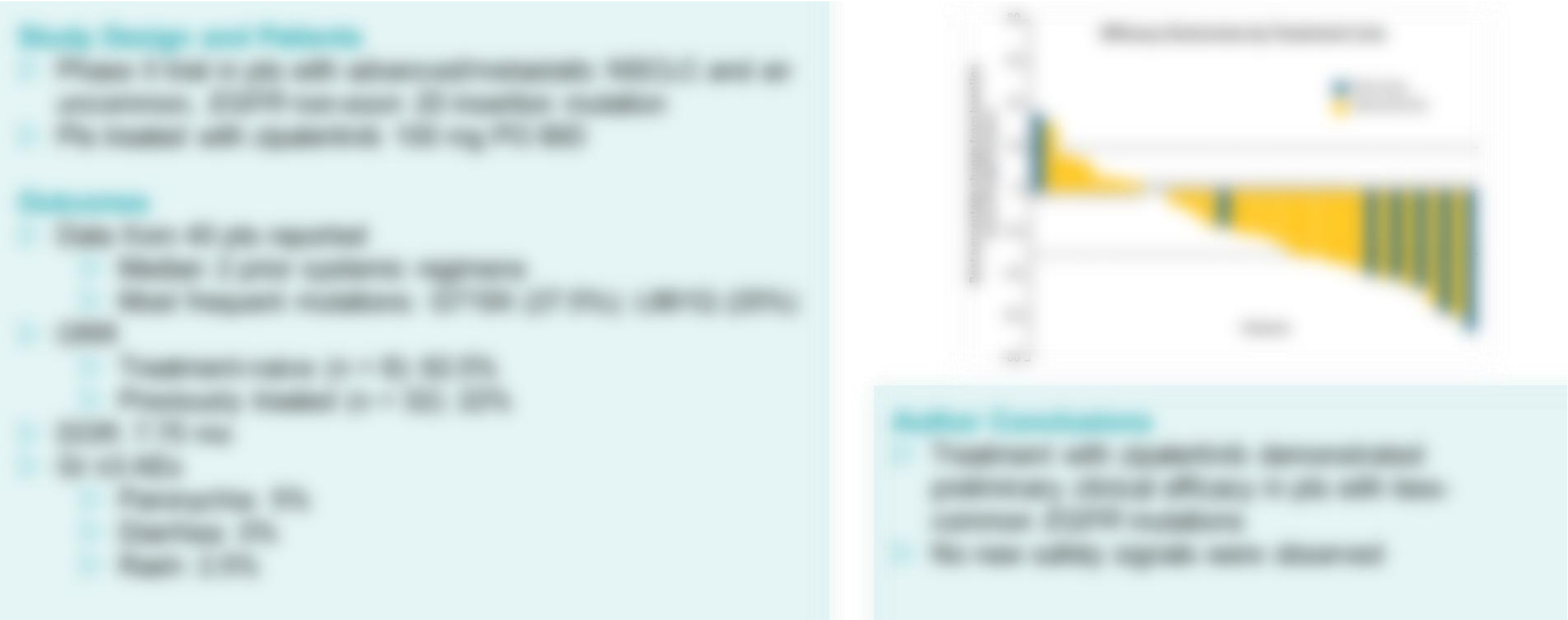
Piotrowska Z, et al. WCLC 2025. Abstract MA08.02



Phase 2 Interim Results of Zipalertinib in Patients With NSCLC Harboring Uncommon Non-Exon 20 Insertion *EGFR* Mutations

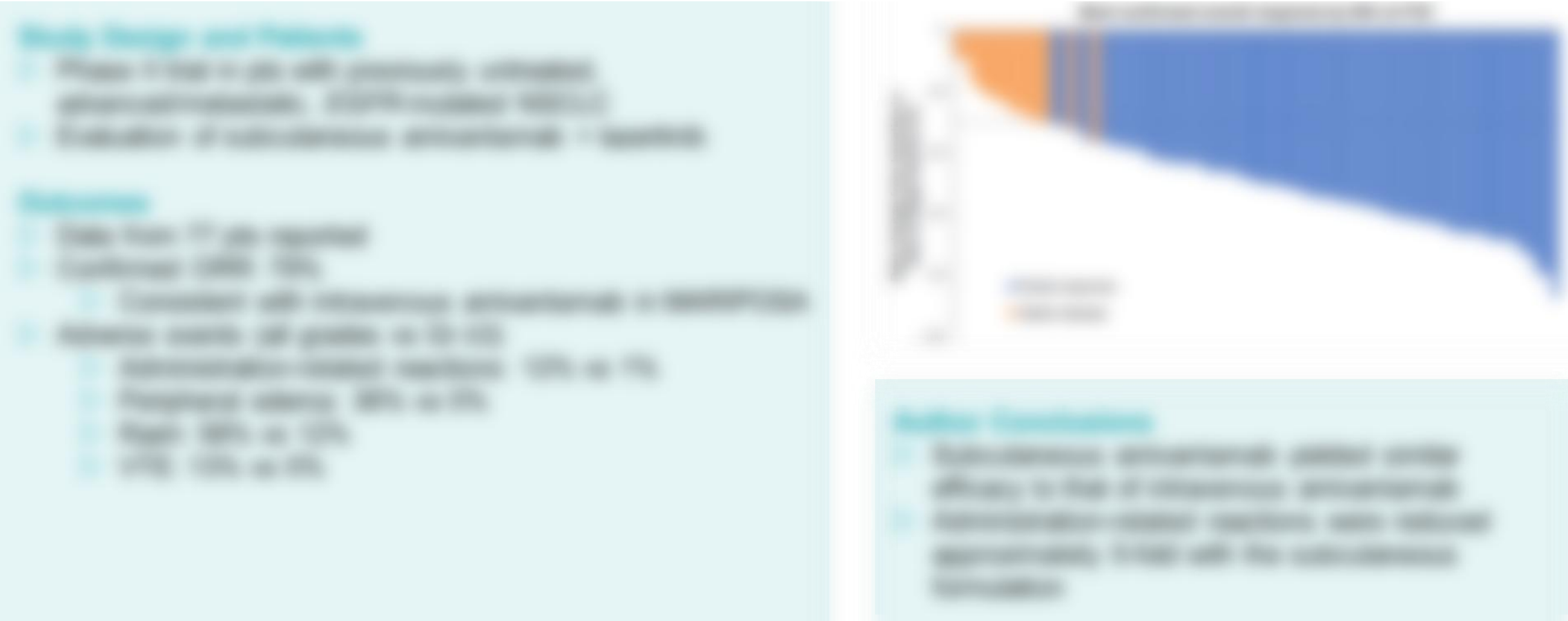
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Udagawa H, et al. WCLC 2025. Abstract MA08.04



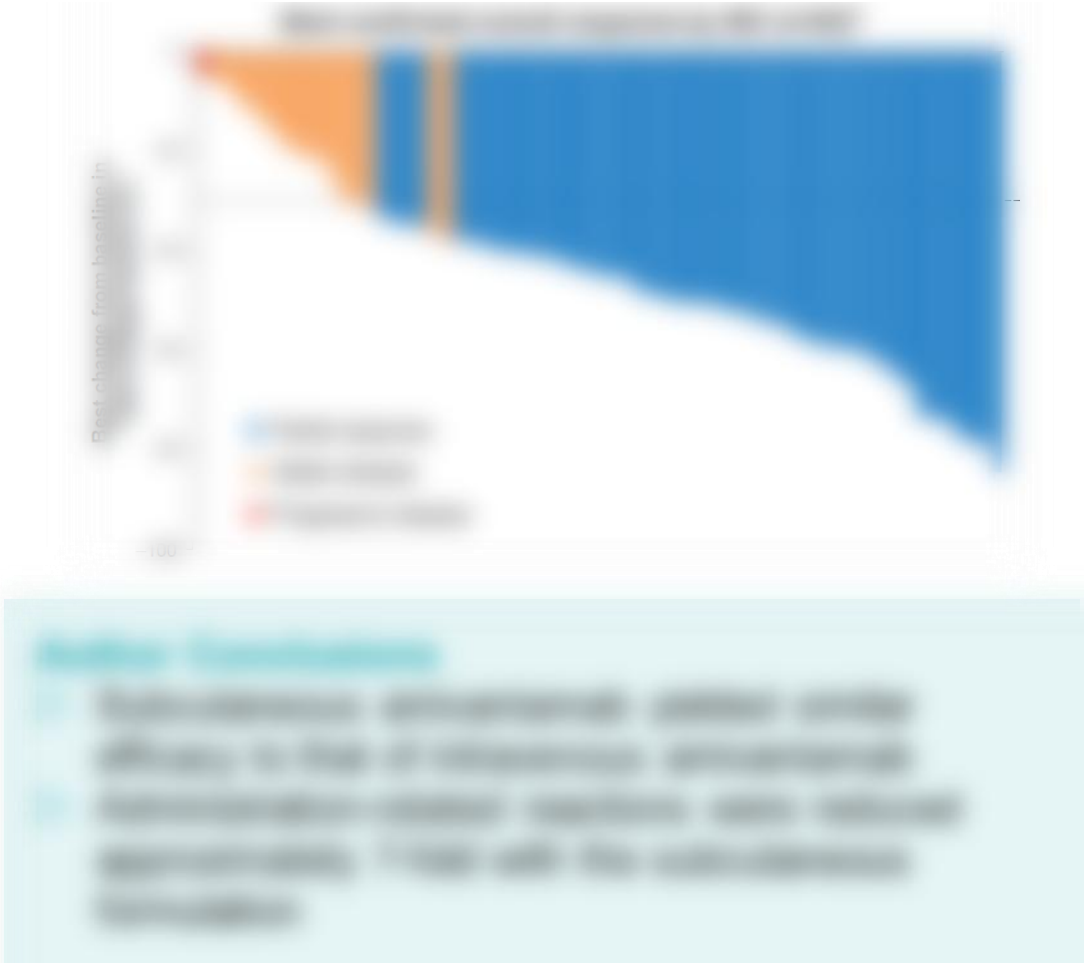
# PALOMA-2: Subcutaneous Amivantamab Administered Every 4 Weeks Plus Lazertinib in First-Line *EGFR*-Mutated Advanced NSCLC

Scott SC, et al. WCLC 2025. Abstract MA08.05



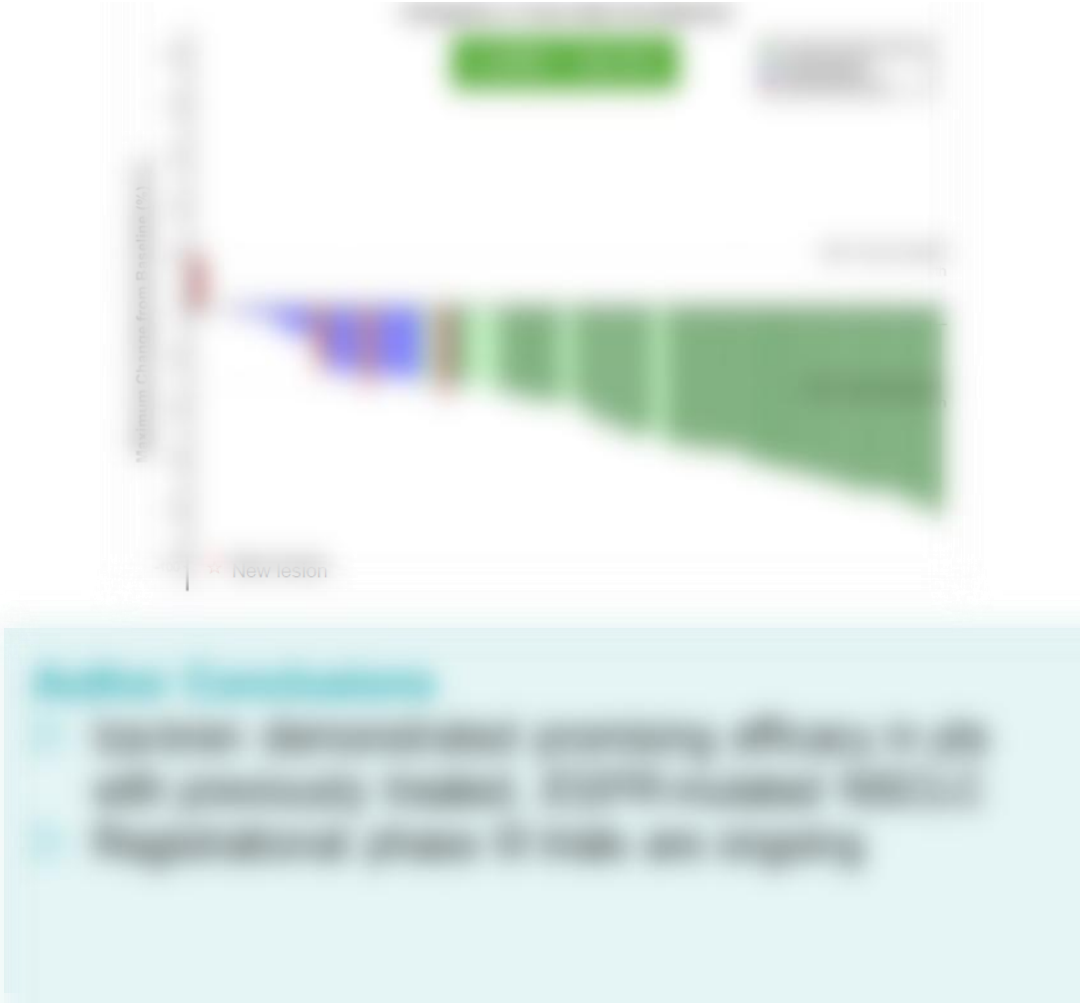
# First-Line Subcutaneous Amivantamab Plus Chemotherapy in *EGFR* Exon 20 Insertion-Mutated Advanced NSCLC: Results From PALOMA-2

Lim SM, et al. WCLC 2025. Abstract MA08.03



# Phase I/II Study of Iza-Bren (BL-B01D1) as Monotherapy in Patients With Locally Advanced or Metastatic *EGFR* Mutated NSCLC

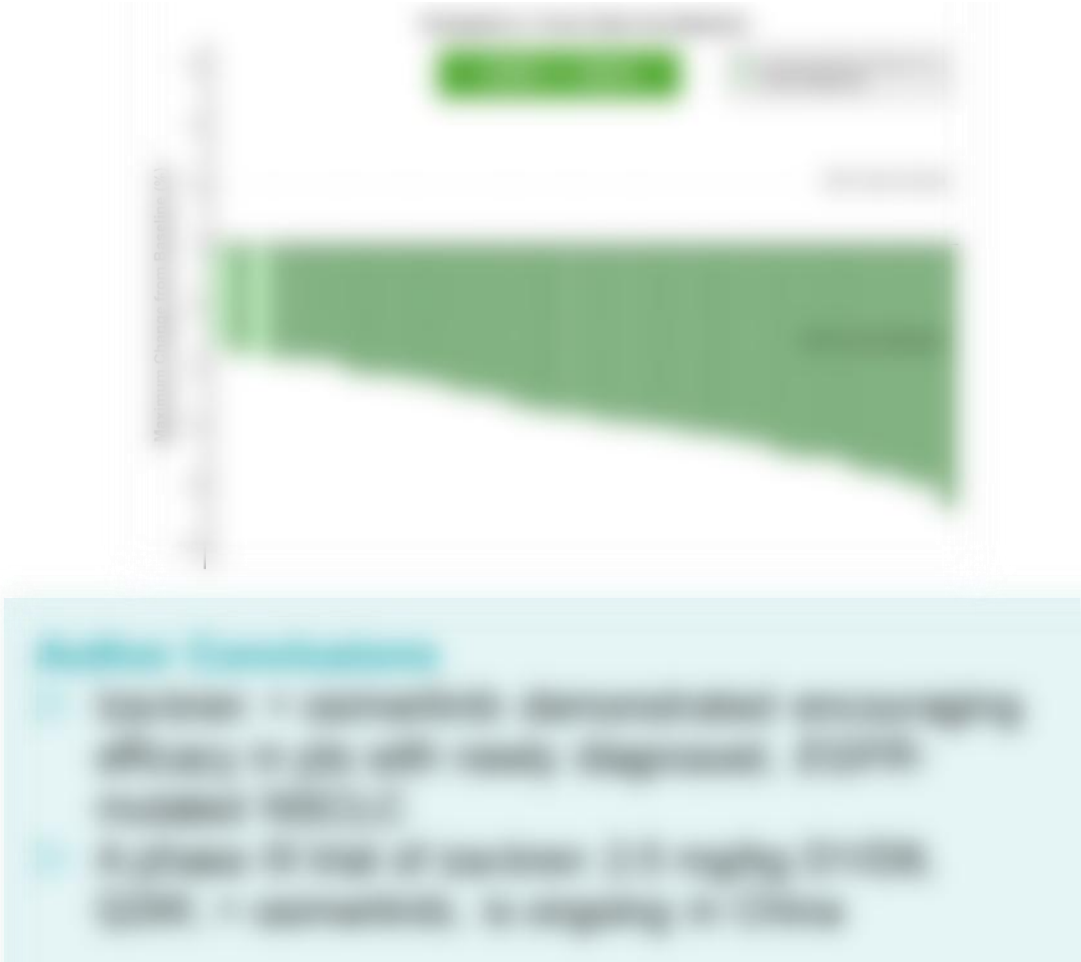
Fang W, et al. WCLC 2025. Abstract OA10.03





# Phase II Study of Iza-Bren (BL-B01D1) Combo With Osimertinib in *EGFR* Mutated Locally Advanced or Metastatic NSCLC Patients

Zhou F, et al. WCLC 2025. Abstract OA10.04





# Phase II Study of Iza-Bren (BL-B01D1) Combo With Osimertinib in *EGFR* Mutated Locally Advanced or Metastatic NSCLC Patients

Zhou F, et al. WCLC 2025. Abstract OA10.04

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[Title]  
[Institution]  
[Address]  
[Phone]  
[Email]



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# EGFR Inhibition in Advanced NSCLC: Multiple Options Emerge

Discussion

# EGFR Inhibition in Advanced NSCLC: Multiple Options Emerge

(1/4)

**Introduction**

The landscape of EGFR inhibition in advanced NSCLC has evolved significantly, with multiple options emerging for treatment. This presentation will discuss the latest data and clinical considerations for EGFR inhibitors in this setting.

