DEMO REPORT · ESMO CONGRESS 2026 · MADRID, 23 TO 27 OCTOBER

ESMO 2026: every abstract, every reaction

All 4,413 abstracts on the congress programme and the week's public reactions, mapped by country, tumour type, molecule, sponsor, tone and announcement. And what they mean on Monday, when the field team is back at work and the questions start: at headquarters, in a reimbursed market and in a self-pay market.

Interim edition · data cut-off 26 October 2026, 14:50 UTC

4,413	92	50.4%	17.2%
abstracts analysed in full	countries of first authors	of abstracts come from five countries	name a company as sponsor or legal entity

DATA CUT-OFF **Abstracts** congress programme as published, retrieved 26 Oct 2026 **Social listening** posts on X 20 to 26 October 2026, 14:50 UTC

Field brief abstracts released up to and including 26 Oct 2026

READ AS A COMPANY Interactive version with filters, company focus and live updates: docs.mdwrt.app/infographics/esmo-2026-congress-intelligence

EVIDENCE MAP

Who produced the evidence, and what kind

Pick a topic, a molecule or a study type. Every number and chart below recalculates, and the abstract list follows. Click a country or a region to narrow further.

Data as of 26 Oct 2026 · 4,413 abstracts

4,413
abstracts in this view
100% of all abstracts

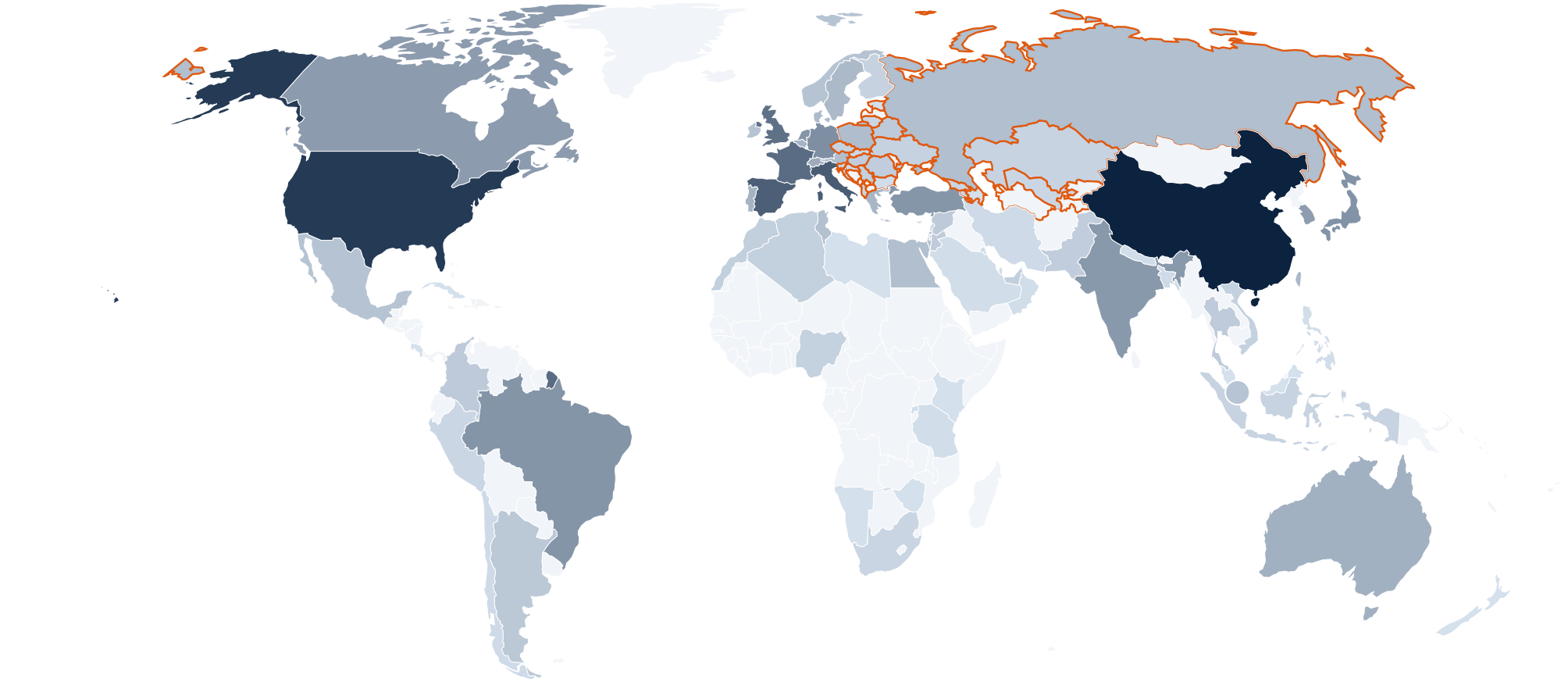
821
report a randomised phase 3 design
19% of this view

2,512
use real-world or registry data
57% of this view

758
name a company sponsor
17% of this view

Where the evidence comes from

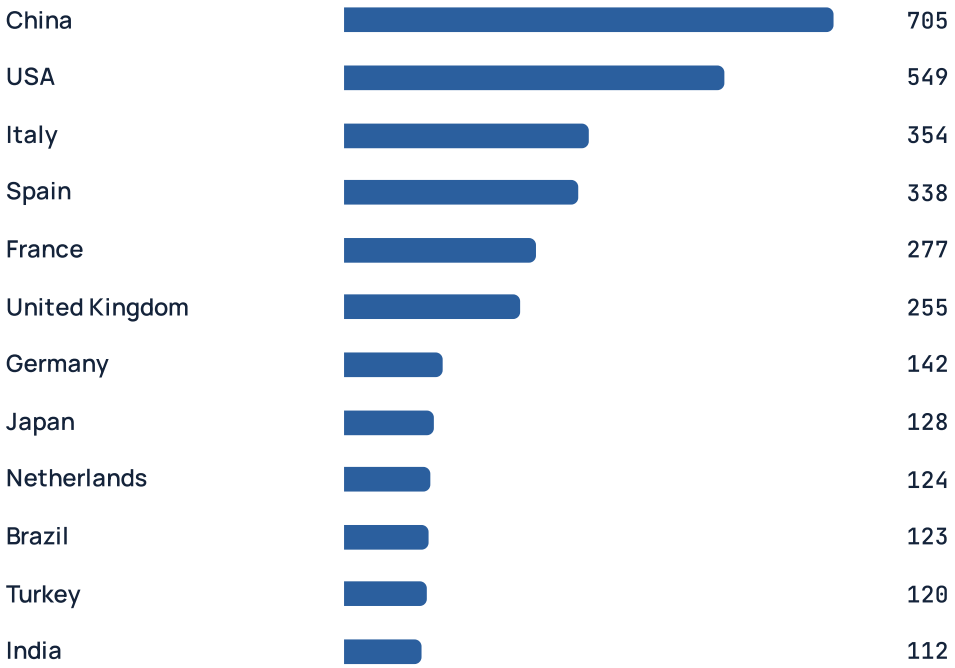
Abstracts by country of first author in the current view. Darker is more. Central and Eastern Europe and the CIS are outlined. Click a country to filter.



none · 71 · 247 · 493 · 705 · CEE and CIS

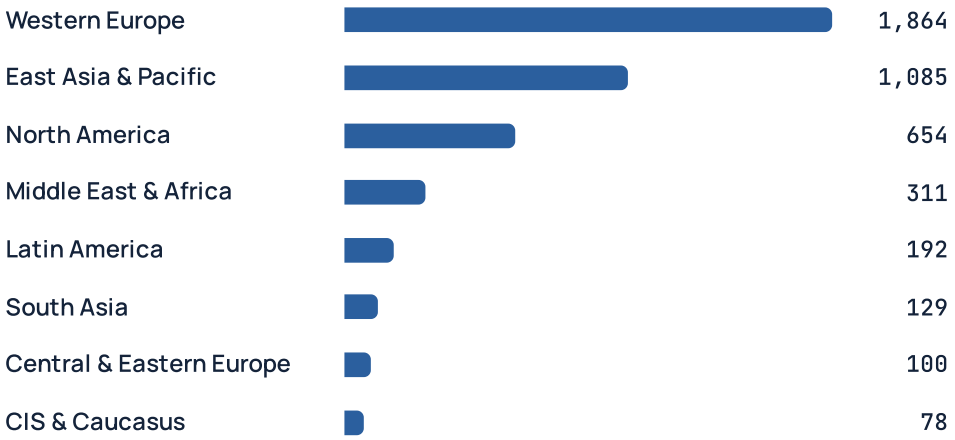
4,413 abstracts in view

Abstracts by country of first author



Top 12 in the current view. Click a bar to filter.

Abstracts by region



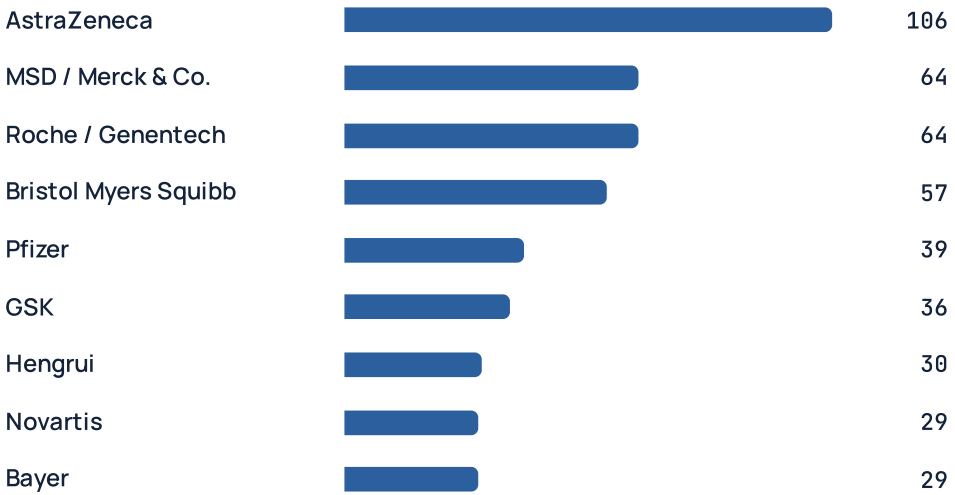
Click a region to filter.

Study type



Keyword-based; one abstract can fall into several types. Click a type to filter.

Company-sponsored abstracts



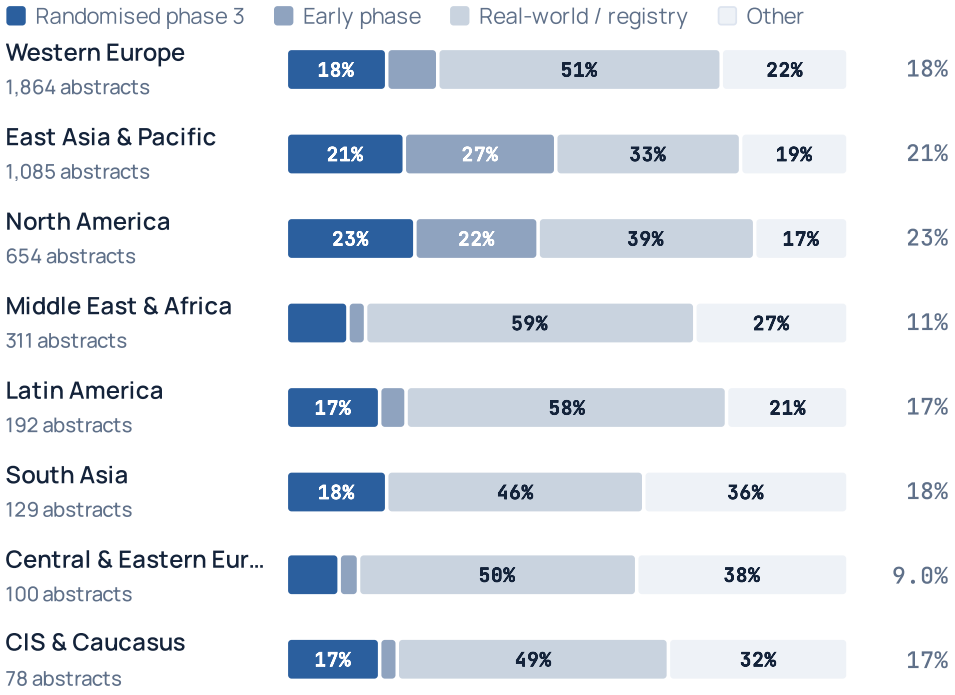
Abstracts naming the company as the legal entity responsible for the study or as a funder, counted under the first author's country. Click a company to filter.

Abstracts by congress day



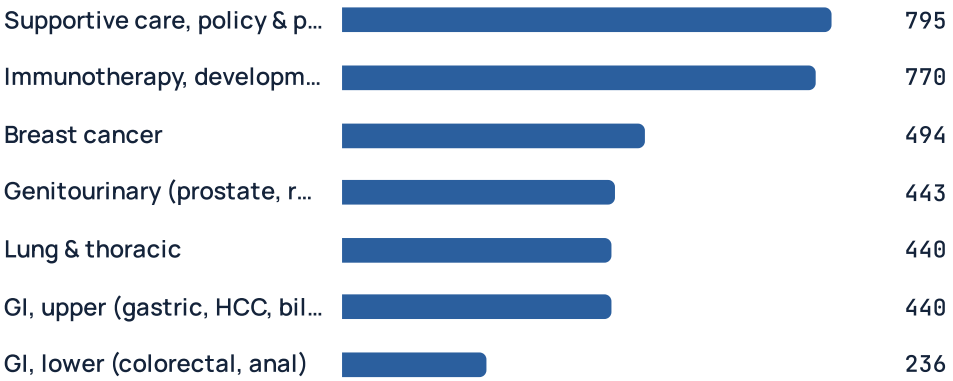
Day of the session in which the abstract is presented. Click a day to filter. Friday is a half day.

