



Bevacizumab Plus Nab-Paclitaxel and Platinum as Second-Line Therapy for Driver-Gene-Negative nsq-NSCLC After Immunochemotherapy

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

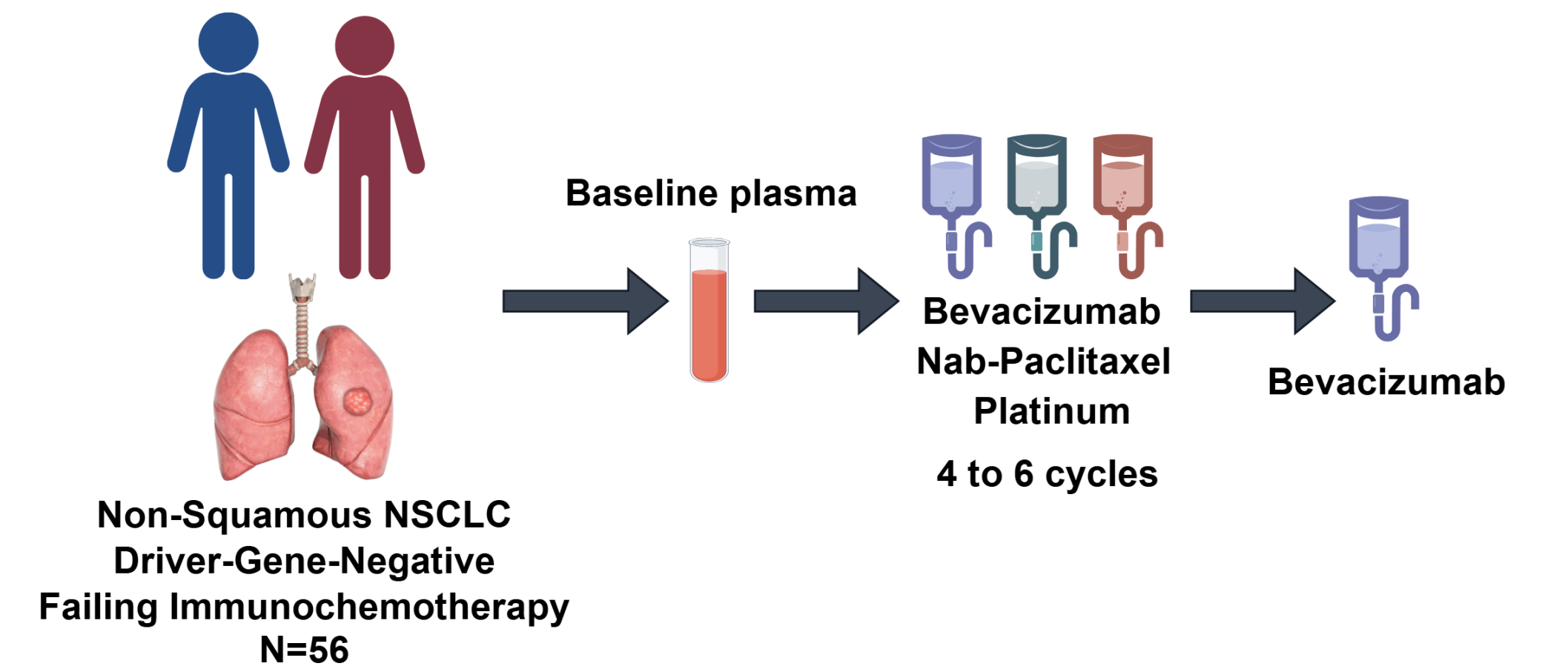
INTRODUCTION

- The combination of immune checkpoint inhibitors (ICIs) and chemotherapy has become the cornerstone for first-line treatment of driver-gene-negative non-squamous NSCLC (nsqNSCLC), regardless of PD-L1 expression.
- Most patients ultimately experience disease progression and resistance.
- Multiple attempts have failed to demonstrate significant survival benefit in the second-line setting. Effective therapy is urgently needed.
- Bevacizumab combined with nab-paclitaxel and platinum (the BAP regimen) may be a plausible salvage option, leveraging antiangiogenic therapy, cytotoxic therapy, and platinum re-challenge.

