



P1.204: A Decade of Change: Evolving Surgical Management of NSCLC in the Era of Sub-Lobar Resection and Immunotherapy

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INTRODUCTION

Minimal invasive approach, parenchyma-sparing techniques, early diagnosis, enhanced recovery pathways and peri-operative immunotherapy have reshaped surgical management of non-small-cell lung cancer (NSCLC). We analyzed a decade of practice in a high-volume European center to quantify their impact on operative strategy and early outcomes.

METHODS

Aim

To compare case mix, operative strategy and early postoperative outcomes between 2015-2019 and 2020-2024 in patients undergoing anatomical pulmonary resection for NSCLC.

Design

Retrospective review of all anatomical resections recorded prospectively from January 2015 to December 2024

- Total cohort: n = 1'644
- 2015-2019: n = 748
- 2020-2024: n= 896
- Procedures overall: lobectomy 969 (59%), segmentectomy 617 (37.5%), bilobectomy 44 (2.7%), pneumonectomy 47 (2.9%)

DISCUSSION AND CONCLUSION

Over ten years, our unit adopted **minimally invasive, sub-lobar resection** and **integrated immunotherapy**, coinciding with earlier-stage presentation, a surge in segmentectomy and lower morbidity without increased re-intervention. Surgical and systemic innovations can synergistically enhance short-term outcomes in contemporary thoracic oncology.

Take home message

	Stage I	52.4% → 68.9%
	Segmentectomy	26.3% → 46.9%
	Minimally invasive access	72.3% → 86.8%
	Any complication	36.9% → 25.0%
	Hospital stay	8 → 6 days

A modern NSCLC surgical program can treat older, more comorbid patients while achieving earlier stage detection, more parenchyma-sparing surgery, faster recovery, and lower morbidity.

