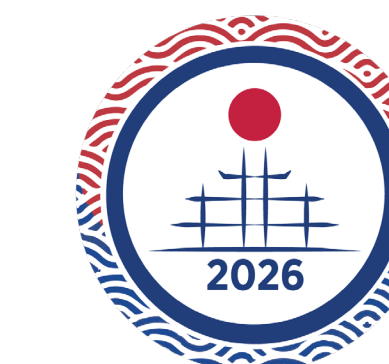


Treatment Patterns and Temporal Trends in Resectable Clinical Stage II NSCLC : A Single-Center Real-World Analysis

SAMSUNG

SAMSUNG MEDICAL CENTER

Dong Woog Yoon¹, Yong Soo Choi¹, Yeong Jeong Jeon¹, Junghee Lee¹, Seong Yong Park¹, Jong Ho Cho¹, Hong Kwan Kim¹, Junkyu Kim², Jinyong Kim², Sehhoon Park², Hyun Ae Jung², Jong-Mu Sun², Se-Hoon Lee², Jin Seok Ahn², So-yun Kim³, Junsu Choe³, Sun Hye Shin³, Kyungjong Lee³, Byeong-Ho Jeong³, Sang-Won Um³, Hyunjong Lee⁴, Joon Young Choi⁴, Kyungmi Yang⁵, Jae Myoung Noh⁵, Hong Ryul Pyo⁵, Dong Young Jeong⁶, Tae Jung Kim⁶, Lee, Ho Yun⁶, Sehui Kim⁷, Boram Lee⁷, Yoon-La Choi⁷, Jounggho Han⁷
¹Department of Thoracic and Cardiovascular Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea, ²Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea, ³Division of Pulmonary and Critical Care Medicine, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea, ⁴Department of Nuclear Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea, ⁵Department of Radiation Oncology, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea, ⁶Department of Radiology and Center for Imaging Science, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea, ⁷Department of Pathology and Translational Genomics, Samsung Medical Center,
Correspondence: *Yong Soo Choi, choi.smcts@gmail.com*



IASLC 2026 World
Conference on Lung Cancer

SEPTEMBER 12 - 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

- Perioperative immunotherapy and targeted therapy have reshaped treatment strategies for resectable NSCLC.
- However, the optimal strategy for stage II disease remains unclear because of its heterogeneous T–N subgroups.
- We evaluated real-world treatment patterns and temporal trends in resectable clinical stage II NSCLC, defined according to the AJCC 9th edition, at a high-volume tertiary center.

METHODS

- We retrospectively analyzed 425 patients with resectable clinical stage II NSCLC treated between 2023 and 2025 at a single tertiary center.
- Clinical stage was classified according to the AJCC ninth edition.
- Patients were grouped according to their initial strategy: upfront surgery or neoadjuvant therapy.
- Temporal and T–N subgroup-specific treatment patterns, surgical feasibility, stage migration, adjuvant treatment, and pathologic response were evaluated.

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Neoadjuvant therapy is increasingly used for resectable stage II NSCLC, particularly in node-positive subgroups, with 89% of patients proceeding to surgery.
- Initial treatment should be individualized through multidisciplinary assessment of the specific T–N subgroup, molecular profile, and surgical feasibility.

Future Direction for Research

- Prospective studies stratified by T–N subgroup and molecular biomarkers are needed to compare treatment strategies and establish evidence-based recommendations for stage II NSCLC.

