

Adebrelimab combined with famitinib and chemotherapy as first-line treatment for ES-SCLC: A prospective case series

Zhao Yanbin¹, Wang Song², Zhang Liangyu³, Liu Mingyang⁴, Li Sirui³, Ji Kunxiang⁴, Pu Haihong¹, Tan Wei², Li Yinghong¹, Wang Jing², Guan Chunying², Liu Jinglei¹, Li Xin¹, Zhao Qingjuan², Tang Songyan², Shi Lei⁴, Yang Fang³

¹Harbin Medical University Cancer Hospital, ²Mudanjiang Cancer Hospital, ³Daqing Oilfield General Hospital, ⁴Beidahuang Industry Group General Hospital

Correspondence: zhaoyanbin1978@sina.com

IASLC 2026 World
Conference on Lung Cancer

SEPTEMBER 12 - 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

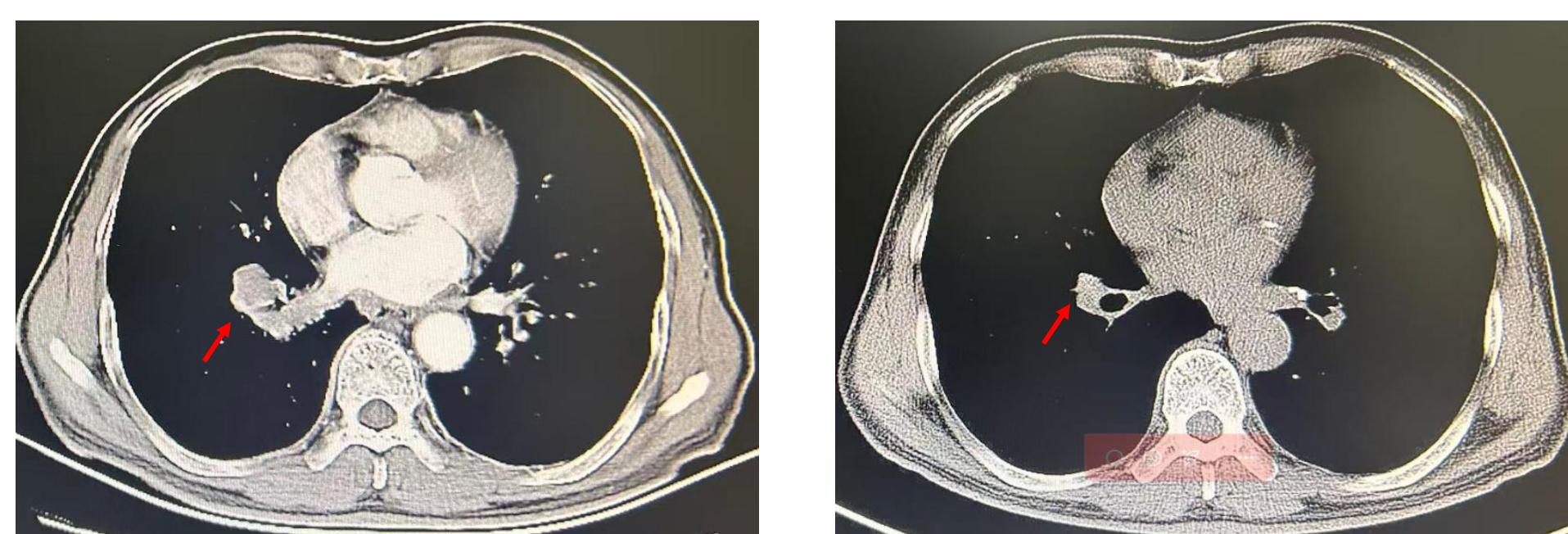
Immunochemotherapy has established itself as the standard-of-care therapeutic paradigm for extensive-stage small-cell lung cancer (ES-SCLC). Anti-angiogenic agents may enhance the efficacy of immune checkpoint inhibitors by normalizing tumor vasculature and modulating the tumor micro-environment. However, data on the triple combination of anti-PD-L1, anti-angiogenic therapy, and chemotherapy remain limited in ES-SCLC. This prospective case series reports the safety and preliminary efficacy of adebreli-mab combined with famitinib and chemotherapy in 6 patients from the safety run-in phase of a clinical trial.

