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INTRODUCTION

- Immune checkpoint inhibitors combined with chemotherapy have become the standard first-line treatment for ES-SCLC, but long-term benefit remains limited.
- Anti-angiogenic therapy with immunotherapy has shown promising activity and may offer synergistic antitumor effects.
- This study reports the preliminary results of the CLOG2402-ADAPT trial evaluating adebrelimab (a PD-L1 inhibitor) plus apatinib (a VEGFR-2 tyrosine kinase inhibitor) as maintenance therapy.

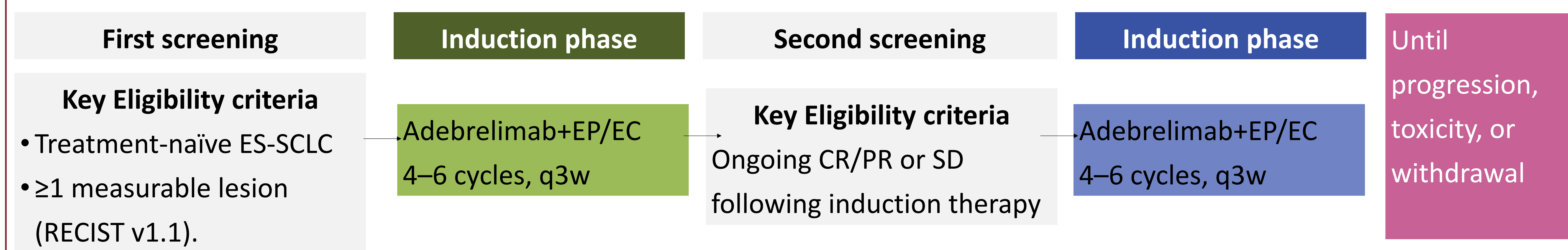
METHODS

- Patients with ES-SCLC who had not progressed after 4–6 cycles of 1L induction therapy with adebrelimab plus platinum–etoposide were eligible to enter the maintenance phase. These patients received maintenance adebrelimab (1200 mg, IV, q3w) plus apatinib (250 mg, po, qd) until progression, toxicity, or withdrawal. The primary endpoint was progression-free survival (PFS), defined as the time from initiation of maintenance therapy to the first documented disease progression. Secondary endpoints included overall survival (OS), objective response rate (ORR), disease control rate (DCR), time to second progression (PFS2).

CONCLUSION

- Adebrelimab plus apatinib showed clinically meaningful antitumor activity and acceptable tolerability as 1L maintenance therapy in patients with ES-SCLC following induction with adebrelimab plus chemotherapy.

STUDY DESIGN



RESULTS

- As of March, 2026, 21 patients entered maintenance phase with a median follow-up of 7.2 months (range 4.8–17.2). Median age was 65 years (49–77); Male and female patients accounted for 62% and 38%. 57% had a current or previous smoking history. Liver metastases were present in 14% and brain metastases in 19%. The median duration of induction therapy was 3.8 months (range, 2.3–6.2).

