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Two studies explore gender, language, and treatment setting as barriers in screening and patient care in lung cancer

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TORONTO (October 23, 2017) -More people die of lung cancer than any other type of cancer, and two new studies from CHEST 2017 reveal disparities in lung cancer screening and care that may impact detection, as well as mortality and survival rates in the disease.

The first study from LaheyHospital and Medical Center in Burlington, Massachusetts, reviewed the Lahey lung cancer screening database for several characteristics, including smoking status, personal cancer history, lung cancer screening status, and time from initial contact to screening. Data were analyzed on patients who met either National Lung Screening Trial or National Comprehensive Cancer Network high-risk criteria, from January 2012 to March 2017.

They concluded that in the institution's lung cancer screening program, more female than male subjects were shown to meet high-risk criteria but had not completed a low-dose screening CT scan (LDCT). This highlights the need for further investigation into the potential interventions that can be taken to enhance lung screening in this particular patient population.

A second study out of Keck School of Medicine, University of Southern California, aimed to assess the effect of language spoken and of other demographic factors on delaying initiation of lung cancer care in patients at a public and private hospital system. In the multivariable analyses of

336 patients with non-small cell lung cancer, treatment at the public hospital was associated with delays in care; neither ethnicity nor primary language was associated with delays in care. The study demonstrates that even in a multi-ethnic population, the language barrier in and of itself does not seem to affect the interval from diagnosis to treatment.

Further results from the first study will be shared at CHEST Annual Meeting 2017 in Toronto on Wednesday, November 1, from 8:00 AM-8:15 AM at the Metro Toronto Convention Centre, Room 606. The study abstract can be viewed on the journal *CHEST* website. Results from the second study will be shared at CHEST Annual Meeting 2017 in Toronto on Monday, October 30, from 3:45 PM-4:00 PMat the Metro Toronto Convention Centre, Room 603. The study abstract can be viewed on the journal *CHEST* website.

More information: Udit Chaddha et al, Effect of Language and Ethnicity on Interval From Diagnosis to Treatment in Non-Small Cell Lung Cancer Patients at a Public and a Private Hospital, *Chest* (2017). DOI: 10.1016/j.chest.2017.08.653

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