

# Time to initiating cancer therapy is increasing, associated with worsening survival

June 5 2017

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After reviewing nearly 3.7 million patient records, Cleveland Clinic researchers have shown that newly diagnosed cancer patients are having to wait longer to begin treatment, a delay that is associated with a substantially increased risk of death.

This research was presented today at the ASCO Annual meeting and is abstract 6557: [http://abstracts.asco.org/199/AbstView\\_199\\_185804.html](http://abstracts.asco.org/199/AbstView_199_185804.html)

The researchers used prospective data from the National Cancer Database and examined the number of days between diagnosis and the first treatment for those newly diagnosed with early-stage solid-tumor cancers from 2004 to 2013. The study population of 3,672,561 patients included breast, prostate, colorectal, non-small cell lung, renal and pancreas cancers.

The median time between diagnosis and treatment - referred to as "time to treatment initiation," or TTI - has increased significantly in recent years, from 21 days in 2004 to 29 days in 2013. Delays were more likely if patients changed treatment facilities or if they sought care at academic centers.

Longer delays between diagnosis and initial [treatment](#) were associated with worsened overall survival for stages I and II breast, lung, renal and

pancreas cancers, and stage II colorectal cancers, with increased risk of mortality of 1.2 percent to 3.2 percent per week of delay, adjusting for comorbidities and other variables.

Prolonged TTI of greater than six weeks was associated with substantially worsened survival. For example, five-year survival for stage I non-small cell lung [cancer](#) was 56 percent for TTI of less than or equal to six weeks, versus 43 percent for TTI greater than six weeks, and for stage I pancreas cancer was 38 percent versus 29 percent, respectively.

"In addition to its impact on outcomes, delayed TTI can cause unnecessary stress and anxiety for patients," said Dr. Brian Bolwell, chairman of Cleveland Clinic Taussig Cancer Institute and senior author of the research. "Coordinating care is challenging, particularly in academic cancer centers, but once you take the time to identify all the hurdles, and address each of them, progress in TTI is attainable."

Cleveland Clinic cancer programs have made reducing TTI for [cancer patients](#) a priority, an effort that began two years ago. Overall TTI initially was similar to other major cancer centers, and it has decreased 17.5 percent overall, with its largest cancer programs (breast, colorectal and lung) showing the greatest reduction. The organization's goal is to reduce TTI further, to less than 20 days.

"Physicians need to commit to multidisciplinary care and create integrated practice units that focus on [patients](#)," said Dr. Alok Khorana, gastrointestinal oncologist at Cleveland Clinic and first author of the research. "TTI needs to be measured and emphasized, and we must understand what is significant to each individual patient and not assume we already know."

Provided by Cleveland Clinic

Citation: Time to initiating cancer therapy is increasing, associated with worsening survival (2017, June 5) retrieved 25 April 2024 from <https://medicalxpress.com/news/2017-06-cancer-therapy-worsening-survival.html>

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