

P3074: Neoadjuvant Chemoimmunotherapy in Resectable NSCLC Real-World Evidence from a Spanish Multicenter Cohort

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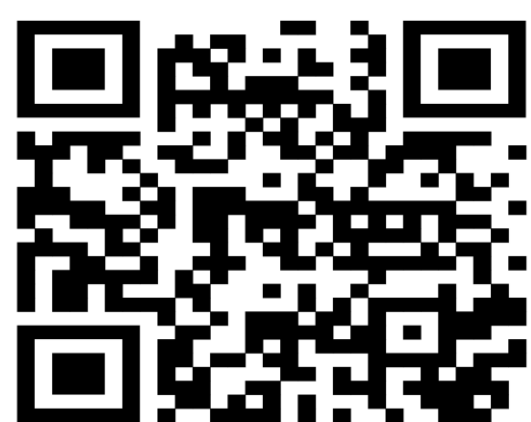
INTRODUCTION

Neoadjuvant chemoimmunotherapy (N-CT-IO) has become a standard approach for resectable NSCLC, improving pathological response and survival. The **CheckMate 816** trial showed superior pCR and event-free survival with nivolumab plus chemotherapy vs. chemotherapy alone. The **NADIM I/II** trials confirmed its benefit in stage IIIA NSCLC in Spain. Recently, **KEYNOTE-671** supported perioperative pembrolizumab in stage II–IIIB disease. Yet, real-world data on clinical–molecular features and outcomes remain limited.

METHODS

We conducted a multicenter retrospective study including 106 patients with stage IB–IIIC rNSCLC treated with N-CT-IO across 10 Spanish institutions. Clinical, pathological, and molecular features, including PD-L1 status and KRAS mutations, were collected. Pathological response and survival outcomes were assessed. Event-free survival (EFS) and overall survival (OS) were estimated using Kaplan-Meier curves, and subgroup analyses were performed according to PD-L1 status, molecular alterations, and baseline LIPI score.

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RESULTS

Variable	Value
Median age (years)	64.3
Male sex	64%
ECOG 0-1	98%
Stage IIIA	58.5%
Adenocarcinoma histology	54.7%
Squamous histology	42.5%
KRAS mutation (among tested)	54.2%
Most common neoadjuvant regimen	Carboplatin-Paclitaxel-Nivolumab (64.2%)
Grade ≥3 toxicity	1 patient (3.8%)
Surgical resection	88.7% (N=94)
Pathological complete response (pCR)	41.5% (N=44)
N2 involvement	52/106 (49.1%)

Table 1. Demographic and Clinical Characteristics of Patients Included in the Study

