

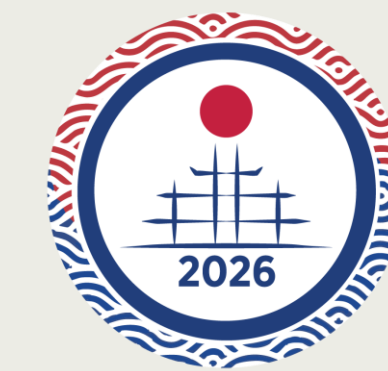


P3.331: Surufatinib Combined With First-Line Serplulimab and Chemotherapy for ES-SCLC: A Prospective Single-arm Trial

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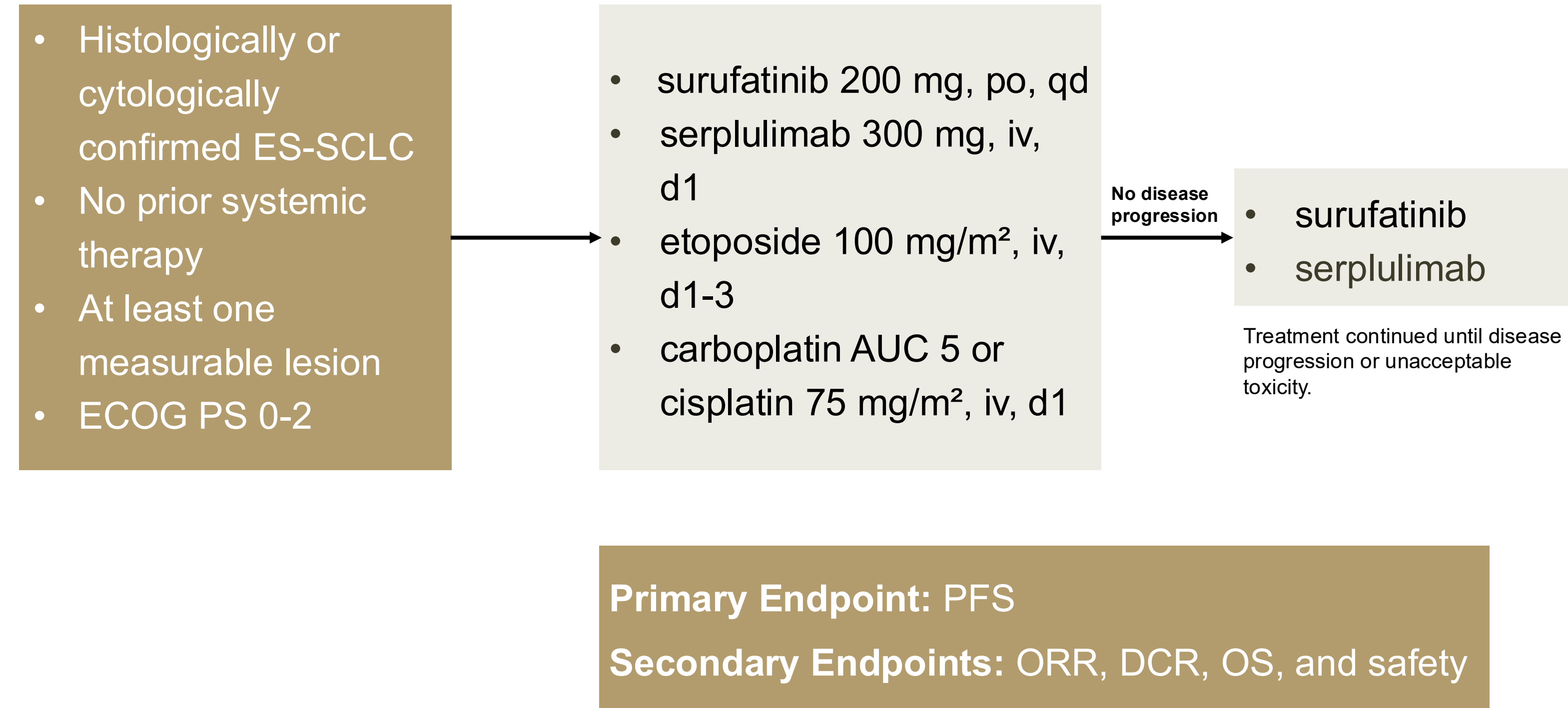
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INTRODUCTION