METHODS

Design

- Single-center, single-arm prospective clinical trial (BETTER trial, NCT05407155)



Eligibility Criteria

- Age 18-75 years
- Stage IIIB-IV nsqNSCLC (AJCC 8th)
- No EGFR / ALK / ROS1 alterations
- Progressive disease after first-line ICI-based therapy
- At least one measurable lesion per RECIST v1.1

Endpoints

- Primary: ORR
- Secondary: PFS, OS, DCR, DpR, safety
- Exploratory: Plasma proteomic profiling

DISCUSSION AND CONCLUSION

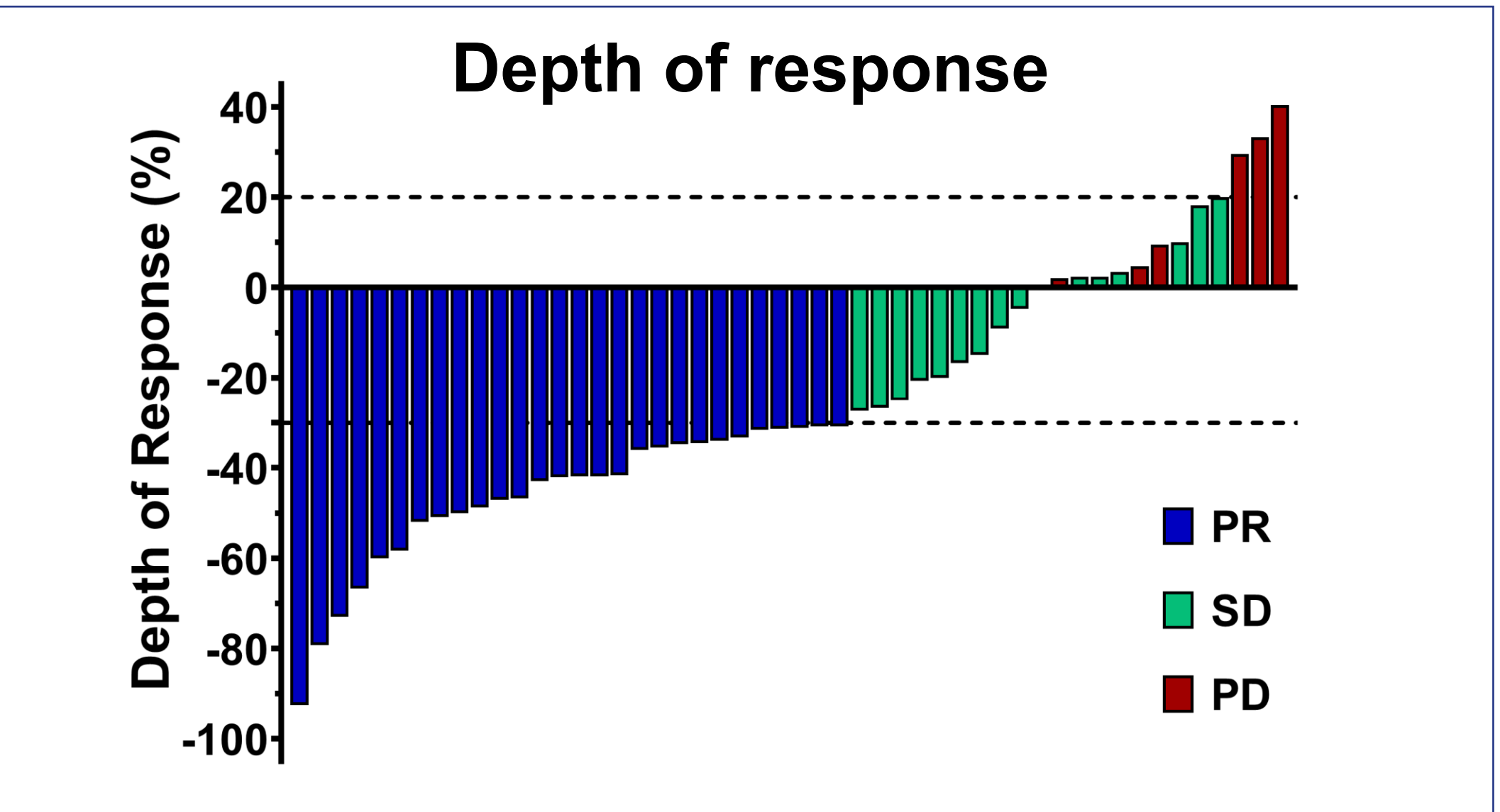
Actionable Take Away Message

- The BAP regimen demonstrates preliminary efficacy and a manageable safety profile as a second-line therapy for advanced driver-gene-negative nsqNSCLC patients who have progressed on prior immunochemotherapy.
