

Some Mental Health Disorders Lead to Worse VA Lung Cancer Outcomes

By Brenda L. Mooney

CHICAGO—Past research has demonstrated that cancer patients with comorbid mental disorders often have worse outcomes.

Lung cancer is the leading cause of cancer-related death at the in the United States and is the second most-common type of cancer for both male and female veterans. Military service also is associated with a higher rate of certain type of mental disorders.

Yet, until now, the effect of specific mental disorders on outcomes for patients diagnosed with lung cancer had not been well known. To remedy that, researchers from the Dana-Farber Cancer Institute, the University of California San Francisco and the San Francisco looked at stage at diagnosis and receipt of stage-appropriate treatment for 55,315 veterans with non-small cell lung cancer (NSCLC) in the VA's Central Cancer Registry from 2000 to 2011.

Results of the study were presented at the 2019 American Society for Clinical Oncology Annual Meeting in Chicago.¹

For the research, patients were stratified by the presence of specific comorbid mental disorders, with multivariate analysis evaluating the association between mental disorders and survival, in addition to how VA treatment programs affected survival. Results indicated that patients with schizophrenia had lower rates of localized disease at diagnosis compared to those without mental disorders. In addition, researchers pointed out that both schizophrenia and dementia were associated with significantly lower rates of stage-appropriate treatment for localized, locoregional and metastatic disease.

On the other hand, patients with depression or post-traumatic stress disorder were more frequently diagnosed with early-stage disease and significantly more likely to receive stage-appropriate treatment across all stages.

After adjusting for baseline differences, stage and rates of stage-appropriate treatment, the study team calculated the hazard of death as higher for patients with schizophrenia (hazard ratio [HR] 1.10; 95% CI, 1.03-1.16; $P < .005$) and dementia (HR 1.11; 95% CI, 1.06-1.18; $P < .0005$).

Solutions are readily available, however, the authors pointed out that participation in VA-based programs to address mental illness, substance use and homelessness was associated with a significant reduction in all-cause mortality (HR 0.71; 95% CI, 0.68-0.75; $P < .0001$) and lung-cancer specific mortality (HR 0.73; 95% CI, 0.69-0.77; $P < .0001$).

“Schizophrenia and dementia are strong negative predictors of survival among veterans diagnosed with NSCLC,” study authors concluded. “VA-based mental health treatment programs are associated with reductions in all-cause and lung cancer-related mortality, highlighting the importance of funding and promoting mental health and supportive programs.”

1. Berchuck JE, Meyer C, Zhang N, Trivedi N, et. Al. Disparities in lung cancer outcomes for veterans with comorbid mental disorders. *J Clin Oncol* 37, 2019 (suppl; abstr 6577)