

16th
CONGRESS
Lung **ON**
CANCER

BARCELONA
27 / 28
NOVEMBER 2025

SLCG studies: Other thoracic tumors and pharmacogenomics studies

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Hospital Clínico San Carlos

CONFLICTO DE INTERESES

Invited Speaker: MSD, Astra Zeneca, Pfizer, Amgen, Pierre Fabre, Regeneron, Janssen

Advisory Role: Pierre Fabre, Astra Zeneca, Takeda, Roche

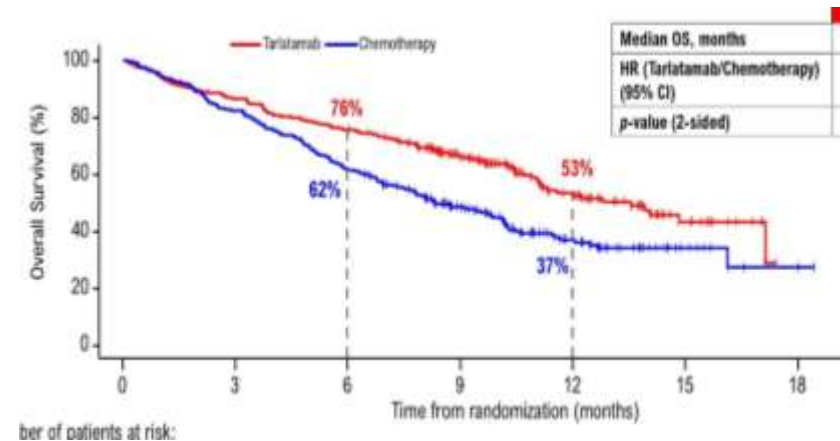
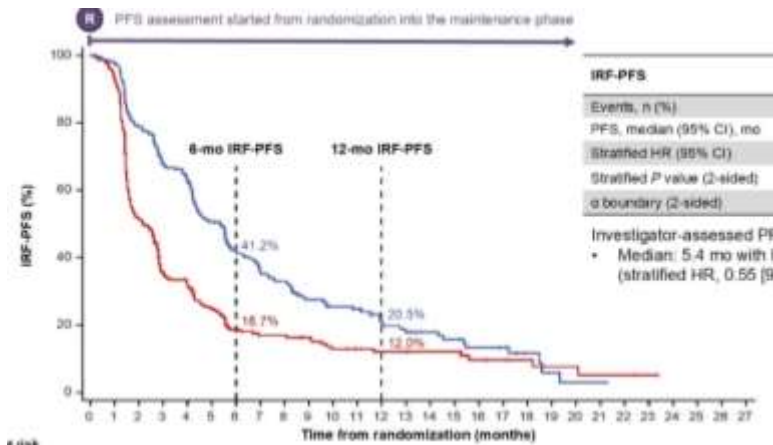
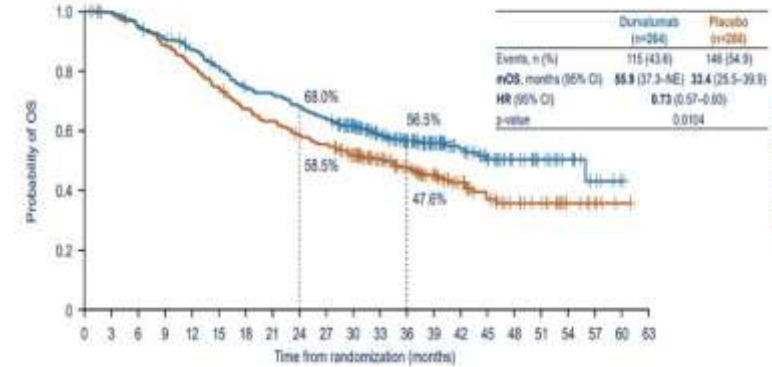
Local PI: MSD, BMS, Astra Zeneca, Amgen, Regeneron, Revolution Medicines, Daiichi Sankyo

CPCP: Nuevo SoC

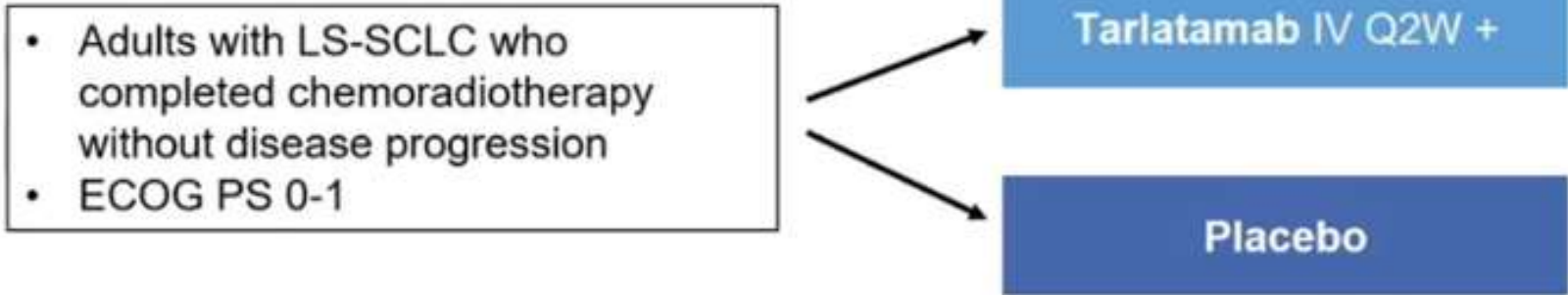
- Localizado:
PE + RT concomitante → Durvalumab (M)

- Metastásico:
 - 1L: PE + Atezolizumab (I + M) + Lurbinectidina (M)
 - 2L: ~~Topotecán~~ Tarlatamab

Overall Survival



Dellphi 306



- Diagnosed and treated for LS-SCLC with concurrent chemotherapy and radiotherapy.
- Has completed chemoradiotherapy without progression per RECIST 1.1 (ie, achieved complete response [CR], partial response [PR], or stable disease [SD]).
- Eastern Cooperative Oncology Group (ECOG) Performance Status (PS) of 0 or 1.
- Minimum life expectancy of 12 weeks.
- Adequate organ function.

