

Lung cancer surgery survival rates unchanged since 1950s

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No treatment for lung cancer today gives us significantly better chances of survival than chest surgery from 60 years ago, according to a medical historian from The University of Manchester.

Dr Carsten Timmermann says survival figures following specialist chest surgery of 25% after five years, and 15% after ten years or longer, are only marginally better today than in the 1950s when the standard technique still used today first emerged.

His discovery, from looking at historical case series compiled by chest surgeons, is outlined in his new Palgrave Macmillan book, *A History of Lung Cancer: The Recalcitrant Disease*, out this month. The book is the first history of lung cancer ever published.

The researcher based at the University's Centre for the History of Science, Technology and Medicine said: "Over the past 60 or so years, we have seen major advances in treatments and outcomes for some other cancers.

"Sadly, my research shows that lung cancer patients have enjoyed few of these improvements. New therapies simply haven't made a difference to their survival.

"Lung cancer patients today still receive essentially the same [treatment](#) as King George VI did in 1952. But in the 1950s, unlike King George, few ordinary patients would have been treated by specialist chest

surgeons.

"If you do receive surgery at specialist chest units, your chances of survival certainly will be better," he said.

"But recent lung cancer audits show that referral figures for chest surgery could still be better. There remains a strong need to improve access to this therapy."

About 40,000 people are diagnosed with lung cancer in the UK per year, making it the second most common cancer.

However, many are not suitable for surgery because their cancers are inoperable or patients are not fit enough.

Only around one in 12 people diagnosed with lung cancer survive the diagnosis for five years (8-9%), and about one in twenty (5-6%) survive for ten years. It is the biggest cancer killer.

In the early 2000s lung cancer research projects attracted less than 5% of UK cancer research funding, while accounting for 20% of cancer deaths; the figures for leukaemia are the reverse.

This disparity has not always been the case, says Dr Timmermann, though basic cancer research does not always deliver.

He said: "We put too much emphasis on finding a great new cure for cancer, and that cure is always just around the corner. We expect medicine to be about science and progress, but for lung cancer the one thing that has made a difference is ensuring patients who could expect to benefit from surgery, receive surgery.

"Lung cancer is an extremely difficult area. It's hard to treat and hard to

research.

"And since the 1950s, it has been associated with smoking, and there's a stigma attached to that as well."

Also according to Dr Timmermann's research, lung cancer is not a modern disease as often thought.

His research reveals lung cancer in the 1800s would usually have been diagnosed as a form of consumption.

He said: "According to recent estimates, about 10% of lung cancers among men and 15% among women are not caused by smoking.

"So approximately 2,000 men and 3,000 women in the UK die from [lung cancer](#) every year, but have never smoked.

"So even this figure is still higher than the 4,500 deaths from leukaemia.

"There's every reason to suspect that this was also true in the 1800s."

Provided by University of Manchester

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