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The optimal treatment of stage I nonsmall cell lung cancer in the era of SABR and modern day lung resections

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Both SABR and surgical resection may have a role to play in the treatment of clinical stage I NSCLC, and future studies should focus on the biology of these mostly curable lung cancers to minimise under-and overtreating patients <https://bit.ly/2BMlsWm>

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The investigators of the SABRTooth trial must be congratulated for completing this randomised controlled feasibility study aiming to address the treatment of peripheral clinical stage I nonsmall cell lung cancer (NSCLC) in patients deemed at higher risks from surgery [1]. The five-centre National Health Service study was well designed and built on the strengths and weaknesses of the previously prematurely closed ROSEL and STARS trials. In addition, by design, the study allowed for modifications in recruitment strategies per their own successes and failures as data was accumulating during the 18 months accrual period. Despite these schemes to optimise recruitment, the primary goal of recruiting three patients per month was never reached and, as seen in previous attempts in the Netherlands and the USA, SABRTooth demonstrated that a randomised trial comparing surgery and stereotactic ablative radiotherapy (SABR) in the treatment of these patients is not feasible in the UK: patients' preferences for one approach or the other, a possible lack of equipoise by the research team members presenting the options to the patients and patients not being comfortable with a "flip of the coin" deciding which radically different treatment they may receive were all seen as major obstacles to better accrual. As noted in the manuscript, other trials attempting to compare surgery and SABR in the treatment of early stage NSCLC have incorporated modified accrual schemes and are ongoing.