

RASolve 301: A Phase 3 Trial in Progress of Daraxonrasib vs Docetaxel in Patients With Previously Treated RAS Mutant NSCLC

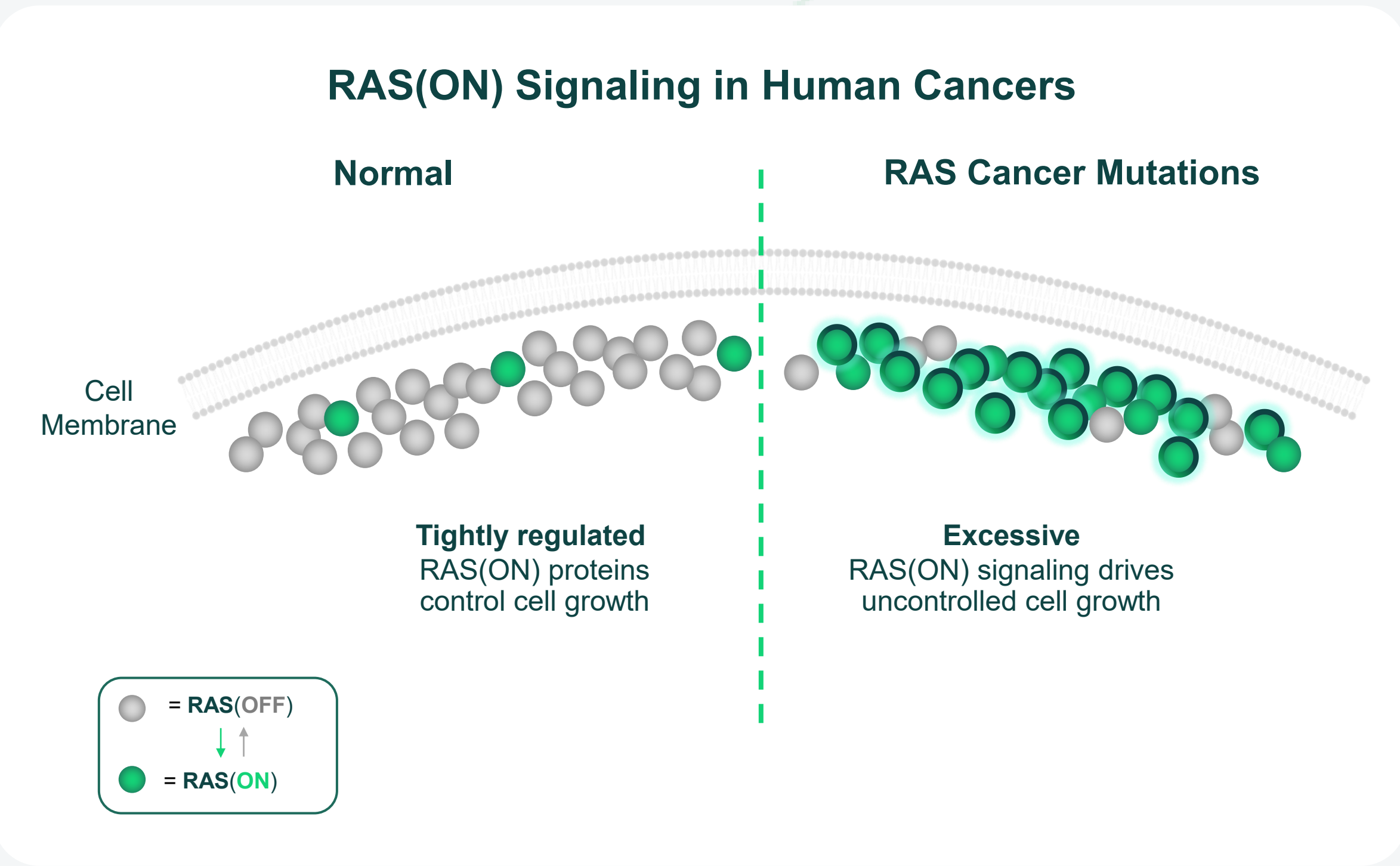


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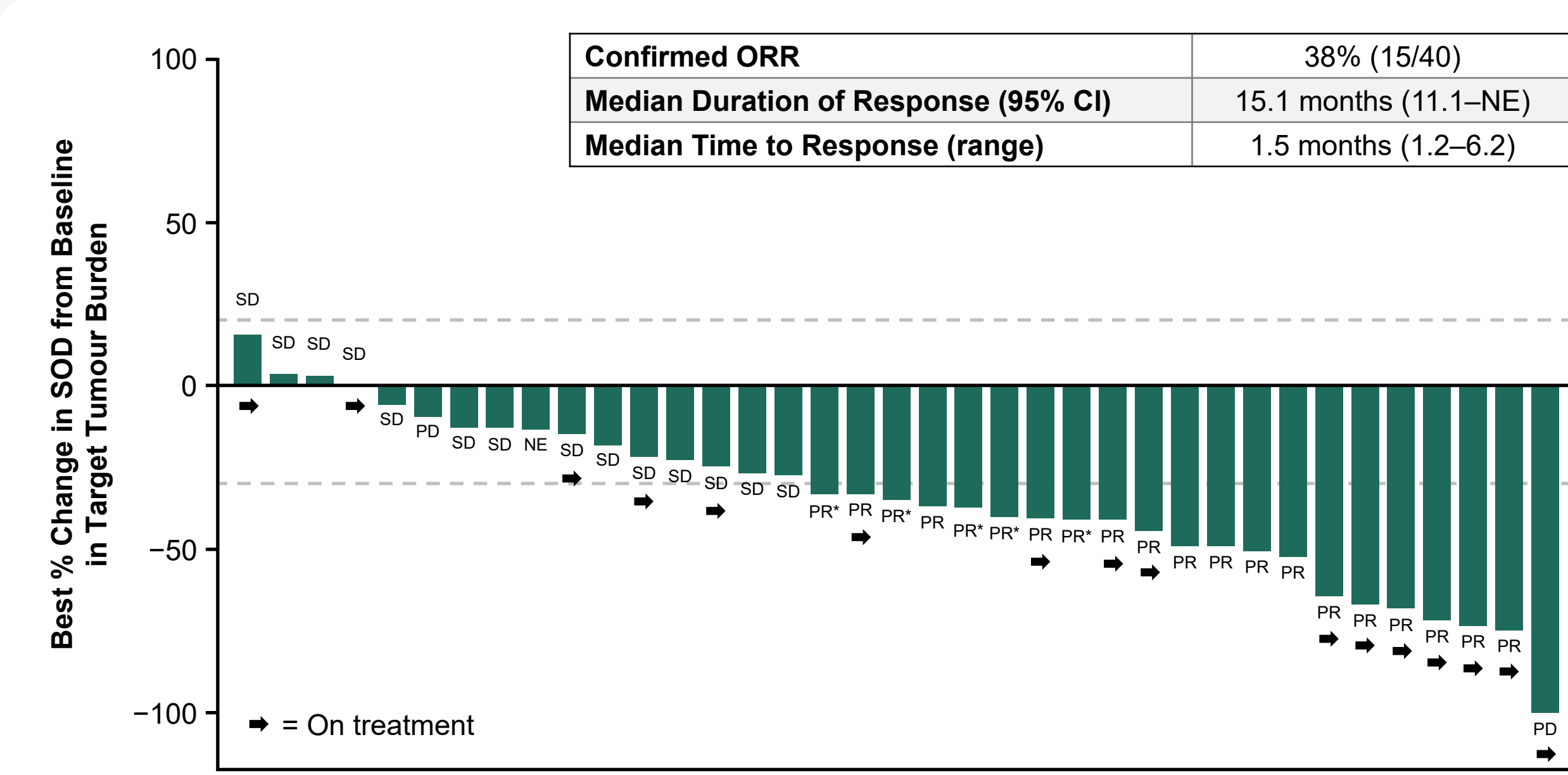
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Introduction



- Daraxonrasib is a RAS(ON) multi-selective, tri-complex inhibitor designed to directly inhibit uncontrolled RAS(ON) signaling in RAS-driven tumors, including RAS mutant NSCLC
- Significant need exists for improved treatments for patients with previously treated NSCLC
- Reported outcomes for patients with NSCLC receiving docetaxel as 2L+ therapy are:¹⁻⁷
 - Median Overall Survival (OS) of 9.1–11.8 months
 - Median Progression Free Survival (PFS) is 3–4.5 months
 - Objective Response Rate (ORR) of 9.2%–14.7%
- ~30% of NSCLC tumors harbor an oncogenic RAS mutation⁸
- Current RAS(OFF) G12C therapies have received accelerated approval but not full approval⁹

