

OncoVantage

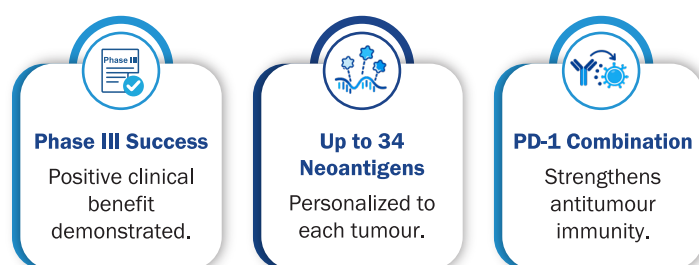
Insights into global breakthroughs in cell-based therapies

PERSONALIZED CANCER VACCINE | ALLOGENEIC CAR-T | RAS INHIBITOR | BLOOD-BASED CRC SCREENING

Personalized mRNA Cancer Vaccine in Melanoma: Phase III Trial Demonstrates Clinical Benefit of the Vaccine

The Phase III INTERpath-001 trial (NCT05933577) demonstrated that **Intismeran autogene (V940/mRNA-4157)**, an individualized mRNA neoantigen therapy, combined with pembrolizumab, improved outcomes compared with pembrolizumab alone in patients with completely resected stage IIB–IV melanoma. The trial enrolled 1,137 patients and met primary endpoint of recurrence-free survival (RFS) and key secondary endpoint of distant metastasis-free survival (DMFS), showing a significant reduction in melanoma recurrence and distant spread.

Personalized mRNA Vaccine Shows Clinical Benefit in Melanoma



Clinical Implications

- ▶ First positive Phase III result for an individualized neoantigen therapy, supporting personalized cancer vaccines as a potential therapeutic approach.
- ▶ Each vaccine is individually manufactured based on the patient's tumour mutations and can encode up to 34 neoantigens.
- ▶ Combining personalized vaccination with PD-1 blockade may enhance tumour-specific T-cell responses.
- ▶ Builds on KEYNOTE-942 Phase IIb results, **which showed 49% and 59% reductions in the risks of recurrence/death and distant metastasis/death, respectively.**

Why It Matters

- ▶ Demonstrates the integration of tumour sequencing, neoantigen prediction, mRNA technology and immune checkpoint blockade into personalized cancer treatment.
- ▶ Represents an important step toward translating personalized cancer vaccines from experimental therapy into clinical practice.
- ▶ Continued follow-up for overall survival, quality of life and long-term safety will determine the therapy's broader clinical impact.

Reference: INTERpath-001 (NCT05933577), Phase III trial results, August 2026.

Phase I/II Trial Demonstrates Safety and Early Antitumour Activity of Allogeneic CAR-T Therapy in CD70-Positive Renal Cancer

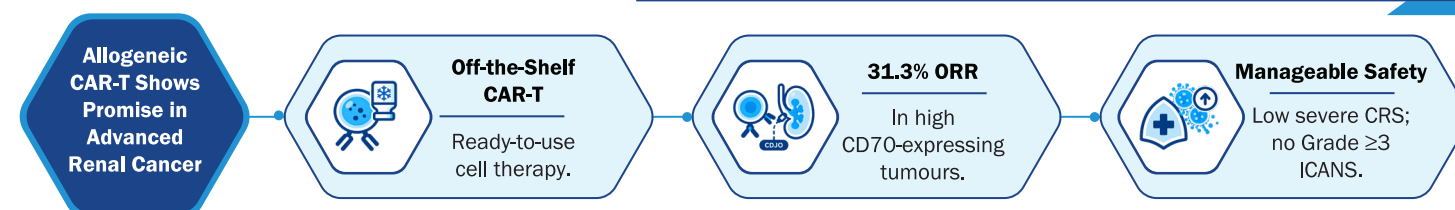
The Phase I a/b TRAVERSE trial (NCT04696731) evaluated ALLO-316, an allogeneic CAR-T cell therapy **targeting CD70**, in patients with **advanced clear cell renal cell carcinoma (ccRCC)** who had progressed despite immune checkpoint inhibitors (ICIs) and VEGF receptor-targeted therapies. The study also evaluated an approach designed to reduce immune rejection of the allogeneic CAR-T cells by targeting and eliminating patients' CD70-positive allo-reactive T cells. In this study 51 heavily pre-treated patients received lymphodepletion followed by ALLO-316. Phase Ia tested varying doses and FC-based lymphodepletion with or without anti-CD52 antibody ALLO-647; Phase Ib used FC lymphodepletion plus 80×10^6 CAR-T cells. After 28.8 months' median follow-up, dose-limiting toxicities occurred in two ALLO-647 patients. Grade ≥ 3 CRS occurred in 2.0%, with no Grade ≥ 3 ICANS. Grade ≥ 3 hematologic toxicities were most common (neutropenia 62%, low WBC 54%, anemia 36%). ORR was 17.4% overall, rising to 25.0% in Phase Ib and 31.3% among Phase Ib patients with CD70 tumor proportion score $\geq 50\%$.

