Exploring Current Patterns of Care in the Community: Selection of First-Line and Maintenance Therapy for Patients with Extensive-Stage Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, February 4, 2026
5:00 PM – 6:00 PM ET

Faculty

Hossein Borghaei, DO, MS
Anne Chiang, MD, PhD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Faculty

Hossein Borghaei, DO, MS
Chief, Division of Thoracic Medical Oncology
Professor, Department of Hematology/Oncology
Co-Director, Immune Monitoring Facility
The Gloria and Edmund M Dunn Chair in Thoracic Oncology
Fox Chase Cancer Center
Philadelphia, Pennsylvania

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Anne Chiang, MD, PhD
Associate Professor
Yale University School of Medicine
Associate Cancer Center Director
Clinical Initiatives
Yale Cancer Center
New Haven, Connecticut

RTP
RESEARCH
TO PRACTICE

Commercial Support

This activity is supported by educational grants from Genentech, a member of the Roche Group, and Jazz Pharmaceuticals Inc.

Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following companies: Aadi Bioscience, AbbVie Inc, ADC Therapeutics, Agendia Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Arvinas, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeOne, Biotheranostics, A Hologic Company, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Celcuity, Clovis Oncology, Coherus BioSciences, Corcept Therapeutics Inc, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, Exact Sciences Corporation, Exelixis Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, GSK, Helsinn Therapeutics (US) Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Jazz Pharmaceuticals Inc, Johnson & Johnson, Karyopharm Therapeutics, Kite, A Gilead Company, Kura Oncology, Legend Biotech, Lilly, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Nuvalent, Nuvation Bio Inc, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Rigel Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Pharma America, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, and Tesaro, A GSK Company.

RTP
RESEARCH
TO PRACTICE

Research To Practice CME Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Dr Borghaei — Disclosures

Advisory Committees and Consulting Agreements	AbbVie Inc, Amgen Inc, Astellas, AstraZeneca Pharmaceuticals LP, Axiom Healthcare Strategies, Bayer HealthCare Pharmaceuticals, BeOne, BerGenBio ASA, BioNTech SE, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Daiichi Sankyo Inc, EMD Serono Inc, Genentech, a member of the Roche Group, Genmab US Inc, Gilead Sciences Inc, Grid Therapeutics, Guardant Health, IO Biotech, iTeos Therapeutics, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Merck, Mirati Therapeutics Inc, Natera Inc, Novartis, Novocure Inc, Oncocyte, Pfizer Inc, PharmaMar, Puma Biotechnology Inc, RAPT Therapeutics, Regeneron Pharmaceuticals Inc, Summit Therapeutics, SystImmune Inc, Takeda Pharmaceuticals USA Inc
Contracted Research	Amgen Inc, Bristol Myers Squibb, Lilly
Data and Safety Monitoring Boards/Committees	Incyte Corporation, Novartis, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Takeda Pharmaceuticals USA Inc
Honoraria	Amgen Inc, Daiichi Sankyo Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Pfizer Inc, Regeneron Pharmaceuticals Inc
Stock OPTIONS — Private Companies	Inspirna, Nucleai, Sonnet BioTherapeutics Holdings Inc
Travel	Amgen Inc, Bristol Myers Squibb, EMD Serono Inc, Genentech, a member of the Roche Group, Jazz Pharmaceuticals Inc, Lilly, Merck, Mirati Therapeutics Inc, Regeneron Pharmaceuticals Inc
Nonrelevant Financial Relationships	University of Pennsylvania

RTP RESEARCH TO PRACTICE

Dr Chiang — Disclosures

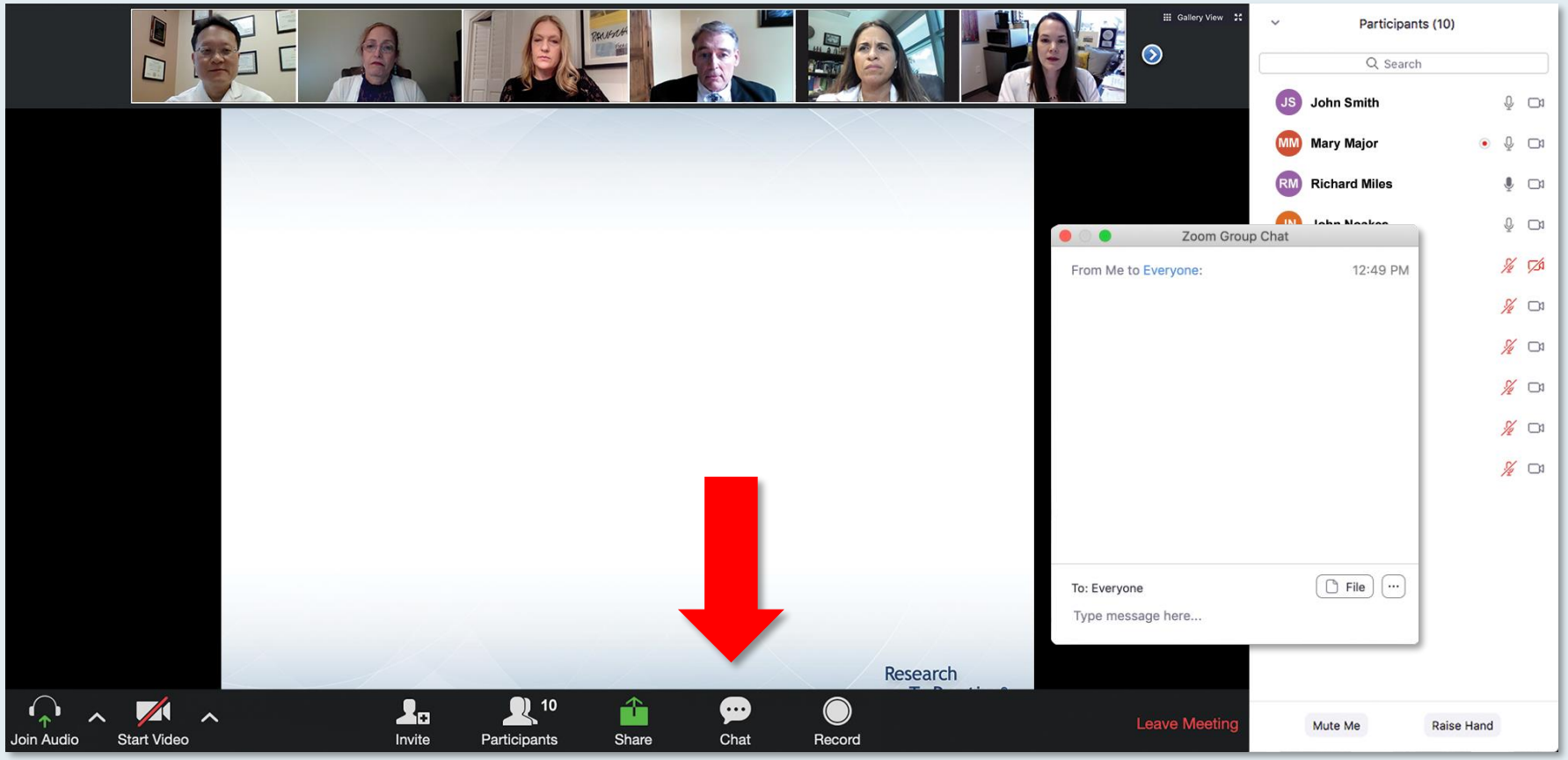
Advisory Committees	AbbVie Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Daiichi Sankyo Inc, Genentech, a member of the Roche Group, Janssen Biotech Inc, Merck, Zai Lab
Consulting Agreements	AbbVie Inc, Merck
Contracted Research	AbbVie Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Bristol Myers Squibb, Genentech, a member of the Roche Group, Zai Lab
Data and Safety Monitoring Boards/Committees	AstraZeneca Pharmaceuticals LP
Honoraria for Lectures	Genentech, a member of the Roche Group, Jazz Pharmaceuticals Inc

RTP
RESEARCH TO PRACTICE

This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

RTP
RESEARCH TO PRACTICE

We Encourage Clinicians in Practice to Submit Questions

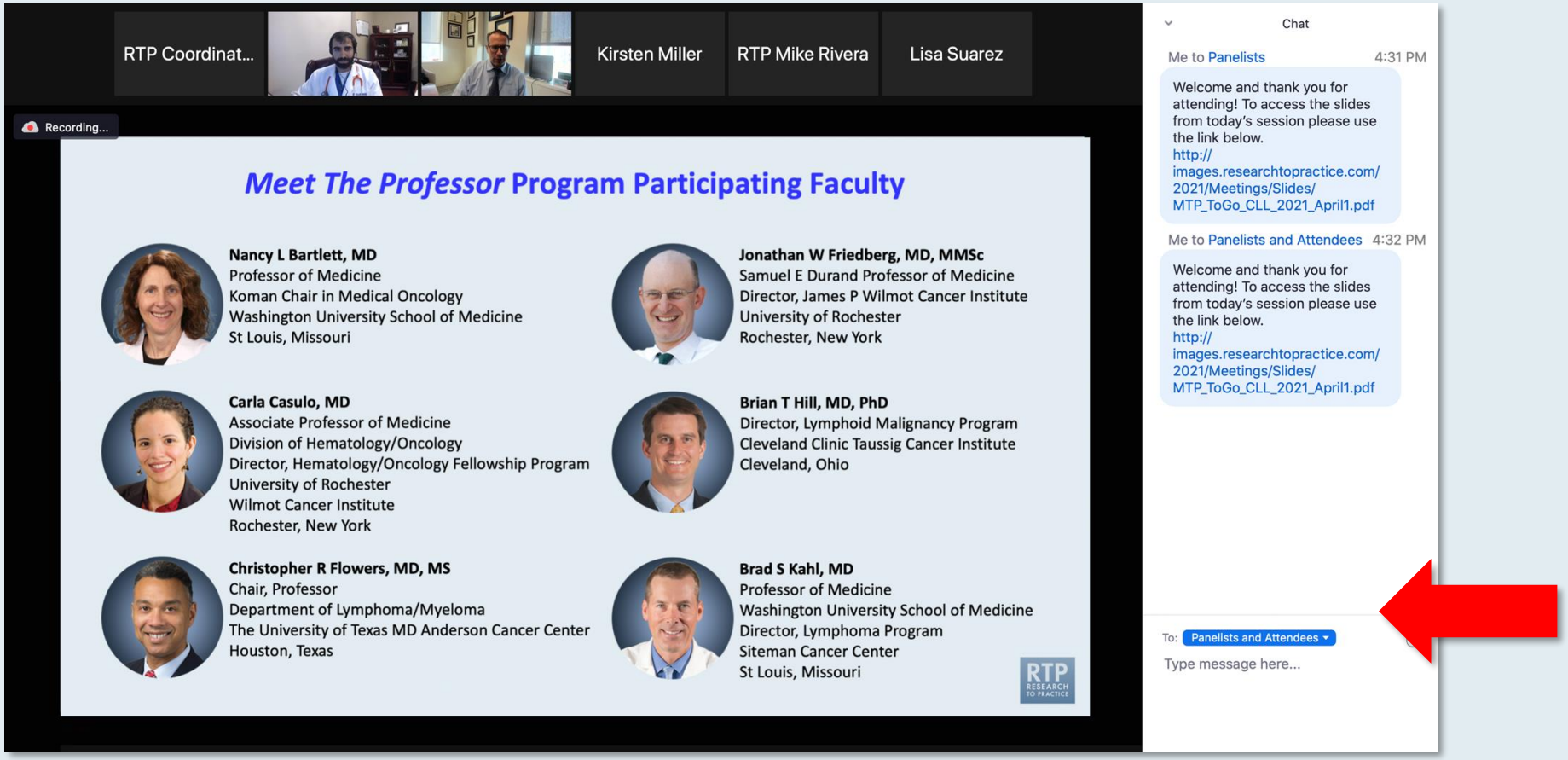


Feel free to submit questions now before the program begins and throughout the program.

RTP RESEARCH TO PRACTICE

Familiarizing Yourself with the Zoom Interface

Expand chat submission box

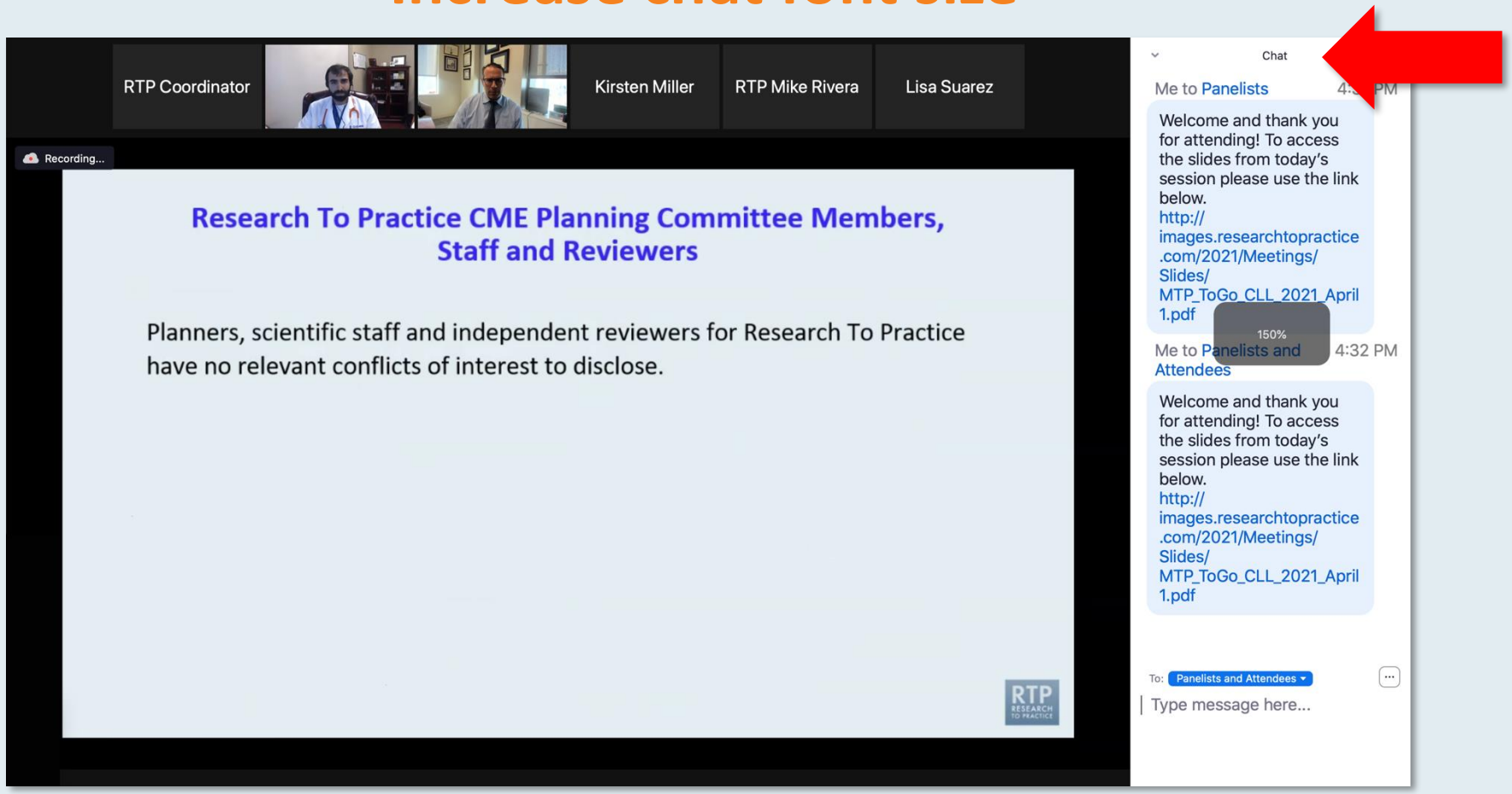


Drag the white line above the submission box up to create more space for your message.

RTP RESEARCH TO PRACTICE

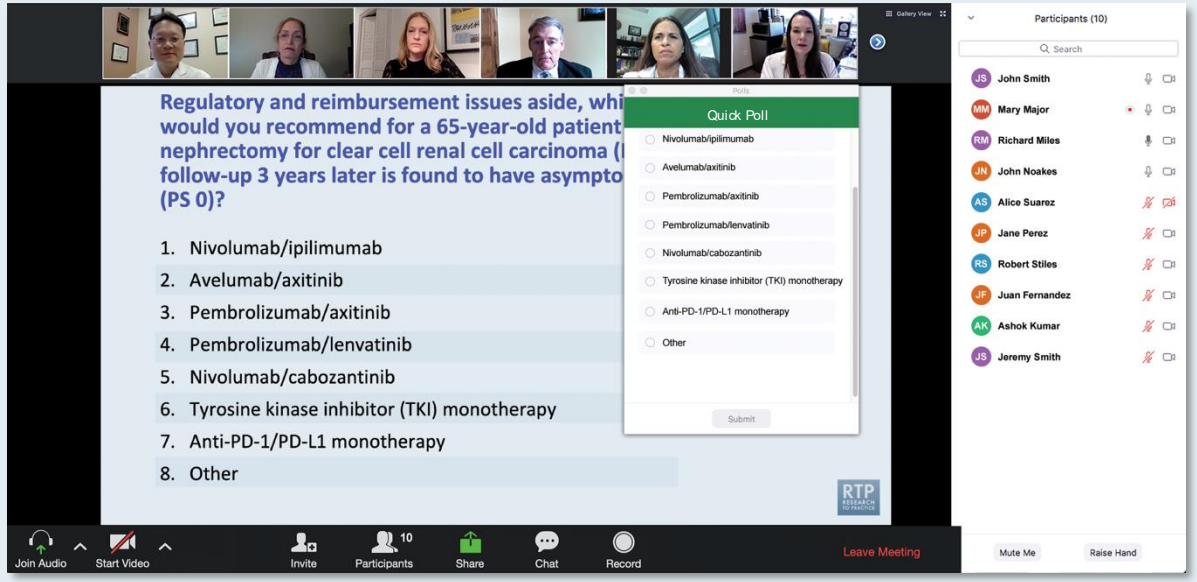
Familiarizing Yourself with the Zoom Interface

Increase chat font size



Press Command (for Mac) or Control (for PC) and the + symbol.
You may do this as many times as you need for readability.

Clinicians in the Audience, Please Complete the Pre- and Postmeeting Surveys



Extensive-Stage Small Cell Lung Cancer — What Clinicians Want to Know About First-Line and Maintenance Therapy

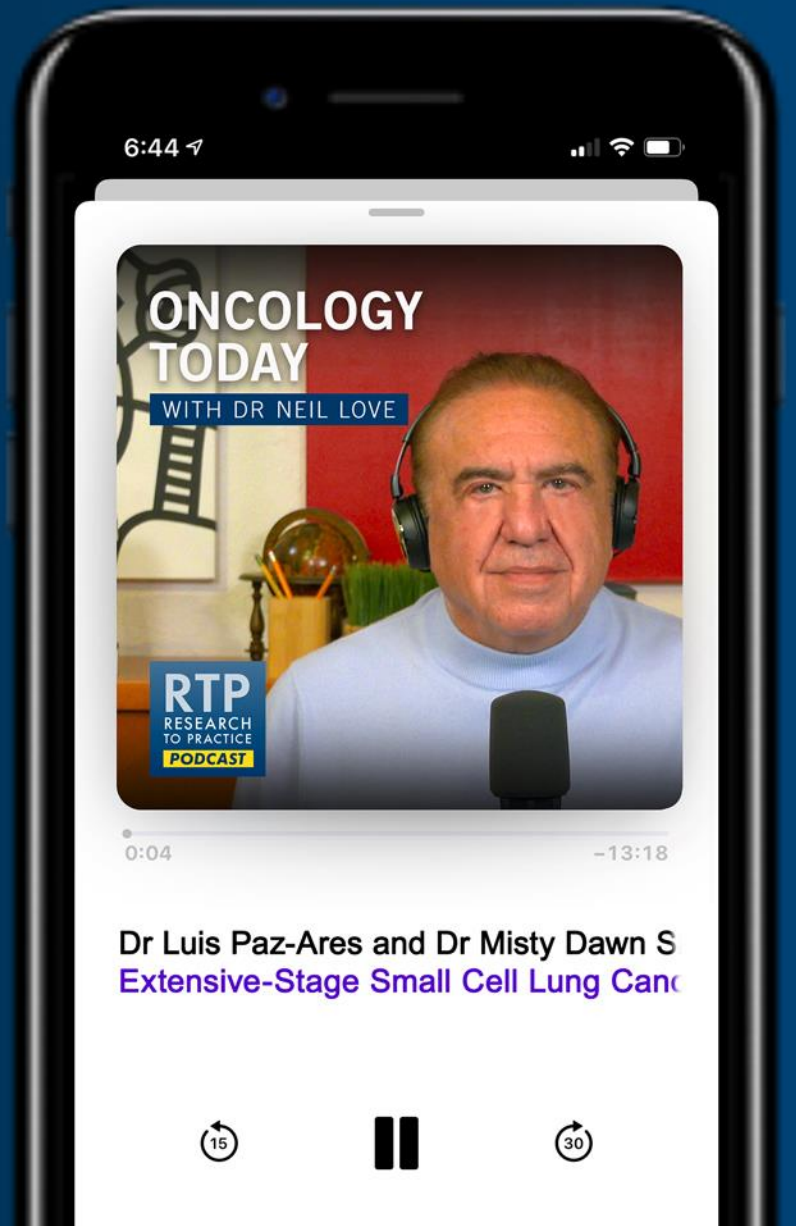
DR LUIS PAZ-ARES
SPANISH NATIONAL ONCOLOGY RESEARCH CENTER

DR MISTY DAWN SHIELDS
INDIANA UNIVERSITY SCHOOL OF MEDICINE

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts



Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Antibody-Drug Conjugates for Breast Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, February 18, 2026
5:00 PM – 6:00 PM ET

Faculty

Hope S Rugo, MD
Sara M Tolaney, MD, MPH

Moderator

Neil Love, MD

RTP Year in Review 2026

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Ovarian Cancer

A CME/MOC-Accredited Live Webinar

Thursday, February 19, 2026
5:00 PM – 6:00 PM ET

Faculty

Nicoletta Colombo, MD
Angeles Alvarez Secord, MD, MHSc

Moderator

Neil Love, MD

RTP Year in Review 2026

Second Opinion: Integrating Novel Approaches into the Management of Non-Muscle-Invasive and Muscle-Invasive Bladder Cancer

A CME Symposium Held Adjunct to the
2026 ASCO® Genitourinary Cancers Symposium

Thursday, February 26, 2026
7:00 PM – 9:00 PM PT (10:00 PM – 12:00 AM ET)

Faculty

Matthew D Galsky, MD
Shilpa Gupta, MD
Andrea Necchi, MD

Moderator

Terence Friedlander, MD

RTP RESEARCH TO PRACTICE

Second Opinion: Clinical Investigators Provide Perspectives on the Future Role of AKT Inhibition in the Management of Prostate Cancer

A CME Symposium Held Adjunct to the
2026 ASCO® Genitourinary Cancers Symposium

Friday, February 27, 2026
6:00 PM – 7:30 PM PT (9:00 PM – 10:30 PM ET)

Faculty

Professor Karim Fizazi, MD, PhD
Daniel George, MD

Moderator

Elisabeth I Heath, MD

RTP
RESEARCH TO PRACTICE

Grand Rounds

CME/MOC-Accredited Interactive Series

Regional Activities

Three Series

Optimizing Treatment for Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia

Optimizing the Use of Novel Therapies for Patients with Diffuse Large B-Cell Lymphoma

Optimizing Therapy for Patients with Hormone Receptor-Positive Localized Breast Cancer

Host a 1-hour session at your institution:
Email Meetings@ResearchToPractice.com
or call (800) 233-6153

RTP RESEARCH TO PRACTICE

Save The Date

Fifth Annual
National General Medical Oncology Summit

A Multitumor CME/MOC-, NCPD- and ACPE-Accredited Educational Conference Developed in Partnership with Florida Cancer Specialists & Research Institute

Friday to Sunday, April 24 to 26, 2026

The Ritz-Carlton Orlando, Grande Lakes | Orlando, Florida

Moderated by Neil Love, MD

Thank you for joining us! Please take a moment to complete the survey currently up on Zoom. Your feedback is very important to us.

Information on how to obtain CME, ABIM MOC and ABS credit will be provided at the conclusion of the activity in the Zoom chat room. Attendees will also receive an email in 1 to 3 business days with these instructions.