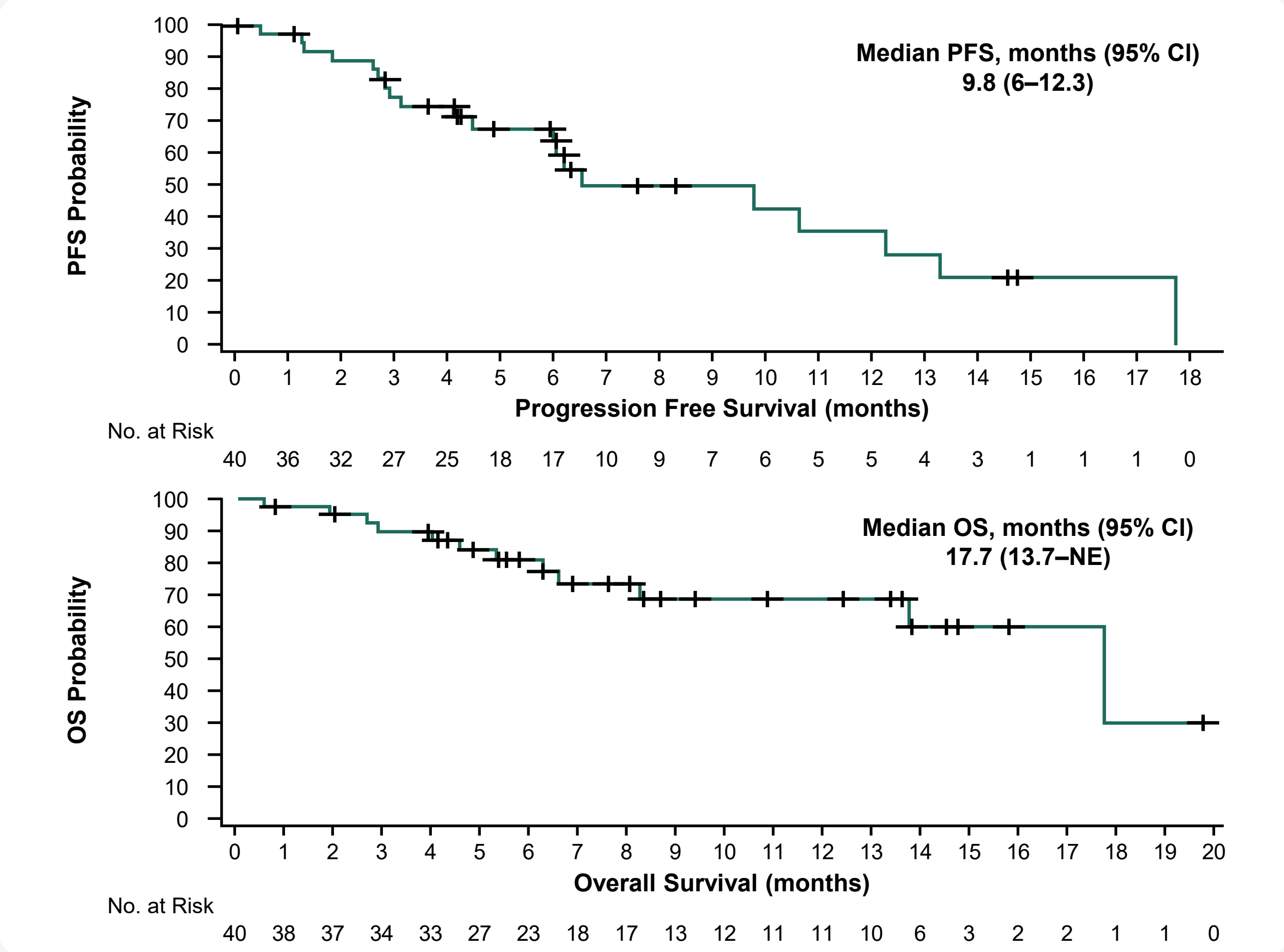
Daraxonrasib Treatment Resulted in 38% Confirmed ORR and Durable Responses Observed in Patients With RAS G12X^a NSCLC Treated in 2L/3L at Doses Ranging From 120–220 mg QD^{b,c} 10,11



^aX denotes any amino acid. ^bThree patients included in the denominator of the ORR analyses are not displayed on waterfall plot due to lack of post-baseline target lesion assessment (2 due to patient request to withdraw from treatment, and 1 due to patient withdrawal of consent). Unconfirmed PRs (PR^u) with treatment discontinued (will never confirm) were not considered responders but remained in the denominator. Patient with 100% reduction in SOD from baseline was deemed as PD due to new lesion; treatment is ongoing post progression as treatment beyond progression was permitted if protocol-specified criteria were met. ^cData cutoff: 30 Sept 2024.

