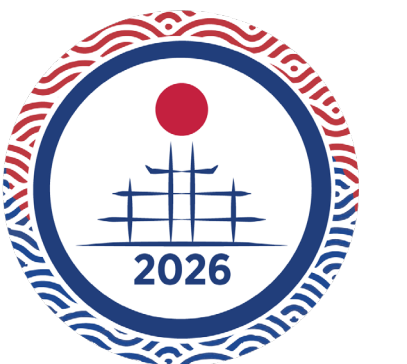


“One-Stop Shop” from Diagnosis to Resection for Suspicious Pulmonary Lesions: Early Outcomes from a Stage-Matched Comparative Study

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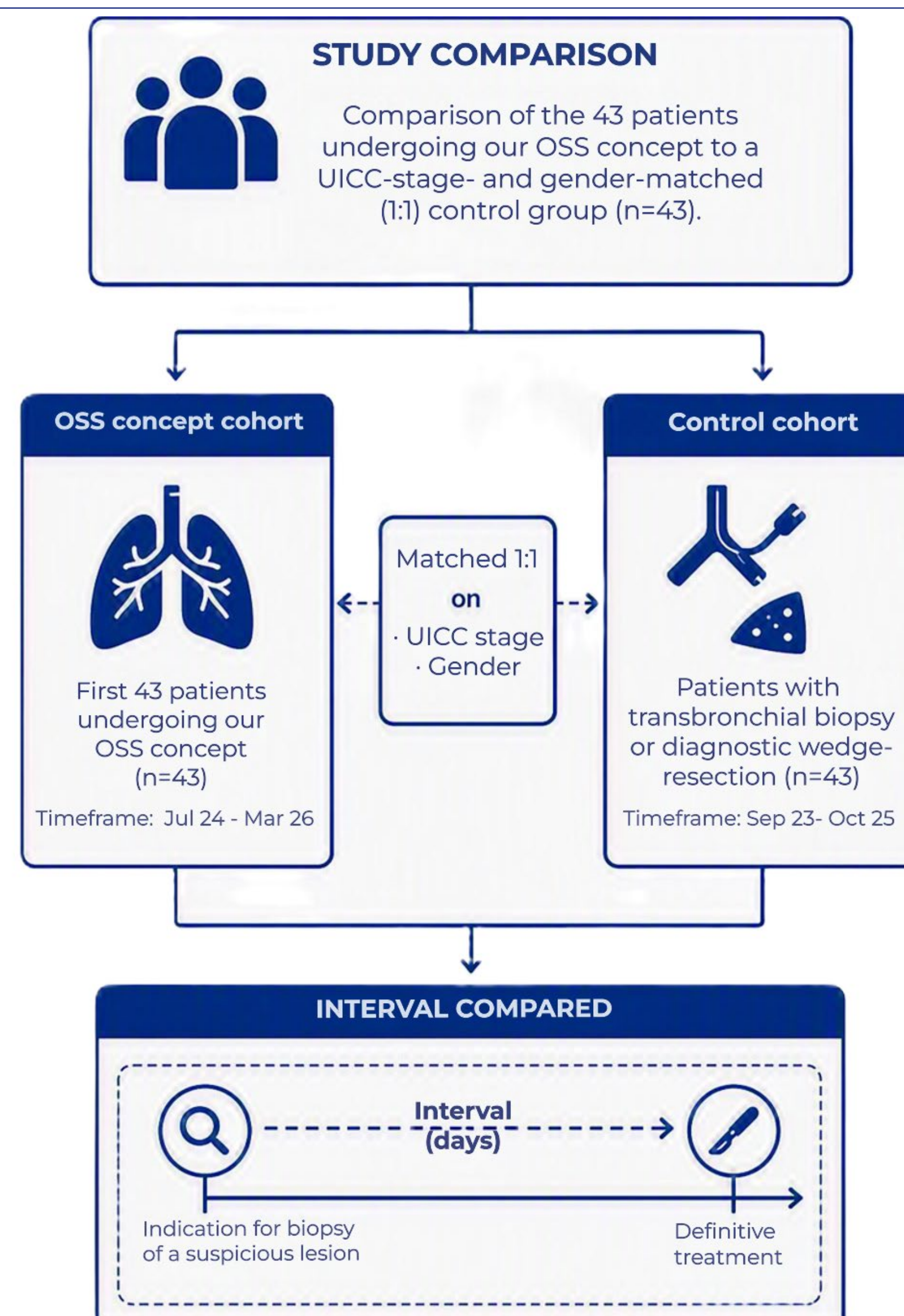
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INTRODUCTION

Since the first implementation of a CT-guided robotic navigation bronchoscopy program in Europe in our centre in July 2024, we have established a One-Stop Shop (OSS) concept for patients with suspicious pulmonary nodules, consisting of: Robotic-assisted navigation-bronchoscopy (ION) with integrated cone-beam CT, biopsy, marking of the nodule with fiducial and ICG, fresh-frozen examination and direct onco-logical resection in one general anaesthesia. The idea behind the concept was to shorten patient pathways and reduce psychological burden during waiting times, which is proven to affect overall survival in NSCLC patients (1, 2).

