

P2.08.28: Impact of Neoadjuvant Chemoimmunotherapy vs Chemotherapy in Stage III NSCLC: Real-World Analysis from Spanish ReSECT Registry

Xavier Vaillo^{*1}, Carlos Gálvez¹, Sergio Bolufer¹, Francisco Lirio¹, Sergi Call², Unai Jiménez³, Jon Zabaleta⁴, M. Teresa Gómez⁵, Laura Sánchez⁶, L. Jorge Cerezal¹

¹Hospital General Universitario Dr. Balmis, Alicante, Spain, ²Hospital Universitari MútuaTerrassa, Terrassa, Spain, ³Hospital Universitario de Cruces, Barakaldo, Spain,

⁴Hospital Universitario de Donostia, San Sebastián, Spain, ⁵Hospital Clínico Universitario de Salamanca, Salamanca, Spain, ⁶Hospital Universitario Marqués de Valdecilla, Santander, Spain.

*Correspondence: xavier.vaillo@gmail.com

INTRODUCTION

Stage III NSCLC still carries a 5-year OS <50% despite multimodality therapy¹.

Neoadjuvant Chemoimmunotherapy (Phase III trials): doubles MPR/pCR and improves EFS/OS².

Gap: Limited real-world data on effectiveness, surgical complexity, and perioperative safety³.

Objective: Compare nCIT vs chemotherapy in resectable stage III NSCLC, assessing pCR, down-staging, R0 rate, surgical and perioperative outcomes.

METHODS

Design: Retrospective analysis of prospectively collected data from ReSECT – nationwide, multicenter registry of the Spanish Society of Thoracic Surgery (SECT).

Population: People with resectable stage IIIA–IIIB (TNM-8) NSCLC who underwent anatomical lung resection after neoadjuvant CIT or CT alone (Jan 2023 – May 2025).

Exclusions: N3 (IIIC), alternative regimens, non-systemic/lobe-specific LND, incomplete data.

Endpoints: pCR, down-staging, R0 (IASLC criteria), operative metrics, Clavien-Dindo complications, LOS, 30/90-day mortality.

Statistics: χ^2 /Fisher, Mann-Whitney, RR $\pm$ 95 % CI; 1:1 PSM (caliper 5 %); p < 0.05 (SPSS v22).

RESULTS

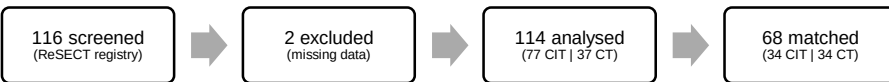
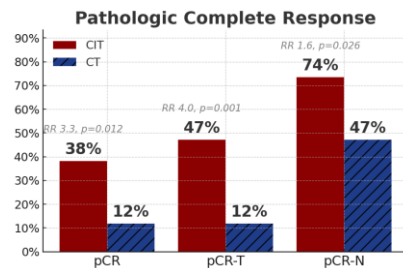


Figure 1. Pathologic complete response rates (overall, tumor, nodal) after PSM.

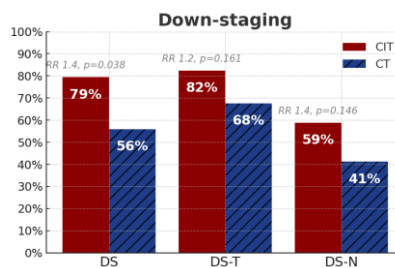


Figure 2. Down-staging rates (overall, tumor, nodal) after PSM.

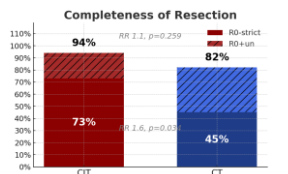


Figure 3. R0-strict and R0+uncertain resection rates after PSM.

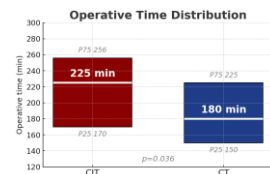


Figure 4. Operative time medians and interquartile ranges after PSM.

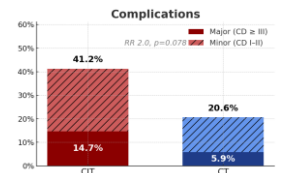


Figure 5. Overall, minor, and major postoperative complication rates after PSM.

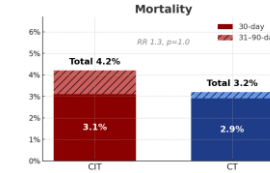


Figure 6. 30-day and 90-day mortality rates after PSM.

DISCUSSION AND CONCLUSION

Take Away Messages

- ✓ **Oncologic benefit:** nCIT tripled pCR, improved down-staging and raised complete resections vs CT.
- ✓ **Surgical complexity, safety preserved:** longer operations, more sleeve resections, yet comparable major complications and mortality.
- ✓ Findings support nCIT as a **real-world standard** for resectable stage III NSCLC.

Future Research

- Relate response to long-term EFS/OS.
- Biomarkers to select candidates.
- Perioperative pathways for complex cases.

REFERENCES & ACKNOWLEDGEMENTS

- Rami-Porta R, et al. *The IASLC Staging Project: Proposals for Revision of the TNM Stage Groups in the Forthcoming (Ninth) Edition of the TNM Classification for Lung Cancer.* *J Thorac Oncol.* 2024;19(7):1007–27.
- Sorin M, et al. *Neoadjuvant Chemoimmunotherapy for NSCLC: A Systematic Review and Meta-Analysis.* *JAMA Oncol.* 2024;10:621–33.
- Aburaki R, et al. *Surgical and safety outcomes in patients with NSCLC receiving neoadjuvant chemoimmunotherapy versus chemotherapy alone: A systematic review and meta-analysis.* *Cancer Treat Rev.* 2024;131:102833.

