Olomorasib And Immunotherapy In Stage II-III *KRAS* G12C-Mutant NSCLC after Definitive Therapy: SUNRAY-02 Study Rationale

Sal Bottiglieri (Non-author Presenter)[1], Jamie Chaft[2], Marina Garassino[3], JhanelleGray[4], Jay Lee[5], Se Hoon Lee[6], JulienMazieres[7], Ernest Nadal[8], Joel Neal[9], Marcelo Negrao[10], Sanjay Popat[11], Suresh Senan[12], Michael Thomas[13], MasahiroTsuboi[14], Martin Benes[1], Hui Liu[1], Jian Liu[1], Qinli Lily Ma[1], Grace Segall[1], Tarun Puri[1], Yi-LongWu[15]

[1]Eli Lilly and Company, Indianapolis, United States of America; [2]MSKCC - Memorial Sloan Kettering Cancer Center, New York, United States of America; [3]Department of Medicine, University of Chicago – Department of Medicine, Chicago, United States of America; [4]Department of Thoracic Oncology, Moffitt Cancer Center, Tampa, FL, United States of America; [5]Department of Thoracic Surgery, UCLA - David Geffen School of Medicine, Los Angeles, United States of America; [6]Department of Medical Oncology, Samsung Medical Center (SMC), Seoul, Republic of Korea; [7]Thoracic Oncology Department, Centre Hospitalier Universitaire de Toulouse - Hopital Larrey, Toulouse, France; [8]Medical Oncology Department, ICO - Institut Català d'Oncologia l'Hospitalet (Hospital Duran i Reynals), L'Hospitalet De Llobregat, Spain; [9]Oncology, Stanford University School of Medicine, Stanford, United States of America; [10]Thoracic/Head & Neck Medical Oncology Dept., The University of Texas MD Anderson Cancer Center - Main Building, Houston, SP, United States of America; [11]Department of Medicine, The Royal Marsden Hospital - NHS Foundation Trust, London, United Kingdom; [12]Radiation Oncology Department PK-1, Amsterdam UMC - Vrije University Medical Centre (VUmc), Amsterdam, Netherlands; [13]Thoracic Oncology department, Thoraxklinik Heidelberg gGmbH, Heidelberg, Germany; [14]Thoracic Surgery and Oncology Dept., National Cancer Center Hospital East, Kashiwa, Japan; [15]Lung Cancer Institute, Guangdong Province People's Hospital, Guangzhou, China

Sponsored by Eli Lilly and Company

OBJECTIVE

- Provide pre-clinical and clinical evidence and real-world data as rationale for SUNRAY-02

CONCLUSION

- The innovative design elements of SUNRAY-02 make it an attractive study, and coupled with the mechanism of action, and duration of therapy provide real opportunities for improvement over SOC for patients with early-stage KRAS G12C mutant NSCLC

Florida Society of Clinical Oncology (FLASCO) 2026 Spring Session
Orlando, FL | April 10-11, 2026

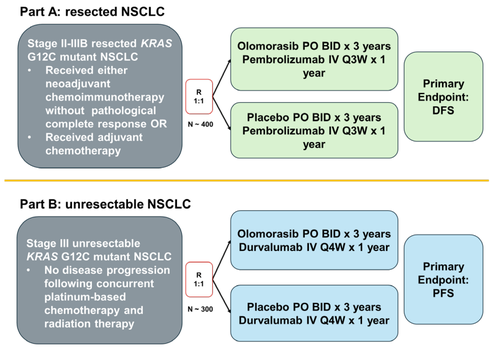
Scan the QR code for access to poster.

Other company and product names are trademarks of their respective owners.

BACKGROUND

- Up to half of patients with early-stage non-small cell lung cancer (NSCLC) die from recurrent/metastatic disease after curative-intent therapy[1-3].
- *KRAS* mutations are the most common oncogenic driver in NSCLC, with *KRAS* G12C mutations accounting for 40% of KRAS mutations in NSCLC[4,5]. Despite the relative frequency of KRAS G12C mutations, no KRAS G12C inhibitor (KRAS G12Ci) has been approved for early-stage NSCLC, representing a significant treatment gap.
- Olomorasib is a potent and highly selective next-generation KRAS G12Ci which has demonstrated promising antitumor[6-8] and intracranial activity[9] and a manageable safety profile in patients with *KRAS* G12C mutant metastatic NSCLC[6].
- Preclinical studies have shown that *KRAS* G12Ci can reverse *KRAS*-mediated immune suppression[10], creating an inflamed tumor microenvironment highly responsive to immunotherapy (IO)[11,12].

