Do Differences in Data Reporting Contribute to Variation in Lung Cancer Survival?

The dismal long-term survival rates of lung cancer patients in the United Kingdom have been the subject of considerable debate over the last decade (1,2). Indeed, data for lung cancer patients in the United States suggest that American patients have comparatively better long-term survival, leading many health professionals and government bodies in the United Kingdom to attempt to identify and address possible reasons for the marked differences (3,4). Differences in public awareness of the symptoms of lung cancer, the time taken for diagnostic tests and institution of treatment, and the frequency of curative procedures could all be potential explanations for differences in mortality. However, there has been little comment as to whether differences in reporting of lung cancer mortality data may also be implicated.

According to data from the Surveillance, Epidemiology, and End Results (SEER) Program, the 5-year mortality for all types of lung cancer in the United States was approximately 15% from 1995 to 2000 (5). Closer inspection of these data reveals that patients without proven histology were excluded from the survival figures. This exclusion is likely to influence mortality rates, given that it is well documented that survival of patients without histologically proven lung cancer is worse than that of patients with histological confirmation (6). The exclusion of these patients is in contrast to data from the United Kingdom (also from the late 1990s), where all patients with lung cancer—regardless of whether they had a tissue diagnosis—were included in 5-year mortality rates (7). For example, patients in England, Wales, and Scotland (http://www.isdscotland.org) had a 5-year survival rate of approximately 6% (7).

It is therefore pertinent to consider whether differences in 5-year mortality rates between the United Kingdom and the United States are real or only apparent. Before valid comparisons can be made between countries, it is important that similar methodologies in documentation are used.

Claire A. Butler
Graeme P. Currie
Wendy J. A. Anderson

REFERENCES


NOTES

Affiliations of authors: Department of Respiratory Medicine, United Hospitals NHS Trust, Antrim BT41 2QB, Northern Ireland, UK (CAB, WJAA); Department of Respiratory Medicine, Aberdeen Royal Infirmary, Aberdeen AB25 2ZN, Scotland, UK (GPC).

Correspondence to: Wendy J. A. Anderson, MD, Department of Respiratory Medicine, United Hospitals NHS Trust, Bush Rd., Antrim BT41 2QB, Northern Ireland, UK (wendy.anderson@uh.n-i.nhs.uk).

DOI: 10.1093/jnci/dji285
© The Author 2005. Published by Oxford University Press. All rights reserved. For Permissions, please e-mail: journals.permissions@oupjournals.org.