

Receiving curative lung cancer surgery varies by state

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Lung CA seen on CXR. Credit: [CC BY-SA 4.0](#) James Heilman, MD/Wikipedia

The likelihood of receiving curative-intent surgery for patients with early-stage non-small cell lung cancer (NSCLC) varies substantially from state to state, according to data presented at the Eighth American Association for Cancer Research (AACR) Conference on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, held Nov. 13-16.

"We do not have a uniform quality of health care in this country," said Helmneh M. Sineshaw, MD, MPH, senior epidemiologist and health services researcher with the American Cancer Society in Atlanta.

"Curative surgery for NSCLC is one example, with disparities in health care across population subgroups."

Lung cancer is the second most common type of cancer, and the leading cause of cancer deaths for men and women in the United States, according to the National Cancer Institute. NSCLC is the most common kind of [lung cancer](#). If it is caught at an early stage, when the cancer is localized, it can potentially be cured by surgery, which would typically involve resectioning part of the lung or the whole lung, Sineshaw said.

Sineshaw said that previous studies have shown significant racial and socioeconomic disparities in the receipt of curative surgery for early-stage NSCLC. For this study, he and colleagues sought to examine the extent of, and factors associated with, variations in receiving curative surgery for early-stage NSCLC across states in the United States and whether the racial disparity varies by state.

The researchers based their study on data from patients who were diagnosed with stage 1 or 2 NSCLC between 2007 and 2011 in 38 states and the District of Columbia, from population-based [cancer](#) registries compiled by the North American Association of Central Cancer Registries.

Sineshaw and colleagues found that Massachusetts, New Jersey, and Utah had the highest rates of receipt of curative surgery—about 75 percent in each state. They chose Massachusetts as the standard of comparison for all states.

The researchers found that the lowest likelihood of receipt was in Wyoming, where patients with early-stage NSCLC were 25 percent less likely than those in Massachusetts to receive curative surgery. The next largest gaps were in Oklahoma (20 percent less likely), New Mexico (19 percent less likely), Colorado (17 percent less likely), Louisiana (17 percent less likely), and Texas (16 percent less likely).

Sineshaw said some of the disparity in the receipt of NSCLC surgery could be explained by geography, as states with major medical centers generally had higher rates. Also, insurance coverage could be a factor, he added, although adjusting for insurance resulted in only minor statistical differences.

"From state to state, the quality of insurance coverage may be different, even as we move toward universal health care," he said. "Varying standards for copays, for example, can all add up and make a difference in the cost of treatment."

Sineshaw said one potential way to narrow the disparity would be to further standardize [health-care](#) coverage. Also, he suggested, doctors across the nation could be encouraged to share information on their practices.

Sineshaw and colleagues also evaluated data on race to see whether disparities persisted. The study showed that non-Hispanic blacks were less likely than non-Hispanic whites to receive the surgery in all states/registries, although the disparities were significant in only two states—Florida and Texas—after adjusting for socioeconomic factors

and clinical characteristics. In Florida, non-Hispanic black patients had a 12 percent lower chance of receiving curative surgery, and in Texas, non-Hispanic black patients had an 11 percent lower chance of receiving curative surgery than non-Hispanic white patients.

Sineshaw said a limitation of the study is that it did not examine patient/physician communication, which he believes could influence a patient's willingness to undergo curative surgery. Also, the study did not control for comorbidity, so some [patients](#) may have been ruled ineligible for the surgery due to outstanding health issues. However, accounting for state-level chronic obstructive lung disease prevalence did not change the results.

Provided by American Association for Cancer Research

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