



P3.178: Local Ablative Radiation Therapy in OligoProgressive Non-Small Cell Lung Cancer - Results of a Single Arm Prospective Study (OligoChrome)

Anil Tibdewal, P. Garg, G. Maheshwari, J.P. Agarwal, S. Pedapathi, S. Yewle, G. Khatavkar, K. Prabhash, N. Menon, V. Noronha, M. Shah
Tata Memorial Hospital, Homi Bhabha National Institute, Mumbai/IN
Correspondence: aniltibdewal@gmail.com



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

INTRODUCTION

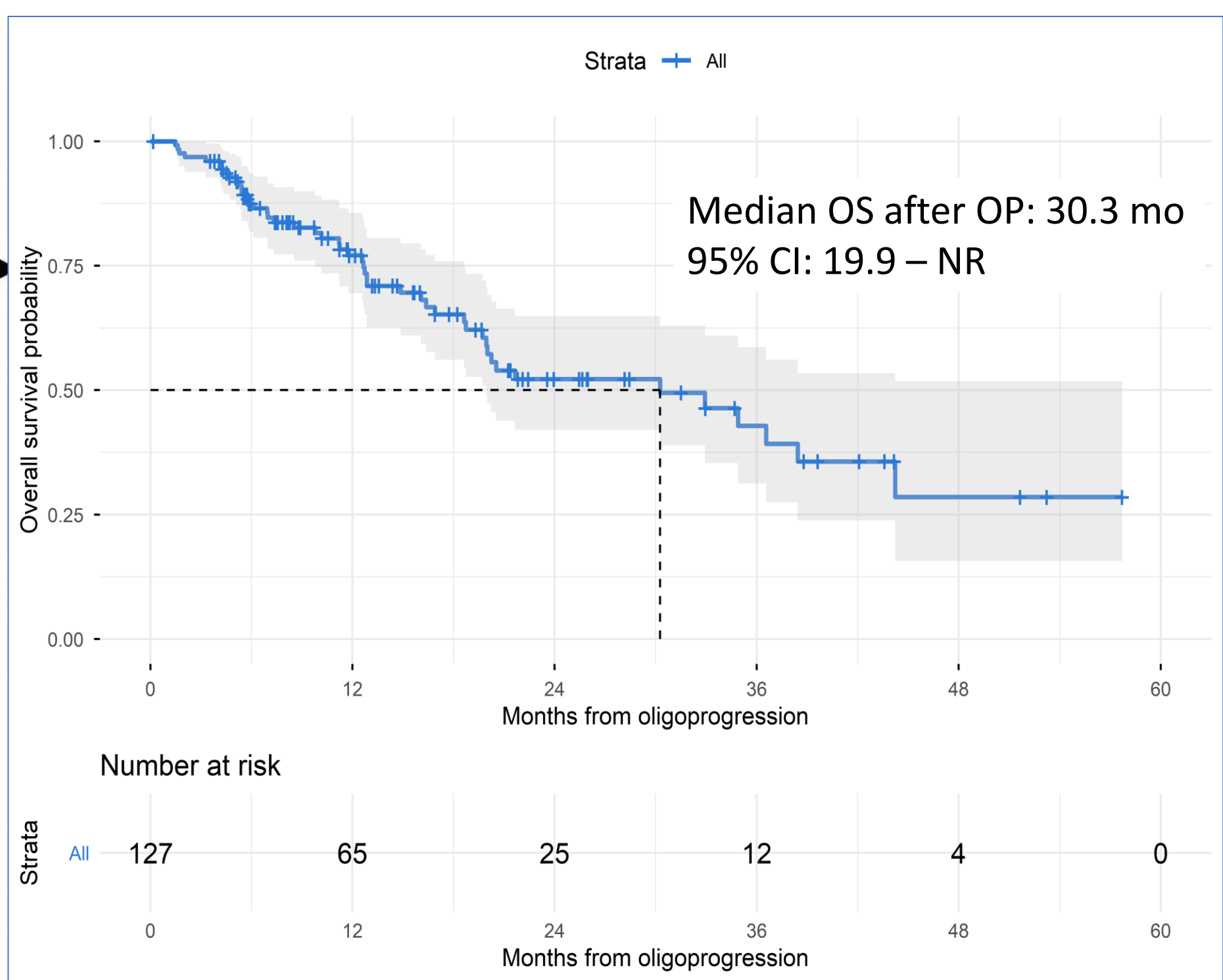
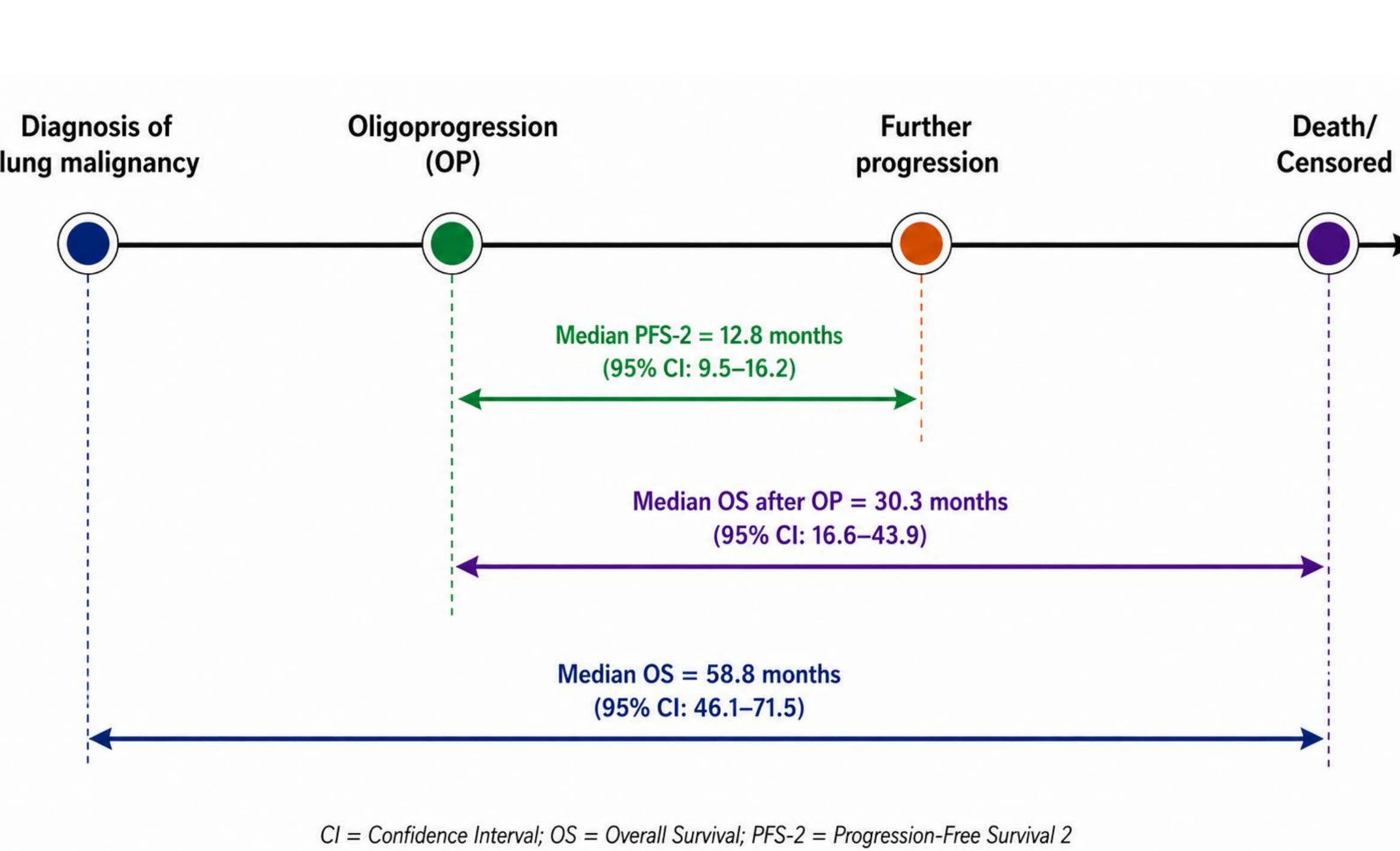
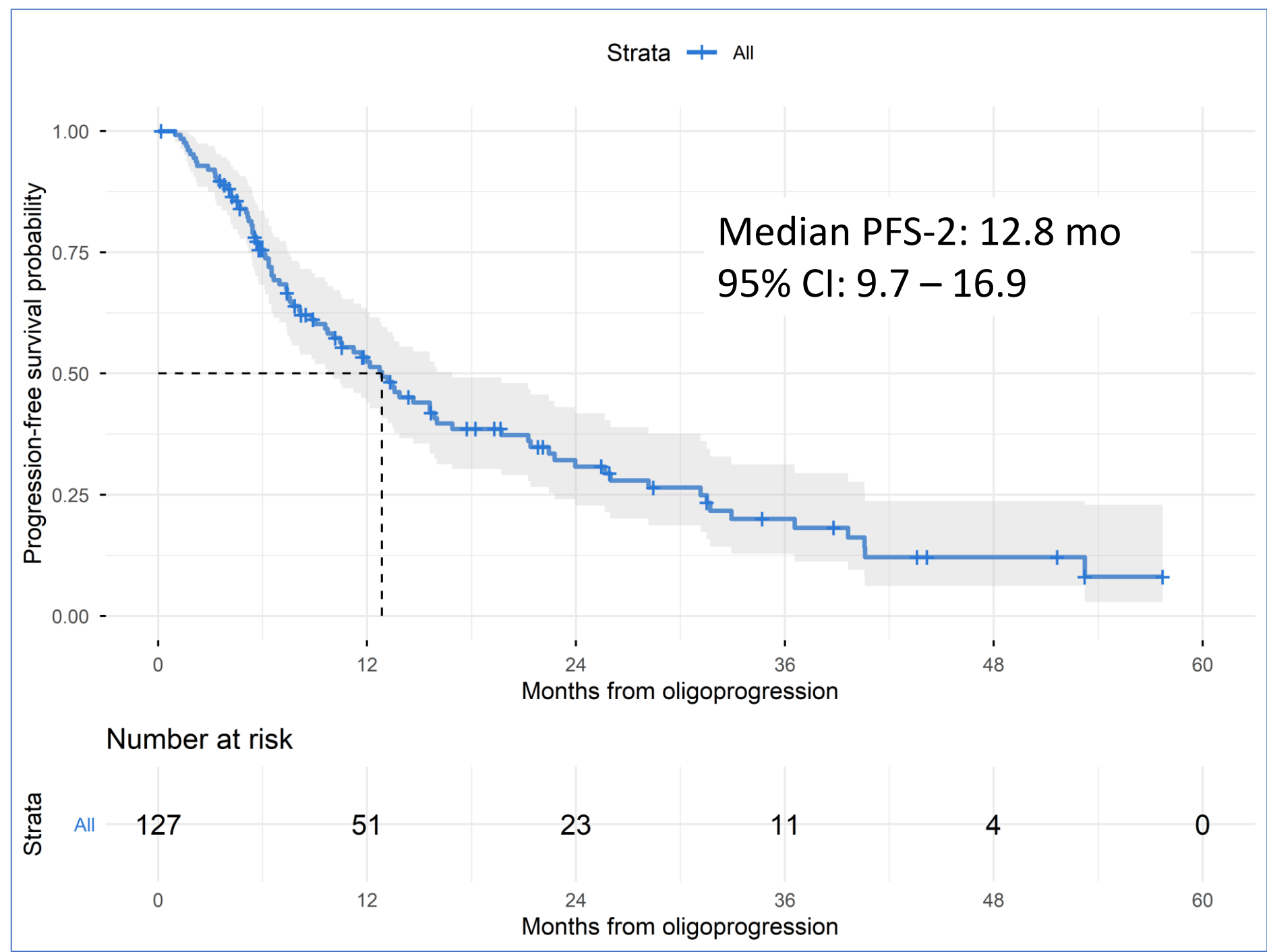
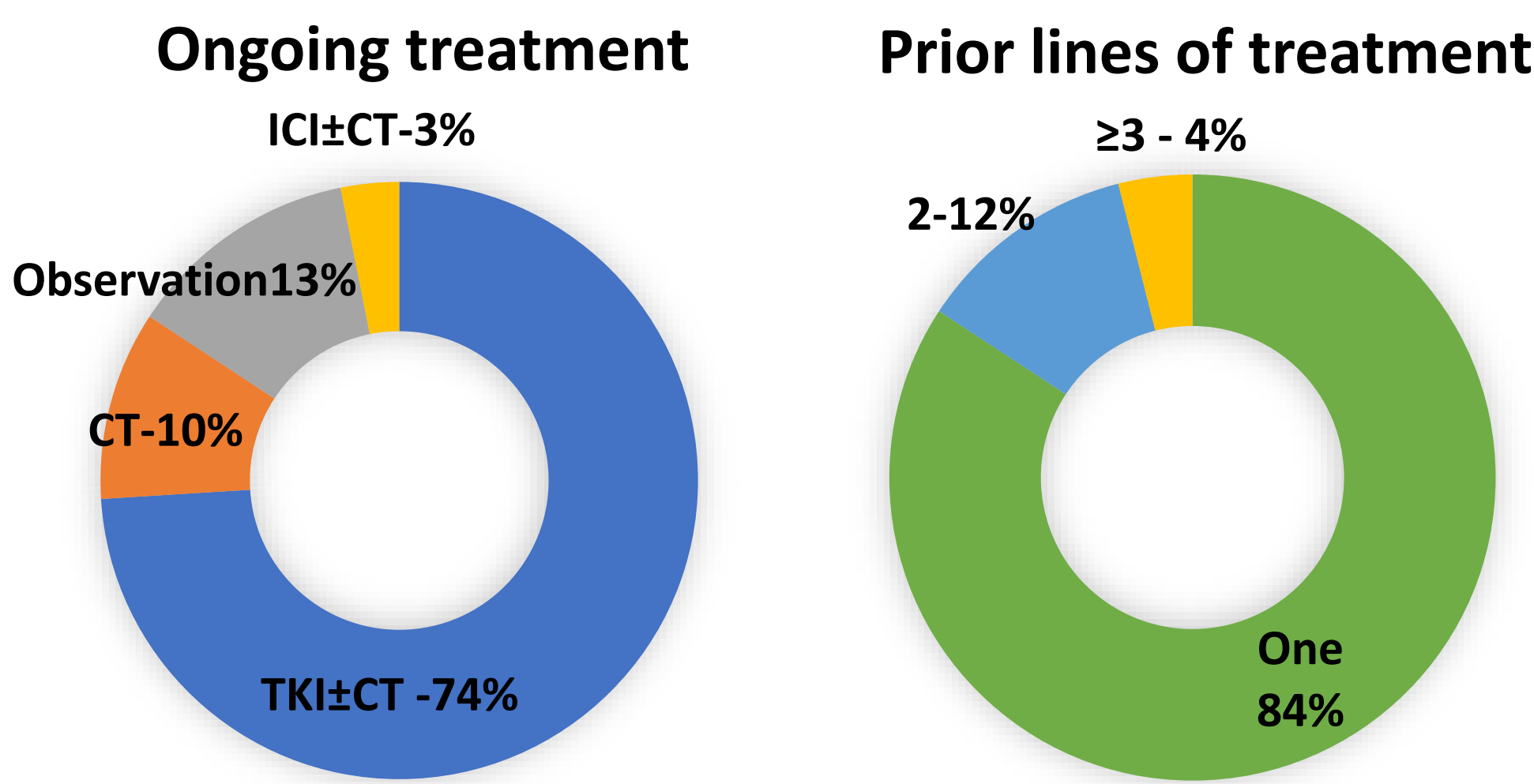
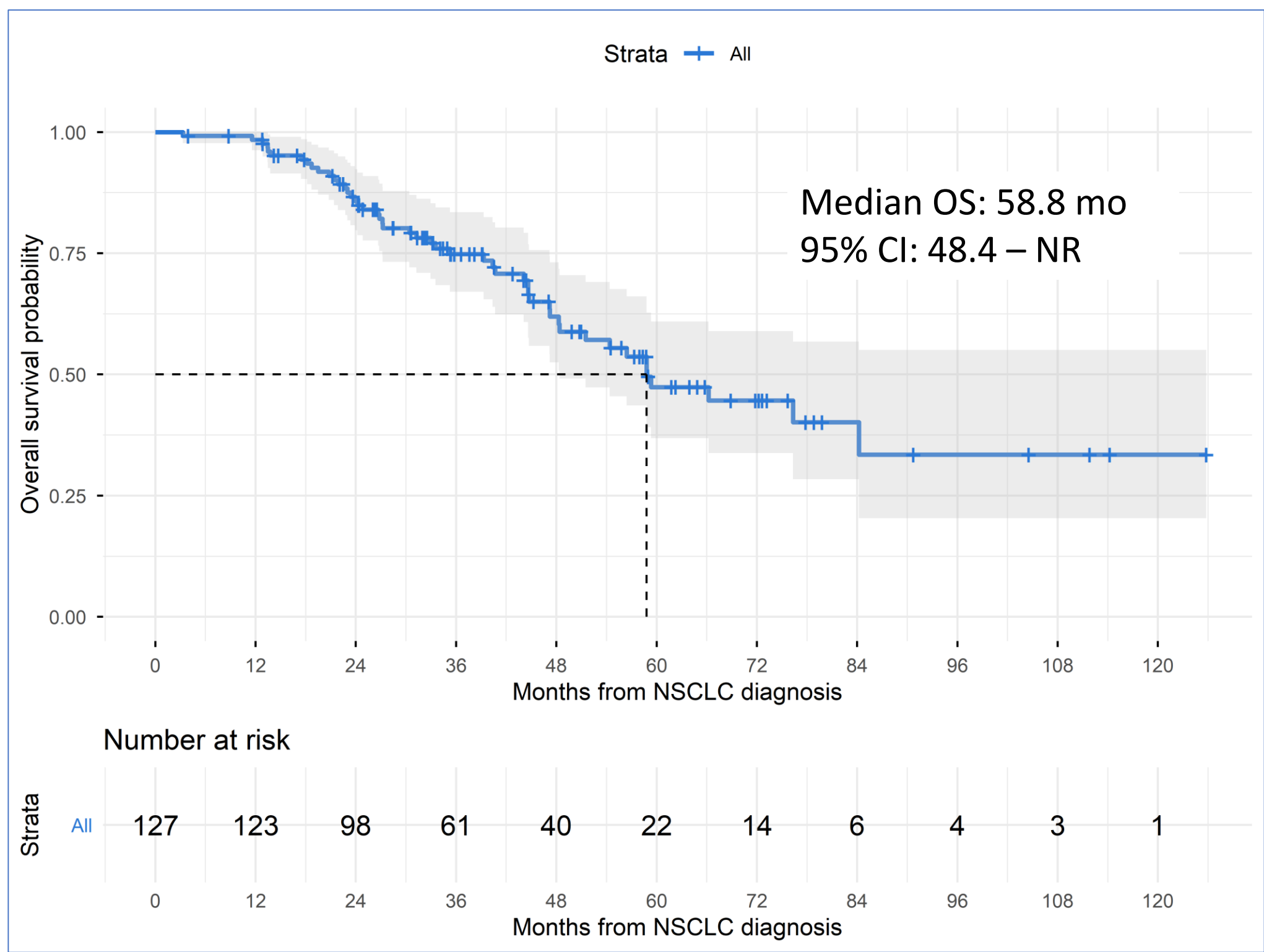
