

16<sup>th</sup>  
**CONGRESS**  
*Lung* **ON**  
**CANCER**

BARCELONA  
27 / 28  
NOVEMBER 2025

# LONG-TERM SURVIVORS IN METASTATIC LUNG CANCER CONSENSUS

**Ana Laura Ortega Granados**  
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# CONFLICTO DE INTERESES

En cumplimiento con el Código de Buenas Prácticas de la Industria Farmacéutica (Farmaindustria), se informa que toda la información compartida durante esta reunión científico-profesional es estrictamente confidencial, privilegiada y destinada únicamente al destinatario previsto. Queda expresamente prohibida la difusión, directa o indirecta, a través de redes sociales, canales de comunicación o medios externos, así como cualquier uso no autorizado, incluida la divulgación o distribución del contenido.

La información presentada no debe ser utilizada con fines promocionales, ni constituye asesoramiento médico o actividades promocionales. Además, contiene propuestas preliminares, planes, estrategias y opiniones que no representan posiciones finales ni garantías de desempeño futuro. En caso excepcional de que desee compartir algún contenido, deberá contar con la autorización previa, expresa y por escrito de **GECRP**.

# DISCLOSURES

This study was sponsored by Bristol-Myers Squibb. The sponsor initiated the project and appointed the Scientific Committee, but was not involved in the study design, data collection, analysis, or interpretation, or in the writing of the article or the decision to submit it for publication.

## Actualización 2023



# Informe de la situación sobre los Pacientes Largos Supervivientes de Cáncer en el Sistema Nacional de Salud

Abril 2023

## Objetivo General

Analizar, dar información y sentar las bases para establecer recomendaciones para la mejora de la calidad asistencial de los pacientes largos supervivientes de cáncer en el SNS

## Objetivos Específicos

- 1) Recabar información sobre la situación en CCAA
- 2) Realizar diagnóstico
- 3) Formular recomendaciones para el desarrollo de planes futuros, programas o políticas dirigidas a la atención de largos SV

## Nuevo documento 2023



Estrategia en Cáncer  
del Sistema Nacional  
de Salud

Actualización aprobada por el  
Consejo Interterritorial del  
Sistema Nacional de Salud,  
el 24 de febrero de 2021



Informe de la  
situación sobre los  
Pacientes Largos  
Supervivientes de  
Cáncer en el Sistema  
Nacional de Salud

Abril 2023

## 6 ÁREAS

- 1) Seguimiento y calidad de vida de pacientes oncológicos: **Modesto**
- 2) Sistema de información fiable para N pacientes SV según CCAA: **No**
- 3) Elaboración de planes individualizados de seguimiento y accesibles: **No**  
Participación de diferentes profesionales: **No**
- 4) Institucionalización de protocolos de seguimiento: **No**
- 5) Planes integrales de atención: **Escasos**
- 6) Atención social a largos SV: **Poca atención.**

# Spanish National Strategy: Disease-Free Survivors centered

NATIONAL CANCER STRATEGY 2021-2023

## Goal 32

"Establish follow-up circuits for patients without present disease, who have completed their treatment and initial follow-up, between Primary Care and hospital..."

DEFINITION OF LONG SURVIVOR

"Patients who have survived, with no observable disease, who are no longer receiving treatment, and at least 5 years have elapsed since diagnosis"

# Spanish National Strategy: Disease-Free Survivors centered

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## Goal 32

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DEFINITION OF LONG SURVIVOR

"Patients who have survived, with no observable disease, who are no longer receiving treatment, and at least 5 years have elapsed since diagnosis"

### **The gap: survivors WITH active disease**

The current strategy does not include patients with metastatic lung cancer who survive years on active treatment or with stable disease. This emerging population has specific unmet needs.

**32.768**

Cases/year lung cancer Spain  
(2024)

**~50%**

Diagnosed in the metastatic  
stage



Long survivors with illness

# The paradigm shift in metastatic lung cancer

## PRE-IMMUNOTHERAPY ERA

### **Rapidly lethal disease**

Median OS: 8-12 months

OS 5 years: <5%

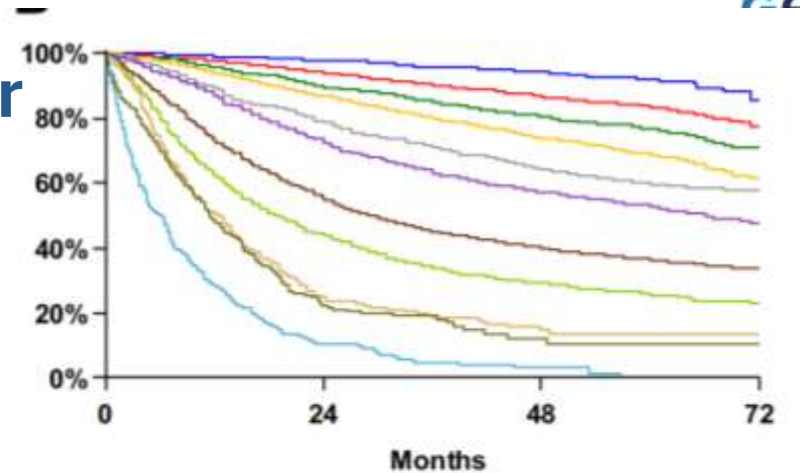
# The paradigm shift in metastatic lung cancer

