

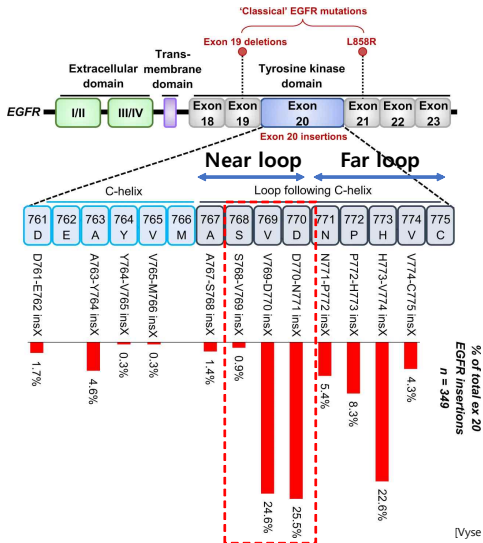
Expanding Targeted Therapy Landscape of Advanced Non-Small Cell Lung Cancer with Rare Mutations

EGFR Ex20ins, NRG1 fusion

정재현
양산부산대학교병원
April 17, 2026

EGFR Tyrosine Kinase Inhibitors

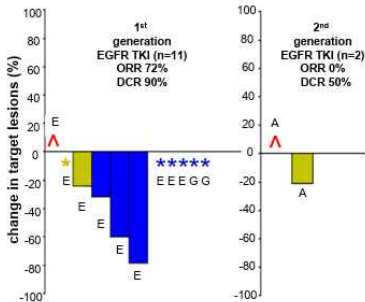
Drug	Inhibit	Spare
Gefitinib, Erlotinib, Icotinib	EGFR, common EGFR mutations	EGFR T790M
Afatinib, Dacomitinib	EGFR, common EGFR mutations, G719X, T768I, L861Q	EGFR T790M
Osimertinib, Lazertinib, Aumolertinib	Common EGFRmut, EGFR T790M	wtEGFR, EGFR C797S, EGFR exon20 ins
Mobocertinib, Sunvozertinib	wtEGFR, EGFR exon20 ins	EGFR C797S



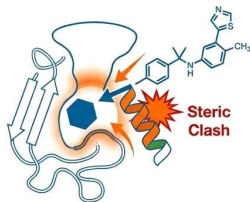
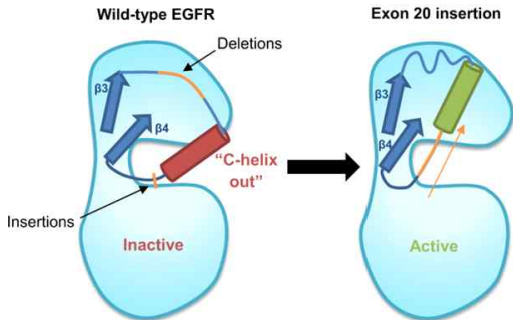
EGFR-A763_Y764insFQEA Is a Unique Exon 20 Insertion Mutation That Displays Sensitivity to Approved and In-Development Lung Cancer EGFR Tyrosine Kinase Inhibitors



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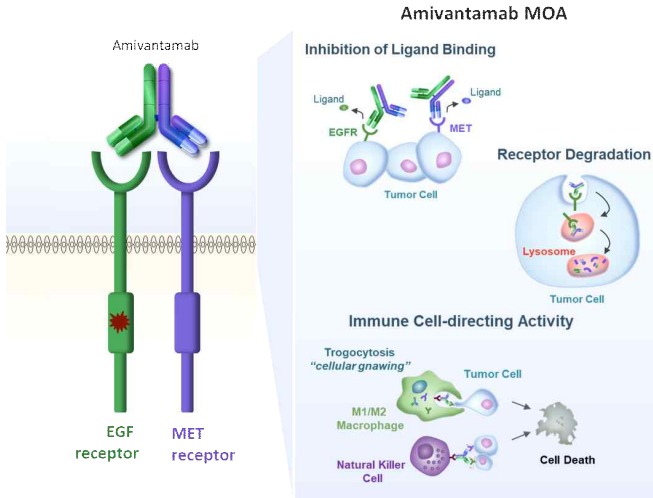


Limited Activity of Current Therapy due to Structural Lock with EGFR Ex20ins



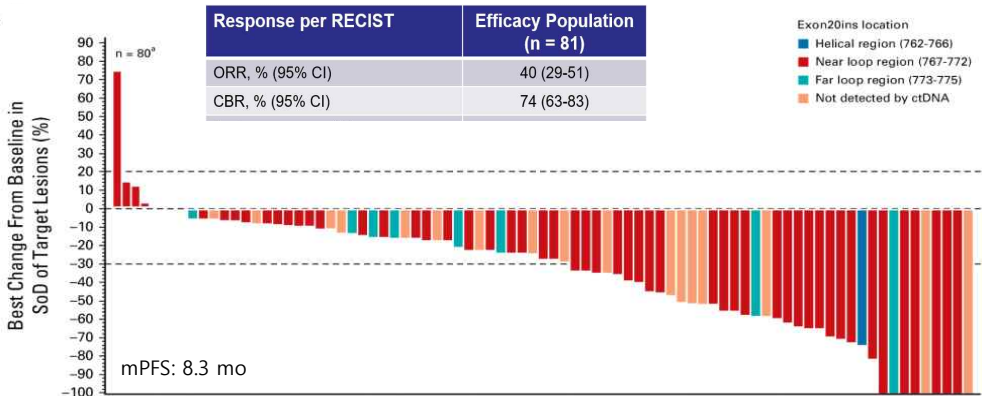
Chemotherapy	ORR	mPFS
Platinum-based doublet ¹	19.2%	6.4mo
Osimertinib^{2,3}	0-25%	3.5-9.7mo
Afatinib⁴	8.7%	2.7mo
Immunotherapy ⁵	3.1%	8.1mo

