



First-Line Treatment With Tislelizumab Plus Paclitaxel-Albumin and Carboplatin for Advanced Thymic Carcinoma: A Phase II Trial

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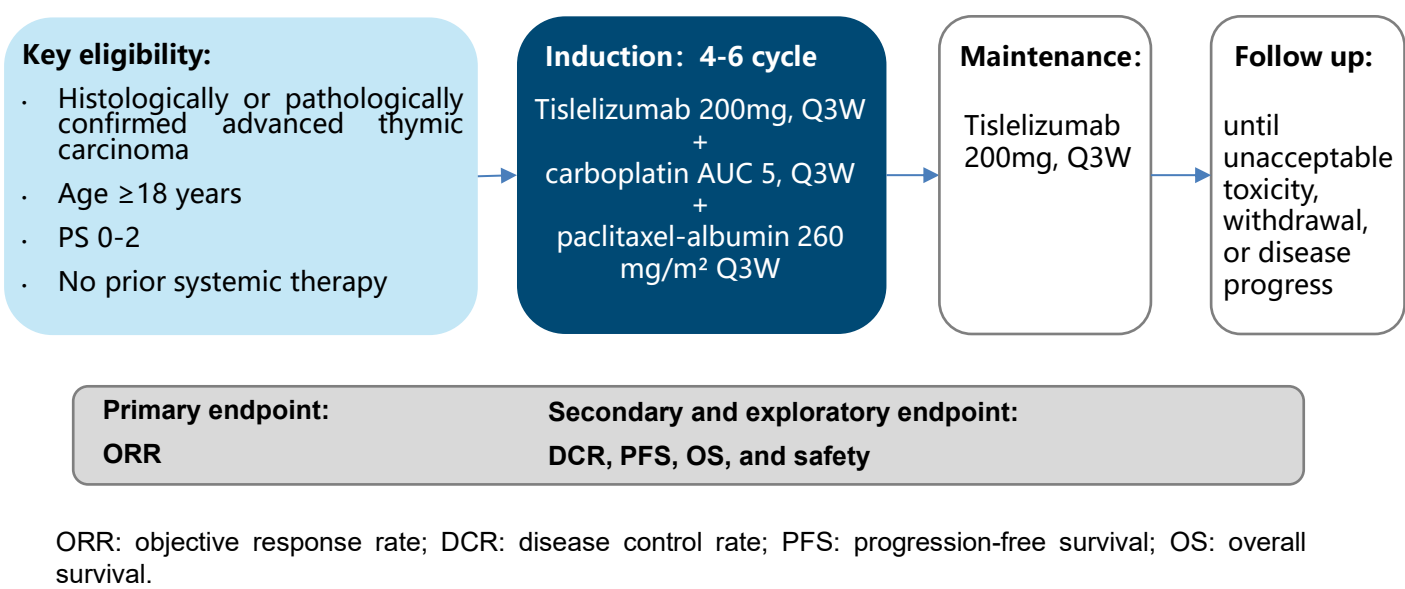
INTRODUCTION

- Thymic carcinoma is a rare, aggressive malignancy with limited systemic therapy options.
- Platinum-based chemotherapy remains the standard first-line regimen¹.
- Tislelizumab, a humanized anti-PD-1 antibody, has demonstrated antitumor activity across multiple relapsed/refractory malignancies².
- Here, we report interim results of a phase II trial evaluating first-line Tislelizumab plus paclitaxel-albumin and carboplatin in advanced thymic carcinoma.

METHODS

- This investigator-initiated, single-arm prospective study enrolled treatment-naïve patients with advanced thymic carcinoma.
- Pts received Tislelizumab (200 mg IV) plus paclitaxel-albumin (260 mg/m²) and carboplatin (AUC 5) every 3 weeks for 4-6 cycles, continuing with Tislelizumab monotherapy (200 mg IV every 3 weeks until disease progression). The primary endpoint was objective response rate (ORR). Secondary endpoints included disease control rate (DCR), progression-free survival (PFS), overall survival (OS).
- The study design is summarized in Figure 1.

Figure 1. Study design



REFERENCES

1. NCCN Guidelines. Thymomas and Thymic Carcinomas. V 2.2026.
2. Shen L, et al. J Immunother Cancer. 2020;8:e000437.

RESULTS

Baseline Characteristics

- From Aug 2024 to Mar 2026, 14 pts with advanced thymic carcinoma were enrolled and received Tislelizumab plus paclitaxel-albumin and carboplatin.
- As of Mar 9, 2026, the median follow-up time was 7.5 months (range: 1.6-20.0).
- Patient characteristics are summarized in Table 1.