## PRE-IMMUNOTHERAPY ERA

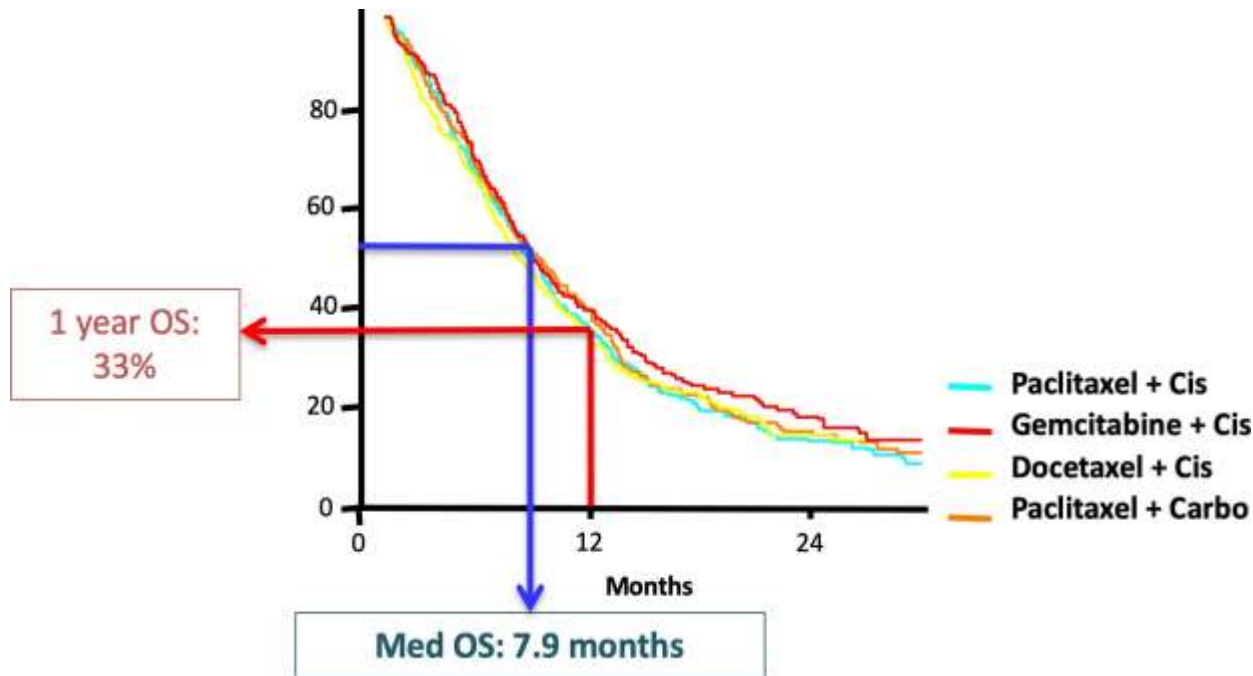
### Rapidly lethal disease

Median OS: 8-12 months

OS 5 years: <5%



Proposed	Events / N	MST	24 Month	60 Month
IA1	68 / 781	NR	97%	92%
IA2	505 / 3105	NR	94%	83%
IA3	546 / 2417	NR	90%	77%
IB	560 / 1928	NR	87%	68%
IIA	215 / 585	NR	79%	60%
IIB	605 / 1453	66.0	72%	53%
IIIA	2052 / 3200	29.3	55%	36%
IIIB	1551 / 2140	19.0	44%	26%
IIIC	831 / 986	12.6	24%	13%
IVA	336 / 484	11.5	23%	10%
IVB	328 / 398	6.0	10%	0%



Lim et al. *J Thorac Oncol* 2009  
 Goldstraw et al. *J Thorac Oncol* 2016  
 Schiller JH, et. al. *N Engl J Med.* 2002

# The paradigm shift in metastatic lung cancer

## PRE-IMMUNOTHERAPY ERA

### **Rapidly lethal disease**

Median OS: 8-12 months

OS 5 years: <5%

## CURRENT ERA (IO + TARGETED THERAPIES)

### **Potential chronic disease**

Median OS: 18-24+ months

OS 5 years: 15-30% in subgroups

# The paradigm shift in metastatic

## PRE-IMMUNOTHERAPY ERA

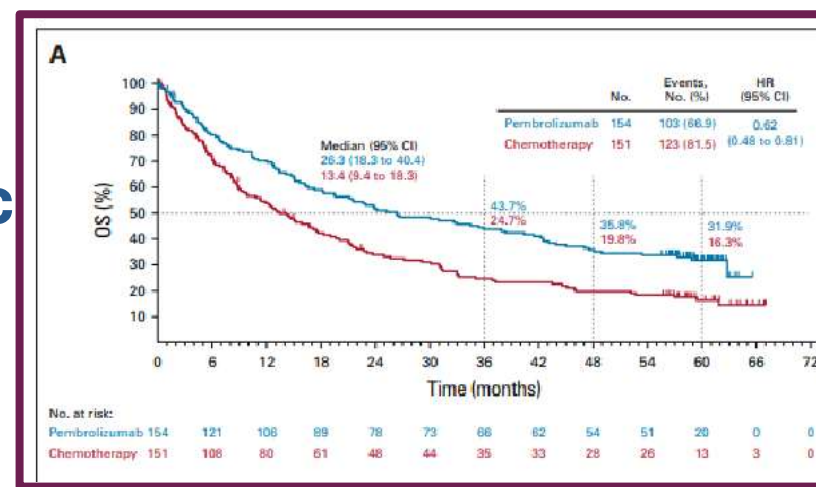
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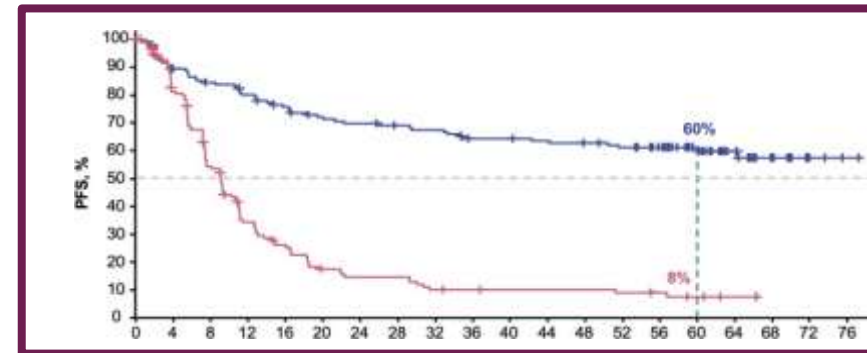
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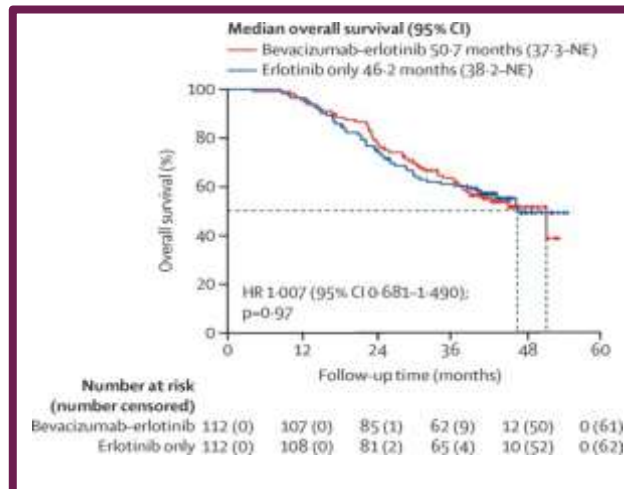
Median OS: 18-24+ months  
OS 5 years: 15-30% in subgroups



