



EPICS

Conference Coverage: ASCO 2026 – Focus on Lung Cancer

June 12, 2026

Full Report

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Meeting Snapshot: ASCO 2026 – Focus on Lung Cancer

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A closed-door roundtable discussion focused on lung cancer was held virtually on **June 12, 2026**



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 5 key experts in lung cancer

- 1 from Europe
- 4 from the US



Insights report includes postmeeting analyses and actionable recommendations



Panel Consisting of 4 US and 1 European Lung Cancer Experts

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Charles Rudin, MD, PhD
Memorial Sloan Kettering
Cancer Center



Roy Herbst, MD, PhD
Yale School of Medicine



CHAIR:
Corey Langer, MD, FACP
University of Pennsylvania



Mark Socinski, MD
AdventHealth Cancer Institute



Solange Peters, MD, PhD
University Hospital of Lausanne



Meeting Agenda

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Time (EDT)	Topic	Speaker/Moderator
1.00 PM – 1.05 PM (5 min)	Welcome and Introductions	Corey J. Langer, MD, FACP
1.05 PM – 1.20 PM (15 min)	What's New in Fusion-Positive NSCLC	Solange Peters, MD, PhD
1.20 PM – 1.35 PM (15 min)	Discussion	All faculty
1.35 PM – 1.50 PM (15 min)	EGFR Inhibition in Lung Cancer: Emerging Agents and Nonclassical Mutations	Roy Herbst, MD, PhD
1.50 PM – 2.05 PM (15 min)	Discussion	All faculty
2.05 PM – 2.15 PM (10 min)	New Agents and Combinations for <i>KRAS</i> G12C-Mutated NSCLC	Solange Peters, MD, PhD
2.15 PM – 2.25 PM (10 min)	Discussion	All faculty
2.25 PM – 2.35 PM (10 min)	BREAK	
2.35 PM – 2.45 PM (10 min)	The Rise of <i>KRAS</i> G12D Inhibitors in Lung Cancer	Solange Peters, MD, PhD
2.45 PM – 2.55 PM (10 min)	Discussion	All faculty
2.55 PM – 3.10 PM (15 min)	New IO-ADC Approaches in Stage IV NSCLC	Mark Socinski, MD
3.10 PM – 3.35 PM (25 min)	Discussion	All faculty
3.35 PM – 3.45 PM (10 min)	Rescuing Relapsed Small Cell Lung Cancer	Charles Rudin, MD, PhD
3.45 PM – 3.55 PM (10 min)	Discussion	All faculty
3.55 PM – 4.00 PM (5 min)	Wrap-Up Comments and Adjourn	Corey J. Langer, MD, FACP



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What's New in Fusion-Positive NSCLC

Conference Highlights Presented by
Solange Peters, MD, PhD



Abstract	Phase
<u>Abstract LBA3</u> : Event-free survival with adjuvant selpercatinib in stage IB-III A <i>RET</i> fusion-positive NSCLC: Primary results of the phase 3 LIBRETTO-432 trial. Goldman JW, et al	Phase III
<u>Abstract 8504</u> : Efficacy and safety of pralsetinib as first-line treatment of <i>RET</i> fusion–positive advanced or metastatic non–small cell lung cancer (NSCLC): The phase 3 AcceleRET-Lung study. Popat S, et al	Phase III
<u>Abstract 8505</u> : Efficacy and safety of lunbotinib (A400/EP0031), a next-generation selective RET inhibitor (SRI), from a pivotal phase II study in patients with advanced <i>RET</i> fusion–positive non–small cell lung cancer (NSCLC). Zhou Q, et al	Phase II
<u>Abstract 8639</u> : Clinical efficacy and tolerability of the selective RET inhibitor soxataltinib (SY-5007) in advanced <i>RET</i> fusion–positive non–small cell lung cancer (NSCLC): Primary findings from a confirmatory phase III trial. Xiong A, et al	Phase III
<u>Abstract 8617</u> : Safety and efficacy of APS03118, a next-generation RET inhibitor, in patients with non-small cell lung cancer (NSCLC): Results from a phase I clinical trial. Lu S, et al	Phase I

Abstract	Phase
<u>Abstract 8502</u> : Lorlatinib vs crizotinib as first-line treatment for advanced <i>ALK</i> + non-small cell lung cancer: 7-year update from the phase 3 CROWN study. Mok TSK, et al	Phase III
<u>Abstract 8503</u> : ALKOVE-1: Efficacy and safety of neladalkib in patients with advanced <i>ALK</i> + NSCLC. Lin JJ, et al	Phase I/II
<u>Abstract 8002</u> : Neoadjuvant lorlatinib in stage III NSCLC harboring ALK fusion: A phase 2 multicenter study (LORIN). Zhang C, et al	Phase II

Event-free survival with adjuvant selpercatinib in stage IB-IIIA *RET* fusion-positive NSCLC: Primary results of the phase 3 LIBRETTO-432 trial

Goldman JW, et al. ASCO 2026. Abstract LBA3



Event-free survival with adjuvant selpercatinib in stage IB-IIIA *RET* fusion-positive NSCLC: Primary results of the phase 3 LIBRETTO-432 trial

Goldman JW, et al. ASCO 2026. Abstract LBA3



Event-free survival with adjuvant selpercatinib in stage IB-IIIA *RET* fusion-positive NSCLC: Primary results of the phase 3 LIBRETTO-432 trial

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Goldman JW, et al. ASCO 2026. Abstract LBA3

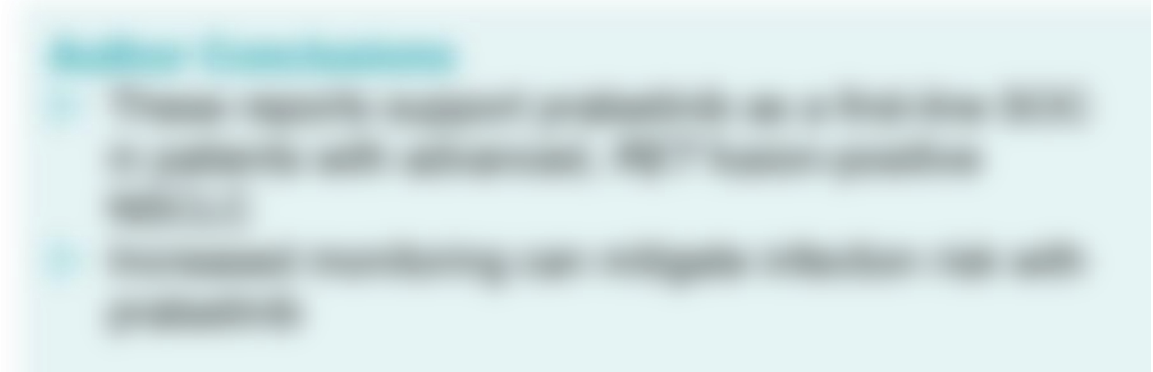


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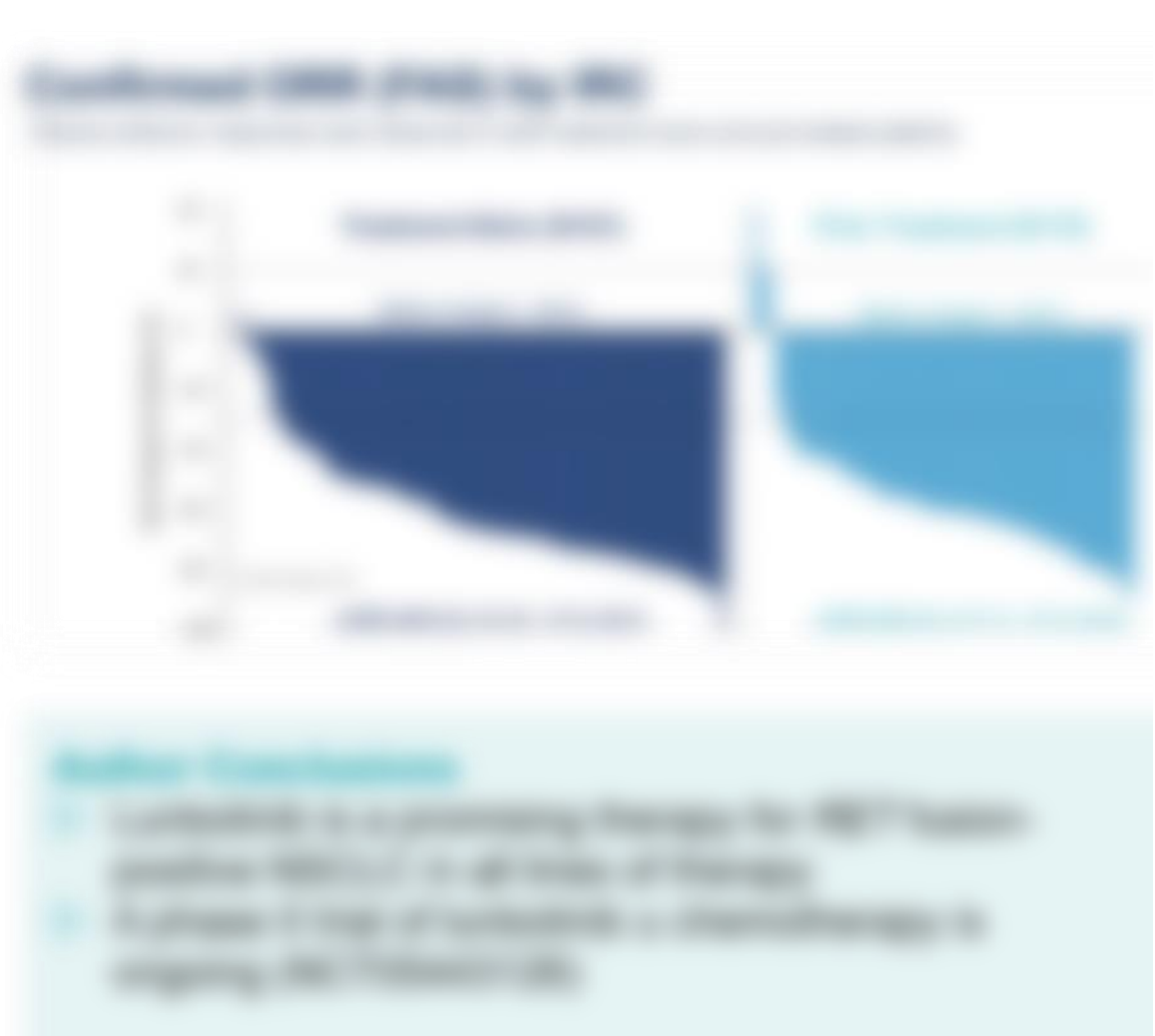
Efficacy and safety of pralsetinib as first-line treatment of *RET* fusion–positive advanced or metastatic NSCLC: Phase 3 AcceleRET-Lung study

