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IASLC 2026 World
Conference on Lung Cancer
SEPTEMBER 12 - 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

Cancer of Unknown Primary Site (CUP) is one of the most challenging diagnosis and treatment in oncology. This study aims to evaluate the clinical efficacy and feasibility of an immunotherapy-based regimen for the CUP/lung subset presenting with mediastinal lymph nodes metastasis.

METHODS

Seven patients were conducted in this analysis between January 2020 to December 2023. Inclusion criterias: (1) imaging demonstrating multiple mediastinal or hilar lymph nodes metastase; (2) unknown primary site with PET-CT; (3) histological determined via endobronchial ultrasound-guided transbronchial needle aspiration; (4) negative for driver genes (Table 1). The chemotherapy was depended on histological subtype.

DISCUSSION AND CONCLUSION

Discussion:
CUP is challenging in clinically identifiable primary tumors with metastatic cancers and the results of traditional treatments were not satisfactory. Immunotherapy-based regimens provide a significant treatment responses for the CUP/lung subset with mediastinal or hilar lymph nodes metastasis.

Conclusions:
For the CUP/lung subset, directly employing an immuno-chemotherapy regimen without mandatory identification of the primary site can significantly improve prognosis and achieve profound tumor regression. This strategy presents a promising therapeutic option for this rare and challenging oncologic conundrum.

REFERENCES & ACKNOWLEDGEMENTS

RESREFERENCES
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ACKNOWLEDGEMENTS
We would like to express our sincere gratitude to the patients and their family members for their trust. It is the active cooperation of patients that enables us to review the diagnosis and treatment process and accumulate valuable clinical experience.

Artificial Intelligence (AI) Use Disclaimer
We commit that this study has not used artificial intelligence (AI)

RESULTS

The objective response rate (ORR) was 100% (7/7) in this cohort, 4 patients achieving complete response (CR) and 3 achieving partial response (PR). Metastatic lesions (mediastinal and hilar lymph nodes) of CUP/lung subset showed significantly regression after treatment (Figure 1). No patients had grade 4 or higher adverse effect during maintenance phase.

Table1. Clinical and pathological characteristics of seven patients											Fig1.The comparative imaging changes in the seven patients before and after treatment	
Pt No.	Sex	Age (years)	Symptom	Tumor	Site -Lymph nodes station	Histology	PD-L1 (TPS %)	Treatment	Respon se after induction	Follow-up time (months)		
1	M	70	Dysphagia	Unknown	2L	SCC	50	ICT + IT	CR	42	1A	1B
2	M	70	Dyspnea	Unknown	2L	SCC	10	ICT + RT+IT	CR	50	2A	2B
3	M	50	Cough	Unknown	2R	SCC	80	ICT + IT	PR	69	3A	3B
4	M	59	Cough	Unknown	7	Sarcoma	70	ICT + IT	PR	44	4A	4B
5	M	61	Dysphagia	Lung cancer	4L	AC	80	ICT + RT+IT	CR	31	5A	5B
6	M	64	Hoarsenes	Unknown	10L	SCC	<1	ICT + RT+IT	PR	25	6A	6B
7	M	56	Dyspnea	Unknown	4R	SCC	85	ICT+ S+IT	CR	34	7A	7B
M, male; SCC,squamous-cell carcinoma;AC,adenocarcinoma; ICT, immunochemotherapy; CT, chemotherapy; IT,immunotherapy; S,surgery; RT, radiotherapy; CR, complete response; PR, partial response.											A: basic line ; B: post-treatment	