Sixth International Joint Meeting on THORACIC SURGERY

Barcelona - 20th, 21st and 22nd November 2024
Auditorio Foment del Treball Nacional. Barcelona (Spain)

11th International Meeting on General Thoracic Surgery
Clínic Barcelona | Universitat de Barcelona | Hospital Universitari Sagrat Cor

5th Meeting of the Thoracic Oncology, Thoracic Surgery, Techniques & Transplant, Respiratory Nursing and Respiratory Physiotherapy Areas of the Spanish Society of Pneumology and Thoracic Surgery (SEPAR)
Sociedad Española de Neumología y Cirugía Torácica (SEPAR)

10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection
Hospital Universitari Mútua Terrassa | Universitat de Barcelona

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3rd Joint Meeting of the Spanish Society of Thoracic Surgery (SECT)
SECT Sociedad Española de Cirugía Torácica

30th Congress of the "Asociación Iberoamericana de Cirugía Torácica" AIACT

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THE ROLE OF INVASIVE MEDIASTINAL RESTAGING IN THE AREA OF IMMUNOTHERAPY

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After induction chemotherapy, complete pathological response was low (± 5%). Patients with persistent N2 disease after induction chemo- or chemoradiotherapy had a dismall prognosis, except for patients with single level residual nodal disease with pathological signs of partial response in the node. At that time, mediastinal restaging was important to exclude patients who would not benefit from surgery.

Induction chemo-immunotherapy and perioperative immunotherapy have changed the response significantly. In the checkmate 77T complete pathological response was seen in 25% of patients in the nivolumab group and was only 4,7 % of those in the chemotherapy group (Cascone et al, N Engl J Med 390;19. A benefit of event free survival (EFS) was seen in stage III-N2 both in single station N2 and multistation N2 disease(# LBA 8007, ASCO 2024).
Of interest, in patients with stage III-N2 disease not achieving pathological complete response EFS benefit (single station N2 HR 0,59 and multistation N2 HR 0,36) was seen in favour of the adjuvant nivolumab group.

At this moment there are no clear data on accuracy of invasive restaging after induction immunotherapy. Given the high pathological complete response and the benefit of adjuvant immunotherapy in patients with persistent N2 disease, we believe there is no place for invasive mediastinal restaging after induction immunotherapy in the absence of progression on PET-CT. Response on PET-CT seems to correlate well with pathological downstaging.