# **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 reexamined.

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 RO, and the interest in downstaging borderline unresectable disease has increased. More reports on high-volume centers' experiences are needed to detect, validate, and sharare programs of treatment.

### **Guest Editor**

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### Deadline for manuscript submissions

20 May 2026



# Journal of Clinical Medicine

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Impact Factor 2.9
CiteScore 5.2
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