



Tislelizumab plus chemotherapy followed by conversion surgery in unresectable stage III NSCLC guided by MDT: a phase 2 trial

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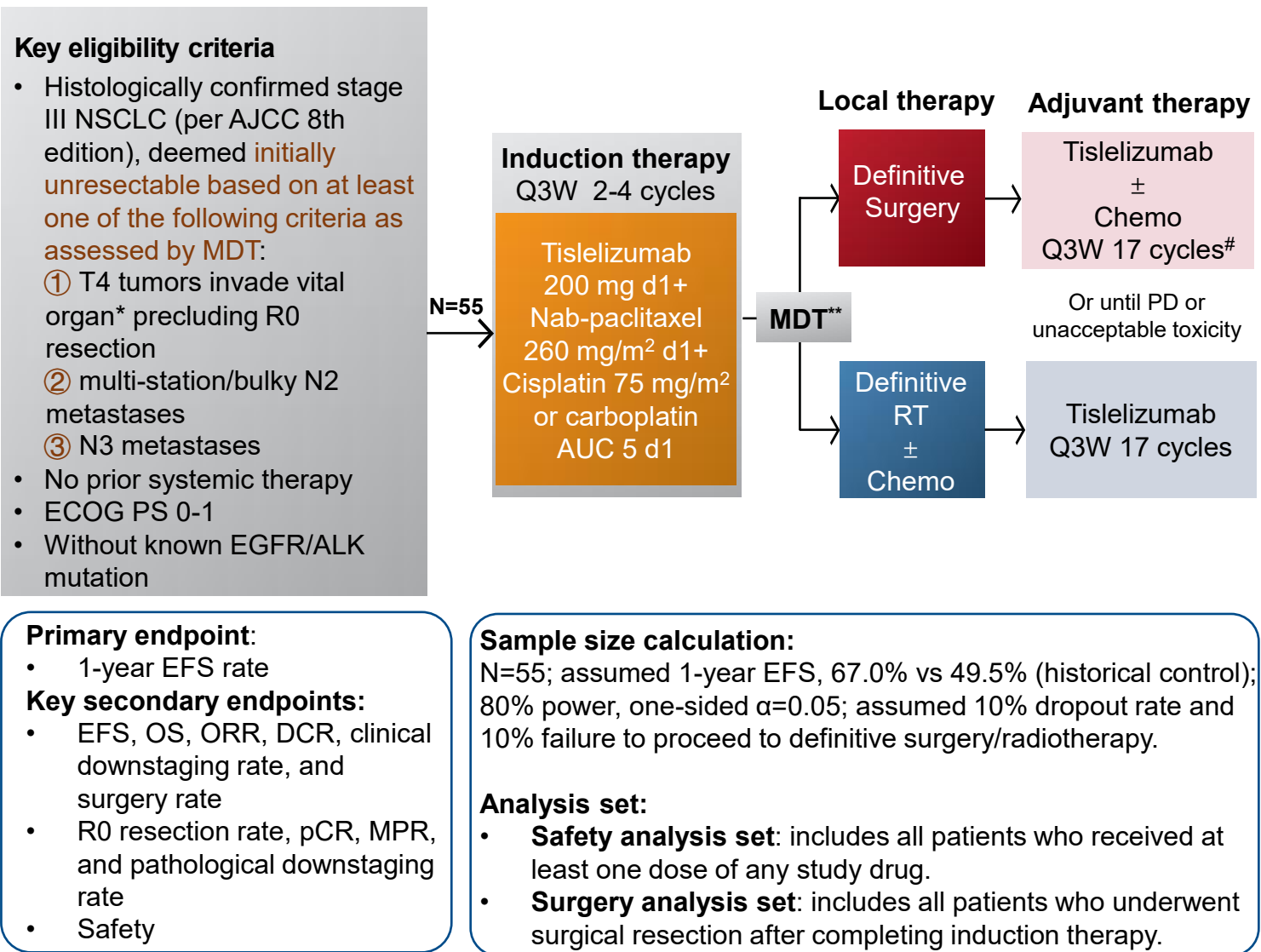
BACKGROUND

- Given the significant benefit of perioperative IO plus chemotherapy in resectable NSCLC¹⁻⁶, adding IO to chemotherapy as induction therapy for initially unresectable stage III NSCLC may provide further survival benefit, partly by enabling surgery.
- The PANDA-1 trial (ChiCTR2400086532) evaluated induction tislelizumab + chemotherapy, followed by surgery or radiotherapy and adjuvant tislelizumab, in patients with initially unresectable stage III NSCLC⁷.
- Here we report the interim analysis results regarding the surgical outcomes.