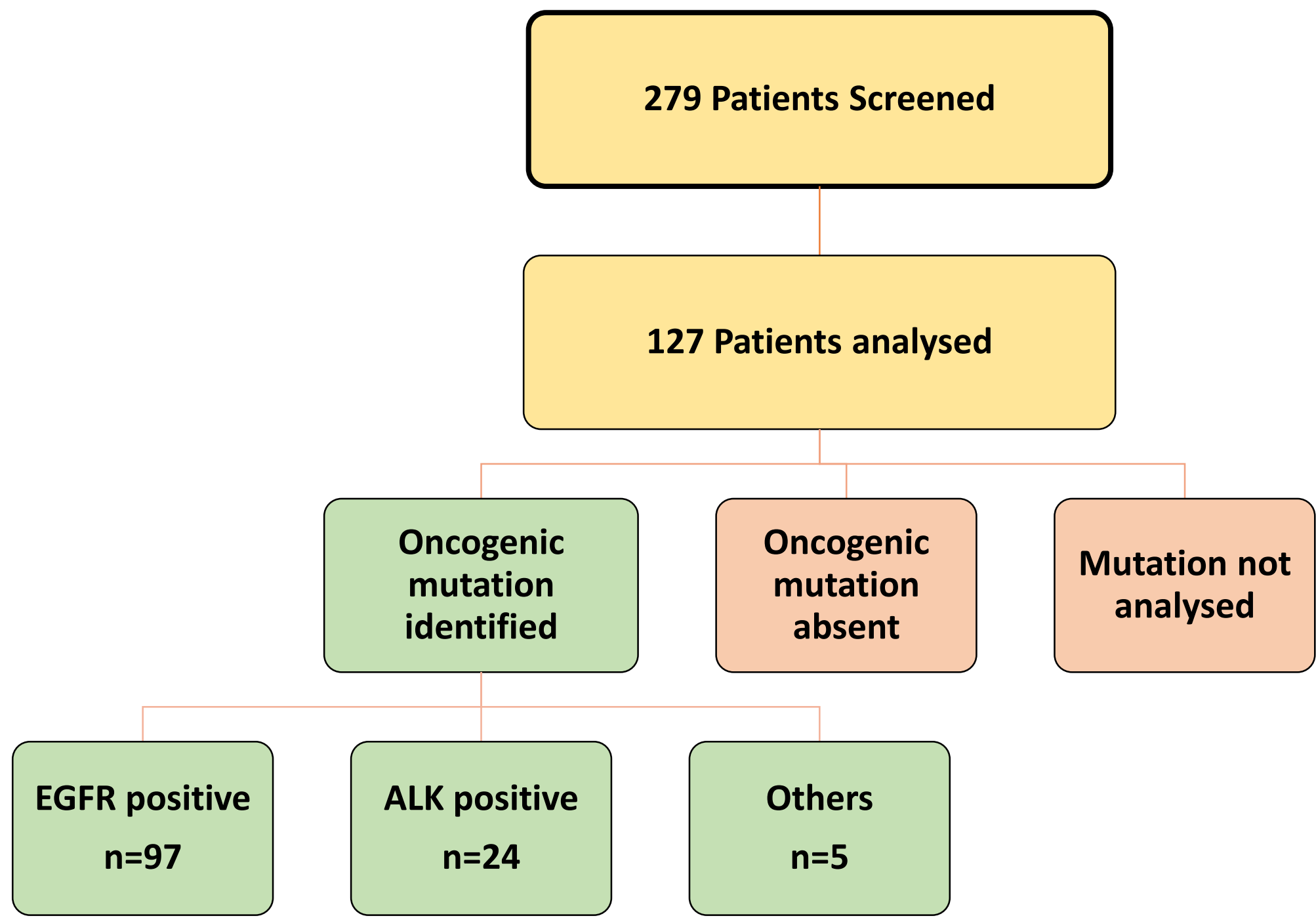
- Metastatic non-small cell lung cancer (NSCLC), particularly tumours harbouring oncogenic driver mutations, frequently develops Oligoprogression (OP), defined as disease progression at a limited number of metastatic sites.
- Management strategies include switching to an alternative systemic therapy or administering local ablative therapy (LAT) to the progressing lesions while continuing the existing systemic treatment.

