Greetings from Dr. Slatore, Dr. Thomas, and the research team!

We are working on IRB approval at partner organizations before we start recruiting for the new study. Thank you all very much for your cooperation. We couldn’t have done it without you!

Here is a little summary on the new study and what you need to keep in mind while referring patients.

**Comparative Effectiveness of Limited Resection vs. SBRT for Early Stage Lung Cancer**

*Recruitment to start soon. Things to remember:*

1. Only for early stage NSCLC ≤5 cm patients (confirmed or suspected) who are **NOT candidates for lobectomy, considered for limited resection or SBRT**
   - Compare overall, lung cancer-specific and disease-free survival outcomes
   - Evaluate rates of adverse events
   - Assess differences in lung function and quality of life

2. Surveys
   - Patient surveys (in-person or phone) over one year: 6
     - Includes PFT and 6 minute walk test
   - Provider survey
     - 5-10 minute surveys: practice characteristics, case volume, treatment preference

3. Research Coordinators: Molly Delorit (Primary coordinator), Sujata Thakurta

   *You will hear from Molly more in the future newsletters!*

**New team member**

Tara Thomas, our newest member of the team, is a new Research Assistant for this study. She recently received her Bachelor of Science in General Science from the University of Oregon where she worked as an undergraduate research assistant in a brain electrophysiology lab and a developmental behavior lab. She is passionate about the healthcare field, specifically the interaction between patients and their physicians. She hopes to gain a better understanding of how research can help improve that interaction and what role she can play in that process.

Please join us in welcoming Tara Thomas to the research team!
Dr. Charles Thomas recently did a poster presentation at the IASLC Chicago Multidisciplinary Symposium in Thoracic Oncology on “Self Efficacy and Decisions in Lung Cancer: Early Stage Lung Cancer Comparative Effectiveness Research Consortium Results” where he presented baseline data from our study regarding communication and decision-making processes for patients. Kudos to Dr. Thomas on his successful presentation! Here are some pictures from the conference.

Two additional posters also presented at ASTRO!
Information matters: A Prospective, Qualitative Study of Clinicians Caring for Patients with Early stage Lung Cancer.
Lung Cancer Specialists’ Opinions on Treatments for Stage 1 Lung Cancer: A Multidisciplinary Survey

<table>
<thead>
<tr>
<th>Study Enrollment</th>
<th>Portland VA</th>
<th>OHSU</th>
<th>Legacy</th>
<th>PeaceHealth</th>
<th>Providence</th>
<th>Tuality</th>
<th>Kaiser</th>
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<tbody>
<tr>
<td>Total Consented</td>
<td>45/57/2</td>
<td>43/9/1</td>
<td>3/17/0</td>
<td>5/9/0</td>
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<tr>
<td>Total enrolled</td>
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<td>3/15/0</td>
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<tr>
<td>Withdrawn or screen failure</td>
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<td>14/1/1</td>
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<td>1/8/0</td>
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<tr>
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<td>0/0/0</td>
<td>9/1/0</td>
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A new study by Nyman et al., *(Radiotherapy and Oncology, in press)* reported to be the first ever phase II randomized multicenter trial conducted comparing Stereotactic Body Radiotherapy (SBRT) to conventional fractionated radiotherapy (3DCRT) in stage I non-small cell lung cancer patients who were medically inoperable or refused surgery. A total of 102 patients (49 SBRT, 53 3DCRT) were randomized. Participants were mainly women with a mean age of 74 years. The majority of patients had adenocarcinoma and significant comorbidities. Patients received SBRT at 66Gy in 3 fractions for 1 week, or 3DCRT at 70Gy, 35 fractions for 7 weeks. The primary outcome was progression free survival at 3 years while secondary outcomes were overall survival, local control, harms, and quality of life. All patients were included in the intention-to-treat analysis.

Treatment groups were similar at baseline except the SBRT arm included more patients with T1 tumors (p=0.02) and were younger (p=0.04). Median follow-up was 37 months. No differences were found between the two groups in the progression free survival at 1, 2, and 3 years (76%, 53% and 42% respectively for SBRT and 87%, 54% and 42% respectively for 3DCRT), hazard ratio 0.85 (95% CI 0.43 to 1.30). Overall survival also showed no difference between two groups at 1, 2, and 3 years (81%, 68% and 54% respectively for SBRT and 89%, 72% and 59% for 3DCRT), hazard ratio 0.75 (95% CI 0.43-1.30). However, when analyzed by performance status, significant difference between 2 groups (p=0.003) in terms of overall survival was seen. Local control showed no difference between groups. Quality of life, measured by EORTC QLQ 30 and LC 14, was significantly better in SBRT patients for dyspnea, cough, or chest pain. Most adverse events were considered mild and higher in the 3DCRT group except for rib fractures. A higher proportion of patients were also found to have esophagitis (p=0.006) versus SBRT. There were 18 and 21 deaths in the SBRT and 3DCRT arms, respectively, with 10% and 15% due to lung cancer, and the rest due to other causes.

One of the shortcomings of the study was the absence of histological verification of the tumor in 36% of the patients. However, authors noted that similar survival and local control were observed in patients with or without histological confirmation, but added a word of caution while interpreting the results since majority of patients died due to causes other than cancer. Authors noted reduced cost and convenience of 3 fractions justifies use of SBRT over 3DCRT.

If you have any thoughts or comments on this topic, please feel free to contact Christopher Slatore ([christopher.slatore@va.gov](mailto:christopher.slatore@va.gov)) at 503-220-8262, ext. 52018, or Sujata Thakurta ([sujata.thakurta@va.gov](mailto:sujata.thakurta@va.gov)) at 503-220-3490.

Best Regards,
Dr. Slatore, Dr. Thomas, Sara Golden, and Sujata Thakurta