

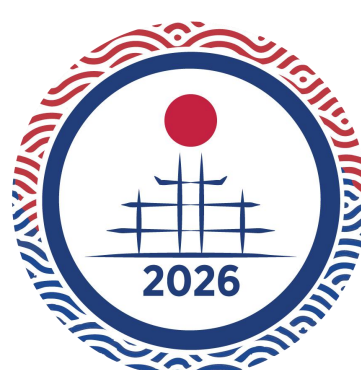


EP13.31Tislelizumab Combined With EP/EC Chemotherapy and Anlotinib Followed by Sequential Radiotherapy as First-Line Treatment for ES-SCLC

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INTRODUCTION

- Despite advances in first-line chemoimmunotherapy, prognosis of ES-SCLC remains poor.
- Anti-angiogenic therapy and consolidative radiotherapy may further improve outcomes. We evaluated tislelizumab plus EP/EC chemotherapy and anlotinib followed by sequential radiotherapy in treatment-naïve ES-SCLC patients.

METHODS

Design:

Key eligibility criteria

N = 20

- Confirmed SCLC
- Age 18–75 years
- No prior systemic therapy
- ES-SCLC; ECOG PS 0–1
- Measurable disease (RECIST v1.1)
- Stable brain metastases permitted

Induction therapy
Tislelizumab + Anlotinib* + EP/EC
Q3W × 4

Investigator assessment for RT

Suitable for RT

Not suitable for RT

Radiotherapy

Investigator-selected
treatment strategy

Maintenance therapy
Tislelizumab + Anlotinib
until PD/toxicity

Primary endpoint

Investigator-assessed PFS per RECIST v1.1

Secondary endpoints

6-month PFS rate; OS; 1-year OS rate; ORR; safety per NCI-CTCAE v5.0

KEY FINDINGS

- ORR was 84.6% and DCR was 92.3%.
- Median PFS was 192 days (6.3 months).
- The 6-month PFS rate was 69.2%.
- Toxicity was generally manageable; one grade 3/4 myelosuppression event was reported.

CONCLUSION

- The combination of tislelizumab, EP/EC chemotherapy, anlotinib, and sequential radiotherapy demonstrated promising efficacy in treatment-naïve ES-SCLC.
- The regimen was generally well tolerated and warrants further evaluation in larger prospective studies.

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RESULTS

Data cut-off: March 2, 2026

N
13

ORR
84.6% (11/13)

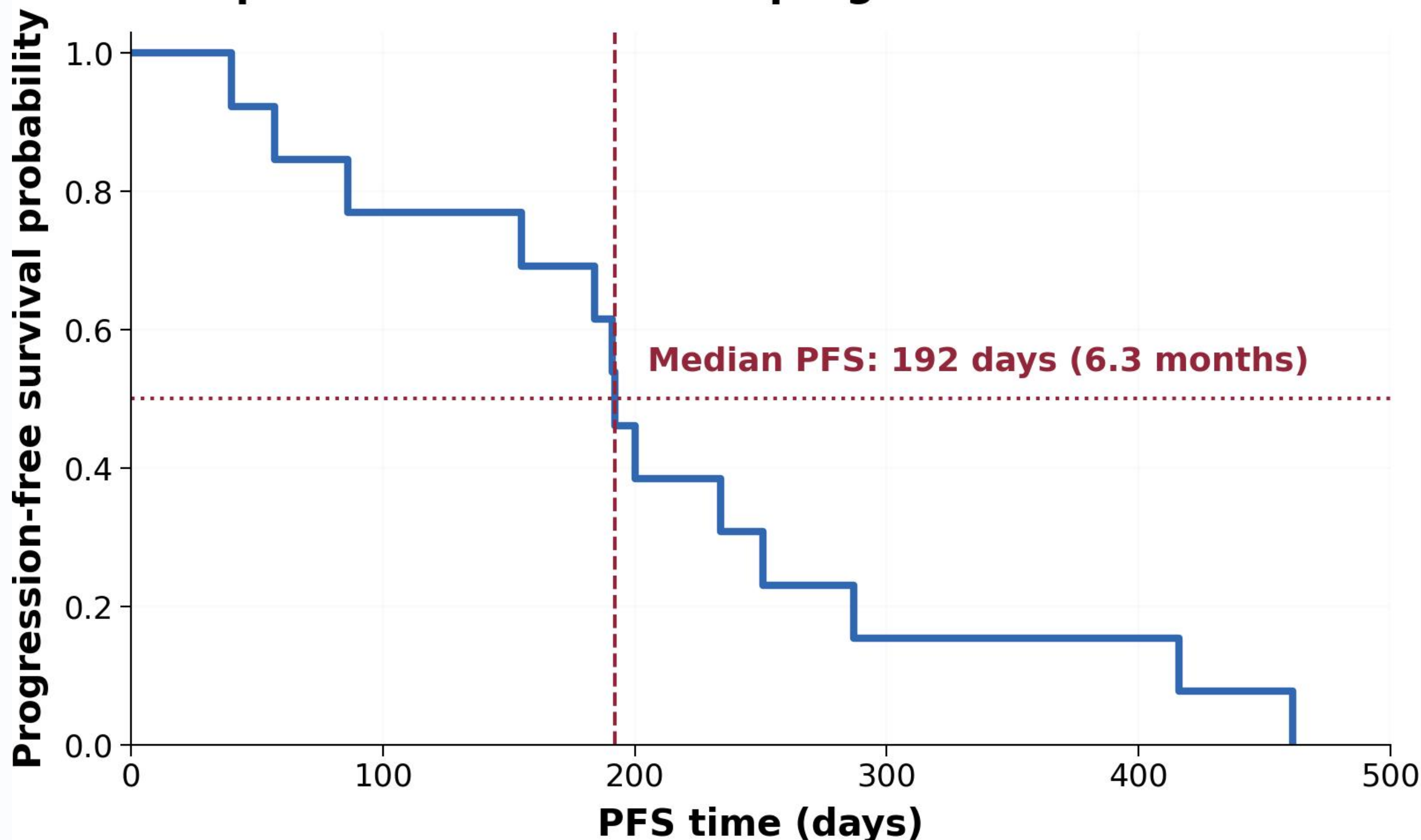
DCR
92.3% (12/13)