RTP
RESEARCH TO PRACTICE

Exploring Current Patterns of Care in the Community: Selection of First-Line and Maintenance Therapy for Patients with Extensive-Stage Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, February 4, 2026
5:00 PM – 6:00 PM ET

Faculty

Hossein Borghaei, DO, MS
Anne Chiang, MD, PhD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Faculty

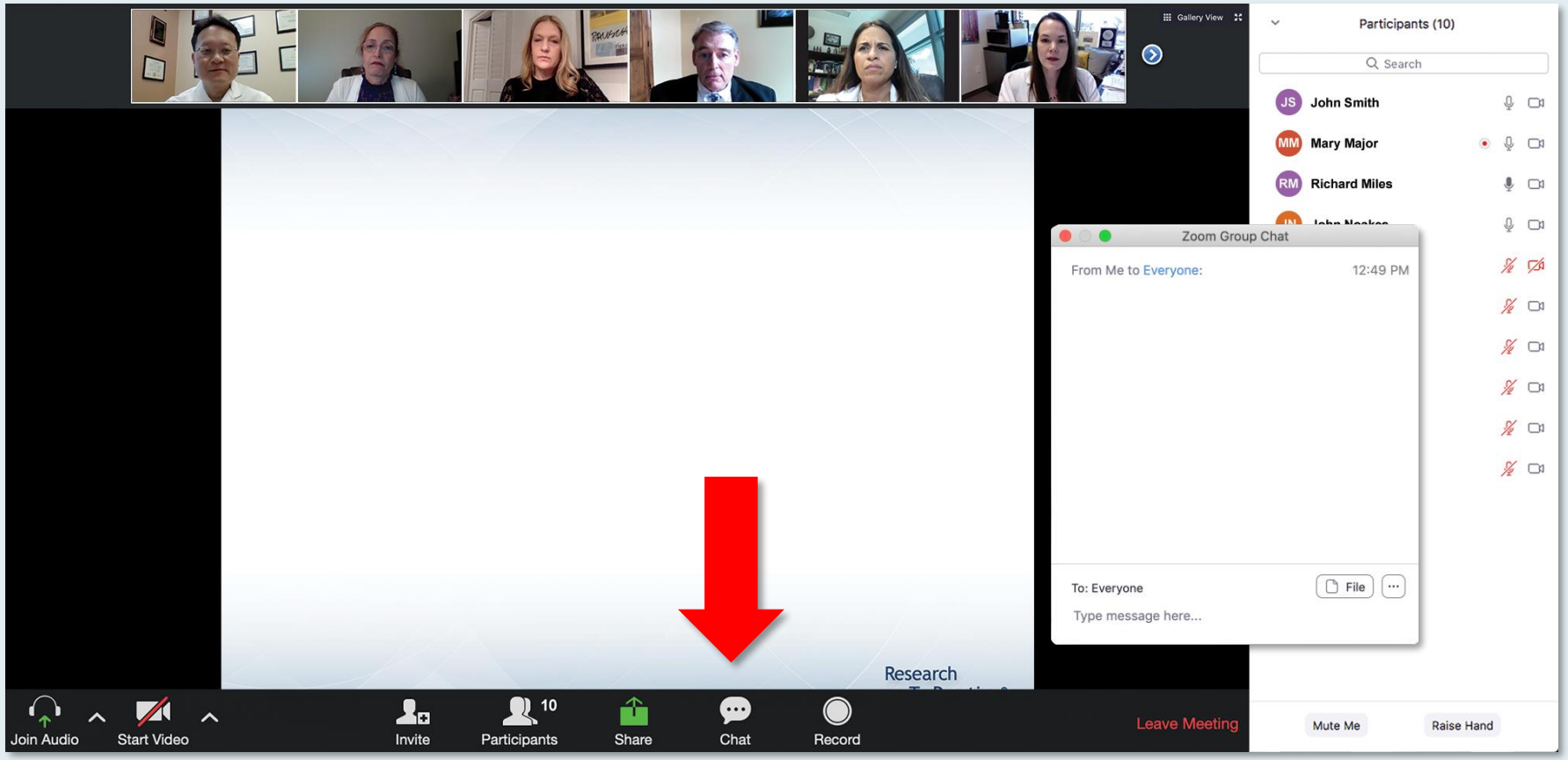
Hossein Borghaei, DO, MS
Chief, Division of Thoracic Medical Oncology
Professor, Department of Hematology/Oncology
Co-Director, Immune Monitoring Facility
The Gloria and Edmund M Dunn Chair in Thoracic Oncology
Fox Chase Cancer Center
Philadelphia, Pennsylvania

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Anne Chiang, MD, PhD
Associate Professor
Yale University School of Medicine
Associate Cancer Center Director
Clinical Initiatives
Yale Cancer Center
New Haven, Connecticut

RTP
RESEARCH
TO PRACTICE

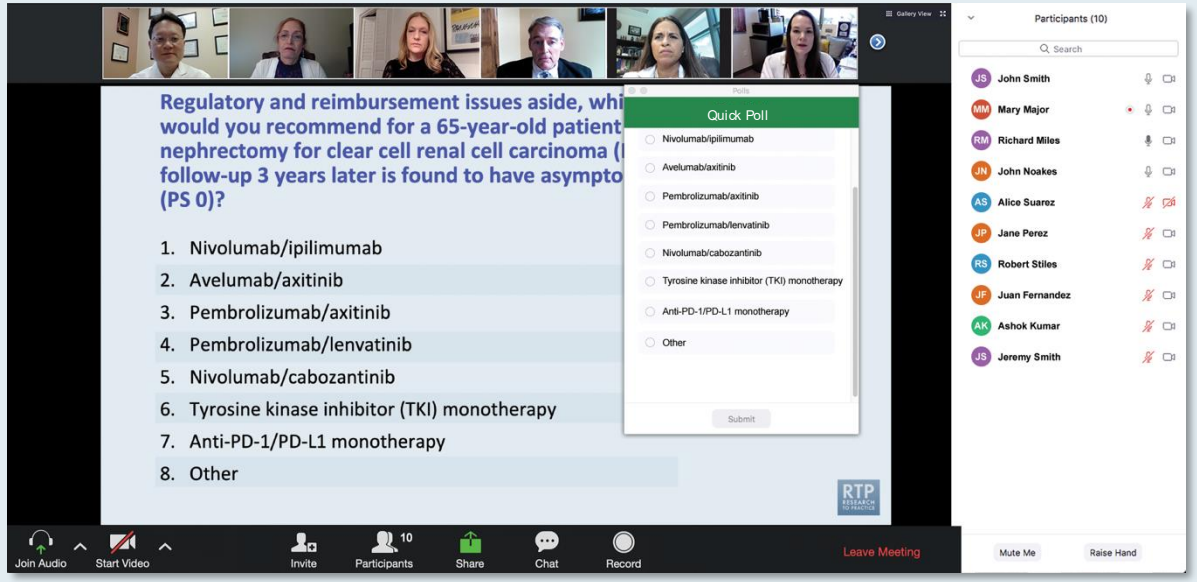
We Encourage Clinicians in Practice to Submit Questions



Feel free to submit questions now before the program begins and throughout the program.

RTP RESEARCH TO PRACTICE

Clinicians in the Audience, Please Complete the Pre- and Postmeeting Surveys



Extensive-Stage Small Cell Lung Cancer — What Clinicians Want to Know About First-Line and Maintenance Therapy

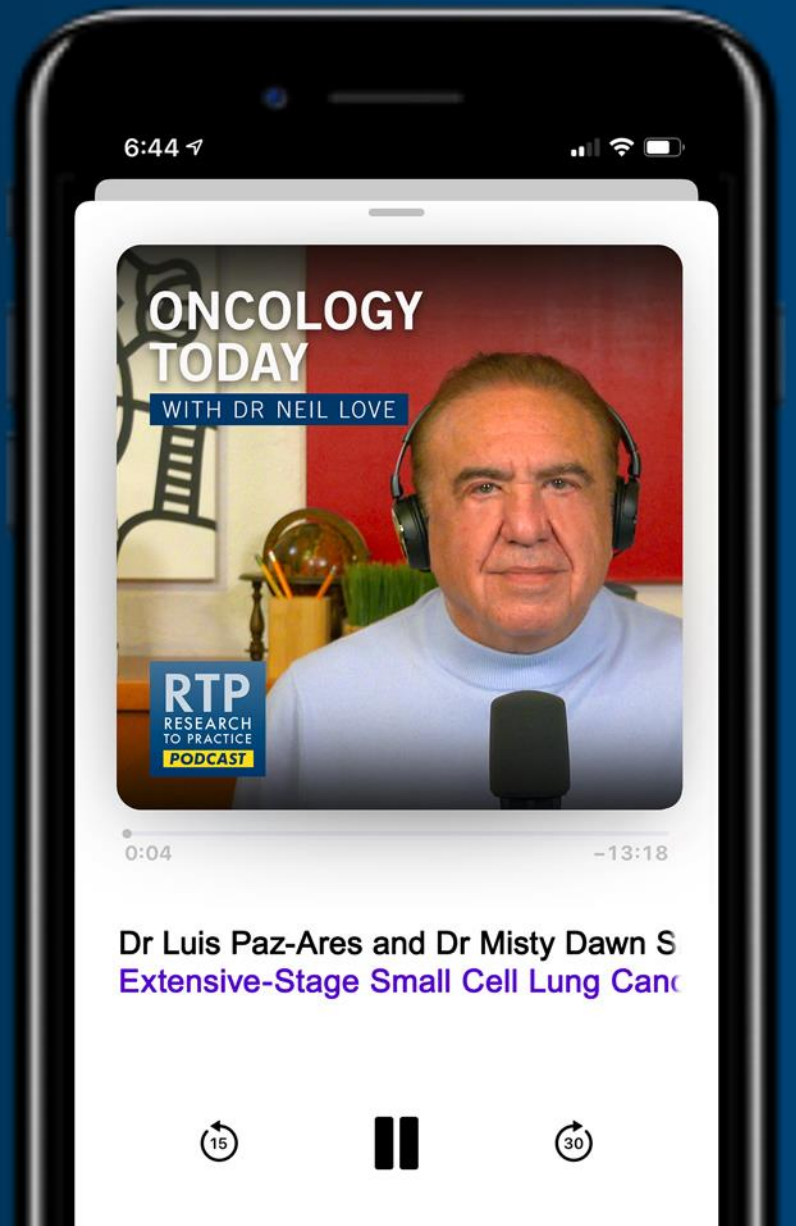
DR LUIS PAZ-ARES
SPANISH NATIONAL ONCOLOGY RESEARCH CENTER

DR MISTY DAWN SHIELDS
INDIANA UNIVERSITY SCHOOL OF MEDICINE

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts



Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Antibody-Drug Conjugates for Breast Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, February 18, 2026
5:00 PM – 6:00 PM ET

Faculty

Hope S Rugo, MD
Sara M Tolaney, MD, MPH

Moderator

Neil Love, MD

RTP Year in Review 2026

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Ovarian Cancer

A CME/MOC-Accredited Live Webinar

Thursday, February 19, 2026
5:00 PM – 6:00 PM ET

Faculty

Nicoletta Colombo, MD
Angeles Alvarez Secord, MD, MHSc

Moderator

Neil Love, MD

RTP Year in Review 2026

Second Opinion: Integrating Novel Approaches into the Management of Non-Muscle-Invasive and Muscle-Invasive Bladder Cancer

A CME Symposium Held Adjunct to the
2026 ASCO® Genitourinary Cancers Symposium

Thursday, February 26, 2026
7:00 PM – 9:00 PM PT (10:00 PM – 12:00 AM ET)

Faculty

Matthew D Galsky, MD
Shilpa Gupta, MD
Andrea Necchi, MD

Moderator

Terence Friedlander, MD

RTP RESEARCH TO PRACTICE

Second Opinion: Clinical Investigators Provide Perspectives on the Future Role of AKT Inhibition in the Management of Prostate Cancer

A CME Symposium Held Adjunct to the
2026 ASCO® Genitourinary Cancers Symposium

Friday, February 27, 2026
6:00 PM – 7:30 PM PT (9:00 PM – 10:30 PM ET)

Faculty

Professor Karim Fizazi, MD, PhD
Daniel George, MD

Moderator

Elisabeth I Heath, MD

RTP
RESEARCH TO PRACTICE

Grand Rounds

CME/MOC-Accredited Interactive Series

Regional Activities

Three Series

Optimizing Treatment for Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia

Optimizing the Use of Novel Therapies for Patients with Diffuse Large B-Cell Lymphoma

Optimizing Therapy for Patients with Hormone Receptor-Positive Localized Breast Cancer

Host a 1-hour session at your institution:
Email Meetings@ResearchToPractice.com
or call (800) 233-6153

RTP RESEARCH TO PRACTICE

Save The Date

Fifth Annual
National General Medical Oncology Summit

A Multitumor CME/MOC-, NCPD- and ACPE-Accredited Educational Conference Developed in Partnership with Florida Cancer Specialists & Research Institute

Friday to Sunday, April 24 to 26, 2026

The Ritz-Carlton Orlando, Grande Lakes | Orlando, Florida

Moderated by Neil Love, MD

Exploring Current Patterns of Care in the Community: Selection of First-Line and Maintenance Therapy for Patients with Extensive-Stage Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, February 4, 2026
5:00 PM – 6:00 PM ET

Faculty

Hossein Borghaei, DO, MS
Anne Chiang, MD, PhD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Dr Borghaei — Disclosures

Advisory Committees and Consulting Agreements	AbbVie Inc, Amgen Inc, Astellas, AstraZeneca Pharmaceuticals LP, Axiom Healthcare Strategies, Bayer HealthCare Pharmaceuticals, BeOne, BerGenBio ASA, BioNTech SE, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Daiichi Sankyo Inc, EMD Serono Inc, Genentech, a member of the Roche Group, Genmab US Inc, Gilead Sciences Inc, Grid Therapeutics, Guardant Health, IO Biotech, iTeos Therapeutics, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Merck, Mirati Therapeutics Inc, Natera Inc, Novartis, Novocure Inc, Oncocyte, Pfizer Inc, PharmaMar, Puma Biotechnology Inc, RAPT Therapeutics, Regeneron Pharmaceuticals Inc, Summit Therapeutics, SystImmune Inc, Takeda Pharmaceuticals USA Inc
Contracted Research	Amgen Inc, Bristol Myers Squibb, Lilly
Data and Safety Monitoring Boards/Committees	Incyte Corporation, Novartis, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Takeda Pharmaceuticals USA Inc
Honoraria	Amgen Inc, Daiichi Sankyo Inc, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Pfizer Inc, Regeneron Pharmaceuticals Inc
Stock OPTIONS — Private Companies	Inspirna, Nucleai, Sonnet BioTherapeutics Holdings Inc
Travel	Amgen Inc, Bristol Myers Squibb, EMD Serono Inc, Genentech, a member of the Roche Group, Jazz Pharmaceuticals Inc, Lilly, Merck, Mirati Therapeutics Inc, Regeneron Pharmaceuticals Inc
Nonrelevant Financial Relationships	University of Pennsylvania

RTP RESEARCH TO PRACTICE

Dr Chiang — Disclosures

Advisory Committees	AbbVie Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals Inc, Daiichi Sankyo Inc, Genentech, a member of the Roche Group, Janssen Biotech Inc, Merck, Zai Lab
Consulting Agreements	AbbVie Inc, Merck
Contracted Research	AbbVie Inc, Amgen Inc, AstraZeneca Pharmaceuticals LP, Bristol Myers Squibb, Genentech, a member of the Roche Group, Zai Lab
Data and Safety Monitoring Boards/Committees	AstraZeneca Pharmaceuticals LP
Honoraria for Lectures	Genentech, a member of the Roche Group, Jazz Pharmaceuticals Inc

RTP
RESEARCH TO PRACTICE

Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following companies: Aadi Bioscience, AbbVie Inc, ADC Therapeutics, Agendia Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Arvinas, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeOne, Biotheranostics, A Hologic Company, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Celcuity, Clovis Oncology, Coherus BioSciences, Corcept Therapeutics Inc, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, Exact Sciences Corporation, Exelixis Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, GSK, Helsinn Therapeutics (US) Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Jazz Pharmaceuticals Inc, Johnson & Johnson, Karyopharm Therapeutics, Kite, A Gilead Company, Kura Oncology, Legend Biotech, Lilly, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Nuvalent, Nuvation Bio Inc, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Rigel Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Pharma America, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, and Tesaro, A GSK Company.

RTP
RESEARCH
TO PRACTICE

Commercial Support

This activity is supported by educational grants from Genentech, a member of the Roche Group, and Jazz Pharmaceuticals Inc.

Research To Practice CME Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

RTP
RESEARCH TO PRACTICE

Agenda

Introduction: Rational Treatment Goals for Extensive-Stage Disease?

Module 1: Current Considerations in the Selection of First-Line and Maintenance Therapy — Dr Borghaei

Module 2: Clinician Survey Results

Module 3: Promising Investigational Strategies — Dr Chiang

Patterns of Care: Optimizing the Selection of First-Line and Maintenance Therapy for Patients with Extensive-Stage Small Cell Lung Cancer

Survey of 50 Community-Based General Medical Oncologists
January 28, 2026 – February 3, 2026

RTP
RESEARCH TO PRACTICE

Agenda

Introduction: Rational Treatment Goals for Extensive-Stage Disease?

Module 1: Current Considerations in the Selection of First-Line and Maintenance Therapy — Dr Borghaei

Module 2: Clinician Survey Results

Module 3: Promising Investigational Strategies — Dr Chiang

Integrating New Advances into the Care of Patients with Cancer

A Multitumor Symposium in Partnership with the American Oncology Network

CME/MOC, NCPD and ACPE Accredited

Saturday, November 8, 2025
10:00 AM – 3:00 PM CT

RTP
RESEARCH TO PRACTICE

Lung Cancer Faculty

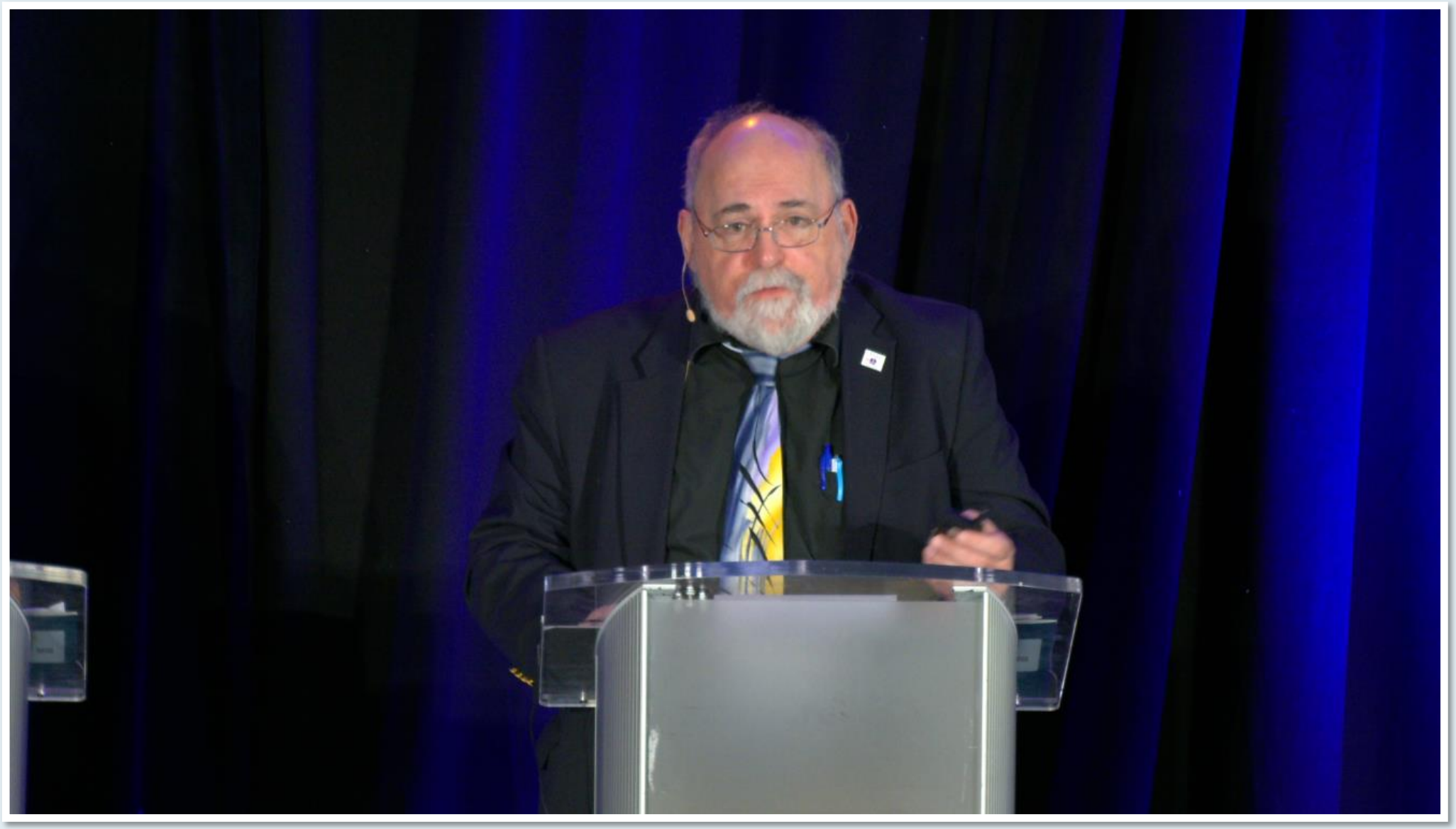
Justin F Gainor, MD
Director, Center for Thoracic Cancers Program
Director of Targeted Immunotherapy in the Henri and Belinda Termeer Center for Targeted Therapies
Massachusetts General Hospital
Associate Professor of Medicine
Harvard Medical School
Boston, Massachusetts

Corey J Langer, MD
Director of Thoracic Oncology
Abramson Cancer Center
Professor of Medicine
Perelman School of Medicine
University of Pennsylvania
Philadelphia, Pennsylvania

Misty Dawn Shields, MD, PhD
Assistant Professor of Clinical Medicine
Indiana University School of Medicine
Adjunct Assistant Professor of Medical and Molecular Genetics
Associate Member, Experimental and Developmental Therapeutics
Department of Medicine, Division of Hematology/Oncology, Thoracic Oncology
Indiana University Melvin and Bren Simon Comprehensive Cancer Center
Indianapolis, Indiana

MODERATOR
Stephen "Fred" Divers, MD
Chief Medical Officer
American Oncology Network
Hot Springs, Arkansas

RTP
RESEARCH TO PRACTICE



Corey J Langer, MD
Philadelphia, Pennsylvania

What Clinicians Want to Know: First-Line and Maintenance Therapy for Patients with Extensive-Stage Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Tuesday, November 11, 2025
5:00 PM – 6:00 PM ET

Faculty

Luis Paz-Ares, MD, PhD
Misty Dawn Shields, MD, PhD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE


MIAMI
Wilson
Adjuvant Therapy of CANCER
Adjuvant Therapy of CANCER
Adjuvant Therapy of CANCER

Clinical Review & Education

JAMA | Review

Small Cell Lung Cancer
A Review

So Yeon Kim, MD; Henry S. Park, MD, MPH; Anne C. Chiang, MD, PhD

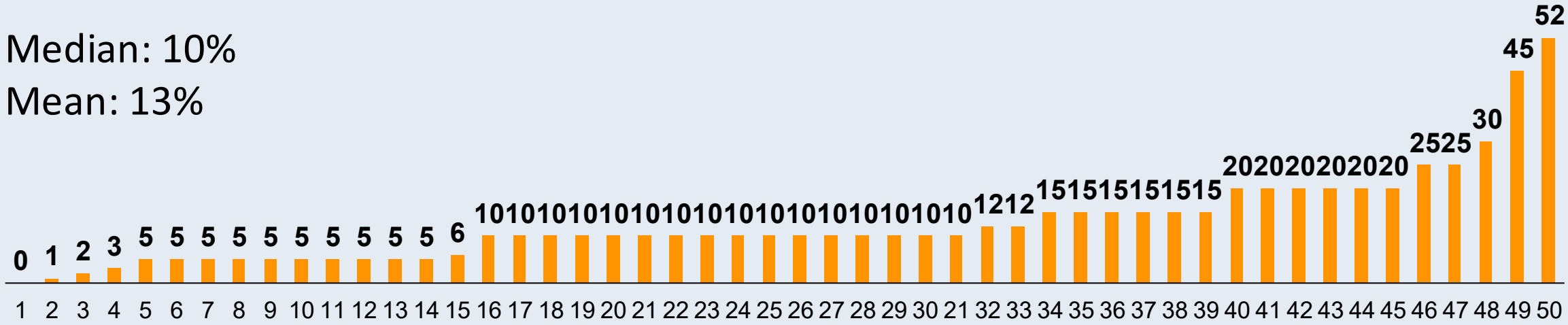
JAMA 2025;333(21):1906-17

For patients with LS-SCLC, 5-year overall survival with chemotherapy and radiation therapy was 16.1% to 27.7% prior to introduction of durvalumab. With the addition of 2 years of consolidation durvalumab, overall survival for LS-SCLC has improved from a median of 33.4 months to 55.9 months, with 3-year overall survival of 56.5%. Patients with ES-SCLC have an initial response rate of approximately 60% to 80% to chemoimmunotherapy, with 3-year overall survival of 17.6% and 5-year overall survival of 12%.

When counseling a typical patient with extensive-stage small-cell lung cancer (ES-SCLC), how do you respond if the patient asks the percent chance of being alive and relatively well considering their disease in 5 years after receiving available treatments?

Median: 10%

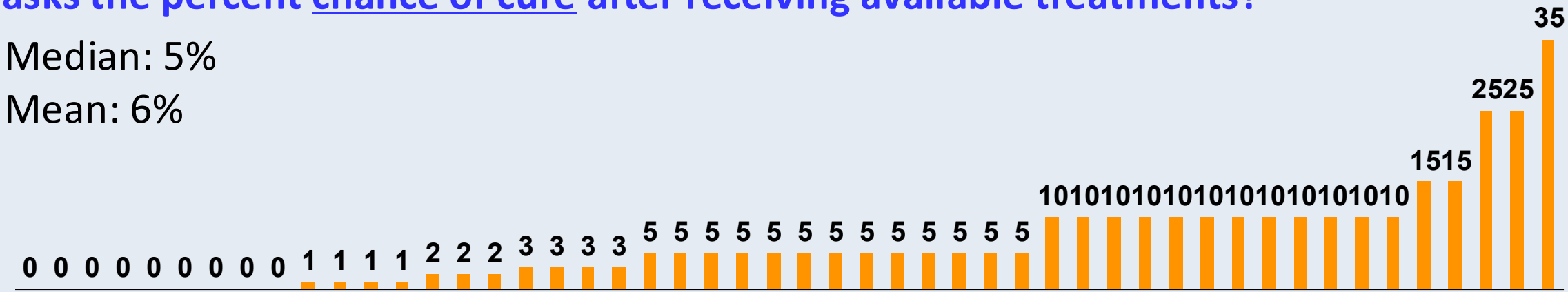
Mean: 13%



When counseling a typical patient with ES-SCLC, how do you respond if the patient asks the percent chance of cure after receiving available treatments?

