

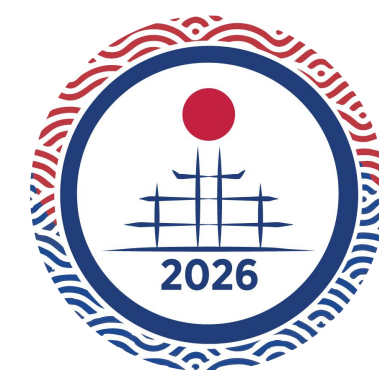


P3.325: Relay radiotherapy combined with Tislelizumab and chemotherapy as first-line treatment for ES-SCLC: A prospective, multicenter clinical study (PRAD1)

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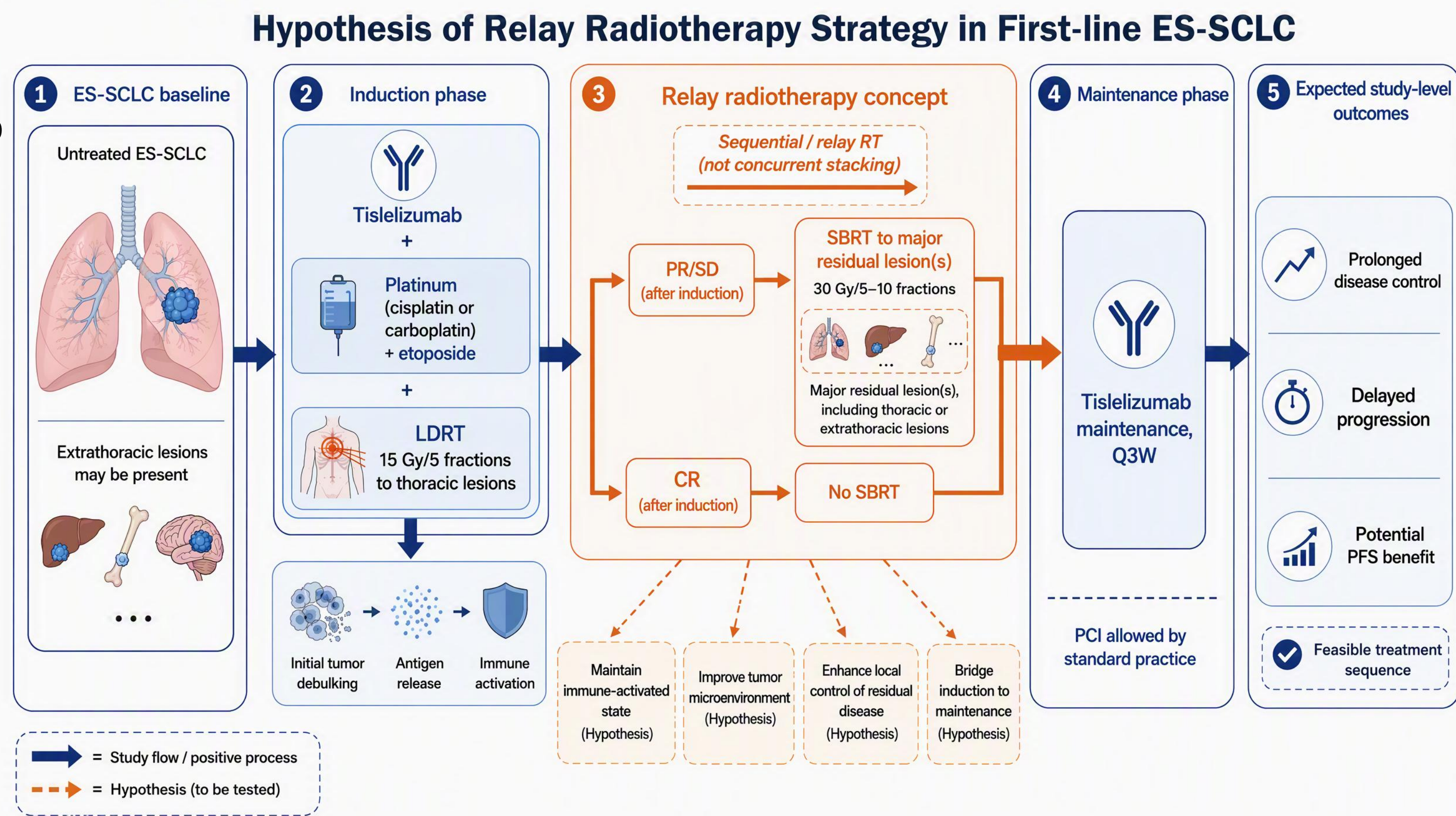
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INTRODUCTION

First-line ICIs plus platinum-etoposide chemotherapy has improved overall survival in ES-SCLC. However, early disease progression remains common and median PFS is approximately 5 months¹⁻³.

Thoracic radiotherapy may improve survival outcomes in ES-SCLC patients responding to systemic treatment⁴, but its optimal integration with first-line chemoimmunotherapy remains uncertain.