METHODS

- Phase 2, single-arm, Prospective study
- Metastatic NSCLC with **OP (defined as ≤3 sites)** who were treated with LAT were recruited between **March 2021 to September 2025**
- Leptomeningeal disease, new-onset pleural effusion, and prior radiation at the OP site were excluded.
- Biopsy was preferable of OP sites but not mandatory
- All pts received **hypofractionated RT or Stereotactic ablative radiation (SABR)**.
- Baseline patient and disease characteristics along with treatment details were analysed.
- Overall survival, Progression Free Survival, PFS-2 (defined as PFS after diagnosis of OP) and OS after OP were calculated using Kaplan-Meier analysis.

RESULTS

Baseline characteristics	N -127 (%)
Male	74 (58.3)
Adenocarcinoma histology	119 (93.7)
Oncogene mutation	97 (76.4)
EGFR	68 (70.1)
Non-EGFR	29 (29.9)
Biopsy at OP	82 (64.6)
Ongoing TKI at OP	94 (74%)
1 st /2 nd EGFR TKI	39 (41.5%)
3 rd gen EGFR TKI	30 (32%)
OP Sites (number)	
1	94 (74)
≥ 2	33 (26)
OP organs involved	
Lung	84 (50.6)
Brain	26 (15.6)
Bone	22 (13.2)
Others	34 (20.6)
Rx switched at OP	26 (20.5%)



DISCUSSION AND CONCLUSION

- SABR to sites of Oligoprogression in metastatic NSCLC leads to good disease control as well as survival while preserving systemic therapy options for future progression.
- However, outcomes in non oncogene mutated cancers remains uncertain.
- With an ever-expanding arsenal of targeted agents and immunotherapy these results need to constantly be challenged.

REFERENCES & ACKNOWLEDGEMENTS

- Funding: Intramural: TRAC, TMH, Mumbai India
- Tsai, Jillian et al. "Standard-of-care systemic therapy with or without SBRT in patients with oligoprogressive breast cancer or non-small-cell lung cancer (Consolidative Use of Radiotherapy to Block [CURB] oligoprogression): an open-label, randomised, controlled, phase 2 study." *Lancet* vol. 403,10422 (2024):
- McDonald F., Guckenberger M., Popat S., Faivre-Finn C., Andratschke N., Nair A., et al. EP08.03-005 HALT—Targeted Therapy with or without Dose-Intensified Radiotherapy in Oligo-Progressive Disease in Oncogene Addicted Lung Tumours. *J. Thorac. Oncol.* 2022;17(Suppl. S9):S492.