Median: 5%

Mean: 6%



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

Agenda

Introduction: Rational Treatment Goals for Extensive-Stage Disease?

Module 1: Current Considerations in the Selection of First-Line and Maintenance Therapy — Dr Borghaei

Module 2: Clinician Survey Results

Module 3: Promising Investigational Strategies — Dr Chiang

RTP RESEARCH TO PRACTICE

FDA Approves Lurbinectedin in Combination with Atezolizumab or Atezolizumab and Hyaluronidase-tqjs for ES-SCLC

Press Release: October 2, 2025

"On October 2, 2025, the Food and Drug Administration approved lurbinectedin in combination with atezolizumab or atezolizumab and hyaluronidase-tqjs for the maintenance treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC) whose disease has not progressed after first-line induction therapy with atezolizumab or atezolizumab and hyaluronidase-tqjs, carboplatin, and etoposide.

Efficacy was evaluated in IMforte (NCT05091567), a randomized, multicenter, open-label trial in patients receiving first-line treatment for ES-SCLC. In IMforte, 483 patients with ES-SCLC whose disease had not progressed after completion of four cycles of atezolizumab, carboplatin, and etoposide (induction treatment) were randomized (1:1) to receive either lurbinectedin in combination with atezolizumab administered intravenously (IV) or atezolizumab IV alone until disease progression or unacceptable toxicity."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-lurbinectedin-combination-atezolizumab-or-atezolizumab-and-hyaluronidase-tqjs-extensive

RTP RESEARCH TO PRACTICE

Current Considerations in the Selection of First-Line and Maintenance Therapy for Extensive-Stage Small Cell Lung Cancer (ES-SCLC)

Hossein Borghaei, MS, DO

Professor and Chief of Thoracic Oncology

The Gloria and Edmund M. Dunn Chair in Thoracic Oncology

RTP 2026

FOX CHASE CANCER CENTER

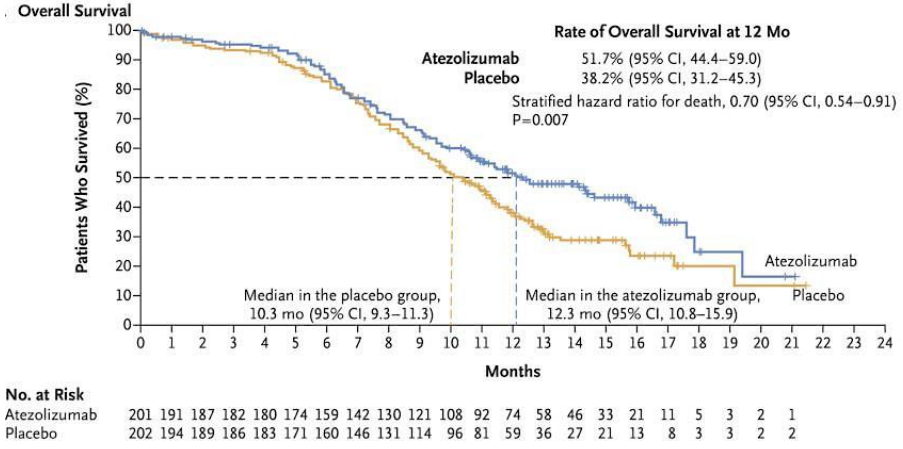
TEMPLE HEALTH

Current Paradigm for Treatment of ES-SCLC

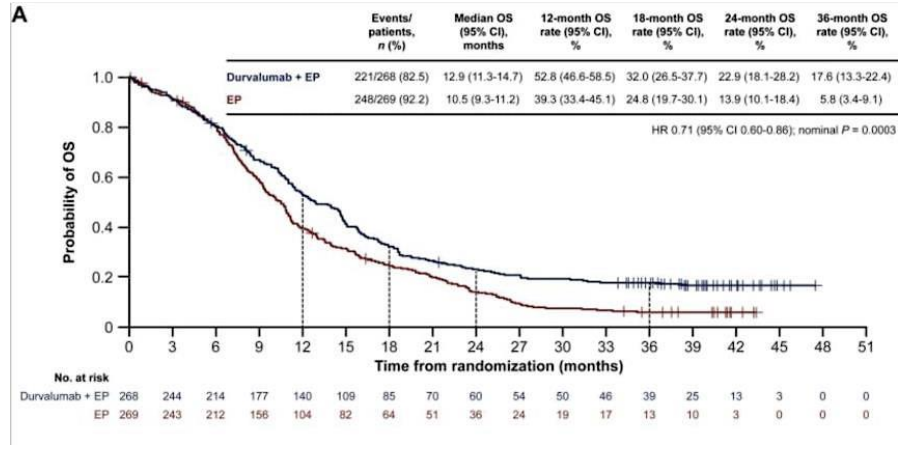
EP + PD-L1 induction → **PD-L1 maintenance**

mOS ~12.5 mo

- **Atezolizumab + EP → atezolizumab maintenance - IMpower133**
  - **mOS 12.3 vs 10.3 mo; HR 0.70**



- **Durvalumab + EP → durvalumab maintenance - CASPIAN**
  - **mOS** 12.9 vs 10.5 mo; **HR ~0.71** at >3 years.

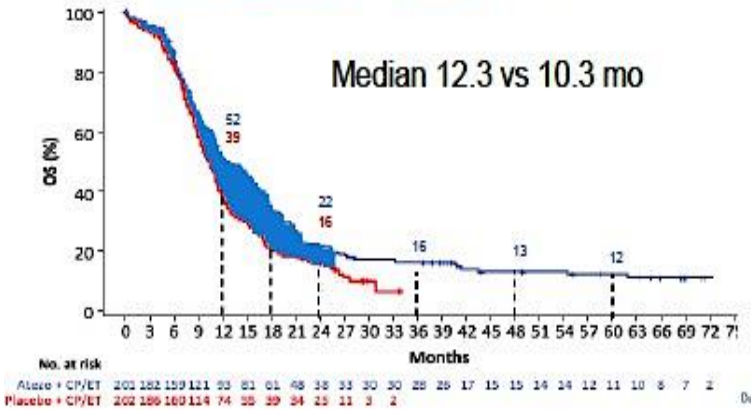


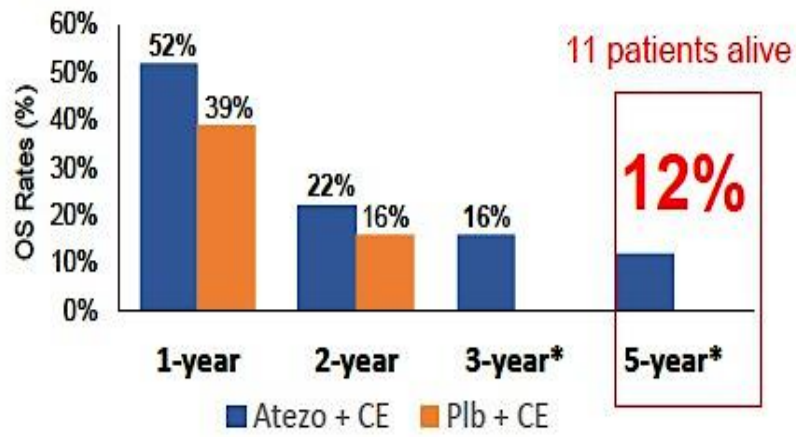
Horn L et al. N Engl J Med. 2018; Paz-Ares L et al. ESMO Open 2022

Pivotal Trials – Long term outcome

IMpower133 and IMbrella A

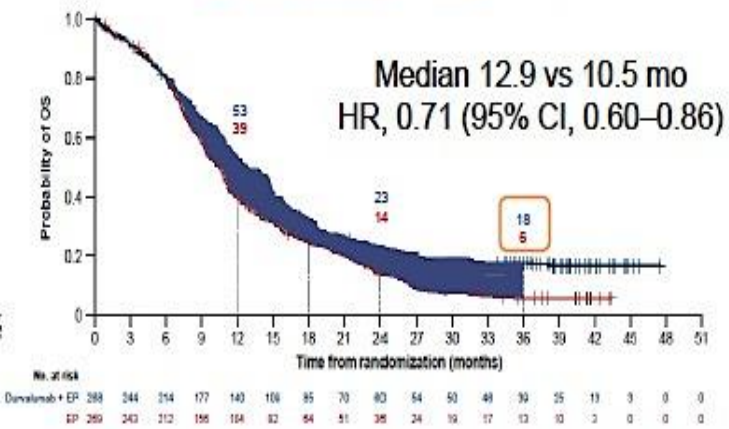
Atezolizumab + CP/ET vs CP/ET + Plb[1-2]

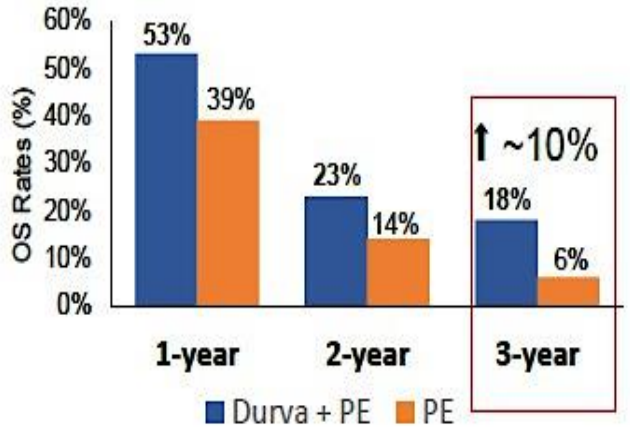




CASPIAN

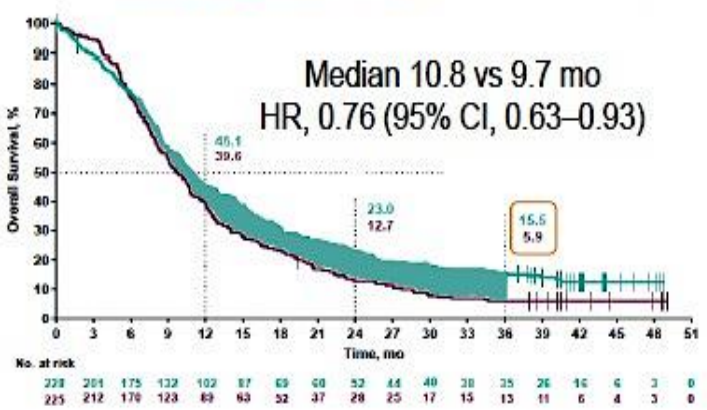
Durvalumab + P/ET vs P/ET[3-4]

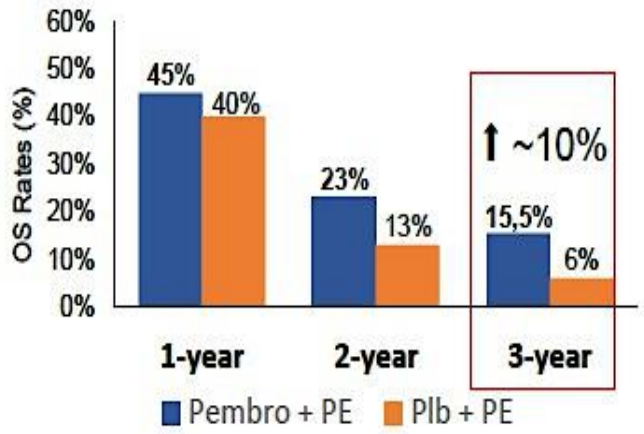




KEYNOTE-604

Pembrolizumab + P/ET vs P/ET + Plb[5-6]





CP, carboplatin; ET, etoposide; P, platinum; Plb, placebo; NE, not estimable. * OS rates at 3-5 years were not estimable in the control arm as rollover to IMbrella A was not permitted.

1.- Horn L, et al. N Engl J Med 2018; 2.- Liu S, et al. OA01.04, WCLC 2023; 3.- Paz-Ares L, et al. Lancet 2019; 4.- Paz-Ares L, et al. ESMO Open 2022; 5.- Rudin CM, et al. J Clin Oncol 2020; 6.- Rudin CM, et al. WCLC 2022

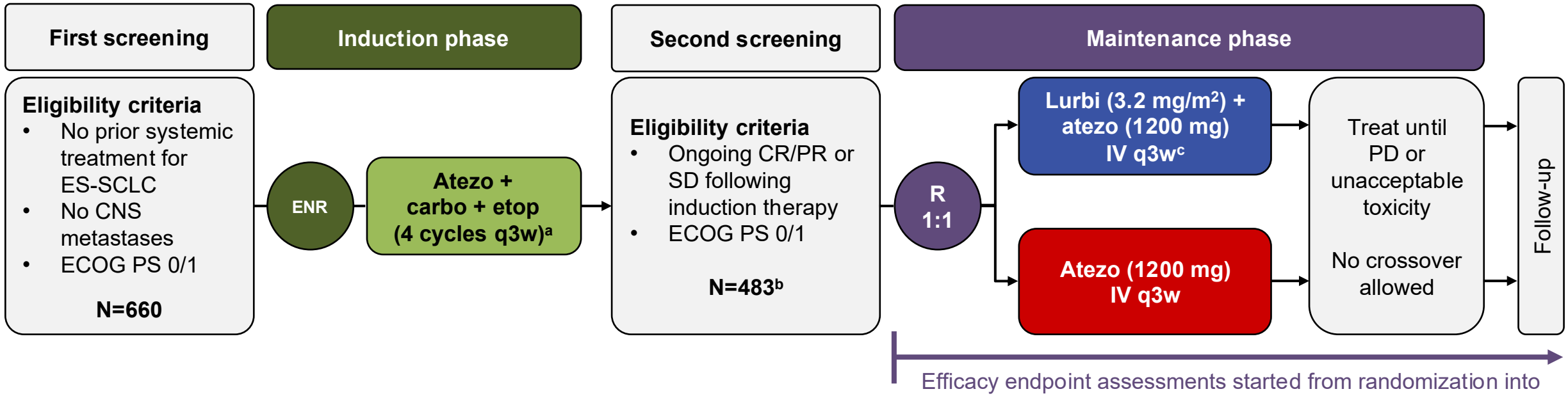
ES-SCLC

- **Other positive randomized 1L chemo-IO trials:**
  - **Serplulimab (PD-1) + EP (ASTRUM-005)**: mOS **15.4 vs 10.9 mo**, **HR 0.63**.
  - **Adebrelimab (PD-L1) + EP (CAPSTONE-1)**: mOS **15.3 vs 12.8 mo**, **HR 0.72**.

- **What has NOT improved OS in 1L ES-SCLC:**
  - **Pembrolizumab** + EP (KEYNOTE-604): PFS ↑, OS not significant.
  - **TIGIT** add-on (tiragolumab) to atezo-EP (SKYSCRAPER-02): negative.

Cheng Y et al. JAMA 2022; Rudin CM et al. ASCO 2023; Rudin CM et al. J Clin Oncol. 2020; Wang PJ et al. Lancet Oncol. 2022

IMforte study design



Stratification factors for randomization
- ECOG PS (0/1)
- LDH (≤ULN/>ULN)
- Presence of liver metastases (Y/N) at induction BL
- Prior receipt of PCI (Y/N)

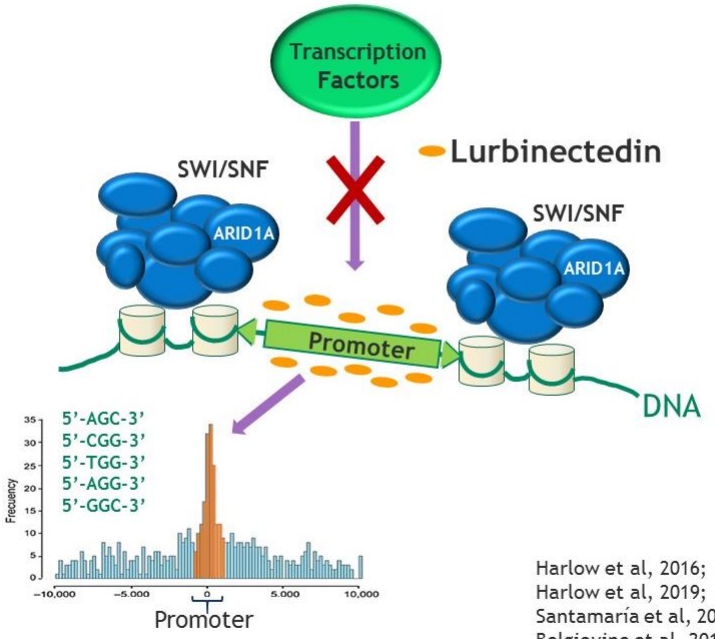
Primary endpoints
IRF-PFS and OS

Secondary endpoints included
INV-PFS, ORR, DOR, and safety

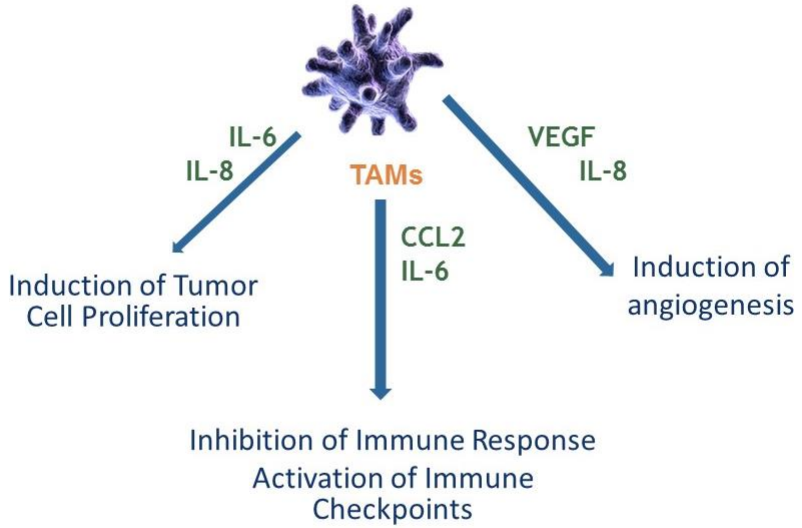
How Does Lurbinectedin Work?

Lurbinectedin - a Selective Inhibitor of Oncogenic Transcription

CANCER IS FREQUENTLY A TRANSCRIPTIONAL DISEASE CAUSED BY DEREGULATED ONCOGENIC TRANSCRIPTION FACTORS



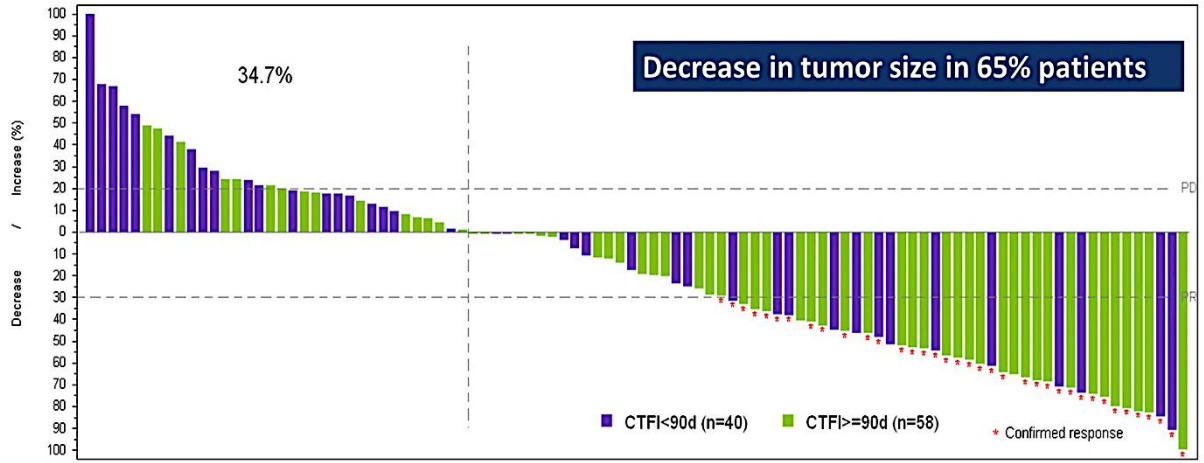
BY INHIBITING ACTIVE TRANSCRIPTION IN TUMOR ASSOCIATED MACROPHAGES (TAMS), LURBINECTEDIN DOWNREGULATES IL-6, IL-8, CCL2 AND VEGF



Harlow et al, 2016; Cancer Res 72: 6657-68
Harlow et al, 2019; Clin Cancer Res doi: 10.1158/1078-0432.CCR-18-3511
Santamaría et al, 2016. Mol Cancer Ther 15:2399-412
Belgiovine et al, 2017 Br J Cancer 117:628-38

How Does Lurbinectedin Work?

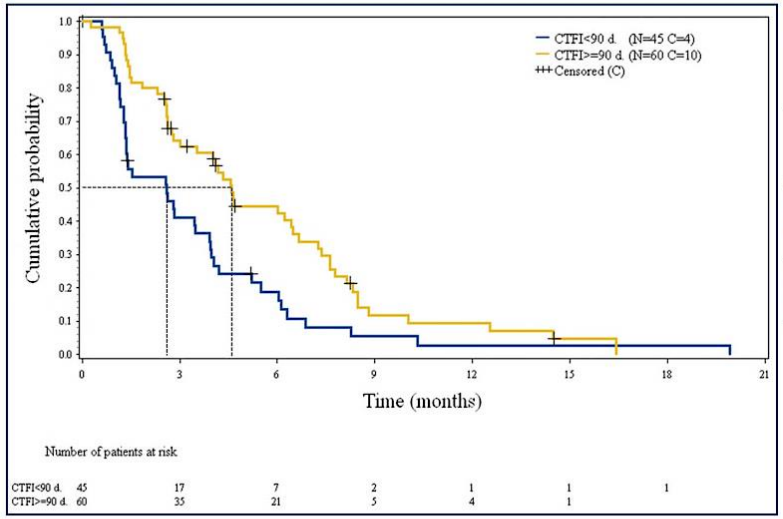
Decrease in Tumor Size



PRESENTED AT: 2019 ASCO ANNUAL MEETING #A

PRESENTED BY: Dr. Luis Paz Ares

Progression Free Survival: Sensitive and resistant SCLC populations



	n	PFS mo median (95% CI)	PFS at 6 mo % (95% CI)
All	105	3.9 (2.6-4.6)	33.6 (24.0-43.1)
Resistant CTFI< 90d	45	2.6 (1.3-3.9)	18.8 (6.8-30.9)
Sensitive CTFI≥ 90d	60	4.6 (3.0-6.5)	44.6 (31.2-57.9)

PRESENTED AT: 2019 ASCO ANNUAL MEETING #ASCO19

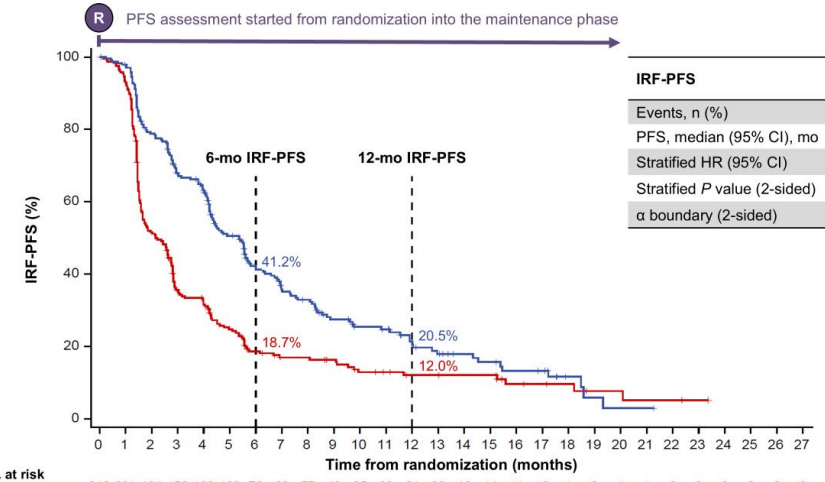
PRESENTED BY: Dr. Luis Paz Ares

Presented By Luis Paz-Ares at 2019 ASCO Annual Meeting

Presented By Luis Paz-Ares at 2019 ASCO Annual Meeting

IMforte Results

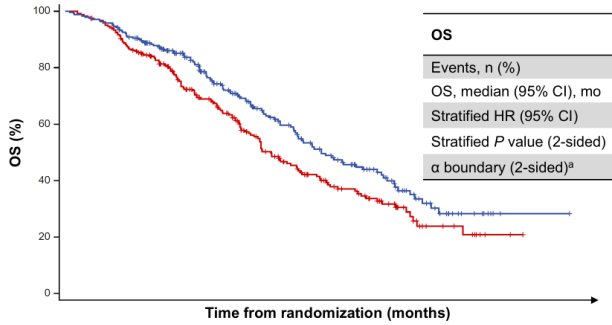
IRF-PFS from randomization into maintenance phase



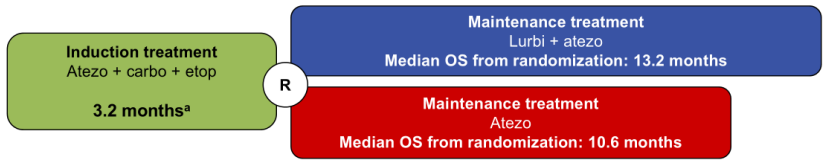
IRF-PFS	Lurbi + atezo (n=242)	Atezo (n=241)
Events, n (%)	174 (71.9)	202 (83.8)
PFS, median (95% CI), mo	5.4 (4.2, 5.8)	2.1 (1.6, 2.7)
Stratified HR (95% CI)	**0.54 (0.43, 0.67)**	
Stratified *P* value (2-sided)	<0.0001	
α boundary (2-sided)	0.001	

Clinical cutoff: July 29, 2024; median survival follow-up: 15.0 mo (minimum follow-up: 3.0 mo).
CI, confidence interval; HR, hazard ratio.

