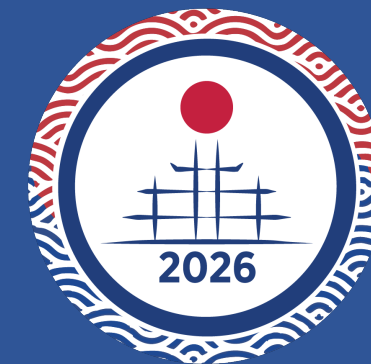


P3.388: THYMLATAM: Real-World Evidence in Thymoma in Latin America, a Multicenter Cohort from the CLICaP Network



Presenting W. Valderrama¹, D. Enrico², E. De la Peña Arrieta³, C.R. Picón¹, A.L. Osorio⁴, S. Samtanj⁵, C. Flores⁶, L. Mas⁷, T. Soria⁸, R. Ruiz⁷, Z.L. Zatarain⁹, F. Barrón⁹, C. Puparelli², F. Tsou², M.D. Peralta², C. Zukerman², R. Amorin¹, N. Minatta¹, M.P. Corassa¹⁰, H.C. Freitas¹⁰, V.C. Cordeiro de Lima¹⁰, L. Rojas¹¹, L. Corrales¹², I. Rodríguez¹³, O. Arrieta⁹, C. Martín², A.F. Cardona¹⁴, M. Rizzo¹, J. Flórez³
¹Austral University Hospital, Buenos Aires/AR, ²Alexander Fleming Cancer Institute, Buenos Aires/AR, ³Clinica Las Americas AUNA, Medellín/CO, ⁴University of Buenos Aires, Buenos Aires/AR, ⁵Clinica Las Condes, Santiago de Chile/CL, ⁶AUNA, Lima/PE, ⁷Instituto Nacional de Enfermedades Neoplásicas - INEN, Lima/PE, ⁸Hospital Metropolitano, Quito/EC, ⁹Instituto Nacional de Cancerología- INCa, Mexico/MX, ¹⁰A C Camargo Cancer Center, Sao Paulo/BR, ¹¹Clinica del Country, Bogotá/CO, ¹²Hospital San Juan de Dios/Centro de Investigación y Manejo del Cáncer (CIMCA), San José/CR, ¹³Fundación Ideas AUNA, Medellín/CO, ¹⁴Centro de Tratamiento e Investigación sobre Cáncer Luis Carlos Sarmiento Angulo (CTIC), Bogotá/CO

Correspondence: bwbeimar@cas.austral.edu.ar



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INTRODUCTION

- Thymoma is a rare epithelial malignancy, with an estimated incidence of only 0.13–0.32 cases per 100,000 inhabitants per year, and marked clinical and biological heterogeneity.
- As with most rare cancers, adequately powered randomized trials are difficult to conduct. Consequently, therapeutic recommendations for thymoma are still largely based on lower-level evidence, including retrospective series, meta-analyses of non-randomized studies, expert opinion, and, at best, single-arm phase II trials.
- This evidence gap is particularly relevant in Latin America, where patients remain underrepresented in published thymoma cohorts and regional treatment patterns and outcomes are poorly characterized. Collaborative real-world data are therefore essential to define the impact of resectability, multimodal treatment strategies, and systemic therapy across diverse clinical settings.

OBJECTIVE

The aim of this study was to describe clinicopathological characteristics, treatment strategies, and survival outcomes in a multicenter Latin American cohort of patients with thymoma.

