

INTRODUCTION

Pathological complete response (pCR) after neoadjuvant chemoimmunotherapy is associated with favorable outcomes in NSCLC. Yet it remains uncertain whether pCR carries the same prognosis in initially resectable and stage IV disease, and whether adjuvant therapy provides equal benefit across these settings.

OBJECTIVE
To compare disease-free survival (DFS) by disease stage and evaluate the association between adjuvant therapy and DFS within each pCR population.

METHODS

DESIGN
Single-institution retrospective cohort study.

POPULATION
NSCLC patients achieving pCR after neoadjuvant .

ANALYTIC SETS
Stage comparison: 100 resectable and 39 stage IV patients.
Adjuvant analysis: 49 treated / 54 untreated in resectable disease; 19 treated / 16 untreated in stage IV disease.

ENDPOINT & ANALYSIS
Primary endpoint: DFS. Kaplan–Meier estimates, log-rank tests, and Cox proportional hazards regression were used.

DISCUSSION AND CONCLUSION

- **INTERPRETATION**
Achieving pCR did not eliminate the prognostic effect of initial disease stage. Stage IV patients remained at substantially higher recurrence risk than patients with resectable disease.
- **CLINICAL IMPLICATION**
Adjuvant therapy was associated with improved DFS in stage IV pCR, whereas no significant DFS association was observed in resectable pCR. Post-pCR treatment intensity may therefore need to reflect the initial disease setting rather than pathological response alone.
- **TAKE-AWAY**
Stage IV pCR identifies a high-risk population that may benefit from continued systemic therapy. Prospective validation is required before changing practice.

