

# Lung Cancer –

## NEW

## INSIGHTS



**RESEARCHERS AT TAN TOCK SENG HOSPITAL SAY TIMELY DIAGNOSIS AND CARE MAY BE KEY TO A BETTER OUTCOME FOR THIS CANCER.**

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**L**UNG CANCER IS the leading cause of cancer-related deaths in the world, and has a higher mortality than the four most common cancers — breast, prostate, colon, and pancreas — combined. This high mortality rate is the result of delay in diagnosis due to either late presentation or late recognition of symptoms.

Research on this was done by a team of Consultants from the Department of Respiratory and Critical Care Medicine at Tan Tock Seng Hospital (TTSH). Led by Dr Akash Verma, a Consultant in the department, the research titled “Timeliness of In-Hospital Journey of Suspected Lung Cancer Patients: From First Presentation–to –Start of Therapy” was published in May 2015 in the *International Journal of Cancer Research and Molecular Mechanisms*.

### Need For Timely Care

The possible sources of delay, as ascertained by the study that involved 202 lung cancer patients between January 2012 and September 2014, include time taken to complete the invasive diagnostic procedures such as computed tomography CT-guided biopsy or bronchoscopy guided biopsy. CT-guided biopsy involves a thin needle, guided by the physician viewing a CT scan, to withdraw a tissue from the suspected tumour mass in the lung, whereas bronchoscopy guided

biopsy involves passing a flexible endoscope through the mouth into a patient’s windpipe to withdraw the tissue from the suspected tumor mass. A delay in diagnosis is caused by patients taking time to decide on the type of procedure. Development of other illnesses while waiting to start anti-cancer therapy was also cited by the study as a source of delay.

Timeliness is critical because delay in diagnosis can render “curable cancer” incurable as the cancer may spread over time. As timely care may confer better survival for cancer patients, and because there is always room for improvement, there is a need for patients, hospitals and its medical practitioners to close any gaps in the journey of suspected lung cancer patients. The Consultants recommend that there be greater awareness of the disease and the advances in therapy that have taken place over time. This involves educating the public on knowing how to identify ‘red flags’ relating to lung cancer in order to alert doctors, and also to consider screening for lung cancer in high-risk subjects for early detection.

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## Lung Cancer In The Elderly

In another study — *Lung Cancer in Asian Octogenarian Population* — doctors from the Department of Respiratory and Critical Care Medicine at TTSH found that there was no difference in survival of lung cancer between octogenarians (those aged 80 and above) and younger patients (those aged 60 and below) who received treatment. The study, published in March 2015 in the *Annals of Gerontology and Geriatric Research*, found that some patients refused treatment because they wanted to try Traditional Chinese Medicine (TCM) or herbal medication. It was also found that elderly patients felt that they were too old for treatment. More research is needed to determine the real reasons for refusal of treatment. One of the key conclusions was that the elderly patients should not hesitate from exploring treatment options for lung cancer.

Lung cancer patients should also know that while smoking is one cause of lung cancer, 50 per cent of patients who have adenocarcinoma (the most common type of lung cancer) are ‘never-smokers’ or non-smokers. That being said, lung cancer that occurs in non-smokers is more sensitive to targeted therapy, a new therapy that is administered in tablet form, as opposed to intravenous chemotherapy.

### Getting It Right The First Time

Prompt detection appears to be the only viable means that could potentially have a positive impact on the outcome of treating lung cancer patients, as concluded in another recent study.

Conducted also by the Consultants in the Department of Respiratory and Critical Care Medicine at TTSH, and published in July 2015 in Volume 95 of the weekly medical journal *Medicine*, this study aimed to assess the number

of procedures needed, and delays encountered to establish a diagnosis. Dr Verma and his team also determined factors assisting or impeding timeliness of diagnosis in lung cancer patients. A total of 134 procedures were done in 101 patients in one year (October 2013 to September 2014) to establish a diagnosis. In 72 patients, diagnosis could be established by a single procedure, whereas 29 patients (28.7 per cent) required multiple procedures.

The study confirmed that failure of first procedure to yield a diagnosis correlates with the delay. As a result, “rework” is necessary at the expense of cost, time, and resources. This also lowers patient satisfaction and additionally, some patients become too sick, or give up and decline subsequent procedures. All these issues, according to the Consultants, can be minimised by emphasising *on getting it right the first time*. **LW**

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### AT A GLANCE

In Singapore,  
**LUNG CANCER**  
is the number two killer in  
males and third in females.

Between 2010 and 2014,  
an average of

**1,370**

people were diagnosed  
with lung cancer  
each year

