



Preface on neoadjuvant treatment in lung cancer—some facts on the outcomes

Modest advances were achieved in the treatment approach to early-stage resectable non-small cell lung cancer (NSCLC), in both, neoadjuvant and adjuvant settings, for almost two decades. The outcomes for completely resected early-stage NSCLC have not been satisfying (1,2). The high incidence of relapse with distant metastases has implied that systemic treatment is critical to increase cure rates.

Neoadjuvant therapy has the ability to reduce tumor burden and to destroy subclinical (micro) metastases, at the same time providing important information about prognosis, tumor response and downstaging. Added value and significant advantage is a comprehensive molecular profiling and assessment of the different biological characteristics of the tumor at resection. Novel systemic therapy agents, targeted and immune check point inhibitors, incorporated in multimodality approach are being investigated in the neoadjuvant and adjuvant settings to decrease the risk of systemic relapses and to achieve better outcomes in early-stage NSCLC (3-9).

In the current series, we highlight recent advancements in the most recent years that have pushed the boundaries of knowledge how to improve the outcomes of early stage resectable NSCLC. Different aspects and various challenges of neoadjuvant systemic therapy in early-stage NSCLC are presented in this series. Several significant topics include treatment efficacy, biomarkers under investigation, imaging procedures in assessment of the response to neoadjuvant treatment and the role of endosonography in preoperative restaging, response evaluation on resection tumor samples after neoadjuvant therapy, the necessity for comprehensive molecular analysis, the impact of neoadjuvant immunotherapy on surgery as a special challenge for thoracic surgeon because of the technical feasibility of lung resection, especially with a minimally invasive approach.

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