Wait Times for Lung Cancer Patients in the BC Southern Interior for Obtaining Oncologic Care: Exploration of the Intervals Leading From First Abnormal Imaging to Oncologic Treatment

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Abstract

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Purpose: Lung cancer is known to have a rapid natural history of progression. Previous studies have shown patients may progress significantly in an interval of 4-8 weeks. This study examines the time interval lung cancer patients (from the British Columbia interior) experience while undergoing diagnostic evaluation, biopsy, staging, and preparation for treatment.

Materials and Methods: A retrospective chart review of new lung cancer patients referred to the British Columbia Cancer Agency, Centre for Southern Interior, between January 1 2010 to December 31 2011 was performed. Time zero was defined as the first abnormal chest imaging. Time intervals to specialist consult (thoracic surgery, respirology, or other specialist), biopsy, referral to BCCA-CSI with tissue diagnosis, initial oncology consultation (radiation or medical oncology), and initiation of oncologic treatment (radiation and/or chemotherapy) was recorded into an electronic database.

Results: n=231. The mean wait time from first abnormal chest imaging to first specialist consultation was 24.3 days. A mean of 13.9 days elapsed prior to biopsy in the form of bronchoscopy, CT-guided biopsy, or sputum cytology; if lobectomy was required for initial biopsy, an average of 22.8 days elapsed from the time of thoracic surgery consultation. Another 11.9 days (mean) were required for pathologic diagnosis and subsequent referral to the cancer center. Once referral was received, a mean of 11.6 days elapsed prior to consultation with either a medical or radiation oncologist. Finally, there was a mean interval of 9.8 days thereafter for the patient to receive their first fraction of radiation and/or cycle of chemotherapy.

Conclusions: Average wait time from detection of lung cancer on imaging to oncologic treatment in the form of radiation and/or chemotherapy was 72 days or 10 weeks. During the time patients wait for treatment, disease has the potential to significantly progress and it is possible that a subset of patients may lose their opportunity for cure.