

High MPR/pCR Rates With Neoadjuvant Firmonertinib ± Chemotherapy in Resectable EGFR-Mutant NSCLC: A Multicenter Study

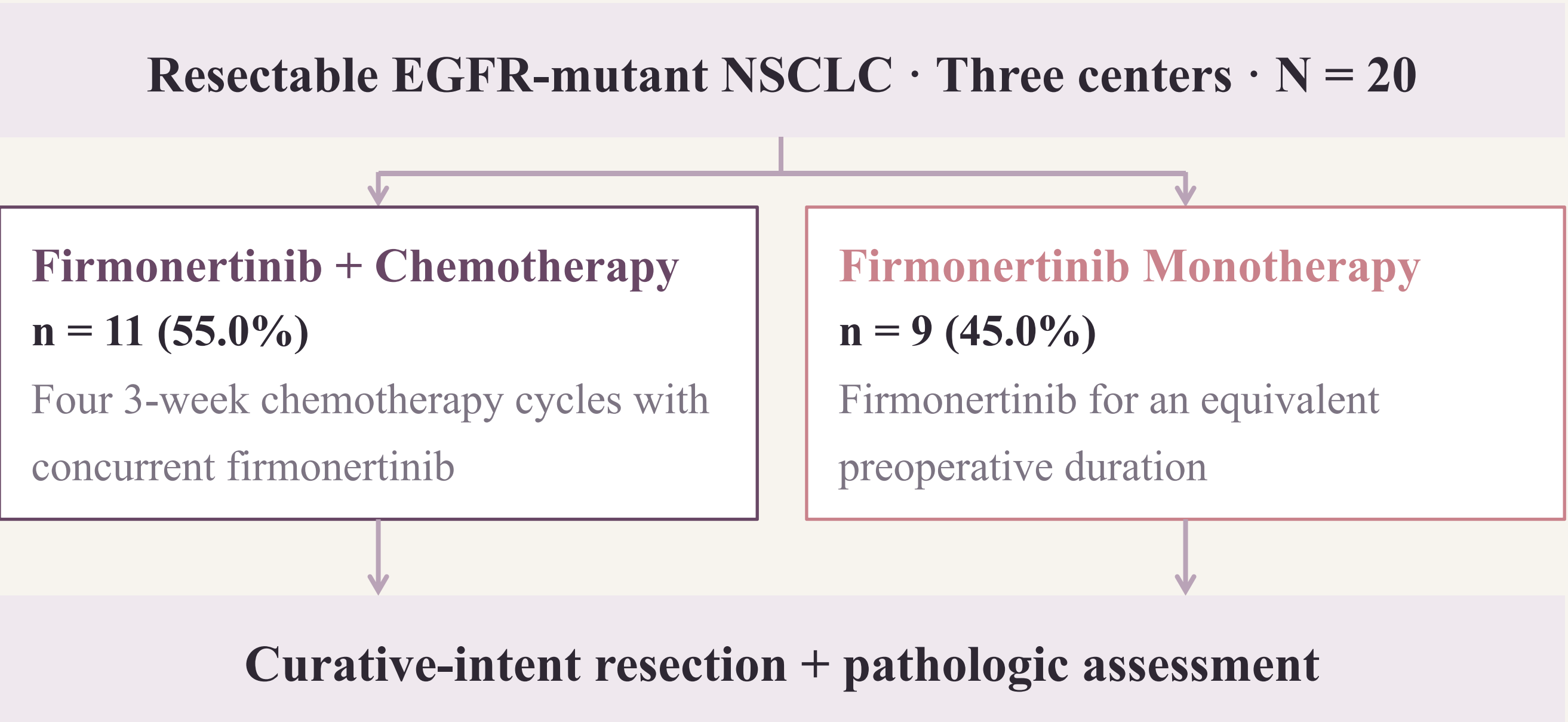
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01 INTRODUCTION

- Neoadjuvant targeted therapy is an emerging strategy for resectable **EGFR-mutant NSCLC**, yet real-world evidence for **firmonertinib** remains limited.
- **Aim:** to evaluate the pathologic efficacy, surgical feasibility, and safety of neoadjuvant firmonertinib ± chemotherapy.

