

7 of 12

Presidential abstracts at ESMO 2026 have already claimed a survival win.

Not one hazard ratio has been released. Madrid decides how big each win is, and whether ADCs can turn progression into survival.

BY ATHITHI VERMA

12 OCTOBER 2026

TWELVE PRESIDENTIAL ABSTRACTS

■ OS declared ■ Other endpoint ■ No topline

I Sat 24 Oct 16:30	LBA1 INterpath-001 Melanoma, adjuvant RFS + DMFS met	LBA2 VOLGA Bladder (MIBC) EFS + OS met	LBA3 DeLLphi-305 SCLC, maintenance OS met	LBA4 DASL-HiCaP Prostate, localised No topline
	LBA5 Krascendo 1 NSCLC, KRAS G12C PFS + OS met	LBA6 SAFFRON NSCLC, EGFR + MET PFS + OS met	LBA7 CLARITY-Gastric 01 Gastric, CLDN18.2 OS met	LBA8 HARMONi-GI1 Biliary, first line OS met
	LBA9 ARTEMIS-011 Osteosarcoma PFS met	LBA10 MOIO Pan-tumour, IO dosing No topline	LBA11 TroFuse-005 Endometrial, 2L+ OS + PFS met	LBA12 KEYNOTE-C93 Endometrial, dMMR PFS met
II Sun 25 Oct 16:30				
III Mon 26 Oct 16:30				

INSIDE

- 02** The programme in four numbers
- 03** Presidential Symposia, abstract by abstract
- 05** Fourteen ADC trials, and what each one won
- 06** The front-line test, and docetaxel holds again
- 07** CLDN18.2, B7-H3 and the post-TKI queue
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PREVIEW • ONCOLOGY • LATE-BREAKING ABSTRACTS

Seven of ESMO's Twelve Presidential Abstracts Have Already Claimed a Survival Win

By Athithi Verma • 12 October 2026 • 11 days before Madrid • 7 min read

Sponsors have announced the direction of ten of the twelve Presidential readouts, seven of them on overall survival, and released no hazard ratio for any. Madrid will settle the size of each win, and whether antibody–drug conjugates can turn progression into survival.

THE PROGRAMME IN FOUR NUMBERS

7

Presidential abstracts with a declared overall survival win

0

Hazard ratios released for any of the ten declared Presidential results

14

Phase 3 trials with an ADC in the experimental arm among the late-breakers

4

Of those fourteen ADC trials with a declared survival benefit

For ten of the twelve abstracts in ESMO's three Presidential Symposia, the sponsor has already said by press release that the trial met its primary endpoint. Seven of those announcements name overall survival.

That changes what the sessions are for. Direction is largely known; size is not. Every hazard ratio and survival curve behind the ten announcements stays under embargo until the slide goes up.

Beyond the Presidential programme, the meeting belongs to antibody–drug

conjugates: fourteen Phase 3 trials with an ADC in the experimental arm among more than ninety late-breakers. Four have declared a survival benefit, one has missed it, and the rest have announced progression, response or nothing.

At WCLC last month that distinction decided the verdict. B7-H3 conjugates cut the risk of death by more than half in relapsed small cell lung cancer; two first-line conjugates raised response rates without improving survival. ESMO runs the same test across more tumours and targets.

HOW TO READ THIS

Status reflects sponsor announcements as of 9 October 2026. "Declared" means the sponsor stated that an endpoint was met with statistical significance. LBA numbers, titles and session times follow the ESMO 2026 programme as published by sponsors and congress media. All times are Madrid local.

PRESIDENTIAL SYMPOSIA • ABSTRACT BY ABSTRACT

Direction known, size sealed

Ten of the twelve Presidential abstracts arrive with the primary endpoint already announced. What stays under embargo is everything that says how much.

