ASCO 2025 review: Complex choices, optimizing outcomes, and prioritizing patients

The 2025 American Society of Clinical Oncology (ASCO) Annual Meeting delivered another year of forward-thinking debate, discussion, and data releases across oncology. Among the program of presentations that filled the extended weekend, several key topics arose repeatedly. While efficacy remains the cornerstone of oncology treatment decisions, the evolving landscape—marked by increased survival, growing therapeutic options, and patient access to multidisciplinary care—is driving a heightened emphasis on selecting the most appropriate approach while keeping safety and quality of life front of mind.

Key themes

→ Addressing underserved cancers: Innovation abounds

- Bispecific antibodies and antibody-drug conjugates (ADCs) continued to play a prominent role this year, with several practice-changing data releases spread throughout the meeting, including the following:
  - Gilead's sacituzumab govitecan (Trodelvy) showed a 35% reduction in the risk of progression or death in PD-L1+ triple-negative breast cancer in its ASCENT-04 trial, when combined with pembrolizumab (Keytruda) in the first-line setting.
  - Amgen's tarlatamab (Imdelltra) provided the long-awaited primary analysis of its DeLLphi-304 trial in second-line small cell lung cancer, demonstrating a meaningful 5.5-month overall survival gain in this high-unmet-need cancer space.
- Elsewhere, we saw multiple, long-standing PD-L1 products continuing to drive meaningful advances in the adjuvant setting, notably AstraZeneca's durvalumab (Imfinzi) in gastric and gastroesophageal junction cancer (MATTERHORN study), Roche's atezolizumab (Tecentriq) in deficient DNA mismatch repair colon cancer (ATOMIC study), and BMS's nivolumab (Opdivo) in resected head and neck squamous cell carcinoma (NIVOPOSTOP study).
- On the whole, ASCO showcased a range of approaches to tackling cancers that continue to represent high unmet need, as well as providing early insights into the next generation of molecules and technologies that may drive significant change.

→ Expanding the list of therapeutic options: Navigating complex paradigms

- The breast cancer (BC) space is arguably one that has seen the most dramatic uptick in the availability of new agents, and ASCO 2025 only added to this, especially in the HR+ and HER2+ BC space.
- In HR+ BC, we saw new, positive Phase III data for Pfizer's vepdegestrant (VERITAC-2 study), AstraZeneca's camizestrant (SERENA-6 study), and Roche's inavolisib (Itovebi; INAVO120 study) and ipatasertib (CCTG/BCTMA.40/FINER study). With numerous other molecules' data shown in earlier development stages, these cumulatively add to an already expanding range of targeted options that exist for oncologists.

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- Elsewhere, in HER2+ BC, AstraZeneca and Daiichi Sankyo's trastuzumab deruxtecan (Enhertu) for the second year in a row secured the coveted stand-alone Late Breaking Abstract Session, this time showcasing the data for DESTINY-Breast09 in first-line therapy, which drove a 44% reduction in the risk of progression or death.
- Given that HR+ and HER2+ are not distinct, nonoverlapping populations, treatment selection becomes an increasingly sophisticated process, especially following advances in detecting and targeting "ultralow" levels of HER2 expression.
- The outcome is a dual-edged sword for oncology: having more options is obviously good news for patients, but it simultaneously increases paradigm complexity and puts pressure on physicians to select the right drug for the right person at the right time.
- While BC is indicative of the issues that oncologists now face in navigating more-increasingly complex treatment algorithms with multiple, competing biomarkers, products, and combinations, it is not a unique situation in cancer in 2025 and will likely continue into the future.

→ Learning from experience: Managing safety and tolerability

- Oncologists continued to draw attention to the safety profiles, quality-of-life metrics, and discontinuation rates exhibited by the latest study readouts.
- However, what was equally prominent during ASCO was physicians reflecting on new launches that are establishing themselves in the real world and how best to adapt clinical practices to mitigate the clinical and financial risks that can arise.
- Among the range of sessions, several were dedicated to recently launched ADCs, which can each exhibit their own distinct adverse event profiles that add significant strain on patients and healthcare teams.
- What was notable was that physicians are rapidly learning how best to amend their real-world treatment approaches—whether through prophylaxes administration, advanced monitoring or adapting dosing regimens —which is leading to lower grades of toxicity being seen than otherwise might be expected from the published evidence, while maintaining the key efficacy benefits.
- Investment in tracking, mechanistic understanding, and multidisciplinary management protocols is required—along with targeted education for oncologists, neurologists, and other specialists—to enable early and accurate identification and management of rare, adverse events, thereby increasing physicians' comfort in prescribing new therapies in earlier, potentially asymptomatic stages of disease.

