

Lung Cancer Care in Saskatchewan and Ontario: An interprovincial analysis of patient characteristics and survival outcomes

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Introduction

- Lung cancer is a devastating disease with very poor clinical outcomes
- High disease burden on individuals, families and the healthcare system
- Limited research on healthcare resource utilization, treatment costs and patient attributes in Canada
 - No lung cancer studies have drawn interprovincial comparisons

DISCLAIMER
This study is based in part on de-identified data provided by the Saskatchewan Ministry of Health, eHealth Saskatchewan, and the Saskatchewan Cancer Agency. The interpretation and conclusions contained herein do not necessarily represent those of the Government of Saskatchewan, Cancer Agency or the Saskatchewan Ministry of Health

Objectives

- To describe baseline demographic characteristics and lung cancer attributes for Ontario and Saskatchewan patient cohorts
- To compare survival outcomes across two provinces

Methods

Study Design

- Retrospective cohort analysis
- Adult patients ages 30 years and older residing in Ontario (n=29,983) and Saskatchewan (n=2,889)
- Primary diagnosis of non-small cell (NSCLC) or small cell lung cancer (SCLC) between January 1, 2008 and March 31, 2014.
- Patients were excluded if they had a preexisting or subsequent cancer diagnosis.

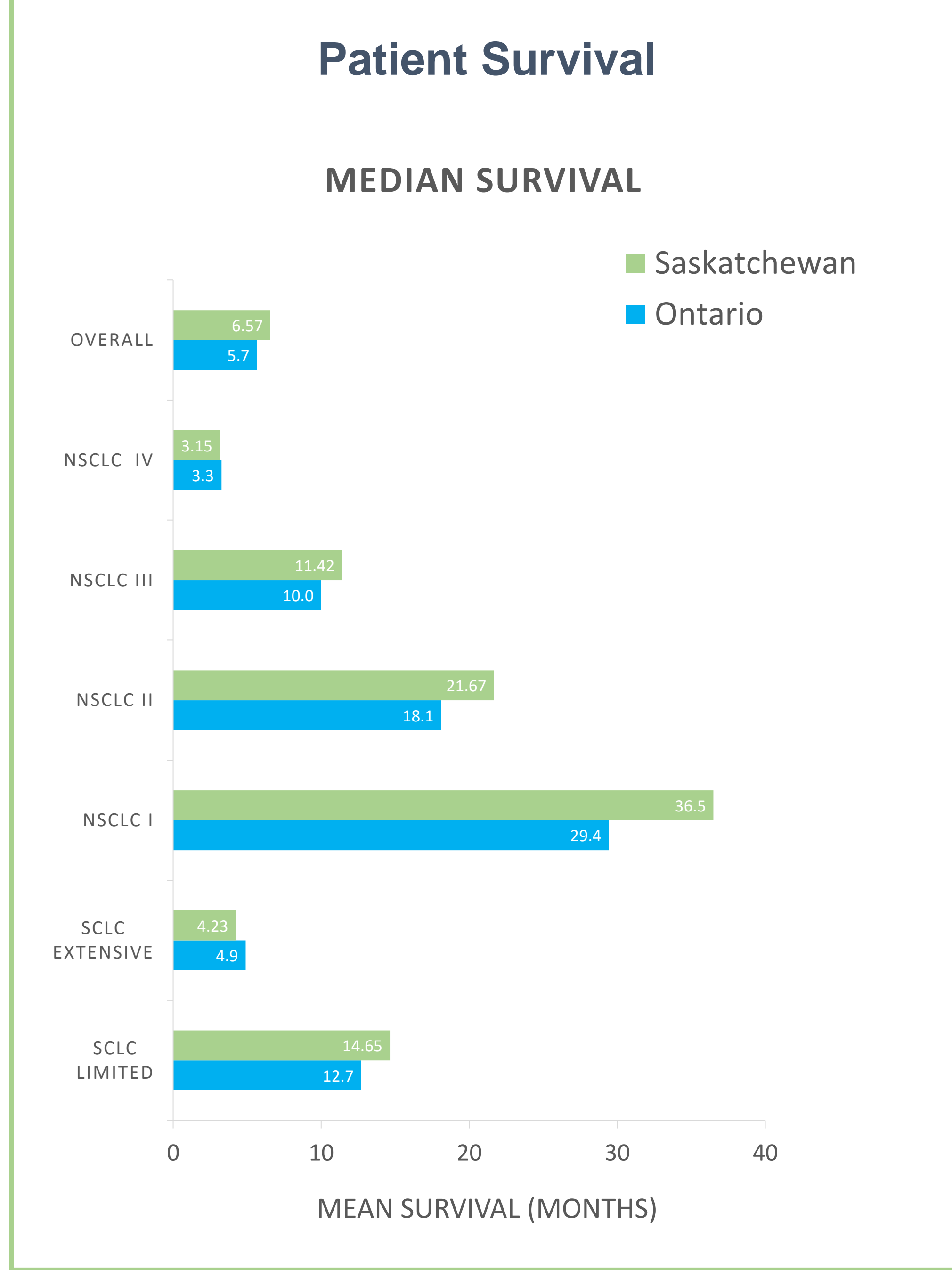
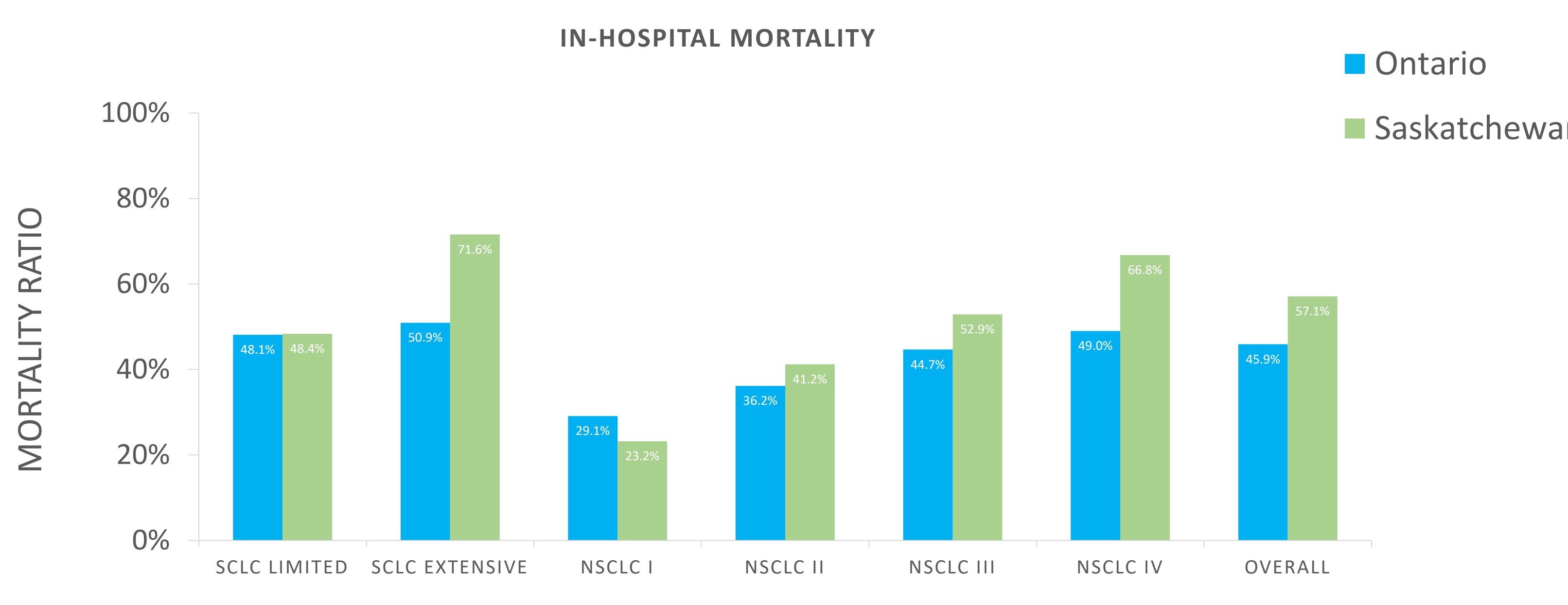
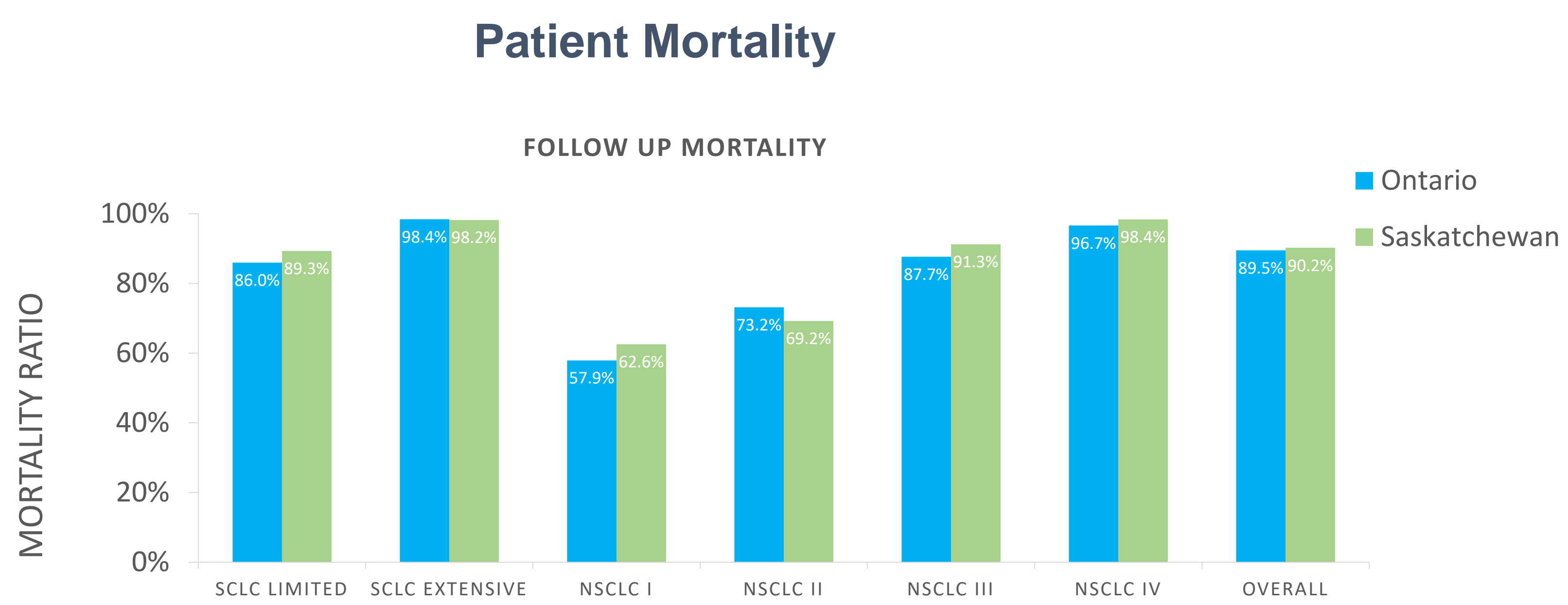
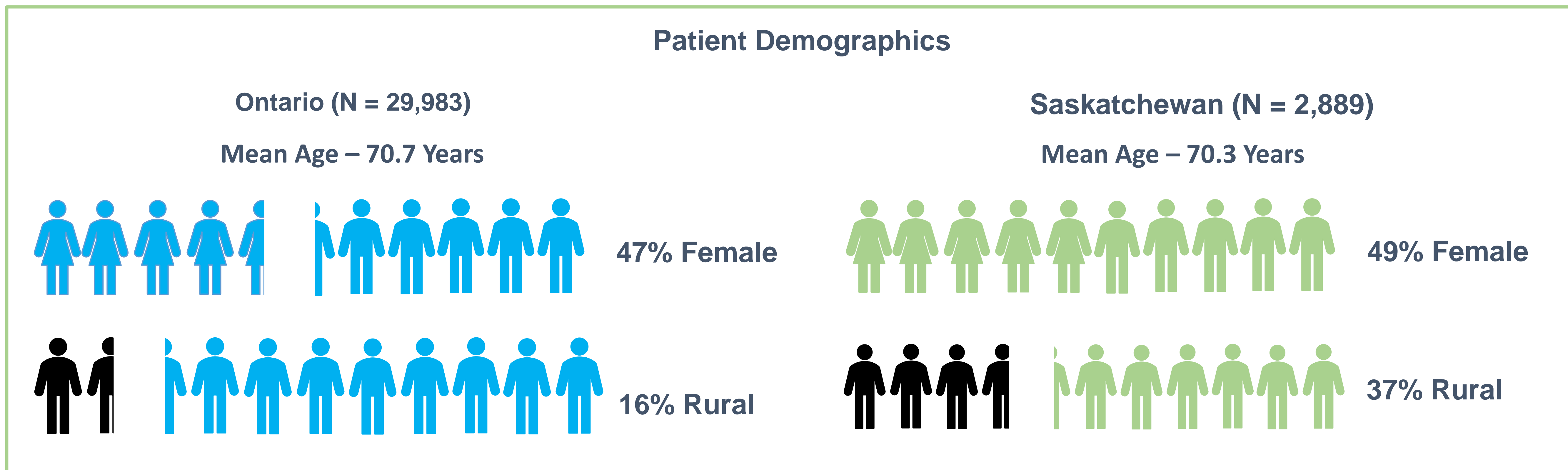
Data Sources

Linked provincial cancer registries and administrative databases

Variables

- Patient characteristics captured in our analysis included demographics, lung cancer attributes, and survival outcomes.

Results



 **90% overall 3 year follow up mortality across both provinces**

Conclusions

- Two provincial cohorts are similar at baseline
 - Exception – Rurality
- Lung Cancer mortality remains high across both provinces
- Differences can be noted in in-hospital mortality and median survival between Saskatchewan and Ontario
- Further exploration of differences in survival and mortality outcomes along with assessment of the healthcare resource patterns are important next steps

Acknowledgments



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