Median PFS
192 days (6.3 mo)

6-month PFS
69.2% (9/13)

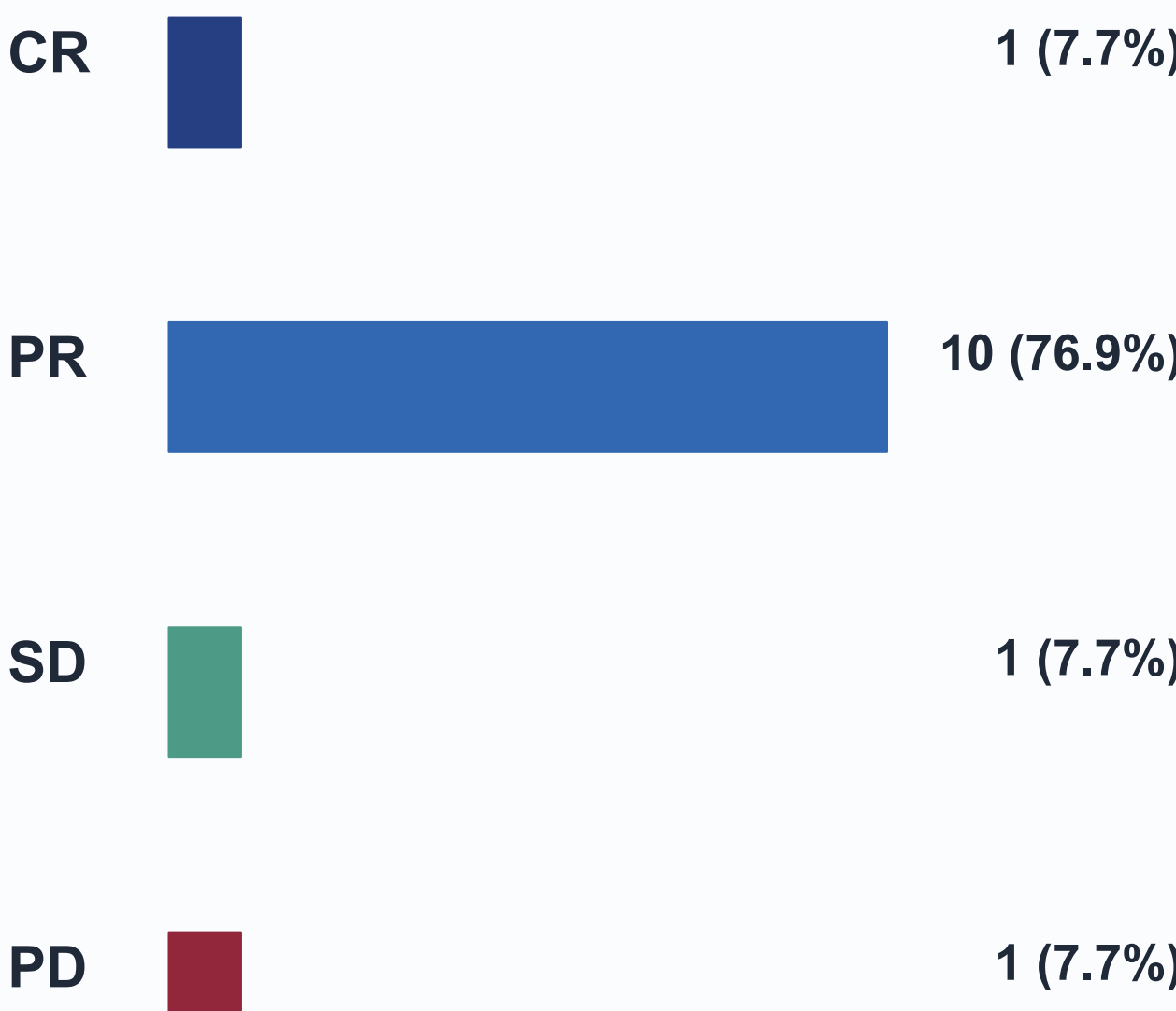
Figure 1. Progression-free survival

Kaplan-Meier estimate of progression-free survival



Median PFS was 6.3 months (192 days), and the 6-month PFS rate was 69.2%.

Figure 2. Best overall response



Among 13 evaluable patients, 1 achieved CR and 10 achieved PR, resulting in an ORR of 84.6% (11/13). DCR was 92.3% (12/13).

Table 1. Treatment-related adverse events (TRAEs)

Event	Any grade	Grade ≥3, n (%)
Vomiting	Reported in ≥20%	NR
Nausea	Reported in ≥20%	NR
Decreased appetite	Reported in ≥20%	NR
Dizziness	Reported in ≥20%	NR
Dysphagia	Reported in ≥20%	NR
Myelosuppression	NR	1 (7.7%)

NR, not reported in the available abstract-level safety dataset.

The most common TRAEs included vomiting, nausea, decreased appetite, dizziness, and dysphagia. Most TRAEs were grade 1–2 in severity. One grade ≥3 myelosuppression event was reported (7.7%).