

P3.303: Early Treatment Failure as a Marker of Therapeutic Attrition in Real-World ES-SCLC

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IASLC 2026 World
Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

Despite first-line platinum-etoposide plus immunotherapy, outcomes in ES-SCLC remain poor.

Patients treated in routine practice may be more vulnerable than trial populations. Early treatment failure (ETF) may therefore reflect not only aggressive disease biology, but also an early loss of opportunity for subsequent active therapy.

OBJECTIVE

To investigate the frequency, causes and baseline predictors of early treatment failure (ETF), and to determine whether ETF identifies therapeutic attrition and poor subsequent survival in a real-world ES-SCLC cohort.

CLINICAL QUESTION

Who fails first-line treatment early and how often does that failure close the door to subsequent active therapy?

METHODS

STUDY DESIGN

Retrospective multicenter real-world cohort Central & Eastern Europe
Patients treated with 1L platinum-etoposide + atezolizumab/durvalumab

COHORT SNAPSHOT

285
patients

66 y
median age

59.6%
male

39.3%
liver metastases

17.2%
brain metastases

92.3%
ECOG 0-1

ETF DEFINITION

Discontinuation of first-line therapy within 3 months due to:

- progression,
- death,
- toxicity
- performance-status decline.

STATISTICAL ANALYSIS

- Multivariable logistic regression → baseline predictors of ETF
- Cox regression → predictors of overall survival
- 3-month landmark analysis → subsequent OS according to ETF status
- Patients dying/censored before the 3-month landmark were excluded; survival was recalculated from the landmark to reduce immortal-time bias
- Kaplan–Meier curves and log-rank test compared subsequent survival

DISCUSSION AND CONCLUSION

20%
experienced ETF

25%
of ETF patients
reached 2L

11% vs 42%
1-year subsequent OS after the 3-month
landmark

WHAT ETF REPRESENTS

ETF reflects more than early disease progression. It captures a broader process of therapeutic attrition, in which progression, death, toxicity or functional decline may rapidly eliminate the opportunity for subsequent active treatment.

KEY INTERPRETATION

Only 25.0% of patients with ETF received second-line therapy versus 52.8% without ETF - an absolute gap of 27.8 percentage points.

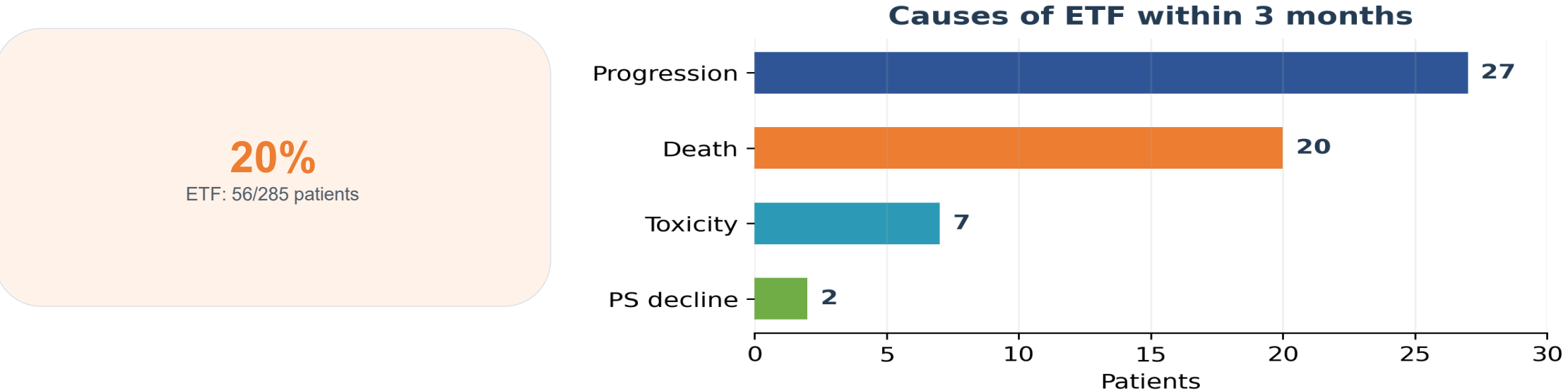
The association with subsequent OS remained marked in the 3-month landmark analysis.

