



IASLC



2026 World Conference on Lung Cancer



IASLC 2026 World
Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026
SEOUL, REPUBLIC OF KOREA

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EP07.45: Feasibility and Pathological Results after Chemo- Immunotherapy followed by Surgery for Locally Advanced NSCLC: a Monocentric Real-World experience

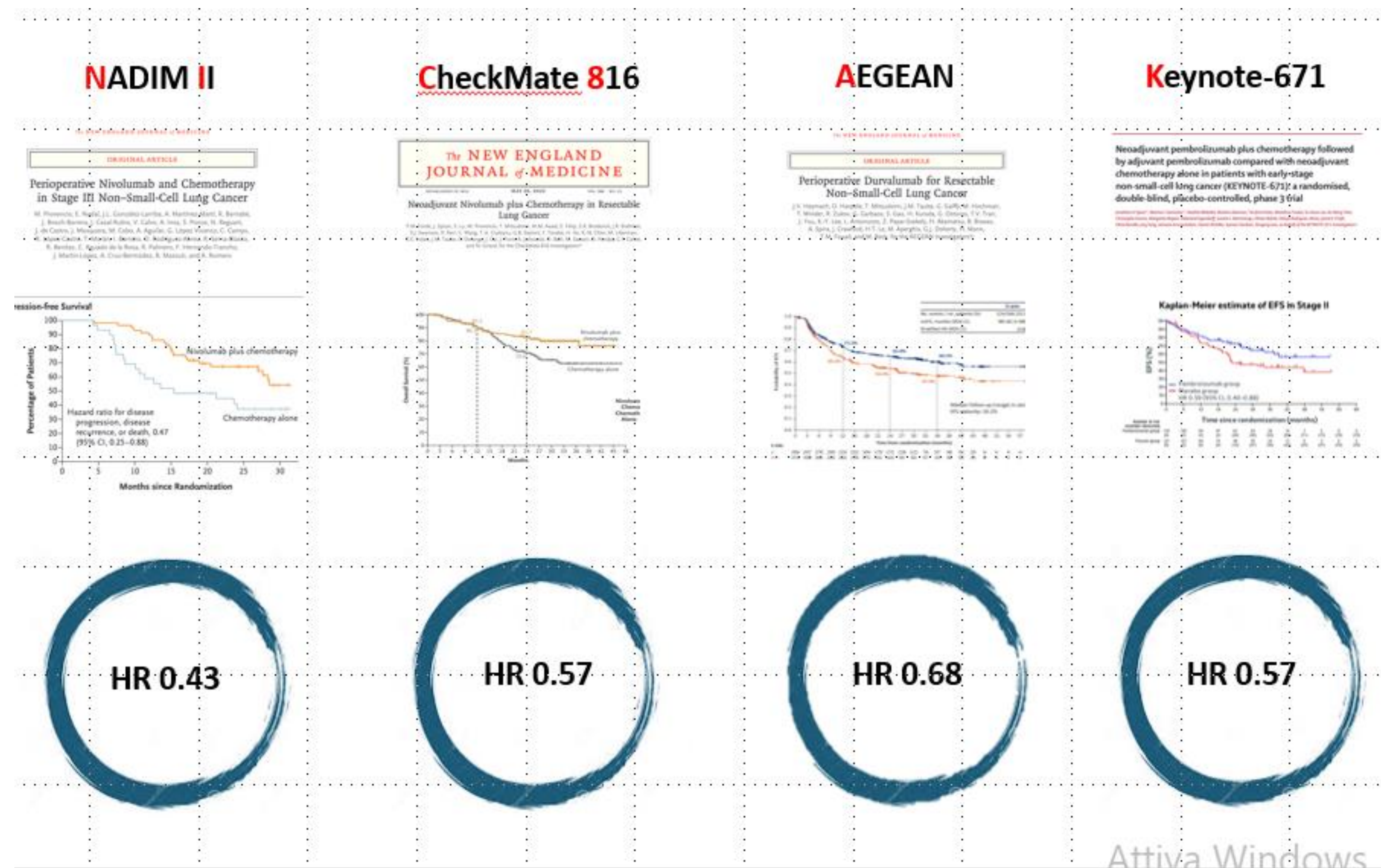


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Perioperative chemo-immunotherapy (CHT-IO) has become a benchmark for resectable stage II-IIIB NSCLC.



