HARMONi

Ivonescimab-Chemo Versus Placebo-Chemo in EGFR-TKI–Resistant, *EGFR*-Mutated NSCLC (HARMONi): Updated Overall Survival Analysis

Antonio Passaro,[1] Jonathan Goldman,[2] Janessa Laskin,[3] Delvys Rodriguez-Abreu,[4] Antonio Calles,[5] Lyudmila Bazhenova,[6] Giuseppe Lo Russo,[7] Natasha Leighl,[8] Federico Cappuzzo,[9] Nicolas Girard,[10] Sanjay Popat,[11,12] Wenfeng Fang,[13] Yongzhong Luo,[14] Runxiang Yang,[15] Howard West,[16] Indu Lal,[16] Jianling Li,[16] Li Zhang,[13] Xiuning Le[17]

[1]European Institute of Oncology IRCCS, Milan, Italy; [2]UCLA Health, Los Angeles, CA, USA; [3]British Columbia Cancer Research Institute, University of British Columbia, Vancouver, BC, Canada; [4]Complejo Hospitalario Universitario Insular-Materno Infantil de Gran Canaria, Universidad de Las Palmas de Gran Canaria, Las Palmas de Gran Canaria, Spain; [5]Hospital General Universitario Gregorio Marañón, Madrid, Spain; [6]UC San Diego Moores Cancer Center, San Diego, CA, USA; [7]Fondazione IRCCS Istituto Nazionale Tumori, Milan, Italy; [8]Princess Margaret Cancer Centre, University of Toronto, Toronto, ON, Canada; [9]Regina Elena National Cancer Institute, Rome, Italy; [10]Institut Curie, Paris, France; [11]Royal Marsden Hospital, London, United Kingdom; [12]Institute of Cancer Research, London, United Kingdom; [13]Sun Yat-sen University Cancer Center, Guangzhou, China; [14]Hunan Cancer Hospital, Changsha, China; [15]The Second Department of Medical Oncology, Yunnan Cancer Hospital, Kunming, China; [16]Summit Therapeutics, Palo Alto, CA, USA; [17]The University of Texas MD Anderson Cancer Center, Houston, TX, USA

Presented at the 2026 World Conference on Lung Cancer (WCLC)

September 12-15, 2026; Seoul, Republic of Korea

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

Disclosures

Speaker disclosures

Consulting fees from AbbVie, ArriVent Biopharma, AstraZeneca, Bayer, Boehringer Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Eli Lilly, Janssen, Johnson & Johnson, Gilead, GlaxoSmithKline, Merck Sharp & Dohme, Novartis, Pfizer, Roche/Genentech, Mundipharma, and Summit Therapeutics

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing, or education events from AstraZeneca, Boeinger Ingelheim, Daiichi Sankyo, Eli Lilly, eCancer, Medscape, Takeda, Janssen, Johnson & Johnson, Merck Sharp & Dohme, PeerVoice, PeerView, and TouchOncology

Artificial intelligence (AI) disclosures

No generative AI tools were used in the development, preparation, or design of this presentation

Funding disclosures

This study was supported by Summit Therapeutics and Akeso Biopharma

Medical writing assistance was provided by MEDiSTRAVA (San Francisco, CA, USA) and was funded by Summit Therapeutics

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

Ivonescimab is a First-In-Class PD-1/VEGF Bispecific Antibody in Global Development and Approved for 3 NSCLC Indications in China[1,2]

In combination with chemotherapy for 2L+ treatment of *EGFR*-mutated NSCLC[3]

based on the results of HARMONi-A, a single region, multi-center, Phase 3 study conducted in China and sponsored by Akeso[4]

As monotherapy for 1L treatment of PD-L1-positive advanced NSCLC[5]

based on the results of HARMONi-2, a single region, multi-center, Phase 3 study conducted in China and sponsored by Akeso[6]

In combination with chemotherapy for 1L treatment of advanced squamous NSCLC[7]

based on the results of HARMONi-6, a single region, multi-center, Phase 3 study conducted in China and sponsored by Akeso[8]

1L, first line; 2L, second line; *EGFR*, epidermal growth factor receptor; NSCLC, non–small cell lung cancer; PD-1, programmed cell death protein 1; PD-L1, programmed death-ligand 1; VEGF, vascular endothelial growth factor.

