As pointed out in our article, patients could not be randomised for practical reasons, including the risk for leakage of information between the groups.

Letter to the Editor

Adjuvant chemotherapy in patients 80—89 years of age with non-small cell lung cancer

Ozdem Altundag, Mehmet Ates, Mustafa A. Atik, Kadri Altundag, Mustafa Ates, Mehmet Ates, Ozdem Altundag

Department of Cardiovascular Surgery, Siyami Ersek Thoracic and Cardiovascular Surgery Institute, Istanbul, Turkey

Department of Oncology, Hacettepe University, Ankara, Turkey

Received 2 September 2005; accepted 13 September 2005

Available online 19 October 2005

Keywords: Adjuvant chemotherapy; Non-small cell lung cancer; Elderly patients

We read with interest the article by Matsuoka et al. [1], which evaluated complications and outcomes after pulmonary resection for non-small cell lung cancer (NSCLC) in 40 patients 80—89 years of age. They found that advanced age is not a contraindication to curative resection in patients with stage I NSCLC. After surgery, the disease stage was IA in 21 patients (52.5%), IB in 14 (35.0%), IIB in 3 (7.5%), and IIIA in 2 patients. Recently, several randomized prospective studies support the adjuvant administration of chemotherapy for patients with stages IB—IIIA NSCLC [2—4]. Unfortunately, no patients older than 80 years were included in these trials. However, recent study from M.D. Anderson Cancer Center showed that many patients 80 years and older with stage ”wet” IIIB or IV NSCLC may tolerate chemotherapy as compared to patients younger than 80 years of age [5]. Taken all together, since life expectancy in people 80 years and older are long enough to see the benefit of chemotherapy in terms of survival, adjuvant chemotherapy might further be considered in the management of resected stage IB—IIIB NSCLC older age patients. Further prospective randomized studies are needed to clarify this issue.

References

Think that advanced age alone should not preclude appro-
needs to be verified in prospective randomized studies. We
these agents as adjuvant chemotherapy for elderly patients

References


* Corresponding author. Tel.: +1 713 795 0524; fax: +1 713 795 1276. E-mail address: hmsatsuoka1@mac.com (H. Matsuoka).

doi:10.1016/j.ejcts.2005.09.003

Pulmonary resections in young octogenarians

Ganesh Shanmugam*, Ali Jilaihawi, Dhruva Prakash
Department of Thoracic Surgery, Hairmyres Hospital, Eaglesham Road, Lanarkshire, Scotland G3 8SJ, UK

Received 7 September 2005; accepted 20 September 2005 Available online 4 November 2005

Keywords: Lung resections; Survival; Elderly

Matsuoka et al. [1] report their experience with resections for lung cancer in octogenarians. The indications for surgery in this group are determined by the extent of local invasion and distant spread as well as the physiological suitability for surgery. The dilemma is akin to the situation in cardiac surgery in the elderly where we operate for symptomatic improvement or prognostic benefit or both.

The authors are to be commended for the low complication rate, since octogenarians tolerate complications poorly. Sixty percent of the patients had limited resections. The authors however claim that all patients underwent complete resection of their tumours. Is a limited resection in these patients synonymous with a curative resection? Ginsberg and Rubinstein [2] opined that ‘limited resection, either wedge or segmentectomy, cannot be recommended as a resection of choice for T1N0M0 lung cancer.’ While segmentectomy might be a reasonable option in those with early and small tumours, a wedge resection cannot be considered as a curative operation for bronchogenic carcinoma. It would be interesting to compare the results of segmentectomy with wedge resection in this group, although the numbers are low.

It is fortunate that no patient required a pneumonectomy, which has been associated with increased morbidity and mortality rates in the elderly.

Evidently, the extent of the resection was tailored to the physiological status of the patients. Would the authors have