METHODS

- The PANDA-1 trial was an open-label, single-arm phase 2 study enrolled patients with histologically confirmed stage III NSCLC deemed initially unresectable as assessed by MDT, including ① T4 tumors invading critical structures precluding R0 resection, ② bulky or multistation N2 disease, or ③ N3 disease (**Figure 1**).
- This interim analysis was prespecified in the protocol and was conducted after all patients who underwent surgery had completed postoperative assessments to analyze surgical outcomes.
- To analyze conversion surgery feasibility and safety across baseline unresectability patterns, patients were grouped into the T subgroup (①), N subgroup (② and/or ③), and T+N subgroup (① combined with ② and/or ③) (**Figure 1**).
- The percentages were summarized with point estimates, with two-sided 95% CIs calculated by the Clopper–Pearson method.

Figure 1. Study design



RESULTS

Patients

- Between Jul 2024 and Nov 2025, 55 patients were enrolled (**Table 1**).
- As of data cutoff (01 Mar 2026), all 55 patients received induction therapy (**Figure 2**): 1 patient (1.8%) received two cycles, 28 (50.9%) received three cycles, and 26 (47.3%) received four cycles.

Post-induction tumor response and conversion surgery

- Among all the 55 patients, post-induction ORR and DCR were 89.1% (49/55) and 96.4% (53/55), respectively (**Figure 3**).
- Clinical downstaging was achieved in 45 (81.8%) patients .
- After induction, 78.2% (43/55) underwent conversion surgery.
- Conversion surgery rates were 80.8% (21/26) in the T subgroup, 91.7% (11/12) in the N subgroup, and 64.7% (11/17) in the T+N subgroup (**Table 2**).

CONCLUSIONS

- Induction tislelizumab plus chemotherapy showed clinically meaningful antitumor activity and enabled conversion surgery in a substantial proportion of patients with initially unresectable stage III NSCLC, with high R0 resection rate and promising pCR/MPR rate.
- The induction therapy was generally well tolerated, and conversion surgery was feasible and safe.
- Subgroup findings support the feasibility of conversion surgery across baseline unresectability patterns; longer follow-up is ongoing to confirm survival outcomes.

Table 1. Baseline characteristics

	Patients enrolled (n=55)	Surgery patients (n=43)
Age, median (range), years	62 (38-70)	61 (38-70)
Smoking status, n (%)		
Current/former smoker	52 (94.5)	41 (95.3)
Never smoked	3 (5.5)	2 (4.7)
ECOG PS, n (%)		
0	45 (81.8)	36 (83.7)
1	10 (18.2)	7 (16.3)
Histology, n (%)		
Squamous	47 (85.5)	38 (88.4)
Non-squamous	8 (14.5)	5 (11.6)
Disease stage, n (%)		
IIIA	19 (34.5)	15 (34.9)
IIIB	27 (49.1)	23 (53.5)
IIIC	9 (16.4)	5 (11.6)
Baseline T stage, n (%)		
T1-3	11 (20.0)	10 (23.3)
T4	44 (80.0)	33 (76.7)
Baseline N stage, n (%)		
N0-1	19 (34.5)	15 (34.9)
N2 ^a	18 (32.7)	15 (34.9)
N3 ^a	18 (32.7)	13 (30.2)
Subgroups derived from baseline unresectability, n (%)		
T subgroup		
①	26 (47.3)	21 (48.8)
N subgroup		
②	1 (1.8)	1 (2.3)
③	1 (1.8)	1 (2.3)
②+③	10 (18.2)	9 (20.9)
T+N subgroup		
①+②	10 (18.2)	8 (18.6)
①+②+③	7 (12.7)	3 (7.0)

①, T4 invasion of vital structures. ②, Multistation/bulky N2 metastases. ③, N3 metastases. *The N2/N3 status was confirmed by PET/CT in 100% of cases and by pathology in 25% of cases to confirm baseline clinical staging.

