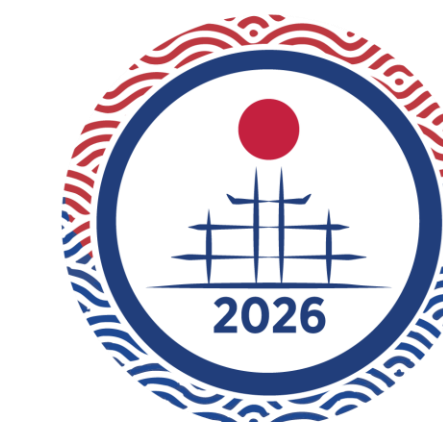




P2.100: Prognostic comparison between resectable advanced NSCLC patients treated by neoadjuvant or adjuvant ICI and complete resection



Masaaki Ito, Hideki Ujiie, Kenichi Suda, Masaya Nishino, Shuta Ohara, Mai Nishina, Akira Hamada, Masato Chiba, Toshiki Takemoto, Yasuhiro Tsutani
Division of Thoracic Surgery, Department of Surgery, Kindai University Faculty of Medicine, Sakai, Osaka, Japan
Correspondence: Masaaki Ito (itooo_m@yahoo.co.jp)

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

INTRODUCTION & AIM

Neoadjuvant and adjuvant ICI treatment is an optimal strategy for patients with resectable advanced NSCLC.

RCT comparing the efficacy of the perioperative ICI approach is ongoing: preoperative ICI vs. upfront surgery followed by postoperative ICI (JCOG2317).

There is limited data evaluating which ICI treatment approach is more effective: neoadjuvant or adjuvant.

We compared the prognostic impact of two ICI approaches.

METHODS

NSCLC patients treated with resection with neoadjuvant or adjuvant ICI between August 2018 and March 2026 were analyzed.

Patients who had received any treatment before ICI therapy, those with incomplete margins, or those treated with concurrent target or vaccine therapy were excluded.

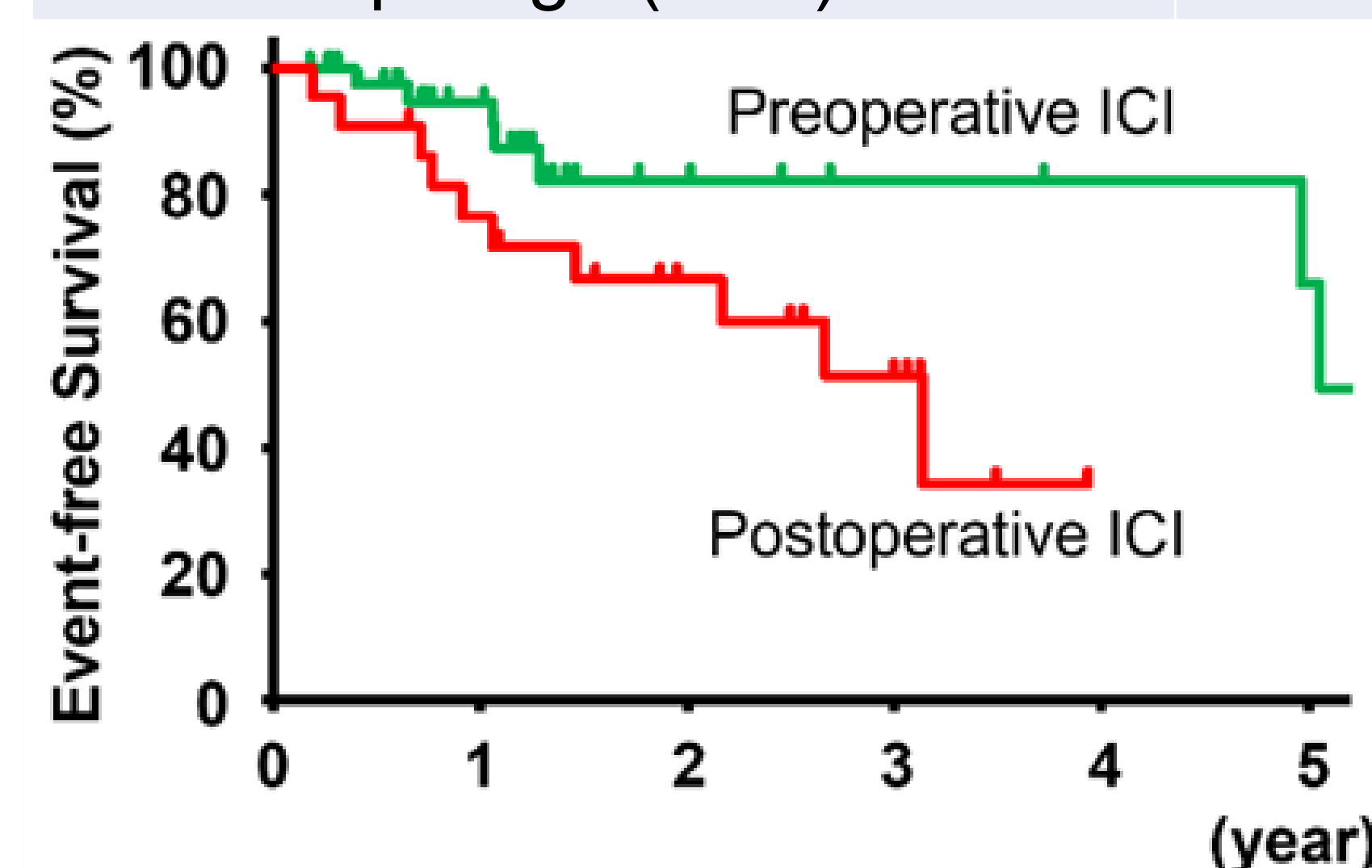
Event-free survival (EFS) and overall survival (OS) were calculated using the Kaplan-Meier method and compared using the log-rank test.

