

Factors affecting the interval from diagnosis to treatment in patients with lung cancer

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ABSTRACT

Aims and background. We aimed to investigate the factors affecting the interval from the beginning of the symptoms until diagnosis and treatment in patients with lung cancer.

Methods. Records of 119 lung cancer patients diagnosed in our pulmonary diseases clinic between 2004 and 2006 were evaluated retrospectively. Demographic data, histopathological tumor type, TNM stage, ECOG performance status, presence of endobronchial lesions, and radiological localization of the tumor were determined. Intervals from the first symptom to contacting a doctor, to diagnosis and to treatment were calculated. The interval from first admission to a clinic and referral to a chest physician was also calculated.

Results. Of 119 patients, 74% were diagnosed as non-small cell and 26% were as small cell lung cancer. Forty-eight percent of the patients were at stage 3B and 36% were at stage 4. ECOG performance status was 0 in 6%, 1 in 52%, 2 in 36%, 3 in 3%, and 4 in 2%. Endobronchial lesions were observed in 50% of the patients, and the lesions had a central radiological localization in 59%. Fifty-four percent of the patients presented to a chest physician first. Patients who first presented to an internal medicine clinic were referred to our pulmonary disease clinic significantly later than those who presented to other clinics ($P = 0.005$). The median period from the beginning of the symptoms until contacting a doctor was 35 days (range, 1-387), until diagnosis was 49 days (range, 12-396), and until beginning the treatment was 57 (range, 9-397) days. The presence of endobronchial lesions, radiological localization, TNM stage and ECOG performance status were not found to be related to the intervals from the first symptom to presentation to a doctor, to diagnosis or to the beginning of the treatment.

Conclusions. Lung cancer patients consult a doctor after a relatively long symptomatic period. Patient delays may be shortened by increasing the awareness of patients about lung cancer symptoms. Diagnostic procedures should be performed more rapidly to shorten doctor delays.

Key words: delays in diagnosis, lung cancer prognosis.

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