

EP13.11: Real-World Outcomes of First Line Carboplatin-Etoposide-Atezolizumab in Extensive Stage Small Cell Lung Cancer



A. Medina del Valle¹, O. Mérida Zapata¹, Á. Herrero Castilla¹, J. Rodríguez Garduño¹, C. Álvarez Barbero¹, A. Rodríguez Cobos¹, A. de la Paz Pérez², M.J. de Miguel Arroyo², N. González García², **R. Lopez-Castro**^{1,3}

1 Hospital Clínico Universitario de Valladolid, Valladolid/ES; 2 Hospital Universitario del Bierzo, Ponferrada/ES; 3 Universidad de Valladolid, Valladolid/ES

Correspondence: rlopezc@saludcastillayleon.es



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INTRODUCTION

Chemo-immunotherapy with platinum-etoposide plus atezolizumab is standard first-line therapy for extensive-stage small-cell lung cancer (ES-SCLC), yet real-world evidence (RWE) on effectiveness and tolerability remains limited. We conducted a two-center retrospective analysis to evaluate outcomes in an unselected clinical population treated with an IMpower133-based regimen.

METHODS

Here we present updated results of 118 ES-SCLC patients who initiated carboplatin-etoposide-atezolizumab (CP-A) as 1st line therapy. All data extracted from routine electronic medical records. Progression-free survival (PFS) defined as time from treatment initiation to radiologic progression or death; non-progressors alive at last follow-up were censored. Overall survival (OS) was calculated from diagnosis to death, with survivors censored at last visit. Kaplan-Meier methods were used for time-to-event analyses. Median follow-up was 31.0 months

DISCUSSION AND CONCLUSION

- In this RWE cohort, 1st line CP-A demonstrated survival outcomes comparable to pivotal trials, even with a substantial proportion of patients presenting with high tumor burden, and ECOG ≥ 2 .
- These findings support the robustness of chemo-immunotherapy effectiveness in routine practice.
- Ongoing work will explore the benefits of 1st line CP-A in a wider multicentric cohort and relation of IR-AEs with survival benefits

REFERENCES & ACKNOWLEDGEMENTS

All authors contributed equally to study design and data acquisition, abstract redaction and poster creation and approval
Corresponding author also performed statistical analyses, database depuration and final submission

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Google Gemini and Perplexity were utilized strictly for statistical processing, generating graphics, and English language editing. All clinical interpretations and medical judgments were made independently by the authors.

RESULTS (updated from abstract)

Characteristic	Value
Sample size (N)	118
Age at diagnosis (years)	Median: 68.0 (Range: 29.0 - 87.0)
ECOG PS at diagnosis	ECOG 0/1/2/3/4: 39.8%/39.8%/13.6%/5.9%/0.8%
Sex	Male/female: 67.8%/32.2%
Smoking habit	Smokers 98.3%; Heavy smokers (PYI ≥ 30): 83.1%
Tumor burden (extrapulmonary sites)	Median: 2.0 (Range: 0 - 6)
Maintenance cycles	Median: 4.0 (Range: 0 - 81)
Median follow-up	31.0 months
Median Progression-Free Survival (mPFS)	6.5 months
Median Overall Survival (mOS)	13.7 months