PD-L1 > 50%  
1/4 NSCLC  
5 yr OS ~32%



ALK+  
3-5% NSCLC  
5 yr OS >> 70%



EGFR+  
10-15% NSCLC  
5 yr OS ~50%

# The paradigm shift in metastatic

## PRE-IMMUNOTHERAPY ERA

### Rapidly lethal disease

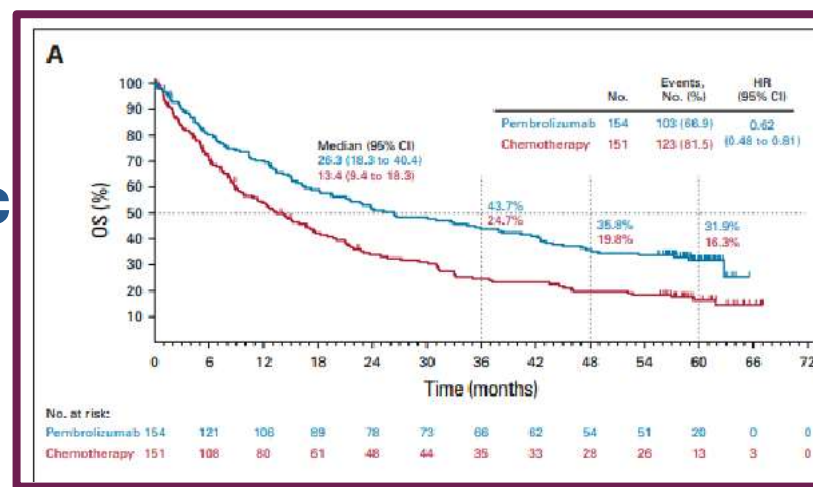
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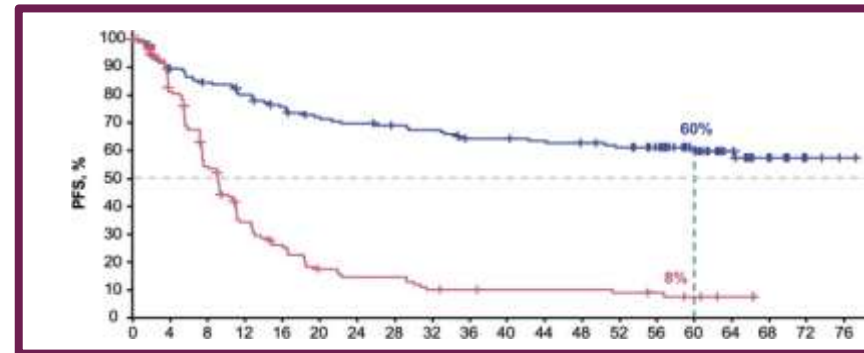
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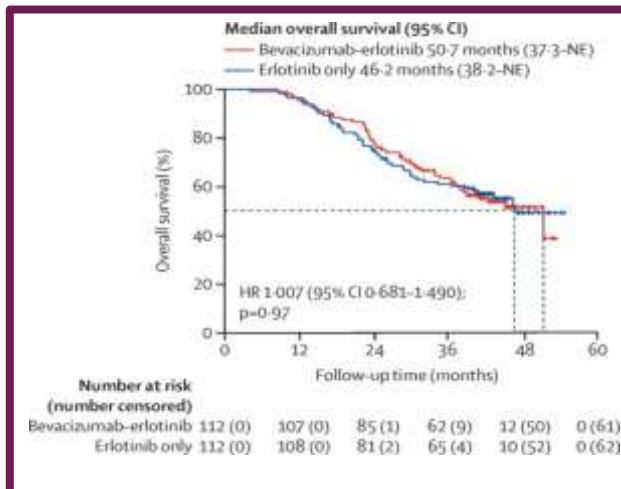
**New Reality: Patients WITH  
Metastatic Disease Surviving Years**



PD-L1 > 50%  
1/4 NSCLC  
5 yr OS ~32%



ALK+  
3-5% NSCLC  
5 yr OS >> 70%



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5 yr OS ~50%

# Why do we need a definition of long survivor in metastatic lung cancer?

## SPECIFIC CANCER NEEDS

### Late IO Toxicities

Endocrinopathies, pneumonitis, colitis even years later

### Second neoplasms

Increased risk from long-term exposure and smoking

### Progressive disease management

Complex decisions in successive lines

### Optimal treatment duration

When to suspend IO? Toxicity suspension impact

## NON-ONCOLOGICAL NEEDS

### Psychological impact

Fear of relapse, anxiety, chronic uncertainty

### Asthenia/chronic fatigue

Most prevalent symptom, persists years post-treatment

### Labor/social reintegration

Difficulties in reintegration, social stigma

### Financial toxicity

Economic impact of long-term illness

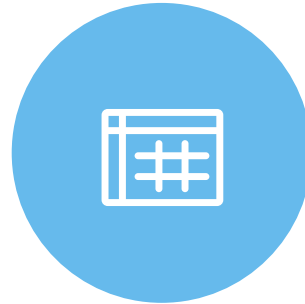
**Need for a consensus that defines and characterizes this new patient population**

# Consensus overview and objectives



## Define long-term survival in metastatic lung cancer

Reach consensus on defining long-term survivors as patients with overall survival of at least 3 years or progression-free survival of at least 2 years



## Identify common characteristics of long-term survivors

Determine patient and disease factors associated with extended survival, such as histology, biomarkers, and metastatic burden



## Analyze implications for patients and physicians

Discuss the need for specialized follow-up, management of treatment-related toxicities, and provision of support for physical, psychosocial, and work-related challenges

**This study provides a valuable framework for defining and supporting long-term survivors of metastatic lung cancer, informing clinical practice and future research to improve outcomes and quality of life for this patient population.**

# Methodology: Modified Delphi

## SCIENTIFIC COMMITTEE

3 oncologists who are experts in lung cancer (Spanish public hospitals)

## QUESTIONNAIRE

56 items in 3 sections:

- Definition (12 items)
- Common characteristics (21 items)
- Oncological and non-oncological implications (23 items)

## RATING SCALE

Likert 1-9

(strongly disagree → strongly agree)

## CONSENSUS DEFINED

≥70% agree

(responses in range 1-3 or 7-9 containing the median)

