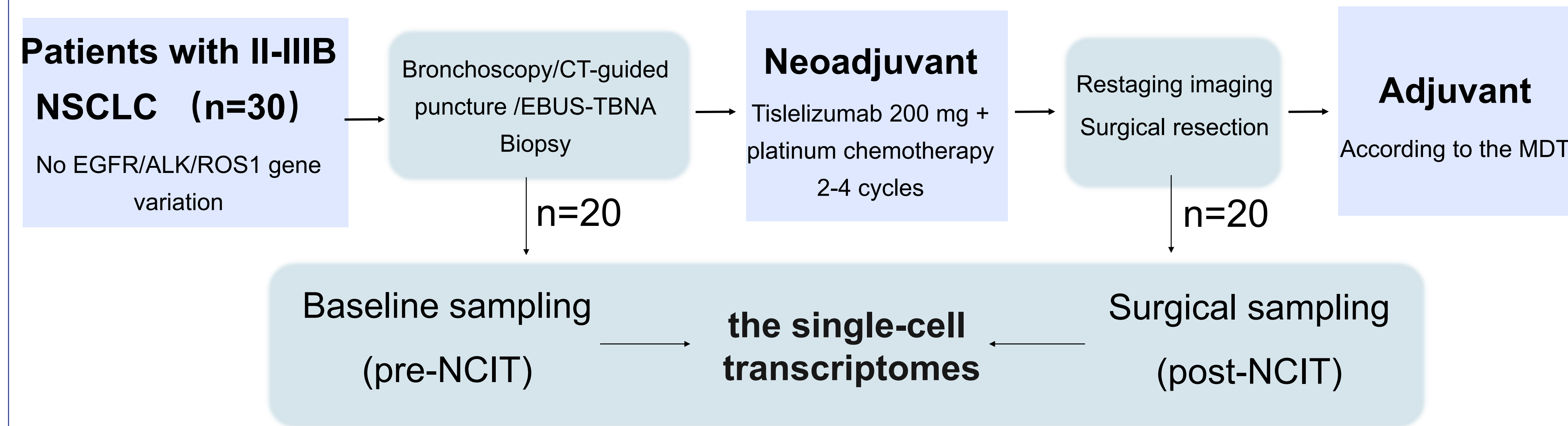


INTRODUCTION

- NCIT improves outcomes in resectable NSCLC but response heterogeneity remains substantial.
- Biomarkers predicting pathological response to NCIT are not fully defined.
- This study evaluated neoadjuvant tislelizumab plus chemotherapy and explored response-associated tumor microenvironment features using single-cell transcriptomics.

METHODS

Design:



DISCUSSION AND CONCLUSION

- Neoadjuvant tislelizumab plus chemotherapy demonstrated promising efficacy and favorable surgical outcomes in stage II–IIIB NSCLC.
- High pathological response rates and a 100% R0 resection rate support the feasibility of this treatment strategy.
- Single-cell transcriptomic analysis identified response-associated tumor microenvironment features that may facilitate future biomarker-driven patient selection.

RESULTS

Table 1: Patient characteristic

Characteristic	Number of patients (n=30)
Sex	
Female	4(13.3%)
Male	26(86.7%)
Median age, years (range)	64(47-78)
Smoking	
NO	6(20.0%)
YES	24(80.0%)
Histological_type	
Adenocarcinoma	6(20.0%)
Squamous cell carcinoma	21(70.0%)
Others	3(10.0%)
Stage at diagnosis	
IIA	3(10.0%)
IIB	6(20.0%)
IIIA	15(50.0%)
IIIB	6(20.00%)
N2 status	
Single station	4(13.3%)
Multi station	9(30.0%)
Tumor differentiation	
Moderately differentiat	5(17.24%)
Poorly differentiated	10(34.48%)
Undifferentiated	14(48.28%)