Overcoming the Steric Clash: Amivantamab MOA

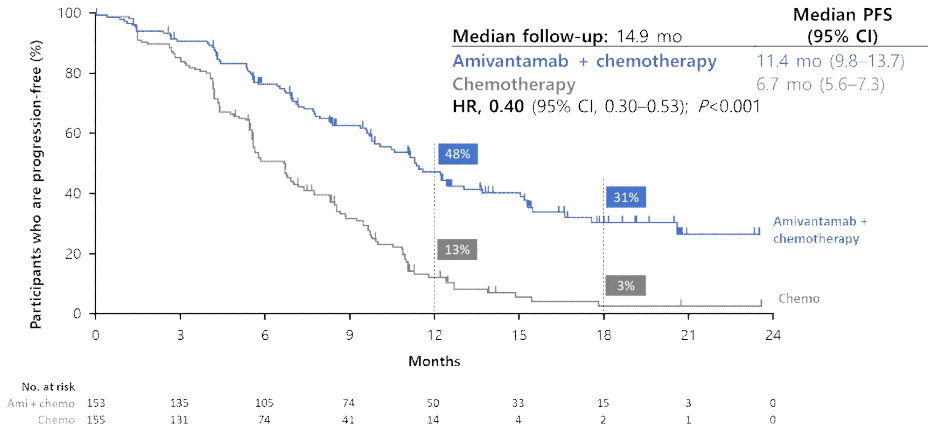


CHRYSALIS: Post-platinum ORR by EGFR Exon 20 insertion

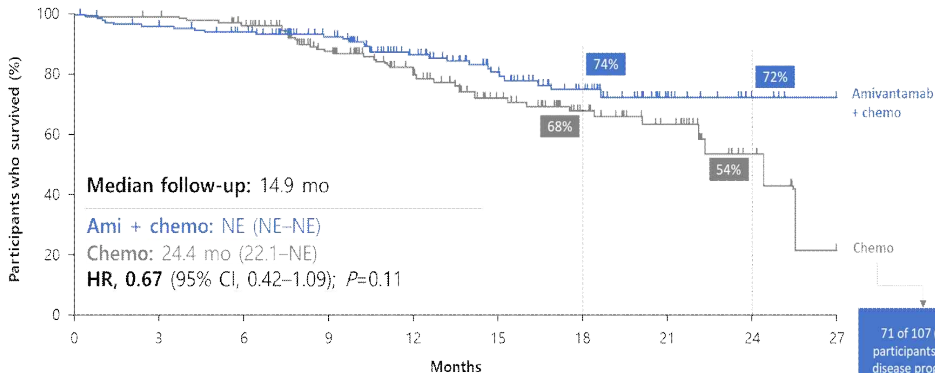
- 2L Amivantamab monotherapy in *EGFR* Ex20ins NSCLC



- 1L Amivantamab + Chemotherapy in *EGFR* Ex20ins NSCLC



- 1L Amivantamab + Chemotherapy in *EGFR* Ex20ins NSCLC



No. at risk	
Amivantamab+ chemo	153
Chemo	155

144	133	115	88	60	38	15	5	0
153	144	110	85	57	37	24	6	0

71 of 107 (66%) participants whose disease progressed crossed over to ami*

PAPILLON 교차 투여 조정 생존기간 및 아시아 환자 하위 분석

교차투여율 보정 후 OS (Crossover-Adjusted OS)

IPCW: HR 0.52
(p=0.031)

TSE: HR 0.55
(p=0.032)

RPSFT: HR 0.60
(p<0.0001)

임상 지표	Asia Subgroup
ORR (객관적 반응률)	70% vs Chemo 51%
mDoR (반응 지속기간)	10.1 mo vs Chemo 5.5 mo
mPFS (무진행 생존기간)	11.5 mo vs Chemo 5.6 mo
OS HR (crude)	0.65
Crossover Rate	~65% (Consistent with Global)

PAPILLON: Safety Profile

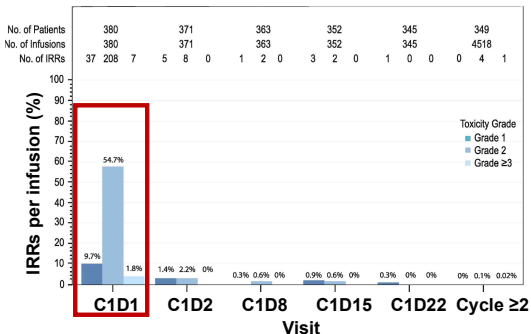
Most common AEs of a ny cause by preferred t erm (≥20%), n (%)	Amivantamab-Chemotherapy (n=151)		Chemotherapy (n=155)	
	All grades	Grade ≥3	All grades	Grade ≥3
Associated with EGFR inhibition				
Paronychia	85 (56)	10 (7)	0	0
Rash	81 (54)	17 (11)	12 (8)	0
Dermatitis acneiform	47 (31)	6 (4)	5 (3)	0
Stomatitis	38 (25)	2 (1)	9 (6)	0
Diarrhea	31 (21)	5 (3)	20 (13)	2 (1)
Associated with MET inhibition				
Hypoalbuminemia	62 (41)	6 (4)	15 (10)	0
Peripheral edema	45 (30)	2 (1)	16 (10)	0
Other				
Neutropenia	89 (59)	50 (33)	70 (45)	35 (23)
Anemia	76 (50)	16 (11)	85 (55)	19 (12)
IRR	63 (42)	2 (1)	2 (1)	0
Constipation	60 (40)	0	47 (30)	1 (1)
Leukopenia	57 (38)	17 (11)	50 (32)	5 (3)
Nausea	55 (36)	1 (1)	65 (42)	0
Thrombocytopenia	55 (36)	15 (10)	46 (30)	16 (10)
Decreased appetite	54 (36)	4 (3)	43 (28)	2 (1)
ALT increased	50 (33)	6 (4)	56 (36)	2 (1)
AST increased	47 (31)	1 (1)	51 (33)	1 (1)
COVID-19	36 (24)	3 (2)	21 (14)	1 (1)
Hypokalemia	32 (21)	13 (9)	13 (8)	2 (1)
Vomiting	32 (21)	5 (3)	29 (19)	1 (1)