- The population in the Phase 1 study included patients with RAS G12X mutant NSCLC who have received 1 or 2 prior lines of therapy, which must have included prior immunotherapy and platinum chemotherapy administered either concurrently or sequentially and have not received docetaxel previously
- ctDNA testing was performed on paired plasma samples (C1D1 and C2D1 or C1D1 and C3D1) using the Guardant Health Infinity assay¹¹

Median PFS of 9.8 Months and Median OS of 17.7 Months Observed in Patients With RAS G12X^a NSCLC Treated in 2L/3L With Daraxonrasib 120–220 mg QD^{b,c} 10,11



^aX denotes any amino acid. ^bAdjuvant therapy or multimodal therapy with curative intent is considered prior therapy if disease progression occurred on treatment or within 6 months of treatment completion. Median duration of response estimated using the Kaplan-Meier method. Median follow-up is 10.8 months. ^cData cutoff: 30 Sept 2024.

Most Frequent (≥20% in any Grade) TRAEs Observed in Patients With RAS G12X^a NSCLC Upon Treatment With Daraxonrasib at 120–220 mg¹¹

- Rash^b (7%) was the only G3 TRAE in ≥5% of patients
- No G4 or G5 TRAEs were observed
- TRAEs were managed by dose modifications and dosing intensity was maintained within this population

	120–220 mg (N=73)	
	Any Grade	Grade ≥3
Any TRAE	71 (97%)	12 (16%)
TRAEs in ≥20% of patients, n (%)		
Rash ^b	66 (90%)	5 (7%)
Diarrhea	46 (63%)	1 (1%)
Nausea	36 (49%)	0
Vomiting	29 (40%)	2 (3%)
Stomatitis	25 (34%)	0
TRAEs leading to dose modification, n (%)		
Dose interruption	25 (34%)	
Dose reduction	15 (21%)	
Mean dose intensity, %	91%	

