

P3.321: Adebrelimab Plus Chemoradiotherapy as First-Line Treatment for Extensive-Stage Small-Cell Lung Cancer: A Phase 2 Trial

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INTRODUCTION

- Chemoimmunotherapy is the standard first-line therapy for patients with extensive-stage small cell lung cancer (ES-SCLC). However, chemoimmunotherapy only yields a median progression-free survival (PFS) of 5 months.
- Recent studies have shown that the addition of radiotherapy can improve patient outcomes, yet the optimal timing, dosage, and fraction patterns of radiotherapy remain unclear.
- Adebrelimab (anti-PD-L1 antibody) plus carboplatin-etoposide chemotherapy has been approved for the first-line treatment of ES-SCLC in China based on CAPSTONE-1 trial.
- The purpose of this study is to explore the safety and efficacy of adebrelimab combined with chemoradiotherapy in untreated patients with ES-SCLC.

METHODS

- In this single-arm phase 2 trial (NCT06236997), patients aged ≥18 years with histologically confirmed ES-SCLC (per the Veterans Administration Lung Study Group [VALG] staging system), an Eastern Cooperative Oncology Group (ECOG) performance status 0-1, at least one measurable lesion per RECIST 1.1, and no prior treatment for ES-SCLC were enrolled.
- Eligible patients received adebrelimab (1200 mg, iv, d1, q3w) plus etoposide (100 mg/m², d1-3, q3w) and carboplatin (AUC 5, d1, q3w) or cisplatin (75 mg/m², d1, q3w) for 4 cycles. Concurrent radiotherapy (45 Gy in 15 fractions) was added since the third cycle. The radiotherapy target volume included the primary lesion and the involved lymph nodes. The primary tumor and involved lymph nodes after induction immunochemotherapy were delineated as the gross tumor volume based on computed tomography. Following these treatments, adebrelimab treatment was continued until disease progression, intolerance, or completion of 2-year treatment.
- The primary endpoint was 6-month PFS rate.

DISCUSSION AND CONCLUSION

- First-line adebrelimab plus chemoradiotherapy showed promising efficacy in patients with ES-SCLC, with an acceptable safety profile.
- Further validation is warranted.

RESULTS

Table 1. Baseline characteristics (n=46)

	Patients
Age (years), median (range)	62.3 (47-76)
Sex, n (%)	
Male	35 (76.1)
Female	11 (23.9)
Smoking history, n (%)	
Never smoked	15 (32.6)
Former smoker	23 (50.0)
Current smoker	8 (17.4)
ECOG performance status, n (%)	
0	4 (8.7)
1	42 (91.3)
Bone metastases, n (%)	8 (17.4)
Brain metastases, n (%)	2 (4.3)

REFERENCES & ACKNOWLEDGEMENTS

Artificial Intelligence (AI) Use Disclaimer
AI was not used in the development of the material.

RESULTS

- From Jan 2024 to Mar 2026, 46 patients were enrolled and included for efficacy and safety analyses (Table 1).
- By the data cutoff date on August 24, 2026, the median follow-up duration was 18.0 months (95% CI, 14.5-19.3). Thirty (65.2%) PFS events occurred. The 6-month PFS rate was 65.7% (95% CI, 48.9-78.1), and the median PFS was 7.9 months (95% CI, 6.0-11.3; Figure 1A). The confirmed objective response and disease control rates were 82.6% (38/46; 95% CI, 63.6-89.1) and 89.1% (41/46; 95% CI, 76.4-96.4), respectively. Median OS was not reached, and the 12-month OS rate was 79.6% (95% CI, 64.3-88.8; Figure 1B).
- Grade ≥3 treatment-related adverse events (TRAEs) occurred in 19 (41.3%) patients, with the most common being anemia (73.9%), decreased white blood cell count (56.5%), decreased platelet count (52.2%), decreased neutrophil count (43.5%), decreased lymphocyte count (30.4%), hypoalbuminemia (30.4%), and hyponatremia (19.6%; Table 2). Serious TRAEs occurred in eight (17.4%) patients. One (2.2%) patient died due to TRAE.