Popat S, et al. ASCO 2026. Abstract 8504



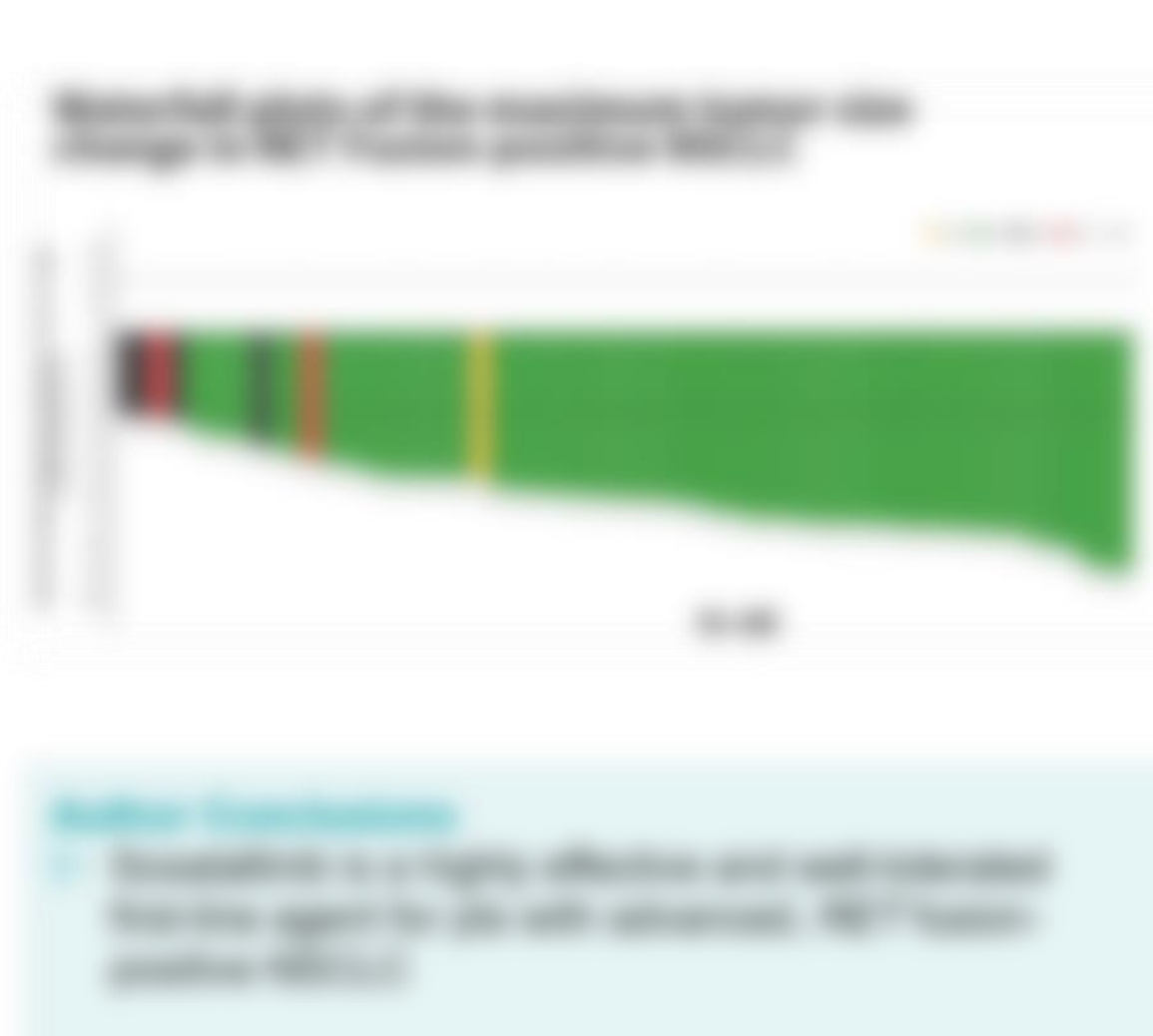
Efficacy and safety of lunbotinib, a next-generation SRI, from a pivotal phase II study in patients with advanced *RET* fusion–positive NSCLC

Zhou Q, et al. ASCO 2026. Abstract 8505



Clinical efficacy and tolerability of the SRI soxataltinib in advanced *RET* fusion–positive NSCLC: Primary findings from a confirmatory phase III trial

Xiong A, et al. ASCO 2026. Abstract 8639



Safety and efficacy of APS03118, a next-generation RET inhibitor, in patients with NSCLC: Results from a phase I clinical trial

Lu S, et al. ASCO 2026. Abstract 8617



Lorlatinib vs crizotinib as first-line treatment for advanced ALK+ NSCLC: 7-year update from the phase 3 CROWN study

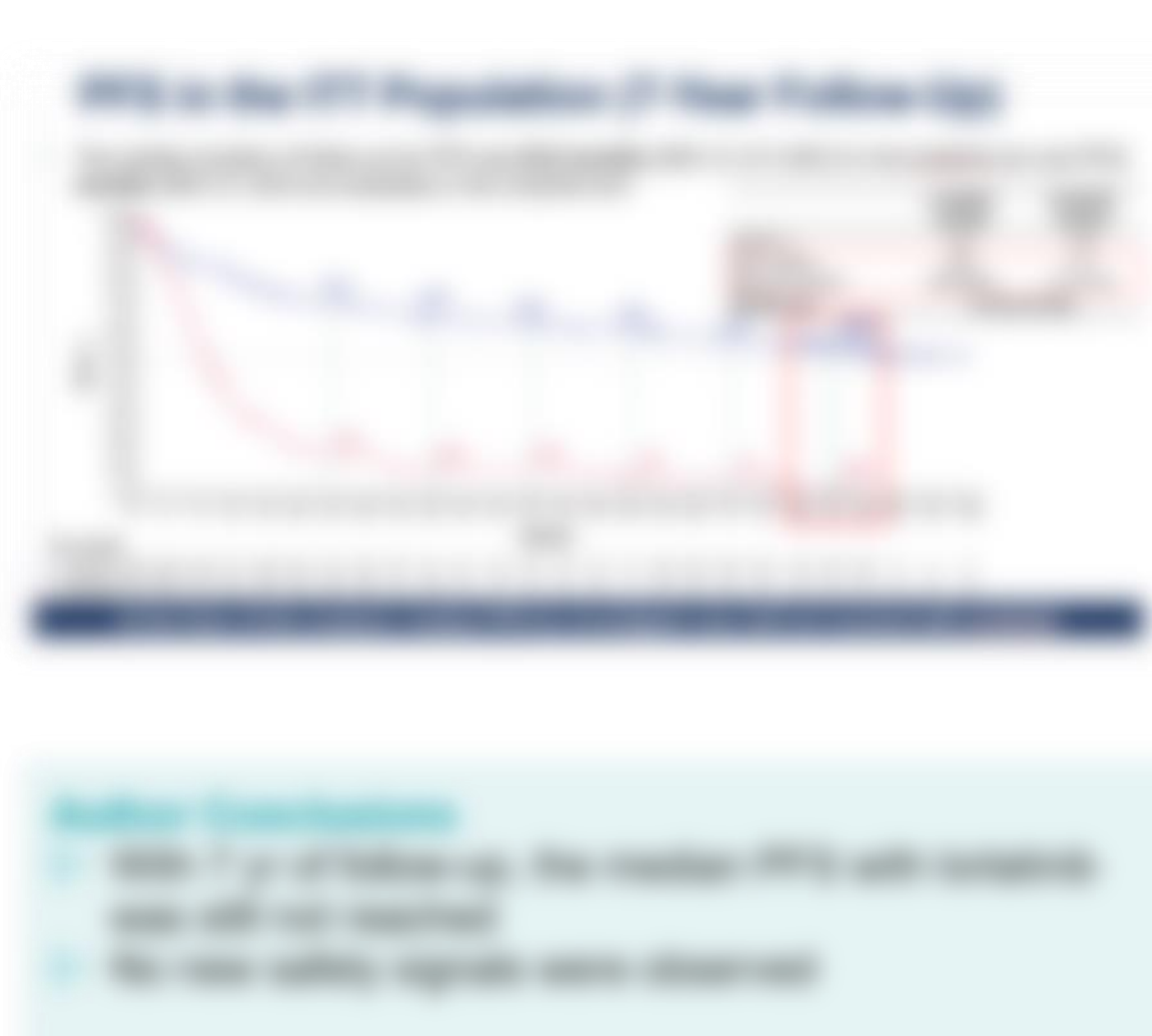
Mok TSK, et al. ASCO 2026. Abstract 8502

Background: Lorlatinib (LOR) is a third-generation ALK inhibitor. The CROWN study (NCT01823522) is a phase 3, randomized, controlled trial comparing LOR with crizotinib (CRZ) in patients with ALK-positive (ALK+) NSCLC. The primary endpoint was progression-free survival (PFS) at 7 years.

Methods: Patients were randomized 1:1 to LOR (n=297) or CRZ (n=297). The study was stratified by baseline characteristics including age, sex, and performance status. The primary endpoint was PFS at 7 years, defined as the time from randomization to progression or death. Secondary endpoints included overall survival (OS), adverse events, and quality of life.

Results: At 7 years, the PFS rate was significantly higher in the LOR group compared to the CRZ group (p<0.001). The median PFS was 24.3 months for LOR and 18.7 months for CRZ. The OS rate was also significantly higher in the LOR group (p<0.001). The median OS was 45.6 months for LOR and 38.9 months for CRZ. The most common adverse events were neutropenia, constipation, and fatigue. The incidence of grade 3 or higher adverse events was similar between the two groups.

Conclusion: Lorlatinib significantly improves PFS and OS compared to crizotinib in patients with ALK+ NSCLC. The results of the CROWN study support the use of LOR as the first-line treatment for ALK+ NSCLC.



Lorlatinib vs crizotinib as first-line treatment for advanced *ALK*+ NSCLC:
7-year update from the phase 3 CROWN study

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Mok TSK, et al. ASCO 2026. Abstract 8502



Lorlatinib vs crizotinib as first-line treatment for advanced ALK+ NSCLC: 7-year update from the phase 3 CROWN study

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Mok TSK, et al. ASCO 2026. Abstract 8502

Background: Lorlatinib (LOR) is a third-generation ALK inhibitor. The CROWN study (NCT01823929) is a phase 3, randomized, controlled trial comparing LOR with crizotinib (CRZ) as first-line treatment for advanced ALK+ NSCLC. The primary endpoint was progression-free survival (PFS) at 7 years.

Methods: The study included 511 patients who were randomly assigned to receive LOR (n=255) or CRZ (n=256). The median age was 65 years, and the majority were male. The primary endpoint was PFS at 7 years, defined as the time from random assignment to the first progression or death from any cause.

Results: At 7 years, the PFS rate was significantly higher in the LOR group (51.1%) compared with the CRZ group (38.5%) (P<0.001). The median PFS was 23.1 months in the LOR group and 18.7 months in the CRZ group. The overall survival (OS) rate at 7 years was 41.2% in the LOR group and 31.5% in the CRZ group (P=0.002). The median OS was 38.5 months in the LOR group and 31.2 months in the CRZ group.

Conclusions: LOR significantly improved PFS and OS compared with CRZ as first-line treatment for advanced ALK+ NSCLC at 7 years.



Presenting speaker:
The study was presented at the 2026 American Society of Clinical Oncology (ASCO) Annual Meeting, held from June 1-5, 2026, in San Francisco, CA. The presentation was titled "Lorlatinib vs crizotinib as first-line treatment for advanced ALK+ NSCLC: 7-year update from the phase 3 CROWN study" and was presented by Dr. TSK Mok.

Background: Lorlatinib (LOR) is a third-generation ALK inhibitor. The CROWN study (NCT01823929) is a phase 3, randomized, controlled trial comparing LOR with crizotinib (CRZ) as first-line treatment for advanced ALK+ NSCLC. The primary endpoint was progression-free survival (PFS) at 7 years.

Methods: The study included 511 patients who were randomly assigned to receive LOR (n=255) or CRZ (n=256). The median age was 65 years, and the majority were male. The primary endpoint was PFS at 7 years, defined as the time from random assignment to the first progression or death from any cause.