**EGFR Inhibitors in Advanced NSCLC**

- The first-generation EGFR inhibitors, gefitinib and erlotinib, were the first to be used in this setting. They showed modest activity in patients with wild-type EGFR.
- The second-generation EGFR inhibitors, afatinib and dacomitinib, showed improved efficacy and tolerability compared to first-generation inhibitors.
- The third-generation EGFR inhibitor, osimertinib, has emerged as the standard of care for patients with EGFR T790M resistance mutations.

**EGFR Inhibitors in Combination**

- Combination therapy with EGFR inhibitors and chemotherapy or immunotherapy is being evaluated in clinical trials.
- Combination therapy with EGFR inhibitors and anti-angiogenic agents is also being evaluated.

**EGFR Inhibitors in Biomarker-Selected Patients**

- EGFR inhibitors are most effective in patients with EGFR activating mutations.
- EGFR inhibitors are also effective in patients with EGFR T790M resistance mutations.

**Dr. [Name]**

Dr. [Name] is a board-certified medical oncologist with a focus on lung cancer. He is currently a faculty member at [Institution] and is involved in several clinical trials. He has published numerous articles on lung cancer treatment and is a frequent speaker at national and international conferences.



# EGFR Inhibition in Advanced NSCLC: Multiple Options Emerge (2/4)

### Introduction

- EGFR is a transmembrane protein that plays a critical role in cell growth and proliferation. In NSCLC, mutations in the EGFR gene can lead to constitutive activation of the protein, driving tumor growth.
- EGFR inhibitors are drugs that block the activity of the EGFR protein, slowing tumor growth and improving outcomes in patients with EGFR-positive NSCLC.

### First-Generation EGFR Inhibitors

- First-generation EGFR inhibitors, including gefitinib and erlotinib, were the first drugs to target EGFR in NSCLC. They are oral tyrosine kinase inhibitors that block the intracellular domain of the EGFR protein.
- These drugs have shown modest efficacy in patients with EGFR-positive NSCLC, with response rates typically ranging from 10% to 20%.
- However, resistance to these drugs often develops within a few months of treatment, limiting their long-term effectiveness.

### Second-Generation EGFR Inhibitors

- Second-generation EGFR inhibitors, including afatinib and dacomitinib, are more potent than first-generation drugs. They bind to both the wild-type and mutant forms of EGFR.
- These drugs have shown improved efficacy compared to first-generation inhibitors, with response rates typically ranging from 20% to 30%.
- However, resistance to these drugs also develops, often due to the emergence of T790M resistance mutations.

### Third-Generation EGFR Inhibitors

- Third-generation EGFR inhibitors, including osimertinib, are designed to overcome resistance to previous generations of drugs. They specifically target the T790M resistance mutation.
- Osimertinib has shown superior efficacy compared to previous generations of EGFR inhibitors, with response rates typically ranging from 40% to 50%.
- It is now the standard of care for patients with EGFR-positive NSCLC, particularly those with the T790M resistance mutation.



**FLICS**

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Figure 1 shows the estimated cost of the proposed system. The cost of the proposed system is estimated to be \$1.5 million per year. The cost of the proposed system is estimated to be \$1.5 million per year.

Source: *Survey of the Health of the Nation*, 1990. Reproduced by permission of the Health Research Board, London.

The authors would like to thank the following people for their help and support during the development of this paper:

Source: *World Bank*. "Trade in Goods: Goods Exports as % of GDP." *World Bank Indicator*. December 2012. <http://data.worldbank.org/indicator/SH.UOVS.DT>

➤ In treatment-naïve patients, a high ORR of 82.5% was noted by the presenter, although this was from a small cohort (n = 8).



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## Oncogenic Drivers and Other Mutations in Advanced NSCLC

Conference Highlights Presented by  
Sandip Patel, MD, and Hossein Borghaei, DO

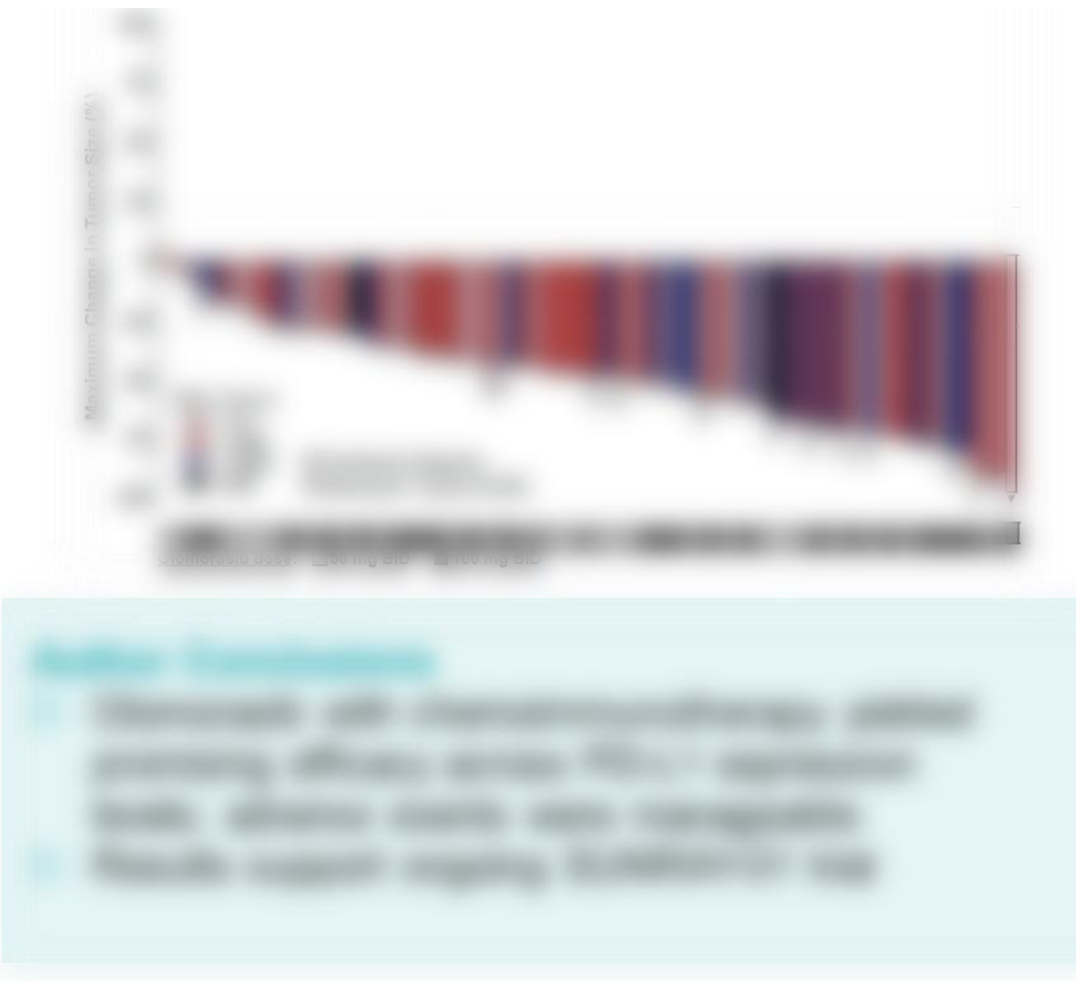
Abstract	Phase
EPIC000001: Introduction to the EPIC system, its components and its use in the field of research. This is a general overview of the system and its use in the field of research. It is a general overview of the system and its use in the field of research. It is a general overview of the system and its use in the field of research.	<a href="#">View</a> <a href="#">Download</a> <a href="#">Print</a>
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Abstract	Score
Abstract 1000: The impact of the COVID-19 pandemic on the health of the community. The study shows that the pandemic has led to a significant increase in the number of people who are experiencing mental health problems. The study also shows that the pandemic has led to a significant increase in the number of people who are experiencing physical health problems. The study concludes that the pandemic has had a significant impact on the health of the community.	1000
Abstract 1001: The impact of the COVID-19 pandemic on the health of the community. The study shows that the pandemic has led to a significant increase in the number of people who are experiencing mental health problems. The study also shows that the pandemic has led to a significant increase in the number of people who are experiencing physical health problems. The study concludes that the pandemic has had a significant impact on the health of the community.	1001
Abstract 1002: The impact of the COVID-19 pandemic on the health of the community. The study shows that the pandemic has led to a significant increase in the number of people who are experiencing mental health problems. The study also shows that the pandemic has led to a significant increase in the number of people who are experiencing physical health problems. The study concludes that the pandemic has had a significant impact on the health of the community.	1002
Abstract 1003: The impact of the COVID-19 pandemic on the health of the community. The study shows that the pandemic has led to a significant increase in the number of people who are experiencing mental health problems. The study also shows that the pandemic has led to a significant increase in the number of people who are experiencing physical health problems. The study concludes that the pandemic has had a significant impact on the health of the community.	1003
Abstract 1004: The impact of the COVID-19 pandemic on the health of the community. The study shows that the pandemic has led to a significant increase in the number of people who are experiencing mental health problems. The study also shows that the pandemic has led to a significant increase in the number of people who are experiencing physical health problems. The study concludes that the pandemic has had a significant impact on the health of the community.	1004
Abstract 1005: The impact of the COVID-19 pandemic on the health of the community. The study shows that the pandemic has led to a significant increase in the number of people who are experiencing mental health problems. The study also shows that the pandemic has led to a significant increase in the number of people who are experiencing physical health problems. The study concludes that the pandemic has had a significant impact on the health of the community.	1005

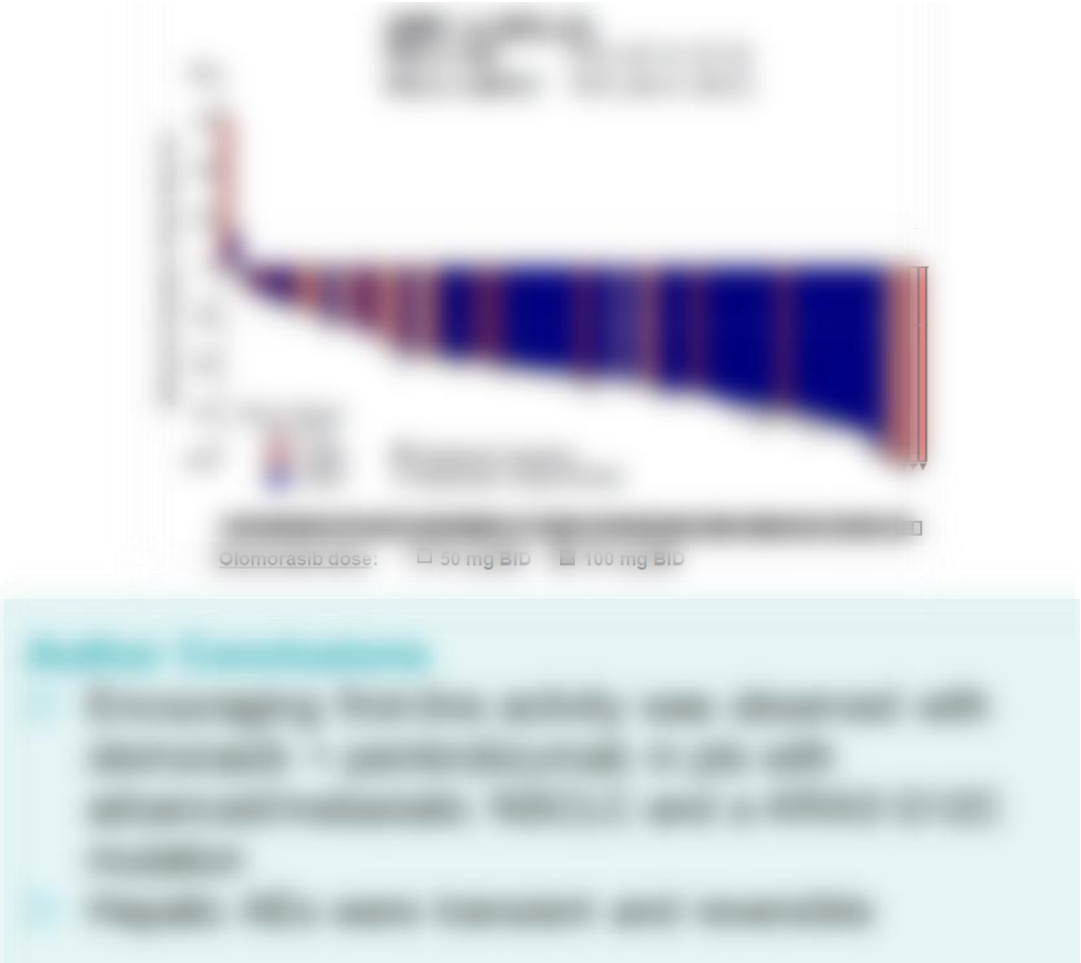
# Efficacy and Safety of 1L Olomorasib + Chemoimmunotherapy in *KRAS* G12C-Mutant NSCLC: Results From LOXO-RAS-20001 and SUNRAY-01

Negrao MV, et al. WCLC 2025. Abstract OA08.02



# Efficacy and Safety of 1L Olomorasib Plus Pembrolizumab in *KRAS* G12C-Mutant NSCLC: Results From LOXO-RAS-20001 and SUNRAY-01

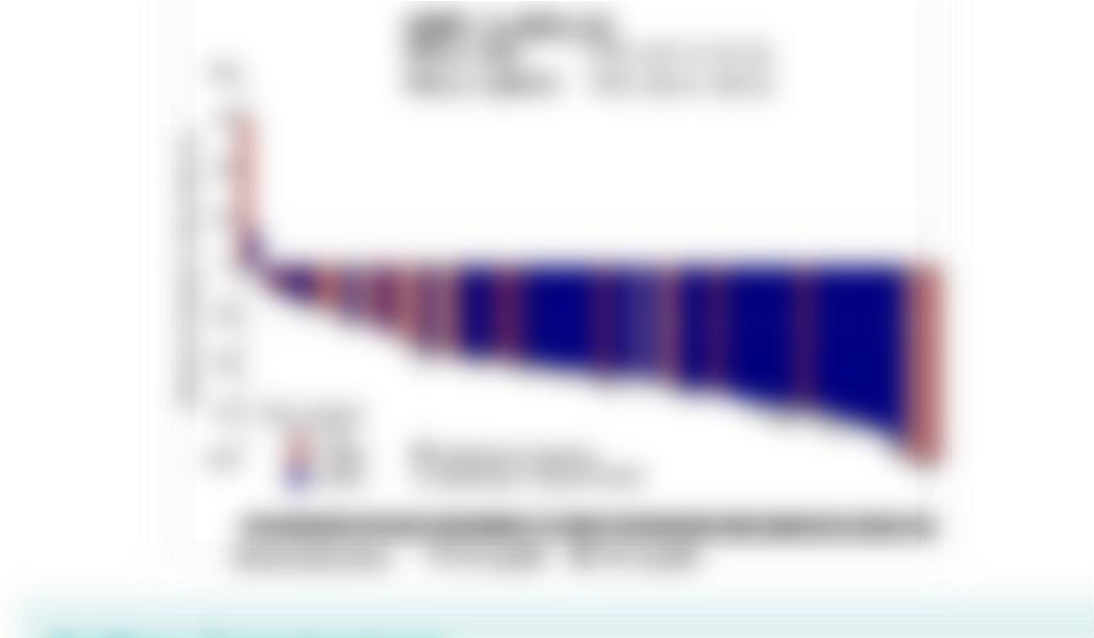
Johnson ML, et al. WCLC 2025. Abstract MA02.06



# Efficacy and Safety of 1L Olomorasib Plus Pembrolizumab in *KRAS* G12C-Mutant NSCLC: Results From LOXO-RAS-20001 and SUNRAY-01

Johnson ML, et al. WCLC 2025. Abstract MA02.06

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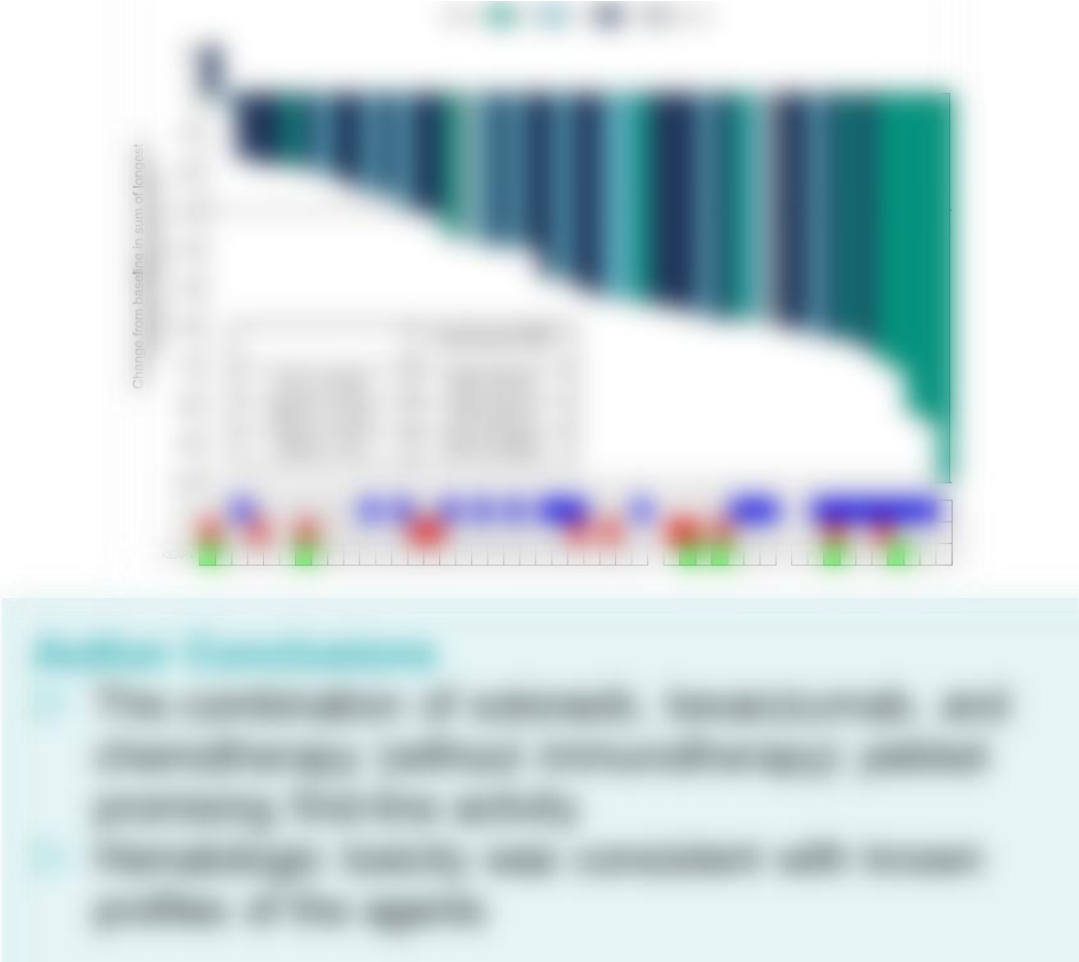