1. Goldman JW, et al. Presented at the World Congress on Lung Cancer (WCLC); September 6-9, 2025; Barcelona, Spain. 2. Le X, et al. *Lancet Oncol.* 2026;27(9):1094-1109. 3. Akeso Inc. Published May 31, 2025. Accessed August 14, 2026. https://akesobio.com/en/media/akeso-news/240531/. 4. Fang W, et al. *JAMA.* 2024;332(7):561-570. 5. Akeso Inc. Published April 26, 2026. Accessed August 14, 2026. https://akesobio.com/en/media/akeso-news/250426/. 6. Xiong A, et al. *Lancet.* 2025;405(10481):839-849. 7. Summit Therapeutics Inc. Published August 12, 2026. Accessed August 14, 2026. https://smmttx.com/news/press-releases/news-details/2026/Ivonescimab-in-Combination-with-Chemotherapy-Approved-in-China-by-NMPA-for-First-Line-Treatment-of-Patients-with-Squamous-Non-Small-Cell-Lung-Cancer/default.aspx. 8. Chen Z, et al. *Lancet.* 2025;406(10515):2078-2088.

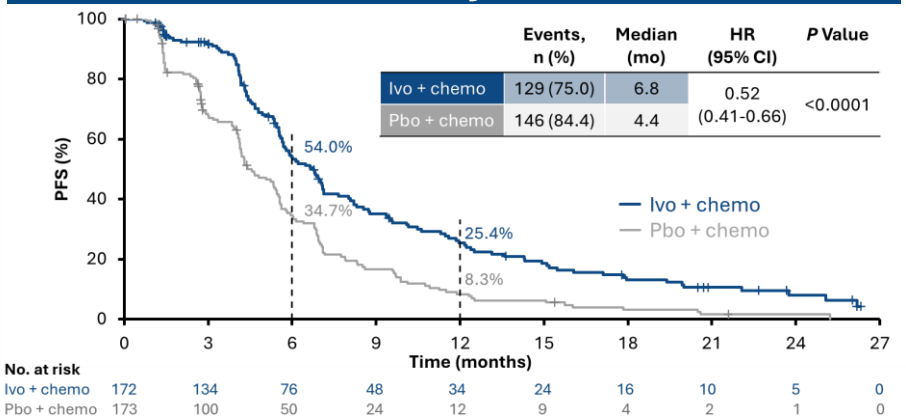
Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

HARMONi is the First Global Phase 3 Study Evaluating Ivonescimab + Chemotherapy in Patients With *EGFR*-Mutated NSCLC After Third-Generation EGFR TKIs[1,2]

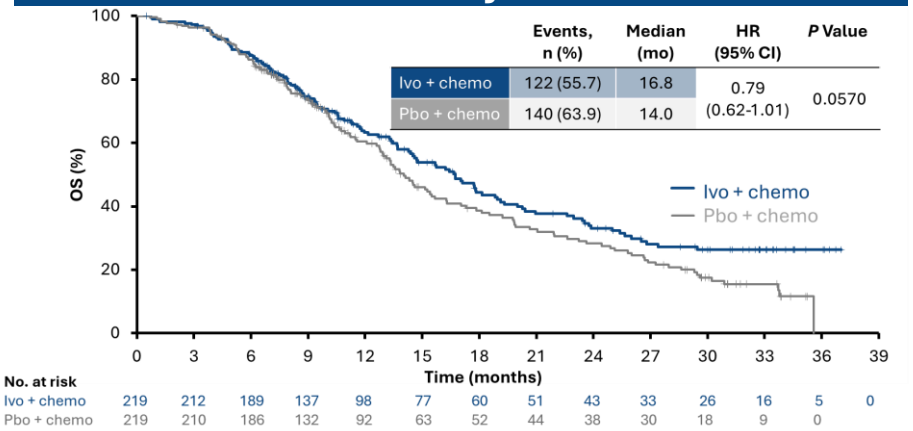
- HARMONi enrolled patients from North America/Europe (Western patients) and China (Asian patients from HARMONi-A)[1,2]
- In the primary analyses from HARMONi, treatment with ivonescimab + chemotherapy resulted in
  - A statistically significant improvement in PFS versus placebo + chemotherapy (HR 0.52 [95% CI, 0.41–0.66])[1,2]
  - Favorable OS outcomes (HR 0.79 [95% CI, 0.62–1.01])[1,2]
  - A tolerable safety profile[1,2]

Here, we present a long-term OS analysis with approximately 2 years median follow-up in Western patients