Promoted by the  
**Spanish Lung Cancer Group (GECP)**

## Delphi Process

**Round 1**  
56 items → 30 with consensus (53.6%)

**Round 2**  
26 remaining items → 11 with consensus

**Upshot**  
41/56 items with consensus (73.2%)

# Expert panel profile

**41**

Medical oncologists  
Final participants

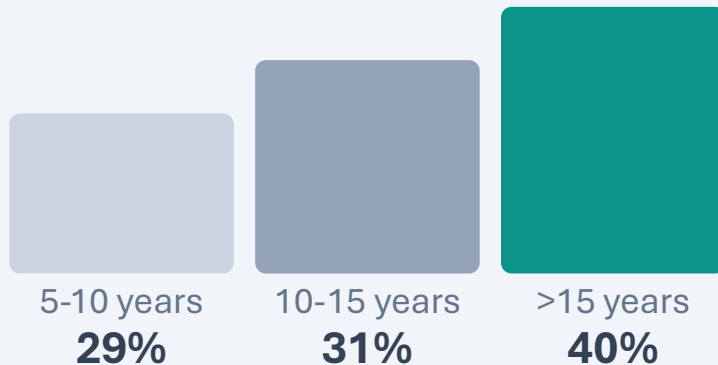
**46**

Mean age (years)  
9 years or more dedicated to  
thoracic tumors

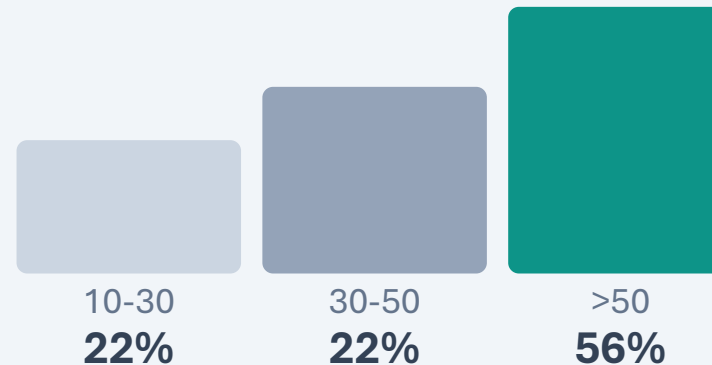
**90%**

Dedication to thoracic  
tumors (1-2 pathologies)

## LUNG CANCER EXPERTISE



## VOLUME OF PATIENTS/MONTH



## HOSPITAL COMPLEXITY

**51%**  
Group 5 Hospitals  
(greater complexity)

Inclusion criteria: >5 years experience, >10 patients/month with lung cancer

# Proposed definition of long survivor in metastatic lung cancer

OVERALL SURVIVAL

**$\geq 3$  years**

from diagnosis

and/  
or

PROGRESSION-FREE SURVIVAL

**$\geq 2$  years**

from the start of therapy

# Proposed definition of long survivor in metastatic lung cancer

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**Note: Consensus reached in 58.3% of the items on definition.**

**The definition of "2 years of OS" did not reach consensus, suggesting that the 2-year threshold may become obsolete with new therapies.**

# Proposed definition of long survivorship in metastatic lung cancer (mLC)

OVERALL SURVIVAL

**≥3 years**

from diagnosis

and/  
or

PROGRESSION-FREE SURVIVAL

**≥2 years**

from the start of therapy

## Consensus by histological type

### NSCLC

SG ≥5 years **90.2% ✓**

SG ≥3 years **78% ✓**

SLP ≥2 years **70.7% ✓**

### SCLC

SG ≥3 years **78% ✓**

SG ≥5 years **70.7% ✓**

SLP ≥2 years **78% ✓**

### ADDITIONAL CONSENSUS

**87.8% agree: there is a positive correlation between PFS and being a long-term survivor**

# Features of mLC long-term survivors

## TUMOR FACTORS

**Adenocarcinoma > squamous** 97.6%

**NSCLC > SCLC** 97.6%

**Oligometastatic + local therapy** 97.6%

**PD-L1 ≥ 50%** 82.9%

**No brain metastases** 80.5%

**<2 metastatic locations** 75.6%

## MOLECULAR AND TREATMENT FACTORS

**Druggable mutations (ROS1, ALK, EGFR)** ✓

**Partial or complete response** ✓

**IO maintained >2 years** ✓

## PATIENT FACTORS

**Diagnosis in the last decade** ✓

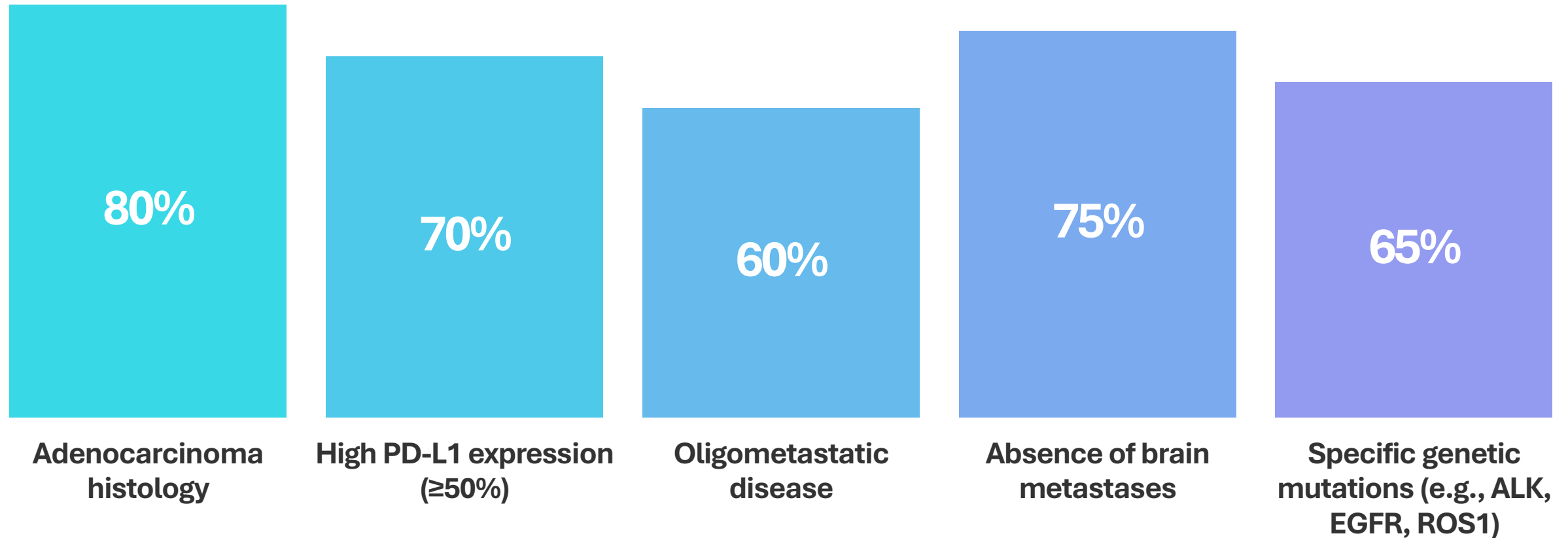
**Few comorbidities** ✓

**Healthy lifestyle** ✓

No consensus: high TMB as a predictor (insufficient evidence), age, sex, socioeconomic status

# Common characteristics of long-term mLC survivors

Percentage of long-term survivors exhibiting specific clinical and molecular features



