

Accuracy, timing of pre-op lung CA evaluation can be improved

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(HealthDay)—For suspected lung cancer patients, the thoroughness, accuracy, and timeliness of preoperative evaluation could be improved, according to research published online July 30 in the *Annals of Thoracic Surgery*.

Nicholas Faris, M.Div., from the University of Memphis in Tennessee, and colleagues conducted a retrospective review of clinical records to examine the presurgical evaluation of suspected [lung cancer](#) patients. Data were included for 614 recipients of lung resection at two institutions. Patients were classified into five "nodal points": lesion detection, diagnostic biopsy, radiologic staging, invasive staging, and treatment.

The researchers found that 92 percent of patients had lung cancer, 5 percent had a non-lung primary tumor, and 3 percent had a benign lesion. Most patients (98 percent) had preoperative computed tomography (CT) scans, while 27, 22, and 88 percent, respectively, had no preoperative diagnostic procedure, no preoperative positron emission tomography (PET)/CT scans, and no invasive preoperative staging. Only 10 percent had CT, PET/CT, and invasive staging. Of patients with an invasive staging test, 21 percent had mediastinal nodal metastasis at resection. The

median duration was 84 days from initial lesion identification to resection, 28 days from lesion identification to diagnostic biopsy, and 40 days from diagnostic biopsy to surgery.

"There is opportunity for improvement in the thoroughness, accuracy, and timeliness of preoperative evaluation of suspected lung cancer patients in this community cohort," the authors write.

More information: [Abstract](#)

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