QTRT secuencial

< toxicidad

< eficacia (PFS 7-8 m)

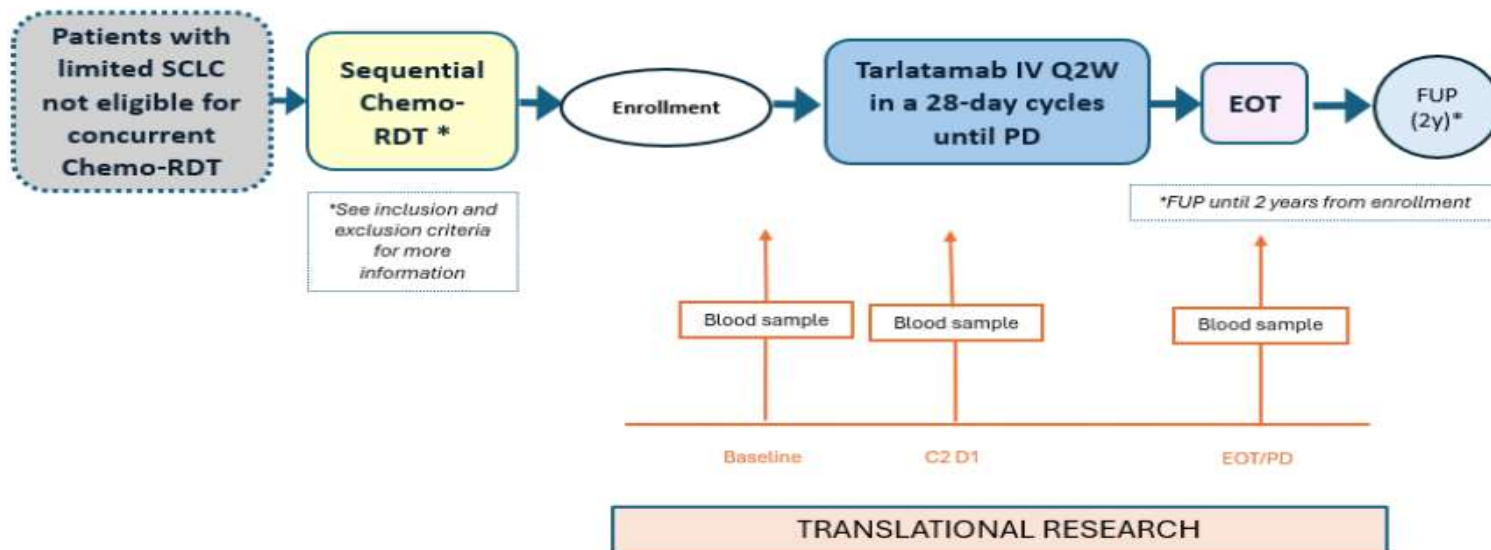
MERLIN

A phase II clinical trial of Tarlatamab as maintenance treatment after sequential chemo-radiotherapy for limited stage SCLC patients not eligible for concurrent chemo-radiotherapy

Promotor: Fundación GECP

Coordinador: Dr. Mariano Provencio

Esquema del estudio



Obj Primario: PFS

Traslacional:
Clonalidad TCR

N= 37 (20 centros)

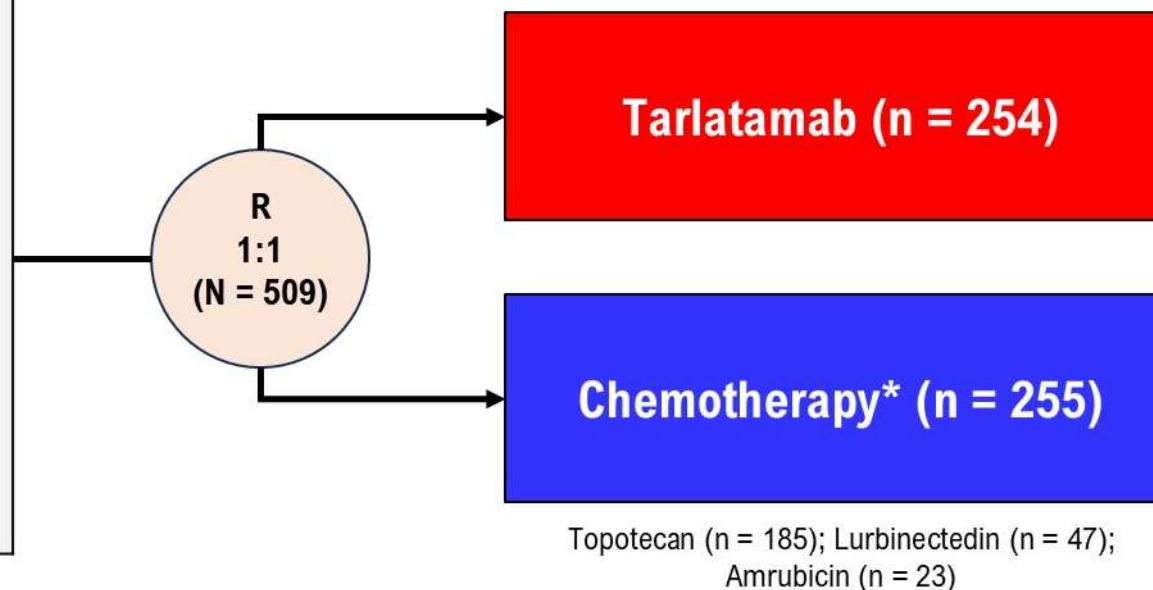
Nº pacientes previstos: 37

Key inclusion criteria

- Histologically or cytologically confirmed SCLC
- Progression after 1L platinum-based chemotherapy +/- anti-PD-(L)1
- ECOG PS 0 or 1
- Asymptomatic, treated or untreated brain metastases

Randomization stratified by

- Prior anti-PD-(L)1 exposure (yes/no)
- Chemotherapy-free interval (< 90 days vs ≥ 90 to < 180 days vs ≥ 180 days)
- Presence of (previous/current) brain metastases (yes/no)
- Intended chemotherapy (topotecan/amrubicin vs lurbinectedin)



Primary Endpoint: Overall survival

Key Secondary Endpoints: Progression-free survival, patient-reported outcomes

Other Secondary Endpoints: Objective response, disease control, duration of response, safety

*Topotecan was used in all countries except Japan, lurbinectedin in Australia, Canada, Republic of Korea, Singapore and the United States, and amrubicin in Japan.

