

# Section 1

## Introduction and methods

## Section 1 Introduction and methodology

### Background

Lung cancer is the fourth most diagnosed cancer in Australia for both men and women, in 2015, it was the fourth most common cause of death and the most common cause of cancer deaths. There were 13,078 new cases of lung cancer in 2018, with more men (7,168) than women (5,910) diagnosed. In 2022, 8457 people in Australia died from lung cancer, 4,751 of these deaths were in men. The survival rates from lung cancer are low, with less than half (48.4%) of those diagnosed surviving for one-year, and 21.6% surviving for five years. The survival rates are higher in women compared to men, younger people compared to older people, non-indigenous compared to indigenous, major cities compared to very remote locations, and those in the highest socioeconomic group compared to those in the lowest.

Lung cancer has the greatest cancer burden, and it is the second most common reason for radiotherapy for both men and women (after prostate and breast cancers respectively), and it is the second most common type of cancer for palliative care (14%) after secondary site.

### *Personal Experience, Expectations and Knowledge (PEEK)*

Patient Experience, Expectations and Knowledge (PEEK) is a research program developed by the Centre for Community-Driven Research (CCDR). The aim of PEEK is to conduct patient experience studies across several disease areas using a protocol that will allow for comparisons over time (both quantitative and qualitative components). PEEK studies give us a clear picture and historical record of what it is like to be a patient at a given point in time, and by asking patients about their expectations, PEEK studies give us a way forward to support patients and their families with treatments, information and care.

### Position of this study

A search was conducted in Pubmed (January 8, 2023) to identify studies of lung cancer with patient reported outcomes, or patient experience conducted in the past five years in World wide (Table 1.1). Interventional studies, meta-analysis studies, studies with children, studies conducted in developing countries, and studies of less than five participants were excluded. There were 104 studies identified of between 7 and 6420 lung cancer participants.

In this PEEK study, 29 people diagnosed with lung cancer, and 3 carers to people diagnosed with lung cancer throughout Australia participated in the study that included 26 qualitative structured interviews and quantitative questionnaire. This study in lung cancer has the largest number of interviews conducted with people with lung cancer in an Australian population. In addition, PEEK is a comprehensive study covering all aspects of disease experience from symptoms, diagnosis, treatment, healthcare communication, information provision, care and support, quality of life, and future treatment and care expectations.

## **Introduction**

### **Background**

Lung cancer is the fourth most diagnosed cancer in Australia for both men and women<sup>1</sup>, in 2015, it was the fourth most common cause of death and the most common cause of cancer deaths<sup>2</sup>. There were 13,078 new cases of lung cancer in 2018, with more men (7,168) than women (5,910) diagnosed<sup>3</sup>. In 2022, 8457 people in Australia died from lung cancer, 4,751 of these deaths were in men<sup>4</sup>. The survival rates from lung cancer are low, with less than half (48.4%) of those diagnosed surviving for one-year, and 21.6% surviving for five years<sup>4</sup>. The survival rates are higher in women compared to men, younger people compared to older people, non-indigenous compared to indigenous, major cities compared to very remote locations, and those in the highest socioeconomic group compared to those in the lowest<sup>5</sup>.

Lung cancer has the greatest cancer burden, and it is the second most common reason for radiotherapy for both men and women (after prostate and breast cancers respectively), and it is the second most common type of cancer for palliative care (14%) after secondary site<sup>6</sup>.

### ***Personal Experience, Expectations and Knowledge (PEEK)***

Patient Experience, Expectations and Knowledge (PEEK) is a research program developed by the Centre for Community-Driven Research (CCDR). The aim of PEEK is to conduct patient experience studies across several disease areas using a protocol that will allow for comparisons over time (both quantitative and qualitative components). PEEK studies give us a clear picture and historical record of what it is like to be a patient at a given point in time, and by asking patients about their expectations, PEEK studies give us a way forward to support patients and their families with treatments, information and care.

The research protocol used in PEEK studies is independently driven by CCDR. PEEK studies include a quantitative and qualitative component. The quantitative component is based on a series of validated tools. The qualitative component is the result of two years of protocol testing by CCDR to develop a structured interview that solicits patient experience data and provides patients with the opportunity to provide advice on what they would like to see in

relation to future treatment, information and care. The structured interview has also been designed so that the outcomes of PEEK studies can inform policy, research, care, information, supportive care services and advocacy efforts.

### ***Participants***

To be eligible for the study, participants needed to have been diagnosed with lung cancer, have experienced the healthcare system in Australia, be 18 years of age or older, be able to speak English, and be able to give consent to participate in the study. Recruitment commenced 1 April 2021 and was completed by 15 June 2021.

### ***Ethics***

Ethics approval for this study was granted (as a low or negligible risk research study) by the Centre for Community-Driven Research Ethics Committee (Reference CS\_Q4\_03).

### ***Data collection***

Data for the online questionnaire was collected using Zoho Survey (Zoho Corporation Pvt. Ltd. Pleasanton, California, USA, [www.zoho.com/survey](http://www.zoho.com/survey)). Participants completed the survey from 1 April 2022 to 30 June 2022.

There were five researchers who conducted telephone interviews and used standardised prompts throughout the interview. The interviews were recorded and transcribed verbatim. Identifying names and locations were not included in the transcript. All transcripts were checked against the original recording for quality assurance.

Interview data was collected from 1 April 2022 to 30 June 2022.

### ***Online questionnaire (quantitative)***

The online questionnaire consisted of the 36-Item Short Form Health Survey (SF36) (RAND Health)<sup>7</sup>, a modified Cancer Care Coordination Questionnaire for Patients (CCCQ)<sup>8</sup>, the Short Fear of Progression Questionnaire (FOP12)<sup>9</sup>, and the Partners in Health version 2 (PIH)<sup>10</sup>. In addition, investigator derived questions about demographics, diagnosis, treatment received and future treatment decisions making were included.

### **Structured Interview (qualitative)**

Interviews were conducted via telephone by registered nurses who were trained in qualitative research. The first set of interview questions guided the patient through their whole experience from when symptoms were noticed up to the present day.

### **Questionnaire analysis**

Statistical analysis was conducted using R included in the packages “car”, “dplyr” and “ggplot2” (R 3.3.3 GUI 1.69 Mavericks build (7328)). The aim of the statistical analysis of the SF36, CCCQ, FOP12, and PIH responses was to identify variations by disease stage, gender, age, education status and socio-economic status. Scales and subscales were calculated according to reported instructions<sup>7-10</sup>. Data is presented by participant type (person with cancer, and carer or family member to person with lung cancer), and location (metropolitan and regional or remote), however due to small numbers in carer or family group, and regional or remote group, no comparisons are made.

