北京陈菊梅公益基金会

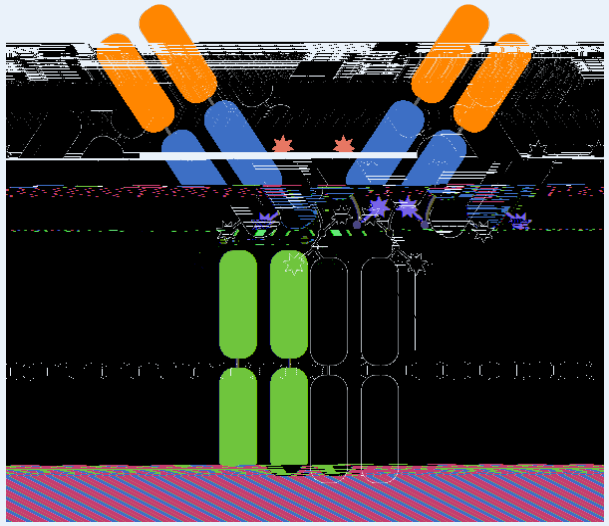
Prof. Rui Wan

Cancer Hospital, Chinese Academ of Medical Sciences

! "#$%&' ( ) *

- Despite the approval of multiple PD-1/PD-L1 inhibitors for advanced NSCLC, the majority of patients still face resistance, including both de novo and acquired resistance.[!*#/]
- By specifically delivering cytotoxic payloads to tumor cells, antibody-drug conjugates (ADCs) represent an effective strategy for patients who are refractory to PD-1/PD-L1 therapies.[1]
- HLX43 is the second PD-L1-targeting ADC in global development.

, 83" / (3&) /8 9 486"6'*$8:$; <=>?



