



IMMUNOTHERAPY FOR STAGE IV NSCLC (OLIGO AND POLYMETASTASIC)

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After decades of considering cytotoxic chemotherapy as the backbone of treatment for most patients with non-small cell lung cancer (NSCLC), the treatment paradigm for patients with advanced non-small cell lung cancer has substantially changed with the discovery of immunotherapy.

Immunotherapy has been integrated into the treatment algorithm in first line setting in most patients with advanced NSCLC and has resulted in better outcomes for patients. After a long-term follow-up, several trials have confirmed the long-lasting immune-mediated survival benefit in a subset population of patients with advanced disease.

Multiple treatment options are available for patients with advanced NSCLC, ranging from single-agent immunotherapy to quadruple therapy, which involves dual immune checkpoint inhibitor plus chemotherapy or immune checkpoint inhibitor plus chemotherapy plus anti-vascular endothelial growth factor drugs. In patients with oligometastatic disease, there is also growing interest in the utility of combining stereotactic body radiation therapy (SBRT) with immunotherapy as both agents have the potential to act synergistically when used in combination.

Although immunotherapy represents an active and real option for a wide range of advanced NSCLC patients, there are several challenges and issues that remain unsolved. Among them, understand the mechanisms of resistance, the need for optimal predictive biomarkers as well as established cutoffs and identify personalized treatment with immunotherapy drug combinations. While present era of cancer immunotherapy is expected to continue, many of these challenges will have to be addressed beforehand, to ensure the success of cancer immunotherapies in a broader range of patients.