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[Title]  
[Affiliation]  
[Contact Information]



# Primary Endpoint Results from SHERLOCK: a Phase 2 trial of Sotorasib, Bevacizumab and Chemotherapy in Advanced *KRAS* G12C NSCLC

Lee CK, et al. WCLC 2025. Abstract OA08.04



**EPICS**

# Efficacy and Safety of GFH375 in Advanced Non-small Cell Lung Cancer Patients with *KRAS* G12D Mutation

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Lu S, et al. WCLC 2025. Abstract MA02.07



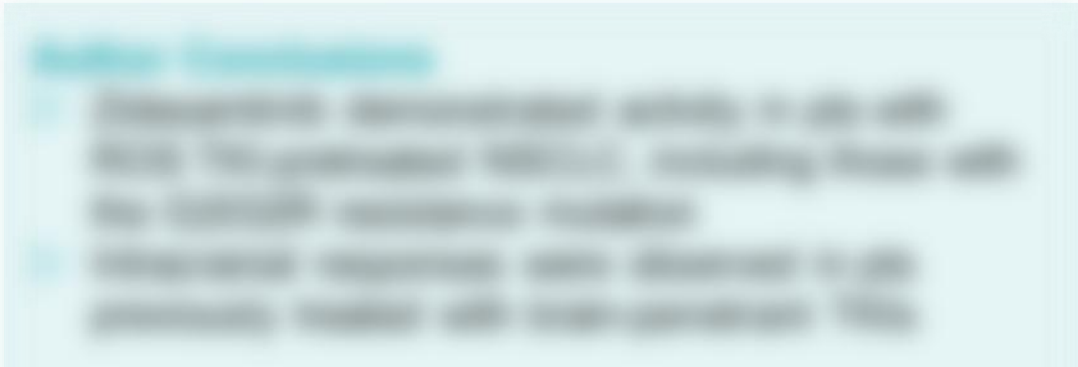
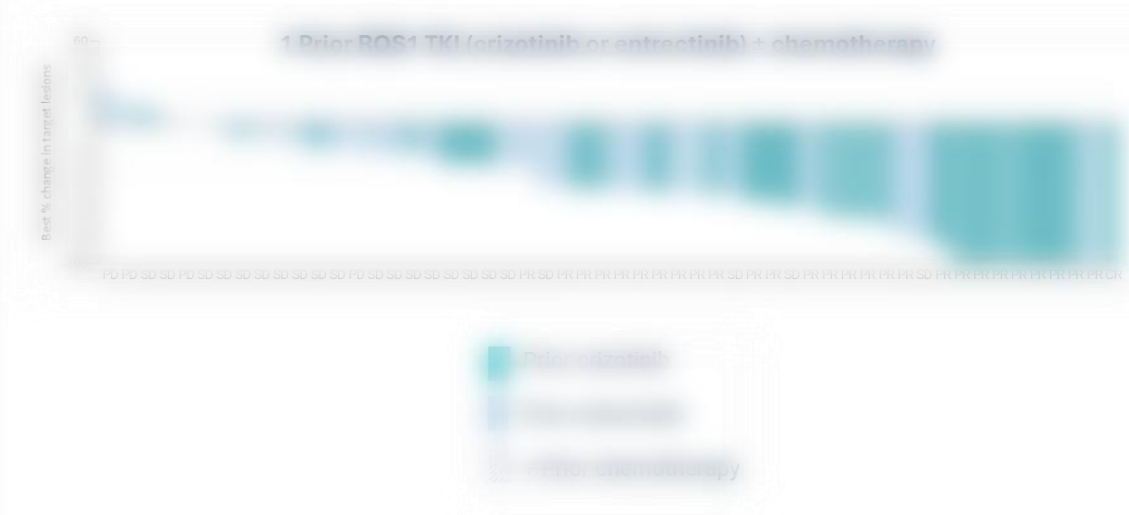
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[Affiliation]





# Pivotal ARROS-1 Efficacy and Safety Data: Zidesamtinib in TKI Pre-treated Patients with Advanced/Metastatic ROS1+ NSCLC

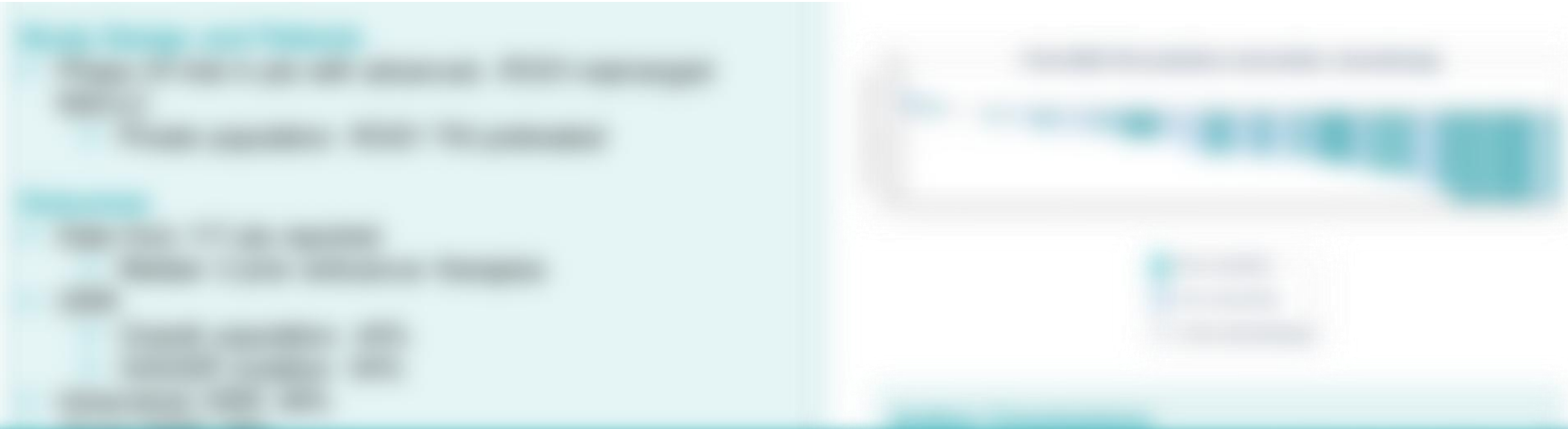
Drilon AE, et al. WCLC 2025. Abstract PL02.15





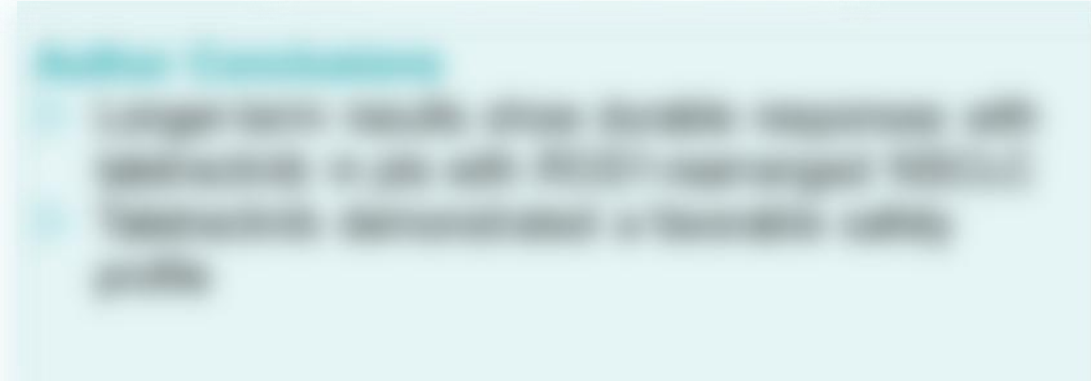
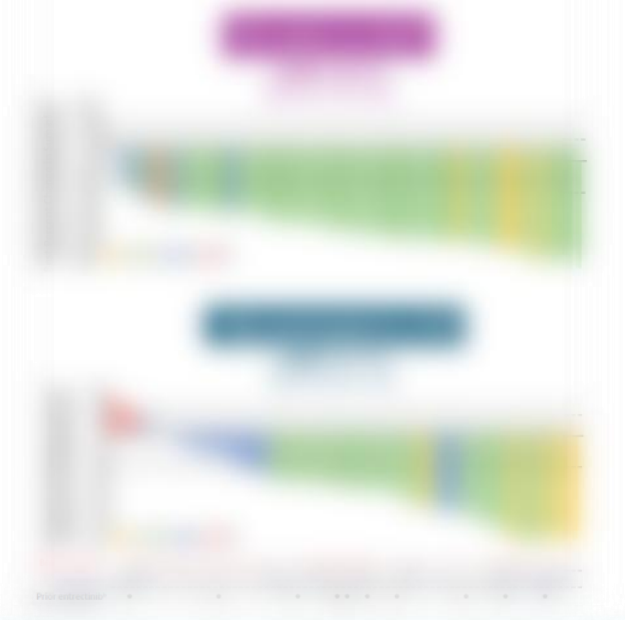
# Pivotal ARROS-1 Efficacy and Safety Data: Zidesamtinib in TKI Pre-treated Patients with Advanced/Metastatic *ROS1*+ NSCLC

Drilon AE, et al. WCLC 2025. Abstract PL02.15



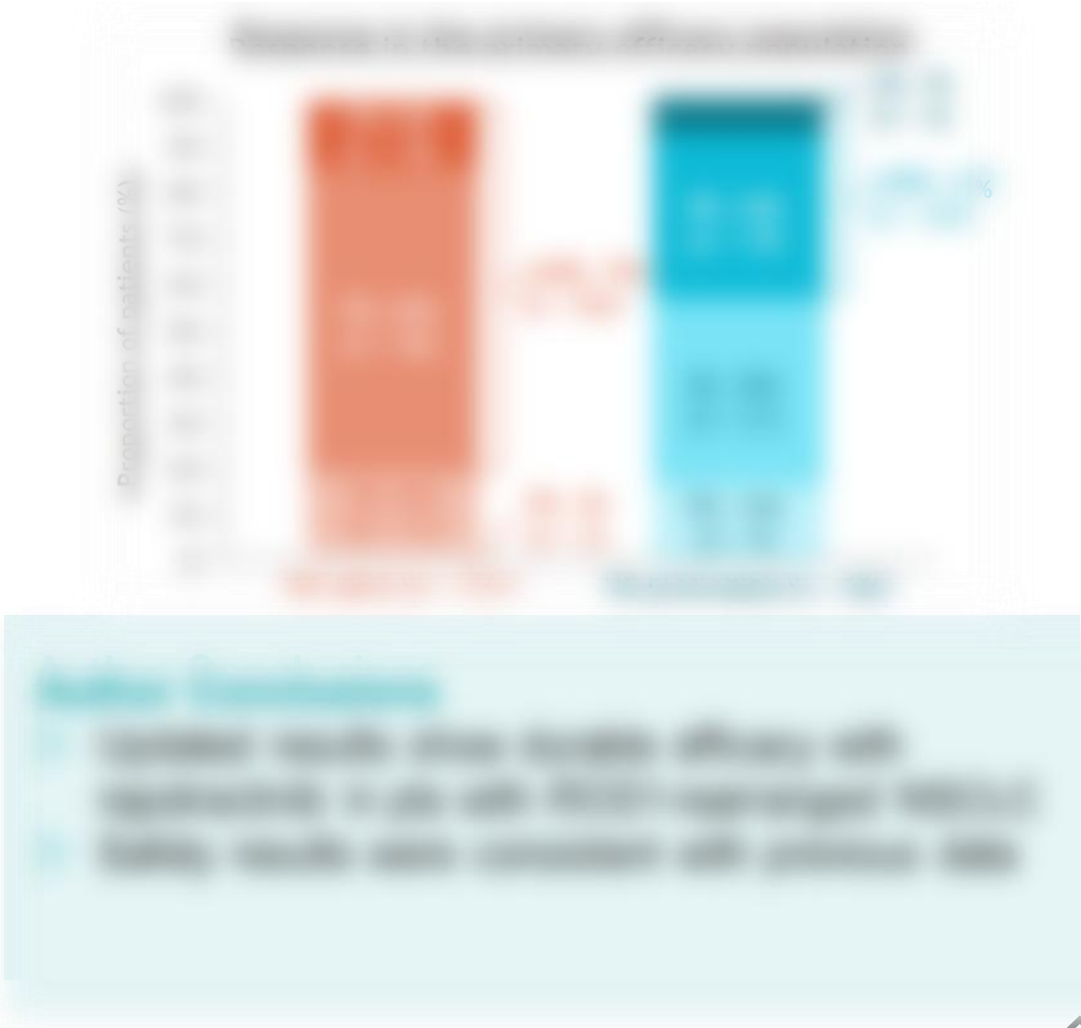
# Updated Efficacy and Safety of Taletrectinib in Patients With *ROS1*+ Non-Small Cell Lung Cancer: The Global TRUST-II Study

Liu G, et al. WCLC 2025. Abstract MA02.02



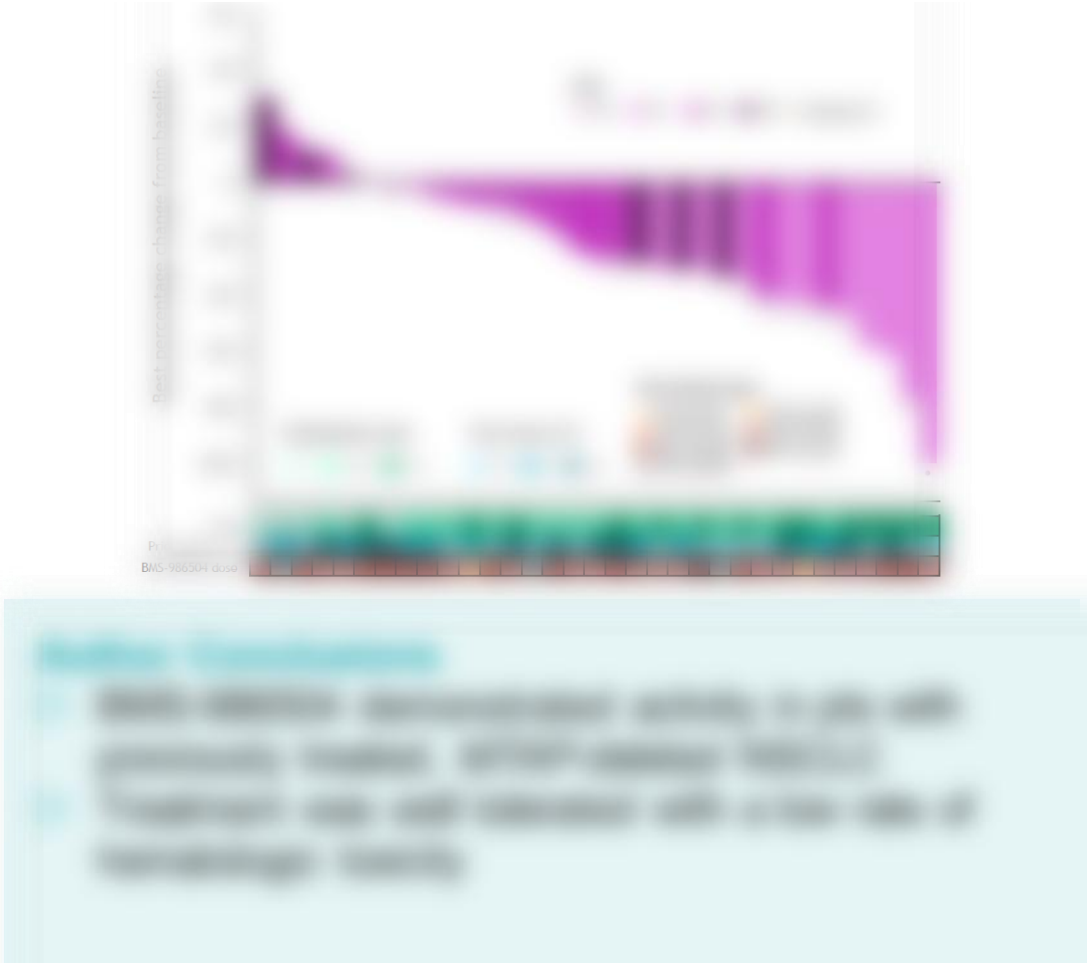
# Repotrectinib in Patients With *ROS1* Fusion-Positive (*ROS1*+) NSCLC: Long-Term Follow-Up From the Phase 1/2 TRIDENT-1 Trial

Cho BC, et al. WCLC 2025. Abstract MA02.03



# BMS-986504 in Patients With Homozygous *MTAP*-Deletion (Del): Clinical Results in Patients With NSCLC Enrolled in CA240-0007