CLINICAL IMPLICATION

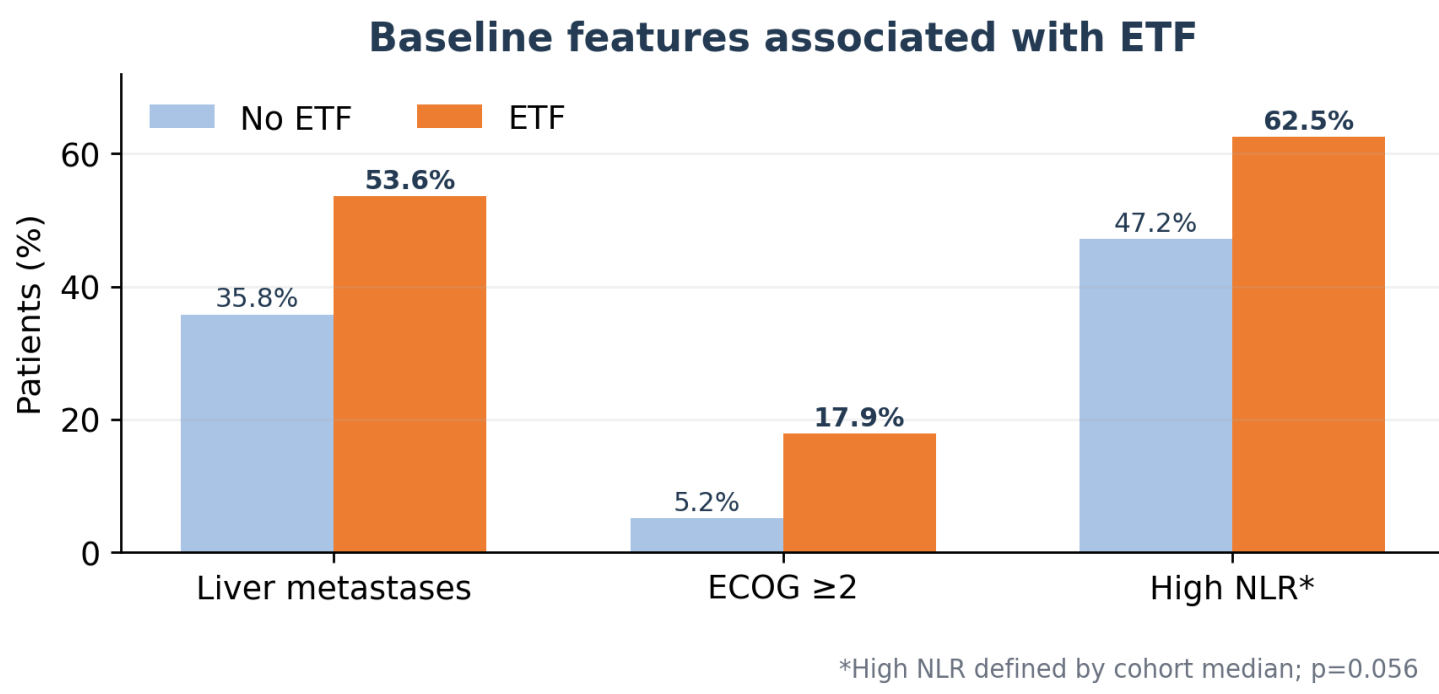
Liver metastases, higher baseline NLR and poor performance status identify patients at increased risk of early therapeutic attrition, potentially warranting closer clinical surveillance and early treatment planning.

