

Oncology Pulse

Bluestar
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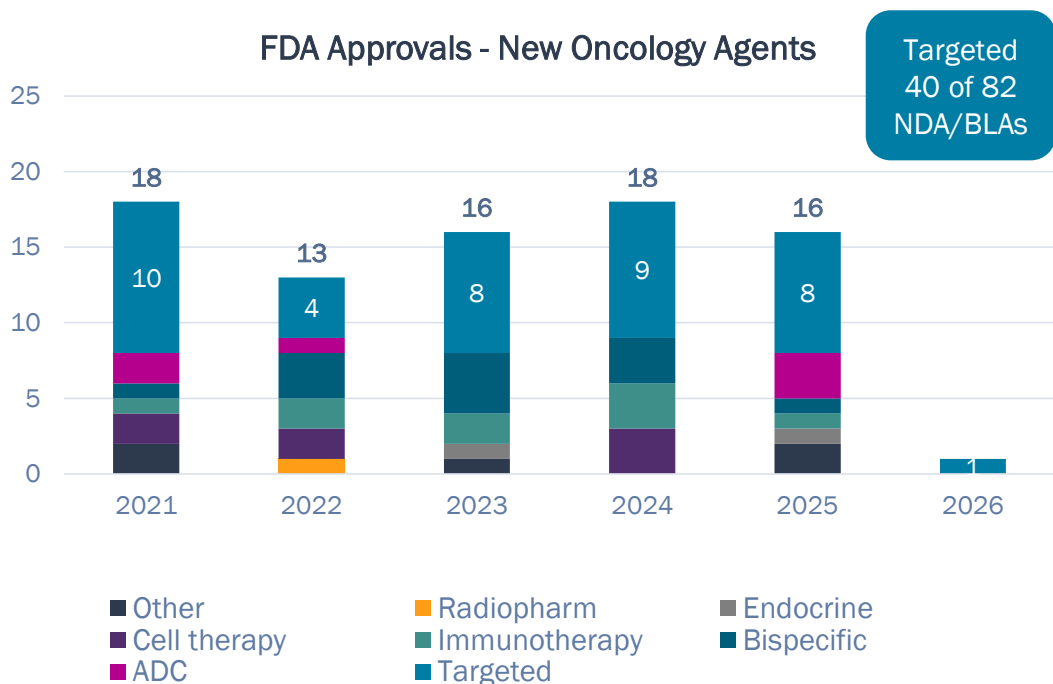
Disruptors and Trends for 2026

March 2026

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Targeted therapy has been the driver of new oncology approvals in recent history, but a more diverse mix of MOAs have been approved in the past few years

New Oncology Agents – 2021 to Present



Targeted therapies account for <50% of new approvals in past 5 years, down from >65% in the prior 5 years

Half of drugs approved in 2024 had novel targets, while 2025 only had 3

The first cell therapies and T-cell engager for solid tumors approved in 2024

Wave of ADC dealmaking yet to crest in clinical practice - Datroway (TROP2) and Emrelis (MET) first new ADCs approved in 3 years

Of the 16 drugs first approved in 2025, there were few new MOAs, and all were approved for niche populations

2025 New Oncology Agents

	Targeted	Cell/Gene Therapy	IO	Bispecific	ADC	Endocrine	Radiopharm/Other
Approved	Avmapki (RAS) + Fakzynja (FAK) Ibtrozi (ROS1) Zegfroy (EGFRex20) Modeyso (ClpP/DRD2) Hernexeos (HER2) Komzifti (menin) Hyrnuo (HER2)		Penpulimab (PD-1)	Lynozytic (BCMAxCD3)	Datroway (TROP2) Emrelis (MET) Blenrep (BCMA)	Inluriyo (oSERD)	Inlexzo (chemo) Zusduri (chemo)
Filed	Relacorilant (GR)	Tabelecleucel (EBV) Orca-T (T-cells)	RP-1 (oncolytic virus) Sasanlimab (PD-1)	Odronextamab (CD20xCD3)	Patritumab-DXd	Vepdegestrant (oSERD) Camizestrant (oSERD)	
Filing Expected	Rusfertide (hepcidin) Zanzalintinib (multi-TKI) Bemarituzumab (FGFR) Gedatolisib (PI3K) Iberdomide (CELMoD) Ozekibart (DR5)					Giredestrant (oSERD)	
Pivotal Readout Expected in 2025	Ceralasterib (ATR) Bezuclastinib (KIT)		Fianlimab (LAG-3) Galinpepimut-S (WT1)		Zilovertamab vedotin (ROR1)		

Novel MOA approvals: Avmapki+Fakzynja for KRAS^m low grade serous ovarian cancer (LGSOC), Modeyso for H327m diffuse midline glioma, and Emrelis for 2L+ cMET-high NSCLC

Among the most exciting potential filings/approvals for 2026 are Roche's next gen G12Ci, divarasib, RevMed's pan-RAS, daraxonrasib, and Summit's PD-1xVEGF, ivonescimab