■ Overall survival declared
 ■ Other endpoint declared
 No topline announced

LBA TRIAL • REGIMEN SETTING • COMPARATOR DECLARED BEFORE MADRID

PRESIDENTIAL SYMPOSIUM I

Sat 24 Oct • 16:30–18:15 • Alicante Auditorium, Hall 6

LBA1	INTerpath-001 intismeran autogene + pembrolizumab	Resected stage IIB–IV melanoma, adjuvant vs pembrolizumab · n=1,137	■ RFS and DMFS met at interim. First positive Phase 3 for an individualised neoantigen therapy.
LBA2	VOLGA durvalumab ± tremelimumab + neoadjuvant enfortumab vedotin	MIBC, cisplatin-ineligible or declining vs cystectomy ± adjuvant therapy	■ EFS and OS met with durvalumab + EV; triplet met EFS, OS trend. US Priority Review.
LBA3	DeLLphi-305 tarlatamab + durvalumab	Extensive-stage SCLC, first-line maintenance vs durvalumab · n=563	■ OS met at interim; PFS and ORR also significant. A first for a T-cell engager in maintenance.
LBA4	DASL-HiCaP darolutamide + ADT + radiotherapy	Very high-risk localised prostate cancer vs placebo · n=1,106	 No topline announced. Investigator-led (ANZUP); interim analysis.

PRESIDENTIAL SYMPOSIUM II

Sun 25 Oct • 16:30–18:15 • Alicante Auditorium, Hall 6

LBA5	Krascendo 1 divarasib	Previously treated KRAS G12C NSCLC vs sotorasib or adagrasib · n=338	■ PFS met; OS met at interim. Head to head against both approved G12C inhibitors.
LBA6	SAFFRON osimertinib + savolitinib	EGFRm NSCLC with MET overexpression or amplification, after osimertinib vs platinum–pemetrexed · n=338	■ PFS and OS met. All-oral and chemotherapy-free. US new drug application submitted.
LBA7	CLARITY-Gastric 01 sonesitug vedotin, a CLDN18.2 ADC	CLDN18.2-positive gastric, GEJ or oesophageal adenocarcinoma, 2L+ vs investigator's choice	■ OS met in 3L+ (dual primary) and 2L+. PFS, the other dual primary, not significant.
LBA8	HARMONI-GI1 ivonescimab + chemotherapy	Advanced biliary tract cancer, first line, China vs durvalumab + chemo · n=682	■ OS met at interim; PFS and ORR met. First Phase 3 to beat PD-L1 plus chemotherapy on OS in this disease.

SYMPOSIUM III AND KEY CONTINUE ON PAGE 04

PRESIDENTIAL SYMPOSIA • CONTINUED

LBA	TRIAL • REGIMEN	SETTING • COMPARATOR	DECLARED BEFORE MADRID
PRESIDENTIAL SYMPOSIUM III Mon 26 Oct • 16:30–18:15 • Alicante Auditorium, Hall 6			
LBA9	ARTEMIS-011 risvutatug rezetecan, a B7-H3 ADC	Relapsed or refractory osteosarcoma after 2+ lines, China vs gemcitabine + docetaxel • n=117	■ PFS met. Benefit described as consistent on secondary endpoints, including OS.
LBA10	MOIO reduced-frequency checkpoint inhibitors	Patients responding to immunotherapy for advanced cancer non-inferiority vs standard schedule	□ No topline announced. Academic trial; interim analyses.
LBA11	TroFuse-005 sacituzumab tirumotecan, a TROP2 ADC	Endometrial cancer after platinum and anti-PD-(L)1 vs doxorubicin or paclitaxel • n=776	■ OS and PFS met (dual primary); ORR met. First ADC to win both in this setting.
LBA12	KEYNOTE-C93 pembrolizumab monotherapy	dMMR advanced or recurrent endometrial cancer, first line vs carboplatin + paclitaxel • n=299	■ PFS met. OS trend favourable but immature. A chemotherapy-free first line.