1L, first-line; ECOG PS, Eastern Cooperative Oncology Group performance status; PD-(L)1, programmed death (ligand)-1; R, randomization; SCLC, small cell lung cancer.

START-Lung

A multicentre phase II trial of tarlatamab in patients with pretreated extensive-stage small cell lung cancer (ES-SCLC) and ECOG PS 2

Promotor: ETOP IBCSG Partners Foundation

Esquema del estudio

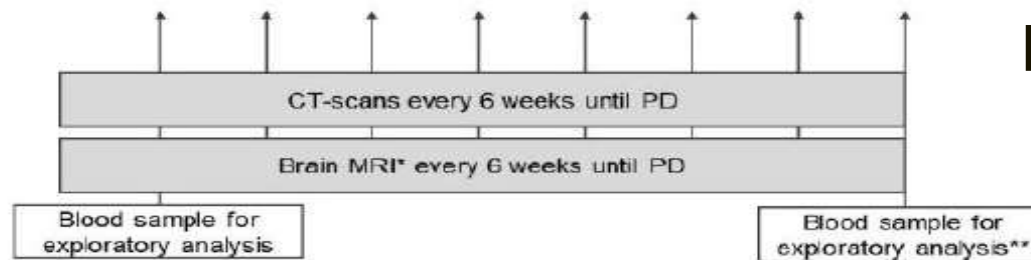
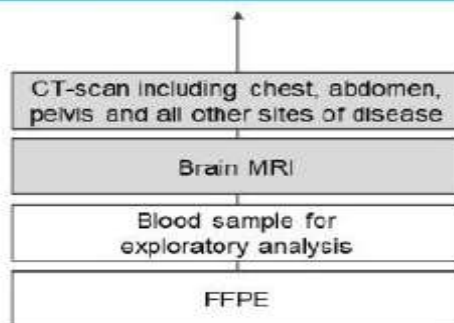


- Histologically or cytologically-confirmed ES-SCLC.
- No symptomatic brain metastases.
- ECOG PS 2.
- Previous treatment with one line of platinum-etoposide doublet chemotherapy with immune-checkpoint inhibition for SCLC.
- Progressive disease on or after the first-line treatment for SCLC.

Tarlatamab, 10 mg i.v. every 2 weeks (1 mg step dose on day 1, 10 mg on day 8 and on day 15 and 10 mg every 2 weeks thereafter) until progression or unacceptable toxicity

Obj Prim: 12 m OS

N= 48

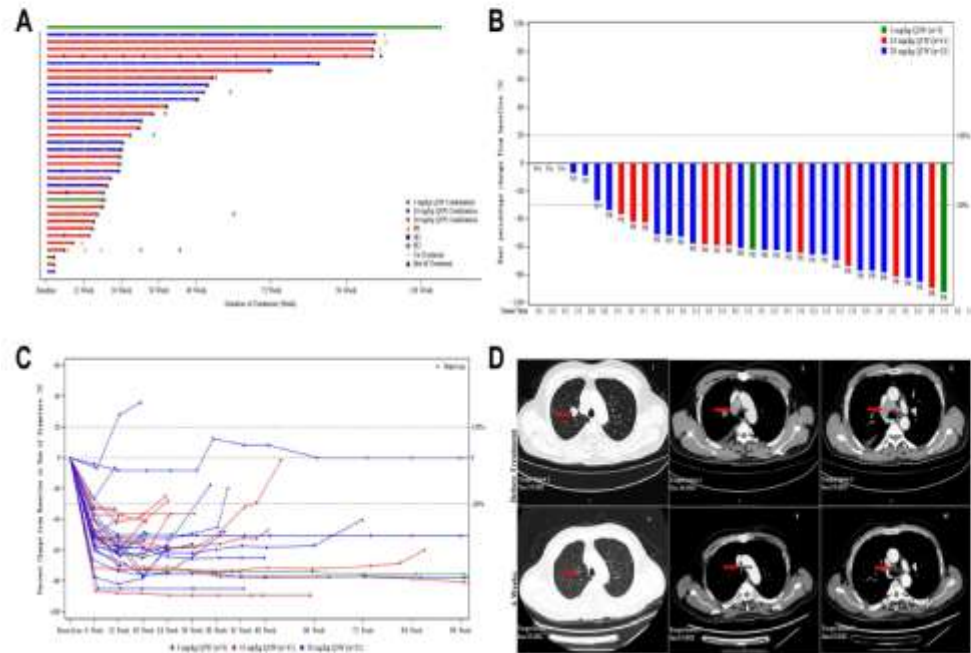


* For patients with untreated asymptomatic or treated and stable brain metastases at trial entry
** Of at treatment discontinuation, if earlier than PD

CPCP Metastásico: Inhibición de Angiogénesis

Brief Report: Iponescimab Combined With Etoposide Plus Carboplatin as First-Line Treatment for Extensive-Stage SCLC: Results of a Phase 1b Clinical Trial