# Oncological implications for follow-up

**87.8%**

## Consensus on Surveillance of Immune-Mediated Toxicities

Pneumonitis, colitis, endocrinopathies, nephritis... even years later

**87.8%**

## Consensus on the detection of second neoplasms

Increased risk associated with smoking and previous exposure

**70.7%**

## Long-term follow-up associated with lower risk of progression

### Priority cancer follow-up areas

- Thyroid function monitoring (IO hypothyroidism)
- Pulmonary function surveillance (late pneumonitis)
- Second tumors screening (bronchoscopy, CT scan)
- Cardiovascular evaluation (cardiotoxicity)
- Renal and hepatic function
- Peripheral neuropathy surveillance

### DATE RELEVANT

Discontinuation of IO due to immune-mediated adverse effects does not negatively impact long-term benefits (Paz-Ares LG et al. JTO 2022)

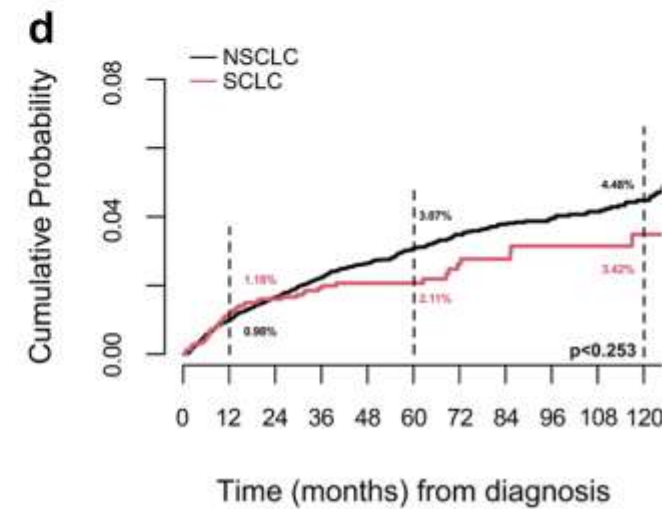
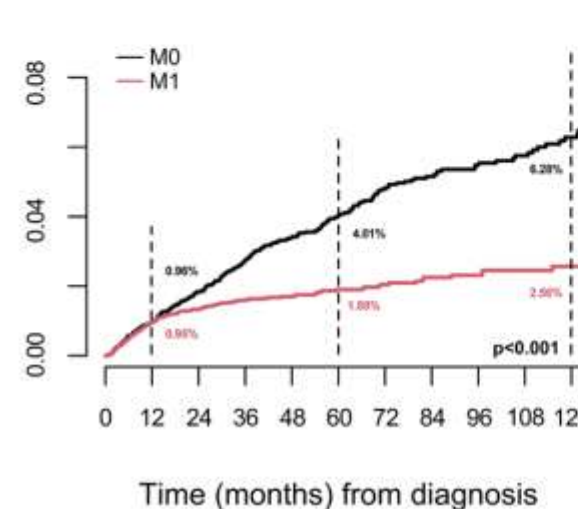
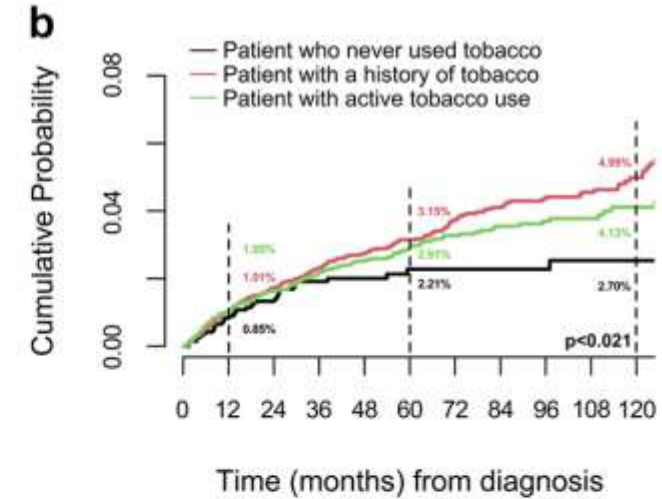
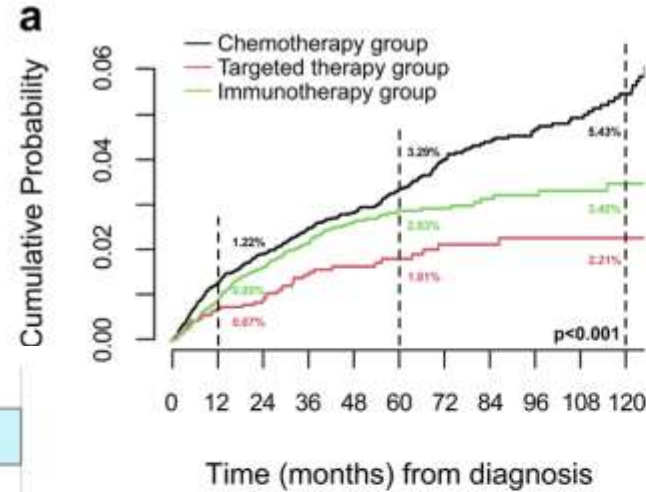
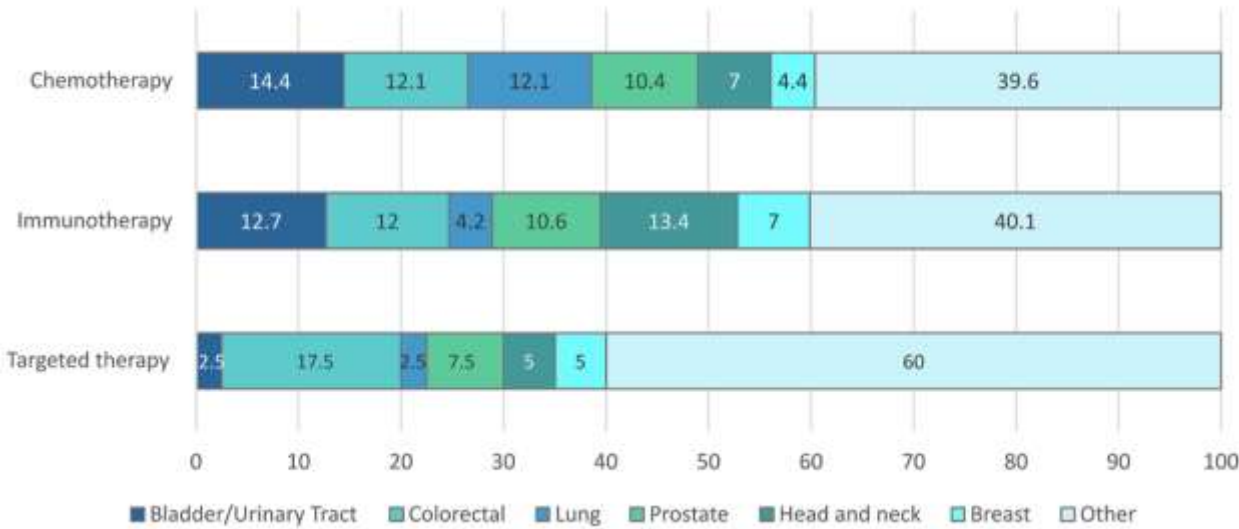
### PRACTICAL INVOLVEMENT