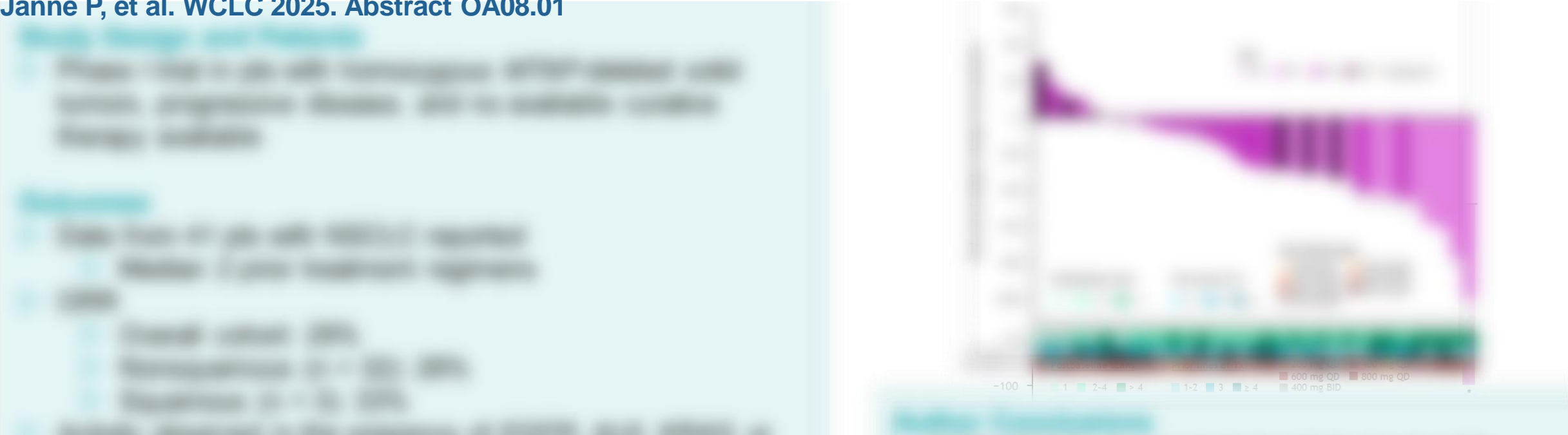
Janne P, et al. WCLC 2025. Abstract OA08.01



# BMS-986504 in Patients With Homozygous *MTAP*-Deletion (Del): Clinical Results in Patients With NSCLC Enrolled in CA240-0007

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Janne P, et al. WCLC 2025. Abstract OA08.01



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# Oncogenic Drivers and Other Mutations in Advanced NSCLC

Discussion

# Oncogenic Drivers and Other Mutations in Advanced NSCLC (1/4)

### EGFR

The EGFR gene encodes a protein that is involved in cell growth and division. In some cases, mutations in the EGFR gene can lead to the production of a protein that is always "on", leading to uncontrolled cell growth and cancer.

EGFR mutations are found in approximately 15-20% of NSCLC cases. These mutations are most commonly found in the exon 19 and exon 21 regions of the gene.

EGFR mutations are typically found in non-smokers and in patients with adenocarcinoma. They are less common in squamous cell carcinoma and small cell carcinoma.

EGFR mutations are typically found in patients with advanced disease, but they can also be found in patients with early-stage disease.

EGFR mutations are typically found in patients with a history of smoking, but they can also be found in patients who have never smoked.

EGFR mutations are typically found in patients with a history of lung cancer, but they can also be found in patients who have never had lung cancer.

EGFR mutations are typically found in patients with a history of lung cancer, but they can also be found in patients who have never had lung cancer.

### ALK

The ALK gene encodes a protein that is involved in cell growth and division. In some cases, mutations in the ALK gene can lead to the production of a protein that is always "on", leading to uncontrolled cell growth and cancer.

ALK mutations are found in approximately 3-7% of NSCLC cases. These mutations are most commonly found in the exon 20 and exon 21 regions of the gene.

ALK mutations are typically found in non-smokers and in patients with adenocarcinoma. They are less common in squamous cell carcinoma and small cell carcinoma.

ALK mutations are typically found in patients with advanced disease, but they can also be found in patients with early-stage disease.

ALK mutations are typically found in patients with a history of smoking, but they can also be found in patients who have never smoked.

ALK mutations are typically found in patients with a history of lung cancer, but they can also be found in patients who have never had lung cancer.

ALK mutations are typically found in patients with a history of lung cancer, but they can also be found in patients who have never had lung cancer.

### ROS1

The ROS1 gene encodes a protein that is involved in cell growth and division. In some cases, mutations in the ROS1 gene can lead to the production of a protein that is always "on", leading to uncontrolled cell growth and cancer.

ROS1 mutations are found in approximately 1-2% of NSCLC cases. These mutations are most commonly found in the exon 20 and exon 21 regions of the gene.

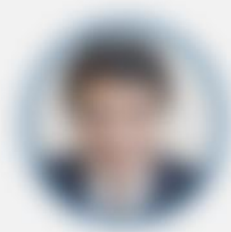
ROS1 mutations are typically found in non-smokers and in patients with adenocarcinoma. They are less common in squamous cell carcinoma and small cell carcinoma.

ROS1 mutations are typically found in patients with advanced disease, but they can also be found in patients with early-stage disease.

ROS1 mutations are typically found in patients with a history of smoking, but they can also be found in patients who have never smoked.

ROS1 mutations are typically found in patients with a history of lung cancer, but they can also be found in patients who have never had lung cancer.

ROS1 mutations are typically found in patients with a history of lung cancer, but they can also be found in patients who have never had lung cancer.



**Dr. David**  
Medical Oncologist, Medical Oncology, Dana-Farber Cancer Institute, Boston, MA

Dr. David is a medical oncologist at Dana-Farber Cancer Institute, where he specializes in the treatment of lung cancer. He is also an associate professor of medicine at Harvard Medical School. Dr. David is a member of the American Society of Clinical Oncology (ASCO) and the European Society for Medical Oncology (ESMO).



# Oncogenic Drivers and Other Mutations in Advanced NSCLC (2/4)

**Key Oncogenic Drivers**

- EGFR: The most common driver mutation in NSCLC, found in approximately 15-20% of patients. It is a tyrosine kinase that, when mutated, leads to constitutive activation and promotes cell growth and survival.
- ALK: Anaplastic lymphoma kinase, found in approximately 3-7% of NSCLC patients. It is a tyrosine kinase that, when mutated, leads to constitutive activation and promotes cell growth and survival.
- ROS1: Ret proto-oncogene, found in approximately 1-2% of NSCLC patients. It is a tyrosine kinase that, when mutated, leads to constitutive activation and promotes cell growth and survival.
- BRAF: V-kinase, found in approximately 1-2% of NSCLC patients. It is a tyrosine kinase that, when mutated, leads to constitutive activation and promotes cell growth and survival.
- RET: Rearranged during transfection, found in approximately 1-2% of NSCLC patients. It is a tyrosine kinase that, when mutated, leads to constitutive activation and promotes cell growth and survival.
- HER2: Human epidermal growth factor receptor 2, found in approximately 1-2% of NSCLC patients. It is a tyrosine kinase that, when mutated, leads to constitutive activation and promotes cell growth and survival.

**Other Mutations**

- TP53: Tumor protein 53, found in approximately 50-60% of NSCLC patients. It is a tumor suppressor gene that, when mutated, leads to loss of function and promotes cell growth and survival.
- KRAS: Kirsten rat sarcoma oncogene, found in approximately 10-15% of NSCLC patients. It is a G-protein coupled receptor that, when mutated, leads to constitutive activation and promotes cell growth and survival.
- PIK3CA: Phosphatidylinositol (3)-OH kinase, found in approximately 10-15% of NSCLC patients. It is a tyrosine kinase that, when mutated, leads to constitutive activation and promotes cell growth and survival.
- MTOR: Mammalian target of rapamycin, found in approximately 10-15% of NSCLC patients. It is a tyrosine kinase that, when mutated, leads to constitutive activation and promotes cell growth and survival.
- CTNNB1: Catenin, beta, found in approximately 10-15% of NSCLC patients. It is a tumor suppressor gene that, when mutated, leads to loss of function and promotes cell growth and survival.



# Oncogenic Drivers and Other Mutations in Advanced NSCLC

(3/4)

**EGFR** is a tyrosine kinase receptor that is overexpressed in many types of cancer, including NSCLC. EGFR mutations are found in approximately 15-20% of NSCLC patients. EGFR mutations are classified into three main categories: activating mutations, amplification, and overexpression. Activating mutations are the most common and are found in the extracellular domain, the transmembrane domain, and the intracellular domain. Amplification and overexpression are found in the intracellular domain. EGFR mutations are associated with increased proliferation, survival, and invasion. EGFR mutations are also associated with resistance to chemotherapy and radiation therapy. EGFR mutations are a key biomarker for the use of EGFR tyrosine kinase inhibitors (TKIs) in the treatment of NSCLC.

**ALK** is a tyrosine kinase receptor that is overexpressed in many types of cancer, including NSCLC. ALK mutations are found in approximately 3-5% of NSCLC patients. ALK mutations are classified into two main categories: activating mutations and amplification. Activating mutations are found in the intracellular domain. Amplification is found in the extracellular domain. ALK mutations are associated with increased proliferation, survival, and invasion. ALK mutations are also associated with resistance to chemotherapy and radiation therapy. ALK mutations are a key biomarker for the use of ALK tyrosine kinase inhibitors (TKIs) in the treatment of NSCLC.

**ROS1** is a tyrosine kinase receptor that is overexpressed in many types of cancer, including NSCLC. ROS1 mutations are found in approximately 1-2% of NSCLC patients. ROS1 mutations are classified into two main categories: activating mutations and amplification. Activating mutations are found in the intracellular domain. Amplification is found in the extracellular domain. ROS1 mutations are associated with increased proliferation, survival, and invasion. ROS1 mutations are also associated with resistance to chemotherapy and radiation therapy. ROS1 mutations are a key biomarker for the use of ROS1 tyrosine kinase inhibitors (TKIs) in the treatment of NSCLC.

# Oncogenic Drivers and Other Mutations in Advanced NSCLC

(4/4)

**Slide 1: Introduction to Oncogenic Drivers in NSCLC**

Oncogenic drivers are mutations that promote cancer growth. In NSCLC, these include EGFR, KRAS, and ALK.

**Slide 2: EGFR Mutations**

EGFR mutations are found in approximately 15% of NSCLC cases. They lead to constitutive activation of the receptor, promoting cell proliferation.

**Slide 3: KRAS Mutations**

KRAS mutations are found in approximately 25% of NSCLC cases. They lead to constitutive activation of the protein, promoting cell proliferation.

**Slide 4: ALK Rearrangements**

ALK rearrangements are found in approximately 3-5% of NSCLC cases. They lead to the formation of a fusion protein with oncogenic activity.

**Slide 5: Other Mutations**

Other mutations include ROS1, BRAF, and MET. These mutations also promote cancer growth and are targets for treatment.



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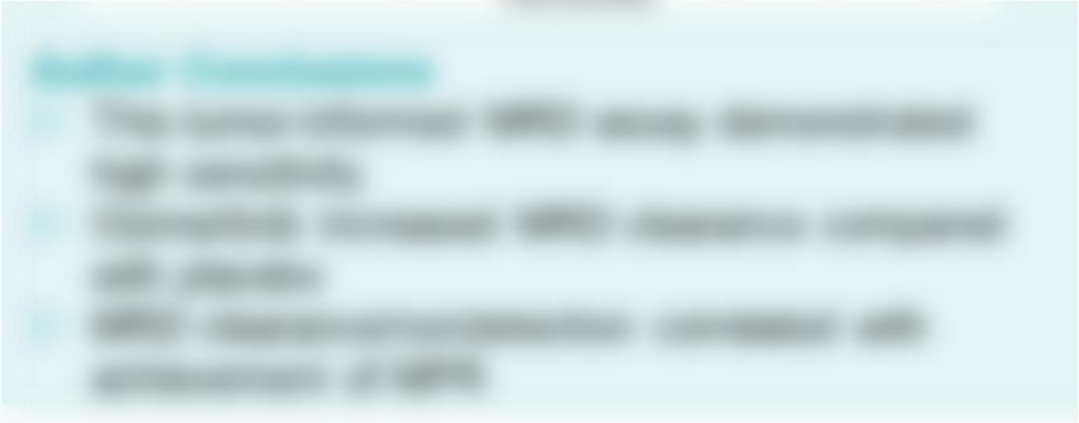
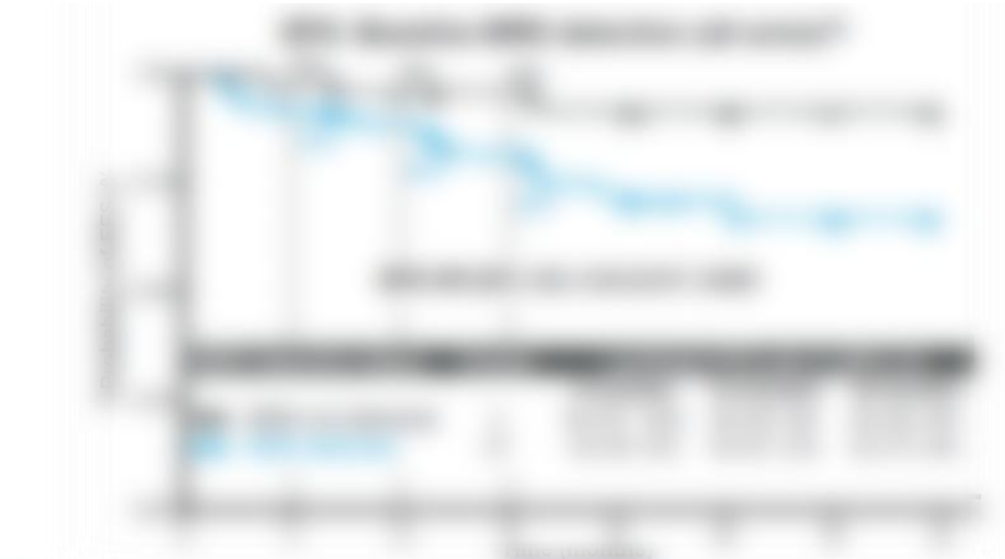
## Targeted Therapy in Resectable NSCLC

Conference Highlights Presented by  
Helen Ross, MD

Abstract	Topic
Abstract 1: The role of the nurse in the management of the patient with a chronic condition. This paper discusses the importance of the nurse in the management of the patient with a chronic condition and the role of the nurse in the management of the patient with a chronic condition.	Chronic Disease Management
Abstract 2: The role of the nurse in the management of the patient with a chronic condition. This paper discusses the importance of the nurse in the management of the patient with a chronic condition and the role of the nurse in the management of the patient with a chronic condition.	Chronic Disease Management
Abstract 3: The role of the nurse in the management of the patient with a chronic condition. This paper discusses the importance of the nurse in the management of the patient with a chronic condition and the role of the nurse in the management of the patient with a chronic condition.	Chronic Disease Management
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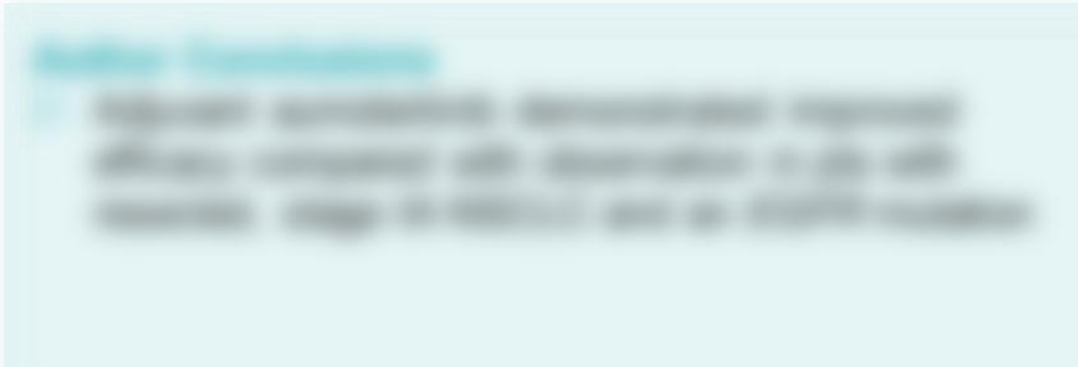
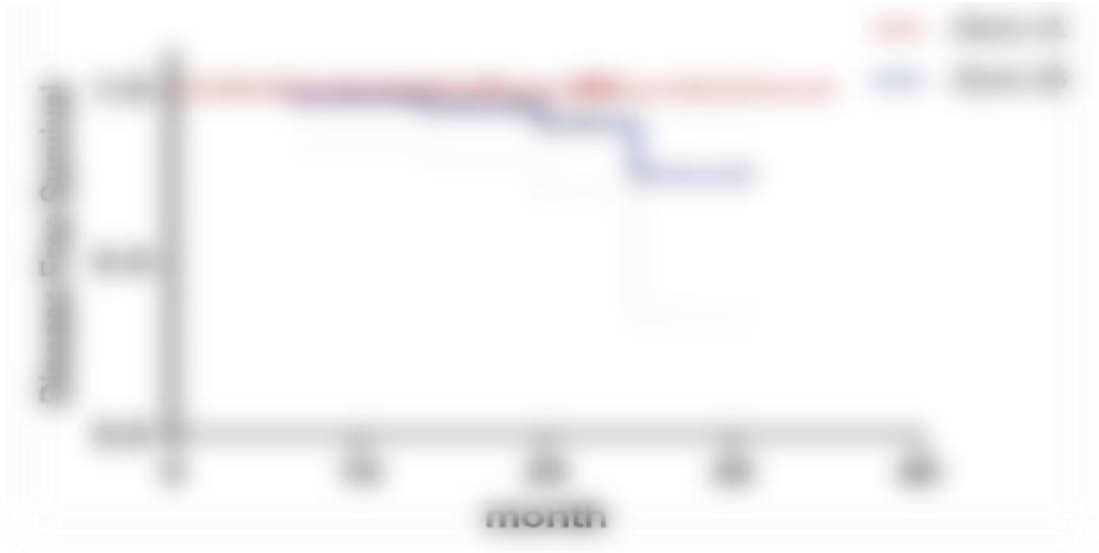
# Molecular Residual Disease (MRD) Analysis from NeoADAURA: Neoadjuvant Osimertinib ± Chemotherapy in Resectable *EGFR*m NSCLC

Blakely C, et al. WCLC 2025. Abstract OA02.02



# Efficacy and Safety of Aumolertinib as Adjuvant Therapy in Resectable Stage IA *EGFR* Mutated NSCLC With High Risk (APPOINT)

Zhang W, et al. WCLC 2025. Abstract MA04.03



# Phase 3 Trial of Crizotinib vs Observation for Surgically Resected Early-Stage *ALK*+ NSCLC

Gerber DE, et al. WCLC 2025. Abstract PL02.18

**Background:** Phase 3 trial comparing crizotinib (CRZ) vs observation (OBS) in surgically resected early-stage *ALK*+ NSCLC. The primary endpoint is overall survival (OS).

