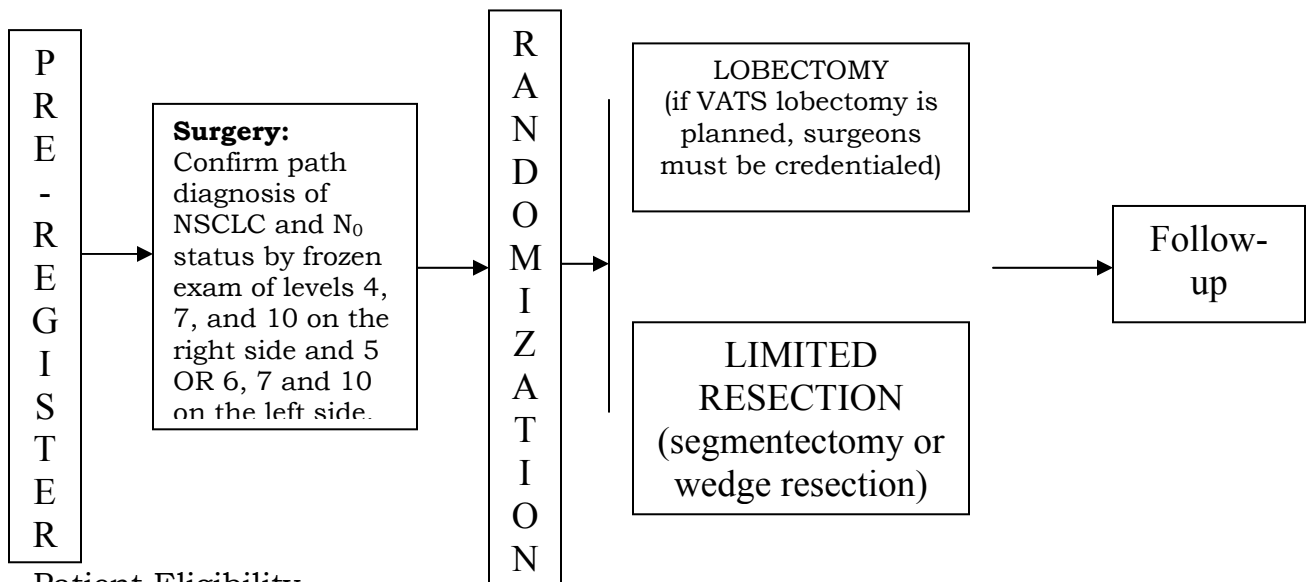


CALGB 140503

A PHASE III RANDOMIZED TRIAL OF LOBECTOMY VERSUS SUBLOBAR RESECTION FOR SMALL (≤ 2 CM) PERIPHERAL NON-SMALL CELL LUNG CANCER

The standard of surgical care for early stage non-small cell lung cancer (NSCLC) is an anatomic lobectomy with mediastinal nodal staging. This recommendation is based on the results of a randomized trial conducted and reported by the Lung Cancer Study Group (LCSG) in 1995. Based on a lower rate of loco-regional recurrence after lobectomy compared to sub-lobar resection, the investigators concluded that lobectomy is the appropriate surgical treatment for patients with peripheral cT₁N₀ who could tolerate the surgical procedure. Recent evidence appears to question the validity of that recommendation, particularly in patients with peripheral tumors 2 cm or less in size. CALGB 140503 is a large randomized trial of lobectomy versus sublobar resection that is supported by the NCI and endorsed by various co-operative groups including ACOSOG, SWOG, RTOG, and NCI-Canada. In this trial, patients with peripheral NSCLC measuring ≤ 2 cm will be randomly assigned to either lobectomy or a sublobar resection. If limited resection is proven to be equivalent to lobectomy, it offers several advantages including:

- Preservation of pulmonary function.
- Wider applicability of minimal access surgical techniques with attendant reduced hospitalization and enhanced QOL.
- Increased likelihood of the possibility of a curative surgical intervention in the event of a secondary primary lung cancer.



Patient Eligibility

Pre-registration criteria

Peripheral lung nodule ≤ 2 cm on CT and presumed to be lung cancer

Tumor location suitable for either lobar or sublobar resection

ECOG PS: 0-2

No prior malignancy within 5 years

No prior chemotherapy or radiation therapy for this malignancy

No evidence of locally advanced or metastatic disease

Age \geq 18 years

Intra-operative randomization criteria

Histologic confirmation of NSCLC

Confirmation of N₀ status