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elcc European Lung
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ELCC 2026 – General Overview

- ➔ • **Clinical Coverage:** ELCC 2026 is expected to present important data across the full lung cancer spectrum, including early-stage, locally advanced, metastatic, and rare thoracic malignancies
- ➔ • **Practice-Relevant Focus:** The meeting is likely to prioritize clinically meaningful datasets, especially phase III trials, long-term follow-up, and real-world evidence with potential treatment implications
- ➔ • **Full Treatment Pathway:** Presented studies are set to span screening, diagnosis, surgery, perioperative treatment, stage III management, metastatic care, relapse, and survivorship
- ➔ • **Precision Medicine Emphasis:** The congress is poised to reflect deeper molecular segmentation, with major attention to EGFR, KRAS G12C, ALK, ROS1, RET, HER2, and MET-driven disease
- ➔ • **Multimodality Management:** ELCC 2026 is expected to highlight how surgery, radiotherapy, systemic therapy, biomarkers, and supportive care increasingly connect within treatment planning
- ➔ • **Expanding Evidence Base:** The program is likely to combine randomized trials, translational analyses, registry studies, and patient-reported outcome research to support more informed clinical decisions



ELCC 2026– Conference Themes



- **Perioperative Immunotherapy:** Early-stage NSCLC data are expected to expand neoadjuvant, perioperative, and adjuvant immunotherapy strategies
- **Stage III Optimization:** Unresectable stage III disease is set to remain a major focus, with emphasis on consolidation, chemoradiotherapy combinations, and biomarker-guided treatment intensification
- **Targeted Therapy Advances:** EGFR-mutant and other driver-positive NSCLC are likely to feature strongly, including resistance biology, CNS control, and treatment sequencing strategies
- **Next-Generation IO:** Advanced NSCLC research is expected to highlight bispecific antibodies, novel checkpoint combinations, and emerging ADCs aiming to improve current standards.
- **SCLC Momentum:** SCLC presentations are poised to center on long-term survival, first-line regimen refinement, DLL3-directed development, and novel combination strategies
- **Biomarker Integration:** ctDNA, AI-assisted pathology, genomic profiling, and screening implementation are expected to shape how innovation is applied in routine lung cancer care

Noteworthy Scientific presentations at ELCC 2026





Key Topics From Notable Presentations (1/5)



- **Advanced NSCLC immunotherapy and novel systemic therapy:** ELCC 2026 is expected to show that advanced NSCLC therapy is entering a broader competitive phase, where bispecifics, ADCs, reformulations, and post-immunotherapy strategies are increasingly judged not only by PFS and OS, but also by biomarker selection, HRQoL, convenience, and real-world reproducibility
- **Bispecifics and ADCs:** HARMONi-2 is expected to keep ivonescimab central in PD-L1-positive disease, while YL202/BNT326, TROPION-Lung17, Symbiotic-Lung-01, ROSETTA Lung-02, and PADL1NK-005 are set to highlight HER3, TROP2, and PD-1/VEGF strategies beyond standard pembrolizumab-era care
- **Convenience and Real-World Validation:** The subcutaneous toripalimab phase III study is likely to emphasize simpler delivery with similar efficacy, while MOSAICO, the Dutch nivolumab/ipilimumab analysis, and PRESERVE-003 are expected to reinforce survival relevance in routine care and post-checkpoint settings



Key Topics From Notable Presentations (2/5)



- **Early-stage, perioperative, and stage III NSCLC:** Sessions will show that early-stage and stage III NSCLC management is moving toward more individualized perioperative and post-cCRT care, with long-term survival, pCR/MRD depth, and molecular context increasingly guiding treatment intensity
- **Perioperative Immunotherapy and Long-Term Benefit:** CTONG1804 and KEYNOTE-671 are expected to define this segment. CTONG1804 is set to highlight 4-year EFS/OS of 57.2%/72.1% and MRD-guided risk stratification, while KEYNOTE-671 is likely to reinforce durable pembrolizumab benefit in both non-pCR and pCR populations
- **Stage III Consolidation and Post-cCRT Innovation:** ASTEROID, CONVERGE, CONSIST, PLATINUM, and the osimertinib chemoradiotherapy-sparing phase II study are expected to shape discussion. These presentations are poised to test durvalumab alternatives, PD-1 consolidation, radioenhancers, and EGFR-directed strategies in unresectable stage III disease



Key Topics From Notable Presentations (3/5)



- **EGFR- and other oncogene-driven NSCLC:** Experts will discuss that oncogene-driven NSCLC management is moving beyond single-agent TKI use toward earlier intensification, resistance-matched combinations, and more deliberate sequencing across EGFR, ALK, ROS1, and RET disease
- **Frontline Intensification and Durable Control:** TOP and PALOMA-2 are expected to stand out in first-line EGFR-mutant disease. TOP is set to show major PFS gain with osimertinib plus chemotherapy in TP53 co-mutant disease, while PALOMA-2 is likely to reinforce durable activity with subcutaneous amivantamab plus Lazertinib
- **Resistance Management and Next-Generation Targeting:** BECOME, TQB2922, HS-10241 plus aumolertinib, SPRINT-RET, TRUST-I/II, the limertinib phase III update, the lorlatinib real-world study, and EP0031 are expected to shape discussion on exon 20ins, MET-driven resistance, RET/ROS1 sequencing, CNS control, and long-term targeted therapy use



Key Topics From Notable Presentations (4/5)



- **Small cell lung cancer (SCLC) and LCNEC:** Conference is expected to show that SCLC is moving beyond validation of chemoimmunotherapy benefit toward a more competitive first-line landscape, where long-term survival tails, bispecific antibodies, and DLL3-directed intensification increasingly shape treatment direction.
- **Long-Term Survival and Durability:** ADRIATIC, CAPSTONE-1, IMpower133/IMbrella A, and the pooled atezolizumab analysis are expected to highlight durable benefit. Durvalumab is set to preserve OS after adjustment, while adebrelimab reports 5-year OS 14.9% and atezolizumab shows a 7-year OS tail of 10.8%
- **Next-Wave First-Line Competition:** ROSETTA Lung-01, Symbiotic-Lung-04, and DeLLphi-312 are poised to define the next competitive phase in ES-SCLC. Punitamig phase II reports ORR 82.0%, median OS 16.9 months, and phase III programs are set to test whether bispecific or DLL3-based intensification can exceed current PD-L1 standards
- **LCNEC Signal:** The durvalumab plus EP phase II study is expected to keep LCNEC visible at ELCC 2026. Despite only 12 patients, ORR reached 50%, median OS was 12.8 months, and untreated brain metastases showed complete intracranial responses in all three cases





Key Topics From Notable Presentations (5/5)



- **Biomarkers, screening, real-world evidence, and supportive care:** Discussions will highlight that better lung cancer care will depend not only on new therapies, but also on stronger screening systems, fairer trial access, faster biomarker delivery, and scalable supportive care tools
- **Screening and Trial Access:** ENGAGE, the Greek LDCT pilot, and ARIA are expected to keep implementation in focus. ENGAGE is set to show female underrepresentation despite 324 patients across 31 centres, while **Greek screening** and ARIA will emphasize early detection yield and broader cardiopulmonary value
- **Actionability and Supportive Monitoring:** SPLENDOUR/Platin-DRP, paired tissue-plasma profiling, routine NGS, upfront ctDNA, PD-L1 Blueprint AI, and ePRO monitoring are expected to shape this theme. These studies are likely to stress faster molecular actionability, better biomarker reproducibility, and improved patient-centered monitoring during treatment



- **AbbVie:**

- Focus Areas: SEZ6 Biology, Neuroendocrine Markers, and Targeted Opportunities in SCLC
- Sessions will highlight SEZ6 as a neuroendocrine lineage marker in SCLC, its biological relevance, and its potential as a therapeutic target in future treatment development

- **AstraZeneca:**

- Focus Areas: Multidisciplinary Lung Cancer Care, Immunotherapy, and EGFRm-Targeted treatment
- Discussions will focus on optimizing multidisciplinary care pathways in lung cancer, with emphasis on integrating immunotherapy and EGFR-mutant targeted therapies into clinical practice



Focus of Key Industry-Sponsored Sessions at ELCC 2026 (2/5)



• **MSD:**

- Focus Areas: **Evolving SCLC Management, Emerging Therapies, and Toxicity Management**
- Presentations **will cover the changing SCLC treatment landscape**, including current standards, next-generation therapeutic approaches, and practical management of treatment-related toxicities



• **Eli Lilly and Company:**

- Focus Areas: **Targeted Therapy and the Changing Lung Cancer Treatment Landscape**
- Sessions **will explore the evolving role of targeted treatments in lung cancer**, including how newer precision approaches are reshaping therapeutic strategies across molecularly defined disease





Focus of Key Industry-Sponsored Sessions at ELCC 2026 (3/5)



- **Johnson & Johnson:**

- Focus Areas: EGFR-Mutant NSCLC Management and Translation of Research into Practice
- Discussions will examine how emerging evidence in EGFR-mutant NSCLC is informing current management and how innovation may continue to shape treatment pathways



- **Boehringer Ingelheim:**

- Focus Areas: Targeted Therapy and the Evolving Lung Cancer Treatment Landscape
- Presentations will address advances in targeted lung cancer therapy, with focus on how molecularly driven treatment approaches are expanding and influencing future care models



Focus of Key Industry-Sponsored Sessions at ELCC 2026 (4/5)

- **Pfizer Oncology:**

- Focus Areas: First-Line ALK+ Advanced NSCLC and Patient-Centred Care
- Discussions will focus on optimizing first-line care in ALK-positive advanced NSCLC, with emphasis on sustaining clinical benefit and incorporating patient-centred treatment considerations

- **Accord Healthcare:**

- Focus Areas: Immunotherapy in ES-SCLC and Bench-to-Bedside Translation
- Presentations will explore how mechanistic insights are shaping immunotherapy strategies in extensive-stage SCLC and how these findings may support more effective clinical application



- **Gilead Sciences:**

- Focus Areas: Metastatic NSCLC and TROP2-Directed ADCs
- Sessions will examine current treatment advances in metastatic NSCLC, with particular focus on the emerging role, clinical promise, and future direction of TROP2-directed ADCs

- **Regeneron:**

- Focus Areas: Interpreting Immunotherapy Outcomes in Non-Oncogene-Driven Advanced NSCLC
- Sessions will address how to evaluate and apply immunotherapy outcome data in non-oncogene-driven advanced NSCLC, with focus on refining clinical interpretation beyond standard survival curves.