Clinical Implications

- ▶ Confirms feasibility and manageable safety of allogeneic CAR-T in a heavily pre-treated solid tumor population
- ▶ Provides clinical proof of concept for CD70 as a druggable target in ccRCC
- ▶ ALLO-647-mediated lymphodepletion offers a strategy to improve persistence while limiting immune rejection
- ▶ Supports durable anti-tumor activity from off-the-shelf CAR-T in solid tumors

Why It Matters

- ▶ Fills a critical gap for ccRCC patients with no options after ICI/VEGF failure
- ▶ The trial provides important clinical evidence that allogeneic CAR-T therapy can be developed for solid tumours, an area where CAR-T approaches have historically faced challenges.
- ▶ The observed 31.3% ORR in patients with high CD70 expression highlights CD70 as a promising target for biomarker-driven CAR-T development in ccRCC.
- ▶ The relatively low incidence of severe CRS and absence of Grade ≥ 3 ICANS in this study provide encouraging evidence regarding the manageability of CAR-T-associated toxicities in solid-tumour patients.



Reference: J Clin Oncol. 2026 Aug 20;44(24):2329-2340. doi: 10.1200/JCO-26-00388.

FDA Approves Rasonque (Daraxonrasib), a RAS Inhibitor for Advanced Pancreatic Cancer

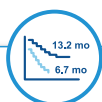
The U.S. Food and Drug Administration (FDA) approved **Rasonque (daraxonrasib)**, a once-daily oral RAS inhibitor, for adults with metastatic pancreatic adenocarcinoma who have received at least one prior systemic therapy or are not candidates for multiagent systemic therapy. The approval provides a new targeted treatment option for one of the most aggressive and difficult-to-treat cancers. In a randomized, open-label, multicenter clinical trial involving 500 patients with previously treated metastatic pancreatic adenocarcinoma, **Rasonque improved median overall survival to 13.2 months compared with 6.7 months with standard chemotherapy.**

RAS Inhibitor Improves Survival in Advanced Pancreatic Cancer



Once-Daily Oral Therapy

A convenient targeted approach.



13.2-Month Survival

Vs 6.7 months with chemotherapy.



Multi-RAS Targeting

Targets key RAS-driven signalling.

Clinical Implications

- Provides a new targeted treatment option for patients with previously treated metastatic pancreatic adenocarcinoma, addressing a major unmet clinical need.
- **Daraxonrasib** is an oral RAS inhibitor designed to target multiple forms of RAS, a critical driver of tumour growth in pancreatic adenocarcinoma.
- Demonstrated a substantial improvement in median overall survival compared with standard chemotherapy, **increasing survival from 6.7 to 13.2 months** in the pivotal trial.
- The accelerated regulatory review highlights the increasing importance of molecularly targeted therapies for cancers historically associated with limited treatment options.

Why It Matters

- Pancreatic adenocarcinoma accounts for approximately 90–95% of pancreatic cancer cases and has a particularly poor prognosis because it is frequently diagnosed at an advanced stage.
- Although RAS is one of the most important oncogenic drivers in pancreatic cancer, directly targeting RAS has historically been a major therapeutic challenge.
- Rasonque represents an important step toward RAS-directed therapy in pancreatic cancer, potentially changing the treatment landscape for patients with advanced disease.
- The availability of an oral, once-daily targeted therapy provides an alternative to conventional chemotherapy for eligible patients.
- The most common adverse events include rash, diarrhea, stomatitis, nausea, fatigue, vomiting, abdominal pain, edema, decreased appetite and hemorrhage, highlighting the need for appropriate safety monitoring during treatment.

Reference: U.S. Food and Drug Administration (FDA), Rasonque (daraxonrasib) approval announcement, 2026.

FDA Approves SimpleScreen CRC Blood-Based Screening Test for Average-Risk Adults

The FDA approved SimpleScreen CRC, a blood-based colorectal cancer screening test, making the second FDA-approved blood-based screening test for colorectal cancer. The Premarket Approval (PMA) indication applies to average-risk adults aged 45 and older who have been referred for screening by a healthcare professional; a positive result must be followed by diagnostic colonoscopy. Approval was based on the PREEMPT CRC study, a prospective, multi-centre trial that enrolled 48,995 asymptomatic, average-risk adults aged 45–85 across multiple U.S. sites, all of whom were scheduled for screening colonoscopy. In the evaluable cohort of 27,010 participants, **the test detected colorectal cancer with 79.2% sensitivity and 91.5% specificity.**

Blood-based Test Advances Colorectal Cancer Screening



79.2% Sensitivity

Detects colorectal cancer.



91.5% Specificity

High diagnostic accuracy.



Simple Blood Test

Minimally invasive screening.

Clinical Implications

- Provides a minimally invasive, blood-based alternative to stool-based tests and colonoscopy for initiating colorectal cancer screening in average-risk adults.
- The PMA covers an updated version that demonstrated improved performance (80.4% sensitivity for CRC at 90% specificity, with gains in advanced precancerous lesion and high-grade dysplasia detection), suggesting further label/performance updates may follow.
- The test is explicitly not a replacement for diagnostic or surveillance colonoscopy in high-risk individuals, and a positive result requires colonoscopy follow-up.

Why It Matters

- Colorectal cancer screening rates remain suboptimal in part due to low patient adherence to stool-based tests and reluctance toward colonoscopy; a blood draw lowers the barrier to initial screening uptake.
- This is the second FDA-approved blood-based CRC screening test (following Guardant Health's Shield), signalling that blood-based screening is maturing into an established test category rather than a single-product novelty.

Reference: Freenome, Abbott. FDA approval of Simple Screen CRC (PMA), GI and Hepatology News (American College of Gastroenterology), August 2026