

Elderly patients with squamous lung carcinoma: faring better or worse?

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Source

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Abstract

INTRODUCTION:

Nonsmall cell lung cancer is increasingly diagnosed at an advanced age and squamous cell carcinoma is the commonest histological type encountered in older patients. The clinical course, management, and outcome of squamous lung cancer in the elderly have not been thoroughly studied to date.

PATIENTS AND METHODS:

We retrospectively analyzed 236 squamous cell lung cancer patients diagnosed in two reference hospitals and compared key epidemiological, clinical, and management features between elderly (>70 years) and younger patients. Sixty-four were aged more than 70 years at diagnosis while 172 were up to 70 years of age.

RESULTS:

There were no differences between the two groups in gender or stage distribution. No differences were observed in the nature or duration of presenting symptoms, the appearance of pleurisy, atelectasis or vascular invasion, the incidence of distant metastatic spread, or the response to combination chemotherapy. Elderly patients were less fit (performance status 2/3 30 vs 20%, $p=0.03$), developed hemoptysis more often (56 vs 42%, $p=0.04$), and presented with smaller tumor primaries (median 4 vs 8 cm, $p=0.004$). When metastases were present, older patients exhibited a tropism for bony (64 vs 29%, $p=0.03$) and rarity of brain (5 vs 14%, $p=0.03$) deposits. Though elderly subjects received chemotherapy (63 vs 82%, $p=0.003$) or radiotherapy (29 vs 48%, $p=0.009$) less often than their younger counterparts, they tolerated it well and achieved comparable median time to treatment failure and overall survival (median 17 vs 18 months, log-rank $p=0.22$). Platinum-based chemotherapy and potentially curative management were applied less often in older patients.

CONCLUSIONS:

Older patients are less fit, develop bony but not brain metastases, receive antineoplastic treatment less often, and survive as long as younger patients. Squamous lung carcinoma may follow a more indolent clinical course in the elderly, a hypothesis worth validating by case-cohort studies and molecular profiling, with the hope to rationally individualize patient treatment.