REFERENCES & ACKNOWLEDGEMENTS

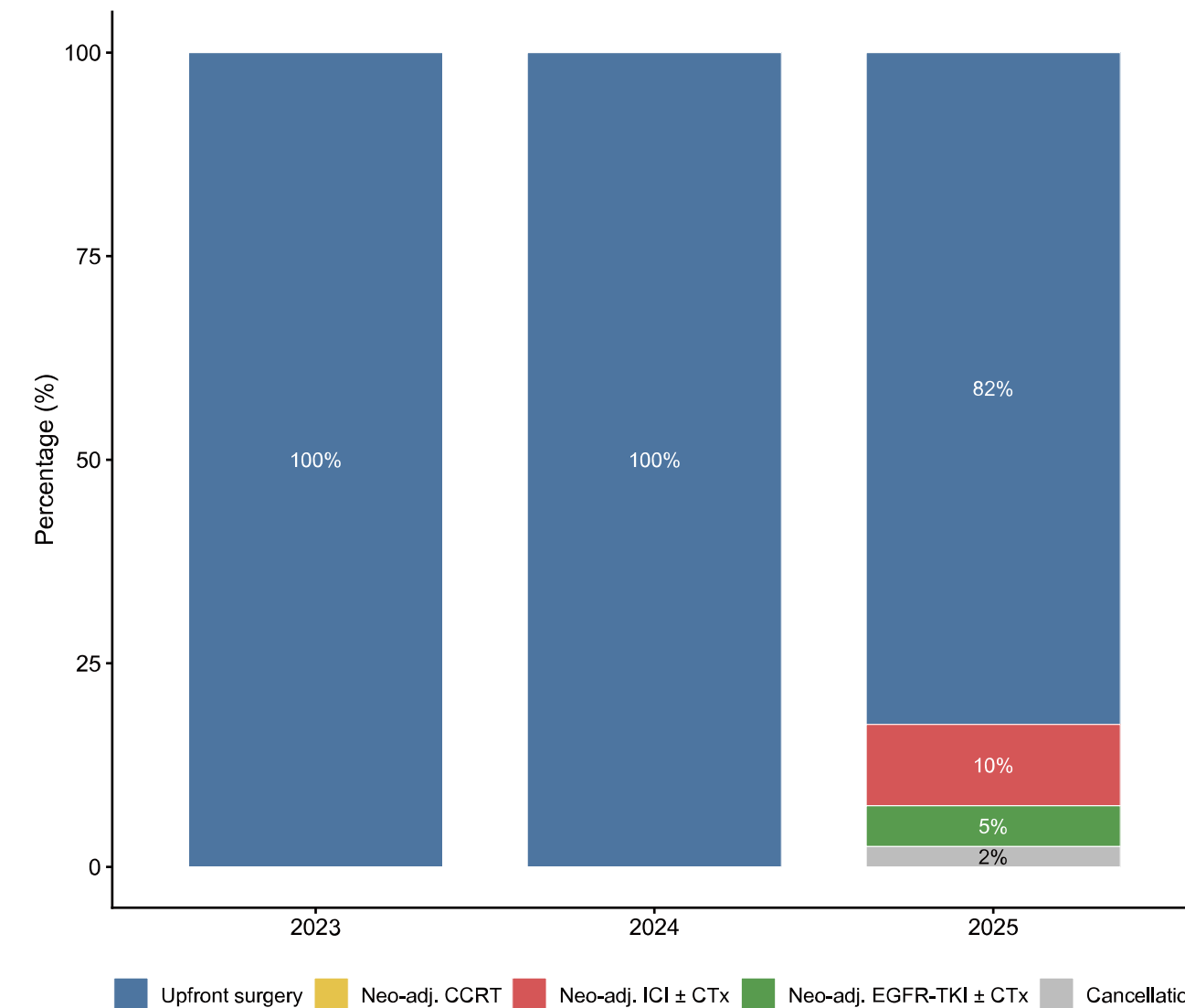
- Acknowledgements**
We thank the multidisciplinary lung cancer team and clinical research staff at Samsung Medical Center for their contributions to patient care and data collection.
- Artificial Intelligence Use Disclosure**
OpenAI ChatGPT was used for language editing and poster organization. All scientific content and interpretations were reviewed and verified by the authors.
- References**
Forde PM, Spicer J, Lu S, et al. Neoadjuvant nivolumab plus chemotherapy in resectable lung cancer. *N Engl J Med*. 2022;386:1973-1985.
Wakelee H, Liberman M, Kato T, et al. Perioperative pembrolizumab for early-stage non-small-cell lung cancer. *N Engl J Med*. 2023;389:491-503.
He J, Tsuboi M, Weder W, et al. Neoadjuvant osimertinib for resectable EGFR-mutated non-small cell lung cancer. *J Clin Oncol*. 2025;43:2875-2887.
Rami-Porta R, Nishimura KK, Giroux DJ, et al. The International Association for the Study of Lung Cancer Lung Cancer Staging Project: Proposals for revision of the TNM stage groups in the forthcoming (ninth) edition of the TNM classification for lung cancer. *J Thorac Oncol*. 2024;19:1007-1027.

