

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.

Anna Rich,¹ David Baldwin,¹ Richard Hubbard²

¹Department of Respiratory Medicine, Nottingham University Hospitals, David Evans building, City campus, Nottingham, UK; ²BRU (Biomedical Research Unit), Department of Epidemiology and Public Health, University of Nottingham, Nottingham, UK

Correspondence to Dr Anna Rich, Department of Respiratory Medicine, Nottingham University Hospitals, David Evans building, City campus, NG5 1PB, Nottingham, UK; anna.rich@nottingham.ac.uk

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

Accepted 20 January 2012

Published Online First 14 March 2012

Thorax 2012;**67**:927.

doi:10.1136/thoraxjnl-2012-201655

REFERENCES

1. **Beckett P**, Woolhouse I. Inequalities in outcomes for non-small cell lung cancer: the role of the MDT. *Thorax* 2012; doi:10.1136/thoraxjnl-2012-201582
2. **Rich AL**, Tata LJ, Free CM, *et al*. Inequalities in outcomes for non-small cell lung cancer: the influence of clinical characteristics and features of the local lung cancer service. *Thorax* 2011;**66**:1078–84.

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.