The relationship between prognosis and PD-L1 expression was also explored.

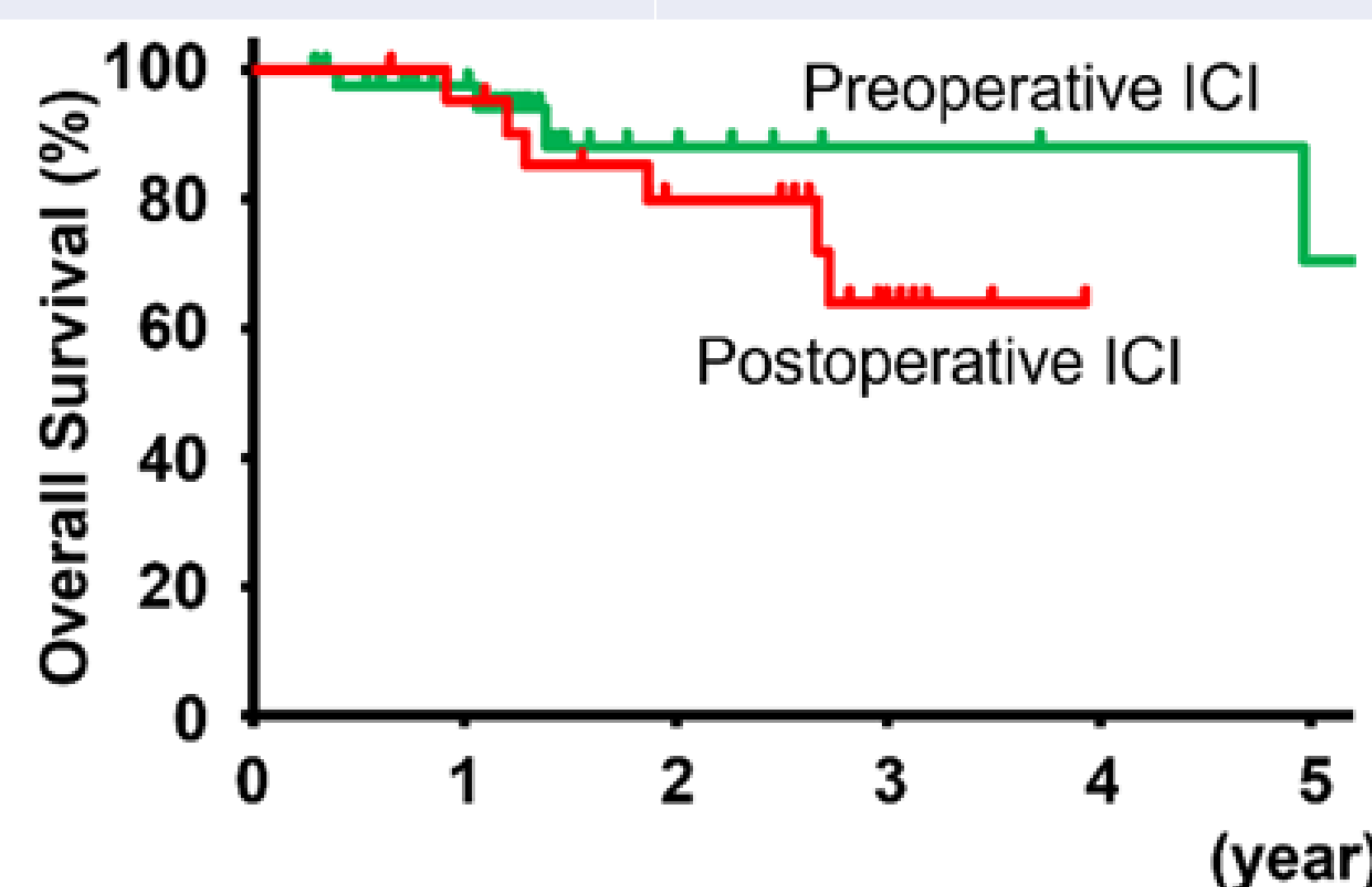
RESULTS

43 and 22 patients received ICI as neoadjuvant and adjuvant treatments, respectively.