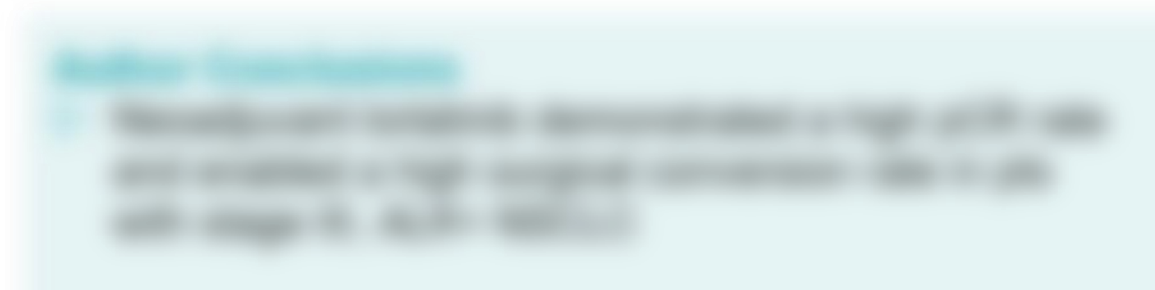
ALKOVE-1: Efficacy and safety of neladalkib in patients with advanced ALK+ NSCLC

Lin JJ, et al. ASCO 2026. Abstract 8503



Neoadjuvant lorlatinib in stage III NSCLC harboring *ALK* fusion: A phase 2 multicenter study (LORIN)

Zhang C, et al. ASCO 2026. Abstract 8002



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What's New in Fusion-Positive NSCLC

Discussion



Update 1: EGFR Inhibitors (Lapatinib, Gefitinib, Erlotinib)

- The committee agreed that the use of EGFR inhibitors is not recommended for patients with EGFR-positive NSCLC who have not received prior systemic therapy for advanced disease.
- The committee agreed that the use of EGFR inhibitors is not recommended for patients with EGFR-positive NSCLC who have received prior systemic therapy for advanced disease.

Update 2: Immunotherapy (Pembrolizumab, Nivolumab)

- The committee agreed that immunotherapy is not recommended for patients with EGFR-positive NSCLC who have not received prior systemic therapy for advanced disease.
- The committee agreed that immunotherapy is not recommended for patients with EGFR-positive NSCLC who have received prior systemic therapy for advanced disease.

Update 3: Combination Therapy (EGFR Inhibitor + Immunotherapy)

- The committee agreed that the combination of EGFR inhibitors and immunotherapy is not recommended for patients with EGFR-positive NSCLC who have not received prior systemic therapy for advanced disease.
- The committee agreed that the combination of EGFR inhibitors and immunotherapy is not recommended for patients with EGFR-positive NSCLC who have received prior systemic therapy for advanced disease.

What's New in Fusion-Positive NSCLC (2/5)

Abstract Summary

Background: The purpose of this study was to evaluate the efficacy of a novel fusion inhibitor in patients with EGFR fusion-positive NSCLC.

- The study was a phase II, open-label, randomized controlled trial.
- The primary endpoint was overall survival (OS).
- Secondary endpoints included progression-free survival (PFS), time to treatment discontinuation (TTD), and quality of life (QoL).

Methods: Patients were randomized to receive either the fusion inhibitor or a standard of care (SOC) treatment. The SOC treatment was a combination of chemotherapy and immunotherapy.

Results: The fusion inhibitor group showed significantly better OS compared to the SOC group. The median OS was 18.5 months in the fusion inhibitor group versus 14.2 months in the SOC group. The median PFS was 12.1 months in the fusion inhibitor group versus 9.8 months in the SOC group. The median TTD was 15.3 months in the fusion inhibitor group versus 12.1 months in the SOC group. The QoL was significantly better in the fusion inhibitor group compared to the SOC group.

Conclusion: The fusion inhibitor showed superior efficacy compared to the SOC in patients with EGFR fusion-positive NSCLC. The fusion inhibitor is a promising treatment option for this patient population.



Dr. [Name]
Medical Oncologist
[Institution]

Dr. [Name] is a Medical Oncologist at [Institution]. She specializes in the treatment of lung cancer, with a focus on precision medicine and targeted therapy. She has published numerous articles on lung cancer treatment and is a frequent speaker at national and international conferences.

What's New in Fusion-Positive NSCLC (3/5)

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Abstract Summary

Background and Objectives

- 1. While next-generation sequencing (NGS) has revolutionized the diagnosis of NSCLC, the use of NGS in the management of NSCLC remains limited.
- 2. The purpose of this study was to evaluate the impact of NGS on the management of NSCLC patients.
- 3. The study was a retrospective analysis of NSCLC patients who underwent NGS testing between 2015 and 2018.

Methods

- 1. The study included 100 NSCLC patients who underwent NGS testing between 2015 and 2018. The patients were divided into two groups: those who underwent NGS testing before treatment and those who underwent NGS testing after treatment.



What's New in Fusion-Positive NSCLC (4/5)

Update 1: [Faint text]

- [Faint list item]
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Update 2: [Faint text]

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Update 3: [Faint text]

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Update 4: [Faint text]

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What's New in Fusion-Positive NSCLC (5/5)

Update 1: New data on the efficacy of osimertinib in fusion-positive NSCLC

- Phase 3 study comparing osimertinib to standard of care in fusion-positive NSCLC

Update 2: New data on the efficacy of avelumab in fusion-positive NSCLC

- Phase 3 study comparing avelumab to standard of care in fusion-positive NSCLC
- Overall survival (OS) data is being analyzed
- OS data is being analyzed

Update 3: New data on the efficacy of pembrolizumab in fusion-positive NSCLC

- Phase 3 study comparing pembrolizumab to standard of care in fusion-positive NSCLC
- Overall survival (OS) data is being analyzed
- OS data is being analyzed

Update 4: New data on the efficacy of nivolumab in fusion-positive NSCLC

- Phase 3 study comparing nivolumab to standard of care in fusion-positive NSCLC
- Overall survival (OS) data is being analyzed
- OS data is being analyzed

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EGFR Inhibition in Lung Cancer: Emerging Agents and Nonclassical Mutations

Conference Highlights Presented by
Roy Herbst, MD, PhD



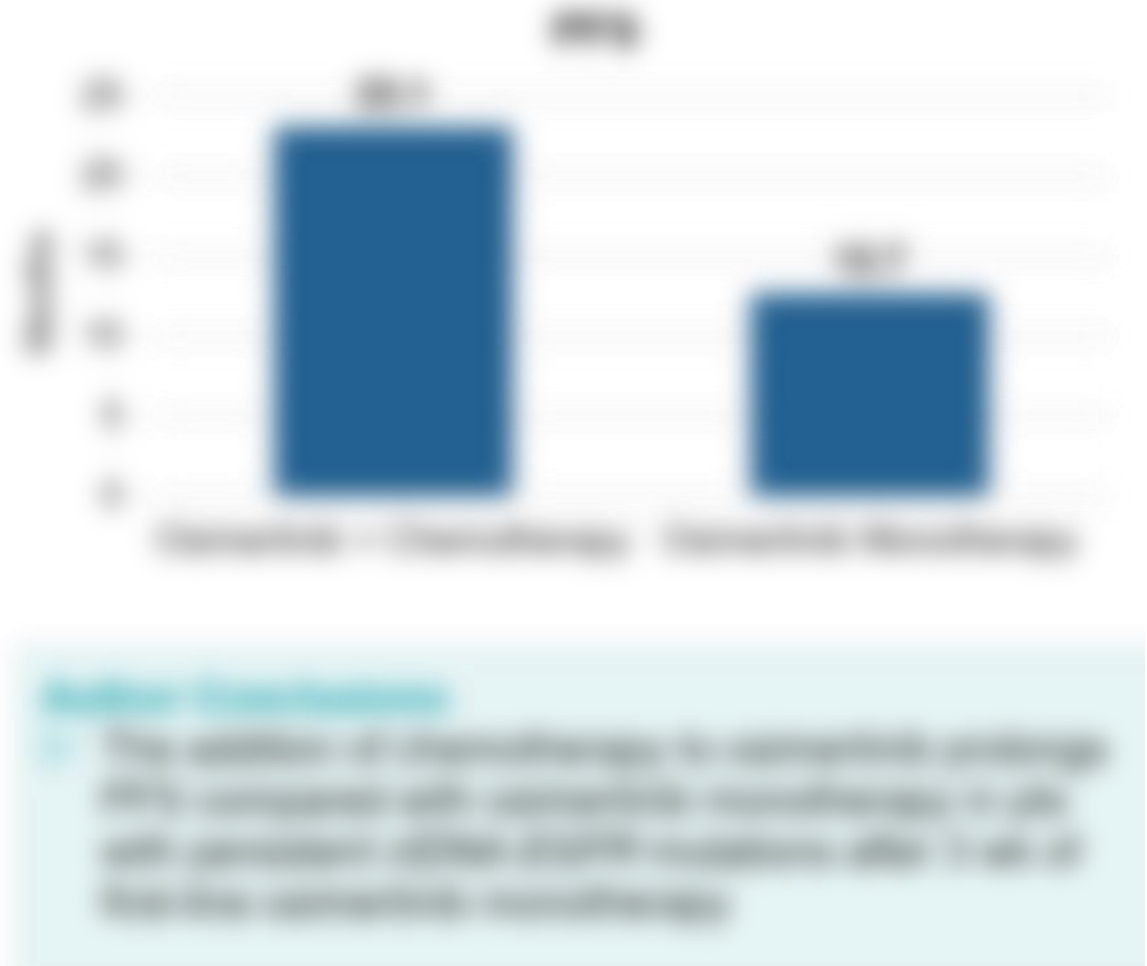
Abstract	Phase
<u>Abstract 8624</u> : Wait or treat? Managing asymptomatic brain metastases in oncogene-mutated NSCLC: Results of a phase-III randomized controlled trial. Tibdewal AR, et al	Phase III
<u>Abstract LBA101</u> : Osimertinib with/without chemotherapy in patients with persistent ctDNA <i>EGFR</i> mutant (<i>EGFRm</i>) NSCLC at 3 weeks after 1L osimertinib: A randomized phase II study (FLAME study). Wang Z, et al	Phase II
<u>Abstract 8520</u> : DZD6008, a fourth-generation EGFR TKI, in pretreated NSCLC patients with <i>EGFR</i> C797X mutations: Results from phase 1/2 studies. Wang M, et al	Phase I/II
<u>Abstract 8620</u> : Safety and efficacy results of the phase 2 study of silevertinib (BDTX-1535) in previously treated patients with non-small cell lung cancer with non-classical and C797S <i>EGFR</i> mutations. Yu HA, et al	Phase II
<u>Abstract LBA8500</u> : Sunvozertinib monotherapy versus platinum-based chemotherapy as first-line treatment for advanced NSCLC with <i>EGFR</i> exon20ins: Primary analysis of a multinational phase 3 randomized study (WU-KONG28). Heymach JV, et al	Phase III

Abstract	Phase
<u>Abstract 8501</u> : Overall survival of first-line amivantamab plus lazertinib in atypical <i>EGFR</i> -mutated advanced non-small cell lung cancer (NSCLC): Updated results from the CHRYSALIS-2 study. Neal JW, et al	Phase I/Ib
<u>Abstract 8519</u> : Safety and efficacy results of the phase 2 study of silevertinib (BDTX-1535) in treatment-naïve patients with non-small cell lung cancer with non-classical <i>EGFR</i> mutations. Rotow JK, et al	Phase II
<u>Abstract 3014</u> : First-in-human trial of BH-30643, a novel macrocyclic, non-covalent, mutant-selective OMNI-EGFR inhibitor, in <i>EGFR</i> -mutant (<i>EGFRm</i>) NSCLC. Le X, et al	Phase I

Osimertinib with/without chemotherapy in patients with persistent ctDNA *EGFR* mutant NSCLC at 3 weeks after 1L osimertinib: A randomized phase II study (FLAME study)