Need for **specific follow-up protocols** for long survivors with IO

# Incidence of second primary cancers in lung cancer survivors by oncological treatment: a nationwide prospective cohort study in Spain



Mariano Provencio,<sup>a,b,\*</sup> Manuel Cobo,<sup>c,b</sup> Delvys Rodriguez-Abreu,<sup>d,b</sup> Enric Carcereny,<sup>e,b</sup> Rafael Lóí Reyes Bernabé,<sup>h,b</sup> Joaquim Bosch-Barrera,<sup>i,b</sup> Bartomeu Massutí,<sup>j,b</sup> Alfredo Sánchez,<sup>k,b</sup> Ana Laura Carlos Camps,<sup>a,b</sup> Martín Lázaro-Quintela,<sup>p,b</sup> Manuel Dómine,<sup>q,b</sup> María Ángeles Sala,<sup>r,b</sup> Karla Mex Francisco Aparisi,<sup>u,b</sup> Juana Oramas,<sup>v,b</sup> David Aguiar,<sup>w,b</sup> Sara Cerezo,<sup>x,b</sup> Beatriz Losada,<sup>y,b</sup> Alberto Aylen Vanessa Ospina-Serrano,<sup>a,b</sup> and Virginia Calvo,<sup>a,b</sup> on behalf of Spanish Lung Cancer Group



# Non-oncological implications for follow-up

## Quality of life and support

**92.7%**

**Support for work and social adaptation**

Resources to facilitate re-entry

**92.7%**

**Quality of life assessment Programs**

PROs to identify areas of concern

**90.2%**

**Integration of Primary Care – Hospital Care**

Optimize resources and coordination

**85.4%**

**Sexual dysfunction treatment**

Pharmacological and non-pharmacological

**82.9%**

**Management of asthenia/fatigue**

Most prevalent and shocking symptom

**73.2%**

**Support e-tools**

For selecting patients requiring urgent evaluation

No consensus: cognitive impact of IO (unclear mechanisms, lack of standardized tests)

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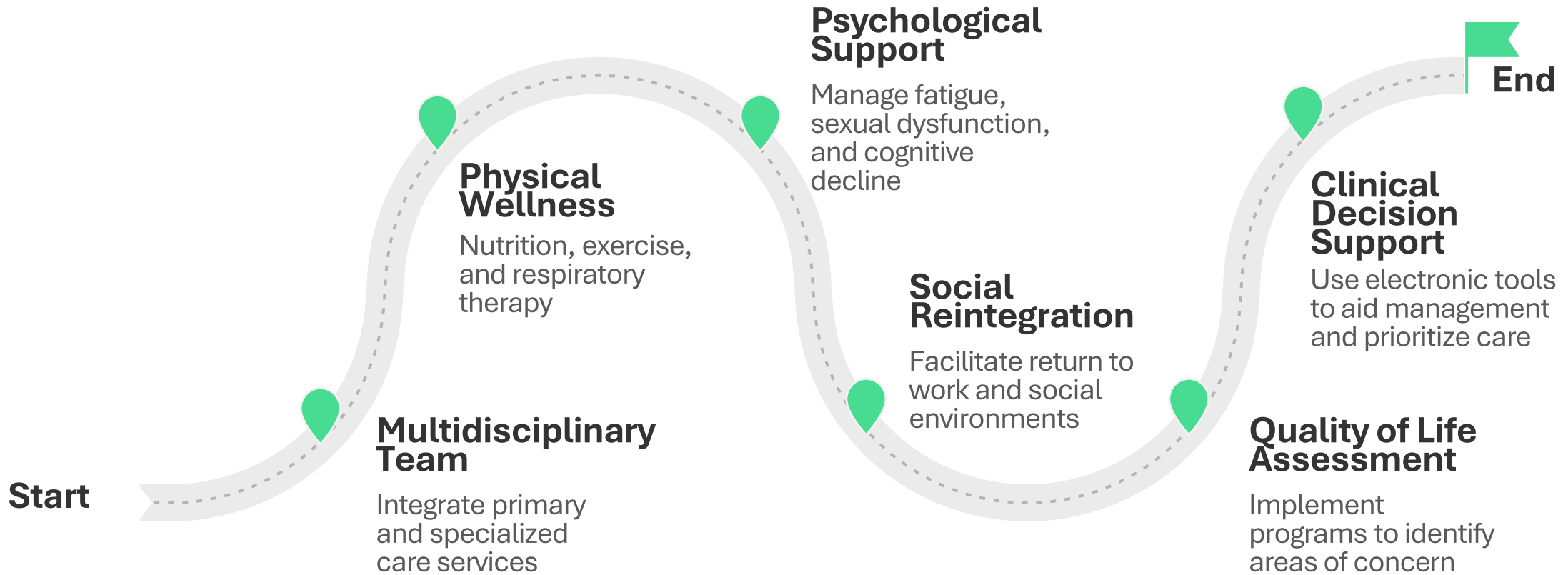
For selecting patients requiring urgent evaluation

**Recommended comprehensive approach**

- Personalized nutritional guides
- Adapted physical exercise programs
- Respiratory therapy (lung function)
- Psychological support (fear of relapse)
- Social intervention (financial toxicity)
- Support for caregivers and family

No consensus: cognitive impact of IO (unclear mechanisms, lack of standardized tests)

# Comprehensive care approach



# Who should follow up?

## RESULT OF THE CONSENSUS

**70.7%**

Follow-up should NOT be done exclusively in Primary Care

**53.7%**

Follow-up in specialized units  
(NO CONSENSUS)

## INTERPRETATION

Experts recognize the **complexity** of the follow-up of these patients, but there is **no consensus** on the optimal model.

