



P2.317. Neoadjuvant Tislelizumab Combined With Chemotherapy and Recombinant Human Endostatin for Newly Diagnosed Stage III Unresectable NSCLC

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INTRODUCTION

- Previous studies have demonstrated that the combination of immunotherapy and chemotherapy or immunotherapy and anti-angiogenic drugs for initially unresectable stage III NSCLC may potentially offer surgical opportunities to some patients. However, There is still a lack of sufficient research data on whether patients with unresectable NSCLC can benefit from the induction therapy of Tislelizumab combined with chemotherapy and anti-angiogenic drugs.
- Therefore, there is a need to explore whether patients with unresectable NSCLC can benefit from induction therapy based on tislelizumab combined with chemotherapy and anti-angiogenic drugs.

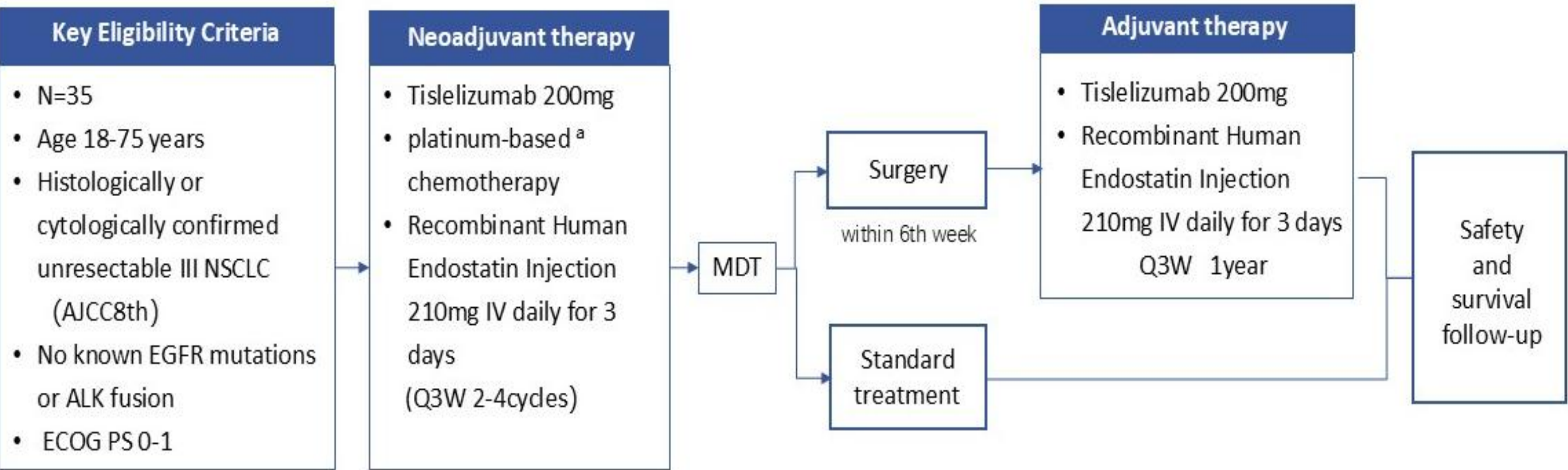
OBJECTIVE

- Our study aims to evaluate the efficacy and safety of Tislelizumab combined with chemotherapyand Recombinant Human Endostatin in neoadjuvant treatment of newly diagnosed stage III unresectable NSCLC.

METHODS

Figure 1. Study Design

An prospective, single-arm phase II clinical study(NCT06617936)



^a Carboplatin AUC 5 + nab-paclitaxel 260mg/m² (squamous carcinoma) Or pemetrexed 500mg/m² (Non-squamous cell carcinoma)

Primary endpoint: Surgery rate

Key secondary endpoints: ORR, R0 resection rate, MPR, pCR, Down-staging rate, EFS, OS and safety.

