

Special Issue

Surgery in the Era of Neoadjuvant Immune Checkpoint Inhibitors Therapy for Thoracic Oncology

Message from the Guest Editor

NSCLC accounts for 80–85% of all lung cancers, and approximately 20% are diagnosed in stage IIIA–IIIB. Recent trials have demonstrated that the addition of immune checkpoint inhibitors (ICIs) to chemotherapy (CHT) in the neoadjuvant (NA) setting improves response and survival outcomes in intention-to-treat (ITT) populations. As the application of NA ICI-CHT has been accepted, the boundaries for resectability are being re-examined.

The question of the real resectability after a radiographic response is still unanswered. For patients who are borderline resectable due to the anatomical location of a tumor, it is unclear whether radiographic downstaging leads to surgical downstaging; in fact, challenging dissection due to fibrosis or suspicion of residual N2 after NA therapy is considered a limitation to upfront surgery.

However, with the increasing results of ICI-CHT, many tumors may be amenable to R0, and the interest in downstaging borderline unresectable disease has increased. More reports on high-volume centers' experiences are needed to detect, validate, and share programs of treatment.

Guest Editor

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