

INTRODUCTION

The standard first-line therapy for ES-SCLC is a combination of chemotherapy and immune checkpoint inhibitors. Nevertheless, 70-80% of patients develop progression within 1 year and have limited treatment options. This retrospective study investigates the efficacy and safety of immunotherapy beyond progression in ES-SCLC. And explores clinical factors associated with survival benefits from second-line continued immunotherapy and identify potential beneficiaries.

METHODS

84 patients with ES-SCLC who received first-line chemoimmunotherapy and subsequently experienced disease progression at our center, between January 2017 and June 2025.

Grouping:

- IBP group (n=55): ICI therapy continued beyond progression
- NIBP group (n=29): received chemotherapy or targeted therapy without immunotherapy

Endpoints:

Primary: Overall Survival(OS), Progression-Free Survival (PFS)
Secondary: Objective Response Rate (ORR), Disease Control Rate (DCR), Safety Profile

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- In ES-SCLC patients treated with first-line chemoimmunotherapy, continuing immunotherapy beyond progression significantly prolonged OS.
- Multivariate analysis confirmed that IBP and 1L-PFS $\geq$ 6 months were independent protective factors for OS, and high LDH was an independent adverse factor.
- Exploratory subgroup analyses indicate that the OS benefit of IBP is consistent across most subgroups.
- The safety profile of ICI rechallenge is manageable.
- Non-smoking status and serum albumin <40.9 g/L may identify pts likely to benefit from IBP therapy, prospective validation is warranted.

Future Direction for Research

- Identify predictive biomarkers for IBP benefit.
- Validate findings in larger multi-center cohorts.