Attiva Windows

However, feasibility, surgical outcomes and risk of post-operative complication in real-world practice are poorly explored.



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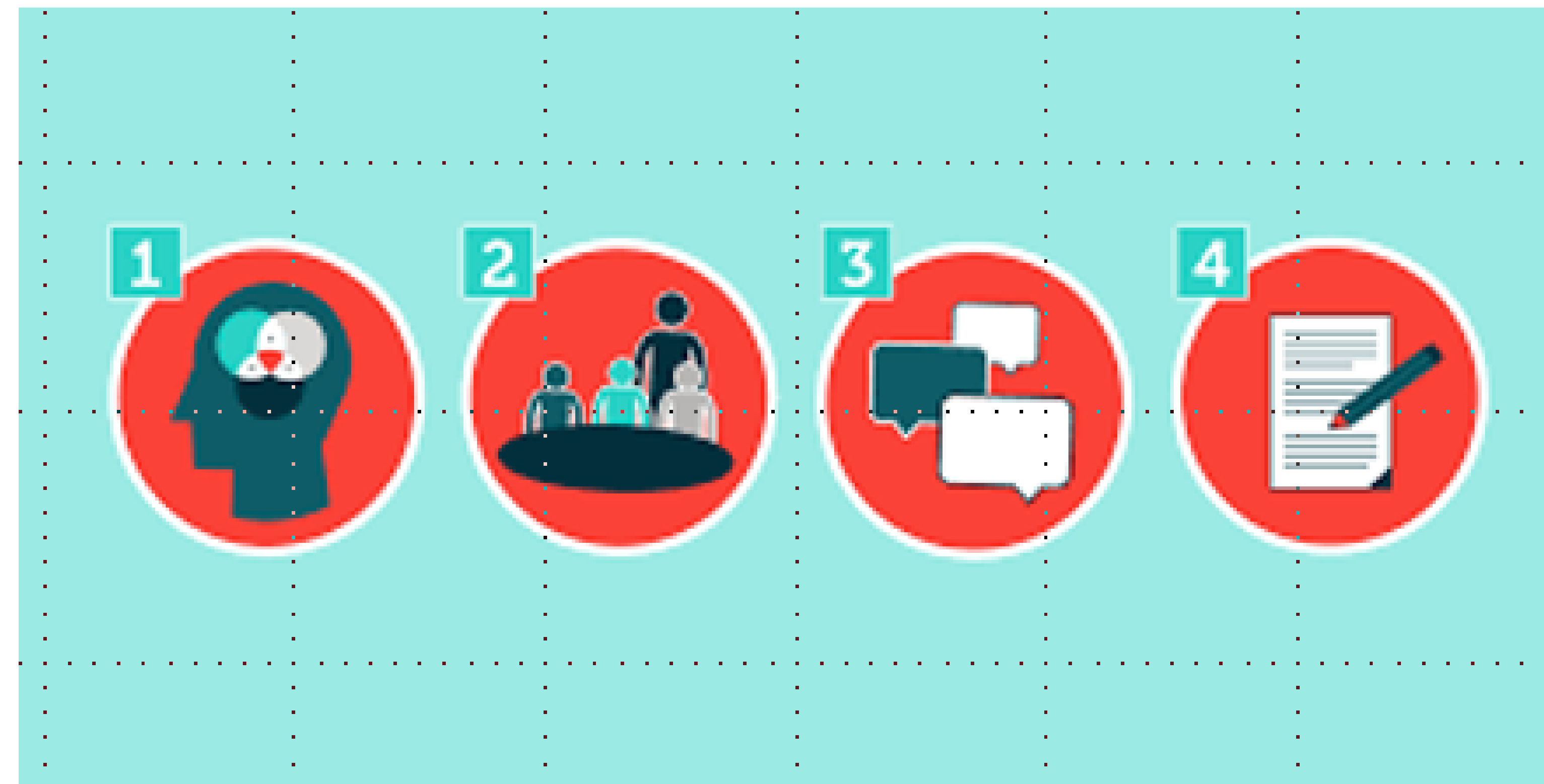


