

EP15.01 - Early Detection of Antibody-Drug Conjugate-Associated Pneumonitis in NSCLC: An Advanced Practice Provider-Led Monitoring Framework



Memorial Sloan Kettering
Cancer Center

Linda Ahn¹, Erica Campos¹
¹Memorial Sloan Kettering Cancer Center
Correspondence: ahnl@mskcc.org



IASLC 2026 World
Conference on Lung Cancer

SEPTEMBER 12 - 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

- Antibody–drug conjugates (ADCs) are rapidly expanding therapeutic options for advanced non–small cell lung cancer (NSCLC).
- Datopotamab deruxtecan, a TROP2-directed ADC, has demonstrated clinically meaningful activity in previously treated metastatic NSCLC. However, interstitial lung disease (ILD) and pneumonitis remain important treatment-related adverse events associated with ADC therapy.
- In pooled safety analyses of NSCLC trials evaluating datopotamab deruxtecan, ILD/pneumonitis occurred in approximately 7% of patients.
- Early recognition and intervention are therefore critical to mitigating morbidity and mortality.

METHODS

- This clinical practice perspective synthesizes safety data from key trials, including TROPION-Lung01 and TROPION-Lung05, along with emerging real-world management strategies.
- Emphasis is placed on early symptom identification, differential diagnoses, and structured toxicity monitoring workflows relevant to APP-led thoracic oncology care.

DISCUSSION AND CONCLUSION

- Advanced practice providers (APPs) often serve as the first point of contact when patients report respiratory changes.
- APP-led surveillance and early intervention are critical to optimizing patient safety while preserving the therapeutic benefit of ADC therapy.
- Integration of structured monitoring pathways into thoracic oncology practice may improve early detection and clinical outcomes.

REFERENCES & ACKNOWLEDGEMENTS

Ahn MJ, Tanaka K, Paz-Ares L, et al. Datopotamab deruxtecan versus docetaxel for previously treated advanced or metastatic non-small cell lung cancer: the randomized, open-label phase III TROPION-Lung01 study. *J Clin Oncol*. 2025;43(3):260-272. doi:10.1200/JCO-24-01544