Fig1. Neoadjuvant therapy response

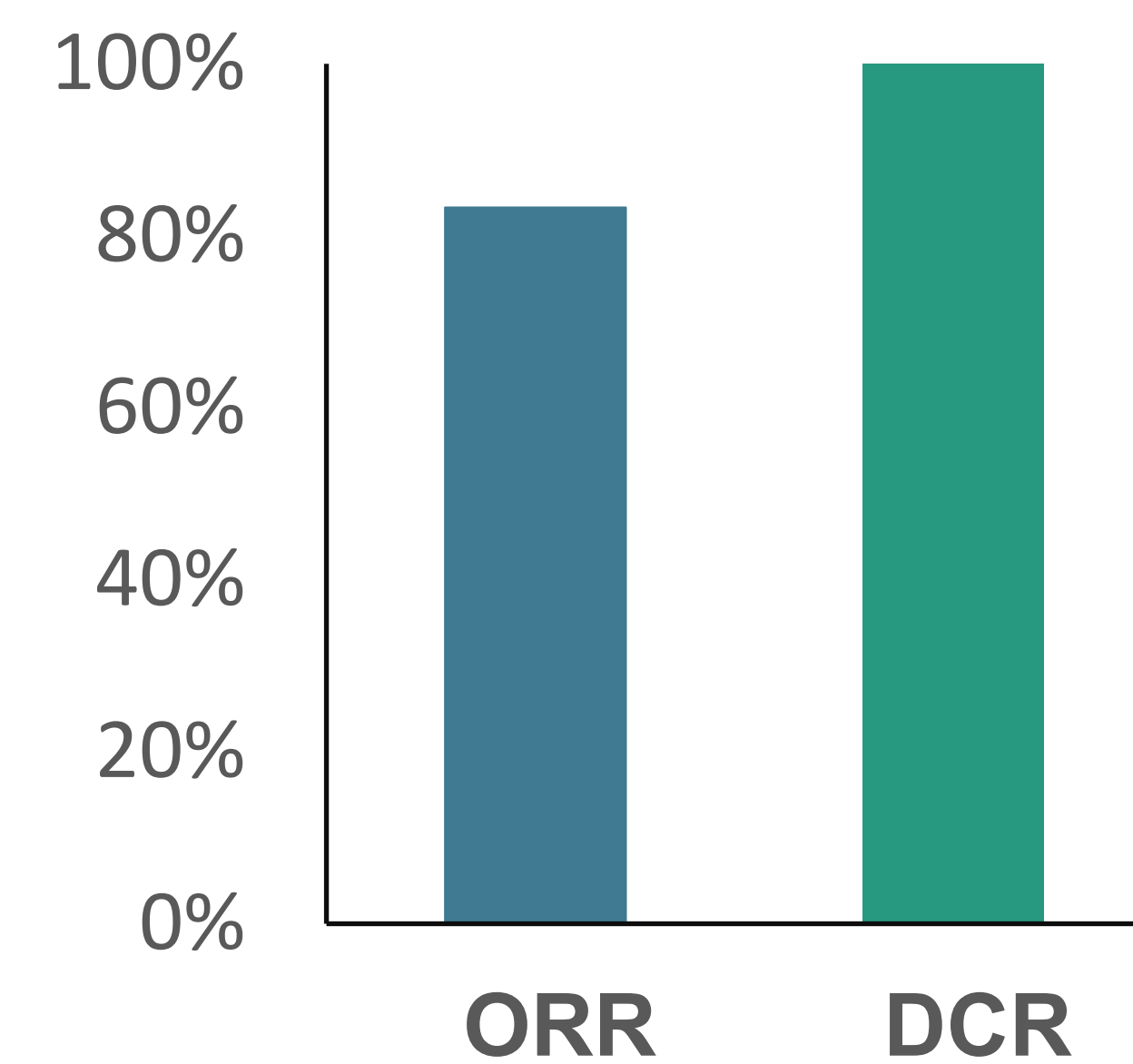


Fig2. Surgical conversion

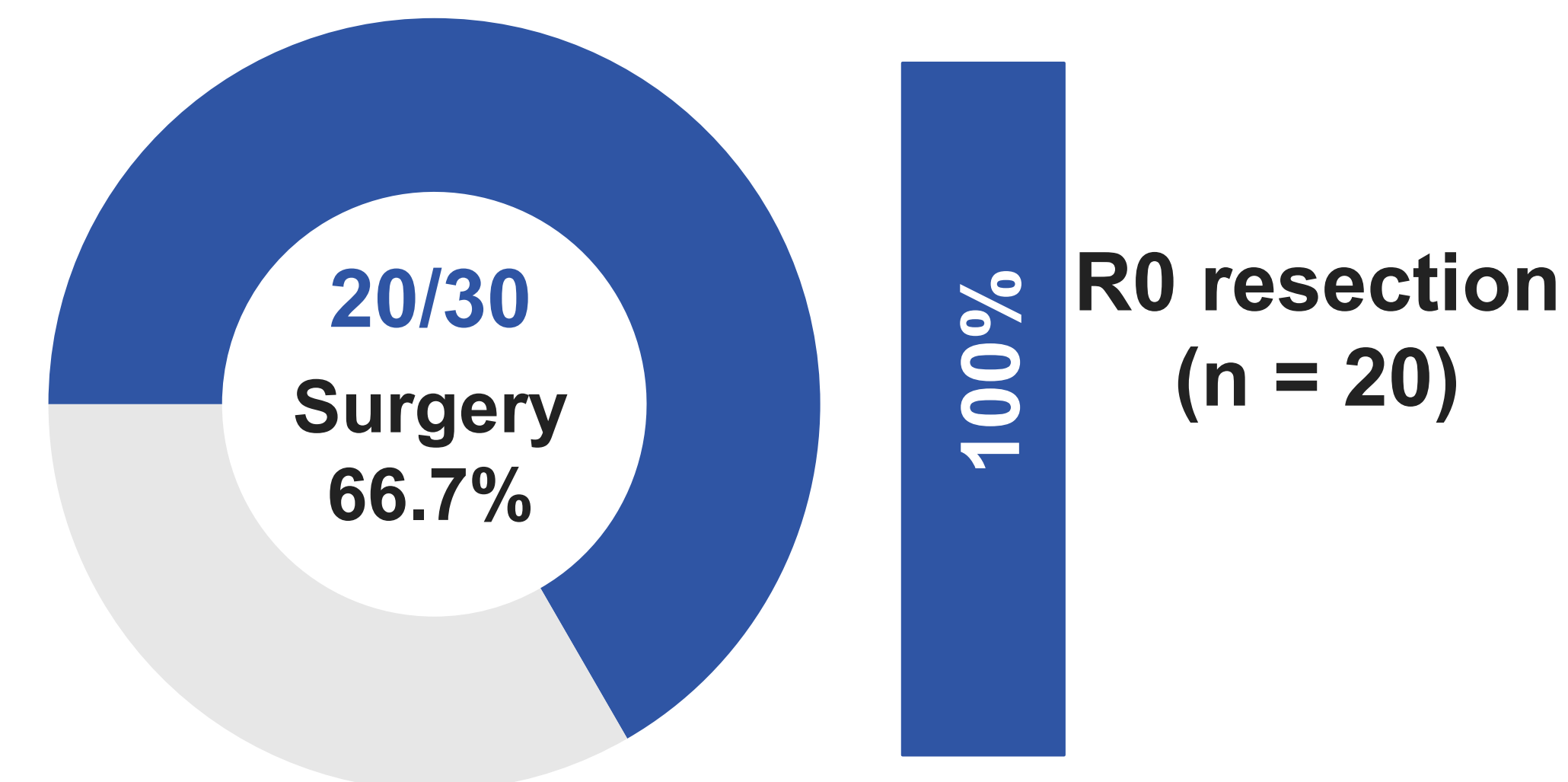


Table1. Efficacy for Surgical Patients (n = 20)

Surgical Patients	n (%)
Efficacy	
