P-255
OCTOGENARIANS UNDERGOING THORACIC SURGERY: RETROSPECTIVE ANALYSIS OF SURVIVAL AND QUALITY OF LIFE
Division of Thoracic Surgery, University Hospital Basel, Basel, Switzerland

Objectives: Surgery in octogenarians is performed with reasonable results. However, little is known about the quality of life. There are data indicating that elderly patients with lung cancer are less likely to undergo curative treatment simply due to their advanced age. The goal of this study was to retrospectively examine quality of life in patients over the age of 80. Only well-analysed data enable the surgeon to honestly recommend the best therapeutic option for the patients and give them orientation on the expected quality of life (QoL) to come.

Methods: A retrospective analysis was performed on 149 consecutive patients with a mean age of 83.4 years (range 80-98 years) who underwent thoracic surgery. Seventy-nine patients were male (51.6%) and 74 patients female (49.4%). Between 2008 and 2014, 88 patients underwent thoracotomy (59.1%), minimally invasive procedures were performed on 61 patients (40.9%). Preoperative data, operative outcome and long-term survival were analysed. Survival was also compared to the average life expectancy of the standard population. Furthermore, the EORTC questionnaire was used to evaluate the quality of life before and after the intervention.

Results: Overall in-hospital mortality was 5.4%. Mean survival time at closing date for abstract submission was 2.6 ± 0.4 years. Thirty-day mortality was 5.4% (7.96% for open vs 1.6% for minimally invasive surgery). Of the 89 surviving patients, 68% returned their questionnaire. Global Health scores before and after surgery showed a non-significant improvement in the entire study group (43.8 vs 49.2). In the comparison of open and minimally invasive procedures, the latter group had a better performance in terms of QoL.

Conclusions: Our results suggest that QoL after thoracic surgery in selected octogenarians is comparable to the preoperative QoL. Since health in the elderly is the most important factor in maintaining a good QoL, denial of surgical treatment due to advanced age does not seem to be acceptable any longer.

Disclosure: No significant relationships.