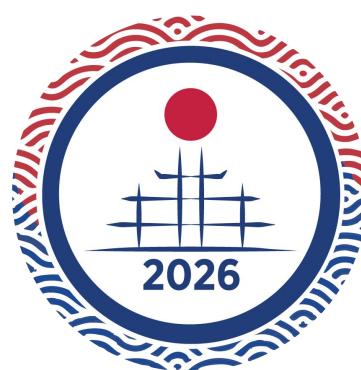




# P2.249: SFRT with Tislelizumab and Chemotherapy as Neoadjuvant Therapy in Patients with Unresectable Stage III NSCLC

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## INTRODUCTION

Neoadjuvant immunotherapy combined with chemotherapy improves outcomes in patients with resectable non-small cell lung cancer (NSCLC), and has shown promise in enhancing resectability and pathological responses in unresectable stage III NSCLC. Given its immunomodulatory effects, we evaluated whether Spatially Fractionated Radiation Therapy (SFRT) could augment the efficacy of immunochemotherapy in unresectable stage III NSCLC.

## METHODS

**Design:** Single- arm phase II investigator- initiated trial; target enrolment 30.  
**Eligibility:** AJCC 8th edition initially unresectable stage III NSCLC, ECOG 0-1, no EGFR/ALK alterations, no prior anti-cancer therapy.  
**Intervention:** SFRT 12 Gy×1f, followed by tislelizumab + platinum-doublet for 3 cycles q3w. Post-induction MDT: surgery if resectable, otherwise definitive chemoradiotherapy. Serial ctDNA/MRD sampling at pre-defined time-points.  
**Endpoints:** Primary: surgical resection rate, MPR (≤10% viable tumor). Secondary: R0-rate, ORR (RECIST v1.1), pCR, EFS, safety (CTCAE v5.0). Exploratory: ctDNA/MRD correlation with efficacy and prognosis.  
**Statistics:** Descriptive statistics for proof-of-concept study.

## DISCUSSION AND CONCLUSION

**Conclusions:** SFRT combined with tislelizumab-platinum-doublet induction shows preliminary surgical- conversion potential for initially unresectable stage III NSCLC with manageable safety. ctDNA/MRD correlative results are pending.  
**Limitations:** Single-arm phase II design, limited sample size; survival data immature.  
**Actionable Take Away Message:**  
- SFRT plus immune-chemotherapy is a promising induction- conversion option for unresectable stage III NSCLC.  
- Post-induction MDT assessment is critical to identify surgical candidates.  
- ctDNA/MRD may predict treatment response and relapse risk, requiring further validation.  
**Future Direction for Research:**  
- Complete enrolment and finalize ctDNA/MRD biomarker analysis.  
- Conduct randomized trials to validate SFRT-containing induction regimen.  
- Optimize SFRT target-volume and dose for better clinical benefit.

## REFERENCES & ACKNOWLEDGEMENTS

### References:



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**AI Disclaimer:** AI only for English polishing; all clinical content reviewed by investigators.

## RESULTS

Table 1. Baseline Demographic and Clinical Characteristics

| Characteristic           | n (%)      |
|--------------------------|------------|
| Age, median (range)      | 67 (53-79) |
| Sex                      |            |
| Male                     | 28 (100%)  |
| Female                   | 0 (0%)     |
| ECOG PS                  |            |
| 0                        | 15 (54%)   |
| 1                        | 13 (46%)   |
| AJCC Stage (8th edition) |            |
| Stage IIIA               | 10 (36%)   |
| Stage IIIB               | 18 (64%)   |
| Smoking history          |            |
| Never smoker             | 3 (11%)    |
| Former smoker            | 11 (39%)   |
| Current smoker           | 14 (50%)   |
| PD-L1 expression         |            |
| <1%                      | 10 (36%)   |
| 1-49%                    | 9 (32%)    |
| ≥50%                     | 8 (29%)    |
| Not tested               | 1 (4%)     |

Table 2. Anti-tumor Efficacy Outcomes

| Endpoint                             | Result                           |
|--------------------------------------|----------------------------------|
| Patients completed induction therapy | 28 / 28 (100%)                   |
| Surgical Conversion Rate             | 21/28 (75%)                      |
| Surgical resection rate              | 15 /21 ( 71.4%)                  |
| MPR among resected patients          | 11 / 15 ( 73.3%)                 |
| pCR among resected patients          | 9/15 ( 60%)                      |
| R0 resection rate                    | 15/ 15 (100%)                    |
| Best ORR (RECIST v1.1)               | 20/ 28 ( 71.4%)                  |
| - Complete response (CR)             | 0                                |
| - Partial response (PR)              | 20                               |
| - Stable disease (SD)                | 8                                |
| - Progressive disease (PD)           | 0                                |
| Event-free survival (EFS)            | Data immature; follow-up ongoing |

