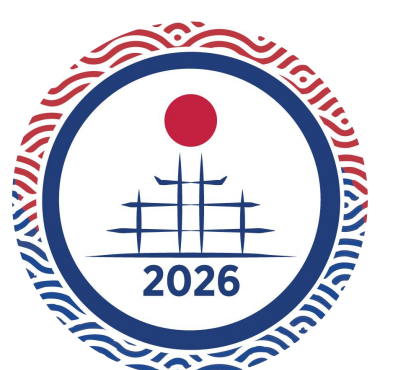


1826: Cadonilimab induction and consolidation for unresectable stage III NSCLC receiving concurrent chemoradiation: a phase 2 trial



J. Ni¹, Z. Zheng¹, X. Yang¹, X. Chu¹, Y. Zhou¹, Y. Pang¹, H. Chen¹, S. Yu¹, F. Liang², L. Chu¹, Z. Zhu¹
¹Fudan University Shanghai Cancer Center, Shanghai, China ²Zhongshan Hospital, Shanghai, China

Correspondence: Li Chu (fdcl@fudan.edu.cn), Zhengfei Zhu (fusscczzf@163.com)



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INTRODUCTION

- The PACIFIC regimen is standard of care for unresectable stage III NSCLC, but approximately 30% of patients cannot proceed to durvalumab consolidation because of progression or unresolved toxicity.
- This phase 2 trial evaluates cadonilimab, a PD-1/CTLA-4 bispecific antibody, as induction and consolidation therapy around concurrent chemoradiotherapy (cCRT).

METHODS

- Design:** single-arm phase 2 trial; driver mutation-negative, unresectable stage III NSCLC.
- Treatment:** 2 cycles of cadonilimab plus chemotherapy → standard cCRT → cadonilimab consolidation for up to 1 year.
- Co-primary endpoints:** 1-year PFS from consent in the mITT population (PFS1) and from cCRT completion in consolidation-eligible patients (PFS2).
- Secondary endpoints:** ORR, DCR, OS, TRAEs and proportion receiving consolidation.
- Historical benchmarks:** RTOG 0617 (1-year PFS1 50%) and PACIFIC (1-year PFS2 56.0%).

DISCUSSION AND CONCLUSION

TAKE-HOME MESSAGE

- Cadonilimab induction followed by cCRT and consolidation met the first co-primary endpoint, with 1-year PFS1 of 69.2%.
- Early antitumor activity was encouraging (ORR 85.4%; DCR 100%), and 87.8% of enrolled patients proceeded to consolidation.
- Toxicity was clinically relevant, particularly pneumonitis; longer follow-up is required to define the benefit-risk profile.

NEXT STEPS

Update survival outcomes and complete biomarker analyses using baseline tissue and serial peripheral blood samples.

REFERENCES & ACKNOWLEDGEMENTS

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Artificial Intelligence (AI) Use

Disclaimer: Generative artificial intelligence (OpenAI ChatGPT/Codex) was used solely for English-language editing to improve grammar, clarity, and readability.

RESULTS

41 patients enrolled
40 (97.6%) completed cCRT
37 (90.2%) were consolidation-eligible

A	Characteristic	Number of patients
	Age, years	69 [37-78]
	Age group	
	≥70 years	20 [48.78]
	<70 years	21 [51.22]
	Sex	
	Female	2 [4.88]
	Male	39 [95.12]
	Tobacco use history	
	Current/previous	39 [95.12]
	Never	2 [4.88]
	Stage	
	IIIA	13 [31.71]
	IIIB	17 [41.46]
	IIIC	11 [26.83]
	Tumor histologic type	
	Squamous cell carcinoma	25 [60.98]
	Non-squamous NSCLC	16 [39.02]
	ECOG performance status	
	0	2 [4.88]
	1	39 [95.12]
	PD-L1 expression	
	TC <1	12 [29.27]
	TC ≥1	17 [41.46]
	TC 1-49	9 [21.95]
	TC ≥50	8 [19.51]
	Unknown*	12 [29.27]
	Ongoing medical conditions	
	Respiratory, thoracic, and mediastinal disorders	12 [29.27]
	Vascular disorders	13 [31.71]
	Metabolism and nutrition disorders	7 [17.07]
	Cardiac disorders	7 [17.07]

Data are presented as number (n) or median [range]. *PD-L1 immunohistochemistry status could not be assessed.