The Location of participants was evaluated by postcode using the Australian Statistical Geography Maps (ASGS) Remoteness areas accessed from the Australian Bureau of Statistics<sup>11</sup>.

The level of socio-economic status of participants was evaluated by postcode using the Socio-economic Indexes for Areas (SEIFA) accessed from the Australian Bureau of Statistics<sup>11</sup>.

For subgroup comparisons a two-sample t-test was used when assumptions for normality and variance were met, or when assumptions were not met, a Wilcoxon rank sum test with continuity correction was used. Questions where participants were asked to rank preferences were analysed using weighted averages. Weights were applied in reverse, the most preferred option was given the largest weight equal to the number of options, the least preferred option was given the lowest weight of 1.

### **Structured interviews analysis**

A content analysis was conducted using conventional analysis to identify major themes from structured interviews. Text from the interviews were read line-by-line by the lead researcher and then imported into CCDR’s custom-made database. Each question within the interview was individually analysed. Initial categories and definitions were identified and

registered in CCDR’s custom-made database. The minimum coded unit was a sentence with paragraphs and phrases coded as a unit.

A second researcher verified the codes and definitions, and the text was coded until full agreement was reached using the process of consensual validation. Where a theme occurred less than 5 times it was not included in the study results, unless this result demonstrated a significant gap or unexpected result.

Data analysis and final reporting was completed in March 2023.

### **Position of this study**

A search was conducted in Pubmed (January 8, 2023) to identify studies of lung cancer with patient reported outcomes, or patient experience conducted in the past five years worldwide (Table 1.1). Interventional studies, meta-analysis studies, studies with children, studies conducted in developing countries, and studies of less than five participants were excluded. There were 104 studies identified of between 7 and 6420 lung cancer participants.

There were 19 studies that included interviews of between 15 and 66 participants. There were 5 studies focused on Quality of life<sup>12-16</sup>, 5 studies focused on Side effects and symptoms<sup>17-21</sup>, 4 studies focused on Treatment<sup>22-25</sup>, 3 studies focused on Care and support<sup>26-28</sup>, 2 studies focused on Communication<sup>29,30</sup>, and one study each focused on Co-morbidities<sup>31</sup>, Decision making<sup>32</sup>, General experience<sup>33</sup>, and Knowledge and understanding<sup>34</sup>.

There were 5 studies that collected data by focus group of between 7 and 109 participants. There were 2 studies focused on Diagnosis<sup>35,36</sup>, 2 studies focused on Quality of life<sup>12,37</sup>, and one study each focused on Care and support<sup>38</sup>, and Physical activity<sup>39</sup>.

There were 80 studies that included surveys of between 13 and 640 participants. There were 21 studies focused on HRQOL<sup>40-60</sup>, 17 studies focused on Treatment<sup>61-77</sup>, 14 studies focused on Quality of life<sup>12,15,78-89</sup>, 8 studies focused on Decision making<sup>32,90-96</sup>, 6 studies focused on Side effects and symptoms<sup>97-102</sup>, 5 studies focused on Physical activity<sup>103-107</sup>, 3 studies focused on Knowledge and understanding<sup>34,108,109</sup>, 2 studies focused on Care and support<sup>110,111</sup>, 2 studies focused on Costs<sup>112,113</sup> and one study each focused on Co-morbidities<sup>114</sup>, and Diagnosis<sup>115</sup>.

In this PEEK study, 29 people diagnosed with lung cancer, and 3 carers to people diagnosed with lung cancer throughout Australia participated in the study that included 26 qualitative structured interviews and quantitative questionnaire. This study in lung cancer has the largest number of interviews conducted with

people with lung cancer in an Australian population. In addition, PEEK is a comprehensive study covering all aspects of disease experience from symptoms, diagnosis, treatment, healthcare communication, information provision, care and support, quality of life, and future treatment and care expectations.

**Table 1.1: PEEK position**

First Author (Year)	Location	Study focus	Interviews	Focus groups	Survey	PEEK SECTION							
						2: Health status, co-morbidities	3: Diagnosis experience	4: Decision making	5: Treatment, healthcare system use	6: Information, communication and self-management	7: Care, support and navigating healthcare system	8: Quality of life, mental health, relationships	9: Expectations, preferences and messages
McDonnell, 2020 <sup>38</sup>	USA	Care and support	0	26 [26]	0						X	X	
Adorno, 2017 <sup>110</sup>	USA	Care and support	0	0	30	X				X		X	
Sato, 2021 <sup>111</sup>	Japan	Care and support	0	0	248 [232]	X	X			X	X	X	
Yi, 2018 <sup>114</sup>	South Korea	Co-morbidities	0	0	337	X	X						
Hazell, 2020 <sup>112</sup>	USA	Costs	0	0	143	X	X		X				
Ezeife, 2019 <sup>113</sup>	Canada	Costs	0	0	200				X				
Trejo, 2020 <sup>90</sup>	Australia	Decision making	0	0	111	X	X						
Sullivan, 2019 <sup>91</sup>	USA	Decision making	0	0	114			X					
Mokhles, 2018 <sup>92</sup>	Netherlands	Decision making	0	0	152	X		X				X	
Islam, 2019 <sup>93</sup>	USA	Decision making	0	0	235			X				X	
Kameyama, 2022 <sup>94</sup>	Japan	Decision making	0	0	248	X		X				X	
Schwartz, 2022 <sup>95</sup>	USA	Decision making	0	0	543	X		X					
Sato, 2018 <sup>96</sup>	Japan	Decision making	0	0	193 [167]	X	X	X				X	
Kidd, 2021 <sup>36</sup> , Cassim, 2021 <sup>116</sup>	New Zealand	Diagnosis	0	109*	0		X		X		X	X	
Kuon, 2022 <sup>115</sup>	Germany	Diagnosis	0	0	217	X	X					X	
Feliciano, 2018 <sup>35</sup>	USA	Diagnosis	0	17	0		X	X				X	
Timmerman, 2018 <sup>40</sup>	Netherlands	HRQOL	0	0	23	X	X						
Medysky, 2021 <sup>41</sup>	USA	HRQOL	0	0	72	X							
Ha, 2022 <sup>42</sup>	USA	HRQOL	0	0	75	X							
Ch'ng, 2022 <sup>43</sup>	Australia	HRQOL	0	0	89	X			X				
Friis, 2021 <sup>44</sup>	Denmark	HRQOL	0	0	94	X	X					X	
Martin, 2021 <sup>45</sup>	USA	HRQOL	0	0	103	X	X					X	
Kyriazidou, 2022 <sup>46</sup>	Greece	HRQOL	0	0	104	X					X		