RESULTS

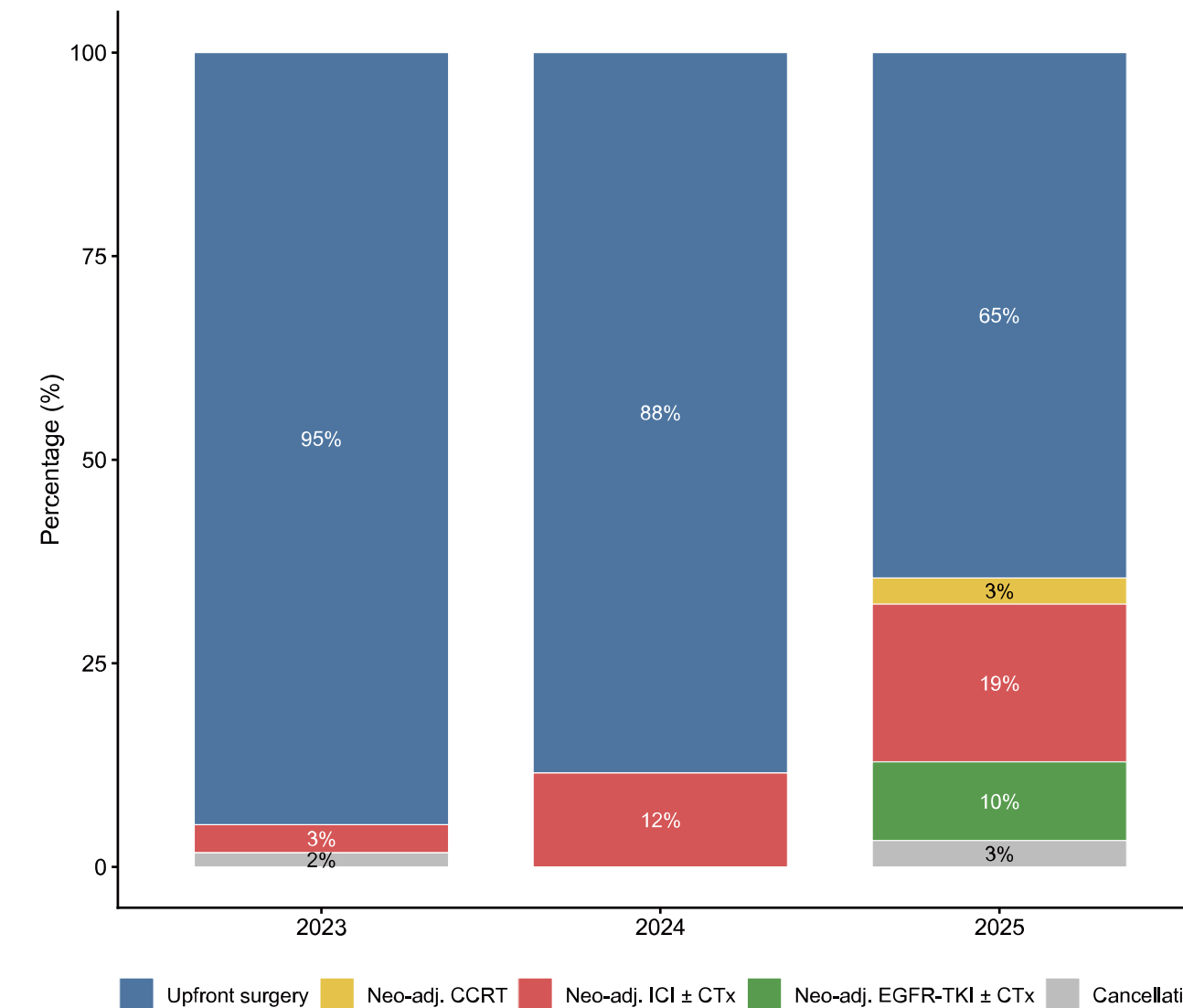
- Temporal trends in treatment patterns for resectable clinical stage II NSCLC according to clinical stage subgroups (2023–2025).**

Stacked bar charts illustrate the annual distribution of treatment strategies, including upfront surgery, neoadjuvant chemoradiotherapy (CCRT), neoadjuvant immunotherapy ± chemotherapy (ICI ± CTx), neoadjuvant EGFR tyrosine kinase inhibitors ± chemotherapy (EGFR-TKI ± CTx), and cancellation of surgery after neoadjuvant therapy.