CASE DESCRIPTION

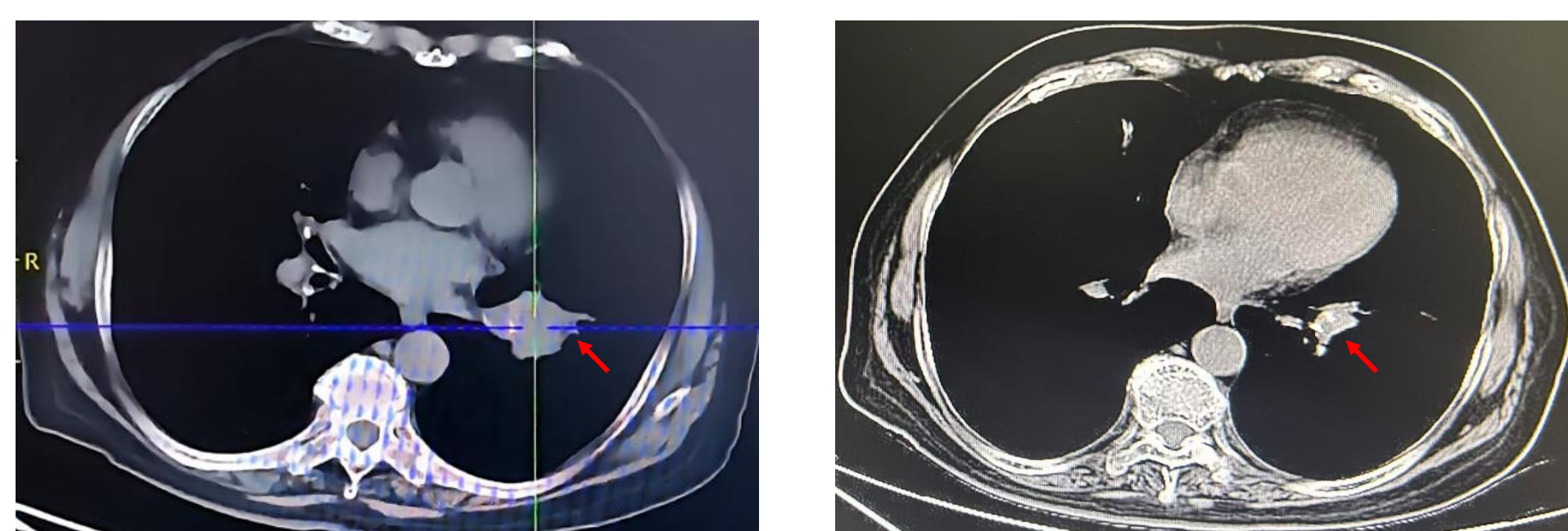
Six treatment-naïve patients with histologically confirmed ES-SCLC were enrolled. Median age was 69 (range 57–71) years; 4 (66.7%) were male, 5 (83.3%) had an ECOG PS of 1. All patients received induction therapy with adebreli-mab (1200 mg IV Q3W), famitinib (20 mg PO QD), and etoposide plus cisplatin or carboplatin (Q3W), followed by maintenance with adebreli-mab plus famitinib. No dose-limiting toxicities

(DLTs) occurred during the first cycle. Treatment-related adverse events (TRAEs) were mostly grade 1-2. Grade 3 TRAEs included neutropenia (n=2) and pulmonary embolism (n=1). All 6 patients achieved partial response, with an objective response rate of 100% and disease control rate of 100%. Tumor reduction ranged from 53.6% to 86.3%. As data cutoff on March 31, 2026, the median cycle of adebreli-mab was 22 (range 6-22). One patient with a PFS of 5.8 months died at an OS of 6.5 months. Another patient with a PFS of 7.7 months died at an OS of 15.8 months. A third patient died with an overall survival of 6.9 months. The remaining three patients continued to exhibit a sustained partial response.