First Author (Year)	Location	Study focus	Interviews	Focus groups	Survey	PEEK SECTION							
						2: Health status, co-morbidities	3: Diagnosis experience	4: Decision making	5: Treatment, healthcare system use	6: Information, communication and self-management	7: Care, support and navigating healthcare system	8: Quality of life, mental health, relationships	9: Expectations, preferences and messages
Nugent, 2020 <sup>47</sup>	USA	HRQOL	0	0	127	X	X					X	
Koch, 2022 <sup>48</sup>	Germany	HRQOL	0	0	130	X							
van Montfort, 2020 <sup>49</sup>	Netherlands	HRQOL	0	0	130	X	X						
Levinsen, 2022 <sup>50</sup>	Denmark	HRQOL	0	0	137	X	X			X			
Torrente, 2022 <sup>51</sup>	Portugal	HRQOL	0	0	140	X			X				
Cruz-Castellanos, 2022 <sup>52</sup>	Spain	HRQOL	0	0	145	X						X	
Müller, 2022 <sup>53</sup>	Multi-national	HRQOL	0	0	150	X		X					
Ichimura, 2021 <sup>54</sup>	Japan	HRQOL	0	0	223	X	X						
Heiden, 2022 <sup>55</sup>	USA	HRQOL	0	0	334	X							
Pompili, 2022 <sup>56</sup>	UK	HRQOL	0	0	388	X							
Hechtner, 2019 <sup>57</sup>	Germany	HRQOL	0	0	657	X	X						
Petrillo, 2022 <sup>58</sup>	USA	HRQOL	0	0	856	X							
Pierzynski, 2018 <sup>59</sup>	USA	HRQOL	0	0	6420	X	X						
Wood, 2019 <sup>60</sup>	Multi-national	HRQOL	0	0	1030 [427]	X							
Lee, 2018 <sup>108</sup>	South Korea	Knowledge and understanding	0	0	80	X				X			
Arai, 2021 <sup>109</sup>	Japan	Knowledge and understanding	0	0	225	X	X	X					
Granger, 2019 <sup>39</sup>	Australia	Physical activity	0	7	0				X		X		
Ha, 2020 <sup>103</sup>	USA	Physical activity	0	0	35	X	X						
Bade, 2018 <sup>104</sup>	USA	Physical activity	0	0	39	X	X						
Ha, 2018 <sup>105</sup>	USA	Physical activity	0	0	62	X	X					X	
Yoo, 2020 <sup>106</sup>	South Korea	Physical activity	0	0	92	X	X		X			X	
D'Silva, 2018 <sup>107</sup>	Canada	Physical activity	0	0	127	X	X		X				
Looijmans, 2018 <sup>37</sup>	Netherlands	Quality of life	0	26	0								
McDonnell, 2022 <sup>78</sup>	USA	Quality of life	0	0	56	X						X	
Johnson, 2019 <sup>79</sup>	USA	Quality of life	0	0	62	X	X					X	

First Author (Year)	Location	Study focus	Interviews	Focus groups	Survey	PEEK SECTION							
						2: Health status, co-morbidities	3: Diagnosis experience	4: Decision making	5: Treatment, healthcare system use	6: Information, communication and self-management	7: Care, support and navigating healthcare system	8: Quality of life, mental health, relationships	9: Expectations, preferences and messages
McFarland, 2022 <sup>80</sup>	USA	Quality of life	0	0	98							X	
Williamson, 2018 <sup>81</sup>	USA	Quality of life	0	0	101								
Hyland, 2019 <sup>82</sup>	USA	Quality of life	0	0	105								
Perloff, 2019 <sup>83</sup>	USA	Quality of life	0	0	108								
Bodd, 2022 <sup>84</sup>	USA	Quality of life	0	0	152							X	
Maguire, 2019 <sup>85</sup>	UK	Quality of life	0	0	201	X	X						
Rigney, 2021 <sup>86</sup>	USA	Quality of life	0	0	208								
Lee, 2019 <sup>87</sup>	South Korea	Quality of life	0	0	212	X	X				X	X	
Aubin, 2022 <sup>88</sup>	Canada	Quality of Life	0	0	206 [131]								
Tan, 2018 <sup>89</sup>	UK	Quality of life	0	0	43 [43]	X	X					X	
de Mol, 2020 <sup>97</sup>	Netherlands	Side effects and symptoms	0	0	151	X	X						
Choi, 2018 <sup>99</sup>	South Korea	Side effects and symptoms	0	0	178	X	X						
Harle, 2020 <sup>100</sup>	UK	Side effects and symptoms	0	0	202		X					X	
Kuon, 2019 <sup>101</sup>	Germany	Side effects and symptoms	0	0	208	X	X					X	
Linares-Moya, 2022 <sup>98</sup>	Spain	Side effects and symptoms	0	0	174	X	X						
Mendoza, 2019 <sup>102</sup>	USA	Side effects and symptoms	0	0	460	X	X						
Walter, 2022 <sup>66</sup>	Germany	Treatment	0	0	93	X						X	
Feld, 2019 <sup>67</sup>	USA	Treatment	0	0	100			X	X	X	X		
Janssens, 2019 <sup>70</sup> , van de Wiel, 2021 <sup>117</sup>	Belgium	Treatment	0	0	125	X	X	X		X		X	
Klein, 2019 <sup>61</sup>	USA	Treatment	0	0	13	X	X		X				
Nguyen, 2019 <sup>62</sup>	Belgium	Treatment	0	0	32	X	X						
Steffen McLouth, 2020 <sup>63</sup>	Usa	Treatment	0	0	60	X	X						



