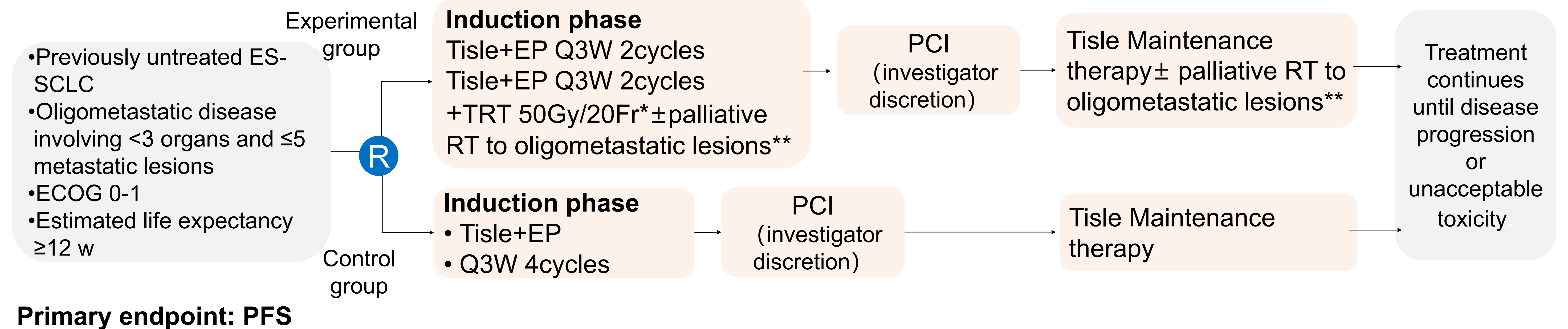


INTRODUCTION

- Durable disease control remains challenging in ES-SCLC despite first-line chemo-immunotherapy.
- Prior evidence suggests that patients with oligometastatic disease may represent a subgroup more likely to benefit from local treatment intensification.
- This study evaluated consolidative thoracic ± metastasis-directed radiotherapy combined with first-line tislelizumab plus EP in oligometastatic ES-SCLC.

METHODS



RESULTS

Table1. Patient characteristic

Characteristic	Experimental (n=32)	Control (n=32)
Age, years	63(37-80)	65(38-87)
Sex		
Male	25	23
Female	7	9
Number of metastatic organs		
1	23	25
2	9	6
3	0	1
Number of metastatic lesions		
1	12	13
2	6	5
3	5	7
4	7	3
5	2	4
Brain metastasis		
Yes	16	11
No	16	21
Liver metastasis		
Yes	8	15
No	24	17
Bone metastasis		
Yes	8	4
No	24	28
Adrenal gland metastasis		
Yes	6	4
No	26	28

