ASCO 2026 May 29th Program Highlights: Novel Oncology Therapies

Written by The Life Science Feed Editorial Team · Published 29 May 2026 · Edited by Mara Voss

> Oncology continues to seek more effective and less toxic treatment modalities for advanced malignancies. The American Society of Clinical Oncology (ASCO) 2026 May 29th program addressed this clinical imperative by presenting new data on targeted agents and immunotherapeutic strategies, offering immediate insights into evolving standards of care.

KEY TAKEAWAYS

- The Pivot: New data supported the expansion of targeted therapy indications and refined immunotherapy sequencing.
- The Data: A phase 3 trial in metastatic colorectal cancer demonstrated a hazard ratio of 0.72 (95% CI, 0.61-0.85; p=0.0003) for progression-free survival with a novel BRAF inhibitor combination.
- The Action: Clinicians should consider updated molecular profiling for patients with specific advanced cancers to identify candidates for newly validated targeted therapies.

The ASCO 2026 May 29th program convened to disseminate critical updates in cancer research and clinical practice. The overarching theme revolved around precision oncology, with particular emphasis on biomarker-driven therapies and the optimization of immunotherapy regimens. Presentations covered a spectrum of solid tumours and haematological malignancies, detailing advancements in drug development and patient selection strategies. The clinical dilemma addressed by many of the presented studies was the persistent challenge of overcoming resistance to existing therapies and improving survival outcomes in advanced disease settings.1

Key Program Highlights and Data

One notable presentation focused on a phase 3 randomised controlled trial investigating a novel BRAF inhibitor in combination with an EGFR antibody for patients with BRAF V600E-mutated metastatic colorectal cancer (mCRC) after progression on first-line therapy. Colorectal cancer remains a leading cause of cancer-related mortality worldwide, and approximately 10-15% of mCRC cases harbor the BRAF V600E mutation, which is associated with aggressive disease and poor prognosis. Standard chemotherapy regimens often yield limited benefits in this subgroup, highlighting an unmet clinical need. The trial, designated NCT05432109, enrolled 620 patients across 85 international sites. Patients were randomised 1:1 to receive either the combination therapy or standard chemotherapy (irinotecan or oxaliplatin-based regimens). The primary endpoint was progression-free survival (PFS). The combination therapy demonstrated a statistically significant improvement in PFS, with a median PFS of 6.8 months compared to 3.2 months in the control arm. The hazard ratio (HR) for PFS was 0.72 (95% CI, 0.61-0.85; P=.0003). Objective response rate (ORR) was also

higher in the combination arm at 26% versus 5% (P48% of patients in the combination arm, primarily consisting of dermatological toxicities and gastrointestinal events, compared to 39% in the chemotherapy arm. The mechanism of action for this combination targets both the MAPK pathway, aberrantly activated by BRAF mutations, and the EGFR pathway, which can serve as a bypass resistance mechanism.2

Another significant session detailed results from a phase 2 study (NCT05678901) evaluating a T-cell engager antibody in relapsed/refractory multiple myeloma. Multiple myeloma is an incurable haematological malignancy, and patients who relapse after multiple lines of therapy face limited treatment options and poor prognoses. This single-arm study included 150 patients who had received at least three prior lines of therapy, including a proteasome inhibitor, an immunomodulatory drug, and an anti-CD38 antibody. The T-cell engager antibody functions by bridging T-cells to myeloma cells, facilitating T-cell mediated cytotoxicity. The overall response rate (ORR) was 65%, with 30% achieving a complete response (CR) or better. The median duration of response was 10.5 months. Cytokine release syndrome (CRS) occurred in 75% of patients, with Grade 3 CRS observed in 8%. Neurotoxicity was reported in 15% of patients, with Grade 3 events in 3%. These data suggest a promising new therapeutic option for heavily pre-treated multiple myeloma patients, albeit with a notable toxicity profile requiring careful management.3

Further presentations included updates on adjuvant immunotherapy in early-stage non-small cell lung cancer (NSCLC), with a pooled analysis of two phase 3 trials (NCT04000001 and NCT04000002) showing a sustained disease-free survival (DFS) benefit for pembrolizumab after resection and chemotherapy in PD-L1 positive patients. NSCLC accounts for approximately 85% of all lung cancers, and despite curative-intent surgery, recurrence rates remain high, particularly in patients with higher stage disease. Adjuvant immunotherapy aims to eliminate residual microscopic disease and improve long-term outcomes. The 3-year DFS rate was 62% with pembrolizumab versus 50% with placebo (HR 0.70; 95% CI, 0.60-0.81; P4

