

INTRODUCTION

Background

The role of postoperative treatment in thymic carcinoma remains controversial, and most available evidence is based on the Masaoka–Koga staging system.

Rationale

With the proposed 9th TNM edition, reassessing the impact of adjuvant therapy according to the new T categories may help refine treatment indications after complete resection.

Aim

To investigate the association between adjuvant therapy and recurrence in R0-resected thymic carcinoma, stratified by the new T categories.

METHODS

- Retrospective analysis of the ESTS Thymic database**
- **R0 thymic carcinoma**
 - **9th TNM T category**
 - **adjuvant vs no adjuvant therapy**
 - **recurrence at 36/60 months**
- Population and exposure**
- Included patients: thymic carcinoma after R0 resection.
 - Adjuvant therapy: postoperative radiotherapy and/or chemotherapy.
 - Comparison: adjuvant therapy vs no adjuvant therapy.
 - Stratification: proposed 9th-edition TNM T category.

Endpoints

- Recurrence assessed at 36 and 60 months as fixed time-point recurrence rates.

Analytical note

Subgroup results should be interpreted as preliminary because of limited numbers in rare T categories.

DISCUSSION AND CONCLUSION

Actionable Take Away Message

Adjuvant therapy was associated with substantially lower 3- and 5-year recurrence in patients with T3 thymic carcinoma reclassified according to the proposed 9th TNM edition.

Interpretation

The benefit of postoperative treatment may depend on T category, with T3 disease representing a potential subgroup in which adjuvant therapy should be considered.

Future Direction for Research

Validation in larger, independent cohorts is required to confirm the T3-specific signal and to determine the relative contribution of postoperative radiotherapy and chemotherapy.

Prospective or propensity-adjusted analyses may better define treatment selection in the 9th-edition TNM framework.

REFERENCES & ACKNOWLEDGEMENTS

Selected references

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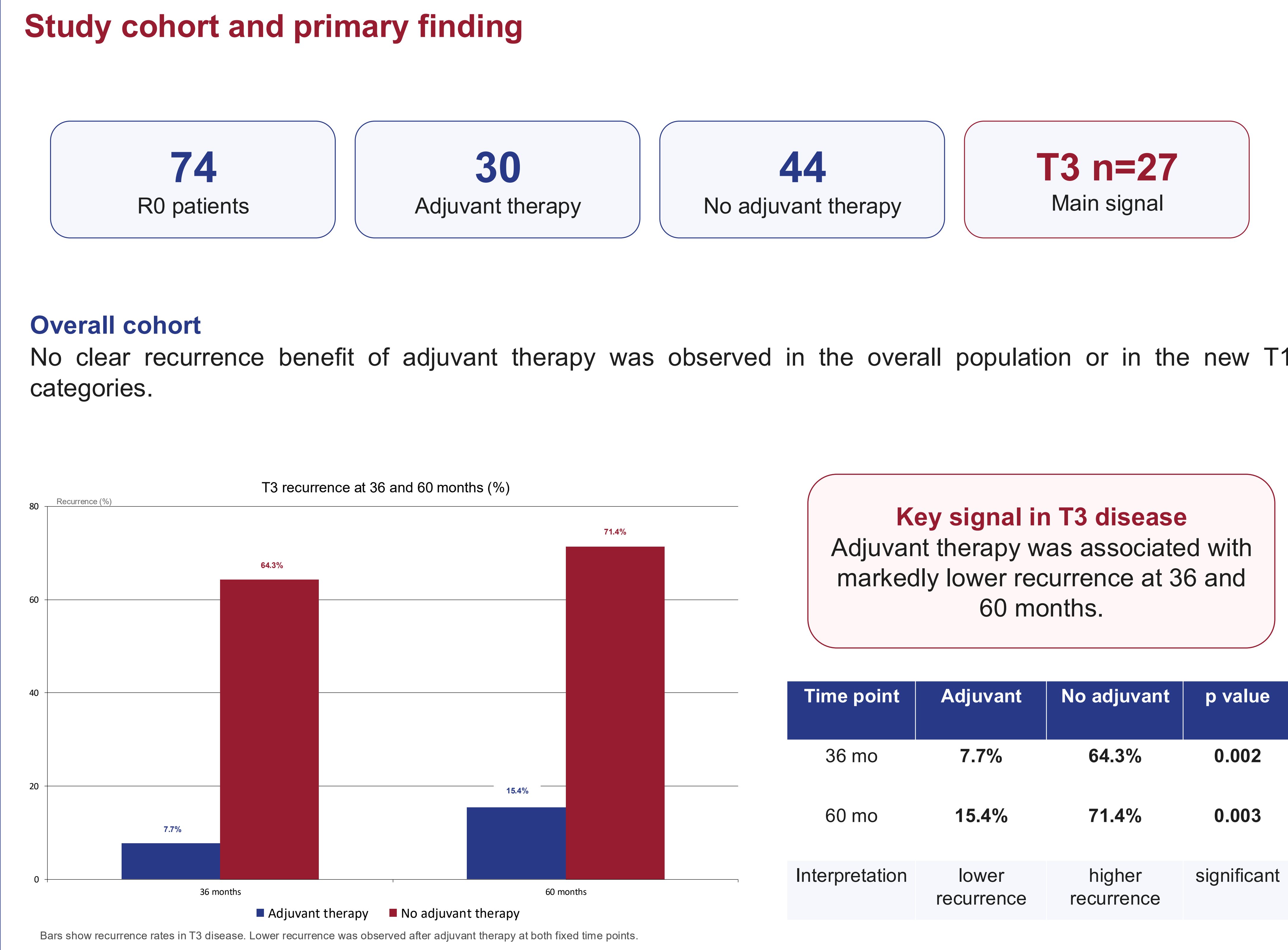
Acknowledgements

The authors thank all participating centers and members of the ESTS Thymic Working Group and Thymic Database.

Artificial Intelligence (AI) Use Disclosure

ChatGPT (OpenAI) was used to support language editing of poster content. All scientific content, data interpretation, and final wording were reviewed and approved by the authors.

RESULTS



Preliminary interpretation

The T3-specific signal suggests that 9th-edition T categories may help refine adjuvant treatment selection after complete resection.

Other T categories

No statistically significant differences by adjuvant treatment were observed in T1a, T1b, T2, or T4.

Because T4 numbers were limited, subgroup interpretation should remain cautious.