02 METHODS

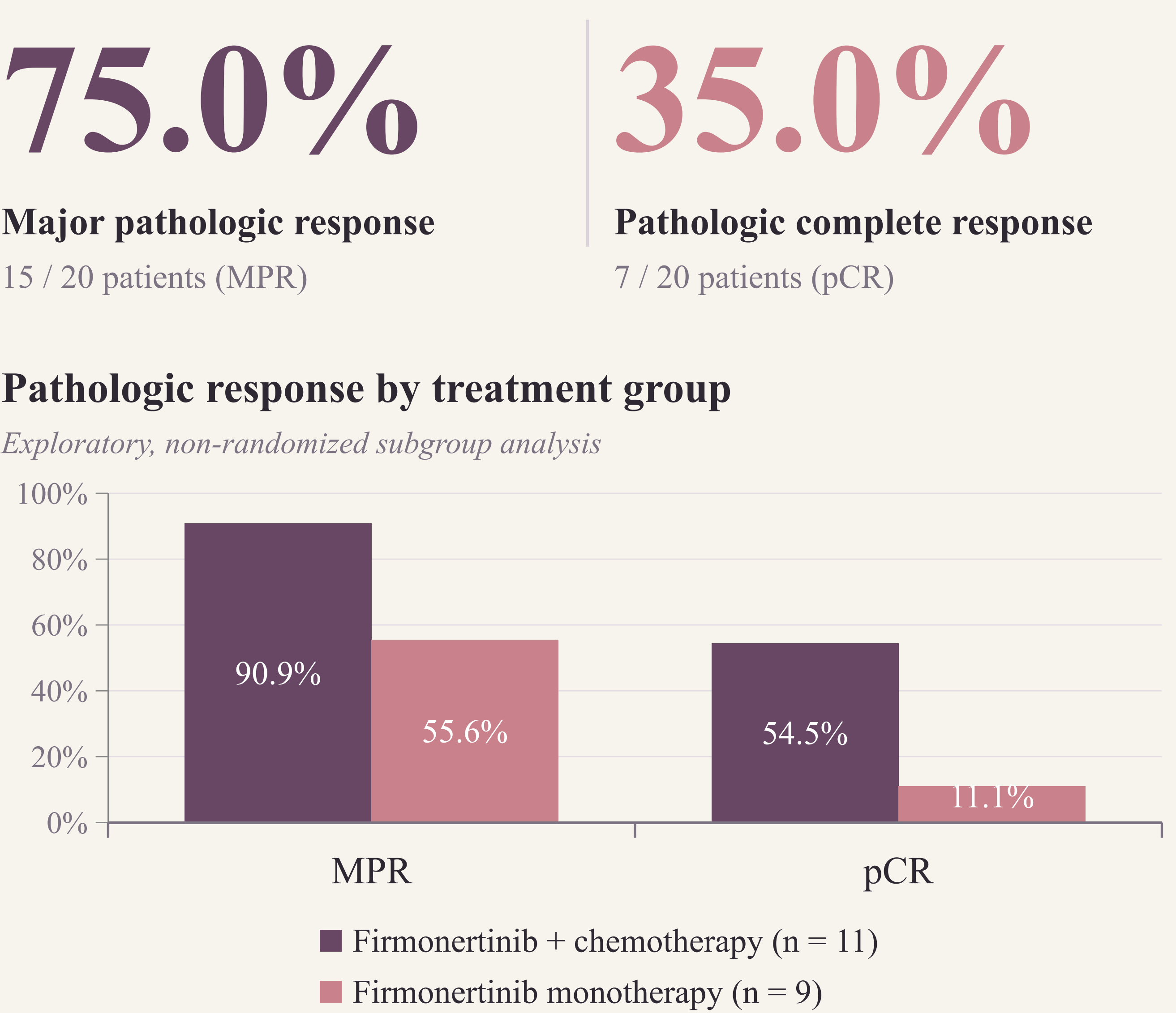
Multicenter retrospective review across **three thoracic surgery centers** in China; preoperative treatment duration was aligned between groups. **MPR** = ≤10% residual viable tumor (RVT); **pCR** = no RVT.



