Lung cancer is the leading cause of cancer-related death for men and women (American Cancer Society [ACS], 2009). Although the five-year survival rate approaches 49% for lung cancers detected and treated at an early stage, only 16% are detected early and the overall five-year survival rate for all lung cancers is only 15% (ACS, 2009). Combined modality treatment regimens for lung cancer have improved patient survival; however, these regimens often have been accompanied by more severe early and late toxicities, potentially resulting in increased symptoms (ACS, 2009). The effect of these treatments on the quality of patients’ lives has been reported only sporadically in the literature.

Quality of life (QOL) has been consistently identified by oncology nurses and researchers as a priority (Berger et al., 2005; Mooney, Ferrell, Nail, Benedict, & Haberman, 1991; Ropka et al., 2002; Stetz, Haberman, Holcombe, & Jones, 1995). Improved QOL also is one of the primary goals of Healthy People 2010 (U.S. Department of Health and Human Services, 2000). Although the importance of QOL as a specific management objective in cancer treatment has been outlined (Bland, 1997), research on QOL in patients treated for lung cancer has been relatively limited. Most randomized controlled trials (RCTs) have traditionally focused on objective tumor response and survival as endpoints rather than the subjective outcomes reported by the patients treated (Pat, Dooms, & Vansteenkiste, 2008). In a review of RCTs including chemotherapy for lung cancer treatment from 1980–2005, only five RCTs that included QOL as a primary endpoint were found, although 40 RCTs did look at QOL as a secondary endpoint (Pat et al., 2008).

**Literature Review**

Although QOL research in lung cancer has been limited, several studies have described QOL perceptions and examined their relationship to symptoms or health issues. In studies of women with lung cancer, Sarna (1993a, 1993b) found strong correlations between decreased QOL and increased symptom distress. In a subsequent study, Sarna (1998) found that use of structured nursing assessment of symptom distress delayed the increased symptom distress. In a descriptive study of QOL in patients with non-small cell lung cancer (NSCLC) receiving curative radiation therapy, lung cancer treatment had a significant negative effect on QOL.