

P3.059: Ultra-Short Survival in MNSCLC: Identifying a High-Risk Phenotype in Urgent Need of Rapid Intervention

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INTRODUCTION

Early mortality in metastatic non-small cell lung cancer (MNSCLC) is defined as death within three months of diagnosis.

This study aims to identify independent prognostic factors associated with early mortality.

METHODS

Design:

- Retrospective study of patients diagnosed with MNSCLC between 2012–2023 at Abderrahmen Mami Hospital.

-Among 638 patients, those with overall survival (OS) < 3 months were identified.

-Multivariate logistic regression analysis was performed to evaluate factors associated with early mortality.

-Statistical significance was defined as $p < 0.05$

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- The strongest determinants of early mortality were impaired ECOG PS, advanced age, and adrenal involvement.
- Platinum-based chemotherapy was associated with a protective effect

Future Direction for Research

- Early referral, Accelerated diagnostic pathways, and rapid treatment onset could improve outcomes in this vulnerable population.

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*All authors responsible for content disclose that AI was NOT used in the development of the material.

RESULTS

- Median age : 65
- 87% Male
- 90% smokers
- ECOG PS ≥ 2 : 58%
- Diagnostic delays :
 - 90 days: symptoms to consultation
 - 35 days: consultation to confirmation
- Platinum-based chemo : 38.5%
- Multivariate analysis showed a non-statistically significant trend toward increased mortality ($p = 0.086$).

638
Patients with mNSCLC
(2012–2023)

117
Patients with
early mortality
(OS < 3 months)

18.3%
Early mortality
(Death within 3 months)