Notable Presentations And Late-breaking Sessions At ELCC 2026



Notable Presentations At ELCC 2026

Early-stage, perioperative, and stage III NSCLC (1/5)

Date	Title	Author	Summary
26 March 2026	Perioperative nivolumab monotherapy or combined with chemotherapy in resectable stage II-IIIa NSCLC (CTONG 1804): An interim analysis and MRD guide adaptive therapy exploration from a phase II trial	Chen Huang	• Introduction: CTONG1804 previously showed perioperative nivolumab-based therapy was active in resectable EGFR/ALK-wild-type stage IIA-IIIa NSCLC; this update examined 4-year outcomes, post-surgical MRD, and the optimal duration of adjuvant nivolumab • Methodology: In this multicenter phase II study, 101 patients received neoadjuvant nivolumab ± chemotherapy followed by adjuvant nivolumab. Endpoints included EFS, OS, ctDNA-based T3 MRD, and LAMPAD risk modeling. • Results: At 50.5 months' follow-up, 4-year EFS/OS were 57.2%/72.1%. pCR predicted best survival (4-year EFS/OS 79.7%/94.1%). T3 MRD negativity markedly improved 3-year EFS (73.7% vs 22.2%). LAMPAD separated T3-negative low- versus high-risk patients (86.8% vs 37.1%). EFS improved with adjuvant nivolumab up to 13 cycles. • Conclusions: Perioperative nivolumab produced durable benefit; MRD/LAMPAD may guide adjuvant treatment de-escalation.
26 March 2026	A randomised phase III trial of adjuvant cemiplimab in patients with resected stage II-IIIa NSCLC who have not received prior adjuvant chemotherapy (ARCH)	Ross A. Soo	• Introduction: ARCH addresses a major unmet need in resected stage II-IIIa PD-L1-positive NSCLC: patients ineligible for or refusing adjuvant platinum chemotherapy currently lack evidence-based access to adjuvant immunotherapy. • Methodology: This randomized, stratified, multicenter phase III trial compares 1 year of adjuvant cemiplimab versus observation in 350 systemic treatment-naïve patients with completely resected, PD-L1 ≥1%, EGFR/ALK-negative NSCLC. • Results: The study targets DFS in centrally confirmed PD-L1 ≥1% tumors, with OS and safety as key secondary endpoints. Stratification includes stage, ECOG/chemotherapy-ineligibility status, and PD-L1 level, strengthening interpretability. • Conclusions: ARCH is a clinically important practice-changing trial testing whether adjuvant cemiplimab can prevent undertreatment in chemotherapy-ineligible PD-L1-positive early NSCLC.





Notable Presentations At ELCC 2026

Early-stage, perioperative, and stage III NSCLC (2/5)

Date	Title	Author	Summary
26 March 2026	Stereotactic body radiotherapy (SBRT) followed by durvalumab in early-stage non-small cell lung cancer (NSCLC) patients: Results from a randomized phase II trial (ASTEROID)	Andreas Hallqvist	• Introduction: ASTEROID evaluated whether durvalumab after SBRT could improve control in frail, medically inoperable patients with peripheral early-stage NSCLC, where local control is strong but distant relapse remains clinically relevant. • Methodology: In this randomized multicentre phase II trial, 104 patients with T1-2N0M0 disease received SBRT alone or SBRT followed by 12 months of durvalumab. Primary endpoint was time to progression. • Results: At 33 months' median follow-up, progression occurred in 10 SBRT-only versus 3 durvalumab patients, yielding significantly improved TTP ($p=0.054$, prespecified one-sided $\alpha=0.10$). DFS/OS were unchanged. Durvalumab toxicity was mostly grade 1-2, with rare grade 3 events. • Conclusions: Durvalumab may delay progression after SBRT, but survival benefit remains unproven.
27 March 2026	Exploratory analysis of participants without pathological complete response (pCR) in the KEYNOTE-671 study of perioperative pembrolizumab (pembro) in early-stage NSCLC after 5 years of follow-up	Martin Reck	• Introduction: This 5-year KEYNOTE-671 subgroup analysis asked whether perioperative pembrolizumab still benefits resectable stage II-IIIIB NSCLC patients who fail to achieve pCR, a clinically important residual-risk population. • Methodology: In this phase III trial, non-pCR patients after neoadjuvant pembrolizumab or placebo plus chemotherapy underwent surgery, with optional adjuvant pembrolizumab/placebo; efficacy was assessed by investigator-rated EFS. • Results: Among non-pCR patients, pembrolizumab improved median EFS (31.9 vs 18.1 months; HR 0.69) and 5-year EFS (42.9% vs 25.2%). Benefit was broadly consistent across stage, nodal status, and PD-L1 groups, strongest in squamous tumors. Grade ≥ 3 treatment-related AEs were 44.1%. • Conclusions: Pembrolizumab confers durable benefit even without pCR, supporting perioperative use beyond pCR achievers.





Notable Presentations At ELCC 2026

Early-stage, perioperative, and stage III NSCLC (3/5)

Date	Title	Author	Summary
27 March 2026	Five-year outcomes of participants with pathological complete response (pCR) enrolled in the KEYNOTE-671 trial of perioperative pembrolizumab (pembro) in early-stage NSCLC	Margarita Majem	• Introduction: This 5-year KEYNOTE-671 analysis examined whether perioperative pembrolizumab benefits the favorable pCR subgroup in resectable stage II–IIIB NSCLC and whether pCR gains were consistent across baseline disease subsets. • Methodology: In this phase III trial, patients were randomized to neoadjuvant pembrolizumab or placebo plus chemotherapy, followed by surgery and adjuvant pembrolizumab/placebo. This subgroup analysis focused on patients achieving pCR. • Results: Pembrolizumab markedly increased pCR rates (18.1% vs 4.0%) across stage, nodal, and PD-L1 subgroups. Among pCR patients, 5-year EFS was higher with pembrolizumab (80.8% vs 55.7%; HR 0.37), indicating durable benefit despite small numbers. • Conclusions: Pembrolizumab improves both pCR attainment and long-term outcomes among pCR achievers.
27 March 2026	Novel intratumoral radioenhancer (JNJ-1900) with chemoradiation and consolidative immunotherapy for stage III unresectable non-small cell lung cancer (NSCLC): Early outcomes from the phase II CONVERGE study	Benjamin Cooper	• Introduction: CONVERGE evaluates JNJ-1900, an intratumoral/intranodal radioenhancer, added to standard chemoradiotherapy and durvalumab in unresectable stage III NSCLC to test feasibility and early antitumor activity. • Methodology: In Part 1 of this open-label phase II study, 7 patients received bronchoscopic JNJ-1900 injection into lung tumors/nodes, followed by weekly carboplatin-paclitaxel with 60 Gy radiotherapy, then durvalumab if non-progressive. • Results: Sixteen lesions were injected successfully. Post-cCRT ORR was 71.4% and DCR 100%, with median target lesion shrinkage of 44.6%. Treatment delivery was feasible; toxicity was limited, with no clear major JNJ-1900 safety signal. • Conclusions: Early data support bronchoscopic delivery feasibility and encouraging activity, warranting further evaluation.



Notable Presentations At ELCC 2026



Early-stage, perioperative, and stage III NSCLC (4/5)

Date	Title	Author	Summary
27 March 2026	Sintilimab consolidation therapy following concurrent chemoradiotherapy in unresectable stage III NSCLC: Primary results from the prospective CONSIST trial	Ligang Xing	• Introduction: CONSIST evaluated sintilimab consolidation after definitive concurrent chemoradiotherapy in unresectable stage III NSCLC, extending the PACIFIC paradigm to a PD-1 inhibitor in this curative-intent setting. • Methodology: In this prospective multicenter study, 43 patients with nonprogressive unresectable stage III NSCLC after cCRT received sintilimab 200 mg every 3 weeks for up to 24 months. Primary endpoint was PFS. • Results: Median PFS was 15.6 months; 24-month PFS was 39.1%. Median OS was not reached, with 48-month OS of 65.0%. ORR was 23.7% and DCR 78.9%. Grade ≥ 3 TRAEs occurred in 9.3%, without treatment-related deaths. • Conclusions: Sintilimab showed durable activity and acceptable safety as consolidation after cCRT.
27 March 2026	Adebrelimab combined with definitive concurrent chemoradiotherapy for unresectable stage III non-small cell lung cancer: A single-arm, exploratory phase II study	Ynana Li	• Introduction: This phase II study tested whether adding adebrelimab concurrently with chemoradiotherapy could improve outcomes in unresectable stage III NSCLC, where relapse remains common despite cCRT $\pm$ consolidation immunotherapy. • Methodology: In this single-arm multicentre trial, 27 patients with unresectable stage III NSCLC were enrolled; 25 received adebrelimab plus concurrent chemoradiotherapy. Primary endpoint was PFS. • Results: At 21.6 months' median follow-up, median PFS was not reached; 12- and 24-month PFS rates were 78.4% and 53.4%. ORR was 89%. Grade 3–4 toxicities were mainly hematologic; serious treatment-related events were infrequent. • Conclusions: Concurrent adebrelimab-cCRT showed strong preliminary efficacy with manageable toxicity, supporting further validation in larger studies.