RESULTS

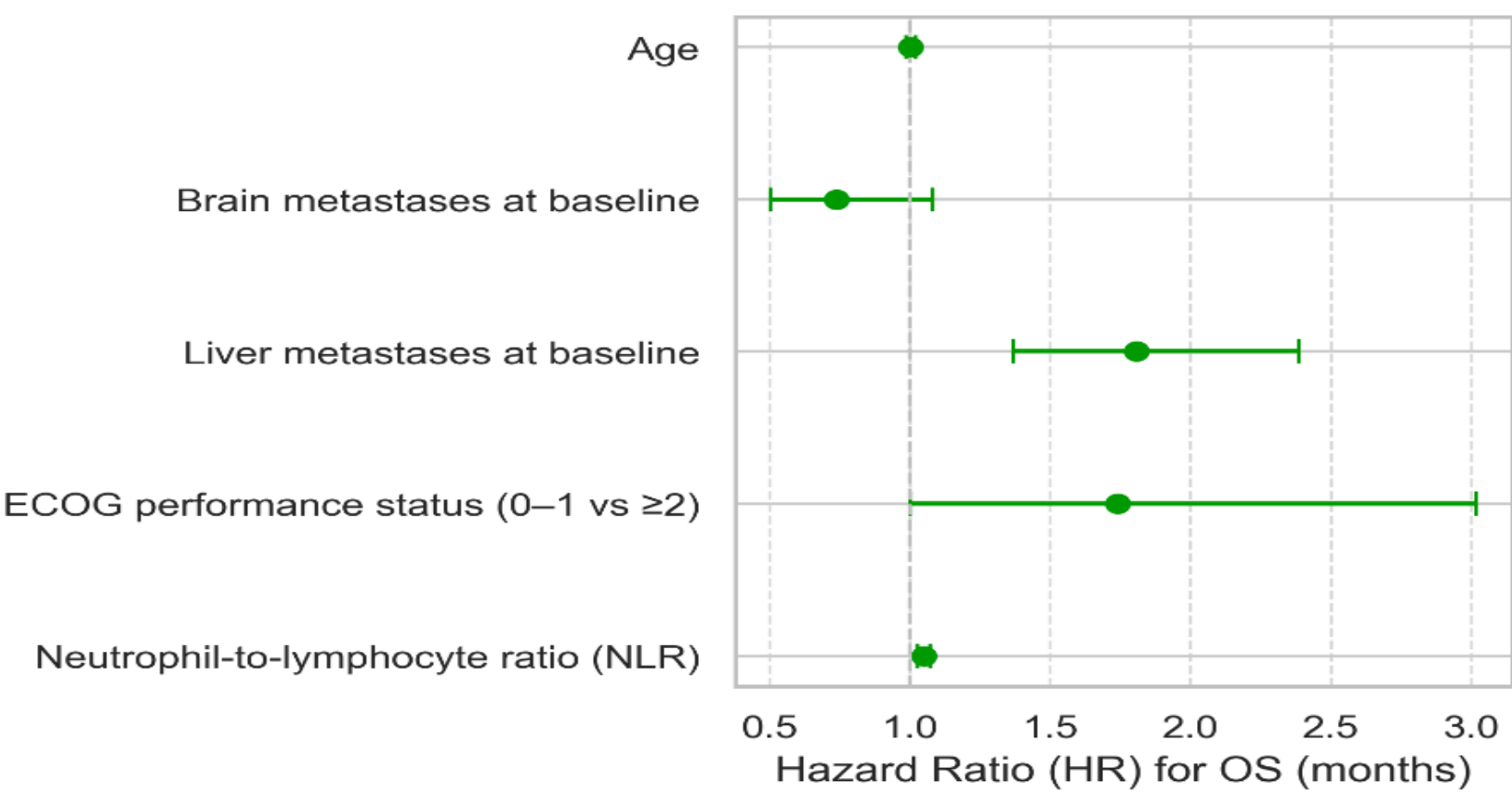
EARLY FAILURE AND THERAPEUTIC