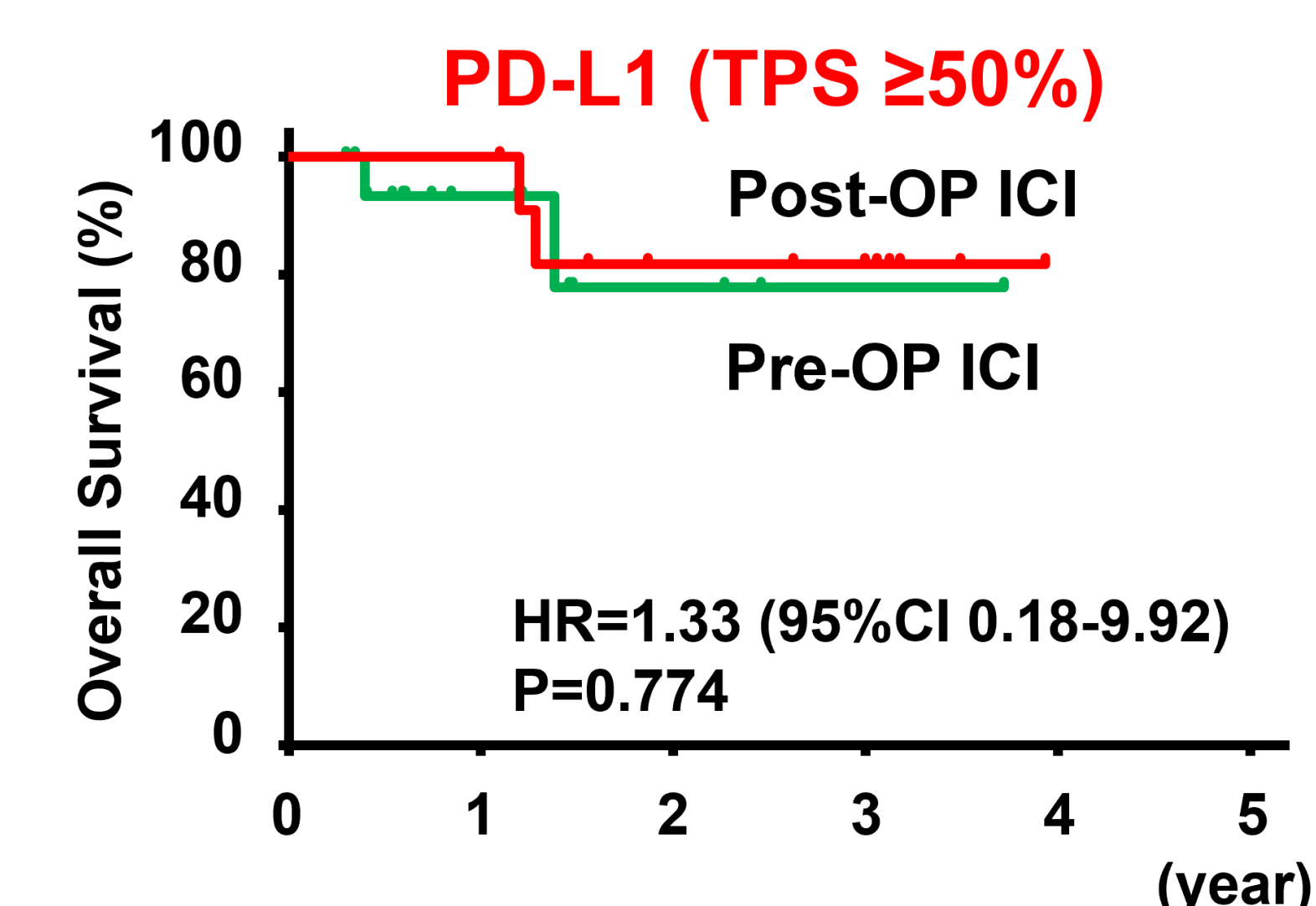
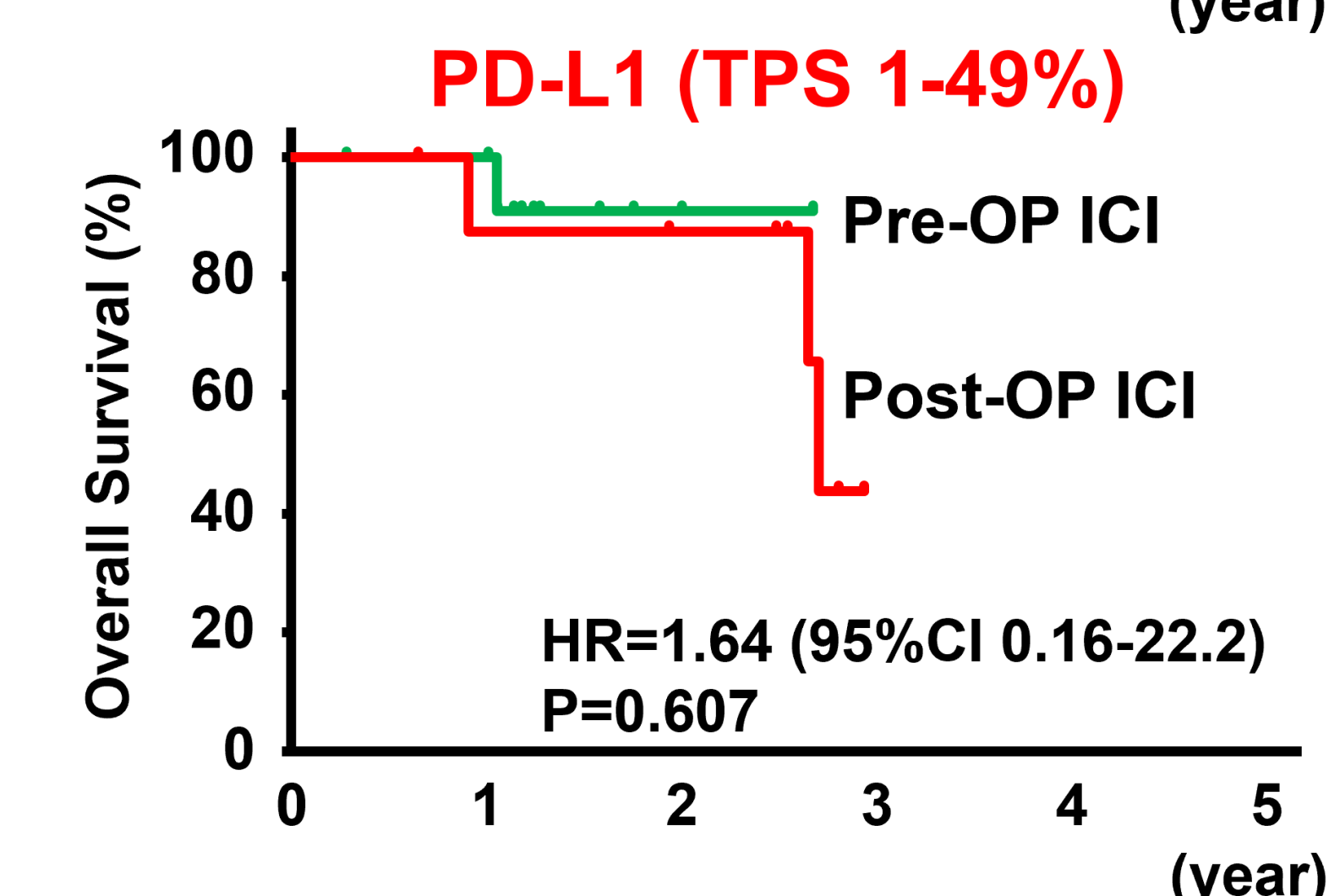
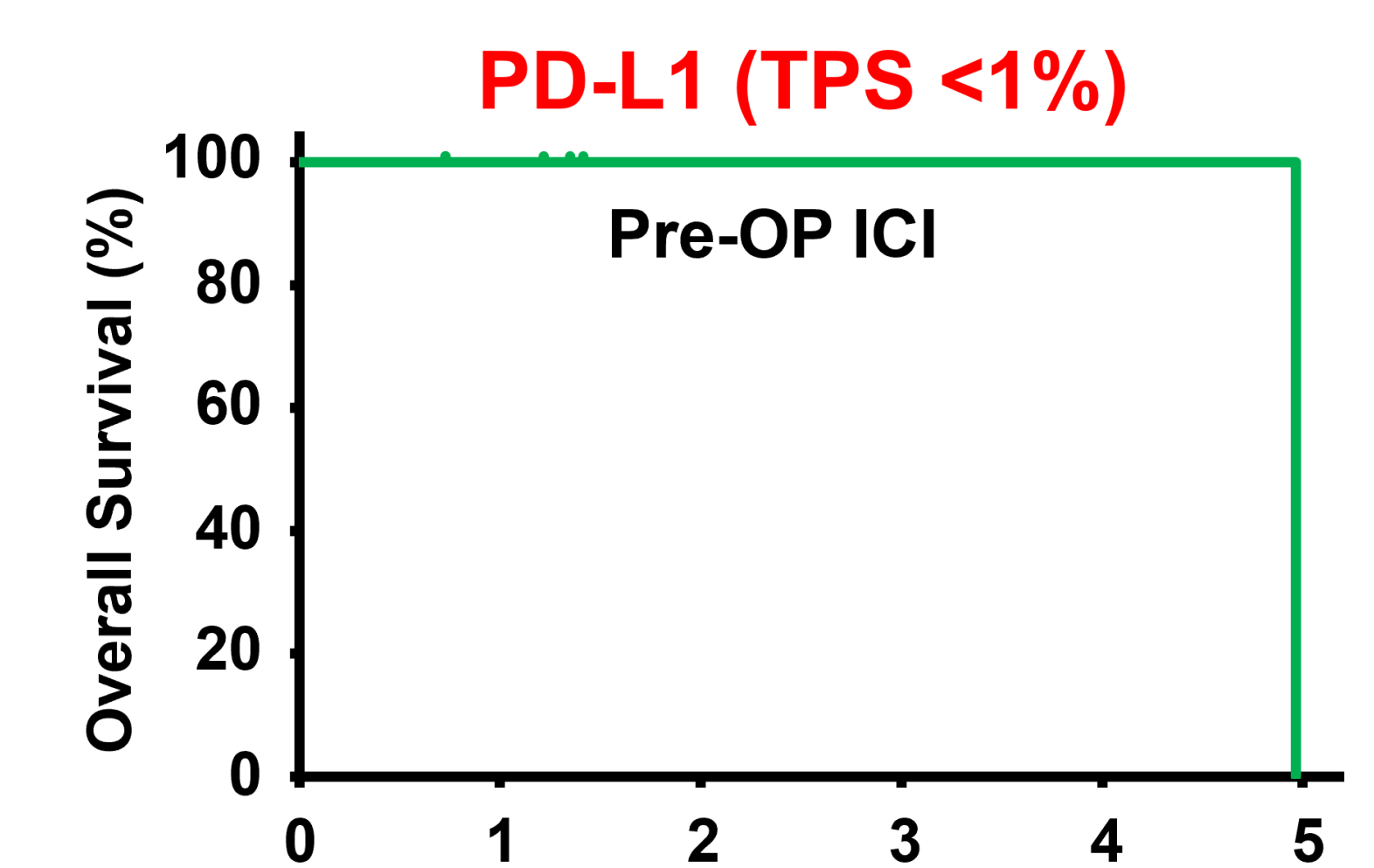
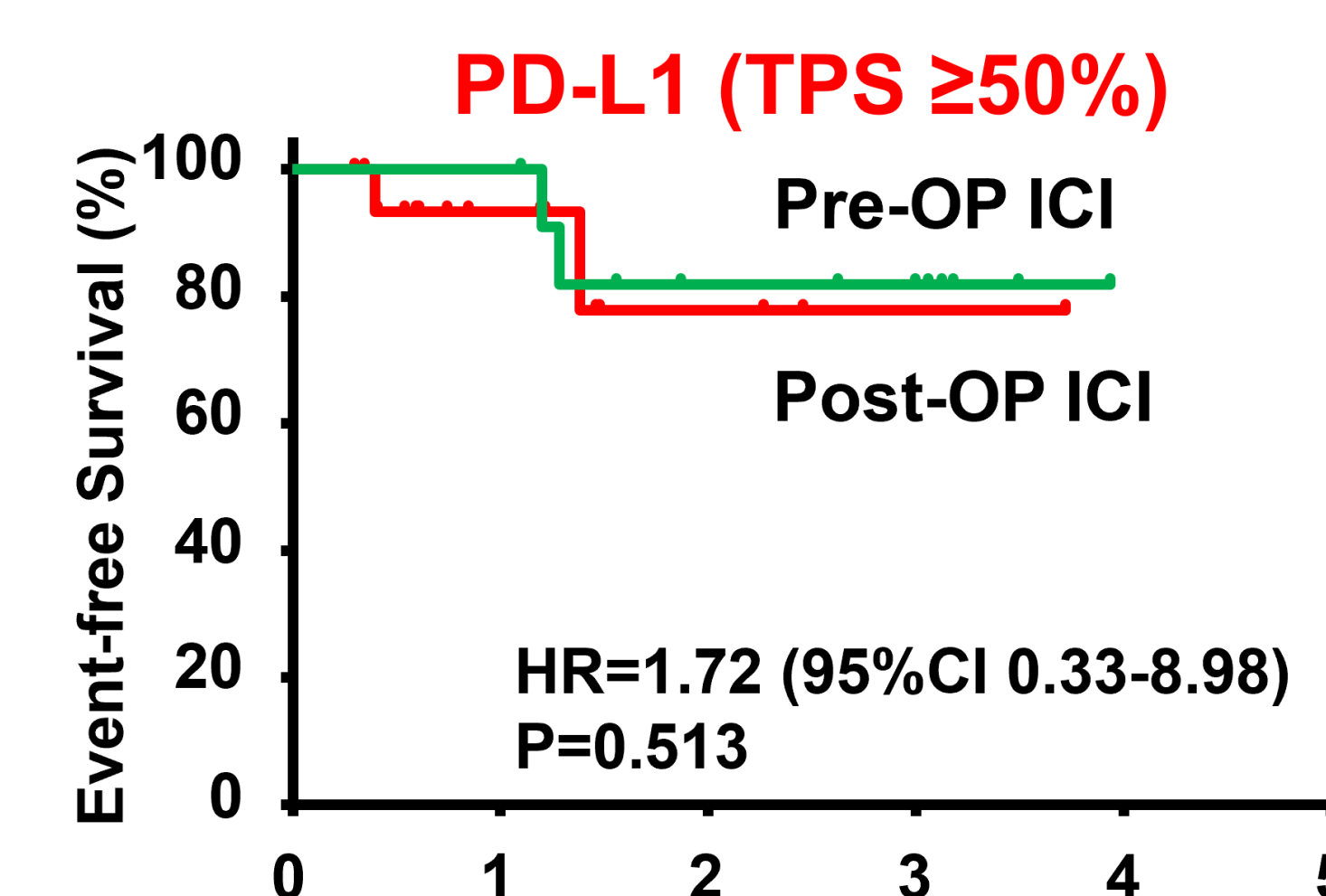
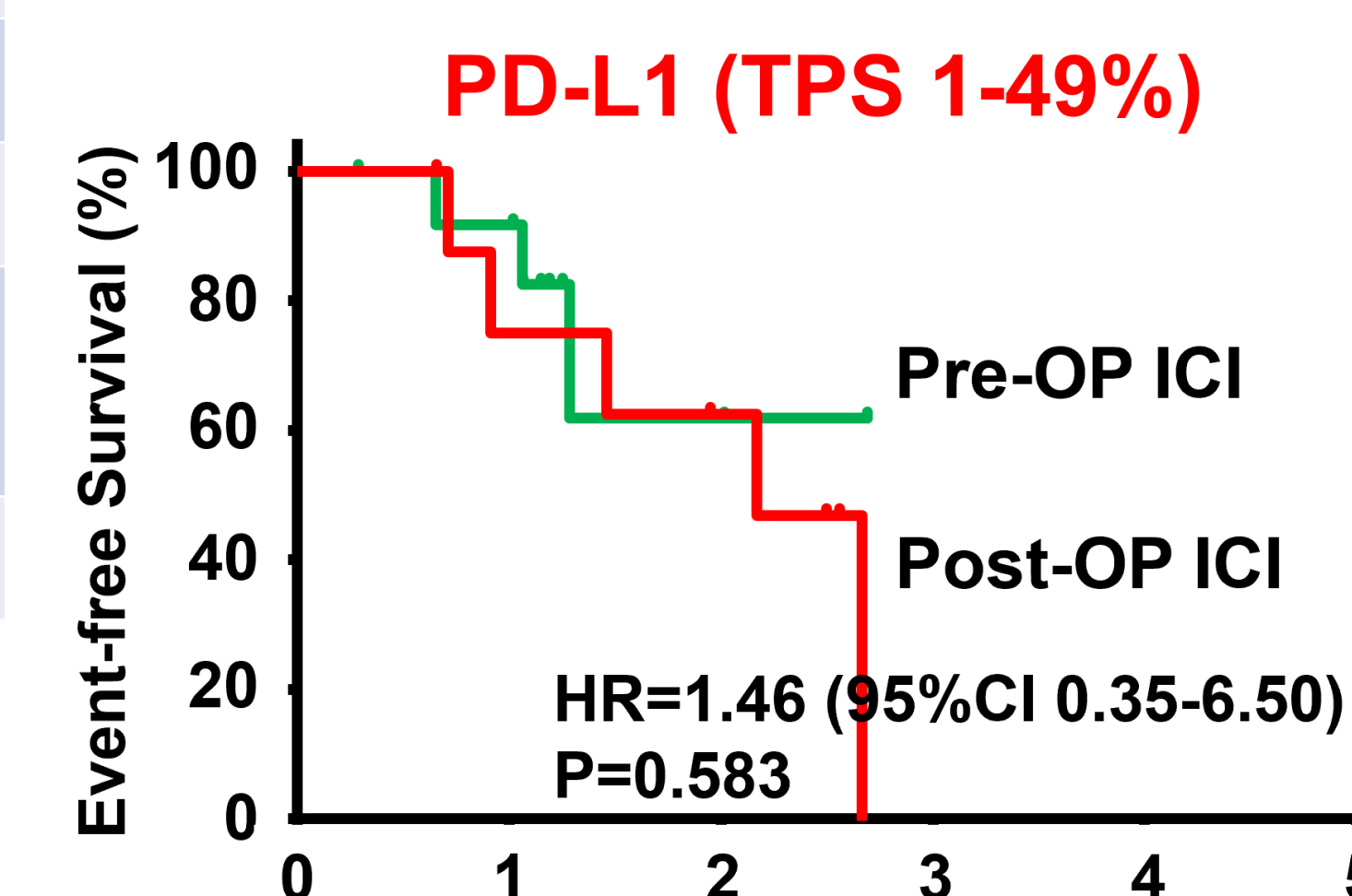
