



EP12.21 | Patients’ and Physicians’ perception on Clinical Cure in Locally Advanced or Metastatic NSCLC: A Nationwide Survey in China

W. Li¹, X. Dong², J. Chen³, J. Hu⁴, A. Liu⁵, Y. Lu⁶, Y. Liu⁷, Z. Ma⁸, Y. Song⁹, M. Shi¹⁰, Q. Shi¹¹, C. Wang¹², X. Yan¹³, Y. Yao¹⁴, C. Zhou¹⁵, J. Zhou¹⁶, Z. Zhao¹⁷, C. Zhou¹

¹Tongji University East Hospital, Shanghai/CN, ²Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan/CN, ³The Second Hospital of Dalian Medical University, Dalian/CN, ⁴Shanghai Geriatric Medical Center, Zhongshan Hospital, Fudan University, Shanghai/CN, ⁵The Second Affiliated Hospital of Nanchang University, Nanchang/CN, ⁶West China Hospital, Sichuan University, Chengdu/CN, ⁷Chinese Academy of Medical Sciences, Beijing/CN, ⁸Henan Cancer Hospital, Zhengzhou/CN, ⁹Affiliated Jinling Hospital, Medical School of Nanjing University, Nanjing/CN, ¹⁰Jiangsu Cancer Hospital, Nanjing/CN, ¹¹Fujian Fuzhou Pulmonary Hospital, Fuzhou/CN, ¹²Shandong Provincial Hospital Affiliated to Shandong First Medical University, Jinan/CN, ¹³Tangdu Hospital, Air Force Military Medical University, Xi'an/CN, ¹⁴The First Affiliated Hospital of Xi'an Jiaotong University, Xi'an/CN, ¹⁵The First Affiliated Hospital of Guangzhou Medical University, Guangzhou/CN, ¹⁶The First Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou/CN, ¹⁷Shaanxi Provincial Cancer Hospital, Xi'an/CN



IASLC 2026 World Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026
SEOUL, REPUBLIC OF KOREA

BACKGROUND

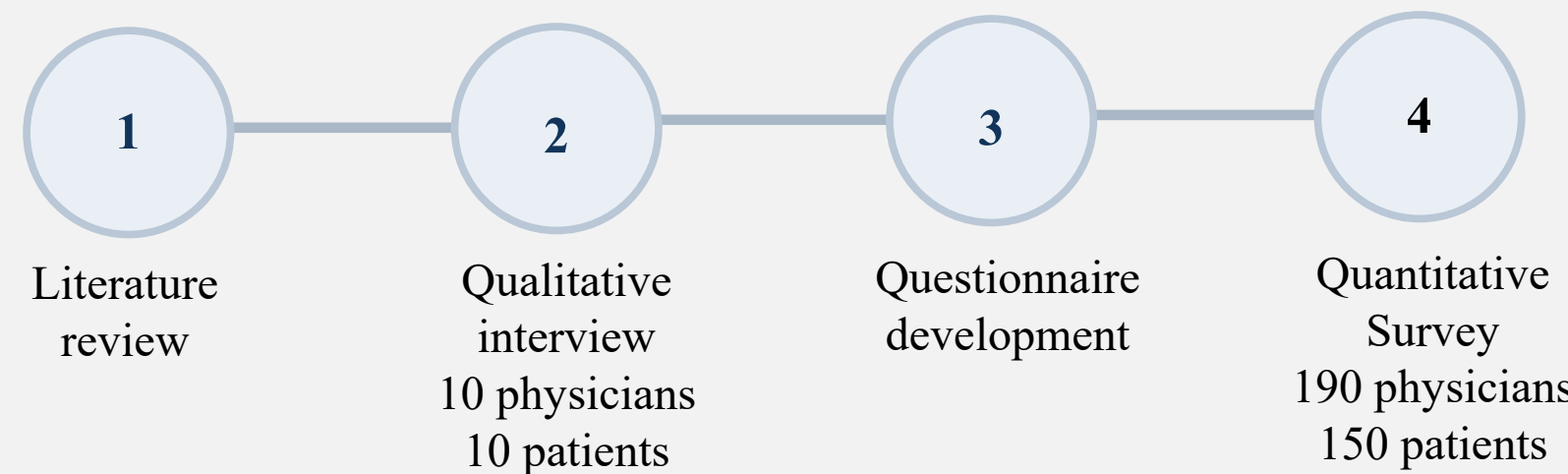
- Determining the goals of treatment is an important first step in cancer care.¹ The prospect of cure may influence treatment planning, physician–patient communication, survivorship care, long-term follow-up, and patients’ quality of life.² However, the meaning and criteria of “cure” remain uncertain and vary across malignancies and clinical settings.^{3–7}
- In lung cancer, curative-intent treatment has traditionally been considered primarily for patients with early-stage disease who are eligible for definitive therapy, whereas no consistently accepted definition or criteria for cure have been established in advanced disease.⁸
- Advances in ALK-targeted therapy have enabled some patients with advanced ALK-positive non-small cell lung cancer (NSCLC) to achieve prolonged systemic and intracranial disease control. After a median follow-up of 83.0 months in the CROWN study, median progression-free survival (PFS) with first-line lorlatinib was not reached, and the 7-year PFS rate was 55%.⁹ These findings support the discussion of long-term treatment goals in advanced ALK-positive NSCLC, although prolonged disease control should not be equated with cure.

