

Perception of Lung Cancer among the General Population and Comparison with Other Cancers

Julien Mazières, MD, PhD,* Jean-Louis Pujol, MD, PhD,†‡ Nikos Kalampalikis, PhD,§
Diane Bouvry, MD,|| Elisabeth Quoix, MD, PhD,¶ Thomas Filleron, MD, PhD,# Nathalie Targowla, MD,**
Denise Jodelet, PhD,†† Julie Milia, PhD,* and Bernard Milleron, MD‡‡§§

Introduction: To evaluate the perception of lung cancer in the general population to identify obstacles in patient–doctor communications.

Methods: A prospective nationwide survey was conducted using a questionnaire and lexical approaches given to 2200 healthy subjects selected within a representative polling database.

Results: Of the 1469 subjects eligible for full analysis, most were well informed regarding the epidemiological changes to lung cancer and the main risk factors. The overall survival of patients with lung cancer (32%) was overestimated, and the survival of patients with early stages of lung cancer was underestimated (52%). Lung cancer was identified as a severe disease (82%) with a worse prognosis than other cancers. Most of the population was aware of the main treatments available, except for targeted therapy. Using lexical analyses, we observed that a major proportion considered lung cancer to be a tobacco-induced, life-threatening disease that involved major treatment, and a minor proportion considered it to be an environmentally induced disease. Compared with breast cancer, lung cancer was characterized by a greater feeling of guilt and was more frequently associated with lifestyle.

Conclusions: We have identified knowledge gaps in the perception of lung cancer and have highlighted a need for a public information campaign on lung-cancer screening to promote the good survival rate from early-stage disease and the progress achieved with new therapeutic strategies.

Key Words: Lung cancer, Perception, General population.

(*J Thorac Oncol.* 2015;10: 420–425)

Lung cancer is the most common cause of cancer-related deaths, and its prognosis remains poor, with an overall survival rate of less than 15%.¹ Lung cancer is a disease of high symptom burden and has major psychological impact. Psychological distress because of lung cancer is higher than that because of other cancers, and there are large unmet psychosocial concerns. As it is frequently associated with lifestyle, and particularly smoking, lung cancer is often socially represented as a self-inflicted disease.² Therefore, for the patient, a diagnosis of lung cancer is often associated with feelings of guilt and a high level of anxiety.³

These feelings are probably associated with delayed diagnosis and the fear of the inefficacy of some anticancer treatments. Because the majority of cases are diagnosed later, only around 20% of lung cancers are operable at the time of diagnosis, as clinical symptoms usually only appear at a later stage and are not specific. Moreover, delays between the first symptoms and a specialist visit, and then between the first visit and beginning treatment, are long,^{4,5} often exceeding 2 months in France. Conventional front-line chemotherapies used in unselected patients reached a plateau of efficacy, which led to a pessimistic view of lung cancer in the late 1990s including within the general population, especially as other cancers, such as breast cancer or hematological malignancies, seemed to benefit from medical progress.⁶

However, lung-cancer management has evolved rapidly with the advent of new chemotherapies, the validation of maintenance treatment, the development of targeted drugs, improvements in surgery and radiotherapy in both early and locally advanced stages of this disease, and the greater potential interest in lung-cancer screening.^{7–13} After years of very slow progress, these recent advances provide scope for a dramatic improvement in the perception of this disease by both patients and physicians. In clinical practice, medical staffs are often largely unaware of how the patient perceives and feels about their disease. One of the main sources of psychological distress that patients may experience is linked with social perceptions and the cultural context in which events take place.

Herein, we have evaluated perceptions of lung cancer in the general population to better anticipate fears or failures

*Thoracic Oncology Department, Larrey Hospital, University Hospital of Toulouse, University of Toulouse III (Paul Sabatier), Toulouse, France; †Thoracic Oncology Unit; and ‡Epsilon Laboratory, Montpellier Academic Hospital, Montpellier, France; §Social Psychology Research Group (EA 4163), University Lyon 2, France; ||Pulmonary Department, Avicenne Hospital, Bobigny, France; ¶Pulmonary Department, University Hospital of Strasbourg, France; #Statistic Department, Institut Universitaire du Cancer, Toulouse, France; **General Practitioner Clinic, Levallois Perret, France; ††Interdisciplinary Institute for Contemporary Anthropology, UMR 8177 CNRS/EHESS, Ehes, France; ‡‡Hopital Tenon APHP, Paris, France; and §§Intergruppe Francophone de Cancérologie Thoracique, Paris, France.

Disclosure: The authors declare no conflict of interest.

JM, JLP, NK, DB, and BM conceived the study and wrote and edited the manuscript. JM and BM collated and analyzed data. TF, NT, and DJ collated and analyzed data and edited the manuscript. JDM analyzed the data and edited the manuscript.

