The authors declare no conflict of interest.

- First-line treatment for advanced NSCLC without targetable genomic alterations is based mainly on immunotherapy alone or combined with chemotherapy, but further improvement in outcomes is needed. TROP2-targeted ADCs may enhance PD-1/L1 blockade through cytotoxicity and immune activation.
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, has shown manageable safety and encouraging preliminary antitumor activity across explored dose levels in previously treated NSCLC.

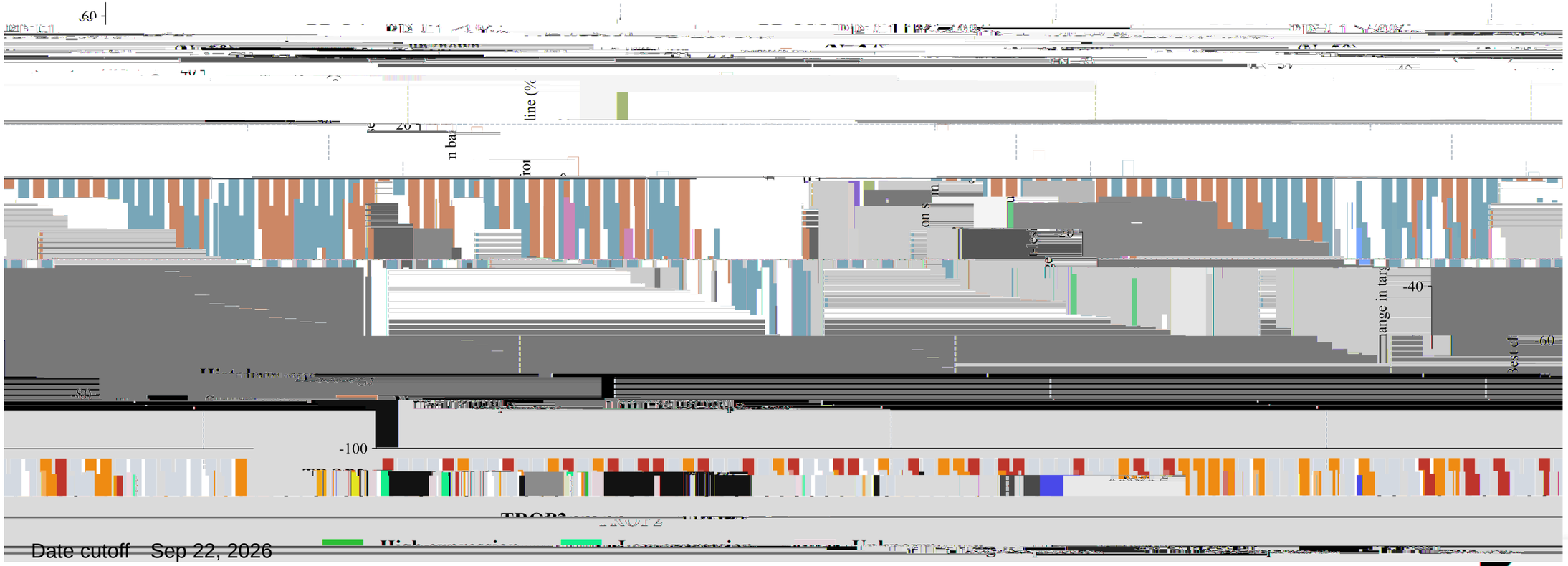
- Pathologically confirmed stage IIIBïIV NSCLC
- No prior systemic treatment
- No EGFR mutation or ALK rearrangement
- ECOG PS 0ï1
- Archived tumor tissue or a new biopsy required

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- 104 patients recruited in China, and no new safety signals were observed.
- Anemia and stomatitis were the most common TRAEs, with few treatment-related discontinuations.

