



P2.343: Efficacy and Safety of Ivonescimab (AK112) as Induction and Consolidation Therapy in Unresectable Locally Advanced NSCLC: A Phase II Study

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BACKGROUND

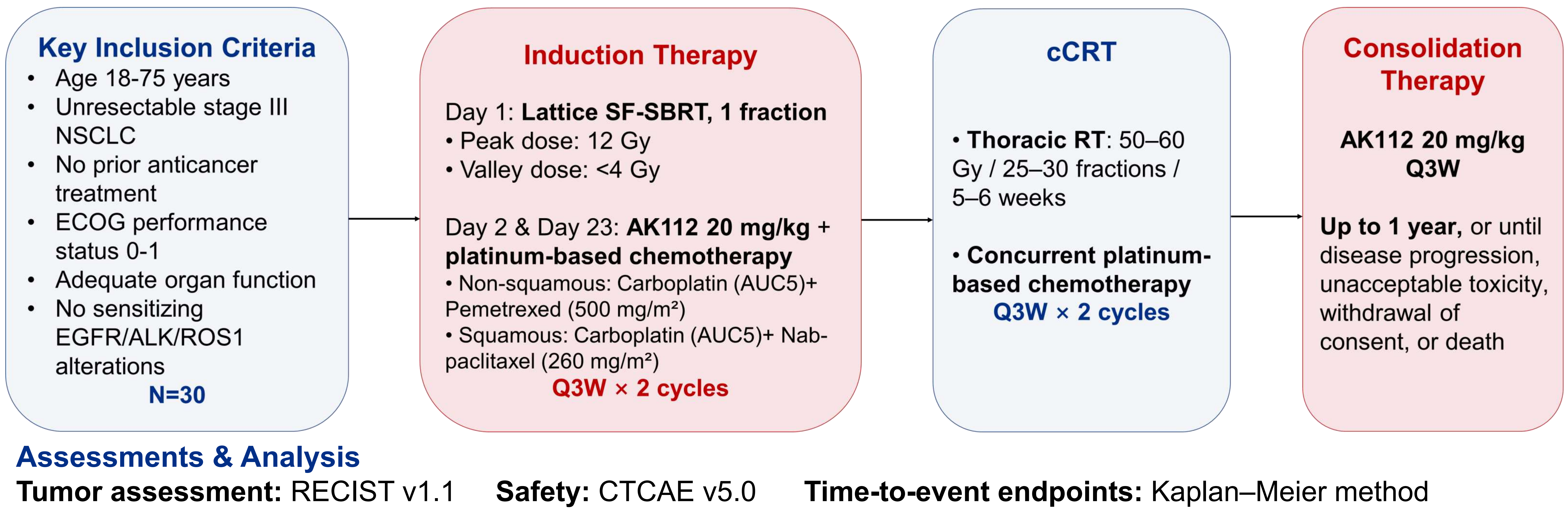
- Concurrent chemoradiotherapy (cCRT) followed by immunotherapy is the standard of care for unresectable stage III NSCLC, but disease progression and distant metastasis remain major challenges.¹
- Ivonescimab (AK112), a PD-1/VEGF bispecific antibody, may enhance antitumor immunity and promote tumor vascular normalization.^{2, 3}
- Radiotherapy can promote tumor-antigen release, immune-cell infiltration, and immune activation. High-dose SBRT may further enhance these effects and synergize with immunotherapy.^{4, 5}
- These findings provide a rationale for integrating Lattice SF-SBRT with AK112-based induction, followed by definitive cCRT and AK112 consolidation.

OBJECTIVE

This prospective, phase II, single-arm study aims to evaluate the efficacy and safety of an AK112-based induction and consolidation strategy in patients with unresectable locally advanced NSCLC.

STUDY DESIGN

Fig.1: Study Design and Patient Flow.



ENDPOINTS

Primary Endpoint

- Objective response rate (ORR)

Secondary Endpoints

- Pre-cCRT disease control rate (DCR)
- Overall survival (OS)
- Progression-free survival (PFS)
- 12-month PFS rate
- Time to distant metastasis or death (TTDM)
- Treatment-related adverse events (TRAEs)

KEY EXCLUSION CRITERIA

- Mixed small-cell and NSCLC histology
- Active autoimmune disease requiring systemic treatment
- Severe chronic or active infection requiring systemic therapy
- Significant cardiovascular disease or uncontrolled hypertension
- Recent grade ≥3 bleeding or clinically significant hemoptysis (>50 mL/day)
- Tumor invasion/abutment of major vessels with a potential risk of fatal hemorrhage

REFERENCES & ACKNOWLEDGEMENTS

References

- Spigel DR, et al. *J Clin Oncol.* 2022; 40(12): 1301-1311.
- Xiong A, et al. *Lancet.* 2025;405(10481):839-849.
- HARMONi-A Study Investigators. *JAMA.* 2024;332(7):561-570.
- Guo S, et al. *Signal Transduct Target Ther.* 2023;8(1):205.
- Chang JY, et al. *Lancet.* 2023; 402(10405): 871-881.

Clinical Trial Information

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AI Use Disclosure

No AI tools were used in the development of this material.