2026 New Oncology Agents

	Targeted	Cell/Gene Therapy	IO	Bispecific	ADC	Endocrine	Radiopharm/Other
Approved	Lifyorli (GR)						
Filed	Gedatolisib (PI3K) Sonrotoclax (bcl-2) Zidesamtinib (ROS1) Zipalertinib (EGFRex20) Zanzalintinib (multi-TKI) Bezaclustinib (KIT) Rusfertide (hepcidin)	Tabelecleucel (EBV) Orca-T (T-cells) Anito-cel (BCMA)	RP-1 (oncolytic virus) Sasanlimab (PD-1) Crestostimogene grenadenorepvec (oncolytic virus)	Odronextamab (CD20xCD3) Ivonescimab (PD-1xVEGF)	Pivekimab sunirine (CD123)	Vepdegestrant (oSERD) Camizestrant (oSERD) Giredestrant (oSERD)	177Lu-DOTATOC Pegargiminase
Filing Expected	Iberdomide (CELMoD) Ozekibart (DR5) Mezigodomide (celMOD)						
Pivotal Readout Expected in 2026	Divarasib (G12C) Daraxonrasib (panRAS) Mevrometostat (EZH2)		Fianlimab (LAG-3) Galinpepimut-S (WT1) Gotistobart (CTLA4)	SSGJ-707 (PD- 1xVEGF)	Sonesitatug vedotin (claudin18.2) Sigvotatug vedotin (IB6) Trastuzumab pamirtecan (ER2)		

Drugs to watch in 2026:

- Roche's **divarasib** (G12Ci) represents a potential 2nd generation, going head-to-head against approved sotorasib and adagrasib in 2L NSCLC
- RevMed's **daraxonrasib** (panRAS) could change 2L PDAC, cracking open the KRAS market beyond G12C inhibitors
- **Ivonescimab** (Summit, PD-1xVEGF) filed for 2L+ EGFRm NSCLC – will FDA approve despite lack of OS benefit at final analysis?

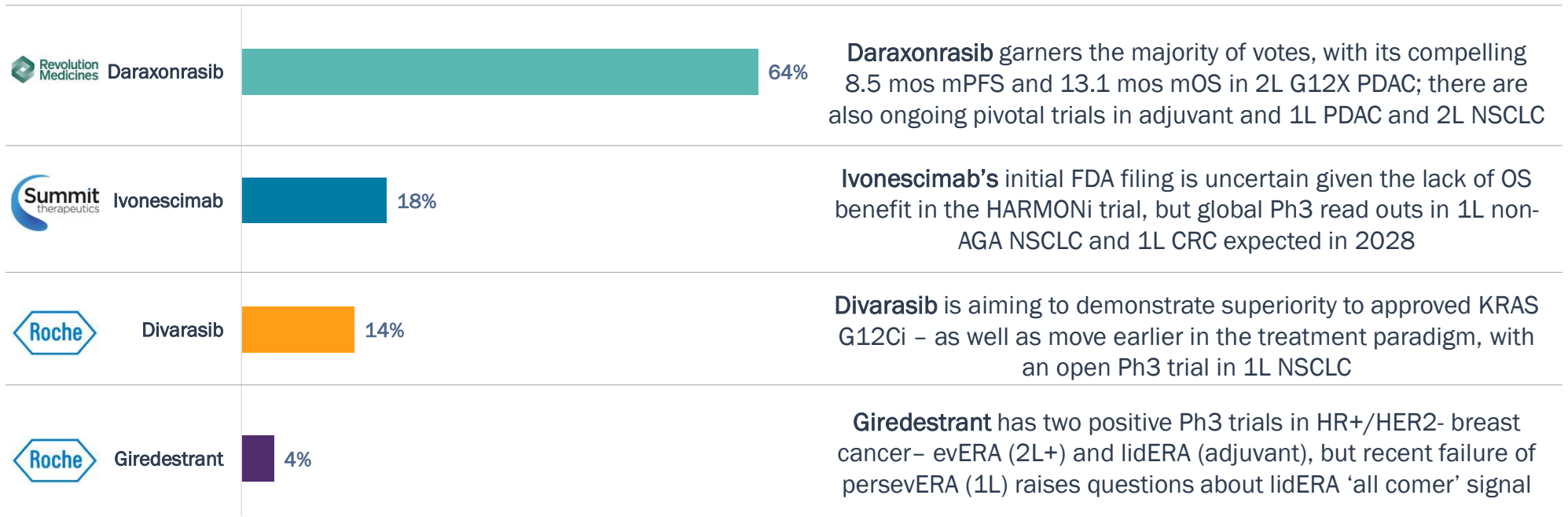
Source: TrialTrove; FDA; Company financial reports; Bluestar analysis

Bold = novel target; ~~Crossout~~ = Negative trial or filing outcome

In a Bluestar poll, most selected daraxonrasib as the pivotal-stage drug with greatest potential disruption potential; there is more uncertainty around each of the other poll options

Bluestar Poll

Which Potential 2026 Approval or Pivotal Read Out Will Have the Most Impact on the Oncology Treatment Landscape?



Key Trends and Questions for 2026

Key Trends...

