

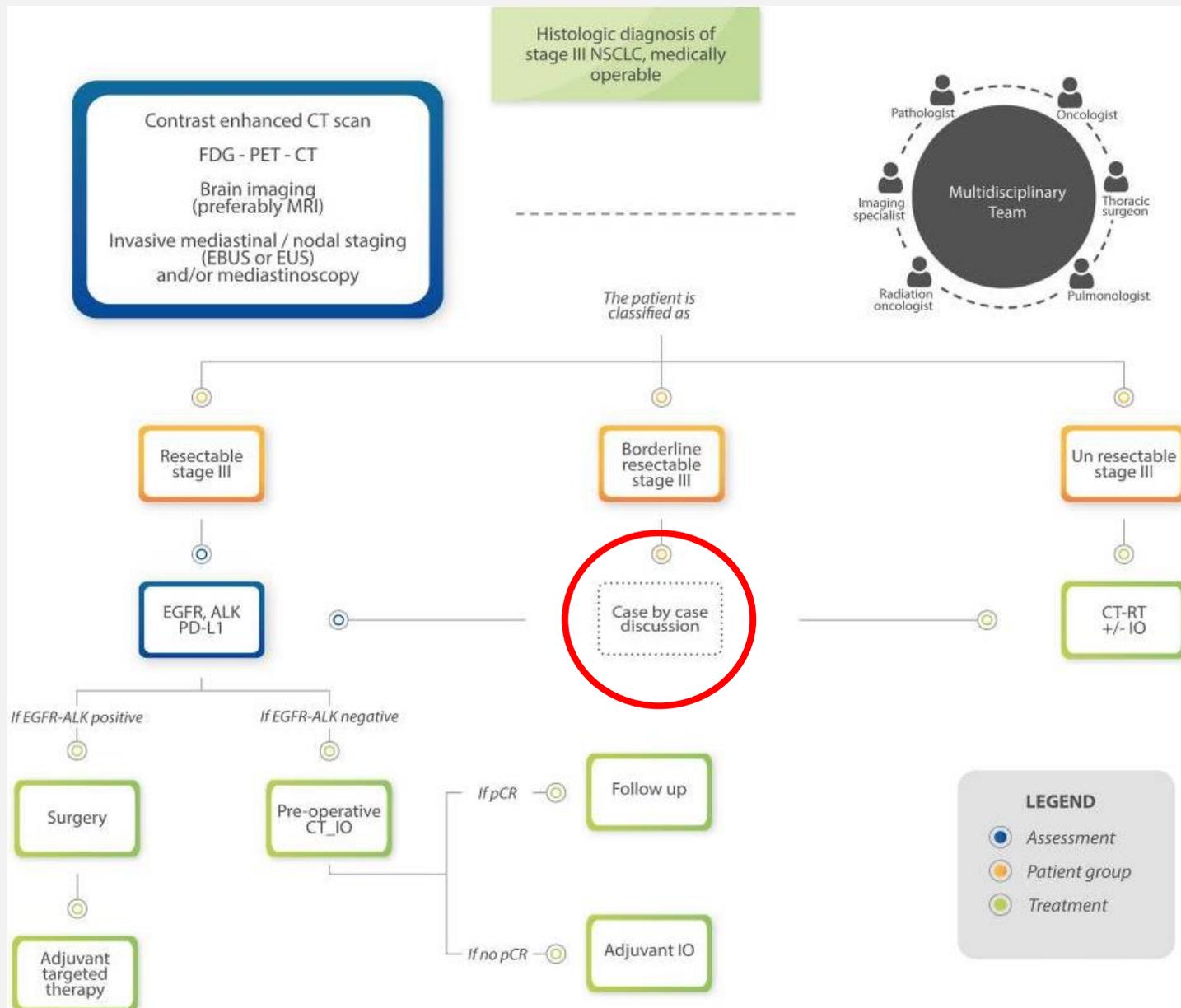
Neoadjuvante Chemo-Immuntherapie beim borderline-resektablen Patienten