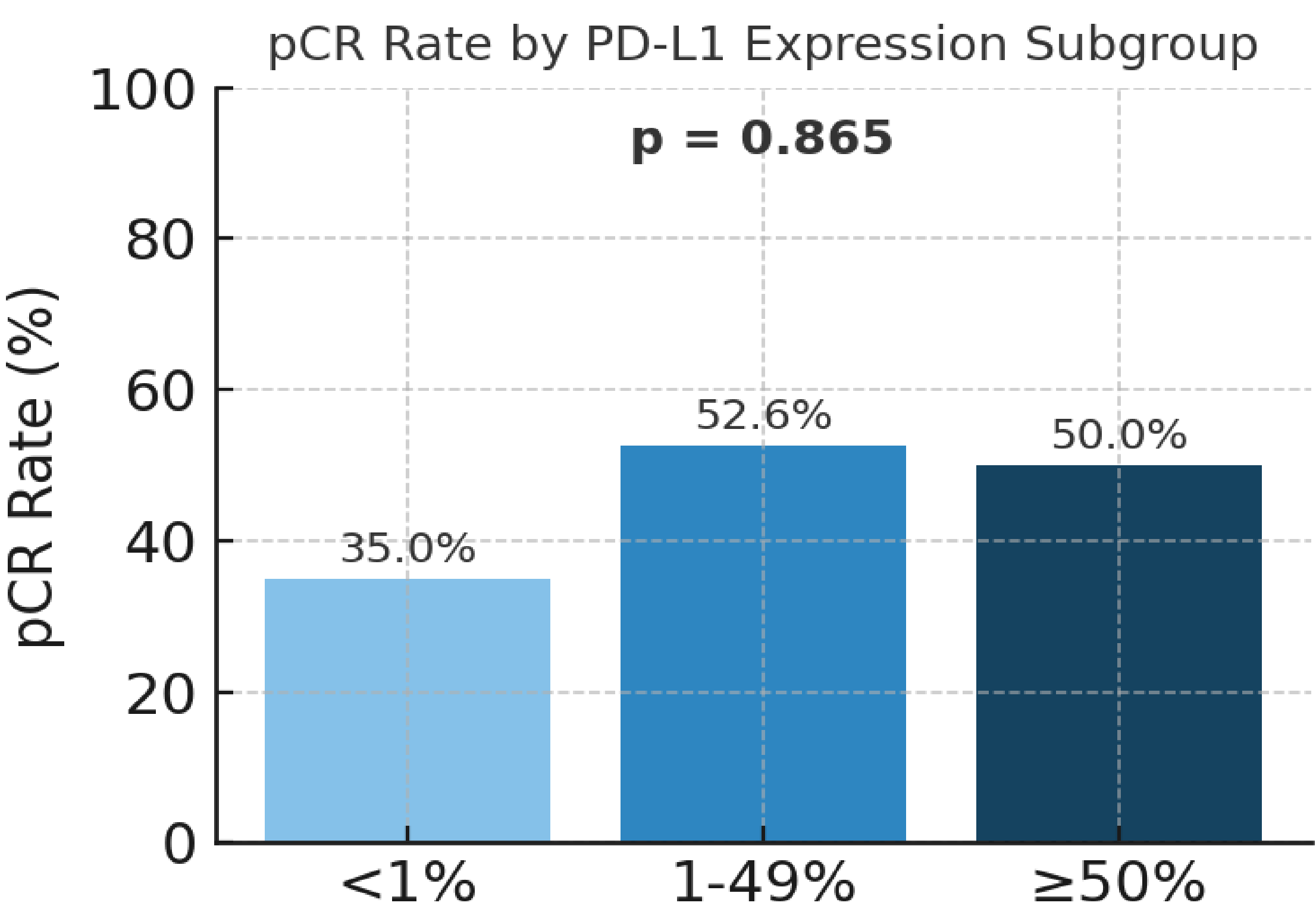


Figure 1. Pathological complete response (pCR) rates by PD-L1 expression subgroup. No significant difference was observed across groups ($p = 0.865$).

