

#3073 Prognostic Impact of STAS



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UNIDADE LOCAL DE SAÚDE
SÃO JOSÉ

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16.4% STAS +

INTRODUCTION

Increasing evidence suggest
STAS → potential marker of

- aggressive tumor behaviour
- increased recurrence risk

raising concerns about the impact on
long-term oncologic outcomes

The prognostic relevance of STAS remains uncertain

METHODS

Retrospective study of patients undergoing pulmonary
resection with curative intent
for primary lung adenocarcinoma

Survival was accounted until 12/2025
Survival curves were estimated with the
Kaplan-Meier method

Primary Objective
Evaluate the correlation of STAS and survival outcomes

CONCLUSION

- STAS was NOT associated with DFS (HR 0.84, 95% CI 0.25–2.83, $p = 0.78$)
- STAS was NOT associated with OS (HR 0.72, 95% CI 0.22–2.42, $p = 0.60$)

The prognostic impact of STAS may be limited in predominantly early-stage, surgically treated populations
Cohorts with longer follow-up are required to confirm these results

268 PATIENTS
RESECTED LUNG ADENOCARCINOMA
2 YEARS (2023-2024)

44 PATIENTS
STAS +

224 PATIENTS
STAS -

PATHOLOGICAL STAGING	(%)	STAS + (%)
STAGE I	189 (70,5)	24 (12,7)
STAGE II	39 (14,6)	10 (25,6)
STAGE III	34 (12,7)	8 (23,5)
STAGE IV	6 (2,2)	2 (33,3)

RESULTS



55%

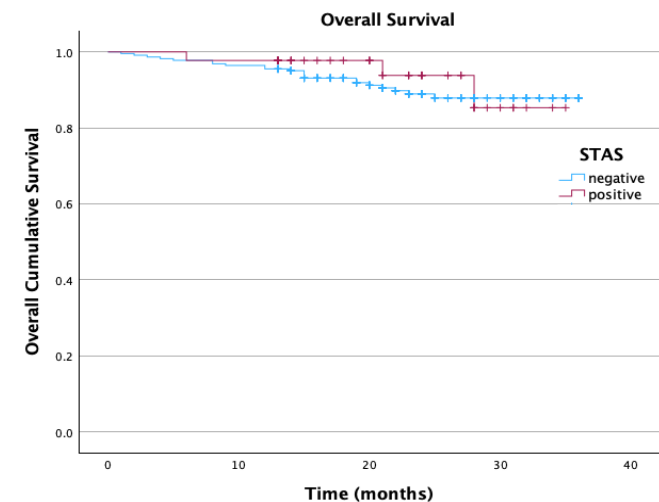
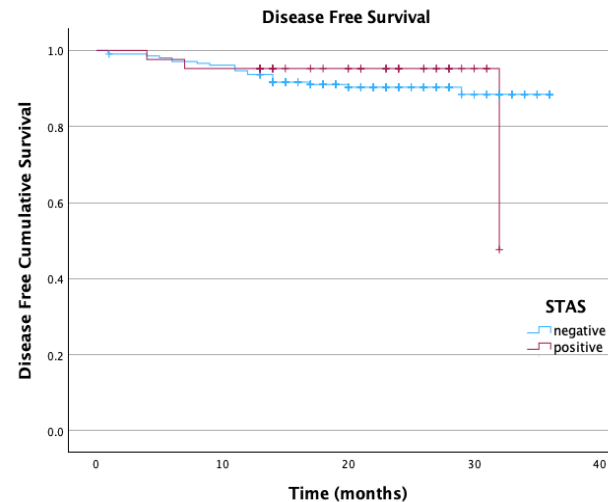
MEDIAN AGE
69 YEARS
IQR 63-74

SMOKING HISTORY
69%

69% LOBECTOMY
17% WEDGE RESSECTION
14% SEGMENTECTOMY

No significant difference in DFS
between STAS + or STAS - tumors

No significant difference in OS
between STAS groups



In a subgroup analysis of stage I tumors (n=189), STAS showed no significant difference in DFS or OS
DFS (HR 1.39, 95% CI 0.31–6.32, $p = 0.67$) / OS (HR 0.78, 95% CI 0.10–6.20, $p = 0.82$)