Novel treatment modalities (IO, targeted therapies, ADCs,) are securing approval in the early-stage setting

Selecting the 'right' patient and right duration: using ctDNA/MRD to determine treatment

Same target - different modality: defining the optimal positioning and sequencing for ADCs, T-cell engagers, radioligands, cell therapies

The next wave of innovation: bispecifics (two targets, or three!, are better than one), in vivo CART, novel ADC payloads, and degraders

...Emerging Questions

How will these therapies impact the metastatic drug-treated population? Will recurrent patients be eligible for retreatment or need novel options (pushing up 2L)?

Are surrogates like ctDNA and MRD ready for prime time in liquid and solid tumors? Should they be used to inform treatment escalation or de-escalation?

Which approach is best – by tumor, setting, patient characteristics? What drives resistance - Can the same target be used across lines of therapy?


Is the next wave of truly innovative molecules on the way? How can these new approaches address unmet need?

Our oncology team publishes regular thought pieces and podcasts on key emerging topics

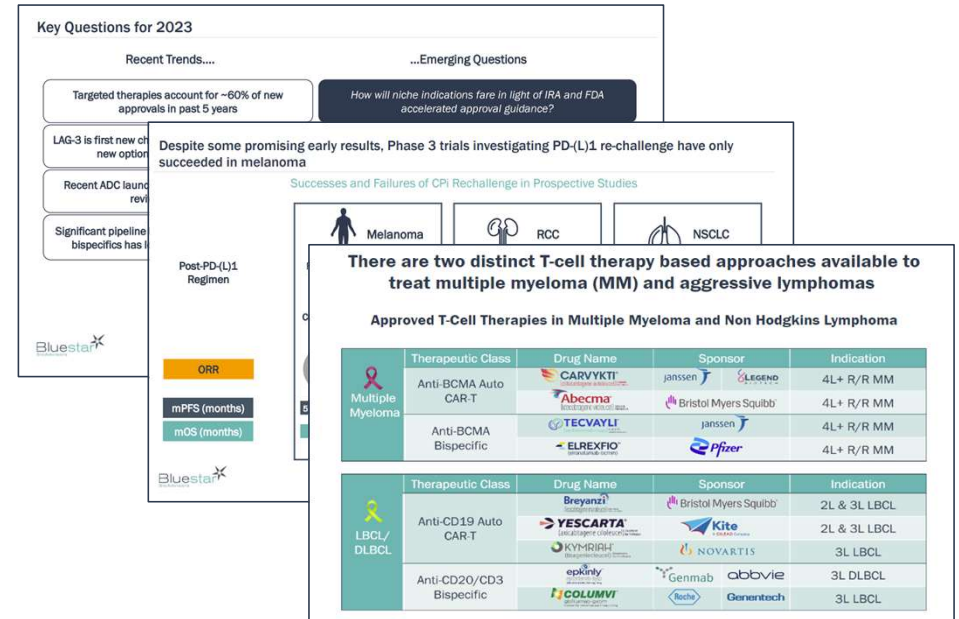
Oncology Pulses and Biotech Matters Podcasts

Pulse Challengers to Auto CAR-T in Liquid Tumors

Pulse Flight to Safety or Breakthrough? Resurgence of ADCs and Radiopharmaceuticals

Pod-cast  ADC Alchemy: A Post-ASCO Discussion

Pulse Oncology's Red and Blue Oceans: Survival Gains vs. Persistent Gaps



Key Questions for 2023

Recent Trends... Targeted therapies account for ~60% of new approvals in past 5 years

...Emerging Questions How will niche indications fare in light of IRA and FDA accelerated approval guidance?

LAG-3 is first new checkpoint inhibitor (CPI) approved in 5 years

Recent ADC launches have significantly increased

Significant pipeline bispecifics has launched

Despite some promising early results, Phase 3 trials investigating PD-(L)1 re-challenge have only succeeded in melanoma

Successes and Failures of CPI Rechallenge in Prospective Studies

Melanoma RCC NSCLC

Post-PD-(L)1 Regimen

ORR

mPFS (months)

mOS (months)

There are two distinct T-cell therapy based approaches available to treat multiple myeloma (MM) and aggressive lymphomas

Approved T-Cell Therapies in Multiple Myeloma and Non Hodgkins Lymphoma

	Therapeutic Class	Drug Name	Sponsor	Indication
Multiple Myeloma	Anti-BCMA Auto CAR-T	CARVYKTI	Janssen / Legend	4L+ R/R MM
	Anti-BCMA Bispecific	Abecma, TECVAYLI, ELREXFIO	Bristol Myers Squibb, Janssen, Pfizer	4L+ R/R MM
LBCL/ DLBCL	Anti-CD19 Auto CAR-T	Breyanzi	Bristol Myers Squibb	2L & 3L LBCL
		YESCARTA	Kite	2L & 3L LBCL
	Anti-CD20/CD3 Bispecific	KYMRIDH, epcorin, COLUMVI	Novartis, Genmab/Abbvie, Roche/Genentech	3L DLBCL

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