

INTRODUCTION

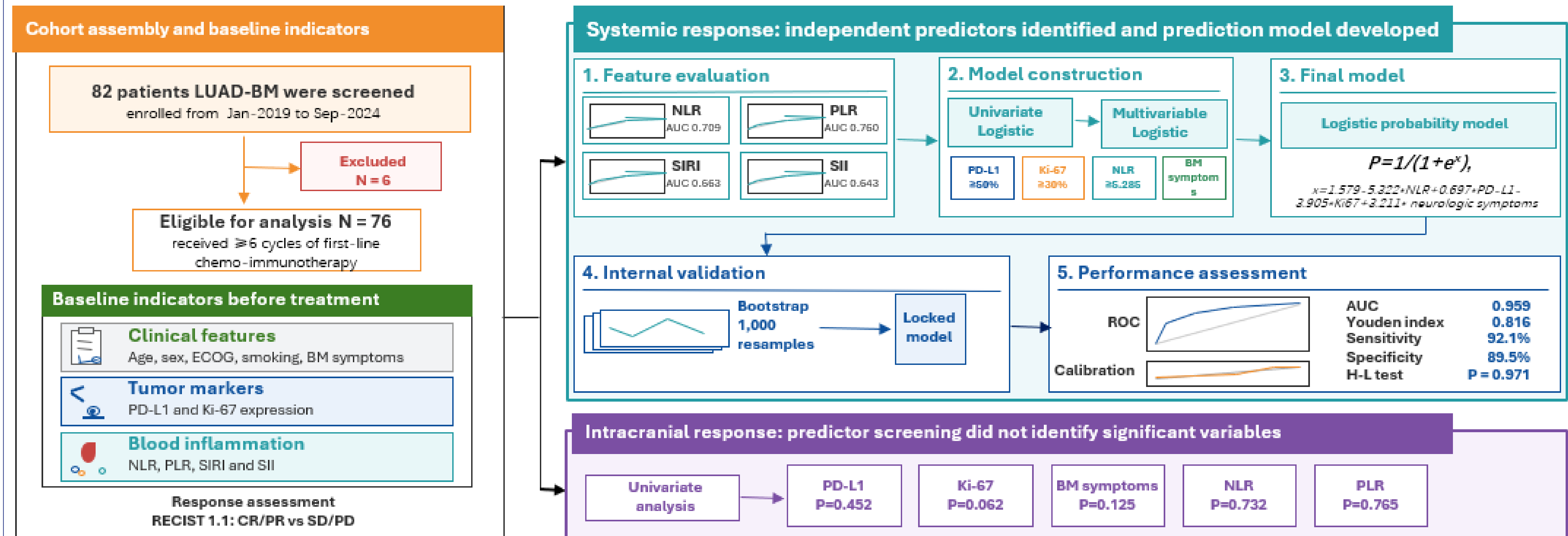
- First-line chemo-immunotherapy is a standard treatment strategy for patients with driver-gene-negative LUAD-BM.
- Validated clinical or hematologic predictors of treatment response remain limited.
- This study aimed to identify predictors of systemic response and develop a response prediction model.

CONCLUSION

- A model incorporating Ki-67, PD-L1, NLR, and neurologic symptoms showed strong discrimination for systemic response.
- No candidate baseline factor was significantly associated with intracranial response.
- Model-derived response probability was associated with PFS in an exploratory internal analysis, supporting further external validation.

