

# Increased survival in patients with metastatic NSCLC receiving treatment in academic centers

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Patients with metastatic NSCLC receiving treatment at academic centers (ACs) have an increased 2-year survival compared to patients treated at community-based centers (CCs). An overall histology-dependent survival was also noted in patients with adenocarcinoma versus squamous cell carcinoma and varied by treatment facility.

Lung cancer is the most common cancer and the leading cause of cancer-related death worldwide. There are two major types of [lung cancer](#), small cell and non-small cell [lung cancer](#) (NSCLC). Roughly 85% of diagnosed lung cancers are NSCLC with about 40% of NSCLC patients presenting with stage IV metastatic disease. Adenocarcinoma histological subtype accounts for 40% of all NSCLC and squamous cell carcinoma histological subtype accounts for roughly 30%. Treatment for metastatic NSCLC has evolved dramatically over the last two decades with an increasing focus on treatment strategies driven by histology and molecular profile of the tumor [cells](#). With the availability of new treatment agents and molecular testing there is growing concern that oncologists at ACs may have access to resources and specialists that CCs may not have access to and that disparities in care and survival differences may exist.

A group of investigators from Duke University in the United States used the National Cancer Database (NCDB) to retrospectively evaluate whether treatment at ACs was associated with a survival advantage in metastatic NSCLC. The data was selected from 1998 to 2012 after the introduction of novel NSCLC chemotherapy agents. The primary outcome was 2-year survival that was analyzed using a multivariable regression model controlling for age, year of diagnosis, gender, primary payer, histology, and facility type

(ACs verses CCs).

The [results of the study](#) were published in the *Journal of Thoracic Oncology*, the official journal of the International Association for the Study of Lung Cancer (IASLC) . A total of 193,279 patients with clinical or pathologic metastatic NSCLC were included in the study. All baseline differences between ACs and CCs were statistically significant at p

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