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Immune Checkpoint Inhibitor-Based Therapy in PD-L1-Negative Advanced NSCLC
Real-World Outcomes From a Latin American Multicenter Cohort

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KEY MESSAGE First-line IO-based therapy was associated with a 42% lower adjusted hazard of progression or death versus chemotherapy alone (HR 0.58; p<0.001); median OS was numerically longer, without a statistically significant difference.

INTRODUCTION & OBJECTIVE

PD-L1 negative tumors remain a common first-line challenge, while real-world evidence from Latin America remains limited.

Objective: compare first-line IO-based therapy with chemotherapy alone in advanced, driver-negative NSCLC.

METHODS

Retrospective multicenter cohort • 2017-2025 • 40 centers • 6 countries

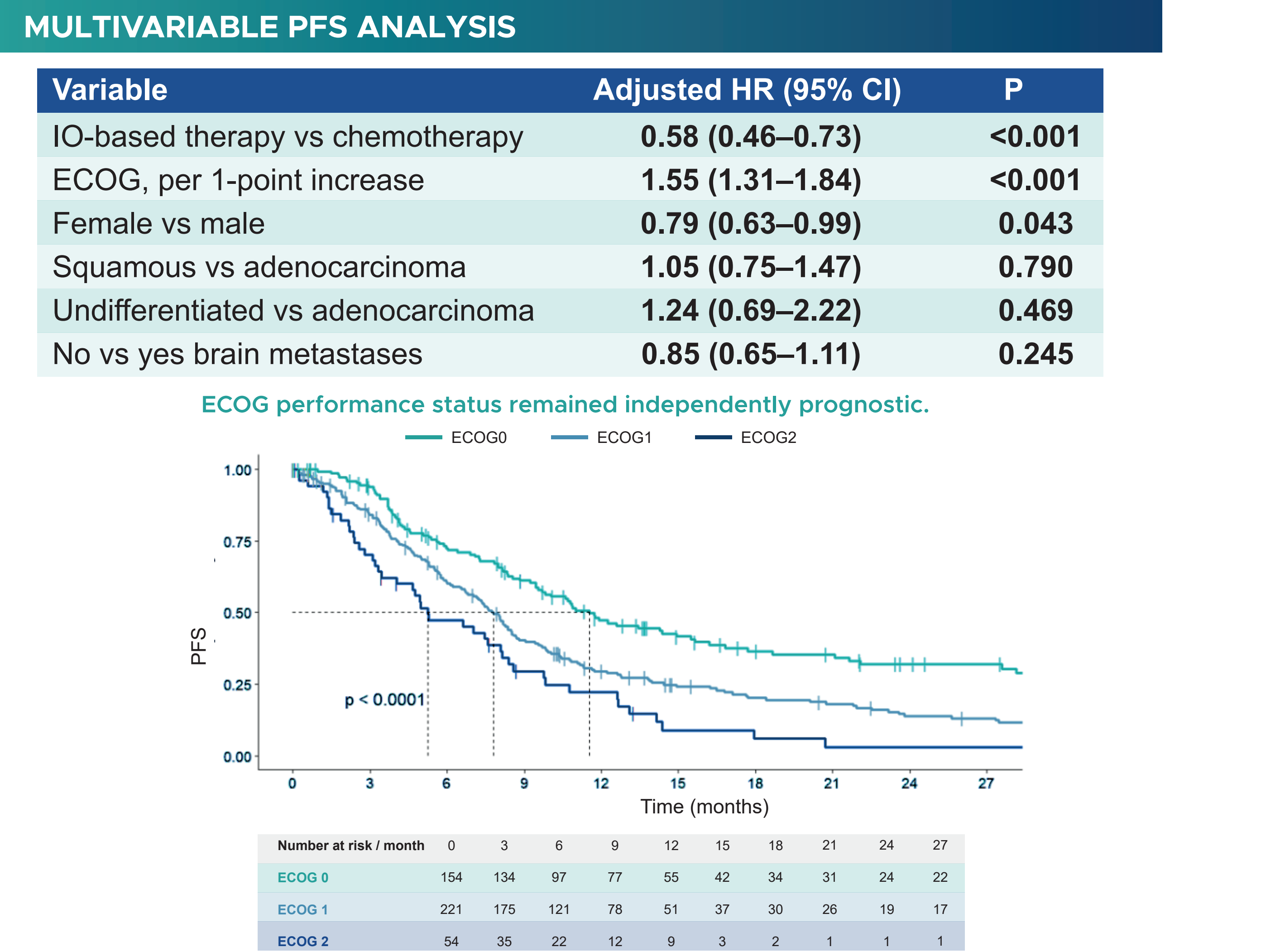
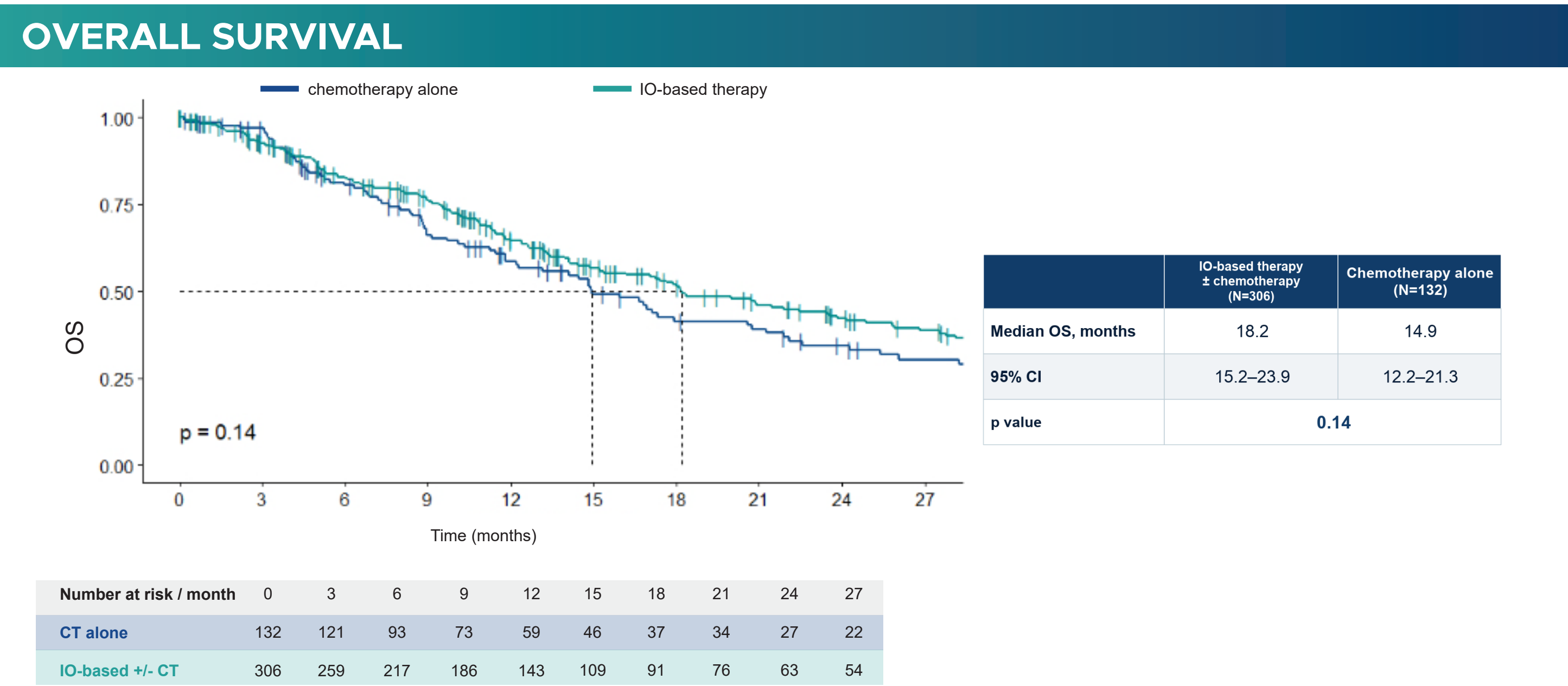
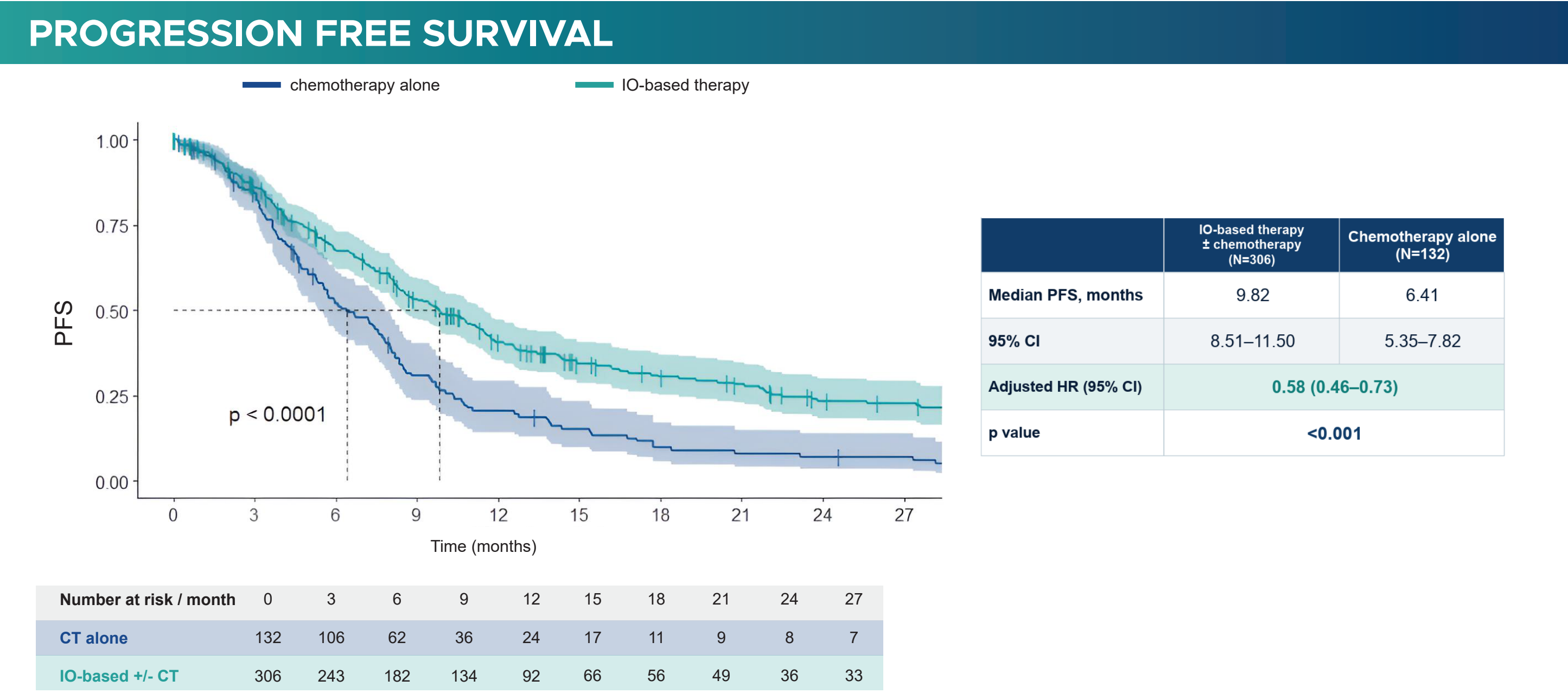
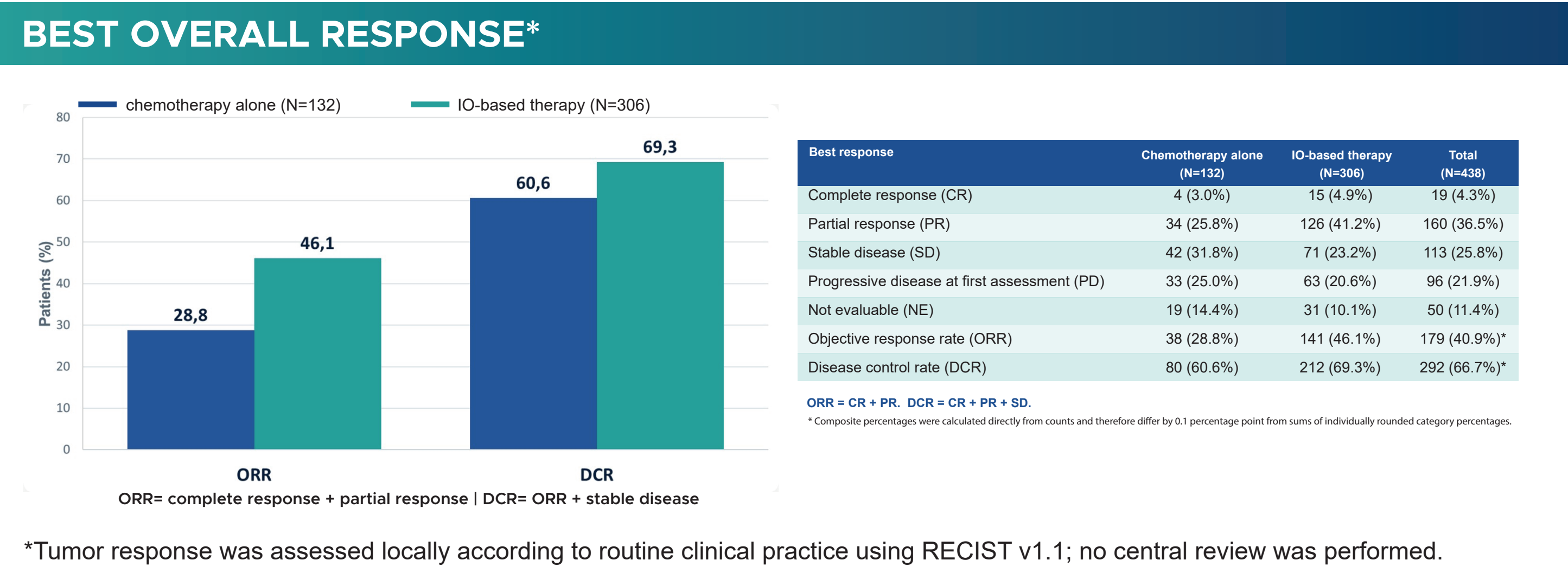
Inclusion criteria: Age ≥18 years, advanced or recurrent NSCLC; PD-L1 TPS <1%; receipt of first-line treatment with IO-based therapy, with or without chemotherapy, or chemotherapy alone.