What kind of evidence each region brings



Share of abstracts by first study-type flag per region; keyword-based. Follows the filters except region and country.

What each day is about



Top topics on the selected day, or across all days when none is selected.

ABSTRACT EXPLORER

Find the abstracts behind each number

The list follows the filters above. Search adds a free-text match on the title, or an exact abstract number such as LBA25 or 1842O. The number opens the abstract on the congress programme platform, where the full text is public.

The PDF lists the first page of the explorer only; the full searchable list of 4,413 abstracts is on the interactive page.

NO.	TITLE	COUNTRY	FORMAT	TUMOUR TYPE
LBA1 ↗	INTerpath-001: Phase 3 study of the mRNA-based individualized neoantigen therapy (INT) intismeran autogene (intismeran) plus pembrolizumab (pembro) vs pembro alone for adjuvant treatment of resected stage IIB-IV melanoma (MEL) Randomised phase 3 · MSD / Merck & Co. authors	Australia	Late-breaking abstract	Melanoma & skin

NO.	TITLE	COUNTRY	FORMAT	TUMOUR TYPE
LBA2 ↗	Perioperative durvalumab with or without tremelimumab plus neoadjuvant enfortumab vedotin in muscle-invasive bladder cancer: Results from the phase 3 VOLGA trial Randomised phase 3 · Biomarker / translational · Trial in progress · AstraZeneca authors	United Kingdom	Late-breaking abstract	Genitourinary (prostate, renal, bladder)
LBA3 ↗	Tarlatamab plus durvalumab (durva) vs durva as 1L maintenance (1LM) therapy following durva, platinum, and etoposide (1L durva + EP) in extensive-stage small cell lung cancer (ES-SCLC): Primary analysis of the phase 3 DeLLphi-305 trial Randomised phase 3 · Early phase (1 / 2) · Amgen authors	USA	Late-breaking abstract	Lung & thoracic
LBA4 ↗	Darolutamide with androgen deprivation therapy (ADT) and definitive or salvage locoregional radiation therapy (RT) for localised, very high-risk prostate cancer: Interim analysis of an international, placebo-controlled, randomised phase 3 trial (DASL-HiCaP; ANZUP1801) Randomised phase 3 · Trial in progress · Bayer authors	Canada	Late-breaking abstract	Genitourinary (prostate, renal, bladder)
LBA5 ↗	Krascendo 1: Efficacy and safety of divarasib (diva) vs sotorasib (soto) or adagrasib (ada) in previously treated locally advanced or metastatic KRAS G12C-mutated NSCLC Randomised phase 3 · Biomarker / translational · Patient-reported / QoL · Roche / Genentech authors	USA	Late-breaking abstract	Lung & thoracic
LBA6 ↗	Osimertinib (osi) + savolitinib (savo) vs platinum–pemetrexed (plat–pem) in EGFRm MET-overexpressed (OE) and/or -amplified (AMP) advanced NSCLC post-osi: SAFFRON phase (Ph) 3 primary results Randomised phase 3 · AstraZeneca authors	China	Late-breaking abstract	Lung & thoracic
LBA7 ↗	CLARITY-Gastric 01 (CG-01): A phase 3 study of sonesitatug vedotin (Sone-Ve) in second or later-line (2L+) advanced or metastatic Claudin 18.2 (CLDN18.2)-positive gastroesophageal carcinoma (GEC) Randomised phase 3 · Early phase (1 / 2) · Biomarker / translational · AstraZeneca authors	China	Late-breaking abstract	GI, upper (gastric, HCC, biliary, pancreas)
LBA8 ↗	Ivonescimab plus chemotherapy versus durvalumab plus chemotherapy as first-line treatment for advanced biliary tract cancer: A randomized, controlled, double-blinded, phase 3 trial (HARMONi-GI1) Randomised phase 3 · Akeso authors	China	Late-breaking abstract	GI, upper (gastric, HCC, biliary, pancreas)
LBA9 ↗	Risvutatug rezetecan (Ris-Rez) versus gemcitabine and docetaxel (GD) in heavily pretreated patients (pts) with relapsed or refractory (R/R) osteosarcoma: Primary results from the phase 3 ARTEMIS-011 study Randomised phase 3	China	Late-breaking abstract	Sarcoma, NETs & rare
LBA10 ↗	MOIO: Interim analyses of a phase III randomized non inferiority trial assessing reduced frequency immune checkpoint inhibitors in responding patients with advanced/metastatic cancer Randomised phase 3 · Biomarker / translational	France	Late-breaking abstract	Other / not classified
LBA11 ↗	Sacituzumab tirumotecan in previously treated advanced or recurrent endometrial cancer: Results from the phase 3 TroFuse-005/ENGOT-en23/GOG-3095 study Randomised phase 3 · Biomarker / translational · Patient-reported / QoL · MSD / Merck & Co. authors	Italy	Late-breaking abstract	Gynaecological

NO.	TITLE	COUNTRY	FORMAT	TUMOUR TYPE
LBA12 ↗	KEYNOTE-C93/GOG-3064/ENGOT-en15: Phase 3, randomized, open-label study of first-line (1L) pembrolizumab (pembro) vs carboplatin (C) + paclitaxel (P) in mismatch repair-deficient (dMMR) advanced or recurrent endometrial carcinoma (a/rEC) Randomised phase 3 · Patient-reported / QoL · MSD / Merck & Co. authors	USA	Late-breaking abstract	Gynaecological

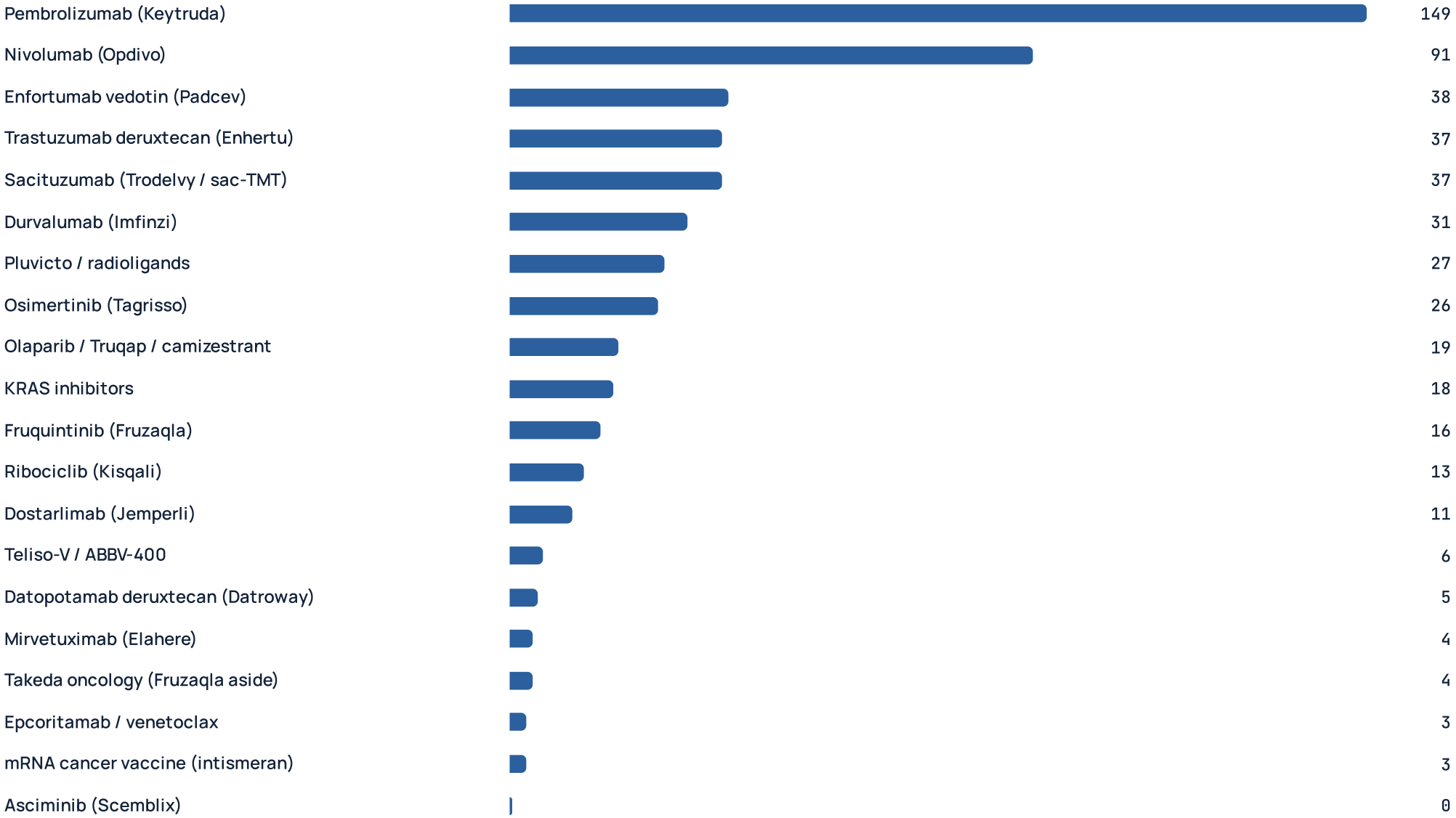
SHARE OF VOICE

What the congress presented and what people talked about

The same products, measured three ways: abstracts at the congress, posts on X during congress week, and views of those posts. Attention and evidence volume do not move together. The most viewed posts are listed below with links.

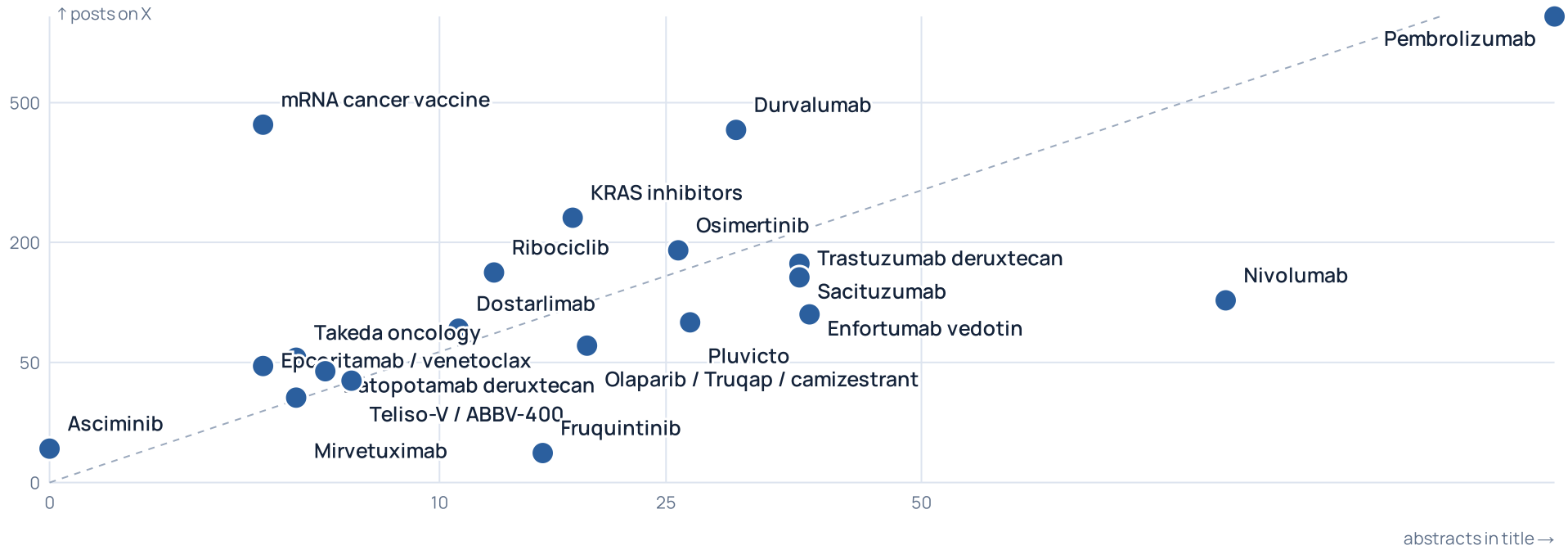
Abstracts as of 26 Oct 2026 · posts on X 20–26 Oct 2026, 14:50 UTC · 10,972 posts collected, 2,585 name a product

Abstracts naming the product in the title



Counted across all 4,413 abstracts.

Attention against evidence



Each dot is a product: abstracts naming it in the title against posts on X naming it. Both axes square-root scaled; the dashed line is equal attention per abstract.

Reading the gap

Pembrolizumab leads the programme with 149 abstract titles and draws 753 posts with 1,963,371 views. **Pembrolizumab** leads the conversation with 753 posts (1,963,371 views) against 149 titles. **Pembrolizumab** has the most views, 1,963,371.

The investor share is highest for **Mirvetuximab** (44% of its posts carry a stock ticker) and lowest for **Pluvicto / radioligands** (2%). Where the ticker share is high, physicians meet the investor framing before they meet the data.

Numbers are counts at the data cut-off: abstracts naming the product in the title, public posts on X naming it, and the views those posts report.

