

# Telling the future story of cancer treatment

AACR 2025 in focus

**Author and lecturer Robert McKee once said, “storytelling is the most powerful way to put ideas into the world today.” That statement resonates across a variety of settings, including print, screen, stage, and especially drug development.**

The power of storytelling was clearly on display at the 2025 AACR annual meeting, where early chapters in the stories of many new potential targets and treatments were revealed. As in past sessions, the meeting was a drug development paradise: cutting-edge innovation, new biomarkers and targets, and early-stage clinical trials providing a first glimpse at assets hoping to be the next transformative treatments. For some of our highlights of the meeting, check out page 3.

Like a lead character in a novel, each drug requires a strong core identity established early in its life cycle.

Each of these assets represents the early culmination of an idea, namely a hope to improve outcomes for cancer patients. Bringing this idea into the world to set the stage for a new drug is much like setting the scene in effective storytelling: like a lead character in a novel, each drug requires a strong core identity established early in its life cycle.

This identity, however, isn't arbitrary. It must be built on an understanding of the landscape and unmet needs, an awareness of the audience's perspective and knowledge gaps, and the asset's core differentiating attributes that will set it apart. Each element of the story needs to come together to point to the future patient who could benefit. For an illustration, for example, discussions of water molecules and binding



pockets need to connect to how specific mutations can be exploited, opening opportunities for future patients. All of this is then woven together to establish a clear brand story and drive future success, whether it's a single rare indication or a multi-indication franchise (figure below).

Many of today's transformative treatments wrote their opening acts at the AACR annual meeting, including drugs like Gleevec (back when it was known as STI-571) and Keytruda (when it was still known as MK-3475).

Today, it's easy to see how those early stories of the promise of precision medicine and immunotherapy inspired audiences to dream of brighter futures, propelling those treatments to become the cornerstones of oncology that we see them as today.

## Storytelling in 2025

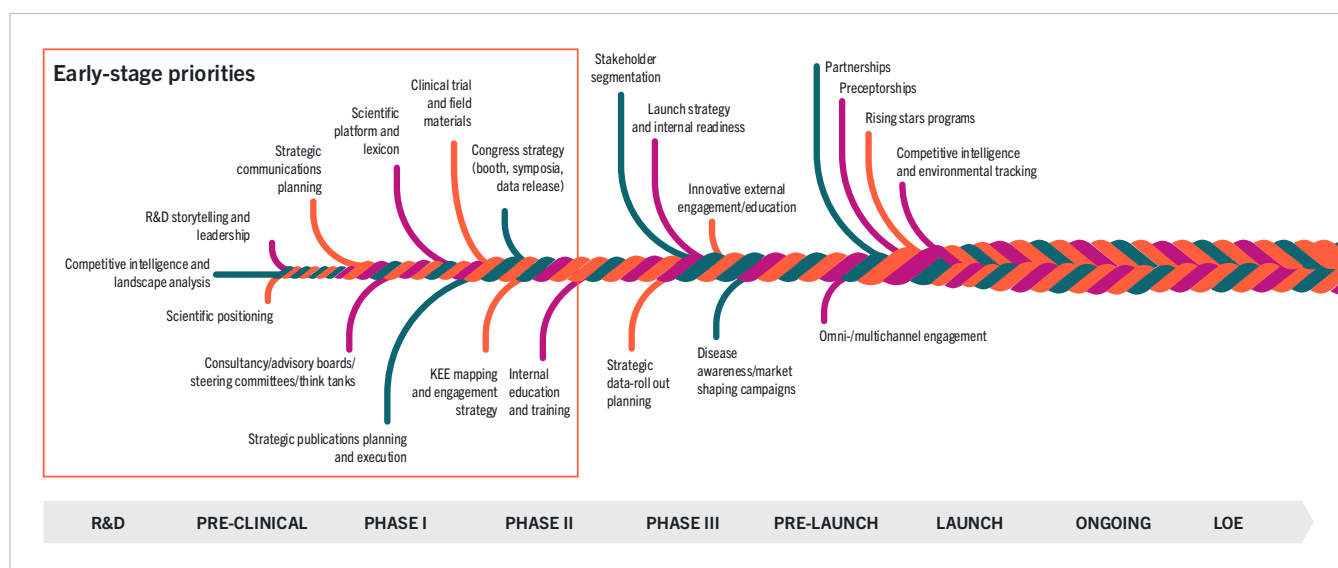
Fast forward to 2025, and scientific storytelling is more challenging than ever before. From disinformation to loud voices competing for attention to information burnout, there are many obstacles to standing out through scientific storytelling. One session at AACR touched on this as panelists discussed addressing the challenges facing cancer research. In her remarks, W. Kimryn Rathmell, MD, PhD, emphasized the central importance of consistently telling a compelling story to advance cancer research and treatment.