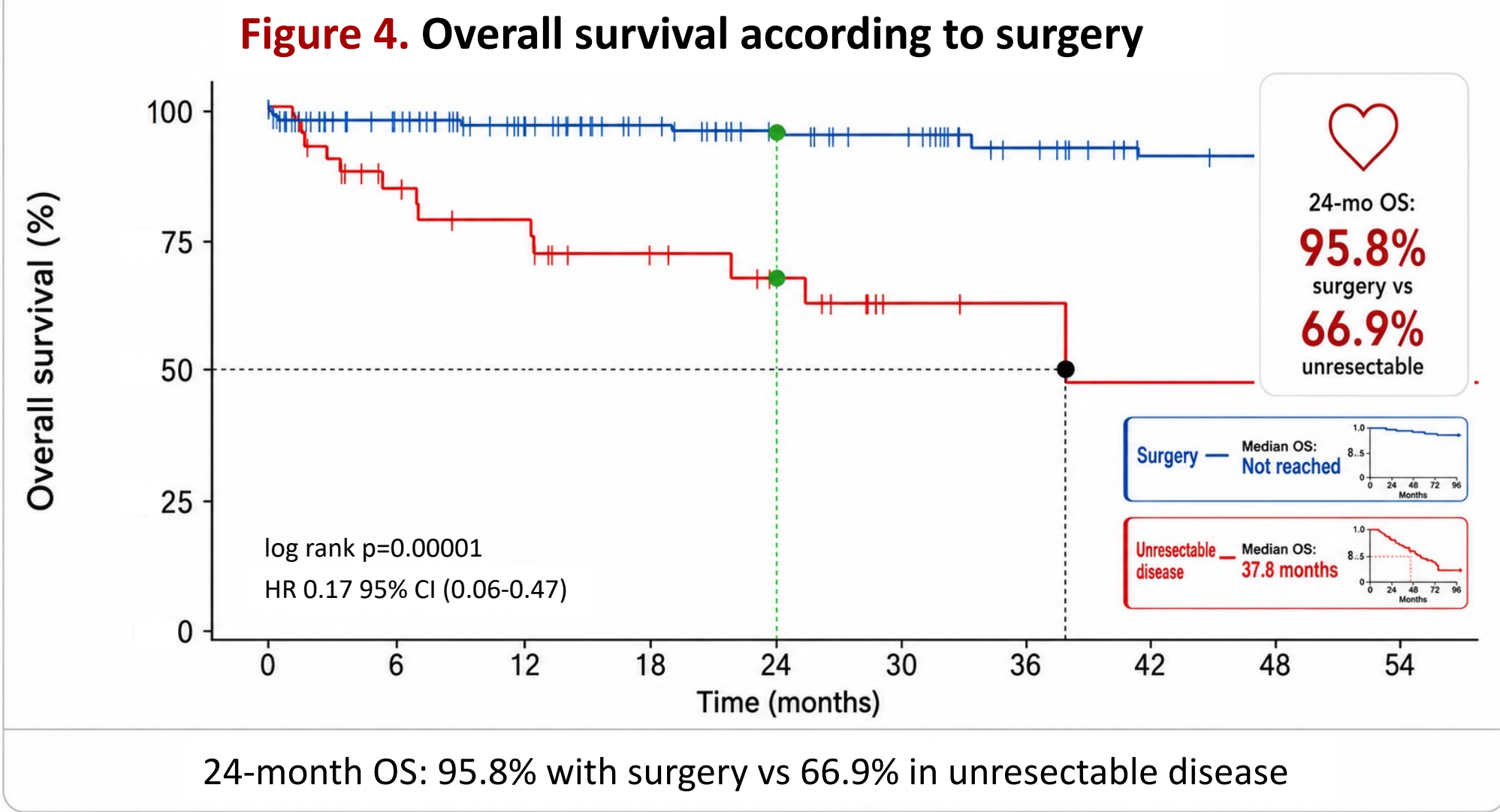
