Completion of accrual for Thoracic Surgical Oncology Group 102: One small step forward for thoracic clinical trials

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The inception of the Thoracic Surgical Oncology Group (TSOG) by the American Association for Thoracic Surgery addressed a long-standing need for a new organizational network to support the development and conduct of multicenter, surgically focused clinical trials in thoracic malignancies.1 Among the first studies to be launched by TSOG was a prospective cohort study examining the outcomes of patients with multifocal ground glass opacities (GGOs)—TSOG 102 (NCT03802981)—which has now reached its target accrual and officially closed to accrual in October 2023.

TSOG 102 addresses the increasingly common problem of GGOs in the lung and their association with lung cancer. As the regular use of cross-sectional imaging has become commonplace in the evaluation of routine medical issues, the incidental finding of indeterminate subsolid pulmonary lesions has become an increasingly frequent occurrence. The presence of multiple lesions presents clinicians with a vexing challenge in determining the optimal sequence of appropriate diagnostic and therapeutic maneuvers.

Upon resection, many of these GGOs prove to be nonmalignant lesions or low-grade malignancies with a very indolent nature. As such, some degree of overtreatment may be occurring. Growing recognition of the potential harms, as well as the costs, of overtreatment has led to the adoption of active surveillance as a strategy in other malignancies such as prostate cancer and thyroid cancer, among others.2

To explore this strategy in lung cancer, TSOG 102 was designed as a prospective registry study that enrolled patients with 2 or more GGO lesions on an active surveillance protocol. The GGO lesions were tracked over time, and the incidence of lung cancer diagnosis, lung cancer progression, and lung cancer-related death while under surveillance was determined.

We hypothesize that an active surveillance strategy for patients with multiple GGOs will be feasible and safe and will potentially spare patients from overtreatment and unnecessary procedures. The study will also track each individual GGO and generate data on the growth kinetics at the lesion level, providing important, prospectively collected data about the natural history of these lesions. Full details of the protocol and study design will be presented in a forthcoming publication.

Accrual began in January 2019 at Memorial Sloan Kettering Cancer Center. Additional TSOG sites were onboarded in the following years, reaching a total of 23 participating institutions. After an initial lull brought on by the COVID-19 pandemic in 2020, target accrual was reached and TSOG 102 closed to accrual in October 2023 (Figure 1).

Data will continue to mature as enrolled patients are followed-up on protocol for a total of 5 years, but the completion of accrual represents one small step forward for TSOG and thoracic clinical trials. Many thanks go out to all of the patients, site investigators, and coordinators who have all graciously donated their time and effort. We

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are eagerly looking forward to the results and are hopeful that TSOG 102 can provide valuable information to help guide the appropriate management for these patients with this challenging clinical presentation.

Conflict of Interest Statement

Dr Jones is a member of the Advisory Council for AstraZeneca and Advisory Committee for More Health, has been a speaker for DAVA Oncology, and receives research grant support from Merck. Dr Huang reported no conflicts of interest.

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