Notable Presentations At ELCC 2026



Early-stage, perioperative, and stage III NSCLC (5/5)

Date	Title	Author	Summary
27 March 2026	Consolidative lazertinib following chemoradiotherapy in unresectable stage III EGFR-mutated NSCLC: Preliminary results from the phase II PLATINUM trial	Cheol-Kyu Park	• Introduction: EGFR-mutant unresectable stage III NSCLC derives limited benefit from durvalumab after CCRT; PLATINUM explores consolidative lazertinib as an alternative third-generation EGFR-TKI strategy. • Methodology: This multicentre, open-label phase II study enrolled 49 non-progressing patients after CCRT. Lazertinib 240 mg daily was given for up to 3 years. Primary endpoint was PFS. • Results: At 15.6 months' median follow-up, 67% remained on treatment. Among 47 evaluable patients, ORR was 49% and DCR 100%. Median PFS, DoR, TTDM, and OS were unreached. Common TRAEs were paresthesia, radiation pneumonitis, and rash; grade 3–4 TRAEs caused discontinuation in 29%. • Conclusions: Lazertinib showed promising early activity with manageable toxicity as consolidation in stage III EGFR-mutant NSCLC.
27 March 2026	OLA: Phase II study of osimertinib treatment before and after radiotherapy in unresectable stage III EGFRm NSCLC	Si-Yang M. Liu	• Introduction: This phase II trial addresses an unmet need in unresectable stage III EGFR-mutant NSCLC: patients ineligible for or refusing chemotherapy, despite the strong rationale for EGFR-targeted therapy after chemoradiotherapy. • Methodology: Sixty patients with EGFR Ex19del/L858R will receive osimertinib induction for 12 weeks, then definitive radiotherapy, followed by maintenance osimertinib if non-progressive. Primary endpoint is 24-month PFS rate. • Results: No efficacy or safety results are yet available; this is a trial-in-progress abstract. Secondary endpoints include induction ORR/DCR, OS, safety, and exploratory plasma biomarker analyses. • Conclusions: This is a clinically important de-escalated, chemotherapy-sparing strategy for frailer EGFR-mutant stage III patients.



Notable Presentations At ELCC 2026

EGFR- and other oncogene-driven NSCLC (1/5)



Date	Title	Author	Summary
25 March 2026	Osimertinib (osi) with or without chemotherapy (CTx) as first-line treatment in EGFR-mutant (EGFRm) advanced NSCLC with concurrent TP53 mutations (TOP study)	Yunpeng Yang	• Introduction: TP53 co-mutations are frequent in EGFR-mutant advanced non-squamous NSCLC and predict poorer outcomes with EGFR-TKI monotherapy; this phase III trial tested whether osimertinib plus chemotherapy improves outcomes in this high-risk subgroup. • Methodology: Previously untreated adults with EGFR Ex19del/L858R and concurrent TP53 mutations were randomized 1:1 to osimertinib plus pemetrexed/carboplatin versus osimertinib alone; primary endpoint was investigator-assessed PFS. • Results: Among 294 patients, combination therapy significantly improved PFS (34.0 vs 15.6 months; HR 0.44), ORR (82.9% vs 72.0%), and DoR (32.7 vs 15.3 months), with consistent subgroup benefit and an early OS trend (HR 0.57). Grade ≥ 3 TRAEs were higher (62.4% vs 14.9%). • Conclusions: Osimertinib plus chemotherapy delivered substantial efficacy gains over monotherapy in TP53-co-mutant EGFR-mutant NSCLC, supporting intensified upfront treatment despite higher toxicity.
26 March 2026	Becotarug (JMT101) and osimertinib (Osi) in patients (pts) with platinum-pretreated EGFR exon 20 insertion-mutated (ex20ins) non-small cell lung cancer (NSCLC): Final overall survival (OS) and subgroup analyses from the BECOME phase II study	Jinhui Xue	• Introduction: BECOME evaluated becotarug plus high-dose osimertinib in platinum-pretreated EGFR exon 20 insertion NSCLC, a population with limited effective options, and explored whether insertion location and baseline ctDNA influence outcomes. • Methodology: In this phase II study, 112 patients received becotarug 6 mg/kg every 2 weeks plus osimertinib 160 mg daily; prespecified secondary analyses assessed OS by exon 20 insertion subtype and baseline ctDNA. • Results: Median OS was 18.0 months. Far-loop insertions showed significantly longer OS than near-loop insertions (25.6 vs 15.6 months; HR 0.58). Baseline ctDNA-negative patients had markedly longer PFS and OS than ctDNA-positive patients. • Conclusions: Survival appears clinically meaningful, with insertion topology and ctDNA status emerging as important prognostic stratifiers.



Notable Presentations At ELCC 2026

EGFR- and other oncogene-driven NSCLC (2/5)



Date	Title	Author	Summary
27 March 2026	A first-in-human phase I study of TQB2922, an EGFR/C-MET bispecific antibody, as monotherapy and in combination with bevacizumab and chemotherapy in EGFR-mutant non-small cell lung cancer	Jinhui Xue	• Introduction: TQB2922 is a novel EGFR/c-MET bispecific antibody designed to overcome resistance after third-generation EGFR-TKIs while limiting EGFR-driven toxicity, a major unmet need in EGFR-mutant NSCLC. • Methodology: This phase I study evaluated dose-escalation TQB2922 monotherapy in 71 heavily pretreated patients and a single-arm combination cohort of 38 patients receiving TQB2922 plus bevacizumab and chemotherapy after progression on third-generation EGFR-TKIs. • Results: No maximum tolerated dose was reached. Monotherapy showed manageable toxicity and modest activity (ORR 21.2%, DCR 71.2%). Combination therapy produced substantially higher activity (ORR 64.7%, DCR 97.1%), with 6-month PFS 79.0%; median PFS/DOR were unreached. • Conclusions: TQB2922 demonstrates promising safety and encouraging efficacy, especially in combination-based resistance management.
27 March 2026	First-line subcutaneous amivantamab plus lazertinib in EGFR-mutated advanced NSCLC: Updated results from the PALOMA-2 study	Nicolas Girard	• Introduction: PALOMA-2 assessed whether subcutaneous amivantamab plus lazertinib can reproduce the efficacy of intravenous amivantamab-based first-line therapy in EGFR-mutant advanced NSCLC while improving treatment convenience. • Methodology: In Cohort 1, 68 untreated patients with EGFR Ex19del/L858R advanced NSCLC received subcutaneous amivantamab every 2 weeks plus lazertinib. Key endpoints included ORR, duration of response, PFS, and safety. • Results: With 32.2 months' median follow-up, ORR was 85%, median DoR 25.6 months, and median PFS 27.6 months. Toxicity was consistent with prior amivantamab experience; 10 patients discontinued for adverse events, none due to administration-related reactions. • Conclusions: Subcutaneous amivantamab-lazertinib delivered durable first-line activity with improved treatment practicality.

Notable Presentations At ELCC 2026

EGFR- and other oncogene-driven NSCLC (3/5)



Date	Title	Author	Summary
27 March 2026	HS-10241 combined with aumolertinib in EGFR-TKIs pretreated EGFR-mutant and MET-amplified advanced NSCLC: A phase Ib study	Xiaorong Dong	• Introduction: MET amplification is a major acquired resistance pathway after EGFR-TKIs in EGFR-mutant NSCLC; this study evaluated HS-10241 plus aumolertinib as a MET-targeted resistance strategy. • Methodology: In this open-label dose-expansion study, 132 EGFR-mutant, MET-positive advanced NSCLC patients received HS-10241 300 mg BID plus aumolertinib 110 mg QD; efficacy was assessed mainly in 115 MET-amplified evaluable patients. • Results: Confirmed ORR was 48.7%, DCR 84.3%, median DoR 11.1 months, median PFS 7.4 months, and median OS 25.4 months. Subgroup 1 showed strongest activity (ORR 60.0%; PFS 17.3 months). Toxicity was manageable; grade ≥ 3 liver enzyme elevations predominated, with low severe peripheral edema. • Conclusions: HS-10241 plus aumolertinib showed promising efficacy and acceptable safety in EGFR-mutant/MET-amplified NSCLC.
27 March 2026	First-line limertinib versus gefitinib in EGFR-mutated advanced NSCLC: Updated overall survival results from a randomized, double-blind, phase III trial	Yuan-Kai Shi	• Introduction: This phase III update assessed whether first-line limertinib, a third-generation EGFR TKI, translates earlier PFS superiority into meaningful OS benefit versus gefitinib in EGFR-mutant advanced NSCLC. • Methodology: 337 treatment-naïve patients with Ex19del/L858R advanced NSCLC were randomized 1:1 to limertinib or gefitinib and followed for OS and long-term safety. • Results: After ~ 41 months' follow-up and 53.4% OS maturity, limertinib showed a numerically longer median OS (43.3 vs 34.5 months; HR 0.78), with higher 36-month OS (57.9% vs 47.3%). Benefit was consistent across key subgroups. Grade ≥ 3 TEAEs were slightly higher but no new safety signals emerged. • Conclusions: Limertinib shows clinically meaningful, though not statistically significant, OS improvement with manageable long-term safety.

Notable Presentations At ELCC 2026

EGFR- and other oncogene-driven NSCLC (4/5)



Date	Title	Author	Summary
27 March 2026	First-line lorlatinib versus sequential second-generation ALK TKI followed by lorlatinib in advanced ALK-positive non-small cell lung cancer: A real-world cohort study	Yanjun Xu	• Introduction: This real-world study addressed a key treatment question in advanced ALK-positive NSCLC: whether upfront lorlatinib provides greater benefit than sequencing a second-generation ALK TKI followed by lorlatinib. • Methodology: Investigators retrospectively analyzed 108 NGS-confirmed ALK-rearranged patients treated at a single center with either first-line lorlatinib or sequential second-generation ALK TKI then lorlatinib • Results: First-line lorlatinib achieved higher ORR (74.5% vs 56.1%), significantly longer PFS (HR 0.23), and lower CNS progression risk (HR 0.32). OS was similar between strategies within current follow-up. • Conclusions: Upfront lorlatinib showed superior disease control and CNS protection, supporting its preferential first-line use in routine practice.
27 March 2026	Characterization of the safety profile of taletrectinib in patients with advanced ROS1+ non-small cell lung cancer (NSCLC): Results from TRUST-I and TRUST-II	Yasir Y. Elamin	• Introduction: Taletrectinib is a next-generation, CNS-active ROS1 TKI approved for advanced ROS1-positive NSCLC; this analysis focused on clinically meaningful safety across TRUST-I/II. • Methodology: Safety was assessed in 349 patients who received taletrectinib 600 mg daily across phase I/II cohorts. Investigators evaluated treatment-emergent adverse events, severity, timing, duration, and need for dose modification. • Results: The safety profile remained consistent, with low discontinuation and dose-reduction rates. Common TEAEs were AST elevation (71.1%), ALT elevation (67.9%), and diarrhea (63.6%), with grade 3/4 rates generally low. Gastrointestinal events occurred early, were transient, and resolved quickly • Conclusions: Taletrectinib showed a tolerable, manageable safety profile without new signals, supporting long-term use in ROS1-positive NSCLC.