Fig1. Best Overall Response

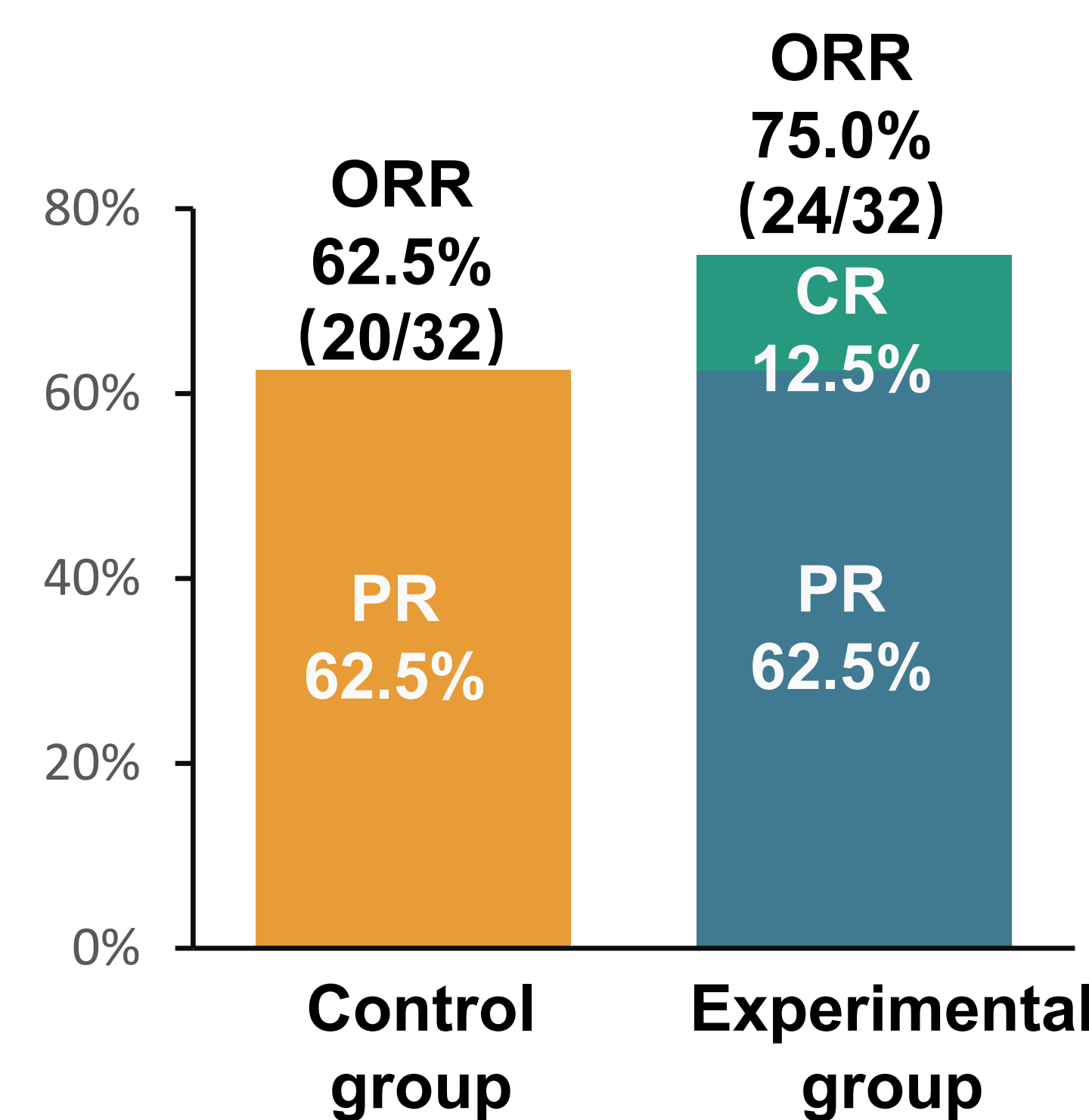


Fig2. PFS in the Overall Population

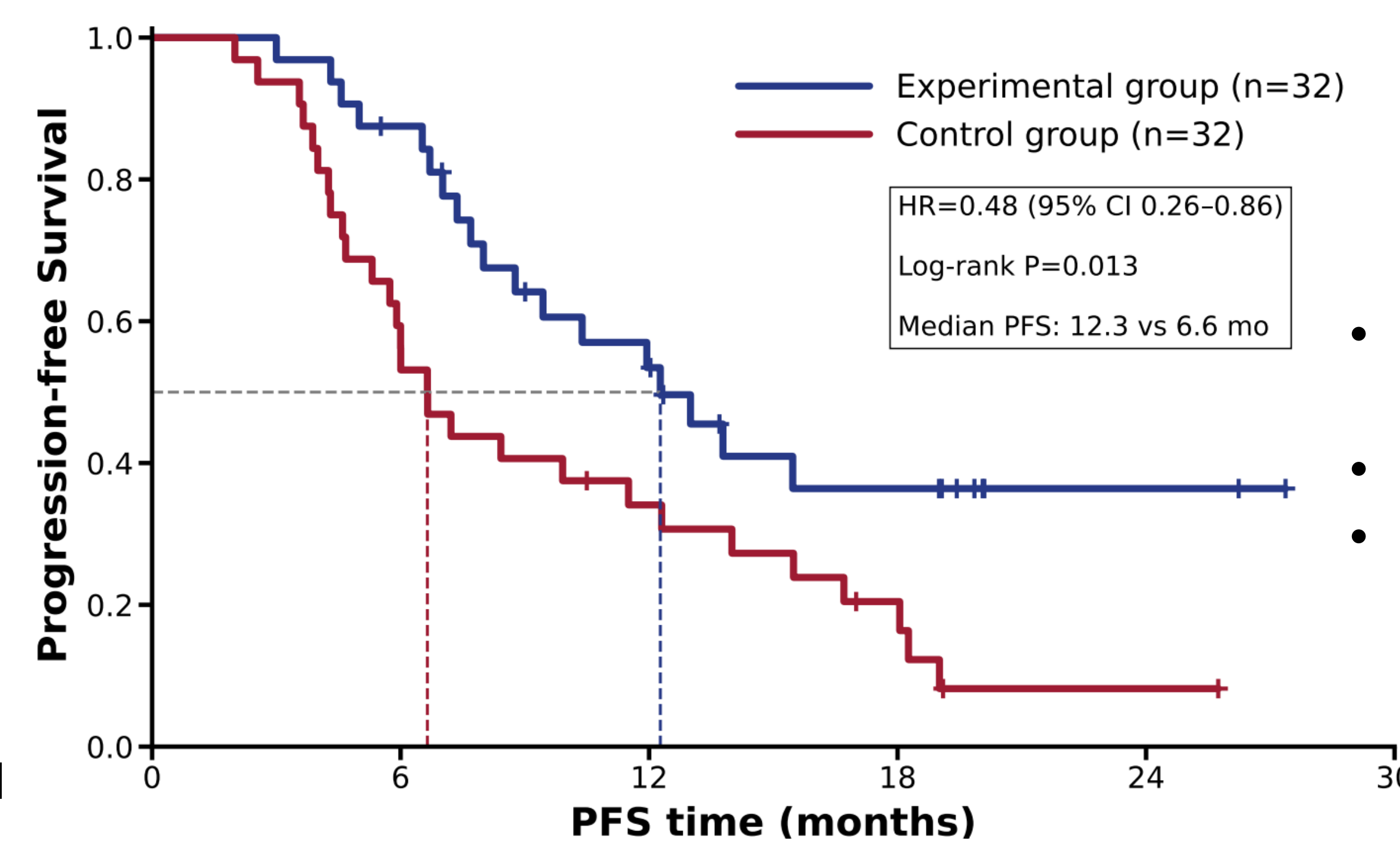


Table2. Treatment-Related Adverse Events (TRAEs)

	experimental group (n = 32)		control group (n = 32)	
Preferred Term	Any grade, n (%)	Grade ≥3, n (%)	Any grade, n (%)	Grade ≥3, n (%)
Any AE	27 (84.4)	12 (37.5)	25 (78.1)	9 (28.1)
Bone marrow suppression	21 (65.6)	10 (31.2)	18 (56.2)	6 (18.8)
Pneumonia/pneumonitis	18 (56.2)	3 (9.4)	8 (25.0)	3 (9.4)
Hypothyroidism	1 (3.1)	0 (0.0)	3 (9.4)	0 (0.0)
Hyperthyroidism	0 (0.0)	0 (0.0)	1 (3.1)	0 (0.0)
liver function abnormality	1 (3.1)	0 (0.0)	2 (6.2)	0 (0.0)

- The experimental regimen showed manageable toxicity.
- Any-grade and grade ≥3 AEs occurred in 84.4% and 37.5% of patients in the experimental group, compared with 78.1% and 28.1% in the control group, respectively.
- No new safety signals were identified.

DISCUSSION AND CONCLUSION

Clinical Implication

- Our findings suggest that metastatic burden should be considered when selecting ES-SCLC patients for local treatment intensification.
- In patients with oligometastatic ES-SCLC, consolidative thoracic ± metastasis-directed radiotherapy was associated with prolonged PFS when integrated with first-line tislelizumab plus EP, while maintaining an acceptable safety profile.

Future Direction

- Prospective studies are needed to identify patients most likely to benefit from radiotherapy and to establish the optimal integration of local and systemic therapies in oligometastatic ES-SCLC.