OBJECTIVES

- This study aimed to characterize physician and patient perspectives on Clinical Cure as a long-term treatment goal for locally advanced or metastatic ALK-positive NSCLC in China. The specific objectives were to:
- Assess physicians’ and patients’ acceptance of Clinical Cure as a long-term treatment goal;
 - Describe the attributes that physicians and patients associated with criteria for Clinical Cure ;
 - Characterize perspectives on treatment goal setting, clinical practice principles, communication and shared decision-making, and long-term management

METHODS

Multiphase mixed-methods design



- A multiphase, mixed-methods design comprised a literature review, semi-structured qualitative interviews, questionnaire development, and a quantitative survey.
- In the qualitative phase, semi-structured interviews were conducted with 10 physicians and 10 patients with ALK-positive NSCLC. Findings from the literature review and qualitative interviews informed the development and refinement of separate structured questionnaires for physicians and patients.
- The quantitative survey included 190 physicians and 150 patients recruited across multiple geographic regions and city tiers in China.
- Eligible physicians had at least 2 years of experience managing advanced ALK-positive NSCLC and had managed at least 5 eligible patients in the previous 6 months. Eligible patients had locally advanced or metastatic ALK-positive NSCLC, had received or were receiving an ALK tyrosine kinase inhibitor, and were able to read and understand the questionnaire.

- The questionnaires assessed physicians’ and patients’ acceptance of Clinical Cure as a long-term treatment goal, attributes associated with its criteria, and perspectives on treatment goals, clinical practice, shared decision-making and communication, and long-term management.
- Descriptive analyses were conducted according to a prespecified statistical analysis plan after data cleaning and validation.
- The quantitative survey protocol was approved by the Ethics Committee of Shanghai East Hospital. All participants in the quantitative survey provided informed consent.

RESULTS

Participant Characteristics

- A total of 190 physicians and 150 patients participated in the survey. Among physicians, 58.9% had at least 10 years of experience treating lung cancer, and the median number of patients with ALK+ advanced NSCLC managed per month was 3.0(Table 1A).
- Among patients, the median time since diagnosis was 3.01 years, and 25.3% had brain metastases at diagnosis of advanced disease. (Table 1B)

Table 1A. Physician Participant Characteristics

Specialty, n (%)	
Medical oncology	104 (54.7)
Respiratory medicine	44 (23.2)
Thoracic surgery	42 (22.1)
Years of experience treating lung cancer, n (%)	
<10 years	78 (41.1)
≥10 years	112 (58.9)
Patients with ALK+ advanced NSCLC per month	
Median (Q1, Q3)	3.0 (1.0, 5.0)

