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Mediastinum and Systematic Nodal Dissection



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10th International Workshop on Surgical Exploration of the
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ADHERENCE TO ADJUVANT IMMUNOTHERAPY AND TARGET THERAPY PROTOCOLS IN PATIENTS WITH RESECTED NSCLC: A META ANALYSIS

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Introduction.

Use of immunotherapy (IO) and target therapy (TT) in the treatment of Non-Small Cell Lung Cancer (NSCLC) has been radically changing the standards of care. Nevertheless, adherence to adjuvant treatment protocols is limited by patients' performance status after surgery. We aim to verify the adherence to protocols of adjuvant IO or TT therapy.

Methods.

A systematic review with meta-analyses was performed. Included studies were prospective clinical trials of postoperative IO or TT alone or in combination with chemotherapy in NSCLC until March 2023. Primary outcomes were adherence to medical treatment (calculated as omission of therapy rate and incomplete therapy rate) and posttreatment severe adverse events.

Results.

We included 7 studies with a total of 2479 patients. IO was investigated in three studies and TT in 4. Complete omission of adjuvant therapy was found in 1.3% of patients (95% CI 0.8-1.7), while 37.2% (95% CI 35.3-39.1) of patients required a reduction of number of cycles. Severe adverse events (AEs) were seen in 21.5% of patients (95% CI 19.8-23.1). When we compared IO and TT no significant difference in omission of therapy rate, incomplete therapy rate or severe AEs rate was observed.

Conclusions.

Data from the current available literature showed that adjuvant IO or TT therapy is plagued by a high rate of incomplete therapy rate. Nevertheless, we did not observe significant difference in outcomes between IO and TT. The role and the duration of IO or TT adjuvant therapy should be carefully evaluated to reduce AEs and improve outcomes.