Figure 2. Patient flow

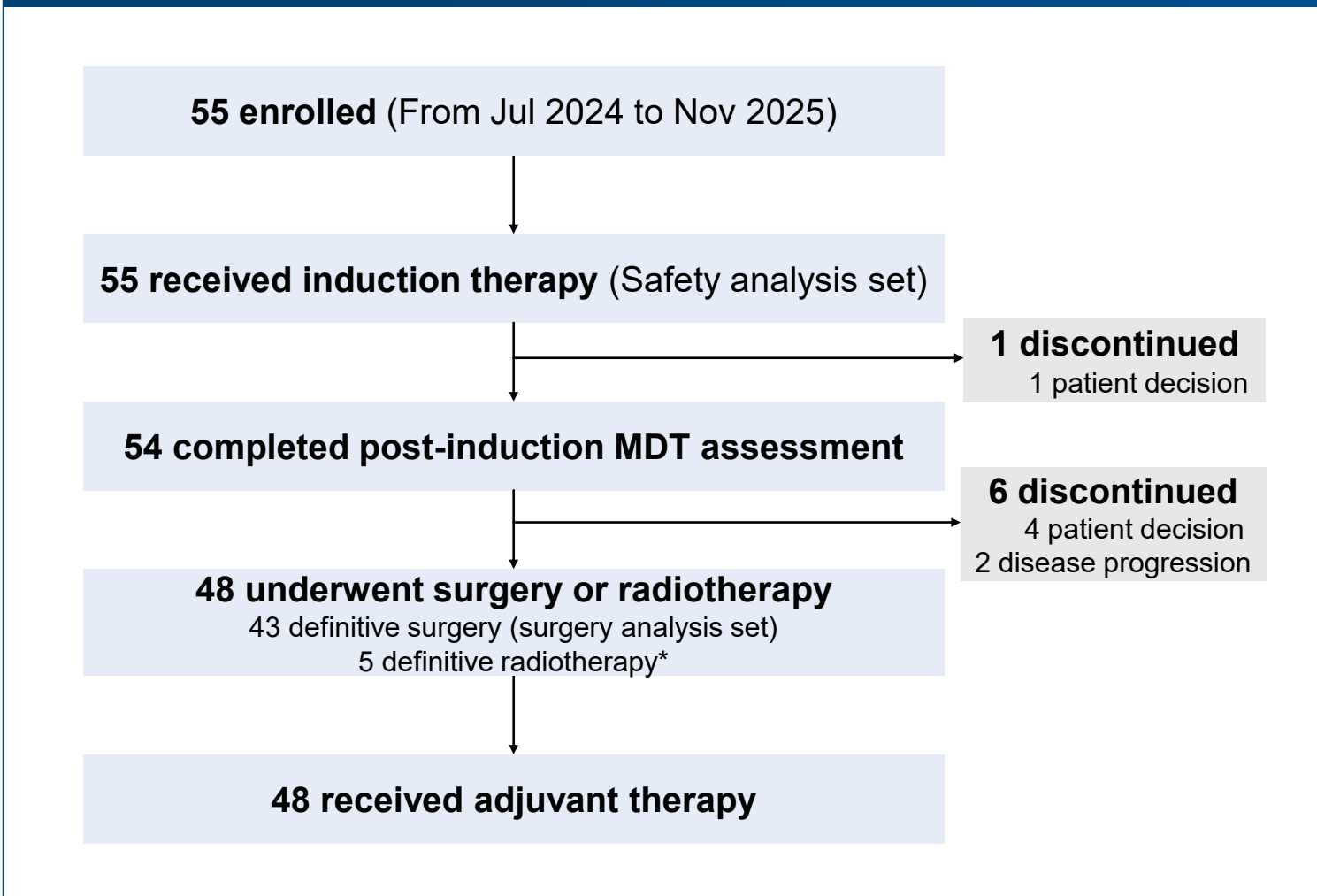