Christine Lovly, MD, PhD, FASCO; personal post at [https://x.com/christine\\_lovly](https://x.com/christine_lovly)

In drug development, the one consistent "one voice" element is essential. Across R&D, medical affairs, and marketing, many different industry stakeholders will be tasked with telling the story of a drug. Equipping these stakeholders with a compelling, consistent story, regardless of the speaker, will help them get the most out of the brief interactions they often have with HCPs, investors, and advocates.

Conferences like AACR present a golden opportunity to captivate audiences with the story behind early-stage assets: helping audiences believe in the potential for a treatment to address an urgent need and positioning the new drug as the hero the landscape is waiting for. As we progress across 2025, let's challenge ourselves to think about how can we shape our stories today to cast a vision for better patient outcomes tomorrow.



## / What we saw and heard at AACR

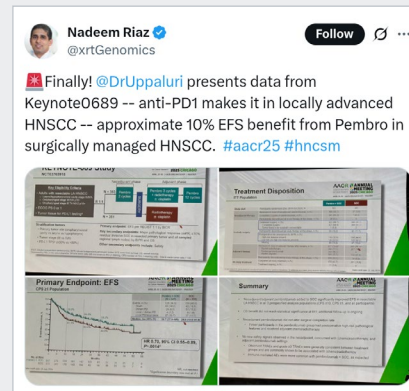
### **Epilogue: Continuing the immunotherapy story**

While AACR was, as always, a mecca for early-stage data, a Phase 3 readout captured the early headlines

- > One of the biggest headlines was Keynote-689: Perioperative Keytruda® (pembrolizumab) significantly improved event-free survival in patients with resectable, locally advanced, head and neck squamous cell carcinoma—something that hadn't been done for 20 years.

#### **Thinking beyond AACR:**

*With so much attention on conferences like ASCO and ESMO, AACR has provided a high-visibility platform with potentially less competition for share-of-voice for a few recent Phase 3 readouts. It's another reminder that the conference calendar provides unique opportunities to drive strong awareness.*



Nadeem Riaz, MD, MSc;  
personal post at  
<https://x.com/xrtGenomics>

### **Sequels: Novel agents pushing frontiers established by previous treatments**

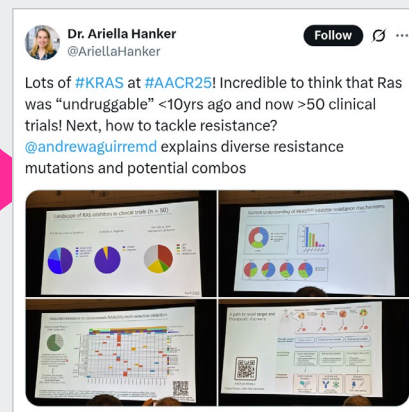
Investigators at AACR showed off their innovation and creativity in drug discovery as they pushed the frontiers of medicinal chemistry

- > Just a few years after Lumakras® (sotorasib) first made the KRAS G12C mutation actionable, AACR brought updates from a veritable army of KRAS-targeting assets. A broad spectrum of KRAS mutations are now potentially actionable, with new prospects targeting G12C, G12D, G12V, and more. The race is on to take down KRAS mutations across many different tumors!

- > Not to be left behind, the antibody-drug conjugate (ADC) landscape continues to advance by leaps and bounds: new targets, improved linkers, unique payloads—even an ADC with that can deliver three different payloads to a tumor!—drove discussion and excitement.

#### **Thinking beyond AACR:**

*With two KRAS G12C inhibitors and several ADCs already available in the clinic, these novel assets need differentiating stories that will spread excitement and create their ownable spaces in the oncology landscape.*



Ariella Harker, PhD;  
personal post at  
<https://x.com/AriellaHarker>



## / What we saw and heard at AACR (cont'd)

### **Prologue: Early stories that will continue to develop**

- > Like we saw in 2024, cancer vaccines are capturing the imagination of oncologists. AACR 2025 saw data from BNT116 in combination with checkpoint inhibition in frail patients with advanced NSCLC, updates from V940 and other neoantigen vaccines, and first looks at several targeted vaccines.
- > Will Werner helicase be the next exciting synthetic lethal target to hit the clinic? RO7589831, GSK4418959, DAT-5000A, and others made a strong case for efficacy in MSI-high tumors.

#### **Thinking beyond AACR:**

*With these exciting new personalized therapies, overlapping MOAs and modalities raise the potential for confusion as they progress through development. Each will require a concise, consistent story of what it offers to oncologists in clinical trials and (eventually) in the clinic. ■*

**We're gearing up for ASCO and EHA to see how 2025 continues to shape the oncology landscape. Stay tuned!**



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