



Surgical Outcomes of Perioperative Tislelizumab in NSCLC: Evidence from a Real-World Cohort

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INTRODUCTION

- Neoadjuvant immunotherapy has become an important component of multimodality management for resectable non–small cell lung cancer.
- Additional real-world evidence is needed to characterize clinical features, assess surgical feasibility, and quantify pathological response to immune-based neoadjuvant treatment.
- This study examined perioperative outcomes and pathological responses in patients receiving neoadjuvant immunotherapy followed by resection.

STUDY DESIGN

Key Inclusion Criteria:

- Age 18-75 years
- Resectable II-IIIB stage NSCLC (AJCC V9) or Advanced NSCLC with a single metastatic lesion
- Negative for driver mutations (EGFR/ALK)

Neoadjuvant Phase Immuno-chemotherapy

- Tislelizumab 200 mg
 - Platinum-based doublet chemotherapy
- Q3W, for 3–6 cycles

Surgery

Adjuvant Phase: Immunotherapy monotherapy

Tislelizumab 400 mg
Q6W for 8 cycles

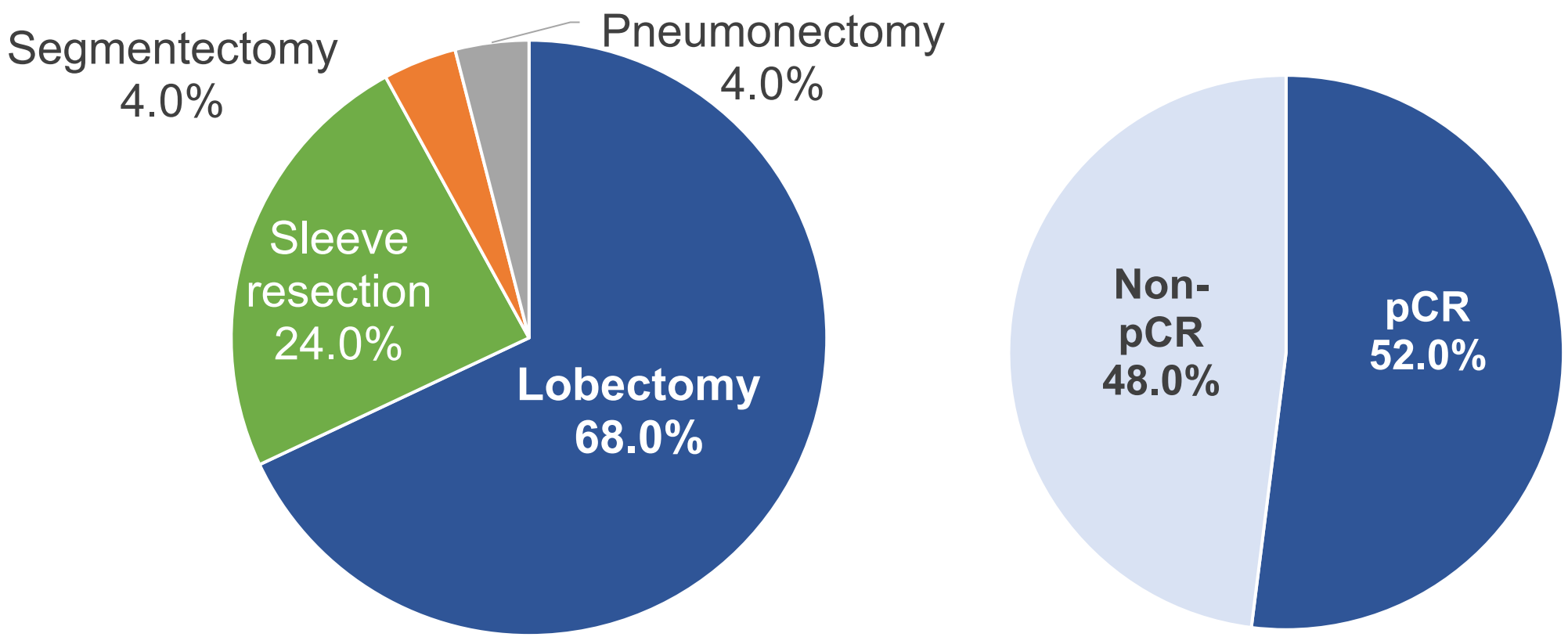
RESULTS

Between Jun 2023 and Nov 2025, 25 pts were included.

Table 1: Patient characteristic

Characteristic	n (%) N=25
Age (years) Median (range)	63 (54–77)
Male	22 (88.0%)
Current/Former smoker	15 (72.0%)
ECOG performance status	
0	16 (64.0%)
1	9 (36.0%)
T stage	
T1	7 (28.0%)
T2	13 (52.0%)
T3	2 (8.0%)
T4	3 (12.0%)
N stage	
N0	9 (36.0%)
N1	12 (48.0%)
N2	4 (16.0%)
M stage	
M0	24 (96.0%)
M1a	1 (4.0%)
AJCC staging	
II	20 (80.0%)
III	4 (16.0%)
IV	1 (4.0%)
Histology	
Squamous cell carcinoma	16 (64.0%)
Adenocarcinoma	9 (36.0%)

Fig 1: Surgical Resection Type Fig 2: Pathological Response



The median follow-up duration was 8.94 months.

