

Adebrelimab plus famitinib and chemotherapy for advanced NSCLC after progression with PD-1-based therapy

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INTRODUCTION

- Immune checkpoint inhibitors (ICIs) plus platinum-based chemotherapy are the standard first-line treatment for advanced non-small cell lung cancer (NSCLC) without actionable driver mutations. However, acquired resistance and limited subsequent options remain major challenges.
- Phase III studies of ICI plus antiangiogenic tyrosine kinase inhibitor (TKI) combinations after immunotherapy failure have shown limited survival benefit, highlighting the need for new strategies.
- Adebrelimab (PD-L1 inhibitor) and famitinib (VEGFR-targeting multi-TKI) may provide complementary antitumor effects through immune modulation and vascular normalization.
- PD-L1 blockade combined with antiangiogenic therapy and chemotherapy may overcome resistance after PD-1 inhibitor-based treatment.

STUDY STATUS

Patient enrollment began in November 2023. Approximately 40 patients are planned for enrollment, with completion of enrollment expected in December 2026 and final study completion anticipated in 2027.

STUDY DESIGN

Key inclusion criteria

- Stage IIIB-IV NSCLC (squamous or non-squamous)
- No actionable driver gene alterations
- ECOG performance status 0-1
- Disease progression after first-line PD-1 inhibitor combined with chemotherapy



Induction Therapy (4-6 cycles)

Adebrelimab 1200 mg IV, Q3W +
Famitinib 20 mg PO, QD +
Chemotherapy (Nab-paclitaxel or
Docetaxel)



Maintenance Therapy

Adebrelimab 1200 mg IV, Q3W +
Famitinib 20 mg PO, QD

PD or
intolerable
toxicity

Primary Endpoint

Progression-free survival
(RECIST v1.1)

Secondary Endpoints

- Objective response rate
- Disease control rate
- Overall survival
- Safety

PATIENTS

Key inclusion criteria

- ✓ Age ≥18 years
- ✓ Histologically/cytologically confirmed NSCLC
- ✓ Stage IIIB-IV disease
- ✓ No actionable driver mutations
- ✓ ECOG performance status 0-1
- ✓ Prior first-line PD-1 inhibitor + chemotherapy
- ✓ Acquired resistance (first-line PFS ≥6 months)
- ✓ Radiologic progression after first-line therapy (RECIST v1.1)
- ✓ Adequate organ function
- ✓ Life expectancy ≥12 weeks

Key exclusion criteria

- ✓ Non-NSCLC or mixed SCLC/NSCLC histology
- ✓ Actionable driver alterations (EGFR, ALK/ROS1, BRAF^{V600E}, MET exon 14 skipping, RET)
- ✓ Prior antiangiogenic therapy in advanced first-line setting
- ✓ Active brain metastases or leptomeningeal metastases
- ✓ Uncontrolled hypertension or high bleeding risk
- ✓ Recent thromboembolic events
- ✓ Clinically significant cardiovascular disease
- ✓ Active autoimmune disease requiring systemic immunosuppression
- ✓ Active infection or immune deficiency
- ✓ Pregnancy or lactation
- ✓ Other malignancy within 5 years (except specified cured cancers)