First Author (Year)	Location	Study focus	Interviews	Focus groups	Survey	PEEK SECTION							
						2: Health status, co-morbidities	3: Diagnosis experience	4: Decision making	5: Treatment, healthcare system use	6: Information, communication and self-management	7: Care, support and navigating healthcare system	8: Quality of life, mental health, relationships	9: Expectations, preferences and messages
de, 2019 <sup>64</sup>	Netherlands	Treatment	0	0	69	X	X						
Lavdaniti, 2021 <sup>65</sup>	Greece	Treatment	0	0	76	X	X						
Asemota, 2022 <sup>68</sup>	UK	Treatment	0	0	106	X	X					X	
Khullar, 2021 <sup>69</sup>	USA	Treatment	0	0	123	X	X						
Hollen, 2021 <sup>71</sup>	USA	Treatment	0	0	164	X	X					X	
Ryan, 2019 <sup>72</sup>	USA	Treatment	0	0	167	X	X					X	
Oswald, 2018 <sup>74</sup>	Uk	Treatment	0	0	292			X		X			
Rallis, 2019 <sup>75</sup>	Greece	Treatment	0	0	300	X	X						
Saito, 2020 <sup>76</sup>	Japan	Treatment	0	0	311	X							
Wilkie, 2022 <sup>77</sup>	USA	Treatment	0	0	1361	X	X						
Souliotis, 2021 <sup>73</sup>	Greece	Treatment	0	0	250				X	X			
Bédard, 2022 <sup>12</sup>	Canada	Quality of life	8	4	53							X	
McMullen, 2019 <sup>32</sup>	USA	Decision making	10	0	77			X				X	
Bossert, 2020 <sup>31</sup>	Germany	Co-morbidities	15	0	0				X		X		
Mieras, 2021 <sup>34</sup> , Mieras, 2021 <sup>118</sup>	Netherlands	Knowledge and understanding	15	0	266			X					X
Somayaji, 2022 <sup>29</sup>	USA	Communication	16	0	0		X			X			
Stanze, 2019 <sup>13</sup>	Germany	Quality of life	17	0	0						X		
Belqaid, 2018 <sup>17</sup>	Sweden	Side effects and symptoms	17	0	0				X		X	X	
Bever, 2022 <sup>22</sup>	Canada	Treatment	18	0	0							X	
Teteh, 2022 <sup>14</sup>	USA	Quality of life	19	0	0							X	
Wong, 2022 <sup>15</sup> , Singhal, 2022 <sup>119</sup>	USA	Quality of life	20	0	93	X							
Skurla, 2022 <sup>18</sup>	USA	Side effects and symptoms	20	0	0		X		X		X	X	
Kutzleben, 2022 <sup>19</sup>	Germany	Side effects and symptoms	21	0	0				X				
Dao, 2020 <sup>26</sup>	USA	Care and support	23	0	0		X						

First Author (Year)	Location	Study focus	Interviews	Focus groups	Survey	PEEK SECTION							
						2: Health status, co-morbidities	3: Diagnosis experience	4: Decision making	5: Treatment, healthcare system use	6: Information, communication and self-management	7: Care, support and navigating healthcare system	8: Quality of life, mental health, relationships	9: Expectations, preferences and messages
Park, 2020 <sup>33</sup>	Multi-national	General experience	24	0	0		X					X	
Brown, 2020 <sup>23</sup>	USA	Treatment	25	0	0				X			X	
Taylor, 2022 <sup>16</sup>	UK	Quality of life	30	0	0					X		X	
Martin, 2022 <sup>20</sup>	Multi-national	Side effects and symptoms	42	0	0				X				
Edbrooke, 2020 <sup>24</sup>	Australia	Treatment	45	0	0				X	X	X		
Nababan, 2020 <sup>27</sup>	Australia	Care and support	47	0	0						X	X	
Martin, 2022 <sup>21</sup>	USA	Side effects and symptoms	66	0	0				X				
Krug, 2021 <sup>28</sup>	Germany	Care and support	13 [12]	0	0					X	X		
El-Turk, 2021 <sup>25</sup>	Australia	Treatment	16 [1]	0	0				X	X	X	X	X
Petrillo, 2022 <sup>30</sup> , Petrillo, 2021 <sup>120</sup>	USA	Communication	39 [16]	0	0		X	X		X	X		X

**[Carer]**

**\*Not specified if carer or person with lung cancer**

## Abbreviations and terminology

ASGS	The Australian Statistical Geography Standard from the Australian Bureau of Statistics, defines remoteness and urban/rural definitions in Australia
CCDR	Centre for Community-Driven Research
dF	Degrees of Freedom. The number of values in the final calculation of a statistic that are free to vary.
f	The F ratio is the ratio of two mean square values, used in an ANOVA comparison. A large F ratio means that the variation among group means is more than you'd expect to see by chance.
FOP	Fear of Progression. Tool to measure anxiety related to progression
IQR	Interquartile range. A measure of statistical dispersion, being equal to the difference between 75th and 25th percentiles, or between upper and lower quartiles.
p	Probability value. A small <i>p</i> -value (typically $\leq 0.05$ ) indicates strong. A large <i>p</i> -value ( $> 0.05$ ) indicates weak evidence.
PEEK	Patient Experience, Expectations and Knowledge
PIH	Partners in Health
SD	Standard deviation. A quantity expressing by how much the members of a group differ from the mean value for the group/
SEIFA	Socio-Economic Indexes for Areas (SEIFA) ranks areas in Australia according to relative socio-economic advantage and disadvantage. This is developed by the Australian Bureau of Statistics.
SF36	Short Form Health Survey 36
t	t-Statistic. Size of the difference relative to the variation in your sample data.
Tukey HSD	Tukey's honestly significant difference test. It is used in this study to find 9significantly different means following an ANOVA test.
W	The W statistic is the test value from the Wilcoxon Rank sum test. The theoretical range of W is between 0 and (number in group one) x (number in group 2). When W=0, the two groups are exactly the same.
$\chi^2$	Chi-squared. Kruskal-Wallis test statistic approximates a chi-square distribution. The Chi-square test is intended to test how likely it is that an observed distribution is due to chance.