OS from randomization into maintenance phase



OS	Lurbi + atezo (n=242)	Atezo (n=241)
Events, n (%)	113 (46.7)	136 (56.4)
OS, median (95% CI), mo	13.2 (11.9, 16.4)	10.6 (9.5, 12.2)
Stratified HR (95% CI)	**0.73 (0.57, 0.95)**	
Stratified *P* value (2-sided)	0.0174	
α boundary (2-sided)[a]	0.0313	



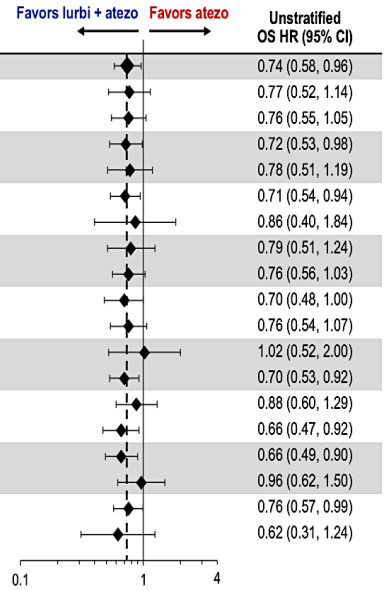
IMforte results do not include time on induction treatment

[a] Median time from start of induction treatment to randomization was analyzed for 483 randomized patients. Note: 660 patients were enrolled into the induction phase, out of whom 177 patients were not randomized into the maintenance phase.

IMforte Results

OS subgroup analysis

Baseline risk factors		Events/patients, n/N		Unstratified OS HR (95% CI)
		Lurbi + atezo	Atezo	
All patients		113/242	136/241	0.74 (0.58, 0.96)
Age, years	<65	53/118	49/90	0.77 (0.52, 1.14)
	≥65	60/124	87/151	0.76 (0.55, 1.05)
Sex	Male	75/151	88/151	0.72 (0.53, 0.98)
	Female	38/91	48/90	0.78 (0.51, 1.19)
Race[a]	White	92/195	118/199	0.71 (0.54, 0.94)
	Asian	13/31	14/31	0.86 (0.40, 1.84)
Tobacco use history[a]	Current	38/88	39/73	0.79 (0.51, 1.24)
	Previous	72/147	94/163	0.76 (0.56, 1.03)
Liver metastases at induction BL[b]	Yes	55/100	63/94	0.70 (0.48, 1.00)
	No	58/142	73/147	0.76 (0.54, 1.07)
Prior PCI[b]	Yes	16/34	18/37	1.02 (0.52, 2.00)
	No	97/208	118/204	0.70 (0.53, 0.92)
ECOG PS[b]	0	51/105	53/102	0.88 (0.60, 1.29)
	1	62/137	83/139	0.66 (0.47, 0.92)
LDH[b]	≤ULN	72/176	97/179	0.66 (0.49, 0.90)
	>ULN	41/66	39/62	0.96 (0.62, 1.50)
Response to induction therapy[a,c]	CR/PR	92/206	115/213	0.76 (0.57, 0.99)
	SD	17/28	18/25	0.62 (0.31, 1.24)



Clinical cutoff: July 29, 2024; median survival follow-up: 15.0 mo (minimum follow-up: 3.0 mo).
[a] Data from subgroups with small numbers are not displayed. [b] Stratification factor for randomization; data determined from electronic case-report forms. [c] n=236 in the lurbi + atezo arm and n=240 in the atezo arm; 7 randomized patients did not have a maintenance screening tumor assessment.

Confirmed IRF-assessed ORR and DOR during the maintenance phase

- Background: At the time of randomization, 88% of patients had CR/PR and 11% had SD to induction therapy
  - Tumor response in the maintenance phase was assessed against maintenance baseline

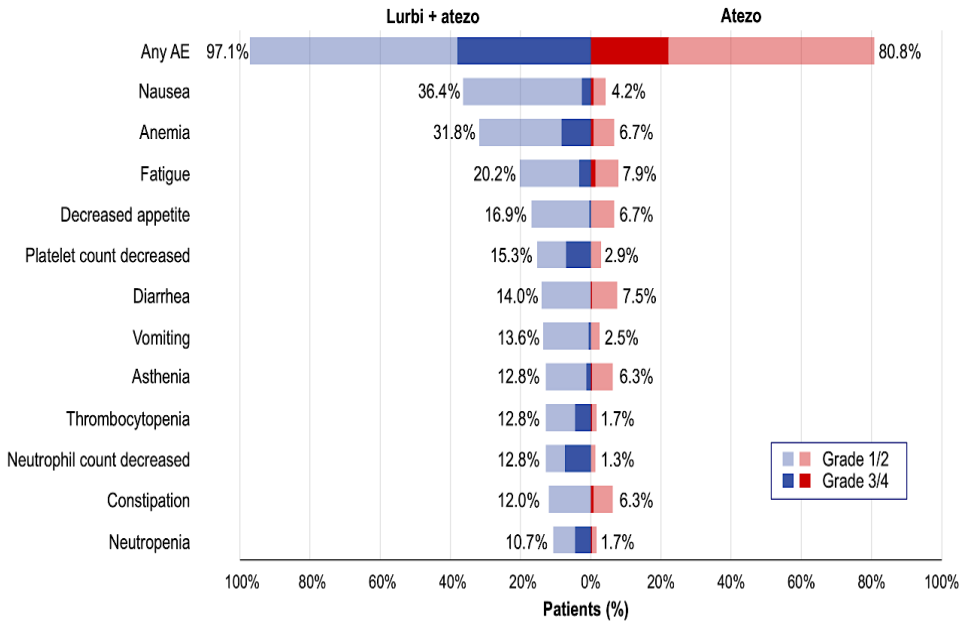
Patients with measurable disease[a]	Lurbi + atezo (n=175)	Atezo (n=182)
Confirmed objective response, n (%) (95% CI)[b]	34 (19.4) (13.9, 26.1)	19 (10.4) (6.4, 15.8)
Difference in ORR (95% CI), %	9.0 (1.1, 16.9)	
CR, n (%)	4 (2.3)	1 (0.5)
PR, n (%)	30 (17.1)	18 (9.9)
SD, n (%)	96 (54.9)	68 (37.4)
PD, n (%)	34 (19.4)	87 (47.8)
Missing or non-evaluable, n (%)	11 (6.3)	8 (4.4)
DOR[c]		
Responders with an event/responders, n (%)	14/34 (41.2)	11/19 (57.9)
Median DOR (95% CI), mo	9.0 (5.5, NE)	5.6 (4.2, NE)

Clinical cutoff: July 29, 2024. [a] Measurable disease was not an inclusion criterion to enter the maintenance phase. [b] The confirmed ORR was defined as the proportion of randomized patients with a CR or PR on two consecutive occasions ≥4 weeks apart after randomization and was assessed in patients who had measurable disease at maintenance baseline. [c] DOR was assessed in patients who had a confirmed objective response in the maintenance phase. NE, not estimable.

IMforte Results

17

All-cause AEs with incidence ≥10% in either arm



Febrile neutropenia
Lurbi + atezo: 1.7%[a]
Atezo: 0%

Grade 3/4 infections and infestations[b]
Lurbi + atezo: 6.6%
Atezo: 5.0%

Clinical cutoff: July 29, 2024. Percentage labels represent all-grade AEs, including Grade 5 AEs. Grade 5 AEs occurred in 12 (5.0%) patients in the lurbi + atezo arm and 6 (2.5%) patients in the atezo arm.
[a] Includes 1 Grade 5 AE. [b] Grade 5 infections: lurbi + atezo arm (n=6 [2.5%]): COVID-19 pneumonia, pneumonia, pneumonia viral, sepsis, septic shock, and vascular device infection (n=1 each); atezo arm (n=4 [1.7%]): pneumonia (n=2), abscess intestinal, and sepsis (n=1 each).

15

Follow-up systemic anticancer treatments

Patients, n (%)	Lurbi + atezo (n=242)	Atezo (n=241)
Patients who discontinued maintenance treatment	197	208
Patients with ≥1 follow-up systemic anticancer treatment	108 (44.6)	132 (54.8)
Chemotherapy	89 (36.8)	119 (49.4)
Immunotherapy	25 (10.3)	20 (8.3)
Targeted therapy	3 (1.2)	2 (0.8)
Other	3 (1.2)	3 (1.2)

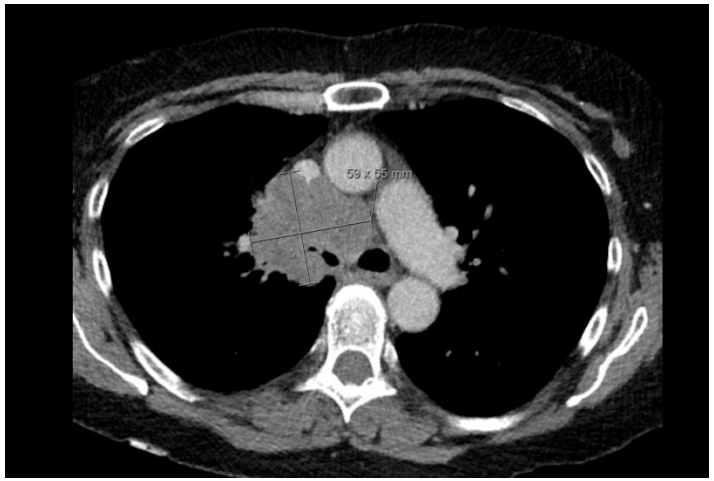
At the time of clinical cutoff, no patient in the lurbi + atezo arm and 22 patients (9.1%) in the atezo arm had received follow-up lurbi treatment

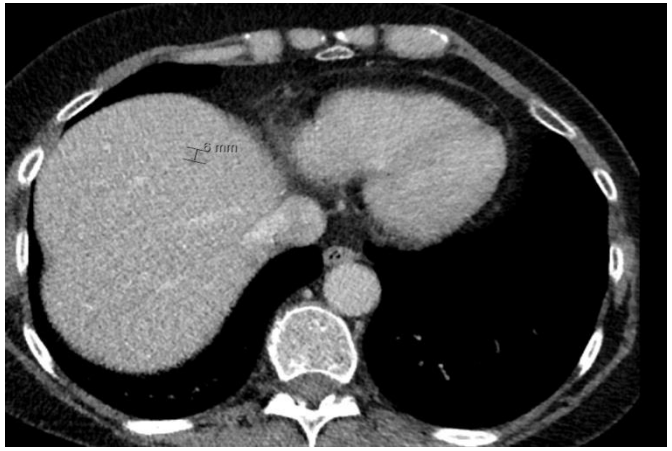
Clinical cutoff: July 29, 2024.

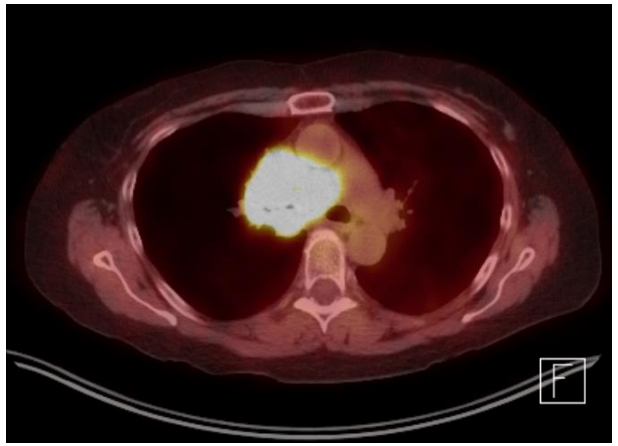
Dr Borghaei: Case Presentation 1

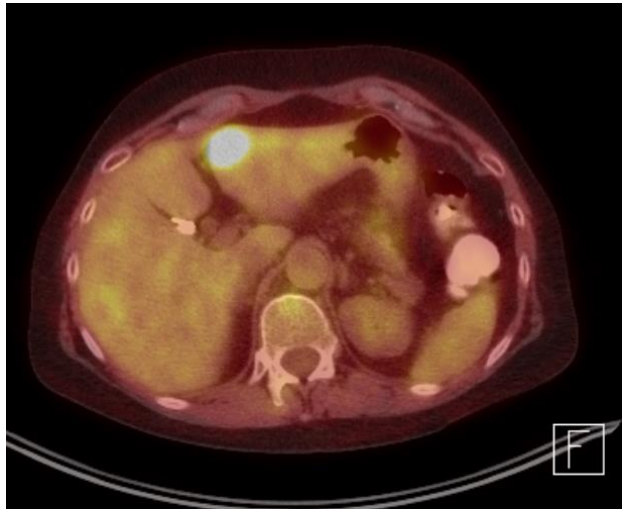
- 60 Y Old female, 35 pack Yr smoking history presented with two months of progressive shortness of breath with intermittent cough, wheezing and sputum production.
- She did not have a response to antibiotics and steroids
- CT showed a mass involving the mediastinum and right upper lobe with partial extrinsic compression of vascular structures, the right bronchus intermedius, and the right upper lobe. Additionally, there was evidence of lymphadenopathy and a new hepatic lesion in the right hepatic lobe that was highly suspicious for metastatic disease.

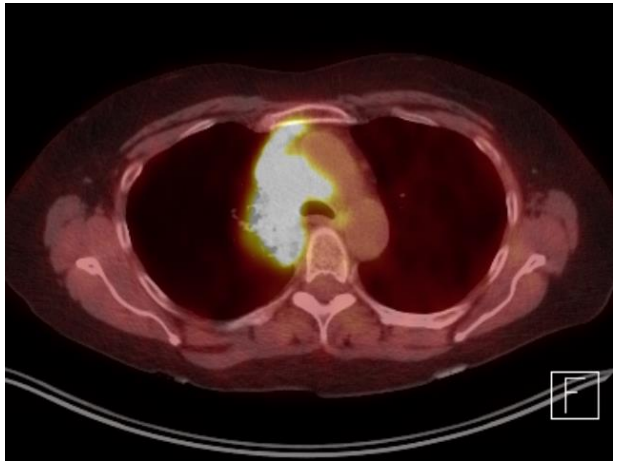
Dr Borghaei: Case Presentation 1 (Continued)

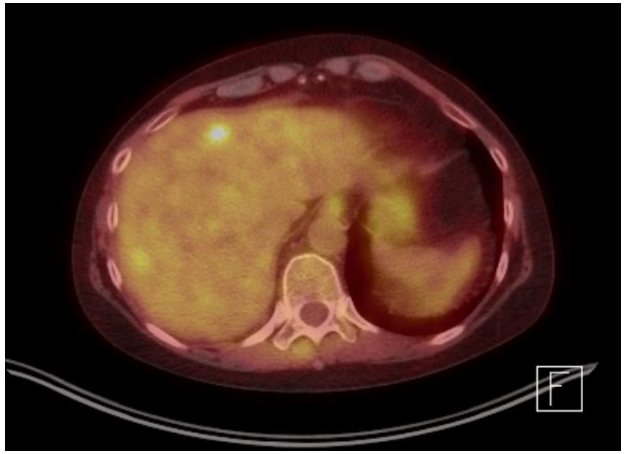








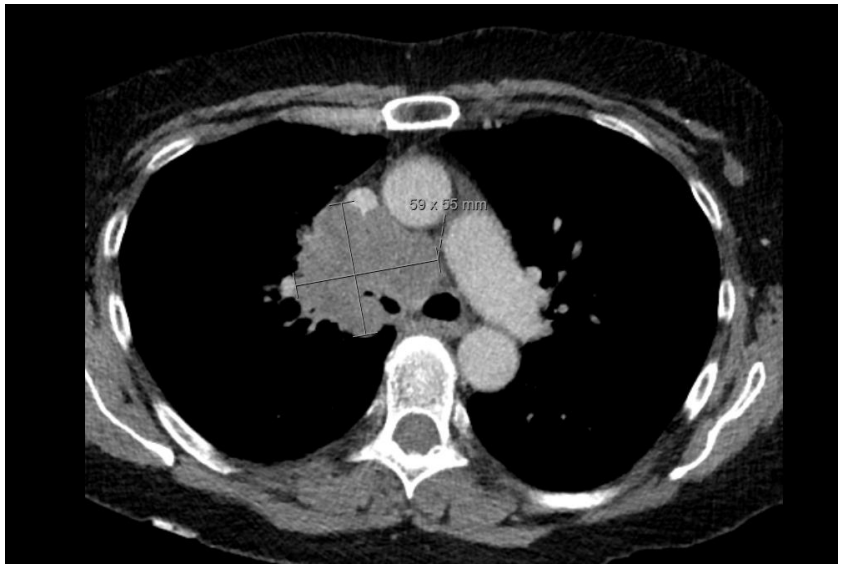




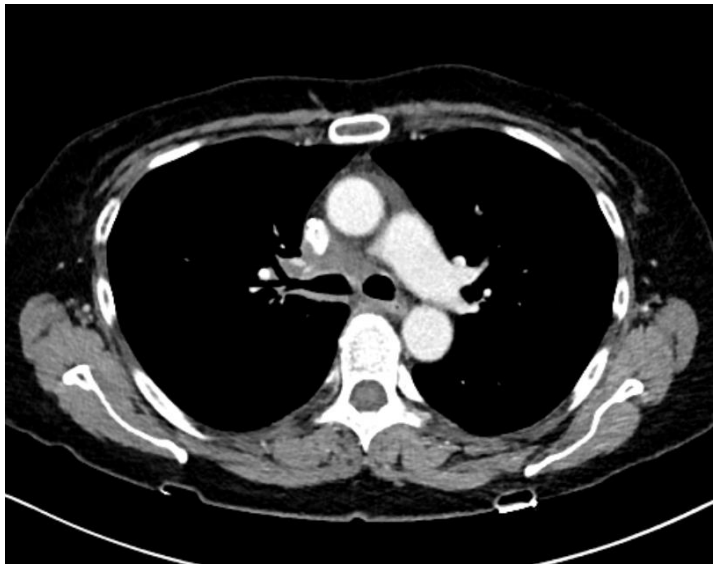
Dr Borghaei: Case Presentation 1 (Continued)

- Bronchoscopy and biopsy showed Small Cell lung Cancer
- Liver biopsy confirmed SCLC
- Brain MRI was negative at baseline
- Treatment with carboplatin, etoposide and atezolizumab was initiated
- G-CSF was used as prophylaxis from cycle 1
- She developed myelosuppression requiring blood transfusions

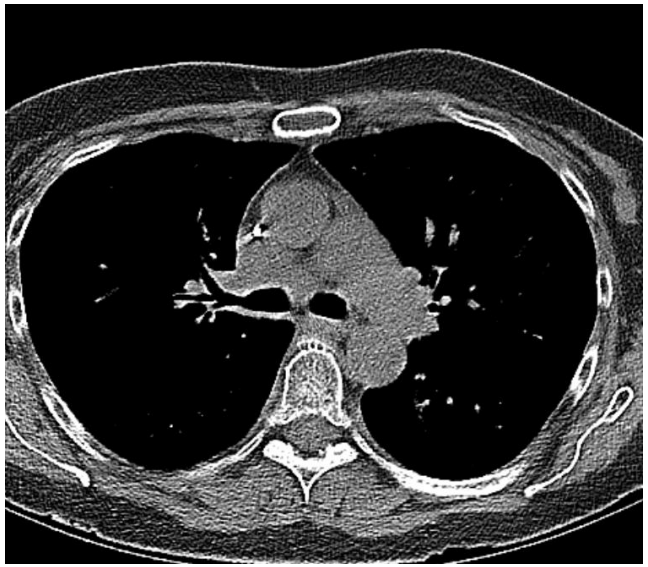
Dr Borghaei: Case Presentation 1 (Continued)



Pre Treatment



Post 2 Cycles of Induction



Post 4 cycles of Induction

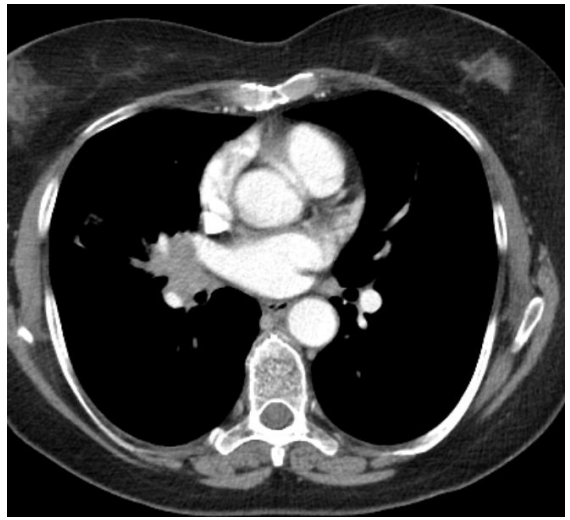
Dr Borghaei: Case Presentation 1 (Continued)

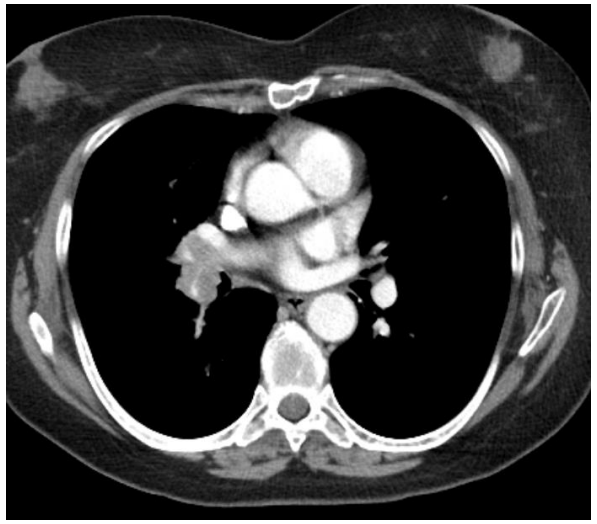
- She completed four cycles of induction chemotherapy plus IO
- There was a one-week delay in treatment due to anemia in cycle 3
- After the 4th cycle of induction, imaging studies showed disease stability
- Maintenance atezolizumab was initiated. She had significant fatigue. I decided to delay initiation of lurbinectedin to allow for recovery
- Lurbi was added with cycle 2 of atezolizumab and is continuing now (total of 3 cycles)

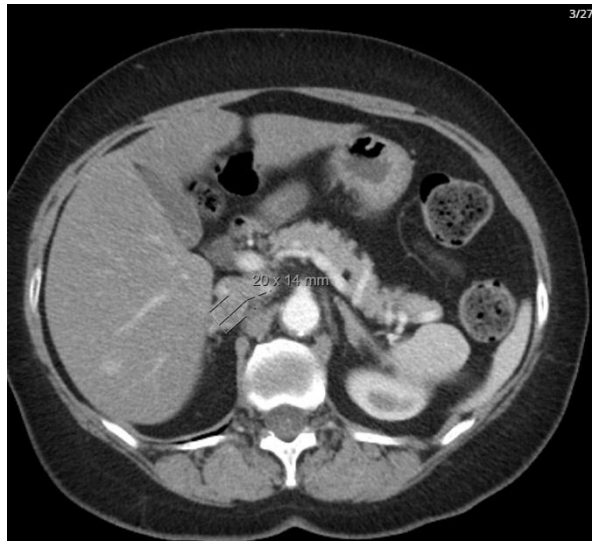
Dr Borghaei: Case Presentation 2

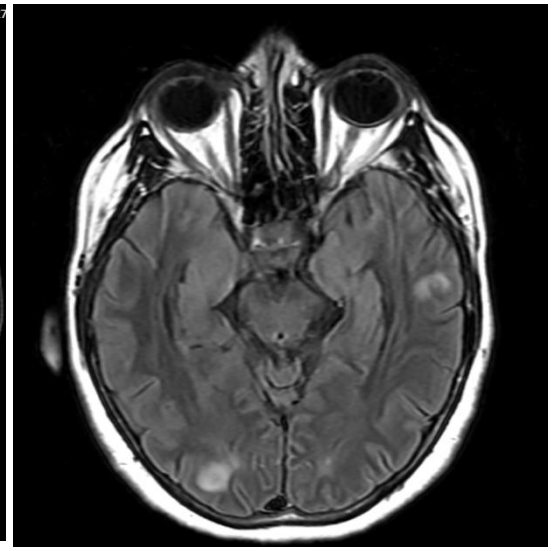
- 64 y.o. female former smoker, quit approximately 13 months prior to diagnosis, started smoking about 41 years ago (40 pack years) was seen with a diagnosis of SCLC and positive QuantiFERON gold.
- Past medical history is significant for latent TBI, CAD, HFrEF, reported COPD, most recent PFT's display moderately severe obstruction with relatively preserved diffusion.
- She had been retired since 2009 and remains active. She is able to walk 10 blocks, climb the stairs and perform her own ADL's. She does note dyspnea at the top of the stairs.