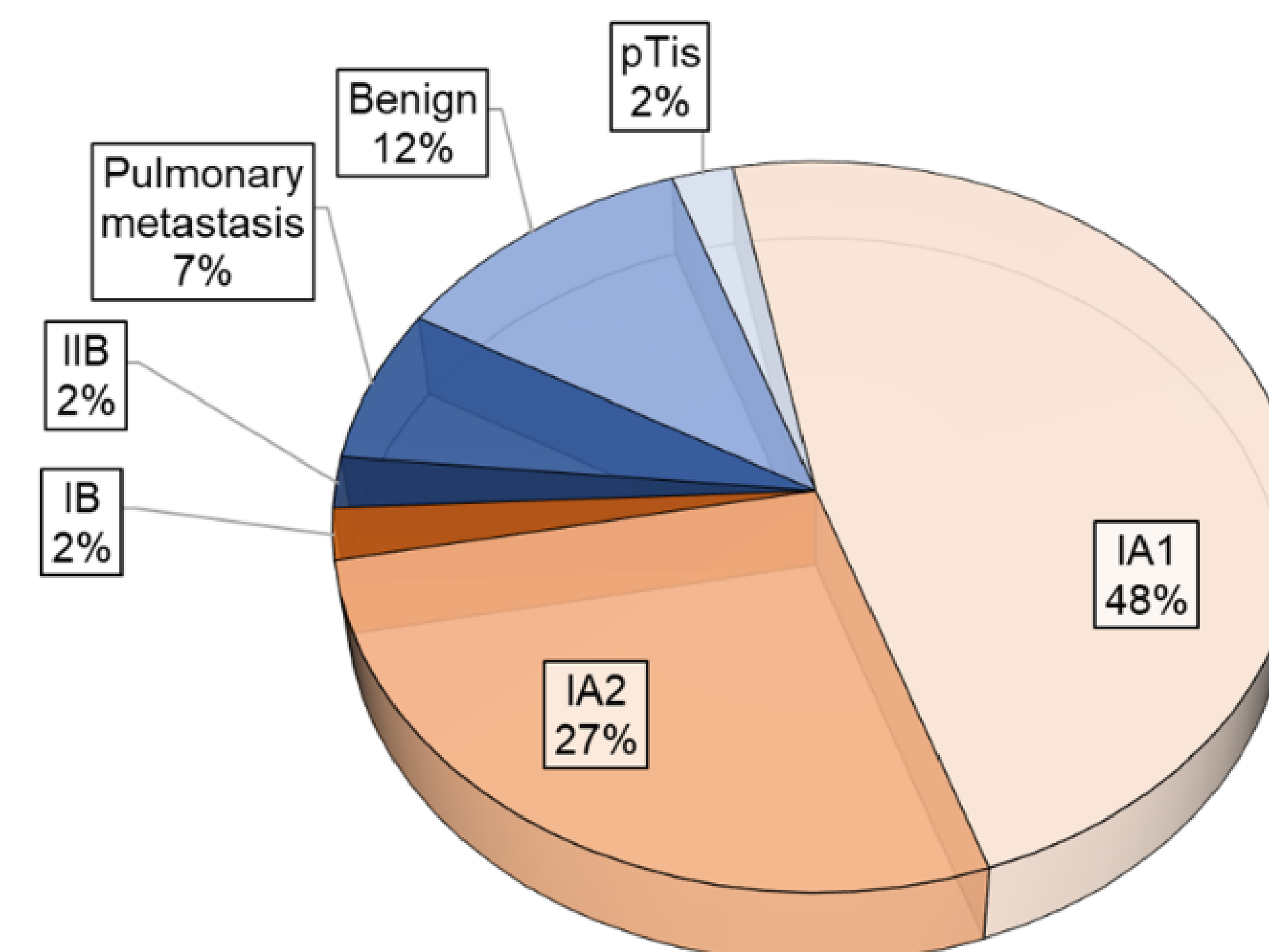
METHODS



RESULTS

There was no relevant difference regarding median age (67.5 vs. 70 years; $p=0.55$) between the two groups. 47.7% percent of the patients had an UICC-Stage IA1, 27.3% IA2, 6.8% a pulmonary metastasis and 11.4% a benign finding (Figure A). In both groups, all surgeries were performed by a minimal-invasive approach (VATS/RATS). Time from first CT-scan with suspicious lesion to treatment was shorter in the OSS cohort (41 days vs. 57.5 days respectively, $p=0.0027$). In a subgroup analysis of NSCLC patients, this effect was even more pronounced compared to the control group (40.5 days vs. 67 days, $p=0.0021$) (Figure B). There was no difference in hospitalisation after resection between the groups (median 3 days for both, $p=0.62$) (Figure C).

