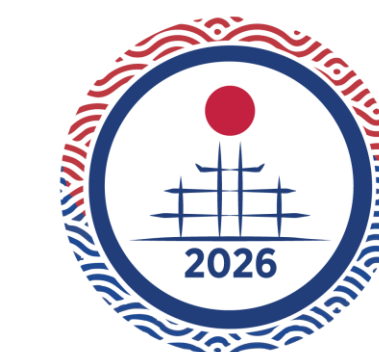


Paclitaxel-Bevacizumab as Second or Further-Line Therapy in Previously Treated NSCLC: A Spanish Retrospective Single Center Study

A. Micheline^{1,3}, B. Del Rio^{2,3}, J. Torres-Jiménez³, H. Bote³, M. Zurera³, C. Serrano³, A. Castelo³, J.A. Nuñez³, S. Ponce³, J. Zugazagoitia³, L. Paz-Ares³, J. Baena³

¹Department of Medical Oncology and Hematology Unit, IRCCS Humanitas Research Hospital, Rozzano, 20089 Milan, Italy/IT, ²A.O.U. Città della Salute e della Scienza di Torino, Turin/IT, ³Hospital Universitario 12 de Octubre, Madrid/ES

Correspondence: anmicheline@asst-rhondense.it, javier.baena@salud.madrid.org



IASLC 2026 World
Conference on Lung Cancer
SEPTEMBER 12 - 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

- Docetaxel is the standard treatment after platinum-based chemotherapy and immunotherapy ± targeted therapy in advanced NSCLC, but its benefit is limited.
- The IFCT-1103 ULTIMATE trial showed that weekly paclitaxel plus bevacizumab improved PFS and ORR compared with docetaxel, emphasizing the need to identify patients who may benefit from antiangiogenic therapy.

METHODS

- Retrospective, single-center Spanish study.
- Previously treated NSCLC patients receiving paclitaxel plus bevacizumab as second or later-line therapy.
- Clinical, pathological, molecular, efficacy, and safety data were collected.
- Prior treatment benefit defined as duration >9 months.
- PFS and OS estimated with Kaplan-Meier method and compared using the log-rank test.
- Prognostic factors explored in univariable and multivariable Cox models.

DISCUSSION AND CONCLUSION

- Paclitaxel plus Bevacizumab shows modest but clinically meaningful activity in later-line NSCLC, with greater benefit in patients with limited disease burden and prior benefit from immunotherapy.
- In contrast to immunotherapy, prior response to TKIs does not predict outcomes with antiangiogenic strategies.
- The signal observed in CTNNB1-mutant tumors warrants further investigation.
- Additional research is warranted to determine which patients are most likely to derive therapeutic benefit from antiangiogenic treatment.

REFERENCES & ACKNOWLEDGEMENTS

KEY REFERENCES

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ARTIFICIAL INTELLIGENCE USE DISCLAIMER

OpenAI ChatGPT was used as a supportive tool for visual layout and graphical presentation of author-provided aggregate study data.

All data, statistical results, scientific interpretation, and final content were reviewed and approved by the authors. AI did not replace independent clinical or scientific judgment.

