

YOUR GUIDE TO THE LATEST
CANCER RESEARCH
AND TREATMENTS

Highlights from the
Annual Meeting
of the American
Society of Clinical
Oncology

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Highlights from the 2025 Annual Meeting of the American Society of Clinical Oncology

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How to Use This Booklet

Each year, CancerCare® publishes a special edition of the CancerCare Connect Booklet Series that presents research highlights from the Annual Meeting of the American Society of Clinical Oncology. The information contained in these pages is intended for discussion with your doctor, who can tell you whether these advances in cancer treatment affect your treatment plan and whether a clinical trial is right for you.

Some of the treatments discussed in this booklet are still in the very early stages of research and may not be available to the general public outside of a clinical trial. The advances in treatment that have come about are because of the many people who have taken part in such studies. If current drugs or other types of cancer treatment no longer benefit you, you may wish to explore joining a clinical trial. The members of your health care team will help you fully understand the possible risks and benefits involved.

On page 45 you will find a list of resources, including websites where you can search for a clinical trial. If your particular type of cancer is not discussed in this booklet and you wish to take part in a study, these websites can help.

About the Editors

The content of this booklet was taken from CancerCare's two-part Connect Education Workshop 2025 ASCO Highlights series, during which the following leading experts presented:

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The Importance of Clinical Trials

Clinical trials are the standard by which we measure the worth of new treatments and the quality of life of patients as they receive those treatments. For this reason, doctors and researchers urge people with cancer to take part in clinical trials.

Your doctor can guide you in deciding whether a clinical trial is right for you. Here are a few things that you should know:

- Often, people who take part in clinical trials gain access to and benefit from new treatments.
- Before you participate in a clinical trial, you will be fully informed as to the risks and benefits of the trial.
- Most clinical trials are designed to test a new treatment against a standard treatment to find out whether the new treatment has any added benefit.
- You can stop taking part in a clinical trial at any time for any reason.

When considering participation in a clinical trial, it's important to consult with your primary care physician and your oncologist and make sure that all of your questions are answered.

This is a very exciting time in cancer research, and there are clinical trials underway to study and provide evidence about newer treatment approaches, such as immunotherapy and targeted therapy. In immunotherapy, the immune system's ability to seek out and destroy cancer cells is enhanced. Targeted therapies are designed to target the specific cell mechanisms that are important for the growth and survival of tumor cells.

Brain Cancer

Researchers reported a number of important findings in brain cancer treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **Two months after the 2025 meeting, dordaviprone was granted accelerated approval for the treatment of recurrent H3 K27M-mutant diffuse glioma (page 7).**
- **Final trial results showed adding 12 cycles of chemotherapy to radiotherapy can improve overall survival in patients with IDH-mutated anaplastic glioma (page 8).**
- **The investigational therapy lucicebtide demonstrated anti-tumor activity in patients with recurrent glioblastoma (page 8).**
- **An experimental dual-target CAR T-cell therapy showed promise for slowing tumor growth in recurrent glioblastoma (page 9).**

Dordaviprone approved for the treatment of recurrent H3 K27M-mutant diffuse glioma

Clinical trial results for the protease activator dordaviprone in treatment of recurrent H3 K27M-mutant diffuse glioma demonstrated a safety and response profile similar to previously pooled analyses, with some patients achieving durable responses.

What Patients Need to Know

In August 2025, the FDA granted accelerated approval to dordaviprone for the treatment of diffuse midline glioma harboring an H3 K27M mutation with progressive disease following prior therapy.

Addition of chemotherapy to radiotherapy showed benefit in IDH-mutated glioma

Final results from the EORTC CATNON trial showed the addition of 12 cycles of the chemotherapy temozolomide after radiotherapy can improve overall survival in patients with anaplastic glioma that shows a mutation in the IDH gene.

What Patients Need to Know

There was no observable benefit when temozolomide was given during radiotherapy, or in patients whose tumor did not show an IDH mutation.

Investigational therapy demonstrated anti-tumor activity in recurrent glioblastoma

In an updated phase II trial, the investigational therapy lucicebtide demonstrated anti-tumor activity in patients with recurrent glioblastoma and was well tolerated. Lucicebtide targets C/EBP, a factor implicated in tumor progression and immune suppression.

What Patients Need to Know

Data confirmed that lucicebtide crossed the blood-brain barrier and induced immune activation.