Figure 1: Patients flow and Early Mortality Rates

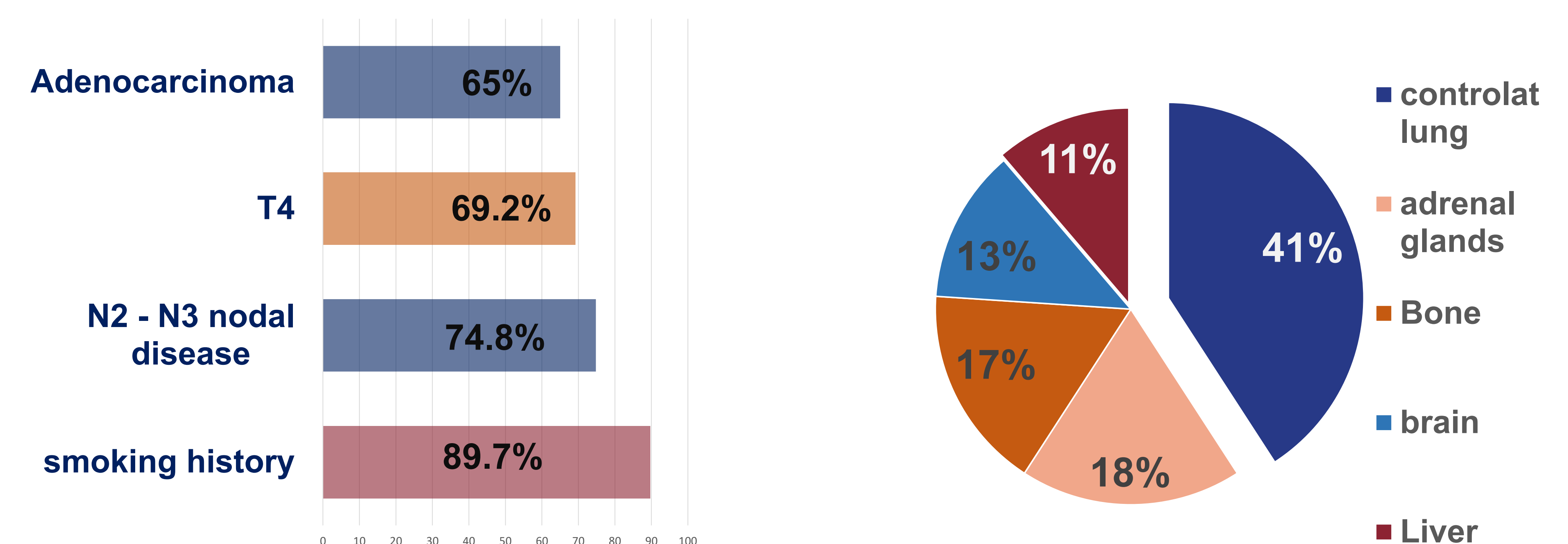


Figure 2: High risk features and Histology

Figure 3: Metastatic sites

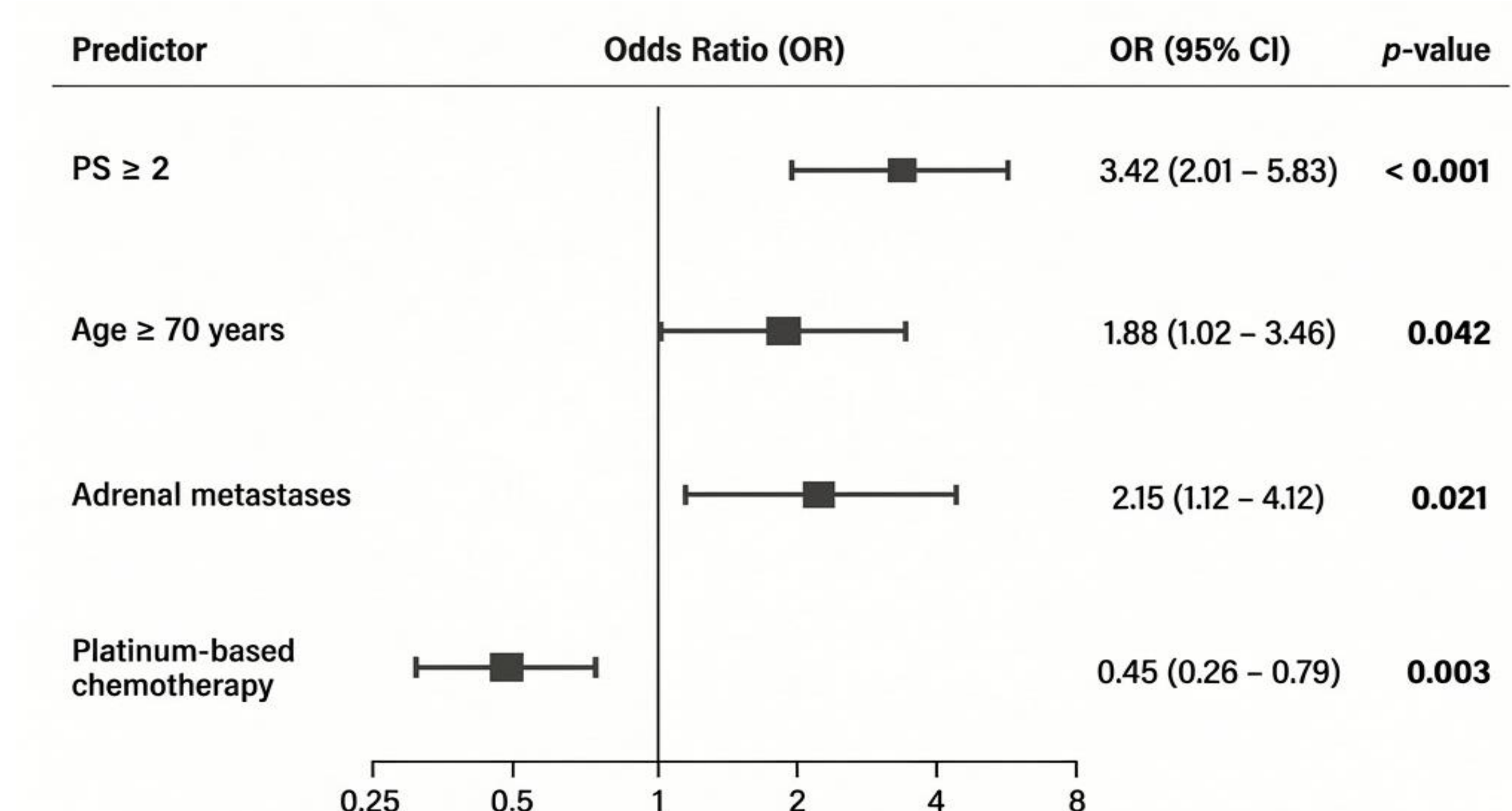


Figure 4: Univariate Forest plot