Efficacy

- All 14 enrolled pts were evaluable for efficacy.
- 9 patients (64.3%) reached PR; 5 pts (35.7%) reached SD among 14 evaluable pts (Figure 2).
- The 1-yr PFS rate was 49.7%, and median PFS was 10.4 months (95% CI: 6.8-not reached [NR]) (Figure 3).

Safety

- The safety profiles are shown in Table 2 & 3.
- Two pts (14.3%) developed grade 3 neutropenia; no grade 4-5 events occurred.

Table 1. Baseline Characteristics (N=14)

Characteristics	N (%)
Age, median (range), yr	59 (44-73)
Male, n (%)	10 (71.4)
ECOG PS, n (%)	
0	13 (92.9)
1	1 (7.1)
Clinical stage, n (%)	
IIIB	3 (21.4)
IV	11 (78.6)
Target lesion size, median (range), mm	80 (30-142)
Metastatic sites	
Lung/pleura	6 (42.9)
Liver	3 (21.4)
Bone	2 (14.3)
Pericardium	5 (35.7)
Brain	2 (14.3)
Thyroid	1 (7.1)
Adrenal gland	1 (7.1)
Supraclavicular lymph nodes	2 (14.3)
Peritoneum	1 (7.1)

Figure 2. Response Outcomes