Table 3. Safety

| Item                                | n (%)     |
|-------------------------------------|-----------|
| Any TEAE                            | 28 (100%) |
| Grade ≥3 TEAE                       | 9 (32.1%) |
| Any-grade irAE                      | 9 (32.1%) |
| Grade 1- 2 irAE                     | 7 (25.0%) |
| Grade ≥3 irAE                       | 2 (7.1%)  |
| SAE                                 | 0 (0%)    |
| Treatment discontinuation due to AE | 0 (0%)    |

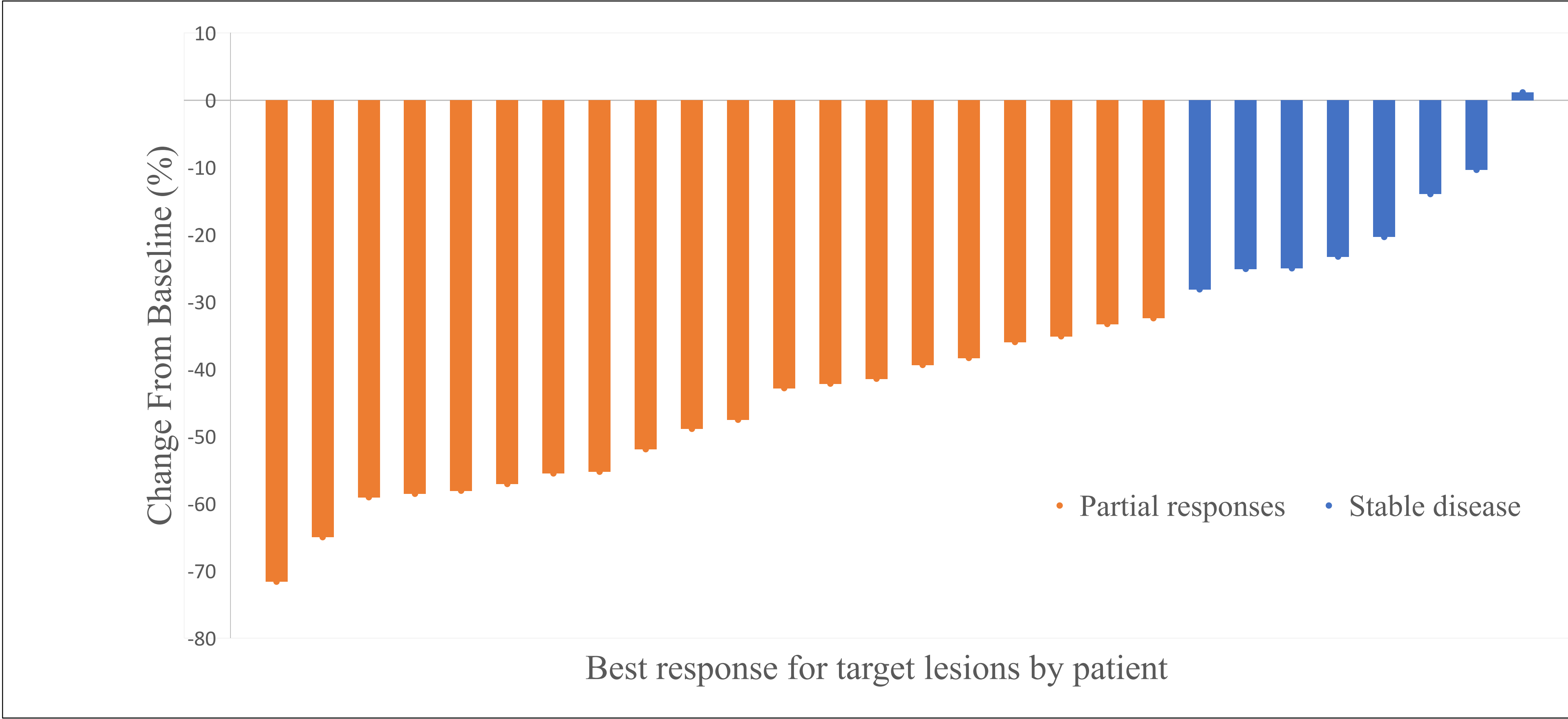


Figure1: Waterfall plot of best target- lesion diameter shrinkage (RECIST v1.1). Each bar represents one patient.  
ctDNA/MRD: testing ongoing, results pending.