Primary PFS



Primary OS

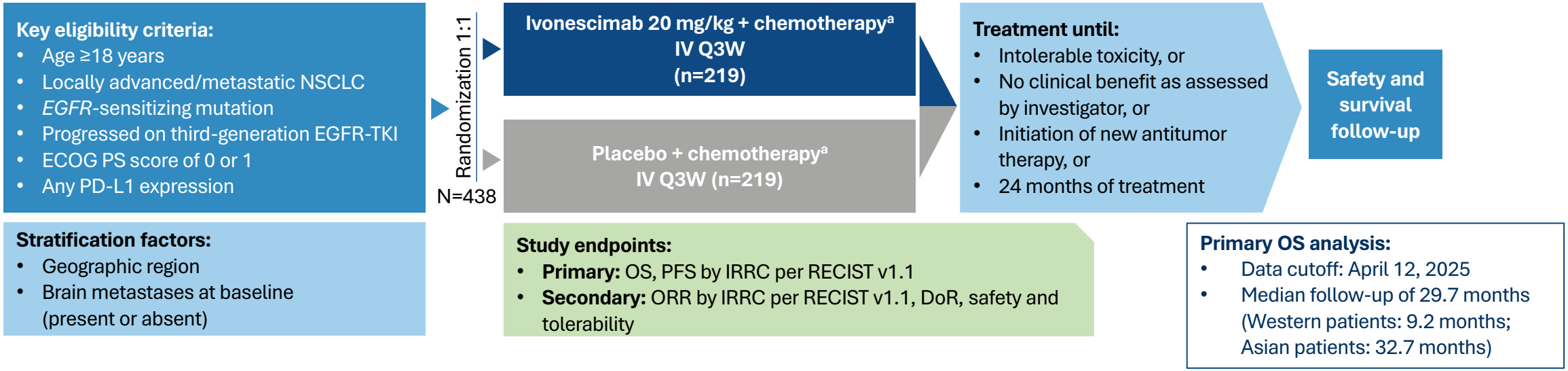


EGFR, epidermal growth factor receptor; HR, hazard ratio; NSCLC, non–small cell lung cancer; OS, overall survival; PFS, progression-free survival; TKI, tyrosine kinase inhibitor.

1. Goldman JW, et al. Presented at the World Congress on Lung Cancer (WCLC); September 6-9, 2025; Barcelona, Spain. 2. Le X, et al. *Lancet Oncol.* 2026;27(9):1094-1109.

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

HARMONi Study Design[1,2]



- This updated OS analysis includes data from two separate data cutoffs:
  - April 12, 2025 for Asian patients (the data cutoff used for the final OS analysis; median follow-up 32.7 months)
  - June 30, 2026 for Western patients (to incorporate extended follow-up; median follow-up 23.2 months)
- A survival status update was conducted between 15 – 30 June 2026 for Western patients
  - At the data cutoff, 109 deaths were reported among 165 Western patients, and 9 patients were lost to follow-up

