



Clinical Outcomes of First-Line Tislelizumab Plus Chemotherapy in Extensive-Stage Small Cell Lung Cancer: A Multicenter Real-World Analysis

G. Jin¹, H. Feng², X. Song¹, L. Jia³, L. Wang⁴, J. Yu⁵, N. Xu⁶, J. Yao⁷, K. Ma⁸, Q. Wu⁹, H. Wu⁴, L. Di¹⁰, D. Zhang¹¹, X. Lv¹², H. Yang¹³, H. Xu², Z. Xue³, H. Guo⁴, R. Huang⁵, L. Yin⁶

¹ Second Hospital of Shanxi Medical University, Taiyuan/CN ² Shanxi Bethune Hospital, Taiyuan/CN ³ Yuncheng Central Hospital, Yuncheng/CN ⁴ The Second People's Hospital of Datong Cancer Hospital, Datong/CN ⁵ Heping Hospital Affiliated to Changzhi Medical College, Changzhi/CN ⁶ Shanxi Fenyang Hospital, Fenyang/CN ⁷ The First People's Hospital of Jinzhong, Jinzhong/CN ⁸ Jincheng People's Hospital, Jincheng/CN ⁹ Jinzhong Third Peoples Hospital, Jinzhong/CN ¹⁰ Linfen People's Hospital, Linfen/CN ¹¹ Linfen Central Hospital, Linfen/CN ¹² The First People's Hospital of Yangquan, Yangquan/CN ¹³ The Second People's Hospital of Jinzhong, Jinzhong/CN



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INTRODUCTION

- Immune checkpoint inhibitors (ICIs) plus platinum–etoposide chemotherapy have become the standard first-line treatment for extensive-stage small cell lung cancer (ES-SCLC). However, real-world evidence for tislelizumab combined with chemotherapy remains limited.
- We conducted a multicenter retrospective study across tertiary hospitals in China to evaluate the effectiveness and safety of first-line tislelizumab plus chemotherapy in patients with ES-SCLC.

Study Design

Key Inclusion Criteria:

1. Aged ≥ 18 years
2. Histologically/cytologically confirmed ES-SCLC
3. No prior systemic treatment for ES-SCLC

Induction Phase:

- Tislelizumab 200 mg D1
 - Carboplatin (AUC 5) or cisplatin (75 mg/m²) D1
 - Etoposide (100 mg/m²) D1-3
- *Optional: concurrent thoracic radiotherapy
- Q3W 4-6 cycles**

Maintenance Treatment:

- Tislelizumab 200 mg
Q3W

RESULTS

Between Nov 2020 and Dec 2025, 124 pts were included.

Table 1: Patient characteristic

Characteristic	n (%) N=124
Age (years) Median (range)	66 (38–86)
Male	104 (83.9%)
Current/Former smoker	78 (62.9%)
ECOG performance status	
0	29 (23.4%)
1	70 (56.5%)
2	15 (12.1%)
3	2 (1.6%)
Not recorded	8 (6.5%)
AJCC staging	
III	10 (8.1%)
IV	114 (91.9%)
Liver metastasis	23 (18.5%)
Brain metastasis	34 (27.4%)

The median follow-up duration was 6.3 months.

