Lung cancer is the leading cause of cancer death in both men and women (American Cancer Society [ACS], 2001). The overall five-year survival rate for lung cancer is only 14%. Although the survival rate approaches 50% for patients with lung cancers detected and treated at an early stage, only 15% are detected early (ACS).

Approximately 85% of lung cancers are classified as non-small cell lung cancer (NSCLC), with the remainder classified as small cell lung cancer (SCLC) (Martini, 1993). SCLC usually presents with distant metastasis at the time of diagnosis and typically is treated with chemotherapy in combination with radiation therapy (XRT) (Turrisi, 1993). NSCLC has a slightly lesser tendency to present with widespread metastasis and is treated with surgery, XRT, and chemotherapy alone or in combination (Komaki & Cox, 1993). Although surgical resection has been considered to be the most effective treatment for stage I NSCLC, few lung cancers are detected at this early stage (ACS, 2001). According to clinical practice guidelines adopted by the American Society of Clinical Oncology in 1997, recommended treatment of unresectable, locally or regionally advanced NSCLC includes use of platinum-based chemotherapy regimens with or preceding XRT (Clinical Practice Guidelines, 1997). Improved survival of patients with NSCLC has been demonstrated through combined modality regimens; however, they have been accompanied by more severe early and late toxicities (Dillman et al., 1990; Dillman, Herndon, Seagren, Eaton, & Green, 1996; Sause et al., 1992, 1995). The effect of these regimens on patients’ lives, other than the occasional mention of increased incidence of toxicities, has not been reported in the literature.

Although the importance of quality of life (QOL) as a specific management objective in cancer treatment has been outlined (Bland, 1997), little research has been conducted on patients with lung cancer. The research on patients with lung cancer mainly has addressed the impact of chemotherapy in...