Day by day on X

PRODUCT	TREND	TUE 20	WED 21	THU 22 eve	FRI 23 day 1	SAT 24 day 2	SUN 25 day 3	MON 26 day 4, to 14:50 UTC	TOTAL
Pembrolizumab (Keytruda)		31	36	106	188	157	178	57	**753**
mRNA cancer vaccine (intismeran)		7	8	59	83	169	90	28	**444**
Durvalumab (Imfinzi)		17	10	8	24	196	138	38	**431**
KRAS inhibitors		6	10	4	26	10	148	39	**243**
Osimertinib (Tagrisso)		9	13	8	17	19	85	36	**187**
Trastuzumab deruxtecan (Enhertu)		14	19	13	54	25	10	31	**166**
Ribociclib (Kisqali)		11	5	13	79	24	15	6	**153**
Sacituzumab (Trodelvy / sac-TMT)		3	6	10	10	14	62	41	**146**
Nivolumab (Opdivo)		9	5	2	30	37	25	7	**115**
Enfortumab vedotin (Padcev)		3	5	2	11	51	19	7	**98**
Pluvicto / radioligands		8	23	12	20	12	8	6	**89**
Dostarlimab (Jemperli)		8	8	4	12	7	31	12	**82**
Olaparib / Truqap / camizestrant		6	6	2	15	16	10	10	**65**
Takeda oncology (Fruzaqla aside)		2	5	6	19	7	8	7	**54**
Epcoritamab / venetoclax		5	9	4	15	2	6	6	**47**
Datopotamab deruxtecan (Datroway)		2	1	1	4	18	10	7	**43**
Teliso-V / ABBV-400		1	4	3	2	20	3	3	**36**
Mirvetuximab (Elahere)		0	5	1	8	6	4	1	**25**

PRODUCT	TREND	TUE 20	WED 21	THU 22 eve	FRI 23 day 1	SAT 24 day 2	SUN 25 day 3	MON 26 day 4, to 14:50 UTC	TOTAL
Asciminib (Scemblix)		0	0	2	0	1	1	0	4
Fruquintinib (Fruzaqla)		0	0	0	2	0	0	1	3

Shading is relative to the largest cell. Click a cell to see the most viewed posts behind it. Monday 26 October is a partial day: collection stopped at 14:50 UTC.

Most viewed posts of congress week

VIEWS	POST	ACCOUNT	LANGUAGE	
1,336,328	Personal account describing investment thesis and views on Moderna options. Analyst / investor · 22 Oct · 2,399 likes	@ShaneStoffer 143,025 followers	en	Open on X
918,613	Reports leaked data showing 42% reduction in recurrence or death versus pembrolizumab. Analyst / investor · 22 Oct · 2,042 likes	@BullTheoryio 266,730 followers	en	Open on X
698,368	Trader complains, claims Moderna not curing cancer and promotes bearish positions. Analyst / investor · 22 Oct · 1,915 likes	@ShaneStoffer 143,029 followers	en	Open on X
615,134	Piece on isotope production technology and its application to radiopharmaceutical ingredients. Analyst / investor · 22 Oct · 7,216 likes	@aakashgupta 335,558 followers	en	Open on X
400,142	Personalized mRNA plus pembrolizumab reduced melanoma recurrence by 42% versus standard. Analyst / investor · 22 Oct · 236 likes	@adamfeuerstein 131,633 followers	en	Open on X
381,794	Frustrated investor asks why Moderna stock is crashing after cancer vaccine news. Analyst / investor · 22 Oct · 721 likes	@cmsinvests 65,650 followers	en	Open on X
231,049	Critique of price disparities and Americans smuggling Zegfrovy from China to save money Analyst / investor · 22 Oct · 5,449 likes	@DanCollins2011 23,307 followers	en	Open on X
204,056	Clinical comparison: vaccine benefit mirrors neoadjuvant pembrolizumab effect. Clinician · 22 Oct · 562 likes	@A_May_MD 29,540 followers	en	Open on X
137,148	Summarizes Lutathera phase 3 reducing progression or death by 79%. Analyst / investor · 21 Oct · 1,459 likes	@superpower 56,367 followers	en	Open on X

VIEWS	POST	ACCOUNT	LANGUAGE	
93,622	Large options purchase noted ahead of Moderna full cancer vaccine data at ESMO. News feed · 22 Oct · 260 likes	@CheddarFlow 366,598 followers	en	Open on X
90,659	Leaked phase 3 suggests 42% recurrence risk reduction, below prior phase 2 result. Analyst / investor · 22 Oct · 243 likes	@wallstengine 204,873 followers	en	Open on X
87,177	Takeda to seek Japan approval for gastric cancer drug next year. News feed · 25 Oct · 49 likes	@Reuters 26,433,826 followers	en	Open on X
82,752	AstraZeneca reports major breakthrough with stomach cancer drug reducing death risk 53%. Analyst / investor · 26 Oct · 2,195 likes	@Polymarket 2,041,003 followers	en	Open on X
76,798	ESMO lifted embargo after LBA1 data became publicly available. Journal · 22 Oct · 125 likes	@myESMO 82,650 followers	en	Open on X
72,739	WSJ reports Moderna cancer vaccine data may have been published early. News feed · 22 Oct · 153 likes	@tradfi 27,525 followers	en	Open on X
52,172	AstraZeneca stomach cancer drug doubled patient overall survival in late-stage trial. News feed · 25 Oct · 133 likes	@business 10,484,244 followers	en	Open on X
47,888	WSJ: AstraZeneca preparing regulatory filings for new targeted cancer drugs News feed · 26 Oct · 58 likes	@WSJ 22,277,861 followers	en	Open on X
47,035	Repeats that Moderna stock plunged after leaked Phase 3 melanoma vaccine data. News feed · 23 Oct · 171 likes	@coinbureau 1,128,963 followers	en	Open on X
44,613	Imdelltra added to Imfinzi extended median survival to about 21 months. News feed · 25 Oct · 159 likes	@MarioNawfal 3,965,742 followers	en	Open on X
44,370	Takeda to seek Japan approval for gastric cancer drug next year. News feed · 25 Oct · 15 likes	@Reuters 26,433,826 followers	en	Open on X

Public posts on X, ranked by views reported by the platform at the data cut-off. Links open on X. Views on X are a reach measure and change over time.

A leaked late-breaker set the agenda before the congress opened

On 22 October, two days before its Presidential Symposium slot, ESMO announced [1] that the embargo on LBA1, the INTerpath-001 trial of a personalised mRNA vaccine with pembrolizumab in melanoma, had been breached and lifted it. Market feeds reported the sponsor's share price down about a quarter [2] within the hour. By the first cut-off 491 posts reacted to the trial, half of them written for investors, and the most viewed post had 1.3 million views.

The headline was a 42% risk reduction; the comparison it was read against was a phase 2 trial

The abstract reports recurrence-free survival at 24 months of 82.2% against 70.0% (HR 0.58). The number that travelled was a 42% reduction, and a market feed [3] set it against the 49% of the earlier phase 2b. The most viewed clinical reading, by an oncologist with 204,000 views [4], questioned the comparator instead: adjuvant pembrolizumab alone, rather than the neoadjuvant schedule that produced a similar hazard ratio in an earlier trial. Physicians will ask the second question, not the first.

The Presidential trials drew a clinician conversation, the vaccine a market one

By 25 October, DeLLphi-305 had 196 reacting posts and VOLGA 125; clinicians were the largest group for both, and only four of the 321 posts were negative. The coverage ran through the journal [5], business news [6] and the presenting investigators [7]. INTerpath-001 reached 761 posts, 39% from investors and 14% negative. Durvalumab, the shared backbone of both Presidential trials, became the third most discussed product after pembrolizumab and the vaccine.

Six-year survival in adjuvant breast cancer drew a clinician conversation

NATALEE's overall survival update (LBA25) gathered 61 reacting posts by the first cut-off; half were written by clinicians and only three were negative in tone. The most viewed was not about the data but about access: a news feed reported that Quebec's assessment body backed [8] the product for early breast cancer on the same day. Of 97 posts naming ribociclib, two carried a stock ticker.

Three Chinese HER2 and TROP2 ADCs shared the first breast session

HORIZON-Breast06, APEX-Breast01 and PANKU-Breast01 were presented in the same proffered paper session as the TALENT trial of trastuzumab deruxtecan. Clinicians described the Chinese results as marked improvements [9] over chemotherapy, with questions on safety and sequencing [10], while TALENT's low complete-response rates were called a first negative signal [11] for the incumbent in early disease. None of the three is compared head to head with it.

A gastric cancer ADC reached X through investors, with figures that differ from the abstract

G-HOPE-001 (LBA77) tested arcotatug tavatecan, licensed to Takeda as TAK-921. The abstract gives median overall survival of 9.9 against 7.4 months (HR 0.63) at the first interim analysis. The posts naming the Takeda code were written by investors and quoted 10.2 against 6.9 months [12], which suggests a later data cut in the presentation or the press release. Clinicians discussed the trial under its original name and read it positively [13]. Medical teams should check which numbers their field force will quote.

Radioligand attention came from outside the congress

Posts naming Pluvicto or Lutathera reached 856,000 views, more than any product on this page except pembrolizumab. Almost none of it concerned the congress: a thread on isotope production [14] by a fusion start-up, an explainer on an approved radioligand [15], and an unsupported claim of harm [16]. The class is visible to a general audience, and the questions it raises are about supply and safety rather than about trial data.

PULSE OF THE WEEK

How the tone moved, day by day

Every relevant post on X is read and labelled: who wrote it, what it is about and how it sounds. Not one product, the whole conversation. Pick an audience or a topic to see its own curve. At the end of the section, the same week on LinkedIn, side by side.

10,964 posts read · 6,976 relevant to oncology or the congress · Tue 20 to Mon 26

6,976
relevant posts in this view
100% of relevant posts

5.4%
negative in tone
374 posts

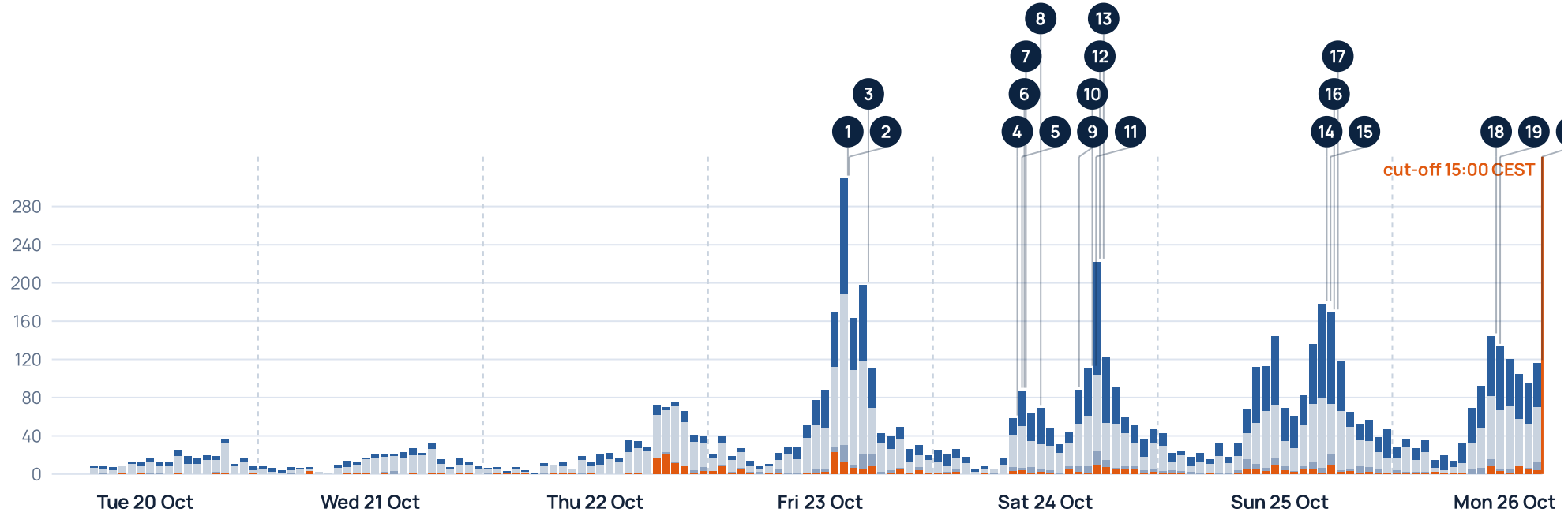
38%
positive in tone
2,661 posts

Efficacy
largest topic
37% of this view

The week, hour by hour

Times in Madrid local time (CEST until the night of 24 to 25 October, CET after). Hover a bar for the hour; click a numbered marker to open its source.

