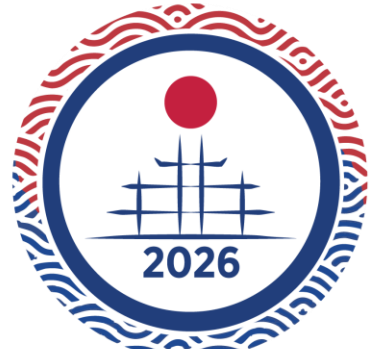


Treatment Beyond Progression with Tarlatamab in SCLC: A Multi-Institutional Real-World Analysis



Laura Alder¹, Alexis L. Green¹, Daniel L. Hess¹, Kevin Chen², Yan Li¹, Shetal A. Patel², Thomas E. Stinchcombe¹, Jeffrey M. Clarke¹
¹Duke University Medical Center, Durham, NC; ²University of North Carolina Medical Center, Chapel Hill, NC
Correspondence: laura.alder@duke.edu



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

INTRODUCTION

- Tarlatamab is the first agent to improve OS vs chemotherapy in relapsed SCLC¹
- T-cell engagers can produce durable responses and atypical progression, raising the question of benefit beyond RECIST progression.
- Role of treatment beyond progression (TBP) — especially with local consolidation for oligoprogression/CNS disease — is undefined
- Objective: evaluate real-world TBP patterns, local therapy, and outcomes.

METHODS

- Retrospective, 2 academic centers, June 2024–March 2026.
- Progression classified as CNS or extracranial (eCNS); oligoprogression = ≤5 lesions in ≤2 organs at first progression.
- TBP = tarlatamab continued past first progression at physician discretion, often with local radiotherapy (SBRT/SRS/WBRT).
- PFS1 = initiation → first progression; PFS2 = first → second progression, death, or censoring.
- Treating physicians assessed responses by reviewing follow-up imaging (radiology reports and images).
- OS by Kaplan–Meier, compared by log-rank.

Baseline Characteristics by TBP Status

Characteristics	All Patients (N=90)	TBP (n= 12, 13%)	Non-TBP (n=78, 87%)
Age, Median (IQR)	68 (62 - 72)	70 (67.5 - 75.5)	67 (61 - 72)
ECOG			
0 /1, n (%)	78 (86.7%)	12 (100%)	66 (84.6%)
Race: White, n (%)	75 (83.3%)	11 (91.7%)	64 (82.1%)
Race: Black, n (%)	7 (7.8%)	1 (8.3%)	6 (7.7%)
Sex: Male	49 (54.4%)	10 (83.3%)	39 (50%)

DISCUSSION AND CONCLUSION

TBP Outcomes and Local Therapy

Outcome	TBP Patients N = 12
Tarlatamab Duration (mo)	
Median (IQR)	5.9 (4.2 – 9.5)
PFS1 (mo) [initiation → 1st progression], Median, (IQR)	2.3 (1.7–5.4)
PFS2 (mo) [1st → 2nd progression], Median, (IQR)	4.3 (2.0–5.5)
Time (mo) To Follow-Up, Median (IQR)	7.2 (3.9–12.1)
RT During Tarlatamab	
SBRT	2 (16.7%)
SRS	9 (75%)
WBRT	1 (8.3%)
eCNS ORR, TBP (n=12)	6 (50%)
eCNS ORR, Non-TBP (n=56)	14 (25%)

Actionable Take Away Message

TBP with local consolidation suggests potential benefit in selected patients (oligoprogression, isolated CNS disease amenable to SRS), hypothesis-generating

Future Direction for Research

These findings warrant prospective, multi-center validation with prespecified selection criteria, standardized RECIST-based response assessment, and protocol-defined local consolidation to confirm the benefit of tarlatamab beyond progression

Limitations

- Retrospective single-arm comparison without adjustment for confounders, small N, immortal-time bias, Physician-assessed response, Selection bias

REFERENCES & ACKNOWLEDGEMENTS

- Mountzios G, et al. N Engl J Med. 2025.
- We gratefully acknowledge the patients, families, and caregivers whose care and clinical data made this analysis possible.