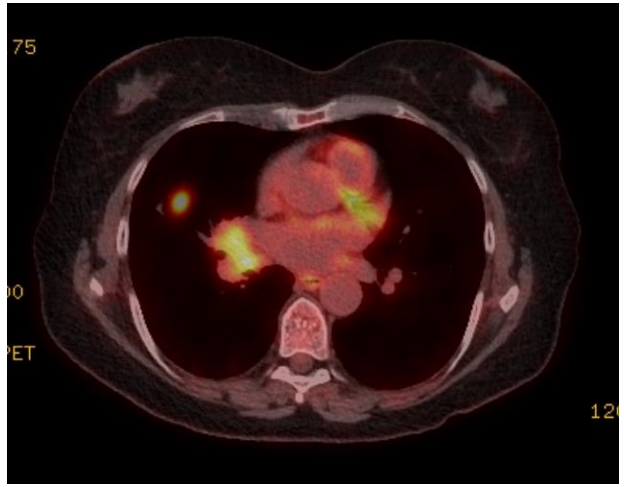
Dr Borghaei: Case Presentation 2 (Continued)

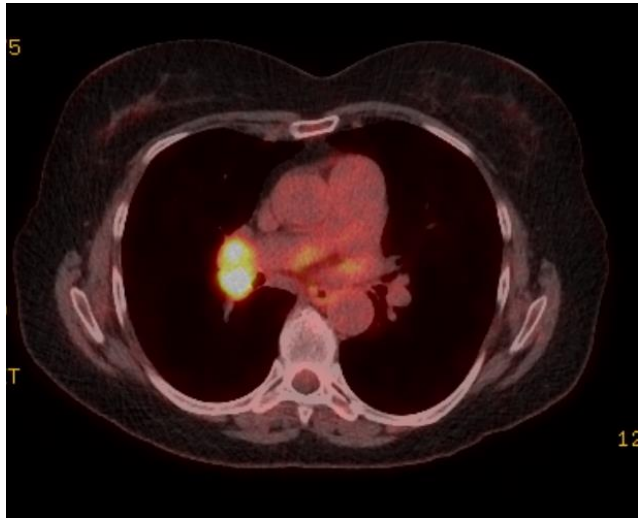


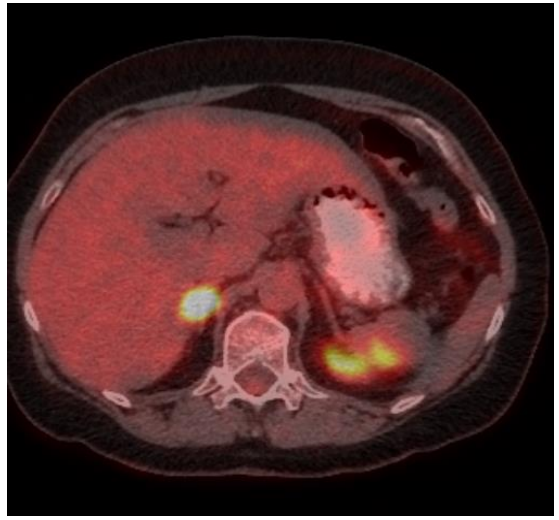


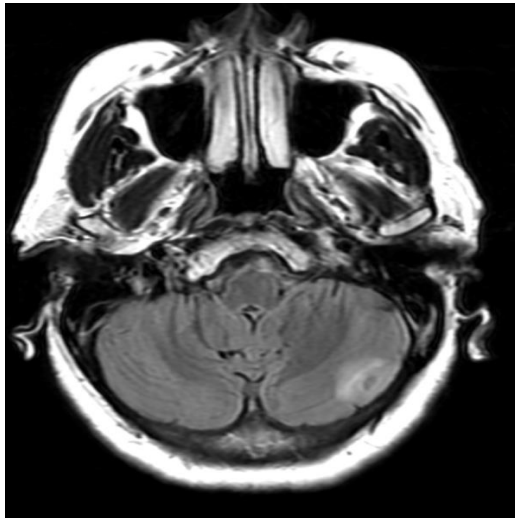








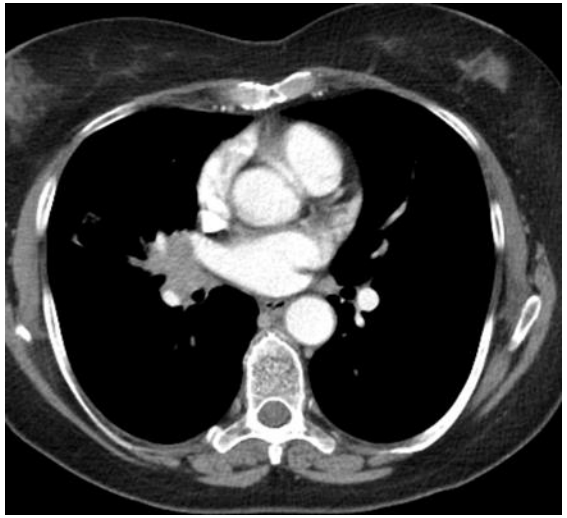




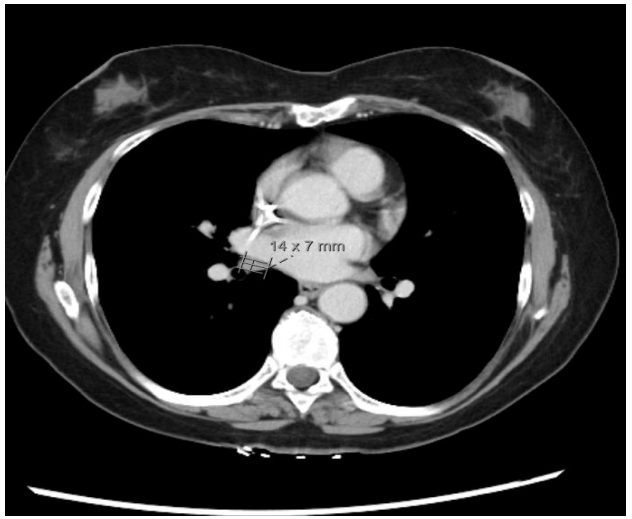
Dr Borghaei: Case Presentation 2 (Continued)

- She began systemic therapy with carboplatin, etoposide and atezolizumab. Trilaciclib was added for marrow protection
- Interim imaging showed a response to treatment, including intracranial response (radiation to the brain was held)
- She completed four cycles of induction with the above regimen without significant toxicities
- Maintenance treatment with atezolizumab plus lurbinectedin was offered and accepted by the patient

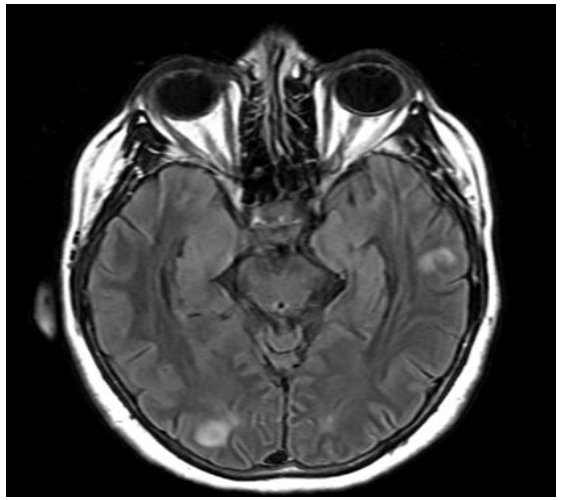
Dr Borghaei: Case Presentation 2 (Continued)



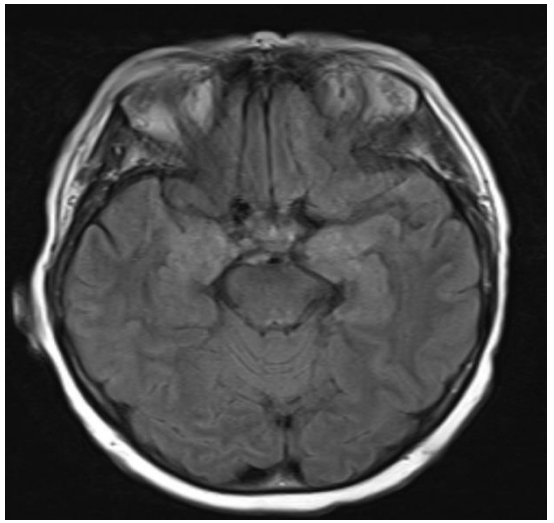
Pre treatment



Post Induction



Pre treatment



Post induction

Dr Borghaei: Case Presentation 2 (Continued)

- She presented to an ER for evaluation of dizziness, hypertension and palpitation after the first cycle of maintenance treatment. No etiology was found despite hospitalization and full evaluation
- Lurbi was held for cycle 2 but added for cycle 3
- After cycle 3 she again presented to the ER with the same symptoms. Again, work up was negative
- Lurbi was held for cycles 4 and 5 and no ER visits occurred
- Cycle 6 included both drugs and again the same pattern returned
- Lurbi has been discontinued and she remains on maintenance atezolizumab
- Progression in brain was documented after cycle 2 of maintenance and SRS was used for treatment

Agenda

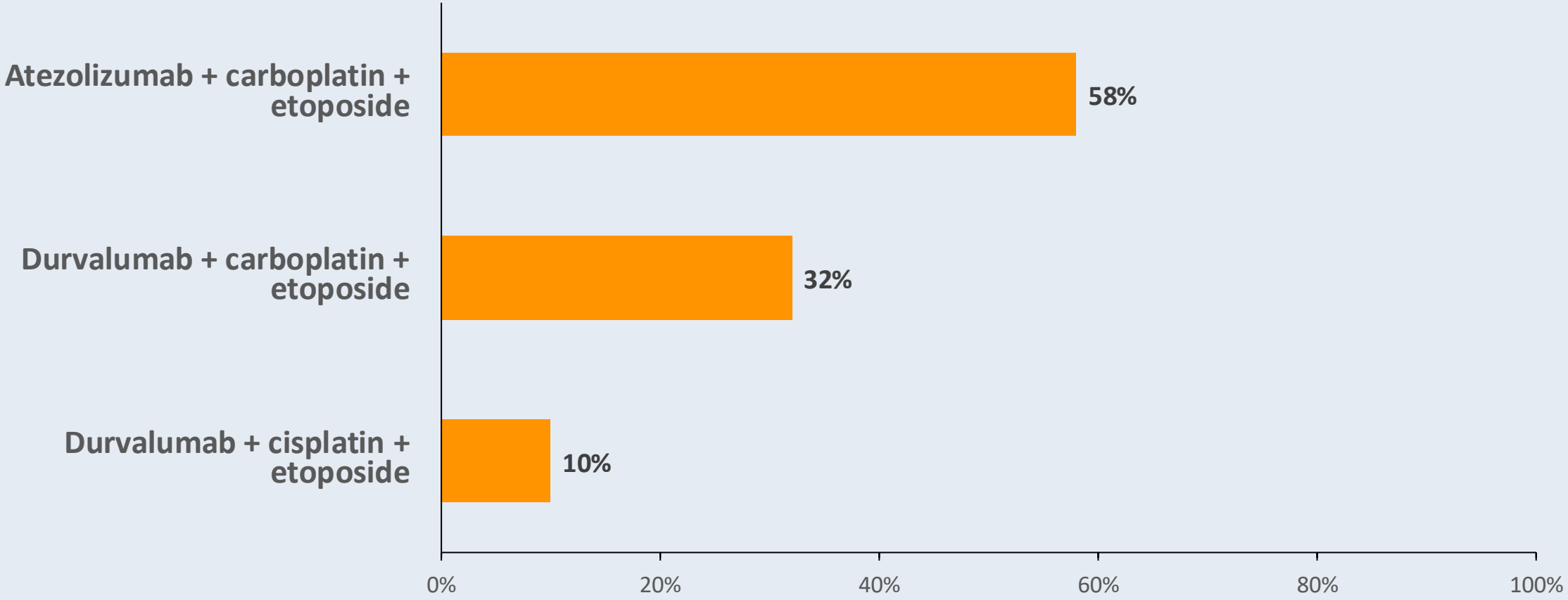
Introduction: Rational Treatment Goals for Extensive-Stage Disease?

Module 1: Current Considerations in the Selection of First-Line and Maintenance Therapy — Dr Borghaei

Module 2: Clinician Survey Results

Module 3: Promising Investigational Strategies — Dr Chiang

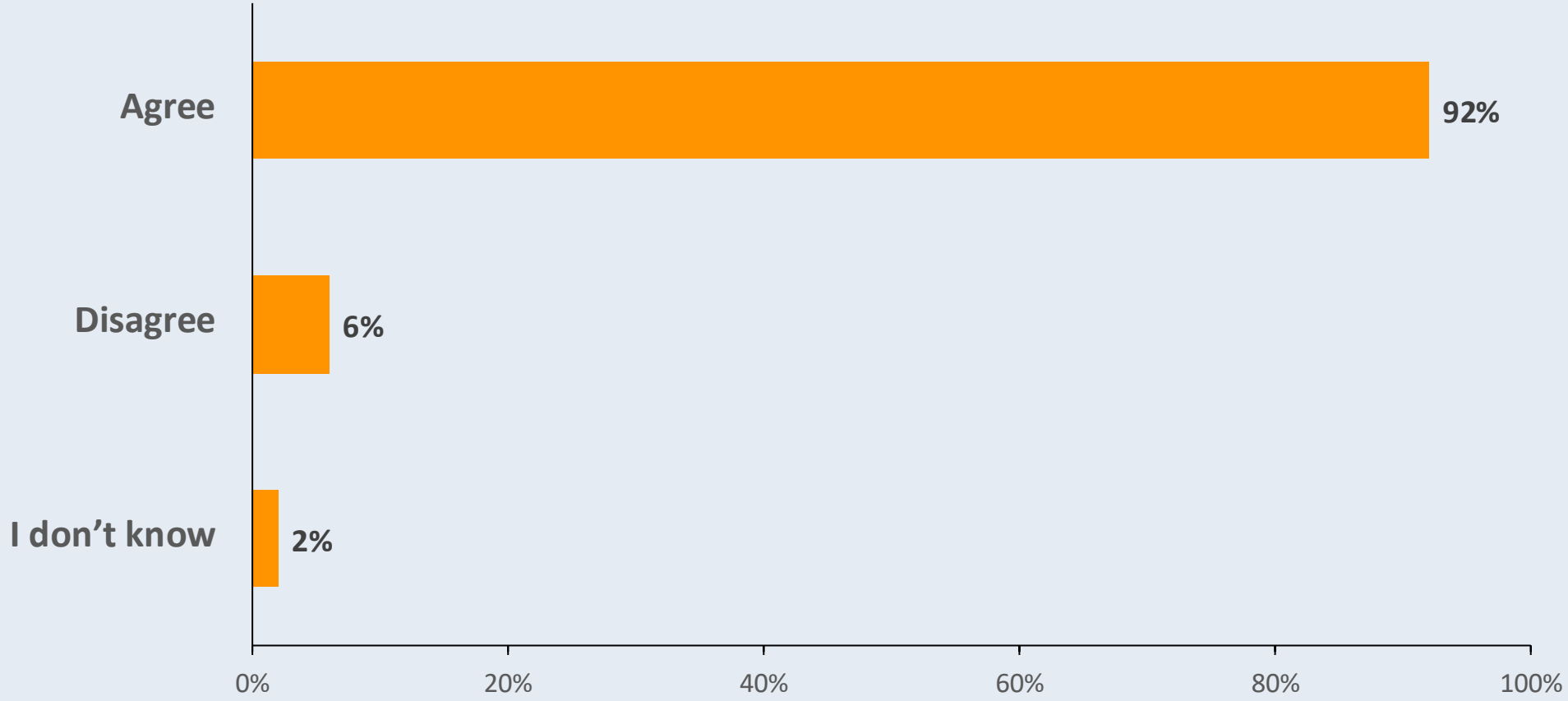
Which first-line treatment would you most likely recommend for a 65-year-old patient (PS 0) with de novo ES-SCLC and no CNS involvement?



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

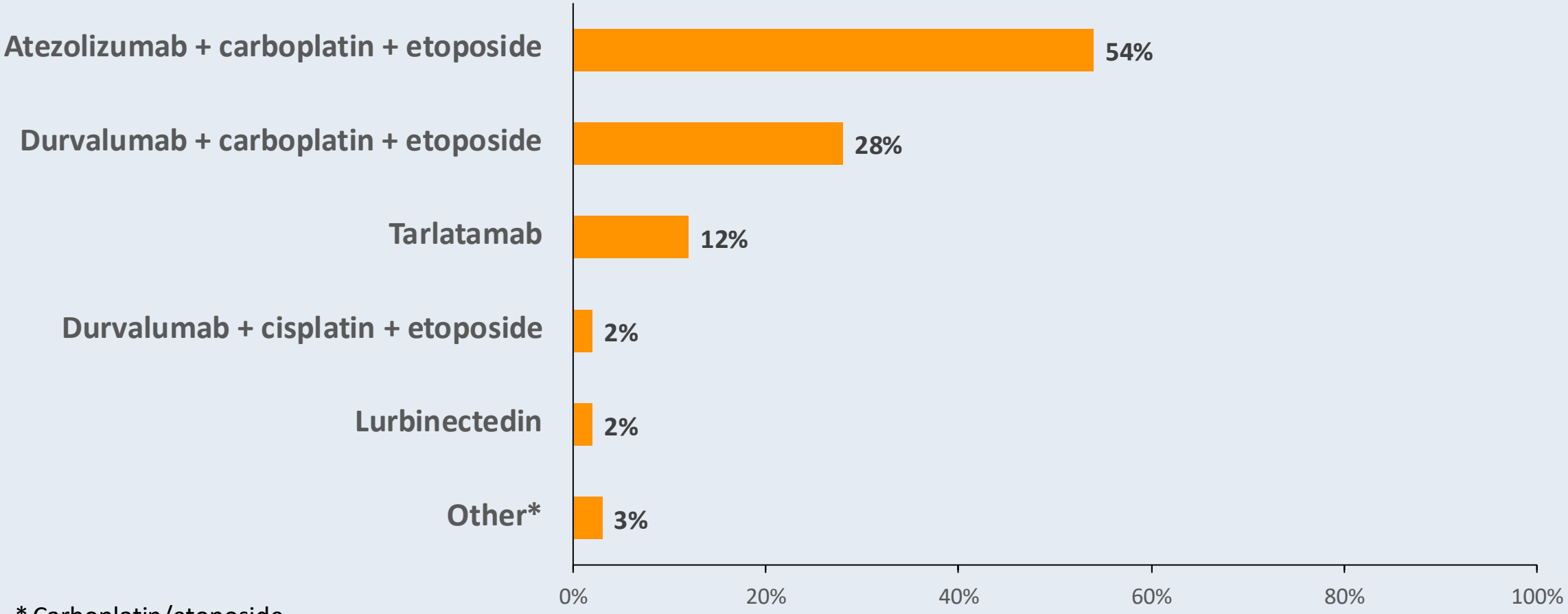
The benefits and risks of durvalumab/platinum/etoposide and atezolizumab/carboplatin/etoposide are very similar, and from a clinical point of view selecting between the 2 regimens as first-line treatment for a patient with ES-SCLC can be considered a “coin flip.”



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

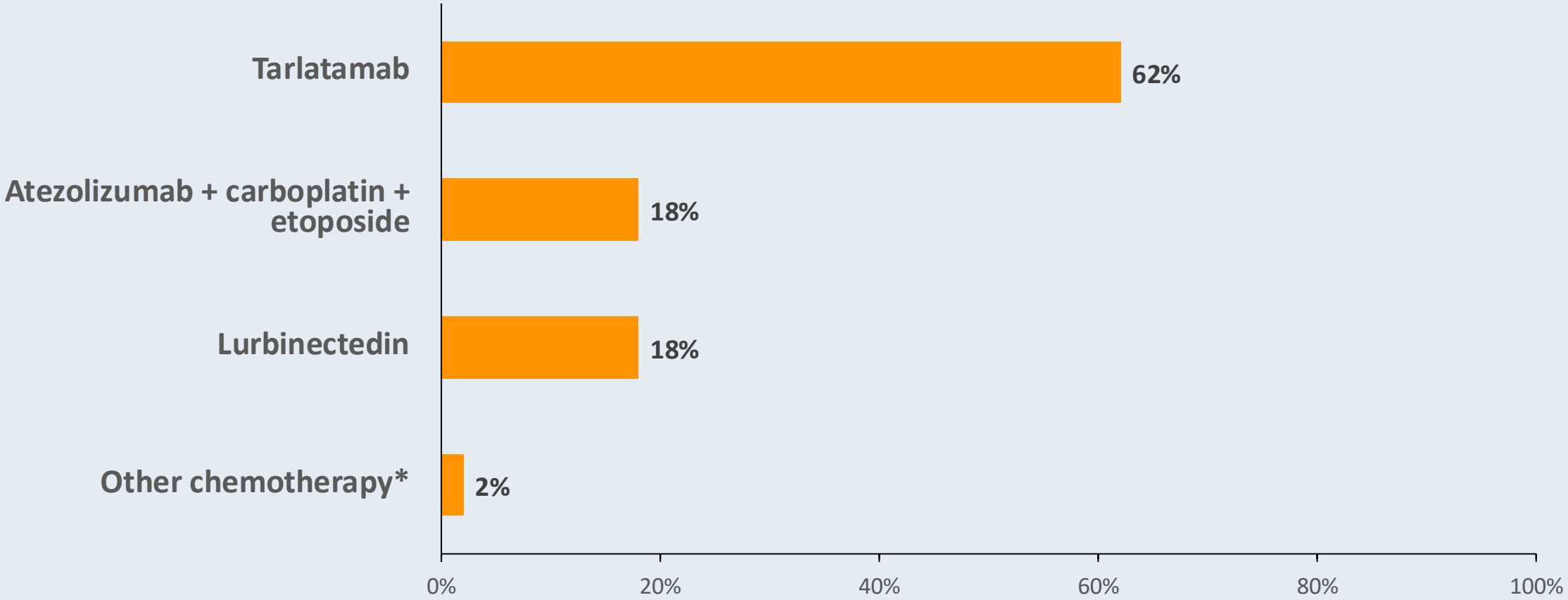
Regulatory and reimbursement issues aside, which first-line treatment would you most likely recommend for a 65-year-old patient (PS 0) who received concurrent platinum/etoposide and radiation therapy followed by durvalumab consolidation for LS-SCLC and experienced disease progression to ES-SCLC 2 years after completing treatment?



* Carboplatin/etoposide

Survey of US-based general medical oncologists

Regulatory and reimbursement issues aside, which first-line treatment would you most likely recommend for a 65-year-old patient (PS 0) who received concurrent platinum/etoposide and radiation therapy followed by durvalumab consolidation for limited-stage (LS)-SCLC and experienced disease progression to ES-SCLC 6 months after completing treatment?

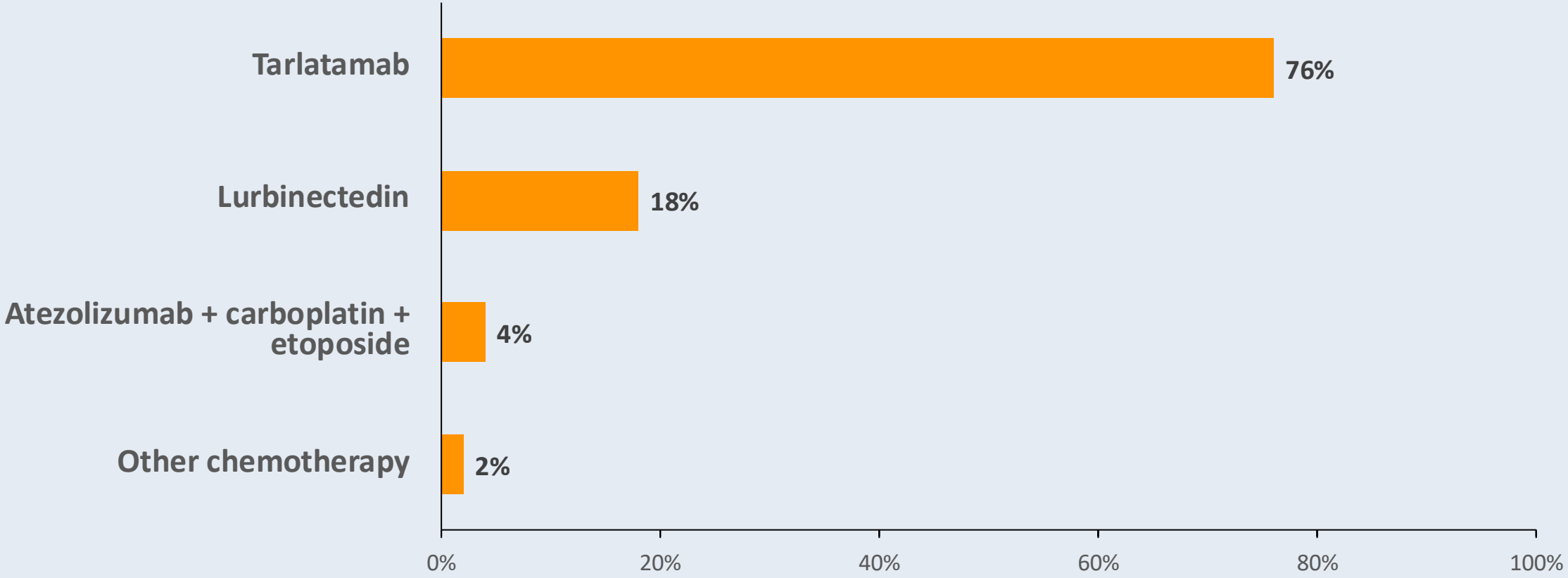


* Platinum/etoposide

Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, which first-line treatment would you most likely recommend for a 65-year-old patient (PS 0) who received concurrent platinum/etoposide and radiation therapy followed by durvalumab consolidation for LS-SCLC and experienced disease progression to ES-SCLC while receiving durvalumab consolidation?