### Possible explanations

- Absence of specific units in most hospitals
- Lack of Primary Care training/resources for IO toxicities
- Heterogeneity of clinical practice between centers

**Clear consensus (90.2%):  
Need to Primary Care and Hospital Care coordination**

**Key message:** Follow-up requires specialized knowledge, but coordination with Primary Care is essential for a comprehensive approach to the patient

# Who should follow up? Commentary

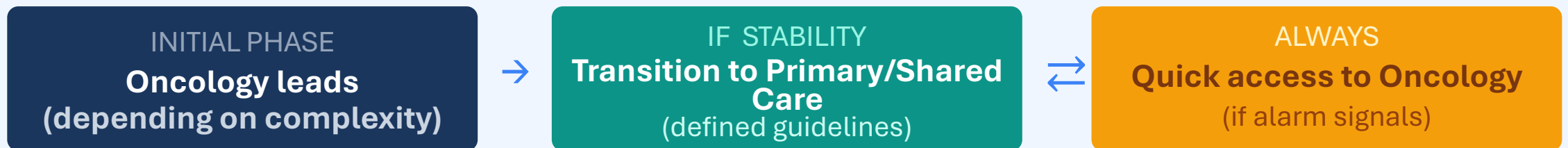
## ARGUMENTS IN FAVOR OF PRIMARY CARE

- ✓ **Holistic approach:** comorbidities, social context, lifestyle
- ✓ **Continuity of care:** relationship of trust established
- ✓ **Local accessibility:** less travel burden
- ✓ **Cost-efficiency:** frees up oncology resources
- ✓ **Early detection:** subtle symptoms in frequent visits
- ✓ **Preventive services:** smoking cessation, immunizations, nutrition

## RECOGNIZED LIMITATIONS

- ✗ Potential delay in detecting relapse
- ✗ Limited expertise in late IO toxicities
- ✗ Preference of patients for oncological follow-up
- ✗ Need for investment in training and infrastructure

## Proposal for a tiered model



ATENCIÓN AL PACIENTE  
LARGO SUPERVIVIENTE  
DE CÁNCER.

SERVICIO ANDALUZ DE SALUD

4 FEBRERO 2025

<https://www.juntadeandalucia.es/servicioandaluzdesalud/el-sas/planes-marco-y-estrategias/protocolo-andaluz-para-largos-supervivientes-de-cancer>

## Resultados

### 7) Otras iniciativas

#### 1) Texto abierto

Andalucía:

ATENCIÓN AL PACIENTE  
LARGO SUPERVIVIENTE  
DE CÁNCER.  
SERVICIO ANDALUZ DE SALUD

4 FEBRERO 2025

- Definición largo SV
- Plan individualizado de seguimiento
- Patologías concretas: Ca. Mama, CCR, Infantil
- Recomendaciones hábitos de vida saludables

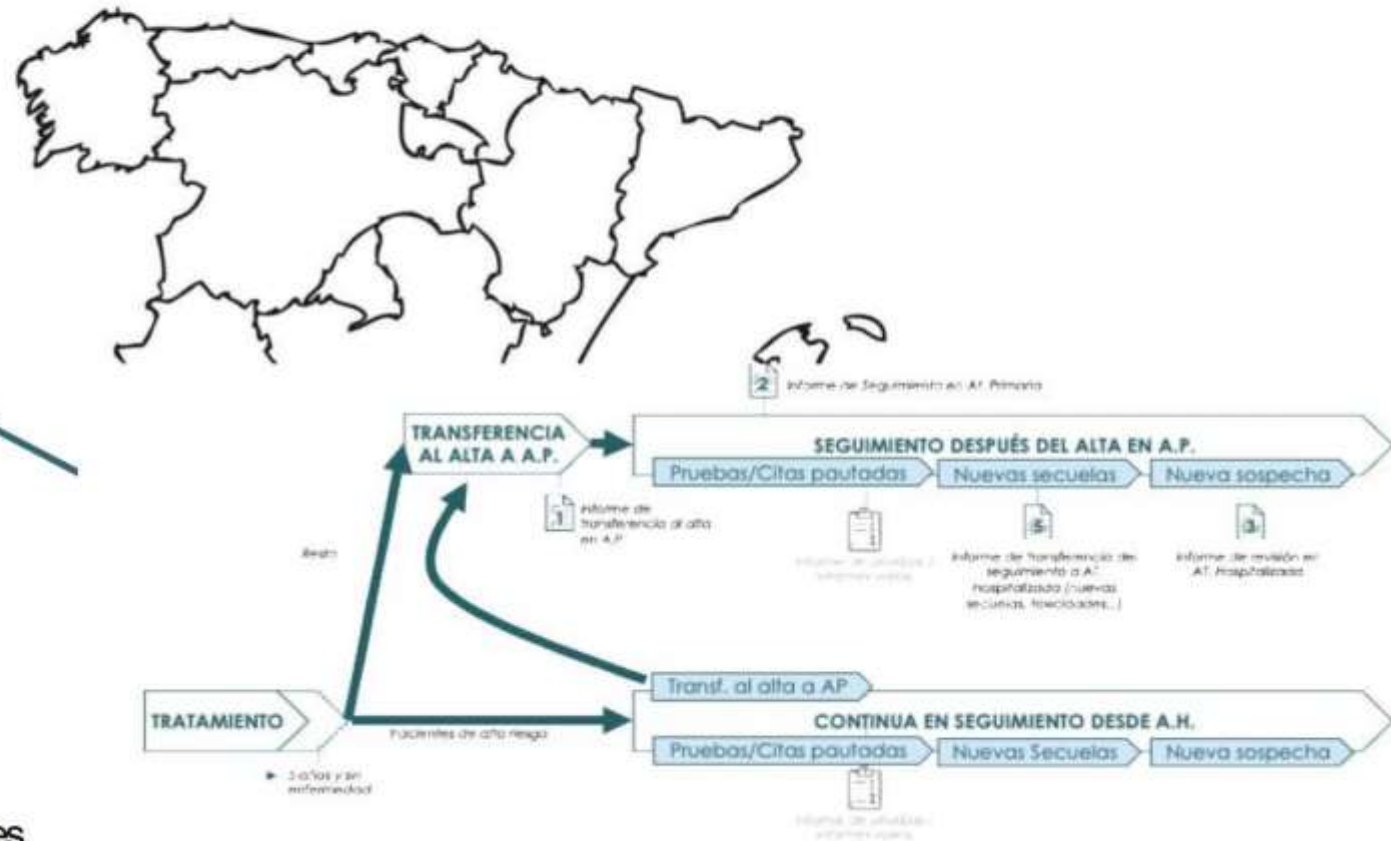


Imagen 1 – Modelo de seguimiento y transferencia al alta del Largo Superviviente de Cáncer

# Identified gaps and areas without consensus

## AREAS WITHOUT CONSENSUS (26.8%)

- OS  $\geq$ 2 years as definition (too short)
- PFS  $\geq$ 1 year as a criterion
- High TMB as a predictor of survival
- Cognitive impact of immunotherapy
- Follow-up model (PA vs. specialized)
- Influence of age, sex, marital status

## LIMITATIONS OF THE STUDY

- No patient involvement
- National study (limited generalization)
- Lack of objective/prospective data
- Expert opinion (not actual practice data)

## Critical gaps for clinical practice

### 1. When to suspend IO in responders?

2 years vs indefinite vs biomarker guided

### 2. Standardized Follow-Up Protocol

Frequency, tests, professionals involved

### 3. Integration of PROs in follow-up

Tools validated for this population

### 4. Patient Perspective

What do they really need?