ATTRITION



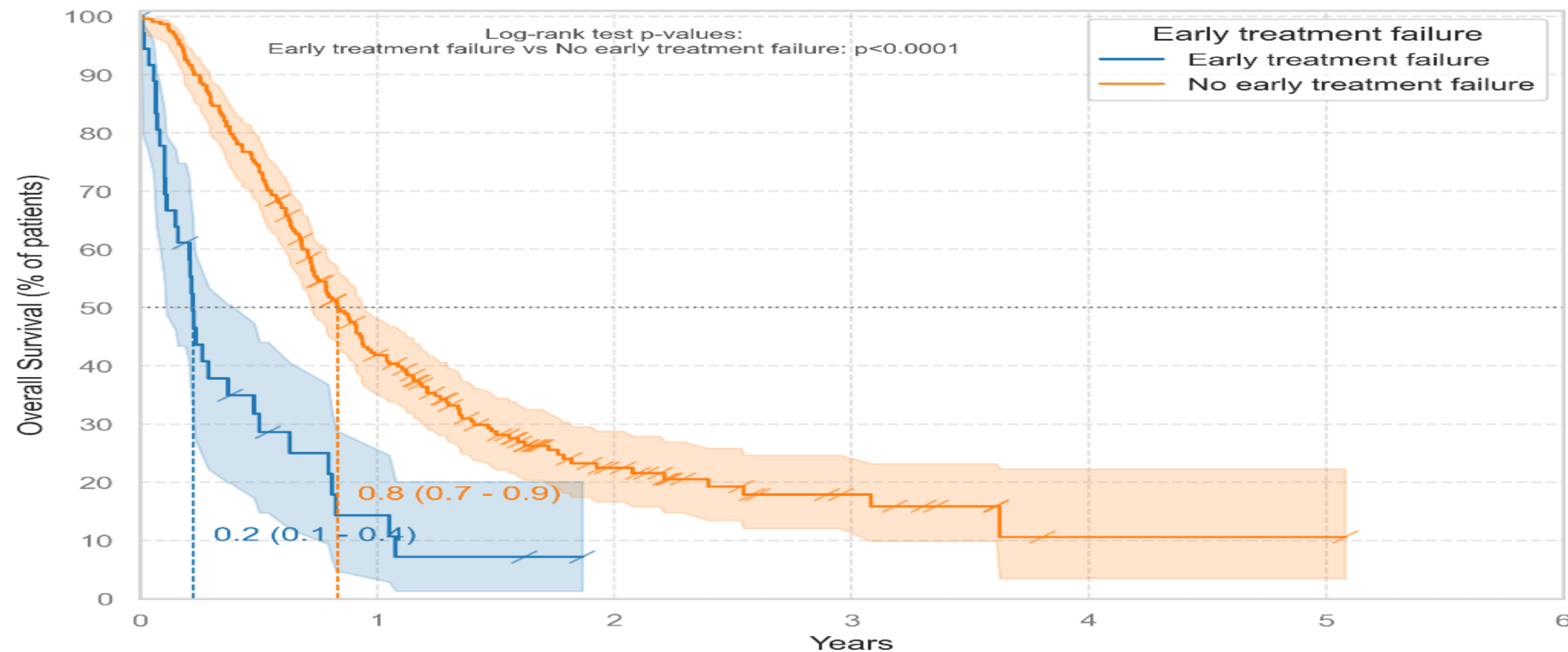
WHO IS AT RISK?



