



Caris Life Sciences to Present New Research Advancing Precision Oncology at the IASLC 2026 World Conference on Lung Cancer

September 2, 2026

Seven studies will be presented, including two mini oral presentations and a poster tour presentation

IRVING, Texas, Sept. 2, 2026 /PRNewswire/ -- [Caris Life Sciences](#)® (NASDAQ: CAI), a leading TechBio company, today announced that researchers from Caris and the Caris Precision Oncology Alliance® (Caris POA) will present seven studies at the International Association for the Study of Lung Cancer (IASLC) 2026 World Conference on Lung Cancer (WCLC), taking place September 12-15, 2026, in Seoul, South Korea. Caris research includes two mini oral presentations, one Poster Tour presentation and four poster presentations highlighting how comprehensive molecular profiling and AI-driven clinico-genomic analyses are advancing understanding of lung cancer biology, immunotherapy response and precision treatment strategies.



"This year's presentations underscore the power of large-scale molecular and clinico-genomic datasets in revealing meaningful insights into cancer biology and therapeutic response," said [George W. Sledge, Jr.](#), M.D., Chief Medical Officer of Caris Life Sciences. "From immunotherapy biomarkers and tumor microenvironment analyses to germline testing and targeted therapy outcomes, these findings demonstrate how comprehensive molecular profiling can help inform clinical decision-making and accelerate the future of precision oncology."

Among the highlights are two mini oral presentations evaluating the impact of molecular and immune biomarkers in non-small cell lung cancer (NSCLC), a Poster Tour presentation examining transcriptomic subtypes in mesothelioma, and multiple studies leveraging the Caris clinico-genomic database to characterize genomic alterations, germline variants and treatment outcomes across thoracic malignancies.

Mini Oral Presentations:

Impact of Protein Arginine Methyltransferase 5 (PRMT5) Expression and MTAP Deletion on Overall Survival and Immune Cells in NSCLC

Session: MO05 – Evolving Pathological Grading and Molecular Profiling for Lung Cancer Risk Stratification and Treatment |

Presentation: MO05.09

Monday, September 14, 2026 | 12:58 PM - 1:03 PM KST

Key Findings

- Analysis of 39,124 NSCLC samples found that MTAP-deleted tumors demonstrated higher PRMT5 expression.
- PRMT5-high/MTAP-deleted tumors were associated with the shortest overall survival across molecular subtypes.
- Among patients treated with immune checkpoint inhibitors, PRMT5-high/MTAP-deleted tumors were associated with shorter overall survival than PRMT5-high/MTAP-non-deleted tumors.
- PRMT5-high/MTAP-deleted tumors exhibited fewer CD8+ T-cells and other adaptive immune cells, suggesting a less favorable immune microenvironment.

Prevalence of Immunotherapy (IO) Biomarkers, Tumor Microenvironment (TME) Composition and Survival by Race/Ethnicity in NSCLC

Session: MO13 – Global Challenges and Solutions in Lung Cancer Management | **Presentation:** MO13.09

Tuesday, September 15, 2026 | 11:58 AM - 12:03 PM KST

Key Findings

- Evaluation of 43,261 NSCLC samples identified race- and ethnicity-associated differences in tumor genomics, immune microenvironment composition and clinical outcomes.
- Non-Hispanic Asian Pacific Islander patients demonstrated longer overall survival and fewer genomic alterations associated with resistance to immunotherapy than non-Hispanic White patients.
- Among immunotherapy-treated patients, non-Hispanic Black patients achieved longer survival despite a higher prevalence of immunotherapy-resistance molecular alterations.

Poster Tour:

Transcriptomic Subtypes Predict Frontline Therapy Response in Pleural (MPM) and Peritoneal Mesothelioma (MPeM)

Session: PT2.05 – Mesothelioma, Thymoma, and Other Thoracic Tumors | **Presentation:** PT2.05.03

Monday, September 14, 2026 | 2:01 PM - 2:09 PM KST

Key Findings

- Transcriptomic analysis of 386 mesothelioma samples identified three biologically distinct clusters with unique molecular features and treatment outcomes.
- Chemotherapy, with or without bevacizumab, was associated with longer overall survival than immune checkpoint inhibitor therapy in two of the three clusters.
- If validated prospectively, the identified transcriptomic subtypes could help inform therapeutic decision-making and support a more personalized treatment approach for mesothelioma.

Posters Include:

Prevalence and Spectrum of Germline Variants in Non-Small Cell Lung Cancer: Insights from a Large-Scale CARIS

Analysis | Presentation: P2.097

- Clinically relevant germline alterations were identified in 12.2% of 3,609 NSCLC patients.
- Frequently altered genes included *MUTYH*, *CHEK2*, *ATM*, *BRCA2* and *MITF*.
- Among patients with linked tumor profiling, 45.8% of pathogenic, likely pathogenic or risk germline variants had a matching tumor variant.

