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Adverse prognostic factors in patients with stage IA lung adenocarcinoma after radical surgical treatment

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Background & Objective

- Stage IA lung adenocarcinoma generally has a favorable prognosis after radical surgery.
- However, clinical outcomes remain heterogeneous.
- Morphological characteristics may identify patients at increased risk of recurrence.

To evaluate the prognostic impact of adverse morphological factors on overall survival (OS) and event-free survival (EFS) in patients with stage IA lung adenocarcinoma after radical surgical treatment.

Patients & Methods

We retrospectively reviewed the medical records of 193 consecutive patients with lung adenocarcinoma who underwent radical surgical treatment at the Thoracic Oncology Department of the N.N. Alexandrov National Cancer Centre of Belarus between 2018 and 2024.

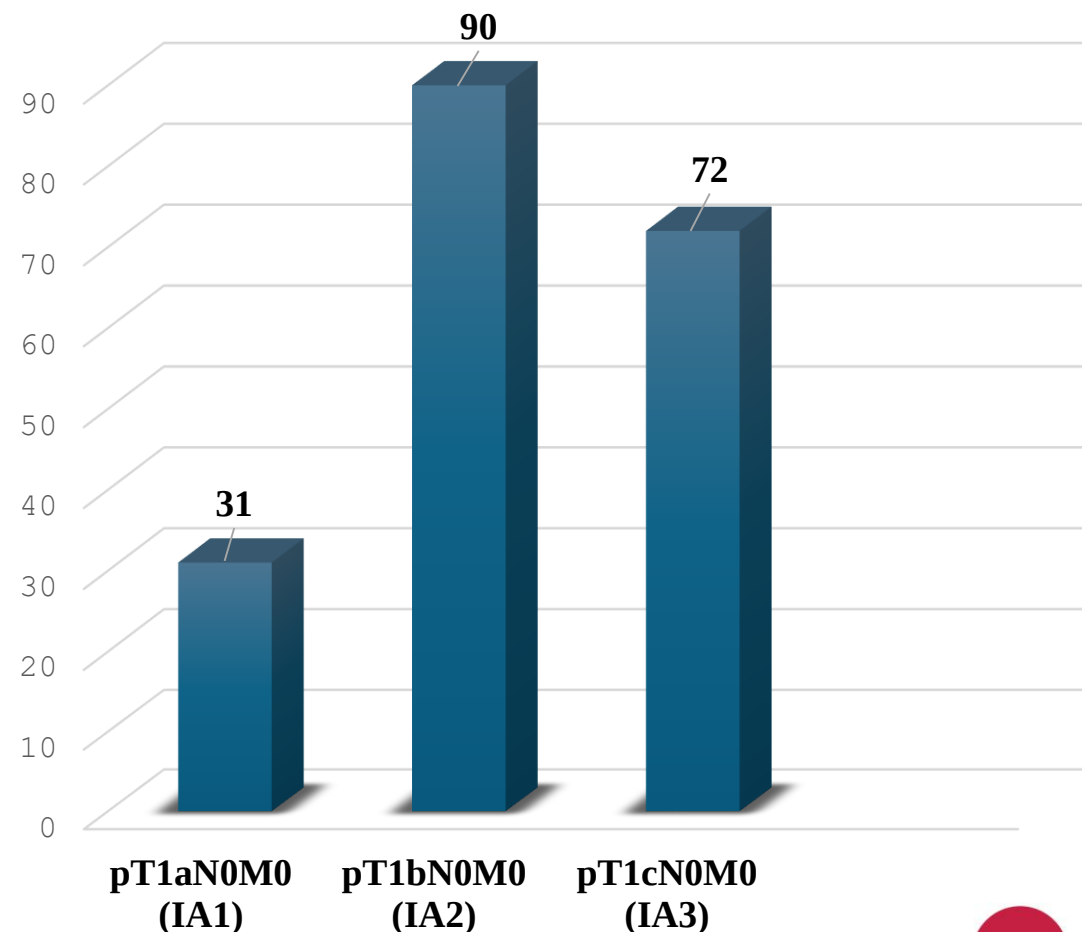
Inclusion criteria

- Stage IA1–IA3 lung adenocarcinoma
- Radical surgical treatment

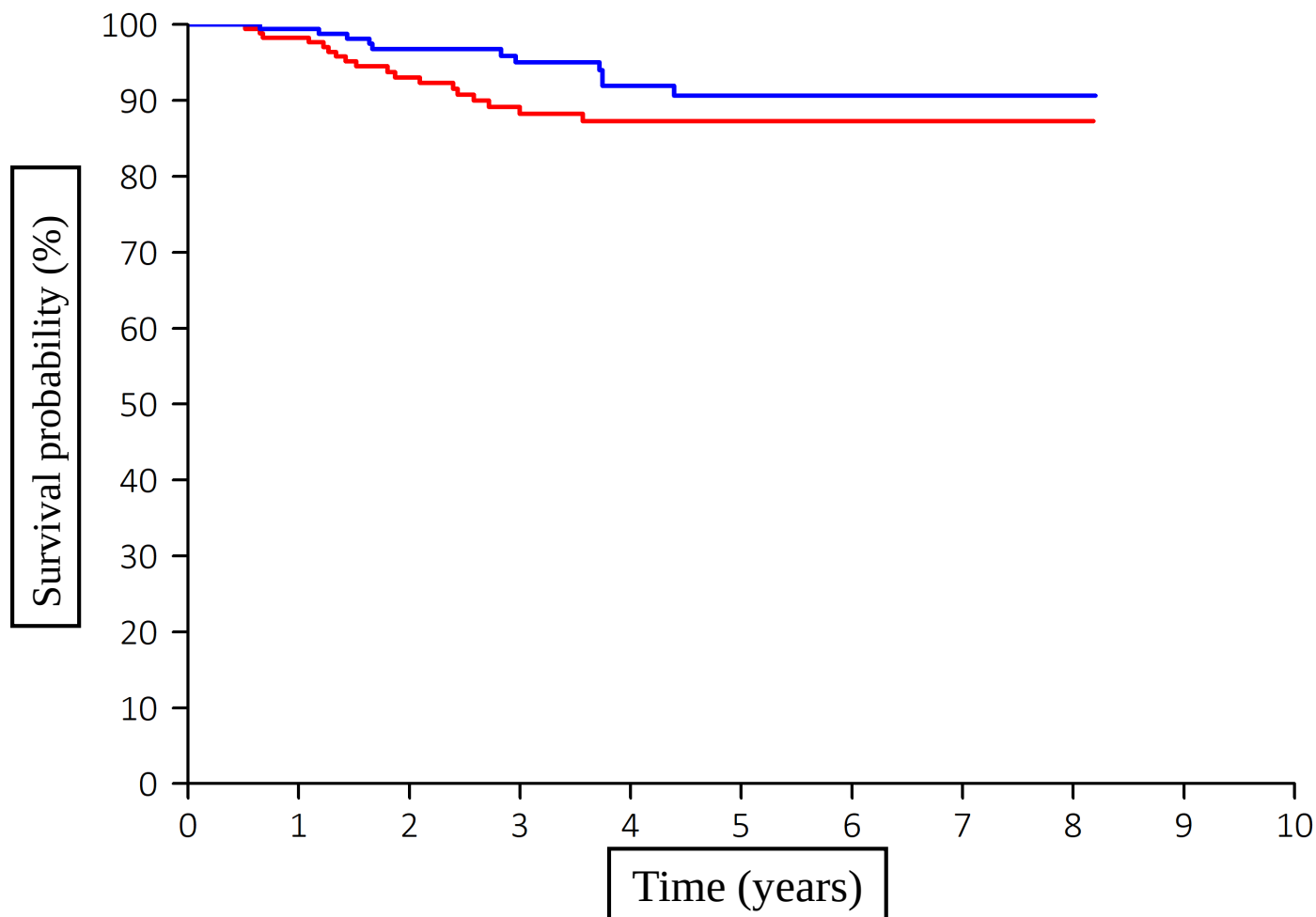