- Plasma TWEAK levels may serve as a potential biomarker.

Future Direction for Research

- Prospective and randomized studies are needed to further evaluate the efficacy of BAP regimen.
- The underlying mechanistic role of TWEAK requires further elucidation.

RESULTS



REFERENCES & ACKNOWLEDGEMENTS

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Acknowledgements

- The authors would like to thank all the fellow doctors, research nurses and clinical research coordinators for their contribution in the operation of the study.
- The authors would like to thank the patients and their families for their time and commitment to participate in this study.

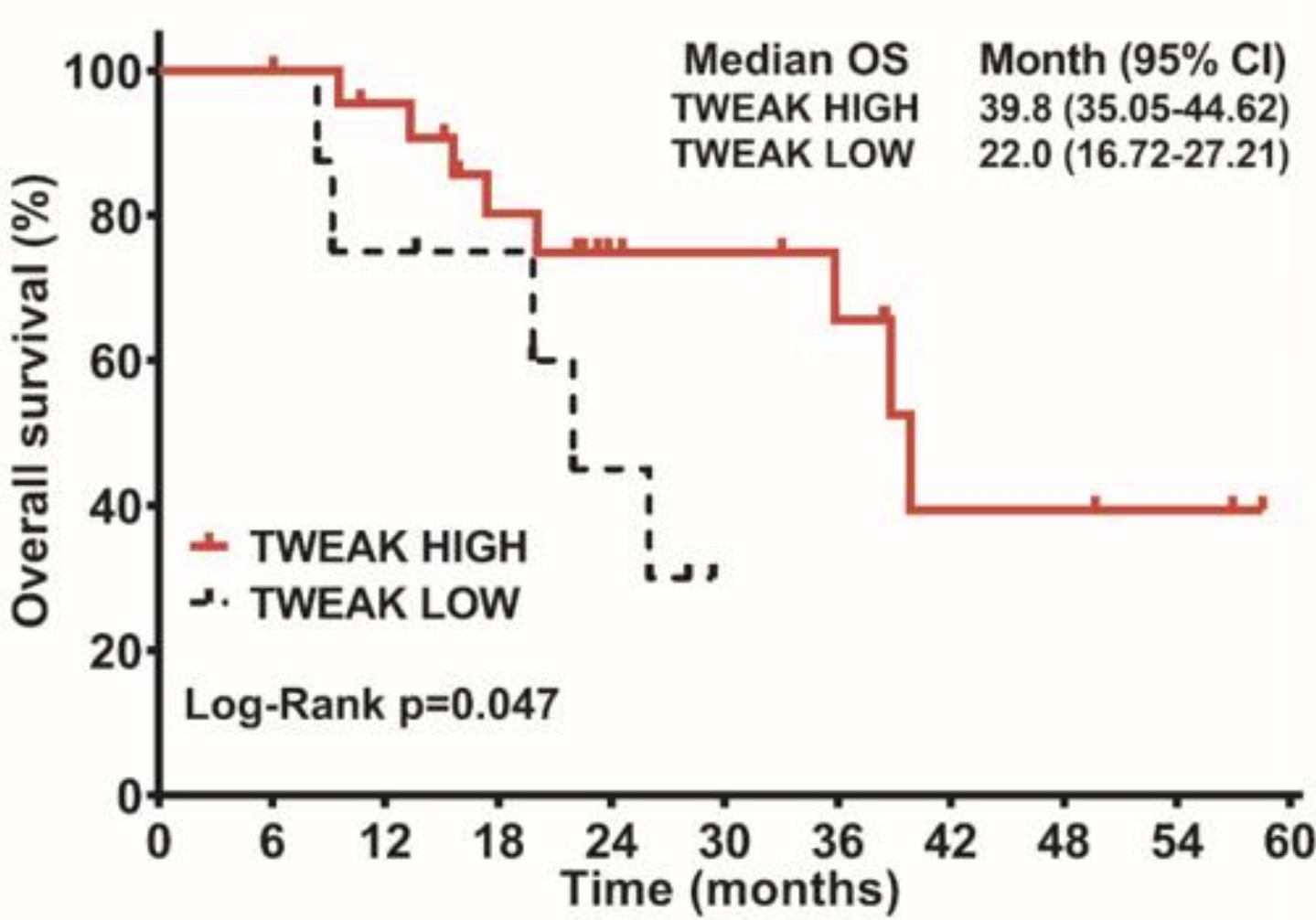
Artificial Intelligence (AI) Use Disclaimer
None.