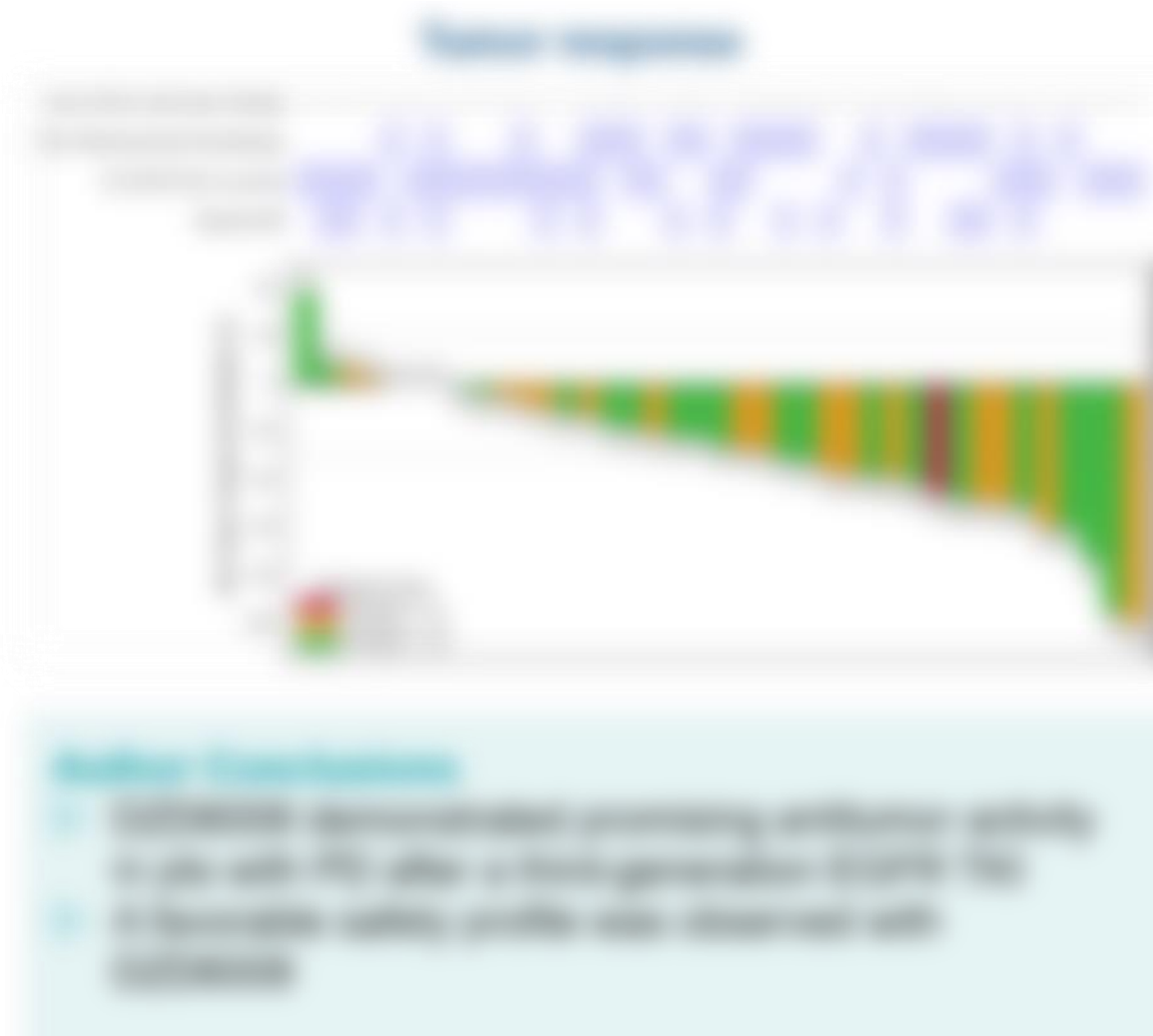
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Wang Z, et al. ASCO 2026. Abstract LBA101



DZD6008, a fourth-generation EGFR TKI, in pretreated NSCLC patients with *EGFR* C797X mutations: Results from phase 1/2 studies

Wang M, et al. ASCO 2026. Abstract 8520



DZD6008, a fourth-generation EGFR TKI, in pretreated NSCLC patients with *EGFR* C797X mutations: Results from phase 1/2 studies

Wang M, et al. ASCO 2026. Abstract 8520



DZD6008, a fourth-generation EGFR TKI, in pretreated NSCLC patients with *EGFR* C797X mutations: Results from phase 1/2 studies

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Wang M, et al. ASCO 2026. Abstract 8520





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Safety and efficacy results of the phase 2 study of silevertinib (BDTX-1535) in previously treated patients with NSCLC with non-classical and C797S *EGFR* mutations

Yu HA, et al. ASCO 2026. Abstract 8620



Sunvozertinib monotherapy vs platinum-based chemotherapy as first-line treatment for advanced NSCLC with *EGFR* exon20ins: Primary analysis of a multinational phase 3 randomized study (WU-KONG28)

Heymach JV, et al. ASCO 2026. Abstract LBA8500



Sunvozertinib monotherapy vs platinum-based chemotherapy as first-line treatment for advanced NSCLC with *EGFR* exon20ins: Primary analysis of a multinational phase 3 randomized study (WU-KONG28)

Heymach JV, et al. ASCO 2026. Abstract LBA8500



Sunvozertinib monotherapy vs platinum-based chemotherapy as first-line treatment for advanced NSCLC with *EGFR* exon20ins: Primary analysis of a multinational phase 3 randomized study (WU-KONG28)

Heymach JV, et al. ASCO 2026. Abstract LBA8500



Dr. [Name] is a [Title] at [Institution]. He has been involved in numerous clinical trials and has published extensively in the field of oncology. His research focuses on the development of novel therapeutic approaches for the treatment of advanced cancer.

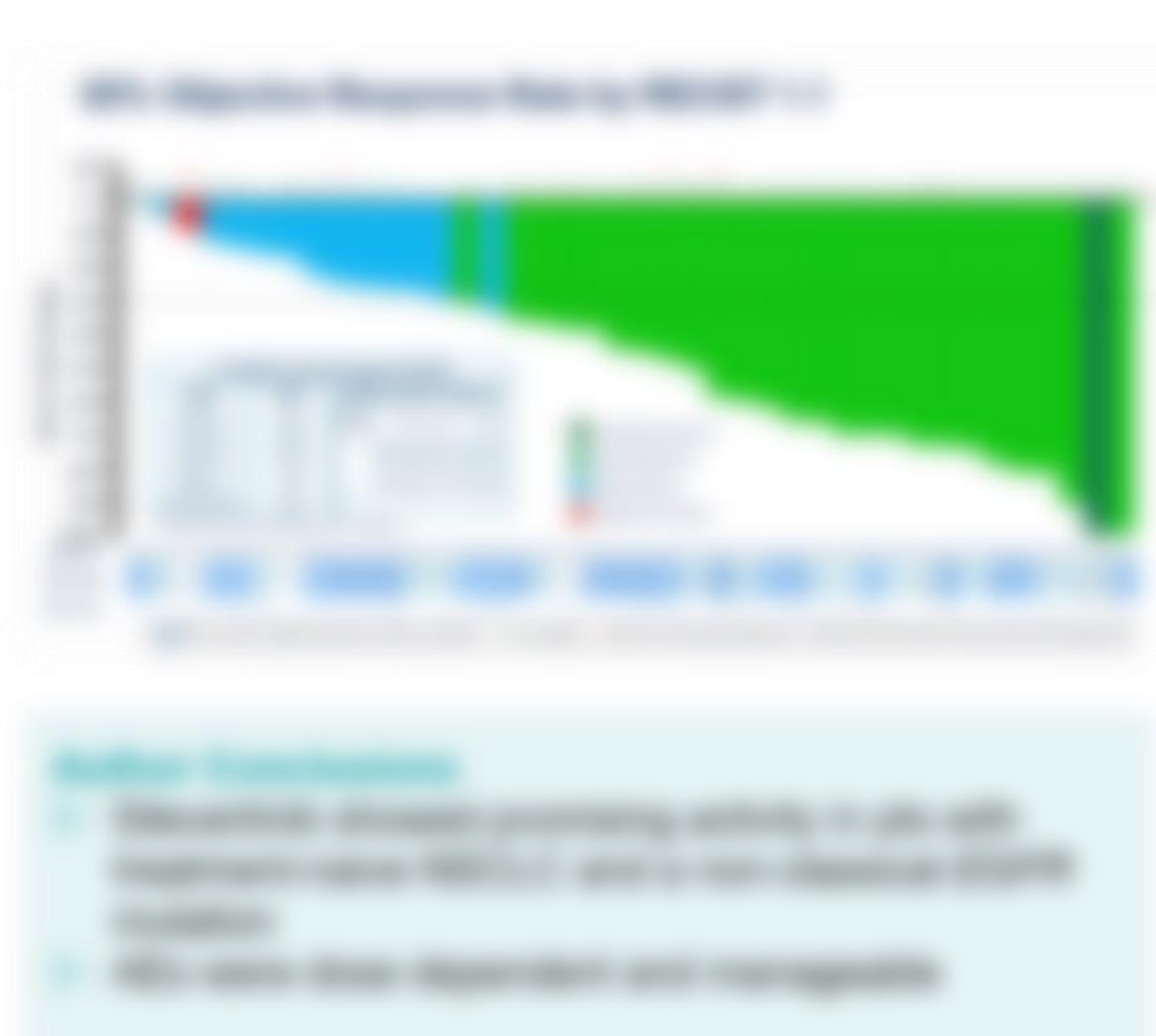
Overall survival of first-line amivantamab plus lazertinib in atypical *EGFR*m advanced NSCLC: Updated results from the CHRYSALIS-2 study

