

Efficacy of Chemotherapy Plus Immunotherapy vs. Chemotherapy Plus EGFR-TKI after Progression on EGFR-TKI in EGFR-mutant NSCLC



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INTRODUCTION

- Optimal treatment after EGFR-TKI failure remains controversial
- Chemotherapy plus immune checkpoint inhibitor (ICI) or continued EGFR-TKI in combination with chemotherapy represent optional treatment strategies
- To compare the efficacy of the above two regimens

METHODS

Design:
Retrospective study

Patients
patients with EGFR-mutant NSCLC progressed on EGFR-TKI

Groups
CI group: chemotherapy + ICI (including Ivonescimab)
CT group: chemotherapy + continued/switched EGFR-TKI (Anti-angiogenic agents allowed in both groups)

Endpoints
primary: Progression-Free Survival (PFS)
second: ORR, DCR, OS

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Chemotherapy + ICI shows potential benefit post-EGFR-TKI
- Benefit was more pronounced in patients with positive PD-L1 expression or those receiving first-line subsequent therapy after EGFR TKI progression.
- Biomarker-guided selection needs prospective validation

Future Direction for Research

- biomarker-guided (e.g., PD-L1, TMB, ctDNA, genomic biomarkers) selection for chemotherapy+ICI post-TKI

REFERENCES & ACKNOWLEDGEMENTS

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RESULTS

Study Cohort

Total: N = 91
CI group (chemo + ICI): n = 61
CT group (chemo + continued/switched TKI): n = 30
Median follow-up: CI 12.40 mo vs. CT 84.13 mo
Baseline differences: Sex, age, brain metastasis, T790M, PD-L1

Efficacy Outcomes

Endpoint	CI Group	CT Group	P value/HR
Median PFS	7.73 mo (95% CI, 6.58-8.88)	5.03 mo (95% CI, 3.77-6.29)	HR 0.71 (95% CI, 0.43-1.16, P=0.169)
ORR	31.15%	6.67%	P=0.03
DCR	75.41%	76.67%	P=0.33

Subgroup & Exploratory Analyses

- Therapy line after TKI progression was an independent factor for PFS (P=0.018) and HR 0.369 (95%CI, 0.20-0.78)
- In PD-L1 ≥1% subgroup: mPFS: CI 7.90 mo(95%CI 7.10-8.71) vs. CT 1.97 mo (95%CI, 1.33-2.61) and HR 0.11 (95%CI, 0.02-0.54, P=0.007)

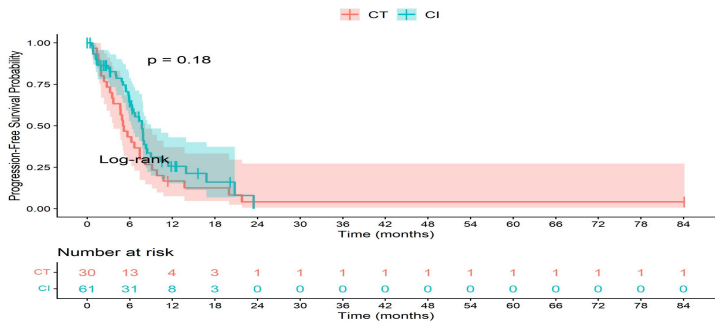


Figure1: Kaplan–Meier curves of PFS comparing CI and CT groups in the overall population (N=91).