SUNRAY-02 CLINICAL TRIAL DESIGN



- Innovative design features:
  - Incorporate two phase 3 trials in a single protocol to address the full spectrum of stage II-III NSCLC treatment options
  - Accommodates current SOC options and evolving treatment landscape
  - Enrollment is based on local or sponsor-enabled biomarker testing
  - Reduced operational burden (e.g., eliminating central and triplicate ECG)
- Participants will receive combination treatment for up to approximately 1 year, followed by olomorasib or placebo monotherapy to complete up to 3 years of total treatment
- Primary objective: to determine the efficacy of olomorasib in combination with SOC immunotherapy

Majority of recurrence or progression events in early-stage NSCLC occur in the first 3 years, providing a rationale for the 3-year treatment duration in SUNRAY-02

About 16-30% of patients with resected NSCLC have a disease recurrence within the 1st year, and 50% of patients within 3 years, supporting the need to intensify therapy within the 1st year and benefit of continued therapy up to 3 years.

Estimations of Recurrence Rate based on EFS or DFS : Resected NSCLC with SOC			
Trial Name	**12-month**	**24-month**	**36-month**
Neoadjuvant/Perioperative studies (patients without pathological complete response)			
CheckMate 816: Nivolumab [13]	~ 31%	~ 48%	~ 60%
KEYNOTE-671: Pembrolizumab [14]	~ 32%	~ 45%	~ 51%
CheckMate 77T: Nivolumab [15]	~ 27%	~ 41%	/
AEGEAN: Durvalumab [16]	~ 32%	~ 41%	~ 47%
Adjuvant studies			
IMpower010: Atezolizumab [17]	~ 16%	~ 29%	~ 42%
PEARLS/ KEYNOTE-091: Pembrolizumab[18]	~ 21%	~ 33%	~ 42%

About 45% of patients with unresectable NSCLC have disease progression within the 1st year, and 60% of patients within 3 years, supporting the need to intensify therapy within the first year and benefit of continued therapy up to 3 years.

Estimations of Progression Rate based on PFS: Unresectable NSCLC with SOC					
Trial name	**12-month**	**24-month**	**36-month**	**48-month**	**60-month**
PACIFIC [19]	~ 45%	~ 55%	~ 60%	~ 65%	~ 67%

REFERENCES

1. van den Berg *et al .2015; J Thorac Oncol* 10, 826-831 (2015). **2.** Grass *et al. 2019; Clinical Lung Cancer* 20, e1-e7 (2019). **3.** Schneider, B. J. *et al.* 2020; *J Clin Oncol* 38, 753-766 (2020). **4.** Bruno, R. *et al. 2024; Cancers (Basel)* 16 (2024). **5.** Reck, M. *et al.* 2023; *Journal of Clinical Oncology* 41, 8522-8522 (2023). **6.** Burns, T. F. *et al.* 2025; *Journal of Thoracic Oncology* (2025). **7.** Johnson, M. L. *et al. 2025; Journal of Thoracic Oncology* 20, S59 (2025). **8.** Heist, R. S. *et al.* 2024; *Journal of Clinical Oncology* 42, 3007-3007 (2024); **9.** Cassier, P. *et al. 2024; Annals of Oncology* 36, S992-S993 (2025). **10.** Singhal, A. et al. 2024;. *Nature Medicine* 30, 969-983 (2024). **11.** Molina-Arcas, et al. 2024; *Cancer Cell* 42, 338-357 (2024). **12.** Boumelha, J. et al. 2023; *Clinical Cancer Research* 29, 5012-5020 (2023). **13.** Forde, P. M. *et al.* 2022; *N Engl J Med* 386, 1973-1985 (2022). **14.** Wakelee, H. *et al.* 2023; *N Engl J Med* 389, 491-503 (2023). **15.** Cascone, T. *et al.2024; New England Journal of Medicine* 390, 1756-1769 (2024). **16.** Heymach, J. V. *et al.2023; N Engl J Med* 389, 1672-1684 (2023). **17.** Felip, E. *et al.2021; The Lancet* 398, 1344-1357 (2021). **18.** O'Brien, M. *et al.2022; The Lancet Oncology* 23, 1274-1286 (2022). **19.** Spigel, D. R. *et al. 2022; Journal of Clinical Oncology* 40, 1301-1311 (2022).

