

Why ASCO Stood Up for Daraxonrasib RASolute 302, Pancreatic Cancer Survival, and the New KRAS Investme Thesis

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Thoughts on Healthcare Markets & Technology

Why ASCO Stood Up for Daraxonrasib: RASolute 302, Pancreatic Cancer Survival, and the New KRAS Investment Thesis

40,000 oncologists gave a standing ovation to a survival curve at ASCO 2026. That does not happen. Here is why it did...

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Abstract

- RASolute 302, a global Phase 3 in second-line metastatic pancreatic ductal adenocarcinoma, randomized 500 patients (248 daraxonrasib, 252 chemo) across 59 sites in six countries. Median OS 13.2 months vs 6.7, hazard ratio 0.40, p 0.0001. That is a roughly 60 percent reduction in risk of death.
- Median PFS 7.2 to 7.3 months vs 3.5 to 3.6. ORR roughly 31 to 33 percent vs 12. Time to pain deterioration 9.2 vs 3.8 months. Better tolerated than chemo with rash and stomatitis the main dose-reducers.
- Benefit held across RAS G12 mutants (about 459 of 500 patients) and in the overall population, including RAS wild-type. The “works regardless of mutation” finding is the structural story.
- Daraxonrasib (RMC-6236) is an oral, once-daily, non-covalent RAS(ON) multi-selective tri-complex inhibitor that recruits cyclophilin A and gums up the active GTP-bound state. This is the opposite design philosophy from the G12C(OF) covalent drugs sotorasib and adagrasib.
- Revolution Medicines carries a market cap near 33 billion dollars, raised about 2.2 billion in April on top of an earlier 2 billion, has Breakthrough and Orphan drug designations, an Expanded Access Program running, and an NDA in motion for its side targets sit in the 180 to 195 range.
- The pipeline is the actual asset, zoldonrasib (G12D), elironrasib (G12C), RM-5127 (G12V), plus first-line, adjuvant, and doublet trials. Pancreatic cancer has roughly 67,000 US cases a year, 5-year survival near 13 percent, about 3 percent once metastatic.

The standing ovation, and why a room that claps for hazard ratios came unglued

Oncologists are not a soft audience. These are people who sit through hundreds of forest plots a year and react to a new median survival curve the way a poker player reacts to a decent flop, polite interest, maybe a raised eyebrow. So when 40,000 of them in a Chicago convention hall stood up and cheered for a Kaplan-Meier curve

that was not normal Sunday behavior. The positive results received a standing ovation from an audience of science and medicine experts at the ASCO annual meeting and the video that ricocheted around the timeline showed the kind of energy you usually only see when a sports team clinches something.

The reason is worth sitting with. Pancreatic cancer has been the disease where good news goes to die. The American Cancer Society estimates about 67,000 new US cases this year and more than 52,000 deaths, with a 5-year overall survival rate of 13 percent, and that number drops to about 3 percent once the disease is metastatic. For decades the standard second-line option was more chemo that bought a patient a few extra months and a fresh set of side effects. Current second-line regimens deliver median progression-free survival of three to four months and median overall survival of six to seven months. That is the baseline a room of professionals had quietly accepted as the ceiling. Brian Wolpin from Dana-Farber walked up to the plenary podium, put up the survival data, and the ceiling moved. People who study this field living understood instantly what they were looking at, and they got out of their

RASolute 302 by the numbers



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