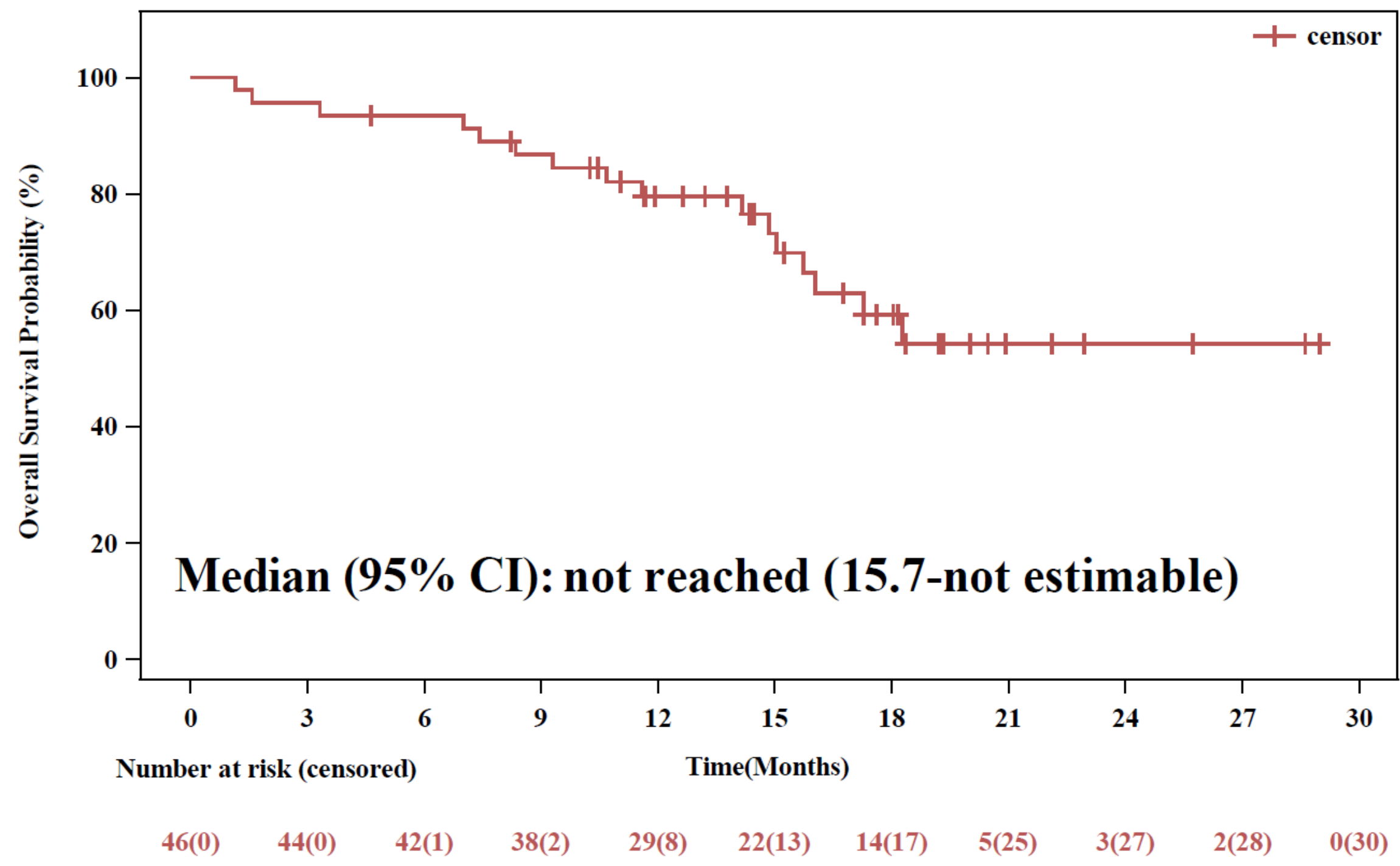
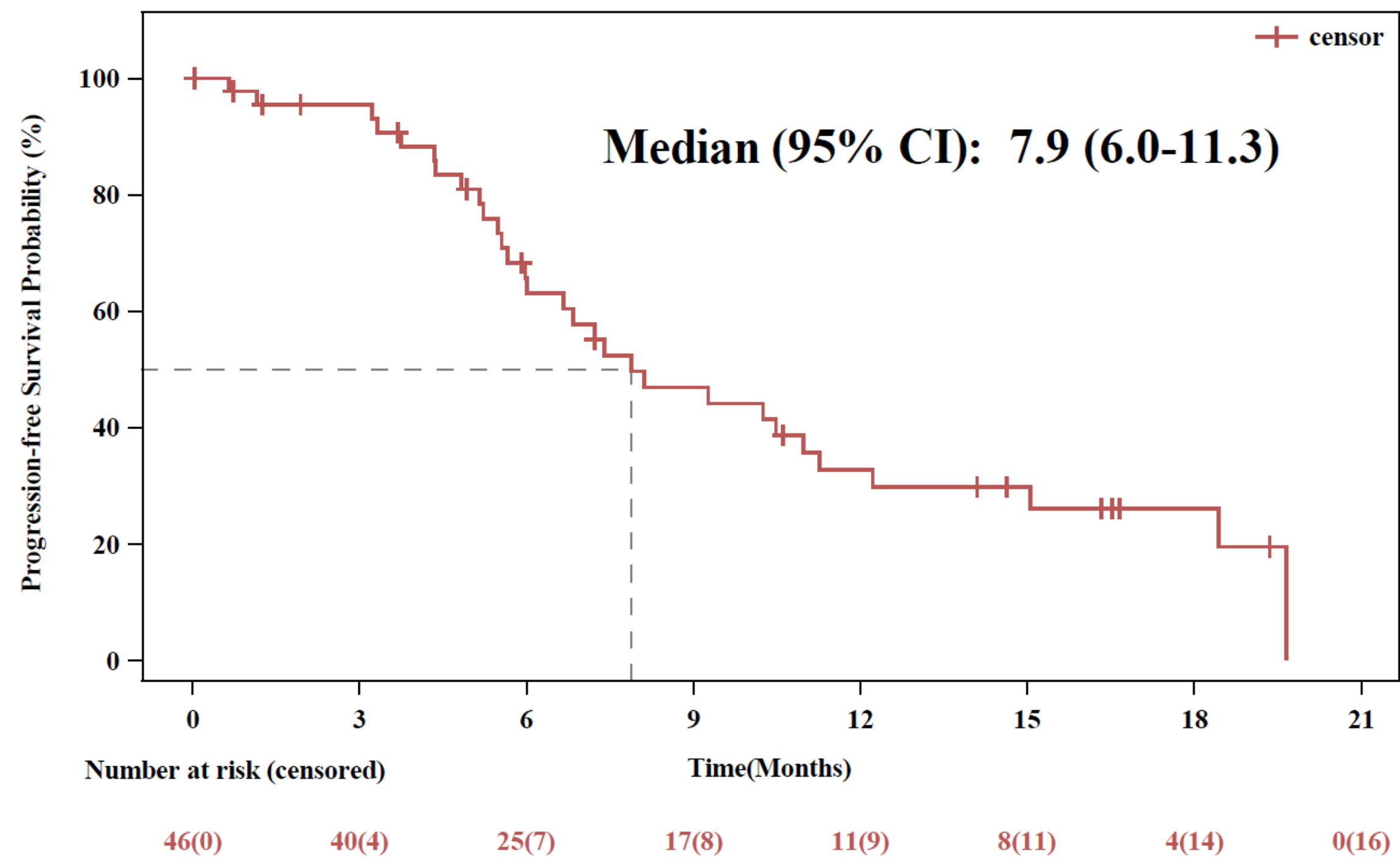