Experimental CAR T-cell therapy evaluated in phase I trial

In a phase I trial, a dual-target CAR T-cell therapy showed promise for slowing tumor growth in recurrent glioblastoma. The experimental therapy temporarily decreased tumor size in most patients, with safety established.

What Patients Need to Know

Researchers are hopeful that moving the therapy to the newly-diagnosed setting will lead to more durable benefits.



Breast Cancer

Researchers reported a number of important findings in breast cancer treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **Adding inavolisib to palbociclib and fulvestrant led to significantly longer progression-free survival in PIK3CA-mutated hormone receptor-positive, HER2-negative breast cancer (page 10).**
- **Based on the results of the DESTINY-Breast09 trial, the FDA granted priority review to T-DXd plus pertuzumab for the first-line treatment of HER2-positive breast cancer (page 11).**
- **Initial results from the ASCENT-04/KEYNOTE-D19 trial suggested a potential new standard of care for metastatic PD-L1-positive triple-negative breast cancer (page 11).**
- **Results from the SERENA-6 trial showed the benefit of using ctDNA monitoring to guide treatment changes in HR-positive, HER2-negative advanced breast cancer (page 12).**

Addition of inavolisib evaluated in PIK3CA-mutated HR-positive, HER2-negative breast cancer

According to results from the phase III INAVO120 trial, adding inavolisib to the combination of palbociclib and fulvestrant led to significantly longer progression-free survival in PIK3CA-mutated hormone receptor-positive, HER2-negative locally advanced or metastatic breast cancer.

What Patients Need to Know

Inavolisib, palbociclib and fulvestrant target cancer cells with an abnormal PIK3CA gene, which is a common mutation in this type of breast cancer.

T-DXd plus pertuzumab granted priority review for the treatment of HER2-positive breast cancer

For HER2-positive metastatic breast cancer, the phase III DESTINY-Breast09 trial suggested that trastuzumab deruxtecan (T-DXd) plus pertuzumab could be more effective than the previous standard first-line treatment of THP (the chemotherapy docetaxel plus the targeted therapies trastuzumab and pertuzumab).

What Patients Need to Know

In September 2025, the FDA granted priority review to T-DXd plus pertuzumab for the first-line treatment of HER2-positive breast cancer.

Option for treatment of metastatic PD-L1-positive TNBC evaluated

For the first-line treatment of metastatic PD-L1-positive triple-negative breast cancer (TNBC), initial findings from the ASCENT-04/KEYNOTE-D19 trial suggested the combination of sacituzumab govitecan-hzjy and pembrolizumab significantly improved progression-free survival compared with chemotherapy plus pembrolizumab.

What Patients Need to Know

These results suggested a potential new standard of care for this type of breast cancer.

Benefit of using ctDNA monitoring in HR-positive, HER2-negative breast cancer

Findings from the SERENA-6 trial indicated that changing to camizestrant plus a CDK4/6 inhibitor upon ctDNA detection of ESR1 mutations significantly prolonged progression-free survival in HR-positive, HER2-negative advanced breast cancer. Camizestrant is an investigational therapy, not yet approved by the FDA.

What Patients Need to Know

The results showed the benefit of using circulating tumor DNA (ctDNA) monitoring to guide treatment changes ahead of disease progression.



Colorectal Cancer

Researchers reported a number of important findings in colorectal cancer treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **Results from a phase III trial identified new standard-of-care in the treatment of BRAF V600E-mutated metastatic colorectal cancer (page 13).**
- **Adding atezolizumab to FOLFOX chemotherapy shown to be of benefit in treatment of stage III deficient DNA mismatch repair colon cancer (page 14).**
- **The addition of ipilimumab to nivolumab demonstrated progression-free survival improvement over nivolumab alone in MSI-H or dMMR metastatic colorectal cancer (page 14).**
- **Encorafenib plus cetuximab combined with mFOLFOX significantly improved overall response in BRAF V600E-mutant metastatic colorectal cancer (page 15).**

New standard in treatment of BRAF V600E-mutated metastatic colorectal cancer

Results from the BREAKWATER trial showed a combination of the targeted therapies encorafenib and cetuximab with chemotherapy is a new standard for BRAF V600E-mutated metastatic colorectal cancer.

What Patients Need to Know

The current standard of care is chemotherapy with or without the targeted therapy bevacizumab.