Positive · Neutral · Mixed · Negative · Event, numbered below



1. LBA25: Adjuvant ribociclib (RIB) + nonsteroidal aromatase inhibitor (NSAI) in patients (pts) with HR+/HER2– early breast cancer (EBC): NATALEE 6-y
   23 Oct, 14:25 CEST · Abstract LBA25 · Novartis
2. LBA56: Capivasertib (capi) + abiraterone (abi) vs placebo (pbo) + abi in patients (pts) with PTEN-deficient metastatic hormone-sensitive prostate c
   23 Oct, 14:34 CEST · Abstract LBA56 · AstraZeneca
3. LBA39: First results from the randomised ENGOT-OV56/NSGO-CTU-DOVACC trial investigating olaparib (ola), durvalumab (durva) and UV1 vaccination as m
   23 Oct, 16:37 CEST · Abstract LBA39 · AstraZeneca
4. LBA73: PACE-LUNG: A multicenter, single-arm, phase II clinical trial evaluating the efficacy of additional chemotherapy for patients with EGFRm NSC
   24 Oct, 08:30 CEST · Abstract LBA73 · AstraZeneca
5. LBA74: First-line (1L) trastuzumab deruxtecan (T-DXd) in patients (pts) with HER2-mutant (HER2m) NSCLC: Patient-reported outcomes (PROs) from DESTI
   24 Oct, 09:00 CEST · Abstract LBA74 · AstraZeneca
6. LBA26: Short-term preoperative durvalumab for stage I TNBC: First results from the phase II UNLOCK 14 - POP-DURVA trial
   24 Oct, 09:15 CEST · Abstract LBA26 · AstraZeneca
7. LBA96: First-line (1L) datopotamab deruxtecan (Dato-DXd) vs chemotherapy in patients (pts) with locally recurrent inoperable or metastatic triple-n
   24 Oct, 09:25 CEST · Abstract LBA96 · AstraZeneca
8. LBA48: Liver function trajectory and post-progression outcomes in the phase 3 EMERALD-3 study of tremelimumab (T) + durvalumab (D) ± lenvatinib (L)
   24 Oct, 11:00 CEST · Abstract LBA48 · AstraZeneca
9. LBA37: Durvalumab (D) plus carboplatin/paclitaxel (CP) followed by D with or without olaparib (O) in advanced/recurrent endometrial cancer (a/rEC):
   24 Oct, 15:05 CEST · Abstract LBA37 · AstraZeneca

10 LBA1 (Presidential Symposium): INTerpath-001: Phase 3 study of the mRNA-based individualized neoantigen therapy (INT) intismeran autogene (intismeran) plus pembrolizumab (
24 Oct, 16:30 CEST · Abstract LBA1 · MSD / Merck & Co.

11 LBA2 (Presidential Symposium): Perioperative durvalumab with or without tremelimumab plus neoadjuvant enfortumab vedotin in muscle-invasive bladder cancer: Results from th
24 Oct, 16:54 CEST · Abstract LBA2 · AstraZeneca

12 LBA3 (Presidential Symposium): Tarlatamab plus durvalumab (durva) vs durva as 1L maintenance (1LM) therapy following durva, platinum, and etoposide (1L durva + EP) in exte
24 Oct, 17:18 CEST · Abstract LBA3 · Amgen

13 LBA4 (Presidential Symposium): Darolutamide with androgen deprivation therapy (ADT) and definitive or salvage locoregional radiation therapy (RT) for localised, very high-
24 Oct, 17:42 CEST · Abstract LBA4 · Bayer

14 LBA5 (Presidential Symposium): Krascendo 1: Efficacy and safety of divarasib (diva) vs sotorasib (soto) or adagrasib (ada) in previously treated locally advanced or metast
25 Oct, 16:30 CET · Abstract LBA5 · Roche / Genentech

15 LBA6 (Presidential Symposium): Osimertinib (osi) + savolitinib (savo) vs platinum–pemetrexed (plat–pem) in EGFRm MET-overexpressed (OE) and/or -amplified (AMP) advanced NS
25 Oct, 16:54 CET · Abstract LBA6 · AstraZeneca

16 LBA7 (Presidential Symposium): CLARITY-Gastric 01 (CG-01): A phase 3 study of sonesitatug vedotin (Sone-Ve) in second or later-line (2L+) advanced or metastatic Claudin 18
25 Oct, 17:18 CET · Abstract LBA7 · AstraZeneca

17 LBA8 (Presidential Symposium): Ivonescimab plus chemotherapy versus durvalumab plus chemotherapy as first-line treatment for advanced biliary tract cancer: A randomized, c
25 Oct, 17:42 CET · Abstract LBA8 · Akeso

18 LBA62: ctDNA clearance (CL) during neoadjuvant treatment (neoadj Tx) and its association with outcomes in patients (pts) with resectable/borderline
26 Oct, 10:35 CET · Abstract LBA62 · AstraZeneca

19 LBA49: A DESTINY-Breast09 (DB-)09 analysis of trastuzumab deruxtecan (T-DXd) + pertuzumab (P) vs taxane + trastuzumab + pertuzumab (THP) for patien
26 Oct, 11:00 CET · Abstract LBA49 · AstraZeneca

20 LBA22: OPTIMUM: A randomized phase 2 study of maintenance olaparib (Ola) with or without durvalumab (Durva) in DDR gene-mutated advanced biliary tr
26 Oct, 15:29 CET · Abstract LBA22 · AstraZeneca

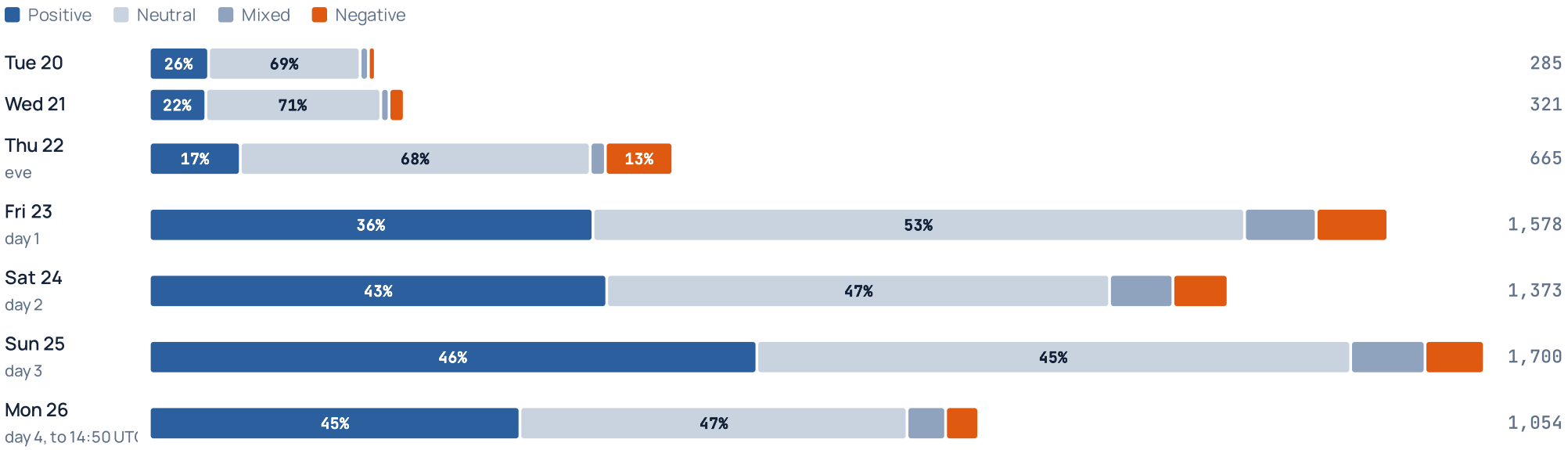
21 LBA9 (Presidential Symposium): Risvutatug rezetecan (Ris-Rez) versus gemcitabine and docetaxel (GD) in heavily pretreated patients (pts) with relapsed or refractory (R/R)
26 Oct, 16:30 CET · Abstract LBA9

22 LBA10 (Presidential Symposium): MOIO: Interim analyses of a phase III randomized non inferiority trial assessing reduced frequency immune checkpoint inhibitors in respondin
26 Oct, 16:54 CET · Abstract LBA10

23 LBA11 (Presidential Symposium): Sacituzumab tirumotecan in previously treated advanced or recurrent endometrial cancer: Results from the phase 3 TroFuse-005/ENGOT-en23/GOG-
26 Oct, 17:18 CET · Abstract LBA11 · MSD / Merck & Co.

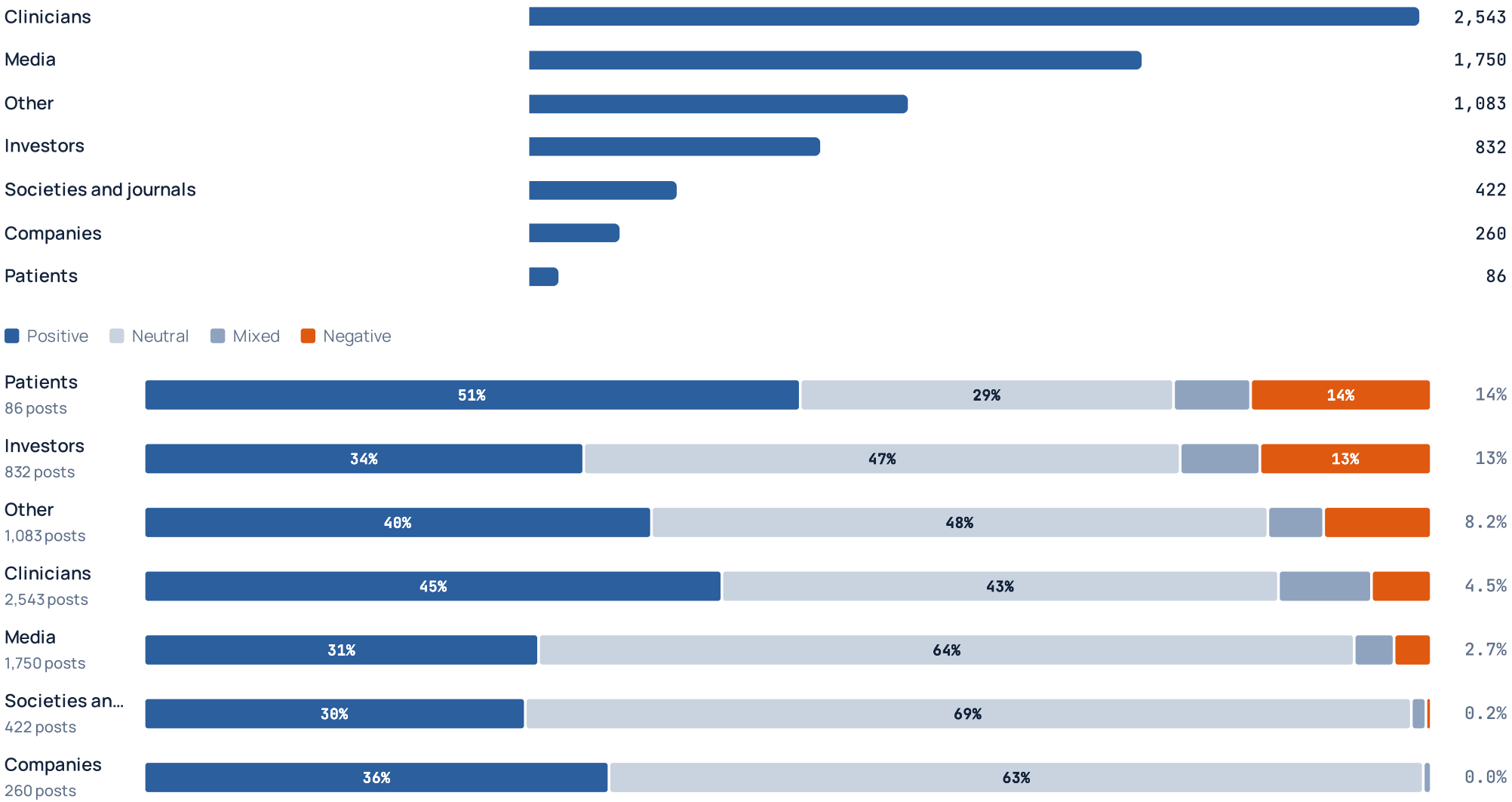
24 LBA12 (Presidential Symposium): KEYNOTE-C93/GOG-3064/ENGOT-en15: Phase 3, randomized, open-label study of first-line (1L) pembrolizumab (pembro) vs carboplatin (C) + paclit
26 Oct, 17:42 CET · Abstract LBA12 · MSD / Merck & Co.

Tone by day



Share of posts per day. Bar width is the day's share of all posts in the view, so a busy day reads wider.

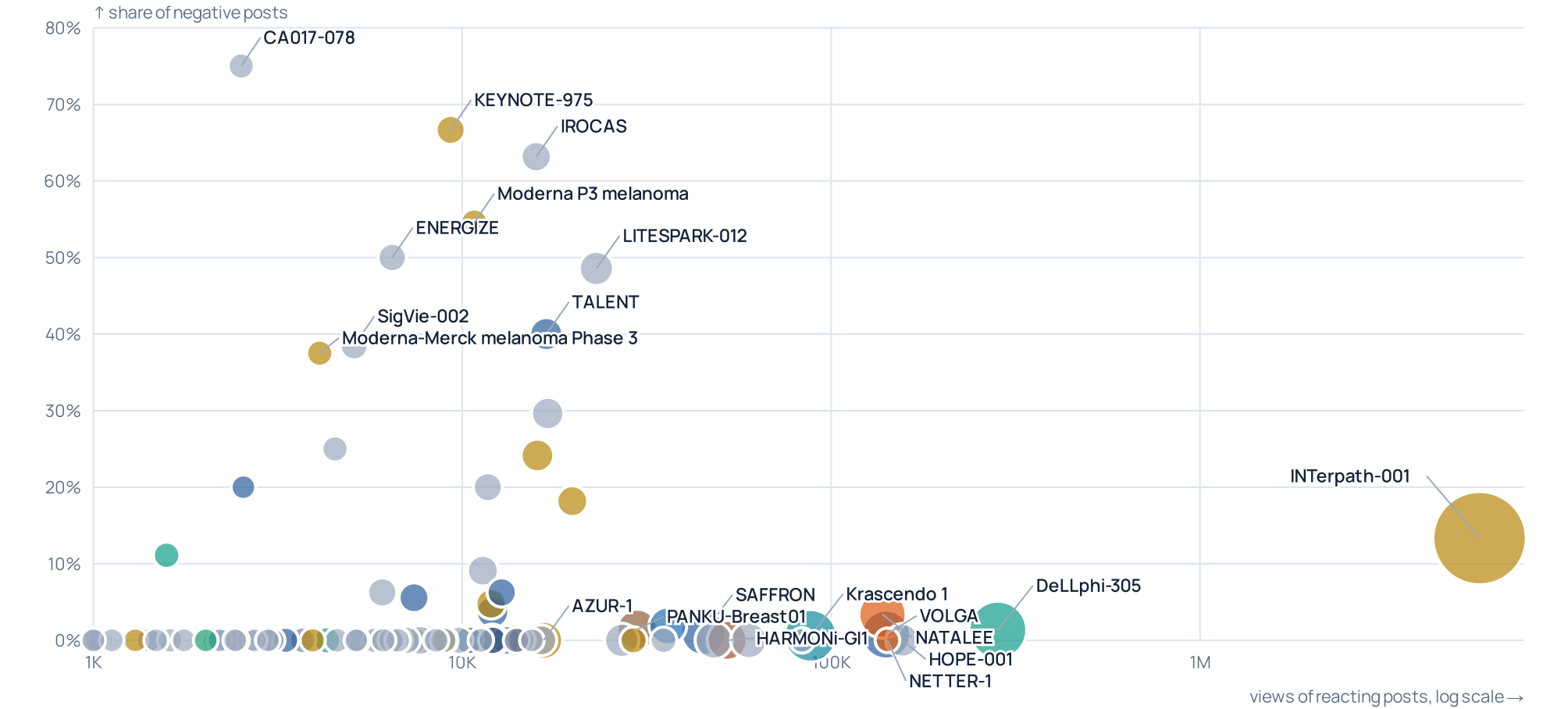
Who is talking, and how



Posts per audience in the view (click to filter), then the tone mix of each audience.

