Developments in the understanding of the oligometastatic state place this concept of limited volume, potentially curable metastatic disease at the forefront of patient care and research. Hellman and Weichselbaum coined the oligometastatic state to designate the state between localized and metastatic cancer with the biology of this limited spread behaving akin to confined rather than widespread disease (1). This continuum of considering the oligometastatic cancer patient in an intermediate stage is fundamental to determining the therapeutic management and incorporating local, metastasis directed therapy (MDT) in combination with systemic therapy. Further, the oligometastatic state defines patients with unique and improved prognoses and elucidates a condition in which patients may experience prolonged survival outcomes relative to those with extensively disseminated cancer. Multiple data support the use of MDT for patients with oligometastatic NSCLC.

Several seminal clinical trials helped to define the role radiation therapy for patients with oligometastatic NSCLC. The SABR- COMET study was a randomized phase 2 trial (RP2) that assigned 99 patients with multiple tumor histologies to standard of care therapy (SOC) with stereotactic ablative body radiation therapy (SABR) compared to SOC and reached its primary endpoint with a doubling of 5-year overall survival rate (2). Similarly, Gomez *et al.*, conducted a RP2 study in 49 patients with non-small cell lung cancer randomized to MDT after at least 3 months of front-line chemotherapy versus observation; the trial was stopped early due to a statistically significant benefit in progression-free survival (PFS) with the addition of MDT (3). Other studies such as Iyengar et al., evaluated consolidative radiotherapy for limited metastatic NSCLC in a RP2 trial of 29 patients evaluating maintenance chemotherapy alone vs SABR followed by maintenance chemotherapy (4). The SABR-plus-maintenance chemotherapy arm showed a significantly improved PFS of 9.7 months *vs.* 3.5 months in the maintenance chemotherapy-alone arm (4). There are otherwise a preponderance of data supporting the use of MDT in oligometastatic NSCLC detailed in this special compilation.

Genomics to provide insights into the biology of oligometastatic disease, and circulating tumor DNA surveillance will provide novel data to advance the oligometastatic condition (5-7). With the use of MDT for the oligometastatic condition after initial systemic therapies, patients reap the benefits of improved and potentially enduring outcomes comparable to those with non-metastatic disease. Multidisciplinary management within oncologic teams will enhance patient care paradigms and research for the oligometastatic condition. This exceptional book written by leaders in oligometastatic NSCLC contains important contributions detailing the research status, epidemiology, and treatment options that will set the stage for future developments to change the face of patient care.

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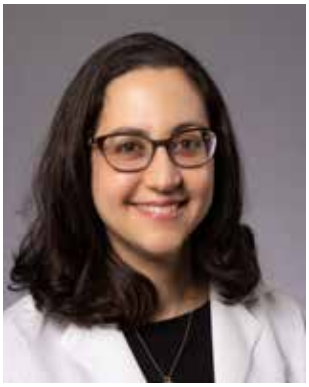

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