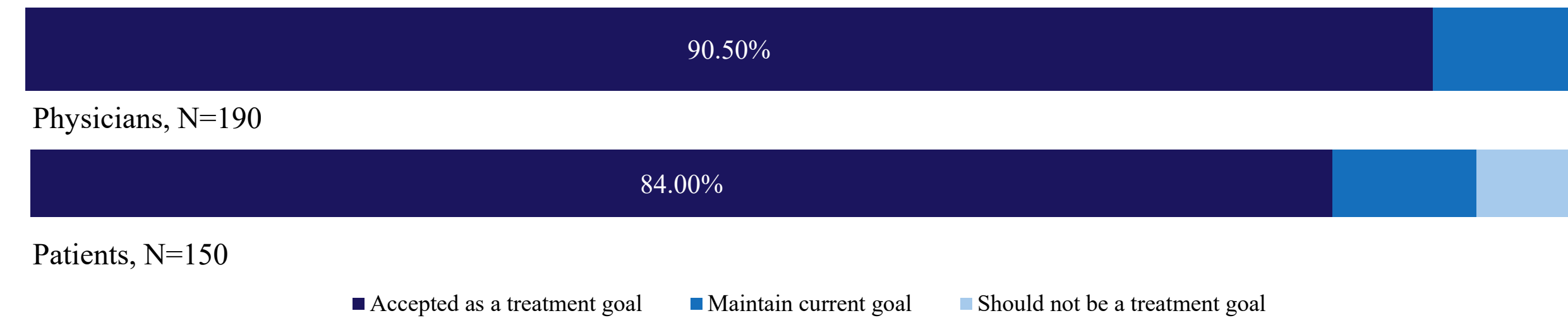
Table 1B. Patient Participant Characteristics

Age, n (%)	
19–45 years	70 (46.7)
46–60 years	60 (40.0)
≥61 years	20 (13.3)
Sex, n (%)	
Female	101 (67.3)
Male	49 (32.7)
Smoking history, n (%)	
No	121 (80.7)
Yes	29 (19.3)
Time since diagnosis, years	
Median (Q1, Q3)	3.01 (1.13, 5.77)
Brain metastases at diagnosis of advanced disease, n (%)	
Yes	38 (25.3)
No	112 (74.7)

Acceptance of Clinical Cure as a Long-Term Treatment Goal

- Overall, 90.5% of physicians and 84.0% of patients accepted Clinical Cure as a long-term treatment goal for locally advanced or metastatic ALK-positive NSCLC. (Fig 1)

Fig 1 Acceptance of Clinical Cure as a Long-Term Treatment Goal



Attributes Associated With Criteria for Clinical Cure

- Among physicians, PFS exceeding 5 years was most frequently rated as the most important criterion for Clinical Cure (77.9%), followed by long-term survival with death from causes unrelated to cancer (74.2%) and sustained disease control reaching a plateau (71.1%). Long-term health management and the maintenance or restoration of daily and social functioning were rated as most important by 58.9% and 55.3%, respectively. (Fig 2)

- Among patients, 83.3% associated Clinical Cure with sustained disease control during long-term treatment. Other commonly selected attributes included remaining progression-free for more than 5 years (61.3%), returning to daily life or work (60.0%), and perceiving a lower risk of future disease progression (50.0%). (Fig 3)

- Overall, 88.4% of physicians agreed that PFS exceeding 5 years was the most important criterion for defining Clinical Cure, while 72.6% of patients believed that this outcome could be considered clinical cure.(Fig 4)

