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±Hj!S ² » ±] #,, ² » ±iö ¢ ² » ±8‘8• ² » ±-x ² » ±%aRo ² » ±0 ²%p"è H"é8{Mí ®%• »Gö]?=1 ¾

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2024

2025

2026

2024.7 FPI

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D+11Months

Start Point of
Clinical Development

2025.6 ASCO Oral

- ÅG-I†KèP%"66%•2 Qw6â4à

2025.9 WCLC Oral

- ÅG-I†KèP%"142%•2 Qw6â4à

2025.10 ESMO Oral

II8' PDAC6â4à"xα{LBA%p%U*!4 %¼

2025.11 PDAC III 8'%i\$

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II8' I†Kè

D+16M

2026.2 NSCLC BTd

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2026.4 PDAC BTd

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2026.7 NSCLC III 8'%i\$

GFH375Lž pië >z"p1†II8' jGkp

D+24M

2026.9 WCLC Oral

II8' NSCLC6â4à"xα{%U*!4 %¼



We see a truly impressive response rate , with response rates presented at the same dose 600 mg QD as clearly an active agent .

By commentator Kathryn Arbor, M.D., Memorial Sloan Kettering Cancer Center

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Objective Response

- Among the 71 patients with at least one posttreatment efficacy evaluation, ORR was 59.2% (42/71), confirmed ORR was 52.1% (37/71).
- Among the 9 patients with brain metastases and at least one post treatment evaluation, ORR was 55.6% (5/9)
- Median (range) time to response 1.4 months (1.4-8.3 months)
- Median duration of response: 8.3 months (95% CI: 6.3, NA)

	NSCLC at 600 mg (n=71)*
Confirmed ORR (95% CI)	52.1% (39.9%, 64.1%)
Unconfirmed ORR (95% CI)	59.2% (46.8%, 70.7%) [#]
DCR (95% CI)	93.0% (84.3%, 97.7%)

Data cut-off date: 04 Sep 2026.

* Four patient dropped out early without post-baseline tumor assessment (2 due to death, 1 due to patient's global deterioration of health, and 1 due to physician's decision), 3 among whom had baseline brain metastases.

[#] One was ongoing and pending for confirmed PR. Four patients achieved PR but discontinued before response confirmation: 1 dropped out due to AE (G4 hepatic function abnormal and recovered after discontinuation), 2 had disease progression at the second assessment, and 1 had stable disease at the later assessments.

[&] No cerebral metastatic lesions were chosen as target lesions among the patients.

Abbreviation: BM, brain metastases; CI, confidence interval; PR, confirmed partial response; DCR, disease control rate; NE, not evaluable; ORR, objective response rate; PD, progressive disease; PR, partial response; SD, stable disease.

PFS and OS

- Median PFS was 8.3 months (95% CI: 6.8, NA) with median follow-up time 11.0 months.
 - Among taxanenaïve patients, median PFS was 9.6 months (95% CI: 6.7, NA)
 - Among taxanepretreated patients, median PFS was 8.1 months (95% CI: 5.5, NA)
- Median OS was not reached (95% CI: 15.4 m, NA) with median follow-up time 11.2 months. 12months OS rate was 77.0% (95% CI: 66.9%, 88.7%).

600mg QD (N=75)	
Event, n(%)	40 (53.3)
DiseaseProgression	35 (46.7)
Death	5 (6.7)
Censor, n(%)	35 (46.7)
On study,no event	30 (40.0)
Off study, no event	5 (6.7)

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KRAS G12D4 #`#\$ÇTá>-G 2L+ NSCLCI†KèG 6º-k=F

	GFH375 600 mg QD	RMG-9805 1200 mg QD
Confirmed ORR	52.1% (95%CI: 39.9%, 64.1%)	52% (95%CI: 32%, 71%)
DCR	93% (95% CI: 84.3%, 97.7%)	93% (95%CI: 76%, 99%)
Ÿ ħ]17hgf	11m	13.1m
PFS	9.6m (95% CI: 6.7, NA) - 7T0ð8œ8p ñFŠ*ÆZücÝ,%op‡ à é8 MíTáãŮ•-	

KRAS G12D4 #`#\$ÇTáG >G,û"Ú1™-k=F Ÿ%• ŸQ 2 Qw

		GFH375 600 mg QD ŸN=75 j Ÿ(oNSCLC 2 Qw	GFH375/VS-7375 600- 900 mg QD ŸQ (o*ÇEK?- ÅG–2 Qw jPKTáde%Ú8‘ W ¹ r29*>		RMC-9805 1200 mg QD (N=40)
			600 mg QD ŸN=51)	900 mg QD (N=22	
TRAES (Any grade)	Rë>m	78.7%	24%	18%	30%
	%Ç%,	64%	20%	9%	33%
	1è15	49.3%	18%	14%	43%
	^•Y²	46.7%	6%	5%	10%
	AST\$¹IJ	46.7%	7R !/ü2• »GöTáCÛHj"åR R•=D1™		10%
	H G+	8œa0#¢PQ] gz!®	8œa0#¢PQ] gz!®		18%
TRAEr3P		41.3%	Rë>m4%	1è155%	13%
PKTáP:<Ô		4%	NE		5%
3œ<Ô7W8‘%<6â4à8×@		Jun. 17, 2026 i 2026 WCLC¢	Jun.12, 2026 (VSTM- PÃ)		Dec. 1, 2025 (2026 AACR)

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