Notable Presentations At ELCC 2026

EGFR- and other oncogene-driven NSCLC (5/5)



Date	Title	Author	Summary
27 March 2026	Treatment patterns and outcomes of patients with RET fusion-positive non-small cell lung cancer (NSCLC) treated with selpercatinib in Europe: Final results from the SPRINT-RET study	Maximilian J. Hochmair	• Introduction: SPRINT-RET addressed the limited European real-world evidence for selpercatinib in advanced RET fusion-positive NSCLC, where prospective trial efficacy is established but routine-practice outcomes remain less defined. • Methodology: This retrospective, multicountry observational study included 52 selpercatinib-treated European patients with advanced RET fusion-positive NSCLC. Investigators descriptively assessed baseline characteristics, treatment lines, response, progression-free survival, and overall survival. • Results: Most patients had adenocarcinoma, stage IIIb-IV disease, and many received selpercatinib beyond first line. Real-world ORR was 51.9%, disease control 75.0%, median PFS 20.8 months, and 2-year OS 69.9%, indicating durable effectiveness. • Conclusions: These data support selpercatinib as an effective real-world treatment and reinforce the value of comprehensive RET testing.
27 March 2026	A phase I/II study of EP0031 (lunbotinib), a next-generation selective RET inhibitor, as monotherapy and in combination with chemotherapy, in advanced RET fusion-positive NSCLC	Mihaela Aldea	• Introduction: This first trial of EP0031 plus platinum-pemetrexed addresses heterogenous resistance in RET fusion-positive NSCLC, where first-generation selective RET inhibitors fail through both RET-dependent and RET-independent mechanisms. • Methodology: This ongoing phase I/II study includes three phase II cohorts: first-line EP0031 alone, first-line EP0031 plus platinum-pemetrexed, and post-first-generation RET inhibitor EP0031 plus platinum-pemetrexed. ctDNA is collected to track resistance evolution. • Results: No efficacy or safety results are reported yet; this is a trial-in-progress abstract. The design is biologically strong, testing chemotherapy intensification alongside a next-generation RET inhibitor in both treatment-naïve and RET inhibitor-pretreated settings. • Conclusions: This is a strategically important, mechanism-driven study with potential to redefine RET-positive NSCLC sequencing.



Notable Presentations At ELCC 2026



Advanced NSCLC immunotherapy and novel systemic therapy (1/5)

Date	Title	Author	Summary
27 March 2026	Subcutaneous versus intravenous toripalimab, in combination with chemotherapy, as a first-line treatment for recurrent or metastatic non-squamous (nsq) non-small cell lung cancer (NSCLC): A randomized phase III trial	Lin Wu	• Introduction: This phase III trial evaluated whether subcutaneous toripalimab could match intravenous toripalimab in first-line recurrent/metastatic non-squamous NSCLC, aiming to improve treatment convenience without compromising exposure or efficacy. • Methodology: 396 patients without EGFR-sensitive mutations/ALK fusions were randomized 1:1 to SC or IV toripalimab plus platinum-pemetrexed, followed by toripalimab-pemetrexed maintenance. Co-primary endpoints were cycle 1 trough concentration and AUC. • Results: SC toripalimab achieved noninferior pharmacokinetic exposure versus IV. ORR was numerically higher with SC (57.6% vs 49.5%), while median PFS was identical at 8.1 months. Safety was acceptable, with no new signals. • Conclusions: SC toripalimab appears pharmacokinetically equivalent and clinically comparable to IV therapy, supporting a more convenient first-line option.
27 March 2026	First disclosure of efficacy and safety data for YL202/BNT326 (HER3 ADC) from a phase II trial in patients (pts) with non-small cell lung cancer (NSCLC)	Haifeng Liu	• Introduction: YL202/BNT326 is a HER3-directed ADC carrying a topoisomerase I payload, developed to target HER3-expressing NSCLC, including EGFR-mutant and genomically unselected disease after standard therapy failure. • Methodology: In this ongoing phase II trial, 152 pretreated NSCLC patients received YL202/BNT326 at 2.0–3.0 mg/kg every 3 weeks. Primary endpoints were investigator-assessed ORR and dose selection; safety and PFS were secondary endpoints. • Results: ORR was 41.7% in EGFR-mutant NSCLC, 48.1% in AGA-negative non-squamous disease, and 22.7% in squamous NSCLC; median PFS ranged 4.4–7.2 months. Toxicity was manageable, with low ILD incidence. • Conclusions: YL202/BNT326 shows encouraging broad NSCLC activity with acceptable safety.



Notable Presentations At ELCC 2026



Advanced NSCLC immunotherapy and novel systemic therapy (2/5)

Date	Title	Author	Summary
27 March 2026	Health-related quality of life with ivonescimab versus pembrolizumab for PD-L1 positive, non-small cell lung cancer (HARMONi-2): A randomised, double-blind, phase III study in China	Baogang Liu	• Introduction: HARMONi-2 evaluated whether ivonescimab, which improved PFS versus pembrolizumab in untreated PD-L1-positive advanced NSCLC, also preserves or improves patient-reported quality of life. • Methodology: In this randomized, double-blind phase III trial, patients received ivonescimab or pembrolizumab every 3 weeks. HRQoL was an exploratory endpoint assessed serially using EORTC QLQ-C30, QLQ-LC13, and EQ-5D-5L. • Results: Both arms showed improved global QoL/function and reduced lung cancer symptoms from baseline. Completion rates favored ivonescimab over time, but HRQoL changes were broadly comparable between groups, with no clear superiority signal. • Conclusions: Ivonescimab maintained HRQoL while delivering superior PFS, supporting favorable clinical benefit without added patient-reported burden.
27 March 2026	TROPION-Lung17: A randomised phase III study of datopotamab deruxtecan (Dato-DXd) vs docetaxel in patients with previously-treated TROP2 NMR positive advanced/metastatic non-squamous non-small cell lung cancer (NSCLC) without actionable genomic alterations (AGA)	Jacob Sands	• Introduction: TROPION-Lung17 addresses a major post-immunotherapy/platinum unmet need in advanced non-squamous NSCLC without actionable genomic alterations by prospectively selecting patients with TROP2 membrane-positive disease for datopotamab deruxtecan. • Methodology: This randomized, phase III, open-label, sponsor-blind trial enrolls ~400 TROP2 NMR-positive stage IIIB-IV patients after platinum chemotherapy and anti-PD-1/PD-L1 therapy, comparing Dato-DXd versus docetaxel. Dual primary endpoints are BICR-assessed PFS and OS. • Results: No efficacy or safety results are yet available; recruitment is ongoing. • Conclusions: This is a biomarker-enriched registrational study that could refine second-/later-line treatment selection beyond conventional docetaxel.



Notable Presentations At ELCC 2026



Advanced NSCLC immunotherapy and novel systemic therapy (3/5)

Date	Title	Author	Summary
27 March 2026	A phase III trial of a PD-1/VEGF bispecific antibody (PF-08634404) vs pembrolizumab in combination with platinum-based chemotherapy in first-line for locally advanced or metastatic non-small cell lung cancer (Symbiotic-Lung-01)	David Planchard	• Introduction: Symbiotic-Lung-01 evaluates whether PF-08634404, a PD-1/VEGF bispecific antibody, can outperform pembrolizumab-based chemoimmunotherapy in first-line advanced NSCLC without targetable drivers, regardless of PD-L1 status. • Methodology: This global, double-blind phase III trial randomizes squamous and non-squamous NSCLC separately to PF-08634404 or pembrolizumab plus platinum-doublet chemotherapy, with maintenance per histology. Dual primary endpoints are OS and BICR-assessed PFS. • Results: No efficacy or safety data are available yet; enrollment has started. The design is robust, histology-specific, and stratified by PD-L1, brain metastases, and region. • Conclusions: This is a pivotal registrational study testing a next-generation immune-angiogenic strategy against current standard first-line therapy.
27 March 2026	ROSETTA Lung-02: A global phase II/III, randomized, open-label trial of pumitamig, a PD-L1 x VEGF-A bispecific antibody, in combination with chemotherapy in patients (pts) with first-line non-small cell lung cancer	Ben Solomon	• Introduction: This phase II/III study evaluates pumitamig, a PD-L1/VEGF-A bispecific antibody, in untreated advanced NSCLC, aiming to improve outcomes beyond pembrolizumab-based chemoimmunotherapy across squamous and non-squamous disease • Methodology: Phase III randomizes ~1,220 stage IIIB/C-IV patients 1:1 to pumitamig plus histology-matched chemotherapy versus pembrolizumab plus chemotherapy, stratified by PD-L1 status, brain metastases, and geography. Primary endpoint is BICR-assessed PFS; key secondary endpoint is OS. • Results: This is a trial-in-progress abstract; no efficacy or safety results are yet available. Phase II is fully enrolled and phase III recruitment is ongoing. • Conclusions: This is a pivotal registrational study with clear potential to redefine first-line advanced NSCLC treatment.



Notable Presentations At ELCC 2026



Advanced NSCLC immunotherapy and novel systemic therapy (4/5)

Date	Title	Author	Summary
27 March 2026	PADL1NK-005: A randomized phase III trial of PDL1V (PF-08046054) monotherapy vs docetaxel in patients with previously treated PD-L1-positive non-small cell lung cancer	Yijia Wang	• Introduction: PDL1V is a PD-L1–targeting ADC carrying MMAE, developed for previously treated PD-L1–positive NSCLC after progression on immunotherapy and platinum, where options remain limited and docetaxel has modest benefit. • Methodology: PADL1NK-005 is a global, randomized, open-label phase III trial comparing PDL1V monotherapy with docetaxel in ~680 adults with unresectable/metastatic PD-L1–positive NSCLC. Primary endpoint is OS; key secondary endpoints are BICR-assessed PFS and ORR. • Results: No efficacy or safety results are available yet; enrollment has begun. • Conclusions: This is a pivotal post-immunotherapy study testing whether biomarker-directed PD-L1 ADC therapy can improve outcomes over docetaxel.
27 March 2026	Real-world effectiveness and resource utilization of first-line pembrolizumab in NSCLC: A retrospective observational study (MOSAICO study)	Antonio Ungaro	• Introduction: This study examined whether real-world first-line pembrolizumab regimens in metastatic NSCLC deliver survival benefits that translate into broader health-economic value, including QALYs, DALYs, and ICER-informed benefit. • Methodology: In a retrospective single-centre cohort, 175 evaluable stage IV NSCLC patients treated between 2017–2024 received pembrolizumab alone or with chemotherapy. OS and time to treatment discontinuation were analyzed, then mapped to published KEYNOTE-based cost-utility estimates. • Results: Median OS was 10.6 months with pembrolizumab monotherapy and 10.4 months with chemoimmunotherapy. Crosswalk modeling projected ~265 trial-equivalent QALYs and ~120 effectiveness-adjusted QALYs gained, with comparable DALYs averted. • Conclusions: Pembrolizumab-based therapy showed meaningful survival and plausible long-term value despite high upfront costs.



