

Psychological comorbidities are more common in lung cancer patients than colorectal cancer patients in a regional Victorian hospital

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Aims:

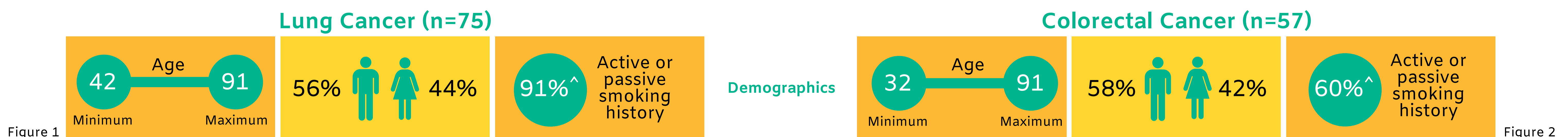
In Victoria during 2017, 73% of 2,990 new lung cancer (LC) cases and 66% of 3,910 new colorectal cancer (CRC) cases were in those aged >65 years¹. Older people with cancer often present with comorbidities, which may impact treatment and supportive care needs. This study aimed to quantify and compare comorbidities between regional Victorian LC and CRC patients.

Method:

The Victorian Cancer Registry (VCR) was used to randomly sample patients diagnosed at a regional Victorian public hospital during 2015 with lung cancer (International Classification of Diseases and Related Health Problems-10 [ICD-10] diagnosis codes C34) or CRC (ICD-10 codes C180-C218). Comorbidity data were sourced from medical records, based on ICD-10 diagnoses and medication indications in Australian Medicines Handbook². Comorbidities were classified into mutually-exclusive categories used in past research³. The number (%) of patients with each comorbidity type was calculated. The chi-square test for independence was used to compare numbers of patients with comorbidities between LC and CRC. P-values <0.05 were considered statistically significant.

Results:

Proportions of patients with comorbidities were similar between LC and CRC for all comorbidity categories except psychological/behavioural (LC: 32%; CRC: 16%; p=0.03) as seen in Figure 3. The greatest differences in specific psychological/behavioural comorbidities were for anxiety (LC: 15%; CRC: 4%) and depression (LC: 23%; CRC: 16%). The most common comorbidity category was cardiovascular/blood for LC and CRC patients (71% and 67%, respectively). The next most common categories were musculoskeletal (LC: 36%; CRC: 42%) and respiratory (LC: 41%; CRC: 30%). Below (Figures 1 and 2, respectively) are the demographics of the 75 LC and 57 CRC patients at Bendigo Health in 2015.



Proportion (%) of LC and CRC patients diagnosed at Bendigo Health during 2015 who had each type of comorbidity

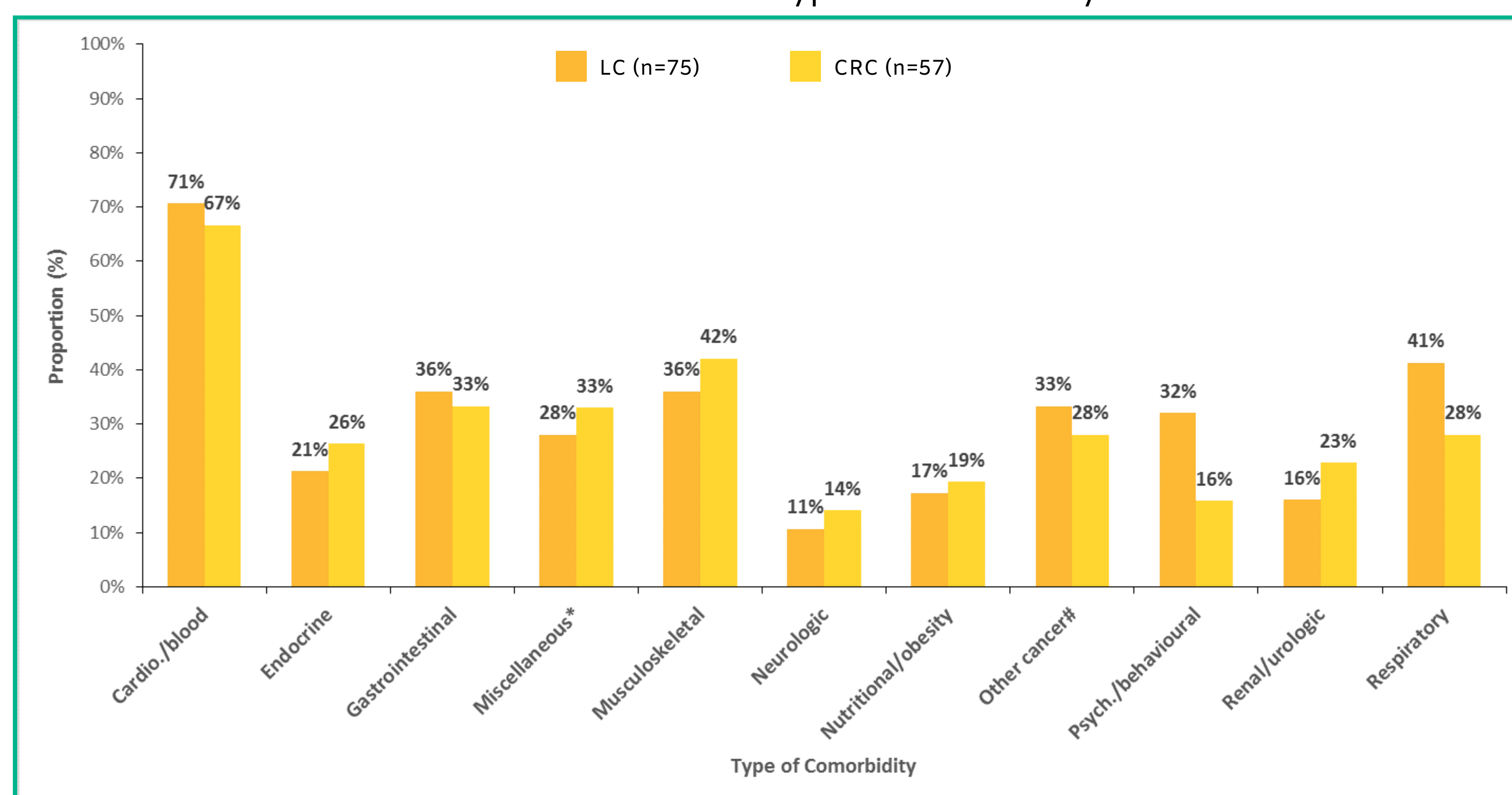


Figure 3

Data sources: Victorian Cancer Registry (VCR), LMICS Colorectal Cancer OCP Audit and LMICS Lung Cancer OCP Audit
*The miscellaneous group included such comorbidities as eye disorders (e.g. glaucoma), ear disorders (e.g. Meniere's disease) and skin conditions
#The most common type of other cancer was prostate cancer (5 [9%] for colorectal cancer and 5 [7%] for lung cancer)

Conclusion:

In this regional Victorian study, comorbidity levels were high. People with LC had more psychological/behavioural comorbidities than those with CRC. While this finding likely reflects prognosis-related distress and psychological needs among LC patients, it also begs the question: are psychological factors predictors of initial smoking that could be targeted in population-based smoking prevention campaigns?