



P3.373: Neoadjuvant Adebrelimab plus Nab-Paclitaxel and Carboplatin for Unresectable Locally Advanced Thymic Carcinoma: A Single-Arm, Phase II Trial

Ning Xu¹, Yang Chen², Zhiqiang Gao¹, Changlu Wang¹, Feng Pan¹, Yan Shen¹, Lei Zhu¹, Wanlu Li³, Changhong Zhao³, Zhitao Gu¹, Teng Mao¹, Wentao Fang²
¹Shanghai Chest Hospital, Shanghai Jiao Tong University, Shanghai, China; ²Shanghai East Hospital, Tongji University School of Medicine, Shanghai, China; ³Jiangsu Hengrui Pharmaceuticals Co., Ltd., Shanghai, China;



IASLC 2026 World
Conference on Lung Cancer
SEPTEMBER 12 - 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

- For early-stage thymic carcinomas (TCs), complete surgical resection remains the only potentially curative treatment, yet is often unachievable in locally advanced disease.
- Multimodal therapy (chemotherapy, surgery, radiotherapy) has shown limited benefit in this setting, indicating a high unmet clinical need.
- Recently, immunotherapy plus chemotherapy has demonstrated improved outcomes in advanced TCs. This study was conducted to evaluate the efficacy and safety of neoadjuvant adebrelimab combined with nanoparticle albumin-bound (nab)-paclitaxel and carboplatin in unresectable locally advanced TCs.

METHODS

- This trial was an investigator-initiated, prospective, single-cohort, two-center phase 2 clinical trial. (Clinical trial information: ChiCTR2300074152).
- Treatment-naïve patients with unresectable T3/T4NxM0 thymic carcinoma were enrolled.
- Patients received neoadjuvant therapy with adebrelimab (20 mg/kg), nab-paclitaxel (260 mg/m²), and carboplatin (AUC 4-5) every 3 weeks for ≤3 cycles, followed by surgical resection and adjuvant radiotherapy ± chemotherapy or definitive chemoradiotherapy based on investigator decision.
- The primary endpoint was objective response rate (ORR). Secondary endpoints included surgical conversion rate, R0 resection rate, major pathological response (MPR, ≤10% viable tumor cells), progression-free survival (PFS), overall survival (OS), and safety profile.

RESULTS

Patients

- Between October 2023 and March 2026, this study was conducted at two centers and enrolled 27 pts. Baseline characteristics of patients are listed in **Table 1**. Nearly half of the pts (11, 40.7%) had stage IV disease and the majority (23, 85.2%) completed 3 cycles of neoadjuvant therapy.

Efficacy

- The best overall responses of the patients are presented in **Table 2**. The ORR was 63.0% (17/27) and DCR was 100% (27/27). The best percentage change in tumor size from baseline is shown in **Figure 1**, tumor shrinkage was observed in 17 pts.
- Twenty-two pts (81.5%) underwent surgical resection, with 20 (90.9%, 20/22) achieving R0 resection at a median interval of 34 days (range: 26-62) post-neoadjuvant therapy. Only one treatment-related surgical delay was observed due to hyperthyroidism. The 5 pts who did not undergo surgery all received subsequent radiotherapy.
- Among the pts who received surgery, MPR and pathologic complete response were observed in 5 (22.7%, 5/22) and 2 (9.1%, 2/22) pts, respectively.
- At the time of analysis, PFS and OS were not mature..