- Oxford Debate: *contra*

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	N0	N1	N2 _{SINGLE}	N2 _{MULTI}	N2 _{BULKY}	N2 _{INVASIVE}
T1-2	N/A	N/A	POTENTIALLY RESECTABLE (95%)	NO AGREEMENT (50%)	UNRESECTABLE (75%)	UNRESECTABLE (84%)
T3 _{SIZE}	N/A	RESECTABLE (83%) ^a	POTENTIALLY RESECTABLE (87%)	NO AGREEMENT (39%)	UNRESECTABLE (80%)	UNRESECTABLE (88%)
T3 _{SATELLITE}	N/A	POTENTIALLY RESECTABLE (94%)	POTENTIALLY RESECTABLE (79%)	NO AGREEMENT (34%)	UNRESECTABLE (84%)	UNRESECTABLE (91%)
T3 _{INVASION}	N/A	POTENTIALLY RESECTABLE (89%)	NO AGREEMENT (71%) ^b	NO AGREEMENT (28%) ^c	UNRESECTABLE (87%)	UNRESECTABLE (92%)
T4 _{SIZE}	POTENTIALLY RESECTABLE (94%)	POTENTIALLY RESECTABLE (90%)	NO AGREEMENT (66%)	UNRESECTABLE (77%)	UNRESECTABLE (88%)	UNRESECTABLE (93%)
T4 _{SATELLITE}	POTENTIALLY RESECTABLE (78%)	NO AGREEMENT (71%) ^b	NO AGREEMENT (44%)	UNRESECTABLE (85%)	UNRESECTABLE (92%)	UNRESECTABLE (94%)
T4 _{INVASION}	NO AGREEMENT (62%) ^b	NO AGREEMENT (57%) ^b	NO AGREEMENT (34%) ^c	UNRESECTABLE (90%)	UNRESECTABLE (95%)	UNRESECTABLE (94%)

Figure 1. Survey agreement summary of the resectability assessment of 37 TNM subsets in stage III NSCLC

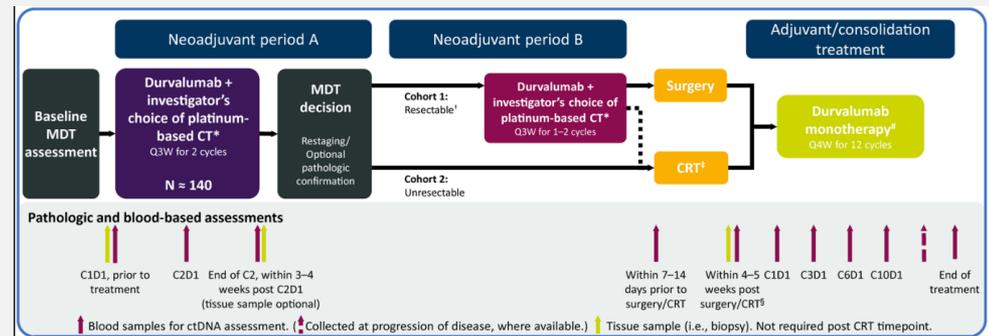
Please take note that these results do not reflect the consensual definition of resectable stage III NSCLC. The threshold for agreement among respondents is 75%. If a TNM subset was not considered as "resectable" in 75% or more of the answers, then the "maybe" (= maybe upfront resectable) answers were added up to the "yes" (= upfront resectable) answers and, this TNM subset was then considered as "potentially resectable". Staging was according to the 8th edition of the TNM classification. Working definition of N2 (ipsilateral mediastinal and/or subcarinal nodes) subdivision used: N2 single = single station, non-bulky (≤ 3 cm), discrete; N2 multi = multi-level, non-bulky (≤ 3 cm), discrete; N2 bulky = bulky (> 3 cm) and discrete; N2 invasive = invasive growth. *Abbreviations:* NSCLC = non-small cell lung cancer; N/A = not applicable, not stage III disease.

(a) 83% of respondents answered "yes". In potentially resectable and no agreement cases, the percentage comprises "yes" + "maybe" answers. In unresectable cases, the percentage comprises "no" answers; (b) Considered as potentially resectable by thoracic surgeons vs. no agreement among others, based on the subgroup analysis by specialty (thoracic surgery vs. others) regarding 'no agreement' TNM subsets in the overall group; (c) No agreement among thoracic surgeons vs. unresectable by others.

borderline resektables NSCLC

- primäre OP +/- Adjuvanz
- Induktion OP +/- Adjuvanz/Erhaltung
- “Induktion” CRT Erhaltung