Event, n (%)	Amivantamab-Chemotherapy (n=151)	Chemotherapy (n=155)
Any AE	151 (100)	152 (98)
Grade ≥3 AE	114 (75)	
Serious AEs	56 (37)	48 (31)
Grade ≥3 AEs leading to death	7 (5)	4 (3)
Any AE leading to treatment:		
Interruptions of any agent	104 (69)	56 (36)
Reductions of any agent	73 (48)	35 (23)
Discontinuation of any agent	36 (24)	16 (10)

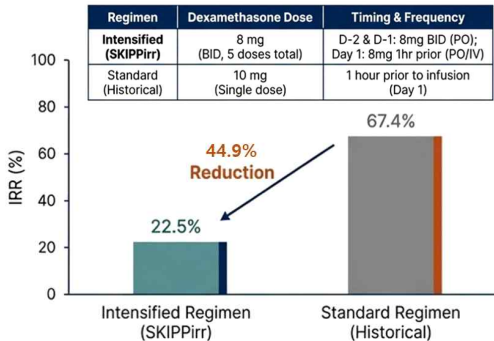
- EGFR- and MET-related AEs were increased with amivantamab-chemotherapy, primarily grade 1–2
- Chemotherapy-associated hematologic and GI AEs were comparable except for neutropenia
- Neutropenia was transient; a majority of events were not serious, with low rates of discontinuations
- Pneumonitis was reported in 4 (3%) participants in the amivantamab-chemotherapy arm

Management of Infusion-related Reaction (IRR)

IRR per amivantamab infusion



IRR incidence on Cycle 1 Day 1



PRINCIPLES OF BIOMARKER-DIRECTED THERAPY FOR ADVANCED OR METASTATIC DISEASE

Order does not imply preference.

EGFR S760L, L858R, and/or G719X

Mutations (Continued)

• Subsequent therapy

• Docetaxel¹• Erlotinib²• Gefitinib³• Osimertinib⁴

• Carboplatin/Pemetrexed

(non-squamous)⁵• Erlotinib + Ramucicamab⁶

• Erlotinib + Docetaxel

(non-squamous)⁷• Lapatinib + Amivantamab-vmjw⁸• Lapatinib⁹

• Subsequent therapy

• Osimertinib¹⁰

• Carboplatin/Pemetrexed

(non-squamous)¹¹

• Amivantamab-vmjw

(non-squamous)¹²

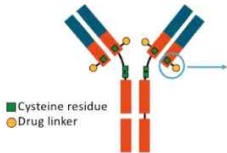
• Datopotamab deruxtecan-dink

(non-squamous)¹³• Osimertinib¹⁴• Lapatinib + Amivantamab-vmjw¹⁵• Osimertinib¹⁶• Erlotinib¹⁷• Gefitinib¹⁸• Osimertinib¹⁹• Docetaxel²⁰• Erlotinib²¹• Osimertinib²²• Erlotinib²³• Gefitinib²⁴• Osimertinib²⁵• Erlotinib²⁶• Gefitinib²⁷• Osimertinib²⁸• Erlotinib²⁹• Gefitinib³⁰• Osimertinib³¹• Erlotinib³²• Gefitinib³³• Osimertinib³⁴• Erlotinib³⁵• Gefitinib³⁶• Osimertinib³⁷• Erlotinib³⁸• Gefitinib³⁹• Osimertinib⁴⁰• Erlotinib⁴¹• Gefitinib⁴²• Osimertinib⁴³• Erlotinib⁴⁴• Gefitinib⁴⁵• Osimertinib⁴⁶• Erlotinib⁴⁷• Gefitinib⁴⁸• Osimertinib⁴⁹• Erlotinib⁵⁰• Gefitinib⁵¹• Osimertinib⁵²• Erlotinib⁵³• Gefitinib⁵⁴• Osimertinib⁵⁵• Erlotinib⁵⁶• Gefitinib⁵⁷• Osimertinib⁵⁸• Erlotinib⁵⁹• Gefitinib⁶⁰• Osimertinib⁶¹• Erlotinib⁶²• Gefitinib⁶³• Osimertinib⁶⁴• Erlotinib⁶⁵• Gefitinib⁶⁶• Osimertinib⁶⁷**EGFR Exon 20 Insertion Mutation**

- First-line therapy
 - ▶ Carboplatin/Pemetrexed + Amivantamab-vmjw (non-squamous)¹⁸
- Subsequent therapy
 - ▶ Amivantamab-vmjw¹⁹
 - ▶ Sunvozertinib²⁰
 - ▶ Datopotamab deruxtecan-dink (non-squamous)¹³

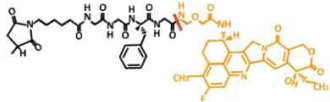
• Crocotinib⁶⁸• Tepotinib⁶⁹

Datopotamab (anti-TROP2 antibody)

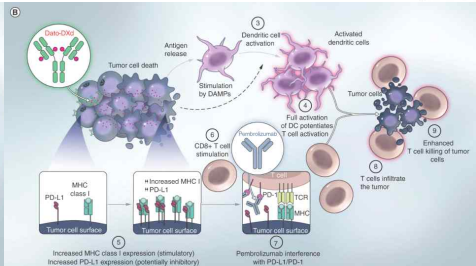
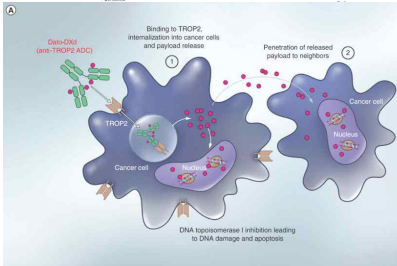