Adding atezolizumab to FOLFOX chemotherapy of benefit in dMMR colon cancer

Adding atezolizumab to standard FOLFOX chemotherapy significantly improved disease-free survival in people with stage III deficient DNA mismatch repair (dMMR) colon cancer, according to results from the phase III ATOMIC trial.

What Patients Need to Know

Atezolizumab is an immunotherapy. FOLFOX is a combination of folinic acid, fluorouracil (5-FU) and oxaliplatin.

Adding ipilimumab to nivolumab in treatment of MSI-H or dMMR metastatic colorectal cancer

The addition of ipilimumab to nivolumab demonstrated clinically meaningful progression-free survival improvement over nivolumab monotherapy among people with microsatellite instability-high (MSI-H) or mismatch repair-deficient (dMMR) metastatic colorectal cancer.

What Patients Need to Know

The results were from the phase III CheckMate 8HW trial. Both ipilimumab and nivolumab are immunotherapies.

Combination treatment improved response in BRAF V600E-mutant metastatic colorectal cancer

According to data presented, encorafenib plus cetuximab combined with mFOLFOX (modified folinic acid, fluorouracil and oxaliplatin) significantly improved overall response in BRAF V600E-mutant metastatic colorectal cancer.

What Patients Need to Know

Encorafenib is a BRAF inhibitor, a targeted therapy that blocks the activity of the mutant BRAF protein. Cetuximab is a monoclonal antibody, a type of immunotherapy that helps the immune system recognize and destroy cancer cells.



Leukemia

Researchers reported a number of important findings in leukemia treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **Research led to the October 2025 FDA approval of the menin inhibitor revumenib for relapsed or refractory AML with a susceptible NPM1 mutation (page 16).**
- **A phase Ib trial showed that adding a monoclonal antibody to ibrutinib may allow some patients with CLL to discontinue daily treatment (page 17).**
- **A triplet regimen showed promise in effectiveness and safety for the treatment of higher-risk MDS and CMML (page 17).**
- **In October 2025, a biologics license application for PVEK was submitted to the FDA for the treatment of blastic plasmacytoid dendritic cell neoplasm (page 18).**

Revumenib approved for NPM1-mutated relapsed or refractory AML

Research was presented on menin inhibitors for the treatment of acute myeloid leukemia (AML) with specific NPM1 or KMT2A mutations. This research led to the October 2025 FDA approval of revumenib for relapsed or refractory AML with a susceptible NPM1 mutation.

What Patients Need to Know

A menin inhibitor is a substance that binds to the menin protein and keeps it from binding to the MLL protein, preventing the activation of other proteins that can cause leukemia cells to form and grow in the body.

Investigational monoclonal antibody evaluated in the treatment of CLL

The current standard of care for people with chronic lymphocytic leukemia (CLL) includes indefinite daily treatment with a Bruton's tyrosine kinase (BTK) inhibitor such as ibrutinib, which may result in long-term toxicities. A phase Ib trial showed that adding a monoclonal antibody may allow some patients to discontinue daily treatment.

What Patients Need to Know

The monoclonal antibody evaluated (inalumab) is investigational and not currently approved by the FDA. The trial showed the therapy was well tolerated.

Trial evaluated triplet therapy for higher-risk MDS and CMML

A phase II trial evaluated cladribine plus low-dose cytarabine and venetoclax for the treatment of higher-risk myelodysplastic syndromes (MDS) and chronic myelomonocytic leukemia (CMML).

What Patients Need to Know

Cladribine and cytarabine are chemotherapies; venetoclax is a targeted therapy. The triplet regimen showed promise in both effectiveness and safety.

Application submitted to FDA for new BPDCN treatment

Pivekimab sunirine (PVEK) is a first-in-class antibody-drug conjugate (ADC) designed for the treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN). An analysis showed that PVEK is generally safe and tolerable and demonstrates promising efficacy, with high and durable composite complete remission responses.

What Patients Need to Know

In October 2025, a biologics license application for PVEK was submitted to the FDA for the treatment of BPDCN.