KEY “Declared” = stated as met with statistical significance in the sponsor’s topline release, May–September 2026. No efficacy magnitude has been released for any Presidential abstract. OS, overall survival; PFS, EFS, RFS, DMFS: progression-, event-, recurrence- and distant metastasis-free survival; ORR, objective response rate; MIBC, muscle-invasive bladder cancer; EV, enfortumab vedotin; ADT, androgen deprivation therapy; GEJ, gastro-oesophageal junction; 2L+/3L+, second/third line or later.

Seven on survival, three on something else

The three wins that stop short of survival are not alike. INTerpath-001 is adjuvant, where recurrence-free survival is the registration endpoint and survival takes years; read its distant-metastasis result beside it. KEYNOTE-C93’s survival trend is immature, and patients who start on chemotherapy usually receive immunotherapy later. ARTEMIS-011 is a 117-patient trial in a disease with no effective later-line standard.

The two nobody has called

DASL-HiCaP and MOIO are the only Presidential readouts with no announced direction, and both are academic. DASL-HiCaP enrolled 1,106 men in six countries.

MOIO sits apart from the drug story and may outlast it.

If dosing checkpoint inhibitors less often in responders proves non-inferior, every health system that pays for them saves, across tumour types, without a new molecule.

ANTIBODY-DRUG CONJUGATES • THE LEDGER

Fourteen ADC trials, and the endpoint each one has actually won

Before Madrid, four claim overall survival, four claim progression or response, one has missed, and five have said nothing.

● OS met ● Other endpoint met ○ Trend or immature ✕ Missed – Not announced

LBA	TRIAL • CONJUGATE	TARGET	SETTING • COMPARATOR	OS	PFS	ORR
■ SURVIVAL DECLARED • 4						
LBA11	TroFuse-005 sacituzumab tirumotecan	TROP2	Endometrial, after platinum and IO vs doxorubicin or paclitaxel • n=776	●	●	●
LBA7	CLARITY-Gastric 01 sonesitatur vedotin	CLDN18.2	Gastric or GEJ, second line or later vs investigator's choice	●	✕	–
LBA67	OptiTROP-Lung04 sacituzumab tirumotecan	TROP2	EGFRm NSCLC after TKI, final OS vs platinum chemotherapy	●	●	–
LBA2	VOLGA EV + durvalumab	Nectin-4	MIBC, perioperative vs cystectomy ± adjuvant therapy	●	●	–
■ PROGRESSION OR RESPONSE DECLARED • 4						
LBA66	OptiTROP-Lung06 sac-TMT + pembrolizumab	TROP2	NSCLC first line, PD-L1 <1%, China vs chemotherapy + pembrolizumab	○	●	–
LBA77	G-HOPE-001 arcotatur tavatecan	CLDN18.2	Gastric or GEJ, third line or later vs physician's choice • China, Japan	–	●	–
LBA9	ARTEMIS-011 risvutatuzumab rezetecan	B7-H3	Osteosarcoma after 2+ lines, China vs gemcitabine + docetaxel	○	●	–
LBA43	TAISHAN-301 tamobotatur pelitecan	B7-H3	Nasopharyngeal, third line or later, China vs investigator's chemotherapy	○	–	●
✕ SURVIVAL MISSED • 1						
LBA68	SigVie-002 sigvotatur vedotin	Integrin beta-6	Non-squamous NSCLC, previously treated vs docetaxel • n=703	✕	–	–
□ NO TOPLINE ANNOUNCED • 5						
LBA13	HORIZON-Breast06 trastuzumab rezetecan (HER2) • HER2-low breast					
LBA27	APEX-Breast01 TQB2102 (HER2, biparatopic) • HER2-low breast					
LBA50	PANKU-Breast01 iza-bren (EGFR × HER3) • HR+/HER2– breast					
LBA71	PANKU-Lung01 iza-bren (EGFR × HER3) • EGFRm NSCLC after TKI					
LBA72	HERON-Lung01 ruzaltatur rezetecan (HER3) • EGFRm NSCLC					

Status from sponsor topline as of 9 October 2026. VOLGA's event-free survival sits in the PFS column. OptiTROP-Lung04 reported interim OS and PFS hazard ratios of 0.60 and 0.49 at ESMO 2025; LBA67 is its final OS analysis. EV, enfortumab vedotin; GEJ, gastro-oesophageal junction; IO, immunotherapy; iza-bren, izalontamab brengitecan; sac-TMT, sacituzumab tirumotecan.