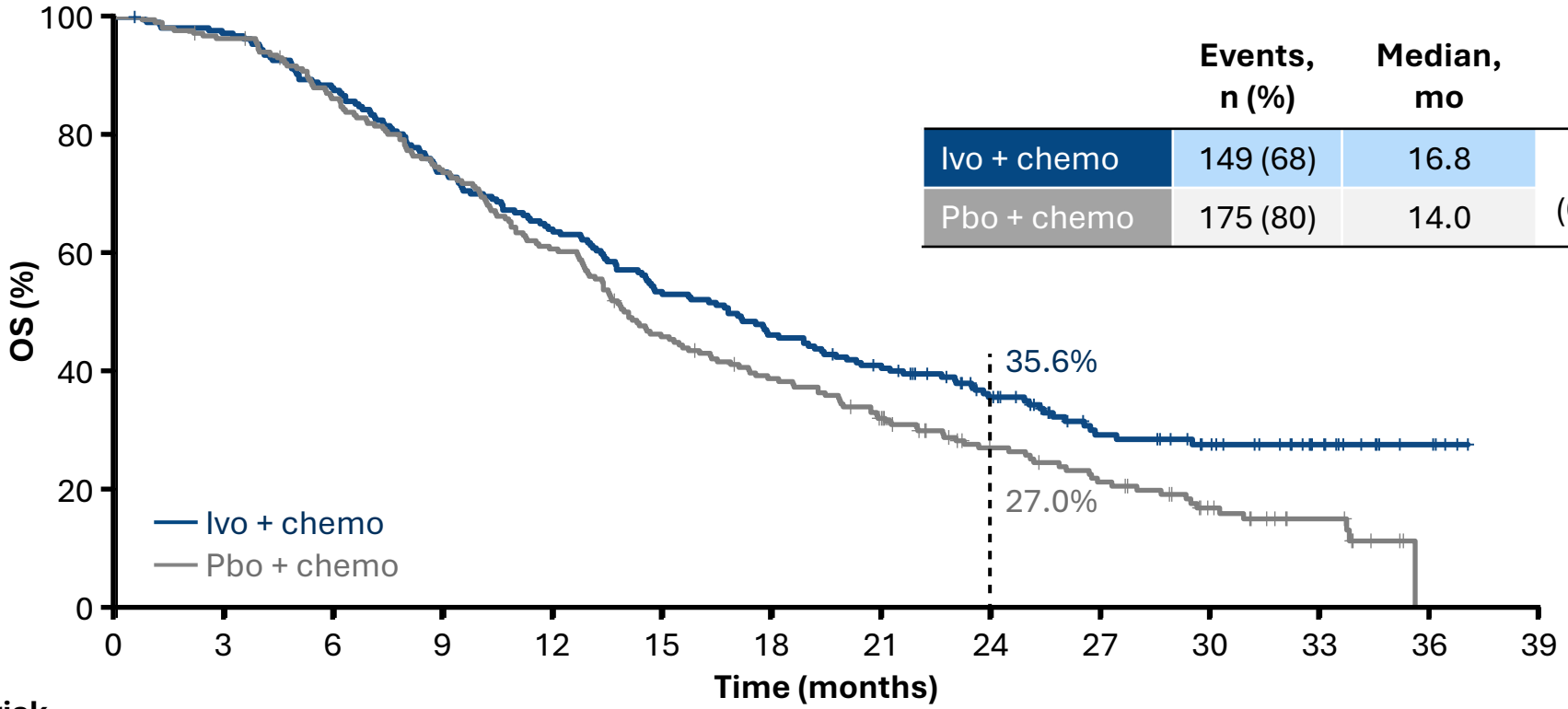
AUC, area under the concentration-time curve; DoR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR-TKI, epidermal growth factor receptor-tyrosine kinase inhibitor; IRRC, independent radiology review committee; IV, intravenous; NSCLC, non–small cell lung cancer; ORR, objective response rate; OS, overall survival; PD-L1, programmed cell death ligand-1; PFS, progression-free survival; Q3W, every 3 weeks; RECIST v1.1, Response Evaluation Criteria in Solid Tumors, version 1.1. ClinicalTrials.gov identifier for HARMONi: NCT06396065. [a]Chemotherapy was pemetrexed 500 mg/m^2 and carboplatin AUC 5 mg/mL/min. Carboplatin was discontinued after an induction phase of 4 cycles.

1. Goldman JW, et al. Presented at the World Congress on Lung Cancer (WCLC); September 6-9, 2025; Barcelona, Spain. 2. Le X, et al. *Lancet Oncol.* 2026;27(9):1094-1109.

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

Updated Analysis: Overall Survival

Median OS was longer with ivonescimab + chemotherapy in the ITT population



	Events, n (%)	Median, mo	HR (95% CI)	*Nominal P* value
Ivo + chemo	149 (68)	16.8	0.76 (0.61-0.95)	0.0151
Pbo + chemo	175 (80)	14.0		

No. at risk

Ivo + chemo	219	212	190	160	138	115	100	85	60	38	28	16	5	0
Pbo + chemo	219	210	186	159	131	98	81	62	43	32	19	9	0	

Median follow-up: 29.9 mo overall; Western patients 23.2 mo (data cutoff June 30, 2026); Asian patients 32.7 mo (data cutoff April 12, 2025)