ABBREVIATIONS

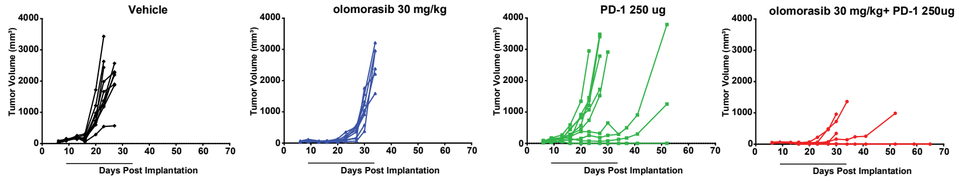
BID = twice daily; CRT=chemoradiotherapy; CT+IO=chemoimmunotherapy; DFS = disease-free survival; IO=Immunotherapy; IV = intravenous; KRAS = KRAS oncogene; NA=neoadjuvant; ORR, objective response rate; PFS = progression-free survival; PD-L1, programmed cell death-ligand 1; SOC, standard of care Q3W = every 3 weeks; Q4W = every 4 weeks.

ACKNOWLEDGMENTS: We thank the patients and their caregivers for their participation in this study. We also thank the study investigators and their support staff, and the entire SUNRAY-02 clinical trial team. Medical writing assistance was provided by Simone Calabrese and was funded by Eli Lilly and Company.

RATIONALE FOR THE COMBINATION OF OLOMORASIB AND IO

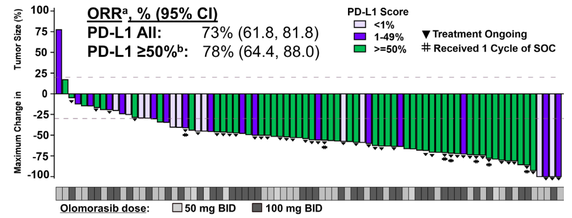
Therapeutically synergistic or additive effect of *KRAS* G12Ci in combination with PD-(L)1 inhibitors in xenograft models, along with promising clinical data combining olomorasib and pembrolizumab in 1L advanced/metastatic NSCLC

Preclinical data



Data on file;
In vivo efficacy of olomorasib in combination with anti-PD1 antibody in KRASG 12C mutant CT26 syngeneic mouse model. (n=10 mice). Tumor volume was measured at indicated time points.

Clinical data: Efficacy of 1L Olomorasib + Pembrolizumab



Data from Johnson et al. 2025; Data presented at WCLC 2025.
Data cutoff date of 06 Jun 2025. Median time to response was 1.4 months. [a.] Efficacy evaluable patients (n=84) are those who had at least one post-baseline response assessment or had discontinued treatment before the first post-baseline response assessment. Data for 1 patient are not shown in the waterfall plot due to incomplete target lesion assessment. [b.] N=54 patients had PD-L1 expression ≥50%.

Real-world data

SUNRAY-02 Part A includes patients with resected NSCLC who have completed neoadjuvant (NA) chemoimmunotherapy (CT+IO) and surgery:

- Real-world data show that adjuvant IO is used in approximately 47% of patients with *KRAS* G12C-mutant NSCLC after NA CT+IO, and in approximately 58% of patients with any *KRAS* mutation

SUNRAY-02 Part B includes patients with unresectable NSCLC who have no disease progression following concurrent platinum-based chemotherapy and radiation therapy:

- Real-world data show that durvalumab is used in approximately 66% of patients with *KRAS* G12C-mutant NSCLC and approximately 63% of patients with any KRAS mutation after receiving concurrent chemoradiotherapy

Resected NSCLC[a]			
	Overall	**KRAS+ [b]**	**KRASG12C+**
Stage II-IIIA resected	3733	669	267
NA systemic therapy	830 (22%)	68 (10%)	30 (11%)
NA CT+IO	651 (17%)	43 (6%)	17 (6%)
Adjuvant IO after NA CT+IO	395 (61%)	25 (58%)	8 (47%)
Unresected NSCLC[a]			
	Overall	**KRAS+ [b]**	**KRASG12C+**
Stage IIIA-IIIC unresected	7013	895	358
Initiated CRT	4987 (71%)	598 (67%)	230 (64%)
Initiated consolidation therapy after CRT	3623 (73%)	447 (75%)	177 (77%)
Initiated consolidation durvalumab	3232 (65%)	379 (63%)	152 (66%)

[a] This study used the US-based, electronic health record-derived deidentified Flatiron Health Research Database. Stage II-IIIC patients diagnosed between January 2023 and February 2025 (with data through August 2025 as follow-up), who had no EGFR/ALK alteration, were included
[b] Any KRAS mutation

DISCLOSURE

Financial interests: Sal Bottiglieri: Financial Interests, Personal, Stocks/Shares: Eli Lilly; Financial Interests, Personal, Full or part-time Employment: Eli Lilly.

Reused with permission: Previously presented at European Lung Cancer Congress 2026 Copenhagen, Denmark; March 25-28, 2026

Copyright ©2026 Eli Lilly and Company. All rights reserved.