Neal JW, et al. ASCO 2026. Abstract 8501



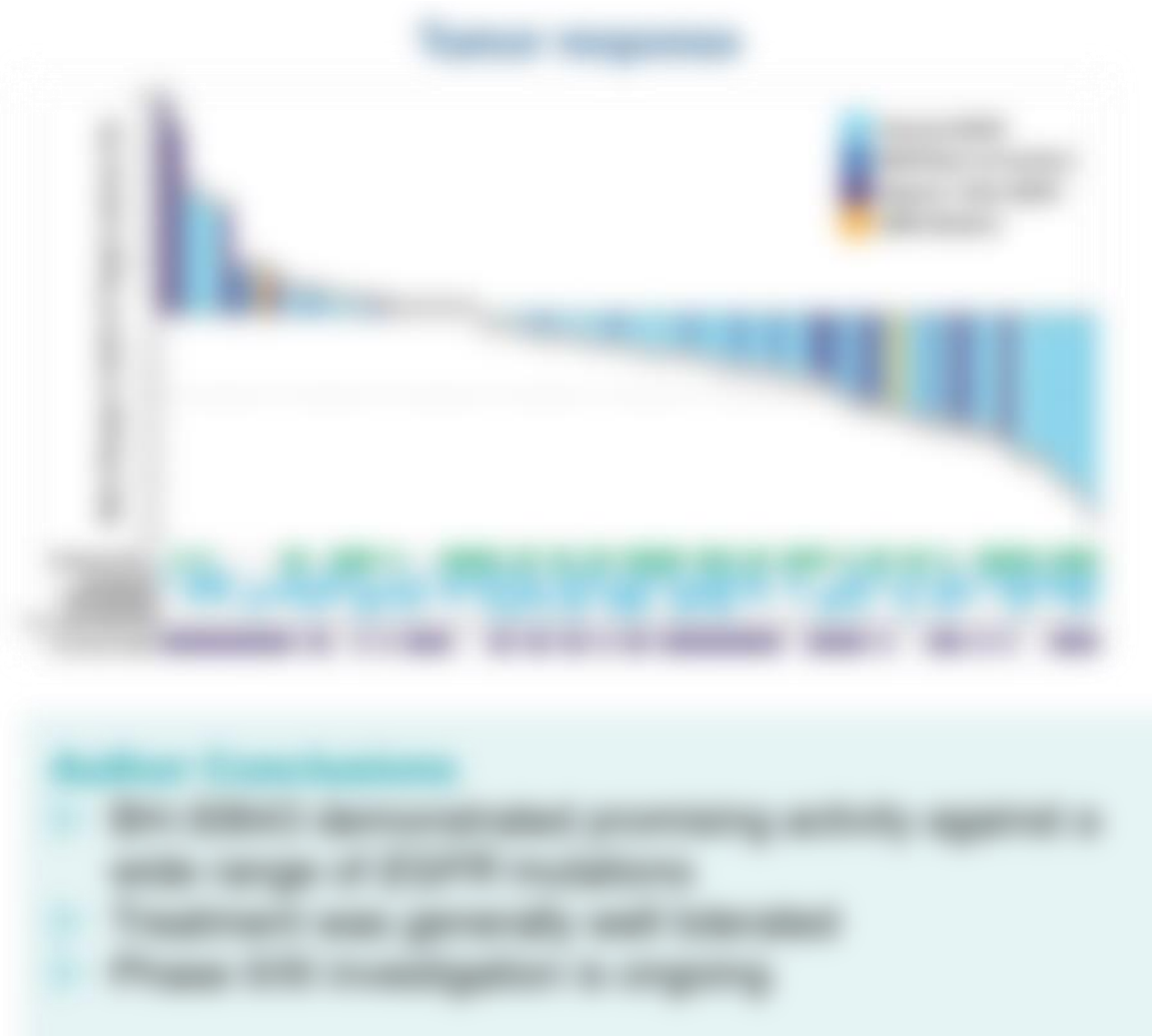
Safety and efficacy results of the phase 2 study of silevertinib in treatment-naïve patients with NSCLC with non-classical *EGFR* mutations

Rotow JK, et al. ASCO 2026. Abstract 8519



First-in-human trial of BH-30643, a novel macrocyclic, non-covalent, mutant-selective OMNI-EGFR inhibitor, in *EGFR*-mutant NSCLC

Le X, et al. ASCO 2026. Abstract 3014



Wait or treat? managing asymptomatic brain metastases in oncogene-mutated NSCLC: Results of a phase-III randomized controlled trial

Tibdewal AR, et al. ASCO 2026. Abstract 8624



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EGFR Inhibition in Lung Cancer: Emerging Agents and Nonclassical Mutations

Discussion



EGFR Inhibition in Lung Cancer: Emerging Agents and Nonclassical Mutations (1/4)

Overview

EGFR is a transmembrane protein that plays a critical role in cell growth and differentiation. In lung cancer, EGFR mutations can lead to constitutive activation of the receptor, driving tumor growth. EGFR inhibitors are a class of drugs that block the activity of the receptor, leading to tumor regression. This slide will discuss the role of EGFR in lung cancer, the mechanism of action of EGFR inhibitors, and the emerging agents and nonclassical mutations in this class.

EGFR Inhibitors

The EGFR inhibitors are a class of drugs that block the activity of the receptor, leading to tumor regression. This slide will discuss the role of EGFR in lung cancer, the mechanism of action of EGFR inhibitors, and the emerging agents and nonclassical mutations in this class.

- The EGFR inhibitors are a class of drugs that block the activity of the receptor, leading to tumor regression. This slide will discuss the role of EGFR in lung cancer, the mechanism of action of EGFR inhibitors, and the emerging agents and nonclassical mutations in this class.
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- The EGFR inhibitors are a class of drugs that block the activity of the receptor, leading to tumor regression. This slide will discuss the role of EGFR in lung cancer, the mechanism of action of EGFR inhibitors, and the emerging agents and nonclassical mutations in this class.

EGFR Inhibition in Lung Cancer: Emerging Agents and Nonclassical Mutations (2/4)

Learning Objectives

EGFR Inhibition in Lung Cancer

- Understand the role of EGFR in lung cancer and the impact of EGFR mutations on treatment response.
- Identify the different types of EGFR mutations and their clinical significance.
- Discuss the role of EGFR inhibitors in the treatment of lung cancer.
- Understand the importance of EGFR testing in lung cancer patients.

Dr. [Name]

Dr. [Name] is a leading expert in the field of lung cancer treatment. He has authored several books and articles on the topic and is a frequent speaker at international conferences. Dr. [Name] is currently working on a new study to evaluate the effectiveness of EGFR inhibitors in lung cancer patients.

EGFR Inhibition in Lung Cancer: Emerging Agents and Nonclassical Mutations (3/4)

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EGFR Inhibition in Lung Cancer: Emerging Agents and Nonclassical Mutations (4/4)

Abstract EGFR inhibition is a cornerstone of lung cancer treatment. While first-generation TKIs (gefitinib, erlotinib) were the first to target EGFR, second-generation TKIs (afatinib, dacomitinib) and third-generation TKIs (osimertinib) have shown superior efficacy in patients with EGFR-mutant lung cancer. This presentation will discuss the latest data on these agents and the role of EGFR inhibition in the management of lung cancer.

Keywords: EGFR, lung cancer, TKI, gefitinib, erlotinib, afatinib, dacomitinib, osimertinib.

Objectives: The objectives of this presentation are to discuss the latest data on EGFR inhibition in lung cancer and to provide an overview of the role of EGFR inhibition in the management of lung cancer.

Learning Objectives: By the end of this presentation, the audience should be able to:

- 1. Discuss the latest data on EGFR inhibition in lung cancer.
- 2. Provide an overview of the role of EGFR inhibition in the management of lung cancer.



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New Agents and Combinations for *KRAS* G12C-Mutated NSCLC

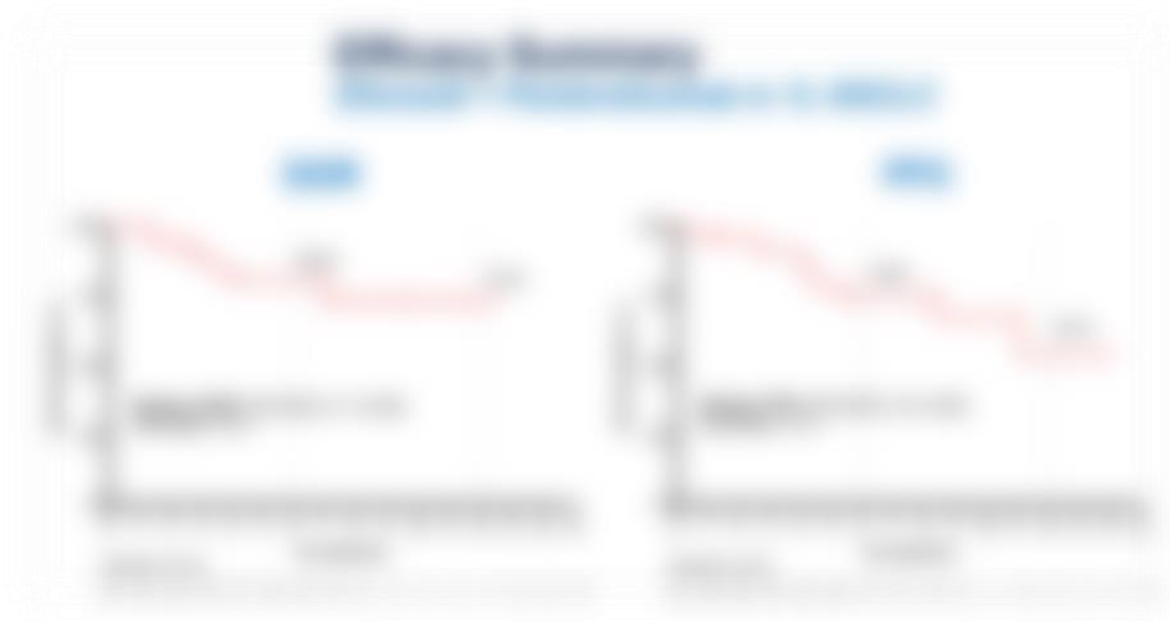
Conference Highlights Presented by
Solange Peters, MD, PhD



Abstract	Phase
<u>Abstract 8511</u> : Elisrasib (D3S-001), a next-generation GDP-bound KRAS G12C inhibitor, as first-line therapy for <i>KRAS</i> G12C mutation–positive non–small cell lung cancer (NSCLC). Lu S, et al	Phase I/II
<u>Abstract 8510</u> : First-line (1L) divarasib plus pembrolizumab (pembro) in advanced or metastatic <i>KRAS</i> G12C+ non–small cell lung cancer (NSCLC): Results from the Krascendo-170 study. Skoulidis F, et al	Phase Ib/II
<u>Abstract 8628</u> : First-line (1L) olomorasib + pembrolizumab in patients with <i>KRAS</i> G12C–mutant advanced NSCLC, and PD-L1 expression 0-49%, from the dose optimization cohorts of LOXO-RAS-20001 and SUNRAY-01. Chan B, et al	Integrated Analysis
<u>ELCC 4MO</u> : Updated results for MK-1084 + pembrolizumab in <i>KRAS</i> G12C-mutated (mut) metastatic non-small cell lung cancer (mNSCLC) enrolled in KANDLELIT-001. Sacher AG, et al	Phase I

Elisrasib (D3S-001), a next-generation GDP-bound KRAS G12C inhibitor, as first-line therapy for *KRAS* G12C mutation–positive NSCLC

Lu S, et al. ASCO 2026. Abstract 8511



Elisrasib (D3S-001), a next-generation GDP-bound KRAS G12C inhibitor, as first-line therapy for *KRAS* G12C mutation–positive NSCLC

Lu S, et al. ASCO 2026. Abstract 8511



Elisrasib (D3S-001), a next-generation GDP-bound KRAS G12C inhibitor, as first-line therapy for *KRAS* G12C mutation–positive NSCLC

Lu S, et al. ASCO 2026. Abstract 8511

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Presenting Author: [Name]
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First-line divarasil plus pembrolizumab in advanced or metastatic *KRAS* G12C+ NSCLC: Results from the Krascendo-170 study

Skoulidis F, et al. ASCO 2026. Abstract 8510



First-line (1L) olomorasib + pembrolizumab in patients with *KRAS* G12C–mutant advanced NSCLC, and PD-L1 expression 0-49%, from the dose optimization cohorts of LOXO-RAS-20001 and SUNRAY-01

Chan B, et al. ASCO 2026. Abstract 8628



Updated results for MK-1084 + pembrolizumab in *KRAS* G12C-mutated metastatic NSCLC enrolled in KANDLELIT-001

Sacher AG, et al. ELCC 2026. Abstract 4MO



Updated results for MK-1084 + pembrolizumab in *KRAS* G12C-mutated metastatic NSCLC enrolled in KANDLELIT-001

Sacher AG, et al. ELCC 2026. Abstract 4MO



Updated results for MK-1084 + pembrolizumab in *KRAS* G12C-mutated metastatic NSCLC enrolled in KANDLELIT-001

Sacher AG, et al. ELCC 2026. Abstract 4MO

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Presented by: [Name]
[Title]
[Affiliation]
[Contact Information]



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New Agents and Combinations for *KRAS* G12C-Mutated NSCLC

Discussion



New Agents and Combinations for *KRAS* G12C-Mutated NSCLC (1/3)

Summary

Overview of New Agents and Combinations

- New agents and combinations are being developed to target the *KRAS* G12C mutation, which is a common driver in NSCLC. These agents are designed to be more potent and have fewer side effects than existing treatments.
- Early-stage clinical trials are ongoing to evaluate the safety and efficacy of these new agents and combinations.
- Some promising combinations include the new agents with existing *KRAS* inhibitors, EGFR inhibitors, and immunotherapy.