Conjugation chemistry
Linked to cysteine residues of the antibody

Tetrapeptide-based cleavable linker

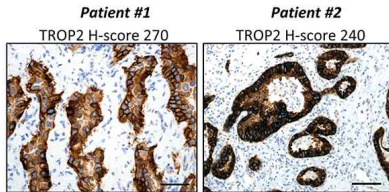
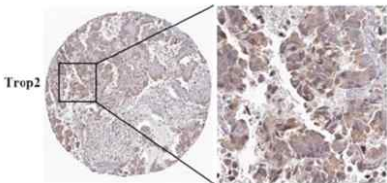
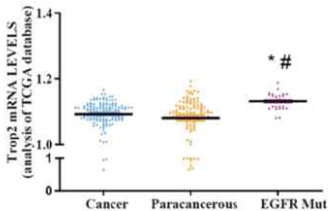


Topoisomerase I inhibitor payload (DXd)
Exatecan derivative
Drug:antibody ratio of 4:1
Bystander effect



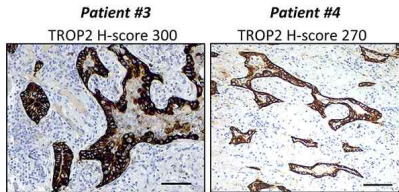
Datopotamab Deruxtecan as 2L option

TROP2 protein is enriched in EGFR-mutated NSCLC and DTPs induced by EGFR TKIs



Post-neoadjuvant osimertinib

Post-osimertinib

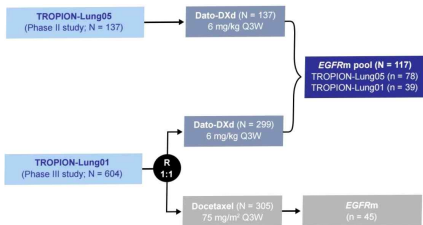


Post-osimertinib

Post-osimertinib + chemotherapy

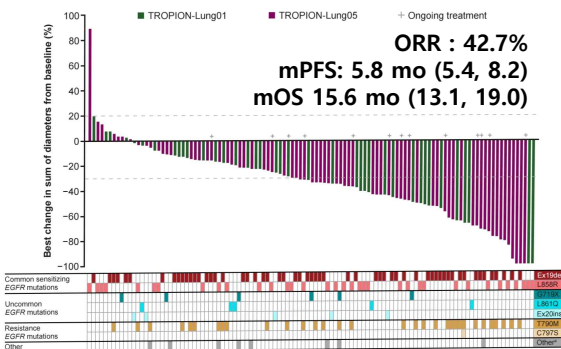
A Pooled Analysis of TROPION-Lung05 and -Lung01

- 2L Datopotamab Deruxtecan in *EGFR* Ex20ins NSCLC



AEs	All grades	Grade 3
Stomatitis	69%	9%
Keratitis	32%	3%
Adjudicated ILD, pneumonitis	4%	1%

FDA Approval: June.
2025 (accelerated)



Overcoming the Steric Clash: Small molecule inhibitors

The Goldilocks Standard (Sunvozertinib)



- **Profile:** Highly engineered spatial geometry.
- **Outcome:** Achieves the optimal structural fit specifically tailored for the narrowed dimensions of the exon 20 pocket.

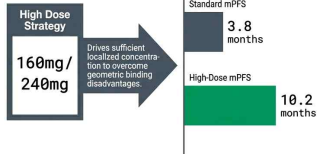
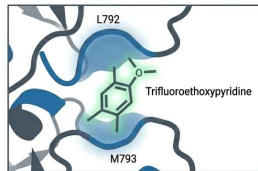
The Skeleton Key (Zipalertinib)

396 Da



- **Profile:** Lean, flexible molecular architecture.
- **Outcome:** Overcomes steric clash; achieves a balanced fit with high WT-sparing tolerability.

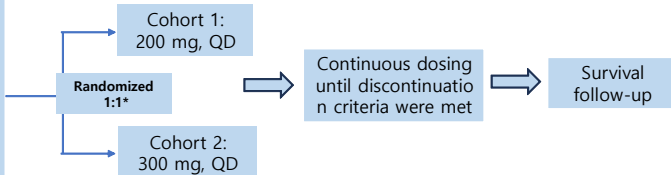
Anchoring & PK Escalation (Furmonertinib)



2L Subsequent therapy : Sunvozertinib

- Oral, irreversible, selective EGFR TKI, Post-platinum doublet (200mg vs 300mg)
- WU-KONG1 Part B (WU-KONG1B, NCT03974022) is a multinational phase 2 dose randomized pivotal study of sunvozertinib in platinum pretreated NSCLC with EGFR exon20ins.

- Locally advanced or meta static NSCLC
- Confirmed EGFR exon 20 ins in tumor tissues by local or sponsor designated laboratory testing
- ECOG PS of 0 or 1
- Prior treated with platinum-based chemotherapy



Primary Endpoint: **ORR** assessed by BICR
Key Secondary Endpoint: **DoR** by BICR

*Randomization stratified by 1) baseline brain metastasis; 2) number of prior treatment regimens.

#According to RECIST 1.1. Tumor assessment every 6 weeks from C1D1 until progression.

ORR: objective response rate; DoR: duration of response; BICR: Blinded Independent Central Review; QD: once daily.

- 2L Sunvozertinib in EGFR Ex20ins NSCLC

Tumor Response Per BICR		200 mg (N = 85)	300 mg (N = 89)
Confirmed ORR (% , 97.5% CI)		45.9 (33.6, 58.5)	47.2 (35.1, 59.5)
Disease Control Rate (% , 97.5% CI)		89.4 (79.6, 95.6)	92.1 (83.3, 97.2)
Best Overall Response (n, %)			
Complete Response		5 (5.9)	3 (3.4)
Partial Response		34 (40.0)	39 (43.8)
Stable Disease		37 (43.5)	40 (44.9)
Progressive Disease		6 (7.1)	5 (5.6)
Not Evaluable		3 (3.5)	2 (2.2)
Median DoR (months, 95% CI)		11.1 (8.2, NE)	13.8 (8.3, NE)
Median PFS (months, 95% CI)		8.4 (6.8, 13.9)	7.7 (6.0, 9.8)
Subgroup Analysis of Confirmed ORR (%)			
Prior Amivantamab Treatment	With	25.0	41.7
	Without	49.3	48.1
Baseline Brain Metastasis	With	28.6	52.4
	Without	51.6	45.6

Data cut-off date: December 2, 2024. BICR: Blinded Independent Central Review; ORR: Objective Response Rate; DoR: duration of response; PFS: Progression Free Survival, CI: Confidence Interval; NE: Not Estimable.

