for non-small cell lung cancer in the elderly population.


eComment: Mortality, morbidity and late survival in lung resection for non-small cell lung cancer in the elderly population

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We read with great interest the article by Fanucchi et al. reporting on surgical treatment of non-small cell lung cancer (NSCLC) in octogenarians [1]. Western populations are generally fitter than in the past and the term ‘elderly’ should be redefined. In the past, the border between middle age and old age was 65 years. Nowadays, some authors consider old age as 70 or 75 years. In developed countries median age of presentation of all cancer patients is 69 years in males and 67 years in females. Sixty percent of all cancers and two-thirds of cancer deaths occur over the age of 65 years [2]. More than 50% of patients with lung cancer are over the age of 65 years and over 30% are above the age of 70 years [3]. In this setting, the impact of surgical treatment on this population needs to be further investigated. To be applied, treatment options need to be modulated on the basis of the individual fitness, beyond physiological aging effects, and taking into account the risks of the procedures.

We retrospectively reviewed our data on 299 elderly patients surgically treated for NSCLC at our institution from January 1996 to August 2006 and relative follow-up. Mean age was 74.3 year with clinical stage III in only 12% of cases. We performed 271 lobectomies (25 bilobectomies and seven sleeve lobectomies), 15 pneumonectomies and 13 wedge resections. Morbidity was 6.6%, including hemorrhages, broncho-pleural fistulas, supra-ventricular arrhythmias, respiratory failure and myocardial infarction. Recurrence rate were 28.8%, and one-year, two-year and five-year survival were, respectively 90.9%, 83% and 65.7%. According to our results, we completely agree with the authors that elderly may benefit from surgical treatment of NSCLC.

References


eComment: Octogenarians: do we have to consider new age specific parameters in our practice?

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We read with great interest the article by Fanucchi et al. as we are supporters of the trend suggesting that appropriately selected octogenarians should not be excluded from surgical treatment [1]. However, since it is our practice too, we are very much interested in further information regarding patient characteristics. In particular, it would be very useful to our practice to have insight into survival in relation to the histological type of carcinoma, especially large cell carcinomas which seem to be a whole new entity with poor prognosis [2, 3].

Our concluding point is that there are hundreds of factors influencing prognosis many of which are established as prognostic [4]. But since we are referring to a new target age group and the operability guidelines, we have to consider new, age-specific parameters for our practice, e.g. excluding patients with large cell carcinomas if survival proves to be low after surgical treatment.

References