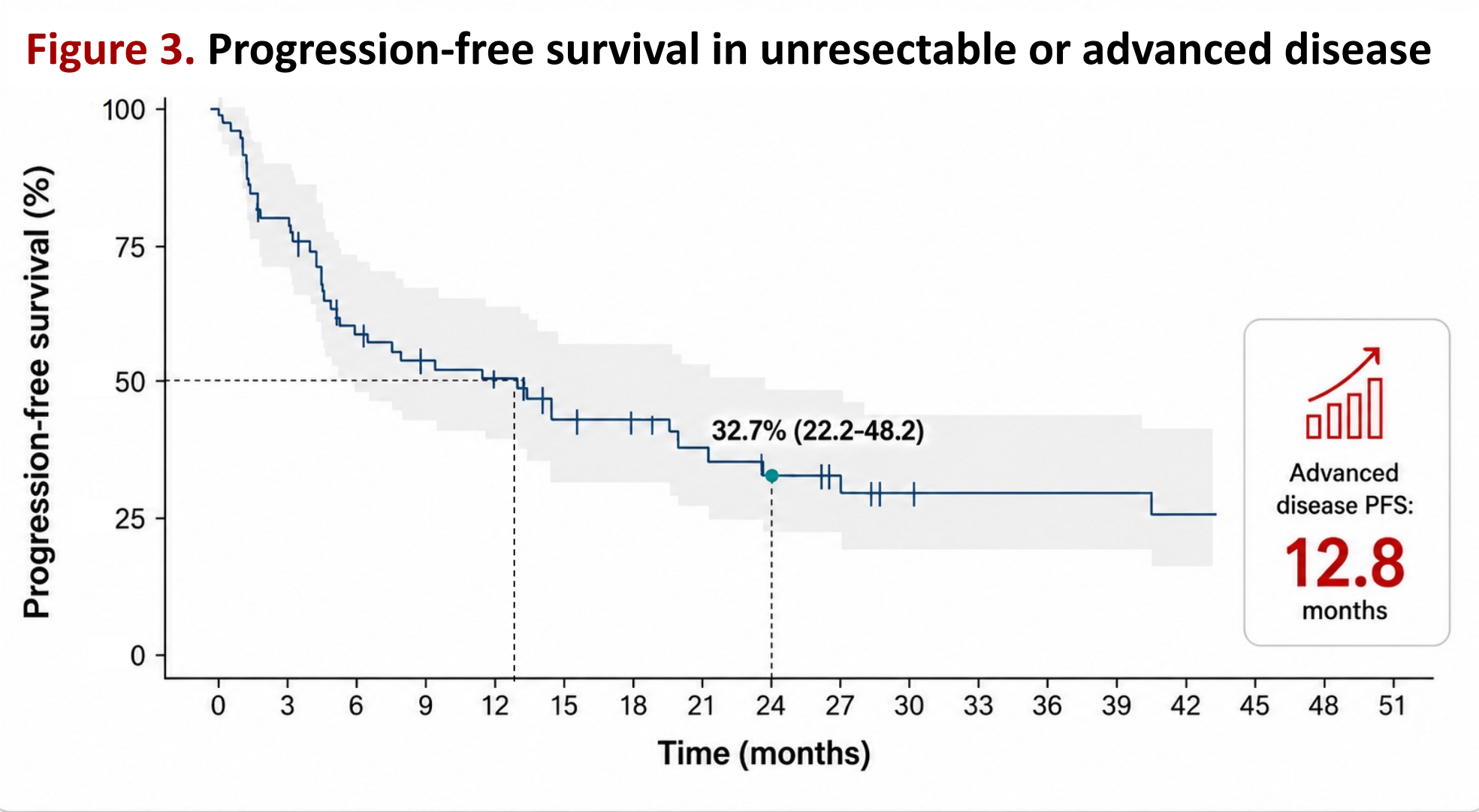