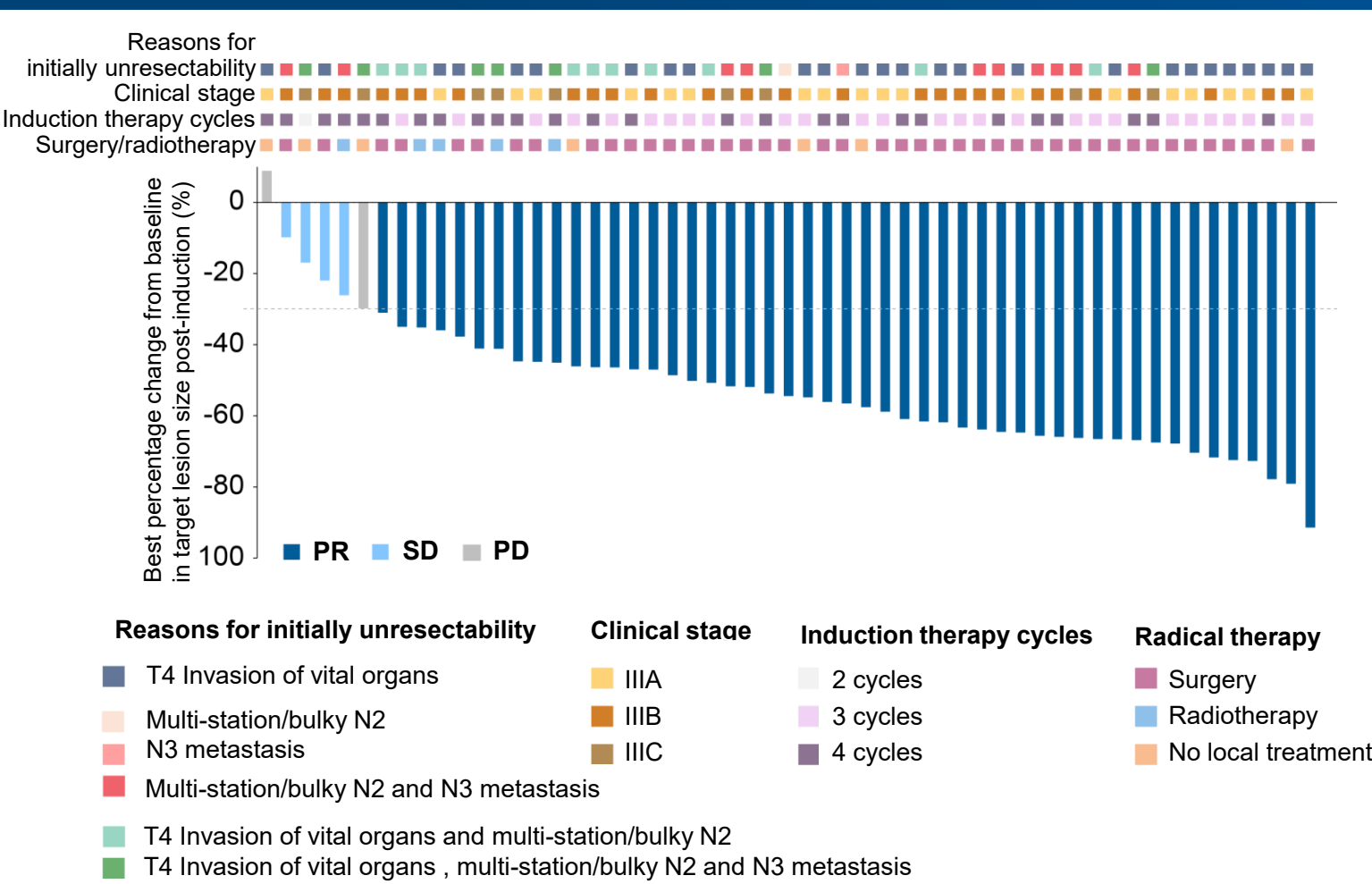