- To Evaluate the feasibility of surgery after CHT-IOT
- To compare mini-invasive vs open surgery in terms of post-operative early outcome
- To focus on intraoperative findings



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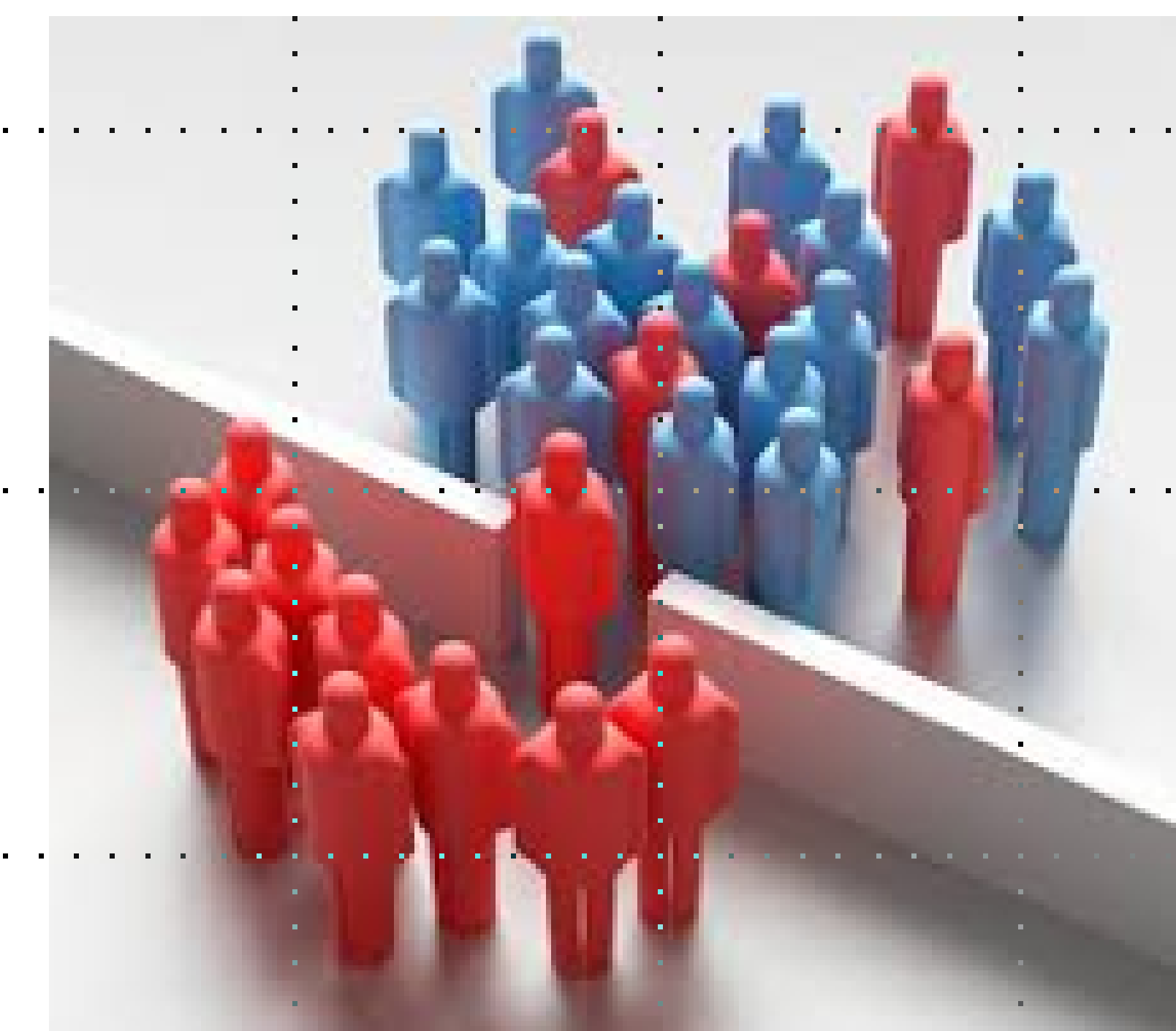
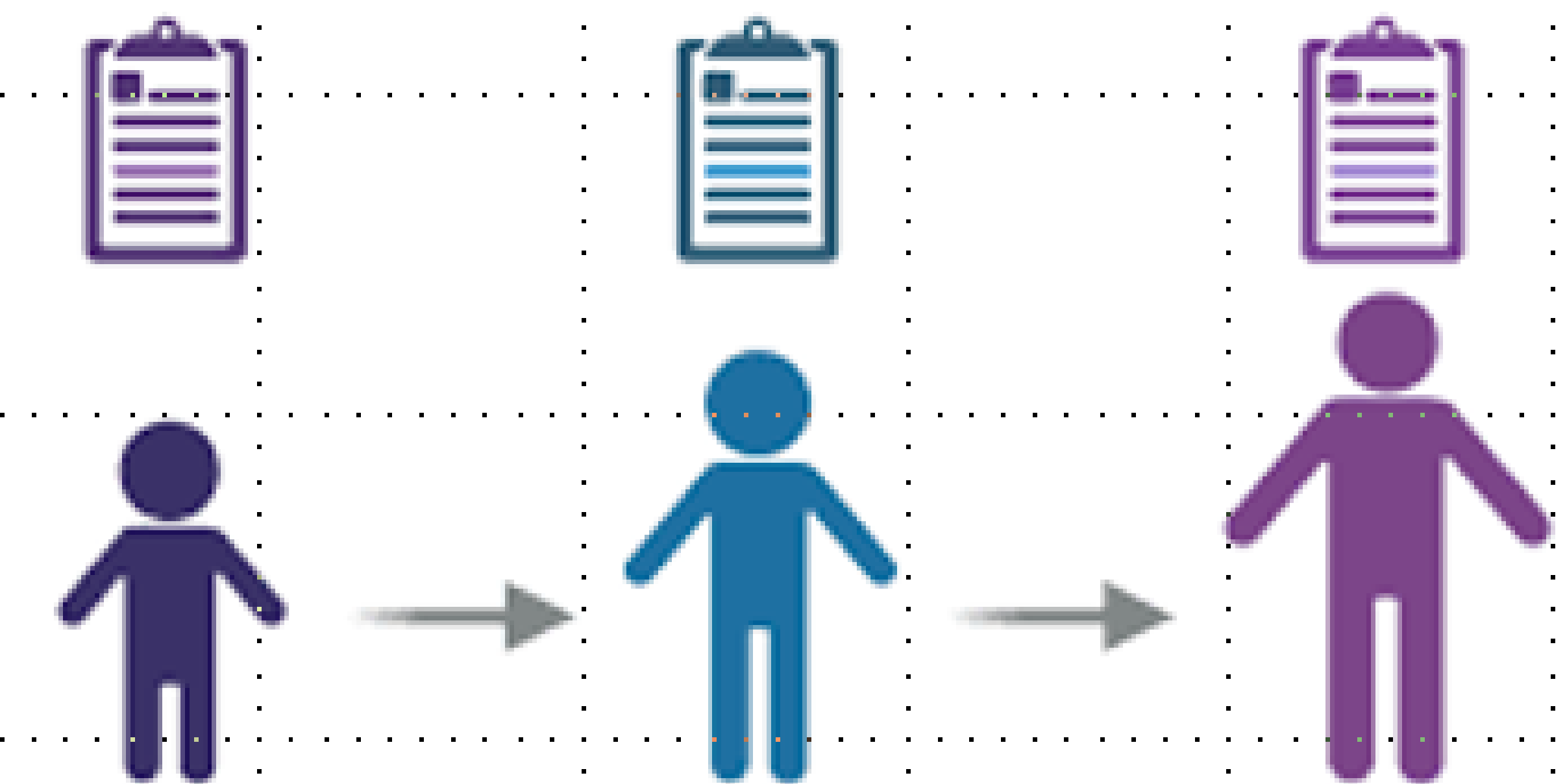


