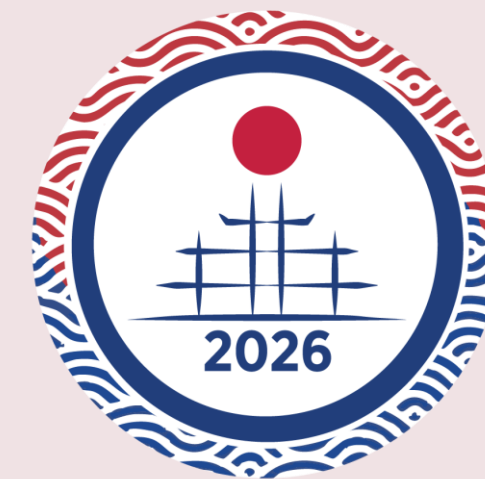


P3.396-422: Defining a Core Set of PRO Parameters for Early-Stage and Surgically Treated Lung Cancer: An IASLC Delphi Consensus Study



IASLC 2026 World
Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026
SEOUL, REPUBLIC OF KOREA

C. Pompili, MD PhD^{1,2}, N. Florez³, M. Hennink⁴, A. Moore⁵, M. Koller⁶, C. Bergerot⁷, S. Crengle⁸, M. Di Maio⁹, J. Naidoo¹⁰, M. Reck¹¹, S.P.L. Saw¹², S. Senan¹³, J. Spicer¹⁴, J. Temel¹⁵, J. Unger¹⁶, V. Vanderpuye¹⁷, J. Feldman¹⁸, K. Kelly¹⁹, J.E. Gray²⁰

1University of Hull, Hull/GB ,2Leeds/GB ,3Dana Farber Cancer Institute, Boston/MA/USA ,4 Stichting Merels Wereld, Groningen/NL ,5 Summit Therapeutics, Miami/FL/USA ,6 University Hospital Regensburg, Regensburg/DE ,7 Medica Scientia Innovation Research (MEDSIR), Sao Paulo/BR ,8 University of Otago, Dunedin/NZ ,9 University of Turin, Turin/IT ,10 Beaumont Hospital Dublin, Dublin/IE ,11 German Center of Lung Research, Grosshansdorf/DE ,12 Duke - National University of Singapore (NUS) Singapore/SG ,13 Vrije Universiteit Amsterdam, Amsterdam/NL ,14 McGill University, Montreal/QC/CA ,15 Massachusetts General Hospital, Boston/MA/USA ,16 Fred Hutchinson Cancer Research Center, Seattle/WA/USA ,17 Korlebu Teaching Hospital, Accra/GH ,18 Epidermal Growth Factor Receptor (EGFR) Resisters, Deerfield/IL/USA ,19 International Association for the Study of Lung Cancer, Denver/CO/USA ,20 Moffitt Cancer Center, Tampa/FL/USA

