Summary:

The Lung Cancer Patient Experience and Care Pathway: A Multi-Country Survey:

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Abstract:
Introduction: There is growing evidence that outcomes of cancer patients are impacted not only by treatments, but also by quality of clinical care and supportive resources. For a better understanding of differences in the patient care pathway and unmet patient support needs, we conducted a global survey of lung cancer (LC) patients.
Methods: A questionnaire was developed covering 4 domains: Socio-demographic and medical profile; Treatment experience; Disease impact; Information and services utilized. A panel of LC patient advocates from 4 countries were consulted on the questionnaire design. Cognitive testing was conducted with LC patients in 3 countries to test the questionnaire. Respondents ≥18 years old living in Canada, China, France, Germany, Italy, Japan, Spain, the UK, or the USA who self-identified as patients diagnosed with LC were recruited to complete the online questionnaire via an online patient platform or local recruiter.
Results: 1000 LC patients completed the online questionnaire between October 14, 2021 and January 31, 2022. Participant distribution by region was 21.5% Asia, 49.5% Europe, and 29% North America; and by type was 47% NSCLC, 32% SCLC, 6% another LC type, and 15% unknown. Besides the high participation rate of SCLC patients, there was a high proportion of early-stage LC 55.5% vs 31.5% locally advanced, 10.6% advanced, and 2.4% unknown. The median age of diagnosis reflects a relatively young population of ~51 yrs; the median time to diagnosis was ~2 yrs; 56% were male. Patients reported pulmonologists / respiratory specialists (P/RS) as the key physician type to diagnose LC at 53%, then primary care physicans / general practitioners (PCP/GP) at 21% and medical oncologists (MO) at 17%. The main person influencing their treatment choice were P/RS 53%, then MO 44% and PCP/GP 28%. P/RS were the main person 45% with whom patients spoke to about how the disease / treatment affects their quality of life (QoL), then MO 42% and the patient's spouse / partner 38%. The top reasons patients report choosing a treatment are to live longer 54% or control the cancer 53%. However, QoL is also an important consideration with 44% citing QoL improvements as a factor for choosing a treatment. Likewise, 33% of patients report impact on daily life and 29% overall QoL as reasons for hesitating to start a treatment. Patients reported that a LC diagnosis impacted many areas of their daily lives. 50% of patients' employment status was impacted - reduced employment or interrupted employment due to sick leave / early retirement. 48% reported mental well-being as one of the main difficulties in their daily life, and 64% have received psychological support or would like to.
Conclusions: The 1000 LC patient survey findings highlight that both medical factors and external

factors impact LC patients' experiences and outcomes. Physicians have a significant role in influencing patient decisions, and discussing their QoL considerations. How LC affects patients' daily lives regarding employment and mental well-being, should not be underestimated and requires ongoing focused efforts.