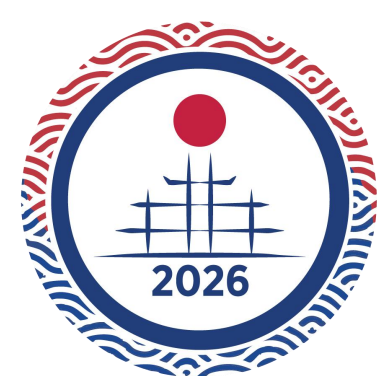




P2.282: Preliminary Efficacy and Safety of TROP2-ADC SHR-A1921 plus Adebrelimab in Advanced Driver-Negative NSCLC After First-Line Standard Therapy



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Chunxia Su¹, Li Liu¹, Mengqing Xie¹, Wanlu Li², Changhong Zhao²

¹Comprehensive Oncology Center ward, Shanghai Pulmonary Hospital, Shanghai, China; ²Jiangsu Hengrui Pharmaceuticals Co., Ltd., Shanghai, China;

INTRODUCTION

- Nearly all patients with advanced non-small cell lung cancer (NSCLC) ultimately experience disease progression following first-line standard therapy. There is an urgent need to explore safer and more effective and better-tolerated second-line treatment strategies beyond single-agent chemotherapy.
- Combining antibody-drug conjugates (ADCs) with programmed death 1 (PD-1)/programmed death ligand 1 (PD-L1) inhibitors may represent a novel therapeutic approach and demonstrate synergistic antitumor activity.
- This study aims to evaluate the efficacy and safety of TROP2 ADC SHR-A1921 in combination with adebrelimab (PD-L1 antibody) in pts with advanced oncogenic driver-negative NSCLC who had progressed after PD-(L)1 inhibitor plus chemotherapy.

METHODS

- Eligibility criteria included patients with advanced NSCLC, oncogenic driver-negative, progressed after first-line immunotherapy plus platinum-based chemotherapy.(Clinical trial information: NCT06480136).
- Patients received SHR-A1921 (3 mg/kg, IV, Q3W) plus adebrelimab (1200 mg, IV, Q3W) until disease progression or unacceptable toxicity occurred.
- The primary endpoint was objective response rate (ORR), and secondary endpoints included progression-free survival (PFS), disease control rate (DCR), overall survival (OS), and safety.

Figure 1. Study design.

Key eligibility criteria:

- Advanced or metastatic NSCLC
- Oncogenic driver-negative
- ECOG PS 0-1
- Measurable lesions by RECIST 1.1
- Progressed after first-line immunotherapy plus platinum-based chemotherapy

SHR-A1921
(3 mg/kg, IV, Q3W)
+
Adebrelimab
(1200 mg, IV, Q3W)

- Primary endpoint
 - ORR
- Secondary endpoints
 - PFS
 - DCR
 - OS
 - AE

RESULTS

Patients

- Between August 06, 2023, and June 17, 2025, 9 pretreated NSCLC patients were enrolled.
- Baseline characteristics of patients are listed in **Table 1**.

Table 1. Baseline characteristics of patients

Characteristics	All patients (N=9)
Age, years, median (range)	64(55-69)
< 64 years	4(44.4%)
≥ 64 years	5(55.6%)
Sex, n (%)	
Male	9(100%)
ECOG PS, n (%)	
0	9(100.0%)
Extrathoracic metastasis, n (%)	
Bone metastasis	5(55.6%)
Adrenal metastasis	2(22.2%)
Prior first-line therapy	
Immunotherapy plus chemotherapy	9(100%)
PD-1/VEGF bispecific antibody	2(22.2%)

Efficacy

- The date cutoff date presented here was Mar 11, 2026. the median follow-up was 15.7 months (range 4.8-18.4).
- The best overall response in all patients was stable disease. (**Figure2**)
- As shown in **Figure 3**, the median PFS was 6.9 months (95% CI: 4.3-9.7) and the median OS was 15.2 months (95% CI: 4.8-not reached [NR]).
- Notably, patients with squamous NSCLC demonstrated longer median PFS (7.3 months [95% CI: 4.4–NR]).

