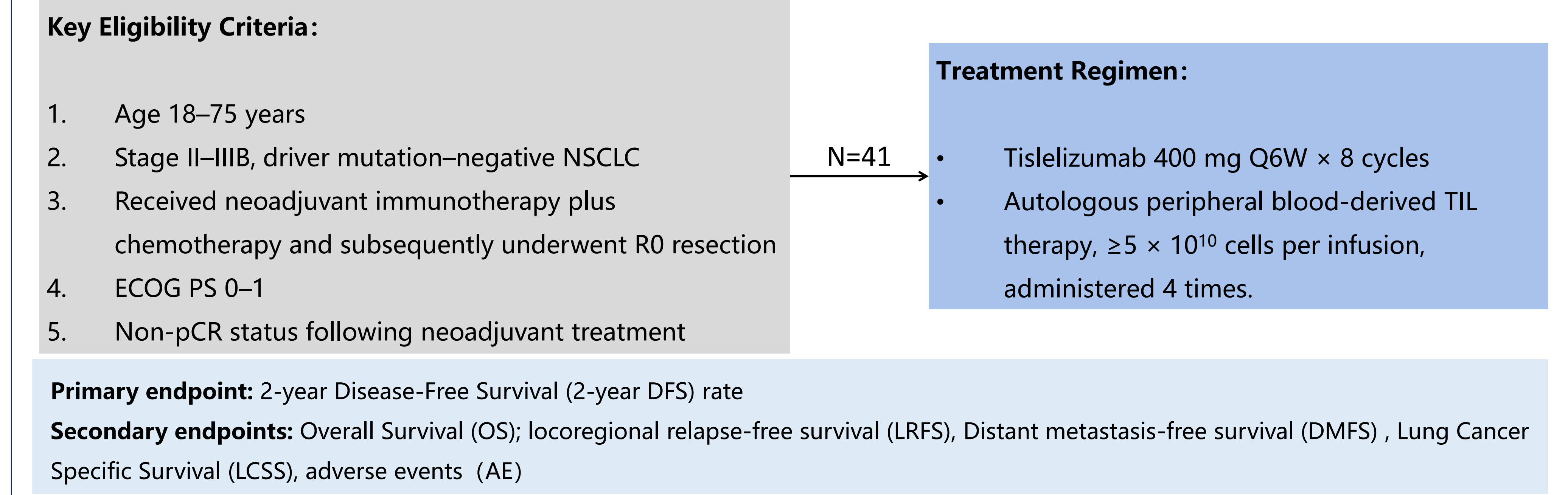


INTRODUCTION

- Perioperative immunotherapy significantly improves EFS and OS in resectable stage II–III NSCLC.
- Non-pCR patients remain at high risk of recurrence, with ~50% 3-year EFS, highlighting a significant unmet need.
- Tumor-infiltrating lymphocytes (TILs) are tumor-reactive autologous T cells with high specificity and multi-antigen recognition, and have shown clinical efficacy in solid tumors.
- The study aims to incorporate TIL therapy into the adjuvant treatment setting to improve disease-free survival (DFS) outcomes in patients.

Study Design



METHODS

- Primary Endpoint**
- 2-year Disease Free Survival: defined as the proportion of patients who remain free of disease recurrence, second primary malignancy, or death from any cause at 24 months after surgery.
- Secondary Endpoints**
- Overall survival (OS): defined as the time from the start of study treatment to death from any cause.
 - Lung Cancer-Specific Survival (LCSS): calculated from the date of surgery to the date of death due to lung cancer; deaths from other causes were censored at the time of death.

Clinical trial information:
NCT07330037



- Key Inclusion Criteria**
- Histologically or cytologically confirmed NSCLC with resectable stage II-IIIB (N2) AJCC V9;
 - No prior anti-tumor treatment;
 - Negative for EGFR/ALK/ROS1 mutations;
 - ECOG PS 0-1;
 - Undergone 2-4 cycles of neoadjuvant therapy combining immunotherapy and chemotherapy, followed by surgical resection with R0 margins but without achieving a complete pathological response (non-pCR);

- Key Exclusion Criteria**
- Vaccination within 28 days prior to the first dose, except for inactivated vaccines;
 - History of other malignancies within 5 years prior to screening;
 - Active infections requiring systemic anti-infective treatment;
 - Active gastrointestinal bleeding or contraindications to IL-2 use;

- Treatment**
- Biological: L-TIL cells injection: Autologous peripheral blood TILs will be infused 4 times, each at a dose of $\geq 1 \times 10^9$ cells, administered 2-3 days after each tislelizumab infusion.
 - Drug: Tislelizumab
Tislelizumab will be given at 400 mg every 6 weeks for a total of 8 cycles of adjuvant treatment.