SB06

OUR TREATMENT RESULTS IN GERIATRIC LUNG CANCER PATIENTS

Şule Karabulut Gül (Dr.Lütfi Kırdar Kartal Education and Resource Hospital)
Hüseyin Tepetam (Dr.Lütfi Kırdar Kartal Education and Resource Hospital)
Ahmet Fatih Oruç (Istanbul Oncology Hospital)
Sevim Ozdemir (Dr.Lütfi Kırdar Kartal Education and Resource Hospital)
Ayşe Altınok (Medipol University)

Introduction - Purpose: The incidance of cancer increases with age. Supportive treatment have been used for the treatment of elderly patients, because of their poor general condition and their intolerance to treatment. Comorbidity and performance is decisive in elderly patients. Lung cancer incidance increases over the age of 65 and the mean age at the diagnose is 70. For this reason, detailed geriatric evaluation must be made and treatment decision must be made personally.

Findings: 124 patients aged over 70 who had admitted to our clinic and got treatment between 2013 to 2017 were evaluated retrospectively. 110 of them were male (88.7%), mean age was 73 (70-89). 111 (89.5%) patient had a history of smoking. 15 (12.1%) patient were ECOG 0, 69 (55.6%) were ECOG 1, 39 (31.5%) were ECOG 2 and 1 (0.8%) was ECOG 3 at admission. 71 (57.3%) patient were squamous, 26 (21%) were adeno, 20 (16.1%) were small cell and 7 (5.6%) were non-classified according to their pathology. 3 (2.4%) patient were stage 1B, 7 (5.6%) were stage 2B, 39 (31.5%) were stage 3A, 32 (25.8%) were stage 3B, 23 (9.7%) were stage 4. 20 patient had small cell pathology and 12 (9.7%) were severe. 94 (75.8%) patient had an accompanying comorbid disease. Treatment desicions were made personally for each patient. Chemotherapy (CT) was performed to 11 patients postoperatively, to 37 patients concominantly, to 34 patients before radiotherapy (RT), to 10 patients after RT, and 32 patients received only RT. Statistical analysis were made by using SPSS 17 and p value less than 0.05 was accepted as significant. Mean follow up period was 13 months (2-62).

Discussion : 2 years of general survival was 33%, disease free survival was 35% and local control was 62%. ECOG (p=0.03), weight loss (p=0.001), having a comorbid disease (p=0.002) and having CT (p=0.04) were found significant in 2 years of general survival, weight loss (p=0.005) was found significant in 2 years of disease free survival. No significant data was found in local control. General survival under the age of 75 was 36%, disease free survival was 39% and local control was 65%. General survival over the age of 75 was 27%, disease free survival was 26% and local control was 54%. Local control was the only significant data between these groups (p=0.03). Weight loss, performance score, comorbidity were the factors effecting the general survival rates and were poor prognostic factors that affect the elderly lung cancer patients as the rest of the population. Chronological age does not show the tolerability to treatment so patients must be evaluated before treatment and treatment strategy must be determined for every patient personally. For beter results in patients over the age of 70, randomised phase III studies in this age group of patients have to be performed.

Keywords: geriattic patients,lung cancer,radiotherapy