Exclusion criteria: Known EGFR, ALK, or ROS1 driver alterations.

Endpoints: objective response rate (ORR), disease control rate (DCR), progression-free survival (PFS), overall survival (OS) and safety. Kaplan-Meier and multivariable Cox analyses were performed. Median follow-up was 24.47 months (95% CI 22.47–30.32).

RESULTS

First line treatment	n%
Chemotherapy + pembrolizumab	232 (53%)
Chemotherapy alone	132 (30.1%)
Chemotherapy + nivolumab + ipilimumab	39 (8.9%)
Chemotherapy + atezolizumab + bevacizumab	20 (4.6%)
Nivolumab + ipilimumab	15 (3.4%)



- SAFETY SIGNALS
- Among 306 patients treated with IO-based therapy, 27 (8.9%) experienced at least one documented grade ≥3 suspected immune-related adverse event (irAE), including grade ≥3 pneumonitis in 10 patients (3.4%). Because safety reporting was incomplete, these rates may underestimate the true incidence.
- CONCLUSIONS
- First-line IO-based therapy was associated with significantly longer PFS than chemotherapy alone.
 - OS was numerically longer with IO-based therapy, without a statistically significant difference.
 - ECOG performance status was a major independent prognostic factor.
 - These real-world data support IO-based first-line treatment in PD-L1 negative advanced NSCLC in Latin America.

Regional relevance: the median biopsy-to-treatment interval was 64 days, highlighting opportunities to streamline diagnostic and treatment pathways across Latin America.

SUPPLEMENTARY DATA

Scan for detailed tables, additional survival analyses, and participating-center information.
Limitations: retrospective design, local response assessment, and incomplete safety documentation.
Artificial intelligence was used as a complementary tool during the preparation of this poster.

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