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# News

**STS Press Release**

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## **Delay in Treatment, Missed Diagnostic Testing Found Among Lung Cancer Patients**

***Researchers encourage patients to ask questions, take active role in their treatment plan***

Chicago – Patients undergoing surgery for lung cancer may wait too long to receive treatment, and too many patients skip vital diagnostic steps that are needed to help determine the best possible treatment, according to an article in the August 2015 issue of *The Annals of Thoracic Surgery*.

The 5-year relative survival of all patients diagnosed with lung cancer in the United States is approximately 17%, according to the National Cancer Institute, and has changed little in the last 30 years. Fewer than half of all patients who undergo surgery for lung cancer survive as long as 5 years.

Nicolas Faris, MDiv and Raymond Osarogiagbon, MBBS led a group of researchers from Baptist Cancer Center and the University of Memphis in Tennessee, who reviewed hospital records for all patients who underwent surgery for suspected lung cancer at Baptist Memorial Hospital between January 2009 and June 2013. Using only patients who had surgery for suspected lung cancer, the researchers examined how long it took to begin care and what steps were taken to determine appropriate treatment.

### **Key Points**

- Patients who undergo surgery for lung cancer often wait too long to receive treatment, and too many patients skip vital diagnostic steps that are needed to help determine the best possible treatment.
- Only 1 in 10 patients had the recommended combination of three staging tests before surgery.
- Researchers encourage patients to take an active role in their treatment, ask a lot of questions, and follow up with his or her doctor on a regular basis.

“It takes too long for patients who have suspected lung cancer to get final treatment, and too many patients skip vital steps needed to decide the best possible treatment,” said Dr. Osarogiagbon. “This delay in treatment can cause the cancer to advance and reduce the odds of survival for the patient.”

The researchers found that of the 614 eligible patients included in the analysis, 27% had no preoperative diagnostic procedure, 22% did not have an imaging scan to stage the cancer, and 88% did not have an invasive staging test. Only 1 in 10 patients (10%) had the recommended combination of

three staging tests [computed tomography (CT) scan, positron emission tomography (PET)/CT scan, and an invasive test] before surgery.

Overall, results also showed that it took a month and a half to more than 6 months for many patients to undergo surgery after an initial x-ray displayed signs of possible lung cancer.

“Lung cancer care is complicated, and all key specialists must be actively engaged early on with each patient to determine the best sequence of tests and treatment for each individual,” said Dr. Osarogiagbon. “Programs that provide treatment for lung cancer also must measure their performance actively and carefully in order to improve the quality of care and improve patients’ chances of survival.”

Faris added that quality matters at every step in the lung cancer treatment process. “Patients should feel comfortable taking an active role in their treatment process and ask a lot of questions – find out what treatment is right for them, why that option is the best, and what steps they can take to be better prepared for treatment,” he said.

### **Disease-Based Approach to Quality Improvement**

In an invited commentary in the same issue of *The Annals*, Farhood Farjah, MD, MPH, from the University of Washington in Seattle, noted that significant gaps exist in the quality of lung cancer care. “The authors plan to bridge this gap with a multidisciplinary team of thoracic oncology experts and system engineers,” he said.

The Faris study is part of an ongoing prospective process-of-care analysis to examine factors associated with deviation from optimal care delivery for both surgical and non-surgical patients.

“Faris and colleagues intend to evaluate all patients with suspected or confirmed non-small cell lung cancer in the future—a point that deserves emphasis,” said Dr. Farjah. “They intend to pursue a disease-based rather than a treatment-based approach to quality improvement. This change means that more patients can potentially reap the benefits of quality improvement.”

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Faris N, Yu X, Sareen S, Signore RS, McHugh LM, Roark K, Robbins ET, Osarogiagbon RU. Preoperative Evaluation of Lung Cancer in a Community Health Care Setting. *Ann Thorac Surg* 2015;100:394-400. DOI: [http://www.annalsthoracicsurgery.org/article/S0003-4975\(15\)00371-9/abstract](http://www.annalsthoracicsurgery.org/article/S0003-4975(15)00371-9/abstract)

Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,000 cardiothoracic surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the

best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within the chest. The Society's mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

*The Annals of Thoracic Surgery* is the official journal of STS and the Southern Thoracic Surgical Association. It has a 5-year impact factor of 4.104, the highest of any cardiothoracic surgery journal worldwide.