



EP13.15: Durvalumab as Consolidation Therapy in Patients With LS-SCLC Following sCRT: A Multicenter Retrospective Study

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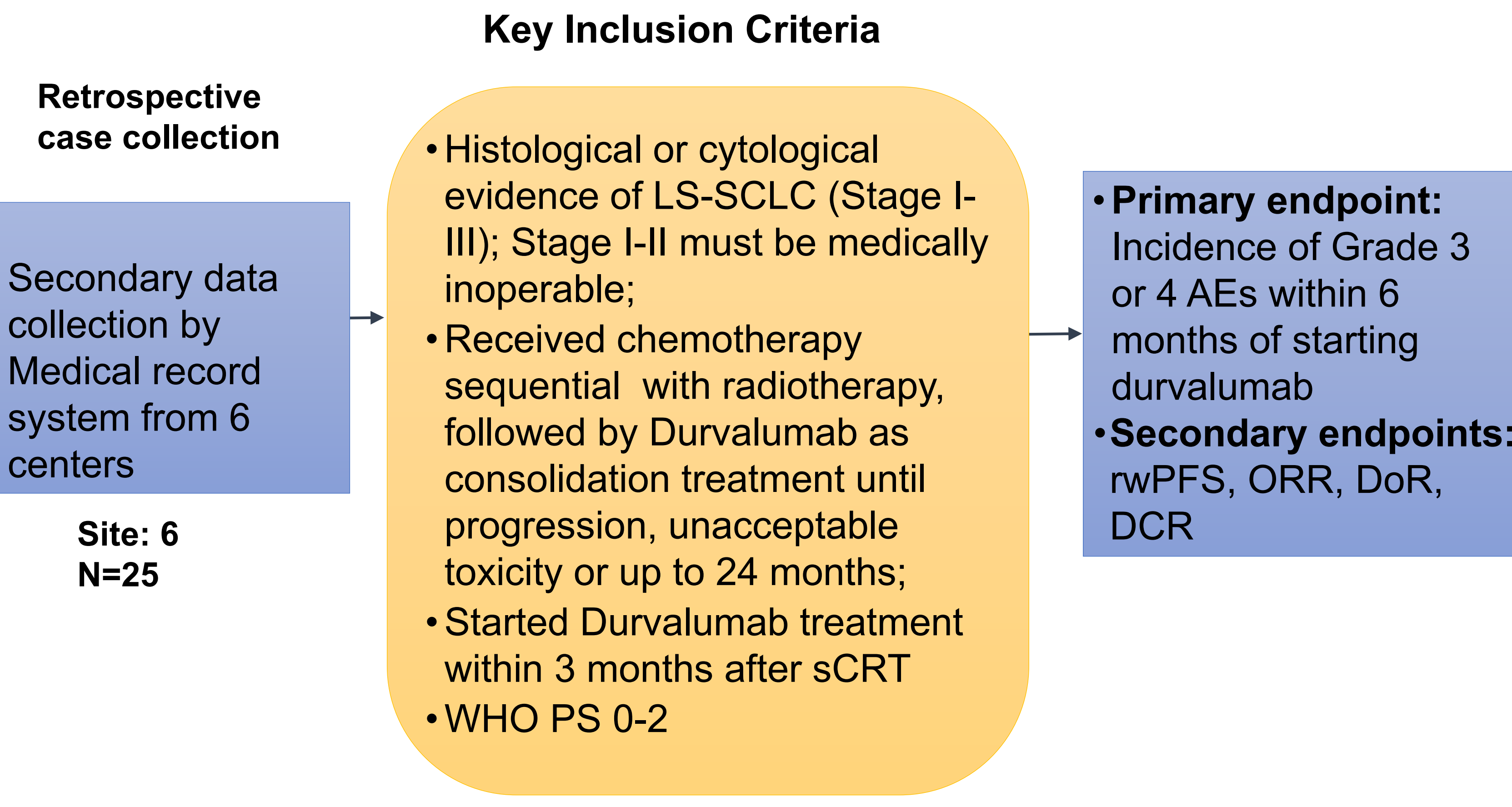
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INTRODUCTION

Limited-stage small cell lung cancer (LS-SCLC) remains therapeutically challenging with poor long-term outcomes. While the ADRIATIC trial demonstrated survival benefits with durvalumab consolidation after concurrent chemoradiotherapy (cCRT), sequential chemoradiotherapy (sCRT) is also commonly used in clinical practice. Real-world evidence on durvalumab consolidation following sCRT remains limited. This study aimed to assess the real-world safety and effectiveness of durvalumab consolidation in LS-SCLC patients who did not progress after sCRT.

