

UK audit shows major rise in lung cancer surgery over past five years

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The number of patients with lung cancer undergoing potentially curative surgery for their condition has risen by more than half over the past five years, show figures from a national UK audit.

The audit analysed data on 37 637 patients with a diagnosis of lung cancer or mesothelioma who were first seen by hospitals in the United Kingdom during 2009. This number represents around 95% of the expected number of new cases of lung cancer.

Results showed that around one in seven patients with lung cancer underwent surgery, representing a major increase from the figure of around one in every 11 patients in 2004, when the audit first started.

Around three quarters of lung cancer patients are not suitable for surgery because their illness is diagnosed at a late stage, but the audit's authors say that the improved surgery rate suggests that more clinical teams have developed the expertise to assess patients of borderline fitness for surgery and have access to more complex surgical techniques often needed in these situations.

Data submitted by cancer networks and hospital trusts in England and Wales showed that the mean proportion of lung cancer patients undergoing surgery in 2009 was 13.7%, up from 10.8% in 2008. However, there was wide variation, from a mean of 9.7% in the lowest quarter of patients to 16.1% in the top quarter. Difference in case mix did not appear to explain the whole of this variation, say the authors.

Other measures considered essential to high quality management of lung cancer also improved. The mean proportion of patients receiving a histological or cytological diagnosis was 75.6%, up from 72.2% in 2008.

In addition, the proportion of patients receiving anticancer treatment rose (from a mean of 54% in 2008 to 59.1% in 2009), as did the number of patients undergoing computed tomography before bronchoscopy (from 76% to 80.7%).

Variation among different providers was considerable, but the gap between the highest and lowest performers is narrowing. The audit also showed a narrowing of the difference in the quality of lung cancer care between the United Kingdom and other countries in western Europe that had been considered to provide higher quality care.

The authors consider that the audit process has helped drive improvements in care by enabling health providers to review information demonstrating their performance and how they compare with others. The proportion of patients included in the audit has risen from about 40% five years ago to nearly 100% of cases presenting to secondary care.

Mick Peake, the audit's clinical lead and also lead clinician for the NHS Cancer Improvement system and the National Cancer Intelligence Network, said, "It is a tribute to the ongoing work of all the lung cancer specialist teams across the country that we now have such excellent data on the care of lung cancer patients in the UK. We also now have clear evidence that standards of care are improving, and we believe that the audit process itself is one of the main factors behind this."

But he cautioned, "Wide variation still exists in the standard of care between different hospitals, and we need to continue to strive to bring the care in all units up to the standard of the best."

Rosemary Gillespie, chief executive of the Roy Castle Lung Cancer Foundation, said of the audit results, "We are pleased to see some improvements, in particular the significant increase in those lung cancer patients receiving surgery."

"However, marked geographical variation in the treatment and care for lung cancer patients still exists across the UK. Where you live in the country should not determine what treatment you receive; it should be based on need, not postcode."

"And while we are pleased to see some improvements, the real improvement we would like to see is in survival rates, which still remain low."

The audit includes a local action planning toolkit to help organisations benchmark themselves against new recommendations for standards. These include review where the rate of surgical resection for non-small cell lung cancer is below the national average of 14% and where the rate of active anticancer treatment is below 60%.

National Lung Cancer Audit 2010 is at www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/audit-reports/lung-cancer.

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