



P3.352: Neoadjuvant Adebrelimab Plus Chemotherapy Followed by Surgery for Resectable Small Cell Lung Cancer: A Multicenter Randomized Two-Cohort Study

H. Duan¹, H. Liu², S. Xu³, S. Pang³, W. Zhang⁴, M. Wu⁵, H. Li⁶, W. Hu⁷, K. Chen⁸, J. You⁹, J. Lian¹⁰, Q. Yang¹¹, Z. Li¹, C. Shao¹, J. Chen¹, H. Liu¹, Y. Zhou¹, X. Yan¹

¹ Tangdu Hospital, Air Force Medical University, Xi'an/CN; ² Liaoning Cancer Hospital & Institute, Shenyang/CN; ³ Harbin Medical University Cancer Hospital, Harbin/CN; ⁴ Tianjin First Central Hospital, Tianjin/CN; ⁵ The Second Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou/CN; ⁶ Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai/CN; ⁷ Zhongnan Hospital of Wuhan University, Wuhan/CN; ⁸ Peking University School of Oncology, Beijing/CN; ⁹ Tianjin Medical University Cancer Institute and Hospital, Tianjin/CN; ¹⁰ Shanxi Province Cancer Hospital, Taiyuan/CN; ¹¹ Jiangsu Hengrui Pharmaceuticals Co., Ltd., Xi'an/CN



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INTRODUCTION

- The role of surgery after neoadjuvant or conversion therapy in SCLC remains poorly defined.
- Molecular residual disease (MRD) is a promising dynamic biomarker, but its perioperative value in SCLC is unclear.
- Evaluate chemotherapy with or without adebrelimab followed by surgery in resectable SCLC, and explore the clinical relevance of tumor-informed MRD.