ANTIBODY-DRUG CONJUGATES • THE FRONT LINE

The front-line test has already reported half its answer

WCLC, SEPTEMBER 2026: FOUR ADC TRIALS, FOUR SURVIVAL HAZARD RATIOS

ARTEMIS-008

risvutatug rezetecan • relapsed SCLC

TAISHAN-302

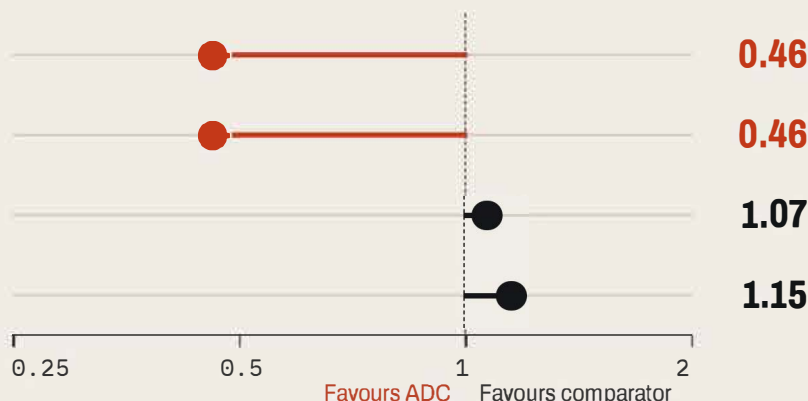
tambotatug pelitecan • relapsed SCLC

EVOKE-03

sacituzumab govitecan • 1L NSCLC

DESTINY-Lung04

trastuzumab deruxtecan • 1L NSCLC



Overall survival hazard ratios as presented at WCLC 2026, log scale; confidence intervals omitted. 1L, first line.

OptiTROP-Lung06 (LBA66) is the cleanest first-line experiment in the programme: pembrolizumab in both arms, with sacituzumab tirumotecan replacing platinum doublet chemotherapy in untreated PD-L1-negative non-squamous disease. In July Kelun-Biotech said progression-free survival was met at an interim analysis. Overall survival showed what it called a positive trend.

That is the profile DESTINY-Lung04 carried into WCLC: progression clearly better, survival unproven. Its survival hazard ratio came in at 1.15, which investigators put down to imbalances in later treatment. In Madrid the progression result is the least informative number on the slide, read the survival curve and post-progression therapy

SigVie-002 (LBA68) is the counterweight to the idea that later lines are an easy bar. Sigvotatug vedotin did not improve survival over docetaxel in 703 patients with previously treated non-squamous NSCLC, as datopotamab deruxtecan in TROPION-Lung01 and sacituzumab govitecan in EVOKE-01 did not before it. Pfizer points to a stronger trend in the second line; a subgroup is a hypothesis, not a result.

The difference is selection. In EGFR-mutant disease after TKI failure, OptiTROP-Lung04 reported an interim survival hazard ratio of 0.60 against platinum chemotherapy. Its final analysis is LBA67.

IN THE ROOM LBA66, LBA67 and LBA68 share one slot: Sunday 25 October, 10:15–11:45, NSCLC metastatic.

