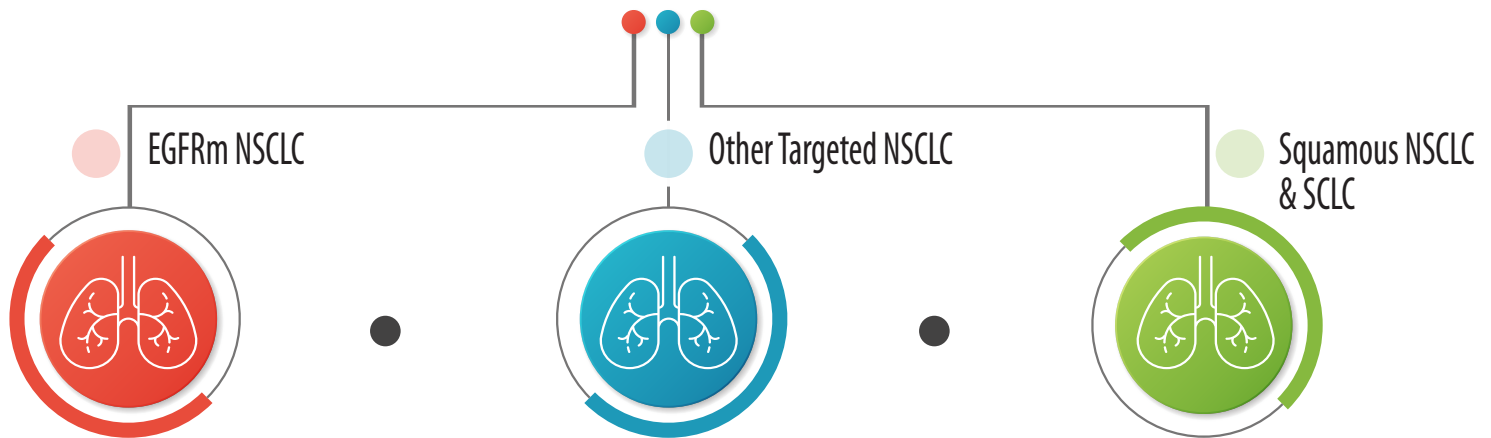


LUNG DATA REVIEW 2026

May 7, 2026



NeoADAURA (PERCIST): In patients with resectable stage II-IIIb EGFR-mutant NSCLC, neoadjuvant osimertinib with or without chemotherapy demonstrated benefit and could potentially shift use to the earlier line setting – *Not yet FDA approved in the neoadjuvant setting*

COMPEL: Continuing osimertinib with platinum-based chemotherapy after progression on first-line osimertinib improved PFS and demonstrated an OS benefit, with additional improvements in both CNS and non-CNS disease control compared with chemotherapy alone – *FDA approved in the 1L setting February 2024*

HARMONI-A: In patients with EGFR-mutant NSCLC following prior EGFR-TKI therapy, ivonescimab plus chemotherapy demonstrated an overall survival benefit and may be a potential new standard of care for patients – *Not yet FDA approved*

OptiTROP-Lung03: In patients with previously treated advanced EGFR-mutant NSCLC, sacituzumab tiremotecan (sac-TMT) demonstrated clinically meaningful and statistically significant improvements in overall survival compared to docetaxel – *Not yet FDA approved in the U.S.*

BEAMTIN LUNG-1: As first-line therapy for treatment naïve patients with HER2-mutant advanced NSCLC, zongertinib demonstrated durable efficacy with an objective response rate of 76% by BIRC, median PFS of 14.4 months, median duration of response of 15.2 months, and meaningful intracranial activity in patients with brain metastases – *FDA approved February 2026*

SOHO-01: In pre-treated and first-line setting, patients with HER2-mutant advanced NSCLC, sevabertinib demonstrated durable response achieving ORRs by BICR of 64% in HER2-therapy-naïve patients, 38% in those previously treated with HER2-targeted ADCs, and 71% in first-line patients – *FDA granted Breakthrough Therapy Designation in January 2026*

DESTINY-Lung02: In the second-line and later setting for patients with HER2-mutant metastatic NSCLC, T-DXd demonstrated strong and durable responses irrespective of prior systemic anticancer therapies or baseline CNS metastases – *FDA approved August 2022 at 5.4 mg/kg*

MDT-BRIDGE: In patients with borderline resectable NSCLC, neoadjuvant durvalumab plus chemotherapy, supported by multidisciplinary assessment, enabled almost all (95.2%) patients to proceed to surgery or chemoradiotherapy with curative intent – *FDA approved durvalumab with platinum containing chemotherapy as neoadjuvant treatment in August 2024*

ASTERIOD: In patients with early-stage NSCLC, durvalumab following stereotactic body radiotherapy (SBRT) was associated with improved systemic antitumor responses compared with SBRT alone – *Not yet FDA approved*

PRESERVE-003: In patients with squamous NSCLC who experienced disease progression on or after anti-PD-(L)1 therapy, gotisobart demonstrated a clinically meaningful overall survival benefit, with a 54% reduction in the risk of death compared with docetaxel and a manageable safety profile – *Not yet FDA approved*

DeLLphi-303: In the first-line setting for ES-SCLC, tarlatamab combined with chemo-immunotherapy followed by anti-PD-L1 maintenance demonstrated manageable safety (mostly low-grade CRS/ICANS in cycle 1) and strong efficacy – positioning as a potentially practice changing strategy – *Not yet FDA approved*

RATIONALE-312: As first-line treatment for ES-SCLC, tislelizumab plus chemotherapy improved overall survival versus chemotherapy alone – *Not FDA approved in the US*
Confirms the rationale for chemoimmunotherapy as a first-line treatment for ES-SCLC (IMpower133, CASPIAN, IMforte)

IDEATE-Lung01: Ifinatamab deruxtecan (I-DXd), a B7-H3-directed ADC, provides antitumor activity with consistent toxicity of DXds in previously treated ES-SCLC—positioning it as a potential new option – *Not yet FDA approved; FDA granted Priority Review and Breakthrough Therapy Designation August 2025*

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