ACKNOWLEDGEMENTS

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RESULTS

Figure 1. Kaplan-Meier estimates of OS Figure 2. Kaplan-Meier estimates of PFS

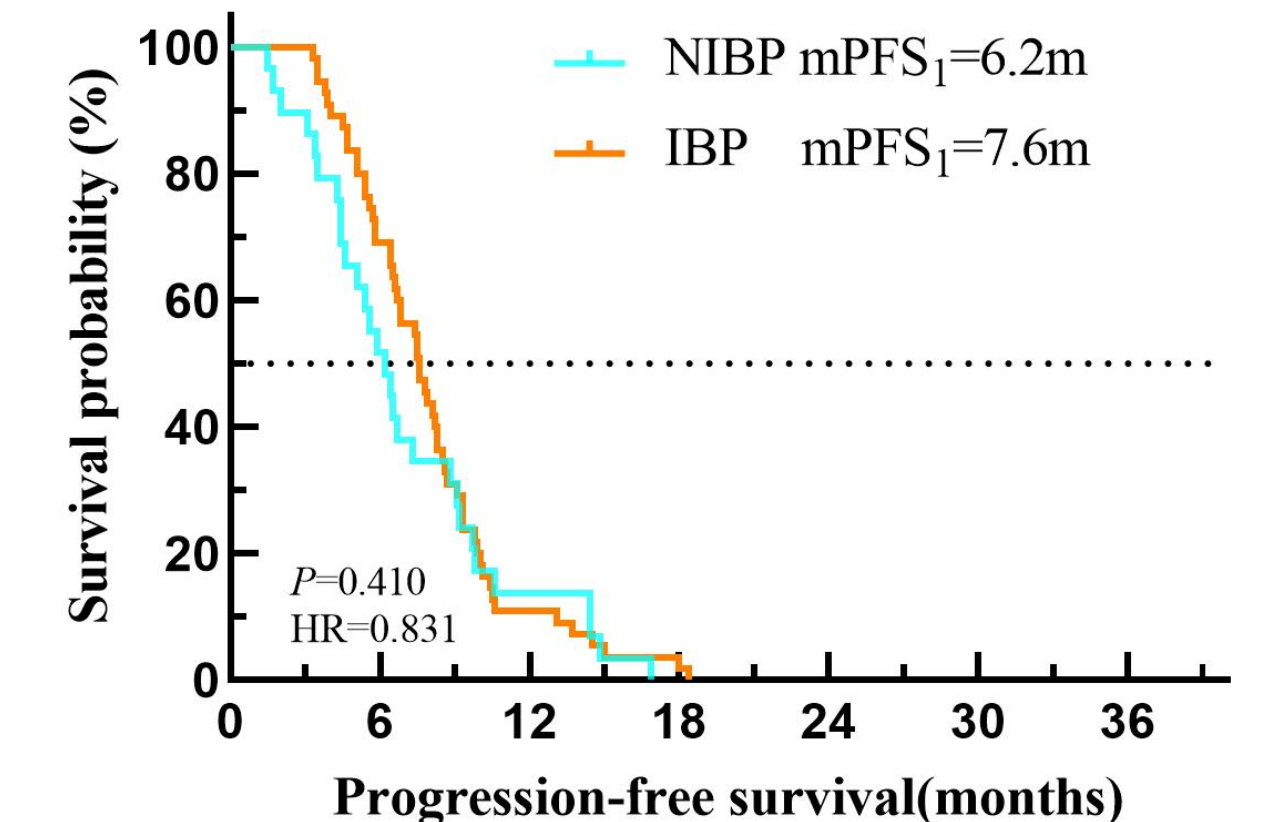
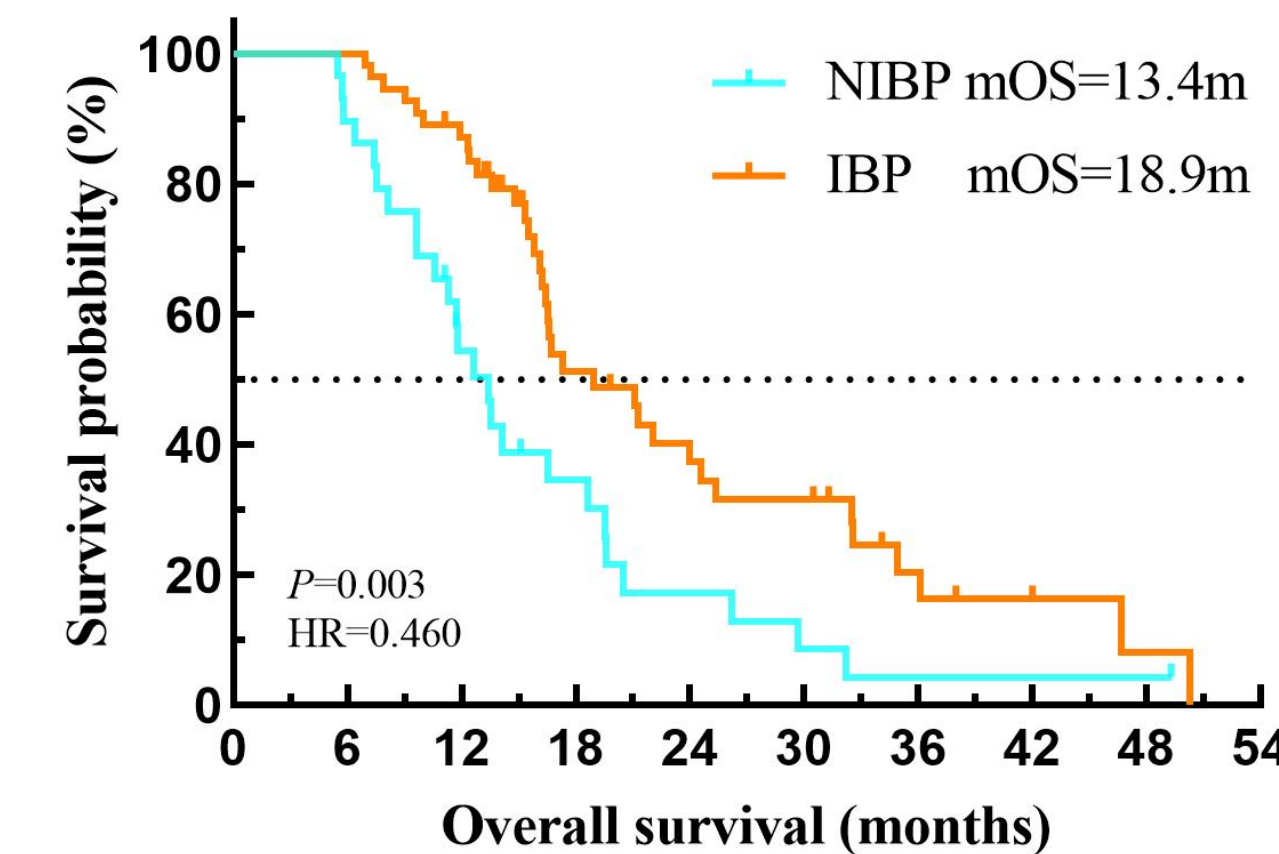