METHODS

This multicenter, retrospective, single-arm study collected 25 LS-SCLC patients who started durvalumab consolidation within 3 months after sCRT without disease progression. The primary endpoint was the incidence of grade 3/4 adverse events (AEs) within 6 months of initiating durvalumab. Secondary endpoints included real-world progression-free survival (rwPFS), objective response rate (ORR), duration of response (DoR), and disease control rate (DCR). DCO: 2 Dec 2025.



REFERENCES & ACKNOWLEDGEMENTS

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Key References:

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RESULTS

This study collected 25 patients from 9 Dec 2019 to 10 Apr 2025 (84.0% male; median age 64 years). Chemotherapy regimens were etoposide combined with carboplatin in 60.0% of patients, with 4–6 cycles. Prophylactic cranial irradiation was administered to 56.0% of patients. The radiotherapy dose ranged from 45.0 Gy to 66.0 Gy. The incidence of grade 3 AEs within the first 6 months of Durvalumab treatment was 24.0% (6/25 patients). No grade 4 or 5 AEs were reported. The most common AEs were radiation pneumonitis 7(28.0%) and fatigue 5(20.0%).The ORR of Durvalumab treatment was 20.0% (95% CI: 6.8-40.7), with 4 patients achieving complete response (CR) and 1 partial response (PR). DCR of Durvalumab treatment was 96.0% (95% CI: 79.7–99.9).

Table 1. Baseline demographic and clinical characteristics

Characteristics	N=25
Age, years, median (range)	64.0 (52.0-76.0)
sex, n (%)	
Male	21 (84.0)
Female	4 (16.0)
Smoking history, n (%)	
Yes	17 (68.0)
No	8 (32.0)
Chemotherapy regimen, n (%)	
EC	15 (60.0)
EP	7 (28.0)
EC+EP	2 (8.0)
EN	1 (4.0)
Radiotherapy dose, Gy, median (range)	54.0 (45.0-66.0)
PCI, n (%)	
Yes	14 (56.0)
No	11 (44.0)
Best response to sCRT, n (%)	
CR	1 (4.0)
PR	23 (92.0)
SD	1 (4.0)

EC, Carboplatin–etoposide; EP, Cisplatin–etoposide; EN, Nedaplatin–etoposide; CR, Complete response; PR, Partial response; SD, Stable disease

Table 2. AEs within the first 6 months of Durvalumab treatment

All-cause AEs	Patients, n (%)
Any grade AEs, n (%)	18 (72.0)
Grade 1 AEs, n (%)	15 (60.0)
Grade 2 AEs, n (%)	6 (24.0)
Grade 3 AEs, n (%)	6 (24.0)

Table 3. Objective Responses*

End Point	Patients, n (%)
Best response during Durvalumab treatment, n (%)	
CR	4 (16.0)
PR	1 (4.0)
SD	18 (72.0)
PD	1 (4.0)
Unable to evaluate	1 (4.0)
ORR	5 (20.0)
DCR, % (95% CI)	96.0 (79.7-99.9)

*The response to durvalumab was measured using post-sCRT assessment as a baseline
PD, Progressive disease; ORR, Objective response rate; DCR, Disease control rate

CONCLUSION

Durvalumab consolidation following sCRT showed a manageable safety profile and promising effectiveness in real-world LS-SCLC patients. These findings establish it as a viable treatment option and help bridge the evidence gap between clinical trials and real-world practice. And follow-up for this study will continue to observe long-term efficacy.