- Although immune checkpoint inhibitors plus platinum-based chemotherapy are the first-line standard for extensive-stage small-cell lung cancer (ES-SCLC), rapid disease progression and suboptimal tumor response continue to limit long-term outcomes, highlighting a significant unmet need.
- Adding anti-angiogenic agents to first-line immunochemotherapy holds promise but has yielded inconsistent results. The BEAT-SC trial showed no survival benefit from bevacizumab, while the ETER701 trial evaluating anlotinib reported improved efficacy but also significantly increased toxicity, limiting sustained maintenance dosing and long-term benefit.
- Surufatinib is a multi-kinase inhibitor targeting VEGFR, FGFR, and CSF1R, exerting dual anti-angiogenic and immune microenvironment modulation effects. Given the established efficacy of first-line serplulimab-based immunochemotherapy (ASTRUM-005 trial), combining surufatinib with this regimen represents a promising strategy. Here, we present preliminary results of a prospective study evaluating surufatinib plus serplulimab and chemotherapy as first-line treatment for ES-SCLC.

METHODS

- This was a single-arm, prospective study.
- Tumor assessments were performed every 2 cycles (± 7 days) according to RECIST version 1.1.



Patients

- As of January 21, 2026, 21 eligible patients were enrolled, with a median age of 70 years.
- Liver, brain, and bone metastases were each present in 14.3% of patients (n=3 per site).

Table 1: Baseline characteristics of included patients (N = 21)

Male, n (%)	19 (90.5)
Age(years), Median (Range)	70 (55, 79)
ECOG PS, n (%)	
0-1	19 (90.5)
2	2 (9.5)
Smoking history, n (%)	
Yes	17 (81.0)
No	4 (19.0)
Metastatic sites, n(%)	
Liver	3 (14.3)
Brain	3 (14.3)
Bone	3 (14.3)

Tumor Response

- Among 20 evaluable patients, 18 (90.0%) achieved PR, and 2 patients (10.0%) achieved SD.
- The ORR was 90.0%, and DCR was 100%.

