OBJECTIVES: To assess overall inpatient resource utilization; and to identify patient- and hospital-related predictors of inpatient length of stay (LOS), total charges, and inpatient mortality in bronchial and lung cancer. METHODS: A retrospective database analysis was conducted using the 2007 Nationwide Inpatient Sample (NIS) database of the Health Care Cost and Utilization Project (HCUP). Patient- (age, sex, payer) and hospital-related (private, teaching, region) characteristics were included in the analysis. Descriptive analysis examined the differences in bronchial and lung cancer-related outcome variables. Regression analyses were conducted to investigate the predictors of LOS, charges, and inpatient mortality in bronchial and lung cancer. All statistical analyses were conducted using SPSS 17.0 version. RESULTS: The hospital discharges for bronchial and lung cancer in 2007 NIS were 153,017 (52.38% male, 57.59% in age group 65–84). Mean LOS was 7.3 ± 1.0 days, mean charges were $45,473 ± 1079, and inpatient mortality was 11.42%. Majority (89.0%) of the hospitalizations were located in metropolitan areas. Most hospitalizations (76.45%) were in private, not-for-profit hospitals. Medicare was the most common payer for the hospitalizations. Total charges were highest for hospitalizations identified in the Western region ($45,665) and in private, for profit hospitals ($59,233). Inpatient mortality was highest among hospitalizations in non-metropolitan areas (16.06%). CONCLUSIONS: Bronchial and lung cancer is the second leading cause of death in United States and thus, it is important to characterize resource utilization and important predictors for the disease. Patient- and hospital-related characteristics identified from this study will be useful in stratifying high-risk individuals and those with high inpatient resource utilization.

CONCLUSIONS: Disease management programs such as smoking cessation programs can improve patient level utilities by the numbers of assessments per patient. Pre- and post-progression utilities were 0.86 (0.10) for letrozole pre-progression utilities were 0.86 (0.10) for letrozole

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