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Clinical Implications of Emerging Data on B7-H3–directed ADCs in the Future of ES-SCLC

Announcer:

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Dr. Byers:

This is CE on ReachMD, and I'm Dr. Lauren Byers.

Dr. Paz-Ares:

And I am Luis Paz-Ares.

Dr. Byers:

Luis, we've just gotten new data from ESMO 2025. Can you share some clinical pearls from the trials of B7-H3-directed ADCs in extensive-stage small cell lung cancer that the audience should be aware of?

Dr. Paz-Ares:

We'll focus on the data on the IDEATE-Lung01 trial, where some 137 patients had been included, and responses were observed in some 48% of the patients. And at the ESMO, they presented sub-analysis of the brain metastasis activity.

Indeed, we have seen that out of the 65 patients with brain metastasis, systemic response was very similar: 46%, as compared to those without brain metastasis, 50%. And importantly, response was similar in the brain as compared to other sites, 46%.

Another fact to be remarked was that the type of progression in the brain was more frequent among patients with brain metastasis at baseline: 35%, as compared to those without brain metastasis to start with in the study, where the progression rate was only 12%.

The final thing is safety-wise, there were no difference between patients having brain metastasis or not. So I think those are very relevant data in this disease with high propensity to have brain metastasis.

Lauren, what are for you the real implication of these data for the future management of small cell lung cancer in extensive stage?

Dr. Byers:

Thanks, Luis. I think this data is so important. For a long time, we've had very few options that have good CNS penetration, and so I think having this data showing really striking responses for patients who have brain metastases is important because, again, that's really been an unmet need for a very long time. So I think the results that you're presenting are very encouraging.

Dr. Paz-Ares:

I think that would be very important, so maybe into the future, developing some biomarkers that is telling us which patients are going to respond or not to these type of therapies maybe could be something relevant at the time of choosing the treatment, particularly for those having brain metastasis. And I think combination with other drugs may be something we should consider into the future, I suppose.

Dr. Byers:

Yeah, I think that's a really good point. We think about our patients in terms of different aspects of their disease, and so we're always looking, of course, to see if they have brain metastases. And so I think this is something that might be taken into account when deciding what type of treatment to prioritize for patients.

Dr. Paz-Ares:

Well, I think we are now trying to develop regimens of combination, of course, with immunotherapy. And I should point at some points, we will try likely to get those drugs into the first-line setting.

Dr. Byers:

Thank you so much, Luis. And with that, our time is up. Thank you for a great discussion. And thank you to our audience for tuning in.

Announcer:

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