ANTIBODY-DRUG CONJUGATES • TARGETS

CLDN18.2 splits, B7-H3 travels, EGFR queues

CLARITY-Gastric 01 runs DESTINY-Lung04 in reverse

Sonesitatur vedotin met overall survival in third and later lines and across the second-line-plus population, while its co-primary progression endpoint missed. Survival without a clean progression signal is unusual; the explanation is the thing to listen for on Sunday. On Friday, G-HOPE-001 (LBA77) presents a second CLDN18.2 conjugate, arcotatur tavatecan, with progression-free survival declared after two or more lines. One with survival, one with progression, overlapping populations, same week: the cross-trial comparison should not be made, and will be.

B7-H3 leaves the lung

At WCLC, risvutatur rezetecan and tambotatur pelitecan each returned a survival hazard ratio of 0.46 in relapsed

small cell lung cancer. Both return in other tumours. Ris-Rez brings osteosarcoma to a Presidential slot (LBA9) with progression-free survival met. Tam-Peli's TAISHAN-301 (LBA43), in heavily pretreated nasopharyngeal carcinoma, won on response rate; survival, its co-primary endpoint, is immature. The class has survival in one tumour and response or progression in two.

The post-TKI queue

No setting is more crowded than EGFR-mutant NSCLC after TKI failure. Three conjugates want the same patient: OptiTROP-Lung04 (TROP2), PANKU-Lung01 (EGFR × HER3) and HERON-Lung01 (HER3). SAFFRON's osimertinib plus savolitinib has declared survival in MET-driven disease, and SANOVO (LBA69) takes the pair into the first line in China. The question now is how to choose among four.

FOURTEEN READOUTS, EIGHT TARGETS

■ OS ■ PFS/ORR □ Missed □ None yet

TROP2 ■■■ CLDN18.2 ■■ Nectin-4 ■ B7-H3 ■■ IB6 □ HER2 □□ EGFR × HER3 □□ HER3 □

All five trials yet to announce a topline aim at the HER family: HER2, HER3 or EGFR × HER3. IB6, integrin beta-6.

THE PATTERN WORTH TESTING

At WCLC the line between conjugates that improved survival and those that did not was the setting, not the target or the payload. ESMO tests it from both sides. SigVie-002 shows that beating chemotherapy after progression is not automatic. OptiTROP-Lung06 arrives with the progression-first profile that preceded DESTINY-Lung04's 1.15. **If its survival trend holds with pembrolizumab in both arms, the rule needs a qualifier. If it fades, the rule hardens.**

WHERE TO BE • LATE-BREAKING SESSIONS

Friday to Monday: where to be, and when

Late-breaking sessions with times confirmed by the programme or sponsors. The three Presidential Symposia close Saturday, Sunday and Monday.

FRIDAY

23

CEST • UTC+2

13:30–15:00

Breast, proffered paper 1

Alicante Auditorium, Hall 6

LBA13 HORIZON-Breast06**LBA23** TALENT**LBA24** NSABP B-42**LBA25** NATALEE 6-year OS**LBA50** PANKU-Breast01

13:30–15:00

Upper GI, proffered paper**LBA77** G-HOPE-001

13:30–15:00

Burgos Auditorium, Hall 3

LBA56 CAPItello-281 OS

16:15–17:45

Breast early, rapid oral

Alicante Auditorium, Hall 6

LBA28 AIUR

SATURDAY

24

CEST • UTC+2

08:30–10:00

Breast, proffered paper 2

Alicante Auditorium, Hall 6

LBA14 FINER OS**LBA15** anbenitamab, HER2+**LBA26** POP-DURVA**LBA51** KEYNOTE-B49**LBA96** TROPION-Breast02

10:15–11:45

Breast advanced, rapid oral 1

Almeria Auditorium, Hall 9

LBA16 VIKTORIA-1**LBA17** PREDICT-HER**LBA27** APEX-Breast01

10:15–11:45

Barcelona Auditorium, Hall 9

LBA53 PROTEUS

SUNDAY

25

CET • UTC+1

08:30–10:00

Developmental therapeutics, rapid oral

Cordoba Auditorium, Hall 4

LBA33 GFH276, pan-RAS**LBA34** MRG007, CDH17 ADC

08:30–10:00

Almeria Auditorium, Hall 9

LBA88 PE-PE

10:15–11:45

NSCLC metastatic, proffered paper**LBA66** OptiTROP-Lung06**LBA67** OptiTROP-Lung04**LBA68** SigVie-002