What each announcement earned

Posts that react to a named study, publication or announcement, with the tone and the audience they drew. Reactions per abstract is the closest thing to a return on a congress presentation. Everything here follows the audience and topic filters above.



Bubble size: number of posts. Click a bubble or a row for the posts behind it.

STUDY OR ANNOUNCEMENT	COMPANY	POSTS	VIEWS	TONE	MAIN AUDIENCES	PEAK DAY
INTerpath-001	MSD / Moderna	817	5.7M		Investors 38%, Media 28%	Thu 22 (306)
DeLLphi-305	Amgen	225	283K		Clinicians 40%, Media 30%	Sat 24 (132)
Krascendo 1	Roche / Genentech	168	88K		Clinicians 43%, Media 27%	Sun 25 (125)

STUDY OR ANNOUNCEMENT	COMPANY	POSTS	VIEWS	TONE	MAIN AUDIENCES	PEAK DAY
VOLGA	AstraZeneca	133	141K		Clinicians 44%, Media 33%	Sat 24 (91)
NATALEE	Novartis	119	138K		Clinicians 38%, Media 38%	Fri 23 (78)
SAFFRON	AstraZeneca	102	45K		Clinicians 43%, Media 22%	Sun 25 (81)
PANKU-Breast01	Bristol Myers Squibb	70	30K		Clinicians 50%, Media 26%	Fri 23 (37)
HARMONi-GI1	Hengrui / other China	65	52K		Clinicians 42%, Investors 22%	Sun 25 (55)
AZUR-1	GSK	55	17K		Media 44%, Clinicians 38%	Sun 25 (28)
FOURLIGHT-1	Pfizer	53	36K		Clinicians 47%, Media 23%	Sat 24 (41)
PERSEE	Other	51	48K		Clinicians 71%, Media 20%	Sun 25 (41)
OptiTROP-Lung06	Other	46	60K		Clinicians 63%, Media 30%	Sun 25 (38)
LITESPARK-012	Other	35	23K		Clinicians 49%, Media 26%	Sun 25 (30)
DASL-HiCaP	Other	35	27K		Clinicians 51%, Media 34%	Sat 24 (20)
HORIZON-Breast06	Hengrui / other China	33	14K		Clinicians 48%, Media 33%	Fri 23 (29)
HOPE-001	Other	33	156K		Media 42%, Clinicians 27%	Fri 23 (14)
TALENT	AstraZeneca	30	17K		Clinicians 57%, Other 33%	Fri 23 (25)
KEYNOTE-866	MSD / Moderna	29	16K		Clinicians 55%, Media 34%	Fri 23 (23)
CLARITY-Gastric01	AstraZeneca	29	12K		Clinicians 52%, Media 17%	Sun 25 (25)
SWITCH	Other	27	17K		Clinicians 74%, Other 19%	Mon 26 (26)
NIAGARA	AstraZeneca	27	12K		Clinicians 63%, Other 19%	Sat 24 (10)
LITESPARK-011	Other	27	12K		Clinicians 44%, Media 44%	Sun 25 (24)
SANO	Other	22	11K		Clinicians 73%, Media 14%	Fri 23 (16)
postMONARCH	Other	22	16K		Clinicians 45%, Media 36%	Sat 24 (10)
KEYNOTE-B49	MSD / Moderna	22	20K		Clinicians 55%, Media 36%	Sat 24 (19)

STUDY OR ANNOUNCEMENT	COMPANY	POSTS	VIEWS	TONE	MAIN AUDIENCES	PEAK DAY
TroFuse-005	MSD / Moderna	21	12K		Clinicians 52%, Media 19%	Sun 25 (8)
SARON	Other	21	10K		Clinicians 71%, Media 19%	Sun 25 (16)
OptiTROP-Lung04	Other	20	8K		Clinicians 60%, Media 30%	Sun 25 (18)
SANOVO	Other	20	8K		Clinicians 50%, Media 20%	Mon 26 (20)
KEYNOTE-B15	MSD / Moderna	19	6K		Clinicians 68%, Media 32%	Fri 23 (14)
RASolute 302	Other	19	7K		Clinicians 47%, Investors 16%	Fri 23 (16)
IROCAS	Other	19	16K		Clinicians 63%, Media 16%	Sun 25 (18)
CAPItello-281	AstraZeneca	18	9K		Clinicians 50%, Media 28%	Fri 23 (10)
DESTINY-Breast09	AstraZeneca	18	7K		Clinicians 72%, Media 17%	Mon 26 (15)
HERIZON-GEA-01	Other	17	11K		Clinicians 59%, Media 24%	Fri 23 (9)
POTOMAC	AstraZeneca	17	13K		Clinicians 47%, Investors 18%	Sun 25 (7)
NSABP B-42	Other	17	8K		Clinicians 88%, Media 5.9%	Fri 23 (16)
BRIDGET	Other	17	11K		Clinicians 65%, Societies and journals 12%	Mon 26 (13)
APEX-Breast01	Hengrui / other China	16	7K		Other 56%, Clinicians 44%	Fri 23 (16)
FLAURA2	AstraZeneca	16	13K		Clinicians 75%, Media 19%	Sat 24 (10)
CheckMate 8HW	Bristol Myers Squibb	16	12K		Clinicians 44%, Media 44%	Sat 24 (10)
RAINFOL-02	Other	16	6K		Investors 50%, Clinicians 25%	Fri 23 (7)
AMPLIFY-7P	Other	15	12K		Clinicians 33%, Other 27%	Fri 23 (12)
KEYNOTE-975	MSD / Moderna	15	9K		Clinicians 47%, Media 27%	Fri 23 (7)
COMPANION-002	Other	15	6K		Media 40%, Investors 27%	Sat 24 (11)
ENERGIZE	Other	14	6K		Clinicians 71%, Media 29%	Fri 23 (10)
KEYNOTE-564	MSD / Moderna	14	7K		Clinicians 50%, Media 43%	Sun 25 (7)

STUDY OR ANNOUNCEMENT	COMPANY	POSTS	VIEWS	TONE	MAIN AUDIENCES	PEAK DAY
PEACE-1	Other	14	7K		Clinicians 50%, Media 43%	Sat 24 (7)
DUO-E	AstraZeneca	14	10K		Clinicians 36%, Media 36%	Sat 24 (8)
TROPION-Breast02	AstraZeneca	14	12K		Clinicians 43%, Media 29%	Sat 24 (11)
OptiTROP-Breast01	Other	14	7K		Clinicians 71%, Other 21%	Mon 26 (13)
CHARISMA	Other	13	14K		Clinicians 69%, Patients 7.7%	Mon 26 (9)
PRABITAS	Other	13	10K		Clinicians 69%, Media 23%	Sat 24 (10)
SigVie-002	Other	13	5K		Clinicians 69%, Media 23%	Sun 25 (12)
DEWI	Other	12	5K		Clinicians 83%, Media 17%	Fri 23 (6)
TAK-921 (arcotatug)	Takeda	11	3K		Investors 55%, Media 36%	Fri 23 (8)
KEYNOTE-905	MSD / Moderna	11	9K		Clinicians 82%, Media 18%	Fri 23 (9)
IidERA	Other	11	4K		Clinicians 55%, Patients 18%	Fri 23 (7)
Moderna P3 melanoma	MSD / Moderna	11	11K		Investors 73%, Other 27%	Mon 26 (11)
DESTINY-Breast05	AstraZeneca	10	2K		Clinicians 80%, Media 10%	Fri 23 (9)
TROPHY-U-01	Other	10	4K		Clinicians 50%, Other 30%	Fri 23 (9)
GIM3 FATA	Other	10	5K		Clinicians 70%, Media 20%	Fri 23 (6)
TALAPRO-3	Other	10	3K		Clinicians 70%, Media 30%	Fri 23 (8)
DeLLphi-304	Amgen	10	4K		Clinicians 50%, Media 30%	Mon 26 (6)
NEOASIS	Other	10	6K		Investors 40%, Media 30%	Sun 25 (9)
Moderna Phase 3 (melanoma)	MSD / Moderna	10	29K		Investors 60%, Media 20%	Sun 25 (6)
HERON-Lung01	Other	10	6K		Clinicians 70%, Other 20%	Mon 26 (10)
UNION	Other	9	6K		Clinicians 78%, Media 22%	Sun 25 (6)
VIKTORIA-1	Other	9	9K		Clinicians 44%, Companies 22%	Sat 24 (8)

STUDY OR ANNOUNCEMENT	COMPANY	POSTS	VIEWS	TONE	MAIN AUDIENCES	PEAK DAY
HEALER	Other	9	35K		Clinicians 44%, Media 22%	Sat 24 (6)
DeLLPhi305	Amgen	9	2K		Media 44%, Other 33%	Sat 24 (8)
ROSETTA Lung-107	Other	9	4K		Clinicians 33%, Media 33%	Sun 25 (9)
ECLYPse	Other	9	6K		Clinicians 56%, Media 33%	Sat 24 (9)
ESMO guidelines	Societies and regulators	8	14K		Clinicians 50%, Societies and journals 38%	Tue 20 (2)
CA017-078	Other	8	3K		Clinicians 50%, Media 25%	Fri 23 (8)
evERA	Other	8	6K		Clinicians 50%, Media 25%	Sat 24 (4)
CLARITY-Gastric 01	AstraZeneca	8	3K		Media 63%, Clinicians 38%	Sun 25 (6)
ACTICCA-1	Other	8	5K		Clinicians 50%, Media 38%	Sat 24 (5)
Moderna-Merck melanoma Phase 3	MSD / Moderna	8	4K		Media 38%, Other 25%	Mon 26 (8)
IOV-COM-202	Other	7	8K		Investors 43%, Clinicians 29%	Fri 23 (6)
PAS-004	Other	7	5K		Investors 71%, Media 29%	Fri 23 (7)
MASTERPLAN	Other	7	11K		Clinicians 86%, Media 14%	Thu 22 (2)
ASTRIDE	Other	7	1K		Clinicians 57%, Media 29%	Mon 26 (6)
DeLLphi305	Amgen	7	1K		Media 43%, Clinicians 29%	Sun 25 (6)
NeoCOAST-2	Other	7	3K		Clinicians 57%, Other 43%	Mon 26 (4)
PROTEUS	Other	7	7K		Clinicians 100%	Sat 24 (7)
Sone-Ve	Other	7	83K		Media 57%, Other 29%	Mon 26 (7)
STARBOARD	Other	6	2K		Clinicians 33%, Societies and journals 33%	Fri 23 (4)
KEYNOTE-365	MSD / Moderna	6	4K		Clinicians 67%, Media 33%	Fri 23 (4)
IFCT-2103 DIAL	Other	6	2K		Media 50%, Clinicians 33%	Sun 25 (5)
IDE849	Other	6	6K		Other 50%, Investors 33%	Fri 23 (6)

STUDY OR ANNOUNCEMENT	COMPANY	POSTS	VIEWS	TONE	MAIN AUDIENCES	PEAK DAY
Bria-IMT	Other	6	2K		Investors 67%, Patients 17%	Fri 23 (5)
INSPIRE-LM	Other	6	2K		Clinicians 83%, Other 17%	Mon 26 (5)
PE-PE	Other	6	3K		Clinicians 83%, Media 17%	Sun 25 (6)
PAPMET2	Other	6	1K		Clinicians 50%, Media 33%	Sun 25 (5)
EMT2	Other	6	2K		Media 50%, Clinicians 33%	Sun 25 (6)
BEHOLD-1	Other	6	1K		Media 50%, Clinicians 17%	Mon 26 (3)
MDT-BRIDGE	Other	6	5K		Clinicians 83%, Media 17%	Mon 26 (6)
DESTINY-Lung04	AstraZeneca	5	3K		Clinicians 60%, Media 40%	Sat 24 (4)
FOCUS-01	Other	5	15K		Other 40%, Investors 20%	Fri 23 (5)
KEYNOTE-671	MSD / Moderna	5	1K		Clinicians 60%, Other 40%	Mon 26 (2)
KANDLELIT-001	Other	5	3K		Clinicians 40%, Media 40%	Sun 25 (4)
PROMPT	Other	5	970		Clinicians 60%, Media 40%	Fri 23 (3)
CK-301-101	Other	5	2K		Investors 60%, Media 20%	Fri 23 (4)
NETTER-1	Novartis	5	142K		Other 80%, Clinicians 20%	Wed 21 (4)
NADINA	Other	5	3K		Clinicians 80%, Media 20%	Sun 25 (4)
EV-103	Other	5	2K		Clinicians 40%, Other 40%	Sat 24 (2)
GDFATHER-NEO	Other	5	5K		Media 60%, Clinicians 40%	Sat 24 (4)
CARE1	Other	5	1K		Clinicians 100%	Sun 25 (4)
COSMIC-313	Other	5	2K		Clinicians 80%, Societies and journals 20%	Sun 25 (5)
XmAb819 phase 1	Other	5	2K		Media 40%, Other 40%	Sun 25 (5)
Temab-A mCRC phase I	AbbVie	5	2K		Clinicians 40%, Media 20%	Sat 24 (5)
NXP200 Phase 1b	Other	5	161		Investors 60%, Media 40%	Mon 26 (5)

STUDY OR ANNOUNCEMENT	COMPANY	POSTS	VIEWS	TONE	MAIN AUDIENCES	PEAK DAY
SYS6043	Other	5	2K		Clinicians 100%	Mon 26 (5)
Bulumtatug fuvedotin (BFv)	Other	5	1K		Clinicians 80%, Other 20%	Mon 26 (5)

Only announcements with at least five reacting posts are listed. Posts that comment on a product in general, without a named study, are not attributed.