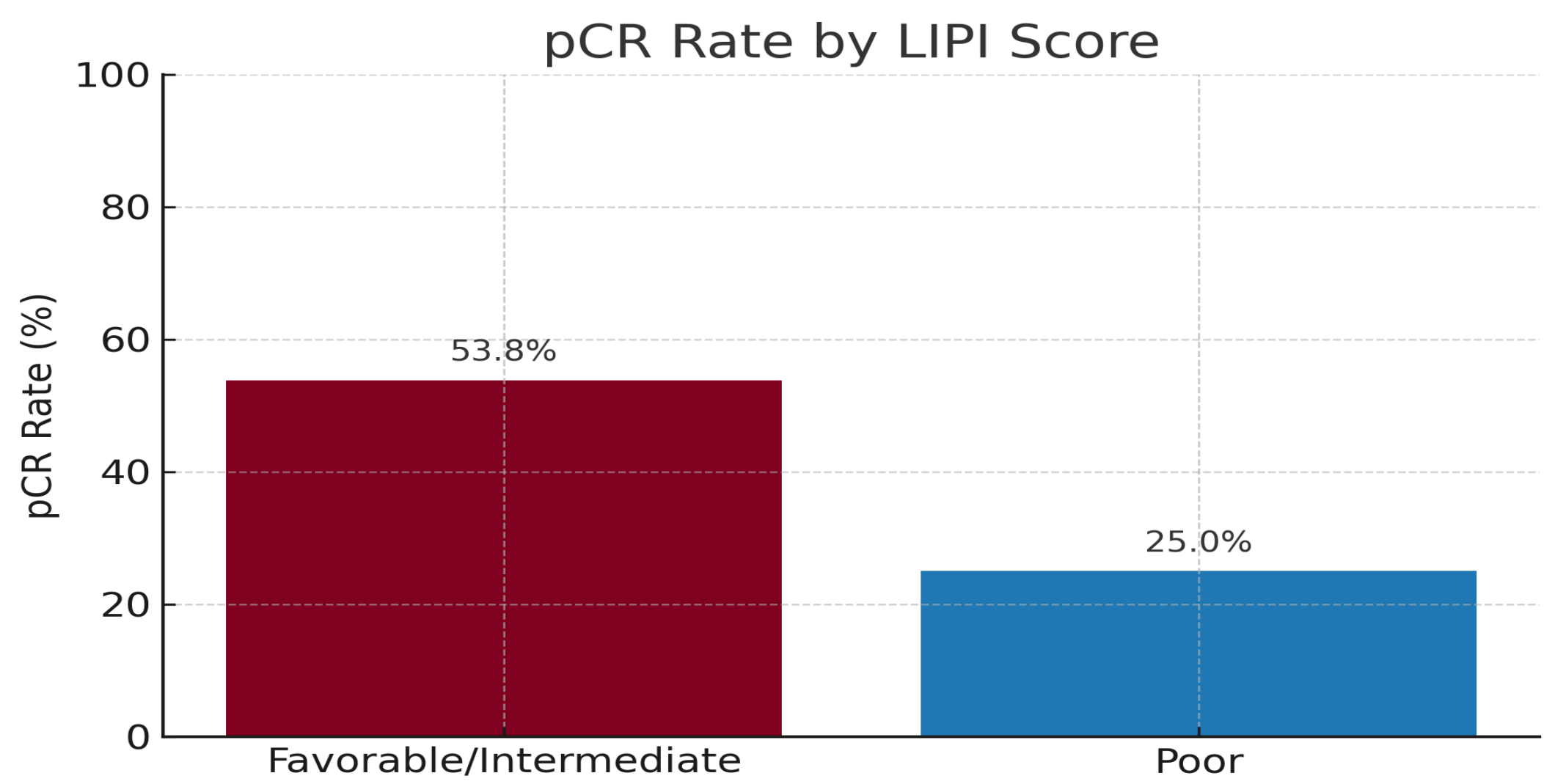


Figure 2. pCR rates by LIPI score. Higher rates were observed in patients with favorable/intermediate scores.

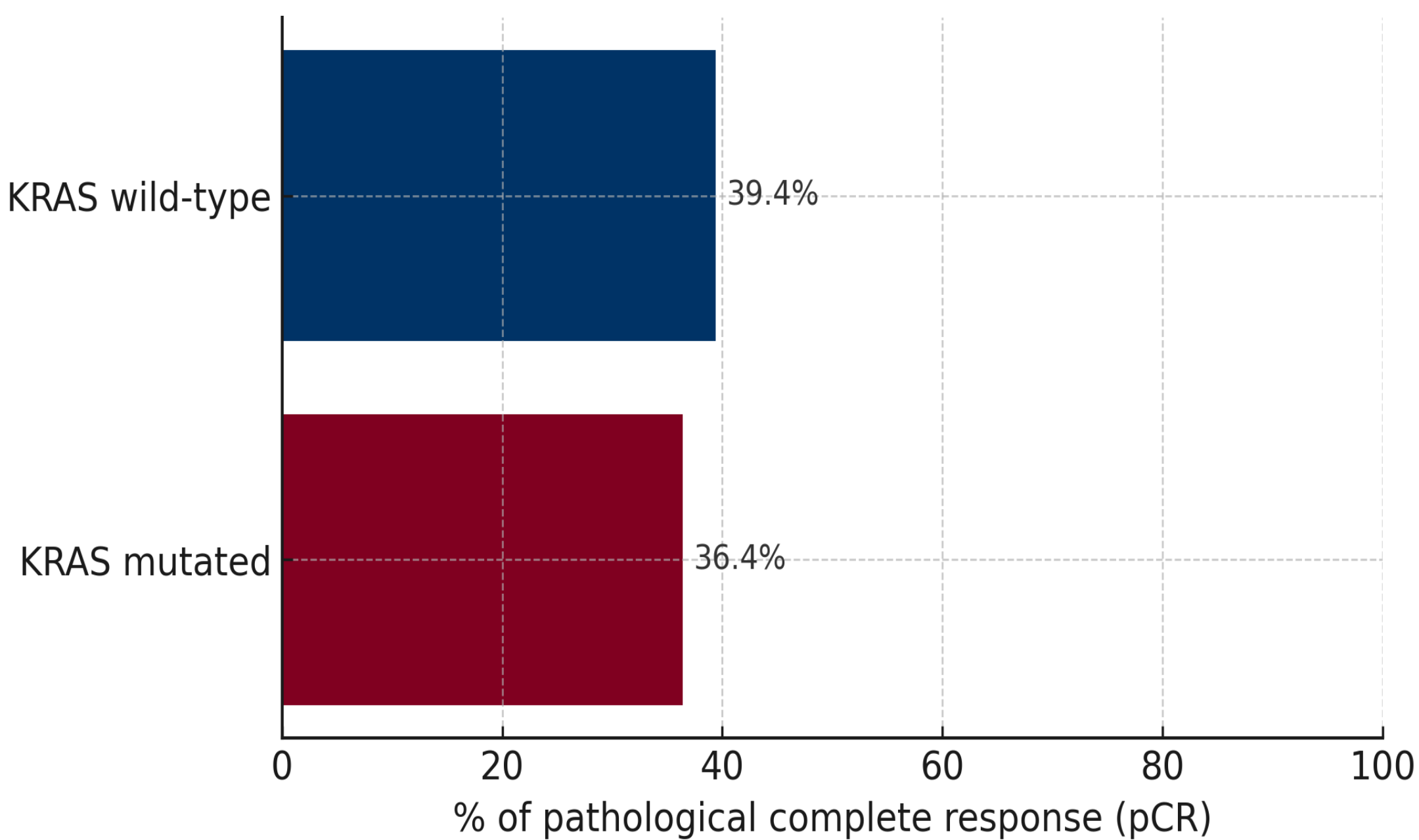


Figure 3. pCR rates according to KRAS mutation status. KRAS-mutant and KRAS wild-type tumors showed similar pCR rates with rates