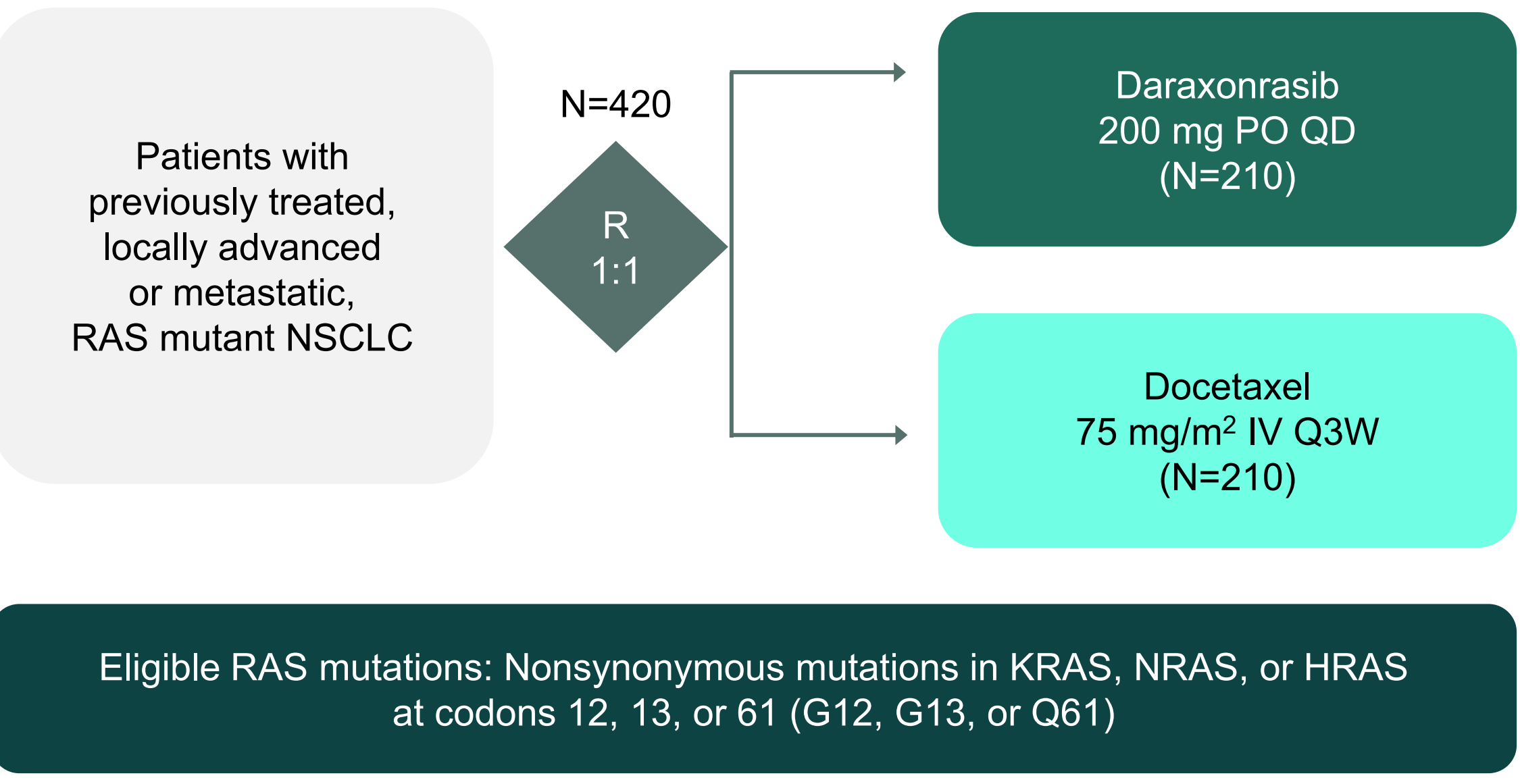
^aX denotes any amino acid. ^bIncludes preferred terms of rash pustular, rash maculo-papular, rash, erythema, and dermatitis acneiform. Multiple types of rash may have occurred in the same patient.

- Exploratory analyses of circulating ctDNA assessed changes in RAS mutant variant allele frequency in 56 patients with paired samples collected (C1D1 and C2D1 [n=49] and C1D1 and C3D1 [n=7])¹¹
- Of 35 patients with RAS mutations detected in baseline ctDNA, early on-treatment ctDNA clearance was observed in 23 patients (66%) across multiple RAS G12X mutations and associated with radiographic response¹¹

Materials and Methods

RASolve 301 Study Design (NCT06881784)

- RASolve 301 is a global, randomised, open-label, Phase 3 study designed to evaluate the efficacy and safety of daraxonrasib compared to docetaxel in patients with previously treated, locally advanced or metastatic, RAS mutant NSCLC



^aPer RECIST v1.1 as assessed by investigator; ^bIn the RAS G12X-C and RAS (MUT) population; ^cRECIST v1.1 as assessed by BICR; ^dUsing EORTC QLQ-LC13 or EORTC QLQ-C30.

Dual Primary Endpoints	Key Secondary Endpoints	Other Secondary Endpoints ^b
PFS ^a and OS (RAS G12X-C population)	PFS ^a , OS (RAS [MUT] population) ORR ^a (RAS G12X-C and RAS [MUT] population)	ORR ^c , PFS ^c , DOR ^{a,c} , TTR ^{a,c} , QoL ^d , safety/tolerability, PK profile
Key Inclusion Criteria		
- Pathologically confirmed locally advanced or metastatic NSCLC ≥18 years of age - Measurable disease per RECIST v1.1 - ECOG PS 0 or 1 - Adequate organ function (bone marrow, liver, kidney, coagulation) - One to two prior lines of therapy including an anti-PD1/PD-L1 agent and platinum-based chemotherapy. Prior therapy with any RAS inhibitor, including a KRAS G12C inhibitor, is prohibited - Documented RAS mutation status based on local testing. Eligible RAS mutations are defined as nonsynonymous mutations in KRAS, NRAS, or HRAS at codons 12, 13, or 61 (G12, G13, or Q61)		
Key Exclusion Criteria		
- Untreated CNS metastases - Prior RAS-directed therapy or docetaxel - Presence of an actionable driver mutation for which approved targeted therapy is available - Medically significant comorbidities (e.g., significant CVD, lung disease, impaired GI function) - Ongoing anticancer therapy - Pregnant or breastfeeding		