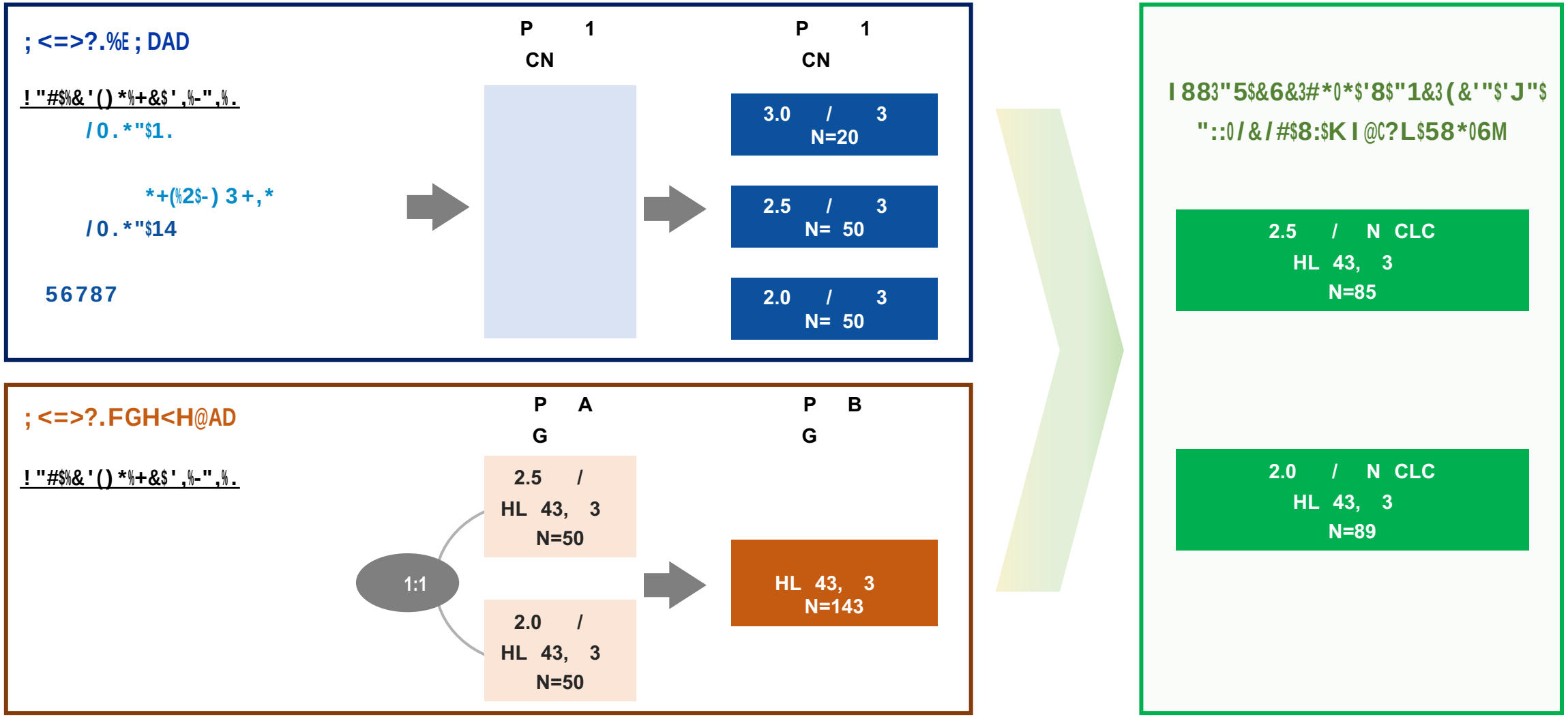
! "#$%"&' ( )"*

- High-affinity, internalizable PD-L1 antibody
- Highly stable linker in circulating blood
- Cleavable and **+ , - .&/ '01&'&23"$ ')04"4'05"$3067")**
- Potent cytotoxic payload Top1 inhibitor (DAR=8)

!"#$%&' (&#) *#+,#&-"# . +--"#/0/12!3453671 48/9!44 :"##/"# ; <'<=%<>#; ?*#+,#&-"#@&,#A+B# . -CD#EDF<-"#/0/!2!354671G8914/"#1"#HI#J*#+,#&-" $CK#L'&D=MIF,#L&'K+,#L%+'"#/0//2N5!67:1"#
; OA*#M'IK9,<9&D,CP<MQ#'&,C<2#@$. R . *#D<D9= (&--9F+--#-IDK#F&DF+'2#) ; 9R!*#S'<K'& ((+M#F+--#M+&,%#!9-CK&DM#!2#) ; 9!*#S'<K'& ((+M#F+--#M+&,%#!2#LTU*#,I (<'# (CF'<+DBC'<D (+D,2#L<S!*#,<S<C=< (+'&=+#!"#

D A

/ ('8::$5&'"$@A@BCDACC@@



. @* . %CD&2 @* D I (P+'2 @$. R . * D<D9= (&-- F+-- - I DK F&DF+'2 A) /V1 ; * '+F< ((+DM+M S%&=+ /V1 M<=+2 W1 X * +B+'Q 1 >++Y="