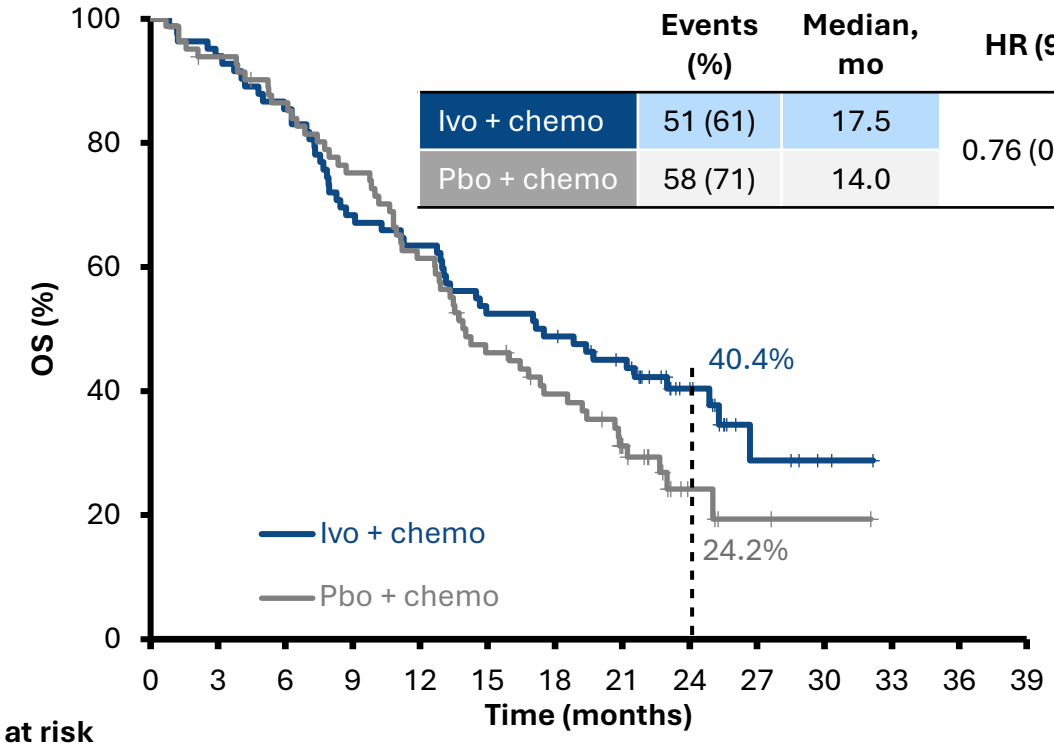
Chemo, chemotherapy; HR, hazard ratio; ITT, intention to treat; ivo, ivonescimab; mo, months; OS, overall survival; pbo, placebo. Tick marks denote censored patients.

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

Updated Analysis: Overall Survival

Median OS was longer with ivonescimab + chemotherapy in both the Western and Asian patients

Western Patients (n=165)

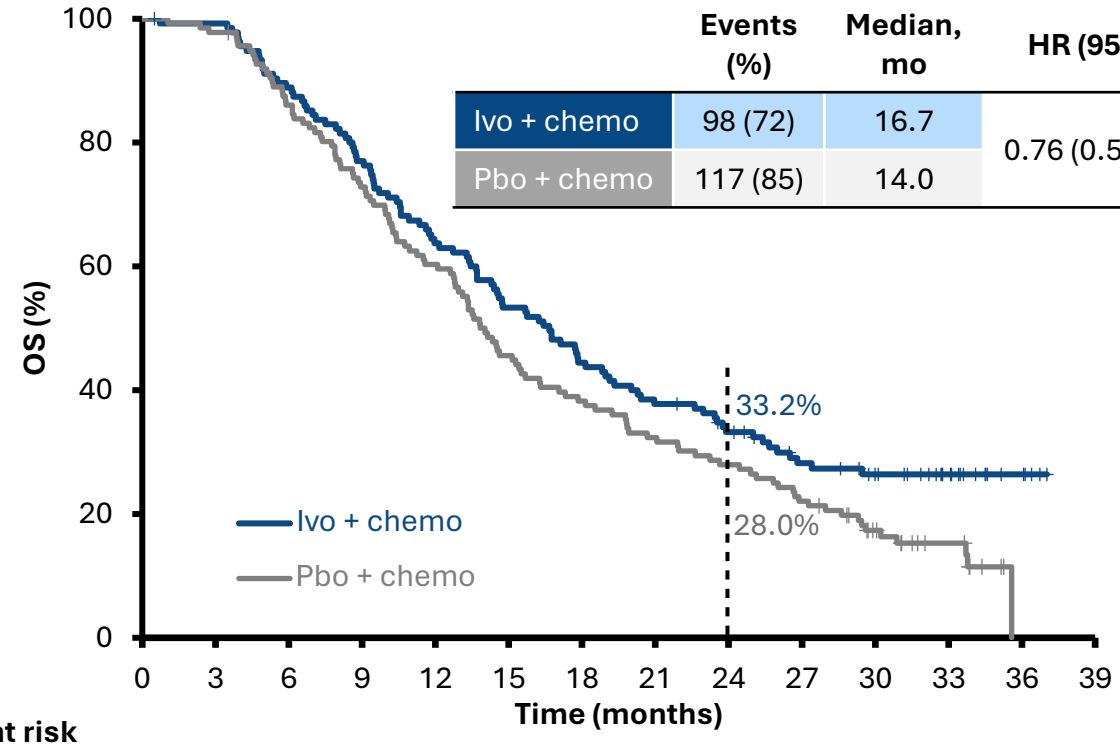


	Events (%)	Median, mo	HR (95% CI)
Ivo + chemo	51 (61)	17.5	0.76 (0.52-1.10)
Pbo + chemo	58 (71)	14.0	