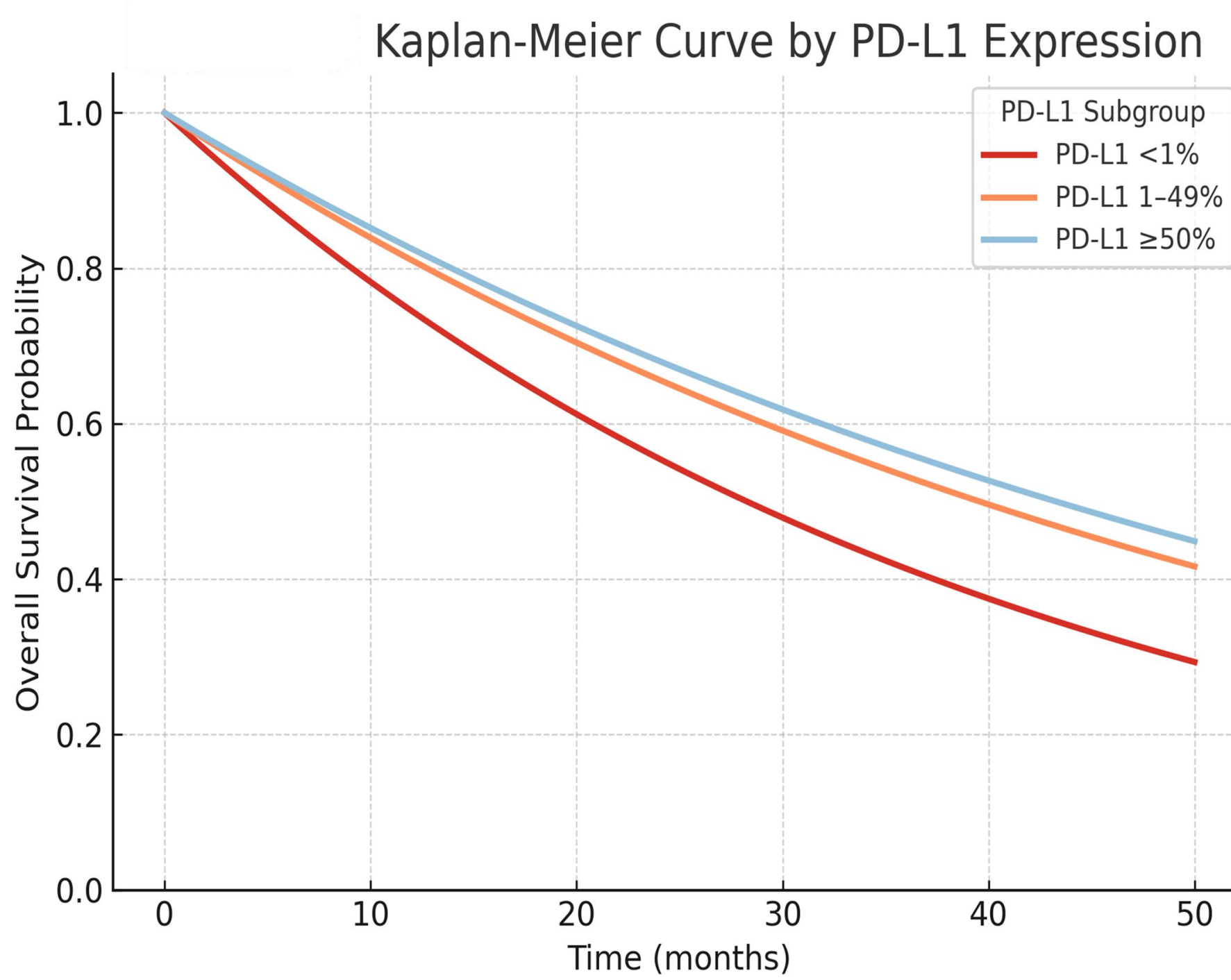


Figure 4. Kaplan-Meier overall survival curve according to PD-L1 expression levels. Patients with **PD-L1 ≥50%** had the longest overall survival (median OS: **43.2 months**) with no observed deaths, while those with **PD-L1 <1%** showed the shortest survival (median OS: **28.2 months**). Intermediate outcomes were observed in the **PD-L1 1–49%** group.

CONCLUSIONS

This multicenter RW analysis confirms the feasibility and efficacy of N-CT-IO in patients with rNSCLC in a standard of care clinical practice. Pathological responses and survival outcomes are consistent with those observed in clinical trials, supporting the incorporation of this strategy as a standard of care.