Safety Profile of Sunvozertinib

- 2L Sunvozertinib in EGFR Ex20ins NSCLC

Common ($\geq 2\%$) \geq CTCAE grade 3 TRAE, n (%)	200 mg (N = 91)	300 mg (N = 93)
Diarrhea	2 (2.2)	14 (15.1)
Blood creatine phosphokinase increased	6 (6.6)	12 (12.9)
Anemia	4 (4.4)	6 (6.5)
Rash	4 (4.4)	5 (5.4)
Lymphocyte count decreased	4 (4.4)	3 (3.2)
Lipase increased	2 (2.2)	4 (4.3)
Amylase increased	3 (3.3)	2 (2.2)
Neutrophil count decreased	2 (2.2)	3 (3.2)
Decreased appetite	0 (0.0)	3 (3.2)
Hypokalemia	1 (1.1)	3 (3.2)
Nausea	2 (2.2)	0 (0.0)
Pneumonia	2 (2.2)	2 (2.2)
Weight decreased	3 (3.3)	0 (0.0)
Aspartate aminotransferase increased	1 (1.1)	2 (2.2)
Interstitial lung disease	0 (0.0)	2 (2.2)

FDA Approval: July, 2025
(accelerated)

Dizal Announces Positive Topline Phase 3 Results from WU-KONG28 Study: Evaluating Oral, Once-Daily ZEGFROVY® (Sunvozertinib) vs. Platinum-Containing Chemo Doublet in First-Line Non-Small Cell Lung Cancer (NSCLC) with EGFR Exon 20 Insertion Mutation (exon20ins)

March 23, 2026 | 6 min read



JOIN US



CIVICA®

- Oral, irreversible, selective EGFR TKI, Post-platinum doublet
- REZILENT1: phase 1/2, open-label, single-arm, multicenter trial (NCT04036682)

Key eligibility criteria

- Age ≥ 18 years
- Locally advanced or metastatic NSCLC
- Documented EGFR exon 20 insertion
- ECOG PS 0 or 1
- Stable/asymptomatic CNS metastases allowed

Zipalertinib
100 mg PO BID

Prior platinum-based chemotherapy without prior ex20ins-targeted therapy

Prior platinum-based chemotherapy with prior amivantamab \pm other ex20ins-targeted therapy

Primary endpoint:

- ORR and DOR as assessed by blinded ICR per RECIST v1.1

Secondary endpoints:

- ORR and DOR by investigator
- DCR
- CBR
- PFS by ICR and investigator
- OS
- Antitumor activity in patients with CNS disease
- Safety

- Safety analysis population: all patients who received ≥ 1 dose of zipalertinib 100 mg BID (N=244)
- Primary efficacy population: all patients who received ≥ 1 dose of zipalertinib 100 mg BID with ~ 8 months of minimum follow-up before data cutoff (December 10, 2024) (N=176)
- Patients were assigned to a cohort based on previous therapy (ie, platinum-based chemotherapy only or amivantamab)

- 2L Zipalertinib in EGFR Ex20ins NSCLC

Outcome	Primary efficacy population (N=176)	Platinum-based chemotherapy without ex20ins-targeted therapy (n=125)	Prior amivantamab ± other ex20ins-targeted therapy (n=51) ^a
BOR, No. (%) ^b			
CR	1 (1)	0	1 (2)
PR	61 (35)	50 (40)	11 (22)
Unconfirmed PR ^c	7 (4)	6 (5)	1 (2)
SD	88 (50)	55 (44)	33 (65)
PD	11 (6)	8 (6)	3 (6)
Not evaluable ^d	8 (5)	6 (5)	0
Confirmed ORR, No. (%) [95% CI] ^e	62 (35) [28–43]	50 (40) [31–49]	12 (24) [13–38]
DCR, No. (%) [95% CI] ^f	157 (89) [84–93]	111 (89) [82–94]	46 (90) [79–97]
CBR, No. (%) [95% CI] ^g	113 (64) [57–71]	85 (68) [59–76]	28 (55) [40–69]
Median time to response, days (range)	44 (31–295)	44 (39–232)	44 (39–232)
Median DOR, months (95% CI)	8.8 (8.3–12.7)	8.8 (8.3–12.7)	8.5 (4.2–14.8)

Patients were evaluable for response if they had received at least one dose of zipalertinib and had at least one post-dose tumor assessment or had discontinued prior to the first efficacy assessment due to clinical disease progression or toxicity. ^aIncluding 30 patients who received prior amivantamab without and 21 patients with other ex20ins-targeted therapy. ^bResponse confirmed ≥4 weeks after response first noted. ^cPatients had PR but confirmatory scan had not yet been performed. ^dNo post-baseline imaging. ^eProportion of patients with confirmed CR or PR. ^fProportion of patients with CR, PR, or SD. ^gProportion of patients with CR, PR, or with SD lasting ≥24 weeks. BOR, best overall response; CBR, clinical benefit rate; CI, confidence interval; CR, complete response; DCR, disease control rate; DOR, duration of response; ex20ins, exon 20 insertions; ICR, independent central review; ORR, objective response rate; PD, progressive disease; PR, partial response; SD, stable disease.