RESULTS

Patient characteristics at baseline

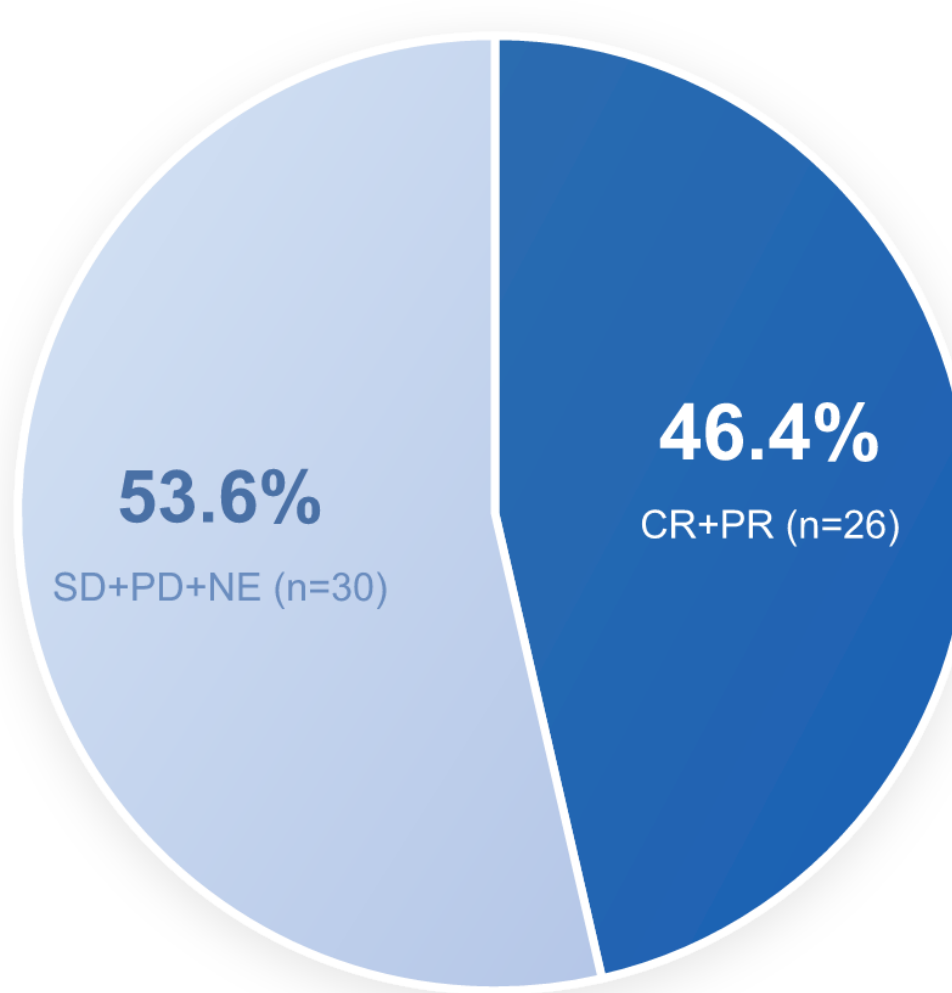
Characteristic	Number of patients (%) (N=56)
Median age (years, range)	60 (28~75)
Smoking status	
Previous or current	31 (55.4%)
Never	22 (39.3%)
Unknown	3 (5.4%)
Sex	
Male	43 (76.8%)
Female	13 (23.2%)
Metastatic sites	
Lung	41 (73.2%)
Regional lymph nodes	35 (62.5%)
Bone	24 (42.9%)
Pleura	17 (30.4%)
Central nervous system	15 (26.8%)
Brain	14 (25.0%)
Meninges	1 (1.8%)
Liver	10 (17.9%)
Adrenal glands	9 (16.1%)
Distant lymph nodes	4 (7.1%)
Others	14 (25.0%)
Number of metastatic organs	
1	10 (17.9%)
2	10 (17.9%)
≥3	36 (64.3%)
PD-L1	
<1%	14 (25.0%)
1~49%	10 (17.9%)
≥50%	4 (7.1%)
Unknown	28 (50.0%)
Previous treatment	
Chemo-free Immunotherapy	0 (0%)
Immunotherapy plus chemotherapy	56 (100%)
Pembrolizumab + pemetrexed + platinum	24 (42.9%)
Tislelizumab + pemetrexed + platinum	18 (32.1%)
Camrelizumab + pemetrexed + platinum	6 (10.7%)
Other ICIs + pemetrexed + platinum	8 (14.3%)
Current treatment	
Bevacizumab + nab-paclitaxel + carboplatin	49 (87.5%)
Bevacizumab + nab-paclitaxel + cisplatin	3 (5.4%)
Refusal of per-protocol treatment	4 (7.1%)