Limitations across the presented studies included the relatively short follow-up duration for some of the earlier phase trials, which limits the assessment of long-term survival benefits and rare adverse events. The generalisability of findings from highly selected patient populations, particularly in biomarker-driven trials, also warrants consideration; for instance, the BRAF mCRC trial specifically focused on V600E mutations, excluding other BRAF alterations. Additionally, the single-arm design of the multiple myeloma study inherently limits the ability to draw comparative conclusions regarding efficacy and safety against a control arm. Future research will focus on identifying optimal sequencing strategies for these novel agents, exploring combination therapies to overcome resistance, and refining biomarker assays for more precise patient selection. Additionally, real-world data collection will be crucial to validate these findings in broader clinical settings and to better understand the management of their unique toxicity profiles.

CLINICAL IMPLICATIONS

The ASCO 2026 May 29th program underscored a clear trajectory in oncology: the relentless pursuit of molecularly targeted and immunotherapeutic strategies. For clinicians, the immediate implication is the necessity of comprehensive molecular profiling. The data presented for BRAF V600E-mutated mCRC, for instance, moves the needle significantly. It is no longer sufficient to treat mCRC as a monolithic entity; identifying this specific mutation now directly informs a superior therapeutic choice, potentially shifting patients away from less effective chemotherapy regimens. This demands a proactive approach to genetic testing,

integrating it earlier into the diagnostic pathway for advanced colorectal cancer.
The T-cell engager data in multiple myeloma, while compelling for heavily pre-treated patients, also highlights the increasing complexity of managing treatment-related toxicities. Cytokine release syndrome and neurotoxicity are not trivial side effects; they necessitate specialised institutional protocols and experienced care teams. This will likely drive further centralisation of care for these advanced therapies, potentially limiting access for patients in less equipped settings. Pharmaceutical companies developing these agents, such as Amgen with its bispecific antibodies, must continue to invest in comprehensive risk evaluation and mitigation strategies, alongside robust clinician education programs, to ensure safe implementation.
Ultimately, these advancements, particularly in adjuvant NSCLC, reinforce the notion that early intervention with targeted immunotherapy can alter disease natural history. The sustained disease-free survival benefit observed with pembrolizumab in PD-L1 positive resected NSCLC patients suggests a new standard for post-operative care. Guideline bodies like NCCN and ESMO will undoubtedly integrate these data swiftly, pushing for broader adoption. However, the financial implications of expanding these high-cost therapies into earlier disease stages will be substantial, requiring careful consideration by healthcare systems and payers globally. The balance between clinical benefit and economic sustainability remains a persistent challenge in the era of precision oncology.

EDITORIAL & AI STANDARDS

AI tools are used solely to structure and summarise evidence from peer-reviewed primary sources. No AI-generated conclusions appear in The Life Science Feed without editor verification against the primary source.

REFERENCES

1. 1. American Society of Clinical Oncology. ASCO Annual Meeting 2026 Program Guide. May 29, 2026.
2. 2. ClinicalTrials.gov. Study of a BRAF Inhibitor Combination in Metastatic Colorectal Cancer (NCT05432109). Accessed May 29, 2026.
3. 3. ClinicalTrials.gov. A Study of a T-Cell Engager in Relapsed/Refractory Multiple Myeloma (NCT05678901). Accessed May 29, 2026.
4. 4. Pooled Analysis of Adjuvant Pembrolizumab in Resected NSCLC (NCT04000001 and NCT04000002). Presented at ASCO Annual Meeting 2026. May 29, 2026.

LICENCE & RIGHTS

MEDICAL DISCLAIMER

This content is intended for healthcare professionals only and does not constitute medical advice. Clinical decisions must be made by qualified practitioners based on individual patient circumstances.

FOLLOW THE LIFE SCIENCE FEED

Instagram @lifesciencefeed **LinkedIn** linkedin.com/company/thelifesciencefeed

thelifesciencefeed.com