



P2.280: Real-World Outcomes of Vinorelbine Combined with Immunotherapy and/or Anlotinib in Advanced Non-Small Cell Lung Cancer

Liu Yutao, Cao Yang, Wang Wei, Zhang Xinlu, Jiang Shan, Chen Yanchao, Ren Jingyi

Department of Medical Oncology, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing 100021, China

Correspondence: liuyutao@cicams.ac.cn



IASLC 2026 World
Conference on Lung Cancer

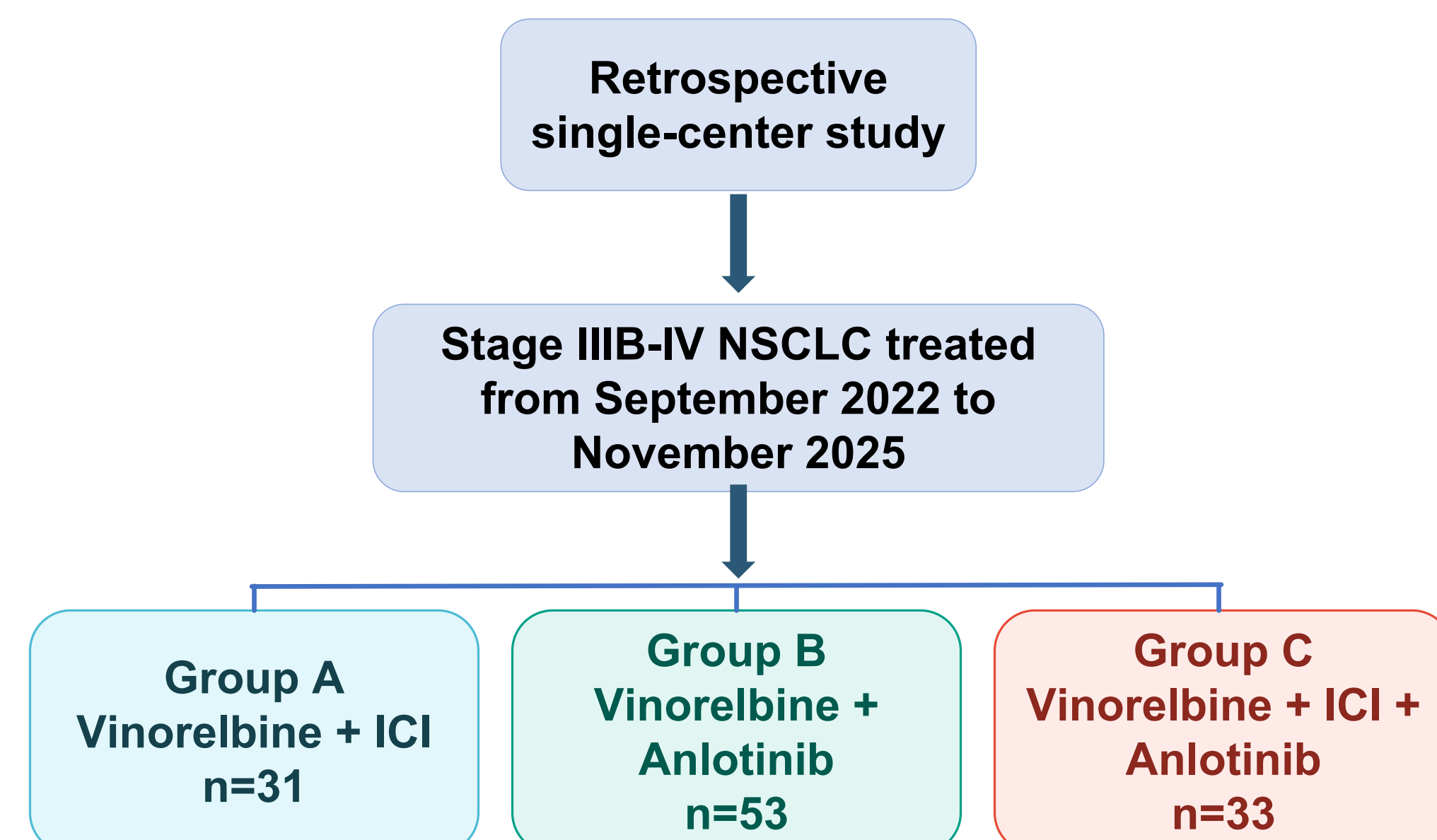
SEPTEMBER 12 - 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

- Vinorelbine remains a practical option for advanced NSCLC, especially in elderly and pretreated patients.
- Anlotinib and immune checkpoint inhibitors (ICIs) have established independent efficacy.
- Comparative real-world evidence for vinorelbine combined with ICIs, anlotinib, or both remains unestablished.

METHODS

Design:



- Primary endpoint: PFS.
- Secondary endpoints: ORR, DCR, and safety.
- PFS was estimated by Kaplan-Meier analysis; group comparisons were adjusted using multivariable Cox regression.
- Adjusted covariates: prior lines of therapy, stage, brain metastases, histology, ECOG PS, age, and gender.

DISCUSSION AND CONCLUSION

- Vinorelbine-based regimens remain feasible multi-line options for advanced NSCLC.
- Vinorelbine + ICI + anlotinib demonstrated the most favorable efficacy numerically, with the highest DCR (66.7%) and longest median PFS (5.7 months).
- Prospective multicenter validation and biomarker-guided patient selection are needed to identify patients who may derive the greatest benefit from triplet therapy.

