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REAL-WORLD OUTCOMES OF NEOADJUVANT CHEMOIMMUNOTHERAPY IN RESECTABLE NSCLC

Martin Hong | WCLC 2026 e-Poster presentation

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Disclosure

No relevant financial relationships or other conflicts of interest to disclose.

ARTIFICIAL INTELLIGENCE (AI) USE DISCLOSURE

Hermes Agent (Nous Research), using OpenAI GPT-5.6-sol via OpenAI Codex, supported slide structure, language editing, and programmatic layout of the slides.

The presenting author reviewed the statistics, clinical interpretation, references, and final wording. AI did not generate, impute, or alter patient-level data.

Clinical responsibility and independent medical judgment remain with the presenting author.

BACKGROUND & METHODS

Why this real-world cohort matters

CLINICAL CONTEXT

- Neoadjuvant chemoimmunotherapy is now standard of care for selected stage II–III NSCLC.
- Updated CheckMate 816 data show an overall-survival benefit versus chemotherapy alone.
- Australian multi-centre real-world outcomes remain limited.

AIM

Define real-world treatment, surgery, pathology and survival after neoadjuvant chemoIO in early-stage NSCLC.

STUDY DESIGN

- | | | |
|----|------------|---|
| 01 | DESIGN | Retrospective cohort study in five Sydney centres |
| 02 | POPULATION | Early-stage resectable NSCLC receiving neoadjuvant chemoimmunotherapy |
| 03 | ENDPOINTS | OS, EFS, pathological response, treatment and surgery |
| 04 | ANALYSIS | Descriptive statistics and Kaplan–Meier estimation |

BASELINE CHARACTERISTICS

More women and ECOG 0 patients than CheckMate 816

28

PATIENTS

65

MEDIAN AGE, YEARS

61%

STAGE IIIA · 17/28

57%

CISPLATIN · 16/28

64%

ADENOCARCINOMA · 18/28

DISEASE PROFILE

Stage III	23/28 (82%)
cN2–3	15/28 (54%)
PD-L1 ≥50%	8/28 (29%)
KRAS mutation	9/28 (32%)

PATIENT PROFILE

Female	16/28 (57%)
ECOG PS 0	23/28 (82%)
Ever-smokers	25/28 (89%)
Median age-CCI	4.5 (range 2–7)

TREATMENT & PATHOLOGY

Most patients proceeded to surgery

SURGICAL DISPOSITION

89%

25/28 underwent resection

2

PROGRESSIVE DISEASE

No surgery

1

INOPERABLE

Definitive CRT

SURGICAL DETAIL

LOBECTOMY	19/25 (76%)	R0	24/25 (96%)
MEDIASTINAL DISSECTION	25/25	CONVERSION TO OPEN	0
PERIOPERATIVE MORTALITY	1/25 (4%)	MEDIAN STAY	5 days
ADJUVANT IMMUNOTHERAPY	12/25 (48%)		

PATHOLOGICAL RESPONSE

Major pathological response includes pCR



PCR	4 (16%)
MPR NON-PCR	8 (32%)
NO MPR	13 (52%)

48%

MPR INCLUDING pCR · 12/25

NODAL & BIOMARKER RESPONSE

Encouraging downstaging and biomarker signals

NODAL DOWNSTAGING

79%

ypN0 conversion

15/19 node-positive patients
downstaged to pathologically node-
negative at surgery.

PD-L1 RESPONSE SPLIT

75%PD-L1 $\geq 50\%$ · 6/8**35%**PD-L1 $< 50\%$ · 6/17

MOLECULAR LANDSCAPE

32%

KRAS mutation · 9/28

G12C n=5

Other co-mutations: MET ex14,
PIK3CA, AKT1 and TP53.

PET-PATHOLOGY CONCORDANCE

PET responders: 12/22 (55%) achieved pCR/MPR

Non-responders: 0/3

QUALITY-IMPROVEMENT FINDING

Pre-operative FEV1 documented in 13/28

DLCO documented in 12/28

SURVIVAL OUTCOMES

Encouraging early 12-month landmark estimates

12-MONTH LANDMARK ESTIMATES

OVERALL SURVIVAL

91.4%

estimated at 12 months

OS

EVENT-FREE SURVIVAL

82.7%

estimated at 12 months

EFS

CONCLUSION

Australian real-world data support the CheckMate 816 paradigm

89%**RESECTED**

25/28 reached surgery

48%**MPR INCL. pCR**

12/25 resected patients

91.4%**12-MONTH OS**

Kaplan–Meier estimate

82.7%**12-MONTH EFS**

Kaplan–Meier estimate

These real-world Australian data support neoadjuvant chemoimmunotherapy in selected patients.

Although limited to five Sydney centres, outcomes were encouraging. Larger cohorts and longer follow-up are required to validate clinical-trial findings in routine practice.

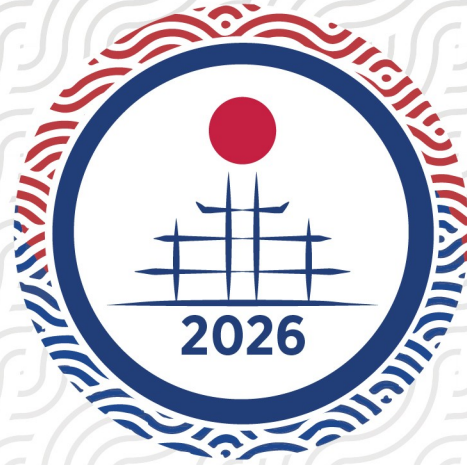
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underwent neoadjuvant therapy and
whose clinical outcomes contributed
to this real-world study.**

We are grateful for their contribution to improving
care for people with resectable lung cancer.



Thank You.

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