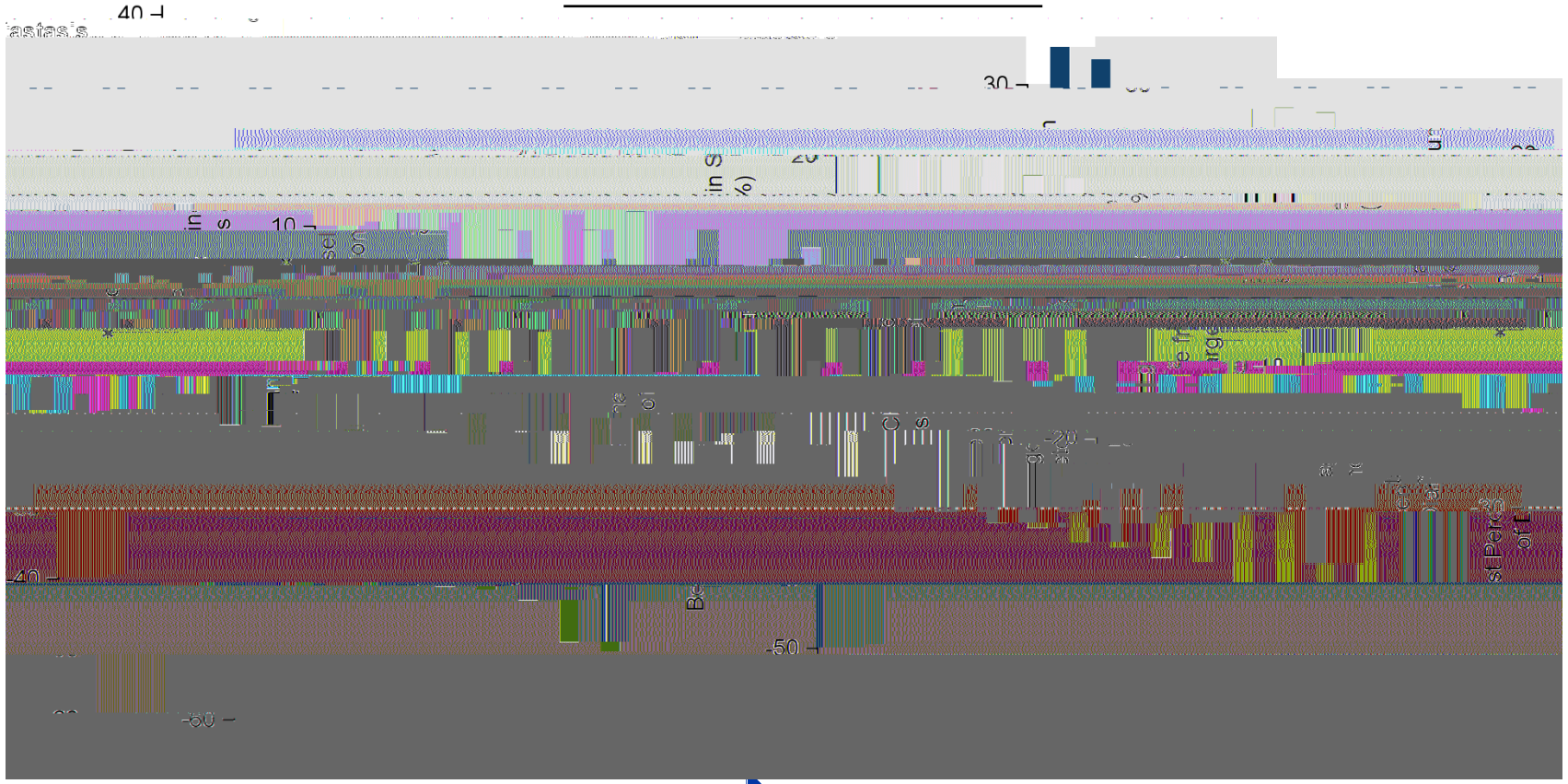


E N CLC ECI 1.1



*] DF<D[ⓒ' (+M , I (<' '+=S<D=+ &= &==+==+M PQ ⓒDB+=,ⓒK&,<' ⓒD

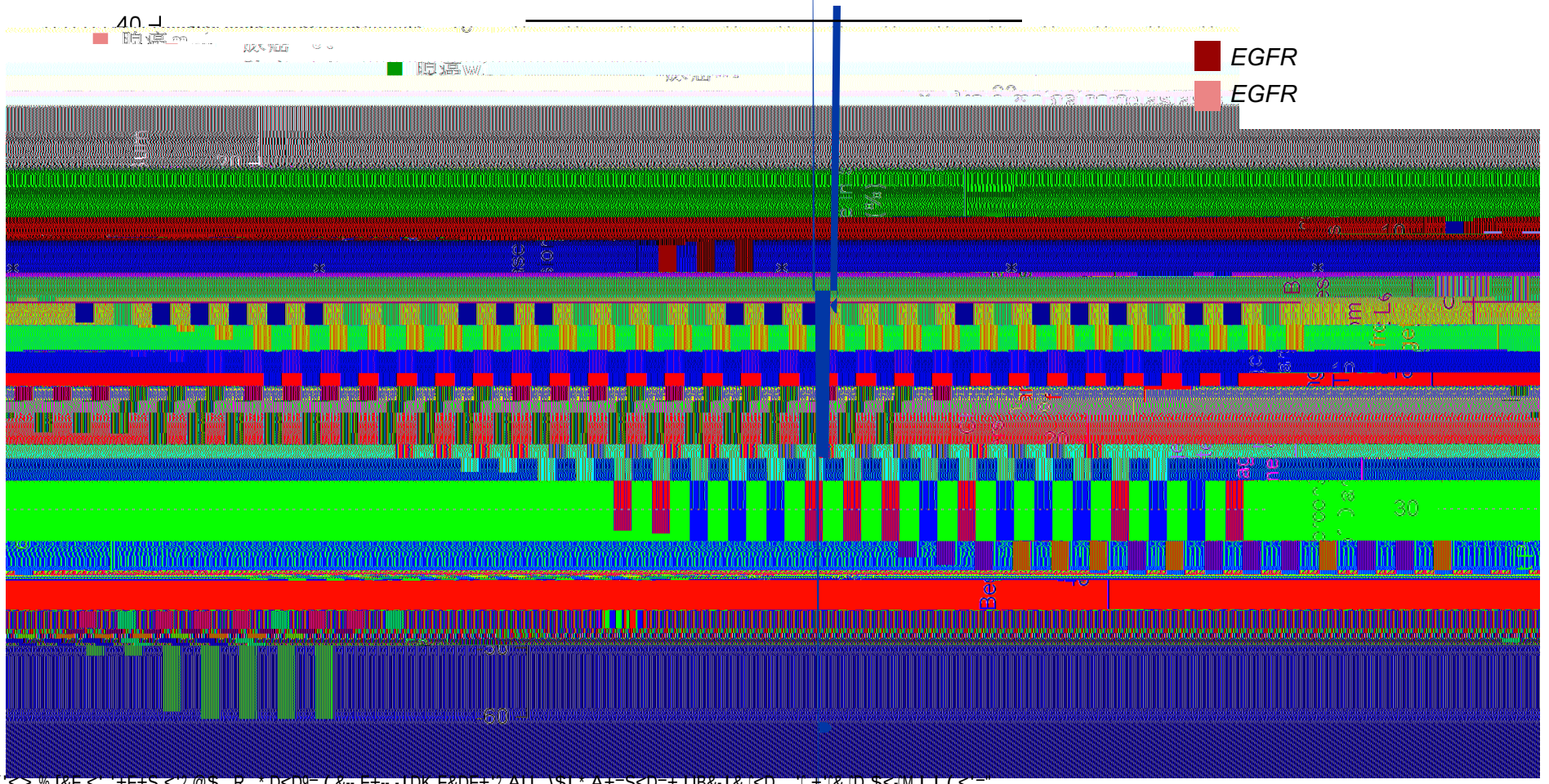
E N CLC ECI 1.1



@$. R . * D<D9= (&-- F+-- - I DK F&DF+'2 AU . \$L* A+=S<D=+ UB&- I &,0<D . '0,+'0& 0D $<-0M L I (<'="

© 2025 Henlius.

E - N CLC ECI 1.1



UZHA* +S0M+' (&- K'<>,% [&F,<' '+F+S,<'2 @$. R . * D<D9= (&-- F+-- -TDK F&DF+'2 AU . \$L* A+=S<D=+ UB&-T&,0<D . '0,+'0& 0D $<-0M LT (<'='