No. at risk

Ivo + chemo	83	78	70	56	52	43	40	34	17	5	2	0
Pbo + chemo	82	76	69	60	49	36	29	18	5	2	1	0

Asian Patients (n=273)



	Events (%)	Median, mo	HR (95% CI)
Ivo + chemo	98 (72)	16.7	0.76 (0.58-0.99)
Pbo + chemo	117 (85)	14.0	

No. at risk

Ivo + chemo	136	134	120	104	86	72	60	51	43	33	26	16	5	0
Pbo + chemo	137	134	117	99	82	62	52	44	38	30	18	9	0	

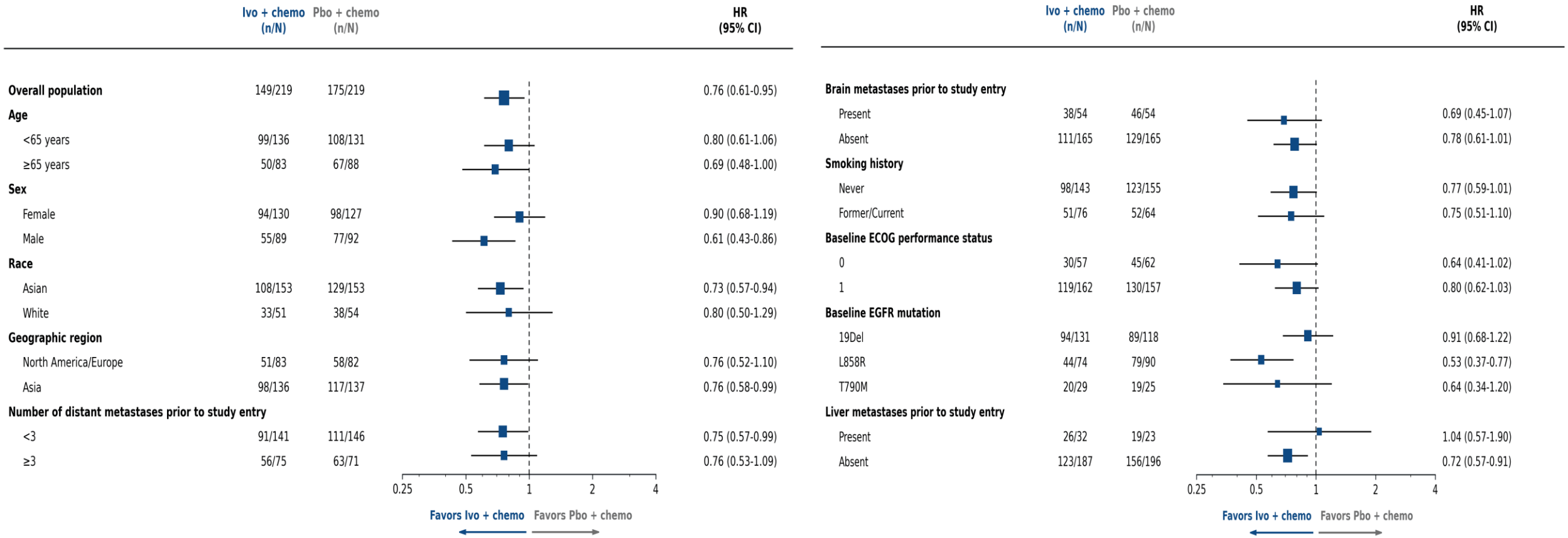
Median follow-up: 29.9 mo overall; Western patients 23.2 mo (data cutoff June 30, 2026); Asian patients 32.7 mo (data cutoff April 12, 2025)

Chemo, chemotherapy; HR, hazard ratio; ivo, ivonescimab; mo, month; OS, overall survival; pbo, placebo. Tick marks denotes censored patients.

