

## **Non small cell lung cancer in the elderly: clinico-pathologic, management and outcome characteristics in comparison to younger patients.**

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### **Source**

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### **Abstract**

It is controversial whether non-small cell lung cancer (NSCLC) in the elderly constitutes a distinct clinico-biological entity compared to younger counterparts. As reported data are scant and discordant, we sought to analyze retrospectively the medical records of Hellenic NSCLC patients aged >70 years and compare them with those of age (70-45 years) and younger (<45 years) patients. Records were abstracted from the Hellenic Cooperative Oncology Group (HeCOG) cancer registry database. Presentation, management and outcome data of 417 elderly patients aged > or =70, 1374 age 70-45 years old and 115 patients aged < or =45 years old with histologically confirmed NSCLC managed from 1989 until 2004 were retrieved and compared. Elderly patients differed significantly in terms of presence of symptoms ( $p<0.001$ ), including thoracic pain ( $p=0.003$ ), dyspnea ( $p<0.001$ ), cough ( $p<0.001$ ) and fatigue ( $p<0.001$ ), eastern Cooperative Oncology Group performance status (PS) 2-3 ( $p<0.001$ ), and histological type (more commonly diagnosed with squamous cell carcinoma ( $p<0.002$ ) and less frequently with adenocarcinoma). Although elderly patients had significantly higher rates of PS 2-3, they had significantly better median time to disease progression (TTP) compared to the younger counterpart (6.4 versus 4.3 months  $p=0.047$ ). Overall survival (OS) was not significantly different between elderly and young patients (median OS 11.8 versus 11.5 months;  $p=0.6$ ), but platinum-based chemotherapy and radiotherapy were variables associated favorably with TTP and survival in the elderly. This large retrospective series presents strong evidence that NSCLC constitutes a similar clinicopathologic entity in elderly and young individuals with discretely differing biological behavior and that elderly symptomatic patients should be considered for effective anticancer treatment whenever possible.