

# A Phase 3, Randomized, Double-Blind Trial of RC148 (ABBV-1480) plus Chemotherapy in First-line Squamous Non-Small-Cell Lung Cancer

P2.379

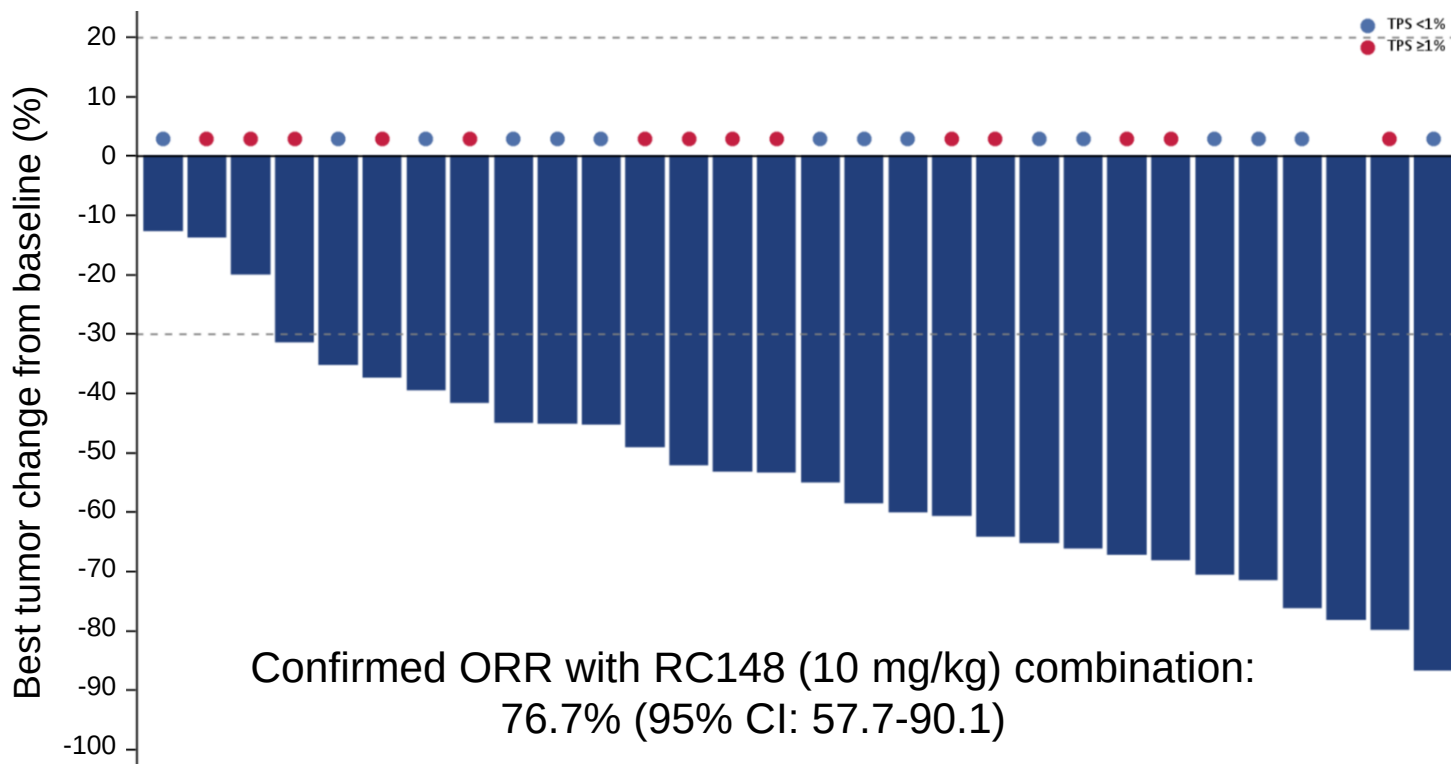
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## Background

- First-line PD-(L)1 inhibitor plus platinum-based chemotherapy is currently a standard treatment option for patients with locally advanced or metastatic squamous NSCLC without actionable genomic alterations. However, the clinical outcomes remain suboptimal, underscoring the need for more effective therapeutic strategies.<sup>1-3</sup>
- RC148 (ABBV-1480) is an investigational PD-1/VEGF bispecific antibody designed to enhance antitumor activity through dual blockade of immune evasion and tumor angiogenesis.<sup>4</sup> RC148 monotherapy has shown encouraging anti-tumor activity with manageable safety in NSCLC.<sup>5</sup>
- A randomized, dose-optimization phase 1b study evaluated RC148 at 2 doses (10 or 20 mg/kg Q3W) in combination with platinum-based chemotherapy in patients with previously untreated advanced NSCLC (NCT06883630) and showed promising efficacy, with the totality of data supporting selection of 10 mg/kg as the RP3D in first-line NSCLC.<sup>6</sup>

