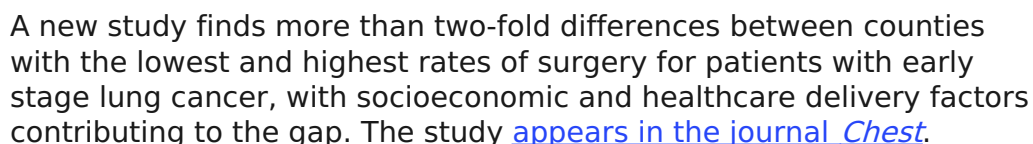


Socioeconomic and healthcare delivery factors appear to contribute to the gap



The authors of the current study recently reported substantial state-level variations in receipt of curative-intent surgery for NSCLC in the United States. For the current study, investigators at the American Cancer Society and Baptist Cancer Center, Memphis, led by Helmhesh Sineshaw, M.D., MPH, looked at county-level variations within states to gain a sharper picture of the extent of care delivery problems.

The authors found surgery rates ranged from 12.8% to 48.6% in the 10% of counties with the lowest surgery rates to 74.3% to 91.7% in the 10% of counties with the highest rates of surgery. Pockets of low surgery rate-counties within each state were also identified. For example, there was a 25% absolute difference between the lowest and highest surgery receipt rate-counties in Massachusetts. Overall, counties in the lowest quartile for receipt of surgery were those with high proportion of non-Hispanic blacks, high poverty and uninsured rate, low surgeon-to-population ratio, and nonmetropolitan status.

The authors say further studies are needed to identify and address gaps in access to surgical treatment of early-stage NSCLC, such as more direct evaluation of patient-, provider-, institution-, and community-level factors influencing access to and choice for or against curative-intent treatment modalities.

[Article](#): County-Level Variations in Receipt of Surgery for Early-Stage Non-Small Cell Lung Cancer in the United States; Sineshaw et al.; CHEST 2019 doi: 10.1016/j.chest.2019.09.016