Figure 1. PFS and OS in the Overall Population and Radiotherapy Subgroup

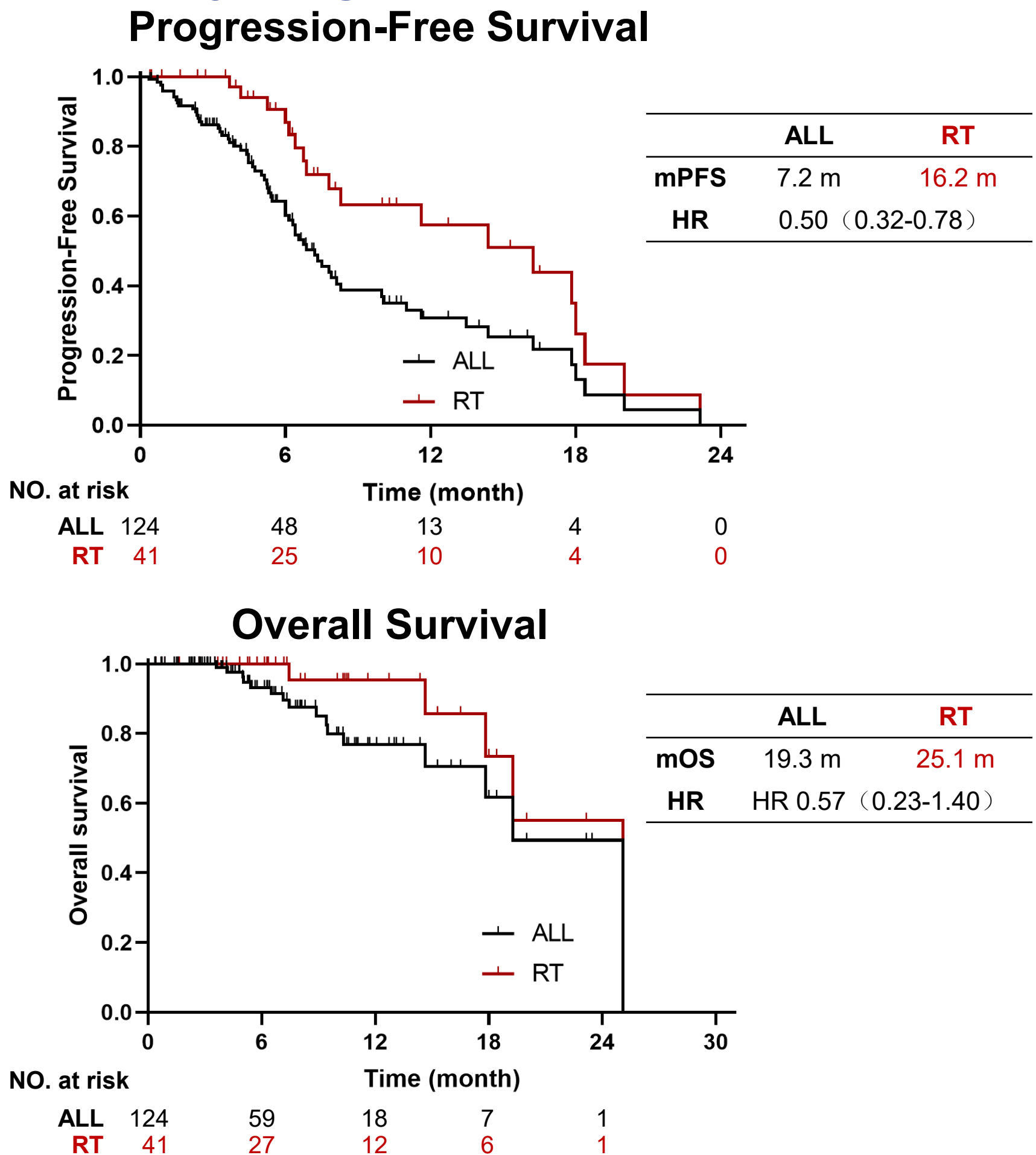


Table 2: Treatment-Related Adverse Events (TRAEs)

1. A total of 33 TRAEs occurred in 30 patients (24.2%).
2. The most common TRAEs were gastrointestinal reactions (10 patients, 8.1%) and bone marrow suppression (9 patients, 7.3%).
3. Grade ≥ 3 TRAEs occurred in 2 patients (1.6%), all of which were gastrointestinal reactions.

TRAE (n, %)	Patients, n	All grade	Grade ≥ 3
Gastrointestinal reactions	10	8.10%	2 (1.6%)
Bone marrow suppression	9	7.30%	0 (0.0%)
Pneumonitis	6	4.80%	0 (0.0%)
Pneumonia	2	1.60%	0 (0.0%)
Diarrhea	1	0.80%	0 (0.0%)
Hepatitis	1	0.80%	0 (0.0%)
Immune-related hypophysitis	1	0.80%	0 (0.0%)
Immune-related myocarditis	1	0.80%	0 (0.0%)

CONCLUSION

- This multicenter real-world study suggests that first-line tislelizumab combined with platinum–etoposide chemotherapy provides encouraging efficacy with an acceptable safety profile in patients with ES-SCLC.
- Furthermore, the addition of radiotherapy was associated with prolonged progression-free survival, indicating a potential survival benefit that warrants further prospective investigation.