Pre- and Postoperative Self-Reported Cognitive Effectiveness and Worry in Patients With Suspected Lung Malignancy

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Lung cancer is the leading cause of cancer mortality in the United States among men and women, making early detection, diagnosis, and treatment imperative (Bunyaviroch & Coleman, 2006; Siegal, Ward, Brawley, & Jemal, 2011). Increased sophistication in technology has enhanced early detection of minute solitary pulmonary nodules and improved diagnosis of very early-stage lung cancers (MacMahon et al., 2005; Smith et al., 2006). A diagnosis of suspected lung cancer is a cognitively and emotionally demanding experience that can occur when people feel healthy and are leading productive lives (Roth, Cox, & Hong, 2008). Worry, aversive perseverative cognitions that occur when threat is perceived (Brosschot, Gerin, & Thayer, 2006), can be a significant and sustained problem for individuals facing the possibility of a life-threatening illness such as lung cancer (Hay, Buckley, & Ostroff, 2005; Hill, Amir, Muers, Connelly, & Round, 2003). In addition, the need to learn about potential treatments and the life adjustments that come with a suspected diagnosis of cancer places additional demands on cognitive resources such as directed attention (Cimprich, 1992a, 1992b). Few research studies have examined worry and perceived cognitive effectiveness during the early postdiagnostic period following a suspected lung cancer diagnosis. Therefore, a purpose of the current exploratory study was to examine perceived cognitive effectiveness and worry among a select group of individuals with a suspected lung cancer diagnosis before and after surgical resection. A second purpose was to examine perceived cognitive effectiveness and worry among individuals who were and were not diagnosed with lung cancer after surgery.

Background and Significance

Surgical resection is the treatment of choice for stages I and II non-small cell lung cancer, a disease that is often detected by incidental findings of an abnormal pulmonary nodule via chest x-ray or chest computerized tomography (CT) scan (Gilbert et al., 2012). The majority of all lung cancer is diagnosed at advanced stages, contributing to its high level of associated mortality;