Key Agents and Combinations

- **Adagrasib** (MRT68897) is a potent *KRAS* G12C inhibitor that has shown promising results in early-stage trials. It is being evaluated in combination with other agents.
- **Robociclib** (GDC-0853) is another *KRAS* G12C inhibitor that is being evaluated in combination with other agents.
- **Adagrasib + Robociclib** is a promising combination that is being evaluated in a phase I trial.



Dr. Allison

I think the patients will benefit from these new agents. They seem to be targeting the *KRAS* mutation more effectively. The only thing I'm a bit worried about is the side effects, but I think the benefits outweigh the risks.

New Agents and Combinations for *KRAS* G12C-Mutated NSCLC

Summary

Key Takeaways:

- 1. The combination of [agent] and [agent] showed promising results in the phase 1 study, with a high rate of adverse events (AEs) and a high rate of [effect].
- 2. The combination of [agent] and [agent] showed promising results in the phase 1 study, with a high rate of adverse events (AEs) and a high rate of [effect].

Next Steps:

- 1. The combination of [agent] and [agent] is being evaluated in the phase 2 study, with a high rate of adverse events (AEs) and a high rate of [effect].

New Agents and Combinations for *KRAS* G12C-Mutated NSCLC

Section 1: [Illegible]

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Section 2: [Illegible]

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Section 3: [Illegible]

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Section 4: [Illegible]

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EPICS



The Rise of KRAS G12D Inhibitors in Lung Cancer

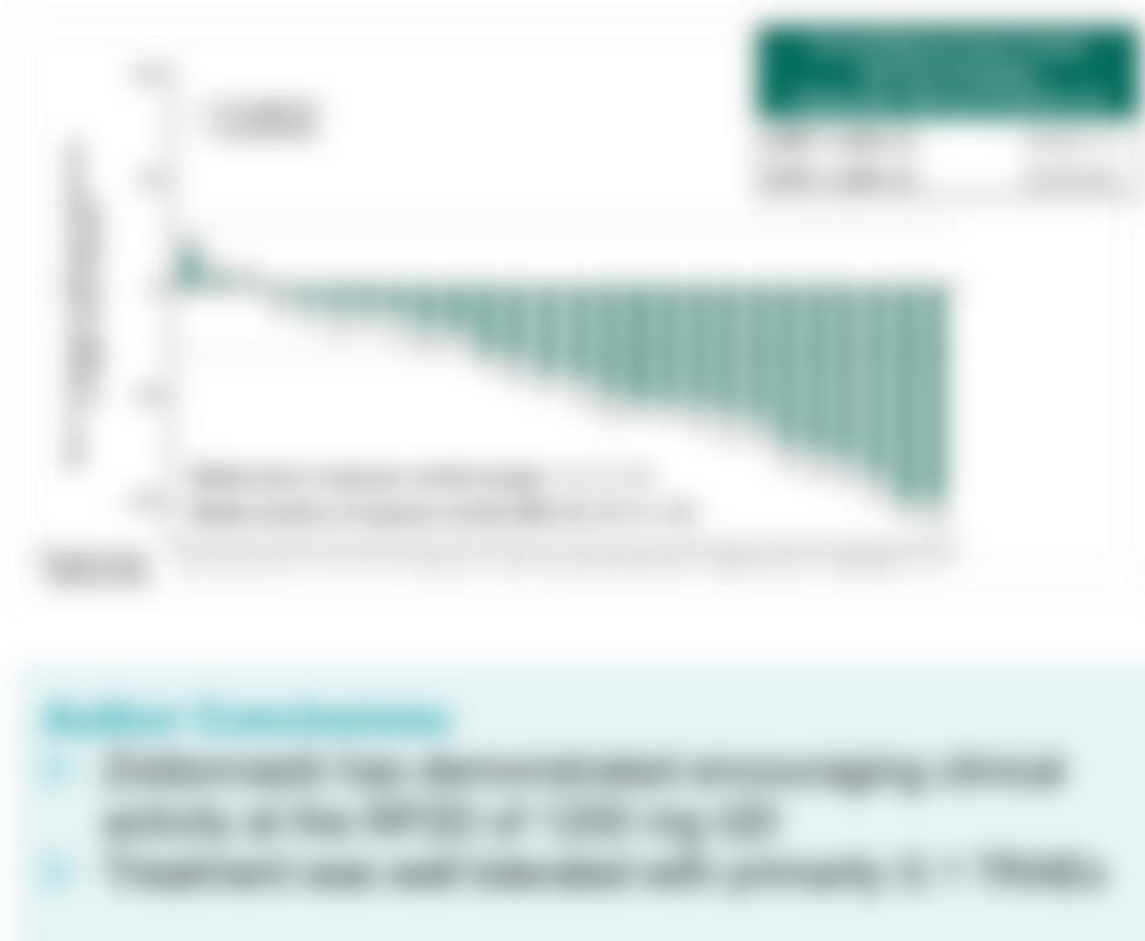
Conference Highlights Presented by
Solange Peters, MD, PhD



Abstract	Phase
<u>AACR CT021</u> : Preliminary safety and clinical activity of zoldonrasib (RMC-9805), an oral, RAS(ON) G12D-selective, tri-complex inhibitor in patients with previously treated <i>KRAS</i> G12D non-small cell lung cancer (NSCLC). Riess JW, et al	Phase I
<u>Abstract 8516</u> : A phase 1/2 study of TSN1611, a highly selective oral <i>KRAS</i> G12D inhibitor, in solid tumors: Efficacy and safety in <i>KRAS</i> G12D–mutated NSCLC patients. Yu Y, et al	Phase I/II
<u>Abstract 3006</u> : Clinical activity and safety of RNK08954 in advanced non–small cell lung cancer (NSCLC) patients with <i>KRAS</i> G12D mutation (NCT06667544). Song Z, et al	Phase I/II
<u>Abstract 3007</u> : Phase I/IIa study of DN022150, a novel selective noncovalent small molecule <i>KRAS</i> G12D inhibitor in patients with advanced <i>KRAS</i> G12D–mutant solid tumors. Yu Y, et al	Phase I/IIa
<u>ELCC 10</u> : Efficacy and safety of setidegrasib in patients (pts) with advanced NSCLC with <i>KRAS</i> G12D mutation. Paz-Ares L, et al	Phase I

Preliminary safety and clinical activity of zoldonrasib (RMC-9805), an oral, RAS(ON) G12D-selective, tri-complex inhibitor in patients with previously treated *KRAS* G12D NSCLC

Riess JW, et al. AACR 2026. Abstract CT021



Preliminary safety and clinical activity of zoldonrasib (RMC-9805), an oral, RAS(ON) G12D-selective, tri-complex inhibitor in patients with previously treated *KRAS* G12D NSCLC

Riess JW, et al. AACR 2026. Abstract CT021



Preliminary safety and clinical activity of zoldonrasib (RMC-9805), an oral, RAS(ON) G12D-selective, tri-complex inhibitor in patients with previously treated *KRAS* G12D NSCLC

Riess JW, et al. AACR 2026. Abstract CT021



Presented by
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A phase 1/2 study of TSN1611, a highly selective oral KRAS G12D inhibitor, in solid tumors: Efficacy and safety in *KRAS* G12D–mutated NSCLC patients

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Yu Y, et al. ASCO 2026. Abstract 8516



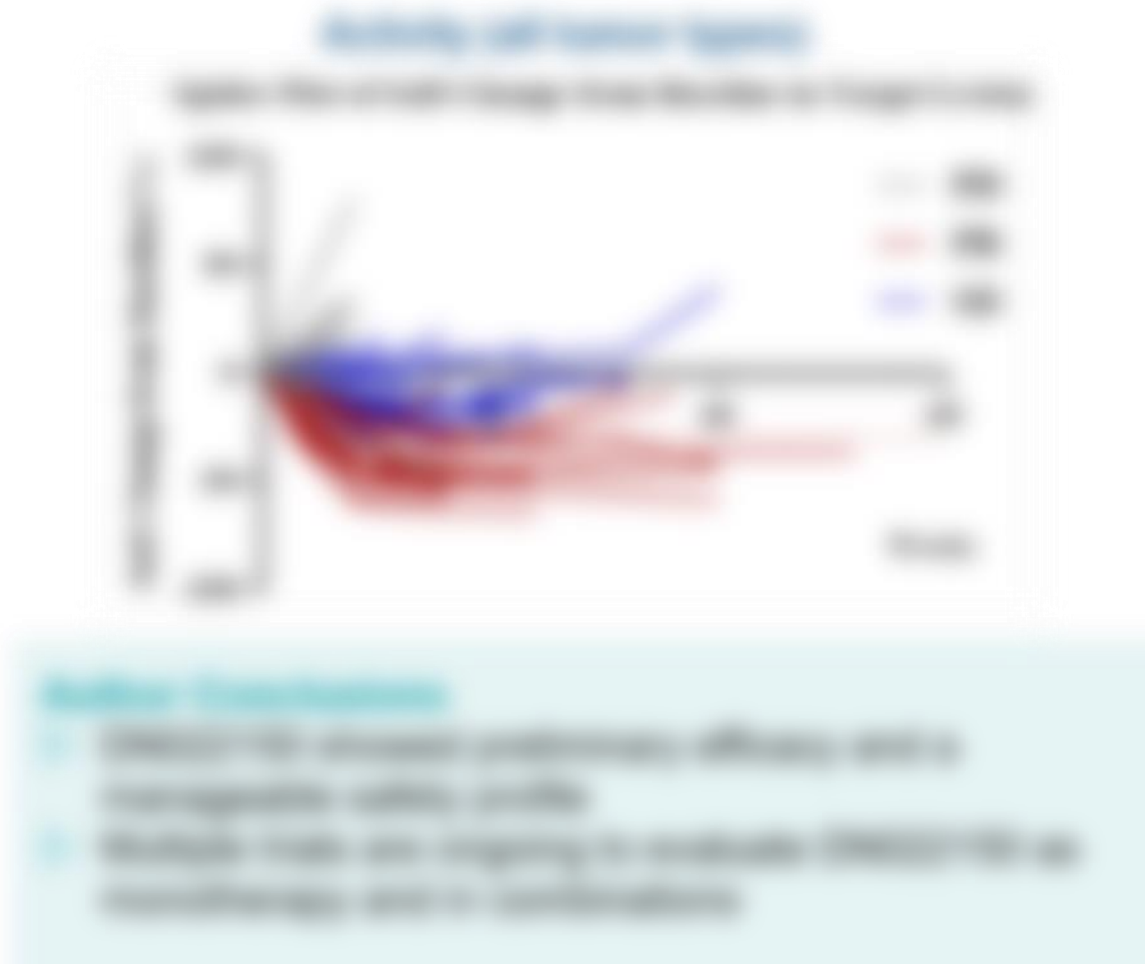
Clinical activity and safety of RNK08954 in advanced NSCLC patients with *KRAS* G12D mutation (NCT06667544)

Song Z, et al. ASCO 2026. Abstract 3006



Phase I/IIa study of DN022150, a novel selective noncovalent small molecule KRAS G12D inhibitor in patients with advanced *KRAS* G12D–mutant solid tumors

Yu Y, et al. ASCO 2026. Abstract 3007



Efficacy and safety of setidegrasib in patients with advanced NSCLC with *KRAS* G12D mutation

Paz-Ares L, et al. ELCC 2026. Abstract 1O; Park W, et al. *N Engl J Med*. 2026;394:1409-1420



Efficacy and safety of setidegrasib in patients with advanced NSCLC with *KRAS* G12D mutation

Paz-Ares L, et al. ELCC 2026. Abstract 10; Park W, et al. *N Engl J Med*. 2026;394:1409-1420



Efficacy and safety of setidegrasib in patients with advanced NSCLC with *KRAS* G12D mutation

Paz-Ares L, et al. ELCC 2026. Abstract 10; Park W, et al. *N Engl J Med*. 2026;394:1409-1420





Dr. Paz-Ares

Medical Oncologist

Head of the Lung Cancer Program

Princess of Asturias Cancer Institute

Setidegrasib is a KRAS G12D inhibitor that has shown promising efficacy and safety in patients with advanced NSCLC harboring the KRAS G12D mutation. In the phase I/IIb study, setidegrasib demonstrated a median progression-free survival of approximately 10 months and a median overall survival of approximately 18 months. The most common adverse events were diarrhea, fatigue, and weight loss. These findings support the use of setidegrasib as a treatment option for patients with advanced NSCLC and the KRAS G12D mutation.