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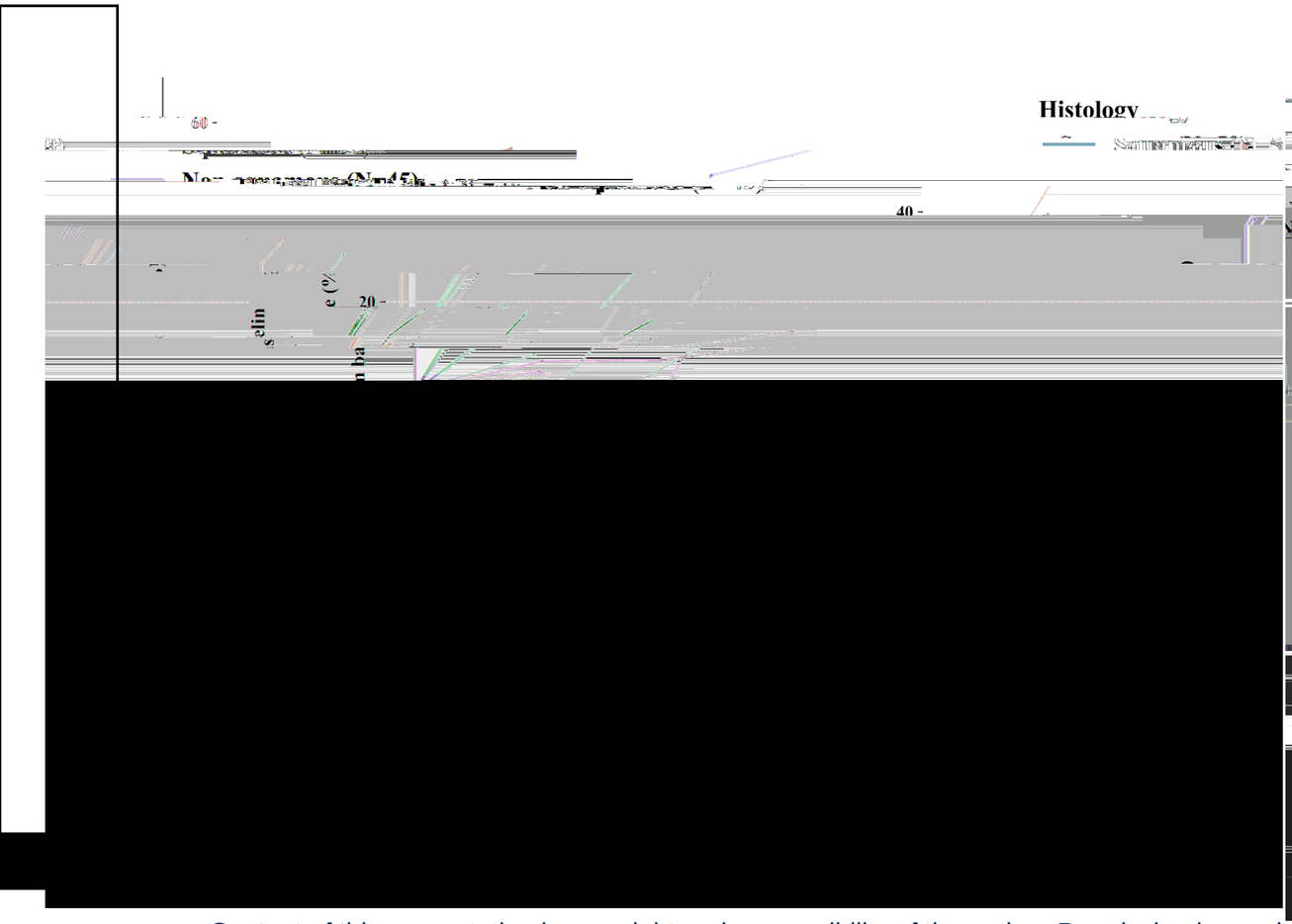
- At a median follow-up of 8.9 months (range, 7.9ï9.5), the overall ORR was 61.2%, with higher response rates observed with increasing PD-L1 expression: 47.2% in TPS <1%, 58.6% in TPS 1%ï49%, and 83.3% in TPS Ó50%.
- Tumor shrinkage and objective responses were observed across PD-L1 subgroups, histologic subtypes, and TROP2 expression categories.

