**Background**

- Neoadjuvant chemo-immunotherapy (CheckMate 826 regimen) has become a standard of care in treatment of resectable non-small cell lung cancer (NSCLC) patients in some countries.¹
- Addition of radiation therapy (RT) may further improve local control in locally advanced NSCLC patients.
- This result suggests that this treatment strategy is promising for resectable Stage IIIA-N2 NSCLC.²

**Study Design**

- Primary endpoint: Major pathologic response (≥10% residual viable tumor) according to central pathological assessment
- Secondary endpoint: Progression-free survival, overall survival, pathologically complete response (pCR) and safety

**Statistical Design**

- The sample size was calculated as 28 patients based on the exact binomial distribution with a 16.6% (20%) non-responders.
- Data were collected within 30 days postoperatively for each case.

**Results**

- **Primary endpoint: MPR rate**
- **MPR subgroup analysis**
- **Pathologic regression by subgroup (%)**
- **Adverse events summary**
- **Most Frequent AEs (≥10% of Patients) in neoadjuvant therapy**

**Conclusion**

- The primary endpoint of MPR rate was met in SQUAT trial. This result suggests that this treatment strategy is promising for resectable stage IIIA-N2 NSCLC.

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**Corresponding Author:** Tetsuya Mitsudomi MD PhD, mitsudomi@med.kindai.ac.jp