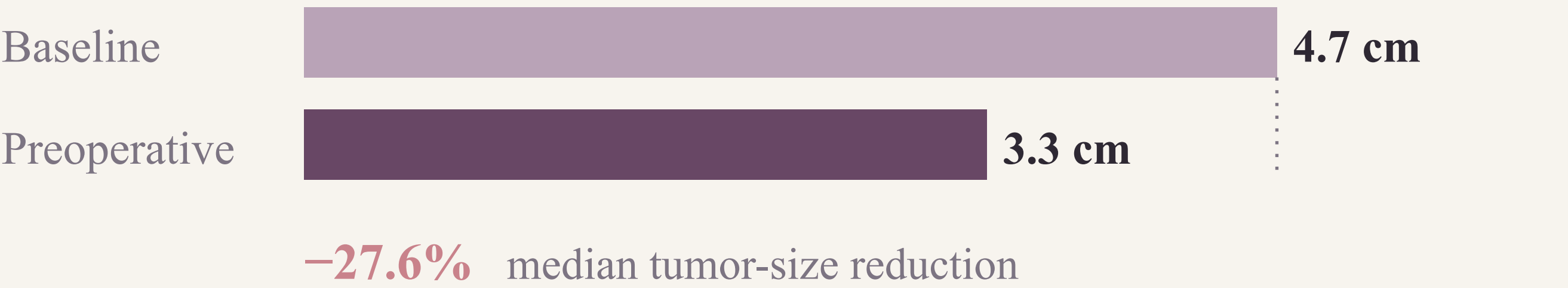
03 BASELINE CHARACTERISTICS

Characteristic	Patients (N = 20)
Median age, years (range)	59.5 (42–77)
Female	17 (85.0%)
Never-smoker	18 (90.0%)
EGFR exon 19 deletion	14 (70.0%)
EGFR L858R	5 (25.0%)
EGFR G719S	1 (5.0%)
Clinical stage III	14 (70.0%)
Clinical stage II	6 (30.0%)

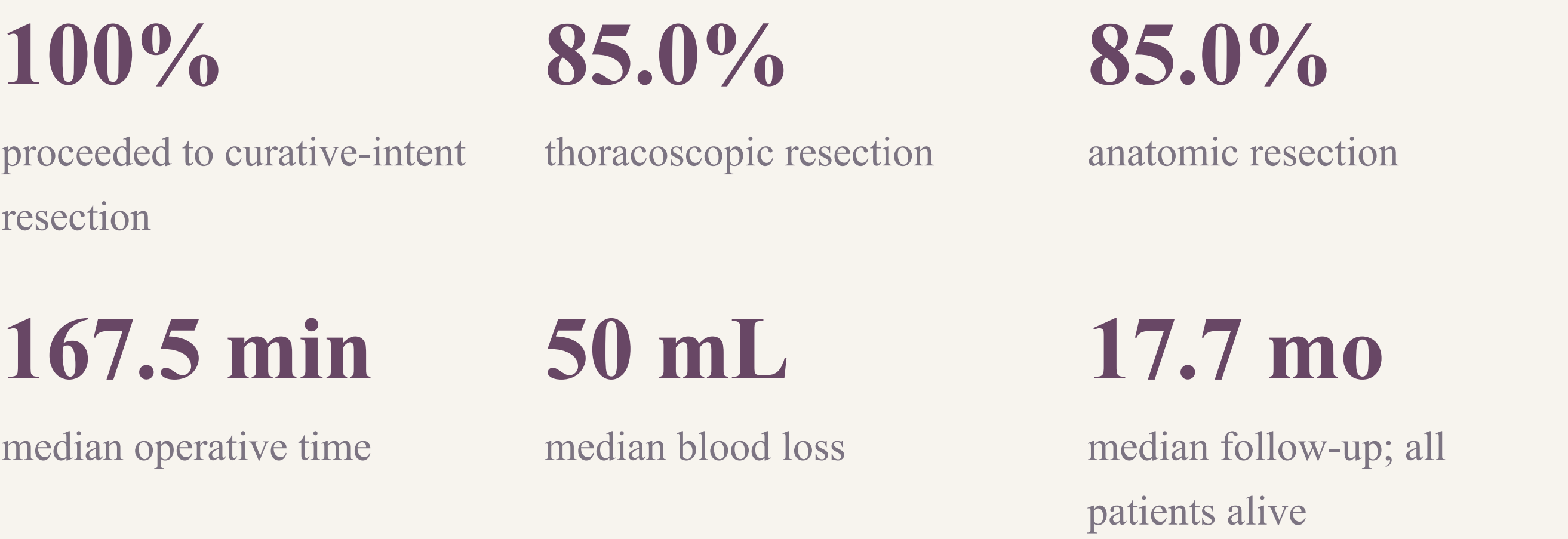
04 RESULTS — PATHOLOGIC RESPONSE



Radiographic tumor shrinkage (median)

