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Primary Research Interest:	Radiation Oncology
Description of Research:	Lung cancer screening with annual chest CT scans is expected to become a part of routine practice in the VHA as of January 2016 (personal communication, VHA National Center for Health Promotion and Disease Prevention, March 2015). While many primary care physicians have already begun ordering screening chest CTs, given endorsements by the USPSTF and Medicare guideline, its estimated that once designated a best clinical practice in the VHA, 1,000,000 Veterans will undergo a screening chest CT each year. Preliminary estimates from the VHA CT Demonstration Project predicts that the impact in the VA will be similar to the NSLT report, and lead to a greater than 50% increase in incidence of patients with operable stage I NSCLC.13 More patients than ever will need surgery for stage I NSCLC, and CSP #2005 provides an opportunity to investigate an alternative option that can increase access to care, and potentially improve outcomes. It also provides an opportunity to decrease healthcare utilization.
Relevance to VA:	Lung cancer is the leading cause of cancer mortality among Veterans. While surgery remains the standard of care for patients with operable stage I non-small cell lung cancer (NSCLC), there is decreasing certainty that it is superior to stereotactic radiotherapy. Next, emerging data now suggests that stereotactic radiotherapy may be the preferred option though the level of evidence remains weak. Meanwhile, Veterans with stage I NSCLC often face a decision between these two treatments without high level evidence. This dilemma provides the fundamental backbone for the herein proposed randomized phase III trial that aims to investigate which one of these treatments is superior. The study is predicted to have high value for Veterans, the VA, and all lung cancer patients as it will provide level I evidence that has the potential to change practice and influence evidence-based guidelines.