The long journey from the onset of symptoms to treatment for lung cancer patients who attended a tertiary care hospital in Delhi.

Setting: Lung cancer clinic, Tertiary care hospital, Delhi, India

Objectives:

To determine,

- The characteristics of patients diagnosed with lung cancer,
- Measure the time taken and the delays in the diagnosis and treatment of lung cancer and
- Assess possible causes for these delays.

Design:

A retro-prospective cross-sectional study based on detailed interview and review of treatment records of patients consecutively diagnosed with lung cancer which has been confirmed on cytology and/or histology.

Results:

82.7% (out of 1020 patients) were male, 57% wereilliterate, and 78% were of lower socio-economic status, with 78.3% having history of smoking, while among non-smoker 55% had history of passive smoking. Chronic obstructive pulmonary disease was the commonest co-morbid disease.869 (85.2%) had Non- Small cell carcinoma, out it 41.8% were Squamous cell carcinoma and 35.7 % were Adenocarcinoma.

The total median delay from symptoms to treatment was 124 days, with the highest delay being at the level of general practitioner (median 80 days). 65.3% (of total 1020 patients) were misdiagnosed as PTB on initial visit to physician and were started on ATT empirically based on CXR. 77.2% of these were in stage IIIB and above (non-surgical stage), while 17.5% in stage IIIA on presentation to us.

Conclusion:

There are unacceptable delays from symptom onset to initiation of treatment in lung cancer patients in India. Misdiagnosis of PTB is an important contributing factor. These delays need to be shortened to improve the detection of lung cancer

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at earlier stages. High degree of suspicion should be kept in chronic smoker for presenting chest complains. Passive Smoker should not be labelled as non-smoker and high degree of suspicion kept for lung cancer among them.

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