

# P3.180: Synchronous Oligometastatic Non-Small Cell Lung Cancer: Results of Non-Randomized Prospective Trial.

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## INTRODUCTION

Lung cancer ranks among the leading causes of mortality in oncology patients. 4,225 new cases of lung cancer were diagnosed in 2024 in the Republic of Belarus. Results from several studies have demonstrated the benefits of local consolidation therapy in patients with oligometastatic cancer compared to traditional chemotherapy approaches. We conducted a retrospective analysis including 132 consecutive cases of oligometastatic lung cancer from 2014 to 2019. The median overall survival in retrospective cohort was 8.98 months. Local treatment of all tumor sites improved survival rates ( $p < 0.0001$ ). Since there is currently no established optimal multimodal treatment strategy, we initiated a prospective non-randomized single-arm phase 2 study at our center.

## METHODS, DESIGN

### Patients with untreated oligometastatic NSCLC.

Disease spread was assessed with FDG PET-CT and contrast-enhanced brain MRI.

### Key inclusion criteria:

- Aged  $\geq 18$  and  $\leq 75$  years
- Pathologically confirmed NSCLC without driver mutations in EGFR, ALK, ROS-1, BRAF
- Number of distant metastases: 1-5
- Number of metastatic sites: 1-3
- Feasibility of local treatment for all tumor sites

### Primary endpoint:

- EFS

### Secondary endpoint:

- OS
- ORR
- Safety (AEs by CTC AE v5.0)
- MPR, pCR

### Local management of cranial lesions (if present)

- Surgical resection
- Gamma knife radiosurgery
- combination of both modalities.



### 2 cycles of platinum based chemotherapy

- Adenocarcinoma (Pemetrexed 500mg/m<sup>2</sup> + Cisplatin 75mg/m<sup>2</sup> or Carboplatin AUC5)
- Squamous cell carcinoma (Gemcitabin 1250mg/m<sup>2</sup> + Cisplatin 75mg/m<sup>2</sup> or Carboplatin AUC5)



### Surgical resection of the primary tumor

- The protocol prohibits sublobar resections and mandates systematic lymph node dissection in all cases.



### Local consolidation treatment of extracranial metastases (if present)

- SBRT
- Surgery
- Conformal radiotherapy



### 2 cycles of platinum based chemotherapy

- Adenocarcinoma (Pemetrexed 500mg/m<sup>2</sup> + Cisplatin 75mg/m<sup>2</sup> or Carboplatin AUC5)
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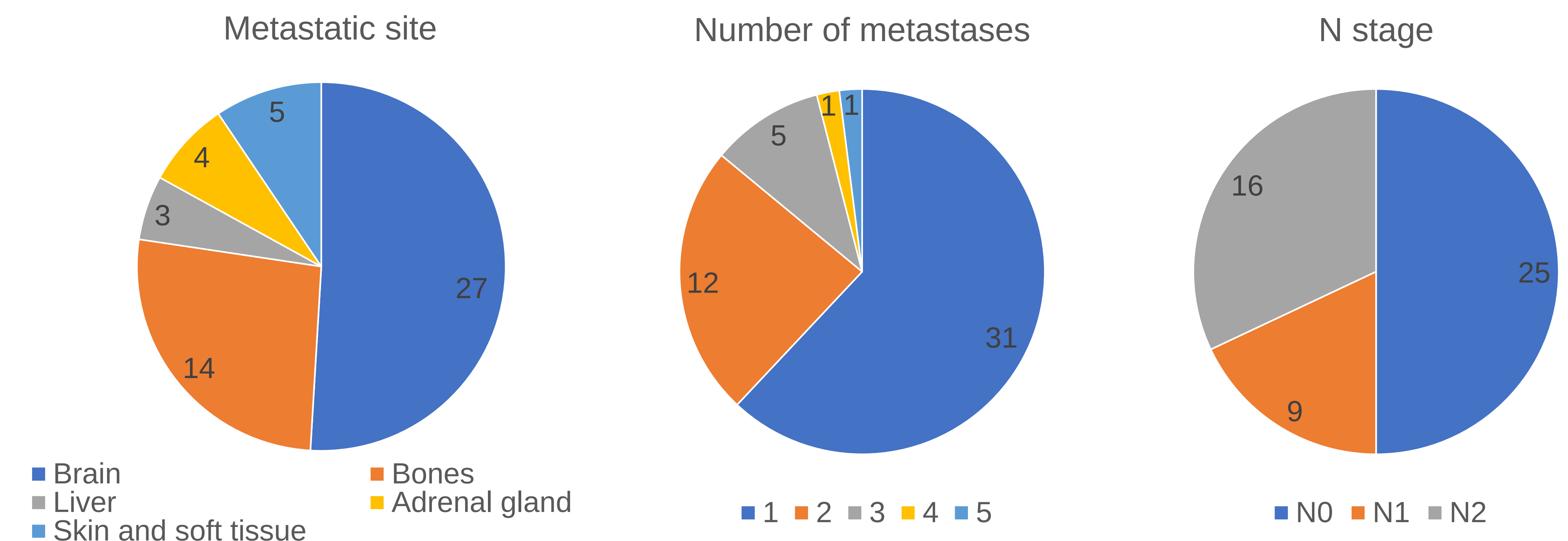
## DISCUSSION AND CONCLUSION

