

5-Year Clinical Outcomes of Neoadjuvant and Adjuvant Tislelizumab Plus Chemotherapy and Surgery in Potentially Resectable Stage III NSCLC (CLOG-0001)

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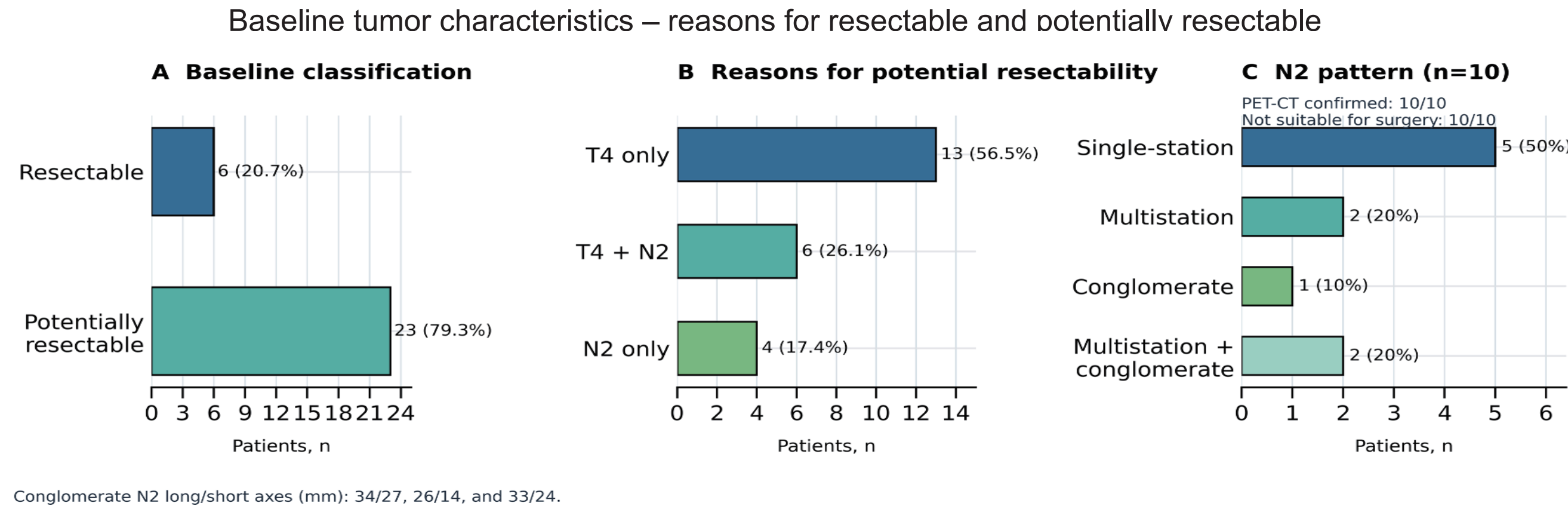
INTRODUCTION

Neoadjuvant and Peri-adjuvant immunotherapy and chemotherapy provide more surgical opportunities and survival benefits to potentially resectable locally advanced NSCLC remains unclear.

Herein, we initiated a phase II study to evaluate the feasibility of neoadjuvant immunotherapy and chemotherapy in stage IIIA/IIIB NSCLC. We report the 5-year clinical outcomes of the study.

RESULTS

R0 resection in potentially resectable stage III NSCLC.



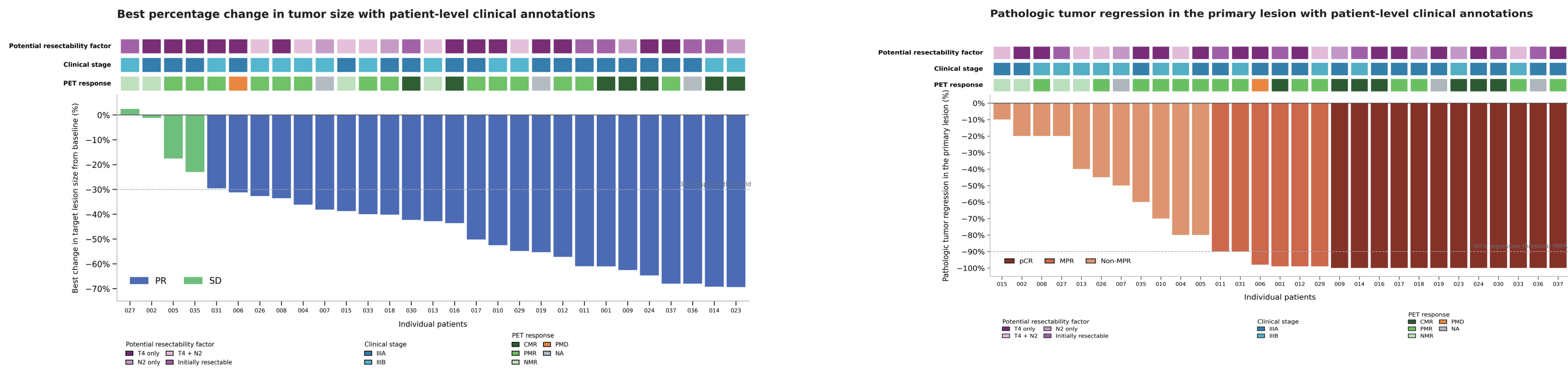
R0 Resection Rate

R0 resection, n (%)	28 (96.6%)
R1 resection, n (%)	1 (3.4%)

Tumor response after neoadjuvant

In the surgery analysis set of 29 patients, the objective response rate (ORR) was 86.2% and the disease control rate (DCR) was 100%.