Notable Presentations At ELCC 2026



Advanced NSCLC immunotherapy and novel systemic therapy (5/5)

Date	Title	Author	Summary
27 March 2026	Real-world effectiveness of first-line nivolumab plus ipilimumab with chemotherapy in patients with non-small cell lung cancer with low PD-L1 tumor expression (Dutch NVALT-34 study)	Corina Van den Hurk	• Introduction: This real-world Dutch study evaluated whether first-line nivolumab/ipilimumab plus chemotherapy reproduces the survival benefit seen in CheckMate 9LA for metastatic NSCLC with PD-L1 <1%. • Methodology: Consecutive patients from 12 Dutch hospitals receiving first-line NI-ChT were retrospectively analyzed and compared descriptively with the PD-L1 <1% CheckMate 9LA subgroup. • Results: Among 133 eligible patients, median OS was 14.6 months versus 17.7 months in CheckMate 9LA. Baseline characteristics differed modestly, with younger patients and fewer liver metastases/squamous tumors in practice. Survival was broadly comparable overall, but liver metastases predicted markedly worse OS (4.5 months). • Conclusions: Real-world NI-ChT outcomes were generally consistent with CheckMate 9LA, supporting external validity in PD-L1-negative metastatic NSCLC.
27 March 2026	Anti-tumor activity of gotistobart compared to docetaxel in patients with metastatic squamous non-small cell lung cancer (sqNSCLC) progressing on PD-(L)1 inhibitors: Stage 1 PRESERVE-003 phase III trial	Kai He	• Introduction: Gotistobart, a tumor microenvironment-selective CTLA-4 Treg-depleting antibody, was evaluated as a chemotherapy-free option for squamous NSCLC progressing after PD-(L)1 inhibitors and platinum. • Methodology: In Stage 1 of this phase III trial, 87 sqNSCLC patients were randomized 1:1 to gotistobart or docetaxel. Endpoints included OS, ORR, PFS, and DoR. • Results: Gotistobart improved OS versus docetaxel (HR 0.46), with 12-month OS 63.1% versus 30.3%. ORR was higher (20.0% vs 4.8%) and DoR longer (11.0 vs 3.8 months). Median PFS was similar, but 12-month PFS favored gotistobart (25.2% vs 0%). • Conclusions: Gotistobart showed durable activity and meaningful survival benefit, supporting further pivotal evaluation.





Notable Presentations At ELCC 2026

Small cell lung cancer (SCLC) and LCNEC (1/5)

Date	Title	Author	Summary
26 March 2026	Subsequent treatment (tx) patterns and impact on patient (pt) outcomes in the phase III ADRIATIC study of consolidation durvalumab (D) after concurrent chemoradiotherapy (cCRT) in limited-stage SCLC (LS-SCLC)	Eva L. Buchmeier	• Introduction: ADRIATIC previously showed durvalumab after concurrent chemoradiotherapy improved OS and PFS in limited-stage SCLC; this analysis examined whether subsequent therapies influenced those benefits. • Methodology: Patients without progression after cCRT were randomized to durvalumab or placebo. Investigators analyzed first subsequent systemic treatment, TFST, PFS2, and OS using an RPSFT sensitivity model adjusting for later immunotherapy use. • Results: Durvalumab reduced progression and delayed subsequent treatment versus placebo. TFST improved (26.6 vs 15.3 months; HR 0.72) and PFS2 improved (HR 0.66). Chemotherapy was the commonest later therapy; immunotherapy use was low, especially after durvalumab. OS benefit remained consistent after adjustment for subsequent immunotherapy. • Conclusions: Durvalumab provides durable benefit independent of post-progression immunotherapy patterns.
26 March 2026	Phase II study of 1st-line (1L) durvalumab (D) and platinum-etoposide (EP) in advanced large-cell neuroendocrine lung carcinoma (aLCNEC)	Elizabeth Dudnik	• Introduction: Advanced LCNEC is a rare, aggressive neuroendocrine lung cancer with poor prognosis and no established first-line standard; this trial tested whether durvalumab plus etoposide-platinum could improve outcomes. • Methodology: This prospective, single-arm phase II study treated 12 patients with durvalumab plus EP for 4 cycles, followed by durvalumab maintenance; the primary endpoint was 12-month PFS. • Results: Median PFS was 4.4 months, median OS 12.8 months, ORR 50%, and disease control rate 91.7%. The 12-month PFS rate was 25%, exceeding the prespecified futility threshold; all three patients with untreated brain metastases achieved complete intracranial response. Toxicity was manageable. • Conclusions: Despite early closure and limited power, durvalumab plus EP showed promising activity and feasible safety in advanced LCNEC.



Notable Presentations At ELCC 2026

Small cell lung cancer (SCLC) and LCNEC (2/5)



Date	Title	Author	Summary
26 March 2026	Adebrelimab plus chemotherapy (chemo) as first-line treatment for extensive-stage small cell lung cancer (ES-SCLC): 5-year update of the phase III CAPSTONE-1 study	Jie Wang	• Introduction: CAPSTONE-1 previously showed first-line adebrelimab plus carboplatin/etoposide improved survival in extensive-stage SCLC; this analysis reports mature 5-year outcomes. • Methodology: In this phase III trial, 462 untreated ES-SCLC patients were randomized to adebrelimab or placebo with chemotherapy, followed by maintenance; primary endpoint was OS. • Results: Survival benefit was sustained after long follow-up: median OS 15.3 vs 12.8 months (HR 0.73). Long-term survival more than doubled with adebrelimab at 48, 60, and 72 months (16.2%/14.9%/13.1% vs 7.7%/6.0%/5.1%). Among 2-year completers, 72-month OS reached 80%. No new safety signals emerged. • Conclusions: Adebrelimab plus chemotherapy delivers durable, clinically meaningful long-term survival, supporting its first-line standard-of-care role in ES-SCLC.
26 March 2026	7-y survival in patients (pts) with extended-stage small cell lung cancer (ES-SCLC) treated with atezolizumab (atezo) in the IMpower133 (IMp133) and IMbrella A extension study, including brain (BM) and liver metastases (LM) by SCLC molecular subtype	Martin Reck	• Introduction: IMp133 established first-line atezolizumab plus carboplatin/etoposide in ES-SCLC; IMbrella A extends follow-up to characterize exceptional long-term survivors and explore whether molecular subtypes influence baseline or progression-site metastasis patterns. • Methodology: This open-label extension enrolled atezolizumab-arm patients from IMp133 for survival/safety follow-up; subtype analyses assessed ASCL1-, NEUROD1-, and inflamed-defined tumors against brain/liver metastases at baseline and first progression. • Results: Eighteen patients entered IMbrella A; 10 achieved OS ≥84 months, with minimum follow-up 101 months. Estimated 7-year OS was 10.8%; seven patients remained alive, three on treatment. Subtypes did not clearly enrich baseline brain/liver metastases, though SCLC-A trended higher; SCLC-I-NE showed fewer new brain/liver metastases. • Conclusions: Atezolizumab yields a small but meaningful tail of durable survivors; subtype-specific progression patterns merit validation.





Notable Presentations At ELCC 2026

Small cell lung cancer (SCLC) and LCNEC (3/5)

Date	Title	Author	Summary
26 March 2026	Survival benefit of long-term (Beyond 2 years) atezolizumab in 1L ES-SCLC: Exploratory analysis of four phase III trials	Nong Yang	• Introduction: This exploratory pooled analysis addressed a key unresolved question in ES-SCLC: whether continuing first-line atezolizumab beyond 2 years improves survival versus stopping at or before 24 months. • Methodology: Individual patient data from four phase III trials were pooled. Patients alive and under follow-up at 24 months were classified as continued (>24 months) or discontinued (≤24 months), using target-trial emulation to reduce immortal time bias. • Results: Among 155 long-term survivors, discontinuation was associated with markedly higher mortality versus continuation (HR 7.82), with consistent sensitivity results (HR 5.83). Progression was the main discontinuation driver. • Conclusions: Continued atezolizumab beyond 2 years may improve survival, though findings remain hypothesis-generating.
26 March 2026	Primary lung tumour laterality, molecular characteristics, and prognostic impact in patients (pts) with extensive-stage small cell lung cancer (ES-SCLC) in the phase III CASPIAN trial	Lorenza Landi	• Introduction: This exploratory CASPIAN analysis tested whether primary tumor laterality has prognostic or biological relevance in ES-SCLC and whether it modifies durvalumab benefit. • Methodology: Outcomes were assessed in randomized patients with exclusively right- or left-sided primaries. Molecular features were evaluated using IHC and RNA sequencing. • Results: Right-sided tumors showed longer OS than left-sided tumors (11.6 vs 10.8 months; HR 0.79), with a trend toward longer PFS. Durvalumab plus EP improved OS versus EP regardless of laterality (right HR 0.65; left HR 0.66). Biologically, right-sided tumors had higher CD8 density, more RB1 wild-type disease, and enrichment of inflamed subtype features. • Conclusions: Laterality may carry prognostic and biologic significance, but not predictive value for durvalumab benefit.