RESULTS

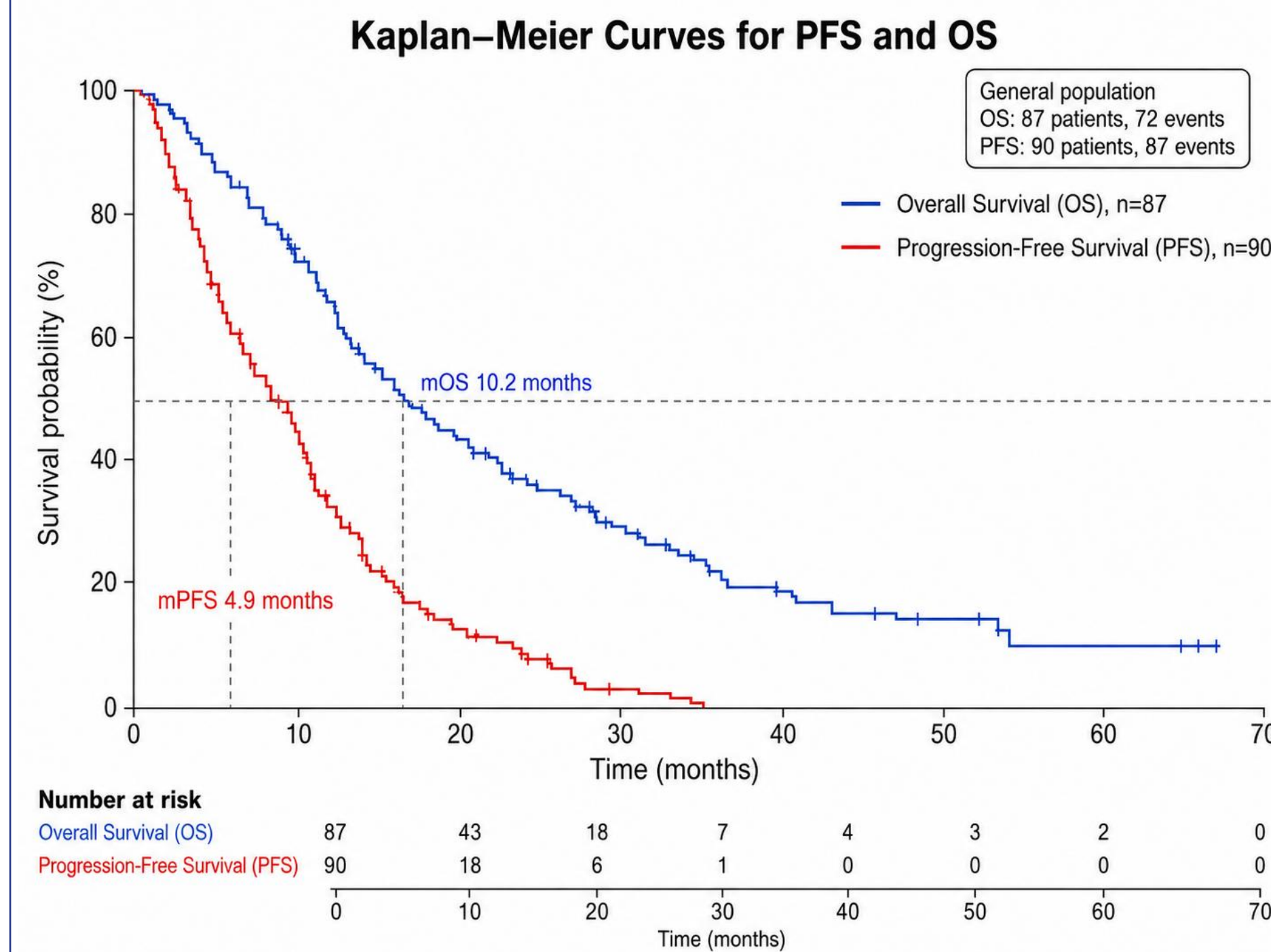


Figure 1: PFS and OS of the general population

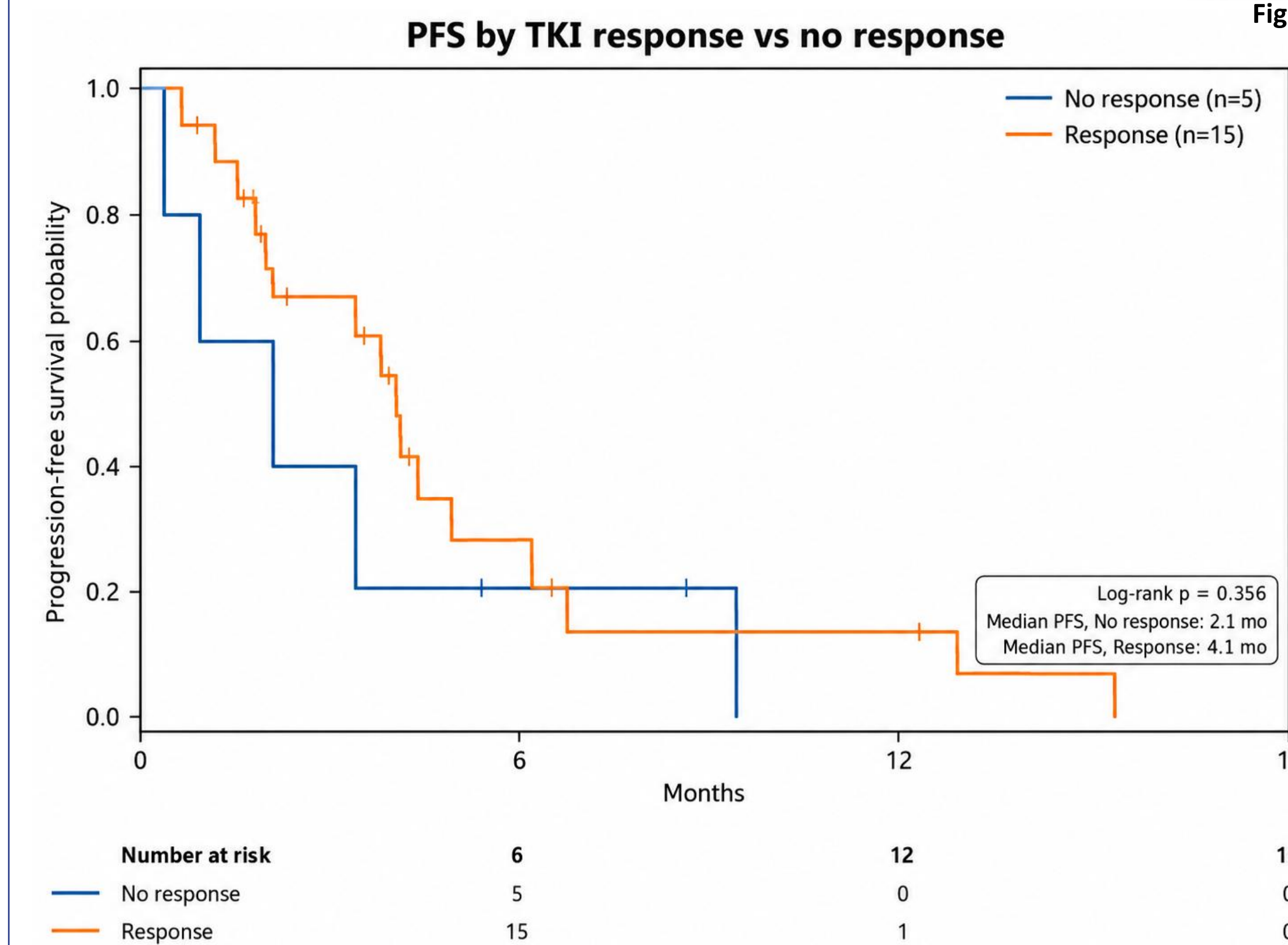


Figure 3: PFS by prior TKI response

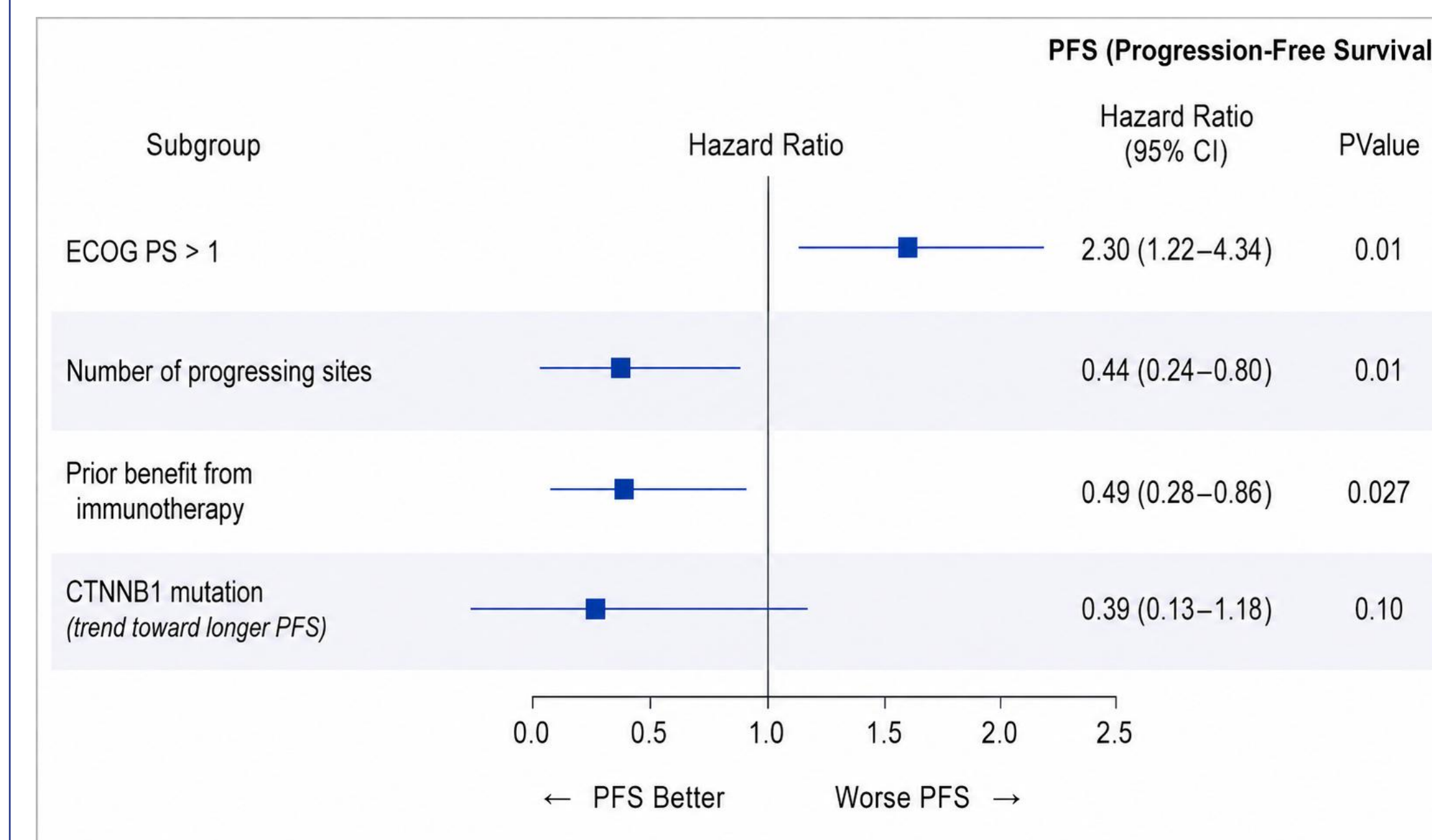


Figure 4: Multivariate analysis for PFS