REZILIENT 1 : Treatment-related AEs of Zipalertinib

- 2L Zipalertinib in EGFR Ex20ins NSCLC

Any-grade TRAEs reported in ≥10 % of patients, No. (%)	Any grade	Grade 3
Paronychia	94 (38.5)	0
Rash	74 (30.3)	6 (2.5)
Dermatitis acneiform	60 (24.6)	1 (0.4)
Dry skin	60 (24.6)	0
Diarrhea	53 (21.7)	5 (2.0)
Stomatitis	49 (20.1)	4 (1.6)
Anemia	48 (19.7)	17 (7.0)
Pruritus	44 (18.0)	1 (0.4)
Nausea	35 (14.3)	2 (0.8)
Rash maculopapular	34 (13.9)	3 (1.2)
Fatigue	29 (11.9)	0

- Anemia was the most common grade 3 TRAE
- Other grade ≥3 TRAEs reported in ≥5 patients included pneumonitis and rash (6 patients [2.5%] each), and alanine aminotransferase increased, diarrhea, and platelet count decreased (5 patients [2.0%] each)
- Twelve patients (**4.9%**) had treatment-related pneumonitis, 5 of whom had received **prior immunotherapy**
 - Grade 1, n=3; grade 2, n=3; grade 3, n=5; grade 5, n=1

REZILIENT-3

**Zipalertinib +
Chemo**

1st-line combination

[NCT05973773](#) vs platinum-pemetrexed, N= ~312, Global, Recruiting done

REZILIENT-4

**Zipalertinib + adj
chemo**

Adjuvant setting

[NCT07128199](#) vs placebo + adjuvant chemo , N=360, Global, Recruiting done



FAVOUR Study Design in NSCLC EGFR Exon 20 Insertion

Key Inclusion Criteria:

- Age \geq 18 years
- Locally advanced or metastatic NSCLC
- Presence of EGFR Exon 20 insertion mutation
- ECOG PS 0-1
- \geq 1 measurable lesions
- Asymptomatic stable CNS metastases are allowed

N=90

Treatment naïve

Firmonertinib 240mg/day

n=30

Previously treated

Firmonertinib 240mg/day

n=30

Previously treated

Firmonertinib 160mg/day

n=30

Follow up
every 6 weeks

Randomized 1:1

Treatment until:

- Disease progression
- Intolerable toxicity
- Death

Follow up :

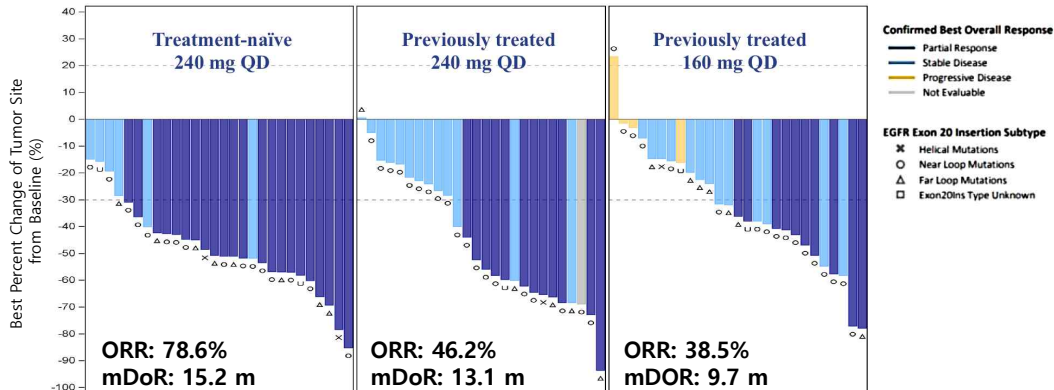
- Until Disease progression:
every 6 weeks (\pm 3d)
- After Disease progression or
Initiation of new therapy:
every 12 weeks (\pm 7d)

Endpoints

- **Primary:** ORR by IRC assessment; **Secondary:** DCR, DoR, PFS, OS, Depth of response, safety, quality of life

Favour: Anti-tumor efficacy of Firmonertinib

- 1L/2L Firmonertinib in EGFR Ex20ins NSCLC



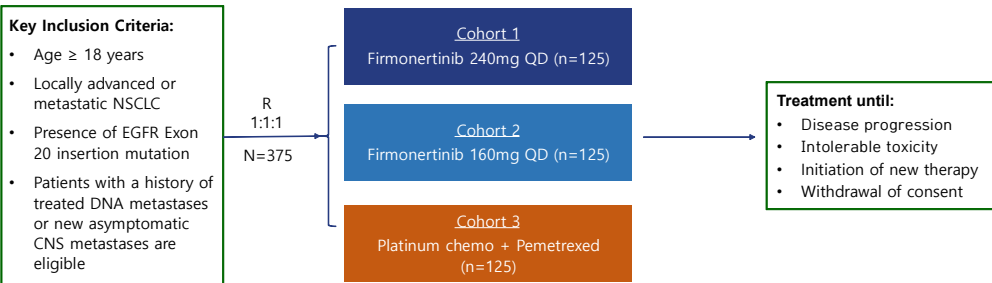
Favour: Safety Profile of Firmonertinib

- 2L Firmonertinib in EGFR Ex20ins NSCLC

Preferred Term, Number of Patient(s) (%)	Treatment-naive 240 mg (N = 30)	
	Total	Grade \geq 3
Diarrhea	22 (73%)	0
Anemia	13 (43%)	0
Aspartate aminotransferase increased	8 (27%)	0
Alanine aminotransferase increased	7 (23%)	0
Blood creatinine increased	6 (20%)	0
Mouth ulceration	9 (30%)	1 (3%)
Rash	7 (23%)	0
Electrocardiogram QT prolonged	8 (27%)	1 (3%)
White blood cell count decreased	6 (20%)	1 (3%)
Decreased appetite	3 (10%)	0
Weight decreased	3 (10%)	0
Skin fissures	6 (20%)	0
Paronychia	6 (20%)	0

FURVENT: Firmonertinib vs. Chemo Doublet in 1st line NSCLC with EGFR Exon20ins

- [NCT05607550](#) vs platinum-pemetrexed. Global, Recruiting done (N=398), Est. completion: Early 2026