Study Design: Restrospective analysis

Type of Study: Surgical Case Series

Study Period: 01/24 → 03/26

Inclusion Criteria: LA-NSCLC treated by
surgery after CHT-IOT for radical intent





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Table 1. Clinicopathological characteristics of the whole population.

Variable	Patients (n = 25)
Sex (male)	15 (60%)
Age (years)	67.55 ± 7.92
Smoking status	
Never	1 (4%)
Active	5 (20%)
Former smoker	19 (76%)
BMI, kg/m ²	24.68 ± 2.32
Comorbidity	17 (68%)
Comorbidity type	
Cardiovascular	9 (36%)
COPD	9 (36%)
Chronic kidney disease	2 (8%)
Diabetes mellitus type II	4 (16%)
Previous malignancy	6 (24%)
cStage (9th edition TNM)	
IIA	1 (4%)
IIB	1 (4%)
IIIA	18 (72%)
IIIB (n2-only)	5 (20%)
cT-status	
T1	2 (8%)
T2	5 (20%)
T3	11 (44%)
T4	7 (28%)
cN-status	
N0	1 (4%)
N1	9 (36%)
N2a	11 (44%)
N2b	4 (16%)

Table 1. Clinicopathological characteristics of the whole population.

Variable	Patients (n = 25)
PDL1 < 1%	5 (20%)
1% ≤ PDL1 < 50%	9 (36%)
PDL1 ≥ 50%	11 (44%)
Immunotherapy drug	
Pembrolizumab	16 (64%)
Durvalumab	9 (36%)
(CHT) Treatment-related adverse effects	7 (28%)
Complication grade (CTCAE classification)	
Grade 1	3 (12%)
Grade 2	3 (12%)
Grade 3	1 (4%)
Grade 4	0
Grade 5	0
ycStage	
0	8 (32%)
IA2	2 (8%)
IA3	2 (8%)
IB	3 (12%)
IIA	4 (16%)
IIB	2 (8%)
IIIA	4 (16%)

Footnote: Data are presented as mean ± standard deviation or n (%), as appropriate. BMI: body mass index; COPD: chronic obstructive pulmonary disease; CTCAE: Common Terminology Criteria for Adverse Events; PDL1: programmed death-ligand 1.



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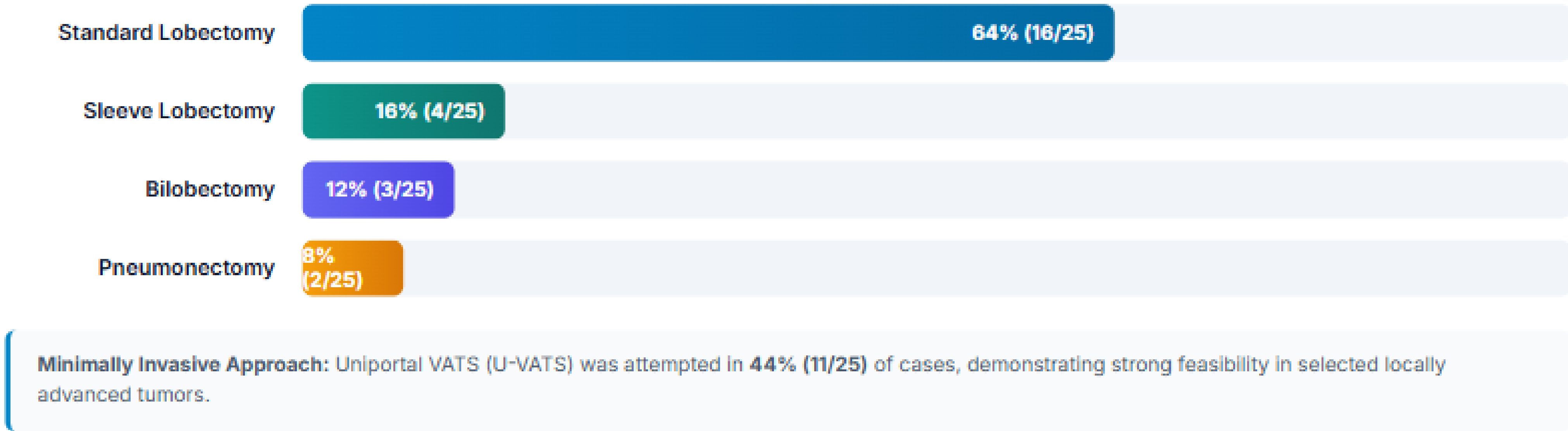
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Table 2. Surgical, pathological, and postoperative outcomes of the study population.