Fig A - Stage Distribution



A) Pie chart displaying the stage operated in the One-Stop Shop (OSS) concept, the same stages also apply to the control group
B) Boxplots demonstrating time to treat between the control group and the OSS cohort in days ($p=0.0027$);
C) Boxplots demonstrating hospitalisation after resection between the control group and the OSS cohort in days ($p=0.62$).

Fig B - Time to Treatment

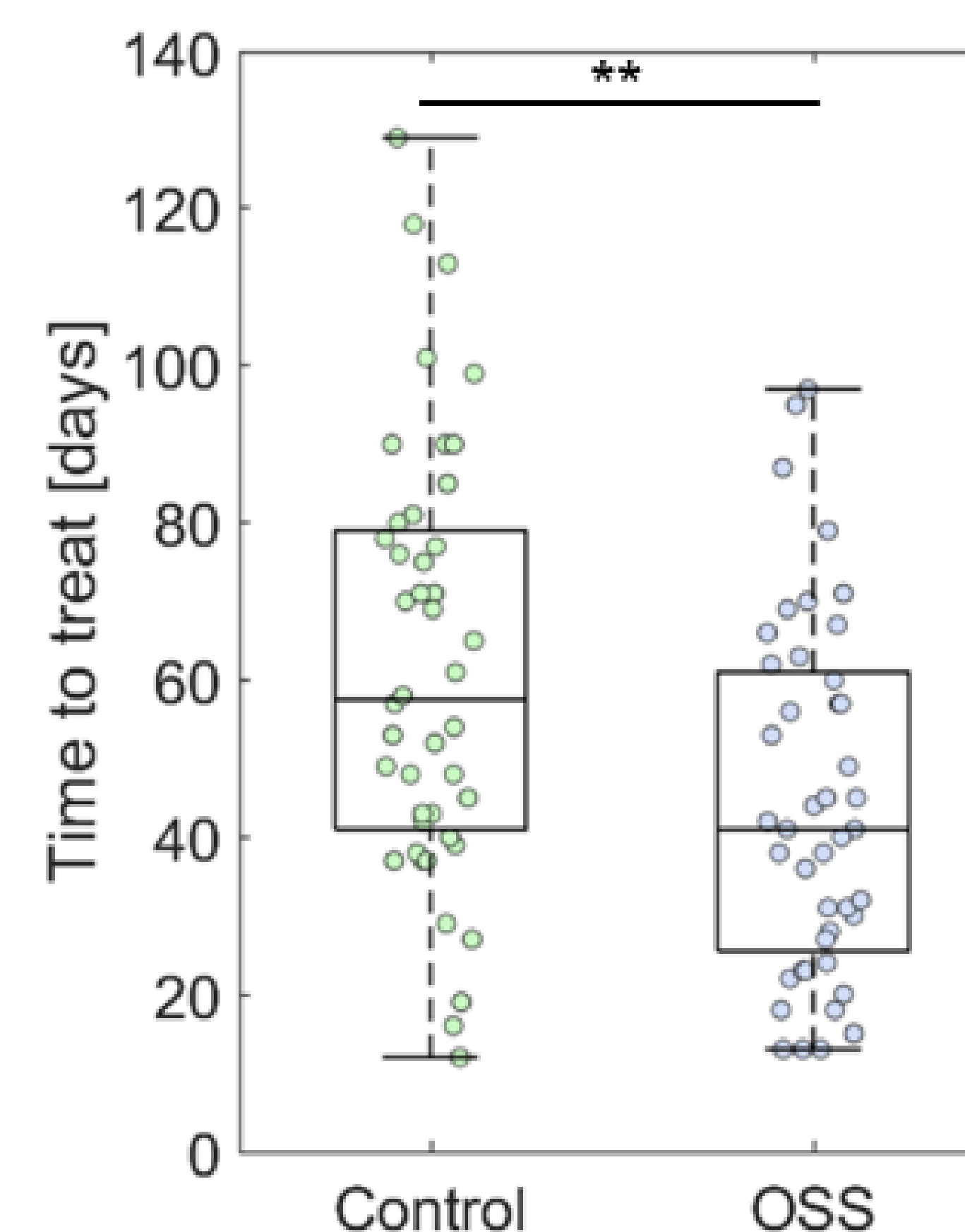
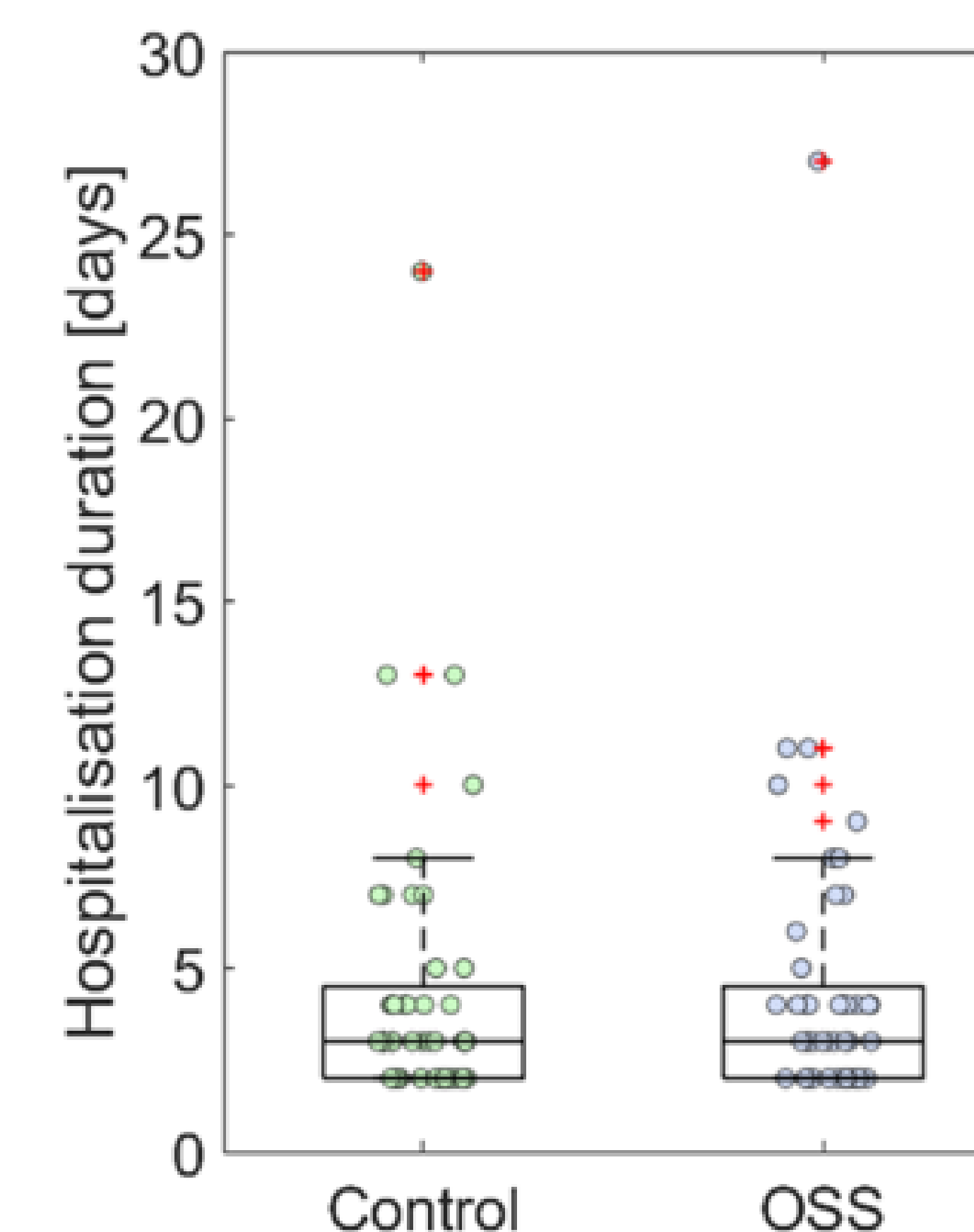


Fig C - Hospitalisation



CONCLUSION

Our OSS approach enables **rapid diagnosis and treatment** of potentially malignant pulmonary lesions in patients eligible for primary resection, **minimizing delays in care**. Furthermore, the OSS has the potential to reduce psychological stress in patients, which can positively impact survival rates. In this regard, an RCT is currently planned.

CONTACT INFORMATION

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