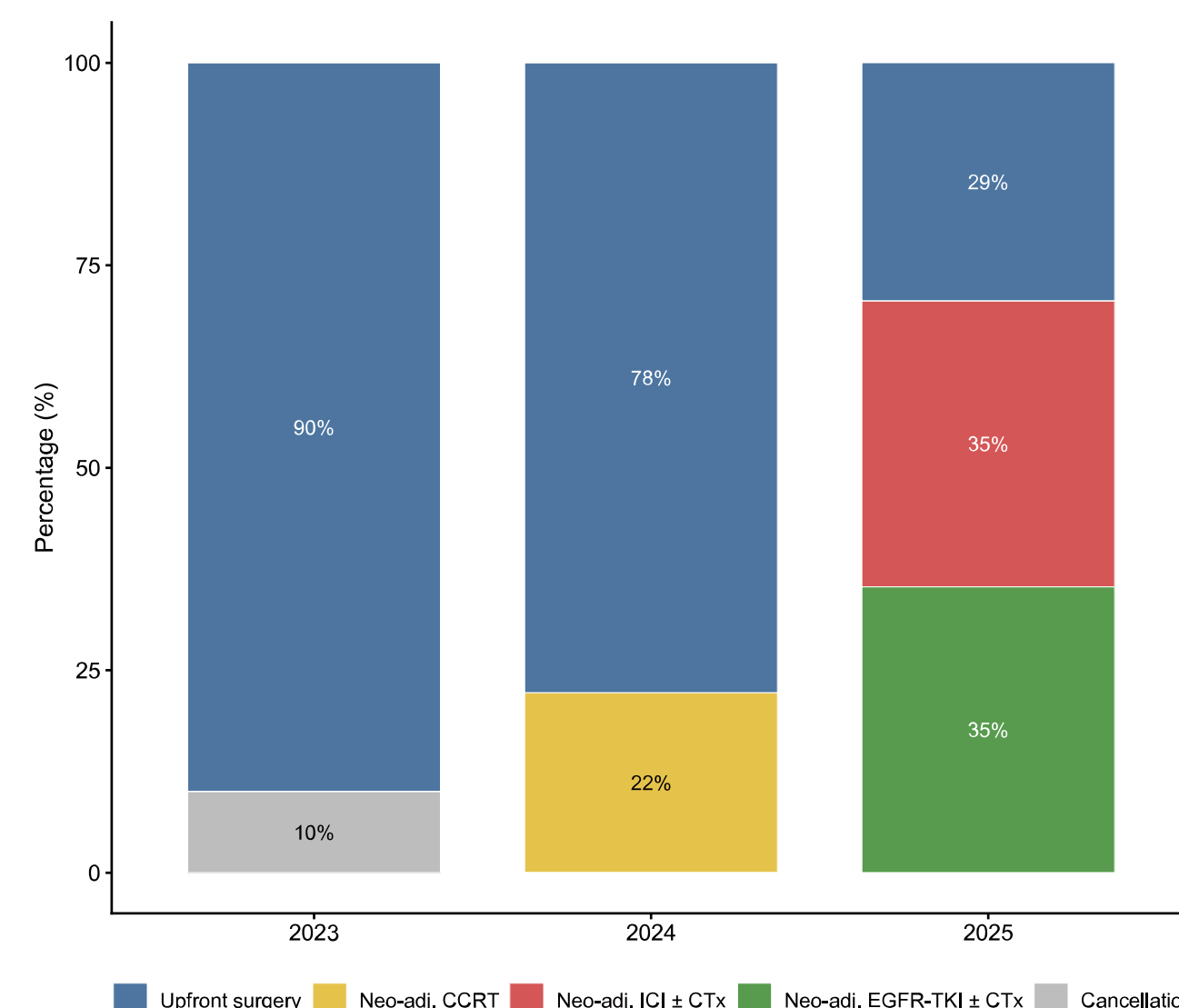
A. Clinical stage T2aN0



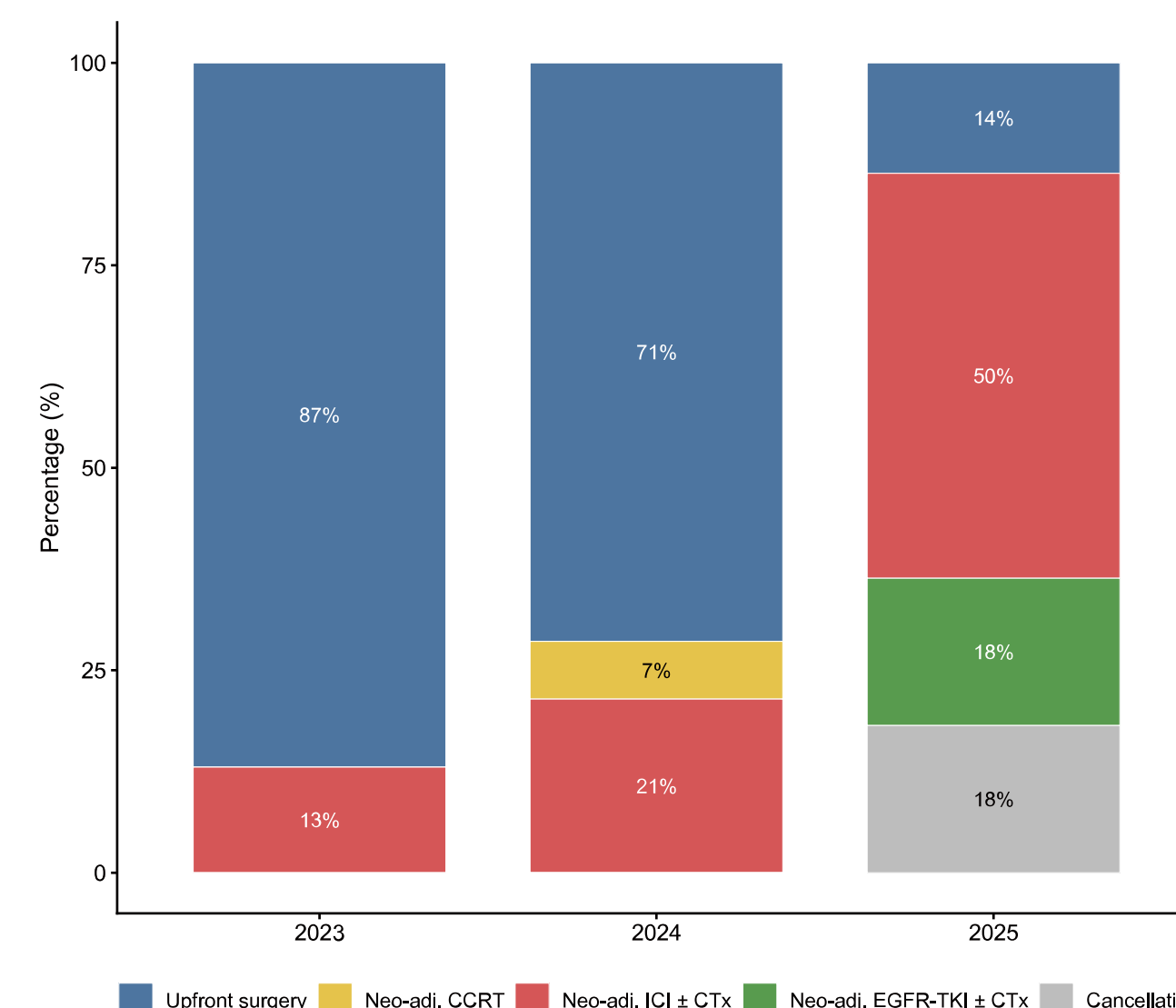
B. Clinical stage T3N0



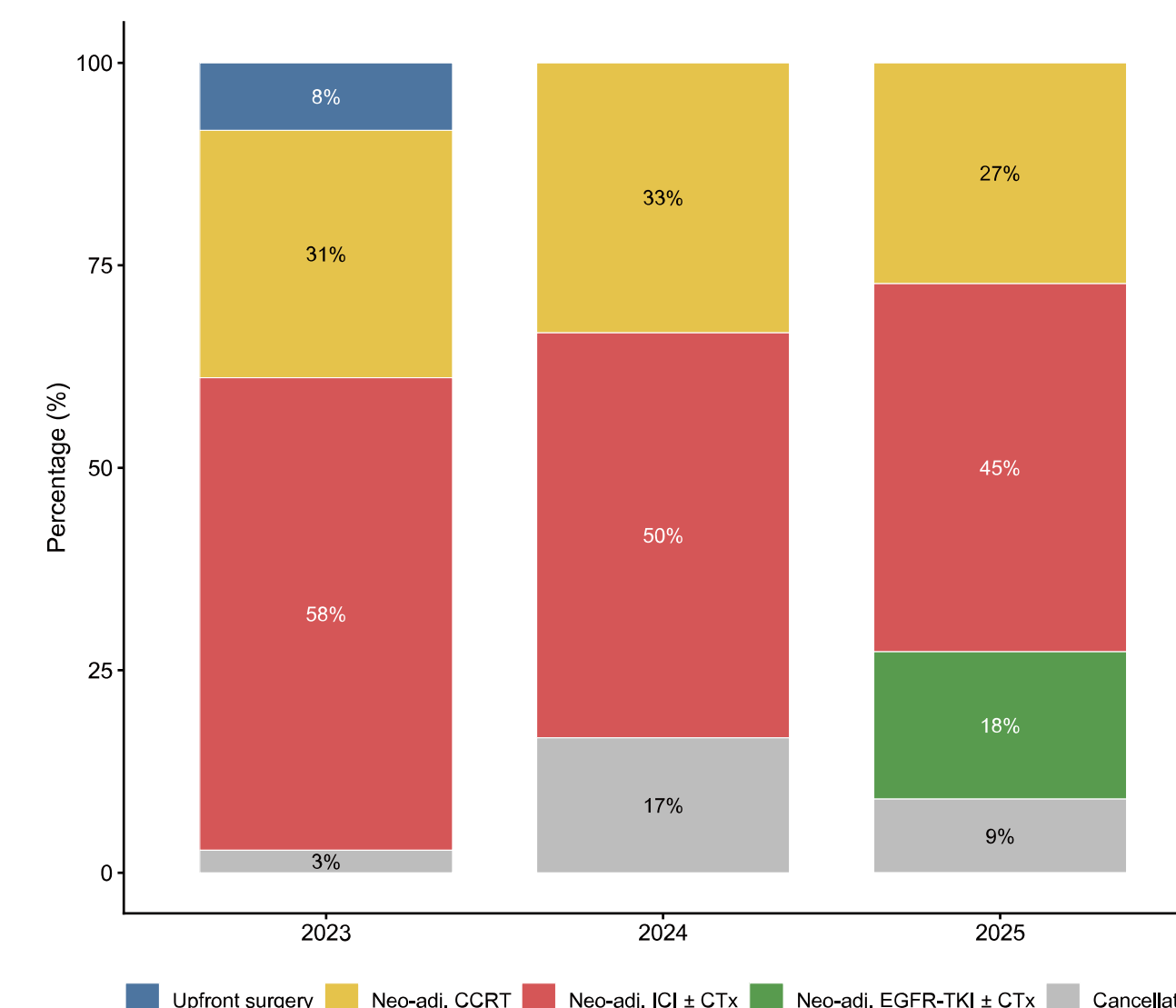
C. Clinical stage T1N1



