Commentary: The importance of being (an) earnest trialist

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Central Message

Clinical trials drive change.

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The article in this issue of the *Journal* from Suzuki and colleagues¹ of the Japan Clinical Oncology Group, with randomization of more than 1000 patients in a 5-year period with outer third, smaller than 2 cm lung cancers to undergo either a segmentectomy or a lobectomy with no mortality outlines the new standard to which all of us need to adhere. Suzuki and colleagues¹ show that a good surgical phase III study can be accomplished expeditiously and carried out with no mortality and very little morbidity. The results, which will determine the best cancer operation, are pending, but the fact that this was done in a short period without issue is outstanding, and the entire group are to be highly commended. We, as thoracic surgeons, need to embrace this idea and keep pushing to put all outpatients on trial so that we can move the field of thoracic oncology forward. The idea that patients can have lung surgery and expect very little in the way of negative consequences is terrific and should position surgical resection favorably when compared with nonoperative therapies, such as ablation and stereotactic ablative radiation therapy. Surgical

resection provides pathologic tissues for analysis, lymph nodes for staging, and possibly definitive treatment, and allows pathologically defined margins. This should lead to the most patient benefit. In moving forward, we must adopt initiatives such as those proposed by the New Thoracic Surgery Oncology Group, a group meant to facilitate surgical trials and their rapid completion. In addition, we need to expand our involvement and leadership in the other major cooperative groups such as Alliance. Perfect outcomes and nearly uniform surgical trial enrollment should be our true north.

Reference

1. Suzuki K, Saji H, Aokage K, Watanabe S-I, Okada M, Mizusawa J, et al. Comparison of pulmonary segmentectomy and lobectomy: safety results of a randomized trial. *J Thorac Cardiovasc Surg*. 2019;158:895-907.