Biomarker exploration

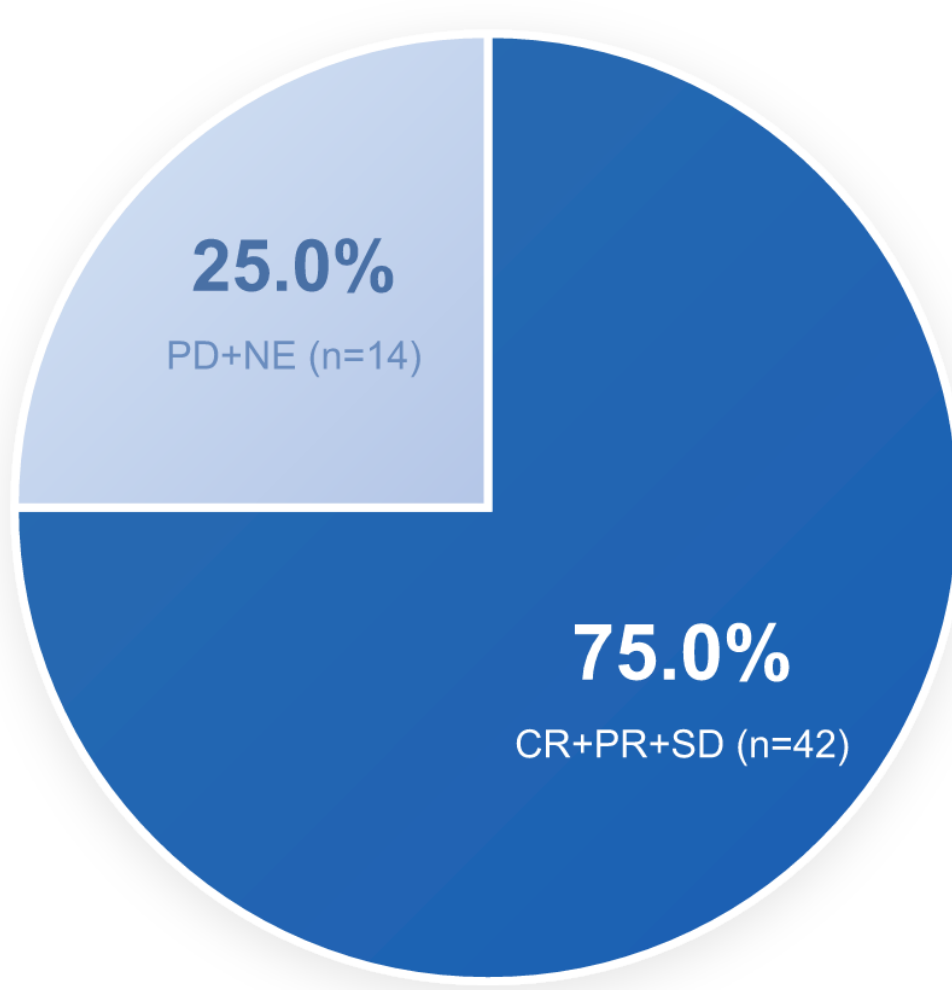


Overall survival from first-line immunochemotherapy grouped by baseline plasma TWEAK level