RESULTS

Figure 1: Swimmer plot of the TBP cohort (N = 12): treatment duration, progression events, and local therapy

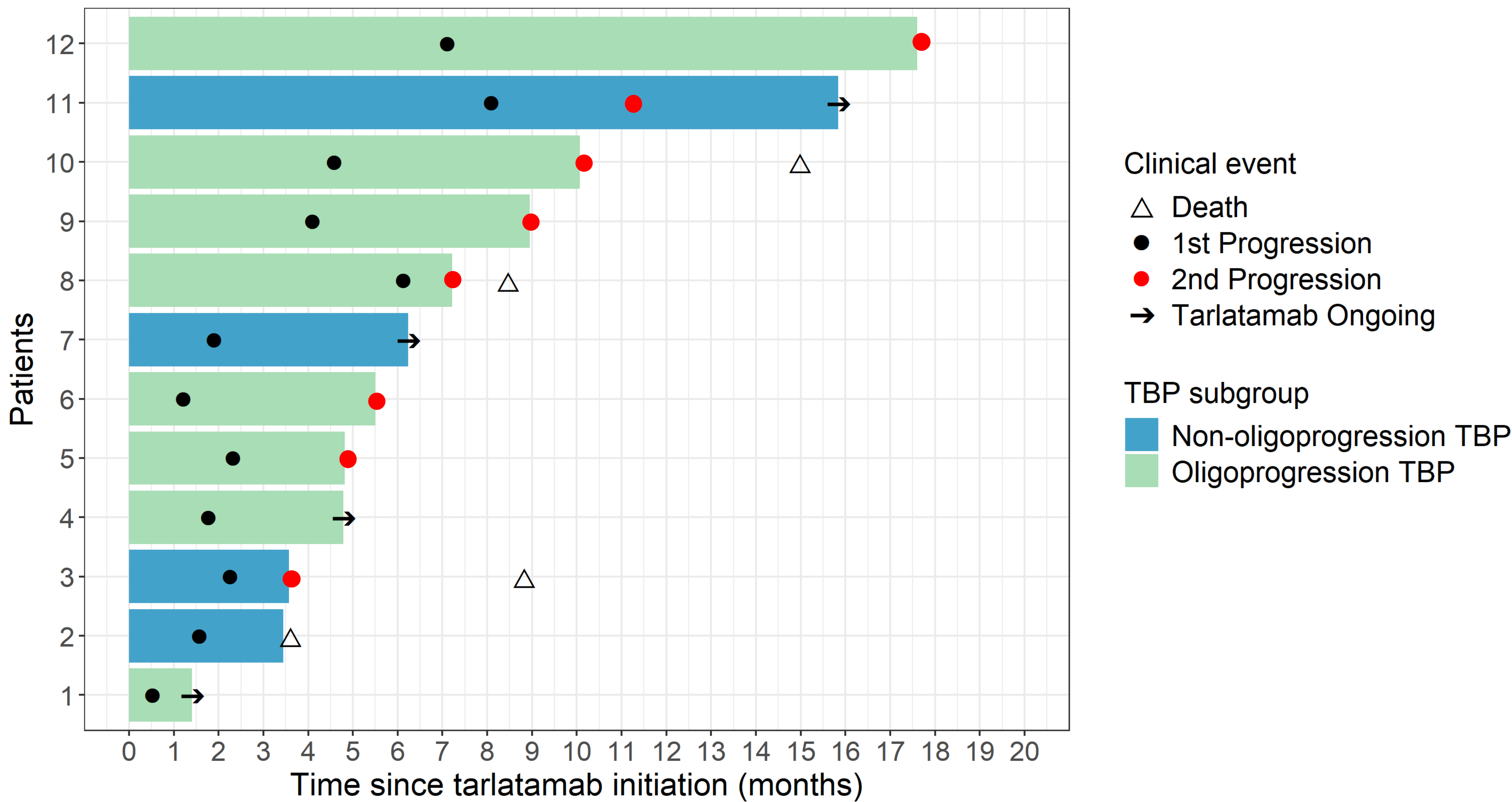


Figure 2: Overall survival by TBP status

