# Alliance Public Study Result Summary

## What this study is about

This cancer study compared different surgeries to remove lung cancer tumors to see which had better results for patients.

The full title of this study is: CALGB 31001 (Alliance) – Objective analysis of critical differences between video-assisted and open lobectomy for early stage lung cancer: ancillary analysis of CALGB 140202

## Why the study was done

Common treatment (called “standard of care”) for early stage non-small cell lung cancer is to remove the tumor and affected lymph nodes by surgery. Early stage includes stage I and II non-small cell lung cancer.

Past studies suggested that surgeries with a smaller cut (incision) to remove lung cancer tumors might give better results for patients than surgeries that use larger open, rib-spreading incisions. The smaller incision surgery is called VATS. Many doctors prefer to use smaller incisions, making it harder to do a study that compares the two kinds of surgery.

This study was done to see if the type of surgery affects how well patients recover after surgery. Information from patients who joined in the CALGB (Alliance) lung cancer tumor bank study in many hospitals was used to measure the length of hospital stay and number of problems patients had with these 2 surgical methods used to treat early stage lung cancer.

## Study results

**These results are for people with early stage lung cancer who can have surgery to remove their tumors.**

The study found that patients who had surgery with small incisions had shorter hospital stays and fewer problems. They were more likely to go back to their homes rather than to a recovery (rehabilitation) center. There were no differences in survival between the two types of surgery.

## What the results mean

This study supports the idea that minimally invasive lung cancer resections produce shorter hospital stays, fewer problems, and help more people with early stage lung cancer go home. Survival was the same in both groups.

## How the study worked

Since it was not known if one treatment was better than the other, the patients were put into one of two groups by chance (randomized).

### How many patients joined?

519 patients agreed to have their tumors collected as part of another study called CALGB 140202 (lung cancer tumor bank). A total of 350 of those patients were in this study, and were divided into two groups of 175 patients each. These groups were matched so that age, race, sex, physical strength, other medical conditions, and type of cancer (including stage and size of the tumor) were the same.

Researchers then compared hospital experiences and how long patients lived (overall survival).

**When did the study start and end?** Patients in this lung cancer tumor bank study started in October 2004. All patients were enrolled by June 2010.

# Alliance Public Study Result Summary

**Talk to your doctor if you want more information about this study.**

## Scientific publications about this study

Details about the study can be found in these articles:

- VATS Lobectomy Has Better Peri-operative Outcomes than open Lobectomy: CALGB 31001, an Ancillary Analysis of CALGB 140202 (Alliance). Nwogu CE, D'Cunha J, Pang H, Gu L, Wang X, Richards WG, Veit LJ, Demmy TL, Sugarbaker DJ, Kohman LJ, Swanson SJ. Ann Thorac Surg. 2015 Feb;99(2):399-405. doi: 10.1016/j.athoracsur.2014.09.018. Epub 2014 Dec 10.

This study was sponsored by the Alliance for Clinical Trials in Oncology – a national cooperative network that runs large cancer clinical trials. The Alliance is supported by the National Cancer Institute (NCI) and brings researchers together to develop better treatments for cancers. More information about the Alliance is at http://www.allianceforclinicaltrialsinoncology.org.

*This summary lists what is known about this research study as of April 2015. New Information may be available.*

***We thank the people who joined this study and made it possible.*** *We do research to try to learn the best ways to help patients. The people who joined this study helped us to do that.*

*Thank you for your interest in learning more about cancer research advances.*