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

Updated Analysis: Overall Survival Subgroup Analysis

Ivonescimab + chemotherapy showed a consistent OS benefit across predefined subgroups



Median follow-up: 29.9 mo overall; Western patients 23.2 mo (data cutoff June 30, 2026); Asian patients 32.7 mo (data cutoff April 12, 2025)

CI, confidence interval; Chemo, chemotherapy; HR, hazard ratio; ivo, ivonescimab; mo, months; OS, overall survival; pbo, placebo.

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

Updated Analysis: Safety

The safety profile remained generally consistent with the prior analysis

TRAEs overall	Ivonescimab + chemotherapy (n=218)	Placebo + chemotherapy (n=218)
Any event	208 (95.4%)	203 (93.1%)
Any serious event	62 (28.4%)	39 (17.9%)
Any grade ≥3 event	112 (51.4%)	95 (43.6%)
Event leading to discontinuation of ivonescimab or placebo	20 (9.2%)	14 (6.4%)
Any event resulting in death	4 (1.8%)	6 (2.8%)

Data cutoff: June 30, 2026

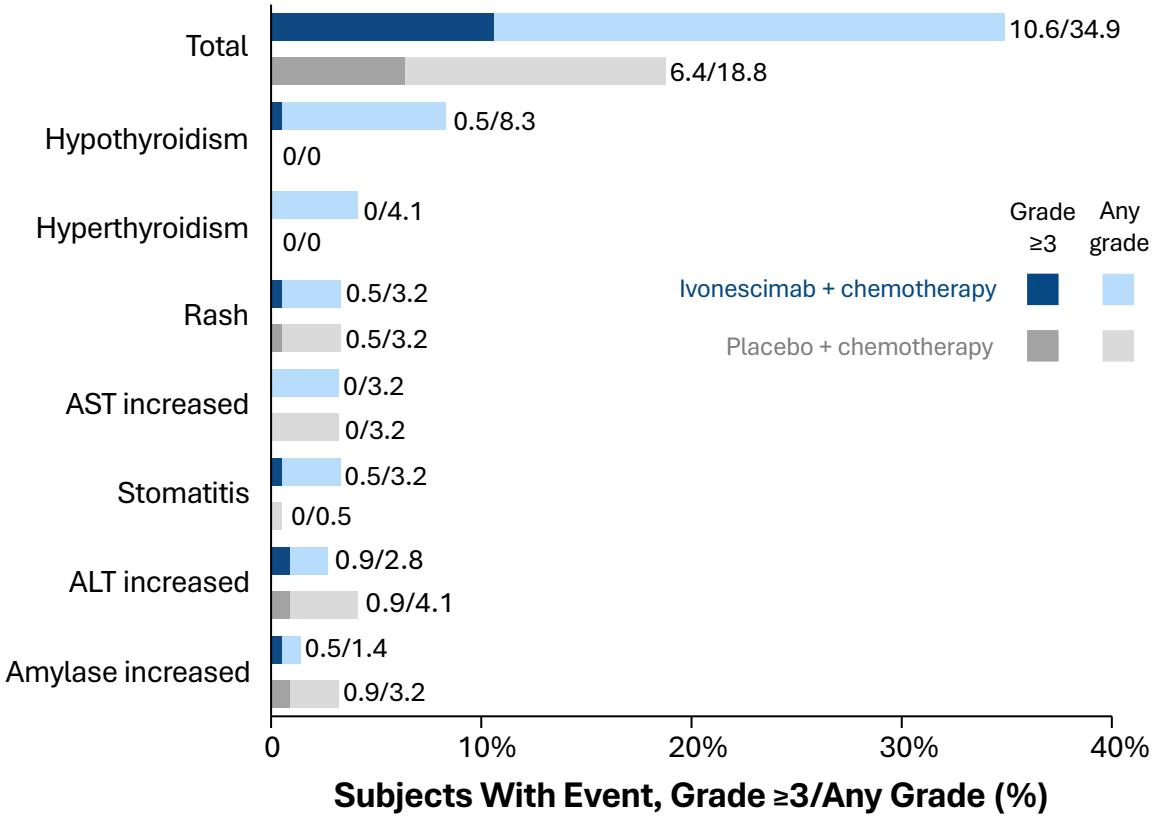
TRAE, treatment-related adverse event.