Predictors of Overall Survival



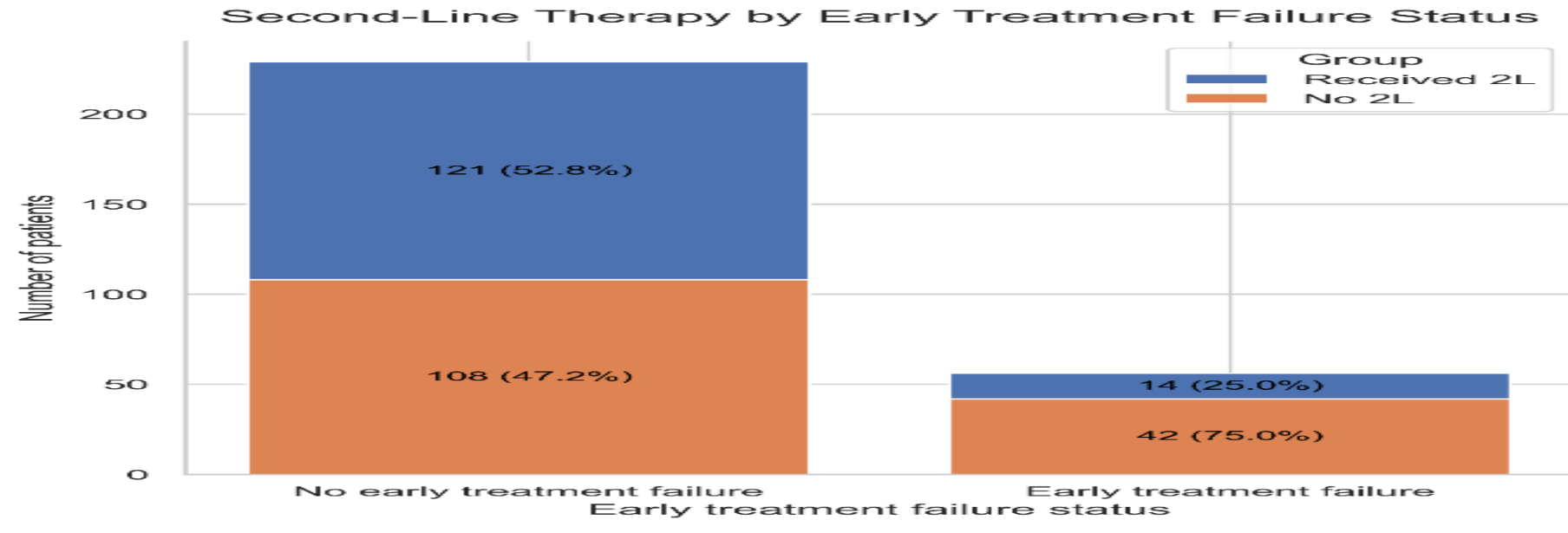
SURVIVAL CONSEQUENCES



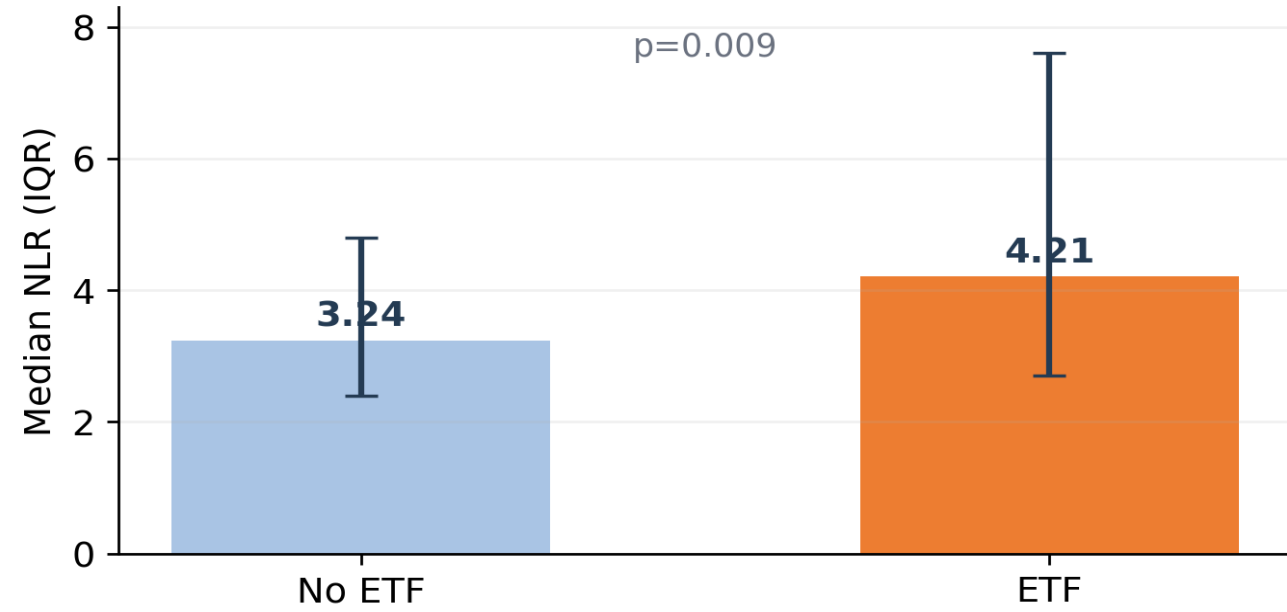
3-MONTH LANDMARK ANALYSIS

Median subsequent OS: 0.2 y with ETF vs 0.8 y without ETF. One-year OS: 11% vs 42%; log-rank p<0.0001.