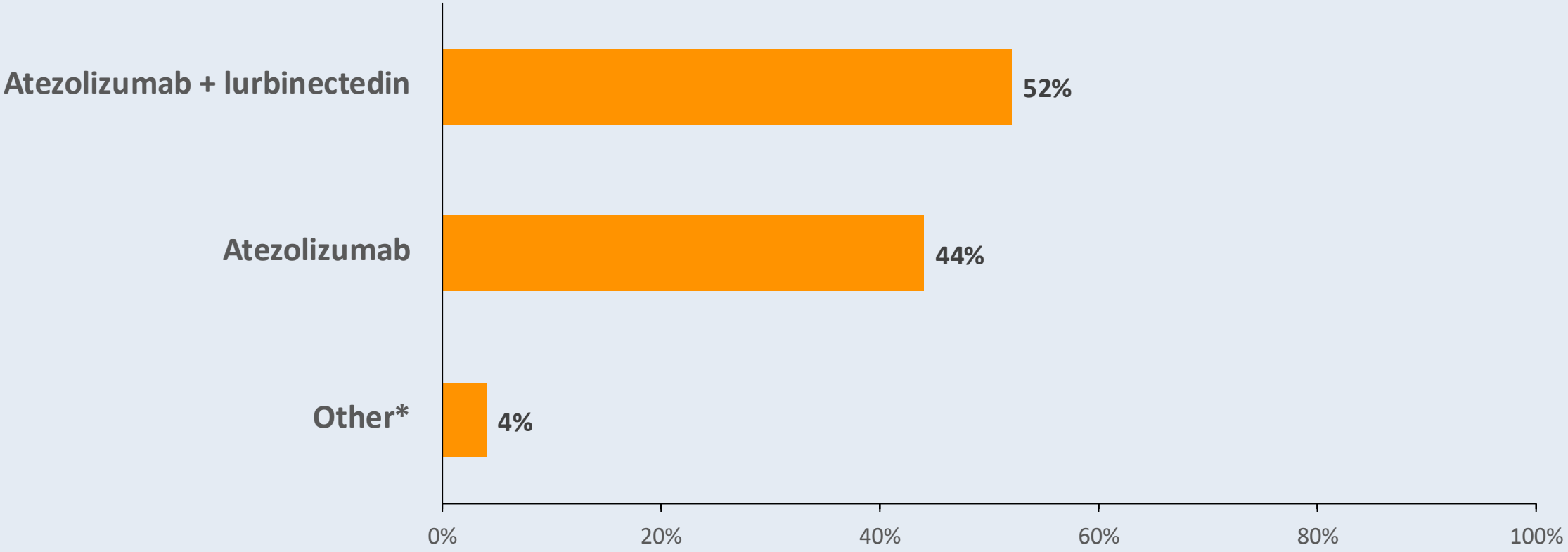


* Carboplatin, etoposide, lurbinectedin or tarlatamab depending on progression-free interval

Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for a 65-year-old patient with ES-SCLC (PS 0) who received induction therapy with atezolizumab and platinum/etoposide and attained a complete response with good tolerability?

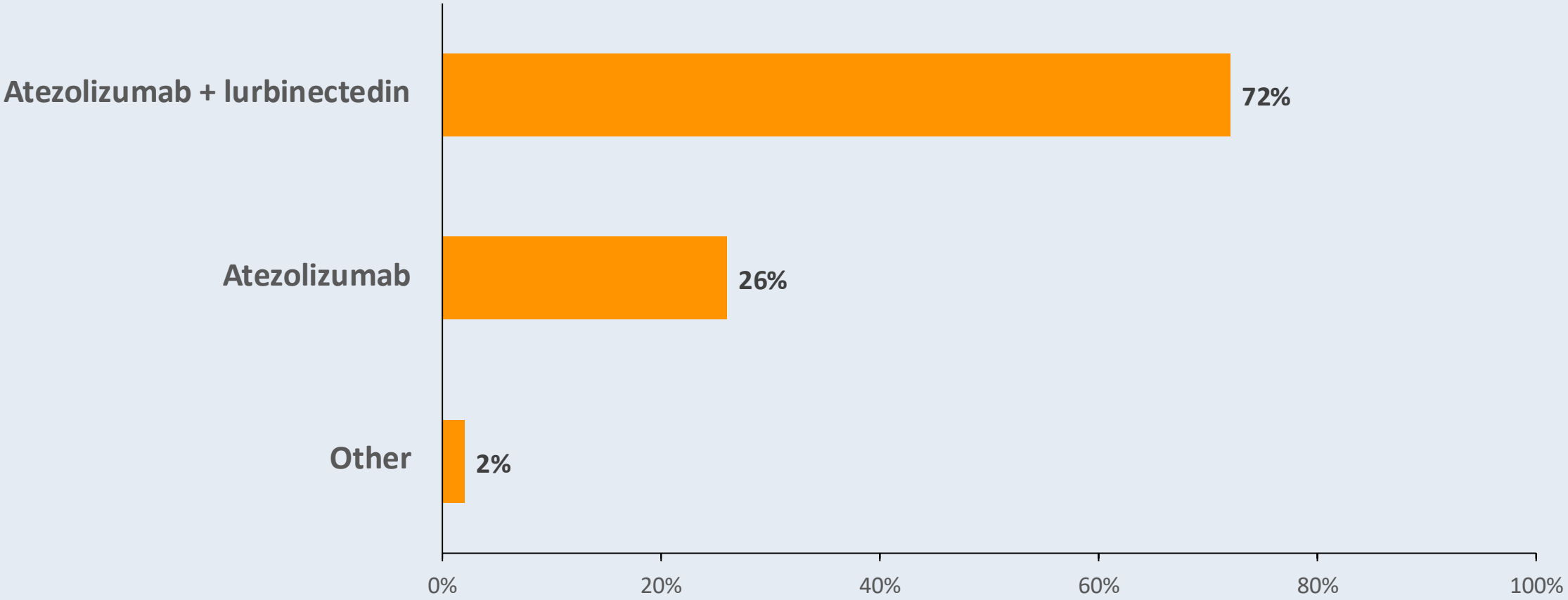


* Atezolizumab + tarlatamab 2%. Would be a discussion — you would not know if lurbinectedin is working as there is no remaining target. And have to explain the toxicity — really a patient decision.

Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

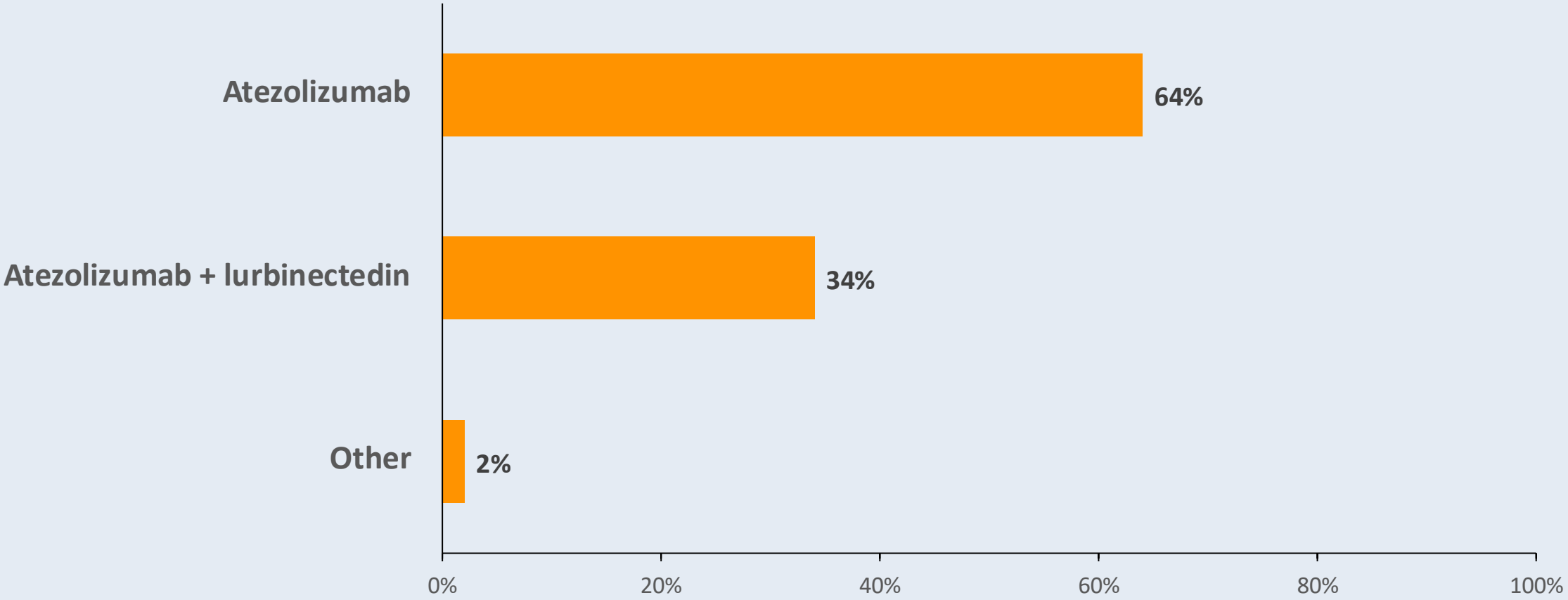
Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for a 65-year-old patient with ES-SCLC (PS 0) who received induction therapy with atezolizumab and platinum/etoposide and attained a partial response with good tolerability?



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

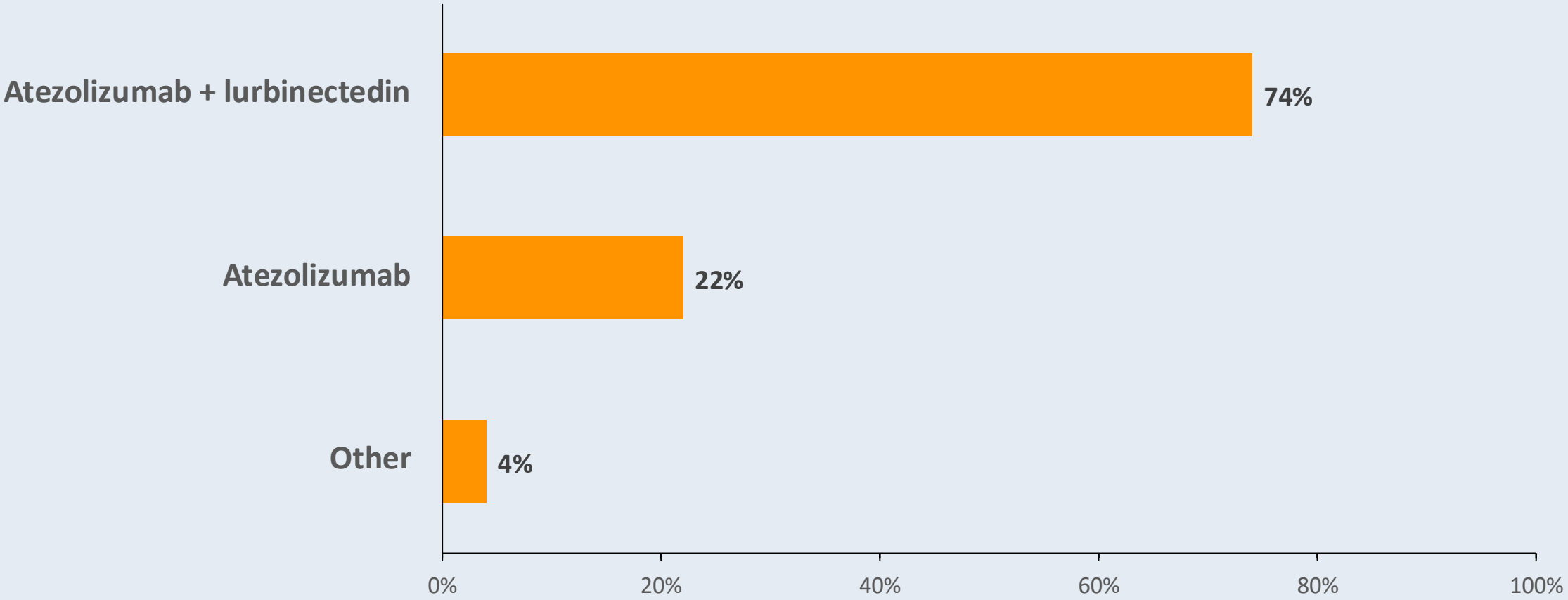
Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for a 65-year-old patient with ES-SCLC (PS 0) who received induction therapy with atezolizumab and platinum/etoposide and attained a partial response but required numerous dose reductions and holds for toxicity?



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

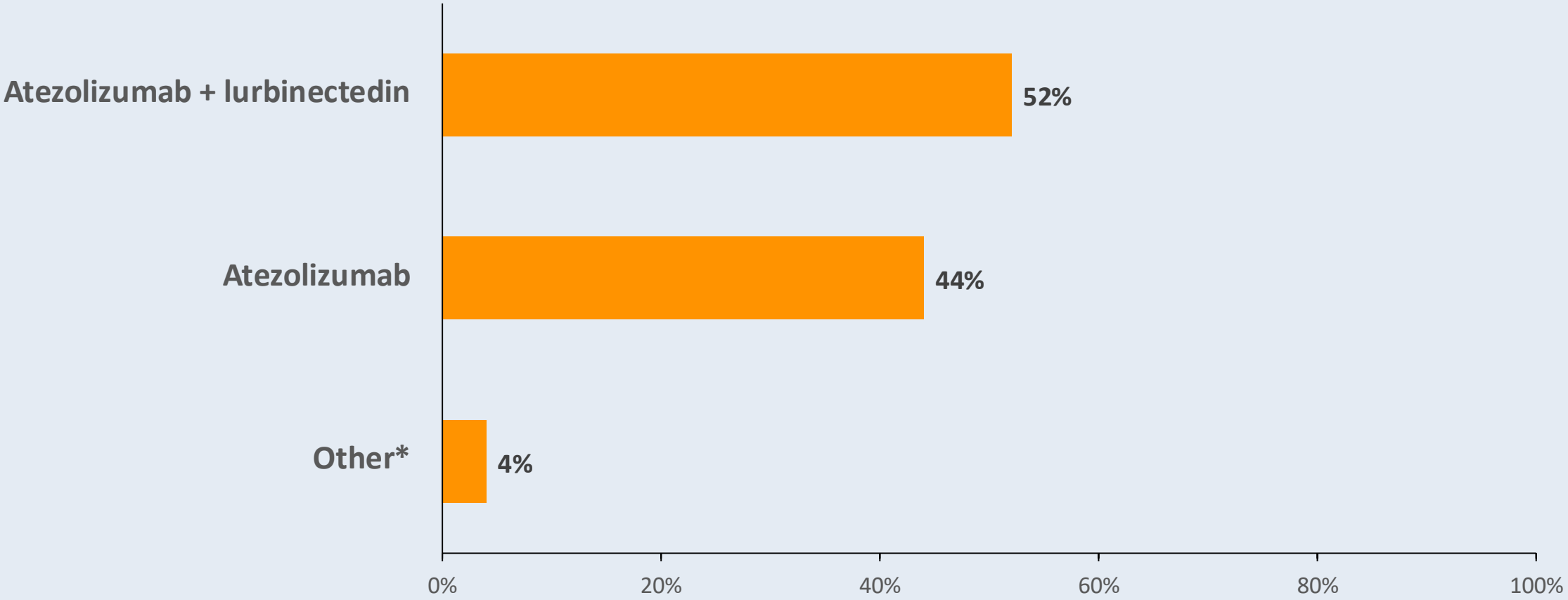
Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for a 65-year-old patient with ES-SCLC (PS 0) who received induction therapy with atezolizumab and platinum/etoposide and attained stable disease with good tolerability?



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

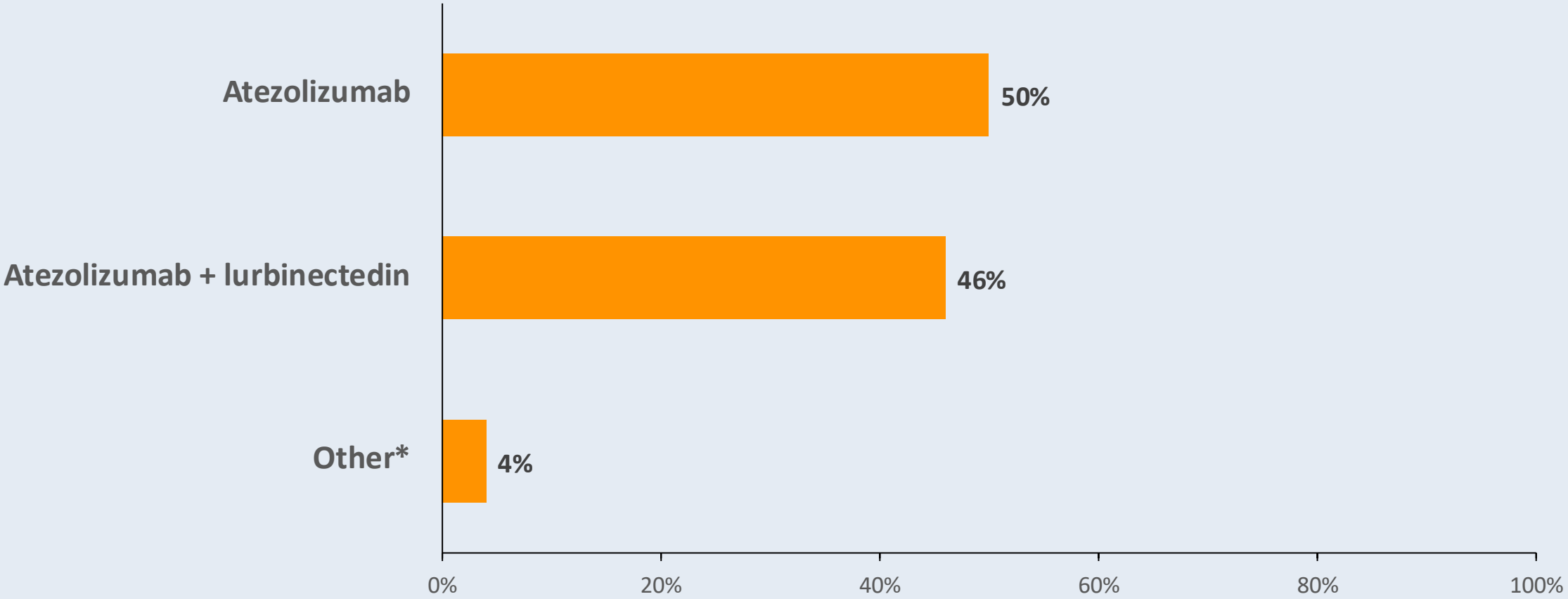
Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for a 65-year-old patient with ES-SCLC (PS 0) and an isolated asymptomatic brain metastasis who received induction therapy with atezolizumab and platinum/etoposide (in addition to concurrent radiation therapy), responded and tolerated treatment well?



* Atezolizumab + tarlatamab. Discussion if CR, combo if PR or less

Survey of US-based general medical oncologists

Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for a 65-year-old patient with ES-SCLC (PS 0) and multiple bilateral asymptomatic brain metastases who received induction therapy with atezolizumab and platinum/etoposide (in addition to concurrent radiation therapy), responded and tolerated treatment well?

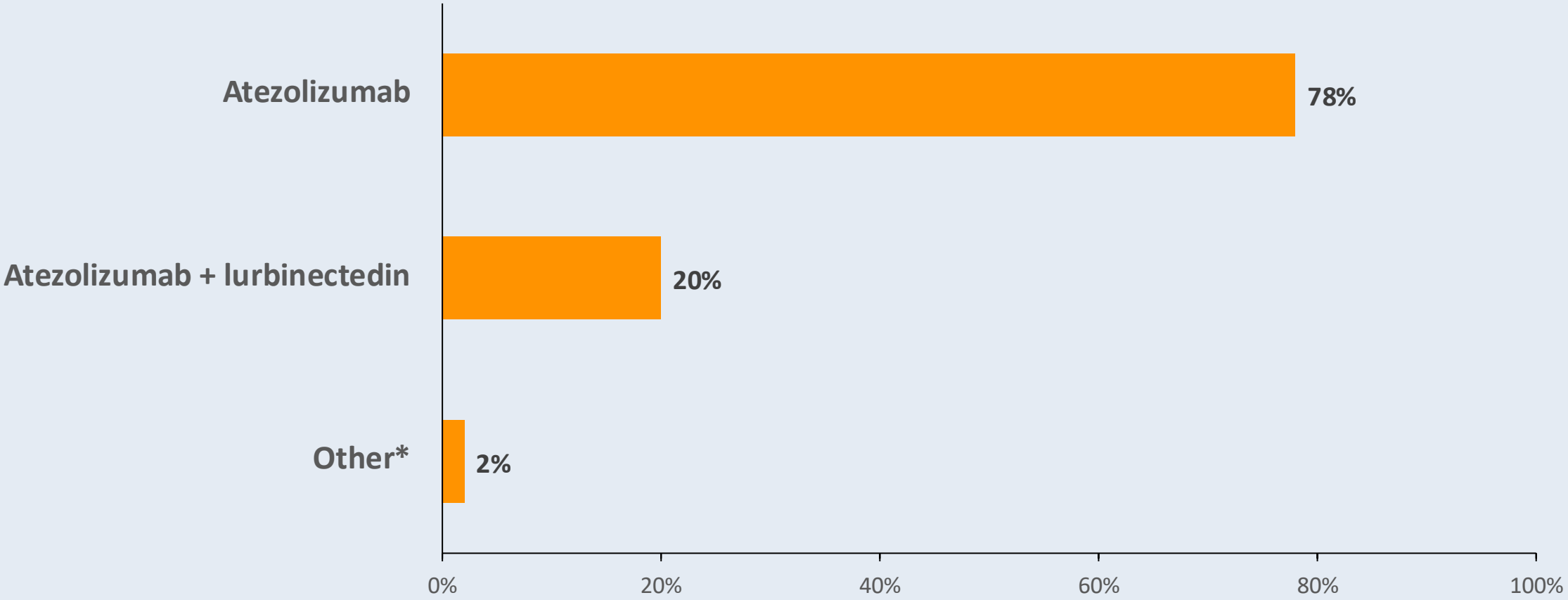


* Atezolizumab + tarlatamab. Discussion of combo vs immune therapy alone

Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for an 85-year-old frail patient with ES-SCLC (PS 1) who received induction therapy with atezolizumab and platinum/etoposide, responded and tolerated treatment well?