Asia Pacific (APAC) Site List

Japan Recruitment Sites

- Aichi Cancer Center Hospital, Nagoya-shi
- Cancer Institute Hospital of JFCR, Koto-ku
- Fujita Health University Hospital, Toyoake-shi
- Hyogo Cancer Center, Akashi-shi
- Kanagawa Cancer Center, Yokohama-shi
- Kanazawa University Hospital, Kanazawa-shi
- Kansai Medical University Hospital, Hirakata-shi
- Kindai University Hospital, Sakai-shi
- Kitasato University Hospital, Sagami-hara-shi, Kanagawa
- Kyushu University Hospital, Fukuoka-shi
- Nara Medical University Hospital, Kashihara-shi
- National Cancer Center Hospital, Chuo-ku
- National Cancer Center Hospital East, Kashiwa-shi

South Korea Recruitment Sites

- Ajou University Hospital, Suwon
- Chonnam National University Hwasun Hospital, Hwasun-gun

Other APAC Sites

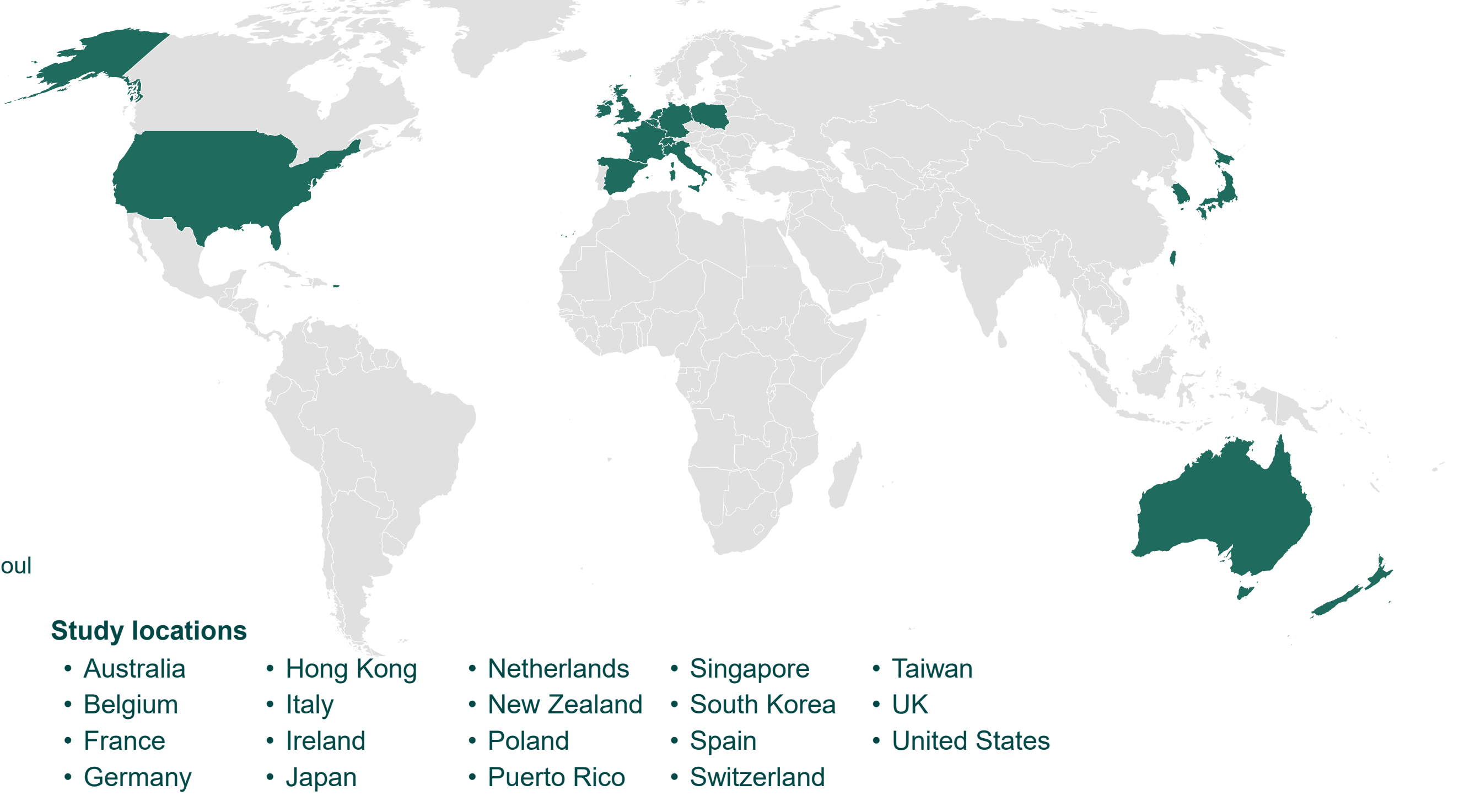
- NHO Himeji Medical Center, Himeji-shi
- NHO Hokkaido Cancer Center, Sapporo-shi
- NHO Shikoku Cancer Center, Matsuyama-shi
- Niigata Cancer Center Hospital, Niigata-shi
- Saitama Medical University International Medical Center, Hidaka-shi
- Sendai Kousei Hospital, Sendai-shi
- Shizuoka Cancer Center, Suto-gun
- Tohoku University Hospital, Sendai-shi
- Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital, Bunkyo-ku
- University Hospital, Kyoto Prefectural University of Medicine, Kyoto-shi
- Wakayama Medical University Hospital, Wakayama-shi