Lung Cancer

Researchers reported a number of important findings in lung cancer treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **A phase III trial demonstrated that tarlatamab showed significant benefit compared to traditional chemotherapy in the treatment of relapsed SCLC (page 19).**
- **Maintenance therapy with a combination of lurbinectedin and atezolizumab is of benefit in the treatment of extensive-stage small lung cancer (page 20).**
- **Neoadjuvant nivolumab plus chemotherapy significantly improved overall survival rates compared with neoadjuvant chemotherapy alone in the treatment of NSCLC (page 20).**
- **A non-chemotherapy combination demonstrated significant progression-free survival in the treatment of locally advanced or metastatic EGFR-positive NSCLC with MET amplification (page 21).**

Tarlatamab compared to chemotherapy in relapsed SCLC

In the treatment of relapsed small cell lung cancer (SCLC), the phase III DeLLphi-304 trial demonstrated that tarlatamab significantly improved progression-free and overall survival compared to traditional chemotherapy. These results position tarlatamab as a potential new standard of care for the treatment of relapsed SCLC.

What Patients Need to Know

Tarlatamab is a type of immunotherapy called a bispecific T-cell engager; it targets specific proteins on the surface of cancer cells.

Adding lurbinectedin of benefit in ES-SCLC maintenance therapy

Results from the phase III IMforte trial showed that maintenance therapy with a combination of lurbinectedin and atezolizumab improved both progression-free and overall survival in the treatment of extensive-stage small cell lung cancer (ES-SCLC) when compared with atezolizumab alone.

What Patients Need to Know

Lurbinectedin is a type of chemotherapy that damages DNA in cancer cells, causing the cancer cells to die. Atezolizumab is an immunotherapy called a checkpoint inhibitor. It allows the immune system to find and kill cancer cells.

Neoadjuvant nivolumab plus chemotherapy in treatment of NSCLC

Neoadjuvant (prior to surgery) nivolumab plus chemotherapy significantly improved overall survival rates at 5 years compared with neoadjuvant chemotherapy alone in the treatment of non-small cell lung cancer (NSCLC). Nivolumab is a type of immunotherapy called an immune checkpoint inhibitor that works by interfering with the growth and spread of cancer cells.

What Patients Need to Know

The results were according to the final analysis of the phase III CheckMate 816 trial.

Non-chemo combination evaluated in EGFR-positive NSCLC

Results from the phase III SACHI trial showed the combination of savolitinib and osimertinib demonstrated significant progression-free survival compared to chemotherapy in the treatment of locally advanced or metastatic EGFR-positive NSCLC with MET amplification, after disease progression on EGFR inhibitor therapy. In NSCLC with MET amplification, there are extra copies of the MET gene in the body which causes uncontrolled cell growth.

What Patients Need to Know

Savolitinib and osimertinib are both targeted therapies. Savolitinib is investigational (not yet approved by the FDA).



Lymphoma

Researchers reported a number of important findings in lymphoma treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **Investigational immunotherapies are being evaluated for the treatment of relapsed/refractory Hodgkin lymphoma (page 22).**
- **Subcutaneous mosunetuzumab may be effective for patients with previously untreated, high-tumor-burden follicular lymphoma (page 23).**
- **Data presented suggested that axicabtagene ciloleucel is effective and can be used in an outpatient setting for patients with relapsed/refractory large B-cell lymphoma (page 23).**
- **Adding tafasitamab to lenalidomide and rituximab was shown to improve progression-free survival in relapsed/refractory follicular lymphoma (page 24).**

Investigational immunotherapies evaluated in Hodgkin lymphoma

According to preliminary findings from the phase II LuminICE-203 trial, the addition of acimtamig to AlloNK generated high objective and complete response rates in heavily pretreated patients with relapsed/refractory Hodgkin lymphoma. The trial participants had exhausted standard-of-care treatment options.

What Patients Need to Know

Both acimtamig and AlloNK are investigational immunotherapies, not yet approved by the FDA.

Results from phase II MorningSun trial presented in treatment of FL

The phase II MorningSun trial suggested that subcutaneous mosunetuzumab may be effective for patients with previously untreated, high-tumor-burden follicular lymphoma (FL).

What Patients Need to Know

Subcutaneous (delivered under the skin) mosunetuzumab is an investigational monoclonal antibody that redirects T cells to eliminate malignant B cells.

Administration of CAR-T therapy in outpatient versus inpatient settings

In the treatment of relapsed/refractory large B-cell lymphoma, real-world data showed comparable safety and effectiveness outcomes for axicabtagene ciloleucel CAR-T therapy administered in outpatient versus inpatient settings.