Figure 1. Progression-free survival (A) and overall survival (B).

Table 2. TRAEs (n=46)

	Any grade	Grade ≥3
Any event, n (%)	45 (97.8)	19 (41.3)
Anemia	34 (73.9)	1 (2.2)
White blood cell count decreased	31 (67.4)	9 (19.6)
Platelet count decreased	27 (58.7)	5 (10.9)
Neutrophil count decreased	23 (50.0)	6 (13.0)
Hyponatremia	16 (34.8)	1 (2.2)
Lymphocyte count decreased	14 (30.4)	1 (2.2)
Hypoalbuminemia	13 (28.3)	1 (2.2)
Aspartate aminotransferase increased	12 (26.1)	0
Alanine aminotransferase increased	11 (23.9)	0
γ-glutamyl transferase increased	8 (17.4)	0
Hyperglycemia	7 (15.2)	1 (2.2)
Hypocalcemia	7 (15.2)	0
Red blood cell count decreased	7 (15.2)	0
Hematocrit decreased	4 (8.7)	2 (4.3)
Myelosuppression	2 (4.3)	2 (4.3)
Lung inflammation	2 (4.3)	1 (2.2)
Pneumonia	2 (4.3)	1 (2.2)
Fatigue	1 (2.2)	1 (2.2)
Febrile neutropenia	1 (2.2)	1 (2.2)
Immune-mediated lung disease	1 (2.2)	1 (2.2)
Interstitial lung disease	1 (2.2)	1 (2.2)
Liver failure	1 (2.2)	1 (2.2)
Septic shock	1 (2.2)	1 (2.2)