

Delays in the diagnosis and treatment of non-small-cell lung cancer

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ABSTRACT

Aims. To investigate patterns of delays among patients with non-small-cell lung cancer and to identify reasons for the delays.

Methods. This prospective study included 101 patients with non-small-cell lung carcinoma. Clinical files of the patients were analyzed and a questionnaire was created to obtain data. Several time intervals and delays were determined for each patient. The reasons for the delays were also evaluated.

Results. The mean time was 59.9 days for the application interval, 40.3 days for the referral interval, 16.4 days for the diagnostic interval, and 24.7 days for the treatment interval. The application interval was longer than 30 days (patient's delay) in 48 patients (48.5%). There was a doctor delay in 54 (53.5%) patients, a referral delay in 47 (46.5%) patients, a diagnostic delay in 37 (36.6%) patients, and a treatment delay in 57 (56.4%) patients. The mean total time was 119.6 days. Sixty-two patients (62.6%) had a total delay. The most common reason for patient's delay was neglect of symptoms by patients. A low index of suspicion for lung cancer was the most common cause for referral delay. The low performance of diagnostic tests was the frequent reason for diagnostic delay.

Conclusions. Patient's and doctor's delays were a common problem among patients with non-small-cell lung cancer. The rate of doctor's delay was higher than that of patient's delay. Several efforts such as education of the physicians and people about lung cancer should be made to reduce these delays.

Key words: delays, diagnosis, non-small-cell lung cancer, treatment.

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