

P1.260: Long-Term Outcomes of Brain Radiotherapy Plus Camrelizumab and Chemotherapy in Untreated NSCLC With Brain Metastases (C-Brain)

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INTRODUCTION

- The C-Brain trial initially reported promising antitumor activity of combining brain radiotherapy with camrelizumab and platinum-doublet chemotherapy in patients with previously untreated, driver mutation-negative advanced NSCLC and brain metastases.¹
- Here we updated long-term efficacy and safety outcomes.

METHODS

- In this multicenter, single-arm, phase 2 study (NCT04291092), 65 patients received brain stereotactic radiosurgery or whole-brain radiotherapy concurrently with camrelizumab (200 mg Q3W) and histology-based platinum-doublet chemotherapy for 4-6 cycles, followed by maintenance camrelizumab ± pemetrexed.
- Updated analyses on overall survival (OS), progression-free survival (PFS), intracranial PFS (iPFS), progression patterns, and safety were reported.

DISCUSSION AND CONCLUSION

- With long-term follow-up, the combination of brain radiotherapy, camrelizumab, and chemotherapy showed durable overall and intracranial survival benefits alongside a manageable safety profile in patients with untreated advanced NSCLC and brain metastases.
- These updated results reinforce the potential of this combined modality as a treatment strategy in this setting.

REFERENCES & ACKNOWLEDGEMENTS

Reference

¹YanJun Xu et al. *Lancet Oncol.* 2025;26(1):74-84.

Artificial Intelligence (AI) Use Disclaimer

AI was not used in the development of the material.

RESULTS

- As of March 13, 2026, the median follow-up was 44.6 months (95% CI: 41.4-51.9; by reverse Kaplan-Meier method). Median OS was 19.0 months (95% CI: 13.8-27.7), with a 3-year OS rate of 31.1% (95% CI: 20.1-42.6).
- Fifty-six (86.2%) of 65 patients experienced PFS events (23 with extracranial progression alone, 13 with intracranial progression alone, six with simultaneous intracranial and extracranial progression, and 14 deaths). Median PFS was 10.7 months (95% CI: 7.5-14.1), with a 3-year PFS rate of 17.4% (95% CI: 9.3-27.7).
- Median iPFS was 16.1 months (95% CI: 10.9-37.4), with a 3-year iPFS rate of 37.3% (95% CI: 23.5-51.0).
- Grade ≥3 treatment-related adverse events occurred in 39 (60.0%) patients, with the most common being decreased neutrophil count (14 [21.5%]), decreased platelet count (11 [16.9%]), decreased white blood cell (ten [15.4%]), and decreased lymphocyte count (nine [13.8%]). No new safety signals or treatment-related deaths were observed with extended follow-up.

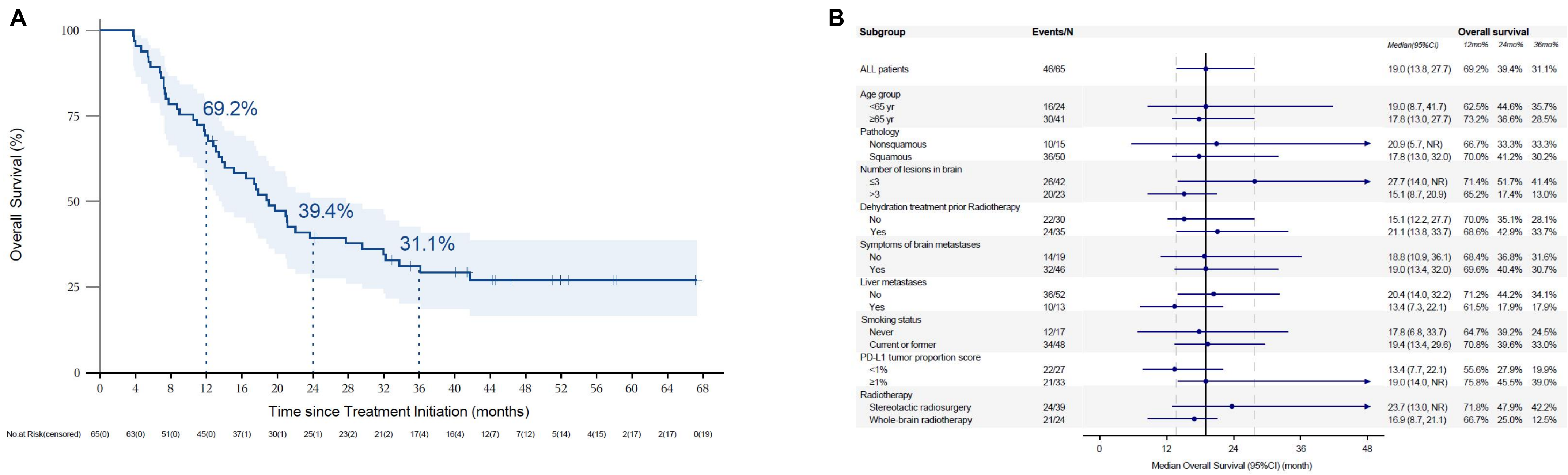


Figure 1. Overall survival (A) and subgroup analyses (B).

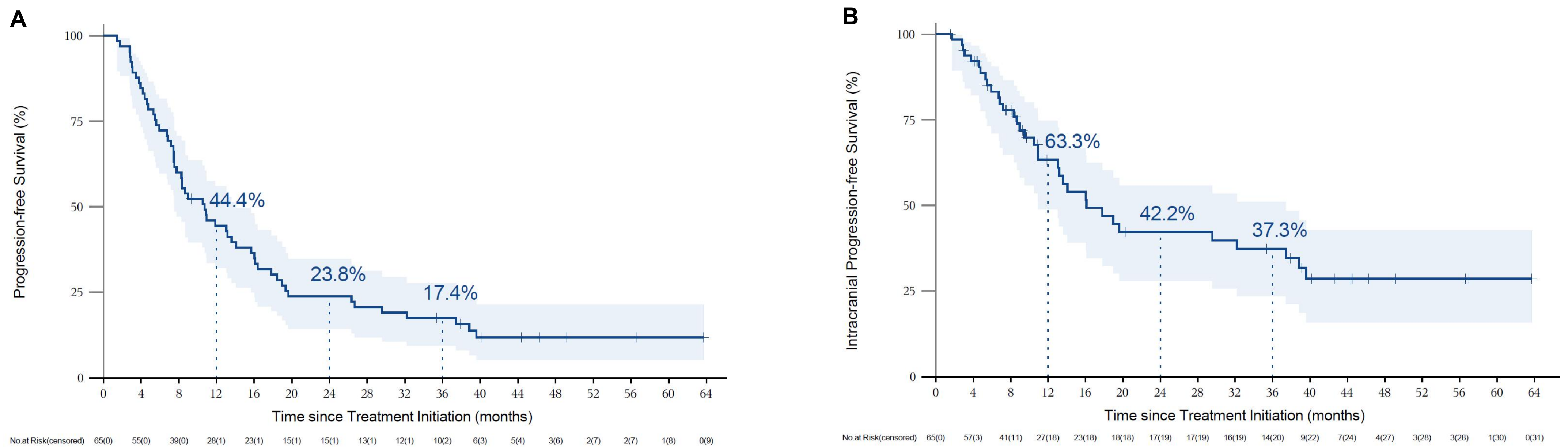


Figure 2. Progression-free survival (A) and intracranial progression-free survival (B).