

INTRODUCTION

- Induction chemo-immunotherapy has improved outcomes for patients with locally advanced NSCLC
- Re-staging PET/CT following induction therapy is common despite limited supporting evidence¹
- We investigated the clinical utility of routine re-staging PET/CT compared to non-contrast CT

REFERENCES

1. Tankel J, Spicer J, Chu Q, et al. Canadian Consensus Recommendations for the Management of Operable Stage II/III Non-Small-Cell Lung Cancer: Results of a Modified Delphi Process. Curr Oncol. 2023;30(12):10363-10384. Published 2023 Dec 6. doi:10.3390/curroncol30120755

DISCUSSION AND CONCLUSION

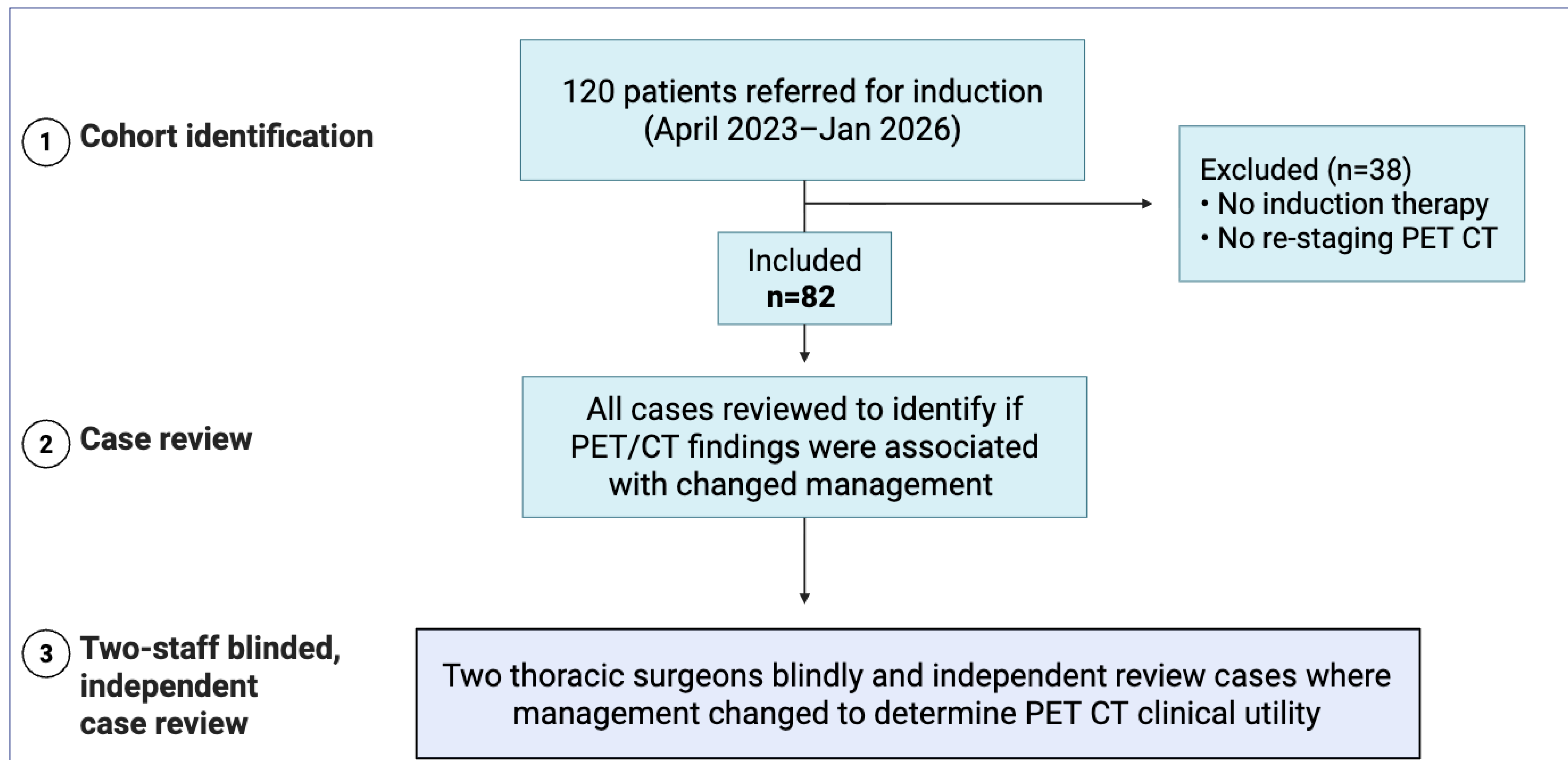
Actionable Take Away Message

- Routine re-staging PET/CT provided no additional clinical benefit beyond dedicated non-contrast CT