→ Appropriately leveraging AI: Enhancing diagnosis, safety, and quality of life in oncology

- Artificial intelligence (AI) featured prominently at ASCO and is becoming much more integrated into health care, as evidenced by Google's partnership with ASCO to develop the AI-driven ASCO Guidelines Assistant, which was previewed during the opening session.

- Elsewhere, over the course of the meeting, we heard details on:
  - **Enhanced diagnostic accuracy and throughput:** Pattern recognition is being used to support pathologists' tissue analyses, which in turn can expedite diagnosis, reduce the risk of misclassification, and support drug choice.
  - **Remote symptom monitoring and early intervention:** AI-powered platforms collect real-time patient-reported data to detect concerning symptom patterns early, triggering timely clinical interventions and reducing avoidable emergency room visits or treatment disruptions.
  - **Predictive toxicity management:** Machine learning models identify patients at high risk for severe treatment-related toxicities, enabling more informed regimen selection and proactive monitoring.
  - **Personalized supportive care:** AI is helping clinicians tailor supportive care strategies—such as nutrition, mental health, or adherence coaching—based on patient profiles, thus improving overall quality of life and treatment adherence.

CRA's strategic considerations

→ Positioning beyond efficacy: Differentiation through tolerability and patient experience

- With multiple agents often delivering comparable efficacy, tolerability profiles and quality-of-life outcomes are becoming key battlegrounds for differentiation.
- Gaining access and reimbursement, while important, is only the first hurdle that new therapies must navigate where novel products abound, raising the stakes for efficient and effective strategies to gain physician endorsement and uptake.
- Manufacturers should invest in generating and communicating robust safety and patient-reported outcome data early—ideally integrated into value messaging, promotional materials, and payor dossiers.
- Further, it may be appropriate to consider the increasing importance of the patients themselves in shared decision-making and treatment choice, ensuring that tailored messaging approaches are developed not only for payors and physicians, but for patients, too.

→ Shaping the dialogue with oncologists and multidisciplinary teams (MDTs)

- Oncologists are increasingly guided by the input of nurses, pharmacists, and supportive care teams in treatment decisions—especially where safety management impacts adherence or treatment continuation.
- Commercial and medical strategies should engage broader care teams, emphasizing tools, services, and training that support toxicity management and optimizes patient adherence.
- Further, it is becoming increasingly common for MDTs to require an expanded physician base. New therapies bring with them new, off-target safety signals, requiring input from dermatologists, endocrinologists, cardiologists, and other specialists beyond the realm of "standard" oncology MDTs.

- Such needs can dramatically change the access environment—as not all sites of care will be able to accommodate these expanded needs—and can drive extra costs and pressures on hospitals, clinics, and health care teams.

→ Adapting with the physician community

- The physician community is showing great adaptability to the challenges presented by new drugs and modalities that can—at first glance—seemingly result in safety signals that might reduce some physicians' willingness to prescribe.
- Data on the effects of dose reductions, prophylaxis, and risk-factor identification are adding to the tactics being successfully deployed by physicians who are sharing their experiences to allow others to successfully mitigate potential issues.
- Manufacturers will have to take into account that physicians may actively seek to adapt treatment regimens as they seek to optimize outcomes for patients, which can have commercial implications.
- A changing landscape can have important implications for strategic planning and decision-making, as the fast-moving pace of change can mandate that assumptions and conclusions based on the treatment landscape, such as the evolving standard of care, be reviewed and factored into planning.

We invite you to reach out to members of CRA's Life Sciences Practice to share how advances seen at ASCO will impact your development, medical, commercial, and pricing and market access strategies. For assistance on critical questions for your early-stage, prelaunch, or in-line oncology assets; pricing and market access considerations; value maximization; or understanding the commercial potential that exists for your assets in a rapidly evolving oncology therapeutic area, please contact us.

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