

Neoadjuvant Adebrelimab Plus Chemotherapy Followed by Surgery in Resectable Stage II-III Small Cell Lung Cancer

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INTRODUCTION

Surgery is generally not recommended for small cell lung cancer (SCLC) beyond clinical stage I because of the high risk of early systemic micrometastatic spread. Patients with **node-positive, resectable stage II–III SCLC** require more effective multimodality treatment strategies. Neoadjuvant chemoimmunotherapy may improve systemic disease control and enhance pathological response in this setting, while potentially facilitating subsequent surgery in selected patients. Therefore, we investigated neoadjuvant adebrelimab plus etoposide/cisplatin (EP) followed by surgery in patients with node-positive, resectable stage II–III SCLC. The primary objectives were to evaluate **safety and pathological response**.

METHODS

-Patient Profile (n=6)

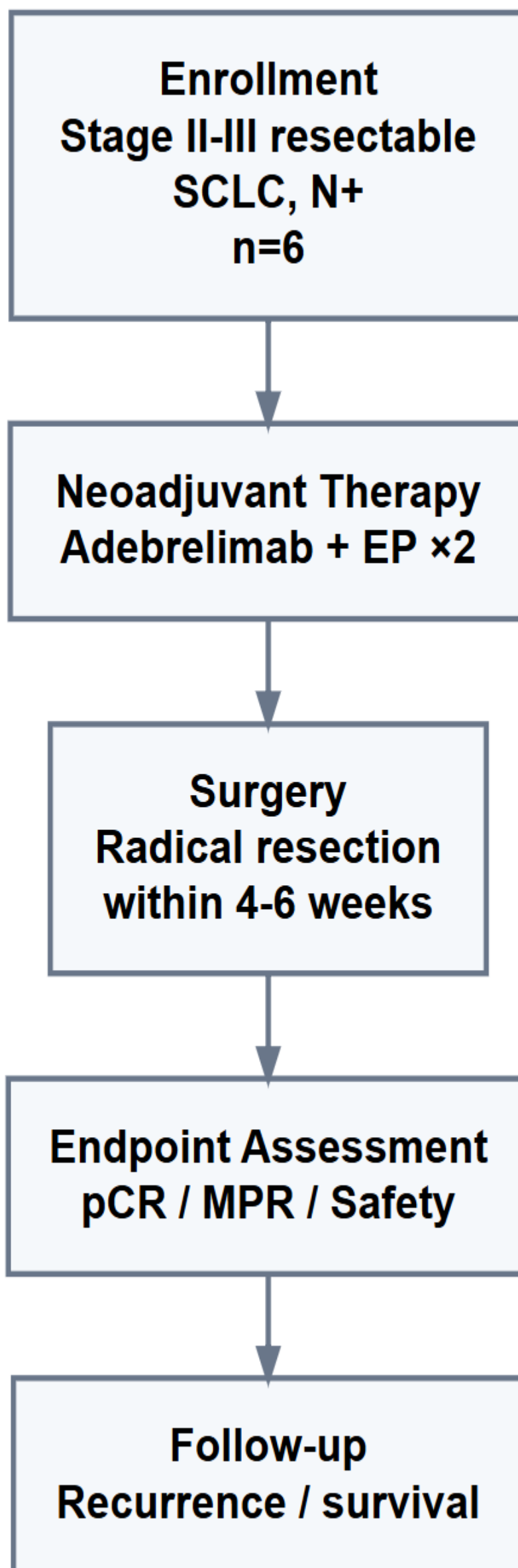
-Key Inclusion
Criterion Node-positive (N+),
resectable (SCLC)

-Treatment Strategy
Neoadjuvant Therapy
Adebrelimab +EP for 2 cycles

-Surgery
All patients underwent
lobectomy (100%).

-Endpoints
Primary Endpoint
Pathological complete response
(pCR)

-Secondary Endpoints
Major pathological response
(MPR), perioperative safety,
and early recurrence outcomes



DISCUSSION AND CONCLUSION

Feasibility and Safety

Neoadjuvant adebrelimab plus chemotherapy followed by surgery was feasible in patients with node-positive, resectable stage II–III SCLC, with manageable toxicity and no unexpected surgical delays.

Encouraging Efficacy

The regimen demonstrated encouraging pathological responses, with an MPR rate of 66.7% and a pCR rate of 33.3%.

Future Directions

These preliminary findings support further prospective evaluation of neoadjuvant adebrelimab plus chemotherapy followed by surgery. A prospective investigator-initiated trial (IIT) is currently ongoing (ChiCTR2600127866).

REFERENCES & ACKNOWLEDGEMENTS

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ARTIFICIAL INTELLIGENCE (AI) USE DISCLOSURE

No AI tools were used in the generation of this poster. All scientific content, data interpretation, and conclusions were independently reviewed and approved by the presenting author.

