

Challenges of Treating Elderly/Frail Patients with Lung Cancer, Case 2:

Locally Advanced NSCLC



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Declared Conflicts of Interest

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Dr. Karen Kelly

Consultant – Eli Lilly, Bristol-Myers Squibb, Genentech

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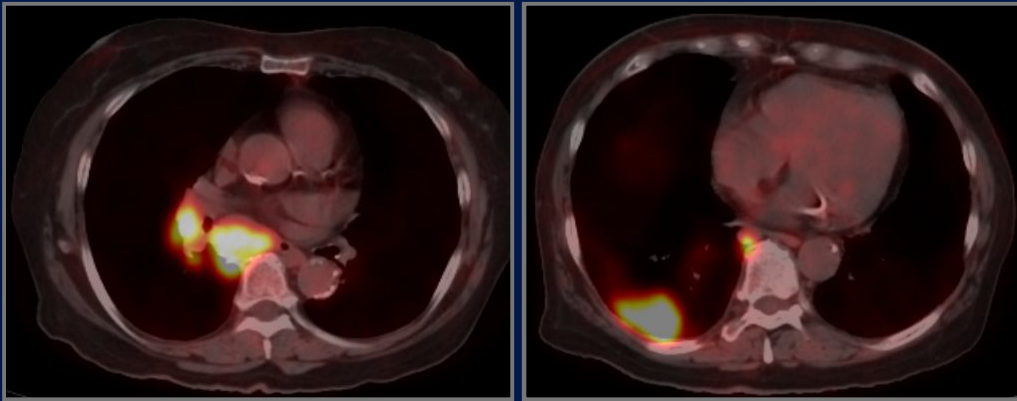
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Case 2: Elderly, Frail Patient with Stage III Unresectable NSCLC

- 82 year old Asian woman with 60 pack-year smoking history, quit 8 months ago
- Presented to her doctor with unintentional 10 lb weight loss over 3-4 months, prompting imaging
- No decrease in performance status (PS 1)
- Stable shortness of breath, no cough/hemoptysis
- Walks daily, climbs stairs, lives with daughter
- PMH: hypertension only
- Imaging as shown (next)

PET/CT Imaging



Case 2, Continued: Further work-up

- Referred to pulmonologist
- Undergoes bronchoscopy with endobronchial ultrasound (EBUS)
 - Right lower lobe mass: squamous cell NSCLC
 - Station 7 node positive
- Head MRI negative for metastatic spread
- Clinical stage IIIA, bulky mediastinal disease
- Desires aggressive treatment

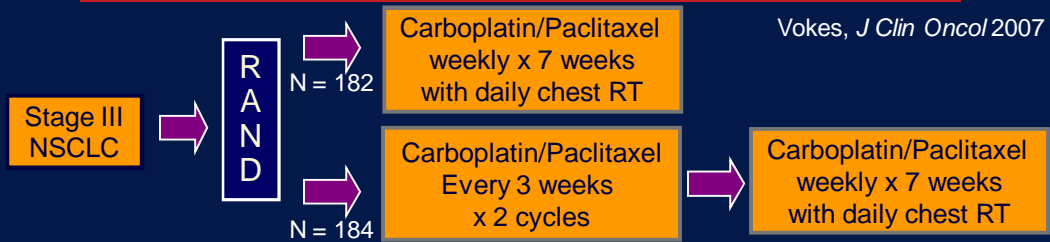
How would you approach unresectable locally advanced NSCLC in an elderly, somewhat frail patient?

Concurrent vs. sequential chemotherapy and radiation?

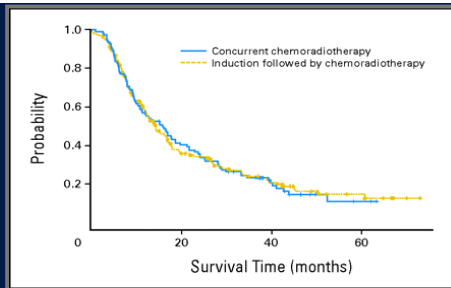
Do you factor in age for treatment recommendations in this setting, or do you base recommendations entirely on functional status?

Have you found it feasible to give concurrent chemo/radiation to patients over 75-80?

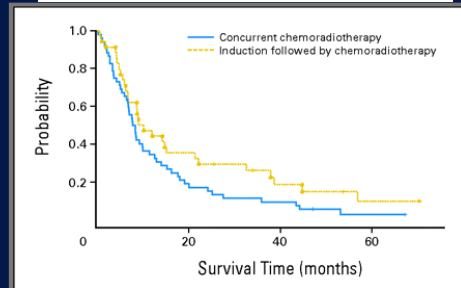
CALGB 39801: Trial Design and Results



Survival, Pts who Started Treatment, no Wt Loss



Survival, Weight Loss 5% or Greater



Do you have a preferred strategy for treating more frail/elderly patients with locally advanced NSCLC?

If sequential, chemo before radiation, or
radiation before chemotherapy?

Is there any role of consolidation therapy
after a patient completes chemo and
radiation for stage III NSCLC?

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