### Actionable Take Away Message

- Median EFS was 12.2 months (95% CI 8.3-17.3), with 1-, 2-year EFS 52.3% $\pm$ 7.8% and 22.4% $\pm$ 7.1%.
- Median OS was 31.7 (95% CI 20.6-NA) with 1-, 2-year OS 79.3% $\pm$ 6.6% and 54.5% $\pm$ 9.1%.
- Lymph node metastases ( $p=0.006$ ), squamous cell morphology ( $p=0.04$ ) and the presence of bone metastases ( $p=0.02$ ) negatively affected OS.

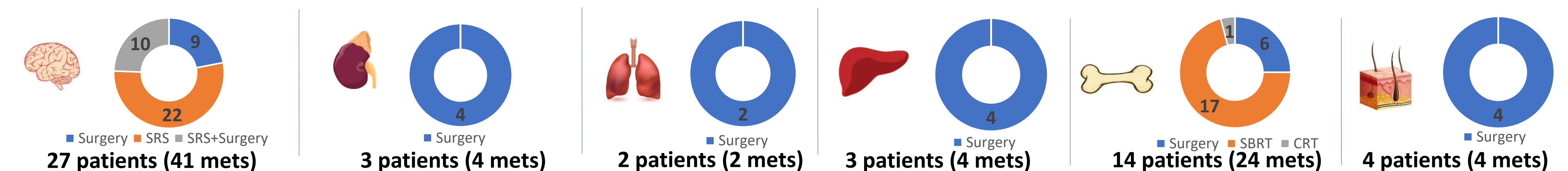
## RESULTS

Since 01.01.2021, 50 patients were enrolled in prospective trial: 27 with brain metastases and 23 with extracranial metastases. Adenocarcinoma was confirmed in 35 (70%) patients, while 15 (30%) had squamous cell carcinoma. Most treated patients showed regional lymph node involvement (52.0%) with mediastinal lymph nodes being affected in 32%. The majority of patients (90.0%) presented with single metastatic site.



Forty-two patients underwent surgical resection of the primary tumor: 32 lobectomies (76%), 2 bilobectomies (5%) and 8 pneumonectomies (19%), including 10 VATS procedures (45%).

### Local treatment of distant metastases (n=80)



The treatment regimen demonstrated satisfactory tolerability with no mortality events observed. Median event-free survival (EFS) was 12.0 months (95% CI 8.3-19.7), with median overall survival (OS) reaching 34.0 months (95% CI 20.6-53.0). The best long-term results were obtained in the group of patients with brain metastases. Median EFS was 14.1 months (95% CI 12.2 - NA) with median OS reaching 41.3 months (95% CI 21.7-NA). Lymph node metastases ( $p=0.006$ ), squamous cell morphology ( $p=0.04$ ) and the presence of bone metastases ( $p=0.02$ ) negatively affected OS.