Figure 3. Efficacy of pts in two groups

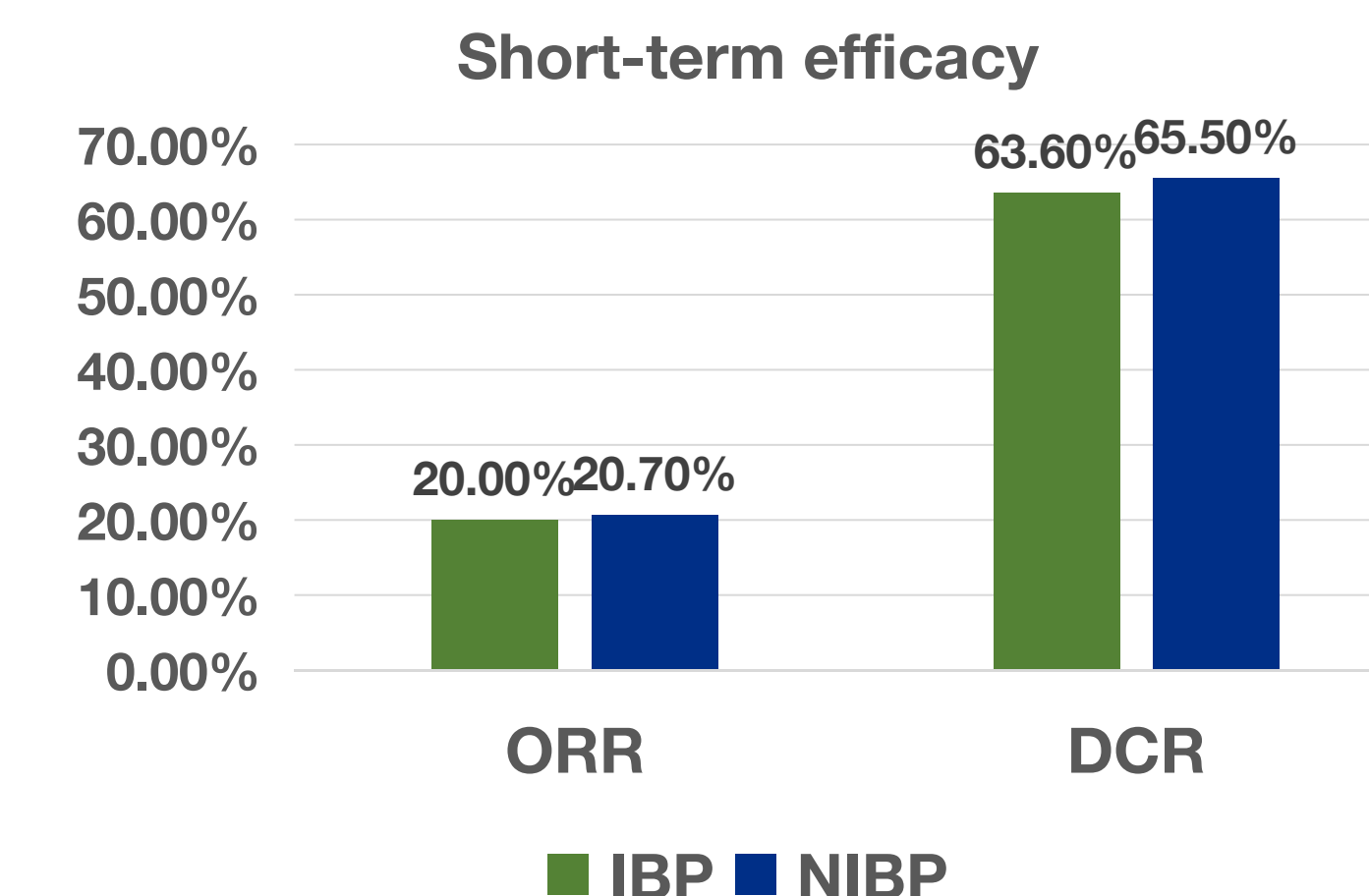


Figure 4. Multivariate Cox regression analysis for OS

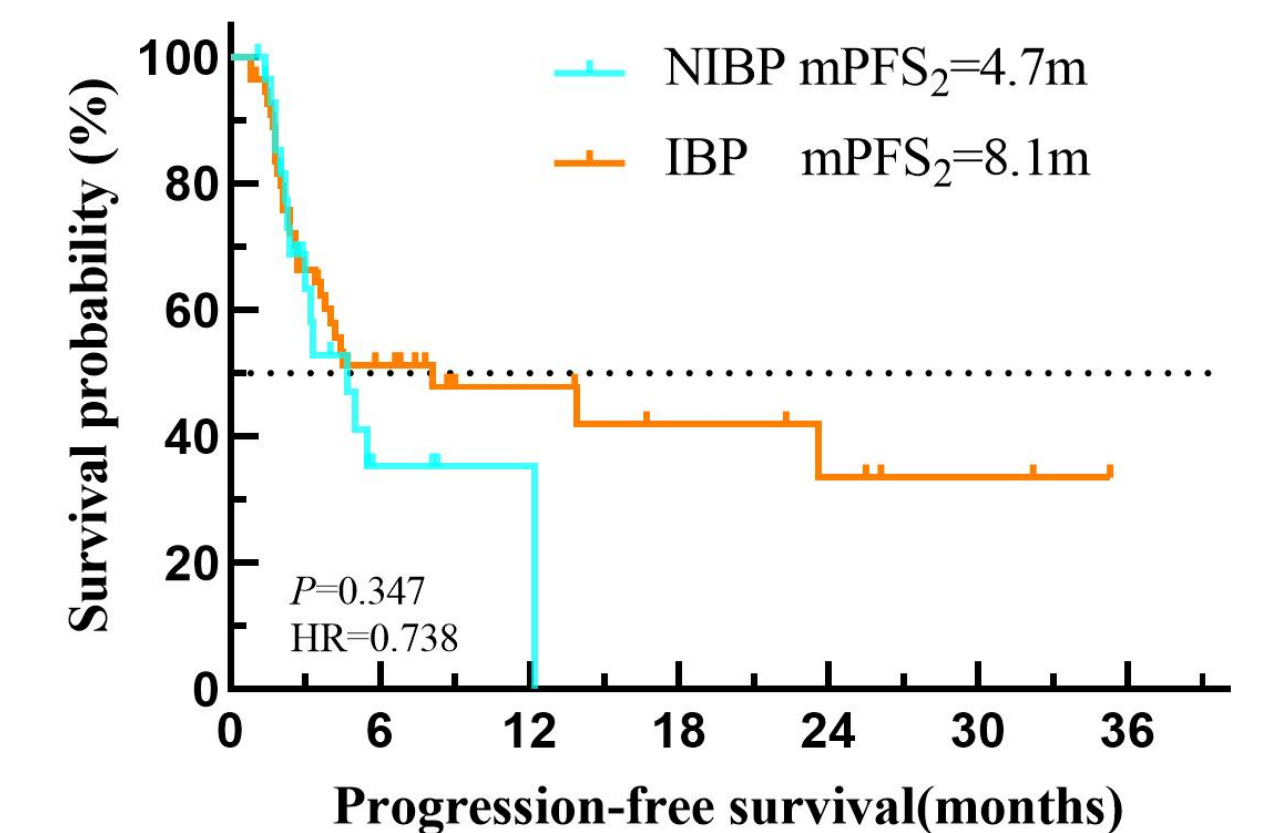
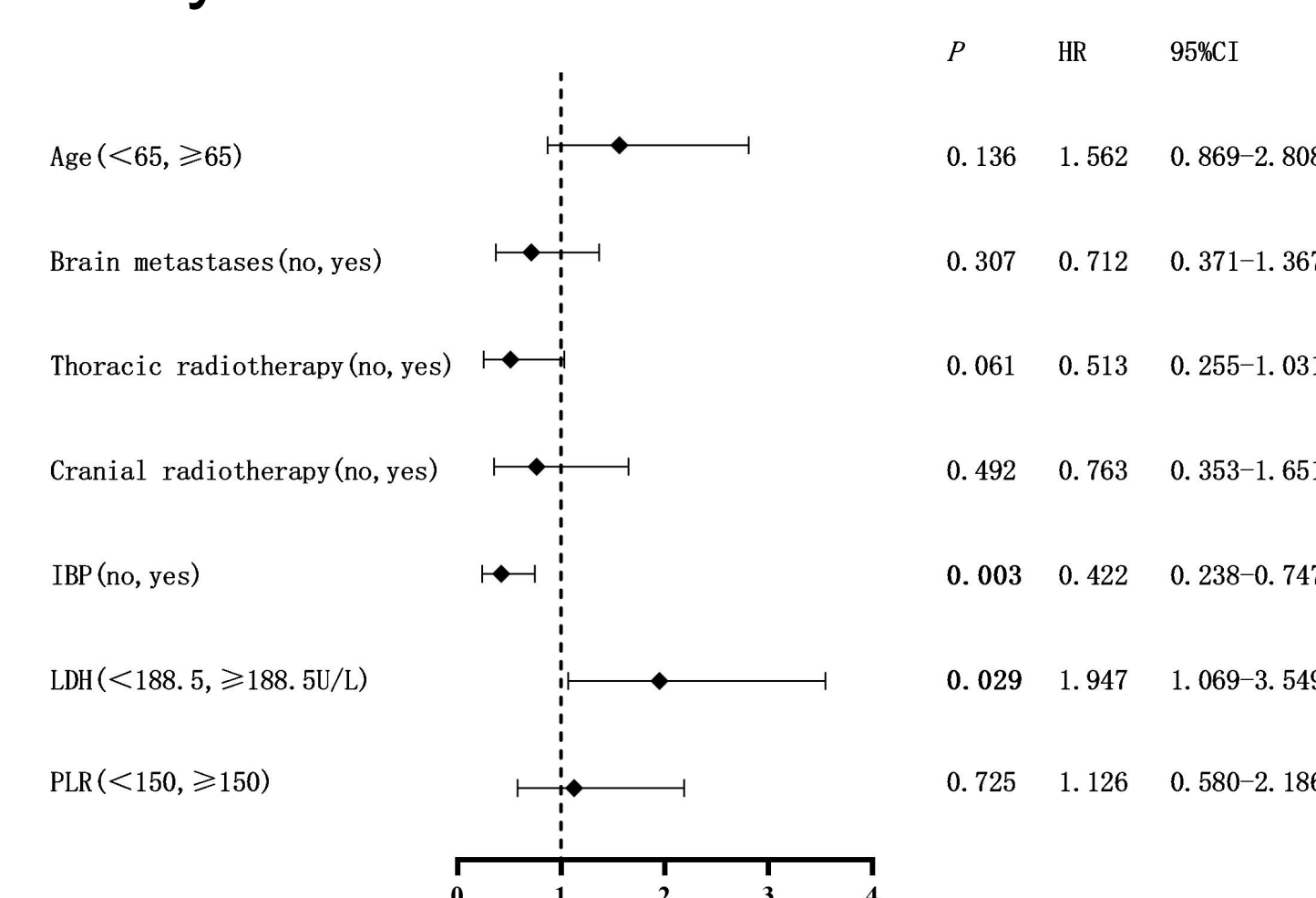


Figure 5. Treatment-related adverse events in the IBP group (n=55)

	IBP group	
	Any level(%)	Level 3 and above(%)
Any adverse events	41(74.5)	15(27.3)
Leukopenia	33(60.0)	7(12.7)
Neutrophil decrease	24(43.6)	6(10.9)
Anemia	23(41.8)	1(1.8)
Thrombocytopenia	20(36.4)	5(9.1)
Elevated transaminase	26(47.3)	2(3.6)
Disgusting	28(50.9)	2(3.6)
Vomiting	9(16.4)	3(5.5)
Hypothyroidism associated with ICIs	7(12.7)	0(0.0)