Germline Alterations in Small Cell Lung Cancer Identified Through Blood-Based Profiling | Presentation: P2.098

- Clinically relevant germline alterations were identified in 13.4% of 149 small cell lung cancer patients with germline findings.
- Common alterations included *MUTYH*, *APC*, *ATM*, *BRIP1* and *CHEK2*.
- In patients with linked tumor sequencing, more than half of pathogenic, likely pathogenic or risk germline variants had corresponding tumor variants.

Clinico-Biological Characteristics and Treatment Outcomes in Patients With RET+ Lung Cancer with Non-LUAD

Histology | Presentation: P2.102

- Among 588 RET-positive patients in the RET-MAP registry, 45 patients, or 7.7%, had non-lung adenocarcinoma (LUAD) histology.
- Non-LUAD histology was independently associated with shorter progression-free and overall survival following both selective RET inhibitors and first-line chemotherapy.
- Patients with large cell neuroendocrine carcinoma demonstrated a 75% objective response rate encouraging responses to selective RET inhibitors, with survival outcomes comparable to LUAD.

ITGB6 Expression and Real-World Outcomes in Non-Small Cell Lung Cancer | Presentation: P3.252

- Analysis of 34,022 NSCLC samples demonstrated that ITGB6 expression varies by histology and genomic context.
- High ITGB6 expression was associated with improved overall survival in lung adenocarcinoma but poorer outcomes in lung squamous cell carcinoma.
- These opposing prognostic associations support further evaluation of ITGB6 across molecularly defined NSCLC populations.

Research highlights will be available at Caris' booth #813. The full abstracts are available on the [Caris website](#).

About Caris Life Sciences

Caris Life Sciences® (Caris) is a leading TechBio company actively developing and commercializing innovative solutions to transform healthcare. Through comprehensive molecular profiling (Whole Genome, Whole Exome and Whole Transcriptome Sequencing), advanced AI and machine learning, Caris has created the large-scale, multimodal clinico-genomic database and computing capability needed to analyze and further unravel the molecular complexity of disease. This convergence of next-generation sequencing, AI and machine learning technologies and high-performance computing provides a differentiated platform for developing the latest generation of advanced precision medicine diagnostic solutions for early detection, diagnosis, monitoring, therapy selection and drug development.

Caris was founded with a vision to realize the potential of precision medicine to improve the human condition. Headquartered in Irving, Texas, Caris has offices in Phoenix, New York, Cambridge (MA), Tokyo, Japan and Basel, Switzerland. Caris or its distributor partners provide services in the U.S. and other international markets.

Forward Looking Statements

This press release contains forward-looking statements, within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. All statements other than statements of historical facts contained in this press release are forward-looking statements, including statements regarding our business, solutions, plans, objectives, goals, industry trends, financial outlook and guidance. In some cases forward-looking statements can be identified by words such as "may," "will," "should," "would," "expect," "plan," "anticipate," "could," "intend," "target," "project," "potential," "contemplate," "believe," "estimate," "predict," or "continue" or similar expressions.

You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in these forward-looking statements are reasonable based on information currently available to us, we cannot guarantee that the future results, discoveries, levels of activity, performance or events and circumstances reflected in forward-looking statements will be achieved or occur. Forward-looking statements involve known and unknown risks and uncertainties, some of which are beyond our control. Risks and uncertainties that could cause our actual results to differ materially from those indicated or implied by the forward-looking statements in this press release include, among other things: our future financial performance, results of operations or other operational results or metrics; development, analytical and clinical validation, timing and performance of future solutions by us and our competitors; continued development, performance and commercialization of Caris Detect; commercial market acceptance for our solutions, including acceptance of preventive as well as diagnostic testing paradigms, and our ability to meet resulting demand; the rapidly evolving competitive environment in which we operate; third-party payer reimbursement and coverage decisions related to our solutions; risks related to data management, storage, and processing capabilities and our ability to integrate and deploy artificial intelligence and advanced data analytics technologies; our ability to protect and enhance our intellectual property; regulatory requirements, decisions or approvals (including the timing and conditions thereof) related to our solutions, including our application for New York State Department of Health approval for Caris Assure; reliance on third-party suppliers; risks related to data security, patient privacy, and compliance with healthcare data protection regulations as well as potential cybersecurity threats to our data platforms; our compliance with laws and regulations; the outcome of government investigations and litigation; risks related to our indebtedness; and our ability to hire and retain key personnel as well as risks, uncertainties; and other factors described in the section titled "Risk Factors" and elsewhere in our Annual Report on Form 10-K filed on March 3, 2026, and in our other filings we make with the SEC from time to time. We undertake no obligation to update any forward-looking statements to reflect changes in events, circumstances or our beliefs after the date of this press release, except as required by law.

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