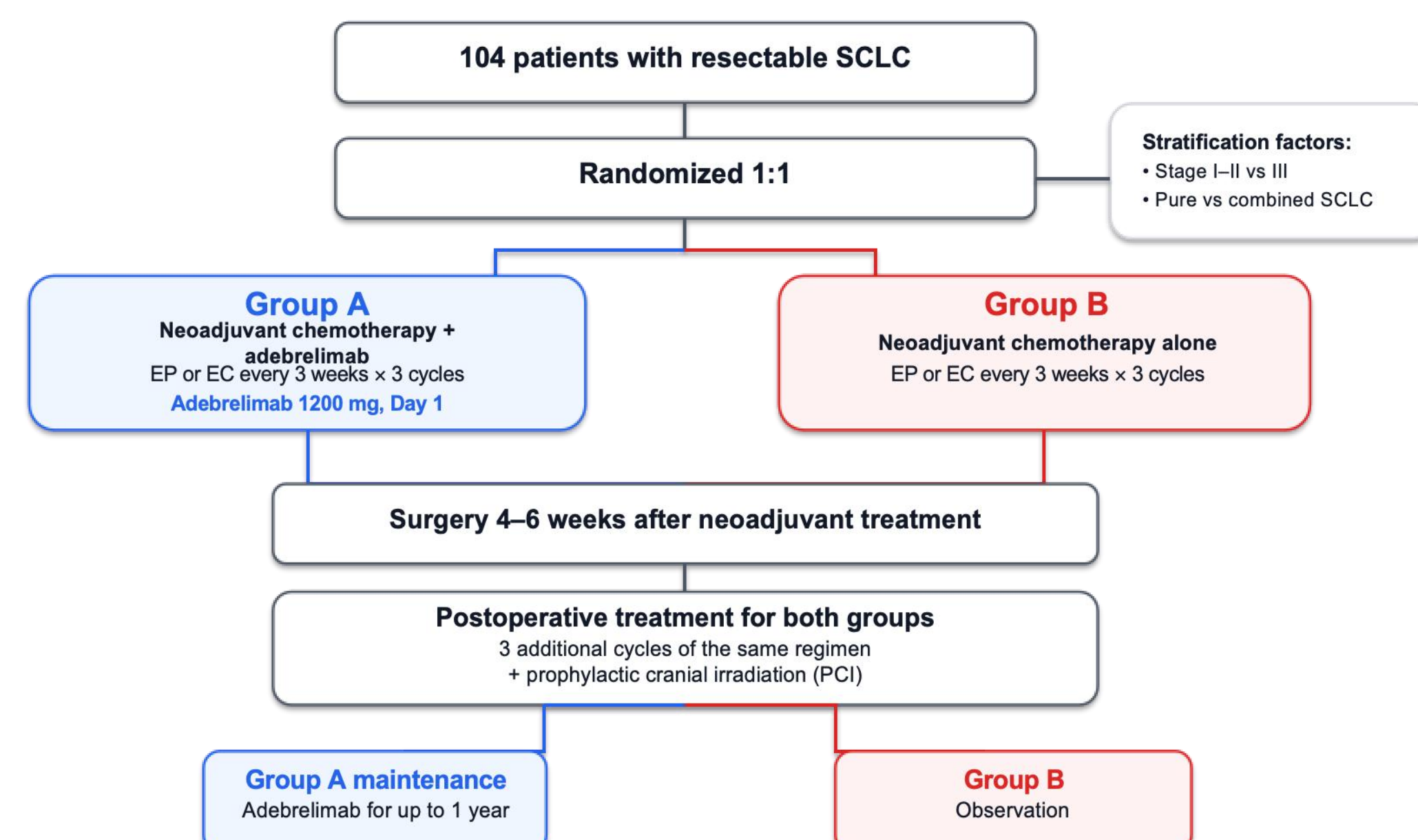
METHODS

Study Design

- Prospective, multicenter, randomized two-cohort study in resectable SCLC

MRD assessment & endpoints

- Tumor-informed MRD: baseline, pre-surgery, and 1, 3, 6 months post-surgery.
- Primary endpoint: event-free survival (EFS; not yet mature).
- Key secondary endpoint: pathological complete response (pCR).



DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Neoadjuvant chemotherapy plus adebrelimab followed by surgery showed a trend toward improved pathological response compared with chemotherapy alone in resectable SCLC.
- High baseline MRD positivity and its dynamic clearance during treatment suggest that MRD may serve as a promising biomarker for treatment response.
- Survival outcomes are immature and warrant further follow-up.

Future Direction

- Mature EFS and survival outcomes with longer follow-up.
- Prospectively validate MRD dynamics as a perioperative biomarker.

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Artificial Intelligence (AI) Use Disclaimer

- ChatGPT (OpenAI) was used to assist with English language editing, content organization, and poster layout/visual presentation. All scientific content, data interpretation, and conclusions were reviewed and approved by the authors, who take full responsibility for the final content.

Disclosure

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RESULTS

Table 1. Baseline Characteristics

Characteristic	Group A (n=26)	Group B (n=25)
Age, n (%)		
≥60 years	13 (50.0)	16 (64.0)
<60 years	13 (50.0)	9 (36.0)
Sex, n (%)		
Male	22 (84.6)	19 (76.0)
Female	4 (15.4)	6 (24.0)
Clinical stage, n (%)		
Stage I–II	14 (53.8)	14 (56.0)
Stage III	12 (46.2)	11 (44.0)
IB	5 (19.2)	2 (8.0)
IIA	2 (7.7)	3 (12.0)
IIB	7 (26.9)	9 (36.0)
IIIA	7 (26.9)	10 (40.0)
IIIB	5 (19.2)	1 (4.0)
Baseline MRD status, n (%)		
MRD positive	21 (100.0)*	18 (94.7)
MRD negative	0 (0.0)	0 (0.0)
Unknown	0 (0.0)	1 (5.3)

*Baseline MRD was evaluable in 21 patients in Group A and 19 patients in Group B. One Group B patient was MRD-unknown because of sample quality control failure.

Table 2. Interim Efficacy and MRD Results

Outcome	Group A (n=26)	Group B (n=25)
Pathological response, n (%)		
pCR	8 (30.8)	6 (24.0)
MPR	11 (42.3)	8 (32.0)
Non-MPR	10 (38.5)	11 (44.0)
Declined surgery	5 (19.2)	6 (24.0)
MRD status before Cycle 4 / surgery, n (%)		
MRD positive	8 (38.1)	8 (42.1)
MRD negative	9 (42.9)	7 (36.8)
Unknown	4 (19.0)	4 (21.1)
MRD-negative before surgery – surgical patients, n	8	6
MPR among MRD-negative patients	7/8 (87.5)	6/6 (100.0)
pCR among MRD-negative patients	6/8 (75.0)	4/6 (66.7)

Poster note: EFS data were immature at interim analysis and are therefore not presented as an efficacy endpoint in this table.

Key findings

- pCR: 30.8% vs 24.0%; MPR: 42.3% vs 32.0%.
- Preoperative MRD negativity: 42.9% vs 36.8%.
- Among MRD-negative surgical patients, MPR: 87.5% vs 100%; pCR: 75.0% vs 66.7%.
- EFS remains immature; follow-up is ongoing.

Interpretation

- The interim pathological-response signal and dynamic MRD findings support continued follow-up and prospective validation of MRD as a perioperative biomarker in resectable SCLC.