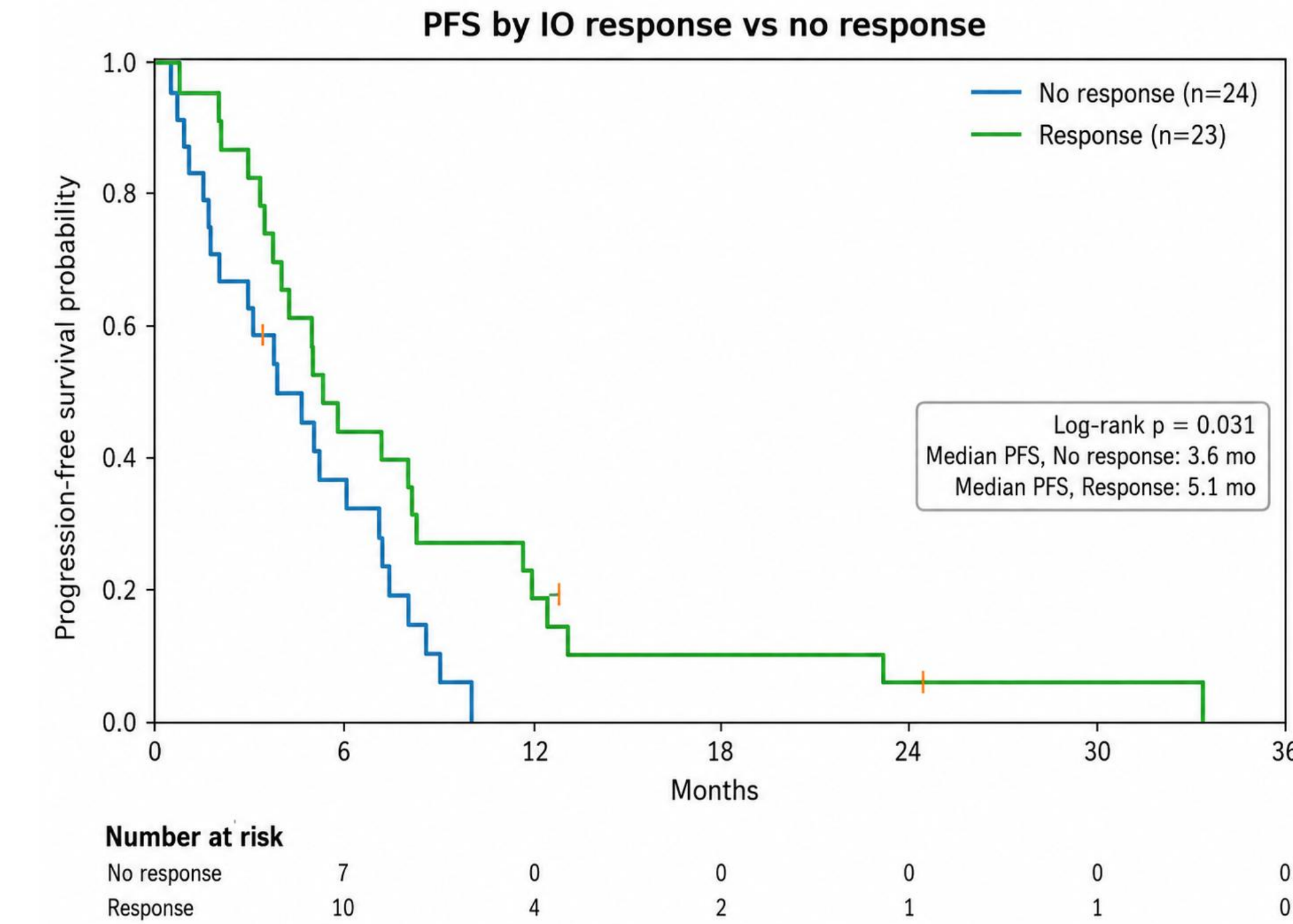


Figure 2: PFS by prior immunotherapy response

- After a median follow-up of 37 mo, mPFS 4.9 mo (95% CI 3.5-6.3) and mOS 10.2 mo (95% CI 8.0-12.4) (Figure 1)
- We identified several factors correlated with PFS including ECOG, number of progressing sites and prior immunotherapy efficacy (Figure 2)
- NO association with PFS for EGFR-mutant tumors, prior TKI benefit (Figure 3), TKI response or other driver alterations.
- In multivariable analysis, ECOG PS >1, number of progressing sites and prior benefit from immunotherapy retained statistical significance (HR 2.3; p=0.01 and HR 0.44; p=0.01, HR 0.49; p=0.027) (Figure 4).
- 12.2% of patients experienced grade ≥3 adverse events, with paclitaxel dose reductions in 18.4%. No grade ≥3 cardiovascular or neurological toxicities were reported (Figure 5).