Topics by day

TOPIC	TUE 20	WED 21	THU 22	FRI 23	SAT 24	SUN 25	MON 26	TOTAL
Efficacy	35	73	112	551	591	780	456	**2,598**
Congress	96	70	143	395	277	301	192	**1,474**
Science and guidance	40	52	80	236	197	254	180	**1,039**
Pipeline	53	29	75	125	93	106	114	**595**
Markets	24	36	183	114	60	52	35	**504**
Access and price	17	27	32	58	40	58	21	**253**
Safety	3	13	5	42	63	60	25	**211**
Competition	6	8	12	44	31	57	18	**176**
Other	11	13	23	13	21	32	13	**126**

Number of posts per topic and day; shading relative to the largest cell. Negative share per topic in the tooltip.

Same week, two networks

Public LinkedIn posts found through the same product, trial and congress searches, read and labelled with the same scheme as X. LinkedIn shows likes, comments and shares but not views, so the two networks are compared on counts and shares, not on reach. Whole week, no filters.

`3,023 LinkedIn posts read · 2,725 relevant · 19 Oct to 26 Oct · cut-off 26 Oct 2026, 14:56 UTC`

2,725
relevant LinkedIn posts
against 6,976 on X, same searches

28%
written by clinicians
36% on X

1.4%
negative in tone
5.4% on X

INTerpath-001
most discussed announcement
282 posts, 4,313 likes · on X: INTerpath-001

X LinkedIn

Who is talking



Tone



Topic



Share of relevant posts in each network. Audience is taken from the author headline on LinkedIn and from the post text and profile on X.

What each announcement earned on LinkedIn

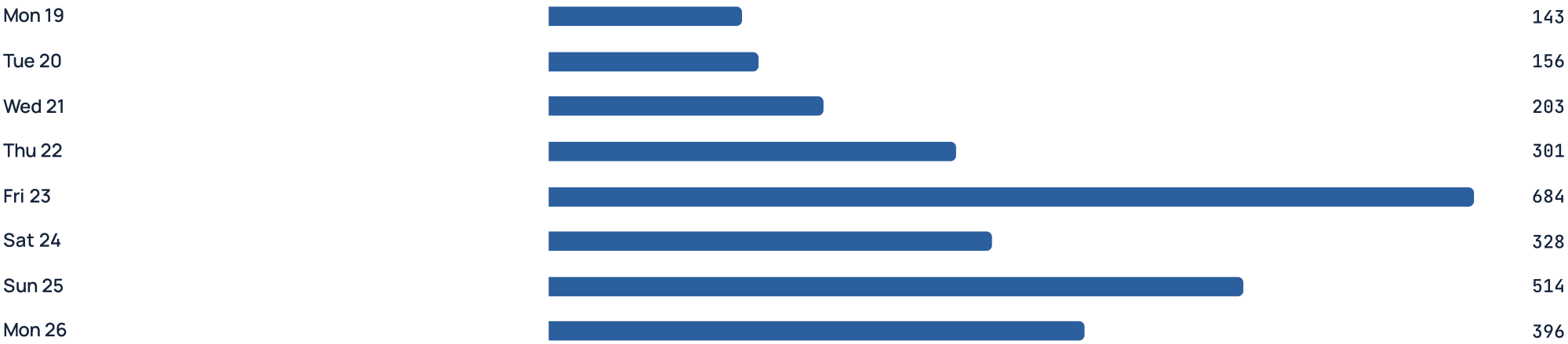
STUDY OR ANNOUNCEMENT	POSTS	LIKES	COMMENTS	CLINICIANS	TONE	MOST LIKED POST
INTerpath-001	282	4,313	162	35%		Moderna announces detailed positive Phase 3 INTerpath-001 results with KEYTRUDA. **Moderna · 732 likes**
AZUR-1	113	5,486	75	38%		Industry update: Moderna vaccine success and Jemperli approval reported live from ESMO. **Nicolas Schmitz · 3,553 likes**
NATALEE	84	1,188	68	43%		NATALEE: adjuvant ribociclib shows overall survival benefit at six-year analysis. **OncoDaily Breast · 294 likes**
DeLLphi-305	63	4,599	58	29%		Phase 3 DeLLphi-305 reports 58% reduction in death with tarlatamab plus durvalumab **Joanna Sadowska, PhD, EMBA · 3,443 likes**

STUDY OR ANNOUNCEMENT	POSTS	LIKES	COMMENTS	CLINICIANS	TONE	MOST LIKED POST
Krascendo 1	52	746	21	48%		Divarasib showed survival and response advantages over sotorasib and adagrasib. **ESMO - European Society for Medical Oncology · 157 likes**
VOLGA	24	755	19	50%		VOLGA trial presented; results expected to improve cure rates in bladder cancer. **Lazar Popovic · 135 likes**
CLARITY-Gastric 01	20	568	5	25%		Honored to discuss CLARITY-Gastric01 at the ESMO Presidential Symposium in Madrid. **Salah-Eddin Al-Batran, MD · 305 likes**
SAFFRON	15	76	8	47%		Thoracic oncologist lists key phase 3 trials at ESMO, prioritizing SAFFRON outcomes. **Aakash Desai, MD, MBA, MPH, FASCO · 43 likes**
KRASCENDO-1	14	233	7	50%		Genentech announces pivotal Phase III KRAS G12C lung cancer results presented at ESMO. **Genentech · 108 likes**
HARMONi-GI1	11	123	1	36%		HARMONi-GI1: ivonescimab plus chemo improved OS, PFS, and response rates. **OncoDaily GI · 41 likes**
DASL-HiCaP	9	144	4	22%		DASL-HiCaP: darolutamide reduced metastasis risk in very high-risk prostate cancer. **ANZUP Cancer Trials Group Limited · 45 likes**
TALENT	8	86	3	50%		TALENT reports low pCR rates with trastuzumab deruxtecan in HR-positive HER2-low early breast cancer. **ESMO - European Society for Medical Oncology · 51 likes**
G-HOPE-001	8	97	1	25%		Takeda highlights CLDN18.2 ADC survival data and novel bispecific research at ESMO. **Philippe Jacquot · 55 likes**
AMPLIFY-7P	8	71	1	75%		Excited about AMPLIFY-7P KRAS vaccine showing strong mutant KRAS-specific T-cell responses. **Rajiv Khanna · 36 likes**
TroFuse-005	8	161	1	63%		ENGOT announces TroFuse-005 (sac-TMT) presentation during ESMO Presidential Symposium III. **ENGOT · 64 likes**
Pluvicto	7	264	159	14%		Personal reflection on building Novartis PLUVICTO sales team and RLT business. **Scott Williamson · 260 likes**
FLAURA2	7	122	2	71%		FLAURA2 shows early ctDNA clearance prognostic but not predictive of chemo benefit. **OncoDaily Lung · 91 likes**
KEYNOTE-866	6	70	4	33%		KEYNOTE-866: perioperative pembrolizumab failed to meet primary efficacy endpoints in MIBC. **OncoDaily GU · 25 likes**
OptiTROP-Lung06	6	32	4	17%		OptiTROP-Lung06 tests sacituzumab tirumotecan plus pembrolizumab versus standard first-line chemo. **Aakash Desai, MD, MBA, MPH, FASCO · 25 likes**

STUDY OR ANNOUNCEMENT	POSTS	LIKES	COMMENTS	CLINICIANS	TONE	MOST LIKED POST
HORIZON-Breast06	5	78	4	20%		Notes on HER2-low ADC competition and industry pipeline takeaways from ESMO. **Amaninder Singh Dhillon · 50 likes**
KEYNOTE-C93	5	52	3	20%		Announces KEYNOTE-C93 (ENGOT-en15) presentation during ESMO Presidential Symposium III. **ENGOT · 40 likes**
KEYNOTE-B49	5	43	1	40%		KEYNOTE-B49: PFS benefit met but small median improvement and no OS advantage. **Maria Hafez MD MSc · 25 likes**

Announcements with at least five reacting LinkedIn posts. Likes and comments as shown by LinkedIn at the cut-off. Click a post to open it on LinkedIn.

LinkedIn posts per day



Relevant posts per day, UTC; the share written by clinicians in the tooltip. Dates before the congress capture the embargo-free press releases and pre-congress commentary.

FIELD BRIEF · ONCOLOGY

The same result, three different Mondays

Headquarters, a market with stepwise reimbursement and a market where the patient pays do not need the same message. Each lens says what the result means for that reader and what should be prepared before the question arrives. Choose a lens to see how each result reads.

NEW DATA

Adjuvant ribociclib: an overall survival benefit at six years

NATALEE, high-risk stage II/III HR+/HER2− early breast cancer: with all patients off ribociclib for a median of 38 months, overall survival favoured ribociclib plus a non-steroidal aromatase inhibitor (HR 0.809, 95% CI 0.661 to 0.989; nominal one-sided p = 0.019). The absolute difference grew from 1.2% at five years to 2.1% at six; invasive disease-free survival benefit 5.3% at six years (83.2% vs 77.9%). No new safety signals.

Abstract LBA25

GLOBAL HEADQUARTERS

The survival result closes the main argument against a three-year adjuvant course: that recurrence-free survival might not translate into lives saved. The confidence interval only just excludes one and the p-value is nominal, so the claim will be phrased as supportive rather than definitive, and the comparison with abemaciclib's monarchE will now be made on survival, where that trial has not reported a difference. The strategic question is breadth: NATALEE enrolled node-negative patients with additional risk factors, and payers who restricted the first approval to node-positive disease will be asked to reconsider with survival data in hand.

REIMBURSED MARKET

Where ribociclib is reimbursed in the adjuvant setting only for node-positive disease, this is the evidence package for widening the criteria, and it is stronger than the interim analyses because the 2.1% absolute survival gain comes after treatment has stopped. The budget argument is the duration: three years of therapy, then no further cost, against recurrences that cost more to treat. A local estimate of the number of stage II/III patients who would newly qualify, and of their recurrence costs, should be ready before the first payer question.

SELF-PAY MARKET

Patients who pay for adjuvant therapy will ask whether three years is worth it when the absolute survival gain is two in a hundred. The honest answer is the one in the abstract: the benefit is on survival, it grows with time, and it persists after stopping. For physicians the useful figure is the recurrence reduction, five in a hundred fewer invasive recurrences at six years, which is what a patient feels first. Materials should give both numbers together, not the hazard ratio alone.

QUESTIONS FROM THE FLOOR

A second HER2-directed ADC in HER2-low breast cancer, with a low ILD rate

HORIZON-Breast06, 551 patients with HER2-low advanced breast cancer after at most one line of chemotherapy: trastuzumab rezetecan (SHR-A1811) extended progression-free survival over physician's-choice chemotherapy to a median of 16.4 versus 6.8 months (HR 0.27, 95% CI 0.21 to 0.34), with a 12-month overall survival rate of 90.6% versus 81.4% (immature). Grade 3 or worse treatment-related events 84.1% versus 67.9%; interstitial lung disease in 2.5%.

Abstract LBA13

GLOBAL HEADQUARTERS

This is the first randomised phase 3 challenge to trastuzumab deruxtecan in the HER2-low setting, and the effect size reported is larger than the one that established the class. The comparison is cross-trial, with a different comparator mix and a population that is 65% CDK4/6-pretreated, so the medical position has to separate what the trial shows, superiority to chemotherapy, from what it does not, superiority to the existing ADC. The interstitial lung disease rate is the number that will travel: it is lower than the rates reported for the incumbent and will be quoted in every comparison. The field team needs a one-page note on cross-trial comparison this week, before the question arrives from a prescriber.

REIMBURSED MARKET

The product is not registered in the European Union or most reimbursed markets, so the immediate effect is on pricing expectations rather than prescribing. A second entrant with phase 3 data strengthens the payer's hand in the next negotiation for the incumbent, and the fastest route for the challenger is through markets that accept Chinese registration data. The local medical team should know the regulatory status in its market and be able to say so in one sentence; the comparative-effectiveness question belongs to a later file, once overall survival matures.