MONDAY

26

CET • UTC+1

10:15–11:45

Breast advanced, rapid oral 2

Alicante Auditorium, Hall 6

LBA49 DESTINY-Breast09, brain metastases

Time to be confirmed

NSCLC, proffered paper**LBA69** SANOVO

16:30–18:15

PRESIDENTIAL I

Alicante Auditorium, Hall 6

LBA1 INTERpath-001**LBA2** VOLGA**LBA3** DeLLphi-305**LBA4** DASL-HiCaP

16:30–18:15

PRESIDENTIAL II

Alicante Auditorium, Hall 6

LBA5 Krascendo 1**LBA6** SAFFRON**LBA7** CLARITY-Gastric 01**LBA8** HARMONI-GI1

16:30–18:15

PRESIDENTIAL III

Alicante Auditorium, Hall 6

LBA9 ARTEMIS-011**LBA10** MOIO**LBA11** TroFuse-005**LBA12** KEYNOTE-C93

No Presidential session on the opening day. Breast LBAs open the programme.

The late-breaking programme, sponsor by sponsor

The 75 late-breakers in the pre-congress landscape, checked against the programme, plus three it missed. Investigator-run trials of a drug sit under its maker.

51 matched † 27 not yet matched: confirm before citing + corrected + added

ASTRAZENECA 8

LBA2 VOLGA
durvalumab ± tremelimumab + EV · MIBC

LBA7 CLARITY-Gastric 01
sonesitug vedotin · CLDN18.2+ gastric

LBA26 UNLOCK 14 – POP-DURVA +
durvalumab · stage I TNBC

LBA26 OPTIMUM †
olaparib + durvalumab · biliary; number clash

LBA37 DUO-E †
durvalumab + olaparib · endometrial

LBA39 DOVACC †
olaparib + durvalumab + UV1 · ovarian

LBA48 EMERALD-3 †
durvalumab + tremelimumab ± lenvatinib + TACE · HCC

LBA56 CAPitello-281
capivasertib + abiraterone · PTEN-deficient mHSPC

AZ + DAIICHI SANKYO 5

LBA17 PREDICT-HER
HER2-PET to predict T-DXd benefit · breast

LBA23 TALENT
neoadjuvant T-DXd · HER2-low HR+ early breast

LBA49 DESTINY-Breast09
T-DXd + pertuzumab · brain metastases

LBA74 DESTINY-Lung04 †
T-DXd · HER2-mutant NSCLC; primary data at WCLC

LBA96 TROPION-Breast02
Dato-DXd · TNBC, brain metastases

AZ + HUTCHMED 2

LBA6 SAFFRON
osimertinib + savolitinib · EGFRm MET+ NSCLC

LBA69 SANOVO
savolitinib + osimertinib · first line, China

AMGEN + ASTRAZENECA 1

LBA3 DeLLphi-305
tarlatamab + durvalumab · ES-SCLC maintenance

MSD 4

LBA12 KEYNOTE-C93
pembrolizumab · first-line dMMR endometrial

LBA36 KEYNOTE-B21 †
ctDNA analysis · endometrial

LBA51 KEYNOTE-B49
pembrolizumab + chemo · HR+/HER2– breast

LBA88 PE-PE
peri-op pembrolizumab + MDT · oligometastatic RCC

MSD + KELUN-BIOTECH 3

LBA11 TroFuse-005
sac-TMT · endometrial after platinum + IO