What Patients Need to Know

Axicabtagene ciloleucel is a medication used for the treatment for large B-cell lymphoma after the failure of conventional treatment.

Adding 3rd immunotherapy studied in relapsed/refractory FL

Relevant to data presented at the Meeting of the American Society of Clinical Oncology, a presentation at the European Hematology Association showed that adding tafasitamab to lenalidomide and rituximab improved progression-free in relapsed/refractory follicular lymphoma (FL.)

What Patients Need to Know

Tafasitamab, lenalidomide and rituximab are all forms of immunotherapy.



Melanoma

Researchers reported a number of important findings in melanoma treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **Data from a phase III trial showed improvement in long-term survival in BRAFV600-mutant stage III-IV melanoma when treatment begins with immunotherapy (page 25).**
- **Trial results suggested that adding sarilumab to a combination immunotherapy regimen maintains promising response rates while reducing the risk of serious immune-related adverse events (page 26).**
- **A phase II trial showed that treatment with immunotherapy prior to surgery was associated with a low rate of distant metastasis in people with high-risk stage III melanoma (page 26).**
- **New compounds and combination therapies are showing promise in clinical trials for rare melanoma subtypes that typically respond poorly to standard immunotherapy (page 27).**

Immunotherapy as initial treatment for BRAFV600-mutant melanoma

Data from the phase III DREAMseq clinical trial showed that people with BRAFV600-mutant stage III-IV melanoma had better long-term survival when first treated with the immunotherapies nivolumab and ipilimumab, followed by targeted therapy if needed.

What Patients Need to Know

Immunotherapy with monoclonal antibodies—such as ipilimumab and nivolumab—help the body's immune system attack the cancer, interfering with the ability of tumor cells to grow and spread.

Adding sarilumab to immunotherapy evaluated in phase II trial

In the treatment of advanced melanoma, results from a phase II trial suggested that adding sarilumab to the immunotherapy regimen of nivolumab, relatlimab and ipilimumab could maintain promising response rates while reducing the risk of serious immune-related adverse events.

What Patients Need to Know

Sarilumab, an inhibitor of the receptor for the cytokine IL-6, is currently approved for the treatment of rheumatoid arthritis. It is considered investigational for the treatment of melanoma.

Neoadjuvant immunotherapy of benefit in stage III melanoma

The phase II NeoACTIVATE trial showed that neoadjuvant (prior to surgery) treatment with immunotherapy is associated with a low rate of distant metastasis (spread) in people with high-risk stage III melanoma.

What Patients Need to Know

The immunotherapies evaluated were atezolizumab and tiragolumab.

New therapies for rare melanoma subtypes being investigated

New compounds and combination therapies are showing promise in clinical trials for rare melanoma subtypes that typically respond poorly to standard immunotherapy, such as uveal, acral and mucosal melanoma.

What Patients Need to Know

Being investigated for uveal melanoma is a first-in-class antibody-drug conjugate (ADC) that works by inhibiting the activity of the GNAQ/GNA11 proteins, preventing cancer cell growth in tumors with these mutations. Being investigated for acral and mucosal melanoma is a first-in-class, next-generation immunotherapy that blocks the PD-1/PD-L1 pathway and activates the IL-2 pathway, turning “immune-cold” tumors (which typically resist standard immunotherapies) into “hot” tumors.



Oral, Head and Neck Cancers

Researchers reported a number of important findings in the treatment of oral, neck and head cancers at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **Pembrolizumab in combination with standard of care resulted in a statistically significant improvement in event-free survival in resectable, locally advanced HNSCC (page 28).**
- **The addition of adjuvant nivolumab to chemoradiotherapy in patients with HNSCC was evaluated in a phase III trial (page 29).**
- **The immunotherapy toripalimab was evaluated in high-risk locoregionally advanced nasopharyngeal carcinoma (page 29).**
- **In unresected HNSCC, pembrolizumab plus chemoradiotherapy did not significantly improve event-free survival compared with chemoradiotherapy alone (page 30).**

Pembrolizumab showed benefit when added to standard of care in resected HNSCC

According to findings from the KEYNOTE-689 trial, the immunotherapy pembrolizumab in combination with standard of care resulted in a statistically significant improvement in event-free survival when used for the treatment of newly diagnosed, resectable (tumor able to be removed through surgery) locally advanced head and neck squamous cell carcinoma (HNSCC).