SELF-PAY MARKET

In self-pay markets a lower-priced HER2 ADC with phase 3 data will reach patients through parallel supply before it reaches the formulary, and the first questions will come from patients who have read the headline progression-free survival numbers. Physicians need the comparison stated plainly: superior to chemotherapy in this trial, not compared head to head with the ADC they currently prescribe, with survival data still immature. The toxicity profile matters as much as efficacy for a patient paying per cycle, and grade 3 or worse events in more than eight of ten patients should be in the same sentence as the response rate.

NEW DATA

Neoadjuvant T-DXd in HR+/HER2-low early breast cancer: low pathological complete response

TALENT, phase 2, 132 patients: pathological complete response or near-complete response (residual cancer burden 0 or 1) in 16% with T-DXd alone, 17% with T-DXd plus anastrozole and 17% with T-DXd followed by docetaxel-cyclophosphamide; complete response alone in 7%, 3% and 9%. Objective response about two thirds in each arm. Interstitial lung disease in 3 patients, all grade 2. HER2 expression fell on treatment while TROP2 stayed stable.

Abstract LBA23

GLOBAL HEADQUARTERS

A negative-leaning signal for moving the HER2-low ADC into the neoadjuvant setting of hormone-receptor-positive disease: the pathological complete response rates are in the range expected from chemotherapy, and the trial did not have a chemotherapy-only arm. The useful finding is translational, higher HER2 density in the few complete responders and the decline of HER2 under treatment, which argues for selection by quantitative HER2 rather than for the broad HER2-low label. For the early-disease strategy the implication is that the case will rest on event-free survival from the larger phase 3 programmes, not on pathological response.

REIMBURSED MARKET

No change in practice and no reimbursement question: the drug is not indicated in early disease and the trial does not support an application. What a reimbursed market needs is the ability to answer a physician who asks whether early use is coming. The answer is that this phase 2 did not show a pathological response advantage and that the early-disease decision will come from phase 3 event-free survival data, which are not yet available.

SELF-PAY MARKET

Where a product can be bought outside its indication, a published neoadjuvant trial creates demand regardless of its result. The relevant message is simple and protective: in this study one in six patients reached a complete or near-complete pathological response, the trial had no chemotherapy comparator, and lung toxicity, although mild here, remains the class risk. Physicians should hear the stable TROP2 finding too, because it will be used to argue for other ADCs in the same setting.

QUESTIONS FROM THE FLOOR

Capivasertib in PTEN-deficient hormone-sensitive prostate cancer: survival improves with follow-up but stays descriptive

CAPItello-281, 1,012 patients with de novo metastatic hormone-sensitive prostate cancer and PTEN-deficient tumours: at an ad hoc cut-off 17 months after the primary analysis, overall survival favoured capivasertib plus abiraterone (HR 0.82, 95% CI 0.68 to 0.99; median 57.4 vs 46.5 months; descriptive, p = 0.044, not meeting the alpha-controlled threshold). Radiographic progression-free survival HR 0.83 (35.5 vs 26.0 months). Hazard ratios improved as the PTEN-deficiency cut-off was raised (0.76 to 0.74).

Abstract LBA56

GLOBAL HEADQUARTERS

The result moves the survival hazard ratio from 0.90 at the primary cut-off to 0.82, but the analysis is descriptive and the authors say so. The medical position therefore rests on the primary endpoint, radiographic progression-free survival, with survival as a supportive trend; a claim of a survival benefit would invite the obvious rebuttal. The more durable argument is biological: the effect grows with the stringency of the PTEN definition, which supports a biomarker-defined label and an immunohistochemistry assay that the market will need to adopt before the drug can be used.

REIMBURSED MARKET

Assessment bodies will ask two questions: whether a descriptive survival analysis counts, and who pays for PTEN testing by immunohistochemistry in a disease where it is not routine. The second question decides uptake more than the first. A reimbursed market should have the testing pathway mapped now, including which laboratories can run the assay at the 90% threshold used in the trial, and a budget-impact estimate that includes testing of all de novo metastatic patients to find the roughly one in five who qualify.

SELF-PAY MARKET

A targeted option in first-line metastatic prostate cancer will be asked for by patients who have seen a 11-month difference in median survival, and the two qualifications, descriptive analysis and PTEN deficiency on a specific assay, will not travel with the number. Physicians need a short answer for the patient without a PTEN result: the trial does not apply, and testing comes first. Where testing is unavailable, the honest position is that the drug cannot be used as studied.

PIPELINE SIGNAL

A claudin 18.2 ADC in later-line gastric cancer, licensed to Takeda

G-HOPE-001, phase 3, 408 patients from China and Japan with previously treated CLDN18.2-positive gastric or gastro-oesophageal junction adenocarcinoma: arcotatug tavatecan (IBI343, TAK-921) against physician's choice. Median progression-free survival 5.5 vs 2.9 months (HR 0.47, 95% CI 0.34 to 0.65); median overall survival 9.9 vs 7.4 months (HR 0.63, 95% CI 0.45 to 0.89) with 34.8% of events; response 23.6% vs 5.3%. Grade 3 or worse events 45.8% vs 57.9%; no interstitial lung disease.

Abstract LBA77

GLOBAL HEADQUARTERS

The first phase 3 survival signal for an ADC directed at claudin 18.2, in a third-line setting where few options exist, and with a safety profile that compares favourably with chemotherapy in this trial. The two limitations decide the global plan: an Asian-only population and an interim survival analysis with a third of events. A Western bridging or confirmatory population will be the first question from regulators and from the medical community outside Asia, and the claudin 18.2 testing infrastructure built for zolbetuximab is the asset the launch can use.

REIMBURSED MARKET

Where zolbetuximab is reimbursed in first line, claudin 18.2 testing exists and the eligible later-line population can be estimated from it. That estimate, and the current cost of third-line treatment, are the inputs a payer will ask for. Nothing is prescribable yet; the useful preparation is a statement on regulatory status and expected timing for the medical information service.

SELF-PAY MARKET

Patients with advanced gastric cancer and their families search for new options actively, and a positive phase 3 with an overall survival benefit will be found. Physicians need to know whether their patient's tumour was tested for claudin 18.2 and that the trial enrolled only Asian patients. Investor posts this week quoted survival figures different from the abstract, so the field team should agree which numbers it uses before the first question.

NEW DATA

A personalised mRNA vaccine added to adjuvant pembrolizumab in melanoma

INTerpath-001, 1,137 patients with resected stage IIB–IV melanoma: recurrence-free survival at 24 months 82.2% with intismeran plus pembrolizumab against 70.0% with pembrolizumab alone (HR 0.58, 95% CI 0.45 to 0.75); distant metastasis-free survival HR 0.62. Grade 3 or worse adverse events 23.6% vs 20.3%; fever and injection-site pain in about half of vaccinated patients.

Abstract LBA1

GLOBAL HEADQUARTERS

The first phase 3 confirmation of an individualised neoantigen therapy, and the abstract leaked two days before its slot, so the market reading arrived before the clinical one. Two questions will frame the medical debate. The comparator was adjuvant pembrolizumab, while neoadjuvant pembrolizumab produced a similar hazard ratio in an earlier trial; and overall survival is not yet reported. The manufacturing model, a per-patient product made from tumour sequencing, sets the access question for the whole class.

REIMBURSED MARKET

Reimbursement will turn on two items the abstract does not settle: survival and cost per patient of a bespoke product. Payers will also ask whether neoadjuvant immunotherapy, already cheaper, achieves the same. A reimbursed market should prepare the comparison with neoadjuvant data and an estimate of the stage IIB–IV population that would qualify, together with sequencing capacity, before the first submission.

SELF-PAY MARKET

Interest from patients will be high and immediate, because the result was widely reported as a cancer vaccine. The product is not available outside trials, it requires tumour tissue for sequencing, and it is given with pembrolizumab. Physicians need a plain statement of status and of what the trial measured, recurrence rather than survival, so that expectations are set before the question arrives.

NEW DATA

Perioperative durvalumab with neoadjuvant enfortumab vedotin in cisplatin-ineligible bladder cancer

VOLGA, 695 patients with muscle-invasive bladder cancer ineligible for or refusing cisplatin: durvalumab plus enfortumab vedotin improved event-free survival (HR 0.51; 24-month rate 64% vs 45%) and overall survival (HR 0.58; 78% vs 69%) against cystectomy alone; pathological complete response 45% vs 10%. Adding tremelimumab improved event-free survival but not overall survival. Grade 3–4 treatment-related events 30% and 42%.

Abstract LBA2

GLOBAL HEADQUARTERS

A survival benefit in a population that has had no effective perioperative option: patients who cannot receive cisplatin. The doublet, not the triplet, carries the result, which simplifies the regimen and the claim. Positioning will be against the pembrolizumab–enfortumab perioperative programme in the same setting; the differentiation is three neoadjuvant cycles of enfortumab and a completed survival endpoint.

REIMBURSED MARKET

The population is defined by cisplatin ineligibility, which payers will want stated in measurable criteria (renal function, performance status, hearing, neuropathy). Budget impact combines an immunotherapy course with a short ADC course; the comparator is surgery alone, so the incremental cost is the whole regimen. Urology and oncology need a shared pathway, since the decision is made before cystectomy.

SELF-PAY MARKET

Where patients pay, the regimen is expensive and the benefit is measured over two years, so the conversation is about who gains most: those who cannot take cisplatin and are fit for surgery. Physicians should present the complete response and survival figures together, and note that a third of patients had grade 3–4 treatment-related events.

NEW DATA

Tarlatamab added to durvalumab maintenance in extensive-stage small cell lung cancer

DeLLphi-305, 563 patients without progression after first-line durvalumab plus platinum–etoposide: tarlatamab plus durvalumab improved overall survival against durvalumab alone (median 21.1 vs 12.7 months; HR 0.42) and progression-free survival (7.4 vs 1.9 months; HR 0.34). Grade 3 or worse adverse events 46.8% vs 40.6%; cytokine release syndrome in 49.6%, almost all low grade.

Abstract LBA3

GLOBAL HEADQUARTERS

An overall survival hazard ratio of 0.42 is rarely seen in small cell lung cancer. The result anchors durvalumab as the immunotherapy backbone of first-line treatment, because the maintenance combination was built on it. The operational question is the first dosing weeks: cytokine release syndrome in half of patients requires monitoring that not every centre can provide.

REIMBURSED MARKET

Reimbursement will be driven by the size of the effect, but uptake depends on capacity for step-up dosing with observation. A reimbursed market should map centres able to manage cytokine release syndrome and estimate the eligible maintenance population, which is limited to patients without progression after induction.

SELF-PAY MARKET

Families of patients with small cell lung cancer will ask about the combination as soon as it is reported. Physicians need to explain that it applies after first-line induction with durvalumab, that it requires hospital-based initiation, and that the median gain is about eight months.

QUESTIONS FROM THE FLOOR

A next-generation KRAS G12C inhibitor against the approved ones

Krascendo 1, 338 patients with previously treated KRAS G12C-mutated NSCLC: divarasib improved progression-free survival (median 9.8 vs 5.7 months; HR 0.58) and overall survival (17.7 vs 12.0 months; HR 0.56) against sotorasib or adagrasib; response 58.4% vs 32.3%. Grade 3–4 treatment-related events 24.6% vs 34.5%.

Abstract LBA5

GLOBAL HEADQUARTERS

A rare head-to-head trial within a drug class, with survival as well as progression-free survival in favour of the newer agent. It shifts the competitive frame for KRAS G12C from availability to potency and tolerability, and it will be cited by every company with a next-generation KRAS programme. For first-generation agents the medical response is limited to current availability and combination data.

REIMBURSED MARKET

A direct comparison against the approved standard makes the reimbursement case straightforward once the product is registered; until then, the trial sets expectations for price parity. Where first-generation agents are reimbursed, their value will be questioned in the next review.

SELF-PAY MARKET

Patients already on a first-generation inhibitor will ask whether to switch. The trial did not test switching; it compared treatments started after prior therapy. Physicians should say so, and note that divarasib is not yet registered.

NEW DATA

Osimertinib with savolitinib after osimertinib in MET-driven resistance

SAFFRON, 338 patients with EGFR-mutated NSCLC and MET overexpression or amplification after osimertinib: osimertinib plus savolitinib improved progression-free survival (HR 0.55) and overall survival (HR 0.68) against platinum–pemetrexed. Grade 3 or worse adverse events 64% vs 63%; discontinuation for adverse events 14% vs 8%.

Abstract LBA6

GLOBAL HEADQUARTERS

The first phase 3 evidence for an oral targeted option after osimertinib, defined by a biomarker. The claim depends on testing for MET at progression, by immunohistochemistry or FISH, which is not routine. The strategic work is therefore diagnostic as much as therapeutic: re-biopsy or liquid biopsy at progression, and thresholds (IHC 3+ in at least 90% of cells or at least 10 copies) that laboratories must adopt.

REIMBURSED MARKET

Payers will ask what share of osimertinib-progressing patients qualify and who pays for MET testing at progression. Both numbers should be estimated locally before submission, alongside the comparison with chemotherapy, the current standard.

SELF-PAY MARKET

An all-oral option is attractive to patients who want to avoid chemotherapy, and they will ask for it. Physicians need to explain that it requires a new biopsy or test at progression, and that serious adverse events were more frequent than with chemotherapy (41% vs 28%).

