

Intervals between lung cancer diagnosis and treatment displays a health care disparity

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Research published in the November 2009 issue of the *Journal of Thoracic Oncology* has found that intervals between lung cancer suspicion, diagnosis and treatment may be attributed to health care system discrepancies.

To gain better insight on this topic, researchers studied the timing of [lung cancer](#) diagnosis and treatment at a U.S. medical center providing care to a diverse patient population within two different hospital systems. David E. Gerber, MD of the University of Texas Southwestern Medical Center and his team of researchers conducted a retrospective analysis of 482 patients diagnosed with non-small cell lung cancer among a diverse population.

Researchers learned that health care system factors such as hospital type (public vs. private), insurance type, age and race play a significant role in the length of time between lung cancer diagnosis and treatment. Patients treated at the public hospital were more likely to have advanced stage lung cancer than those patients in the private hospital (59% stage III, as opposed to 37%). Also, the makeup of the patient population in public and private hospitals varies significantly in terms of age, race and socioeconomic status.

"This study demonstrates that in a contemporary U.S. [health care system](#), intervals among suspicion, diagnosis and treatment vary widely and are predominantly associated with system variables such as insurance and hospital type," says Dr. Gerber. "An organized and timely approach to

subsequent diagnostic and therapeutic measures may benefit these individuals and reduce this health care disparity."

Source: International Association for the Study of Lung Cancer

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