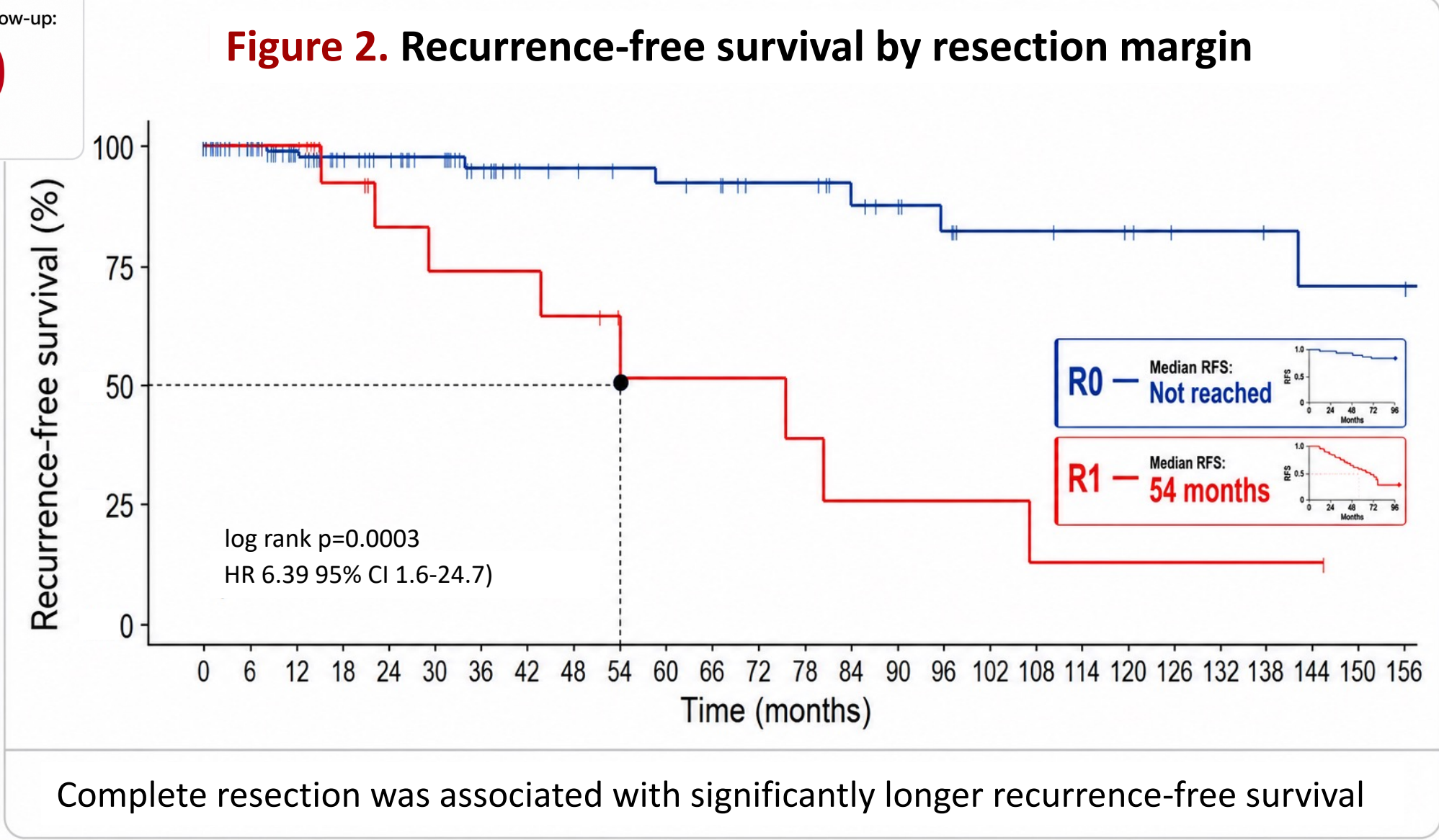
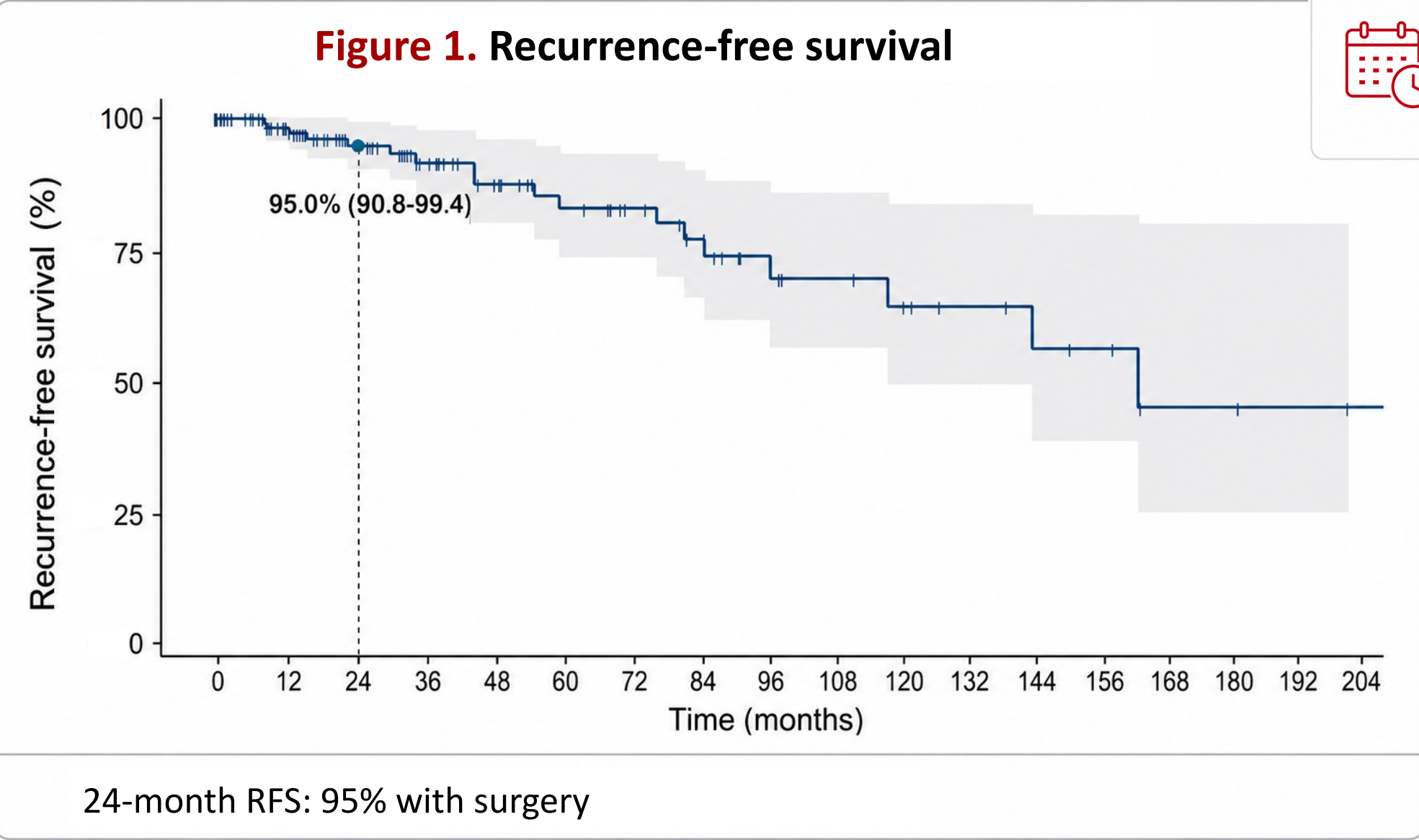