**Methods:** 100 patients were randomized to CRZ (n=50) or OBS (n=50). The trial was stratified by stage (I, II, III) and *ALK* status (positive, negative). The primary endpoint is OS.

**Results:** The median OS for the CRZ group was 10.5 months (95% CI: 8.5-12.5), compared to 7.5 months (95% CI: 6.5-8.5) for the OBS group. The difference was statistically significant (p=0.02).

**Conclusion:** Crizotinib significantly improved OS compared to observation in surgically resected early-stage *ALK*+ NSCLC.



**Conclusion:** Crizotinib significantly improved OS compared to observation in surgically resected early-stage *ALK*+ NSCLC.



# Nautika1: Clinical Outcomes and Pathologic Regression With Neoadjuvant Alectinib in Resectable Stage IB-IIIB *ALK*+ NSCLC

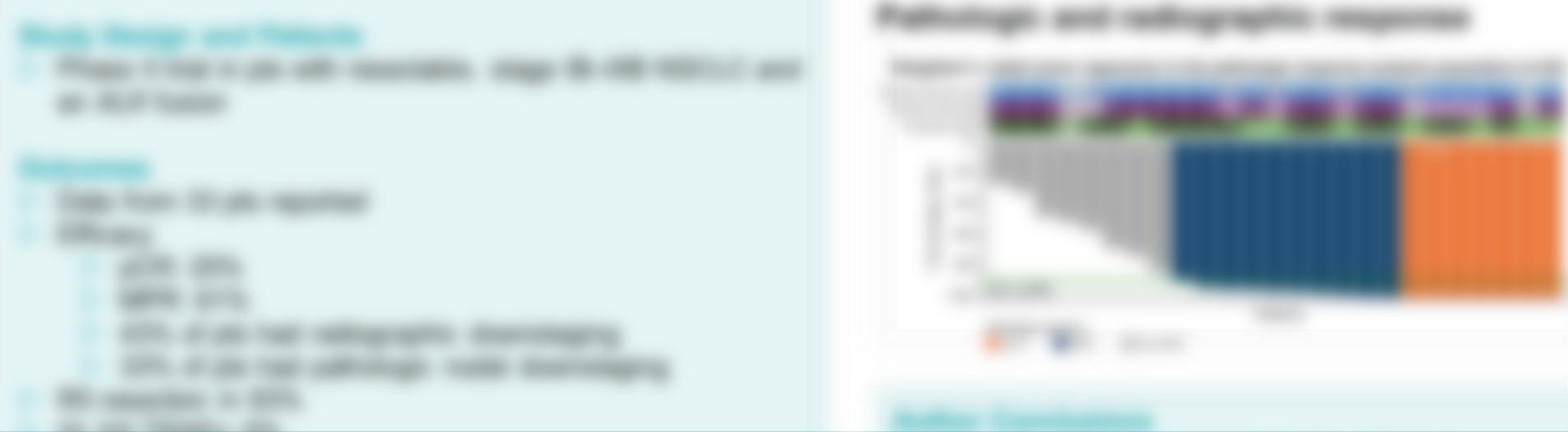
Lee JM, et al. WCLC 2025. Abstract MA04.02





# Nautika1: Clinical Outcomes and Pathologic Regression With Neoadjuvant Alectinib in Resectable Stage IB-IIIB *ALK*+ NSCLC

Lee JM, et al. WCLC 2025. Abstract MA04.02



## Expert's Insights

"Should we be using it neoadjuvantly, as we may be doing more and more with EGFR-directed neoadjuvant therapy? The results of this small, single-arm basket trial looking at *ALK*-positive patients suggested that at least that there's no appreciable downside to doing so."

— Dr. Ross

# Clinical Performance of a Tumor Informed Whole Genome Based ctDNA Assay for Predicting Recurrence in Early-Stage Resectable NSCLC

Becharano G, et al. WCLC 2025. Abstract MA03.02



# Clinical Performance of a Tumor Informed Whole Genome Based ctDNA Assay for Predicting Recurrence in Early-Stage Resectable NSCLC

Becharano G, et al. WCLC 2025. Abstract MA03.02



Presented by: [Name]  
[Text]  
[Text]  
[Text]



EPICS

# Targeted Therapy in Resectable NSCLC

Discussion

# Targeted Therapy in Resectable NSCLC (1/2)

**Learning Objectives**

- 1. Understand the role of targeted therapy in the management of resectable NSCLC.
- 2. Identify the key molecular alterations in NSCLC that are associated with response to targeted therapy.
- 3. Discuss the importance of genetic testing in the management of NSCLC.
- 4. Review the clinical trial evidence for the use of targeted therapy in NSCLC.
- 5. Discuss the role of targeted therapy in the management of NSCLC.
- 6. Understand the importance of patient selection for targeted therapy.
- 7. Discuss the role of targeted therapy in the management of NSCLC.

**Dr. [Name]**

Dr. [Name] is a board-certified oncologist at [Institution]. She has a strong interest in the management of NSCLC and is currently involved in several clinical trials. She is also a frequent speaker at national and international conferences.

# Targeted Therapy in Resectable NSCLC (2/2)

<b>EPIC 001A, Phase 1/2a, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016	<b>EPIC 001B, Phase 1/2b, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016
<b>EPIC 002A, Phase 1/2a, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016	<b>EPIC 002B, Phase 1/2b, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016
<b>EPIC 003A, Phase 1/2a, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016	<b>EPIC 003B, Phase 1/2b, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016
<b>EPIC 004A, Phase 1/2a, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016	<b>EPIC 004B, Phase 1/2b, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016
<b>EPIC 005A, Phase 1/2a, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016	<b>EPIC 005B, Phase 1/2b, Randomized, Double-Blind, Placebo-Controlled, Dose-Dense Study of Atezolizumab in Combination with Carboplatin and Paclitaxel in Patients with Resectable NSCLC</b> NCT01823929, August 1, 2016





EPICS

## Immunotherapy in Resectable NSCLC

Conference Highlights Presented by  
Natasha Leigh, MD

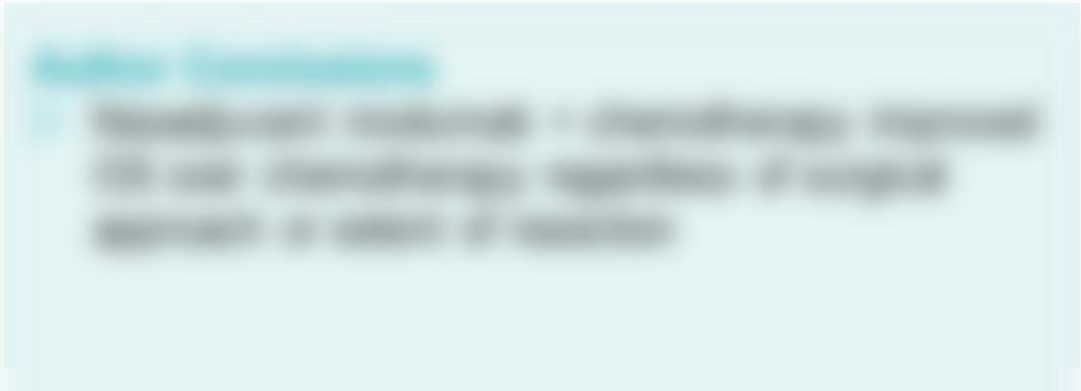
# Abstract Selection

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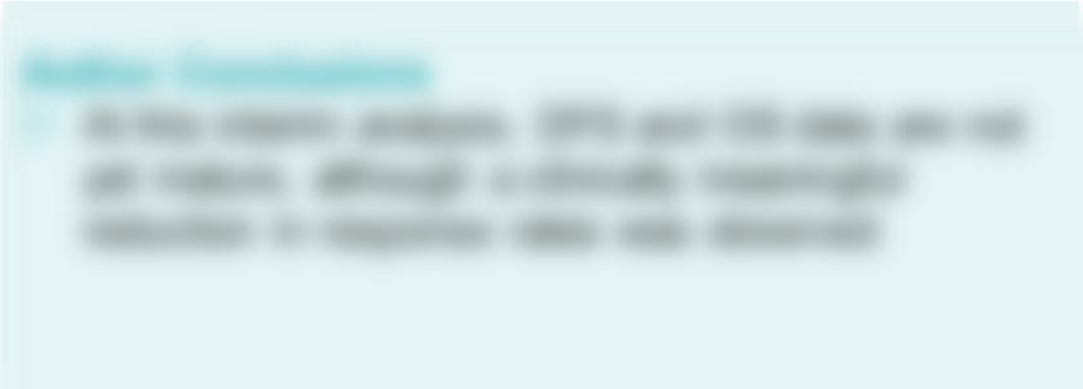
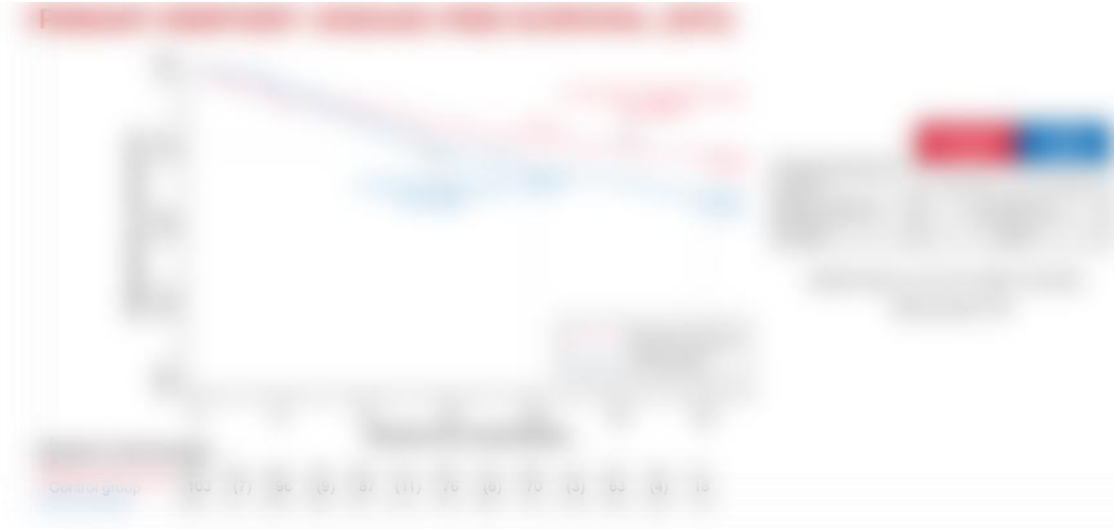
# Overall Survival (OS) with Neoadjuvant Nivolumab Plus Chemotherapy by Surgical Outcomes in the Phase 3 CheckMate 816 Study

Mitsudomi T, et al. WCLC 2025. Abstract OA02.03



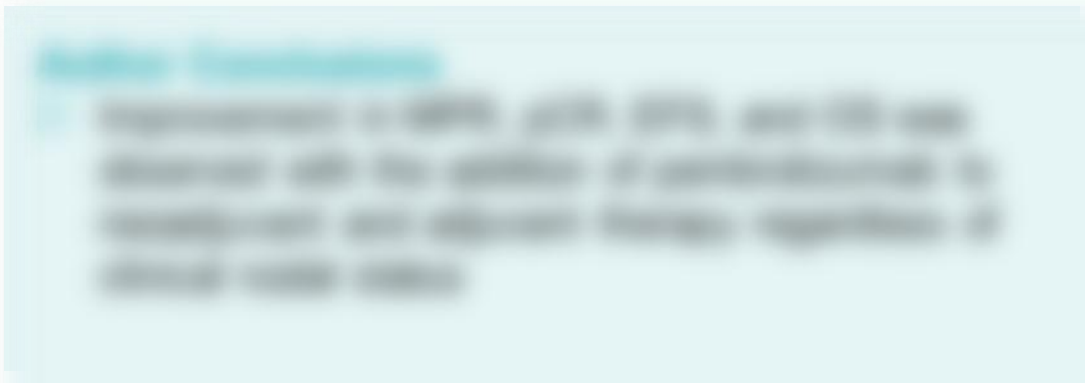
# Adjuvant Chemotherapy (CT) vs CT-immunotherapy for R0 Stage IB-IIIa NSCLC Patients (NADIM ADJUVANT): a Randomized, Phase 3 Trial

Provencio M, et al. WCLC 2025. Abstract PL03.10



# Perioperative Pembrolizumab in Non-Small Cell Cancer (NSCLC): 4-Year Outcomes by Nodal Status in the KEYNOTE-671 Study

Wakelee H, et al. WCLC 2025. Abstract MA04.04



# Patterns of Progression and Recurrence with Perioperative Durvalumab in Patients with Resectable NSCLC from AEGEAN

Cobo M, et al. WCLC 2025. Abstract MA04.09

### Study Design and Objectives

Objective: To evaluate the patterns of progression and recurrence in the AEGEAN study.

### Results

- Overall survival (OS) was significantly improved in the durvalumab arm compared to the control arm (HR: 0.75, p < 0.001).
- The proportion of distant recurrences was significantly higher in the durvalumab arm (55% vs 45%, p < 0.001).
- Local recurrence rates were similar between the two arms (15% vs 14%, p = 0.85).
- Median time to distant recurrence was longer in the durvalumab arm (18.5 months vs 16.5 months, p = 0.02).
- Median time to local recurrence was similar in both arms (12.5 months vs 12.0 months, p = 0.95).
- Median time to any recurrence was longer in the durvalumab arm (20.5 months vs 18.5 months, p = 0.01).



EPICS

# Immunotherapy in Resectable NSCLC

Discussion

**Immunotherapy in Resectable NSCLC (1/3)**

**Learning Objectives**

- 1. Understand the role of immunotherapy in the treatment of resectable NSCLC.
- 2. Identify the key clinical trials that have shaped the current standard of care.
- 3. Discuss the challenges and opportunities associated with immunotherapy in this patient population.

**Key Points**

- 1. Immunotherapy is a promising approach for the treatment of resectable NSCLC, particularly in the adjuvant setting.
- 2. The key clinical trials that have shaped the current standard of care include the CheckMate-017, CheckMate-057, and KEYNOTE-024 trials.
- 3. The challenges associated with immunotherapy in this patient population include the risk of immune-related adverse events, the need for careful patient selection, and the potential for resistance to therapy.

**Dr. [Name]**

[Bio]

## Immunotherapy in Resectable NSCLC (2/3)

**Support the individual**

- The support should be based on the individual's needs, and should be based on the individual's own views and wishes.



### QUESTION 1: [Illegible]

The addition of immunotherapy to chemotherapy in the first-line setting for resectable NSCLC is currently considered a standard of care.

Correctly, the addition of immunotherapy to chemotherapy is considered a standard of care for resectable NSCLC in the first-line setting.

### QUESTION 2: [Illegible]

Based on the results of the KEYNOTE-024 trial, the addition of pembrolizumab to chemotherapy is considered a standard of care for resectable NSCLC in the first-line setting.

### QUESTION 3: [Illegible]

Based on the results of the KEYNOTE-024 trial, the addition of pembrolizumab to chemotherapy is considered a standard of care for resectable NSCLC in the first-line setting.

### QUESTION 4: [Illegible]

Based on the results of the KEYNOTE-024 trial, the addition of pembrolizumab to chemotherapy is considered a standard of care for resectable NSCLC in the first-line setting.