15 of 56 items (26.8%) did not reach consensus, indicating areas that require further research

# Future lines of work



## Incorporate patient perspective

Qualitative and quantitative studies to get needs perceived by the survivors and caregivers



## International validation

Multinational extension of consensus to validate definitions and recommendations



## Prospective studies

Real-life data on quality of life, social determinants and unmet needs

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## Development of specific programs

Units for long survivors in lung cancer  
Oncology → Primary Care transition protocols  
Specific training for Primary Care and other in long survivorship of LC, IO toxicities, patients needs...

## Translational research

Biomarkers predictor of prolonged survival  
Optimal IO duration in responders  
Mechanisms of late toxicity

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## Translational research

Biomarkers predictor of prolonged survival  
Optimal IO duration in responders  
Mechanisms of late toxicity

**Proposal:** Update of National Cancer Strategy that incorporates the reality of long-term survivors with metastatic disease in active treatment

Consensus lays the groundwork for future research and targeted health policies

# Living Longer Doesn't Always Mean Living Better...



"The survival of this patient is a true testimony  
to the blessing of modern science"



# She looks GREAT!

Trouble with word retrieval/Focusing

Foggy Brain

Severe dry eye

Anxiety/Depression

Mouth Sores/change in taste

Dental problems

Dry mouth

paronychia

Chest wall pain

Rash

SOB – loss of lung function

Numbness/pain surgical sites

Fatigue

Diarrhea/nausea

Joint pain/muscle aches

Acid Reflux

Dry Cracked Skin

Loss of Muscle Mass

Numbness/tingling

Sensitive skin

Lacerations on heels

Random loss of toenails

How my care team and others perceive I feel

How I actually feel

The term *manageable* to clinicians and researchers **does not equal** tolerable for patients

**Tolerable is Relative!**



# What is the patient's perspective?



“ At the end of the day, with now 3 first-line options for #EGFR #lungcancer, patients deserve all the information about EACH option to make an informed choice.

Oncologists' opinions are part of the equation.

Still the right decision involves applying available data in the context of each person's life. Ultimately, EVERY patient/family deserves the chance to discuss options and choose what's best for their lives and their/their family's unique situation.

There is no “one-size-fits-all” approach. The pros and cons of each treatment must be discussed – that is what #shareddecisionmaking looks like in patient centered care.”

<https://x.com/jillfeldman4/status/1826284603566383354>



Jeongmin Seo  
@JeongminSeoMD



#ASCO25 Day 3-4: It's all about life 🙌🙌

Many positive #lungcancer trials were celebrated—but what stays with me are the deeply patient-centered conversations on what these results mean, including stellar talks on BiTE/AMI toxicities—financial, time, and beyond.

It reminded me: all this research is for *patients*—not for science's sake alone.

Not just data. Not just science.  
We're treating a human being.

Because **life isn't just survival.**  
It's not OS.  
Not the sum of PFSs.  
Not even the QALY.

Life is:  
a long-awaited family vacation.  
cooking for your loved ones.  
doing work that excites you.  
loving, and being loved.

Not the sum of PFSs.  
Not even the QALY.

Life is:  
a long-awaited family vacation.  
cooking for your loved ones.  
doing work that excites you.  
loving, and being loved.

Every medical decision should aim to enhance their lives—in ways they value.

If an OS-prolonging treatment threatens those, we need to talk.

We oncologists are truly blessed—to impact lives so directly through science that moves forward with purpose.

#ASCO25 has been such a powerful motivation during hard times!  
#LCSM #PatientExperience

# What is the patient's perspective?



“ At the end of the day, with now 3 first-line options for #EGFR #lungcancer, patients deserve all the information about EACH option to make an informed choice.

Oncologists' opinions are part of the equation.

Still the right decision involves applying available data in the context of each person's life. Ultimately, EVERY patient/family deserves the chance to discuss options and choose what's best for their lives and their/their family's unique situation.

**We should not only consider a shared decision process in terms of treatments, but also in terms of follow-up (tests, visits, other needs...)**

There is no “one-size-fits-all” approach. The pros and cons of each treatment must be discussed – that is what #shareddecisionmaking looks like in patient centered care.”

<https://x.com/jillfeldman4/status/1826284603566383354>

# Consensus highlights



## Proposed definition of long survivor

OS  $\geq$  3 years from diagnosis  
and/or PFS  $\geq$  2 years from start of  
therapy



## Associated tumor characteristics

Adenocarcinoma,  
oligometastatic, high PD-L1,  
druggable drivers, no brain  
mets, diagnosed in last decade



## Specialized surveillance needs

Late immune-mediated toxicities,  
second neoplasms, progression  
management



## Non-oncological implications

Fatigue, work/social  
adaptation, sexual  
dysfunction, quality of life

**This consensus defines the long survivor population in metastatic lung cancer and highlights the need for specialized follow-up and support to address both oncological and non-oncological needs opens up a new field of work for research and health policies, with patients**

# Conclusions and future directions



**Optimize Specialized Follow-Up Care**



**Address Treatment-Related Toxicities**



**Enhance Oncological and Non-Oncological Support**



**Develop Evidence-Based Guidelines**



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# Defining long-term survivors in metastatic lung cancer: insights from a Delphi study in Spain

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The improvement in survival rates in metastatic lung cancer (mLC) has increased the number of survivors' special care needs. This study aimed to define and characterise these long-term survivors. A Delphi method with two successive rounds was conducted to reach a consensus (defined as an agreement  $\geq 70\%$ ) on 56 items among 41 medical oncologists. The items included the definition of long-term survivors, their common characteristics, and oncological and non-oncological implications. The experts had an average age of 46 years, 53.7% were men, 90.2% attended for thoracic tumours, 40% had more than 15 years' experience in mLC, and 56.1% of managing > 50 patients/month. Consensus reached 53.6% in the first round and 73.2% in the second. The definition of long-term survivors reached 58.3% consensus, defined as overall

# **T** O BE CONTINUED...

Definition of cured? metastatic lung cancer patients

Review of follow-up protocols of **cured** lung cancer patients with early and locally advanced disease (in our new scenario of adjuvant and neoadjuvant therapies...)

# **T** O BE CONTINUED...

Definition of cured? metastatic lung cancer patients

Review of follow-up protocols of **cured** lung cancer patients with early and locally advanced disease (in our new scenario of adjuvant and neoadjuvant therapies...)



End



**Because our goal is to have much more and longer-term lung cancer survivors**

16<sup>th</sup>  
CONGRESS  
*Lung* ON  
CANCER  
BARCELONA  
27 / 28  
NOVEMBER 2025

THANK YOU

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