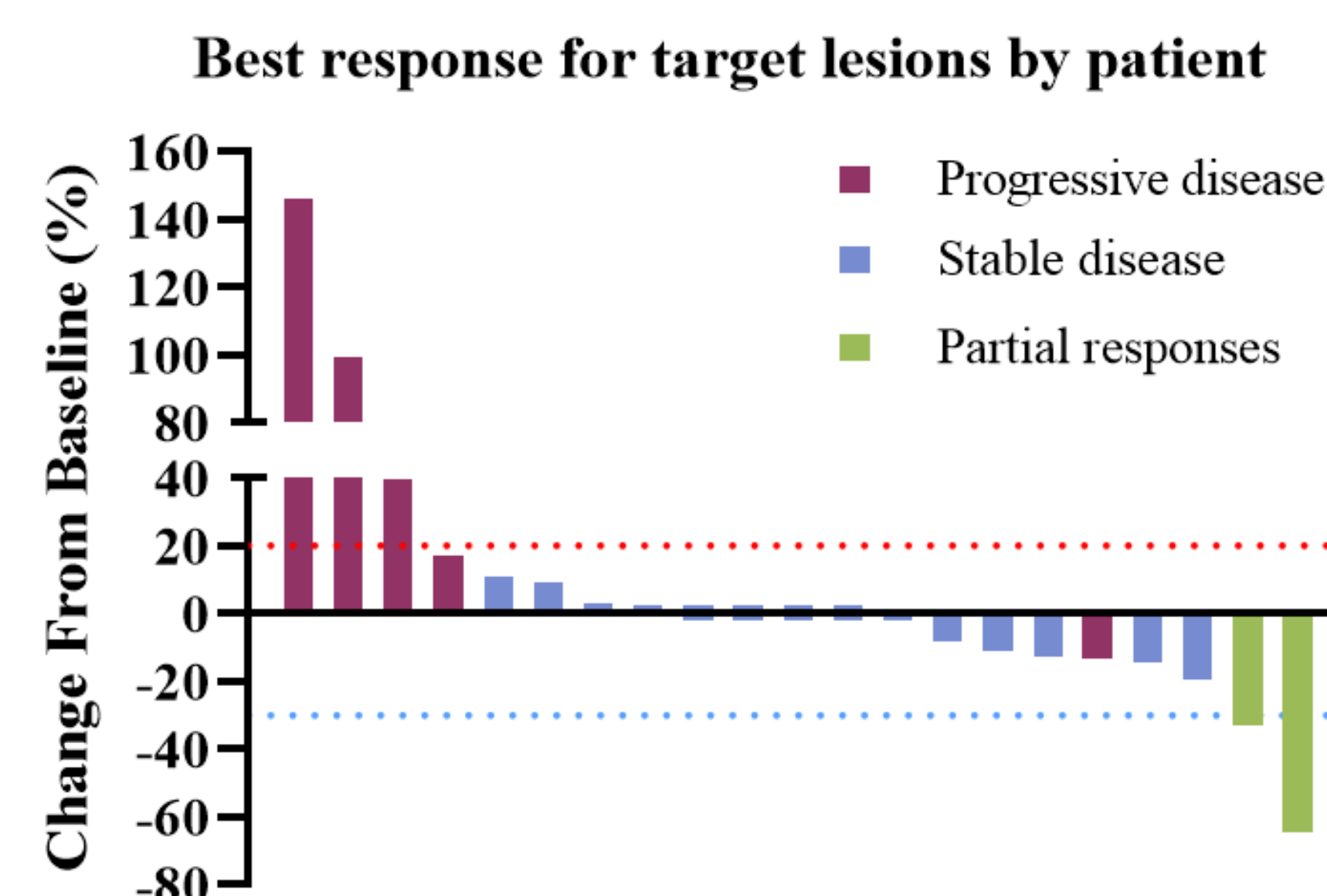


FIG 1. Best change in tumor size.

- Most patients (85.7%) achieved a partial response to induction therapy.
- Tumor response in the maintenance phase was assessed against maintenance baseline

Table 1. Tumor response during the maintenance phase

Patients with tumor response evaluation	N=21
CR, n (%)	0 (0)
PR, n (%)	2 (9.52)
SD, n (%)	14 (66.67)
PD, n (%)	5 (23.81)
ORR	9.52%
DOR	76.19%

- During the maintenance phase, 21 patients underwent at least one tumor response assessment. The ORR was 9.5%, with a DCR of 76% (comprising 2 PR, 14 SD, and 5 PD).