Notable Presentations At ELCC 2026

Small cell lung cancer (SCLC) and LCNEC (4/5)

Date	Title	Author	Summary
26 March 2026	Phase II study of first-line pumitamig (PD-L1 x VEGF-A bsAb) plus chemotherapy for extensive-stage small cell lung cancer (ES-SCLC): Updated efficacy and safety results	Ying Liu	• Introduction: ES-SCLC prognosis remains poor despite first-line chemoimmunotherapy. Pumitamig, a PD-L1/VEGF-A bispecific antibody, is designed to enhance antitumor immunity while localizing anti-angiogenic activity within the tumor microenvironment. • Methodology: This open-label, single-arm, multicenter phase II study in China treated untreated ES-SCLC patients with pumitamig plus platinum-etoposide for 4 cycles, followed by pumitamig maintenance. • Results: Among 50 patients, ORR was 82.0%, disease control 94.0%, median PFS 6.9 months, and median OS 16.9 months; 12-month OS was 72.0%. Grade ≥ 3 treatment-related AEs occurred in 86%, mainly hematologic; immune-related grade ≥ 3 events occurred in 8%, with no treatment-related deaths. • Conclusions: Pumitamig plus chemotherapy showed promising efficacy with manageable toxicity, supporting phase III evaluation.
26 March 2026	ROSETTA Lung-01: A phase III, two-stage trial of pumitamig, a PD-L1 x VEGF-A bispecific antibody, plus chemotherapy versus atezolizumab + chemotherapy as first-line treatment in patients with extensive-stage small cell lung cancer	John Heymach	• Introduction: This phase III trial addresses whether pumitamig, a PD-L1/VEGF-A bispecific antibody, can outperform atezolizumab in untreated ES-SCLC after encouraging phase II activity. • Methodology: In this global, randomized, double-blind study, Stage 2 will assign ~576 patients 1:1 to pumitamig plus platinum-etoposide or atezolizumab plus platinum-etoposide, followed by matched maintenance. Primary endpoint is OS. • Results: This is a trial-in-progress abstract; no efficacy or safety outcomes are yet reported. The design is robust, with stratification by brain/liver metastases, smoking status, and geography, and includes PFS, ORR, DoR, QoL, and safety as key secondary endpoints. • Conclusions: This is a pivotal head-to-head registrational study with clear potential to redefine first-line ES-SCLC therapy.



Notable Presentations At ELCC 2026

Small cell lung cancer (SCLC) and LCNEC (5/5)



Date	Title	Author	Summary
26 March 2026	A phase II/III trial of a PD-1/VEGF bispecific antibody (PF-08634404) in combination with chemotherapy in first-line for extensive-stage small cell lung cancer (Symbiotic-Lung-04)	Federico Cappuzzo	• Introduction: PF-08634404 is a PD-1/VEGF bispecific antibody with encouraging early NSCLC activity; Symbiotic-Lung-04 tests whether this dual immune-angiogenic strategy can improve first-line outcomes in ES-SCLC. • Methodology: This phase II/III study enrolls untreated ES-SCLC patients with ECOG 0–1. Phase II (~40 patients) evaluates PF-08634404 plus carboplatin/etoposide for safety and ORR; Phase III (~500 patients) randomizes PF-08634404 plus chemotherapy versus anti-PD-L1 plus chemotherapy, with OS as the primary endpoint. • Results: No clinical results are reported yet; enrollment has begun. The design includes both dose confirmation and a registrational comparative phase. • Conclusions: This is a strategically important trial exploring a next-generation bispecific alternative to current PD-L1-based standards.
26 March 2026	DeLLphi-312 phase III trial-in-progress: Tarlatamab with durvalumab, carboplatin and etoposide versus durvalumab, carboplatin and etoposide as first-line (1L) therapy in extensive-stage small cell lung cancer (ES-SCLC)	Ippokratis Korantzis	• Introduction: ES-SCLC outcomes remain poor with current chemo-immunotherapy, with median OS of 12–13 months and frequent early relapse. DeLLphi-312 tests whether adding the DLL3-targeting T-cell engager tarlatamab can improve first-line outcomes. • Methodology: This global, randomized, open-label phase III trial will enroll ~330 untreated ES-SCLC patients to tarlatamab plus durvalumab/carboplatin/etoposide followed by tarlatamab-durvalumab maintenance, versus standard durvalumab plus chemotherapy followed by durvalumab. Dual primary endpoints are OS and BICR-assessed PFS. • Results: No efficacy or safety results are yet available; this is a trial-in-progress design abstract. • Conclusions: DeLLphi-312 is a high-priority registrational study testing DLL3 intensification in first-line ES-SCLC.



Notable Presentations At ELCC 2026



Biomarkers, screening, RW evidence, and supportive care (1/5)

Date	Title	Author	Summary
26 March 2026	Gender equity in lung cancer clinical trials: The ENGAGE study	Silvia Novello	• Introduction: ENGAGE addresses a critical equity gap in lung cancer trials, where women remain underrepresented despite the need for representative enrolment to improve trial generalisability and fairness. • Methodology: This prospective, multicentre observational study enrolled 324 adults with primary lung cancer across 31 centres, assessing whether trial participation was offered and achieved by gender during treatment-decision consultations. • Results: Women comprised 41% of the cohort but only 32% of those enrolled in clinical trials, confirming a gender gap at the accrual stage. Trial enrolment was proposed to 52% of patients and achieved in 47.5%, mainly in observational studies; structural barriers included lack of available trials and eligibility constraints. • Conclusions: Preliminary ENGAGE findings demonstrate persistent female underrepresentation and highlight the need for targeted enrolment strategies.
26 March 2026	Implementing low-dose CT lung cancer screening in Greece: Results from a nationwide multicentre pilot programme	Sofia Lampaki	• Introduction: This Greek pilot addresses a major public health gap: very high smoking prevalence without a national lung cancer screening programme, evaluating whether LDCT can detect early lung cancer and clinically relevant comorbidities. • Methodology: Between May 2024 and September 2025, 441 high-risk adults aged 45–80 years across four Greek cities underwent LDCT and pulmonary function testing under Hellenic Thoracic Society/NCCN-based assessment. • Results: Radiological abnormalities were found in 79.8% of participants. Eight lung cancers were detected (1.8%), all reportedly at early stage, alongside substantial undiagnosed COPD, ILD, asthma, and cardiovascular disease burden. • Conclusions: This pilot supports LDCT feasibility and strong clinical utility in Greece, providing compelling justification for a national screening programme.



Notable Presentations At ELCC 2026



Biomarkers, screening, RW evidence, and supportive care (2/5)

Date	Title	Author	Summary
26 March 2026	Multimodal lung cancer screening and cardiovascular prevention: Preliminary results from the ARIA project	Alberto Traverso	• Introduction: ARIA addresses a key limitation of LDCT screening by combining lung cancer detection with cardiovascular risk assessment in high-risk smokers, aiming to improve overall screening efficiency and clinical yield. • Methodology: This single-centre interventional study enrolled asymptomatic smokers/former smokers aged ≥ 50 years with PLCom2012 $> 1.2\%$, integrating LDCT, SCORE2, CAC scoring, and AI model development using 3D ViTs, hybrid CNNs, and multimodal prediction tools. • Results: Among 510 participants, 26.5% had nodules > 6 mm and 0.6% had early-stage lung cancer treated surgically. Cardiovascular findings were substantial: 34% were very high-risk by SCORE2, 59% had CAC, and three required urgent revascularization. • Conclusions: ARIA supports a high-yield, multimodal screening model with added cardiovascular and AI value.
26 March 2026	Clinical trial enrollment is associated with longer survival time among metastatic lung cancer patients: A population-based California cohort	Angel Arizpe	• Introduction: This population-based study examined whether therapeutic clinical trial enrollment improves survival in metastatic lung cancer, addressing long-standing uncertainty and equity concerns in access to innovative therapies. • Methodology: Investigators retrospectively analyzed 31,905 Los Angeles County patients with distant-stage lung cancer (2002–2021). Trial enrollment versus none was evaluated using multivariable accelerated failure time models adjusted for sociodemographic, health system, comorbidity, and treatment factors. • Results: Only 0.81% enrolled in therapeutic trials. Enrollees had significantly longer survival (TR 2.07), indicating roughly double survival time. Benefit was observed across racial/ethnic groups, with the largest effect in Black patients (TR 2.79). • Conclusions: Therapeutic trial enrollment was strongly associated with prolonged survival, reinforcing the need to expand equitable trial access.





Notable Presentations At ELCC 2026

Biomarkers, screening, RW evidence, and supportive care (3/5)

Date	Title	Author	Summary
26 March 2026	mRNA profile to predict platinum sensitivity in NSCLC: A translational analysis of the ETOP/EORTC SPLENDOUR trial	Stephen P. Finn	• Introduction: This study evaluated whether Platin-DRP, a 205-gene mRNA signature, can predict benefit from platinum therapy in advanced NSCLC, addressing the absence of validated biomarkers for cisplatin/carboplatin selection. • Methodology: Using a retrospective-prospective PROBE design within the phase III SPLENDOUR trial, 82 biopsy-evaluable patients treated with cisplatin or carboplatin were analyzed for associations between continuous/categorical DRP scores and PFS, OS, and response. • Results: Higher DRP scores significantly correlated with longer PFS and OS overall; median OS was 16.9 vs 5.5 months for DRP >50% versus <50%. Cisplatin linked more strongly to PFS, carboplatin to OS. No response-rate association emerged. • Conclusions: Platin-DRP shows promising predictive/prognostic value for platinum-treated advanced NSCLC, warranting validation.
26 March 2026	Initial dual tissue-plasma genomic profiling reveals subclonal complexity in advanced non-small cell lung cancer: Evidence from a real-world study in Thailand	Pongwut Danchaivijitr	• Introduction: This study addresses a key limitation in advanced NSCLC profiling: tissue testing alone may miss actionable and biologically relevant subclonal alterations, particularly when rapid or comprehensive molecular characterization is needed. • Methodology: Investigators retrospectively analyzed paired tissue and plasma NGS from 222 advanced NSCLC patients using comprehensive panels, focusing on ESCAT I–II actionable alterations and plasma-only subclonal variants. • Results: Actionable alterations were found in 58%, predominantly EGFR-driven; parallel plasma testing increased actionable detection by 4.3%. Subclonal plasma-only variants occurred in 25%, and resistance-associated mutations in 14%, often absent in tissue, highlighting hidden heterogeneity. • Conclusions: Concurrent tissue-plasma profiling improves detection of actionable disease biology and early resistance architecture in advanced NSCLC.

