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## **Non-Small Cell Lung Cancer Survival Rates Higher Among Patients Treated at Academic Centers**

Yokohama, Japan – October 18, 2017 – As non-small cell lung cancer (NSCLC) survival rates have increased over time, new research sheds light on how NSCLC outcomes are significantly influenced by the type of treatment facility where patients undergo care. Dr. Bhagirathbhai Dholaria of the Moffitt Cancer Center in the United States presented these findings at the International Association for the Study of Lung Cancer (IASLC) 18<sup>th</sup> World Conference on Lung Cancer (WCLC) in Yokohama, Japan.

With treatment of NSCLC rapidly advancing, Dr. Dholaria and his team decided to explore the role of novel therapeutic treatment and initial treatment at academic centers, which provide greater access to advanced technologies and clinical trials, in NSCLC outcome trends. Based on data of NSCLC incident cases between 2004 and 2013 from the National Cancer Database, the researchers plotted overall survival (OS) by year of diagnosis and type of treatment facility. The study included more than 1 million NSCLC patients, separated by initial treatment facility type (academic: 31.5%, non-academic: 68.5%).

The researchers found that that NSCLC treatment at academic centers was associated with reduced risk of death when compared to non-academic centers. Four-year OS for academic and non-academic cohorts was 25% and 19%, respectively ( $p < 0.001$ ). They also found that the survival difference between academic and community centers was greater among non-metastatic compared to metastatic NSCLC. This difference remained significant even after adjusting for age, race, income, education, geographic location, insurance status, TNM stage and treatment modalities. These findings highlight the importance of ensuring easier access to facilities with multidisciplinary expertise and training programs. This approach has potential to increase survival of NSCLC patients.

Additionally, the researchers determined that the median OS for patients diagnosed from 2010 to 2013 (14.8 months) was significantly higher when compared to patients diagnosed from 2004 to 2009 (12.4 months), which points to major treatment advances for NSCLC ( $p < 0.001$ ).

“Community centers, which remain an important resource for cancer care, should be provided with resources to improve quality of care and access to clinical trials,” said Dr. Dholaria. “Additionally, collaboration between academic and community centers should be encouraged to improve access to specialty care for socioeconomically disadvantaged patients in rural areas. We hope our results will inform policymakers in designing and changing the healthcare infrastructure to improve patient access to quality NSCLC care.”

**About the WCLC**

The World Conference on Lung Cancer (WCLC) is the world's largest meeting dedicated to lung cancer and other thoracic malignancies, attracting over 6,000 researchers, physicians and specialists from more than 100 countries. The goal is to disseminate the latest scientific achievements; increase awareness, collaboration and understanding of lung cancer; and to help participants implement the latest developments across the globe. Organized under the theme of "Synergy to Conquer Lung Cancer," the conference will cover a wide range of disciplines and unveil several research studies and clinical trial results. For more information, visit [wclc2017.iaslc.org](http://wclc2017.iaslc.org).

**About the IASLC**

The International Association for the Study of Lung Cancer (IASLC) is the only global organization dedicated to the study of lung cancer and other thoracic malignancies. Founded in 1974, the association's membership includes more than 6,500 lung cancer specialists across all disciplines in over 100 countries, forming a global network working together to conquer lung and thoracic cancers worldwide. The association also publishes the Journal of Thoracic Oncology, the primary educational and informational publication for topics relevant to the prevention, detection, diagnosis and treatment of all thoracic malignancies. Visit [www.iaslc.org](http://www.iaslc.org) for more information.

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