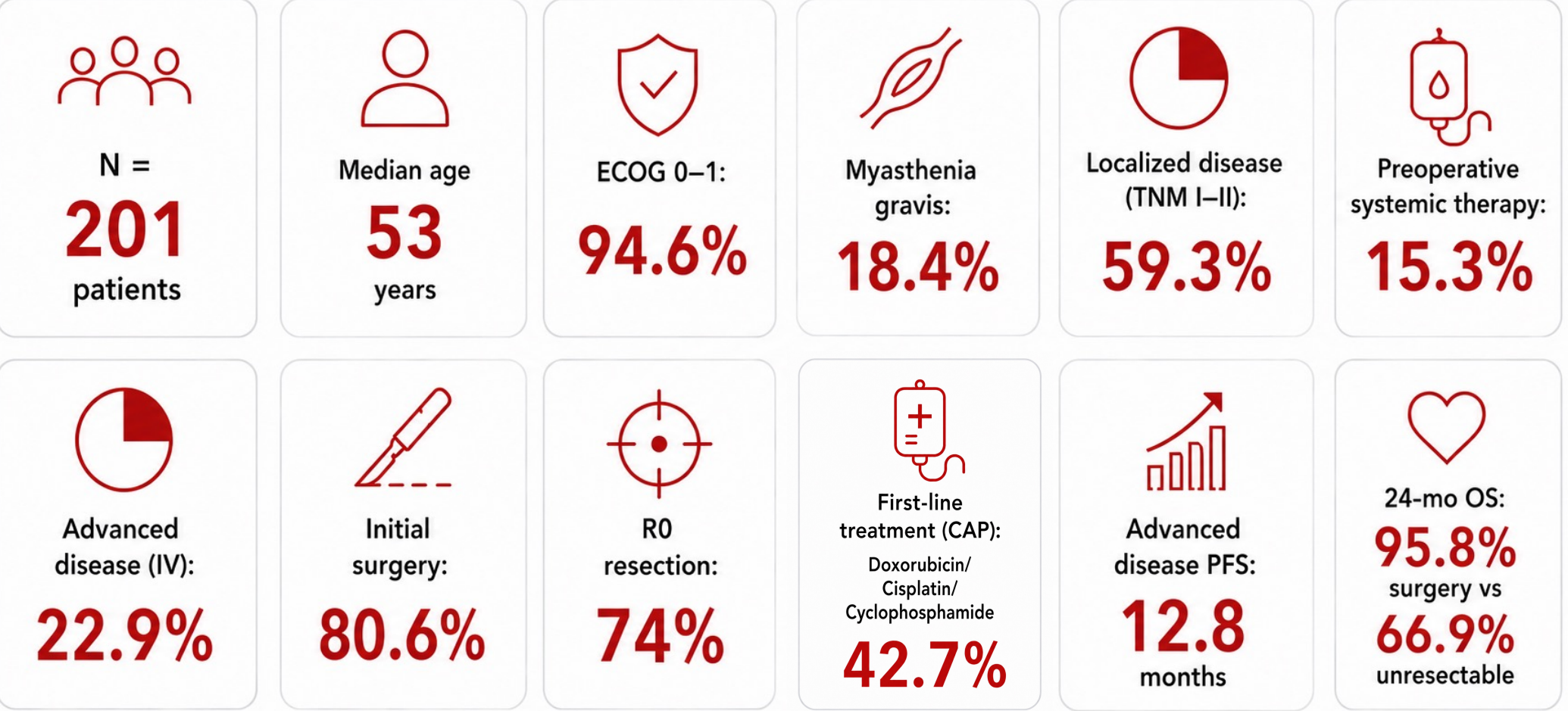
