Immunotherapy in NSCLC: Navigating the New Standards

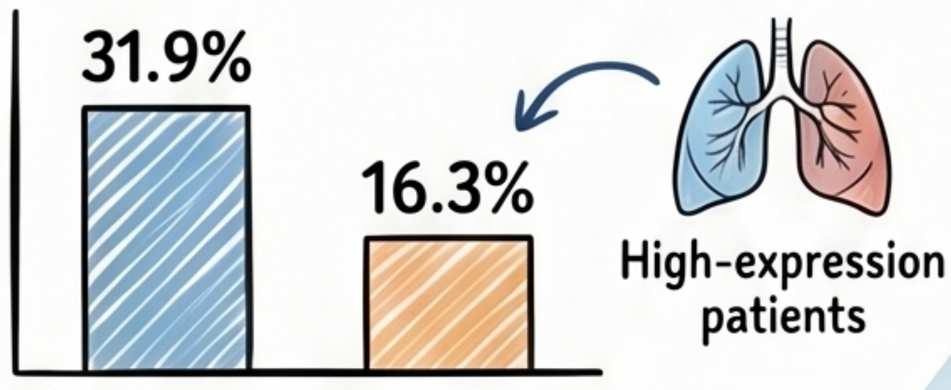
Current landscape of immunotherapy (IO) in NSCLC: shift from purely metastatic treatment to transformative perioperative care. Key is PD-L1 biomarkers and the "driver-first" rule.

Advanced Disease & The PD-L1 Compass

TPS ≥50%

Pembrolizumab Monotherapy

Superior 5-year survival (31.9%)



TPS <50%

Chemo-IO Combination

Platinum-pemetrexed + pembrolizumab is global standard for non-squamous, driver-negative disease.

The Perioperative Revolution

18–25%

Pathological Complete Response (pCR)

Neoadjuvant plus adjuvant IO regimens significantly increase zero viable tumor rate at surgery.

Transformation in Resectable Disease

KEYNOTE-671 & CheckMate 77T demonstrate perioperative IO meaningfully improves event-free survival.

The LAURA Standard for Stage III

Establishes osimertinib after chemoradiation as definitive standard for unresectable EGFR-mutant disease.

Driver Mutations Override PD-L1

Never start IO without testing for EGFR/ALK; targeted therapy takes precedence even if PD-L1 is high.

Life Science Feed

REFERENCES **[1]** Reck M et al. KEYNOTE-024: pembrolizumab vs chemotherapy in PD-L1 high NSCLC. N Engl J Med. 2016;375:1823-1833 · **[2]** Mok TSK et al. IMpower110: atezolizumab vs chemotherapy in PD-L1 selected NSCLC. J Clin Oncol. 2021;39:2235-2245 · **[3]** Brahmer J et al. Nivolumab vs docetaxel in advanced squamous-cell NSCLC. N Engl J Med. 2015;373:123-135 · **[4]** Herbst RS et al. KEYNOTE-010: pembrolizumab vs docetaxel in PD-L1 positive NSCLC. Lancet. 2016;387:1540-1550 · **[5]** Paz-Ares L et al. KEYNOTE-407: pembrolizumab plus chemotherapy in squamous NSCLC. N Engl J Med. 2018;379:2040-2051

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