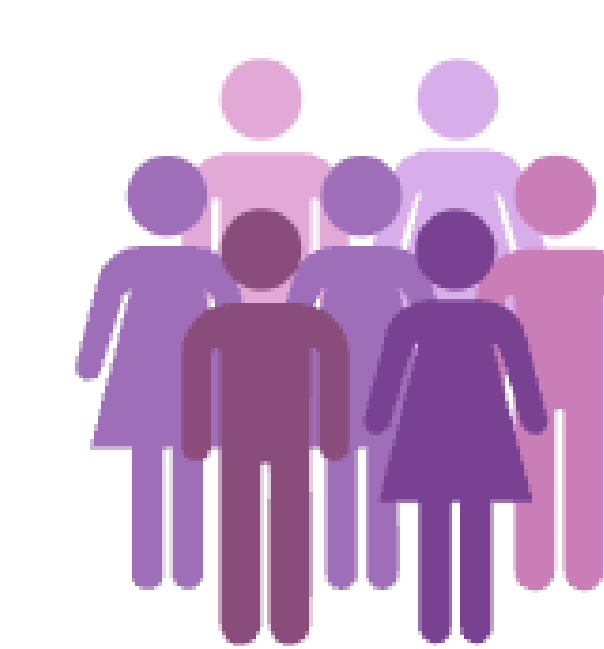
Future Direction for Research

- Multi-center prospective studies are warranted to better understand the clinical utility of re-staging imaging following induction chemo-immunotherapy for locally advanced NSCLC

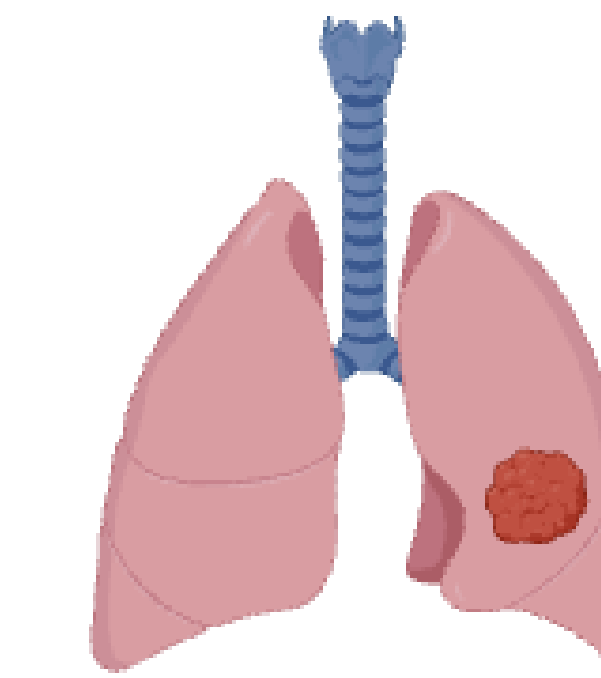
METHODOLOGY



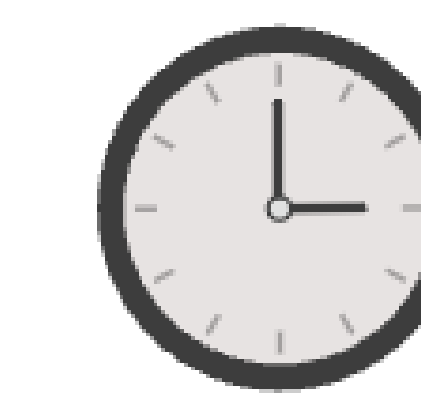
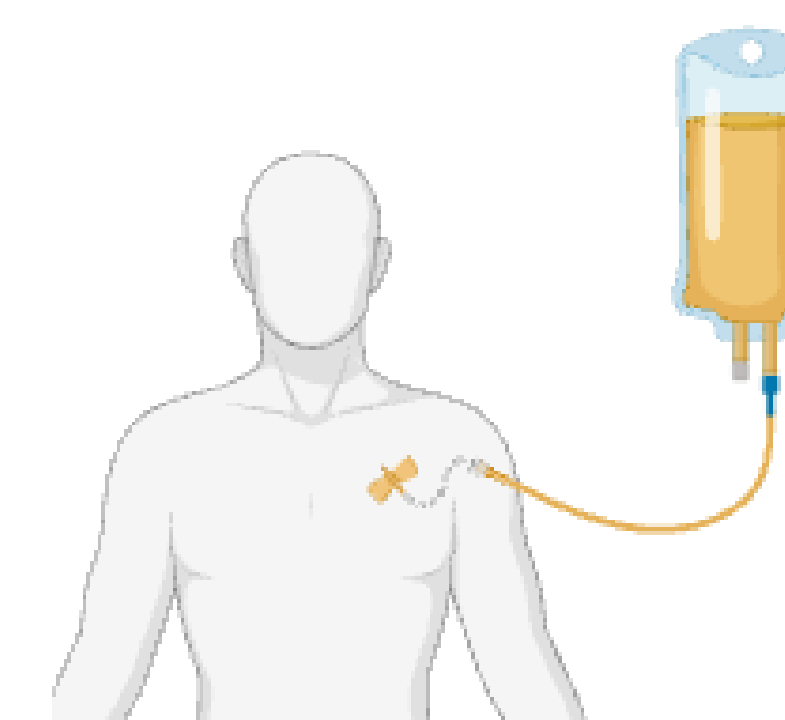
RESULTS