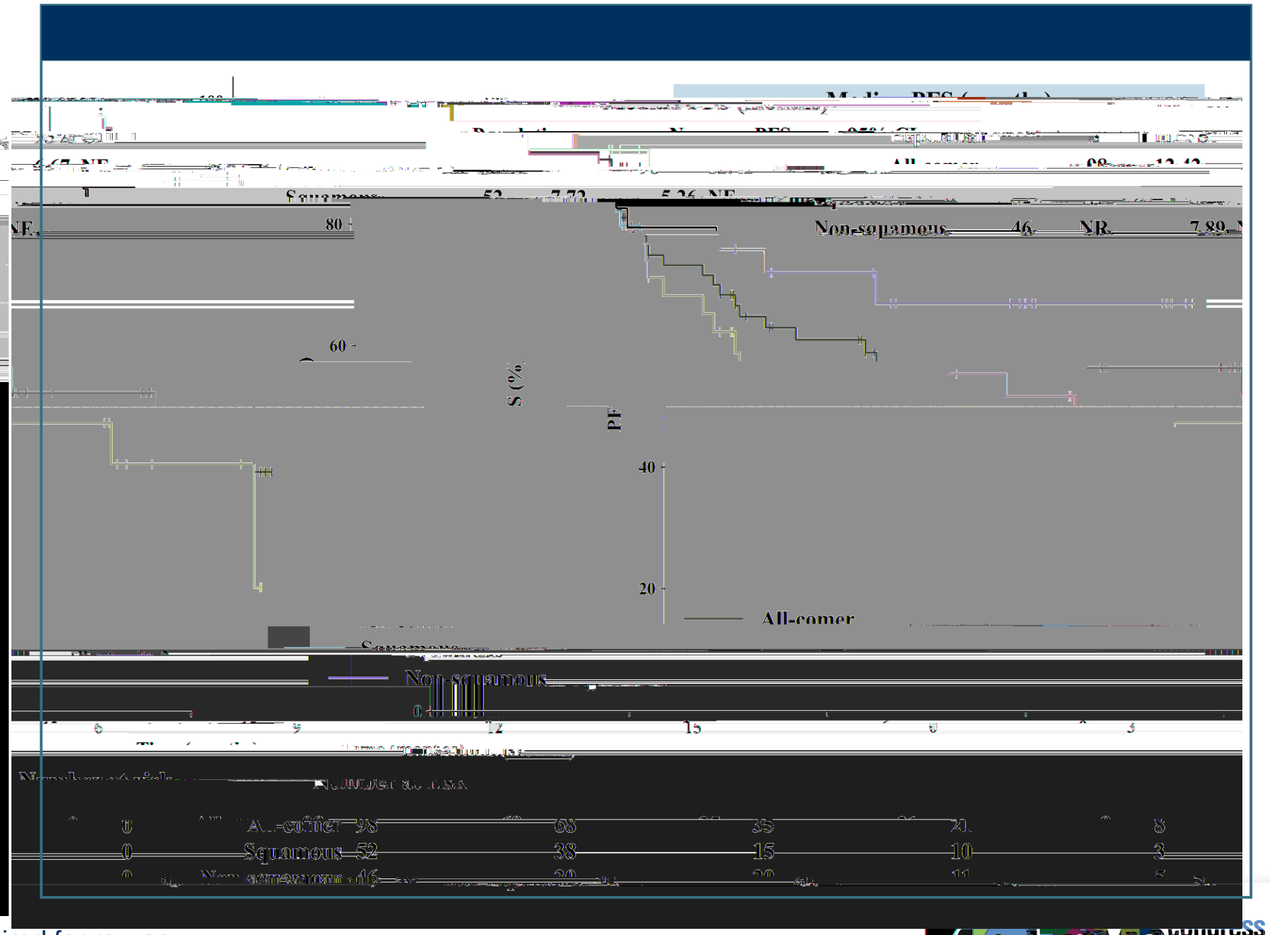


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- The efficacy spider plot demonstrates that the majority of patients exhibited target lesion shrinkage at their first evaluation, and maintained tumor control across subsequent assessments.
- Patients across different histology types all demonstrated a PFS benefit. Median PFS was 12.42 (6.67-NE) monthes, with 7.72 months in patients with squamous NSCLC and was not reached in patients with non-squamous NSCLC.





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Overall ORR was with a median PFS of (95% CI, 6.67ïNE); in non-squamous NSCLC, ORR was and median PFS was (95% CI, 7.89ïNE).

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Thank you to all the participating patients and their families.

Thank you to all participating sites.

The BAT-8008+1308-002 study was sponsored by Guangzhou Bio-Thera Solutions, Ltd.