Figure 2. The Swimmer plot of each patient

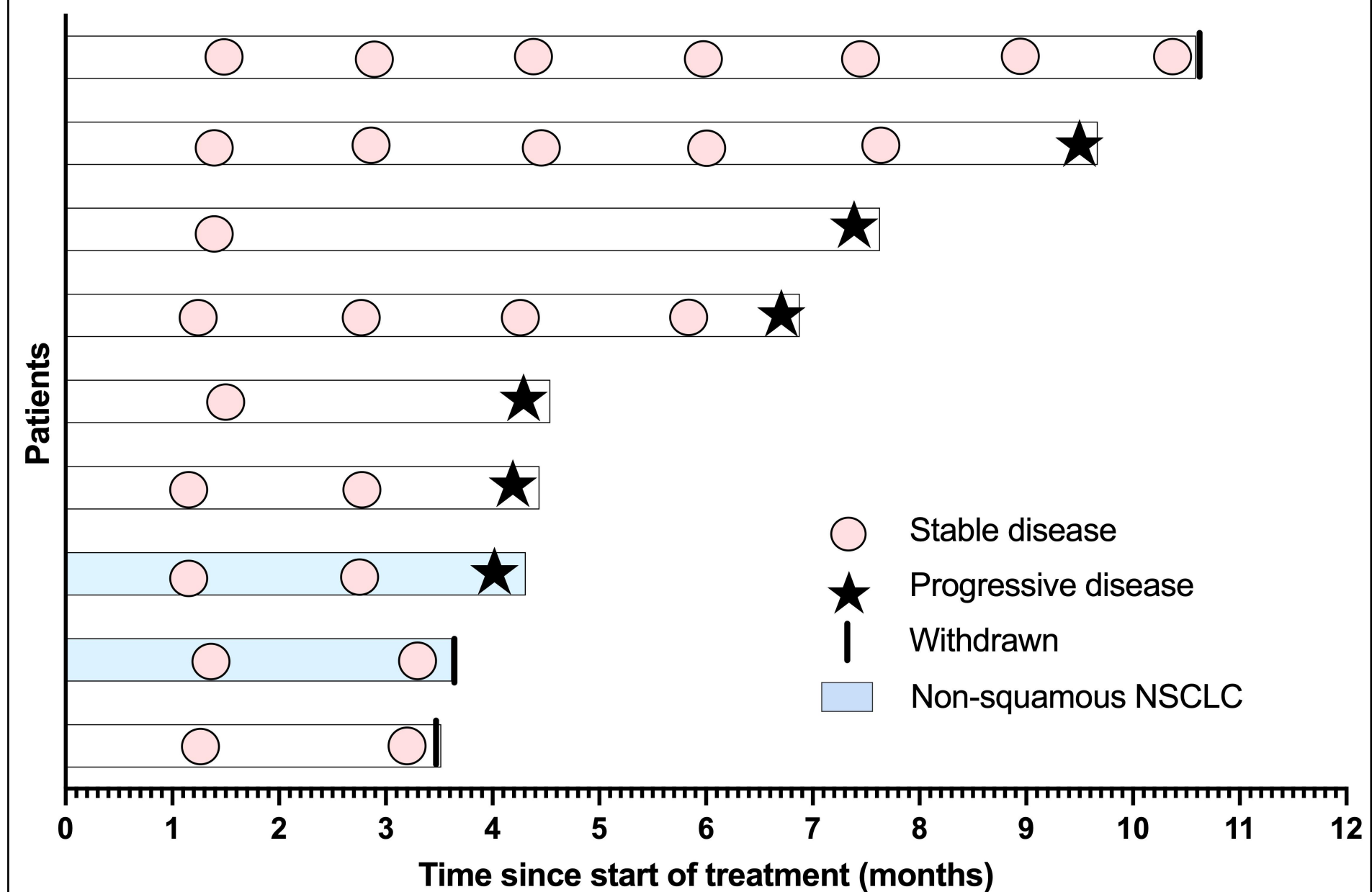
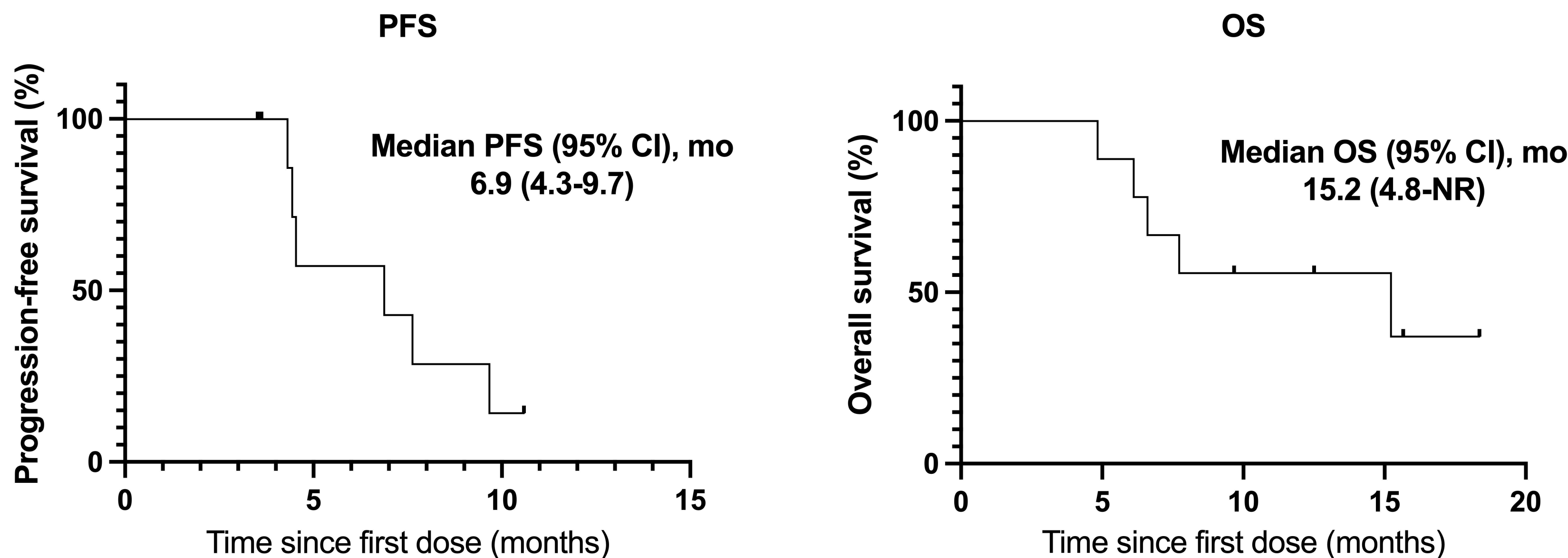