D. Clinical stage T2N1

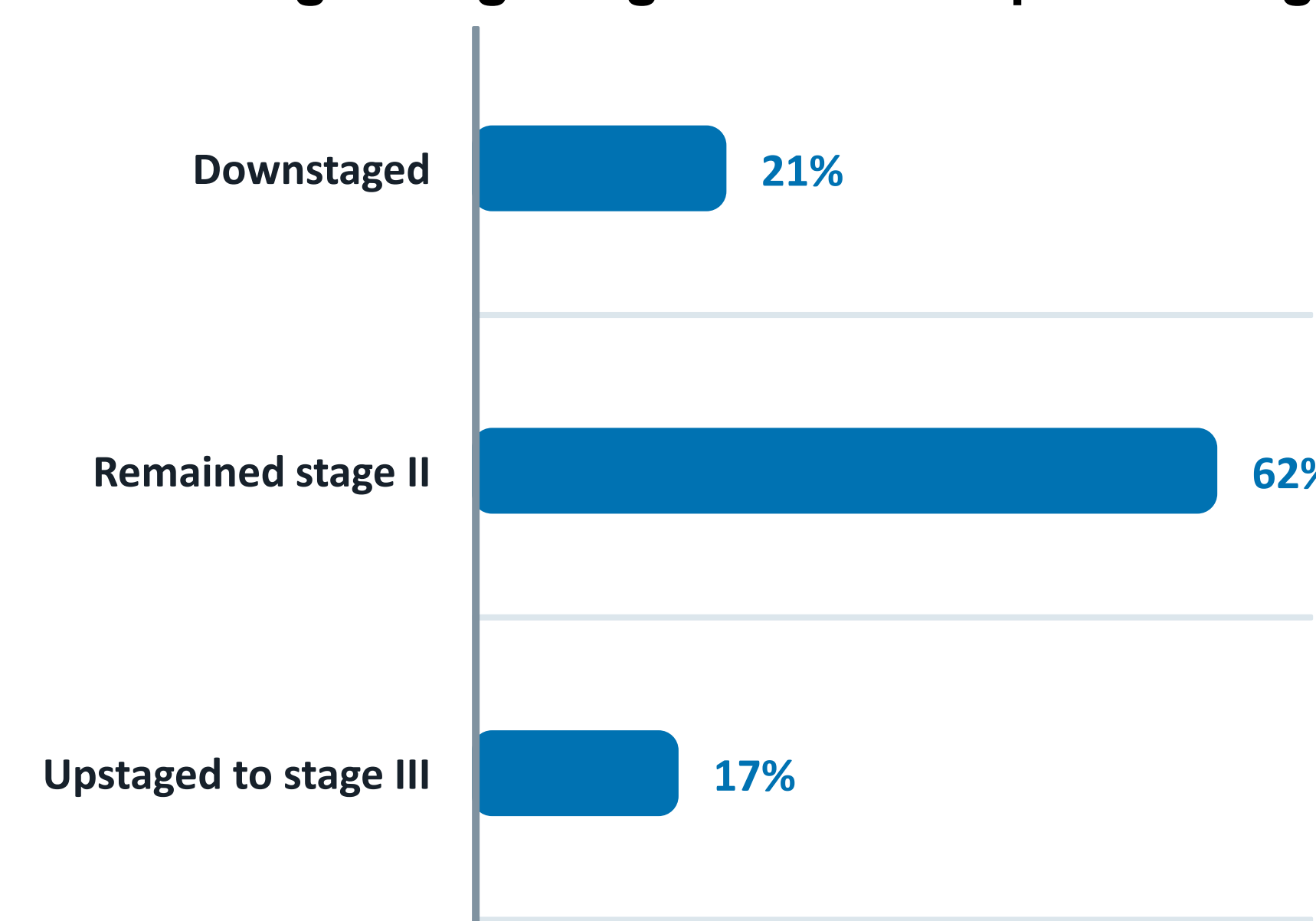


E. Clinical stage T1N2a



- Among 122 patients receiving neoadjuvant therapy, 109 (89%) underwent surgery, whereas 13 (11%) did not because of progression to stage IV (n=7), poor lung function or general weakness (n=5), or ycT0N0 status (n=1).
- Adjuvant therapy was administered to 74% of patients with pathologic stage II and 94% with stage III disease, with completion rates of 66% and 88%, respectively.

- Pathologic stage migration after upfront surgery**



- Pathologic Response by Neoadjuvant Treatment Modality**