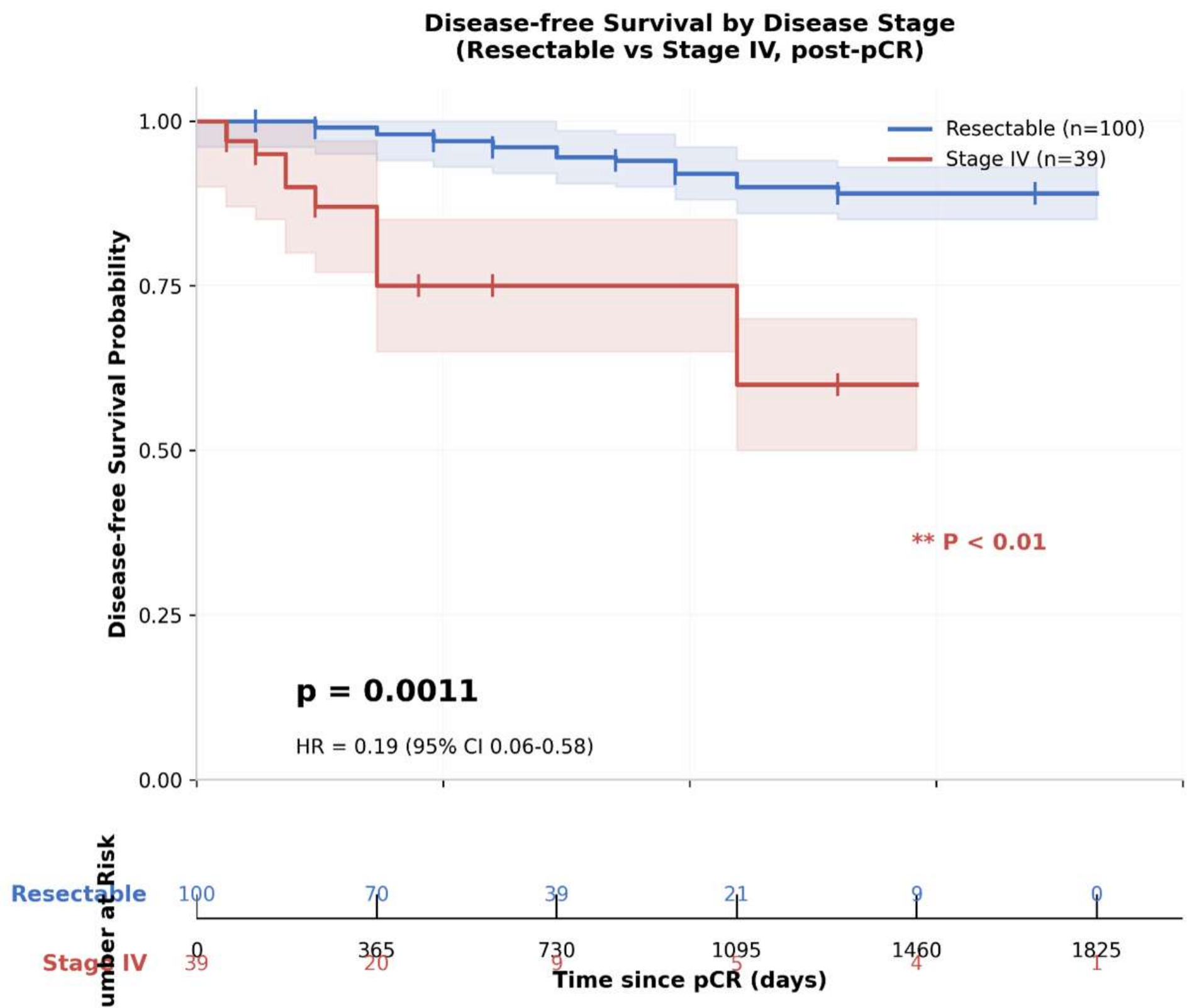
REFERENCES & ACKNOWLEDGEMENTS

References
1.Forde PM, Spicer J, Lu S, Provencio M, Mitsudomi T, Awad MM, et al. Neoadjuvant nivolumab plus chemotherapy in resectable lung cancer. N Engl J Med.2022;386(21): 1973-85. doi:10.1056/NEJMoa2202170.
2. Wakelee H, Liberman M, Kato T, et al. Perioperative pembrolizumab for early-stage non-small-cell lung cancer. N Engl J Med. 2023;389(6):491503.doi:10.1056/NEJMoa2302983
3. Cascone T, Awad MM, Spicer JD, et al. Perioperative nivolumab in resectable lung cancer. N Engl J Med. 2024;390(19):1756-1769. doi:10.1056/NEJMoa2311926

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AI USE DISCLOSURE
AI was utilized as a supportive tool for literature retrieval and language polishing during the preparation of this presentation. All scientific data, analyses, and conclusions were independently verified, validated, and finalized by the authors. AI did not generate original research data or replace expert clinical judgment.