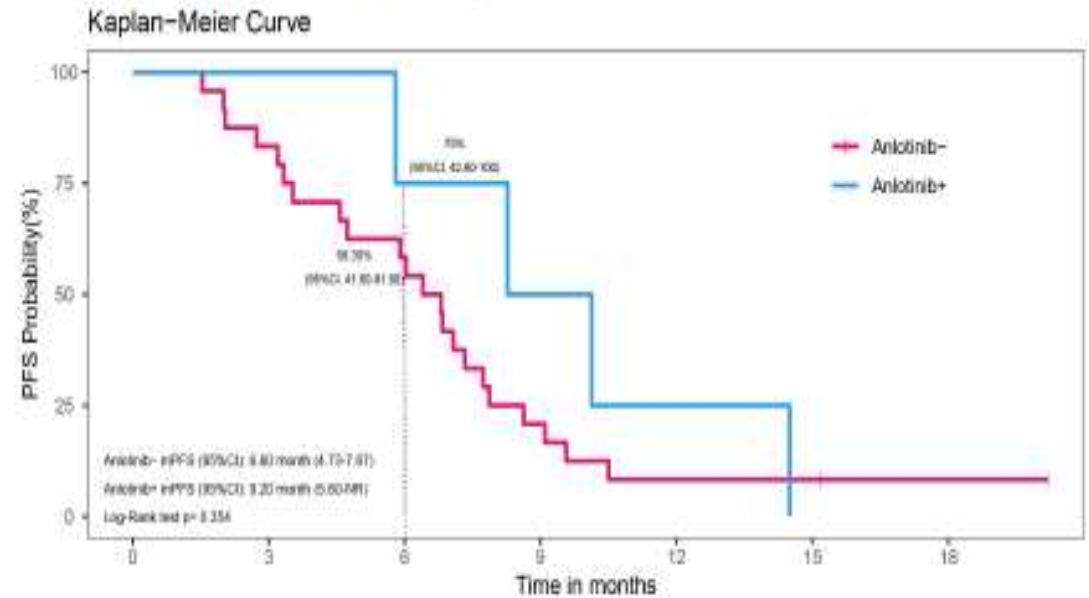
Zhiwei Chen, MD^a · Lin Wu, MD^b · Qiming Wang, MD^c · ... · Qiaoyun Wang, MD^k · Xiao Xu, PhD^k · Shun Lu, MD, PhD^g ✉



ORR=80%
(N=35)

ORR was at the dose of
66.7% - 3 mg/kg
90.9% - 10 mg/kg
76.2% - 20 mg/kg

- The median PFS was numerically higher in patients receiving first-line combination therapy than those not treated with first-line Anlotinib in combination (9.2 vs. 6.6 months, $P = 0.354$).



CPCP Metastásico: Inhibición de Angiogénesis

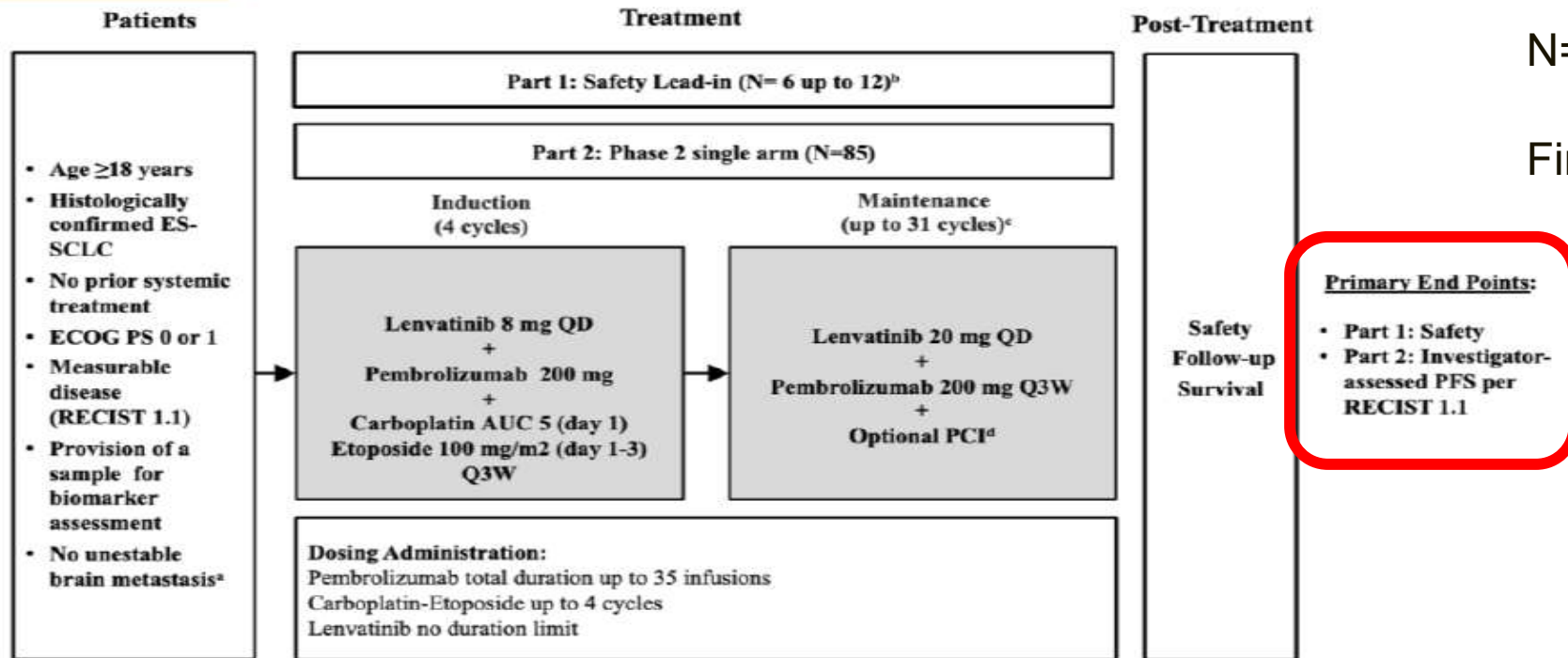
PEERS

A Phase II study of Pembrolizumab, Lenvatinib and chemotherapy combination in first line extensive-stage small cell lung cancer (ES-SCLC)