Notable Presentations At ELCC 2026



Biomarkers, screening, RW evidence, and supportive care (4/5)

Date	Title	Author	Summary
26 March 2026	Bridging the gap between genomic profiling and targeted treatment in non-small cell lung cancer: A real-world NGS study	Estefania Arevalo Vazquez	• Introduction: This real-world study assessed whether routine NGS in NSCLC translates meaningful genomic findings into actual delivery of matched targeted therapies, addressing a major implementation gap in precision oncology. • Methodology: Investigators retrospectively analyzed 243 NSCLC patients from a tertiary hospital, profiling tumor/cytology samples with targeted NGS and descriptively linking molecular results to clinicopathologic features and treatment use. • Results: Clinically relevant alterations were detected in 31.7%; KRAS was most frequent, followed by TP53 and EGFR. Although 66.2% of alteration-positive patients had potentially actionable variants, only 27.3% of the overall cohort received matched targeted therapy, revealing substantial attrition from detection to treatment. • Conclusions: Routine NGS has clear diagnostic value, but therapeutic translation remains suboptimal, supporting earlier and more systematic molecular integration.
27 March 2026	PD-L1 Blueprint AI: Validation of an AI-assisted PD-L1 scoring algorithm against original Blueprint study data	Fred R. Hirsch	• Introduction: This study evaluated whether an AI-based PD-L1 scoring tool can match or exceed specialist pathologist performance in NSCLC, addressing a key challenge of inter-observer variability in PD-L1 interpretation. • Methodology: Eighty original Blueprint PD-L1 IHC slides across 22C3, 28-8, SP142, and SP263 were digitized and scored using AIM-PD-L1. AI agreement and noninferiority were assessed against 24 pathologists using ICC and cutoff-based concordance metrics. • Results: AI was non-inferior across all clones and showed higher ICCs than pathologists, especially for SP142. Agreement was strongest at the 50% cutoff, with very high overall, positive, and negative agreement; performance at 1% was more variable. • Conclusions: AI-based PD-L1 scoring demonstrated robust reproducibility and potential clinical utility, particularly at higher TPS thresholds.



Notable Presentations At ELCC 2026



Biomarkers, screening, RW evidence, and supportive care (5/5)

Date	Title	Author	Summary
27 March 2026	Patient-reported outcomes-based symptom monitoring among patients receiving immunotherapy for lung cancer: A randomized controlled trial	Yiqi Xia	• Introduction: This randomized study examines whether a 6-month electronic patient-reported outcome intervention improves quality of life in lung cancer patients receiving immunotherapy, an area with limited RCT evidence in China. • Methodology: Patients from seven Chinese provinces were randomized to ePRO-based care or usual care. HRQoL was measured with EORTC QLQ-C30 at baseline, 3, and 6 months; mixed-effects and MID-based responder analyses were applied. • Results: No significant between-group differences were seen in mean HRQoL scores. However, the intervention improved several functional domains over time, and responder analyses showed more clinically meaningful improvement and less deterioration in overall HRQoL at 3 and 6 months. • Conclusions: ePRO monitoring may help preserve HRQoL and reduce deterioration during immunotherapy.
27 March 2026	Clinical utility and impact on outcomes of upfront circulating tumor DNA (ctDNA) testing in advanced non-small cell lung cancer (aNSCLC): A real-world (RW) study	Michele Rota	• Introduction: This prospective real-world study assessed whether upfront ctDNA NGS can accelerate actionable molecular profiling in untreated advanced NSCLC, especially when tissue is insufficient. • Methodology: 147 treatment-naïve patients underwent plasma NGS; alterations were ranked by ESCAT tier. Investigators compared liquid versus tissue concordance, turnaround time, and survival outcomes. • Results: ctDNA detected alterations in 85% and clinically informative alterations in 63%, including ESCAT I in 33%. Liquid biopsy rescued 2 ESCAT I cases and was markedly faster than tissue (9.3 vs 22.4 days). Concordance for ESCAT I was 72%. Overall ctDNA positivity did not affect survival, but TP53 co-mutation predicted worse outcomes on first-line targeted therapy. • Conclusions: Upfront ctDNA NGS improves timely actionability assessment, particularly when tissue is inadequate.





Key Industry Sponsored Sessions Information



ELCC 2026 Key Industry Sponsored Sessions Information (1/2)

Date	Sponsor	Title
25 March 2026	AbbVie	AbbVie - What SEZ6 says about neuroendocrine lineage markers and therapeutic potential in Small Cell Lung Cancer (SCLC)
25 March 2026	AstraZeneca	AstraZeneca - Optimising multidisciplinary standards in lung cancer care with immunotherapy and EGFRm-targeted therapies
25 March 2026	MSD	MSD - Redefining the SCLC landscape: From current standards to emerging therapies and toxicity management
25 March 2026	Eli Lilly and Company	Boehringer Ingelheim - Targeted treatment: The evolving landscape of lung cancer therapy
26 March 2026	Johnson & Johnson	Johnson & Johnson - From research to practice: Advancing EGFR-mutant NSCLC management now and beyond
26 March 2026	Boehringer Ingelheim	Boehringer Ingelheim - Targeted treatment: The evolving landscape of lung cancer therapy
26 March 2026	Novocure	Novocure - Tumor treating fields therapy: Advancing patient care in lung cancer





ELCC 2026 Key Industry Sponsored Sessions Information (2/2)

Date	Sponsor	Title
26 March 2026	Pfizer Oncology	<u>Pfizer Oncology - Elevating 1L care in ALK+ aNSCLC: Driving sustained clinical benefit through patient-centred care</u>
27 March 2026	Accord Healthcare	<u>Accord Healthcare - Redefining immunotherapy in ES-SCLC: Translating mechanistic insights from bench to bedside</u>
27 March 2026	Gilead Sciences, Inc.	<u>Gilead Sciences, Inc. - Advances in metastatic NSCLC treatment: Current understanding and future horizons for TROP2-directed ADCs</u>
27 March 2026	BeOne Medicines	<u>BeOne Medicines - Collaborate to innovate in the MDT: Unlocking the potential of immunotherapy in resectable NSCLC</u>
27 March 2026	Medscape Global Oncology	<u>Medscape Global Oncology - Unlocking TROP2 in NSCLC: Future pathways in targeted therapy</u>
28 March 2026	Regeneron Pharmaceuticals, Inc.	<u>Regeneron Pharmaceuticals, Inc. - Beyond the curve: Interpreting IO outcomes in non-oncogene-driven advanced NSCLC</u>





Themes from key AI / ML presentations at ELCC 2026 (1/3)

- **ELCC 2026 is expected to show that AI/ML is moving from exploratory modeling into clinically usable decision support, especially where strong datasets, explainability, and workflow gains align, as seen in APOLLO11, LATTICE-A, and the 849-case MDT LLM study**
- Check out the key AI / ML themes at ELCC 2026 below:
 - **Prediagnostic Risk Modeling:**
 - ELCC 2026 is expected to show AI moving upstream into earlier detection, as an XGBoost model using 4,517 NSCLC cases and 200,000 controls achieves AUC 90.2% and sensitivity 72.2%
 - **MDT Workflow Automation:**
 - A lung cancer LLM is likely to stand out for operational impact, processing 849 MDT cases >13-fold faster than oncologists, while maintaining 96.7% extraction accuracy and 94.5% guideline compliance
 - **Immunotherapy Response Prediction:**
 - AI/ML biomarker work is set to center on immunotherapy stratification, with APOLLO11 bimodal models reaching AUC 0.80 for OS<6 months and 0.85 for OS≥24 months.



Themes from key AI / ML presentations at ELCC 2026 (2/3)

- **Dynamic Blood-Based Biomarkers:**

- Longitudinal immune modeling is expected to gain attention, as APOLLO11/APOLLO neutrophil profiling improves response prediction over baseline alone, raising AUC from 0.526 to 0.630 in IO-treated NSCLC

- **Routine Laboratory ML in Real-World IO:**

- Real-world inflammatory marker models are poised to appear clinically practical, with gradient boosting reaching AUC 0.816 and SVM accuracy 0.833, while CRP and LDH emerge as dominant resistance signals

- **Pathology and Spatial AI:**

- LATTICE-A is expected to exemplify next-generation pathology AI, using >4,000 H&E images across 1,007 cases and surpassing IASLC grade for prognosis with C-index 0.64 versus 0.59

- **Targeted Therapy Risk Stratification:**

- AI in precision oncology is likely to expand through ALTA-1L, where deep neural networks predict brigatinib PFS and intracranial PFS in ALK-positive NSCLC with F1 scores of 75% and 79%



Themes from key AI / ML presentations at ELCC 2026 (3/3)

- **LMIC and Implementation Relevance:**

- ELCC 2026 is likely to highlight scalable AI beyond high-resource centers, including a 1,371-patient LMIC sequencing model with 74.5% accuracy, 94.9% sensitivity, and 98.1% specificity

- **Adoption Barriers and Real-World Translation:**

- The meeting is also expected to underline that adoption will depend on explainability and workflow fit, as a 12-study review shows clinicians favor AI support, not autonomous decision-making

- **Response Assessment Modernization:**

- AI-supported imaging assessment is expected to challenge conventional RECIST practice, as digital and AI-based measurements reduce bias versus eyeballing across 36 tumors reviewed by 16 assessors



Noteworthy AI / ML presentations at ELCC 2026

Notable Presentations At ELCC 2026

AI / ML (1/7)



Date	Title	Author	Summary
26 March 2026	A retrospective cohort study comparing single-incision and multi-incision video-assisted thoroscopic surgery in early-stage non-small cell lung cancer: Long term follow-up with machine learning-based analysis using XGBoost with shapley additive explanations	Dohyung Kim	• Introduction: This study addresses whether SVATS compromises long-term oncologic efficacy versus MVATS in stage I NSCLC, a clinically relevant question as minimally invasive resection strategies expand. • Methodology: A single-center retrospective cohort (2013–2019) compared SVATS versus MVATS anatomical resections using Kaplan–Meier and Cox models; XGBoost with SHAP quantified 5-year survival predictors. • Results: Among 830 patients, OS and RFS were equivalent. Age, smoking, BMI, and tumor stage drove prognosis; surgical approach was non-influential. ML performance was moderate (OS AUC 0.749; RFS 0.744), reinforcing patient/tumor biology over technique. • Conclusions: SVATS appears oncologically non-inferior to MVATS for early-stage NSCLC.
26 March 2026	A clinically driven AI model for optimal treatment sequencing in non-small cell lung cancer (NSCLC): Moroccan cohort	Hassan Abdelilah Tafenzi	• Introduction: This study tackles a high-impact LMIC problem: unresectable NSCLC treatment selection where chemotherapy remains dominant and personalised sequencing is limited. Its relevance lies in applying AI to resource-constrained care pathways. • Methodology: Using 1,371 patients and 52 clinicopathologic, treatment, and toxicity variables, investigators built a deep neural network plus random forest model, internally validated by 10-fold cross-validation. • Results: The model showed stable training without overfitting, 74.5% accuracy, 94.9% sensitivity, 98.1% specificity, and 79.8% balanced accuracy, supporting regimen and sequence optimisation. • Conclusions: Promising for LMIC decision support, but external validation is essential.

