Supplementary file (Part 1 paper)

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Table S1-1 Definition of a clinically meaningful difference

Variable	Units	2× meaningfully worse	Meaningfully worse	Somewhat worse	Similar	Somewhat better	Meaningfully better	2× meaningfully better
	$\downarrow \downarrow \downarrow$	$\downarrow\downarrow$	\downarrow	=	\uparrow	$\uparrow \uparrow$	$\uparrow \uparrow \uparrow$	
90-day mortality	%	∆ –≥4	∆ –≥2	∆ –≥1	=	∆ +≥1	∆ +≥2	∆ +≥4
90-day grade ≥3 morbidity/toxicity	%	∆ –≥20	∆ –≥10	∆ –≥5	=	∆ +≥5	∆ +≥10	∆ +≥20
QOL (all domains)	Norm scale	∆ –≥20	∆ –≥10	∆ –≥5	=	∆ +≥5	∆ +≥10	∆ +≥20
FEV1% (pre vs. post), healthy patient	Absol FEV1%	∆ –≥40	∆ –≥20	∆ –≥10	=	∆ +≥10	∆ +≥20	∆ +≥40
FEV1% (pre <i>vs.</i> post), severe COPD	Absol FEV1%	∆ –≥20	∆ –≥10	∆ –≥5	=	∆ +≥5	∆ +≥10	∆ +≥20
5-year OS	%	∆ –≥20	∆ –≥10	∆ –≥5	=	∆ +≥5	∆ +≥10	∆ +≥20
5-year LCSS	%	∆ –≥20	∆ –≥10	∆ –≥5	=	∆ +≥5	∆ +≥10	∆ +≥20
FFR	%ª	∆ –≥20	∆ –≥10	∆ –≥5	=	∆ +≥5	∆ +≥10	∆ +≥20
LR FFR	% ^a	∆ –≥20	∆ –≥10	∆ –≥5	=	∆ +≥5	∆ +≥10	∆ +≥20

The comparison is the delta between one treatment approach and another (e.g., lobectomy vs. wedge).

^a, actuarial % at \geq 2 years, if not available crude incidence.

Absol, absvolute difference in % predicted value; COPD, chronic obstructive pulmonary disease; FFR, freedom from recurrence; LCSS, lung cancer specific survival; LR, loco-regional; Norm scale; normalized scale (0–100); pre vs. post, pre-treatment vs. \geq 6 months later; QOL, quality of life; OS, overall survival.

Process to define the threshold for a "clinically meaningful" difference: the writing panel reviewed literature, discussed potential thresholds and arrived at a consensus at the outset for outcomes in which a formal standard is not available (1). For quality-of-life domains generally accepted thresholds for clinically meaningful differences have been defined (2-8). For FEV1 in healthy patients it was considered that \geq 80% is regarded as normal, that dyspnea on exertion is rarely noted for FEV1 \geq 60%, and that most patients with lung cancer are not engaged in high level strenuous activity. For outcomes lacking a formal standard, the panel considered a level at which a difference would begin to factor into decision-making, taking into account the impact on a patient and uncertainties (e.g., definition of toxicity, recurrence).

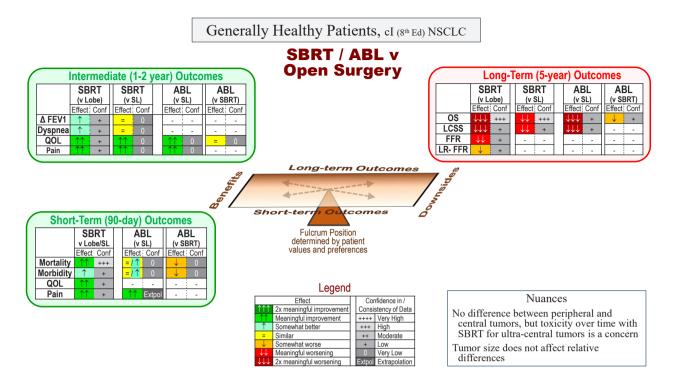


Figure S1-1 Decision guide for healthy patients-SBRT/ablation vs. open surgery.

Decision guide for a generally healthy patient with a typical stage I lung cancer. The reference (for improvement or worsening) is the treatment in parentheses.