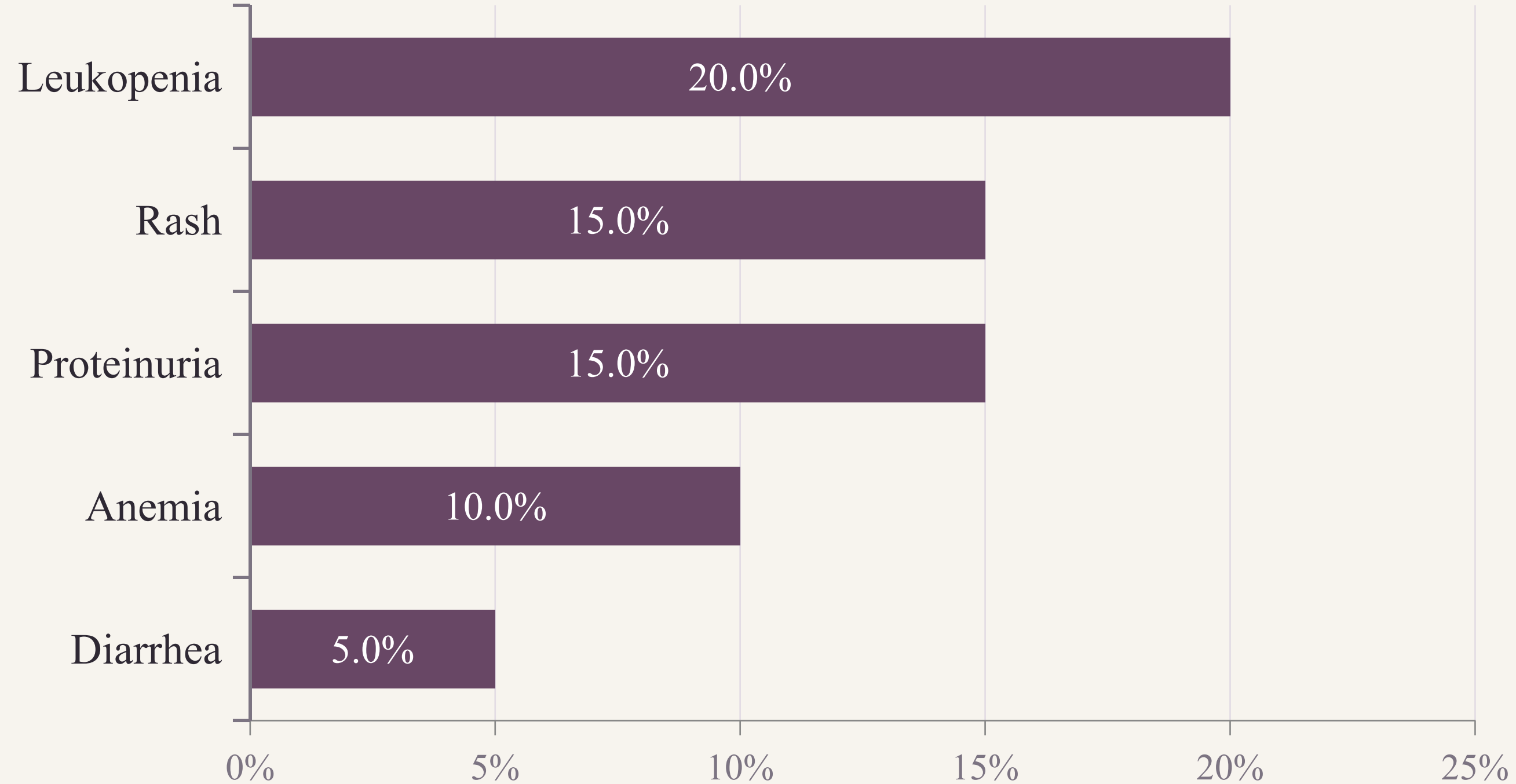


Surgical and perioperative outcomes



05 SAFETY

All-grade adverse events were mild and manageable, with no unexpected perioperative safety events.



Any-grade adverse events, % of patients (N = 20)

06 CONCLUSIONS

1. High pathologic response: **MPR 75.0%, pCR 35.0%** with neoadjuvant firmonertinib-based therapy.
2. Preserved surgical feasibility: **100% resection rate**, mostly thoracoscopic, with manageable toxicity.
3. Numerically higher MPR/pCR with **firmonertinib + chemotherapy** warrants prospective evaluation.

LIMITATIONS

Retrospective, non-randomized design with modest sample size (N = 20); subgroup findings are hypothesis-generating.

Firmonertinib-based neoadjuvant therapy: deep pathologic response, feasible surgery, manageable safety.