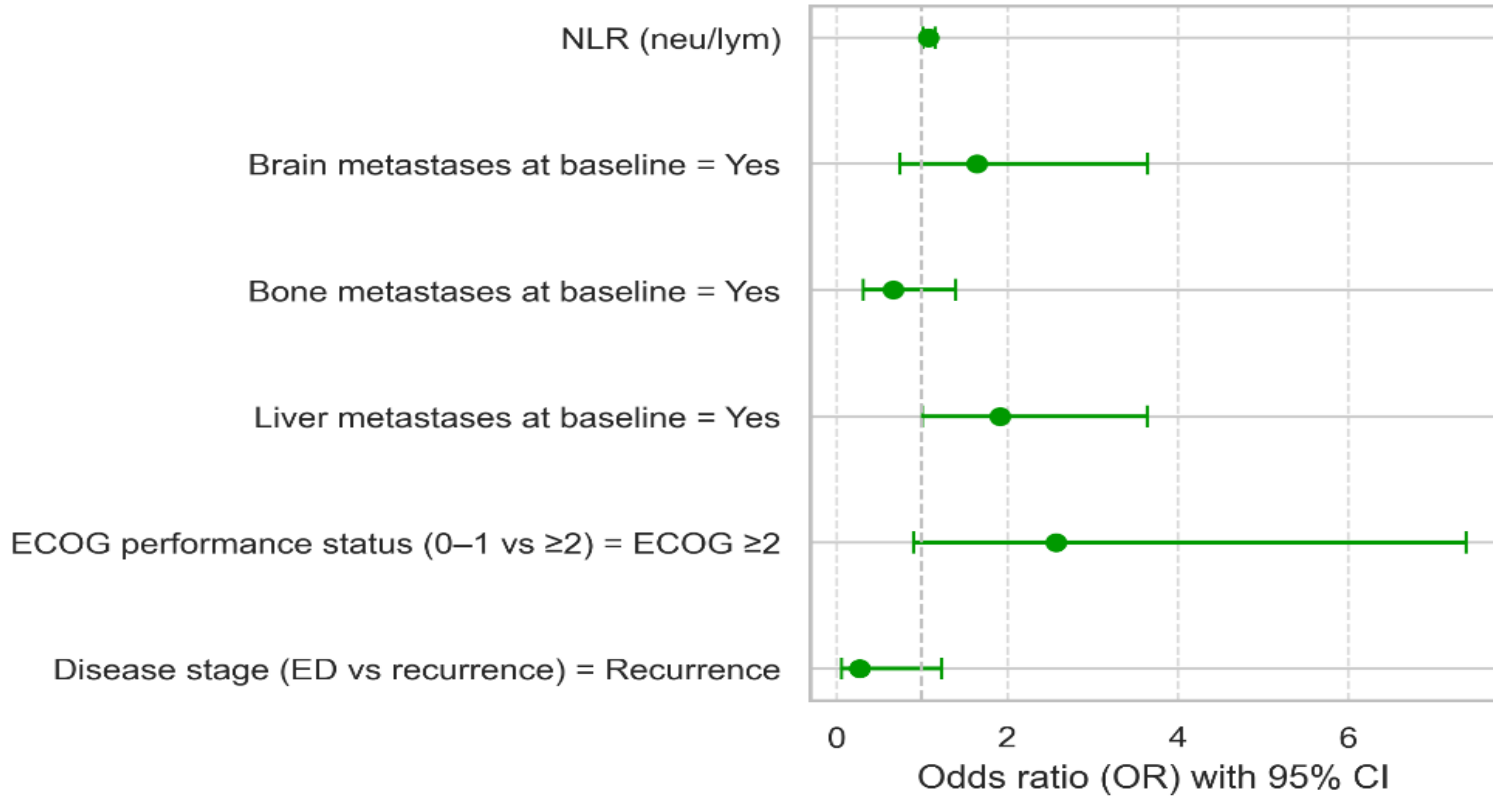
This approach treats ETF status as known at a common landmark and reduces immortal-time bias.



