Discussion to: The Impact of Social Determinants of Health on Textbook Oncological Outcomes and Overall Survival in Locally Advanced Non-Small Cell Lung Cancer

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Dr. Nathaniel Evans (Philadelphia, PA):

Thank you very much. Thank you to the Association of Thoracic Surgeons and to the organizers for asking me to discuss this paper. I'd like to also thank the authors for giving me the chance to review both the presentation and the manuscript well in advance. You're to be congratulated for a very well-thought-out and well-presented study looking at trying to objectively assess a very complex topic. I have three questions for you, and I will warn you that each one gets harder. The first one's easiest and the last one's the hardest.
Dr. Dao Nguyen (Miami, FL):

Just like a board exam.

Dr. Evans:

My first question has to do with how you chose your study cohort. I noticed that you really defined the cohort by pathologic stage rather than the clinical stage, and I wondered about the decision to do that. And alongside that, then excluding patients who had neoadjuvant therapy. So, you can maybe—

Dr. Nguyen:

That's interesting you mentioned that. Actually, this morning, I thought quite a bit about how we choose our patient, and this morning, there were two studies. One of them actually looked at the impact of socioeconomic SDOH on neoadjuvant patients. We chose this patient population for two reasons. Number one, we know that people who have pathologic and nodal involvement need to have adjuvant therapy. And we want to know if they showed common factors that impact that. So that's number one. Number two, these people don't do well, and so their overall survival is low. So, any improvement can be easily detected as you can see in this study.

Dr. Evans:

Got you. Thank you. My second question was-- sorry, let me see here. I was going to jump right to the third, I don't want to give you the hard one first. My second question was, do you have any data on how social determinants of health interact with any of the other risk factors for poor outcomes? Things like frailty or smoking status, obesity, any of those things, and whether or not there is some correlation between those two?

Dr. Nguyen:

That's a great question. We don't. And we can only infer for people with low socioeconomic status may have higher untreated comorbidities, obesity, and frailties, but we don't have that kind of granularity in the dataset that we review. But that is a good point.

Dr. Evans:
And then finally, of course, the hardest question is, how would you suggest that we in this room and we in this society use data like this to try to improve the proportion of patients that are receiving textbook oncologic care within our patients?

Dr. Nguyen:

So, I appreciate the comment. I think this gives us a lot of thoughts and this is a point of pontification actually. What can we do to improve outcomes? And now we know that SDH and all these factors can play a role in the outcome, we should pay attention to people who are socially disadvantaged.

Dr. Evans:

Thank you very much.

Dr. Nguyen:

Thank you.

Unidentified Speaker 1:

We have time for one quick question and quick response if there are any.

Unidentified Speaker 2:

I have a comment. As you defined it, textbook oncologic outcome seems to be a pretty high bar. And so, I think it's important that we are all striving for excellence in all of our patients across the board. But how do you think we balance, as the surgeon, how do we balance a negative outcome such as a reintervention - maybe a patient needs a pigtail or something - knowing that that may have a long-term effect on their long-term outcome?

Dr. Nguyen:

That's a good point as well because it is a moving target based on your threshold. If I choose my number of lymph nodes to 10, the percentage of TO-positive would drop. So, we try to balance out the practical day-to-day management lung cancer patients see whether that would fit with what we call [TOO]? But when you look at a lot of studies, if we make it too stringent, you have no patient to look at. I know the people in this room, all of you are TO-
positive. But there are a lot out there that may not have the TO-positive that you wish for.

Unidentified Speaker 2:

Thank you.