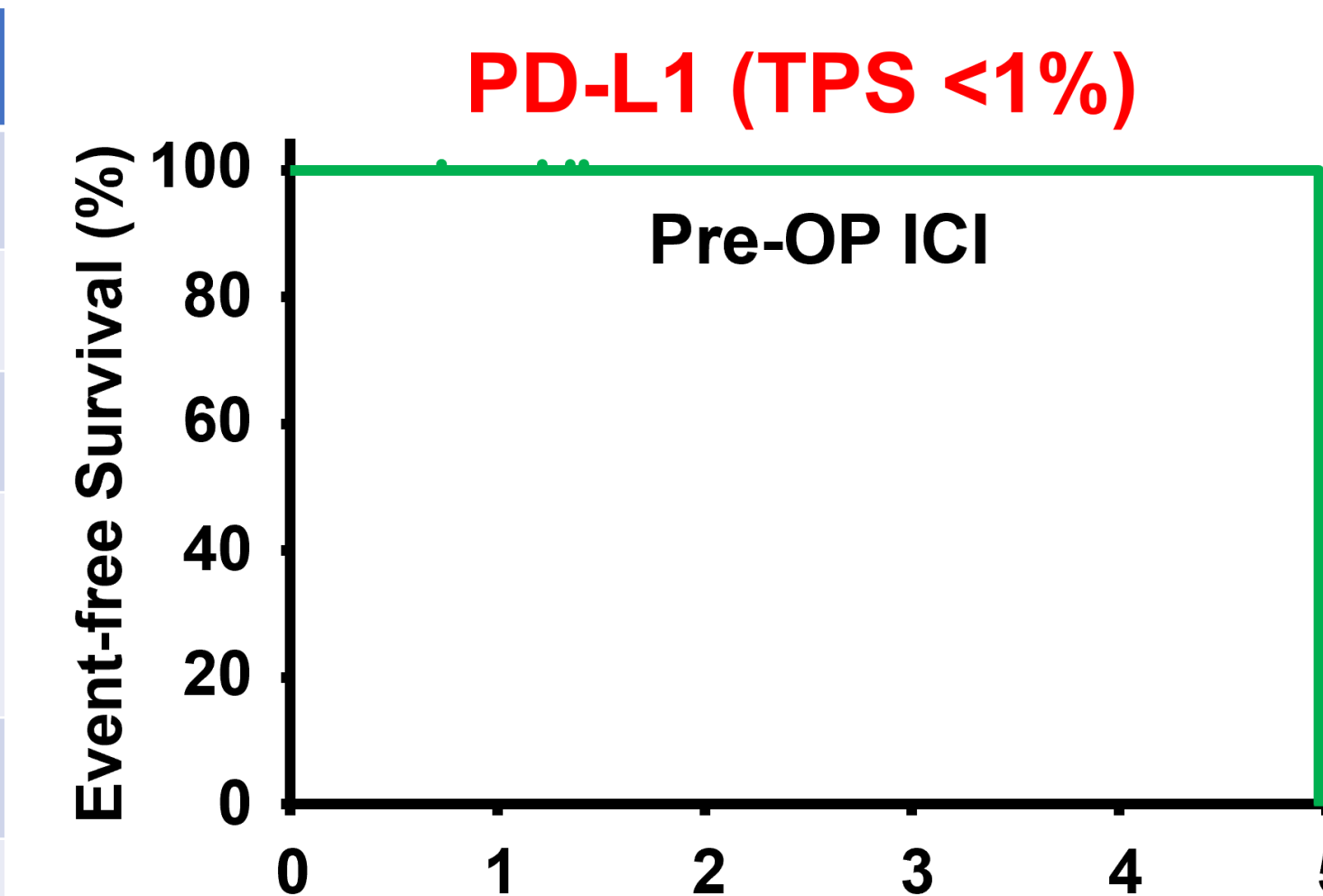
Patients' background	Neoadjuvant ICI (N=43)	Adjuvant (N=22)
Median Age (Range)	71 (61.5-77)	70 (64.75-76)
Male Sex (Ratio)	36 (83.7%)	17 (77.3%)
Histology (Ad/ Sq/ Other)	16/ 17/ 10	13/ 7/ 2