 Δ FEV1, change in FEV1 \geq 6 months; Abl, ablation (any thermal technique); Conf, confidence in the evidence; FFR, freedom from recurrence (only recurrence counts as an event); LCSS, lung cancer specific survival (only a death due to lung cancer counts as an event); L, lobectomy; LR-FFR, locoregional freedom from recurrence; NSCLC, non-small cell lung cancer; OS, overall survival; QOL, quality of life; SBRT, stereotactic body radiotherapy; SL, sublobar resection; Seg, segmentectomy; W, wedge.

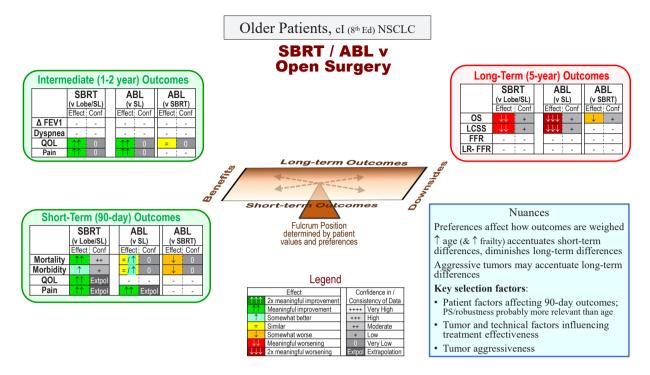


Figure S1-2 Decision guide for older patients-SBRT/ablation vs. open surgery.

Decision guide for an older patient with a typical stage I lung cancer. The reference (for improvement or worsening) is the treatment in parentheses.

 Δ FEV1, change in FEV1 \geq 6 months; Abl, ablation (any thermal technique); Conf, confidence in the evidence; FFR, freedom from recurrence (only recurrence counts as an event); LCSS, lung cancer specific survival (only a death due to lung cancer counts as an event); L, lobectomy; LR-FFR, locoregional freedom from recurrence; NSCLC, non-small cell lung cancer; OS, overall survival; PS, performance status; QOL, quality of life; SBRT, stereotactic body radiotherapy; SL, sublobar resection; Seg, segmentectomy; W, wedge.

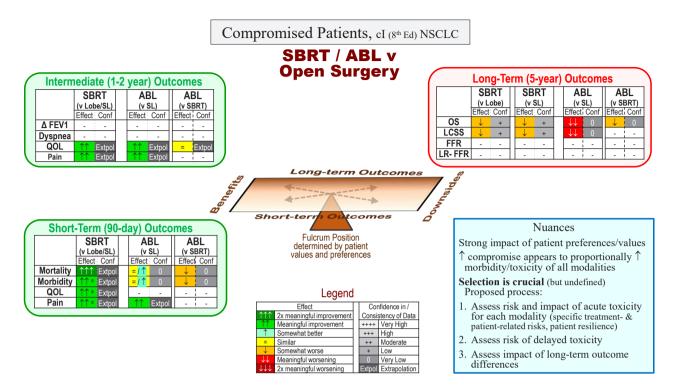


Figure S1-3 Decision guide for compromised patients—SBRT/ablation vs. open surgery.

Decision guide for a compromised patient with a typical Stage I lung cancer. The reference (for improvement or worsening) is the treatment in parentheses.

^a, data not parsed by resection extent (segment *vs*. wedge).

 Δ FEV1, change in FEV1 \geq 6 months; Abl, ablation (any thermal technique); Conf, confidence in the evidence; FFR, freedom from recurrence (only recurrence counts as an event); LCSS, lung cancer specific survival (only a death due to lung cancer counts as an event); L, lobectomy; LR-FFR, locoregional freedom from recurrence; NSCLC, non-small cell lung cancer; OS, overall survival; QOL, quality of life; SBRT, stereotactic body radiotherapy; SL, sublobar resection; Seg, segmentectomy; W, wedge.

Appendix 1-1 PICO questions

Primary study questions, PICO format (population, intervention, comparator, outcomes)