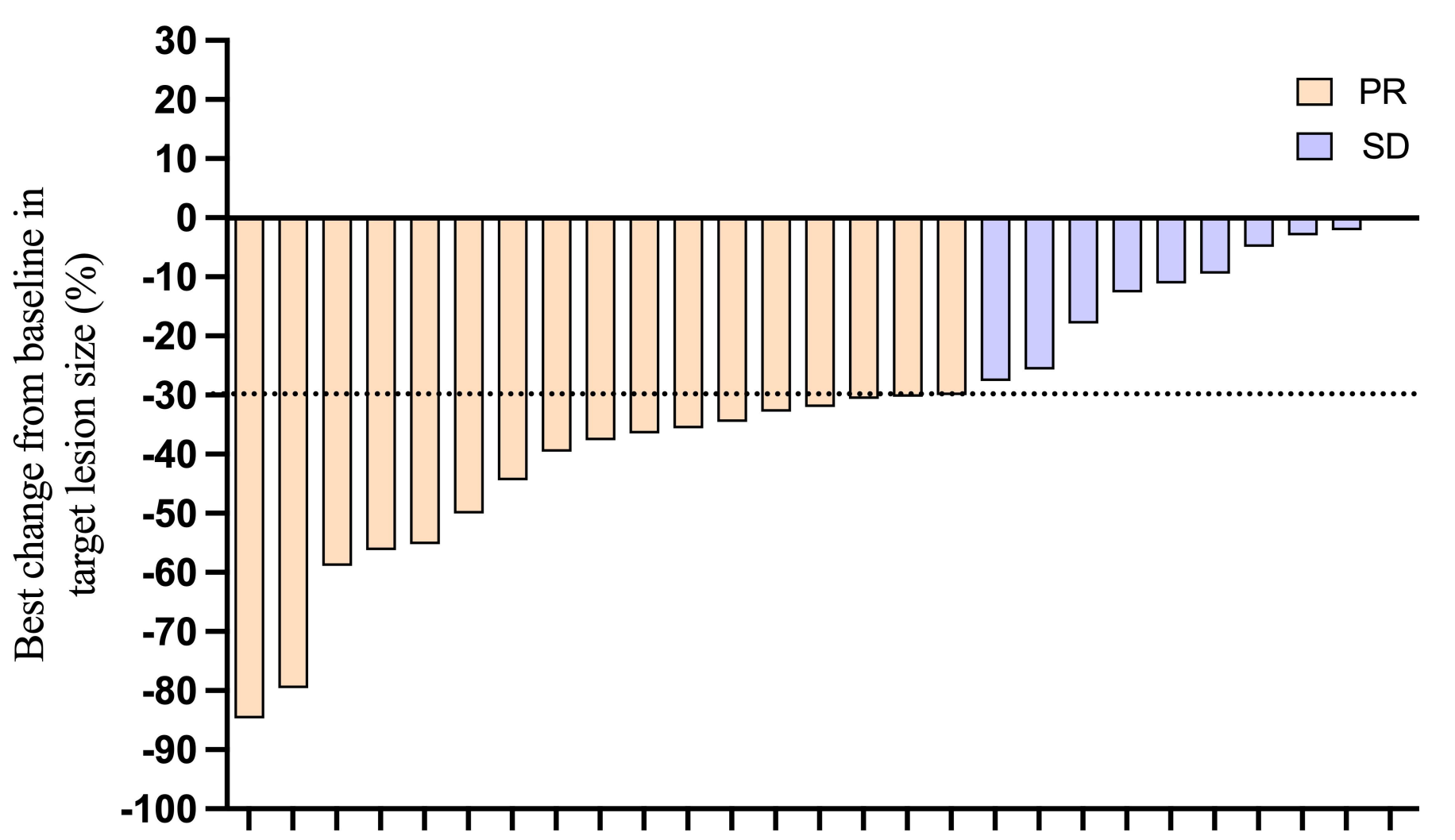
Table 1. Baseline characteristics of patients

Characteristics	All patients (N=27)
Age, years, median (range)	52 (18-73)
< 65 years, n(%)	23 (85.2%)
≥ 65 years, n(%)	4 (14.8%)
Sex, n (%)	
Male	16 (59.3%)
Histological subtype, n (%)	
Squamous cell carcinom	25 (92.6%)
Thymic carcinoma—NOS	2 (7.4%)
TNM stage, n (%)	
IIIA	9 (33.3%)
IIIB	7 (25.9%)
IVA	1 (3.7%)
IVB	10 (37.0%)
PD-L1 expression, n (%)	
TPS < 1%	7(25.9%)
TPS 1% ~ 49%	6(22.2%)
TPS ≥ 50%	2(7.4%)
Not known	12 (44.4%)

Table2. The best overall responses

Response	N (%)
Best overall Response n (%)	PR 17 (63.0%)
	SD 10 (37.0%)
ORR, n (%)	17 (63.0%)
DCR, n (%)	27 (100%)

Figure 3. Tumor shrinkage assessed by RECIST V1.1



Safety

- The safety profile are presented in **Table 3**, Treatment-related adverse events (TRAEs) of any grade and of grade ≥3 severity occurred in 100% and 51.9% (14/27) of pts, respectively.
- The most common grade 3-4 TRAEs were neutrophil count decreased, anaemia, white blood cell count decreased and lymphocyte count decreased. No grade 5 TRAEs were reported.

Table 3. Treatment-related adverse events (TRAEs) occurred in more than 10% patients

	All grade, n(%)	Grade 3-4, n(%)
ALL	27 (100.0%)	14 (51.9%)
Anaemia	27 (100.0%)	3 (11.1%)
Gamma-glutamyltransferase increased	19 (70.4%)	1 (3.7%)
White blood cell count decreased	15 (55.6%)	2 (7.4%)
Aspartate aminotransferase increased	14 (51.9%)	0 (0.0%)
Alanine aminotransferase increased	13 (48.1%)	0 (0.0%)
Neutrophil count decreased	12 (44.4%)	7 (25.9%)
Lymphocyte count decreased	11 (40.7%)	2 (7.4%)
Blood bilirubin increased	9 (33.3%)	1 (3.7%)
Hyperthyroidism	8 (29.6%)	0 (0.0%)
Blood creatine phosphokinase increased	7 (25.9%)	0 (0.0%)
Blood alkaline phosphatase increased	7 (25.9%)	0 (0.0%)
Platelet count decreased	7 (25.9%)	0 (0.0%)
Troponin increased	5 (18.5%)	0 (0.0%)
Myoglobin blood increased	5 (18.5%)	0 (0.0%)
Rash	4 (14.8%)	1 (3.7%)

DISCUSSION AND CONCLUSION

- Neoadjuvant adebrelimab combined with nab-paclitaxel and carboplatin enabled surgical planning in unresectable, locally advanced TCs, demonstrating promising rates of ORR, R0 resection, and a manageable safety profile.