Figure 3. Post-induction tumor response



Surgical Outcomes and perioperative safety

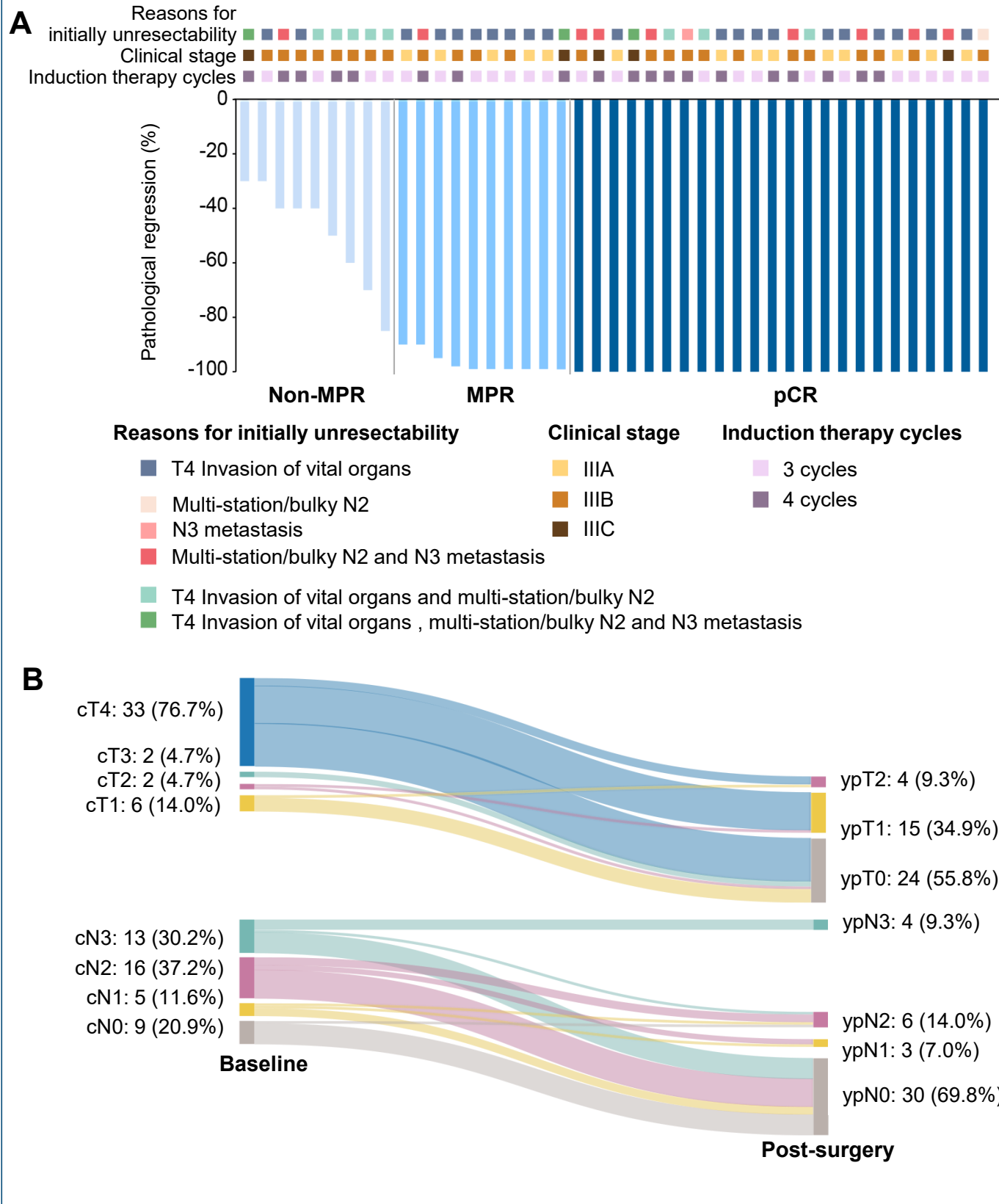
- Among the 43 patients who underwent conversion surgery, R0 resection was achieved in 41 patients (95.3%).
- 83.7% underwent lobectomy; no pneumonectomies were performed; minimally invasive surgery was performed in 79.1% of cases (**Table 2**).
- pCR and MPR rates were 48.8% and 79.1%, respectively, with pathological downstaging achieved in 97.7% of patients (**Figure 4**).
- Clavien-Dindo grade ≥3 surgical complications occurred in 9.3% of patients, including pulmonary air leak (2.3%), pulmonary infection (2.3%), hemothorax requiring thoracotomy (2.3%), and pneumothorax (2.3%). No grade 4 events or 30-day mortality was observed.
- Across different baseline unresectability patterns:
 - R0 resection rates were 100%, 100%, and 81.8% in the T, N, and T+N subgroups, respectively.
 - The surgical approach, type of surgery and surgical complication rates were comparable with those in the overall population.