Promotor: Fundación GECP

Coordinador: Dra. Noemí Reguart

Esquema del estudio



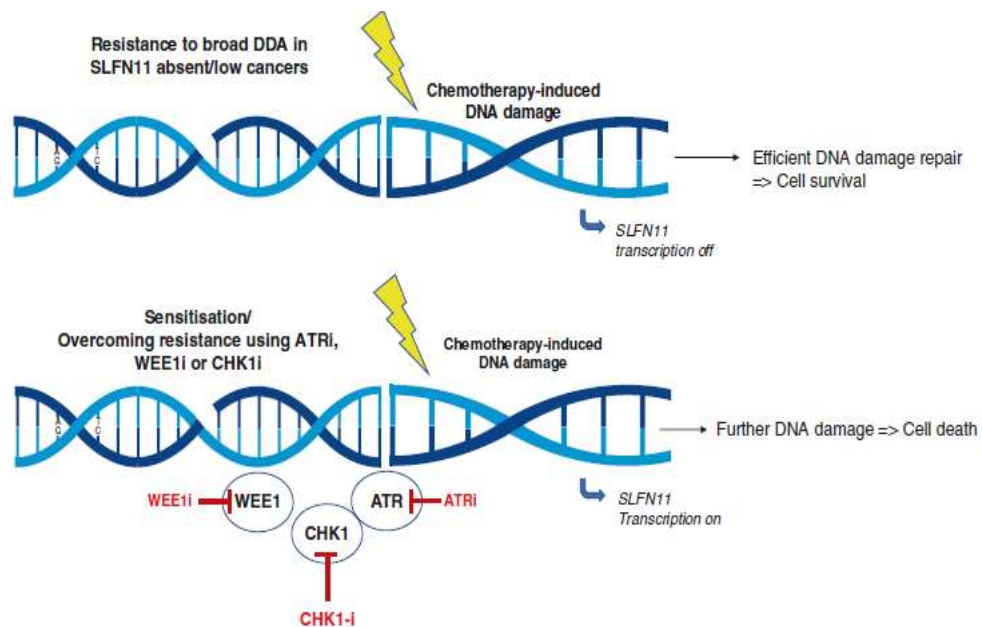
N= 46 (18 centros)

Fin Reclutam

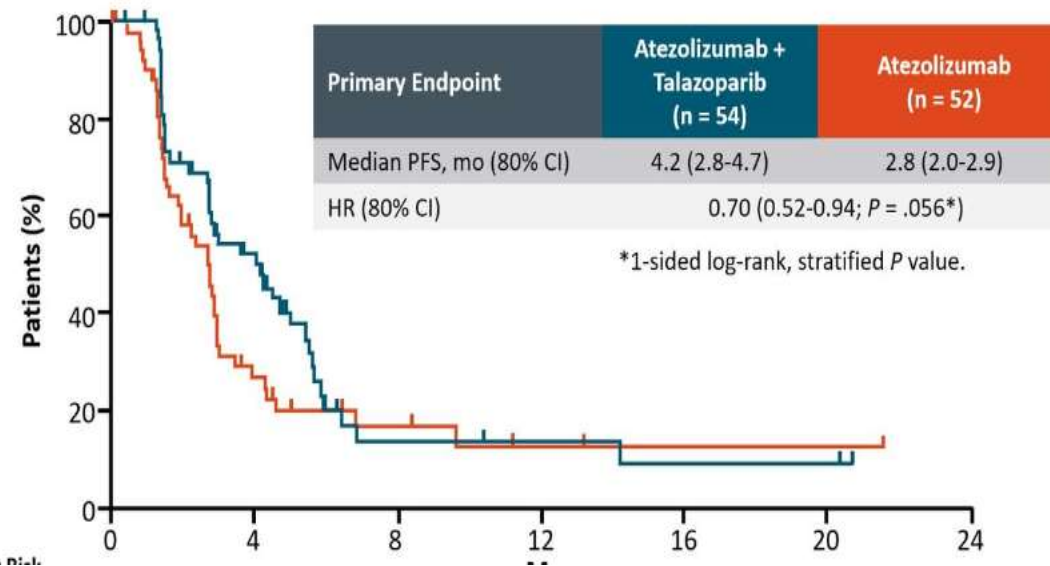
CPCP Metastásico: SLFN11 - iPARP

EDITORIAL

The role of Schlafen 11 (SLFN11) as a predictive biomarker for targeting the DNA damage response



SWOG S1929: Phase II randomized study of maintenance atezolizumab (A) versus atezolizumab + talazoparib (AT) in patients with SLFN11 positive extensive stage small cell lung cancer (ES-SCLC).



CPCP Metastásico: SFLN11 - iPARP

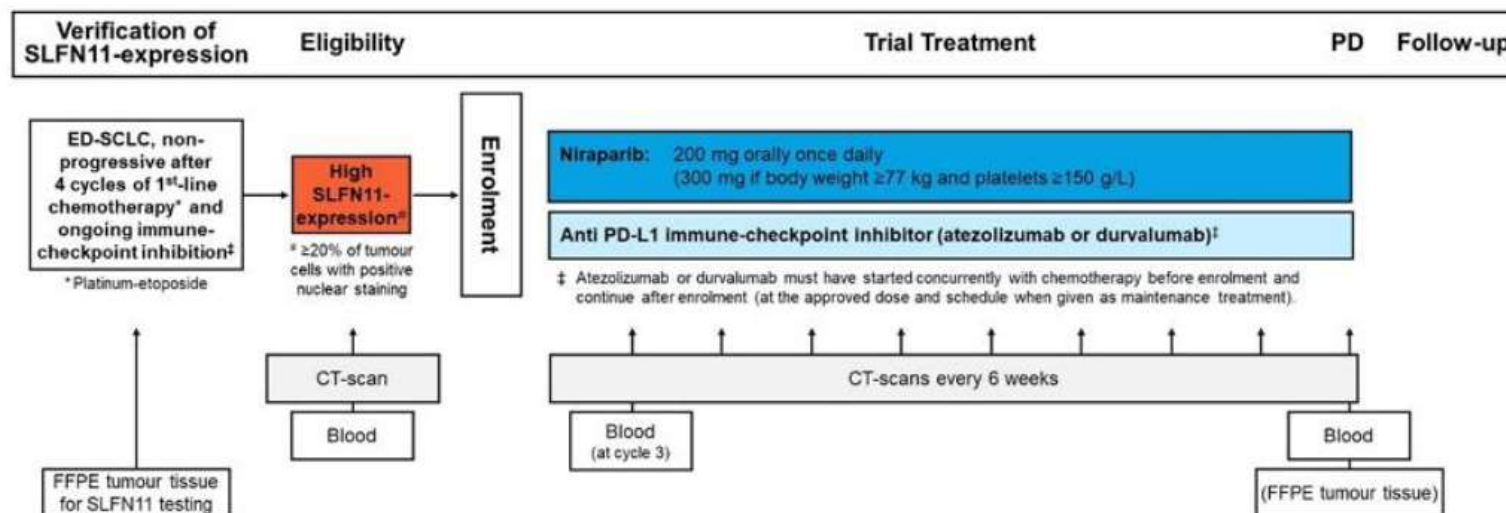
RAISE

A single-arm phase II study of the addition of niraparib to anti-PD-L1 antibody maintenance in patients with SFLN11-positive, extensive-disease small cell lung cancer.

