

Precemtabart tocentecan (M9140) in advanced

PanTumor 😂

PHASE 1b/2

solid tumors

status; EGFRmut, epidermal growth factor receptor mutated; EGFRwt, epidermal growth factor receptor wild type; Est. estimated; EU, European Union; GC, gastric cancer; GEJC, gastroesophageal

junction cancer; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; IV, intravenous; L, line; la/m, locally advanced or metastatic; NSCLC, non-small cell lung cancer; OR,

objective response; PDAC, pancreatic ductal adenocarcinoma; PK, pharmacokinetics; PFS, progression-free survival; Q3W, every 3 weeks; RECIST v1.1, Response Evaluation Criteria in Solid Tumors

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version 1.1; TRAE, treatment-related adverse event; TTR, time to response; US, United States. Per RECIST v1.1 according to investigator assessment.

Precemtabart tocentecan is investigational and not approved for use. The safety and efficacy of precemtabart tocentecan in advanced solid tumors has not been established. There is no guarantee precentabart tocentecan will be approved in the sought-after indication by any health authority worldwide.

Sponsor: Affiliates of Merck KGaA, Darmstadt, Germany

Study design (NCT06710132) recruiting

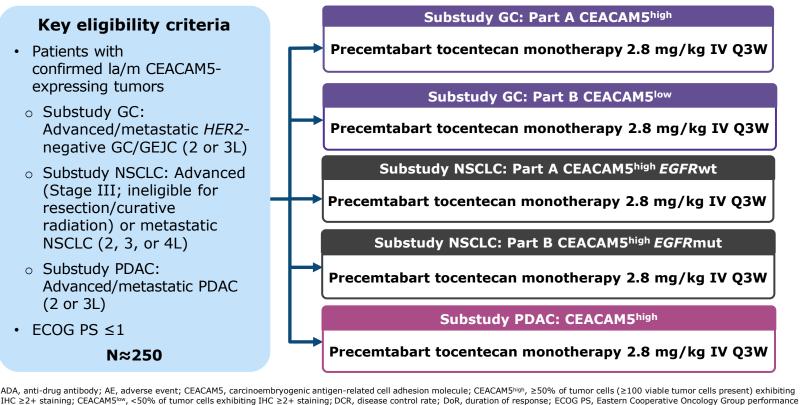
Phase 1b/2, open-label, multicenter study

Key eligibility criteria

- Patients with confirmed la/m CEACAM5expressing tumors
- Substudy GC: Advanced/metastatic HER2negative GC/GEJC (2 or 3L)
- Substudy NSCLC: Advanced (Stage III; ineligible for resection/curative radiation) or metastatic NSCLC (2, 3, or 4L)
- Substudy PDAC: Advanced/metastatic PDAC (2 or 3L)
- ECOG PS ≤1

N≈250

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Endpoints	
Primary	All substudies: OR ^a
Secondary	All substudies: Safety (AEs, TRAEs), DoRa, DCR, TTRa, PFSa, PK, ADA against M9140 Substudy GC: Optimize CEACAM5 expression cutoff point

Est. study start date February 2025

Est. primary completion date January 2029

Planned Locations

North and South America, EU, and Asia

For more information on this clinical trial,