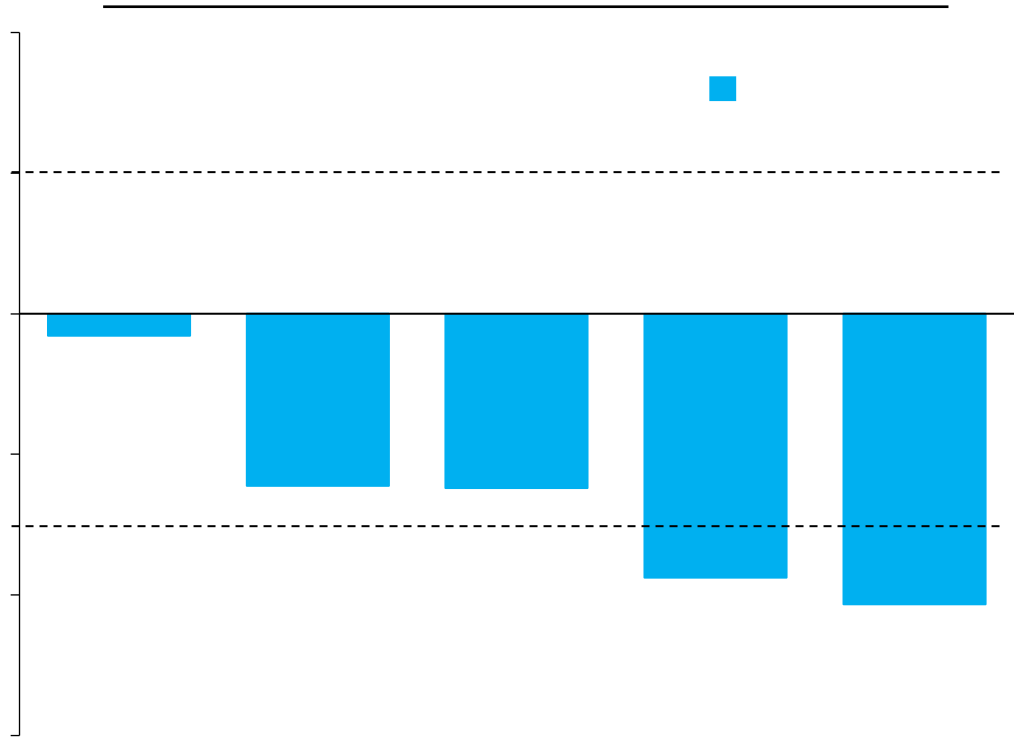
ECI 1.1

9) 3+, ,"*/+&*"	: ;;%' . '#$)&2",$<=>?@$2+*%&A		B787$,"/+,-"2$,"*)(-*$CDEFGH$3A?IAJ	
	K<<LCMFL$7NJ	O7<LCMFL$7NJ	K<<LCMFL$7NJ	O7<LCMFL$7NJ

© 2025 Henlius.

	@NA$ 9 MC7M P6QUVR	@NB$ 9 MC7M P6QUBR$
Any irAE, n (%)	10 (11.2)	7 (8.2)
Most common irAEs		
Immune-mediated lung disease	3 (3.4)	2 (2.4)
Grade 2	1 (1.1)	0
Grade 3	1 (1.1)	2 (2.4)
Grade 4	1 (1.1)	0
Grade 5	0	0

40% (2/5) **100%**



43

C'OU*#C ((ID+9'+-&,+M#&MB+'=+#+B+D,2#EAA*#<P^+F,CB+#'+=S<D=+#'&,+"

+ ')#,(-.') -

O N CLC HL 43 P2/3D

- **EW. &65$/J" 9 8.')"&'"5$GO(&9 8(*$FGH<H**
  - ORR: 33.3%
  - Docetaxel failed (≥ 3L) ORR: 38.5%
- **FGH<H$X0'J$2)&06$9 "'&*'&*0*Y$**ORR 30.0%; DCR 90.0%

B : efficacy observed irrespective of *EGFR* mutation status or PD-L1 expression level

F

HL 43 F HL 43 NSCLC. .

ıotherapy; ɔCR, disease control rate; EGFR, epidermal growth f
ʍild type.

IO, immunothe apy; L, line; NSCLC, non-small-cell lung cancer; ORR, objective response rate; PD-L1, programmed cell death 1





Thank you!