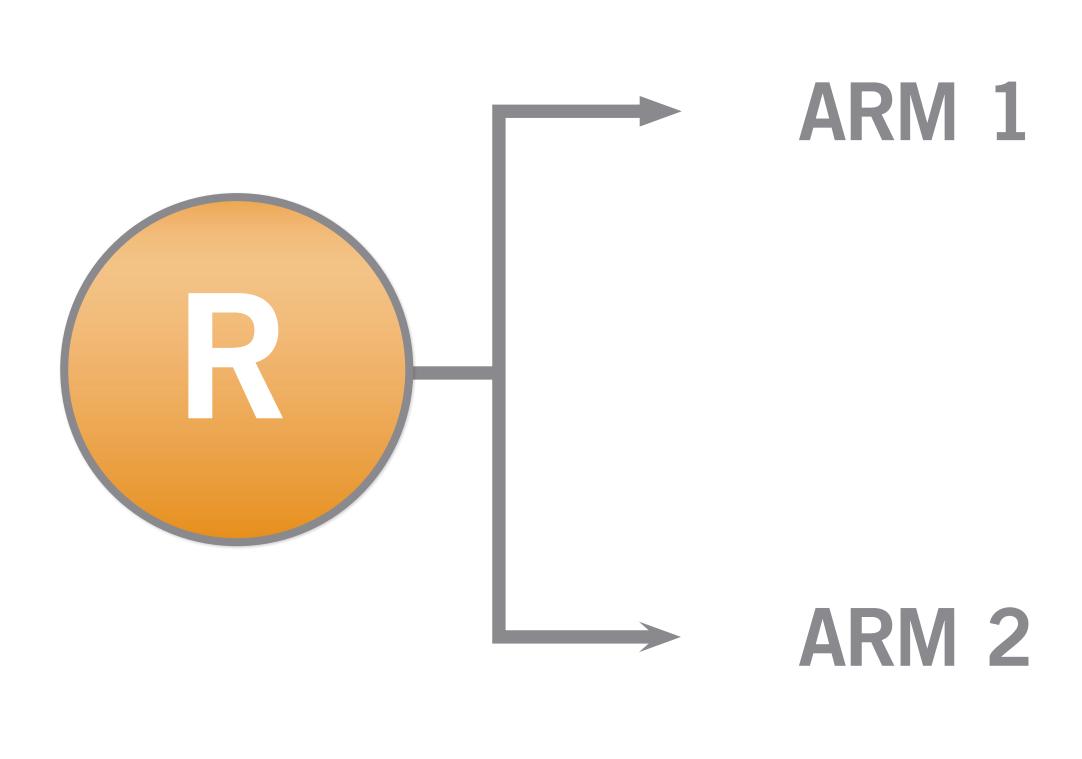
## ACOSOG-224099

Surgery with or without internal radiation therapy compared to stereotactic body radiation therapy in treating patients with high-risk Stage I NSCLC

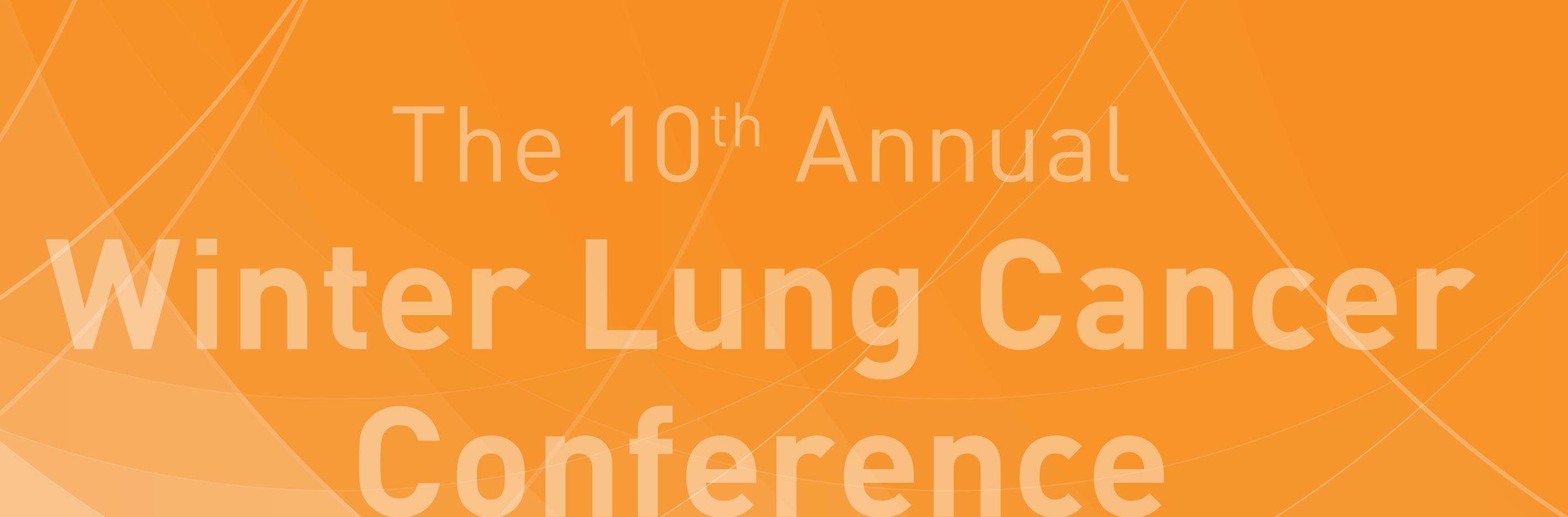
- Estimated primary completion: August 2019 (Target N = 420)
- Eligibility: Lung nodule suspicious for Stage IA or IB, node-negative NSCLC; tumor ≤4 cm maximum diameter; tumor located peripherally within the lung; no centrally located tumors; ECOG PS 0-2



Sublobar resection (wedge resection or anatomical segmentectomy) ± intraoperative brachytherapy comprising an iodine I<sup>125</sup> seed implant at the resection margin

Stereotactic body radiation therapy x 3 fractions at 2-8 days apart

Principal Investigator: Hiran C Fernando, MD ClinicalTrials.gov Identifier: NCT01336894





## DR GOVINDAN

The question in the ACOSOG-Z4099 study is whether to use internal radiation therapy to kill

more cancer cells along with surgery versus stereotactic body radiation therapy (SBRT). SBRT is becoming increasingly popular, and patients like this approach. There are no morbidities associated with surgical problems, and patients receive radiation therapy within a short course rather than a prolonged 6-week course. This is a good study to ask this question in patients with Stage IA or IB non-small cell lung cancer, but can we clearly show that SBRT is better than surgery? It's fair to say that most of us intuitively believe surgery is a proven treatment and SBRT is investigational. If this study shows no long-term complications and similar survival outcomes, then it could change the practice landscape. I would enroll patients on this study.



## DR PATEL

This is a trial in which patients undergo brachytherapy or highdose radiation therapy at the

surgical margin in, by and large, those who undergo limited resections. This is an interesting trial, and I'm comfortable with it.