PD-L1 (TPS) (<1/ 1-49/ 50</ Unknown)	6/ 13/ 17/ 7	0/ 10/ 12/ 0
cStage (I/ II/ III)	0/ 15/ 28	7/ 9/ 6
ycStage (0/ I/ II/ III/ IV)	3/ 18/ 12/ 9/ 1	-
RECIST (PD/ SD/ PR/ CR)	1/ 10/ 29/ 3	-
ypStage (0/ I/ II/ III/ IV)	4/ 17/ 12/ 9/ 1	-
Pathological response (Non-MPR/ MPR/ pCR)	(18/ 8/ 17)	-
pStage (II/ III)	-	12/ 10



Three-year EFS was 82.3% vs. 51.4% (HR=2.58; 95% CI=1.08-8.71; p =0.0356)



Three-year OS was 88.1% vs. 63.9% (HR=1.85; 95% CI=0.53-7.58; p =0.301)



Dividing PD-L1 TPS into low (1-49%) or high (≥50%), there is no significant difference between ICI approaches in EFS and OS.

CONCLUSIONS

Neoadjuvant ICI treatment appears to be superior to adjuvant ICI treatment for EFS. EFS and OS were not significantly different in comparison according to PD-L1 TPS. Prospective clinical trial is warranted.

No conflicts of interest to declare. Any AI tool was not utilized in present research.