

Appendix 1

Treatment regimens

All patients underwent a multidisciplinary consultation to assess their condition and select an appropriate treatment regimen, before starting treatment. Computed tomography (CT) examinations were performed before and after neoadjuvant immunotherapy combined with chemotherapy (NICT) to assess tumor changes. The preoperative chemotherapy regimens for all enrolled patients consisted primarily of platinum-based agents combined with either paclitaxel/albumin-bound paclitaxel or pemetrexed via intravenous infusion. Among the platinum drugs, cisplatin was administered at a dose of 25 mg/m² on days 1–3, and for carboplatin, an area under the curve (AUC) of 5 was used. Paclitaxel-based medications included albumin-bound paclitaxel (260 mg/m²) and paclitaxel (135–175 mg/m²). The dose of pemetrexed was 500 mg/m². The preoperative immunotherapy regimen included intravenous PD-1/PD-L1 inhibitors (toripalimab 240 mg, sintilimab 200 mg, camrelizumab 200 mg, pembrolizumab 200 mg, tislelizumab 200 mg, durvalumab 1,500 mg, or atezolizumab 1,200 mg). Chemotherapy and immunotherapy treatment cycles were performed every 3 weeks. All patients received 1–3 cycles of NICT before surgery, with an average treatment duration of 2 cycles. Postoperatively, 114 patients received 2–4 cycles of adjuvant therapy following the same regimen as NICT. All patients in this study were clinically assessed at multidisciplinary meetings as having resectable NSCLC. All patients underwent curative lung cancer surgery under general anesthesia 4–8 weeks after the completion of their last neoadjuvant treatment. Surgical procedures included video-assisted thoracoscopic surgery or thoracotomy, with lung resection methods comprising lobectomy, sleeve resection, or wedge resection.