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## Immunotherapy in Stage III/IV NSCLC

Conference Highlights Presented by  
Marina Garassino, MD

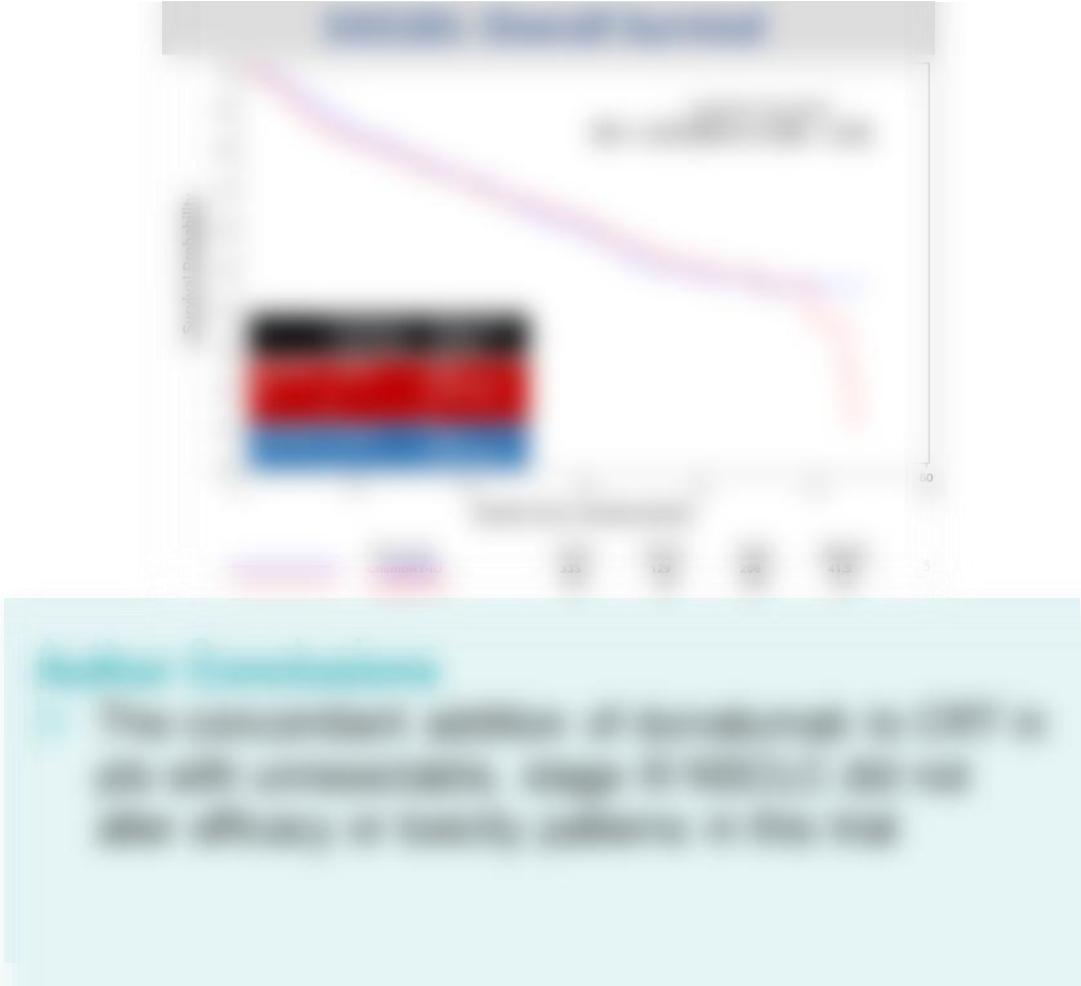
# Abstract Selection (1/2)

Abstract	Rating
Abstract 1: [Faint text about abstract 1]	3
Abstract 2: [Faint text about abstract 2]	3
Abstract 3: [Faint text about abstract 3]	3
Abstract 4: [Faint text about abstract 4]	3
Abstract 5: [Faint text about abstract 5]	3
Abstract 6: [Faint text about abstract 6]	3

Abstract	Rating
Abstract 1: [Faint text about abstract 1]	1 2 3
Abstract 2: [Faint text about abstract 2]	1 2 3
Abstract 3: [Faint text about abstract 3]	1 2 3
Abstract 4: [Faint text about abstract 4]	1 2 3
Abstract 5: [Faint text about abstract 5]	1 2 3
Abstract 6: [Faint text about abstract 6]	1 2 3

# EA5181: Phase 3 Trial of Concurrent and Consolidative Durvalumab vs Consolidation Durva Alone for Unresectable Stage 3 NSCLC

Varlotto JM, et al. WCLC 2025. Abstract PL03.06



# EA5181: Phase 3 Trial of Concurrent and Consolidative Durvalumab vs Consolidation Durva Alone for Unresectable Stage 3 NSCLC



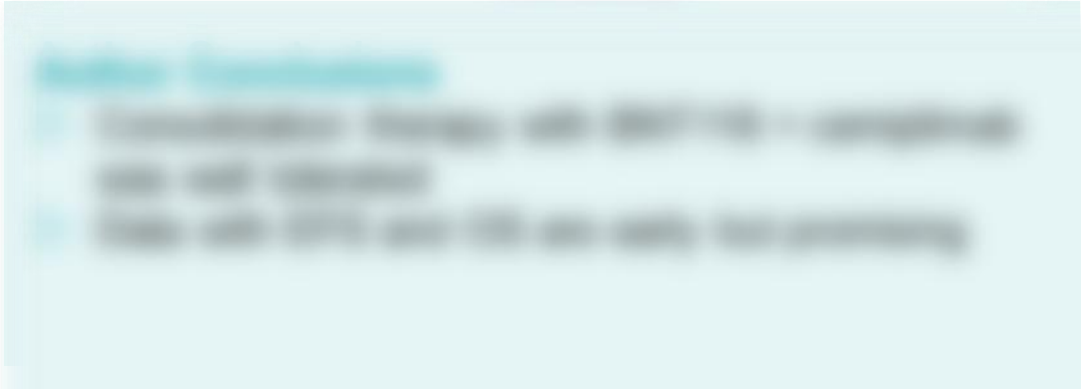
### Expert's Insights

"We need to be focusing a little bit more in the neoadjuvant sphere, where we actually have a chance to let our immune subjects rev up and be active before we add radiation to the mix."

— Dr. Piana

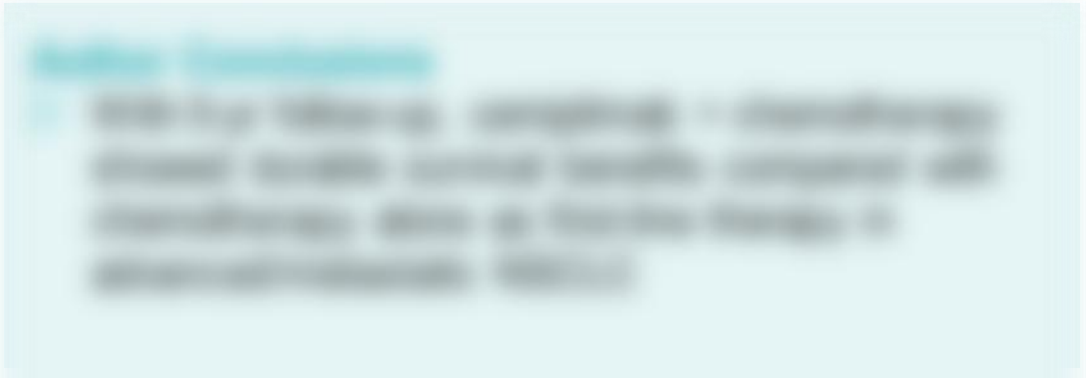
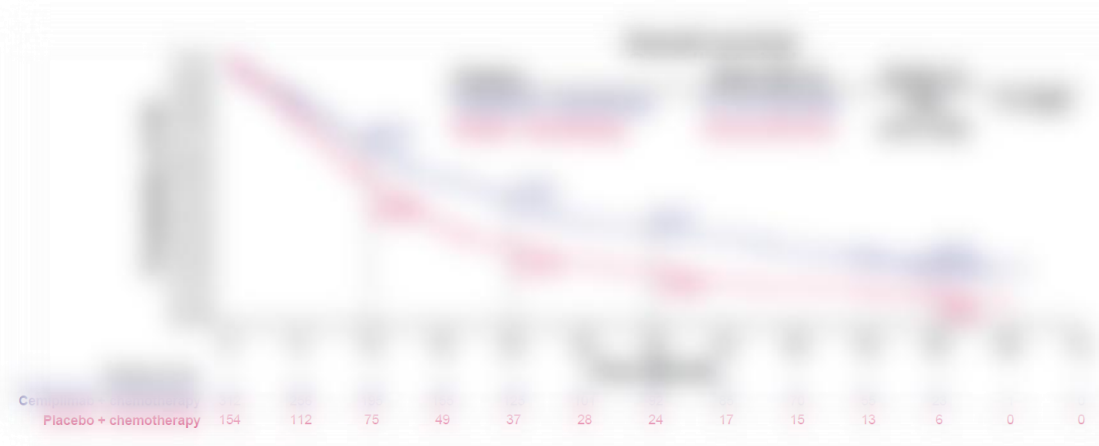
# Preliminary Results of the Phase I LuCa-MERIT-1 Trial: An Advanced NSCLC pt Cohort Treated With BNT116 + Cemiplimab Post CRT

Öven BB, et al. WCLC 2025. Abstract MA01.07



# Cemiplimab Plus Chemotherapy vs Chemotherapy in Advanced NSCLC: 5-Year Results from Phase3 EMPOWER-Lung 3 Part 2 Trial

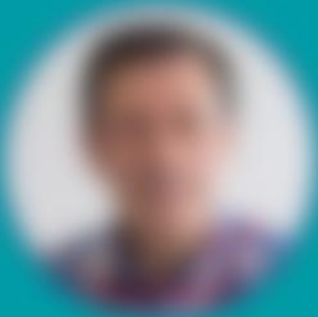
Baramidze A, et al. WCLC 2025. Abstract MA10.09





# Cemiplimab Plus Chemotherapy vs Chemotherapy in Advanced NSCLC: 5-Year Results from Phase3 EMPOWER-Lung 3 Part 2 Trial

Baramidze A, et al. WCLC 2025. Abstract MA10.09



Abstract content text area, likely containing a summary or key findings.



# ASTRUM-002: First-Line Serplulimab Plus Chemotherapy With or Without HLX04 in Advanced Nonsquamous Non-Small Cell Lung Cancer

Shi Y, et al. WCLC 2025. Abstract OA05.01

EPICS



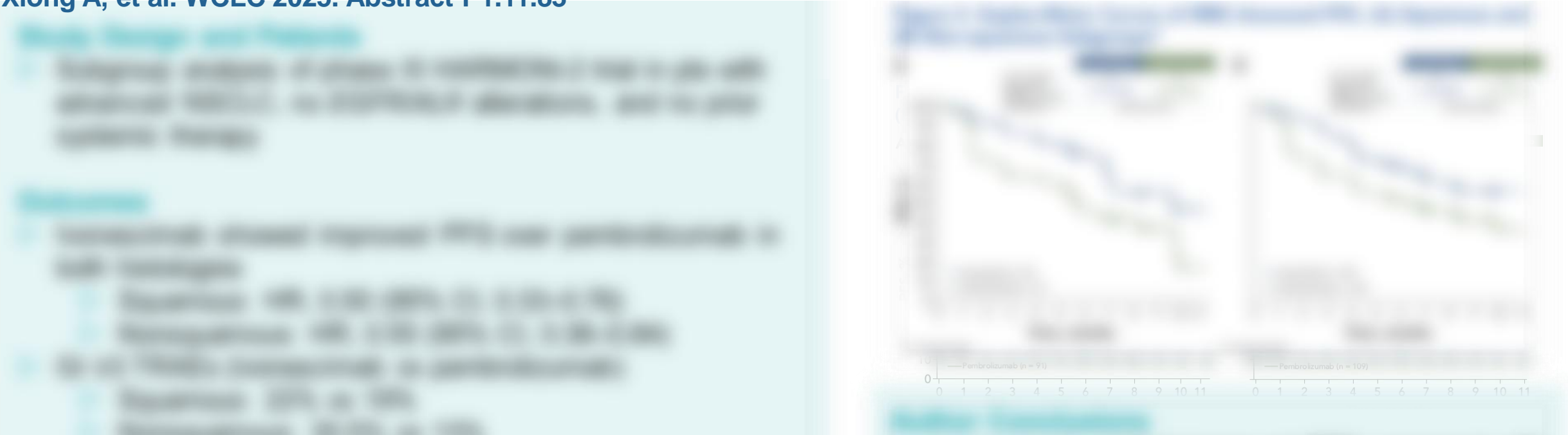
# Ivonescimab Versus Pembrolizumab for PD-L1-Positive NSCLC: A Subgroup Analysis of HARMONi-2 by Tumor Histology

Xiong A, et al. WCLC 2025. Abstract P1.11.83



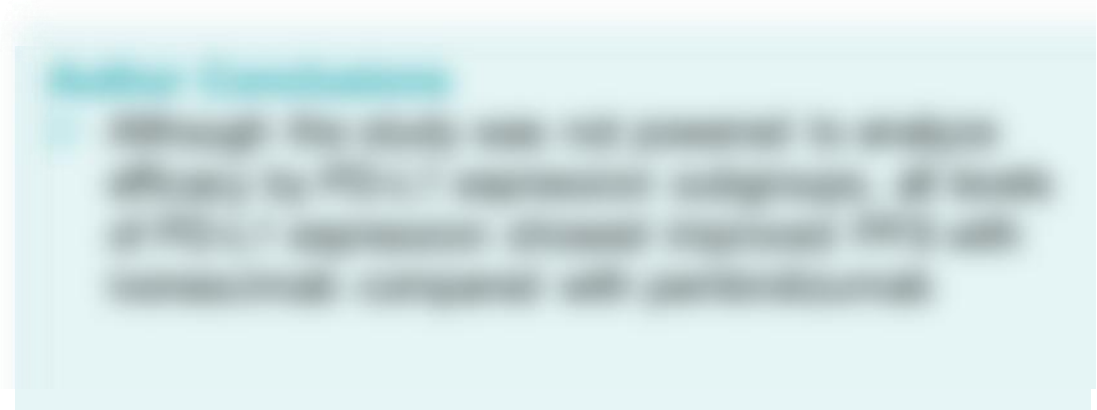
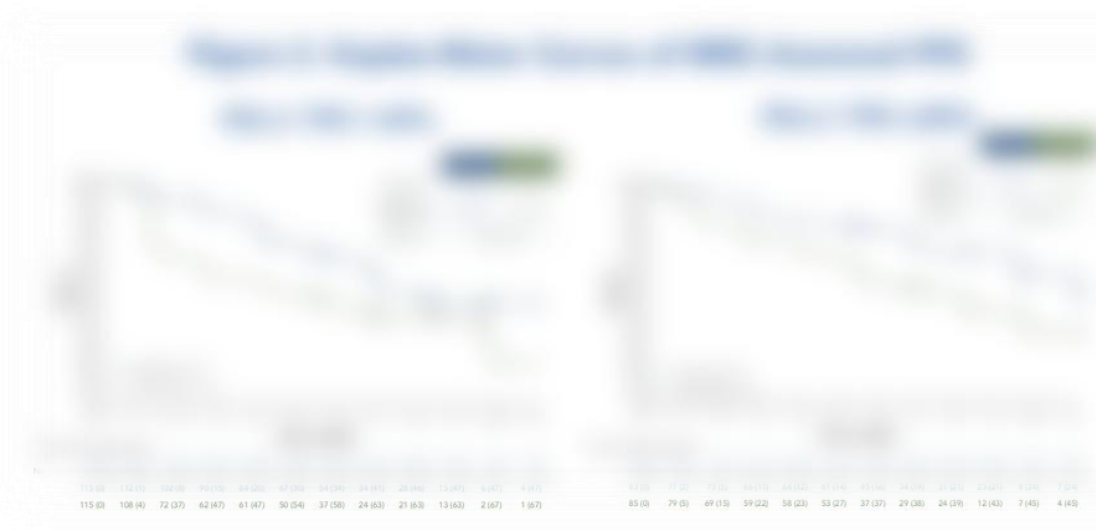
# Ivonescimab Versus Pembrolizumab for PD-L1-Positive NSCLC: A Subgroup Analysis of HARMONi-2 by Tumor Histology

Xiong A, et al. WCLC 2025. Abstract P1.11.83



# Ivonescimab Versus Pembrolizumab for PD-L1-Positive NSCLC: A Subgroup Analysis of HARMONi-2 by Tumor PD-L1 Expression Level

Wang L, et al. WCLC 2025. Abstract P1.11.65



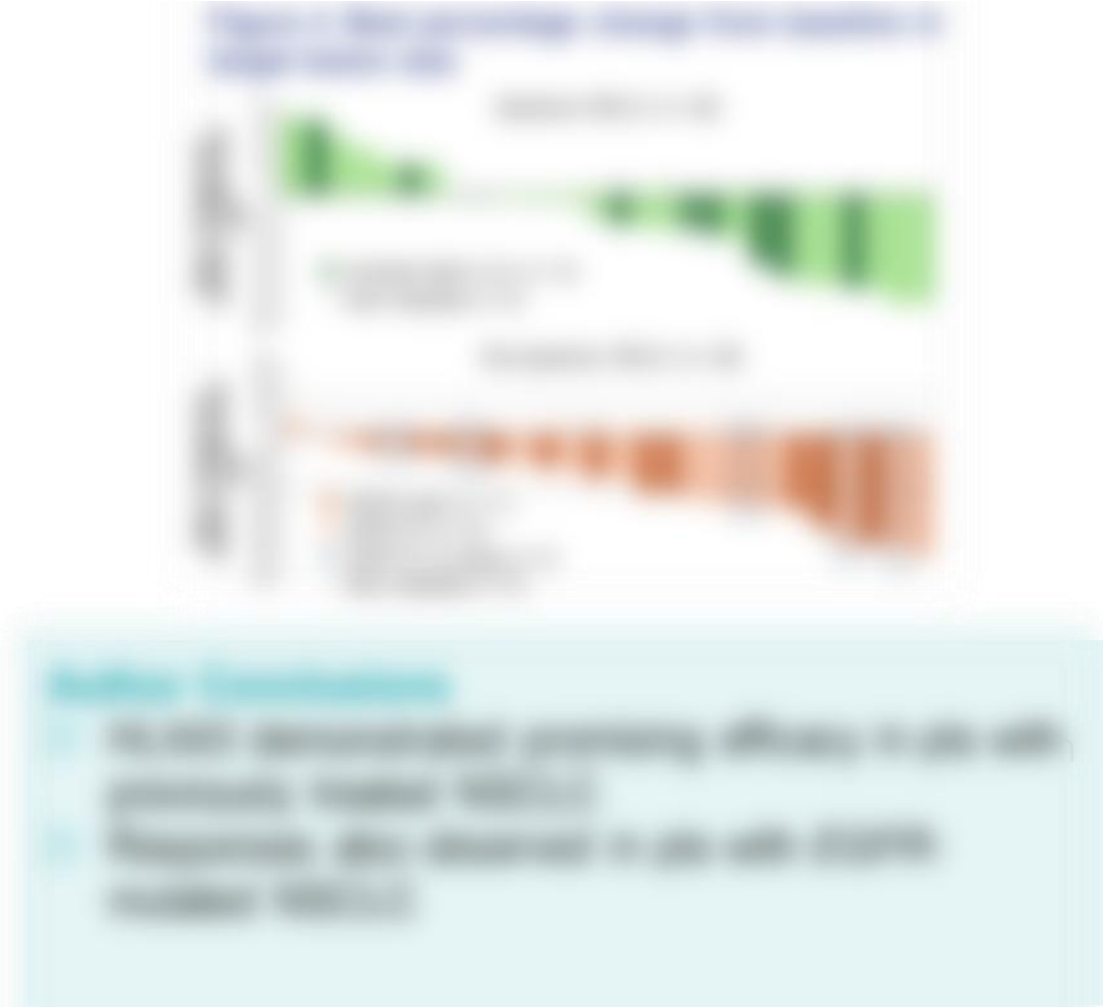
# IMM2510, an Anti-PD-L1/VEGF Bispecific Antibody Fusion Protein for Advanced IO-treated SQ-NSCLC: A Phase I Study