Variable	Patients (n = 25)
Surgical approach	
Thoracotomy	14 (56.0%)
U-VATS	11 (44.0%)
Operative time (minutes)	179.64 ± 39.54
Conversion	1 (4%)
Type of surgery	
Pneumonectomy (left = 4; right = 0)	4 (16%)
Bilobectomy	3 (12%)
Lobectomy	16 (64%)
Segmentectomy	2 (8%)
Side of surgery (right)	14 (56%)
Pleural adhesions	
Absent	9 (36%)
Moderate	13 (52%)
Severe	3 (12%)
Hilar fibrosis	
Absent	10 (40%)
Moderate	7 (28%)
Severe	8 (32%)
Intraoperative complications	0
ICU admission	7 (28%)
Histology	
Fibrosis	1 (4%)
Adenocarcinoma	18 (72%)
Squamous cell carcinoma	6 (24%)
N1 nodes removed	6.88 ± 5.17
N2 nodes removed	4.60 ± 1.26
Total number of nodes removed	14.60 ± 7.67

Surgical Procedures & Minimal Invasion





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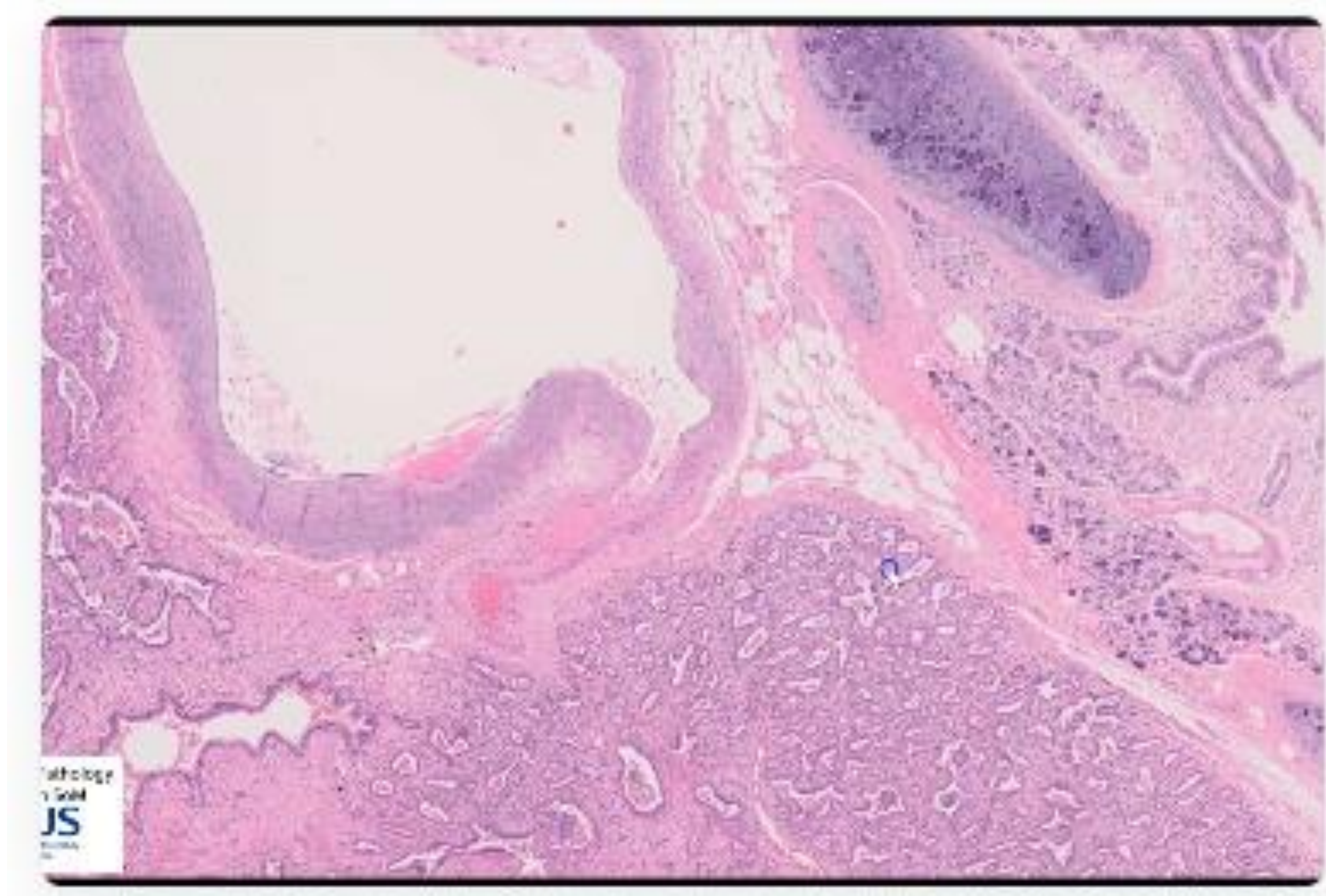
Table 2. Cont.