Male: 44 (53.7%)
Age: 70 (±5)

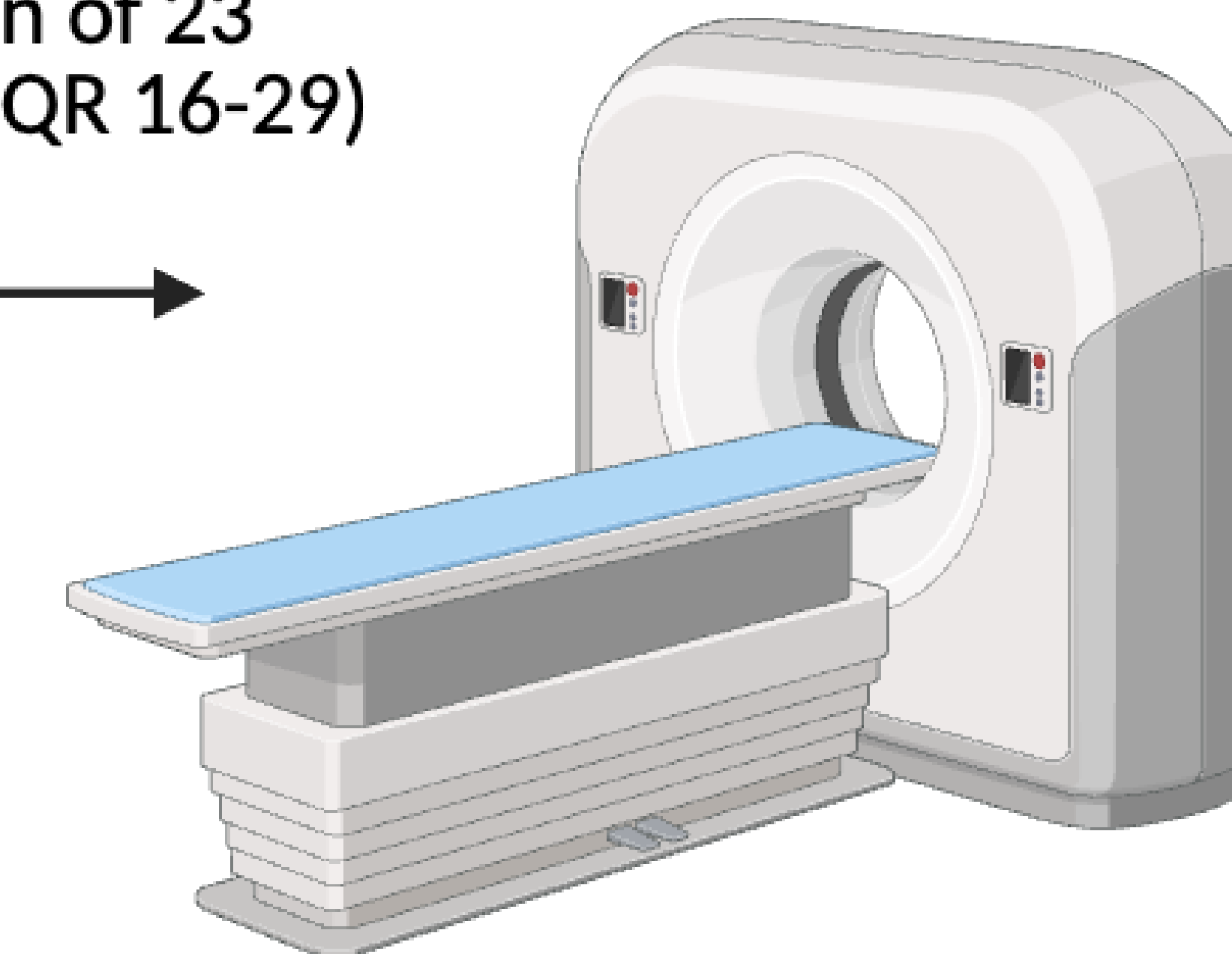


Stage I-II: 29 (35.4%)
Stage III: 54 (65.9%)
Stage IV: 1 (1.4%)



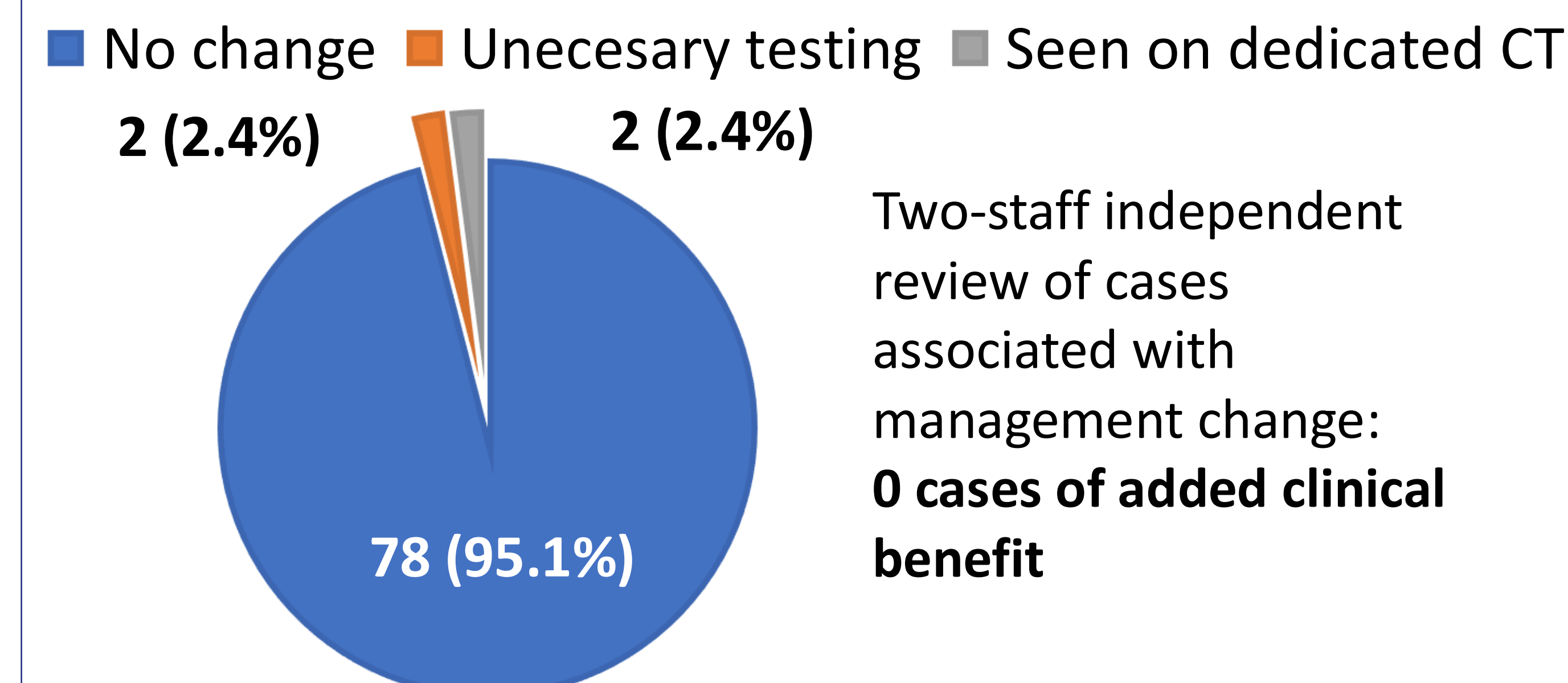
Median of 23
days (IQR 16-29)

Re-staging PET/CT



Induction completion: 90.2%
Completed per protocol: 76.8%

Re-staging PET/CT findings associated with management change in 4/82 cases (4.8%)



0 cases of distant metastatic disease