MPR	13 (68.8%)
PCR	9 (45.0%)
24-month DFS	94.7% (95% CI, 68.1%–99.2%)

Fig3. EFS and OS in the Overall Population

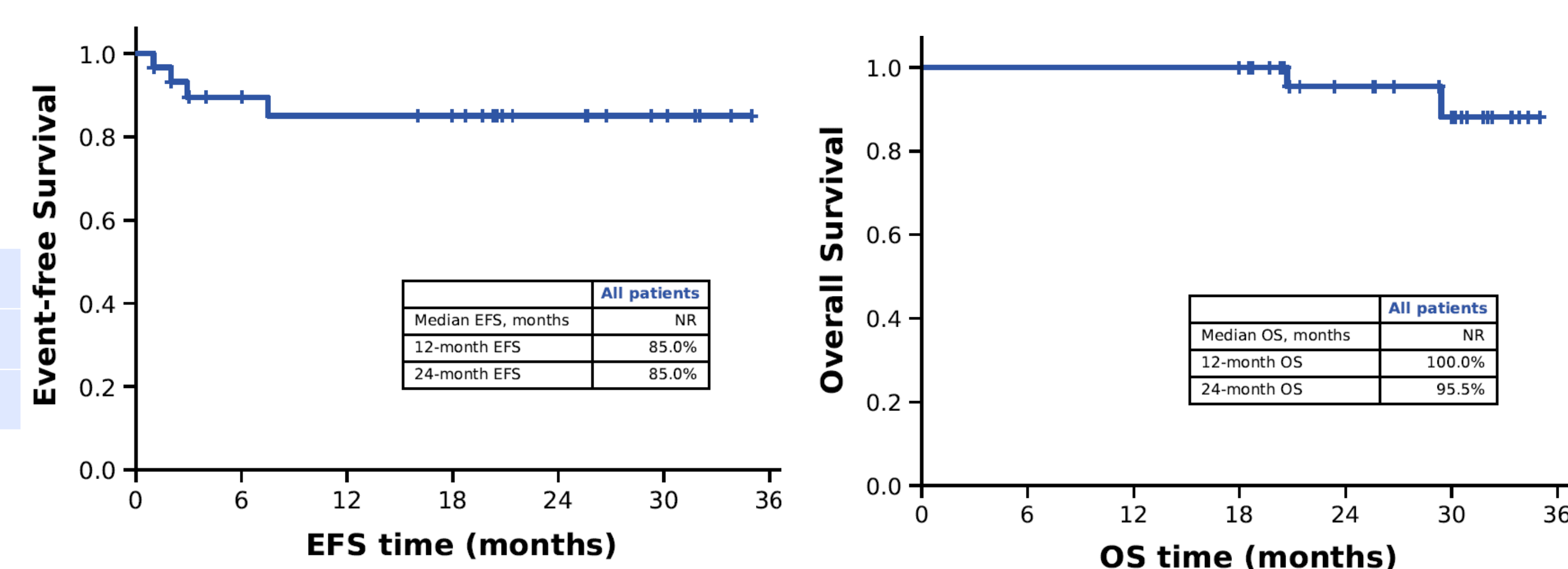


Fig4. Single-cell landscape of the tumor ecosystem in pCR and Non-pCR group