Promotor: ETOP IBCSG Partners

Coordinador: Dr. Markus Joerger / Dr. Antonio Passaro

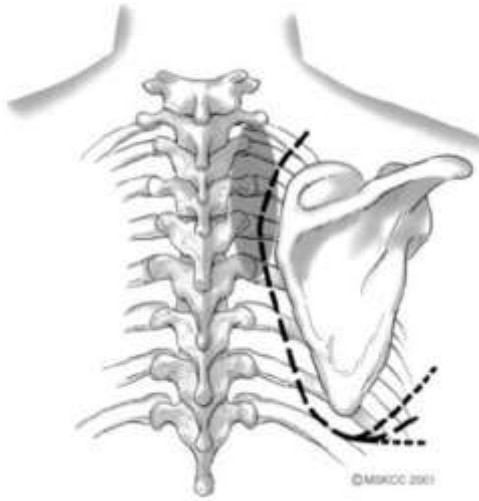
Esquema del estudio



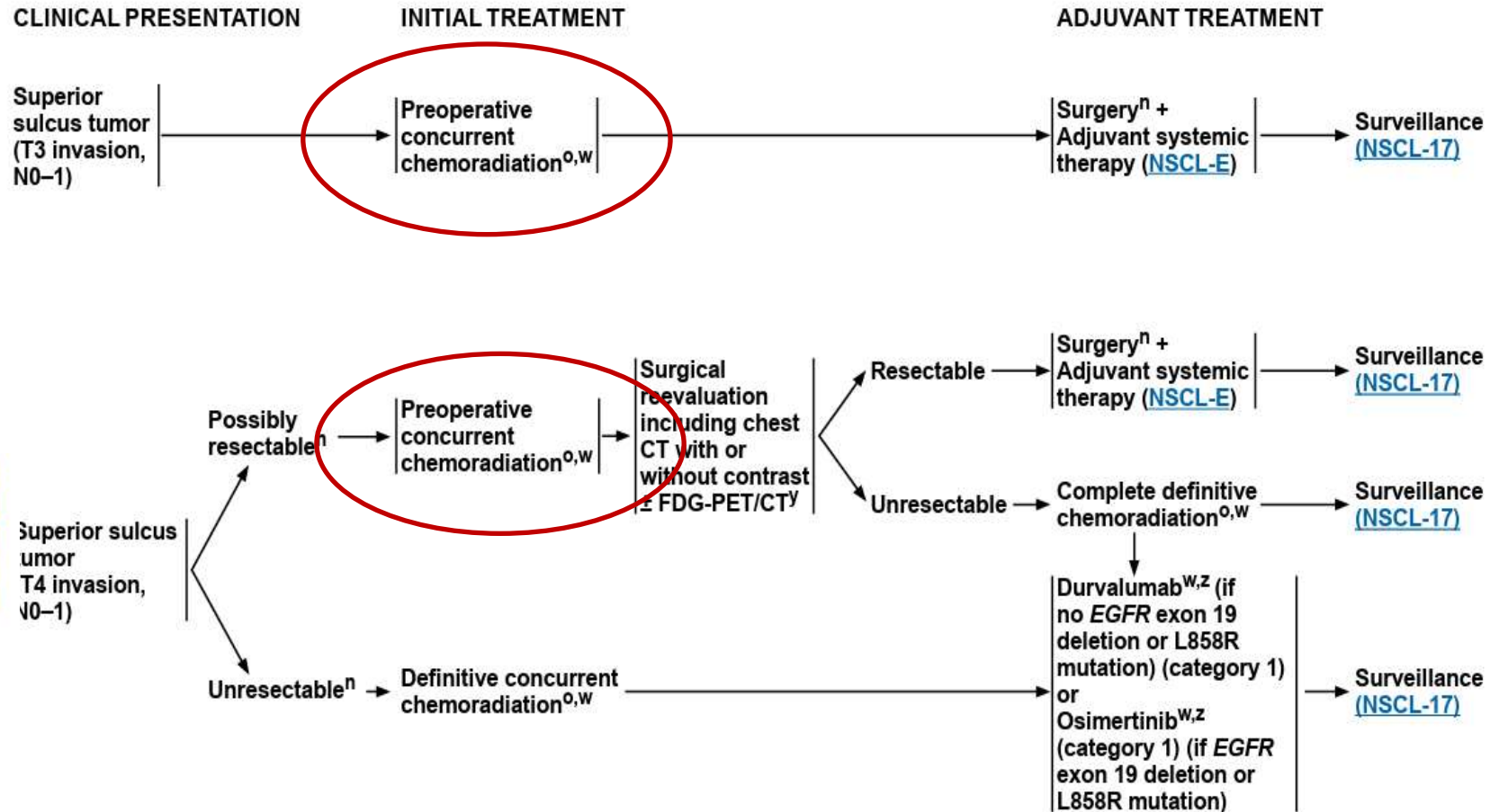
Obj Prim: PFS

N= 44 (SC 150)