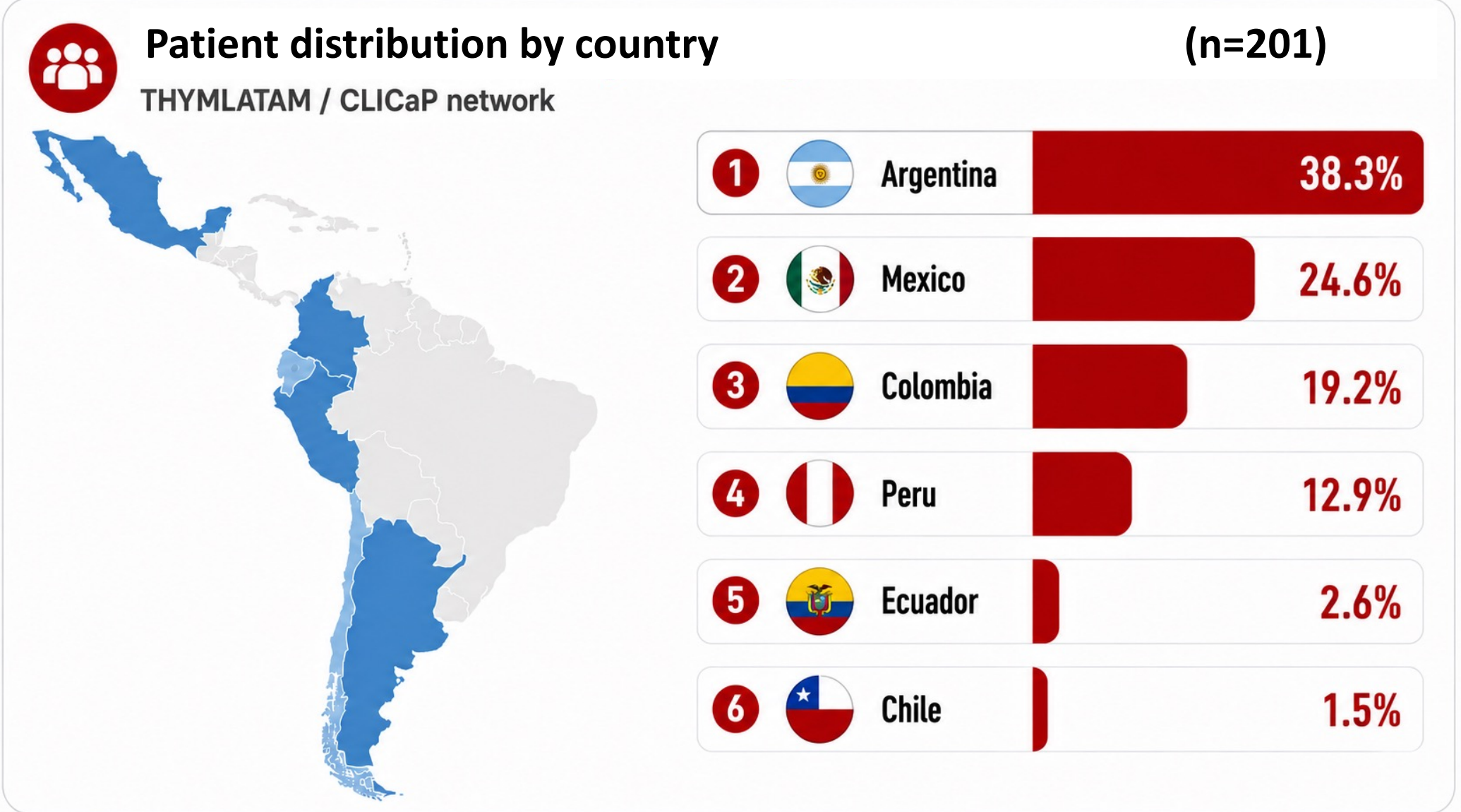
METHODS