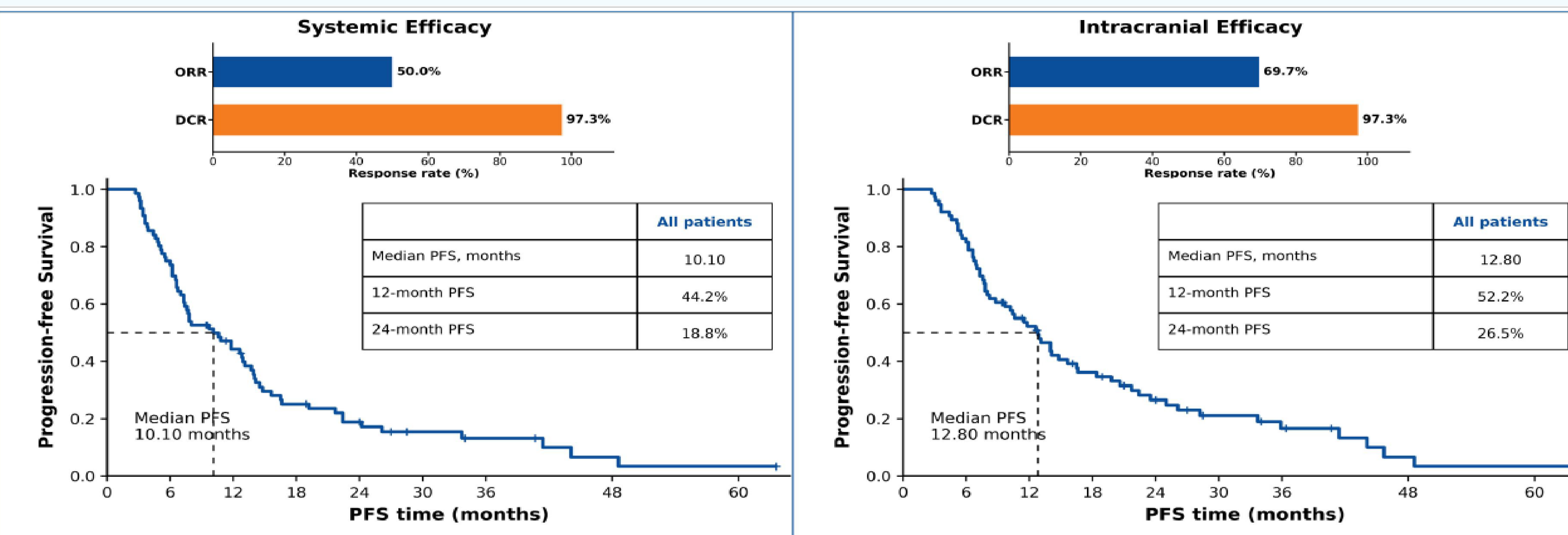
METHODS

Cohort Set-up with Sample Inclusion/Exclusion and Workflow of Modeling Process



RESULTS

Fig1. Descriptive systemic and intracranial efficacy outcomes



- Systemic ORR and DCR were 50.0% and 97.3%, respectively, with a median PFS of 9.6 months.
- Intracranial ORR and DCR were 69.7% and 97.3%, respectively, with a median intracranial PFS of 11.65 months.