Exclusion criteria

- Primary multiple synchronous or metachronous malignancies

Distribution by stage



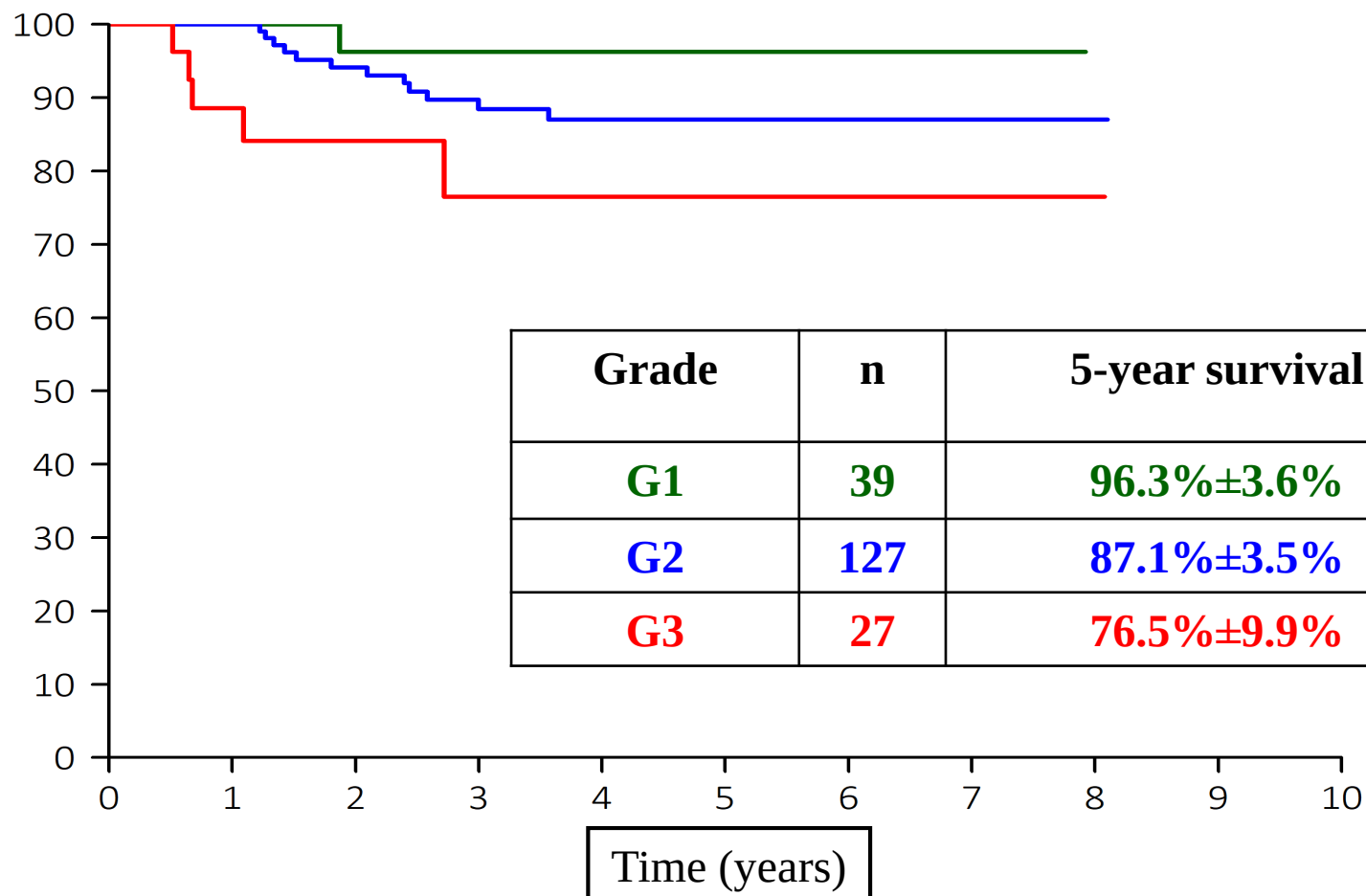
5-year survival in the entire cohort



Overall survival $90.7\% \pm 2.8\%$

Event-free survival $87.3\% \pm 2.8\%$

5-year event-free survival according to tumor differentiation grade



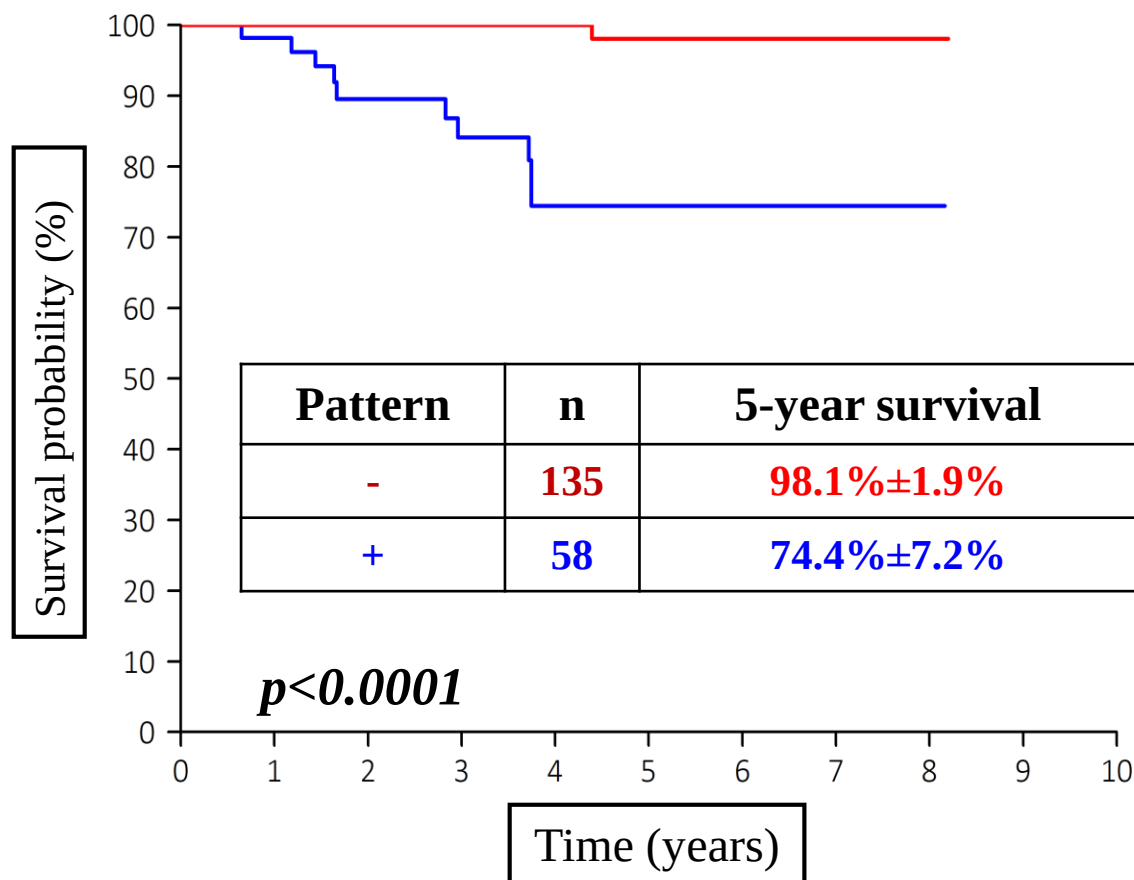
$G1\&G2\ p=0.2083$

$G2\&G3\ p=0.0642$

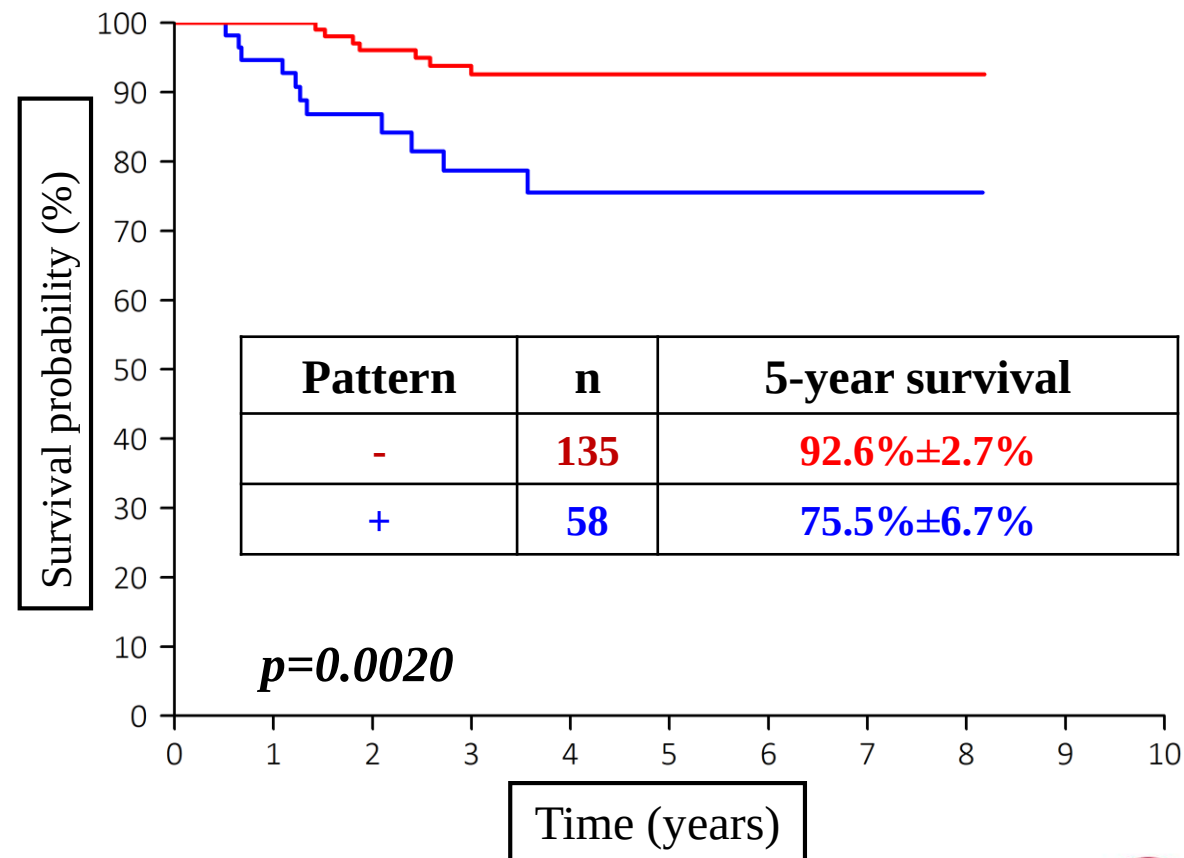
$G1\&G3\ p=0.0253$

5-year survival according to the presence of a solid pattern

Overall survival