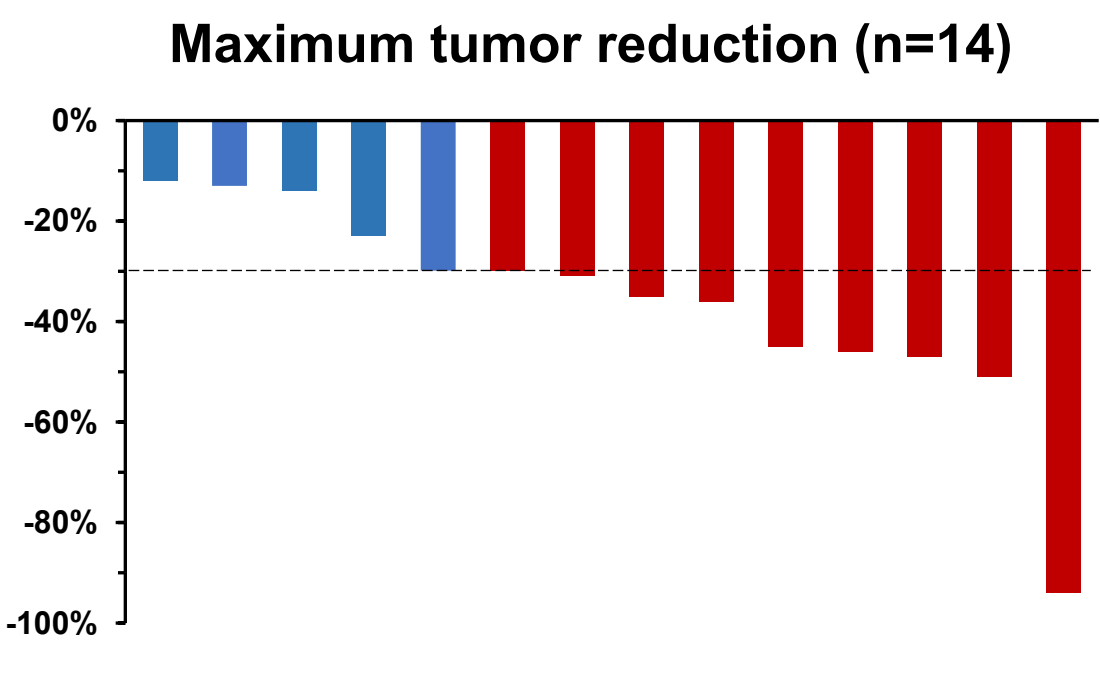


Figure 3. Progression-Free Survival

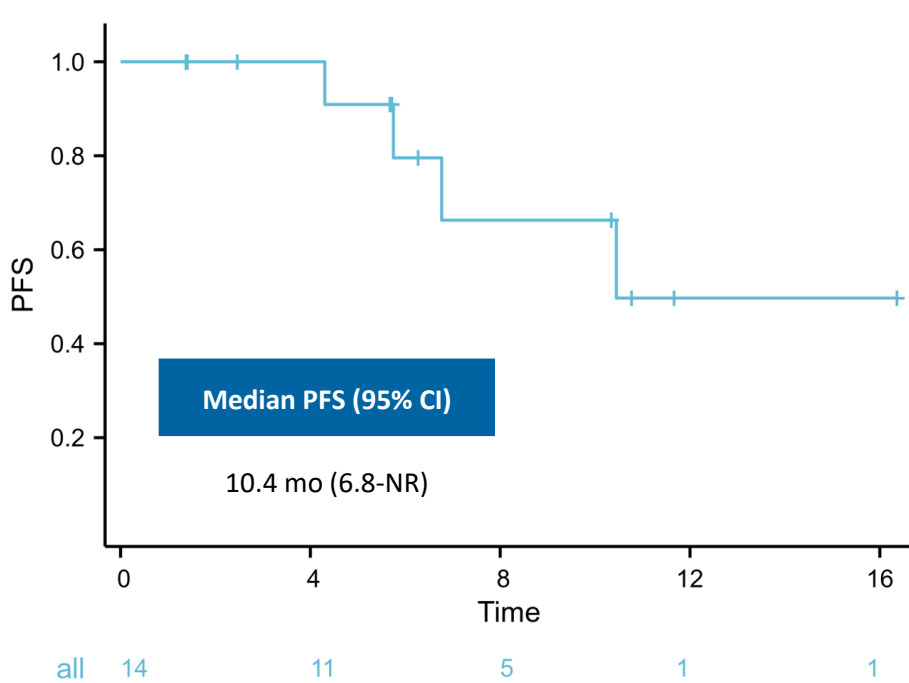


Figure 4. Radiographic image of a PR patient

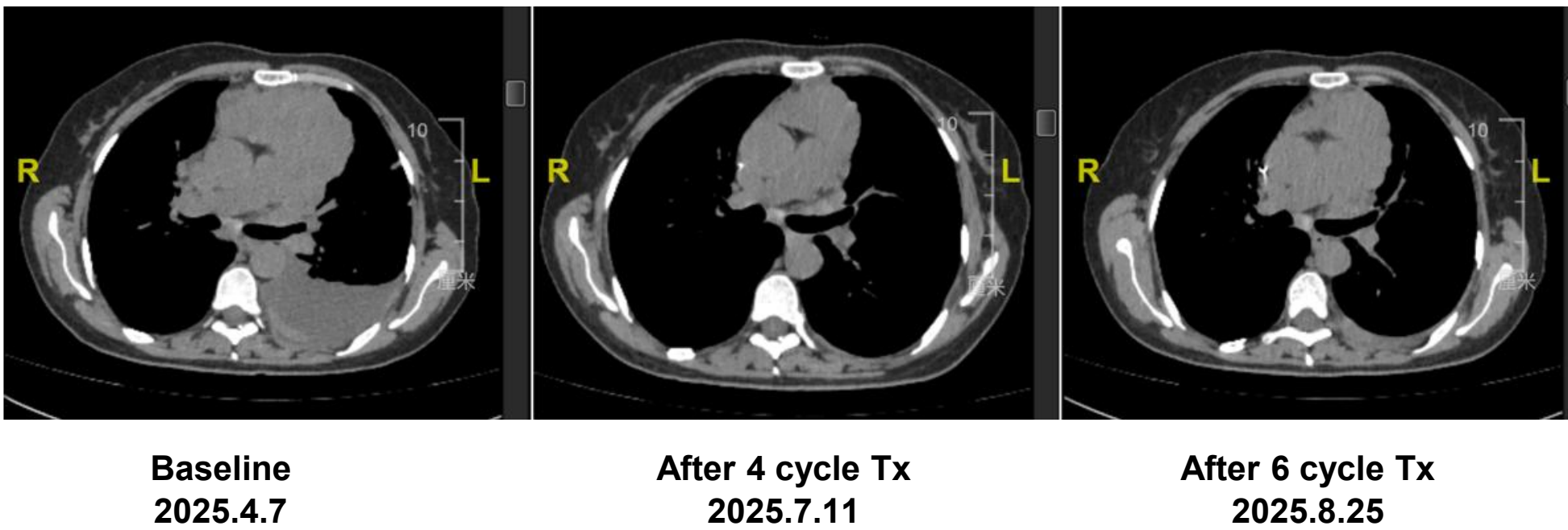


Table 2. Summary of Adverse Events

TRAE	Incidence (%)
Any AE	13 (92.9%)
Grade 3 AE	2 (14.3%)
SAE	0 (0%)
Lead to discontinuation	0 (0%)

Table 3. Most common TRAEs

TRAE	Grade 1-2	Grade 3
Leukopenia	7 (50%)	
Anemia	5 (35.7%)	
Neutropenia	4 (28.6%)	2 (14.3%)
Thrombocytopenia	4 (28.6%)	
Liver dysfunction	4 (28.6%)	
Hypoproteinemia	4 (28.6%)	
Rash	3 (21.4%)	
Dry eye	2 (14.3%)	
Hypocalcemia	2 (14.3%)	
Pneumonitis	1 (7.1%)	

CONCLUSION

First-line Tislelizumab combined with paclitaxel-albumin and carboplatin showed promising efficacy and manageable safety in advanced thymic carcinoma. These interim results support further investigation in larger prospective studies.