Fig2. ROC curve of the systemic response prediction model

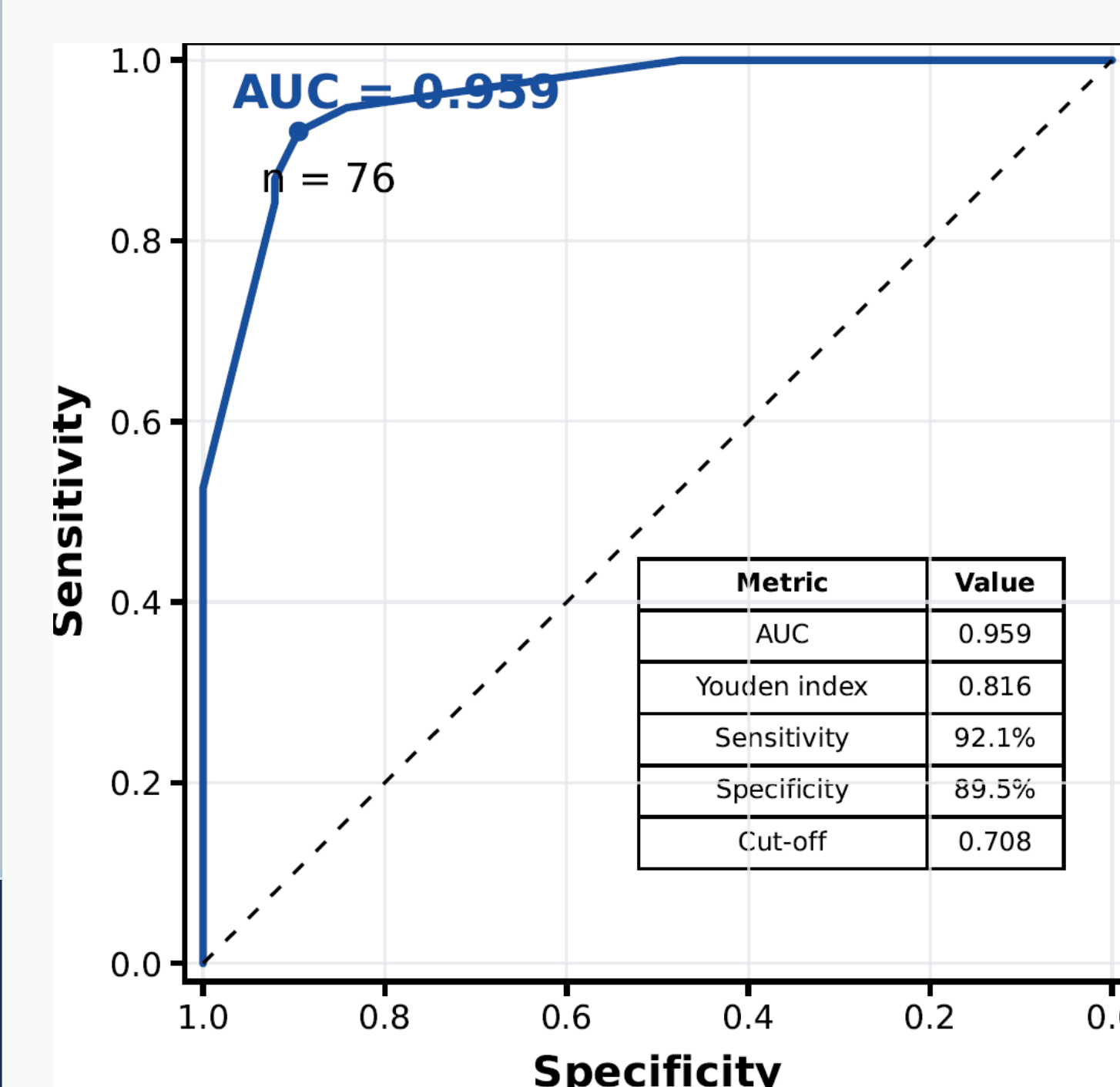
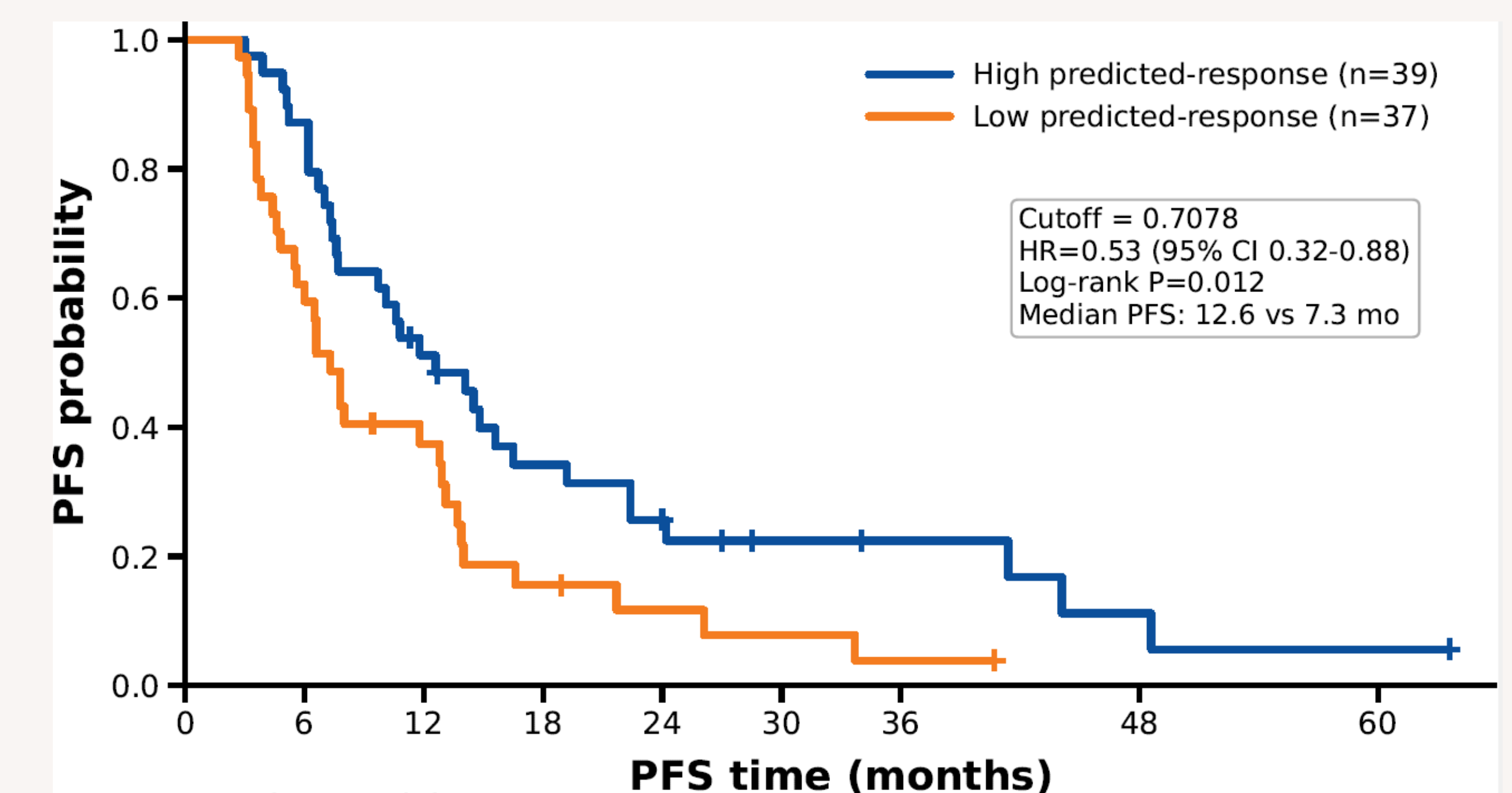


Fig3. PFS stratification by model-derived predicted response probability



- In an exploratory internal analysis, the model-derived response probability stratified patients into groups with different PFS (12.6 months vs. 7.3 months, HR = 0.53)