RESULTS

CURRENT COHORT

n = 6

PATHOLOGIC CR

33.3%

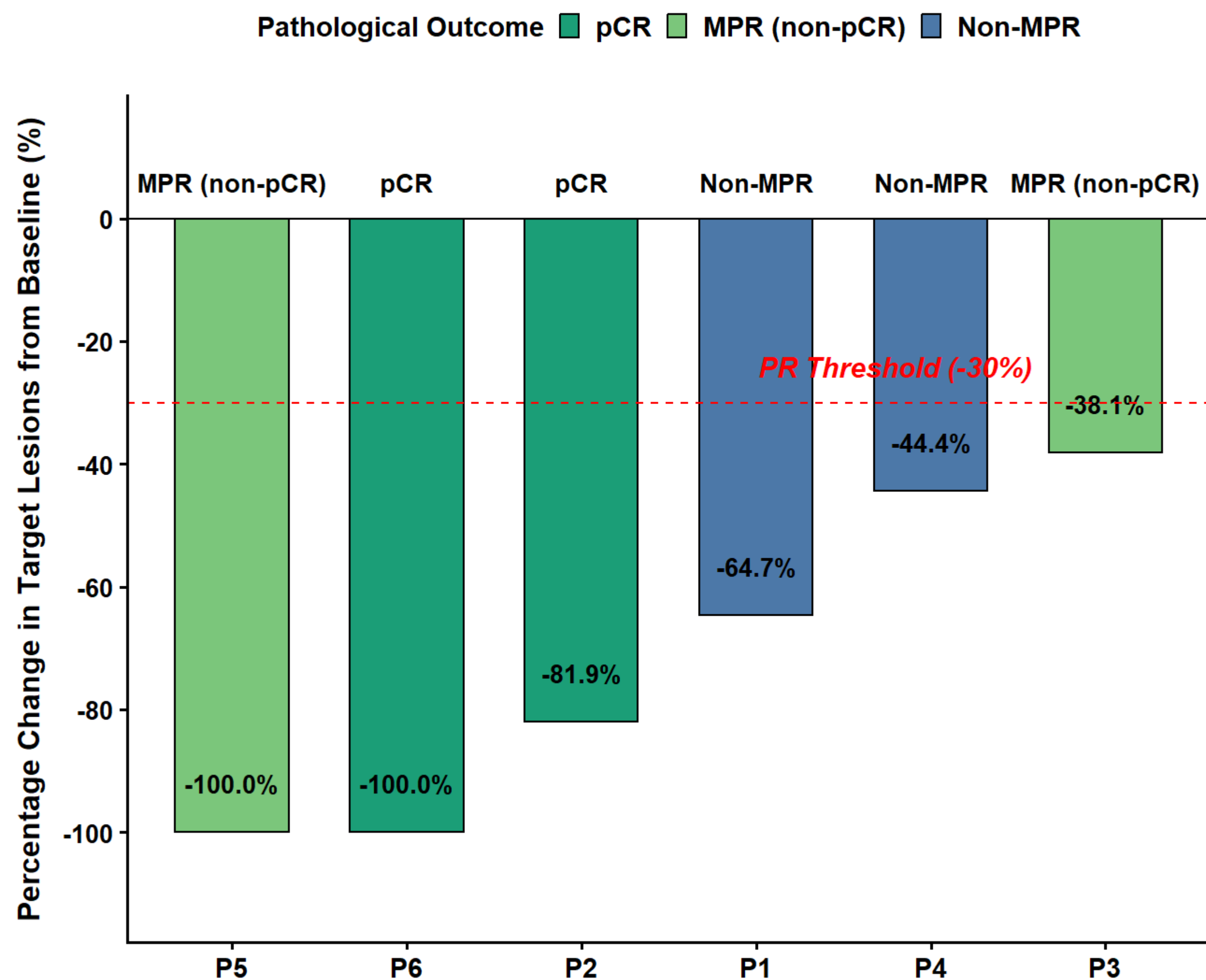
MAJOR PATHOLOGIC RESPONSE

66.7%

EARLY FOLLOW-UP

0 recurrence / death

Radiographic Response According to Pathological Response



SAFETY AND PERIOPERATIVE OUTCOMES

Surgical Feasibility

R0 resection was achieved in all patients (100%), with no treatment-related surgical delays.

Manageable Toxicity

Most adverse events were Grade 1–2; only one Grade 3 event (nausea and vomiting) was observed and resolved before surgery.

Perioperative Safety

No severe perioperative complications or perioperative mortality were observed.

Early Follow-up All patients (100%) remained alive and recurrence-free at the data cutoff, with a maximum follow-up of 12 months.