GCVL_LU-D06:
Special Considerations for Lung Cancer Surgery in the Elderly

TRANSCRIPT & FIGURES
The average age, at the time of diagnosis of lung cancer in the United States, is 72 years of age, which means that that’s the average – that means that there is a number of patients who are younger, but there’s also a significant number, the other half, where they are older than 72, and our populations are aging, and we are seeing more and more individuals who are over the age of 80 when they are diagnosed with their lung cancer. Age by itself, chronological age by itself, is not a contraindication to lung cancer surgery; biological or physiological age is more of the issue. There are individuals who are in their mid-80s, very active, and they can handle big surgeries, and there are individuals in their 60s where you look at them very carefully because, physiologically, they are not as healthy.

So, age by itself is not the factor. It’s more – how otherwise healthy the patient is, do they have other comorbidities, or other illnesses that would make their recovery from surgery harder? But that’s something that we’ve explored in our group. We reviewed 45 individuals in the last eight years who had undergone lung cancer surgery, but lobectomy, so, the standard operation for lung cancer, over the age of 80. Obviously, this is patients that we have chosen – these are not all the patients we saw over the age of 80 with lung cancer, but these are the ones that we took a good look at, and we felt we could take them through surgery safely. We had one death out of 45, that’s 2%, and the morbidity, so, the complication rate, was in the 30% range. But 85% of those patients went back home, only 15% were not well enough and had to go to some form of a nursing facility or rehab to recover from surgery. That’s very important – it means that if you choose your patients well, age is not the biggest issue.
The other thing that kicks in some is the fact that we are now being able to do minimally invasive surgery, which is beneficial particularly in that population group, in that the recovery from a minimally invasive surgery, whether it’s video surgery (or VATS), or robotic surgery, the advantages of that are dominant in the older patients. The main reason is they don’t hurt as much, and because they don’t hurt as much, they don’t need as much pain medication, and as a result, they don’t run into the complications that some older folks will run into when they take narcotics – confusion, and everything else that comes in. So, minimally invasive surgery – big asset for the older crowd, no doubt in my mind about that.

The fact is that, if you estimate and judge someone to be a good candidate for surgery, stage for stage, their survival after surgery is very close to, if not equivalent, to the younger population. So if they are judged to be good candidates for surgery, they do well after surgery, and their cancer survival is equivalent as well – stage for stage.
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