CPNCP LA: T. Pancoast



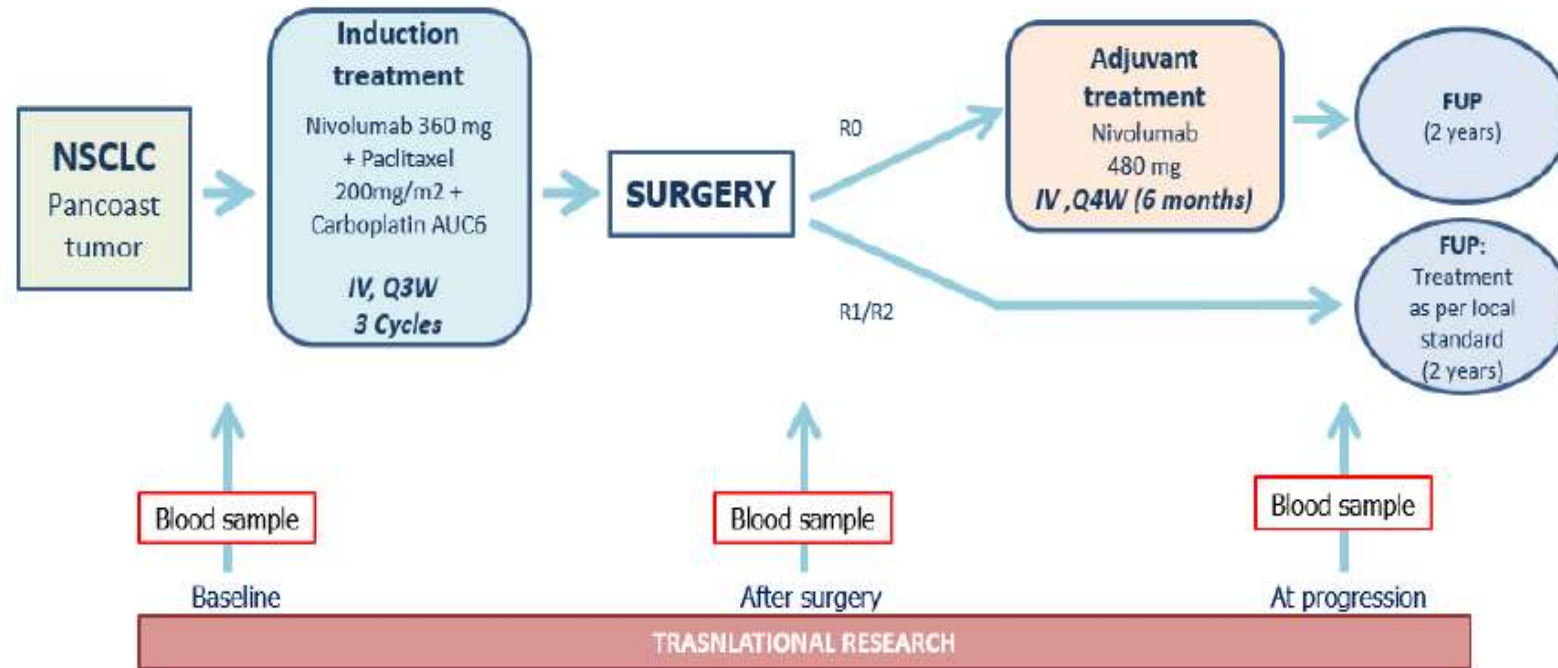
A tumour can be classified as a Pancoast tumor when it invades any of the structures at the apex of the chest, including the most superior ribs or periosteum, the lower nerve roots of the brachial plexus, the sympathetic chain near the apex of the chest, or the subclavian vessels. These tumors are now divided into anterior, middle, and posterior compartment tumors* depending on the location of the chest wall involvement in relation to the insertions of the anterior and middle scalene muscles on the first rib [6].



Tratamiento Trimodal
SG 5 años: 40-50%

DUMAS

Phase II clinical trial of Neo-adjuvant chemo/immunotherapy followed by adjuvant treatment depending on the resection status for the treatment of NSCLC patients diagnosed with Pancoast tumor. A multicenter exploratory study

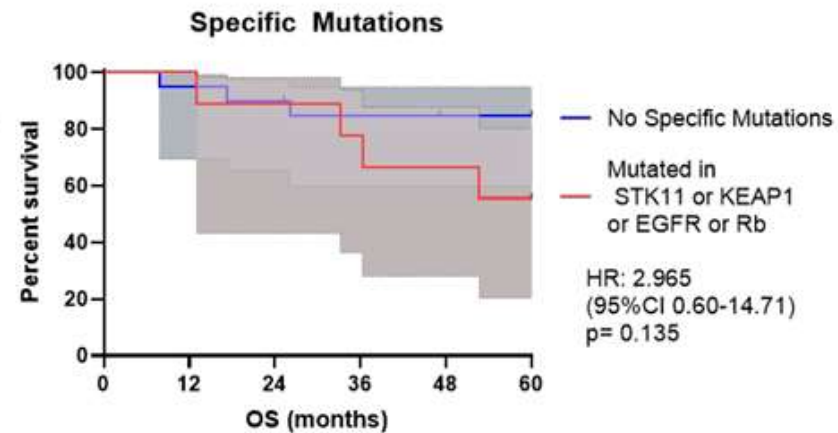
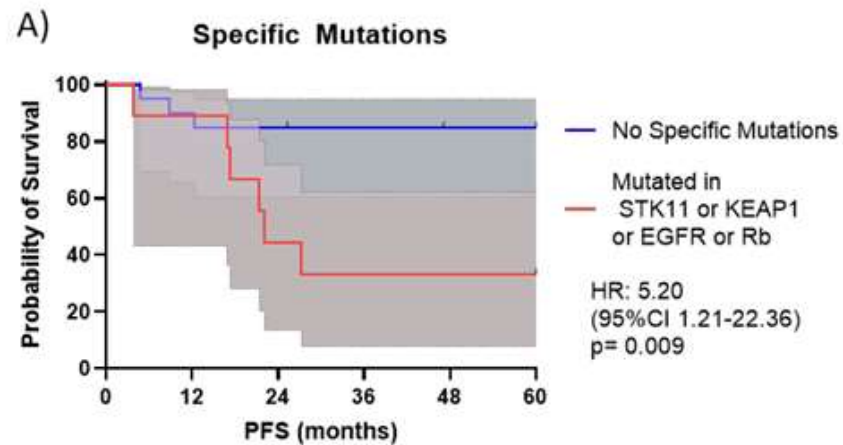
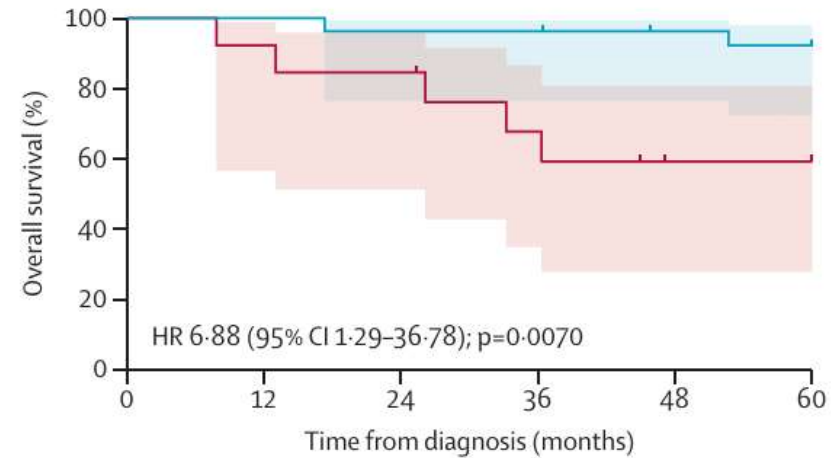
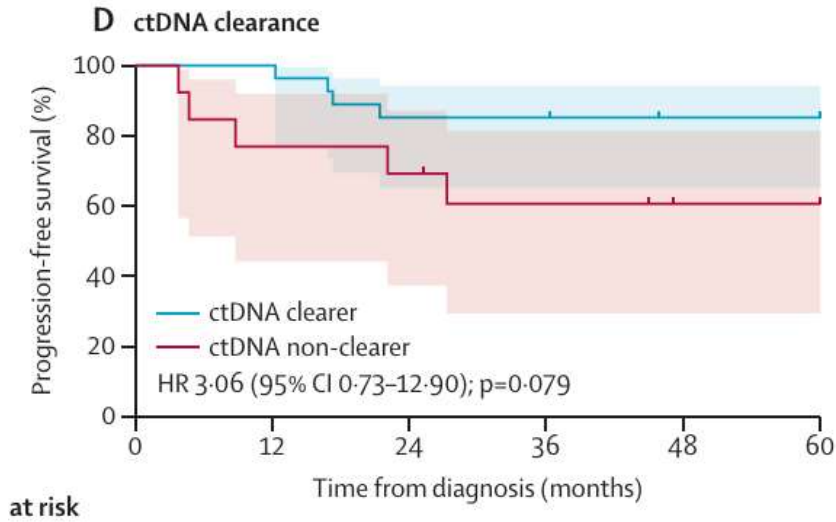