## References

1. Australian Institute of Health and Welfare & Cancer Australia 2011. Lung cancer in Australia: an overview. Cancer series no. 64. Cat. no. CAN 58. Canberra: AIHW.
2. ABS. Australian Bureau of Statistics 2016, Causes of Death, Australia, 2015. 'Table 1: Underlying causes of death (Australia), data cube: Excel spreadsheet, cat. no. 3303.0, viewed 19 March 2018, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Main+Features100012015?OpenDocument>.
3. Australian Institute of Health and Welfare (AIHW) 2021 Cancer Data in Australia; Canberra: AIHW. <<https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/>>.
4. AIHW. Australian Institute of Health and Welfare (2022) Cancer data in Australia, AIHW, Australian Government, accessed 24 January 2023.
5. Australian Institute of Health and Welfare 2017. Cancer in Australia 2017. Cancer series no.101. Cat. no. CAN 100. Canberra: AIHW.
6. Australian Institute of Health and Welfare 2021. Cancer in Australia 2021. Cancer series no. 133. Cat. no. CAN 144. Canberra: AIHW. .
7. 36-Item Short Form Survey (SF-36) Scoring Instructions. n.d. [https://www.rand.org/health/surveys\\_tools/mos/36-item-short-form/scoring.html](https://www.rand.org/health/surveys_tools/mos/36-item-short-form/scoring.html) (accessed 10 February 2017).
8. Young JM, Walsh J, Butow PN, Solomon MJ, Shaw J. Measuring cancer care coordination: development and validation of a questionnaire for patients. *BMC Cancer* 2011; **11**: 298.
9. Hinz A, Mehnert A, Ernst J, Herschbach P, Schulte T. Fear of progression in patients 6 months after cancer rehabilitation-a- validation study of the fear of progression questionnaire FoP-Q-12. *Support Care Cancer* 2015; **23**(6): 1579-87.
10. Petkov J, Harvey P, Battersby M. The internal consistency and construct validity of the partners in health scale: validation of a patient rated chronic condition self-management measure. *Qual Life Res* 2010; **19**(7): 1079-85.
11. Australian Bureau of Statistics, 2016, Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016, 'Postal Area, Indexes, SEIFA 2016 ', data cube: Excel spreadsheet, cat. no. 2033.0.55.001, viewed 24 October 2019, <https://www.abs.gov.au/AUSSTATS>.
12. Bedard S, Sasewich H, Culling J, et al. Stigma in Early-Stage Lung Cancer. *Ann Behav Med* 2022; **56**(12): 1272-83.
13. Stanze H, Schneider N, Nauck F, Marx G. "I can't get it into my head that I have cancer..."-A qualitative interview study on needs of patients with lung cancer. *PLoS One* 2019; **14**(5): e0216778.
14. Tete DK, Barajas J, Ferrell B, et al. The impact of the COVID-19 pandemic on care delivery and quality of life in lung cancer surgery. *J Surg Oncol* 2022; **126**(3): 407-16.
15. Wong ML, Shi Y, Smith AK, et al. Changes in older adults' life space during lung cancer treatment: A mixed methods cohort study. *J Am Geriatr Soc* 2022; **70**(1): 136-49.
16. Taylor S, Stanworth M, Eastwood C, Gomes F, Khatoun B, Yorke J. Understanding the experiences of lung cancer patients during the COVID-19 pandemic: a qualitative interview study. *Qual Life Res* 2022: 1-11.
17. Belqaid K, Tishelman C, Orrevall Y, Mansson-Brahme E, Bernhardson BM. Dealing with taste and smell alterations-A qualitative interview study of people treated for lung cancer. *PLoS One* 2018; **13**(1): e0191117.
18. Skurla SE, Friedman ER, Park ER, et al. Perceptions of somatic and affective symptoms and psychosocial care utilization in younger and older survivors of lung cancer. *Support Care Cancer* 2022; **30**(6): 5311-8.
19. Kutzleben MV, Galuska JC, Hein A, Griesinger F, Ansmann L. Needs of Lung Cancer Patients Receiving Immunotherapy and Acceptance of Digital and Sensor-Based Scenarios for Monitoring Symptoms at Home-A Qualitative-Explorative Study. *Int J Environ Res Public Health* 2022; **19**(15).
20. Martin ML, Correll J, Walding A, Ryden A. How patients being treated for non-small cell lung cancer value treatment benefit despite side effects. *Qual Life Res* 2022; **31**(1): 135-46.

21. Martin ML, Chung H, Ryden A. Willingness to report treatment-related symptoms of immunotherapy among patients with non-small cell lung cancer. *Qual Life Res* 2022; **31**(4): 1147-55.
22. Bever A, Manthorne J, Rahim T, Moumin L, Szabo SM. The Importance of Disease-Free Survival as a Clinical Trial Endpoint: A Qualitative Study Among Canadian Survivors of Lung Cancer. *Patient* 2022; **15**(3): 307-16.
23. Brown LM, Gosdin MM, Cooke DT, Apesoa-Varano EC, Kratz AL. Health-Related Quality of Life After Lobectomy for Lung Cancer: Conceptual Framework and Measurement. *Ann Thorac Surg* 2020; **110**(6): 1840-6.
24. Edbrooke L, Denehy L, Granger CL, Kapp S, Aranda S. Home-based rehabilitation in inoperable non-small cell lung cancer-the patient experience. *Support Care Cancer* 2020; **28**(1): 99-112.
25. El-Turk N, Chou MSH, Ting NCH, et al. Treatment burden experienced by patients with lung cancer. *PLoS One* 2021; **16**(1): e0245492.
26. Dao D, O'Connor JM, Jatoi A, et al. A qualitative study of healthcare-related experiences of non-smoking women with lung cancer. *Support Care Cancer* 2020; **28**(1): 123-30.
27. Nababan T, Hoskins A, Watters E, Leong J, Saunders C, Slavova-Azmanova N. 'I had to tell my GP I had lung cancer': patient perspectives of hospital- and community-based lung cancer care. *Aust J Prim Health* 2020; **26**(2): 147-52.
28. Krug K, Bossert J, Stooss L, et al. Consideration of sense of coherence in a structured communication approach with stage IV lung cancer patients and their informal caregivers: a qualitative interview study. *Support Care Cancer* 2021; **29**(4): 2153-9.
29. Somayaji D, Mohedat H, Dean GE, Dickerson SS. Patients' Perceptions at Diagnosis: Lung Cancer Discovery and Provider Relationships. *Cancer Nurs* 2022; **45**(5): 397-405.
30. Petrillo LA, Shimer SE, Zhou AZ, et al. Prognostic communication about lung cancer in the precision oncology era: A multiple-perspective qualitative study. *Cancer* 2022; **128**(16): 3120-8.
31. Bossert J, Forstner J, Villalobos M, et al. What patients with lung cancer with comorbidity tell us about interprofessional collaborative care across healthcare sectors: qualitative interview study. *BMJ Open* 2020; **10**(8): e036495.
32. McMullen S, Hess LM, Kim ES, et al. Treatment Decisions for Advanced Non-Squamous Non-Small Cell Lung Cancer: Patient and Physician Perspectives on Maintenance Therapy. *Patient* 2019; **12**(2): 223-33.
33. Park R, Shaw JW, Korn A, McAuliffe J. The value of immunotherapy for survivors of stage IV non-small cell lung cancer: patient perspectives on quality of life. *J Cancer Surviv* 2020; **14**(3): 363-76.
34. Mieras A, Pasman HRW, Klop HT, et al. What Goals Do Patients and Oncologists Have When Starting Medical Treatment for Metastatic Lung Cancer? *Clin Lung Cancer* 2021; **22**(3): 242-51 e5.
35. Feliciano J, Becker B, Shukla M, Bodurtha J. Lung cancer and family-centered patient concerns. *Support Care Cancer* 2018; **26**(9): 3047-53.
36. Kidd J, Cassim S, Rolleston A, et al. Ha Ora: secondary care barriers and enablers to early diagnosis of lung cancer for Maori communities. *BMC Cancer* 2021; **21**(1): 121.
37. Looijmans M, van Manen AS, Traa MJ, Kloover JS, Kessels BLJ, de Vries J. Psychosocial consequences of diagnosis and treatment of lung cancer and evaluation of the need for a lung cancer specific instrument using focus group methodology. *Support Care Cancer* 2018; **26**(12): 4177-85.
38. McDonnell KK, Owens OL, Hilfinger Messias DK, et al. After Ringing the Bell: Receptivity of and Preferences for Healthy Behaviors in African American Dyads Surviving Lung Cancer. *Oncol Nurs Forum* 2020; **47**(3): 281-91.
39. Granger CL, Parry SM, Edbrooke L, et al. Improving the delivery of physical activity services in lung cancer: A qualitative representation of the patient's perspective. *Eur J Cancer Care (Engl)* 2019; **28**(1): e12946.
40. Timmerman JGJ, Dekker-van Weering M, Wouters M, Stuiver MMM, de Kanter WW, Vollenbroek-Hutten M. Physical behavior and associations with health outcomes in operable NSCLC patients: A prospective study. *Lung Cancer* 2018; **119**: 91-8.
41. Medysky ME, Dieckmann NF, Winters-Stone KM, Sullivan DR, Lyons KS. Trajectories of Self-reported Physical Functioning and Symptoms in Lung Cancer Survivors. *Cancer Nurs* 2021; **44**(2): E83-E9.