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

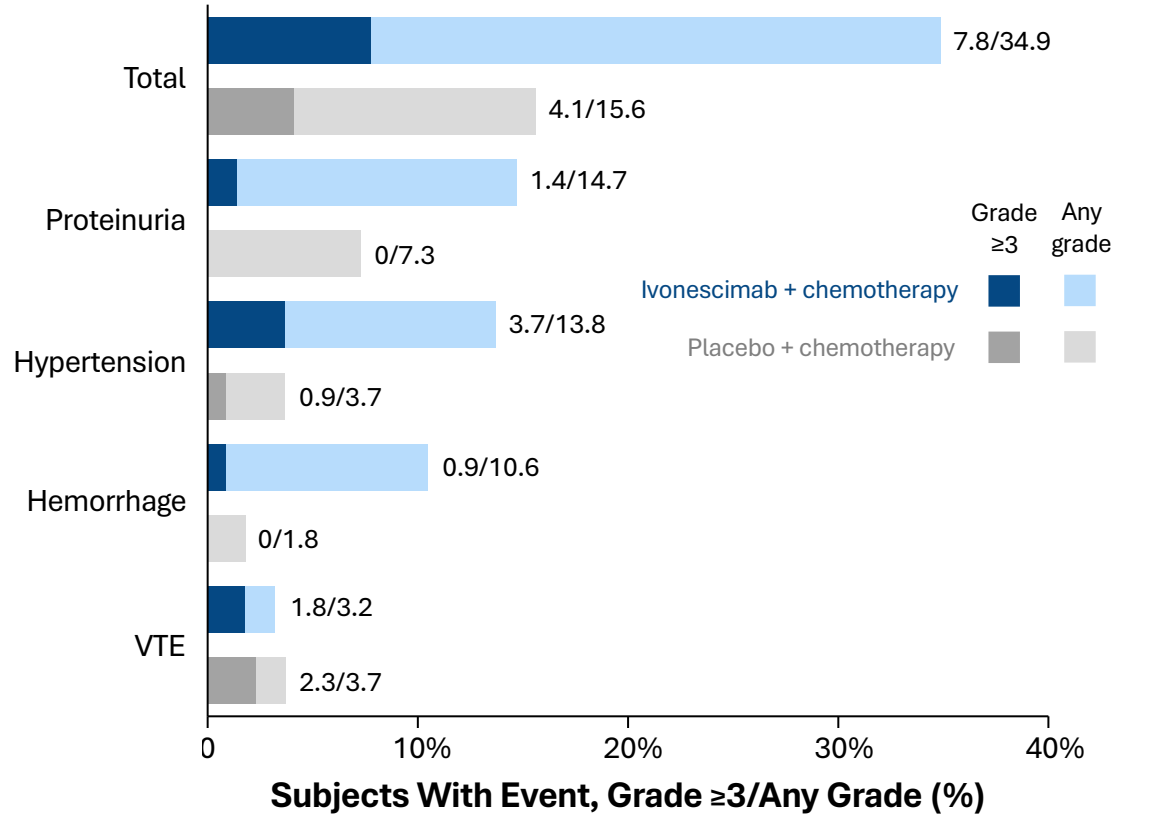
Updated Analysis: Safety

The incidence of grade ≥3 immune-related AEs and VEGF-related AEs remained relatively low and consistent with the prior analysis[1,2]

Immune-Related AEs[a]



VEGF-Related TRAEs[a]



Data cutoff: June 30, 2026

AE, adverse event; ALT, alanine aminotransferase; AST, aspartate aminotransferase; TRAE, treatment-related adverse event; VEGF, vascular endothelial growth factor; VTE, venous thromboembolic events.
[a]Reported for AEs that occurred in >3% of patients. Preferred terms are reported. 1. Goldman JW, et al. Presented at the World Congress on Lung Cancer (WCLC); September 6-9, 2025; Barcelona, Spain. 2. Le X, et al. *Lancet Oncol.* 2026;27(9):1094-1109.

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

Key Takeaways

- This updated OS analysis with extended follow-up in the Western cohort showed a sustained OS benefit with ivonescimab + chemotherapy versus placebo + chemotherapy
- The OS benefit was improved with longer follow-up in Western patients
  - An HR of 0.76 was observed in both Western (median, 17.5 mo) and Asian patients (median, 16.7 mo)
  - The OS benefit was consistent across geographic regions
- No new safety signals were observed

These results further support a favorable benefit-risk profile for ivonescimab in combination with chemotherapy and this regimen as a potential treatment option for patients with *EGFR*-mutated NSCLC following TKI treatment

EGFR, epidermal growth factor receptor; HR, hazard ratio; mo, months; OS, overall survival; TKI, tyrosine kinase inhibitor.

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

Acknowledgements

The authors thank the participants and their caregivers, the investigators, and all the site staff who are participating in this study

Thank You!

Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).