Notable Presentations At ELCC 2026

AI / ML (2/7)



Date	Title	Author	Summary
26 March 2026	An AI clinical assistant for lung cancer: Performance evaluation in real-world practice	Zihao Chen	• Introduction: This study evaluates whether an in-house lung cancer LLM can streamline MDT workflows while maintaining specialist-level accuracy across core management tasks. • Methodology: In a retrospective analysis of 849 MDT cases (Feb–Dec 2025), the LLM was benchmarked against three senior oncologists for document review, structured extraction, treatment suggestions, risk prediction, trial matching, and follow-up assessment. • Results: AI was >13-fold faster (2.1 vs 28.5 min/case), with comparable extraction accuracy (96.7% vs 98.1%) and guideline compliance (94.5% vs 96.0%); trial screening was markedly accelerated. • Conclusions: The platform shows strong real-world utility as an efficient clinical decision-support adjunct.
26 March 2026	Risk prediction for non-small cell lung cancer using longitudinal EMR data: A machine learning model in a national Israeli cohort	Sarah Sharman Moser	• Introduction: This study addresses a major unmet need in earlier NSCLC detection by leveraging routine EMR data to identify high-risk individuals before clinical diagnosis, including populations missed by screening. • Methodology: In a large retrospective cohort (4,517 NSCLC; 200,000 controls), XGBoost integrated clinician-driven and data-derived features, with SHAP used for interpretability. • Results: Discrimination was strong (AUC 90.2%); sensitivity reached 72.2% at 10% FPR, remained consistent across key subgroups, and identified informative signals beyond smoking, including RDW, eGFR, cough, COPD, and healthcare-use trends. • Conclusions: This is a clinically meaningful, scalable prediagnostic risk model.

Notable Presentations At ELCC 2026

AI / ML (3/7)



Date	Title	Author	Summary
26 March 2026	Old biomarkers, new perspective: A machine learning reassessment of prognostic markers in squamous cell lung cancer	Fadil Umihanic	• Introduction: This study addresses whether ML adds prognostic value beyond conventional univariate biomarker analyses in squamous NSCLC, a subgroup often underrepresented in mixed-NSCLC datasets. • Methodology: In a single-center retrospective cohort of 143 SCC patients, routine clinical, treatment, and laboratory variables were modeled with logistic regression, random forest, and gradient boosting to predict 1-year mortality. • Results: Predictive performance was respectable (best AUC 0.77). Biomarkers gained prognostic significance only in multivariable ML contexts, alongside stage and chemotherapy, underscoring interaction effects. • Conclusions: ML improves biologically informed risk stratification from routine data, but modest sample size limits robustness.
26 March 2026	Explainable machine learning analysis reveals neutrophil dynamics as predictor of immunotherapy response in advanced NSCLC	Arsela Prelaj	• Introduction: This biomarker study addresses a major immunotherapy challenge in advanced NSCLC: early identification of responders versus resistant patients using minimally invasive immune monitoring. • Methodology: Training (APOLLO11, n=91) and external validation (APOLLO, n=67) cohorts were analysed using L2 logistic regression on baseline versus longitudinal FACS-derived neutrophil features, with SHAP for interpretability. • Results: Dynamic modeling outperformed baseline alone (AUC 0.630 vs 0.526; p=0.042); immature neutrophil enrichment predicted poor response, while maturation shifts on treatment correlated with benefit. • Conclusions: Longitudinal neutrophil phenotyping is a promising, low-cost predictive IO biomarker strategy.

Notable Presentations At ELCC 2026

AI / ML (4/7)



Date	Title	Author	Summary
26 March 2026	Machine learning-based prediction of nivolumab response using systemic inflammatory biomarkers in advanced NSCLC: A real-world study	Ugur Ozkerim	• Introduction: This study addresses a practical biomarker gap in immunotherapy by testing whether routine systemic inflammatory markers can predict nivolumab benefit in advanced NSCLC outside trial settings. • Methodology: A retrospective real-world cohort of 177 patients was analysed using five ML models trained on baseline blood inflammatory markers and derived indices, with SHAP-based interpretability. • Results: Performance was strongest with gradient boosting for discrimination (AUC 0.816) and SVM overall (accuracy 0.833; recall 1.00). CRP and LDH were dominant non-response predictors; lymphocytes weakly favored response. • Conclusions: Clinically accessible ML-driven inflammatory signatures show meaningful predictive utility.
26 March 2026	Development of machine learning models for lung cancer risk assessment using clinical and biomarker data	Cecilie Mondrup Jacobsen	• Introduction: This study evaluates whether ML can add diagnostic value to routine biomarker-plus-clinical assessment in patients with suspected lung cancer, where adjunctive triage tools are clinically attractive. • Methodology: In a five-centre Danish cohort (n=515), LightGBM, XGBoost, and logistic regression were trained on CEA, CA125, CYFRA21-1, age, sex, and smoking status, with cross-validation and SHAP interpretation. • Results: Discrimination was good but not superior for ML over logistic regression (AUC 0.787, 0.749, 0.784, respectively); biomarkers drove prediction, with smoking adding secondary signal. • Conclusions: These models are useful complementary diagnostic aids, but clear ML-specific advantage was not demonstrated.

Notable Presentations At ELCC 2026

AI / ML (5/7)



Date	Title	Author	Summary
26 March 2026	Self-supervised AI reveals novel determinants of lethality in lung adenocarcinoma	John Le Quesne	• Introduction: This study addresses a major limitation in LUAD pathology: prognosis based mainly on epithelial patterning, with underuse of stromal and spatial immune context despite rich image data. • Methodology: In 1,007 LATTICE-A cases, self-supervised learning on >4,000 H&E WSIs and multiplex IF TMAs derived unsupervised histomorphologic and spatial proteomic clusters, integrated with transcriptomics and validated in TCGA-LUAD. • Results: SSL outperformed IASLC grade (C-index 0.64 vs 0.59), identifying stromally conditioned lethality, immune-cold budding phenotypes, Ki67-linked immune evasion, and apical GLB1 as a low-grade EGFR-mutant marker. • Conclusions: This is a highly innovative, biomarker-discovery pathology framework.
27 March 2026	Explainable machine learning reveals clinical and ctDNA drivers of systemic and intracranial outcomes with first-line brigatinib in ALK-positive NSCLC	Miquel Ferriol-Galmés	• Introduction: This analysis addresses a key precision-oncology need in ALK-positive NSCLC: identifying, before treatment, which patients receiving first-line brigatinib are likely to have suboptimal systemic or intracranial benefit. • Methodology: In 124 ALTA-1L patients with baseline ctDNA, deep neural networks integrated clinical, laboratory, and genomic features to predict categorized PFS and IC-PFS, with SHAP for interpretability. • Results: Performance was strong (F1: 75% PFS; 79% IC-PFS). ALK fusion variant was the dominant systemic predictor; CNS involvement dominated IC-PFS, with inflammation, hypoalbuminemia, and ctDNA complexity adding prognostic value. • Conclusions: This is a clinically relevant, explainable risk-stratification approach.

Notable Presentations At ELCC 2026

AI / ML (6/7)



Date	Title	Author	Summary
27 March 2026	Multimodal AI models integrating clinical and CT imaging data to predict survival outcomes in immunotherapy-treated NSCLC: Results from the multicentric APOLLO11 study	Rebecca Romanò	• Introduction: APOLLO11 addresses a major unmet need in IO-treated advanced NSCLC: more accurate survival stratification than conventional markers such as PD-L1, ECOG, and NLR can provide. • Methodology: This multicentre study developed explainable unimodal and bimodal AI models from real-world clinical data (n=1,486) and CT scans (n=1,012), integrating radiomics/foundation-model imaging features with clinical variables. • Results: Bimodal models performed best (AUC 0.80 for OS<6 months; 0.85 for OS≥24 months), consistently outperforming PD-L1, NLR, and ECOG; explainability showed complementary clinical-imaging signal. • Conclusions: This is a clinically scalable, low-burden prognostic AI strategy for IO-treated NSCLC.
27 March 2026	Reproducibility of tumor measurements: A comparative assessment of human reviewers and artificial intelligence	Iliaa Smesseim	• Introduction: This study revisits a surprisingly fragile foundation of RECIST 1.1 by testing how modern CT-based measurement methods influence response classification in thoracic and hepatic tumors. • Methodology: Sixteen reviewers measured 36 tumors using eyeballing and digital uni-/bidimensional techniques, benchmarked against manual volumetric segmentations; AI-based measurements were also compared with reference standards. • Results: Eyeballing showed the greatest bias and false progression; digital ruler methods markedly improved reproducibility, while bidimensional assessment was most precise. AI showed low deviation from reference for diameter and volume. • Conclusions: The data strongly support replacing subjective estimation with digital and AI-enabled measurement strategies.

Notable Presentations At ELCC 2026

AI / ML (7/7)



Date	Title	Author	Summary
27 March 2026	Physicians' experiences of artificial intelligence in lung cancer care: A review of the literature	Ahti Vehmanen	• Introduction: This preparatory review addresses a critical translational gap in thoracic oncology AI: physician experience, trust, and usability, which directly influence safe regulatory implementation. • Methodology: A Scopus-based qualitative synthesis screened 150 records and included 12 studies examining clinicians' experiences with AI in lung cancer care across decision support, diagnostic impact, XAI, and general attitudes. • Results: Physicians were cautiously positive about efficiency gains, but trust remained fragile, highly case-dependent, and limited by poor explainability, training gaps, workflow misalignment, and IT/cost barriers. AI was mainly accepted as support, not autonomy. • Conclusions: Human factors, not algorithmic promise alone, will determine meaningful clinical adoption.



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