The lung metagene model was used to estimate the probabilities of recurrence for the ACOSOG samples (Panel A) and the CALGB samples (Panel B) and to estimate the Kaplan–Meier survival estimates according to the predicted risk of recurrence. For the CALGB cohort, investigators were unaware of the clinical outcomes, and the predictive results were submitted to the CALGB statistical center for the evaluation of performance. Bars represent 95 percent confidence intervals. A high risk of recurrence was defined as a risk of more than 0.5, and a low risk of recurrence was defined as a risk of 0.5 or less. P values were obtained with the use of a log-rank test. Tick marks indicate patients whose data were censored by the time of last follow-up or owing to death.

We also applied the lung metagene model to another cohort of 15 patients with surgically resected stage I squamous-cell lung cancer. Using the lung metagene model, we were able to predict the outcome accurately in all 5 patients with recurrence and in 7 of 10 patients without recurrence.