Antiracism Intervention Reduces Lung Cancer Surgery Wait Times

Black individuals were able to access surgery within 28 days of diagnosis, down from 43 days before the intervention.

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An antiracism intervention successfully decreased the time to surgery for Black people with lung cancer, according to results published in the Journal of Clinical Oncology.

Shorter wait times for lung cancer surgery are one indication of better care and can improve survival rates for people with early-stage non-small-cell lung cancer. Studies have found that Black patients experience longer treatment delays and have lower survival rates than white individuals. The average time from diagnosis to surgery for Black individuals is 6.7 days longer than for white people. Each week of delay is associated with a 3% lower survival rate for early-stage lung cancer.

Marjory Charlot, MD, MPH, of the University of North Carolina at Chapel Hill, and colleagues carried out an analysis of an antiracism intervention called Accountability for Cancer Care through Undoing Racism and Equity (ACCURE). Across five different centers, the researchers examined the promptness of cancer surgery as well as racial disparities in accessing surgery rapidly. Such interventions have had success in improving racial disparities in lung cancer care.

“ACCURE investigators were able to analyze the roots of racial inequities in the community and develop this first-of-its-kind intervention to eliminate treatment and timely care gaps for early-stage lung cancer,” Charlot said in a press release.

The initial ACCURE intervention included a real-time notification system indicating clinical milestones that were missed according to medical records and patient navigation by nurses well versed in racial equity. Further, race-specific treatment rates were noted.

For this analysis, the researchers tested the ACCURE intervention in three groups of people with lung cancer, totaling 2,363 participants. The intervention group included 263 people who participate in the trial between 2013 and 2016. The concurrent control group included 302 people who were diagnosed and had lung cancer surgery without the intervention between 2014 and 2015. Last, the historical control group included 1,798 individuals who were treated for lung cancer before the intervention between 2007 to 2012. The main endpoint was whether surgery took place within eight weeks of a diagnosis.

The researchers noted that 87.1% of Black people and 85.4% of white people in the intervention group had surgery within eight weeks of a diagnosis. In the concurrent control group, 64.9% of Black patients and 73.2% of white individuals received surgery within the eight-week window. In the historical control group, 58.7% of Black people and 75.0% of white people received surgery within eight weeks.

“Our findings demonstrate that racial inequities in care can and should be measured and providers must be made aware of differential practices,” said Charlot. “Monitoring, feedback loops, racial equity training and patient navigation—essentially an entire system change—appears to be necessary to not only improve treatment rates but also to result in timely care.”

Both Black and white individuals in the intervention group had surgery in a timelier fashion than in the historical control group. The average time to surgery was shortest, at 23 days, in the intervention group, compared with 33 days in the concurrent control group and 34 days in the historical control group. In the historical control group, the median time to surgery was 43 days for Black people, compared with 32 days for white individuals. This time was reduced to 28 days for Black individuals and 21 days for white people in the intervention group.

“There are a few cancer care centers implementing this intervention, but if this model can be adopted for other cancers that disproportionately impact Black people, we can finally start moving the needle toward equitable cancer outcomes,” said Charlot.

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