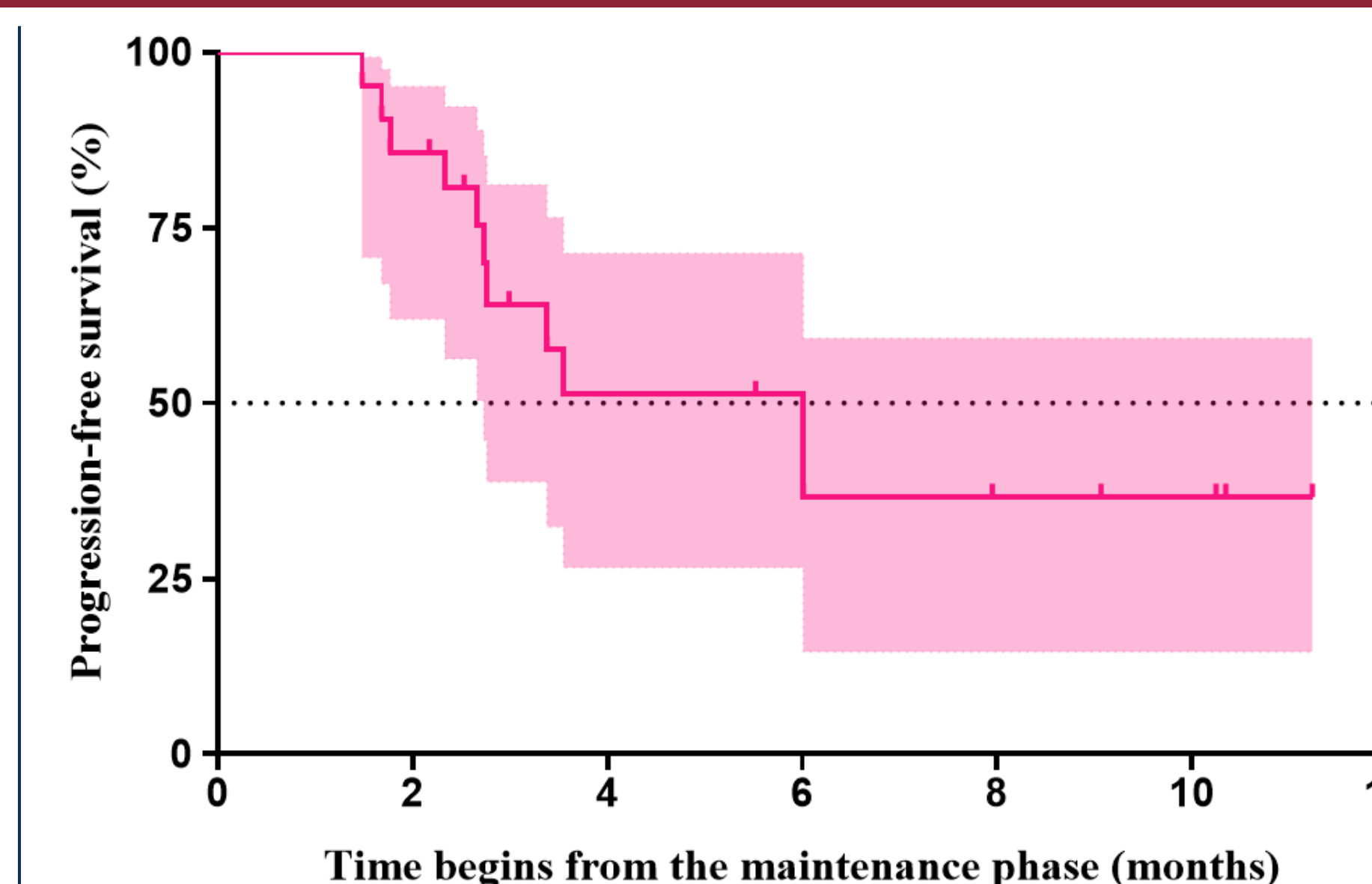


FIG 2. PFS during the maintenance phase

- Median PFS was 6.01 months during the maintenance phase, while the median PFS from the first dose was 9.03 months. OS remain immature.
- Treatment-related adverse events (TRAEs) occurred in 100% of patients, with Grade 3 TRAEs in 19% (elevated lipase, interstitial pneumonitis, Immune enteritis, Elevated GGT). No treatment-related deaths occurred.