



#2326:A Prospective Study of Irinotecan Liposome and Cisplatin Chemotherapy Plus Sequential Radiotherapy for Patients with Extensive-Stage Small Cell Lung Cancer

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INTRODUCTION

Background:

- ES-SCLC carries poor prognosis.
- Irinotecan plus platinum is an established regimen.
- Liposomal irinotecan prolongs SN-38 exposure and may enhance efficacy.
- Data in ES-SCLC remain limited.

Objective:

- To evaluate the efficacy and safety of irinotecan liposome (nal-IRI) combined with cisplatin therapy, followed by consolidation radiotherapy.

DISCUSSION AND CONCLUSION

- Nal-IRI/cisplatin plus sequential consolidation radiotherapy is a promising first-line strategy for ES-SCLC.
- These results justify further evaluation in larger randomized trials.

REFERENCES&ACKNOWLEDGEMENTS

References:

1. Fruh M, De Ruyscher D, Popat S et al (2013) Small-cell lung cancer (SCLC): ESMO clinical practice guidelines for diagnosis, treatment and follow-up. Ann Oncol. 24(Suppl 6):99–105

Acknowledgments:

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RESULTS

- Between June 2024 and March 2026, a total of 21 patients were enrolled.
- The median age was 63 years (range: 55-85 years). Five patients had liver metastases, and three patients had brain metastases.
- Among the 18 patients evaluable for efficacy, the ORR and DCR were 83.33% and 100%, respectively.
- The ORR was 100% (10/10) for first-line treatment and 62.5% (5/8) for second-line treatment.
- The median follow-up duration was 8.57 months (1.54-20.96 months). The mPFS was 9.97 months in the first-line setting and 4.3 months in the second-line setting (Figure 1C).
- The mOS has not yet been reached in the first-line setting, whereas it was 10.2 months in the second-line setting (Figure 1D).
- Grade ≥ 3 treatment-related adverse events rate was 38.1% (8/21), with neutropenia being the most frequent (28.6%). Diarrhea, anemia, and thrombocytopenia were observed in one patient each (4.7%), and one patient discontinued treatment due to toxicity.

Methods

Design:

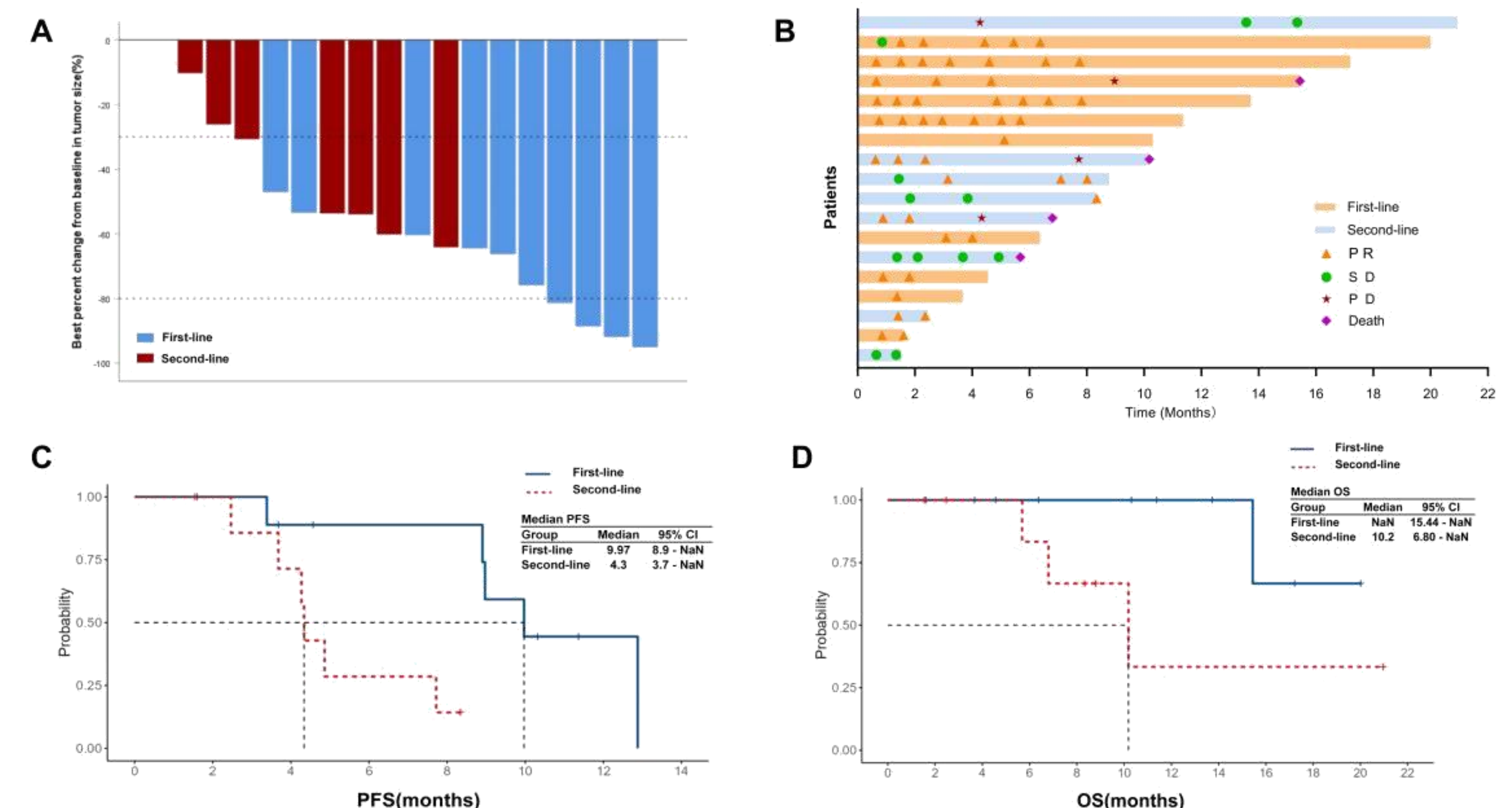
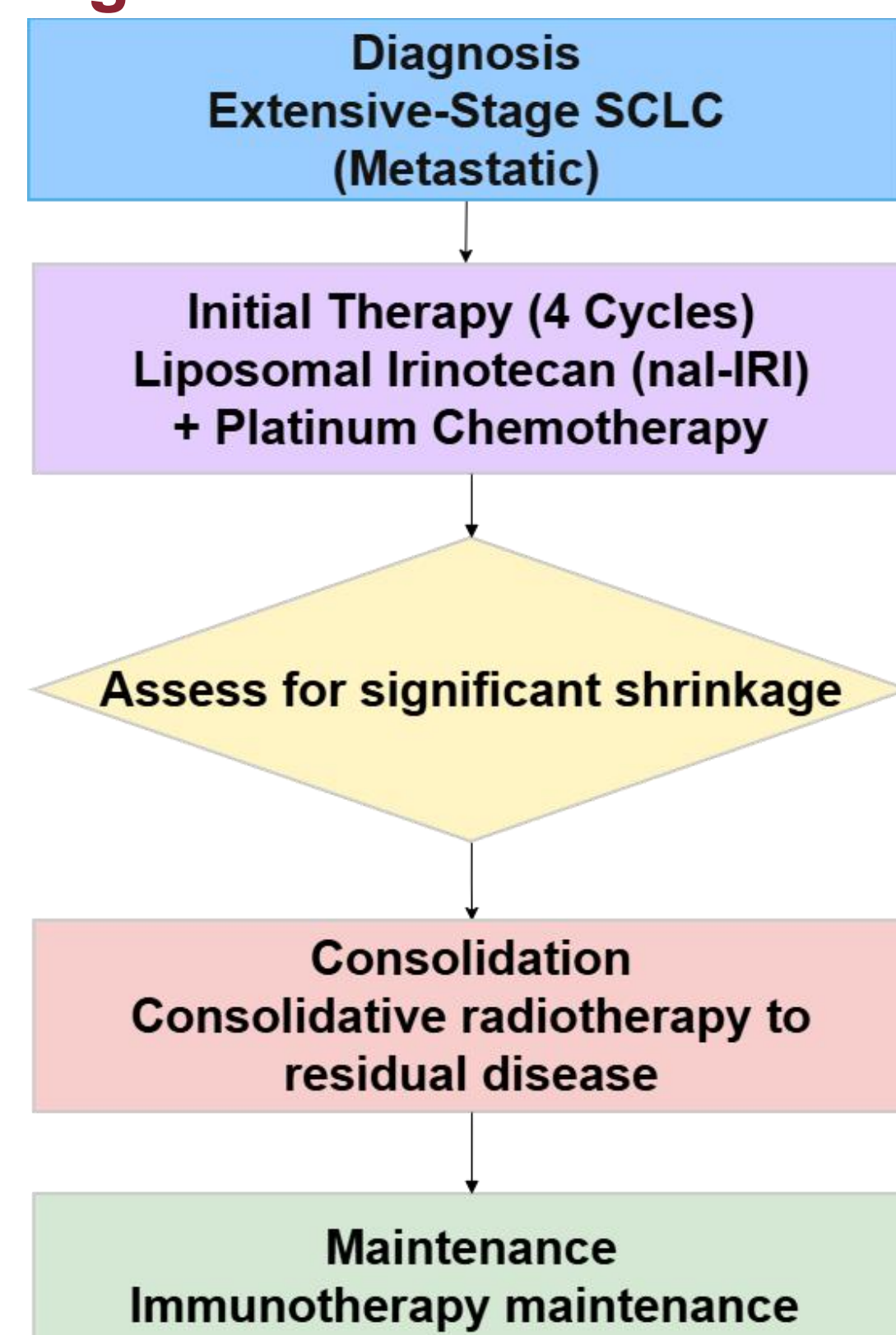


Figure 1. (A) Best percent change from baseline in tumor size. (B) Duration of therapy and tumor response for individual patients. (C) Progression-free survival. (D) Overall survival.