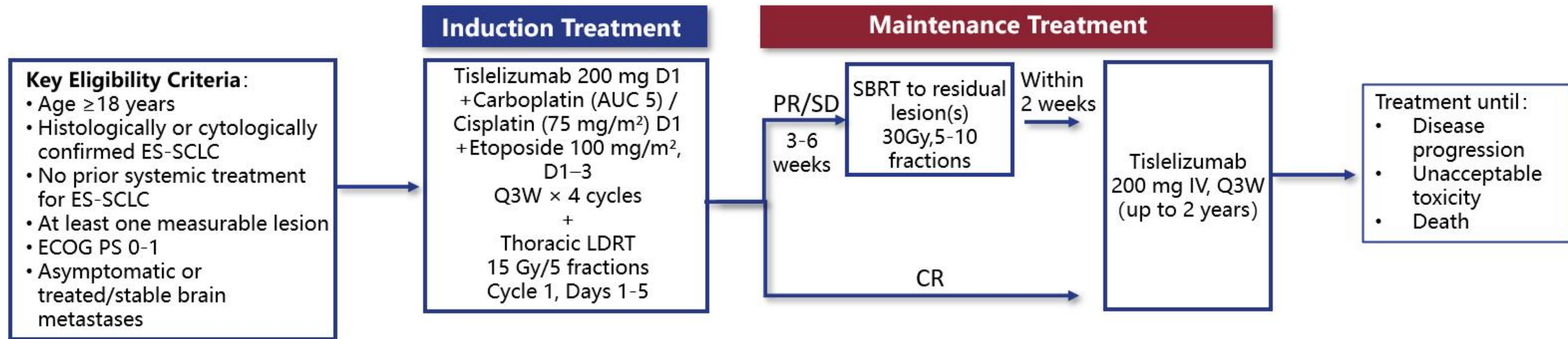
The PRAD1 study is to evaluate a **relay radiotherapy strategy**. Concurrent low-dose thoracic radiotherapy with tislelizumab and platinum-etoposide chemotherapy during induction, and response-adapted SBRT to the main residual lesion before tislelizumab maintenance.



METHODS

Study Design:

This is a prospective, multicenter, phase II clinical trial designed to recruit 56 treatment naive ES-SCLC patients to evaluate the efficacy of relay radiotherapy combined with Tislelizumab and chemotherapy as first-line treatment(NCT06838208).



Endpoint:

- The primary endpoint of this study is investigator-assessed PFS.
- Secondary endpoints include objective response rate (ORR), disease control rate (DCR), duration of response (DoR), 6-month/12-month PFS rates, and 12-month OS rates.

REFERENCES & ACKNOWLEDGEMENTS

1. Horn L, et al. N Engl J Med. 2018;379:2220-2229.
2. Paz-Ares L, et al. Lancet. 2019;394:1929-1939.
3. Cheng Y, Fan Y, Zhao Y, et al. J Thorac Oncol. 2024;19:1073-1085.
4. Slotman BJ, et al. Lancet. 2015;385:36-42.

RESULTS

- ✓ From March 2025 to March 2026, a total of 34 treatment-naive ES-SCLC patients were enrolled in this study(Table 1).
- ✓ 2 patients withdrew from the study due to personal reasons after completing one cycle of induction treatment with concurrent LDRT.
- ✓ At the data cutoff, 15 patients had completed tumor assessment and were evaluable for efficacy; efficacy analysis remains immature(Table 2).
- ✓ 3 patients with CR entered maintenance treatment directly, while 9 patients with PR/SD received consolidative SBRT prior to maintenance tislelizumab. 3 patients did not proceed to maintenance treatment because of grade 3 myelosuppression (n=1), gastrointestinal toxicity (n=1), or personal reasons (n=1).
- ✓ PFS data are immature and will be reported with longer follow up.

Table 1. Baseline Characteristics

Characteristic	Overall, N = 34
Age, median (range), years	63 (48–80)
Sex, n (%)	
Male	29 (85.3)
Female	5 (14.7)
ECOG PS, n (%)	
0	0 (0)
1	34 (100)
Smoking history, n (%)	
Current/former	23 (67.6)
Never	11 (32.4)
Metastasis sites, n (%)	
Bone	10 (29.4)
Liver	10 (29.4)
Brain	8 (23.5)

Table 2. Efficacy Outcome in the Efficacy-Evaluable Population (N=15)

Efficacy Outcome	n (%)
Objective response rate (ORR)	9 (60)
Disease control rate (DCR)	12 (80)
Complete response (CR)	3 (20)
Partial response (PR)	6 (40)
Stable disease (SD)	3 (20)

Data are based on 15 efficacy-evaluable patients.

- The relay radiotherapy strategy demonstrated a manageable safety profile. Only one patient experienced grade 3 myelosuppression, while two cases of grade 2 immune-related pneumonitis and one case of diarrhea were reported.

DISCUSSION AND CONCLUSION

- The relay radiotherapy strategy demonstrated promising preliminary antitumor activity and manageable toxicity.
- The sequential integration of induction LDRT, consolidative SBRT to residual lesions, and maintenance PD-1 blockade may provide continuous immune modulation throughout treatment, potentially contributing to durable disease control in ES-SCLC.