Table 2. Conversion surgery outcomes

Patients underwent conversion surgery	All patients (n=43)	T subgroup (n=21)	N subgroup (n=11)	T+N subgroup (n=11)
R0 resection [#] , n (%)	41 (95.3)	21 (100.0)	11 (100.0)	9 (81.8)
pCR rate, % (95% CI)	48.8 (33.3-64.5)	47.6 (25.7-70.2)	63.6 (30.8-89.0)	36.4 (10.9-69.2)
MPR rate, % (95% CI)	79.1 (64.0-90.0)	90.5 (69.6-98.8)	90.9 (58.7-99.8)	45.5 (16.7-76.6)
Surgical approach, n (%)				
Minimally invasive	34 (79.1)	18 (85.7)	9 (81.8)	7 (63.6)
Thoracotomy	7 (16.3)	3 (14.3)	1 (9.1)	3 (27.3)
Minimally invasive to thoracotomy	2 (4.7)	0	1 (9.1)	1 (9.1)
Type of surgery, n (%)				
Lobectomy	36 (83.7)	19 (90.5)	9 (81.8)	8 (72.7)
Bilobectomy	3 (7.0)	1 (4.8)	1 (9.1)	1 (9.1)
Sleeve lobectomy	4 (9.3)	1 (4.8)	1 (9.1)	2 (18.2)
Grade ≥3 surgical complications	4 (9.3)	3 (14.3)	1 (9.1)	0
Death with 30 days after surgery	0	0	0	0

*R0 resection rate was defined as the proportion of patients with margin-negative resection.

Figure 4. Pathological response and pathological downstaging after conversion surgery



Overall safety

- Among 55 patients, grade ≥3 TRAEs occurred in 58.2% (32/55) patients, predominantly hematotoxicities (**Table 3**).
- No death or treatment discontinue was attributed to TRAEs.

Table 3. Most frequent (≥10%) TRAEs in safety analysis set (n= 55)

N (%)	Any grade	Grade ≥3
Any events	55 (100.0)	32 (58.2)
Neutrophil count decreased	43 (78.2)	23 (41.8)
White blood cell decreased	43 (78.2)	8 (14.5)
Anemia	36 (65.5)	3 (5.5)
Hyponatremia	25 (45.5)	0
Platelet count decreased	21 (38.2)	1 (1.8)
Rash	18 (32.7)	0
Hepatic function abnormal	8 (14.5)	0
Hypoesthesia	8 (14.5)	0
Hypothyroidism	8 (14.5)	0
Decreased appetite	8 (14.5)	0
Hypokalemia	7 (12.7)	0
Hyperthyroidism	7 (12.7)	0
Constipation	6 (10.9)	0
Insomnia	6 (10.9)	0

Abbreviations

ALK, anaplastic lymphoma kinase; AUC, area under the curve; CI, confidence interval; DCR, disease control rate; ECOG PS, eastern cooperative oncology group performance status; EFS, event-free survival; IO, immunotherapy; MDT, multidisciplinary team; MPR, major pathological response; NSCLC, non-small cell lung cancer; N2, node stage 2; N3, node stage 3; ORR, objective response rate; OS, overall survival; pCR, pathological complete response; PET/CT, positron emission tomography/computed tomography; Q3W, every 3 weeks; RT, Radiotherapy; TTDM, time to distant metastasis; TRAEs, treatment-related adverse events; T4, tumor stage 4; TTLR, time to locoregional recurrence.

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Disclosure

Dr. Guowei Che and Dr. Jiewei Liu declare no conflict of interest

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