Fig 2 Criteria for Clinical Cure Rated by Physicians

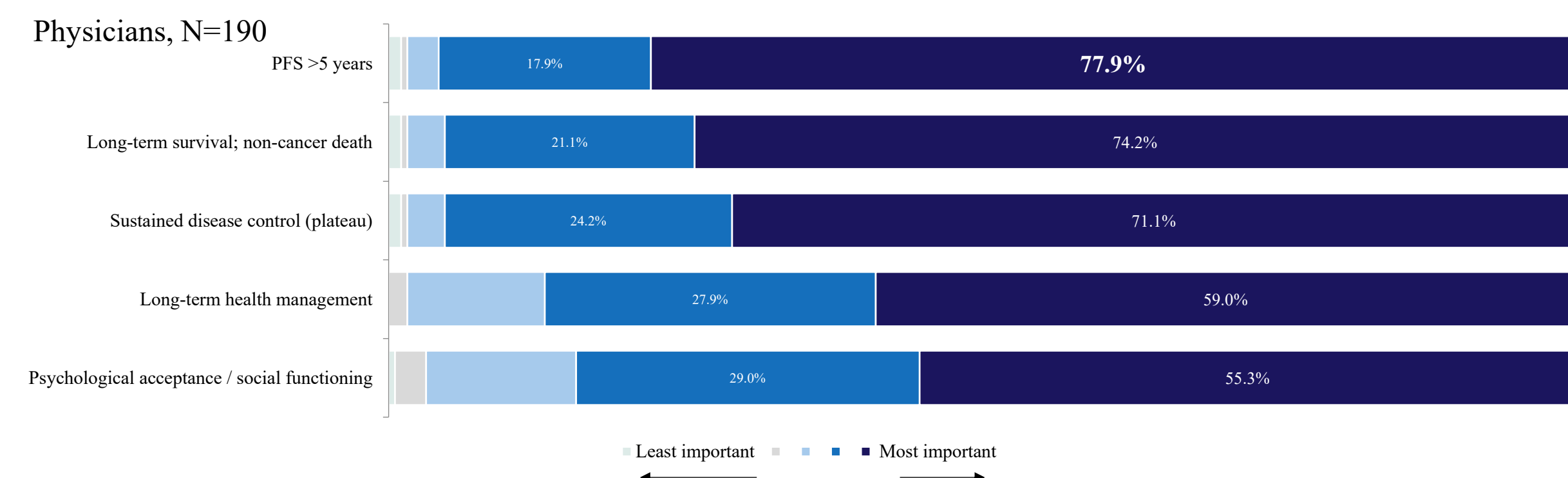


Fig 3 Patient Understanding of the Criteria for Clinical Cure

