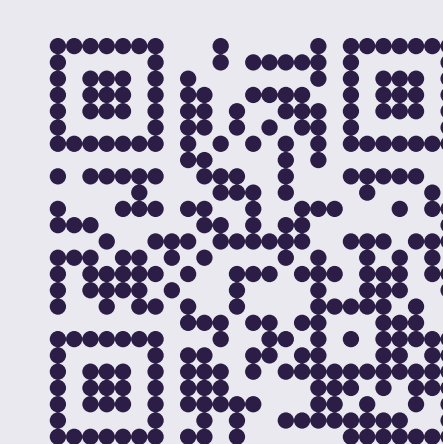




Diversity of patients pathways with lung cancer between 4 French regions: definition of dissimilarity measures



Objectives

Inequalities in access to care for cancer patients have been identified in many countries and constitute barriers to effective care. In France, a better understanding of such inequalities in lung cancer is important because of its high incidence, its often late diagnosis and recently available therapeutic innovations. The aim of the study was to measure the dissimilarity of patient pathways between 4 French regions.

Methods

Based on hospital stay data from patients in the PMSI, a national cohort of incident patients (diagnosed in 2011) with lung cancer was followed for 2 years (2011-2013). 4 sub-cohorts were also created to study regional disparities (Auvergne, Brittany, Nord-Pas-de-Calais, Rhône-Alpes). The identification of the types of treatment (chemotherapy, radiotherapy, surgery, etc.) made it possible to describe all the patient care sequences. Disparities in care pathways between cohorts were studied thanks to the definition of 3 criteria: entropy of sequences, odds ratio of staff and inter-treatment delays. These criteria make it possible to include all the sequences and their complexity in the comparison.

Conclusions

The care pathways in lung cancer in France are different in different regions. In addition to monitoring indicators for access to care, we have co-constructed a new methodology to analyze and compare patient care sequences among distinct regions.

A new methodology to measure pathway dissimilarities: case study of metastatic lung cancer in 4 French regions