What Patients Need to Know

Standard of care for resectable locally advanced HNSCC has been surgery followed by radiotherapy with or without the chemotherapy cisplatin.

Addition of nivolumab to chemoradiotherapy showed benefit in HNSCC

Data from the phase III GORTEC 2018-01 trial evaluating the addition of adjuvant (post-surgery) nivolumab to chemoradiotherapy in patients with head and neck squamous cell carcinoma (HNSCC) showed a statistically and clinically meaningful improvement in disease-free survival. The trial participants were at a high risk of relapse.

What Patients Need to Know

Nivolumab is a type of immunotherapy called an immune checkpoint inhibitor that works by interfering with the growth and spread of cancer cells.

Toripalimab evaluated in locoregionally advanced nasopharyngeal carcinoma

In high-risk locoregionally advanced nasopharyngeal carcinoma, toripalimab in combination with induction chemoradiotherapy demonstrated similar effectiveness and superior safety compared to the same regimen plus cisplatin.

What Patients Need to Know

Toripalimab is a monoclonal antibody (a type of immunotherapy) that blocks PD-1 receptors on tumor cells and enhances immune response. Cisplatin is a chemotherapy.

Addition of nivolumab to radio-chemotherapy showed benefit in HNSCC

Data from the phase III GORTEC 2018-01 trial evaluating the addition of adjuvant (post-surgery) nivolumab to radio-chemotherapy in patients with head and neck squamous cell carcinoma (HNSCC) showed a statistically and clinically meaningful improvement in disease-free survival. The trial participants were at a high risk of relapse.

What Patients Need to Know

Nivolumab is a type of immunotherapy called an immune checkpoint inhibitor that works by interfering with the growth and spread of cancer cells.

Pembrolizumab did not show benefit when added to chemoradiotherapy in unresected HNSCC

In results from the phase III KEYNOTE-412 trial, pembrolizumab plus chemoradiotherapy did not significantly improve event-free survival compared with chemoradiotherapy alone in locally advanced head and neck squamous cell carcinoma (HNSCC) that had not been partially or completely removed by surgery.

What Patients Need to Know

No new safety signals were seen with the combination approach.



Ovarian Cancer

Researchers reported a number of important findings in ovarian cancer treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **In May 2025, the FDA granted accelerated approval to the combination of avutometinib and defactinib for treatment of KRAS-mutated recurrent low-grade serous ovarian cancer (page 32).**
- **Relacorilant plus chemotherapy was shown to improve survival in platinum-resistant ovarian cancer, compared to chemotherapy alone (page 33).**
- **Adding dostalimab to chemotherapy and niraparib maintenance improved progression-free survival in advanced ovarian cancer (page 33).**
- **A combination therapy was investigated in the treatment of newly diagnosed advanced epithelial ovarian cancer (page 34).**

Accelerated approval granted to combination treatment for LGSOC

In May 2025, the FDA granted accelerated approval to the combination of avutometinib and defactinib for treatment of KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) that was previously treated with systemic therapy. The approval is based on the phase II RAMP-201 trial and is anticipated to change the treatment possibilities for people with this form of ovarian cancer.

What Patients Need to Know

Both avutometinib and defactinib are targeted therapies. Avutometinib blocks two pathways responsible for cancer growth (MEK and RAF); defactinib blocks the FAK pathway.

Relacorilant plus chemotherapy evaluated in PROC

According to results from the phase III ROSELLA trial, relacorilant plus the chemotherapy nab-paclitaxel improves survival in platinum-resistant ovarian cancer (PROC) compared to chemotherapy alone.

What Patients Need to Know

Relacorilant is an investigational oral medication that works by restoring tumor sensitivity to chemotherapy.

Results from phase III FIRST trial presented

Adding dostalimab to first-line platinum-based chemotherapy and to niraparib maintenance improves progression-free survival in advanced ovarian cancer, according to results from the phase III FIRST trial.

What Patients Need to Know

Dostarlimab is a monoclonal antibody that acts as an immune checkpoint inhibitor, helping the immune system fight cancer. Niraparib is a PARP inhibitor, a targeted therapy that prevents cancer cells from repairing their damaged DNA.