Event-free survival



Other morphological factors

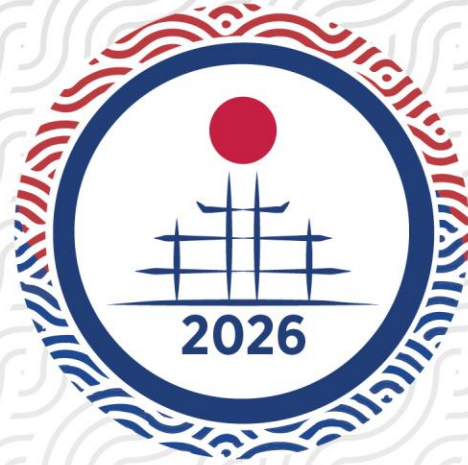
Factor	EFS	OS	Statistical significance
Micropapillary +	79.1%	78.9%	NS
Micropapillary –	89.8%	94.0%	
STAS +	80.2%	82.3%	NS
STAS –	89.5%	93.5%	
LVSI +	89.8%	88.9%	NS
LVSI -	86.1%	93.7%	

In multivariate Cox regression solid pattern was independently associated with a 4.4-fold higher risk of recurrence. (HR 4.40 95% CI 1.45–13.4 p < 0.05)

Conclusions

1. Stage IA lung adenocarcinoma demonstrates generally favorable long-term outcomes after radical surgical treatment, but substantial prognostic heterogeneity persists.
2. A higher-grade predominant histological pattern was associated with progressively worse EFS, with a significant difference between G1 and G3.
3. **The presence of a solid pattern was associated with significantly worse OS and EFS and represented an independent prognostic factor for recurrence.**

Risk stratification based on morphological features can identify a group of patients with unfavorable prognosis to investigate new options of adjuvant therapy in stage IA NSCLC.



Thank You.