



A phase Ib Study of Tislelizumab plus SYS6010 in Immunotherapy-pretreated Locally Advanced or Metastatic NSCLC

Presenting Author¹ Yong sheng Wang¹, Ben Xia Zhang¹, Chun Lu Shu², Li Xuan Zhang³

¹Sichuan university, Chengdu/CN, ²State Key Laboratory of Biotherapy and Cancer Center, West China Hospital, Sichuan University and Collaborative Innovation Center for Biotherapy, chengdu/CN, ³CSPPC Zhongqi Pharmaceutical Technology (Shijiazhuang) Co., Ltd., shijiazhuang/CN

Correspondence: wangys@scu.edu.cn



IASLC 2026 World
Conference on Lung Cancer

SEPTEMBER 12 - 15, 2026
SEOUL, REPUBLIC OF KOREA

Control #2470

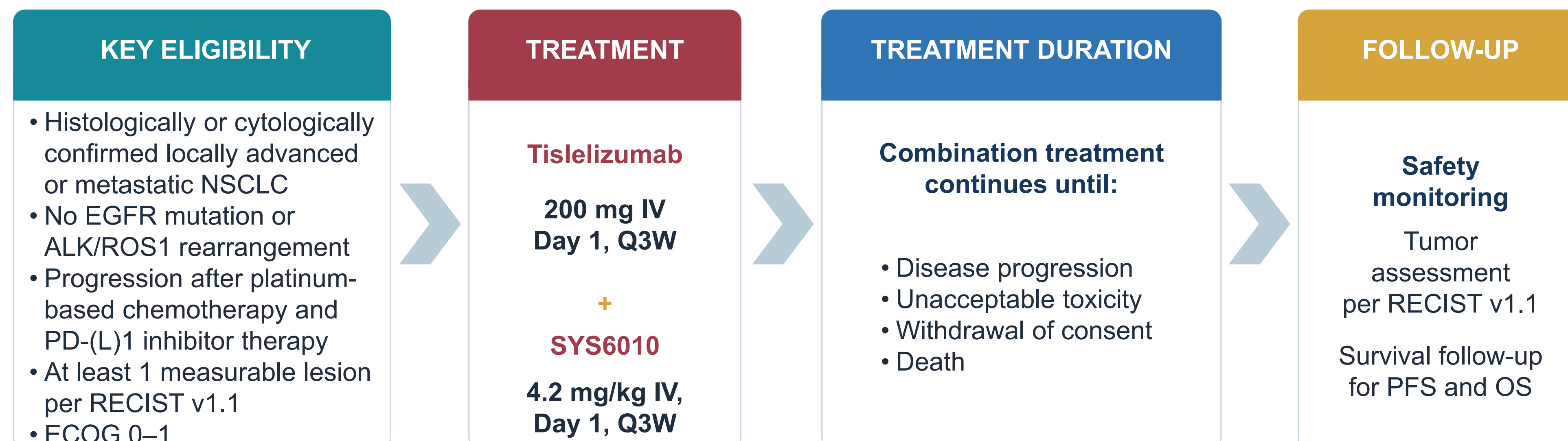
INTRODUCTION

Patients with driver-negative non-small cell lung cancer (NSCLC) who experience treatment failure following immune checkpoint inhibitor (ICI) therapy have limited subsequent treatment options. Epidermal Growth Factor Receptor (EGFR) is frequently overexpressed in EGFR wild-type NSCLC and represents a potential target for therapeutic intervention. Antibody-drug conjugates (ADCs) have advanced cancer therapy by combining antibody specificity with cytotoxic potency. Preclinical and clinical studies suggest that the combination of ADCs and ICIs can synergistically enhance anti-tumor efficacy through multiple immunomodulatory mechanisms. SYS6010 is an EGFR-targeting ADC conjugated to a topoisomerase I inhibitor. Tislelizumab is an approved PD-1 inhibitor for advanced NSCLC. This study aims to evaluate the safety and efficacy of SYS6010 in combination with tislelizumab in patients with driver-negative NSCLC who have failed prior PD-1/PD-L1 inhibitor therapy.

METHODS

Research flowchart

NCT07692048



Primary Endpoint: Incidence, severity, and types of adverse events (AEs) occurring throughout the treatment period, assessed according to the NCI-CTCAE Version 6.0.

Secondary Endpoints: Objective Response Rate ,Disease Control Rate ,Duration of Response,Progression-Free Survival ,Overall Survival

KEY INCLUSION CRITERIA

- 1.Histologically or cytologically confirmed locally advanced or metastatic NSCLC not amenable to curative surgery or definitive radiotherapy.
- 2.No known EGFR mutations, ALK rearrangements, or ROS1 rearrangements.
- 3.Radiologically documented disease progression per RECIST v1.1 following prior PD-(L)1 inhibitor-based therapy for advanced NSCLC
 - PD-(L)1 inhibitor plus platinum-based chemotherapy;
 - PD-(L)1 inhibitor monotherapy followed by platinum-based chemotherapy;
 - PD-(L)1 inhibitor monotherapy in patients unsuitable for platinum-based chemotherapy; or
 - PD-(L)1 inhibitor-containing therapy following platinum-based chemotherapy.
- 4.Neoadjuvant or adjuvant therapy will be counted as a prior treatment line if recurrence occurs within 6 months after the last chemotherapy dose.
- 5.At least one measurable lesion according to RECIST v1.1.
- 6.ECOG Performance Status 0–1.

KEY EXCLUSION CRITERIA

- 1.Prior treatment with immunotherapies other than anti-PD-(L)1 antibodies (e.g., anti-CTLA-4, anti-TIGIT, anti-OX40, or anti-CD137 agents).
- 2.History of unacceptable toxicity related to prior anti-PD-(L)1 therapy, including:
 - Grade ≥3 treatment-related AEs requiring permanent discontinuation;
 - Grade ≥2 immune-related AEs (excluding adequately controlled endocrine toxicities);
 - Any CNS or ocular immune-related AE.
- 3.Active brain metastases or leptomeningeal metastases.
- 4.Known hypersensitivity to 4.SYS6010, other protein-based therapeutics, or any component of the study treatment.

STATMENT

Artificial intelligence (AI)-assisted tools (Microsoft Copilot) were used to support language translation and content organization. No scientific conclusions were generated by the AI tool. All content was independently reviewed by the presenter.