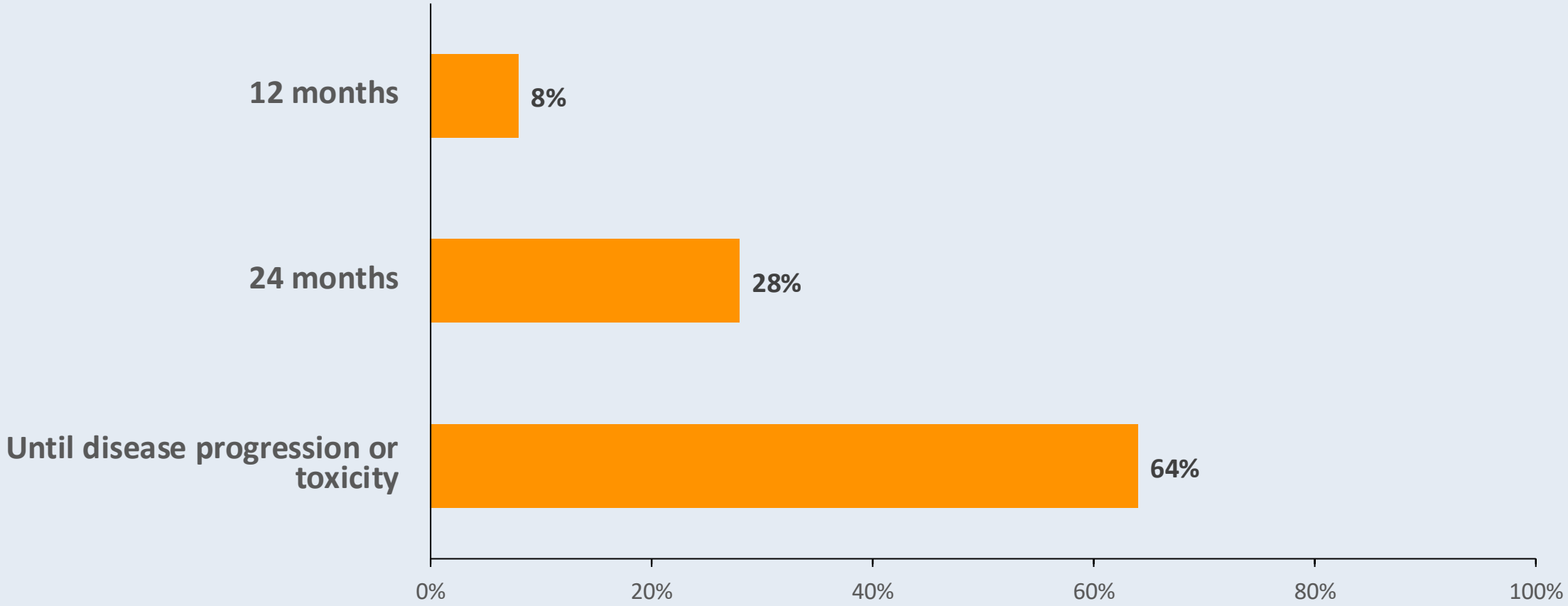


* Atezolizumab + tarlatamab

Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

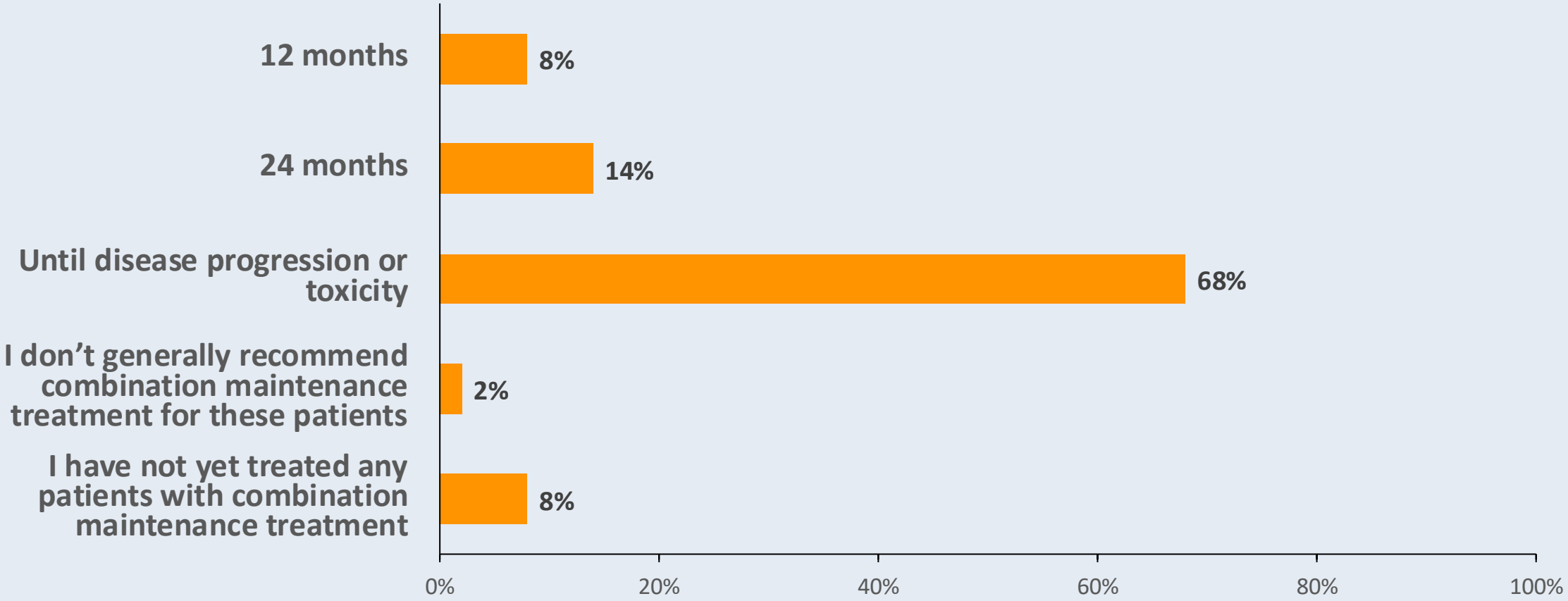
In general, for how long do you continue an anti-PD-1/PD-L1 antibody in the maintenance setting for patients with ES-SCLC who respond to induction chemoimmunotherapy and tolerate treatment well?



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

In general, for how long do you continue atezolizumab in combination with lurbinectedin in the maintenance setting for patients with ES-SCLC who respond to induction chemoimmunotherapy and tolerate treatment well?



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

To approximately how many patients with ES-SCLC have you administered atezolizumab with lurbinectedin in the maintenance setting?

Median: 1 patient
Range: 0-15 patients

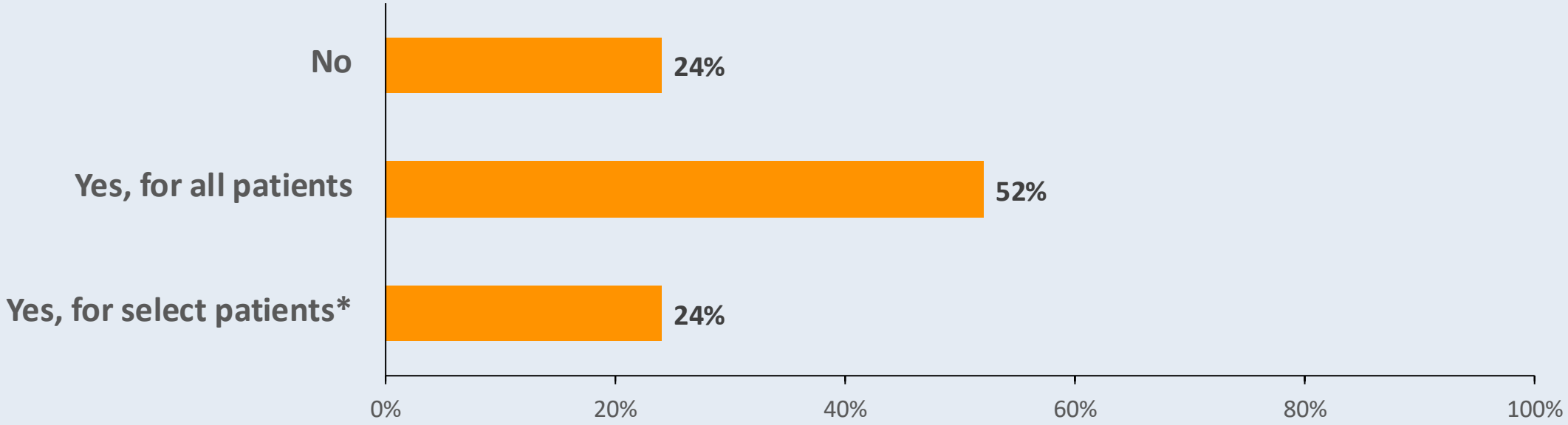
In general, which lurbinectedin-associated side effect is most detrimental to quality of life for patients with ES-SCLC who are receiving combination maintenance therapy?

Myelosuppression/cytopenias/neutropenia	33
Fatigue	23
GI toxicity	8
Neuropathy	2
Increase creatinine	1
Tolerable/none	4

Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

In general, do you administer prophylactic G-CSF for patients with ES-SCLC who are going to receive atezolizumab and lurbinectedin as maintenance therapy?

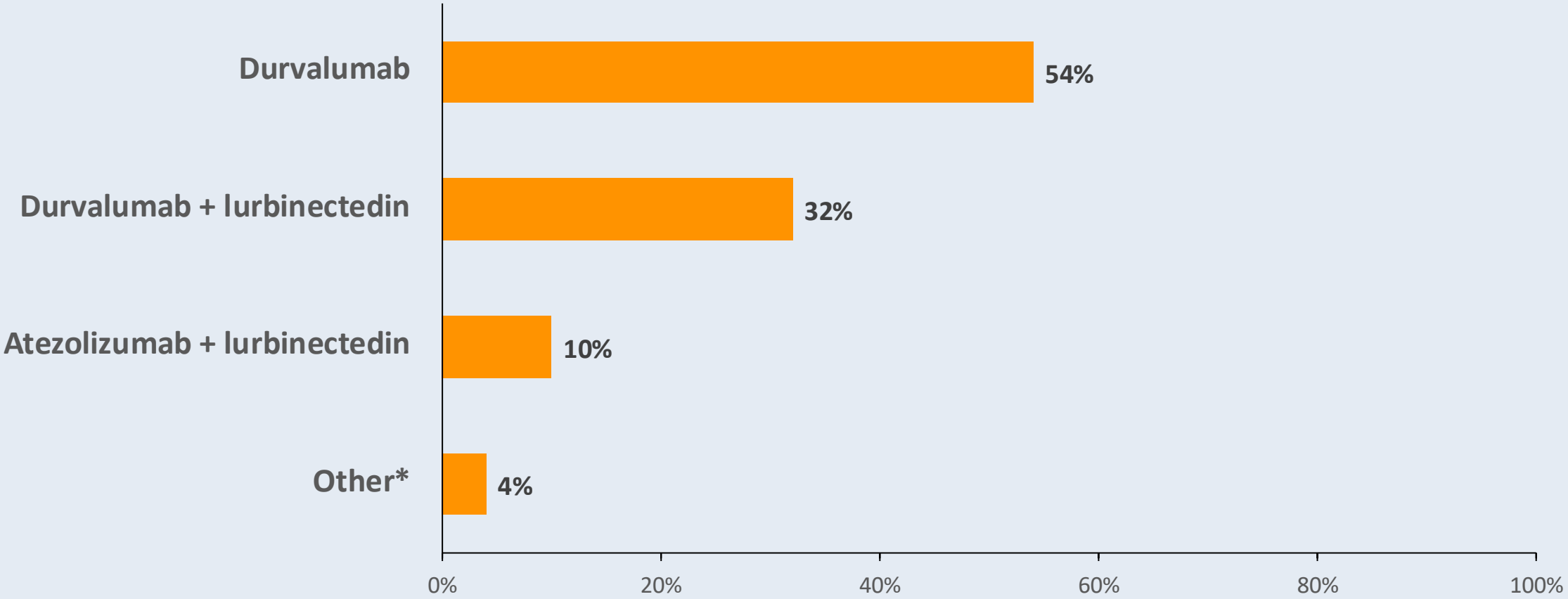


* Low counts after cycle 1
With cytopenias
Persistent low neutrophil counts and older patients
Frail, with borderline cytopenias
Older pt, with history of chemo
Hx of cytopenia
Poor PS, multiple comorbidities

Age and baseline cytopenias
If significant neutropenia
Only if they are neutropenic at any point during treatment, then I would continue
Only if cytopenias persist despite dose reductions
Age >65

Survey of US-based general medical oncologists

Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for a 65-year-old patient with ES-SCLC (PS 0) who received induction therapy with durvalumab and platinum/etoposide and attained a complete response with good tolerability?

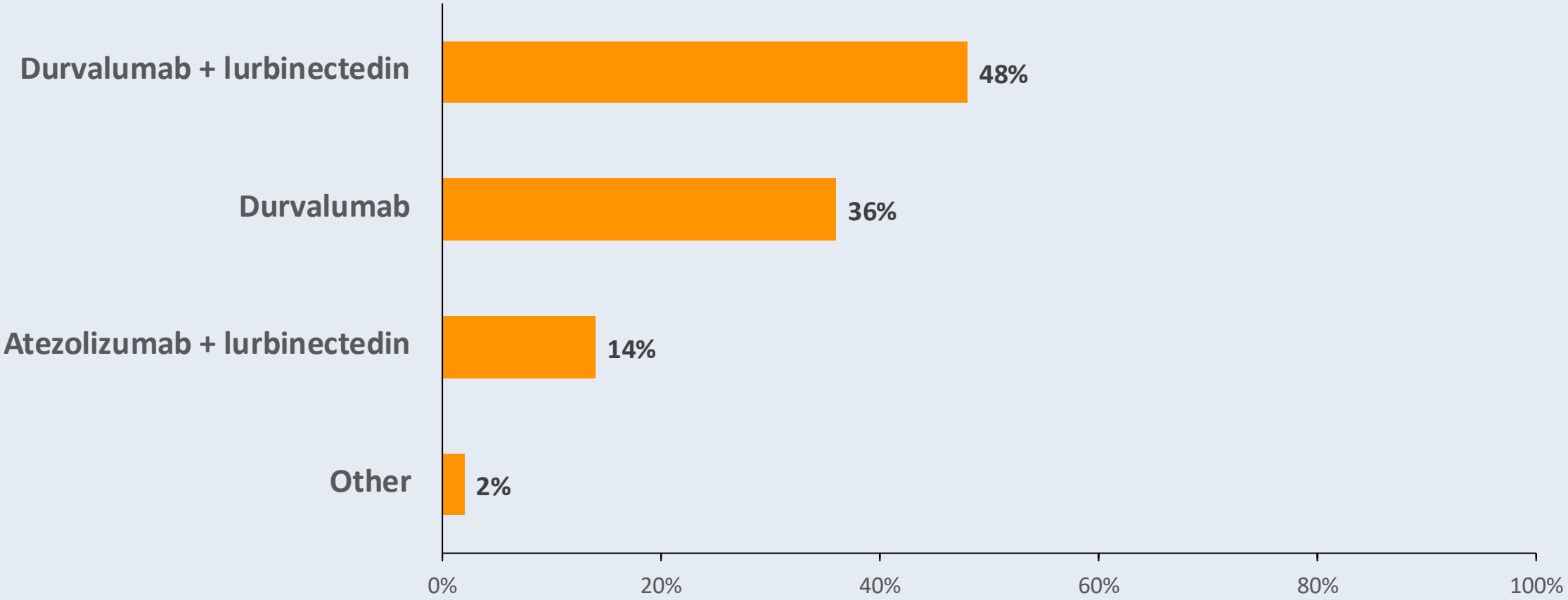


* Atezolizumab + tarlatamab. Discuss with patient (no target and toxicity risks)

Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

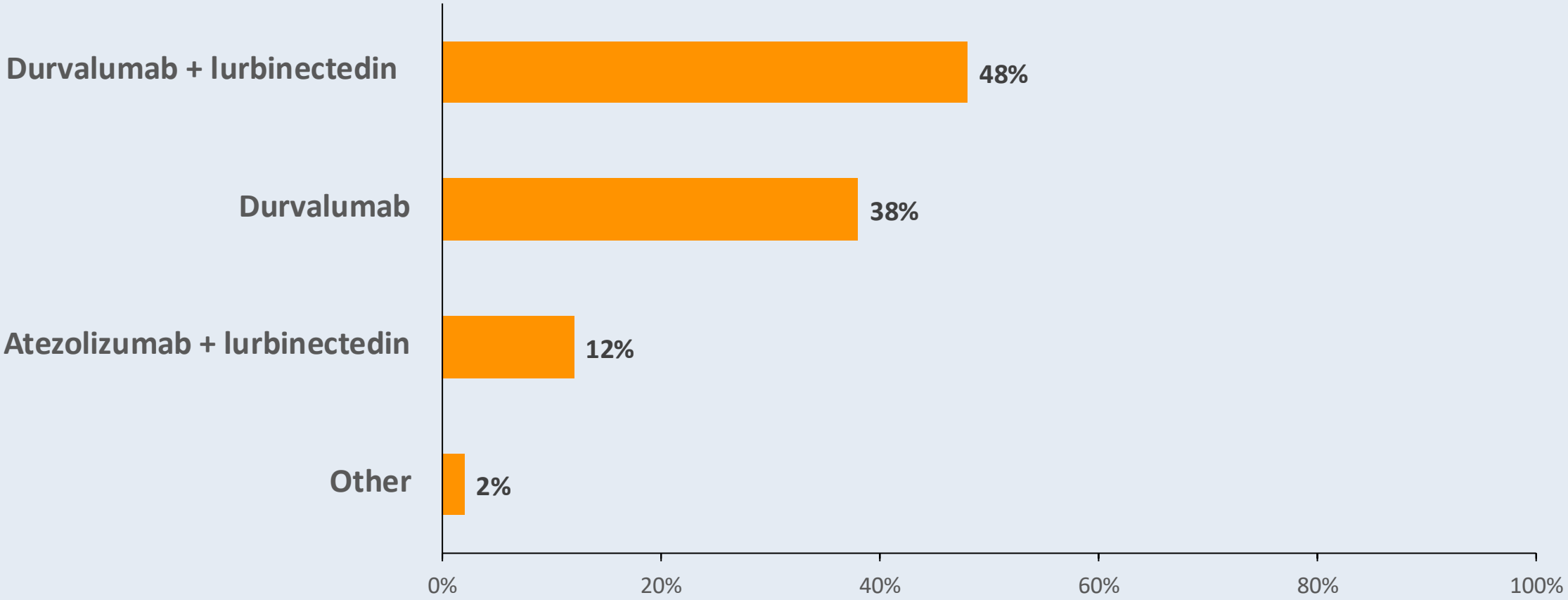
Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for a 65-year-old patient with ES-SCLC (PS 0) who received induction therapy with durvalumab and platinum/etoposide and attained a partial response with good tolerability?



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

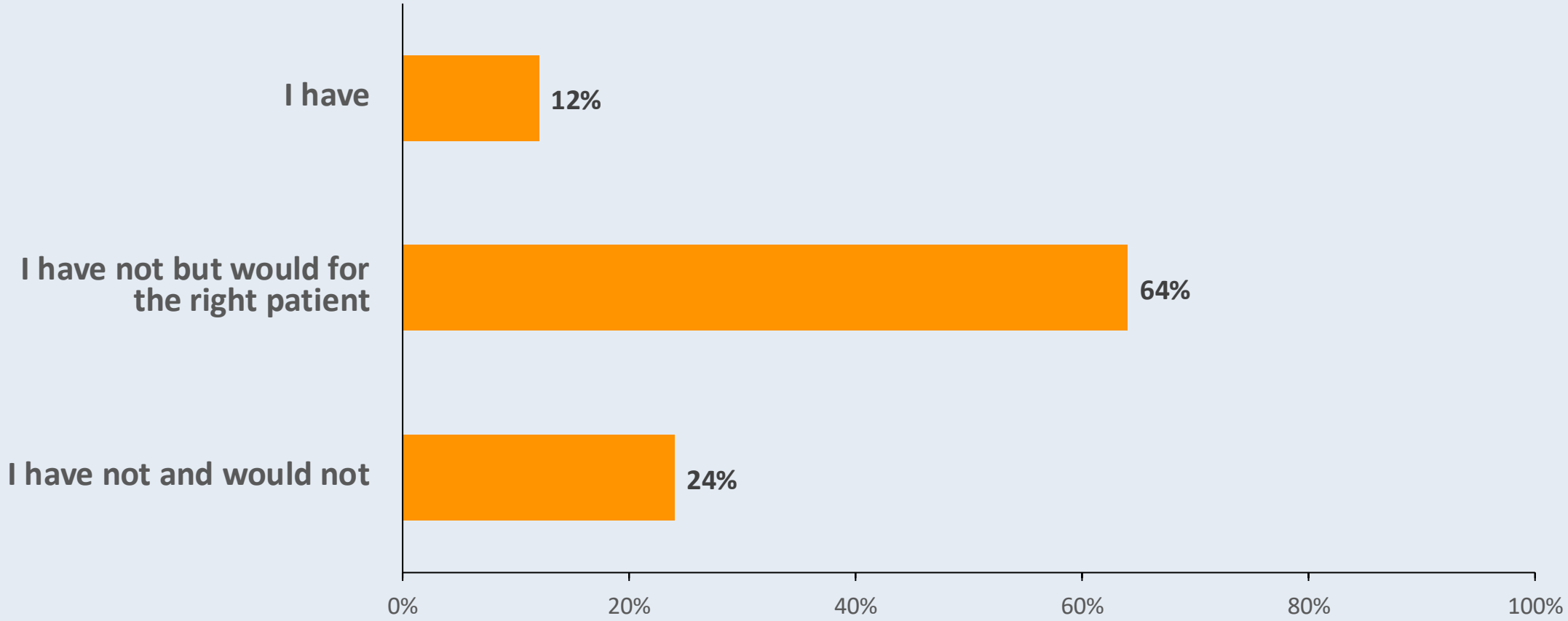
Regulatory and reimbursement issues aside, what would you most likely recommend as maintenance therapy for a 65-year-old patient with ES-SCLC (PS 0) who received induction therapy with durvalumab and platinum/etoposide and attained stable disease with good tolerability?



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

Have you administered or would you administer durvalumab in combination with lurbinectedin as maintenance therapy for a patient with ES-SCLC who received induction durvalumab with platinum/etoposide, responded and tolerated treatment well?



Survey of US-based general medical oncologists

RTP RESEARCH TO PRACTICE

Agenda

Introduction: Rational Treatment Goals for Extensive-Stage Disease?

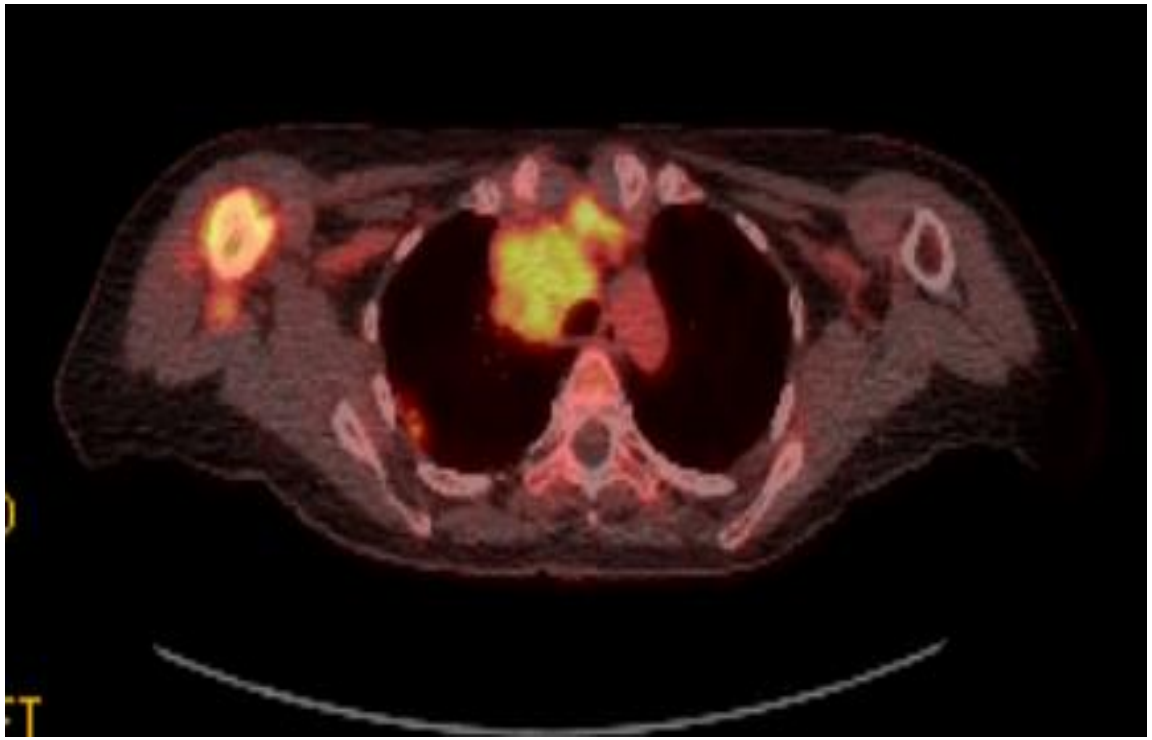
Module 1: Current Considerations in the Selection of First-Line and Maintenance Therapy — Dr Borghaei

Module 2: Clinician Survey Results

Module 3: Promising Investigational Strategies — Dr Chiang

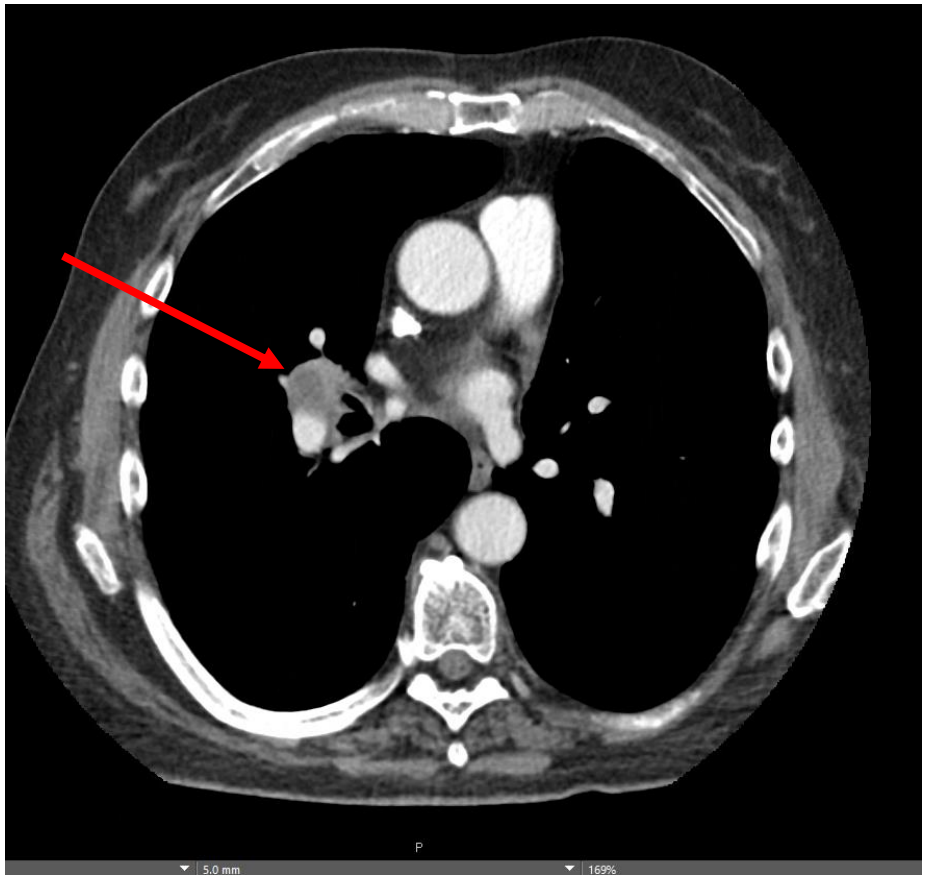
Dr Chiang: Case Presentation 1

- 72 yo female never smoker with HTN, arthritis, remote history of melanoma s/p excision in 1997, also DVT on anticoagulation
- Presented summer 2025 with RUL lesion, mediastinal and right supraclavicular LAD, liver, pancreas, and bone lesions consistent with metastases. Brain MRI showed right parietal bone lesion.
- Biopsy of the sternum revealed SCLC. NGS showed TP53, RB1 mutations.
- Treated with carbo/etop/atezolizumab x 4, with CT CAP showing good response, tolerated well with good PS1
- Starting lurbinectedin/atezolizumab maintenance C1 in 2/2026 after discussion of options, including clinical trials.