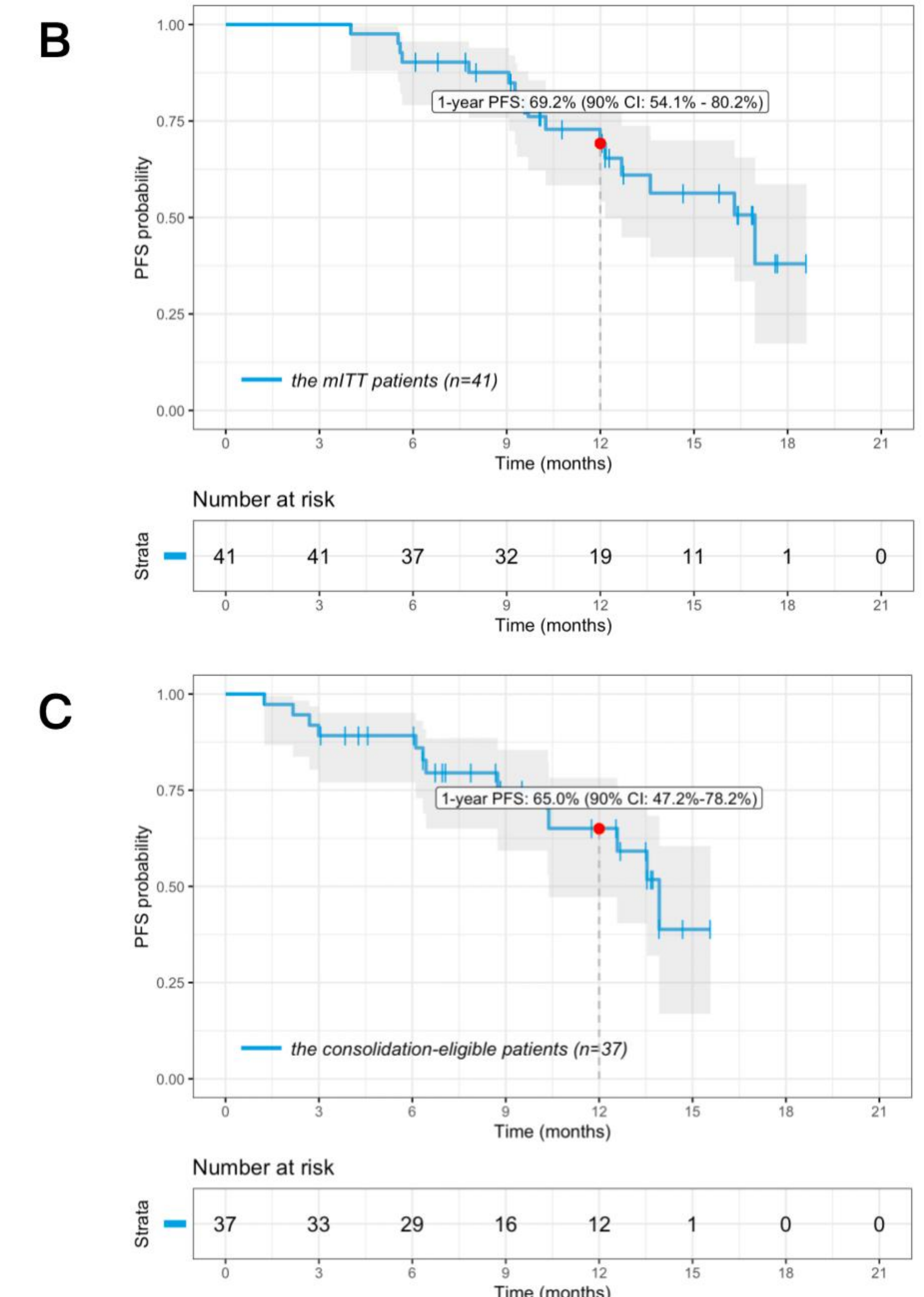


Figure 1. Baseline characteristics (A), PFS1 in the mITT population (B), and PFS2 in consolidation-eligible patients (C). Data cutoff: 15 March 2026.

EFFICACY 1-year PFS1: 69.2% (90% CI, 54.1%-80.2%; mITT, n=41); 1-year PFS2: 65.0% (90% CI, 47.2%-78.2%; consolidation-eligible, n=37). ORR: 85.4%; DCR: 100%.

SAFETY Any-grade TRAEs: 100%. Most common: leukopenia 90.2%, neutropenia 78.0%, anemia 68.3%. Grade 3-5 non-hematologic TRAEs: 43.9%; grade 5 pneumonia: 2.4%. Pneumonitis: 43.9% any grade and 7.3% grade 3-4; grade 3-4 colitis: 4.8%.