Results as of June 22, 2026 are summarized below:

- Robust antitumor activity and durable response were observed with RC148 10 mg/kg in squamous NSCLC.
  - **Unconfirmed ORR: 90.0% (95% CI: 73.5-97.9); confirmed ORR: 76.7% (95% CI: 57.7-90.1)**
  - **9-month DoR rate: 60.5% (95% CI: 36.2-77.9)**
  - **Median PFS: 11.8 months (95% CI: 6.9-NE)**

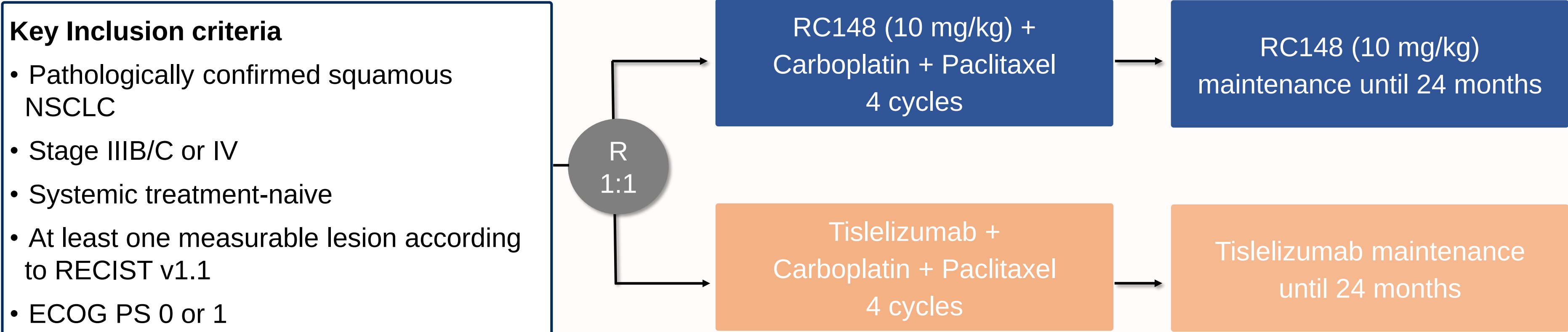


- The safety profile was manageable with primarily low-grade VEGF- and immune-related toxicities.
- Based on these findings, pivotal phase 3 studies of ABBV-1480 plus chemotherapy in 1L NSCLC have been initiated in China and globally:
  - A phase 3 trial in 1L squamous NSCLC (RC148-C301, NCT07416474) is actively recruiting in China.
  - A phase 3 trial in 1L non-squamous NSCLC is being initiated in China.
  - A global phase 3 trial in 1L NSCLC is actively recruiting (NCT07756645).

## RC148-C301 study design (NCT07416474)

- RC148-C301 is a multicenter, randomized, double-blind, phase 3 trial being conducted in China. It is designed to assess whether RC148 plus chemotherapy could improve outcomes versus tislelizumab plus chemotherapy as first-line treatment for advanced squamous NSCLC.

Figure 1. Study design



### Stratification factors

PD-L1 expression (TPS < 1% vs ≥ 1%); clinical stage (IIIB/C vs IV); brain metastasis (present vs absent)

### Key eligibility criteria

| ✓ Key inclusion criteria                                                                                                                                                                                                                                                                                                                                                                                                   | ✗ Key exclusion criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Pathologically confirmed squamous NSCLC</li><li>• Stage IIIB/C or IV as per AJCC 9<sup>th</sup> edition</li><li>• No prior systemic antitumor therapy for advanced disease</li><li>• At least one measurable lesion according to RECIST v1.1</li><li>• Adequate cardiac, bone marrow, renal, hepatic, and coagulation function</li><li>• ECOG performance status: 0 or 1</li></ul> | <ul style="list-style-type: none"><li>• Histologic or cytopathologic evidence of the presence of small cell lung carcinoma</li><li>• Presence of EGFR-sensitive mutations or ALK fusions</li><li>• Squamous NSCLC harboring known driver gene alterations with approved 1L-targeted therapies</li><li>• Symptomatic central nervous system (CNS) metastases, CNS metastasis ≥1.5 cm, CNS radiation within 28 days before randomization, spinal compression, or leptomeningeal disease</li><li>• Severe chronic or acute infection</li><li>• Active or clinically significant cardiac disease</li><li>• Current or prior interstitial lung disease</li><li>• Uncontrolled systemic diseases such as diabetes and hypertension</li></ul> |

### Endpoints

- Primary:** PFS assessed by the Blinded Independent Review Committee (BICR) according to RECIST v1.1
- Key secondary:** OS
- Other secondary:** PFS assessed by the investigators; BIRC/investigator-assessed ORR, DCR, DoR, and TTR; safety; pharmacokinetics and immunogenicity characterization of RC148 (assessed throughout the study)