# 1351P: Efficacy of early stereotactic body radiotherapy to the primary lung lesion in patients with NSCLC harboring sensitive EGFR mutations treated with first-line EGFR-TKIs

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### Background

- The addition of consolidative stereotactic body radiotherapy (SBRT) improved the survival for EGFR-mutated NSCLC treated with EGFR-TKIs.
- However, the optimal timing of SBRT remains unclear.
- The current study aimed to investigate the clinical outcome of the early and delayed SBRT to primary lung lesions in patients with EGFRmutated NSCLC treated with first-line EGFR-TKIs.

## Methods

- The patients with EGFR-mutated advanced (stage IIIB-IV) NSCLC who were suitable to receive SBRT for the primary lung tumors after first-line EGFR-TKIs treatment were enrolled.
- The early SBRT group was defined as patients who received SBRT for their primary lung lesions at the maximal response of TKIs treatment.
- The delayed SBRT group was defined as patients who received SBRT after the occurrence of oligoprogression in the primary lung tumor.
- The primary endpoints were progression-free survival 1 (PFS1, time from the start of first-line EGFR-TKIs treatment to disease progression) and PFS2 (time from the start of first-line EGFR-TKIs treatment to disease progression after SBRT).
- Overall survival (OS) and adverse effects (AEs) were secondary endpoints.
- A two-sided P value of 0.05 was considered statistically significant.



- The median PFS2 in the early SBRT and delayed SBRT groups were 42.0 and 33.0 months, respectively (P = 0.521).
- The median OS of both groups has not been reached. No severe toxicities  $(\geq grade 3)$  were recorded.



Early SBRT to the primary lung lesion significantly improved PFS and is a new potentially effective and tolerable treatment option for patients with advanced NSCLC who had stable disease during first-line EGFR-TKIs treatment.