42. Ha DM, Prochazka AV, Bekelman DB, Stevens-Lapsley JE, Studts JL, Keith RL. Modifiable factors associated with health-related quality of life among lung cancer survivors following curative intent therapy. *Lung Cancer* 2022; **163**: 42-50.
43. Ch'ng SN, McVeigh JA, Manners D, et al. Sedentary Behaviour, Physical Activity, and Their Associations with Health Outcomes at the Time of Diagnosis in People with Inoperable Lung Cancer. *J Clin Med* 2022; **11**(19).
44. Friis RB, Hjollund NH, Pappot H, Taarnhoj GA, Vestergaard JM, Skuladottir H. Patient-Reported Outcome Measures Used in Routine Care Predict for Survival at Disease Progression in Patients With Advanced Lung Cancer. *Clin Lung Cancer* 2021; **22**(2): e169-e79.
45. Martin RE, Loomis DM, Dean GE. Sleep and quality of life in lung cancer patients and survivors. *J Am Assoc Nurse Pract* 2021; **34**(2): 284-91.
46. Kyriazidou E, Alevizopoulos N, Dokutsidou E, et al. Health-Related Quality of Life and Social Support of Elderly Lung and Gastrointestinal Cancer Patients Undergoing Chemotherapy. *SAGE Open Nurs* 2022; **8**: 23779608221106444.
47. Nugent SM, Golden SE, Hooker ER, et al. Longitudinal Health-related Quality of Life among Individuals Considering Treatment for Stage I Non-Small-Cell Lung Cancer. *Ann Am Thorac Soc* 2020; **17**(8): 988-97.
48. Koch M, Rasch F, Rothhammer T, et al. Gender Differences in Quality of Life of Metastatic Lung Cancer Patients. *Cancer Manag Res* 2022; **14**: 2971-7.
49. van Montfort E, de Vries J, Arts R, Aerts JG, Kloover JS, Traa MJ. The relation between psychological profiles and quality of life in patients with lung cancer. *Support Care Cancer* 2020; **28**(3): 1359-67.
50. Levinsen AKG, Dalton SO, Andersen I, et al. Association between Health-Related Quality of Life and Completion of First-Line Treatment among Lung Cancer Patients. *Cancers (Basel)* 2022; **14**(14).
51. Torrente M, Sousa PA, Franco F, et al. Association of quality of life with performance status, circadian rhythm, and activity level of lung cancer patients using wearable devices as ambulatory monitoring. *Clin Med (Lond)* 2022; **22**(Suppl 4): 36-7.
52. Cruz-Castellanos P, Gil-Raga M, Jimenez-Fonseca P, et al. Uncertainty and hope in relation to anxiety and depression in advanced lung cancer. *BMJ Support Palliat Care* 2022.
53. Muller B, Varriale P, Katz G, et al. Patient perspective on value dimensions of lung cancer care: A cross-sectional online survey. *JMIR Form Res* 2022.
54. Ichimura H, Kobayashi K, Goshio M, et al. Preoperative predictors of restoration in quality of life after surgery for lung cancer. *Thorac Cancer* 2021; **12**(6): 835-44.
55. Heiden BT, Subramanian MP, Liu J, et al. Long-term patient-reported outcomes after non-small cell lung cancer resection. *J Thorac Cardiovasc Surg* 2022; **164**(3): 615-26 e3.
56. Pompili C, Omar S, Ilyas MH, et al. Patient-reported Physical Function Is Associated With Survival After Lung Resection for Non-Small Cell Lung Cancer. *Ann Thorac Surg* 2022.
57. Hechtner M, Eichler M, Wehler B, et al. Quality of Life in NSCLC Survivors - A Multicenter Cross-Sectional Study. *J Thorac Oncol* 2019; **14**(3): 420-35.
58. Petrillo LA, El-Jawahri A, Heuer LB, et al. Health-Related Quality of Life and Depression Symptoms in a Cross Section of Patients with Advanced Lung Cancer before and during the COVID-19 Pandemic. *J Palliat Med* 2022; **25**(11): 1639-45.
59. Pierzynski JA, Ye Y, Lippman SM, Rodriguez MA, Wu X, Hildebrandt MAT. Socio-demographic, Clinical, and Genetic Determinants of Quality of Life in Lung Cancer Patients. *Sci Rep* 2018; **8**(1): 10640.
60. Wood R, Taylor-Stokes G, Smith F, Chaib C. The humanistic burden of advanced non-small cell lung cancer (NSCLC) in Europe: a real-world survey linking patient clinical factors to patient and caregiver burden. *Qual Life Res* 2019; **28**(7): 1849-61.
61. Klein J, Bodner W, Garg M, Kalnicki S, Ohri N. Pretreatment financial toxicity predicts progression-free survival following concurrent chemoradiotherapy for locally advanced non-small-cell lung cancer. *Future Oncol* 2019; **15**(15): 1697-705.
62. Nguyen PAH, Vercauter P, Verbeke L, Beelen R, Dooms C, Tournoy KG. Health Outcomes for Definite Concurrent Chemoradiation in Locally Advanced Non-Small Cell Lung Cancer: A Prospective Study. *Respiration* 2019; **97**(4): 310-8.