MDT-BRIDGE, M.Reck

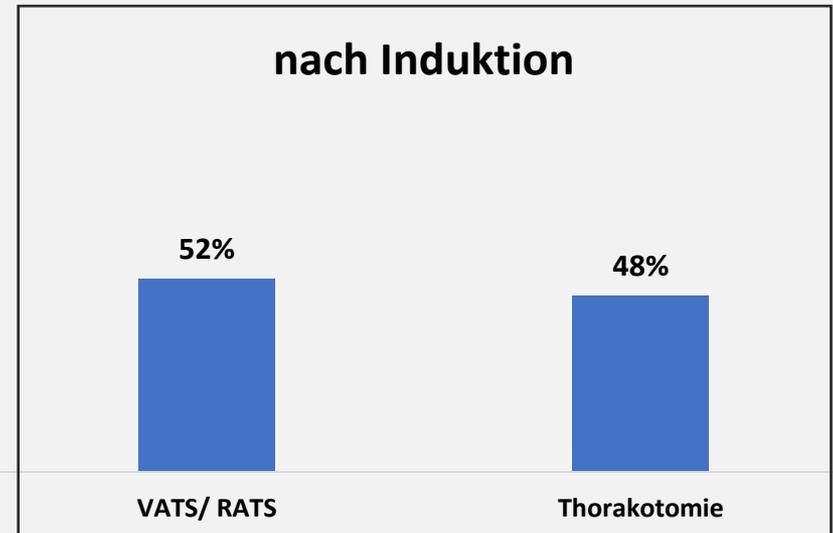
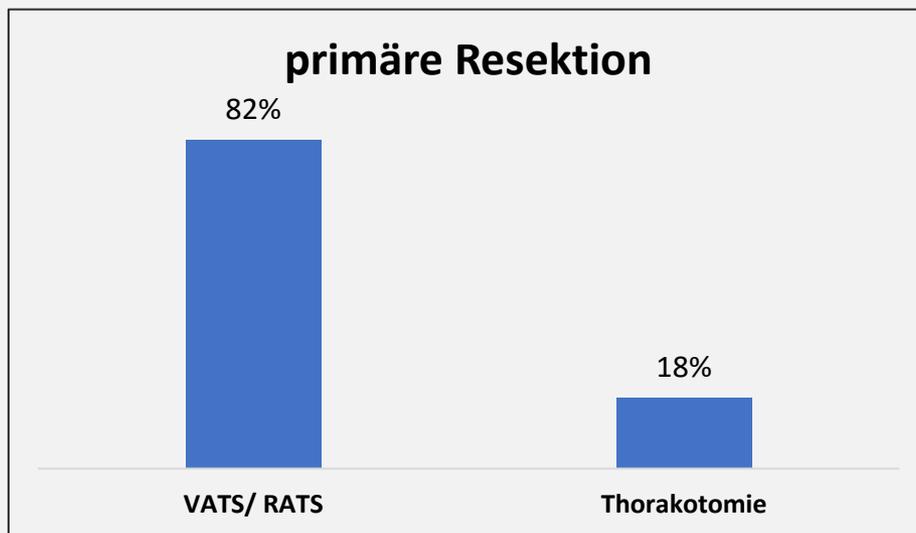


- RCT IT

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– Argumente gegen Induktion

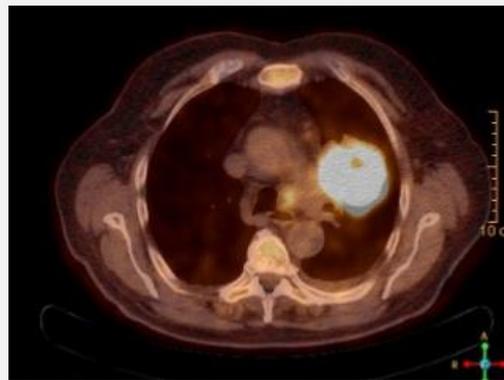
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borderline resektables NSCLC

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- Aetas, Compliance, Ko-Morbiditäten, primäre Tumorkomplikationen



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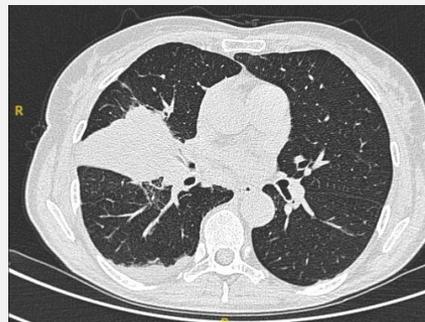
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- Therapie-assoziierte AEs **1-3%**

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- keine belastbare Daten, dass Resektabilität erst durch Induktion erreicht wird