Chungbuk National University Hospital, Cheongju-shi

- Korea University Anam Hospital, Seoul
- Samsung Medical Center, Seoul
- Severance Hospital, Yonsei University Health System, Seoul

Scan the code for a full list of APAC recruitment sites. Copies of this poster obtained through QR code are for personal use only and may not be reproduced without written permission of the authors.

RASolve 301 Participating Countries Currently Recruiting (as of 2 June 2026)



- Study locations**
- Australia
 - Belgium
 - France
 - Germany
 - Hong Kong
 - Italy
 - Ireland
 - Japan
 - Netherlands
 - New Zealand
 - Poland
 - Puerto Rico
 - Singapore
 - South Korea
 - Spain
 - Switzerland
 - Taiwan
 - UK
 - United States

Study enrollment commenced in May 2025 and is ongoing

World Conference on Lung Cancer 2026
September 12–15, Seoul, Republic of South Korea

Contact: Ferdinandos Skoulidis, MD, PhD, MRCP (FSkoulidis@mdanderson.org)

Abbreviations: 2L, second-line; 2L+, second-line and beyond; 3L, third-line; BICR, blinded independent central review; C, cycle; CNS, central nervous system; ctDNA, circulating tumor DNA; CVD, cardiovascular disease; D, day; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; EORTC QLQ-C30, European Organization for Research and Treatment of Cancer quality of life questionnaire; EORTC QLQ-LC13, European Organization for Research and Treatment of Cancer quality of life questionnaire-lung cancer 13; G3, Grade 3; GI, gastrointestinal; G12C, glycine 12 to cysteine mutation; G12X, glycine 12 to any amino acid mutation; HRAS, Harvey rat sarcoma virus; IV, intravenous; KRAS, Kirsten rat sarcoma virus; MUT, mutant; NE, not estimable; NRAS, neuroblastoma RAS viral oncogene homolog; NSCLC, non-small cell lung cancer; ORR, objective response rate; OS, overall survival; PD, progressive disease; PD1, programmed cell death protein 1; PD-L1, programmed death-ligand 1; PFS, progression-free survival; PK, pharmacokinetics; PO, by mouth; PR, partial response; Q3W, every 3 weeks; Q61, glutamine at codon 61; QD, once daily; QoL, quality of life; R, randomization; RAS, rat sarcoma viral oncogene homolog; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; SD, stable disease; SOD, sum of diameters; TTR, time to response; TRAE, treatment-related adverse event.

We would like to thank the patients and their families, physicians, and study teams for participating in this study. This study is being conducted by Revolution Medicines, Inc. (ClinicalTrials.gov ID: NCT05462717). This poster was previously presented at the European Society for Medical Oncology Targeted Anticancer Therapies Asia Congress (ESMO TAT Asia) in Hong Kong SAR, China, June 12–14, 2026. Medical writing support for this WCLC 2026 encore poster (in the form of poster layout and formatting) was provided by Avalere Health Global Limited, funded by Revolution Medicines, Inc.

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