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Surgical conversion and survival outcomes after induction chemoimmunotherapy in potentially resectable or unresectable stage III NSCLC: Preliminary results from the prospective phase II study (CTONG 1804 part 3)

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Background

Because 25–30% of Patients (Pts) with unresectable (UR) stage III NSCLC cannot receive consolidation immunotherapy (IO) after chemoradiotherapy (CRT), surgical conversion after induction chemoimmunotherapy has been explored. However, whether surgical conversion improves survival remains unclear.

Methods

CTONG 1804 Part 3 is a prospective, single-arm phase II study evaluating surgical conversion after induction chemoimmunotherapy in stage III NSCLC. Eligible Pts were treatment naïve, EGFR/ALK wild-type, and MDT-assessed as potentially resectable or UR. Pts received ≥3 cycles of PD-1/PD-L1 inhibitor plus platinum-doublet chemotherapy, followed by MDT reassessment. Resectable Pts underwent surgery and UR Pts received definitive CRT, followed by IO for up to 1 year. Dual primary endpoints were surgical resection rate and 18-month (mo) EFS in surgical Pts. Secondary endpoints included pathological response, OS, EFS.

Results

Between June 2022 and August 2025, 215 Pts were enrolled (median age, 63 years; 89.8% male; stage IIIA/IIIB/IIIC, 19.5%/54.5%/26.0%). MDT classified 196 Pts (91.2%) as UR and 19 (8.8%) as potentially resectable; 155 had EORTC-defined stage IIIB–IIIC UR-NSCLC. At 31.3-mo median follow-up, R0 resection was achieved in 98.1% of surgical Pts, with 84.8% undergoing minimally invasive surgery. Outcomes are summarized in the table. Table: LBA65

Outcomes in the overall population and stage IIIB–IIIC UR-NSCLC

Outcomes	Overall n=215					UR stage IIIB-IIIC n=155‡		
	Surgery	CRT	Consent withdrawal*	Progression during induction	Death during induction †	Overall	Surgery	CRT
Pts, n(%)	105(48.8)	60(27.9)	27(12.6)	18(8.4)	5(2.3)	215(100)	73(47.1)	41(26.5)
ORR, %	82.9	68.3	51.9	0	40.0	67.9	79.5	70.7
pCR, %	48.6	—	—	—	—	—	42.5	—
MPR, %	64.8	—	—	—	—	—	63.0	—
12-mo EFS(%)	84.6	66.7	69.8	—	—	68.6	82.0	68.3
Median EFS, mo	NR	20.5	15.2	2.4	4.3	29.2	NR	21.0
	Total	23	30	15	18	—	86	19 21
	Local	9(39.1)	16(53.3)	8(53.3)	9(50.0)	—	42(48.8)	8(42.1) 10(47.6)
Pattern in Pts with progression, n (%)	Distant	10(43.5)	8(26.7)	2(13.3)	4(22.2)	—	24(27.9)	9(47.4) 7(33.3)
	Both	4(17.4)	6(20.0)	—	4(22.2)	—	14(16.3)	2(10.5) 4(19.0)
	Unknown	—	—	5 (33.3)	1(5.6)	—	6(7.0)	— —

*No local therapy. †Deaths: 2 treatment-related pneumonitis; 3 unrelated (COVID-19, n=2; cholecystitis, n=1). ‡41/155 Pts (26.5%) received

no local therapy. NR, not reached.

Conclusions

Induction chemoimmunotherapy enabled surgical conversion with encouraging pathological response and survival in potentially resectable or stage III UR-NSCLC. Durable disease control was also observed in selected Pts without local therapy.

Clinical trial identification

NCT04015778.

Legal entity responsible for the study

Chinese Thoracic Oncology Group (CTONG).

Funding

National Natural Science Foundation of China (Grant No. 82473445); Guangdong Basic and Applied Basic Research Foundation (Grant No. 2025A1515011768).

Disclosure

All authors have declared no conflicts of interest.

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