

Putting Off Lung Cancer Surgery Linked to Recurrence and Worse Survival

But individuals who sought surgery soon after diagnosis had better outcomes.

July 20, 2021 By [Sukanya Charuchandra](#)

When surgery was delayed for more than 12 weeks after a [lung cancer](#) diagnosis, the risk of recurrence and death rose significantly, researchers reported in [JAMA Network Open](#).

An estimated 235,760 [new lung cancer cases](#) will be diagnosed in 2021, accounting for 12% of all new cancer cases, according to the National Cancer Institute. An estimated 131,880 deaths from lung cancer are expected in 2021, making up some 22% of all cancer deaths.

“Patients with early-stage cancer have the best chance for survival,” Varun Puri, MD, of the Washington University School of Medicine in St. Louis, said in a [press release](#). “That’s why it’s critical for patients to promptly seek treatment within 12 weeks after they’ve been diagnosed.”

Individuals who are diagnosed with lung cancer may choose to seek a second opinion or hold off on surgery for economic or other reasons. During the COVID-19 pandemic, elective surgeries were often put on the back burner. “Pandemic fears and conflicting research about delaying surgery made it difficult to counsel patients about treatment options,” said Puri. “Even in non-pandemic periods, the wide range of estimates about when to delay treatment can be confusing.”

Puri’s team conducted a retrospective study of 9,904 people with Stage I, or early, non-small-cell lung cancer. They looked at data from individuals who had surgical resections between 2006 and 2016 through the Veterans Health Administration to assess the impact of a delay in cancer surgery on outcomes.

Most of the study population (96%) were men, the average age was 67.7 years and half were current smokers. The time between a CT scan diagnosis and surgery, termed the time to surgical treatment (TTS), was 70.1 days on average.

After an average follow-up period of six years, cancer recurred in 4,158 individuals, or 42% of the study population. Several factors were linked to a higher risk of recurrence, including younger age and having a larger tumor size, higher tumor grade, fewer lymph nodes examined, higher disease stage, a segmentectomy or wedge resection surgery (removal of smaller sections of the lung) and longer TTS, with risk worsening beyond the 12-week mark. With each extra week after a 12-week

delay, the recurrence risk rose by 0.4%.

The researchers found that being Black was linked to a delay in accessing surgery. Individuals who managed to receive surgery within 12 weeks of a cancer diagnosis had better odds of survival and lived longer compared with people who had delayed procedures. On average, patients who received surgery within the 12-week window lived 7.5 months longer than those who did not — 76.1 months compared with 68.6 months.

“Using a more precise definition for TTS, this study found that surgical procedures delayed more than 12 weeks were associated with increased risk of recurrence and worse survival,” wrote the researchers. “These findings suggest that patients with clinical stage I NSCLC [non-small-cell lung cancer] should undergo expeditious treatment within that time frame.”

Click here to read the study in [JAMA Network Open](#).

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