Combining investigational immunotherapy and chemotherapy in advanced epithelial ovarian cancer

A phase I/II trial evaluated the safety and effectiveness of combining the investigational immunotherapy IMNN-001 and standard chemotherapy (paclitaxel and carboplatin) in newly diagnosed advanced epithelial ovarian cancer. IMNN-001 is administered directly into the abdominal cavity.

What Patients Need to Know

Early data suggested the combination therapy may improve response rates with an acceptable safety profile.



Pancreatic Cancer

Researchers reported a number of important findings in pancreatic cancer treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **An investigational vaccine plus FOLFIRI maintenance chemotherapy demonstrated positive survival data with minimal toxicities in the treatment of PDAC (page 35).**
- **A pilot trial found that neoadjuvant chemo-immunotherapy is a potentially beneficial approach in resectable pancreatic cancer (page 36).**
- **An investigational pan-RAS inhibitor showed early activity and a manageable safety profile in previously treated RAS-mutant pancreatic cancer (page 36).**
- **Research presented identified key prognostic factors for people with pancreatic cancer and liver metastases who might benefit from surgery (page 37).**

Vaccine plus chemotherapy maintenance showed benefit in PDAC

In the phase II TEDOPaM trial, the investigational OSE2101 cancer vaccine plus FOLFIRI maintenance chemotherapy demonstrated positive survival data with minimal toxicities in locally advanced or metastatic pancreatic ductal adenocarcinoma (PDAC).

What Patients Need to Know

OSE2101 targets specific tumor associated antigens (substances that the immune system sees as being foreign or dangerous) to activate T-cell responses, crucial for the immune system's ability to fight cancer.

Chemo-immunotherapy prior to surgery evaluated in pilot trial

The NEO-IMPACT pilot trial found that neoadjuvant (prior to surgery) chemo-immunotherapy is a safe and potentially beneficial approach for patients with resectable (tumor able to be removed through surgery) and borderline resectable pancreatic cancer.

What Patients Need to Know

The chemo-immunotherapy evaluated was FOLFIRINOX (leucovorin, fluorouracil, irinotecan and oxaliplatin) plus an immune checkpoint inhibitor.

Investigational drug showed promise in RAS-mutant pancreatic cancer

In a phase I trial, the investigational pan-RAS inhibitor daravonrasib showed early activity and a manageable safety profile in previously treated RAS-mutant pancreatic cancer.

What Patients Need to Know

Daraxonrasib is being studied in a global phase III clinical trial in people with second line metastatic pancreatic ductal adenocarcinoma (PDAC).

Prognostic factors of surgery benefit presented

Research presented identified several key prognostic factors for people with pancreatic cancer and synchronous (existing at the same time) liver metastases who might benefit from surgery.

What Patients Need to Know

The prognostic factors include response to preoperative chemotherapy, tumor marker reduction and whether or not the primary tumor was resectable (able to be removed through surgery).



Prostate Cancer

Researchers reported a number of important findings in prostate cancer treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **Trial results showed that niraparib and abiraterone acetate has potential to delay cancer progression and worsening of symptoms in mCSPC with HRR genetic alterations (page 38).**
- **Outcomes from an 8-year trial showed enzalutamide plus testosterone suppression improved overall survival in mHSPC (page 39).**
- **Adding cetrelimab to niraparib maintenance led to an improvement in PFS and OS in a subset of patients with aggressive variant prostate cancer (page 39).**
- **Adding docetaxel to radiotherapy and long-term ADT did not show benefit in high-risk localized prostate cancer (page 40).**

Niraparib and abiraterone acetate evaluated in mCSPC with HRR genetic alterations

Results from the phase III AMPLITUDE trial showed that a medication consisting of niraparib and abiraterone acetate has the potential to delay cancer progression and worsening of symptoms in a specific type of prostate cancer.

What Patients Need to Know

The type of prostate cancer for which the medication was evaluated is metastatic castration-sensitive prostate cancer (mCSPC) with homologous recombination repair (HRR) genetic alterations including BRCA.

Results presented from 8-year enzalutamide trial

The 8-year outcomes from the ENZAMET trial showed that enzalutamide plus testosterone suppression improved overall survival for patients with metastatic hormone-sensitive prostate cancer (mHSPC) compared to a non-steroidal anti-androgen plus testosterone suppression.

What Patients Need to Know

Enzalutamide works by inhibiting the effects of androgens (male hormones) that can promote cancer growth.

