

INTRODUCTION

- M1a NSCLC with pleural dissemination: systemic therapy standard; surgery not routine.
- Resection may benefit selected patients with absent or limited nodal disease.
- HITHOC targets residual pleural disease after maximal cytoreduction.
- Role in NSCLC undefined; outcomes by nodal stage never described.
- Aim: survival, pleural progression, and event patterns by pathologic N stage after CRS + HITHOC.

METHODS

Design & Patients

- Retrospective, single-center: 17 consecutive patients with M1a NSCLC, all with multiple pleural metastases (2019–2025).

CRS + HITHOC

- Resection + pleurectomy + fulguration (maximal cytoreduction, not R0) → cisplatin 100 mg/m², 43 °C × 90 min.

Nodal Groups

- pN0/N1/N2/N3 = 7/4/4/2
- post hoc: N0-1 (n=11) vs N2-3 (n=6).

Endpoints & Analysis

- Pleural progression: new/recurrent malignant effusion or new/enlarging pleural nodules on 3-monthly surveillance CT scan.
- OS, CSS, PFS: Kaplan-Meier, log-rank, exact permutation P — prognostic only, no comparator.

OS, overall survival; CSS, cancer-specific survival; PFS, progression-free survival.

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Pathologic N stage sharply stratifies survival after CRS + HITHOC: no deaths in N0-1 (n=11) vs 5/6 in N2-3.
- No pleural progression (0/17) — all oncologic events non-pleural (intrapulmonary ± distant); two additional pneumonia deaths.
- Meticulous preoperative mediastinal staging is essential: both N3 cases were invasive-staging false negatives.
- Findings are prognostic, not predictive (small cohort, heterogeneous systemic therapy, no comparator) — N2-3 is not an absolute contraindication.

Future Direction for Research

- Prospective studies with standardized systemic therapy and a non-HITHOC comparator are needed to define the role of CRS + HITHOC by nodal stage.