Exploratory endpoints: Biomarkers for prognosis

RESULTS

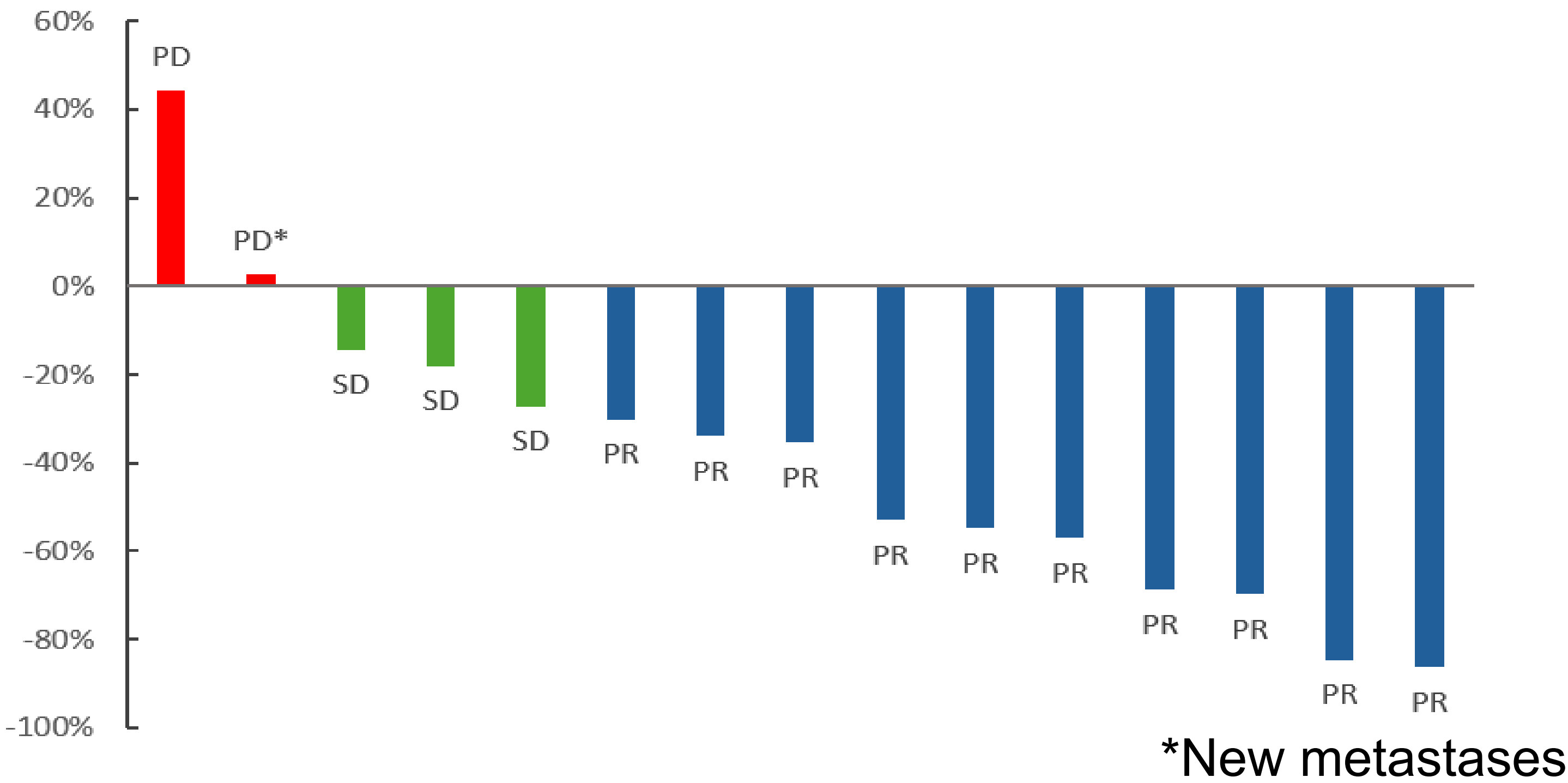
- As of March 25, 2026, 24 patients were enrolled, 6 patients are still undergoing induction therapy,15 patients completed multidisciplinary team (MDT) evaluation after induction therapy, and 3 patients didn't complete MDT evaluation after induction

Therapy (one developed grade 4 TRAE and the other two voluntarily withdrew from treatment). Among the 15 patients who underwent MDT evaluation, 13 achieved successful conversion and underwent surgical resection, while 2 were deemed ineligible for curative surgery due to disease progression. The surgical conversion rate was 72.22%. The R0 resection rate was 100 %. Among 13 surgically-treated patients, the pathological downstaging rate was 84.62%, the MPR rate was 69.23% and the pCR rate was 46.15%.

Table 1. Baseline Patient Characteristics

No.pts (N=18)	
Age, median(range),years	70(49-75)
Sex,n(%)	
Male	15(83.33)
Female	3(16.67)
ECOG PS, n(%)	
0	18(100)
1	0
Smoking history,n(%)	
Current	9(50)
Former	3(16.67)
Never	6(33.33)
Disease stage,n(%)	
IIIA	6(33.33)
IIIB	11(61.11)
IIIC	1(5.56)
Histology,n(%)	
Squamous	14(77.78)
Non-Squamous	2(11.11)
Others	2(11.11)

Figure 2. Maximum tumor reduction of induction therapy (N=15)



- The ORR for all patients was 66.7%. The rates of partial response (PR) and stable disease (SD) and progressive disease (PD) were 66.7 % and 20.0 % and 13.33 %, respectively.
- The incidence of Grade ≥3 treatment-related adverse events (TRAEs) was 16.7%, all of which were white blood cell count decreased or lymphocyte count decreased.

Table 2. Surgical summary

Patients(N=13)	
Interval between the neoadjuvant treatment (Last Dose) and sugery,d,median(range)	38(25-44)
Type of sugery	
Lobectomy	12(92.31%)
Sleeve lobectomy	1(7.69%)
Completeness of resection	
R0	13(100%)
R1	0
Surgical approach	
Video-assisted thoracoscopic surgery	12(92.31%)
Thoracotomy	1(7.69%)
Duration of operation, minutes, median (range)	230(90-565)
Intraoperative blood loss (mL) median (range)	150(30-600)
Post-operative hospital stay (days)	8(4-20)

Table 3. Safety Analysis (n=18)

TRAEs	Any Grade n(%)	Grade 1-2 n(%)	≥ Grade 3 n(%)
Any	12 (66.7%)	12 (66.7%)	3 (16.7%)
Anemia	10 (55.6%)	10 (55.6%)	0
White blood cell count decreased	7 (38.9%)	4 (22.2%)	3 (16.7%)
Low albumin	4 (22.2%)	4 (22.2%)	0
Neutrophil count decreased	3 (16.7%)	3 (16.7%)	0
Hypothyroidism	2 (11.1%)	2 (11.1%)	0
Lymphocyte count decreased	1 (5.6%)	0	1 (5.6%)
Decreased platelet count	1 (5.6%)	1 (5.6%)	0

CONCLUSION

- Tislelizumab combined with recombinant human endostatin injection and chemotherapy has a good anti-tumor effect and controllable safety, which can bring radical resection opportunities to some unresectable stage III NSCLC.

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