Fig 3. EFS and OS in the Overall Population

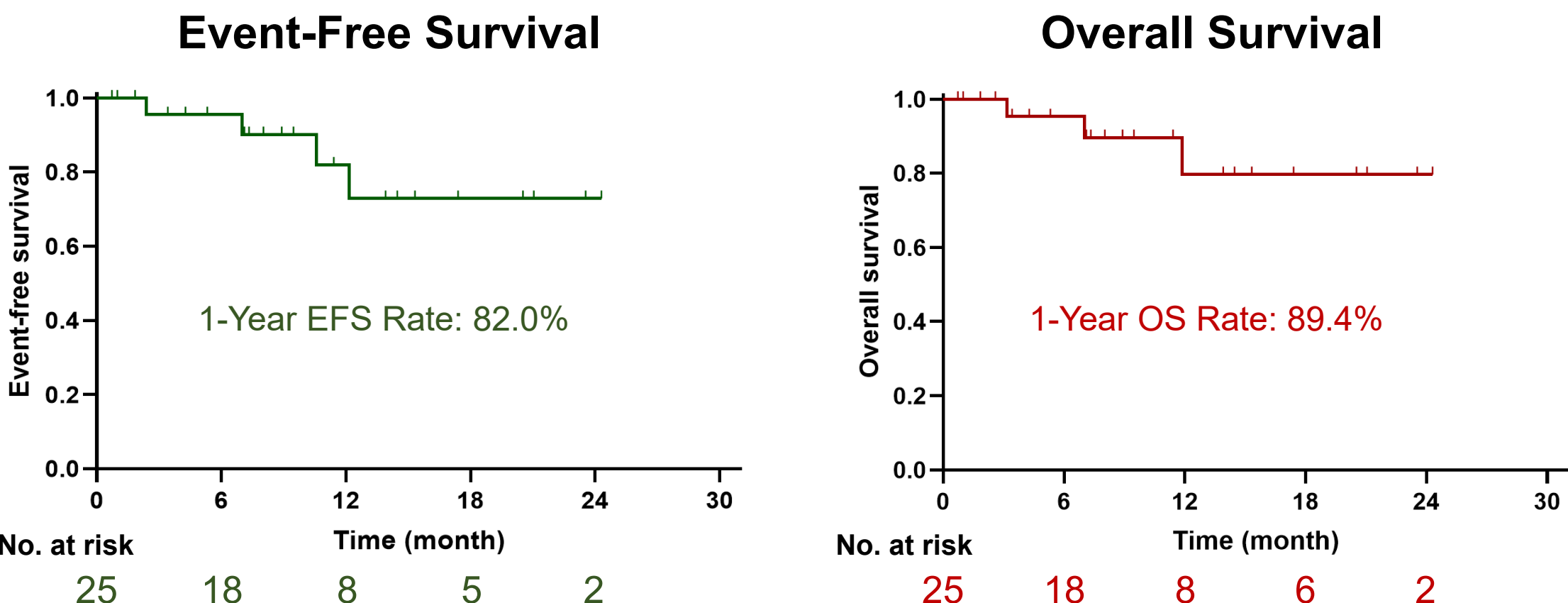


Table 2. Surgical Approach and Duration

Surgical Approach and Duration		
Surgical approach	Minimally invasive	17 (68.0%)
Surgical duration, min	Median (range)	225 (140–445)

Table 3. Treatment-Related Adverse Events During Neoadjuvant Therapy

Adverse event	Any grade, n (%)	Grade 1–2, n (%)	Grade ≥3, n (%)
Any adverse event	20 (80.0%)	20 (80.0%)	0 (0.0%)
Leukopenia	12 (48.0%)	12 (48.0%)	0 (0.0%)
Rash	4 (16.0%)	4 (16.0%)	0 (0.0%)
Fatigue	3 (12.0%)	3 (12.0%)	0 (0.0%)
Vomiting	3 (12.0%)	3 (12.0%)	0 (0.0%)
Hypothyroidism	2 (8.0%)	2 (8.0%)	0 (0.0%)
Pruritus	2 (8.0%)	2 (8.0%)	0 (0.0%)
Thrombocytopenia	2 (8.0%)	2 (8.0%)	0 (0.0%)
Alopecia	1 (4.0%)	1 (4.0%)	0 (0.0%)
Diarrhea	1 (4.0%)	1 (4.0%)	0 (0.0%)

CONCLUSION

- Neoadjuvant immunotherapy demonstrated favorable surgical feasibility and meaningful pathological responses, with high rates of minimally invasive resection, R0 resection, and pCR.
- The safety profile during the neoadjuvant phase was acceptable and consistent with known toxicities, supporting the incorporation of neoadjuvant immunotherapy into multimodality treatment for resectable NSCLC.