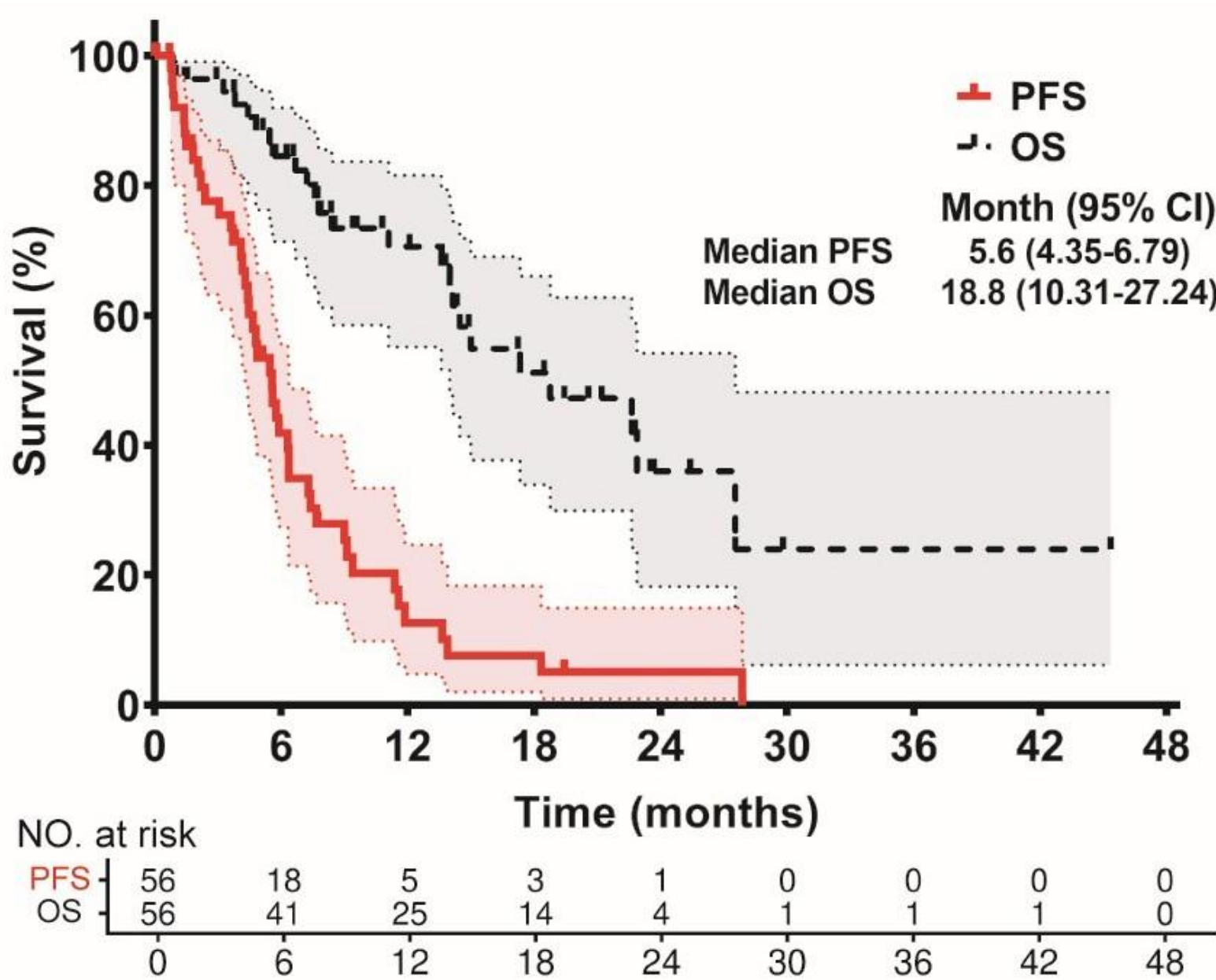
ORR



DCR



Survival



Safety profile

Adverse events (N=52)	Grade 1~2	Grade 3~5	Total
	N (%)	N (%)	N (%)
All adverse events	52 (100%)	15 (28.8%)	-
Alopecia	52 (100%)	-	52 (100%)
Fatigue	15 (28.8%)	8 (15.4%)	23 (44.2%)
Hypertension	17 (32.7%)	3 (5.8%)	20 (38.5%)
Neutropenia	4 (7.7%)	11 (21.2%)	15 (28.8%)
Anemia	14 (26.9%)	1 (1.9%)	15 (28.8%)
Leukopenia	5 (9.6%)	8 (15.4%)	13 (25.0%)
Anorexia	9 (17.3%)	4 (7.7%)	13 (25.0%)
Peripheral sensory neuropathy	6 (11.5%)	5 (9.6%)	11 (21.2%)
Increased ALT/AST	8 (15.4%)	0	8 (15.4%)
Thrombocytopenia	4 (7.7%)	3 (5.8%)	7 (13.5%)
Rash	7 (13.5%)	0	7 (13.5%)
Proteinuria	5 (9.6%)	2 (3.8%)	7 (13.5%)
Vomit	5 (9.6%)	1 (1.9%)	6 (11.5%)
Hypercalcemia	3 (5.8%)	0	3 (5.8%)
Constipation	3 (5.8%)	0	3 (5.8%)
Hypokalemia	2 (3.8%)	0	2 (3.8%)
Anaphylaxis	0	2 (3.8%)	2 (3.8%)
Fever	2 (3.8%)	0	2 (3.8%)
Weight loss	1 (1.9%)	1 (1.9%)	2 (3.8%)
Bleeding events	1 (1.9%)	1 (1.9%)	2 (3.8%)