

1376P **The standard of care for stage III NSCLC in the era of immunotherapy: An Italian national survey on the current pattern of care among Italian thoracic oncologists**

A. Bruni¹, F. Grossi², F. Katia³, E. Capelletto⁴, L. Buffoni⁴, S. Badellino⁵, V. Poletti⁶, R. Chiani⁷, N. Gaj Levra⁸, G.L. Banna⁹, S. Vagge¹⁰, P. Borghetti¹¹, E. Baldini¹², E. Brià¹³, M. Tiseo¹⁴, M. Paci¹⁵, P. Ciammella¹⁶, M. Taraborrelli¹⁷, U. Ricardi¹⁸, V. Scotti¹⁹

¹Oncology and Hematology, Radiotherapy Unit, Azienda Ospedaliero-Universitaria Policlinico di Modena, Modena, Italy, ²Department of Oncology, IRCCS AOU San Martino, IST-Istituto Nazionale per la Ricerca sul Cancro, Genoa, Italy, ³Thoracic and Lung Physiopathology Unit, "Careggi" University Hospital, Florence, Italy, ⁴Department of Oncology, Azienda Ospedaliera Universitaria San Luigi Gonzaga, Orbassano, Italy, ⁵Department of Oncology, University of Turin, AOU Città della Salute e della Scienza, Turin, Italy, ⁶Department of Thoracic Diseases, Pulmonary Operative Unit, "Morgagni-Pierantoni" Hospital, Forlì, Italy, ⁷Medical Oncology Unit, Azienda Ospedaliera di Perugia S. Maria della Misericordia, Perugia, Italy, ⁸Radiation Oncology Unit, "Sacro Cuore Don Calabria" Hospital, Verona, Italy, ⁹Medical Oncology, Cannizzaro Hospital, Catania, Italy, ¹⁰Radiation Oncology Department, IRCCS Policlinico San Martino, Genoa, Italy, ¹¹Radiation Oncology Department, "Spedali Civili" University Hospital, Brescia, Italy, ¹²Department of Oncology, Division of Oncology, S. Luca Hospital, Lucca, Italy, ¹³UOC Oncologia Medica, Università Cattolica del Sacro Cuore - Fondazione Policlinico Universitario Agostino Gemelli, Rome, Italy, ¹⁴Medical Oncology, AOU di Parma, Parma, Italy, ¹⁵Thoracic Surgery Unit, Azienda Unità Sanitaria Locale - IRCCS, Reggio Emilia, Italy, ¹⁶Radiation Oncology Unit, Azienda Unità Sanitaria Locale - IRCCS, Reggio Emilia, Italy, ¹⁷Department of Radiation Oncology, SS. Annunziata Hospital, G. D'Annunzio, Chieti, Italy, ¹⁸Department of Oncology, Radiotherapy Unit, University of Turin, AOU Città della Salute e della Scienza, Turin, Italy, ¹⁹Radiation Oncology Unit, Oncology Department, Careggi University Hospital, Florence, Italy

Background: Concurrent Chemo-Radiotherapy (cCRT) is standard treatment in "fit patients" (pts) affected with locally advanced (LA) NSCLC, with surgery limited to few selected cases. Despite some improvements, outcomes are still unsatisfactory, with only 15-25% of pts alive at 5 years. Recently, encouraging results were obtained with the addition of immunotherapy (IT) to cCRT. Survey was conducted to evaluate the pattern of care of LA-NSCLC treatment among Italian Thoracic Oncologists (TO) involving pneumologists, thoracic surgeons, radiation and medical oncologists.

Methods: In February 2018, all Italian TO were invited to participate to a "web-based" survey consisting in 15 multiple-choice questions about staging procedures and most appropriate multimodal approach to manage LA-NSCLC. Questions were also focused on diagnostic imaging and histopathological modalities.

Results: 421 responses were analyzed; 69% of responders had more than 5 years experience in thoracic oncology. In 72% of Centers, TO regularly attend a weekly multidisciplinary Team (MDT) meeting, while in 28% MDT is not regularly planned. About pathology, cytological/histological morphologic diagnosis of malignancy were considered enough to define a therapeutic approach in 63% of responders. In N2, Stage IIIA, "minimal" pts upfront surgery was considered the preferred option from 43% of responders, while in N2, multi-nodal and/or bulky pts cCRT was recommended. For this latter group ("unresectable") only 54% considered cCRT the most appropriate choice, while 46% preferred a sequential chemo-RT, even in fit pts due to better pts compliance and lower toxicity profiles.

Conclusions: Our analysis showed an inhomogeneous scenario between different specialists regarding the appropriate therapeutic choices for LA-NSCLC treatment. Additionally, some discrepancies were found about a correct selection of pts fit for cCRT. Many efforts have to be put towards the increase of a true multidisciplinary, since in many Institutions lack of MDT was described. Future investigations and trials are necessary to optimize treatment approaches in LA-NSCLC, in particular considering recent clinical results on combination of cCRT and IT.

Legal entity responsible for the study: Alessio Bruni.

Funding: AstraZeneca.

Disclosure: All authors have declared no conflicts of interest.