REFERENCES & ACKNOWLEDGEMENTS

References

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RESULTS

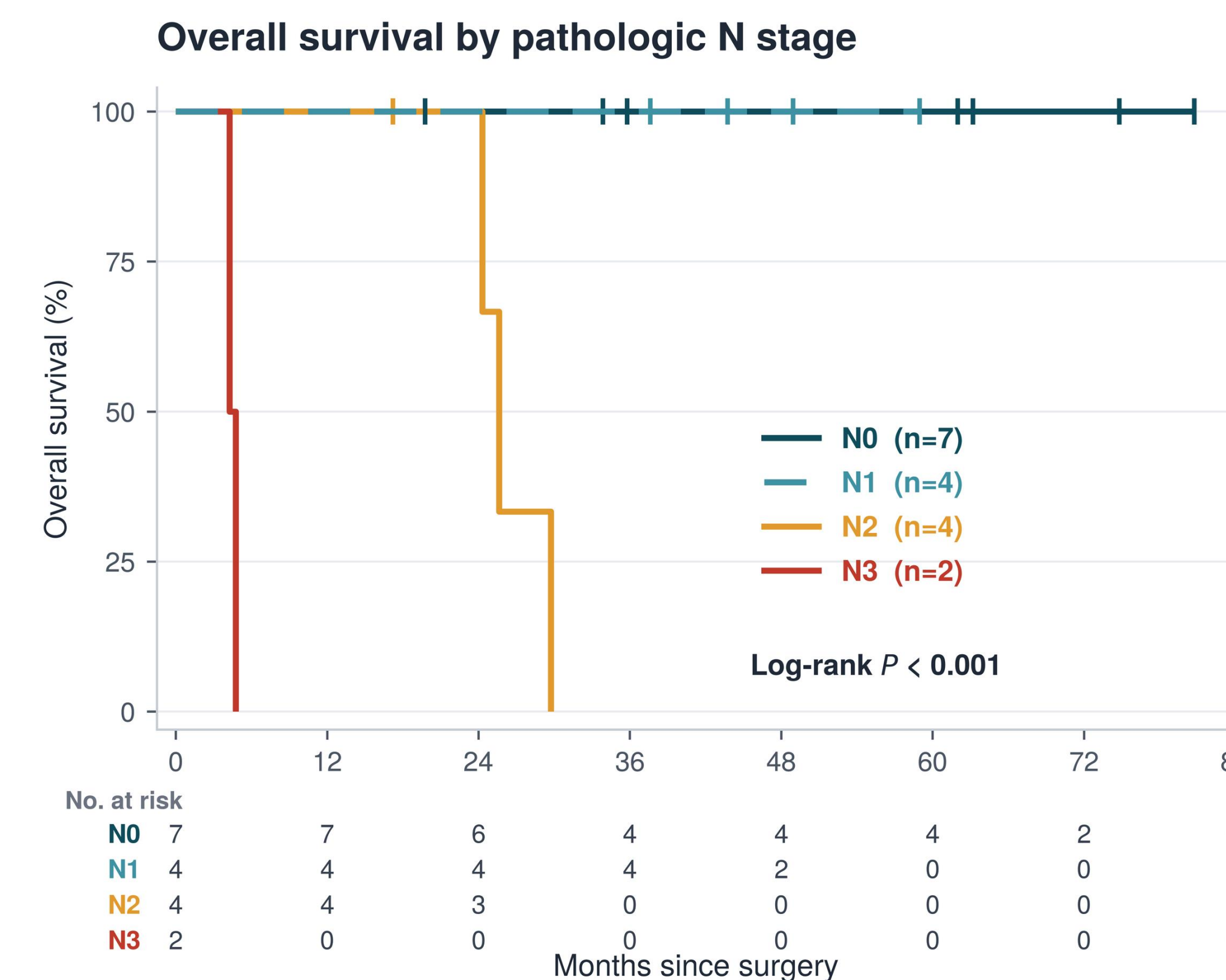


Figure 1. Overall survival by pathologic N stage.

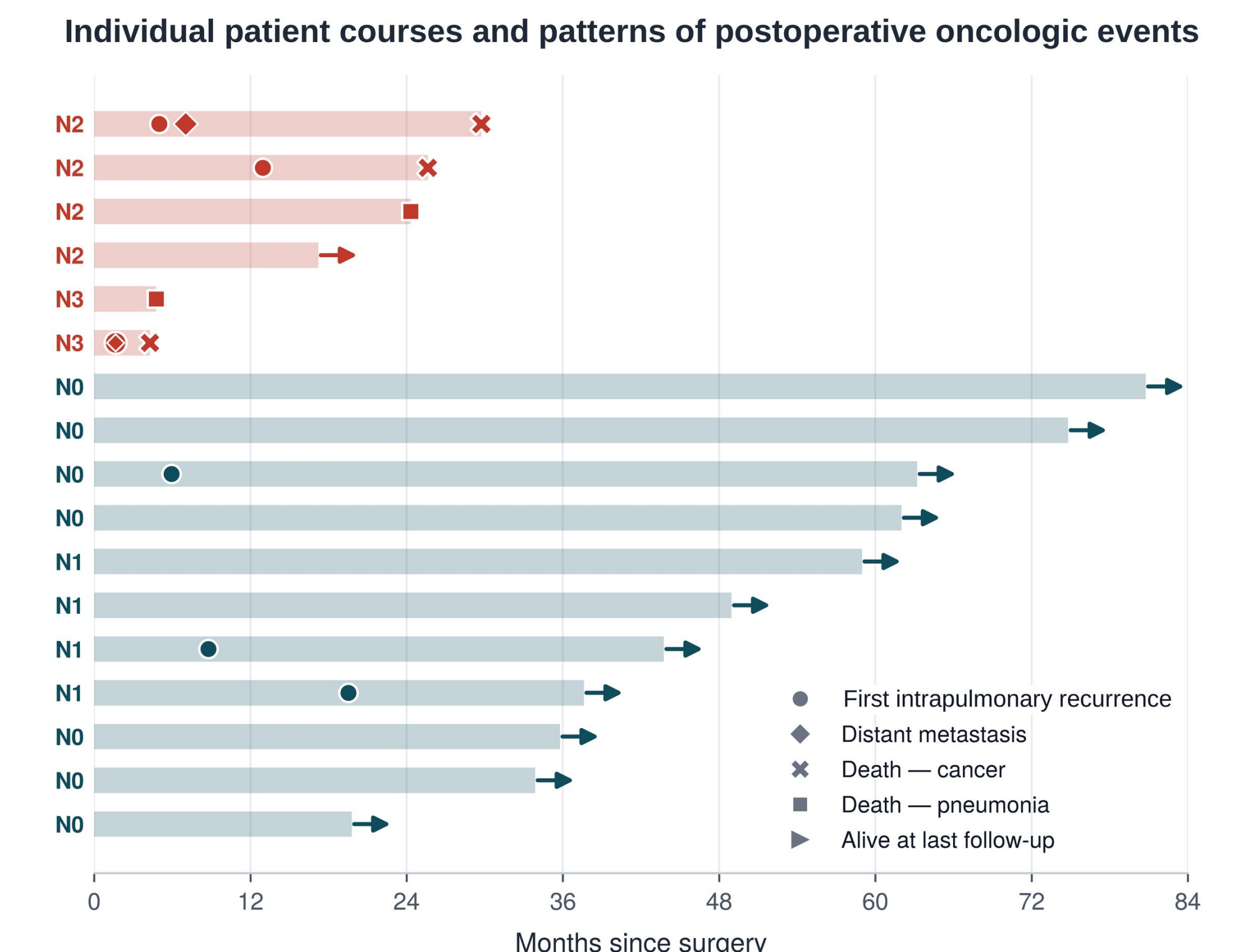


Figure 3. Individual patient courses and postoperative oncologic events.