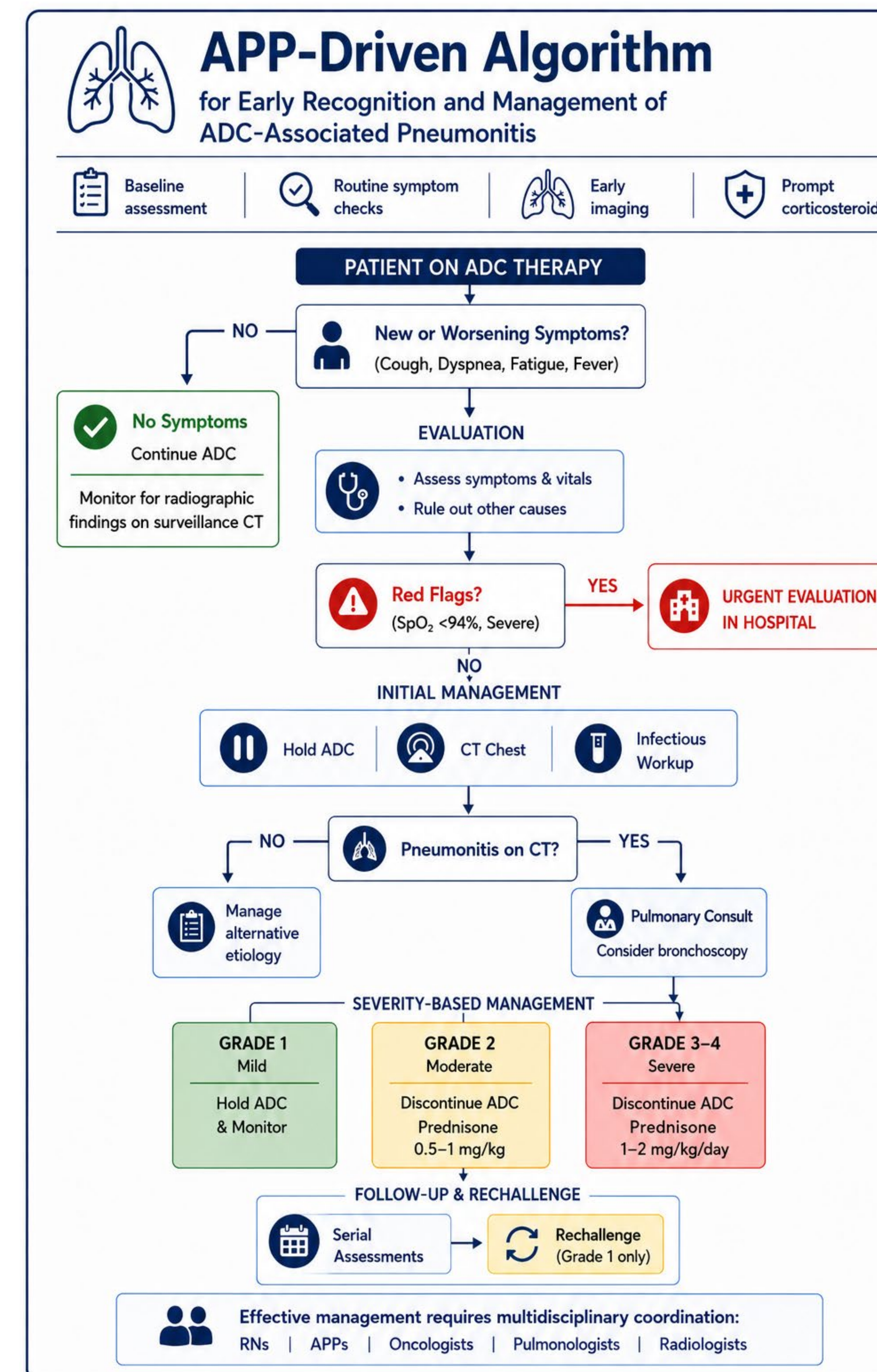
Daiichi Sankyo, Inc. DATROWAY (datopotamab deruxtecan) [prescribing information]. Basking Ridge, NJ: Daiichi Sankyo, Inc; 2026.

Sands J, Ahn MJ, Lisberg A, et al. Datopotamab deruxtecan in advanced or metastatic non-small cell lung cancer with actionable genomic alterations: results from the phase II TROPION-Lung05 study. *J Clin Oncol*. 2025;43(10):1254-1265. doi:10.1200/JCO-24-01349

Heist RS, Sands J, Bardia A, et al. Clinical management, monitoring, and prophylaxis of adverse events of special interest associated with datopotamab deruxtecan. *Cancer Treat Rev*. 2024;125:102720. doi:10.1016/j.ctrv.2024.102720

RESULTS

- Initial symptoms of ADC-associated pneumonitis are frequently nonspecific, including new or worsening cough, dyspnea, fatigue, or low-grade fever. These symptoms may overlap with infection, radiation pneumonitis, or disease progression, making early recognition challenging.
- Prompt evaluation—including early imaging, treatment interruption, multidisciplinary assessment, and timely corticosteroid initiation when indicated—can prevent progression to higher-grade pneumonitis, which may prevent early discontinuation of treatment and fatality.



Prior to initiating treatment,

- APPs should complete patient education, including the importance of close monitoring of symptoms, review of “red flag” symptoms which would require urgent evaluation and consider pulse oximeter at home. Baseline pulmonary assessments may also be completed.

During treatment,

- When reviewing regular CT surveillance during treatment, APPs should be mindful of radiographic changes that suggest possible ILD/pneumonitis in patients without symptoms – *this early catch can prevent early treatment discontinuation.*
- APPs should immediately withhold ADC if ILD/pneumonitis is suspected, collaborate with pulmonology, and consider initiation of steroids.
- Given that ILD/pneumonitis is a diagnosis of exclusion, rule out differential diagnoses.
- Management of ILD/pneumonitis will depend on the grading.