Address for correspondence: Julien Mazières, MD, PhD, Service de pneumologie, Hôpital Larrey, CHU Toulouse, Chemin de Pouvoirville, 31059 Toulouse Cedex, France. Email: mazières.j@chu-toulouse.fr

DOI: 10.1097/JTO.0000000000000433

Copyright © 2015 by the International Association for the Study of Lung Cancer
ISSN: 1556-0864/15/1003-0420

that could alter physician–patient communications and delay lung-cancer screening and diagnosis. We have conducted (in France) a prospective observational survey of 2200 healthy subjects older than 18 years and collected data related to etiology, epidemiology, diagnosis (including screening), treatments, prognosis, and perceptions of lung cancer using lexical approaches.

PATIENTS AND METHODS

General Considerations

This prospective study was designed not only by an interdisciplinary group of oncologists involved in lung-cancer management, but also by chest physicians, general practitioners, and social psychologists not involved in lung-cancer treatment. The survey was conducted in France by Kantar Health, a market-research company. All data collected were anonymous, and the French Data Protection Authority (Commission Nationale Informatique et Libertés) was notified of the study (registration number: 117856). The research was conducted according to the relevant national and European laws, and professional guidelines. All participants enrolled in the study were informed of the objectives of the research, how the data would be used, and their right to withdraw their answers from the study.

Population

The general population was selected from the ACCESS SANTE permanent polling database, representative of the French population aged ≥ 18 years and living in France in June 2013. Its representativeness and the algorithms used in sample selection have been verified by experts from the National Institute for Statistics and Economic Studies (Institut National de la Statistique et des Etudes Economiques, France) and EUROSTAT (Europe). Subjects entered into this database were accrued in several ways (face-to-face interviews, phone calls, and e-mail invitation), in an attempt to reduce the possible risk of selection bias associated with a particular method.

The panelists participate in six to eight health surveys per year and receive nonmonetary incentives in return for their participation. The panel was composed of 20,000 households (including 53,000 individuals), selected according to standard sociodemographic and geographic criteria. The representativeness of the sample was assessed using the quota method, and computerized weighting was used according to the raking adjusted statistics method. To ascertain that the sample was representative of the overall national population, a weighting was applied based on five criteria: gender, age (five categories), socioprofessional status (eight categories), region (nine categories), and community size (five categories).

A self-administered questionnaire was posted to a selected representative sample of 2200 participants from the general public who were aged ≥ 18 years, using quota sampling.

Questionnaire

Questions were asked about age, gender, place of residence, smoking, socioeconomic characteristics (educational

level and working status), and whether or not they had personally been in contact with someone who had experienced lung cancer. Also, questions regarding their knowledge of epidemiology, symptoms, treatment, prognosis, screening for lung cancer, and how they evaluated their own level of knowledge about lung cancer were asked.

Lexical Tests

At the beginning of the questionnaire, subjects were proposed a test of verbal association. They were asked to spontaneously associate five words with “lung cancer.” The test was performed by 96% of the subjects ($n = 1429$) leading to a total of 7839 words. The lexical corpus was performed using the lexicometric-derived approach, called ALCESTE.¹⁴ This procedure uses repeated, descending hierarchical clustering. It is a two-by-two matrix that compares how words co-occur (or not) in each extract and develops a classification tree that is descendant because the whole corpus is divided first into two main lexical classes according to the greatest difference between the use of any two words. Then, for each of these two classes, the software redivides the text into two other different parts and continues this classification until the lexical classes become stable and autonomous.

Statistics

Results are expressed as percentages or means + standard deviations. Analyses were performed using CromX (SocioLogiciel, France). The p values less than 0.05 (two-sided tests) were considered statistically significant.

RESULTS

Demographic Characteristics

Of the 2200 people identified from the database, 1469 were eligible for the full analysis (Fig. 1). These 1469 people were representative of the whole population, and there was no selection bias because similar demographic characteristics were observed in both populations (see Supplemental Table, Supplemental Digital Content 1, <http://links.lww.com/JTO/A752>). In this population, 16% were current smokers, 27% were former smokers, and 57% were never-smokers. Forty percent had a close family member or friend with a history of lung cancer.

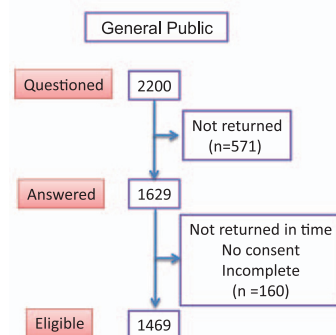


FIGURE 1. The CONSORT diagram.

Download English Version:

<https://daneshyari.com/en/article/6193107>

Download Persian Version:

<https://daneshyari.com/article/6193107>

[Daneshyari.com](https://daneshyari.com)