LETTER

Authors’ response

In our editorial we argue that, as a group, people with lung cancer in the UK present later and have a worse prognosis than people with lung cancer elsewhere in Europe.1 We believe that delays in the early diagnostic process are central to this problem. At the moment, however, we do not understand enough about the early patient journey from the development of symptoms to initial investigations in primary care to try to intervene to improve the situation. We need to do this if we are to maximise the benefits of currently available treatments such as surgery. We believe that this is an area in urgent need of further research.

Weir et al make the point that there is variation in the outcome for people with lung cancer within the UK and that the reasons for this are poorly understood.2 In addition to delays in diagnosis, Weir et al argue that access to potentially curative surgical treatment may vary geographically and that this, though currently only a treatment option for a small minority of people, may also contribute to variations in survival. We agree.

It is clear that, in addition to understanding the cultural and health service factors which appear to lead to delays in lung cancer diagnosis in the UK, we also need to be sure that, once we have diagnosed lung cancer, people within the UK receive the highest quality of care. To do this we need to determine the extent to which variations in access to care exist, as well as what individual factors—such as comorbidity, performance status and stage— influence treatment decisions for people with lung cancer. The presence of the National Lung Cancer Audit, which now provides more than 5 years of data for people with lung cancer in the UK, is an important and unique tool to do this research. We hope that the analyses using the national audit which are currently being done by us and by other groups will help to shed some light on these questions.

Lung cancer remains an enormous public healthcare problem for the UK and we desperately need new effective treatments for people with lung cancer. We also need to study the diagnostic processes and the delivery of care for people with lung cancer to ensure that, at each stage, we maximise the benefits from the currently available treatments.

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Funding University of Nottingham.

Competing interests None.

Provenance and peer review Not commissioned; not externally peer reviewed.

Accepted 11 October 2010

Thorax 2010;■:■. doi:10.1136/thx.2010.153064

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Richard Hubbard and David Baldwin

Thorax  published online November 15, 2010

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