

INTRODUCTION

Lung cancer outcomes are disproportionately poor in rural India due to delays in diagnosis, limited diagnostic infrastructure, financial barriers, fragmented referral pathways, and poor awareness. Limited access to specialist oncology services further contributes to delayed diagnosis and treatment. Addressing these barriers is essential to improve equitable access to quality lung cancer care.

METHODS

Mixed-methods study using retrospective review of lung cancer records and semi-structured interviews. Quantitative analysis described timelines, referrals and access; qualitative data underwent thematic analysis. Patient demographics and clinical characteristics were also reviewed to understand patterns of care. Data triangulation was used to enhance the validity and completeness of the findings by integrating evidence from multiple data sources. Findings from both quantitative and qualitative data were integrated to provide a comprehensive assessment of barriers to timely diagnosis and treatment.

DISCUSSION AND CONCLUSION

Strengthen referral pathways, decentralize diagnostics, expand patient navigation and tele-oncology to improve equitable lung cancer care. Early diagnosis and coordinated care are essential to improve patient outcomes.

Our findings are consistent with previous studies from India describing delays in lung cancer diagnosis and treatment due to financial, geographic, and health system barriers.^{1,2} These findings highlight the need for targeted interventions in rural settings.

REFERENCES & ACKNOWLEDGEMENTS

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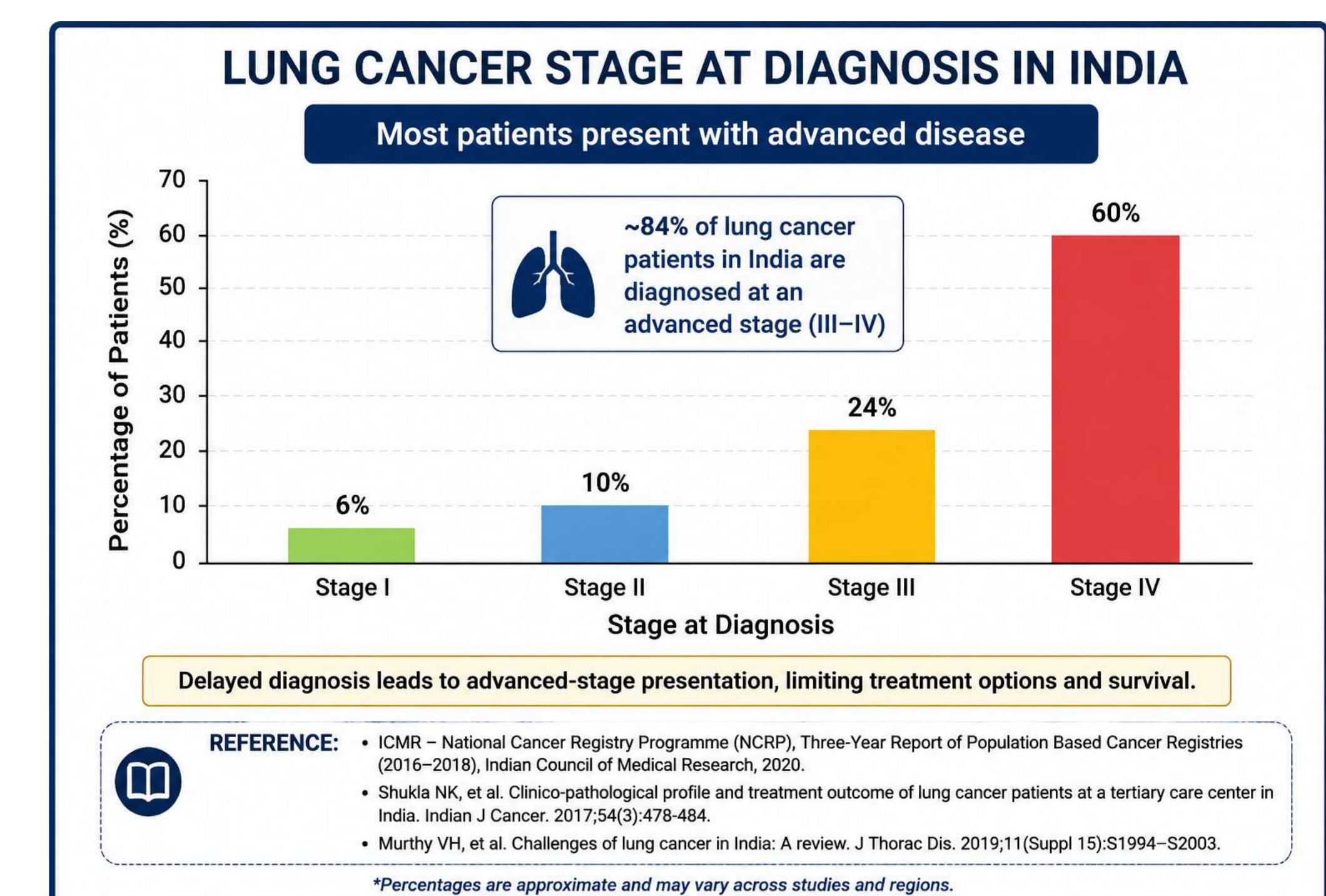
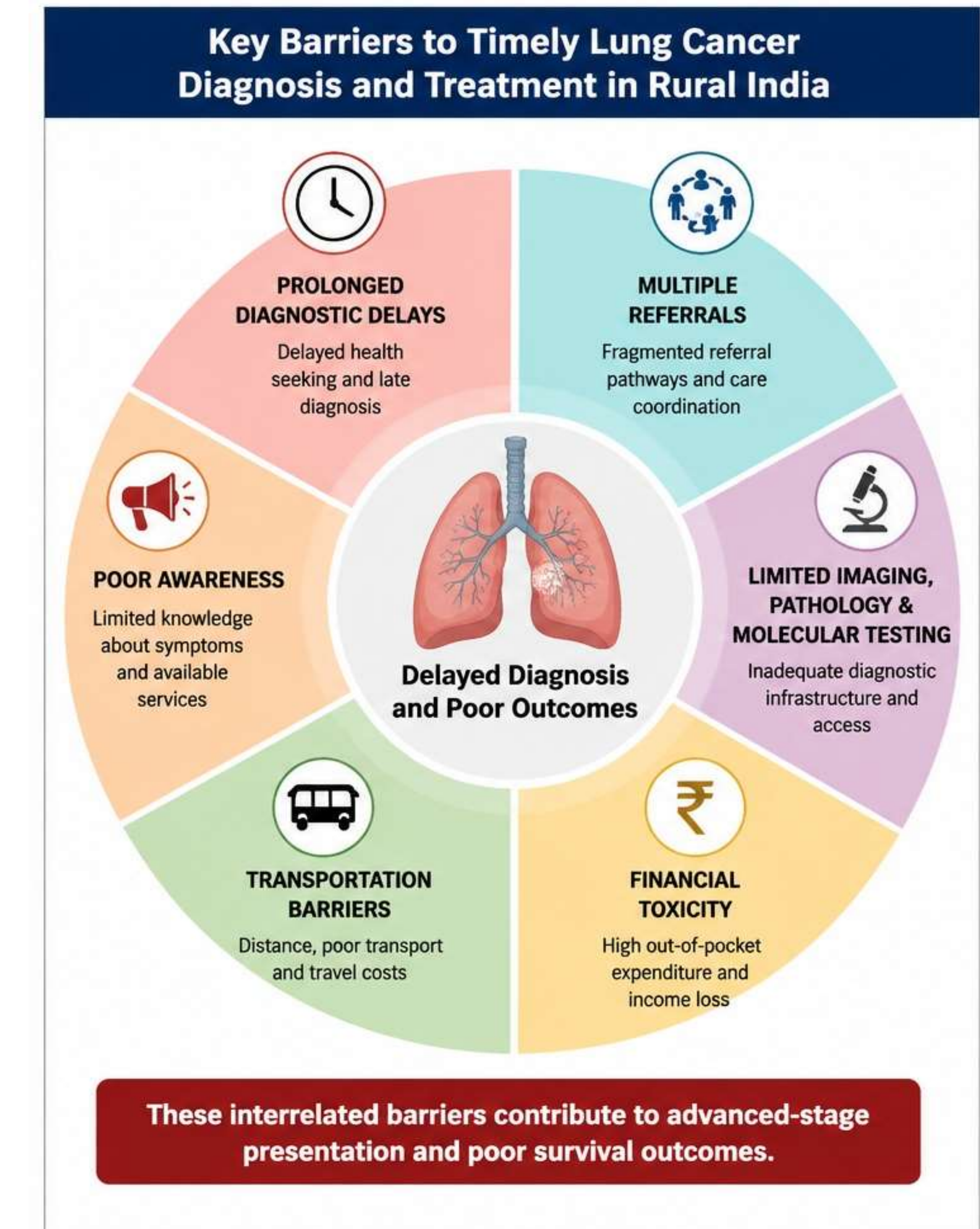
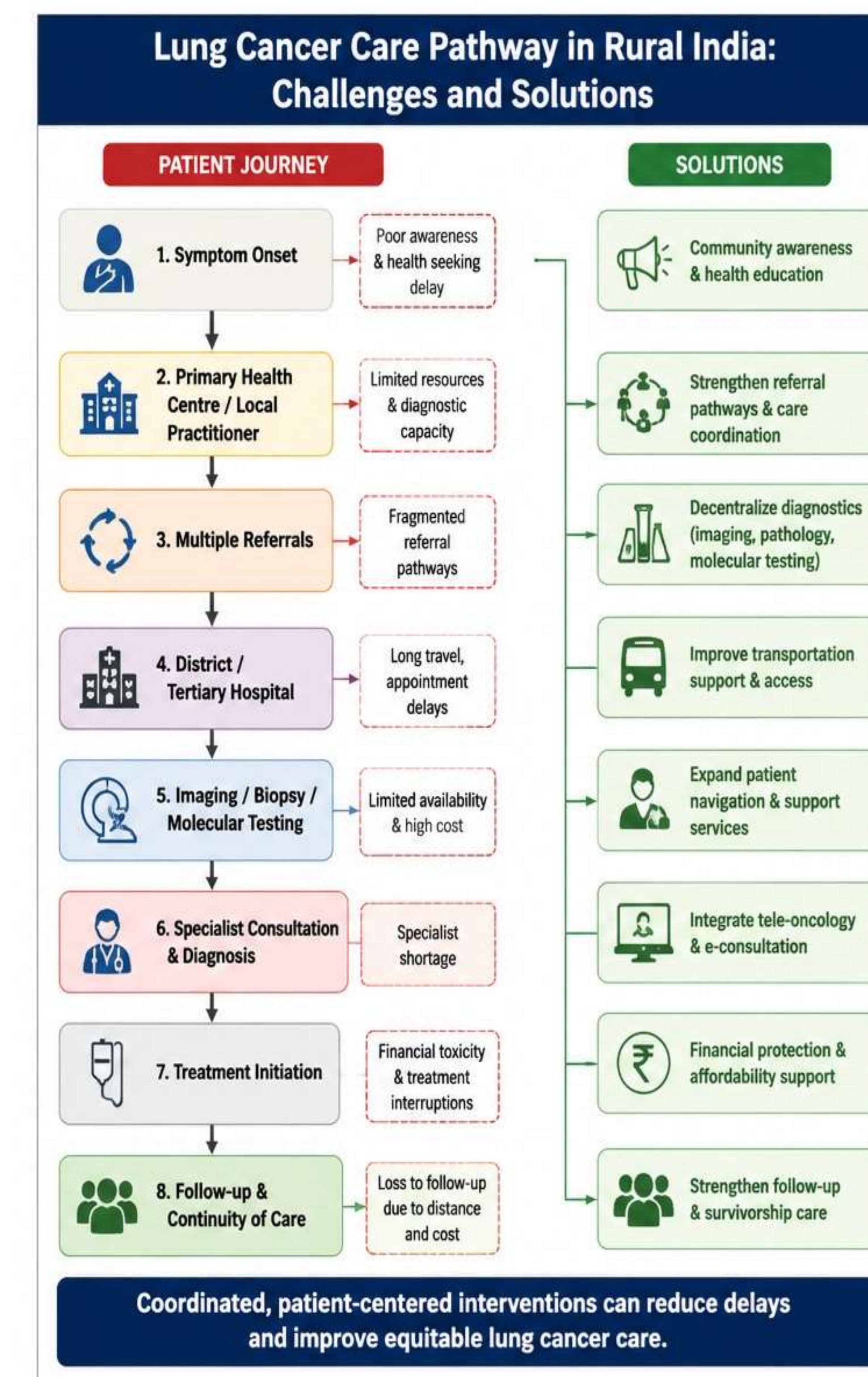
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RESULTS

- Prolonged diagnostic delays
- Multiple referrals
- Limited imaging/pathology/molecular testing
- Transportation barriers
- Financial toxicity
- Advanced-stage presentation



Disclosure

The authors declare no conflicts of interest.

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