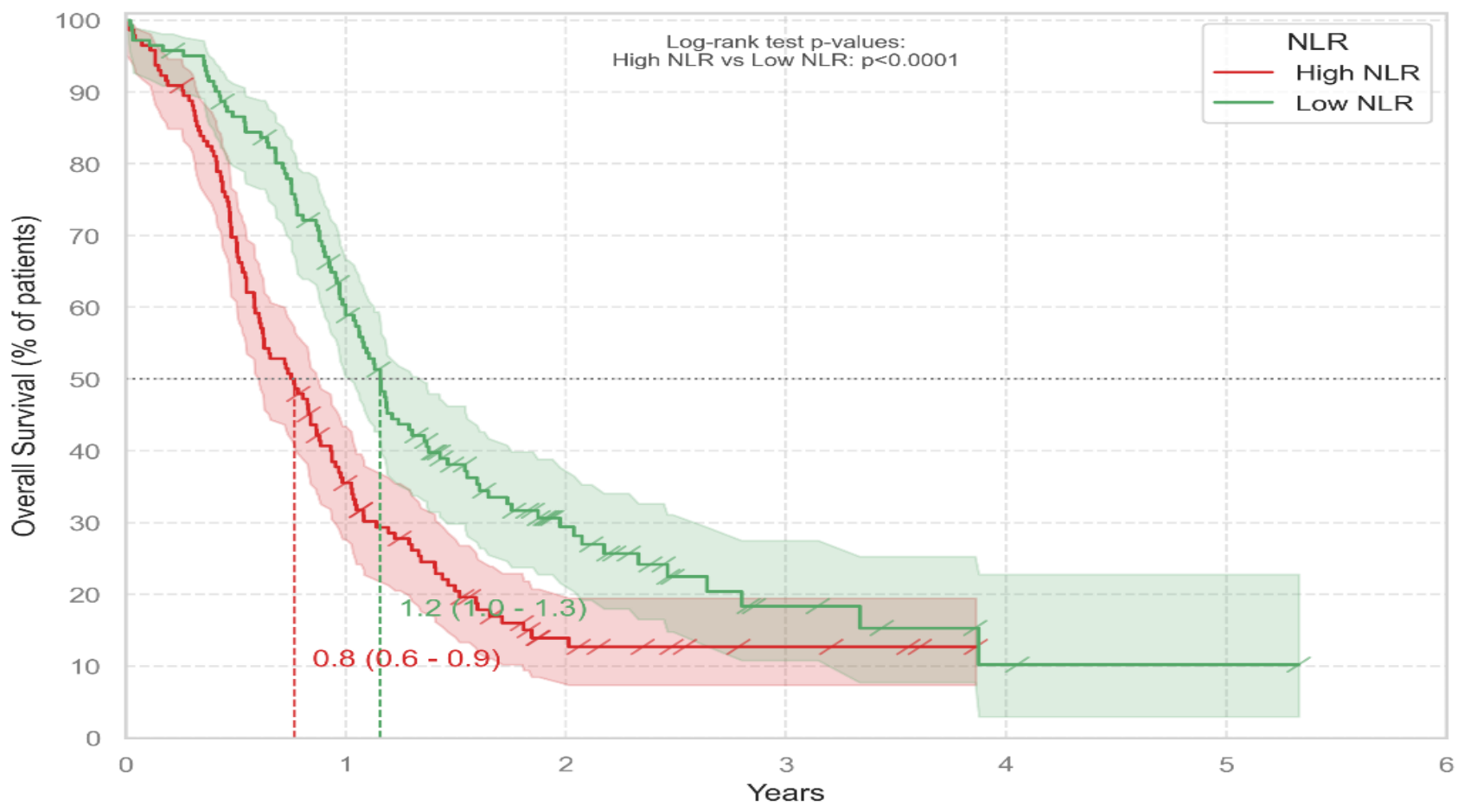
Higher baseline NLR in ETF



Predictors of Early Treatment Failure



SUPPORTIVE PROGNOSTIC SIGNAL: NLR



ETF → fewer patients reach 2L → markedly shorter subsequent survival