63. Steffen McLouth LE, Lycan TW, Jr., Levine BJ, et al. Patient-Reported Outcomes From Patients Receiving Immunotherapy or Chemoimmunotherapy for Metastatic Non-Small-Cell Lung Cancer in Clinical Practice. *Clin Lung Cancer* 2020; **21**(3): 255-63 e4.
64. de Mol M, Visser S, den Oudsten BL, et al. Frequency of low-grade adverse events and quality of life during chemotherapy determine patients' judgement about treatment in advanced-stage thoracic cancer. *Support Care Cancer* 2019; **27**(9): 3563-72.
65. Lavdaniti M, Patrikou K, Prapa PM, et al. A cross-sectional study for assessing perceived symptoms, depression and quality of life in advanced lung cancer patients. *J BUON* 2021; **26**(5): 1824-31.
66. Walter J, Sellmer L, Kahnert K, et al. Consequences of the COVID-19 pandemic on lung cancer care and patient health in a German lung cancer center: results from a cross-sectional questionnaire. *Respir Res* 2022; **23**(1): 18.
67. Feld E, Singhi EK, Phillips S, Huang LC, Shyr Y, Horn L. Palliative Care Referrals for Advanced Non-small-cell Lung Cancer (NSCLC): Patient and Provider Attitudes and Practices. *Clin Lung Cancer* 2019; **20**(3): e291-e8.
68. Asemota N, Saftic I, Tsitsias T, King J, Pilling J, Bille A. Quality of Life in Octogenarians After Lung Resection Compared to Younger Patients. *Clin Lung Cancer* 2022; **23**(2): e118-e30.
69. Khullar OV, Wei JW, Wagh K, et al. Preoperative Lung Function Is Associated With Patient-Reported Outcomes After Lung Cancer Surgery. *Ann Thorac Surg* 2021; **112**(2): 415-22.
70. Janssens A, Derijcke S, Galdermans D, et al. Prognostic Understanding and Quality of Life in Patients With Advanced Lung Cancer: A Multicenter Study. *Clin Lung Cancer* 2019; **20**(3): e369-e75.
71. Hollen PJ, Gralla RJ, Gentzler RD, et al. Do Patients Regret Having Received Systemic Treatment for Advanced Non-Small Cell Lung Cancer: A Prospective Evaluation. *Oncologist* 2021; **26**(3): 224-30.
72. Ryan KJ, Skinner KE, Fernandes AW, et al. Real-world outcomes in patients with unresected stage III non-small cell lung cancer. *Med Oncol* 2019; **36**(3): 24.
73. Souliotis K, Peppou LE, Economou M, et al. Treatment Adherence in Patients with Lung Cancer from Prospects of Patients and Physicians. *Asian Pac J Cancer Prev* 2021; **22**(6): 1891-8.
74. Oswald N, Hardman J, Kerr A, et al. Patients want more information after surgery: a prospective audit of satisfaction with perioperative information in lung cancer surgery. *J Cardiothorac Surg* 2018; **13**(1): 18.
75. Rallis T, Papazisis G, Kesisoglou I, et al. The importance of postoperative analgesia after major thoracic surgery interventions, protocols, applications, and the following evaluation of the patient's quality of life. *Hell J Nucl Med* 2019; **22 Suppl 2**: 105-12.
76. Saito H, Shiraishi A, Nomori H, et al. Impact of age on the recovery of six-minute walking distance after lung cancer surgery: a retrospective cohort study. *Gen Thorac Cardiovasc Surg* 2020; **68**(2): 150-7.
77. Wilkie JR, Hochstedler KA, Schipper MJ, et al. Association Between Physician- and Patient-Reported Symptoms in Patients Treated With Definitive Radiation Therapy for Locally Advanced Lung Cancer in a Statewide Consortium. *Int J Radiat Oncol Biol Phys* 2022; **112**(4): 942-50.
78. McDonnell KK, Webb LA, Adams SA, Felder TM, Davis RE. The association between lung cancer stigma and race: A descriptive correlational study. *Health Expect* 2022; **25**(4): 1539-47.
79. Johnson LA, Schreier AM, Swanson M, Moye JP, Ridner S. Stigma and Quality of Life in Patients With Advanced Lung Cancer. *Oncol Nurs Forum* 2019; **46**(3): 318-28.
80. McFarland DC, Fernbach M, Breitbart WS, Nelson C. Prognosis in metastatic lung cancer: vitamin D deficiency and depression-a cross-sectional analysis. *BMJ Support Palliat Care* 2022; **12**(3): 339-46.
81. Williamson TJ, Choi AK, Kim JC, et al. A Longitudinal Investigation of Internalized Stigma, Constrained Disclosure, and Quality of Life Across 12 Weeks in Lung Cancer Patients on Active Oncologic Treatment. *J Thorac Oncol* 2018; **13**(9): 1284-93.
82. Hyland KA, Small BJ, Gray JE, et al. Loneliness as a mediator of the relationship of social cognitive variables with depressive symptoms and quality of life in lung cancer patients beginning treatment. *Psychooncology* 2019; **28**(6): 1234-42.
83. Perloff T, King JC, Rigney M, Ostroff JS, Johnson Shen M. Survivor guilt: The secret burden of lung cancer survivorship. *J Psychosoc Oncol* 2019; **37**(5): 573-85.
84. Bodd MH, Locke SC, Wolf SP, et al. Patient-Reported Distress and Clinical Outcomes with Immuno-Oncology Agents in Metastatic Non-Small Cell Lung Cancer (mNSCLC): A Real-World Retrospective Cohort Study. *Lung Cancer* 2022; **175**: 17-26.