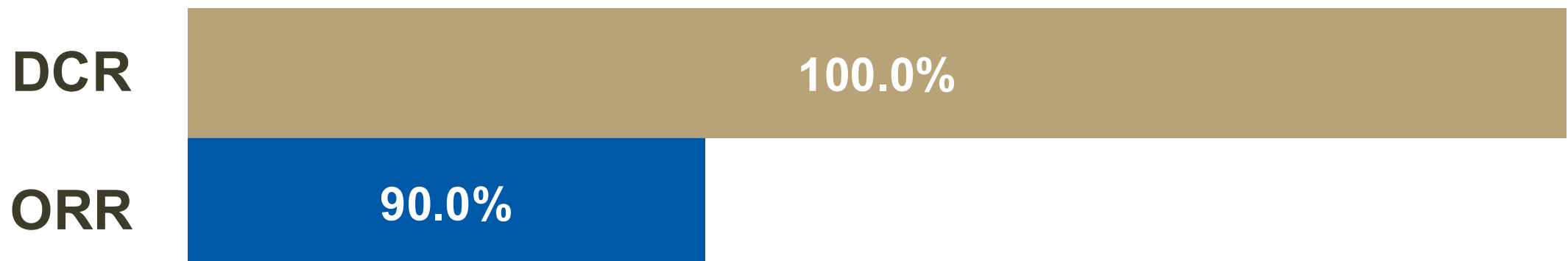


Figure 2: Tumor response following treatment

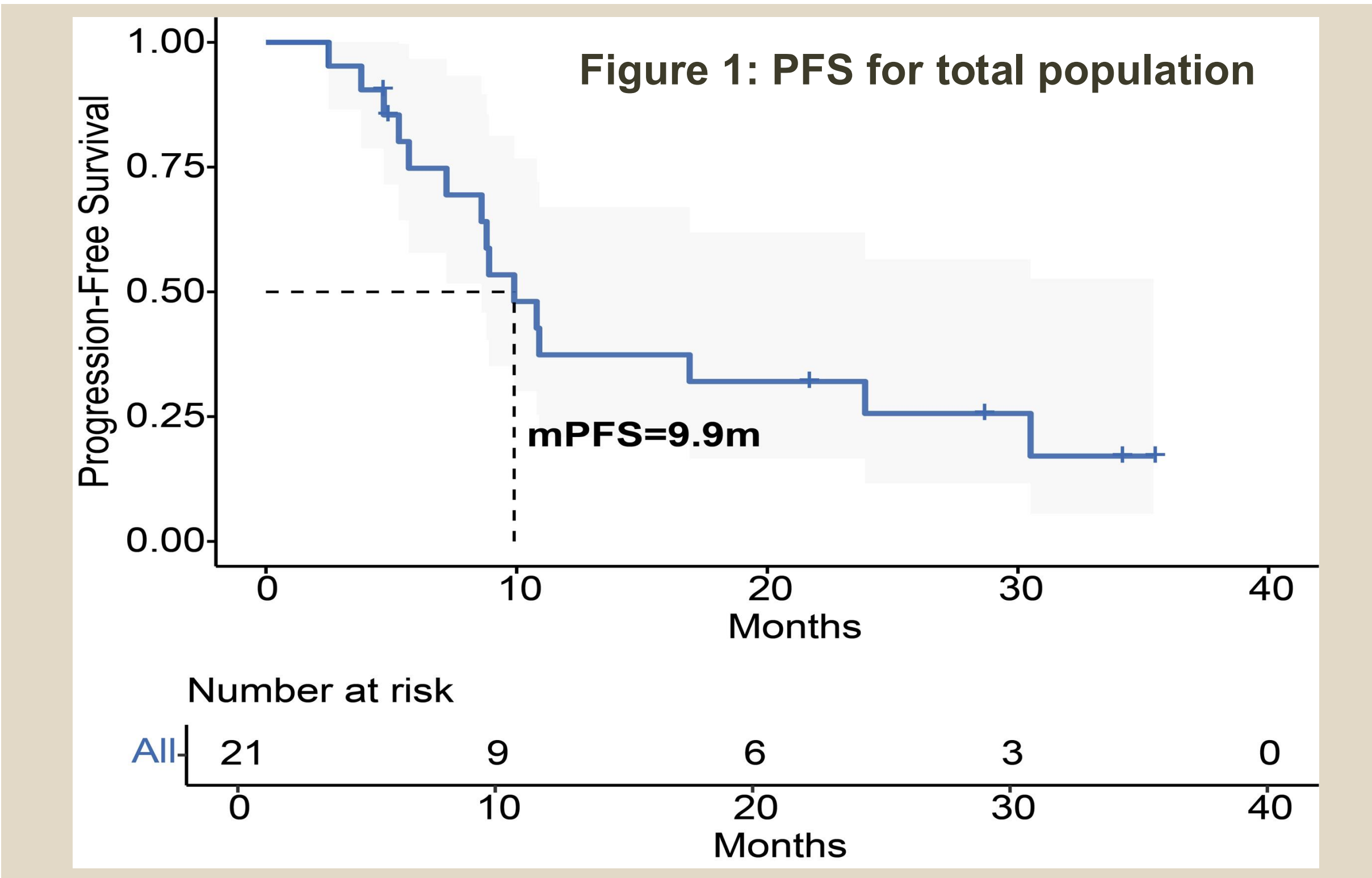
CONCLUSIONS

- Surufatinib combined with first-line serplulimab and chemotherapy demonstrated durable antitumor activity and promising survival benefits that compare favorably against historical first-line quadruplet regimens, alongside a manageable safety profile.
- These preliminary results warrant further validation in larger cohorts with long-term follow-up.
- This study is still ongoing.

RESULTS

Survival

- With a median follow-up of 22.3 months, **the median PFS was 9.9 months (95% CI: 8.6-not reached)**, numerically exceeding the 5.7- and 6.9-month median PFS reported in historical benchmark trials.
- OS data remains immature.



Safety

- The most common TEAEs were myelosuppression (71.4%), predominantly grade 1-2 (52.4%), with 4 patients (19.0%) experiencing grade 3-4 events.
- Four patients (19.0%) reported irAEs.
- No treatment-related death occurred.
- The overall safety profile was manageable and numerically superior to historical first-line quadruplet regimens.