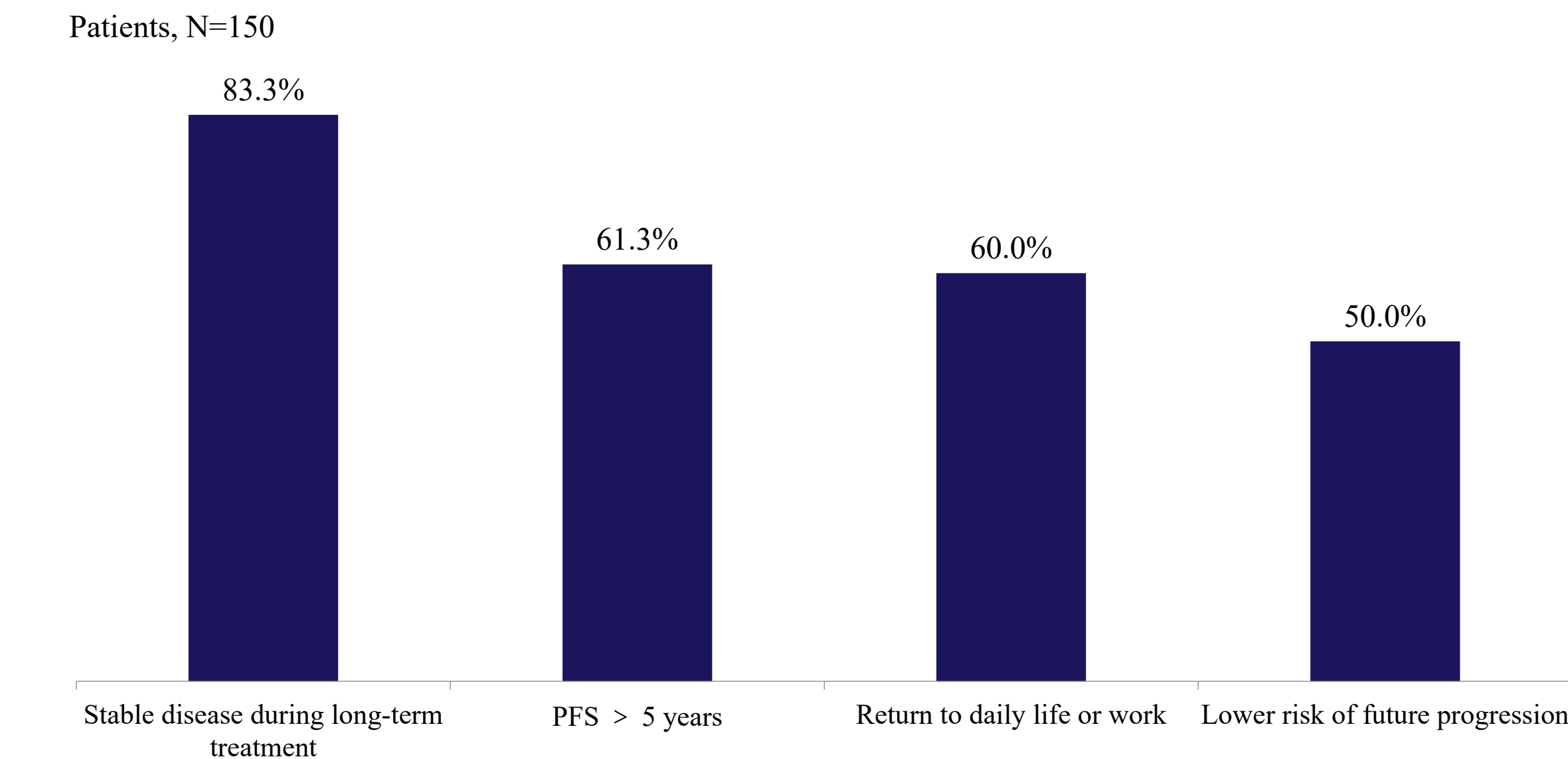
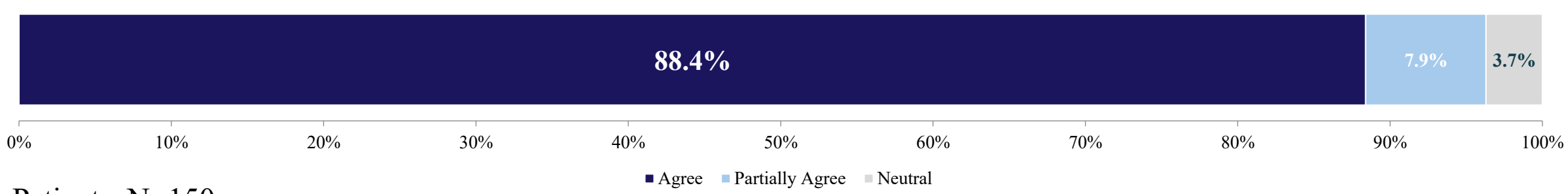
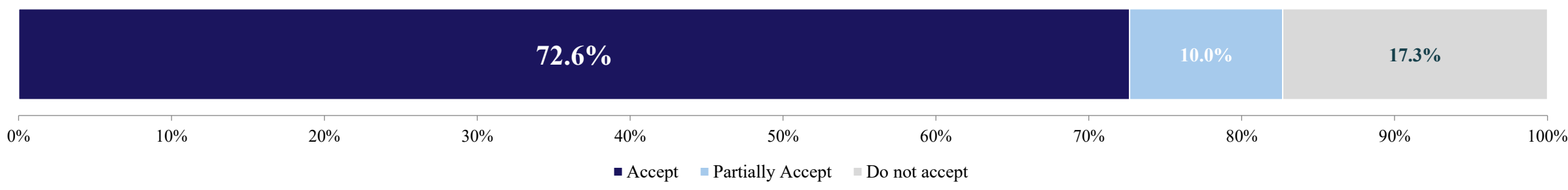