- Setting:** Multicenter study within the CLICaP network across Latin America.
- Population:** Patients with histologically confirmed thymoma treated at participating centers in Argentina, Mexico, Colombia, Peru, Ecuador, and Chile.
- Data:** Retrospective clinical, pathological, treatment, and outcome data obtained from institutional medical records.
- Analysis:** Descriptive analyses and survival assessment including recurrence-free survival (RFS), recurrence-free survival by resection margin (R0 vs R1), progression-free survival (PFS), and overall survival (OS). Survival outcomes were estimated using the Kaplan–Meier method.

RESULTS

Table 1. Baseline patient characteristics (n=201)

Variable	Category	n (%)
Sex	Male	100 (49.8%)
	Female	101 (50.2%)
Median age (years)	Median [IQR]	53.0 [44.0–64.0]
ECOG PS	0	94 (46.7%)
	1	96 (47.8%)
	2	10 (5.0%)
	3	1 (0.5%)
Smoking	Yes	73 (36.3%)
	No	117 (58.2%)
	Not reported	11 (5.5%)
Neuromuscular disorders	Myasthenia gravis	37 (18.4%)
TNM stage (9th ed.)	I	99 (49.3%)
	II	20 (10.0%)
	IIIA	17 (8.5%)
	IIIB	17 (8.5%)
	IVA	18 (9.0%)
	IVB	28 (13.9%)
	Not reported	2 (1.0%)
WHO histology	Type A	22 (10.9%)
	Type AB	44 (21.9%)
	Type B1	30 (14.9%)
	Type B2	43 (21.4%)
	Type B3	22 (10.9%)
	Unspecified thymoma	40 (19.9%)
Initial strategy	Surgical treatment	162 (80.6%)
	Systemic treatment	39 (19.4%)
Preoperative systemic therapy	Chemotherapy	23/162 (14.1%)
	Chemotherapy + Radiotherapy	2/162 (1.2%)
Surgical margin	R0	120/162 (74.0%)
	R1	21/162 (12.9%)
	R2	12/162 (7.4%)
	Unknown	9/162 (5.5%)
Adjuvant therapy	Radiotherapy	45/162 (27.7%)
	Chemotherapy	5/162 (3.0%)
	Chemotherapy + Radiotherapy	12/162 (7.4%)
First-line treatment	CAP (Doxorubicin/Cisplatin/Cyclophosphamide)	32/75 (42.7%)
	Carboplatin + Paclitaxel	18/75 (24%)
	EP (Cisplatin or Carboplatin + Etoposide)	10/75 (13.3%)
	Other	15/75 (20%)



DISCUSSION AND CONCLUSION

- Thymoma is a clinically heterogeneous disease across Latin America.
- Complete surgical resection remains the key determinant of long-term disease control.
- R0 resection is associated with markedly superior recurrence-free survival, while incomplete resection was associated with earlier relapse
- Advanced or unresectable disease had poorer outcomes, highlighting the need for better systemic strategies and prospective collaborative studies.

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AI Use Disclosure:
ChatGPT was used to assist with language editing, figure refinement, visual formatting, and poster layout optimization. All scientific content, data analysis, and final interpretations were reviewed and approved by the authors.

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Scan to access the full poster, extended methods and supplementary results