



Impact of Nodal Burden in Persistent Nodal Disease After Neoadjuvant Chemo-Immunotherapy in NSCLC

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INTRODUCTION

- Persistent nodal disease after neoadjuvant chemo-IO represents a high-risk subgroup.
- Prognostic impact of residual nodal burden remains poorly defined.
- Objective: Evaluate EFS and OS according to residual nodal burden.

METHODS

- Retrospective cohort of stage IB–III NSCLC, 2017–2025.
- Neoadjuvant chemo-IO followed by lung resection.
- Included patients with persistent ypN1–2 disease.
- Excluded EGFR/ALK alterations and IO-only treatment.
- EFS and OS analyzed by ypN1, ypN2a, and ypN2b

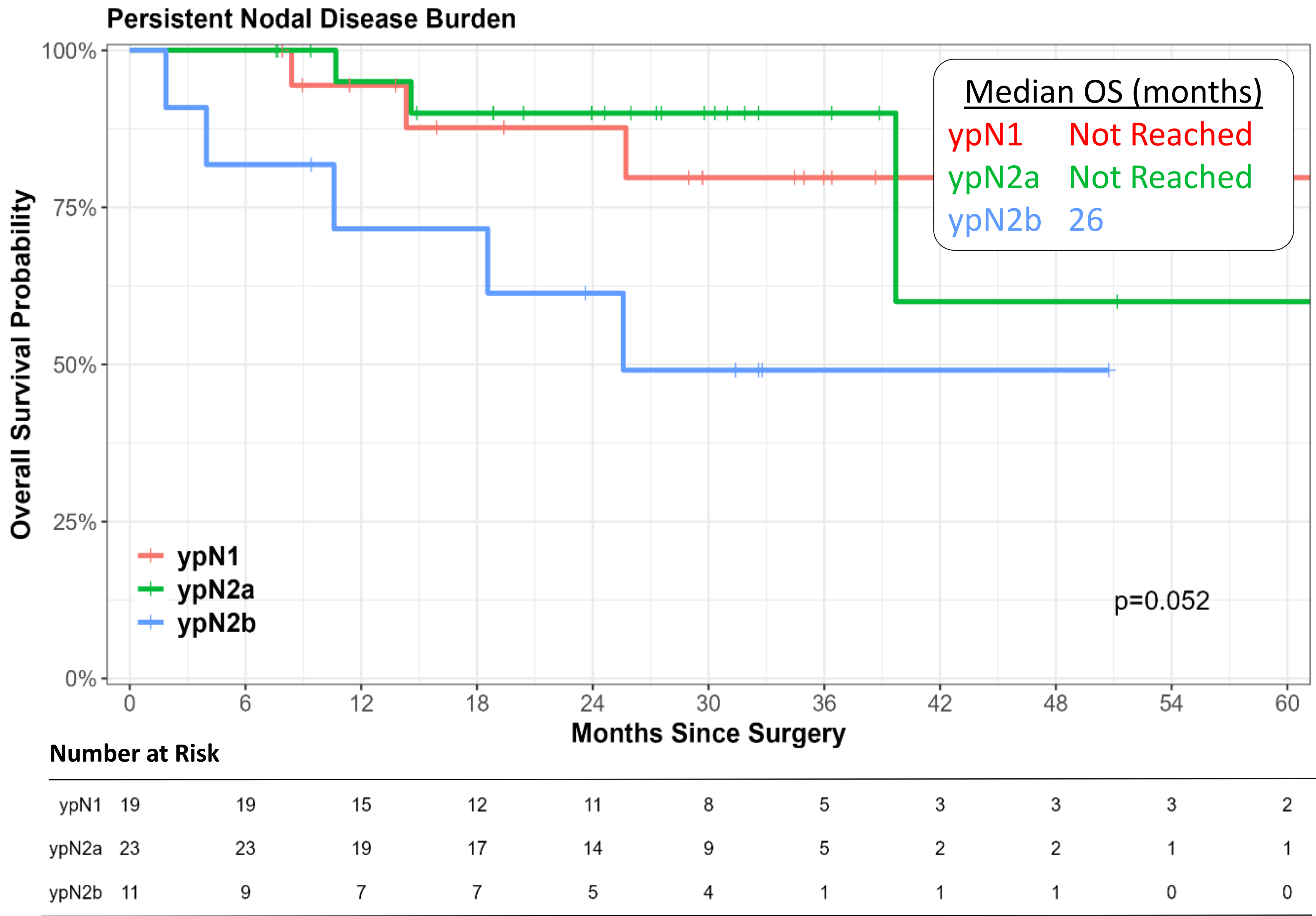
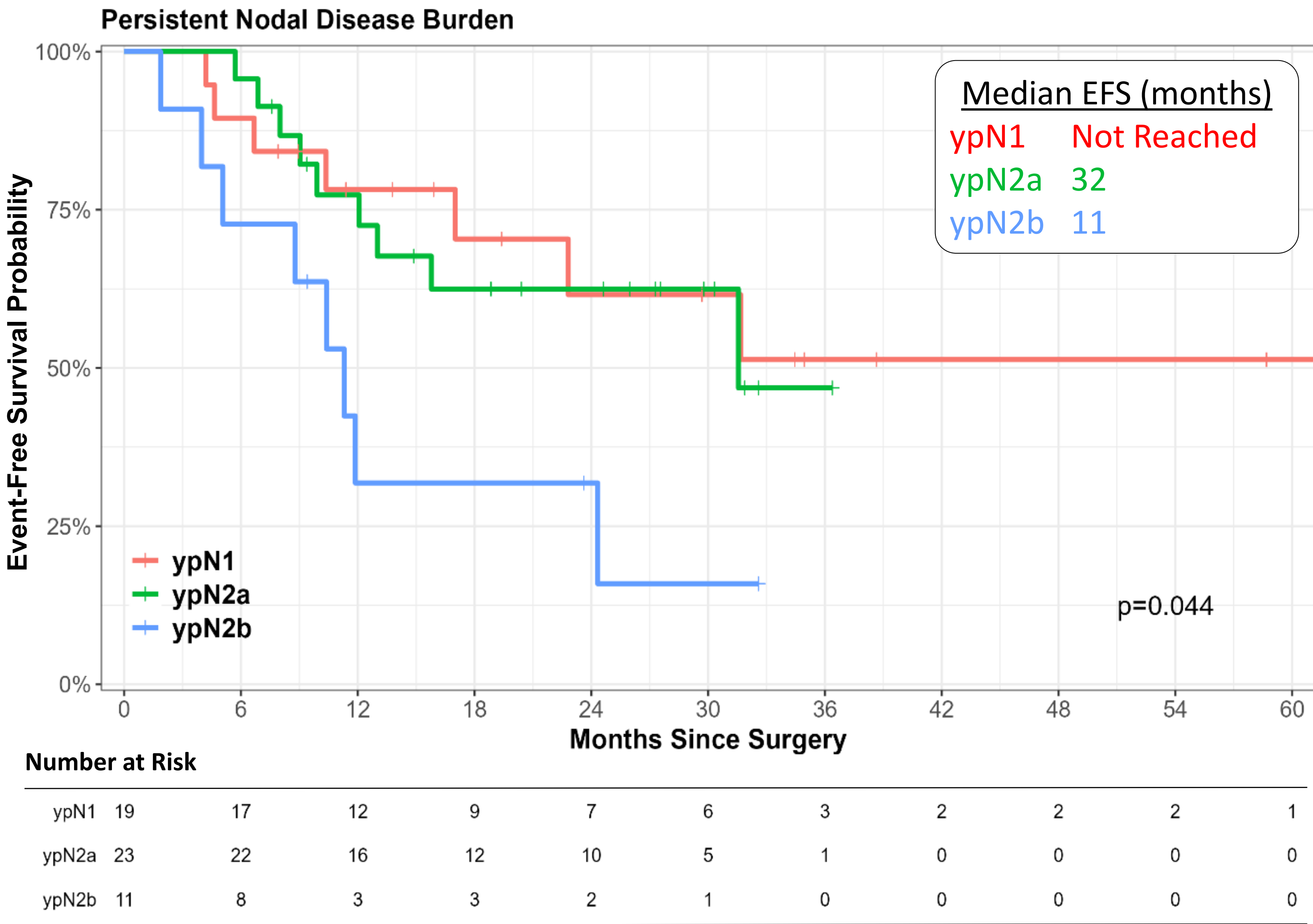
REFERENCES & ACKNOWLEDGEMENTS



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RESULTS

Characteristics (n = 53)	N (%) or Median (IQR)
Age, years	66 (63–74)
Former/Current/Never	44 (83) / 5 (9) / 4 (8)
Adenocarcinoma/Squamous/NOS	36 (68) / 10 (19) / 7 (13)
PD-L1: 0% / 1–49% / ≥50%	26 (49) / 15 (28) / 12 (23)
Induction: Nivolumab / Pembrolizumab / Durvalumab	37 (70) / 14 (26) / 2 (4)
Lobectomy / Bilobectomy / Pneumonectomy / Sublobar	42 (79) / 4 (8) / 3 (6) / 4 (8)
R0 / R1 / R2	49 (92) / 3 (6) / 1 (2)
ypN1 / ypN2a / ypN2b	19 (36) / 23 (43) / 11 (21)
MPR	14 (26)
ypT0 / ypT1 / ypT2 / ypT3–4	10 (19) / 21 (40) / 15 (28) / 7 (13)



CONCLUSION

- ypN2b was associated with significantly shorter EFS than ypN1 or ypN2a.
- Residual nodal burden may help identify patients at highest risk after surgery.