Dr Chiang: Case Presentation 2

- 75 yo male h/o of 50py tobacco use, COPD, HTN, stage 1A squamous cell carcinoma of the lung s/p left upper lobectomy in 2019.
- Also h/o Limited stage SCLC treated with concurrent chemoradiation with cisplatin, etoposide completed in 2023.
- Restaging scans in 12/2025 showing new right hilar, posterior mediastinal and retroperitoneal lymphadenopathy, and right chest wall lesion involving right 11th rib.
- FNA of 11R LN positive for small cell carcinoma.
- Consented to clinical trial DeLLphi-312: 1L combination durva/carbo/etop +/- tarlatamab. Randomized to SOC arm with C1D1 in 1/2026.



FDA Grants Traditional Approval to Tarlatamab-dlle for Extensive-Stage Small Cell Lung Cancer

Press Release: November 19, 2025

"On November 19, 2025, the Food and Drug Administration granted traditional approval to tarlatamab-dlle for adults with extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy. Tarlatamab-dlle received accelerated approval for this indication in 2024.

Efficacy was evaluated in DeLLphi-304 (NCT05740566), a multicenter, randomized, open-label trial in patients with SCLC with disease progression following treatment with platinum-based chemotherapy with or without an anti-PD-(L)1 antibody. In DeLLPhi-304, 509 patients were randomized (1:1) to receive either tarlatamab-dlle or investigator's choice of standard of care (SOC) chemotherapy (topotecan, lurbinectedin, or amrubicin) until disease progression or unacceptable toxicity."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-traditional-approval-tarlatamab-dlle-extensive-stage-small-cell-lung-cancer

RTP RESEARCH TO PRACTICE

Promising Investigational Strategies for Newly Diagnosed ES-SCLC

Anne Chiang MD PHD
Associate Professor
Yale School of Medicine
Associate Yale Cancer Center Director

Approaches to Improve Long-term Outcomes for ES-SCLC Patients

- Use active agents earlier, e.g. in frontline or maintenance setting for ES-SCLC

- Optimize 1L therapy with combinations
  - Additive approach to current 1L
  - Replace 1L components with alternatives

- Seek to understand SCLC heterogeneity and biology and target biomarkers

Selected First Line or Maintenance SCLC Trials

Strategy	Trial	NCT	Drug/MOA	Prior Data
Maintenance: Add DLL3 bispecific	DeLLphi-305: Ph3 Tarla/Durva vs Durva after Induction	NCT06211036	Tarlatamab; bispecific anti-DLL3/CD3 Ab	DeLLphi-303 Ph1b: mOS 25.3 mo with IO in maintenance
1L: Add DLL3 bispecific	DeLLphi-312: Ph 3 Tarla/Durva/Chemo vs Durva/Chemo	NCT07005128	Tarlatamab: bispecific anti-DLL3/CD3 Ab	DeLLphi-304 2L: mOS 13.6 vs. 8.3 mo chemo
1L: Add Anti-fGM1 Ab	TIGOS: Ph3 Atigo/Nivo/Chemo vs Atigo/Chemo	NCT06646276	BMS986012 (Atigotatug); Anti-fucosyl-GM1 Ab	Interim Analysis: Ph2 1L (NCT04702880) mOS 15.6 vs. 11.4 mo
1L: Replace w PD1/VEGF bispecific	Rosetta Lung-01: Ph 3 Pumi/Chemo vs Atezo/Chemo	NCT06712355	BNT327 (Pumitamig); bispecific anti- PD-1/VEGF Ab	Ph2 1L (NCT05844150) mOS 16.8 mo
1L: Replace w PD1/VEGF bispecific	Ph 2/3 PF08634404/Chemo single arm, then with Atezo vs Atezo/Chemo	NCT07226999	PF08634404; bispecific anti-PD-1/VEGF Ab	
1L: Replace chemo w ADC	SEZanne: Ph 2 ABBV-706/Atezo vs Atezo/Chemo	NCT07155174	ABBV-706; SEZ6 Antibody-drug conjugate	Ph1 2L/3L (NCT05599984; ORR 60-80% as monotherapy

This table is courtesy of Anne Chiang, MD, PhD

Safety and activity of tarlatamab in combination with a PD-L1 inhibitor as first-line maintenance therapy after chemo-immunotherapy in patients with extensive-stage small-cell lung cancer (DeLLphi-303): a multicentre, non-randomised, phase 1b study

Kelly G Paulson, Sally C M Lau, Myung-Ju Ahn, Mor Moskovitz, Michael Pogorzelski, Simon Häfliger, Amanda Parkes, Yuyang Zhang, Ali Hamidi, Corbin G Thompson, Martin Wermke

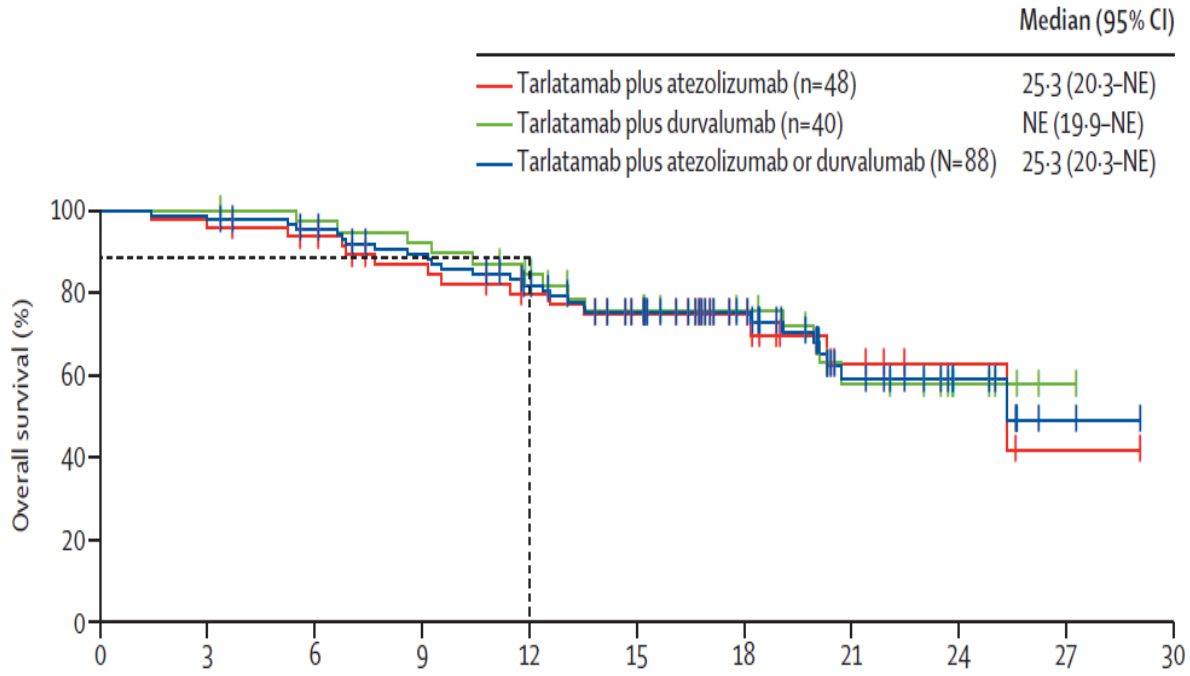
Lancet Oncol 2025; 26: 1300–11

Published Online
September 8, 2025
https://doi.org/10.1016/S1470-2045(25)00480-2

Summary

Background Tarlatamab is a delta-like ligand 3 (DLL3)-directed bispecific T-cell engager immunotherapy that has improved survival in patients with previously treated small-cell lung cancer (SCLC). We evaluated the safety and activity of tarlatamab in combination with atezolizumab or durvalumab as first-line maintenance therapy in patients with extensive-stage (ES)-SCLC.

Phase 1b DeLLphi-303: Tarlatamab Maintenance

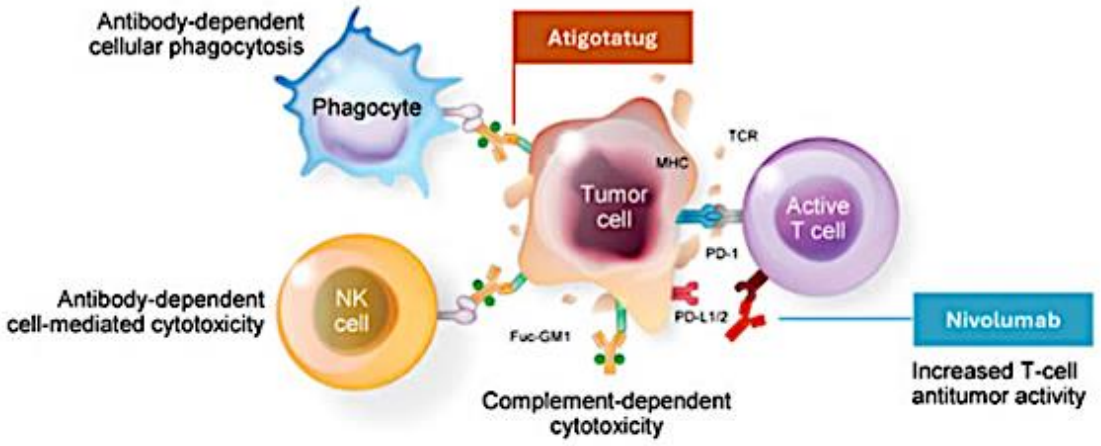


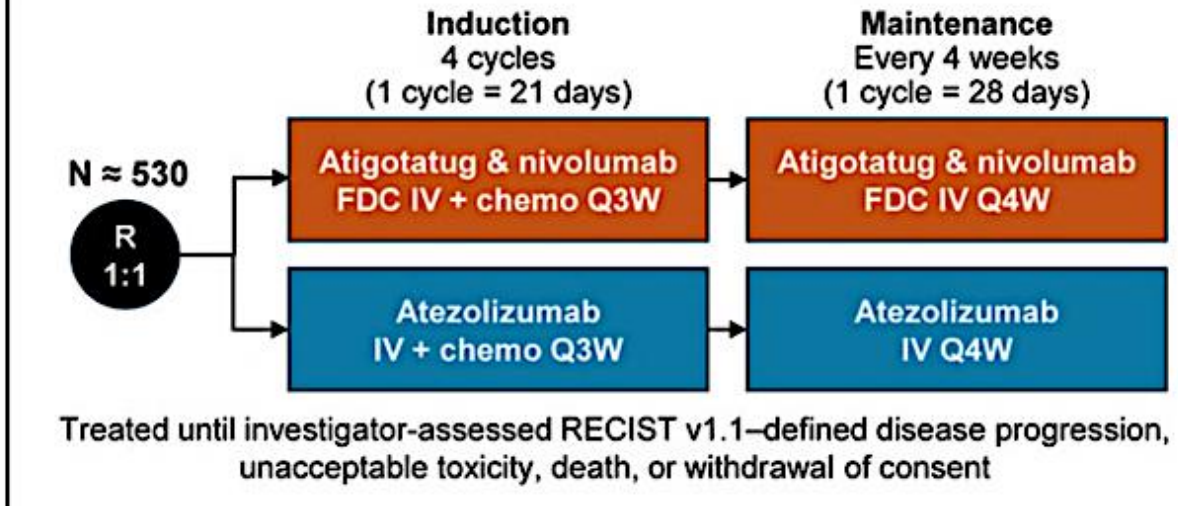
Number at risk (censored)											
Tarlatamab plus atezolizumab	48 (0)	46 (0)	43 (2)	37 (5)	32 (7)	26 (11)	16 (21)	6 (29)	3 (32)	1 (33)	0 (34)
Tarlatamab plus durvalumab	40 (0)	40 (0)	38 (1)	36 (1)	31 (3)	25 (6)	21 (10)	11 (16)	5 (22)	1 (26)	0 (27)
Tarlatamab plus atezolizumab or durvalumab	88 (0)	86 (0)	81 (3)	73 (6)	63 (10)	51 (17)	37 (31)	17 (45)	8 (54)	2 (59)	0 (61)

- Median OS: 25.3 months
- Median PFS: 5.6 months
- ORR: 24% (2 complete responses, 19 partial responses)
- Disease Control Rate (DCR): 60%
- 36% of patients had disease control for at least 52 weeks
- Manageable safety profile, CRS 56% mostly G1-2 c/w prior studies
- Findings support ongoing phase 3 DeLLphi-305 Maintenance study

Paulson KG et al. Lancet Oncol. 2025

TIGOS: A Study to Compare the Efficacy and Safety of BMS-986489 (BMS-986012+ Nivolumab Fixed Dose Combination) in Combination With Carboplatin Plus Etoposide to That of Atezolizumab With Carboplatin Plus Etoposide as First-Line Therapy in Participants With Extensive-Stage Small Cell Lung Cancer





- Phase I/II atigotatug/nivo study in relapsed/refractory SCLC (NCT02247349)
  - ORR 38%, mDOR 26.4 mo
  - Low-grade pruritus most common TRAE
- Randomized phase II study atigotatug/nivo/carbo/etop as 1L ES-SCLC therapy vs nivo/carbo/etop (NCT04702880) Interim Analysis
  - mPFS 5.8 mo vs. 5.1 mo; HR 0.81 (95% CI 0.53–1.23)
  - OS (15.6 vs. 11.4 months; HR 0.71 (95% CI 0.44–1.16)
  - Safety profile similar in both arms, increase in low-grade, self-resolving pruritus with atigo
  - Baseline Fuc-GM1 expression did not correlate with treatment outcomes.[16]

Chu, 2022 JTO Clin Res Rep; Kalinka, ESMO 2024; Paz-Ares, 2025 ASCO; Paz-Ares, 2025 Clin Lung Cancer

Phase 2 study of efficacy and safety of BNT327/PM8002 plus systemic chemotherapy as first-line therapy for ES-SCLC (NCT05844150)

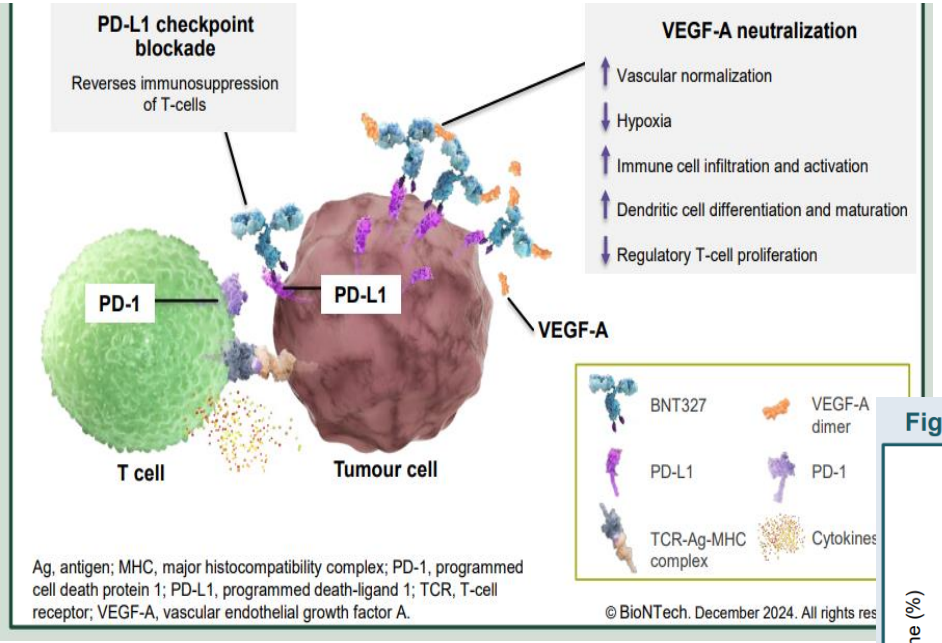


Figure 5. Change from baseline in tumour size

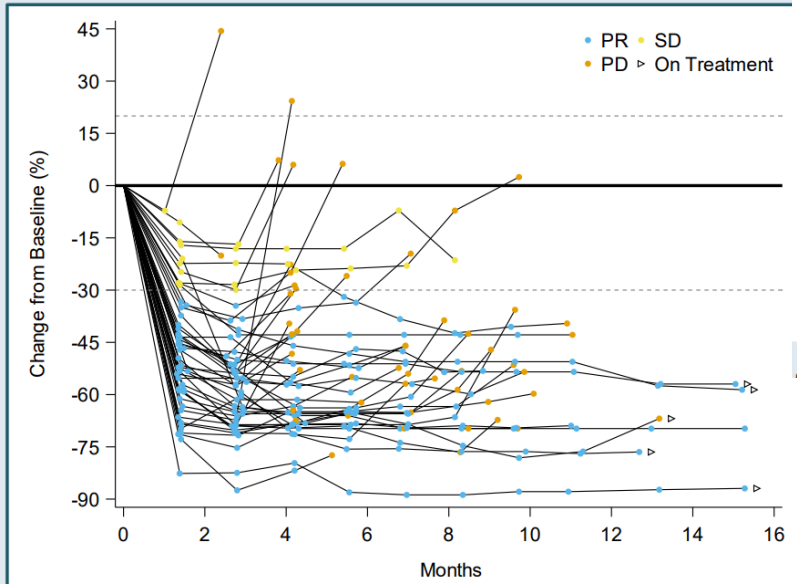


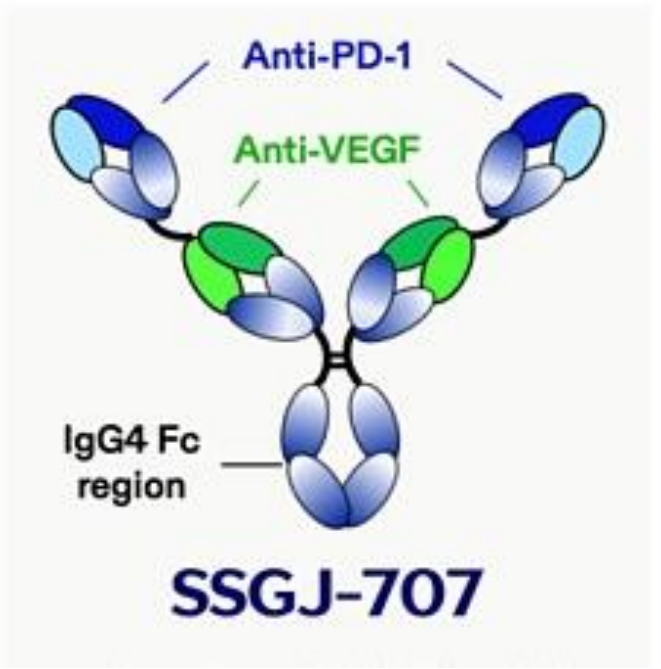
Table 2. Efficacy endpoints

Endpoint	N=48
Best overall response, n (%)	
PR	42 (87.5)
SD	5 (10.4)
PD	1 (2.1)
Unconfirmed ORR, % (95% CI)	87.5 (74.8, 95.3)
Confirmed ORR, % (95% CI)	85.4 (72.2, 93.9)
DCR, % (95% CI)	97.9 (88.9, 100.0)
Median DOR, months (95% CI)	5.5 (3.75, 6.77)
Median PFS, months (95% CI)	**6.9 (4.34, 8.21)**
6-month PFS rate, % (95% CI)	54.2 (39.2, 67.0)
12-month PFS rate, % (95% CI)	15.1 (6.56, 27.0)
Median OS, months (95% CI)	**16.8 (14.3, --)**
6-month OS rate, % (95% CI)	91.7 (79.3, 96.8)
12-month OS rate, % (95% CI)	72.7 (57.6, 83.1)
OS events, n (%)	17 (35.4)

Ying Cheng 2025 ELCC

A Study to Learn About the Study Medicine Called PF-08634404 in Combination With Chemotherapy in Adult Participants With Extensive-Stage Small Cell Lung Cancer

- PF-08634404 (SSGJ-707) is an investigational bispecific antibody targeting PD-1 and VEGF, with a tetravalent structure in which each arm can engage both targets
- In the presence of VEGF, PF-08634404 forms multimers that facilitate PD-1 binding interactions
- PF-08634404 has a VEGF Fab arm that interacts with vasculature and modulates VEGF-related immune pathways
- PF-08634404 is built on an IgG4 backbone



Clinicaltrials.gov identifier NCT07222566. https://clinicaltrials.gov/study/NCT07222566; SSGJ-707. MedChemExpress.com/SSGJ-707.html

ABBV-706 SEZ6 Antibody-Drug Conjugate (ADC) in Relapsed/Recurrent SCLC Patients

Efficacy in patients with R/R SCLC

Outcome	1.8 mg/kg (n = 41)	2.5 mg/kg (n = 39)
ORR,* %	**56.1**	**59.0**
1 prior LOT	*81.3*	*71.4*
Top1i naïve	*62.1*	*64.3*
Brain metastasis	*62.5*	*50.0*
Median DOR,† mo [95% CI]	**6.2** [4.2, NE]	**4.4** [3.5, 6.9]
PFS, mo [95% CI]	**6.8** [4.0, 8.2]	**5.6** [4.4, 7.0]

Safety in patients with R/R SCLC

TRAE	1.8 mg/kg (n = 41)	2.5 mg/kg (n = 39)
Any-grade TRAE, %	**85**	**95**
Anemia	*51*	*74*
Fatigue	*34*	*39*
Grade ≥3 TRAE, %	**49**	**77**
Anemia	39	62
Neutrophils Decreased	17	31
TRAEs leading to dose discontinuation, %	**9** (of all patients)	
Adjudicated ILD rate, %	**9** (of all patients)	

Byers L, et al. Oral 2760. Safety/Efficacy of ABBV-706 in R/R SCLC
OA06.04 on September 7 at 4:45-6:00 PM in Room 02

- The SEZanne ph2 trial randomizes 1L SCLC patients to ADC+ immunotherapy (platinum free) vs platinum doublet/immunotherapy SOC!

Byers 2025 IASLC 2025 WCLC; Clinicaltrials.gov identifier NCT07155174. https://clinicaltrials.gov/study/NCT07155174

PRISM S2409

PRecIsion in SCLC via a Multicohort Study

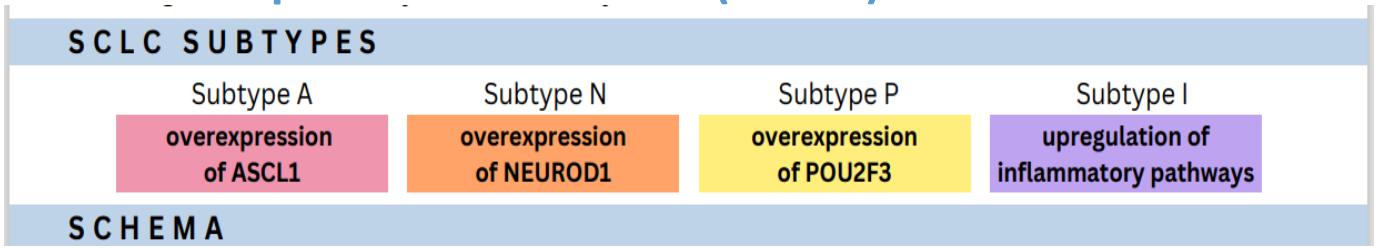
Randomized Phase II Studies Evaluating Maintenance Durvalumab with or without Biomarker-Directed Therapy for Extensive Stage Small Cell Lung Cancer (ES-SCLC)

Step 1: Tissue screening & Induction (n=838)

- Histologically or pathologically confirmed diagnosis of ES-SCLC
- No history of limited stage SCLC
- Zubrod Performance Status 0-2
- Adequate
- Tissue ava
- **Asympto Lesions a**
- **Allows co tissue sc**
- No immun durvaluma enrollmen
- Receipt of durvaluma

Primary Endp
Secondary Endpoints: OS,
Frequency, Severity of Adverse Events
Safety Run-in for Durva + saruparib

Step 2: Randomization (n=312)



- This biomarker trial is the first trial testing precision treatments based on four novel SCLC subtypes.
- This trial is one of the largest efforts to integrate precision medicine into SCLC treatment.
- Tissue will hopefully no longer be “the issue”
- SCLC patients will have access to novel therapeutic combinations through the cooperative group networks

OFF PROTOCOL TREATMENT REASONS MET
(See S2409 Protocol Section 7.5)

FOLLOW-UP until 3 years after Step 2 registration or death, whichever occurs first

swog.org/clinical-trials/s2409

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Antibody-Drug Conjugates for Breast Cancer

A CME/MOC-Accredited Live Webinar

Wednesday, February 18, 2026
5:00 PM – 6:00 PM ET

Faculty

Hope S Rugo, MD
Sara M Tolaney, MD, MPH

Moderator

Neil Love, MD

RTP Year in Review 2026

Thank you for joining us!

Please take a moment to complete the survey currently up on Zoom. Your feedback is very important to us. The survey will remain open for 5 minutes after the meeting ends.

Information on how to obtain CME, ABIM MOC and ABS credit is provided in the Zoom chat room. Attendees will also receive an email in 1 to 3 business days with these instructions.

RTP
RESEARCH TO PRACTICE