Among the 29 patients in the surgical analysis set, the pathologic complete response (pCR) rate was 41% and the major pathologic response (MPR) rate was 62%.



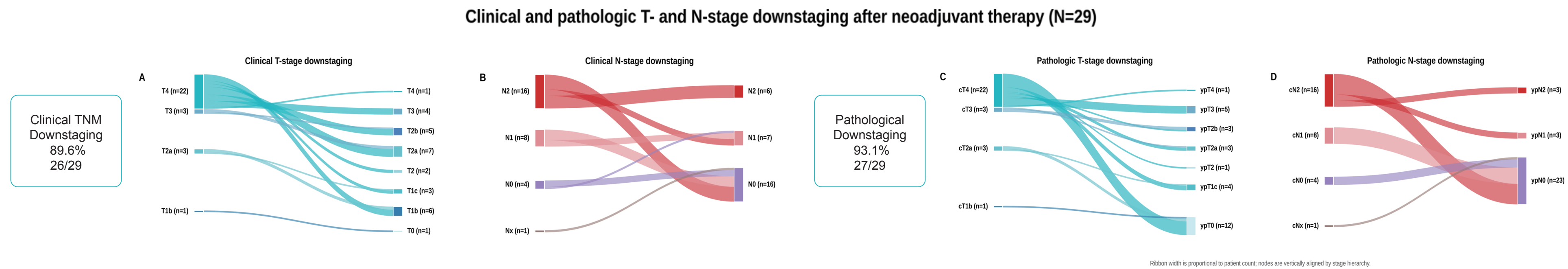
METHODS

We planned to recruit 33 patients (pts) with stage IIIA/IIIB EGFR/ALK/ROS wild-type NSCLC. Eligible pts received 2 cycles of neoadjuvant chemoimmunotherapy (PD-1 inhibitor TIS, nab-paclitaxel, and cisplatin/carboplatin) and were reassessed for surgery. Thereafter, pts underwent surgery within 6 weeks and continued 2cycles of TIS plus chemotherapy, followed by up to 15 cycles of TIS monotherapy.

The primary endpoint was the R0 resection rate. Secondary endpoints were down-staging rate, surgery rate, overall response rate (ORR), major pathologic response (MPR), pathologic complete response (pCR), patterns of progression and recurrence, 12/24-month Event-free survival probability, With 5-year Event-free survival and overall survival, safety.

The downstaging rate

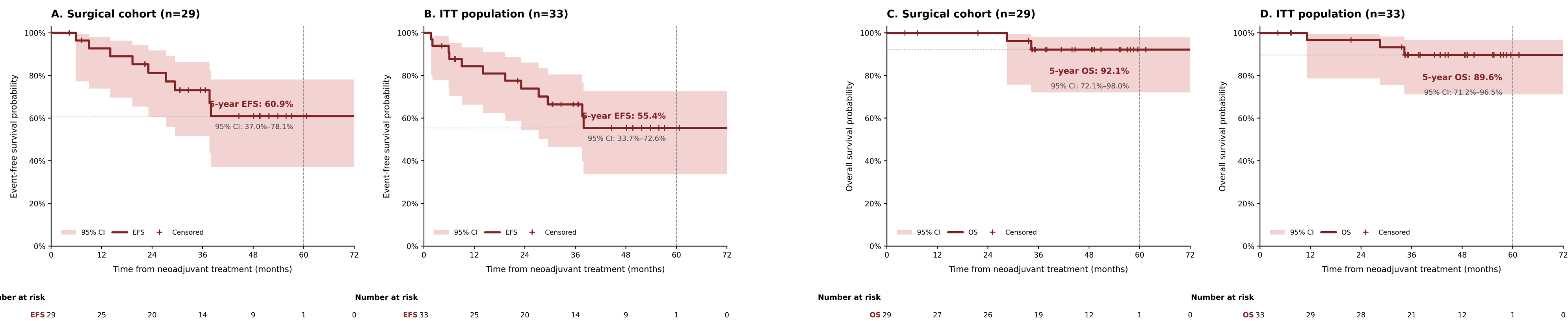
Among the 29 patients in the surgical analysis set, the clinical downstaging rate was 89.6% (26/29), and the pathologic response rate was 93% (27/29).



5-year EFS Rate & 5-year OS Rate

Among the 29 patients in the surgical analysis set, the clinical downstaging rate was 89.6% (26/29), and the pathologic response rate was 93% (27/29).

- Among the 29 patients who underwent surgery, the 5-year event-free survival (EFS) rate was 60.9% (95% CI: 37–78.1).
- Among the 33 enrolled patients, the 5-year EFS rate was 55.4% (95% CI: 35.4–75.4).
- Among the 29 patients who underwent surgery, the 5-year overall survival (OS) rate was 92.1% (95% CI, 72.1%-98.0%).
- Among the 33 enrolled patients, the 5-year OS rate was 89.6% (95% CI, 71.2%-96.5%).



DISCUSSION AND CONCLUSION

The “sandwich” strategy—comprising neoadjuvant and peri-adjuvant tislelizumab (TIS) with chemotherapy plus surgery—demonstrated superior survival benefits in potentially resectable locally advanced NSCLC.

REFERENCES & ACKNOWLEDGEMENTS

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ACKNOWLEDGEMENTS

We are grateful to all study participants, the research team, and the Medical Affairs department of BeiGene for their support.