Lung cancer in current, former and never smokers: a European High Resolution study

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Objectives

Lung cancer (LC) is one of the most frequent cancers worldwide and smoking is the main driver.

Recent incidence and mortality (I/M) decreases, by age, sex, and morphology could be partly associated to smoking cessation.

We aimed to compare patients and tumour characteristics, patterns of care and prognosis in 3257 LC patients, incident in 03-05 (Italy) and 09-13 (Belgium, Portugal, Spain, Switzerland), according to their smoking habits

Methods

Multivariable regression models were used to estimate differences in the 2-year risk of death, by age, sex, stage, two morphologies (adeno and squamous cell carcinoma -ca-), and treatment (surgery, chemo/radio only, none), among current (Smo), former (ex-Smo) and never (Non-Smo) smokers

Results

The majority of patients were men (75%), diagnosed at stage IV (52%), adenocarcinoma (37%). Only 12% of cases were aged <55 years and 26% did not receive anticancer treatment.

Compared to Smo (38% total cases), the ex-Smo (35% of total cases) were males (88 vs 75%), aged ≥70 years (56 vs 34%), with similar stage and treatment distributions, but a slightly higher proportion of squamous cell ca (32 vs 26%). The Non-Smo (10% total cases) were mainly women (63 vs 25%), aged ≥70 years (57 vs 34%), who did not receive any treatment (32 vs 22%), and had higher proportions of adeno (53 vs 37%) and lower proportions of squamous cell (12 vs 26%) ca.

After including all variables in the models and checking for collinearity, the risk of death for LC was significantly lower among the Non-Smo (vs Smo), female (vs male), stage I-II (vs stage III-IV) and surgically treated (vs treated with chemo/radio only) patients. No differences in the risk of death were evident among the ex-Smo or patients with adeno and squamous cell ca

Conclusions

Although some differences were evident between LC patients according to smoking habits, a better prognosis for ex-Smo compared to Smo was not found

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Adherence to clinical practice guidelines for skin melanoma in Spain. A high resolution study

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Objectives

This study aims to assess and compare adherence to clinical practice guidelines (CPG) for skin melanoma patients in Spain.

Methods

This population-based study was conducted in Girona, Granada and Navarra (Spain), in the framework of the European high resolution studies. Cases with primary invasive melanoma of the skin diagnosed in 2009-2013 were included. We compared the proportions of patients receiving recommended care according to European CPG.

Results

A total of 934 cases were included, with a mean (SD) age of 60 (18) years. The proportion of pathology reports that mentioned the essential pathological features required for T staging was 93%, with significant differences across regions ranging from 81% to 98% (p<0.001).

We observed a different pattern of use of imaging for staging in each of the 3 regions: 1) chest & liver imaging for most of the patients regardless the risk of metastasis, 2) increasing imaging studies from only chest to chest +liver +bone & brain, according to the patient's risk, and 3) a pattern similar to the last one but with more use of imaging in all risk groups; thus, e.g. the proportion of high-risk patients receiving at least three imaging tests ranged from 8% to 85% (p<0.001).

The proportion of patients cN0M0 with Breslow >1mm receiving sentinel lymph node biopsy was 68%, with significant differences among regions ranging from 61% to 78% (p=0.02). Interferon adjuvant treatment was given to 20% and 63% of the patients in stage IIB/IIC and in stage III, respectively, with no differences among regions.

Conclusions

This study revealed wide geographic variability in the adherence to CPG for melanoma in Spain. These results will serve as feedback to help hospitals improve the quality of care delivered to melanoma patients. The use of a standardized, structured pathology report could improve the quality of the pathology reporting. More specific recommendations on the use of imaging for staging in the CPG would reduce its variability.