LBA66 OptiTROP-Lung06
sac-TMT + pembrolizumab · 1L PD-L1-negative NSCLC

LBA67 OptiTROP-Lung04
sac-TMT · final OS · EGFRm NSCLC after TKI

MODERNA + MSD 1

LBA1 INTerpath-001
intismeran autogene + pembrolizumab · melanoma

ROCHE / GENENTECH 3

LBA5 Krascendo 1
divarasib · KRAS G12C NSCLC

LBA14 FINER
ipatasertib + fulvestrant · ER+ metastatic breast

LBA38 BEATcc †
atezolizumab-based regimen · cervical

MEDILINK + ROCHE 1

LBA43 TAISHAN-301 +
tambotatug pelitecan · nasopharyngeal

PFIZER 1

LBA68 SigVie-002 +
sigvotatug vedotin · pretreated NSCLC

BRISTOL MYERS SQUIBB 1

LBA32 CheckMate 8HW †
nivolumab + ipilimumab · MSI-H/dMMR CRC

BMS + SYSTIMMUNE 2

LBA50 PANKU-Breast01
iza-bren · HR+/HER2– breast

LBA71 PANKU-Lung01
iza-bren · EGFRm NSCLC after 3rd-gen TKI

NOVARTIS 1

LBA25 NATALEE
ribociclib + NSAI · 6-year OS, early breast

THE LANDSCAPE · CHINA, BIOTECH AND ACADEMIC GROUPS

Chinese originators, biotechs and academic groups

GLOBAL PHARMA, CONT.

5

GSK

LBA87 AZUR-1 †
dostarlimab · dMMR rectal

HANSOH + GSK

LBA9 ARTEMIS-011
risvutatug rezetecan ·
osteosarcoma

BAYER / ANZUP

LBA4 DASL-HiCaP
darolutamide + ADT + RT ·
prostate

JOHNSON & JOHNSON

LBA53 PROTEUS substudy
apalutamide + ADT + surgery ·
prostate

INNOVENT + TAKEDA

LBA77 G-HOPE-001
arcotatug tavatecan · gastric

CHINA-ORIGINATED

9

HENG RUI

LBA13 HORIZON-Breast06
trastuzumab rezetecan ·
HER2-low breast

LBA72 HERON-Lung01 ‡
ruzaltatug rezetecan · EGFRm
NSCLC

LBA85 HRS-4642 ± adebreli-mab
KRAS G12D pancreatic

CSPC + ALPHAMAB

LBA15 KN026
anbenitamab + albumin-bound
docetaxel · HER2+ breast

LBA80 KC-WISE ‡
anbenitamab · HER2+ gastric

AKESO / SUMMIT

LBA8 HARMONi-GI1
ivonescimab + chemo · BTC

SINO BIOPHARM / CTTQ

LBA27 APEX-Breast01
TQB2102 · HER2-low breast

LEADS BIOLABS

LBA57 LBL-024
opamistomig · EP-NEC

GENFLEET

LBA33 GFH276
pan-RAS · solid tumours

BIOTECH AND DIAGNOSTICS

6

REVOLUTION MEDICINES

LBA82 RASolute 302 †
daraxonrasib · pancreatic

ELICIO

LBA83 AMPLIFY-7P †
ELI-002 7P · resected
KRAS-mutant pancreatic

INHIBRX

LBA42 HexAgon-HN †
INBRX-106 + pembrolizumab ·
PD-L1-high R/M HNSCC

HUYABIO

LBA54 HBI-8000-303 †
with nivolumab · melanoma

AGENDIA

LBA20 AI digital pathology †
+ 70-gene signature · breast

CELCUITY

LBA16 VIKTORIA-1 +
OTHER COMPANY-LINKED
gecatorisib + furvestrant ±
palbociclib · breast

