

ctDNA-Guided De-Escalation of Adjuvant Immunotherapy in Resectable NSCLC: The DNA-PREDICT Phase II Trial

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BACKGROUND

- Perioperative chemoimmunotherapy improves outcomes in resectable NSCLC.
- Up to 1 year of adjuvant immunotherapy may expose lower-risk patients to overtreatment, toxicity and cost.
- ctDNA is a sensitive MRD biomarker and may enable risk-adapted treatment.
- Early ctDNA dynamics may predict response and correlate with pCR.

METHODS

- Prospective, single-arm, phase II investigator-initiated trial; planned N=40.
- Resectable NSCLC treated with standard neoadjuvant platinum chemotherapy + immune checkpoint blockade, then surgery.
- Personalized tumor-informed ctDNA measured serially through treatment and surveillance.

CURRENT ACCRUAL

6

consented

2

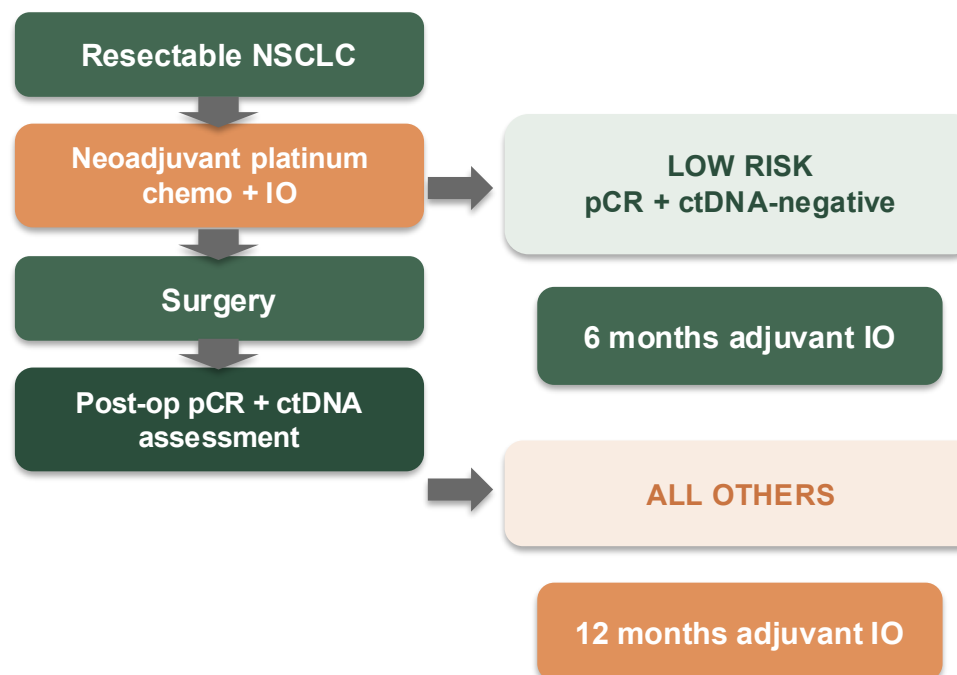
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DNA-PREDICT TREATMENT SCHEMA



Adaptive molecular recurrence pathway

Low-risk patients receive 6 months of adjuvant IO.
If postoperative ctDNA converts from negative to positive → staging imaging.
If imaging is negative → adjuvant IO is extended to a total of 12 months.

CTDNA SAMPLING

- **Baseline** prior to / day of treatment
- **During NAT** early dynamics
- **Pre-op** pre-surgical clearance
- **Post-op** MRD assessment
- **q3 months** surveillance

OBJECTIVES

- Primary: pre-surgical ctDNA clearance and pCR.
- Secondary: ctDNA kinetics, survival outcomes by risk group, and early recurrence detection.
- Exploratory: genomic, clinical and radiomic predictors.

TAKE-HOME

ctDNA + pCR may enable risk-adapted adjuvant immunotherapy

Treat less when appropriate — while maintaining molecular surveillance.

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