Wang P, et al. WCLC 2025. Abstract P3.12.74



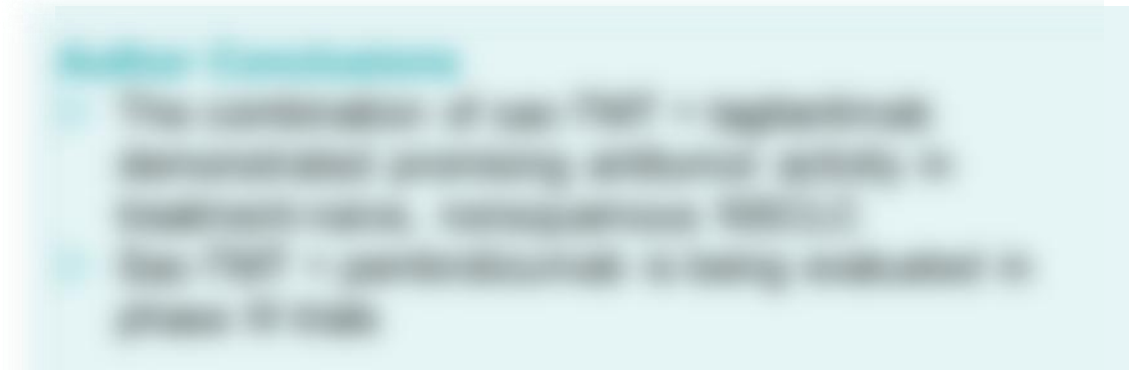
# Safety, Tolerability and Preliminary Efficacy of Anti-PD-L1 ADC HLX43 in Advanced/Metastatic Solid Tumors: A Phase I Study

Wang J, et al. WCLC 2025. Abstract PT2.10.03



# Sacituzumab tirumotecan (sac-TMT) in combination with tagitanlimab (anti-PD-L1) in first-line (1L) advanced non-small-cell lung cancer (NSCLC): Non-squamous cohort from the phase II OptiTROP-Lung01 study

Fang W, et al. ASCO 2025. Abstract 8529



EPICS

# Immunotherapy in Stage III/IV NSCLC

Discussion



# Immunotherapy in Stage III/IV NSCLC (1/4)

Immunotherapy in Stage III/IV NSCLC

Immunotherapy is a type of cancer treatment that uses the body's immune system to fight cancer. It is used to treat various types of cancer, including lung cancer.

Immunotherapy can be used in combination with other treatments, such as chemotherapy and radiation therapy. It can also be used as a standalone treatment.

Immunotherapy works by helping the immune system recognize and attack cancer cells. It can be used to prevent cancer from coming back or to slow its growth.

Immunotherapy is a promising new treatment for cancer. It is still being studied, but it has shown promising results in clinical trials.

Dr. [Name]

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### Immunotherapy in Stage III/IV NSCLC

- Immunotherapy is a type of cancer treatment that uses the body's immune system to fight cancer.
- Immunotherapy can be used to treat Stage III/IV NSCLC.
- Immunotherapy can be used in combination with chemotherapy and radiation therapy.
- Immunotherapy can be used as a first-line treatment or as a second-line treatment.

### Immunotherapy in Stage III/IV NSCLC

- Immunotherapy can be used to treat Stage III/IV NSCLC.
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### Immunotherapy in Stage III/IV NSCLC

- Immunotherapy can be used to treat Stage III/IV NSCLC.
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- Immunotherapy can be used as a first-line treatment or as a second-line treatment.



## Immunotherapy in Stage III/IV NSCLC (3/4)

- [illegible]



### Immunotherapy in Stage III/IV NSCLC

- Immunotherapy is a type of cancer treatment that helps the immune system fight cancer.

### Immunotherapy in Stage III/IV NSCLC

- Immunotherapy is a type of cancer treatment that helps the immune system fight cancer.

### Immunotherapy in Stage III/IV NSCLC

- Immunotherapy is a type of cancer treatment that helps the immune system fight cancer.



EPICS

## New Agents and Approaches in SCLC

Conference Highlights Presented by  
Luis Paz-Ares, MD, PhD

# Abstract Selection (1/2)

Abstract	Topic
Abstract 1: The role of the nurse in the management of the patient with a chronic condition. This abstract discusses the importance of the nurse in providing patient education, monitoring vital signs, and administering medications. It also highlights the need for the nurse to be a member of the interdisciplinary team.	<a href="#">View Abstract</a> <a href="#">Download Abstract</a>
Abstract 2: The role of the nurse in the management of the patient with a chronic condition. This abstract discusses the importance of the nurse in providing patient education, monitoring vital signs, and administering medications. It also highlights the need for the nurse to be a member of the interdisciplinary team.	<a href="#">View Abstract</a> <a href="#">Download Abstract</a>
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Abstract 4: The role of the nurse in the management of the patient with a chronic condition. This abstract discusses the importance of the nurse in providing patient education, monitoring vital signs, and administering medications. It also highlights the need for the nurse to be a member of the interdisciplinary team.	<a href="#">View Abstract</a> <a href="#">Download Abstract</a>
Abstract 5: The role of the nurse in the management of the patient with a chronic condition. This abstract discusses the importance of the nurse in providing patient education, monitoring vital signs, and administering medications. It also highlights the need for the nurse to be a member of the interdisciplinary team.	<a href="#">View Abstract</a> <a href="#">Download Abstract</a>

Abstract	Topic
<p><b>Abstract 1</b> [Title of Abstract 1]</p> <p>[Summary of Abstract 1]</p>	<a href="#">View</a> <a href="#">Download</a>
<p><b>Abstract 2</b> [Title of Abstract 2]</p> <p>[Summary of Abstract 2]</p>	<a href="#">View</a> <a href="#">Download</a>
<p><b>Abstract 3</b> [Title of Abstract 3]</p> <p>[Summary of Abstract 3]</p>	<a href="#">View</a> <a href="#">Download</a>
<p><b>Abstract 4</b> [Title of Abstract 4]</p> <p>[Summary of Abstract 4]</p>	<a href="#">View</a> <a href="#">Download</a>
<p><b>Abstract 5</b> [Title of Abstract 5]</p> <p>[Summary of Abstract 5]</p>	<a href="#">View</a> <a href="#">Download</a>

# Global Phase 2 Randomized Trial of BNT327 (Pumitamig; PD-L1 x VEGF-A BsAb) + Chemotherapy for 1L ES-SCLC: Dose Optimization Analysis

Heymach JV, et al. WCLC 2025. Abstract OA13.02

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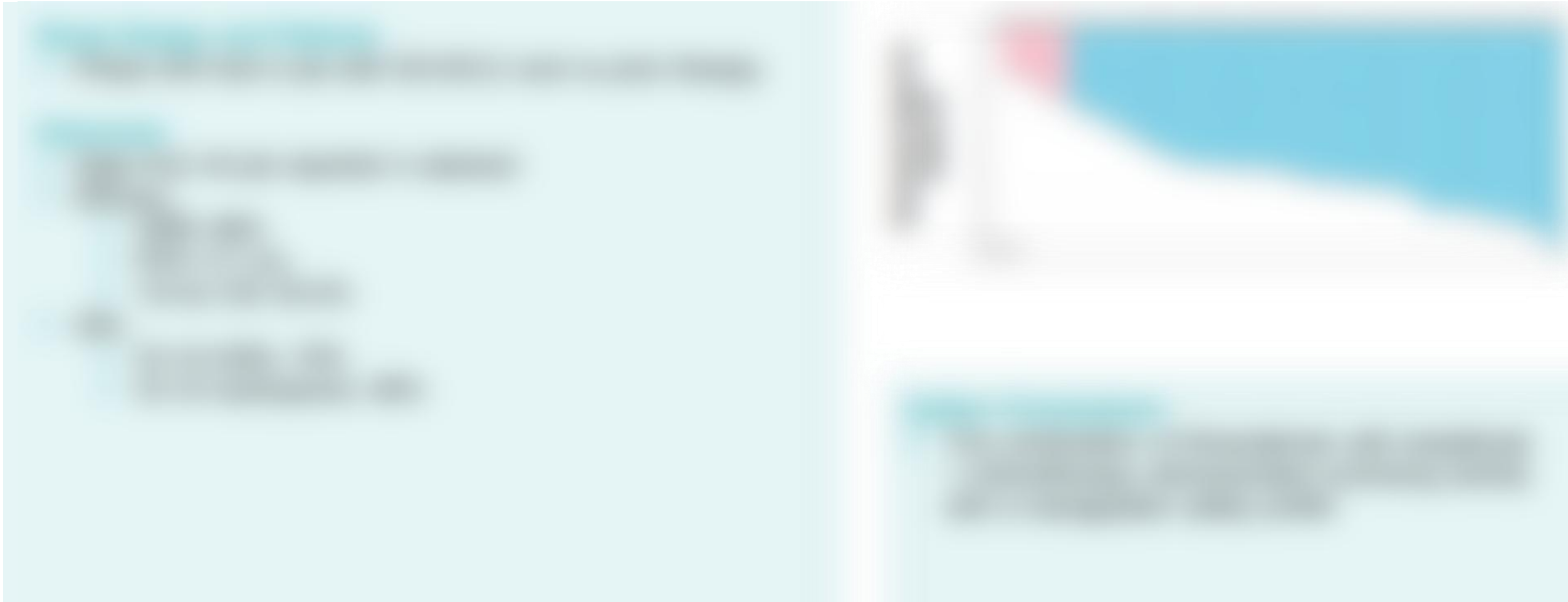




# Tifcemalimab Plus Toripalimab and Chemotherapy as a First-Line Therapy in ES-SCLC: A Phase Ib/II Study

Yu Y, et al. WCLC 2025. Abstract MA11.03

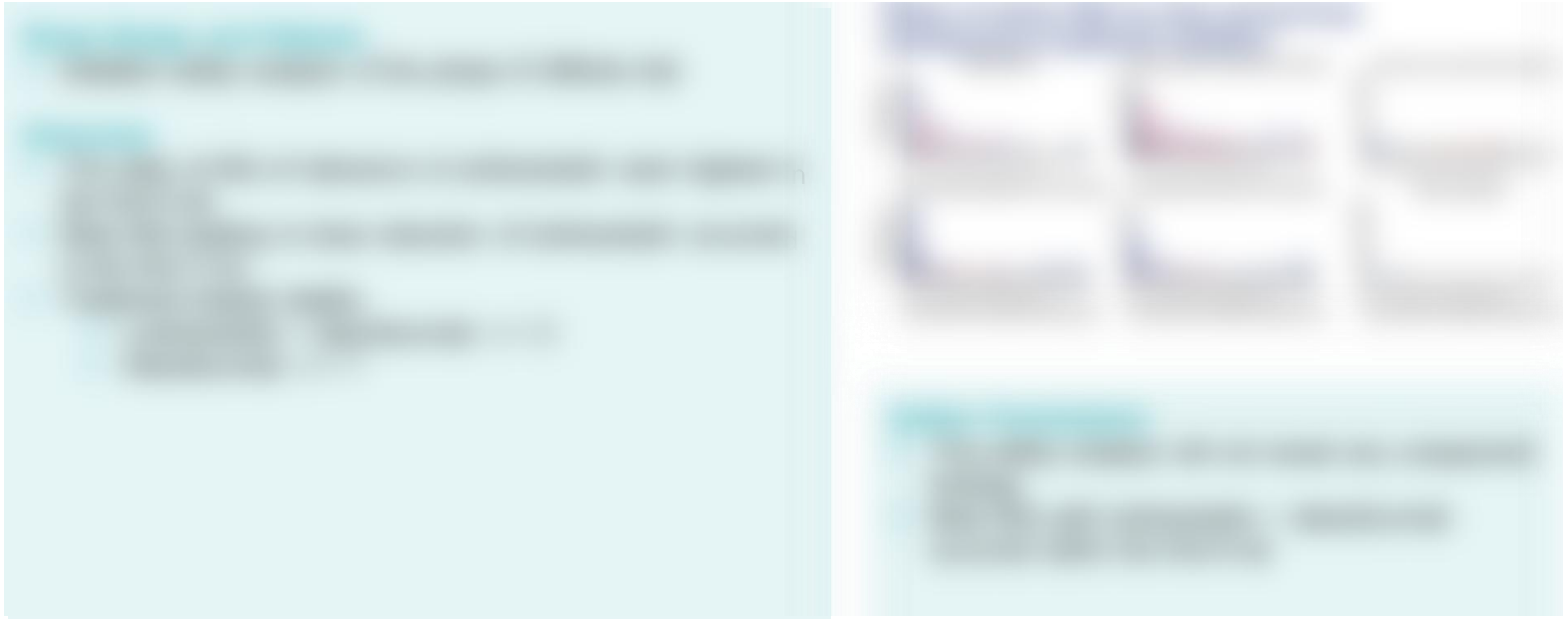
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# Safety of Lurbinectedin + Atezolizumab as 1L Maintenance Treatment in ES-SCLC: Results From the Phase 3 IMforte Study

Reck M, et al. WCLC 2025. Abstract MA11.04

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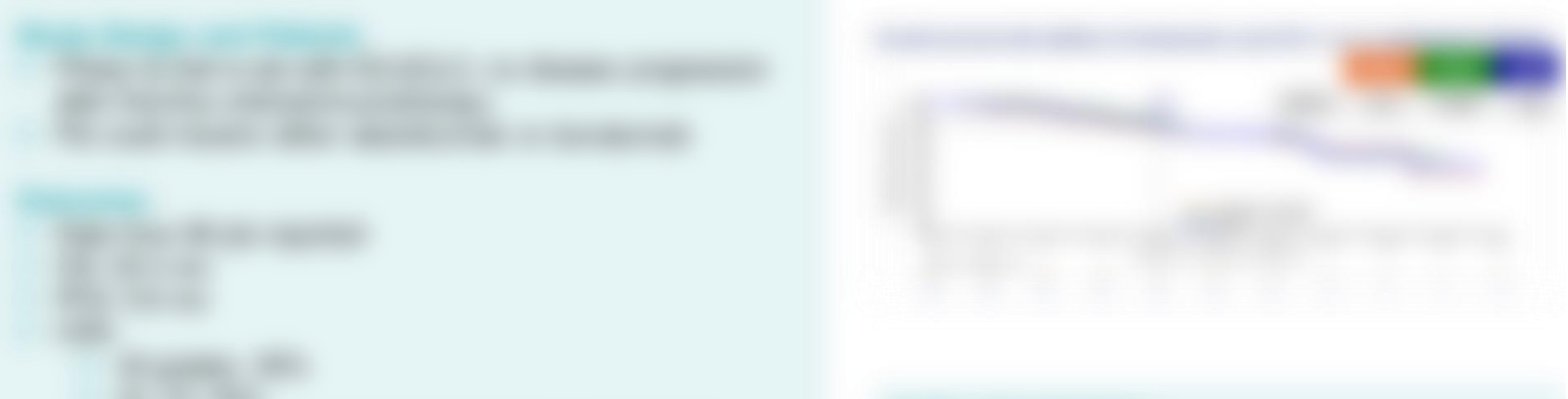
# Safety and Survival Update of Tarlatamab with Anti-PD-L1 as 1L Maintenance After Chemo-IO for ES-SCLC: DeLLphi-303 Ph1b Trial

Paulson KG, et al. WCLC 2025. Abstract OA13.01



# Safety and Survival Update of Tarlatamab with Anti-PD-L1 as 1L Maintenance After Chemo-IO for ES-SCLC: DeLLphi-303 Ph1b Trial

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# Phase 1 Study of DLL3-Targeted CAR-T Cells Armored With dnTGFB $\beta$ R2 in Small-Cell Lung and Large-Cell Neuroendocrine Cancers

Schoenfeld AJ, et al. WCLC 2025. Abstract MA11.01



# Ifinatamab Deruxtecan (I-DXd) in Extensive-Stage Small Cell Lung Cancer: Primary Analysis of the Phase 2 IDeate-Lung01 Study

