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EP13.30: Efficacy of Immune Crossover Therapy in Extensive-Stage Small Cell Lung Cancer

Xuanxuan Tao, Jing Xu, Dongmei Yuan, Tangfeng Lü*

Department of Respiratory and Critical Care Medicine, Jinling Hospital,

Affiliated Hospital of Medical School, Nanjing University,

No. 305 Zhongshan East Road, Xuanwu District, Nanjing 210002, China

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Background and Methods

Clinical Question

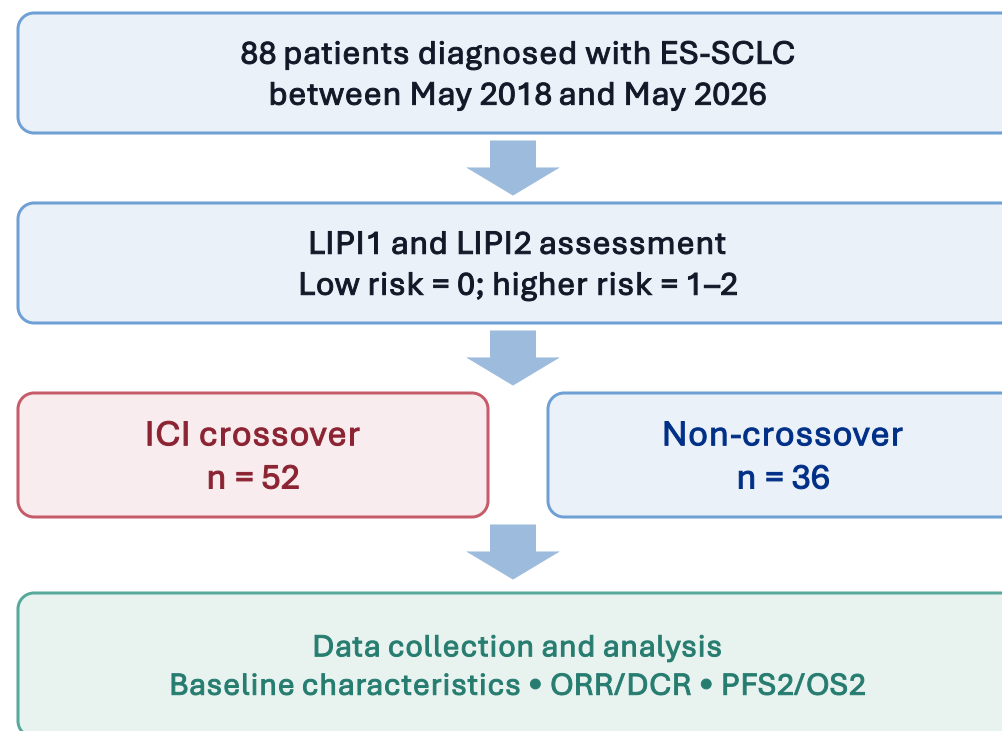
CLINICAL CONTEXT

First-line immunochemotherapy is standard for ES-SCLC, yet the value of continuing ICIs after progression remains uncertain.

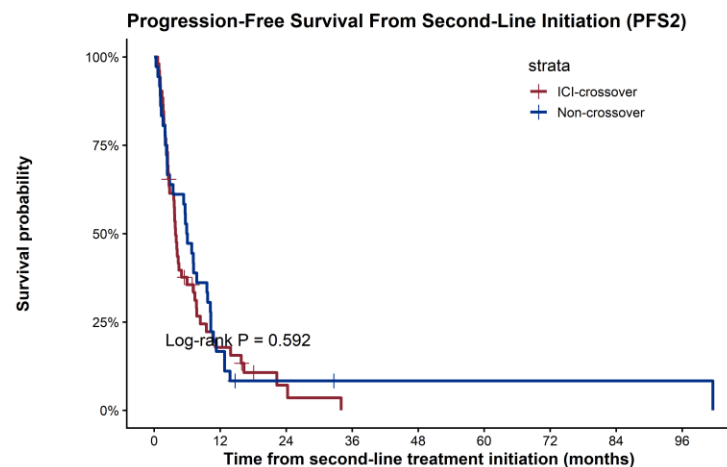
STUDY OBJECTIVE

Compare second-line outcomes between ICI crossover and non-crossover strategies, and evaluate LIPI2 as a prognostic biomarker.

Study Flow



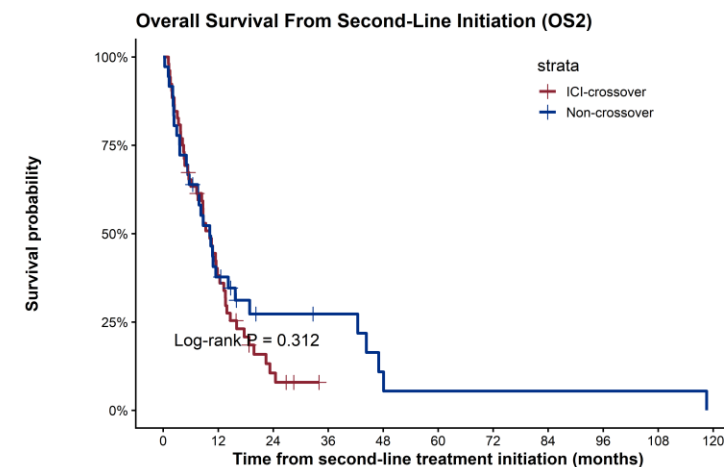
ICI crossover showed no significant survival or response benefit



