

INTRODUCTION

- Chemoimmunotherapy has become the standard first-line treatment for patients with advanced driver gene-negative NSCLC.
- However, eligibility criteria in clinical trials are often stringent, limiting the generalizability of trial results to real-world populations.
- Therefore, we conducted a retrospective real-world study to evaluate the effectiveness and safety of first-line tislelizumab plus chemotherapy in patients with advanced NSCLC.

Study Design

Key Inclusion Criteria:

1. Aged ≥ 18 years
2. Histologically/cytologically confirmed advanced NSCLC
3. No prior systemic treatment for ES-SCLC
4. ECOG PS 0-1

Induction Phase:

- Tislelizumab 200 mg D1
 - Histology-based chemotherapy
- Q3W 4-6 cycles**

Maintenance Treatment:

- Tislelizumab 200 mg
 - Pemetrexed 500 mg/m² for non-squamous NSCLC
- Q3W**

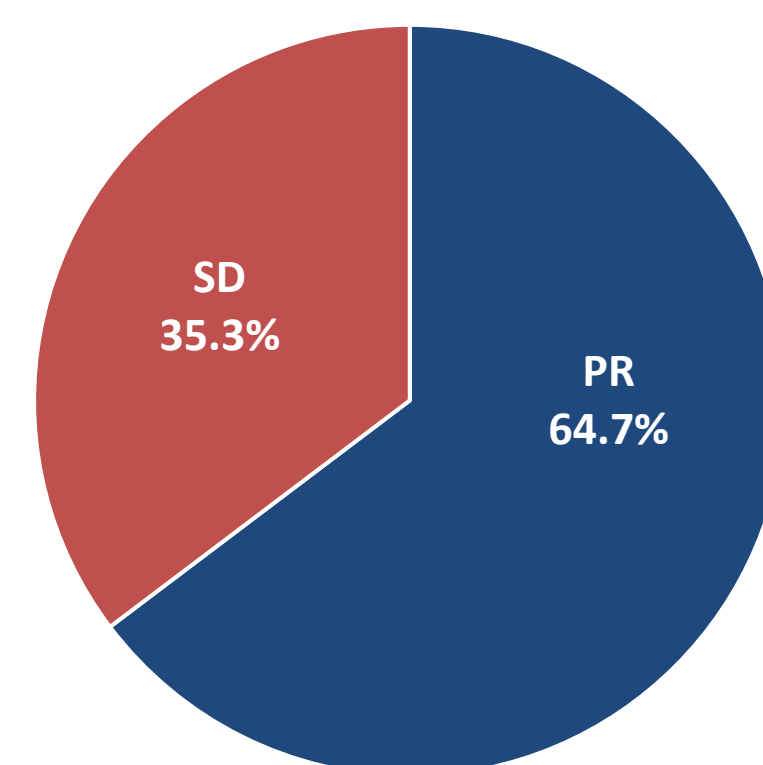
RESULTS

Between Jul 2023 and Sep 2025, 34 pts were included.

Table 1: Patient characteristic

Characteristic	n (%) N=34
Age (years) Median (range)	68 (43–78)
Male	29 (82.3%)
Current/Former smoker	27 (79.4%)
ECOG performance status	
0	5 (14.7%)
1	29 (85.3%)
T	
T1	7 (20.6%)
T2	4 (11.8%)
T3	8 (23.5%)
T4	12 (35.3%)
Tx	3 (8.8%)
N	
N0	3 (8.8%)
N2	9 (26.5%)
N3	18 (52.9%)
Nx	4 (11.8%)
TNM stage	
IIIA	1 (2.9%)
IIIB	2 (5.9%)
IIIC	2 (5.9%)
IV	29 (85.3%)
Histology	
Squamous	12 (35.3%)
Non-squamous	22 (64.7%)
PD-L1 expression	
Negative	14 (41.2%)
1–49%	6 (17.6%)
$\geq 50\%$	6 (17.6%)
NA	8 (23.5%)

Figure 1: Best Overall Response Distribution (N=34)



The median follow-up duration was 15.4 months.