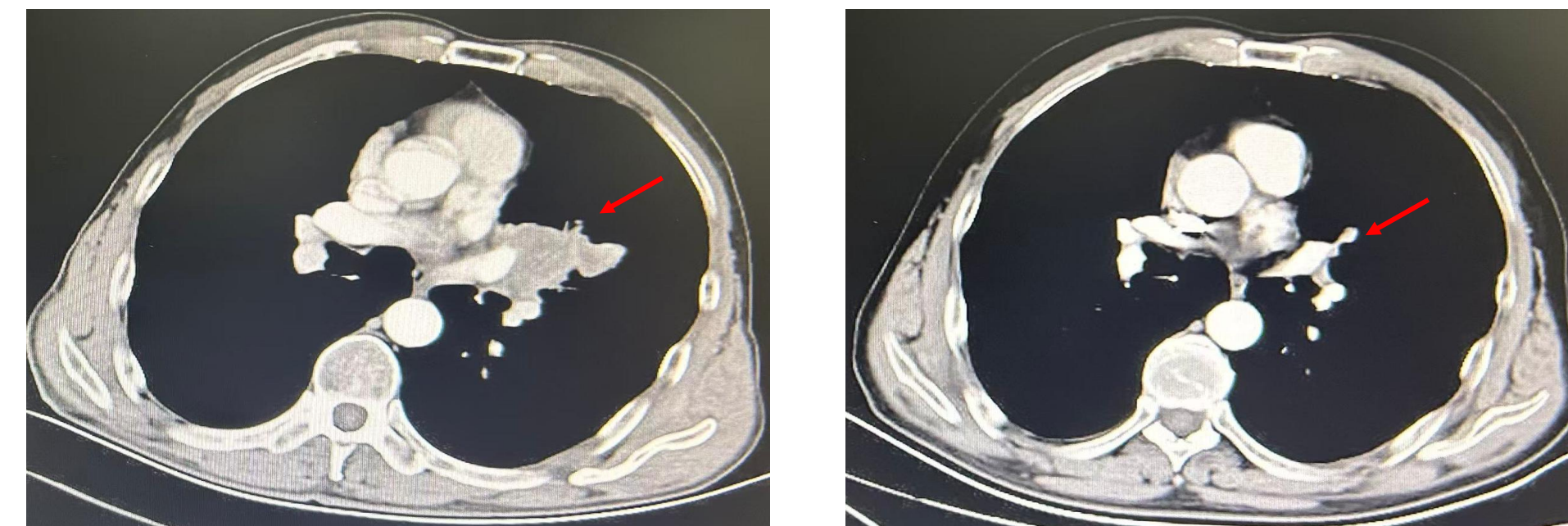
RESULTS



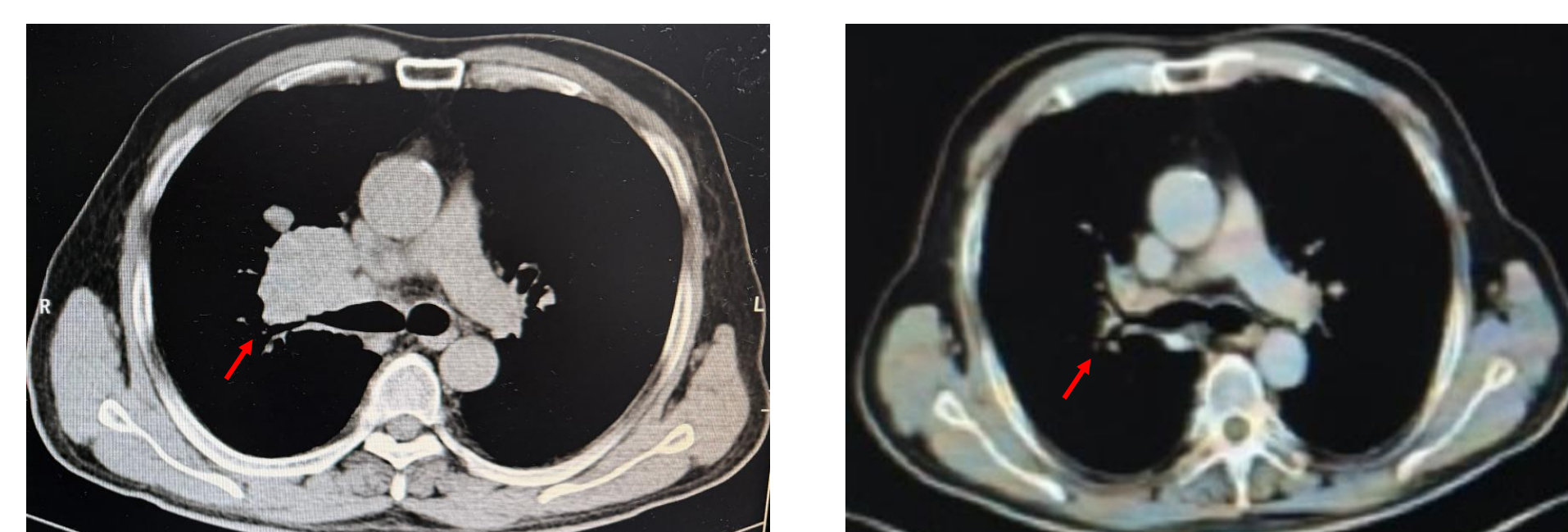
Case 1 Pre-treatment / Post-treatment



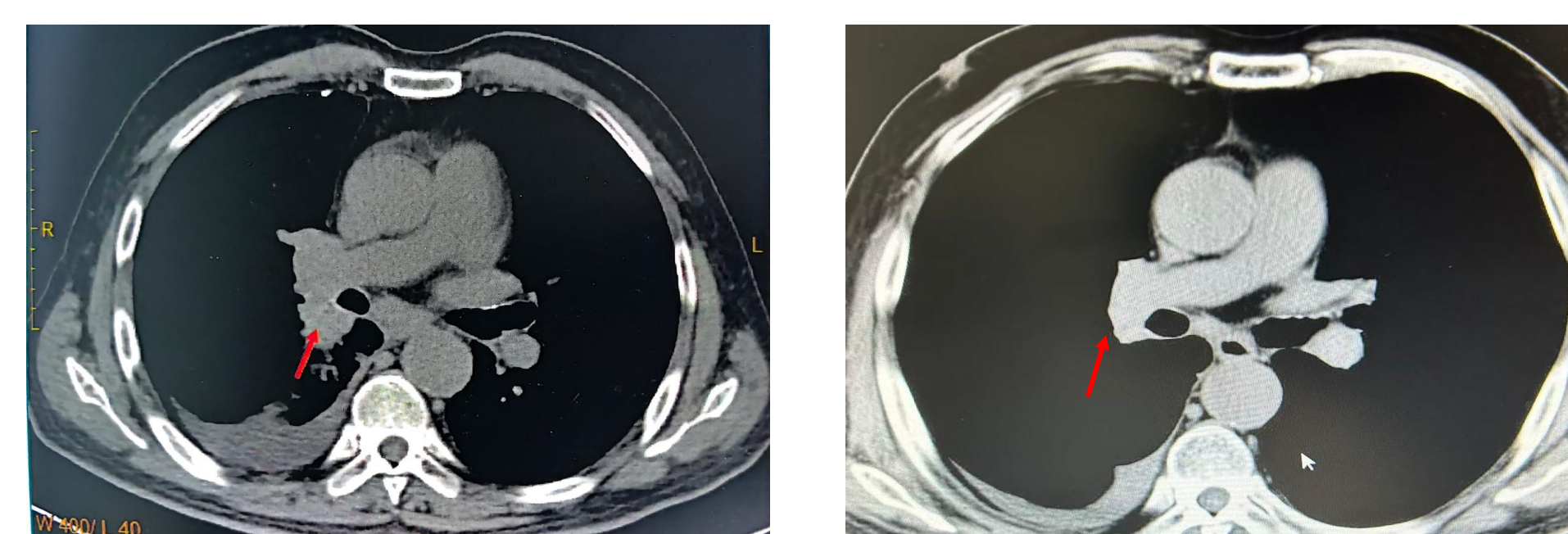
Case 2 Pre-treatment / Post-treatment



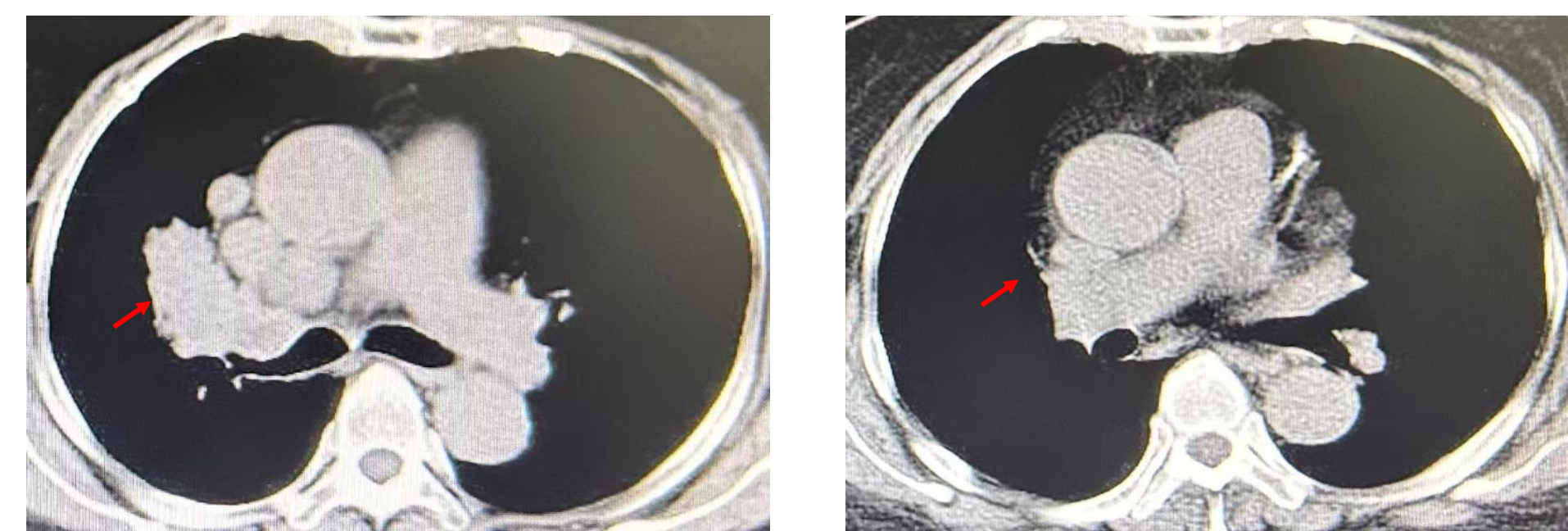
Case 3 Pre-treatment / Post-treatment



Case 4 Pre-treatment / Post-treatment



Case 5 Pre-treatment / Post-treatment



Case 6 Pre-treatment / Post-treatment

DISCUSSION

This triple combination regimen demonstrated promising antitumor activity, with 5/6 patients achieving long-term disease control (>6 months PFS). The safety profile was manageable, with most adverse events reversible and consistent with the known toxicities of each agent.

Notably, the addition of famitinib to immunochemotherapy did not cause unexpected severe toxicities, confirming the feasibility of this combination. These findings support the synergistic rationale of anti-angiogenic therapy with PD-L1 inhibition in ES-SCLC, providing evidence for this novel triplet regimen. The lessons learned highlight the potential of this combination to improve outcomes in ES-SCLC, with careful monitoring of hematologic toxicities.

CONCLUSION

This case series demonstrates that the novel triple-combination of adebreli-mab, famitinib, and platinum-based chemotherapy exhibits encouraging preliminary antitumor activity and a manageable safety profile as a first-line intervention for ES-SCLC. This safety run-in data supports further clinical development of this triplet regimen.

KEYWORDS

ES-SCLC, Adebrelimab, Famitinib

CLINICAL TRIAL

NCT06306560