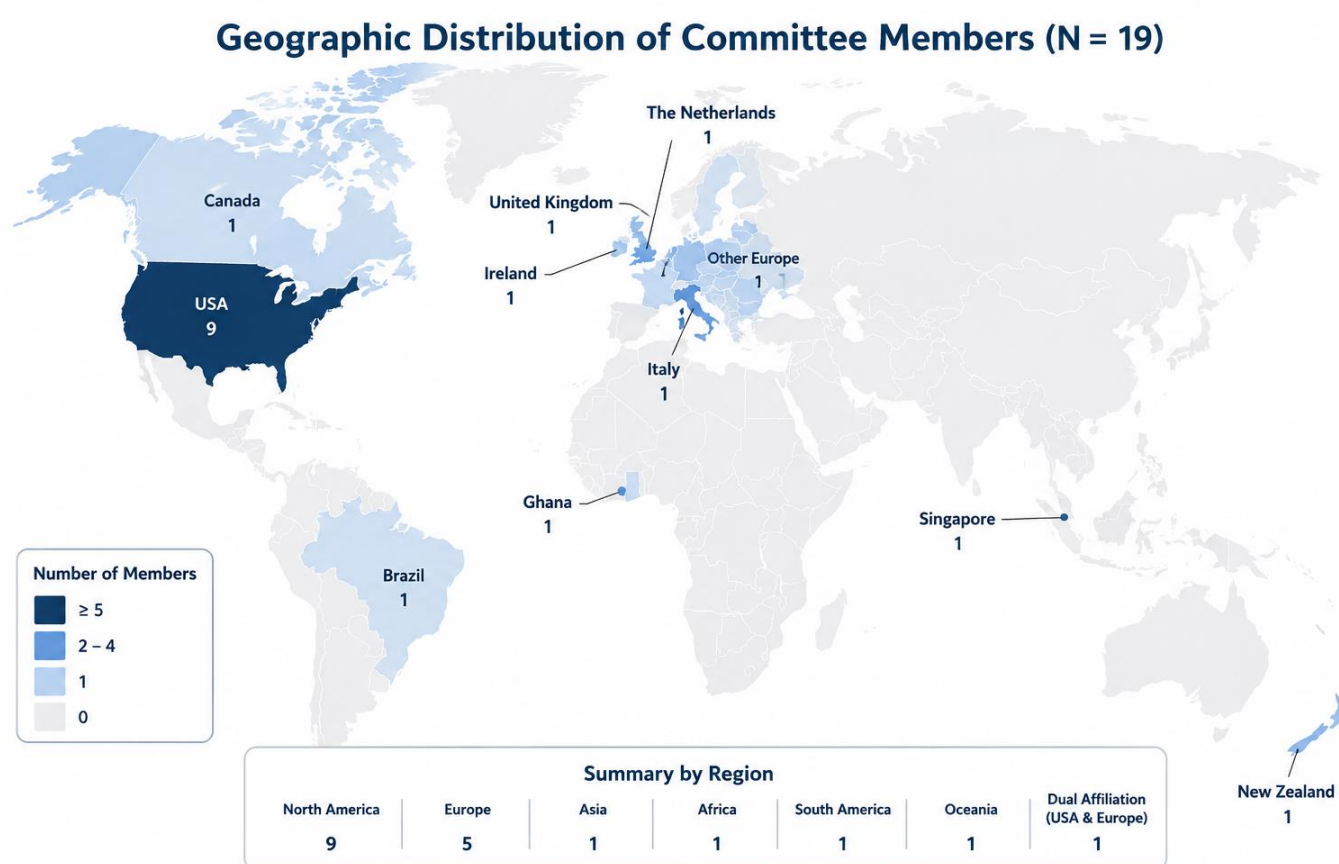
Correspondence: c.pompili@leeds.ac.uk

INTRODUCTION

Randomized controlled trials (RCTs) in early-stage lung cancer¹⁻² frequently omit patient-reported outcomes (PROs). Furthermore, existing PROs fail to capture recovery and surgery-related burdens in early-stage and cancer treated with radical intent. This Delphi study, organized by the IASLC Patient Advocates Committee, aims to define a set of patient-centric PRO parameters and best practice to standardize reporting, inform trial design, and prioritize patient experience.

METHODS

A two-round Delphi process was conducted between July and December 2025. 19 Global experts in lung cancer and patient-focused research developed a validated, 51 statement, 4-point Likert scale survey which was distributed internationally to lung cancer clinicians and patient advocates/carers. The primary endpoint was the achievement of a reliable, pre-defined consensus of ≥75% agreement.



Both survey rounds engaged a global, multidisciplinary respondent cohort, with broad geographic representation and participation across a range of clinical specialties and professional backgrounds (Table 1)

	Global Region	n	Role	n	Years in role	n
R1	Africa	1	Clinical nurse specialist	1	≤5	17
	Asia	9	Clinical trial practitioner	1	6-11	12
	Europe	29	Medical oncologist	27	11-20	19
	North America	7	Patient advocate	1	>20	7
	Oceania	0	Pulmonologist	3		
	South America	9	Radiation oncologist	6		
R2	Global Region	n	Role	n	Years in role	n
	Africa	4	Caregiver	1	≤5	35
	Asia	8	Clinical operations manager	1	6-11	34
	Europe	44	Clinical researcher	2	11-20	19
	North America	29	Medical oncologist	26	>20	12
	Oceania	4	Nurse practitioner	1		
	South America	11	Oncology fellow	25		
			Patient advocate	2		
			Pathologist	2		
			Psychologist	2		
			Pulmonologist	5		
			Radiation oncologist	9		

DISCUSSION AND CONCLUSION

This study supports a patient-centred adaptation of existing PROMs and facilitates the integration of high-quality symptom management into the multimodal treatment landscape of early-stage and cancer treated with radical intent³⁻⁵.

These findings have applicability across both RCTs and routine clinical practice on a global scale.

Future Direction for Research

- **Validate** the core PRO set in low-income and resource-limited settings, identifying which domains are most relevant across different healthcare and cultural contexts.
- **Test** the core PRO set prospectively across clinical trials and routine care to define optimal timing and implementation pathways.
- **Develop** treatment-specific PRO modules for surgery, radiotherapy and systemic therapies



REFERENCES & ACKNOWLEDGEMENTS

- Salomone F, Novero G, et al., Pompili C. Health-related quality of life assessment in trials testing tyrosine kinase inhibitors or immune checkpoint inhibitors in early-stage NSCLC. *The Oncologist*. 2025;30(10):oyaf339.
- Di Maio M, Basch E, Denis F, et al. The role of patient-reported outcome measures in the continuum of cancer clinical care: ESMO Clinical Practice Guideline. *Ann Oncol*. 2022;33:878–892.
- Koller M, Shamieh O, Hjermsstad MJ, et al. Psychometric properties of the updated EORTC module for assessing quality of life in patients with lung cancer (QLQ-LC29): an international observational field study. *Lancet Oncol*.2020;21:723–732.
- Yu H, Lei C, Wei X, et al. Electronic symptom monitoring after lung cancer surgery: establishing a core set of patient-reported outcomes for surgical oncology care in a longitudinal cohort study. *Int J Surg*. 2024;110:6591–6600.
- Coens C, Pe M, Dueck AC, et al. International standards for the analysis of quality-of-life and patient-reported outcome endpoints in cancer randomised controlled trials: recommendations of the SISAQOL Consortium. *Lancet Oncol*.2020;21:e83–e96

We thank **Triducive Partners Limited** for their external support in facilitating the consensus process, particularly **Tim Warren** and **Hannah Martin**, for their valuable contribution to the development of this study

RESULTS

Consensus was achieved on 100% of statements culminating in three recommendations. Ten minimum PROMs (recommendation 1) were identified by the respondents.