7

LBA34 MRG007 / ARR-217
CDH17-directed ADC

LBA47 OPTIMAL
perioperative tislelizumab +
chemo · oral SCC

LBA55 GC101 TIL
advanced melanoma

LBA59 C-POST †
cemiplimab · cutaneous SCC

LBA61 Formula-10
disitamab vedotin ·
extramammary Paget's

LBA64 Neotorch
toripalimab + chemo ·
resectable stage II–III NSCLC

LBA75 TGRX-326
deulorlatinib · ALK+ NSCLC

INVESTIGATOR-LED AND COOPERATIVE GROUPS

18

LBA10 MOIO ‡

LBA18 AI decision support · CRC †

LBA21 CATICCA-1 †

LBA24 NSABPB-42

LBA28 AIUR

LBA29 IROCAS †

LBA30 EMT2 †

LBA31 PRABITAS †

LBA44 OLATTI / DAHANCA 34 †

LBA45 TORS vs IMRT, quality of life †

LBA46 RADIANT †

LBA52 iNATURE

LBA60 ADMEC-O †

LBA65 CTONG 1804 Part 3

LBA78 SANO †

LBA81 LOMAC

LBA94 Pan-SELECT †

LBA94 TRACERx †

Source: pre-congress LBA landscape, checked against programme listings of 22–28 September 2026 and sponsor releases. † Not yet matched: confirm before citing. ‡ Corrected. + Added. LBA26 and LBA94 each appear twice in the source.

WHAT TO WATCH • BEFORE THE SESSIONS

Five questions only the slides can answer

- 01 How big are the seven survival wins?** LBA8 • SUN 25 • 16:30
 No hazard ratio has been released for any of them. Start with HARMONi-GI1: ivonescimab beat durvalumab plus chemotherapy on survival at interim, in a China-only trial. Its size and transferability set its reach.
- 02 Does OptiTROP-Lung06 convert to survival?** LBA66 • SUN 25 • 10:15
 Progression-free survival is declared; survival shows only a positive trend. With pembrolizumab in both arms, read the survival curve and post-progression therapy. DESTINY-Lung04 had the same profile and returned 1.15.
- 03 How did CLARITY win survival without PFS?** LBA7 • SUN 25 • 16:30
 Sonositatug vedotin met overall survival while its co-primary progression endpoint missed. Hear why before comparing it with G-HOPE-001, the other CLDN18.2 conjugate, which won on progression and presents Friday.
- 04 Can MOIO make immunotherapy cheaper?** LBA10 • MON 26 • 16:30
 The one Presidential readout that could cut spending. If giving responders checkpoint inhibitors less often is non-inferior, the saving spans tumour types. Check the margin, and who counted as a responder.
- 05 Does B7-H3 work outside the lung?** LBA9 • MON 26 • 16:30
 Two B7-H3 conjugates more than halved the risk of death in relapsed SCLC at WCLC. Outside the lung they have won on progression in osteosarcoma and response in nasopharyngeal cancer, not yet survival.

The headline will be seven survival wins. The number to keep: four of fourteen conjugate trials have claimed survival. Count how many join them by Tuesday.

SOURCES

Sponsor releases, 2026. AstraZeneca 14 May, 27 Jul, 25 Sep; Merck (MSD) 18 May, 15 Jul; MediLink 23 May, 18 Jul; BMS and SysImmune 2 Jun; Innovent 5 Jun, 23 Sep; Pfizer 22 Jun, 28 Sep; Roche 2 Jul; GSK 13 Jul; Kelun-Biotech 14 Jul, 22 Sep; Hansoh and GSK 28 Jul; HUTCHMED 17 Aug, 24 Sep; Merck and Moderna 19 Aug; Akeso 25 Aug, 21 Sep; Amgen 8 Sep; Moderna 21 Sep; Takeda 22 Sep.

WCLC 2026. ARTEMIS-008, TAISHAN-302, EVOKE-03 and DESTINY-Lung04 via The ASCO Post, OncLive and eancer; TAISHAN-302, NEJM.

OptiTROP-Lung04. ESMO Congress 2025; NEJM, October 2025.

Programme. LBA titles and times as published by sponsors and congress media, 22–28 Sep 2026. Pages 09–10 start from a pre-congress LBA landscape supplied for this preview.