



## ROLE OF THE THORACIC SURGEON IN THE ERA OF IMMUNOTHERAPY

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Over the last 12 months, results from a number of important studies looking at the combination of immunotherapy with surgery in the treatment of lung cancer have been reported. These show that immunotherapy can provide significant clinical benefit to selected patients when used in the neoadjuvant or adjuvant setting in combination with surgical resection.

As we have now moved well into this era of immunotherapy, the thoracic surgeon needs to be aware of the potential impact this has on lung cancer surgery practices – especially some of the questions the surgeon will be made to address. These include:

- I. What are the hidden costs of combining immunotherapy with surgery? Not only is surgical safety potentially affected, but also potentially whether patients receive surgery.
- II. Which patients benefit from combining immunotherapy with surgery? Although the focus of patient selection has been on biomarkers and even circulating tumor DNA, the thoracic surgeon also plays a pivotal role in defining resectability and ensuring the viability of surgery vis-à-vis other localized therapy modalities.
- III. How should surgical strategies evolve to best complement immunotherapy? Surgeons can potentially influence the timing and safety of adjuvant therapy through the adoption of minimally invasive approaches or optimizing peri-operative management, and it remains to be shown if and how this should be done. Surgeons must also work with the multi-disciplinary team to explore how immunotherapy may provide curative opportunities for different categories of patients - such as those receiving sublobar surgery or those with stage IV disease.

This presentation will discuss some of the key considerations the thoracic surgeon should bring to the multi-disciplinary team when planning therapy for lung cancer patients in this era of immunotherapy.