REFERENCES & ACKNOWLEDGEMENTS

- Acknowledgements: None declared.
- Notes: No statistically significant PFS difference was observed among the three groups. Subgroup analyses were exploratory.

RESULTS

Patient overview: n=117 | median age 63 years | male 76.9% | ≥ 2 prior lines 57.3%

Group C showed numerically longer median PFS and higher DCR.
Group A showed numerically higher ORR.

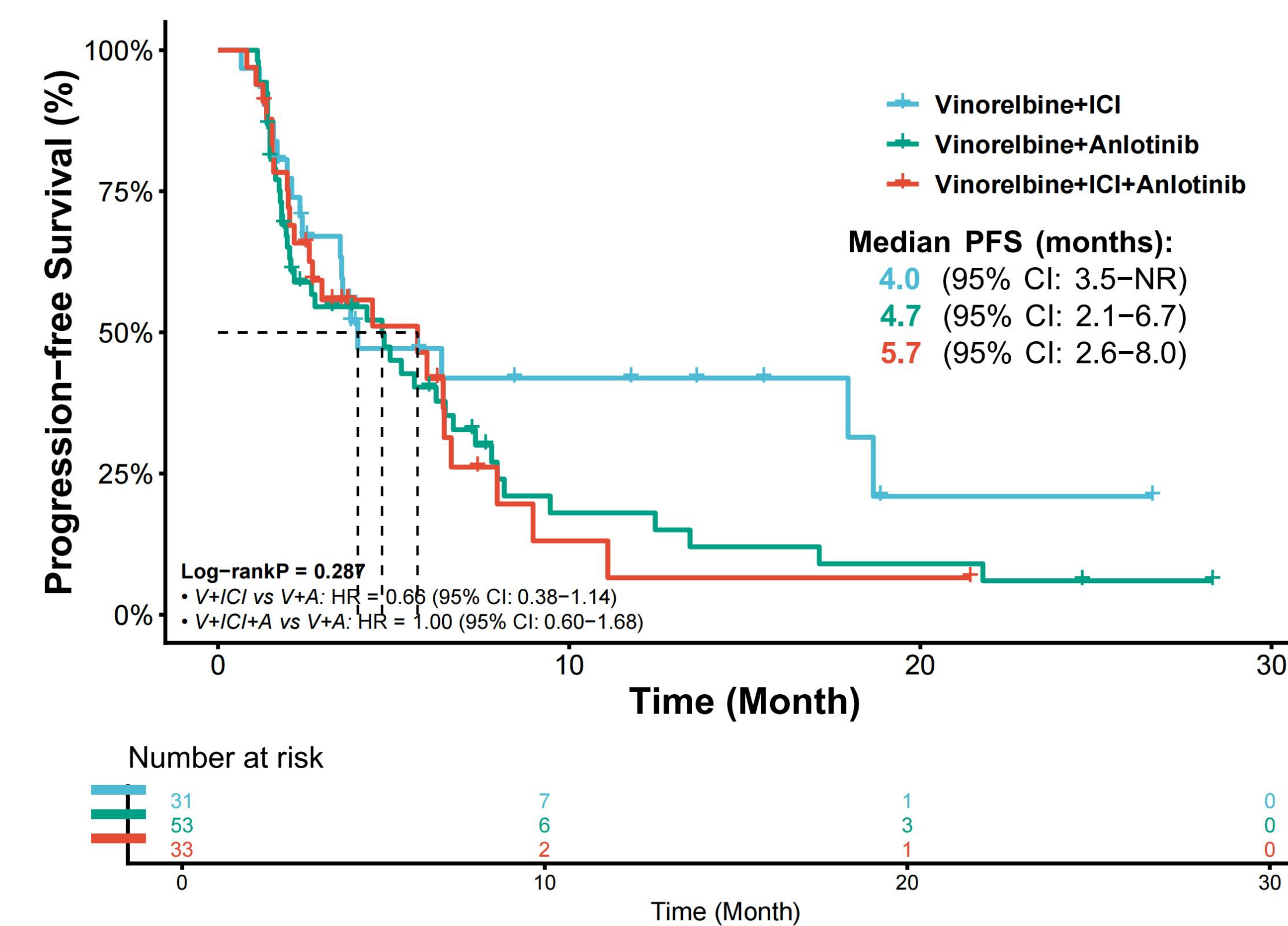


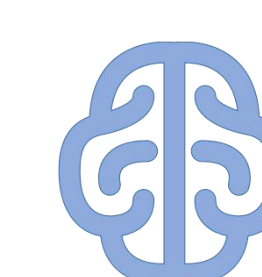
Figure 1: Median PFS across treatment groups



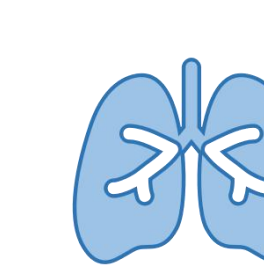
Figure 2: Best overall response

SUBGROUP HIGHLIGHTS

	Group A (V+ICI)	Group B (V+A)	Group C (V+ICI+A)
With brain metastases	3.52	2.29	5.95
Without brain metastases	6.37	4.73	4.40



Numerically longer PFS for Group C in patients with brain metastases.



Group C showed favorable PFS in squamous histology.

SAFETY

Group A: only grade 1-2 TRAEs (38.7%) and no discontinuations. Toxicity-related discontinuation occurred in 9.4% of Group B and 6.1% of Group C.