Study characteristic	Inclusion criteria	Exclusion criteria		
1. What are the short-term or resection?	utcomes in patients with cIA NSCLC undergoing lobectomy cor	mpared to either segmentectomy or wedge		
Population	Patients with cIA ^a NSCLC (treatment naïve)	Not NSCLC, not cIA ^a , not resected, other		
Interventions	Lobectomy (VATS or open)	outcomes		
Comparators	Segmentectomy, wedge resection, sublobar resection (VATS or open)			
Outcomes	Short-term mortality, morbidity, pain, QOL			
Study design	RCT, adjusted NRC, guidelines, systematic reviews and meta-analyses; observational studies if RCT or NRC not available			
2. What are the long-term ou resection?	itcomes in patients with cIA NSCLC undergoing lobectomy corr	npared to either segmentectomy or wedge		
Population	Patients with cIA ^a NSCLC (treatment naïve)	Not NSCLC, not cIAª, not resected, other		
Interventions	Lobectomy (VATS or open)	outcomes		
Comparators	Segmentectomy, wedge resection, sublobar resection (VATS or Open)			
Outcomes	OS, LCSS, FFR, LR-FFR, DFS/RFS, PFTs, pain, QOL			
Study design	RCT, adjusted NRC, guideline, systematic reviews and meta-analyses; observational studies for endpoints of PFTs, Pain, QOL	Not meeting study design criteria		
3. What are the short-term of segmentectomy or wedge re	utcomes in patients with cIA NSCLC undergoing SBRT company esection)?	ed to surgical resection (lobectomy,		
Population	Patients with cIA ^a NSCLC (treatment naïve)	Not NSCLC, not cIA ^a , not treated by resection or SBRT, other outcomes		
Interventions	SBRT			
Comparators	Surgical resection (VATS or open, lobectomy or sublobar)			
Outcomes	Short-term mortality, toxicity/morbidity, pain, QOL			
Study design	RCT, adjusted NRC, guideline, systematic reviews and	Not meeting study design criteria		
	meta-analyses, observational studies if RCT or NRC not available			
•	available available available			
Ũ	available utcomes in patients with cIA NSCLC undergoing SBRT compare esection)? Patients with cIA ^a NSCLC (treatment naïve)	ed to surgical resection (lobectomy, Not NSCLC, not cIAª, not treated by resectio		
segmentectomy or wedge re	available utcomes in patients with cIA NSCLC undergoing SBRT compare esection)? Patients with cIA ^a NSCLC (treatment naïve)			
segmentectomy or wedge re Population	available utcomes in patients with cIA NSCLC undergoing SBRT compare esection)? Patients with cIA ^a NSCLC (treatment naïve)	ed to surgical resection (lobectomy, Not NSCLC, not cIAª, not treated by resectio		
segmentectomy or wedge re Population Intervention	available utcomes in patients with cIA NSCLC undergoing SBRT compare esection)? Patients with cIA ^a NSCLC (treatment naïve) SBRT Surgical resection (VATS or open, lobectomy or	ed to surgical resection (lobectomy, Not NSCLC, not cIAª, not treated by resectio		

Population	Patients with cIA ^a NSCLC (treatment naïve)	Not NSCLC, not cIA ^a , not treated by resectior		
Interventions	Ablation (radiofrequency, microwave, cryotherapy, othe	or ablation, other outcomes		
Comparators	Surgical resection (VATS or open, lobectomy or sublobar)			
Outcomes	Short-term mortality, toxicity/morbidity, pain, QOL			
Study design	RCT, adjusted NRC, guideline, systematic reviews and meta-analyses, observational studies if RCT or NRC no available	Not meeting study design criteria		
6. What are the long-term segmentectomy or wedge	outcomes in patients with cIA NSCLC undergoing Ablation com resection)?	pared to surgical resection (lobectomy,		
Population	Patients with cIA ^a NSCLC (treatment naïve)	Not NSCLC, not cIA ^a , not treated by resection		
Interventions	Ablation (radiofrequency, microwave, cryotherapy, othe	\vec{r} or ablation, other outcomes		
Comparators	Surgical resection (VATS or open, lobectomy or sublobar)			
Outcomes	OS, LCSS, FFR, LR-FFR, DFS/RFS, PFTs, Pain, QOL	_		
Study design	RCT, adjusted NRC, guideline, systematic reviews and meta-analyses; observational studies for endpoints of PFTs, pain, QOL	Not meeting study design criteria		
7. What are the short-term	outcomes in patients with cIA NSCLC undergoing Ablation corr	pared to SBRT?		
Population	Patients with cIA ^a NSCLC (treatment naïve)	Not NSCLC, not cIA ^a , not treated by SBRT or		
Interventions	Ablation (radiofrequency, microwave, cryotherapy, othe	n) ablation, other outcomes		
Comparators	SBRT			
Outcomes	Short-term mortality, toxicity/morbidity, pain, QOL			
Study design	RCT, adjusted NRC, Guideline, systematic reviews and meta-analyses, observational studies if RCT or NRC no available	Not meeting study design criteria t		
8. What are the long-term	outcomes in patients with cIA NSCLC undergoing Ablation com	pared to SBRT?		
Population	Patients with cIA ^a NSCLC (treatment naïve)	Not NSCLC, not cIA ^a , not treated by SBRT or		
Interventions	Ablation (radiofrequency, microwave, cryotherapy, othe	ablation, other outcomes		
Comparators	SBRT			
Outcomes	OS, LCSS, FFR, LR-FFR, DFS/RFS, PFTs, pain, QOL			
Study design	RCT, adjusted NRC, guideline, systematic reviews and meta-analyses; observational studies for endpoints of PFTs, Pain, QOL	Not meeting study design criteria		

