

CORRESPONDENCE

Authors' response

Beckett and Woolhouse have investigated the inequality in access to surgery for individuals with non-small cell lung cancer (NSCLC) in England.^{1, 2} They have used the number of patients entered into the National Lung Cancer Audit (NLCA) as a surrogate marker for the 'specialist' qualities of the multi-disciplinary team (MDT) and concluded that this marker does not influence surgical resection rate or survival.

An MDT with a high number of patients may reflect a high level of experience, but this may not be the case for every MDT. It would be helpful to see the actual numbers of patients per MDT in each quintile and the raw data for survival. Only the largest of

MDTs may link to specialist qualities. MDTs reviewing a large number of patients, but outside the top quintile, may reflect those that are under-resourced and struggling to cope.

Other factors that may influence the outcomes of individuals with lung cancer in England may be: access to positron emission tomography scanning, cardiovascular assessment, lung function testing and on-site intensive treatment unit beds. Further research looking at the composition of the MDT, and also the exact nature of investigative and 'support' facilities available at every NHS Trust is needed.

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