Fig 4 Physician and Patient Views on PFS exceeding 5 years

Physicians, N=190



Patients, N=150

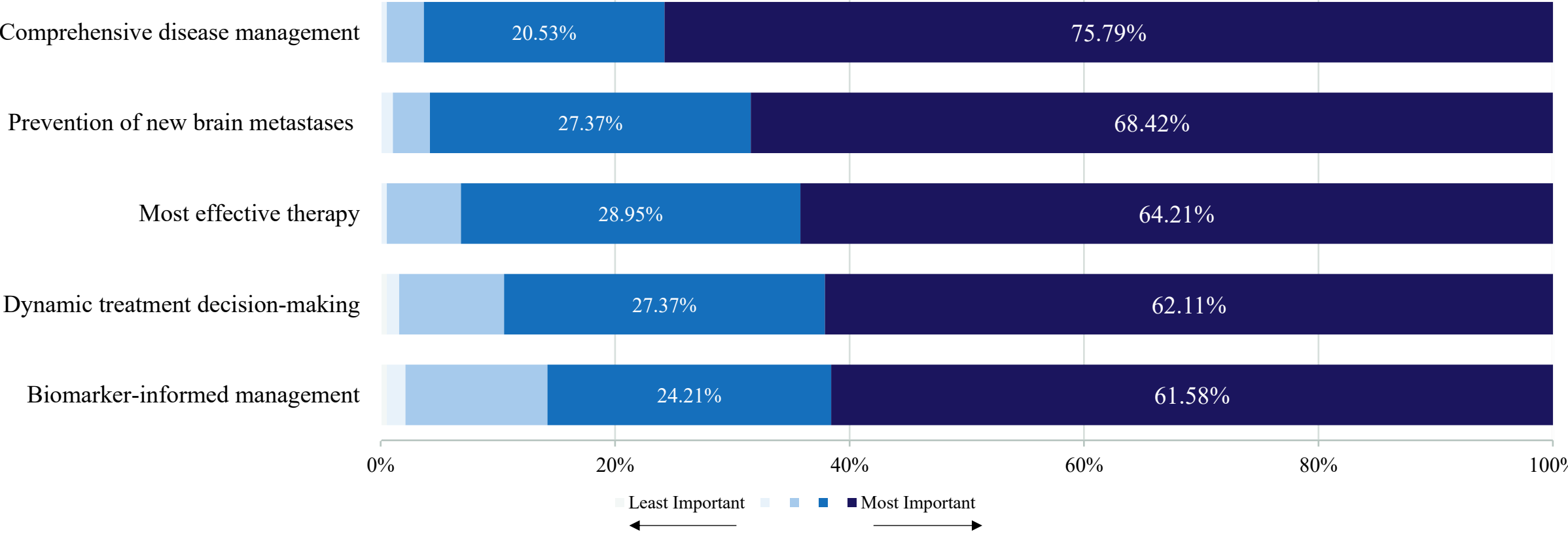


Clinical Practice Principles Associated With Clinical Cure

- Comprehensive disease management (96.3%), prevention of new brain metastases (95.8%), and prioritization of the most effective therapy (93.2%) were most frequently rated as most important or very important by physicians. Dynamic treatment decision-making (89.5%) and biomarker-informed management (85.8%) were also rated as important or very important by most physicians. (Fig 5) These findings highlight the selection of most effective initial therapy, prevention of new brain metastases, and comprehensive long-term management as key principles for Clinical Cure.

Fig 5 Clinical Practice Principles Rated as Important or Very Important by Physicians

Physicians, N=190



CONCLUSION

- Clinical Cure in advanced ALK-positive NSCLC may be defined as sustained disease control without progression for at least 5 years in selected patients, together with restored social functioning, a return to work and normal life, and a renewed sense of self-worth, based on available evidence, patient-physician survey findings, and expert consensus.
- Clinical Cure was broadly accepted by both physicians and patients as an aspirational long-term treatment goal in locally advanced or metastatic ALK-positive NSCLC.
- Sustained disease control, particularly PFS >5 years, was identified as the key milestone associated with achieving Clinical Cure .
- Furthermore, physicians highlighted the importance of using the most effective therapy, preventing new brain metastases, and implementing comprehensive long-term disease management as key clinical principles associated with Clinical Cure.
- These results highlight emerging physician–patient alignment on the concept of Clinical Cure and support further efforts to define its clinical meaning, evaluation framework, and implementation in routine practice for ALK+ aNSCLC.

LIMITATIONS

This cross-sectional survey used non-probability sampling and may be subject to selection and self-report biases. Recruitment from selected regions and city tiers in China may limit generalizability. Longitudinal research is needed to evaluate the clinical relevance of the proposed criteria.

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Presented at World Conference on Lung Cancer (WCLC 2026) in Seoul, Republic of Korea, September 12–15, 2026.

For questions or comments, please contact Dr Wei Li: leewluck@gmail.com