^a, inclusion of stage II–IIIA allowed if included together with stage I; stage translated into 8th edition nomenclature as much as possible for consistency across studies and contemporary applicability.

DFS/RFS, disease/recurrence-free-survival; FFR, freedom-from-recurrence; LCSS, lung cancer specific survival; LR, loco-regional; NRC, non-randomized comparison; NSCLC, non-small cell lung cancer; OS, overall survival; PFT, pulmonary function tests; QOL, quality-of-life; RCT, randomized controlled trial; SBRT, stereotactic body radiotherapy; VATS, video-assisted thoracic surgery.

No formal study protocol was written beyond the PICO questions. This systematic review was not registered as such.

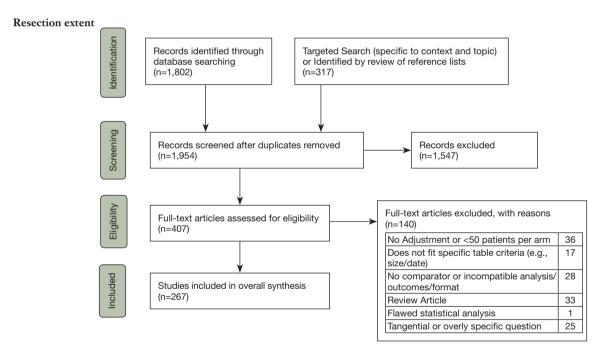
Appendix 1-2 Search strategies and results

For all Searches: Source: PubMed Filters: English, 2000-2021, journal article Initial Formal Searches: December 2020 initial Ad Hoc searches: May 2020 to May 2021 Date of Last formal update search: October 7, 2021 Date of Last Ad Hoc update searches: October 2021

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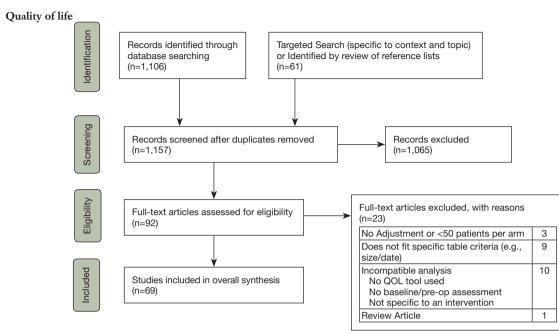
Additional information

Further detail (full search lists, reasons for exclusion, etc.) can be provided by contacting the corresponding author.



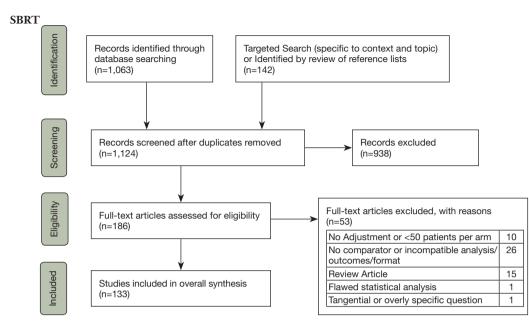
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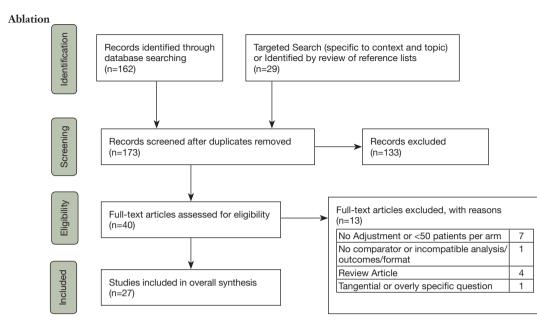
Search string: QOL review:

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Search string: SBRT review:

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Search string: ablation review:

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