



EP11.35: A Clinical Study on the Safety and Efficacy of Chemotherapy Combined with Tislelizumab in Patients with Advanced Non-Small Cell Lung Cancer and Pulmonary Tuberculosis

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INTRODUCTION

- The optimal time to initiate immunotherapy after anti-tuberculosis treatment in patients with lung cancer complicated by pulmonary tuberculosis remains unclear.
- This study builds on a aimed at evaluating the safety and efficacy of combining chemotherapy with immunotherapy in patients with lung cancer and pulmonary tuberculosis following effective tuberculosis control.

CONCLUSION

- Preliminary data indicate that chemotherapy combined with immunotherapy is safe and feasible on the basis of effective tuberculosis control.

Preliminary Data (Ongoing)

- As of Dec 2026, 13 NSCLC patients with active tuberculosis enrolled; 7 achieved PR (ORR ~53.8%).
- No treatment-related discontinuations or deaths. Safety profile manageable with hematologic AEs as most common.
- All enrolled patients had well-controlled pulmonary tuberculosis lesions.

Artificial Intelligence (AI) Use Disclaimer

AI tools were used as a supportive tool for language polishing, text refinement and drafting of the poster text (including author biography). All research data, figures, study conclusions and clinical interpretations were generated and reviewed by the authors. AI did not contribute to data analysis, figure generation or scientific conclusions. All content was critically reviewed and verified by the authors to ensure evidence-based and clinically accurate.

METHODS

Sing-arm phase 2 (ChiCRT2500113923): Enrollment ongoing.

Eligible: Patients with driver gene-negative advanced non-small cell lung cancer and concurrent active pulmonary tuberculosis.

- Primary endpoint:** Incidence of grade 3 or above treatment-related adverse events.
- Secondary endpoint:** ORR, DCR, PFS.

Key Inclusion/Exclusion Criteria:

Aged 18–75 years
Histopathologically confirmed NSCLC, clinical stage IIIB or IV
Absence of EGFR/ALK/ROS1 mutations
ECOG PS score 0–1
No prior antitumor therapy
Patients with confirmed active pulmonary nodules

Anti-tuberculosis treatment for less than 6 weeks
Tuberculosis lesions confirmed to be under control by etiological and imaging evaluation

4–6 cycles of platinum-based doublet chemotherapy + PD1 inhibitor

PD1 inhibitor maintenance until disease progression

Primary endpoint: incidence of adverse reactions of grade 3 or above
Secondart endpoint: PFS, ORR, DCR, Effect of anti-tuberculosis

Figure 1: Flow graph