RESULTS

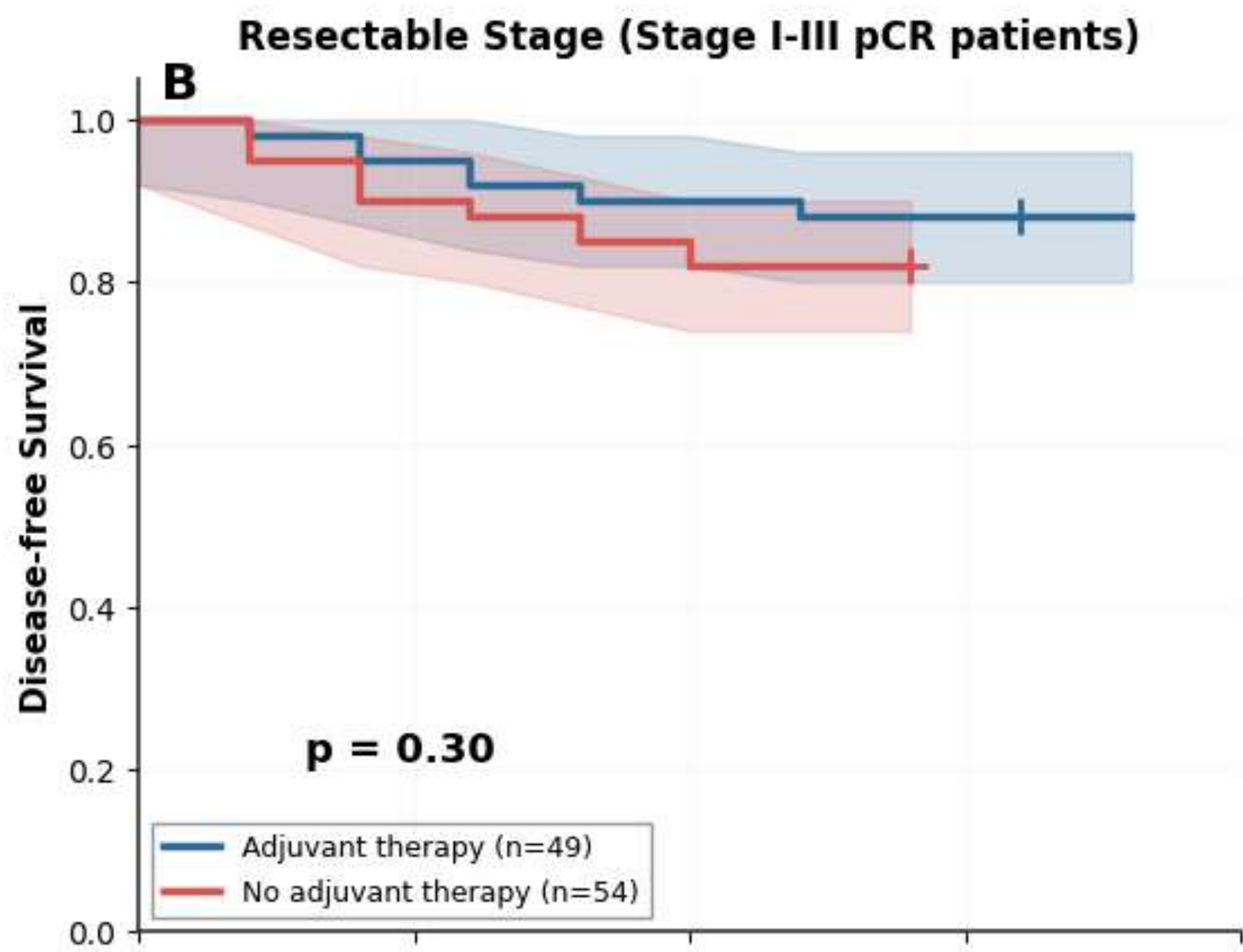
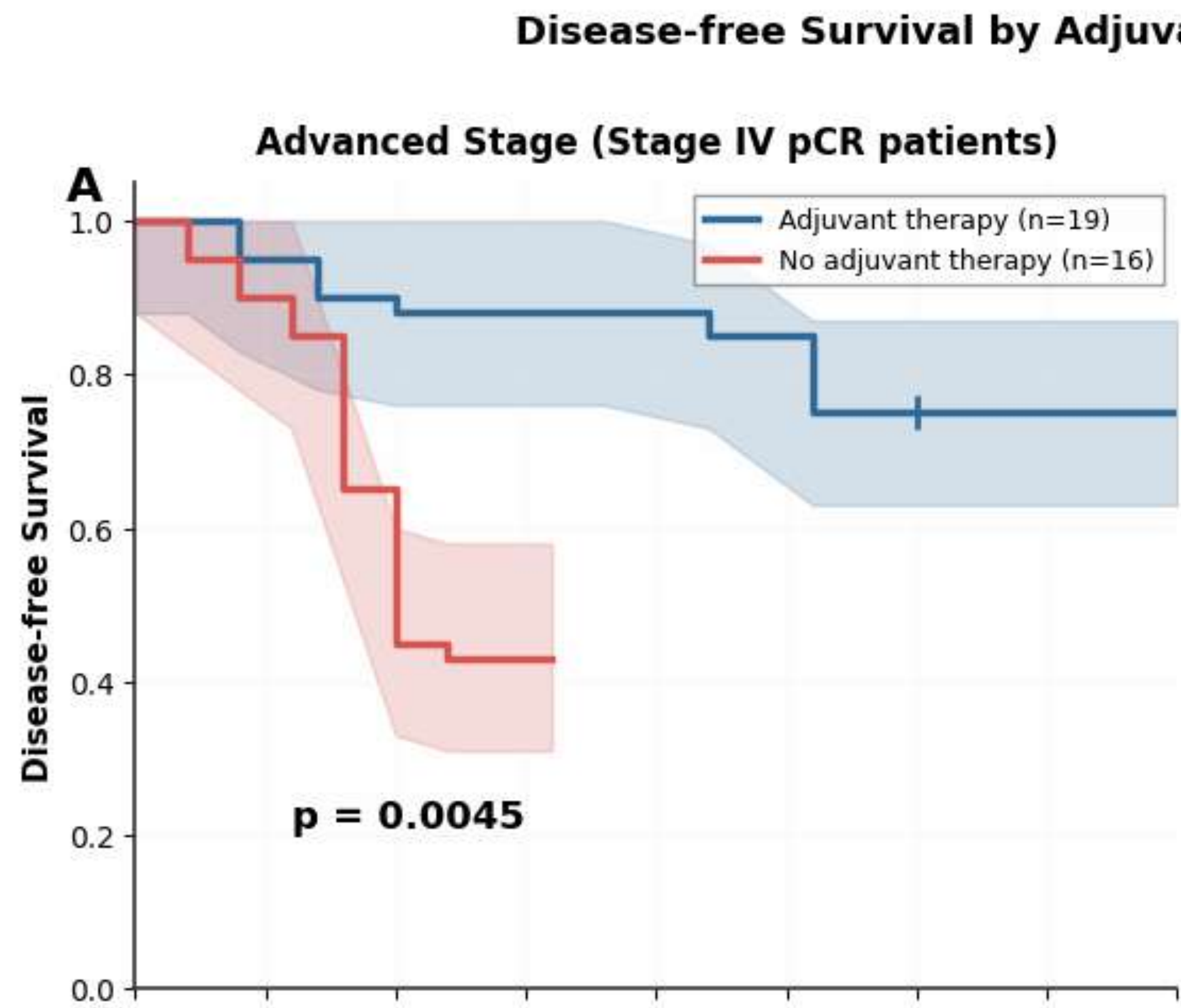


- KEY FINDINGS**
- Resectable pCR showed superior DFS versus stage IV pCR (p=0.0011; HR 0.19, 95% CI 0.06–0.58).
 - In stage IV pCR, adjuvant therapy was associated with improved DFS (p=0.0045).
 - In resectable pCR, adjuvant therapy was not significantly associated with DFS (p=0.30).

Results

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Time (days)	0	500	1000	1500	2000
Adjuvant	19	9	5	3	1
No adjuvant	16	4	0	0	0

Time (days)	0	500	1000	1500	2000
Adjuvant	49	37	17	7	0
No adjuvant	54	19	6	0	0