Primary Endpoint

PFS

Secondary Endpoint

OS, ORR, DOR, DCR, CNS-PFS, CNS-ORR, Safety, PK, QoL

Expanding Targeted Therapy Landscape of EGFR ex20

insertion

Drugs	1 st /2 nd Line Trial	Available Data	Notes
Amivantamab + Chemo	PAPILLON (randomized with chemo)	ORR 73% mPFS 11.4 mo	US approval – March 2024
Datopotamab deruxtecan	TROPION-Lung05 and -Lung01	ORR : 42.7% mPFS: 5.8 mo	US accelerated approval for 2 nd line use – June 2025
Sunvozertinib	WU-Kong28 (randomized vs chemo)	Fully enrolled, DBL expected March 2026	Global NDA submission expected April 2026
	WU-Kong15 (China)	ORR 73% , mPFS 10.1 mo	US accelerated approval for 2 nd line use – July 2025
Zipalertinib	REZILIENT-3 (randomized with chemo)	Enrollment to complete early 2026	NDA submission as 2 nd line– Q1 2026
Firmonertinib	FURVENT (randomized vs chemo)	Fully enrolled in Q1 2025 Topline in mid-2026?	
	Favour (China)	ORR 79% mPFS ~8.3 mo	

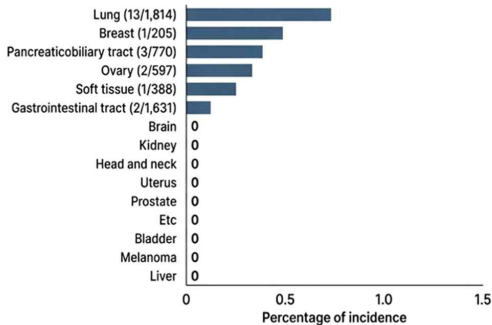
NRG1 fusions

Prevalence

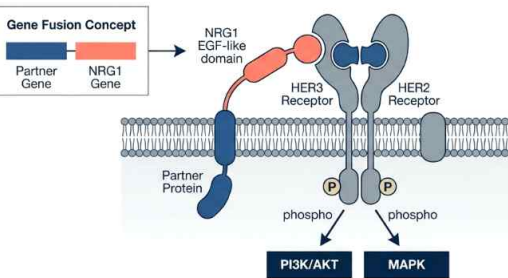
- Incidence: **0.3%** in all NSCLC
- More common among **females**
- 30% of **Invasive Mucinous Adenocarcinoma**
- Predominant in **never-smokers**
- Mutually exclusive with other oncogenes

다양한 고형암에서 발견되는 매우 희귀한 종양 유발 인자

전체 발생 빈도: **0.27% (22/8,148명)**



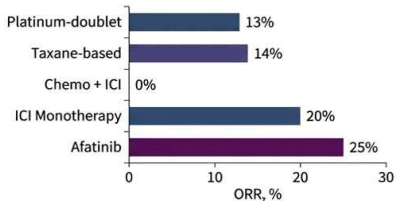
NRG1 fusions : 작용기전 및 기존 치료 옵션의 한계



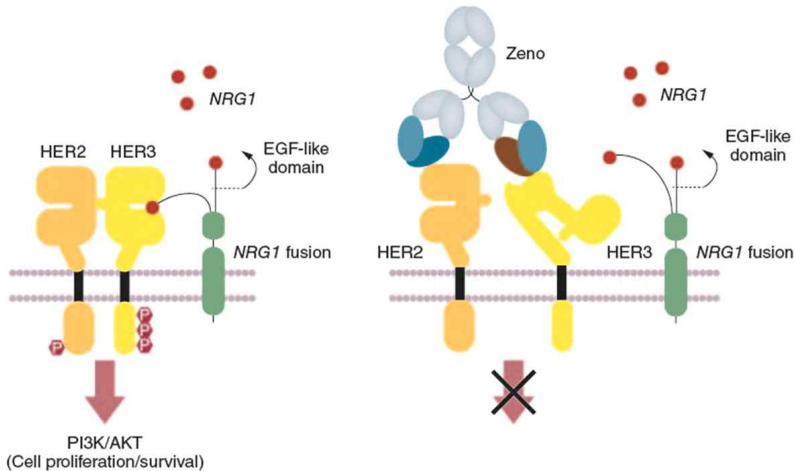
Activity of systemic therapy in NRG1+ NSCLC⁴

Data from a retrospective global registry study (N=110)	ORR, %	Median PFS, months (95% CI)
Platinum-doublet-based chemotherapy (n=15)	13	5.8 (2.2-9.8)
Taxane-based chemotherapy (n=7)	14	4.0 (0.8-5.3)
Combination chemotherapy and immunotherapy (n=9)	0	3.3 (1.4-6.3)
Single-agent immunotherapy (n=5)	20	3.6 (0.9-undefined)
Targeted therapy with afatinib (n=20)	25	2.8 (1.9-4.3)

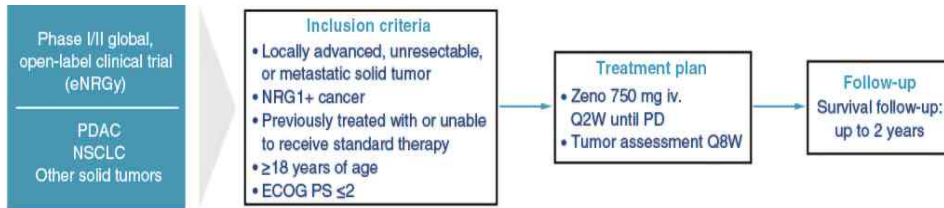
ORR, % in NRG1+ NSCLC



MOA of ZENOCUTUZUMAB, HER2/HER3 IgG1 bispecific antibody



eNRGy trial



End points and population

Primary end point

ORR using RECIST v1.1 per investigator assessment

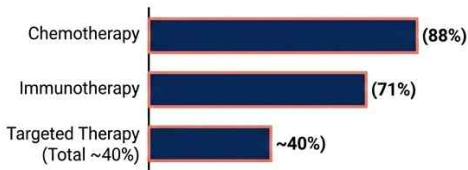
Secondary end points

Duration of response, ORR per central review, safety, pharmacokinetics, antidrug antibodies

