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FOR IMMEDIATE RELEASE

MORE LUNG CANCER PATIENTS WOULD SURVIVE FOR LONGER IF SURGERY RATES INCREASED

Many more lung cancer patients would survive for longer if they had surgery to remove the disease, according to research published in the European Journal of Cancer.*

Researchers from the National Cancer Intelligence Network (NCIN) and King's College London examined information ** on 77,349 lung cancer*** patients diagnosed between 2004 and 2006 in England and looked at how many had surgery to treat the disease.

They found that in those areas of England where more lung cancer surgery took place more people survived the disease.

There was also great variation across the country among the percentage of patients who had surgery.

During the three years of the study, the researchers estimate that over 5,400 lives could have been extended if every area in England was operating on the same proportion of patients as the area with the highest surgical rates****.

The latest lung audit data***** shows 14 per cent of lung cancer patients in England have surgery to treat lung cancer. But this means England generally has lower surgery rates for lung cancer compared to other European countries and the United States which have surgery rates of around 20-30 per cent.

Around 40,000 people are diagnosed with lung cancer each year, but fewer than 10 per cent survive the disease for five years

Dr Mick Peake, study co-author and clinical lead for the National Cancer Intelligence Network (NCIN), said: "Our results give an indication that there's a problem with the number of lung cancer patients who are having surgery. The estimate of the numbers of lives prolonged is based on a snapshot in time. But do highlight the potential to extend the lives of many lung cancer patients in the future if we are able to increase rates of lung cancer surgery across all areas to that of the highest. Surgery really is the key to improving survival for lung cancer, a disease which has one of the lowest survival rates for cancer – despite being the second most common cancer.

"For the majority of lung cancer patients, surgery is the only way to give them a chance of being cured, but England still lags behind the rest of the world when it comes to operating on these patients.

"There are many things that influence a surgeon's decision to operate on a patient such as other illnesses, age, general health and patients' own choice. But where possible all cancer patients who are generally fit enough, should be able to have surgery. We need specialist thoracic surgeons for patients whose fitness is borderline or who may need more complex surgical procedures.

"And we would certainly encourage all cancer patients and their families to speak to their consultant to find out if surgery is an option."

Mr Richard Page, consultant thoracic surgeon at Liverpool Heart and Chest Hospital and member of the NCIN's lung clinical reference group, said: "For the first time a definite link has been demonstrated between pushing the boundaries for lung cancer surgery and an improvement in long-term survival. The obvious message to commissioners of health care is that in order to cure more patients suffering from this devastating disease there is a clear need to invest in services which lead to an increase in access to thoracic surgery. This is an important paper for all those professionals looking after lung cancer patients, and especially for thoracic surgeons."

Professor David Taggart, President of the Society of Cardiothoracic Surgery (SCTS), said: "This excellent study vindicates the decision by the SCTS, Specialty Advisory Committee and Royal College of Surgeons to promote specialist training in lung surgery around a decade ago. We are now seeing the results with consultants coming through and as more surgeons are trained - providing NHS Trusts create the posts - the access to surgery will go up.

"Decisions in treatment for cancer are now made by teams of clinicians with different specialties and skills (multi-disciplinary teams or MDTs) which has changed the feeling in the past that the risks of

surgery were too great for patients. This study shows that increasing the proportion of patients who receive surgical treatment has the potential to save 35 lives from lung cancer-related death for every one extra person who may die from surgery. Given we are talking about the most common life-threatening cancer, it is clear that the balance must be in favour of many more people having the chance of survival. The surgeons are increasingly there to undertake these procedures so we now need the positive decisions by MDTs to operate.”

ENDS

For media enquiries please contact Laura Dibb in the NCIN press office on 0203 469 8051 or, out-of-hours, the duty press officer on 07050 264 059.

Notes to Editors:

*Variation in surgical resection for lung cancer in relation to survival: Population-based study in England 2004-2006. Peake et al. European Journal of Cancer. 10.1016/j.ejca.2011.07.012

**The data is from the linked records of English cancer registrations and Hospital Episode Statistics (HES)

*** All patients had been diagnosed with non small cell lung cancer. To find out more about lung cancer visit <http://cancerhelp.cancerresearchuk.org/type/lung-cancer/about/types-of-lung-cancer>

**** This figure is an estimate of the potential to save lives. As long term follow up has not yet been possible the phrase lives prolonged is used rather than lives saved. This was calculated looking at how many deaths would have been avoided during the three year snapshot of the study. However it is not possible to make this figure into a general number of deaths that would be avoided each year. In the areas where surgical rates were highest there was a small excess of deaths which are to be expected since more higher risk patients will be operated on (older patients with more advanced

disease), but this number is estimated to be around 146 over the 3 year period – but the authors stress that the overall number of deaths ‘delayed’ hugely outweighs these small excess risks of surgery.

****Rich AL, Tata LJ, Stanley RA, et al. Lung cancer in England: information from the National Lung Cancer Audit (LUCADA). Lung Cancer 2011;72:16-22

About the National Cancer Intelligence Network (NCIN)

- The NCIN was established in June 2008 and its remit is to coordinate the collection, analysis and publication of comparative national statistics on diagnosis, treatment and outcomes for all types of cancer
- As part of the National Cancer Research Institute, the NCIN aims to promote efficient and effective data collection at each stage of the cancer journey
- Patient care will be monitored by the NCIN through expert analyses of up-to-date statistics
- The NCIN will drive improvements in the standards of care and clinical outcomes through exploiting data
- The NCIN will support audit and research programmes by providing cancer information
- Visit www.ncin.org.uk for more information