

# Health, prognosis not taken into account when treating older lung cancer patients, study finds

May 2 2012

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In a study of patients 65 and older with non-small-cell lung cancer (NSCLC), younger patients were more likely to receive treatment than older patients, regardless of overall health and prognosis.

The study of more than 20,000 patients, led by a team of physicians at the San Francisco VA Medical Center (SFVAMC) and UCSF, found that, for all stages of cancer, treatment rates decreased more in association with advancing age than with the worsening of other illnesses.

Patients between the ages of 65 to 74 who were severely ill from other illnesses, and thus less likely to benefit and more likely to be harmed from [cancer treatment](#), received treatment at roughly the same rate as patients in the same age range with no comorbidities. They were more likely to receive treatment than patients between 75 and 84 with no comorbidities and much better prognoses.

“It’s clear that as human beings and physicians, we fixate on age in deciding whether to pursue cancer treatments, including lung cancer treatments,” said lead author Sunny Wang, MD, an SFVAMC physician and an assistant clinical professor of medicine at UCSF. “Instead, we should be looking at our patients’ overall state of health.”

The study was based on an analysis of the electronic health records of

20,511 patients age 65 and older who were in the VA Central Cancer Registry from 2003 to 2008. It was published on May 1 in the *Journal of Clinical Oncology*.

NSCLC is the most common form of [lung cancer](#). The authors cited previous research indicating that older NSCLC patients who are otherwise healthy can benefit from treatment, while those with comorbidities are more vulnerable to the toxicity of cancer treatments and less likely to complete a course of treatment. Significant comorbidity can also limit life expectancy, thus undermining the potential survival benefit of treatment.

“The message here is, don’t base cancer treatment strictly on age,” said Wang. “Don’t write off an otherwise healthy 75 year old, and don’t automatically decide to treat a really ill 65 year old without carefully assessing the risks and benefits for that patient.”

Currently, Wang and her fellow researchers are conducting a follow-up study looking at survival outcomes among the same cohort of patients.

Co-authors of the study are Melisa L. Wong, MD, of UCSF; Nathan Hamilton and J. Ben Davoren, MD, PhD, of SFVAMC and UCSF; Thierry M. Jahan, MD, of UCSF; and Louise C. Walter, MD, of SFVAMC and UCSF.

The study was supported by funds from the Department of Veterans Affairs, UCSF, the National Cancer Institute and the National Institutes of Health. Some of the funds were administered by the Northern California Institute for Research and Education.

NCIRE - The Veterans Health Research Institute - is the largest research institute associated with a VA medical center. Its mission is to improve the health and well-being of veterans and the general public by

supporting a world-class biomedical research program conducted by the UCSF faculty at SFVAMC.

SFVAMC has the largest medical research program in the national VA system, with more than 200 research scientists, all of whom are faculty members at UCSF.

UCSF is a leading university dedicated to promoting health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care.

Provided by University of California, San Francisco

Citation: Health, prognosis not taken into account when treating older lung cancer patients, study finds (2012, May 2) retrieved 3 May 2024 from <https://medicalxpress.com/news/2012-05-health-prognosis-account-older-lung.html>

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