Figure 2. PFS in the Overall Population

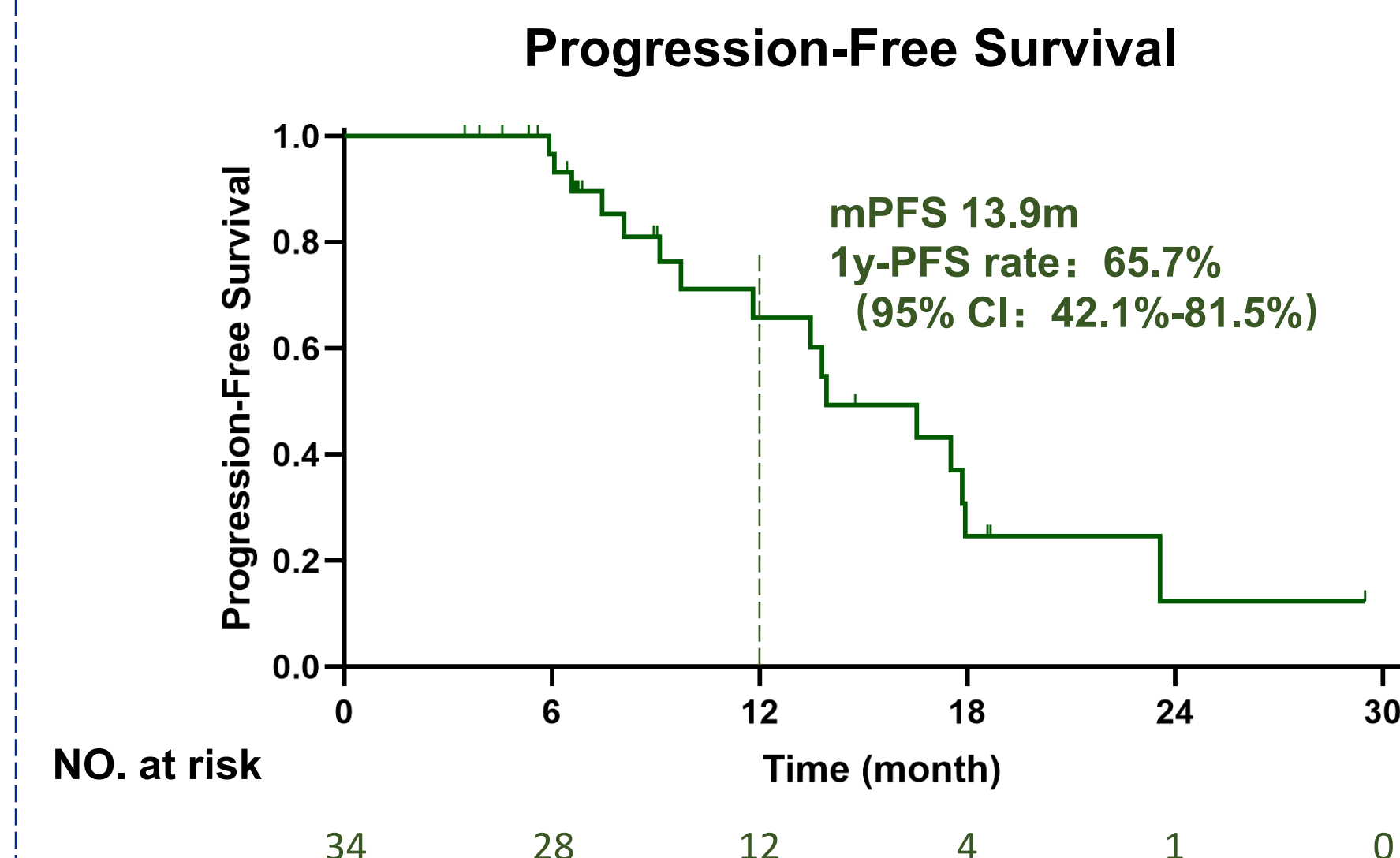


Table 2: Treatment-Related Adverse Events (TRAEs)

Treatment-related adverse event	Any grade, n (%)	Grade 3–4, n (%)
Any TRAE	27 (79.4%)	2 (5.9%)
Bone marrow suppression	12 (35.3%)	1 (2.9%)
Fatigue	11 (32.4%)	0 (0.0%)
Anemia	8 (23.5%)	0 (0.0%)
Nausea	8 (23.5%)	0 (0.0%)
Vomiting	4 (11.8%)	0 (0.0%)
Rash	3 (8.8%)	0 (0.0%)
Decreased platelet count	2 (5.9%)	0 (0.0%)
Decreased white blood cell count	2 (5.9%)	0 (0.0%)
Decreased appetite	2 (5.9%)	0 (0.0%)
Pruritus	2 (5.9%)	0 (0.0%)
Immune-related inflammation	2 (5.9%)	0 (0.0%)
Abnormal liver function	2 (5.9%)	0 (0.0%)

TRAEs with an incidence of $\geq 5\%$ are shown in the table.

CONCLUSION

- This real world analysis demonstrates that first line tislelizumab combined with chemotherapy provides meaningful clinical benefit with a manageable safety profile in patients with advanced NSCLC.