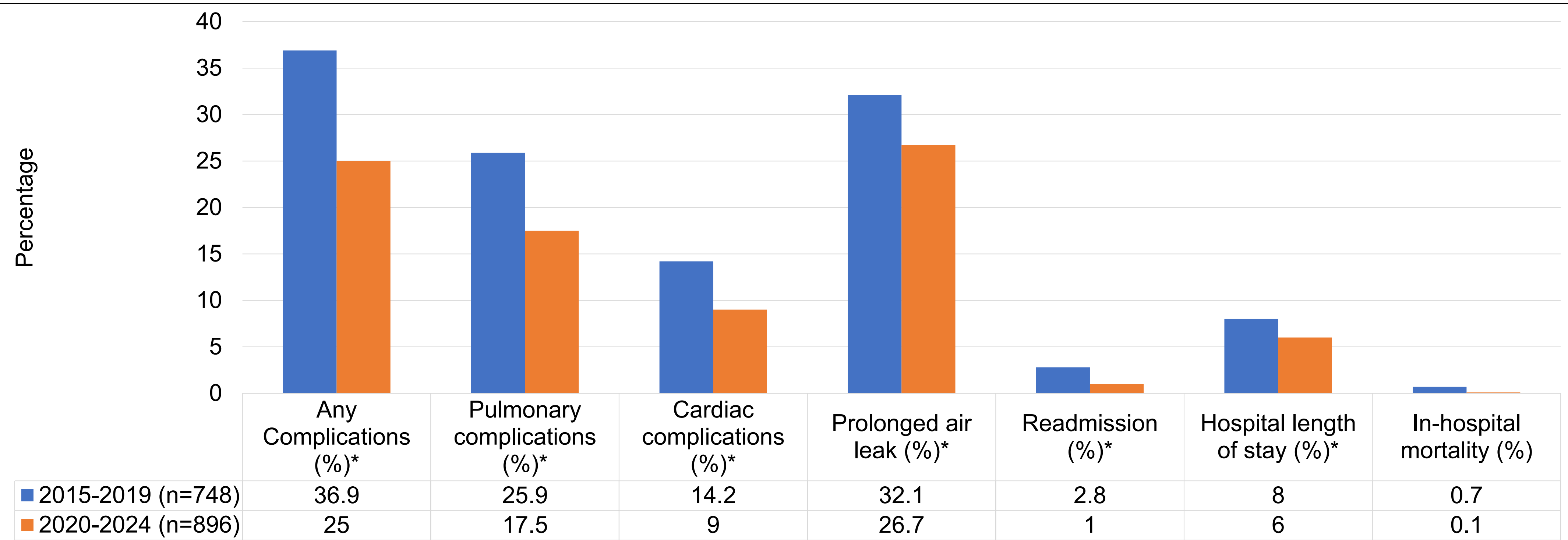
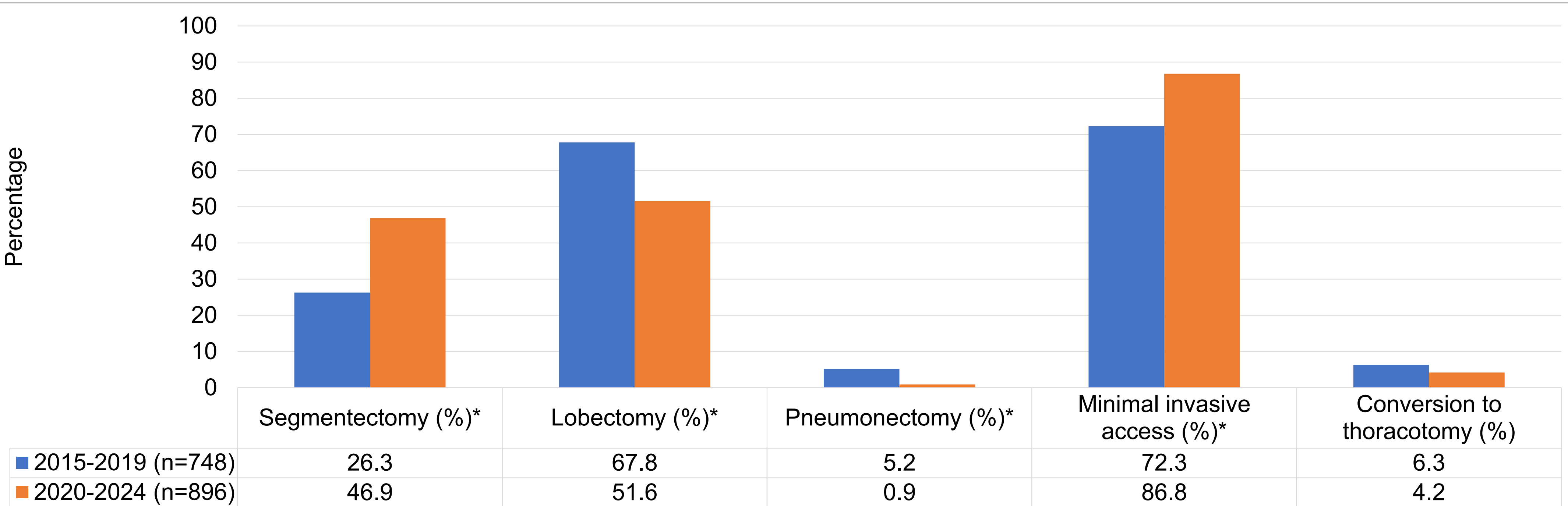
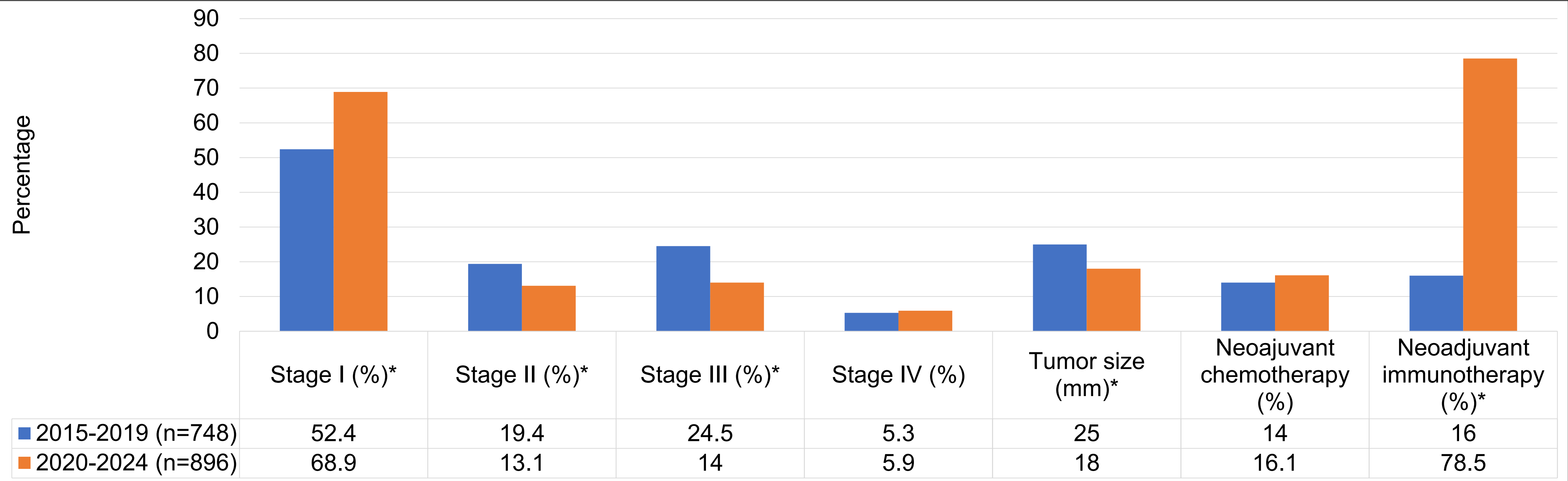
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> Artificial Intelligence (AI) Use Disclaimer
None

RESULTS

Variable	2015–2019 (n=748)	2020–2024 (n=896)	p-value
Age, years, median [IQR]	67 [60–73]	69 [62–75]	0.004
Male sex, n (%)	425 (56.8)	446 (49.8)	0.005
BMI, median [IQR]	24.6 [21.5–27.9]	25.4 [22.3–28.1]	0.009



*p<0.01