Ahn MJ, et al. WCLC 2025. Abstract OA06.03

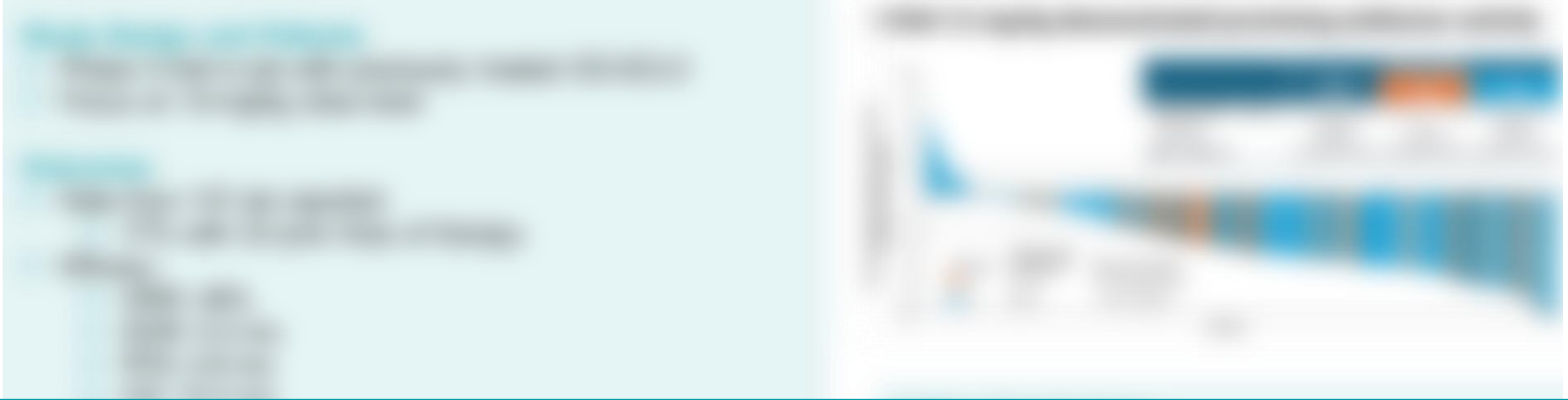
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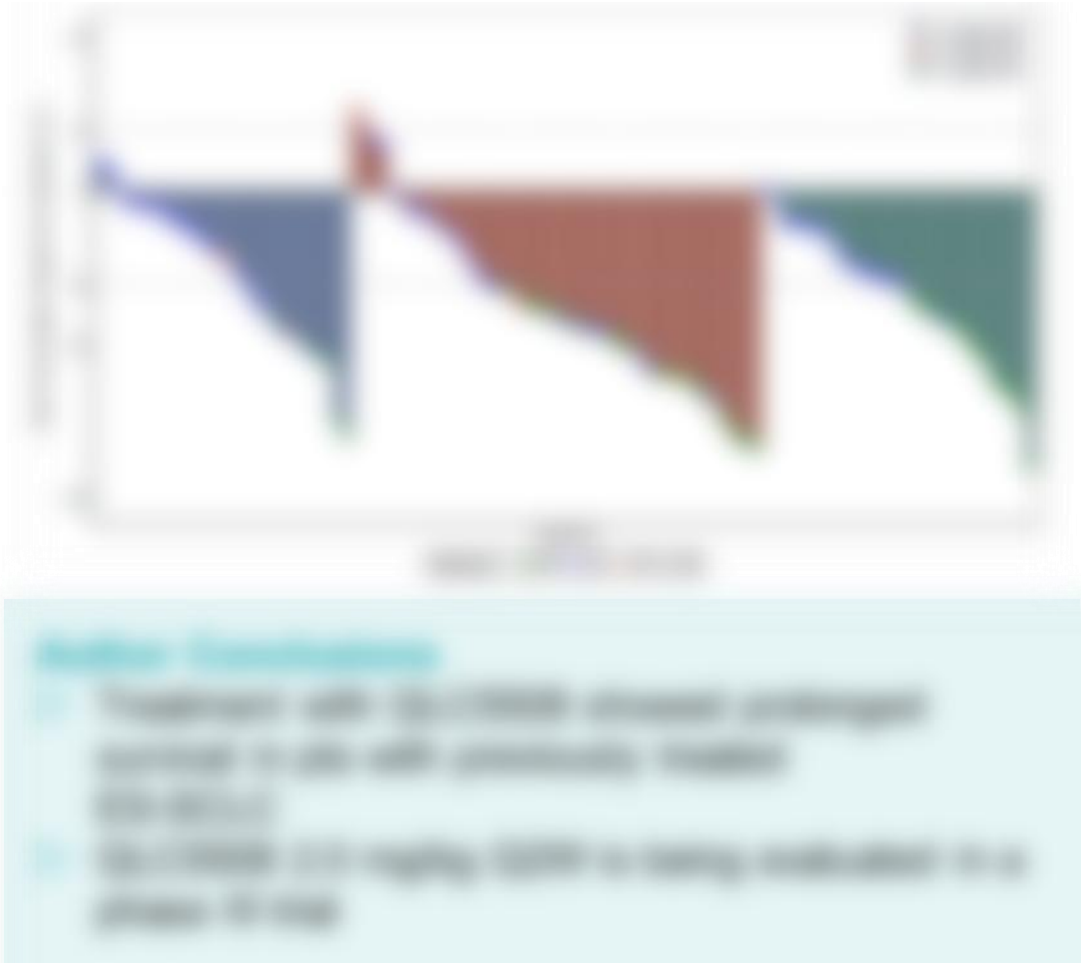
Ahn MJ, et al. WCLC 2025. Abstract OA06.03

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# Safety and Efficacy of QLC5508 in Previously Treated Patients with Small Cell Lung Cancer: Updated Data from a Phase 1 Study

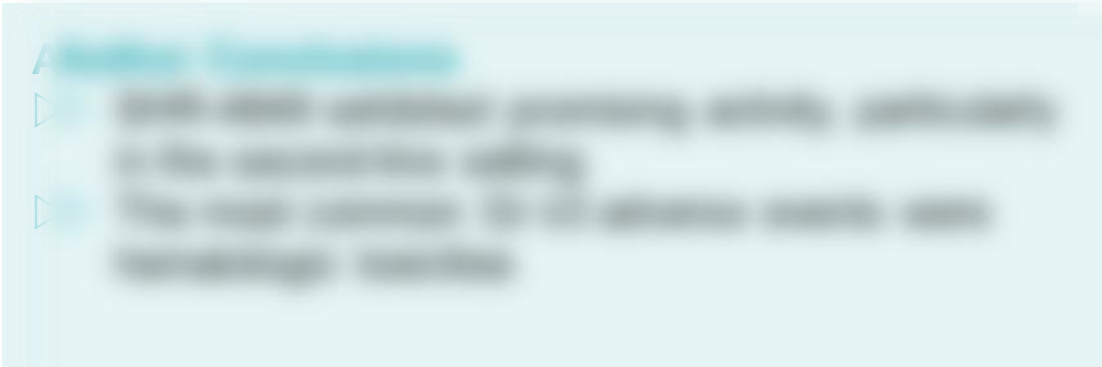
Zhou C, et al. WCLC 2025. Abstract OA06.02





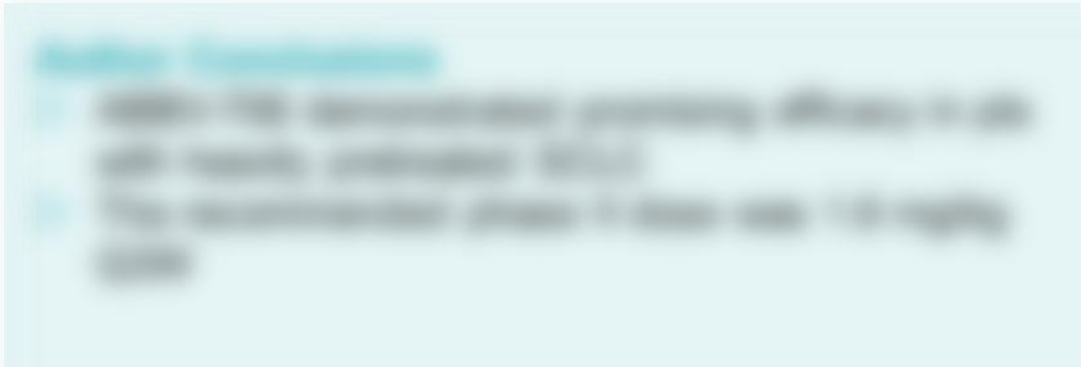
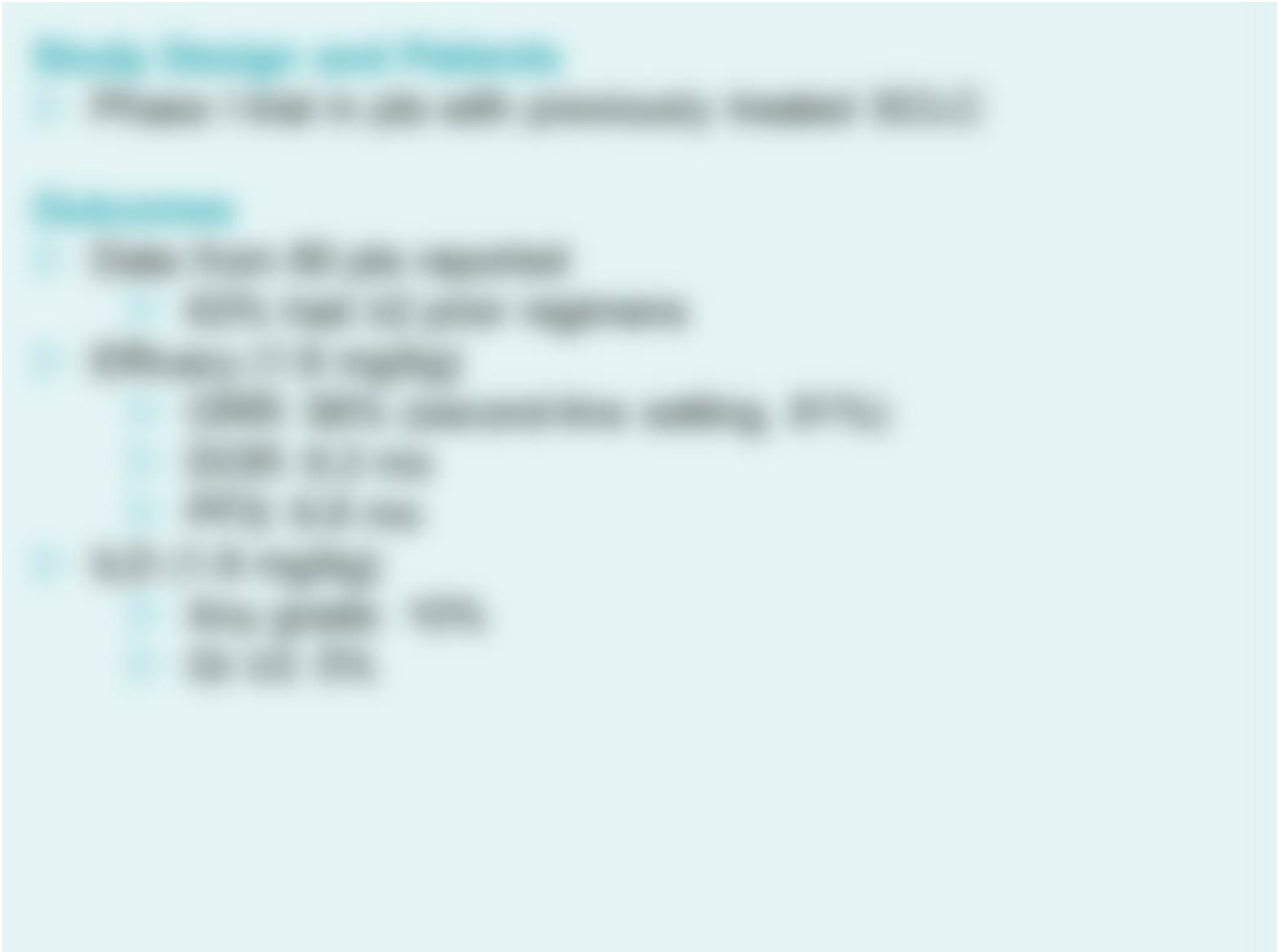
# A First-In-Human Phase 1 Study of SHR-4849 (IDE849), a DLL3-Directed Antibody-Drug Conjugate, in Relapsed SCLC

Wang L, et al. WCLC 2025. Abstract OA06.01



# Safety and Efficacy of ABBV-706, a Seizure-related Homolog Protein 6-Targeting Antibody-drug Conjugate, in R/R SCLC

Byers LA, et al. WCLC 2025. Abstract OA06.04



# RYZ101 (<sup>225</sup>Ac-DOTATATE) + Carboplatin + Etoposide + Atezolizumab in Somatostatin Receptor-Expressing Extensive-Stage SCLC

Mansfield AS, et al. WCLC 2025. Abstract OA13.03

**Background:** RYZ101 (<sup>225</sup>Ac-DOTATATE) is a novel somatostatin receptor-targeted alpha-particle emitter. This study evaluates the efficacy and safety of RYZ101 in combination with carboplatin, etoposide, and atezolizumab in patients with extensive-stage small cell lung cancer (ES-SCLC) who are somatostatin receptor-positive (SSTR+).

**Methods:** This is a phase I/II study. The primary endpoint is the maximum tolerated dose (MTD) of RYZ101. Secondary endpoints include objective response rate (ORR), progression-free survival (PFS), and overall survival (OS). Patients are stratified by SSTR status (SSTR+ vs. SSTR-).

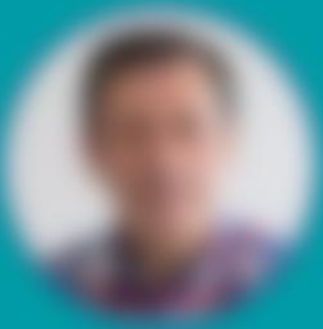
**Results:** The study is ongoing. Preliminary results show that the combination of RYZ101 with carboplatin, etoposide, and atezolizumab is well-tolerated in SSTR+ patients. The ORR and PFS are promising, and the study is continuing to evaluate the efficacy of this combination in a larger cohort.



**Conclusion:** The combination of RYZ101 with carboplatin, etoposide, and atezolizumab shows promising efficacy and safety in SSTR+ ES-SCLC patients. Further studies are needed to confirm these findings in a larger cohort.

# RYZ101 (<sup>225</sup>Ac-DOTATATE) + Carboplatin + Etoposide + Atezolizumab in Somatostatin Receptor-Expressing Extensive-Stage SCLC

Mansfield AS, et al. WCLC 2025. Abstract OA13.03



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# New Agents and Approaches in SCLC

Discussion

# New Agents and Approaches in SCLC (1/4)

**Introduction**

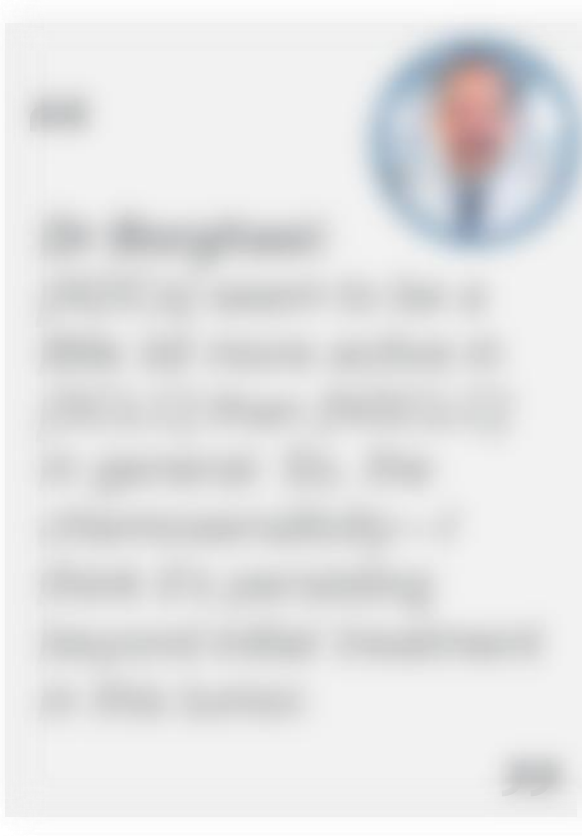
The purpose of this presentation is to provide an overview of the current landscape of SCLC treatment, highlighting the challenges and opportunities for new agents and approaches. The focus is on the most recent data and the potential for improved outcomes in this disease.

- Review of the current standard of care for SCLC, including the role of chemotherapy, immunotherapy, and targeted therapy.
- Discussion of the challenges in SCLC treatment, such as the limited efficacy of current therapies and the need for more effective agents and approaches.
- Overview of the latest clinical trials and emerging therapies, including novel immunotherapies, targeted therapies, and combination approaches.
- Discussion of the importance of biomarker-driven treatment and the need for improved patient selection.
- Summary of the key findings and the potential for improved outcomes in SCLC.

**Conclusion**

While there is still a need for more effective treatments for SCLC, the current landscape is promising. The combination of novel agents and approaches, along with improved patient selection, offers the potential for improved outcomes in this disease.

It was thought that it is still early to identify any particular ADC as the best



# New Agents and Approaches in SCLC (2/4)

**Immunotherapy**

- Pembrolizumab (Keytruda) is a PD-1 inhibitor that has shown promising results in SCLC.
- Atezolizumab (Tecentriq) is another PD-1 inhibitor that is being studied in SCLC.

**Targeted Therapy**

- Crizotinib (Xalkor) is a tyrosine kinase inhibitor that is used to treat SCLC with EGFR mutations.
- Lorlatinib (Lorlatinib) is a third-generation ALK inhibitor that is used to treat SCLC with ALK rearrangements.
- Osimertinib (Tagrisso) is a third-generation EGFR inhibitor that is used to treat SCLC with EGFR mutations.

**Combination Therapy**

- Combining immunotherapy with chemotherapy or targeted therapy may improve outcomes.

# New Agents and Approaches in SCLC (3/4)

### IMPROVED, NEW, AND EMERGING THERAPIES FOR SCLC

These new agents and approaches are being developed through ongoing clinical trials and are expected to improve outcomes for patients with SCLC.

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**IMPROVED** *Immunotherapy* *with* *checkpoint inhibitors* *in* *combination* *with* *chemotherapy* *or* *immunotherapy* *alone* *in* *early* *stages* *of* *the* *disease*

**IMPROVED** *with* *immunotherapy* *in* *combination* *with* *chemotherapy* *or* *immunotherapy* *alone* *in* *early* *stages* *of* *the* *disease*

- *With* *the* *use* *of* *immunotherapy* *in* *combination* *with* *chemotherapy* *or* *immunotherapy* *alone* *in* *early* *stages* *of* *the* *disease*

**IMPROVED** *with* *immunotherapy* *in* *combination* *with* *chemotherapy* *or* *immunotherapy* *alone* *in* *early* *stages* *of* *the* *disease*

- *The* *use* *of* *immunotherapy* *in* *combination* *with* *chemotherapy* *or* *immunotherapy* *alone* *in* *early* *stages* *of* *the* *disease*

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