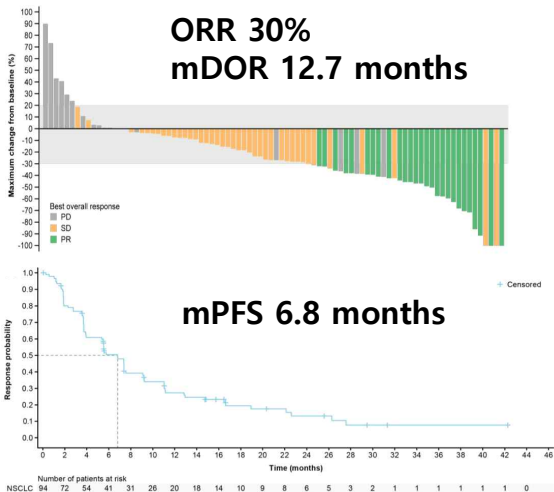
Primary analysis population

≥1 dose of Zeno, opportunity for ≥6 months of follow-up at cutoff, and met criteria for primary efficacy population

Heavily Pre-treated Patient Profile

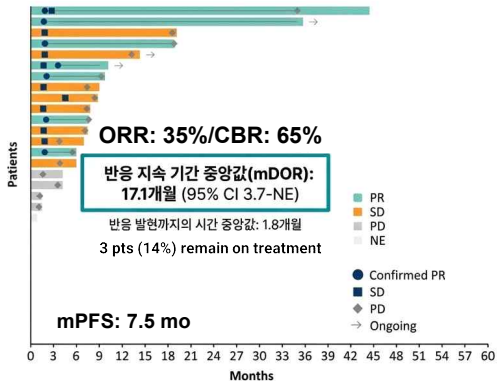


Adverse Event	Any Grade (%)	Grade 3+ (%)
Diarrhea	18	1
Fatigue	12	0
Nausea	11	1
Anemia	4	1
ALT elevation	3	1
Infusion Reaction	14	0

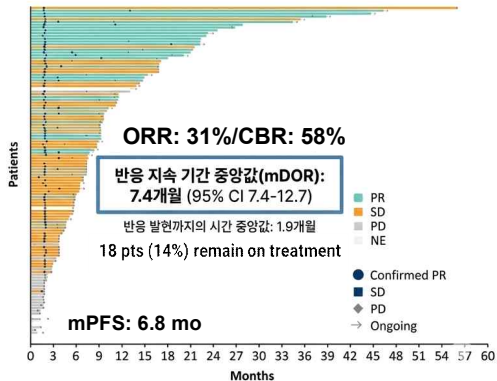


Post-hoc analysis: Zenocutuzumab as a Potential 1L Strategy?

Treatment naïve (n=20)



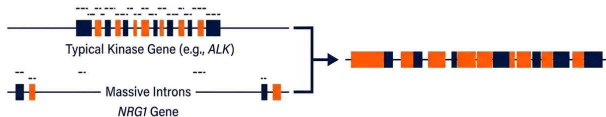
Previously treated (n=121)



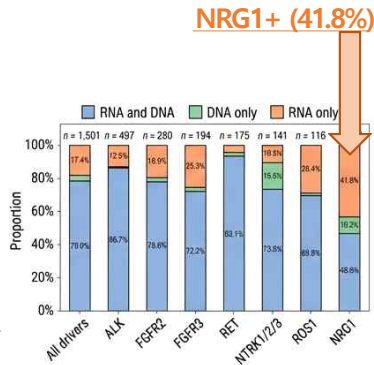
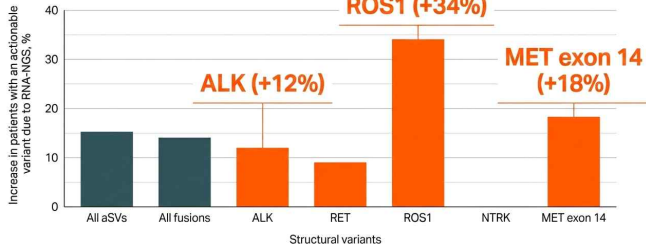
Does DNA-only NGS miss actionable fusions or splicing?

Genomic DNA (Introns Retained)

Whole Transcriptome (Spliced mRNA)



DNA probes frequently fail to capture breakpoints hidden within massive introns.



DNA only testing misses almost half of *NRG1*+ patients

Conclusion

EGFR ex20 ins

Amivantamab+ Chemo의 1차 치료제 효능

- **Amivantamab 병용요법:** 1L 치료 보정 OS HR 0.52~60 ($P < 0.05$)로 임상적 이득 및 아시아에서도 효능
- **SKIPPirr 예방요법:** 주요 부작용인 주입관련반응 (IRR) 감소 (67.4% → 22.5%)

NRG1 fusion

Zenocutuzumab:
bispecific antibody
targeting HER2/HER3 FDA
가속 승인 ('24.12)

Dato-Dxd 의 2차 치료제로 가능성

- **TROP2 표적 Dato-DXd:** EGFR 돌연변이의 TROP2 과발현 특성을 표적으로 한 후속 치료 대안

조기 및 장기적 임상 효과

- 치료 라인 무관 일관된 반응률 (ORR 30~35%) 및 치료 경험 없는 환자에서 **최대 17.1month**의 긴 mDOR 달성

차세대 경구용 TKI의 임상연구

- Ex20Ins의 steric clash를 극복한 Sunvozertinib, Firmonertinib, Zipalertinib의 2차 요법에서 반응을 입증
- **Sunvozertinib, Firmonertinib**의 2026년 1차 치료제로서의 topline 결과 기대

Does DNA-only NGS Miss Actionable Fusions?

- RNA-NGS: DNA-NGS 진단 한계 극복 및 표적 변이 탐지 극대화 (NRG1 융합 42~67% 단독 발견)

감사합니다

