Lung Cancer Patients Avoiding Surgery

Despite a greater likelihood of poorer outcomes, many patients newly-diagnosed with early-stage lung cancer do not undergo surgery. New research indicates that among the factors associated with this decision include misunderstandings of the prognosis, negative perceptions of patient-physician communication and older age, with black patients more likely to not have surgery, according to a study in the June 16 issue of *JAMA*.

Lung cancer is the leading cause of cancer death in the United States. “Surgical resection for stage I or II non-small cell cancer remains the only reliable treatment for cure. Patients who do not undergo surgery have a median survival of less than one year. Despite the survival disadvantage, many patients with early-stage disease do not receive surgical care and rates are even lower for black patients,” the authors write.

Samuel Cykert, M.D., of the Cecil G. Sheps Center for Health Services Research at the University of North Carolina, and colleagues, conducted a study among newly diagnosed patients with early-stage lung cancer to identify potentially modifiable factors regarding undergoing surgery and to explore why black patients have this surgery less than white patients. The study included 437 patients with biopsy-proven or probable early-stage lung cancer, who were enrolled between December 2005 and December 2008.

Before determining treatment plans, patients were administered a survey including questions about trust, patient-physician communication, attitudes toward cancer and functional status. Information about co-existing illnesses was obtained through examination of charts. A total of 386 patients met eligibility criteria for lung resection surgery. Two hundred forty-one patients had lung cancer surgery within four months of diagnosis.

“Potentially reversible factors associated with omitting cancer surgery included a patient's belief that the lung cancer diagnosis was less than 90 percent certain and a feeling that overll quality of life would be worse in one year because of lung cancer surgery. The researchers also found that black patients with two or more co-existing illnesses had a lower likelihood of surgery, compared to those with less than two co-existing illnesses. Surgical rates were also low for black patients when they lacked a regular source of care, and lower income was associated with fewer surgeries for white patients.

“We found that patients' negative perceptions about the communication process and misperceptions of quality of life one year after lung cancer diagnosis were related to lower surgical rates in everyone. These results suggest the need for preoperative discussions that pay close attention to the prognosis for functional and pulmonary recovery after surgery compared with expected cancer progression

without intervention," the researchers write.

Source URL (retrieved on *10/25/2014 - 9:23pm*):
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