Obj Prim: PFS

Traslacional: ctDNA

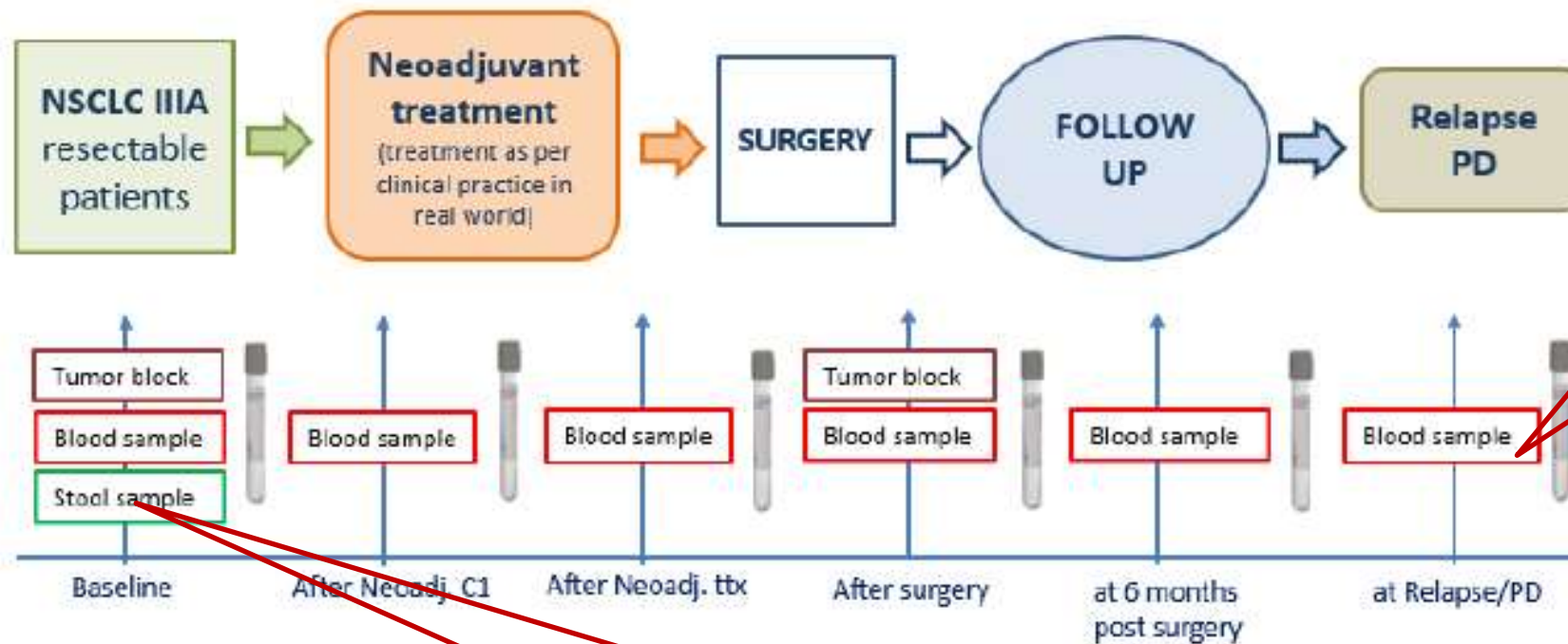
N= 22 (28 centros)

Marcadores Predictores de eficacia de QT-IT neoadyuvante



REAL-NADIM

Study of ctDNA as prognostic factor on resectable - NSCLC patients treated with neoadjuvant treatment in real world" REAL NADIM



Relación ctDNA (pco, eficacia, respuesta patológica)
Relación mutaciones (pco, eficacia)

Relación Microbiota/ Disbiosis -
Respuesta Patológica, AES,...

N= 150 (30 centros)



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THANK YOU