Number at risk

ICI-crossover	52	8	2	0	0	0	0	0	0
Non-crossover	36	6	2	1	1	1	1	1	1

PFS2: log-rank P = 0.592

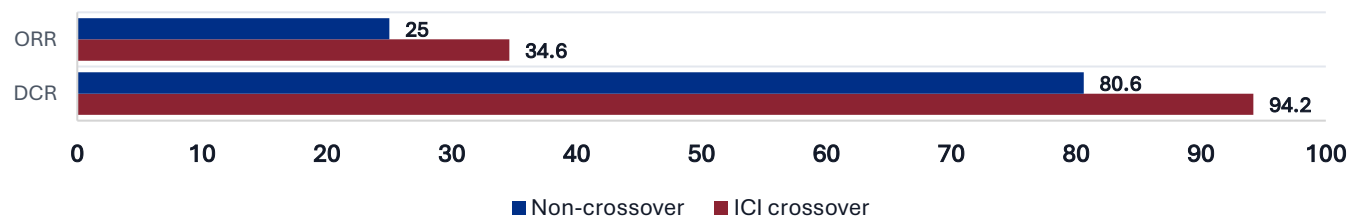


Number at risk

ICI-crossover	52	18	4	0	0	0	0	0	0	0
Non-crossover	36	13	6	5	2	1	1	1	1	0

OS2: log-rank P = 0.312

SHORT-TERM EFFICACY



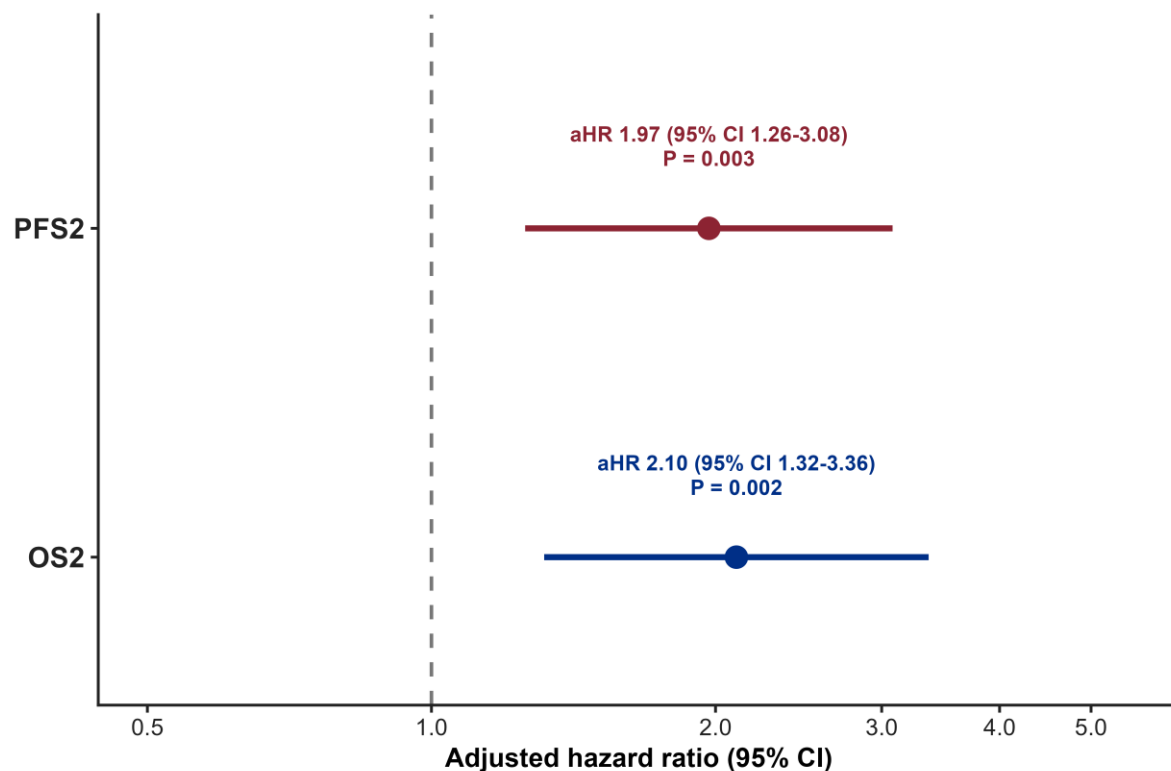
DCR 94.2% vs 80.6% P = 0.100
ORR 34.6% vs 25.0% P = 0.467

ICI crossover vs non-crossover; differences were not statistically significant.

High-risk LIPI2 independently predicted poorer PFS2 and OS2

Higher-risk LIPI2 Is Independently Associated With Poorer Survival

Cox models adjusted for second-line treatment strategy; reference: low-risk LIPI2 (score 0)



Higher-risk LIPI2: scores 1-2. Points indicate aHRs; horizontal lines indicate 95% CIs.

KEY FINDING

PFS2: aHR 1.97
(95% CI 1.26–3.08), P = 0.003

OS2: aHR 2.10
(95% CI 1.32–3.36), P = 0.002

CONCLUSION

ICI crossover did not significantly improve overall outcomes. LIPI2 may support biomarker-guided patient selection; prospective validation is required.

LIMITATIONS

Retrospective single-center design, modest sample size, and residual confounding.

ACKNOWLEDGEMENTS

We thank all patients and clinical staff involved in this study. Thank you.