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Hospital
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10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



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Society of Pneumology and Thoracic Surgery (SEPAR)



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ADHERENCE TO TREATMENT PROTOCOL OF PATIENTS SUBMITTED TO NEOADJUVANT PERIOPERATIVE (CHEMO) IMMUNOTHERAPY IN RESECTABLE NSCLC: A METANALYSIS

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Objectives: Neoadjuvant and perioperative immunotherapy (IO) alone or associated with standard chemotherapy in resectable non-small-cell lung cancer (NSCLC) is currently an area of great interest. Data regarding the adherence to treatment protocols of neoadjuvant treatments, including IO, will guide the definition of the best course of treatment. We performed a meta-analysis, including studies on using IO neoadjuvant protocols in resectable NSCLC to evaluate the adherence rate to the treatment and surgical outcomes.

Material and methods: A systematic review of PubMed and Embase with meta-analyses was performed. Included studies were prospective clinical trials of preoperative IO alone or in combination with chemotherapy in resectable NSCLC. Primary outcomes were adherence to medical treatment (calculated as the omission of therapy rate, incomplete therapy rate, omission of surgery rate) and postoperative outcomes (R0 rate and microscopically incomplete resection rate).

Results: We included 27 studies with 2656 patients. In 17 studies, IO was associated with chemotherapy per protocol. Almost all patients received at least one therapy administration, while 7% received incomplete cycles according to the protocol. Surgery was not performed in 13% of patients. An R0 resection was reached in 94% of cases.

Conclusions: Adherence to treatment protocols appears to be a critical point in NSCLC patients' radical surgery candidates. Our data show that IO neoadjuvant treatment has an acceptable adherence rate and good surgical results. A better definition of neoadjuvant duration and doses might further improve adherence results.