Variable	Patients (n = 25)
R status	
R0	24 (96%)
R1-R2	1 (4%)
ypStage	
0	9 (36%)
IA1	2 (8%)
IA2	2 (8%)
IIA	1 (4%)
IIB	3 (12%)
IIIA	6 (24%)
IIIB	2 (8%)
Response grade (Junker classification)	
I	3 (12%)
IIA	10 (40%)
IIB	2 (8%)
III	10 (40%)
Major pathological response (MPR)	13 (52%)
-Complete pathological response (CPR)	9 (36%)
Partial pathological response (PPR)	8 (32%)
No pathological response (NPR)	4 (16%)
Chest tube duration (days)	6.04 ± 2.94
Postoperative complications	14 (56%)
Clavien–Dindo Classification	
0	11(44%)
I	3 (12%)
II	6 (24%)
III	4 (16%)
IV	1 (4%)
Adjuvant therapy	17/25 (68%)
30-day mortality	1 (4%)
90-day mortality	1 (4%)
Hospital stay (days)	5.65 ± 2.04
Discharge with Heimlich valve for prolonged air leak	4 (16%)

Footnote: Data are presented as mean ± standard deviation or n (%), as appropriate. CPR: complete pathological response; ICU: intensive care unit; MPR: major pathological response; NPR: no pathological response; R status: residual tumor classification; U-VATS: uniportal video-assisted thoracoscopic surgery; ypStage: post-treatment pathological stage.

Pathological Response Spectrum

- Pathological Complete Response (pCR): 36% (9/25)** achieved 0% residual viable tumor cells in primary tumor and lymph nodes.
- Major Pathological Response (MPR): 52% (13/25)** demonstrated ≤10% residual viable tumor tissue.
- Nodal Downstaging:** Pathological nodal downstaging observed in **48% (12/25)** of patients.
- Trial Consistency:** Response rates closely mirror findings from pivotal Phase III trials (CheckMate 816, KEYNOTE-671).





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	Univariable Analysis		Multivariable Analysis	
	OR [95% CI]	p-Value	OR [95% CI]	p-Value
Age	1.05 [0.95–1.17]	0.376		
BMI	0.88 [0.61–1.25]	0.484		
ASA score	0.28 [0.07–2.03]	0.268		
Comorbidity	0.10 [0.02–1.01]	0.03	10.00 [0.99–100.46]	0.05
Smoke	0.95 [0.22–4.25]	0.514		
<1% PDL-1 > 50%	0.23 [0.04–1.30]	0.087		
Hilar fibrosis	0.82 [0.32–2.09]	0.152		
Type of surgical resection	0.47 [0.15–1.42]	0.352		
Pleural adhesions	1.15 [0.34–3.89]	0.111		
Number of lymph nodes removed	1.04 [0.94–1.16]	0.472		



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Take Home Messages



- New treatment paradigms are redefining the treatment of locally-advanced NSCLC
- With chemo-IO, MORE COMPLEX SURGERY but still feasible
- Uniportal VATS could be proposed in selected cases (IIIA?, no N1?)
- Intra-operative criticisms in vascular structures and lymph node dissection
- Potential benefits of UVATS (compared to open) are intra-op blood loss and early patient recovery (%pts undergone adjuvant therapy)