85. Maguire R, Lewis L, Kotronoulas G, McPhelim J, Milroy R, Cataldo J. Lung cancer stigma: A concept with consequences for patients. *Cancer Rep (Hoboken)* 2019; **2**(5): e1201.
86. Rigney M, Rapsomaniki E, Carter-Harris L, King JC. A 10-Year Cross-Sectional Analysis of Public, Oncologist, and Patient Attitudes About Lung Cancer and Associated Stigma. *J Thorac Oncol* 2021; **16**(1): 151-5.
87. Lee JL, Jeong Y. Quality of Life in Patients With Non-Small Cell Lung Cancer: Structural Equation Modeling. *Cancer Nurs* 2019; **42**(6): 475-83.
88. Aubin M, Vezina L, Verreault R, et al. Distress experienced by lung cancer patients and their family caregivers in the first year of their cancer journey. *Palliat Support Care* 2022; **20**(1): 15-21.
89. Tan JY, Molassiotis A, Lloyd-Williams M, Yorke J. Burden, emotional distress and quality of life among informal caregivers of lung cancer patients: An exploratory study. *Eur J Cancer Care (Engl)* 2018; **27**(1).
90. Trejo MJ, Bell ML, Dhillon HM, Vardy JL. Baseline quality of life is associated with survival among people with advanced lung cancer. *J Psychosoc Oncol* 2020; **38**(5): 635-41.
91. Sullivan DR, Eden KB, Dieckmann NF, et al. Understanding patients' values and preferences regarding early stage lung cancer treatment decision making. *Lung Cancer* 2019; **131**: 47-57.
92. Mokhles S, Nuyttens J, de Mol M, et al. Treatment selection of early stage non-small cell lung cancer: the role of the patient in clinical decision making. *BMC Cancer* 2018; **18**(1): 79.
93. Islam KM, Deviany PE, Anggondowati T, et al. Patient-Defined Treatment Success: Perspectives of Patients With Advanced-Stage Lung Cancer. *J Oncol Pract* 2019; **15**(9): e758-e68.
94. Kameyama N, Sato T, Arai D, et al. Most Important Things and Associated Factors With Prioritizing Daily Life in Patients With Advanced Lung Cancer. *JCO Oncol Pract* 2022; **18**(12): e1977-e86.
95. Schwartz RM, Yip R, You N, et al. Early-Stage Lung Cancer Patients' Perceptions of Presurgical Discussions. *MDM Policy Pract* 2022; **7**(1): 23814683221085570.
96. Sato T, Soejima K, Fujisawa D, et al. Prognostic Understanding at Diagnosis and Associated Factors in Patients with Advanced Lung Cancer and Their Caregivers. *Oncologist* 2018; **23**(10): 1218-29.
97. de Mol M, Visser S, Aerts J, et al. The association of depressive symptoms, personality traits, and sociodemographic factors with health-related quality of life and quality of life in patients with advanced-stage lung cancer: an observational multi-center cohort study. *BMC Cancer* 2020; **20**(1): 431.
98. Linares-Moya M, Rodriguez-Torres J, Heredia-Ciuro A, et al. Psychological distress prior to surgery is related to symptom burden and health status in lung cancer survivors. *Support Care Cancer* 2022; **30**(2): 1579-86.
99. Choi S, Ryu E. Effects of symptom clusters and depression on the quality of life in patients with advanced lung cancer. *Eur J Cancer Care (Engl)* 2018; **27**(1).
100. Harle A, Molassiotis A, Buffin O, et al. A cross sectional study to determine the prevalence of cough and its impact in patients with lung cancer: a patient unmet need. *BMC Cancer* 2020; **20**(1): 9.
101. Kuon J, Vogt J, Mehnert A, et al. Symptoms and Needs of Patients with Advanced Lung Cancer: Early Prevalence Assessment. *Oncol Res Treat* 2019; **42**(12): 650-9.
102. Mendoza TR, Kehl KL, Bamidele O, et al. Assessment of baseline symptom burden in treatment-naive patients with lung cancer: an observational study. *Support Care Cancer* 2019; **27**(9): 3439-47.
103. Ha D, Ries AL, Lippman SM, Fuster MM. Effects of curative-intent lung cancer therapy on functional exercise capacity and patient-reported outcomes. *Support Care Cancer* 2020; **28**(10): 4707-20.
104. Bade BC, Brooks MC, Nietert SB, et al. Assessing the Correlation Between Physical Activity and Quality of Life in Advanced Lung Cancer. *Integr Cancer Ther* 2018; **17**(1): 73-9.
105. Ha D, Ries AL, Mazzone PJ, Lippman SM, Fuster MM. Exercise capacity and cancer-specific quality of life following curative intent treatment of stage I-IIIa lung cancer. *Support Care Cancer* 2018; **26**(7): 2459-69.
106. Yoo JS, Yang HC, Lee JM, Kim MS, Park EC, Chung SH. The association of physical function and quality of life on physical activity for non-small cell lung cancer survivors. *Support Care Cancer* 2020; **28**(10): 4847-56.
107. D'Silva A, Gardiner PA, Boyle T, Bebb DG, Johnson ST, Vallance JK. Associations of objectively assessed physical activity and sedentary time with health-related quality of life among lung cancer survivors: A quantile regression approach. *Lung Cancer* 2018; **119**: 78-84.



108. Lee SH, Lee KH, Chang SJ. Do health literacy and self-care behaviours affect quality of life in older persons with lung cancer receiving chemotherapy? *Int J Nurs Pract* 2018; **24**(6): e12691.
109. Arai D, Sato T, Nakachi I, et al. Longitudinal Assessment of Prognostic Understanding in Patients with Advanced Lung Cancer and Its Association with Their Psychological Distress. *Oncologist* 2021; **26**(12): e2265-e73.
110. Adorno G, Wallace C. Preparation for the end of life and life completion during late-stage lung cancer: An exploratory analysis. *Palliat Support Care* 2017; **15**(5): 554-64.
111. Sato T, Fujisawa D, Arai D, et al. Trends of concerns from diagnosis in patients with advanced lung cancer and their family caregivers: A 2-year longitudinal study. *Palliat Med* 2021; **35**(5): 943-51.
112. Hazell SZ, Fu W, Hu C, et al. Financial toxicity in lung cancer: an assessment of magnitude, perception, and impact on quality of life. *Ann Oncol* 2020; **31**(1): 96-102.
113. Ezeife DA, Morganstein BJ, Lau S, et al. Financial Burden Among Patients With Lung Cancer in a Publically Funded Health Care System. *Clin Lung Cancer* 2019; **20**(4): 231-6.
114. Yi YS, Ban WH, Sohng KY. Effect of COPD on symptoms, quality of life and prognosis in patients with advanced non-small cell lung cancer. *BMC Cancer* 2018; **18**(1): 1053.
115. Kuon J, Blasi M, Unsold L, et al. Impact of molecular alterations on quality of life and prognostic understanding over time in patients with incurable lung cancer: a multicenter, longitudinal, prospective cohort study. *Support Care Cancer* 2022; **30**(4): 3131-40.
116. Cassim S, Kidd J, Rolleston A, et al. Ha Ora: Barriers and enablers to early diagnosis of lung cancer in primary healthcare for Maori communities. *Eur J Cancer Care (Engl)* 2021; **30**(2): e13380.
117. van de Wiel M, Derijcke S, Galdermans D, et al. Coping Strategy Influences Quality of Life in Patients With Advanced Lung Cancer by Mediating Mood. *Clin Lung Cancer* 2021; **22**(2): e146-e52.
118. Mieras A, Becker-Commissaris A, Klop HT, et al. Patients with Metastatic Lung Cancer and Oncologists' Views on Achievement of Treatment Goals and Making the Right Treatment Decision: A Prospective Multicenter Study. *Med Decis Making* 2021; **41**(5): 515-26.
119. Singhal S, Walter LC, Smith AK, et al. Change in four measures of physical function among older adults during lung cancer treatment: A mixed methods cohort study. *J Geriatr Oncol* 2022.
120. Petrillo LA, Traeger LN, Sommer RK, Zhou AZ, Temel JS, Greer JA. Experience and supportive care needs of metastatic lung cancer survivors living with uncertainty: a brief qualitative report. *J Cancer Surviv* 2021; **15**(3): 386-91.