Figure 3. The survival outcomes



Safety

- Treatment-related adverse events (TRAEs) occurred in all 9 pts (100%), with 1 pt (11.1%) experiencing grade 3–4 TRAEs.
- The most common TRAEs were stomatitis (44.4%), increased blood bilirubin (33.3%), increased blood creatinine (33.3%), and increased blood lactate dehydrogenase (33.3%).
- No grade 5 TRAEs occurred during the study.

Table 2. Treatment-related adverse events (TRAEs)

	All grade, n(%)	Grade 3-4, n(%)
ALL	9 (100.0%)	1 (11.1%)
Stomatitis	4 (44.4%)	0 (0%)
Increased blood bilirubin	3 (33.3%)	0 (0%)
Increased blood creatinine	3 (33.3%)	0 (0%)
Increased blood lactate dehydrogenase	3 (33.3%)	0 (0%)
Decreased lymphocyte count	2 (22.2%)	1 (11.1%)
Fatigue	2 (22.2%)	0 (0%)
Anemia	2 (22.2%)	0 (0%)
Decreased appetite	2 (22.2%)	0 (0%)
Decreased neutrophil count	2 (22.2%)	0 (0%)
Nausea	1 (11.1%)	0 (0%)
Hypersensitivity	1 (11.1%)	0 (0%)
Hypothyroidism	1 (11.1%)	0 (0%)
Interstitial lung disease	1 (11.1%)	1 (11.1%)
Vomiting	1 (11.1%)	0 (0%)
Skin hyperpigmentation	1 (11.1%)	0 (0%)
Rash	1 (11.1%)	0 (0%)
Infusion-related reaction	1 (11.1%)	0 (0%)
Decreased weight	1 (11.1%)	0 (0%)
Increased blood alkaline phosphatase	1 (11.1%)	0 (0%)
Increased blood uric acid	1 (11.1%)	0 (0%)
Decreased platelet count	1 (11.1%)	0 (0%)

CONCLUSIONS

- Despite a low objective response rate, the combination of SHR-A1921 and adebrelimab showed promising antitumor activity in pretreated advanced driver-negative NSCLC with a median PFS of 6.9 months and median OS of 15.2 months.