PIPELINE SIGNAL

A claudin 18.2 ADC improves survival in later-line gastric cancer

CLARITY-Gastric 01, 532 patients with CLDN18.2-positive gastro-oesophageal cancer after at least one prior therapy: sonesitatug vedotin improved overall survival in third or later line (median 10.0 vs 5.0 months; HR 0.47) and in the whole population (10.6 vs 6.4 months; HR 0.58). Progression-free survival did not reach significance. Grade 3 or worse treatment-related events 36.4% vs 44.8%.

Abstract LBA7

GLOBAL HEADQUARTERS

With G-HOPE-001 two days earlier, two claudin 18.2 ADCs now have phase 3 survival data in later-line gastric cancer, from different sponsors. CLARITY-Gastric 01 is global and includes patients with moderate claudin expression (25–75%), which widens the eligible population compared with zolbetuximab-based selection. The class will compete on population, survival and gastrointestinal tolerability; the progression-free survival result will be the point of challenge.

REIMBURSED MARKET

Testing for claudin 18.2 already exists where zolbetuximab is used; the change is the lower threshold. A reimbursed market should estimate the later-line population at 25% expression and above, and prepare for two competing ADCs arriving within a short interval.

SELF-PAY MARKET

Physicians will be asked which of the two claudin ADCs is better; there is no comparison between them, and the trials differ in population and region. The useful answer is about eligibility: claudin status, line of therapy, and registration status in the country.

QUESTIONS FROM THE FLOOR

A PD-1/VEGF bispecific outperforms durvalumab in biliary tract cancer

HARMONi-GI1, 682 patients with advanced biliary tract cancer: ivonescimab plus gemcitabine–cisplatin improved overall survival against durvalumab plus the same chemotherapy (median 14.9 vs 12.1 months; HR 0.75), progression-free survival (8.4 vs 5.8 months; HR 0.61) and response (53.8% vs 32.5%).

Abstract LBA8

GLOBAL HEADQUARTERS

Another phase 3 trial in which a PD-1/VEGF bispecific outperforms a checkpoint-inhibitor standard, this time against a current first-line regimen in biliary tract cancer. The abstract does not report where patients were enrolled; whether the result applies to the populations treated in Europe will be the first question from the field. For the incumbent the medical position rests on long-term survival data and broad clinical experience.

REIMBURSED MARKET

No immediate change: the product is not registered in most markets. Payers will note that the incumbent now has a randomised comparator that beat it, which may influence pricing discussions. Medical teams should know the regulatory timelines for the bispecific in their market.

SELF-PAY MARKET

Where patients can obtain drugs registered abroad, demand may arise. Physicians need the registration status in the country and the population of the trial before discussing it as an option.

NEW DATA

Savolitinib with osimertinib from the first line in MET-overexpressed EGFR-mutant lung cancer

SANOVO, 326 treatment-naïve patients in China with EGFR-mutant NSCLC and MET overexpression (IHC 2+/3+): savolitinib plus osimertinib prolonged investigator-assessed progression-free survival against osimertinib alone, 24.8 vs 11.1 months in IHC 3+ disease (HR 0.45) and 24.9 vs 13.8 months overall (HR 0.56). Median overall survival 44.5 vs 34.9 months (HR 0.48) at 38.7 months of follow-up. AE-related discontinuation 14.8% vs 4.3%, with median exposure 22.1 vs 12.9 months.

Abstract LBA69

GLOBAL HEADQUARTERS

A day after LBA6 tested the combination after osimertinib, SANOVO moves it to the first line for a biomarker-defined group. The overall survival estimate will be read together with its maturity and the therapies given after progression. The population was recruited in China only; the questions from outside China will be the applicability of the IHC cut-offs, access to MET immunohistochemistry, and the evidence that will support filings beyond China.

REIMBURSED MARKET

A first-line add-on requires MET immunohistochemistry at diagnosis, a test that is not yet part of routine EGFR work-up in many markets. Before the combination reaches formulary discussions, medical teams will need the proportion of patients who are MET IHC 3+ in their own population and the cost of adding the test to the diagnostic pathway.

SELF-PAY MARKET

Where patients pay for oral therapy themselves, the doubled treatment duration matters as much as the hazard ratio: expected cost scales with time on therapy. Physicians will ask for the test, the regulatory status of savolitinib in the country and how the combination compares with sequential use after progression.

PIPELINE SIGNAL

Two antibody–drug conjugates outperform chemotherapy after osimertinib

PANKU-Lung01 (iza-bren, an EGFR×HER3 bispecific ADC; 422 patients in China): progression-free survival 11.1 vs 5.7 months with platinum chemotherapy (HR 0.40), response 60.2% vs 34.5%, adjudicated ILD 0.9%. HERON-Lung01 (ruzaltatug rezetecan, a HER3 ADC; 498 patients): progression-free survival 8.3 vs 5.4 months (HR 0.47), response 60.0% vs 34.3%, ILD 2.4%. Overall survival is immature in both (HR 0.66 and 0.70).

Abstract LBA71, LBA72

GLOBAL HEADQUARTERS

After third-generation EGFR inhibitors, platinum doublet has been the comparator that new agents must beat, and two ADCs from Chinese developers did so in the same session. PANKU-Lung01 enrolled in China; both trials report interim overall survival only. The space after osimertinib now includes MET-directed combinations for MET-driven resistance and ADCs for unselected progression; the clinical question is sequencing, which neither trial addresses.

REIMBURSED MARKET

No immediate formulary decision: neither agent is registered outside China. Payers will, however, see the chemotherapy comparator challenged repeatedly, and health-technology assessments of second-line regimens will begin to ask which ADC data apply to local patients.

SELF-PAY MARKET

Patients who search for options after osimertinib will find these results quickly. Physicians need the registration status, the trial populations and the availability of global studies (iza-bren has one ongoing) before discussing them.

NEW DATA

First-line trastuzumab deruxtecan with pertuzumab in patients with brain metastases

DESTINY-Breast09, exploratory analysis of 61 patients with HER2-positive metastatic breast cancer and baseline brain metastases: CNS progression-free survival not reached with T-DXd plus pertuzumab vs 9.7 months with taxane–trastuzumab–pertuzumab (HR 0.26); CNS response 51.6% vs 26.7%; overall progression-free survival 36.5 vs 11.1 months.

Abstract LBA49

GLOBAL HEADQUARTERS

The analysis extends to the first line what DESTINY-Breast12 showed after prior therapy: intracranial activity of the conjugate in patients with stable brain metastases. It is exploratory and small (31 and 30 patients), so it supports the existing first-line position rather than creating a new claim; its value is in answering the question that clinicians ask first about patients with brain involvement.

REIMBURSED MARKET

Where first-line T-DXd plus pertuzumab is under reimbursement review, the subgroup addresses a population with high costs of local treatment (radiotherapy, surgery). The size of the subgroup means it will be cited as consistency, not as a separate economic argument.

SELF-PAY MARKET

For patients who pay for first-line therapy, brain metastases often drive the decision. Physicians will want the intracranial response rates and the durability (CNS response not yet reached its median) in a form they can show to patients.

NEW DATA

Endometrial cancer in the Presidential session: an ADC after immunotherapy and pembrolizumab without chemotherapy

TroFuse-005, 776 patients after platinum and anti-PD-(L)1: sacituzumab tirumotecan vs doxorubicin or paclitaxel, progression-free survival 7.2 vs 3.9 months (HR 0.59), overall survival 19.0 vs 12.1 months (HR 0.68), response 35.1% vs 17.3%. KEYNOTE-C93, 299 patients with dMMR advanced endometrial cancer: first-line pembrolizumab alone vs carboplatin–paclitaxel, progression-free survival 38.2 vs 8.4 months (HR 0.57), overall survival HR 0.77 (immature), grade ≥3 treatment-related AEs 18.1% vs 50.7%.

Abstract LBA11, LBA12

GLOBAL HEADQUARTERS

Both trials address the sequence after immunotherapy has moved into the first line. TroFuse-005 shows an overall survival gain for a TROP2 ADC over single-agent chemotherapy in patients previously treated with platinum and anti-PD-(L)1 therapy. KEYNOTE-C93 raises the question of chemotherapy-free first-line treatment for dMMR disease; its comparator was chemotherapy alone, not the current chemo-immunotherapy standard, which will frame the discussion of where it fits.

REIMBURSED MARKET

For dMMR disease, a chemotherapy-free regimen with fewer severe adverse events changes the cost structure of first-line care (infusions, supportive care), but the comparison payers will request is against chemo-immunotherapy. For second-line, the overall survival gain gives health-technology assessment a clear endpoint.

SELF-PAY MARKET

In self-pay settings the duration of pembrolizumab (18 cycles every 6 weeks) and the treatment-free interval after it will shape the discussion with patients; for the ADC, its registration status in the country is the first question.

QUESTIONS FROM THE FLOOR

Reducing immunotherapy frequency in responding patients did not prove non-inferior

MOIO, academic phase 3 in 36 French centres, 340 patients responding after six months of standard checkpoint inhibitors: dosing every three months vs standard schedule, median progression-free survival 21.9 vs 25 months (HR 1.35, crossing the futility boundary), overall survival HR 2.0 (95% CI 1.1–3.9). Effects differed by tumour type: HR 2.9 in urothelial, 1.6 in lung, 0.7 in renal cell cancer. Grade 3–4 immune-related AEs were similar.

Abstract LBA10

GLOBAL HEADQUARTERS

The trial was designed to test a cost-saving schedule and found a signal of harm in the overall population. It does not address extended-interval regimens with adjusted doses, which are a different question, but it will be cited whenever de-escalation is proposed without tumour-specific data.

REIMBURSED MARKET

Health systems that considered spacing immunotherapy to contain budgets now have a randomised result against a uniform approach. Discussions of treatment duration and dosing intervals will need tumour-specific evidence rather than extrapolation across indications.

SELF-PAY MARKET

Patients paying for immunotherapy often ask whether they can space or stop doses. MOIO gives physicians a randomised answer for most tumour types; the renal cell signal is exploratory and should not be presented as a recommendation.

PIPELINE SIGNAL

A B7-H3 ADC in relapsed osteosarcoma reaches the Presidential session

ARTEMIS-011, 122 patients in China with osteosarcoma after at least two prior lines (a quarter aged 12–18): risvutatug rezetecan (HS-20093/GSK5764227) vs gemcitabine–docetaxel, progression-free survival 5.5 vs 1.4 months (HR 0.33); overall survival immature (HR 0.51). Grade ≥3 TEAEs 92.5% vs 83.3%, mainly haematological.

Abstract LBA9

GLOBAL HEADQUARTERS

A randomised phase 3 result in relapsed osteosarcoma is rare; the trial also includes adolescents, which matters for paediatric development plans. The global rights holder will be asked how the Chinese data will be complemented elsewhere, and how the high rate of severe haematological toxicity will be managed in younger patients.

REIMBURSED MARKET

Rare-disease pathways will be the route to access; payers will look for overall survival and quality-of-life data before the median progression-free gain of about four months is translated into value.

SELF-PAY MARKET

Families of young patients with relapsed osteosarcoma actively search for trials and new agents. Physicians will need the trial eligibility, the toxicity profile and where the agent can be obtained.

WHAT A CLIENT RECEIVES

Built around one product and one market

This page shows the method on public data. A commissioned report is narrower and deeper: your molecule, your competitors, your countries.

Before the congress

Preview and agenda

Every abstract and session that touches your product and its competitors, ranked by relevance, with a day-by-day plan.

Within 48 hours

Field brief

New data, the questions physicians will raise and suggested answers, written for the local label and reimbursement rules.

Within one week

Slide kit and summary report

Referenced slides for medical teams and a 10 to 15 page report: endpoints, methods, results, implications.

During and after

Social listening

What clinicians, patients and investors say about your product, by language and country.

After the congress

Debrief session

A 45-minute walkthrough for regional medical teams, with local experts where needed.

Next: SABCS and ASH, December 2026

Tell us the product and the markets. The preview goes out a week before the congress opens.

SOURCES

Everything cited on this page, in one list

Numbered in the order they appear. Abstract numbers open the abstract in the explorer above, and from there on the congress platform; posts open on the platform where they were published. All figures were read at the data cut-off and can have changed since.

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METHOD AND LIMITATIONS

- Base: 4,413 abstracts on the ESMO Congress 2026 programme platform (late-breaking, proffered paper, mini oral, poster, ePoster, trial-in-progress and cancer nursing abstracts), read in full as released. Country is the city and country given for the first author.
- Tumour types follow the programme topic or session; study types and molecules are assigned by keyword rules applied to abstract text and titles. Categories overlap, and counts are indicative.
- Company sponsorship counts abstracts that name the company as the legal entity responsible for the study or as a funder. Company employees among authors without such a statement are not captured, so industry involvement is understated.
- Social data: 10,972 unique public posts on X, 20 to 26 October 2026, 14:50 UTC, collected through congress, product, pipeline, hashtag and stock-ticker searches; 2,585 of them name at least one of the products shown. Keyword search does not return every post. Investor share is the proportion of posts that contain a stock ticker. LinkedIn: 3,023 unique public posts, 19 Oct to 26 Oct, found through congress, product and trial searches without logging in (public posts only, no views exposed, search caps mean a sample rather than a census); 2,725 were relevant and labelled with the same scheme.
- Results quoted in the field brief come from abstracts released by ESMO up to the cut-off and have not been checked against the presentations or the simultaneous journal publications. Indirect and observational comparisons are reported as such.

- Several products mentioned are investigational and not approved. This page is an independent analysis for medical and scientific audiences. It is not promotional material and not medical advice. Medical Adviser's Group is not affiliated with ESMO.

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