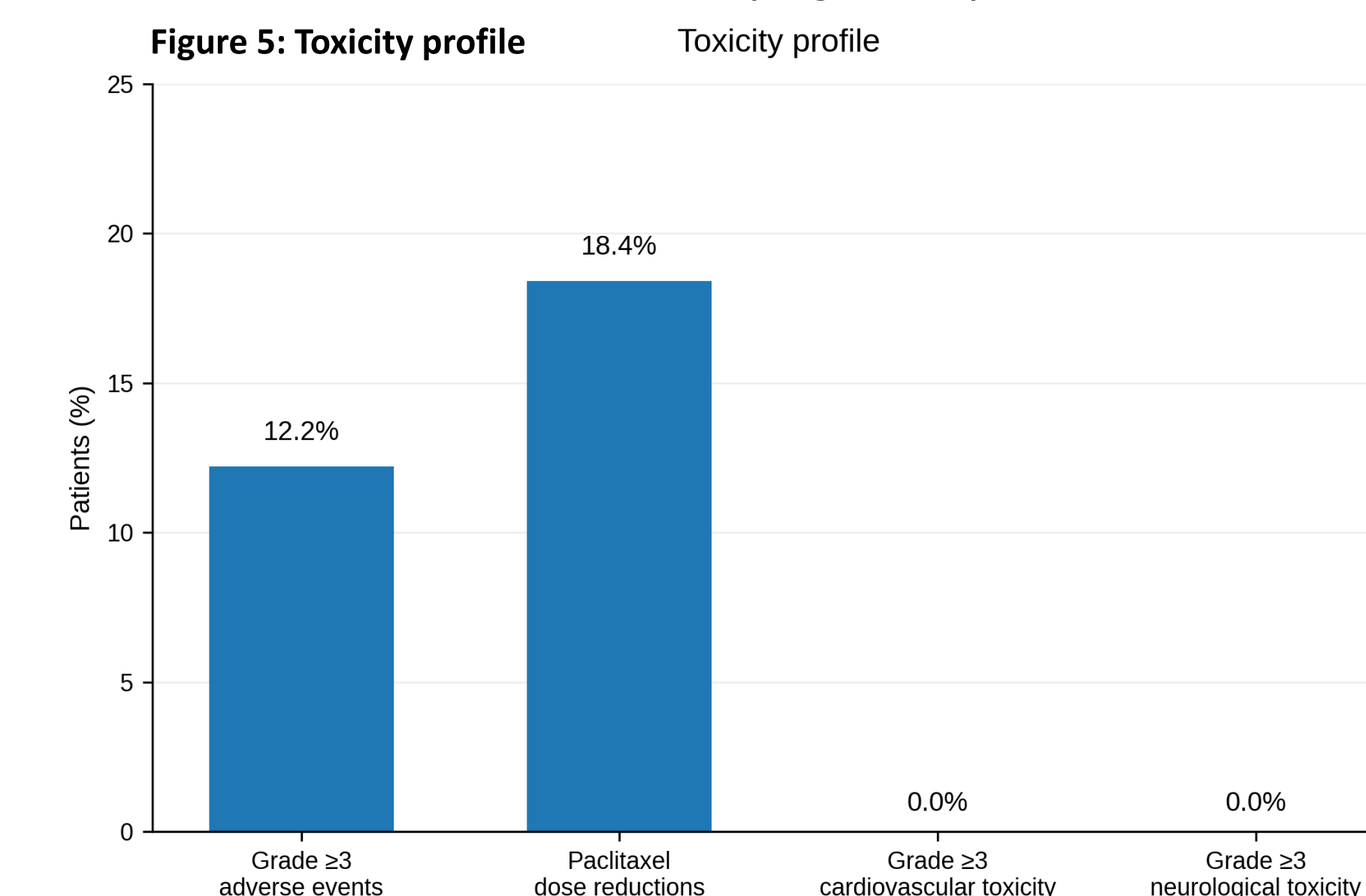


Figure 5: Toxicity profile