Addition of investigational immunotherapy evaluated in AVPC

According to results from the phase II C3NIRA trial, adding cetrelimab to niraparib maintenance therapy following anti-PD-1 induction therapy led to an improvement in progression-free survival and overall survival in a subset of patients with aggressive variant prostate cancer (AVPC).

What Patients Need to Know

Cetrelimab is an investigational monoclonal antibody (a type of immunotherapy). It blocks the PD-1 pathway, allowing T-cells to attack cancer cells.

Meta-analysis showed addition of docetaxel not of significant benefit in high-risk localized prostate cancer

A meta-analysis of recent large studies found that adding the chemotherapy docetaxel to radiotherapy and long-term androgen deprivation therapy (ADT) in high-risk localized prostate cancer did not significantly improve overall or metastasis-free survival.

What Patients Need to Know

The addition of docetaxel may be beneficial in certain high-risk subgroups, but further research is needed to identify which patients, if any, would benefit.



Sarcoma

Researchers reported a number of important findings in sarcoma treatment at the 2025 Annual Meeting of the American Society of Clinical Oncology:

- **In the treatment of STS, anlotinib in combination with epirubicin followed by maintenance anlotinib demonstrated a clinically meaningful progression-free survival benefit compared to epirubicin alone (page 41).**
- **The targeted therapy apatinib may serve as a potential second- or first-line treatment option for advanced Ewing Sarcoma, particularly in chemotherapy-resistant disease (page 42).**
- **Studies suggest PD-1/PD-L1 inhibitors are a promising option for the treatment of Kaposi sarcoma, with a favorable safety profile compared to traditional chemotherapy (page 42).**
- **The combination of regorafenib and avelumab in “cold” soft tissue sarcomas explored (page 43).**

Addition of anlotinib to epirubicin showed PFS benefit in STS

Anlotinib in combination with epirubicin followed by maintenance anlotinib demonstrated a statistically significant and clinically meaningful progression-free survival benefit (PFS) compared to epirubicin alone in people with previously untreated advanced soft tissue sarcoma (STS). The results were according to a phase III trial.

What Patients Need to Know

Anlotinib is a targeted therapy called a tyrosine kinase inhibitor. It targets several key receptors involved in tumor growth and blood vessel formation. Epirubicin is an anthracycline, a type of chemotherapy that damages the genetic code in cancer cells, stopping the cancer cells from dividing or growing.

Apatinib may be of benefit in chemotherapy-resistant ES

Data presented suggested the targeted therapy apatinib may serve as a potential second- or first-line treatment option for advanced Ewing Sarcoma (ES), particularly in chemotherapy-resistant disease.

What Patients Need to Know

Further trials with more participants and longer follow-up times are needed to confirm the effectiveness of apatinib in the treatment of ES.

PD-1/PD-L1 inhibitors are promising option in treatment of KS

A systematic review and meta-analysis suggested that PD-1/PD-L1 inhibitors are a promising option for the treatment of Kaposi sarcoma (KS), with a favorable safety profile compared to traditional chemotherapy.

What Patients Need to Know

PD-1/PD-L1 inhibitors are a type of immunotherapy that releases the “brakes” on the immune system, allowing T-cells to attack cancer cells.

Combination of regorafenib and avelumab in “cold” STS explored

A phase II trial explored the combination of regorafenib and avelumab in “cold” (resistant to immunotherapy) soft tissue sarcomas (STS), with the aim of altering the immunosuppressive microenvironment and enhancing immune response. Regorafenib is a targeted therapy; avelumab is an immunotherapy.

What Patients Need to Know

The results were promising in terms of response rate, progression-free survival, overall survival and enhanced immune activation.





Resources

CancerCare®

800-813-HOPE (800-813-4673)

www.cancercares.org

American Cancer Society

800-227-2345

www.cancer.org

National Cancer Institute

800-422-6237

www.cancer.gov

Cancer Support Community

888-793-9355

www.cancersupportcommunity.org

Cancer Nation (formerly National Coalition for Cancer Survivorship)

877-NCCS-YES (877-622-7937)

www.canceradvocacy.org

National Comprehensive Cancer Network

www.nccn.org

Medicine Assistance Tool

medicineassistancetool.org

CLINICAL TRIAL WEBSITES**Clinicaltrials.gov**

www.clinicaltrials.gov

National Cancer Institute

www.cancer.gov

Carebox (formerly EmergingMed)

www.careboxhealth.com

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