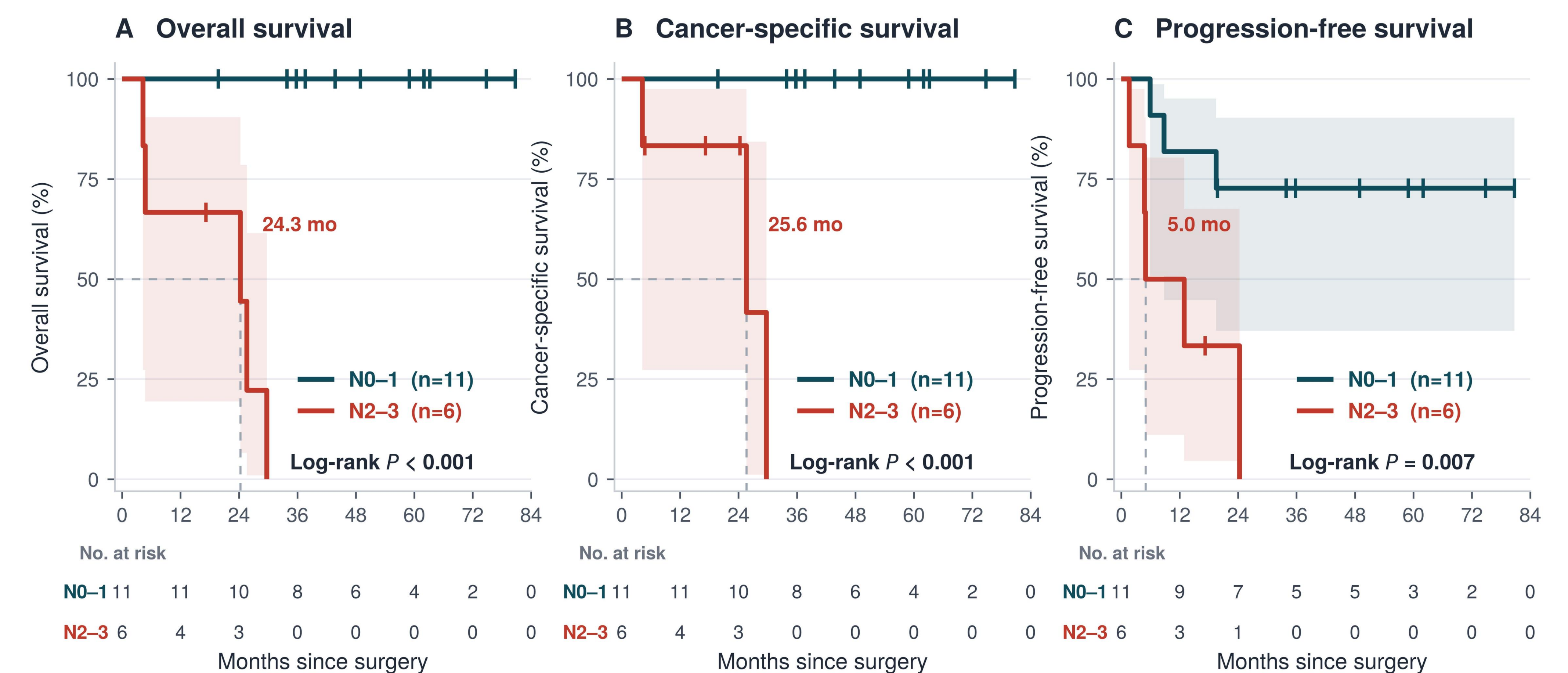


Figure 2. Overall (A), cancer-specific (B), and progression-free (C) survival: N0-1 vs N2-3.

- No 30-day mortality, Clavien-Dindo ≥III complications, or treated acute kidney injury
- Survival separated sharply by nodal stage: no deaths in N0-1 (median OS not reached) vs 5/6 in N2-3 (24.3 mo; OS/CSS log-rank P<0.001, PFS P=0.007).
- No pleural progression in any patient (0/17; median follow-up 49.0 vs 20.8 mo in N0-1 vs N2-3) — first oncologic event was intrapulmonary recurrence in all six, with distant metastasis only in N2-3.