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The Rise of KRAS G12D Inhibitors in Lung Cancer

Discussion



Abstract

Background: KRAS G12D is a common driver mutation in lung cancer, and KRAS G12D inhibitors are being developed to treat patients with this mutation.

Methods: We conducted a systematic review of the literature to identify studies that evaluated the efficacy and safety of KRAS G12D inhibitors in lung cancer.

Results: We identified 10 studies that evaluated the efficacy and safety of KRAS G12D inhibitors in lung cancer. The studies included 1,234 patients with KRAS G12D lung cancer. The most common KRAS G12D inhibitor was KRAS G12D inhibitor A, which was evaluated in 6 studies. The other 4 studies evaluated KRAS G12D inhibitors B, C, D, and E.

Conclusion: KRAS G12D inhibitors are being developed to treat patients with KRAS G12D lung cancer. The most common KRAS G12D inhibitor is KRAS G12D inhibitor A, which is being evaluated in 6 studies. The other 4 studies evaluated KRAS G12D inhibitors B, C, D, and E.

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The Rise of KRAS G12D Inhibitors in Lung Cancer (2/3)

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Learning Objectives

Identify the clinical significance of KRAS G12D

- 1. Explain the clinical significance of KRAS G12D in lung cancer, including its role in disease progression, treatment resistance, and prognosis.
- 2. Discuss the clinical significance of KRAS G12D in lung cancer, including its role in disease progression, treatment resistance, and prognosis.

Identify the clinical significance of KRAS G12D

- 1. Explain the clinical significance of KRAS G12D in lung cancer, including its role in disease progression, treatment resistance, and prognosis.

The Rise of KRAS G12D Inhibitors in Lung Cancer (3/3)

Abstract KRAS G12D is a common oncogenic mutation in lung cancer. KRAS G12D inhibitors are a new class of drugs that target the G12D mutation. This review discusses the clinical development of KRAS G12D inhibitors in lung cancer.

Introduction KRAS is a member of the RAS family of GTP-binding proteins. It is a key signaling molecule in the RAS/MAPK pathway. KRAS G12D is a common mutation in lung cancer, and it is associated with poor prognosis. KRAS G12D inhibitors are a new class of drugs that target the G12D mutation. This review discusses the clinical development of KRAS G12D inhibitors in lung cancer.

Methods A search of the literature was conducted using the following keywords: KRAS G12D inhibitors, lung cancer, clinical development. The search was limited to English-language articles published between 2010 and 2020.

Results A total of 10 articles were identified. The articles were reviewed and summarized. The results of the clinical development of KRAS G12D inhibitors in lung cancer are discussed.

Conclusion KRAS G12D inhibitors are a new class of drugs that target the G12D mutation. They have shown promising results in clinical development. Further studies are needed to confirm these results.

Keywords KRAS G12D inhibitors, lung cancer, clinical development.

- 1. KRAS G12D inhibitors are a new class of drugs that target the G12D mutation. They have shown promising results in clinical development.
- 2. Further studies are needed to confirm these results.
- 3. KRAS G12D inhibitors are a new class of drugs that target the G12D mutation. They have shown promising results in clinical development.

EPICS



New IO-ADC Approaches in Stage IV NSCLC

Conference Highlights Presented by
Mark Socinski, MD



Abstract	Phase
<u>Abstract LBA4</u> : Ivonescimab plus chemotherapy versus tislelizumab plus chemotherapy in previously untreated advanced squamous non–small cell lung cancer: Overall survival results of the phase 3 HARMONi-6 trial. Lu S, et al	Phase III
<u>Abstract 8513</u> : Phase 2 data from ROSETTA Lung-02, a global randomized phase 2/3 trial of pumitamig (PD-L1 × VEGF-A bsAb) + chemotherapy in 1L NSCLC. Peters S, et al	Phase II
<u>Abstract 8514</u> : Updated results from a phase 2 trial of SSGJ-707 (PF-08634404), a PD-1/VEGF bispecific antibody, as monotherapy in patients with advanced non-small cell lung cancer (NSCLC). Wu L, et al	Phase II
<u>Abstract 8506</u> : Sacituzumab tirumotecan (sac-TMT) plus pembrolizumab (P) versus pembrolizumab (P) as first-line treatment for PD-L1–positive advanced non-small cell lung cancer (NSCLC): Results from the randomized phase 3 OptiTROP-Lung05 study. Zhou C, et al	Phase III
<u>Abstract 8515</u> : Tremelimumab (T) + durvalumab (D) + chemotherapy (CT) vs pembrolizumab (P) + CT in 1L non-squamous (NSQ) metastatic NSCLC (mNSCLC) with <i>STK11</i> , <i>KEAP1</i> , and/or <i>KRAS</i> mutations (mut): Interim analysis (IA) of the phase 2b TRITON study. Skoulidis F, et al	Phase IIb

Abstract	Phase
<u>Abstract 8522</u>: Sigvotatug vedotin (SV), an investigational integrin beta-6 (IB6)—directed antibody-drug conjugate (ADC), plus pembrolizumab: Updated results from the phase 1 study (SGNB6A-001). Jaime JC, et al	Phase I
<u>AACR CT038</u>: Combination of risvutatug rezetecan and adebrelimab in previously treated advanced nsq-NSCLC without actionable genomic alterations: Results from ARTEMIS-101, a phase 1 study. Zhong H, et al	Phase I

Ivonescimab + chemotherapy vs tislelizumab + chemotherapy in previously untreated advanced squamous NSCLC: Overall survival results of the phase 3 HARMONi-6 trial

Lu S, et al. ASCO 2026. Abstract LBA4



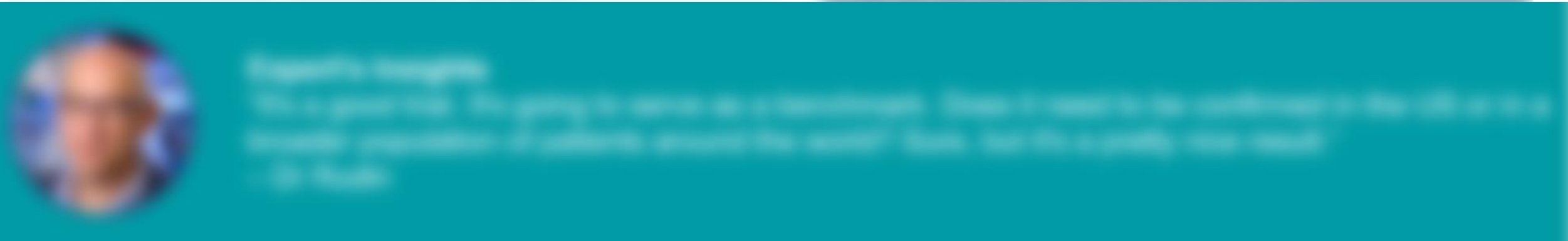
Ivonescimab + chemotherapy vs tislelizumab + chemotherapy in previously untreated advanced squamous NSCLC: Overall survival results of the phase 3 HARMONi-6 trial

Lu S, et al. ASCO 2026. Abstract LBA4



Ivonescimab + chemotherapy vs tislelizumab + chemotherapy in previously untreated advanced squamous NSCLC: Overall survival results of the phase 3 HARMONi-6 trial

Lu S, et al. ASCO 2026. Abstract LBA4



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Phase 2 data from ROSETTA Lung-02, a global randomized phase 2/3 trial of pumitamig (PD-L1 × VEGF-A bsAb) + chemotherapy in 1L NSCLC

Peters S, et al. ASCO 2026. Abstract 8513



Phase 2 data from ROSETTA Lung-02, a global randomized phase 2/3 trial of pumitamig (PD-L1 × VEGF-A bsAb) + chemotherapy in 1L NSCLC

Peters S, et al. ASCO 2026. Abstract 8513

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Presenting Author: [Name]
[Title]
[Institution]



Updated results from a phase 2 trial of SSGJ-707, a PD-1/VEGF bispecific antibody, as monotherapy in patients with advanced NSCLC

Wu L, et al. ASCO 2026. Abstract 8514



Sacituzumab tirumotecan + pembrolizumab vs pembrolizumab as first-line treatment for PD-L1–positive advanced NSCLC: Results from the randomized phase 3 OptiTROP-Lung05 study

Zhou C, et al. ASCO 2026. Abstract 8506



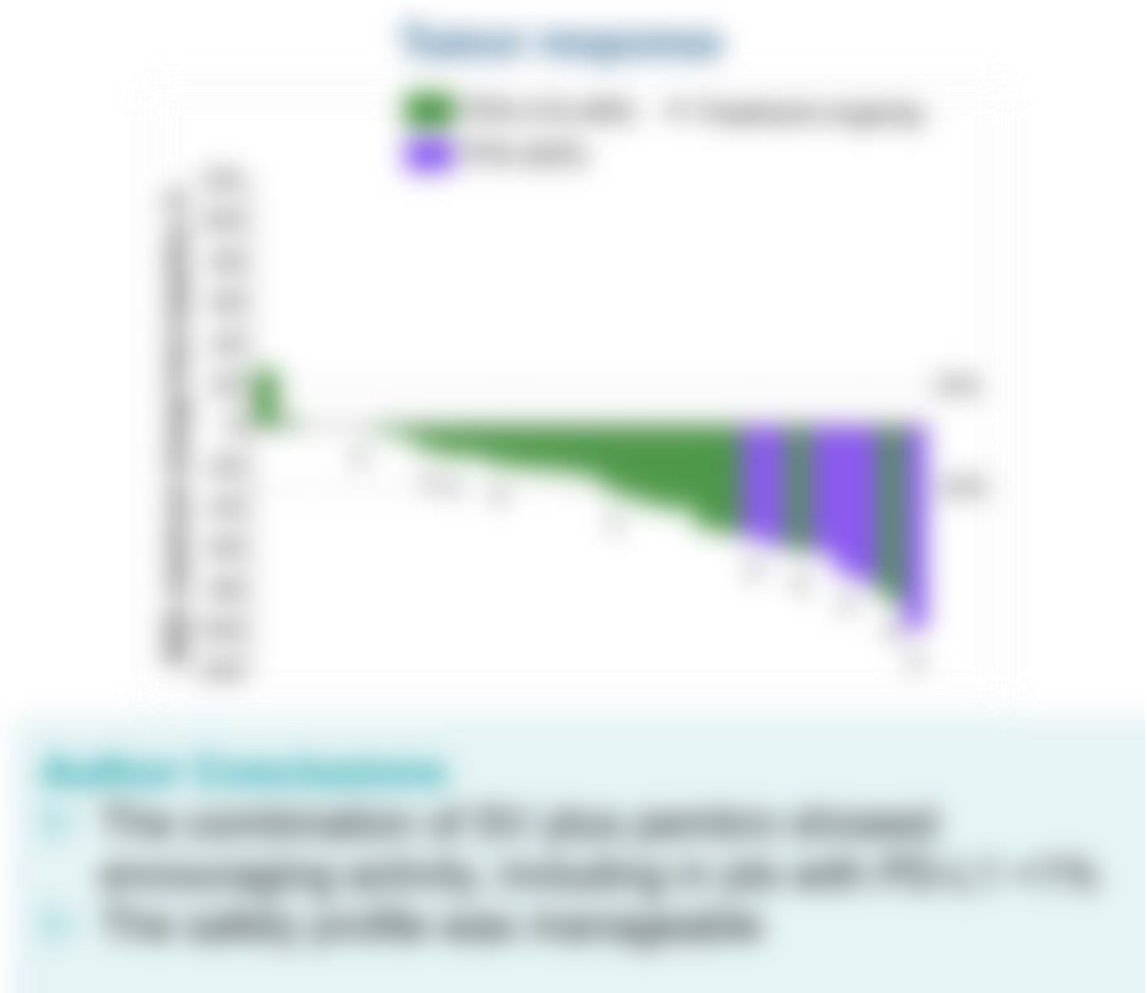
Tremelimumab + durvalumab + chemotherapy (CT) vs pembrolizumab + CT in 1L non-squamous metastatic NSCLC with *STK11*, *KEAP1*, and/or *KRAS* mutations: Interim analysis of the phase 2b TRITON study

