

IMPACT OF DELAYS IN DIAGNOSIS AND TREATMENT ON SURVIVAL OF PATIENTS WITH SMALL CELL LUNG CANCER

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Objective: The purpose of the study was to evaluate prospectively the influence of delays in diagnosis and treatment on survival of small cell lung (SCLC) patients. **Methods:** From 1995 to 1998, 3479 SCLC patients were registered in National Tuberculosis and Lung Diseases Research Institute Register. Data regarding demographics, performance status, stage of the disease, treatment, survival and dates for symptom(s), visit the general practitioner, visit to the specialist, bronchoscopy, diagnosis, start of a therapy and death were recorded. **Results:** Fifty percent of patients were treated during the 78 days from first symptom(s) (mean 113 days). The median of patient's delay was 30 days (mean 47days), and the median of referral time to chest physician was 19 days (mean 36days). The mean time between first visit with the specialist to the bronchoscopy was 20 days (median 10 days). Half of SCLC patients were diagnosed in a period of 34 days (mean 55 days) and by chest physicians in a mean time of 35 days (median 21). Mean time from first contact with a doctor and start of treatment was 72 days (median 42 days), and mean time from diagnosis to onset of therapy was 30 (median 6 days). The multivariable analysis revealed that male gender (HR= 1,17), performance status 2 (HR= 1,52) and 3+4 in ECOG scale (HR= 2,42), clinical stage of the disease III (HR=1,32), and IV (HR=1,89) were independent negative predictors of survival. Patients treated by surgery with combined modality treatment had a better prognosis than patients treated by chemoradiotherapy (HR=1,59), chemotherapy (HR=2,5), symptomatically (HR=4,0) or those who refused therapy (HR=3,85). Patient's delay had no impact on survival. More timely care was not associated with better survival (HR= 1,2), it means that patients who were diagnosed faster (below 42 days) had worse prognosis than diagnosed later. **Conclusion:** The waiting time for diagnosis in the group of SCLC patients was pretty long. Patient's delay had no influence survival. SCLC patients with prolonged diagnosis and longer period to beginning treatment had a better prognosis. It was probably due to diagnostic difficulties and amount of time necessary for diagnostic procedures, needed to determine the stage of the disease in patients with limited disease. From the other side many patients with advanced disease had many symptoms, were in a bad performance status that makes a pressure on the medical staff for faster diagnosis.