Skoulidis F, et al. ASCO 2026. Abstract 8515



Sigvotatug vedotin (SV), an investigational integrin beta-6—directed antibody-drug conjugate, plus pembrolizumab: Updated results from the phase 1 study (SGNB6A-001)

Jaime JC, et al. ASCO 2026. Abstract 8522



Combination of risvutatug rezetecan and adebrelimab in previously treated advanced nsq-NSCLC without actionable genomic alterations: Results from ARTEMIS-101, a phase 1 study

Zhong H, et al. AACR 2026. Abstract CT038



EPICS

New IO-ADC Approaches in Stage IV NSCLC

Discussion



New IO-ADC Approaches in Stage IV NSCLC (1/4)

- The reports represent visualisation representations of the results with corresponding interpretation of the results that may shape the interpretation of the data already discussed
 - The report gives an insight to any other studies that is promising
 - meta-analysis was performed by the reports as a positive study with the current study depending more on this and with moderate quality, which is similar given the systematic evaluation of the study
 - The current use of psychological interventions was seen as being similar to the old studies of psychological interventions, as the old difference was not that due to underperformance of the current age
 - The use of mental age in patients 18 years or older was of course limited
- Report gives a list of 18 mental age up to 180 results in the group meta-analysis and the number for subsequent use of meta-analysis in the future setting in clinical practice, however, was meta-analysis is negative, which indicates that there development of this reports was still difficult to apply
- It was noted that the shortcomings of meta-analysis of reports could allow the use in the development setting



Background

IO-ADCs are a new class of cancer therapy that combine immunotherapy with antibody-drug conjugates. They are designed to target cancer cells and deliver a potent cytotoxic payload directly to the tumor site, potentially improving efficacy and reducing systemic toxicity.

- IO-ADCs are designed to target cancer cells and deliver a potent cytotoxic payload directly to the tumor site, potentially improving efficacy and reducing systemic toxicity.

Key Findings

- The study demonstrated that the IO-ADC approach was effective in treating Stage IV NSCLC, with a significant improvement in overall survival compared to standard of care.
- The study also showed that the IO-ADC approach was well-tolerated, with a manageable safety profile.

New IO-ADC Approaches in Stage IV NSCLC (3/4)

Approach 1: Sequential IO-ADC

- 1. IO-ADC (e.g., nivolumab + ipilimumab) followed by ADC (e.g., trastuzumab emtansine)
- 2. ADC followed by IO-ADC
- 3. Concurrent IO-ADC and ADC

Approach 2: IO-ADC with Targeted Therapy

- 1. IO-ADC (e.g., nivolumab + ipilimumab) with targeted therapy (e.g., EGFR inhibitor)

Approach 3: IO-ADC with Radiation

- 1. IO-ADC (e.g., nivolumab + ipilimumab) with radiation therapy

Approach 4: IO-ADC with Immunomodulators

- 1. IO-ADC (e.g., nivolumab + ipilimumab) with immunomodulators (e.g., checkpoint inhibitors)



New IO-ADC Approaches in Stage IV NSCLC (4/4)

Session 1: Introduction to IO-ADC Approaches in Stage IV NSCLC

Session 2: Key Clinical Trials and Data

- The efficacy of IO-ADC approaches in Stage IV NSCLC is being evaluated in several clinical trials, including the phase III KEYNOTE-602 trial comparing pembrolizumab with or without enfortumab vedotin.
- The results of these trials are expected to provide valuable insights into the optimal use of IO-ADC approaches in Stage IV NSCLC.

Session 3: Emerging IO-ADC Approaches and Future Directions

Session 4: Summary and Key Takeaways

- The IO-ADC approach represents a promising new strategy for the treatment of Stage IV NSCLC, with ongoing clinical trials providing early evidence of efficacy.
- Further research is needed to optimize the use of IO-ADC approaches and to identify the patient populations that will benefit most from this approach.

EPICS



Rescuing Relapsed Small Cell Lung Cancer

Conference Highlights Presented by
Charles Rudin, MD, PhD



Abstract	Phase
<u>Abstract 8006</u> : Intracranial efficacy of tarlatamab versus chemotherapy (CTx) as second-line (2L) treatment for small cell lung cancer (SCLC): DeLLphi-304 phase 3 post hoc analysis. Mountzios GS, et al	Phase III
<u>Abstract 8109</u> : Updated results of the randomized phase 2 dose optimization study of alveltamig (ZG006), a trispecific T cell engager targeting DLL3/DLL3/CD3, as monotherapy in patients with advanced small cell lung cancer. Ai X, et al	Phase II
<u>Abstract 3001</u> : Phase I study of BL-M14D1, a novel DLL3-directed antibody-drug conjugate (ADC), in patients with locally advanced or metastatic small-cell lung cancer (SCLC), neuroendocrine carcinoma (NEC), and other solid tumors. Li W, et al	Phase I
<u>Abstract 8008</u> : ABBV-706 as monotherapy and in combination with budigalimab in patients with relapsed/refractory (R/R) small cell lung cancer (SCLC). Byers LA, et al	Phase I
<u>Abstract 8007</u> : Efficacy and safety of ivonescimab combined with liposomal irinotecan in patients with small-cell lung cancer (SCLC) progressing after first-line chemoimmunotherapy: A multicenter, phase 2 study. Fan Y, et al	Phase II

Intracranial efficacy of tarlatamab vs chemotherapy as second-line treatment for SCLC: DeLLphi-304 phase 3 post hoc analysis

Mountzios GS, et al. ASCO 2026. Abstract 8006



Intracranial efficacy of tarlatamab vs chemotherapy as second-line treatment for SCLC: DeLLphi-304 phase 3 post hoc analysis

Mountzios GS, et al. ASCO 2026. Abstract 8006



Intracranial efficacy of tarlatamab vs chemotherapy as second-line treatment for SCLC: DeLLphi-304 phase 3 post hoc analysis

Mountzios GS, et al. ASCO 2026. Abstract 8006





Dr. [Name]
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Updated results of the randomized phase 2 dose optimization study of alveltamig (ZG006), a trispecific T-cell engager targeting DLL3/DLL3/CD3, as monotherapy in patients with advanced SCLC

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Ai X, et al. ASCO 2026. Abstract 8109



Phase I study of BL-M14D1, a novel DLL3-directed antibody-drug conjugate, in patients with locally advanced or metastatic SCLC, neuroendocrine carcinoma, and other solid tumors

Li W, et al. ASCO 2026. Abstract 3001



ABBV-706 as monotherapy and in combination with budigalimab in patients with relapsed/refractory SCLC

Byers LA, et al. ASCO 2026. Abstract 8008



Efficacy and safety of ivonescimab combined with liposomal irinotecan in patients with SCLC progressing after first-line chemoimmunotherapy: A multicenter, phase 2 study

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Fan Y, et al. ASCO 2026. Abstract 8007



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Rescuing Relapsed Small Cell Lung Cancer

Discussion



Rescuing Relapsed Small Cell Lung Cancer (1/4)

- Types of evidence**

 - Direct evidence is the evidence that is immediately apparent to the trier of fact, such as a witness's testimony, a photograph, or a video recording.
 - Indirect evidence is the evidence that is not immediately apparent to the trier of fact, such as a fingerprint, a DNA sample, or a computer file.
- Importance of evidence**

 - The evidence is the most important factor in the trier of fact's decision-making process.
 - The evidence is the most important factor in the trier of fact's decision-making process.
 - The evidence is the most important factor in the trier of fact's decision-making process.
- Management of evidence with evidence**

 - When the evidence is not clear, it is important to consider the evidence with evidence, such as a witness's testimony, a photograph, or a video recording.



Learning Objectives

By the end of this session, you should be able to:

- 1. Identify the key components of a relapsed small cell lung cancer (SCLC) case and the role of the multidisciplinary team (MDT) in managing the patient.
- 2. Understand the importance of a thorough history and examination, including a detailed review of systems, in identifying the cause of relapse and guiding treatment decisions.
- 3. Recognize the role of imaging, including PET-CT, in staging and monitoring response to treatment.
- 4. Understand the role of biomarker testing, including PD-L1, in identifying potential targets for immunotherapy.
- 5. Understand the role of clinical trials in the management of relapsed SCLC.

Case Scenario

A 65-year-old male with a history of SCLC, previously treated with chemotherapy and radiation, presents with a relapse of disease. He has been experiencing weight loss, fatigue, and cough. A PET-CT scan shows multiple areas of increased uptake, consistent with metastatic disease. The MDT is discussing the case and considering treatment options.

Session 1: Introduction to Small Cell Lung Cancer (SCLC)

- 1. Overview of SCLC: Epidemiology, Pathogenesis, and Clinical Presentation
- 2. Staging and Prognosis: The Importance of Accurate Staging in SCLC

Session 2: First-Line Therapy for SCLC

- 1. Chemotherapy: The Cornerstone of First-Line Therapy
- 2. Immunotherapy: Emerging Role in First-Line Treatment

Session 3: Management of Relapsed SCLC

- 1. Second-Line Therapy: Options and Considerations
- 2. Third-Line and Beyond: Novel Therapies and Clinical Trials

Session 4: Supportive Care and Quality of Life

- 1. Symptom Management: Addressing Common Side Effects
- 2. Palliative Care: Improving Quality of Life in Advanced Disease

Introduction

The purpose of this presentation is to provide an overview of the current landscape of relapsed small cell lung cancer (SCLC) and to discuss the challenges associated with treatment. The goal is to provide a comprehensive overview of the current landscape of relapsed SCLC and to discuss the challenges associated with treatment.

Current Landscape

The current landscape of relapsed SCLC is characterized by a high rate of relapse and a limited number of treatment options. The majority of patients with relapsed SCLC are treated with second-line chemotherapy, which typically results in a median overall survival of approximately 10-12 months. The limited number of treatment options for relapsed SCLC is a major challenge for patients and clinicians alike.



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